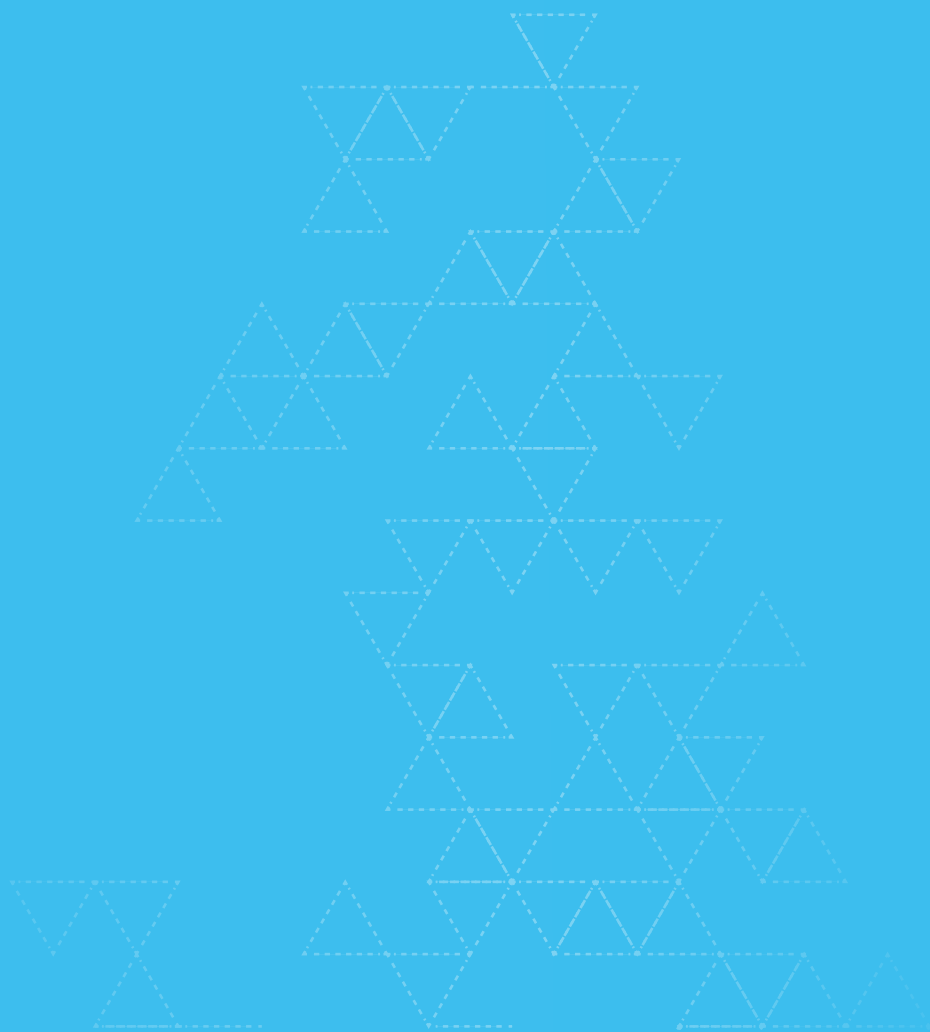


A Guide to Recruiting to Your Private Practice



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Recruiting a new member to your private practice medical team can be daunting. This guide, developed by the American Medical Association, was created with input from practicing physicians to use as you navigate the process of recruiting into your practice.



Who Are You Recruiting?

You first need to decide what type of practitioner you need in your practice. Ask yourself the following questions at the outset:

General

Are you recruiting for a clinician who can practice independently, or can the practice accommodate someone who will require onsite supervision (e.g., an Advanced Practice Professional)? Remember that you may be called upon to be an active mentor to the person who joins your practice.

Do you already have the physical space and equipment this individual will need to practice efficiently and effectively, or will you need to purchase new equipment or expand your physical space either by creating a remote office or a build out?

If you are thinking of expanding your hours to evenings and weekends, will your current support staff be able to cover the hours or will you need to recruit additional staff (e.g., nurses, medical assistants, front desk personnel)?

