The 2011 NAPR & NALTO Convention Committees are excited to announce the following speaker has agreed to present at this year’s Convention in Chicago, April 26-29, 2011, at the Palmer House Hilton: Richard Picciotto, FDNY Chief and Highest Ranking Firefighter to Survive the World Trade Center Collapse and the last fireman to escape the devastation, Richard “Pitch” Picciotto was on a stairwell between the sixth and seventh floors of the North Tower when it collapsed on September 11, 2001. An FDNY battalion commander, his is the harrowing true story of an American hero, a man who thought nothing of himself and gave nearly everything for others during one of our nation’s darkest hours. Picciotto tells an outspoken account of that indelible day, shaking and inspiring audiences to the core.

On the morning of September 11, 2001, Picciotto answered the call heard around the world. In minutes he was at Ground Zero of the worst terrorist attack on American soil, acting boldly to save innocent lives as the Twin Towers of the World Trade Center began to burn — and then to buckle. Already a veteran of terrorist attacks, Picciotto was present fighting a similar battle after the World Trade Center Bombing in 1993. Again inside the North Tower, where he found himself years earlier, burdened by an eerie sense of familiarity, he focused his concentration on the rescue efforts at hand. But it was there in the smoky stairwells that he heard and felt the South Tower collapse. He then made the call for firemen and rescue workers to evacuate, while he stayed behind with a skeleton team of men to assist a group of disabled and infirm civilians in their struggle to evacuate the inferno. And it was there in the rubble of the North Tower that Picciotto found himself buried for more than four hours after the building’s collapse. Having discovered that members of his team and a 59-year-old grandmother also were alive nearby, he and his men used their radios to send out mayday calls until they made contact with a firefighter on the ground, and a search party was dispatched. When the light finally appeared about four stories above, he climbed upwards, reached the top, and saw the “unfathomable, mind-boggling destruction.” And even then, it was not until after he organized the rescue of the others that he walked across the rubble to safety. As the 10 year anniversary of 9-11 is fast approaching, come hear the story first-hand of how one man just doing his job saved lives.

“People call us heroes, but we were just doing our jobs.”

— FDNY Battalion Commander Richard Picciotto
The Pulse • Page 2 • Winter 2010

President’s Message:

New Developments for the New Year

By Pat Doyle-Grace, CPC-PRC, Cejka Search

This is an exciting year for NAPR given the many new developments and services that are being introduced for members! We now are on Facebook and Twitter and have offered our first physician recruiter training webinar through our Fall Log-In given in September. Next year’s Convention (April 28 - 29, 2011) will be in dynamic Chicago, our first time in the Midwest in several years, and will feature new speakers and a totally revised School of Healthcare Recruiting training program. NAPR’s Industry Trends Survey is now completed with over 100 contributors and is available to members on our website. (See article in this issue.) Soon our NAPR Services Division will be adding Nurse Practitioners and Physician Assistants to the World Job Bank and to the mailing/emailing programs available to members. All of these elements contribute to better services and communication for all of us. Check out the website if you haven’t looked recently and join us in the benefits of this new era!

Editor’s Message:

Social Recruiting

By Susan Masterson, TeamHealth

Everybody’s talking about online social media such as Facebook, Twitter, MySpace, YouTube, LinkedIn, Texting, TweetMyJobs, Classmate, and more! So, is social media sweeping the nation? NO, it’s sweeping the globe.

Social media has created a dramatic shift in the ways people communicate today — physicians included. For example, Facebook has over 200 million active users worldwide and more signing up every day. However, are healthcare professionals engaging in the trend? The number of hospitals already using mainstream social media to supplement their physician recruiting efforts is clearly growing. Statistics show that 50% of healthcare facilities and agencies are using social media, and 25% use it for recruiting purposes. Although social recruiting is certainly in its infancy, the results are noticeable, effective and encouraging.

Consequently, NAPR is going with the trend and using these communication channels to share newest recruitment developments with their members. NAPR is committed to “Staying Connected” and is actively a part of the Facebook and Twitter virtual worlds. Patrice Streicher and her public relations team will share all the exciting details in this newsletter edition.

Online social networking is just that — an opportunity to “network.” I encourage you to network with your NAPR colleagues and organization using these cutting-edge communication venues.

