Weighing Your Future Job Options in Today's Market

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For better or for worse, since 2003, the Accreditation Council for Graduate Medical Education has granted residents enough time to sleep, take a shower, and have free time outside of the hospital. These extra hours can be well spent in the laboratory or library; however, it is also a good idea to look around the corner at the real world—beyond logging hours and in-training examinations. Current and future residents (and current practicing physicians for that matter) will be faced with practice-based decisions beyond what is taught in *Campbell's Operative Orthopaedics.*

While a fellowship is a natural next step for most residents, the decision to apply for a fellowship has implications. Current job climates will continue to change as they already have in recent years. Understanding these changes can facilitate a more informed decision.

Subspecialty Fellowships

Ninety-one percent of orthopedic residents pursue a fellowship following their residency training.[1] Reasons include continuation in an area of interest, lack of knowledge from residency, increased marketability, and potential financial gain. Sports medicine and joint arthroplasty continue to be the most common choices at 28% and 21%, respectively, of applicants entering a fellowship.[1] When applying and choosing a fellowship, there is no published rank list. This is a personal choice based on your goals and expectations in developing your craft.[2]

Financial gain is almost never a good reason to enter fellowship. Based on 2006 salaries, few physicians going to fellowship would regain potential lost earnings instead of going into practice that year.[3] While fellowship-trained spine surgeons regained their earnings in 2 years, other subspecialties were considerably longer. Foot and ankle and pediatric orthopedists did not earn back these potential lost earnings.

As you prepare for the isolated job you have carved out in your subspecialty, you wonder if that ankle fracture you are covering tomorrow will ever walk into your future clinic. The likely answer is yes. Despite increasing subspecialization, most orthopedic surgeons participate in emergency-department call. In a survey of American Orthopaedic Association (AOA) and Orthopaedic Trauma Association (OTA) physicians, 63% of AOA respondents and 93% of OTA respondents reported actively taking emergency room call.[4] This is probably a low estimate since younger physicians tend to take more call as they enter a new practice. In addition, some feel that insufficient emergency orthopedic coverage is reaching "crisis" levels.[4] Since more coverage will likely be required, this suggests that you will be taking call and managing general orthopedics in your future.

Healthcare Climate

The practice one enters likely will depend on simple supply and demand. Medical schools were told by the Association of American Medical Colleges to increase their student populations by 30% starting in 2005, with the hopes of reaching this goal by 2015. Residency programs are to follow suit. This effort attempts to thwart physician shortages previously predicted by taking into account growing population, aging population, higher patient expectation, and lifestyle factors of patients (e.g. obesity).[5] Despite these efforts, a shortage is predicted in all physician areas, including orthopedics.

The federal government currently covers roughly 30% of health care spending, accounting for 20%

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of the gross domestic product.[6] In its current state, the Patient Protection and Affordable Care Act (PPACA) drastically will reshape these numbers as early as 2014. All individuals will be required to have health coverage, which will likely come in the form of health insurance exchanges and increased Medicaid. This applies further pressure to state-based insurance. Employers may stop providing health insurance for employees under this new system. The penalties and fines assessed to businesses currently do not outweigh the cost of health coverage to the employee under PPACA. This could shift further financial burden to the federal exchanges.

Translation: more patients and fewer resources available to all physicians, including orthopedic surgeons. This becomes daunting when considering increased overhead costs of small physician-based practices. In reaction, hospital-based practices despite less control, appear more secure. In a survey conducted by the Medical Group Management Association, 55% of responding physicians in 2008 were a part of hospital-owned practices. This is in stark contrast to 30% in 2003.[7] An American Academy of Orthopaedic Surgeons census of orthopedists reported a 70% increase in hospital-based employment between 2004 and 2008.[8]

Food for Thought

Fellowships continue to be the path for the vast majority of residents with increased subspecialization. Yet this does not preclude them from basic orthopedic care. Political and social changes have potential to influence contractual agreements with a practice as one seeks first time employment. While all practice models have positive and negative virtues, it will be important as a new physician to understand potential changes an orthopedic practice can face over the coming years.

Authors' Disclosure Statement

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