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The latest physician jobs brought to you by the NEJM CareerCenter

MD Career Path Edition

Final Year Residents and Fellows, Program Directors

Featured Employer Profile

CompHealth.



May 29, 2025

Dear Physician:

As you near completion of your training, I'm sure that making career decisions is a top priority for you. The *New England Journal of Medicine* is the leading source of information about physician job openings in the United States. To assist you in this important search, we've sent you this complimentary copy of the new 2025 *Career Guide: MD Career Path* edition.

This special resource guide contains practical career articles and job-seeking tips taken directly from NEJMCareerCenter.org and offers expert contributions on the topics that matter to candidates. Also included is a section of career opportunities and employers for consideration.

NEJM CareerCenter continues to receive positive feedback from its physician users. Designed using physician feedback, many clinicians rely on it for their job searches and welcome the confidentiality safeguards that keep your personal and job search information private.

At the NEJM CareerCenter, you will find:

- Thousands of quality, current openings across most specialties
- Customizable email alerts that automatically notify you about new opportunities
- Easy search capabilities to pinpoint the jobs that match your search criteria
- A comprehensive Career Resources Center with career-focused articles and job-seeking tips
- An iPhone app with push notifications for new jobs matching your search criteria

If you are not currently a subscriber to NEJM, I invite you to become one to take advantage of the many recent enhancements that will become more valuable to you as you move forward in your career. For example, our popular Quick Take videos offer two-minute summaries of key medical findings and implications from articles in NEJM. To subscribe to NEJM, visit NEJM.org.

Also available are NEJM podcasts that include "Intention to Treat" and "Not Otherwise Specified," both of which explore timely issues and some of the toughest challenges in health care. These podcasts are available on Apple Podcasts, Spotify, YouTube, and NEJM.org.

Best wishes as you embark on a rewarding career.

Sincerely,

Matthew Clancy
Director, Recruitment Solutions



Customized job opportunities
direct to your inbox!



Defining Success in the Workplace

By Nisha Mehta, MD, a physician leader whose work focuses on physician empowerment, community building, and career longevity in medicine.

We all have different definitions of success in the workplace, and it's important to be honest with ourselves about what those are. They will be the gauge by which we derive career satisfaction, so they are of utmost importance when considering a job.

Importantly, there is no right approach, as much as we may all know the stereotypically correct answers to give at interviews. The things that drive us and give us purpose are inherently intertwined with who we are as individuals, and after years of being told what the "right" answers are, it may require some real introspection to realize what things we are truly aiming for.

Therefore, prior to embarking on the job search, take a few hours and write down the things that you value and you think will ultimately lead to job satisfaction. If applicable, discuss these goals with your family, and even ask your friends if they agree with your personal assessment. Sometimes they know you better than you know yourself, and they will be able to get to the heart of what you really want. Taking this time to challenge what you've been groomed to think you want is well worth it, as over time, these things will reveal themselves in the form of job turnover.

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Once this is done, you should look at each job to determine if the job is compatible with the priorities you have outlined.

If you view leadership as one of your goals and indicators of success, you are going to want to pick a job where there is a pathway to promotion or ownership. A private practice that does not offer partnership options or a position in a company where the senior leadership is not composed of physicians would likely not be a good fit for you.

If you think having more vacation or more flexibility in work hours will help you achieve work-life balance and career satisfaction, you may want to look at a large practice where there are more coverage options or start a solo practice if your specialty is amenable to flexibility in this setting. In these scenarios, you will likely sacrifice some element of compensation or willingly take on inefficiencies in practice overhead in order to have the options you want.

If you decide publishing papers or teaching isn't something that gives you career satisfaction, then academics is likely not for you, as you'll feel frustrated having to sacrifice time in these endeavors instead of focusing on what drives you. Remember that everything you say yes to is something else that you say no to.

For some, all efforts are aimed at achieving work-life balance, whereas for others, money or prestige may be the sole factor that is considered. Not surprisingly, for most it's not that straightforward, and the ideal career involves some balance of these factors, which is determined by the relative weight that you place on each of them. Fortunately, the breadth of options within the job market should allow you to find a position that meets your requirements as long as you cast your net wide or are open to the idea of opening your own practice. Acknowledging the benchmarks by which we personally define success and viewing each job opportunity against those will be key for ensuring longevity at the job.

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Managing Medical-Education Loan Debt

Exploring repayment options, accessing all available resources are key

By Bonnie Darves, a Seattle-based freelance health care writer.

