Neurosurgery
MARKET WATCH™

VOLUME 2 | NUMBER 1 | SPRING 2012

Considering Hospital Employment Opportunities?

Due Diligence on Market Conditions, Future Compensation Are Musts

By Bonnie Darves

As hospitals and health systems plow ahead in acquiring physician practices and move increasingly toward employing physicians, particularly specialists, doctors are heeding the call. Even in neurosurgery, until recently a hold-out in the arena of financially underpinned hospital affiliation, the trend is gaining ground—and fast. In a recent survey by the American Association of Neurological Surgeons (AANS), 91% of respondents reported being hospital based—and 45% of those neurosurgeons were in single-specialty practices.

What surprised the study's lead author, Chaim Colen, MD, PhD, most was the demographics of the 221 respondents. Most of the employed neurosurgeons had been in practice 10 years or longer. "Frankly, I was flabbergasted by those data results, as I expected that most of the respondents would be early career or just out of training," said Dr. Colen, director of neurosurgery oncology and epilepsy surgery at Beaumont Health System in Grosse Pointe, Michigan.

Those results might be explained in part by one of the survey's other findings: Respondents who elected hospital employment made the move largely for financial reasons—to offload the burdens of malpractice coverage and private-practice operations; to stabilize earnings; and to get out from under the mounting governmental and regulatory requirements that are especially challenging for small practices.

The trend toward hospital employment appears to be moving at breakneck speed—for the notoriously slow-moving healthcare sector, that is. But some industry watchers are urging neurosurgeons to go slow and avoid jumping at the first opportunity, or perhaps any employment arrangement.

"The stresses of the marketplace are clearly factoring into neurosurgeons' decision to become hospital employed, but what they have to keep in mind is that they're effectively giving institutions total control over their compensation," says Reed Tinsley, CPA, a Houston-based healthcare accountant who has spent two decades working with physicians throughout the country on compensation and tax matters. "But if they are considering employment, neurosurgeons should at least fully understand what they're getting into."

Mr. Tinsley cites two potentially problematic areas: compensation "caps" and income determinants beyond the guaranteed-salary period. Most agreements he has reviewed provide market-value compensation for the first year or two—few salary guarantees extend beyond two years, Mr. Tinsley notes—but then convert partially or completely to a productivity-based compensation structure.

"Because of regulatory concerns and the fact that their compensation is controlled by the hospital, neurosurgeons should expect that their incomes will be capped," Mr. Tinsley explains. The most common arrangements he has seen involve capping neurosurgeons' income at the Medical Group Management Association (MGMA) annual compensation survey's 90th percentile.

"If you are producing at a level that puts you over the 90th percentile, you will want to be compensated for your work," Mr. Tinsley says. To ensure that happens, he urges physicians to require a contract provision that calls for engaging an independent compensation consultant when their compensation reaches the MGMA 90th percentile, to review the situation and advise on a possible adjustment. "That's one way to negotiate to make sure that the compensation reflects the neurosurgeon's effort," he says.

Look beyond the income guarantee

The conversion from a guaranteed income to a productivity-based structure also warrants careful consideration, Mr. Tinsley notes, especially if neurosurgeons are evaluating opportunities with hospitals that haven't hired neurosurgeons before. Many employment contracts set a productivity target, typically that physicians must generate a certain number of relative value units (RVUs) annually to maintain or increase

continued on page 2

IN THIS ISSUE...

Neurosurgery Market Watch is published quarterly by Harlequin Recruiting in Denver, Colorado, as a service for neurosurgeons and candidates seeking new opportunities.

Submissions of articles and perspectives on the neurosurgery job market that may be of interest to practicing neurosurgeons are welcomed. Please contact the publisher or editor for more information and guidelines.

PUBLISHER
Katie Cole
303.832.1866 | katie.cole@harlequinna.com

EDITOR
Bonnie Darves
425.822.7409 | bonnie@darves.net

Neurosurgery Market Watch,
Harlequin Recruiting
P.O. Box 102166, Denver CO 80250
www.harlequinna.com

Hospital Employment

(continued from Page 1)

their incomes. The key issue whether the target is achievable. And that can be difficult to ascertain, unless the hospital has compiled the requisite data on referrals for and revenues from neurosurgery services, and is willing to share that information openly.

