American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Hospital Employment and Careers Outside the Emergency Department

An Information Paper

Reviewed by the ACEP Board of Directors, November 2015 and June 2016

The Emergency Medicine Practice Committee (EMPC) was assigned an objective to: explore development of resources for members about becoming employees and developing careers outside of the emergency department (ED). The EMPC was directed to work with the Careers Section, Medical-Legal Committee, and Well-Being Committee as needed. This information paper is a compilation of the resources and information assembled for members looking at hospital employment and careers outside of the ED.

PHYSICIANS AS EMPLOYEES

Background/Statistics/Significance of the Issue

Over the past few decades there have been intermittent trends in physician employment status. While most early contracts were for hospital employees or independent contractors, as emergency medicine began to formalize and increase in prevalence, small and large groups began to form, creating a diversity of employment opportunities.

Since the passage of the Affordable Care Act (ACA), most have predicted that hospitals and hospital systems would move toward employing their emergency physicians as a means of integrating them into accountable care organizations (ACOs) and shared payment models. By employing physicians and groups, ACOs are able to give emergency physicians a salary based on their real or perceived value within the shared/bundled payment model. The alternative is that physicians and groups that remain outside of an ACO and/or bill independently would be forced to negotiate with the ACO for many of their payments. This makes payment unpredictable for physicians and limits the ACOs' ability to control costs and integrate services. While some feel the move to employee status is a positive for emergency physicians as it allows them a "seat at the table" and a defined role within the care continuum, many feel this amounts to a loss of autonomy and, potentially, a loss of income.

Despite this expectation, there has not been a significant nationwide move toward employment contracts. Although there are no exact numbers on how many physicians and groups are moving toward and away from different employment models, a recent informal survey of approximately 20 ACEP colleagues from around the nation found that approximately 30% of respondents noted a move toward employment contracts in their area, 30% noted a move away from employee status, and 40% reported no change. One theory as to why this may be occurring is that, although hospitals and ACOs want to pool risk and reimbursement, thanks to tightening state budgets and declining reimbursement, many hospitals are unwilling to take on the additional financial burden of paying a new group of physicians. Furthermore, hospital executives have noticed that a good way to cut a strained budget, at least on paper, is to contract with an emergency physician group/private practice, which takes a large group of employed providers out of the hospital/ACO budget. For the purpose of this discussion, though, we will look at some of the pros and cons of becoming a hospital employee.

Pros and Cons of Becoming a Hospital Employee

In some areas of the country becoming a hospital employee may be the only option, while in other areas it may not be an option. Hospital employee contracts are among the oldest models of emergency medicine employment. You work for the hospital, get benefits though a standard Human Resources department,

and generally have a well-defined compensation package. This allows hospital employees to have relatively predictable and stable jobs with comparatively little administrative and extra-clinical responsibility. On the flip side, with less responsibility comes less control as the hospital is ultimately the boss.

As a hospital employee, most of the administrative tasks such as finding/choosing liability insurance, managing retirement accounts, billing/coding, maintaining insurance company contracts, deciding on health insurance options, and payroll that may take up time and attention for a small group or independent contractor are completed by the hospital. In theory, this allows an emergency physician to focus on clinical work and other non-administrative tasks. Alternatively, in ceding control of all these administrative tasks to the hospital, emergency physicians may find that they have less control over their jobs and their lives. If the hospital changes a health benefit, retirement contribution, or even the shift schedule, there is sometimes little an employed physician can do about it. Some believe being a hospital employee provides less growth potential as there are limited formal administrative positions outside of director/assistant director. Even when these positions are attained, many lament that the ED director is forced to balance the doctors' interests with those of the hospital, rather than being a pure physician advocate.

There is no way to ascertain whether hospital employees are comparatively well or poorly paid overall because salaries are regionally and locally dependent, but the main financial benefit of being a hospital employee is thought to be a steady, stable, and predictable income. Most employee contracts include a base salary with some form of incentive, paid or at least defined vacation time, and sick time. Thus, employed physicians tend to have a relatively consistent income compared to other employment models where income may be dependent on vacation/sick time taken, patient volume, partnership, and changes in payer mix. For example, consider the hypothetical situation of an ED in a town in which an urgent care center has just opened down the street from the emergency department and, at the same time, a large local factory has just shut down leaving many people unemployed and uninsured. The employed physician's salary is relatively safe, whereas a member of a small group may take a large pay cut, and an independent contractor may see scheduled hours significantly reduced. Emergency physicians are often able to negotiate protected time and paid administrative duties more easily as hospital employees than in other employment models.

