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TEMPLATE

Health Center Provider Retention and Recruitment Plan

**Provider Retention and Recruitment Plan Template**

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**Provider Recruitment and Retention Plan Template**

# Introduction

The STAR² Center is a project of the Association of Clinicians for the Underserved (ACU). In July 2014, ACU received a national cooperative agreement to develop a clinician workforce center for recruitment and retention at community health centers. In partnership with the federal Bureau of Primary Health Care, ACU created the STAR² Center (pronounced Star Center) to provide free resources, training, and technical assistance to the health centers facing high workforce need. John Snow, Inc. has subcontracted with ACU to assist in research, training, and designing resources and tools to support the STAR² Center. This Provider Retention and Recruitment (R&R) Plan template is one of these tools. The R&R Plan is meant to be a working, living document that can be easily modified to adjust to changing conditions within a health center and the changing health care environment.

# How to Use This Template

The purpose of this template is to provide a structure and thought process for improving retention and recruitment practices in your practice. The template is formatted in Microsoft Word to make it easier for health centers to customize it to meet their own needs. If parts of the template do not apply to your practice, just skip them.

Background and template instructions are included in a separate set of instructions. By separating the instructions from the template, you are able to create a succinct document tailored to your organization. An Excel document, Candidate Tracking Sheet, is available separately to provide a convenient system for tracking provider applicants through the initial application through each interview, visit and final result of the recruitment process. In addition to the instructions, there is a companion Recruitment and Retention Action Plan worksheet. Each major item in the template is included in the Action Plan. The Action Plan is meant for documentation of identified gaps or barriers, opportunities and strategies for unmet needs. The Action Plan is tool to assist in quality improvement efforts for recruitment and retention.

If you have questions about using this tool or would like to access our other resources or services for health centers, please contact the STAR² Center at <http://www.chcworkforce.org/contact-us> or 1-844-ACU-HIRE (1-844-228-4473).

# Assessment

The first step in any planning process is to make an assessment of your current situation and identify opportunities, barriers and unmet needs. There are simple tools built into this template to assist you on this assessment, however, the STAR² Center has developed two other tools that are an ideal starting point for your center’s planning process.

The first is the Self-Assessment Tool. The Self-Assessment Tool’s primary purpose is to help you identify strategies that may improve your success with provider recruitment and retention. Using your responses, the Self-Assessment Tool will provide brief recommendations on those topics you might want to pursue. Many topics covered in the tool have corresponding resources in the STAR² Center resource center, and the tool can inform technical assistance (TA) provided to the health centers. The report generated from this tool can be used with the individual health center recruitment and retention profile to paint a comprehensive picture of workforce challenges at an organization and next steps to address those challenges. This comprehensive tool is located at <http://www.chcworkforce.org/acu-self-assessment-tool>.

The second tool is a Financial Impact Tool. The Financial Impact Tool is available to help you calculate the estimated cost of provider vacancies and recruitment. This tool was created in Excel and can be downloaded for your center’s use. If you do not have all of the input data easily available to you, the tool provides national estimates to assist you. It is important to note that the financial impact is only part of the impact on practices losing a provider. Other negative impacts can include 1) quality, 2) continuity of care, 3) pressure on remaining staff from being short-staffed, 4) loss of patients, 5) increased family pressure if more time is spent working or covering call, and 6) changes in referral patterns.[[1]](#footnote-1) The Financial Impact Tool is available for download at <http://chcworkforce.org/star2-center-financial-assessment-tool>. Review and update the Recruitment and Retention plan periodically along with general health center strategic planning. Optimally, an annual review is recommended.

# Recruitment and Retention Plan

|  |  |
| --- | --- |
| **Recruitment and Retention Plan**  **Last Date of Review** |  |
| **Anticipated Next Date of Review** |  |
|  |  |

## Practice Assessment

### Provider Capacity and Demand

Complete the information in Table 1 and make sure the full time equivalency (FTE) reported accurately reflects the clinical time of each provider. Extend the table by adding more lines, if necessary. Normalize the visits by dividing the Health Center Visits for each provider by the FTE for that provider. This will give you the Health Center Visits per 1.0 FTE for each provider. Look up the UDS Mean in Attachment 1. UDS Mean Visits: Productivity Benchmarks for each provider type and specialty. Calculate the percent difference from the UDS Mean by dividing the individual provider Health Center Visits per 1.0 FTE by the UDS Mean. Subtract this number from 1.0 and convert to a percentage.

**Table 1. Provider Productivity**

Measurement Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Dates included in measure/12 month period)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Provider Name | Provider Type\* | Provider Specialty\*\* | FTE | Health Center Visits | Health Center Visits per 1.0 FTE | UDS Mean# Visits per 1.0 FTE | % Difference from Mean |
|
| (Last, First) | **(degree or licensure)** | **(areas of expertise)** |  |  | **(Visits/FTE)** | **(Fill in from Attachment 1)** | **(1.0 - [HC Visits/FTE ÷ UDS Mean]]** |
|  |  |  |  |  |  |  |  |
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\*Provider Type - MD, DO, NP, PA, resident, CNM, DDS, etc.

