



An In-Depth Guide to **PA RECRUITING**

Fresh Insights and Best Practices for Attracting Top Talent



Welcome to Health eCareers' New Guide to **PA** **(Physician Assistant/ Physician Associate)** Recruiting.



Presented in Partnership with
The American Academy of PAs

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As [Medscape](#) noted in 2021,
 “...PAs work in nearly every facet of contemporary healthcare across the country.”
 While COVID-19 may have motivated this trend, “...it also probably reflects the
 unique capabilities PAs bring to the job.”

Many Top Recruiters Know

They know that PAs play an important role in today’s ever-changing, highly demanding, and often unpredictable healthcare environment. We invite you to read on to learn about the remarkable contributions that PAs make every day and to gain insights into how you can recruit highly qualified PAs for your open positions.

With so many hospitals and health systems, practices, and other employers recognizing just how much a PA can bring to their care team, we understand that you as a recruiter may frequently be asked to locate PAs for a variety of positions.

We’ve rounded up a remarkable group of experts to address your questions and share their unique perspectives — since each does something different in the PA space.

AMONG THE TOPICS WE COVER

- ▶ What makes PAs happy (really)
- ▶ What they want most when they search for a job
- ▶ The future of PAs
- ▶ Tips on recruiting, whether active or passive
- ▶ The stages of a PA’s career
- ▶ Bridging the physician shortage gap
- ▶ What students or newer PAs really think about recruiting
- ▶ Benefits of recruiting graduates or more experienced PAs
- ▶ How recruiting differs in a “posh” location from a less glamorous one

PAs by The Numbers



ACCORDING TO THE AAPA

1967

YEAR THE PROFESSION
WAS ESTABLISHED

~150,000

NUMBER OF PAs
PRACTICING IN THE U.S.

400M

PATIENT INTERACTIONS
EACH YEAR



PAs Practice Medicine in Every Setting and Specialty



U.S. News & World Report

In 2022, global authority U.S. News & World Report ranked PA in the top three of its list of:

#2

BEST HEALTHCARE JOBS

100 BEST JOBS

#3

BEST STEM JOBS

(Science, Technology, Engineering,
and Mathematics)



Bureau of Labor Statistics

Additionally, the [Bureau of Labor Statistics](#) projects:

31%

PROJECTED GROWTH
FROM 2020-2030

Faster than the average
for all occupations.

12,200

PA OPENINGS ON
AVERAGE EACH YEAR

Over the next decade.

PA's Then and Now

PA is not a “new” career. As noted in a review of the literature around policy affecting PAs in [Health Policy Open](#) in late 2020, since “PAs were born on the eve of the White House Conference on Health which coincided with the 1965 passage of the Medicare and Medicaid programs and Community Health Centers” [that] “PAs are firmly established in U.S. medicine in all manner of clinical settings and specialties.”

The ubiquitous nature of PA adaptability manifests in the job's growing popularity and in its increasing acceptance within the healthcare community.

Merritt Hawkins' [2021 Review of Physician and Advanced Practitioner Recruiting Incentives](#) found that 18 percent of the firm's search assignments were for advanced practitioners, including PAs,

MERRITT HAWKINS' 2021 REVIEW OF PHYSICIAN AND ADVANCED PRACTITIONER RECRUITING INCENTIVES

18%

Of the firm's search assignments were for advanced practitioners, including PAs, NPs, and CRNAs. This is the highest percentage in 28 years.

↑ 13%

An increase of 13% from the previous year.

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The ubiquitous nature of PA adaptability manifests in the job's growing popularity and in its increasing acceptance within the healthcare community.

nurse practitioners (NPs), and certified registered nurse anesthetists (CRNAs), up from 13 percent the previous year. This is the highest percentage in the 28 years the review has been conducted, the company said.

Now PAs are making their mark around the globe, even as they practice in every state in the United States. A review of 987 papers and reports in [Human Resources for Health](#), sourced from 1968 to 2019, aimed to gauge the level of patient satisfaction with PAs. It found that “PAs are operational in 15 nations; their acceptance appears successful and satisfaction with their care largely indistinguishable from physicians. Findings from this analysis highlight one theory that when patients' needs are met, satisfaction is high regardless of the medical provider.”

Well said.

The Role of PAs

PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's main healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative.

PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality. They perform physical examinations, document patient histories, order diagnostics and laboratory results, counsel on preventive care, perform procedures, assist in surgery, make rounds in hospitals and nursing homes, and do clinical research.

PAs and those who work with them will tell you that the profession is comprised of well-rounded, versatile, and adaptable healthcare professionals!

PA Name Change

AAPA is in the process of implementing “physician associate” as the new official title of the PA profession.

Title change implementation requires a thoughtful and well-timed strategy involving a variety of stakeholders — not only other national PA organizations (PAEA, NCCPA, and ARC-PA), PA programs, and AAPA constituent organizations, but also state and federal governments, regulators, and employers.

PAs should continue to use “physician assistant” or “PA” as their official legal title in a professional capacity, particularly in clinical settings and with patients, until the jurisdiction governing their licensure and practice has formally adopted the title of “physician associate.”

For more information, go to www.aapa.org/title-change

Time to Hire

So how long does it take to hire a PA? This number can vary, of course, but veterans of the process say the time can range from six to twelve weeks. That time to hire underscores why attrition can be so detrimental.