Resources on Becoming a Hospital Employee

Information on the Concept:

- American Medical Association. Principles For Physician Employment. 2014.
- As Hospitals Trend Toward Employee Physicians, What Are The Employment Law Consequences? By Josephine Vestal and Sharon Peters. *Washington Healthcare News*. 2012.
- Understanding the Physician Employment Movement. By Bonnie Darves. *N Engl J Med*. Career Resources Guide, July 23, 2014.
- Should Doctors Work For Hospitals? By Richard Gunderman. Published online in *The Atlantic*, May 27, 2014.

Information on Contracts:

- American Medical Association. Annotated Model Physician-Hospital Employment Agreement
- Gosfield AG. Negotiating Hospital Contracts: What Physicians Need To Know Before Signing. *Med Econ*. March 24, 2014.
- Consult your personal attorney or a local attorney specializing in Employment/Contract Law
    - If given a choice, choose an attorney familiar with or with experience negotiating physician contracts as physician contracts vary greatly from typical executive/business contracts

CAREERS OUTSIDE THE EMERGENCY DEPARTMENT

Hospital Administration

Hospital administration is a good way to blend clinical work with responsibilities outside the department. Many start this career path through involvement with, and service on, one or more hospital committees. While certain committees may be considered more attractive, and leadership positions on these committees may not be immediately available, hospitals are always looking for involvement on some of the less popular committees or may be open to new committees as a specific need is identified. There are frequently opportunities to increase your participation on committees, which can lead to greater leadership responsibilities.

Although the position of chief medical officer was traditionally seen as the highest or final role of a physician within hospital administration, now many more administrative positions are open to physicians. Just a few examples include chief operations officer; chief integration officer; chief administration officer; chief strategy officer/executive, chief information/technology/informatics officer, chief of innovation or transformation; and even chief executive officer. Many top hospital administrators believe that those with clinical experience provide better insight into hospital resources than nonclinical administrators. As a result, more than ever, doctors are being welcomed rather than having to push their way into higher levels of hospital administration. Administrative fellowships are being offered by many institutions to encourage excellence in this area.

Academics and Education

Academic careers for emergency physicians range from being a member of the teaching faculty at an emergency medicine residency program, to being a community doctor who teaches part time at a medical school or health sciences training program, to being a full-time researcher on tenure track.

Academic faculty: Several options are available to those interested in becoming members of the faculty of an emergency medicine residency program. Most positions involve a degree of direct clinical teaching and supervision of residents in the department coupled with additional responsibilities in one or more areas: patient care, resident education, medical student education, fellow education, research, administration, emergency medical services, and other areas peripheral to the ED. Many programs offer a flexible approach that can accommodate an individual faculty member's interest and expertise, allowing faculty members to allocate more time to one area than another, and to tailor their level of responsibility to their changing lifestyle. When inquiring about an academic position, it is important to find out about the exact responsibilities, time expectations, benchmarks for advancement (certain number of expected publications or lectures, tenure requirements, grant acquisitions, etc.), and what specific role within a department you are expected to fill.

Residency programs often have, in addition to the traditional faculty positions, clinical teaching positions for those specifically interested in participating in resident training within the emergency department. These are often at a residency's secondary or tertiary training site but are now becoming more common at major teaching sites as well. Participation in resident activities such as attending a journal club, resident lectures, and simulation sessions, as well as giving lectures or assisting with residents' scholarly writing, demonstrates commitment to resident education and can be professionally satisfying.

Fellowship training is not a requirement for academic teaching positions but can enhance your opportunities. Development of an academic niche and sharing your expertise through research, publications, and speaking opportunities are also helpful. Finally, involvement in EM organizations at the state or local level can provide additional valuable educational experience and networking opportunities.

