Burnout and Career Satisfaction: the Need for Career Flexibility in Cardiology

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Medical Director, HF and Cardiac Transplantation
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Past President, American College of Cardiology

@MinnowWalsh
Cardiology

- Who we are
- How we feel
- How our field is perceived
- Why career flexibility matters
- How we can achieve it

Who We Are
REGARDLESS OF AGE OR GENDER, MEDIAN INCOME DECREASES BY MORE THAN 40% FOR PARTIAL CALL AND 50% FOR NO CALL

1 IN 4 CARDIOLOGISTS (26.5%) IS NOW OVER THE AGE OF 61!

7,563 MEDIAN WRVUS PER FTE OVER AGE 61 (9,642 OVERALL)

THERE'S A WHOLE FTE MISSING HERE

US CARDIOLOGY PROJECTIONS

- Practicing Cardiologist: 32,000
- Over the Age of 61: 8,480
- Estimated Annual FTE losses: (2,000)
- Current Total US Fellows: 3,745
- Annual Number Entering Workforce: 1,453
- Net Annual Workforce Impact: (547)
Not a New Problem: “Déjà Vu All Over Again”

Drivers (Pre-COVID)
- Aging: cardiologists, population
- Pt. complexity and co-morbidity
- Increased regulation/compliance
- Rise of “Hyper-Sub-specialization”
- Paradox of success = Chronic Dz
- Burnout – Retire or Other Career

![Graph showing Match Outcomes for Cardiovascular Disease Fellowship Training: 2010 to 2021](image)

*Figure 1. Number of applicants and programs in the Cardiovascular Disease Fellowship Match.*

Silvestre, et al. Match Outcomes for Cardiovascular Disease Fellowship Training: 2010 to 2021. JAHADec 2022
IN 2019, FOR THE FIRST TIME EVER, THE MAJORITY OF MEDICAL STUDENTS ARE WOMEN.

FOR THE 2019-2020 ACADEMIC YEAR

- **6.3%** in Hispanic, Latino, or of Spanish Origin matriculants
- **3.2%** in black or African American matriculants
- **5.5%** in American Indian or Alaska Native matriculants

Changes in the Percentage of Women Internal Medicine Residents and Subspecialty Fellows Between 1991 and 2016

% Women Fellows in Cardiology and Subspecialties 2018-2020


How We Feel
Opinion by Heather Long: This isn’t the “end of ambition” for young Americans but a redefining of it.

Quiet Quitting

[ˈkwɪ-ət ˈkwɪtɪŋ]

Doing the minimum requirements of one’s job and putting in no more time, effort, or enthusiasm than absolutely necessary.
Is Professionalism being exploited?

- Pressures extend beyond work hours
- More complexity, less time or resources
- The “right thing” gets done, at clinician personal expense
- Administration increased 3200%
- 10 administrators for each physician
- Clinicians are the most “elastic” resource for Health Systems
Which Physicians Are Most Burned Out?

- Emergency Medicine: 65%
- Internal Medicine: 60%
- Pediatrics: 59%
- Ob/Gyn: 58%
- Infectious Diseases: 58%
- Family Medicine: 57%
- Neurology: 55%
- Critical Care: 55%
- Anesthesiology: 55%
- Pulmonary Medicine: 54%
- Radiology: 54%
- Oncology: 52%
- Gastroenterology: 52%
- Surgery, General: 51%
- Diabetes & Endocrinology: 51%
- Rheumatology: 50%
- Otolaryngology: 49%
- Allergy & Immunology: 49%
- Dermatology: 49%
- Ophthalmology: 48%
- Physical Medicine & Rehabilitation: 47%
- Psychiatry: 47%
- Urology: 47%
- Plastic Surgery: 46%
- Orthopedics: 45%
- Nephrology: 44%
- Cardiology: 43%
- Pathology: 39%
- Public Health & Preventive Medicine: 37%

Are More Female or Male Physicians Burned Out?

- Men: 46%
- Women: 63%
What Workplace Measures Would Help Most With Your Burnout?

- Increased compensation: 45%
- More manageable work schedule: 44%
- More support staff: 37%
- Greater respect from superiors and coworkers: 36%
- Lighter patient loads: 33%
- Increased control/autonomy: 32%
- Fewer government regulations: 21%
- A new job: 14%
- Not having to treat COVID-19 patients: 3%
- More/easier access to PPE: 1%
- Other: 11%

Respondents could choose multiple answers.

What Have You Done at Work to Alleviate Your Burnout?

