



SPECIAL SURVEY REPORT | OCTOBER 2023

# EARLY-CAREER PHYSICIAN RECRUITING PLAYBOOK

**JACKSON**  
Physician Search®



MEDICAL GROUP  
MANAGEMENT  
ASSOCIATION

# Introduction

**T**he healthcare industry is navigating a transformative phase, characterized by increasing demands for care amid rampant physician shortages and various post-pandemic burdens on provider organizations. To meet this demand, medical groups and health systems must prioritize the recruitment and retention of early-career physicians who bring fresh energy and adaptability to their organizations.

**However, recruiting early-career physicians is not a one-size-fits-all endeavor, and today’s beginning physicians are more likely to depart their first position post-residency or fellowship in the first three years than previous generations.**

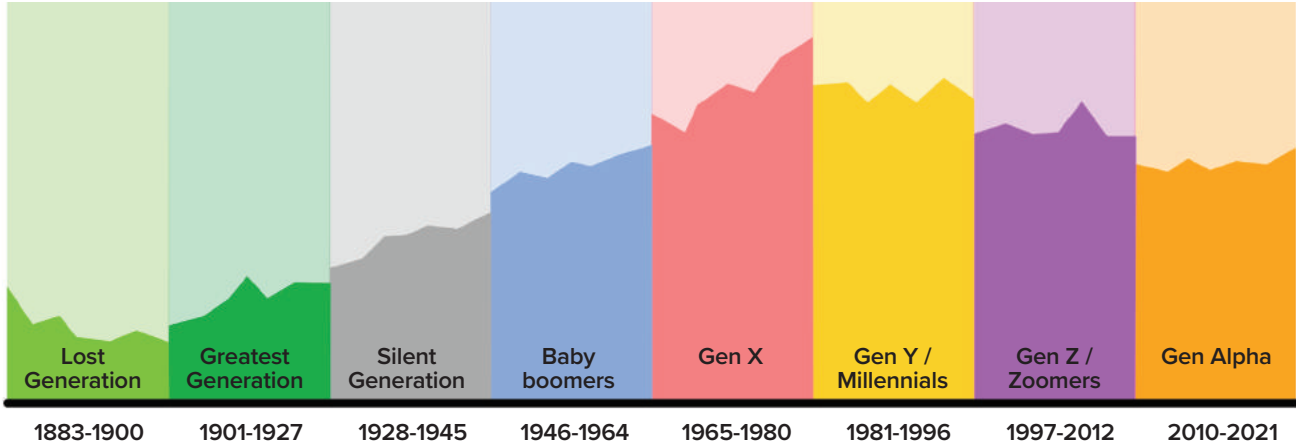
In today’s competitive healthcare job market, organizations must be agile and innovative in their approach, as traditional approaches to physician recruitment and retention may not be sufficient. Healthcare organizations that develop innovative strategies that resonate with early-career physicians’ values, ambitions and expectations will gain competitive advantage through retaining these clinicians to fill existing gaps in care delivery and cultivate a robust and diverse workforce for the future.

Jackson Physician Search and Medical Group Management Association (MGMA) partnered in 2023 to examine recruitment efforts of early-career physicians and the sentiments of this new generation of clinicians to surface the nuances that drive their career decision-making. Moreover, this report looks beyond attracting early-career physicians and toward long-term retention, highlighting the traits of medical practices that will keep their physicians longer and avoid the costly and disruptive effects of turnover.

**This report delves into the multifaceted challenges faced by healthcare organizations in recruiting these physicians, challenges the conventional wisdom about generational differences in the workforce, and underscores the necessity of a strategic shift in recruiting and retention practices. By addressing the unique needs and preferences of early-career physicians, provider organizations can elevate their appeal as attractive workplaces, fostering a positive work environment that encourages long-term commitment and professional growth.**



# Vibe check: What we thought we knew



Page upon page of search results can tell you what has been repeated about generational differences among workers of all industries, ascribing a handful of traits to Gen X, Millennial and now Gen Z workers — typically through the lens of someone older than the generation being defined.

The problems with continuing to accept those definitions over time become obvious with deeper consideration. As the [Pew Research Center noted](#) earlier in 2023:

- **Generational categories are not scientifically defined:** There may be a consensus about which birth years dictate who is Gen Z versus Millennial, but there’s no hard science behind it.
- **The labels can lead to stereotypes and oversimplification:** All of us are individuals, even within a shared geographic, educational or cultural background.
- **There’s peril in emphasizing differences over our similarities:** When seeking new members of your organization, you should be looking for the traits that will help new clinicians connect with their colleagues.
- **People change over time:** Remember when mainstream media could say nothing about Gen X besides that they were slackers? Today, the oldest members of Gen X are approaching retirement age, while the youngest members of this cohort have endured three major economic crises during their adult lives, from the dot-com bubble to the COVID-19 recession.

**For these reasons, it is necessary to re-evaluate what has been accepted as common knowledge about the newest generation of clinicians.**

Take, for example, a June 2022 survey-based study of millennial hospitalists [published in the \*Journal of General Internal Medicine\*](#): For these clinicians, factors related to practice culture were most likely cited as reasons for choosing and remaining in their hospital medicine group (HMG) — ahead of work-life balance considerations and financial topics, including salary, bonuses and benefits — while factors such as career advancement were the least frequently selected.

But even studies such as this might require a fresh look: A beginning doctor post-residency typically would be nearly 30 years old, placing them at the extreme end of what is considered “Millennial” — and their colleagues currently in residency and fellowship are likely part of the Gen Z cohort.

With the costs of replacing a physician in a competitive market for clinician talent being as high as they have been in years, understanding the factors that influence retention merit equal consideration to those that influence signing a new physician.

# Early-career physician recruitment considerations

These 15 areas are sure to make an organization more appealing to highly sought after clinicians:

**1 Competitive base salary:** Offer a competitive base salary that aligns with market standards. Research salary benchmarks in your region and specialty to ensure that your offer is attractive. Consider regular salary reviews to keep pace with inflation and market changes.

**2 Performance-based incentives/bonuses:** Implement a performance-based incentive structure or bonuses tied to individual or group achievements; these can be tied to productivity, clinical/quality outcomes or patient satisfaction. Bonuses based on productivity metrics might include patient volume, procedures performed or revenue generated. These bonuses can incentivize physicians to excel in their roles and contribute to the group's success.

**3 Student loan repayment assistance:** Many early-career physicians carry significant student loan debt. Offering student loan repayment assistance or forgiveness programs can be a strong incentive for them to join and stay with your group.

**4 Signing bonuses:** Provide signing bonuses as an upfront incentive to join your medical group. These can help offset relocation costs or provide an immediate financial boost, not to mention an appreciation for their commitment to the medical group.

