

# Physician Recruitment Trends: Responding to a Changing Post-Pandemic Market

By Tony Stajduhar, President, Jackson Physician Search

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As the world increasingly attempts to put the pandemic behind us, the healthcare industry continues to feel its impact on staffing. While COVID-19 did not ignite the healthcare staffing crisis, the stress it placed on medical professionals certainly fanned the flames.

According to a joint [Jackson Physician Search and MGMA study](#), 65% of physicians report feelings of burnout (up from 61% in 2021) and 75% say it is worse than it was the year prior. As a result, physicians are retiring in higher-than-expected numbers, switching jobs, or leaving the profession altogether. In an August 2022 [MGMA STAT poll](#), 40% of medical groups said they had seen a physician retire early or leave the practice due to burnout.

Now, in the midst of a healthcare staffing crisis, healthcare organizations find physician recruitment more challenging than ever. This report will highlight key developments happening in the national physician recruitment market based on Jackson Physician Search's placement data, and as seen by our tenured physician recruitment team. We'll explore what's driving those changes, and how organizations in different parts of the country are successfully responding.

## Introduction

Despite the many warning signs of a worsening physician shortage, many healthcare administrators are not prepared for this crisis. In a [2022 study](#) from Jackson Physician Search and MGMA, half of healthcare administrators reported that their organizations have no formal physician retention plan in place, and in a prior [joint study](#), 67% of administrators said they do not have a formal succession plan. When a physician leaves, these organizations are left with a vacancy that can cost them millions in lost revenue and the potential inability to provide care.

This may make the situation seem bleak, and yet, as the President of the largest, privately-owned national physician recruitment firm, I am privy to our physician placement data at both the national and regional levels. Despite the tightening market, each of our regional offices are placing more physicians year after year, and the average number of days it takes to place them has decreased. This tells me that physicians can indeed be found when the recruitment process is strategic and the offer is right.

### So, what is the best recruitment strategy? The right offer? What does it take to recruit a physician in the current market?

