ASPR
Association of Staff Physician Recruiters

2014 In-House Physician Recruitment Processes Report

A comparison of the day-to-day operations and departmental structure of in-house physician recruitment departments

ACKNOWLEDGEMENTS

On behalf of the Association of Staff Physician Recruiters (ASPR), we are pleased to present the *2014 In-House Physician Recruitment Processes Report*.

ASPR would like to give special recognition and express sincere appreciation for the contributions and dedication of Shelley Tudor, FASPR, Humana, Inc. (Louisville, Kentucky). Ms. Tudor serves as Vice President of Research on the ASPR Board of Directors and oversees the production of all ASPR industry reports. ASPR would also like to thank and recognize Lauren Judd, AASPR, Cleveland Clinic Health System (Lyndhurst, Ohio). Ms. Judd is currently the Surveys Project Lead for ASPR and was instrumental in the development and production of this report.

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INTRODUCTION

About ASPR

The Association of Staff Physician Recruiters (ASPR) is a professional organization exclusively for in-house physician recruitment professionals. ASPR is the leading authority on physician recruitment, onboarding and retention, and is dedicated to transforming healthcare by empowering industry experts through education, research and engagement.

ASPR is comprised of more than 1,400 in-house physician recruitment professionals employed directly by hospitals, clinics, physician practices, academic medical centers and managed care organizations from across the United States and Canada.

Disclaimer

The statistical information contained in this report is believed to be largely representative of processes followed by in-house physician recruiters. All reasonable efforts were taken by ASPR to ensure data comparability within the limitations of basic reporting procedures. However, the findings are based on those who chose to participate in the survey, and the sample was not adjusted to reflect any pre-determined profile expectations. Respondents' data have not been audited, and the statistical validity of any given number varies depending upon sample sizes and the amount of consistency among responses. ASPR, therefore, makes no representations or warranties with respect to the results of this study and shall not be liable for any information inaccuracies, errors or omissions in contents, regardless of the cause of such inaccuracy, error or omission. In no event shall ASPR be liable for any consequential damages.

Note: Figures may not precisely total 100 percent, due to rounding.

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ABOUT THIS REPORT

Objectives

The objective of the survey was to collect information regarding the day-to-day operations of in-house physician recruitment departments to provide a means for in-house recruiters to compare their processes with those of their colleagues. By examining this data and their own processes, recruitment departments may identify opportunities to position themselves more competitively and reduce the time required for various steps of the recruitment process. This in turn will improve the likelihood of success and positively impact the financial bottom line.

Methodology

An online survey was distributed to the entire ASPR membership during the month of May. Marketing of the survey was done via LinkedIn, Facebook and Twitter to cast a net to invite any in-house physician recruitment professional to participate, regardless of ASPR membership status. A total of 240 in-house physician recruiters participated in the survey. The survey was designed and implemented by the Association of Staff Physician Recruiters (ASPR).

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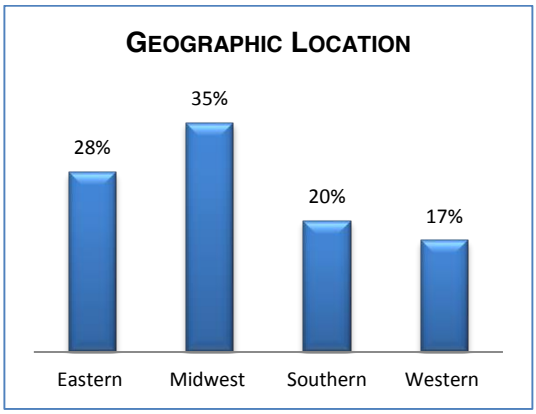
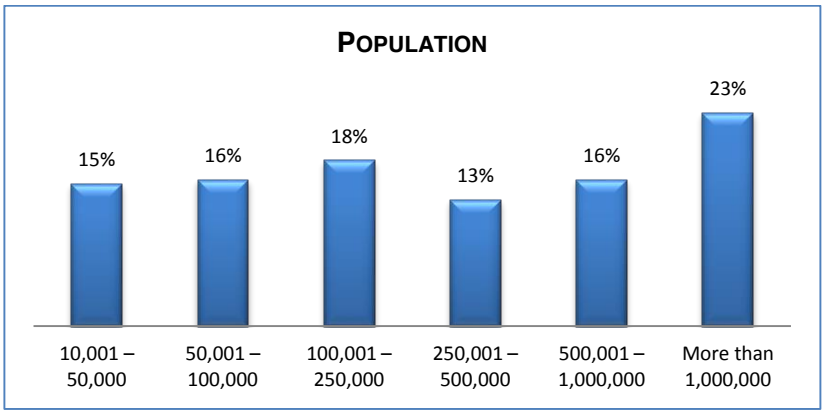
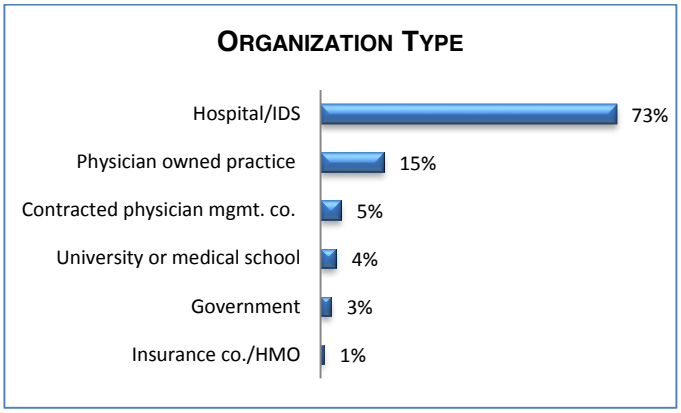
Participant Demographics

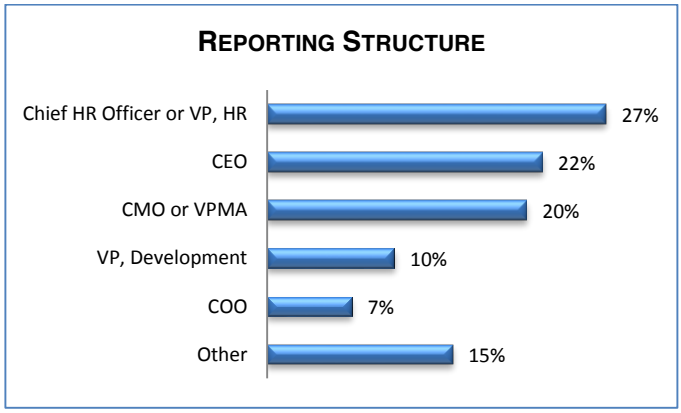
A total of 240 in-house physician recruiters took part in the survey. Participants represented all geographic regions of the United States, as well as various population sizes. An overwhelming majority (73%) of participants work for a hospital or integrated delivery system (IDS).

