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The Locum Life: A Physician's Guide to Locum Tenens

Dr. Birnholz:

Whenever the topic of locum tenens comes up, more often than not it focuses on a physician's ability to practice medicine across the country, and even across the globe, and while that's all well and good for understanding this line of work, we rarely get to know what the locum lifestyle is really like. But, we're in luck, because my guest today has not only worked as a locum tenens doc for more than 30 years, he's also written a book on that experience, and bonus—he's a fellow ReachMD host.

Coming to you from the ReachMD studies in Fort Washington, Pennsylvania, this is the ReachMD Book Club. I'm Dr. Matt Birnholz, and today I'm joined by my comrade in arms, Dr. Andrew Wilner, distinguished neurologist and the author of the book, *The Locum Life: A Physician's Guide to Locum Tenens*.

Dr. Wilner, thanks so much for joining me on the other side of a ReachMD interview.

Dr. Wilner:

Oh, it's a pleasure, Matt. Thank you.

Dr. Birnholz:

Great to have you with us. So, why don't we get right into it? Why write this book on the locum life and why now?

Dr. Wilner:

Well, as you know, I'm a writer, and this is my fourth book. So, after I finished my third book, I was thinking, "Well, gee, what do I know something about that I could write about?"—because, of course, when you're a writer, that's the number one thing. You have to write about something that you know, or at least something that you're willing to learn about, if you're going to make a whole book out of it. And I realized that I started doing locum tenens in 1982, long before it was really part of the kind of mainstream options. And then I was kind of provoked. You know, there's been a huge interest in non-clinical careers for physicians and burnout, and I was thinking it's a shame that some physicians are leaving clinically practice just because their situation isn't good and they really don't see other options—when locum tenens is an option for physicians to continue to practice medicine but really on their own terms, or even to bridge to a non-clinical career, but it's a tool that I thought many physicians weren't really aware of. And then I thought, "I have a lot of my own stories." I worked in Sioux Falls, South Dakota; Minneapolis-St. Paul downtown; in New London, Connecticut; Southern California; and, of course, there were travel experiences that were kind of interesting, and then there were the medical experiences, because regardless of where you work, when it's just you face-to-face with the patient, there's always challenges. So, I think all that was kind of bouncing around in my head, and I just started writing kind of chapter-by-chapter. "Gee, let's talk about travel, or malpractice, or should I use an agent or not," and before I knew it, I had the outline of a book.

Dr. Birnholz:

So, would you say that this book is mainly intended for those who are now considering moving in on this lifestyle or choosing this line of career, including those that you mentioned are in that place where the alternative seems to be maybe moving out of clinical practice altogether?

Dr. Wilner:

there was a recent survey by one of the locum tenens agencies where they found that 11.5% of physicians, when asked, were considering trying locum tenens, so that's a pretty big number if you realize there are a million physicians in the United States.

I think if someone's been practicing locums, like myself, for decades, they might not need the book, but even someone who's done it once or twice, I think there are some practical tips there that might smooth the way for them and make their lives more efficient in terms

of getting assignments and completing assignments, and probably more productive.

Dr. Birnholz:

Well, why don't we dive into those practical tips? But before we do, obviously there's been a pretty sharp evolution in this type of practice over the years, and as someone who has got in on it pretty much from the infancy and has helped shape its development over the years, how far has locum tenens come from your vantage point?

Dr. Wilner:

Well, I think it really has changed to be much more of the mainstream. And one statistic is, back in early 2000s, there were about 25,000 physicians working locums, and many of those doctors were older physicians, kind of pre-retirement, and frankly, some were physicians who had trouble getting a full-time job. Today, there are over 50,000 physicians practicing locums, and many of these physicians are very high qualified, and it's no longer sort of the place to go when you can't find a job. There's a huge need. The other statistic is that 94% of hospital facilities use at least 1 locum physician. So, the demand is enormous, and so it's become much more, kind of, appealing. When it's a buyer's market and you have options, it becomes an appealing alternative.

And then there's a big negative also that has driven locums, and that's the fact that many physicians no longer own their own practices. 2016 was the first year that more physicians were employed by others rather than owning their own practice. I finished my training a long time ago, and in those days your sort of path was you would hang up your shingle and buy a building, get to know the community, and you'd work there for 30 or 40 years. So, physicians who had practices like that weren't very mobile. You can't, sort of, take off a month or 2 and go work in Alaska as a locum doctor, leaving your patients behind and your overhead behind. That just wasn't practical. But now, with physicians who are employed, many with contracts that can be terminated in 90 days for no particular reason, the mobility of the physician workforce has changed dramatically, and, of course, this makes these physicians much more, sort of, amenable to the locum tenens life.

Dr. Birnholz:

So, in a way, this career path is adapting, not just to meet demands for patient care, but also to meet the rolling of the tide of how practice is changing. It's not as fixated in a single place anymore, it's not related to owning practices as much anymore, and this is adaptive in some ways to that changing paradigm and practice.

Dr. Wilner:

Yeah, it's a response. In fact, I was talking to a hospital administrator who was kind of bemoaning the fact that he had to hire a locum because they can be more expensive than a full-time physician, and he said, "Oh, these doctors, they just want to travel and take time off and then come work really hard and then go somewhere else." And I said, "Well, what are you offering them that's better?" (Laughter) "That's kind of your job. If you want them to come and stay, you've got to offer them something better." And that was like a light bulb went off. It's like, there's a reason people are doing this.