\*\*Provider Specialty - Family Practice, Internal Medicine, Pediatrics, Ob/Gyn, Dental, etc.

# See Attachment 1 UDS Mean Visits: Productivity Benchmarks

#### Productivity Analysis

Review any provider productivity that is significantly different from the UDS Mean (found in Attachment 1. UDS Mean Visits: Productivity Benchmarks) for each provider type and specialty. Very small FTEs (i.e. 0.10) may result in large differences due to the small number of clinic hours. You may want to focus on providers with an FTE of 0.4 or greater for meaningful differences. Differences of more than 10% in either the positive or negative direction should be noted and reasons for the difference should be explored. See instruction document for potential reasons for low and high productivity and potential consequences of each.

**Table 2. Analysis of Productivity Differences**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider Name | Provider Type\* | Provider Specialty\*\* | % Difference from Mean | Possible Reasons for Differences |
| (Last, First) | **(Degree or Licensure)** | **(Areas of Expertise)** | **(1.0 - [HC Visits/FTE ÷ UDS Mean]]** |  |
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### Appointment Access

Measure the Third Next Appointment and document the information by provider and also by team (or service) in Table 3. The Institute for Healthcare Improvement (IHI) defines the Third Next Available Appointment as the “Average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam.”[[2]](#footnote-2)[[3]](#footnote-3) The report may also be available through the health center’s Electronic Health Record (EHR).

**Table 3. Weekly Appointment Access Report Today's Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Provider** | **Provider** | **Appointment** | **3rd next appointment** | | | **Meets Written Policy** | **If No** |
| **Speciality** | **Name** | **Type** | **Type** | **Date** | **# Days Provider** | **# Days Team** | **(Y/N)** | **Reason/Corrective Plan** |
| **Family** |  |  | Sick Visit |  |  |  |  |  |
| **Practice** |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |
|  | Provider 1 | MD | Sick Visit |  |  |  |  |  |
|  |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |
|  | Provider 2 | DO | Sick Visit |  |  |  |  |  |
|  |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |
|  | Provider 3 | NP | Sick Visit |  |  |  |  |  |
|  |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |
| **Internal** |  |  | Sick Visit |  |  |  |  |  |
| **Medicine** |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |
|  | Provider 4 | MD | Sick Visit |  |  |  |  |  |
|  |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |
|  | Provider 5 | PA | Sick Visit |  |  |  |  |  |
|  |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |
| **Pediatrics** |  |  | Sick Visit |  |  |  |  |  |
|  |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |
|  | Provider 6 | MD | Sick Visit |  |  |  |  |  |
|  |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |
|  | Provider 7 | PA | Sick Visit |  |  |  |  |  |
|  |  |  | Follow Up |  |  |  |  |  |
|  |  |  | Preventive Visit (Physical) |  |  |  |  |  |

\*If the third next available appointment is the same day, report as “0”

Document appointment access issues and productivity by provider and team (or service) in Table 3. Review whether the issues are due to capacity or other non-capacity related issues. See Figure B in the instructions document for a summary of the Relationship of Provider Productivity and Patient Appointment Access.

**Table 4. Analysis of Appointment Access and Productivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provider Name | Team | Access within Policy Limits | Productivity | Identified Capacity Gap | Other Non-Capacity Gap |
| (Last, First) | **(or Service)** | **Y/N** | **Low (>10% below ave), Average, High (>10% above ave)** |  |  |
|  |  |  |  |  |  |
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### Care Teams and Provider Mix

Inter-professional care teams support a strong health center care model. Care teams also help promote provider retention and recruitment[[4]](#footnote-4) [[5]](#footnote-5) and are fundamental to Patient Centered Medical Homes.[[6]](#footnote-6) Document the ratio of non-physician providers to physicians in Table 4. Non-physician providers are defined as nurse practitioners, physician assistant, and certified nurse midwives. Do not include registered nurses or ancillary staff in the ratio.

Table 5. Ratio of Non-Physician Providers to Physicians

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **UDS Table 5 Line #** | **Staffing Ratios** | **Your Health Center** | **UDS 2014 National Rollup** | **2015 MGMA Mean per Provider FTE**  **(Based on 2014 Data)** | | |
| **Per Provider FTE** | **FP** | **IM** | **Ped** |
| 8/10a | Ratio Non Physician to Providers to Physicians |  | 0.81 | 1.01 | 0.49 | 0.41 |

### Support Staff

Complete Table 5 to compare your current staffing ratios to other benchmarks from the 2014 UDS and 2015 Medical Group Management Association (MGMA) Survey (based on 2014 Data). Comparison should be made by provider specialty to provide the most accurate review of staffing levels. While staffing levels are unlikely to fall on the exact mean, these ratios provide some context for comparison to assess if your staffing is well under or over other FQHCs and other types of primary care practices. Adjustments in staffing ratios may increase productivity and quality of care. If these adjustments are necessary, you may want to put them in place to assess the impact prior to recruiting new providers.

