

# ROAR

RECRUITMENT, ONBOARDING AND RETENTION



## The Future of Education

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### Featured Articles:

The AAPPR Competency Model:  
The Foundation of Education *(Page 6)*

The Future of Education at AAPPR:  
Three New Programs to Launch in 2022 *(Page 17)*

AAPPR White Paper From Healthcare's Front Lines:  
Industry Experts Sound Alarm on Concerning Physician  
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WINTER ISSUE | 2022

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ASSOCIATION FOR ADVANCING  
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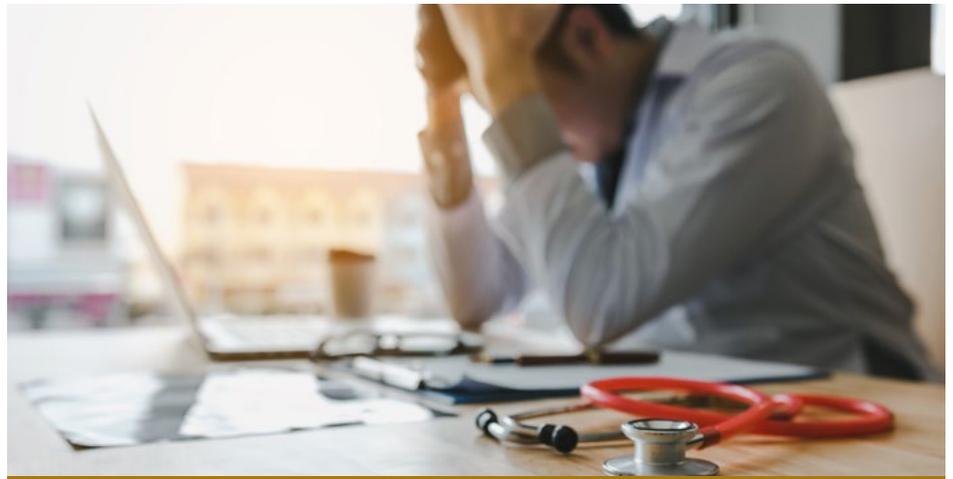
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AAPPR White Paper From Healthcare's Front Lines:  
Industry Experts Sound Alarm on Concerning  
Physician Recruitment Trends in Coming Months

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## The AAPPR Competency Model: The Foundation of Education

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By: Cecelia Jerome, MBA  
Physician Recruiter, Covenant HealthCare

## Reprint Notice

In Spring 2020, AAPPR launched a new competency model highlighting the knowledge and skills that are essential to the physician and provider recruitment professional. Developed by a workgroup of 25 AAPPR members, the competency model served as the foundation for the Certified Physician/Provider Recruitment Professional certification program. To date, 276 AAPPR members have enrolled in the CPRP program, and 102 have earned the certification. Additionally, since 2020, AAPPR has begun to launch certificate programs that dive deeper into the domains outlined in the competency model (see the article *The Future of Education at AAPPR*, p.17).

Looking into the future of our ever-evolving profession, the competency model developed by the dedicated members of the workgroup will continue to serve as a road map for educational content, resources, and tools. From live webinars to member roundtables and the annual conference, the competency model will help to guide programs and content for years to come.

As we enter a new year that brings with it the launch of new certificate programs and our first in person conference since 2019, AAPPR looked back at how the competency model was created, and the journey we have taken over the last two year. ***What follows is an article that originally appeared in the Spring 2020 issue of ROAR and highlights this journey.***

**Y**ou all know what your job as a physician and provider recruitment professional entails, right? But, just how deeply do you understand your role? How well do you know the roles others play in your success? How confidently do you represent physician and provider recruitment when working with the C-suite?

Reviewing these questions, could you confidently say you are strong in all these areas? If so, maybe you have completed the fellowship program of the Association for Advancing Physician and Provider Recruitment.



Cecelia Jerome, MBA

If you cannot positively say you are strong in all these areas, there is good news. AAPPR has a program for that. And, the opportunity for you to develop into a stronger and more confident physician and provider recruitment professional is possible at least once a year.

Yes, the AAPPR conference holds value for physician recruitment professionals to re-energize, to learn, and to network. The credentials program takes the experience a step further, allowing recruitment professionals to polish those skills they already have, and to begin the process of acquiring additional knowledge.

### AAPPR's Competency Model

When AAPPR launched its new brand in the spring of 2019, the focus was on advancing the recruitment profession and addressing the entire continuum of physician and provider recruitment. And, as a nod to the changes the recruitment profession has gone through in the past decade, AAPPR has responded with the development of a competency model. This model will be used to develop a new credentials program. The competency model defines the skills and knowledge required for recruitment professionals to be successful now and in the future.

"We needed something in place that was more formal, that clearly defined the core competencies needed for physician recruitment," said Robin Schiffer, FASPR, AAPPR past board member and Manager Medical Staff Office and Physician Recruitment and Physician Relations, OhioHealth Mansfield and Shelby Hospitals. "We knew going in that there were things that may still be pertinent, but we had to review it all.

"We also had to look at technology and how those changes impact what we do." Schiffer said the competency model review process started with a practice analysis, which included 25 AAPPR members in a workgroup. The workgroup was led by Mickie Rops, FASAE, CAE, credentialing specialist, and a consultant with deep experience in this type of work.

Rops and her team worked with AAPPR subject matter experts (SMEs) to build a draft competency model for the physician and provider recruitment profession to use it as a curriculum for AAPPR's newly revamped credentialing program and possible certificate or micro-credentialing in the future.

According to Schiffer, "The workgroup spent a full day reviewing each competency and the knowledge needed to develop learning objectives, then we forwarded our recommendations for review to the AAPPR Education Committee. That group made tweaks, and then the competency model was sent as a validation survey tool to AAPPR members and stakeholders."

Schiffer said more than 160 AAPPR members responded to a request for input via the competency model validation

cont'd on next page →

survey. She said they were “really enthusiastic about it.” “They recommended changes and made notes, so we tweaked it again. It was once again forwarded to the Education Committee and Board for further review before the practice analysis group looked at it again.” The final model was drafted and approved by the AAPPR board of directors in November 2019. In keeping with the AAPPR strategic plan, the board voted to sunset the FASPR credential and create a new credential based on the competency model.

“This is the most thorough program the organization has seen,” said Carey Goryl, MSW, CAE, chief executive officer of AAPPR. “The goal is to elevate the recruitment profession. We had a great program, but the profession has evolved, and this process proves that. The new program keeps us ahead of the curve.

“This is why I was hired,” Goryl added. “This was my primary charge: To rebuild the program.” Goryl has been in her administrative leadership role – a first for AAPPR – for four years.

The competency model will be the foundation of AAPPR’s core curriculum and illustrates what recruitment professionals need to know, now, and in the future, she said.

“Some of the core objectives are not going to go anywhere. The tools, techniques, knowledge will evolve.”

### **AAPPR’s Fellowship Program**

The first time the reference “101” was used was in 2001. In 2006, 201 was introduced. The first fellowship committee formed in August 2009, and a month later, beta testing began. The first class – 79 fellows – was August 2010.

Among that first class were Laura Screeney, FASPR, past president of AAPPR, and Director of Physician Recruitment with New York-Presbyterian. Screeney, also one of the founders of AAPPR (then, ASPR), said the membership consistently asked for a certification exam.

“People were always comparing us to human resources and the SHRM (Society for Human Resource Management) certification,” Screeney said. She added that Roger Bonds, president, and CEO of the American Academy of Medical Management, had developed a Certified Medical Staff Recruiter accreditation in the absence of anything else for in-house recruitment professionals.

“SHRM is the master of all things human resources. We needed something customized for physician recruitment professionals,” Schiffer said.

Good certification programs, CMSR, and SHRM are costly and require continued membership in the national organization to maintain the certification, Screeney said. While CMSR includes physician recruitment content experts as instructors, SHRM does not cover physician and provider recruitment at all in their curriculum or exams.

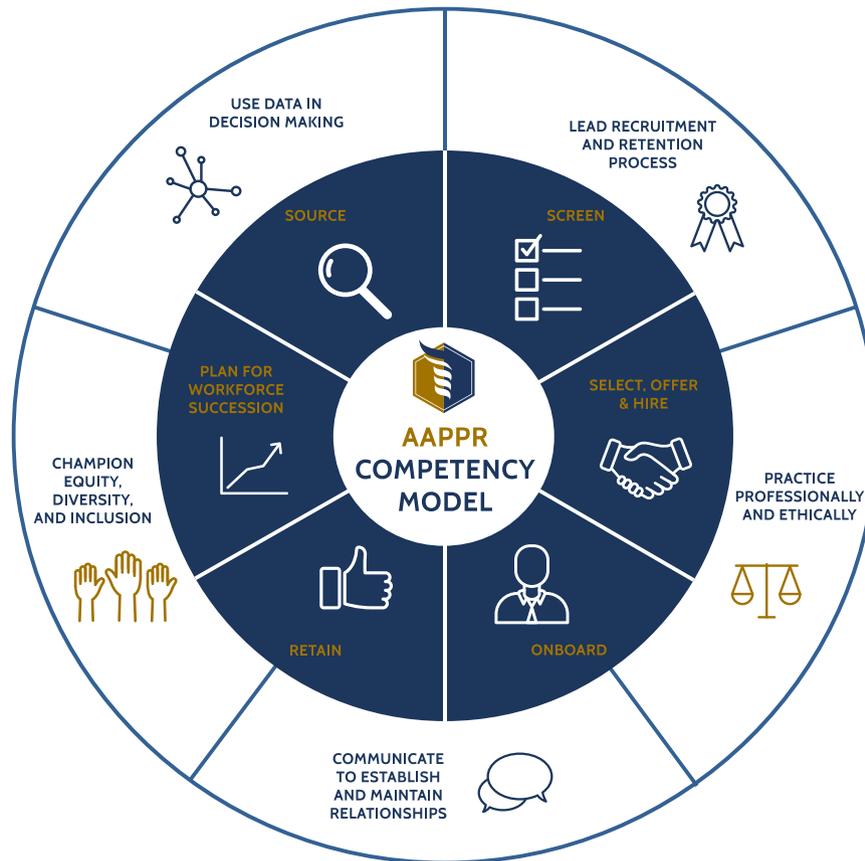
“At that time, (AAPPR) was run strictly by volunteers, and we did not have the money to engage a testing company,” she continued. Screeney explained that for AAPPR to have a certification program, it would have to engage an organization to write the questions, develop the curriculum and test, then validate the certification program.

