

From the publishers of the *New England Journal of Medicine*

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The Physician Retention and Turnover Challenge — Success Starts with Strategy

As the imbalance in the supply and demand for physicians intensifies, physician turnover and retention remains at the forefront among critical issues that medical groups must address. The changing demographic picture of the physician workforce is another factor in play, as increasing numbers of practicing physicians retire while the number of graduating physicians remains unchanged.

To help highlight trends and strategies related to retention, Cejka Search and the American Medical Group Association (AMGA) assembled statistics and insights from 92 AMGA respondents whose groups collectively employ 16,833 physicians.

Respondents were asked to provide their answers based on the specific number of physicians with regard to demographic questions and those relating to trends affecting turnover.

In the report summary, a significant demographic shift among the reporting groups was exhibited from year to year. In 2006, female physicians accounted for 35% of physicians employed in the groups, compared with 28% in 2005.

On Average, There Is Virtually No Difference in Turnover between Male and Female Physicians

In 2006, there was virtually no difference in overall turnover between male and female physicians, but there was a shift among genders compared to 2005, with a significant increase in turnover among males and decrease in turnover among females. The

total average rate of turnover increased to 6.7%, compared with 6.4% from the prior year. Overall, turnover among male physicians increased to 6.8% in 2006, compared with 5.9% in 2005, and turnover among female physicians decreased to 6.6% in 2006, compared with 7.5% in 2005.

Statistically, the total average turnover reported in 2006 was within a band of 6.0 and 7.7% for the categories of responding groups, with the exception of academic groups.

Just Over Half of Responding Medical Groups Anticipated Their Turnover Rates and Deemed Them to Be “Acceptable”

Nearly six in ten (58%) respondents reported that physician turnover was close to their anticipated rate. Among the remaining groups, where turnover differed from what was anticipated, more than twice as many medical groups said turnover rates were “higher than expected” than those who said turnover was “lower than expected” (30% versus 12%).

Although a little over half (57%) of the groups stated their turnover rate was “acceptable,” 43% said it was “too high.” This indicated that — even among some who anticipated the turnover rate — there was a belief that it was still too high. No respondents in the survey indicated that turnover was “too low.”

The First Three Years Are Critical for Retention

As the number of experienced physicians moving on in their careers or toward retirement grows, the need to assess

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candidates for fit and the importance of focusing on retaining newly recruited physicians has become crucial for physician workforce stability.

Forty-six percent (46%) of those physicians who leave a practice are most likely to do so within the first three years of employment. The proportion leaving before the end of their first year of employment grew to 12%, compared with 9% in 2005. In aggregate, the respondents reported that 23% of the departing physicians had been with their practices for more than 10 years.

Based on the total number of physicians leaving, 57% were experienced physicians with six or more years of total practice experience, 34% had been practicing between one to five years, and 9% were immediately post-training. Notably, small groups reported that 61% of departing physicians had more than 10 years of total practice experience.

Fit and Family Are the Driving Forces in Turnover

According to the survey results, a lack of cultural fit with the practice and/or the community was a driving force in turnover. This data is consistent with past reports, stating a “poor cultural fit with the practice” is the single most frequently mentioned reason for voluntary separation (51%). In addition, “Relocated to find a better community fit” was mentioned 20% of the time.

However, family reasons that required the physician to relocate were also strong contributors to turnover, with “relocating to be closer to own or spouse’s family” (42%) and “spouse’s job required relocation” (22%) revealing that moving for family reasons is a significant cause for physicians leaving the practice.

Retention Programs May Be Unwritten — but They Are Effective

Groups with designated retention programs collectively employed 6,010

physicians, a large enough sample for measuring turnover.

Forty percent (40%) of respondents stated they “have a designated physician retention program” and only one in five of these reported theirs as being a “written plan with identified goals and strategies.” Survey results showed that turnover was 6.0% among physicians working in a group practice with a designated retention program, compared with 7.1% for those without.

Additionally, group practices with a designated retention program were somewhat more likely to keep their physicians for at least 10 years. In groups with a designated retention program, the proportion of departing physicians was 73% leaving within 10 years and 27% leaving after their tenth year. In groups with no designated retention program, the proportion was 79% leaving within 10 years and 21% leaving after 10 years.

Succession Planning and Mentoring Programs Remain Primarily Informal

Leadership succession plans most often are a shared responsibility among a combination of executive leaders or the board of directors. Methods for identifying future leaders included observation of a physician’s participation with groups or committees and his or her expressed interest in a leadership role.

