

FROM THE CALIFORNIA ACADEMY OF FAMILY PHYSICIANS

# new physician toolkit

A TOOLKIT FOR THE EARLY CAREER PHYSICIAN



## Introduction

Welcome to the California Academy of Family Physicians (CAFP) New Physician Toolkit, created specifically for California early-career family physicians or physicians coming from out of state starting their journey in family medicine in California. This resource is designed to help you confidently navigate the challenges and opportunities that come with beginning your practice in one of the most diverse and dynamic healthcare environments in the country.

As you take the first steps in your career, this toolkit guides you through key decisions, starting with finding your [Ideal Practice Setting](#)—whether you're drawn to the fast pace of urban centers, the underserved rural communities, or the many options in between. From here we provide practical advice on [Contracts & Employment](#), offering insights to help you secure the best opportunities early in your career and avoid common pitfalls.

Once you find your new job (congratulations!) our [Practice Checklist](#) and [Licensing & Certification](#) chapters offer step-by-step guidance to ensure your transition into practicing independently is as smooth as possible. We've also included resources for [Professional Development](#) to help you build your clinical and leadership skills along the way. Lastly, [Being Well in Your New Role](#) is essential so we have outlined specific strategies to help you find fulfillment in all aspects of your life throughout this journey beyond residency.

Keep this toolkit as your trusted guide, created by family physicians like yourself, to support you as you begin your exciting career as a family physician in California, ensuring you thrive both personally and professionally in these crucial early years.

## Acknowledgements

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## Ideal Practice Settings

### Considerations

Private practice vs employed:

- Private: solo, group, single specialty, multi-specialty
- Employed: government, group, community clinic

Time commitment:

- Full-time, part-time, locums, independent contractor:
  - [FPM Locums](#)

Clinical vs non-clinical:

- Non-clinical: administration, insurance, pharma, research, public health, informatics

Payment model:

- Traditional (salaried, bonus structure, RVUs, quality), DPC, concierge:
  - AAFP DPC: [Direct Primary Care | AAFP](#)

Care delivery model:

- In-person, telehealth, hybrid, home group visit

Setting:

- Rural, urban, FQHC/community clinic, academic

Practice composition:

- APPs, IBH, clinical pharmacist, SW, CM, health educators

Area of focus:

- Sports, geriatrics, obstetrics, addiction, LGBTQ+, integrative, urgent care

## Resources

- AAFP New Physician: [New Physician Resources | AAFP](#)
- AAFP Find Your Job section: [Find a Job in Family Medicine | AAFP](#)
- AAFP Fellowship Directory: [Family Medicine Fellowships | AAFP](#)



## Contracts & Employment

This article provides a framework for physicians seeking employment or wanting to be an employer/practice owner. Physicians should do their own research at the time of seeking employment or in the process of becoming a practice owner. This article and the list of family medicine physician employment opportunities provided within are not exhaustive nor a reflection of constantly changing opportunities and our healthcare. The information provided herein is for informational purposes only and does not constitute legal advice. You should consult with an attorney regarding any legal matter.

## Interview Process

**Let's start with an overview of the interview/hiring process with a prospective employer or health organization that you are considering for employment.**

Congratulations on making it this far into your family medicine residency training! Graduating residents or new physicians should begin by preparing their professional CVs tailored to specific employment types. The resume crafting process may take a few weeks and graduating residents should keep this timeline in mind when starting their final year of residency training. Try to set aside one hour each week browsing through potential employment opportunities via employment search engines - professional job sites, going to physician job fairs or recruitment events, national conferences such as the FMX, searching the AAFP careerlink, or specific health organization physician career websites.

The next step is to submit your professional CV directly to the in-house physician recruiter. A remote or phone interview with the in-house recruiter is the initial screening process. This is the opportunity for you to find out about the organization, their mission and culture, practice location, benefits, available full-time vs part-time vs per diem vs independent contractor opportunities, relocation, benefits, sign on bonuses, student loan forgiveness, liability insurance and the hiring process.

The second interview is often a remote or in-person interview with the medical director and other physicians. During the second interview, you can ask questions more specific about the practice, the number of collaborating clinicians on site, ancillary support, staffing and workflow, CME, scheduling, call schedules, teaching/supervising or administrative responsibilities, salary guarantee and bonus structures, as well as a buy-in option or partnership.

After the interview, you may be invited for an onsite tour in order to see the operational side of the practice and to meet prospective colleagues and ask questions in person. If everything goes well, an offer will be provided by the hiring team. The contract review and negotiation process ensues. Once the contract is agreed upon and signed by both parties, the onboarding and credentialing process starts, including reference (this is a list of your supervising physicians or professional colleagues) and background check (the entire process may take up to 6 months, but on average takes about 2-3 months). Remember to always keep

your personal and professional goals in perspective and not feel pressured into signing a contract that does not meet or support your goals. Each practice environment comes with different challenges, compensation models, and lifestyle implications. Understanding these differences will help you align your career path with your personal and professional goals.

## Job Listings

### Where can you find the most recent physician job listings?

Here is a list of job boards and resources for family physicians, including specific organizations, platforms, and institutions where positions are frequently posted. Please note that these are some resources and examples. They are not a reflection of endorsement by the AAFP, CAFP or individual contributors:

#### 1. AAFP Job Board

- **Website:** [AAFP CareerLink: Family Medicine Jobs](#)
- **Description:** The official job board of the American Academy of Family Physicians, offering listings across various practice environments, including primary care, academics, and more.

#### 2. CAFP Resources

- **Website:** [CAFP Career Center: Family Physician Jobs](#)
- **Description:** California Academy of Family Physicians offers career resources and job listings for family medicine positions within the state of California.

#### 3. LinkedIn

- **Website:** [LinkedIn Jobs](#)
- **Description:** A professional networking site where family physicians can find job listings, connect with recruiters, and explore career opportunities in various sectors (clinical, administrative, etc.).

#### 4. Indeed

- **Website:** [Indeed Family Medicine Jobs in California](#)
- **Description:** A widely-used job board where family physicians can search for positions in specific regions or practice settings, including urgent care, primary care, and telehealth.

#### 5. Monster

- **Website:** [Monster Jobs](#)
- **Description:** A general job search engine that includes listings for family physicians across various settings, from small practices to large healthcare systems.

#### 6. Recruiting Firms

- **Example Firms:**
  - Merritt Hawkins
  - Jackson & Coker
  - CompHealth
- **Description:** Specialized recruiting firms that assist physicians in finding positions in diverse practice settings, including permanent and locum tenens roles.

## 7. PracticeLink

- **Website:** [PracticeLink](#)
- **Description:** A comprehensive job board for physicians and healthcare professionals, providing job postings from hospitals, medical groups, and healthcare systems.

## 8. State Chapter Magazines

- **Examples:**
  - California Family Physician (CAFP) magazine
  - Michigan Academy of Family Physicians (MAFP) magazine
- **Description:** Many state chapters of family medicine associations publish magazines or newsletters with job listings tailored to their respective states.

## 9. DocCafe

- **Website:** [DocCafe](#)
- **Description:** A job board dedicated to physicians, including family medicine roles across multiple settings and locations, with a focus on both permanent and locum opportunities.

## 10. Doximity

- **Website:** [Doximity Careers](#)
- **Description:** A professional networking platform for physicians that also includes job listings, allowing for targeted searches and recruiter connections.

## 11. Individual Institutions

- **Website:** (disclaimer: these are just examples, we are not endorsing any organizations)
  - [Kaiser Permanente Careers](#)
  - [Careers at Sutter Health](#)
- **Description:** Many large health care systems (e.g., Kaiser Permanente, Sutter Health, Cleveland Clinic, Mayo Clinic) have their own dedicated career pages with family medicine job listings.

## 12. ZipRecruiter

- **Website:** [ZipRecruiter](#)
- **Description:** A popular job search engine that aggregates listings for family physicians across the U.S., with opportunities in outpatient, inpatient, and administrative roles.

By utilizing a combination of these resources, family physicians can explore a wide range of job opportunities, from clinical roles in various settings to positions in academia and administration.

## Practice Settings

Let's take a look at different practice settings that family medicine physicians may consider for their employment.

