



Examining topics affecting the recruitment and retention of physicians and advanced practice professionals

Structuring an Effective Physician Interview

A resource provided by Merritt Hawkins, the nation's leading physician search and consulting firm and a company of AMN Healthcare (NYSE: AMN), the largest healthcare workforce solutions company in the United States.

Corporate Office:
Merritt Hawkins
8840 Cypress Waters
Blvd #300
Dallas, Texas 75019
800-876-0500

Eastern Regional Office:
Merritt Hawkins
100 Mansell Court East
Suite 500
Roswell, GA 30076
800-306-1330

Introduction

In an era of physician shortages, scheduling an interview with a doctor one hopes to recruit can be a challenging process. Depending on the physician's specialty, the location of the recruiting facility, and other factors, it may take dozens of hours and thousands of dollars to source and screen an appropriate candidate for interview.

It therefore is essential that the interview be structured in a way most likely to lead to an optimum outcome, which in most cases is the candidate's signature on a contract or agreement letter.

This white paper, one in a series prepared by Merritt Hawkins, the nation's leading physician search and consulting firm, offers suggestions for how hospitals, medical groups and other organizations seeking physicians can structure and execute effective physician interviews.

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Confirmation, Not Investigation

An effective physician candidate interview is based on a clear understanding of what the interview is for. The interview should not be structured as an introduction of the opportunity to the candidate. Rather, the candidate interview is a time for **confirmation**, not **investigation**.

When the interview is properly arranged, both the recruiting party and the physician candidate are meeting to confirm detailed information that each party has **previously learned about the other**. An effective physician candidate interview is based on hours of pre-interview conversations that have taken place with both the candidate and his or her spouse or significant other during the screening process.

The candidate will already know beforehand the basic terms of the offer. He or she will know what type of call schedule is in place, what the weekly work hours are, the salary and production bonus metrics, path to partnership (if applicable), payer mix in the practice, and associated details. In turn, the recruiting party should have a written profile of the candidate, spouse and family in hand detailing their professional backgrounds and their personal interests. By preparing on the front end, the interview does not become a forum for protracted and possibly contentious **negotiations**, but rather is an opportunity to **connect on a personal basis**.

The “70/30” Rule

For this reason, we believe the candidate interview should be structured to be **70% social and 30% professional**, following what Merritt Hawkins calls the “70/30” rule.

The goal is to allow the candidate and his or her spouse/other to walk through the practice and the community and to visualize living and working there. **It is imperative that the spouse or significant other be on the interview**. If the spouse cannot make the interview, the interview should be rescheduled. Practice relocation is invariably a joint decision, and often the spouse is the ultimate decision maker. An interview without the spouse is usually wasted motion.

The candidate and spouse should be able to meet and socialize with people of their own age and interests to experience what life and practice is like in your community. Both the candidate and spouse should be provided with a written itinerary in advance that allows them to view the practice, the hospital, the schools, the real estate options and other places of interest.

At the same time, the recruiting party or parties need to observe the physician interacting with physicians, administrators, and other key stakeholders in the search in both professional and social settings. Stakeholders then can determine if the candidate is the kind of physician and the kind of person they can spend hours interacting with each day – and the kind of physician who will thrive in the community.



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The interview itinerary should be customized to each physician, as follows:

- ❖ Candidate meets with physicians in the same specialty
- ❖ Candidate meets with referring physicians
- ❖ Candidate meets with newly recruited doctors
- ❖ Candidate meets with administrators/medical directors
- ❖ Candidate and spouse meet with people of similar age/interests
- ❖ Candidate and spouse meet with school representatives
- ❖ Candidate and spouse tour the community
- ❖ Candidate and spouse see/experience where they can enjoy their hobbies/recreational/cultural interests
- ❖ Separate itinerary for the spouse

Role of the Hospital CEO or Group Administrator

Physician recruitment is a top strategic goal for hospitals and medical groups, and its importance to the success of medical organizations can hardly be overemphasized. For this reason, the hospital CEO or group administrator must be a champion of the recruiting process.

Direct participation by the CEO or administrator should begin before the interview when the CEO/Administrator establishes a sense of urgency and commitment in the physician recruiting team. The CEO/Administrator generally hands off the daily tactical duties to an in-house and/or an agency recruiter and other members of the recruiting team. However, he or she stays attuned to the process and leads by example, especially in the areas of accessibility and responsiveness.

