



Episode 24 - Locum Tenens - Get the Scoop and Insider Tips

With Dr. Andrew Wilner

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AW: “Standard is overtime, which is kind of a nice concept for doctors. You just stay until the work is done. But when I worked at locums, it's like, “Hey, they're paying me overtime. Great. Send another patient. This is terrific”.

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello. Welcome back to the Doctor’s Crossing Carpe Diem podcast episode number 24. Today on the podcast, we're talking about an option that can help you avoid a gap on your CV, a way to assess if you still like practicing and also give you a chance for some new experiences and perhaps even some adventure. And that's not to mention the opportunity to earn extra income and be really appreciated when you show up. Can you guess what we're talking about? If you said “locum tenens”, you're right and you win the door prize!

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We're fortunate to have a locum's expert to guide us into the world of all things locum. His name is Dr. Andrew Wilner and not only has he had a wealth of experience doing locums, he also wrote what I call the Bible of locum tenens. His book is called "The Locums Life – A physician's guide to locum tenens. You can find it on Amazon or through his website andrewwilner.com.

Dr. Wilner is a board-certified internist and neurologist who continues to work clinically. He also is a medical journalist, has authored four books and hosts the podcast, The Art of Medicine with Dr. Andrew Willner. His podcast explores the art business and clinical aspects of the practice for medicine.

I have known Dr. Wilner for a number of years, and I've always been impressed by how generous he is with his time and knowledge. Case in point, he created a very useful free locums guide to accompany the podcast just for you. You can grab it at doctorscrossing.com/locums, but you don't want to miss hearing him on the podcast. So, without further ado, I'd like to extend a very warm welcome to Dr. Andrew Wilner. Come on down.

AW: I've been looking forward to this all day. Thanks for inviting me, Heather.

HF: My pleasure, my pleasure. Now I'd love for us to start with this question about what are some of the common areas or reasons why a physician would consider locums?

AW: Good question, because it depends. Everybody's different and at a different stage of life. And I thought about this quite a bit when I was putting my locums' book together and I came up with this sort of three major stages of life if you will, for physicians. The first is after residency or fellowship, you're going for your first job, your real job, and a lot of residents, well, some residents know exactly what they want to do and where they want to go, but there are many who aren't too sure whether they want to join a big practice,



they want to be solo. They want to live in a big city, a small city, always dreamed of going to California.

So, locums can be an opportunity to explore different practices, different geographies. And it's also a great way to synchronize with a partner. Many residents have a significant other who's a year ahead or a year behind in terms of getting ready to move to a new city. So, it's kind of a way of earning a living and treading water and exploring what's available while the significant other catches up and then they're both ready to go. So that's one area.

The second one probably more common is midlife. A lot of locums' physicians are actually pretty mature. And it turns out in midlife for reasons that kind of escaped me, there's often never enough money. So, locum tenens is a way of supplementing your salary on weekends or free time or vacation time on a purely elective basis. You want to buy a vacation home, the kids need braces, private school, divorce. There are a million things that come up that kind of rattle the budget.

And so, for a lot of physicians, locums is a way to do what they're trained to do because we can talk about this later about nonclinical options while there are not nonclinical things that you can do for physicians working as a physician is usually the highest paid thing they can do.

And then there's a special category of physicians who are approaching traditional retirement age. And of course, that differs for different doctors. For some it's 55 for some it's 75, but physician identity is very important to most physicians. And it's very hard to just say, "Oh, I'm done". There's a lot of physicians who would like to continue to practice, but at a slower pace. And in the real world, that's often not possible. A lot of private practices really discouraged that. You're either full time, full bore carrying your weight or you're out.



Part-time positions or are not always available. So, locums is a way for physicians who can still want to practice, but maybe want to spend the winter in Florida on vacation, can still practice six months or eight months a year, but take basically unlimited vacation time and they can then dictate and control their schedule.

And I'll add that while getting a permanent job can be difficult due to age-ism for someone who's 65, 70, 73 years old, locums companies love physicians like that because these guys are experienced. They know what to do. They've got the skills. By that time, they've got some people skills so they can function in a new environment. And so, they're very desirable. So, age-ism doesn't come into play. It's a great opportunity for doctors to continue to practice, whereas otherwise they might be forced into retirement.

HF: And we want to go where we are desired too. Who wants to feel that we're not really wanted? That's a terrible feeling.

