

Nationally, it has been established that new physicians are seeking a different lifestyle from their professional predecessors. The numbers of new physicians pursuing residencies in anesthesiology, radiology and dermatology increased 288 percent, 95 percent and 39 percent, respectively. Those pursuing family practice and general surgery declined by 40 percent and 28 percent, respectively. This shift is indicative of the changing professional expectations among new physicians:

- Given a choice between “lifestyle-friendly” specialty and a “lucrative specialty”, 55 percent of graduating doctors choose the first option, while only nine percent chose the second.
- In addition, 50 percent of the medical residents are women, who often cite “controllable lifestyle” as their top priority.
- This issue does appear to affect male residents, too; the implication is that this is more of a generational issue than a gender issue.

Research has shown that these trends are contributing to and compounding the problems associated with shortages in the physician workforce. In an effort to respond to these issues, many practices are offering part-time, flex-time and job sharing arrangements to physicians. In addition, physician recruitment tactics have become much more aggressive and include: sign-on-bonus packages, incentive programs, monthly stipends for early commitment, and increased compensation offers to candidates in the most sought-after specialties.

Ohio has the same challenges seen nationally. These issues are magnified because Ohio has relatively modest physician compensation and reimbursement levels which make recruitment of physicians more difficult. The MGMA¹ annually publishes physician compensation statistics.

- In 2007 (based on 2006 survey data) compensation levels are at or below the national average for 48.3% of the 29 specialties tracked.
- Only 10.3% of specialties are above the 75th percentile.

This compression in physician compensation may be partially attributed to a relatively mature managed care market and consolidation of insurance companies who reimburse physicians for their services.

ProMedica Health System dedicates significant resources to ensure that the physician workforce is sufficient to meet the healthcare needs of the community. ProMedica’s physician recruitment efforts are based upon community needs assessments which identify physician shortages, by specialty, within its 20+ county service area throughout **northwest Ohio** and **southeast Michigan**.

¹ Medical Group Management Association (MGMA). The source for this analysis is the 2007 MGMA Physician Compensation and Productivity Survey.

ProMedica has a staff of three people who are exclusively devoted to physician recruitment. These people search locally and nationally for candidates to fill the community's need for physicians.

There are two primary sources from which ProMedica seeks to fill the community's physician needs: (1) local GME programs and (2) recruitments from other markets. ProMedica is proactive in cultivating physicians from local GME programs. In fact, ProMedica retains 40% of physicians who train in its Family Practice programs. Other local GME programs have proven to be less productive sources for physician manpower because they are small and produce graduates that are not in alignment with the community's physician manpower needs. It is notable that only 29 percent of ProMedica's physician manpower needs are met with new graduates.

The majority of ProMedica's physician manpower needs are filled by experienced physicians, recruited from other markets. Our staff annually screen over 18,900 candidates. We interview over 820 candidates and ultimately hire or place about 14 physicians each year. In total, approximately 71% of physician manpower needs of our community are met through the recruitment of physicians from outside our market.