

# THE NUANCES OF HIRING AN ASSOCIATE

This broad overview of metrics and considerations can help you bring an associate into a growing retina practice.

By David Chin Yee, MD, FASRS



As retina practices continue to experience steady growth—driven by an aging population, increasing prevalence of diabetic retinopathy, and expanding treatment options—practice leaders are frequently confronted with a pivotal decision: when and how to hire an additional physician. Adding an associate is often the most effective way to expand capacity, but it is also one of the most complex and high-stakes choices a practice owner can make. Unlike opening a satellite office or renovating existing space, hiring a new doctor introduces long-term financial, cultural, and operational implications that extend far beyond the immediate relief of a crowded schedule.

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## KEY TAKEAWAYS

- ▶ The decision to hire typically emerges from the day-to-day realities of a busy retina clinic. Physicians and staff may feel overwhelmed by emergent cases, delayed follow-ups, or difficulty accommodating new referrals.
- ▶ The ideal timing to hire is when existing physicians are consistently over capacity, but the practice has a predictable pipeline of patients to support the new hire within 12 to 18 months.
- ▶ The path to partnership is where many practices encounter friction. Transparent timelines and criteria are essential.

difficulty accommodating new referrals. Referring doctors express frustration when their patients face long wait times, and the practice owner senses diminishing returns on personal effort. While these qualitative signals are important, they must be validated with objective data before committing to the significant expense of a new associate.

**ASSESSING THE NEED: METRICS OVER INTUITION**

The first nuance in hiring is moving from subjective stress to data-driven certainty. To decide if hiring an associate is the right path forward, the practice owner must evaluate key metrics, including the following:

**New patient wait times:** If routine new patients wait more than 4 to 6 weeks or urgent referrals more than 1 to 2 weeks, capacity constraints are likely affecting referral relationships.

**Physician use:** Track the percentage of available appointment slots filled and the average number of patients seen per clinic day. Sustained rates above 85% to 90% suggest the practice is at or beyond optimal capacity.

**Injection and procedure volume:** High-volume practices often reach a tipping point when the number of intravitreal injections or laser procedures exceeds what the current team can comfortably manage without compromising quality or patient experience.

**Revenue per provider:** Compare current revenue per full-time equivalent physician against industry benchmarks. If revenue growth is plateauing despite increasing demand, adding a provider may unlock additional capacity.

A common mistake is hiring too early—before the practice has sufficient volume to support the new physician’s salary and benefits—or too late, when referral patterns have already shifted to competitors. The ideal timing is when existing physicians are consistently over capacity, but the practice has a predictable pipeline of patients to support the new hire within 12 to 18 months.

**FINANCIAL MODELING: BEYOND THE PRO FORMA**

Financial planning for an associate requires more than a simple pro forma. While initial projections often focus on collections, overhead allocation, and partnership buy-in timelines, experienced practice leaders should emphasize several subtler considerations, such as the following:

**Ramp-up period:** New retina specialists typically require 12 to 24 months to reach full productivity. During this time, the practice absorbs salary, benefits, and malpractice costs without proportional revenue. Conservative models assume only 50% to 70% productivity in the first year.

**Ancillary revenue:** Retina practices derive significant income from imaging, injections, and clinical trials. A new associate must be positioned to contribute to these streams, not just clinic visits.

**Partnership track:** Clear, written terms for partnership eligibility (usually within 2 to 3 years) prevent future

disputes. Compensation structures often evolve from guaranteed salary to productivity-based models as the associate matures.

**Noncompete and tail coverage:** These protections, while standard, require careful legal review to ensure enforceability without alienating the candidate.

**RECRUITMENT: FINDING THE RIGHT FIT**

The search process reveals another very important layer of nuance: Cultural and philosophical alignment between the current staff and any new hire often matters more than pure clinical skill. Retina is a small specialty, and reputation travels quickly. Top candidates typically emerge through fellowship networks, conferences such as the annual American Society of Retina Specialists meeting, direct outreach to training programs, or from colleagues looking to change practices.

When a practice is ready to start the search, owners and hiring managers should prioritize the following key qualities:



**FURTHER READING**

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By Larry R. Brooks, AIA



## HIRING AN ASSOCIATE IS NOT MERELY ADDING CLINICAL CAPACITY— IT IS A STRATEGIC INVESTMENT IN THE PRACTICE'S FUTURE.

**Clinical competence:** New hires must be proficient in all aspects of the practice, including strong surgical skills, if the practice performs vitrectomy, and comfort with widefield imaging and anti-VEGF protocols.

**Work ethic and resilience:** Retina demands long hours, frequent emergencies, and emotional stamina. Make sure the right candidate is ready for the challenge.

**Personality fit:** The new associate must complement the existing team's communication style and patient approach. A brilliant clinician who disrupts staff morale can undermine the entire practice.

**Long-term commitment:** Candidates seeking short-term positions (eg, to build a CV before leaving for academia) pose risks to practice stability.

