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Throughout this issue you will notice multiple references to the two topics of “transformation” and “branding,” and while these terms are no doubt separate and unique, they do indeed provide a connection in multiple, overlapping ways to ASPR’s current journey, and future direction, by way of our ongoing strategic plan. For those of you who attended our annual conference in April, you will recall learning more about our association’s long-term planning, and the huge role we are undertaking in the “transformation” of ASPR. In an organizational context, “transformation” is defined as a process of profound and radical change that orients an organization in a new direction and takes it to an entirely different level of effectiveness. Unlike “turnaround,” which implies incremental progress on the same plane, transformation implies a basic change of character and little or no resemblance with any past configuration or structure.

We recognize that ASPR, as it’s known today, not only needs to adapt and evolve in response to the rapidly-changing health care landscape, but additionally must truly “transform” itself into an association that better aligns with an expanded member constituency (or as some might refer to it as, its target audience) that includes all “health care decision-makers who influence provider recruitment and are committed to quality health care for their communities.” This necessary transformation will be accomplished through a variety of thoughtful tactics including a new name for our association. More importantly, the implementation of a new “branding” strategy will play a pivotal role in transforming ASPR by allowing us to communicate in greater detail and alignment, with regard to what inspires, guides and drives us as an association, along with what truly differentiates us from other organizations.

Our goal here is simple: demonstrate (and communicate) the value of our association to a new and expanded set of stakeholder groups (think anyone who “touches” recruitment within health care), who are not yet aware of ASPR, or do not currently view our association as a viable resource of recruitment expertise and guidance. In doing so, we will benefit through an upgrade in market position and enhanced image. At the same time, we will set and control the narrative as we share our successes through this realigned branding and communication strategy – one that will allow our successes to be shared and our stories to be heard.

I am proud to say we have so much to share: the remaking of our chapter and regional group model and the alignment of our educational content across all platforms are two examples that immediately come to mind. However, there is more to tell, much more; and as we know all too well, it is important that we are the ones who ultimately set the narrative and tell our stories. Otherwise, someone else will.
Letter from the Executive Director

By: Carey Goryl, MSW, CAE, Executive Director, ASPR

As the executive director of ASPR, I must ensure that the board’s vision for this organization’s future is fulfilled. Our organization has undertaken a significant challenge to transform, not only its brand, and its education, but also its governance. This transformation is what propels us forward.

Transform doesn’t just mean change. It means dramatic change and that pace of change can even feel disruptive. Nowhere is this more evident than in health care, making what ASPR does on behalf of its members all the more relevant, and it requires us to continually assess what we offer to you and the messages we speak on your behalf.

ASPR is not only growing, it’s thriving as a healthy organization with a growing membership:
• Membership peaked at 1,800 members this year
• Record attendance at the conference in Chicago
• 109 more members completed the fellowship certification, bringing the total number of FASPRs to more than 300
• The Fellowship course and corresponding exams were updated and relaunched in ASPR’s new online platform
• Nearly 7,000 physician and advanced practice provider searches were included in the latest ASPR Benchmarking report

ASPR is in a stable financial position, with reserves and capital to invest in exciting new projects and programs for our members. Our vendor relationships are growing stronger and stronger. This year ASPR hosted its first-ever strategic partner roundtable, bringing us all together to discuss the issues facing recruitment professionals and leveraging our collective resources to address them.

ASPR continues to evolve and grow, and we are engaged in some very timely initiatives. The first is our branding initiative. Most of you are familiar with the marketing elements of branding, such as our name, logo, and other visual representations of who ASPR is and what we do. However, much of branding is about the intangible: the essence, the message, the “feel” of our brand and its promise about what it can mean to recruitment professionals. At next year’s conference, we intend to roll out our Recruitment Redefined campaign that will cause us all to think differently about who we are and what we do.

A second important initiative ASPR is undertaking involves remodeling how our chapters and regional groups connect with us, and how they can provide more opportunities for engagement to grow organically. Hand in hand with the branding campaign, we will present a united ASPR to our internal and external stakeholders and speak for the recruiting profession with one strong voice.

An initiative that we began last year continues as ASPR moves to align educational content across all of the ways we deliver it. Our Fellowship certification program is undergoing a programmatic audit to assess how we can best grow this credential.

None of this would be possible without the commitment and foresight of our volunteer leadership. Through our ever-changing, ever-evolving landscape of recruitment and health care, one thing remains a constant for ASPR, and that is the commitment and drive of our volunteers and the industry knowledge they provide.

The board of directors has embarked on an ambitious strategic plan, which says for all things that are overdue, now is the time. The board sets ASPR’s organizational priorities, and my role is to ensure we have the infrastructure and capacity to achieve these goals. ASPR’s staff resources have grown over these past few months to a level higher than ever before. The purpose of investing in these resources is to be the workforce that works collaboratively with, and helps, our members and volunteers to be the thought leaders and subject matter experts who will help ASPR achieve its vision to transform health care in our communities.

There has never been a better time to be a recruitment professional, and there’s never been a better time to be a member of ASPR.
It has been said that the only things in life which are certain are death and taxes. Change, too, is inevitable. If we are honest with ourselves, change is a good thing. It’s how the changes are implemented that typically results in the stress we may experience.

We cannot always control change, but what we can control is how we respond to that change.

Branding is another form of change – something, however, which we can control. It is our map, if you will, to how we wish to be perceived and the ways in which we present ourselves. As a group, ASPR is branding itself to better reflect the work of in-house physician recruitment professionals and how these roles have evolved and transformed. As individuals, we need to brand ourselves to show the true value we bring to our respective organizations. Without good providers, there is no good health system, right?

Branding does not stop once you have “identified” that value proposition that most effectively represents you. Branding is ongoing and is modified as time, environment, cultures and organizations change.

I think of rock bands and how they have to rebrand or restyle themselves to remain popular or to continue to pick up new fans. Think of Mick Jagger and the Rolling Stones, or Steven Tyler and Aerosmith. The Stones have been making millions for nearly 60 years and Aerosmith for nearly 50! Listen to the groups’ music from the 60s/70s, and then listen to their more recent hits. There’s still the band of old in the music, but through the years the bands have adapted to what was selling at the time. Each decade the respective band sounds just a bit different. These subtle shifts in style have allowed these groups to remain a relevant part of the music industry.

More importantly to the bands, these styles have allowed them to continue to make more money. Aerosmith recently was named the best-selling American rock band.

So what does this have to do with you, ASPR and me? Well, a lot, really. (Other than the fabulous music we play during our downtime at the ASPR conference.) ASPR has not been around nearly as long as Aerosmith or the Rolling Stones, but we have still been in existence for around 27 years. And, while it once was enough for hospitals to recognize the value of having an in-house recruitment team, we are now so much more – both as an organization and as professionals.

We are showing our worth as more than “those people who bring in new providers.” We are being recognized for our value as leaders in medical staff development, as key members of business development initiatives, and for the roles we play in creating a strong health system and community.

This is part of the reason that the ASPR board, staff and association members have embarked on a branding campaign to help us identify our strengths, our goals and the ways in which we can grow together and as individuals. Our style will remain intact and you will be able to easily identify that our heart is the same. As a group, we will develop our brand and our value proposition – that which makes us unique, defines who we are, and how we want to be perceived, and also is appealing to in-house recruitment professionals who are members and those we have yet to attract!

