

Physician Recruitment/Retention

1) <http://xnet.kp.org/permanentejournal/sum02/retention.html>

In separate word document

According to website:

10 Evidence-based practices for successful Physician retention:

- 1) Realistic job preview and behavioral interviewing
- 2) Essential startup resources and administrative processes planned and in place
- 3) Practical, timely, comprehensive orientation programs delivered in multiple ways
- 4) Physician enculturation, socialization, and fostering feelings of belonging
- 5) Mentoring program
- 6) Perceived control over the practice environment
- 7) Accurate, effective and timely feedback
- 8) Recognition, rewards, opportunities for advancement/career development
- 9) Open and trustworthy communication; belief that management listens and acts on suggestions
- 10) Reduction of stress in the workplace

2) <http://www.nrharural.org/advocacy/sub/issuepapers/ipaper13.html>

In separate word document

3) <http://www.cejkasearch.com/pdf/2005-Physician-Retention-Survey.pdf>

This file provides examples of new retention initiatives, most effective, ineffective and unique initiatives.

4) http://www.aafp.org/online/etc/medialib/aafp_org/documents/about/rhe/keep-rural.Par.0001.File.tmp/ruralrr.pdf

Recruitment ideas

In separate word document

5) <http://www.champsonline.org/tools/RRResources/PhysicianRecruitmentPlan.asp#three>

Steps for recruiting and retaining success

Physician Recruitment Plan

Steps for Recruiting Success

Physician recruitment can be a complicated process; please use the information below to not only help you keep track of the procedures for each step of your recruitment process, but also remind you of current

recruitment trends for community health care.

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I. PLANNING

A. ASSESSING FUTURE NEED:

1. The CEO and Medical Director should look at the two to three year plan for the CHC to determine the number of providers that will be needed to staff the clinic.
2. Ask existing providers in individual interviews annually what their long-term goals are and whether they anticipate staying/leaving.

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B. INITIAL STUDENT CONTACTS:

1. Compile National Health Service Corps (NHSC) vacancy lists; CHCs have an excellent fill rate because of salary, benefits, and geography.

Click [HERE](#) to link to the NHSC website.

2. Estimate the remaining positions open at your institution
3. Send letters detailing your openings to primary care

residencies in the state.

4. Assign a Medical Director on faculty in pediatrics and medicine to contact all local second and third year residents.

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C. ADDITIONAL CANDIDATE RESOURCES:

1. Contact recruiting and search firms that have offered discounts based on your non-profit status.

2. Post your open positions with state, regional, and national agencies including Primary Care Organizations (PCOs) and Primary Care Associations (PCAs).

Click [HERE](#) for a list of Region VIII recruitment resources.

Click [HERE](#) to visit the CHAMPS Job Opportunities Bank. Contact andrea@champsonline.org if you are interested in posting a Region VIII CHC job opening.

3. Consider advertising your open positions in local newspapers, medical association newsletters and journals, state and local medical associations, and state health and job fairs.

4. Consider the J-1 visa waiver process.

Click [HERE](#) for more information about J-1 visa waiver candidates.

II. ACTUAL RECRUITMENT

A. THE THREE MOST IMPORTANT PRINCIPLES OF RECRUITMENT & RETENTION:

1. If a physician isn't happy practicing at the CHC, everyone -- staff, patients, and the physician -- will lose in the end. It is much better to realize that an incompatibility exists before you hire a physician then afterward.

2. If you can recruit a physician solely on the basis of a compensation and benefits package, you don't want them. You want a physician who understands as much about CHCs, your patients, and your community as is humanly possible so they walk in with their eyes open. As a recruiter, you must consider yourself an ambassador for community health.

3. If a physician doesn't understand what it will be like to practice at CHC, or doesn't find that the experience matches what was anticipated, the physician will leave. Recruit with eyes open, and be absolutely certain you can

deliver on everything.

