

Welcome New Interns!

The Med-Peds Perspective

The Official Publication of the National Med-Peds Residents' Association

Welcome To NMPRA!
Kenneth Remy MD, NMPRA President

Volume 7, Issue 4

Summer 2006

Hello Fellow Med-Peds residents, medical students, and faculty!

We have entered an exciting new year now with brand new residents, fellows, and attendings. New third year medical students are learning the wonders and content of this thing we call Med-Peds. As we embark together on our combined training I would like to offer you assistance from the National Med-Peds Residents' Association (NMPRA). On our website at www.medpeds.org you will find a whole host of great information including an up-to-date job listings board, quarterly newsletters, a brand new revised fellowship guide for med-peds residents, med-peds program information for medical students, and more.

I would also like to announce formally and invite you to our annual meeting in conjunction with the National American Academy of Pediatrics (AAP) meeting this October 7, 2006 in Atlanta, Georgia. Along the same line, on September 9th there will be a regional midwest Med-Peds meeting in Cleveland, Ohio, and in the spring a similar meeting in the Northeast. NMPRA in the upcoming year also looks forward to coordinating efforts with the Med-Peds Program Directors' Association (MPPDA) as well as the AAP med-peds section.

As we are an organization dedicated to the advancement of Med-Peds residents, please do not hesitate to send us an email (president@medpeds.org) if you have any questions about med-peds, or simply want to share a wonderful experience you had while engaged in this profession. I look forward to working with you in this upcoming year.

Sincerely,

Kenneth E. Remy MD

Congratulations to our new board members!

Arlene Chung MD, President-Elect: PGY2 East Carolina University (University Health Systems of Eastern Carolina)

John Meier MD, Treasurer: PGY3 University of North Carolina Chapel Hill

Rebecca Northway MD, Secretary: PGY2 University of Michigan



Dr. Kenneth Remy (back right) with NMPRA board members at the Northeast Regional Med-Peds Conference

- **Seniors, get a head start on your job search: see page 2 to learn contract negotiation skills and page 7 to read a med-peds recruiter's perspective.**
- **Pinching pennies? See page 6 to decide if you should moonlight.**

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Legal Issues Related To Your First Physician Employment Agreement

Jason M. Brocks, J.D., M.P.H.

Your first post-residency position in private practice, whether in primary care, internal medicine, pediatrics or some combination of all three, is a big step. Before you begin seeing patients, however, you will need to confront your physician employment agreement. This article discusses legal issues that often arise in relation to employment agreements with medical practices.

What kind of employment agreement do you need?

A potential employer might give you what he or she refers to as a “standard” or “boilerplate” employment agreement. Do not assume anything from the use of those terms – especially, do not assume that the employment agreement addresses everything that you might be concerned about or that its provisions are favorable to you.

The employment agreement given to you by the medical practice may have been edited many times in the course of negotiations with other physicians who joined the practice. Such a “recycled” agreement may reflect someone else’s needs more than it reflects your own, and it could even include terms with unintended legal implications for your situation.

On the other hand, you may encounter a situation where a potential employer does not provide you with a written employment agreement. Assume that you meet with your potential employer and have a very friendly and productive discussion with him or her about the most important issues surrounding your employment. At the end of your meeting, the potential employer offers you a job on terms that you like. The potential employer tells you that he or she thinks it is fine if you just shake hands and build your employment relationship on what you just discussed.

Although you may be excited about working for the potential employer and have the highest respect for him or her, you should always reduce your agreement to writing because a written agreement will provide a road map for the future if you and the potential employer have to part ways. Keep in mind that you might have to leave for any number of reasons, either at your employer’s request or on your own accord. For example, you might get a once-in-a-lifetime offer to be chairman of a Med-Peds program at a world class medical institution. It is possible that your departure from the medical practice, for whatever reason, could cause negative feelings or logistical difficulties; in either case, you would want some of the extra security of a written employment agreement.

Anything related to the employer-employee relationship that you and the potential employer agree to should be included in the written employment agreement. For example, if the first draft of the employment agreement gives you 2 weeks of vacation time and then during an informational meeting your potential employer says you can have 3 weeks of vacation time, make sure that the written agreement is changed to 3 weeks. Similarly, if the first draft of the employment agreement did not address vacation time at all, you should ask that it be added or clarified to reflect the results of your discussions. The terms of your written employment agreement will represent the entire agreement between you and your employer, so make sure that the employment agreement is comprehensive.

