QUANTIFYING COMPETITION FOR PHYSICIAN TALENT

By Tony Stajduhar, President of the Permanent Recruitment Division of Jackson & Coker.

What will healthcare organizations do about the impending physician shortage?

There’s been heavy discourse the last few years about the growing physician shortage in the United States. A projection by the Association of American Medical Colleges shows a shortage of 46,000 to 95,000 physicians by 2025.¹

The demand for healthcare in America is growing. The Affordable Care Act has helped push the percentage of insured Americans to nearly 90 percent,² creating a greater need for primary care physicians to see new patients.

Additionally, our population is shifting older; the Census Bureau projects the population 65 years and older³ to become larger than the population under 18 years old by 2056. And while America ages, so does its doctors. According to Becker’s Hospital Review, 1 in 3 physicians is now over the age of 65.⁴

This report will demonstrate the prevalence of the physician shortage, including which specialties are being greatly affected and which areas are most underserved. Then, it will examine what hospital administrators and recruiters can do today to help prepare their organizations for tomorrow.

Specialties with Greatest Demand: Family Medicine, Internal Medicine, and Psychiatry

Jackson & Coker compared open jobs by specialties from eight top job boards and compared them to the number of third-year residents for those specialties, as provided by MMS data. Assumptions that played into our research model: The turnover rate for doctors hovers around 6.8 percent, according to the American Medical Group Association.⁵ We also applied that logic that when practicing physicians change jobs, they merely leave openings elsewhere, so we can assume most open positions will be filled by current residents.

Because the analysis is only of select job boards, this model represents only a portion of the pervasiveness of our current shortage.

Based on this analysis, the specialties with the greatest demands are:

- **Family Medicine**
  
  The eight job boards had roughly 17,200 family medicine openings as of April 2015, compared to just 2,758 last-year residents.

  In an interview⁶ with HealthLeaders Media, Dr. E. Robert Schwartz, chairman of the Department of Family Medicine and Community Health at the University of Miami, explained that young medical students are forgoing primary care for more technical specialties that result in more defined hours, high mobility and high incomes.

  Continued on page 2
- **Internal Medicine**

Internal Medicine had more than 10,300 total openings compared to 6,134 last year residents. But that gap is likely even wider, considering that many internal medicine residents go on to practice in sub-specialties such as gastroenterology, cardiology or endocrinology. A Mayo Clinic study of internal medicine residents found that only 21.5 percent of graduating residents planned to make a career out of general internal medicine.7

Additionally, the American Board of Internal Medicine found that only 45 percent of internal medicine residents entered into an internal medicine fellowship.8 According to the American College of Physicians, many physicians, upon completing internal medicine residency, choose to pursue further training in one of 10 different internal medicine subspecialties.9

- **Psychiatry**

Our data turned up nearly 5,500 openings for psychiatry jobs versus only 871 last-year psychiatry residents.

The shortage of mental health professionals is at unsafe levels. As of 2012, 91 million people in the U.S. lived in what the Department of Health and Human Services (DHHA) calls Mental Health, Health Professional Shortage Areas.10 Fifty-five percent of U.S. counties have no practicing psychiatrists, psychologists or social workers at all, DHHA said.

Without more psychiatrists coming into the field, it will be hard to fill the gap. In a 2014 article, Dr. Adam Brenner, a psychiatrist and associate professor at UT Southwestern Medical Center, wrote that only half of psychiatry residency programs in the U.S. are filled, and the stigma of mental health turns medical students away from specializing in psychiatry.11 He also mentioned the lower income psychiatrists receive relative to other specialties.

Compacting the problem, the field’s current population is nearing retirement; 50 percent are 55 years old or older, Jackson & Coker found in analysis for its annual Physician Salary Calculator.

Of course, these three specialties are hardly the only areas where shortages lie. In Georgia, the state with the highest maternal mortality rate in the nation, hospitals are closing their obstetrics practices. More than 40 Georgia counties lack obstetrical providers and there are less than 75 hospitals in the entire state with labor and delivery units, Pat Cota of the Georgia OB/GYN Society said in an interview12 with *Georgia Health News*.

### The Disparity of Healthcare Coverage

Not only are there not enough doctors to go around, they also aren’t evenly distributed. Centers for Disease Control data shows a supply of 53.3 primary care physicians per 100,000 population in large central metropolitan areas as of 2012 versus just 39.8 per 100,000 in nonmetropolitan areas.13

Nationally, there are on average 46.1 primary care physicians per 100,000 people, but some states fared better than others. The supply exceeded the national average in Massachusetts, Rhode Island, Vermont and Washington. But it was lower than the national average in Arkansas, Georgia, Mississippi, Nevada, New Mexico, and Texas, according to the data.

### What Recruiters Can Do Now

Mid-sized suburban hospitals especially may find it hard to compete with large, well-resourced hospitals located in urban markets. Hospital administrators can remain competitive by rethinking traditional recruitment strategies.

