LETTER TO THE EDITOR

The Danger of Submitting an Early Letter of Resignation

To the Editor:—Change in academic jobs is an important and common pathway for promotion in academic medicine. About 9% of physicians change jobs each year in America.^{1,2} The frequency is even higher for academic physicians because of limited availability of internal promotions in a pyramidal system. However, the perils of providing early written notice of resignation to a current employer in anticipation of a new job based only on a *letter of intent* of employment and before securing hospital privileges at a new hospital of employment have not been analyzed or reported.

A 53-year-old board-certified academic gastroenterologist received, signed, and returned a letter of intent from a large teaching hospital to start work 3 months later as Chief of Gastroenterology at a guaranteed salary for several years. Employment at the new hospital was contingent on hospital credentialing. The physician anticipated rapid hospital privileging because of a professional history of no malpractice judgments or settlements, no adverse actions reported to the National Practitioner Data Bank, and no adverse actions by any hospital or medical licensing body. The physician thereupon submitted a letter of resignation effective 3 months thereafter to his current employer, an academic hospital, to satisfy professional etiquette and to start fulfilling his contractual obligations regarding notice. The physician promptly submitted a completed application, including all 26 requested supporting documents, for clinical privileges at the new hospital.

The new position was placed in jeopardy immediately thereafter. First, the proffered written contract contained a new and unacceptable clause granting the hospital the right to unilaterally reduce the guaranteed salary at any time, which took two revised contracts and 75 days of negotiations for mutually satisfactory resolution. Second, hospital privileging was delayed for 100 days after application submission because of the 24 required further documents from the 6 prior employers or other individuals in the physician's 22-year long academic career; these documents included 4 character references, 7 hospital evaluations, 6 hospital verifications, 4 credential verifications, and 3 malpractice claims histories from the most recent malpractice carriers. Because of delays, the physician was compelled to postpone his new job for 40 days, experienced considerable psychological stress, felt he signed a less favorable contract because of a weakened bargaining position, and experienced a modest loss of income. Fortuitously, the financial loss was mitigated because the

physician requested and was granted a 1-month extension beyond his date of resignation at his old job.

This case describes previously unreported and unappreciated perils associated with a physician job change. Although the reported physician was a gastroenterologist, the reported problems pertain to all physicians, including internists or general practitioners. To avoid these perils, a physician should unambiguously secure a new position at satisfactory terms before unambiguously relinquishing an old position; should plan for delays in hospital credentialing because of the voluminous required documentation and arduous process; and should resign with sufficient notice from his current employer to maintain cordial professional relations and satisfy contractual obligations. Legal advice is recommended.

Whereas the proffered advice of securing a contract at a new job before resigning from an existing job pertains to any job, physicians are particularly vulnerable to problems in changing jobs because of the complex nature of their job responsibilities; the often complex nature of their financial agreements, which often includes a base salary plus an incentive plan; the professional obligation to provide adequate notice to their existing employers; and the need to secure hospital privileges for employment at a new job. Hospitals should consider means to streamline the credentialing process by (1) requiring all hospitals to respond within 30 days to physician credentialing queries, (2) substituting secure computer-based communications for regular surface mail, and (3) instituting a centralized, secure, computer-based national database for (at least parts of) credentialing, resembling the National Practitioner Data Bank. **Mitchell S. Cappell, Chief, Division of Gastroenterology, William Beaumont Hospital, Royal Oak, MI 48073-6769, USA (e-mail: mscappell@yahoo.com).**

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