APPENDIX Y — RECRUITMENT, RETENTION & SERVICE-LINE GOVERNANCE PLAYBOOK

A structured, leadership-level operating system that ensures alignment, accountability, and performance across the entire physician workforce lifecycle

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Most organizations struggle with recruitment and retention not because they lack good people, but because they lack:

- A **formal structure**
- Clear **role definition**
- A unified **decision-making model**
- Accountable **reporting rhythms**
- Predictable **communication pathways**
- Consistent **leadership oversight**
- Integrated **operations + recruitment alignment**

This appendix equips leaders with a complete governance system:
who does what, when, how decisions are made, and how accountability is maintained.

SECTION 1 - THE RECRUITMENT & RETENTION GOVERNANCE STRUCTURE

A clear, layered model to eliminate confusion and drive consistency.

Tier 1 — Executive Leadership Council (ELC)

Participants: CEO, COO, CMO, CFO, CHRO

Purpose: Strategic direction & organizational oversight

Frequency: Monthly

Responsibilities:

- Approve high-priority searches
- Review executive workforce dashboard
- Remove system-level barriers
- Approve compensation strategies
- Evaluate burnout risk across departments
- Hold leaders accountable for timelines

Tier 2 — Physician Workforce Steering Committee (PWSC)

Participants: CMO, Service-Line Directors, Recruitment Leaders, Finance, HR

Purpose: Service-line stabilization & recruitment planning

Frequency: Biweekly or monthly

Responsibilities:

- Monitor open roles & pipeline strength
- Review retention risk indicators
- Prioritize searches

- Escalate issues to ELC when required
- Track progress vs. time-to-fill targets
- Coordinate locum tenens or interim support

Tier 3 — Service-Line Leadership Team (SLLT)

Participants: Medical Directors, Practice Managers, Recruiters, OR/Clinic Leadership
Purpose: Operational, clinic, OR, staffing, and workflow alignment
Frequency: Weekly or biweekly

Responsibilities:

- Daily/weekly issues & operational fixes
- Clinic/OR access alignment
- Burnout watchlist review
- Onboarding status checks
- Candidate interview scheduling & OR shadowing

Tier 4 — Recruitment Team Cadence

Participants: Recruiters, Sourcers, Credentialing, Onboarding Coordinators
Purpose: Pipeline-building & process execution
Frequency: Weekly

Responsibilities:

- Sourcing strategy execution
- Candidate movement tracking
- Messaging/outreach accountability
- Interview logistics

- Candidate relationship management

SECTION 2 - DECISION RIGHTS & RESPONSIBILITY MATRIX

Defines who owns what — eliminating ambiguity.

RACI MODEL

R – Responsible

A – Accountable

C – Consulted

I – Informed

Decision	Responsible	Accountable	Consulted	Informed
Open new search	SLLT	ELC	PWSC	Finance
Approve compensation	HR/Finance	ELC	PWSC	Recruitment
Candidate screening	Recruitment	Recruitment	Medical Director	SLLT
Interview decision	Recruitment + Medical Director	Service-Line Director	SLLT	PWSC
Offer approval	HR/Finance	ELC	CMO	Recruitment

Onboarding schedule	Onboarding/Clinic Manager	SLLT	Recruitment	PWSC
Retention interventions	Leadership	CMO	Service-Line Director	ELC

This matrix provides clarity, speed, and accountability.

SECTION 3 - COMMUNICATION CADENCE & REPORTING RHYTHM

When and how information flows across teams.

Daily

- Clinic/OR issue alerts
- Burnout watchlist notifications
- Candidate updates (as needed)

Weekly

- Recruitment pipeline report
- SLLT operational update
- Open role prioritization

Monthly

- Executive Workforce Dashboard
- Service-line performance review
- Retention & burnout metrics

Quarterly

- Compensation competitiveness review

- Workforce planning
- Vacancy cost analysis

SECTION 4 - STANDARDIZED MEETING AGENDAS

Ensures meetings stay consistent, structured, and outcome-focused.