For many residents, their excitement about starting training is tempered by an economic reality: it's time to reckon with the education debt they've incurred during medical school and start repaying those loans.

Although medical school remains a good investment and the associated loan debt is ultimately manageable — most physicians will earn incomes substantial enough to repay their loans, and loan-default rates are extremely low — looking at the loan tab can be unnerving. The median loan debt for graduation medical students is \$200,000, and while that figure has changed little in recent years, it's still a staggering sum.

“What we've seen in the past few years is that indebtedness has remained relatively stable, if you control for inflation. It's not increasing at the same high rate we were seeing in the past,” said Julie Fresne, senior director of student financial and career advisory services at the Association of American Medical Colleges (AAMC). Fully three-quarters of physicians enter training with loan debt, according to recent AAMC data, so those who fret about paying off their loans have plenty of company.

Ms. Fresne also noted that interest rates on federal direct loans have varied little over the last decade, which helps physicians to predict how much

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interest they'll pay over the life of their loans. The current interest rate for graduate or professional loans is 6.08%.

The good news is that repayment options are more plentiful and flexible than ever, giving physicians some control in identifying a payment strategy that works for them. Further, if physicians encounter financial circumstances that prevent them from repaying loans temporarily, there are ways to adjust or postpone payments.

Exploring repayment options

Traditional repayment structures are predicated on either a 10-year (Standard, or Default) or 25-year (Extended) repayment plan, in which payments are fixed over the loan period. The 10-year default plan might be manageable for physicians in training who've incurred a relatively small amount of debt but likely won't work as well for physicians carrying six-figure debt loads: monthly payments for \$200,000 of loan debt would exceed \$2,000 a month. And while the 25-year plan is more manageable, such extended repayment is far more costly in terms of the interest charges. A third traditional option is the graduated 10-year repayment plan, in which payments are initially smaller and then increase after two years.

Because the traditional repayment options are somewhat rigid, many physicians today opt for income-driven repayment (IDR) plans. In those plans, available with 12- or 25-year terms, payments are set based on the physician's income by using formulas that take into account discretionary income, adjusted gross income, and family size. Physicians must reapply annually to remain in the plans, which include the income-contingent repayment (ICR) plan and the newer income-based repayment (IBR) plan, introduced in 2014. For IBR, which has a 25-year repayment term, payments are capped at 15 percent of discretionary income.

The most popular income-based repayment plans introduced over the last decade include the Pay As You Earn (PAYE) and the new Revised Pay As You Earn (REPAYE) plans. Both are applicable only to federal Direct Loans, and REPAYE, the newest addition, is structured to accommodate long residencies. Here is how the two plans compare:

- **PAYE.** The PAYE plan has a 20-year repayment term, and payments are based on 10 percent of discretionary income. Payments are capped at the 10-year Standard rate and cannot exceed 10 percent of the principal loan amount. Any debt remaining after 20 years is forgiven, but that sum is taxable.

- **REPAYE.** In the REPAYE plan, introduced in 2015, payments are also based on 10 percent of discretionary income. However, the repayment period is 25 years and there is no payment cap. Any debt remaining at 25 years is forgiven and, as with the PAYE plan, the remainder is taxable.

In all income-based plans, spousal income is taken into account if the couple files jointly. Spousal income is not factored into loan payment amounts if the couple files separate tax returns.

Paul Garrard, MBA, founder and president of PG Presents, LLC, which counsels medical professionals on education-loan management, notes that today, most graduating physicians are essentially channeled into income-based repayment plans. "Residents are pretty much pushed into one of these plans today," said Mr. Garrard, who frequently makes presentations to medical students and residents.

Although IBR is inherently flexible and makes it easier to manage loan debt because payments are based on their income in any given year, residents with high debt loads should keep in mind that their lower payments might not cover the interest due. As such, that unpaid interest will increase. "For residents who owe \$200,000 and are using an income-based repayment plan, those lower payments, by the time they finish training, will not have covered the interest on that debt," Mr. Garrard said.

Despite that downside, residents are increasingly choosing income-based repayment plans rather than traditional plans, according to Ms. Fresne. "Our data shows that physicians are showing more interest in income-driven plans today," she said.

Demystifying Public Service Loan Forgiveness

Although the Public Service Loan Forgiveness (PSLF) program has been in place for many years, misconceptions about how it works and, more importantly, who is eligible for it, persist. The program is designed to help physicians and health professionals, and other qualified borrowers, have a portion pay of their education debt forgiven by working for qualified non-profit entities or government agencies. The other key benefit is that any loan amount forgiven is not taxable — a key difference between PSLF and many loan-repayment plans.

