

Registration Information**Questionnaire Contact**

*Full Name

Title

*Organization

Address

City

State

ZIP

*E-mail address

*Area code and telephone number

Report Recipient

*Full Name

Title

*Organization

Address

City

State

ZIP

*E-mail address

*Area code and telephone number

Demographic Information

Organization Information

1.	Is this your organization's first time participating in this study? 1-1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I don't know						
2.	*Which population designation best describes the area surrounding the primary location of your organization? If your organization has multiple sites, choose the option that represents the location with the largest number of full-time-equivalent (FTE) physicians. 2-1 <input type="checkbox"/> Fewer than 5,000 people 2 <input type="checkbox"/> 5,000 to 10,000 people 3 <input type="checkbox"/> 10,001 to 50,000 people 4 <input type="checkbox"/> 50,001 to 100,000 people 5 <input type="checkbox"/> 100,001 to 250,000 people 6 <input type="checkbox"/> 250,001 to 500,000 people 7 <input type="checkbox"/> 500,001 to 1,000,000 people 8 <input type="checkbox"/> More than 1,000,000 people						
3.	Please check all Chapters and Groups of which any in-house physician recruiters in your organization are a member: 200 <input type="checkbox"/> Academic In-House Recruiters (AIR) 206 <input type="checkbox"/> Carolina Association of Physician Services (CAPS) 201 <input type="checkbox"/> Onboarding and Retention (OAR) 202 <input type="checkbox"/> Northwest Staff Physician Recruiters (NWSPR) 203 <input type="checkbox"/> Southeast Physician Recruiters Association (SEPRA) 204 <input type="checkbox"/> Texas Association of Staff Physician Recruiters (TexASPR) 205 <input type="checkbox"/> Canadian Association of Staff Physician Recruiters (CASPR) 207 <input type="checkbox"/> Illinois Staff Physician Recruiters (ISPR) 208 <input type="checkbox"/> Indiana Society of Physician Recruiters (INSPR) 209 <input type="checkbox"/> Michigan Recruitment and Retention Network (MRRN) 210 <input type="checkbox"/> Mid-Atlantic Association of Physician Recruiters Alliance (MAPRA) 211 <input type="checkbox"/> MO, IA, NE, KS Physician Recruiters and Retention Network (MINK) 212 <input type="checkbox"/> Northeast Physician Recruiter Association (NEPRA) 213 <input type="checkbox"/> Ohio Network of Physician Recruiters (ONPR) 214 <input type="checkbox"/> Southwest Physician Recruiters Association (SWPRA) 215 <input type="checkbox"/> Upstate New York Physician Recruiters (UNYPR) 216 <input type="checkbox"/> Wisconsin Staff Physician Recruiters (WSPR) 217 <input type="checkbox"/> Children's Hospital In-House Recruiters Network (CHIRN) 218 <input type="checkbox"/> No recruiters are members of any of the above chapters/groups						
4.	How many providers were employed by your organization as of the end of calendar year 2017? <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;">Physicians</td><td style="width: 10%; text-align: center;">3</td></tr><tr><td></td><td style="text-align: center;">Non Physician Providers</td><td style="text-align: center;">4</td></tr></table>		Physicians	3		Non Physician Providers	4
	Physicians	3					
	Non Physician Providers	4					
5.	Do you use an applicant tracking system? 701-1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If so, how do you track and manage your search activity and candidates? 702 <input type="checkbox"/> ACCESS Database 712 <input type="checkbox"/> ACT 723 <input type="checkbox"/> ApplicantStack 706 <input type="checkbox"/> ASPR Benchmarking Site's On-Demand Tracker 715 <input type="checkbox"/> Avature 719 <input type="checkbox"/> Bullhorn 721 <input type="checkbox"/> Cornerstone ondemand 722 <input type="checkbox"/> CRM, formerly Recruiter Logix 728 <input type="checkbox"/> Doc in a Box 727 <input type="checkbox"/> DocCafe 726 <input type="checkbox"/> DocDelta 703 <input type="checkbox"/> Excel Spreadsheet 725 <input type="checkbox"/> Greenhouse 713 <input type="checkbox"/> ICIMS 720 <input type="checkbox"/> JobVite 717 <input type="checkbox"/> Kenexa 705 <input type="checkbox"/> Kontact Intelligence (KI) 729 <input type="checkbox"/> LocumsMar 707 <input type="checkbox"/> MedRecruiter 708 <input type="checkbox"/> PracticeMatch 704 <input type="checkbox"/> Proprietary/Homegrown 714 <input type="checkbox"/> Recruiterbox 709 <input type="checkbox"/> Recruitment Management System (RMS) 732 <input type="checkbox"/> Salesforce 730 <input type="checkbox"/> ShiftWise 734 <input type="checkbox"/> SkillSurvey 731 <input type="checkbox"/> Smart Recruiters 733 <input type="checkbox"/> Software Solutions Group 718 <input type="checkbox"/> Success Factors 710 <input type="checkbox"/> Taleo 735 <input type="checkbox"/> Track 5 Media 724 <input type="checkbox"/> Workable 716 <input type="checkbox"/> Zoho 711 <input type="checkbox"/> Other _____						

6.	How many searches did your organization perform in calendar year 2017?	Physician Searches		#	71
		Non Physician Provider Searches		#	72
		Total Searches		#	5
7.	How many candidates participated in site visits/interviews during calendar year 2017?	Physicians			6
		Non Physician Providers			7
8.	How many offers were extended to providers during calendar year 2017?	Physicians			8
		Non Physician Providers			9
9.	How many offers were accepted during calendar year 2017?	Physicians			10
		Non Physician Providers			11
10.	How many providers left your organization during calendar year 2017?	Physicians	Voluntary		12
			Involuntary		13
			Total		14
		Non Physician Providers	Voluntary		15
			Involuntary		16
			Total		17
11.	How many staff members in your organization were responsible for provider recruitment as of the end of calendar year 2017?			18	
12.	Of the above staff members, how many provide mainly support functions?			73	
13.	Do you charge physician practices for providing physician recruitment services?	19-1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
14.	If yes, what is the average placement fee to the practice if you place a physician? 20-1 <input type="checkbox"/> <\$5,000 3 <input type="checkbox"/> \$10,000-\$14,499 5 <input type="checkbox"/> \$20,000-\$24,999 7 <input type="checkbox"/> \$30,000+ 2 <input type="checkbox"/> \$5,000-\$9,999 4 <input type="checkbox"/> \$15,000-\$19,999 6 <input type="checkbox"/> \$25,000-\$29,999 8 <input type="checkbox"/> Varies If "Varies" what is the average fee?				21

Searches

Note: All information should be based on the period January 1, 2017 - December 31, 2017.