Screeney said she and other members took the program “on the road.” She said they would spend the entire weekend with regional groups taking them through the modules to prepare them for the testing. Screeney said the instructors would take turns teaching during the weekend to help prevent boredom among the participants. Additionally, AAPPR began the tradition of rolling out the program before the annual conference as live sessions and evolved to an optional online platform so that it was accessible to those who could not attend live sessions.

Within the curriculum, there were three modules. The 101 curricula initially were designed for those new to the physician recruitment profession who wanted to learn the basics of an in-house recruitment position. The program advanced to include the 201 modules and a test to track the learning and applicability of what was being taught. Screeney said the first, 101, is familiar material for anyone who has worked with a credentialed provider. She said 201 was more human resource-oriented and proved a challenge for some physician recruiters. Then 301 was added and was more advanced. Screeney said it required participants to have been recruitment professionals for a set number of years. You became a “fellow” after completing all three modules and requisite exams.

### **AAPPR’s New Credentialing Program**

Schiffer said AAPPR engaged Debra Zabloudil, FACHE, president and founder of The Learning Studio Inc., to develop the new credentialing curriculum. Zabloudil is a popular speaker at AAPPR conferences with deep experience in instructional design. Mickie Rops of Mickie



Rops Consulting LLC, who conducted the practice analysis, is worked with Zablouil to develop the exam and design a new credential.

Rops said, in her role, she consults with associations on their credentialing programs. “I primarily audit existing programs and make recommendations for improvement to those programs.”

“We conducted an audit of (AAPPR’s credentialing program) a few years ago,” she said. “We reviewed policies and procedures and even face-to-face courses and made recommendations to improve programs. Part of that outcome was to look at the credentials program. We have the same learning objectives for the course and the certification. The learning and assessment are embedded. All concepts are the same.”

Rops said they started with a study of the competency models. “The new competency model came from initial discussions to create a curriculum and assessment model. From the existing program, what do we carry over? What aligns? We did a gap analysis to look at what we can still use and what we needed to create for the new credentials

model.” Goryl said she keeps a copy of that competency model at her desk.

“The goal of AAPPR’s competency model is really to define the field of physician and provider recruitment,” said Susan Motley, CAE, past Deputy Director of AAPPR. “The result of the work of our leaders, members, and educational consultants is a blend of the technical skills needed in the job as well as the cross-cutting competencies designed to enable members to lead and advance physician and provider recruitment. It is a natural step that the new credential we are developing will take its design from the competency model.”

“This is not just a conference presentation/webinar/one person’s opinion,” Rops emphasized. “This is validated. It is a validated model that identifies best practices. Participants must demonstrate they actually know the information; they have to have that knowledge.

“This is specific to physician and provider recruitment,” she continued. “Terminology and provider credentials, etc., niche content that is not covered by HR programs.”

Judy Brown, FASPR, past AAPPR board member, and Sr. Talent Acquisition Partner-Provider Recruitment, GoHealth Urgent Care, also was instrumental in the development of the fellowship program.

“Through the credentials program,” Brown said, “a participant will definitely learn things that may not apply to their current position. This gained knowledge; however, may serve you well in another role. You are better prepared to consider other opportunities that may utilize the knowledge you gain in another way.

“Physician recruitment has become much more specialized,” Brown continued. As mergers and acquisitions become more prevalent, “people have become more specialized.” She said with larger organizations, some perform duties associated with a singular aspect of recruitment, such as sourcing, onboarding, retention. “You need to know so much more than your one position.”

Brown has responsibility for her organization’s provider credentialing department. She said she does not do the actual credentialing, but she does have to know the process. Brown also said the new credentials program is more inclusive with onboarding and retention components, to truly reference the entire cycle for provider recruitment to retention.

The new program that would come to be known as CPRP has at its core instructional design based on the competency model’s technical and cross-cutting domains. Each competency has learning objectives based on the roles physician and provider recruiters maintain. For each role, tasks and learning objectives are outlined, as well as the knowledge needed to complete the objectives.



## Competencies

### Source

Source: identifying and/or building a provider prospect pool and creating awareness of/interest in practice opportunities.

Among the tasks in Source, practicing in recruitment and retention, are to research specialty trends and market data, and to recommend and implement a broad-based diverse sourcing strategy to identify a pool of qualified candidates.

The learning objectives include being able to identify requirements related to physician and advanced practice provider education, credentialing and licensing, and to know the sources of specialty trends and market data useful to sourcing strategy.

Knowledge needed includes organization-specific compensation guidelines and diversity demographics. Industry-specific knowledge needed includes specialty-specific associations and societies and current trends in sourcing.

There also are laws, regulations, and guidelines which all recruiters must be aware of, including EEOC, ADA, and Affirmative Action.

Fundamentals, theories, and principles could include a generational theory and bundled advertising entities.

Practices, techniques, and strategies under the Source competency include regional and market compensation data for the specialty, marketing strategies, and best practices in include considerations.

### Screen

Screen: the internal process of pre-qualifying candidates to meet organizational/provider expectations, which may include interviews and site visits.

The tasks for practicing recruitment and retention defined under Screen include adherence to legal and regulatory requirements and organizational policies, recommendation to proceed or not with the prospect as a candidate and to coordinate the candidate’s site visit itinerary.

The learning objectives include identifying critical elements involved in and appropriate approaches to evaluating the applicant’s application for fit to the position and identifying the key elements involved in and proper procedures to verify licenses and credentials. You also will need to evaluate whether screening approaches comply with key laws and regulations.

Organization-specific knowledge includes candidate specifications and needs, and position requirements (including licensing, credentialing, level of experience, compensation). Industry-specific knowledge includes current trends in screening.

Among the laws, regulations, and guidelines are visa types, organization eligibility for sponsoring visa applicants, and candidate visa eligibility requirements.

Practices, techniques, and strategies could include interviewing skills and techniques, appropriate selling techniques, and CV evaluation.



### Select, Offer, and Hire

Select, Offer, and Hire: the continuum of the process between identifying and selecting the best fit candidate through the extension and closing of an offer.

Tasks under this objective include gathering candidate evaluations from interviewers and the candidate and summarizing and sharing the evaluation feedback to decision-makers.

Learning objectives include identifying the critical elements involved in and appropriate approaches to the verbal offer, letter of intent, contract, and service agreement.

Organization-specific knowledge includes the onboarding process and point of contact. Industry-specific knowledge could be the typical timelines for the hiring process, offer incentives, and current trends in select/offer/hire.

Laws, regulations, and guidelines include the basic legal contract language, including restrictive covenants, no solicitations, termination, amendments, etc.)

Under practice, techniques and strategies are negotiation skills and techniques, and candidate evaluation techniques and processes.



### Onboard

Onboard: the continuance of the recruitment process to meet onboarding timelines and standards, ensuring successful entry and integration into practice and community.

Within tasks are to coordinate the handoff of the selected candidate with responsible onboarding contacts, and to ensure timely completion of onboarding tasks with selected candidate.

Learning objectives include applying IRS regulations regarding physician and provider relocation and evaluating whether onboarding approaches comply with critical laws and regulations.

Knowledge needed that is organization-specific are onboarding policies and procedures, including guidelines and protocols and specific onboarding tasks, and distribution methods of new hire information.

Knowledge needed that is industry-specific is the identification of successful onboarding and related benefits.

Laws, regulations and guidelines include human resources and compliance requirements.

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Fundamentals, theories, and principles include benefit program components and relevant credentialing processes.

Within practices, techniques, strategies are best practices in social/community integration.



### **Retain**

Retain: data analysis, strategic alignment, and program implementation with the intent of promoting provider satisfaction, resulting in increased retention.

Tasks under Retain are to support and implement organizational provider retention strategies as defined by recruitment and retention leadership.

Learning objectives include identifying sources of specialty trends and market data useful to retention strategy.

Industry-specific knowledge needed includes data sources for retention and turnover metrics, such as voluntary turnover rate.

Fundamentals, theories, and principles include internal and external factors that affect retention. These could consist of compensation models, physician mentorships, practice environment, the effects of onboarding on retention, learning from turnover, and identifying “at-risk” providers. Practices, techniques, and strategies are using applicable coaching and mentoring techniques and data analysis techniques.



### **Plan for Workforce Succession**

Plan for Workforce Succession: data analysis, strategic alignment, and program implementation with the intent of creating a viable pipeline for workforce succession.