AW: Oh, I was just going to say one of the things that's really special about locums and other locums doctors have told me this and I experienced it myself, is that when you show up at an assignment, they love it. Everyone is appreciative. The staff is appreciative, the patients are. When I went to the Mayo Clinic a few years ago, as a locums, they just had several doctors leave kind of abruptly. I don't know. There was a kerfuffle and these guys left leaving the remaining guys with too much work and creating a six-month waiting list for the clinic. So, I showed up and of course I had no patients scheduled, so I could see patients right away. And the patients would come in and they would say, "Oh, Dr. Wilner, it's so wonderful that you're here. I was on the six months and now I'm here seeing you". And they were thrilled. So just by showing up you're adored as a locum doctor. So that's kind of fun.

HF: You go from being marginalized and put out to the curb to being a Rockstar.



AW: Yes, yes. Very much so.

HF: You made some really good points there. And one of the reasons why physicians who come to me consider a locums is because they're considering a nonclinical transition, but they aren't sure what they want to do. And locums help them fill in the gap, keep that clinical time clock spinning so they don't have a huge gap. And also let them know whether they're really ready to leave clinical practice or not.

AW: Yeah. And I'm going to focus on that word "gap". That is a word that I had never paid a whole lot of attention to until I was out of clinical practice for 10 years, working full time as a medical journalist. I'm a neurologist. I went to about a half a dozen neurology meetings a year. I interviewed a neurologist. I was up on all of the latest journal articles. And at the same time, I kept up my CME. I paid my license fees. I was licensed in several states and I had a perfect background record. And I knew more neurology not being in practice than I did before. Plus, I was doing medical mission work. So, the only part that was missing was I actually didn't have a paid clinical practice.

Well, when I tried to get back into practice, it turned out this was a huge problem because of the "gap". Everybody said, you have a gap. And I said, so what? I said, I know what I'm doing. It's like riding a bicycle. I know better now than I did then. Well, it turns out that there were rules and regulations that prohibit you from going back into clinical practice if you've been out two years and sometimes even less. One of the rules is you need peer recommendations to get hospital privileges within the last two years of physicians who have seen you in action. Well, if you haven't had any action in the last two years, you can't get the recommendations. You can't get the recommendations, you can't get privileges and you can't work at the hospital.

Now, I know you had a guest a few months ago who has a whole re-entry program for physicians who've been out because this is a real problem. So, one of the roles, and you mentioned this, that locum tenens can serve is if you do leave your practice and you're



not 101% certain that you never want to go back to clinical medicine by practicing locums a little bit here and there, it resets the clock. There's no gap. You can get recommendations from other doctors you've worked with on your locum stint. And this can be as little as a few weeks a year. Had I known this myself I was almost forced into retirement. That's serious. Seriously.

HF: Yes. That's scary.

AW: I was actually hired by a group in Florida and I went down there. I interviewed. We're hiring you. This is great. It was a neuro hospitalist position. I was well qualified. I got an email, "We need your recommendations". I said, "Well, I can't actually get you any recent ones. I can get you some from my medical mission work". "Oh, that's not good enough. Our bylaws forbid it". That was the last day I ever heard of them.

HF: Well, I'm glad that you got back in. And let's take this to the next step if the physician decides they want to do some locums. What are some different kinds of assignments in terms of the length, maybe how long they might be there and perhaps even the location? Because some physicians go to Hawaii, they go to New Zealand or they go to Minot, North Dakota in the winter because they're really welcomed there.

AW: It's funny you mentioned Minot. I actually considered a position there a few years ago. They were desperate for a neurologist, but I had to look for it on the map. And that's always a bad sign. But you're right. In fact, there's a locum tenants company called Global Medical Staffing, which specializes in global medical staffing. And they have positions in New Zealand and they recently had one for a neurologist that I looked into, but I couldn't convince my wife actually to spend a year in New Zealand. And so, I didn't follow through, but they have positions in New Zealand, Australia, and I think a few other places, some in the Caribbean as well.



But there are locum positions everywhere. I worked at the locums downtown Minneapolis. I worked at locums Phoenix, Arizona, New London, Connecticut. So, it doesn't have to be in the boondocks, but there are VA locums jobs. In fact, I have one right now. There are department of defense locums jobs. There are Indian reservation jobs, if you want to do something different. And there are clinic jobs or hospital jobs, and the duration is sometimes a couple of weeks to more than a year everywhere.

I would say the Midwest, like Minot, tends to be the underserved areas because of all the places in the country, they're not the most attractive to attract permanent physicians and their family. So, they have trouble keeping people. And so, in the meantime, the patients are still there and they got to do something with them.

