



# 3RNet

## Recruiting *for* Retention *Academy*

*Practical solutions for rural & underserved communities*

### Session One: Laying the Ground Work

Mike Shimmens, Joyce Grayson & Jerry Harrison  
with introduction by Tom Morris





# 3RNet

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Mike Shimmens

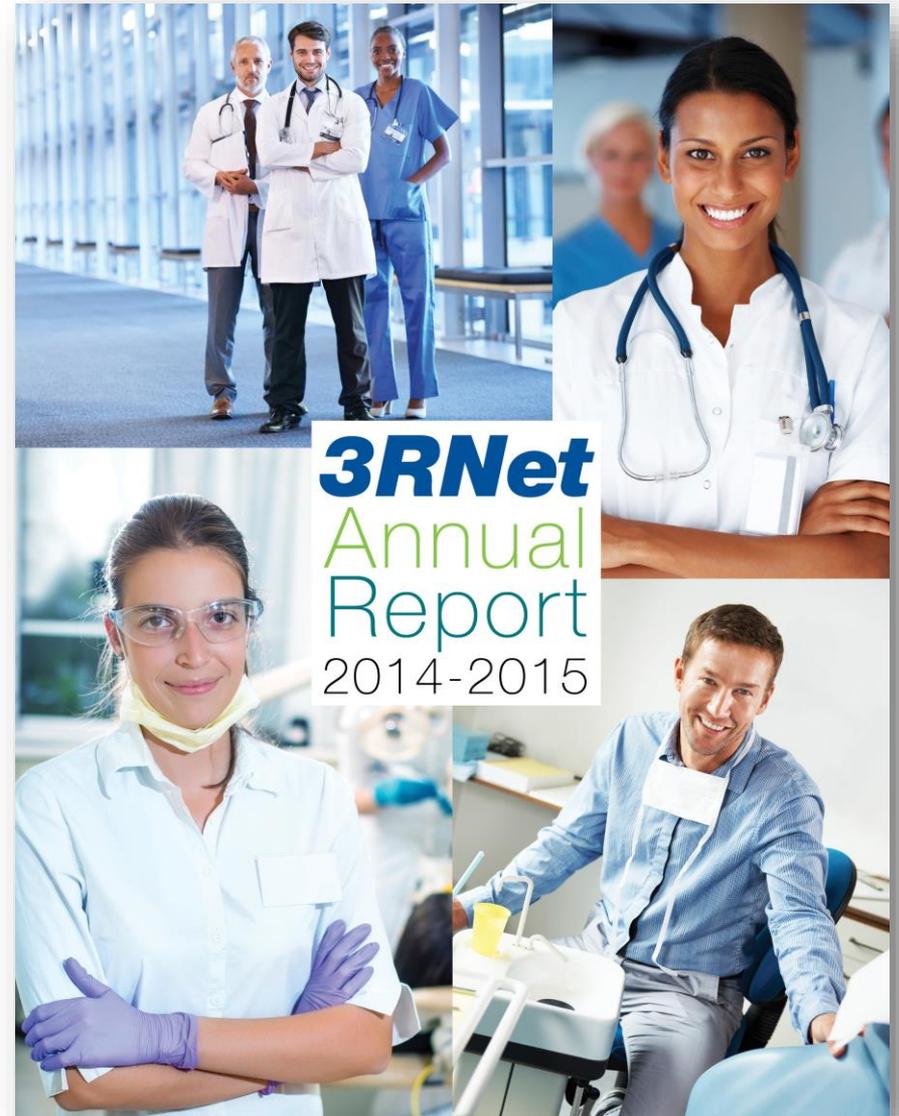
3RNet Executive Director



# About 3RNet

[www.3RNet.org/impact](http://www.3RNet.org/impact)

- 2,403 placements
- 9,468 jobs posted
- 202,979 referrals



# Scenario

You're sitting at your desk on a Tuesday morning, like today, and your most productive physician walks in and breaks the news that they are resigning and moving to a different state!

WHAT DO YOU DO?



# R&R Plan Action Steps



Recruiting for Retention Academy

# R&R Plan Action Steps

## Part I Planning and preparation

- Step 1: Assess need
- 2: Gain stakeholder support
- 3: Form recruitment/retention team
- 4: Define your opportunity
- 5: Define your ideal candidate
- 6: Develop recruitment budget

## Part II Searching for candidates

- Step 7: Generate candidates

## Part III Screening candidates

- 8: Interview candidates
- 9: Conduct a credential check
- 10: Interview the spouse
- 11: Check references
- 12: Prepare for site visits

## Part IV Follow up and follow through

- 13: Send follow-up letter
- 14: Follow-up negotiations
- 15: Develop/implement retention plan



# Part 1: Planning and Preparation

***Planning and preparation are the most important ingredients for ensuring a successful recruitment effort. They are also the most often neglected.***

- 3RNet



“Recruitment and retention are not separate events – they are part of a process.” Tim Skinner, ex-officio ED  
3RNet

Recruitment

Retention

RECRUITENTION



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***People want to practice where they are needed and welcome. Show them they are supported by as many members of the community as possible.***

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It's All About the Team!