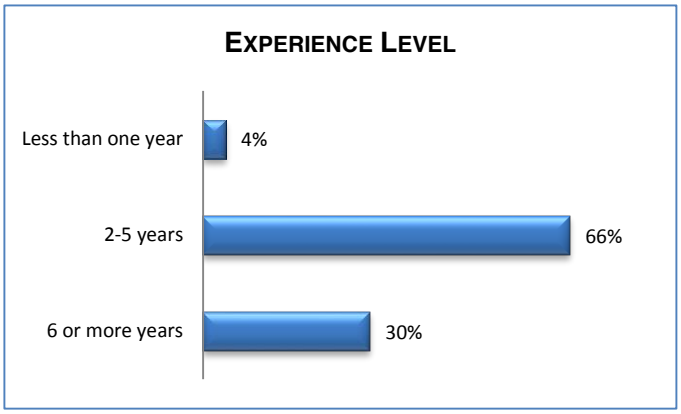
Twenty-seven percent of participating organization's physician recruitment departments report to the Chief Human Resources Officer or Vice President of Human Resources. Reporting to the Chief Executive Officer and Chief Medical Officer or Vice President of Medical Affairs was also very common. The majority of participants have between two and five years of experience and more than half of the participants have a title of manager or higher within their department.

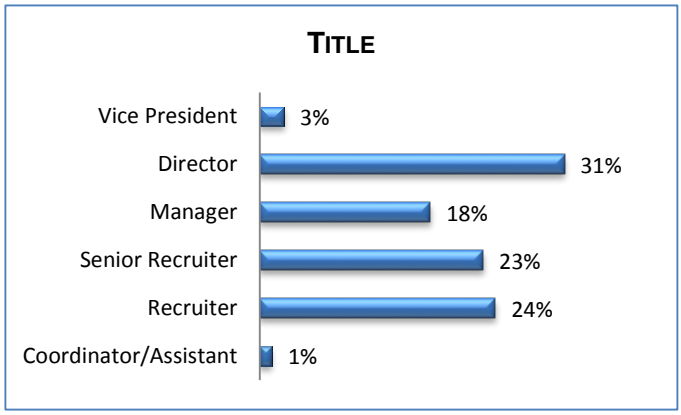












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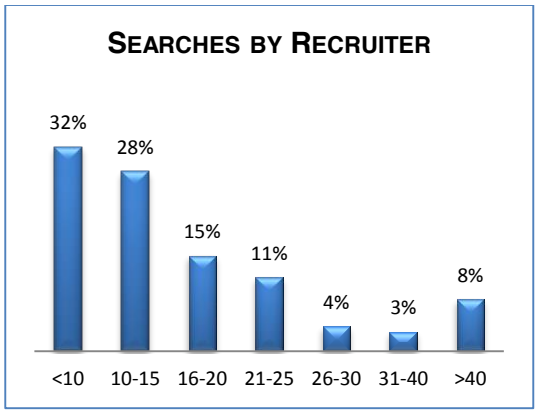
RECRUITMENT ACTIVITIES

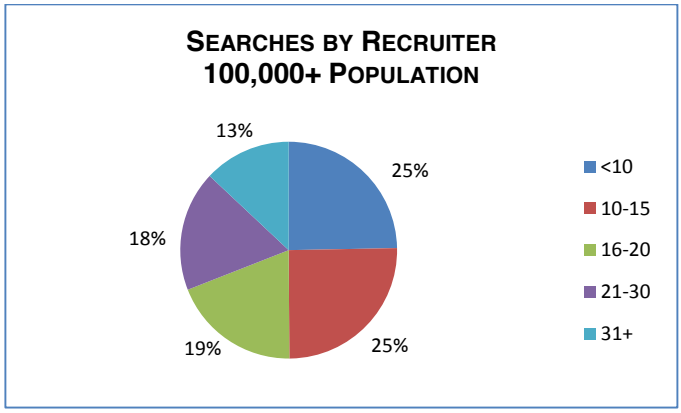
Searches

A majority (60%) of in-house physician recruiters conduct 15 or fewer searches per year. This correlates with the *2014 ASPR In-House Physician Recruitment Benchmarking Report*, which indicates a median number of searches per recruiter of 15.

When asked what change in volume recruiters anticipate in the upcoming 12 months, 48% of survey respondents reported they anticipate an increase in the number of searches, 37% do not anticipate any change in volume, 7% expect a decrease and 7% are uncertain.



In-house physician recruiters in areas where the population is less than 100,000 handle fewer searches than their counterparts in populations of 100,000 or more. There is no significant difference in search volume between different geographical regions. As may be expected, recruiters with a management level title (VP, Director or Manager) are more likely to handle less than 10 searches than those with non-management titles (37% versus 26%).