Typical Compensation by Specialty

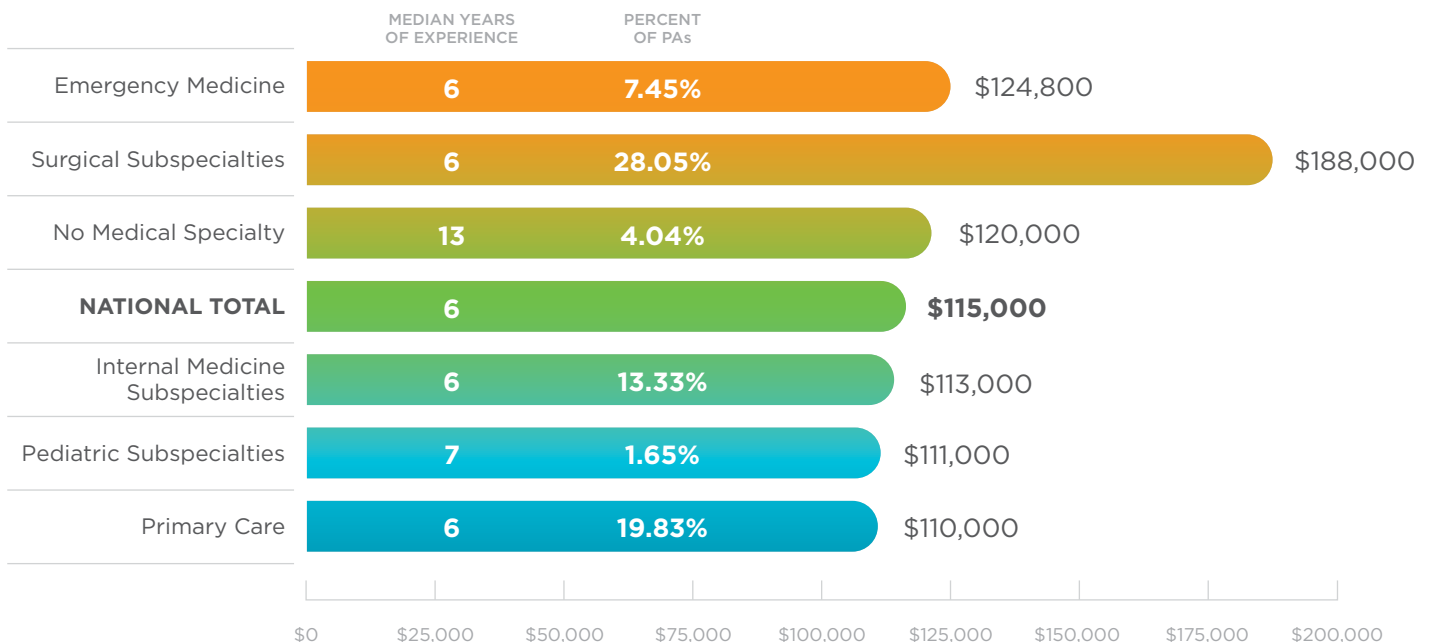
Salaries can vary across the country, and not everyone's calculation of physician assistants' salaries will be the same. However, most people would agree that a PA salary is a very "good" one, especially for graduates coming out of school for their first career step.

From the [2022 AAPA Salary Report](#), take a look at Median Compensation from Primary Employer by Major Specialty Area.



Also, make sure to look at AAPA's helpful [Cost of Living Calculator](#) as you discuss quality-of-life topics with your PA candidates, to "make accurate and reliable cost-of-living comparisons between your area and other participating cities across the United States."

MEDIAN COMPENSATION FROM PRIMARY EMPLOYER BY MAJOR SPECIALTY AREA



Percentages inside bars indicate the percentage of PAs who report a primary specialty within that major specialty area. The percentages and median years of experience may slightly differ from the profession-wide percentage as they reflect full-time PAs who provided their compensation in the 2022 AAPA Salary Survey.

Meet Our Guide's Experts In Depth

We asked these knowledgeable and experienced sources to share their thoughts on relevant issues that matter to PA recruiters:



ANDREA LOWE, MBA, MHA, PA-C

AAPA's Director of Health Equity Partnerships and DE&I Initiatives at AAPA/PA Foundation

Andrea says that "PAs need to remember that they can be leaders in all different ways and at all levels."

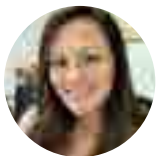
Lowe also reiterates that "AAPA is committed to enhancing the diversity of the PA profession."



BRETT BERGMAN, MPA, PA-C

Regional Director of Advanced Practice Kaiser Permanente – Southern California

Brett oversees the strategic planning, development, and practice implementation of more than 620 PAs, 590 NPs, 110 CNMs, 400 CRNAs, and 330 optometrists. He's a highly visible expert consultant and advisor to senior Kaiser Permanente leadership and its physician partners. And he's done his share of recruiting, too.



SANDRA ALDANA

Administrator and Recruiter
Guadalupe Medical Center – Las Vegas, NV

Established in 1996, [Guadalupe Medical Center](#) is dedicated to the community, with five locations striving to providing affordable healthcare for all, whether via Medicaid or on a sliding scale.