Physician

In process of finishing domestic residency program/fellowship

The period between Sept-Dec of the year before June graduation is the prime time for individuals in their last year of training to make their decision on where they will practice.

As it may take 6 months or more for a physician to be licensed if moving to a new state, and typically licensure must proceed credentialing by health plans and granting of hospital staff privileges, the earlier the process begins, the better for the practice and for the individual.

Seasoned domestic graduate

These physicians generally fall into two categories: the first includes individuals who have finished their military or public health service, may be in their late thirties to mid-50's, and want to continue to practice.

As some will have military retirement income, they may not be as financially stressed as the new resident/fellow graduate with \$200,000+ educational debt to pay back.

The second category includes the individuals who are currently employed, dissatisfied with their situation, and ready to make a change.

Seven years is an historical time to “stay or move” but that can vary, especially with newer graduates.

Non-U.S. citizen international medical graduate

Due to complex federal regulations on visas, you need to be sure that the international medical graduate you are recruiting (either from a domestic training program or from outside the U. S.) will be eligible to be licensed in your state and if there are any restrictions on how long they can remain in the U.S.

Advanced Practice Professional

Physician Assistant

You need to know your state's laws and regulations regarding PA supervision (e.g., how many PAs can be supervised, do you have to be on-site, do you have to review a % of their charts weekly) or is independent practice allowed.

If the latter, how will the billing work in your practice? Know what your medical liability exposure, and the practice's, will be for their independent decisions.

Connect with your state's medical association to help you find the answers to these questions.

Nurse Practitioner

As with hiring a PA, you will need to know your state laws regarding supervision and the other issues noted at left. A potential source of confusion and/or disagreement may arise when a nurse practitioner who has completed a Ph.D. or DNP program wants to be called Doctor.

Will that be confusing to your patients and physician colleagues? As they are trained in the nursing model, how will the other nurses in your practice view them? Whatever the decision, it is important to address this upfront, before an employment offer is made, and to apply the practice's policy consistently.

Avenues to Locate Potential Recruits

- Your Medical School reunions.
- Outreach to the current program director where you did your residency/fellowship regarding your opportunity.
- County/State/Specialty medical society job fairs.
- Social media interest groups, for example, there is a group on Facebook for physician mothers where you and/or a member of the group might be able to post your opening. Other groups can be based on specialty, location, hobbies, or lifecycle.
- If you are in a state with a loan repayment program for physicians who work in an underserved area, obtain a list of those who need to find a place to practice and send personal notes.
- Local military bases for any medical physicians/APP are completing their service in the next 6 months and outreach to them.
- AMA resources (JAMA Career)
- Using recruiters. An advantage is they have already established networks and refined processes. The disadvantage, in addition to their fee, is they may not be able to articulate what makes your practice unique.

Positive Reasons to Join Your Private Practice

You should be able to articulate the positives of your practice in a clear concise, and intriguing way—3-5 minutes. The individual you are recruiting is more likely than not to be casting a wide net and have many offers, so give them the top three reasons why you want them to join your practice so they can retain those facts easily. Why do you love your private practice? Ideally, you should have all your positives written out as key points so you can give to the recruit (by paper or electronically - the way they prefer) as you continue conversations and interactions. Be sure to highlight anything that will be a positive for their family and loved ones if they join your practice. Ideally, invite them (include their significant others) to dinner with colleagues to showcase your team and get questions answered outside of the practice setting.

- For many, the starting point may be collegiality and practice culture. Do people like working in the practice? Are they looking for a long-term professional home? An opportunity to put down roots? To live in a community like yours?
- Are they seeking the degree of professional autonomy that a private practice offers? For example, is it the ability to control your schedule to see patients, take time off when you want to, decide how to make your practice more efficient, spend more time with patients when needed, and make decisions without seeking the approval of a multi-layered bureaucracy and non-physicians? Do you get to choose who you work with?

A recruit will want and expect an honest appraisal of your practice. It is far better that you articulate and address any negative aspects (“opportunities for improvement/challenges”) than that a recruit learns about them later as they conduct their own research. Offer to discuss any concerns that arise from their due diligence. To prepare for this scrutiny, ask yourself:

- Have you done a search on Google, Yelp, and other public websites to know how your practice is perceived by patients?
- If you have negative reviews, be prepared to share what you and the practice have done to address valid concerns. The recruit expects a dynamic practice that focuses on patients’ health outcomes and wellbeing and is also attentive to the professional satisfaction of its physicians, and the medical team including recognition that time away from work is valued.