I hope everyone has a wonderful holiday season, and best wishes for a safe and prosperous New Year. Hmm, I wonder if Santa Claus is on Facebook or MySpace?!
Internal Medicine 2011
ACP’s Annual Medical Conference

April 7-9, 2011
San Diego, California

Don’t miss out on your opportunity to reach thousands of internists, hospitalists, and subspecialists attending the most comprehensive educational event in internal medicine today.

Advertising Opportunities: Reach our regular circulation with bonus exposure to attendees at Internal Medicine 2011.

- The March issues of ACP Internist and ACP Hospitalist will be placed in the official conference tote bags received by all registrants.
- Ads appearing in the April 5 issue of Annals of Internal Medicine and the April issues of ACP Internist and ACP Hospitalist will appear in ACP’s Conference Reprint free of charge. The Reprint is distributed to physicians on site and is available in our on-site Job Placement Center.

Sponsorship Opportunities: Sponsor the Job Placement Center for the most visibility and exposure to attending physicians actively seeking employment.

Call Margaret Gardner at 215-351-2768 or Maria Fitzgerald at 215-351-2667 for more details.

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Here’s the scenario: your phone rings and it’s your client who has called to tell you he has bad news. Here it comes…you get that familiar chill up your spine as your client states, “I’m so sorry but we have a conflict. We know you presented Dr. Smith (perfect candidate and match for the position) to us and set up the interviews, but another firm called us today to say they referred the same doctor to us a month earlier than you, and they want their fee if we sign him. We checked our emails, and unfortunately they are right. They were “first in” with the referral. We understand that you have done all the work in setting up the interviews (and are “procuring cause”) but they have a claim as they were “first in.” We are sorry we didn’t keep better records, but we cannot pay two fees. What now?”

The question of who is entitled to a fee when there is a conflict regarding “procuring cause” versus “first in” is an all too common issue most NAPR members have faced in business. This issue can frustrate the best of recruiters. The physician recruitment industry is a fast paced environment and emotions can run high when there are high stakes/fees involved. NAPR headquarters receives inquiries from time to time from both in-house recruiter members and firm members who seek guidance regarding this issue.

The best advice we can offer is to proceed with caution. The first step is to find out if both firms are members of NAPR. We find that if the two firms are NAPR members, the client usually has a better chance at a resolution regarding the issue. It is in our Code of Ethics that members attempt to amicably resolve any disputes with another recruiter or entity with a minimum amount of involvement from the client and candidate before seeking other remedies. If the “first in” firm made the first “bona fide referral,” then the firm with “procuring cause” may be interested in working out a split with the other firm. Being “first in” with a bona fide referral means that you were first to present the opportunity to the candidate and received permission from the candidate to present him/her to the client opportunity and release his/her curriculum vitae.

When we have a conflict it usually means someone dropped the ball. The question is who? Why didn’t the candidate realize that he gave permission to both firms for presentation to the same opportunity? Why didn’t he inform the second firm that he already knew of the opportunity and was presented through the first firm? Or did he even give the first firm permission to release his CV? Did the firm who was “first in,” not follow up with the client or candidate in a timely fashion after the referral was made? Or did the “first in” firm follow up, but didn’t receive return phone calls or emails from the client or candidate? Did the “first in” firm fail to develop a strong working relationship with either or both parties? Sometimes the “first in” firm is to blame for dropping the ball and sometimes they are not. Why didn’t the client keep good records and inform the second firm who presented the same candidate that they already had the physician from another firm? There are a many reasons why a conflict occurs.

It’s in our Code: “A Member shall only present or refer, either in person, or by Curriculum Vitae or by name, a Candidate to another Firm at the request of the Firm and only if the Candidate’s Curriculum Vitae is identified in writing, and only with the Candidate’s knowledge and permission.”

If the “first in” firm did not have permission to release the candidate’s CV to the client and they are a member of NAPR, the “procuring cause” firm can ask the “first in” firm to withdraw from the referral completely. This would only be done if the “first in” firm cannot show that they made the first bona fide referral. Many times, the “first in” firm will acquiesce and walk away if they are caught making an improper referral. If they are unwilling to acquiesce, the “procuring cause” firm most always files an Ethics...
Recruiting Trends:

NAPR Industry Trends Survey
By Pat Doyle-Grace, CPC-PRC, Cejka Search

This year NAPR again compiled a recruiting industry survey and the results are now available to members and the results are now available on the NAPR website. Thanks to Marty Osinski of American Medical Consultants, Jim Stone of The Medicus Firm, and Marc Bowles of The Delta Companies for their excellent work in organizing this survey.

