

Associate Doctor Syndrome

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Associate doctor syndrome is the main cause of multiple doctor group chiropractic business stagnation and plateau, thereby limiting the growth of aspiring multiple doctor group practices. Identifying and understanding associate doctor syndrome is the first step in dealing with it effectively and implementing a remedy to mutually benefit all that it adversely affects.

Presently employing 10 associate doctors and having had as many as 13 under contract, I've observed a syndrome specific to chiropractic physicians. Having worked in the Air Force medical establishment for 18 years, I've viewed a system that paid a new medical graduate \$25,000 a year, worked him 78 hours a week, and after an average of four years of residency, graduated him as a board certified practitioner. Civilian systems are similar.

On the other hand, chiropractic graduates demand not less than \$36,000 a year with the justification that they have a family and \$100,000 in school loans. Interestingly, I have CAs who earned less than \$15,000 and have families as well. It must be the school loans that are the real issue. They seem to forget that school loans can be put into forbearance during any residency. After two years in our clinic system, the average treating doctor is earning \$100,000 a year net with no business worries and double the compensation of the average medical doctor finishing his second year of residency, with two years to go.

At this point, the dreaded associate doctor syndrome becomes clinically apparent. The most obvious symptom is paranoia that despite taking home \$100,000 a year, the associate is being cheated by the clinic owner. He believes that if he is earning \$100,000 per year working eight to nine hours a day, he could be earning \$200,000 per year if he had his own clinic and worked as hard as the clinic owner. He sees himself at the top of Maslow's hierarchy pyramid, i.e., self-actualization. There are no further levels to ascend. The obvious prescription is to move to his own practice and harvest the benefits and compensation commensurate with the highest level of self-actualization. After two years of hard work with some minor support, guidance, education, and not less than 20 new patients a month provided by the clinic system, he finds himself in a clinic which now only serves to stifle his continued professional growth and to make obscene profits now that he is just beginning to see patients, referring in other patients, based on his own reputation and not the clinics advertising budget.

Time to leave! He now knows how to do it himself. He is out of there! One complication rarely self-evident or better yet forgotten is that he cannot take the pyramid foundation that supported each progressive level of achievement up the pyramid to the highest level, self-actualization. He may, in fact, attempt to move part of this pyramid foundation with him by trying to take CAs, forms, policy procedures binders, supplies, etc. But it is never enough to support him at the self-actualization level to the degree that he had become accustomed. Unfortunately, the pyramid stays in the owner's clinic to support the next cycle of grateful, humble, eager, and underfinanced associate doctors; thankful for the opportunity to be financially supported, mentored, and educated in the way of the chiropractic business, until they too can struggle out of the nest, on their own, with confidence and self-actualization, thereby, completing another two year cycle.

Like baby birds in the nest, these doctors face the same survival experiences as those in mother nature. Some soar above the clouds, while others fall to the predators that await the weak and gullible. In nature, staying in the nest is impossible. In the chiropractic profession, it is a comfortable opportunity for long term security, consistent profitability, and low stress.

The medical profession has discovered this with their many professional groups and associations which leave only a minority of their members as a shrinking solo practice base. The chiropractic profession is not immune to the same economic realities that have propelled the medics to "group in" for mutual protection, profitability, and peace of mind.

Group practice participation is the least traumatic cure for this cycle that I'll refer to as the associate doctor syndrome. This syndrome has been fatal to many new graduates within our profession. With the crisis of school loan repayment, fraud, waste, and abuse (which maybe another symptom cluster of the terminal stages of associate doctor syndrome), it is time the profession, particularly the schools, support the concept and reality of group practice as a secure, stable, professional, profitable, and nurturing alternative to the isolation, stress, paranoia, and struggle common to all solo practices initially, and representative of many chronically.

The group practice is the long-term nest that best serves those clinically effective doctors who would better survive the storm of managed health care, competition, and business obstacles laid down before the entire chiropractic profession. Survival is the base level of Maslow's heirarchy of need pyramid. The group practice serves best as a foundation to support the doctor whose goal is to consistently maintain the highest level of practice over the long run at the self-actualization level of practice performance.

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