These tasks are to alert recruitment and retention leadership to potential staffing needs and market influences.

Learning objectives are to identify sources for trends in the labor market and workforce planning, and to identify critical elements of a medical staff development plan.

Organization-specific knowledge includes a medical staff development plan. Industry-specific knowledge includes current labor market trends and current trends in workforce planning.

Fundamentals, theories, and principles include data analysis.



### **Practice Professionally and Ethically**

Practice Professionally and Ethically: driving a professional and ethical environment.

Tasks under this section include working within personal and professional limitations and abilities and identifying and taking appropriate steps to maintain and enhance competence.

Learning objectives include the ability to recognize the importance of maintaining and enhancing competence, to identify sources of learning for recruiters, and to evaluate whether a situation presents a conflict of interest.

Organization-specific knowledge includes policies and procedures, such as confidentiality, background checks, bylaws, code of conduct, etc.

Industry-specific knowledge includes strategies/principles for working ethically with staffing agencies.

Laws, regulations, and guidelines include applicable federal and state laws and activities which may constitute conflicts of interest.

Practice, techniques, and strategies are how to manage social and political pressure in decision-making and how to practice and hold oneself to a level of transparency in actions and decisions.



### **Communicate to Establish and Maintain Relationships**

Communicate to Establish and Maintain Relationships: fostering and building trust internally and externally.

Tasks include providing proactive communications to report accurate information and reliable data.

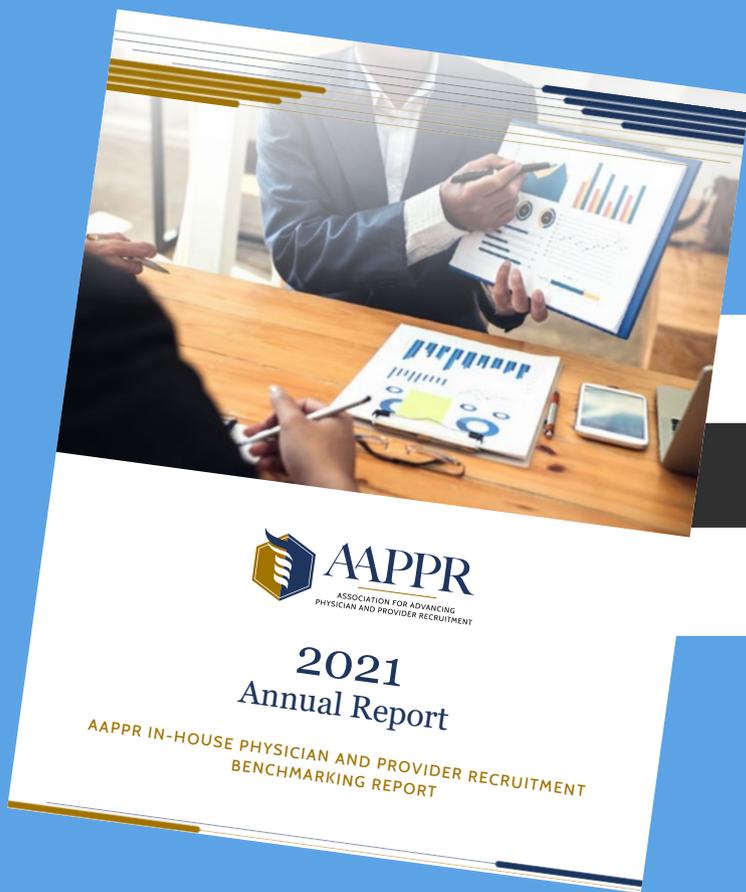
Learning objectives are the ability to recognize effective communication techniques to avoid confrontations and to resolve conflicts. A second objective is the ability to understand effective coaching and influencing techniques.

Organization-specific knowledge is needed to develop the organizational structure and understand who the key players and decision-makers are.

Fundamentals, theories, and principles include interpersonal conflict management and resolution, the principles of effective oral, written, and digital communication.

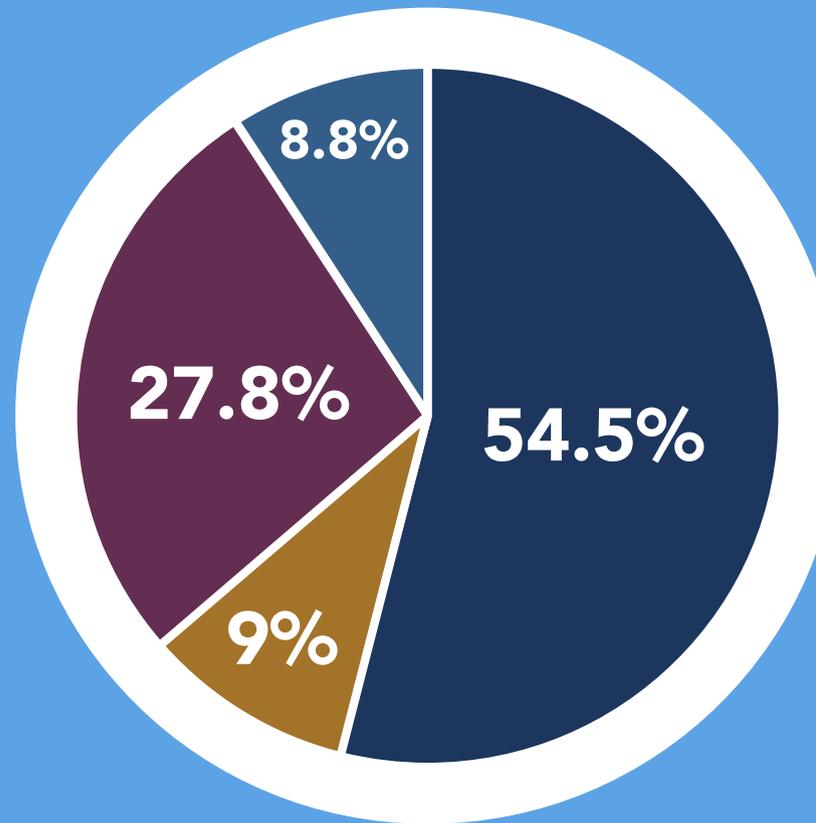
Within practices, techniques, and strategies include developing communication techniques for specialized situations such as giving feedback, facilitating focus groups, and facilitating staff meetings. It also could consist of communication strategies to foster buy-in.

# THE 2021 BENCHMARKING REPORT



## Searches by Type

- Physician
- Physician Assistant
- Nurse Practitioner
- Other



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## Champion Equity, Diversity, and Inclusion

Champion Equity, Diversity, and Inclusion: activities that create synergy and incorporate diverse provider demographics to create value for internal and external stakeholders.

Tasks could include to develop diverse and inclusive sourcing and screening strategies and to coach internal hiring authorities and recruitment participants on inclusion and diversity policies and best practices.

Learning objectives consist of things such as the ability to recognize barriers to equity, diversity, and inclusion. Also, how to recognize the types of implicit and unconscious bias and how they can influence recruitment and retention efforts.

Organization-specific knowledge is diversity and inclusion policies, goals, strategies, and resources.

Industry-specific knowledge includes current trends in equity, diversity, and inclusion.

Laws, regulations, and guidelines include employment laws specific to equity, diversity, and inclusion (EEO/ADA), as well as the definitions of each.

Fundamentals, theories, and principles include the recognition of the current environment and cultural context of various stakeholders and appreciation of one's own biases and how to mitigate them in recruitment and retention efforts.

Practice, techniques, and strategies include coaching and influencing techniques and strategies, interpersonal communications strategies for culturally appropriate and inclusive communications, and key risks and associated mitigation approaches.



## Use Data in Decision Making

Use Data in Decision Making: research, retrieval, analysis, and reporting of relevant facts and figures leading to evidence-based solutions.

Task requires the use of data in decision making, including using it to remove bias in the screening/interview process (such as objective vs. subjective candidate matrix).

Recruiters also will use labor market data to assess external forces on provider recruitment and retention (supply/demand, third-party salary data, and external turnover).

Learning objectives include the ability to identify the critical elements involved in and appropriate approaches to converting data points into meaningful measures. Also,

recruiters will need the ability to identify the key factors involved in and proper methods for comparing collected data to national benchmarks.

Your organization-specific knowledge is the use of a strategic plan. In contrast, industry-specific knowledge encompasses risk management in the staff recruiting environment and the use of best practice or industry-specific data to support or contradict the decision-making process.

Fundamentals, theories, and principles include statistical analysis (requirements, processing and modeling, descriptive statistics, correlation, measurement, reliability, validity, interpretation of data and charts, etc.). You also will use relevant market research and other survey and assessment tools and sources of data.

Practices, techniques, and strategies include the effective presentation of the data, best practices, trends, and benchmarking resources and best practices in record keeping and managing applicant tracking systems, database, and data set management.

## Advancing Physician and Provider Recruitment

"We are taking steps forward with the new credential program," Brown said. "It still has the basic concepts to teach and to know as leaders in the provider recruitment community."

"People who attend the conference and obtain the credential have better odds of success," Schiffer said. "Our benchmarking report shows that."

Both Brown and Screeney said they would strongly encourage those new to their roles in physician recruitment to participate in the credentials curriculum.

"The credentials program supplies a good solid foundation for someone new," Brown said. "They will understand the basic concepts to grow in the industry and within their organization. It also has applications in other staff acquisition positions." Schiffer said one-third of all conference attendees are new to recruitment or within one or two years of having started in the position.