Salaries for academic positions are generally lower than for those in private practice, but this is not always true. While the concept of "protected time" is both complex and variable, depending on one's job breakdown, revenue in academics can come from sources ranging from pure clinical salary, to grants, to educational stipends, to paid lectures/projects. Overall, EM physicians serving as academic faculty generally work fewer clinical hours than those in private practice but devote additional time to education, research, and administration.

Another educational opportunity is teaching at or in conjunction with a medical school. There is not an established path from clinician practice to undergraduate medical education, but several opportunities exist. A transition from clinician to undergraduate medical educator usually starts with demonstrating an interest in teaching. Emergency physicians make excellent preceptors for first- and second-year medical students. Many medical schools have a "doctoring" type course in the first and second years that is focused on history taking and physical examination skills. Emergency physicians willing to precept these students once a week for a few weeks out of the year are very much appreciated. There are also opportunities to mentor individual students throughout students' medical school careers; these opportunities are often managed through the school's Dean of Student Affairs. Serving on the medical school curriculum committee or assessment committee can also open the door to other opportunities in the medical school. Another avenue for medical school participation is with the medical school's simulation center. One can take a particular interest or passion and develop it into a program for use at the medical school level. Though lecturing and teaching medical students often seems like a popular choice of careers, most medical schools have trouble filling their lecture curriculum and teaching positions with sufficient faculty. Thus, volunteering to give lectures at your local medical school on your area of expertise could be an entry into the educational field. The faculty affairs offices at medical schools can be instrumental in identifying opportunities for those interested in participating in any aspect of undergraduate medical education.

Informatics

Although often considered a separate field from clinical medicine, informatics and information technology (IT) are becoming increasingly common areas in which emergency physicians can find a niche. Whether as a director of IT for a hospital or simply as someone with an interest in technology, emergency physicians are often sought out in the world of electronic medical records (EMRs) and technology because of our unique position and perspective at the center of the medical hub. Many feel that EMRs either succeed or fail based on their success in the ED, where technology is both most useful and most detrimental, depending on whether it facilitates or prevents rapid, efficient documentation. Informatics positions involve working closely with doctors to improve documentation of hospital charges and records, while making sure all adhere to quality and safety regulations set forth by the state and individual hospital systems. Careers in this field range from semi-voluntary such as being a super-user for your hospital's EMR to full-time positions such as being the director of IT or director of innovation for an entire hospital.

Hospital Quality Assurance/Metrics/Patient Safety

While many dread the monthly CQI/QA meeting, others find careers and work in this area particularly rewarding as it allows participants to take an active role in both patient safety and medical innovation. Additionally, consultant companies also need physicians to analyze quality and safety in health care-related businesses in areas such as EMR/software design, pharmaceutical and medical device development, and clinical trials/research. On more of the metrics and administrative side, many with experience and/or seniority within medical leadership positions have found opportunities in practice management consultancy or in helping health care organization or hospitals improve their performance

through the analysis of existing organizational problems and the development of plans for improvement. Physicians are well suited to help organizations, by providing specialized clinical expertise. This typically involves working in teams and problem solving. This can also include work such as coding, claims processing, or management of practice efficiency.

Subspecialties

Young emergency physicians and residents who are looking to enhance their careers outside the emergency department may want to entertain a subspecialty. Opportunities and demand for emergency physicians with subspecialties are increasing. Most emergency medicine subspecialties require a fellowship.

As written in ACEP's policy statement, "Recognition of Subspecialty Boards in Emergency Medicine," reapproved in 2014, "ACEP believes the broad discipline of emergency medicine provides opportunities for the development of focused areas of special competence and expertise. The ABMS and AOA provide mechanisms whereby a parent board can recognize such special competence through subspecialty certification or certificates of added qualification. Through these processes, ABEM and AOBEM offer appropriately trained and credentialed diplomates the opportunity to sit for examinations to demonstrate their special competence. Successful candidates are awarded subspecialty certification or a certificate of added qualification." This certification can help emergency physicians to distinguish themselves from their colleagues in subspecialty areas while expanding their personal expertise in an area. It is important to note, though, that not all subspecialties have certifications available.