**Table 6. Staffing Ratio Comparison to UDS 2014 National Rollup and 2015 MGMA Means (2014 Data) by Specialty**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **UDS Table 5 Line #** | **Staffing Ratios** | **Your Health Center** | **UDS 2014 National Rollup** | **2015 MGMA Mean per Provider FTE**  **(Based on 2014 Data)** | | |
| **Per Provider FTE** | **FP** | **IM** | **Ped** |
| 11 | Nurses |  | 0.71 | 0.87 | 1.08 | 0.91 |
| 12 | Other Medical Personnel (Med Asst, Nurses' Aides) |  | 1.15 | 0.89 | 0.69 | 1.03 |
| 32 | Patient Support Staff  (Front Desk/Appt Staff) |  | 1.40 | 0.87 | 1.11 | 0.80 |

### Patient Schedules

#### Office Schedule

Create a table, such as Table 7, to record and track the number of providers, support staff and exam rooms for a one week period. While you may do this every week, it may also be used as a tool to spot check the schedule on a quarterly basis. Even in small health centers, there can be minor schedule changes or drift in schedule times that can disrupt patient flow and provider/staff satisfaction.

**Table 7. Weekly Asset Matching – Providers, Support, Exam Rooms**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Team A** | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM | Providers |  |  |  |  |  |
|  | Support |  |  |  |  |  |
|  | Rooms |  |  |  |  |  |
| PM | Providers |  |  |  |  |  |
|  | Support |  |  |  |  |  |
|  | Rooms |  |  |  |  |  |

#### On-call Schedule

Accurately document and communicate the call coverage in your health center to provider candidates.

**Current On-Call Ratio and Description of Call Rotation: Number of days on call per month**: \_\_\_\_\_\_\_\_\_\_\_\_

**Description of call rotation:** (i.e.1 weekday per week and 1 weekend per month; or one week 24/7 per month; or non-physician clinician coverage until 10 PM each day, then physician coverage 1:7 after 10 PM)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Provider Satisfaction

* **Provider Satisfaction Survey Conducted**

(Circle One)

Yes No Not in the past year Unknown

Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Provider Satisfaction Survey Conducted \_\_\_\_\_\_\_ (date)

* **Regular professional progress evaluation meetings held with individual providers to discuss morale and professional satisfaction concerns and issues**

(Circle One)

Yes No Not in the past year Unknown

Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Meeting Held \_\_\_\_\_\_\_ (date)

* **Sponsor periodic social gatherings of the medical staff, their spouses and families**

(Circle One)

Yes No Not in the past year Unknown

Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Social Gathering Held \_\_\_\_\_\_\_ (date)

* **Exit Interviews Conducted for All Providers Leaving (regardless of reason)**

(Circle One)

Yes No Unknown

## Strategic Planning

### Provider Succession Planning

Record strategic planning processes and discussions with providers in the recruitment and retention plan and update periodically, Table 8.

**Table 8. Strategic Planning for Retirement, Extended Leave, and Changes in FTE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Provider** | **Provider Age Range** | | | **Over Age 50** | | **All Ages** | |
| **< 50** | **51 - 60** | **61+** | **Discussed retirement? (Y/N)** | **Planned Age for Retirement** | **Major Leave Plans** | **Expected Changes in FTE** |
| Provider 1 |  |  |  |  |  |  |  |
| Provider 2 |  |  |  |  |  |  |  |
| Provider 3 |  |  |  |  |  |  |  |

# Retention

## Mission

A critical factor for provider retention is the alignment of a center’s organization mission with provider beliefs and values.[[7]](#footnote-7) If your health center does not have a mission, developing one is a primary step in any strategic planning efforts. The retention and recruitment plan is a part of the strategic planning process. Even if you do have a mission, it is worthwhile to revisit it periodically to ensure it is still relevant for your health center.

The health center mission is:

|  |
| --- |
|  |

The mission was last updated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). The next date of review is planned for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

Staff members contributing to the original mission or most recent update (if it has been updated) are listed in Table 9 below.

**Table 9. Provider and Non-Provider Staff Members Contributing to Health Center Mission**

|  |  |
| --- | --- |
| Name | Position |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

The mission is prominently displayed on (check all that apply):

* Website
* Letterhead
* Waiting Room
* Break/Lunch Room
* Conference Room
* Facebook Page
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The mission is discussed as part of the interview process with:

* Physicians
* Nurse Practitioners
* Physician Assistants
* Administrators
* Nurses
* Medical Assistants
* Administrative Support
* Other Clinical Support
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None

## Compensation

Review provider compensation to ensure the health center’s overall compensation package is competitive in your local market. If you have a Provider Compensation Plan, include it as part of your recruitment plan. If you do not have a Provider Compensation Plan, it might be a good time to review your compensation policies and strategies to be sure they optimize provider retention. Also, be sure the provider compensation plan is reflected appropriately in provider contracts.