Screeney said the most recent addition to her physician recruitment team has been encouraged to participate and has shown enthusiasm for the opportunity to do so. She told Screeney that New York-Presbyterian's support of this illustrates a commitment to a career path for her and that education and personal growth are essential to leadership.

Screeney said when she went to New York-Presbyterian, they were impressed that she was part of a national organization that not only had a certification program but that she was a leader and instrumental in the development of AAPPR and the credentials program.

Schiffer pointed out that the vast majority of physician and provider recruitment professionals did not go to college with the intent of becoming one.

“Like me, they usually are doing something else at the hospital and get picked for physician recruitment.”

Most recruiters are selected because they know the culture of the organization and are strong communicators.

“The ability to talk to anyone gets you the job,” Goryl said. “Being credentialed makes it your career. Credentials help people stand out; it differentiates them.”

Schiffer, Goryl, and others have hopes that the new program will become as common as SHRM, CMSR, and other credentials. “I want people to know what the designation means,” Schiffer said. “We want to get the word out to all health systems. This is the best way to communicate what is going on in physician recruitment.

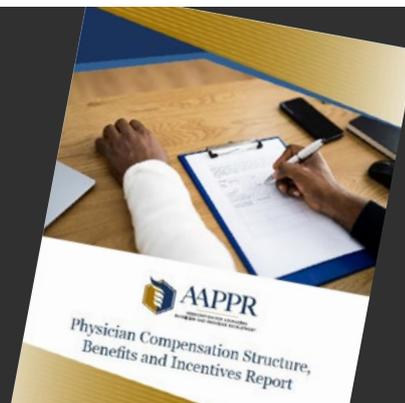
“We need to do a better job of bragging about AAPPR and make all aware we are a knowledge resource,” she continued. “I would love to get to a point where all health care systems require this credential for their physician recruiters, either at the time of hire or within so many years of hire.”

“The more we can communicate the program out that this is what we do, and we are the experts at recruitment, the better appreciated we will be – as individuals and as an organization,” Screeney said. “Search firms source. They cannot do the job that we do. We have made big leaps in people recognizing us as professionals and experts at what we do.” She added that AAPPR will continue to offer networking and education opportunities. “This is what we’re founded for, and we can’t lose sight of that. The impact we have on a community, patients, physician, and their families is too critical.

“We have to care about our jobs to do our jobs well.” Along with the redesigned credentials program, AAPPR developed a mentor program in 2019. The new certification program will have an active component of this moving forward. New recruiters can benefit from the experience of more seasoned professionals.

The AAPPR website provides a letter to help justify your participation in the conference and the certification program. The message is designed for recruiters to personalize to their organizations. It states the certification pre-conference workshop is “the most comprehensive, authoritative resource for those seeking to develop and test their skills and knowledge in the physician recruiting profession.” The letter also notes that approximately 10 percent of physician and provider recruitment professionals nationwide have achieved this certification.

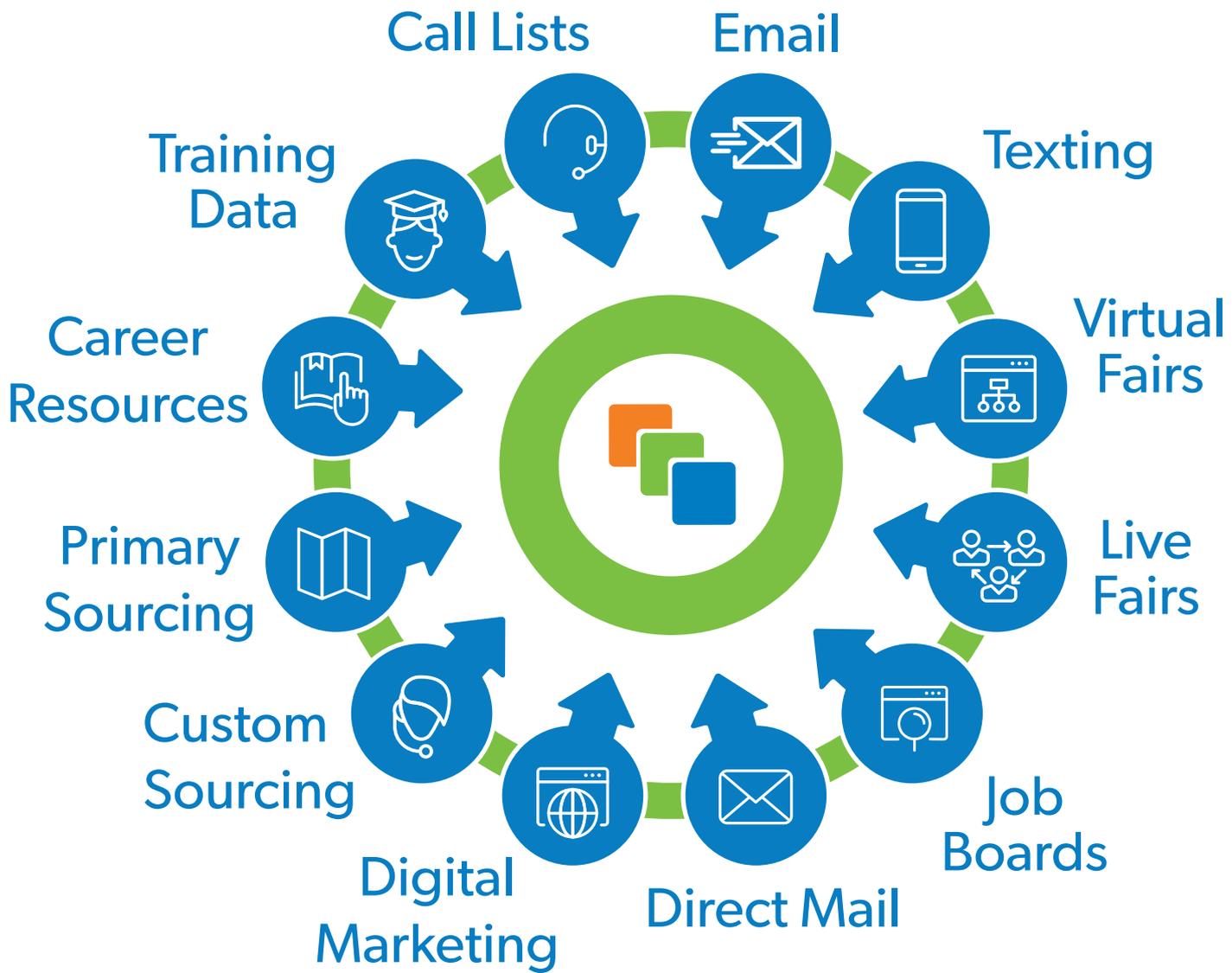
Noting the value of lifelong professional development, Lynne Peterson, FSAPR, past AAPPR President and Sr. Director and Ambassador, Provider Recruitment and Retention, Bluestone Physician Services, and Director of Physician, Advanced Practice and Executive Recruitment at Fairview Health Services stated, “As our industry has grown and our challenges in health care have proven to be even more significant, I see an opportunity to rise to the occasion and continue to challenge ourselves and each other. Prioritizing on-going professional development and life-long learning should be a constant for all of us.”



### PHYSICIAN COMPENSATION STRUCTURE, BENEFITS AND INCENTIVES REPORT

AAPPR examined information regarding physician benefits, incentives, employment agreement terms, compensation methodology and employer scheduling practices for comparison purposes among in-house colleagues.

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## The Future of Education at AAPPR: Three New Programs to Launch in 2022

By: AAPPR Staff

**A**s the health care industry changes, the physician recruitment industry is changing with it. Organizations nationwide have been working diligently to bring increased awareness to Diversity, Equity, and Inclusivity programs and to develop hiring practices that reflect the patients and communities they serve. Looking back ten years ago, the roles of physician recruitment professionals were much more generalized. While many recruitment professionals continue to practice the full continuum of recruitment, increasingly specialized roles such as onboarding specialists and sourcing specialists are emerging. At the same time, a significant number of recruitment teams are seeking to centralize processes such as locum tenens management.

The mission of AAPPR is to empower industry experts through education, research, and engagement. As the recruitment industry changes, AAPPR continues to seek out new ways to advance the profession. With this goal in mind, AAPPR has undertaken the development of three certificate courses in focused areas of the competency model.

### **Onboarding and Retention**

Many organizations have continued to note challenges with properly onboarding new providers to their organizations and communities. It is an area where many members seek additional education to acquire the necessary skills and knowledge to either create or improve programs. In response to the need for high-quality educational content in the onboarding and retention competency domains, AAPPR has created a certificate course in onboarding and retention.

The onboarding and retention certificate program is for individuals who participate in the provider onboarding process and experience or for teams looking to implement an onboarding program. The goal of the course is to provide participants with best practices for creating or enhancing an onboarding and retention program. It was developed with the understanding that some organizations have teams with dedicated specialists who handle all onboarding tasks, or a dedicated onboarding team, while others may have recruitment professionals who manage the full recruitment continuum.

Participants will gain knowledge on how to:

- build or enhance their current program with best practices
- identify key tactics for onboarding program success
- incorporate virtual onboarding effectively
- measure and assess their program for sustainability

The live course provides participants with an engaging learning environment, including group discussions, activities, and insights from recently onboarded physicians. Following the conclusion of the course, attendees are tasked with completing a capstone project that provides them with the opportunity to engage more deeply with the material by creating a high-level onboarding plan specific to their organization's unique needs.

