

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Part-time Work Among Pediatricians Expands

William L. Cull, Karen G. O'Connor and Lynn M. Olson

Pediatrics 2010;125;152-157; originally published online Dec 14, 2009;

DOI: 10.1542/peds.2009-0767

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://www.pediatrics.org/cgi/content/full/125/1/152>

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2010 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Part-time Work Among Pediatricians Expands



WHAT'S KNOWN ON THIS SUBJECT: A rise in the number of pediatricians who were working part-time from 1993 to 2000 has been associated with the rise in the number of female pediatricians.



WHAT THIS STUDY ADDS: The growth of pediatricians who were working part-time continued from 2000 to 2006, with 1 in 5 pediatricians now working part-time. The growth has occurred within many subgroups of pediatricians, including men, pediatricians aged ≥ 50 years, and subspecialists.

abstract

OBJECTIVE: The objective of this study was to track trends in part-time employment among pediatricians from 2000 to 2006 and to examine differences within subgroups of pediatricians.

METHODS: As part of the Periodic Survey of Fellows, national random samples of American Academy of Pediatrics members were surveyed in 2000, 2003, and 2006. These surveys shared questions concerning working part-time and other practice characteristics. Roughly 1600 pediatricians were included in each random sample. Totals of 812 (51%), 1020 (63%), and 1013 (62%) pediatricians completed the surveys in 2000, 2003, and 2006, respectively. Analyses were limited to nonretired, posttrainee pediatricians.

RESULTS: The number of pediatricians who reported that they work part-time increased from 15% in 2000, to 20% in 2003, to 23% in 2006. The pattern of increased part-time work from 2000 to 2006 held for many subgroups, including men, women, pediatricians who were younger than 40 years, pediatricians who were aged ≥ 50 years, pediatricians who worked in an urban inner city, pediatricians who worked in suburban areas, general pediatricians, and subspecialist pediatricians. Those who were working part-time were more satisfied within their professional and personal activities. Part-time pediatricians worked on average 14.3 fewer hours per week in direct patient care.

CONCLUSIONS: Increases in part-time work are apparent throughout pediatrics. The possible continued growth of part-time is an important trend within the field of pediatrics that will need to be monitored.

Pediatrics 2010;125:152–157

AUTHORS: William L. Cull, PhD, Karen G. O'Connor, BS, and Lynn M. Olson, PhD

Department of Research, American Academy of Pediatrics, Elk Grove Village, Illinois

KEY WORDS

pediatrician practice, part-time jobs, women and medicine

ABBREVIATIONS

AAP—American Academy of Pediatrics

PS—Periodic Survey

OR—odds ratio

www.pediatrics.org/cgi/doi/10.1542/peds.2009-0767

doi:10.1542/peds.2009-0767

Accepted for publication Jul 10, 2009

Address correspondence to William L. Cull, PhD, Division of Health Services Research, American Academy of Pediatrics, 141 Northwest Point Blvd, Elk Grove Village, IL 60007. E-mail: wcull@aap.org

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2009 by the American Academy of Pediatrics

FINANCIAL DISCLOSURE: *The authors have indicated they have no financial relationships relevant to this article to disclose.*

One of the greatest challenges that many physicians confront is balancing the demands of a career and family/personal life, and it has been suggested that pediatricians can lead the way on this important issue.¹ Pediatrics is in a unique position, because it has 1 of the highest proportions of women physicians among all specialties²⁻⁴ and because pediatricians, whose expertise focuses on healthy child development, greatly value the time that parents spend with their families. Part-time or reduced-hours positions have become 1 way that many pediatricians have tried to integrate their own careers and family/personal life,⁵⁻⁸ which has resulted in higher rates of part-time work within pediatrics rather than other specialties.⁹

In previous work that used the American Academy of Pediatrics (AAP) Periodic Survey of Fellows, it was found that the percentage of pediatricians who were working part-time increased from 1993 to 2000.⁶ Women were much more likely than men to work part-time, and the overall increase in part-time work was associated with a concomitant rise in the percentage of female pediatricians across that period. The most common reason that women wanted to work part-time was to spend more time caring for their own children. The percentage of pediatricians who are female has continued to rise since 2000,² and additional increases in part-time work may have occurred across this time.