**3RNet**

[www.3rnet.org](http://www.3rnet.org)

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

The image features a large, diverse group of healthcare professionals of various ages and ethnicities, all smiling and posing for a group photo. They are arranged in several rows, with some standing and some kneeling or sitting in the front. The background is a light blue gradient. Overlaid on the image is the text '3RNet' in a large, white, bold font. Below the group photo, there is a small green logo with the letters 'RRR' and a map of the United States. At the bottom of the image, the website address 'www.3rnet.org' is displayed in a white font. Below the website address, the text 'The National Rural Recruitment and Retention Network for Healthcare Professionals' is written in a smaller, italicized white font.

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# Core Team

- Recruiter
- Contact Person
- Coordinator
- Candidate Interviewer
- Spouse Recruiter
- Reference and Credential



## Recruitment Team Core Team

Role	Possible Choices	Selected Person(s)
<b>Recruiter</b> – Leader, organized, quarterback of team		
<b>Contact Person</b> – Strong interpersonal skills, charm, enthusiasm, persuasive, good listener, knowledgeable about practice and community, honest		
<b>Coordinator</b> – Strong detail orientation and tracking skills, may be HR person		
<b>Candidate Interviewer</b> – Personable, good listeners, accurate note takers, confident speakers, persistent and flexible with schedule (may need more than one person in this role)		
<b>Spouse Recruiter</b> – Matches some of the characteristics or interests of candidate's spouse, organized, good listener, sincere, likeable, open, (may need more than one person in role)		
<b>Reference and Credential Reviewer</b> – Persistent, detail oriented, willing to ask tough questions, knowledgeable in medical credentialing		

# Support Team

- Promotion Developers
- Site Visit Team
- Site Visit Hosts
- Contract Negotiator



## Recruitment Team Support Members

Role	Possible Choices	Selected Person(s)
<b>Promotion Developers</b> – Develop practice and community profiles, determine practice marketing plans, community talent and assets sought for this role including writers, video production, etc.		
<b>Site Visit Team</b> – Seek members who are peers in profession, lifestyle, age, social background or interests of candidates: Will need many potential members and proper training should be given		
<b>Site Visit Hosts</b> – Likeable, trustworthy, open, friendly, knowledgeable about community and practice, good rapport and trust (most often the Candidate Interviewer and Spouse Recruiter)		
<b>Contract Negotiator</b> – Flexible, patient, salesmanship, authority to negotiate contracts for CHC		



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Joyce Grayson, Director  
University of Kansas Medical Center  
Rural Health Education and Services



# National Supply and Demand

## Association of American Medical Colleges

- Demand for physicians continues to grow faster than supply
- Total physician demand is projected to grow by up to 17% from 2013-2025
- Total shortage of primary care physicians between 12,500 and 31,100 in 2025

Based on March 2015 study, *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025*, IHS Inc.