Provider Salary Reviewed Conducted on \_\_\_\_\_\_\_\_ (date).

**Provider Salary Review Results** (see instructions for sample)

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Findings:**

|  |
| --- |
|  |
|  |

**Action plan:**

|  |
| --- |
|  |
|  |

Next Provider Salary Review Scheduled for \_\_\_\_\_\_\_\_\_ (date)

**Provider Incentives**

Consider offering incentives as a part of the health center’s compensation package to make the overall compensation package more appealing and also to encourage provider behaviors through compensation rewards. Be sure to involve providers in the compensation planning process and to get their buy-in before making large changes to the compensation model. Create compensation policies in advance of making any changes with very specific formulas and definitions to make the changes clear to all participants. Test and assess changes by conducting a “shadow” model in advance of actual implementation by running a mock compensation change for a 3-6 month period to fully understand the impact of any compensation model revisions. Get feedback and adjust the model as needed prior to full implementation.

* *Incentive-Based Provider Compensation*

Yes No

Date of Initiation \_\_\_\_\_\_\_\_\_ (date)

Last Review of Methodology \_\_\_\_\_\_\_\_\_ (date)

**Select the components of the health center’s incentive-based provider compensation and note the % of the total salary compensation attributed to each component.**

\_\_% of total compensation

* Base Salary

Incentives based on:

* Production (revenue, visits or RVU based)
* Quality
* Patient Satisfaction
* Internal Administrative Task Completion
* End of year bonus
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Benefits

Similar to the Provider Compensation Review, conduct a Benefit Review. Consider offering improved educational benefits to encourage retention and to promote quality improvement initiatives in the health center. Review each of the following benefits to determine competitiveness in the market place. The first line “Vacation” is completed as an example in the following, Table 10.

**Table 10. Benefit Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Benefit | Details | Review Results | Action Plan |
| Vacation | 3 weeks, 4 weeks after 5 years, 5 weeks after 10 years | Competitive | None |
| Holidays |  |  |  |
| Sick |  |  |  |
| Educational Leave |  |  |  |
| Educational Travel |  |  |  |
| Educational Conference |  |  |  |
| Health Insurance |  |  |  |
| Dental Insurance |  |  |  |
| Life Insurance |  |  |  |
| Disability Insurance |  |  |  |
| Retirement Plan |  |  |  |
| Loan Repayment |  |  |  |
| Other (specify) |  |  |  |

## Work Schedules

**Provider Schedule Opportunities**

Indicate the provider schedule opportunities and barriers in Table 11. Be sure to document requests for flexible schedules that might be met as part of the larger recruitment and retention plan.

**Table 11. Provider Schedule Types**

|  |  |  |  |
| --- | --- | --- | --- |
| Schedule Type | Availability | Assessment | Action Plan |
| Part-time |  |  |  |
| Job Sharing |  |  |  |
| Flexible Schedules |  |  |  |
| School hours |  |  |  |
| Evenings |  |  |  |
| Weekends |  |  |  |
| Long days |  |  |  |

## Career Path

Providers are often more likely to stay with an organization if there is opportunity for professional growth and advancement. Indicate the types of professional growth and advancement currently available in the health center in Table 12. Also document your assessment of each type and action plans to incorporate professional growth and advancement into the practice.

**Table 12. Professional Growth and Development**

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Availability | Assessment | Action Plan |
| Clinical Oversight (Other Providers or Clinical Teams) |  |  |  |
| Administrative Oversight (Programs/Services) |  |  |  |
| Teaching Opportunities |  |  |  |
| Medical Students |  |  |  |
| Medical Residents |  |  |  |
| Advanced Practice Students |  |  |  |
| Advanced Practice Residents |  |  |  |
| Telemedicine Opportunities |  |  |  |
| Other (specify) : |  |  |  |

# Recruitment

## Community Recruitment Plans

Before you begin recruiting, and on an ongoing basis, either connected with or be aware of other planning initiatives in your region. Talk with local hospitals and other primary care providers about their recruitment plans to assess competition for providers or potential collaboration opportunities.

Our health center has had discussions with:

* Hospitals about their recruitment plans
* Other Providers about their recruitment plans

Opportunities for Collaboration:

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Once you have conducted the health center recruitment and retention needs assessment and determined that 1) you need to recruit, and 2) you know which type of provider to recruit; set up the recruitment process.

## Recruitment Team

List your health center recruitment team in Table 13. It can vary depending on the position being recruited.

