

SRMTM

SOCIETY FOR HUMAN
RESOURCE MANAGEMENT

Is There a Doctor in the House?

Attracting Physicians for an Underserved Area

By Francine K. Schlosser, Ph.D.

PROJECT TEAM

Author:	Francine K. Schlosser, Ph.D.
SHRM Project contributors:	Bill Schaefer, SPHR Nancy A. Woolever, SPHR
External contributor:	Sharon H. Leonard
Editor:	Katya Scanlan, copy editor
Design:	Kellyn Lombardi, graphic designer

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Case Instructions

This case outlines physician attraction issues faced by Windsor, a mid-size Canadian city located in southwestern Ontario. The city is experiencing a severe physician shortage. To address this shortage, city leaders must create a compelling vision of the benefits that incoming doctors might anticipate when setting up their practices in their area. To that end, the City of Windsor has created the Health Services Recruitment Office staffed by an HR director with previous experience in other industries. The director is responsible for locating and attracting candidates but not for screening or selection. Her immediate challenge is to find a general practitioner for a local hospital, but her long-term goal is to address the substantial physician shortage throughout the region in hospitals, clinics and family practices.

LEARNING OBJECTIVES

Students will identify how to improve the current recruitment strategy by offering plausible and implementable recommendations to increase the doctor applicant pool and alleviate the critical doctor shortage. Using the provided performance criteria, students should be encouraged to develop interview and discussion points for the incoming and visiting candidates that will ensure a position-person fit. Students will also develop customized recruitment strategies, including an itinerary for each of the two certified candidates. Additionally, students will make recommendations to the director of Health Services Recruitment regarding the third candidate.

Students are expected to research and reference external sources such as the Internet and business magazines in addition to the course textbook. They will be required to conduct research into the issues to develop a plan of action and to make recommendations.

Using publicly available information, the case is meant to develop recommendations to the director of Health Services Recruitment. Current statistics about the doctor shortage from public sources referenced in the text are included. Students are encouraged to research these resources on the Internet to better understand the case. Additional resources include physician recruitment web sites for other communities facing a doctor shortage as well as articles on labor shortages being experienced in the U.S. health care system. The curriculum vitae for the three candidates are fictional. Any similarity to an actual person is unintentional.

CASE OVERVIEW

Physician recruitment in the Windsor-Essex region of southwestern Ontario, Canada, is an ongoing challenge. Today is even busier than normal in the Regional Physician Recruitment Office because three potential candidates have approached the director of Health Services for possible job opportunities in the Windsor area. The director is excited by the prospects of new recruits. After reading Tackling the Doctor Shortage, a discussion paper from The College of Physicians and Surgeons of Ontario (<http://www.cpso.on.ca>), she thought she could customize and implement some recommendations suggested in the paper to address the doctor shortage in Windsor.¹

CANADIAN ASSURANCE OF UNIVERSAL HEALTH CARE

Canada's health care system is premised on the idea that every citizen should have access to good health care. It is a one-tier public system with limited private-sector services (generally limited to some types of medical laboratories). The system is supported by taxpayers, and although each province is responsible for its own health care, provinces must all adhere to the principle of universal access.

The system is currently running into financial difficulties, and this has resulted in constraints on resources, such as equipment, laboratories and access to doctors. To add to the existing challenges, not enough new doctors have been graduating from universities. Some areas in Canada are severely underserved by doctors, some with up to 40 percent of residents without a family doctor. Windsor, with its location on the U.S./Canadian border, is especially susceptible to the shortage because doctors choose to work either in larger Canadian cities with better medical facilities or in the private U.S. health care system.

ROLE OF THE REGIONAL PHYSICIAN RECRUITMENT OFFICE IN WINDSOR-ESSEX

In response to the severe doctor shortage, Windsor created the Health Services Recruitment Office staffed by the director of Health Services Recruitment, an HR professional with extensive experience in the recruitment field. She began her recruiting career with a local police department and then shifted into the medical field and began recruiting solely for a local hospital. She has worked for the Regional Physician Recruitment Office since it opened three years ago and has since successfully recruited more than 100 physicians into the region. The position's mandate is to meet community medical needs using recruiting practices based on developing long-lasting relationships with potential recruits.