NOTES about NHSC Scholars & Loan-Repayment Candidates:

- The most critical difference between an NHSC scholar or a loan-repayment candidate and a private, mid-career physician is their practical experience.
- Doctors immediately out of residency may not know the elements of a rewarding and satisfactory working environment. For example, they may not recognize that the ratio of doctors to nurses at a center can affect their practice, or they may not know what questions to ask which will tell them how much authority they will have over the parameters of their individual practices.
- Just because they have to serve two to three years paying off their scholarship or loan doesn't mean they are desperate for a job: there are three vacancies for every candidate, which makes it a seller's market. In that respect, recruiting NHSC doctors is akin to recruiting in the private sector, and we should treat them the same.
- As a practical matter, the only difference is that when recruiting an NHSC doctor, we need to anticipate questions that they may not ask, and answer them anyway.

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B. SELECTION ACTION STEPS

1. INITIAL CONTACT:

- a. The Medical Director should contact the provider by phone.
- b. He or she should discuss the CHC, town, population, and approximate salary.
- c. Try to get an idea why the candidate is interested in the position. What motivates them?
- d. Review the candidate's CV and make sure they are board eligible.
- e. If there is a great fit, check their references, and then arrange a visit.
- f. If you are unsure of the fit, check their references; if those check out positively, have your CEO make a phone contact after being briefed by the Medical Director about areas of uncertainty ahead of time. If the CEO determines that the candidate could be suitable, he or she should invite the candidate for an interview.

NOTES about evaluating fit:

- Remember that a move has to work for the whole family.
- Insist that a candidate's spouse accompanies a potential

recruit when interviewing, and set up a parallel agenda for the spouse when interviewing.

- The most important consideration for a potential recruit may be their spouse's career. If you want to hire someone, you must be prepared to help their spouse find a job in their profession.
- Be prepared to help your recruit secure a home loan. Schedule a visit with a loan officer. Help identify neighborhoods where they would be comfortable; a tour with a real estate agent works well.
- Show the recruit and their spouse around town. Help identify schools. Help identify churches/synagogues/mosques.
- If your recruit is single, help them determine if they will find a social scene that will be rewarding for them.

Determining factors in a physician reaching a relocation decision (in order of importance):

1. Acceptability of location to spouse
2. Availability of adequate hospital facilities
3. Quality of educational system for children
4. Lifestyle found in the area
5. Availability of other physicians
6. Climate or geographic features of the area
7. Access to continuing education
8. Family and/or friendship ties to the area
9. Cultural advantages
10. Regular work hours
11. Availability of recreational and sports facilities
12. Income potential
13. Opportunities for social life
14. Prospect of being influential in the community
15. Population of the community

Source: Physician Sourcing and Search, Atlanta, GA

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2. MAKING VISIT ARRANGEMENTS

- a. Your Administrative Assistant will typically handle the travel arrangements.
- b. The CHC usually pays for all expenses, unless the candidate is an NHSC scholar.
- c. Be sure to include the candidate's spouse in the travel plans.

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3. CREATING YOUR VISIT AGENDA

- a. Allow at least two days for interviewing; bringing a candidate in one morning and concluding the next afternoon/evening often works well.
- b. Set up interviews with the CEO, Medical Director, department chief, other providers from that specialty and

support staff.

c. Arrange meals with other providers of same specialty.

d. Set up tours of all CHC sites.

e. Offer and review a sample contract with a competitive salary and benefits including health, dental, life, disability, retirement, CME, and three to four weeks of vacation.

f. Review malpractice coverage, FTCA.

g. Introduce schools, neighborhoods, housing prices, banks, and other institutions that will affect the quality of life.

h. Discuss bonus/incentive plan.

i. Create a related but separate agenda for the candidate's spouse (real estate, shopping, trips, etc.).

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4. INTERVIEWING CANDIDATES

The applicant should be able to answer the following questions:

a. Do you understand what it will be like to practice at a CHC?

b. Will you be professionally content in that environment?

c. Do you feel you will be able to work well with the CEO, the Medical Director, and the other physicians and staffers?

d. How important is professional advancement, promotion, and further learning? Are the opportunities here sufficient?

e. Are you comfortable with our income potential if you remain at the center after our repayment period ends?

f. Will you feel comfortable practicing at the hospital with which the CHC is affiliated?

g. Can you see yourself building a career at this CHC?

h. Will you be happy living in the community?

i. Are you comfortable with the center's patients?

j. If you are married, will your spouse be happy? Will

he/she find a job that is professionally rewarding?

k. If you are single, will you find a satisfactory social life in the community?

l. If you have children, are there schools your children will like?

m. If you are religious, will you find a religious community that is satisfying?