This is particularly the case when it comes to scheduling physician interviews. Unfortunately, candidates are not always able to schedule interviews at times that are convenient to members of the recruiting team. Qualified candidates are at such a premium, however, that every effort should be made to meet their interview time-frames, even if some recruiting team members' personal activities need to be rearranged. The CEO/Administrator can set the tone by being accessible even when it may not be personally convenient.

During the interview, direct participation by the CEO/Administrator makes a positive impression on candidates and is usually essential to a positive result. Only the CEO/Administrator can break any logjams that may occur in terms of decision making, the dissemination of information, and other factors that can obstruct a search. The physician recruiter can only take the process so far. At some point, the leader of the organization has to put his or her stamp on the process.



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What to Ask

While many details about the practice and the financial package should be reviewed in advance, there are issues you will want to confirm and discuss with the candidate during the interview. These questions will help eliminate ambiguity and help gauge the physicians' interest level and priorities. Sample questions include:

- ❖ What do you know about our practice?
- ❖ What more information do you need about our practice? (Confirm all relevant details re: finances, call, hours, etc.)
- ❖ What interests you about our opportunity?
- ❖ What are your expectations for our practice?
- ❖ What do you need to provide optimum care to your patients?
- ❖ What would a good day be like in your ideal practice?
- ❖ What is the culture like in your current practice?
- ❖ Are there any specialty areas you would like to focus on?
- ❖ What assets do you think you would bring to our group?
- ❖ What would you like or expect from the hospital?
- ❖ To what degree have you participated quality measures reporting?
- ❖ How comfortable are you with emerging, quality and value-based reimbursement?
- ❖ How familiar are you with MACRA?
- ❖ What are your goals for the next 3-5 years?
- ❖ What do you know about our community?
- ❖ What other information would you like to know about our community?
- ❖ Is there any further information we can provide to your spouse?
- ❖ Have you scheduled other interviews?
- ❖ What interests you about the other opportunities you are considering?
- ❖ What is your time frame for making a decision and when could you start?
- ❖ Are your initial expectations for the opportunity consistent with what you have actually seen and heard during this interview?
- ❖ Now that the interview is over, do you still have a strong interest in our opportunity?

These and related questions are meant to ensure that the candidate is fully informed about the opportunity. They also will help determine if the candidate's expectations are consistent with what the opportunity actually offers. A useful question to ask before the interview is, "What are the two or three most important factors that will tell you if this is the right situation for you?" These may range from "the equipment," to "specialty support" to "collegiality" and many other factors.



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Role of the Realtor

Real estate is a critical factor for anyone considering a move. Candidate interviews generally include a tour of community real estate options guided by a local realtor. Hospitals and medical groups should choose carefully among local realtors to find an exemplary professional to work with. The realtor should understand that their role in the interview is not truly about real estate. ***Their primary role is to act as a community advocate.*** The realtor should understand that the physician and his or her spouse have not yet made a decision to join the community. They will be seeking information from the realtor as a third party not directly affiliated with the recruiting hospital or group. The realtor is so important to the process that Merritt, Hawkins' recruiting consultants sometimes accompany realtors on a "trial tour" of the community prior to the interview to ensure that they understand their role and are able to present the community in a positive light.

Be wary of realtors whose goal is to sell the most expensive house in their portfolios. Make sure they understand the type of house and financial parameters of the candidate and spouse and that they stay within those parameters. We have had many occasions where physicians visiting smaller communities with excellent real estate values have told us after the interview that they liked the community but could not afford to buy a house there. Unfortunately, the realtor had only shown them the two or three most expensive houses in town.

In selecting a realtor, consider that candidates typically will spend one hour interviewing with a peer physician but two to three hours touring the community with a realtor. The realtor therefore is a critical representative of the community who must be aligned with the other members of the recruiting team. Realtors also can provide excellent feedback regarding the candidate's interest in the community.