### Recruitment Team Roles and Responsibilities

Establish clear roles and responsibilities for each team member, keeping in mind their stake in the recruitment, their availability, and respective skills and include in Table 13. For an example of the roles and responsibilities see the instruction document.

**Table 13. Recruitment Team Members and Corresponding Responsibilities**

|  |  |
| --- | --- |
| Position | Responsibilities |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Recruiting Priorities

Define a “big picture” written set of priorities to provide a map to guide your recruitment plans. Use information gleaned from the Practice Assessment and Strategic Planning process to identify positions to be filled and realistic timelines for completing the recruitment process and document in Table 14. Plan out as far as you have information, at least 3 – 5 years. Dates do not need to be static, so use the best information you have. See the instructions for more information and a sample table.

**Table 14. Provider Recruitment Priorities**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position | FTE | Replacing | FTE | New Position | Reason | | | | | Date | |
| Current Vacancy | Planned Vacancy | Retire-  ment | Growth | Other | Anticipated Need | Begin Recruiting Process |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |

## Recruitment Budget

Plan for a realistic recruiting budget to ensure you have the resources required to mount a successful recruitment effort. The following worksheet (Table 15) is included to assist with recruitment budget planning.

**Table 15. Recruiting Budget Worksheet**

|  |  |
| --- | --- |
| **Staff Costs (Planning, Recruiting, Onboarding)** | |
| Business Office (Patient Accounts/Billing) Salary and Benefits per hour |  |
| CEO/Administrator Salary and Benefits per hour |  |
| Chief Medical Officer Salary and Benefits per hour |  |
| Human Resources Salary and Benefits per hour |  |
| IT Hourly Rate plus Benefits |  |
| Nurse/MA Hourly Rate plus Benefits |  |
| Other Providers Average Hourly Rate plus Benefits |  |
| Support Staff Salary and Benefits per Hour |  |
| **Total Salaries/Benefits** |  |
| **Outside Recruiting Expenses** | |
| Recruiting Service |  |
| Advertising Costs (2 national journal print ads, 1 national online service x 3 months) |  |
| **Total Outside Recruiting Expenses** |  |
| **Interview Expenses** | |
| Number of In-Person Interviews |  |
| Hotel Expense per Night per Interview |  |
| Travel Expense per Interview |  |
| All Staff Breakfast with Candidate per Interview |  |
| CMO Lunch with Candidate per Interview (incl. candidate and guest) |  |
| Number of People Included in Interview Dinner per Interview |  |
| Interview Dinner Cost per Person per Interview, (incl. tax and gratuity) |  |
| Cost of Other Interview Items, (such as gift baskets, babysitting service) |  |
| *Total Cost Per Interview* |  |
| **Total Interview Expenses (# of Interviews X Total Cost per Interview)** |  |
| **Hiring Expenses** | |
| Relocation Costs |  |
| Signing Bonus |  |
| Publicity Costs |  |
| Other Costs, i.e. cell phone, lab coat |  |
| **Total Hiring Expenses** |  |
| **Total Recruitment Budget** |  |

## Recruiting Firm

If you use a recruiting firm, list the name and contact information below as well as pricing for budget purposes, Table 16. Keep rating information in your recruitment plan for future reference as to the quality of your health center’s experience with the recruiting firm. Keep notes about the experience for possible improvement over the span of the recruitment process or for the next recruitment process.

If you plan to use a firm, contact those who may offer discounts based on your non-profit status.[[8]](#footnote-8) If you have a standing relationship with a firm, request a discount based on your non-profit status.

**Recruiting Firm:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Table 16. Recruiting Firm Contact Information and Notes**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name | Phone | Email | Address | Fees | References | Date Last Used | Position Filled | Rating  1-5 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Track other activities and expenses below.**

## Advertising

Plan and track all advertising either done directly by your health center or by a recruiter, if you use one. Record any differences from your plan so that future recruitment efforts will begin with the more accurate information. Use Table 17 to document your advertising efforts.

**Table 17. Media Outlet Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Media Outlets | Contact Name | Phone | Email | Timing | Frequency (Ongoing?) | Fees | Rating 1-5 |
| National Journal Print Ads |  |  |  |  |  |  |  |
| Journal 1 |  |  |  |  |  |  |  |
| Journal 2 |  |  |  |  |  |  |  |
| Journal 3 |  |  |  |  |  |  |  |
| Primary Care Organization (PCO) |  |  |  |  |  |  |  |
| Primary Care Association (PCA) |  |  |  |  |  |  |  |
| NHSC Job Center |  |  |  |  |  |  |  |
| Regional Advertising (specify) |  |  |  |  |  |  |  |
| Online Recruitment Site Service |  |  |  |  |  |  |  |
| Health Center Website |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |

### Ad Text

Include the ad text in the recruitment and retention plan to avoid having to “reinvent the wheel” each time there is a position open. In particular, there should be standard text describing the mission and region.

