Recruitment and Retention Guide for Small Rural Hospitals

TASC
Technical Assistance and Services Center
for the Rural Hospital Flexibility Program

Developed for the Technical Assistance Service Center by
THE NATIONAL RURAL RECRUITMENT AND RETENTION NETWORK, INC

TASC

Technical Assistance and Service Center

This is a publication of the Technical Assistance Service Center for Critical Access Hospitals. For questions, concerns, clarification, or technical assistance, contact:

TASC
600 E Superior St, Suite 405
Duluth, MN 55802
Phone: 218-720-0700
Toll Free Phone: 877-321-9393
Fax: 218-727-9392
tasc@ruralresource.org
http://www.ruralresource.org

Recruitment and Retention Guide for Small Hospitals

PartOne

planning and preparation

Planning and Preparation is the most important ingredient for ensuring a successful recruitment effort. It is also the part most often neglected.

Many hospitals and communities jump into the recruitment process with little preparation. Often this results from surprise at the sudden loss of a primary care provider. Hospitals that jump into recruitment typically spend more money and time on recruitment and enjoy less retention success than those that prepare and systematically search for the right candidate. In addition, surprise at the loss of a provider often indicates a lack of active retention building efforts.

Keys to Successful Recruitment

- Preparation
- Action Pan (with assignments and deadlines)
- Continuity of Effort: Persistence
- Adequate Recruitment Budget: Process and Compensation
- Community and Medical Staff Support and Involvement
- Adequate Human Resources – Enough of the Right People
- Optimism
- Realistic Expectations – Time, Competition

A warning signal suggesting lack of preparation for recruitment happens when the first step to replace a provider is placing an advertisement in a national journal or hiring a recruitment firm. This strategy is usually expensive and often ineffective. The following six steps in planning and preparing for recruitment will help you avoid surprises and conduct a search that is less costly and more effective:

Step 1: Assess your need for a primary care provider: physician, physician assistant or nurse practitioner.

Step 2: Gain support for recruiting another primary care provider.

Step 3: Form a community-based recruitment team and make assignments.

Step 4: Define your practice opportunity.

Step 5: Define the “ideal’ candidate for your hospital and community.

Step 6: Develop a recruitment budget.

step 1 assess need for primary care providers

Before you place the "doc wanted" ad, be sure you know whether or not you even need another doc. Even though you may perceive a provider shortage in your community, spend some time considering why and if you need to recruit a physician. You may find that a nurse practitioner or physician assistant is more appropriate or that local demand for primary care does not justify recruiting a new provider at all.

Once you have assessed *why* you may need to recruit, determine *if* you need another primary care provider.

Determining the number of primary care providers required to serve a given population can be a complicated process. The most common methods used to measure primary care provider need are the simplest. These methods compare the number of people living in a given service area to the number of primary care providers serving that area. While these methods, which include the federal Health Professional Shortage Area (HPSA) designation process, can provide you a general indication of need, they could be misleading, for simple "head counts" fail to take into account primary care utilization rates of different population groups within the service area.

For example, Community A, Elderville, and Community B, Nuggett, both have a population of 3,500 residents. But Elderville is a popular retirement community, while Nuggett is a gold mining boom town. Consequently, one community is largely inhabited by seniors while the other is inhabited mostly by men between the ages of 18-45. Which town will use primary care providers more? Which town do you think actually needs more primary care providers?

While this example may be extreme, it does demonstrate the major pitfall of determining need based solely on the *size* of your population.

Typical Reasons for Recruiting a Primary Care Provider

- The local population has grown significantly during the last few years, or rapid growth is forecasted.
- The current primary care providers are overworked, and their practice loads are at a maximum capacity.
- One or more of the providers are nearing retirement.
- The loss of a provider due to relocation, death or disability.
- One or more providers are "scaling" down his/her practice in terms of clinic hours, patient load or scope of services.

An easy way to go beyond head count methods is called the "Demand-Based Needs Assessment." This assessment accounts for both the *size* and demographic *make-up* of your service area population.

The Demand-based Needs Assessment uses the health and lifestyle of a given population to provide insight into local demand for primary care services. Research shows us that men and women of different age groups use medical services at quite disparate levels. We define these sex-age groups by lifecycles: prenatal, pediatric, adolescent, adult and geriatric.

The size of your population and the proportion in each lifecycle group will determine how many patient visits local residents will make to a primary care provider during a given year. The number of primary care patient visits generated by your service area population is called *demand*.

Understanding your community's demand for primary care enables you not only to determine how many primary care providers your community needs but also to project:

- How the providers will be utilized (i.e. service demand by patient type: geriatric, pediatric, obstetrics/gynecology, etc.);
- The number of primary care providers your community can financially support; and
- To a degree, the impact the provider will have on hospital utilization and revenues.

How to Conduct a Demand-Based Needs Assessment

A. Define Your Service Area
B. Calculate Primary Care Provider Supply
C. Calculate Primary Care Demand
D. Measure Supply versus Demand

Defining Your Service Area

What population will the new primary care provider serve? Local recruitment teams often define their service area population by city limits or county lines. Be aware that such boundaries are geo-political divisions and usually are not sensitive to actual consumer flow patterns. Think of the last time you factored in the county line when deciding where to have your car serviced. The same holds true for health care services.

A more accurate yet relatively simple way to determine your service area is to find out where most of the local primary care providers' and hospital's patients live by zip codes. Provider offices and hospitals that store patient records electronically can often determine local patient origin using zip codes in a matter of minutes, without compromising confidentiality. The process is obviously more arduous and time consuming when patient records are only kept in written documents. If you can access computerized patient origin records, gather patient data by zip code, age, sex, payor source (insurance company) and diagnosis. This will help you fully define your service area by geography and demography (population sub groups).

Once you have defined your service area, obtain census breakdown information by age and sex for all residents in your service area. This information is typically available through state commerce departments or through vital statistic/health departments. Request the information for each zip code in your service area. Collecting census information by zip code is most practical because zip code boundaries follow logical transportation systems and represent sub-county areas.

Lose a Primary Care Physician?

You may benefit from your loss.

You could qualify for Health Professional Shortage Area (HPSA) designation status through the federal government and be eligible to participate in a variety of federal programs, including:

- Incentive Payment for Physician's Services Furnished in HPSAs – gives 10 percent bonus payment to physician's providing Medicare-reimbursable services in geographic HPSAs.

- Higher "Customary Charges" for New Physicians in HPSA – exempts new physicians opening practices in non-metropolitan geographic HPSAs from new Medicare limitations on "customary charges".

- Rural Health Clinics Act – provides Medicare and Medicaid reimbursement for services provided by physician assistants and nurse practitioners in clinics in rural HPSAs.

- National Health Service Corps (NHSC) – provides assignments of federally employed and/or approved physicians, dentists and other health professionals to designated HPSAs.

- National Health Service Corps Scholarship Program – provides scholarships for training of health professionals, including primary care physicians, who agree to serve in designated HPSAs.

- National Health Service Corps Loan Repayment Program – provides loan repayment to health professionals, including primary care physicians and midlevel providers, who agree to serve in the NHSC in HPSAs selected by the Secretary of Department of Health and Human Services.

To inquire about HPSA status for your community, visit the website address below and search by region, state, county, discipline, metro, status, and type, and also by date of last update or HPSA score:

http://www.bphc.hrsa.gov/databases/newhpsa/newhpsa.cfm

If you are unable to get the information by zip code, ask for county data. There are four levels of county census data: county, county division, enumeration district and place (city or town). If your service area is smaller than your county or if it overlaps into parts of other counties, collect the information at the county division level and obtain statistics for each county division in your service area.

Next, request the smallest age-sex group range units possible. Ideally, you want the population separately broken out by male and female in the following age groups:

	Male	**Female**
Less than 15 years old		
15-24 years old		
25-44 years old		
45-64 years old		
65-74 years old		
75 years old and over		

A breakdown such as this is important because demand estimates for health care services are based on different configurations of age and gender. Armed with your service area population figures, you are now ready to determine your service area's demand for primary care services.

B. Calculating Primary Care Provider Supply

According to the American Medical Association (AMA) Socioeconomic Characteristics of Medical Practice 1997, family practice physicians spend an average of 48.8 hours a week in direct patient care (the work *week* consists of four days, and the work *year* consists of 48 weeks). Office visits account for 75 percent of this time or approximately 36.5 hours a week. These hours translate into an average of 111.8 office visits per week (28 patients per day). Therefore, the average family practice physician will provide roughly 5,400 office visits each year.

To determine the office visits (or appointment slots) available to people in your service area, simply multiply the number of family physicians practicing in your service area by 5,400 visits. This formula translates the number of family physicians in your area into a *potential* office visit *supply* figure. If some of your physicians work less than full time, discount their visits per year by the percentage of full time they practice. For example, a semi-retired doctor only seeing patients in his/her office 16-20 hours per week, would account for 2,700 office visits (5,400 x .50 = 2,700).

Many rural providers and rural health experts contend that 28 patient visits (also known as "encounters") a day and 5,400 a year may be an unrealistically high estimate for a rural family physician who must also maintain a hospital practice, provide emergency room coverage, and handle the administrative side of a practice. Indeed, a rural physician handling this heavy a load, without adequate relief or time-off, may be a prime candidate for burnout.

For a comparison, let's also look at the United States Department of Health and Human Services (DHHS) standard for determining office visit supply and demand per primary care providers. DHHS calculates 4,200 patient visits per primary care physician and 2,100 visits per physician assistant or nurse practitioner. Now, many of the same rural providers and rural health experts who contend 5,400 visits may be too high also believe 4,200 visits for a physician and 2,100 for a midlevel provider may be too low. Primary care physicians and midlevels with these types of utilization numbers may have a difficult time staying in business financially.

Respecting the arguments for and against the AMA and DHHS figures, let's settle on a mid-range office visit number to determine your office supply and demand: 4,800 visits per family physician and 3,000 visits per midlevel provider. Simply complete the equations below to determine the potential supply of office visits available through your primary care providers.

**FP = family physician*

Patient Visits Per Year		*Number of FP*		*Total Potential FP* Office Supply
4,800	**x**	_____	=	_____

**PA/NP = physician assistant and nurse practitioner*

Patient Visits Per Year		*Number of PAs/NPs*		*Total Potential PA/NP* Office Supply
3,000	**x**	_____	=	_____

Total Potential FP/GP + PA/NP Visit Supply = [ ]

The operative word here is "potential." Some providers may want to see more patients than this average while others may prefer a lighter load. The best way to upgrade "potential" to "actual" is to get an annual office visit count from your providers themselves and plug these figures into the supply and demand formula appearing at the end of the next section.

Other Calculations

Estimating Hospital Utilization

Family physicians spend approximately 13 percent of their time, roughly five hours a week, on hospital patient visits. The AMA estimates, on average, a family physician admits four patients a week to the hospital or 192 patients a year. The average family physician will also make 17.7 hospital visits each week or 849.6 visits per year. Using the AMA averages, you can see that the average number of office visits (5,400) will generate an average of 850 hospital visits per year.

To estimate the number of hospital visits a family physician in your service area might make in a year, refer back to your Total Unmet Primary Care Demand.

1. Total Unmet Primary Care Demand _____
2. Divided by Visits per Year 5,400
3. Multiplied by Average Hospital Visits x 850
4.

Total Estimated Hospital Visits Generated By a new local family physician | |

Knowing the number of patients a family physician will admit to the hospital each year is useful in recruiting. Such knowledge gives potential candidates an idea of how much they might earn from their hospital work. The local hospital will also find such information quite helpful, especially when deciding how large of an income guarantee or salary it can offer candidates.