Virtual Interview Tip:

Prepare a PowerPoint presentation to use during the virtual interview. Some key considerations when preparing the presentation are:

Information about the practice, practicing physicians (owners and employed), and mid-level providers

This could include health system, hospital and surgery center affiliations, health plan participation, community involvement, hours of operation, support staff information, practice technology, salary, and benefits, etc.

Expectations of the candidate upon joining your practice

Some things to think about: what are the expected hours for this physician?

If the physician is a surgeon or specialist, what are the operating room scheduling practices (e.g., block time), capabilities and expectations?

What is the call schedule like at the practice? Is the physician expected to take call only for established patients or will they also be on call to see unassigned or new patients at area hospitals and emergency rooms?

Clear information on their income including if it is performance based, fixed salary or percentage of RVUs generated. If the practice is involved with teaching, does that detract or enhance one's compensation?

Growth opportunities for the candidate

How many referring practitioners are in the area? Is there a plan for the physician to network with referring providers? Can the physician leverage community programs to connect with potential patients?

To download a customizable virtual interview PowerPoint template, [click here](#).

What is the Recruit Looking For?

A successful practice is one that has a vision, mission, and goals, in short, a strategy. Although a smaller physician practice may not have a formal strategic plan, practice leaders likely have it “in their heads,” and should be able to articulate it to potential recruits. It’s important to know how a recruit will fit into and advance that plan.

- Is it the intent of recruiting to expand the practice, provide new services, fill an unmet need, or plan for the retirement of a more senior individual? Regardless of the reason(s), every physician practice should be able to articulate why it is recruiting, for themselves and for potential recruits. Expect recruits to ask if any key physicians in leadership are considering retirement or otherwise leaving the practice. Recruitment in advance of a planned departure can be an indicator of thoughtful stewardship of the practice. Frequent turnover, particularly in smaller organizations, may be a red flag, make it difficult to predict what the future work environment might be like, and may raise concerns about practice culture and the organization’s sustainability. Practices should become familiar with sites such as Glassdoor.com where former and current employees can anonymously share their experience with and impression of an employer.

A practice website that does not appear to be professional or on which the information is out of date may raise concerns about whether sufficient attention is being paid to the practice’s “brand,” and its use of technology. Lack of attention to technology could negatively affect the recruit’s practice if they do not have access to the resources needed to practice medicine efficiently.

- The recruit will check how competitive the market is for their services. This information is valuable for at least two reasons. First, if you are going to make an offer to the recruit, you have already determined that there is a real need for their services in the community. They will be looking for signals, subliminal or overt, that you are not making an offer simply as a defensive tactic in response to a competitor. Rather, they want your offer to be the result of a well thought-out and researched business strategy to ensure a sufficient patient base for them to build a long-term successful practice.
- Second, understanding the strength of the demand is for their services in the market may help them assess the strength of their negotiating position and potential for growth. They will evaluate patient-to-physician ratios. For instance, if the ratio of patients to physicians in their specialty is high relative to other parts of the country, it will give the recruit reason to believe there is a real opportunity to build a robust practice.

Are you willing to help them build their patient base? They will want to know what specific steps, if any, the practice will take to grow their patient panel. Having answers to questions like the ones below can offer the recruit a sense that you have thought carefully about how they can be successful in the practice.

- Will referral relationships already be in place?
- Will new patients be directed to the newest member(s) of the practice?
- Will they be assuming responsibility for the patients of a physician who is cutting back, retiring from, or leaving the practice?
- Will there be specific funds in the budget for marketing?
- What orientation, mentoring, staff, and administrative support will be provided? What are the practice's hospital and payer affiliations and any issues you have experienced with them?

Finally, compensation and contract terms are critically important. Most new graduates will expect fixed compensation that is not based on productivity, at least initially. A seasoned physician is likely to be more accepting of a base salary with productivity. Practices should be as specific as possible when describing their expectations of the new hire for growth in patient volume, procedures, and revenue and how that will impact decisions about partnership and bonus compensation.