So those are good sort of fertile ground for locums. There are locums in Hawaii. There are locums everywhere. And of course, it depends on your specialty. If you're a pediatric and endocrinologist, you may have some trouble finding locums jobs. If you're an internal medicine doc or a hospitalist or a psychiatrist or a general surgeon, you're not going to have any trouble at all finding locum positions.

HF: And where would a physician start to look for these positions? I know in your book, which I have to put a plug for, we'll link to this, Dr. Wilner wrote the Bible of locums. I read it and I listened to your audible version, which is fantastic. And it has all this great information. So, if you like what you're hearing on the podcast, I highly recommend the book. And he even goes beyond locums and talks about how to show up and be your best person, and also how to run your own business as an independent contractor. So, you get locums and then a lot of bonus material.

So, let's go back to what we're talking about here after my little commercial break and talk about agencies, or how do you know what's a good company? Should you do this on your own? Take us there, Dr. Wilner.

AW: Sure. Well, about 80% of locum tenens doctors use agencies. And the purpose of the agency, it's just like in the book. I just talk about real estate agents. You want to buy a house? You don't need an agent. You want to sell a house? You don't need an agent. For sale by the owner. But most people use agents. Why? Because the agents know the lay of the land. They know what the house should cost. They know which inspector to call. I was going to buy a house near a lake and it was a beautiful, beautiful house.

So, I actually have a very good agent. I called my agent. I said, "Find this house. - Oh yeah. I know that house, that house is built on ground that isn't actually stable. They had to do a landfill when they built that house. That house actually shouldn't even be there". Well, needless to say, none of that was actually disclosed on the ad for the house. So, having an agent gives you kind of an inside information.

In my Mayo Clinic job, I happened to know the chief of neurology and we were chatting one day and he said I had a bunch of guys leave. Do you think you could help us out? And I said, sure. And that was it. I didn't need an agent. But when I first started out with locums, I didn't know what to do. So, I called, I think it was CompHealth, the largest one.

HF: Yes, I used them.

AW: And I talked to an agent. Agents are very similar to real estate agents. They get a small salary, but they work primarily on commission. So, when you go to work, they're going to get a piece of your salary. So, they want you to work. So, they are always looking for new docs. So, they will be nice to you and you need to talk to them and you kind of have to interview them. They will help you because they've been through this hundreds of times. Some of the advice I give in my book, "Well, why do you want to do locums in the first place? What are you looking for?" And a lot of doctors haven't really thought all that through yet. Just like, "Gee, I need something to do. Maybe I should do locums". Are you doing it for money, doing it for travel, doing it because you want to cut back?



One of my locum colleagues was in a job he didn't like and the job was terrible and eventually he quit. The problem was he had a two year non-compete. So, he couldn't get another job in the same city.

HF: Yeah. That's a problem. That happens a lot.

AW: And he didn't want to do locums, but finally he figured, "Oh, well, I'll do locums for the two years while I'm waiting for this to run out. And then I'll open my practice where I live". Well, no sooner did he start doing locums and he loved it, he also made a lot of connections because he was networking. Now he was kind of out of his usual little box and out in the real world, here and there he did several assignments and he ended up getting a much better job than he had before, a permanent position after his two years of locums in another state. And the job was so good that he was willing to move.

So, there's a lot of reasons to do locums. And he worked with an agency. I think the agencies can really help you get started. And if you've never done locums, probably a good place to start. But more important. Well, two things. One, there is an organization called the National Association of Locum Tenens Organizations - NALTO. And if you go to nalto.org, they will list all of their staffing agencies that pay a membership fee so they can say, it's like the food of approval, this thing has been approved. They sort of have their own little rules, we're not going to take advantage of you and so on. So that's one good place to start.

But the more important thing is it's just like real estate. It doesn't matter if you're Century 21 or RE/MAX. What really matters is the particular agent that you get. That's much more important than the company. They all do the same thing pretty much, but it's the agent. Are they a real go getter or are they listening to you? Are they going to prioritize what you want? Have they been doing this for a while? They know what they're doing? Have they been 5 or 10 years into the industry? You're an internist. Do they specialize in internal medicine or they just do everything?



I mean, I'm a neurologist. My agent specializes in neurology. So, she knows what the pay scales should be, where the opportunities tend to recur. Because that's another nice thing. Downtown Minneapolis. I worked there twice, two different times, separated by two years for the same company. So recurrent opportunities are great because you already know the lay of the land. That's one of the difficult things. We haven't talked about the downside of negatives, but one of the difficult things is you're going to a new place, it's your first day, right? First days are tough anywhere.

