

# Radiology Job:

## Part 2

# The Interview

Go armed with questions.

OK to take notes while they're answering.

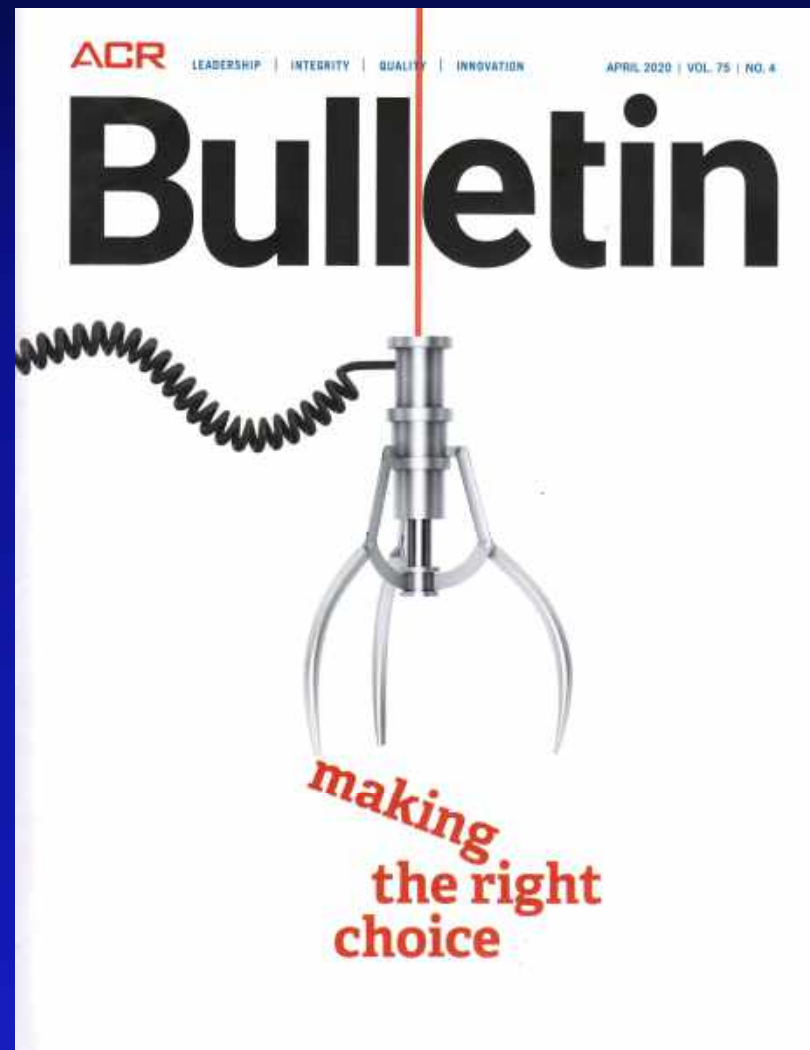
# The Interview

When do you talk about money?

Let the interviewer bring it up first.

Money might not be addressed until you get the contract in the mail or via e-mail.

# Hiring From The Employer's Viewpoint



ACR Bulletin April 2020

# After The Interview

- Write thank you letters to each individual who interviewed you expressing your enthusiasm for the job.
- Reiterate why your credentials are ideal for this job. Mention any areas talked about in the interview.

# Practice Considerations

YOUNG PHYSICIANS' COLUMN



C. MATTHEW HAWKINS, MD

## Things to Consider When Looking for Your First Job: Advice From a Young Radiologist

*Naveen Parti, MD, MBA*

Although residency programs do an excellent job preparing us to become clinical radiologists, they do little in the way of preparing us to choose a job. Despite the time-limited nature of medical school, residency, and fellowship, many people spend substantially more time mulling over where to train rather than the amount

maximize income, or to seek a balance between work and family? Am I driven more by private practice or academic pursuits? Would I prefer to work in a large group that allows subspecialization or a smaller group, where I would likely practice more general radiology?

Setting reasonable expectations for a job search is the next important

societies also have jobs listed on their websites. Furthermore, focus on the geographic area where you are interested in living. Seek out practices at which you know someone, such as a former coresident. Talking to someone you have a connection with will increase the chance that he or she is honest and transparent about the

JACR Dec. 2015

# Practice Considerations

- No. of Years To Partnership?
- Employee 'package' and full partner 'package' (after you've broached the money issue)
- How much vacation?
- Is it a 'life style' practice, a 'crank-and-bank' practice or some sensible mix?
- Is the practice a corporation, or a true partnership?

# Practice Considerations

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# Number Of Years To Partnership

- Typically 1-2 years.
- Varies according to Market Conditions
- Varies by the perceived desirability; and conversely by the desperation level of the practice.
- Be wary of situations where there are different levels of partnership. As much as possible, everyone should be equal.

# Practice Considerations

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# Employee 'Package' And Full Partner 'Package'

- “Package”= The sum of all salary + all benefits. You can also attach a dollar value to a week of vacation time in comparing practices with different vacation allotments.
- Take home message:
  - Pay attention to the partner package.
  - Don't be enticed by a high employee package.
  - Don't be scared off by a low employee package.

# Employee 'Package' And Full Partner 'Package'

If they mention a salary dollar amount, You'll want to consider the number in light of other considerations:

- If the amount sounds low, is it a 'life style' practice with 20 weeks off, no call or minimal weekend duties? Is there an option to 'sell back' vacation days or weeks?
- If the amount sounds high, that is a potential red flag they might be working too fast, and cutting corners with poor work/life balance.

# Practice Considerations

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# How Much Vacation?

- 8-12 weeks typical for radiologists in private practice.
- Academic: *Varies.* ~8.
- Multispecialty group employment situation: *Varies,* generally comparable to the lower end of private practice.

# Practice Considerations

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# Is It A 'Life Style' Practice, A 'Crank-And-Bank' Practice Or Some Sensible Mix?

- Sky-high salaries but less time off?
- Are they working too fast. Cutting corners?
- RVU's per year? Depends on multiple factors.
  - 17,000+ RVUs near the high end of reasonable

# Practice Considerations

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# Partnership vs. Corporaton

“Partnership” is actually a misnomer.

Most practices are organized as corporations or professional corporations (“PC”) depending on the state, not partnerships.

Members of the group are more correctly “shareholders”.