Your suggestions, as always, are greatly appreciated. Many of you have already participated in focus groups – for that we are grateful. It’s together that we will move ASPR forward and increase our value to our organizations, and advance ourselves within those organizations.
Personal Branding

By: Susan Motley, CAE, Deputy Director, ASPR

Does your Meyers-Briggs personality type indicator establish you as an ESTJ? Or, perhaps your StrengthsFinders assessment shows you have a high aptitude for strategic thinking. Is your LinkedIn profile URL customized to your first and last name? Does your personal email address conform to the same name and spelling and go to gmail.com? Is your resume scannable into an ATS? No doubt as recruiters working in the highly competitive health care profession, and with your years of experience you have reviewed countless resumes and spent some time on LinkedIn. Have you noticed a trend in “personal branding?” How have you applied this to your own career?

Personal branding is a term first attributed to Tom Peters in a 1997 article he wrote for Fast Company entitled A Brand Called You (https://www.fastcompany.com/28905/brand-called-you). His advice to “…ask yourself: What have I accomplished that I can unabashedly brag about? If you’re going to be a brand, you’ve got to become relentlessly focused on what you do that adds value, that you’re proud of, and most importantly, that you can shamelessly take credit for” collided with the rise of personal websites, blogs, and online personification that eventually evolved into social media networking sites like LinkedIn. The proliferation of “home computers” and free and low-cost digital marketing tools empowered people, of all ages and backgrounds, to create a unique package of their skills and accomplishments. It changed resume writing, giving rise to a different, less formal style with more of a “human voice.” (If you would like more information on this topic, follow Liz Ryan of forbes.com on LinkedIn.)

So, what does your digital “first impression” say about you? The way to find out is to Google yourself – put in your first and last name and see what comes up and if you have your own personally branded website with your name as a domain, this will usually rise to the top. Make sure it is up to date and presents a professional impression to any potential employer, even if it is a personal blog, and if it says anything about you that would affect your ability to get hired for your dream job, take it down. If you have a LinkedIn profile, that is the next thing that will rise to the top in the Google algorithm search engine, so make sure you have maximized your opportunity with all the features LinkedIn has to offer, including a customized URL. Other social media sites will be next, including your Facebook, Twitter, SnapChat, Instagram, and yes, even your Myspace profile will emerge, so be careful what you share publicly. If you’ve ever written a letter to the editor of your local newspaper, it’s there, but may take some digging. That is an excellent reason to make sure your LinkedIn profile is up to date and professional looking – so that it establishes your online first impression. You have a great free tool at your disposal, so why not use it wisely?

Need help? There are vast resources on personal branding, including toolkits and templates, from The Muse (www.themuse.com), assessments and advice from William Aruda, the self-branded personal branding guru often featured on LinkedIn (www.reachccc.com), as well as TED talks on YouTube, and consultants and writers available for hire. Just make sure you are taking advice from a credible source and align yourself with a resource that portrays an image that you can relate to, so you are presenting your unique qualities in a way that is comfortable for you.
The Power of Unified Branding

By: Jim Schnurbusch, President, OrgStory

As you may know, the board and leadership of ASPR has been engaged in a brand study for the past few months. The study is intended to help not only bring clarity and alignment to the name of your association to best reflect the work of its members today, and tomorrow, but to also create a brand platform that supports your collective work in the future.

Having had the privilege to work on developing some of the world’s best-known brands in my 30-plus year career, I believe the concept of “branding” is often misunderstood, and the power of a unified brand is often under-appreciated. As ASPR engages in its own branding initiative, it’s important to further discuss branding and the opportunities that a refreshed, aligned brand presents to ASPR.

Let’s go back to what was introduced earlier, a “brand platform.” What is that and why does it matter? A brand platform provides the roadmap for the successful development of any brand. In our process, we think of these core components of a brand platform:

- **Purpose** - What guides ASPR in its work?
- **Vision** - What inspires ASPR?
- **Mission** - What drives the organization?
- **Values** - What grounds ASPR?
- **Positioning** - What differentiates ASPR from other organizations?
- **Brand** - What describes ASPR and how does it express itself?

As you can read, to this point, we’ve not thought about brand as a name or a logo, but rather, we think about brand in a very different manner – brands are about experiences. Again, from our perspective:

- A brand is the promise that conveys who you are, what you do and why that matters.
- A brand is an organization’s identity on the outside; its heart on the inside.
- A brand is the story about the organization – what it has become, and more importantly, what it is becoming.
- A brand is a consistent feeling the organization’s stakeholders get when they are engaged.
When brands are aligned and unified in visuals and voice, they become stronger. Think about this metaphor:

Remember learning about trees and how they grow? When a tree adds a year, the trunk of the tree adds a ring – an expression of a year of growth. Every new ring represents another year of strong growth – and a bigger tree.

What does that have to do with an aligned and unified brand? Everything.

Let’s think of the organization’s brand as the tree trunk. When every chapter, regional group or affinity group of the current association brand is working together, aligned, they are all becoming stronger and adding to the growth of the tree – adding a ring to the trunk. Every year of alignment, every new ring – the association brand becomes stronger, bigger, and consistent in its visual and voice expression.

The value of every chapter, regional group, affinity group and the association working toward an aligned brand, is a stronger, more consistent statement of the brand platform – a clarity of positioning and purpose that supports the Association and every one of its members’ roles, because your brand is not only about representing the association but more importantly, representing YOU, its members. A strong brand helps your work and helps the association’s work.

Branding, and the strategy behind it that the association is pursuing, addresses the gap between how key stakeholders (C-suite executives, those you recruit, partners, etc.) think of the association today and how they want to think about it tomorrow. It’s the alignment of these stakeholder expectations with the association’s promise and positioning. Brand helps translate facts about the association into feelings expressed in ways that build awareness, change attitudes, create understanding, and inspire.

Jim Schnurbusch is the President of OrgStory, the brand consultancy working with ASPR. OrgStory helps organizations like ours discover, define, develop, and deliver the right brand stories that lead to the right outcomes. OrgStory has offices in St. Louis and Chicago.

On-Demand Webinars

ASPR offers free on-demand educational webinars that provide you with education from experts. The program provides opportunities to obtain CEUs from the comfort of your home or office with both live and on-demand options.

To view a full history of on-demand ASPR webinars visit:

www.aspr.org/webinars

Chat Reminder

Respect Member Privacy

ALL information that is shared on ASPRChat is for ASPR members only. Do not forward posts, recruiter information, etc. This includes emailing people who are not members of ASPRChat. Please be respectful of one another and keep the information within our ASPR group.
Is Your Branding Helping or Harming?

By: Elsevier, myhealthtalent.com

Medical professionals have many options when it comes to finding a new job. It’s up to recruiters to differentiate themselves in the marketplace. To do so, you need to evaluate your brand and look for ways to make it stand out.

What makes your brand different?

Branding is all about setting your organization apart from the competition. If a job seeker can’t tell the difference between your brand and the next, you’re going to lose out on a lot of interest as well as applications. According to Laura Byrne, writing in the LinkedIn Talent Blog, strong employer branding can result in significant savings in cost per hire, as well as lower turnover rates.

