



PROFESSIONAL ISSUES

## Eager recruiters want residents to hear them *now*

### AMA asks job placement professionals to stop paging the young physicians at inappropriate times.

By [Myrle Croasdale](#), AMNews staff. May 21, 2007.

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Chief resident Douglas Ché Miller, MD, was in the middle of leading rounds when his cell phone rang.

He stepped out of the room to take the call. The caller identified herself, rattled off a company name and started asking for information.

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"The information they [were] asking for is the information you would normally give to home health care," said Dr. Miller, chief resident of the general surgical program at the University of

Oklahoma Health Sciences Center in Oklahoma City.

However, it was not a nursing home or a home health care organization confirming patient orders. The caller wanted information for a recruitment database.

Meanwhile, Dr. Miller's group of students and residents waited to finish presenting patients, their task interrupted by a nonurgent phone call.

Recruiters are increasingly contacting residents at work, disrupting residents' patient care and training, according to anecdotal reports. The development prompted the American Medical Association in late March to send a letter to all program directors and the National Physician Recruiters Assn. asking for their help to stop the practice.

**A recruiter  
can earn  
\$18,000 to  
\$22,000 for  
placing a  
physician.**

"Physician recruiters offer a valuable service to residents, and most residents would welcome recruiter calls, but it needs to be done in the appropriate context," said AMA Board of Trustees member Samantha Cramoy, MD, a first-year pediatric resident at Children's Hospital in Boston.

According to the letter sent by AMA Executive Vice President and CEO Michael D. Maves, MD, MBA, recruiters are calling the institution's main number and asking to have a resident paged. At

times, the callers have "alluded [wrongfully] to having an affiliation with the AMA," the letter stated.

Dr. Maves' letter also said if the AMA finds that a company is using AMA data improperly to contact residents or fellows on an unsolicited basis, the Association may pursue "contractual remedies." Also, physicians can have their AMA Physician Masterfile record marked "no contact," which would end unsolicited calls and bar all licensees from contacting the physician. However, this could end the receipt of some professional journals and block research or continuing medical education announcements, the letter cautioned.

## **Looking into the situation**

Karen Zeller, president of the National Assn. of Physician Recruiters, said the group's board was working on a formal response to Dr. Maves' letter.

"We view this as an opportunity to work more closely with the AMA and program directors," she said. "We need to do some research to find out who is engaging in these practices and how we can best encourage them to change."

Zeller received the AMA's letter April 9 and immediately forwarded it to her organization's members. She could not say which companies are making the unsolicited calls but said most recruiters who contact residents at work are doing so with the resident's permission.

"My physician candidates give me their cell phone numbers," she said.

Charlie Holland, chief financial officer of PracticeMatch in St. Louis, said his company would reconsider how it collects data that it then sells to in-house recruiters. Its repertoire now includes phone calls, e-mails and direct interviews with residents a year before they graduate. "We want to [be] in compliance with what the [resident] programs want and what the AMA is looking for," Holland said.

## **Competitive climate**

Recruiters who work on a contingency basis also might be contributing to the problem, Holland said. Consolidation within the physician recruitment industry has increased the number of independent recruiters, he said. Their income is based on the number of physicians they place, and at \$18,000 to \$22,000 a placement, this can make for aggressive candidate searches, Holland said.

Cardiology residents may be especially targeted as demand for qualified specialists grows to meet patient needs, said Jamie Beth Conti, MD, a cardiology program director at the University of Florida in Gainesville and chair of the American College of Cardiology committee on training and work force issues.

"The recruiters are pretty aggressive and are getting more so," Dr. Conti said. "Every [cardiology] group in the country is looking to hire."

Her department is peppered by recruiters' calls and e-mails, and in her opinion, some of the

callers are deceptive. "They call the fellowship office posing as friends or acquaintances or having a professional need and ask my assistant for the fellows' pager and phone numbers."

The department assistant screens out shady calls from legitimate ones, protecting cardiology fellows from unwanted pages. The slew of e-mails the department receives get printed and posted for all to peruse. However, with cardiology positions easy to find, Dr. Conti said her fellows do not feel much pressure to find a job.

Residents in other fields might find the job search a little more challenging and see physician recruiters as one more tool to track down that ideal position.

"There's a lot of concern about the number of calls they're getting, but every one of them wants a job," Holland said. "They realize to get a job they'll have to kiss quite a few frogs, and they're willing to participate in the process."

That may be true, but residents say calls at work cross the line.

"You expect every page to be an important clinical matter. You leave the patient exam room or the conference you're in to answer it," said Dr. Cramoy, who personally hasn't experienced the calls on duty but has had other residents tell her their stories of being interrupted at work.

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