The interview process should include multiple touch-points, such as dinner with the partners and their spouses, clinic observation days, and candid discussions about call schedules, income potential, and lifestyle expectations to shed light on the candidate's key qualities.

From a practice perspective, communicating with mentors or colleagues who can serve as references to gauge personality or fit can also go a long way in avoiding issues. Being open about the current practice culture and day-to-day expectations and highlighting future plans or projections of possible changes has been vital for our practice's growth.

The employment contract is a foundational document that outlines compensation, responsibilities, noncompete clauses, partnership tracks, and termination terms. Having both the practice's and the candidate's lawyers review the contract ensures a balanced, transparent process. This dual review protects both parties, minimizes risks, and fosters a stronger long-term relationship.

### ONBOARDING AND INTEGRATION

The first year with a new associate is critical. Poor onboarding can lead to frustration, reduced productivity, and even early departure. Best practices for this step of the process include the following:

**Mentorship structure:** Pair the new physician with a senior partner for complex cases, surgical assistance, and chart review.

**Gradual ramp-up:** Start with lighter clinic schedules to allow the associate time to learn the practice workflows, electronic health record templates, and staff dynamics.

**Staff preparation:** Train technicians and scribes on the new physician's preferences to ensure smooth clinic flow from day one.

**Marketing support:** Actively introduce the new doctor to referring physicians through joint visits, lunch-and-learns, and co-signed letters.

### COMPENSATION MODELS

Compensation remains one of the most nuanced aspects of associate hiring, and practices have several ways to approach this, depending on the practice and the associate they hire. Common structures include the following:

**Guaranteed salary with bonus:** This compensation model provides the new associate security during ramp-up but may reduce incentive.

**Pure productivity (eg, work relative value unit or collections-based):** This approach aligns the physician's effort with reward, but it also risks financial stress early in the onboarding process.

**Hybrid models:** Practices can consider providing a base salary plus a productivity bonus after a threshold; this is increasingly popular for balancing risk and motivation.

Choosing one model over another depends on factors such as practice maturity, financial stability, associate experience, and regional market dynamics. New or growing practices favor guaranteed models to attract associates during ramp-up (12 to 24 months to full productivity). Established groups lean toward productivity to motivate efficiency.

The practice can consider balancing risk and incentives, as guaranteed models provide security but may reduce drive; productivity maximizes earnings (eg, \$750,000+ for high-volume doctors) but exposes the practice to volume fluctuations. Practices heading into a growth phase can consider starting with a hybrid and shifting to productivity after 2 years to align with partnership tracks.

Thus, practices should consider a guaranteed/hybrid for ramp-up and security or a productivity-based model for motivation in mature practices, and vary the model based on ownership for long-term alignment.

Benefits packages—health insurance, 401(k) matching, CME allowance, and malpractice tail coverage—can make or break an offer in a competitive market.

### PARTNERSHIP TRACK: SETTING EXPECTATIONS

The path to partnership is where many practices encounter friction. Transparent timelines and criteria are essential. The typical track is 2 to 3 years for a new associate and can vary depending on the experience of the new hire (ie, just out of fellowship vs a more seasoned clinician looking to make a move), and the buy-in formula is often based on

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tangible assets (eg, equipment, inventory) plus a multiple of average collections. Practices should carefully consider the governance rights included in the partner track, including voting power, committee roles, and profit distribution.

Practices that delay or obscure partnership terms risk losing talented associates to competitors offering clearer paths to ownership. Even in a private equity (PE)-owned practice, those with ownership may be able to purchase stock in the organization. Concerns about PE risks can be addressed by front-loading protections in the employment contract, staying vigilant, and prioritizing your values. Many associates thrive in PE environments with proper preparation, but others regret lost independence. Prospective hires should discuss the potential of a PE acquisition with a lawyer early in the process—it's the best insurance against surprises.

#### **RISKS AND PITFALLS TO AVOID**

If you follow these tips, your practice should have a smooth transition. However, even well-executed hires carry risks. The hiring process is short, and personality conflicts are possible, even after careful vetting. A poor cultural fit can erode morale across the practice. In addition, the practice may have issues with the productivity gap introduced; if the referral volume doesn't materialize as projected, the new associate may struggle financially and emotionally.

If your new hire doesn't work out after a few weeks or months, the departure costs can be steep for the practice. Noncompete enforcement, tail insurance, and patient retention battles can be expensive and divisive.

#### **A STRATEGIC INVESTMENT**

Hiring an associate is not merely adding clinical capacity—it is a strategic investment in the practice's future. When timed correctly, with careful attention to financial modeling, cultural fit, and clear expectations, adding a new retina specialist can transform a stressed, overburdened practice into a sustainable, thriving group that better serves patients and referring doctors alike.

The nuances lie in resisting the temptation to hire reactively during busy periods and instead approaching the decision with the same rigor applied to complex surgical cases: thorough preparation, data-driven analysis, and meticulous execution. Done well, adding an associate doesn't just relieve today's pressures—it positions the practice for long-term success in an increasingly competitive landscape. ■

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