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On Behalf Of:
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This is a tough one.

Healthcare has changed since I had patients, a no compete clause with a partner, who took half of my income by sending all the of non-medicaid patients letters that I was no longer working. Talk about unfair trade practices. She also in the dead of night, took all of the charts (physical and digital), and left me with medical (OHP, Obamadoesntcare) for 20/year payment per visit.

A no compete clause allows patients from various busy clinics to open up their own clinics or join other clinics a citty away. Now, with the shortage (obamadoesntcare) of medical professionals because of the (obamadoesntcare) regulations and costly requirements, a non-compete clause may well unburden the (obamadoesntcare) need to see 36 pts a day and push dates of being seen urgently from days to months (which happened to me as a patient/in fact, I had to make my annual wellness exam appointment for November a few days ago). Current obamadoesntcare healthcare is overburdened and in larger cities this is catastrophic. It's like the NIH - months to years waiting for examination not including waiting for testing and lilfe saving procedures.

In very small communities, a no compete clause may continue to be useful.
For Physican Assistants, it's a ridiculous concept - these are professionals who work under the license of a physician.
For Nurse Practitioners, a non-compete clause is not necessarily ridiculous, and in these days, most clinics have become corporations.

Since the signer/signee of the clause are both aware of the consequences, it should remain the decision of the employing provider and the employee signing should have enough brains to sign or not (for heaven's sake, it's not rocket science - if they can pass the licensure exam which is difficult and that is putting it mildly, they should have the brains to know what the consequences may be).