Estimating Practice Revenue

Physicians generate most of their revenue from two different locations – the office and hospital. Unfortunately, there is no uniform standard for determining physician fees in either setting. While Medicare and private insurers each have a set of established reimbursement guidelines, these guidelines are not necessarily consistent from one health plan to another. In addition, physicians establish their fee schedules according to a variety of factors such as geographic location, patient base, local economy, competition and practice costs. Because there are so many variables, it is quite difficult to determine a reliable average for physician fees.

Fees usually are determined according to "Current Procedural Terminology," more commonly referred to as CPT codes. Despite detailed descriptions and the universal acceptance of CPT codes, there is considerable difference in how physicians use the codes. Some physicians do not fully understand the different levels of service defined within the codes. Others charge the same fee regardless of the duration, complexity or risk of the visit. The result is that many physicians fail to maximize on patient reimbursement. Failure to maximize practice reimbursement (or in many cases failure to even recoup costs) can have a negative impact on practice viability and physician retention, especially in rural practices where financial margins can be rather thin.

step 2 gain support for the recruitment effort

Once you determine that recruitment of another provider is necessary, the next step is to garner the support of local physicians. Without their support, you will have a difficult time attracting a new providers. Most physician or midlevel candidates will want to practice where they are needed and welcome. Even if four of the five primary care providers practicing in a community support the recruitment effort, the prospective candidate will be likely to have contact with the provider who opposes the effort. Your job is to be able to honestly demonstrate to candidates that the recruitment effort is enthusiastically supported by *as much of the local medical staff as possible*.

When meeting with the medical staff, show them how you arrived at the decision to recruit another provider. Here is where an objective needs assessment such as the demand-based assessment is useful. Physicians and midlevels practicing in the community will want to know how their practices will be affected by the presence of another provider. They need to be assured that adequate *unmet* demand exists to support another provider. Some may need to be convinced that a new provider will not need *his/her* patient base to survive.

You will also need to discuss with the existing providers the compensation amount and arrangement you are considering offering new candidates. If you plan on offering a new family physician more than what the existing family physicians earn, you want to address their concerns or demands before you start recruiting. Remember, the best way to avoid the trials of recruitment is by retaining your existing providers. Do not let the recruitment of a new provider lead to the loss of a valued existing provider.

Physician assistants and nurse practitioners in your community will be interested in your recruitment plans for reasons other than just income, especially if the plan calls for recruiting a new physician. Midlevel providers sometimes fear they are expendable in the local provider mix if priorities are assigned when developing a patient base for a new physician. Your assessment should account for the presence of local midlevels. This can be presented to them as proof to their continued importance.

Once you gain the medical staff's support, go a step further and recruit at least one medical staff member to be an *active* member of your recruitment team. Surprisingly, the medical staff often sits on the sidelines or has a very small role in recruitment, even though the success of the recruitment effort is in their professional interests. Ask the medical staff to elect one member to be an active participant of the team. Assign the provider specific tasks that match his/her schedule, knowledge and talents, typically in reviewing credentials and checking references. This provider is responsible for keeping the rest of the medical staff apprised of the recruitment effort and of leading candidates.

You will then meet with other key care providers in the local health care system. Some of these individuals and organizations are highly dependent on local primary care providers. The hospital, nursing home, home health agencies, pharmacist and various therapists need physician referrals or supervision to stay in business.

In addition to health care providers, there are many other members of your community who have a stake in the success of the local health care system as well. Your job is to identify these *stakeholders* and make them aware of the importance of the primary care provider to the health care system and to the community's economy.

Examples of community stakeholders:

1. The local banker understands the economic value of the hospital's payroll to his/her bank. Understanding the importance of the primary care provider to the viability of the hospital may motivate him/her to provide start-up capital for the new provider's practice.
2. While the school principal knows that healthy kids make better students, he or she may not know that the primary care provider is the central member of a child's health management team. If you have the principal's support, he or she could talk with the candidate and spouse about the local education system, send the candidate information and/or provide a school tour during the site visit.

Therefore, before recruiting a new provider, meet with and gain the support of recognized leaders of the various sectors of your community affected – economically and health-wise – by the health care system: retail trade, education, economic development, agriculture, senior citizens, parents groups and so on. By gaining community support, you can:

1. Demonstrate to candidates the community's sincere interest in a new provider;

2. Begin building a patient base for the new provider before he or she begins practice; and

3. Make the new provider and family feel more welcome in the community once they arrive.

Your meetings with the medical staff and stakeholders of the community should be immediately followed by public education activities that inform the community about the local primary care needs and plans to recruit another provider. These community education activities, such as press releases, presentations to civic groups and public information meetings, will create community interest in local health care and generate support for the recruitment effort. Community education efforts should also alert residents who currently leave the community for primary care of a new local provider alternative.

step 3 form a recruitment team

Once you have the blessings of local stakeholders and the community, you need to transform that support into active participation.

Most successful recruitment efforts enjoy some level of community involvement in the recruitment process, and the recruitment team approach is the best way to involve the public. Community participation in the recruitment process demonstrates to candidates that more than just the hospital or clinic wants their services. It demonstrates to candidates that the community cares enough about local health care to actually be a part of its success. Community participation on recruitment teams also provides the first opportunity for the candidate and family to begin making personal links with the community, before they move to the community. This fosters their integration into the community and aids long-term retention.
Remember, one of the biggest barriers to recruitment and threats to retention is provider and family dissatisfaction with the community. Provide ample opportunities for the candidate and the community to get to know one another during the recruitment process. For the candidate and family, knowing the community goes beyond descriptions about the community, it involves learning about the people who make it a community.

From a practical standpoint, the recruitment team approach cuts down on the amount of work for any one member of the team. The title "recruitment team" is more accurate "recruitment committee" because "team" better defines what is needed for a successful recruitment effort – an organized group whose members each must complete different but interrelated tasks in order to achieve a shared goal.

Many members of the community will be interested in your recruitment effort, and some will be eager to help. You want people who are both eager and appropriate for certain tasks at certain points during the recruitment process. You also want to involve a diverse cross section of the community. The roster of successful recruitment teams usually includes:

Health Care Representatives	**Community Sectors**
Hospital administrator	Employers who recruit professionals
Medical staff representative	Local economic development
Medical staff member's spouse	Schools
Hospital director of nursing	Residents who match characteristics of candidate (and spouse) you seek
	The media
	Civic minded residents

Do not limit yourself to this list. It is merely a guideline to get you thinking about who in your community should be involved in the recruitment process.

Building a Recruitment Team

There should be no misconceptions about the work ahead for the Recruitment Team. You need to be explicit with potential team members about their role, their tasks and the time commitment needed.

To apply the team concept effectively to recruitment, each member must be assigned a specific job. This will keep team members focused and ensure efficient use of the team's time. By delegating tasks and sharing responsibility for success, you prevent the group from wasting its time before making decisions or from completing assignments by committee.

When complaints arise about not involving the community during recruitment, it is usually because the recruitment coordinator fails to engage community members in the process. The coordinator has a group of well-meaning individuals who really do not have any specific job except to meet every once in a while to talk about progress and show up for the site visit. To turn a committee like this into a team, the coordinator must give the group a strong sense of purpose and clearly define each member's role and assign specific tasks.

Roles and Responsibilities of the Recruitment Team

The primary roles on the Recruitment Team make up the Core Group. These roles are the Coordinator, Contact Person, Clerk, Interviewer(s), Spouse Recruiter, Reference and Credential Reviewer(s), Promotion Developers and Site Visit Team.

While the recruitment team positions are presented separately and may imply separate individuals to fill each position, in many successful cases the same person, albeit a talented person, filled more than one of these positions. In these cases, one person filled the Coordinator, Contact Person, Interviewer, and Site Visit Host positions. Even if you choose not to employ a Recruitment Team approach, the below descriptions will give you a good idea of the different tasks and the skills required for effectively completing various elements of the recruitment process.

Steps in Effective Volunteer Management

- Define the need for volunteers
- Write a clear job description
- Design an orientation packet and training program
- Recruit
- Orient
- Train – provide coaching and support
- Match ability to job/tasks
- Make them feel part of the team and cause
- Recognize and thank volunteers often

Recruitment Team Core Group Members

COORDINATOR: This position is responsible for making assignments and seeing they are completed. The coordinator makes sure the Recruitment Team and recruitment process stays focused and on schedule. He or she is involved in or, at the very least, is well apprised of all activities of the Recruitment Team. This position needs a person who possesses good organization and leadership skills. When this position is combined with the Contact Person and Interviewer position, which often is the case, the person also needs strong interpersonal skills and salesmanship. Because of the importance of the Coordinator's role, the position usually requires at least 20 hours a week, especially if the position includes Contact Person and Interviewer responsibilities.

In rural facilities, this position is often filled by the hospital or clinic administrator, because it is usually one of these organizations that first recognizes the need to recruit and has the most to gain or lose by it. But the typical administrator has many complex and time-consuming responsibilities running the hospital or clinic. These primary responsibilities often prevent him/her from giving the recruitment effort the time it needs. Simply because medical staff development is part of the administrator's job description does not mean the administrator needs to be the actual recruiter. In addition, some administrators may lack the interpersonal skills to coordinate the effort.

For these reasons, the administrator should carefully consider what would be best for the recruitment process. It may be better to find another coordinator, allowing the administrator to keep the overall responsibility but leaving the day-to-day recruitment activities to someone else.

CONTACT PERSON(S): The Contact Person will be the first personal contact the candidate will have with your community, because this person's name and contact information will be on all of your promotional materials. Therefore, the Contact Person should have strong interpersonal skills. He or she should possess charm, enthusiasm, persuasiveness, good listening skills, and knowledge about the community and practice opportunity.

The Contact Person may be the same person as the Coordinator, and in many cases, he or she is also one of the Candidate Interviewers. The primary responsibilities of this position include: *promptly* responding to a candidate's inquiries by phone, mail or in person, being available on evening or weekends when candidates often contact opportunity sites, and learning all aspects of the practice opportunity and community.

CLERK: The clerk sends your opportunity packets to interested candidates, sends candidate information to the screening team and medical staff, and tracks the status of each candidate in the recruitment process, i.e., opportunity packet stage, interview stage, reference check, site visit, follow up, etc. The Clerk warns the Coordinator when too much time (7-10 days) passes between dates of contact with each candidate.

CANDIDATE INTERVIEWERS: The Candidate Interviewer is responsible for conducting phone interviews with all eligible candidates. The Interviewer's role is critical to the success of the recruitment and retention effort. He or she is responsible for gathering as much information about the candidate as needed by the Recruitment Team to decide how closely the candidate matches the community and the needs of the practice opportunity. The Interviewer can also be key to increasing eligible candidates' interest in the opportunity. A flair for sales or persuasive presentations can be helpful for an Interviewer.

Consider having two or more Interviewers on your team to 1) make sure you interview all likely candidates in a timely manner, and 2) do not overwork a single Interviewer. Interviewers must be personable, good listeners, accurate note takers and confident speakers. Persistence is also a valuable trait for an Interviewer, because tracking down and interviewing busy physician or midlevel candidates may take several attempts at different times on different days. Interviewers also need to be adaptable enough to schedule interviews at the candidates' convenience not theirs, which means plenty of evenings, including Sunday evening – the best time to find candidates at home.

Finally, the Interviewer should know what candidates look for in opportunities and be prepared to answer their questions about your opportunity. The section of this manual called "Questions Commonly asked by Physicians and Their Spouses" can assist them in this.
In many successful cases, one of the Interviewers has been a Contact Person. This allows you to immediately begin screening your candidates at the time of initial contact.

