



September 2009

## Recruitment Strategies for 2010 Searches

The 2009-2010 recruitment season has proven to be a very competitive field for physicians. Not only do the best and brightest candidates have multiple offers, but due to the shortage of providers today, nearly all candidates receive multiple offers. If you are recruiting physicians for the summer of 2010, now is the time to implement your best practices.

According to a recent study by The New England Journal of Medicine (NEJM) and the Association of American Medical Colleges (AAMC) Center of Workforce Studies, the most important factors influencing young physicians as they choose their first positions are location and lifestyle. Knowing this, how is your recruitment strategy affected?

### Location

If you are recruiting physicians who are finishing training, think **local**. Almost 65% of graduating residents and fellows choose a position less than 50 miles from their training programs. Contact your regional residency programs to let them know you are recruiting and to inquire about potential candidates.

And, even though this is a prime time to work with 2010 residents or fellows, do not forget there are many practicing physicians who will consider a job change. Most physicians take their first job based on location, but later in life other factors may be more important. This could make your opportunity the perfect fit!

Be prepared – identifying quality candidates who meet your criteria can be a time-consuming task. If you need assistance with your recruitment project, consider partnering with a professional physician search firm. A reputable firm has the skills and resources and will dedicate the time to attract physicians to your opening, including those who may not have otherwise considered your community or practice environment.

### Lifestyle

Work schedule is the second most important factor that young physicians listed in the study. Since most young physicians receive multiple offers and report that compensation is usually comparable among offers, what drives their decision is the perceived quality of life. Take the time to review your opportunity with an eye toward these issues – is the call schedule reasonable, will you provide compensation for extra call, or can you offer a four-day work week? Not only will these steps likely improve your ability to attract quality candidates, but you may also see improved retention rates.

### Show an Interest and Do It Quickly!

In order to make your opportunity stand out, immediately respond when you receive an inquiry from a candidate. Try to respond to the inquiry within 24 to 48 hours or you may lose their interest. Arrange for the first telephone interview no later than one week following initial contact. To underscore your interest in them as well as to keep your opportunity at the top of their list, try to also set the on-site interview for a time period within 3-4 weeks after the initial contact.

### Be Prepared to Make an Offer

After a successful interview site visit, be ready to make your best offer. The most successful recruiting entities make this offer within 48 hours after the site visit. And, don't low-ball the offer, as you may lose your candidate's interest or give someone else time to make a more competitive offer. Remember to have your contract ready in advance, so you will be able to make a firm offer almost immediately.

## **Most Important – Don't Leave Success to Chance!**

In these competitive times, success with physician recruitment cannot be left to chance. Instead, it requires a best practices approach with a great deal of forethought, planning, and careful implementation.

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## **Top 10 Physician Specialties Being Recruited**

This Top 10 list was developed by evaluating the nation's largest Internet job boards specializing in physician opportunities. Based on this research, the Top 10 specialties being recruited and their available number of residents in the class of 2010 are:

- 1. Family Practice\***  
There are 81,252 Family Physicians in the U.S. who are office-based or hospital staff. With the exception of a small number who will opt for fellowship training, 2,876 Family Practice residents will be available in July 2010.
- 2. Internal Medicine\***  
There are 86,973 Internists in the U.S. who are office-based or hospital staff. While 6,081 Internal Medicine residents will complete residency in 2010, the American Board of Internal Medicine reports 55% will enter fellowship training. The balance will take Hospitalist, traditional or outpatient Primary Care positions.
- 3. Hospital Medicine**  
According to the Society of Hospital Medicine, there are 30,000 Hospitalists in the United States. *Today's Hospitalist* reported in 2008 that 77% of Hospitalists trained in general Internal Medicine, 9.3% trained in Pediatrics, 7.2% trained in Family Practice, and 2.1% trained in Pulmonary/Critical Care.
- 4. Cardiology**  
Combining Non-Invasive, Invasive, Interventional, and Electrophysiology brought Cardiology to the fourth most recruited specialty today. There are a total of 20,999 Cardiologists in office-based or hospital practice in the U.S. A total of 876 fellows will be available in July 2010.
- 5. Emergency Medicine**  
There are 27,967 Emergency Medicine physicians in the U.S. and 1,414 residents will be available in July 2010.
- 6. Orthopedic Surgery**  
The number of Orthopedic Surgeons in office-based or hospital practice is 18,199. While 662 will complete residency in July 2010, nearly 90% will enter fellowship training.
- 7. Obstetrics and Gynecology**  
A total of 33,630 OB/GYNs are in office-based or hospital practice and 1,128 residents will complete training in July 2010. A small percentage of residents will enter fellowship training.
- 8. Pediatrics**  
There are 47,558 general Pediatricians in the U.S. who are in office-based or hospital practice. In July 2010, a total of 2,516 will complete residency. Approximately one-third of these residents will begin fellowship training.
- 9. Psychiatry**  
A total of 30,603 Psychiatrists are in office-based or hospital practice in the U.S. A total of 998 residents will complete training in July 2010.
- 10. General Surgery**  
The U.S. has a total of 21,617 General Surgeons in office-based or hospital practice. In July 2010, 1,253 residents will complete residency and an estimated 26% will begin fellowship training.