At the Health Services Recruitment Office, the director is the sole recruiter for the area and is responsible for staffing hospitals, clinics and private practices throughout the region. Her office was created to provide one-stop shopping for all health care recruitment needs in the region. The office has since evolved into an informational

unit that provides physicians with information on employment opportunities and the certification processes for Ontario. In addition to her recruiting activities, she helps individuals obtain licensing under Ontario standards. Her duties are quite distinguishable from regular recruiters; she is not responsible for screening or selecting appropriate physicians. Because of the dire physician shortage, she must create a compelling vision of the benefits incoming doctors can anticipate when setting up their practices in the Windsor area.

The current recruitment process consists of referrals by doctors, hospitals, clinics or private practices. Essentially, the director uses a referral strategy by approaching colleagues of satisfied doctors living in the region. The current recruitment practices foster a good reputation by helping doctors find employment or by helping immigrant doctors through the re-certification process. Providing a high level of personalized aid may satisfy potential recruits and prompt them to refer other candidates to her office. The director has wondered whether an Internet recruitment strategy might also be effective; however, the office just hasn't had the time to set up a web site yet. It's been on her mind again lately, but she's still not convinced that it would be effective enough to spend scarce staff resources on its development.

Although the director is solely responsible for the recruitment of physicians to the area, she is not responsible for the selection of candidates. The College of Physicians and Surgeons of Ontario determines selection measures. It is for this reason that she will also aid potential candidates through the certification process. She works closely with International Medical Graduates (IMGs) and helps them begin the Assessment Program for International Medical Graduates (APIMG), a program that assesses qualification from foreign institutions. This helps the director create long-lasting relationships for future recruitment efforts.

Recognizing the effect of the doctor shortage in the Windsor-Essex region, the provincial government has approved funding to establish a medical school at the University of Windsor. It will be a satellite campus of the well-known Schulich School of Medicine at the University of Western Ontario (the main campus is located in London, Ontario, about two hours away). Construction of the facility is currently underway.²

STATE OF DOCTORS IN ONTARIO³

In the 1990s, The College of Physicians and Surgeons forecasted an abundance of medical practitioners to serve all regions of Ontario. Ten years after this forecast though, the projected surplus changed. Ontario now faces a shortage. Medical school enrollment was cut in 1993 because of a forecasted 10 percent surplus of medical doctors. In addition to the enrollment limitations, changes were made to the post-graduation training, creating a 25 percent drop in physician-to-population ratio. These downturns amounted to 5,093 fewer students entering medical school between 1990 and 1993. This was detrimental to the Windsor area because during this downturn in physician-to-patient ratios there was a spike in the region's population. In 1996, the area's population was 321,000. By 2000, the population rose to 383,000, and in August 2005, the census revealed that the population had risen to 407,000. As a result, Windsor-Essex County has become one of the most underserved regions in Ontario in terms of physicians.

In addition to reduced entry rates to medical schools, Canada also experienced a net loss of doctors to emigration. From 1998 to 2002, 1,138 doctors left Canada for opportunities abroad.

It is believed that there are approximately 4,000 IMGs in Ontario, 2,000 of whom are members of the Association for International Physicians and Surgeons of Ontario (AIPSO) and are working within the system in hope of becoming certified.

STATE OF DOCTORS IN WINDSOR

The director must address the problem of ongoing attrition. There is a need for 55 family doctors in the Windsor-Essex region and a number of specialists and physicians. Furthermore, she has been investigating Windsor's aging population and found that 15 percent of the region's doctors are over the age of 65. In contrast, the provincial average is about 11 percent over the age of 65.

CURRENT CANDIDATE QUALIFICATIONS

The director recently received three curriculum vitae (CV) from prospective candidates for openings in the Windsor-Essex area. Reviewing CVs on a regular basis, she understands that CVs are primarily used by people in medical, academic and scientific professions. A CV should demonstrate the individual's competence by listing all credentials, but not necessarily brag (like in a resume) about achievements.⁴

The typical headings in a CV include education/degrees, internships, professional experience, awards and honors, publications (books, articles, reports and journals), speaking engagements, conferences, and professional affiliations. The CV's length depends on the level of experience; a CV for a new graduate may only be one page, but applicants at the top of their profession might have multiple-page CVs. Accordingly, this knowledge of CV content must be used to assess the qualifications and person-organization fit for each of the three candidates.

Candidate 1, Dr. Eli Cohen (full CV is available in Exhibit 1), is a medical doctor who received his training in Jerusalem, Israel. He has since been living and practicing in the United States. The candidate has already completed the certification process to practice in Ontario, meaning that he could start work in Ontario immediately. The director believes that Dr. Cohen would be an asset to the community because of his work in the area of infectious diseases. With Windsor being a border community, his background may be useful for countering infectious diseases spread across borders. He could also become part of a planned response to terrorist threats. After reviewing the CV in greater detail, the director spoke with the candidate and learned that Dr. Cohen is married with grown children and that he is extremely interested in research and teaching opportunities.