See what kind of life the partners  
have and decide if you can do  
this for the rest of your  
professional life.

# Additional Factors To Consider

- Does the group own imaging equipment? Is it jointly owned with the hospital or independently?
- Are all partners owners of the imaging center(s)?
- Pension plan: (401-k). Is there a vesting time? Does the corp. contribute? Investment choices?
- Disability Insurance.
- Does the group bring in outside work from non-radiologist facilities for reading?

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# Imaging Center Ownership

- Imaging center finances are being squeezed in the current environment.
- If owned jointly with the hospital, are the radiologists minority owners? Joint ownership minority status with the hospital can lead to unpleasant consequences.
- If equipment is in competition with the hospital for technical fees: Bad idea.

- If the group owns equipment, how is the equipment ('equity') buy-in structured?

## Buy-Sell Options for Radiology: What Works and Why

Lawrence R. Muroff, MD<sup>a,b,c</sup>

Buy-sell agreements for shareholders entering and leaving a radiology practice are different from those commonly used in other business endeavors. This paper explores the reasons for these differences, focusing on the culture of radiology and its unique influence on the buy-sell process. Buy-sell methodologies commonly used in most business transactions are described, and basic principles that influence these methodologies are discussed. The reasons these traditional methods are not applicable to most radiology groups are explored in depth. The paper concludes with a presentation of several workable buy-sell options for radiology practices. The strengths and weaknesses of these options are enumerated, so that each group can customize the option that best suits its needs.

**Key Words:** Buy-sell agreements, practice management, socioeconomics

*J Am Coll Radiol 2006;3:918-923. Copyright © 2006 American College of Radiology*

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- Disability Insurance?
- Does the group bring in outside work from non-radiologist facilities for reading?

# Are All Partners Owners Of The Imaging Center(s)?

- As much as possible, all partners should be equals.
- Some group imaging center buy-ins are so astronomically expensive that some partners don't buy in.

# Additional Factors To Consider

- Does the group own imaging equipment? Is it jointly owned with the hospital or independently?
- Are all partners owners of the imaging center(s)?
- Pension plan: (401-k). Is there a vesting time? Does the corp. contribute? Investment choices?
- Disability Insurance?
- Does the group bring in outside work from non-radiologist facilities for reading?

# Pension Plan

- You'll have to take whatever they have.
- Many variations of pension plan organization.
- Is there an employer match or does the corporation pay it all?
- Is there a “Cash Balance” plan?<sup>1</sup>

<sup>1</sup>. An accounting method to put away more money for retirement beyond the 401-k limit.

# Additional Factors To Consider

- Does the group own imaging equipment? Is it jointly owned with the hospital or independently?
- Are all partners owners of the imaging center(s)?
- Pension plan: (401-k). Is there a vesting time? Does the corp. contribute? Investment choices?
- **Disability Insurance?**
- Does the group bring in outside work from non-radiologist facilities for reading?

# Disability Insurance

- Very important.
- “Own Occupation” clause mandatory.
- Group Policy vs. Personal Policy?
- Get your own personal policy if the group policy is deficient.
- Increase the amount of coverage as your salary increases. You want to max out the coverage.
- \*Pay for it with after-tax money.\*

# Additional Factors To Consider

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- Are all partners owners of the imaging center(s)?
- Pension plan: (401-k). Is there a vesting time? Does the corp. contribute? Investment choices?
- Disability Insurance?
- Does the group bring in outside work from non-radiologist facilities for reading?

# Bringing In Outside Work

- The quality of imaging done in doctor's offices or outside imaging centers is generally lower no matter what the modality is.
- This is a big source of income for many groups.

# Factors To Consider-Cont'd

- Are there provisions to work part time before or near retirement?
- “Alternative” shifts?
- Hybrid (home and on-site) option?
- Maternity leave provisions?
- What is the departure lead time?
- How is the relationship with the hospital?

# Part Time Work

- Some larger groups are very flexible allowing part time work for personal reasons: i.e. birth of a child, illness in a parent, near retirement or other personal circumstances. More difficult to accommodate in a smaller group.

# Factors To Consider-Cont'd

- Are there provisions to work part time before or near retirement?
- **“Alternative” shifts?**
- Hybrid (home and on-site) option?
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# Alternative Shifts

- Does the group have dedicated evening shift workers in a 7-on-7-off position working 26 weeks/year?
- Is there a dedicated night team working 7-on-14-off?
- Can rads work ED (for example) for 3 month stretches, and work in their subspecialty the remainder of the year i.e. subspecialty neuro or MSK rad doing ED for part of the year, high level neuro or MSK the rest of the year?

# Factors To Consider-Cont'd

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# Hybrid Option

Many groups now have a “hybrid” model with part of the time working at home and part of the time in the hospital or imaging center.

# Hybrid Option

- There may be different RVU productivity requirements, pay, and shift length for home vs. on-site work
- How are the home workstation costs apportioned?

# Factors To Consider-Cont'd

- Are there provisions to work part time before or near retirement?
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- Hybrid (home and on-site) option?
- Maternity leave provisions?
- What is the departure lead time?
- How is the relationship with the hospital?

# Maternity Leave

- What is the maternity leave policy and how does it compare to peer employment opportunities?

# Factors To Consider-Cont'd

- Are there provisions to work part time before or near retirement?
- “Alternative” shifts?
- Hybrid (home and on-site) option?
- Maternity leave provisions?
- **What is the departure lead time?**
- How is the relationship with the hospital?

# Departure Lead Time

- Typically 3-6 months.

# Factors To Consider-Cont'd

- Are there provisions to work part time before or near retirement?
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- Hybrid (home and on-site) option?
- Maternity leave provisions?
- What is the departure lead time?
- How is the relationship with the hospital?

# Relationship With Hospital

- It may be difficult to gauge this during a 1-day interview.
  - Pay attention to any comments your interviewers may make about the hospital.
  - Ideally, the hospital should regard the group as a partner, not a competitor.

# Factors To Consider-Cont'd

- How many non-shareholders vs. shareholders + shareholder-track individuals?
- What kind of malpractice insurance does the group have?

# Shareholders vs Employees Ratio

- You want to be in an environment where most of the radiologists are shareholders rather than employees.
- Shareholders are more engaged ('skin in the game') than employees who may function more as time clock-punchers or simply RVU generators.
- The ownership structure of the group should be simple and easy to understand.