**5 Comprehensive benefits package:** Enhance the benefits package to include comprehensive healthcare coverage (including medical, dental and vision), retirement plans, disability coverage and malpractice coverage. A competitive retirement plan, such as a 401(k) or a pension plan, with a matching contribution from the group provides a long-term incentive for early-career physicians.

**6 Continuing medical education (CME) allowance and training:** Invest in the professional development of physicians by covering the costs of conferences, workshops, certifications and ongoing education. A CME allowance is one method to cover these costs and demonstrates a commitment to their growth and success.

**7 Flexible work arrangements:** Offer flexible work schedules to accommodate the work-life balance needs of early-career physicians. Options such as part-time schedules, telemedicine and job-sharing can be appealing, especially for physicians with families or other personal commitments.

**8 Relocation assistance:** Provide relocation assistance to help new physicians settle into the area. This can include covering moving expenses, temporary housing and assistance with finding housing. Relieving this financial stress can make the transition smoother for new hires.

**9 Mentorship and career growth opportunities:** Create a mentorship program in which experienced physicians can guide and support early-career physicians. Offering a clear career path and support for professional growth can encourage physicians to stay with the organization long-term.

**10 Quality-of-life perks:** Highlight the quality-of-life benefits in your location, such as a low cost of living, proximity to recreational activities and family-friendly amenities. Include perks such as gym memberships, wellness programs, paid time off and other benefits that enhance the overall quality of life for early-career physicians.

**11 Workload management:** Ensure that workload expectations are reasonable and sustainable. High levels of burnout and stress can drive physicians away from a medical group.

**12 Transparent compensation structure:** Clearly communicate your compensation structure, including how bonuses are determined and when they are paid. Transparency builds trust and confidence.

**13 Employee assistance programs (EAPs):** Offer EAPs to support physicians' mental and emotional well-being, providing access to counseling and stress management resources.

**14 Equity ownership options:** Consider offering the opportunity to buy into the medical group as a way to invest in their long-term future with the organization.

**15 Community engagement:** Encourage involvement in the local community, which can help physicians build connections and feel a sense of belonging.



# Why do physicians join your practice?

In the latest JPS-MGMA survey, practice administrators of all organization types expressed myriad ideas of what makes their jobs attractive.

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**Develop career skills** MONEY

**THEY ARE MOVED BY OUR MISSION AND WANT TO HELP INDIVIDUALS WITH ALL SORTS OF BACKGROUNDS.**

To avoid all the legal red tape of owning their own practice, the hassle of employees.

**OPPORTUNITY FOR GROWTH, PARTNERSHIP, ACCESS TO HOSPITAL EQUIPMENT/SPACE**

THE HISTORY OF THE COMPANY IN THE AREA AND TRAINING PROGRAM

*Private practice, cannot compete with hospital systems for compensation so we are chosen due to culture, independence and/or entrepreneurial preference of the candidate.*

PASSIONATE & INNOVATIVE LEADERS

**LIFESTYLE**

Supportive clinical culture, growth opportunities, built-in market share, and practice ownership opportunities.

**AUTONOMY, FLEXIBILITY AND THE OFFERING OF TIME TO PRACTICE MEDICINE IN AN INDIVIDUALIZED WAY THAT FOCUSES ON THE PATIENT AND THEIR NEEDS.**

*We have a resident program that we are able to use as a pipeline to attract new providers. We have a twilight clinic that allows 2nd- and 3rd-year residents to moonlight and practice as general practitioners.*

**OUR PHYSICIAN OWNERS ARE WILLING TO TEACH, AND OUR ATMOSPHERE IS BUILT ON TEAMWORK.**

SCALE, STABILITY, BRAND

**REGIONAL STRUCTURE WHICH LEADS TO MORE OPPORTUNITIES**

*We are an Advanced Primary Care Pediatric Group. We are high performing and are early adopters. We are a clinically integrated network delivering high-quality care, but are small enough to have a comfortable, caring and engaging group of employees.*

SMALL TOWN FEEL

**NO HOSPITAL CALL**

**Reputation, working environment, management support**

Dyad leadership with community ties

EASE OF MAKING DECISIONS

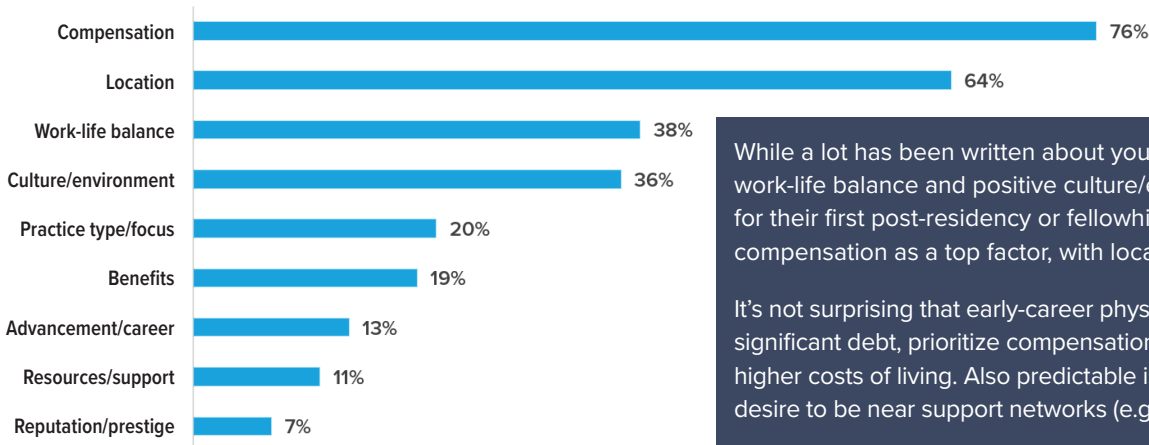
THE SUBSPECIALTIES THAT WE OFFER, NAME RECOGNITION

THE PHYSICIAN-OWNERS ARE PATIENT-CARE ORIENTATED, TEAM PLAYERS, & COMPASSIONATE ABOUT WHAT THEY DO.

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# What new physicians say motivates their decisions...

