One could argue that the most important component of being a successful recruiter is effective relationship management. It’s especially critical when it comes to physician recruitment. The process of hiring a physician is longer and more complex than sourcing staff level health care positions. There are fewer openings, but the roles are highly specialized, and with the looming physician shortage the best candidates are often recruited by the same health care organizations. To succeed, there are five key relationships for physician recruiters to successfully manage: the C-suite within their organization, other internal decision makers, active candidates, passive candidates, and new hires. Here are best practices, with advice from three leaders in physician recruitment, for managing these critical relationships.

1. Executives

The C-suite usually wants an overview of physician recruitment – minus the specifics. With open jobs, there’s potential for unrealized revenue; therefore, an executive’s biggest concern is timeline. Physician recruiters must be able to pull up information quickly and provide a synopsis of their expected time to fill.

According to Kay Wysong, director of Physician Recruitment at Methodist Health System in Dallas, Texas, keeping executives up-to-date is critical but “keep the information focused by updating them on things like shortage areas, success factors, and challenges. Concentrate on what the C-suite needs to know about the interview process.” Wysong recommends using physician recruitment software so “you know where you are with each physician.”

Physician recruiters should also take note of the information executives frequently request and create a standardized form. “I have a form that I update and provide to all of our C-suite,” said Julie Holsclaw, manager of Physician Recruitment & Retention at Glens Falls Hospital in Glens Falls, N.Y. “It’s also good for the executives to know what’s going on so that when new physicians start, they’re aware and can make an extra effort to ensure they’re acclimated to the hospital and the community,” said Holsclaw.

Holsclaw uses physician recruitment software to run quarterly reports. She breaks down the information according to specialty to show executives priority searches, filled positions, new hire start dates, and so on. “They like to look at when the search began, how many candidates we received, how many interviews were held per specialty, and how many offers we made.” With her report already in the system, she is able to continually update it.

The more efficiently and quickly physician recruiters can provide executives with critical information, the better their relationship will be with the C-suite. Effective relationship management with executives speeds up time to fill and improves retention, as executives feel more invested in the candidates and the recruitment process.

2. Other Internal Decision Makers

There are additional players in physician recruitment that influence a recruiter’s success. Holsclaw noted that when she’s recruiting for a hospital position her interactions are typically with a team of directors for different programs. For a private practice opening, she mostly works with the lead physician in that group. However, whether it’s a hospital or private practice, feedback from the physicians in the group you’re recruiting for is imperative. To manage these relationships effectively, Holsclaw recommends reviewing the process with team members beforehand. “Before a search is initiated, I go through the steps in the recruitment process and set realistic expectations regarding time to fill. I also explain what information I need for each search; I have a practice profile sheet that I have them fill out. Being clear on what information is to be expected helps me avoid miscommunication.” Holsclaw sometimes sits in on interviews, too. “Providing practices with interview techniques to follow is not uncommon.”

When it comes to managing relationships with the decision makers, Wysong noted that eliminating the need to re-create information for them is critical. With physician recruitment software, the physician recruiters can continually...
update candidate information. “I use [our candidate database] to make sure I know what’s happening with each person and can quickly relay this information to our decision makers.” Explaining the process up front, obtaining the information needed for openings, and tracking candidate status are key ways physician recruiters can successfully manage their relationships with decision makers.

3. Active Candidates

When it comes to active physician candidates, easy access to their information is imperative. “It’s hard to overcome a bad first impression, and I only get a few minutes to make a positive one,” said Wysong. She recommends storing everything in candidate records. “I have all of their contact information so I can easily get in touch with them through the candidate database. I even store conversations, like an email. Having a database means the information I need is at my fingertips, which helps me look better in the eyes of my candidates.”

Consider giving physician candidates all the information they need online. At Quincy Medical Group in Quincy, Ill., viable active candidates are allowed special access into the recruitment side of their website. “They can access our business presentation, all the forms for the recruitment box with this information periodically. “I know who the physicians are who want to work for us but for whom the timing isn’t right. I email them periodically – a quick hello to check in from time to time. I also take the time to personalize standardized emails. I was able to recruit a physician two years after they initially applied because of that,” said Chaney.

Holsclaw takes detailed notes for future reference and tracks the status of candidates. “With applicant tracking software, I can sort candidate records by status, read my notes about where I left off with them, and what they’re interested in.” Since it’s impossible for recruiters to remember every candidate they meet, take notes and make sure that information is easily accessible.

Physician recruiters should set reminders to follow up with passive candidates periodically. “I know who the physicians are who want to work for us but for whom the timing isn’t right. I email them periodically – a quick hello to check in from time to time. I also take the time to personalize standardized emails. I was able to recruit a physician two years after they initially applied because of that,” said Chaney.

4. Passive Candidates

Chaney and Holsclaw typically recruit for 10 to 12 open physician spots per year, while Wysong usually recruits for 15 to 20 opportunities per year. “I have hundreds and hundreds, maybe thousands of candidates, I deal with and sometimes they re-emerge and remember you, but you don’t remember them,” noted Wysong. To successfully manage the relationship with passive candidates, it’s crucial that recruiters remember the details. When a candidate from the past calls to talk about new opportunities, Wysong accesses her candidate database to reference how they met. “From the candidate’s point of view, it’s nice that I remember them. From my point of view, it makes me feel more secure – I’m able to move forward with someone who re-appears quickly and this creates a better image for my hospital.”

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5. New Hires

A new study1 from the Conference Board of Canada suggests that employers should continue to woo new employees during their first few months. Although physician recruitment is often separate from human resources, physician recruiters are still typically tasked with positively contributing to retention.

Holsclaw recommends bringing new hires around, introducing them to key staff members, checking in with them, and developing a set schedule to provide feedback. “Don’t just ask them questions; provide feedback.” Also, be the main point of contact for new physicians for the first 90 days. “Make sure new hires know they can come to you for an answer instead of asking 10 different people.”

Since a new physician often relocates to a new community, Chaney feels it’s crucial to welcome the physician’s family, too. “I help the family by personally giving them the information they need.”

At Quincy Medical Group, new hires are paired with a mentor. The mentor is their confidant and stays with them throughout their first year. When new physicians have reviews by the CMO and CEO after one month, six months, and one year, the mentor’s comments about their physician go into those reviews. “We stay on top of every issue as they’re happening so nothing gets out of hand,” remarked Chaney. The mentoring program has been extremely effective – Quincy Medical Group has a 98 percent physician retention rate.

Checking in regularly, mentoring, and personal touches are imperative for retention. Physician recruiters should also consider using an applicant tracking system to set up important reminders and checklists for new hires. In particular, customizable new hire checklists help ensure candidates go through all the new hire items by a predetermined date.

Conclusion

When opportunities arise or a situation changes, physician recruiters have to be prepared.

By focusing on creating effective strategies to manage the five most important relationships, recruiters can ensure they’re ready for anything – the impressive candidate who emerges a year after an initial conversation, the executives who suddenly demand a pipeline overview, the medical director who’s struggling to hire the right candidate, and the sought-after physician currently in-process. As Wysong said, physician recruiters should make sure they’re nurturing those critical relationships because “time and chance are everything in recruiting.”

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