A total of 959 organizations were invited to complete an online survey from March through May 2010. One hundred and one organizations (29 facility, 42 contingency, and 30 retained/hybrid) completed the survey for a response rate of 11%. The report has coverage on operational metrics, financials and procurement effectiveness — as well as many other areas that any recruiting organization will find useful to help benchmark performance. Here are some of the report highlights:

CONTINGENCY

◆ 28% of interviews are placed
◆ The leading source of placements is job boards, making up 40%
◆ 23% of procurement is paid for by a facility or client
◆ Being focused or having a niche by specialty is 55%, compared to 23% by facility or client
◆ Revenues on average are $834,642

FACILITY

◆ 38% of interviews are placed
◆ Facilities fill 86% of job orders with 22% of placement coming from firms
◆ In addition to physician recruitment, 71% are responsible for recruiting physician extenders (nurse practitioners and/or physician assistants)
◆ 54% provide a base plus commission compensation for recruiters, compared to 36% that provide base only
◆ The average number of placements for a recruiter with 4+ years in the role is 22, compared to 9.7 placements for 1-3 years

RETAINED/HYBRID

◆ 49.6% of interviews are placed
◆ On average, turnover of recruiting staff is 34%
◆ Prior to being hired, 76% of recruiting staff have healthcare recruiting experience
◆ For marketing or business development functions, 52% rank face-to-face meetings as one of the ‘most effective’
◆ Revenues on average are $1,254,011

2011 NAPR Services Email Programs

• 2012 Residents and Fellows (generated over 700 responses in 2010)
• Board Certified Physicians in Practice
• NEW: Practicing Physicians Who Want to Hear About Job Opportunities
• NEW: Physician Assistants
• NEW: Nurse Practitioners
What Firm is Entitled to Its Fee?  
“Procuring Cause” vs. “First In”  

Continued from page 4

Complaint against the “first in” firm.

If both firms have made proper referrals, we find that both firms tend to negotiate a split fee with each other. They have the option of arbitration through NAPR; however, the outcome is not legally binding and many times ends up in a split fee anyway. Thus many times both firms agree to a split which allows each party to receive compensation from the placement while keeping their mutual client happy and able to pursue the candidate in a timely fashion without a double fee.

NAPR does strongly recognize procuring cause — we state it in our Code. Under Section III, number 28. “Procuring or Substantial Cause: A continuous series of events which substantially contributes to a placement. The concept of Procuring Cause is strongly supported by NAPR as a means of rewarding the Procuring Agent for his or her efforts relating to a placement. Procuring Cause constitutes the activities required as a standard of performance which comprehensively supports the best interests of both the hiring entity and the candidate. The procuring agent is an individual who sets in motion a continuous series of events which substantially contribute to a placement.”

However, with these conflicts, neither firm has to come to an agreement. They just have to try to amicably resolve the issue which is the most important point to make. NAPR cannot legally force firms to do anything they don’t want to regarding this issue. If the parties will not strike a deal and the client decides to move forward with the candidate, “everything hinges on the legal contract.” The respective contracts between each firm and the client answer the question as to whether each firm will receive their fee. This is first and foremost a legal issue. One firm’s contract has nothing to do with another firm’s contract. All the parties involved need to check their legal contracts. Both firms may be entitled to their fee if the candidate is hired by the client. Many firms’ contingency agreements contain language addressing a client’s acceptance of a referral. For example, “Acceptance of our referrals supersedes any prior or incidental knowledge of, or contact with the candidate we refer. It will be your responsibility to pre-screen our referrals against known contacts and other sources. If you do not communicate to us within three (3) business days of the referral that you are already working with that candidate, it will be conclusively presumed that you accepted our referral and our referral led to the placement.” Therefore, if both firms have this language in their contracts and the client accepted the referral from both firms, then they will most likely owe both firms their full fees.

Client organizations are supposed to keep good records, so that these conflicts don’t happen; however, sometimes even with good record keeping mistakes can be made. If the in-house recruiter is a member of NAPR, they are required to maintain an accurate tracking system to record the submission of candidates by recruiting firms and shall respond to the firm as to the acceptability of the referral within one (1) business day. Also, in-house recruiters should only accept a referral from the firm which reasonably demonstrates that they have obtained pertinent information from the candidate, have received permission from the candidate to refer his or her curriculum vitae and can, on an on-going basis, demonstrate the ability to provide critical information which continuously contributes to and enhances the process leading to a prospective placement. So, did the client break the Code of Ethics in this case?