Furthermore, results from the AAP Graduating Resident Survey have shown that there is strong interest in part-time work among residents who enter the pediatric workforce,⁵ which may also contribute to an overall rise. Among residents who apply for nonfellowship positions, as many as 38% are seeking and 21% are receiving part-time positions,⁵ and many others ex-

press an interest in arranging a part-time position within 5-years of graduation.⁶

It is important not only to monitor the levels of part-time employment but also to begin to identify what may be driving interest in part-time positions. One explanation is that there is not growing interest in part-time work but that the demographics of pediatrics is shifting toward women, who have historically been more interested in part-time work.⁶ Alternatively, it is possible that, in addition to shifting demographics, some subgroups of pediatricians are being drawn at higher rates to the greater balance between work and family that part-time positions afford.

In this article, we specifically examine whether rates of part-time employment among pediatricians increased between 2000 and 2006. We examined subgroups of pediatricians who may be more likely to work part-time and tested whether any rise in part-time work is explainable by demographic shifts. We also describe the number of direct patient care hours per week that part-time and full-time pediatricians provide and contrast part-time and full-time pediatricians' professional and personal satisfaction.

METHODS

We analyzed data from 3 different Periodic Surveys of Fellows: Periodic Survey (PS) 43 (2000), PS 54 (2003), and PS 65 (2006). National random samples of roughly 1600 AAP members were surveyed each time (1602 for PS 43, 1612 for PS 54, and 1622 for PS 65). The surveys were fielded to US nonretired members. Each survey was an 8-page, forced-choice, self-administered paper questionnaire. The topic areas for the various surveys differed, but each had a shared component that focused on pediatrician demographics and practice characteristics. For each survey, up to 7 mailings of the survey were

sent to nonrespondents. No remuneration was provided to respondents. All surveys were reviewed and approved by the AAP institutional review board.

This article focuses on part-time employment among AAP members. The primary variables of interest were (1) whether members reported that they were currently working part-time, (2) the amount of direct patient care hours that they worked per week, and (3) satisfaction with aspects of their professional and personal lives. The exact wordings for the part-time question were, "Do you currently work part-time," for PS 54 and PS 65 and, "What is your current employment status?" ("part-time" as an option) for PS 43. The determination of whether a position was part-time was based entirely on pediatrician self-report. Only post-training respondents were included in the statistical analyses.

Frequencies and χ^2 tests were used to describe the rates of part-time work across survey years. These tests were also used to compare professional-life and personal-life satisfaction between pediatricians who were working part-time and full-time. The stem for the professional-life satisfaction question read, "In general, how satisfied are you with: . . ." The stem for the personal-life satisfaction question read, "How satisfied are you with the amount of time you have to spend with or pursue: . . ." A 5-level scale, ranging from "1 = very satisfied" to "5 = not at all satisfied" was used to measure satisfaction across the various dimensions, and responses were recoded for analysis as "1" and "2" versus "3" through "5." The satisfaction questions were asked only on the 2003 survey. Means and *t* tests were used to compare the direct patient care hours worked per week between part-time and full-time pediatricians.

A multivariate logistic regression model was developed to examine

TABLE 1 Percentage of Pediatricians Working Part-time From 2000 to 2006 by Subgroups

Parameter	N	% Part-time			Δ (2006–2000)
		2000 (n = 666)	2003 (n = 746)	2006 (n = 901)	
Total	2313	15	20	23	8 ^a
Gender					
Female	1204	28	32	36	9 ^a
Male	1089	4	6	8	4 ^a
Age, y					
<40	734	18	22	29	11 ^a
40–49	719	18	22	24	6
≥50	822	6	17	18	12 ^a
Specialty					
Pediatric generalist	1628	17	22	26	9 ^a
Pediatric subspecialist	644	9	17	17	8 ^a
Primary practice location					
Urban, inner city	462	11	17	21	10 ^a
Urban, not inner city	648	15	23	19	4
Suburban	859	17	23	28	11 ^a
Rural	253	13	14	21	8

^a P < .05.

whether pediatricians self-report working part-time (yes or no) across survey years when controlling for characteristics of pediatricians that may predict working part-time. Candidate predictor variables that were included in the model were female gender (yes or no), age (<40 years, 40–49 years, or ≥50 years), specialty (pediatric generalist or pediatric subspecialist), and primary practice location (urban inner city, urban not inner city, suburban, or rural). These characteristics were chosen because they provided a demographic profile of pediatricians and because these variables have been previously linked to pediatrician career decisions.^{9–13}

P ≤ .05 was considered statistically significant within all inferential tests. The number of cases within each statistical analysis varied slightly on the basis of missing values to specific questions.