### **Diversity, Equity, and Inclusivity**

A second area where AAPPR members have continued to express a desire for more advanced and leadership

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quality content is in the Diversity, Equity, and Inclusivity competency domain. Therefore, to address the educational needs of members, AAPPR has developed a course that provides certification in DEI as an added discipline for members holding the CPRP certification. This course allows members the opportunity to explore the disciplines of DEI and develop skills to effectively champion and influence effective DEI recruitment strategies and plans.

The certification course in the Fundamentals of Diversity, Equity, and Inclusion is designed to provide physician recruitment professionals with the development and understanding of recruiting skills within the function of Diversity Equity and Inclusion. In addition, the course will enable participants to recognize the importance of diversity planning in physician and provider recruitment and identify key features and techniques for effective planning and strategy implementation.

By the end of this course, participants should be better able to:

- define and distinguish the concepts of equity, equality, diversity, and inclusion and demonstrate the impact of DEI strategy and an effective diversity recruitment plan
- recognize how equity, diversity, and inclusion benefit organizational performance and outcomes
- recognize barriers to equity, diversity, and inclusion and demonstrate how to mitigate and remove the impact of bias
- recognize the types of bias and demonstrate how implicit and unconscious bias interrupts recruitment and retention efforts
- develop transferrable learning and be able to create a best practices strategy and an effective diversity recruitment plan
- demonstrate new skills in job description writing, diversity sourcing and candidate development, hiring authority consulting, selection processing, attracting diverse top talent, diversity brand advisement, retention planning for top, diverse talent and implementing strategies for perpetual advancement, and avoiding common pitfalls
- identify the profile of prospective clients
- articulate the benefits and key features of the tool to prospective clients
- demonstrate how the tool helps meet prospective client needs

By demonstrating the skills necessary to design, develop, and influence an effective diversity recruitment strategy, participants will have the ability to lead and drive systemic change within their organizations.

### **Locum Tenens Management**

In 2017, AAPPR partnered with CompHealth to research the pain points members experienced when managing locum tenens. The research revealed that the recruitment professionals

most often managing the locums' process in health care organizations often had the least amount of experience in physician recruitment. Since that time, many organizations have moved toward centralizing locum management and establishing consistent hiring processes across service lines. As a result, the need for members to have more comprehensive knowledge surrounding the locum management process has become evident.

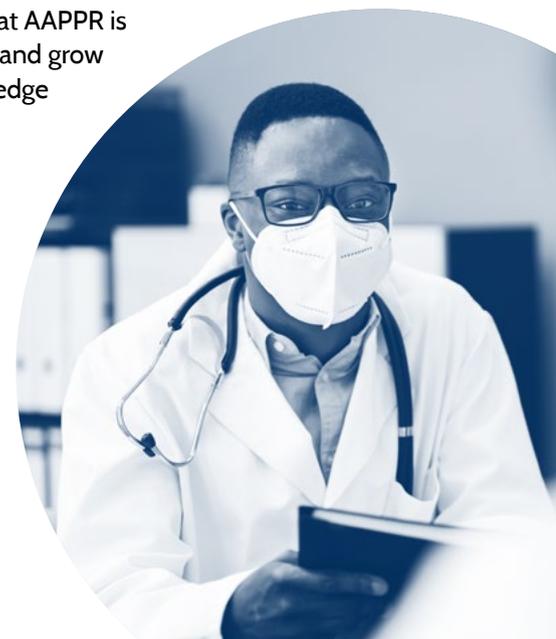
The cost of mismanaging a locum tenens placement is not only the time lost but thousands of dollars in revenue if billing is not done correctly. Additionally, the communication challenges between recruitment staff and credentialing staff can add to the administrative burden and speed of hiring when time is crucial. To address the challenges members encounter when tasked with managing the locums' process, AAPPR has developed a certificate course in Locum Tenens Management.

Course participants will gain the ability to:

- understand when and why locum tenens providers are used
- plan effectively for locum tenens coverage
- learn how to partner effectively with a staffing agency
- understand the nuances of agency contracts
- recognize best practices for sourcing, screening, and onboarding locum tenens providers
- develop processes to work effectively and efficiently with locum tenens providers

Through this course, participants will be able to engage with instructors and colleagues to learn the many nuances of the locum process and gain crucial skills and knowledge to lead the locum management process within their organizations.

As the Association for Advancing Physician and Provider Recruitment, AAPPR strives to deliver the highest caliber education to its members. By continuing to grow and enhance our educational content with the ever-evolving needs of the health care industry, our members are empowered to lead their organizations as experts in their field. The future of education at AAPPR is exciting as we learn and grow our skills and knowledge together.





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We had no way of capturing information about locum spend or usage. After working with HWL, we have a process now—and insight into what's happening. This is exactly what we were striving for.  
Patricia Lowicki, FASPR CMSR Hartford Healthcare





## Developing Physician Recruiters

By: Marjorie Alexander, MBA, CPRP  
Managing Director, Physician Recruiting, ChenMed

**W**hat do you want to be when you grow up? Nobody started high school thinking: “When I grow up, I am going to be a Physician Recruiter.”

But then it happens; we just “fall into” a Physician Recruiter role. It has happened to almost all of us, hasn't it? Luckily for all of us, there is a nationally acclaimed Physician Recruitment organization to connect with to get us up and running.

But what happens next? How do Physician Recruiters get developed long term? Professional development is a topic I am passionate about as often, Physician Recruiters have stayed stagnant, developed themselves, or had a great mentor or manager who helped them grow.



*Marjorie Alexander, MBA, CPRP*

Whether you are the only Physician Recruiter for a hospital system, are part of a team, or are an independent recruiter contractor, we are all responsible for our development, both short term, and long term. So let's not wait for someone to

develop our skills or for someone to finally agree to send us to a training class. It is time to take the bull by the horn and

know what we need to be even more successful than we are today!

The first step is to ask some fundamental questions:

1. What are your strengths and your opportunities?
2. What would benefit you the most in your role, and what outcome would it affect?
3. What skill set could bring your contribution to the organization to the next level?
4. Are you willing to learn? How do you feel about developing to the next level?

Next, evaluate your organization:

1. Do you work on a team with a senior physician recruiter who has been very successful?
2. Is there a physician recruiter leader that you can “buddy” with who can give you great insight and pointers on leading a team?
3. Could you ask to shadow someone during a workforce planning meeting?
4. Could you shadow a successful leader conducting a 1:1 with someone on their team or having a development talk with an employee?
5. If you work as the only physician recruiter, are there leaders on the marketing team, the human resources team, the medical staff team, or the credentialing team you can learn from and collaborate with? Remember, improved relationships equals improved outcomes!

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### Benefits of Development

Physician Recruiter development does not only benefit the Recruiter; it also greatly helps the organization they work for and the community they recruit providers into. When teams are encouraged to develop professionally, they usually also have higher engagement scores. In addition, it improves the organization's overall culture and the team's performance. Gallup found that "when companies strategically invest in employee development, they report 11% greater profitability, and they are two times more likely to retain their employees." Sir Richard Branson once said: "Train people well enough so they **can leave**, treat them well enough, so **they don't want to**" (reference: AZ Quotes).

### How to approach the subject

When you have your quarterly or yearly review or your monthly or bi-weekly 1:1 with your manager, you might want to bring up the topic of your development. It is said that successful employees take accountability for their own development. Maybe your organization already has an employee development plan in place, and perhaps they don't. When speaking with your manager, bringing a proposed professional development plan is always acceptable. They often like this type of initiative. Remember that usually, development plans are aimed at benefitting the organization first and the employee second. Perhaps you are the one and only Physician Recruiter in a healthcare system, and there is nowhere for you to go? Have you thought about creating your own leadership pathway with specific milestones to get to each step of the path?



### Case Scenario: Josie, the Physician Recruiter

Josie is a Physician Recruiter at a hospital system; she reports to the CMO. Josie wants to stay with the organization, but no upward mobility is available for her. The famous saying "the only way up is out" applies to her. What if Josie brought a plan to her CMO that outlined the next step to be Sr. Physician Recruiter with the milestone of obtaining her CPRP certification through AAPPR? Everyone wins, right? What if the next step in Josie's career path could be leading both a sourcing specialist and a coordinator? By freeing up Josie from 20 hours a week of sourcing and coordinating interviews, she would be able to increase her recruitment numbers by 150%. The cost savings for the hospital system are easy to calculate when you think about the downstream revenue of a specialist (and the lack of that downstream revenue because Josie is busy coordinating and sourcing instead of closing deals). Again, everyone wins.

Perhaps Josie could benefit from a leadership course and could read and study "5 Levels of Leadership" by John Maxwell. This could all be part of her professional, long-term development plan.

What if key stakeholders would like Josie to deliver a PowerPoint presentation on KPIs? It would benefit Josie AND the stakeholders if she could present a more eye-pleasing presentation. Let's include a PowerPoint class in her development plan. Josie has access to reporting from the ATS but does not know how to analyze the data and create pivot tables. It would benefit leadership if Josie took an advanced excel class in order to include professional data analytics presentations. Let's add that to her professional development plan as well.

It takes some self-reflection to humbly identify your strengths and opportunities. However, many successful people have identified a business coach they work with. The coach is usually someone they came across while doing business who has been a great mentor. If you have been fortunate to find and work with a coach, be sure to pay this forward one day!

And remember, in today's upside-down world, there is a renewed commitment from organizational leaders to support developing their employees; we all know that developing an employee is cheaper than employee turnover...