"Neurosurgeons who are considering hospital employment must be very confident about what the underlying referral base looks like, because most will have to transfer to some sort of productivity structure after the guarantee period ends," advises Kevin Kennedy, MBA, a Seattle-based principal with ECG Management Consultants, a national healthcare firm that specializes in physician-hospital economic relations. Evaluating the solidity of that referral base entails looking at both the financial numbers and the environment at large, Mr. Kennedy maintains. Neurosurgeons should ask for specifics on the size of the primary care base, he notes, and for a breakdown on the relative amounts of business that come from the emergency department and outside referrals or sources.

"Neurosurgeons should ask if there is an employed medical group attached to the hospital that will be a likely source of referrals," Mr. Kennedy says, "and they should find out what the competitive environment looks like. They also should ask the recruiter or the hospital CEO if a neurosurgery community-needs study has been done."

Such market details are key to determining whether the employment arrangement has the potential to benefit both parties over time, and in the long run may be far more important than the starting salary figure, Mr. Kennedy contends.

"I have seen a tendency among new recruits to just grab that big salary number, without realizing that there are issues in the marketplace that may mean they'll have to relocate in two to three years. And that's not good for anybody," he says. Doing due diligence on the marketplace is especially important when the hospital or health system is getting into neurosurgery for the first time or hasn't established an integrated approach to bringing in physician groups, he adds.

"Some hospitals might say, 'we would like you to cover 10 call [shifts], but we will only pay you for five,' and the rest will come under practice revenues. Others may set payment rates below market … Neurosurgeons should negotiate on both."

– Chaim Colen, MD, PhD

Mr. Tinsley concurs. "You really have to do your due diligence on why you are being recruited, especially if there's an independent neurosurgery group on staff," he says. "You don't just want to show up based on someone's word that you're needed and will be accepted. If you will be the first employed neurosurgeon, it's important to know how the doctors in the community are going to react."

When there are other neurosurgery groups in town, neurosurgeons considering employment should take

continued on page 3

PRACTICE PROFILE

Sound Sound Neurosurgery Thriving in a Consolidating Market

The Seattle-Tacoma specialty-services marketplace has historically been both a hotbed of innovation and a draw for patients throughout the Northwest seeking state-of-the-art treatment for rare or hard-to-treat conditions. Major hospitals and health systems—from the University of Washington to the burgeoning Swedish Medical Center system and a host of well-heeled collaborative entities—have held sway. And those organizations, like their counterparts in other urban areas, are moving rapidly toward employing specialists as health reform plays into strategy.

But perhaps in part because of the Northwest's entrepreneurial environment, independent practices also thrive among the "mega-systems." South Sound Neurosurgery is a case in point. The four-physician Tacoma-area practice, which focuses on cutting-edge spine procedures, is not only surviving in an increasingly competitive marketplace; it's also retaining a solid foothold because of its reputation.

"We are the only remaining private neurosurgery group between Seattle and Olympia, but we're doing well, despite the consolidation all around us," says Hiroshi Nakano, the group's CEO. "It's the state of the nation right now that neurosurgeons and other specialists find themselves trying to figure out how to survive in a post-reform world. It's a more complicated world to practice in, and I think the new neurosurgery grads know this."

That's why more specialists, including neurosurgeons, are opting for employment more than they ever did before, Mr. Nakano suggests. But paradoxically, it's also why his group is holding out, until the dust settles, and in the meantime is managing to negotiate good contracts with local insurers. Even the insurers know, he adds, "that there is a lot of uncertainty out there."

"We are trying to retain some control over our own destiny, some independence. And so far, we are doing that," he says. "That's why we recruit to attract a certain mindset—neurosurgeons who want the kind of environment where they can influence the direction of their own practice, even if there's uncertainty [in the market]."

Mr. Nakano urges trainees eyeing first opportunities to explore both their personal preferences and the big picture before making a decision about which way they'll go. "At some point, even if you are hospital employed, you will have to understand and deal with the economics of what you are working under. There will be productivity expectations wherever you are, eventually."

IN BRIEF

Neurosurgeons' role in future 'healthscape' in flux

Neurosurgeons' service may be in high demand—a vibrant recruiting environment attests to the fact that demand outpaces supply. But just what the specialty will be doing in future years is in a state of flux, as is the case for other highly trained specialists. In the most recent issue of Neurosurgery (April 2012, Vol. 70), Sacramento, Calif., neurosurgeon Edie Zusman, MD, points to the controversy and, possibly, rough road ahead for the specialty.