Below is a list of some common subspecialties with a brief description of each:

- **Emergency Medical Services:** Emergency medical services (EMS) subspecialty certification involves participation in oversight of prehospital emergency services, development of prehospital protocols and procedures, and monitoring of quality improvements and evolving standards related to prehospital care. (ABEM EMS subspecialty certification)

- **Critical Care Medicine**: Critical care medicine deals with patients with life-threatening illnesses whether in the emergency department or in another critical care area of the hospital. ABEM and the American Board of Anesthesiology (ABA) jointly sponsor subspecialty certification in CCM. The American Board of Internal Medicine and ABEM co-sponsor subspecialty certification in Internal Medicine- Critical Care Medicine (IM-CCM). Another pathway for critical care certification for ABEM diplomates is through the America Board of Surgery for subspecialty certification in surgical critical care. There are opportunities to do administrative duties, such as creating protocols educating faculty or doing quality/peer review. Physicians with subspecialty certification in critical care may choose to practice full time in the ED, full time in an ICU, or more often in some combination of the two care settings.

- **Geriatric Emergency Medicine:** Geriatric emergency medicine deals with the care of the geriatric patient in the ED. There are opportunities to do administrative duties, such as creating protocols or doing quality review. This practice includes coordinating the care of some of the most vulnerable emergency patients, often necessitating management of issues such as poor or inadequate housing, polypharmacy, poor transitions of care, and limited resources or access to medical services.

- **Hospice and Palliative Medicine:** The field of hospice and palliative medicine is based on expanding scientific knowledge about symptom control and coordinated care during the final

stages of life when cure is not possible. The major competencies of subspecialist-level hospice and palliative medicine fall under the broad patient-centered goals of relieving suffering, helping patients and families cope with loss and grieving, managing the physical, psychosocial, social, and spiritual needs of patients through coordination of a comprehensive interdisciplinary team, and promoting closure as well as growth at the end of life.

- **Medical Education:** Medical education fellowships are also becoming more common. Although no official certification is available, many programs offer sponsorship for fellows to obtain a graduate degree in medical education (Masters of Education [MEd]; Masters of Health Professions Education [MHPE]; Master of Academic Medicine [MACM]). The programs can range from one to two years depending on the fellowship. These fellowships prepare emergency physicians for a career in academic leadership as residency program directors, vice chairs for education, and deans within a medical school.

- **Medical Toxicology:** Medical toxicologists specialize in the treatment and management of patients exposed to varied chemicals and compounds. Medical toxicologists care for patients in a variety of clinical environments and are often involved in the administration of poison control centers. (ABEM Medical Toxicology Subspecialty Certification)

- **Pediatric Emergency Medicine**: Pediatric emergency medicine deals with the care of pediatric patients in the ED. There are opportunities to do administrative duties such as creating protocols or doing quality review in addition to traditional clinical practice. (ABEM Pediatric subspecialty certification.)

- **Simulation:** Simulation can be used in all areas of medical education. It provides a safe and controlled environment for the practice of clinical skills, often focusing on critically ill patients while improving procedural and communication skills.

- **Sports Medicine:** Sports medicine physicians specialize in the care and treatments of patients with sports-related injuries, from initial management to ongoing rehabilitation. This can involve outpatient, inpatient, and on-site care for athletes.(ABEM Sports Medicine subspecialty certification)

- **Ultrasound:** The use of emergency ultrasound is now widespread at both community and academic hospitals of all sizes and also by medical personnel in out-of-hospital settings. Focused emergency ultrasound is used to diagnose acute life-threatening conditions, guide invasive procedures, and treat emergency medical conditions. (ACEP's Emergency Ultrasound Guidelines) Roles for emergency ultrasound specialists range from daily integration of ultrasound into clinical practice to active educational roles within training programs and hospital systems.

- **Undersea and Hyperbaric Medicine:** Undersea and hyperbaric medicine physicians provide care to patients with injuries or conditions related to exposure to environments with extremes of hyperbaric pressure or for which oxygen at increased pressure has been found to be therapeutic. This typically involves treatments using hyperbaric chambers combined with the therapeutic delivery of oxygen. (ABEM Undersea and Hyperbaric Medicine subspecialty certification)

Emergency Medicine Consulting

Emergency medicine consulting comes in many forms, ranging from helping health departments of third world nations create rudimentary emergency medical systems to assisting established emergency

departments to become more efficient and profitable. The consulting role ranges from very informal such as volunteering to sit on an advisory panel for the state or acting as a resource to directors/sites within your hospital system, to working with formalized full-time independent consulting firms that advertise their services across the country and maintain full-time staff to run the operation.