1.	Search Tracking Code		22
2.	*Practice Type 23-1 <input type="checkbox"/> Solo practice 3 <input type="checkbox"/> Multispecialty 5 <input type="checkbox"/> Research 7 <input type="checkbox"/> Other _____ 2 <input type="checkbox"/> Single specialty 4 <input type="checkbox"/> Administrative 6 <input type="checkbox"/> Teaching		
3.	*Primary Work Site 24-1 <input type="checkbox"/> Hospital department practice 4 <input type="checkbox"/> Hospital 7 <input type="checkbox"/> Retail health clinic 2 <input type="checkbox"/> Academic medical center 5 <input type="checkbox"/> Ambulatory practice 9 <input type="checkbox"/> Facility Care (Independent Living, Assisted Living, Rehab, and Skilled Nursing facilities) 3 <input type="checkbox"/> Rural health clinic 6 <input type="checkbox"/> Federally Qualified Health Center (FQHC) 8 <input type="checkbox"/> Other _____		
4.	*Practice Ownership 25-1 <input type="checkbox"/> Government 4 <input type="checkbox"/> MSO or PPMC 6 <input type="checkbox"/> University or medical school 2 <input type="checkbox"/> Hospital/Integrated Delivery System (IDS) 5 <input type="checkbox"/> Physicians 7 <input type="checkbox"/> Other _____ 3 <input type="checkbox"/> Insurance company or Health Maintenance Organization (HMO)		
5.	IRS Status 26-1 <input type="checkbox"/> For-Profit 2 <input type="checkbox"/> Not-for-Profit		
6.	City		27
7.	*State		28
8.	*Population Category 29-1 <input type="checkbox"/> Fewer than 5,000 people 5 <input type="checkbox"/> 100,001 to 250,000 people 2 <input type="checkbox"/> 5,000 to 10,000 people 6 <input type="checkbox"/> 250,001 to 500,000 people 3 <input type="checkbox"/> 10,001 to 50,000 people 7 <input type="checkbox"/> 500,001 to 1,000,000 people 4 <input type="checkbox"/> 50,001 to 100,000 people 8 <input type="checkbox"/> More than 1,000,000 people		

9.	<p>*Search Specialty</p> <p>30-141 <input type="checkbox"/> Administrative/Physician Executive/Medical Director</p> <p>1 <input type="checkbox"/> Allergy/Immunology</p> <p>150 <input type="checkbox"/> Anesthesia: Critical Care</p> <p>2 <input type="checkbox"/> Anesthesiology</p> <p>3 <input type="checkbox"/> Anesthesiology: Pain Management</p> <p>4 <input type="checkbox"/> Anesthesiology: Pediatric</p> <p>5 <input type="checkbox"/> Cardiology: Electrophysiology</p> <p>142 <input type="checkbox"/> Cardiology: Heart Failure/Transplant</p> <p>6 <input type="checkbox"/> Cardiology: Invasive</p> <p>7 <input type="checkbox"/> Cardiology: Inv-Intvl</p> <p>8 <input type="checkbox"/> Cardiology: Noninvasive</p> <p>121 <input type="checkbox"/> Certified Reg. Nurse Anesthetist</p> <p>9 <input type="checkbox"/> Critical Care: Intensivist</p> <p>10 <input type="checkbox"/> Dentistry</p> <p>11 <input type="checkbox"/> Dermatology</p> <p>144 <input type="checkbox"/> Dermatology: Dermatopathology</p> <p>12 <input type="checkbox"/> Dermatology: Mohs Surgery</p> <p>13 <input type="checkbox"/> Emergency Medicine</p> <p>151 <input type="checkbox"/> Emergency Medicine: Urgent Care</p> <p>14 <input type="checkbox"/> Endocrinology/Metabolism</p> <p>152 <input type="checkbox"/> Family Medicine: Palliative Care</p> <p>15 <input type="checkbox"/> Family Practice (with OB)</p> <p>16 <input type="checkbox"/> Family Practice (without OB)</p> <p>17 <input type="checkbox"/> Family Practice: Ambulatory Only (no inpatient work)</p> <p>18 <input type="checkbox"/> Family Practice: Sports Medicine</p> <p>19 <input type="checkbox"/> Family Practice: Urgent Care</p> <p>20 <input type="checkbox"/> Gastroenterology</p> <p>21 <input type="checkbox"/> Gastroenterology: Hepatology</p> <p>22 <input type="checkbox"/> Genetics</p> <p>23 <input type="checkbox"/> Geriatrics</p> <p>24 <input type="checkbox"/> Hematology/Oncology</p> <p>27 <input type="checkbox"/> Hospitalist: Family Practice</p> <p>28 <input type="checkbox"/> Hospitalist: Internal Medicine</p> <p>29 <input type="checkbox"/> Hospitalist: Internal Medicine-Pediatrics</p> <p>30 <input type="checkbox"/> Hospitalist: Pediatrics</p> <p>31 <input type="checkbox"/> Hyperbaric Medicine/Wound Care</p> <p>32 <input type="checkbox"/> Infectious Disease</p> <p>157 <input type="checkbox"/> Informatics, Clinical/Medical/Biomedical</p> <p>155 <input type="checkbox"/> Informatics, Clinical/Medical/Biomedical: Nursing</p> <p>156 <input type="checkbox"/> Informatics, Clinical/Medical/Biomedical: Physician</p> <p>154 <input type="checkbox"/> Internal Medicine: Palliative Care</p> <p>34 <input type="checkbox"/> Internal Medicine: Ambulatory Only (no inpatient work)</p> <p>33 <input type="checkbox"/> Internal Medicine: General</p> <p>35 <input type="checkbox"/> Internal Medicine: Pediatrics</p> <p>153 <input type="checkbox"/> Internal Medicine: Urgent Care</p> <p>36 <input type="checkbox"/> Nephrology</p> <p>37 <input type="checkbox"/> Neurology</p> <p>162 <input type="checkbox"/> Neurology: Pain Medicine</p> <p>125 <input type="checkbox"/> Nurse Midwife: Inpatient (only)</p> <p>124 <input type="checkbox"/> Nurse Midwife: Outpatient (only)</p> <p>123 <input type="checkbox"/> Nurse Midwife: Outpatient/inpatient deliveries</p> <p>126 <input type="checkbox"/> Nurse Practitioner: Nonsurgical, Non Primary Care</p> <p>161 <input type="checkbox"/> Nurse Practitioner: Primary Care</p> <p>160 <input type="checkbox"/> Nurse Practitioner: Surgical</p> <p>163 <input type="checkbox"/> OB/GYN: Female Pelvic Medicine and Reconstructive Surgery</p> <p>40 <input type="checkbox"/> OB/GYN: Gynecological Oncology</p> <p>39 <input type="checkbox"/> OB/GYN: Gynecology (only)</p> <p>41 <input type="checkbox"/> OB/GYN: Maternal & Fetal Medicine</p> <p>42 <input type="checkbox"/> OB/GYN: Reproductive Endocrinology</p> <p>38 <input type="checkbox"/> Obstetrics/Gynecology: General</p> <p>43 <input type="checkbox"/> Occupational Medicine</p> <p>25 <input type="checkbox"/> Oncology (only)</p> <p>44 <input type="checkbox"/> Ophthalmology</p> <p>45 <input type="checkbox"/> Ophthalmology: Pediatric</p> <p>46 <input type="checkbox"/> Ophthalmology: Retina</p> <p>128 <input type="checkbox"/> Optometrist</p> <p>47 <input type="checkbox"/> Orthopedic (nonsurgical)</p> <p>49 <input type="checkbox"/> Orthopedic Surgery: Foot & Ankle</p> <p>48 <input type="checkbox"/> Orthopedic Surgery: General</p> <p>50 <input type="checkbox"/> Orthopedic Surgery: Hand</p> <p>51 <input type="checkbox"/> Orthopedic Surgery: Hip & Joint</p> <p>52 <input type="checkbox"/> Orthopedic Surgery: Oncology</p> <p>53 <input type="checkbox"/> Orthopedic Surgery: Pediatric</p> <p>54 <input type="checkbox"/> Orthopedic Surgery: Spine</p> <p>56 <input type="checkbox"/> Orthopedic Surgery: Sports Medicine</p> <p>55 <input type="checkbox"/> Orthopedic Surgery: Trauma</p> <p>57 <input type="checkbox"/> Otorhinolaryngology</p> <p>58 <input type="checkbox"/> Otorhinolaryngology: Pediatric</p> <p>26 <input type="checkbox"/> Palliative Medicine</p> <p>60 <input type="checkbox"/> Pathology: Anatomic</p> <p>59 <input type="checkbox"/> Pathology: Anatomic and Clinical</p> <p>61 <input type="checkbox"/> Pathology: Clinical</p> <p>143 <input type="checkbox"/> Pathology: Forensic</p> <p>158 <input type="checkbox"/> Pediatrics: Urgent Care</p> <p>63 <input type="checkbox"/> Pediatrics: Adolescent Medicine</p> <p>64 <input type="checkbox"/> Pediatrics: Allergy/Immunology</p> <p>65 <input type="checkbox"/> Pediatrics: Cardiology</p> <p>164 <input type="checkbox"/> Pediatrics: Child Abuse</p> <p>66 <input type="checkbox"/> Pediatrics: Child Development</p> <p>67 <input type="checkbox"/> Pediatrics: Clinical & Lab Immunology</p> <p>68 <input type="checkbox"/> Pediatrics: Critical Care/Intensivist</p> <p>69 <input type="checkbox"/> Pediatrics: Emergency Medicine</p> <p>70 <input type="checkbox"/> Pediatrics: Endocrinology</p> <p>71 <input type="checkbox"/> Pediatrics: Gastroenterology</p> <p>62 <input type="checkbox"/> Pediatrics: General</p> <p>72 <input type="checkbox"/> Pediatrics: Genetics</p> <p>73 <input type="checkbox"/> Pediatrics: Hematology/Oncology</p> <p>74 <input type="checkbox"/> Pediatrics: Infectious Disease</p> <p>75 <input type="checkbox"/> Pediatrics: Neonatal Medicine</p> <p>76 <input type="checkbox"/> Pediatrics: Nephrology</p> <p>77 <input type="checkbox"/> Pediatrics: Neurology</p> <p>78 <input type="checkbox"/> Pediatrics: Pulmonology</p> <p>79 <input type="checkbox"/> Pediatrics: Rheumatology</p> <p>80 <input type="checkbox"/> Pediatrics: Sports Medicine</p> <p>81 <input type="checkbox"/> Psychiatry (Physical Med & Rehab)</p> <p>165 <input type="checkbox"/> Psychiatry (Physical Med & Rehab): Pain Medicine</p> <p>135 <input type="checkbox"/> Physician Assistant (nonsurgical, nonprimary care)</p> <p>134 <input type="checkbox"/> Physician Assistant (primary care)</p> <p>133 <input type="checkbox"/> Physician Assistant (surgical)</p> <p>82 <input type="checkbox"/> Podiatry: General</p> <p>83 <input type="checkbox"/> Podiatry: Surg-Foot & Ankle</p> <p>166 <input type="checkbox"/> Preventative Medicine</p> <p>84 <input type="checkbox"/> Podiatry: Surg-Forefoot Only</p> <p>167 <input type="checkbox"/> Psychiatry: Addiction</p> <p>86 <input type="checkbox"/> Psychiatry: Child & Adolescent</p> <p>87 <input type="checkbox"/> Psychiatry: Forensic</p> <p>85 <input type="checkbox"/> Psychiatry: General</p> <p>88 <input type="checkbox"/> Psychiatry: Geriatric</p> <p>168 <input type="checkbox"/> Psychiatry: Pain Medicine</p> <p>136 <input type="checkbox"/> Psychologist</p> <p>90 <input type="checkbox"/> Pulmonary Medicine: Critical Care</p> <p>89 <input type="checkbox"/> Pulmonary Medicine: General</p> <p>117 <input type="checkbox"/> Pulmonary Medicine: General & Critical Care</p> <p>91 <input type="checkbox"/> Radiation Oncology</p> <p>92 <input type="checkbox"/> Radiology: Diagnostic-Inv</p> <p>93 <input type="checkbox"/> Radiology: Diagnostic-Noninv</p> <p>94 <input type="checkbox"/> Radiology: Nuclear Medicine</p> <p>169 <input type="checkbox"/> Radiology: Pain Medicine</p> <p>172 <input type="checkbox"/> Radiology: Pediatric</p> <p>145 <input type="checkbox"/> *Research/PhD.</p> <p>95 <input type="checkbox"/> Rheumatology</p> <p>96 <input type="checkbox"/> Sleep Medicine</p> <p>98 <input type="checkbox"/> Surgery: Bariatric</p> <p>159 <input type="checkbox"/> Surgery: Breast Surgery</p> <p>99 <input type="checkbox"/> Surgery: Cardiovascular</p> <p>100 <input type="checkbox"/> Surgery: Cardiovascular-Pediatric</p> <p>101 <input type="checkbox"/> Surgery: Colon and Rectal</p> <p>118 <input type="checkbox"/> Surgery: Endovascular (primary)</p> <p>170 <input type="checkbox"/> Surgery: Hepatobiliary & Pancreatic Surgeon</p> <p>97 <input type="checkbox"/> Surgery: General</p> <p>102 <input type="checkbox"/> Surgery: Neurological</p> <p>103 <input type="checkbox"/> Surgery: Oncology</p> <p>104 <input type="checkbox"/> Surgery: Oral</p> <p>105 <input type="checkbox"/> Surgery: Pediatric</p> <p>107 <input type="checkbox"/> Surgery: Plastic & Recon-Hand</p> <p>108 <input type="checkbox"/> Surgery: Plastic & Recon-Pediatric</p> <p>106 <input type="checkbox"/> Surgery: Plastic & Reconstruction</p> <p>109 <input type="checkbox"/> Surgery: Thoracic (primary)</p> <p>110 <input type="checkbox"/> Surgery: Transplant</p> <p>111 <input type="checkbox"/> Surgery: Trauma</p> <p>112 <input type="checkbox"/> Surgery: Trauma-Burn</p> <p>113 <input type="checkbox"/> Surgery: Vascular (primary)</p> <p>114 <input type="checkbox"/> Urgent Care</p> <p>115 <input type="checkbox"/> Urology</p> <p>171 <input type="checkbox"/> Urology: Female Pelvic Medicine and Reconstructive Surgery</p> <p>116 <input type="checkbox"/> Urology: Pediatric</p> <p>140 <input type="checkbox"/> Other</p>	
10.	Replacement for Departing Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No 31
11.	Locum Tenens Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No 32
12.	Date Search Began	35
13.	<p>*Position Status</p> <p>36-1 <input type="checkbox"/> Open 2 <input type="checkbox"/> Filled 3 <input type="checkbox"/> Cancelled 4 <input type="checkbox"/> Hold</p>	