RESULTS

Response Rate

In 2000, 812 (51%) of 1602 surveyed pediatricians responded; in 2003, 1020 (63%) of 1612 pediatricians responded; and in 2006, 1013 (62%) of 1622 pe-

diatricians responded. To assess possible nonresponse bias, we compared respondents' age and gender with those of the target samples. Information on the nonrespondents was available from the AAP membership file. Across survey years, the average age of survey respondents was slightly less than that of the full target sample (47.0 vs 47.6 years; P = .006), and respondents were more likely to be female compared with the target sample (53.2% vs 50%; P < .001). Totals of 666, 746, and 901 respondents in 2000, 2003, and 2006, respectively, had completed their residency or fellowship training and were included in the statistical analyses.

Growth in Part-time Work

The rate of pediatricians who were working part-time increased from 15% in 2000 to 23% in 2006 (Table 1); this represents a 53% relative increase. Increases across survey years were seen within nearly all of the subgroups examined. The rates of part-time work went up for women (28%–36%), for men (4%–8%), for pediatricians who were younger than 40 (18%–29%), for pediatricians who were aged ≥50

(6%–18%), for pediatric generalists (17%–26%), for pediatric subspecialists (9%–17%), for pediatricians who were practicing in urban inner-city locations (11%–21%), and for pediatricians who were practicing in suburban locations (17%–28%). Even the 3 subgroups without significant increases (40- to 49-year-olds, pediatricians who were practicing in urban areas that were not in an inner city, and pediatricians who were practicing in rural areas) showed higher part-time rates in 2006.

The multivariate results (Table 2) further showed that this increase from 2000 to 2006 is independent of shifts in pediatrician demographics across this time. While women were much more likely to work part-time than men (odds ratio [OR]: 7.38), the increase in part-time work in 2003 (OR: 1.37) and 2006 (OR: 1.58) remained significant when the effect of gender was controlled. The only other characteristic that was independently related to working part-time was a suburban practice location (OR: 1.54).

Direct Patient Care Hours

On average, those who were working part-time reported working 14.3 fewer

TABLE 2 Predictors of Working Part-time: Multivariate Logistic Regression

Predictor Variable	OR	95% CI
Survey year (2000 is reference)		
2003	1.37 ^a	1.01–1.87
2006	1.58 ^a	1.17–2.13
Female gender	7.38 ^a	5.50–9.91
Age (younger than 40 y is reference), y		
40–49	1.15	0.88–1.50
≥50	0.99	0.75–1.33
Subspecialist ^b	0.76	0.57–1.01
Practice location (rural is reference)		
Urban, inner city	0.97	0.62–1.51
Urban, not inner city	1.33	0.88–2.02
Suburban	1.54 ^a	1.04–2.28

CI indicates confidence interval.

^a P < .05.

^b Defined as <50% of direct patient care time spent in primary care.

TABLE 3 Difference in Direct Patient Care Hours Worked per Week Among Pediatricians Who Were Working Part-time and Full-time

Parameter	Part-time	Full-time	Δ (Full-time – Part-time) ^a
Total (<i>n</i> = 2313)	24.8	39.1	14.3
Survey year			
2000	24.5	38.5	14.0
2003	25.0	40.8	15.8
2006	24.8	38.0	13.2
Gender			
Female (<i>n</i> = 1204)	24.8	38.2	13.4
Male (<i>n</i> = 1089)	24.8	39.8	15.0
Age, y			
<40 (<i>n</i> = 734)	25.1	40.4	15.3
40–49 (<i>n</i> = 719)	24.1	40.1	16.0
≥50 (<i>n</i> = 822)	25.6	37.3	11.7
Specialty			
Pediatric generalist (<i>n</i> = 1628)	25.7	42.0	16.3
Pediatric subspecialist (<i>n</i> = 644)	21.0	33.7	12.7
Primary practice location			
Urban, inner city (<i>n</i> = 462)	22.6	34.2	11.6
Urban, not inner city (<i>n</i> = 648)	23.9	40.0	16.1
Suburban (<i>n</i> = 859)	25.3	42.1	16.8
Rural (<i>n</i> = 253)	28.0	43.4	15.4

^a All differences in hours were statistically significant at $P < .001$.

hours per week in direct patient care activities (Table 3). This difference was stable across survey years and demographic subgroups. The lowest difference observed was 11.6 hours within the urban, inner-city subgroup, and the largest difference was 16.8 hours within the suburban subgroup. Full-time pediatricians in rural areas worked longer in direct patient care than pediatricians from the other practice locations (43.4 vs 39.1 hours; $P < .001$).