For physicians who have federal Direct Loans and who work (train and/or practice) in qualifying employer organizations, any education debt remaining after they have made 120 (10 years' worth) of qualifying payments is

forgiven. To be eligible for PSLF, physician borrowers must be enrolled in an income-driven repayment plan.

The requirements and eligibility criteria for PSLF are somewhat complex, but the option is worth exploring, and many physicians who think they might be ineligible may indeed qualify, Ms. Fresne points out. “It really affords any [qualifying] physician borrower to repay any level of debt, regardless of the specialty they’re in. And it can help borrowers make their payments more manageable from the tracking standpoint,” she said. That’s because once borrowers qualify for enrollment in the program, the government tracks their employment history and their payments.

Despite these benefits, some physicians fail to investigate their PSLF eligibility precisely because of the myths that have persisted. The key one is that physicians’ income will be too high to qualify. That’s not the case, at least during training. According to the Medscape 2019 Residents Salary and Debt Report, the mean salary for residents in 2019 was \$61,200. As such, many physicians who have long residencies will likely qualify for PSLF throughout training at least, and possibly longer. That’s because PSLF eligibility is predicated on income relative to the balance of education loans, not just on income alone. “Some physicians have the impression that it’s very difficult to qualify for PSLF, but that’s not the case,” Mr. Garrard.

Two other misconceptions about PSLF:

1. **My employer or institution won’t qualify for PSLF.** That might be the case, but the odds are somewhat against it, particularly for physicians in training who do their residencies at hospitals or health systems. Of the approximately 5,000 U.S. hospitals, more than 2,800 are nonprofit community hospitals and nearly 1,000 are state or local government community hospitals. In addition, there are also 209 federal government hospitals. All three types of institutions meet the PSLF qualifications, which means that approximately three-quarters of those facilities would be eligible employers.
2. **The program will be discontinued.** That’s possible, based on statements coming out of the current administration, but no decisions have been made and for now it’s still operating. Further, any status change is unlikely to affect borrowers who are already enrolled in the PSLF program.

There’s yet another myth that continues to circulate, according to Mr. Garrard: Many physicians think that by enrolling in PSLF, they must continue working in public service for a long time. “If borrowers enroll in PSLF, they’re

not committing to anything. Basically, they’re just having the government track their payments,” he said. “And if they’re training or working in a qualifying 501(c)(3) hospital, the qualified loan payments they make go toward PSLF.” The benefit of the arrangement is that, regardless of where enrollees work, the government will track whether the loan payments being made qualify toward PSLF, saving physicians considerable paperwork and possible guesswork.

To apply for the program, borrowers must complete the PSLF Employment Certification Form to start the process. The form must be completed annually or whenever borrowers change employers.

“The point is that by enrolling in PSLF, physicians preserve the option to use public service to require their debt tax free,” Mr. Garrard said. “There’s really no downside to enrolling.” He cited the example of a pediatrics resident in a teaching hospital who decides to subspecialize, thereby spending an additional three years in training and accruing six years toward possible loan forgiveness. If that physician were to work at a qualifying entity after training, she or he might be able to obtain loan forgiveness after four more years.

It’s important to keep in mind, Ms. Fresne and Mr. Garrard advised, that to have loan debt ultimately forgiven under the PSLF program, borrowers must have met all requirements during the period when they made their 120 payments. For example, to have payments qualify toward loan forgiveness, borrowers must work full time (at least 30 hours a week), make the full scheduled payment on time, and remain in a qualified repayment plan (PAYE, REPAYE, IBR, and ICR) during the period before they request forgiveness. However, neither the qualifying payments nor the employer need to be consecutive, so a physician who worked in the private sector and returned to a qualifying public-sector employer might still be eligible for loan forgiveness.

Numerous individual agencies and entities also offer special loan-forgiveness service options for physicians, including the National Institutes of Health (NIH), the National Health Service Corps (NHSC), the Indian Health Service (IHS), and all branches of the U.S. military.

Consolidation and refinancing: understand the risks

Physicians who hold numerous loans, including some private loans, might want to consider consolidating or refinancing their debt — if they’re in a

solid financial position and it makes economic sense to do so. However, it's worth noting that consolidation is unnecessary for borrowers who hold only federal loans; government-contracted loan servicers manage the individual loans as a package and borrowers make a single payment. That payment is apportioned among the loans.

