Choosing a Private Practice: Q&A with Thomas A. Bensinger, MD, FACP

Sara Garrido, MD:

How do you choose a private practice group? What needs to be considered the most, both in terms of the type of practice and the specifics of negotiating a contract?

Thomas A. Bensinger, MD, FACP:

Choosing a position in private practice requires some basic understanding of the types of employment available to you. You can choose among the following basic types: (1) Staff Model HMO; (2) Solo Practice Model; (3) Single Specialty Group; and (4) Multiple Specialty Group.

Each type has its own positive and negative aspects. For instance, if you choose a Staff Model HMO (ie, Kaiser) the hours of operation are usually quite clearly defined, the on-call schedule is most usually less, and the salary is typically fixed, with very little incentive or bonus added to your pay. In Solo Private Practice, you are totally responsible for both the generation of consults and patients to your office, as well as being “on the hook” for all costs of managing the enterprise; however, you keep the rewards of your work, which can be very satisfying. A Single Specialty Practice allows you to work with other physicians in the same subspecialty, which means you can discuss patients with particular problems with someone who is knowledgeable in the same area of expertise as you. The Single Specialty Group also allows you to have cross coverage for your patients when you are not on call, and at the same time, gives you a head start on having patients to take care of soon after you join the organization. The greatest single advantage of the Multiple Specialty Group is the built in referral base of patients from other physicians, which does not require you to work so hard to build up a critical mass of patients to cover your overhead costs.

Once you have decided what type of practice you are likely to pursue, you must consider the following: (1) Location—i.e., in what part of the country do you wish to live? Metropolitan, suburban, or rural, including of the coasts or the North or South of the United States? (2) Will you be a salaried employee or a partner? If a partnership is offered, how long to full participation? Perhaps 2 to 5 years? Will the buy-in be “reasonable” or will it be some exorbitant amount of money, which is so elevated that it will be years before you truly see the payoff of being a full partner? (3) What are the fringe benefits? Do these benefits include the cost of

such things as malpractice insurance, health insurance, and dues to hospitals and medical societies? Is there a pension fund, and how is it funded? Does the practice have a non-compete clause if you depart the practice either voluntarily or you are forced out? If you leave the practice, who is responsible for paying the tail on the malpractice insurance? Are you expected to be responsible for debts on the books of the practice even if you are not a full partner? How much vacation and CME time are you allowed or entitled to in each of the first several years of joining the organization?

Visit the practices that you are possibly interested in pursuing. You need to visit at least twice, the first time to get a “lay of the land” and the second time to see how patients, records, and employees really work together (by this time you should have visited several practices and you can compare them). Just talking to the physicians without spending time in the practice is not likely to land you in a very favorable situation. Private practice requires that the chemistry between the physicians be good, with a healthy dose of respect for the feelings of one another. It is not just good enough to be a well-trained, knowledgeable doctor, but you must also have an ability to interact with respect for each other. In residency, you only were on a particular rotation for 1 or 2 months. In private practice, time is measured in years instead of days.

Finally, get yourself your own attorney to review the documents the practice offers as the contract. Remember, it is what is in writing that binds the practice to you and you to the practice—what is said verbally is usually not enforceable and is subject to various interpretations or is totally disregarded. Good Luck!

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{This column is intended to supply fellows with information that is important to them. Topic suggestions or questions should be sent to fellows@asco.org}