NEAL WATERS

Regional Vice President of Recruiting
Jackson Physician Search

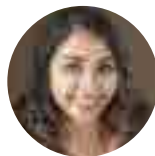
[Jackson Physician Search](#) is an established industry leader in physician recruitment, with more than a decade of experience in retained physician search. The company specializes in permanent recruitment of physician and advanced practice providers to locations across the United States.



DAYNE ALONSO, PA

COO and Co-Founder
Heme Onc Call – Miami, FL

[Heme Onc Call](#) is the nation's first hematology telemedicine practice. With a diverse background in hospitals, infusion centers, and physician practices, Dayne is known as a healthcare innovator and thought leader who's also active on local boards and in other relevant professional organizations.



ARIANA CARADIAZ, MBA, CPRP

Senior Physician and
Advanced Practitioner Recruiter
[Baystate Health](#) – Western Massachusetts

Ariana is also Secretary of the [Northeast Physician Recruiter Association](#). She's based in Springfield, Massachusetts.



ANDREA LOWE

HeC: Andrea, you're passionate about PAs — and you are one, and an example of versatility, accomplishment, and drive. Tell us why the future of PAs is so important to you.

I'm passionate about how PAs fill gaps in healthcare as it pertains to patient access, inequities, and population health. As healthcare administrators, we are qualified, and we use our strong clinical background and experience to lead teams. We have a seat at the table — and we belong at the table. We provide quality care and contribute to research and other innovative positions in healthcare.

During my career, as an emergency medicine provider, then director, then vice president managing other PAs, I've been involved from the employer strategy standpoint. And that's given me a global picture of what a multidisciplinary team looks like. Recruiting PAs to be a part of teams has been an important and rewarding part of my career.

HeC: How do you work with organizations to better recruit PAs?

What I love about my workday is that no day is typical, and I work from an interdepartmental level. I do everything from working with [Career Central](#), our career platform, to working with marketing, to connecting with employers to talk about the talent and contributions PAs can bring to their organizations. Part of our five-

year [strategic plan](#) is really being committed to enhancing our brand and building a community where our value is understood.

We have partnerships with organizations such as the [American College of Healthcare Executives](#), which is pivotal from an employer strategy. It's important to have an audience of stakeholders who make financial and staffing decisions to hire PAs. I give a presentation every year at ACHE's Congress, to 6,000 healthcare executives nationwide. We have done webinars with them, usually during PA Week, to help bring awareness to the profession and to what our future in healthcare may be.

HeC: How do you find are the best ways to do that?

Most of my work at AAPA is about advocacy, marketing, and partnerships. It's about creating pipelines for students to know what a PA is — most of the healthcare positions discussed when I was in high school were nurse or doctor. I think it is important for the PA profession to be a part of that conversation and choice.

HeC: Do you see a trend of more organizations using PAs to bridge the physician shortage gap?

COVID-19 has proven that PAs can close the gaps when there are large surges of patients; they can help to expand coverage and can

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ANDREA

help create more patient care spaces due to volume. As the predicted shortage of physicians becomes a reality, especially with the stress of COVID, PAs can bridge that gap as well as some of the health inequalities we currently see in healthcare.

AAPA is working towards removing barriers to PA practice and increasing flexibility for the healthcare team to work together to provide quality care without burdensome administrative constraints. Our goal is for the state laws to grant employers the ability to meet demand for patient care; we know that increasing access to PA-provided care can be a solution for many employers.

HeC: How do you address the “NP or PA?” question?

NPs and PAs often work together but are different in their education, licensing, and requirements, and in their roles. PAs can work in multiple specialties and different care settings once they have passed the board exam.

We need to educate employers about the differences and similarities between both workforces and how to integrate PAs into their organizations. At the end of the day, it is about the patient and providing care.

HeC: What advice would you give to a recruiter trying to fill PA jobs?

Filling a PA position is only a small part of recruiting PAs. Recruiters must pay attention to retention efforts as well. Organizations must create an environment in which PAs feel like they are a part of the team and are integrated into care teams. Having a robust onboarding process is crucial especially for new graduates.

Robust onboarding, retention, and engagement efforts make recruiting PAs easier since they want to work in an organization that recognizes them as an integral part of the healthcare team.

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Filling a PA position is only a small part of recruiting PAs. Recruiters must pay attention to retention efforts as well.

HeC: How important is culture in this scenario?

Very important. An employer's culture should be welcoming to PAs. For instance, are they pictured and noted on your hospital or practice's website? PA should have organizational visibility as part of the normal culture. PAs want to see an environment in which they are recognized, rewarded, and engaged. That has to be the underpinning of the culture since that is what PAs look for in positions. When this is not the normal cadence, employers may see high levels of attrition.

Other factors are whether employers reward, promote, and support career ladders for PAs. Do they offer CME? Those things will be ingrained in an organization that will be attractive to a PA.

HeC: Part of your job is focused on DE&I (diversity, equity, and inclusion) as AAPA's Business Partner. Could you explain more about the important work you do in that area?

It is no secret that we have work to do when it comes to our DE&I efforts. But we have done quite a bit of work this year to create a strong foundation to build on and make sustainable

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ANDREA

strides for our members, students, pre-PA students, and patients.