- Become familiar with Salary.com and Medscape's compensation reports; recruits are likely to access them to see if an offer is competitive, or not.
- Paying down large student debts, which cuts into take home pay, may make it challenging to guarantee a satisfactory salary.
 - If you are in a medically underserved area, student loan repayment programs can be part of your compensation package.
- Ideally, an employment contract will use clear and unambiguous language that covers all key issues. If overly detailed, it may suggest a lack of flexibility in the relationship. Encourage the recruit to have an attorney or CPA review the contract but realize that compensation models with complex formulas may turn off the recruit.
- A practice should never discourage a recruit from seeking independent counsel. If the contract terms are non-negotiable, as is sometimes the case when all the practice's physicians have accepted the same terms, that should be shared with the recruit when an offer is presented.

- The initial contract should describe working conditions (e.g., days and hours), call responsibility, compensation including retirement, medical liability and disability coverage, time off for parental leave, vacation, and professional development as well as termination of the relationship including restrictive covenants.
 - Although some initial contracts describe the potential to buy into the practice, it is important to make the distinction between employment and partnership contracts and not imply a guaranteed opportunity for partnership unless a physician is joining as a partner.

Who is the Competition? Strategies to Counter Their Pitch

If you are competing with another private practice in the community, you will want to articulate, if it is true, why your practice would be a better fit for the recruit and not make derogatory statements about the competition. It is important to remember that the recruit may join the competing practice and that derogatory or unfounded statements will not be forgotten and may be shared.

Competing with large organizations that have their own recruiting departments can be daunting. Participate in and take advantage of job fairs that many state and specialty societies offer. Maintain your relationships with your medical school and residency program, and develop new relationships with programs in your area, so you can make a personal pitch to medical students and residents, an excellent way to develop relationships early with potential future recruits.

You have the advantage of knowing your practice and all the things that foster joy in medicine. You may not be able to match the dollar amount offered by your competition. However, most recruits have a minimum salary amount in mind, based on their financial obligations (e.g., loan repayment). It's reasonable to ask a recruit if they would be willing to share that number, to know early on if you're in the same ballpark, or not. If you are, remember that many, although not all, new graduates are looking for more than a reasonable salary in their first practice, such as strong culture, stability, and mentorship, that may be strong points for choosing your practice over another.

Do Not Forget to Address:

- **Spouse/Significant Other:** Even when a recruit thinks the job you have to offer is perfect for them, if their spouse or significant other does not like that part of the country or will be unable to find a satisfactory job in the same area or may be concerned about making friends in the community, the odds are that the physician will be unhappy, too.
 - As the recruiting process relates to two careers including two physician couples, some may expect that each will work less than full-time to be able to spend time with their family. Is your practice going to be able to accommodate those expectations?
- **Other family members:** children/parents/individuals with special needs: Does your community have good schools (public and private)? Are there day care facilities for children and those with special needs? If not, how will your practice accommodate the need for flexibility and time off to care for the physician's family members?
- **Rural vs. urban living differences:** A physician who has grown up with well water, septic systems, spotty telecommunications, and distances of 30-plus miles to get supplies, or if their spouse or partner is from a rural area, will be more accepting of practicing in a rural community. But, if either physician or partner has only known an urban environment, moving to a rural area will require a focused pitch on the benefits of rural vs. urban areas.
 - Cleaner air, no traffic jams, safe(r) communities, being closer to nature and better star gazing are some examples!
- **Professional support system:** You will need to describe what professional support exists besides colleagues in the practice.
 - Does your practice participate in regional medical school outreach programs, such as [Project ECHO® \(Extension for Community Healthcare Outcomes\)](#)?
 - Does your county, state and specialty society provide opportunities to interact with colleagues in the same or different specialties?