What issues should your employment agreement address?

The following list includes some important points that should be addressed in your employment agreement. You should make sure that these and any other issues pertaining to your employment that affect you are included in the agreement.

- Compensation
- On-call schedule
- Time off (vacation time, personal days / sick days, family leave, CME) (including whether such time off will be paid or unpaid)
- Reimbursement of work-related expenses
- Malpractice insurance (including responsibility for payment of premiums and the type of policy)
- Outside activities (including teaching and research)
- Benefits (including health insurance, life insurance, disability insurance, retirement account)
- Term and Termination (including “for cause” and “without cause” termination, responsibility and procedures for notifying patients of your departure, and status of patient medical records)

(continued, page 4)

It's A Wrap: Northeast Regional Meeting

Rohini Harvey MD NMPRA Past Secretary

Once again med-peds fans braved heavy rain to gather together and learn more about our specialty. Held at the University of Medicine and Dentistry of New Jersey in Newark, NJ, the Northeast Regional Med-Peds conference this spring was an overwhelming success. After a warm welcome from Dr. Stefanie Brown, med students and residents from Cleveland to Boston and many places in between discussed such diverse topics as transitioning health care from children to adults, cultural competency, and the unique field of med-peds oncology. Break-out sessions on fellowships and med-peds residencies targeted participants of all levels. The NMPRA board was also present to update attendees about the latest NMPRA events.

If you were not able to make this meeting, there are more coming up. Read on in this issue to learn about upcoming national and regional med-peds meetings. We hope to see you there!



Smile and say Med-Peds!



Legal Issues, Continued

When will you become a partner?

Your prospects of becoming a partner (an owner rather than an employee of the medical practice) may be addressed in the employment agreement, although any reference to that topic may be relatively brief. For example, the employment agreement may state that you will be considered for partnership after a certain amount of time at the practice and that you will be told at least “x” months before the end of the employment agreement’s term whether or not you will be offered a partnership, in order to give you time to seek out other opportunities, if necessary.

Other issues surrounding your partnership in the medical practice, such as the buy-in cost and / or your right to see a copy of the partnership documents, might only be addressed in a separate “letter of intent” or even orally in discussions between you and the physicians in the practice. Each situation is different when it comes to partnership issues – it often comes down to the personalities involved and the perceived sensitivity of the information. Due to the importance of this issue to your decision about whether to accept an offer, however, get as much information as possible before you sign an employment agreement.

Do you need a lawyer?

Some doctors decide to negotiate their employment agreement without the aid of an attorney. If you do not hire an attorney, make sure to carefully read the entire employment agreement and ask a lot of questions about it. Above all, make sure that you understand and are comfortable with your rights and responsibilities. Whether or not you decide to hire an attorney, it is always advisable to have an objective third party review the employment agreement before you commit to a position with a medical practice.

If you decide to hire an attorney, remember that, like doctors, attorneys often specialize. When considering an attorney to advise you about your first employment agreement with a medical practice, it is helpful to ask some questions. For example, how much experience does the attorney have with reviewing, drafting and negotiating physician employment agreements? This is an important question because an experienced health care lawyer will understand the nuances of physician employment, including the relevant health care laws that govern medical practice.

An attorney can be your best friend (really!) as you decide whether a particular job opportunity is the right one for you. An attorney will help you to understand the details of your employment agreement and give you some perspective on the most important issues before you sign it. An attorney will also negotiate on your behalf and preserve and even strengthen the important relationship between you and the physicians who you will be working with every day. For example, you might be nervous or uncomfortable asking for a reduction in the geographic scope or timing of a restrictive covenant (a restrictive covenant, also known as a “covenant not to compete” or a “non-compete” provision, limits your right to practice medicine within a certain distance from a medical practice for a certain amount of time after leaving the practice). However, if your attorney explains that the restrictive covenant in your employment agreement is unreasonable when compared with current practice in the potential employer’s specialty and / or geographic area, a request to change the restrictive covenant might be put in a more positive light.

Read the employment agreement (and have someone else read it too). Ask questions. Make sure that the content of the employment agreement reflects your discussions. All of these things will help you to have a good start to your new medical practice and give you peace of mind. That way, you can focus on the exciting job ahead of you – taking care of patients.

