

# Recruitment and Retention/ Workforce Development Introduction

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# **Carmen Clelland, Pharm.D., M.P.A Captain, USPHS**

- Chief Executive Officer
- Clinton Service Unit, Clinton, OK
- Previous positions include Director, Division of Health Professions Support at Indian Health Service Headquarters.
- Has worked in multiple Indian Health Service Areas including Oklahoma, Phoenix, Navajo, Portland and Headquarters.
- Recently completed certificate program in Healthcare Corporate Compliance from George Washington University.



## Jerry N. Harrison, Ph.D.

- Executive Director, New Mexico Health Resources and Acting Director and Chair of the New Mexico Health Policy Commission.
- Past President of the National Rural Recruitment and Retention Network (3RNet).
- Long term participant with the National Health Service Corps (NHSC) and recruited his first NHSC Scholar in 1988.
- Worked extensively in the Southwest with IHS, NHSC and Veterans Affairs to place healthcare professionals and improve regional recruitment.



# Jennifer Fry, M.A.

- Compensation Specialist
- Indian Health Service Headquarters
- Has worked in human resources for over 15 years.
- Held positions at the National Institutes of Health, The Peace Corps, Abt Associates, and CPS Consulting.
- Earned a Master's degree in human resource development at the George Washington University.



# Learning Objectives

- Identify the need for increased awareness and actions for recruitment and retention along with human resources
- Implement strategies for effective position management
- Identify best practices and tools to support clinicians

# Recruitment

The recruitment and retention of highly qualified health care professionals to serve Indian health communities is of critical importance and presents tremendous challenges, including:

- Cost to recruit
- Time to recruit
- Shortages
- Low competition

# Strengthening Recruitment Infrastructure

- Establish a “regionalized” approach
- Establish increased use of Direct Hire Authority
- Offer more robust financial incentives
- Alignment of stakeholders, incentives, contracts, candidate parameters and candidate sourcing
- Incorporate IHS staff clinicians into the Recruitment plan
- Strengthen our ability to respond nimbly throughout recruitment process

# CEO Perspective

- HR is here to support but the managers determine the needs (duties and responsibilities)
- Managers need to have clear idea of staffing types, mix, and types of training

# Identifying and Sharing Best Practices

- Recruitment and Retention Best Practices are posted on the IHS Retention Website at [www.ihs.gov/retention](http://www.ihs.gov/retention)
- Corresponding “toolkits,” sample emails are under revision
- Best Practices in Action:
  - Chinle - HR part of the strategic plan for primary care clinics
  - Chinle – Cross-functional department “huddles” with CEO, senior leadership and HR.
  - PIMC – PIMC Interview Guide in making the right fit

# RECRUITMENT AND RETENTION

## IHS National Combined Councils Meeting



Jerry N. Harrison, PhD  
Executive Director  
New Mexico Health Resources

## Recruitment and Retention are Driven and Defined by Employers

- Administrators and directors are responsible for adopting recruitment and retention programs at the local level in concert with organizational policies and procedures.
- Absence of recruitment and retention plans eventuate in poor results.
- Few organizations develop actionable recruitment and retention plans.
- Few organizations employ professionally educated recruitment specialists.

# Recruitment, Retention, and Recruitment

- Recruitment is the process of identifying the best qualified candidates (from within or outside) for a job vacancy in a cost effective and timely manner.
- Retention is made up of the clinic or system practices that meet the needs of employees and encourage them to remain employed in place.
- “Recruitment” is the process of recruiting to retain.

# High Tech, High Touch

- Recruitment and tracking software
- Smart phones
- Skype or Facetime
- Access to Job Boards or referrals from such: 3RNET, Practice Link, Practice Match
- Practice Sights, Doc in a Box
- “First to Contact, First to Contract” – someone must act quickly
- <http://www.3rnet.org>
- <http://www.nmhr.org>

## Who Recruits and Who Should Do It?

- Sourcing agencies
- “In-House” recruiters
- Administrators
- Clinical Directors
- Human Resource Personnel
- Administrative Assistants
- Self-Generated via Electronic means

# Keys to Successful Recruitment

- Preparation – is a physician, pharmacists or dentist really needed?  
Can another health professional or new model of care delivery fill the need?
- Action Plan – is a formal study required?
- Timely response and Persistence.
- Adequate Budget for recruitment and compensation.
- Community support and involvement – is a recruitment team needed?
- Adequate human resources (people), not departments.
- Optimism; and,
- Realistic expectations in terms of time and competition.

