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## First Job Considerations as an Orthopaedic Surgery Attending: Picking a Practice Setting

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**Article - Feature****First Job Considerations as an Orthopaedic Surgery Attending: Picking a Practice Setting**

By Purab Kothari, Class of 2026  
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A career in medicine is a journey with many forks in the road as medical students choose specialties, then subspecialties, and finally a practice setting. Particularly with the latter, becoming familiar with the various practice options early on can lead to an easier decision when the time to join the workforce arrives. Additionally, the ability to work in a setting that aligns with one's career goals may ultimately lead to increased job satisfaction and reduced burnout risk. The following article aims to define various practice settings, including academic, private, community, "privademics" and locum tenens, and explore key considerations orthopaedic surgery trainees should keep in mind when making their final decision.

**Academic**

In an academic setting, orthopaedic surgeons will typically work within a hospital system that is associated with a medical school. Accordingly, these institutions focus largely on research, so physicians are typically expected to contribute to scientific literature in addition to their clinical practice. These centers are tertiary or quaternary care centers, and generally offer equipment and procedures at the cutting edge. Surgeons will be exposed to more complex cases as many patients seek care amongst superspecialists with access to more resources.<sup>1</sup> Therefore, academic jobs have long been sought after by those with interests piqued by difficult and rare pathologies. Academic attendings also have the opportunity to teach fellows, residents, and medical students as an additional nonclinical role.

Compensation within academics is typically salary based with RVU incentives. In other words, orthopaedic surgeons will be paid a guaranteed base salary, with larger sums paid to surgeons who perform more procedures. Academic surgeons usually receive various benefits, such as health insurance, retirement plans, and paid time off, but are typically paid less than their private practice counterparts (\$364,000/year vs. \$480,000/year).<sup>2</sup>

As academic jobs tend to exist within tertiary and quaternary care systems, these jobs are harder to

find in more rural areas, as such hospitals require plenty of infrastructure and serve best to provide in large metropolitan areas. This is of special concern to those considering practicing in underserved areas.

**Private**

In private practice settings, an orthopaedic surgeon will own and operate their own medical practice. Within the realm of private practice exists solo practice, single specialty groups, and multispecialty group practices. Solo practice physicians own their practice and see all patients but also incur the most financial risk as they cover all the overhead themselves (e.g., staff salaries, office building rent, surgical center rights). Single specialty groups consist of partners of the same specialty all owning the practice and splitting overhead costs. Lastly, multi-specialty groups consist of partners in varying specialties working in conjunction under one larger practice umbrella.

The advantages of private practice include autonomy and flexibility in terms of scheduling and the types of cases they take on, as well as the potential to earn more money than in other settings.<sup>2,3,4</sup> This is due to the elimination of administrator fees, as well as the ability to "eat what you kill;" performing more procedures to generate more revenue.

**"Privademics"**

With the emersion of private practice groups affiliating themselves with academic centers and residency programs, the term "Privademics" has become increasingly popular.<sup>5</sup> Privademics falls along some continuum between academics and private practice, in which surgeons are affiliated with an academic medical center, but also can participate in the business side of private practice. This allows practicing orthopaedic surgeons to participate in education, research, and academic activities and utilize the resources of the university. In conjunction, surgeons have autonomy and financial potential to grow their business.

**Community**

Community hospitals are typically smaller hospital systems with a predominate focus on clinical care and less emphasis on research and education when compared to academic hospitals. Here, orthopaedic surgeons typically receive fewer complex cases, but can perform a wider variety of procedures. One might find themselves performing a total hip arthroplasty, then a shoulder arthroscopy, and then an emergent femur reduction, for example. As a

result, one will find less super-subspecialized orthopaedic surgeons working in these settings. Community hospital surgeons also take call but are often compensated less than their private practice counterparts (\$396,000/year vs. \$480,000/year).<sup>3</sup> Such a practice is more conducive to rural living and treating underserved communities than an academic hospital. These hospitals require less resources to establish and are therefore more feasible in such areas. Surgeons who desire a sense of community may find a rewarding career in this practice setting.

### **Locums Tenens**

Locums tenens physicians are commonly known as “traveling doctors,” contracted for short periods of time (2 weeks to several months) wherever their services are needed. This is typically due to a regional physician supply/demand imbalance or temporary absences, and frequently presents in more rural areas. Locums tenens physicians have the power to choose which contracts they accept, and by extension, where they work and how many weeks of the year they work. However, these jobs are typically scattered across the country, which can be burdensome to physicians with families. On the contrary, locum tenens positions allow for travel and experiencing life in a diverse array of geographical locations.

Orthopaedic surgeons willing to work locums are in high demand and can garner a competitive hourly wage, but many positions require their applicants to have some post-training experience (usually a Board Certification). While the flexibility of locums seems appealing, many believe joining an established practice after residency/fellowship is necessary to achieve the level of operating comfort required before one can participate in locums safely.<sup>6</sup> As such, this practice model may be more suitable later in one’s career. Locums tenens surgeons can find job opportunities through traditional job bulletins, but locums tenens agencies are becoming a more common resource for job selection as they offer benefits like malpractice insurance while also providing a more comprehensive job search.

### **Key Considerations**

- Academic centers have a complex management layout, requiring the presence of executive administrators who many believe to be a source of financial leakage away from both patients and providers.<sup>7</sup> This structure also sacrifices physician autonomy as surgeons working in these systems are considered employees within a hierarchy and have limited freedom to modulate their work schedule.
- Alternatively, large academic institutions have shifted to vertically integrated delivery systems with provider sponsored health plans. In simple terms, these healthcare companies act as both the insurer and the hospital, while also owning the other care centers (physical therapy, ambulatory surgery centers, etc.). Financially, these companies are incentivized to reward positive patient outcomes as opposed to surgeon productivity (volume and billing value of procedures performed).<sup>8</sup> If this shift continues, incentivization within academic careers may change, having lifestyle and compensation effects on surgeons of the future.
- The delineation between academic medicine and private practice has faded over the years, so there are many job opportunities that lay everywhere along the spectrum. The exact structure of any practice setting will have a large impact on all the considerations discussed prior, including lifestyle and compensation.
- Some academic institutions grant protected time away from clinical responsibilities to pursue research and other nonclinical endeavors.
- While an appealing option, privademic settings may present the same disadvantages as an academic setting in terms of pressure to publish research and participate in educational activities. Additionally, they may have the same financial responsibilities/risks as private practice.
- It is important to note that opening one’s own practice is becoming less and less feasible these days as there is growing competition from surrounding larger private groups.
- Private practice group positions typically pay a guaranteed salary for the first few years of a surgeon’s contract to allow them to establish a patient population, but most practices compensate based on productivity later. This is important to keep in mind when considering offers to avoid hyper-fixation on starting salary.
- Particularly within orthopaedic surgery, surgeons can expand their utility as consultants for device development. While this isn’t usually a career option for a new attending just completing training, choosing a practice setting heavily involved in the industry may facilitate such a career later.

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