Introduction
The following addresses steps for recruiting primary care clinicians. Recruiting the right primary care provider is vital to the day-to-day operations of a community health center (CHC). As we go through the following steps, it is important to remember the Recruitment and Retention team at your facility could be comprised of one person or twenty. We have suggested typical roles found at most CHCs to provide information or take responsibility on each component of the steps.
Step 1: Assess the need for additional providers and define your opportunity

Assess the Need

Determine Potential Income for new providers
*Roles: CFO, Billing Manager, HR Director, Medical Director*
- Clinic CPT codes/average charge per CPT

Determine provider supply and demand
*Roles: CFO, Medical Director, HR Director*
- Determine CHC service area
- Calculate Provider Supply
- Calculate Provider Demand
- Utilize health professional shortage area information
  - NHSC
  - NHSC Loan Repayment9
  - Provider Incentive Payments

Define the Opportunity

Practice Setting
*Roles: Medical Director, Executive Director, CFO*
- What primary care specialty are you seeking?
- Are you specifically seeking an MD or DO?
- Board certified?
- Experienced or new graduate?
- Nurse practitioner (what type) or physician assistant?
- Educational requirements and certifications?

Responsibilities
*Roles: Medical Director, Executive Director, CFO*
- When/Where services provided
- Clinical and administrative hours
- Coverage arrangements

Practice Site
*Roles: Medical Director, Executive Director, CFO*
- The size of the facility.
- The layout, age and condition of the facility.
- The technology available.
- The administrative and clinical support staff.
- Other human and technological resources at the clinic.
- The location of clinic in relation to the hospital and nursing home.
Other Healthcare Resources

*Roles: Medical Director, Executive Director, CFO*

- Local Health Care Providers
- Other Clinic healthcare
- Dental
- Mental Health
- OB
Step 2: Gain support from your medical and business communities

Meet with medical staff and discuss recruitment needs.
*Roles: Medical Director*

Demonstrate the community’s sincere interest in a new provider.
*Roles: Executive Director, Medical Director, HR Director*

Begin building a patient base for the new provider before he or she begins.
*Roles: Medical Director, Clinical Manager*

Make the new provider and his or her family feel more welcome in the community.
*Roles: Executive Director, Medical Director, Physicians, HR Director*
Step 3: Form recruitment team

- Community Health Center Executive Director or President
- Community Health Center Board Members
- Medical Director
- Chief Financial Officer (CFO)
- Human Resources (HR) Director
- 3RNet Member
- Marketing Coordinator
- Administrative Assistant
- Billing Manager
- Physicians/Nurses
- Schools
- Residents from potential community where provider may live
- Media
- Civic
- Recruiter
- Nurse Manager
- Staff
- IT Manager
Step 4: Define benefits/fringe

Establishing a fair and competitive compensation arrangement for clinicians.  
*Roles: HR Director, CFO, Medical Director*

Ascertaining the clinician’s needs and wants before negotiations  
*Roles: HR Director, Recruiter*

**Dollars** — what are the clinician’s financial needs? This can include outstanding student loans or need for a down payment on a house. While it may be inappropriate to confront a candidate with these questions, the answers are often revealed during the recruitment phase.

**Vacation/time-off** — many clinicians today are motivated by quality-of-life issues. More time off is often an effective incentive, even if it means less pay.

**After-hours duty (call)** — this is foremost in the minds of all physicians and some other clinicians. How much call, when it is, and with whom it is shared need to be considered prior to recruitment.

**Fringe benefits** — Different benefits for different employees are becoming more and more popular. Consider automobile stipends, deferred compensation and other innovative benefit packages. The limit is imagination, inventiveness, and flexibility of the parties.

**Administrative duties** — some physicians are content with only a medical role; others will want to play a part in the administration and management of the health center. By being flexible, a health center can cater to both approaches. If a clinician accepts both administrative roles, it is important to formally recognize the two roles so they will not feel abused.
Step 5: Define your ideal candidate

Define the ideal candidate. Personal and professional background should be highly compatible with the needs of the health care system and with the personality of the community.

Roles: Medical Director, HR Director, Executive Director, CFO

Each group member should list the professional attributes needed for your opportunity such as: specialty, scope of clinical knowledge and expertise, etc.

Roles: Medical Director, Physicians/Nurses, Nursing Manager

Share items from each member’s lists to promote building upon each other’s ideas.

Roles: HR Director, Recruiter

Record all comments.

