Recruitment & Retention Strategies

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Center for Rural Health

• Established in 1980, at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND
• Focuses on:
  – Education, Training, & Resource Awareness
  – Community Development & Technical Assistance
  – Native American Health
  – Rural Health Workforce
  – Rural Health Research
  – Rural Health Policy
• Web site: http://medicine.nodak.edu/crh
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## Trends That Impact Recruitment and Retention

- Primary Care shortages continue for underserved areas
- Shortages are evident for sub-specialists, pharmacists, dentists, nurses, and technicians
Trends -cont’d

- Demand for health care services is increasing
  - Aging population
  - Increased technology and more pharmaceuticals
  - More preventive services are available
- Number of PAs, NPs, has doubled in the past 5 years

The Recruitment Process
Primary Care Vacancies in Rural North Dakota, 1992-2005

Recruitment Strategies: Sourcing, Advertising, Mailings
Recruitment Readiness

- Have a plan
  - Recruitment committee/coordinator
- Include all the stakeholders
  - Providers
  - Tribal Leaders
  - Those who will be patients and friends

Recruitment Readiness - Cont’d

Determine provider need or access problem

- Look at existing providers
  - Number
  - Age
  - Specialty
  - Hours worked
- Acceptance of new patients/restriction
- % of population that is under/uninsured
Recruitment Readiness

- Know what the physicians (or other providers) want and need
- “Qualify” the practice
- Be aware of services & opportunities in your community

Recruitment Time Frame

- Average time to recruit a physician is 7-12 months in rural areas
- Average time to recruit a NP/PA is 2-6 months
- Most candidates are available to start work summer-fall after graduating
- Time is needed to document need, develop job description, develop marketing materials and contract, source, conduct site visits, and negotiate
Qualifications/Specifications

- Resident, Student, Fellow, or Practicing
- MD or DO; PA or NP
- Local, State, Region, USA, International
- US Citizen, Work Visa, Green Card

Means of Sourcing

- Telemarketing
- Direct Mail
- Advertising
- Internet Databases
- Home Growing and Training
  Networking - Word of Mouth
Sourcing Candidates

~ State Placement Program/Alumni Lists
~ Medical, nursing and specialty associations
~ HP Job Fairs/Receptions
~ Medical residency, Graduate Nursing, PA, Dental and Pharmacy Programs (University)
~ Scholarships/Loan Repayment opportunities
~ Encourage rural and reservation student rotations

Sourcing Candidates - cont’d

~ State Licensing Boards
~ Recruit locums physicians
~ Journal advertisements
~ Web classifieds
Promotional Materials

Who, What, Where
70% community
30% practice
A picture is worth a thousand words
Make it easy to follow-through with toll-free #, email, return postcard

Mailings / Lists

~ Mail to: specialty organizations, private vendor list, licensure boards (http://www.state.oh.us/med/), training directories http://www.residencysite.com/
~ Target the mailing and customize the message
Contacting Candidates

~ First call to provider or response from sourcing (mailing, word of mouth, ads, Web)
~ Obtain CV or resume
  – Establish if there is any interest and determine candidate’s criteria
  – Send basic packet w/community info
  – Tell the candidate when you will follow-up
~ Reference and Background Check

Screening and Interviewing
Criteria for Choosing a Practice

- 89% Location
- 46% Financial Package
- 28% Adequate Call Coverage
- 19% Lifestyle Amenities
- 15% Loan Forgiveness

Merritt Hawkins Associates - 2000

Screening Candidates: Residents and Students… Practice Criteria

- Geographical preferences
- Practice needs/coverage (call)
- Special procedures/ob/flex sig/sports med
- Financial needs-salary/loans/bonus
- Independent, community, corporate site
- Where else are they looking?
- Timing for visit/decision/start
Screening Candidates: Residents and Students... Personal Preferences

» Family Needs and Interests
» Religious and Cultural
» Recreational
» Other family

Screening Candidates: Practicing Provider

- Practice Criteria in addition to the above
  ➡ What is cause for dissatisfaction?
  ➡ What are they looking for now - income, call, teaching, leadership?
- Personal Criteria-in addition to above
  ➡ Is anything being done to correct your situation?
  ➡ Are there personal relationships that would make it difficult to relocate?
Screening Candidates

✓ Credentials (Licensure, Certifications, Education)
✓ Release to check background
✓ Professional References - “3 Deep” (ask provider on committee to assist)
✓ Personal References
✓ Criminal, civil and drivers license check

Screening Candidates… Credentialing Problem Areas

✓ Time gaps
✓ Multiple state licenses
✓ Sudden moves or multiple in-state moves
✓ Consent orders required
✓ License restrictions
✓ Liability/Malpractice history
✓ Unanswered references
✓ Boards not taken or passed
✓ Failure to comply with written requests
Interviewing the Candidates