## TOP THREE FACTORS FOR PHYSICIANS WHEN LOOKING FOR THEIR FIRST JOB POST-RESIDENCY/FELLOWSHIP



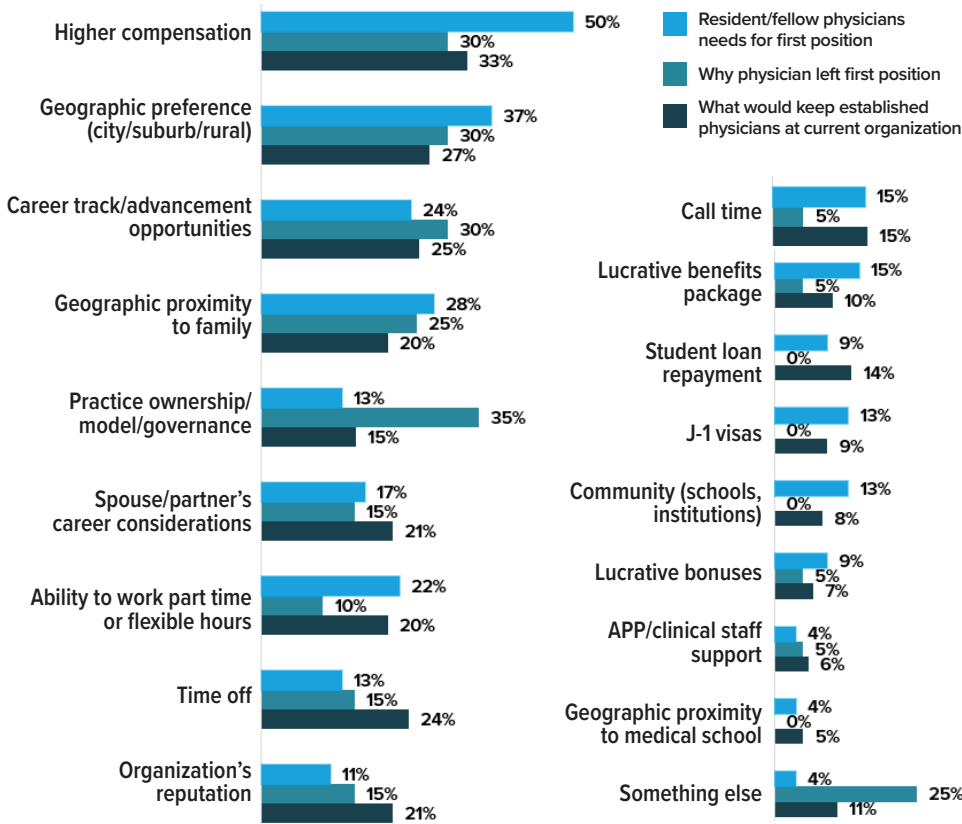
While a lot has been written about younger doctors' increasing focus on work-life balance and positive culture/environment, physicians looking for their first post-residency or fellowship job most commonly ranked compensation as a top factor, with location as a close second.

It's not surprising that early-career physicians, often saddled with significant debt, prioritize compensation — especially amid inflation and higher costs of living. Also predictable is the focus on location and their desire to be near support networks (e.g., family, friends, medical school).

# ...and how it evolves with time and experience

Our survey data found that currently practicing physicians of all ages spent about 6 years on average at their first jobs following residency or fellowship. **But among physicians who finished residency or fellowship in the past six years, the average drops below two years spent in their first job before leaving**, signaling a disconnect between organizations and beginning physicians and/or increasing willingness among today's beginning physicians to leave their first job in short order.

## TOP THREE FACTORS FOR PHYSICIANS LOOKING FOR THEIR FIRST JOB, WHEN LEAVING A FIRST POSITION, AND WHAT WOULD KEEP THEM AT THEIR CURRENT ORGANIZATION



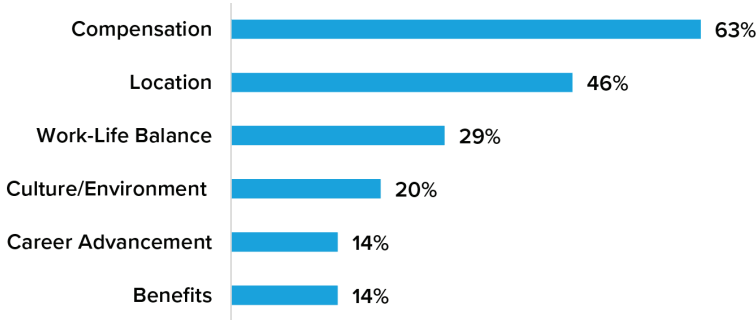
Survey data also found that physicians' sentiment shifts substantially from when they begin their first job out of residency or fellowship to when they begin exploring for a new position:

- Higher compensation and geographic preference become slightly less important in influencing a retention or departure decision for established physicians.
- Practice ownership/governance models become a stronger factor motivating physicians to leave their first job.
- Call time and the ability to work part-time or flexible hours remain about as important to beginning physicians as they do for established physicians considering why to stay at their current organization.
- With time, more established physicians report that their spouse/partner's career — as well as their organization's reputation and loan repayment options — carry more weight in their decisions around staying with an employer.

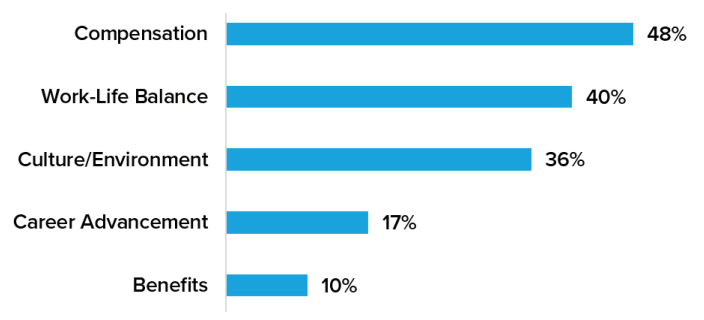
# Should they stay or should they go?

While physicians currently in residency or fellowship said compensation and location were the top factors that would influence their decision on where to take their first position, **physicians already in their first post-residency/fellowship positions were more likely to cite work-life balance and culture/environment as factors that would motivate them to stay.**

