

# Reality Medicine

What are the Opportunities, Obstacles, and Keys to Success for a  
Career in Medicine Today?

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## Navigating Career Options

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# Academic Options

- Basic Research MD-PHD    Number of URM PHDs 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, NGOs, 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.”

- Enrolled 2011, Black 7.2%, Hispanic 8.4%, American Indian, Alaskan or Hawaiian native .2%

# Why is the Pipe Line Leaky?

- 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
- 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 (patients treated) make the daily demands little different from private practice, limiting time for research and investigations

# Prospects for basic science and clinical research

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- NIH, VA system have multiple initiatives to support URM researchers
- Pharmaceutical and Biotechnology companies have programs to promote 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 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.

# Future of Medicine Defined by Change

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- Hospital Systems consolidated into Networks
- Networks acquire practices employing physicians
- Private practice decreased in states with reform
- More than 75% of medical school grads opt for employment

# Employment Contracts

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- Key issue should be assessed by an attorney
- AMA, MMS have sample contracts
- Avoid contracts that allow dismissal without cause
- Malpractice, etc. should be covered if you leave

# Contracts

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- Terms of Employment
- Separation from Practice or Organization
- Non Competition Clauses, Default options
- Retirement Benefits
- Vacation
- Outside Activities (meetings) & Compensation



# 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 neighborhoods by medical schools is likely to increase to some extent with health care reform
- The payor mix makes survival of private practices in those same areas difficult

# General 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 contract.

# Qualitative Issues

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

# Financial Concerns Private Practice

- 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

# General Employment Concerns

- 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