

## COOPER COUNTY HOSPITAL SEARCHES FOR SURGEON

By Eric Berger

Cooper County Memorial Hospital is looking for a part-time surgeon to serve the local population and tap into the business that often goes to health centers in Columbia in the absence of a general surgeon in town.

The hospital administration started looking for a full-time surgeon around five months ago and later moved to a search for a part-time surgeon after a preliminary community assessment.

The administration is in the middle of a community needs survey, said hospital CEO **Allen Waldo**. “We don’t have business to do full-time surgery,” Waldo said Tuesday.

Recruiting for a rural hospital comes up against two basic hurdles: demand for surgical procedures in a small town, especially which is close to a healthcare hub such as Columbia, and revenue that will justify a surgeon’s steep hiring costs. Physicians also have their own preferences regarding geographic location, work hours, call schedules and compensation that affect rural recruiting.

“You need to have doctors for back-up calls,” Waldo said. For instance, a hospital can’t have one obstetrician or gynecologist but at least two to three, so that one can fill for the others, he said.

But then, the number of deliveries at the hospital needs to be enough to justify the expenses of the specialists, Waldo said. The same goes for surgeons, he said.

The wage demands of a full-time general surgeon can be anywhere between \$300,000 and \$350,000 a year, said Nathan Baker, a senior partner at physician recruiting firm Arthur-Marshall based in Irving, Texas.

A part-time surgeon at a hospital is usually not paid by the hospital but keeps medical fees from patients. The hospital gets business by charging patients for medical testing and diagnostics that the surgeon prescribes.



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Geographic location is one of the first hurdles that recruiters come across in hiring doctors for rural areas. “If a doctor comes from larger towns, he looks for pro baseball clubs or proximity to a large town,” Waldo said.

Amenities, such as shopping malls, large airports and schools, are some of the attractions that go against small towns even though larger towns mean more competition and less income for a physician. A majority of 76 participants in a survey said they intended to practice within 10 miles of their training site, according to a 2008 study by Association of American Medical Colleges.

A physician who wants to live in an urban center “is likely to take a \$20,000 a year less to work in Columbia than stay in Boonville,” Baker said. “The doctors who will stay in rural areas are those who don’t want to be in metropolitan areas.”

Boonville is uniquely positioned that way, being half an hour away from Columbia and within two hours of St. Louis or Kansas City. Lack of competition, quality of life where there is a community feeling, low crime rates and lower cost of living would go in favor of small towns, such as Boonville, Baker said. Some federal programs aim to encourage doctors to set up in rural areas.

Doctors who immigrate to the United States have to complete a three-year residency in a rural area to get board certified even if they completed a residency and specialization in their home countries.

But that doesn’t guarantee that a physician will stay in the rural area long term, Baker said.

American physicians are in such high demand that if person is a good physician with good references, “he will get a job anywhere,” Baker said. The demand is so high that even those with malpractice record gets hired somewhere, he said.

Federal programs such as National Health Service encourage recent medical graduates to work in rural areas for two years or more to get a portion or all of their school debt waived. Still many of the physicians leave to do fellowships, most of which are located in urban areas, and “many are not interested in moving back to the rural communities,” Baker said.

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