**Ad Template**

|  |  |
| --- | --- |
| **Title** |  |
| **Body**   * + Type of organization recruiting   + Location   + Statement of position type, FT or PT   + Promote mission driven health center environment   + Brief description of the positive aspects of the region     - i.e. If urban, cultural opportunities; if rural, outdoor/nature experiences   + Promote any positives, such as flexible schedules, teaching opportunities   + Include any recognition, such as PCMH   + Include possible incentives, such as professional development benefits, bonuses, relocation expenses |  |
| **Contact Person and Information** |  |

## Strategies for Use of Social Media[[9]](#footnote-9)

Make optimal use of social media to get the word out. Younger candidates, such as residents, frequently use social media for information. Make sure your health center is connected to potential recruits with an internet presence that goes beyond your website. Social media sites provide a forum to get very detailed information about your health center for recruitment purposes, but can also be helpful for patients, for example, posting flu clinics on Facebook. The New England Journal of Medicine Career Center[[10]](#footnote-10) suggests several ways to improve your use of social media.

**Table 18. Use of Social Media**

|  |  |  |  |
| --- | --- | --- | --- |
| Social Media | Use (Y/N) | Assessment | Action Plan |
| Website |  |  |  |
| Use for Job Posting |  |  |  |
| Highlights of HC |  |  |  |
| Community Links |  |  |  |
| Linked-In Company Profile |  |  |  |
| Twitter (see instructions) |  |  |  |
| HC Facebook Page |  |  |  |
| Use for Job Posting |  |  |  |
| Highlights of HC |  |  |  |
| Community Links |  |  |  |
| YouTube Videos |  |  |  |
| HC Highlights |  |  |  |
| Regional Highlights |  |  |  |
| Blogs |  |  |  |

## Screening Process

Once you begin to attract candidates, carefully track the results. It is critical to respond quickly, communicate often, and ensure rapid turnaround of questions, interviews and site visits. The Excel document, Candidate Tracking Sheet, a separate component of the Recruitment and Retention Plan is a tool for tracking applicants through the recruitment process.

### Telephone Interview Content[[11]](#footnote-11)

Use a pre-established screening guide to conduct telephone interviews with applicants. The Medical Director or Chief Medical Officer should contact the candidate within five business days for a brief telephone interview.[[12]](#footnote-12) This expresses interest and is important to make sure you don’t lose a potential candidate.

Adopt or edit the following interview content and next steps.

**Telephone Interview Content[[13]](#footnote-13):**

* Describe the position
* Describe the health center, the town/region, and approximate salary
* Ask:
* Why are you interested in this position?
* Do you have any special clinical interests?
* Are there clinical procedures or types of patients/conditions you are not comfortable with?
* Is there anyone you need to take into consideration during your search (spouse/partner)?
* Do you have any malpractice history?
* Is there any reason you wouldn't be able to get credentialed?
* Do you have any employment gaps?
* Did you change training programs and/or specialty?
* Do you have any inactive licenses?
* Field questions from the candidate.
* Discuss the health center recruitment process and next steps.

**Next Steps:**

* Record the interaction for later review by the Recruitment Team.
* Review the candidate’s CV and make sure he/she is board eligible.
* Present results to the Recruitment Team
* If the Recruitment Team thinks the candidate is a good fit, check references, and then arrange a visit.
* If there are further questions, arrange a second telephone interview with the appropriate person.

## Visit

Plan the relevant aspects of each candidate visit with the Visit Details Worksheet, Table 19.

**Table 19. Visit Details Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Details | Responsible or Lead Person | Date Finalized |
| Arrange Logistics 2-3 days |  |  |  |
| Travel – flights, ground transportation |  |  |  |
| Reserve hotel |  |  |  |
| Gift Baskets – if children are coming, include age appropriate toys |  |  |  |
| If children attend: Babysitting service |  |  |  |
| Create & distribute itinerary |  |  |  |
| Provide directions & maps |  |  |  |
| Visit |  |  |  |
| Pick up at Airport |  |  |  |
| Provider Itinerary |  |  |  |
| Breakfast with Staff (support staff included) |  |  |  |
| Tour of Site(s) |  |  |  |
| Visit Hospital/Hospital Administration |  |  |  |
| Meet with Providers, Provider Team |  |  |  |
| Meeting with CEO |  |  |  |
| Review of Contract/Benefits/etc. |  |  |  |
| Lunch/meeting with CMO |  |  |  |
| Partner Itinerary |  |  |  |
| Schools |  |  |  |
| Child Care Providers |  |  |  |
| Banks |  |  |  |
| Realtors |  |  |  |
| Lunch with community member(s) |  |  |  |
| Local recreational facilities & sights |  |  |  |
| Meetings with Potential Partner Employers |  |  |  |
| Joint Itinerary |  |  |  |
| Dinner with key providers, administration and partners/spouses |  |  |  |
| Attend cultural performances |  |  |  |

## Follow up with Candidates

Complete Table 20 – Candidate Follow Up Plan. See the Recruitment and Retention Plan instructions for a completed sample table (Table 20a).