Candidate 2, Dr. Lisa Simpson (full CV is available in Exhibit 2), is a young medical doctor who has been conducting research and is now looking for employment in a private or hospital practice. Dr. Simpson is certified to work in Ontario and is willing to relocate. She is married, and her husband, an electrical engineer with seven years of experience in the field, is also looking for employment opportunities within the same community. The couple has two young children, ages 3 and 4 years.

Candidate 3, Dr. Mohammed Hasan (full CV is available in Exhibit 3), is a medical doctor who completed part of his education in Pakistan and part in the United Kingdom. However, he has not completed the certification process for Ontario. His credentials, though, would be an asset to the underserved region.

PERFORMANCE CRITERIA

Although the director is not directly involved in the selection process, she must refer individuals who will fit in well in the region and/or the specific medical unit. Additionally, candidates must be able to assess their own fit with the position and community. It is for these reasons that a proper process for interviews must be developed. According to Monster.com's resume expert Kim Isaacs, performance criteria used in the development of the interview questions should include the following:

- Caseloads: How many patients has the professional served and what challenges did he or she encounter?
- Computer technical skills: Is the professional familiar with health care software and systems?
- Continuous quality initiatives (CQI): Are there initiatives that highlight the professional's problem-solving and quality-oriented focus?
- Grant writing/fundraising: Has the professional been able to find new sources of funding?
- Operating revenue: How has the professional handled money before?

- Program/service development and expansion: How has the professional used previous grants and budgets to develop new health care programs or services?
- Research/publications: Is the professional an expert in the field and respected by peers?
- Regulatory/government agencies: Is the individual familiar with the policies and regulations of health care agencies, like the Canadian Blood Services or Ontario Health Insurance Plan?
- Training: What type of training was experienced and developed by the individual?
- Trans-disciplinary/interdisciplinary: Has the professional collaborated with other professionals?⁵

These performance criteria are important to consider. Each physician position has different criteria. For example, a general practitioner might be evaluated on case load and operating revenue. In contrast, a specialist might be called on to do research, especially with a university-affiliated hospital. It is important, then, for such a specialist to publish peer-reviewed articles.

THE DIRECTOR'S CONUNDRUM

The physician shortage in Windsor makes recruiting from outside of the area essential. The director is competing with recruiting strategies employed by other regions in Canada and the United States. Being a border city (Windsor is located directly across the Detroit River from Detroit, Michigan) poses unique challenges for the attraction and retention of doctors. First, medical personnel can easily move to or even commute to the United States, where private hospitals offer better pay and may even provide enhanced access to state-of-the-art medical equipment. Second, Windsor's high unemployment rate (due to its reliance on automakers) creates employment challenges for the spouses of candidates. Appendix 1 shows the types of advertisements that some U.S. agencies use to attract medical doctors. The director, however, is dubious about the effectiveness of placing ads for doctors and does not currently advertise for doctors.

The director is at a crossroads: she will need to redesign her strategy or be faced with a continued discrepancy between the available applicant pool and regional needs.

Candidate 1, Dr. Cohen, will arrive in Detroit on Monday, June 3, and Candidate 2, Dr. Simpson, will arrive on Tuesday, June 4, to meet with the director and to visit the hospitals and explore the community. It is at this point that she will have to be ready to entice the candidates to relocate and establish medical practices in the region.

It is important to note that in general, when screening and selecting workers, organizations are not allowed to ask personal questions that reveal gender, religion and cultural values of candidates.

Exhibit 1

Eli Cohen

Date of Birth:	July 12, 1960
Place of Birth:	New Zealand
Education:	Hadassah Hospital Medical School Hebrew University, Jerusalem, Israel Certified Ontario; The College of Physicians and Surgeons of Ontario
Degree granted:	M.D., 1984

PROFESSIONAL EXPERIENCE

Director, GETMEDICALRECORDSINISRAEL/TIKITUR, 2005-present. Internet site.

Director, IDFAX, 1988-present. Internet site.

Director, HIV/AIDS Registry, Saint Francis Hospital and Medical Center, Hartford, Connecticut, 1988-present.