# What is a Recruiter?

- Leads the recruitment effort;
- Makes appropriate assignments;
- May be the Contact Person and First Interviewer and the first to answer questions;
- May be assigned to any number of positions in an organization – do what is best for the process;
- Identifies who will work with the significant other or family members.

# Most Common Barriers to Successful Recruitment and Retention

- Too much call frequency;
- Lack of attention to or job opportunities for significant other;
- Lack of communication among parties;
- Low compensation guarantee;
- Limited benefits;
- School choice;
- Limited housing options;
- Cultural misalignment.

# Recruitment Strategies

- Local, regional, national in least expense order;
- Provider networking;
- Classified advertising versus Internet;
- National Rural Recruitment and Retention Network;
- State 3RNET member;
- National Health Service Corps;
- Coordinated internet advertising;
- Residency and training visits; and,
- Recruitment firms.

# The Best Recruit

- Is someone already employed in your organization.
- Costs of replacement recruitment processes are expensive and or contribute to declines in revenue.
- New graduates often cost more than keeping someone in place.

## Questions Frequently Asked About Practice Related Issues by Applicants

- Can I get Loan Repayment in this site?
- How much call is required or must I work after regular business hours?
- Why is there a need for a new provider?
- Is there anyone else there?
- What is the status of the EHR?
- What are the major health issues in the community?
- Do people work well with one another?
- How hard is it to get licensed?

# Questions Frequently Asked About Community Related Issues by Applicants

- Is the clinic successful financially?
- Can my significant other find a satisfying job?
- What educational opportunities are there for my family?
- What is the local school, public and private, situation?
- What religious institutions are there?
- What are the recreational, social and cultural opportunities?
- Will I fit in culturally and how may I learn about it?
- Where can we shop?

# Significant Others Want Answers

- Is there loan repayment available? If so, what kind?
- Will my \_\_\_\_\_ earn what was promised?
- What housing is available?
- What are the other providers like?
- Are there good schools?
- Can I work locally?
- Can I practice my religion freely?
- Where is the closest place to shop?
- Can I get a good “feel” for the community while my \_\_\_\_\_ interviews?

# Retention is Becoming a Larger Issue as Our Workforce Ages

- 50% of physicians leave within three years;
- 12% of physicians leave within one year;
- Some health professionals do not appear after being hired and contracts signed;
- Scholarships have the least impact upon long term retention;
- New hires, especially those with loan obligations almost immediately begin looking for other positions: two year cycle of obligation contracts.

# Retention is a Continuous Process

- Evaluate whether a community recruitment and retention committee should be organized;
- Follow guidelines and boundaries about interactions with employees;
- New hires should be welcomed into the community;
- Providers and their significant others should receive orientations to the community;
- Anticipate questions that might lead them to leave for which answers will encourage them to stay;
- Integrate them, if they want, into local cultural life; and,
- Help to reduce isolation.

## Important Issues in Retention, Ranked Highest to Lowest

- Availability of relief coverage;
- Quality of local schools;
- Compatibility with professional colleagues;
- Housing availability;
- Telephone consultation;
- Availability of peers within the clinic or practice;
- Income potential;
- Local consultation;
- Continuing education opportunities; and,
- Local cultural and social participation.

# Roadblocks to Recruitment and Retention

- Primary care providers are in short supply;
- Unrealistic expectations may exist about the ability to recruit or retain providers;
- Lack of attention to family issues;
- Seeking the perfect candidate;
- Lack of planning and recruiter employment;
- No contact with candidates within 24 hours;
- No formal offer letters or contract documents;
- Lack of community need for the type of provider.

# Overview of Pay Flexibilities at the Indian Health Service

## IHS National Combined Councils Meeting

Jennifer fry, m.a.

Human resource

Compensation Specialist

Division of human resources

June 26, 2014



# Topics

- **Individual Pay Flexibilities:**
  1. Superior Qualifications/Special Need Appointment
  2. Maximum Payable Rate/Highest Previous Rate
  3. Service Credit for Annual Leave
  4. Recruitment, Relocation, and Retention Incentives
- **Occupational Pay Flexibilities:**
  1. Title 5 Special Salary Rates
  2. Title 38 Special Salary Rates
- **Special Topic:** Title 38 Physician and Dentist Pay

# What is this overview about?

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.. and IHS's ability to recruit and retain successfully.



# Superior Qualifications/Special Needs Pay Setting Authority



- ✓ Pay set at advanced rate (step).
- ✓ Candidate “new” to the Federal government (break of at least 90 days).
- ✓ Justification: employee’s superior qualifications or a special need of the agency.
- ✓ Justification must also supply rationale for the specific step proposed (e.g. salary in current job).

