

Volume 93 Issue 7 April 4, 2001, Page 491

Salary a Major Factor for Academic Oncologists, Study Shows

By: Tom Reynolds

The disincentives for physicians to embark on a research career—a problem throughout medicine—may be even more acute for oncologists. In the Jan. 1, 2001, *Journal of Clinical Oncology*, Thomas J. Smith, M.D., and colleagues at the Medical College of Virginia, Richmond, ask “Why academic divisions of hematology/oncology are in trouble and [offer] some suggestions for resolution.”

The authors say much of the difficulty these departments have in recruiting faculty stems from economics. In 1999, the average salary of U.S. medical oncologists practicing in the private sector was \$253,000, while the average academic medical oncologist made 56% of that, or \$142,000. Although such discrepancies exist in all specialties, oncology's is among the largest.

Smith and co-authors outline the major reasons. Private-practice oncologists typically derive two-thirds of their income from selling chemotherapy. But in academic hospitals, this “chemotherapy concession” is not held by the individual physician; revenues go instead to the institution. And because most academic institutions aim to minimize cost rather than maximize revenue, oncologists there tend to avoid prescribing more costly drugs for supportive care, limiting revenues.

Also, patient office visits to oncologists tend to consume more time than in other specialties, yet academic oncologists “are chronic under-billers,” failing to collect “reasonable revenue” for extended visits, they write.

A comparison of claimed office visit complexity between the MCV practice and the expected distribution in private practice found that 37% of MCV visits were billed as “minimal” compared with 5% expected in private practice, while “comprehensive” visits—the highest billing level—made up only 4% of MCV visits compared with 40% expected.

“At a time of wonderful new treatments and when end-of-life care is finally being recognized as important, we need good researchers and role models,” Smith and co-authors write. “To not train, recruit, and retain them would be a shame.”

Their proposed solutions involve making academic oncology practices more profitable and salaries more generous. MCV's ability to recruit oncology faculty has recently improved after implementing such a plan, the authors write.

- Oxford University Press