Satisfaction

As shown in Table 4, those who were working part-time in 2003 reported greater satisfaction than those who were working full-time for many professional and personal topics. Those who were working part-time were more likely to report satisfaction with the hours that they worked per week, their time for administrative work, their relationships with colleagues, and their work environment. In their personal activities, those who were working part-time were more likely than those who were working full-time to report satisfaction in the amount of time that they had to spend with their

children, with their friends, in community activities, and for spiritual needs. Overall, part-time pediatricians were significantly more likely to report satisfaction for 8 of the 16 factors listed in Table 4. For none of the topics examined did full-time pediatricians report significantly greater satisfaction than part-time pediatricians.

TABLE 4 Professional and Personal Satisfaction Among Pediatricians Who Were Working Full-time and Part-time (% Satisfied Rating 1 or 2)

Parameter	Full-time (<i>n</i> = 592)	Part-time (<i>n</i> = 152)
Professional topics		
How they practiced medicine	84.4	86.8
Hours worked per week	49.2	68.0 ^a
Professional life as physician	81.3	80.3
Time for administrative work	33.4	47.0 ^a
Patient interactions	87.4	89.3
Relationships with colleagues	74.7	84.1 ^a
Work environment	70.5	79.6 ^a
Involvement with professional societies	34.5	35.1
Income	53.2	55.3
Personal activities (time to spend with/in)		
Spouse/partner (if applicable; <i>n</i> = 544, 142)	40.4	43.7
Children (if applicable; <i>n</i> = 417, 122)	40.5	66.4 ^a
Dependent parent (if applicable; <i>n</i> = 282, 59)	31.6	37.3
Hobbies/interests	27.5	30.9
Friends	25.4	35.1 ^a
Community activities	21.8	31.3 ^a
Spiritual needs	30.5	45.7 ^a

Data in this table are from 2003 (PS 54) only.

^a $P < .05$.

DISCUSSION

More than 1 in every 5 pediatricians in the United States now consider themselves to be working in a part-time or reduced-hours position. Between 2000 and 2006, the number of pediatricians who were working part-time grew by >1 absolute percentage point each year, resulting in an 8-percentage-point rise (15%–23%), or a 53% relative increase. This pace is slightly greater than the growth rate from 1993 to 2000 of just more than a 0.5 percentage point per year (11% in 1993 to 15% in 2000).⁶

In 2000, the growth in part-time work since 1993 could be explained by the shift in demographics toward more female pediatricians.⁶ At that time, the overall growth in part-time work was modest for women and flat for men.⁶ There were many more female pediatricians, however, in 2000 than in 1993, and this explained the rise in part-time work at that point within the multivariate models.⁶ The results of this article, however, suggest that shifting demographics alone no longer explains the continued rise in part-time work.

Clearly, gender remains an extremely strong predictor of working part-time, and female pediatricians are the subgroup of pediatricians most likely to work part-time. The rate of part-time work for women moved from 28% in 2000 to 36% in 2006. Thus, the number of female pediatricians and the rate of part-time work among women both are increasing.

The rise in part-time rates was widespread and not limited to female pediatricians. We also found growth in part-time rates from 2000 to 2006 among men, among pediatricians aged ≥ 50 years, and among pediatric subspecialists. It seems as though a threshold of acceptance of part-time work has been crossed and that it is expanding among nearly all pediatric groups. The growth of part-time work in pediatrics makes it likely that it will continue to be the specialty at the forefront of this issue.⁸

The growth in part-time work among subspecialists suggests that the academic community may be becoming more accustomed to pediatricians' advancing in nontraditional academic tracks.¹⁴ This trend also has workforce implications, because fewer hours will be available for subspecialty care at a time when there are shortages in various pediatric medical subspecialists and surgical specialists within many geographic areas.^{15,16}

The increase in the number of pediatricians who work part-time may also have an important impact on how the predominantly male pediatricians in the baby-boom generation retire. Those who are nearing retirement could choose to taper their workloads at even greater rates.¹ It is also possible, however, that the current economic downturn will reshape career choices and may dissuade a variety of pediatricians from working part-time.