# Maximum Payable Rate/ Highest Previous Rate

- Applies to employees with past or current Federal experience - reemployed, transferred, reassigned, promoted, demoted, or with an appointment change. Not an entitlement.
- Takes into consideration rate of basic pay previously received in another related Federal position.



# Service Credit for Annual Leave Scenario

I am eligible for only 4 hours of annual leave a pay period????!!!!!!

“But I am an experienced Nurse and often work overtime!! I will also be working in an isolated community!! VA Nurses get 8 hours why don’t we?”

“No thanks!!!”



# Service Credit for Annual Leave

- ✓ Recruitment tool for “new” Federal employees.
- ✓ Gives employee a calculated service computation date for leave purposes that moves them closer to, or places them in, the 6 or 8 hour annual leave category.
- ✓ Previous experience (private sector/uniformed service) directly related to position is creditable.
- ✓ One year service agreement required.
- ✓ Authorization by Director, DHR, before start date.

# Service Credit for Annual Leave Question

How often do Area Offices offer this hiring incentive to Nurses being recruited from outside the Federal government?



## Recruitment, Relocation and Retention Incentives (3Rs)

- **Recruitment** - for an employee “new” to the Federal government.
- **Relocation** – for a current employee relocating. This is different from paying relocation expenses.
- **Retention** – for a current employee in their current position.

## 3Rs (continued)

- Up to 25% of an employee's annual salary. Not creditable for retirement, life insurance, etc.
- Recruitment/Relocation incentives require service agreements. Multi-year payments and service agreements possible. Paid in a lump sum(s).
- Retention incentives are paid biweekly. No service agreement.



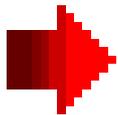
- Proof of new residence for relocation authorization.
- Succession planning for retention incentives.

## Justification for 3Rs

- **Recruitment:** position is difficult to fill, the individual is unlikely to accept the position without incentive.
- **Relocation:** the position is difficult to fill, PMAP is “fully successful” or higher.
- **Retention:** employee has unusually high/unique qualifications and/or there is a special agency need for their services. The employee is likely to leave IHS without the incentive. PMAP is “fully successful” or higher.

# Amount of Proposed 3Rs Incentive

- Justification must also provide a rationale for the proposed amount, e.g., a compensation survey citing higher salaries.
- Aggregate limitation on pay applies.  
GS salary + incentive cannot exceed  
Executive Level I: \$201,700 (most positions)
- Government-wide cap on incentives continues. IHS limited to 2010 expenditure level.



Trending now: fewer Doctors, more Nurses, receiving retention incentives.

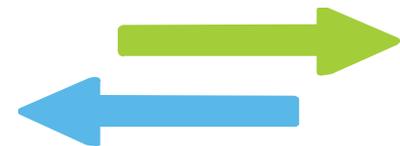
# Title 5 and Title 38 Special Salary Rates

- Special Salary Rates (SSRs): appropriate when there are proven recruitment/retention problems based on compensation levels.
- **Title 5 SSRs:** any occupation. Approved by OPM.
- **Title 38 SSRs:** positions performing patient care or services incident to patient care. Approved by HHS.



# Title 5 Special Salary Rates

- Current IHS Title 5 Special Salary Rates: Diagnostic Radiologic Technologist, Medical Instrument Technician, Medical Technologist, Nursing Assistant (AK), Dental Assistant (AK), Practical Nurse (AK).
- In some locations the locality pay rate might be higher than these SSRs.
- As health care positions these should probably be brought under Title 38 authority.



# Title 38 Special Salary Rates

- Currently we have 8 Title 38 SSR pay tables: Nurses (AK and nationwide), CRNA, Physicians Assistants (AK and nationwide), Dentists, Optometrists, Pharmacists.
- Looking ahead:
  1. Possible increase to CRNA pay table.
  2. Possible termination of Dentist pay table.
  3. Reviewing compensation concerns of additional occupations.



# Title 38 Physician and Dentist Pay (PDP)

- PDP has two components: GS base pay (Title 5) and market pay (Title 38).
- Market pay: the VA develops ranges through analysis of national salary surveys. Pay tables have not been increased since 2009.
- Title 38 pay tables: by specialty and tier level indicating level of responsibility.
- HHS policy: compensate physicians at levels comparable to Federal sector physicians in the local area.
- PDP is fully creditable for retirement calculation, life insurance, and other purposes.