For a family physician graduating from the residency program, employment and contracting considerations can vary widely based on the practice environment. Here's an overview of the key factors to consider for each setting:



## 1. Primary Care

- **Scope:** Breadth of care includes prevention and wellness, chronic disease management, acute care and minor procedures, integrative medicine and senior health. Some may include maternity care or hospital work depending on the setting.
- **Employment Type:** Can be employed by hospitals, health systems, or private practices. May involve outpatient-only work.
- **Considerations:**
  - Compensation models (salary vs. productivity-based).
  - Call schedule and after-hours expectations.
  - Patient panel size and expected growth.
  - Support staff, such as RNs and medical assistants.
  - Ownership track for private practice.

## 2. Urgent Care

- **Scope:** Focuses on non-life-threatening conditions requiring immediate attention. No continuity of care.
- **Employment Type:** Typically employed by hospital systems or large urgent care chains.
- **Considerations:**
  - Hourly pay (per diem) vs. salary; full time vs part time vs per diem vs locum.
  - Shift-based work with potential for long or weekend hours.
  - Less control over patient follow-up and continuity. Collaboration with primary care, specialists and the emergency department.
  - Liability coverage and malpractice insurance are crucial.
  - Ancillary services on site: labs, X ray/ultrasound/CT; ancillary support: Front and back office support; medical assistants, nursing and administrative support.

## 3. Telehealth

- **Scope:** Remote care through virtual platforms, often for primary care, chronic disease management, or urgent care needs.
- **Employment Type:** Can be employed by telehealth companies or work as an independent contractor.
- **Considerations:**
  - Flexible hours but may require availability across time zones.
  - Licensing and credentialing in multiple states may be necessary.
  - Malpractice coverage tailored to telehealth settings.
  - Impact on physical exam skills and diagnostic limitations.

## 4. Inpatient

- **Scope:** Hospital-based care, often as a hospitalist or managing acute conditions for admitted patients.
- **Employment Type:** Usually employed by hospitals or large healthcare systems.
- **Considerations:**
  - Shift-based work, including nights and weekends.
  - Focus on acute care rather than preventive care.
  - Team-based approach with specialists, nurses, and hospital staff.

- Higher salaries but often higher burnout rates due to demanding hours.

## 5. Academic

- **Scope:** Mix of clinical care, teaching, and possibly research, often in an academic medical center.
- **Employment Type:** Typically employed by medical schools or academic health systems.
- **Considerations:**
  - Split time between clinical duties and teaching responsibilities.
  - Scholarly work (research, publications) may be expected.
  - Salaries may be lower than private practice, but job stability and intellectual engagement are benefits.
  - Potential to participate in residency training or mentorship.

## 6. Administration

- **Scope:** Focuses on healthcare management and leadership roles, overseeing clinical operations, policy development, or quality improvement.
- **Employment Type:** Employed by hospitals, health systems, or insurance companies.
- **Considerations:**
  - Less direct patient care and more focus on operations.
  - Leadership and business management skills are crucial.
  - May require additional training (e.g., MPH or MBA).
  - Salaries can be competitive, with a focus on long-term system improvements.

## 7. VA (Veterans Affairs)

- **Scope:** Comprehensive care for veterans, often with a focus on chronic conditions and mental health.
- **Employment Type:** Government employee through the Department of Veterans Affairs.
- **Considerations:**
  - Competitive government benefits, including pensions.
  - Limited need for malpractice insurance (covered by the federal government).
  - Potential bureaucratic challenges but high job security.
  - Emphasis on team-based care, electronic health records (EHR), and quality metrics.

## 8. Correctional Facilities

- **Scope:** Provides care for incarcerated individuals, including management of chronic conditions and mental health issues.
- **Employment Type:** Can be employed by the government or private contractors that provide healthcare to corrections facilities.
- **Considerations:**
  - Unique patient population with complex healthcare needs.
  - High-security environment may pose personal safety concerns.
  - Salaries may be higher due to the difficult work environment.
  - May require different malpractice and liability coverage.

## 9. Small Group Practice

- **Scope:** Provides comprehensive outpatient care, often with a small team of providers in an intimate setting.
- **Employment Type:** Employed or partner in a small, often privately owned, practice.
- **Considerations:**
  - Ownership opportunities and potential profit-sharing.
  - Greater autonomy in clinical and business decisions.
  - Responsibilities in practice management and administration.
  - Compensation varies based on practice profitability.

## 10. Large Group Practice

- **Scope:** Comprehensive care, often involving multiple providers and specialties in a large organization.
- **Employment Type:** Usually employed by the group, which may be physician-owned or hospital-affiliated.
- **Considerations:**
  - Structured employment with benefits and defined roles.
  - More standardized protocols and policies.
  - Less individual autonomy compared to small practices.
  - Compensation is often based on productivity and quality measures.

## 11. Multispecialty Group

- **Scope:** Collaborates with specialists in a larger, integrated care setting to manage diverse patient needs.
- **Employment Type:** Typically employed by a large multispecialty practice.
- **Considerations:**
  - Cross-referrals and collaborative care are common.
  - Compensation is often tied to overall practice performance or value-based care.
  - Less administrative burden due to shared resources.
  - Can benefit from a wide range of expertise, but less autonomy.

## 12. Federally Qualified Health Centers (FQHCs)

- **Scope:** Primary care with a focus on underserved populations, often including social and behavioral health services.
- **Type of Employment:** Federally funded community health centers, typically non-profit.
- **Considerations:** FQHC contracts often include loan repayment options through HRSA, and compensation may be tied to federal funding. Job satisfaction can be high due to mission-driven work, but salary may be lower compared to private settings.

## 13. Pharmaceutical Industry (Pharma)

- **Scope:** Non-clinical, focusing on drug development, clinical trials, regulatory affairs, or medical education.
- **Type of Employment:** Employed by pharmaceutical or biotech companies.
- **Considerations:** Contracts in pharma may typically offer higher salaries, but involve a shift away from direct patient care. Job roles may include medical affairs or clinical research, and compensation is often heavily incentivized with bonuses and stock options.



## 14. Utilization Management (UM)

- **Scope:** Reviewing medical necessity, appropriateness of care, and resource utilization for health insurance claims. This role focuses on ensuring that healthcare services provided to patients meet established guidelines.
- **Type of Employment:** Employed by health insurance companies, third-party payers, or independent review organizations. Some positions may offer remote or part-time work.
- **Considerations:** UM jobs often offer high flexibility with remote work options and regular hours. Compensation can be lucrative, and there is usually no direct patient care involved. Physicians need to be comfortable working with clinical guidelines and making coverage decisions, which can sometimes lead to conflicts with clinical colleagues. Contracts should specify productivity expectations, as there may be quotas on case reviews.

## 15. Payer/Insurance Jobs

- **Scope:** Roles can include medical director positions, reviewing and authorizing care, policy development, and ensuring compliance with regulatory requirements. Physicians in these roles oversee clinical decisions related to coverage, medical necessity, and plan benefits.
- **Type of Employment:** Employed by private insurance companies, Medicare/Medicaid contractors, or health maintenance organizations (HMOs).
- **Considerations:** Payer jobs often come with strong benefits, including higher salaries compared to traditional clinical roles. Contracts may include performance bonuses tied to the insurer's financial performance. There is little to no patient interaction, and the focus is on the business and administrative side of healthcare. Physicians should clarify in the contract whether they will have input into policy-making, utilization reviews, or quality management initiatives.

## 16. Locum Tenens

- **Scope:** Locum tenens physician employment refers to the practice of physicians taking temporary or short-term positions in healthcare facilities, filling in for regular physicians during their absence or when there's a need for additional staff. This type of employment offers a number of advantages, along with some considerations, depending on the physician's career goals and lifestyle preferences.
- **Pros and Cons of Locum Tenens Physician Employment:**
  - **Pros:**
    - Flexibility in scheduling and location
    - Exposure to diverse practice environments
    - Competitive compensation and benefits
    - Minimal administrative burden
    - Ideal for semi-retired physicians or those seeking variety
  - **Cons:**
    - Lack of long-term stability
    - Frequent relocation (depending on preference)
    - Managing licensing and credentialing in multiple states
    - Potential for limited benefits compared to permanent positions

- May involve working in less familiar or remote areas
- For physicians who value flexibility, variety, and independence, locum tenens employment can be an attractive alternative to traditional, permanent physician roles.

## Questions for potential employers

Now you have done your due diligence in preparing your CV, researching employment settings and completing your initial interview with the recruiter. You are ready for the final interview, reviewing contract and contract negotiation before accepting your offer. A few questions you may keep as your check list or ask your prospective medical director and the hiring team.