# Factors To Consider-Cont'd

- How many non-shareholders vs. shareholders + shareholder-track individuals?
- What kind of malpractice insurance does the group have?

# Malpractice Insurance

- “Claims Made”

- Requires “tail” coverage

Who pays the tail if you leave before making partnership or are denied partnership? After becoming a partner? When retiring?

## “Occurrence”

- No “tail” coverage

- You’ll have to take whatever they have.

# Factors To Consider-Cont'd

- What is the group's non-compete?
- How does the group address productivity?
- Is the group considering selling to a investor-owned company?
- How does the group deal with turf issues?

# Non-Compete

a.k.a “Restrictive Covenant”

- You can't work at any of the places where the group provides service, or a certain distance from any of those places, for a certain period of time.

# Non-Compete

Enforceability governed by state law.

Non-competes are a work in progress and are generally less restrictive than previously.

The FTC attempted to ban non-competes at the federal level but the effort failed.

# Non-Compete

Hospitals and radiology groups don't want to lose radiologists (and their skills) to competing facilities.

Some hospitals require their radiology groups to have non-compete clauses in their contracts with their radiologists

# Non-Compete

Some radiology groups are wary of their hospitals trying to hire away group members as hospital employees.

(Some fellowship programs have non-competes, as noted previously)

# Non-Compete

A group merger or acquisition may entail a noncompete that didn't exist in your original employment contract.

As noted previously, non-disclosure agreements may prevent a prospective employee from knowing that merger or sale negotiations might be in the works.

# Non-Compete

ACR Board Of Chancellors Resolution  
(autumn 2021)

“...in the event of a substantial change in or control of...or structure of the practice, any restrictive covenant...should be waived.”

# Non-Compete

Have the attorney reviewing your contract analyze the noncompete clause in your contract for enforceability in the state where your prospective practice is located.

Teleradiology contracts pose special challenges.

# Non-Compete

## ACR Resources

Oct. 28 2021 <sup>ACR</sup> **Bulletin**  
Covering topics relevant to the practice of radiology  
Career | Economics | Patient Engagement | Practice Management

### Scrutinizing Non-competes

What are “restrictive covenant” provisions and how can ACR members address their impact?



ACR Bulletin March 2022

### What Do Noncompete Clauses Mean to My Practice?

Restrictive clauses in employment contracts can lead to tense negotiations. ACR Legal experts weigh in on how to approach these agreements, as both a radiologist and as a practice.

**Y**ou're ready to begin offering quality patient care after completing residency and fellowship. You consider a promising offer from a private practice, an academic department in a health system, or multispecialty group. However, you discover that the contract from your prospective employer contains a

one of its radiologists or radiation oncologists likely must demonstrate particular harm to the group. A judge might not accept an employer's allegations of "risk of harm to customer goodwill stated in general, conclusory terms," as noted in a recent case.<sup>1</sup>

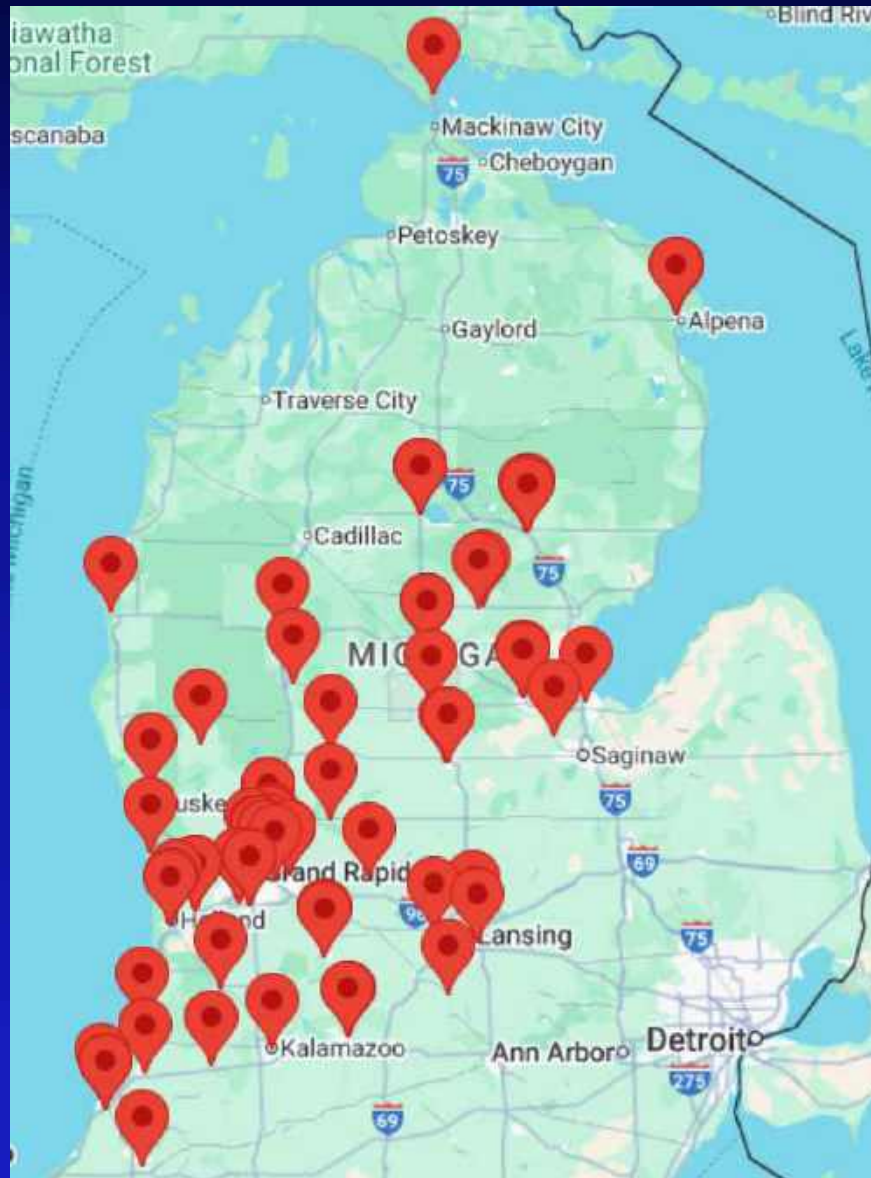
- Be aware that noncompetes might, but don't always, transfer to an entity that acquires or merges with a group or health system. In some cases, courts have ruled that noncompetes are enforceable in mergers, rather than asset purchases, because the surviving entity assumes the contractual rights and liabilities of the merged entity.<sup>1</sup>
- Keep in mind that a practice cannot waive a noncompete clause in a member's contract when that clause is required in the group's contract with the hospital. Only the hospital can

