

Q&A from January Webinar, hosted by Cejka Search:

1. What is considered part-time? Anything less than 40 hours a week?
In the survey sponsored with AMGA, part-time was defined as “less than the group’s defined full-time equivalent.” And, when we asked the respondents to categorize their workforce, we designated a part-time physician as being “.99 FTE and less” as defined in their group.
2. A highly productive physician, who works 80 hours a week, is cutting down to 60 hours a week. His peers see him as now working full-time. I'm assuming he is still considered to be full-time.
Yes; first, based on how the survey asked them to report and second, because his peers are probably defining an FTE as a 40 – 45 hours work week.
3. How does a Broadcast email work?
Broadcast emails deliver a single message about your practice opportunity to a group distribution list – most often from a database. The best practice incorporates the following:
 - ***Email should be “permission-based” meaning that the recipients have not asked for emails to be discontinued.***
 - ***The email should be constructed and delivered to optimize the chances of successfully reaching your target.***
 - ***Be sure your subject line will not be mistaken as “spam.”***
 - ***Select your list carefully and target precisely, otherwise the recipient will see that you are using a shot-gun vs. a rifle approach.***
 - ***Make certain your message contain relevant information for your intended audience.***
 - ***Ideally, you will deploy through a software tool that enables you to measure which candidates open, click and respond to the “broadcast.”***

4. What do you recommend for institutions with affirmative action offices that require you to place print ads that comply with the state regulations?

When a print ad is required, using the most cost efficient method is preferred – most often a classified “line” ad. Your affirmative action officer should be encouraged to consider an online posting with a recognized job board or online journal as “meeting the criteria.” A screen capture can document the advertisement.

5. What is the most important factor in retaining physicians?

Hiring for fit is first and foremost for strong retention. Understanding the physician’s professional motivations and needs, plus his or her family’s needs, is critical to fit. Implementing behavioral interviewing techniques to determine cultural fit is part of that, as well.

Repeatedly, our surveys reveal that “fit and family” are the reasons for turnover. The level of importance, in one or both, can change over time, so it is important to hire for fit and then evolve with your physicians over their career cycle.

6. What types of media are physicians finding to be the most usable?

Friendly?

Once they are interested in exploring a new practice, online sources that rank high in “google” make it easy for physicians to find your opportunity. Targeted email is effective for residents and fellows, who are obviously active candidates. Email marketing to their program and/or individually makes it easy for them to identify practice opportunities. In either case, you must stand out from the crowd with strong creativity and use of technology.

7. Do you have information on on-boarding programs that are available?

Any formal mentoring programs that groups are using?

The Health Care Advisory Board has included a chapter on on-boarding in their guide: “Elevating Physician Recruitment.”

The upcoming survey (to be released in April 2011) by Cejka Search

and the American Medical Group Association will provide a chapter on mentoring programs. Chris Pagel (cpagel@cejkasearch.com) would be happy to guide members to those resources, as they are available, and to connect members to selected clients who are effectively on-boarding physicians.

8. At what point is it perceived acceptable by a candidate to require personality testing to help evaluate his or her ability to mesh with the group's dynamic?

Optimally between the first interview and a subsequent visit or follow-up conversation. A test administered too early may be seen as an arbitrary screening, and results may be more in context after the first interview. The impressions from the first interview, in combination with references and the profile gained through the test, will inform your follow-up discussions and hiring decision.

9. What is a final year stipend?

Medical groups are offering a monthly payment – or stipend – during the resident's or fellow's last year of training to encourage the candidate to commit to joining a practice early. These can be in the form of a forgivable loan or advanced compensation. Candidates are very receptive to this, as it helps them financially and keeps them engaged. It is important to consult with an accountant or attorney to structure a stipend so all parties are aware of tax implications and compensation limits.

10. Please give an example of a Flex Schedule.

There are numerous options, some of which depend on the specialty or clinic/hospital model. A popular model in primary care and clinic-based specialties is a four-day work week in which the physician is full-time, working longer days, but enjoying three consecutive days off. Others involve a true job-share in which two physicians share a panel of patients and staffing for an FTE, but schedule alternate office hours.

11. Is red carpet treatment different for a Millennium candidate than for a Baby Boomer candidate?

Truly, the key to red carpet treatment is a clear understanding of what will “wow” each candidate and his or her family – at any career stage. For all candidates, a well-planned and executed itinerary is vital. Some observations that apply generationally include:

- ***Offer to supply childcare during the visit for younger physicians’ families.***
- ***Introduce them to the physicians likely to be assigned as mentors.***
- ***Also be sure they connect with the physicians and staff in their age group who will help them assimilate to schools, recreation and neighborhoods.***

In today’s workforce, do not make assumptions about a physicians’ ethnic culture or family structure. Be prepared to adapt your itinerary of professional and social encounters so physician-candidates can truly envision themselves and their families being welcomed into your practice and community!