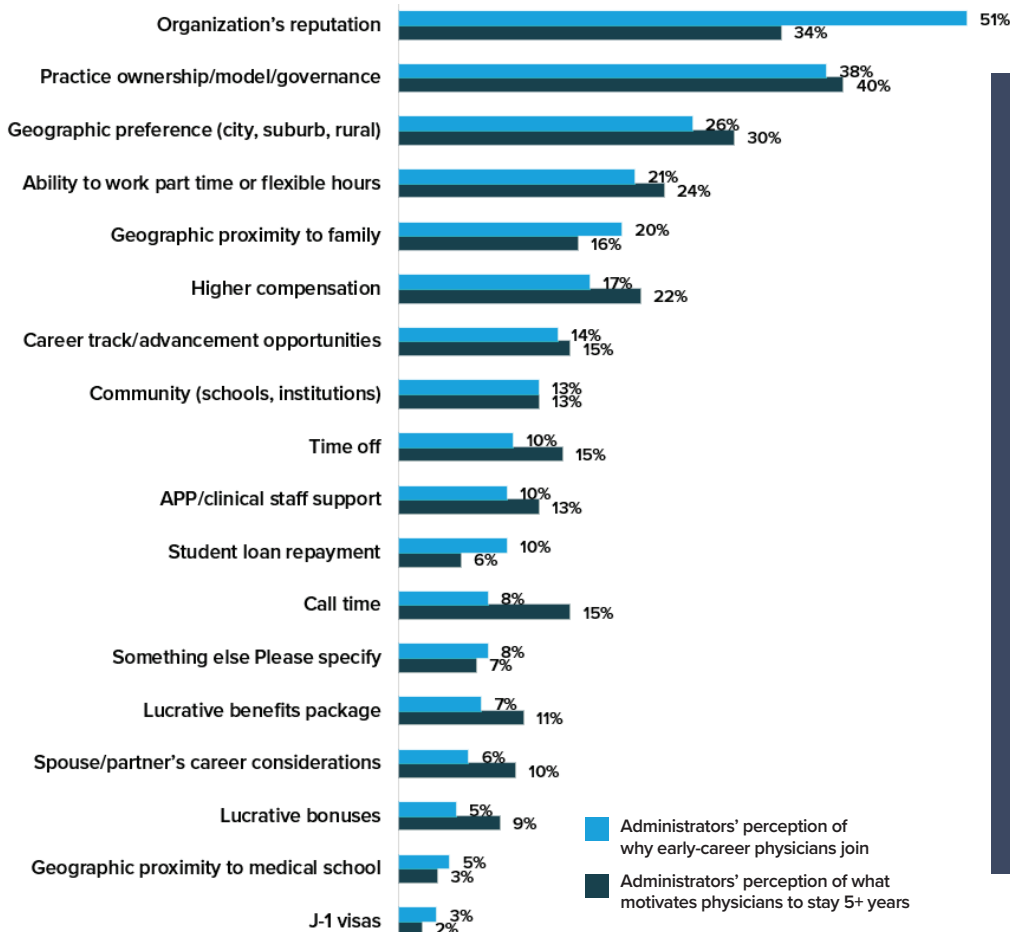
**MOST IMPORTANT FACTORS AMONG PHYSICIANS IN RESIDENCY OR FELLOWSHIP WHEN CHOOSING FIRST JOB**



**MOST IMPORTANT FACTORS AMONG PHYSICIANS IN THEIR FIRST POSITION POST-RESIDENCY/FELLOWSHIP TO STAY AT THAT JOB**



# Do administrators have the right picture?



Practice administrators generally note some differences in their own perception of what motivates early-career physicians to choose their first job and what motivates them to stay long-term in that first job.

However, those perceptions do not often align well with what physicians report as their own top factors:

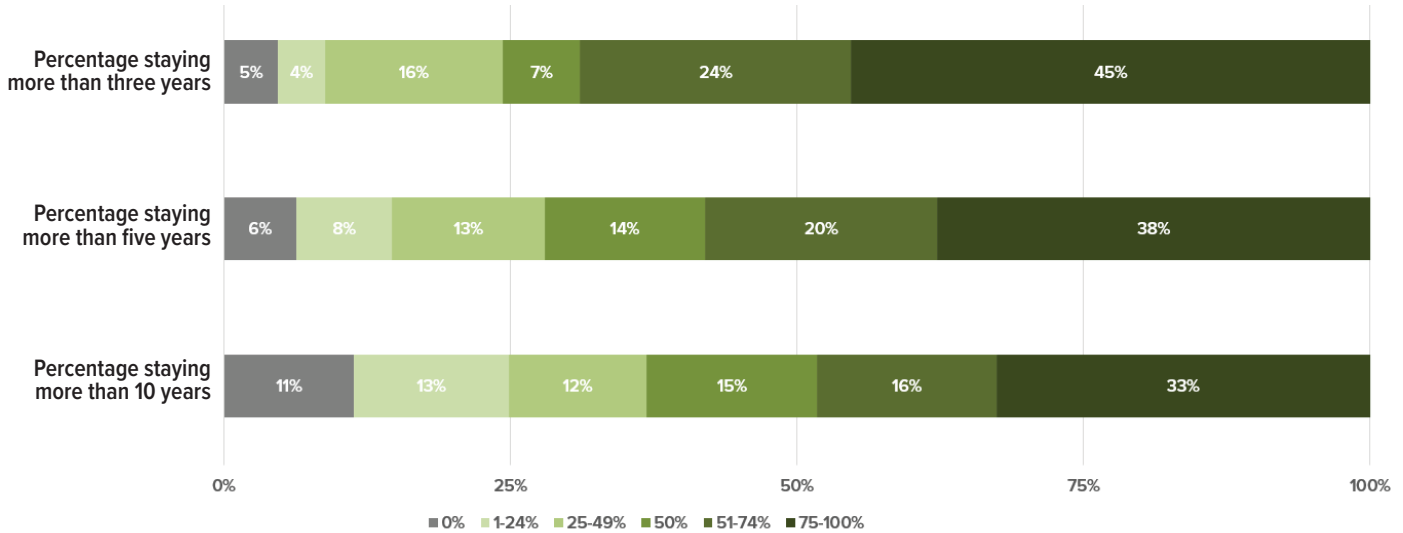
- Organizational reputation and the practice ownership/governance model were ranked as the top two factors that administrators view as important to physicians joining and staying at an organization, while physicians rank these factors much lower.
- Administrators show more awareness of call time and time off as motivating factors for physicians to stay for more than five years, which aligns with how physicians self-report.

# Quantifying retention potential

Focusing on improved retention of early-career physicians has significant opportunity to mitigate turnover-related costs; as noted earlier in this report, **the average time spent at first job post-residency/fellowship for the newest generation of beginning physicians is about two years.** Consider: Less than half (45%) of administrators report that they retain at least 75% of their beginning physicians after the first three years, and another 5% report not retaining any early-career physicians in the same time period. **This period is especially crucial, as many bonus arrangements include payback clauses for physicians who leave before working two years.**

The survey findings also show a sizable shift in administrators' ability to retain beginning physicians between the three- and five-year marks, during which time early-career doctors have noted shifting factors in their career decision-making.