Dr. Birnholz:

For those just tuning in, you're listening to the ReachMD Book Club. I'm Dr. Matt Birnholz, and with me is author and fellow ReachMD host, Dr. Andrew Wilner, to talk about his unique career path highlighted in his book, *The Locum Life: A Physician's Guide to Locum Tenens*.

So, I mentioned right there that your own career path has obviously influenced many of your views towards locum tenens as a practice and a lifestyle. Just give us a little bit more background on how you came into it, what your perspectives have been over the years, and how you approach it now.

Dr. Wilner:

Well, locums has helped me a few times over the years in different ways. I think one way that it helps physicians today, in particular, is something I discovered a long time ago, which is for work-life balance. recently I was working locums and having a great time. I was at the Mayo Clinic in Phoenix for a year and a half, I was in Minneapolis-St. Paul, but my life circumstance changed, and that happens to people. I got married for the first time, and we were planning on having a baby, so I thought maybe it would be nice to have a full-time job where I didn't do so much traveling, because in my locum jobs, usually I would work a week on, week off, and in Minnesota I would fly from Phoenix to Minnesota, work a week, 24/7, fly back to Phoenix, have a week off, fly back to Minnesota. And I didn't really mind the travel, but I thought, "This may not be all that practical if I'm married and have a baby. I don't know." So, I started hunting around for a full-time job, and the beauty of locums was that I looked for 2 years because I didn't have the pressure that I had to find the job right now. I interviewed in Portland, Oregon with a job that I probably would have taken if I didn't have locums to fall back on, but it wasn't really what I wanted. I found a really high-paying job in Virginia, but it really wasn't what I wanted, and so I let it go, and I went back to locums. So, I did this a few times over the 2 years, and then I stumbled on this job in Memphis, and I interviewed there, and I really, really liked it. And I thought, "You know, that job, that job might work for me." But there were some things about it that I needed to insist

on. I liked my week on and week off, so I told them that that's the way it's got to be. And I gave them my salary range, which was a little different than they had in mind, but I said, "Well, that's the way it's got to be." And I was willing to walk away from this permanent position because I had locums and I was very happy, so it really allowed me to relax and to negotiate.

I haven't read many of these "How to Negotiate" books, but in my own experience, you have to be ready to—when you're bargaining in a market in Asia—you've got to be willing to walk away, right? And if you're willing to walk away, you have a little bit of leverage. And so, locums allowed me to, sort of, to negotiate. And eventually I took that job. I have it now. I'm Associate Professor of Neurology at the University of Tennessee Health Science Center. I work every other week. I work very, very hard on my 7 days on. And a lot of my 7 days off is also work in that I prepare lectures and Grand Rounds and cases, but it's the schedule that I wanted, and I think I never would have gotten that job if it hadn't been for locums.

Dr. Birnholz:

Right. It's a really interesting story from the trenches, as you put it in your book, but as I see, you've also connected with and drawn from a wide range of specialties and experience levels through other peoples' stories. Is there a representative story, in addition to your own, that has stood out for you that you want to share with our audience today?

Dr. Wilner:

I worked in Minnesota on this every other week, there was another guy who worked the other week; but, of course, I never saw him because I would fly out Monday morning and he'd fly in Sunday night, and maybe we crossed at the airport now and then, but when he was sitting at the desk, I wasn't.

I wrote to him, and I said, "How come you're doing locums at the same place I'm doing locums? What's your story?" And it was a great story. This guy is a neurologist about my age. He'd been in practice for a long time, in private practice in the Northwest; he loved it there; he loved seeing patients; but his group was an economic disaster, and every year they were making less money, working harder. I think there were some conflicts for this and that. Anyway, the whole practice was clearly going down the drain, and he wanted to quit. The problem was that he had a 2-year non-compete so that even if he quit, he couldn't work across the street or anywhere else within a prescribed territory where he could get a job, so he'd have to move. And he didn't want to move. He and his wife were very happy there, he loved the area, and so he really felt stuck. I think that's the other thing about locums. When physicians feel stuck, it's an option to get unstuck. So, he told me that he had a lot of trepidation about locums and he was back and forth with an agent over the phone for a year, and then, finally, he realized this could work for him because he could work locums outside of the non-compete area, fly for a week and come back home and let the 2 years run out, so that's exactly what he did. He quit the job and got a great job doing what I was doing in Minnesota, and he did a couple of other jobs. And so, the whole irony of the story is, when the 2 years were up and he could find another job where he lived, he had sort of been exposed to so many other options in his locums positions during those 2 years that he got an even better job on the East Coast that he never would have considered if he hadn't tried locums.

Dr. Birnholz:

Well, Dr. Wilner, there are about 100 more questions I could ask you on this area. Your experience is obviously rich, you know a lot of people who have done this, a lot of stories to share, but unfortunately, we are out of time. As always, it is great connecting with you on the airways from any vantage point. Having you on the other side of the hot seat is always a lot of fun, but a very special thanks to you for sharing this personal story and your experiences as a locum tenens doc and author. It's great having you on the program today.

Dr. Wilner:

Oh, thanks very much, Matt. It was my pleasure.

Dr. Birnholz:

I'm Dr. Matt Birnholz. For comments and questions, check out this episode and more from the ReachMD Book Club at ReachMD.com, and thanks for listening.