

RED FLAG CHECKLIST · PEDIATRICS

15 contract provisions that quietly cost you.

Data. Leverage. Fair pay.

Built for general and subspecialty pediatricians · 2026

Pediatric contracts are frequently undervalued relative to the actual workload — uncapped panels, hidden call obligations, and below-benchmark wRVU rates are the rule, not the exception. Benchmarking every term is not optional.

THE 15 RED FLAGS

5 CRITICAL · 7 HIGH · 3 MODERATE

01 | ■ CRITICAL

Panel size with no cap or productivity adjustment

Pediatric panels grow with each new sibling, school physical, and well-baby visit. An uncapped panel means unbounded message, refill, and form-completion volume at flat pay. Cap panel size or pay per-patient-above-threshold.

02 | ■ CRITICAL

Compensation model not specified

Pediatrics uses salary, wRVU, panel-based, capitation, and hybrid models. If the contract is ambiguous, the model can shift at renewal — a guaranteed base silently converting to production-only is the classic pattern.

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

wRVU rate with no named benchmark

A flat dollar-per-wRVU rate with no reference to 2025 national pediatrics benchmarks gives the employer full discretion to call any rate market. Pediatric wRVU rates run below adult medicine — the benchmark anchor matters more, not less.

05 | ■ CRITICAL

Termination without cause under 90 days

Pediatric credentialing and patient transition for chronic-care families run 90–120 days. A 30- or 60-day window leaves no time to manage transition or maintain continuity for medically complex children.

06 | ■ HIGH

Subspecialty differential missing

Pediatric subspecialties often run well above general pediatrics. If you are a subspecialist on the same contract structure as general peds, the differential should be explicit — or you are being underpaid from day one.

07 | ■ HIGH

NICU and nursery coverage uncompensated

If the contract is silent on newborn nursery rounds, NICU consult coverage, or attendance at high-risk deliveries, that work can be assigned without separate compensation. Quantify the expected non-outpatient burden.

08 | ■ 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.

09 | ■ HIGH

Quality/HEDIS bonus denominator controlled by employer

A bonus tied to system-level metrics, panel attribution rules, or vaccine compliance rates you don't control is structured not to pay out. The denominator, attribution, and physician influence path must be specified.

10 | ■ HIGH

Non-compete over 10 miles or 2 years

Pediatric patient relationships are extraordinarily local — families pick the closest trusted pediatrician. An aggressive radius effectively bars you from your existing patient base. Narrow scope and duration.

11 | ■ HIGH

Call burden uncapped or undefined

Specify number of call days per month, weekend/holiday rotation, in-house vs. home, and per-call rate. Pediatric call routinely includes overnight phone-triage volume that goes uncompensated when undefined.

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

After-hours phone triage uncompensated

After-hours triage can add unpaid time. Specify expected coverage, pay and backup in writing; do not treat a silent contract as a clear pay arrangement.

14 | ■ MODERATE

Sign-on clawback with no pro-rata

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.

15 | ■ MODERATE

Restrictive moonlighting clause

Broad bans on outside clinical work, urgent care moonlighting, or telemedicine cap earning potential. Restrict only true conflicts — same geography, same patient population.

NEXT STEP

Found a CRITICAL flag?

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

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