### Questions to ask potential employers

- Some references:
  - [Contract checklist](#) (AAFP: Checklist for Physician Employment Contract: Key Provisions and Elements, you may print this out as a guide)
  - [JAMA Interview Guide](#)
- Call
  - who you will be sharing call with
  - how frequently you will be on call
  - Is there a nurse triaging the calls before they reach you
  - Are you triaging
  - How is work distributed when people are on leave/vacation
- EMR
  - How much support with e-work
  - Will nurses share test results and schedule visits
  - What EMR software is utilized (e.g., Cerner or Epic)
  - Typical volume of patient portal messages
  - Amount of time allocated to administrative work
- Duties
  - Patient volume, type, age range
  - Visit times: 15 vs. 30 minutes (Different times depending on f/u or establishing care)
  - Days per week
  - Pay structure
  - Flexibility with start/end times, lunch breaks
  - Procedures
    - What equipment and supplies are available - may determine what procedure you may perform
    - Any procedure rooms available.
  - How are panels covered if physicians are away
  - How are metrics measured

- How is success defined
- Pay
  - Model: salary, RVU, hybrid model
  - Base salary
  - Productivity pay
  - Performance reviews
  - Compensation increase
  - Benefits: retirement plan, health insurance, disability
  - [Marit - Anonymous Salary Sharing for Medicine](#)
- Support staff
  - Degree of support staff
    - How much support MAs help with clinic workflow
    - MAs/RNs triaging patient portal messages
- Culture
  - How do people get along and communicate
  - Turnover in the past 5 years
  - work/life balance
  - Sharing offices, what does the facility look like
  - Opportunities for growth and professional development
  - Measures to prevent physician burnout: wellness program, mental health support, administrative time
  - Value of physician input in making decisions
  - How other physicians describe the culture

## Other things to consider during the interview and contract negotiation process.

### Loan Repayment and Financial Resources

Does your employer offer a loan repayment incentive? Are you an active military member? Are you practicing in the rural community or federally qualified health centers and you may be eligible for student loan repayment incentives.

1. Loan repayment programs
  1. CalHealthCares Loan Repayment
  2. California State Loan Repayment (SLRP)
    1. <https://hcai.ca.gov/workforce/financial-assistance/loan-repayment/slrp/>
  3. Steven M. Thompson Physician Corps Loan Repayment Program (STLRP)
    1. <https://hcai.ca.gov/workforce/financial-assistance/loan-repayment/stlrp/>
  4. County Medical Services Program (CMSP) Loan Repayment Program

### Compensations and Bonuses/Incentives

Family physicians working in California can expect compensation that varies based on factors such as practice setting, geographic location, and experience. On average, family physicians in the state earn a competitive salary, often higher in urban areas like Los Angeles and the



Bay Area, where the cost of living is higher. Compensation packages frequently include bonuses and incentives tied to productivity (e.g., RVUs), quality of care, and patient satisfaction metrics. Additional incentives may include signing bonuses, loan repayment programs, and retention bonuses, particularly in underserved or rural areas where demand for primary care is high.

**Malpractice insurance:** Ensure adequate coverage, especially for higher-risk environments like inpatient or urgent care.

**Tail coverage:** Important in certain practice types if switching jobs or transitioning to a new field.

**Work-life balance:** Consider shift requirements, call schedules, and the flexibility of the role.

**Student loans/benefits:** Some environments (e.g., VA, correctional facilities) offer loan forgiveness or repayment programs.

## Oversight of non physician clinicians and Non compete clauses in employment contracts

In **California**, family physicians must be aware of the state's specific regulations regarding **non-physician clinicians oversight** and **non-compete clauses**. California law is unique in how it handles non-competes and the practice environment, which can significantly impact your contractual obligations. Below is a breakdown of the key considerations:

1. **Oversight of Non-Physician Practitioners in California** - *In California, non-physician clinical practitioners such as nurse practitioners (NPs) and physician assistants (PAs) play a significant role in delivering care, but there are clear rules regarding their practice and supervision.*

Key Contractual Considerations:

- **Scope of Supervision:**
  - **Nurse Practitioners (NPs):** As of **2023**, California allows NPs to practice independently under certain conditions, without the requirement for physician oversight after completing a defined transition-to-practice period (3 years or 4,600 hours of supervision). However, most NPs still work under physician oversight, depending on the setting. Your contract should specify your role in supervising NPs, including chart reviews, consultations, or co-signing prescriptions when required.
  - **Physician Assistants (PAs):** PAs in California must work under a supervising physician. The law allows for a flexible and collaborative relationship, and your contract should detail how much direct supervision is required, how often chart reviews are necessary, and the scope of duties PAs can perform under your direction.
- **Legal Responsibility:** As a supervising physician, you may be held responsible for the care provided by non-physician clinicians, particularly in cases of

malpractice. Make sure your contract clearly defines your legal liabilities, including whether you are covered by malpractice insurance for incidents involving non-physician clinicians, and whether your employer will “indemnify” (or reimburse) you for any uninsured liability you might incur.

- **Compensation for Supervision:** Since supervising non-physician clinicians can add to your administrative burden, you should consider negotiating additional compensation for this role. Make sure your contract reflects fair pay for the extra time spent on chart reviews, consultations, and oversight responsibilities.

## Legal and Regulatory Aspects:

- **State Regulations:** In California, the **Medical Board of California** oversees the practice of physicians and non-physician practitioners. Understanding the state's laws on supervision and collaboration agreements is essential, as these dictate the extent of your legal obligations.
- **Delegation of Duties:** Your contract should address which duties (e.g., prescribing, diagnosing, procedures) you are comfortable delegating to non-physician practitioners, ensuring compliance with California law. The **California Physician Assistant Practice Act** and the **Nurse Practitioner Act** provide frameworks for what can and cannot be delegated.

**2. Non-Compete Clauses in California** - California is **one of the few states where non-compete clauses are largely unenforceable**. This has a significant impact on physician contracts and your future employment opportunities.

## Key Contractual Considerations:

- **Prohibition of Non-Compete Clauses:** Under **California Business and Professions Code Section 16600**, any contract that restrains someone from engaging in a lawful profession, trade, or business is generally void. This means employers in California cannot enforce non-compete agreements that would restrict you from practicing medicine in a certain geographic area after you leave your current position.
- **Non-Compete Exceptions:** There are a few limited exceptions to this rule in California:
  - **Sale of a Business:** If you sell a practice, you can be bound by an agreement not to open a competing practice within a specified geographic area for a limited period of time.
  - **Partnership Departure:** If you withdraw from a partnership, you can be bound by an agreement not to compete within a specified geographic area.
- **Confidentiality and Non-Solicitation:** While non-competes are unenforceable, California employers often include **confidentiality** and **non-solicitation clauses** in contracts. These provisions prevent you from taking proprietary information (e.g., patient lists, trade secrets) or soliciting employees and patients when you leave the practice. It's essential to understand the scope of

these clauses, as they can impact your future ability to attract patients or hire staff from your previous employer. You should ensure that these clauses are narrowly defined to protect your rights to practice freely while respecting the employer's proprietary concerns.

### 3. Impact on Future Employment in California

- **Freedom to Practice:** California's prohibition on non-competes provides greater flexibility for physicians. If you leave a position, you can generally open a new practice or join a competing practice without fear of legal repercussions. This is a major advantage for physicians who want the option to switch jobs or start their own practice within the same geographic region.
- **Contract Negotiation:** While California protects physicians from non-compete clauses, employers may attempt to include other restrictions. Always review contracts carefully, particularly non-solicitation and confidentiality provisions, and negotiate terms that ensure your freedom to pursue future opportunities.

### 4. Oversight of Telemedicine and Other Providers

- **Telemedicine:** As telemedicine grows in California, many family physicians oversee non-physician practitioners in virtual care settings. Contracts should detail your role in reviewing virtual visits, providing backup care, and ensuring quality in remote environments. Telemedicine oversight can be more flexible, but clear protocols are necessary to avoid liability. You should also note that some California malpractice insurance carriers do not provide coverage for telehealth services, especially where you might be providing services to non-California residents, and so you may be asked to agree to coverage from an out-of-state carrier offering non-traditional coverage terms. You should also ensure you understand the geographical location of your patient population, as treating out-of-state residences may require licensure in other states.