\* For recommendations on how to compete for primary care physicians, visit [http://www.sherriff.com/e-news/e-news/compPCP\\_article.cfm](http://www.sherriff.com/e-news/e-news/compPCP_article.cfm).

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## Demand Increases for Mid-levels in Subspecialty

Mid-level providers, specifically Nurse Practitioners and Physician Assistants, have long been regarded as key players in the delivery of primary care. As a cost-effective means to mitigate the impending work force shortage, the role of mid-levels is expanding with more and more working in specialty specific areas.

In 1996, the distribution of mid-levels in primary care was 50%. Recent studies show a significant decrease in mid-levels focusing on primary care, down to 38%. The remaining 62% practice in over 60 different subspecialty fields including 26% practicing in a surgical subspecialty, 25% in Emergency Medicine, 22% in various subspecialties of Internal Medicine and 4% in Dermatology.

Additionally, the demand for specialized mid-levels will continue to grow as newly trained residents and fellows enter practice. New physicians are training in technically demanding specialties and learning in a team environment which includes Physician Assistants and Nurse Practitioners. Naturally, they expect mid-levels to be a part of their teams in the future.

Seeking to address this increasing demand, Physician Assistant and Nurse Practitioner training programs continue to enhance their curricula and have expanded postgraduate training to include various medical and surgical subspecialties. Additionally, both Physician Assistant and Nurse Practitioner associations have efforts under way to credential/certify mid-levels in a variety of specialty areas.

A review of current job postings shows the greatest demand for mid-levels to be in the area of surgical subspecialties including Orthopaedics, Plastic Surgery, Neurosurgery and Cardiothoracic Surgery. Internal Medicine subspecialties show the second greatest demand, including Cardiology, Rheumatology, Endocrinology, Hematology/Oncology and Gastroenterology. Other noted areas of need are Emergency Medicine and Dermatology.

Effective use of a mid-level in specialty practices has proven to increase revenue, improve patient satisfaction and make the overall working environment more productive and satisfactory. Various resources are available to educate practice managers and administrators on effective utilization of mid-levels in specialty settings. For more information about these resources, please contact us.

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## Locum Tenens Corner: The Demand During the Recession

The Bureau of Labor Statistics September 4, 2009 report states "with the exception of hospitals, the August employment increase in all of the industries within healthcare exceeded the average monthly gain experienced during the prior 6 month period. Employment in hospitals was little changed in August. Job growth in the industry slowed in early 2009 and has been flat since May."

The nightly news states the recession has hit healthcare far less than other industries but it is obvious the industry has not escaped the effects of the recession. The downturn has affected hospitals and medical groups in a couple of crucial areas:

- The lack of funding has caused many to put facility and staffing expansion plans on hold.
- Physicians are reluctant to relocate due to the downturn in real estate and their inability to sell their homes.

During this period of flux and physician shortage, it's understandable that the demand for locum tenens services remains strong. Locum tenens allow hospitals and groups to meet their physician staffing needs when there are staffing problems due to increased patient loads, medical leaves, sabbaticals and physician burn out.

Although the request for certain specialties will always fluctuate, the locum tenens demand for Family Practice, Internal Medicine, and Pediatrics remains consistent. Emergency Medicine is also in high demand. With more and more physicians not wanting to take call, hospitals are considering EM locum tenens physicians to take up the slack. Radiology, Anesthesiology, and Psychiatry have always been high on the list for locum tenens coverage. As the millions of baby boomers reach their 60s, it is anticipated

there will be an even greater demand for locum tenens Gastroenterologists, Cardiologists, Pulmonologists and Urologists.

The recession has made conducting a physician manpower plan more difficult than ever. It is not an easy task to determine long term physician staffing goals when the healthcare industry is changing daily.

Consider these advantages in using locum tenens as your staffing solution during this recession:

- It is a cost-effective way to prevent revenue loss and provide continual treatment of patients.
- When contracting with a locum firm, you are not responsible for paying the physician or withholding state and federal income taxes, nor are you responsible for providing the malpractice insurance and other benefits such as vacation, 401K, pension, and medical insurance.
- Many locum tenens physicians prefer to work in or near their home town, which often means they are already familiar with the referring physicians, formularies, insurance payers, and hospitals in the community.
- Also, having a local physician eliminates the added expenses of roundtrip travel, lodging and rental car. Locum firms keep this cost factor in mind when working to fill open positions and will call on their local pool of physicians prior to contacting those out of state.

If you would like more information, please contact us.

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### Compensation Corner: 2009 Mean Compensation for Top 10 Specialties Being Recruited

Family Practice:	
Ambulatory (no inpatient):	\$175,000
Traditional:	\$195,000
With OB:	\$210,000
Internal Medicine:	\$205,000
Hospital Medicine: (Internist)	\$225,000
Cardiology:	
Non-Invasive:	\$445,000
Invasive/Interventional:	\$545,000
Electrophysiology:	\$530,000
Emergency Medicine:	\$275,000
Orthopedic Surgery: (general)	\$505,000
Obstetrics & Gynecology:	\$310,000
Pediatrics (general):	\$200,000
Psychiatry:	\$200,000
General Surgery:	\$350,000

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4200 Somerset Dr. Ste 256  
Prairie Village, KS 66208  
913-341-7117 | 800-533-0525  
<http://www.sherriff.com>

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