14.	Number of Applicants Received	37
15.	Number of Candidates Interviewed	38
16.	Number of Offers Extended	39
17.	Primary Source Type Used to Fill Position 40-15 <input type="checkbox"/> Casual/Locum/Per Diem converted to Perm 2 <input type="checkbox"/> Cold-calling 3 <input type="checkbox"/> Direct mail 4 <input type="checkbox"/> Email 18 <input type="checkbox"/> Former Employee 5 <input type="checkbox"/> Internal Trainees 16 <input type="checkbox"/> Internal Transfer (Non-Resident/Trainee) 6 <input type="checkbox"/> Internet Job Boards 7 <input type="checkbox"/> Job Fairs 8 <input type="checkbox"/> Journal advertisements 14 <input type="checkbox"/> Organization Website 1 <input type="checkbox"/> Provider-specific association meetings 9 <input type="checkbox"/> Referrals 10 <input type="checkbox"/> Residency and fellowship programs 11 <input type="checkbox"/> Search firms: contingency 12 <input type="checkbox"/> Search firms: retained 17 <input type="checkbox"/> Social Media 13 <input type="checkbox"/> Other	
18.	Site Visits by Provider who Filled Position 41-1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 or more	
19.	FTE Level of Provider who Filled Position 42-1 <input type="checkbox"/> 1.0 FTE (full-time employee) 2 <input type="checkbox"/> 0.9 FTE or less (part-time employee)	
20.	Hired out of Residency/Fellowship?	<input type="checkbox"/> Yes <input type="checkbox"/> No 43
21.	Date Position Filled	65
22.	*Days to Fill Position	44
Recruiter Profile		
To be completed by recruiter		
1.	Employee Tracking Code	45
2.	*Position Title <i>Select the title that most closely aligns with your responsibilities. For a detailed description of responsibilities, refer to the FAQ's.</i> 46-1 <input type="checkbox"/> Vice President, Physician/Provider Recruitment 2 <input type="checkbox"/> Vice President, Physician Services 3 <input type="checkbox"/> Director, Physician Recruitment 4 <input type="checkbox"/> Director, Physician Recruitment and Retention 5 <input type="checkbox"/> Director, Practice Management 6 <input type="checkbox"/> Manager, Physician/Provider Recruitment 14 <input type="checkbox"/> Coordinator/Specialist/Assistant, Medical Staff Services 16 <input type="checkbox"/> Director, Onboarding 18 <input type="checkbox"/> Director, Medical Staff Services 20 <input type="checkbox"/> Physician Recruitment Sourcing 7 <input type="checkbox"/> Physician Recruiter, Senior 8 <input type="checkbox"/> Physician Recruiter 9 <input type="checkbox"/> Coordinator/Specialist/ Assistant, Physician Recruitment 10 <input type="checkbox"/> Physician/Provider Relations 11 <input type="checkbox"/> Practice Manager 13 <input type="checkbox"/> Coordinator/Specialist/Assistant, Onboarding 15 <input type="checkbox"/> Manager, Onboarding 17 <input type="checkbox"/> Manager, Medical Staff Services 19 <input type="checkbox"/> Executive: Other _____ 12 <input type="checkbox"/> Other Position Titles _____	
3.	Formal Education 47-1 <input type="checkbox"/> High school diploma or equivalent 2 <input type="checkbox"/> Associate degree or other two-year degree 3 <input type="checkbox"/> Bachelor's degree or other four-year degree 4 <input type="checkbox"/> Master's degree 5 <input type="checkbox"/> PhD, JD, EdD 6 <input type="checkbox"/> MD, DO 7 <input type="checkbox"/> MD or DO (with Master's degree) 8 <input type="checkbox"/> Other	
4.	ASPR Designation/Certifications held, if any? 48-1 <input type="checkbox"/> AASPR- Associate 2 <input type="checkbox"/> DASPR- Diplomate 3 <input type="checkbox"/> FASPR- Fellow 4 <input type="checkbox"/> None of these	
5.	Other Certifications held, if any? 74 <input type="checkbox"/> CHCSP 50 <input type="checkbox"/> FACHE 80 <input type="checkbox"/> TSP 49 <input type="checkbox"/> CMSR 51 <input type="checkbox"/> FACMPE 52 <input type="checkbox"/> Other _____ 75 <input type="checkbox"/> CSC 78 <input type="checkbox"/> SHRM-CP 53 <input type="checkbox"/> Other _____ 76 <input type="checkbox"/> CPC 79 <input type="checkbox"/> SHRM-SCP 54 <input type="checkbox"/> None 77 <input type="checkbox"/> CSP	
6.	Years of Recruitment Experience	years 55
7.	Gender Identity 56-1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Transgender 4 <input type="checkbox"/> Other identity	
8.	Percent of Time Spent Recruiting 57-1 <input type="checkbox"/> Less than 40% 3 <input type="checkbox"/> 50-59% 5 <input type="checkbox"/> 70-79% 7 <input type="checkbox"/> 90-99% 2 <input type="checkbox"/> 40-49% 4 <input type="checkbox"/> 60-69% 6 <input type="checkbox"/> 80-89% 8 <input type="checkbox"/> 100%	
9.	Length of ASPR Membership 58-1 <input type="checkbox"/> 1 year or less 3 <input type="checkbox"/> 4 to 5 years 5 <input type="checkbox"/> 8 or more 2 <input type="checkbox"/> 2 to 3 years 4 <input type="checkbox"/> 6 to 7 years 6 <input type="checkbox"/> Not currently a member	
10.	Supervise Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No 59
11.	Provider Onboarding Responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No 66
12.	Provide Retention Responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No 60