Developing a unique brand incorporates a number of disciplines, from choosing colors and logos to developing useful written content. Many organizations may already have brand guidelines, though there may be opportunities for refinement. A great way to start the process is to conduct some market research. Look at what the competition is doing and ask yourself how you can position your brand differently and convey your brand values clearly.

Are you starting a conversation?

As you develop your brand, you should think about how it drives a conversation. As Undercover Recruiter noted, social media presence is now an integral part of any employer brand. For medical recruiters, that means everything you put into the world should be a part of an ongoing conversation.

After all, everything you do is driving to one goal: recruiting excellent candidates. Each blog you post should drive readers to job listings, each listing to move job seekers to take an action, and those actions should lead to hiring decisions.

Are you promoting a positive experience?

It’s important to keep in mind that health care professionals aren’t enthused about having to hunt for another job. Even if they are currently employed, job hunters are often anxious about the future. The Anxiety and Depression Association of America reported that work-related anxiety impacts home life as much as performance on the job.

Recruiters can help to reduce some of this anxiety by making the job search experience a positive one. Streamlining processes and keeping lines of communication open can go a long way toward attracting candidates to your brand.

One effective way to make things easier for potential candidates is to provide them with the ability to learn about your organization in one single place. An easy way to achieve this objective is to develop a branded mini-site, where you can showcase your organization, clearly lay out open positions and highlight additional content such as brand values, benefits, work culture and more.

To learn more about leveraging a mini-site for your recruiting brand, visit myHealthTalent.com today or contact Traci Peppers at t.peppers@elsevier.com.
Young physicians entering the workforce are looking for more than just a job and a salary. They seek a position that meets their environmental and social needs as well as their financial obligations. Here’s how to reach this audience and meet their new demands.

What They Want: Job Postings That Attract Millennial Talent

Emphasize the Strength of Your Practice
Candidates want to work for an institution that values excellence. Emphasize your academic affiliations, philosophy, community involvement, financial standing, plans and mission.

Demonstrate a Work/Life Balance
92% of millennial physicians said a good work/life balance is important but only 65% say they have realized this in their jobs. Emphasizing that they’ll have a life outside of the facility will yield strong results.

Demonstrate Diversity
Minorities in the physician field, including women with children, report difficulties finding a suitable position in the profession. Emphasizing the culture of your institution will let them know if it’s a good fit.

Promote Your Location
Highlight the location of your facility, nearby attractions, its proximity to major cities, community diversity, outdoor activities, etc.

Elsevier’s myHealthTalent.com connects physicians and facilities - helping physician recruiters reach the best talent quickly and easily. Use promo code JASPR for 20% off on your next online job posting. For more recruiting resources, visit blog.myHealthTalent.com/recruiting.
2019 ASPR Annual Conference Preview

April 6-10, 2019
Loews Sapphire Falls Resort
Orlando, FL

After a record-breaking year in Chicago, ASPR is thrilled to invite you to Orlando for the 2019 ASPR Annual Conference. Join more than 600 of your fellow recruitment professionals, physician liaisons, administrators, CEOs, CMOs, VPs, and others involved with recruitment, retention, and onboarding. ASPR’s annual conference consistently gets high marks for networking, high quality education, and countless opportunities to fill your recruitment toolbox.

Highlights Include:

• Keynote and Plenary Sessions
• Breakout Tracks
• Ignite!
• Monday Celebration Event

Fellowship Certification Program

The ASPR Fellowship Certification Program is the most comprehensive, authoritative resource for individuals seeking to develop and test their skills and knowledge in the in-house physician recruitment profession. All three fellowship modules will be offered in Orlando – don’t miss this opportunity for face-to-face learning and preparation for the fellowship certification exams.

For more information, please visit www.aspr.org/fellowship

Hotel Information:

Loews Sapphire Falls Resort
6601 Adventure Way
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(Registration and Reservations will be open December 2018)

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New for 2019!

Stay tuned for details on specialty and advanced content offerings for experienced leaders, including ASPR’s new Master Class!
Schedule at a Glance

Saturday, April 6
Fellowship Classes

Sunday, April 7
Fellowship Classes
New Member Reception
Welcome Reception

Monday, April 8
5K Walk/Run
Keynote/Plenaries/Breakout Sessions
   Exhibit Hall
   Evening Celebration

Tuesday, April 9
Keynote/Plenaries/Breakout Sessions
   Exhibit Hall
ASPR Annual Meeting and Awards Ceremony

Wednesday, April 10
Chapter Meetings
ASPR Master Class
Specialty Content Sessions

*Tentative schedule as of September 2018 subject to change - visit aspr.org for an up-to-date schedule
We need a skilled, reliable, licensed doctor fast. And we need them to be a good team fit. And fully vetted by the time they arrive. We’re looking for a locum tenens physician that’s the right match for us.

We’ve already taken care of it.
Advancing in an Evolving, Diverse Profession: Lessons from Successful Physician Recruiters

By: Maggie Van Dyke, contributing writer for the Journal of ASPR

When ASPR was founded in 1990, the position “physician recruiter” was still an emerging job title. “Certain organizations saw value in having a physician recruiter in their organizations but it was a very small number at that time,” says Scott Manning, SHRM-SCP, SPHR, FASPR, director of human resources and provider recruiting, District Medical Group, Phoenix, Ariz. “It was a niche world.”

A lot has changed over the past 28 years. As the percentage of employed physicians has gradually outpaced independent physicians, the number of ASPR members has also risen. The association started with less than 40 members and now has approximately 1,800.

Because the profession is still young and evolving, it can be difficult for physician recruiters to sketch out a typical, or desired, career path for themselves. “It’s an advancing, growing profession but it’s still in the development phase,” says Manning.

One reason that it is difficult for new recruiters to foresee where they might end up in five, 10 or 20 years is that the job description varies greatly from one health care organization to another. “A physician recruiter at one hospital doesn’t necessarily do the same thing as a physician recruiter at a health care organization in the next city,” says Linda Remer, MBA, FASPR, manager, physician recruitment, Midland Health, Midland, Texas. “The jobs can be completely different.”

For example, at Midland Health, which is a 218-bed community hospital, physician recruitment is a one-person department. Remer handles an array of recruitment functions from sourcing and contracting to salary negotiations and onboarding. In comparison, large health systems may have 15 or more physician recruiters, and each may focus on a specific part of recruiting (e.g. sourcing, onboarding, retention) or specialize in certain types of providers (e.g. cardiologists, advanced practice providers, etc.).

cont’d on Page 16
Embrace the range of roles available. The various types of positions available in physician recruitment offers room for growth and change, says Stephanie Wright, MSA, CMPE, FASPR, director of physician recruitment, corporate physician alignment at Methodist Le Bonheur Healthcare in Memphis. “If you get bored with one position you can easily move into another. For instance, if your life allows for it, you might move from an office position, where you run ads and are on the phone a lot, to a position that involves traveling to job fairs.”

Develop core skills. The ASPR Fellowship Certification Program can teach recruiters about a wide range of technical skills and knowledge, from current trends in provider compensation to the intricacies of immigration and physician self-referral (e.g. Stark) laws and regulations.

