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Managing US Army Reserve Physician Recruiting and Retention

Lauren Malone

The US Army Reserve (USAR) has struggled in recent years to recruit and retain physicians. US Army Recruiting Command achieved less than half of its physician recruitment target, or mission, in FY 2018. Although recruiting success improved notably in FY 2019, to 77 percent, it still falls short, especially in important medical subspecialties closely related to force readiness, such as primary care and surgery.

Retention also remains problematic, reflected in reserve Medical Corps endstrength. In FY 2017, the Medical Corps was at 41 percent of its required strength, a figure that had barely budged by September 2019, to 43 percent. These challenges have important implications for mobilizations, deployments, and readiness.

In this light, the Army Marketing and Research Group asked CNA to determine how it can support the US Army Recruiting Command to more effectively market and advertise to qualified candidates for the Army Reserve Medical Corps. We took a hybrid quantitative and qualitative approach in tackling these issues—supplementing analysis of existing data by conducting focus groups. We first summarize what we learned from the available data and then discuss the insights from medical recruiters and Army physicians in our focus groups.

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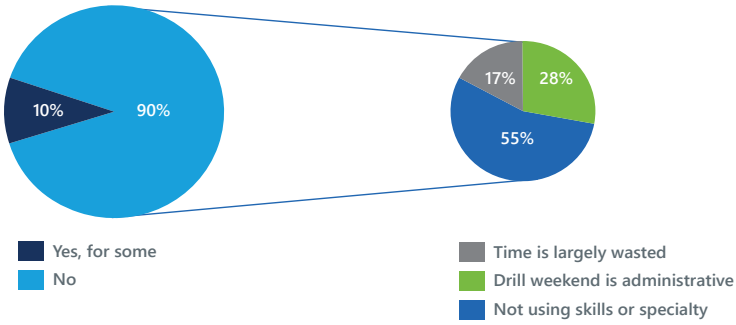
It is critical that the Army assess how to align its recruiter credit system with its big-picture recruiting objectives. The credit system should be changed to incentivize medical recruiters to engage with medical school or premed candidates—since early exposure to USAR opportunities is ideal. The constraints imposed by geographic recruiting borders need to be reconsidered to motivate an effective virtual recruiting strategy in an era of increasing online presence. Any alterations to the credit system also should incentivize recruiting at national conferences without restricting recruiters according to the physical location of the conference.

Challenges to USAR physician service

Recruiting strategies alone will not eliminate the shortage of USAR physicians. Focus groups indicated that reserve experiences also contribute to recruiting and retention problems. USAR physicians mentioned a number of challenges in managing their USAR commitments together with their civilian careers. The current management of drill weekends and deployments were the most commonly voiced frustrations.

Figure 2 shows physicians' responses to the question, "Is drill weekend a productive use of USAR physicians' time? In general, they feel that drill weekends focus on administrative tasks; they often feel that they are wasting their time and not using their physician skills or specialties.

Figure 2. Physician responses to "Is drill weekend a productive use of USAR physicians' time?"



Source: Responses collected from CNA focus groups.
Note: *These categories are not mutually exclusive: one physician may have provided responses that appear in more than one segment of the pie. In addition, participants did not necessarily provide responses on every question posed to the group, so the distribution shown here may not be representative of the sentiments of the nonresponders.*

They also commented that drill weekends often are associated with financial loss, especially for those in private practices. These physicians often have to pay other physicians to serve as their reliefs to maintain their client base. Some other physicians, especially those in emergency medicine, frequently work weekends. Drill pay is generally not comparable to the lost income from weekend shifts. Even those not in emergency medicine often are on call over the weekends, which comes with associated pay. A number of physicians noted that they can arrange their weekend work calendar to minimize these losses if given advance notice of the drill schedule. But last-minute drill changes often make such scheduling efforts ineffective, especially for those whose civilian practices fill their schedules months in advance.

Advanced planning also was noted as instrumental in successfully integrating deployments with physicians' civilian lives. The USAR physicians suggested changes the Army could make that would allow them to plan and make their absences more palatable to their employers and civilian colleagues:

- **Longer advance notice of deployment schedules**
- **Fewer (or no) changes to these schedules**
- **Shorter deployments**
- **More time between deployments—preferably three years**
- **Guaranteed return dates**

Physicians also mentioned that ideally they would like a choice in which deployments they support.

The sum of personal and professional sacrifices is most difficult for younger physicians, who may be starting families and are just beginning to establish their practices and their civilian careers. It is essential that reserve service be made more palatable for this junior population.

In conclusion, we recommend changes on two fronts: Recruiting strategies need to ensure more physicians are aware of USAR opportunities and sufficiently incentivized to affiliate. And affiliated physicians should be managed to make serving in the USAR a fulfilling experience.

Occupation and paygrade matter

We find that vacancies are highly concentrated in certain occupations. The five specialties with the lowest fill rates in early 2018—ranging from 0 to 39 percent—were Critical Care Officers, Orthopedic Surgeons, Thoracic Surgeons, Preventative Medicine Officers, and General Surgeons. These are all specialties that are central to military readiness. The vacant medical positions are not concentrated in any particular region, however.

Our analysis of contributing factors to these shortages revealed two important findings. First, within regions, USAR physician positions are easier to fill when there are greater numbers of practicing physicians in the local area. We would recommend that recruiting missions align with localities that have a significant number of practicing physicians. In practice, this might mean concentrating USAR units near Military Treatment Facilities and civilian hospitals. Under such a framework, ideally occupation-specific missions would differ depending on the number of local, practicing physicians with that specialty.