There remains great variability in what pediatricians self-define as working full-time and working part-time. In general, however, self-defined part-time pediatricians reported that they work 14.3 fewer hours in direct patient care than pediatricians who self-defined as working full-time. There was a larger difference in direct patient care hours between the part-time and full-time groups among general pediatricians than among pediatric subspecialists. This is likely related to the overall greater number of direct patient care hours provided by general pediatricians.

Those who were working part-time were more likely than those who were working full-time to be satisfied with many aspects of their professional life, including time for administrative work, their relationships with colleagues, and their work environment. In their personal lives, those who were working part-time were much more likely than those who were working full-time to be satisfied with the amount of time they spent with their own children, with friends, in community activities, and for spiritual needs. In none of the personal or professional categories, including income, did pediatricians who were working full-time report greater satisfaction. This overall pattern is consistent with other research showing pediatricians to be more satisfied than other physicians¹⁷ and showing physicians who work part-time rather than full-time to have greater work control,^{8,18} less burnout,¹⁸ and greater job satisfaction.⁸

Across the full career of a pediatrician, it is possible that he or she will shift at different stages between full-time and part-time work, depending on the ever-changing balance of professional and personal demands. Changes in work roles that occur across a pediatrician's career are not well understood,

and tracking studies that examine individual pediatricians' career shifts and satisfaction levels are needed.

Because many pediatricians are now working part-time, greater attention will need to be given to the best models to incorporate part-time practice. Whereas past studies have found that the quality of care provided by part-time physicians to be equal to that of full-time physicians,¹⁹⁻²¹ future discussions of pediatric training will need to consider the various implications of the rising numbers of pediatricians who work part-time. For example, which practice models work best to provide patient continuity? What are the implications for patient satisfaction?

The involvement of many subgroups in the growth of part-time work also increases the likelihood that pediatricians may be interested in part-time work for varying reasons. Although desiring a better balance between professional life and family life is likely the primary reason for many part-time pediatricians, it is also possible that in some more desirable markets, pediatricians may prefer full-time work but are taking part-time positions to stay in the area.⁵

There are many limitations to this study. First, all data, including part-time status and work hours, were self-reported. Second, we do not know from our data how long pediatricians stay in their part-time positions. Third, some nonresponse bias was apparent: respondents were slightly younger and more likely to be female. This may have increased the estimates of part-time interest to some extent, although the amount of greater response among women was consistent with that seen in other AAP surveys.²² Fourth, we were unable to separate out the rates of working part-time within individual subspecialties. Finally, the satisfaction questions were asked only in 2003.

CONCLUSIONS

Part-time work within pediatrics continued to rise between 2000 and 2006. More than 1 in every 5 pediatricians

are now working part-time. Women remain much more likely than men to work part-time, but part-time rates have also grown among men, among pediatric generalists, among pediatric

subspecialists, and among pediatricians who are aged ≥ 50 years. This important trend and its implications for the pediatric workforce will need to be monitored.