### Some practical tips for California physicians when collaborating with other non-physician clinical practitioners and non-compete clauses.

- **Consult a legal counsel who is familiar with the physician employment contract where there is any ambiguity in the contract:** We advise having a healthcare attorney review your contract to ensure that other restrictive clauses, like non-solicitation or confidentiality, are reasonable and in line with state law.
- **Clarify Scope of Supervision:** Whether you're overseeing non-physician clinical practitioners in person or via telemedicine, ensure the contract reflects the exact expectations of your supervisory role and that you are compensated fairly for any extra responsibilities.
- California's strong protections against non-compete clauses provide family physicians with significant flexibility in their careers. However, it's essential to focus on the details surrounding **Non-physicians practitioners' oversight, non-solicitation,** and



**confidentiality** clauses in your contract, as these can still have a substantial impact on your professional mobility and legal responsibilities.

## General contract negotiation tips for employment with non-clinical roles (Utilization Management, Payers or Pharmaceuticals):

- **Job Flexibility:** Non-clinical roles in UM, payer jobs, and pharma often provide remote or hybrid work options, but contracts should clarify expectations regarding hours, work-from-home policies, and travel requirements.
- **Performance Incentives:** These positions frequently have performance-based bonuses or stock options (pharma), so it's crucial to understand how compensation is structured.
- **Transitioning from Clinical Work:** These roles may include a transition period where physicians adjust to non-clinical skills (e.g., decision-making without patient interaction). Some contracts may include onboarding or continuing education on the specific demands of the role.
- **Work-Life Balance:** Non-clinical roles usually offer more predictable hours, no on-call duties, and reduced work-related stress compared to traditional clinical practice, but this should be confirmed in the contract.

Non-clinical roles, especially in UM and payer environments, provide a unique intersection between clinical knowledge and healthcare business operations, making them attractive for physicians seeking a different pace or new challenges outside of direct patient care.

## Become a Practice Owner or Business Partner

### Some tips on becoming a physician practice owner or business partner.

There is an increasing movement to recapturing the joy of independent primary care practice and ownership of a family medicine practice may be a consideration for some desiring more autonomy. In this section, there are resources and information that may help guide your steps towards your own practice.

Opening your own family medicine practice involves numerous considerations, from choosing a business model to understanding regulatory and financial obligations. Below, I provide information about the key steps in opening your own practice, including links and resources for both **Primary Care** and **Direct Primary Care (DPC)** models, as well as **Urgent Care**.

#### 1. Primary Care vs. Direct Primary Care (DPC)

- **Primary Care Practice:** A traditional model where you accept insurance (including private insurance, Medicare, Medicaid) and are reimbursed based on fee-for-service, often with a focus on volume and adherence to insurance guidelines.

- **Direct Primary Care (DPC):** A membership-based model where patients pay a flat monthly or annual fee for services. You do not bill insurance, offering more flexibility in patient care but less reliance on reimbursement from third parties.

**Key Differences:**

- **Billing:** Primary care bills through insurance, while DPC bypasses insurance.
- **Patient Volume:** DPC typically has lower patient volume but more personalized care, while primary care may require higher volume to maintain financial viability.
- **Administrative Burden:** Primary care has higher administrative work due to insurance billing; DPC practices are often simpler administratively.
- **Revenue Stream:** Primary care depends on reimbursement rates, while DPC relies on membership fees.

**Resources for Starting Your Practice:**

- [AAFP Resources on Primary Care vs. DPC](#): This AAFP blog provides a comparison of both models, along with additional DPC resources.
- [DPC Alliance – Starting a DPC Practice Checklist](#): A comprehensive guide for physicians interested in starting a Direct Primary Care practice, with step-by-step considerations including legal, financial, and marketing aspects.

**Steps to Start a Family Medicine Practice (Primary Care or DPC)**

1. **Create a Business Plan:**
  - a. Define your business model (Primary Care vs. DPC).
  - b. Determine your patient base, location, services, and projected financials.
  - c. Identify whether you will offer ancillary services (e.g., lab tests, imaging).
2. **Legal Structure:**
  - a. Decide on a business structure
  - b. Obtain necessary licenses
  - c. Register your business with the IRS and obtain a Tax ID No.
3. **Set Up Your Financials:**
  - a. Set up bookkeeping, payroll, and tax preparation systems.
  - b. Explore potential loans or investment options for startup capital.
  - c. In Primary Care, understand reimbursement rates and credentialing with insurance companies. In DPC, focus on pricing your membership fees appropriately.
4. **Insurance and Compliance:**
  - a. Purchase medical malpractice insurance and general liability coverage.

- b. Understand state and federal regulations, including HIPAA compliance.
  - c. In Primary Care, credential with insurance companies, Medicare, and Medicaid (MediCal in California). In DPC, you will typically forgo insurance contracts.
- 5. **Marketing and Patient Acquisition:**
  - a. Develop a marketing plan that includes a website, social media presence, and local advertising.
  - b. Build relationships with local referral sources (e.g., specialists, hospitals).
  - c. Educate potential patients about the value of your services, especially if you choose the DPC model.
- 6. **Hire Staff and Set Up Office:**
  - a. Hire key staff, including medical assistants, front-office staff, and billing staff if you're in the Primary Care model.
  - b. Choose an Electronic Health Record (EHR) system, office management software, and telehealth platforms if applicable.
  - c. Set up your office space with necessary medical equipment and supplies.

## 2. Starting an Urgent Care Practice

Urgent care practices provide immediate, non-emergency care for acute issues and often have extended hours to accommodate walk-ins. Starting an urgent care practice has different financial and operational considerations compared to a family medicine practice.

### Key Steps in Opening an Urgent Care Practice:

1. **Market Research and Feasibility:**
  - Assess the demand for urgent care services in your area. High patient volume is key to profitability.
  - Determine whether you want to open an independent urgent care center or affiliate with an existing franchise or hospital system.
2. **Legal and Regulatory Considerations:**
  - Obtain the necessary licenses and certifications for operating an urgent care clinic in your state.
  - Ensure compliance with CAL OSHA, CLIA, and other regulations specific to urgent care services.
3. **Financial Considerations:**
  - Create a financial plan that accounts for staffing costs, medical equipment, and lease/rent costs for the facility.
  - Set up a billing process for commercial insurance, Medicare, and Medicaid (MediCal in California). Urgent care centers rely heavily on fee-for-service, so accurate and timely billing is critical.
4. **Location and Facilities:**

- Choose a high-traffic location with ample parking and accessibility.
- Purchase or lease equipment, including X-ray machines, EKGs, and other diagnostic tools.
- 5. **Hiring and Staffing:**
  - Recruit a staff of physicians, nurse practitioners, medical assistants, and administrative staff. Urgent care centers often require more employees than a family medicine office due to higher patient turnover.
- 6. **Marketing Your Urgent Care:**
  - Focus on marketing your practice through local media, social media platforms, and partnerships with nearby primary care offices and hospitals.
  - Highlight your clinic's hours, accessibility, and services such as walk-ins and same-day appointments.
  - **UCAOA (Urgent Care Association of America):** Provides resources on starting an urgent care practice, including feasibility studies and operational guides. You can visit [here](#).

### Additional Considerations:

- **Telehealth:** Many practices now offer telehealth services, either as part of primary care or urgent care. Setting up telehealth platforms, securing appropriate software, and ensuring compliance with telemedicine regulations is an important component of modern practice.
- **Partnerships:** Whether Primary Care, DPC, or Urgent Care, establishing referral networks and partnerships with local specialists, hospitals, and pharmacies can increase patient volume and enhance care coordination.

By carefully assessing your goals, patient base, and financial model, you can choose the practice environment that best fits your career vision and community needs.

### Here are some valuable resources that may be worthwhile to review and to have in hand:

- *CV building-AAFP has some great resources on employment and contract:*
  - <https://www.aafp.org/family-physician/practice-and-career/managing-your-career/employment-contracting.html> - this has many fantastic resources on contracting and employment including a free download: A Family Physician Guide to Employment Contracts
- *Things to pay attention to during your contract review and negotiation process:*
  - Navigating physician contract - <https://www.aafp.org/pubs/fpm/issues/2021/0900/p17.html>
- 10 Red Flags in a contract: <https://www.aafp.org/family-physician/practice-and-career/managing-your-career/employment-contracting/how-to-review-a-physician-employment-contract/10-red-flags-in-a-physician-employment-contract.html>
- Sign on bonuses - There are regional differences between NorCal and SoCal, and in rural areas so negotiate wisely and know the market.