Second, we found that O-3 and O-4 (captain and major) physicians are more likely to separate from the Army than their O-5 or O-6 (lieutenant colonel and colonel) counterparts. This is likely because O-3 and O-4 physicians are younger and find it difficult to manage simultaneously launching a civilian medical profession and meeting USAR responsibilities. It is therefore critical that the USAR address the challenges these younger physicians face in sustaining a USAR commitment while still developing professionally.

At the same time, the Army Reserve needs to engage with more junior physicians who could potentially fill the openings created by those separations, finding ways to make service more appealing to them. We suggest increasing medical school presence as a way to engage *early* with up-and-coming physicians. Although it will take years for them to become fully trained and assignable physicians, they may be motivated to commit to service in exchange for loan repayment. Medical students also do not yet have established practices or careers, making a USAR commitment less of a trade-off.

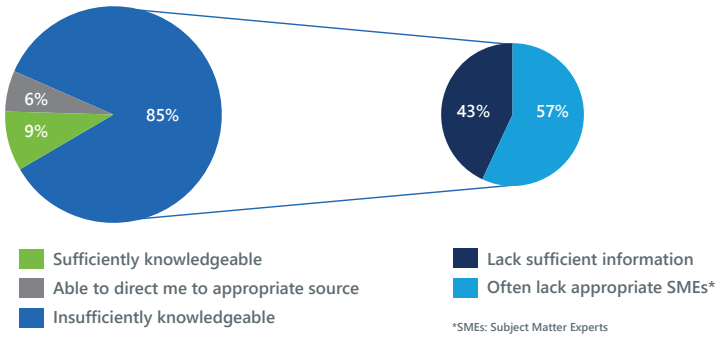
Insufficient information

In focus groups, both recruiters and physicians lamented the lack of information currently available to inform the decisions of potential recruits—whether in the form of recruiter knowledge or marketing and advertising materials.

It is important for any recruiter to be able to convey a position's requirements, day-to-day responsibilities, work environment, and likely career path. The success of USAR physician recruiting relies on the ability of the Army's medical recruiters to convey such information or to direct potential applicants to others who can.

In Figure 1, we combine inputs from physicians and recruiters into one aggregate measure of recruiter knowledge. The larger pie chart represents the responses to the question, "Are recruiters sufficiently knowledgeable to convey the necessary information to applicants?" The two small segments are the "yes" responses. They include responses that recruiters are sufficiently knowledgeable or are at least are able to direct potential recruits to the appropriate information source. The largest segment in the pie chart—85 percent of responses represents the "no" responses. The smaller pie further breaks down these negative responses: 57 percent of them indicated that recruiters simply lacked the necessary

Figure1. Recruiters' and physicians' inputs on recruiters' knowledge of medical service



Source: Responses collected from CNA focus groups.
Note: *Thes large blue segment represents the totality of responses from recruiters and physicians who think medical recruiters are insufficiently knowledgeable. Their specific responses are broken out in the smaller pie chart on the right. These responses are not mutually exclusive: one physician could have said that both recruiters are insufficiently knowledgeable and that they were able to refer him or her to an appropriate source.*

information to answer questions or accurately describe the position, while 43 percent of negative responses suggested that the recruiters lacked access to appropriate subject matter experts. The overall experience is clearly one of insufficient recruiter knowledge or access to information sources.

Both recruiters and physicians lamented the quality of current marketing and advertising materials. They are outdated and focus primarily on active-duty service, with little to nothing about service in the reserves. Many potential recruits are left feeling insufficiently informed to make an affiliation decision. Recruiters could fill some of those knowledge gaps, but recruiters indicate a lack of official Army sources for them to consult, leaving them to use Google and other medical recruiters as their primary information sources.

A lack of training is part of the underlying problem of recruiter knowledge of medical service in general and the Reserve Medical Corps in particular. We specifically asked recruiters if they received training on (a) how to respond to medical candidates' concerns regarding USAR service, (b) reserve-specific strategies for different subpopulations, and (c) strategies and techniques specific to recruiting USAR physicians. In each of the three cases, the answer was "no."

We recommend improving marketing materials and recruiter communications by focusing on messages found to resonate with physicians. Some of these would be the service aspects of a USAR affiliation, unit camaraderie, and how USAR experience can supplement their civilian professional growth. Marketing and recruiter messaging also should be designed to fill candidates' knowledge gaps; they should provide some detail on what USAR affiliation entails and help candidates make informed affiliation decisions.

To increase recruiters' effectiveness, we recommend creating an annual forum for USAR medical recruiters to convene and learn from each other. And, in addition to training and resources to help medical recruiters answer questions on their own, the Army should provide a well-researched and comprehensive directory of current USAR physicians willing to answer prospective candidates' questions.

Medical recruiting process challenges

Recruiters cited a number of policy or process impediments to their ultimate success. Rules of engagement and bureaucratic restrictions make it harder to engage and contract a physician to the USAR. The primary barriers mentioned include:

- **The lengthy processing timeline**
- **Ongoing Defense Health Agency changes, especially a reduction in the number of specialties**
- **The waiver process**
- **The need for more waivers since physicians are older when joining the USAR**
- **Geographic recruiting borders that offer no incentive for recruiting online or at national conferences if recruits are found outside those borders.**

Some of these challenges could be reduced by a sharper focus on recruiting active component (AC) physicians into the reserves. An increase in the AC-to-USAR pipeline would likely decrease the number of necessary waivers and shorten the processing timeline, since these physicians already have been approved and have the necessary clearances to serve in the Army. We therefore recommend an increased focus on AC recruiting, specifically targeting those who are separating from the AC but do not yet have sufficient years of service to receive a military retirement. According to physicians, there is little messaging on what a USAR affiliation has to offer them, and those approaching the end of their active service said they were surprised that no medical reserve recruiters had reached out to them.