# Non-Compete

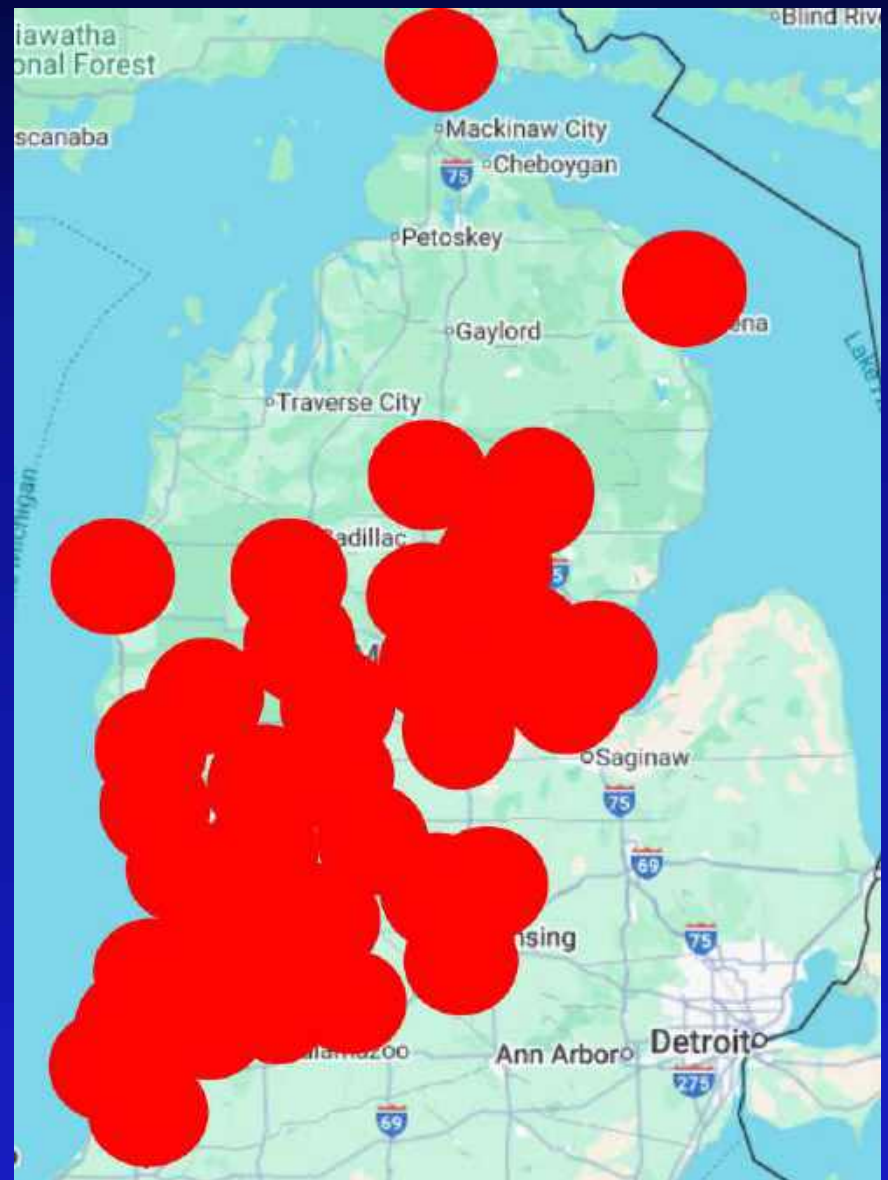
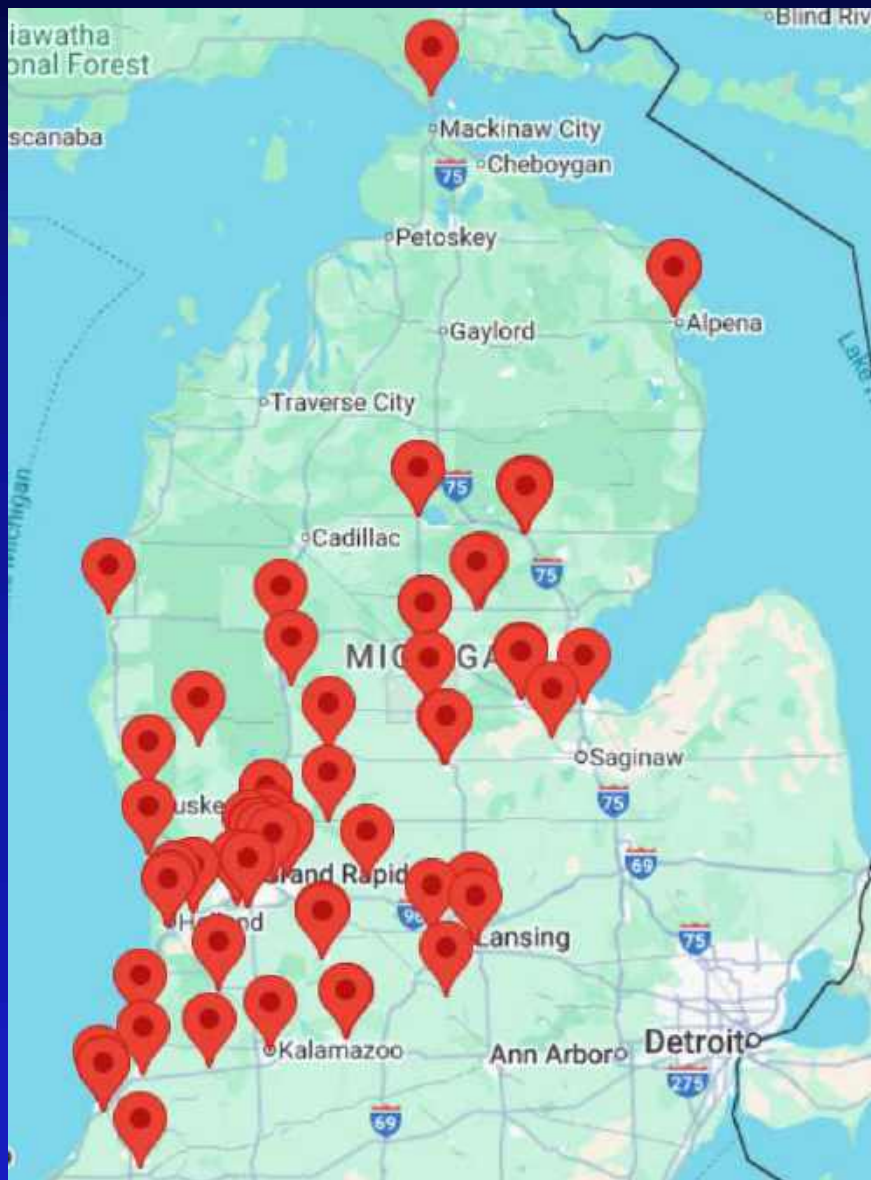
Advanced Radiology Services,  
Grand Rapids (“ARS”)

