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Credentialing 101 for Recruiters

In-house recruiters play an important role in physician staffing. They support the organizational mission of identifying and pre-screening exceptionally qualified candidates for employment. An important part of the process concerns provider credentialing and hospital privileging.

The Importance of Credentialing

Before being offered a permanent position, a physician must be granted delineated privileges by the governing board of a hospital. Privileges are granted upon recommendation of a credentials committee (or medical staff committee) and of the hospital department the doctor will be assisting. Such a recommendation is made only after the provider's professional credentials have been thoroughly verified according to industry-recognized standards, such as those established by organizations like the Joint Commission.

The tasks of recruiters and medical staff professionals intersect at the point of determining whether a candidate has the appropriate medical training, work history, and current clinical competence to capably perform the responsibilities associated with the position under consideration.

"Recruiters need to be familiar with the basic hospital credentialing and privileging processes in order to effectively facilitate the hiring or contracting process," said Vicki Searcy, vice president of Consulting Services for Morrisey Associates, Inc., a Chicago-based firm that provides comprehensive consulting services in areas such as credentialing and privileging, quality management, and case management.

Searcy points out, for example, that it typically takes from 30 days to several months to complete the credentialing process. This depends on how rapidly information can be verified, which is usually a direct reflection of the complexity of a doctor's medical background.

"Knowing this, recruiters will not promise start dates that are out of synch with the credentialing process. Recruiters can also assist in helping physicians navigate through the credentialing process, potentially assisting them in obtaining insurance, state licensure, etc., which will ultimately help to expedite the credentialing process," she adds.

The Privileging Process

In order for a physician to be granted medical staff membership and clinical privileges, a hospital's credentials committee obtains critically important information for review through prime-source verification. During this detailed process, medical staff professionals carefully review the following documentation:

- Hospital staff application
- Licensure history
- DEA/Controlled Substance Certificate registrations
- Malpractice history
- Medical education and training
- Board certification
- Life Support Skills certification
- Work history (with no unexplained gaps in employment)
- Continuing medical education obligations
- Presence of any disciplinary actions

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- Professional peer references
- Medicare/Medicaid sanctions
- Federation of State Medical Boards query
- Healthcare Integrity and Protection Data Bank (HIPDB)
- National Practitioner Data Bank query
- Ongoing monitoring of sanctions

Further, during the privileging process, providers are reviewed for the following issues:

- Restrictions or limitations to any clinical privileges, professional memberships, or certifications
- Physical or mental conditions, including alcohol and/or drug dependency
- Use of illegal drugs or legal drugs used in an illegal manner
- Misdemeanor and/or felony convictions
- Medical malpractice history

A credentials committee engages in credentials verification once a candidate has been carefully prescreened by in-house recruiters. This is an indispensably important task at the heart of the employment process.

Candidate Prescreening

Thorough physician prescreening addresses a number of critical issues. At some point in the hiring process, it's important to learn answers to the following questions:

- How comprehensive is the physician's curriculum vitae in covering all time spent from receiving a medical degree to the present?
- Does the candidate have the appropriate clinical skills and effective "bedside manner" to provide quality patient care?
- Is the candidate comfortable performing the required modalities and other procedures associated with the position?
- Does the doctor have any malpractice issues that would impede privileging?

- Are there any apparent "red flags" that deserve further investigation? (If so, these can delay the privileging process if not fully addressed upfront.)

Experienced recruiters are trained to go beyond what a candidate indicates about him- or herself in writing to determine whether he or she is a good fit for the position. By asking questions that "scratch the surface," physician recruiters can make a more informed determination concerning recommending a candidate for further hiring consideration.

Probing Questions

To help a credentials committee determine a candidate's suitability for a position, a physician recruiter can ask probing questions of the candidate during the prescreening process and of the reference contacts provided to attest to the doctor's current clinical competence. Following is a list of questions for candidates and references to consider. Asking these sorts of questions can facilitate more in-depth discussions that intensify the prescreening process.

Questions for the candidate:

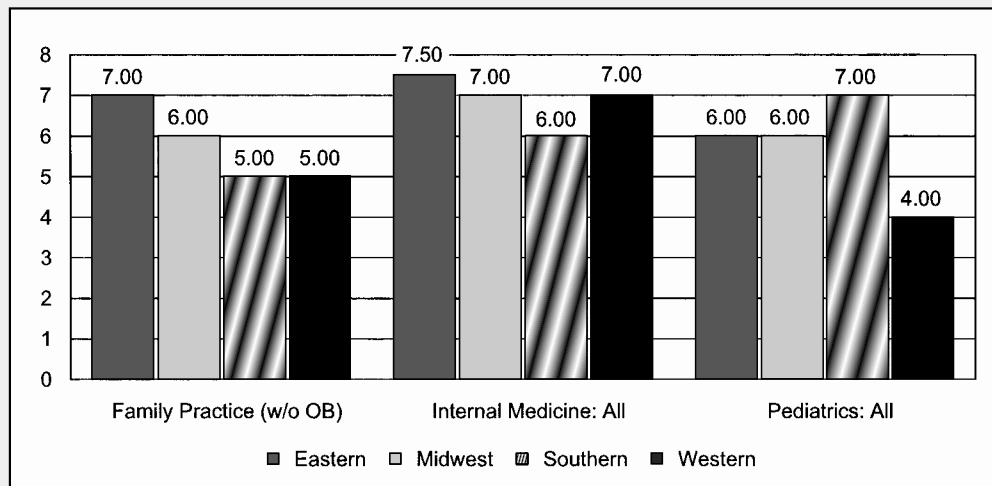
- Where do you see yourself in your career advancement, and how does this position dovetail with your professional goals?
- Are there any gaps in your employment history that need to be accounted for prior to initiating the hospital privileging process?
- How comfortable are you in performing the clinical duties outlined and other responsibilities associated with the position?
- How current are you with CME obligations? What recent CME classes have you completed?
- What avenues of professional development are you currently pursuing?
- Are there any malpractice settlements or dismissals that might present a problem?
- Is there anything in your background