NOTES about interviewing potential physicians:

- Your candidates may have very little experience practicing in the private sector, and may not be able to determine on their own what the key elements of a satisfactory practice experience are.
- Therefore, it is essential that they spend time in your centers, and with your medical personnel, particularly your Medical Director, physicians on our staff of the same specialty, and the support staff at the CHC.
- You want them to make a decision based on as true an understanding as possible about what it will be like to practice at a CHC.
- Also, remember: physicians don't eat, sleep, and breathe inside the CHC -- they have lives too (even if we sometimes feel we don't).
- If they aren't happy living in our community, they may bring that unhappiness into work.

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C. MAKING A DECISION

1. When determining which candidate is the best fit for your CHC, if any, you should know/decide a number of things:

a. Has the candidate ever lived in an area similar to this community? Where is the candidate from?

b. Is the candidate married? If so, where is their spouse from? Has the spouse ever lived in a similar community? How does he/she feel about moving? Does he/she plan to work, and if so would he/she be able to find work in this community?

c. If the candidate were single, would they find a desirable social life in the community?

d. Does the candidate have children, and if so would they be able to find appropriate schooling in this community?

e. What other activities is the candidate involved in?

f. How long does the candidate plan to stay with us if they

take the job? Do I believe them?

g. What are the candidate's future career goals, and are they likely to be met at this center and in this community?

h. How many patients does the candidate feel comfortable seeing daily? If the candidate is an OB/GYN, how many deliveries per month has the candidate made, or how many do they plan to make?

i. What kind of patient mix is the candidate used to (race, income status, etc.)?

j. Is the candidate prejudiced?

k. Has the candidate seen patients like the ones that this center serves, and if not would they be able to make that transition easily?

l. What are the candidates' expectations of their practice?

m. Are the candidates' references good? Do they indicate that the candidate can work well with colleagues and can communicate well with patients?

n. What special contributions does the candidate bring to the practice?

o. Does the candidate know how to laugh?

p. If a physician, has the candidate ever worked with a nurse practitioner or physician assistant? If not, would they be able to do that?

q. Does the candidate instill confidence in others? Does she/he dress and act professionally?

r. Will the candidate bring preconceptions or prejudice to their treatment of patients who are homeless, HIV/AIDS patients, substance abusers, etc?

s. Does the candidate see their practice as more than a job? Do they aspire to contribute to their community? Are they empathetic and caring?

t. Is the acquisition of great wealth a serious consideration for the candidate?

2. After these questions have been answered, determine whether or not you consider the candidate an appropriate match. If so, follow up with a letter from the CEO and a phone call from the Medical Director.

D. ONCE YOU'VE FOUND A MATCH

1. If a candidate seems like a match for your position, try to find out:

- a. Is the candidate licensed to practice medicine in this state? If not, begin the process.
- b. Has the candidate's license ever been revoked or has the candidate been denied a license?
- c. Has the candidate ever been convicted of a crime or been involved in medical fraud?
- d. Has the candidate ever been denied hospital privileges?
- e. Has the candidate ever lost the right to prescribe drugs of any kind?
- f. Has the candidate ever been sued for malpractice? If yes, how was it settled? Who was at fault?
- g. Who is the candidate's current malpractice carrier? Is the candidate insurable? Will the candidate need help paying their tail insurance?