To be completed by organization's HR representative		
13.	Annual Base Compensation	61
14.	Eligible for Bonus?	<input type="checkbox"/> Yes <input type="checkbox"/> No 605
15.	Annual Bonus/Incentive Amount	62
16.	*Annual Total Compensation	63
17.	Annual Retirement Benefits	64

Expenses		
Note: All information should be based on the period January 1, 2017 - December 31, 2017.		
1.	Annual Recruitment Budget <i>Total amount <u>budgeted</u> (not actual costs) for the entire recruitment department. Sum should not include any items in the exclusion list.</i>	\$ 170
2.	Candidate Expenses <i>Total costs incurred during the year that are specific to the recruitment of individual candidates. Examples include: Airfare, Hotel, Car rental/Ground Transportation, Babysitting, GPS, Mileage, Gifts & gift baskets, Immigration, Community Tours/Realtor Fees, Food, Entertainment, Parking, Background Checks</i> <i>*EXCLUSIONS: do not include the locums fees that may be incurred while seeking a replacement, provider salary, signing bonuses, relocation expenses, tuition reimbursement, or other benefits paid out to the provider.*</i>	\$ 171
3.	Search Firm Fees <i>Includes all permanent placement expenses paid to contingency, retained, or hybrid recruitment firms such as initiation fees, placement fees, marketing, postage, and any other expense incurred for the search firm's assistance. Locum tenens payments for coverage should not be included in this total. If a Locums assignment results in a permanent placement, any applicable permanent placement fees should be included in this total.</i>	\$ 172
4.	Marketing <i>Total costs incurred during the year related to the marketing of open opportunities or recruitment services. Examples include: Job fairs and exhibits, Giveaways, Displays, Collateral material, Direct Mail: (Brochures, Postcards, Flyers), Postage/Shipping/Courier fees (marketing-specific), Journal postings, Online job boards, Database fees, Web Development / maintenance.</i>	\$ 173
5.	Departmental <i>Total costs incurred during the year that are specific to the development or management of an in-house recruitment department. Examples include: Legal fees, Educational: (Professional dues, subscriptions, training, and related travel), Recruiter tuition reimbursement, Minor equipment, Office Equipment and Leases: (Telephones, Computers, Faxes, Copiers), Tracking systems, Compensation Surveys, Reference books, Office supplies (paper, folders, pens, ink, printed forms, etc.), Postage/Shipping/Courier fees (department specific), Maintenance & Repairs, Software, IT Services, Other overhead, Rent/Lease, Utilities.</i> <i>*EXCLUSION: should not include salary, benefits, insurance disability, pension, and/or other wages.*</i>	\$ 174

The online questionnaire includes six tabs, which includes:

Questionnaire Tabs:

Registration Information: collects the contact information of the person who completed the survey and of the person to whom the results should be made available. In case of questions about your data, Industry Insights will first attempt to contact the individual who completed the form.

Demographic Information: collects key information about your organization's recruitment department overall.

Searches: collects data for each eligible search during the calendar year. Eligible searches are defined as searches that have been active at any time during the calendar year.

Recruiter Profile: collects data for each eligible member from the recruitment department. Eligible members are defined as members who have worked the entire 12-months of the calendar year.

Feedback & Help:

Feedback: provides users with the ability to express their suggestions and opinions about how to improve the survey in future years. This information will be reviewed by Industry Insights and ultimately shared with ASPR.