**ADMINISTRATORS ON WHAT PERCENTAGE OF EARLY-CAREER PHYSICIANS STAY WITH THEIR ORGANIZATION, BY YEARS**



# Self-assessment: An administrator's reality check

**Only 43% of administrators view their organizations as very or extremely effective at retaining or recruiting early-career physicians out of residency or fellowship, and that figure drops to only 20% for administrators when asked about their ability to recruit those same physicians from other practices.**

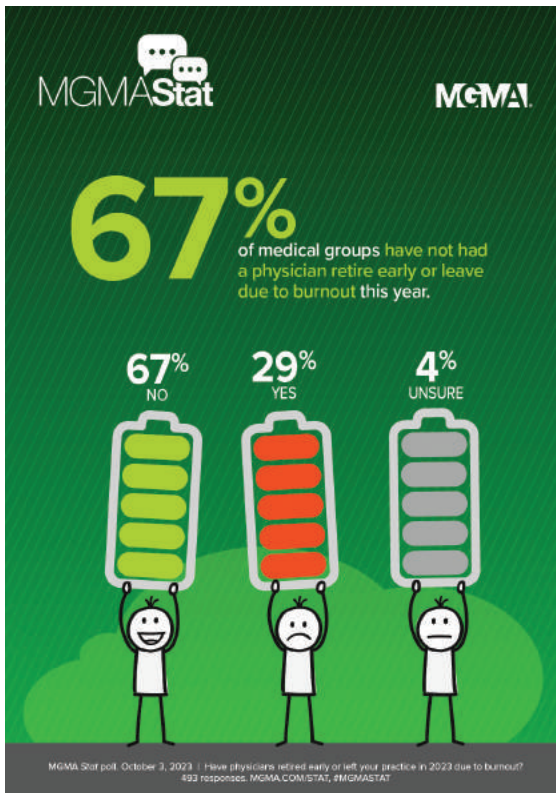
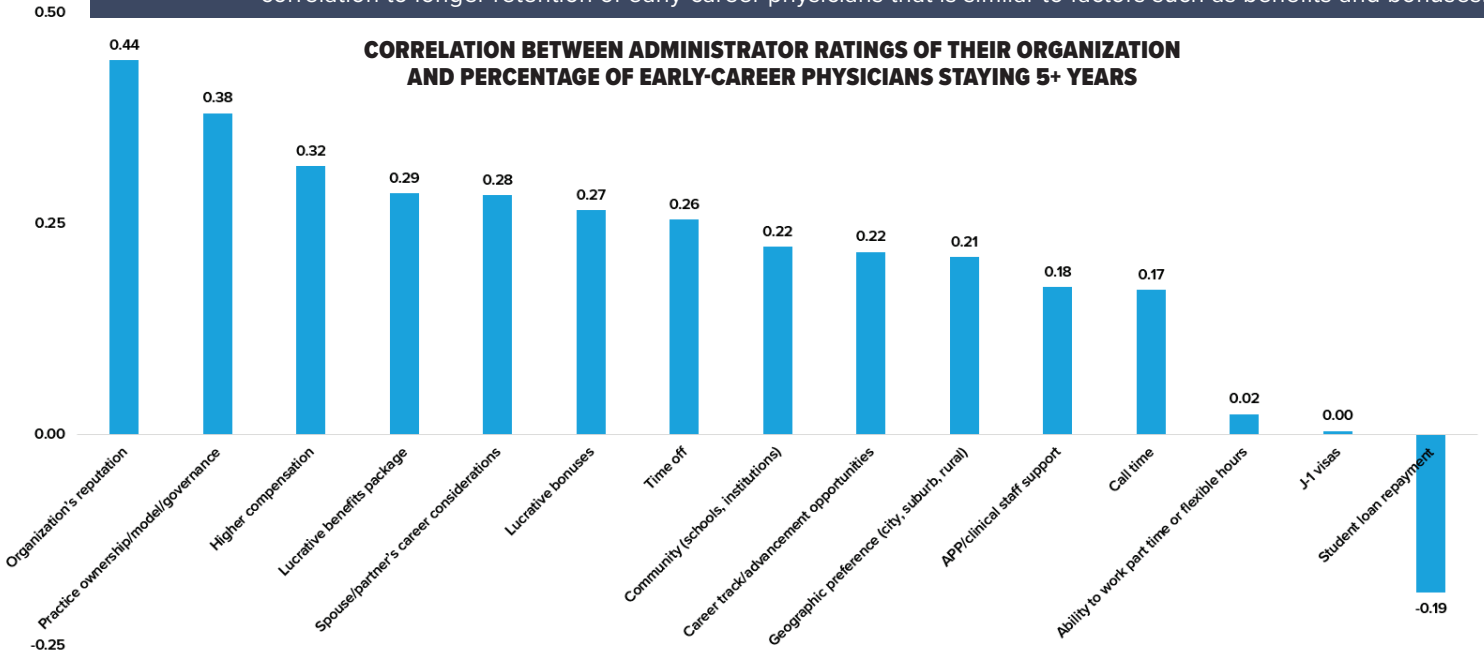
**ADMINISTRATORS' ASSESSMENT OF THEIR ORGANIZATION'S ABILITY TO RECRUIT PHYSICIANS**





# What pays off for long-term physician retention

There is a high correlation between practices where early-career physicians stay for five or more years and practices where the administrators rank the organization highly for reputation, ownership/governance model, compensation and benefits. The correlation to higher physician retention rates is lower when looking at organizations where administrators tout student loan repayment; however, some factors that physicians rate highly for retention — such as time off and call time — have a correlation to longer retention of early-career physicians that is similar to factors such as benefits and bonuses.



## We still need to talk about burnout

While awareness of burnout is important, it's also crucial to understand the extent of its effects on medical group practices:

- The Physician Foundation's [2023 Survey of America's Current and Future Physicians](#) finds that six in 10 doctors report feeling some form of burnout.
- More than half of physicians know of a physician who has ever considered, attempted or died by suicide.

An Oct. 3, 2023, MGMA Stat poll asked medical group leaders if they experienced a physician leaving the organization or retiring early due to burnout in 2023. Almost three in 10 (29%) answered "yes," compared to 67% who responded "no" and 4% who were unsure.

These findings suggest a slight decrease in the share of healthcare provider organizations that lost physicians to burnout in the past year versus 2022, as an [Aug. 23, 2022, MGMA Stat poll](#) found four in 10 medical groups experienced such loss related to burnout. Similar MGMA polls conducted in 2021 put the share of medical groups facing burnout-related physician retirements and departures at 28% to 33%, respectively.

Read more about the latest **MGMA Stat** poll on burnout.

Read the 2022 JPS research report, **Back from Burnout**.

# Voices from the industry

## INDEPENDENT PRACTICE

Patty Martin-Claspell has served as practice administrator at Pacific Coast Pediatrics, Salinas, Calif., for more than 10 years, though she's lived in the Monterey County area for more than 40 years and understands the community inside and out — where to take prospective new physicians out on driving tours of communities, where they might like to buy a house, or at least where to point them as they search Google or online real estate listings.

Overseeing a physician-owned pediatric practice with only a handful of physicians who spend many years serving multiple generations of patients in the community might not seem like a role that would focus a lot on recruiting new doctors, but as partners age into retirement as so many have nationwide, it becomes a big focus.

Specifically in pediatrics, finding candidates who can get privileges at the local hospital — based on the required combination of management of inpatients and outpatients during the preceding two years — is difficult to navigate. “Anybody who’s been out of residency for more than two years would not be able to get privileges at this hospital, which narrows the field because so many physicians these days are working for hospital-owned organizations and they’re outpatient only,” Martin-Claspell said. “The adult care has gone to hospitalists and the census is not great enough in our community to employ pediatric hospitalists.”

