More Surgeons Turn To Salaried Employment

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More surgeons are joining the ranks of hospitalists under employ by medical centers and large group practices, a national database suggested.

The number of surgeons reporting full-time hospital employment rose 32% from 2006 to 2011, with sharper increases among younger and female surgeons, Anthony G. Charles, MD, MPH, of the University of North Carolina at Chapel Hill, and colleagues found.

The proportion of surgeons self-identifying as employed reached 68% in 2009, the group reported online in the Archives of Surgery.

"The trend denotes a professional paradigm shift of major importance," they wrote. "In the early 20th century, an employed physician was sometimes considered unprofessional and denied membership in professional organizations, including the American College of Surgeons."

The shift parallels the 32% increase in number of physicians employed by hospitals since 2000, as shown in a prior study of American Hospital Association data.

The forces moving surgeons in this direction are varied, but include a desire for a reprieve from the hassles of operating a business in a time of economic challenges along with financial incentives, an immediate patient base, and a predictable lifestyle that may appeal to young surgeons with educational debt, noted Lena M. Napolitano, MD, of the University of Michigan in Ann Arbor.

However, she questioned the accuracy of the figures determined by the study in an accompanying invited critique.

The biggest problem was that about 30% of surgeons didn't provide enough information to be categorized.

The researchers relied on self-reported practice setting data in the American Medical Association Physician Masterfile from 2001 to 2009 and the AMA's Major Professional Activity data for 2006 and 2011.

In 2001, 48% of all surgeons and 50% of general surgeons identified themselves as self-employed. Those proportions dropped by 15% and 16% by 2009, with a corresponding rise in the number who identified as employees.

The proportion of general surgeons in solo practice declined 25% from 2001 to 2009, while two-physician practices fell 36%.

For the same period, general surgeons in large group practices surged 67%.

Rural areas saw a slower increase in surgeon employment, though still the dominant status in 2009 at 59%.

A big contributor to the trend was younger surgeons -- those who graduated from medical school after 2000 -- choosing employment in large group practices and hospitals, which 86% had done as of 2009 compared with 65% of those who had graduated earlier (P<0.001).

Both sexes showed an increase in surgeon employment, but the proportion was higher among women. Their rate went from 61% in 2001 to 76% in 2009 compared with an increase from 52% to 66% among men.

The Major Professional Activity database showed a substantial proportional increase in full-time hospital employment but with much lower percentages, a 32% increase from 6.4% in 2006 to 7.5% in 2011 (9,586 of 150,881 and 12,626 of 169,127, respectively).

The researchers cautioned that they had to assume that all group practice surgeons were employees, which was likely an overestimate, because the AMA database no longer indicates whether a physician has ownership interest.

Another limitation was that a number of surgeon specialties -- abdominal, hand, oral/maxillofacial, pediatric, trauma, transplant, cardiovascular, vascular, surgical critical care, and surgical oncology -- were lumped together as general surgery, Napolitano noted.

While no information source provides these exact data, other specialty surgeon surveys also confirm substantial increase in employment among surgeons, she acknowledged, though.

"We must not lose sight of the fact that our priority is surgical patient care, no matter the employment paradigm we choose," she concluded. "Quality of patient care must still be the prime focus of our surgical practices, and surgeon champions should lead the quality-of-care efforts, even as hospital-employed surgeons."

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