Know areas well enough to be able to answer questions regarding

- Community
- Professional Practice (# and type of providers, call coverage, practice volume)
- Hospital Size (# admissions, tertiary care)
- Procedures
- Loan Repayment/ Scholar

Interviewing the Candidate

- Schools/colleges
- Recreation
- Spouse/significant other opportunities
Avoid Unlawful Inquiries

- National Origin, birthplace
- Marital Status, # children, future plans
- Age
- Gender
- Race
- Religion or Creed
- Worker's comp history

Community Site Visits
Preparing for Site Visits

- Patient demographics
- Patient referrals
- Collaborative arrangements with others
- Practice considerations (ER, OB, Procedure rooms)
- Supervision and management
- Reason for vacancy
- Type of compensation and benefits

Preparing for Site Visits - cont’d

Local and regional schools
Housing availability
Recreational, social, and cultural opportunities
Worship opportunities
Businesses and economic development
Site Visit Follow-up

- Send a thank you letter
- If you are interested, make an offer or invite them for another visit
- Send the candidate a written offer within 2 weeks
- Send contract or agreement
- Follow-up calls to answer questions or address concerns, and negotiate contract

Summary: Site Visit Tips

- Include the spouse/SO and children
- Have an itinerary that includes tailored activities
- Don’t compromise on accommodations
- Have supportive, enthusiastic people involved
- Don’t overwhelm the candidate and spouse
- Have a sample contract available
Incentives

What Were the Most Common Recruitment Incentives Used in 2002

- Paid relocation expenses
- Forgiveness of income guarantee (usual 3 yrs.)
- Paid CME (83%)
- Salaries or salaries with bonus account for 66% - income guarantees - 34%
- More signing bonuses (35%) Average $14k
- Malpractice payments standard
- Health insurance standard
- Education loan forgiveness only 11% in this period

Merritt and Hawkins
Compensation Package

- Average Physician Salaries  
  2003  2006
  
  FP without OB  138k  142K
  General Surgery  225k  261K
  Internal Medicine  141k  148K

*Medical Economics Jan. 2003*

*Jackson & Cooker 2006 website*

Compensation Package-cont’d

- Nurse Practitioners  $60,000
- Physician Assistants  $71,000
- Pharmacists  $80-85,000
Compensation Package—cont’d

- Signing Bonus
- Benefits
- Malpractice
- Incentives
- Insurance/Health/Dental/Disability
- Moving expenses
- CME
- Vacation

The Contract…..

- Income guarantee or Salary
- Benefits
- Incentive bonuses
- Sign-on bonuses
- Student loan repayment
Ten Recruiting Rules

- Recruitment is selling and relationship building
- Get organized, details matter
- Involve others in the community
- Know your competition
- Interview at candidate’s convenience
- Move quickly to make offer
- Recruit the entire family
- Negotiate -- Be flexible
- 40% professional - 60% personal
  Close the deal

Offering the Contract and Negotiating

- Offers and counter offers (Date your offer)
  - Flexibility is important, with recognition of others
  - Be punctual, avoid long periods of time when nothing is said or done.
- Signing the Contract
  - Treat it like it’s the first visit!! Make them feel special
Offering Contract and Negotiating

- Be Flexible (BUT REALISTIC)
- If one area is weak, e.g. low salary, be creative in other areas.
  - No Call
  - 8 to 5 hours
  - No Hospital Work
  - Part-Time

Offering Contract and Negotiating

There are many reasons you need to be flexible

- Changes in the recruitment environment
- Current providers look at medicine as an occupation as opposed to a lifestyle.
- They want balance between their work life and family life.
Offering Contract and Negotiating

There is a dramatic increase in the number of female physicians.

• Brings New needs
• Limited hours
• Shared positions
• Child care needs
• Low or no call

Offering Contract and Negotiating
Other Issues to Cover

• Term of Employment
• Duties of Physician
• Work Schedule
• Vacation
Offering Contract and Negotiating Other Issues to Cover

- Professional Dues
- Professional Liability Insurance
- Life Insurance
- Medical Insurance
- Retirement Plan

Budget Considerations - Summary

- Financial Package: guaranteed salary, signing bonus, loan repayment
- Relocation: Average is $9000
- Promotional Expenses: ads, Web, exhibits, photos, brochures, postage
- Travel for Site Visits: Average is $1,000
- Sourcing: Lists, Labels, phone calls, 800#
- Placement Fees: $7,000 (state) - $20,000 (commercial firm)
- Coordinator’s Salary
Retention -- Long Term Planning for Recruitment and Retention

Now that you have them - How do you keep them!

Define Your Objective
Know who is accountable
Put into play immediately
Now that you have them - How do you keep them!

- Assign a retention coordinator
  - The recruitment coordinator is best choice
- Form a retention committee

Retention comes before Recruitment and is more Important

Retention cost less than Recruitment
  - In Money (Approx 75,000 to recruit one)
  - In Effort (Approx 29 Months to recruit one)

Much easier to recruit additional providers
Now that you have them - How do you keep them!