All Interviewers should be equipped with the same interview questionnaire, opportunity information, and instructions for conducting an interview, to ensure consistency from candidate to candidate.

SPOUSE RECRUITER: If you are from a rural area and have been involved in primary care provider recruitment, you know the role the spouse plays in the candidate's decision making process. There needs to be at least one person on your team whose sole responsibility is recruiting the spouse. The Spouse Recruiter has several major responsibilities:

1. Coordinating all activities related to recruiting the spouse,
2. Determining the spouse's level of interest in the community versus the candidate's level,
3. Determining how well the spouse matches the community,
4. Providing whatever specific information the spouse needs about the community,
5. Attempting to satisfy the spouse's professional or career needs, and
6. Providing the Recruitment Coordinator and Recruitment Team with an accurate assessment of how sincerely interested the spouse is in moving to the community.

The Spouse Recruiter should have something in common with the candidate's spouse in order to establish a rapport, which is why you should see if a local physician or midlevel's spouse has the interest and personality to be a spouse recruiter. The commonality between the Spouse Recruiter and candidate spouse could also be as simple as the same age group and gender, similar education or social background, or a shared interest. Since the spouses will be as diverse as the candidates themselves, you will probably need a couple of people involved in the spouse recruitment effort. Spouse Recruiters need similar skills and attributes as possessed by Candidate Interviewers. Their sincerity, likeability and openness will be key to developing trust and will perhaps play *the biggest part* in attracting the spouse to your community.

REFERENCE AND CREDENTIAL REVIEWERS: The Reviewers should be from the health care sector. One of these Reviewers needs to have access to the National Practitioner Data Bank. They must have an understanding of medical education and background, certification and licensing processes, and the hospital privileging process. They should be persistent about verifying a candidate's record, even if it means asking sensitive questions. They will interview candidates' references using a tool developed by the Recruitment Team to determine how well the candidate matches the community from the reference's perspective. They will also verify that the professional claims the candidates make verbally or on their curriculum vitae (CV's) are accurate. The hospital administrator and one or more of the medical staff should be on the *candidate quality assurance* team. Some recruitment teams also use clinic or hospital staff to conduct reference interviews with their counterparts from the candidates' past hospital and clinic practices.

Recruitment Team Support Members
The Support Member roles for the Recruitment Team provide you the best opportunity to involve a greater number of local residents in the recruitment process. The tasks involved in these roles are enjoyable and do not require a great deal of time to complete. To ensure consistency, members of the Core Group, especially the Coordinator, will work with the Support Members to help them complete their tasks.

PROMOTION DEVELOPERS: There should be a number of individuals in the Promotion Developers group. Their primary responsibilities are creating marketing materials about the community and practice opportunity, and determining the best places to market your opportunity. Local writers, artists, members of the media and professional or amateur marketers can put their talents and interests to work here. The group's efforts usually result in a brochure or packet of materials designed to describe and generate interest in your opportunity. Some have even developed promotional videos and audio tapes. Once these materials and the marketing plan are developed, the group's job is largely complete.
Because of the nature of work and the limited time commitment it takes to complete the work, this position(s) is usually easy to fill with community members. Your job is to find the most talented volunteers.

SITE VISIT TEAM: This group hosts the candidate and his or her spouse during a site visit. It is critical that the site visit team include members who the candidates consider peers in their profession, age, social background, and interests. Therefore, some members of the team are likely to change from candidate to candidate site visits. The Recruitment Team should have prior knowledge about the candidate and spouse to tailor the site visit itinerary and team roster to match their interests. Team members should have a good understanding of the practice opportunity and the community as well.

SITE VISIT HOSTS: The Site Visit Hosts are one or two members of the Site Visit Team. The hosts are the moderators and guides for the visit. Because of the importance of their role, the hosts should be members of the Core Group. Indeed, the Hosts often are the Candidate and Spouse Interviewers, since they have established the greatest rapport with the candidates prior to the visit. Good hosts possess the same skills and personality traits as good Interviewers. If there is a Spouse Recruiter, he or she should be the spouse host. The best case scenario is when hosts include representatives from the health care sector and from the community. More detail on conducting the site visit can be found on page 87.

CONTRACT NEGOTIATIOR: Who will "cut the deal?" This person needs to have the power to *negotiate* the offer with the candidate. A duly authorized representative of the organization underwriting the compensation package usually acts as negotiator. In most cases, this person is the clinic or hospital administrator. Flexibility, patience, thick skin, salesmanship and sensitivity to the art of negotiation are valuable attributes for a Contract Negotiator. At various points during the recruitment process, the Contract Negotiator needs to establish rapport with the candidate. The negotiation session is not the best place to start building trust.

step 4 define your opportunity

There are three separate components that define any practice opportunity: the practice setting, community and compensation. Yet while all opportunities include these three, it is how you define each that will set your opportunity apart from others. Once defined and combined, these separate components form the opportunity package you will promote to prospective candidates. A fully defined opportunity will

1) Help you to understand the strengths and weakness of your offer versus the competition,
2) Help you better identify candidates who are right for your opportunity, and
3) Help candidates better understand whether your opportunity and community is right for them.

You begin defining our opportunity by developing a profile for each of the components of the opportunity package.

Practice Setting Profile

The practice profile is one part of the professional opportunity you are offering. The other part is the compensation package. When defining the practice, describe in detail the following:

Type of Provider Sought – Clearly articulate the physician specialty or midlevel type you seek and the basic qualifications needed for the position. Summarize the qualifications needed:

- For physicians, what primary care specialty are you seeking?
- Are you seeking an MD or a DO or will either do?
- Do the candidates need to be board certified?
- Do you want experience or will a new graduate be satisfactory?
- Will you consider a foreign medical graduate?
- For midlevels, do you want a nurse practitioner (if so, what type), a physician assistant or either?
- What educational background and certification do you require?
- (In earlier editions residency trained physicians was a concern. Today-2002-all candidates should be residency trained)

Responsibilities – What will a day in the life of your new primary care provider look like? Outline the scope of services you expect the practitioner to provide and when and where they will provide these services. List hours per week they'll provide clinic and hospital care. Describe the type and amount of clinical and administrative responsibilities at the office and the hospital. Describe the call expectations and coverage arrangements for the clinic, the hospital and the emergency room.

Patient Demographics – Who will comprise the provider's primary patient base in terms of age, gender, income, pay or source, and most frequent diagnoses.

Patient Volume – Using your demand-based needs assessment and patient volumes of other providers in town, project the daily patient load for the new provider. What percentage will be new versus established patients?

Practice Setting – Is it a solo practice? Is it group, satellite, or hospital-based?

Clinic Facilities – Describe the size (dimensions and number of exam rooms), layout, age and condition of the physical plant. Describe the technology located in the clinic. Describe the administrative and clinical support staff, and other human and technological resources at the clinic. Where is the clinic located in relation to the hospital and nursing home in miles and minutes?

According to spouses of residents at the Family Practice Residency Program of Idaho in the spring 1994, the most important things spouses want to learn about a community before they visit the community (not prioritized) are:

- Age, education background, and diversity of the population
- Proximity to large towns
- Culture – outside groups (theatrical, musical) that visit area
- Schools – diversity of curriculum, pupil-teacher ratios, sports programs, level of parent-school interaction, facilities (building and technology)
- Economy – ability to support another physician, stability of the economy, and population income

Hospital Facilities – Describe the local hospital facilities in terms of number and types of beds, age and condition of the physical plant. List the technology at the hospital of interest and importance to the specialty or provider type you seek. Define the hospital in terms of scope of services, departments, clinical and administrative human resources and any special training and skills, linkages with tertiary sponsorship/ownership, and any unique or remarkable attributes that would be attractive to the type of provider you seek, such as telecommunication links with specialists or advanced care facilities. Finally, describe the hospital privileging process.

Medical Staff – Develop a list that shows the specialty or type, age, training orientation (MD or DO) and the length of practice in the community for each physician and midlevel in our community, including visiting specialists and physicians and midlevels who are not on the hospital medical staff. List specialist referral or consultation resources as well.

Other Health Care Resources – List or describe other health care facilities, providers or services available in the community such as public health, mental health or substance abuse counseling, physical therapy and rehab, and dental care services. Describe in some detail the emergency medical system in terms of level of care, types of transport, and distance in miles and minutes (ground and air) to advanced care facilities.

Developing a Compensation Package

Once your expectations of the provider are outlined, you can determine what is reasonable and competitive to offer the "right" candidate in terms of compensation.

Compensation packages come in various sizes and forms. Size refers to the total dollar value of the offer, while form refers to the specific compensation arrangement. Both the size and form of your compensation package will impact the attractiveness of your offer. What's more appealing to candidates today: a simple fee for service offer with $175,000 per year gross earnings potential or a $125,000 annual income guarantee plus benefits? Most new providers will opt for the second offer because 1) it is guaranteed, and 2) benefits and expenses must still be deducted from the gross earnings of the first offer, which will dramatically reduce the take-home amount.

You should exercise caution when developing hospital sponsored recruitment packages, and you should always seek legal counsel. Failing to comply with laws affecting provider recruitment can bring stiff penalties. Non-profit hospitals can lose their tax-exempt status. Hospitals in violation of illegal remuneration fraud and abuse statutes can lose their Medicare/Medicaid provider status. They can also face heavy criminal and civil fines.

Compensation Arrangement

Salary – An organization, usually a hospital or clinic, simply hires and pays the primary care provider a set annual income. Under a salary arrangement, the provider is an employee of the organization and therefore is subject to all organization policies, procedures and executive's orders, including where he/she refers patients for the hospital or specialized physician services.

Income Guarantee – In a guarantee arrangement between a hospital and a physician, for example, the physician usually is an independent contractor. The hospital simply guarantees the physician a predetermined annual income in exchange for certain responsibilities or services. The hospital does not actually pay the entire guaranteed amount, only the difference between the physician's patient revenues and the amount guaranteed. When the physician's patient revenues equal or exceed the guaranteed amount, the hospital does not pay anything.

Fee for Service – In rural recruitment, the fee for service compensation arrangement is seldom part of the initial offer. Very simply, the practitioner's annual income is whatever he or she earns in patient revenues after expenses. Today, very few providers are interested in this type of arrangement, at least in the first two years of practice in a new community. Once the provider develops an adequate patient base, however, many physicians prefer switching to fee for service, because the earning potential is often higher than the salary or guarantee.

Percentage – This type of arrangement is most common when a provider is recruited into an existing practice with multiple providers. A certain percentage based on productivity, seniority or status (full partner or associate status) is guaranteed the candidate. Percentages are often used on top of salary or income guarantees to ensure the new provider is aggressive in building and maintaining his or her new practice.

Income averages for primary care providers vary widely from region to region, from rural to urban areas, and among primary care physician and midlevel types.

In the January 8, 2001 issue of *Medical Economics* there are several tables displaying compensation by specialty and starting salary ranges. The following is taken from a table of 1999 Compensation by Specialty:

- Family physicians: $128,490 to $141,560
- Internists: $127,090 to $145,375
- General surgeons: $184,950 to $243,362
- Ob/gyns: $191,270 to $223,584
- Pediatricians: $133,750 to $142,770

The following table is data on starting salaries (from a national recruitment firm based on 1,901 assignments from April 1, 1999 to March 31, 2000).

