

*Recruitment at the Local  
Community Level*



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# *Introduction*

- To development an outline/approach to implement an effective recruitment and retention program at the local community level. My goal is to give you information to take to other sessions throughout the conference.

## *Topics of Discussion*

- Establishing the need
- Who should be involved
- Recruitment Committee
- Role of Committee members
- Use of a Recruitment Coordinator

# *Topics of Discussion*




- The Recruitment Process
- Community/Practice Profiles
- Other Marketing Materials
- The Initial Telephone Interview
- Pre-Visit Interview
- Planning the Visit

# *Topics of Discussion*



- The Visit
- Contracts and Negotiating
- Creative Benefit Packages
- **RETENTION!!!!!!!!!!!!**

*Why recruit if you already have  
them? Think about Retention!*



# *Why recruit if you already have them? Think about Retention!*



- Retention comes before Recruitment and is more Important
- Why?
- 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

# *Why recruit if you already have them? Think about Retention!*

- 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



*Why recruit if you already have them? Think about Retention!*

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

# *The Retention Plan!*



- Define Your Objective
- Know who is accountable
- Put into play immediately

# *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

# *The Retention Plan!*



- Conduct a thorough orientation
  - Hospital
  - Clinic
  - Current Staff
  - Nursing Home/Long Term Care Facilities
  - All other areas of work

# *The Retention Plan!*



- Local Medical Community
  - Those he/she will be receiving or giving referrals from/to
  - Professional Meetings/Associations

# *The Retention Plan!*



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

# *The Retention Plan!*



- The Old Pat on the Back
  - Plan Events
  - Newspaper Articles
  - Local Medical Society Newsletters

# *The Retention Plan!*



- Without showing your appreciation, you will be recruiting again.
- Remember, if you satisfy one doc, he tells four others. If he is unhappy he tells eleven. Thus, when you annoy one doc, you must satisfy three just to stay even.



# *The Retention Plan!*

## *Physician Satisfaction Survey's*



- Conduct Physician Satisfaction Survey's every two to three years
- Insure Retention Committee addresses the following questions:
- Does anyone in the community relate to the provider on a personal level?

# *The Retention Plan!*

## *Physician Satisfaction Survey's*



- Does the provider feel there is emotional support from partners and the community?
- Are the provider's family and spouse included in social events?
- Is the family happy - do they have a sense of belonging to the community?
- Can the provider find adequate time for family and recreation?

# *The Retention Plan!*

## *Physician Satisfaction Survey's*


- 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?
- Are on-call responsibilities realistic and reasonable?

# *The Retention Plan!*

## *Physician Satisfaction Survey's*



- Is there opportunity for continuing medical education or teaching?
- Does the provider need additional professional support?

- 
- Covering these issues will help you keep your providers and maintain a professional and pleasant work environment

# *Recruitment!*



- Hopefully due to a retirement or expansion of services

# *Recruitment*

## *Determining the Need*



- The first step is to determine if the need is **REAL!**
- There are a number of reasons to recruit additional providers, but all players must be on the same page.

# *Determining the Need; What to look For:*



- Look at existing providers.
  - Number
  - Ages
  - Specialty
  - Hours Worked
  - Practice
- Talk to Current Providers
  - Do they believe other providers are needed



## *Current Providers:*



- Will they help in the recruitment effort.
- Will they accept new provider in call group if same specialty.
- What are their roles and what services do they provide.

## *Determine the Need Cont:*



- Does the community understand the role of local health care facilities and providers?
- Are health care needs being met currently?
- Is there an access problem
  - Can appointments be made on a timely basis
- Does community use current services?

# *Determining the Need Cont:*



- Conduct a patient survey
  - Where do they currently receive care.
  - Travel distance to current providers
  - Perception of quality of care by current providers.

# *Demographics of Service Area*



- What are the Demographics of service area?
  - Income Level
  - Population age/gender
  - Insurance coverage/type
- Will the Economic Base Support additional providers?