Alluding to a recent Wall Street Journal article that calls into question the various roles of hospitals, insurers and physicians in the years ahead, as reform unfolds, Dr. Zusman urges neurosurgeons to be proactive in deciding where they'll position themselves: as independents in an increasingly inhospitable environment for same, or as hospital or health plan employees, or as "tightly affiliated" providers within integrated health systems.

Here's why neurosurgeons must decide, Dr. Zusman contends: referral patterns will change, of necessity; neurosurgeon performance will be "under the microscope" in a manner heretofore unseen; and with the projected impact of nascent accountable care organizations (ACOs) cost-containment measures will trump individual career plans.

Study on neurosurgery device trends yields surprises

Findings of a recent study suggest that neurosurgeons who innovate in device making aren't necessarily getting the sweet deal or the gravy train that some individuals—inside and outside the field—suspect they are. Published in Neurosurgery (April 2012, Vol. 70), by Maya Babu, MD, et al, the study examined records from the U.S. Patent and Trademark Office for 147 diplomates of the ACNS who hold patents; the authors discovered that only 3.0% of board-certified neurosurgeons hold patents on patented devices. In 2010, the last year for which data was available, royalties received by neurosurgeons holding patents ranged from $7,000 to $8.26 million.

Some say that the study's data counters widespread perceptions of conflicts of interest. The jury may be out.

Hospital Employment

(continued from Page 2)

their due diligence efforts even further, Dr. Colen maintains, because issues such as call compensation and sharing could become very sticky. He advises neurosurgeons to first ensure that they'll actually be welcomed in the community and that other neurosurgeons who admit to the hospital will share call duty equitably. "It's crucial to get the feedback from other neurosurgeons, even if they're in private practice," he says, "before you consider accepting the position."

Neurosurgeons should also be prepared to negotiate call compensation, Dr. Colen notes, as payment structures vary considerably. He advises neurosurgeons to negotiate for call to be paid separately outside the basic compensation and/or MGMA compensation percentile used to set starting salary. "Some hospitals might say, 'we would like you to cover 10 call [shifts], but we will only pay you for five,' and the rest will come under practice revenues," he says. "Others may set payment rates for the [revenue-pool] call that are below the market, like $1,800 a day versus $2,000, for example. Neurosurgeons should negotiate on both."

LEGAL CORNER

By Roderick J. Holloman

Q: I have been in practice for more than a decade and a partner in my group for five years. Although I am the most productive partner, I am considering leaving the group to become a hospital employee. When should I approach my group?

A: You should first review the accounting and valuation method the practice uses to value practice shares, as well as the partnership/shareholder agreement for buyback provisions, particularly with respect to discounting. Do not approach the group until you have, at a minimum, received a letter of intent from the hospital outlining the terms of your prospective employment. Generally, it is appropriate to inform the group of your decision no less than three months prior to the anticipated date of your departure.

Q: Recently, I retained an attorney to negotiate an employment contract on my behalf. But the prospective employer refused to talk to my attorney, without explanation, and turned a bit snide during subsequent communications. Should this type of response suggest that I walk away from the negotiations and advise the employer that I am no longer interested?

A: Yes, I think so. The period between the initial interview and when you sign the contract is considered the "dating period," when each party is presumably putting its best foot forward. If you are subject to this treatment now, it will likely get worse once under contract. Consider other opportunities.

Q: I may have made a terrible blunder, as I entered into an employment arrangement without a formal contract. Instead, what I have is only a general term sheet outlining the terms of my employment but lacking details on how or why I could be terminated. I have been with the employer for six months, and am growing increasingly uncomfortable with the way he practices medicine. I really would like to give two weeks' notice and resign, but it is advisable?

A: Yes, it's time to leave. Because no employment agreement was executed you are technically considered an at-will employee, and not required to provide advance notice. As a practical matter, however, you should provide at least two weeks' advance notice of termination. The medical community is a relatively small one, so it's important to part with the employer on good terms should your paths cross again. In any event, you do not want to give him cause to besmirch your professional reputation.

Author's note: Roderick Holloman is the principal of The Holloman Law Group, PLLC, a national healthcare law firm. He welcomes readers' questions and can reached at 202-572-1000 or rjholloman@hollomanlawgroup.com.