15 mile radius for 3 years

# ARS Non-Compete



# ARS Non-Compete



# Non-Compete

It would be a good idea to look at what other practices in the area would be excluded from consideration based on the non-compete, in the event the job doesn't work out and you have to resort to Plan-B

# Important Questions To Ask

- How does the group address productivity?
- Are members of the group actively involved in hospital committees and governance?
- Is the group considering selling to a private equity company?
- How does the group deal with turf issues?
- How about married couple radiologists?

# Important Questions To Ask

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# Productivity

- Radiologists have always been concerned about productivity.
- This issue has become much more acute in recent years as reimbursement has dropped (multiple times).
- Groups are dealing with this issue in varying ways.

# Productivity

- Assigned case lists
- Daily RVU Requirements

etc.

# One Group Has A Smart Phone App For Recording And Documenting Non-RVU Generating Activities

There is a conversion factor between non-RVU activities and RVUs

- 1. Log in to the app (password protected).
- 2. Choose the hospital or clinic benefiting from the rad's time.
- 3. Choose the purpose of the non-RVU generating event (consult with referring doc, tech protocol question, etc).
- 4. Text in or use voice recognition of the details: documenting the interruption in a HIPAA compliant manner.
- 5. Log out.
- Repeat X 10+ times a day documenting each interruption.

# Some Groups Attach Extra Payment For Activities Including:

Presenting at tumor board or clinical conferences.

Taking part in hospital committee work.

Teaching residents.

Looking at a case you didn't read, (orig. reader  
unavailable) with a clinician.

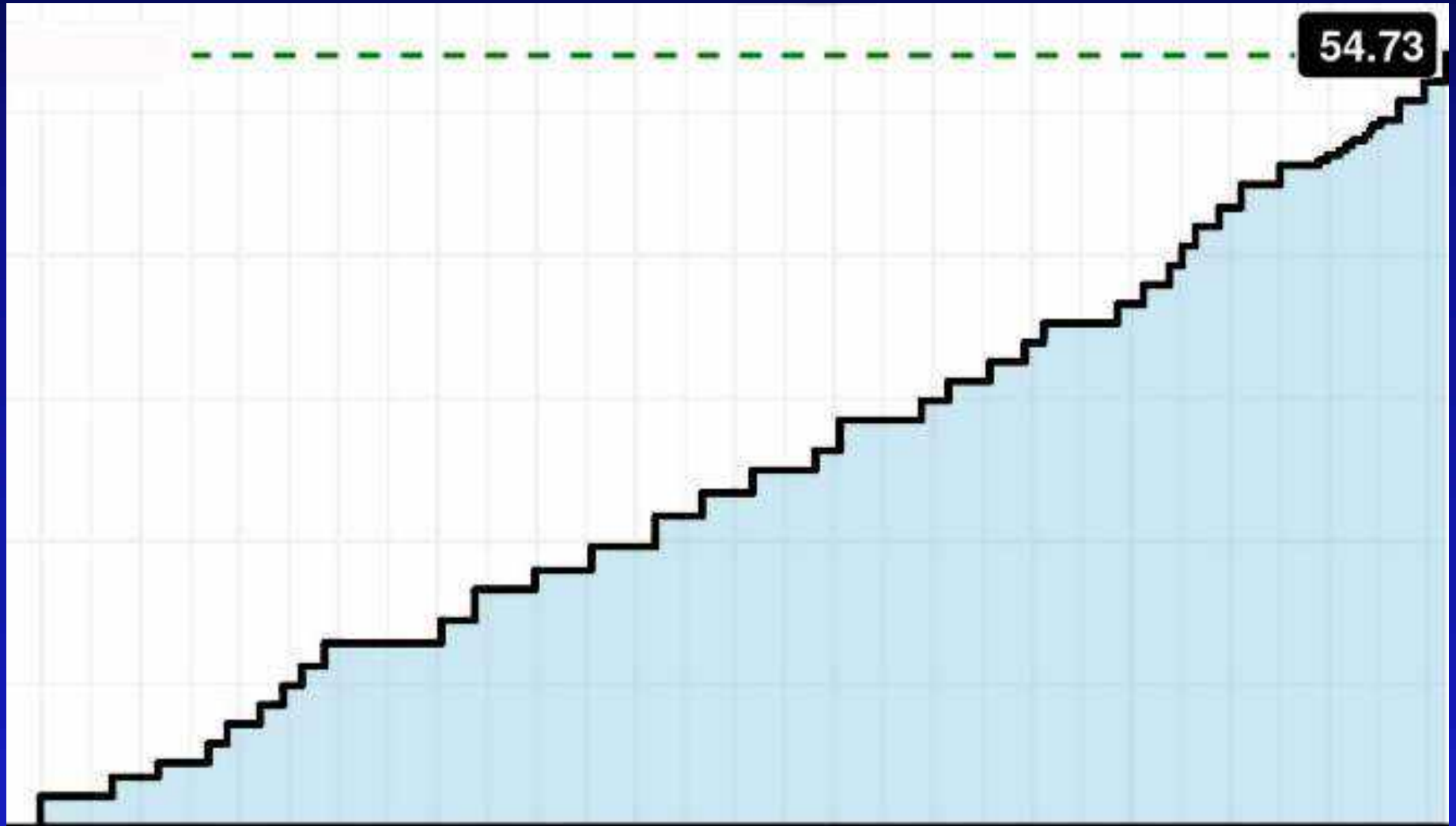
etc.