<https://www.ama-assn.org/medical-residents/transition-resident-attending/should-you-expect-signing-bonus-your-first-job>

- AAFP: A family Physician Guide to Employment Contract: [A Family Physician Guide to Employment Contracts](#)
- AAFP: How to review a physician employment contract and how to negotiate employment contract: [Physician Employment Contracting - AAFP](#)
- *Questions to ask your potential employer:*  
<https://www.aafp.org/news/practice-professional-issues/20211005employresources.html>
- AAFP: Negotiating skills for physicians (video series):  
<https://www.aafp.org/family-physician/practice-and-career/managing-your-practice/business-of-medicine-for-physicians/negotiation-skills-for-physicians.html>
- *How to choose a lawyer to review your physician contract* [How to Choose a Lawyer to Review Your Physician Employment](#)
- *Contract review - Scott Weavil founder of Weavil Law PC* [Physician Contract Review - Weavil Law PC](#)



## Practice Checklist

The California Academy of Family Physicians has developed this checklist of action items and issues to consider as you enter practice in California, whether you have just completed residency or have moved here from another state. A large majority of family physicians are now employed in managed care and group settings which removes the responsibility of enrolling in IPAs, HMOs and PPOs, therefore this checklist will focus on maintaining your professional status and enhancing your personal life as a family physician.

Contents:

- Getting Started **Professionally**
- Getting Started **Clinically**
- Getting Started **Personally**

### Getting Started Professionally:

- ☐ Obtain your licenses
  - ☐ MD and DO licensing boards (see [Licensing & Certification](#))
    - ☐ Renewal required every 2 years, with CME requirements
    - ☐ Allow 4-6 months to have your initial application processed - remind your training program to complete the verification of training forms at this time
  - ☐ DEA license (see [Licensing & Certification](#))
    - ☐ To legally prescribe controlled substances, you must register with the Drug Enforcement Agency (DEA)  
<https://www.deadiversion.usdoj.gov/drugreg/registration.html>
    - ☐ It can take several months to obtain a provider number
    - ☐ As of 2025, there exists a requirement for DEA renewal that includes an 8hr training regarding prevention of substance use disorder, many options available online via AAFP. CAFP also provides a course on its [Online Education portal](#).
    - ☐ If planning to be an employed physician, check with your employer regarding potential sponsorship of medical license, DEA, and other required certifications (i.e. BLS/ACLS, PALS, NRP, etc)
- ☐ Stay Connected with Professional Organization Memberships

Participating in organized Family Medicine organizations can help you stay abreast of evidence-based medicine practices, access physician resources (such as this toolkit) and find community with other passionate Family Physicians.

  - ☐ AAFP, CAFP & Local Chapter

- ☐ ACOFP & ACOFP-CA
- ☐ AMA & CMA
- ☐ Obtain Hospital Privileges
  - ☐ Understand the typical scope of practice for family physicians in your community of interest, particularly around inpatient, obstetrics, and procedures.
  - ☐ If hospital privileges are desired, work with your employer or contact the medical staff office at the local hospital to be allowed to admit and treat patients.
  - ☐ Remember to keep written documentation from residency training regarding the number of procedures you've performed.
  - ☐ Identify which local physicians are available to serve as preceptors to sign off on your initial procedures.
- ☐ Contract Review (see [Contracts & Employment](#))
  - ☐ Pay attention to contract review deadlines, decide if you'd like a physician contract lawyer's assistance with your review.
  - ☐ For further information, please refer to the [Contracts & Employment](#) section of this toolkit.
- ☐ Check your Malpractice Insurance Coverage (*Adapted from Barbara Hensleigh, Esq, CAFP 2013 New Physician Toolkit*)
  - ☐ The vast majority of policies written in California are written on a "claims-made" basis. This means that you are only covered for malpractice incidents that take place during the period that your policy is in force. This is a less expensive option at the outset, since premiums typically grow in steps over four to six years, as your list of patients (and possible lawsuits) grows. Some companies offer policy discounts for attending risk management CME courses.
  - ☐ The other important aspect of claims-made malpractice policies is that your coverage ends when you stop paying your premiums. When you terminate a claims-made policy, the coverage for all care given during the time of that policy ends. For example, if you work as an employed physician from 2020 to 2025, but then leave that practice, you will not have malpractice coverage for that time period unless you or your employer purchase "prior acts" coverage either from the former insurer (tail coverage) or your new insurer (nose coverage). Tail coverage rates are a factor of the last year's annual premium, generally around 175 to 200 percent and can be a significant expense. All employment agreements should spell out who is responsible for purchasing tail coverage, preferably the employer.
- ☐ Other Considerations for the Self-Employed (i.e. private practice, direct physician care model) Physician:
  - ☐ If you are thinking about starting a new practice in California, start planning early. This process should begin with a careful evaluation of potential practice

locations and managed care or other health insurance income streams. Allow ample lead time to become credentialed with Medicare, Medi-Cal, and commercial health plans.

- ☐ Starting a new practice, or buying an existing practice, is a significant undertaking. For a step-by-step guide, CAFP recommends AAFP's "Starting Your Own Practice" available at <https://www.aafp.org/news/practice-professional-issues/20180305practicetool.html>
- ☐ Learn to Manage Your Practice
  - ☐ Read Family Practice Management. Published by the AAFP on a monthly basis, this magazine offers peer-reviewed advice on how to succeed as a family physician in the evolving health care system. It offers practical how-to articles and analyses of current issues. Full text copies of FPM are available online at <https://www.aafp.org/pubs/fpm.html>
- ☐ Contact Medi-Cal and Medicare
  - ☐ California's Medicaid program is known as Medi-Cal (<https://www.dhcs.ca.gov/Pages/myMedi-Cal.aspx>).
  - ☐ Medicare, the primary source of insurance for older Americans and Americans with certain chronic illnesses
- ☐ Purchasing your own Malpractice insurance
  - ☐ Consider these questions when evaluating malpractice carriers and their policies:
    - ☐ What are the available policy limits, and how much does coverage for someone in my specialty cost?
    - ☐ Are there premium discounts for good claims experience and/or attendance at risk management seminars?
    - ☐ What types of coverage are available, such as peer review or Medical Board defense?
    - ☐ How is defense counsel assigned to a malpractice case? Do I have any say in the process?
    - ☐ What role would I play in determining whether to accept any settlement offer made in my case?
    - ☐ What are the company's routine policy exclusions?
    - ☐ How many are insured with your company in California and nationwide? What is the breakdown by specialty? How long has the company been in existence?
  - ☐ Tail insurance: It is very important that you maintain continuous malpractice coverage throughout your career in family medicine. California has a claims-made insurance market. You can be sued, but not be covered for your defense if you receive notice of a lawsuit for something that happened while you were insured, but have already terminated your policy.

- ☐ Tail insurance is supplemental coverage to a claims-made policy for incidents that happened under an old malpractice policy. When switching insurance companies, be sure to obtain tail coverage from your old company or nose coverage (for prior acts) from the new company. Tail coverage can either last for a certain amount of time or be unlimited. You may need to have been with the insurance company for a certain amount of time before you can purchase it. Tail insurance usually costs between 175 and 200 percent of your last annual premium and is typically only available for a short period of time after a policy expires, generally 60 to 90 days.
- ☐ Many companies have provisions for “forgiving the tail” in situations of death, permanent disability, or retirement. Be sure to investigate these provisions carefully for vesting requirements, age limits, etc.