**Table 20. Candidate Follow Up Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Stage | Frequency | Timeline | Type of Contact | Responsible Person |
| Application Received |  |  |  |  |
| 1st Telephone Interview |  |  |  |  |
| 2nd Telephone Interview (if applicable) |  |  |  |  |
| 1st Visit |  |  |  |  |
| 2nd Visit (if applicable) |  |  |  |  |
| Offer |  |  |  |  |

## Contract Development and Negotiation

Attach a boiler plate version of the health center provider contract to the Recruitment and Retention Plan. Document when the contract was last updated.

**Check the following Contract Terms that are included in the boiler plate contract:**

* Work expectations
  + Clinical office hours
  + Administrative responsibilities
  + Call schedule
  + Office sites
* Compensation
  + Details of Incentive Compensation (if applicable)
    - Base Salary
    - Incentives for production (revenue, visits or RVU based) including goals
    - Incentives for quality, including metrics
    - Incentives for patient satisfaction, including goals
    - Incentives for internal administrative task completion, including expectations
    - End of year bonus
* Benefits
  + Vacation
  + Holidays
  + Sick
  + Health Insurance
  + Dental Insurance
  + Life Insurance
  + Disability Insurance
  + Retirement Plan
* Professional Development
  + Educational Leave
  + Educational Travel
  + Educational Conference or Other Required Educational Expenses
* Moving Expenses
* Signing Bonus
* Other benefits such as sabbatical leave

**Boiler Plate Contract is included as Attachment \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Date Contract Reviewed/Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Onboarding

Develop a comprehensive Onboarding Plan. For best practices see the Recruitment and Retention Plan instructions.

**Develop Organizational Structure:**

* Assigning a mentor to orient the new provider and help integrate him or her into the medical community.
* Assign a person and realistic timeline to each onboarding activity to ensure accountability.
* Set expectations for the new physician regarding getting out into the community and meeting other members of the group and medical staff.
* Conduct weekly check-in calls prior to provider beginning practice.
* Conduct weekly check-in meetings as soon as the provider begins at the practice, to be tapered off to bi-monthly and monthly over the first few months.
* Provide opportunities for peer interaction outside the community.
* Develop telecommunication links to practitioners in other communities and to medical education and support resources.

**Onboarding Activities:**

* Licensing
* Credentialing
* Hospital medical staff privileges
* Third party enrollment
* Appointment scheduling set up
* IT issues and training on systems
* Human Resources
* Training on how to obtain needed clinical consults, tests, and support for patient care
* Defining expectations for productivity, quality, and work effort
* Organizational orientation/Introduction to culture
* Marketing
* Community orientation
* Policies/Procedures
* Ancillary departments
* QI/Clinical review

# Other Topics

## Patient Centered Medical Home

**Health Center Patient Centered Medical Home Recognition Status**

* Recognized at Level \_\_\_\_ on \_\_\_\_\_\_\_\_(date) by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (recognition organization such as NCQA)
* Not recognized but application is in process and expected on or about \_\_\_\_\_\_\_ (date)
* Not recognized and application not in process
* Unknown

## National Health Service Corps

**Complete the following.**

The health center is:

* NHSC approved site
  + Current providers were notified of this status
  + Recruiting materials include information about the NHSC status
  + Job openings are posted on the NHSC recruitment site (NHSC Job Center)
* In the process of becoming NHSC approved site
* Not NHSC approved site
* Unknown

The health center state:

* Has a state loan repayment program, the contact information follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does not have a state loan repayment program
* Unknown

## Medical Education Connections through Residency Programs

Hosting residents through an accredited Medical or Nurse Practitioner Residency Program can offer unique recruiting opportunities. If your health center is already connected to a residency program, maximize your probability of hiring within the residency pool.

The health center is:

* Connected to a residency program
  + The health center optimizing resident recruitment through the following actions:
    - Identify residents who fit with the health center culture and mission
    - Meet with residents during their entire tenure to build a positive relationship
    - Whenever possible, include residents in provider teams
    - Hold social events between current providers and residents
    - Approach residents early to assess their interest in working long term at the health center
    - Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The health center is not connected but is in the process of connecting to a residency program.
* The health center is not connected to a residency program.