But other skills and knowledge need to be honed in the trenches and via a university education. Manning has found that good physician recruiters typically excel in three areas:

• Sales: “Physicians have a ton of options across the country so you’re typically trying to sell the doctor on why they should come work for your organization,” Manning says.
• Marketing: “You have to be able to market your organization or opportunity in a manner that attracts doctors,” he says.
• Human resources: “An organization may choose to have human resources as a different department,” Manning says. “But recruiters still need to play by human resources rules in that you’re not violating laws or asking questions that are inappropriate or illegal.”

Avoid silo thinking. Physician recruiters can’t do their jobs well if they don’t reach across department lines to work with others involved in hiring, onboarding, and retaining physicians, Wright says. “My job as a physician recruiter is separate from the HR team, but I keep in close association with the HR team as well as provider enrollment and credentialing.”

Remer agrees that it’s vital to build positive relationships and rapport with other departments. When physician recruiters start new positions, she recommends they make two phone calls within the first week. The first should be to the organization’s medical staff or human resources office to find out how they onboard physicians. The second call should be to the organization’s legal counsel.

Seek out new experiences. Career steps that provide experience in different aspects of recruitment and human resources, such as onboarding, can help recruiters build their resumes and knowledge bases.

At Henry Ford, physician executive searches offer recruiters an opportunity to be involved in high-level recruiting tied to the organization’s mission and strategic plan. In addition, because the health system forms search committees with leaders from across the organization, recruiters get an opportunity to interact with executives from a variety of clinical departments. “You can really take your career to the next level,” Feddersen says.

Share knowledge. Physician recruiters can gain respect from senior leaders by sharing strategic information with
them, Wright says. For instance, she provides leaders with data on the number of physicians, within a specialty, approaching retirement age so that plans can be made to proactively prevent staffing shortages. Wright also suggests passing along articles and other information to leaders on physician compensation, perks, and other top-of-mind topics. “If you speak up, people will listen.”

**Beat the benchmarks.** Staying on top of industry best practices and working to improve performance will also gain attention from leadership, Feddersen says. “If you’re not hitting the benchmarks, like ‘time to fill,’ then determine what you can do to improve your processes.”

**Consider the skill sets needed to be a good manager.** “Often people get promoted to management because they are the best widget-maker, or the best physician recruiter,” Manning says, referring to a concept known as the Peter Principle. “But recruitment and management are completely different skill sets.”

While it’s natural to want to advance and move up the ranks, recruiters need to weigh whether a management position is a good fit for them. “To be a good leader, you have to be able to sever yourself from being a member of the recruitment team. Even though you may still do recruitment as a leader, you have to be the boss. That can be very difficult for some people to do.”

**Find a mentor(s).** “Networking within ASPR will create 15 mentors for you,” Remer says. “I can call up someone from Portland, Oregon or from Hilton Head and ask, ‘How do you guys do this?’”

**Take advantage of career exercises.** Feddersen has found various career exercises and tools, including personality and emotional intelligence assessments helpful in plotting and achieving her career goals. One that she particularly likes is the CliftonStrengths assessment, which helps identify a person’s top talents and strengths.

Career mapping is another exercise that can be helpful. “It involves figuring out what your goals are and what your career aspirations are,” Feddersen says. “Then you identify if you’re missing pieces that you need to achieve your goals, such as education or a mentor.”

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**Looking for new articles!**

ASPR is always looking for articles for the Journal of ASPR (JASPR).

If you would like to submit an article for JASPR, suggest a topic, or if you would like some guidance on a possible article topic, you may contact the editor at:

info@aspr.org

**Refer a member today!**

Do you know a physician recruiter who isn’t a part of ASPR’s network?

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www.aspr.org/join
“Oh! Be some other name: 
What’s in a name? That which we call a rose 
by any other name would smell as sweet”
“Romeo and Juliet.” Act II, Scene II. William Shakespeare.

Names. There are names which carry with them a reputation that creates an expectation of personality or behavior; but a name does not envelop the personhood of the individual.

Titles. In this context, job titles. Job titles represent roles within an organization. They should convey anticipated impact, define the primary goal and infer the accompanying level of influence of a position.

If you have looked through job openings lately you will have noticed that job title nomenclature has been experiencing an era of customization. One reason is that, in contemporary organizations, a job title can barely represent the complex nature of the impact, goals, influence, or the engagement required for the success of that one role.

An example of this renaming trend that crosses industries is the title Receptionist, which implies a very narrow role, by representing a single duty. Does the title Director of First Impressions create a very different perspective for what a Receptionist truly accomplishes?

Similarly, Physician Recruiter is a job title that represents one aspect of a complex role. Many of us who hold this title accept the nuances and implications of our position’s name. However, our title does not serve well the candidates, the leadership or the organizations for which we serve. We should bear a title that goes before us, clarifying our role and leveraging our work. It should inspire confidence in our abilities, infer performance excellence and articulate our core functions. If we think this to be impossible, reconsider our previous example – Director of First Impressions.

Consider this by looking up from your work, looking out over the organization in which you serve, and seeing the value of what you and your colleagues are doing from day to day. Are you sourcing, itinerating, and processing paper and people, or are you supporting the mission, vision, and values of your organization and creating an infrastructure of providers that establishes a culture of health care for your region? Once we see what we are really doing, as in the case of the Receptionist, we can then work together to create an effective title for our responsibilities.

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mfitzgerald@acponline.org
Advanced Practitioners Report Higher Incomes Than Previous Year

By: PracticeMatch

Nurse practitioners and physician assistants report that they earned more, and remained generally satisfied with their health care careers, in the past year, according to the second annual survey of advanced practice clinicians recently released by PracticeMatch, which provides health care employers and jobseekers with a variety of career, and employment, related resources including a physician/candidate database, job boards, career fairs, and career guidance.

As demand soars for advanced practice clinicians, NPs and PAs reported job satisfaction levels comparable to the previous year. Only 5 percent of this year’s respondents described themselves as unsatisfied in their careers as PAs and NPs, compared to 6 percent in the previous year. The survey of nearly 1,100 NPs and PAs was conducted in March of 2018 via M3 Global Research.

NPs reported an average salary of $113,900, an increase of 6.6 percent over last year’s average reported salary of $106,000. PAs reported an average salary of $117,000, up 4.9 percent from the previous year’s reported average of $111,500. Additionally, 8 percent of PAs and 5 percent of NPs reported earning more than $150,000 in 2017. These competitive, growing income levels equate to high levels of job satisfaction, and 86 percent of PAs and NPs reported being satisfied to some degree with their income level as well.

“Advanced practice clinicians such as NPs and PAs continue to be in extremely high demand among health care employers, especially in light of ongoing physician shortages,” states Mike York, chief executive officer of PracticeMatch. “Our annual survey shows that they are enjoying increased salary levels and job satisfaction rates that confirm how highly valued their clinical services are in a variety of medical settings, including hospitals and private groups across the country.”

As competition continues to intensify for advanced practice clinicians, signing bonuses remain an increasingly popular resource utilized by health care employers to attract top talent. Twelve percent of respondents reported receiving a sign-on bonus for their current role, up from 11 percent the previous year. Respondents who are newer to the workforce were more likely to have received a signing bonus than more tenured NPs and PAs, since signing bonuses have more recently become common for these practitioners. Fifteen percent of newer PAs and NPs (those with less than 10 years of experience) were paid a signing bonus, compared to 8 percent of PAs and NPs with more than 20 years of experience. Among those who received a signing bonus, the average bonus paid was $7,200.