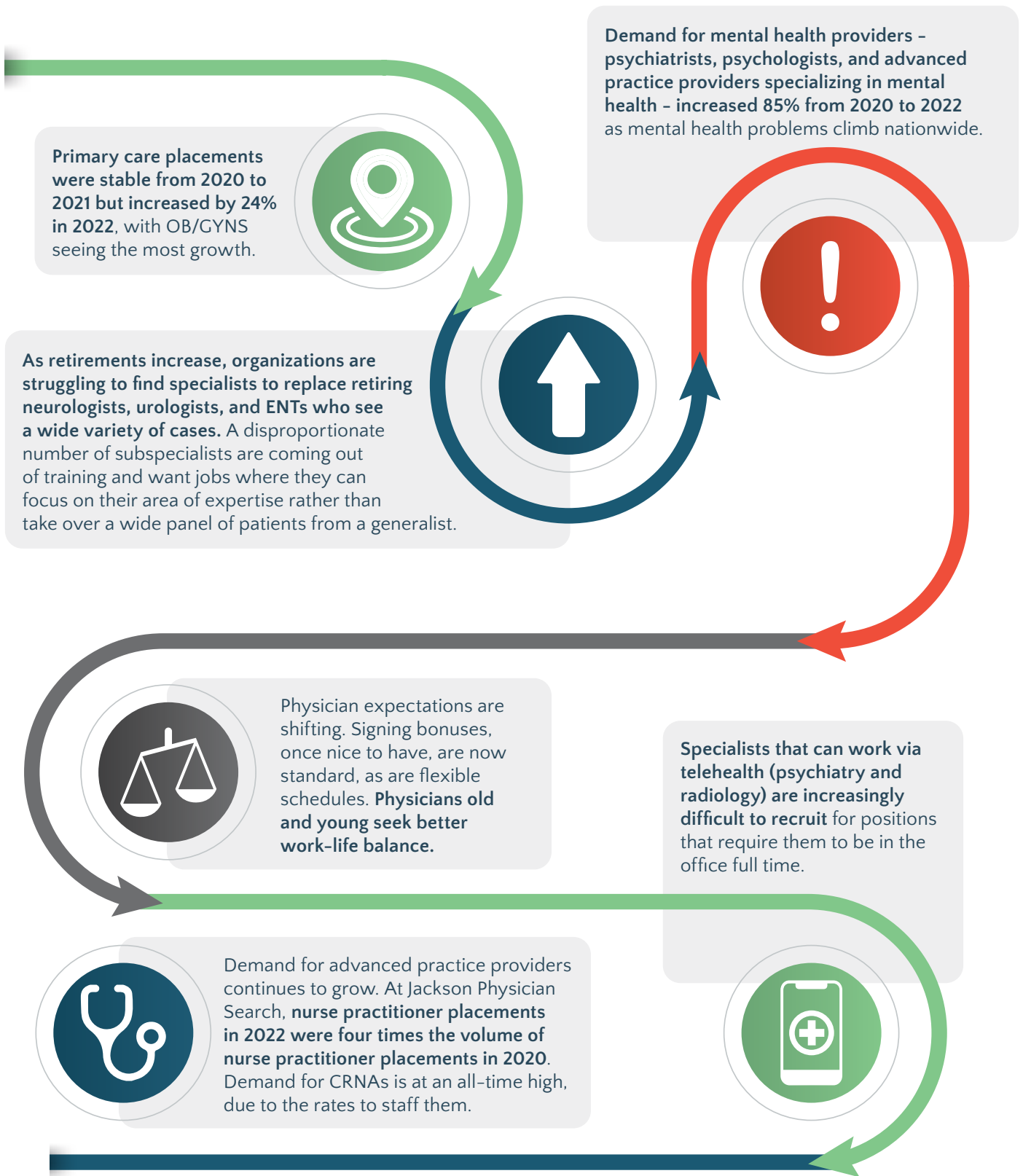
There is no one-size-fits-all answer, of course. Location, compensation, and specialty are perhaps the biggest factors impacting the time-to-fill of a physician placement. So, to investigate these questions, I spoke to several of our Regional Vice Presidents of both Recruiting and Business Development in our headquarters and regional Jackson Physician Search offices. They discussed their clients' most pressing challenges and shared the recruitment strategies they find most effective in today's evolving market.

Some recurring themes came up in my discussions with these Jackson Physician Search leaders - namely supply and demand issues and shifting cultural expectations - but I also noted some unique shifts happening in the market. I looked to our firm's placement data from recent years to confirm what I was hearing from our leaders. The market is indeed changing, but under the guidance of our recruitment experts, our clients are finding ways to adapt.

#### *Jackson Physician Search's Headquarters and Regional Offices*



## Key Developments in the National Recruitment Market



## The National Recruitment Market

### Imbalance of Supply and Demand Perpetuates Physician Shortage

The imbalance of supply and demand is well documented by the [Association of American Medical Colleges](#). Demand for healthcare services is increasing due to an aging population, expanded access to health insurance, and a general public well-versed in the importance of preventative care. However, there are not enough physicians to meet the increasing demand for these services.

While more students are attending medical school, the [AAMC reports](#) that the number of residency programs is not increasing at the same pace due to caps on government funding for them. As a result, the number of physicians coming out of training is not adequate to replace the volume of physicians retiring and cutting back their hours. We explored this problem in a previous [whitepaper](#), and while I had hopes that we might see increased residency slots, not enough has changed. The AAMC's latest projections show a shortage of between 37,800 and 124,000 physicians by the year 2034.

Adding to this challenge is the fact that in some specialties, namely neurology, urology, and otolaryngology, the retiring specialists are more likely to be generalists in their fields, but the physicians coming out of training are subspecialists who want to spend 50%, 75%, or even 100% of their time on their specific areas of expertise. They aren't interested in taking over a wide panel of patients.

"Where the need is greatest across the country is replacing providers to inherit the patient panels of retiring docs, and those retiring docs were often doing it all in terms of scope of practice and call," says Tara Osseck, Regional Vice President of Recruiting in the Midwest Region and working from our St. Louis, Missouri office. "There is a widening gap between how a traditionalist and a millennial physician want to practice. It's creating an extremely competitive market for those specialists who are willing to do the more traditional work."