# Recruitment for Title 38 Physicians/Dentists

- Use Title 38 pay ranges on your vacancy announcements.
- Bring candidate on at the step one – allowing them to receive increases during a pay freeze and to be in a shorter waiting period.
- Use recruitment incentives judiciously and be advised that they should not morph into a retention incentive.



# PDP Review & Approval

- Area Director authority: PDP approval for amounts **within the applicable pay range and <\$250K.**
- IHS Director authority: approval for PDP amounts **exceeding the pay range and <\$250K.**
- HHS authority: all PDP amounts > **\$250K.** (HHS rejected recent request for IHS approval if within pay range but over \$250k).
- Incentive payments are included when determining whether compensation is above the pay range.

# PDP Review & Approval

- Area CMO signs PDP requests approved in Area as the compensation panel chair. Regional HR Directors also review.



- Title 38 requests above the established pay range should be rare and well justified. Follow the criteria in HHS Instruction 590-1 when writing an exception request.

# Title 38 PDP with Incentives

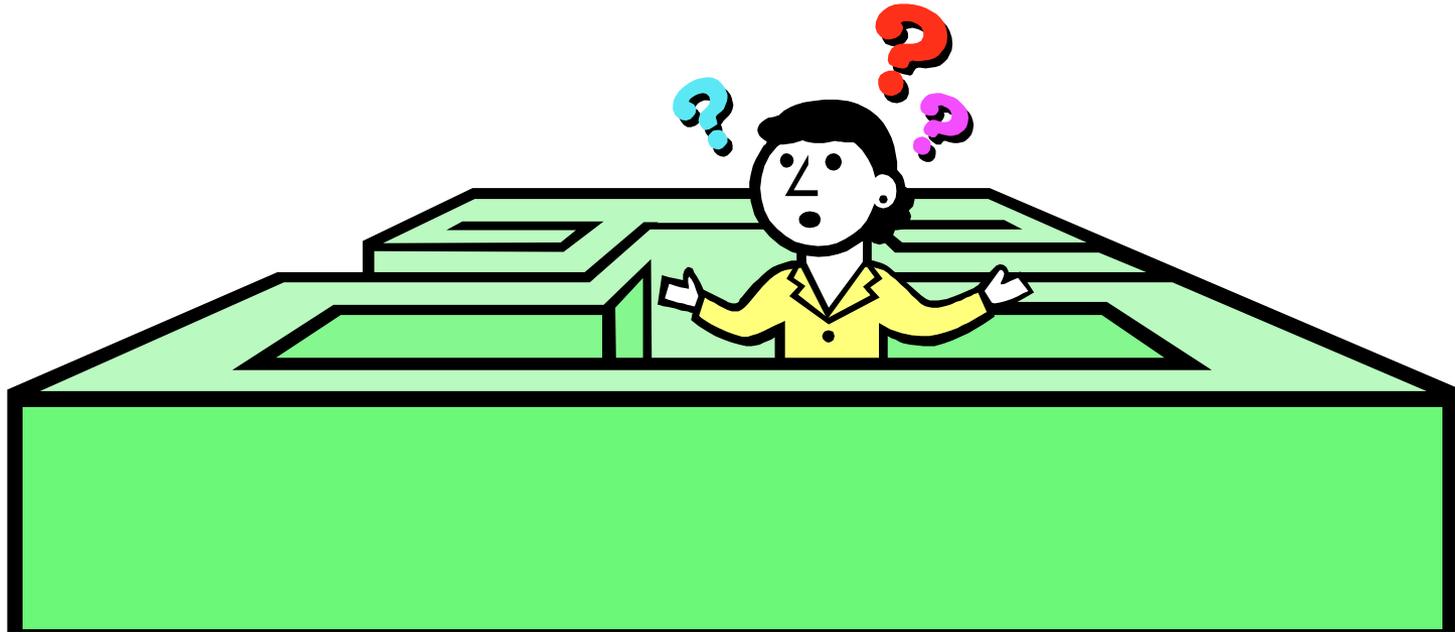
- Pay ranges are developed with recruitment and retention issues in mind. Incentive payments should be rare.
- Additional justification criteria beyond Title 38 criteria are required when adding an incentive (e.g. PMAP).
- Ongoing retention incentives: consider carefully.

# Upcoming Biennial Review



- Required every two years.
- Review by specialty and Area Office.
- Areas will gather/submit information and then the Division of Human Resources will compile.
- A compensation review at HQ will analyze the information and certify that the use of Title 38 PDP at IHS is equitable, consistent, and follows regulations.

# Questions?



- Utilize your on-site and/or regional HR staff but feel free to call or e-mail Jennifer Fry or Lisa Reyes.