# Attachment 1. UDS Mean Visits: Productivity Benchmarks

**Health Center Data Reported in the Uniform Data System (UDS) 2014**

|  |  |
| --- | --- |
| PERSONNEL BY MAJOR SERVICE CATEGORY | Mean Patient Visits per 1.0 FTE |
| Family Physicians | 3238 |
| General Practitioners | 3427 |
| Internists | 3059 |
| Obstetrician/Gynecologists | 2968 |
| Pediatricians | 3451 |
| Other Specialty Physicians | 3452 |
| Average All Physicians | **3241** |
| Nurse Practitioners | 2639 |
| Physician Assistants | 2937 |
| Average All NP and PA | **2730** |
| Certified Nurse Midwives | 2335 |
| Dentists | 2637 |
| Dental Hygienists | 1237 |
| Psychiatrists | 2571 |
| Licensed Clinical Psychologists | 1059 |
| Licensed Clinical Social Workers | 943 |
| Other Licensed Mental Health Providers | 996 |
| Ophthalmologist | 2906 |
| Optometrist | 2605 |

1. Robinson, J. The Cost of a Physician Vacancy. Merritt Hawkins. An AMN Healthcare Company. Accessed at http://www.merritthawkins.com/Clients/BlogPostDetail.aspx?PostId=39321 [↑](#footnote-ref-1)
2. Institute for Healthcare Improvement. Third Next Available Appointment accessed at [*http://www.ihi.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx on January 6*](http://www.ihi.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx%20on%20January%206)*, 2016.* [↑](#footnote-ref-2)
3. This method also aligns with NCQA PCMH 2014 Standard 1. Patient-Centered Access, Element A. Patient-Centered Appointment Access, Factor 4. Availability of Appointments. [↑](#footnote-ref-3)
4. Recruitment and Retention of Primary Care Physicians at Community Health Centers: A Survey of Massachusetts Physicians. January 2010. MassAHEC Network. University of Massachusetts Medical School. Accessed at http://www.umassmed.edu/uploadedFiles/CWM\_CHPR/About\_Us/RecruitmentRetentionPCPs\_CHCs\_January2010.pdf on1/27/14. [↑](#footnote-ref-4)
5. Auerbach DI, Chen PG, Friedberg MW, Reid R, Lau C, Buerhaus PI, & Mehrotra A. (2013). Nurse-managed health centers and patient-centered medical homes could mitigate expected primary care physician shortage. *Health Affairs, 32(11),* 1933-1941. [↑](#footnote-ref-5)
6. 2014 PCMH Standard 2. Committee on Quality Assurance (NQCA). PMCH 2014 Standards and Guidelines. Available at www.ncqa.org. [↑](#footnote-ref-6)
7. Recruitment and Retention of Primary Care Physicians at Community Health Centers: A Survey of Massachusetts Physicians. January 2010. MassAHEC Network. University of Massachusetts Medical School. Accessed at http://www.umassmed.edu/uploadedFiles/CWM\_CHPR/About\_Us/RecruitmentRetentionPCPs\_CHCs\_January2010.pdf on1/27/14. [↑](#footnote-ref-7)
8. # Physician Recruitment Plan. Community Health Association of Mountain Plains States. Accessed at <http://champsonline.org/tools-products/rrresources/physician-recruitment-plan> on 4/4/16.

   [↑](#footnote-ref-8)
9. Physician Recruitment and Social Media Networking. Recruiting Physicians Today. NEJM Career Center. Accessed at <http://www.nejmcareercenter.org/minisites/rpt/physician-recruitment-and-social-media-networking/> on 2/28/16. [↑](#footnote-ref-9)
10. Physician Recruitment and Social Media Networking. Recruiting Physicians Today. NEJM Career Center. Accessed at <http://www.nejmcareercenter.org/minisites/rpt/physician-recruitment-and-social-media-networking/> on 2/28/16. [↑](#footnote-ref-10)
11. [The Initial Screening Questions You Should Ask Physician Candidates](http://www.mdrsearch.com/blog/the-initial-screening-questions-you-should-be-asking-physician-candidates). MDR Associates. Accessed at

    [http://www.mdrsearch.com/blog/the-initial-screening-questions-you-should-be-asking-physician-candidates on 3/6/16](http://www.mdrsearch.com/blog/the-initial-screening-questions-you-should-be-asking-physician-candidates%20on%203/6/16) [↑](#footnote-ref-11)
12. Vitale, Joe. A Guide to Physician Recruitment. Professional Staff Affairs. Cleveland Clinic. Accessed at <https://my.clevelandclinic.org/ccf/media/files/Alumni/A_Guide_To_Physician_Recruitment.pdf> on 3/6/16 [↑](#footnote-ref-12)
13. [The Initial Screening Questions You Should Ask Physician Candidates](http://www.mdrsearch.com/blog/the-initial-screening-questions-you-should-be-asking-physician-candidates). MDR Associates. Accessed at

    [http://www.mdrsearch.com/blog/the-initial-screening-questions-you-should-be-asking-physician-candidates on 3/6/16](http://www.mdrsearch.com/blog/the-initial-screening-questions-you-should-be-asking-physician-candidates%20on%203/6/16) [↑](#footnote-ref-13)