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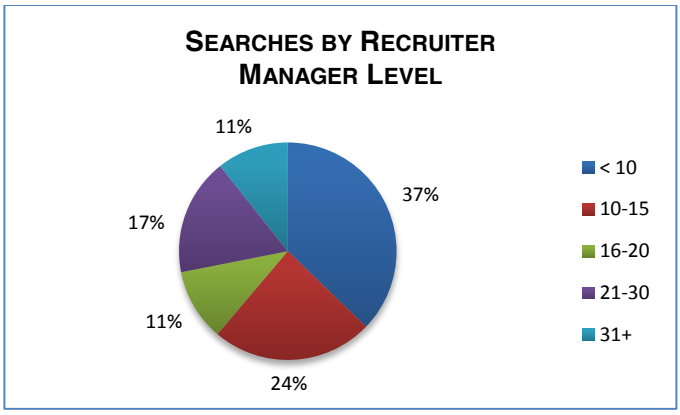
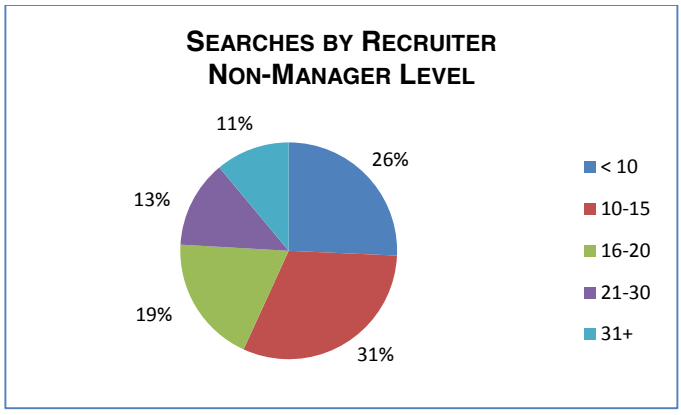
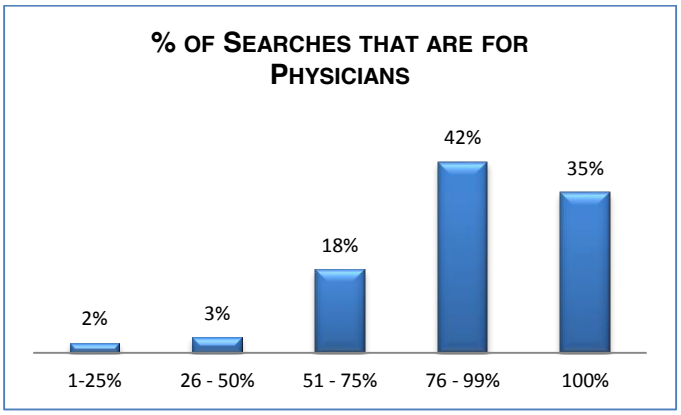
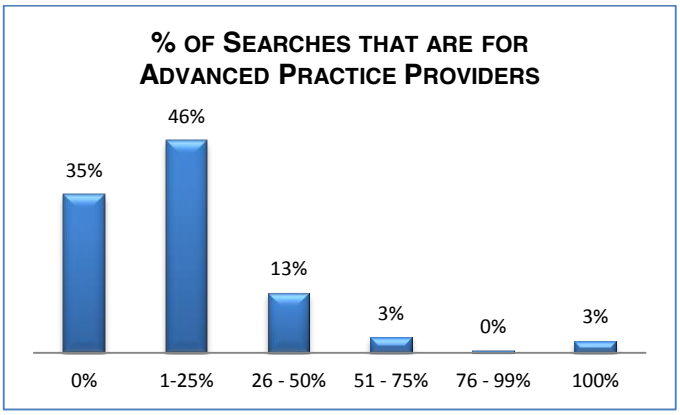




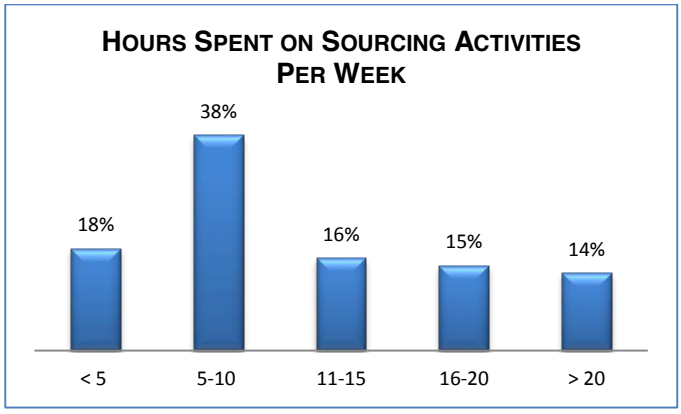
Most in-house recruiters reported that their searches were split with 76% or more of their searches being for physician openings and 25 percent or less being for advanced practice provider (APP) positions. Thirty-five percent reported they recruit exclusively for physicians and 3% reported recruiting exclusively for APPs. There is no significant difference between those with management titles and those without regarding the split of physician versus APP searches.





Sourcing

More than half of responding recruiters spend 10 hours or less per week on sourcing activities. When comparing those with management titles to those with non-management titles, there is no significant difference in the amount of time spent on sourcing activities.



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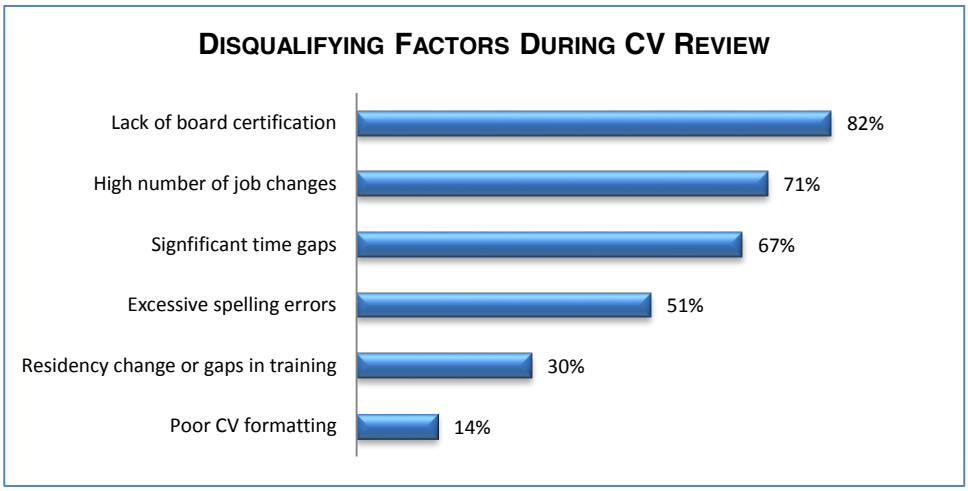
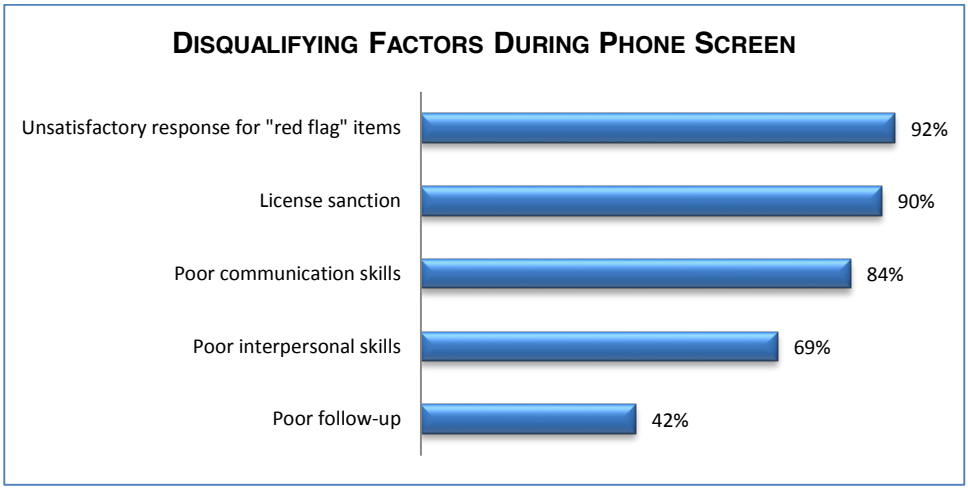
SCREENING CANDIDATES