Respondents were geographically and experientially diverse. Seven percent of all respondents have a doctoral degree (Ph.D. or DNP). Additionally, survey respondents have worked in their profession as an NP or PA for an average of 13 years, and in their current role for seven years, on average.

References:

About the Survey: The survey was conducted by M3 Global Research in March 2018, on behalf of PracticeMatch. Sample size was 1,089 respondents among Nurse Practitioner (514) and Physician Assistant (575) members of the MDLinx panel.

About PracticeMatch: PracticeMatch provides a variety of resources to match pre-screened clinicians directly with employers nationwide. Founded more than 25 years ago, PracticeMatch serves the recruitment side of the health care industry, and its Pinpoint physician database includes more than 350,000 interviewed physicians. Additional products and services include APMatch.com, a database and job board for NPs and PAs and their employers, as well as 25 to 30 live and virtual career fairs hosted annually for physicians and advanced practice clinicians nationwide.
Have you looked at ASPRChat?

ASPR’s Chat community inspires more conversation, networking and engagement between our members than ever before. ASPRChat is ready and waiting for you to join with questions, comments and everything in between.

The Chat platform is a great resource for:

- Receiving input, advice, and others’ best practices on tough issues and problems you face on a daily basis
- Connecting with others in your region, chapter, or specialty
- MD Leads – staff posts CVs for physicians looking for new positions
- Accessing ready-to-use documents and resources for every aspect of recruitment, from leads to interviews to onboarding and more

ASPRChat is a constantly evolving community with more users joining every day. Add your voice and experience to your professional community – join Chat today!
Alert Services Corp (PracticeAlert) has merged with HealthLink Dimensions to form HCP Navigator.

What does this new combined strength with HealthLink Dimensions mean to you as a staff physician recruiter?

Exciting product enhancements and recruiting tools!

- **PracticeAlert** clients will see a noticeable increase in active and passive candidate volume as we significantly scale our candidate outreach. More candidates mean more filled opportunities so watch your inbox.

- **Recruiting Management System (RMS)** clients can now increase the scale, quality, and accuracy of applicant tracking data within their databases. It’s another way we minimize data entry so clients can spend more time recruiting.

- Some searches are exceptionally hard to fill, so we are introducing the ability to proactively source fresh candidates for your initiatives with email marketing and programmatic targeted advertisement.

- Announcing a new and fresh approach in the job board options – HealthcareJobFinder.com

If you thought PracticeAlert was great, you’d better sit down.
AIR

If you have Academic Recruitment topics you want to discuss, please join us for our Town Hall. More information on the date/time will be sent to AIR members soon. If you are interested in learning more about AIR, please contact AIR President Lauren Judd at juddl@ccf.org.

CAPS

Conference 2019: Provider Recruitment...and All That Jazz
The Mills House
Charleston, SC
March 3-5, 2019
www.capsnet.org

If you are interested in being considered as a speaker, please contact Kathy Gresham at kathy.gresham@nhrmc.org. Please contact Misty Daniels (danielsmd@musc.edu) for more information.

ISPR

The Midwest Recruiters Conference gives both new and experienced recruiters the opportunity to gain information vital to the success of their organization. Recruiters also have the opportunity to build a strong network of colleagues within the in-house recruitment profession, and hear about the latest recruitment tools in our sponsors/vendors room.

This year’s venue is the historic Drake Hotel in downtown Chicago! The Drake is known as one of high-society’s first choices in opulence and luxury, and is listed in the National Register of Historic Places. The Drake is located at the corner of The Magnificent Mile and Oak Street Park & Beach, Lake Michigan. The Drake is at the heart of Chicago’s retail and dining corridor.

Conference Date: Nov. 15 to 16

Conference Price per attendee: $270 through October 1
To register for the Midwest Recruiters Conference visit the web site at:

https://midwestrecruitersconference2018.weebly.com

Remember to make your hotel reservations! Conference Rate is $199 per night.

Reservations: https:/ /book.passkey.com/event/49588744/owner/2879/home

PracticeMatch Career Fair- November 14, 2018

The Midwest Recruiters Conference is strategically scheduled the day after
the PracticeMatch Chicago Career Fair. Maximize your time by participating
in the career fair the night before the conference. The career fair is a
separate event organized by PracticeMatch.

Please register for both events if you intend to display at the career fair and
go to the conference

https://www.practicematch.com/employers/career-fairs-and-events/
registration.cfm?eventID=400&regType=Hospital

See you in Chicago!!

SEPRA

2018 SEPRA Educational Conference
October 22-23, 2018
The Ritz Carlton Atlanta
Atlanta, Ga.

To register or for more information, please visit https://www.sepra-conference.org/.

Hotel Information
404-659-0400

www.ritzcarlton.com/atlanta

Room Cost: Group rate $199/night plus all applicable taxes. This price
includes in-room Internet.

Please email questions to: sepra@aspr.org
Leadership Profile
Linda Remer, FASPR, Co-Chair, Resource Library Committee

1. How did you get involved in recruiting?

I was working in Marketing/Communications at a hospital and worked on several projects with the Physician Liaison/Recruiter. When that person moved to another position, my CEO asked me to apply for the job. At first, I told him, “I have no experience as a recruiter, and I don’t know if I really want to work with physicians full-time!” He told me that what I brought to the table was a passion for my hospital and my community, and the personality to make those two passions come alive for candidates. How can you say NO to a person who sees those attributes in you? I’ve now been a Physician Recruiter for more than five years.

2. How long have you been an ASPR member?

The person who I replaced told me about ASPR and I immediately joined the first day I was officially on the job! I’ve been a member since day one, which is a little over five years now.

3. What interested you about chairing the ASPR Resource Library Committee?

I originally responded to a JASPR article asking for committee volunteers in any area. I received an email back with several choices, and I picked the Resource Library because I had personally used it so much as I was building my knowledge base of physician recruiting. I wanted to be a part of continuing to build that library of information for ASPR members.

4. What is the purpose of the Resource Library?

The Resource Library’s charter statement or statement of purpose (updated by our committee this past January) is: The Resource Library procures resources to enhance the ASPR Resource Library through ASPR members’ best practices and outside content experts.

The committee works to make the Resource Library a building block for ASPR members to access documents, reports, spreadsheets, policies, etc. that are working for, and being shared by, our colleagues. What is better than tools that are currently being utilized? The Resource Library is not full of theory or “maybe this will work;” the resources truly are what is working for fellow recruiters and organizations right now.

5. What was the inspiration behind the new tool kit?

The Recruiter Toolkit is a compilation of everything that a new recruiter might need or might want to know to begin recruiting providers. After that listing was done, the committee then matched each item in the Toolkit with a resource in the Library. It’s another comprehensive resource or tool for us to use.
6. How do you stay informed about what is going on in the world of health care recruiting?

I rely almost 100 percent on fellow ASPR members to bounce ideas off of and ask questions! I email other members whom most often I have never met. I enroll in every ASPR webinar offered. I go back and play old webinars (some I have viewed three to four times to make sure I truly learned the subject matter), and I attend the annual ASPR conference whenever possible.