Help: provides information about the survey and some resources for better understanding and completing the form.

Completing Your Form:

In order for your survey to be considered complete and usable, you must complete each Questionnaire Tab. Indicate that each tab is complete by checking the box labeled "I have completed this section" housed on each Questionnaire Tab.

When you Save your form, your information is automatically transferred to Industry Insights' secure server. There is no formal "submit" needed.

Definitions:

Registration Information:

Questionnaire Contact - Provide contact information for the individual who completed this questionnaire.

Report Recipient - Provide contact information for the individual who should be notified when the results are ready to be viewed.

Demographic Information:

Question 4

How many providers were employed by your organization as of the end of calendar year 2017?

If you do not employ any providers, please do not answer this question. Otherwise, report the number of full-time-equivalent (FTE) physicians and nonphysicians in your practice. An FTE works whatever number of hours the practice considers to be the minimum for a normal workweek, which could be 37.5, 40, 50 hours or some other standard. To compute the FTE of a part-time provider **divide the total hours worked by the provider by the number of hours that your medical practice considers to be** a normal workweek. For example, a physician working in a clinic or hospital on behalf of the practice for 30 hours compared to a normal workweek of 40 hours would be 0.75 FTE (30 divided by 40 hours). A physician working full-time for three months during a year would be 0.25 FTE (3 divided by 12 months). A medical director devoting 50% effort to clinical activity would be 0.5 FTE. Do not report a provider as more than 1.0 FTE regardless of the number of hours worked.

Nonphysician Providers

Nonphysician providers are specially trained and licensed providers who can provide medical care and billable services. Examples of nonphysician providers include audiologists, Certified Registered Nurse Anesthetists (CRNAs), dietitians/nutritionists, midwives, nurse practitioners, occupational therapists, optometrists, physical therapists, physician assistants, psychologists, social workers, speech therapists, and surgeon assistants.

Question 6

How many searches did your organization perform in calendar year 2017?

Your searches should include any search for which work was conducted during the calendar year. Distinguish between searches for Physician Providers and Non Physician Providers and also provide the total number of searches.

Question 7

How many candidates participated in site visits/interviews during calendar year 2017?

Indicate the number of candidates who were invited to and attended onsite visits or interviews. Report each provider once, even if one individual made multiple visits. This number should include candidates only, not providers who participated in the site visit as representatives of the organization.

Question 8

How many offers were extended to providers during calendar year 2017?

Indicate the number of official contracts offered to providers for various positions throughout the organization regardless of whether the position was accepted.

Question 9

How many offers were accepted during calendar year 2017?

Indicate the number of contracts signed by providers.

Question 10

How many providers left your organization during calendar year 2017?

Indicate how many providers ended their employment with your organization during the reported year. Breakout between voluntary and involuntary leaves, if possible.

Voluntary

Include those retiring, taking on an opportunity at another organization, or anything else that does not include termination by the organization.

Involuntary

Include all instances where the provider was terminated against his/her volition.

Total

Include the total number of leaves for physicians and nonphysician providers. Providing totals for each category is sufficient if voluntary and involuntary turnover cannot be broken out.

Question 11

How many staff members in your organization were responsible for provider recruitment as of the end of calendar year 2017?

Report in full-time-equivalents (FTEs). An FTE works whatever number of hours the organization considers to be the minimum for a normal workweek, which could be 37.5, 40, 50 hours, or some other standard. To compute the FTE of a part-time staff member divide the total hours worked by the recruiter by the number of hours that your organization considers to be a normal workweek. For example, a recruiter working as a marketing representative for 10 hours in a normal workweek of 40 hours would be 0.75 FTE (30 divided by 40 hours). A recruiter working full-time for three months during a year would be 0.25 FTE (3 divided by 12 months).

Searches:

Import Wizard

Use this tool to add multiple Search records in bulk. Easily copy data from your spreadsheet software, and then paste into this tool.

Question 1

Search Tracking Code

Indicate your organization's internal tracking number for this search. This number may be numeric, alpha, or a combination of both. This number will make it easier to identify your specific searches.

Question 2

Practice Type

Indicate the type of practice for which the search was conducted.

Solo practice = A medical practice where there is only one “solo” physician within the practice.;

Single specialty = A medical practice that focuses its clinical work in one specialty. The determining factor for classifying the type of specialty is the focus of clinical work and not necessarily the specialties of the physicians in the practice. For example, a single-specialty neurosurgery practice may include a neurologist and a radiologist.;

Multispecialty = A medical practice that consists of physicians practicing in different specialties that could include more than one primary care specialty and a surgical specialty such as obstetrics/gynecology.;

Administrative = A physician that is hired to primarily perform administrative duties in a medical practice or company.;

Research = A clinician or practice that primarily conducts clinical research.;

Teaching = A clinician where the majority of their time is spent in teaching activities such as classroom time, office hours, grading papers, and class preparation.;

Facility Care = Encompasses all Continuing Care Retirement Communities includes Independent Living, Assisted Living, Rehabilitation, Skilled Nursing facilities, etc.

Question 3

Primary Work Site

Indicate the primary work site for which the search was conducted.

Hospital department practice = A medical practice that consists of physicians practicing in a hospital that could include more than one primary care specialty and a surgical specialty.

Academic medical center = Clinicians from the medical group practice hold nontenure appointments on a medical school faculty and/or are part of a health system that is associated with a medical school that grants a MD degree; and the practice has a legal standing with a medical school, faculty practice plan, or clinical science department.

Rural health clinic = A Rural Health Clinic (RHC) is a clinic certified to receive special Medicare and Medicaid reimbursement. The purpose of the RHC program is improving access to primary care in underserved rural areas. RHCs are required to use a team approach of physicians and midlevel practitioners (nurse practitioners, physician assistants, and certified nurse midwives) to provide services. The clinic must be staffed at least 50% of the time with a midlevel practitioner. RHCs may also provide other health care services, such as mental health or vision services, but reimbursement for those services may not be based on their allowable costs.

Hospital = A medical practice where physicians practice in a hospital, which could include more than one primary care specialty and a surgical specialty.

Ambulatory practice = A clinic that principally delivers medical care on an outpatient basis. Examples of an ambulatory practice include ambulatory surgery centers, urgent care facilities, and physician offices.

Federally qualified health center (FQHC) = A reimbursement designation that refers to several health programs funded under Section 330 of the Public Health Service Act of the United States of America's Federal Government. These 330 grantees in the Health Center Program include:

- 1) Community Health Centers which serve a variety of underserved populations and areas;
- 2) Migrant Health Centers which serve migrant and seasonal agricultural workers;
- 3) Health Care for the Homeless Programs which reach out to homeless individuals and families and provide primary and preventive care and substance abuse services; and
- 4) Public Housing Primary Care Programs that serve residents of public housing and are located in or adjacent to the communities they serve. FQHC are community based organizations that provide comprehensive primary and preventive health, oral, and mental health/substance abuse services to persons in all stages of the life cycle, regardless of their ability to pay.

Retail Health Clinic = Also known as "convenient care clinics", located in retail stores, supermarkets and pharmacies that provide medical services for commonplace illnesses. Most retail clinics are typically staffed by nonphysician providers (nurse practitioners, physician assistants), but they may also be staffed with physicians. The primary work site is defined as the place where the physician spends the majority of his time. For instance,

an internist who joins a single specialty group of outpatient internists, but acts as the group's hospitalist, would list & "Hospital" as their primary work site, as opposed to & "Ambulatory Practice".

Question 4

Practice Ownership

Indicate the type of ownership that represents at least 51% or majority control over the entity. This should be specific to the site for which the search was conducted.

