Career Pathways for Pediatric Endocrine Fellows

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Aristides Maniatis, MD
Rocky Mountain Pediatric Endocrinology
Centennial, CO
• **Training and Job History**
  - Medical school: Harvard
  - Residency and Fellowship: Children’s Hospital Colorado (CHC)
  - Joined private practice upon completion of fellowship; primary motivation was to stay in Denver (native)
    - Options were Barbara Davis Center (exclusively diabetes), CHC (endo with research focus on T2DM), or private practice
    - Partner for 8yrs
  - Left existing private practice group and started new practice: Rocky Mountain Pediatric Endocrinology
    - 8/2013 to present
    - RMPE structure: 2 MDs, 1 NP, 1 Clinic/Research RN, and support staff

• **Clinical research**
  - Lead principal investigator in all phase 3 long-acting GH trials (Ascendis, NovoNordisk, and OPKO/Pfizer)
  - Hypophosphatasia registry
  - SEARCH study
• Public health
  – NBS follow-up program for congenital hypothyroidism
  – National spokesperson for Growth Awareness Week

• Teaching
  – UCHSC Associate Clinical Professor: precept 3rd year PA students
  – MAGIC foundation: annual keynote speaker for GHD
  – Industry-sponsored branded and non-branded growth lectures to PCPs and ped endo colleagues
  – MER: non-profit CME for PCPs
Why private practice

- Autonomy
  - Creative scheduling for patients: Sat morning apts 1x/mo
  - Flexible scheduling for providers
  - Adapt quickly to changes
    - No central committees for staffing approval
    - COVID restrictions not dictated by bureaucracy

- Financial
  - Higher income potential for hard work: “you eat what you kill”

Challenges of private practice

- Staffing: hiring, training, turnover, and managing benefits
- Billing: external 3rd party company with detailed review of monthly reports and spreadsheets
- Referral sources: PCP engagement “customer service” and optimizing online profile
- Maintaining infrastructure: EMR, phones, and physical building/clinic supplies
• **Role of niching**
  – Evaluate your area and identify any unmet needs
  – Actively engage and collaborate with PCPs, industry, or academic departments
  – Build extensive clinical experience with patient volume
  – Extend to clinical research, if applicable
  – Become a key opinion leader (advisory boards, publications, and lectures)

• **Misconceptions of private practice**
  – Private practice = “non-academic” = “not as smart”

• **Advice for fellows**
  – Starting up a new private practice is challenging and financially risky, but do-able
  – Joining an established private practice is safer for new trainees
• Pediatric endocrinology is an exciting career with multiple options

• You can customize your career path with a combination of clinical care, teaching, and/or research
  – For me, this variety prevents burn-out, despite long hours spent working
  – I genuinely enjoy going to work every day 😊

• Contact Info
  – Aristides Maniatis
  – amaniatis@rmpedendo.com
  – 303-521-3359 (cell)