7. What advice would you give to someone who is new and just starting out in physician recruiting?

Join ASPR as soon as possible! And then join an ASPR affiliated chapter in your region, state, or particular job such as OAR (onboarding and retention) or AIR (academic in-house recruiters). Go through all the educational webinars, free to ASPR members — both the past ones as well as the upcoming ones. Go to the Resource Library and look at the Toolkit for what you need to know and what resources are in the Resource Library for you now. Start reading the ASPRChat board and participating by searching for subjects you are interested in learning about, posting questions, answering questions, and sharing your own viewpoints and/or best practices. Making those professional connections will enhance your growth and confidence. Go to the Resource Library when you need to find documents and information on a particular subject matter, and customize those templates for your specific use and branding. ASPR members’ specific jobs may differ — some of us do a little bit of everything, and some of us concentrate on just one portion of the recruitment cycle — but the one thing ASPR members have in common is a passion for the direct impact we have on the health and wellness of our community.
Recruiting made easier with the NOWW Platform

The NOWW Platform provides direct access to a comprehensive member/non-member database of almost 1 million practicing AMA Physicians. Instantly select your target audience, perform email broadcasts, or download mailing lists right from your desktop. Take control and streamline your recruiting process NOWW!

For more information about the NOWW Platform or recruiter marketing, contact Nick Angellotti at 630-477-1549 or n-angellotti@mmslists.com or visit www.mmslists.com/noww-platform-jaspr

The AAOS Career Center promotes your openings to orthopaedists, residents, and health care professionals at a fraction of the cost of advertising

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Recruitment listing options start as low as $360 for three months — a great value!

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First reason physicians choose a job.

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ALOYSIUS BUTLER & CLARK  BRAND | DIGITAL | MEDIA  abccreative.com/recruitment
New to recruiting? Forming or expanding your department? Want to add value to your organization? Then this Toolkit is for YOU!

Log in for access to the Library as well as the Chat rooms.

The Recruiter Toolkit matches topics with available resources in the Resource Library or resources easily found in the public domain. As you use the Toolkit, please let us know how we can make it better for you, a valued ASPR member!

-Your Resource Library Committee

1. Physician Recruitment Department – Structure & Organization

Examples of information one might need:

a. Structure of different Departments
   i. Defined roles: Coordinators/recruiters/senior recruiters, etc.
   ii. Job descriptions, recruiter assignments, different organizational structures
   iii. Who works closely with recruitment/who is involved

b. Expectations
   i. For example, average number of searches and turnaround time

c. Goals/Goal Setting - Benchmarking

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Recruitment Process

- Committee Structure for Recruitment
- Organizational Chart – Physician Practice Development
- Organizational Chart – Physician Recruitment
- Recruiter Assignments
- Recruiter Job Duties

Job Descriptions

- Advanced Practice Provider Recruiter
- Assistant – Physician Recruitment
- Associate – Physician Practice Development
- Coordinator – Physician Integration
- Coordinator – Physician Recruitment
- Director – Physician Recruitment 1
- Director – Physician Recruitment 2
- Director – Physician Services
- Director – Provider Recruitment and Retention
- Manager – Physician Recruitment
- Physician Recruiter 1
- Physician Recruiter 2
- Recruitment Specialist
- Regional Director - Physician Recruitment

cont’d on Page 30
Surveys/Questionnaires

- 2017 ASPR In-House Physician Recruitment Benchmarking Report Executive Summary
- 2017 ASPR Benchmarking Survey - available for purchase or download for free if you participated in the survey.

Recruitment Process

- Recruitment Activity Report Sample - 1
- Recruitment Activity Report Sample - 2
- Recruitment Metrics

2. Recruitment Processes

Examples of resources one might need:

a. ACGME/AOA/Board Certification sites and resources
b. Recruiting Primary Care Physicians vs. Specialty Physicians
   i. APPs - Contracted or employed?

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Recruitment Process

- Candidate Declination Letter
- Candidate Site Visit Survey
- Candidate Travel Reimbursement Policy
- Common Screening Disqualifiers
- Flow Chart
- Form – Physician Screening for Recruiters - 1
- Form – Physician Screening for Recruiters - 2
- Letter of Intent
- New Candidate Screening Questionnaire
- Opportunity Profile Form
- Physician and APP Recruitment Process
- Physician Site Visit Guidelines
- Policy - Physician Recruitment Program - 1
- Policy - Referral Program
- Position Specifications
- Practice Profile - 2
- Practice Profile - 3
- Practice Profile - 4
- Practice Profile - 5
- Practice Profile - 6
- Recruitment Agreement with Private Practices
- Recruitment Duties
- Recruitment Plan – Full Life Cycle
- Recruitment Plan – Occupational Medicine
- Recruitment Process Flow Chart
- Reference Request Form
- Survey – Recruitment Evaluation for Hiring Managers

Outside resources/web links:

- IRS bulletin whether you can legally employ or contract with providers: https://www.irs.gov/businesses/small-businesses-self-employed/independent-contractor-self-employed-or-employee
- ACGME (The Accreditation Council for Graduate Medical Education) sets educational standards for resident programs: http://www.acgme.org/About-Us/Overview
- American Osteopathic Organization: http://osteopathic.org/Pages/default.aspx
- Federation of State Medical Boards: http://docinfo.org/#!/static/faq
3. Sourcing Processes

Examples of resources one might need:

a. Advertising: Job Boards, Job Fairs, Journal Ads, Referrals, Social Media
b. Databases
c. Applicant Tracking System
d. Search Firms

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Marketing/Advertising

• Doctors Day Ideas – AAPL
• Marketing Flyer – Cardiology
• Marketing Flyer – Medical Center
• Marketing Flyer – Physician Referral Program

Recruitment Process

• Policy – Referral Program
• Position Specifications
• Practice Profile - 2
• Practice Profile - 3
• Practice Profile - 4
• Practice Profile - 5
• Practice Profile - 6
• Recruitment Metrics
• Recruitment Plan – Full Life Cycle
• Recruitment Plan – Occupational Medicine
• Recruitment Process Flow Chart
• Tracking Spreadsheet Example

4. Screening Candidates

Examples of resources one might need:

a. Visa Status
b. License Verification
c. Board Verifications
d. Job Descriptions
e. Other things to screen for

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Immigration

• Immigration Resources

Credentialing/Privileging

• Credentialing and Privileging Policy
• Credentialing Primer for Recruiters
• New Provider Privileges Application Checklist
• Primary Source Verification
• Federation of State Medical Boards: http://docinfo.org/#!/static/faq

cont’d on Page 32
### Interviews/Site Visits

- Form – Executive Screening for Recruiters
- Form – Physician Screening for Recruiters - 1
- Form – Physician Screening for Recruiters - 2
- Form – Physician Screening for Recruiters - 3
- Hiring Chief/Manager Screening
- Interview Do’s and Don’ts
- Interview Questions – Behavioral Based Interview Questions
- Interview Questions – Physician Interview Questions
- Template – Physician Screening Template
- Common Screening Disqualifiers
- Form – Physician Screening for Recruiters - 1
- Form – Physician Screening for Recruiters - 2
- New Candidate Screening Questionnaire

### Background Checks

- Reference Form
- Reference Questions
- Release of Information

### 5. Medical Staff Affairs/Office

Examples of resources one might need:

- Credentialing and standard timeframes to allow for credentialing
- Understanding privileging criteria
- Staff Privilege Categories with examples. Tip: Find out within your organization how providers are classified on your medical staff.