Refinancing is a different matter. Physicians who hold private loans with high interest rates or whose solid financial circumstances permit them to exit an income-based repayment program, and the relative safety that confers, might be good candidates for refinancing. And that option may be especially appealing in a low-interest-rate environment, for physicians who are working in the private sector. The primary caveat is that in leaving the federal loan program, physician borrowers may lose the ability to overpay on their loans and thereby reduce total interest costs over the life of those loans. Such loans also don't qualify for loan federal loan forgiveness through PSLF.

Mr. Garrard reminds physicians considering refinancing to keep in mind that refinancing eligibility requirements vary, sometimes significantly, from lender to lender. However, all lenders will look at key factors that indicate the borrower's ability to repay.

"Physicians who are doing well financially and decide they don't like the 6.5% interest rate on their loans might start exploring refinancing options," he said. "But they must have good credit, a solid employment history, and a favorable debt-to-income ratio." The latter simply means the amount of debt compared to their current income. It's also worth noting that refinancing is usually available only to U.S. citizens or permanent residents. International medical graduates might, however, be able to secure new financing if they have a creditworthy cosigner who is a U.S. citizen or permanent resident.

Mr. Garrard suggested that physicians evaluating refinancing options — for all or part of their loan portfolio debt — should ask the following questions:

- What fixed and variable interest rates would I qualify for? Some lenders might offer a hybrid.
- With variable rates, what are the maximum and minimum rates that can be charged? Variable rates are usually based on an index, such as the Prime Rate or the London Inter-bank Offered Rate) that changes over time.

- How often can the interest rate change, and how much notice would I receive before that happens? Mr. Garrard said that this can occur as frequently as monthly or quarterly, so it's key information for borrowers for budgeting purposes, especially if they're paying via automatic debit.

Finally, borrowers should be fully aware of how long they have to repay the loan. The range might be five years to 15 years or longer.


Regardless of whether physicians keep their federal loans or seek refinancing, the main thing to remember is that because physicians can expect to earn good income, they'll find a workable way to repay their loans. "Physician borrowers have options — even if their debt load is high. That's the important thing," Mr. Garrard said.

Resources:

Association of American Medical Colleges. The AAMC offers numerous resources about education loans on its website, www.aamc.org. In addition, the AAMC FIRST program provides a wide range of overall guidance on personal finance matters such as budgeting and goal setting. It's accessible at <https://aamcfinancialwellness.com/index.cfm>.

PG Presents. The company focuses primarily on counseling physicians and medical students, and its website includes numerous up-to-date resources on loan-debt management. The website is www.pgprepresents.com.

Public Service Loan Forgiveness (PSLF). For a basic overview of how this option works and the types of loans and employer organizations that qualify, go to the federal Student Aid web page at <https://studentaid.gov/app/pslfFlow.action#!/pslf/launch>.

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How to Decline a Job Offer Tactfully

By Nisha Mehta, MD, a physician leader whose work focuses on physician empowerment, community building, and career longevity in medicine

The job search is hectic and stressful, and we put so much effort into finding the right job and trying to get the job offer that we rarely think about how to decline an offer. And yet, it is prudent to do this well.

Many people mistake dragging their feet on contracts while they entertain other offers, and then just letting the discussions fade away instead of formally telling a potential employer that they're not interested. I've been guilty of this myself. In general, it's always good to close the loop and make sure everyone is on good terms. We know how frustrating it can be when an employer doesn't get back to us about the status of an application, and this goes both ways. Each side invests time and money into the process, and in many cases, other decisions are contingent on the hire.

Additionally, you never know if your paths with the people you interviewed will cross again. Maybe the job you took instead doesn't work out, and this was a close second choice, and you want to approach them again. While you are looking in a particular job market, and the partners at the practice you turned down go to school with your children. Or perhaps you find yourself searching for a new job and someone you interviewed with is now associated with another practice you're interviewing at or happens to have been a co-chief resident with members of the new practice.

In reality, the physician world can seem very small. Although there may be about 1 million practicing physicians in the United States, you'll see that worlds often collide throughout your career. In today's interconnected world, it's more and more likely that someone you interact with in one context will turn up in another. Maybe your practices will be part of the same network, or maybe you'll see people at a conference.