# *Community Information*



- Community Information
  - Employment opportunities
  - Housing
  - Schools
  - Recreational Opportunities
  - Cultural Events
  - Transportation
  - Any other positive aspects of the community

# *The Medical Community*



- Medical Facility Information
  - Hospitals
  - HMO's/Managed Care Organizations
  - Long Term Care Facilities
  - Other's that would have an impact on recruitment and retention

# *Who Should Be Involved in Recruitment*



- Community Leaders
  - Business
  - Large Employers
  - Banker
  - Education
  - Real Estate
- Hospital Administrator/CEO
- Current Providers

# *Who Should Be Involved*

*Cont:*



- Practice Manager/Administrator
- Long Term Care Facility  
Managers
- Patients



# *Form Recruitment Committee from This Group*

- Must be a team effort - Broad Based
- Two Groups, Primary/On-Call
  - Primary
    - Will be involved in every recruitment effort.
  - On-Call
    - Only involved if services are needed.

# *Primary Group*



- Recruitment Coordinator(if used)
- Current Providers
- Board Members (If community based)
- Hospital/Clinic Administrator

# *On-Call Group*



- Real Estate Agent
- Education Representative
- Banker
- Clergy
- Pharmacist
- Chamber of Commerce Representative
- Local Employers

## *On Call Group Cont:*



- Long Term Care Facility Managers
- Child Care Facility or Individual
- Lodging Facility

# *Role of Committee*



- To represent and sell the community/practice to prospective candidates.
- To oversee the recruitment process from initial contact to contract signing.
- Develop and initiate a retention plan.

# *Recruitment Coordinator*



- One person to coordinate all recruitment activities.
- Should be employed, not volunteer.
- Attitude and personality is very important.
- Must be a self-motivator, self starter.
- Ability to socialize.

# *Role of Recruitment Coordinator*



- Makes Initial Contact with candidate.
- Conducts telephone interviews.
- Conducts background checks and checks references.
- Conducts pre-visit interviews.
- Coordinates candidate and spouse site visits.

# *Role of Recruitment Coordinator*

*Cont:*

- Ensures those members of the On-Call Committee are notified if needed.
- Transport candidate during site visit.
- Develops marketing and recruitment materials.
- Source/Locate potential candidates.
- Coordinate efforts with recruiting firms if used.



# *Community Profile*



- First you must provide a way for candidates to become interested in your opportunity.

# *Community Profile*



- Brief description of practice opportunity
  - Specialty
  - Type of Practice
  - Facility
  - Hospital
  - Call Coverage

## *Community Profile Cont:*



- Detailed community information, i.e., population, school systems, recreational opportunities, cultural events, demographics, etc.

## *Community Profile Cont:*



- Remember, the Profile will probably create the **FIRST IMPRESSION** of your opportunity. Make sure it's well written and informative but don't over do it.

# *Other Brochures/Packets*



- Chamber of Commerce
- Dept of Tourism
- Hospital
- Electronic Media
- Digital videos
  - Viewing time should not exceed ten minutes
  - Most info should be on the community
  - Feature current providers

# *Initial Telephone Interview*




- Have candidate describe the type of area he/she wishes to relocate to.
- Have them describe the type of practice opportunity they are looking for.

# *Initial Telephone Interview Cont:*



- Discuss the following:
  - Practice Opportunity
  - Hospital size and number of physicians
  - County size and patient population
  - Demographics of your area
  - Any income guarantee

# *Initial Telephone Interview Cont:*

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- If still Interested
    - Talk about the history of the practice-type of procedures performed.
    - Philosophy of current providers



## *Initial Telephone Interview Cont:*



- If candidate is a practicing physician, ask why they are looking to make a change.
- Ask what their program director or peers would say about their :
  - Attitude on availability
  - Bedside Manner
  - Competency

## *Initial Telephone Interview Cont:*



- Do they have a current license?
  - Has there been any disciplinary action taken?
- When are they available to start?
- If still interested, send a package.
  - Verify mailing address and phone number.

## *Initial Telephone Interview Cont:*

- Let them know the next step.
  - You will follow up within 2 weeks if you don't hear from them first.
  - If they show continued interest, you will arrange for a site visit.
  - Check references (even if referral is from a recruiting firm) You can find a lot with a simple Google search

*We have a candidate interested in coming for a site visit in 3 weeks.*



- How do we prepare?
- What should we do?
- Who will do it?