A. Executive Leadership Council (Monthly)

1. Review Executive Dashboard
2. Vacancies at risk
3. Recruitment pipeline health
4. Retention indicators
5. Burnout risk
6. Operational red flags
7. Escalations needing executive intervention
8. Approvals needed

B. Physician Workforce Steering Committee (Biweekly/Monthly)

1. Open roles review
2. Time-to-fill status
3. Pipeline analysis
4. Barriers slowing recruitment
5. Alignment w/ operational needs
6. Locum coverage review
7. Onboarding status

C. Service-Line Leadership Team (Weekly)

1. OR access
2. Clinic support
3. Equipment
4. Staffing
5. Scheduling
6. Workflow barriers
7. Leadership rounding updates
8. Candidate interviews & next steps

D. Recruitment Team Meeting (Weekly)

1. New leads
2. Messaging volume
3. Candidate movement
4. Interview scheduling
5. Offers
6. Background checks
7. Credentialing
8. Onboarding

SECTION 5 - ACCOUNTABILITY SCORECARD

Tracks each team's performance and responsibilities.

Area	Metric	Owner
Time-to-fill	Days open	Recruitment
Pipeline strength	# candidates	Sourcers
First 48-hour candidate contact	% completed	Recruiters
Stay interview completion	% complete	Leadership
Burnout indicators	Red/yellow/green	CMO
OR availability	Utilization %	OR leadership
Clinic readiness	Template stability	Practice Manager
Onboarding completion	12-week checklist	Onboarding team

A transparent scorecard drives performance.

SECTION 6 - ESCALATION PATHWAYS FOR STALLED SEARCHES

If a search stalls — leadership intervenes immediately.

Stage 1 — Recruitment Team Review (Week 4)

- Messaging refresh
- Expanded geography
- Updated compensation insight
- Role re-marketing

Stage 2 — Service-Line Director Review (Week 8)

- Barriers analysis
- Operational alignment
- Interview process improvements

Stage 3 — Workforce Steering Committee Escalation (Week 12)

- Identify systemic obstacles
- Compensation competitiveness
- OR/clinic workflow reform
- Call coverage review

Stage 4 — Executive Leadership Intervention (Week 16)

- Approve adjustments
- Deploy stabilization resources
- Redesign compensation or structure
- Approve partnership with recruitment firms (if needed)

Stalled searches become unstuck through structured governance.

SECTION 7 - POLICY: SEARCH MUST-HAVES BEFORE GO-LIVE

Eliminates wasted time and candidate confusion.

Every search **must** have:

- Job profile
- Compensation range
- Call expectations

- Clinic support model
- OR access description
- Cultural/leadership overview
- Interview structure
- Onboarding readiness plan
- Deal breakers clearly defined

This avoids last-minute misalignment.

SECTION 8 - POLICY: RETENTION MUST-HAVES

Required organizational behavior to protect physicians.

- Quarterly stay interviews
- Burnout monitoring
- Leadership rounding
- OR access reliability
- Clinic support consistency
- Structured onboarding
- Annual professional development plans
- Family-integration practices

Organizations that follow this list retain more physicians.

SECTION 9 - POLICY: ONBOARDING READINESS REQUIREMENTS

Before onboarding begins, the following must be completed:

- IT setup
- EMR access
- OR badges
- Clinic templates
- Schedulers trained
- MA/RN assigned
- Preference cards loaded
- Credentialing complete
- Parking/access
- Orientation packet sent
- 12-week onboarding plan

This prevents first-day chaos.

SECTION 10 - SUMMARY: GOVERNANCE IS THE FOUNDATION OF RECRUITMENT & RETENTION

A fully functioning governance model provides:

- Clarity
- Structure
- Accountability
- Speed
- Transparency

- Predictability
- Stability
- Collaboration
- Retention

Strong governance produces strong teams, strong culture, and strong outcomes.