# Non-RVU Generating Activities

Some groups consider these activities as important non-RVU generating duties that support the group and the profession and don't warrant extra pay. It's part of their professionalism.

Decide if you want to be in a group where everything has a dollar value attached to it.

# One Group Tracks The Daily Productivity In Real Time.



# Productivity

- How the group deals with productivity says a lot about the group.
- You have to decide if you can live under their productivity requirements.

# Important Questions To Ask

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- Is the group considering selling to a private equity company?
- How does the group deal with turf issues?
- How about married couple radiologists?

# Hospital Committees

- It's always a good sign when members of the group are on hospital committees, president of the medical staff, or are involved in the local politics of running the hospital.

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# Sale To Investor-Owned Entity?

- These deals are always kept under wraps (non-disclosure agreement; “NDA”) until they’re a done deal.
- You will not get a straight answer if you ask. That would violate the NDA.
- A non-threatening question would be to ask how group members might respond to an offer to sell.

# Sale To Investor-Owned Entity

JACR Feb. 2022

DEVILISH DILEMMA

FRANK J. LEXA, MD, MBA, DAVID FESSELL, MD

## Navigating an Interview in the Midst of Corporatization Talks

*Jennifer Nathan, MD, Frank Lexa, MD, MBA*

While interviewing a candidate to join your practice, the candidate asks what your opinion is on corporatization in radiology. Your practice has been in discussions with a corporate entity, and it is likely that you will be merging with this entity. The group has discussed keeping this quiet until a final decision is made. How do you respond to the candidate?

**Charles W. Bowkley III, MD,**  
CPE Casper Medical Imaging  
and Outpatient Radiology

The situation proposed is both fascinating and challenging, and I believe that an acceptable path is to

while forming the first bonds with a potential new associate.

**Ivan DeQuesada II, MD**  
Radiology Associates  
of North Texas

This dilemma has played out at many groups across the country; sadly, it is far from hypothetical. There is an obvious, legally correct answer to this question, which is to mislead or redirect away from answering it. Simply offering personal opinions of corporatization in radiology would answer the candidate's question while avoiding talking specifically about the group's plans. But lies of omission should be just

always interested in learning more about collaborative partnerships that contribute to our strategic growth.

Physician ownership and physician leadership are foundational to our success, and we will always maintain the medical leadership and operational authority that allow us to prioritize our commitments to our patients and clinical partners. Furthermore, any decisions we make will be based on input from all of our radiologists and in the interest of the long-term success of the organization.

**Kevin Smith, MD, Regional  
Diagnostic Radiology**

I would reverse the question: what

“I would probably refuse to interview candidates if I had signed a nondisclosure agreement. I could not in good conscience help recruit a candidate into a group under a false pretense.”

# Important Questions To Ask

- How does the group address productivity?
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- Is the group considering selling to a private equity company?
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- How about married couple radiologists?

# Turf Issues

Is there a reasonable and equitable accommodation for non-radiologists to read some of the exams (i.e. cardiac)?

How is QA on the shared services addressed?

Are radiologists involved with credentialing for in-hospital imaging done by non-radiologists?

This issue is an indicator of the status of radiology in the hospital.

# Important Questions To Ask

- How does the group address productivity?
- Are members of the group actively involved in hospital committees and governance?
- Is the group considering selling to a private equity company?
- How does the group deal with turf issues?
- How about married couple radiologists?

# How About Married Radiologists Applying To The Same Group As A Couple?

That may make it harder to get employment.

~40-50% of marriages end in divorce.

A divorcing couple can be  
very disruptive in a department.

# Factors To Consider-Cont'd

- Does the practice have in-house billing or outsource billing to an external billing service?
- Does the group have its act together from a business standpoint?

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- Does the group have its act together from a business standpoint?

# Medical Billing

- It is D. Pennes opinion that in-house billing is always preferable to outsourced billing.
- A group needs to read ~500k exams to do it in-house. Smaller groups of necessity must outsource billing.

# Medical Billing

- The advantage of in-house billing is: the group can nimbly deal with billing demographic errors, downcoding, and low-dollar insurance denials that aren't cost effective for an outsourced billing company to deal with. Outsourced billing companies don't have the skin in the game the way the practice does.
- Physician involvement in billing mandatory.

# Two Important Questions To Ask Regarding Medical Billing

1. Are you satisfied with your billing service?
2. How do you monitor the performance?

# Factors To Consider-Cont'd

- Does the practice have in-house billing or outsource billing to an external billing service?
- Does the group have its act together from a business standpoint?

# Business Operation

- Besides billing, do they seem to be making good business decisions?

I can't emphasize enough the importance of having a good business and billing operation.

# Does The Group Have Business Acumen?

In the end...

There may not be any good way to tell how business savvy they are during a 1 day interview.

# How Is The Group Dealing With AI?

i.e. mammography, pulmonary nodule detection and F/U or other tasks?

This is clearly a work in progress dependent on the relationship with the hospital.

Who pays for it, among numerous other considerations.

# When You Get Serious About A Practice:

Try to find out if anybody has left the practice and find out why. Call them.

High turnover is a red flag.

After all this...you decide you  
like the job and the people and  
they like you.

What happens next?

# The Contract

# The Contract

(employee)

- Read it yourself. Make a copy of it that you can write on. Take notes on things that are unclear.
- Have an attorney experienced in medical professional corporation law read it. They'll tell you what's good, bad, unusual, or missing. Expect to pay \$400+/hour X ~2-3 hours.
- Clarify the unclear points with the group leader and have those points added to the contract language if necessary. Don't expect any major changes.

# Dr. Muroff Article

## JACR 2004

### Contracts in Radiology Practices: Contract Types and Key Provisions

Julie A. Muroff, JD<sup>a</sup>, Lawrence R. Muroff, MD<sup>b</sup>

A contract between a radiology group and its physician member(s) provides the foundation for the professional relationships in a group practice. The parties are not in positions of parity; contract provisions are structured to maintain the primacy of the group over the individual members. An integration clause should be included to preclude reliance on communications that are not memorialized by the language of the contract. Precise, unambiguous terms must be used to convey the intentions of the parties. The contract should have a clear date of initiation and, if applicable, an effective date of termination. Mechanisms for termination and modification should be expressed clearly to minimize the risk of judicial interference. The method of determining and adjusting the salary and other benefits of the radiologist should be stated, as consideration is necessary to support the existence of a legal contract. The obligations of the radiologist to the practice are often stated in general terms to maximize the group's flexibility. Finally, other key clauses that are discussed in the paper should be incorporated into the contract.