Neurosurgery
MARKET WATCH™

When Assessing a Practice Opportunity, Don't Neglect the Details

By Katie Cole

Market conditions are very positive for neurosurgeons considering employment opportunities — whether it's a first post-training practice opportunity or a move to a new position. However, that doesn't mean the opportunity-search process won't be daunting, even at the very start.

It's a rigorous and time-consuming undertaking that entails countless hours on the phone and in e-mail exchanges, with agency or in-house recruiters, and with administrators and other neurosurgeons. And that's all happening before even the first on-site interview is scheduled.

It's advisable for neurosurgeons to ensure they allocate sufficient time to both explore potential opportunities and to engage in the negotiation process for the position(s) under serious consideration—even when the pressure is on to sign a contract.

Compensation and location are always key motivators, of course; but to ensure a good fit in the long term, neurosurgeons should look well beyond those factors. Following are others to keep front of mind when assessing a neurosurgery practice opportunity:

Core Values

Regardless of the employment model, it's important to obtain a solid sense of the group's vision and mission. Are the goals in alignment with the potential incoming neurosurgeon's goals? What is the caliber of the group's or department's leadership? What about its stability and future direction?

Support

To ensure that the position under consideration allows for an acceptable life-style, neurosurgeons shouldn't merely accept a verbal response. Look for a clearly written work schedule that details patient volumes, standard hours and call expectations.

It's vitally important to ensure that resources are adequate to establish and maintain a cutting-edge practice. Ask in particular about existing equipment and technology, and the budget for upgrading those.

Community Need

Community need goes beyond evaluating the market need for another neurosurgeon. And if a market appears saturated—in most markets the "needs" ratio is one neurosurgeon per 100,000 residents—candidates should look beyond the numbers to obtain a sense of overall marketplace dynamics. Ideally, a neurosurgeon wants to know:

- What are the existing referral networks?
- How many neurosurgeons are practicing in the area, and what is the breakdown of private vs. employed?
- Are local hospitals and local private groups working in collaboration or in opposition?

Location

Location involves much more than geography and closeness to extended family. In smaller locations, proximity to a major metropolitan area, entertainment, recreation and an international airport may be important considerations. What are the life-style and recreational resources in this community like, and how do other specialists view the community? Do physicians send their children to local schools, and if not, what alternatives exist?

To help ensure a long-term, mutually beneficial practice relationship, neurosurgeons should keep in mind that both the big picture–and the minor details—matter.

Ms. Cole, a Denver resident, is publisher of Neurosurgery Market Watch.

Relocation: Setting a Timeline May Mitigate Challenges, Reduce Stress

By Steve Charlett

For physicians pursuing opportunities in a new community after completing training or making a career move, managing the relocation process can be daunting because of the numerous logistics and obstacles involved. While the prospect of starting a new position in a new community may be exciting, relocating physicians may find that moving the entire household is a bigger job than they anticipated.

One way to make the experience less stressful is to set a timeline that starts long before the move, and then adhere to it to the extent possible. It's also helpful to obtain professional help from real estate agents–in both the current and future communities–who are experienced in the relocation process and associated services.

Following is a general timeline that may streamline the moving process:

The interview process (4 to 6 months in advance of target start date).

Three to four weeks before the interview(s) begin, set time with a Realtor to tour neighborhoods and homes in the prospective destination.

The packing process (4 to 5 months in advance of target start date).

If the current home is owned, ask the Realtor to prepare a market analysis and sales price range, and to advise on whether the home should be sold or rented based on market conditions. Many homeowners are opting for the latter; the National association of Realtors in October 2011 reported an increase of 1.4 million rental households over the previous year.

The mortgage process (3 to 4 months in advance of target start date).

Specialized mortgage loans for medical professionals are generally the most cost-effective option. The products are designed to accommodate incrementally rising income levels, by offering low- on no-down payment options and without penalizing borrowers for medical-education debt in initial qualification ratios. For an overview, go to www.physicianloans.com.

Steve Charlett is the Managing Broker/Owner of Doctor Relocation, LLC, in Aurora, Colorado, and a member of the Worldwide Employee Relocation Council.

