

Starting in Practice: Choosing the Correct Path

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Finding YOUR path

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Career stats

Study Shows First Job after Medical Residency Often Doesn't Last

Jackson & Coker Finds Over 50% Leave First Job within Five Years; Recommends Approaches for Finding the Right Fit, with Location the Lowest Priority

Jul 10, 2012, 13:43 ET from [Jackson & Coker](#)



ATLANTA, July 10, 2012 /PRNewswire/ -- It is ironic that medical residents and fellows, while being experienced in the practice of medicine, are often inexperienced in navigating their initial career options. A recent study shows that many may not focus on the nitty-gritty details of a job search until the last few months of their residency – and unfortunately the results seem to speak for themselves.

<https://www.prnewswire.com/news-releases/study-shows-first-job-after-medical-residency-often-doesnt-last>
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What's important to...

- You
 - Personal goals
 - Career & practice fit
 - Student loan debt
- Family
 - Family goals
 - Time commitments
 - Proximity to extended family
 - Financial needs



<https://gg.wfse.org/news/work-life-balance-survey>

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When to start looking

- EARLY
- At least 12-18 months before program completion or contract end date (industry average)
- Some organizations start searching for candidates several years ahead

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How do you make it happen

- Talk to your program director
- Search allergy specific job boards
- Set up interviews ahead of national meetings
- Work with a recruiter
- Think about specifics...

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Initial Considerations

- **Structure**
 - Private practice, industry, academic, employed
 - Solo or group
- Practice ownership – solo or partnership opportunity?
- Culture of the practice if joining a group
 - Respect each other and amongst other medical professionals
- If you are joining a practice...
 - Why hiring?
 - How do they practice?
 - Are they board certified?

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Initial Considerations

- **Locations**
 - One or more
 - Travel distance
 - Only provider at location
- **Day-to-day practice**
 - Typical day and week
 - New versus follow up patients
 - Inpatient versus outpatient
 - Adult versus pediatric patients
 - Time to next appointment
 - On call schedule

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Initial Considerations

- Physical office space and practical day-to-day workings
 - Room locations and workspace
 - Supervision of procedures and how to handle reactions
 - Clinic and other responsibilities
 - Rotating students and trainees

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Initial Considerations

- Management
 - Are you the manager or do you have to hire?
 - Physician run and owned
 - Healthcare administration roles/office management
- Support staff and services
 - Midlevel roles (NP, PA)
 - RN, MA, RT
 - PFT lab
 - Allergy shot/biologic administration and location
 - Infusion center

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Initial Considerations

- EMR or paper charting
- Career tracks
 - Tenure
 - Choose a specific track – physician scientist, clinician educator
- Payer mix and reimbursement for services
- Other duties
 - Teaching
 - Research and grant funding
 - Administrative role
 - Community service

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Initial Considerations

- Salary and benefits
 - Base with productivity bonus
 - Production based
 - Health, dental, life insurance
 - Signing bonus or other incentives (relocation, professional development)
 - Malpractice insurance
 - Retirement
 - Contract and non-compete
- Other Allowances
 - CME
 - Licensing/credentialing/DEA
 - Board certification and recertification
 - Others, ie. Cell phone
 - Vacation

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Choose Your Own Adventure

Solo academic Solo private Solo employed Group academic Group private Group employed Locum tenens Non-clinical

Career building →

Solo academic

PROS

- Medical education
- Research opportunities
- Build YOUR program
- Challenging cases
- Choose your tenure path
- Administrative and financial support

CONS

- Labor intensive
 - Patients
 - Operations
- Sole decision maker in difficult cases
- Lower salary



Solo academic

- Amount of effort getting started
 - A LOT of work
- Tips for finding a job like this
 - Program director
 - Recruiters
 - Online search engines such as locumtenens.com
 - Colleagues and word of mouth
 - Local and national meetings
 - YOU – if you want to start a program at a place without allergy, then you need to sell it yourself

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Solo private

- Pros: Max control, flexibility, creative license
- Cons: Solely responsible for business end, less leverage negotiating insurance contracts, start-up costs or practice purchase costs
- Amount of effort getting started: Max
- Tips for finding a job like this:
 - Talk to allergists and hospitals local to your desired work location or work with a broker to identify ideal practices for purchase

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Solo private

The screenshot shows a web browser window displaying the 'Buy A Medical Practice' page on the Doctors Broker website. The page features a navigation bar with options like 'Buy A Practice', 'Sell Your Practice', 'Partnerships', and 'Valuations'. The main content area is titled 'Buy A Medical Practice' and includes a search form for listings, a photo of three business professionals, and text explaining the importance of expert guidance in purchasing a medical practice. The website's logo and contact information are also visible.

Solo private

- Create a team of advisors
 - Business consultant
 - Accountant
 - Financial advisor
 - Local medical group

The advertisement is for 'Professional Management and Marketing', a firm of 'Medical Practice Management Consultants'. It features a group photo of four professionals and lists several credentials: 'Member or Former Member' of AMA ConsultingLink, FP ASSIST, NSCHBC, and HIPAA COMPLIANT. A specific consultant, Keith Carsten Borglum, is highlighted with his photo and title: 'Certified Healthcare Business Consultant and Certified & Licensed Business Broker'. A link is provided for a full CV.

