What to Look for in Your First or Next Practice

Introduction

Practicing medicine in a positive, supportive environment is the foundation for a truly joyful career—but a job that is the wrong fit can lead to burnout and the need for disruptive job changes. Physicians, particularly those recently out of training, may feel overwhelmed when faced with critically evaluating their options in the job market. Medical training, with a competitive admissions process and match system, can condition physicians to develop an “I’ll take anything I can get” attitude. But when searching for an attending job, it is important to adjust this mindset: you are in high demand and have many options. Your job is not to convince every practice to hire you, but to engage in an honest and open conversation with prospective employers to find a truly great fit.

A stepwise approach to identifying and evaluating job opportunities can empower physicians to find jobs that match their priorities. While the focus of this module is on nonacademic, community-based jobs (and thus some components may not be relevant for academic positions), most of the general principles can be applied to both the academic and nonacademic sectors.
Eight STEPS for Evaluating Practice Opportunities

1. Identify Your Priorities
2. Understand the Practice Settings Available
3. Start Your Search
4. Evaluate Physician Support and Quality of Life
5. Evaluate Electronic Health Record (EHR) and Technology Usage
6. Evaluate Workplace Culture
7. Evaluate Compensation
8. Review Your Contract and Negotiate Based on Your Priorities

Identify Your Priorities

Before starting, step back and think about your priorities. It may be helpful to rank your priorities or to think through deal-breakers. Identifying and naming your needs and priorities will help you tailor your search. Priorities may include:

- Location/geographic setting
- Flexible or part-time schedule
- Organization mission or affiliation
- Patient population
- Practice size
- Compensation, including loan repayment programs
- Innovative cultural mindset or use of technology
- Practice setting or type

Understand the Practice Settings Available

Many doctors train in a landscape dominated by large medical organizations and fee-for-service models. There are other options out there, and they each have advantages and disadvantages. There are a few ways to break them down.

With whom will you practice?
Even if you work in separate buildings, whether you are affiliated with other physicians affects how your practice will run and the support you have around you.

### Table 1. Pros and Cons of Various Practice Types

<table>
<thead>
<tr>
<th>TYPE OF PRACTICE</th>
<th>PHYSICIAN COLLEAGUES</th>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo practice</td>
<td>None</td>
<td>Maximizes autonomy</td>
<td>May be more difficult to find mentors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No colleagues available to split call and cover vacation</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Must put in time to find and develop relationship with colleagues of other specialties</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May be more difficult to coordinate care with colleagues of other specialties</td>
</tr>
<tr>
<td>Single-specialty group practice</td>
<td>Other physicians of your same specialty</td>
<td>May be easier to find mentors in your specialty</td>
<td>May sacrifice some autonomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May more naturally promote a culture of valuing your specialty within the organization</td>
<td>Must put in time to find and develop relationship with colleagues of other specialties</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colleagues available to split call and cover vacations</td>
<td>May be more difficult to coordinate care with colleagues of other specialties</td>
</tr>
<tr>
<td>Multi-specialty group practice</td>
<td>Physicians of multiple specialties, could be in same building or across multiple facilities</td>
<td>Willing pool of colleagues of other specialties for referrals</td>
<td>May sacrifice some autonomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ease of coordinating care with colleagues of other specialties may be greatly enhanced, especially if on same EHR</td>
<td>May have pressure or requirement to use in-house specialists</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May not facilitate environment where all specialties are equally valued</td>
</tr>
<tr>
<td>Academic center</td>
<td>Physicians of multiple specialties</td>
<td>Opportunities for teaching, research, or administration</td>
<td>May sacrifice some autonomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Willing pool of specialists for referrals</td>
<td>May have pressure or requirement to use in-house specialists</td>
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</tr>
</tbody>
</table>

### Are you an owner or an employee?

It takes a lot to run a practice beyond just the clinical medicine. Your interest level in taking on some of these management tasks—tasks such as staffing, scheduling, budgeting, marketing, or practice operation and policy—may affect the type of practice you seek out. In general, the more responsibility you are willing to take on as an owner or partner, the more autonomy you will gain over your practice.