One goal of this survey was to determine what factors would disqualify an applicant prior to scheduling a site visit. The survey also looked at how organizations handle reference and background checks.

The most common disqualifiers upon Curriculum Vitae (CV) review included lack of board certification, high number of job changes, and significant time gaps. The most common disqualifiers based on the phone interview were unsatisfactory responses to “red flag items” on the CV, license sanctions and poor communication skills.





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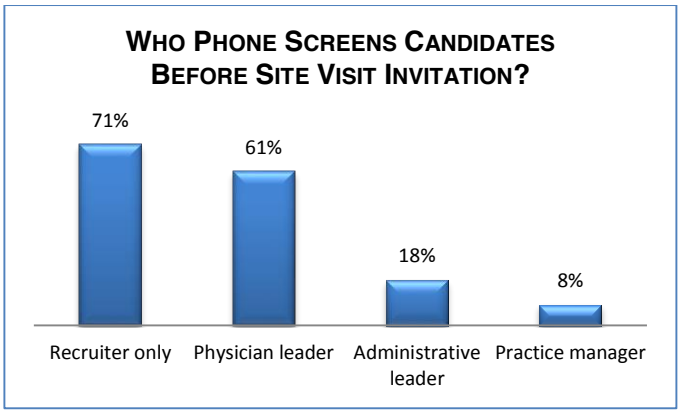
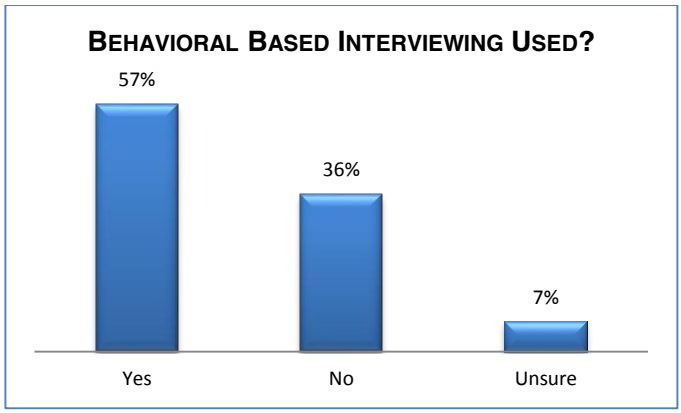
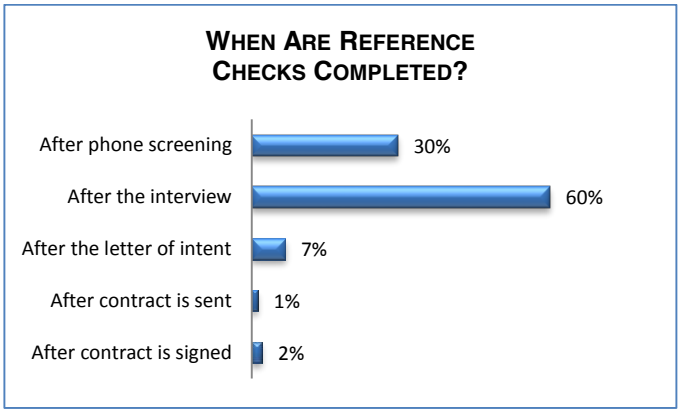
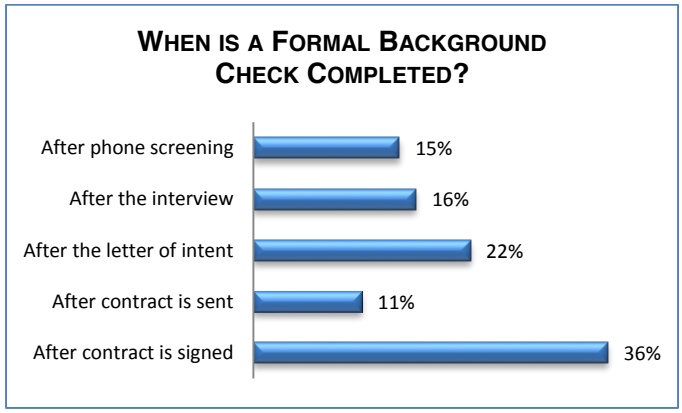
In most cases, the recruiter only (71%) and/or a physician leader (61%) will conduct a phone screening interview before a candidate is invited for a site visit. More than half (57%) of the respondents indicated they use behavioral interviewing during either the phone interview or site visit.





Organizations must practice due diligence when vetting a candidate and will conduct reference and background checks. Most organizations (60%) wait until after the interview to conduct reference checks and most commonly conduct formal background checks after the contract is signed (36%). Thirty-one percent conduct a formal background check prior to making an offer (letter of intent or contract).