Faculty, Senior Attending, Infectious Diseases and Epidemiology Section, Department of Medicine, Saint Margaret Hospital and Medical Center, Hartford, Connecticut, 1988-present.

Director, Adult Immunology Clinic and Intravenous Immunoglobulin Day Care Clinic, City Hospital, University of Connecticut Health Center, Farmington, Connecticut, 1992

Associate Program Director, Department of Medicine, John Jacob Hospital, Hartford, Connecticut, 1990-1992.

ACADEMIC APPOINTMENTS

Associate Professor of Clinical Medicine, Department of Medicine, University of Connecticut School of Medicine, Farmington, Connecticut, (1997-).

Assistant Professor of Clinical Medicine, Department of Medicine, University of Connecticut School of Medicine, Farmington, Connecticut, 1988-1997.

Instructor, Department of Medicine, University of Connecticut School of Medicine, Farmington, Connecticut, 1984-1988.

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COMMITTEE ASSIGNMENTS

Chairman, Infection Control Committee, Getbetter Hospital of Connecticut, Hartford, Connecticut, 1996-present.

Member, Research Committee, Saint Margaret Hospital & Medical Center, Hartford, Connecticut, 1995-present. **Member**, Fellowship Steering Committee, Infectious Diseases Division, City Hospital, University of Connecticut School of Medicine, 1994-present. **Member**, Antibiotic Review Subcommittee, Saint Margaret Hospital & Medical Center, Hartford, Connecticut, 1990-present. **Chairman**, Infection Control Committee, Veteran Memorial Hospital, Southington, Connecticut, 1992-1996.

Member, Initiative Steering Committee, Greater Stamford HIV Action Initiative, 1992-1993.

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ACADEMIC QUALIFICATIONS

Infectious Diseases Subspecialty Recertification, 2004.

Infectious Diseases Subspecialty Certification, 1992.

American Board of Internal Medicine, 1990.

ECFMG (No. 229-494-0), 1984.

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FELLOWSHIPS

Postdoctoral Fellow in Pharmacology, Department of Pharmacology, University of Connecticut School of Medicine, Farmington, Connecticut, 1987-1988.

Clinical & Research Fellow in Infectious Diseases, Infectious Diseases Division, Department of Medicine, City Hospital, University of Connecticut Health Center, in association with Immunology Division, Department of Pediatrics, City Hospital, University of Connecticut Health Center, Farmington, Connecticut, 1985-1988.

Research Fellow in Internal Medicine, Department of Medicine, Getbetter Hospital, Hartford, Connecticut, 1984.

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RESIDENCY

Chief Resident, Junior Resident, Department of Medicine, Getbetter Hospital, Hartford, and City Hospital, University of Connecticut Health Center, Farmington, Connecticut, 1985.

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INTERNSHIPS

Internship (USA), Getbetter Hospital, Hartford, Connecticut, 1984.

Internship (Israel), Hadassah University Hospital, Ein Kerem, Jerusalem, Israel, 1975-1976.

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MILITARY EXPERIENCE

Israel Defense Forces, Medical Corps, Infantry Officers Course,
Medical Officers Course,
Senior Medical Officer, 1980. Rank: Captain.

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STUDIES

1. Acute appendicitis in the elderly, [Doctoral Thesis], 1984.
 2. Felon RP, Cohen E. Medical advice in a community hospital. J Gen Intern Med 1987.
 3. Cohen E et al. Investigation of Monocyte-rich fractions. J Clin Lab Immunol 1989.
 4. Cohen E. et al. Opportunistic pathogens: report of four cases. J Clin Micro 1993.
 5. Gilden DH, Beinlich BR, Cohen EM, Stommel E, Swenson R, Rubinstein D, Mallingham R. Varicella Zoster Virus myelitis: an expanding spectrum. Neurology 1994.
 6. Cohen E, et al. Severe necrotizing infections. Conn Med 1995.
 7. Cohen E, et al Testing of HIV-seropositive minority men. AIDS Reader 1996.
 8. Cohen EM et al. Active tuberculosis in HIV-infected injecting drug users. J AIDS & HR 1996.
 9. Cohen E et al. A retrospective case-control study of comorbidity in HIV infected patients:.. Amer J Med 1996.
 10. Cohen E. Using Cefazolin to treat peritonitis. Am J Nephrol 1999.
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CASE REPORTS

1. Cohen E. et al. "Radio gallium images in Mycobacterium fortuitum infections. Clin Nucl Med 1992.
 2. Cohen E. Thymic abscess in a geriatric patient. Chest 1993.
 3. Cohen E. Mycobacterium tuberculosis following coronary artery bypass surgery. CID 1996.
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PUBLICATIONS

1. Contributing Author. Greater Hartford HIV Action Initiative. HIV care: comprehensive guidelines for providers.
2. Editor. Outpatient management of HIV/AIDS for the Primary Care Physician. 1st, 2nd, 3rd, 4th, 5th, 6th, 7th editions, Hartford, Connecticut: Infectious Diseases and Epidemiology Section, Saint Margaret Hospital and Medical Center, 1992, 1993, 1995, 1996, 1997, 1998.