Some physicians prefer to shed these responsibilities altogether by becoming an employee of a hospital, clinic, or other health care organization; this choice makes sense if your priority is to minimize financial risk and management responsibilities. However, it is important to remember that this choice also decreases your autonomy. Make sure you understand the culture and priorities of your employer and their process for changing physician responsibilities and resources.
Table 2. Autonomy, Management Responsibilities, Financial Risk, and Other Considerations by Employment Status

<table>
<thead>
<tr>
<th>EMPLOYMENT STATUS</th>
<th>AUTONOMY OVER PRACTICE</th>
<th>MANAGEMENT RESPONSIBILITIES</th>
<th>FINANCIAL RISK (i.e., potential for income instability)</th>
<th>OTHER CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner of solo practice</td>
<td>High (You are the sole decision-maker)</td>
<td>High</td>
<td>High</td>
<td>Some enjoy the variety of taking on an entrepreneurial role. Can be difficult to disconnect or take time away. Newly popular due to the rise of concierge or direct primary care.</td>
</tr>
<tr>
<td>Partner in group practice</td>
<td>Medium (You have a say, but you must collaborate with other partners)</td>
<td>Medium</td>
<td>Medium</td>
<td>Review partnership requirements and benefits carefully as they vary widely between organizations. Must have interest in collaborating with multiple physicians.</td>
</tr>
<tr>
<td>Employed physician</td>
<td>Low, but variable (Your employer sets the rules and requirements, but you may have different models to choose from within a structured framework)</td>
<td>Low</td>
<td>Low</td>
<td>Very important to understand culture of decision-making and physician support within the organization. May not have any physicians in leadership roles, which can limit understanding of frontline needs and conditions.</td>
</tr>
<tr>
<td>Independent contractor</td>
<td>Medium (You control which jobs you take, but not the conditions of the job site)</td>
<td>Low</td>
<td>Low within specific position, but high between positions</td>
<td>Allows for travel and flexibility. Limited stability as must be on lookout for next job, flexible about location. Must plan for gaps between contracts. Limited opportunities for continuity and ongoing relationships with patients.</td>
</tr>
</tbody>
</table>

How does your practice generate revenue?

Even if you don't want to be involved in day-to-day business decisions, understanding the basics of how a practice generates revenue can give you insight into the way the practice will operate and, in turn, what compensation models are available. The following is a very simplified model for various practices, but it will help ground your understanding:
Table 3. The Pros, Cons, and Details of Practices by Payment Type

<table>
<thead>
<tr>
<th>TYPE OF PAYMENTS</th>
<th>HOW IT WORKS</th>
<th>WHAT IT INCENTIVIZES</th>
<th>MOST COMMON COMPENSATION STRUCTURE</th>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee-for-service</td>
<td>Receive payments based on number of appointments/procedures</td>
<td>Productivity/volume (i.e., more patients and procedures per day)</td>
<td>Productivity-based</td>
<td>Control over salary may allow for scheduling autonomy, allows for variations in work effort and style among physicians</td>
<td>Pressure for productivity/volume (may be self-imposed pressure or pressure from employer)</td>
</tr>
<tr>
<td></td>
<td>Providing more services to patients who have greater needs</td>
<td></td>
<td></td>
<td>Decisions made not to treat or provide services are not rewarded. Efficiency of providing fewer services may mean less revenue to the practice.</td>
<td></td>
</tr>
<tr>
<td>Capitation (Medicare Advantage practices are an example)</td>
<td>Receive set amount of money per patient per month, regardless of how many times the patient is seen by the physician, if at all</td>
<td>Cost control and outcomes</td>
<td>Salary with bonus for outcomes</td>
<td>May allow for smaller panels, more time with patients</td>
<td>Pressure to control costly medications, imaging, and referrals (may be self-imposed pressure or pressure from employer)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Some outcomes for bonuses may not be in full control of physician if risk-adjustment methods are flawed, may lead to sliding on care for patients with greater needs</td>
</tr>
<tr>
<td>Hybrid</td>
<td>Mix of fee-for-service payments and payments for outcomes or cost savings (ie, value-based care)</td>
<td>Productivity/volume, cost control, outcomes</td>
<td>Variable</td>
<td>Diverse income streams, allow flexibility in practice</td>
<td>May not be optimized for either fee-for-service or capitated model as trying to do both</td>
</tr>
<tr>
<td>Concierge or Direct Primary Care</td>
<td>Patients pay a monthly or yearly fee for all primary care services, insurance is not billed for primary care</td>
<td>Growing/renting patient panel</td>
<td>Salared based on panel size will allow for more time and personal relationships with patients and lower administrative burden</td>
<td>Highly dependent on panel building and retention, willingness or ability of patients to pay subscription fees may vary by region. May have increased responsibility for after-hours accessibility</td>
<td></td>
</tr>
</tbody>
</table>