2. Check the following:

- a. The National Practitioner Data Bank
- b. Educational information
- c. Postgraduate training information
- d. References (at least three; if one is unsatisfactory, do at least one more)
- e. Licensure/certification information

3. Finalizing the hire:

If you decide to hire a candidate, and that candidate is interested in working for you:

- a. Provide a written contract outlining any verbal agreements
- b. Be sure to follow-up with phone contact to answer any outstanding questions
- c. Verify that state licensure is current, or that their

application is in process

d. Begin hospital admitting privileges application/review process

e. Help arrange the move, as necessary

f. Verify that malpractice coverage is in place

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III. RETENTION

A. THE MOST ESSENTIAL INGREDIENT for retaining a physician is choosing the right person to start with.

The providers who have been in community health the longest both grew up poor and want to give something back to the community, and/or have a social justice or religious streak in them. One or the other is needed to deal with an underserved population that comes in sicker, is more likely to miss an appointment than walk in, often needs social services to help them pay for tests or consults, is more likely not to be able to obtain medicines easily, is less educated and therefore requires more education in the clinic. Not everyone can work in a CHC: not someone who is concerned with country club acceptability, or someone who just wants to make money, or cannot/will not empathize with the patients. And, of course, they have to be satisfied with the town, the schools, the communities, etc.

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B. OTHER RETENTION NEEDS

1. Good communications with the Medical Director and CEO, as well as a feeling that they are heard, listened to, and respected.

2. Input into decision making that affects clinical activities: productivity, support staff, formulary, and call schedule.

3. A good orientation to get them started on the right foot.

Click [HERE](#) for tips on creating an effective orientation plan for your organization.

4. Fair salary structure (everyone seems to learn what everyone else makes); feeling that they are being treated fairly and consistently.

5. Opportunity to teach.

6. Additionally, there must be a way to encourage, recognize, and reward the clinical staff, especially the providers. Thus, a good incentive/bonus plan is a must. Ideally, the board of directors should be involved in recognizing clinicians.

Click [HERE](#) to learn more about proven retention tactics.

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C. IF IT DOESN'T WORK OUT

1. Always do an exit interview of providers that are leaving. This is an essential way to find out about particularly bothersome problems that the provider would not have previously identified.

2. If you know a provider is leaving and would like that person to stay, these factors should be revealed in negotiations to try to woo the provider back to the CHC.

3. Use this information to adjust your recruitment, orientation and/or retention plans as appropriate.

Books from Hale on physician recruitment and retention

Other Author(s): Health Systems Agency of Northeast Kansas.

Title: Physician/nurse recruitment : a guide for rural communities.

Primary Material: Book

Subject(s): Physicians--United States--Recruiting.
Nurses--United States--Recruiting.
Rural hospitals--United States.

Publisher: [Topeka, Kan.] : Health Systems Agency of Northeast Kansas, [1982]

Description: 49 leaves : forms ; 28 cm.

Notes: Cover title.
"August 1982."
Bibliography: leaf 49.

Table of Contents: Pt. 1. Physician recruitment
Pt. 2. Nurse recruitment and retention.

Location: Hale Library Stacks

Call Number: RA972 .P59 1982

Status: Not Checked Out

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Main Author: University of Kansas. College of Health Sciences and
Hospital. Office of Physician Placement and Recruitment.

Other Author(s): Ozarks Regional Commission (U.S.)

Title: A proposal to expand and intensify the recruitment of
primary care providers in rural areas of Kansas
utilizing community-based recruiters : final report /
submitted by The Office of Physician Placement and
Recruitment, the University of Kansas College of Health
Sciences and Hospital.

Primary Material: Book

Subject(s): Physicians--Recruiting--Kansas.

Publisher: Kansas City, Kan. : The Office, [1979]

Description: 23 leaves : ill. ; 28 cm.

Notes: Distributed to depository libraries in microfiche.
"This technical assistance study was accomplished by
professional consultants under agreement with the Ozarks
Regional Commission."

Location: Request at Circulation for retrieval from Annex
Temporarily Shelved at Request at Circulation for retrieval
from Annex

Call Number: Y 3.Oz 1:2 R 88 x

Status: Not Checked Out

Main Author: Hacker, James O.

Other Author(s): Dodson, Don C.
Forthman, M. Thane.

Title: A marketing approach to physician recruitment / James O.
Hacker, Don C. Dodson, M. Thane Forthman.

Primary Material: Book

Subject(s): Physicians--United States--Recruiting.

Publisher: New York : Haworth Press, c1995.

Description: x, 126 p. : ill. ; 23 cm.

Series: Haworth marketing resources

Notes: Includes bibliographical references and index.

Location: Hale Library Stacks

Call Number: RA972 .H23 1995

Status: Not Checked Out