## Getting Started Clinically:

- ☐ Know Disease Reporting Requirements
  - ☐ Understand which diseases are required to be reported to your local county and region’s public health department.  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx>
- ☐ Know Local Resources
  - ☐ Understand what local resources are available to your patients: i.e. WIC, Autism resources,, Planned Parenthood, Department of Public Health, Substance use disorder programs and suboxone clinics
- ☐ Continued Medical Education
  - ☐ Decide on how to use your CME funding
    - ☐ Identify areas of your clinical interests you may want to further develop by attending conferences or workshops (ex: procedural training, clinical, leadership, academic)
    - ☐ If you are working with a managed practice, understand your CME time/funding, identify what sorts of learning, materials, and tools may be covered by your funding, ask if there are conferences which may be covered by your employer outside of CME funding
      - ☐ In-person versus Virtual
  - ☐ AAFP Affiliated CME Opportunities:
    - ☐ Conferences:
      - ☐ [CAFP’s Family Medicine POP!](#)
      - ☐ [CAFP’s All Member Advocacy Meeting](#)
      - ☐ AAFP’s

- ☐ FMX
- ☐ Future Conference for Medical Students and Residents
- ☐ RLS
- ☐ Asynchronous Learning:
  - ☐ [CAFP's Online Education portal for 24/7/365 Free CME](#)
  - ☐ AAFP Website - board review, AFP journal, etc.
  - ☐ cKSA app
- ☐ Recording and Reporting of CME
  - ☐ Important to track Continuing Medical Education (CME) credits for license renewal: <https://www.aafp.org/cme/about/report.html>
  - ☐ Develop a record-keeping system for keeping track of your CME credits.
  - ☐ Understand different types of CME credits and requirements for Prescribed Credits versus Elective Credits.
  - ☐ CME requirements differ for the Medical Board of California and the Osteopathic Medical Board of California - make sure you're fulfilling the correct requirements.

## Getting Started Personally:

- ☐ Personal Insurance:
  - ☐ Review the policies (i.e. health, dental, vision, life, disability, umbrella, etc) offered by your employer and select the plans that make most sense for you and your family. If starting your own practice, consider checking with local private practitioners to assess the plans that they invest in for themselves and their employees.
- ☐ Personal Legal Considerations:

Obtaining professional counsel is crucial when deciding between a living trust and estate planning, as each option has distinct legal and financial implications that can significantly impact your assets and beneficiaries. Expert advice ensures that your estate plan is tailored to your specific needs and goals, providing peace of mind and protecting your legacy. The following topics should be considered:

  - ☐ Asset protection
  - ☐ Estate planning
  - ☐ Incapacity planning
  - ☐ Tax considerations
  - ☐ Revocable versus irrevocable trusts
- ☐ Personal Financial Considerations - Summary of Keith Borglum's 17 simple Rules - Basic Financial Management for New physicians



- ☐ Consider consolidating student loans in order to achieve a lower rate or if meeting monthly payments is difficult. Explore loan repayment options. If working for a non-profit or in public service positions, consider applying for income-based repayment options and Public Service Loan Forgiveness (PSLF) program. PSLF will forgive the balance of your federal loans at the end of a specific payment period.
  - ☐ Learn to live on 75% or less of your income, eliminate credit card debt and maintain a good credit score
  - ☐ Fund retirement plans to the maximum possible. Given the income tax breaks, and the deferred income tax until retirement, with the ability to compound returns tax-deferred, funding your retirement plan early in your career is most important to allow the longest time for investments to grow
- 
- ☐ Disability Insurance
    - ☐ If a disability prevents you from working, disability insurance can protect your future income. Some employers may include this as part of the compensation package but additional coverage can also be purchased
    - ☐ Verify if a policy has monthly income caps, taxable benefits, time limit on own-occupation benefits, and language related to any-occupation rather than own-occupation language, which could limit payments if you are able to work in a non-physician job
    - ☐ <https://www.aafp.org/pubs/fpm/issues/2021/0900/p10.html>
- 
- ☐ Life Insurance
    - ☐ Provides loved ones with financial protection if you die unexpectedly. Policy should cover your family's needs such as income replacement and debt pay-off
    - ☐ Coverage and costs depend on age, healthy history and type of policy- such as permanent life or term life.
    - ☐ AAFP Insurance offers free consultation tailored toward each stage of your career <https://www.aafpins.com/about-us/why-aafp/>

## Being Well in Your Role

### Finding your Purpose

As you transition from residency into this new chapter of your medical career, it can feel impossible trying to create a future in which you thrive both professionally and personally. In our efforts to achieve this we often think about “work/life balance” and finding ways to reduce stress. However, true wellness is not just about managing stress or playing the balancing act—it’s about grounding yourself in your values and using them to define your purpose. When your purpose aligns with what you truly value, it becomes a powerful tool for maintaining both resilience and fulfillment, especially in the face of challenges. This perspective will help you navigate the demands of your profession while avoiding the burnout that so many others experience. As you read this chapter, keep your core values in mind as we offer resources to help support you both professionally and personally in creating a sustainable path forward in medicine. Take what feels right for you and leave the rest.

For more reading on values clarification and leading with purpose, check out these resources:

- *Dare to Lead* by Brene Brown
- *Ikigai: the Japanese Secret to a Long and Happy Life* by Hector Garcia
- [Core Values Clarification Exercise](#) by University of Wisconsin-Madison

#### 1. Advocacy & Networking

- a. Getting involved in local chapters - Want to get involved in advocacy and don't know where to start? Visit CAFP link with local chapters  
[www.familydocs.org/members/chapters](http://www.familydocs.org/members/chapters)
- b. Medical interest groups - If you have specific interests, you can find a community to share ideas, network and pursue leadership opportunities. Find out about getting involved here:  
[www.aafp.org/membership/get-involved/mig.html](http://www.aafp.org/membership/get-involved/mig.html).
- c. CAFP 365 - Find out more at [www.familydocs.org/app](http://www.familydocs.org/app).
  - i. Wonderful mobile app with all resources CAFP, stay connected with colleagues and up to date on all events
  - ii. Easily navigate CME sessions within the app
- d. Key Contact Program
  - i. Amplify your voice, by meeting with legislators, key stakeholders and advocating for family physicians and your patients at the state level. More information available at [www.familydocs.org/keycontact](http://www.familydocs.org/keycontact).
- e. CAFP conferences
  - i. Network with fellow and new physicians at CME events that not only satisfy credits, also opportunity to expand your network and leave refreshed. Find more information at [www.familydocs.org/events](http://www.familydocs.org/events).

#### 2. Personal

- a. Supporting a Healthy Lifestyle
  - i. [AAFP Self-Care web page](#): good review of meditation practices, managing finances, healthy lifestyle, and developing self-care skills.

- ii. Build connections with your community by getting involved in local recreational clubs or volunteering with community organizations.
- b. Physician Well-Being Conferences
  - i. AAFP Physician Health and Well-Being Conference
    - 1. Location changes annually so check out AAFP.org to find the next upcoming conference
  - ii. California-specific conferences
    - 1. Many academic institutions and regional medical organizations offer annual well-being conferences. Check yours out to see what they have to offer.
- c. Growing your Nuclear Family - Many physicians often put off starting a family until they graduate from the rigors of their residency. This results in many finding themselves learning how to meet the demands of their new practices and their roles as parents simultaneously. Research has consistently shown that this can be particularly burdensome on child-bearing physicians who face what is known as the “motherhood penalty”, a phenomenon that causes gender disparities in leadership positions and salary, and can lead to anxiety, depression, and burnout\*. The origins of this phenomenon represent systems and societal biases that are beyond the scale of this toolkit; however, it is important to acknowledge this reality, and its effect on the family unit, in order to mitigate its negative impacts on your personal and professional well-being while navigating this next chapter in your life. Here we have listed resources and tips to support your growing family:
  - i. Read over parental leave policies when reviewing contracts (see Part 3: Contracts and Employment).
  - ii. Review financial considerations with dependents: life insurance, asset protection, loan repayment, etc. (see Part 4: Practice Checklist).
  - iii. Consider family-friendly factors in your future work-place, such as flexibility, breastfeeding support, and child-care services.
  - iv. Seek support from your pediatrician, family, friends and spiritual community. Just because you are a physician does not mean you are expected to have all the answers!
  - v. Join local and online physician parent support groups.
  - vi. Look into parenting apps/books.
  - vii. Leverage the support of the family unit and secure help with household tasks. [The MedCommons](#) has some good tips to get you started:
  - viii. Educate yourself on the perception of gender roles to be a better advocate for yourself and others. For example, you can start with reading the article, [Challenges and Solutions for Physician Mothers: A Critical Review of the Literature](#).
- d. Burnout & Well-being Support
  - i. Check with your employer's Human Resources department
  - ii. [AAFP Physician Well Being](#)
  - iii. [AAMC Well-Being and Physician Resources](#)

*\*Research is limited on whether this phenomenon applies to transgender caregivers.*

## Professional Development

Engagement with your AAFP, CAFP, and local chapters can provide you with professional development opportunities of all kinds. Listed below are some of the ways you can engage and some of the opportunities that are available to you.