REFERENCES

1. Shrier DK, Shrier LA, Rich M, Greenberg L. Pediatricians leading the way: integrating a career and a family/personal life over the life cycle. *Pediatrics*. 2006; 117(2):519–522
2. American Medical Association. *Physician Characteristics and Distribution in the U.S., 2008*. Chicago, IL: AMA; 2008
3. Brotherton SE, Etzel SI. Graduate medical education, 2006–2007. *JAMA*. 2007;298(9): 1081–1096
4. Goodman DC, Committee on Pediatric Workforce. The pediatric workforce: current status and future prospects. *Pediatrics*. 2005; 116(1). Available at: www.pediatrics.org/cgi/content/full/116/1/e156
5. Cull WL, Caspary GL, Olson LM. Many pediatric residents seek and obtain part-time positions. *Pediatrics*. 2008;121(2):276–281
6. Cull WL, Mulvey HJ, O'Connor KG, et al. Pediatricians working part-time: past, present, and future. *Pediatrics*. 2002;109(6): 1015–1020
7. Holmes AV, Cull WL, Socolar RR. Part-time residency in pediatrics: description of current practice. *Pediatrics*. 2005;116(1): 32–37
8. McMurray JE, Heilgers PJ, Shugerman RP, et al. Part-time medical practice: where is it headed? *Am J Med*. 2005;118(1):87–92
9. Barnett RC, Gareis KC, Carr PL. Career satisfaction and retention of a sample of women physicians who work reduced hours. *J Womens Health (Larchmt)*. 2005; 14(2):146–153
10. Carr PL, Gareis KC, Barnett RC. Characteristics and outcomes for women physicians who work reduced hours. *J Womens Health (Larchmt)*. 2003;12(4):399–405
11. Dorsey ER, Jarjoura D, Rutecki GW. Influence of controllable lifestyle on recent trends in specialty choice by US medical students. *JAMA*. 2003;290(9):1173–1178
12. Dorsey ER, Jarjoura D, Rutecki GW. Influence of controllable lifestyle and sex on the specialty choices of graduating U.S. medical students, 1996–2003. *Acad Med*. 2005;80(9): 791–796
13. Pan RJ, Cull WL, Brotherton SE. Pediatric resident's career intentions: data from the leading edge of the pediatrician workforce. *Pediatrics*. 2002;109(2):182–188
14. Kahn JA, Degen SJ, Mansour ME, et al. Pediatric faculty members' attitudes about part-time faculty positions and policies to support part-time faculty: a study at one medical center. *Acad Med*. 2005;80(10): 931–939
15. Mayer ML. Are we there yet? Distance to care and relative supply among pediatric medical subspecialties. *Pediatrics*. 2006; 118(6):2313–2321
16. Mayer ML, Beil HA, von Allmen D. Distance to care and relative supply among pediatric surgical subspecialties. *J Pediatr Surg*. 2009;44(3):483–495
17. Shugerman R, Linzer M, Nelson K, et al. Pediatric generalists and subspecialists: determinants of career satisfaction. *Pediatrics*. 2001;108(3). Available at: www.pediatrics.org/cgi/content/full/108/3/e40
18. Mechaber HF, Levine RB, Manwell LB, et al. Part-time physicians . . . prevalent, connected, and satisfied. *J Gen Intern Med*. 2008;23(3):300–303
19. Fairchild DG, McLoughlin KS, Gharib S, et al. Productivity, quality, and patient satisfaction. *J Gen Intern Med*. 2001;16(10):663–667
20. Murray A, Safran DG, Rogers WH, Inui T, Chang H, Montgomery JE. Part-time physicians: physician workload and patient-based assessments of primary care performance. *Arch Fam Med*. 2000;9(4):327–332
21. Parkerton PH, Wagner EH, Smith DG, Straley HL. Effect of part-time practice on patient outcomes. *J Gen Intern Med*. 2003;18(9): 717–724
22. Cull WL, O'Connor KG, Sharp S, Tang SS. Response rates and response bias for 50 surveys of pediatricians. *Health Serv Res*. 2005; 40(1):213–226

Some Health Insurers Need More of a Conscience: A former executive for Cigna retired early as a result of realizing that he could not endorse what his industry was often doing to succeed as a business. According to a recent article (Kristof ND, The New York Times, August 27, 2009), Wendell Potter, former head of corporate communications for Humana and then Cigna, after seeing Michael Moore's film "Sicko" and then visiting a rural county health fair that provided medical care to those unable to afford doctors, decided to testify to a Senate committee investigating the insurance industry. He noted that while he liked his colleagues as people, they were removed from the end results of their decisions and were incentivized to help the company's stock price rather than the patients.

Noted by JFL, MD

Part-time Work Among Pediatricians Expands

William L. Cull, Karen G. O'Connor and Lynn M. Olson

Pediatrics 2010;125;152-157; originally published online Dec 14, 2009;

DOI: 10.1542/peds.2009-0767

Updated Information & Services	including high-resolution figures, can be found at: http://www.pediatrics.org/cgi/content/full/125/1/152
References	This article cites 19 articles, 9 of which you can access for free at: http://www.pediatrics.org/cgi/content/full/125/1/152#BIBL
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): Office Practice http://www.pediatrics.org/cgi/collection/office_practice
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.pediatrics.org/misc/Permissions.shtml
Reprints	Information about ordering reprints can be found online: http://www.pediatrics.org/misc/reprints.shtml

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

