1. **How do you calculate your own contribution margin or topline revenue generated when the hospital/employer won't share your contribution with you as a matter of leverage**

   It's very difficult without transparency from the hospital, but some options include trying to reconstruct by using your own wRVU/case data with national benchmarks or the hospital's own CMS price-transparency and cost-report filings.

2. **Relocation and sign-on bonuses are great incentives for new jobs. What options have your prior jobs offered to RETAIN you?**

   This can be seen in both compensation offers and other non-monetary incentives. Monetary incentives to re-sign can include another sign on bonus, retention bonuses, or increase in salary and/or $/wRVU.
   Non-monetary incentives include less patient-facing time, parking spots, increase in CME and/or PTO, dedicated OR time, dedicated MAs or nurses, etc.

3. **Can you share any tips for renegotiating and negotiating new contracts within the same organization? Especially if it's at the same place where you trained.**

   Make sure that you have written down everything you have accomplished in your initial contract with associated FTE time (e.g., taught medical students for 1 hour a week x 8 weeks), also come with a plan and pathway to get there (if you want to be a program director, discuss desire for leadership or education programs, and see if they will include that in your new negotiations to cover).

   A few tips:

- **Benchmark the position independently.** Don't assume the offer is competitive because you already know and trust the organization. Compare salary, productivity expectations, signing bonus, call, PTO and other terms against current market data for your specialty and geography.
- **Use what they already know about you as leverage.** They've seen your clinical abilities, work ethic, relationships with colleagues and familiarity with their systems. Hiring you also eliminates some of the uncertainty that comes with an outside candidate.
- **Treat a new attending contract as a fresh negotiation.** Your resident/fellow salary and employment terms shouldn't anchor what you're worth as an attending.

- **For an existing attending renegotiating, bring evidence of your value.** Productivity, additional responsibilities, call coverage, leadership roles, patient volume and changes in market compensation can all support the request. Resolve recommends reviewing market compensation at least annually and beginning renewal discussions roughly **60–90 days before renewal**.
- **Look beyond salary.** If compensation is standardized, there may still be flexibility around bonuses, administrative time, schedule, call, CME, PTO, restrictive covenants or other terms.
- **Get any future promises in writing.** If the employer says, "We can't change this now, but we'll revisit it in six months," ask to document when and how that review will occur. Establish a future point to revisit issues an employer won't change initially.

  The biggest takeaway: familiarity with an organization is valuable, but it shouldn't replace due diligence. Know your market value first, then negotiate from the perspective of the physician you're becoming not the trainee they already know.

4. **Academic jobs are notorious for having a "standard" contract or otherwise claiming they can't negotiate anything in it. What strategies do you recommend to overcome this roadblock and negotiate the best possible arrangement for the surgeon?**

   Be creative!! Many places won't adjust the compensation, but may have some wiggle room for CME time, or reimbursement for things like travel to conferences or parking.

   My first advice is always to ask for everything up front and not be steered away from the asks based on the "standard" contract alone. I also recommend on being strategic in bringing leverage to the position that you want and how to wield it- the more leverage you have, the more they are likely to work with you on changing that "standard" contract.

5. **How have you negotiated 'non-clinical' positions (e.g., program director, clinical service director, committee involvement) or even academic productivity into compensation? The two main options seem to be more money or protected time. Systems that have worked for you? Other options?**

Roles such as PD should come with a certain FTE attached, however clinical service director or APD may not. It would be challenging to ask for more money for one role, however, if you do a lot (APD plus committees, plus research e.g., that may be worth having the conversation about slight salary bump or protected time.

6. **What if you have no definition of an FTE and you're trying to negotiate for one? Do you have advice for this? There is no incentive for the administration to update this.**

   The standard definition of an FTE is 40 hours/week. As you can imagine, this is not always feasible for physicians, especially surgeons. In its absence, I would recommend focusing on a breakdown of your clinical v. non-clinical time, such as 0.8 FTE dedicated to patient-facing hours and 0.2 on administration.

   Lauren, do you have a formula for how much salary a surgeon should get based on RVUs, collections, or revenue?

   This would differ by region, specialty, years in practice, and type of practice. As a general rule, for a wRVU productivity, your $/wRVU x your wRVU threshold should equal your guaranteed salary

7. **If renegotiating, how important is it to consider looking for another job, just in case, or for comparison purposes? Is it risky to try to renegotiate w/o another opportunity in the wings?**

   I always think it is helpful to know what other roles are out there. I think that if you are in position where you have a good relationship with the leadership, you don't have to necessarily have another offer waiting. However, if you are heading into a renegotiation with one foot out of the door, it would be helpful to start the process of looking.

8. **When you are part of a compensation plan, how do you suggest surgeons renegotiate salary beyond what is in the compensation plan?**

   Point out other areas where you provide work, or are expected to spend money (e.g., your DEA license, your national organizations, your medical license fees).

Compensation plans can differ around the country, but if you are renegotiating a compensation plan as a group, you will have the strongest possibility if you do so as a group.

9. **How do you start a conversation to renegotiate your salary?**

   I came with a knowledge of 50% for my area for pay, how many years of experience I had, what the cost of living was in my area, etc. I pointed out I could not afford a house in the area I was living. Ultimately, you have to be willing to walk away if there are definite non-negotiables for you.

   I recommend approaching your employer about 90 days prior to the anniversary of your start date, before it auto renews. Most of the time this can be done informally via an email. Also recommend asking others in your department who have gone through the process on what was most successful for them.