Jason M. Brocks, J.D., M.P.H. practices health care law in New York City, where he advises physicians about legal issues related to medical practice, including employment agreements, formation of solo and group medical practices and compliance with New York State and federal health care laws. Mr. Brocks is admitted to practice in New York. He can be reached at 212-223-4996 or online at www.jasonbrocks.com.

This article is for informational purposes only. It is not intended as legal advice and should not be used as a substitute for the advice of an attorney.

Save The Date: National Med-Peds Residents' Association National Meeting October 7, 2006

NMPRA is happy to announce our annual National Meeting in Atlanta, Georgia on October 7, 2006. This meeting will be held in conjunction with the American Academy of Pediatrics (AAP) National Conference and Exhibition. At the NMPRA National Meeting you can look forward to meeting other Med-Peds residents, attendings and students from all over the country. Two residents will be chosen to present cases of interest to the med-peds community; for details on how to submit a case check out www.medpeds.org. And, the National Meeting will be a great chance for you to learn what is going on in med-peds at a national level. We look forward to your participation in this wonderful opportunity!



Sunny skies ahead at the NMPRA meeting in Atlanta



Discounted hotel accommodations at the Days Inn Downtown are available by calling (404)-523-1144 and mentioning NMPRA. Rooms are \$75/night and are located less than 3 blocks from the AAP site at the Georgia World Congress Center. Discount airline reservations can also be made at Airtran by calling 1-800-683-8363 and mentioning the event code ATL100706.

Save the Date: Midwest Med-Peds Meeting in Cleveland Scheduled September 9, 2006



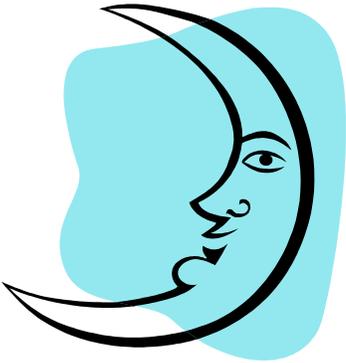
Join us this fall in Cleveland, Ohio

In conjunction with University Hospitals of Cleveland/Rainbow Babies and Children's Hospital and MetroHealth Medical Center, NMPRA is pleased to announce the first annual Midwest Med-Peds Regional Conference. Join us in Cleveland, Ohio, home of the Rock 'n Roll Hall of Fame and Lebron James! The event will be held at 8:30am on Saturday, September 9, 2006 at Rainbow Babies and Children's Hospital. On the schedule are breakfast and lunch, several dynamic speakers on talks of med-peds interest, break-out sessions for residents, students, and attendings, a resident abstract presentation, and Midwest physician recruiting groups. CME credit will be available. To obtain more information please email midwestmedpeds@yahoo.com.



Money Matters: Moonlighting

Emery H. Chang, NMPRA Travel Advisor and Past Treasurer



So, you're hearing about offers of \$50-100 per hour for working extra call, urgent care or ER shifts, working per diem for offices, reading films. You're undoubtedly dreaming of the great Caribbean vacation or maybe thoughts of that new flat screen are floating through your mind. But what else should you be thinking about?

Time - Ask yourself about how much of your limited free time you want to give up to do more work. Is the extra hassle worth it?

80-hour work week – Check with your program director about your program's policies on moonlighting. Since the 80-hour limit includes time that you moonlight, you still have to meet the ACGME's limitations, even for jobs outside of your institution. Some programs prohibit moonlighting outright, while others require your program director's approval.

Taxes – Will you be an independent contractor or an employee? Often your moonlighting will pay you an hourly rate with or without malpractice coverage. As an employee, they will give you a W-2 each year and deduct out taxes for you. However, as an independent contractor, you have to handle the taxes.

As an independent contractor, if you earn more than \$400, you will have to pay the self-employment taxes of 15.3% in addition to income taxes. This is for social security and Medicare taxes. For the first \$94,200 you pay 12.4% for social security and all income is subject to the 2.9% Medicare tax. Incidentally, half of the self-employment taxes are deductible from your income taxes.

Make sure that you have enough money set aside and paid in advance. If you expect that you'll owe \$1000 in taxes at the end of the year, you have to pay these taxes quarterly during the year. Otherwise you might be hit with a 10% fine. OUCH!