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

### Medical Staff Development/Planning

- Census of Actively Licensed Physicians 2012
- Physician to Population Ratio
- Practice Opportunity Profile
- Pro Forma
- Survey – Retirement/Succession Planning
- Survey – Specialty and Service Needs

### Onboarding/Orientation

- Credentialing – Cover Letter
- Credentialing – Documentation List - 1
- Credentialing – Documentation List - 2

### Credentialing/Privileging

- Credentialing and Privileging Policy
- Credentialing Primer for Recruiters
- New Provider Privileges Application Checklist
- Primary Source Verification
- Federation of State Medical Boards: [http://docinfo.org/#!/static/faq](http://docinfo.org/#!/static/faq)
6. Practice Development

Examples of resources one might need:

- Locations – Knowing your sites
- Key Stakeholders; who will be involved in site visits/decision-makers
- Assessments/Strategy Sessions
- Developing Job Descriptions

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Recruitment Process

- Committee Structure for Recruitment
- Organizational Chart – Physician Practice Development
- Organizational Chart – Physician Recruitment

Job Descriptions

- Medical Director
- NP job description
- Physician Assistant - Hospitalist Job Description
- Physician
- Physician – Family Medicine
- Physician – OB/Gyn

Interviews/Site Visits

- Orientation – Physician Orientation Schedule
- Orientation – Schedule for Physicians
- Orientation Checklist
- Orientation – Introductions for New Hires – Sample Itinerary

7. Recruitment Budget

Examples of resources one might need:

- Sourcing Costs
- Site Visits - flights/car/dinner/transportation, etc.
- Relocation Costs
- Immigration/Legal
- Sign-on Bonuses
- Relocation allowance/reimbursement

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Recruitment Process

- Budget planning: Beginning at the End

TIP: The ASPR Fellowship Program, session 101 Associate level certification, includes a session on budgeting for recruitment activities, “Establishing a Recruitment Budget.” Information on the three parts of the certification process can be found at http://www.aspr.org/?page=fellowship_program

cont’d on Page 34
8. Relocation Policies

Examples of resources one might need:

a. As part of benefits
   b. IRS Guidelines / Limitations

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Relocation

- Clinical Leader Provider Recruitment Survey
- IRS Relocation Publication 521
- Moving Expenses Policy
- Newly Hired Provider Policy
- Relocation Guidelines
- Relocation Policy

9. Benefit Chart

Examples of resources one might need:

a. Creating a one page quick overview of benefits.

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

HR/Benefits

- Benefits Overview – List of benefits offered
- Benefits Chart – Fillable w/Headings
- Employee Referral Program – Form Example
- Employee Referral Program – Flyer Example
- Terms of Offer – List of Items Included in Offer

10. Site Visits

Examples of resources one might need:

a. Information needed prior to the site visit. Checklist of things to ask in advance. Countdown to the site visit.
b. Who should be involved: hospital side/candidate side – parents/kids/spouses, etc./babysitters.
c. Criteria for a site visit. Who needs to approve/authorize?
d. Sample Itinerary.
e. Interview Questions - Behavioral-based interviewing; training doctors to interview.
f. Evaluation Form - Evaluation of the candidate; evaluation of the candidate to the site.

Find Resource Library content under the heading in green, Existing resources in these categories are listed after the heading.
Interviews/Site Visits

- Onsite Interview Checklist
- Candidate Declination Letter
- Form – Executive Screening for Recruiters
- Form – Physician Screening for Recruiters - 1
- Form – Physician Screening for Recruiters - 2
- Form – Physician Screening for Recruiters - 3
- Form – Interview Evaluation Form
- Form – Prospective Physician Information Form
- Form – Physician Progression Form
- Hiring Chief/Manager Screening
- Interview Do’s and Don’ts
- Interview Prep – Questions an Interviewer May be Asked
- Interview Questions – Behavioral-Based Interview Questions
- Interview Questions – Physician Interview Questions

11. Making an Offer

Examples of resources one might need:

a. Contracting – Outlining the Terms which could include:
   i. Term Letter or Letter of Intent
   ii. Restrictive covenants
   iii. Call schedule
   iv. Return by Date

b. New Hire List – How are things communicated? Start date, apps sent, credentialing notified, billing notified. What is the process for hand-offs?

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Recruitment Process

- Letter of Intent

Onboarding/Orientation

- Credentialing – Cover Letter
- Credentialing – Documentation List - 1
- Credentialing – Documentation List - 2

12. Onboarding

- Application Process for HR
- Credentialing Packets
- State Licensure (checked during credentialing process)
- Health Screen/Payroll Paperwork
- Access Requests
- Timelines

- Interview Questions – Program Director
- Itinerary Sample
- Questionnaire – Site visit information questionnaire
- Rejection Letter Sample - 1
- Rejection Letter Sample - 2
- Survey – Candidate Evaluation for Interviewers - 1
- Survey – Candidate Evaluation for Interviewers - 2
- Survey – Candidate Visit
- Survey – Post Interview Evaluation
- Survey – Site Visit Evaluation for Candidates
- Template – Letter Outlining Travel Arrangements
- Template – Physician screening template

cont’d on Page 36
Onboarding/Orientation

- Onboarding Description
- Onboarding Survey
- Orientation - Documents for New Hires
- Orientation - Introductions for New Hires - Sample Itinerary
- Onboarding - New Hire Checklist for Preceptors
- Employed Physician Start Up
- Credentialing - Cover Letter
- Credentialing - Documentation List - 1
- Credentialing - Documentation List - 2
- Onboarding Checklist
- Announcement - New Physician - Email Template
- Template - Physician Biography
- Questionnaire - Physician Biography Questionnaire

13. Legal

Examples of resources one might need:

a. Stark
b. Anti-Kickback
   i. Gift-giving - understanding limitations
c. Immigration

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Immigration

- Immigration Resources

Contract

- Physician Contracts Stark and Anti-Kickback Regulations 2015 ASPR Annual Conference May 17, 2015 Presentations
- 2015 Fellowship Documents: 301/Fellow: Physician Contracts and Stark/Anti-Kickback Regulations

14. Manpower Planning

Examples of resources one might need:

a. Succession planning

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Medical Staff Development/Planning

- Survey - Retirement/Succession Planning
- Survey - Specialty and Service Needs

15. Doctors Day

Find Resource Library content under the heading in green. Existing resources in these categories are listed after the heading.

Marketing/Advertising

- Doctors Day Ideas – AAPL
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Recent Updates to the Interstate Medical Licensure Compact

By: DeAnn Chiazzese, Vice President of Strategic Partnerships, VISTA Staffing Solutions

The Interstate Medical Licensure Compact is always changing, so we wanted to provide you a handy reference with the most recent updates. But how does it work exactly, and what does it all mean for you as a recruiter? If a physician meets the qualifications and is licensed in one of the eighteen principal states designated by the Interstate Medical Licensure Compact, they can apply for a letter of qualification and be issued new licenses in any of the participating states.

