

The transition from fellowship: finding a job

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How do I get a job? Where do I work? Do I research my job the way I did my training programs prior to selecting them? There are so many questions about making the transition from being a hematology and oncology fellow. This was my approach.

The first decision you have to make is whether you will go the academic or private practice route. It's not always clear. There's merit in both, and I would recommend looking into both. The next decision is about location. Major metropolitan areas are competitive markets and thus limit your negotiating powers. The great packages I encountered in my job search never seemed to align near the areas I found most desirable to live. Location is as important for the time you're outside of work as it is when you're in work. Smaller markets have much to offer but can have their own limitations such as resources, access to clinical trials, state-of-the-art therapies, coverage for you when you take vacation, and support services, which could include lack of coverage by other specialties. Some things may weigh one job over another. What percentage of your patients are internal medicine? Do you manage your own ICU patients?

When to look

I began looking in my second year of fellowship, which I learned was too early for most jobs. Usually a job posting is to fill an immediate need. I wasn't considered seriously until August (beginning) of my third year. It is important to remember that the paperwork process and licensing requires time. Credentialing at hospitals can be expedited but can take several months. With few exceptions, physicians are required to be licensed in any state they practice (medical license and registration with the Drug Enforcement Administration are separate). Some states take longer than others, but you should give yourself time for this and if you already know where you're going to be working, you should begin the

licensing process early in your third year to prevent delays. Be aware that there are fees for each license and the DEA registration, as well as recurring dues.

Where to look

There is often a smattering of job listings in oncology journals and *New England Journal of Medicine*. These often offer vague locations and packages and may be through recruiters.

I went to three hem/onc job fairs that were very helpful. These are often attended by physician recruiters from various hospitals and health systems. They show openings, some local and some nationwide, and associated packages that vary widely depending on the region and job setting.

Another resource is through pharmaceutical representatives. They spend much of their day with health care providers and may have the inside scoop if practices are in need of physicians or if physicians are moving from the practice. They may also have contacts in other regions of the country. Always worth a shot to inquire if you have access to reps.

My best success came through calling hospitals and practices personally. If you know an area in which you want to live, you can do searches for the local practices and ask to speak to the practice manager or physician recruiter. It may also serve you to reach out to the physician recruiter at the hospital itself as they may be hiring as well. I had offers from these simple inquiries. None of these offers had been listed anywhere and some of the practices and hospitals were not actively recruiting at the time. Also, they may be willing to offer you the recruiter fee as a signing bonus if you found them directly.

I also made it known in my training program about the areas in which I was looking for a position. It happened that some of the attendings had trained with people in those areas. The job I took was based on a referral from one of my attendings in fellowship who had trained with a former employee in the practice; it is a small world.

What to look out for

I found the interview process for jobs less stressful than interviewing for training programs. I would recommend at least 2 visits to the practice. I found it is best to learn the details of the practice on the first visit and to discuss the benefits and compensation after the 2 sides have had an opportunity to process each other, at or shortly after the second visit. You'll want to inquire about things like partner track, how many hospitals you are covering, the volume of patients, the competing groups and/or hospitals in the area, support staff – for example, will you have your own CRNP/PA, is there a modern EMR, is call equitable, and what is the buy-in for partnership? It is important that you like your future partners and they seem genuinely interested in you and your staying with them. Have they had continued turnover? Will they provide you with former associates' numbers to allow you to reach out to inquire about the practice? Beware if they don't or appear offended when you ask. They certainly will be calling your contacts.

Hire a medical contract lawyer to review your contract.

This is very important. There are many things you will not understand, including what is customary to have in the contract and what is potentially damaging, such as restrictive covenants. The lawyer should have expertise in medical contracts. I had 2 friends who are lawyers review my contract before I eventually found a medical contract attorney who understood what is typical of a contract in the area. The contract is meant to protect both parties, meaning you won't like every clause but pick your battles for the really important stuff. You don't want resentment on day 1 of work.

I once read that it is quite common for new graduates to move within 3 years of beginning their first job. I can think of a number of reasons for this, but obviously it is case-specific. Regardless of why it happens, it happens. You should consider renting for the first year in case things aren't working out. This will be one less obstacle if you want to move on, not having to unload a new home when you are leaving.

Good luck!