

# Recruiting Physicians Today

Volume 23 No. 3 May/June 2015

## INSIDE THIS ISSUE

- ▶ Physician Compensation: Changing Employment Model Showing Effects 1
- ▶ Passive Jobseeker Video 3
- ▶ Reach Top Residents, Fellows, and New Physicians — at Our Best Value! 4
- ▶ Upcoming Recruiter Meetings and Medical Conventions 4

## PHYSICIAN COMPENSATION: CHANGING EMPLOYMENT MODEL SHOWING EFFECTS

**Medscape annual compensation report shows that the trend toward employment might be softening income for some physician groups.**

*By Bonnie Darves, an independent health care journalist based in the Seattle area.*

The newly released *Medscape Physician Compensation Report 2015*, based on a survey of more than 19,500 physicians in 25 specialties, didn't produce any major surprises but did yield a bit of good, somewhat unexpected news: the health reform-induced market changes aren't significantly affecting physician earnings. Although health economists have forecast that surgeons and other high-earning specialists would see declines as a direct result of the Affordable Care Act and Medicare's incremental move to value-based payment methodologies, those forces have yet to hit the bottom line of physician earnings. This predicted decline might start occurring in the near future, the Medscape report indicated, as several factors come into play. These include the end of accountable care organization (ACO) shared savings contracts, the emergence of retail clinics, and penalties for not meeting Centers for Medicare & Medicaid Services meaningful use requirements.

Overall, primary care physicians earned an average of \$195,000, and specialists earned \$284,000. The top

earners have changed little since the previous survey. They remain: orthopedics, at \$421,000; cardiology, at \$376,000; gastroenterology, at \$370,000; and anesthesiology, at \$358,000. The lowest earning specialties were pediatrics, at \$189,000 on average; family medicine, at \$195,000; and endocrinology and internal medicine, both at \$196,000. In the middle of the range, four specialties — cardiology, endocrinology, gastroenterology, and general surgery — all experienced a 7% increase. Another four specialties, including dermatology, family medicine, plastic surgery, and psychiatry, saw incomes increase 10% from last year's report.

Regardless of their specialty, however, there is apparent discontent among physicians about their compensation: Only 47% of primary care physicians (PCPs) and 50% of specialists believe that they are fairly compensated. Among surveyed PCPs, this sentiment hasn't changed markedly in recent years. However, the Medscape survey findings suggest deepening earnings dissatisfaction among specialists; in 2011, 52% of specialists considered themselves fairly compensated.

Not surprisingly, as surveys frequently find, dermatologists remain the most satisfied with their earnings — 61% feel their compensation is fair. Close behind, at 60%, are emergency physicians and pathologists, both of whom saw their incomes jump in 2014. At the bottom of the compensation-satisfaction scale are ophthalmologists, allergy and immunology physicians, and general surgeons, at 40%, 41%, and 41%, respectively.

*Continued on page 2*

**EDITORIAL  
ADVISORY BOARD**

**Dana Reed**  
Director of  
Professional Recruiting,  
Ochsner Clinic Foundation

**Lianne Harris**  
President, New England  
Health Search

**Robert Kuramoto, MD**  
Managing Partner,  
Quick Leonard Kieffer Int'l.  
Partner, Christie Clinic

**EDITOR**

**Cathy Mai**  
Marketing Manager,  
Recruitment Advertising

**CLASSIFIED/  
RECRUITMENT  
ADVERTISING**

**Keith Yocum**  
Director, Recruitment  
Advertising Sales

For more information about *Recruiting Physicians Today* (RPT) or to submit an article, please contact Recruitment Advertising, 860 Winter Street, Waltham, MA 02451, or email [cmai@nejm.org](mailto:cmai@nejm.org).

*Recruiting Physicians Today* is an advertising service of NEJM Group, a division of the Massachusetts Medical Society.

© Massachusetts  
Medical Society

*Continued from page 1*

**Employment model evolution  
affecting earnings**

What has changed, dramatically, with the evolving medical services marketplace is the allocation of U.S. physicians by employment model. The Medscape survey found that 63% of physicians are now employed, primarily by hospitals or health systems, versus approximately 10% a little over a decade ago; and only 32% of respondents reported still being in private practice.

