Rheumatology Fellows Learn About Career Opportunities

Larry Beresford

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SAN FRANCISCO — Various career paths open to newly board-certified rheumatologists — and some of the pros and cons for each — were explored at the recent 2023 Fellows Conference of the Coalition for State Rheumatology Organizations (CSRO).

CSRO's annual Fellows Conference aims to helps rheumatology fellows-in-training transition into future roles as practicing physicians, said Christopher Sonntag, MD, a second-year rheumatology fellow at Roger Williams Medical Center, Providence, Rhode Island, and the Fellow-At-Large representative on CSRO's Board of Directors. He will launch his own career at Washington Regional Medical Center in Fayetteville, Arkansas, close to where he grew up, when his fellowship winds up in June.

"I started going to CSRO meetings in 2019, when I was still a resident," said Sonntag, who fell in love with rheumatology in medical school. "This conference is a great opportunity for fellows. They can learn a lot of critical issues and skills that we just don't get enough information about in our training, basic things we ought to know about: how insurance works, medical benefits, and the like."

Job seekers in a specialty in short supply like rheumatology have some competitive advantages, but that varies by locality in a volatile healthcare market. "The job I ended up taking was not one where they were initially looking to hire another rheumatologist," Sonntag told *Medscape Medical News*. The Fayetteville hospital already had two busy rheumatologists, but after Sonntag had unsatisfying interviews at six other groups, he called them back and they decided to go ahead and hire him. He said the position provides an acceptable work-life balance, as well as opportunities to teach. He hopes eventually to create a rheumatology fellowship program.

Models and Career Paths

Decisions about one's career path are very important, said CSRO's president, Gary Feldman, MD, a rheumatologist at Pacific Arthritis in Los Angeles. "We want your choice to work for you," he told attendees. "We need you to be happy [in your jobs] for the next 30 years. You are the future."

Feldman cited a recent Medscape salary survey of 13,000 full-time physicians from 29 specialties, which ranked rheumatologists 22nd in average annual income at \$289,000. Total income may not be the first consideration in pursuing rheumatology as a career, Feldman noted. The same Medscape survey revealed that 60% of rheumatologists believe they are fairly compensated. "Something else is going on, something to do with work/life balance, which is complicated," he said.

Other contributors to their career fulfillment may include the in-depth, long-term therapeutic relationships rheumatologists develop with their patients who have chronic, incurable illnesses; the ability with new treatments to make such a difference in managing their pain and discomfort; and engagement with giving good medical care that is centered on the patient's experience.

"We have drugs that work to make our patients feel better. Patients come to us with no idea what's going on, and we can turn their lives around," Sonntag noted.

Other important career-oriented questions to ask, Feldman said, include:

- What is important to you?
- · Who are you going to be working alongside?
- · How much autonomy, agency, security, or risk are you comfortable with?
- · What is your best balance between being a physician and an entrepreneur?

Finding Your Niche

Presenter Aaron Broadwell, MD, a rheumatologist in a private specialty practice of five physicians and five advanced practice providers in Shreveport, Louisiana, discussed the prospects for a career in private practice at the Fellows Conference. Private practice is not dead as a career choice, he observed, "despite what I continue to hear." Data show that 70% of rheumatologists currently are in employed positions, but he sees signs of a movement back toward private practice.

Other basic career paths outlined by Broadwell include:

- Academic medicine, which offers opportunities to teach future physicians (although it's also possible for rheumatologists practicing outside of academia to teach as well)
- Hospital employment, which has a higher starting salary but also a greater emphasis on RVUs (relative value units) and
 productivity, with less job security than it used to enjoy
- · Military/Veterans Administration positions, which may have antiquated office systems and salary caps
- Other paths, including corporate medical director positions with pharmaceutical companies and insurance companies

Newer options include concierge and direct specialty care models where physician-operated practices partner with their patients to provide specialty care services under a flat or periodic membership fee, and joining one of the large, multistate, rheumatology care management groups like United Rheumatology, LLC, and American Arthritis and Rheumatology Associates.

Private practice medical groups are both single specialty and multispecialty, both large and small — as well as solo rheumatology practices, Broadwell said. "People launch solo private practices all the time. It is good for some doctors. It has the highest risk and the highest potential reward."

Becoming profitable in solo practice may take a year or two, while the doctor remains responsible 24/7, including the need to arrange for vacation and sick leave coverage. Solo practitioners need to be up to date on billing, coding, revenue cycles, bundled payments and the like, and eventually need to hire and supervise a team the doctor can trust.

What can young rheumatologists do to learn more of the nuances of these approaches? Broadwell recommended joining their state rheumatology society as well as the American College of Rheumatology. "The National Organization of Rheumatology Management is a phenomenal source of information, not just for your office manager but also for you," he said. He also recommended linking up with colleagues through social media outlets such as the Rheumatology Private Practice Group on Facebook.

No relevant financial relationships were reported by the conference speakers.

Larry Beresford is a medical journalist based in Oakland, California, with specializations in hospice, palliative care, hospital medicine, and rheumatology and has contributed to a number of Medscape and MDedge publications.

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