Three-way contracts between a new physician, the practice and the hospital often include a sign-on bonus with a payback/clawback provision if the doctor leaves before two years, but it sometimes isn’t enough to ensure a new physician stays for the first two years.

In some cases, workload management — for example, a new physician’s expectation to see fewer patients overall — has been a major influencer of making a change. But as Martin-Claspell notes, there are some major advantages to bringing in beginning physicians — namely, a stronger embrace of technology.

**“The incoming doctors have never done the paper charts” and are well-versed in proper documentation in the EHR, Martin-Claspell said. “It’s a save-your-tail society, you’ve got to [document appropriately] from the beginning, and they’re doing it ... it’s easy for them.”**

## ACADEMIC MEDICINE

For early-career physicians interested in faculty roles in academic medicine, the geographic pull of their medical school is obvious, but it also makes for a difficult retention effort on the part of administrators, as noted by Barbara Daiker, PhD, RN, Department Administrator for Psychiatry & Behavioral Sciences at the University of Minnesota.

In an area of the school with about 30 residents and six fellowships, there might also be as many as 10 faculty positions hired in a given year, with a sizable share of them ultimately being filled by physicians within three to five years of completing a residency or fellowship.

**While recruitment committees and several physician satisfaction survey efforts exist to bring in and retain the top clinical talent, the unique attributes of the academic space — namely, lower compensation and the complexity of balancing education and research with clinical time — make these roles a higher risk for turnover.**

“It’s not for the faint of heart to try and balance all three of those, and I think many of them will begin to look elsewhere sometime in the first five years” as the physicians realize that the dynamics are much different than other practice models. “We try really hard upfront before we have an employment agreement to help clarify all of that so there’s less confusion,” Daiker said.

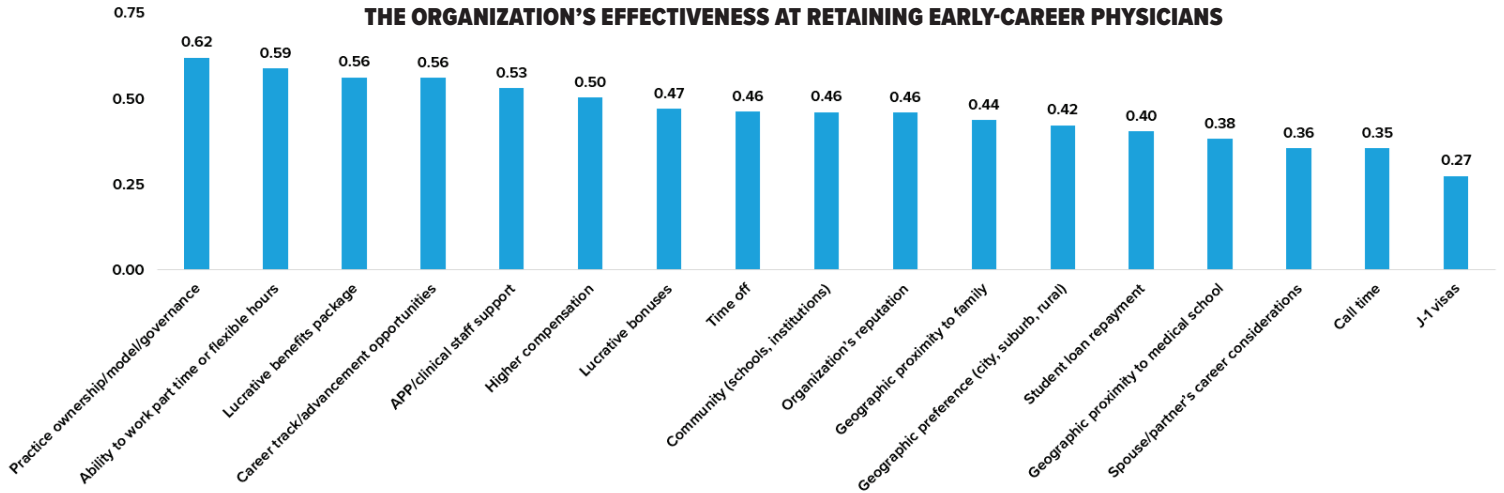
Practice administrators should be aware that physicians have more options than ever to seek employment beyond traditional care delivery settings. While some early-career physicians leave for other provider organizations in the community, there’s a broader swath of other industries now seeking behavioral health experts.

“It can be [healthcare] startups, but then it can also be other industries where they are interested in the research aspect of behavioral science or behavioral health ... about buying decisions or other things related to behavioral health,” Daiker mentioned.

## Feeling comfortable in the right model

Ownership, employment — everyone has a preference, and it matters. While physicians say factors such as compensation, location, work-life balance and culture/environment are their top motivators, administrators who view the ownership/governance model as an important factor for physicians are onto something. **Physicians who rated their current organization’s ownership/governance model highly were more likely to say their organization was effective at retaining early-career physicians.** The correlation between physician ratings of their organization’s ownership/governance model also was high for physicians rating their organizations highly for flexible/part-time opportunities, lucrative benefits packages, career advancement opportunities and APP/clinical staff support.

**CORRELATION BETWEEN PHYSICIANS’ RATINGS OF THEIR ORGANIZATION AND THE ORGANIZATION’S EFFECTIVENESS AT RETAINING EARLY-CAREER PHYSICIANS**



## What about addressing attrition?



The [MGMA Business Solutions podcast](#) recently heard from **Tony Stajduhar, president of Jackson Physician Search**, about the complex challenges of demographic shifts in the physician market and how practices should prepare.

“Physicians are used to working five days a week, seeing 30 patients a day, doing call every other night – they’ve been doing it their entire lives,” Stajduhar noted. “They didn’t worry about the work-life balance that you hear about today. But over the years, that’s got to wear on you.”

“Now, all of a sudden, you’ve got this huge percentage of physicians who are above the age of 55, nearing what the world thinks of as retirement age,” he added. “You’re always going to have diehard physicians who say they’ll probably work until they pass, but most physicians are getting to the point where they want to have some type of plan and future outside of medicine as they go forward. There are a lot more physicians willing to transition than we ever thought before.”

“The one thing you never hear addressed is the attrition — but the average age of physicians is going to be a potential cliff that will just exacerbate the shortage even more if we don’t have some strategy in place,” he added.

Having a strategy is especially important, as [a recent study](#) commissioned by Jackson Physician Search found that about four in 10 (41%) physicians think they only need to give three months’ notice, while another 32% say four to six months. “Basically 75% of physicians think as long as they give less than six months’ notice, they’re golden, and that’s all that their practice needs,” Stajduhar said. “On the flip side, you’ve got administration, where maybe 30% feel like seven to 13 months is a minimum. But even that’s not optimal, because it’s going to take you 12 to 18 months to recruit a physician. It doesn’t take rocket science to figure out where that lands.”