Solo private

- If you can afford to be creative...
 - Concierge practice
 - Cash only practice (no insurance)
 - Micropractice



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Solo employed

- Pros: Depending on employer can be “best of both worlds” situation, autonomy without the responsibility of running a practice
- Cons: Less business decision-making autonomy than solo private, high-risk for burnout unless built-in protection (ex call, consult, patient volume expectations)

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Solo employed

- Amount of effort getting started: Moderate
- Tips for finding a job like this: Suburban or rural hospital systems, established metropolitan allergy practice looking to expand sites

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Solo employed

- Contract negotiation is key
 - Know what you want
 - Think BIG **3**
 - Ask for what you want
 - Do your research/talk to other employed (non-academic) allergists
 - Hire an awesome lawyer to review your contract

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Solo employed

- Compensation:
 - Salary
 - Salary+productivity hybrid
 - wRVU vs revenue based
 - Productivity
- Tracking wRVU

CPT Code	Number of Units

Calculate

AAPC RVU Calculator

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<https://www.aapc.com/practice-management/rvu-calculator.aspx>



Group allergy practice: academic

PROS

- Medical education
- Research opportunities
- Established program
- Challenging cases
- Collegiality to discuss difficult cases
- Choose your tenure path
- Administrative and financial support

CONS

- Lower income
- Established program
- Need to choose career path for promotion
- Many locations possibly
- Competitive

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Group allergy practice: academic

- Amount of effort getting started
 - Minimal
- Tips for finding a job like this
 - Program director
 - Recruiters
 - Online search engines such as locumtenens.com
 - Colleagues and word of mouth
 - Local and national meetings

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Group allergy practice: private

- Employee → Partner
- Pros: working with other allergists, autonomy of owning business, group benefit/discounts with ordering allergy supplies, negotiating insurance contracts, high income potential

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Group allergy practice: private

- Cons: potential practice style conflicts, egos, multiple work sites
- Amount of effort getting started: Minimal
- Tips for finding a job like this: Job boards, talk to program director, other allergists, call the group of interest

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Group allergy practice: private

- Contract negotiation is key
 - How to obtain partner track should be well laid out
 - Buy-in process
 - Number years to partner track
 - Building buy-in separate
 - How is revenue split/Expenses shared?
 - Do your research/talk to other allergists in the group and other groups
 - Hire an awesome lawyer to review your contract



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Group allergy practice: employed

PROS

- Established program
- Clinically based
- Collegiality to discuss difficult cases
- Administrative and financial support
- Partner track is a possibility
- Contract negotiation may be more flexible

CONS

- Higher patient volume
- More than 1 clinical site
- Lower pay may be initial but there be may be more potential

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Group allergy practice: employed

- Amount of effort getting started
 - Minimal
- Tips for finding a job like this
 - Program director
 - Recruiters (may need to pay them)
 - Online search engines such as locumtenens.com
 - Colleagues and word of mouth
 - Local and national meetings

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Locum Tenens

Short-term physician staffing assignment

PROS

- Flexible schedule
- Travel opportunities
- Extra income
- Different clinical experience
- May become long-term
- Pay for benefits you want
- May provide travel and lodging
- Work on trial basis before signing contract

CONS

- Short-term/lack of stability
- Benefits are DIY
- Established practice may differ from your practice
- Locum agencies
 - Often used
 - For profit, charge fees

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Locum Tenens

Short-term physician staffing assignment

- Amount of effort getting started
 - Minimal for clinical practice except need privileges
 - May need to relocate and often
 - Benefits are YOUR responsibility
- Tips for finding a job like this
 - Recruiters (may need to pay them)
 - Online search engines
 - Colleagues and word of mouth
 - Local and national meetings

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Non-clinical Industry

- Pros: Business hours, ?no clinical care, help develop new therapies, variety
- Cons: ?no clinical care, “out of practice”
- Amount of effort getting started: Moderate
- Tips for finding a job like this: Talk to people who do a job you like (example pharma medical liaison)

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Career Building

- Partnership track for physician owned practice
- Tenure track for academics (assistant → associate → full professor)
 - CV up-to-date
 - Pick a track and excel
 - Portfolio building – keep track of unique accomplishments and contributions
- Mentorship is very important
 - Find someone who has walked the path you are on
 - Regular meetings on progress to promotion

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Career Building

- Keep track of productivity and if meeting projected numbers
- Camaraderie with partners and expanding knowledge
- Other opportunities
 - Committee involvement – AAAAI, ACAAI, institution
 - Teaching – students, residents, fellows, CME
 - Clinician
 - Research and funding – institution, national
 - Community – get involved at schools, etc.

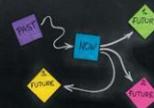
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Get on your feet!

- Go out and visit referring doctors – bring business cards and speak to front office
- Hit the pavement - offer to give grand rounds, lecture at local society meetings, speak to primary care docs
- Join state and national medical societies - leverage association with professional organizations for website/malpractice discounts

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Career Success

- Your career is in your hands
- Make a difference and follow your passions
- Whatever your decision....make it count and you can always change your mind

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Thank You

Questions and discussion time

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Building a Practice

- New specialty in the group
 - Physician liaison
 - Marketing department
 - Be your own advocate
 - Visit possible referring provider groups
 - Website building
 - Community outreach
 - Social media
 - AAAAI/ACAAI networking
 - Get to know your partners in other specialties
- Existing partner
 - Established patients

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Expanding Services

- If first provider...how to implement services
 - Administration logistics (equipment, training of ancillary staff, office space)
 - Oral food/drug challenges
 - Allergen IT (SCIT)
 - Biologic administration
 - Infusion center
 - PFTs and imaging
 - Hospital privileges and credentialing
 - Support for systemic reactions and/or ill patients
 - ED support, code/RRT, EMS/911 for outreach clinics
 - Code carts, auto-injectable epinephrine and AEDs

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