It is always a great idea to speak with your client at the onset of any search to discuss their recruitment process and how they log candidate referrals. This way if the client does not systematically log each referral by name and specialty with both date and time stamp, you have the opportunity to educate them on why it is important for them to do so. A client should have a record keeping system in place which allows them to search a database or spreadsheet by candidate name and specialty. All referrals relating to the search must be logged into the system at the time they are made for it to be effective. Clients need to be able to clear a candidate’s name quickly so they do not inadvertently accept the same referral from more than one source.

Many times mistakes are made due to poor record keeping by the client, but not always. Sometimes the mistake is out of the client's control. For example, a hospital in-house recruiter is handling the recruitment for a group practice; however, the group decides to do some recruiting on their own as well and utilizes the services of a separate firm unbeknownst to the hospital. Therefore, referrals are not being cross referenced so as to avoid conflicts and duplication of efforts. Because the practice may not understand the problem of receiving the same CV from two different sources, it is not addressed by them with the hospital in-house recruiter.

The ultimate decision as to who receives their fee is determined by the person who pays the bills: the client. Ultimately, the client makes the decision. Many clients believe they have three options: 1) drop the candidate 2) pay two fees if they sign the candidate or 3) have the two firms to agree to split the fee.

Good business practice supports a situation where everyone wins. If everyone is in the right, shouldn’t everyone benefit? Good luck and good business.
Look What’s Coming in 2011 with the NAPR Services Programs!

PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS NOW AVAILABLE!
We are now offering access to Nurse Practitioners and Physician Assistants who are in practice. Like our doctor program, which has been so successful over the years, we will be e-mailing Nurse Practitioners and Physicians Assistants on a monthly basis and by specialty. This sourcing program starts in March 2011. Sign up early as participation may be limited. For details on this new program click here.

PRACTICING DOCTORS WHO TOLD US THEY WANT TO HEAR ABOUT JOB OPPORTUNITIES
Long title; simple concept. Thousands and thousands of practicing doctors were asked if they wanted to learn about job opportunities. The ones that responded are now available to you. Participation will be limited to 15 firms per month. You can choose to participate multiple months or one month. There are discounts for World Job Bank users. See the 2011 schedule and sign up now by clicking here.

2012 RESIDENTS AND FELLOWS SOURCING PROGRAM
• Sign up now!
• Participation may be limited.
• E-mails will be sent starting in February 2011.
• 50,000 e-mails sent over a 10-month period.
• Special adaptations allow residents and fellows to receive and respond via their smart phones.
• In 2010, the smart phone access produced over 700 candidates.

Click here for more information and registration forms.

BUNDLED PHYSICIAN SOURCING – DUE TO DEMAND PARTICIPATION WILL BE LIMITED IN 2011 – DISCOUNT EXPRESSES JANUARY 30, 2011
• Combined email programs to 2012 Residents/Fellows AND monthly emails to practicing physicians
• Total emails of 122,000 sent for $5,400
• Savings of $4,800
• Pay $450 per month for 12 months
• 2010 responses exceeding 900 physicians

Do not delay click here for registration!

Since 2004, Facebook has become a means of communication offering the capability to connect with prospective clients and physicians. Additionally, this media channel has proven as a highly effective tool in marketing to various audiences about physician practices and search services. In August 2010, the National Association of Physician Recruiters joined the 21st century with the creation of its own Facebook account.

In the first few weeks after the creation of our Facebook account, we noticed that the Facebook account created by the Facebook company (their attempt to get us started with adding new friends) was attracting more than 10X the friends than our organic association page. At first we were thrilled with having more than 200 new friends. Wow! However, we soon realized that the participants were writing comments in Icelandic, not English. And after further investigation, discovered that the NAPR acronym that we so fondly use to refer to our association is an Icelandic word meaning “some.”

To find the correct National Association of Physician Recruiters Facebook page, make sure to spell the whole name of the Association, not the acronym (NAPR). Our Association page has our logo in the profile picture located in the upper left hand corner on the home page. So next time you are online, perform a search for your Association’s Facebook and become a friend. The way I see it, we are all members of the same national organization — why don’t we be friends too?

In reviewing our Facebook, I am confident that you will be impressed with the fresh and relevant articles and tips found on our home page. Additionally, I would suggest you share our Facebook with your physician candidates and clients so they can share in the interesting articles and tips.