AAPA is committed to helping to create pipelines to diversify the profession. The number of underrepresented minority PAs is low when it comes to approximately 150,000 practicing PAs. Our five-year strategic plan has diversity reflected in every pillar and initiatives to ensure that our efforts are centered around addressing social determinants of health. Among the goals are to address inequities and have URM patients see more of PA providers who look like them in the future.

We want to make sure every PA understands what caring for underrepresented patients looks like, and that they understand social determinants of health — that is part of a comprehensive healthcare education AAPA has created policy around. It is very important to have that policy to stand on and to move the needle on population health gaps while supporting practicing PAs.

1 EARLY STAGE

2 MID-STAGE

3 LATE STAGE

HeC: Tell us about your take on the three stages of a PA's career.

In the early stage, we tell PA students that the first job often sets the tone of their career. Even if their first job is not ideal, there is still an opportunity to learn and grow from it. They will learn what they want and don't want. The early stage is so much about onboarding and stability.

In mid-stage, they start thinking about what they want in the long run of their career, and what trajectory they want to follow — perhaps to go into clinical, do some research, or go into education, or leadership? They start looking for organizations with career ladders.

One thing that attracted me to a previous job was that they had advanced practice providers (APPs), which generally include PAs and NPs, in senior vice president and vice president leadership roles. They believed in fostering and providing leadership opportunities to everyone, and in not excluding PAs as being qualified to lead teams just like any other healthcare administrator.

By the late stage, companies must be set in their mission, values, and statements because by then PAs are quite seasoned and usually have worked for different organizations. They know what kind of organization they want to spend the rest of their years practicing in and being affiliated with as an intricate part of the healthcare team. An organization that has concise initiatives on patient safety, certain protocols, patient outcomes, or critical care pathways is important in every stage of a PA career. We look to make sure that PAs are embedded in these initiatives and are a part of team-based care.

And the way employers market that is key. This goes back to organizational visibility and promoting a culture in which the PA role is understood and there is an inclusive environment. That can encourage someone in the late stage to say they agree with the company's strategic goals and that they want to be part of the organization toward the end of their career.

In all stages, PAs are looking to be a part of the culture of a strong multidisciplinary team, to make a difference, and to have opportunities for growth.





NEAL WATERS

HeC: Neal, tell us about your experience in recruiting PAs, because it's clear you have lots. What was it like "back then"?

I work on the retained side of PA recruiting. I remember in the early 2000s there wasn't a lot of PA recruitment. There's always been a deficit in primary care, and the gap continues to widen. During the past five to ten years, more organizations, hospital employers, and private settings are starting to employ PAs as primary and surgical specialty extenders.

HeC: Where do PAs typically start in today's healthcare environment?

They must get training, and find an entryway into the specialty they want to work in. Once they're able, they can work their way into cosmetic surgery, or dermatology, for example — very popular with PAs. Or maybe they choose surgery, and that can be difficult at first. I urge them to go into a secondary choice to get experience, and to continuously keep their head on the swivel to look for a dermatology or cosmetic surgery job.

Many employers want someone with experience, and there is a huge overflow of very qualified candidates, often with ties to the area for which we're recruiting.

HeC: What is the benefit to an employer to hire PA graduates?

They can develop new PAs with extender training. You have to invest time in them, grow them

organically, and wait for that person to develop experience. The most progressive and smartest groups in medicine have proactively decided to take on new graduates and put them in a program, in hopes of retaining them long term.

With an experienced PA, two possible scenarios emerge:

1. We get the experienced person we plug in who hits the ground running. The stars align.

(OR)

2. We don't know if that experienced person is in line with our philosophies and will be a good fit.

HeC: How are organizations using PAs to bridge the physician shortage gap? Do you see any trends?

I feel it's sort of 50/50 implementing this tactic, but recruitment of MDs and DOs is not slowing down in primary care. Others are conceptually resistant to it, but that percentage is fading. By and large, we've gone from approximately 20% utilizing PAs to 60% — mostly primary care — in the past 10 years.

HeC: We should ask about the shortage of providers, of PAs, especially in rural areas. How do you encourage PA candidates to consider some remarkable opportunities outside of larger metropolitan areas?

People's geographic preferences matter, and often there is inability or inflexibility of

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NEAL

candidates to consider going out of a chosen area even when seeking to gain experience they don't have. When I speak to a PA candidate, I share that they might achieve their end goal in life by going to a rural area. This may help their need to pay off student loans, put money in the bank, and get experience. Sometimes it's really hard for younger PAs to grasp committing, say, five years to this, but there can be a massive return on investment — putting time into yourself to further advance your career.

Sometimes, in the process of being there, they can end up liking their community, and then retention can happen.

HeC: How is recruiting PAs similar but different from recruiting physicians right now?

Much of it is the same, obviously, though compensation is different, and patient volumes can be, too, probably not as high. PAs do not expect to do everything a physician does, but as I've said, it varies by organization. Our conversations with PAs are about the group itself, and PAs ask questions such as:

"Have they historically employed PAs and are they a 'PA-friendly group'?"

We meet all our employer clients, and we ask those questions, too. It means a lot to PAs that the employer has a common respect and trust in their skillsets, that they're truly invested.

We do tend to see, with hospital-employed positions, that some administrators say, "We have to do this but we don't want to." How people are going to be treated is really perceived from the outside in.

HeC: What tools do you use at Jackson Physician Search to assess PA competencies?