Roles: HR Director, Recruiter

Go over the list to clarify, discuss, change and gain consensus on characteristics contained in each list.

Roles: HR Director, Recruiter

Prioritize characteristics by voting on the list.

Roles: Medical Director, Executive Director, HR Director, CFO
Step 6: Create a recruitment budget

Promotion/Publicity
*Roles: Marketing Coordinator, CFO*
- Includes photography, artwork, video, etc.
- Printing (display ads, brochure, flyer, duplication).
- Materials (stationary, envelopes).
- Advertising (journals or other media such as Internet).
- Recruitment firms.
- Direct marketing (mailing lists, postage).
- Person-to-person recruitment (residency programs including travel, conference).

Candidate Screening
*Roles: Recruiter, HR Manager, CFO, Billing Manager*
- Phone interviews.
- Credentials check (National Practitioner Data Bank, credential verification, other).
- Reference checks (phone interviews, etc).

Site Visit and Personal Interviews
*Roles: HR Director, Medical Director, Administrative Assistant*
- Airfare.
- Ground transportation.
- Lodging.
- Meals.
- Mileage reimbursement.
- Site visit/social gathering (caterer/sponsored meal).

Personnel
*Roles: HR Director, CFO*
- Current personnel (time away from primary duties, bonus pay for extra duties).
- Temporary personnel (hired local recruitment coordinator, locum tenens coverage until new provider is recruited).
Step 7: Create Site Marketing Materials

Roles: Marketing Coordinator
• Develop job postings for electronic ads, social media and print ads
• Develop promotional packets for the practice opportunity
• Develop promotional packets highlighting professional and personal aspects of community
• Ensure your facility’s online presence is not damaging (If you search for your facility online, what comes up first? Do you need to update your website or other online information?)

Step 8: Search for and generate candidates

Roles: 3RNet Member, Recruiter, HR Director, Board of Directors, Schools, Media, Residents, Civic Leaders
• Generate a list of possible sources of candidates locally, statewide, regionally and nationally
• Locate free sources of candidates such as: State Offices of Rural Health, residency programs, or medical schools
Step 9: Develop process for candidate communications

Roles: HR Director, Administrative Assistant
- Assign key person to be point of contact on all candidate communications and ensure timeliness of each communication point.
- Develop a chart for tracking all stages of candidate recruitment and retention

Step 10: Interview candidates

Develop candidate and spouse interview teams.
Roles: HR Director, Medical Director, Executive Director, CFO, Nursing Manager, Physicians/Nurses

Create interview questions and scoring guides. Conduct mock interviews to ensure legal compliance.
Roles: HR Director

Step 11: Conduct reference and credential checks

Check candidates credentials
Roles: HR Director or Billing Manager

Check candidates references, including two not provided by candidate
Roles: HR Director
Step 12: Conduct a creative (but honest) site visit

*Roles: HR Director, Medical Director, Executive Director, Physicians/Nurses, Staff*

Creative things that could be included in the site visit:

- Meet key community leaders and medical staff away from the community health center.
- Participate in an activity (as an ice breaker) that may allow the candidate and his or her family to see the selling features of the community. If possible, include the key community leaders and medical staff in the activity.
- Tour and experience the community, first with an escort and then alone, allowing the candidate and spouse to see the pros and cons of your community.
- Tour the clinic location of the practice.
- Meet and visit with each physician one-on-one, unless it is a very large practice, in which case it may be more appropriate to select several key members of the medical staff to meet with one-on-one.
- Visit at length with the lead medical staff member on the recruitment team.
- Tour the hospital and meet key hospital staff members, especially the administrator and the director of nursing.
- Tour other relevant health care facilities.
- Visit places of particular interest to each candidate and spouse — ask them before the site visit.
- Have a social gathering with the recruitment team.
- Conduct a business interview between the recruitment coordinator, contract negotiator, the benefits coordinator at the practice site and the candidate.
- Ask the spouse what he or she would like to do or see while the candidate is involved in itinerary stops of professional concern. In case he or she does not have a long list of interests, create an itinerary to be led by the spouse recruiter.
Step 13: Make an offer and follow up

Create offer via contract, conduct negotiations, execute final contract
*Roles: HR Director, Executive Director, Medical Director, CFO*

Send new hire paperwork and community packet.
*Roles: HR Director*

Step 14: On boarding and Assessment

Develop and implement candidate integration plan upon execution of contract including office space, computer and access, new hire orientation, spouse orientation, financial policies, etc.
*Roles: HR Director, IT Manager, CFO, Director of Operations, Executive Director*