**Key Words:** Radiology contracts, key provisions, practice management, socioeconomics

*J Am Coll Radiol 2004;1:459-466. Copyright © 2004 American College of Radiology*

JACR August 2004

# Contract Provisions To Add

No enforcement of the non-  
compete:

1. Termination without cause.
2. Practice sale to an investor-owned company while an employee.

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No enforcement of the non-  
compete:

1. Termination without cause.
2. Practice sale to an investor-owned company while an employee.

# Termination Without Cause

i.e. Group loses a hospital contract  
and has excess manpower.

Last guy in is the first guy out.

# Termination Without Cause

Try to get a clause inserted in the contract, stating that if you are terminated without cause, the non-compete doesn't apply and there are no other penalties for early departure from the group.

# Contract Provisions To Add

No enforcement of the non-  
compete:

1. Termination without cause.
2. Practice sale to an investor-owned company while an employee.

# Sale Of A Radiology Group To An Investor-Owned Company While an Employee

-ditto-

Try to get a clause inserted into the employment contract saying there are no penalties including no non-compete and other financial penalties if they sell out while you're still an employee of the group. You would leave before the sale occurs.

# Sale Of A Radiology Group To An Investor-Owned Company

If they decline, take that factor into account in your decision to join that group.

# Transition From Employee To Shareholder ('Partner')

1. New (shareholder) contract. Different terms.
2. Get a raise and bonuses.
3. Get full vacation complement.
4. Get to vote on governance and practice management issues.
5. Buy a share of the practice ("buy-in").

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# Buy In

- You are becoming a part owner of a small business and you have to buy your share of the assets to become a part owner.

$$\text{Assets} \div n = \$\text{Buy In}$$

n=number of shareholders.

# Buy In

- New 'shareholder' buys into the assets of the corp.
  - Share of stock.
  - LLC's (Imaging center(s), billing service; real estate; management company, teleradiology equipment etc.).
  - Accounts receivable.

# Buy In

How much money is the buy in?

It varies.

\$0-1M+

# Buy In

How do you pay for it?

- Personal loan from a bank.
- Loan from the group with favorable terms.
- Salary reduction for a period of years until paid off.
- (Should be paid for with after-tax money).

# Buy Out

## Not to forget:

Any money you pay in, you theoretically get back when you leave or retire.

Usually it gets paid out over a period of years and is referred to as “salary continuation”. Sometimes it gets paid out X1 upon departure. Clarify how the buy-out is structured.

The amount could be the same, more, or less than the buy-in.

# Recordkeeping

Make sure you keep complete records as to the amount of the buy-in.

You may have to pay capital gains tax or be eligible for a capital gains loss if the amount is different at buy out.

# Buy Out

Buy-outs are paid for out of current income.

If many members of the group retire or resign at the same time, this can lead to cash flow issues, and depress annual compensation for the remaining radiologists.

# What If You Get Two Job Offers?

How to decide?

# Two Job offers

	Year 1	Year 2	Year 3	Year 4	Year 5
Job A Salary					
Job B Salary					
Job A Vacation					
Job B Vacation					

# Two Job Offers: Compare

- ‘The quality of the work’
- ‘The working environment’
- ‘The geographic locale’
- ‘The aggravation of the daily commute’
- ‘Salary and vacation’ (i.e. work/life balance)

# When All Is Said And Done...

- You make the best judgement you can based on the information you have at the time and a 'snapshot' view of a practice.
- If it doesn't work out, it's not the end of the world.
  - Practices change over time.

# If You Decide It's Not Going To Work Out...

Try to leave on an affable basis.

Don't burn bridges.

I've known several individuals who left jobs for a new job, yet returned to their old jobs, or went to a new hospital that was later subsumed by expansion of their old practice.

# If You Decide It's Not Going To Work Out...

If you leave before a specified time, you may have to:

- Repay the signing bonus you received.
- Repay the moving expense you received.
  - Pay for malpractice tail coverage.
  - Pay for hospital credentialing expense.
- Lose retirement benefits before vesting.
- Get temporary health insurance coverage.

# If You Decide It's Not Going To Work Out...

Every month you spend in a job that's not working out is another month delaying the transition from employee-to-partner in your next job, and foregoing the higher partner pay.

## Take Home Message:

If it's not working out, don't dawdle proceeding to your next job.

# AJR: Aug. 27, 2025

# AJR Accepted Manuscript

## **Begin With the End in Mind: The Importance of Exit Strategies in Job Searches and Contract Negotiations in Radiology**

*Benjamin E. Northrup, MD, Kurt A. Schoppe, MD*

<https://doi.org/10.2214/AJR.25.33604>

Accepted: August 27, 2025

Article Type: Viewpoint

Article Section: Policy, Quality, and Practice Management

*The complete title page, as provided by the authors, is available at the end of this article.*

### **Abstract**

Over the past decade, the frequency of job turnover among radiologists has increased. Early-career radiologists in particular change jobs relatively frequently, and thus consideration of contractual obligations and policies that might limit one's ability to do so has become increasingly important. This Viewpoint reviews key items in contracts and employer policies that will impact the radiologist when leaving a prospective job, with a focus on matters important to trainees and early-career radiologists.

# Radiologist Job Turnover

## Trends in Radiology Physician Workforce Mobility



Using two separate publicly available Medicare datasets, we studied the frequency and characteristics of radiologist-practice separation between 2014 - 2018

### Types of radiologist-practice separation



Termination



Resignation



Timely Retirement



Practice Acquisition or Legal Reorganization

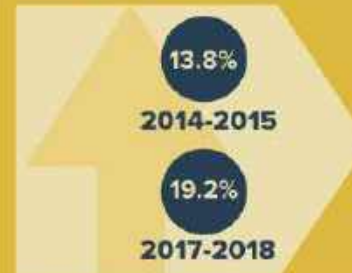
  
**25,228**  
radiologists  
associated with

  
**4,381**  
practices

  
**54,789**  
total distinct  
radiologist-practice  
combinations



41.1% of radiologists separated from at least one practice between 2014 and 2018



  
**38.4%**  
increase was present across practice sizes, locations, types, specialties.

  
Separation rates were lower in larger\*, radiology-only and academic practices.  
\* >100 radiologists

With over 40% of radiologists separating from at least one practice in recent years, the United States radiologist workforce is highly and increasingly mobile.