First, I spend a lot of time on the phone with a PA candidate, get to know them, not just on paper, but personally, and I want to know what type of person they get along with best.

PAs tend to gravitate to a specialty that's more suited to their personality. For example, orthopaedics has a different personality and mindset than pediatrics does. I ask them what they think they want, and try to guide them in that direction, based upon our past experiences. We're matchmakers, called "recruiters," and we're there to make a match, a cultural match and fit across the board, that aligns values and personalities.

Sure, everyone goes in with best intentions, but it doesn't always work out. The cool thing about medicine is that people get exposed to different subspecialties, maybe one they never thought they'd be interested in. It can reinvigorate the next pathway they take. That's a huge advantage to PAs that physicians don't really have.



HeC: What should recruiters look for in PA candidate CVs to find the best fit?

First we ensure that the CV shows they've completed their training, have certifications, and are licensed in the state they're being recruiting for. We look at the number of jobs they've held, or whether they bounced around a lot and why. We also address any gaps in the CV.

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NEAL

It's important for a candidate to be transparent, up front, and tell us why things happened, because it will eventually come out anyway.

HeC: What advice would you give to a recruiter trying to fill PA jobs?

For the hiring entity, I would try to get them to have as open a mind as possible, mostly about candidates' experience, because if it's the right candidate, they should hire them whether experienced or not. If the hiring entity can bridge the gap to those interviews, they'll be massively surprised how many new graduates are right for them. Sometimes they say, "This person is the best fit ever. I can't believe I almost passed on this person."

HeC: You have lots of experience talking to PAs in all three stages of their careers. Tell us what you've learned about the interview process and beyond.

In the early stage, we have a good conversation — more like a consultative discussion — that allows information intake on our side, during which they can tell us everything they need to.

I like to tell them that there is no "utopian position or job." If and when they find a position and a location that meets 80 percent of what they're looking for, I say "Take it!"...before anyone else can. We see so many things that look so "perfect," that media promotes that way. They're really not. When early-stage candidates keep holding out, and don't take jobs that really are the perfect fit, it can be "too little too late." And as much as we tell people that, sometimes they have to learn on their own.

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I would try to get them to have as open a mind as possible, mostly about candidates' experience, because if it's the right candidate, they should hire them whether experienced or not.

By mid-stage, this presents a different set of challenges. They're used to a certain compensation level and rightly so. They've put in years of experience, self-worth is pretty high and if they want to make a change, it is for a certain reason: geography or the type of practice setting. Maybe the prospective company isn't willing to pay them what they're used to making. That becomes a stalemate if the candidate isn't willing to compromise on compensation. They may find themselves in a situation in which they have to compromise on other factors such as location or practice setting.

In this late stage, we find candidates who may be willing to work part-time, maybe two or three days a week. Within Jackson Physician Search we have two different locum tenens companies for the candidate who decides they are done with full time and they want to travel. Maybe they go somewhere like South Dakota and make plenty of money, then to Key West, where they might make less but really love the location.





BRETT BERGMAN

HeC: Brett, what did you want from your first PA position?

A critical element of the first job was that I had to have support because being a new grad in anything is terrifying. The first year you go home at the end of the day, pull down textbooks, and look up every patient diagnosis you saw to further build upon your foundational knowledge, like building a house. There is angst in the responsibility you now have when you start seeing patients more autonomously. This first job defines your trajectory. As Steven Covey says in “The 7 Habits of Highly Effective People,” you should “Start with the end in mind.”

I was lucky that my first job was with a physician who supported me, reinforced me, developed me, taught me about leadership, and made it a priority to help me become an excellent clinician.

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More existing data such as AAPA's Salary Report allows PAs to have a better understanding of overall benefits and compensation.

HeC: And what did you do next?

PAs have the ability to move between specialties, and after two years I switched. If you realize you want to pursue something different, you can move on and take skills with you. We can go where care is needed — and as it's been said before, “PAs are the stem cells of medicine.”

HeC: What are PA candidates looking for at this very moment?

I graduated from PA school when I was 25, and I'm 34 now. And let me clarify that I'm not currently involved in hiring, but I look at regulatory compliance, practice implementation, strategic planning, and development — more from a 10,000-ft. perspective. That said, I think that work-life balance is a big pull. A medical career can be all-encompassing, and tremendously impact your life and well-being with its higher calling. It's important to pace yourself, and candidates know this.

Next, more existing data such as [AAPA's Salary Report](#) allows PAs to have a better understanding of overall benefits and compensation. PAs can get information not just about salary, but also paid medical coverage, educational funds, CME, and conference attendance. And all of those do matter.

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BRETT

Finally, there's fit, and how they'll be integrated into the team. For me it was always: What is my role going to be? What say will I have?

When I found practices that balanced all of the above, those were places where I not only felt successful, but felt my skillsets were being utilized.

HeC: What needs to be top of mind for recruiters now when they seek PAs?

It may seem obvious, but it's experience and how that can be leveraged into a new position and how it will translate into a new role and lead to success. But conversely, we might think the candidate for an orthopedics position who already has ortho experience will be the most successful — but it's not always the case.

Remember, too, that if a client won't consider a new grad, do they want a candidate who's "done X or Y 1,000 times 'this way'"? Then they may have to "undo" that and it takes time. It's about equilibrium, really.