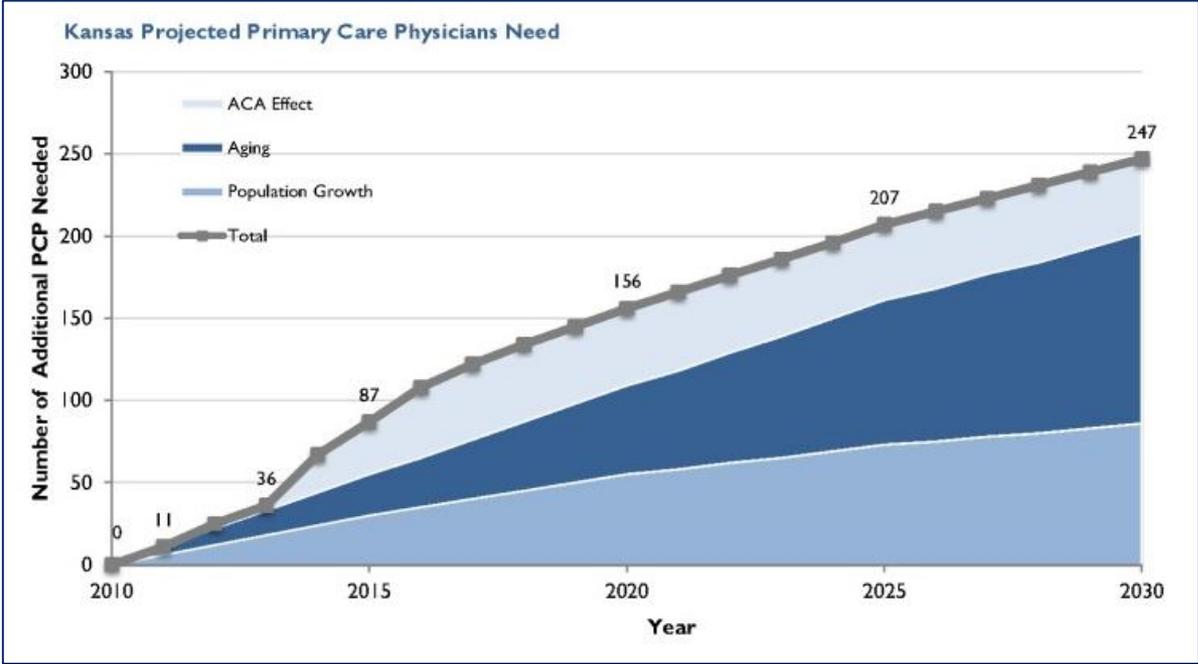


# Individual State Supply and Demand

- State Resources
  - Primary Care Office or State Office of Rural Health
  - Academic Institutions
- Robert Graham Center
  - State level projections for primary care physicians based on current utilization rates
  - Accounts for increased demand due to aging, population growth, and Affordable Care Act



# Kansas Projected Primary Care Physicians Need



Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.



# Provider Demographics

- Active physicians: 67% male, 33% female (2014)
- Over last 10 years, increase in female medical students
- Women make up a larger percentage of resident physicians in family medicine, psychiatry, pediatrics, and OB/GYN
- Males make up a larger percentage of resident physicians in surgery, emergency medicine, anesthesiology, radiology, and internal medicine
- Approximately 25% of active physicians have an international medical degree
- Over one-third of all currently active physicians will be 65 or older within the next decade
- Expansion of medical school size; cap on residency (GME) slots



# What are Physicians Looking for?

## New Physicians

- Loan repayment/forgiveness
- Work/life balance
- EHR
- Scope of practice  
(particularly for rural areas)
- Size of the medical  
community
- Social responsibility

## Experienced Physicians

- Returning to their “roots”
- Organizational culture
- Fulfilling a community need
- Compensation
- Flexibility



# Recruitment Trends

- Timeline expectations
- Financial incentives
- Preferred employment models
- The art of flexibility
- Changes to staffing model
- Get creative!



# Board of Directors Role in Recruitment

- Understanding recruitment goals and supporting recruitment team
- Recruitment budget factors and timeline
- Provision of continuity in recruitment process
- Community engagement during recruitment and supporting retention
- Strategic planning





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Jerry N. Harrison, PhD  
Executive Director  
New Mexico Health Resources



# Purposes of Recruitment Planning

- What does the future hold for your workforce?  
Estimates, including some by the 3RNet, have noted that about 12% of physicians leave in the first year, 25% in three years.
- Are there features of your community, practice, or facility that will attract candidates (and the reverse)?
- Are their conditions outside of local control that influence your ability to attract and keep candidates?



# Frederic Moskol

- “The best recruit is someone already working for you.”
- Act upon Retention before, during and after Recruitment activity.



# What Does the Future Hold For Your Workforce?

- How long have your current health professional workforce been in place?
- How many months do newly hired physicians remain in their first jobs?
- How old are the members of your current workforce and when would you expect them to change positions? One of the most significant issues today is the retirements of physicians.
- What are your organization's plans for future service expansions or contractions?



# Are There Features of Your Community...?

- Why do people live and work in your community?
- How engaged in community life is your organization and those who work within it?
- How does your community and organization present itself to the public?



# Are There Conditions Outside of Local Control...

- National physician shortages
- CMS inability to fund residencies
- Floods, fires and earthquakes
- Trends in residency selection, e.g., thoracic surgery
- Corporate pay and benefit structures
- Regional differences in compensation



# Local Issues

- Call schedule
- Isolation
- Housing
- Schooling
- Community Integration and Involvement
- Staffing and facilities
- Jobs for significant others



# Does Your Facility Present Itself as



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Or?



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# Recruitment

- Recruitment and Retention plans go with one another
- Retention reduces the costs of recruitment
- Replacement is different from recruitment: why did the incumbent leave and what is the need for replacement by someone of the same discipline?



# Budgetary Considerations

- Retention is the cheapest alternative to recruitment
- Selection of outreach modalities and associated costs
- Loss of revenue during vacancy
- Legal costs
- Travel reimbursement for interviewees and significant others
- Compensation packages and Incentives





Click here for a fillable PDF version of this worksheet.

# Recruitment Budget Worksheet

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			
Recruitment Period:	/	/	through / /
Estimated Total Recruitment Budget for Period	\$		

### Promotion/Publicity Expenses

#### Promotional Materials

Talent fee (i.e. graphic artist, photographer, writer, video)	\$
Printing (display ads, brochure, flyer, duplication)	\$
Materials (stationary, envelopes)	\$

# Non-Budgetary Community Impact of Health Professional Shortages

- Hesitancy of new employers to re-locate
- If the local hospital is an “anchor tenant” of the community other related health service providers may downsize or close
- Care not delivered locally also produces an economic loss
- Depending upon discipline, a physician produces between 4 to 23 other jobs





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Resources Available to You:

[www.academy.3RNet.org](http://www.academy.3RNet.org)

“session materials”