Don’t have a professional Facebook account? Find the whole Facebook concept daunting? The National Association of Physician Recruiters has your back. At the upcoming 2011 NAPR Annual Conference in April, we will have computers and staff to assist you in creating a professional Facebook account and become a friend of your association. Sound good? Hey, no thanks necessary — that is what friends are for.
The often referenced physician shortage continues to present challenges to recruiters and the organizations with which they work to place heavily pursued physicians. The shortage is compounded by a turbulent economic period that lessened the number of practicing physicians who were willing to change positions decreasing the pool of candidates and increasing the reliance on residents and fellows to fill open positions. While the effects of healthcare reform are yet to be realized, the mere mention of reform has impacted the recruiting industry as employers and candidates take a wait and see stance.

Physicians are seeking practice opportunities in many of the same ways as years past, however, with an increased utilization of various web-based resources. More physicians are pursuing employed positions and a dwindling number of new graduates are willing to consider solo or small private group practices. There is a greater focus on the part of employers for developing well-refined onboarding processes and placing more effort on retention strategies.

**Physician Shortage**

There is no shortage on articles about the physician shortage and there are various predictions on how many physicians the U.S. will need to care for the graying baby boomers. The Association of American Medical Colleges’ Director of the Center for Workforce Studies, Ed Salsberg, reported that by 2025 the nation could experience a shortfall of as many as 159,300 physicians. The U.S. Health and Human Services Department reported last year there were 16,721 fewer primary care physicians than were needed. The demand for primary care is estimated to increase by 22 percent between 2005 and 2020, but the number of primary care physicians will only increase by 18 percent. While researchers predict only general pediatrics may have a future surplus, the picture is bleak for the supply of pediatric subspecialists. The Vice President for Public Policy for the National Association of Children’s Hospitals and Related Institutions (NACHRI) has commented on the increasing shortage of and demand for pediatric subspecialists in neurology, gastroenterology and developmental and behavioral medicine. Currently there are 17 states that don’t have one of each of the 13 pediatric subspecialties. In a recent survey of NACHRI members, jobs for pediatric subspecialists are going unfilled for well over a year.

Other surveys point to significant shortages in neurosciences, cardiology and orthopedic surgery. In 2009, there were 1,961 advertised openings for neurologists and 478 physicians coming out of training. In neurosurgery there were 141 surgeons available for 779 openings, in cardiology 752 graduates for 3,300 openings, and in orthopedic surgery, 629 graduates for 3,002 openings.

These shortages are driving up recruitment costs as the competition is increasing and is also driving up compensation. In some specialties new

*Continued on page 10*
Extend your reach

In building the best team, you want to place physicians who are productive in their current positions and are open to bigger challenges. Here, you’ll reach a unique audience of active and passive job seekers.

Tailor a recruiting solution to your specific needs and budget:

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graduates are being offered more than experienced physicians. As was noted in the MGMA/NAPR 2009 Starting Salary Survey, this is occurring in the areas of infectious diseases, hematology/oncology and emergency medicine. Some of the greatest changes in compensation noted from ’05 to ’08 were in pulmonary medicine, which saw a 38.6 percent increase and in dermatology, which saw a 36.5 percent increase.

To enhance the pipeline, the AAMC set a goal of increasing first-year medical school enrollment by 30 percent by 2015. However, the target will be missed by a few years with the association’s prediction that enrollment will be up by 23 percent in 2015 and 30 percent by 2018. First-year enrollment at medical schools did grow by 2 percent in 2009 due to the opening of four new medical schools and 12 medical schools increased their class sizes by 7 percent or more. And while the number of medical school applicants remained stable, the increase in the number of people who are taking the Medical College Admissions Test (MCAT) could be an indicator that applications will increase. While this is good news, there are three mitigating factors that are causing continued concern, the government cap on residency training slots from the Balanced Budget Act of 1997, the shrinking number of medical students choosing primary care, and the impact of healthcare reform designed to give medical insurance to an additional 31 million people in the U.S. Even with major changes to the healthcare delivery system and improved prevention, we only train about 27,000 new doctors a year.

Some medical schools have opted not to increase class size, but rather to educate medical students differently. For example, Harvard is training medical students to work more closely with advanced practice nurses, physician assistants, nutritionists and pharmacologists. Johns Hopkins and Duke have modified curricula that expose students to community clinics and hospital situations in which they are encouraged to work in teams. The University of South Florida Health College of Medicine and Lehigh Valley Health SELECT program is geared toward students who embrace the power of “we” and “interdependence.”