Director of Recruiting Angela Desin saw this firsthand in a recent [urologist search for a client in a West Florida metro](#). The multi-specialty group needed a general urologist, but this was not of interest to many of Angela's potential candidates.

"The group really needed someone who wanted to do general urology," Angela says. "Most of the candidates I spoke to who were coming out of training were more interested in pursuing a sub-specialization and working with robotics - which just wasn't what this client had to offer."

Angela pursued every lead and quickly found the right candidate for the position, but as an increasingly rare generalist, he had his choice of offers. Ultimately, the coastal location and competitive compensation package helped Angela secure the candidate for the client in fewer than 100 days.

RECRUITING IN ACTION

With subspecialists more prevalent, Tara says she is counseling clients to find ways to meet the needs of this new generation of physicians. For example, are there cases that would have typically been referred out that could be kept in the practice with this candidate? Perhaps they can open a headache or movement disorder clinic to allow the neurologist to focus on his or her area of interest and grow the service line at the organization.

“We are consulting clients to adapt in ways that will give the specialist the challenge he or she is seeking, while also providing patients the coverage they need,” says Tara.

Additionally, the traditional practice model where physicians balance clinic and hospital coverage continues to move towards outpatient- and inpatient-only roles. Neal Waters, Regional Vice President of Recruiting for the Southern and Eastern regions shares, “While this helps to mitigate physician burnout and is operationally more efficient, it also essentially divides the candidate pool in half.” He adds, “It’s particularly tough for organizations that need to recruit psychiatrists, for example. Candidates have more options, whether it be outpatient, inpatient, telehealth, or even locum tenens. With a more limited candidate pool interested in a given position, everyone has to be realistic on the front end of a search. Candidates will continue to command higher compensation and a better quality of life.”

Sometimes the role an organization sets out to fill is simply not what is immediately available in the market. A good recruitment partner will work to find acceptable alternatives that still meet the client’s needs. Director of Recruiting Katie Moeller recently did this for a small, rural client in the Midwest. The organization opened three primary care searches - OB/GYN, internal medicine, and family medicine.

Katie knew from her extensive work with primary care in the Midwest that there was a small but notable number of family medicine residents who were eager to incorporate OB into their future practices. She proposed interviewing some of these FMOB residents to fill the family medicine role. The client was receptive, and when several strong FMOB candidates surfaced, Katie began to wonder if they might fill the needs served by the other two roles as well.

Instead of waiting up to a year to find an OB/GYN, an internist, and a family medicine physician, the client hired three FMOBs to start the following summer. The impressive results were attributed to a creative physician recruiter with regional market insight and the client’s flexibility and openness to her consultation.

RECRUITING IN ACTION

## Rural Healthcare Organizations Facing Closure

Rural areas have been hit especially hard by retirements, but this is just one of many challenges they are facing. Many of these organizations were struggling before the pandemic, and COVID-19 only exacerbated that. Too many are facing possible closures due to rising costs, lower reimbursements, and of course, staffing problems.

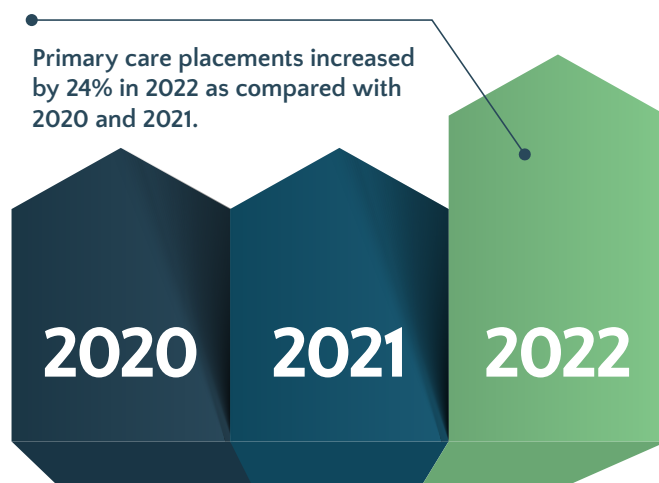
According to an October report by the Center for Healthcare Quality and Payment Reform, **631 rural hospitals are at risk of closure** in the immediate or near future due to financial challenges. In many states, a third to one-half of all rural hospitals are at risk.

