As a resident or fellow nearing the completion of your graduate medical education, you will confront a number of decisions that shape your career as a physician. One of those decisions is determining the type setting in which you want to practice.

The AMA offers a number of tools and resources that can help you map your future as a physician, including offering insight on employment contracts and a list of positions from employers around the United States and beyond. The AMA also offers a toolkit for physicians new—or returning—to private practice.

Choosing a practice setting ultimately will be based on your unique combination of needs and desires, but there are some things to know about different settings that may help influence your decision.

Here’s a look at the pros and cons of each setting, as highlighted in the AMA’s “Practice options for physicians” resource. Learn the eight steps physicians take when deciding where to practice.

**Solo practice owner**

There are two ways to take ownership of a solo practice: Establish a new practice from scratch or purchase an existing one. If you start your own practice, there are a number of considerations that should factor into your decision, such as geographical location and confidence in your ability to build a capable staff and grow a base of patients.

**Pros:** Gives you the utmost control and autonomy, and you can take advantage of your strong business sense to successfully manage the practice.

**Cons:** While this option offers the most freedom, it also can be the most difficult. That is because administrative burdens, high startup and overhead costs, and unpredictable work hours all fall on your
Group practice owner

If you are joining a group practice—either single specialty or multispecialty—in an ownership capacity out of residency, you are likely buying in. The price of buying in will vary as will the method of payment. Some buy-ins can be paid over a number of years. Physicians can also start at a group practice as an employee and become an owner-partner.

For those interested in either a group or solo practice ownership arrangement, the AMA Private Practice Physicians Section (AMA-PPPS) is a newly formed member interest group which seeks to preserve the freedom, independence and integrity of private practice.

Pros: Often, you will gain an established patient base, and you’ll probably share patient responsibilities. These settings may offer more predictable work hours and income. You’re also taking on less financial risk than you would in founding your own solo practice.

Cons: Even as an owner, when you have partners, your autonomy is limited. In group practice, you may have less of a voice in income distribution, office management and other practice issues.

Employee in group practice, hospital or health system

Joining a managed-care organization, hospital-based specialty group, corporate health department or public service setting will typically allow a physician to devote more time to patients than the operational concerns that owners must navigate. As an employed physician, you are likely working under a contract and may be beholden to performance metrics to fulfill your obligations.

Most U.S. physicians now providing patient care are working outside doctor-owned medical practices, according to data the AMA collected from 3,500 physicians in the 2020 Physician Practice Benchmark Survey conducted last fall.

Pros: Established patient base and increased income stability. You may also have a more predictable schedule, depending on the number of physicians in the organization.

Cons: Less autonomy and potentially less continuity with your patient base. There is little control over income distribution. Organizational policies—resource-use guidelines, quality-assurance standards
and potential referral restrictions—may hinder who you can treat and how you can treat them.

**Employed physician in academic institution**

Academic institutions offer opportunities for research and being at the cutting edge of knowledge and skills, including taking on the patients who are toughest to diagnose and treat. You also can work to shape the future of medicine by teaching the next generation of students and residents.

**Pros:** Salaries aren’t typically great, but benefits—time off, retirement plans, etc.—can be. There are many opportunities to take on new roles and responsibilities.

**Cons:** Resident duty-hour limits that governed your work hours as a trainee often mean attending faculty must fill in patient-care gaps. Salaries may be lower because many institutions that are safety-net institutions struggle financially.