- **Personal support system:** Are there places of worship in your community that will meet the needs of the recruit and their family? If your practice team is comprised of Baby Boomers and the Greatest Generation, are there peer groups of individuals that younger physicians can be a part of?
 - What support do you offer for physicians through the various career stages/life cycles? Does your practice have individuals who are willing to provide mentorship, sponsorship and allyship for them, especially if the recruit is from an underrepresented group?
- **Common concerns:** Is your practice on a solid financial footing and is the forecast one of future sustainability? How flexible are the hours? How much time is scheduled for new patient and follow-up visits? Is there built-in flexibility if a patient needs more time? If joining a group practice, in what domains will they have more or less autonomy (group standard operating procedure vs. individual preferences)? Will they be credentialed to perform the specific procedures in which they have been trained, or will their performance of those procedures somehow be restricted? Will they be encouraged to introduce new procedures when they join the practice and learn new procedures over time?

The Bottom Line

You are the best recruiter
for your practice.

**No one
knows it better!**

There are advantages to joining a private practice when compared to employment by a hospital/insurer/private equity firm that are beyond financial.

You simply need to articulate what those are in a face-to-face or virtual interaction with the prospective recruit to get them excited that the next step in their professional career is to join you.

If they do, the AMA has [resources to support your practice and its new member](#).

Good luck!

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Appendix: AMA Resources

The following is a collection of AMA resources related to physician recruitment.

- [Evaluating prospective employers checklist \(PDF\)](#)

Current state of private practice

- [What Makes a High-Performing Practice? \(Webinar\)](#)
- [In a challenging landscape, there is new support for private practices](#)
- [Policy Research Perspectives: 2020 Physician Benchmark Survey \(PDF\)](#)

Evaluating practice arrangement options Identify, learn about and compare practice settings

- [AMA STEPS Forward® Toolkit: What to Look for in Your First or Next Practice](#)

Emerging payment models

- [Physician payment & delivery models](#)
 - [Evaluating Medicare Advantage Value-Based Contracts \(PDF\)](#)
 - [Evaluating Medicaid Value-Based Care Models \(PDF\)](#)
- [Physician payment resource center](#)

Learn more about contracting considerations for a private practice

- [Payor Contracting 101 \(Webinar\)](#)
- [Payor Contracting 201 \(Webinar\)](#)
- [Private Practice Toolkit: Payor Contracting 101 \(PDF\)](#)
 - [Private Practice Toolkit: Payor Contract Review Checklist \(PDF\)](#)
 - [Private Practice Toolkit: Payor Contract–Sample Contract Language \(PDF\)](#)
 - [Private Practice Toolkit: Examples of Significant Payor Unilateral Policy Changes \(PDF\)](#)
- [Managed Care Legal database](#)

- [Physician-employer engagement: Direct-to-Employer arrangements](#)
- [Physician Only ACOs: An Opportunity to Consider \(PDF\)](#)
- [Pay-for-performance contracts \(PDF\)](#)
- [Evaluating bundled or episode-based contracts \(PDF\)](#)
- [Developing Clinically Integrated Networks and other Innovative Contracting Models \(Webinar\)](#)
 - Related resource: [Clinically Integrated Network \(CIN\) checklist \(PDF\)](#)
- [Cutting Edge Trends in Physician Compensation \(Webinar\)](#)
 - Related resource: [Ancillary Services checklist \(PDF\)](#)

Partnering with a hospital/health system/ACO

- Key issues to consider when [forming an ACO with hospitals](#)
- [Accountable Care Organizations: How to Perform Due Diligence and Evaluate Contractual Agreements \(PDF\)](#)
- [Should your practice join a hospital ACO? What to consider](#)
- [How to Evaluate Contractual Agreements: Unwinding Existing Arrangements \(PDF\)](#)
 - [Five keys for physicians unwinding contractual arrangements](#)

Partnering with a private equity firm or seeking venture capital funding

- [Venture Capital and Private Equity Investment \(PDF\)](#)

Regulatory and legal considerations

- [Trends in Payor Audits and Disputes, Part 1 \(Webinar\)](#)
- [Trends in Payor Audits and Disputes, Part 2 \(Webinar\)](#)
- [Payor Audit Checklist \(PDF\)](#)
- [A Brief Summary of the Stark Law and Anti-Kickback Statute Reforms \(Final Rules\) \(PDF\)](#)
- [Stark waivers in the PHE](#)
- [Strengthen the practice resource guide](#)

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