Government = A governmental organization at the federal, state, or local level. Government funding is not a sufficient criterion. Government ownership is the key factor. An example would be a medical clinic at a federal, state, or county correctional facility;

Hospital/integrated delivery system (IDS) = An IDS is a network of organizations that provide or coordinate and arrange for the provision of a continuum of health care services to consumers and are willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through "virtual" integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership. A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs, and generates bed-day revenues;

Insurance company or health maintenance organization (HMO) = An insurance company is an organization that indemnifies an insured party against a specified loss in return for premiums paid, as stipulated by a contract. An HMO is an insurance company that accepts responsibility for providing and delivering a predetermined set of comprehensive health maintenance and treatment services to a voluntarily enrolled population for a negotiated and fixed periodic premium;

MSO or PPMC = An MSO is an entity organized to provide various forms of practice management and administrative support services to health care providers. These services may include centralized billing and collections services, management information services, and other components of the managed care infrastructure. MSOs do not actually deliver health care services. MSOs may be jointly or solely owned and sponsored by physicians, hospitals, or other parties. Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some expand their ownership base by involving outside investors to help capitalize the development of such practice infrastructure. PPMCs are usually publicly held or entrepreneurial directed enterprises that acquire total or partial ownership interests in physician organizations. PPMCs are a type of MSO, however the motivations, goals, strategies, and structures arising from their unequivocal ownership character - development of growth and profits for their investors, not for participating providers — differentiate them from other MSO models;

Physicians = Any doctor of medicine (MD) or doctor of osteopathy (DO) who is duly licensed and qualified under the law of jurisdiction in which treatment is received;

University or medical school = A university is an institution of higher learning with teaching and research facilities comprising undergraduate, graduate, and professional schools. A medical school is an institution that trains physicians and awards medical and osteopathic degrees;

Other = Describe the majority owner in the space provided.

Question 5

IRS Status - Indicate the IRS Status for the site for which the search was conducted.

Question 6

City - City in which the search was active.

Question 7

State - State in which the search was active. For all Canadian locations, please select "Canada".

Question 8

Population Category - Indicate the population where the practice is located and/or the location where the provider will work.

Question 9

Search Specialty

If the position specialty is not listed in the drop-down, please describe in the space provided. For nurse practitioners and physician assistants, provide the specialty area where at least 50% of time is to be spent, such as acute care, adult, emergency, family practice, gerontologic/elder health, neonatal/perinatal, occupational health, oncology, pediatric/child health, psychiatric/mental health, school/college health, or women's health.

Question 10

Replacement for departing provider

Indicate whether the search was initiated due to a departure of an existing provider, regardless of whether the replacement is the same specialty (i.e. If an NP was used to replace a departing family medicine physician, you would still answer "Yes" to this question).

The selection of the appropriate specialty should align to the work that a physician is performing. For instance, an Internist practicing as a Hospitalist, should be categorized under Hospitalist: Internal Medicine vs. Internal Medicine: General. Additionally, the final disposition of a candidate into the work environment should be given priority over the intended search.

Example: An Urgent Care search is opened and the organization is open to any specialty,

- If an Internist is hired, it would be categorized as Internal Medicine: Urgent Care.
- If a Med/Peds physician is hired (for which there is no subspecialty listed for Urgent Care), the first rule would apply and it should be categorized in the general "Urgent Care" category; not Internal Medicine: Pediatrics.

Similarly, consideration should be given to the administrative expectations of a given position. If a physician is hired for a position in which there are joint administrative and clinical responsibilities, the appropriate categorization would be that which require the greatest percentage of time. In general, if administrative functions comprise 50% or more of anticipated activities and/or prohibit the ability to maintain a regular part-time practice due to administrative responsibilities; they are best categorized as "Administrative/Physician Executive/Medical Director" rather than the chosen specialty.

Example: A search is conducted for a division chief or department chair

- Responsibilities include seeing patients in a clinic, teaching residents, supervising staff, and other administrative functions. The appropriate category would most likely be "Administrative/Physician Executive/Medical Director"
- Primary responsibility is the administrative functions of a department, including endorsement of credentialing documents, participation in Medical Executive Committee, and Chairing departmental meetings. There is minimal impact on the ability to maintain a full time practice and as such, is paid by annual stipend for the time commitment. A situation such as this would be best categorized under the given specialty and not the "Administrative/Physician Executive/Medical Director" category.

Question 11

Locum Tenens Used

Select "Yes" if you employed a locums provider to supplement coverage while the search was being conducted.

Question 12

Date Search Began

Report the date on which the search officially opened.

Enter the date manually, or use the popup calendar by clicking in the text box, once the calendar control comes up, select a date from the current month, otherwise traverse between months by clicking on the arrows at the top, otherwise use the link at top center to broaden your date selection view.

Any search for which work was conducted during the calendar year should be included, regardless of the year in which the search was opened or the current status of the search. For example, a search that opened Year One with a contract signed on January 2 of Year Two, should be reported in both years. There are two reasons for this:

1. A search is not considered “filled” until a signed contract is in place.
2. A calculation for “Days to Fill” is determined by the date a contract is signed. Therefore, a search can only be listed as “filled” when a signed contract is received.

A search that was opened in Year One, only to be placed on hold mid way through Year Two, would also be reported in both years.

The data reported on filled searches should be the aggregate of all years for which the search was opened.

Question 13

Position Status - Indicate status of position.

Open: A search that is still underway. No candidate has accepted the position by a signed contract as of the date of survey submission.

Filled: A search that was conducted during the calendar year (regardless of when it originally opened) and the position was later closed due to a candidate’s acceptance and return of signed contract.

Cancelled: A search that was conducted during the calendar year (regardless of when it originally opened), was cancelled for any reason and is not expected to resume in the foreseeable future.

Hold: A search that was open or conducted during any part of the calendar year, for which the status is currently unknown or activity on the search has been placed on hold for any reason. This search may be re-opened at a later date or cancelled altogether.

Question 14

Number of Applicants Received

Indicate the total count of physicians who have applied for the position. They can be external or internal and their qualification for the position is not criteria to be excluded or included from the count. In other words, all who apply are counted as an applicant. It is possible for an applicant to be counted more than once, but only if the positions applied for are distinctly different. For example: an applicant who is double boarded in IM and EM could be an applicant for both an IM practice and an EM practice (if he/she was truly interested in both). Contrarily and for example, if a FP physician is interested in any one of two or more FP practices (the positions are essentially the same position), and interviews once for any one of the open positions, then the applicant should be counted only once. Only whole numbers should be used to count the Number of Applicants.

Question 15

Number of Candidates Interviewed

Provide the total number of Applicants who have interviewed for a position. Their status has changed from Applicant to Candidate by reason of their interview. A candidate can be counted more than once if they interviewed for more than one position but only if each of the positions were distinctly different and necessitated a separate interview (the candidate went on more than one first interviews). A candidate who interviewed one time for two or more like positions should only be counted once. Also, subsequent interviews of the same candidate for the same position are not counted; only the first interview is counted towards the Number of Candidates Interviewed. Only whole numbers should be used to count the Number of Candidates Interviewed.

Question 16**Number of Offers Extended**

Report the number of candidates who have been offered the position. Their acceptance or rejection of the offer is not a criterion to be counted. While unusual, it could happen that a candidate be offered more than one position (knowing that one or more positions need to be turned down in order for the candidate to accept one position), thus, one candidate could accumulate more than one offer. Only whole numbers should be used to count the Number of Offers Extended.

Question 17**Source Type Used to Fill Position**

Indicate the sourcing method used to identify the provider who was ultimately hired for this position. Only one source may be selected. Do not include all sourcing methods that were utilized for the search in general.

Provider-Specific Association Meeting:

Obtained directly through a job fair, reception or annual meeting of the specialty association for the given search.

