

Excerpt

Rolling With the Changes:
PRP role becomes more
sophisticated; here's how to
ensure you won't be left out in
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Bringing recruitment inside

With the level of medical staff recruiting involved when hospitals restructure to attract managed health care plans, in-house recruiting makes better economic sense than continually hiring a search firm. However, as Mary Ellen Scaturro is learning, there are benefits greater than just saving money.

August 1994 marked Scaturro's first month as director of Spartanburg (SC) Regional Medical Center's (SRMC) new professional recruitment department. As hospitals scramble to align with integrated health systems and managed care companies, more and more facilities will bring recruiting services in-house to maintain better control over recruiting efforts, Scaturro says.

"You can do more long-range planning," she says of in-house recruiting. "If I know I have a

group of three doctors and I need to add two more family practice docs to that group, I know, eventually, they might expand and they'll also need an OB/GYN."

Currently, she is organizing a physician manpower committee to do broad, long-range planning and capitalize on what they view as medically underserved areas right now. "This way we can strategically make our place in the marketplace," says Scaturro, who formerly worked for a search firm.

In addition to plotting strategy, her office, which consists of Scaturro, an assistant director, and an administrative assistant, keeps tighter control over interview situations. "I've gotten more involved with the itinerary-setting for recruit visits," says Scaturro. "We would want [the candidates] to meet with the people they will be working with. There will be other people who need to be involved with the process who probably were not involved before."

For example, a trauma surgeon who recently interviewed at SRMC not only met the surgery faculty members, but the trauma nurse coordinator and all members of the emergency department. Scaturro made sure the surgeon saw how the operating room suites and equipment are set up. He met with administration and private practitioners in town to hear straight from them that there is a demand for his services. She made sure another doctor and a real estate agent gave the surgeon a tour of the community.

The trauma surgeon also met with the hospital's residents. "He would be on staff and teaching general surgery to the residents," she says. "We used him as a guest lecturer to the residents. The residents can see who they might be dealing with. It is kind of a mock teaching situation."

Many of the people who met with the trauma surgeon, but who had never been included in the recruiting effort before, were glad to pitch in, Scaturro says. Before her department was established, this kind of orchestrated visit was impossible. But, this is the level at which recruiting efforts must operate to remain competitive with other facilities that are doing more sophisticated searches and also bringing recruiting operations in-house, she says. Hospitals are not the only facilities positioning themselves to take advantage of managed health care. Clinics and large group practices also want to be attractive to managed care plans. (See related story on opportunities opening outside hospitals, p. 140.) As in the larger facilities, many of these responsibilities fall to the PRP, a position more and more clinics are creating.