Consequently, it's best to let the other party know as soon as you're sure you're not interested so that they can move on with the hiring process and adjust any related plans accordingly. Furthermore, how you do it, matters. If this is a group you've spent a lot of time talking to who was recruiting you heavily, get on the phone with them and explain why you went in another direction instead of notifying them via an email or text. Take the time to reiterate that you appreciated the offer and their time, and hope to stay in touch, if there's constructive feedback, you can give them about why the job ended up not being the most attractive offer, do so (tactfully). Maybe it's just that your spouse couldn't find a job in that town or you decided you wanted to move closer to family, but sometimes it is about the salary or the call structure or a vibe you got at the practice. Most groups will appreciate the feedback so that they know how to market themselves in the future.

The hiring process is very personal, and chances are, you've gotten to know multiple people on the other side of the process very well, and it likely warrants a few personalized messages to express appreciation, rather than one communication to the head of the group. Maybe there's an HR director or realtor you've worked with extensively, or a partner who really took the time to answer all of your questions or host you at their home for dinner. Take the time to email them separately and let them know how much you appreciated their help. Ideally, don't drag your feet on this because you'll likely forget to do it later. As an added reason to do this, if you ever need to interact with or ask a favor from any of these people in the future, it'll be a lot less awkward to reach out.

When in doubt, think about how you'd like to be treated if you were the one who was being declined in that particular situation. Who would you like to hear from, and what feedback would you have wanted based on your conversations and interactions? Although these things add yet another item to your to-do lists, your networks are your greatest assets, and ensuring positive residual feelings will likely end up being a worthwhile investment.

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This advertisement is 56 words. At \$11.20 per word, it equals \$627.20. This ad would be placed under the Chiefs/Directors/ Department Heads classification.

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July 10	June 20
July 17	June 27
July 24	July 3

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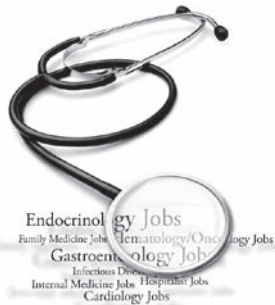
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Dr. Clark was honored for his contributions to research on Parkinson’s disease therapeutics and his seminal contributions to the aging research field. The award also recognizes his exemplary record of service to the VA and to the biomedical profession.

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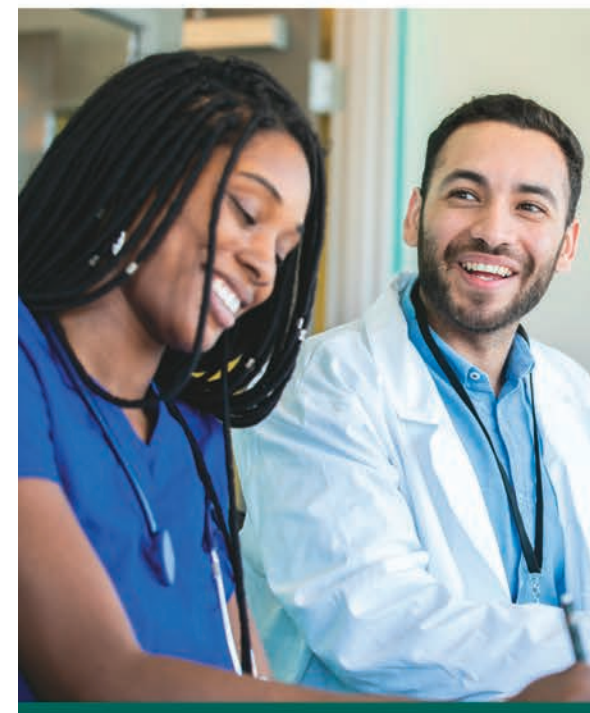
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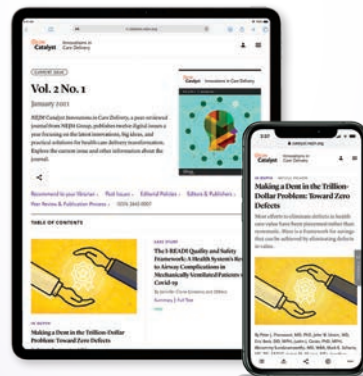
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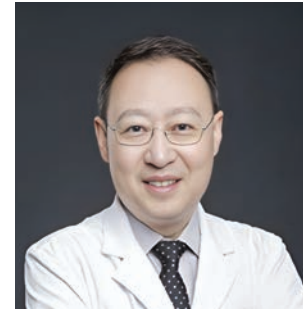
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Development of urology in China