- Reduced work hours: 29%
- Meditated: 25%
- Made workflow or staff changes: 22%
- Changed job or work setting: 21%
- Spoke with employer about productivity pressures: 19%
- Sold practice or put it up for sale: 3%
- Other: 12%
- None of the above: 26%
Changes in the Professional Lives of Cardiologists Over 2 Decades

Sandra J. Lewis, MD,
Laxmi S. Mehta, MD,
Pamela S. Douglas, MD,
Martha Gulati, MD, MS,
Marian C. Limacher, MD,
Athena Poppas, MD,
Mary Norine Walsh, MD,
Anne K. Rzeszut, MA,
Claire S. Duvernoy, MD,
on behalf of the American College of Cardiology Women in Cardiology Leadership Council

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**Central Illustration:** The Lives of Cardiologists: 2 Decades of Change

<table>
<thead>
<tr>
<th>Little/No Change</th>
<th>Significant Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career satisfaction remains high</td>
<td>Aging workforce</td>
</tr>
<tr>
<td>Women are more likely to: Experience discrimination</td>
<td>Practice setting</td>
</tr>
<tr>
<td>Not have children</td>
<td>Men now balancing career and family; less likely to travel professionally</td>
</tr>
<tr>
<td>Require paid/unpaid childcare help</td>
<td>De single</td>
</tr>
</tbody>
</table>

**Little to No Change Over 2 Decades**

- **Career Satisfaction**
  - 80% 80%
  - 50% 50%
  - 45% 45%
- **Experience Discrimination**
  - 7%
  - 52%
  - 22%
- **No Children**
  - 51%
  - 24%
  - 5%
- **Require Childcare Help**
  - 28%
  - 30%
  - 18%
- **De single**
  - 19%
  - 10%
  - 2%

**Changes Over 2 Decades**

- **50 Years of Age and Older**
  - 40%
  - 40%
  - 38%
- **Private Practice**
  - 100%
  - 50%
  - 50%
- **Impede Professional Travel**
  - 4%
  - 4%
  - 4%

FIGURE 1. Work Environment and Burnout

Association of stress and burnout with work environment factors from the Mini Z survey. Adverse work environment was less common in no burnout physicians compared with stressed and burned out physicians. EMR = electronic medical record.
Hostile CV Work Environments Are Common Across the Globe

CENTRAL ILLUSTRATION: Components, Prevalence, and Consequences of Hostile Work Environment in Cardiology

<table>
<thead>
<tr>
<th>Components</th>
<th>Prevalence</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Harassment</td>
<td>Overall 56%</td>
<td>79% report adverse effects on professional activities with colleagues and patients</td>
</tr>
<tr>
<td>(Women 43%, Men 26%)</td>
<td></td>
<td>15% No Effect</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>Overall 4%</td>
<td>21% Some Effect</td>
</tr>
<tr>
<td>(Women 12%, Men 1%)</td>
<td></td>
<td>64% Significant Effect</td>
</tr>
<tr>
<td>Discrimination</td>
<td>Overall 30%</td>
<td></td>
</tr>
<tr>
<td>(Women 56%, Men 21%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How Our Field is Perceived

Pamela S. Douglas, MD; Anne K. Rzeszut, MA; C. Noel (Bailey) Merz, MD; Claire S. Duvernay, MD; Sandra J. Lewis, MD; Mary Norine Walsh, MD; Linda Gillam, MD, MPH, for the American College of Cardiology Task Force on Diversity and Inclusion and American College of Cardiology Women in Cardiology Council.

Why Career Flexibility in Cardiology Matters

THE ALTERNATIVE WORK SCHEDULE: IS PART-TIME POSSIBLE FOR A CARDIOLOGIST?

In our current healthcare landscape, there are several ways to approach career flexibility in cardiology. The key is to find what works best for each individual and adapt as needed. Below, I will outline some strategies that can help achieve this goal.

1. Part-Time Practice
   - Many institutions offer part-time options for cardiologists. This can be a great way to balance work and personal life. It may also provide more flexible scheduling options.

2. Remote Work
   - Remote work can be an effective way to manage work-life balance. It allows cardiologists to work from home or other remote locations, reducing travel and commute time.

3. Autonomy in Practice
   - Some cardiologists may prefer a more autonomous practice model, where they have more control over their caseload and patient care. This can be achieved through partnerships or independent practice arrangements.

4. Educator Role
   - For those interested in teaching, combining cardiology with an academic role can provide the flexibility needed to achieve work-life balance. This might include teaching at a medical school or one of the many cardiology training programs.

5. Research Focus
   - Focusing on research can also provide flexibility, as research projects often have more flexible schedules and can be managed remotely.