HF: Well, here's a question for you. I have a client, she's a surgeon. She's winding down her career, but she still has many years left. And so, she still wants to stay clinical. She's looking into locums and she was wondering, how do you know a good company? But if you're telling us that the company doesn't matter as much as the recruiter, let's say you decide to go with CompHealth. I'm sure they have a number of different recruiters within a specialty, how do you end up getting a good recruiter versus one who might be a newbie?

AW: Right. So, there are two ways. An easy way is to go to my website and leave me a message and I'll find one for you.

HF: Oh, I love that. That is very nice of you.

AW: I like to help people. The usual way is you just call and you talk to somebody and usually get a cup of coffee. They're usually pretty chatty. And you have to interview them in a casual way and see if it's somebody you kind of connect with. That's what I did. And I have switched agents in the past. It's like this person isn't really on the ball, so I'm going to find somebody else.

It doesn't mean a new person isn't going to be good. But if somebody has been doing this for 10 years and they're still doing it, they probably know what they're doing. So, I

think years in the industry is certainly a big one. But I'm not saying you shouldn't hire somebody that just started because they may be a real go getter. They may be aggressive, but I would say I use that.

And then ask them, you say, "Well, I want to work locums two months a year. I'm a general surgeon. I don't really want to travel too far from home. Give me some examples of jobs that I might get that you have available now and what they pay". And see what they come up with. If they say, "Well, there's nothing". Well, that's probably not the right person for you.

HF: I liked that because you're interviewing them. And I think some physicians might be uncomfortable if they already talked to one person to then go look for someone else. But this is your career. It's your life. And you want to find a good fit.

AW: To follow up on that, I remember I was uncomfortable when I was working with two agencies at the same time. Like real estate, they don't like that if you do that. You don't want to have two real estate agents when you're going to buy a house. But in locums, it's okay. You do not sign an exclusive contract. And of course, they're not exclusive with you, right? I'm a neurologist. They've got a whole bunch of other neurologists. So, when a neurology job comes up, they're not obligated to give it to me first. And they've got other neurologists who can take it. So that's why I'm nice to my staffing agent, right? So that she's going to call me first.

But the other reason why you may want more than one agency and I'm not recommending you get half a dozen, is that they all don't have the same job opportunities. It's sort of like overlapping sort of vector diagrams. There may be some overlap, but if a hospital has a job, they usually work with a single staffing agency or maybe two, but that job isn't necessarily advertised everywhere. So, if you want to maximize your job opportunities, it's perfectly reasonable to work with more than one agency.

HF: I love that you shared that because it's a little counter-intuitive that you could have a couple of different recruiters helping you out, but you're right in the sense that you could get different opportunities. And if they're not being exclusive with you, why should you be exclusive with them? As long as there's no contract that you're hoping to sign for exclusivity.

AW: Absolutely not.

HF: There's so much more I want to ask you and the time is getting short, but let's still go on and we'll try to hit some of these high points that will help physicians to find that position that they want. But now they're questioning can I negotiate this contract? Is my malpractice covered? Do I have to worry about a tail? Some of these more nitty-gritty details?

AW: Yes. All very important. So, if you work with a major company, let me tell you what is standard. So standard is you will get an hourly rate and that may or may not be negotiable. You can certainly ask. Standard is overtime, which is kind of a nice concept for doctors. I never got overtime until I started working. You just stay until the work is done. But when I worked at locums, it's like, "Hey, they're paying me overtime. Great. Send another patient. This is terrific".

HF: Perspective shifts right there.

AW: Yeah, that was nice. I liked that. Standard is housing. They ship you to Anchorage, Alaska. They're going to find an apartment for you or a hotel room. Standard is a rental car while you're there. Standard is paying for you to get there and get home. Standard is malpractice insurance. And I know that CompHealth and Staff Care both provide a tale so that that's not something you have to worry about. What else? Did I miss anything there?

HF: And you can negotiate that rate?

AW: Right. So, I didn't know that. When I started locums, it's like they said, "Well, here's the hourly rate Dr. Wilner" and I said okay. Remember I mentioned that I did a recurrent job. I went back two years later and they offered me the same rate. So, by that time I was a little more savvy. So I said to my agent, "This is what they paid me two years ago". I said, "First of all, they liked me. Second of all, it's two years later, there's been inflation. And third, I really know what I'm doing. I'm a lot more appealing to them than some new guy that's going to take a while to get their feet on the ground. They should pay me more". So, she said, "Well, okay, Dr. Wilner. Let me call them and see".