### Local Chapters & Districts

You have colleagues in California who are ready to connect, and the easiest way to do that is to get involved at the local level. There are 33 local chapters of the CAFP, all based on counties. Some of the chapters have several counties, while some larger chapters are just one county.

Getting involved in your local chapter: Local chapters help CAFP identify member needs, educate the public, and advance the specialty of family medicine. As a member of AAFP and CAFP, you will automatically be a member of your local chapter. Each chapter hosts its own meetings and events. Find out more at [www.familydocs.org/chapters](http://www.familydocs.org/chapters).



1. Alameda-Contra Costa	12. Santa Cruz-Monterey-San Benito	22. San Luis Obispo
2. Butte-Glenn-Tehama	13. Napa	23. San Mateo
3. Fresno-Kings-Madera	14. Orange	24. Santa Barbara
4. Humboldt-Del Norte	15. Placer-Sierra-Nevada	25. Santa Clara
5. Imperial	16. Riverside-San Bernadino	26. Shasta-Trinity
6. Inyo-Mono-Alpine	17. Sacramento Valley	27. Siskiyou
7. Kern	18. Amador	28. Solano
8. Lassen-Plumas-Modoc	19. San Diego	29. Stanislaus
9. Los Angeles	20. San Francisco	30. Tulare
10. Mendocino-Lake	21. San Joaquin-Calaveras-Tuolumne	31. Ventura
11. Merced-Mariposa		32. Yuba-Sutter-Colusa
		33. North Bay

The local chapters are collected into districts, with representatives of each district with a seat on the CAFP Board of Directors. Find out more at [www.familydocs.org/board](http://www.familydocs.org/board).

### Annual Events

There are several annual events that are open to members of AAFP, CAFP, and local chapters. The CAFP events include the All Member Advocacy Meeting (AMAM) and Family Medicine POP! (The annual clinical education and networking event for current and future family physicians).

- AMAM: The [All Member Advocacy Meeting](#) is your chance to learn how Academy policy is made, network with colleagues with similar policy interests, and discuss resolutions before the CAFP Board of Directors.

- b. POP: California's largest family medicine conference. [Family Medicine POP!](#) is a gathering of current and future family physicians from across California, great medical education, networking, hands-on workshops, career guidance, keynotes, and the Residency Recruitment Fair.
- c. Local chapter events: Your local chapter may have regularly scheduled events throughout the year, such as annual meetings, CME activities, or other get-togethers. If you are interested in meeting with your local chapter, visit [www.familydocs.org/chapters](http://www.familydocs.org/chapters).

## Making Your Voice Heard

### Engagement Interest Form

The [CAFP Member Engagement Interest Form](#) is a way for members to declare their interest areas and share information on their experience and expertise. We want to know what level you would like to be involved and where best to fit you in. That may be on a committee, as a media spokesperson, teaching at an upcoming event, or being a legislative key contact.

### Key Contact Program

The [Key Contact program](#) is a unique opportunity for members to become a vital voice representing Family Physicians across the state. Our program is designed to offer you an even more enriching experience, with exclusive opportunities, specialized trainings, and insider insights, including:

**Expanded Learning Opportunities:** Sharpen your advocacy skills, gain insights into new legislative developments, and stay at the forefront of policies affecting family physicians.

**Exclusive Events:** Be the first to access our quarterly events from our brand new Sacramento headquarters, providing you with insider information and networking opportunities.

**Impactful Advocacy:** Your voice matters. Renewing as a Key Contact allows you to continue being a leading advocate, representing Family Physicians in decision-making spaces.

### Committee Service

If you are interested in serving on a CAFP committee, you can complete the engagement interest form and declare your interest in one or more of the following committees:

- ☐ Audit Committee
- ☐ Committee on Continuing Professional Development (CCPD)
- ☐ Committee on Public Health and Equity (CPHE)
- ☐ Finance Committee
- ☐ Legislative Affairs Committee (LAC)



- ☐ Medical Practice Affairs (MPA) Committee
- ☐ Member Engagement Committee (MEC)
- ☐ Governance Committee
- ☐ JEDI Committee

You can find out more about CAFP committees at [www.familydocs.org/committees](http://www.familydocs.org/committees).

### Media Spokesperson

CAFP will often reach out to members to be the voice of family medicine in California for a news story. The media inquiries come in quickly and response is typically needed within the day. So, CAFP relies on trained media spokespeople. If you are interested in being a CAFP Media Spokesperson, you can declare your interest in the engagement interest form.

### Faculty/Teaching Opportunities

There are various teaching opportunities available through CAFP's Continuing Medical Education programs. These opportunities may be online through our Online Education portal, during a webinar, or at an in-person event like POP! or the All Member Advocacy Meeting. If you are interested in pursuing these opportunities, check the box in the engagement interest form and complete the additional information.

## Leadership Opportunities

CAFP has developed a page with leadership opportunities at the local, state and national levels. You can find more information here: [www.familydocs.org/leadership](http://www.familydocs.org/leadership).

Local Leadership opportunities vary greatly depending on your work or home location and where you are a member at the local level. Reach out to your local chapter or to CAFP staff to find out more information on those opportunities. You can find more information, including contact information at [www.familydocs.org/chapters](http://www.familydocs.org/chapters).

CAFP Committees:

- Medical Practice Affairs (MPA) Committee: Coordinate the Academy's medical practice affairs activities, including work on practice issues such as privileging, scope of practice, payment, technology adoption, and quality improvement.
- Committee on Public Health and Equity (CPHE): CPHE will address public health issues, both reactively and proactively, to guide CAFP policy and activity.
- Legislative Affairs Committee (LAC): LAC is actively involved in efforts to enact health care reform in California, reviews legislative proposals and ballot initiatives, and recommends principles and organizational positions to the Board..
- Committee on Continuing Professional Development (CCPD): The CCPD enhances and improves the quality of patient care by maintaining, developing, and increasing

the knowledge, competence, skills and professional performance of family physicians, and other primary care physicians — within California and nationally.

- Justice, Equity, Diversity & Inclusion (JEDI) Committee: The JEDI Committee is responsible for guiding CAFP organizational efforts to prioritize justice by increasing diversity, equity and inclusion.
- Governance Committee: The Governance Committee nominates and evaluates candidates for CAFP office according to the qualifications set forth in the CAFP Bylaws.
- Audit Committee: The CAFP Audit Committee was established by CAFP to ensure financial transparency for the organization.
- Member Engagement Committee (MEC): MEC works in defining member engagement measures and applying it to CAFP membership.
- Finance Committee: The CAFP Finance Committee (CFC) is responsible for conducting financial oversight and enhancing transparency.

## National Opportunities with AAFP

- NCCL: The National Conference of Constituency Leaders (NCCL) is the AAFP's leadership development event specifically designed as a vehicle for member constituencies, recognized as women, minorities, new physicians, international medical graduates, and LGBTQ+ physicians, to exchange information, share experiences, craft resolutions and develop basic leadership skills. CAFP sponsors a delegation of 10-12 members to represent our state each spring. Learn more about the conference [here](#) and apply [here](#).
- COD: The Congress of Delegates is AAFP's policy-making body. Its voting membership consists of two delegates and two alternates representing each state chapter, as well as delegates from the member constituencies representing new physicians, residents, students, and the constituency groups (see above) elected at the [National Conference of Constituency Leaders](#). California AMAM resolutions approved by the CAFP Board sometimes make their way up to be considered for new national policy.
- [AAFP Commissions](#) : AAFP commissions process referrals from the AAFP Board of Directors, COD, NCCL, National Congress of Family Medicine Residents (NCFMR), and National Congress of Student Members (NCSM). In addition, commissions discuss issues within their scope of work and deliberate regarding new strategic ideas to generate specific recommendations for action to the Board. Commissions are the national equivalent to CAFP Committees, and provide an excellent opportunity to deepen your understanding and shape the national conversation in specific areas of interest.

Other leadership programs, including the California Health Care Foundation (CHCF) Leadership Program, are great ways to gain experience and grow your own leadership skills. See CAFP's leadership page for more information.

