THE EDITOR'S CORNER

Worth Your Salt

The word "salary" comes from the Latin *salarium,* derived from *sal,* meaning "salt"—an essential commodity in ancient Rome used to preserve food. Roman soldiers were sometimes paid in salt, a reminder that compensation has always been tied to value. In orthodontics, that same principle remains central as practices navigate economic pressures and evolving models of care. So what, exactly, should a new associate be paid?

When I ask residents what they consider a fair first-year salary, many answer around $250,000. Yet when I ask about a reasonable per diem, they often dismiss $1,000 per day. The math tells a different story: $1,000 per day, working 10 days per pay period for 25 pay periods per year (accounting for vacation), equals $250,000 annually, exactly what they deemed fair. And yet, many expect a starting per diem of $1,500–$1,750, translating to $375,000–$437,500 per year—a striking expectation for someone early in clinical development. In reality, most new graduates still require mentorship, time to develop efficiency, and experience managing complex treatment decisions independently.

Much of this disconnect stems from the rise of corporate dentistry and orthodontics. Corporations can often meet those higher salary expectations, an appealing prospect for new graduates carrying significant educational debt. But corporate and private practice are not always analogous environments. Private practice may offer mentorship, continuity, and greater clinical autonomy, factors that shape not only income but also long-term professional development and confidence as a clinician.

Higher compensation can also come with meaningful trade-offs. Production targets may create pressure to prioritize volume over thoughtful treatment. Schedules are often dense, leaving less time for diagnosis, communication, and refinement of clinical skills. Mentorship may be inconsistent, and treatment protocols may lean heavily toward standardized, aligner-focused care. Staff turnover can also be higher, making continuity of care less predictable for both doctor and patient. For some associates, these environments can feel less like learning experiences and more like attempts to simply survive the day.

That is not to say practice owners are without fault. One of the worst questions you can ask an applicant is, "How will you contribute to the growth of my practice?" A more thoughtful question might be, "How do you envision your role within this practice?" In my view, hiring an associate does not necessarily increase income, at least not initially. Instead, it creates time to focus on health, family, and balance. It also provides an opportunity to teach and help a young orthodontist avoid the mistakes learned through years of trial and error. Too often, experienced orthodontists forget how overwhelming those first few years out of residency can feel.

In my office, new associates start at $1,000–$1,200 per day and quickly increase to approximately $1,500 after the first year. Per diem compensation typically plateaus around $1,750 after several years. Associates work four days per week, from 8:30 a.m. to 4 p.m., with occasional Saturday half-days ending at noon that are often enjoyable and focused primarily on consultations and treatment starts. I have associates finish at 4 p.m., even though I continue seeing patients later into the evening, so they can go home refreshed, exercise, and socialize. Work-life balance was a luxury that I did not always have when I worked in a corporate setting.

Salt was so valuable in the ancient world that countless wars were fought over it. That sense of necessity still shapes how people view salary today. Yet for a new associate, the environment and opportunity to learn from an experienced doctor in private practice may matter even more. Early in one's career, if possible, it is often better to earn a little less and gain meaningful experience—something I wish I had done. Like any good seasoning, compensation should enhance a career, not define it.

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