Specialty	Low	Average	High
Family Physicians	$105,000	$135,000	$200,000
Internists	$100,000	$139,000	$170,000
General Surgeons	$145,000	$189,000	$300,000
Ob/gyns	$150,000	$225,000	$300,000
Pediatricians	$100,000	$130,000	$160,000

Benefits

A competitive compensation package includes more than just a competitive income. A strong compensation package also includes a good scope of benefits. Most benefit packages today for a primary care provider include the following:

Benefits	Cash Value
Paid malpractice insurance	
Paid family health insurance	
Paid relocation expenses	
4 weeks per year vacation/CME leave	

Competitive benefits packages also include the following:	
Disability insurance	
Family dental insurance	
Retirement plan	
Paid professional dues	
Education loan repayment assistance	
Signing bonus *(usually 5% of annual)*	
Practice management assistance	
Practice marketing assistance	
Housing allowance	
Other benefits	
Total Cash Value of Benefit Package =	**$**

To present your compensation package in the best possible light, assign a dollar value to each benefit you offer in the blank space to the right of each benefit listed above and add this dollar amount to your annual income offer. You will be surprised how much more attractive your compensation offer will look to prospective candidates when you show them the total value of your package in hard dollars. A good benefit package will usually increase the size of your offer by at least 30 percent or more of the annual income. Don't short change your whole offer; price out your entire compensation package!

In your compensation package, articulate the non-monetary benefits or perks of your opportunity. While perks do not make up for a weak compensation package, they could tip the scales in your favor when comparing your opportunity to another. The value of perks is the positive professional atmosphere they create for providers practicing in your community. Check all the perks below that your opportunity potentially has to offer:

- ❑ Light call or coverage schedule (less than one out of every four days and one out of every five weekends)
- ❑ Teaching opportunities (preceptorships)
- ❑ Established patient base
- ❑ Visiting specialists
- ❑ Office located close to hospital
- ❑ Remarkable hospital or clinic technology
- ❑ Medical staff of similar age and interest as candidate
- ❑ Desirable geographic location and climate
- ❑ Outstanding community attributes
- ❑ Decision making role in hospital and health care system
- ❑ Telecommunication links with specialists and advanced technology
- ❑ Community involvement and leadership opportunities

Community Profile

"When you've seen one rural town…you've seen one rural town."

In many cases, there will not be a big difference between the professional aspects of your opportunity – setting, responsibilities and compensation – and the professional aspects of practice opportunities in surrounding rural communities.

This means the candidate's decision whether or not to practice in your community will be driven by how the candidate, spouse and family feel about your community. Therefore, how you define and present your community to each candidate is vital to the success of your recruitment effort.

When profiling your community, imagine yourself a first-time visitor to the community who is contemplating a move to there. What would you want and need to know? Chances are the information that would be important to you would also be important to a provider candidate. Develop a community profile for candidates, including the following information, as well as any other information you would like to add:

Demographics: Describe the population in terms of size, age groups, values, ethnic and religious diversity, educational and socioeconomic backgrounds of the residents, and so on. It would also be helpful to provide some insight into why people like to live in the community

Location: Create a written and pictorial description of the community in scenic or aesthetic terms and in terms of miles and minutes to metropolitan areas, major highways, major airports, to well know locations and recreation areas, and to other remarkable areas of interest. A description of local geography and climate is also important.

Economy: Describe the current and forecasted economic health of the area. Include a list that shows the major economic contributors in the area, major employers, employment rates and employment by sector, average income and so on. Also provide a description of the housing market in terms of availability, types and prices.

Local Organizations: Highlight the professional, social and civic organizations in the community, detailing their membership and the level of participation and support enjoyed by each group.

Shopping: Describe the various shopping and local consumer services available in the community and available within a 90-minute drive of the community. Does your community cover the basics: banking, groceries, clothing, automobile repair, household maintenance, hardware, restaurants, and so on?

Education: Describe the preschool through high school educational system in terms of grades, public and/or private, academic performance, class sizes and student-teacher ratios, educational facilities (computers, etc.), and extracurricular activities (music, art, academic, civic, athletic, etc.). Include information on post secondary, undergraduate and postgraduate opportunities in the community and region, including colleges and universities (list their specialties), college outreach courses, and technical schools.
Finally, indicate the community's attitude toward education, and how it demonstrates this attitude, i.e., tax support, attendance for parent-teacher conference, membership in the PTA or PTO, school awards and so on.

Culture: Relate some of the history of the area and its people. A list of the social activities, churches, media, museum, libraries, arts councils, amateur theatrical groups or activities, musical outlets, special events and celebrations, local entertainment resources (movies, dancing, etc.) and so on would also be helpful information. How does your community express itself? What exactly do residents do to reinforce who they are, their local identity, and their heritage?

Recreation: Describe what residents do in your area for fun and play and where they go (give miles and minutes from your community). Outdoor recreation along with scenery and small population are strong selling points for your Contract Negotiator, so a written and pictorial guide to your area's outdoor recreation and scenery is a must.

Employment Opportunities: Provide a list of employment opportunities and challenging volunteer opportunities in the immediate area or within a reasonable commute for the spouse and family.

For more specifics on what information to include when profiling your practice, compensation package and community, see the sections titled "Questions Commonly Asked by Candidates and Spouses."

Packaging Your Opportunity

Now that you have fully defined your opportunity, you are ready to package that information. Packaging involves translating the three parts of your opportunity into promotional materials. While some communities have developed videos to promote their opportunities, the basic opportunity packet remains the staple in most communities' practice opportunity promotional effort.

The practice opportunity packet consists of the following:

- Cover letter
- Letter from the medical staff
- Practice opportunity description
- Promotional materials on your community or area

Cover Letter

The cover letter should be brief – two to three paragraphs at the most. It should introduce you to the candidate and spouse, direct the candidate to read the other materials in the packet, and invite the candidate to contact you (or the designated contact person). Of course, if you have talked with the candidate, you will acknowledge that discussion as well. The letter should be concisely written on the lead organization's official letterhead. Finally, the letter should be signed by all appropriate stakeholders, including the recruitment team coordinator and contact person, clinic and hospital administrators, and chief of the medical staff.

The Spouse Perspective

QUESTION: What is it like for you and your children to live in a rural community and to be the spouse of a rural physician?

Laurie Thomson (husband, Jim, is a family practitioner in Emmett): It is a very positive experience for the kids to grow up in Emmett. There is a lot to do, and it is safe here. The kids ride their bikes to practices and walk to school, and I don't have to worry about their safety. It [being the spouse of a rural physician] can be stressful because Jim is not always home, but that is getting better.

Gary Thompson (wife, Joan, is a family practitioner): Being the spouse of a physician can be terrible because of the call schedule. Joan is on call every fourth day and on emergency call every day, so it makes it hard to get away. However, we do like living in a rural community.

Cherrie Johnson (husband, Steve is family practitioner): I prefer to raise children in a rural area. It is important that I have family here though, because my husband is gone a lot.

Kitty Spencer (husband, Mark, is a family practitioner): There are things we gave up by moving here. But having grown up in a small community, I was more accustomed and prepared for it. It is tougher being married to a rural physician. Our lives are less private. We can't get "lost" as easily. I end up being a leader in the community whether I want to be or not.

Letter from the Medical Staff

This brief letter should be a warm invitation from the medical staff to the candidate to investigate your opportunity. The content of the letter should demonstrate the medical staff's approval of the recruitment effort and desire to bring in another primary care provider. The letter should be signed by all members of the medical staff.

The Opportunity Description

The practice opportunity description should be an informative promotional piece. Not only should the description fully explain your opportunity, it should do so in a concise and creative fashion. Primary care provider candidates receive written information on dozens of opportunities a week. If your description is not visually appealing, is too long or is just plain uninteresting, your opportunity probably will not be read, much less pursued, by many candidates. A good description contains the following elements in two pages or less:

- Attractive graphics or photos
- Attractive font type
- Attractive layout
- Use of short bulleted statements
- "An angle" or your greatest selling point or unique selling point that sets you apart from other opportunities
- Emphasis on the most attractive elements of your opportunity
- Details of the practice including setting and responsibilities, compensation, and the community aspects of your opportunity discussed earlier
- Day and evening contact information, including mailing address, phone number and FAX number.

Promotional Materials (on your community and/or area)

Chambers of commerce, local tourism bureaus, local economic development organizations and state economic development agencies usually have many different kinds of promotional pieces describing your community or region. These include maps, brochures, flyers, posters and even videos. The more colorful your materials are, the more photos, the more creative, the better. If you have a lot to choose from, pick those promotional pieces that best reinforce what you believe the candidate and family will find appealing about your community.

Use your Opportunity Promotional Team to put together the opportunity packet. If, indeed, you tapped the creative heads of your community for this team, they will not disappoint you. A good writer or marketing type will know what to say about the opportunity and how to say it, and a good artist, graphic designer or layout person from your local newspaper will know how to present it. And as a team, they will have fun doing it while feeling a part of an important cause.

step 5 define the ideal candidate

You have defined who you are and what you have to offer. Now you need to define who you want to offer the position to. Who is the ideal person for your practice opportunity and for your community? What professional and personal traits does he or she possess? Communities that fail to clearly define the ideal candidate and those traits that make up the ideal candidate usually end up with the wrong provider – which means a provider of poor quality and/or a provider who does not stay long in the community.

Consider the following characteristics:

- Desirable Professional Traits
- Undesirable Professional Traits
- Desirable Personal Characteristics
- Desirable Candidate, Spouse and Family Characteristics

a) **The professional attributes needed for your opportunity and desired by the community**, such as specialty; scope of clinical knowledge and expertise; educational background; years of practice experience; practice experience in a community similar to yours; bedside manner; work ethic; career goals; professional credentials and record; and working style with physicians, midlevel providers, nursing staff, hospital and clinic administration.

b) **The professional attributes least desired by your health care system.**

c) **The personal attributes most desired and necessary for fitting into the community**, including personality traits; recreation/social/cultural interests; social background; past places of residence; political leanings; physical health.

d) **Attributes in the spouse and family most desired and necessary for fitting into the community;** including: spouse's professional interests; personality traits; political leanings; recreation/social/cultural interests; social background; previous places of residence; educational background; educational needs of the children; recreation/social/cultural interests and needs of the children.

e) **Least desirable personal attributes for the candidate, spouse and family.**

Chances are you will not find ***the*** ideal candidate. But you should strive to recruit the candidate who most closely fits your ideal. The closer the candidate matches your ideal, the easier it will be to recruit and retain that provider.

The process of defining the ideal candidate also prepares you for the next two phases of the recruitment process: Searching for Candidates and Screening Candidates.

By better understanding the type of candidates you seek, you can target your promotional effort to appeal to this type of individual. By understanding the ideal candidate's professional and personal characteristics, you can develop very specific candidate screening tools such as candidate, spouse and reference interview questionnaires, to determine whether or not the candidate possesses the traits of the ideal provider.

Before you begin your candidate search and incur real recruitment costs, you need to develop a recruitment budget. The budget worksheet that follows gives you an idea of all the different types of costs involved in the recruitment process over and above the compensation package.