UPCOMING U.S. NEUROSURGERY EVENTS/CMEs

2012 AANS Scientific Meeting
❏ April 14-18
Miami, Florida

Stroke Symposium
❏ April 17
Largo, Maryland

50th Anniversary Meeting, American Society of Neuroradiology (ASNR)
❏ April 21-26
New York, New York

10th SNIS Practicum & 2nd International Endovascular Stroke Conference
❏ April 27-28
New York, New York

Mayo Clinic Symposium on Concussion in Sport
❏ May 4-5
Scottsdale, Arizona

Leksell Gamma Knife Perfexion Course
❏ May 7-11
Cleveland, Ohio

9th Annual Pediatric Neurology and Neurosurgery Update Seminar
❏ May 11
Cleveland, Ohio

American Society for Stereotactic and Functional Neurosurgery (ASSFNS) Biennial Meeting
❏ June 3-6
San Francisco, California

Hot Topics in Neurology and Neurologic Surgery for the Primary Clinician
❏ June 7-8
Rochester, Minnesota

Rocky Mountain Neurosurgical Society
❏ June 16-21
Maui, Hawaii

Cleveland Spine Review
❏ July 11-17
Cleveland, Ohio

SNIS 9th Annual Meeting & 3rd Annual Fellows Course
❏ July 23-27
San Diego, California

UPCOMING INTERNATIONAL CMEs

7th World Congress of Neurohabilitation
❏ April 14-18
Melbourne, Australia

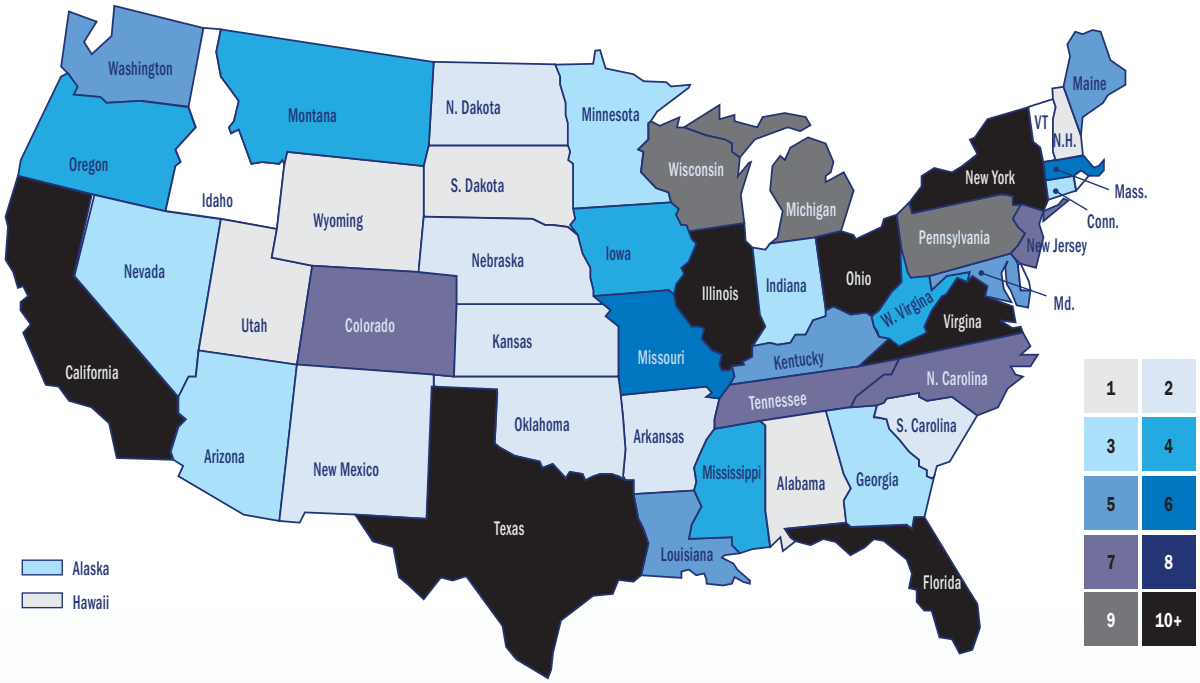
European Stroke Conference
❏ May 22-25
Lisbon, Portugal

ACINR 2012 – Anatolian Course of Interventional Neuroradiology
❏ May 30- June 1
Istanbul, Turkey

▶ For more information regarding any of these events, or to post your upcoming CME or neurosurgery event, please contact ***info@harlequinna.com.***

Where the Jobs Are

A snapshot of states where neurosurgery positions are currently available



Sources: Congress of Neurological Surgeons, American Association of Neurological Surgeons, Harlequin Recruiting, Career MD, Journal of Neurological Surgery

Rocky Mountain Neurological Society's Small Numbers, Rich Educational Offerings Fill Niche

By Bonnie Darves

For nearly 50 years, a small Colorado organization has been providing an active forum for neurosurgeons to share not only their scientific ideas and procedural innovations but also to gather informally to talk about the trials–and, occasionally, the triumphs–of neurosurgery practice in the West.