A strategic recruitment plan that enables the in-house recruiter to critically evaluate the needs of the system will help a hospital attract and retain physicians. By focusing

*Continued from page 3*
Continued from page 2

on long-term goals and needs, recruiters can staff the right physician in the right specialties for their organization and community and reduce gaps in coverage.

As a way to brand themselves, facilities are vying to be recognized on “Best Places to Work” lists, which are published annually by a variety of organizations. In a HEALTHecareers survey of healthcare employers, 79 percent said brand (what candidates think, feel and share about an organization as a place to work) and culture are primary focuses in their organizations.14 Employers cited in the survey competitive salary, vacation and time off, retirement planning and savings, treating employees with respect and recognizing/rewarding outstanding effort as cultural improvements their companies offer.

Smaller organizations should focus on culture, rather than paycheck. Physicians know they can make more money elsewhere, but may be more interested in a positive work environment where they feel they are making a difference.

Creating a rewarding work environment is a huge part of a recruitment plan. For some, that rewarding work environment attracts doctors who believe in mission-focused medicine and may be more inclined to want to practice in an underserved area. Some organizations are attracting mission-focused physicians by offering leave time for medical missions abroad. An example is Mercy Medical Center in rural New Hampton, Iowa. Facing a physician shortage in 2008, the hospital recruited six family physicians by allowing the doctors to rotate time off for maternity leave and mission work.15

Innovative programs that improve working conditions for physicians allow organizations to differentiate themselves. Practices have been incorporating technological initiatives, such as online messaging portals, that strengthen the doctor-patient relationship while also making communication more efficient. Adopting telemedicine practices can help close coverage gaps for specialists you can’t afford to have in-house.

Structuring the system so that physician assistants and other professionals can take on documentation, clerical activities and other tasks not necessary for a doctor to perform can help create a less stressful, more patient-driven practice for physicians, as well.

Suburban and rural hospitals still need to consider financial compensation for their doctors. Doctors who serve in medically underserved areas may be eligible for programs such as the National Health Service Corps loan repayment program, state loan repayment programs and the Conrad 30 waiver program for international doctors serving in the United States. Facilities in underserved areas should make helping doctors apply for these programs part of their recruitment strategy.

Organizations should remain cognizant of their own finances when recruiting, while also keeping in mind that time spent without a physician equals lost revenue. In the same vein, the community and state also lose revenue without a placement. An incoming physician creates a large economic impact by paying taxes, creating other jobs at the hospital, and using local goods and services in the area he or she lives.

In some cases, an outside firm may be brought in to conduct the physician search because of their reach, which can lead to faster placement, and ability to assess cultural fit for the organization and community, thus improving retention.

In summary, due to a shortage of graduating residents, high rates of current doctors reaching retirement age, and uneven distribution of doctors, the physician shortage isn’t likely to be resolved anytime soon. Competition amongst facilities will remain tight as they vie for new hires in a tight physicians’ market. But by forming a strategic physician recruitment plan, creating a rewarding workplace and strong organizational culture, and incorporating non-traditional practices, healthcare facilities can make smart hiring choices and avoid the physician gap within their own organization.

Continued on page 4
PROMOTIONAL NOTES/NEWS

Physician Career Guides in 2016: Reaching Physician Jobseekers

Each year, the NEJM CareerCenter releases seven physician Career Guide magazines. Each issue contains career-related articles and a clinical article as it appeared in a recent issue of the *New England Journal of Medicine*. It is sent directly to over 30,000 physicians. We are excited to announce that in 2016, we will be adding a new, eighth Career Guide magazine that focuses on primary care physicians.

Although the recipients of the magazine varies from one issue to another, they are all sent to physicians who are either actively looking for a job (final-year residents and fellows) or may be passively looking for jobs and open to new job opportunities (physicians currently in practice).

Getting your job opportunity in front of these physicians is easy — when you purchase a Career Guide package, you will get placement in this exclusive product, as well as in the *New England Journal of Medicine* and all of our related sites.

Start planning for 2016 now — discounts are available for participation in multiple issues. Contact your sales reps or ads@nejmcareercenter.org for a full list of the 2016 Career Guide advertising opportunities.

Continued from page 3

About the Author

Tony Stajduhar is President of the Permanent Recruitment Division of Jackson & Coker. With more than 25 years within the industry, he is a sought-after speaker for national medical associations and residency programs. Based in Atlanta, Tony can be reached at tstajduhar@jacksoncoker.com or 866.284.3328.

Endnotes

2“In U.S., Uninsured Rate Dips to 11.9% in First Quarter.” Gallup. 13 Apr. 2015. Web.
8“Resident & Fellow Workforce Data.” American Board of Internal Medicine. Web.

*Call (800) 635-6991 or email ads@nejmcareercenter.org for more details on bonus convention distribution of your paid recruitment ad in selected NEJM issues at these physician conventions.*