### Start Your Search

When you have a sense of your top priorities and preferred practice environments, you can begin to search for specific positions. In general, aim to start the search at least 6 months prior to when you’d like to start working. Strategies include:

1. Reach out to colleagues or connections on social media (LinkedIn, in particular, is geared for professional connections) for recommendations or insight into specific practices or organizations.
2. Research health care organizations in your geographic area of interest. Even if there are no job openings listed, contact the organization as they may be adding positions or open to expanding.
3. Many websites facilitate searches for openings based on location and specialty, but note that many listings are posted by external physician recruiters (ie, headhunters) rather than the practice itself. Make sure you verify any promises on the listings when you talk to someone from the practice. Consider starting with the JAMA Career Center, but it is best to look on multiple sites.
4. Consider working with a physician recruiter, although there are pros and cons to this strategy (see Q&A below).

### Q&A

**There are so many job listings! How do I know which ones to respond to?**

Refer back to your priorities and think about how well they match. Reach out to 3 to 4 listings at a time and make sure you are having thorough discussions to screen whether an interview is worth your time. Always be polite, but be honest if a position just does not meet your needs so that both you and the potential employer can move on to other options.
What should I know about working with a physician recruiter?

First of all, the physician recruiter’s services should be free to you. The recruiter makes their money from employers in one of a few ways that are important to keep in mind.

Internal or “in-house” recruitment specialists work for a single health care organization. They are generally knowledgeable first points of contact for their organization. Treat your discussions with them as you would an interview, as they are often involved in the selection process. Remember that they are not clinical, so it is worth verifying details around aspects such as scheduling and practice policy with a medical director.

Freelance physician recruiters, also known as headhunters, contract with multiple different practices and organizations. They are generally paid at least in part on commission, so they may have an incentive to encourage you to take a job even if it isn’t a great fit. While they can provide leads that may not be published online, recruiters do not typically have first-hand knowledge of working in an organization or practice. Some are on retainer with just a few organizations and may have lots of insight, while others may know only a face-sheet’s worth of information.

If you decide to work with freelance recruiters, limit yourself to 2 or 3 (not counting any whom you might bump into responding to job search websites for specific jobs). Choose to work with someone only after an in-depth discussion. Speak frankly with the recruiter about your priorities, and ask them about how well they know your geographic area of interest, their style of working with clients, and their success rate in matching physicians with jobs where the physician stays for more than 2 years. You might ask for references from other physicians who have worked with them. Again, don’t sign any contractual agreements with them or pay for their services.

4 Evaluate Physician Support and Quality of Life

Once you have started narrowing down job opportunities, it is time for more in-depth conversations with practice managers and medical directors. These conversations may come before or during onsite interviews—either way, make sure they happen! These are key times to start evaluating what your day-to-day life would be like at a given practice. There is a lot of information to gather, so start with open-ended questions, and then nail down any particulars that were left out. Be sure to address these key topics in your conversations:

- Typical practice hours and schedule, including administrative time
- Support staff/team structure
- Call schedule
- Vacation and vacation coverage
- Weekend and nighttime coverage

In particular, do not underestimate the importance of your support team, including your medical assistants or licensed vocational nurses or registered nurses, your referrals manager, your front desk team, and your practice manager. Your daily workload will vary significantly based on your support team.
### Table 4. Questions to Ask to Help You Evaluate Physician Support and Quality of Life, by Topic