“These smaller rural organizations are in desperate times,” says Dane Altman, Senior Vice President of Business Development in the Dallas, Texas office. “Money is always tight, and retirements and staffing issues are hitting them particularly hard. However, most recognize that they need providers to generate revenue, so we haven’t seen a slowdown in those areas. In fact, the smaller, rural organizations are where we see the greatest physician recruitment needs in my market.”

These rural organizations are contributing to the increase in primary care placements seen by Jackson Physician Search in 2022. While primary care placements were relatively stable between 2020 and 2021, 2022 saw a 24% increase.

The Midwest is also seeing this increase, and as is the case in Texas, it's often rural clients with the greatest needs. Brent Barnacle, Regional Vice President of Business Development in our Minneapolis/St. Paul, Minnesota office says these small, rural clients may not have the resources to offer big recruitment packages, but what they lack in compensation, they aim to make up for in flexibility, work-life balance, or a unique culture.

"Not every client is able to offer above median compensation or a six-figure signing bonus," says Brent, "But there has to be something else that stands out - a flexible schedule, a medical scribe to help with the administrative burden, or a mentorship program, for example."



For one rural organization in East Texas, the differentiator was the unique culture and the fact that it was one of the last independent, regional medical centers in the state. Senior Search Consultant Dan Rixon had spent time in the town, and over the course of several successful searches, he had gotten to know the organization, which he described as "truly special."

Dan marketed the open positions transparently, describing the town as small and remote but highlighting the unique culture. When he connected with a candidate finishing an anesthesiology fellowship whose fiancé was seeking a position in pediatrics, Dan knew he had to get them on-site. He used his extensive knowledge of the town and the organization to persuade them to give it a chance. Sure enough, once there, they fell in love with both the town and the organization. Ultimately, the couple was most impressed by the close-knit culture and low-stress atmosphere. They might have earned more money elsewhere, but the slower pace and relaxed environment promised the ideal work-life balance they sought.

RECRUITING IN ACTION

## Shifting Cultural Expectations: Demanding Better Work-life Balance

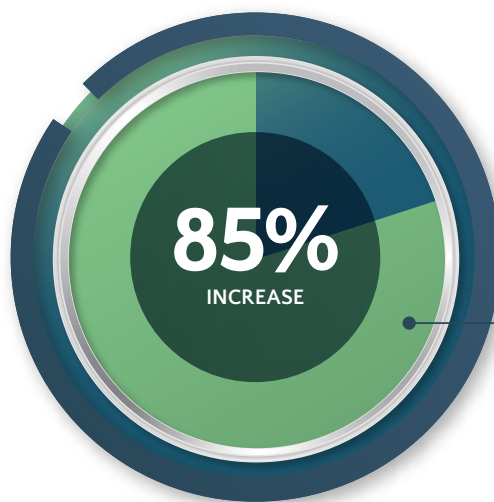
The increasing importance of schedule flexibility to support improved work-life balance speaks to a broader shift in the expectations of workers worldwide. The circumstances of 2020 gave professionals in nearly every industry a taste of the freedom associated with working from home, and many physicians discovered that they preferred telemedicine. As a result, our recruiters continue to see candidates who want to spend at least one day working remotely, and for those specialists whose work lends itself to remote work, such as psychiatry and radiology, it is increasingly difficult to fill positions that require them to be in an office full time.

"Many psychiatrists have found they can piece together a full workload with contract or part-time telemedicine jobs," reports Helen Falkner, Regional Vice President of Recruitment in the Jackson Physician Search Western Region, "And that's what many prefer."