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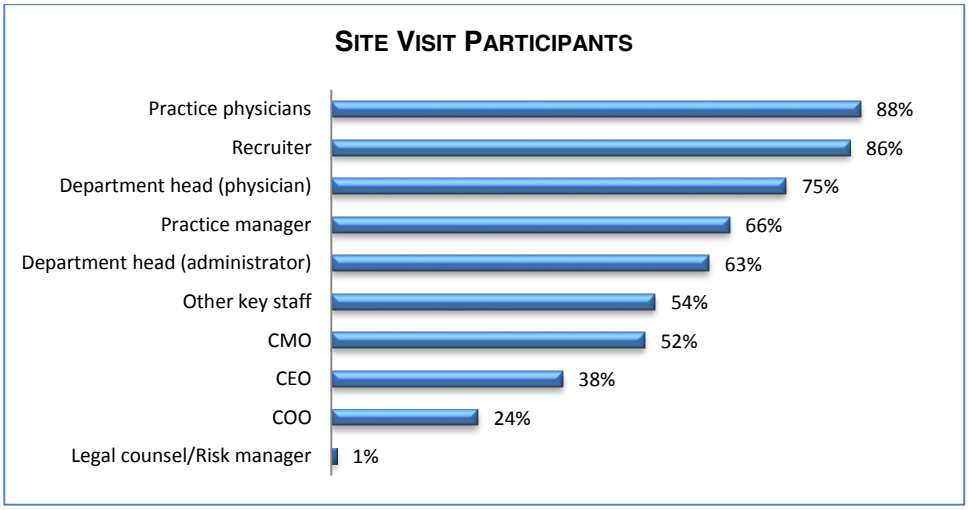
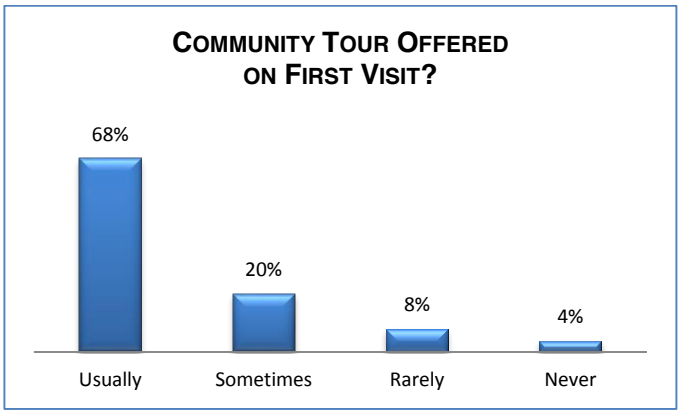
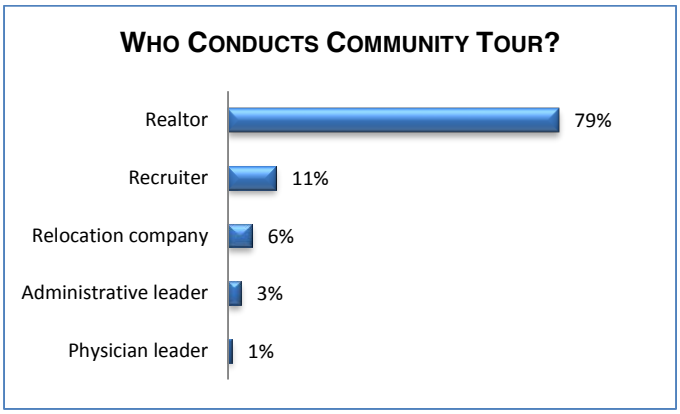
SITE VISITS / INTERVIEWS

Those most likely to meet with the physician during their site visit include practice physicians (88%), the recruiter (86%) and a physician department head (75%). In most cases, the practice manager (66%), administrative department heads (63%) and other key staff (55%) are also part of the interview team. Members of the c-suite are not as commonly involved with the site visit.

Sixty-eight percent of organizations offer community tours during the first site visit. Community tours are generally conducted by area realtors (79%) with 11% of recruiters responding that they provide the community tour themselves.







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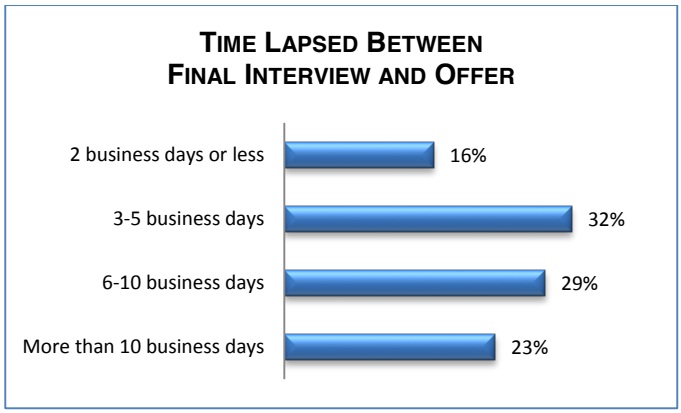
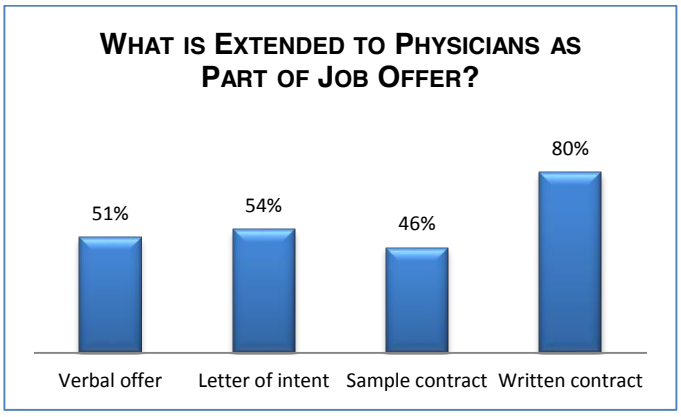
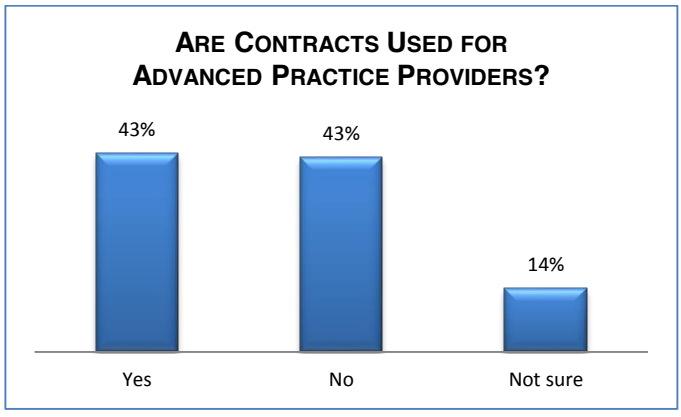
CONTRACTS

The survey questioned how organizations manage the job offer and contract process when a candidate is selected for a position. In most cases, organizations act quickly when a decision has been made to make an offer to a candidate, whether it be a verbal offer, letter of intent or contract. Almost half of the responding organizations (48%) make an offer within five business days or less following the final interview. Twenty-three percent of respondents don't make an offer until more than 10 business days after a final interview.