As with most new endeavors in life, those involved in consulting recommend starting small and growing to fit your vision or niche. An individual who has developed an international consulting practice that assists hospitals in developing nations set up emergency departments and systems notes that he got started by calling the head of a local hospital while he was living abroad, and asking if the administrator had ever considered a dedicated ED in his hospital. He initially began helping these hospitals on a voluntary basis, but soon spun his consulting into a part-time career. Similarly, a stateside example is a physician who, after "retiring" from 20 years as an ED director, began working with local EDs in his area on a consultant basis when they ran into inefficiencies or needed advice in how to improve their ED throughput/flow. As for the larger domestic firms, most typically seek out emergency physicians with experience as ED directors or medical staff officers who are looking to expand their experience and knowledge to a larger audience. While this often means extensive time on the road, it has the potential to serve as a full-time job that may or may not replace one's clinical activities.

Urgent Care

Emergency physicians who are looking to enhance their careers outside the emergency department may want to consider working in an urgent care center. Urgent care centers are often used for episodic care of minor medical or traumatic problems. Their use may be in lieu of going to a physician's office or when a primary care office is closed. Working in urgent care centers can allow physicians to have more control over their practice and better hours while allowing them the opportunity to extend their career in a less stressful or demanding environment.

Urgent care centers generally cater to patients with insurance. Reimbursement may not be as high on individual cases as with emergency department care, however, reimbursement is often more consistent. Physicians working in urgent care centers still see and evaluate a variety of patients, perform procedures, and continue to provide important episodic patient care. Critically ill patients do not frequently present to urgent care centers, so some feel that certain emergency medicine skills could eventually be lost.

The employment model for urgent cares can be self-owned, a partnership, or an employed model. This allows for different amounts of contribution into the practice. With the different options in the employment model, this also creates different levels of financial risk and potential reimbursement. The income is variable based on volume and level of services. Additionally, working in an urgent care center does not preclude continued part- or even full-time work in an ED.

Cruise Ship Medicine

Each major cruise line has a medical director or medical consultant. This can be a full- or part-time opportunity involving ship medical center management. This includes decisions on equipment, formulary, and supplies, selecting and overviewing medical staff, and serving as a resource in medical issues for the cruise line. Another opportunity is as a shipboard physician in charge of primary and emergency medical care for the crew and guests. This position includes management of the medical center and medical staff, supervising shipboard emergency drills, and participation in public health activities with reporting to appropriate authorities.

Pharmaceutical Industry

Emergency physicians with research experience, especially those who have experience with clinical trials, are in demand for pharmaceutical career opportunities. Those emergency physicians who have held positions on institutional review boards, have experience as principal investigators, and have participated in clinical trials are best suited for positions related to drug development. There are opportunities within the pharmaceutical industry to lead collaborative research trials and to supervise trial performance management. Other positions emergency physicians qualify for include positions related to litigation review, drug safety, and global medical affairs.

Typically, pharmaceutical companies will offer emergency physicians benefits and pay commensurate with their experience. The advantage of working in this field is that these studies may have a positive health benefit for hundreds of thousands if not millions of potential patients. Emergency physicians typically start out on shorter projects as project consultants and then may expand their role based on commitment and experience. In most instances, unless the emergency physician has prior experience, the starting salary will be lower than an emergency physician may be accustomed to, making continued part-time clinical emergency medicine a common occurrence. For those considering a complete shift from the ED to the pharmaceutical industry, it may be financially advisable to not completely stop one's clinical practice.

One of the most important aspects of becoming involved in the pharmaceutical field either as a consultant or as a full-time employee is networking**.** Many job openings are posted on company web sites, but networking with colleagues in the industry can lead to future job positions. You can also consider volunteering to become part of an institutional review board. There may be some advantage gained from working with a recruiter; however, these recruiters are generally more focused on candidates with prior experience in the area. The best way to see if one's skill set matches the target of an individual research company or group is to apply for a position of interest.