If a psychiatry job doesn't allow for telemedicine, a flexible schedule is often a must. In a recent [psychiatry search for an East Coast hospital](#), Director of Recruiting Angela Desin highlighted the 7-on / 7-off schedule in the psychiatry job ad. Ultimately it was this attractive schedule - and Angela's insider knowledge of the community happenings - that led to a quick placement. Angela had learned that another hospital in the area would be closing, so she used Doximity, the largest online network for physicians, to reach out directly to the psychiatrists who would soon be out of work and promote her client's job (and its flexible schedule).

Angela's knowledge of what was happening in that specific market was a huge advantage as it allowed her to contact several local psychiatrists before they were officially in the job market. The appeal of the 7-on / 7-off schedule ensured her client's job would pique their interest - and it did. She had a signed contract fewer than 90 days after the start of the search.

The desire for part-time or telemedicine work among psychiatrists coincides with a nationwide spike in mental health issues, so perhaps it's not surprising that we've seen an increase in clients that need help hiring full-time psychiatrists. The combined impact led to a 50% increase in psychiatry placements from 2020 to 2022. Overall, mental health provider placements (including psychologists and advanced practice providers specializing in mental health) have risen 85% in the same period.



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Of course, the desire for flexibility is not limited to psychiatrists. Physicians of every specialty are seeking flexible hours, increased PTO, and a better work-life balance. Even before the pandemic caused workers to reevaluate the role of work in their lives, a generation of millennials was already prioritizing wellness, balance, and mental health. As millennials and Gen Z workers make up more and more of the workforce, it's not surprising to see employee expectations aligning with the values associated with those generations.



## Burned Out Physicians Scaling Back Ahead of Retirement

It's not just the younger generations that want balance and flexibility. As mid- and late-career physicians approach retirement age, many are feeling burned out. While they may not be ready to retire, they don't want to work the hours that they once did.

"In the past, work-life balance was not a high priority for many physicians. They accepted that they would sacrifice family time and personal time for their patients," says Helen. "Physicians today are still willing to work hard, but they also want to coach their kids' softball teams, attend the class concert, and be home and present with their families. We see it with the older physicians too. Many feel they've done their time; they are burned out and ready to take a step back."

This shift is impacting both recruitment and retention nationwide, and Helen had the perfect example to demonstrate this. She recently presented three candidates for a rural position with a flexible schedule. All three were in the mid-to-late stages of their careers and wanted to work less than their current employers would allow.

"In all three cases, the employers were unable to modify their roles to accommodate the physicians' needs," says Helen. "In this market, where it's so difficult to recruit, it's concerning that an employer can't find creative ways to keep the physicians they have from leaving or retiring early."

Helen's assessment holds a lesson for healthcare organizations of all types, sizes, and geographical locations. According to the [AAMC](#), more than two of five physicians will reach retirement age in the next ten years, so organizations must be able to adapt to keep them working in whatever capacity they are willing. According to our past retirement research, just 17% of physicians plan to go straight from working full-time to retirement. Most hope to reduce their work hours in the years leading up to retirement or retire and work part-time or locum tenens with other organizations. Thus, it seems likely that many would consider delaying retirement if offered part-time or flexible schedules or a lighter patient load.

Whether it's reduced hours, job sharing, telemedicine, a weekly admin day, or creative options such as retaining physicians as mentors or consultants, organizations must be willing to adapt to keep physicians in the workforce in some capacity for as long as possible.





## Responding to the Market Shifts

### Recruitment Incentives Now a Must-Have

When demand increases and supply shrinks, the consumer often expects to pay more, and the same is true for many healthcare organizations with respect to staffing. According to an April 2022 **MGMA STAT** poll, more than half of medical groups are raising wages to address staffing challenges. Of course, for physicians, who typically earn a salary based off of production, this could mean a higher initial salary guarantee than was previously the norm, or more frequently, alternative incentives are offered.

“A signing bonus, once a nice-to-have part of the offer, has become the norm,” explains Tara. “At least, for the searches we are retained for, a signing bonus is almost always part of the deal, and it’s rarely a four-figure number. Five- and six-figure signing bonuses are not unusual.”