Cold Calling:

Includes phone calls made directly by recruiters or a hired organization paid on behalf of the employer specifically to identify potential candidates for the given position. Should not include candidates referred by another individual, for which a "cold call" is later made.

Direct Mail:

Candidates who respond to a mailer, post card, flyer, or any other advertisement sent through the US Mail, regardless of where any data source for said mailing originated. The only exception being mailings targeted specifically at residency or fellowship directors or coordinators, which would fall into the category of Residency and Fellowship Programs.

Email:

Specific for candidates who respond to targeted email campaigns purchased through an email list service or database. For example, an email campaign targeted at candidates pulled from the Med Ties section of the PracticeMatch database, would be categorized as Email. Whereas, the source for a candidate who responds to a posting on the CareerCenter section of PracticeMatch, would be categorized as Internet Job Board.

Internal Trainees:

Candidates hired from residency and fellowship programs that are under the same ownership as the hiring entity.

Internet Job Boards:

Refers to jobs posted on any internet job board, for which a candidate viewed and later responded.

Job Fairs:

Refers to any job fair or reception (except a specialty specific job fair) for which the candidate was identified. This also includes virtual job fairs and/or job fairs for which a recruiter did not attend, but the candidate's contact information was supplied at the job fair and later relayed to the recruiter.

Journal Advertisements:

Would include any clinical print publication where a given job was advertised. The advertisement need not be specialty specific (i.e. JAMA and ACOG in print are both applicable)

Referrals:

Includes any lead provided by another individual regardless of that person's association with your organization (i.e. a name provided by another employee, a colleague in another state, a practicing physician within the group, or the community realtor would all fall under this category). This should not include candidates referred by a search firm.

Residency and Fellowship Programs:

Candidates acquired through interactions with a Residency or Fellowship program (via educational programs, sponsorships, or direct mail/email campaigns). This should not include candidates referred by an individual within a Residency/Fellowship program if it came without the direct involvement from a recruiter (whether through an event or active engagement); such an instance would fall into the category of a Referral. Candidates from an Internal Residency or Fellowship Program (under the same ownership as the hiring entity) should list the source type as Internal Trainees.

Search Firms: Contingency:

Any candidate referred by a contingency search firm.

Search Firms: Retained:

Any candidate referred by a firm hired on a retained basis for the given search or all searches within an organization. This category should also be selected for candidates referred by "hybrid" search firms (those who charge flat fees up front with remainder upon successful completion of the search) and candidates who were originally supplied by an agency on a locums basis, but moved to a permanent placement.

Internal Transfer (Non-Resident/Trainee):

Candidates from within the organization or network, but are not hired directly out of a residency or fellowship program.

Former Employee:

Any candidate who was previously affiliated or employed by the hiring entity.

Social Media:

Includes any lead that can from a social media site such as Facebook, LinkedIn, Twitter, etc.

Other:

Any candidate who does not fall into one of the above categories. Please be as specific as possible.

Question 18**Site Visits by Provider who Filled Position**

Select the number of visits the candidate made prior to being hired for the position. Include any visits over the course of the search regardless of whether a visit took place in a previous calendar year. Do not include House-hunting visits.

Question 19**FTE Level of Provider who Filled Position**

Select the level of full-time equivalency (FTE) agreed to in the provider's contract. If the position is split between different sites and/or different roles, include only the FTE level for which the search was conducted. If the search was conducted with the intent of time in multiple locations or split roles, the aggregate FTE level should be used.

Question 20**Hired out of Residency/Fellowship**

Select "Yes" if the candidate hired for the position was a recent graduate of a residency/fellowship with no prior work experience in the medical field of the given specialty. For example, if an internist worked as a hospitalist for two years before entering a pulmonology fellowship and was hired immediately upon completion of the fellowship, the answer to this question is "Yes".

Question 21**Date Position Filled**

"Date Position Filled" is defined as the date a contract was signed. Any search filled during the calendar year, regardless of the year for which the search opened, should be included.

Question 22**Days to Fill Position**

"Days to Fill" is defined as the difference between the date a search was initiated and the date a contract was signed. Any search filled during the calendar year, regardless of the year for which the search opened, should be included.

Recruiter Profile:

I Am Finished Entering Recruitment Compensation Data

Click on this button once the Recruitment Compensation data has been entered in full. Please be certain that you are finished entering data into this tab, because once you have marked this as complete, you will no longer be able to add/edit this data.

Question 1

Employee Tracking Code

Indicate your department's internal tracking number. This may be numeric, alpha, or a combination of both. This tracking code should allow HR to quickly identify employees for compensation validation. It also serves to distinguish records within the Profile grid.

Question 2

Position Title

Select the title that most closely aligns with the responsibilities. While individual titles vary greatly across the industry; the hierarchy within an organization, reporting structures, primary work area, and individual responsibilities should guide the selection of the appropriate title for select, even if it does not exactly match the existing title.

Vice President, Physician/Provider Recruitment:

- 1) Reports directly to the CEO
- 2) Member of the senior management team, collaborates with sales and operations teams
- 3) Manages recruitment professionals, so time spent recruiting providers will be minimal.

Vice President, Physician Services:

- 1) Directs physician recruitment and placement activities of the organization
- 2) Responsible to the company at corporate, group, division, and hospital level to assist in the identification, screening, and placement of recruited and employed physicians into hospital system
- 3) May oversee recruitment, retention, and liaison programs
- 4) Ensures policies and procedures are implemented for efficient, effective management of all programs
- 5) Accountable to communicate and implement corporate strategic initiatives to meet program goals and objectives.

Director, Physician Recruitment:

- 1) Oversees system recruitment of physicians
- 2) Supervises team of recruitment professionals.

Director, Physician Recruitment and Retention:

- 1) Develops and oversees the implementation of all strategies to monitor and enhance relations between members and potential members of the medical staff of the hospital system
- 2) Responsible for recruitment and retention initiatives, new physician orientation services, collaborative marketing and growth projects, communication vehicles, and active outreach promotions
- 3) Works with senior management to assist in the development and implementation of a strategic physician recruitment plans.

Director, Practice Management:

- 1) Administers, directs, and coordinates all activities of the practice/group to carry out its objectives
- 2) Responsible for the operation of the institution and the application/implementation of established policies
- 3) Liaison with the governing authority and medical staff
- 4) Controls and utilizes the physical and financial resources
- 5) Has employment and termination authority.

Manager, Physician/Provider Recruitment:

- 1) The top nonphysician professional administrative position with less authority than a CEO
- 2) Manages the recruitment and selection activities of the practice/group to employ physicians/providers and ensure adequate staffing
- 3) Identifies sources of candidates, initiates, and maintains relationships with outside sources
- 4) Typically oversees management personnel with direct responsibilities for the specific functional areas of the organization
- 5) Reports to the governing body of the organization.

Coordinator/Specialist/Assistant, Medical Staff Services:

Predominantly administrative responsibilities focused on credentialing activities required by a given organization and in concert with federal regulations. Credentialing activities include, but are not limited to: verification of education, training, licensure, and DEA; review of malpractice history, obtains documentation of CME, physicals, PPD, etc.

Director, Onboarding

Oversees a system or supervises a team focused on onboarding activities. Onboarding responsibilities include, but are not limited to: introductions to staff, coordination of training and educational activities, serving as liaison for questions, arranging a mentor, coordinating practice start-up activities and marketing.

Director, Medical Staff Services

Oversees a system or supervises a team focused on credentialing activities. Typically participates in credentialing committee meetings. Credentialing activities include, but are not limited to: verification of education, training, licensure, and DEA; review of malpractice history, obtains documentation of CME, physicals, PPD, etc.