Medical Legal Consulting

Emergency physicians looking to diversify their careers or perhaps change careers should investigate the world where law and medicine meet… and sometimes collide. Medical-legal consulting is ideal for emergency physicians because one can enter the field in a small way and not have to give up a current career path. The years of training and experience that you already have as a physician qualify you to enter this field today to see if it suits you.

There are a range of choices for those who want to become involved in medical-legal consulting. The way to start for most doctors is to agree to review a medical malpractice case for a defense or plaintiff attorney. For most busy emergency physicians, this means taking on a few cases a year while maintaining a normal clinical practice. At the other extreme of the consulting spectrum are physicians who make a career out of reviewing cases. If you agree to review a case for an attorney you should realize that you may potentially testify at a deposition and trial. Being in the hot seat is not for everyone. Decide before agreeing to review a case if this is something you are willing to do.

A small number of physicians find this area so intriguing that they go to law school. This will open up the option to work in this field as an attorney. The ACEP Medical Legal Committee has a large number of emergency physician attorneys who work in diverse capacities both clinically and within the legal system. Some defense and plaintiff law firms also have part- or full-time non-attorney physicians in-house to help with reviewing and analyzing medical records, doing research, and preparing for medical aspects of depositions and trials.

The first step for the aspiring medical-legal consultant is to review the ACEP Expert Witness Guidelines for the Specialty of Emergency Medicine and the ACEP Member Expert Witness Reaffirmation

Statement. Ask other physicians if they have done consulting in this area and if they could suggest an attorney that they both enjoyed working with and who was impeccably ethical. Contact that attorney and send them your curriculum vitae and explain that you are available to review an emergency medicine case.

The ugly aspect of this field is the money that is involved and how money has the potential to cloud our judgment and ethics. You have an enormous responsibility when you agree to review a medical lawsuit. The civil justice system, the defendant physician, and the injured patient and family deserve your total integrity. It is very challenging to put yourself in the defendant physician's shoes when you know what happened after that physician treated the patient. The added influence of being well compensated by an attorney who hopes that you will see the "facts" in a certain way explains a lot of the ugliness we see in this field. If the potential money will compromise your ethics, please stay away from this field. *ACEP Now* (formerly *ACEP News*) has published a number of useful articles over the years on this area and is a great place to start investigating if this is an area that you want to become involved in. Additionally, members of the ACEP Medical Legal Committee have stated that they are always available to help other physicians become involved.

Insurance

Emergency physicians seeking to develop a nonclinical career may look towards managed care organizations. Physicians provide clinical knowledge, familiarity with the health care environment, and can serve as a liaison between organizations and providers. In particular, emergency physicians have a unique perspective on the health care system and could be a good fit for managed care organizations.

There are no positions in managed care organizations that are specific to emergency physicians. However, physicians in general often fill the following roles:

- Medical Director - Perform case reviews, utilization reviews, and assess appropriateness of care especially in the growing area of observation care.
- Provider Network Development - Interface with providers, bringing providers into the organization, negotiating contracts, reinforcing quality of care. (Role not traditionally held by physicians, but this is beginning to change.)
- Chief Medical Officer - Oversee medical directors, interact with provider network, perform outreach to large groups, work with nursing care management team to educate and evaluate difficult cases, provide clinical voice for regulation compliance.

In their hiring, managed care organizations look for experience with utilization and care management and, in particular, performing case reviews and assessment of care. A good first step to pursuing this career is beginning within one's own hospital. Physicians may get involved with relevant hospital committees and serve as medical directors, utilization managers, or physician advisors within the hospital. Additionally, physicians may pursue training courses such as those on physician advising. A qualified physician could then seek a position with a managed care organization through either applying directly on the managed care organization website or contacting a health care executive search firm.

A position within managed care organizations is appealing to emergency physicians for many reasons. It is a way to develop leadership skills, typically follows a standard work schedule, and could be a stepping stone to executive-level positions. Physicians seeking a reprieve from caregiver fatigue or simply wanting to make a change within the health care system from a more administrative role may find working for a managed care organization rewarding. Some considerations when seeking such a position include that generally at least 80% to 100% of the physician's professional time would be required. While most organizations do not allow physicians to maintain a clinical practice, some do, and a few even require it.