Further differentiation is seen in employment model by gender. Fully 72% of female survey respondents were employed, compared to 59% of male respondents. In the employed sector, average compensation for male physicians across all specialties was \$249,000, compared with \$203,000 for female physicians. This disparity is likely due in part to the fact that relatively few women in medicine practice in high-earning specialties, and also to the longstanding reality that more female physicians work either part time or fewer hours weekly than do male physicians.

The shift toward employment does appear to be affecting physician earnings — generally by reducing compensation, relative to private practice models. The Medscape survey found that self-employed PCPs earned \$212,000 on average, compared with \$189,000 for employed PCPs. In the specialist sector, average compensation was \$329,000 for self-employed physicians and \$258,000 for their employed counterparts.

In an interesting development, the recent Medscape survey teased out the ranges in physician compensation for non-patient care activities, such as speaking engagements, product sales, and expert witness duty. Orthopedic physicians earned \$29,000 annually for non-care work, and the figure was \$26,000 for dermatologists, plastic surgeons, and urologists. At the other end of the scale, anesthesiologists, pediatricians, and radiologists earned



\$8,000, \$7,000, and \$6,000, respectively, from those non-care activities.

**Career satisfaction wanes on  
some fronts**

In perhaps the most telling finding in this year's Medscape survey report, practicing physicians are experiencing a serious case of second thoughts about their careers. Only 64% of physicians surveyed would choose medicine again — this is down from 69% in 2011 — and only 45% would elect to practice in the same specialty if given to chance to start over.

In addition, physicians appear generally dissatisfied with their choice of practice setting. In 2011, the Medscape survey found that about half would choose the same practice setting again, compared with only 24% in the new survey.

The picture changes somewhat in looking at overall career satisfaction within specific specialties. The survey found that 73% of family medicine physicians would choose medicine again, and that 72% of rheumatologists, 71% of internists, and 70% of critical care physicians would choose medical practice. At the low end of the spectrum, only 49% of radiologists and 50% of orthopedists would repeat their career choice. In terms of same-specialty choice, 73% of dermatologists would choose their field, but only 32% of family physicians and internists would stay in theirs.

*Continued on page 3*

*Continued from page 2*

The Medscape report identified several additional noteworthy trends or shifts in the physician compensation marketplace. These included:

**Regional variations show surprises.**

In an unprecedented shift, the highest earning region was the Northwest, with an average of \$281,000, followed by the South Central region, at \$271,000, and the North Central region, at \$270,000. The Southeast, which many surveys have historically pegged at the highest earning area, was a close fourth, at \$269,000, followed by the Great Lakes, at \$268,000, and the Southwest, at \$263,000. The West came in at \$262,000; and unsurprisingly, the Northeast and Mid-Atlantic regions brought up the rear, at \$253,000 and \$254,000, respectively.

**“Winners” and “losers” line up by state.**

The top states for physician compensation, across all specialties, were North Dakota and Alaska, at \$330,000 average, followed by Wyoming (\$312,000) and Wisconsin (\$309,000). Only one Northeast state, New Hampshire, also made it into the \$300,000 category (at \$300,000). The lowest-paying states were the District of Columbia, at \$186,000; and Rhode Island, at \$217,000.

**Compensation increases, declines by specialty changing.** The specialties that experienced the most substantial increases in 2014 were the infectious disease specialists, at 22%, and pulmonologists, at 15%. Pathology and emergency medicine each saw compensation increases of 12%, and four specialties — psychiatry, dermatology, plastic surgery, and family medicine — tallied a 10% increase. On the decline side, rheumatology income was down 4% and urology 1%.

**Part-time practice status shows shift.**

Overall, 24% of women physicians reported working part time, compared with 13% of male physicians. Interestingly, the trend toward part-time status is emerging not just in expected physician sectors but

also in unexpected ones. For instance, 12% of physicians 35–49 years of age work part time, and 14% of those 50–64 years of age, compared with 6% of those under age 35. Not surprisingly, 26% of practicing physicians 65 years of age and older work part time.

**Payment model shifts continue.** Participation in ACOs took another jump last year, from 24% in 2013 to 30% in 2014, among all physicians — up from only 3% in 2011. Among PCPs, ACO participation hit 35% last year. On the no-news front, despite the considerable fanfare about concierge and cash-only medical practice, those models aren't gaining ground rapidly. Only 3% of physicians surveyed reported being in concierge practice in 2014, unchanged from the previous year; and cash-only practice participation declined slightly, from 6% in 2013 to 5% in 2014.