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PRESENTATIONS

1. Benign superior vena cava syndrome of more than 25 years duration--a case report. American College of Chest Physicians, Annual Meeting, Salem, Massachusetts, USA, 1985.
2. Cohen E. Thymic abscess (Staphylococcus aureus) presenting as acute substernal chest pain. American College of Chest Physicians, 56th Annual Scientific Assembly, Montreal, Canada, 1990.
3. Cohen E et al. Open heart surgery associated infections and the significance of post-discharge follow-up. Association for Practitioners in Infection Control, 18th Annual Conference and International Meeting, Georgetown, Tennessee, USA, 1991.
4. Cohen E et al. Life expectancy and hospitalization of AIDS patients with CD4 count less than 40 cells/mL in an innercity hospital. XI International Conference on AIDS, Montreal, Canada, 1996.
5. Cohen E. Should peritoneal dialysis related peritonitis be treated with Cefazolin empirically? Seventh Annual Spring Clinical Nephrology Meetings, Georgetown, TN, 1998.

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AWARDS

Excellence in Teaching, Joan Preston Award, University of Connecticut Internal Medicine Residency Program, 1994-1995.

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JOURNALS

Member, Editorial Board, American Journal of Infection Control
Peer Review, American Medical Informatics Association
Peer Review, Southern Medical Journal

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MEMBERSHIPS

Connecticut Infectious Disease Society
Infectious Disease Society of America
American Society of Internal Medicine
American Medical Association

Exhibit 2

Lisa Simpson

2222 Church Street – Evanston, IL 63333

777.666.5555 – simpson@nwu.edu

MEDICAL CONSULTANT

Excellent communication skills shown with supervisors, colleagues and general public. Identify issues, form hypotheses, design and conduct analyses, synthesize conclusions and implement change. Self-starter, disciplined, confident and goal oriented. Adept at giving written and oral presentations to groups of experts. Motivated member of a team. Fluent in French.

EDUCATION

Medical Doctor

Northwestern University School of Medicine, Evanston, IL, May 2001

Additional training in Microsurgery

Scores: Boards 97%; MCAT 99th percentile

Ontario Certified; The College of Physicians and Surgeons of Ontario 2004

Bachelor of Arts Degree with majors in psychology and biology; GPA 3.92/4.0

Notre Dame University; South Bend, IN, 1996

EXPERIENCE

Research Assistant

Northwestern University School of Medicine; June 1998 – August 1998

Verified and expanded theories through hands-on research under direction of scientists. Exemplified patience and perseverance. Utilized sophisticated state-of-the-art equipment. Mastered the arts of time management, organization and record-keeping. Worked independently and as part of a team to accomplish common department goals.

Research Assistant

Northwestern University School of Medicine; June 1996 – August 1997

Organized year-long research project to isolate mannose receptor and its associated proteins. Developed research protocols. Oversaw three interns. Led weekly Journal Club. Held weekly meetings with 30 lab people to summary previous week's data and findings. Became proficient in use of PCR, Western and Northern Blot, Protein electrophoresis and other technologies. Assisted Primary investigator with grant writing.

Research Assistant

Avalon Cancer Center; May 1993 – August 1993

Ran experiments in the lab, sequencing proteins implicated in cancer. Wrote grants and published journal articles. Supervised cleanliness and organization of lab and calibration of equipment. Kept data logs of all experiments and worked closely with Ph.D.'s in analysis of data. Assisted in the sequence of three proteins associated with on cogenesis (the development of cancer).

Lab Technician

Northwestern University School of Medicine; Summers 1998, 1990, 1991

Conducted experiments pertaining to reconstructive surgery. Developed research data that led to better surgical techniques.

