

RED FLAG CHECKLIST · GENERAL SURGERY

15 contract provisions that quietly cost you.

Data. Leverage. Fair pay.

Built for general and acute care surgeons · 2026

The 15 provisions below are the ones most likely to cost general surgeons money, mobility, or leverage. Surgical contracts pivot on case volume, OR block time, and call burden — read each item against your contract and mark whether it is present, missing, or unclear. A single CRITICAL finding warrants careful review before signing.

THE 15 RED FLAGS

5 CRITICAL · 7 HIGH · 3 MODERATE

01 | ■ CRITICAL

No guaranteed OR block time

Without contractually guaranteed block time, the employer controls your income by controlling room access — case volume drops without breach. Specify hours per week and protected vs. shared block.

02 | ■ CRITICAL

wRVU rate with no named benchmark

A dollar-per-wRVU rate with no reference to 2025 national benchmarks gives the employer full discretion to call any rate market without contractual standard.

03 | ■ CRITICAL

Claims-made malpractice, no tail commitment

Silence leaves who pays unresolved. Ask for employer-paid tail in writing for resignation, termination and nonrenewal; confirm the policy terms.

04 | ■ CRITICAL

Termination without cause under 90 days

Hospital privileging and payor enrollment run 90–120 days. A 30- or 60-day without-cause window leaves no time to credential, relocate, or replace income.

05 | ■ CRITICAL

Compensation model not clearly specified

If salary vs. wRVU vs. collections vs. hybrid is ambiguous, the model can shift at renewal — a guaranteed base silently converting to production-only is the classic pattern.

06 | ■ HIGH

Call burden uncapped or undefined

Specify number of call days per month, weekend/holiday rotation, in-house vs. home, per-call rate, and trauma activation differential. Uncapped surgical call is one of the largest unpaid-work exposures in the field.

07 | ■ HIGH

Trauma or unassigned coverage at base rate

Trauma activation, unassigned ED admissions, and transfer center coverage carry higher acuity and liability. Without a differential or per-activation payment, you absorb risk the employer monetizes.

08 | ■ HIGH

First assistant fees not credited to surgeon

Without a written allocation of first-assistant or co-surgeon fees, those collections flow to the employer. Specify the split or credit in the compensation schedule.

09 | ■ HIGH

Bonus threshold not tested against your workload

Test the threshold against your credited production, workload and payout period. Model low, expected and high-production payouts before counting the bonus as income.

10 | ■ HIGH

Non-compete over 15 miles or 2 years

Hospital systems consolidate locally. An aggressive radius can shut you out of an entire metro region for the restriction period — narrow scope and duration before signing.

11 | ■ HIGH

Unilateral schedule and call rotation rights

Employer-discretion language over OR days, clinic split, and call rotation strips your control over working life and concentrates undesirable assignments on junior surgeons.

12 | ■ HIGH

No rate escalation clause

Without annual increases tied to inflation or a benchmark percentile, real compensation declines every year you remain. A flat multi-year rate is a multi-year pay cut.

13 | ■ MODERATE

Loan repayment / sign-on clawback with no pro-ration

Full repayment regardless of tenure treats the bonus as a leash rather than compensation. Negotiate pro-rata over 24 months and a waiver on without-cause termination.

14 | ■ MODERATE

Outside referrals or moonlighting blocked

Broad bans on outside surgical work or expert review cap earning potential and remove income diversification. Restrict only true conflicts — same hospital, same patient population.

15 | ■ MODERATE

No notice on hospital or service-line changes

If the hospital can close a service line, change OR allocation, or close a satellite without notice, your contract value can collapse overnight. Require written notice and re-negotiation rights.

NEXT STEP

Found a CRITICAL flag?

Run your contract through the Analyzer. Benchmark every term. Get a prioritized list.

clauseline.com/redflags