Finally, for myself, I made a rule, that half of my moonlighting money was for fun and the other half was to either pay back loans or put towards savings like my Roth IRA.

Have any topics or questions for future articles? Drop me a line at travel@medpeds.org!

As always, NMPRA and myself are not financial experts and you should consult your tax and finance professionals before investing.



Med-Peds In A Changing Marketplace And The Rise Of Hospitalist Programs

Norman Toy, President NetPro Search

I began the process of looking for med-peds opportunities and marketing Med-Peds candidates to health systems long before Med-Peds became “almost” mainstream, as they are today. Each year I notice an increase in demand for Med-Peds in the marketplace. The increase is a result of an ever-expanding field of med-peds and a growing understanding within health systems of their versatility.

The process of finding a Med-Peds opportunity has changed dramatically in the ten years since I placed my first Med-Peds physician. Most candidates still ask me if I have opportunities with Med-Peds groups. The next most common request is for mixed primary care groups that may include Med-Peds, Internists or Pediatricians. Ten years ago I considered myself lucky to find a health system with even one Med-Peds physician in it, in the hope that this provider might be included in the primary care call group. While many of my candidates had no choice but to join family practice groups, they found it far more attractive when at least one other Med-Peds was in the system. Now, more and more health systems have gone through the process of hiring Med-Peds physicians, have these doctors working in their system, and have learned what to do with them when they come across one.

Call has always been the biggest challenge, and it still is, especially with respect to pediatric patients. The quality of care provided to pediatric hospital patients has consistently been a big concern for Med-Peds physicians when they evaluate possible practice opportunities. It often drives their desire to join other Med-Peds or Pediatricians and explains their reluctance to work exclusively with family practitioners. This issue cuts both ways however. I regularly speak with administrators who gripe about the difficulty they have had arranging call for Med-Peds, and they steer clear of them altogether. Overall, though, looking for a Med-Peds opportunity where pediatric patients are well covered is getting easier all the time.

With the exploding growth of hospitalist programs, new challenges have developed which hinge on similar issues that have always plagued Med-Peds. More and more Med-Peds physicians approach me every year seeking hospitalist opportunities. Stepping from a Med-Peds residency into a hospitalist position is apparently a natural progression. Except for universities and fairly large metropolitan hospitals, the majority of hospitalist programs treat adults exclusively, and those that treat children treat very few. After taking that extra year of training to obtain board eligibility in pediatrics, treating zero to very few pediatric patients is just not very satisfying. When faced with the dilemma of going into traditional primary care practice or dropping pediatric patients altogether, I have seen Med-Peds graduates who have developed a love for hospital work give up pediatrics despite the time and effort that went into training in Med-Peds. Many just accept that less than ten percent of their patients will be children and live with an extremely unbalanced ratio of adults to kids. I've seen a few Med-Peds hospitalists treat adults in the hospital and manage to work a few shifts in a local pediatric practice, but it's rare, and it always seems very difficult to manage.

Overall, though, looking for a Med-Peds opportunity where pediatric patients are well covered is getting easier all the time.

Ironically, it just so happens that more and more hospitals are calling me and asking for Med-Peds for their hospitalist programs. For them it's a dream to think that they could have a group cover all their patients, from newborns to geriatrics. (I have found it interesting that they won't hire family practitioners for these positions, yet when it comes time to set compensation models for Med-Peds in traditional primary care settings, these same hospitals sometimes argue that a med-peds is equal to a family practitioner and should be compensated accordingly. That's another issue altogether, however, and I will write about it elsewhere.) Primary care providers are enjoying the lifestyle advantages of outpatient-only practices, and the hospitals reinforce that business model at every opportunity. By recruiting Med-Peds for their hospitalist program, Internists, Pediatricians, Family Practitioners, and Med-Peds physicians can turn all of their patients over to the hospitalists. Even if pediatric admissions are light, a hospitalist group trained to treat all comers is a win-win for the hospital. The Med-Peds hospitalist may suffer, however. Pediatricians have been (continued page 8)

Med-peds In A Changing Marketplace, Continued

slower to embrace the hospitalist concept, because in most cases, they haven't been offered this alternative until recently. It becomes a matter of re-conditioning the way they think. They have been leery about turning patients over to hospitalists. It is the job of hospital administration and the Med-Peds hospitalist to reach out to and educate the outpatient network about the role of the Med-Peds physician in pediatric inpatient care so pediatricians can feel confident in the care their patients will receive from a Pediatric hospitalist. Every hospitalist program's growth is dependent on the support of the primary care network. It takes time to build confidence.