Exhibit 3

Mohammed El Hasan

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OBJECTIVE

To pursue a challenging career in health care industry with a significant growth leading to a prominent position

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EXPERIENCE

October 2002 to May 2004 Kings College Hospital London, UK Clinical Coding Officer

- Responsible for all procedures associated with the collection and collation of information from hospital notes to the input of diagnostic and operative codes, in accordance with the protocols of ICD 10 and OPCS coding.
- To visit the wards daily to code all episodes for patients discharged.
- To attend Care Group Audit meetings as necessary to validate the information collected.
- To check from monthly reports regarding coding completeness.
- To liaise with medical and other disciplines of staff regarding all aspects of clinical coding to provide an efficient and accurate service.
- To assist in the development of any new procedures and systems within the department that is introduced to improve the service provided.

July 2001 till September 2002 Lifeline Healthcare Ltd. London, UK Medical Summarizer

- Working with Islington & Camden PCT at different Surgeries and Group Practices.
- Have to work on VISION or EMIS the EPR programmes with good database and medical knowledge.

- Had to go through all the previous histories and update the record wherever possible.
- Good rapport with the GPs and have great interaction related to patients records
- Have a good knowledge of the working within the NHS.

April 2000 – April 2001 Civil Hospital Karachi, Pakistan House Officer

- Worked in the Dept. of General Medicine.
 - Attended Out Patient Department clinics..
 - Delivered teaching sessions for 3rd & 4th year MBBS students.
 - Learned basic medical procedures practiced & gained experience of handling patients in cardiology and general medicine ward.
- Worked in the Dept. of General Surgery & Cardiac Surgery
 - Assisted the anesthesiologist in main OT & emergency OT.
 - Attended OPD and presented cases as a weekly regular feature of job.
 - Provided assistance in surgical procedures including appendectomies, laparatomies, cardiac catheterization, coronary bypass, PDA & cardiac valve surgeries.

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EDUCATION

2001-2003 Post Graduate Certificate in Health Informatics from City University London

Major Modules covered:

- Health informatics.
- Introduction to computing system.
- Statistical methods in health informatics.
- Clinical records and health care computing.
- Clinical decision making.
- Research principle and skills in health care.
- Advances in system modeling.
- Health management.
- IT strategy and systems in health care.
- Clinical database.

1993 – 1999 M.B.B.S., Bachelor of Medicine and Bachelor of Surgery from Dow Medical College, Karachi University, Karachi, Pakistan.

1990 – 1992 Higher Secondary Certificate from P.E.C.H.S., Govt. Girls College, Karachi, Pakistan.

1980 – 1990 Secondary School Certificate from Army Public School Karachi, Pakistan.

COMPUTER SKILLS

MS-Office, Experienced user of Internet. Have great expertise on EPR Software including VISION, EMIS, PAS, PIMS and MEDICODE by 3M.

TRAINING

- 18th May 2002 at Westminster PCT had for VISION (EPR).
- 7th July 2002 at St. Pancras Hospital had for EMIS (EPR).
- 19th February 2003 at King's college Hospital had for PIMS.
- July – August 2003 Basic ICD-10 and OPCS-4 Clinical Coding Training at Kingston PCT

SKILLS AND STRENGTHS

Good interpersonal skills, creative and great problem solver, positive thinker and optimistic. Know how to motivate people, possess excellent communication skills, both spoken and written. Confident with presentation skills. Can work under pressure and meet deadlines.

Appendix 1

(All advertisements printed from the Internet March 30, 2006 and disguised).

FAMILY PRACTICE PHYSICIAN - FAMILY PRACTITIONER	
Company Name:	Maryanne Maple Consulting
Job title:	Family Practice Physician - Family Practitioner
Location:	Kingston, NY
Salary:	\$0.00 To \$0.00 Per Year
Career level:	Mid Career
To apply for job:	maryanne.maple@mam.com

DESCRIPTION:

In these days of high-pressure, high-volume medicine, this group practices classical medicine that concentrates on patient care. This three-physician group, operating as a true partnership, has a rare 1:1 physician-to-RN ratio. Each physician sees 22 to 25 patients a day, rather than 35 or 40. Many would call this the best medical practice in their area; the hospital administrators, area specialists and their spouses certainly would because they are among this group's patients. The group is busy and currently unable to take on new patients. We have been contracted by this general internal medicine group to identify an internist or family practitioner who will become their fourth member.