Our data supports Tara’s observations. In the Midwest, only 8% of the 2022 placements did not have a signing bonus attached. Nationally, signing bonuses are increasingly common as well, present in three-fourths of 2022 placements. The highest signing bonuses are seen for primary care physicians in the Midwest and Western regions, with family medicine and OB/GYNs frequently commanding as much as \$150,000–\$200,000 in recruitment incentives.



“Generally, the client has a set amount of money to be used to meet the candidate’s needs,” explains Helen. “It may be for loan repayment, housing assistance, or a lump sum. When defining a recruitment bonus package, it’s important to be flexible around the candidates’ needs.”

Signing bonuses allow organizations to sweeten the offer without making a salary commitment that could jeopardize retention of existing employees. Of course, many organizations struggle to find the resources to offer a six-figure signing bonus, but upon closer look, they may discover they are spending even more on temporary labor.

Helen recently saw this situation with a client in the West. They urgently needed a full-time gastroenterologist physician, a notably difficult specialty to recruit, and yet, the administrator was reluctant to increase the recruitment incentive package.

“I pointed out how much more they were spending on locums each month compared to what they would pay a permanent hire,” Helen explains. She knew an attractive signing bonus would likely shorten the length of the vacancy, thereby reducing the length of time they needed a locums provider. “I knew the bonus would pay for itself by eliminating the spend on locums coverage.”

Helen’s theory was right. Shortly after advertising the signing bonus, they had several candidates from which to choose.

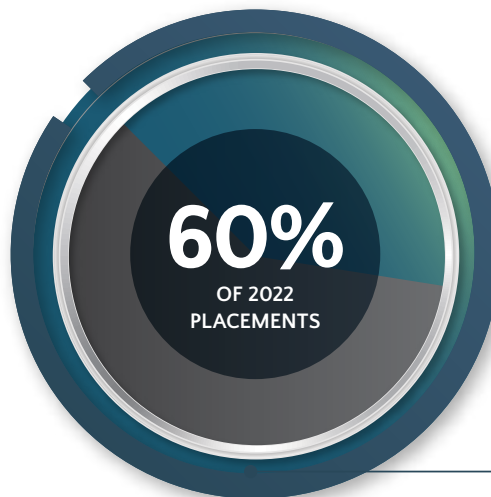
## Median Compensation No Longer Enough to Win the Candidate

While bigger recruitment incentives are the most commonly seen method of differentiating an offer, in some cases, organizations are offering higher salary guarantees too. To evaluate how often this is happening, one datapoint worth noting is how the starting compensation (typically a salary guarantee) awarded to newly hired physicians compares to the median income reported for the specialty by the annual [MGMA DataDive Provider Compensation](#), widely considered the gold standard for physician compensation data. Keeping in mind that a salary guarantee is typically on the lower side of a position’s earning potential, the average guarantee might line up below the reported median earnings.

In looking at the data nationally, many of our placements in 2022 had starting salary guarantees above the MGMA median. The specialties most likely to receive above-median compensation were emergency medicine, ENTs, neurologists, and urologists. About half of the anesthesiologists, hospitalists, child psychiatrists, and rheumatologists we placed also received above-median comp.

Looking at the data regionally, the Midwest was most likely to report salaries above the median, with 60% of 2022 placements reporting above median compensation. Tara confirmed that she is seeing salaries well above median. She also mentioned a few clients that are reinventing the traditional compensation model.

“For OB/GYNs and hematology–oncology physicians, I have some clients offering a never-ending salary guarantee that’s well above the median comp,” she says. “There’s data to support that the physician would likely hit that target on production alone, but the ongoing guarantee offers a layer of security that makes the job that much more attractive.”



The Midwest was most likely to report salaries above the median, with 60% of 2022 placements reporting above median comp. Emergency medicine, ENTs, neurologists, and urologists were the most likely to be above the median.

The annual MGMA report and other industry compensation studies serve as guides for what organizations need to offer, however, our recruitment leaders note that the market is changing faster than these reports can keep up. Rising compensation is a lagging indicator of which specialties are in the greatest demand. For clients trying to gauge the market, the best measure is the number of posted job openings in a given specialty compared to the number of residents coming out of training in that specialty added to a percentage of the total number of active specialists.