Stajduhar said practice administrators need to start having open conversations with their physicians about their plans and why they want to retire. Understanding physicians better will help organizations better understand the options available to retain the doctors who might still want to deliver care on a part-time basis versus leaving the field. “Let them know that you not only want to help the facility, but that you also care about what they’re looking for and what they need to make their lives better,” Stajduhar said. “They’re in a stage where life should be better and they should be able to transition and do what they want — they earned it.”

## Conclusion



Even a robust strategy to engage older physicians about their plans to pull back on work and eventually retire will not alter medical practice leaders' need to think strategically about the future of their physician workforce and effectively build recruitment and engagement programs for the next generation of clinicians.

**T**he one certainty in healthcare is change, and the physicians who are the foundation of care delivery across thousands of medical practices and hospitals are not immune. The expectations and stereotypes that have been held in many minds for decades cannot and should not be relied upon as a source of truth to succeed in this new environment.

It might be easy to affix labels to younger generations and bemoan that other doctors work differently — that we've always done things a certain way. Admittedly, it's painful for healthcare organizations to navigate through this period of inflation-bloated expenses and rising compensation. But to solve medical practices' staffing crises, today's leaders must recognize that even the largest health system and the most monolithic brand name still has individual contributors who make groups successful. Understanding them and meeting them where they are at different points in their career journeys will help ensure that their journeys happen with your organization and not a competitor.

The pressures of physician retirement and turnover will not ease soon, and top-performing organizations will recognize the need to look beyond that challenge. Digital-native beginning physicians are proving their worth in picking up EHR systems and ensuring practices have complete, compliant documentation. Healthcare is poised for continued innovation from artificial intelligence and automation — it will be crucial to engage early-careerists in these changes, as they have trained and come of age in the burgeoning new normal of AI and tech-assisted clinical support.

**We should not expect different results from trying the same recruitment and retention strategies, and we cannot afford to sit with yesterday's ideas about a new generation of physicians. As technology and payment models reshape the industry, practice leaders also must reshape their approach to finding the right talent to succeed. This will require a combination of compensation model review, continued work to build and sustain positive work environments, mitigation of the factors fueling burnout and finding the right ownership/governance fit for physicians entering the industry during a time of rapid change.**

# Survey methodology and demographics

MGMA and JPS commissioned Corona Insights to conduct a survey about early-career physician recruitment and retention. Online surveys were conducted with physicians and administrators during August and September 2023. MGMA and JPS provided Corona Insights a sample list of physicians and administrators who were invited to take the survey via an email invitation and two subsequent reminders. Participating respondents were incentivized with entry into a sweepstakes to win one of two \$100 gift cards.

The survey had 410 administrators and physicians participate, yielding 253 completes. The survey took about 10 minutes to complete for each audience.

## RESPONDENT INFORMATION

| Job Level                     | Administrator | Physician |
|-------------------------------|---------------|-----------|
| Physician                     | 7%            | 88%       |
| Practice admin/manager        | 51%           | 0%        |
| Director                      | 18%           | 0%        |
| C-level (CEO, COO, CFO, etc.) | 7%            | 1%        |
| Clinical staff                | 1%            | 6%        |
| Consultant                    | 3%            | 1%        |
| Vice president                | 3%            | 0%        |
| Other                         | 9%            | 4%        |

| Organization Type  | Administrator | Physician |
|--|---------------|-----------|
| Medical Group Practice   | 56%           | 23%       |
| Hospital   | 10%           | 30%       |
| University Hospital  | 5%            | 28%       |
| Integrated Health System (IHS) or Integrated Delivery System (IDS) | 4%            | 4%        |
| Physician Practice Management Company (PPMC)                       | 2%            | 2%        |
| Consulting Firm  | 4%            | 0%        |
| Other  | 20%           | 13%       |

| Total Employees   | Administrator | Physician |
|-------------------|---------------|-----------|
| 1 (just yourself) | 3%            | 4%        |
| 2-9               | 7%            | 3%        |
| 10-99             | 44%           | 17%       |
| 100-149           | 5%            | 6%        |
| 150-999           | 16%           | 14%       |
| 1,000-9,999       | 16%           | 35%       |
| 10,000+           | 10%           | 22%       |

| Job Role  | Administrator | Physician |
|---|---------------|-----------|
| Practicing physician                              | 0%            | 100%      |
| Overall organizational oversight/management       | 41%           | 0%        |
| Operations  | 17%           | 0%        |
| Ambulatory services                               | 12%           | 0%        |
| Consultant  | 6%            | 0%        |
| Nursing/clinical                                  | 3%            | 0%        |
| Finance (e.g., billing, revenue cycle management) | 3%            | 0%        |
| Other   | 18%           | 0%        |

| Specialty                                      | Administrator | Physician |
|--|---------------|-----------|
| Multispecialty with primary and specialty care | 32%           | 54%       |
| Multispecialty with primary care only          | 5%            | 2%        |
| Multispecialty with specialty care only        | 19%           | 10%       |
| Single specialty                               | 44%           | 34%       |

| Region    | Administrator | Physician |
|-----------|---------------|-----------|
| Northeast | 13%           | 23%       |
| South     | 42%           | 42%       |
| West      | 25%           | 19%       |
| Midwest   | 21%           | 16%       |



# 2023 MGMA-JPS Early-Career Physician Retention and Engagement Survey

## PROFILE AND PRACTICE INFORMATION

1. Which of the following best describes your job title?
  - a. C-Level (CEO, COO, CFO, etc.)
  - b. President
  - c. Vice President
  - d. Director
  - e. Practice Admin / Manager
  - f. Clinical Staff
  - g. Consultant
  - h. Non-Clinical Staff
  - i. Non-Physician Provider
  - j. Physician
  - k. Retired
  - l. Medical student
  - m. Other Please tell us:

*If Physician, ask if practicing. If so, launch Physician Section*

2. Which of the following best describes your profession?
  - a. Ambulatory services
  - b. Billing and coding
  - c. Business development
  - d. Overall organizational oversight/management
  - e. Nursing/clinical
  - f. Consultant
  - g. Finance (e.g., billing, revenue cycle management)
  - h. Human resources
  - i. Information technology
  - j. Legal
  - k. Practicing Physician
  - l. Marketing and sales
  - m. Front office
  - n. Operations
  - o. Physician relations/liaison
  - p. Quality/compliance
  - q. Medical records
  - r. Research and development
  - s. Other Please specify:
3. Which of the following best describes your organization's current size in terms of total number of employees across all locations?
  - a. 1 (just yourself)
  - b. 2-9
  - c. 10-99
  - d. 100-149
  - e. 150-999
  - f. 1,000-9,999
  - g. 10,000+
4. What type of organization do you work for?
  - a. Medical Group Practice
  - b. Hospital
  - c. University Hospital
  - d. Integrated Health System (IHS) or Integrated Delivery System (IDS)
  - e. Management Services Organization (MSO)
  - f. Physician Practice Management Company (PPMC)
  - g. Independent Practice Association (IPA)
  - h. Health Maintenance Organization (HMO)
  - i. Freestanding Ambulatory Surgery Center (ASC)
  - j. Physician Hospital Organization (PHO)
  - k. Medical School Administration (University level)
  - l. Medical School Faculty Practice Plan
  - m. Medical School Clinical Science Department (Department level)
  - n. Medical School (School of Medicine level)

- o. Consulting Firm
- p. Recruitment Services Firm
- q. Other Please specify:

5. Who is your practice's majority owner?
  - a. Physicians
  - b. Advanced Practice Providers
  - c. Hospital
  - d. Integrated Health System (IHS) or Integrated Delivery System (IDS)
  - e. Management Services Organization (MSO)
  - f. Physician Practice Management Company (PPMC)
  - g. Insurance Company or Health Maintenance Organization (HMO)
  - h. University or Medical School
  - i. Government
  - j. Private Investor(s)
  - k. Telehealth
  - l. Other Please specify:
6. What is your practice's specialty?
  - a. Multispecialty with primary and specialty care
  - b. Multispecialty with primary care only
  - c. Multispecialty with specialty care only
  - d. Single specialty

7. **Physician-only:** What is your specialty?

8. Where is your organization located?

## ADMINISTRATOR SECTION

9. In your opinion, why do early career physicians choose to join your organization?
10. In your opinion, why do early career physicians choose to leave your organization for other opportunities?
11. Which of the following are the most important factors that motivate early career physicians to join your organization? Please select three (3).
  - a. Higher compensation
  - b. Ability to work part time or flexible hours
  - c. Community (schools, institutions)
  - d. Geographic proximity to family
  - e. Geographic preference (city, suburb, rural)
  - f. Geographic proximity to medical school
  - g. Spouse/partner's career considerations
  - h. Call time
  - i. Time off
  - j. J-1 visas
  - k. Practice ownership/model/governance
  - l. APP/clinical staff support
  - m. Organization's reputation
  - n. Career track/advancement opportunities
  - o. Lucrative bonuses
  - p. Student loan repayment
  - q. Lucrative benefits package
  - r. Something else Please specify:
12. For each of these options, how do you feel your practice compares competitively with other physician-hiring organizations?

13. About what percentage of early-career physicians stay with your organization more than ...?

|         | Percentage staying more than <u>three</u> years | Percentage staying more than <u>five</u> years | Percentage staying more than <u>10</u> years |
|---------|---|--|--|
| 0%      | <input type="radio"/>                           | <input type="radio"/>                          | <input type="radio"/>                        |
| 1-24%   | <input type="radio"/>                           | <input type="radio"/>                          | <input type="radio"/>                        |
| 25-49%  | <input type="radio"/>                           | <input type="radio"/>                          | <input type="radio"/>                        |
| 50%     | <input type="radio"/>                           | <input type="radio"/>                          | <input type="radio"/>                        |
| 51-74%  | <input type="radio"/>                           | <input type="radio"/>                          | <input type="radio"/>                        |
| 75-100% | <input type="radio"/>                           | <input type="radio"/>                          | <input type="radio"/>                        |

14. How would you rate your organization's effectiveness in the following areas?

|   | Not at all effective  | Slightly effective    | Somewhat effective    | Very effective        | Extremely effective   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Recruiting early-career physicians out of medical school/fellowship | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Recruiting early-career physicians from other practices             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Retaining early-career physicians                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Of the following list, what are the most important three factors that you believe motivate early career physicians to stay at your organization for more than five years? Please select three (3).

- a. Higher compensation
- b. Ability to work part time or flexible hours
- c. Community (schools, institutions)
- d. Geographic proximity to family
- e. Geographic preference (city, suburb, rural)
- f. Geographic proximity to medical school
- g. Spouse/partner's career considerations
- h. Call time
- i. Time off
- j. J-1 visas
- k. Practice ownership/model/governance
- l. APP/clinical staff support
- m. Organization's reputation
- n. Career track/advancement opportunities
- o. Lucrative bonuses
- p. Student loan repayment
- q. Lucrative benefits package
- r. Something else Please specify:

**PHYSICIAN SECTION**

- 16. What were the top three factors you looked for when looking for your first job post-residency/fellowship?
- 17. Which of the following best describes your current employment situation?
  - a. I am not currently employed
  - b. I am in residency/a fellowship
  - c. I am in my first practice/organization after residency/fellowship
  - d. I am in my second practice/organization after residency/fellowship
  - e. I am in my third or more practice/organization after residency/fellowship
- 18. [If C,D,E] About how many years has it been since you left residency/a fellowship? If less than 1, please put 0.
- 19. [If D, E] About how many years were you at your first practice/organization? If less than 1, please put 0.
- 20. [If D, E] What were the most important factors that caused you to leave your first practice/organization out of residency/fellowship?
- 21. [If D, E] Of the following, what were the three most important factors that motivated you to leave your first practice/organization out of residency/fellowship? Please select three (3).  
  
Mirror list from admin section
- 22. [If A/B] Of the following, what are the three most important factors you are looking for in your next position? [repeated list of options]
- 23. [If C,D,E] In thinking about the first practice/organization you were employed with out of residency/fellowship, how would you rate that organization on the following?

|   | Not at all effective  | Slightly effective    | Somewhat effective    | Very effective        | Extremely effective   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Recruiting early-career physicians out of medical school/fellowship | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Recruiting early-career physicians from other practices             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Retaining early-career physicians                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 24. [If C,D,E] In thinking about the first practice/organization you were employed with out of residency/fellowship, how do you feel that practice/organization compares competitively with other physician-hiring organizations in the following areas?
- 25. [If A/B] What are the most important factors you are looking for in your next position?
- 26. [If C] What are the most important factors that would keep in your current position?
- 27. Of the following list, what are the most important three factors that motivate you to stay in your current position? Please select three (3).
- 28. What would make you leave your current practice/organization?

**WRAP-UP SECTION**

- 29. Do you have any additional comments to share?
- 30. Do you want to enter a sweepstakes to win a \$100 gift card?
  - a. Yes
  - b. No
- 31. Would you be willing to participate in a 30- to 60-minute virtual interview on this topic? \*
  - a. Yes
  - b. No
- 32. [If yes to either of the above] Please provide your contact information below.
  - a. First Name:
  - b. Last Name:
  - c. Email Address:
  - d. Phone Number:

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