**Patient care workweek lightens,  
but paperwork load remains heavy.**

The survey found that 57% physicians work in direct patient care 30–45 hours a week, 18% work 46–55 hours, and only 7% spent 56–65 hours seeing patients. On the downside, the paperwork burden remains heavy in primary care. Fully on third (33%) of self-employed PCPs spend 10–14 hours weekly on administrative tasks, versus 27% of employed PCPs.

**Resources**

To obtain more details on the *Medscape Compensation Report 2015*, go to: [www.medscape.com](http://www.medscape.com).

**WHAT'S NEW  
AT NEJM GROUP?****Passive Jobseeker  
Video**

According to the study “Understanding the Physician Passive Jobseeker,” the vast majority of practicing physicians are considered passive jobseekers.

Do you want to know how to reach this highly sought after group? In less than two minutes see how our unique passive jobseeker technology works.

Watch the video or download a copy of the physician passive jobseeker white paper here: [nejmcareercenter.org/passive](http://nejmcareercenter.org/passive).

**Upcoming Recruiter Meetings and Medical Conventions**

**ID Week of Physician**  
**October 7–11, 2015**  
**San Diego, CA**

**American Society of Nephrology**  
**November 4–8, 2015**  
**San Diego, CA**

**American Heart Association**  
**November 8–10, 2015**  
**Orlando, FL**

**American Society of Hematology**  
**December 5–8, 2015**  
**Orlando, FL**

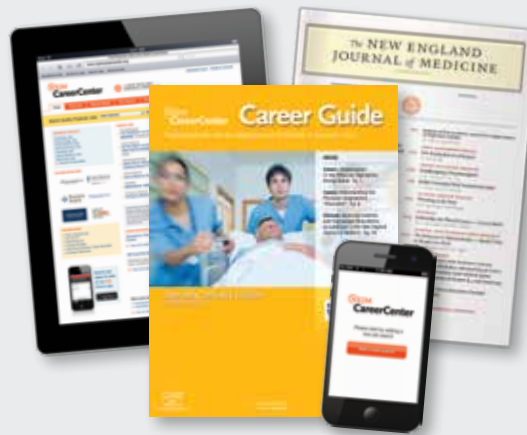
Call (800) 635-6991 or email [ads@nejmcareercenter.org](mailto:ads@nejmcareercenter.org) for more details on bonus convention distribution of your paid recruitment ad in selected NEJM issues at these physician conventions.

**PROMOTIONAL NOTES/NEWS**

**Reach Top Residents, Fellows, and New Physicians — at Our Best Value!**

Each year over 30,000 physicians will end their residency or fellowship and enter the workforce. Whether you are sourcing for primary care physicians or specialists, this group of graduates is highly sought after. This fall, there are several opportunities to put your recruitment message in front of them.

Simply run your paid line or display recruitment ad of any size in any of the three issues listed below, and your ad will be reprinted at no additional costs in a special booklet mailed to more over 30,000 young physicians.\*



CAREER GUIDE EDITION	NEJM ISSUE	CLOSING DATE	SPECIALTIES	AUDIENCE
<i>Specialty Delivery</i>	September 10	August 21	CD, D, END, FM, GE, HEM/ONC, HOSP,ID, IM, NEP, N, ORS, ENT, PUD, DR, RHU, and U	Final-year residents and fellows and doctors in practice 1–3 years
<i>October Residents and Fellows</i>	October 8	September 18	All specialties — about 100	Final-year residents and fellows
<i>November Residents and Fellows</i>	November 12	October 23	All specialties — about 100	Final-year residents and fellows

\*Please refer to the chart for specifics on audience and specialties for each special issue. Each booklet will be mailed to over 30,000 physicians. In order to have your ad appear in all three booklets, you must run a paid print ad in each designated issue of NEJM. Direct mail counts are based on counts provided by the AMA and are subject to change.

**Contact us at (800) 635-6991 or [ads@nejmcareercenter.org](mailto:ads@nejmcareercenter.org) for complete details and to reserve your ad space for these special fall issues.**