→ Starts with the first contact
→ Being Honest about the negatives as well as the positives
→ Give realistic expectations
→ If only one thing is promised and not delivered, trouble is ahead

**Stay in-touch**

- Follow up phone calls
- Don’t forget the spouse
- Have other individuals contact physician and spouse
- Ask the Questions
Now that you have them - How do you keep them!

- Are there any unmet expectations, are original contract terms being met?
- Are referral patterns established and appropriate?
- Does the community utilize the provider’s services fully?

Now that you have them - How do you keep them!

- Is there opportunity for continuing medical education or teaching?
- Does the provider need additional professional support?
- Are on-call responsibilities realistic and reasonable?
Now that you have them - How do you keep them!

- Is there intellectual stimulation?
- Was the provider prepared for realities of rural practice/living?
- Is there a challenging practice?
- Economic satisfaction/retirement plan?

Now that you have them - How do you keep them!

- Management open to input/recognition?
- Opportunity for CMEs?
- Does the provider/family feel accepted?
- Is there an opportunity to teach/for research?
Now that you have them –
How do you keep them

• Quality facilities, equipment, personnel
• If there is support, camaraderie, acceptance
• Challenging medical practice
• Recognition for their accomplishments
• Spousal satisfaction and a sense of belonging-employment

Now that you have them-
How do you keep them!

• Quality of public schools
• Compatibility with health care community
• Availability of quality housing
• Readily available specialist phone consults
• Competitive income
• Help with educational loans
• Technical help in running practice
• Provider feels they are losing professional edge
**Principles of Retention**

- Long-term retention is a realistic goal. Six years is the median.
- PC providers are locals at heart; recruit in-state for longer retention.
- Retention is about matching the right provider or community
- Community, independence and professional support are important factors
- Make providers feel satisfied, valued and offer long term employment option

**Retention After Recruitment**

- Keep in contact after contract is signed
- Ensure licensure and credentialing process are progressing
- Plan orientation session: Education, Communicate, Mentor, Evaluate
- Obtain office space and complete necessary renovations
- Plan social events that help ease family members into the community
Retention after Recruitment

• Contact the provider/family monthly to:
• Ensure that they are meeting people in the healthcare and outside community
  – Ensure that the spouse is finding a job, participating in activities
  – Check on children’s school connection
  – Ensure that the provider is building practice and receiving referral
• Annually, provide recognition and professional feedback

Retention....

– Start with good orientation
– Avoid ER and call burn-out
– Cultural understanding
– Is there emotional support from partners/community
– Is family included in events
– Is there a sense of belonging
Develop a Workforce Plan

- Analyze workforce needs 3 years out
- Factor in retirements, attrition, and growth
- Connect with County Public Health to address specific health needs
- Retain the existing providers
- Maximize reimbursement through CAH, RHC, FQHC, 638s or state programs

Connect with Training Programs

- Promote health careers in High Schools
- Track your local students in health programs; keep in touch; provide internships and scholarships
- Provide clinical training at your clinic or hospital for nursing, medicine, pharmacy, dentistry, and PA students
- Encourage your providers to serve as community faculty for future recruitment
Ethical and Effective Recruiting

- Do your homework - both hospital or clinic and recruiters
- Involve community and hospital from start to end
- Be willing to invest many hours in phone work and follow-up
- Recognize each candidate and each practice is unique
- Use in-state recruiter who knows state and rural practice
- Plan site visits carefully
- Present a true balanced picture of opportunity and community

Now that you have them - How do you keep them!

The Retention Plan

- Define Your Objective
- Know who is accountable
- Put into play immediately
Now that you have them -
How do you keep them!

*The Retention Plan*

- **Stay in-touch**
  - Follow up phone calls
  - Don’t forget the spouse
  - Have other individuals contact physician and spouse
  - Ask the Questions

- **Local Medical Community**
  - Those he/she will be receiving or giving referrals from/to
  - Professional Meetings/Associations
Now that you have them - How do you keep them!

*The Retention Plan*

- Local Community/Social
  - Community Activities/Functions
  - Church

Ensure Retention Committee addresses the following questions:

- Does anyone in the community relate to the provider on a personal level?
- Does the provider feel there is emotional support from partners and the community?
Retention After Recruitment

- Keep in contact after contract is signed
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Now that you have them - How do you keep them!

- Conduct Physician Satisfaction Survey’s every two to three years
Retention Points….

→ Start with good orientation
→ Avoid ER and call burn-out
→ Cultural understanding
→ Is there emotional support from partners and community?
→ Is family included in events?
→ Is there a sense of belonging?

Now that you have them - How do you keep them!

The Retention Plan

• Without showing your appreciation, you will be recruiting again.
• Remember, if you satisfy one doc, they tell four others. If their unhappy they tell eleven. Thus, when you annoy one doc, you must satisfy three just to stay even.
For more information contact:

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Connecting resources and knowledge to strengthen the health of people in rural communities.