



# CHOOSING A PRACTICE

Today's Practice  
Environment



THE AMERICAN ORTHOPAEDIC ASSOCIATION®

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Fellowship Education Coalition

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Part of the Fellowship Education Transition to Practice Lecture Series, this white paper accompanies the “Choosing a Practice” module, an educational resource to help fellowship directors answer their fellows’ crucial questions about negotiating an employment contract. The Lecture Series is a production of the American Orthopaedic Association in collaboration with the Fellowship Education Coalition comprised of the following orthopaedic specialty societies: AOA/CORD, AAHKS, AANA, AAOS, ABOS, ACGME, AOFAS, AOSSM, ASES, NASS, OTA and POSNA. Visit [aoassn.org](http://aoassn.org) or one of the subspecialty society websites to

access the Lecture Series. Updated May 2020.

# Today's Practice Environment

## Demographics

The demand for orthopedic surgeons based on geographic region can vary significantly. Some areas of the United States have a higher density of orthopaedic surgeons per capita, such as the Northeast and the Pacific Northwest, while other areas including the South and Midwest are less saturated.

Orthopaedics remains a Caucasian male dominated specialty, with >90% of AAOS members being men and >80% Caucasian, although diversity has been slowly increasing. The average age of the practicing surgeon has been steadily rising over the last decade and is currently 56.5 years old. This suggests surgeons are staying in practice longer.

Sub-specialization has also been on the rise and currently accounts for 60% of the field; an additional 25% make up generalists with a specialized area of interest.

## Practice Size and Environment

While specialization has been on the rise, we are also observing an increase in practice size. This likely correlates to an increase in hospital owned/based practices combined with the national trend of hospital and health system consolidation.

# Elements of Selecting a Practice

## How do we make decisions?

Choosing a practice is a very complex decision and must be made with incomplete information. We encounter this type of decision frequently as orthopaedic surgeons. In clinical situations, we are trained to rely on evidenced-based guidelines, expert opinion, or previous experience.

It has been shown that business leaders who are faced with new situations and complex decisions default to experience with familiar decision-making tools, which can lead to poor decisions, because the tool is not appropriately matched to the scenario. Because prior positions were outsourced to the match process, graduating residents and fellows have no experience and as a result may fall into this pattern. Therefore, we need to “decide how to decide” by taking a careful self-assessment and consciously developing a new decision-making tool.

## Understanding your own preferences

A critical first step in choosing a practice is recognizing your own preferences. Ask yourself “what do I want in a practice”? Write them down prior to beginning your search.

Realizing this is not an exhaustive list, and each person will weigh these factors differently, some examples of important variables can be any or all of the following:

- **Location:** Climate, distance to family, urban vs rural.
- **Income:** Guaranteed (high ceiling vs high floor), passive investment opportunities.
- **Type of Practice:** Academic vs employed vs private. May relate to risk tolerance.
- **Lifestyle:** Call responsibility, after-hours coverage, flexible hours, time off.
- **Work Culture**
- **Autonomy:** Higher in private practice.

Within a practice, you will need to decide if you want partners in your specialty. This will be highly practice-dependent and could represent either competition or mentorship/collaboration. Larger groups will likely come with increased ancillary and support staff, and it will be important to determine if these resources are shared equally or based on volume or seniority. Larger groups will usually (although not always) come with less call responsibilities and less autonomy.

It is unlikely you will obtain a job that has everything you want, especially right out of fellowship. Make a list of specific priorities in order of importance. These should be discussed with your family and re-assessed throughout residency, fellowship, and the interview process. This will serve as your decision-making tool for evaluating new job opportunities.

## Thinking about long-term goals

Before getting into the specifics of salary and call schedule, take a moment to recognize the “big picture” by asking a few simple questions.

1. What does your gut tell you? Are you excited or hesitant about an opportunity?
2. If the position lines up with your list of preferences, what sacrifices will you (and your family) have to make?
3. Can you envision yourself in that practice environment?