You are the expert in your field! You are valuable to the organization you recruit and onboard for as you bring highly skilled physicians into the communities you live in and work for.

## Tips for approaching your manager

1. Remind your manager that development adds to your skill set and makes you an even more valuable employee to the organization
2. Seek development in a skill that the organization needs (example: negotiation skills to close the deal on physician offers, leadership skills to lead the sourcing specialist and coordinator on your team, PowerPoint or data analytics skills to be able to present even more meaningful KPI reports to key stakeholders).
3. Broadening your development will increase your ability to collaborate across the organization and c-suite. This collaboration will also increase stakeholder engagement, build stronger relationships and remove silos.
4. Be open and honest about why you are looking for development and what this would look like. Often, the employer fears that you will leave the moment they invest in you. Remind your manager how if you had certain development under your belt, you could improve the recruitment process, cut time to recruit in half, and save the company a certain amount of money by getting physicians started faster. Who would not love that?
5. Be flexible with the type of development your employer might have in mind for you. You might think you need PowerPoint presentation skills, but your manager might think there is a greater need for leadership skills as you now have a coordinator and a source reporting to you.

There has never been a more substantial business case for development across all of the US workforce. Just remember how much more successful you AND the organization would be if you could develop yourself and your team. Put the value-added in data and dollars; that usually gets the message across!

Nothing slows productivity more than feeling stuck professionally! Never stop learning!



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# Physician & Provider RECRUITMENT PROFESSIONALS WEEK

APRIL 24 - 30

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Share with AAPPR why you're proud to be a physician and provider recruiter here

Learn more about the special week here





## Paths to Professionalism within the Profession

By: Linda Maria Alvarado  
Talent Advisor with North Country HealthCare in Flagstaff, Ariz.

**M**y friend is an elementary school teacher. She has never read an essay titled “I Want to be a Physician Recruiter when I Grow Up.” There are degrees for healthcare administration or human resources in colleges across the country, but none for provider recruitment specifically. Yet, somehow, by one estimate, more than 110,000 of us across

the country have found ourselves doing exactly that, and many of us consider it our dream job.



Linda Maria Alvarado

With no clearly delineated career path, the stories of how physician and provider recruiters make their way into the profession are as varied as recruiters themselves. Christy Bray Ricks, AVP for Provider Recruitment and Locums

Staffing with LifePoint Health in Brentwood, Tenn., now has ten years’ experience in the field but worked in at least four different positions before becoming a recruiter. Before her newest position as a partner success executive with Locums Collective, Bonnie Hamel, based in Berlin, New Hampshire, recruited for North Country Healthcare for four years. In past jobs, she had recruited teachers, but while working in a different position with North Country Healthcare, an executive in the network saw her potential and sent her to get certified through AAPPR. Barbara Worthington, director of provider recruitment with Adventist Health in Roseville, Calif., was a military spouse who moved frequently and “always found myself going to look for work.” Someone once

asked her if she had ever thought about being a recruiter. “Being curious and asking questions is really what launched my career, now spanning 20-plus years,” Worthington explained. “I started in corporate recruiting with a staffing firm and landed in healthcare provider recruitment in 2006”.

According to Zippia.com, a website founded in 2015 that gathers and reports job-related statistics, the average age of a physician recruiter is 40 years old, about two years less than the national average age of all workers across all industries. Still, of the five people interviewed for this article, none landed a physician or provider recruitment job as their first. While one, Natalie Blasius, now with Provider Recruitment West Cost Region for Centurion and based remotely in Flagstaff, Ariz., did start as a recruiter for a federally qualified health center upon completing her bachelor’s degree in business administration, she was a later-in-life college student and readily shared that, “before recruiting, I was in sales, which helped make me a stronger recruiter by turning ‘browsers into buyers’ or ‘passive candidates into hires.”

The US Bureau of Labor Statistics predicts the number of positions for physicians to increase by three percent by the year 2030. Physician assistant positions are expected to grow 31 percent in the same timeframe, while nurse anesthetists, nurse midwives, and nurse practitioners are projected to grow by 45 percent. It can therefore be argued that the need for quality physician and provider recruiters will also increase.

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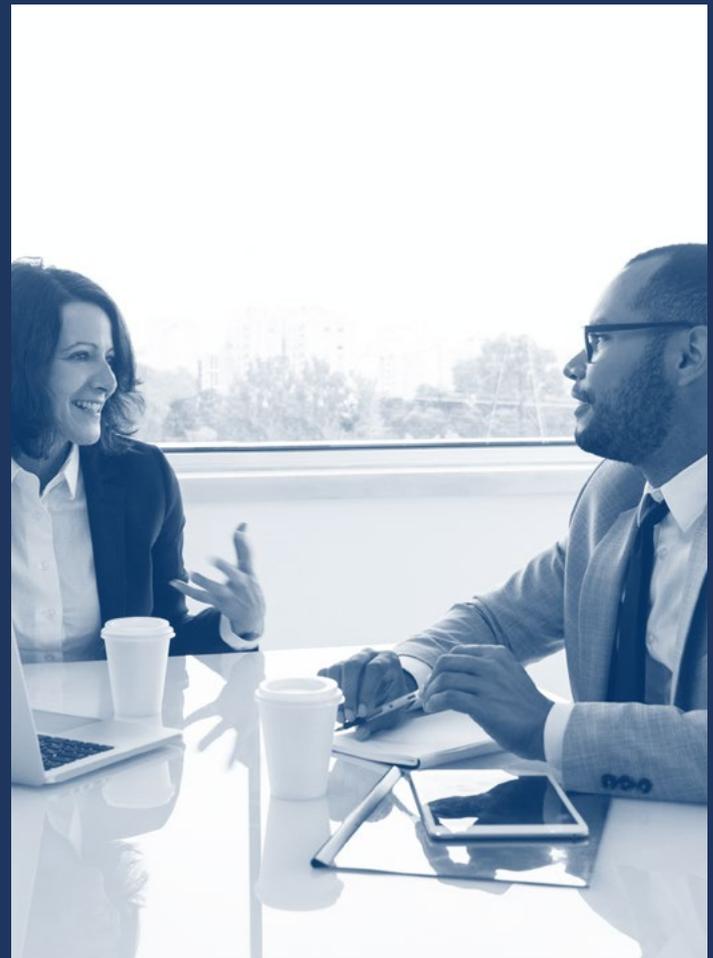
A recruiter's path to increasing their professional skills is primarily a self-directed combination of formal and informal training. "Much of my training was boots on the ground and learning from colleagues, both internal and external," Worthington remembers. Similarly, Hamel states that "fellow recruiters are my main resource." Blasius and Ricks share their experiences. Kelley Hekowczyk, director of physician recruitment and credentialing at UCHHealth in Loveland, Colo., also makes it a point to read "anything new that comes from our industry, from various sources." Ricks, who earned a bachelor's in health and sports sciences, finds that "having a clinical background has been extremely helpful. I can connect with a provider and speak their language with an understanding of procedures, diagnoses, and medical terminology." Those without a similar level of medical training find that their formal education often provides a base or a finishing touch but tend to agree with Hekowczyk's observation that "the skills you can't teach are the Must-Haves."

When naming those "Must-Haves" -- the skills, education, or qualifications they would seek if hiring their own replacements -- all five recruiters spoke primarily about soft skills, with the ability to communicate reigning supreme. Other essential skills included a can-do attitude, tenacity, innovation, ability to adjust quickly to changing priorities, flexibility, and the ability to balance both short and long-term goals.

Both Ricks and Hekowczyk are taking steps to ensure those skills pass to the next generation of recruiters needed by 2030 and beyond. "I hope to continue advocating for my team as well as for our profession," states Ricks. "Healthcare workers have been stressed and stretched to the max for many, many years. I hope to continue to empathize with them and to educate others about the importance of retaining highly valuable talent." Hekowczyk plans to take full advantage of her position at an academic institution.

"Over the next couple of years, I will be participating on the Advisory Committee of the University of Colorado Leeds School of Business and serving as voluntary faculty for their Customer Experience Certificate Program. I'm super excited about this upcoming experience and looking to help educate the next generation of leaders."

Skilled recruiters can generate a positive culture at their institutions and a sense of job satisfaction for themselves, but the real winners, of course, are our patients. Well-placed providers who are content and thriving in their roles tend to stay longer, build greater continuity with their patients, and ultimately deliver higher quality care.



## Mentor Match

The AAPPR mentor program is a way to support our members with their professional development needs. It is an online tool – including a searchable database – that facilitates establishing mentoring relationships. The program is user-driven, allowing enrolled Mentees to search registered Mentors using specified criteria to find individuals whose experience and expertise match areas in which they wish to be mentored. Likewise, registered Mentors can search for and identify potential Mentees.

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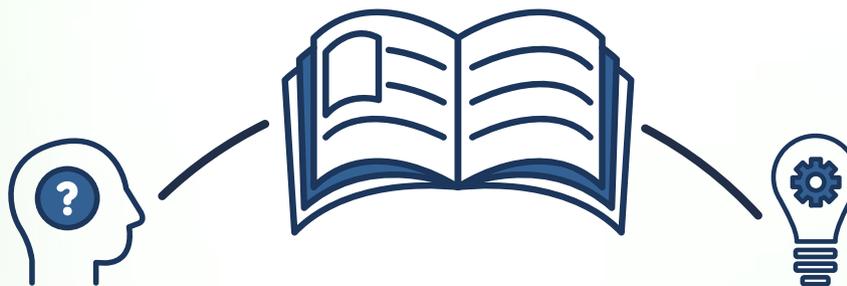
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## Introducing the



# ACADEMY



## AAPPR Launches New Learning Platform

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The Academy will host the CPRP certification course, live and on-demand webinars, and the resource library enabling members to find all the educational resources AAPPR offers in one platform. Members will also have the ability to easily track continuing education credits and self-enter credits earned through outside educational offerings.