Each year, the Rocky Mountain Neurological Society's approximately 50 members, who hail from a half dozen Western states, hold an annual meeting that's focused primarily on a high-caliber scientific program. But the gathering is also structured to allow ample time for social and recreational activities.

"At the larger meetings like AANS, there are lots of presentations and talks, but it's so hectic that it's hard to just find time to connect with your colleagues," says Richard Day, MD, a Missoula, Montana, neurosurgeon who serves as secretary of the society. "What's appealing about our meeting is that because we all know each other, it's more relaxed–and family oriented. But it's also a good place to bring out new data and get feedback from your colleagues, so that you can go back and refine your work."

Over the years, many papers first presented at RMNS meetings–held in stunningly scenic settings ranging from Taos, New Mexico, to Banff, Alberta, and from the wilds of Alaska to the coast of Maui–have gone on to publication, Dr. Day notes. "The majority of the papers presented at our meeting end up being published, often in leading journals–and it's exciting that we often get the first glimpse at them," he says, noting that attendees earn CME credits.

To underscore the meeting's serious scientific purpose, the organizing committee work heard each year to bring in top-notch speakers. Last year, for example, featured speakers included Frederick Boop, MD, from Semmes-Murphey Neurologic & Spine Institute in Memphis, Tennessee; and Robert Rostomily, MD, from the University of Washington in Seattle.

That opportunity–"for a resident to sit next to a well-established neurosurgeon at dinner," Dr. Day says–is one that's rarely available to young physicians at the major meetings. In fact, RMNS has gone to great lengths to reach out to residents and bring them into the society. Residents also are encouraged to present at the meeting (RMNS runs a donation program to underwrite travel costs for residents who'd otherwise be unable to attend), and awards are given for the top papers.

"We really welcome them and make them feel comfortable," Dr. Day says. "Over the years, I've seen many new relationships develop at our meeting–and I imagine there have been new jobs as well. We fill a nice niche in educational meetings."

Justin Parker Neurological Institute Spine Fellowship

JUSTIN PARKER NEUROLOGICAL INSTITUTE

The Justin Parker Neurological Institute (JPNI) is offering a post-residency fellowship position in conjunction with Boulder Neurosurgical Associates (BNA). The fellow will gain clinical knowledge and practical experience required to treat patients with spinal disorders including degenerative disc disease, fractures, spinal deformity, infections and tumors. Although the subspecialty training is mainly focused on surgical skills, it involves all aspects of conservative management, postoperative care, as well as clinical research.

Faculty: Alan T. Villavicencio, MD; E. Lee Nelson, MD; Alexander Mason, MD; Sharad Rajpal, MD; Kara Beasley, DO; Sigita Burneikiene, MD

- **Start Dates:** August 2012 or 2013
- **Qualifications:** Open to neurosurgical and orthopedic trainees who are graduates of U.S. accredited residency programs.
- **Inquiries:** JPNI Fellowship, 1155 Alpine Ave., Suite 320, Boulder, CO 80304. ***303-938-5700*** or ***sigitab@bnasurg.com***

Barrow Neurological Institute at Phoenix Children's Hospital Pediatric Neurosurgery Fellowship

BARROW Neurological Institute at PHOENIX CHILDREN'S *Hospital*

The Barrow Neurological Institute at Phoenix Children's Hospital, led by P. David Adelson, MD, a world-renowned pediatric neurosurgeon, is now accepting applications for its one-year Pediatric Neurosurgery Fellowship Program for academic years 2012-13, 2013-14 and 2014-15.

The program – accredited by the American Board for Pediatric Neurological Surgery – is designed to train neurosurgeons planning to pursue a clinical career in pediatric neurosurgery.

Fellows receive an extensive educational experience, including:

- Comprehensive, multidisciplinary management of patients with life-threatening neurological illness
- Performance of complex surgical procedures
- Integration of surgical therapies into the clinical management of pediatric patients

- To obtain an application or more information, please visit ***www.phoenixchildrens.com/nsfellowship***
- **Questions?** Contact ***(602) 933-0923*** or ***nsfellowship@phoenixchildrens.com***

The Texas Back Institute Spine Surgery Fellowship 2012

Texas Back Institute®

The Texas Back Institute has an ACGME-accredited Fellowship position open under the direction of Richard Guyer, MD, and Jack Zigler, MD, beginning August 1, 2012.

