Successful Recruitment of Endocrinologists In a Competitive Environment

By Allison McCarthy, Principal, Barlow/McCarthy

Recruitment of physician specialists to fill key organizational needs is increasingly challenging. Specialist workforce shortages, the high number of baby boomer physicians approaching retirement age, expanding health needs of an aging population and physician demands for improved work/life balance all contribute to lengthening recruitment timelines. Endocrinologists remain one of the top physician groups for whom recruitment searches are conducted. As a medical specialty, endocrinology generates less favorable reimbursement and thus offers lower salaries than procedure-oriented specialties. As a result, endocrinology searches can be difficult and lengthy, particularly when filling positions in less desirable or remote locations.

Factors Contributing to Workforce Shortage

The Association of American Medical Colleges (AAMC) Center for Workforce Studies, which provides detailed data about active physicians across specialties, documented 5,891 active specialists in Endocrinology, Diabetes and Metabolism in 2010, ranking 27th of 36 specialties with the largest number of active physicians in the United States (AAMC, 2012). Approximately three-fourths of active endocrinologists work in clinical practice, with the remaining one-fourth focusing on education, research or administration (AAMC, 2012). Many endocrinologist clinicians, however, work in academic settings and may dedicate large portions of their time to teaching and research responsibilities. Pharmaceutical companies also offer competitive career choices for endocrinologists to work as researchers developing therapeutic medications.

In 2003, Rizza et al developed a model to define the workforce needs in the United States until 2020 for the specialty of Endocrinology, Diabetes, and Metabolism. In this seminal report, the authors predicted that demand for adult endocrinologists will continue to exceed supply through 2020 and that gap will progressively widen from 2010 onward (Rizza, 2003).

The most recent Center for Workforce Studies Report documented an increasing number of endocrinologists being trained. In 2010, there were 260 first year fellows training in Endocrinology, Diabetes and Metabolism, a 31% increase from the number reported in 2005 (AAMC, 2012). However, while more physician specialists are being trained, many thousands of physicians who are part of the baby boomer generation are beginning to reduce clinical time or consider retiring. Nearly one-third of currently practicing physicians in the United States are expected to retire over the next decade (AAMC, 2010). In 2010, 43% of active endocrinologist specialists in the United States were age 55 or older; this is slightly higher than the 40% of all active physicians who were older than 55 years (AAMC, 2012).

Gender also accentuates the relative shortage of endocrinology clinicians. Women comprise 30% of the
workforce of all active physicians, but represent 40% of active physicians practicing in Endocrinology, Diabetes and Metabolism; women also make up 67% of residents and fellows training as endocrinologists as compared with 46% of trainees across all specialties (AAMC, 2012). Women are more likely to work less than full time hours and some choose to refrain from active practice for extended periods of child rearing.

**Demographic Pressures Increase Demand**

The U.S. Department of Health and Human Services estimates that the physician supply will increase by only 7% in the next 10 years. At the same time, the Census Bureau projects a 36% growth in the number of Americans over age 65, the very segment of the population with the greatest health care needs (AAMC, 2010). Diseases treated by physicians specializing in Endocrinology, Metabolism and Diabetes include diabetes, obesity, metabolic syndrome, lipid disorders, thyroid nodules or cancer, osteoporosis, pituitary disease, adrenal disease, menopausal symptoms and reproductive disorders (Stewart, 2008). The growing prevalence of many endocrinology-related diseases among Americans has significantly increased demand for physicians trained in the specialty. As a result, patient wait times for appointments may be as long as four months (Endocrine Today, 2011).

In the 20 years between 1990 and 2010, the annual number of new cases of diabetes diagnosed among adults almost tripled (CDC, 2012). Factors contributing to the increasing incidence include obesity, aging of the population and increases in sedentary behaviors. The relative shortage of endocrinologists limits access to care and increases appointment wait times for the nearly 26 million Americans who now have diabetes. While not all persons with diabetes or other metabolic disorders need management by an endocrinologist, a significant portion do not receive optimal management and could benefit from the expertise of an endocrinologist titrating their medical management.

The rising incidence of obesity in the United States also significantly contributes to an increasing demand for endocrinologists. Data from the National Center for Health Statistics reveal that more than one-third of adults and almost 17% of children were obese in 2009-2010 (Ogden, 2012). Obesity increases the risk for diabetes, hypertension and lipid disorders, all conditions that may require endocrinology management.

The supply-demand imbalance is particularly acute for children requiring the expertise of pediatric endocrinologists. In a 2008 study, Lee found the ratio of children with diabetes to pediatric endocrinologists to be 290:1, and a ratio of 17,741:1 obese children to pediatric endocrinologists (Lee, 2008). The problem is further exacerbated by geographic imbalances in the distribution of endocrinologists. Across states, Lee documented ratios of children with diabetes to pediatric endocrinologists ranging from 144:1 in the Northeast to 370:1 in the Midwest and a 19-fold difference in the observed ratios of obese children to pediatric endocrinologists (Lee, 2008).

