

We Get Letters

Being an Associate Is Not a Residency

Dear Editor:

I enjoyed your March 27, 1995 issue. Of special interest was the article "Associate Doctor Syndrome" by Dr. Reginald Jay Wipf. There are several concerns with Dr. Wipf's revelations. First, Dr. Wipf stereotypes all associates into one description. I know of many successful associate relationships, so the article must relate to problems defined from within Dr. Wipf's own clinic system and not necessarily epidemic to the profession as implied.

Second is the comparing of military and civilian residency programs with his program. In addition to the monies received by military residents, there are benefits provided in addition to the base pay: housing, food, retirement, etc. The residency in the military prepares physicians to be board eligible, to sit for examinations to become board certified and practice in a specialty. Does Dr. Wipf's residency provide for board eligibility? He notes: "After two years of hard work with some minor support, guidance, and education, and not less than 20 new patients a month." This does not appear to be a detailed residency leading to board eligibility. This "residency" program does not require programs or lead to recognized certification, which could give a public image which is questionable for chiropractic. Also Dr. Wipf notes student loans can be deferred under any residency. Why is this necessary if the residents are "taking home \$100,000 a year"?

Third is the assumption that all associates leave to get more money. There are other motivations: time with family, ethics, integrity, different clinical approaches, the desire to pursue further education, etc. At the end of a recognized residency, the resident moves on to his own private practice in his area of specialization. It would seem that the goal of Dr. Wipf's residency should be of like accord. The resident doctors are ready to go on their own at the end of the residency. They are trained and ready for the highest "self-actualization."

A final concern is mixing of terms by Dr. Wipf. A group practice is an association of individual practices for the purpose of lowering overhead, and common concerns of solo practice. Dr. Wipf describes his associate/residency clinic set up like it is a group practice, when it is not. In the associate/residency practice described, there are no individual practices, everything belongs to the owner, in this case Dr. Wipf. He appears to equate associates and CAs as employees, the difference -- "the student loans that are the real issue" -- for higher pay?

I agree with Dr. Wipf: group practice is the long term answer, but not as he describes in an associate format, whether called a "residency" or whatever, but in the form of individual practices joined together; when the need arises, add a new member (an equal) to the group, not an associate. This is commonly done in other health professions with great success. Is it possible Dr. Wipf does not have the foundation for his own perceived "self-actualization"?

It would also be interesting to see how Dr. Wipf handles informed consent, liability, risk management, etc., with patients being treated by resident doctors who are in training under him.

Keep up the good work, I enjoy the mental stimulation Dynamic Chiropractic provides.

Best always,

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