Located in the historic Hudson River Valley and on the edge of the Catskills, the area offers a wide variety of outdoor, musical, cultural and educational opportunities. The two artist communities, Woodstock and New Paltz, are both within comfortable commuting range, and are homes to internationally-famous artists, musicians, writers and actors. Four neighboring colleges, Bard, Vassar, SUNY/New Paltz and Marist, lend an academic atmosphere, and provide athletic contests as well as theatrical and musical events (West Point's stadium is also only 45 minutes away). The area has excellent K-12 schools and the cost of living is low compared with the major Northeastern cities. A physician could live in Rhinebeck, a majestic riverside village where manorial homes tower over the broad river's edge, or in an antique village at the foot of the Catskills. Excellent fishing, hiking, the Appalachian Trail, and world-class rock climbing are within commuting range and major ski areas are less than an hour away. Manhattan is an hour-and-a-half by train.

Kingston is home to two hospitals; the 160-bed Kingston Hospital, a non-profit institution, and the 220-bed Benedictine Hospital, a Catholic facility. Group offices are housed in Kingston Hospital's medical office building, which is connected by walkway to Kingston Hospital. Benedictine Hospital is located 500 feet away. Together, the two hospitals serve a health care market of about 150,000 people. The hospitals have made significant facilities improvements in the last few years, including seven new state-of-the art operating rooms, an on-site MRI, a pain management center, a new cancer center, and a new dialysis unit. Improvements are continuing with the construction of a woman's health center and a cardiac cath unit.

Sorry - no J1 or H1B visas - a green card is required.

Internist - Internal Medicine Physician	
Company Name:	Maryanne Maple Consulting
Job title:	Internist - Internal Medicine Physician
Location:	Kingston, NY
Salary:	\$0.00 To \$0.00 Per Year
Career level:	Mid Career
To apply for the job:	maryanne.maple@mam.com

Description:

In these days of high-pressure, high-volume medicine, this group practices classical medicine that concentrates on patient care. This three-physician group, operating as a true partnership, has a rare 1:1 physician-to-RN ratio. Each physician sees 22 to 25 patients a day rather than 35 or 40. Many would call this the best medical practice in their area; hospital administrators, area specialists and their spouses certainly do because they are among this group's patients. The group is busy and currently unable to take on new patients. We have been contracted by this general internal medicine group to identify an internist or family practitioner who will become their fourth member.

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Sorry - no J1 or H1B visas - a green card is required.

Orthopedic Surgeon Orthopedist Orthopedic Surgeon	
Company name:	Marianne Maple / New NY Hospital
Job title:	Orthopedic Surgeon Orthopedist Orthopedic Surgeon
Location:	Buffalo, NY
Salary:	\$450,000.00 To \$500,000.00 Per Year
Career Level:	Mid Career
To apply for the job:	marianne.maple@mam.com

DESCRIPTION:

We have been retained by an Eastern New York State hospital to review their orthopedic program. As part of this project, we are helping them to recruit one (or perhaps two) orthopedic surgeons who will join a hospital-supported practice where income could reach \$600,000 to \$700,000.

Financially, they are looking to offer an income guarantee of \$450,000 to \$500,000. With a directorship and a favorable rent/practice overhead rate (the hospital owns the practice location and will provide billing services at the physician's option), and low malpractice insurance (\$27,000 per year), you should be able to earn \$600,000 to \$700,000. This is in a town where a big old Victorian will cost you \$200,000 to \$250,000, and a nice home on the lake costs from \$250,000 to \$400,000.

The hospital is located in a prosperous and attractive small city of 20,000 on the western edge of the Catskill Mountains that is home to two colleges with a river winding through town. The colleges add an academic flavor and offer theatrical, musical and athletic events. The area has excellent K-12 schools, yet the cost of living is low. A major tourist destination, there are numerous museums in the area and a

\$32-million performing arts center is under construction. Major ski areas are 45 minutes away and excellent fishing, boating, hiking and canoeing are within a few minutes of town. A major metro area of a million people is an hour away, and New York City is less than three hours away.

The hospital is a well-endowed 130-bed, \$75-million community hospital serving a catchment area of 60,000. The hospital has strong financials and unusually strong community support, demonstrated by the recent capital campaign that has enabled them break ground on a \$12-million imaging center that will include a new 64-slice CT scanner, a state-of-the art MRI, two nuclear medicine cameras, a CADX reader and a PACS system. Orthopedics is housed in one of the finest outpatient facilities we have seen—a large shopping mall converted into physician offices, complete with a café, health club, pool and physical therapy on site. The hospital has six operating rooms well-equipped for orthopedics (including a new spinal table and spine surgery equipment). Experienced (orthopedic) O.R. and nursing staff are in place.