If something is unclear or you don't know, don't hesitate to ask for more information. Now is the time to ask – before signing a contract. If you are hesitant or cannot picture yourself in that group, don't force it. Trust your judgement and strongly consider looking elsewhere.

There is a tendency to evaluate a practice based on the initial offer and first few years, but remember your long term goals. Will these goals be achievable through this practice? Do you know how to be successful in that practice? It is critical to know how success is defined within that group (professor/academic track, RVUs, or collections) and try to envision your path to success.

It may be beneficial to define and evaluate the best- and worst-case scenarios for a position. How likely is each scenario? Leaving a group can be more challenging/complex than joining (malpractice, non-compete clauses, partnership stake, retirement account). We recommend you talk to someone who has left – they are likely to provide honest and helpful insight.

Finally, hold off on detailed negotiations regarding salary and specific responsibilities until you feel comfortable that you could see yourself in that position. This will likely take multiple interviews, phone calls, or visits.

## Examining the details

Once you can envision yourself in a particular practice, the details will need to be evaluated. It is okay to ask for specifics or clarification; there is a high degree of variability between groups especially in private practice. This is your time to ask questions: unclear expectations can lead to dissatisfaction. Your income may change significantly after the first few years depending on reimbursement structure, partnership track, and any ancillary sources of income.

## Income

- How are you paid? Does this change after the first 1-2 years (salary guarantee)?
- Bonus: Can you make the bonus?
- RVUs: Are you paid based on RVUs billed or collections?
  - Is there an RVU benchmark that must be met?
- How is overhead determined?
  - Split evenly vs based on clinical use vs based on collections
- Ancillary revenue stream
  - MRI, physical therapy, surgery center, DME
  - Equal share or do you need to make partner or buy in?

## Practice details and culture

- When and how to you make partner?
- What does “partner” mean?
  - Do you need to “buy in”? What are you buying into?
  - Voting rights
  - Share in ancillary income
- How are patients divided?
  - Divided evenly vs all to you until you get busy?
  - Do all the good cases & well-insured patients go to senior partners?

- Call
  - How is call divided?
  - Do you have control over how much/little call you take?
  - Is there an age when people no longer take call?
  - Do you get paid for taking call?
- Infrastructure
  - Is there room for expansion on your arrival?
  - EMR?
  - Research

## Staffing

- Do you get assistants?
  - Clinic scheduler, OR scheduler, Biller, APP, nurses in clinic, Mas, receptionist
- Who picks your assistants?

## General considerations

- If you are taking over a practice/position, why did they leave?
- Are your priorities aligned with the group/partner’s?
- Are you the only academically minded person in a private group (or vice versa)?

# Practice Options

A variety of different practice options exist, each with its own advantages and disadvantages. Understanding the tradeoffs to practice in each environment will help determine your best fit.

## Solo/Small Group

A practice without, or with only limited, partners, this model was previously very common but is becoming less popular over time. The smaller size of the practice allows for significant autonomy for patient care and business development but comes at the cost of administrative burden and financial risk.

- Advantages
  - Control – you are your own boss
  - Autonomy – you build the practice and hire who you want
  - Decision-making – you choose what to do
- Disadvantages
  - Must have a business sense – profitability depends on you
  - High costs
    - Equipment, personnel
  - Time off
    - Who covers call?
    - Who answers patient questions?
    - Who manages complications if you are gone?
    - Difficult to build a practice

## Private Large Group Practice

Multiple physicians within one or multiple specialties who provide care within the umbrella of one organization. Because of the larger size, autonomy is less than a solo/small group practice, but the ability to manage financial risk is increased.