6. Personal Time
   - Finally, carving out personal time is crucial. It’s important to set aside dedicated time for family, hobbies, and personal interests to maintain a healthy work-life balance.

By exploring these options and working with hospitals and academic institutions to tailor a schedule that meets their needs, cardiologists can achieve career flexibility. This enables them to contribute to the field while also maintaining a healthy work-life balance.

In conclusion, career flexibility in cardiology is not only possible but also crucial for maintaining a fulfilling practice. By considering the strategies outlined above, cardiologists can work towards achieving a balance that suits their individual needs and goals.
HEALTH POLICY STATEMENT

2022 ACC Health Policy Statement on Career Flexibility in Cardiology

A Report of the American College of Cardiology Solution Set Oversight Committee

Writing Committee

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Joseph G. Cacchione, MD, FACC
Anna Lisa Chamis, MD, FACC
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John J. Warner, MD, FACC

TABLE 1 Summary of Career Flexibility in Cardiology

Why the need for flexibility in cardiology?
- Cardiologists work more hours annually than many other medical specialties
- Few are part-time clinicians
- Burnout is on the rise
- Growing interest in flexible schedules
- Addresses diversity and inclusion
- Improves retention
- Increases career longevity

Goals of this policy statement
- To provide solutions that:
  - Allow both men and women to reconcile training requirements and the demands of practice with parenthood and family life.
  - Provide pathways for cardiologists who wish to pursue other interests or career transitions as well as cardiologists with health concerns who wish to scale back work hours and restrict or eliminate call responsibilities while continuing to contribute to patient care, research, and education.
  - Meet the specific concerns of cardiologists aiming to transition out of more physically demanding subspecialties.

Drivers and justification for enhanced career flexibility
- The movement toward competency-based, rather than time or volume-based, medical education structure and goals.
- The urgency of enhancing diversity in the cardiology workforce to better meet the needs of patients and the workforce.
- The recent focus on initiatives to reduce physician burnout.
- Trends in industry and other sectors for more comprehensive leave policies, which lead to improved workforce health and productivity.
- Workforce needs in cardiology, inclusive of the benefits associated with both recruitment into and retention of senior cardiologists in the field.
ACC 2019-2023 STRATEGIC PLAN

STRATEGIC GOALS and KEY STRATEGIES

- Increase relevance as the CV professional home
  - Provide indispensable value to CV professionals
  - Engage with Health Systems and Service Lines
  - Increase member diversity and inclusion
  - Promote clinician wellbeing
- Generate and deliver actionable knowledge
  - Discover user needs and envision the future product portfolio
  - Transform how ACC knowledge is created
  - Establish a robust infrastructure to manage ACC knowledge and make it easily available
  - Transform the ACC product portfolio to utilize new infrastructure for dissemination
- Advance quality, equity, and value of CV care
  - Develop partnerships to deliver standards and support solutions
  - Develop solution sets that integrate the patient voice
  - Enhance the scope and utilization of ACC data
  - Support members and engage stakeholders in the transition from a volume to value-based payment environment
- Ensure organizational growth and sustainability
  - Create innovative projects to drive the mission of ACC
  - Expand and deliver leadership development curriculum
  - Enhance organizational efficiency

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How We Can Achieve Career Flexibility in Cardiology
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**TABLE 3** Structural Barriers and Opportunities for Work Flexibility in Graduate Medical Education

<table>
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<tr>
<th>ABIM</th>
<th>ACGME</th>
<th>Institutions</th>
<th>Program Director</th>
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<tbody>
<tr>
<td>Existing limitations to increasing flexibility in CV training</td>
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<tr>
<td>1. Defines minimum clinical training by time</td>
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<td>2. Defines maximum time away (vacation, leave)</td>
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<tr>
<td>3. Does not permit overlap between cardiology and its subspecialties</td>
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<tr>
<td>4. Does not permit part-time training</td>
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<tr>
<td>Opportunities to increase flexibility in CV training</td>
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<tr>
<td>1. Consider alternative options for certification based on recent success in flexibility around MOC</td>
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<tr>
<td>2. Support for pilot projects to shorten or increase efficiency of training</td>
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<tr>
<td>Challenges to implementing flexibility in CV training</td>
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<tr>
<td>1. Requires policy changes</td>
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<td>2. Time-based medical education remains the norm</td>
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<tr>
<td>3. Making up training time may delay graduation date, which affects next steps</td>
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<tr>
<td>4. ABIM responsibility to publish quality of training must be ensured in all scenarios</td>
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<tr>
<td>1. New focus on outcomes rather than process</td>
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<tr>
<td>2. ACGME rules only pertain to program structure, not variances in training for individuals</td>
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<td></td>
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<tr>
<td>3. New common program requirements emphasize importance of addressing burnout, diversity/inclusion, and resources for rest and lactation</td>
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<tr>
<td>1. Policies largely define minimum leave permitted by local and federal laws</td>
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<tr>
<td>2. Variability in how institution handles physicians compared with other employees</td>
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<td></td>
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<tr>
<td>3. Need to cover clinical services</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Typically does not control resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Limited power to effect change</td>
<td></td>
<td></td>
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<tr>
<td>1. Growing body of evidence that flexibility is a good business practice</td>
<td></td>
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<tr>
<td>2. ACGME &quot;human resources&quot; policies are often different from policies for other employee categories</td>
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<td></td>
<td></td>
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<tr>
<td>3. Typically has latitude to grant maximum flexibility within constraints of rules</td>
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</table>