Recruitment Budget Worksheet

Date: _____/_____/_____

Provider Specialty Sought:_____

Length of the Budget Period:_____ months

Recruitment Period:_____/_____/_____ through _____/_____/_

Estimated Total Recruitment Budget for Period: $__._____

A. PROMOTION/PUBLICITY

1. Promotional Materials
   a. Talent fee (i.e. graphic artist, photographer, writer, video) $
   b. Printing (display ads, brochure, flyer, duplication) $
   c. Materials (stationary, envelopes) $
   d. Other $

Total Materials: $ _____

2. Advertising (list each journal or other media used)
   a. $
   b. $
   c. $

Total Advertising: $ _____

3. Professional Recruitment Assistance (recruitment firms, candidate sourcing services, etc.)
   a. $
   b. $

Total Recruitment Professional Assistance: $ _____

4. Direct Marketing
   a. Mailing lists $
   b. Postage $
   c. Other $
   d. Other $

Total Direct Marketing: $ _____

5. Person-to-person Recruitment
   a. Residency program visits (include travel) $
   b. Conference recruitment displays (include travel) $
   c. Other $
   d. Other $

Total Person-to-Person Recruitment: $ _____

6. Other Promotion/Publicity
   a. Rewards $
   b. 800 number $
   c. Freebies (pens, calendars, etc.)$
   d. Other $

Total Other Promotion: $ _____

TOTAL PROMOTION AND PUBLICITY EXPENSES $ _____

B. CANDIDATE SCREENING EXPENSES

1. Phone Interviews (20-30 minutes per call or about two hours per candidate)
   a. Out-of-state candidates $
   b. Out-of-state spouses $
   c. In-state candidates $
   d. In-state spouses $
   e. Other $

Total Phone Interviews: $ _____

2. Credentials Checks
   a. National Practitioner Data Bank $
   b. Credential Verification (5-10 minutes/call) $
   c. Other $

Total Credentials Checks: $ _____

3. Reference Checks
   a. Phone interviews (15 minutes per call) $
   b. Other $

Total Reference Checks: $ _____

TOTAL CANDIDATE SCREENING EXPENSES $ _____

C. SITE VISIT AND PERSONAL INTERVIEWS

1. Out-of-state candidates and spouses
   a. Airfare $
   b. Ground transportation $
   c. Lodging $
   d. Meals $
   e. Other $

Total Out-of-State Candidates/Spouses: $ _____

2. In-state candidates and spouses
    a. Mileage reimbursement $
    b. Lodging $
    c. Meals $
    d. Other $

Total In-State Candidates/Spouses: $ _____

2. Site visit social gathering
    a. Caterer/sponsored meal $
    b. Other $

Total Social Costs: $ _____

TOTAL SITE VISIT EXPENSES $ _____

D. PERSONNEL

1. Current Personnel
    a. Time away from primary duties $
    b. Bonus pay for extra duties $
    c. Other $

Total Current Personnel: $ _____

2. Temporary Personnel
    a. Hired local recruitment coordinator $
    b. Locum tenens coverage until new provider is recruited $
    c. Other $

Total Current Personnel: $ _____

TOTAL PERSONNEL EXPENSES $ _____

E. OTHER COSTS

1. $
2. $
3. $

TOTAL OTHER EXPENSES $ _____

TOTAL RECRUITMENT BUDGET $ _____

Potential Barriers to Recruitment and Retention

When you have completed the preparation portion of your recruitment effort, but before you begin searching for candidates, you will want to take an objective look at your opportunity. What are the real strengths of your opportunity? Are they clearly promoted? What are the weaknesses of your opportunity? Can you improve upon these weaknesses?

The following checklist is designed to assist you in identifying weaknesses or barriers to recruiting and retaining providers in your community. Do any of these barriers exist in your community? Do you have other barriers not listed here? For every barrier you check or add to the list, try to develop a strategy for removing or minimizing that barrier.

- ❑ No or low compensation/guarantee
- ❑ No malpractice insurance assistance
- ❑ No or few benefits
- ❑ Heavy call schedule (over 1 day in 4)
- ❑ Poor physician retention history
- ❑ Large out-migration of local patients
- ❑ Hospital/medical staff have poor community image
- ❑ Older hospital facilities (physical plant and/or technology)
- ❑ Inadequate clinic facilities
- ❑ Lack of basic consumer services and amenities
- ❑ Large Medicare/Medicaid population
- ❑ Competing health care system in community
- ❑ No other local physicians
- ❑ Health care leadership in turmoil
- ❑ Interpersonal conflicts between hospital (administration, board and/or staff) and physicians
- ❑ Lack of experienced practice managers in your office
- ❑ Poor clinic billing and coding practices
- ❑ Lower quality education system
- ❑ No local K-12 education system
- ❑ Severe climate
- ❑ Religious homogeneity
- ❑ Aging medical staff
- ❑ Large uninsured population
- ❑ Interpersonal conflicts among physicians
- ❑ Few professional opportunities for spouse
- ❑ Lack of housing
- ❑ Hospital experiencing financial troubles
- ❑ Depressed local economy
- ❑ Lack of extra-curricular activities for family
- ❑ Poor collections history
- ❑ No ob/gyn back up
- ❑ Community is located over three hours from regional medical center
- ❑ Recruitment effort not supported by all local physicians
- ❑ Inexperience in physician recruitment

Most Common Barriers

- ❑ Excessive call and coverage schedule
- ❑ Few professional opportunities for spouse
- ❑ No or low compensation guarantee
- ❑ Few benefits

searching for candidates

step 7 generate candidates

Announcing your opportunity locally is the first step in the candidate search. You then proceed to the statewide, regional and national levels in that order. This gives you every chance to keep recruitment costs down in the event a local source can alert you to a good candidate lead. As a general rule, the farther your message travels, the more expensive that message is to deliver. So begin your search by tapping local sources of candidates. For example, local physicians and midlevels may know of a colleague who would be interested. Local residents may have a friend or a relative who would enjoy practicing near friends and family.

The organizers of the recruitment plan can involve many members of the community by publicizing the recruitment needs. There are multiple benefits to broadly disseminating information regarding recruitment. The community will be notified that there is interest in increasing capacity. Many times, a community member who is not directly involved in the heath professions has a relative who is. In addition, people want to support their health professionals. So encouraging them to participate strengthens not only the recruitment process, but the retention of the new community member.

On the state level, the following organizations could help in promoting your opportunity and/or generating candidates:

- your medical association or association of family physicians
- hospital association
- State Office of Rural Health
- State Office of Primary Care
- State Office of Public Health
- State Department of Labor
- Area Health Education Center
- medical schools
- residency programs
- nurse practitioner and physician assistant programs
- **your state's 3R Net member***

On the regional level, contact:

- your United States Public Health Service Regional Office
- National Health Service Corps (NHSC)
- area medical schools and residency programs
- area nurse practitioner or physician assistant programs

***The 3R Net (National Rural Recruitment and Retention Network) is a not-for-profit organization that assists health professionals in locating practices throughout rural America. You can log onto their web site at http://www.3rnet.org and find out whom to contact in your state for recruitment assistance. The 3R Net is comprised of other not-for-profit organizations, including State Offices of Rural Health, Area Health Education Centers, cooperative agreement agencies and State Primary Care Associations. These organizations have information on rural practice sites in their states and can utilize the 3R Net web site to post vacancies. In some states, the participating organization may assess fees for assistance. For information about the 3R Net, contact Fred Moskol at 1-800-787-2512; FAX 1-608-265-4400; or email moskol@3rnet.org.**

Classified Advertising

Classified ads are the most commonly used form of advertising for promoting practice opportunities around the country. They are usually placed in regional or national medical and professional journals. Using newspapers classifieds to promote your opportunity is not wise. The cost can be excessive, and primary care providers generally do not peruse the classifieds seeking work.

To improve the results of your advertising, apply the simple AIDA model when drafting your ads and designing all your promotional materials:

1. Get the candidate's **A**ttention
2. Generate **I**nterest in your opportunity
3. Create a **D**esire for more information on your opportunity
4. Urge them to take **A**ction right away.

There is no evidence that fancy display classified ads in journals generate more candidates than simple classified ads in the same journals. Since display advertisements are much more expensive, you may want to stick to simple classified ads – concisely and creatively written, of course.

Your classified ad should pique the reader's interest and help him or her determine whether or not to consider your opportunity. Avoid writing ads of this nature, which all to frequently litter the classified sections of today's medical journals:

> "Rural southwest Texas practice seeks BC/BE, FP/GP, MD/DO….
> Must do OB… Competitive salary. Contact…"

Classified Advertising, continued

Such an ad may save you a few dollars with its brevity, but think of the potential candidates lost due to the lack of any exciting information about the opportunity. Pull out your opportunity description information and promote a couple of the really positive and unique attributes of your opportunity.

Direct Mail

Direct mail is an effective method of directly reaching specific individuals and identifiable groups. A direct mail effort could be as broad as all physicians practicing in the United States or as narrow as a single physician in a specific town: I.M. Young, M.D., Youngstown, Ohio.

Direct mail lists containing physician names and addresses can be purchased through direct mail houses that have contracts with the American Medical Association. The AMA will provide you with a list of licensed contractors upon request. Some specialty academies and societies such as the American Academy of Family Physicians also sell mailing lists. These lists are usually for single use only. That is, the vendor has you sign a contract agreeing to only use the mailing list once. Some claim they salt the lists with erroneous addresses to detect repeat mailings. From experience, we urge you to shop around before purchasing a list from vendor. Prices vary greatly.

Tips for writing a good classified ad

- Use a short, catchy headline.
- Write the ad as if you were speaking about your opportunity to your ideal candidate face to face.
- Remove words like "a" or "the" if they do not seem necessary.
- Use only commonly accepted abbreviations.
- Only use the name of your town in the contact information. Unless your town is a familiar destination such as San Francisco, the name means nothing to most candidates. Creatively and briefly describe the area instead.
- Once your ad is written, compare it to the AIDA model. Does it fit?
- When candidates respond to your ad, ask them why they responded, what they liked about the ad and what information in the ad was not particularly helpful.
- Place your ad in journals or newsletters targeted at the specific primary care provider type you seek. For example, the *American Family Physician* or *AFP* is the journal for the American Academy of Family Physicians, and thus read by many primary care providers. In contrast, *JAMA* and *New England Journal of Medicine* are highly regarded but read mostly by many specialists you do not need to reach. You would be paying to advertise to an audience that included few potential candidates.

To increase the effectiveness of your direct mail effort:

1. Use your ideal candidate composite to determine how to target your direct mail effort based on ideal candidate characteristics. The direct mail house tracks candidates using a variety of demographics, so its representatives can help you translate these characteristics into a targeted mailing list. Try to get as specific as possible. Not only will this shorten the list and keep your total cost down, it will definitely generate more qualified candidates per one hundred addresses.

2. Make your direct mail piece attractive but brief. Again, apply the AIDA model when drafting your direct mail materials. A single-page cover letter, an attractive one to two-page opportunity description and a colorful post card is all you need. Remember to clearly show your contact information. If you would like candidates to send a CV, include a self addressed and stamped envelope in the mailer. There is an old rule of thumb in direct mail: the closer you get to actually dropping the response in the mailbox for the recipient, the more likely he/she will respond.

By the way, do not be discouraged by a low response rate to your direct mail effort. The standard for a successful direct mail effort is a 2-3 percent response rate.

Other Sources of Candidates

Organizations participating in the 3R Net are usually a very inexpensive way to receive detailed information on candidates and their spouses who are interested in rural opportunities. In addition, they can promote your opportunity to candidates nationwide.

Other sources may include medical associations, medical schools and residency programs, state loan repayment programs, and recruitment firms.

Each state should develop and maintain an up-to-date list of resources for entities assisting in recruiting. This could include job fairs, “meet the residents” lunches or other direct contact programs, “pipe line” program information, instructions on using email effectively to correspond with candidates and useful web sites, among others.

Is rural living for you?

Not everyone is cut out for rural life. Even fewer are cut out to be primary care providers in rural communities. Although visions of "A River Runs Through It" or dreams of a slower pace of life attract many providers to rural areas every year, few actually stay.

How can you as a recruiter interested in not just attracting a provider, but keeping the provider as well, identify a provider who will be a happy and successful rural practitioner and one who will not? Short of a complete personality inventory, there is probably no sure way. But the following checklist from the American Academy of Family Physicians written for family docs considering rural practice could prove helpful. You may want to figure a way to work it into your candidate screening process.