- Advantages
  - Business based on production
    - High potential income ceiling
  - Clinical efficiency
  - Control over staffing
  - Opportunity for ancillary revenue streams (ASC, MRI, etc.)
  - Marketing strategy may already be present?
- Disadvantages
  - Administrative responsibilities
    - Board, hospital
  - Rounding/call
    - Multiple hospitals, weekends?
  - Business based on production
    - Low potential income floor
    - May be slow to build a practice
    - Need to know the competition (group and community)

## Hospital/Health System

Increasingly prevalent practice model. Administrative burden is usually offloaded to the employing entity. Physician autonomy and flexibility can be less, but compensation can be more stable than in private groups.

- Advantages
  - Professional service agreements (PSAs)
    - Flexible way to allow physician to remain independent while providing professional service to hospital
  - Hospitals will always need doctors/surgeons
  - Stability
  - Can focus entirely on clinical practice
  - Aligned goals to expand practice together
- Disadvantages
  - Less control
    - Services, employees
  - May provide high salaries initially, but then dependent on productive expectations
  - Hospitals incentivized to build with younger, less experienced surgeons

## Academic Practice

A practice in which salary is derived from an academic or private institution. A component of academic productivity, education, or service may be required. Physician autonomy may be less, but opportunities for professional development outside of direct clinical practice may be more easily pursued.

- Advantages
  - Working with residents and fellows
    - They assist with patient care and clinic burden
    - You can see them grow
  - Teaching/mentoring
  - Research
  - Exposure to “Cutting Edge”
  - Staying abreast of education
- Disadvantages
  - Working with residents and fellows
    - They slow you down
  - Hierarchy exists
  - Academic productivity required for promotion
  - Need to generate clinical volume may dominate academic time

# Getting the Job You Want

There is no such thing as a typical job-search process. What you value and search for in a job may differ entirely from your colleagues and mentors. This variability means that there is no one-size-fits-all approach to getting the job you want. Some surgeons may explore different practice types, some may only be interested in only one. Others may be limited to a specific location. It's important to realize that no job is perfect. However, by doing your homework in advance, knowing what to expect, and utilizing all your resources, you maximize your chance of a landing in a practice that makes you happy.

## Engage your existing network

It is important to keep in mind that you have already been in the profession for 6 years. You already have an established network of attendings from residency and fellowship. You have a network of co-residents and past residency graduates. These attendings and residents have their own professional (including places they trained) and personal network that may have contacts in your desired location and practice setting. It's important to engage this network to find job opportunities. These opportunities may be very valuable, as they may not be publicized or widely known.

## Fellowship Director

Your fellowship director (FD) has a vested interest in getting you a job. It is important for your fellowship program to see graduates succeed out in practice. As a result, you should count your FD as a part of your network. Bear in mind that due to the academic nature of the position, your FD may have more contacts with academic settings. If you are interested in other practice environment, your FD can connect you to past graduates of the fellowship who are in regions of interest.

## Job Listings/Directories

Job boards are a great resource to identify jobs that you may not have heard about through existing contacts. The AAOS website and Career Center has many listings, and the AAOS Annual Meeting is a great opportunity to connect with potential employers in a face-to-face fashion. Many sub-specialty societies also have websites with job listings. Finally, advertisements in journals such as JBJS, JAAOS, and your specialty journals can direct you to job opportunities. In some institutions, job listings must be posted publicly before hiring can occur, so it can be valuable to review these directories periodically. However, because of the public nature of the listing, you may be in competition with several candidates for desirable positions.

### Cold emailing

Using the internet, it is very easy to find private practices and their contact information. It is also easy to find contact information for academic and hospital practices. You can email practices in your desired location to see if there are positions available. Sometimes they may not have a position only because they are not planning ahead; your contact may make them evaluate their situation and determine they have a need in the upcoming 9-12 months. Your email should be brief – introduce yourself, tell them where you are training right now, what your ties to the regions are, when you would like your position to start, what you are looking for in a practice, and attach your CV. If you have a strong preference for a specific location, make contact early. This allows practices to keep you in mind as they evaluate their needs moving forward.