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ABIM = American Board of Internal Medicine; ACGME = Accreditation Council for Graduate Medical Education; CV = cardiovascular; GME = graduate medical education; MOC = maintenance of certification.
### Achieving predictable work hours in cardiology
- Cardiologists should retain autonomy over their schedules. They should be empowered to reduce their work hours if needed or shift them to off hours, work via telehealth, work in shifts to avoid post-call fatigue, and transition to part-time work without unreasonable repercussions.

### Impact on compensation
- A cardiology division or practice should work out in advance, with fairness and transparency, the impact on compensation that will result from a change in work hours or call obligations.

### Impact on career milestone progress and promotion
- Cardiologists who choose career flexibility should be afforded later career options to accelerate toward tenure and promotion or attain partner status in a practice.
- Academic cardiology divisions and clinical practices should foster a culture that allows for flexibility without loss of future opportunities for growth and leadership.

### Acceleration of research roles/ responsibilities
- Cardiology division and practice leadership should encourage regulatory and research roles for cardiologists, as they enhance the reputations of both the individual attaining them as well as the institution.

### Professional society leadership
- Cardiology division and practice leadership should allow for renegotiation and flexibility, as professional society leadership benefits both the individual cardiologist as well as the institution, particularly by expanding networks and gaining greater visibility for the institution.

### Roles in industry
- If a transition to an industry career is planned, options for ongoing clinical practice or teaching responsibilities can be explored if desired by the cardiologist at a local practice or academic institution.

### Barriers to retraining
- ABIM requirements for recertification and/or regaining certification
- ABIM restrictions on part-time training
- Availability of full- or part-time fellowship positions
- Lack of consensus on training requirements for re-entry or training in a new discipline
- Financial barriers
- Inflexibility of work schedules

### Career deceleration
- Accrediting agencies and professional societies should continue to explore competency-based rather than volume-based procedural requirements, as is increasingly being done during fellowship training. Considerations of the totality of procedural volume averaged over several years could serve as a surrogate for annual procedural volume for those cardiologists with extended time off or working part-time.
- Early-career women should not be discouraged to decelerate, because their late, and often more sustained productivity will benefit the practice or institution.
- If a leave of absence is needed or requested, the requesting cardiologist should be made aware of the financial impacts, and the program director and the cardiology practice or institution should be transparent about how the cardiologist’s responsibilities will be covered during this absence.
- The information on qualification for the FMLA should be provided to cardiology trainees at the start of training and to employed cardiologists as part of their compensation agreement/contract.
- Eligibility for sabbatical should be provided to faculty cardiologists, and division and department leadership should be encouraging of such time away.
- Institutions and practices of any size should rethink the “all in” type of policy and allow for a transition to no call, solely outpatient, and reduced hours schedules for senior cardiologists. These individuals are often the “rain makers” of the practice, have large patient panels, and can continue to be productive for many years after a slowdown. Similarly, senior academic cardiologists are often master clinicians and should be encouraged to stay engaged with the education of trainees.

### Flexibility in cardiology training
- To further increase flexibility in training, continued engagement with the ACGME and advocacy around state and federal policies is necessary.
- Institution-specific policies can offer the best current opportunity to increase flexibility in training.
- Cardiology PDs need to continue to engage with DIOs to advocate for their trainees.