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QIANG WEI, MD

Director of the Urology Disease Center
Director of Institute of Urology of West China Hospital, Sichuan University

Prof. Wei's research focuses on prostate diseases and urological cancers. He has published over 200 SCI papers in prestigious journals such as *Cancer Cell*, *PNAS*, *European Urology*, *Journal of Urology*, etc. His findings have been cited by the EAU and AUA guidelines. He is the vice director of the Chinese Medical Association's Urology Branch, vice director of the China Physicians Association's Urologist Branch, vice director of the Prostate Cancer and Kidney Cancer Committee of the Chinese Society of Clinical Oncology, vice director of the Male Genital Oncology Committee of the Chinese Anti-Cancer Association. He also serves as Deputy Editor in Chief of *Chinese Journal of Urology*.

Q: What are the key factors in your achievements in research?

Success in scientific research requires focus and depth in one or two areas. Our team's dedication to prostatitis and prostatic hyperplasia has resulted in 7 consecutive National Natural Science Foundation grants, over 30 SCI papers, and the Second Prize of the Sichuan Provincial Science and Technology Progress Award. Several of our findings have been cited in clinical guidelines.

Innovation is also crucial. For example, we developed a novel surgical approach for radical prostatectomy that preserves pelvic stabilized structure, improving early urinary continence and reducing postoperative recovery time. Our team's contributions to minimally invasive urology earned us the "Gold Cystoscope Award" from the Chinese Urology Association, the highest honor in the field.

We emphasize both basic and clinical research. In basic research, we identified cathepsin H (CTSH) as a new therapeutic target for drug-resistant bladder cancer, offering fresh insights into treatment strategies. Our findings were published in *Cancer Cell*. In clinical research, we have led numerous clinical trials, advancing the treatment of urinary diseases. Currently, we are conducting clinical trials of innovative drugs from both domestic and international pharmaceutical companies.

Thanks to our achievements in both clinical and basic research, I was honored with the Wu Jieping Medical Science Award in Urology, the highest recognition in Chinese urology.

Q: How did you build the Department of Urology at West China Hospital into a domestically top-rated and internationally renowned center?

This has been our unwavering pursuit over the years. Building on the legacy of

pioneers like Xianzhao Deng and Xiaoda Tang, our department has cultivated a culture of humility and pragmatism in advancing urology. This culture has led to significant achievements. Our department has ranked first for six consecutive years in the Science and Technology Evaluation Metrics for Chinese medical schools and hospitals.

In addition to advancing the discipline, talent development remains a priority. We have trained numerous top-tier clinicians across specialties, fostering the continuous optimization of treatment and benefiting more patients. Our multidisciplinary team (MDT) model for urologic oncology exemplifies this, enhancing the management of complex urological tumors while cultivating a strong talent pool. Through MDT, we have conducted numerous basic and clinical studies, with over 30 findings presented at international conferences like the ASCO Genitourinary Cancers Symposium, earning recognition from global peers.

Finally, we prioritize collaboration in research. We established the Institute of Urology, built multiple experimental platforms, and partnered with renowned research institutions worldwide to drive basic and translational research. In recent years, we published over 80 SCI papers annually, with many findings cited by international guidelines, including those from the European Association of Urology and the American Urological Association.

Q: What experience do you have in the training of young physicians?

The training of young physicians is a top priority for us. Guided by the philosophy, "excel in what you practice, be committed to what you teach, and have faith in what you choose," we honor the aspirations of young physicians, allowing them to choose their path as clinicians or

physician-scientists based on their interests.

To support the development of skilled clinicians and physician-scientists, we launched the "Rising Star Program," which enables selected young physicians to dedicate time to research while receiving stable income. This program provides a comprehensive support system, helping many of our young doctors gain recognition in urology both domestically and internationally.

We also emphasize collaboration, encouraging young physicians to engage in multidisciplinary research. Our physicians have worked on numerous basic and translational projects with other research labs, yielding results published in renowned journals. Additionally, we promote international exposure by supporting young physicians to study abroad and participate in global conferences, strengthening their academic exchanges and international collaborations.

West China Hospital

West China Hospital, Sichuan University was founded in 1892 and recognized as a national general hospital and a diagnosis and treatment center for complex and critical illnesses, as well as a renowned medical school in China. West China Hospital is also a national base for top-tier medical research and technological innovation. West China Hospital boasts a strong and comprehensive range of medical disciplines and ranks highly in the world for clinical medicine, according to the Essential Science Indicators (ESI, top 0.5%).



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