

Ethnicity and Career Choices in Medicine

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Do minority physicians have fewer options in career choices?

Academic Facts:

- Over the last 40 years minority faculty has increased in medical schools but still remains at 3 to 4%
- Under represented minority faculty (blacks, Hispanics, and American Indians) have not increased significantly in the last 25 years nationwide after an initial increase with recruitment efforts from ground zero in the 70's
- Under represented minorities make up 7.3% of all medical school faculty. URM make up 35% of the US population
- The number of URM faculty is inflated because the totals include practicing physicians who are part-time faculty at many schools

Academic Options

- Basic Research MD-PHD Number of URM PHD's flat despite initiatives by the NIH, VA system, medical schools and universities
- Clinician/ Researchers Lab and limited clinical responsibilities
- Clinician teachers/instructors Make up the largest group of URM faculty Hospital and practice based
- Public Health/ Public Policy MD-MPH Will play an important role in evaluating public health data, disparities etc. as the population changes
- Global Medicine, NGO's, non-profits, etc.
- Medical school faculty for basic sciences

Where has progress been made and how?

- Many of the top 25 medical schools, most notably Duke University 11% URM faculty, have made a concerted effort to increase faculty and the conditions under which they are likely to be retained, assisted with career development and promoted
- The success of these programs may also reflect "skimming the cream off the top" of the applicant pool.

PIPELINE INITIATIVES:

- AAMC national initiative to enroll 3000 URM medical students annually to increase the supply of physicians in the "Pipe Line".
- 2500 enrolled 2007, Data 6.4% black, 7.2% Hispanic, .5% American Indian, Alaskan or Hawaiian native

Why is the Pipe Line Leaky?

- Anti-affirmative action legal actions in some states
- High cost of medical education
- The number years of training before one is gainfully employed compared to other professions
- Lower salaries in academics compared to private practice
- Low numbers of URM faculty at many schools make the environment less comfortable and academic staff retention difficult
- Academic advancement at many schools is tied primarily to basic research leaving clinicians in a poor position to be promoted
- New pressures from health care reform to increase clinical productivity

Prospects for basic science and clinical research

- Initiatives by medical schools to increase URM
- NIH, VA system have multiple initiatives to support URM researchers
- Pharmaceutical and Biotechnology companies have programs to promote URM participation in research to diversify their workforce
- Early participation with a mentor in medical school, residency, and especially fellowship training is recommended.
- Ask about success rates for promotion and tenure of URM faculty in the schools in your area of interest
- Gender bias is a major factor complicating advancement
- Assess the communities in around the general area of the school for suitable places to live.

What are your prospects as a clinician?

- Based on an increasing number of URM in the US population and increased awareness of that fact by some medical school administrations
- Many highly rated medical schools with the lowest URM faculty are located in largely minority populated areas
- Black physicians treat 25% more black patients vs. physicians from other ethnic groups
- Hispanic physicians care for 21 % more Hispanic patients
- Up to 45% of patients treated by black physicians are on Medicaid
- Support of clinics in minority neighbors by medical schools is likely to increase to some extent with health care reform

Financial Considerations

- Assess the income you need to pay off your educational debt.
- Look at the cost of a home, condominium, automobile, etc. adding the cost to your educational debt. (Rent for the short term)
- The total debt should be less than 33% of your pre-tax income
- Divide the total debt by .33 and that will define the gross salary you will need.
- Look at governmental, NIH, VA, military, or statewide incentives that may cancel some of your debt for services rendered
- Assess the salary range and the time course for promotion of attendings as they climb the ladder at your prospective school
- Hire an attorney with a background in health care to review your

Qualitative Issues

- Practice Style of the Group or organization
- Philosophy and value system of the group
- Family and Leave Rules
- Financial Reimbursement vs. Life Style
- Local acceptance by both the community and the practice group for someone of your race or ethnic group (Hard to assess from adds and submitting your credentials unless you are easily identified as a member of an URM by your surname, etc.)

Financial Concerns

- No Risk with a Guaranteed Salary until Partnership
- Salaries and bonus structure are lower with low risk situations such as very large groups.
- Are you at risk for the practice loans, etc
- Years or Time to full Partnership
- Bonus Structure if highly successful
- Real Estate-Who owns the office?
- Leave and Disability Concerns

Private Practice Finances

- Experience and reputation of the practice
- Large Group vs Small Practice
- Location & Penalties for Prime Areas Usually inversely proportional (Better salary=less desirable area) when adjusted for cost of living
- Check Area Specific Salaries for your specialty around the country Available from medical societies, search firms, specialty societies
- Finding Practice Leads, (Search firms headhunters, networking, help from department chiefs and training program contacts
- Cost of Living and residential real estate

Practice Buy In or Buy Out

- Real Estate Buy In
- Cost of "Good Will" of those who started the practice
 - Cost of your share Hard Assets (equipment, etc)
 - Are there fees if you withdraw from the practice?(Malpractice insurance tail, costs of recruiting a replacement)

Contracts

- Terms of Employment
- Separation from Practice
- Non Competition Clauses
- Retirement Benefits
- Vacation
- Outside Activities & Compensation
- Default Options
- Have your contract reviewed by professionals
- Seek help from the local medical society or professional societies