<table>
<thead>
<tr>
<th>Topic to Evaluate</th>
<th>Open-Ended Questions</th>
<th>Details to Find Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice schedule</td>
<td>Can you tell me a little more about the physician schedule on a daily or weekly basis?</td>
<td>What is the practice hours? How many patients does an average physician see per day? What is the typical physician panel size? How much time is allotted to new patients and return patients? Are physicians routinely double-booked? Does the physician have control over visit length or length of the practice day? Is there any administrative time built into the day work? Is there any possibility of non-traditional scheduling, such as 4 ten-hour days instead of 5 eight-hour days? Are there mandatory practice meetings that occur before or after practice hours?</td>
</tr>
<tr>
<td>Physician support</td>
<td>Can you tell me a little about who is on the physician’s care team? Can you tell me about the roles and responsibilities of the care team members? Do you have a care team huddle and if so, what does it include?</td>
<td>Current acuity: Who mans the physician’s medical assistant (MA), licensed vocational nurse (LVN), or registered nurse (RN)? Who is the ratio of MA/LVS to physicians? Are MA/LVS/RNs assigned to the same physician every day? Does the practice support advanced team documentation? Does the practice provide shifts? Is an integration service available (such as a triage operator or Disease)? Phone calls and inbox: Who triggers patient phone messages throughout the day? What is their clinical background? Who triggers inbox messages throughout the day? What is their clinical background? Residual: What is the process for placing a referral? How are outside referrals de-escalated? Who is responsible for ensuring that physicians get referrals back when they send out an referral? (Note: This is particularly important if not part of a multi-specialty practice.) Advanced practice providers (APPs): Will be supervising nurse practitioners or physician assistants? Is there time allotted for supervision and review? What is the role of the APP? What daily tasks are they responsible for? Do they have a team, or are walk-ins, de-escalated visits, provide inbox support? On-call: In off-hours scenarios, is there other in-office support (e.g., pharmacist, case manager, social worker, behavioral health coach, dietician)?</td>
</tr>
<tr>
<td>Call schedule</td>
<td>Can you tell me a little more about the call schedule?</td>
<td>Do physicians admit patients to the hospital or take phone calls for practice coverage only? How often would I be on-call? Is there assigned coverage for phone calls coming in on evenings and weekends? For phone calls, does a nurse triage and help with tasks, or is the physician the first and only clinically trained responder? How is the call schedule determined? For example, do senior physicians get first pick or is there a rotation?</td>
</tr>
<tr>
<td>Vacation and vacation coverage</td>
<td>Can you walk me through the vacation policy?</td>
<td>How does vacation is allotted and how quickly does it accrue? Can insured vacation days rollover or be paid out? Are there restrictions on when you can take vacation (holidays, limits to one week at a time, etc.)? How far in advance must vacations be scheduled? Is sick leave accrued differently than vacation time? Is there a system in place for covering physician workload during vacation? Are physicians expected to check their inboxes while on vacation? If you cover for a colleague on vacation, is there compensated time allotted to your schedule? Do most physicians take their full vacation? If not, why not?</td>
</tr>
<tr>
<td>Continuing Medical Education (CME)</td>
<td>What is the CME policy?</td>
<td>How many days are allotted for CME? How much money is allotted for CME expenses? Does the employee pay for licensing expenses?</td>
</tr>
</tbody>
</table>

### Q&A

**What is a typical practice schedule?**

Most commonly, primary care physicians are allotted 30-40 minutes for new patients and 15-20 minutes for follow-up patients, with 20 patients seen per day on average and a panel size of 1800-2000. Whether or not this workload is reasonable depends in large part on the team surrounding the physician. With only 1 medical assistant per physician and no triage for inbox or calls, this workload could be overwhelming; with 2 medical assistants and a nurse triaging the inbox and phone calls, this may feel very sustainable.
Remember that seeing patients makes up only part of your responsibility: you have other paperwork, calls, and documentation. Ideally a practice blocks time each day for administrative work; some practices allot a half-day per week in a single block.

**What does the ideal support team look like?**

Team make-up may vary, but there should be a consistent, cohesive group that works with the same doctor every day and shares the tasks of managing a patient panel. It is helpful if the team has a **physical space to sit together** in the practice and a dedicated time for a **daily huddle**. One highly successful team make-up consists of one doctor, 2-3 medical assistants or nurses for rooming and discharge, an RN for triage of phone calls and inbox messages, and a scheduler.

Models such as this are sometimes referred to as advanced **team-based care**. Other team setups may include only 1 medical assistant but have a scribe to **help the physician with in-room documentation**. If you are working in managed care or a single-specialty office, it is especially important to make sure there is also a team member dedicated to obtaining referral authorizations and tracking down specialist notes.