# *Pre-Visit Interview*



- Make sure references have been checked.
- Set Dates
- Arrange transportation
- Rental Car
- Hotel

## *Pre-Visit Interview Cont:*



- Have candidate participate in itinerary.
- Make sure spouse is involved
  - Ask what he/she wants addressed.

## *Pre-Visit*



- Complete and mail itinerary to candidate.
- Send itinerary and CV to everyone that will participate in the site visit.
- Confirm travel two days prior to visit.
- Address any concerns or needs

## *Pre-Visit*



- Follow up with everyone that will be involved in the site visit.
- Confirm hotel and any other reservations. (Child-care, real estate agent, etc.)



## *Pre-Visit*

- Form a reception committee
  - Discuss agenda
  - Assign roles to specific individuals.
  - Discuss the “Message” you want to convey.
  - Know who will be discussing contractual issues and compensation package, and that all other members will defer those questions to the assigned person.

## *The Visit*

- The Key is “Visit” not “Interview”
- If you have done your job in the pre-visit interview, the visit does not need to be another interview. It should be a relaxed and social time to get to know each other.
- Most other site visits will be more stressful which will increase your chances of signing the candidate.

# *The Visit*



- One to one and a half days.
- Tour
  - Community
  - Hospital
  - Other Health Care Facilities
  - Schools
  - Other areas of interest on itinerary

## *The Visit*

- Plan functions that fit your community/lifestyle.
- If interested, send candidate away with a verbal or written offer or sample contract.
- Make sure he/she knows you are interested in them.
- Determine their interest in you.
- Set follow up time.

# *The Most Important Requirements of Primary Care Physicians*

- Good medical facility with a competent staff
- Favorable geographic location
- Flexible Schedule

# *Important Requirements of Primary Care Physicians*

- Social, recreational and job opportunities for the spouse
- Security and educational opportunities for the children
- Financial security

# *Important Requirements of Primary Care Physicians*

- Call coverage and support (e.g. regular hours)
- Desirable demographics (e.g. a young population for a pediatrician, low Medicare caseload, etc.)
- Proven need for the physician's services

# *Important Requirements of Primary Care Physicians*

- Acceptance by other physicians
- CME and other professional opportunities
- EMR/EHR System



# Offering The Contract and *Negotiating*

The key is Negotiating!



# *Offering Contract and Negotiating The Financial Package*

- Salary
- Benefits
- Incentive bonuses
- Sign-on bonuses
- Student loan repayment

# *Offering Contract and Negotiating*



- Be Flexible
- 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

# *Offering Contract and Negotiating*



- Child care needs
- Low or no call

# *Offering Contract and Negotiating Other Issues to Cover*

- Term of Employment
- Duties of Physician
- Working Facility
- Work Schedule
- Vacation

# *Offering Contract and Negotiating Other Issues to Cover*

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



*Are We Through????*



# *Back to RETENTION!*



- Never ending! Doing so will help you keep your providers and maintain a professional and pleasant work environment

# *Conclusion*

- I hope you enjoy the conference over the next two days and the sessions the fantastic staff at New Mexico Health Resources have put together for you. I also hope I have given information that will spark your active participation in the sessions and help you in your own practice.
- If you have addition questions in the future, please call me at: 919-832-9689 or email to: [tucker@3RNet.org](mailto:tucker@3RNet.org)

# *National Rural Recruitment and Retention Network*

The image is a promotional graphic for 3RNet. On the left, there is a photograph of a man and a woman in white lab coats, looking towards the right against a clear blue sky. The man is in the foreground, wearing glasses, and the woman is slightly behind him. On the right side, the text '3RNet' is written in a large, bold, white sans-serif font. Below this, the tagline 'Matching healthcare professionals with communities across the nation' is written in a smaller, white, italicized sans-serif font. Underneath the tagline, the website address 'www.3rnet.org' is displayed in a white, italicized sans-serif font. At the bottom center, there is a small green icon of the United States map with the letters 'RRR' inside it. At the very bottom, the full name of the organization, 'The National Rural Recruitment and Retention Network for Healthcare Professionals', is written in a small, white, italicized sans-serif font.

**3RNet**

*Matching healthcare professionals  
with communities across the nation*

*www.3rnet.org*



*The National Rural Recruitment and Retention Network for Healthcare Professionals*

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- THANK YOU!!!!