When asked about the steps involved when making an offer to a candidate, respondents indicated all of the steps they use as part of their offer process, generally using a combination of verbal offers, letters of intent and contracts. Most organizations (80%) indicated they provide candidates with a written contract. More than half make a verbal offer and half utilize a letter of intent as part of their process. Forty-six percent provide candidates with a sample contract. Forty-three percent of organizations also use contracts for advanced practice providers.





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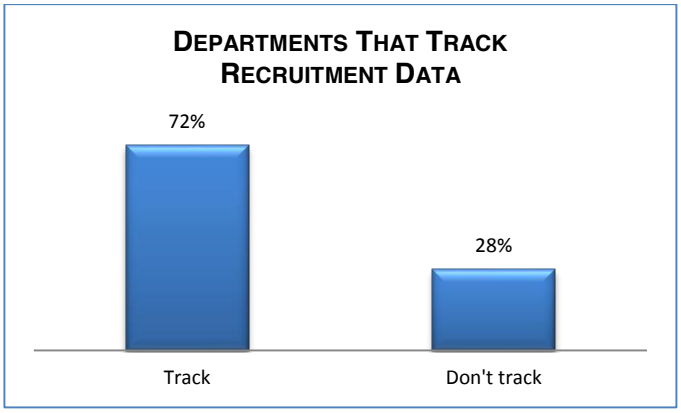
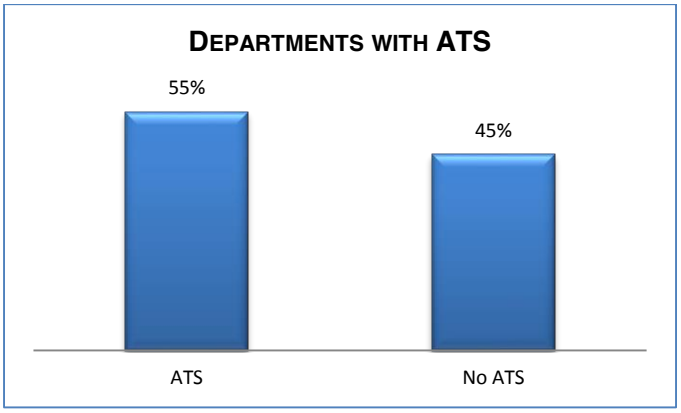
RECRUITMENT DATA

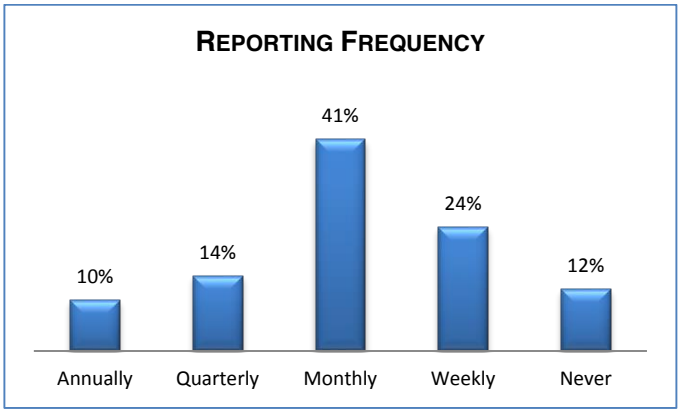
A majority of organizations (72%) track recruitment data such as when a search was opened, how many candidates were presented and when contracts are signed, but only 55% utilize a formal applicant tracking system (ATS) to do so.

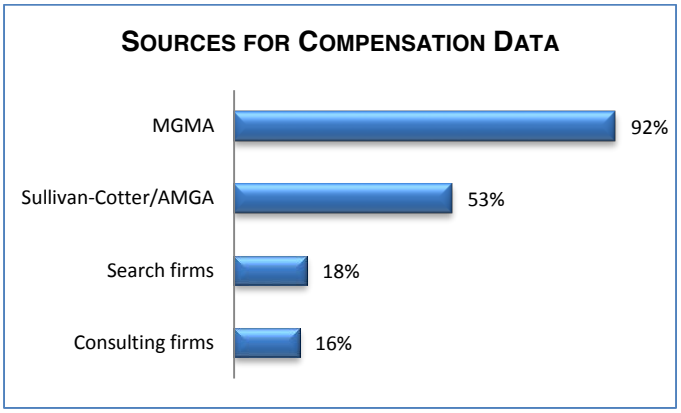
Most organizations (41%) report their recruitment metrics to their leadership on a monthly basis. Twenty-four percent report weekly, 10% report annually and 12% of organizations do not provide any reports to their administration.

Obtaining current market compensation data is critical to making appropriate offers to candidates. The most popular compensation salary source cited was MGMA (92%) followed by Sullivan-Cotter/AMGA (53%).









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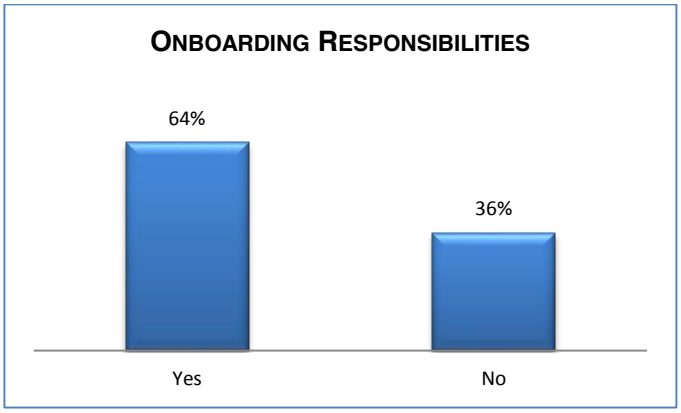
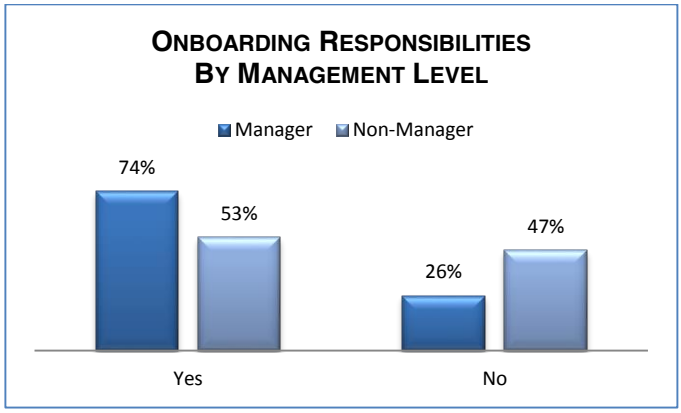
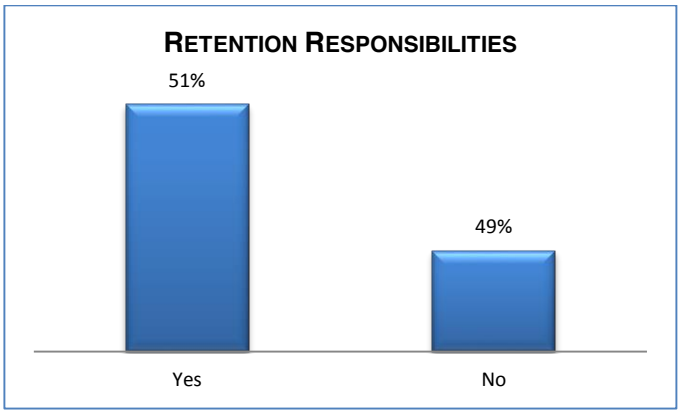
ADDITIONAL RESPONSIBILITIES