Emergency physicians interested in learning more about working for a managed care organization can explore the following resources:

- American Association for Physician Leadership
- American College of Healthcare Executives
- Career section of managed care organization websites
    - http://www.bcbs.com/careers/
    - https://www.humana.com/about/careers/
    - https://www.aetna.com/about-us/aetna-careers.html
    - http://careers.unitedhealthgroup.com/career-areas
    - http://www.careers.antheminc.com
- Health care executive search firms
- Blogs
    - http://www.nonclinicaljobs.com

Government Services

Government service can occur in either a clinical or administrative role. On the clinical side, there are Veterans Health Administration (VA) and military hospitals in virtually every state looking for emergency physicians to fill traditional clinical roles. Additionally, since VA hospitals often have difficulty recruiting full-time board-certified emergency physicians, many have found the path to leadership and hospital administration to be shorter and more accessible within the VA system than in traditional hospital settings.

On the administrative side, there are few specialties better suited than emergency medicine to take on medical leadership roles within the government. Since we all have daily experience coordinating care between specialties and care settings, emergency physicians are highly coveted for positions such as state or federal EMS coordinator, Department of Public Health administrator, Centers for Medicare & Medicaid Services medical advisory or administration, coordinator/chair of disaster preparedness, state licensing boards, and even on-site medical staff for special events or government offices. Most of these jobs come about through networking, so one's best bet to get involved is to speak to others who have worked in similar roles for guidance and direction. One may also find success by contacting one's local state or national congressional office and asking if they are looking for any physicians on their advisory panels or are in need of any physicians to fill holes on committees.

Similarly, due to our experience leading diverse teams and the respect given to us by the general public as professionals and respected community members, many emergency physicians have found success running for office on the local, state, and even federal level. We currently have two emergency physicians in the US House of Representatives, and one or two more running in the upcoming midterm election. While it is possible to simply throw one's name in the ring without much planning for some local positions, it is always best to contact and coordinate with one's local political party(s) to decide what roles or positions would be best targeted and when. There are workshops being set up both through NEMPAC and the AMA for physicians considering public office.

Locum Tenens

Locum tenens is a term that is Latin in origin and literally means "one holding a place," but the options for the emergency physician interested in locums work has greatly expanded beyond simply temporary work in recent years. The ideal way to learn about the locum tenens job market is to attend a large emergency medicine conference such as ACEP's *Scientific Assembly* held each fall. At these meetings, there are dozens of locums companies that will be eager to wine and dine you and to explain how their

company will give you the perfectly tailored job and lifestyle that you desire. The great thing about locums work is that you can start in a small way without giving up a regular job. Locum tenens rotations vary from as short as one shift to durations of many months.

Another advantage of locum tenens work is being able to learn about a patient population that is different from the one to which you are accustomed. While the human body is fairly similar across the country, it is interesting to learn how each hospital and each community has their own medical culture and unique way of addressing challenges.

Before working with a particular locums company it is critically important to do your homework and make sure you know exactly what you are getting into and what is involved in your contract. For example, make sure that adequate malpractice insurance is provided to you by a reputable insurance company and that you will have tail coverage at no additional expense, even if the locums company fails. The best way to learn about a potential locum tenens job is to talk to other emergency physicians who are working with the company that wants to hire you. Every company and every emergency medicine job has unique pros and cons. The trick to enjoying this type of work is to find out what the pros and cons are before you arrive and to make sure that it is a good fit for you. Ideally, work with a company that has been around a number of years and that offers jobs in the part of the country and with the patient volume that interests you. One thing to look for is whether the company is a member of the National Association of Locum Tenens Organizations (NALTO). This indicates that they have agreed to certain ethical guidelines and that their standards are roughly consistent with those of other major locums companies. Talking with the emergency department director of a venue that you are considering is also worthwhile. For many emergency physicians, locums work is a nice addition to their regular job and for some a great next step in their career.

Event Medicine

Large-scale events such as concerts, marathons, professional sports games, etc., often contract with prehospital and physician groups to ensure the safety of both participants and spectators. Involvement in event medicine can range from volunteering at a local event once a year to a full-time career with a physician group specializing in providing this service to event organizers.

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