References

The extent and depth of references needed to schedule a candidate interview are not as great as those needed to credential a physician at the local hospital or hospitals. Some hospitals and groups make the mistake of insisting on a complete referencing and credentialing process prior to scheduling the interview. The problem with this strategy is that candidates usually are fielding multiple offers. The long delays that can take place in the referencing process can cost a hospital or group the chance to interview the candidate in their opportunity. In addition, at this stage of the process some candidates may not have told colleagues or patients that they may be leaving the practice and as a result may be reluctant to furnish local references until they are certain that a deal will be consummated.

In some cases, candidates who interview may later be dropped from consideration based on what happens during the referencing and credentialing process. That is an unfortunate waste of time and money. However, hospitals and groups that invest an inordinate amount of time investigating candidates before they interview can undermine their ability to recruit effectively, which in the long run is an even greater waste of time and money.



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One Interview Only

Through extensive front-end preparation, and by involving the spouse the first time, only one candidate interview should be necessary. Typically, the interview will take place over a 24 – 48 hour period. Limiting candidate interviews saves money but it also motivates all parties to make a maximum effort. Nothing can be left to chance when everyone concerned knows they have one time to get it right. In our experience, everyone puts their best foot forward when it is understood that the process is limited to one interview.

It is during the interview that the recruiting hospital or group has an opportunity to distinguish itself based on a superior level of commitment. Whether it's in sports, business, or medicine, those recruiters who show that they "want it more" generally win out. Physicians have told us on countless occasions that they selected a particular practice based mostly on the attitude of the people recruiting them. That's why it never hurts to "pull out all the stops." Signs welcoming the physician and spouse in the lobby of the hospital (not appropriate in the case of confidential searches), a small gift in the hotel room, a short visit with the swimming coach or piano instructor -- if one of the physician's children is interested in these activities -- all of this extra effort will leave the physician and spouse with that warm feeling of being wanted that is so critical to successful recruitment.

If the candidate appears to be a positive match, it is important to state at the end of the interview that they did well, that you are favorably impressed with them, and that you are greatly interested in having them join the practice and the community. It also is appropriate to ask the physician about his or her level of interest. The question may be phrased: "Now that you have seen our practice and community, do you still have a strong interest in joining us?"

The way the candidate responds to this question often will tell you more than what he or she actually says. It also is appropriate to stress to the candidate the importance of physician recruitment to the hospital or group and that the process cannot be put on hold while the candidate is making a decision. This is not to pressure the candidate. It is simply to make clear that a timely decision is required, whether or not that decision is yes or no.

Given the challenges of finding the right physician to interview in today's market, it is essential that every effort be made to bring the interview to a successful conclusion.



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About Merritt Hawkins

Established in 1987, Merritt Hawkins is the leading physician search and consulting firm in the United States and is a company of AMN Healthcare (NYSE: AMN), the largest healthcare workforce solutions organization in the nation. Merritt Hawkins' provides physician and advanced practitioner recruiting services to hospitals, medical groups, community health centers, telehealth providers and many other types of entities nationwide.

The thought leader in our industry, Merritt Hawkins produces a series of surveys, white papers, books, and speaking presentations internally and also produces research and thought leadership for third parties. Organizations for which Merritt Hawkins has completed research and analysis projects include **The Physicians Foundation, the Indian Health Service, Trinity University, the American Academy of Physician Assistants, the Association of Academic Surgical Administrators, and the North Texas Regional Extension Center.**

This is one in a series of Merritt Hawkins' white papers examining a variety of topics directly or indirectly affecting the recruitment and retention of physicians and advanced practice professionals, including physician assistants (PAs) and nurse practitioner (NPs).

Additional Merritt Hawkins' white papers include:

- ❖ The Growing Use and Recruitment of Hospitalists
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- ❖ Nurse Practitioners and Physician Assistants: Supply, Distribution, and Scope of Practice Considerations
- ❖ The Physician Shortage: Data Points and State Rankings
- ❖ Physician Supply Considerations: The Emerging Shortage of Medical Specialists
- ❖ RVU FAQ: Understanding RVU Compensation in Physician Employment Agreements
- ❖ The Economic Impact of Physicians
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Corporate Office:

Merritt Hawkins
8840 Cypress Waters Blvd #300
Dallas, Texas 75019
800-876-0500

Eastern Regional Office:

Merritt Hawkins
100 Mansell Court East
Suite 500
Roswell, Georgia 30076
800-306-1330