This is huge news for you, as it opens the pool of available physicians that can be quickly licensed to work for your facility. It also allows you to reconsider a potential well of providers you may have not considered prior to the Compact.

An Expedited Path to Licensure

The Interstate Medical Licensure Compact – IMLC, or simply the Compact – was created because of increased patient demand and a shortage of licensed providers across the country. It allows physicians that have a valid license in any one of the principal states to become fully licensed in all participating states, without going through a traditional application process. In fact, through the Compact, multiple state licenses can be issued in a few weeks with a single application.

6 Steps to Multiple State Licenses

After physicians receive their letter of qualification, new licenses in the participating states can be issued in a matter of days! We put together the six steps and map to the right which can be used as a guide during your recruitment efforts.

Step 1:
If physicians qualify for compact licensure, they will complete a short application form and submit a $700 fee.

Step 2:
The IMLCC will send their application to their chosen State of Principal Licensure (SPL). The SPL will contact the physician with instructions on next steps for the verification process.

Step 3:
The SPL will conduct a new background check and query data banks (estimated time frame two-four weeks).

Step 4:
Once the physician’s SPL completes the background and screening process and confirms their eligibility, their SPL will send the physician and the IMLCC their Letter of Qualification.

Step 5:
The physician may select the IMLC states that they wish to be licensed in and submit the license fees for those states.

Step 6:
Once fees are submitted, the physician’s new licenses should be issued within a few days!
Note that each of the states that are part of the IMLC will eventually become SPL states. Many are expected to complete this process within the next few months, and many more states have legislation pending to join the IMLC.
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Benchmarks are critical for our industry as we constantly strive for improved processes and results within our organizations to meet the health care needs within our communities. The purpose of the survey is to collect and distribute credible industry data that may be utilized to meet these objectives.


A total of 130 organizations participated, providing data for 476 in-house physician recruiters and 6,379 active searches. Please refer to the full Report and Searchable Results for comprehensive information.

Demographics

The geographical distribution of participating organizations was relatively balanced again this year, with 30% in the Midwest, 28% in Southern states, 23% in Eastern states, and 19% in Western states. The typical* responding organization is in a metropolitan area of 50,001 to 250,000 people, though nearly 1/3 of respondents are based in an area with a population greater than 500,000 people. Eight percent of respondents were from a population with less than 10,000 people.

Organizations tend to employ 2 staff members (4.8 on average) in their in-house physician recruitment department. New this year, the survey captured the portion of staff members who provide mainly support functions. While most companies do not have employees in support-only roles, those with larger departments cited that approximately 1/3 of their staff provide mainly support functions. Overall, companies that employ supporting staff tend to see quicker fill rates for their positions and higher levels of staff productivity.

Approximately 2/3 of these searches were for Physicians, while 1/3 were for non-physician providers, such as Nurse Practitioners and Physician Assistants. Organizations averaged 23 active searches per person in the recruitment department, which is consistent with 2016 and continues an upward trend. When excluding support staff, primary recruiters led 31 searches during 2017.

Seventy-five percent of respondents use an applicant tracking system, and the data show that tracking systems provide significant benefits to the organizations that employ them. For instance, organizations that use an applicant tracking system averaged significantly fewer days to fill their positions and higher levels of productivity from their recruiters, in terms of searches per recruiter.

Searches

The Searches section relays key statistics about 6,379 searches, of which 44% were to replace a departing provider.

More than 60% of active searches were filled by year-end; 32% remained open; 6% were cancelled; and 2% were put on hold. Once again, the majority (65%) of searches were for practices owned by Hospitals / Integrated Delivery Systems.

The largest number of searches in 2017 were for Nurse Practitioners, Family Medicine Physicians, Hospital Medicine Physicians, Physician Assistants, and Internal Medicine Physicians. Among physician specialties, the
largest volume of searches were for physicians specializing in Family Medicine, Hospital Medicine, Internal Medicine, Neurology, and Urgent Care. Nearly 3/4 of responding organizations searched for a Family Medicine physician in 2017. This was followed by Internal Medicine (searched by 58%) and Neurology (searched by 55%).

Specialties were again grouped into four main divisions: Advanced Practice, Primary Care, Specialty Care, and Surgery. Of these divisions, Advanced Practice searches were filled in 77 days, while Specialty Care positions required 153 days. Primary Care and Surgery specialties tended to be filled in 130 and 139 days, respectively.

**Recruiter Profile & Compensation**

The Profile and Compensation section reports data on 476 in-house physician recruitment professionals from 127 organizations. As in past studies, the most frequently cited position title was “Physician Recruiter,” which matched 35% of reported positions. Other popular titles were Physician Recruitment Coordinator/Specialist/Assistant (18%) and Senior Physician Recruiter” (16%). The typical in-house recruitment professional is a female (85%) with 8 years of recruitment experience (average = 9 years). Approximately 85% of their time is spent on recruitment activities. Twenty-three percent supervise staff, 55% have provider onboarding responsibilities, and 30% have provider retention responsibilities. More than 80% of recruiters hold a bachelor’s degree or higher (25% hold a master’s degree).

All compensation values were reported and validated directly by a member of the organization’s Human Resources department. Compensation varies by title with the title of Director, Physician Recruitment and Retention being the most highly compensated. Nearly half of all in-house physician recruiters were eligible to receive a bonus in 2017 with a median bonus of $4,700. Those with higher titles were more likely to receive bonuses.

As expected, a correlation exists between years of experience and total compensation. The highest income earners are more likely to have advanced degrees, responsibilities for supervising staff, and more years of experience.

**Expenses**

The Expenses section captures data within four categories: Candidate Expenses, Search Firm Fees, Marketing Expenses, and Departmental Expenses. Seventy-nine organizations provided their expense data for this year’s survey.

The typical organization reported an annual recruitment budget of $400,000 ($822,000 on average). Budgets varied considerably, based on the number of searches the organization conducted, and there were also significant variations based on the geographic regions and surrounding population sizes.

**Disclaimer**

The benchmarks reported in this Executive Summary are intended to provide healthcare recruiters and leaders with a point of reference for the purposes of education and process refinement. There are innumerable variables that should be taken into consideration when comparing your organization’s data to national medians, any one of which can have a significant impact on recruitment outcomes. It is recommended that a more detailed examination be conducted with regard to the specific geographic region, population, specialty and organizational demographics of the market in question.

The full report, along with online access to pre-populated Snapshots of the most often requested benchmarks, an interactive Searchable Results tool that allows users to select specific data sets to create custom reports, and a HRvalidated Compensation Calculator is available for purchase at ASPR.org.

Participants in the annual ASPR In-House Physician Recruitment Benchmarking Survey receive free access to all of the tools available through purchase, plus customized reports that show your own data alongside peer organizations most similar to yours.

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You do not need to take a module in order to take the associated exam; however, it is highly recommended. You also don’t need to take the modules in sequence, though that is helpful as each module builds upon the previous one. Once you pass all three exams, you will become certified as a Fellow of ASPR.*

*To take the exams, you must be an ASPR member in good standing. If you’re not already a member, not a problem – you can join at any time.

Learn more about becoming an ASPR Fellow: [www.aspr.org/fellowship_program](http://www.aspr.org/fellowship_program)
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