On the other hand my newly trained Med-Peds candidates who opt for traditional primary care jobs retain their hospital privileges more often than my Internal Medicine or Family Practice candidates. In large part, they seem to love both

It just so happens that more and more hospitals are asking for Med-Peds for their hospitalist programs. For them it's a dream to think that they could have one group cover all their patients, from newborns to geriatrics.

inpatient and outpatient medicine, especially early in their careers, though the lifestyle advantages of an outpatient practice often become very attractive after awhile. Improving physicians' lifestyles and efficiencies in practice management and billing fuels the phenomenal growth of hospitalist programs.

I have seen some hospitals work very hard to accommodate Med-Peds hospitalists, educating their outpatient pediatricians and promoting the excellent inpatient care Med-Peds physicians provide to their patients. These systems find that when the pediatric network feels secure with the inpatient care, they discover the advantages of turning their patients over to the Med-Peds hospitalists. This increases the numbers of pediatric patients for the Med-Peds hospitalists, and everybody benefits. It takes a savvy administrator to understand and implement an outreach effort like that, and, unfortunately, I don't see it very often.

No matter what, Med-Peds physicians are still unique, and bring an assortment of advantages and challenges to the table when they are searching for a rewarding professional job opportunity. They are being sought after more than ever before. Each new system needs to be tweaked and modified along the way to accommodate new ways of delivering healthcare. With the concerted effort of both the Med-Peds provider and the hospital or employer, the nuances around Med-Peds are changing all the time, consistently for the better.

Norman Toy is the President of NetPro Search. Contact him at (866) 808-3800, by email at ntoy@netprosearch.com, or online at www.medpedsjobs.com.



Nominations Open for NMPRA Awards

Rohini Harvey MD, NMPRA Past Secretary

Do you know outstanding med-peds residents who have made a difference for our unique specialty? If so, let us all know by nominating them for the annual NMPRA awards.

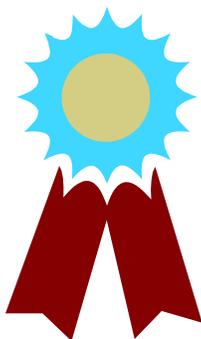
For application information and details, please see <http://www.medpeds.org/awards.htm> The deadline for submissions is August 31, 2006.

The Gary Onady Award

This award honors a resident physician who has made an outstanding, lasting contribution to the success of NMPRA and Med-Peds at the national or regional level. It is named for Gary Onady, MD, for his notable, extraordinary dedication to Med-Peds.

In the words of Dr. Onady "The resident recipient will have made a contribution that has moved the Med-Peds specialty to the forefront of medical care policy, curriculum or contributions to the quality of medical care, encompassing the spectrum of training reflected by the Med-Peds specialty."

Each winner receives a \$250 educational stipend and a \$250 travel grant to the NMPRA National Meeting in October 2006. Awards sponsored by National Med-Peds Residents' Association



Med-Peds Clinical Case Competition

Rohini Harvey MD, NMPRA Past Secretary

Calling all med-peds residents! Don't miss the chance to present at the NMPRA National Conference on Saturday, October 7, 2006 in Atlanta, Georgia. If you have an interesting case that focuses on internal medicine and pediatrics with educational value to the med-peds audience, you are invited to submit an abstract (see below for rules). The best cases will be selected by the NMPRA board for a 10-15 minute presentation at the national meeting. This is a unique opportunity to be heard by an audience of med-peds residents and attendings from all over the country, so we encourage you to participate.

Abstract Rules: In 250 words or less please clearly state your name, program and contact information, title of the case, presenting problem, clinical course and management, and discussion. Send your abstract to president-elect@medpeds.org by September 5, 2006.

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Association**



www.medpeds.org

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To join go to http://www.medpeds.org/Membership/Membership_New.htm

The Med-Peds Perspective

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The opinions expressed in this issue by individual authors do not necessarily reflect the views of NMPRA