If you can check most of these statements, you may be suited for rural practice.

- ❑ I want to practice the full range of family practice.
- ❑ My family and I would enjoy a rural lifestyle.
- ❑ I am willing to assume a position of leadership in the community.
- ❑ I am willing to take an active role in civic and community groups.
- ❑ I can handle intermingling of my personal and professional roles.
- ❑ I want to fulfill a vital community need.
- ❑ I am challenged by rural health issues and see myself as an "agent for change."
- ❑ I enjoy being involved in my patients' lives.
- ❑ I would enjoy a close-knit community.
- ❑ I am adept at developing linkages between physicians and facilities.
- ❑ I don't mind a busy practice as long as there's a balance in my life.
- ❑ I believe that rural practice will give me back more than I put in.

To this list, you may want to add:

- ❑ My spouse and I are familiar with rural life and appreciate the pros and cons of rural living.
- ❑ I am comfortable practicing the full scope of family medicine isolated from specialized consultation and technological resources.
- ❑ I am confident in my emergency medicine skills and knowledge.

Recruitment Firms

While we do not discourage the use of recruitment firms, we do urge caution when contracting with them. While some are good at finding candidates, few have a good track record when it comes to retention, particularly in rural areas. Before contracting with a recruitment firm:

- Ask other rural communities about the firm.
- Ask the firm about the retention record of its candidates.
- Ask how cooperative the firm has been in recruiting a second provider in instances where the first provider left prematurely – get references.
- Use contingency firms versus retainer firms whenever possible. Contingency firms only charge a fee when a placement is made. Retainer firms require a fee up front, regardless of placement. Make them show you that they can recruit for you successfully, before you hand over a significant portion of your recruitment budget.
- Consider hiring a local resident to coordinate the recruitment process, instead of paying a recruitment firm. Why not keep the money in the community? Health professional recruitment is not rocket science. It is personality, persistence and some basic knowledge of recruitment. Plenty of free education materials on the subject exist. Contact your state 3R Net member for more information.
- Understand the motives and incentives for recruitment firms. The placement fee and not necessarily your satisfaction or the retention of your provider is the main objective for a recruitment firm. Keep in mind that many recruiters are only paid by commission. If you are going to use a recruiter, simply understand your professional relationship and make sure your best interests are the recruiter's as well.

When using a recruitment firm:

- Carefully screen all ads placed for your position. Who or what is being promoted by the ad—your vacancy or the recruitment firm?

- Carefully screen all candidates – Some argue if you have to carefully screen candidates supposedly screened by the recruitment firm, why use a recruitment firm?

- Be watchful of high compensation packages requested of you by the firm. High income guarantees are not only unnecessary, they are often borderline illegal. There is a *big* difference between recruiting a provider and buying one. Call other communities to help you decide on a competitive compensation package. Sure, the more you are willing to offer, the better chance of a placement. But can you afford the high offer? What will the other local primary care providers who may be making much less think about your high offer?

- Have the firm give you regular progress reports on the recruitment activities they have conducted on your behalf.

- Make sure you recruit the candidate you want and not just the candidate the recruitment firm says is a good match. If you are not sure, you have not been involved enough in the recruitment process. The average placement fee charged by recruitment firms today should be motivation enough to stay on top of all the candidates and the actions of the firm itself.

- Finally, if you do use a recruitment firm, consider including provisions in your service contract with the firm's candidate that require the candidate to repay you for all or part of the recruitment firm's fee.

screening candidates

Screening candidates includes interviewing the candidate, interviewing the spouse, checking references and credentials, and conducting the site visit.

Once you begin receiving responses to your promotional efforts, you will need to track the candidate's progress through your recruitment process. The purpose of tracking is to avoid letting too much time lapse between contacts with the candidate until your work with the candidate is concluded. If too much time lapses, another community is sure to sign the candidate first. One simple way to track each candidate's progress is to use a chart like this one below. The chart can tell you at a glance the status of each candidate in the recruitment process, the last time contact was made with the candidate, and the source of the candidate.

TRACKING LOG			
Candidate Name	Greg Walker	Mary Smith	John Doe
Specialty	FP	IM	FP
First Contact	8/5/00	9/15/00	9/30/00
Source	AFP Ad	3RNET	AMA
Packet Mailed	8/6/00	9/16/00	10/1/00
Second Contact	8/13/00	9/23/00	10/13/00
Initial Interview	N/A	10/1/00	10/20/00
Second Interview		10/25/00	NA
Spouse Interview		11/1/00	
Reference/Credential Check		11/15/00	
Site Visit		12/4/00	
Follow-up to Site Visit		12/8/00	
Contract		12/15/00	
Disposition	Not really interested	Signed	Does not meet our requirements
Start Date	NA	2/1/01	NA

The steps in the candidate screening portion of your search usually follow this order of events after the candidate responds to your promotional efforts by phone, mail and/or FAX:

1. Call the candidate to acknowledge receipt of their inquiry if they respond by mail or FAX.

2. Send the candidate your opportunity packet with cover letter, requesting their CV if they have not already sent it.

3. Review each CV immediately to determine whether this candidate matches your needs and wants on paper.

4. Conduct phone interview with the candidate.

5. Interview the spouse to determine his or her level of interest in your opportunity.

6. Conduct a site visit, request references if not already provided, and make offer (give contract or letter of intent) to desirable candidates.

7. Send follow-up letter to candidate after site visit.

8. Interview references. Some think that interviewing references by mail provides a more accurate portrait of the candidate.

9. Conduct a credential check to verify the candidate's qualifications and authenticity.

10. Conduct follow up interview or site visit.

11. Finalize contract.

What Motivates Candidates?

You can improve your recruitment skills by better understanding what motivates candidates' practice location choices. This information will allow you to better evaluate your chances with various candidates and highlight the aspects of your opportunity that matter the most to candidates. What will motivate your candidate's decision? The phone interview should tell.

Common Motives for Selecting a Practice Location

Professional Motives

- Access to hospital facilities, support facilities or personnel
- Avoiding professional isolation, maintaining contact with colleagues and access to continuing education
- Avoiding excessive workloads and obtaining coverage
- Opportunities to join group practices
- Adequate income

Personal Motives

- General preference for rural or urban lifestyle
- A desire to locate in or near one's hometown
- A desire to locate near family and friends
- Climate or geographic preference
- Tastes for recreational, cultural, or social opportunities
- Preferences regarding involvement in the community

step 8 interview candidates

Before you begin interviewing candidates, you need to develop an interview questionnaire. The questionnaire should be well thought out and unique to your opportunity. Remember, the purpose of the interview is to determine how closely the candidate matches your ideal provider. Therefore, the questionnaire should include questions that help you determine the following:

- How closely each candidate's professional and personal attributes match the attributes of your ideal candidate.
- Degree of interest in your opportunity.
- Ideal practice setting in professional and personal terms.
- Most important factor in selecting a practice.
- Depth of knowledge about your opportunity.
- Training background, emphasis. Why did you select the program?
- Experience and exposure to procedures and patients common to your area.
- Professional goals and aspirations.
- Professional strengths.
- Weakness or limitations.
- Location of other opportunities they are considering.
- Most desired Compensation arrangement, amount and benefits.
- Spouse and family background.
- Whether or not to invite candidate and spouse for a site visit.

A similar interview questionnaire should then be developed for the spouse as well.Before contacting candidates, it is a good idea to rehearse your part of the interview first:

- Conduct mock interviews with local medical staff members to work out the rough spots in the interview and get accustomed to how medical providers may respond to your questioning. Ask for a critique of your interview style and the questionnaire.
- Prepare yourself for questions the candidate may ask you during the interview. A fact sheet with a brief answer to each question appearing in "Questions Commonly Asked by Candidates and Spouses" on Page 76 will be useful during the phone interview.

As mentioned earlier, all candidate interviewers should be personable individuals who possess good communication and listening skills, and have knowledge of the opportunity and the community.

The candidate phone interview will follow these steps:

1. Call the candidate within one week after sending your opportunity packet.

2. Ask the candidate if now is a good time to conduct an interview and discuss your opportunity. If not, arrange a time. The average initial interview lasts about 30-45 minutes.

3. Ask the candidate if he/she had an opportunity to review the opportunity packet, and answer any questions he/she has.

4. Go through your interview questions, keeping the interview in a conversational tone. Do not feel obligated to follow the exact order of your questions. Allow the interview to flow naturally. But before you end the interview, make sure you have answers to all your questions.

5. Write down what they say and how they say it, when you feel the candidate's tone or attitude is worth noting.

6. Answer any questions posed by the candidate. Prepared by reviewing "Questions Commonly Asked by Candidates and Spouses."

7. Avoid talking about specific income amounts until you are certain the candidate meets your standards. A simple yet honest answer to the "How much?" question is "What we offer the right candidate will depend on how well he or she matches our needs, but a ballpark figure for income and benefits would be about $ _____." The "ballpark" figure still leaves you negotiating room with candidates who may have somewhat higher or even lower income expectations then you intend to offer. Refer to Page 43, which outlines income ranges for various physician specialties. It will also help eliminate those candidates whose income demands far exceed your comfort level. Remember, the negotiating game begins the minute you promote your opportunity and build expectations about your opportunity. If you give a candidate the impression that the dollar figure quoted in your written materials or during the interview is cast in stone, you may unwittingly lose candidates who would have agreed to sign for just a few thousand dollars more than this figure.

8. Arrange a time for a spouse interview. Alternatively, you can choose to interview the spouse during the same call, if he or she is willing.

9. Thank the candidate and spouse for their time, give them a date by which you will get back to them, and encourage them to contact you when questions about your opportunity come to mind.

Immediately after the interview, write down the areas where the candidate's attributes and interests matched and did not match your opportunity and community. Within two days of the interview, send the candidate a brief note thanking him or her for the time and provide the candidate any additional information you could not provide during the interview. In the note, you should also describe in more detail aspects about your opportunity and community that will appeal to the candidate, based on what you learned during the interview,.

These are some sample questions for evaluating particular traits of a candidate related to professional and patient relations. Some of these are also excellent questions to ask references:

How would your patients or colleagues describe you?

What frustrates you most when dealing with patients and family?
When dealing with nursing staff? When dealing with other medical staff members? When dealing with hospital administration or boards?

Describe how you handle pressure situations in terms of carrying out your responsibilities and interacting with patients, colleagues, and support staff.

Describe a situation where you dealt with a dissatisfied or angry patient and/or family member of a patient and how you handled that situation.

Give examples of work teams that you have served on and describe your role on those teams.

Describe a mistake you made in dealing with people. How would you do it differently now?

Tell me about a time when you stuck to a company policy even when it wasn't easy?

What do you feel is the most significant limitation to your working style and what have you learned from it?

What aspects of your work do you consider most crucial?

Some helpful interview preparation tips:

- Develop a well-structured initial candidate or spouse interview that takes no longer than 30 minutes. You can ask about 10 questions in this amount of time.
- Focus on behavior questions – technical knowledge will be determined through the CV information, credential check and references.
- Avoid asking repeat questions – questions likely to elicit a repeat of a previous answer.
- Rehearse the interview with a local primary care provider (or spouse if planning to interview candidate's spouse).
- Modify or remove questions that do not elicit the answer you want after using it in several interviews.

step 9 conduct a credential check

The objective of the credential check is to confirm the accuracy of claims made by the candidate in his or her CV and correspondences regarding his or her professional and educational background. The credential check can be conducted before or after the interview. However, by conducting the check after the interview, you have the opportunity to verify claims made by the candidate during the interview. Regardless, check the candidate's credentials early in the process in order to avoid wasting time and resources on unqualified candidates.