The program curriculum includes training in arthroplasty, degenerative conditions of the cervical, thoracic and lumbar spine; reconstructive spine surgery; spine trauma, minimally invasive endoscopic surgery; spinal deformity; and clinical research.

Applicants must be board certified (or board eligible) and must have completed a U.S. accredited neurosurgery or orthopaedic surgery residency program. Eligibility for full

Texas licensure is required.

- **For further information,** direct all inquiries to: TBI Fellowship Program Manager at ***plane@texasback.com*** or ***(972) 608-5148***

New Jersey Medical School Neurointerventional Fellowship

NJNJ Neurological Institute of New Jersey

The Department of Neurological Surgery at The New Jersey Medical School offers 1- and 2-year fellowships in Endovascular Neurosurgery.

The fellowship is designed to provide a comprehensive education in all aspects of neurointerventional care. The first year is focused on mastering diagnostic angiography; the second year is dedicated to interventional therapy.

Candidates must be graduates of an ACGME-approved residency program in neurological surgery, radiology, or neurology. Applicants that have completed a neurology residency must have fulfilled a fellowship in Stroke and/or Neurocritical Care before beginning the endovascular fellowship.

- **Start Dates:** 2014 and beyond
- Interested applicants should contact: Chirag D. Gandhi, MD. at ***gandhich@umdnj.edu***

- To inquire about posting a fellowship opportunity, call Katie Cole at ***303-832-1866***, or email ***katie.cole@harlequinna.com.***

NEUROSURGERY POSITIONS

HOSPITAL EMPLOYED

New York
Illinois
Virginia
Colorado
Florida
Ohio
Kentucky
Texas
Pennsylvania
North Carolina

ACADEMIC

Tennessee *(Functional)*
Georgia *(Pediatric)*
Kentucky *(Pediatric and Spine)*
Wisconsin *(General, Spine)*
Missouri *(Spine, Endovascular)*
Massachusetts *(Spine, Neuro-Oncology)*
North Carolina *(Pediatric)*
Wisconsin *(Endovascular)*
Ohio *(Endovascular)*
Florida *(Spine, Neuro-Oncology)*
West Virginia

PRIVATE PRACTICE

California
Texas
New York
Colorado *(Spine)*
Hawaii *(Endovascular)*
Illinois *(Spine)*
Michigan
Nevada *(Spine)*
Pennsylvania
Ohio
New Jersey *(Endovascular)*

PRIVA-DEMIC

Pennsylvania
Illinois (Spine)
Michigan
Ohio *(Neuro-Interventionalist)*
California
New Jersey
North Carolina

FELLOWSHIP

Texas *(Spine)*
New Jersey *(Endovascular)*
Arizona *(Pediatric)*
Colorado *(Spine)*
Massachusetts *(Endovascular)*

HOSPITAL GUARANTEE

Wisconsin
Indiana
California
Florida
Nevada

FEATURED OPPORTUNITY

Priva-Demic/Hybrid Neurosurgery Position in North Carolina

The Department of Surgery at a North Carolina teaching hospital seeks a full-time BC/BE general neurosurgeon to practice in its satellite office. The successful candidate will provide general adult neurosurgery care at one hospital and will join one well-established neurosurgeon.

A candidate with three to five years' experience is preferred, but residents or fellows who will graduate in 2012 or 2013 will be considered. The incoming neurosurgeon will be supported by the large academic team at the affiliate teaching hospital.

The office is 1/2 mile from the hospital. The county was ranked by America's Promise Alliance as among the "100 Best Communities for Young People," and the city was named in Money Magazine's Top 10. The facility will provide relocation assistance, an incentive/productivity plan, paid vacation, CME days, malpractice insurance (with tail coverage), a 401k plan, and health, disability and life insurance.

- For more information on these positions or if you are interested in hiring a neurosurgeon for a permanent position please contact ***info@harlequinna.com.***
- If you have any locums assignments available or if you are interested in locums positions please contact Aaron Risen at The Surgeons Link at ***aaron@thesurgeonslink.com***

Harlequin Recruiting
PO Box 102166
Denver, CO 80250

Neurosurgery MARKET WATCH™