If she gets that pay raise, she's going to get a piece of that too. So, she's pretty happy to negotiate for me. So, I ended up with a pay raise. If she'd come back and said "no" then it would be up to me. I could say, well, that's too low. In fact, I had a VA job. Six months VA job was a pretty nice job, but the salary was too low. And I said, well, can you get it up? And she said, no, VA's rate is fixed. I said, okay, I'm not going to do it.

So that's the other beauty of locums. It's always up to you. You make no commitment until you make a commitment, but there's no commitment. Just, Hey, check it out. What's the salary? How long do they want me there? What do they want me to do? Ask a million questions until you sign on the dotted line, then you're committed.

HF: What would happen if a physician takes a position in good faith and gets out there and is just horrible, for whatever reason. There's not the kind of support they need, or they're asking them to do risky things. What would you do in that situation?

AW: Right. Well, that's one reason to have an agency because now you have a third-party kind of mediator as opposed to being on your own. I didn't have any trepidation about going to the Mayo Clinic. It's a pretty classy place. I wasn't expecting any problems, but

you never know. And in fact, problems are quite common in locums because they're hiring you because they don't have a permanent person. Well, why don't they have a permanent person? Well, there might be a very good reason. They just went on maternity leave or something, but it may be nobody wants to work in Minot. So, you get there and the place is a mess, who knows.

Almost every contract, the standard is you have a 30-day cancellation. Worst case you give 30 days' notice and you're out. Whether you'd even have to put up with it for 30 days, I'm not sure. It's ever happened to me, frankly. Usually, you just tough these things out and do your best. But if you feel you're in an unsafe situation for patients, you have to make a big stink about it and see what happens.

HF: Even when you were already on site, it's bad, you have that 30 day out?

AW: Yeah. I'll tell a story. When I was interviewing at this community hospital in Minneapolis, they were very nice to me and I couldn't figure out why on the first day. So, it turns out they actually had a different locum person who had showed up on day one, given a tour and left. Never came back. I'm not doing this. This is too hard. So, it happens. So I guess they got away with it. I think they put in half a day and that was the end of it. It's not completely unexpected that there may be some withdrawal, but your agent will help you with that.

HF: All right. So, to wrap this up, if a physician is sitting on the fence a little bit about doing locums, are there any last words you'd like to give them yay or nay, or to help them think through this?

AW: I think locum is a wonderful tool. In fact, you had a recent guest, an orthopedic surgeon whose job ended kind of abruptly. She's looking at nonclinical careers. Locums would have been a great thing for her to do one week a month, have an income, pay all the bills, continue her identity as an orthopedic surgeon. And it wouldn't hamper her sort of

search for the future. Well, one can read the book. I put a lot of my experiences and also chapter 20 includes the experiences of 15 other locum doctors who I interviewed. Their worst experiences, their best experiences. And I would recommend starting there. If you're thinking about locums, read chapter 20 and see what it's all about. And then you could just try it. Try an assignment for two weeks, see what happens.

HF: Exactly. You don't have to invest a whole lot other than your time to get onboarded and credentialed. I know that that can take a fair amount of time. You want to plan ahead of time for that. But yeah, you don't have a lot to lose by trying it and you don't have to pick a year in New Zealand and bring the whole family there. You could do two weeks, some place that's not too far away.

AW: Yes. If you can stay in your state, you don't have to get a new state license, which is a nuisance. So just stay in your state, look around, pass the word, "Hey, I'm interested in locums". And you may find out in your own city that, "Oh somebody just left or, somebody just died". All kinds of things happen and all of a sudden, they need somebody. And if you're there and you're ready to go, that's the other thing I talk about locums, be flexible. If you're there ready to go, you're the one who's going to get the job.

HF: Yeah. Well, you're a great ambassador for locums, Andrew, and I want to be a great ambassador for your book because it really is the Bible. More than you would think would be in this book is in it and we're going to link to it. Dr. Wilner also created a really great downloadable PDF with a lot of information about locums. And you're going to be able to find that at doctorscrossing.com/locums, and I'll link to that in the show notes as well. So, I highly recommend getting that. And his book, if you're interested, you can listen to his great voice. Because you can hear how much enthusiasm you have for this. So, you can hear him reading his book if you'd like to get it on audible. So, Dr. Wilner, I just really want to thank you for coming on, sharing all this wonderful information and being so available to help physicians.



AW: It was my pleasure.

HF: All right. Wonderful. Well, I'm sure we'll see you around again and carry on with your great adventures.

AW: Thank you.

HF: Okay. All right. Take care now. All right guys, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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