Company Name:	MediAble
Job title:	420 Friendly physician
Location:	TX
Salary:	\$75.00 To \$100.00 Per Hour
Career Level:	Entry Level
To apply for the job:	bob@mediable.com

DESCRIPTION:

MediAble is a professional corporation licensed with the Texas Medical Association. We are a statewide network of nine clinics with a geographic range from San Antonio to Dallas.

Our organization offers physicians a safe and legal way to provide patients with affordable access to expert medical advice and medical marijuana evaluations. MediAbleMediCann advocates for the legitimization of medical marijuana by providing a specialty practice that educates patients, practitioners and the community-at-large.

Our clinics, located in beautiful areas of the state, provide a friendly and professional atmosphere. We have a current need for part-time Texas-licensed physicians in Dallas and San Antonio. MediAble offers above competitive wages, comfortable hours and a business casual work environment.

If you feel like having a major effect on patients' lives and learning about alternative medicine, please contact me. I look forward to answering your questions about our physician opportunities.

FOOTNOTES

¹ The College of Physicians and Surgeons of Ontario. (2004, May/June). *Tackling the doctor shortage*. Retrieved in December 2005 at www.cpso.on.ca/publications/dialogue/0504/shortage.htm.

² Papatello, S. (2006, February 9). *McGuinty government to open new campus for medical training in Windsor* [press release]. Retrieved from www.papatello.on.ca/media_release020906.htm.

³ The College of Physicians and Surgeons of Ontario. (2004, May/June). *Tackling the doctor shortage*. Retrieved in December 2005 at www.cpso.on.ca/publications/dialogue/0504/shortage.htm.

⁴ Isaacs, K. *Resume tips for healthcare professionals*. Retrieved on June 1, 2008, from http://resume.monster.ca/6977_en-ca_pl.asp

⁵ Ibid.

RESOURCES:

1. Catano, Victor M., Wiesner, Willi H. Hackett, Rick D., Methot, Laura L. (2005). *Recruitment and Selection in Canada*, Third Edition. Nelson, a division of Thompson Canada.
2. Wilhelm, Trevor (2006, April 7). Brain Power Drives MD Recruitment. *The Windsor Star*, A1, A4.
3. *Tackling the Doctor Shortage*. The College of Physicians and Surgeons of Ontario, May/June 2004. <http://www.cpso.on.ca/publications/dialogue/0504/shortage.htm>.
4. Papatello, Sandra. (2006, February 9). *McGuinty Government to Open New Campus For Medical Training in Windsor*. Windsor West. http://www.sandrapapatello.on.mpp.ca/media_release020906.htm.
5. Isaacs, Kim. (2008, June 1). *Resume Tips for Healthcare Professionals*. Monster.com. Accessed online June 1, 2008 at http://resume.monster.ca/6977_en-ca_pl.asp.

OTHER RESOURCES:

1. Interesting physician recruitment pages found on the web:
 - a. SaultMed: <http://www.saultmed.ca/>.
 - b. Prince William Island, Canada: <http://www.gov.pe.ca/infopei/index.php3?number=17887>.
 - c. Brockville General Hospital: <http://www.bgh-on.ca/Physician%20Recruitment.htm>.
 - d. Nunavut: <http://www.nunavut-physicians.gov.nu.ca/>.
2. Attracting labor during health care labor shortages in the United States:
 - a. Myrtle Beach careers: <http://myrtlebeachcareers.net/articles/i/ad3796/blogs/healthcare-medical/labor-shortages-plague-the-healthcare-sector.htm>.
 - b. Renzas, James. (2008, July). Succeeding in an Era of Labor Shortages. Accessed July 21, 2008 at http://www.locationmgmt.com/assets/docs/Succeeding_in_an_Era_of_Labor_Shortages.htm.
 - c. Atwater, Donald M. and Jones, Aisha. (2008, July). Preparing for a Future Labor Shortage: How to Stay Ahead of the Curve. Accessed July 21, 2008. <http://gbr.pepperdine.edu/042/laborshortage.html>.
 - d. Robinson, Martha. (2008, July). Labor Shortages Plague the HealthCare Sector. Accessed July 21, 2008. At <http://careernet.4jobs.com/articles/i/ad3796/blogs/healthcare-medical/labor-shortages-plague-the-healthcare-sector.htm>.

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1800 Duke Street
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