### Consultants

As a last result, use consultants. Consultants are useful if you are looking for a job in a region in which you are unfamiliar and you have no contacts. Typically, any job that is worthwhile will be advertised in a major orthopaedic website or journal. A consultant may not add to your search. It's important to also keep in mind that consultants will bombard you with undesirable job offerings long after your search is over.

# Additional Educational Resources

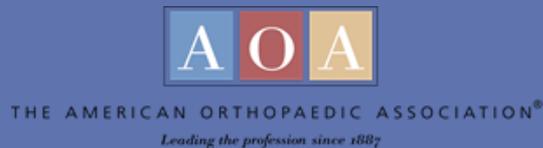
- **AAOS Career Center Job Board** - <https://www.healthcareers.com/aaos/search-jobs/>
- **JBS Career Center** - <http://careers.jbjobs.org/jobs/search/>
- **American Medical Association Career Center** - <https://careers.jamanetwork.com/>
- **American College of Surgeons Career Center** - <https://surgeonjobs.facs.org/>
- **Subspecialty Societies**
  - **AOSSM** - [https://www.sportsmed.org/aossmimis/Members/About/Professional\\_Opportunities/Members/About/Professional\\_Opportunities.aspx?hkey=d456cec2-4e6b-4477-aa82-bffec74a898c](https://www.sportsmed.org/aossmimis/Members/About/Professional_Opportunities/Members/About/Professional_Opportunities.aspx?hkey=d456cec2-4e6b-4477-aa82-bffec74a898c)
  - **ASES** - <https://www.ases-assn.org/about-ases/shoulder-and-elbow-career-opportunities/>
  - **AAHKS**
    - **Practice Resources** - <http://www.aahks.org/practice-resources/>
    - **Job Center** - <https://careers.aahks.org/>
  - **NASS** - <https://careers.spine.org/>
  - **OTA**
    - **Young Practitioners Resources** - <https://ota.org/fellowship/young-practitioners>
    - **Practice Management and Coding** - <https://ota.org/careers-practice>
    - **Job Board** - <https://ota.org/careers-practice/job-board>
  - **POSNA** - <https://posna.org/Resources/Job-Board/Find-A-Job>
  - **AOFAS**
    - **Practice Management Resources** - <https://prc.aofas.org/Public/Catalog/Details.aspx?id=gcuLJu7tV/u7OO2C%2bR/7pQ%3d%3d&returnurl=/Users/UserOnlineCourse.aspx?LearningActivityID%3dgcLJu7tV%2fu7OO2C%2bR%2f7pQ%3d%3d>
    - **Job Board** - <https://careers.aofas.org/jobs/>
  - **ASSH**
    - **Practice Management** - [https://www.assh.org/search-results?searchTerm=practice management](https://www.assh.org/search-results?searchTerm=practice%20management)
    - **Job Board** - <https://jobs.assh.org/jobs/>
  - **AANA** - [https://www.aana.org/AANAIMIS/Members/Education/Online\\_Education/Members/Education/Online\\_Education.aspx?hkey=fcc3eb02-1a8a-4ea6-8601-1c0d081b5fea](https://www.aana.org/AANAIMIS/Members/Education/Online_Education/Members/Education/Online_Education.aspx?hkey=fcc3eb02-1a8a-4ea6-8601-1c0d081b5fea)

# Fellowship Education

## Transition-to-Practice Lecture Series

An educational resource produced by the American Orthopaedic Association's  
Council of Orthopaedic Residency Directors (CORD)  
in collaboration with the Fellowship Education Coalition

[aoassn.org](http://aoassn.org)



Fellowship Education Coalition

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The American Orthopaedic Association engages the orthopaedic community to develop leaders, strategies and resources to guide the future of musculoskeletal care. The Fellowship Education Coalition brings together the orthopaedic community to identify, curate or develop educational tools and resources to better prepare graduating fellows for practice. The Coalition is comprised of the the following orthopaedic specialty societies: AOA/CORD, AAHKS, AANA, AAOS, ABOS, ACGME, AOFAS, AOSSM, ASES, NASS, OTA and POSNA.