WHY NOT PRIMARY CARE?

We are not producing enough primary care physicians, but why not? Often cited in the literature is low compensation compared to other specialties coupled with increased debt for medical education. In addition, there is an unconscious or, in some cases, a conscious bias toward primary care.

The number of family medicine residencies is declining. From the academic year 2003/2004 to 2007/2008, 30 family medicine residency programs closed. Fewer than 30 percent of U.S. medical students are choosing primary care. In 1990, 5,020 U.S. medical students matched with internal or family medicine residencies and in 2000 that number dropped to 4,617. In 2009, only 3,703 students matched to an internal or family medicine residency program. There was good news in 2010, perhaps in response to the opening of four new medical schools in internal medicine. Students also perceive internal medicine as requiring more paperwork, requiring an uncontrollable lifestyle. It is currently holding primary care physicians back.

Some believe that the increased amount of debt that medical students are incurring is steering them away from careers in primary care. In 2009 the average amount of medical school debt was $156,000 which is an 11 percent increase from the 2007 average. That amount is near, or in some cases more than the annual salary for a family medicine physician. Students report that program directors are discouraging them from becoming primary care physicians because the specialty is so poorly compensated.

Other studies show that students’ attitude toward primary care and treating chronically ill patients become more negative during training which influences them toward medicine subspecialties. Students are increasingly attracted to specialties that are lifestyle-friendly, and students view internal medicine as offering an uncontrollable lifestyle. It is common for medical students to be influenced by mentors and/or attending physicians about career decisions. In the 2009 AAMC graduation questionnaire, role model influence was named as the top factor affecting specialty choice. While primary care physicians may not be overtly dissuading students from going into primary care, what students are observing may be dissuading them. Primary care physicians tend to have significant administrative responsibilities and have been driven toward increasing the number of patients they can see in a day and decreasing the amount of time they spend with patients so as to remain financially viable. Students are recognizing the clinical reality of primary care and are dissuaded by the frustration of faculty who are trying to keep up with clinical demands and paperwork associated with managing chronically ill patients with multiple healthcare issues. Students also perceive internal medicine as requiring more paperwork, requiring a greater breadth of knowledge, having lower income potential, and as being a less competitive residency in which to be accepted. And while this is difficult to substantiate, some believe that the best and brightest students are still being discouraged from pursuing careers in primary care by their mentors.

IMPACT OF THE RECESSION AND HEALTHCARE REFORM

Beyond the physician shortage, recruiters have recognized that the economic environment as well as the anticipated impact of healthcare reform have affected the movement of practicing physicians. Most recruiters can think of several candidates who dropped out of a search process because the candidates didn’t think they could sell a house in this market, or that they would have to accept an offer that would be less than what was owed on the home. In addition, candidates have withdrawn from searches over a concern of spouses being able to land positions similar to the ones they currently hold.

Search firm business experienced a decline. Firms have responded to the downturn in business by experimenting with various fee models and increasing solicitation efforts to in-house recruiters and to residents and fellows. One recent survey of final year residents indicated 40 percent of residents are receiving 25-50 contacts from recruiters, up from 26 percent in ’06. Despite recession-related cutbacks some hospitals and large phy-
If recruiting top physicians is important to you, advertise in the source that’s important to them.

Physicians across many specialties consistently rate the *New England Journal of Medicine* (NEJM) as an essential journal.¹ They read it. They cite it. They trust it. And they click on it. In fact, in a recent independent blind survey, NEJM was ranked #1 as a source of job leads, both in print and online.² Which is why you should advertise with NEJM, both in print and online, at NEJM CareerCenter (nejmjobs.org).

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Solicitation of Recruitment Services:
The Results Are In...

By Wanda Parker, The Healthfield Alliance

In an attempt to evaluate and address concerns about the overly-aggressive solicitation of recruitment services directed at in-house recruiters by some firms, the National Association of Physician Recruiters (NAPR) and the National Association of Locum Tenens Organizations (NALTO) recently conducted a survey of Association of Staff Physician Recruiters (ASPR) members.

The majority of ASPR participants stressed two issues as key. There should be one point of contact per search firm; that is, only one person from a firm should contact the client. ASPR in-house recruiters find it overwhelming to receive multiple calls from multiple recruiters representing various specialty divisions within the same company.