**Implications for Physician Recruitment**

As of this writing, the physician recruitment search engine PracticeLink displayed 181 available endocrinology positions. The American Academy of Clinical Endocrinologists listed 63 opportunities and the Endocrine Society offered 71. Given the number of practice options available to endocrinologists, organizations need to aggressively solicit candidates with differentiating market features and proactive recruitment strategies.

Efforts to recruit newly trained endocrinology fellows need to begin well over a year before the intended start date. In a survey of more than 1,000 residents and fellows finishing
training in 2013, 61% reported that they began interviewing prior to January of their graduating year and more than half of the respondents had signed contracts by March; these percentages represent increases from the prior year survey of 2012 residents and fellows, in which 41% interviewed before January and 31% signed contracts by March (Cejka Search, 2013).

High caliber endocrinology programs typically require organizational resources and subsidies to yield the desired clinical, financial and operational results. Identifying both national and local market compensation is a necessary preparation for attracting top candidates. In its 2012 Review of Physician Recruiting Incentives, Merritt Hawkins found endocrinology among the top specialties with income increases over the prior year; the average 2011-2012 income offer for endocrinologists (base salary or income guarantee) was $248,000, representing an 11% increase over the prior year (Merritt Hawkins, 2012). Median annual endocrinology compensation has been reported in recent surveys as $221,898 by Medscape (2013) and $178,000 by the Medical Group Management Association (2012).

In addition to a competitive compensation package, physician candidates need to be assured that the organization can provide information technology, structure and processes that enhance workflow efficiency in scheduling, documentation and communication with referring physicians. Employment of diabetes educators and mid-level providers are important program components to reserve the endocrinologist’s time for complex patient visits. Plans that outline these infrastructure support components demonstrate to physician candidates that the organization is seriously committed to developing a successful program.

As with any recruitment, candidates seek an environment where they are acknowledged and respected. This needs to be showcased during the recruitment process by facilitating opportunities for candidates to speak with other clinicians – either with scheduled telephone calls or meetings during candidate site visits. Not only will this help to validate the opportunity for the candidate but it also begins to build the collegial connections and referral development network necessary for practice development success.

For any new specialist, there is always concern about whether they can build a strong productive practice. Having preliminary marketing plans with allocated budget dollars helps confirm for the candidate the commitment to their future viability.

Focused Strategy to Source Candidates

Targeting the right candidates is essential to executing effective specialty searches. Either a newly minted endocrinologist or one currently in practice can be viable targeting options. Experienced endocrinologists can lead the medical community in offering progressive care for their complex diabetic patients. However, trainees who demonstrate leadership skills, either within or outside of their training experience, may also make strong clinical leaders.

While job boards, journal advertisements and direct mail can get a broad message out about the opportunity, searches with a high demand/low supply ratio often require a strong networking effort by the team. Purchased lists that identify physicians with regional connections can be extremely useful in sourcing candidates. Educational and training locations should also be targeted, based on such factors as program reputation and likelihood of graduating practice-based endocrinologists. Marketing campaigns can then be developed and executed to reach each target group. Given the competitive nature of recruiting endocrinologists, a single marketing tactic is unlikely to be enough to generate leads. A campaign that has varying types of touch points over the course of several months will be needed to create attention and the desired response.

Before implementing such a campaign, organizations may find that conducting a smaller outreach effort is a better starting point. There is the dual benefit of testing the reaction to the practice offerings on a smaller audience before larger investments in marketing campaigns are made. Plus, while the organization works aggressively with targets most likely to be interested in the position, it gains experience and knowledge about the challenges in recruiting for the open opportunity. A small number of targets – those most likely to be interested based on geographic affinity, training program alliances or other factors – would be contacted by phone or email by members of the leadership team and/or medical staff. Each can be assigned 6-12 target endocrinologists to contact within a defined period of time. The recruiter or another team member would assume responsibility to
continue the prospecting efforts once these individuals have generated initial interest. The leadership/medical staff may then become engaged again later as these prospects/candidates continue through the recruitment process.

Once an endocrinologist is successfully recruited, a period of facilitated networking with new clinical colleagues and staff will jump start the practice development effort. While a select few specialists can easily network with minimal support, more often a member of the team needs to organize meetings and even accompany the specialist. The best way to protect your recruitment investment is to help the endocrinologist build a successful practice. To ensure that is happening, clinical and administrative leaders in the organization should regularly meet with newly recruited endocrinologists, especially during the first two years. These meetings should be scheduled and focus on understanding the actual clinical practice experience as compared with what was described during recruitment. These discussions help ensure that the physician is spending the majority of time on work utilizing their specialized skills (Kneeland, 2010). Given the competitive recruitment market, leaders must regularly monitor physician satisfaction to protect against disengagement and resignation. Such meetings also provide the opportunity to regularly communicate recognition of the physician’s contribution to organizational goals.

Recruitment of physician specialists can be challenging. In many underserved regions, attracting endocrinologists is particularly difficult. Success requires organizational readiness, proactive recruiting practices, engaged clinician and administrative leaders and effective practice development strategies.

References


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