### Team-based care models
- Ensure that all team members practice at the “top of their licenses.”
- The top-of-license model unloads practice demands that have migrated.
- Team models of care, when properly deployed, lead to increased practice productivity as well as clinician and staff wellness.
Team-Based Care in Heart Failure

December 15, 2005

Need for Team-Based Care: ACCF/AHA/HFSA 2011 Survey Results: Current Staffing Profile of Heart Failure Programs

Table 6. Average U.S. Staffing by Practice Size: Role Composition

<table>
<thead>
<tr>
<th>Role</th>
<th>Total (%)</th>
<th>Small Program (&lt;4 staff n=107 (%))</th>
<th>Small-Medium Program (4-10 staff n=86 (%))</th>
<th>Medium Program (11-20 staff n=45 (%))</th>
<th>Large Program (&gt;20 staff n=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO FTEs</td>
<td>26.0</td>
<td>29.6</td>
<td>25.5</td>
<td>29.4</td>
<td>28.4</td>
</tr>
<tr>
<td>NP/PA FTEs</td>
<td>23.3</td>
<td>29.2</td>
<td>23.6</td>
<td>20.6</td>
<td>24.0</td>
</tr>
<tr>
<td>RN coordinator FTEs</td>
<td>27.6</td>
<td>21.4</td>
<td>24.4</td>
<td>29.3</td>
<td>33.0</td>
</tr>
<tr>
<td>Financial consultant</td>
<td>3.1</td>
<td>0.2</td>
<td>3.6</td>
<td>3.9</td>
<td>2.7</td>
</tr>
<tr>
<td>Social worker</td>
<td>5.2</td>
<td>2.8</td>
<td>6.1</td>
<td>5.4</td>
<td>5.1</td>
</tr>
<tr>
<td>Exercise physiologist</td>
<td>2.2</td>
<td>3.2</td>
<td>2.9</td>
<td>1.8</td>
<td>1.3</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>3.8</td>
<td>5.1</td>
<td>4.9</td>
<td>3.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Psychologist</td>
<td>2.7</td>
<td>2.8</td>
<td>3.2</td>
<td>3.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Pharmacologist</td>
<td>4.1</td>
<td>5.6</td>
<td>5.8</td>
<td>3.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Total no. of staff</td>
<td>2,386</td>
<td>298</td>
<td>762</td>
<td>626</td>
<td>500</td>
</tr>
</tbody>
</table>

DO indicates doctor of osteopathy; FTE, full-time equivalent; MD, medical doctor; NP, nurse practitioner; PA, physician assistant; and RN, registered nurse.
Working to the top of your license

Pre-visit chart review

N=55

- MD: 12%
- RN: 28%
- LPN/LVN: 2%
- MA: 46%
- No Clinical Credential: 12%

Patient self-management support

N=55

- MD: 23%
- NP: 4%
- RN: 25%
- LPN/LVN: 2%
- MA: 20%
- No Clinical Credential: 2%
- Off-Site Service: 10%

ACC Principles for Career Flexibility in the Practice of Cardiology

1. All cardiologists should have access to a flexible work environment where hours and work commitments can change due to “personal needs, preferences and expertise” while still being mindful of the patient and the rest of the care team.
2. Career flexibility can help cardiologists provide the most value possible over the course of their career.
3. Career flexibility should be supported by a number of “prospectively determined, transparent policies”.
4. A cardiologist’s options when it comes to any potential flexibility should be easy to follow and understand.
5. Career flexibility should be supported in all possible phases of a cardiologist’s career, whether it is due to childbearing, other interests, health concerns or something else entirely.
6. Cardiologists with “physically demanding roles” should be able to transition into a different opportunity if needed.
7. Human resource departments should have policies in place that specifically address the different options cardiologists have if they do wish to seek out different work hours or another significant career change.
8. “Unwarranted systemic differences based solely on hours and work type” should be minimized.
9. Cardiologists seeking flexibility should not be unfairly penalized.
10. Cardiologists who need to reduce hours temporarily should not be unfairly penalized when they return to full-time hours.
ACC Principles for Career Flexibility in the Practice of Cardiology

11. Cardiology leaders “should be responsible and held accountable” for supporting workplace flexibility.
12. Cardiology leaders should work to recognize and handle any form of bias or disrespect aimed at someone who seeks out workplace flexibility.
13. Training programs should make it possible for trainees to pursue a career in cardiology while also potentially starting a family.
14. Flexibility is also needed among cardiologists considering subspecialty fellowship training.
15. Employers should confirm aging cardiologists are still able to “fully engage in all aspects of their job descriptions”—but in a way that is fair and respectful.
16. When it comes to malpractice liability coverage, policies are needed that would help cardiologists late in their career continue practicing cardiology and even volunteering.
17. Physician wellness, career counseling, and other similar topics should be built into cardiology training programs to help combat the risk of burnout.
18. The potential of fatigue after a busy overnight shift must be considered so that cardiologists are not placed in a situation where they can’t provide the best care possible due to the high demands of the job.