The credential check should be conducted by a medical expert on your recruitment committee. You can also hire an independent agency to conduct the credential check for a reasonable fee (approximately $150), if you feel it would be a better use of your Recruitment Team's time and money.

When hiring or granting health care privileges to a health care provider, hospitals are required by the federal Health Care Quality Improvement Act of 1986 to query the National Practitioner Data Bank. The National Practitioner Data Bank collects information about malpractice payments, licensure disciplinary actions, clinical privileging restrictions by hospital and other health care entities, and professional membership restrictions. The purpose of the Data bank is to facilitate peer review and the credentialing of health care providers.

When conducting a credential or background check, you will want to verify the following information:

Licensure

Sources of Verification:

- State Board of Medicine
- Boards of medicine in states where the candidate claims he or she is licensed – Ask these boards if they provide additional professional conduct information on providers licensed in their states.
- The National Practitioner Data Bank – Accessible to hospitals, physicians and medical boards.

Undergraduate Education

Sources of Verification:

- Registrar's office of the school(s) attended to confirm: candidate's attendance at the school(s), dates of attendance, graduation date and degree area. The school(s) may also provide information about the candidate's academic performance, honors, extracurricular activities and so on. Some schools require written authorization from the candidate before sharing student records.

Medical School Education

Sources of Verification:

- Registrar's office of the school(s) attended to confirm:
  attendance at the institution(s), dates of attendance, graduation date and academic record.

Internship

Sources of Verification:

- The institution(s) where the candidate claims to have conducted his or her medical internship to confirm: dates of attendance, completion date and any performance records.

Residency Training

Sources of Verification:

- The director's office of the residency program(s) attended by the candidate to verify: dates of attendance and completion date, particular areas of training emphasis, such as rural rotations, and academic and professional records.

Board Certification

Sources of Information:

- Certifying board for that particular specialty
- The Federation of State Medical Boards
- State, county or local medical societies

Legal

Sources of Information:

- Malpractice Suits – The county clerk at the courthouse in any county where the candidate has practiced.
- Driving/Criminal Records – Ask the candidate to obtain and provide you their driving and criminal records – offer to pay any administrative fees.

Credit

Sources of Information:

- Credit Bureau – Get the candidate's written permission and social security number.

step 10 interview the spouse

Most recruitment efforts hinge on the candidate's spouse, because the spouse's opinion of your opportunity and community often drives the candidate's final decision. Therefore, it is extremely important that you expend as much effort on recruiting (and retaining) the spouse as you do on the candidate. Because of the important role the spouse plays in the decision making process, we urge the use of a Spouse Recruiter. This person is specifically in charge of coordinating a complete spouse recruitment process similar to that for the candidate. This will ensure the spouse gets the proper attention, increase the likelihood of the spouse supporting the match, and help integrate the provider and spouse into the community.

Spouse recruiting begins with gathering information about the spouse. Ask the candidate for his/her spouse's resume if the spouse has professional interests. Then, contact the spouse to arrange and conduct an interview.

A personal interview with the spouse early in the effort may save you a lot of time, money and effort chasing a candidate whose spouse is not interested in living in a rural area. You may find candidates who say they are "very" interested in your opportunity, but whose spouses are not even aware of your opportunity – or even know that relocating is a possibility.

If you are not using a Spouse Recruiter, the spouse interview should be conducted by someone who:

- Possesses good interpersonal skills;
- Knows the community and opportunity; and
- Shares common background or interests with the spouse.

Your interview with the candidate should provide you enough insight into the spouse to identify a suitable spouse interviewer. Several communities have successfully used spouses of their current physicians or midlevel providers to act as Spouse Interviewers or the Spouse Recruiters.

The most important factor in deciding on a practice location from the spouse's perspective (*not in rank order*)

- ❑ Loan repayment
- ❑ Income guarantees
- ❑ Housing and real estate
- ❑ The physician partners
- ❑ Extra curricular activities for children
- ❑ Environmental conditions
- ❑ Schools and curriculum for children
- ❑ Employment opportunities for him/her
- ❑ Weather
- ❑ Shopping
- ❑ Stability of the medical community
- ❑ Intrinsic feel the community has – need to meet the "real" town during the recruitment process to experience the town's routines and people

Source: spouse of physician residents at the Family Practice Residency Program of Idaho, Spring 1994

The objective of your spouse interview is to determine how closely the spouse matches the characteristics of your ideal candidate's spouse. You will want to conduct an interview using a questionnaire that helps you determine the following about the spouse:

- Professional needs, including professional or career goals
- Personal education needs
- Personal interests, including recreation, social, cultural and hobbies
- Personality traits
- Socioeconomic background, including rural living background
- Housing preferences
- Expectations from the community
- His/her ideal community
- Family profile, such as ages, interests/needs of children
- Family needs, including education, religion, recreation, extracurricular activities
- Most important factors in deciding on a community
- Geographic and climate preferences
- Location of family and closest friends
- Knowledge of your opportunity
- Why your community interests him/her

Of course, another objective of the interview is to determine whether or not to invite the candidate and spouse for a visit to your community. If you do extend the invitation, the information gathered from the interview will be invaluable when creating an itinerary of stops that will most appeal to the spouse.

Tips for Interviewing candidates, spouses and references

1. Prepare questions in advance, drafting questions based on your ideal candidate composite.

2. Test your questions and rehearse the interview with a colleague – ideally one of your local medical staff members.

3. Take accurate notes during the interview, noting what the interviewee says and how he/she says it.

4. Avoid asking certain background or "off the record" type questions that are illegal, including questions related to: age, race, gender, marital status, religion, garnishment records, child care provisions, contraceptive practices, childbearing plans, height and weight, and physical or mental disabilities (American with Disabilities Act of 1990).

5. Listen attentively so the interviewee knows his/her responses are important to you. Avoid answering questions for the interviewee, finishing his/her statements, or making editorial comments (good or bad).

6. Allow the interviewee ample time to contemplate a response. Silence is not a bad thing.

7. Paraphrase responses to ensure you understood the interviewee's answer. If you did not understand the response, ask him/her to rephrase it until you do.

8. Strive for a conversational tone. Relax and let the interview flow. A relaxed interviewee is likely to be more open than one who feels like he or she is being interrogated. Do not feel compelled to follow the order in which your questions appear on the questionnaire; let the conversation dictate the order. But keep the conversation focused and make sure all your questions are answered.

9. Answer all questions posed by the interviewee honestly. If you don't know the answer, tell the interviewee you will get the answer to him/her shortly after the interview.

10. Check your notes immediately after the interview is completed to fill in and clarify any incomplete notes, which could lose all meaning to you within a few days.

11. Send a thank you letter to the interviewee, including any additional information they requested. If interviewing both a candidate and a spouse, send separate letters to each of them.

step 11 check references

Because of the perceived legal ramifications, many references refuse to provide information of any depth or substance, and often those checking references do not really push the issue. Consequently, reference checks are probably the most neglected part of the screening process. Yet a thorough reference check will usually provide you with a critical, objective perspective on how well the candidate matches your opportunity. For example, references can describe the candidate's work ethic, bedside manner, professional interactions with medical staff and support personnel, and personal commitment to medicine and his or her patients. What a reference does *not* say about a candidate and how the reference speaks of him or her is often quite telling.

Legal Reference Checking

Today, references are harder to get and much scarier to give than at any time in the past. Lawsuits filed by former employees claiming an employer's reference defamed him or her have received a great deal of publicity. To protect yourself and tp understand the position of former employers, you should keep in mind two legal principles when conducting reference checks: qualified privilege and negligent referral or hiring practices.

Qualified Privilege

Under this legal theory, employers have the right to share job-related information about former workers, even when the information is negative, if a legitimate business need exists. This qualified privilege protects employers from defamation claims related to reference inquiries, provided the employer:

- Discloses truthful, accurate, and documented information about past employees' job performance or job-related characteristics (not their personal lives);
- Responds only to specific inquiries made by persons with a legitimate business-related need to know;
- Avoids disclosure of any information to uninvolved third parties; and
- Does not act with deliberate malice or disregard for the truth.

Negligent Hiring or Referral

Under the negligent hiring principle, an employer has a duty to exercise reasonable care when hiring employees, who might pose a risk of injury to the public or to fellow employees due to incompetence or impairment. Negligent referral theory obligates employers to disclose negative information about former employees when the information has bearing on the job in question.

To reduce the risk of negligent hiring, employers should contact both personal and professional references of potential employees. References should be checked during or immediately following the candidate interview/site visit to obtain additional information on the top one or two finalists.

When contacting former employers by telephone, it is helpful to use a checklist. The items on the list should bring out the job elements you have already determined are crucial for success in the position (ideal primary care provider candidate composite). The questions asked should be phrased in such a way that the former employer is asked to *describe*, not rate, the applicant in terms of your list of relevant job behaviors. Allow enough space on your form, so that you can paraphrase or directly quote the remarks made.

Decision Point

After you have completed the candidate and spouse phone interviews, credential checks, and reference check, you have three choices:

1. Reject the candidate. If you reject the candidate, simply write a brief letter thanking him or her but stating that you are no longer interested at this time. Do not feel compelled to provide a reason.

2. Invite the candidate and spouse for a site visit to your community. Only invite the candidate on the site visit if you can answer Yes to the following statements:

   a. I am certain the candidate is sincerely interested in our opportunity.

      YES NO

   b. I am certain the candidate and spouse resemble our ideal candidate (or match the needs of our opportunity and the characteristics of our community), and the community would be comfortable with this provider.

      YES NO

   c. I know the candidate and spouse well enough that I can design a site visit itinerary that appeals to their specific needs.

      YES NO

   d. The candidate is qualified to practice medicine in my state.

      YES NO

   e. The local medical staff believes the provider is qualified to practice in the community and seems to match their needs and wants.

      YES NO

3. Gather additional information from/on the candidate and/or spouse. If you answered No to one or more of the statements under Number 2 above, continue interviewing the candidate, spouse, and/or references; or continue checking the candidate's credentials until you can answer Yes to all the statements above or until you reject the candidate.

step 12 conduct a site visit

There are two goals for the site visit. One is to confirm whether or not the candidate and spouse approximate your ideal candidate enough to make them an offer. The other is to provide the candidate and spouse every opportunity to assess your community, to help them decide whether they would accept an offer.

Too often, communities use the same general itinerary for every candidate, which ignores the fact that each candidate has uniquely different interests in your opportunity and community. The most effective site visits are those that tailor the itinerary to the candidate and spouse's interests and preferences. Of course, this can only be achieved when you know enough about the candidate and spouse to decide what would interest them about your opportunity and community.

Site visits should last at least one and half to two days. Avoid shorter site visits, because they make it too difficult to show all aspects of your community and opportunity. Short site visits usually create the wrong impression and result in candidates making decisions based upon partial information or misconceptions. Site visits are typically conducted on weekends, for the sake of convenience. However, the ideal situation is a two-day site visit that includes at least one business day. This gives the candidate and spouse a better feel for daily life in the community and in the practice setting.

You should avoid conducting a site visit with a candidate and spouse who are also planning to visit other opportunities in your state or in neighboring states on the same trip. While such multiple-site visits may save each community on the tour some money, you risk paying for candidates who simply use the multiple-community site visit as an expense-paid tour of your state. The sincerely interested candidate will find time to make the trip just to your community, especially if you pay for the trip. The site visit is too important to risk sharing the candidate and spouse's attention with the competition.

The site visit should balance professional and personal venues. In general terms, a properly organized site visit itinerary will include ample time to:

1. Tour and experience the community – first with an escort and then alone – allowing the candidate and spouse to see the pros and cons of your community.