Assess and identify barriers if candidate rejects offer and implement strategies to overcome barriers.
*Roles: HR Director, Executive Director, CFO, Medical Director*
Step 15: Develop a Retention Plan

Create schedule to meet with new provider on monthly bases to assess integration progress.
*Roles: Medical Director, HR Director*

Talk with spouse and family about integration progress and decide how often to meet.
*Roles: Medical Director, HR Director*

Meet with all primary care providers on quarterly bases to discuss retention issues and address concerns.
*Roles: Medical Director, HR Director*

Conduct retention questionnaire with medical staff.
*Roles: HR Director, Medical Director*

Work with medical staff to develop long-range development plan.
*Roles: Medical Director, Nursing Manager*

Identify potential barriers to retention and address
*Roles: Medical Director, HR Director, Executive Director, CFO*

- Few benefits.
- No- or low-compensation guarantee.
- Excessive call and coverage schedule.
- Few professional opportunities for spouse.
- Poor clinic billing and coding practices.
- Lack of experience practice managers in your office.
- Inter personal conflicts between hospital and physicians.
- Turmoil in leadership.
- No other local physicians.
- Large Medicare/Medicaid population.
- Lack of basic consumer services and amenities.
- Inadequate clinic facilities
Annual Recruitment Plan - Quarterly Activities

JANUARY – MARCH
Survey active medical staff to determine:

• Provider needs/practices needing assistance
• Need for new practices in the community.
• Hospital-based physician needs for calendar year.
• Mail second recruitment letters to practicing physicians (first letter sent in October).
• Compile statistics from January medical staff survey.
• Prepare for initial provider/practice assessments.
• Complete follow-up action on providers who have completed site visits in December and January.
• Establish funding limits for calendar year from finance department.
• Prepare opportunity descriptions.
• Update printed recruitment materials.
• Identify residency programs and contact program directors/advisors.
• Identify recruitment conferences and exhibit possibilities.
• Meet with the provider recruitment committee to explain this year’s campaign and their involvement (for example, interviews). Fine-tune the campaign with their input.
• Conduct initial provider/practice assessments to clarify provider recruitment needs in response to January medical staff survey.
• Mail second recruitment letter to next year’s graduating residents/professionals (first letter mailed in October).

APRIL - JUNE

• Begin preparation for regional residency marketing seminar (seminar about how to market practices and what to expect in recruiting).
• Meet with administrator to establish recruitment priorities.
• Send third recruitment letter to next year’s graduating residents/professionals.
• Semi-annual physician/provider manpower recruitment committee meeting.
• Assist newly recruited providers by facilitating their arrival and transition.
JULY - SEPTEMBER

- Register a search with the AMA and other placement services.
- Contact physicians in government service (National Health Service Corps/Indian Health Service).
- Write other health care administrators in the region regarding a search for a health care provider for the community.
- Contact state licensure board for names of provider licensees and send letters to.
- Inform pharmaceutical and medical supply vendors of provider searches.
- Contact military installations in region for names of providers leaving service and ask about opportunities to communicate with them.
- Contact medical specialty associations to obtain information on meetings, publications and placement services.
- Identify provider recruitment opportunity fairs for the coming year.
- Nursing associations.
- Medical school or residency physician opportunity fair.
- Nurse practitioner programs (state colleges or universities).
- Dental programs.
- Request medical school alumni affairs office to publicize opportunities.
- Post employment opportunities/vacancies with state health department, medical/residency programs and state primary-care associations.
- Obtain available provider computer lists for mailing to next year’s graduating residents/professionals.
- Visit residency/provider training programs.
- Contact military physicians.
- Send fourth recruiting letter to graduating residents/professionals (in final year).
- Conduct consumer research to further identify need for physicians and providers.
- Write and place national journal ads for November and December to target practicing physicians and providers.

OCTOBER - DECEMBER

- Continue residency/health provider training program visits.
- Meet with administrator to establish recruiting priorities for the coming calendar year and prepare for next month’s provider recruitment committee meeting.
- Send letter of introduction to next year’s graduating residents/professionals (second letter to be sent in March).
- Contact academic physicians younger than 45 years.
- Mail letter to practicing physicians/providers (second letter to be sent in January).
- Conduct semi-annual provider recruitment committee meeting.
- Prepare medical staff survey to identify provider manpower needs and issues.