“I remind clients that the data in these reports is often a year or even two years behind,” says Helen, “And in this tightening market, we have to respond to what we’re learning from talking to thousands of physicians every week. As recruitment partners, we share this information not to discourage, but to help inform decisions.”

## Doubling Down on Physician Retention

Even when the data supports an increase, leaders are forced to think about the broader implications of raising salaries. The question becomes, “What does it mean for our existing employees?” All too often, they cannot afford to bring everyone up to the new market standard, but if they don’t, they’ll have problems with retention.

“Many of the physicians in the job market are there because they’ve recently discovered that they are underpaid for their work,” says Neal. “They were likely approached about a job that paid significantly more than they are earning, and now they are looking around and thinking, why would I stay if I can earn more elsewhere?”

These physicians may feel taken advantage of. Thus, Tara noted the importance of employers having regular compensation reviews with their physicians and adjusting contracts as the market demands, which is critical for long-term physician retention. While a salary bump or retention bonus may not be in the budget, if it keeps a physician from leaving, it is a small price to pay to avoid the recruitment costs associated with finding a replacement (approximately \$250,000 with recruitment costs, bonuses, and relocation costs), not to mention the lost revenue created by the vacancy, which depending on the specialty, could easily be over a million dollars. Declining a physician’s request for a compensation increase may be shortsighted when confronted with these numbers.



## Beyond Compensation: The Power of Flexibility and Work-life Balance

Many organizations simply don't have the resources to offer additional compensation in the form of bonuses or salaries. They must find other ways to make the job appealing, such as a flexible schedule, generous time off, paid sabbaticals, medical mission opportunities, etc. The cultural shifts outlined previously have increased the value of these benefits, and organizations are leveraging them to create an ideal work environment.

However, because of the cultural shifts, some of these benefits are increasingly standard. A four-day work week is no longer a differentiator, but rather an expectation among a growing number of specialties. Or, if a four-day week is not an option, the candidate expects that one of the workdays will be an admin day or telemedicine day. Other attractive options are seven days on and seven off, working three weeks per month, or at rural organizations, perhaps they offer leniency in where the physician lives, requiring only three or four days per week in on-site housing. Physicians want minimal or no call, outpatient only, or true part-time work. This flexibility isn't just appealing to younger physicians, but mid- and late-career physicians often want these options as they transition to retirement.



Organizations are feeling pressure to accommodate candidate expectations, but it's not always as simple as granting the request of an individual physician. As is the case with bigger salaries, leadership recognizes the broader impact of these concessions. If they begin offering flexibility or additional PTO to new employees, how long until current employees realize they are getting less than the new recruits? Can they afford to make it fair across the board? In many cases, the answer is no – or at least, not yet.

In the Midwest, Tara spoke of a client she had worked with for years that had always offered six weeks of paid time off to be used how the physician saw fit – sick days, vacation, holidays, CME, etc. In a recent cardiology search, they extended multiple offers, and each time, the candidate countered asking for eight weeks of PTO, claiming this was standard in the market.

“My client couldn't bend on this,” says Tara. “They weren't ready to make that change for all of their employees, so they didn't feel like they could make an exception with a new hire. I understand and respect that decision, but at some point, we have to look at the market and consider what changes need to be made for both recruitment and retention.”

## Increased Demand for Advanced Practice Providers

With physicians in short supply, many organizations are seeking nurse practitioners, physician assistants, and CRNAs to help manage the patient load. Recruitment leaders in each regional office noted an increase in searches for advanced practice providers, and the data supports their observations. Nationally, the number of nurse practitioners placed by our recruitment teams in 2022 was four times higher compared to 2020. The increase is not surprising as nurse practitioners can work with minimal supervision and provide many of the same services as physicians at a lower cost. The presence of nurse practitioners can also provide additional support for overworked physicians, and therefore serve to ease the pressure and burnout they are facing.