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MARKET WATCH

Primary Care Median Months to Fill Positions by Geographic Section

The shortage of primary care physicians has become an increasingly popular topic over the past few years. However, staff physician recruiters reported that these types of positions were generally filled within six months. Internal medicine reported the greatest time to fill a vacant position.



Source: Recruiting Benchmarking Survey, 2009 report based on 2007 data, conducted by the Medical Group Management Association (www.mgma.com) in collaboration with the Association of Staff Physician Recruiters (www.aspr.org).

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that might surface in reference checking or in the National Practitioner Data Bank that you would like to discuss upfront?

Questions for references:

- In what capacity have you observed the doctor, and how effective was he as a medical practitioner?
- How recently have you worked with the doctor and for what period of time?
- In terms of clinical skills and patient care, how would you rank this physician with other specialists with whom you have worked?
- Would you want him or her to treat one of your immediate family members?
- At this point in his or her professional career, what things should he or she be working on to improve effectiveness as a medical practitioner?

- What would other colleagues say about this doctor's clinical competence?
- Is there anything we should be aware of that may come up during the credentialing and privileging process?

"Thoroughness in screening candidates can enhance the recruitment process primarily by making sure that physician candidates meet basic credentialing and privileging criteria," Searcy said. "For example, if the medical organization requires current board certification (by an ABMS- or AOA-recognized board) in the provider's specialty as part of the credentialing requirements, recruiters should obviously not recruit individuals who are not certified."

As a worst-case scenario, Searcy recalls several situations in which physicians were recruited, contracts were signed, families were relocated, and then the physicians did not get appointed or granted privileges by the health

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What's New at NEJM?

LOCUM TENENS JOBS NOW AVAILABLE AT NEJM CAREERCENTER

Timely, Targeted, Trusted

Whether you are looking to hire a locum tenens physician for one week, one month, one year, or even longer, NEJM CareerCenter (nejmjobs.org) is where physicians find jobs. NEJM has packages available for jobs in all specialties, and your ads will be posted within 24 hours. Packages range from one job to an unlimited number of jobs. Put the most trusted name in medicine to work for you, and we'll find your next locum tenens hire. NEJM CareerCenter was ranked as the #1 online jobs source in terms of usefulness by physicians in a recent independent study.* For more information, contact NEJM at (800) 635-6991 or nejmads@nejm.org.

*"2008 How Physicians Search for Jobs," an independent blind study conducted by Zeldis Research Associates, Inc.

**UPCOMING
RECRUITER
MEETINGS
AND MEDICAL
CONVENTIONS**

**American College of
Cardiology***
March 14–16, 2010
Atlanta, GA
www.acc.org

**National Association of
Physician Recruiters***
April 7–10, 2010
Fort Lauderdale, FL
www.napr.org

**Society of Hospital
Physicians***
April 8–11, 2010
Washington, DC
www.hospitalmedicine.org

**American College
of Physicians***
April 22–24, 2010
Toronto, Canada
www.acponline.org

**Association of Program
Directors in Internal
Medicine***
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Baltimore, MD
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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 2009 and 2010 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 PDF of the 2010 rate card, e-mail nejmjobssupport@nejm.org.

Issue	Line/Fractional Close*	Issue	Line/Fractional Close*
Nov. 26	Nov. 5	Dec. 31	Dec. 9
Dec. 3	Nov. 12	Jan. 7	Dec. 16
Dec. 10	Nov. 18	Jan. 14	Dec. 22
Dec. 17	Nov. 24	Jan. 21	Dec. 30
Dec. 24	Dec. 3		

*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.

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care employer. “This is obviously a terrible (and costly) situation for both the physician and the organization. Recruiters who understand and apply basic credentialing and privileging requirements are in a much better position to recruit qualified candidates for the organization,” she points out.

The Outcome

Working in tandem, a hospital credentialing committee and physician recruiters can gather all the appropriate documents and supporting information needed to make a proper decision regarding hospital privileging. When in-house recruiters engage themselves wholeheartedly in the prescreening process, they provide an indispensable service to hospital administrators, who make the final decision of whether to extend an employment offer to a candidate under consideration.

The more in-house recruiters know about provider credentialing and hospital privileging, the more valuable they are as team members in the hiring process.

Source: Marlene McIntyre, CPMSM, serves as director of Quality & CVO Services for JH CVO, based in metro Atlanta, Georgia. Calvin Bruce is senior staff writer for Jackson & Coker and managing editor of the Jackson & Coker Industry Report. They coauthored an article entitled “Preparing to Re-enter the Work Force” in the October 15, 2008, LocumLife.