## Membership

Membership with AAFP, CAFP, and your local chapter is an important way to stay in touch and support your career moving forward. If you're a new physician, embarking on your post-residency career is undoubtedly an exciting time, but it can also be a time filled with questions. AAFP and CAFP offer you a wealth of resources to help you navigate your future so you can make a positive impact on your patients, your community, and the practice of family medicine. AAFP Information on New Physician membership is available here:

[www.aafp.org/family-physician/new-physician.html](http://www.aafp.org/family-physician/new-physician.html)

There are many benefits for New Physician members (in the first seven years post-residency). These include: lower membership dues, discounts to events, contract review, CME opportunities, career development, and connection and networking with your peers.

There are several ways to stay in touch through AAFP and CAFP member communications. Make sure your contact information is updated so you receive all the latest news and information on resources. CAFP has regular e-newsletters (Academy in Action, CME News, Legislative Update, and local chapter news), the quarterly print magazine *California Family Physician*, and other resources that are distributed to members. It's important to have accurate contact information to receive these publications. Check your contact information by logging into your account at [www.aafp.org](http://www.aafp.org).

## Clinical content resources

CAFP Online Education offers educational resources made available for free, 24/7/365, and at your fingertips. From Reproductive Health, Obesity, ACEs, and Addiction & Substance Use Disorder education, CAFP has the latest education resources made specifically for family physicians. Visit [education.familydocs.org](http://education.familydocs.org) to find these resources.

AAFP offers various online and in-person CME opportunities, as well. Find more information online at [www.aafp.org/cme.html](http://www.aafp.org/cme.html).

Family medicine journals are available from various resources, including: [ABFM journal](#), the [AAFP publications](#) (American Family Physician, FPM, Annals of Family Medicine, and FP Essentials), and more.

## Licensing & Certification

Navigating the licensing and certification requirements for physicians can feel overwhelming, but it is an essential part of establishing your medical career. This guide is designed to simplify the process and ensure you stay on top of critical deadlines and requirements.

From obtaining your initial medical license to maintaining board certification and renewing DEA registrations, each step is vital to ensuring your ability to practice medicine seamlessly and confidently. This section provides a checklist with clear, actionable steps to help you stay organized and compliant with licensing and certification requirements..

Let's break down the timelines, fees, and certifications, empowering you to navigate the complex but crucial administrative aspects to jumpstart your career.

### Licensing and Board Certification

Achieving and maintaining board certification through the American Board of Family Medicine (ABFM) is a cornerstone of your professional development as a family physician. This process ensures your skills remain current, your knowledge stays sharp, and your commitment to quality patient care continues throughout your career. Alongside ABFM certification, securing and maintaining your California state medical license is an essential step for practicing medicine and delivering care.

This checklist outlines the critical steps—from completing residency and passing the ABFM board exam to maintaining certification through ongoing education, self-assessments, and quality improvement projects. Additionally, it includes key information on obtaining your California medical license, renewing it every two years, and ensuring compliance with continuing medical education (CME) requirements. Staying proactive with reminders and timelines will help you meet these requirements seamlessly, ensuring uninterrupted board certification and licensure to support your medical career.

#### 1. ABFM certification and process of maintaining board certification

- ☐ Complete 36 months of Residency Training
- ☐ Pass ABFM board certification exam (The exam is offered twice per year in April and November. Most residents take the April exam in order to seamlessly transition straight into practice as a board certified physician upon graduation.)
- ☐ Maintenance of Board certification ([www.abfm.com](http://www.abfm.com))
  - ☐ Participate in ongoing education through self assessments and CME
  - ☐ Complete Practice Improvement project (this could also be a quality improvement or patient safety improvement project). The first one must be completed in your PGY3 year prior to signing up for the boards

exam. This will be around December for most residents if you plan on taking your boards in April of your PGY3 year.

- ☐ Pay recertification fees
- ☐ Pass periodic examination every 5 years OR engage in continuous knowledge assessments quarterly during this time
- ☐ Check expiration date of your boards certification  
Expiration date: \_\_\_\_\_  
Set reminder in your phone or calendar for review of application 2-3 months in advance

## 2. Reminder for renewals

- ☐ Apply for California Medical License (you can apply after 12 months of training if you are a US medical school graduate and after 24 months of training if you are an international medical school graduate)  
<https://www.breeze.ca.gov/datamart/loginCADCA.do>
- ☐ Be aware of wait times, this can be checked through the following link.  
Timing can vary based on month of application.  
<https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Apply/processing-times.aspx>
- ☐ If you hold a PTL, it is advised that you submit application to transition from PTL to Physician's and Surgeon's License 6 months prior to receiving credit from board-approved post grad training program
- ☐ Renew Medical License (every 2 years)
  - ☐ Check expiration date of your state medical license  
Expiration date: \_\_\_\_\_  
Set reminder in your phone or calendar for review of application 2-3 months in advance
  - ☐ Complete required continuing medical education credits (In California, you must complete 50 CME every 2 years)
  - ☐ 1 time 12 hour CME on pain management within 4 years of your initial license or by your second renewal date
  - ☐ Ensure address and contact information is up to date
  - ☐ Submit renewal application and fees
- ☐ Renew DEA (every 3 years)

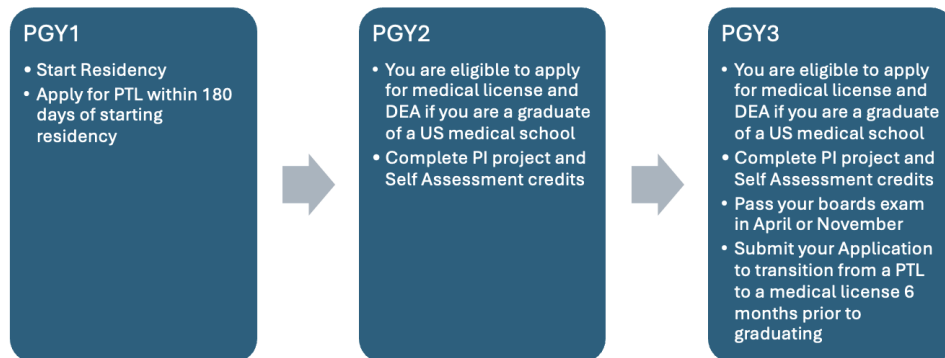


- ☐ Check expiration date of your DEA registration  
Expiration date: \_\_\_\_\_  
Set reminder in your phone or calendar for review of application 2-3 months in advance
- ☐ Ensure address and contact information is up to date
- ☐ Submit renewal application and fees
- ☐ Renew BLS/ACLS Certifications
  - ☐ Check expiration date of your ACLS and BLS  
Expiration date ACLS: \_\_\_\_\_  
Expiration date BLS: \_\_\_\_\_
  - ☐ Enroll in renewal course before expiration date
- ☐ Renew AAFP/CAFP Membership
  - ☐ Confirm membership status and renewal date  
Expiration date: \_\_\_\_\_
  - ☐ Ensure address and contact information is up to date

## Timeline for Licensure

- Start Residency in your PGY1 year
- Apply for PTL within 180 days of starting residency. PTL will last for 36 months without possibility of renewal.
- You are eligible to apply for medical license after completing
  - 12 months of residency training if you are a graduate of a US or Canadian medical school
  - 24 months of residency training if you are a graduate of an international medical school
- You are eligible to apply for a DEA as a PGY2 with a PTL
- It is strongly encouraged to submit your Application to Transition from a PTL to a medical license 6 months prior to graduating. License will not be issued until all requirements are met
- The training program must submit Completion of Postgraduate Training Program (PTA/PTB) up to 30 days prior to completing the program.
- Pass your boards exams in April or November of your PGY3 year

- Complete PI project and Self Assessment credits to obtain your boards certification. (If you plan on taking the April boards exam, you must complete the PI project by December of your PGY3 year in order to sign up for boards).
- Submit your renewal for your medical licensure every 2 years
  - If you are a US graduate, you potentially could submit your first medical license renewal as you graduate



## Next Steps

- Get in touch with the medical board
- Streamlined process of application
- Make your time line
- Time off in 3rd year for interviews, job search, etc.

## Questions & Updates

If you have questions about the content of the New Physician Toolkit, please contact CAFP at [cafp@familydocs.org](mailto:cafp@familydocs.org).

We will update this toolkit regularly to reflect any changes. If you see something that needs to be updated, please contact us at [cafp@familydocs.org](mailto:cafp@familydocs.org).

*Updated: May 2025.*