**Log on to [AAPPR Academy](#) today to start your educational journey!**



***AAPPR WHITE PAPER***  
**From Healthcare's Front Lines:  
Industry Experts Sound Alarm on  
Concerning Physician Recruitment  
Trends in Coming Months**

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By: Carey Goryl, MSW, CAE, Chief Executive Officer  
Emerson R. Moses, MBA, CPRP, President

# From Health Care's Front Lines: Industry Experts Sound Alarm on Concerning Physician Recruitment Trends in Coming Months

Carey Goryl, MSW, CAE, Chief Executive Officer  
Emerson R. Moses, MBA, CPRP, President

A recent focus group of the nation's leading physician and provider recruitment experts – conducted by the Association for Advancing Physician and Provider Recruitment (AAPPR) – convened to address common industry challenges and alarming trends organizations are encountering in the latest wake of the COVID-19 pandemic. Uncovered were surprising themes of both operational and candidate pipeline challenges spotlighted by weary recruitment leaders and departments met with decreasing funds and limited resources. The group's consensus indicates significant changes are required to help address an already exacerbated and decreasing physician workforce; and, an imperative directive to health care operational leaders to maintain up-to-date recruitment market intelligence to quickly and successfully pivot both short- and long-term workforce strategies.

The impact of the latest pandemic surge, according to the group, will long be felt in future physician recruitment cycles as competing organizations expand efforts to help stabilize an uncertain physician supply and demand market.

## Growing Deficits in Care Delivery Talent and the Pressure Testing of Mandatory COVID-19 Vaccine Requirements

According to earlier survey findings of the COVID-19 Impact & Implementation Report, published by AAPPR in the spring of 2021, physician candidate supplies were predicted to have no impact from the pandemic, providing strong confidence and a shortened reprieve for physician recruitment leaders at the onset of community COVID-19 vaccine availability and the earlier stages of the delta variant transmission. Fast forward a few months and as the delta variant's prominence and exponential growth throughout the nation ensued, the focus group unveiled unanticipated increases in recruitment anxiety as the increasing curve of infections and hospitalizations created renewed demands on an already exhausted national health care system and its provider talent recruitment leaders.

'The Great Resignation' – an industry agnostic and cliché phrase born from the growing wave of employment vacancies – showcased the peripheral elements that would soon directly impact physician recruitment. From significant nursing shortages to a mass exodus of employees leaving the health care industry, suddenly physician recruitment success did not directly translate to better odds of overall success to an organization's expansion of services to the communities



they serve. Instead, operational risk meetings, tiered escalation discussions, as well as critical task forces formed to address the looming deficits experienced in clinical care delivery and support.

Adding to a deepening concern around physician candidate pipelines were now the legal implications of organizational choices to mandate the COVID-19 vaccines. The focus group noted a surprising greater number of inquiries in their recruitment discussions, especially among candidates expressing interest in their opportunities. Furthermore, physician candidates displayed a stronger desire to understand the exemption options and the ultimate consequences of choosing whether to abide by the organization-imposed mandate. The focus group conceded their own organization's policy (moreover reported as haphazardly prepared) provided key insight as to how their organization enforces its top-driven directives.

## **Unhealthy Physician Work/Life Balance and Burnout Creates Limited Care for the Most Vulnerable Rural Communities**

Organizations in the focus group exposed even tighter physician supplies, especially in rural areas, among both primary and specialty care. As more physicians opt for early retirement amid increasing burnout and an unhealthy work/life balance, the group remarked those organizations whose desire to continue to see primary care and post-pandemic service lines grow (e.g., pulmonary/critical care, behavioral health, neurology, gastroenterology, cardiology, and more), were now struggling with more physician vacancies than ever before as well as growing time-to-fill metrics. Most concerning were difficulties pushing approvals for replacements or unbudgeted needs whose unplanned physician vacancies have greater implications to financial revenues and strategic growth plans. The additional consequences of the unplanned needs now require successful health care organization leaders to be more vigilant in reviewing and revising their onboarding and retention plans to offset continued unanticipated turnover. This vigilance will require a careful cadence of examining at-risk providers, business continuity, and long-term succession planning.

In the latest physician and provider satisfaction report published by AAPPR, a reported 30% of physicians will retire between the ages of 60 to 65 . With over one in three respondents from the report considering early retirement because of physician burnout, recruitment leaders are auditing their practices' physician age demographics and sounding alarming fears of tenured physicians at their organizations expressing exhaustion and frustration. In validation of early retirement concerns, the national focus group also concurred with an earlier survey report that of over half of physician respondents in the market survey (56.72%) are considering or have considered changing employers. Rural recruitment leaders in the focus group went further to add greater worries over the nation's lack of capacity and financial viability to provide care in smaller populated communities with longer distances to urban care acute/ambulatory settings.



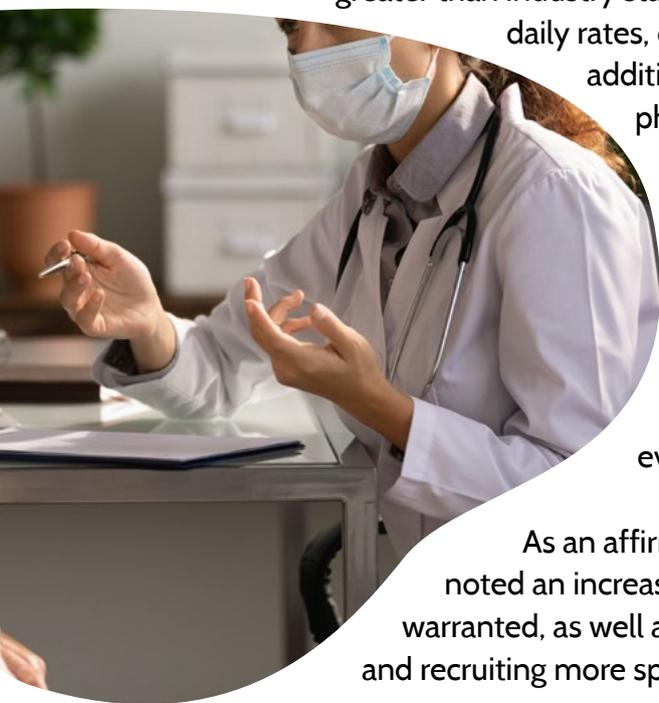
## 2nd COVID-19 Pandemic (Delta) Wave Reveals Growing Technology Gaps with Aged Physician Populations

In the effort to keep pace with the growth in telemedicine, organizations continue their rapid adoption of technologies to enable providers to deliver care using digital/virtual means and innovative on-line platforms. From greater patient access to enhancing revenue cycles and reimbursable virtual care visits, the group noted how the pandemic has upended some organizations' foray into the future -- besetting even the most non-innovative health care employer to adopt technologies to help deliver a better outcome of the volume to value equation. Echoing greater difficulty by technology adoption and increased population health focus, the group noted the surmounting challenges of technology-inhibited physicians who desire to stay in practice longer but struggle with advancing their technical acumen. In a post-pandemic world of everything that can move to virtual will, the past in-person relationship of physician-to-patient may forever be changed as advancements in biometric equipment and care delivery over a web camera become mainstream. Older physicians who struggle with the technical skills required in a digital physician-to-patient environment find themselves asking if now is a good time to retire.



## Demands on Locum Tenens Rise as Shifts to Advanced Practice Providers (APPs) Help Offset Physician Demand

A reported 52% of health care organizations never stopped locum tenens utilization in the initial wave of the COVID-19 pandemic. The focus group reported a greater increase in utilization of locum tenens as employed physician position vacancies increased and timeframes to fill the permanent roles were stretched greater than industry standards in the past. Equally as alarming were leaders reporting higher daily rates, declining quality providers, and longer assignment times requiring additional expense – perhaps a premonition of a future with even less physician supply for direct employment (note lessons learned from the nursing shortage). Some of the focus group's recruitment leaders remarked the formation of non-exclusive partnerships with locum tenens organizations to help take advantage of economies of scale, locums volume and preferred rates. In these instances, successful organizations with line of sight to their locum tenens utilization and costs noted the locums agency recruiters were well trained in advance to represent their organization and culture to better evaluate candidates when recruiting for an assignment.



As an affirmation to alternative solutions for provider care, the focus group noted an increase in advanced practice provider (APP) utilization when and where warranted, as well as the significant degree of difficulty now experienced in identifying and recruiting more specialized APPs.

## Higher Recruitment Demands and Recruiter Turnover Call for Retention Incentives, Budget Increases, and Quick Process Efficiencies

Not all of the pandemic's impacts were negative, the focus group remarked a rapid evolution and adoption of recruitment process practices to help stem physician recruiter turnover, produce faster candidate interview scheduling, and reduce unnecessary travel and lodging expenses.

