

Letters to the Editor

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Career Options of Occupational Physicians

To the Editor: I wish to commend Dr Ducatman for his recent article (*JOM* 1988;30:776-779) on shifts in occupational medicine career options. Only by this type of work will the true nature and direction of American occupation medicine emerge. It has major implications for specialty training and the ultimate viability of the profession. I hope Dr Ducatman and others will further this work.

I take exception to one of the points made, the assertion that industry jobs are declining relative to those in community hospital-based clinics, academic institutions, free-standing industrial clinics, and multispecialty group practices. The assertion may or may not be true, but this paper does not permit a definitive conclusion. Inferring the structure of specialty practice modes from classified advertisements can be misleading. For example, low turnover and frequent recruiter placements would systematically underestimate the prominence of industry practice.

A public health analogy illustrates the point. Inferring disease prevalence from incidence data can lead to erroneous conclusions. The "diseases" here are the varieties of occupational medicine practice, the "duration" is the average tenure of individuals in particular practice types, and the "incidence" is filled positions per unit of time. One minus I is the occurrence of unfilled positions per unit of time. Of ultimate interest is the "prevalence" of different specialty practice types. For stable situations, this can be expressed as the familiar relationship prevalence (P) being equal to incidence (I) times average duration (D): $P = I \times D$.

If the average duration of industry practice is considerably longer than other alternatives, like free-standing industrial clinics, and the true "incidence"

of unfilled industry positions is not reflected in the classified ads because of numerous unadvertised recruiter actions, then the "prevalence" of industry practice would be considerably greater than Dr Ducatman inferred. I trust this methodologic concern can be addressed in future work.

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The Author Replies

Dr Forman correctly points out that population size is affected by survival time (job tenancy) as well as by reproductive rates (new positions). This is an elegant technical point concerning a limited and indirect look at population behavior. "Career Options" examines new advertisements only. If one assumes that corporate physicians change jobs much less frequently than their counterparts, or that new corporate positions are not advertised, then new advertisements may underestimate the relative prevalence of the corporate job pool.

While elegant, this technical objection bears little practical relevance to data presented. The *absolute* numbers of corporate advertisements show a three- to five-fold downward spiral over the period studied (positions in other sectors have increased concomitantly). Perhaps corporate physicians have found such contentedness that they now change jobs one-third to one-fifth as often as they did in the past, while miserable colleagues in other sectors are job-hopping at 3 to 5 times their previous rates. Furthermore, the trend has now continued for 20 years. At what point would we have to hypothesize that corporate physicians are not only extraordinarily content, but also immortal?

The confounding role of corporate recruitment firms is mentioned in Dr Forman's letter and in my article. The contribution of recruitment firms to corporate recruitment is unknown, and may be substantial. There are now, however, fewer recruitment firms placing fewer recruitment advertisements than in the past. This observation, and a declining rate of corporate advertisements in an expanding job market, are most easily explained by the widely held hypothesis

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