HeC: What advice would you offer recruiters for this specific job environment?

In terms of education, maybe a law firm will only consider candidates from the top ten schools, but that concern probably doesn't exist so much around hiring PAs. Educational standards for how they're trained are fairly uniform and create very proficient graduates.

I would say to be aware of the legal and regulatory climate, such as in California, that's prone to big shifts and waves of legislation. Medicare also changes how certain healthcare professionals get utilized downstream, and new opportunities emerge for PAs that they previously couldn't venture into previously. Recruiters will see more niche roles develop as the regulatory climate changes and shifts.

HeC: What mix of additional skills or experiences do you value most, in addition to clinical?

The ability to articulate outside interests allows the recruiter to identify more well-rounded applicants. PAs who volunteer are more competitive than their clinical experience indicates, since it shows different indirect skills that may be highly advantageous for the practice climate. Empathy, compassion, and a service mentality can demonstrate leadership qualities. Try to extrapolate behavioral aspects that aren't necessarily teased out on the resume. A candidate that demonstrates being more well-rounded, with little things that make them unique, is a great way to stand out in a crowded field.





DAYNE ALONSO

HeC: Dayne, what did you seek in your first PA job?

I wanted a physician that would be willing to take time to teach me, train me. I found that person — a few of them — on a team at the VA Medical Center in Miami. Previously, I was a recreation therapist and had worked at the VA, then I went to PA school, and after a year or so in my studies, I took a job at the VA in hematology/oncology, where I started with that wonderful MD.

And while I was there for four years, good things happened. I am with one of the fellows that came through the University of Miami fellowship program in hematology/oncology today. He is the MD at our company. He “took me by the hand” and taught me more, and we’ve been together for 18 years in medical practice.

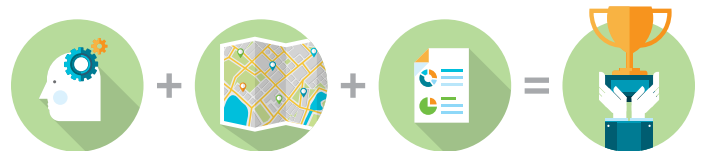
HeC: Did it take a leap to faith to start Heme Onc Call, or did you just “do it”?

We started in February 2020 and did not know COVID-19 was coming right at us. We’d been thinking about it for many years, when we worked together at the Miami Cancer Institute, and we wanted to do something different. So, two years ago, we both got our MBA at the University of Miami and made the company our business project. Timing really is everything.

We employ two PAs now and two NPs.

HeC: What trends have you identified in the PA recruiting realm?

There are two things, mainly, starting with communication skills. I can teach medicine, but people skills, being a team player, and being flexible are vital. Communicating eloquently, with compassion and empathy, are critical, as are good customer service skills for our consumers, knowing patient demographics change. I also want PAs who are available and affable.



HeC: What advice would you offer recruiters in this environment?

The best thing for organizations to do is to become a preceptor for PA students across the nation, so you can try out a student for four to eight weeks — see them in action. When a PA program has an affiliation with a healthcare organization, they can place students according to specialty: internal medicine, primary care, emergency medicine, surgery, or OB-GYN.

When second-year students are about to graduate — maybe in three to four months — talk to faculty about them and get references for the top students. Go there and do a recruiting fair because that’s the best way to find candidates.



DAYNE

HeC: What do you look for in terms of the ideal PA candidate — a mix of skills and experiences?

I look at what they did before they became PAs. Perhaps surprisingly, we like people who were in the hospitality business, or in theater or the arts, or who even worked as a model. If they have leadership skills or volunteered, that's good, too. You want people who help you improve processes in the big scheme of things. You want to tap into people's strengths. I have a lot of respect for people who come from different walks of life that bring a different perspective to medicine. Part of that probably comes from having led the PA program team at Miami Dade College.

HeC: When it comes to objectives, how do you see the three stages of a PA's career differentiating as they progress?

Basically, in the early stage, they're looking to get experience and for someone to teach them.

Then at mid-stage, they want a job that at that moment may help them meet family obligations, but still want quality of life after they've hustled and worked long hours. By the late stage, they want to continue to make a difference, do something very rewarding, that THEY want to do. They figure they can name their price, and get hired by anyone, because they have all the experience.



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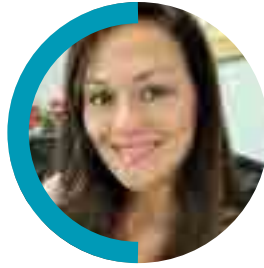
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SANDRA ALDANA

HeC: Sandra, you've been with Guadalupe since 2007, and recruiting for 12 years. Where do PAs fit into your program?

We opened the clinic in 1997 and have been utilizing PAs since day one — even utilizing them as the sole provider at times.

HeC: How is recruiting PAs different from recruiting physicians for you — or is it?

I approach them basically the same, but I'll explain. I start with that initial phone call, then schedule an in-person interview in our corporate office. If there's interest there, and then everyone is in agreement, we move forward with a second interview during which we introduce them to our medical director and staff. We then tour our facilities, and I always offer lunch or dinner. We do between two and three interviews, ultimately.

HeC: But then you get down to the details, so what do you want to know specifically?

