

# Residents' page

Helen Cuddihy, MD

## Making choices

**T**ime really flies! As we are officially in the last months of the academic year, this means (for half of us at least) that we must think seriously about the next year. Some already have chosen to pursue their training and will defer the "choosing where and how to work" puzzle until next year. For the rest of us, this puzzle seems at first like a big maze. I thought it might be helpful to review some aspects of job hunting; you will see after all that it is not that complicated. The following text offers tips learned through my rural rotation with Dr Charles Duffy of Montague, PEI, and refers to some sections of MD Management's guide to starting a practice.<sup>1</sup> You may obtain a copy from their office by dialing 1-800-361-9151 or visiting their website at [www.cma.ca](http://www.cma.ca). Here is what you need to know.

### Needs assessment

First conduct a needs assessment.

- What are your values (set your priorities) and your goals (eg, academic career, travel and work, advanced skills)?
- What is important to you (eg, do you need an active cultural environment, a specific climate, a predictable schedule)?
- What do you want to include in your practice (eg, obstetrics, emergency, lumps and bumps, teaching, administration)?
- What type of practice do you want (solo vs group, salary vs fee for service, long term or locum)?

To be able to answer some of these questions, you will require time and good advice. MD Management recommends preparing 1 year in advance if you are thinking of starting a new practice from scratch. I guess it is too late for this year! I also think it probably is not the easiest route. Still, it will require some time to figure out what your options are and what you really want.

You need to know how to get the information you need.

- Take some time for yourself.
- Attend the practice management seminars and job fairs your faculty or program organizes.
- Talk to people you trust (your mentor, your preceptor, your family, your best friend).
- Decide if you want a practice or a locum tenens position.

**Practice options.** Get in touch with the CEO of the region you are interested in. He or she will be able to answer all your questions about the region, the hospital, and the community. Often CEOs can provide you with take-home material or videos.

Visit the region (some community members will gladly invite you at their cost to show you the positive aspects of their community). Visit the hospital and other facilities; meet with the staff; try to imagine yourself in the environment. Is it one you will enjoy?

Figure out what type of practice you want: solo, group, salaried, or fee-for-service. A solo practice offers the advantages of independence, complete control, calmer pace, and dedicated staff. Disadvantages include assuming full responsibility for costs, staff, and management; making a big investment; facing a possible lack of peer support; and enduring isolation. Group practices can be associations (sharing expenses only) or partnerships (sharing expenses, income, and financial liability). Group practices offer the advantages of economical purchasing, peer support, maximal use of staff, coverage for on-call duties, and shared staff management. Disadvantages include less autonomy, possible conflicts, shared overhead costs, and risks of complex structure (depending on the size of the group).

Salaried positions have the advantages of guaranteed income, employee benefits, paid holidays and time for continuing medical education, no overheads, and no or very little practice management. Disadvantages include limitation of income, no tax deductions, and less autonomy (in staffing,



workload, and type of work). On the other hand, fee-for-service positions offer the advantages of higher limits on income (income rarely exceeds provincial limits), autonomy, and tax deductions. Disadvantages include no work means no gain, overheads, and no employee benefits.

**Locum option.** Locum tenens positions offer lots of freedom (short-term involvement), no commitment (personal or financial), and are a great way to try out a region or a practice. Locum physicians face no hassle with billing but must be able to adapt well and live out of a suitcase (unless you opt for a long-term locum). MD Management has a sample locum contract.

**Professional advice**

Whatever route you choose, you will need to get professional advice at some time to write or verify a contract (never sign one until you have shown it to a lawyer), to hire staff and negotiate their contracts, to build or tailor an office to your needs, to set up your billing system, and so forth.

Finally, maximize the use of your resources. Those who will continue to wonder whether they are really making the right decision should remember that, if you have sought professional help, you will have a way out somehow if things turn out to be different from what you had expected. After all, haven't we been told that only fools do not change their minds?

**Board meeting**

I leave you with some news, resolutions, and actions carried by the Board at the last meeting of the Section of Residents (SOR).

The SOR does not support implementation of a common first postgraduate training (PGY1) year. The SOR does support and encourages individual postgraduate programs to actively facilitate transfers between Royal College of Physicians and Surgeons of Canada (RCPSC) and College of Family Physicians of Canada (CFPC) programs, specifically for family medicine residents applying to RCPSC.

To recognize increasing psychological distress among residents:

- the SOR will compile existing resources for well-being available to residents in each program, will determine whether resources are sufficient, and

will make materials easier for residents to access; and

- the SOR sent letters to program directors asking them to ensure that there will be no on-call duty for minimum of 3 days before an examination during the residency program.

Given the inconsistencies of the selection process and of acceptance dates for third-year residency (R3) positions, which cause confusion and disorganization among residents:

- the SOR is reviewing the selection process and funding of R3 positions to ensure equality and fairness;
- the SOR sent a letter to the Head of emergency programs suggesting a common proposed date for acceptance.

The SOR survey preliminary results were presented. The response rate (63%) was very good. Results will be further analyzed and released in a timely fashion to various parties. An overview of the results will be published in the next Residents' Page.

The CFPC created several leadership awards for residents and students; detailed criteria have not yet been finalized. The SOR believes that it is important to make all residents of Canada eligible for such awards and will participate in fine-tuning these criteria to ensure that this concern is heard.

Certification examination objectives will be available for the 2001 examination. They are currently being reviewed at various levels, including the SOR.

The following members were elected as SOR representatives to various committees of the CFPC: Tracey Graham as Chair elect, Jennifer Yau as Editorial Advisory Board elect, Payam Dehghani to the Research Committee, Jennifer Potter to the Self-Learning Suite Committee, Geoff Mills to the Assessment and Evaluation Committee, and Brett Finney to the Janus Survey Committee. ♦

**Dr Helen Cuddihy** is Chair of the Section of Residents and a member of Canadian Family Physician's Editorial Advisory Board.

**Reference**

1. MD Management. *Gear up for start up; MD practice management education; ready, set, go.* Ottawa, Ont: MD Management; 2000.