ASPR members prefer to be contacted by e-mail, since it is more efficient to organize, document and track contact information, referrals and responses from recruiting firms. E-mails from firms which are concise and factual contribute to their own efficiency and protect the validity of the search firms’ referrals. The significant volume of telephone contacts are intrusive to their day-to-day recruiting activities.

It is very disruptive to the search process when firms’ recruiters attempt to circumvent in-house recruiters by approaching their supervisor, their organization’s chief executive officer, the group practice administrator, physicians in the local practice that is recruiting, or by attempting to present candidates for which there is no need or who do not meet search parameters.

Conferences and trade shows prove more conducive to discussing firms’ services than on-site marketing calls.

NAPR and NALTO understand that each firm has its own unique method of approaching clients and potential clients and there is no desire to hinder that process. However, since our members define the standards for sound and ethical industry practices, we are providing you the results of this survey in the event you choose to re-evaluate your firm’s business practices.
WHEN, WHAT AND HOW YOUNG PHYSICIANS SEEK PRACTICE OPPORTUNITIES

Physicians who are completing training programs are researching practice opportunities earlier than in years past and yet the primary drivers of their personal searches are remaining relatively consistent from years past. In the 2008 survey of final year residents, 82 percent started seriously looking at opportunities over a year before graduation versus only 33 percent in 2006. Only 1 percent waited until six months before completing their training whereas 27 percent started looking during that time period in 2006.

When asked to rank important factors used when considering practice opportunities, 57 percent ranked geographic location/lifestyle as the number one factor and 53 percent ranked adequate call/coverage/personal time as the second most important factor. This data was substantiated by a study commissioned by the New England Journal of Medicine through which survey participants indicated the most important factors when choosing a job. The ranking of the factors varies significantly based on where physicians are in their career cycle. (See chart above.)

Physicians entering practice are increasingly attracted to large group practices, and in particular, employed models. Small practices have been declining for many years. The number varies from survey to survey, anywhere from 30-60 percent, but all agree that small private practices have been declining at about 2 percent each year for the past 25 years.

How physicians look for positions has continued to shift away from some of the more traditional sources from years past, such as print advertising, and toward more electronically based sources such as Internet job boards and email blasts. Following are results from recent surveys with comparisons to earlier time periods.

Recruiting teams need to continue to use several strategies to attract candidates, and increase emphasis on those strategies that produce the highest number of candidates. Many recruiters have experienced an increase in candidates sourced through web-based job boards. Many recruiters find that direct mail continues to be a strong source of candidates, especially among those physicians who are not actively seeking new practice opportunities.

Some recruiters exploring the use of PURLS (personalized URLs) which integrate digital marketing with direct mail campaigns. PURLS capitalize on the functionality of an organization’s Internet site as an effective recruiting resource. We have met with several vendors who offer this technology and are evaluating options with the input of our Marketing Department.

NOW THAT YOU HAVE THE ATTENTION OF CANDIDATES, NOW WHAT?

While the shortage of physicians has driven compensation up in many specialties, recruiters are realizing that just outbidding other offers isn’t always enough. Employers should consider crafting compelling value propositions, in other words, a clear statement of the balance of the rewards and benefits that characterizes an employer and position and differentiates it from competitors. Studies confirm that physicians rank personal job satisfaction higher than money, that they are seeking an improved work/life balance, and want to attain satisfying levels of career accomplishment.

Progressive employers are refining onboarding processes, engaging in more creative job sculpting and developing mentoring programs and new physician support groups.

How a search process is handled can impact physician recruiting efforts, and a well-orchestrated process demonstrates to candidates the importance an organization places on recruiting. Further candidates use interviewing experiences to judge how organized, coordinated and collaborative the healthcare organizations they are considering joining really are.

CONCLUSION

Recruiting physicians for all the reasons stated previously is harder than ever before. Recruiters need to use diversified recruitment strategies and constantly evaluate what is and isn’t working while exploring new resources and controlling recruitment expenses. Progressive employers must pay attention to the drivers of physicians’ practice decisions and respond with value propositions. While physicians evaluate the tangibles that organizations offer, such as clear expectations/accountability, administration response to physician concerns and access to technology and electronic health records, they also evaluate some of the intangibles, such as a welcoming environment, belonging to a quality organization, receiving credit for workplace excellence and well-defined mentoring programs.

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