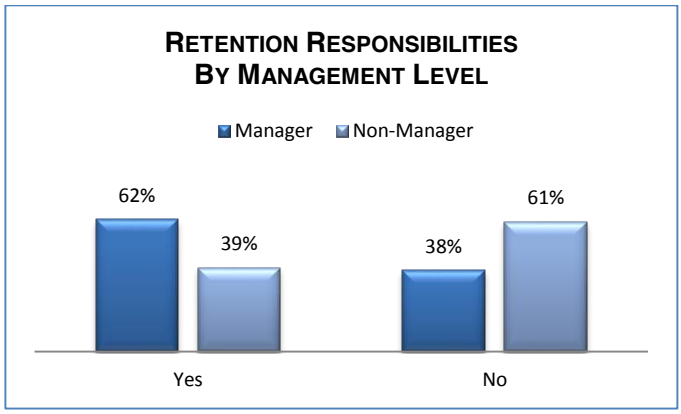
Onboarding and Retention

More than half of respondents reported they have onboarding and/or retention responsibilities. When looking at respondents with a management title, most have onboarding (74%) and retention (62%) responsibilities. In fact, more respondents with management titles are involved in both onboarding and retention activities than those with non-management titles as a whole. This differs from the *2014 ASPR In-House Physician Recruitment Benchmarking Report* data, which indicated that 53% of recruiters have onboarding responsibilities and 38% have retention responsibilities.









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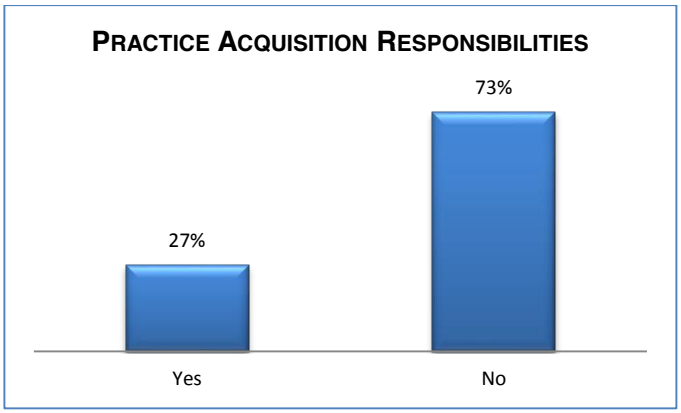
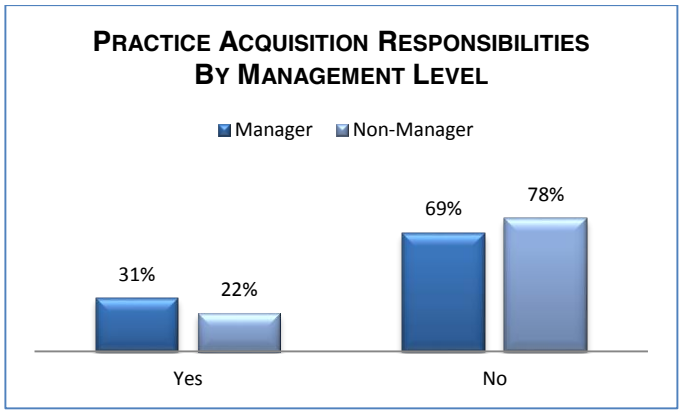
Practice Acquisitions

Most respondents are not involved in practice acquisitions. Those with management titles are slightly more likely to be involved with practice acquisitions than those with non-management titles (31% versus 22% respectively).





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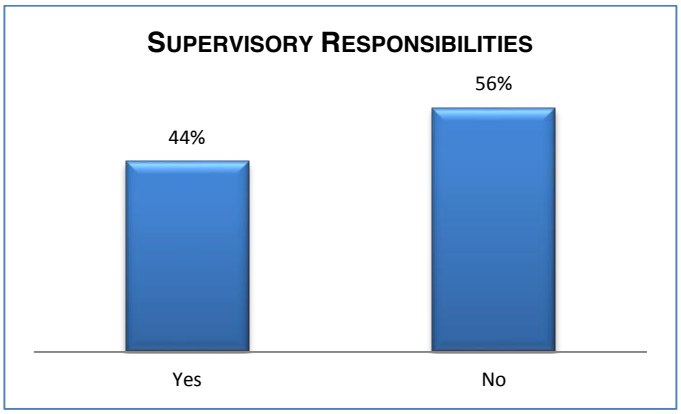
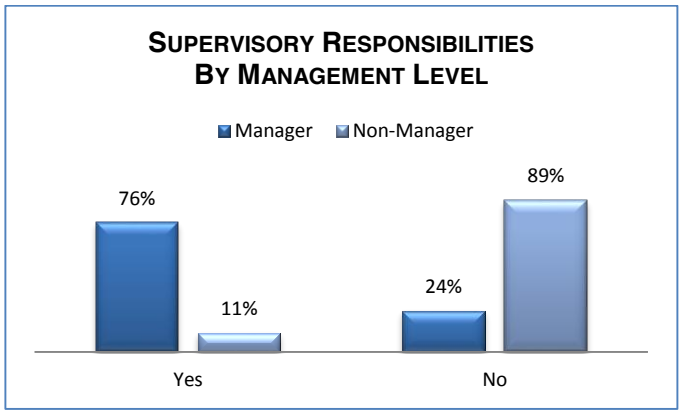
LEADERSHIP

In-house physician recruitment professionals are often viewed as leaders in their organizations but may not have a management title, nor supervise employees. The survey aimed to determine how many recruiters have supervisory responsibilities and/or participate in senior leadership activities.