The radiologist workforce is highly mobile:  
41% turnover 2014-18.

Don't delay getting licensed  
if moving out of state.

# MASC Medical



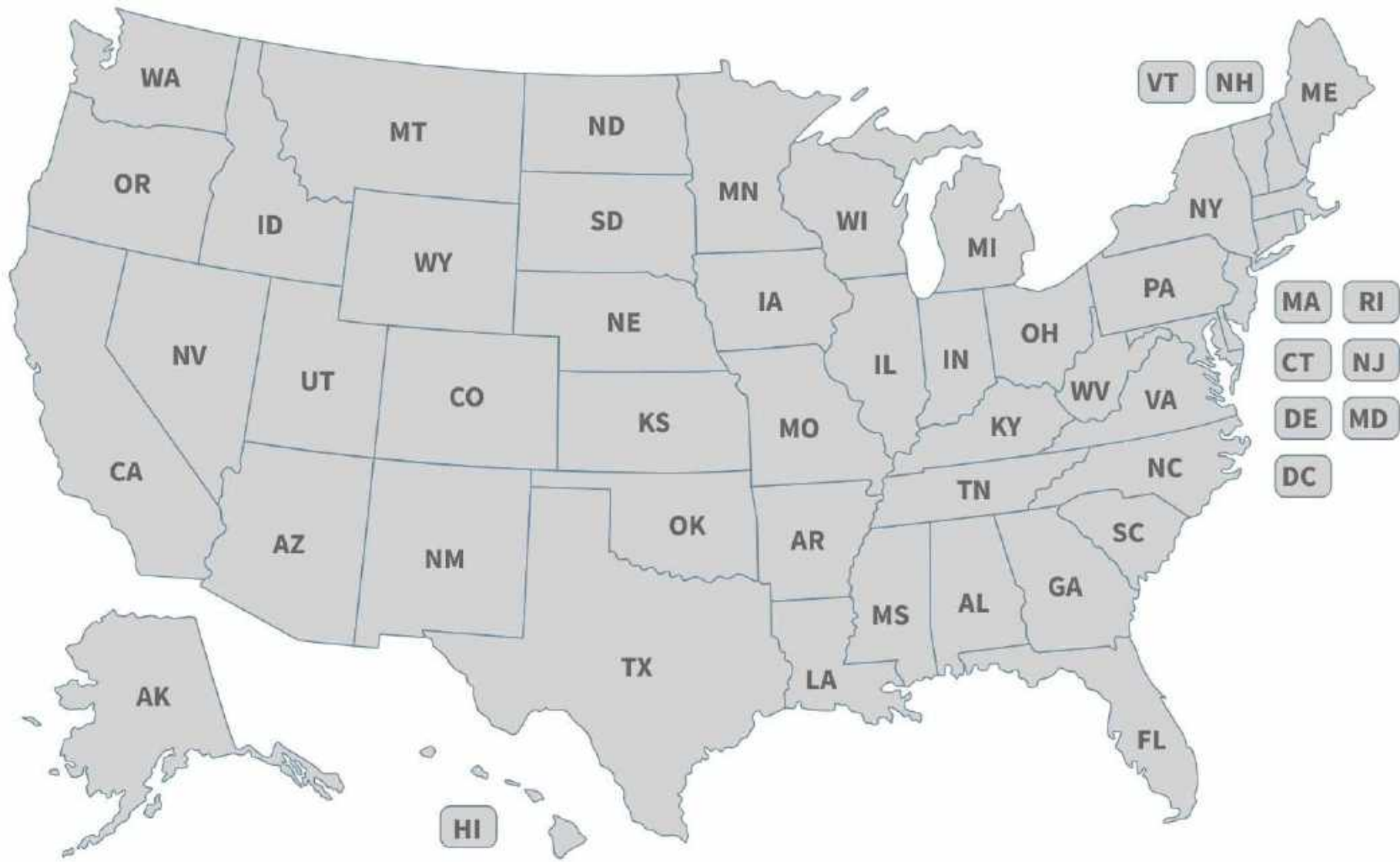
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## Medical License Guide – State by State Breakdown

Are you a **healthcare professional** looking to **obtain your medical license**? If so, the MASC Medical **Medical License Guide** is a resource made just for you! As you know, to practice medicine in the U.S., all physicians must [obtain a medical license](#) in every state in which they intend to offer clinical medical services. And, each state has a [unique medical licensure process](#).

As a trusted, industry leading **physician recruiter** and **healthcare staffing firm**, [MASC Medical](#) understands that healthcare professionals don't have the time to stay abreast of each states **medical licensure process**, **medical licensure requirements** and **medical licensure fees**. Explore our guide below to view a list of all U.S. Board of Medicine organizations along with their contact details and a breakdown of everything you need to know when it comes to obtaining your medical license.

National Recruitment Firm.  
Nice Website For License Questions



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# MICHIGAN

<b>Application Fee:</b> \$367.70	<b>Initial Licensing Fee:</b> Included
<b>Background/Fingerprints Required:</b> Yes	<b>Criminal Background Check Fee:</b>
<b>Licensure Processing Time:</b> 6 to 8 weeks	<b>FCVS:</b> Accepted

**Notes:**

**Address:**

Department of Licensing and Regulatory Affairs  
Bureau of Professional Licensing  
P.O. Box 30670. Lansing, MI 48909

**Questions/Comments:** [BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

**Phone:** (517) 241-0199

**Key Links:** [licensing guide](#), (including the requirements checklist), medical doctor [FAQs](#), and online license [application](#).

\*Information may change, for the most accurate information, visit the [board website](#).

Don't buy an expensive house until you're sure it's going to work out.

(fatherly advice)

# Take Home Points

- Don't pay too much attention to the employee package. Look at the work/life balance the partners have.
- Make sure you're OK with the quality of service the group is providing, knowing that might be hard to gauge until you have boots on the ground.
- The group **must** have a good business operation.

One Last Thought:

This is a great time to be  
starting a career in radiology!

Thank You  
-and-  
Good Luck!

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