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📍 2022 PLACEMENTS

📍 2020 PLACEMENTS

Of particular interest is the heightened demand for CRNAs. The presence of CRNAs allows hospitals to staff multiple ORs without the expense of multiple anesthesiologists. However, the high demand for CRNAs has driven up the rates to unprecedented levels. In some cases, CRNAs command a contracted hourly rate equivalent to the median comp for anesthesiologists.

“It’s not sustainable,” says Helen. “The astronomical contract rates make it extremely difficult to find someone willing to work as a full-time employee. Even with an impressive benefits package, and above median comp, it’s challenging to compete with the current contracted rates.”

The cycle perpetuates itself when hospitals – desperate to keep ORs running – bring in CRNAs at contract rates to work alongside the employed CRNAs. They soon realize they could make more as a contractor.



## Listening to the Market...And Your Recruiter

The physician recruitment market is changing, often faster than reports can keep up. Supply and demand continues to be a challenge, as are the shifting cultural expectations of physicians. Physicians want to receive competitive compensation, while maintaining a flexible schedule in a positive work culture that encourages a healthy work-life balance. Not every organization can check all of these boxes for candidates, and that is to be expected.

Tim Sheley, Senior Vice President of Business Development adds, “For those healthcare organizations that have found it challenging to recruit physicians, we aim to have a transparent conversation about their ideal candidate. If that physician is out of reach financially, opening up the candidate parameters is necessary. Not every candidate values the same things, so broader parameters allow organizations more flexibility in how much they need to offer.”

Helen stresses the importance of leveraging a recruitment partner as a consultant, especially one with national reach and regional expertise. “We’re talking to thousands of physicians every week,” she says. “We know our market inside and out and have a finger on the pulse of the national market too. We can share that insight to help clients make the right offer to the right candidate, but they have to trust us.”

Ultimately, it boils down to helping clients plan for and respond to the changing market. This begins with a clear understanding of the need and a strategic approach to marketing the job’s positive differentiators – above average compensation, high recruitment incentives, an attractive location, fast career growth, or a flexible schedule and/or other attributes that support a positive work-life balance.

“Recent trends are forcing healthcare administrators to reevaluate how they can best meet the needs and wants of physician candidates,” says Tara. “But not everyone is willing or able to adopt the necessary changes. However, if we want to be able to keep up with medical staff planning, we need to have a conversation about what those changes might look like.”

The physician recruitment market is tightening, and while many organizations may assume they need to spend more money to keep up, I hope this analysis reveals the importance of having a nuanced approach. Don’t underestimate the power of culture. Our [research](#) shows that today’s physicians prioritize open, two-way communication with management above all else, even compensation. They want autonomy and a fair workload that promotes a healthy work-life balance. Competitive compensation and recruitment incentives will always be important, of course. You need these things to attract candidates’ attention, but if the physician doesn’t connect with your culture during the on-site interview, no amount of money will succeed in making them build a career with your organization.

It’s always good to remember that retention begins at recruitment. Create a culture that supports physicians and make sure it is on display for candidates. Follow through with a strong physician retention program that ensures physicians have what they need to feel supported by the organization. What physicians want may change over time, thus it is critical to keep communication open and remain flexible. In order to continue providing the highest quality patient care to our communities, supporting physicians must be a top priority.

Whether you are part of a healthcare organization that is seeking physicians or you are a physician seeking a new job opportunity, a Jackson Physician Search recruiter in your region is standing by to assist. Contact us today at [jacksonphysiciansearch.com](http://jacksonphysiciansearch.com).



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## Jackson Physician Search

Jackson Physician Search is an established industry leader in physician recruitment and pioneered the recruitment methodologies standard in the industry today. The firm specializes in the permanent recruitment of physicians, physician leaders and advanced practice providers for hospitals, health systems, academic medical centers and medical groups across the United States. Headquartered in Alpharetta, Ga., the company is recognized for its track record of results built on client trust and transparency of processes and fees. Jackson Physician Search is part of the Jackson Healthcare® family of companies.

For more information, visit [www.jacksonphysiciansearch.com](http://www.jacksonphysiciansearch.com).

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