Supervisory Responsibilities

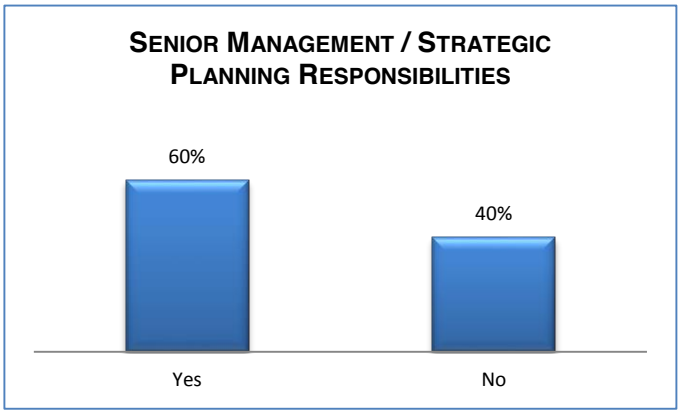
Slightly less than half of the respondents (44%) indicated they have supervisory responsibilities. Eleven percent of respondents who do not have a management titles do have supervisory responsibilities.

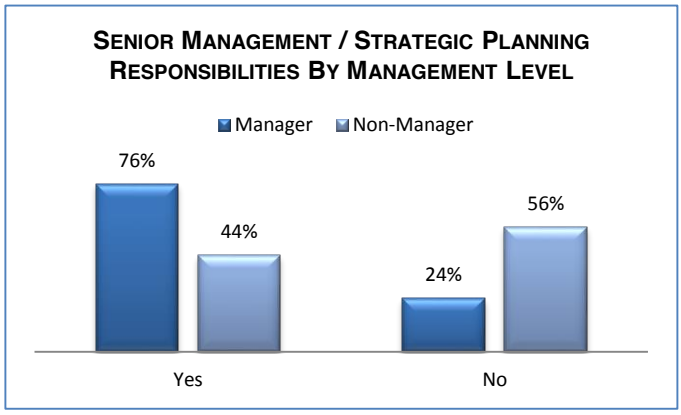




Senior Management / Strategic Planning

Generally speaking, most respondents participate in senior management or strategic planning meetings (60%). Those with management titles are slightly more likely to participate in these meetings, compared to those with non-management titles (76% versus 44% respectively).





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APPENDIX: SURVEY QUESTIONS

SURVEY ELIGIBILITY

1. Are you an in-house physician recruitment professional (i.e., you do not work for a recruitment firm)?

DEMOGRAPHICS

2. What best describes your geographic location?
3. Which population designation best describes the area surrounding the primary location of your organization?
4. What type of organization do you work for?
5. In your organizational chart, to whom does the recruitment department report?
6. How long have you been a member of ASPR?
7. How many years have you been a physician recruitment professional?
8. Pick the option that best reflects your role and level of responsibility (even if not an exact title match).

PHYSICIAN RECRUITMENT ACTIVITIES

9. On average, how many provider searches do you manage on a day-to-day basis (not your organization overall, you specifically)?
10. Do you anticipate a change in recruitment volume in the upcoming 12 months?
11. What percentage of your searches are physician searches?
12. What percentage of your searches are advanced practice provider searches?
13. On average, how much time do you spend sourcing candidates on a weekly basis?

OTHER ACTIVITIES

14. Do you have provider onboarding responsibilities?
15. Do you have provider retention responsibilities?
16. Are you involved in physician practice acquisitions (beyond recruitment activities)?
17. Do you have supervisory responsibilities?
18. Do you participate in senior management and/or strategic planning meetings?

PHYSICIAN RECRUITMENT PROCESSES

19. During a CV review, what factors would disqualify a candidate from further screening? (Select all that apply.)
20. During a phone screening, what factors might disqualify a candidate from further screening?
21. Do you use behavioral-based interviewing techniques during the phone screening and/or interview?
22. Who must screen a candidate, before he/she is invited for an interview? (Select all that apply. While this may vary, select the absolute minimum necessary.)
23. When do you conduct reference checks on a physician candidate?
24. When do you conduct a formal background check on a physician candidate?
25. Who is included in physician interviews? (Select all that apply. While this may vary, select the absolute minimum necessary.)
26. Who is responsible for escorting physicians during the interview/site visit? (While this may vary, select the person who has primary or usual responsibility.)
27. Do you include a community tour on the first physician site visit?
28. Who conducts the community tour?

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CONTRACT PROCESS

29. Which of the following does your organization extend to physicians (check all that apply)?
30. How much time elapses between the final interview and some form of job offer presented to physicians (verbal offer, letter of intent or contract)?
31. Do you utilize contracts for advanced practice providers?

DATA COLLECTION AND REPORTING

32. Does your department capture data on recruitment activities (such as date a search opened, when candidates are presented, when contract was signed, etc.)?
33. Do you have an applicant tracking system (formal product such as KontactIntelligence, etc., not a homegrown system such as excel files)?
34. How often does your department report your recruitment activities to leadership (such as time to fill or interview to hire ratios)?
35. Which surveys do you use to gather benchmarking data about recruitment activities?
36. Where does your organization obtain data to use for physician compensation reference? (Select all that apply.)

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APPENDIX: DEFINITION OF TERMS

Geographic Locations

Eastern: CT, DE, DC, ME, MD, MA, NH, NJ, NY, NC, PA, RI, VT, VA, WV
Southern: AL, AR, FL, GA, KS, KY, LA, MS, MO, OK, SC, TN, TX
Midwest: IL, IN, IA, MI, MN, NE, ND, OH, SD, WI
Western: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

Manager

Individuals with the following titles: Director, Manager, VP

Non-manager

Individuals with the following titles: Coordinator/Assistant, Onboarding Specialist, Provider Liaison/Relations, Recruiter, Senior Recruiter

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