2. Tour the clinic location of the practice.

3. Meet and visit with each physician one-to-one, unless it is a very large practice, in which case it may be more appropriate to select several key members of the medical staff to meet with one-to-one.

4. Visit at length with the lead medical staff member on the Recruitment Team.

5. Tour the hospital and meet key hospital staff members, especially the administrator and the director of nursing.

6. Tour other relevant health care facilities.

7. Visit places of particular interest to each candidate and spouse – ask them before the site visit.

8. Have a social gathering with the Recruitment Team.

9. Conduct a business interview between the recruitment coordinator, contract negotiator, the benefits coordinator at the practice site, and the candidate.

10. Ask the spouse what he or she would like to do or see while the candidate is involved in itinerary stops of professional concern. In case he or she does not have a long list of interests, create an itinerary to be led by the spouse recruiter.

Suggestions:

- Avoid busy itinerary's that prevent the candidate and spouse from getting the feel of the community.
- Introduce the candidate and spouse to other newcomers to the community.
- Show the candidate and spouse the business district and different neighborhoods to witness daily life in the community.
- Avoid being "too slick" or too contrived.
- Show the good points but also be honest about the community's problems or bad points.
- Expose the spouse to daily life in the community, because it will be the spouse not the physician who will need to fill their day with whatever the community has to offer.

Common Site Visit Issues

Overwhelming the Candidate

Caught up in the excitement and the importance of the event, some communities overwhelm the candidate and spouse by having too many people escorting the candidate around town. It is entirely possible to have the candidate and spouse meet key individuals and experience broad-based support without packing the whole community into a van. At most, two or three individuals from the Recruitment Team should act as hosts with one host specifically assigned to the spouse. Ideally, these hosts should include the candidate and spouse interviewers, who should have already developed a rapport with the candidate and spouse. The third host could be an interviewer, the recruitment coordinator or an administrator from the agency who will sign the provider.

Dealing with Children on Site Visits

You should let the candidate and spouse know that their children are welcome, but do not feel compelled to pay the entire family's travel expenses, especially if there is more than one child. Flying a family of four or five can break the typical rural community's recruitment budget. Candidates who are truly interested in your opportunity will either leave their children at home or pay for all or some of their children's travel expenses. If the candidate has small children, you should tactfully suggest that they not come on the site visit. You can say that young children are invited, but that you have found that the constant care required by very young children often reduces the effectiveness of the visit for both parties.

If children do come, you should make arrangements for a babysitter and/or involve the children in local activities that will interest them. This will allow the candidate and spouse to concentrate on the site visit.

Making the Offer

Communities sometimes lose sight of the fact the site visit is more than a "get acquainted" visit and actually neglect to make an offer to attractive candidates. The site visit is, above all, a "sales" opportunity and getting acquainted is only part of the sales pitch.

During the business interview portion of the site visit, try to further determine how well the candidate matches your ideal candidate and how interested the candidate is in your opportunity. Use the interview as a face-to-face opportunity to draw out from the candidate his or her reservations about your opportunity. Sales people call this identifying objections to making a purchase. If a candidate ultimately rejects your offer, he or she had reasons for doing so. Therefore, during the interview and other appropriate times of the site visit, you must encourage the candidate and spouse to articulate their concerns and reservation, so you can address them *before* they leave the community.

If a candidate rejects your opportunity and you don't know why, you failed to learn enough about the candidate during the site visit. You may have also failed to properly present your opportunity and community to the candidate. Candidates often reject an opportunity over an issue that could have been easily addressed had it been known. A simple but pointed question that must be asked at some point during the site visit is "What concerns must be addressed before you would practice in our community?" The answer to this question will provide some important insights into your chances for signing the candidate.

Finally, after you make an offer to an attractive candidate during the site visit, do not expect or force the candidate to make a decision on the spot. You will allow the candidate a specified amount of time after the site visit to make his or her decision. If you do not provide the candidate some sort of deadline by which to make a decision on your offer, he or she usually will delay the decision until lured away by another community.

To make an offer during the visit:

1. Prepare a contract or letter of intent before the site that clearly outlines the responsibilities and obligations of the practitioner, but leave blank the compensation amount and arrangement to allow for negotiation.
2. Present the contract or letter of intent to attractive candidates during the business interview of the site visit.
3. Explain the entire contract or letter of intent and make sure candidates have complete understanding.
4. Negotiate and settle upon the compensation amount and arrangement during the business interview, if possible.
5. Give the candidate one to two weeks to decide, asking him/her to please list reasons why they reject the offer, if he/she chooses not to accept.

PartFour

follow up and follow through

step 13 follow-up letter

Send a thank you letter containing any additional information requested by the candidate or spouse within a week after the site visit. Some communities include a copy of the latest local newspaper that contains a well-timed article about the candidate's recent site visit to the community.

step 14 follow-up negotiations

The designated contract negotiator should contact the candidate to discuss his or her decision at the end of the agreed upon time period (usually one to two weeks). If the candidate is still undecided, the negotiator must identify and address the candidate's reservations right away. This may require another site visit or simply sending the candidate more information. In some instances, the negotiator may want to travel to the candidate's home to further discuss the opportunity face-to-face.

When the candidate rejects the offer…

You should learn something new about the appeal of your opportunity and effectiveness of your recruitment effort every time your offer is rejected. This means your opportunity and recruitment effort should improve with each candidate. Communities that fail to modify their opportunity or adjust their recruitment process are those still recruiting today. One simple question should get the answers you need to improve your recruitment effort each time you are rejected: "Why didn't we get this candidate?" Too many communities skip this self-assessment.

If you have been recruiting for some time and have not assessed your opportunity or recruitment process recently, ask yourself "Why can't we recruit a physician or midlevel?" For every reason you identify, develop a strategy to address or minimize it. For example, many rural communities lose candidates because the spouses perceive small towns as lacking professional opportunities for them. Indeed, most rural communities perceive the same thing. However, a closer look at the community and the spouse's professional or educational backgrounds may reveal a number of non employment or volunteer opportunities that may be quite interesting or challenging.

Income in many cases will not be a major concern to spouses, so they may be quite open to other avenues for utilizing his or her skills and knowledge.

Use the following steps to identify and manage barriers to recruitment:

1. Identify reasons why the offer was rejected.

2. Determine whether the reasons for rejection can be rectified before continuing the recruitment process. If so, make changing them a priority.

3. Find ways to minimize the impact of barriers or problems that cannot be completely addressed, such as "trade offs." For example, "We are not located near a regional medical center or specialists, but we are linked to them and Health Net/Virtual Medical Center via telecommunications links."

4. Turn failure into a learning process.

When the candidate accepts the offer…

1. Close the Deal – Send the candidate a final draft of the contract with all negotiated points included to enable him/her to sign the contract as soon as possible. Encourage the candidate to have an attorney review the contract. An outline of suggested content for an employment agreement between an organization and a primary care provider appears on Page 98.

2. Facilitate Relocation – To make the provider and family's move and integration into your community as smooth as possible, assist them with the following:

   - Attaining licensure
   - Attaining privileges at all appropriate hospitals
   - Making moving arrangements
   - Locating financing for purchasing a home or finding a suitable rental property
   - Getting the children enrolled in school
   - Finding employment or opportunities for the spouse

3. Build a Patient Base – A special public gathering to welcome the new provider and his or her family to town is a great way to increase community awareness of the new provider. You should begin a regular promotional effort to inform the community about the new provider long before he or she begins practice as well.

4. Plan Ahead – Develop and implement a retention plan with the new provider and spouse.

step 15 develop and implement a retention plan

If you recruited a primary care provider using the Recruiting for Retention approach or similar process, paying particular attention to matching the candidate's characteristics (ideal candidate) to attributes and needs of your community (opportunity development), you have already done a considerable amount of retention building. In fact, by ensuring a good match between the provider and community, you have built a solid foundation for retention. Without such a foundation, all ongoing retention building activities will have little impact on retaining a provider who does not fit your community. The closer the practitioner and spouse's interests match the community, the more likely the provider and community will be satisfied with one another over the long run.

Once the new primary care provider begins practice in your community, you need to implement strategies that accomplish the following objectives:

- Welcome and orient the new practitioner and spouse to the medical community.
- Welcome and fully orient the practitioner, spouse and family to the community.
- Anticipate and address concerns or issues that may encourage the physician, spouse or family members to want to leave the community.
- Allow ample time for the practitioner to enjoy life beyond the practice.
- Reduce the sense of professional isolation and career stagnation often experienced by rural providers.

How these objectives are accomplished depends largely on the community, the new provider and spouse, and their children. But the common thread that runs through all these objectives is the need to communicate regularly with the provider and spouse. Some specific retention activities that have proven helpful in rural communities are:

- Providing practice management and marketing assistance
- Assisting in securing start up loans
- Holding regular professional progress evaluation meetings with the provider to discuss morale and professional satisfaction concerns and issues
- Sponsoring periodic social gatherings of the medical staff, their spouses and families
- Assigning a mentor to orient the new provider and help integrate him or her into the medical community
- Assigning someone to orient and help integrate the spouse and family to the community
- Keeping the call schedule light – 1 out of every four days or less if possible
- Funding career and personal development opportunities for the provider and spouse
- Providing opportunities for peer interaction outside the community
- Developing telecommunication links to practitioners in other communities and to medical education and support resources

The Spouses perspective …

QUESTION: With all the opportunities available, what keeps you in this particular community?

Ann Haller (husband, Fred, is an Internist): Our roots are here now. The people in the community are very much a part of our lives. People bring us huckleberries and cinnamon rolls, which is something you don't get in larger communities. There are a lot of benefits in a rural community. The support system is much better. It is more "homey."

Gary Thompson (wife, Joan, is a family practitioner): We moved around a lot already for Joan's medical school and residency, so we don't want to move anymore..

Laurie Thomson (husband, Jim, is a family practitioner in Emmett): Number One, the friendships we've made. Number Two, the recreational opportunities available here like water skiing, snow skiing, and hunting.

Kitty Spencer (husband, Mark, is a family): Friendships, people we've become acquainted with. You become more familiar with a lot of the people around you. You become involved in community groups. That's what holds us here. I wouldn't even think of moving to an urban area anymore!

Retention building activities such as these should be ongoing. They should be applied to all primary care providers in the community, as well as to other valued health professionals. You should always be aware of how satisfied or dissatisfied a provider and spouse are with the practice or the community. If you are unsure how they feel, ask them.

When a medical provider leaves your community, learn something from your loss. Determine the reasons behind his or her decision to leave and try to address them before you begin recruiting a replacement.

From the loss of a provider, you should first of all learn that recruitment is an ongoing task. Very few practitioners remain in one community or practice location for their entire career. Like American society in general, primary care providers are becoming more transient. Since they are in such high demand today, primary care providers are especially apt to be lured away from rural areas with promises of less work and more pay. Too many communities are surprised by the loss of one of their primary care providers and are not prepared to quickly replace him or her. Delays in recruiting a new provider cause a deterioration in access to care for residents and place the entire rural health care system at risk because of diminished revenues and referrals. Even when you have your full complement of providers, continue to cultivate relations with potential candidates by:

- Becoming a rural training site for medical students, primary care residents, and midlevel provider students;
- Staying in touch with these residents and students after they finish their rotation in your community and long into their careers;
- Encouraging medical staff members to cultivate a rapport with potential candidates at continuing medical education conferences;
- Bringing in locum tenens (temporary coverage) providers who may also be on the look out for permanent practice opportunities; and
- Subscribing to candidate sourcing services.

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
OFFICE OF RURAL HEALTH POLICY

PROMOTING RURAL HEALTH