As open physician requisitions across the nation continue to surge, the focus group observed increases in burnout and turnover of existing physician recruiters at their organizations. Moreover, the struggle to retain top producers and recruitment operators who continue aligning requisition loads to industry-recognized physician recruiter bandwidth became more prevalent. What once was reported at the onset of COVID-19 as one in four organizations larger than 1,000 employees eliminating recruitment staff at the beginning of 2020 has now turned into a competitive race to recruit a unique and often considered niche expertise. Organizations report adding sourcing/physician candidate marketing investments toward their 2022 physician recruitment budgets amid continued struggles in hiring top talent. Some organizations and third-party search firms, report adding experienced and demonstrated physician recruiter headcount to help quickly ramp needed recruitment efforts at their competing organizations. As a result, physician and provider recruiters across the country are being lured, especially those with gender and ethnic diversity, for their consultative/advisory role to a healthcare organization's strategic leaders -- particularly with new remote work capabilities, together with, on average, more than two out of three recruitment leaders and recruiters becoming bonus eligible for incentive pay for the achievement of recruitment goals within a defined timeframe. Across the nation there are now more physician recruiter openings than the focus group could recall from years' past.

As health care organizations were tasked to do more with less, pandemic-induced technologies such as virtual interviewing and candidate self-scheduling became mainstream to help offset the lack of recruitment resources and costs. The migration to a virtual platform for evaluating candidates not only showcased a more streamlined approach for first-round interviews, but also paved a permanent path for helping reduce an organization's overall recruitment expense (i.e., cost-per-hire). The group also remarked how their organization now views this as part of their standard recruitment work to schedule a provider candidate faster, while saving the organization and the candidate time and money – all the while still providing a great candidate experience. The group of experts concurred that many candidates have come to embrace the ability to video interview first to help quickly evaluate further consideration of their candidacy. In contrast, organizations touted the ability to evaluate how a physician behaves in a digital environment to help better understand a candidate's technical prowess and comfort level. Faster and more automated software, such as those used for digital signatures, allowed speedy facilitation of the offer and employment agreement process without the distractions of chasing down signed documents. More so, some organizations have reported working on on-demand virtual practice and community tours to help elevate and showcase their organization's employment value proposition (EVP) earlier on in the recruitment process.

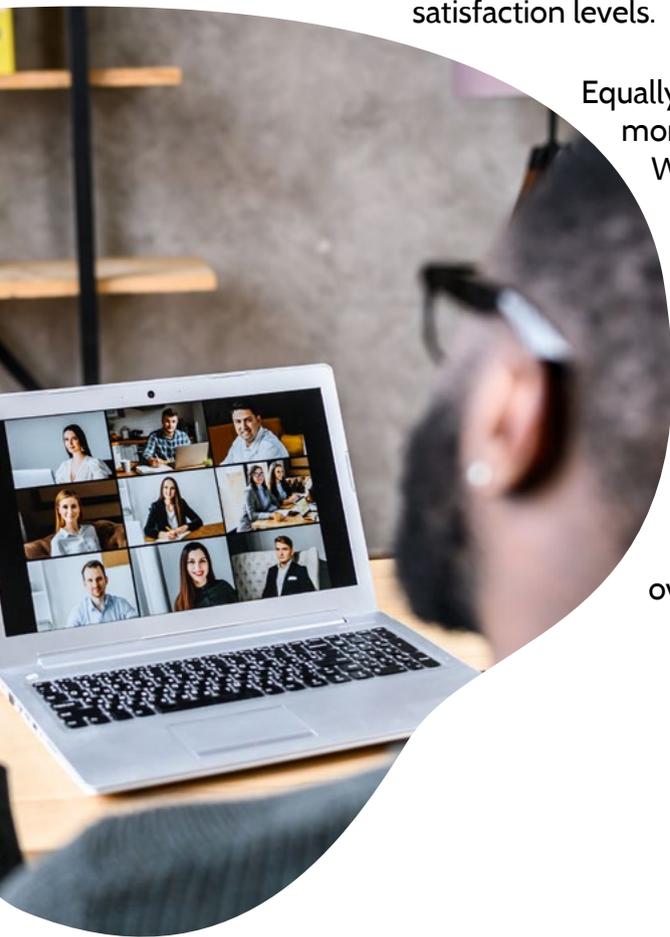


## Nimble Organizations Who Maintain Pulse on Market Dynamics Will Prevail

The group of experts concluded the continued effectiveness of collaboration with one another across the nation as a unique advantage in helping better forecast physician recruitment trends and performance of multivariant solution testing.

The recent release of the annual comprehensive benchmark report for in-house physician and provider recruitment noted a continued rise in the physician shortage along with up-to-date key industry performance indicators such as searches per recruiter, provider turnover, time-to-fill per specialty, the most in-demand specialties, use of locum tenens and search firms, preferred provider incentives, compensation, and more. Of interesting note was the group's comment that full cycle recruitment continues to evolve with more organizations adding supporting roles (e.g., travel coordinators, sourcers, event planners, etc.) to help augment their recruitment team's expertise, stay focused on core competencies, and maintain high job satisfaction levels.

Equally as important as the benchmarking data is the continued monitoring and interpretation of the physician recruitment landscape. With routine advisory councils and committees, the focus group celebrated a deep network of colleagues within the Association for Advancing Physician and Provider Recruitment and the importance of certification in this unique space. Leaders expressed use of the network as soundboards to challenges/solutions and lends a competitive advantage to keeping health care operation leaders well-informed of additional insights and trends within the industry. The collaboration of innovative approaches and minds helps to instill high-functioning and high recruitment performance standards to help drive timely hiring, achievement of medical staff development plans, retention of exceptional talent and lessen the overall burnout of recruitment.



## About AAPPR

The Association for Advancing Physician and Provider Recruitment (AAPPR) is a nationally recognized leader in health care provider recruitment, onboarding, and retention. For more than 30 years, AAPPR has empowered physician and advanced practice provider recruitment leaders to transform care delivery in their communities by providing best-in-class practices, up-to-date industry knowledge, and evolving innovative approaches for hiring, onboarding, and retaining exceptional clinical talent.



To learn more or to become an organizational member of AAPPR, please visit [aappr.org/join-now](https://aappr.org/join-now).

## Gratitude

A special thanks to AAPPR Board member, Allan Cacanindin, CPRP, CDR from Physician, Advanced Practice, and Executive Talent Acquisition at SSM Health for his thought leadership, design, and facilitation. Added thanks for our focus group contributors willing to share their thought leadership, insights, and experiences.

- Lesley O'Connell, Ascension Wisconsin - Director Physician Recruiting
- Lynne Peterson, Bluestone Physician Services - Senior Director & Ambassador, Provider Recruitment & Retention
- Donna Shelby, Citizens Memorial Healthcare - Director of Physician Recruitment
- Scott Simmons, Cleveland Clinic Health System - Senior Director, Professional Staff Affairs
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- Raquel Negron, PWNHealth - Senior Manager Provider Services
- Holli McConnell, Sentara Medical Group - Manager, Physician Recruitment/Retention
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- Monica Morris, Tift Regional Medical Center - Director of Physician Recruitment and Retention
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## The Recruitment Profession of the Future

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By: Karen Rieger  
IU Health Residency and Fellowship Programs Liaison

**T**alk about a bellwether two years! From late 2019 until now, professionals in recruiting, regardless of industry, have seen first-hand the toll exacted on many in our field in the wake of COVID-19. We all have rapidly become intimately acquainted with the sweeping changes that have taken place across the globe, out of necessity, to preserve (and re-define) what it means to successfully locate, hire, and retain the best and brightest individuals for the industries we serve.



Karen Rieger

Before we can collectively exhale – thinking the most formidable challenges may be behind us – we look into the future and find ourselves, again out of necessity, plotting the trajectory for recruitment best practices over the next five to ten years. So how can we build

upon the imaginative recruitment solutions carved out of the COVID-19 nightmare?

We have learned so much: career fairs, conferences, and interviews continue to be conducted virtually, with great success. A few of these successes include an increase in (virtual) career fair booth traffic, as well as an increase in candidate placements over the last year! (Also noteworthy is the considerable savings in cost and time realized from these virtual recruitment adaptations.) We have discarded processes that no longer made sense to keep. We continue to take greater advantage of the online platforms and other tools at hand and adopt fresh approaches as technology responds to the ever-changing market.

According to SHRM's '2021 Recruiting Trends Shaped by the Pandemic', we can likely expect our future recruiting selves to herald in new (and current) trends such as the following:

- The retention and expansion of virtual recruiting methods
- Increases in internal hiring/promoting
- Increases in permanent remote-work models
- The increased role of DE&I across industries

What else might the future of recruiting include?

- The continued expansion of more business being conducted virtually, which will increasingly affect all industries related to recruitment and hiring, such as real-estate/relocation companies, education, retail, and travel.
- Additionally, based on the rise of healthcare issues (besides COVID) such as mental health challenges, organizations may expand employee benefits to

include a wider range of counseling services, a considerable offering as prospective employees continue to grapple with the effects of adapting in a COVID-changed world.

- An increase in the (virtual) recruitment of younger prospective employees, particularly as those of baby-boomer age in the United States prepare to retire, leaving a sizeable gap in the workforce.

Recruitment's future ultimately depends on the level of creative problem-solving and adaptability to which industries and organizations rise. Leaders and team members alike must constantly evaluate how they conduct business, weighing and measuring the results they see in the tools and processes they use and be willing to replace them at a moment's notice to adapt to the shifting marketplace.

The results of today's recruiting methods and tools will, of course, shape and refine the means used by the recruiting teams and leaders of tomorrow, thereby determining who stays, who joins, and who is left behind.

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