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**Evaluate Electronic Health Record (EHR) and Technology Usage**

One important aspect of a physician's work-life is the role of the EHR. If you are unfamiliar with the EHR at your practice, make sure you discuss EHR usability and satisfaction with employees during your interview. You may see if friends or colleagues have experience with that EHR. Considerations include:

- What EHR training is given during orientation? What support is available on-the-job?
- Is there a patient portal?
- If so, is there any clinical triage prior to the messages ending up in the physician’s inbox?
- Is there **team support for inbox tasks**? For example, does a nurse or APP help with refills, referrals, and triage of patient messages?
- Does the practice use **advanced team-based care** with in-room support (eg, medical assistants or LVNs/RNs who **assist with documenting** and ordering in real time during appointments)?
- Does the practice offer scribes or dictation services?
- Does the practice monitor time spent outside of clinic finishing notes (also known as “work outside of work” or “pajama time”)? If so, what is the average time per week?
- If the practice is multispecialty, are there EHR modules available or that can be installed to support your medical practice (eg, pediatric-focused modules that include unique functionality)?

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**Evaluate Workplace Culture**

Workplace culture can be difficult to evaluate, but it will have an outsized effect on your day-to-day interactions. In essence, culture consists of the unwritten mission, values, norms, and “personality” of a workplace. What is the feeling in the workplace: a supportive atmosphere with a drive for patient care? A hierarchical atmosphere with an emphasis on efficiency and outcomes? Every workplace will have a slightly different combination of attributes: your job is to find out what the culture is like and decide if it fits your style.

Nothing will fully reveal the culture of a workplace except actually working there. However, you can start to get a sense by exploring a few key elements:

- **Is the practice intentional about workplace culture?** The very best workplace cultures don’t happen by accident—they are developed and fostered through education, norms, hiring practices, and consistently respectful interaction at all levels.
• **How does the practice respond to challenges?** Every practice will face challenges: patient access, quality metrics, patient satisfaction, staff turnover. It is good to know what type of challenges a practice faces; it is even more important to know how the practice reacts to those challenges.

• **How do leaders and frontline physicians interact?** In general, successful organizations have hands-on leaders who respect the input of their frontline physicians. Policy changes and decisions should be explained and when possible, should incorporate input and feedback from physicians and their care teams.

• **How do physicians interact with each other?** A sense of camaraderie makes bad days better and good days great. Is there a weekly team meeting or huddle? A group messaging forum or group chat platform? Do the physicians get together outside of work?

• **How do primary care doctors and other specialists interact?** Unfortunately, in some institutions there is a clear hierarchy among specialties, and all too often primary care ranks low on this hierarchy. Are other specialties willing to discuss patients directly with the primary care doctor or work in urgent referrals? Do they expect the primary care doctors to deal with prior authorizations for the imaging or medications the specialists ordered?

• **How do physicians and other staff members interact?** A positive, respectful workplace culture means that everyone is treated fairly and valued as part of a team, regardless of title. In particular, it is important to have a strong alliance between the operations team and the clinical team to ensure everyone works to common goals.

• **Is there a culture of work-life balance?** The burnout epidemic has been news for years. Cultural expectations about vacation, charting from home, and asking for help can play a part.
Table 5. Cultural Attributes: Questions to Ask and Red-Flag Responses