For us, the most important factor is their comfort: Are they comfortable seeing sick pediatrics patients, and what age is most comfortable for them? Are they comfortable doing pap smears and other gynecological procedures? Both of those areas are big bread-and-butter areas for us. Plus, we do a lot of preventive care at birth. We also may need help with minor procedures, such as suturing.

We used to recruit heavily from out of state, but now, more local providers have applied, and that has been a significant help for a number of reasons.

HeC: What are you thinking most about, and what tools do you use to assess PA competencies?

For us, a PA with experience really helps with our smaller staff of 65. I'm seeing PAs who are more hesitant, nervous, even reluctant to make some medical decisions — they ask more questions. We need them to be confident in their knowledge base. We know PAs like to work closely with an experienced provider, but in a small group like ours, that is challenging. In the past, however, we have put PAs with another doctor.

We would love to be able to nurture someone to be more comfortable seeing our patients, and I hope to hire a few more MDs and another PA in the next 18 months. COVID-19 has made staffing more challenging.

HeC: Will you share with your fellow recruiters here how to find the best PAs in this challenging healthcare environment?

Diversify your recruiting efforts as much as possible and expand beyond being passive to being active. Get out there to find the best candidates, and don't be afraid to look out of state. It can be difficult, but when you work in primary care, with profit margins so slim, if you don't love it and have passion for it, you're probably not going to succeed.





ARIANA C. ARADIAZ

HeC: Tell us about your career in recruiting, Ariana.

I've been employed by Baystate for 11 years in many roles and in recruiting for six years. I'm one of five recruiters, organized by specialty.

HeC: What would you like us to know about Baystate Health?

It's a large academic medical center with approximately 12,000 employees. The main campus is located in Springfield, with 716 beds, a Level I trauma center, and with residents, fellows, and medical students. We also have three community hospitals in Western Massachusetts, and they're located in Greenfield, Palmer, and Westfield.

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We use the same sourcing tactics as we would for a physician.

We send out email blasts, do an entire marketing campaign, and reach out to program directors to attract PAs to our organization.

HeC: How do you view the recruiting landscape for PAs now, compared to a few years ago?

As the demand for providers increases, so do salaries for PAs. This is a great field to be in — especially in difficult-to-recruit specialties such as psychiatry and primary care.

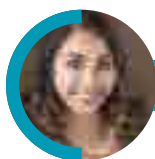
HeC: What sort of recruiting tactics do you employ for finding and hiring a PA?

We use the same sourcing tactics as we would for a physician. We send out email blasts, do an entire marketing campaign, and reach out to program directors to attract PAs to our organization. We have a strong local PA candidate pool in our area. We're surrounded by local colleges and universities that offer PA programs. In general, there are lots of job opportunities for PAs.

HeC: How do you target your recruiting process for different stages of PAs' careers?

When speaking to a new grad, I like to dig into where their passion lies or which rotations they enjoyed most. Our clinical leads are often searching for someone who is invested in learning this specialty and staying long term.

During a typical phone call, we ask questions such as: What are your long-term career goals? What are your top priorities in a practice opportunity?



ARIANA

HeC: How about mid-level and late-stage PAs?

Typically, that is someone who has experience and has an idea of what they are searching for in a job opportunity — whether that is the specialty, hours, and/or salary. Experienced PAs are needed and can go basically anywhere. I'm always curious to know what will make them happy in a position and what is important to them clinically. I also would like to know more about their long-term and professional development goals at this stage. The same applies for late-stage PAs.

With so much to learn about a PA candidate, what tools do you like to use to assess competencies?

At our organization we use a formal provider evaluation form that evaluates candidates on the competencies of the position. During the interviews we also use a set of behavioral interview questions asked by our clinical interviewers.

HeC: What should recruiters look for on a PA candidate's CV as they also look for ideal candidates?

Recruiters should search for any red flags on the CV. We also look for extra clinical rotations in one specific specialty or any additional training, such as certificates or any volunteering that relates to their area of interest.

HeC: What advice would you share here with fellow recruiters?

If you are having a challenging time recruiting PAs, there are lots of resources available such as other provider recruiters, outside agencies, or data profiles online.



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A Recent Graduate and 2 Early-Stage PAs Share Thoughts On Recruiting



Here's your opportunity to learn what one recent PA graduate who's job-searching, and two early-career PAs, think about the job search, recruiting, and more. Meet our expert panel, all of whom contribute to AAPA initiatives, and are eager to share fresh ideas.



ERYKA BRADLEY

**Recent Graduate - Certified PA
Connecticut**

Bradley was a PA student at Sacred Heart University in Connecticut, who recently graduated, and reports she's now "a certified PA!" optimistically searching for her first job. Her background is in urgent care settings as an EMT and medical assistant.



KATHRYN LAFLEUR, PA-C

**Medical ICU and SD Unit PA
Hartford Hospital - Connecticut**

LaFleur works at Hartford Hospital in Connecticut, where she manages patients in the Medical ICU and SD unit. She has been in her position since May 2019. She graduated from PA school in December 2018.



HAYDEN MIDDLETON, PA-C

**Family Medicine PA
Mayo Clinic - Minnesota**

Middleton is a family medicine PA at Mayo Clinic in Rochester, Minnesota. He's already been on the job since January 2021 and graduated from PA school in 2020.

HeC: What do you or did you look for in your first position?