Physician Recruitment Sourcing

Works directly with physician recruiters to identify potential candidates for an opportunity. Responsibilities may extend to direct contact with physicians, screening candidates, serving as a central contact for job boards, and targeting appropriate recruiters for follow-up.

Physician Recruiter, Senior:

- 1) Typically 5 or more years of experience as a physician recruiter
- 2) Responsible for the successful recruitment of physicians, including sourcing, screening, recruitment, coordinating of interviews and site visits, referencing, credentialing, negotiating employment offers, relocation, orientation, and retention of medical staff
- 3) Serves as an employment source.

Physician Recruiter:

- 1) Responsible for the successful recruitment of physicians, including sourcing, screening, recruitment, coordinating of interviews and site visits, referencing, credentialing, negotiating employment offers, relocation, orientation, and retention of medical staff
- 2) Secures contracts with recruitment firms
- 3) Serves as an employment source.

Coordinator/Specialist/ Assistant, Physician Recruitment:

*Category unavailable

Physician/Provider Relations:

- 1) Serves as a personal contact and liaison for physicians/providers or their practice managers in order to address problems, issues, or concerns that need attention
- 2) May or may not have credentialing responsibilities.

Practice Manager:

- 1) The top nonphysician professional administrative position with less authority than a CEO
- 2) Maintains broad responsibilities for all administrative functions of the medical group, including operations, marketing, finance, managed care/third party contracting, physician compensation and reimbursement, human resources, medical and business information systems, and planning and development
- 3) Implements policies and procedures of the group/practice
- 4) Analyzes requisitions, purchases and other business information; reporting results to physicians
- 5) Typically oversees management personnel with direct responsibilities for the specific functional areas of the organization
- 6) Is involved in hiring employees
- 7) Reports to the governing body of the organization.

Coordinator/Specialist/Assistant, Onboarding

Predominantly administrative responsibilities focused on Onboarding activities, such as introductions to staff, coordination of training and educational activities, serving as liaison for questions, arranging a mentor, coordinating practice start-up activities and marketing.

Manager, Onboarding

Management of a single facility's onboarding activities. May or may not supervise staff. Onboarding responsibilities include, but are not limited to: introductions to staff, coordination of training and educational activities, serving as liaison for questions, arranging a mentor, coordinating practice start-up activities and marketing.

Executive: Other _____

An executive level position not categorized in the given titles. The expected responsibilities will include supervision of staff or more often entire departments and the reporting structure will be at the "C-Level" (CEO, COO, CMO, CFO). Indicate the title of the position, if listed as "Other".

All other positions

Please describe in the list provided.

Question 3**Formal Education**

Select the level of formal education attained by the employee. If employee holds a level of formal education not listed, please describe in the space provided.

Question 4**ASPR Designation held, if any?**

Select the ASPR designation currently held by the employee. If none, please choose "none of these".

Question 5**Certifications held, if any?**

Select certifications currently held by the employee. If employee holds no specific certifications, please choose "none".

Question 6**Years of Recruitment Experience**

Report the employee's total years of recruitment experience in the health care delivery industry, health care administration, and/or business administration.

Question 8**Percent of Time Spent Recruiting**

Select the overall percentage of time the employee spends recruiting providers. If time spent on recruitment activities varies from year to year, the average time should be entered.

Question 9**Length of ASPR Membership**

Select the number of years the employee has been a member of ASPR. If the employee is not a member of ASPR, please choose "not currently a member".

Question 10**Supervise Staff**

Indicate whether the employee has staff supervision responsibilities.

Question 11**Provider Onboarding Responsibilities?**

Indicate whether employee provides or has oversight of onboarding services.

Question 12**Provider Retention Responsibilities?**

Indicate whether employee provides or has oversight of provider retention services.

Frequently Asked Questions:

What does the * mean that proceeds some questions?

The asterisk is used to denote that the particular question is required. You will not be able to save a particular tab without first answering all required questions.

What is the purpose of this survey?

This survey collects data from recruitment departments for the 2017 Association of Staff Physician Recruiters (ASPR) In-House Recruitment Benchmarking Survey. This report provides comparison data on provider searches, as well as recruitment department compensation to assist decision-makers in a staff recruitment environment.

Who is conducting this survey?

ASPR has retained the services of Industry Insights, an independent research firm based in Columbus, OH. All information you provide will be securely maintained by Industry Insights and will not be shared with ASPR or anyone else.

Who should complete this survey?

Recruitment department: One questionnaire should be completed for a staff provider recruiting department that has one or more divisions and/or sections.

Independent contractor: One questionnaire should be completed for a self-employed recruiter.

How is my respondent group defined?

Recruitment department: A unit or organization in a health care system with an individual department and single budget. The department's mission is to staff physician or nonphysician providers related to one or more specialties. The department employs individuals who are engaged in the recruitment and retention of physicians and other healthcare providers and who are employed to do so by a hospital, hospital organization, clinic, health maintenance organization, state, or federal governmental agency.

Independent contractor: An individual who is self-employed and whose primary activity and purpose the recruitment of physicians and other healthcare providers for a hospital, hospital organization, clinic, health maintenance organization, or state or federal governmental funded agency.

Who should not complete this survey?

Outside search firms should not participate in this study.

How do I receive survey results?

All information will be accessed through this ASPR research portal. As a participant of the survey, you will not only gain access to the full Industry-wide report, but you will also receive a complete, Company Benchmarking Report which will compare your department's benchmarks against its closest peers. In addition, you will have complete, 24/7 access to the Searchable Results application that will allow you to create customized cuts of the data in order to hone in on statistics that are especially meaningful to you.

You will receive an email when the current year's results are available.

Do I need to answer all of the questions on the survey?

Though not all items are technically required, we are hopeful you will complete most – if not all – of the information. The quality of our reported results depends upon the completeness and accuracy of every response. In addition, your customized Company Benchmark Report can only supply information for those items you provide.

What if I am unsure how to answer a question properly?

Hover boxes (indicated by ) are provided for most questions on the form. If you are still unsure about an item, please contact the survey leader, Scott Hackworth, at: shackworth@industryinsights.com or by phone at (614) 389-2100, ext 105.

Are all survey data confidential?

Yes. All information you provide for this survey will be confidentially maintained by Industry Insights and will not be published or voluntarily released within the public domain without written permission.

Only summary statistics will be published or made available. A summary statistic will be reported only if there are sufficient responses to be statistically appropriate and if the anonymity of those submitting data is protected.

When is my response due?

The due date is May 1. The survey results will be much more useful to you if we can report the results on a timely basis. We would sincerely appreciate your giving this survey a high priority and completing the questionnaire as soon as you can.

Can I still participate using the Excel file I have used in past years?

No. Please download the current Excel file for use with the Import Wizard. This allows you to quickly import your Searches into the online questionnaire. All other sections (Demographic Information, Recruiter Compensation, Expenses and Contact Information) must be completed online.

Why is there no actual compensation data being requested in the Recruiter Compensation section?

In order to maintain the integrity of data collected, we will collect that information directly from a member of your organization's HR staff.

Once you have completed the information requested from you, a message box will appear that prompts you to provide the name and email address of the HR staff member to whom you will request they provide the Compensation Data for your department. (You will be able to alter the text of the email).

The email to your HR staff member will contain a link along with a unique login and password (that you will not see). Only 4 data points will be requested from the HR staff member: Base Compensation, Bonus/Incentive Amount, Total Compensation, and Retirement Benefits.

A notice will be sent to you if the HR staff member does not provide a response within 14 calendar days of receiving your request.

Who should I call with questions?

Please contact the survey leader, Scott Hackworth, at: shackworth@industryinsights.com or by phone at (614) 389-2100, ext 105.