<table>
<thead>
<tr>
<th>CULTURAL ATTRIBUTE</th>
<th>QUESTIONS TO ASK</th>
<th>RED FLAGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoughtful about workplace culture</td>
<td>How would you describe the workplace culture here?</td>
<td>Unable to describe or evasive about culture</td>
</tr>
<tr>
<td></td>
<td>Are there other physicians to whom I could speak about their experience here?</td>
<td>Unable or unwilling to put you in touch with other physicians</td>
</tr>
<tr>
<td>Response to challenges</td>
<td>What do you think are the biggest challenges your practice is facing right now?</td>
<td>A response to challenges that suggests resignation or blame</td>
</tr>
<tr>
<td></td>
<td>What are the plans for overcoming these challenges?</td>
<td></td>
</tr>
<tr>
<td>Leadership structure</td>
<td>Can you tell me about a recent policy change and how it was conceived and rolled out?</td>
<td>No evidence that leadership takes feedback from employees</td>
</tr>
<tr>
<td></td>
<td>Do you have any examples of a change that was made based on feedback from frontline employees?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What are some essential ways the medical director supports the physicians?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is leadership quality assessed on a regular basis?</td>
<td></td>
</tr>
<tr>
<td>Physician camaraderie</td>
<td>Do physicians ever have happy hours or events to socialize after work?</td>
<td>Lack of congeniality or interaction</td>
</tr>
<tr>
<td></td>
<td>How much do you interact with the other physicians on a daily basis?</td>
<td>Unwilling to allow you to shadow a frontline physician</td>
</tr>
<tr>
<td></td>
<td>Can I spend some time with one of the physicians in clinic?</td>
<td></td>
</tr>
<tr>
<td>Primary care relationship with subspecialists</td>
<td>What is the relationship like between primary care doctors and the sub-specialists?</td>
<td>Evasive answers or evidence that subspecialists can be unresponsive or dismissive</td>
</tr>
<tr>
<td></td>
<td>How easy is it to get a patient an urgent appointment with a sub-specialist?</td>
<td></td>
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<tr>
<td></td>
<td>Do you feel that the leadership values primary care and sub-speciality care equally? (especially if in a hospital or multi-specialty group)</td>
<td></td>
</tr>
<tr>
<td>Physician and care team interaction</td>
<td>How do the operations and clinical teams work together?</td>
<td>Disconnected or oppositional operations and clinical teams</td>
</tr>
<tr>
<td></td>
<td>What is your relationship like with your nursing manager?</td>
<td>Complaints about care team members</td>
</tr>
<tr>
<td></td>
<td>What is the relationship like between the physicians and the front desk?</td>
<td>High turnover among the care team members</td>
</tr>
<tr>
<td></td>
<td>How much turnover do you have among medical assistants or LVNs/RNs?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are there any programs in place to encourage care teams to bond?</td>
<td></td>
</tr>
<tr>
<td>Physician support and work-life balance</td>
<td>How do you provide coverage for physicians during vacation?</td>
<td>No vacation coverage (ie, responsible for your own inbox during vacation) or few providers taking vacation</td>
</tr>
<tr>
<td></td>
<td>What has the physician turnover been like in the last few years?</td>
<td>High turnover or evasive about turnover</td>
</tr>
<tr>
<td></td>
<td>Do you have any systems in place to monitor physician satisfaction?</td>
<td>No evaluation of physician satisfaction</td>
</tr>
<tr>
<td></td>
<td>Do you have any systems in place to monitor work outside work (ie, charting time at home)?</td>
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</tbody>
</table>
Evaluate Compensation

Compensation is an important part of any job, but remember that one number rarely tells the whole story. A position with a higher salary may actually pay less per hour once you factor in longer practice hours, poor support, and a clunky EHR. A high bonus potential is meaningless if the bonus is unattainable. And remember, taking a job that is a poor fit just for a higher salary cause cost you a lot of pain and, potentially, a costly job change in the future.

With all this in mind, make sure you understand what compensation you are really being offered. There are a few basic types of positions:

- **Salaried**: Many positions promise a fixed base salary; some practices may offer production-based or outcomes-based bonuses on top of this salary, while others may not have substantial room to grow beyond this base. Regardless of bonus potential, make sure you understand the requirements tied to the base salary: practice hours, patients per day, vacation days, etc. See how the salary compares to other listings in the area, and don't be afraid to negotiate.

- **Production-based**: Most fee-for-service offices will offer a salary for 1-2 years and then tie your salary either partly or completely to your production, i.e., how many relative value units, or RVUs, you generate by seeing patients. There are a variety of different formulas for doing this; make sure you understand the formula the practice is using. Critically assess any “estimated income” calculations provided to you. For example, some practices may quote you a salary based on working 52 weeks per year; if you are expecting to take vacation or CME time, you'll need to recalculate. Others may quote you a salary based on generating 6000 RVUs, when data shows that the median primary care doctor only generates about 4700 RVUs per year. Recalculate using a more realistic goal to make sure you understand your likely earnings. Finally, take into consideration whether you will be building your panel from scratch or inheriting patients, as this will affect how quickly you will be able to hit your RVU goals.

- **Salary plus bonus**: Many practices offer a substantial bonus potential, up to 30% to 40% of your salary. The payment could be tied to productivity or outcomes such as cancer screenings, hospitalizations, and cost-savings for your panel. Make sure you understand how the bonus is calculated; it should be a clear and understandable formula. To gauge how realistic the goals are, ask what the average physician earns as a bonus each quarter and how many years it takes physicians to hit those average bonus targets. Most physicians will not earn full outcome bonuses every quarter, especially while building a new panel, so be careful not to get lulled into thinking of the bonus potential as guaranteed salary.

- **Other perks**: When comparing compensation packages, consider other benefits such as health insurance, 401k matching, CME time and money, loan forgiveness, and opportunities to buy into the practice if it is physician-owned. Sign-on or relocation bonuses should also be weighed, but remember these are one-time payments. Again, don’t forget to factor in physician support, call, vacation, and work hours to get a sense of how your hourly wage might really compare.