Bradley: I look for good supervision and a decent amount of time with onboarding, so I can start out on my own confidently. I'm only applying to two areas where I'm considering living right now. Work-life balance matters, so I'm looking at hospital systems that have three 12-hour days.

LaFleur: I want location with reasonable commute time, salary at or above national average for area of practice, adjusted for cost of living, and an appropriate orientation.

Middleton: It was an absolute dealbreaker if the onboarding and continuing education process were not very structured. Next, I wanted the ability to qualify for loan forgiveness through the federal government, which can only happen if the hospital is a nonprofit. Finally, I wanted to be able to provide very high-quality care to my patients. It doesn't matter how smart you are, if you're seeing 30 patients a day, that is rushed. I only see 12 to 14 a day now on an outpatient basis, and I can provide that quality of care.

My work is fairly autonomous, but there are definitely people around me, and I'm responsible for those patients. In a year, I will have 1,200 patients on my roster.



HeC: What training did you undergo to become a PA?

Bradley: We have 12 months of didactic medical education. Then we have 15 months of clinical training in different hospital systems, offices, emergency departments, and in the OR, as well as a master's capstone research project. Actually, being in those places and practicing under the supervision of preceptors gives a sense of what it's like to be a provider.

LaFleur: For me, it was a bachelor's degree and more than 2,000 hours of direct patient care experience prior to PA school, and then 27 months of didactic and clinical training totaling 123 credits, including 10 5-week clinical rotations, and a master's capstone thesis.

HeC: Do you feel your training has prepared you to step into this career?

Bradley: I do feel confident but have some nerves about the unknown, and about having someone's health and life in my hands. We all know it's a big responsibility.

HeC: What are, or were, your clinical considerations in taking a job?

Bradley: I want a place that has adequate staffing, with enough nurses and medical assistants to keep things moving efficiently.

LaFleur: My clinical considerations included a schedule with day/night shift balance, opportunity to perform procedures, no on-call requirement, and professional support.

Middleton: In family practice, I really love doing procedures, skin biopsies, knee injections, and being very hands-on. It's important that I incorporate those things into what I am doing.

HeC: What trends in the profession do you see now, from your early stage of this profession?

Bradley: The title change: I'm not sure what it will bring overall, but it will bring more clarity about what our position actually is. We're not assistants to physicians, we are trained to work alongside each other and together as a team. The term "associates" more clearly captures our role as healthcare providers.

LaFleur: APPs and resident physicians are more siloed than before in their training, contributing to a professional divide. And residencies are not required for APPs entering specialty fields as new grads; it solely depends on the institution you're applying to for a position.

Middleton: Most of us are master's degree-trained, and for me, it's very important to be a leader in the field, so I'll be starting a doctorate program in the next year or two. Mayo Clinic will help me pay for much of that, and that is one of the bigger trends — getting more education.

HeC: What advice can you share with recruiters who work with job seekers at your level?

Bradley: Please read the resume, because sometimes recruiters offered me positions that required more than two years of experience, when my resume clearly says I'm going to graduate soon.

LaFleur: If a job is listed for an APRN, a PA can also be qualified for the position and vice versa.

Middleton: Advertise in the job description those things that we're seeking. We will give our all to the organization, and it's important for the organization to give back via education and continuing career growth.

Salary is important but it's not always the most important thing. Be transparent about it, and don't leave the salary talk until the very end. "This is what it looks like," or "You're RVU," or "You're not RVU-paid."

Be transparent about what the job looks like, especially around autonomy.

Also, when I was looking, I checked every health organization's job listings daily, and I found the recruiter's addresses. Timing matters, for then I'd see the job posted on some job sites two days later.

HeC: What is your view on working with recruiters?

Bradley: Right now, it seems like they're blasting out messages about positions, whether they apply to me or not. They may be targeting certain demographics, but I'd appreciate a more personalized approach, and I'd be more interested in working with that employer.

LaFleur: I personally haven't worked with recruiters but see the benefits for someone relocating to a new location without contacts or changing fields.

HeC: What about longer-term? What is your career path?

Bradley: I want to specialize in either OB-GYN, emergency medicine, or urgent care. For new grads, it's been hard to find a job in emergency medicine.

LaFleur: I love critical care medicine, however, very few individuals can sustain it long term and there's a high rate of burnout. I don't know what my future timeline is or involves, especially given the toll of the pandemic, but for now I'm satisfied where I am.

Middleton: For me, in clinical practice, the number one intangible is that I get to know patients, kids, and grandparents, and take care

of the whole family the best way I can. Outside of that, I'm interested in research and education, and I want to get started on publications and then publish on a regular basis. I want to be involved in clinical trials. Education is so important, and I want to be an adjunct professor — not full time.

I find endocrinology and dermatology specialties very interesting, and I hope to continue to gain more knowledge, not necessarily to specialize, but to do within primary care. I want the majority of my time to be spent in clinics.



And, before you go...

Here at Health eCareers, we understand the challenges you face, and we endeavor to provide you the tools and resources you need to succeed. No one said PA recruiting would be easy, but with support such as this recruiting guide, and the sanguine advice of all our experts cited here, you can count on us to help make your job easier, and your recruiting efforts as successful as we and you know they can be. Don't hesitate to reach out to us, and we look forward to continuing to partner with you.



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