Among all respondents, 39% stated they have a leadership succession plan in place. But, among this group, fewer than half said they have a “written document with identified goals and strategies.”

Based on the total number of physicians employed by the responding groups overall, it is possible to observe a significantly lower turnover ratio among physicians whose group practice assigned a mentor. Groups that assign no mentors at all had a 7.2% turnover ratio, compared with 6.3% for groups that assign mentors, and 5.8% for those who assign mentors from within the same department as

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MARKET WATCH

Turnover Assessment

Among all physicians who left the practice in the past 12 months, indicate the number who had been with your practice for:

Years	All Groups	Group Size			
		3-50	51-150	151-500	>500
Less than 1 year	12%	21%	14%	8%	15%
1-3 years	34%	25%	32%	37%	33%
4-5 years	15%	11%	15%	17%	13%
6-10 years	16%	4%	14%	17%	17%
More than 10 years	23%	39%	25%	21%	22%

Source: 2006 Physician Retention Study, Cejka Search (www.cejkasearch.com) and American Medical Group Association (www.amga.org)

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their newly recruited physicians. Respondents agreed that the primary factor in the success — or failure — of a mentor relationship is the commitment level of the mentor. The limited availability of time to devote to the mentor relationship was consistently mentioned as an obstacle to success.

Retention Takes Commitment

Turnover is a fact of life and there are pressures beyond the control of medical group practice leaders. Demographic shifts include the growing number of retiring physicians leaving the workforce and the increasing ratio of female to male physicians. There is also a change with regard to the needs and expectations of younger physicians who appear to be increasingly focused on being happy in their work and family life. It will be up to medical groups to continuously explore creative ways to structure the practice to address the realities of these trends.

A first line of defense is carefully evaluating the influence of “fit and family” during the

interview process. In the rush to hire, red flags in the candidate assessment are often overlooked. With pressures to ramp up quickly, the acculturation of a new physician may be short-changed.

Participants in the 2006 retention survey offered further proof and testimony that strategies employed before hire, within the early stages of employment, and throughout the career cycle of a physician are worthwhile investments in long-term physician retention and stability of a medical group practice.

**NOTE: The American Medical Association Membership Data, as of May 2006, reported that approximately 67% of physicians were over the age of 42. The Association of American Medical Colleges reports that 15,925 new physicians graduated in 2006, virtually unchanged from an estimated 15,000 to 16,000 physicians who graduated in 1980.*

Source: 2006 Physician Retention Study, Cejka Search (www.cejkasearch.com) and American Medical Group Association (www.amga.org)

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RESIDENT E-BULLETIN



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December 8–11, 2007
Atlanta, GA
www.hematology.org

**Massachusetts Medical
Society Physician Job Fair***
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PROMOTIONAL NOTES/NEWS

Early Closing Dates for NEJM Issues!

As a courtesy, we want to remind you that the closing dates for the *New England Journal of Medicine* are at least one day earlier for the next several weeks during the holiday season.

Below you will find the issue and closing dates for the weeks affected by the earlier deadlines. This information is also contained in your 2007 and 2008 Classified Advertising Rate Cards. Rate Cards are available online at www.nejmjobs.org/employers/employer_index.aspx in the “Print and Online Ad Packages” section. If you would like to receive a hard copy of the 2008 rate card, please e-mail your request to nejmjobssupport@nejm.org.

ISSUE	LINE/FRACT. CLOSE*	ISSUE	LINE/FRACT. CLOSE*
Nov. 29	Nov. 8	Dec. 27	Dec. 6
Dec. 6	Nov. 15	Jan. 3	Dec. 12
Dec. 13	Nov. 20	Jan. 10	Dec. 18
Dec. 20	Nov. 30	Jan. 17	Dec. 26

*Closing dates for full-page ads are generally seven days prior to the materials due dates. Please call the NEJM Recruitment Advertising Department for more details.

Reach Over 30,000 Final-Year Residents and Fellows for FREE with the February 28, 2008, Resident Reach Issue!*

Run a paid advertisement in the February 28 Resident Reach issue of the *New England Journal of Medicine*, and in addition to the 200,000 physicians that read NEJM regularly, you’ll reach 30,000+ final-year residents and fellows in ALL specialties for FREE!*

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ISSUE	CLOSING DATE	SPECIALTIES
February 28	February 8	All — Over 100

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*The recruitment section of the February 28 NEJM issue is reprinted and mailed to approximately 30,000 final-year residents and fellows in all specialties whose address records appear in the AMA database. Counts are as of 10/22/07 and are subject to change based on data collected by the AMA.

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