- **Financial risk**: Some payment models, such as capitation or newer models like accountable care organizations, may be at risk for spending on patient care that exceeds target amounts, or for other performance goals. Although organizations participating in these payment models also have opportunities to increase their revenues, it is important to understand if the organization has these types of contracts and, if so, any potential costs that physicians would face if the organization misses its targets.

Review Your Contract and Negotiate Based on Your Priorities

Congratulations! You've made it through the interview process and have an offer on the table! Before your final decision, there a few last steps.

**Review your contract**

Double check that all elements of the contract—salary, vacation, practice hours—match what you were promised. If you are planning to moonlight, publish, or work on other side projects, make sure the contract does not restrict your plans in any way. Also, make sure you understand what would happen if the job doesn’t work out.
—even with the best preparation, sometimes the job ends up being a poor fit. Pay special attention to the non-compete agreement or restrictive covenant. Consider hiring a lawyer to carefully review the entire contract with you.

**Negotiate**

If there is something about the position that doesn't fit your needs, open up a discussion. The period of negotiation before you sign your contract is your best opportunity to secure the working conditions, compensation, or benefits you want. Don't be afraid to negotiate—choose a few priorities and see what the practice can offer:

- Compensation
- Student loan repayment
- Sign-on bonus and/or relocation reimbursement
- Part-time or non-traditional schedule
- Vacation time
- Administrative time
- CME time and/or stipend
- Ability to moonlight
- Non-compete terms
- Staffing (for example, can you get an extra LVN or RN, or a phlebotomist for the practice?)
- Medical liability nose coverage or tail coverage
- Non-clinical responsibilities: time allotted for teaching, research, leadership roles
- Call schedule
- Cell phone stipend
- Office updates or enhancements such as a stand-up desk
- Medical, dental, and childcare benefits
- Other fringe benefits

**Sign**

If you are satisfied with your contract and the outcome of any negotiations, you have your new job. Congratulations!

**Q&A**

Should I hire a lawyer to review my contract?

It is a good idea, especially if there are any sections that you are concerned or confused about. Some lawyers charge a flat fee to carefully review your contract with you, and those who specialize in physician contracts may have insight into what is considered normal in the industry and in your region. Certain aspects of contract law are not intuitive, and even subtle language changes can impact how the contract is interpreted. A small investment in time and money could save you a lot of pain down the road.

If a practice pressures you to sign a contract without your own lawyer reviewing it, consider that a red flag. Just because a contract is “standard” or “all our doctors sign it” doesn’t mean it is a fair contract. Remember, the contract is supposed to be a fair-minded agreement to protect both you and the employer if things turn sour. The practice most certainly had a lawyer draft the contract to make sure their interests are protected—it is up to you to make sure yours will be, as well.
What is a non-compete agreement?

This is an agreement in your contract that restricts where and how soon you can work if you leave the practice. For example, it may say that you cannot work within a 7-mile radius of the practice where you worked. Generally, companies want to ensure you don't use their resources to build a patient base and then take all your patients with you to a new practice or competitor.

Look closely at this section of your contract: some non-compete agreements may restrict you from working within a few miles of any of the organization's practices—which could be scattered all around the town or state—or may have a range of 50 miles that would essentially require you to relocate. If the non-compete clause is overly restrictive, it is worth asking yourself whether the practice is relying on the non-compete to keep their doctors from leaving rather than making the workplace one where physicians want to stay. If you are unsure about the language or implications of the non-compete agreement, consult with a lawyer. Rules around the enforceability of these clauses vary widely by state.

Conclusion

Finding and evaluating a physician job requires effort, but few investments can offer such a rewarding payoff: a fulfilling career in a position that fits your needs. The opportunities are endless; a stepwise approach will help you navigate to a position where you can thrive.

AMA Pearls

- Take the time to think through your priorities for a new job
- Understand how factors such as practice setting, physician support, EHR, and clinic culture can affect your role; know what questions to ask to evaluate these factors
- Don’t be afraid to negotiate for your priorities

Learning Objectives
1. Identify available practice settings and how each setting may affect your experience
2. Develop a framework for critically assessing physician support, electronic health records, culture, and compensation at a given organization
3. Clarify your priorities to help you tailor your job search
Activity Information:

AMA CME Accreditation Information

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References: