APPENDIX D — PHYSICIAN RETENTION PLAN TEMPLATE

A Structured, Repeatable System to Strengthen Physician Engagement, Wellness, and Long-Term Stability

This appendix gives leaders a structured plan to understand retention risks, support physician well-being, improve culture, and build stability across the service line.
It is designed to be reviewed annually — and updated quarterly — as part of your workforce planning process.

SECTION 1 — RETENTION PLAN OVERVIEW

Retention is not an afterthought. It is a system.

This template helps organizations:

- Identify retention risks early
- Support at-risk physicians proactively
- Strengthen leadership communication
- Reduce burnout and operational friction
- Improve compensation fairness
- Enhance culture and team relationships
- Build clear growth and leadership pathways
- Strengthen community and family integration
- Create long-term organizational stability

Use this tool as a strategic roadmap — not a one-time exercise.

SECTION 2 — RETENTION RISK ASSESSMENT (ANNUAL)

Evaluate each physician on key retention indicators.

Rate each category 1 (low risk) to 5 (high risk):

Category	1–Low Risk	3–Moderate Risk	5–High Risk
Burnout Symptoms	None	Some signals	Significant
Call Burden Tolerance	Stable	Periodic concern	Unsustainable
Compensation Satisfaction	Satisfied	Mixed	Dissatisfied
Operational Support	Strong	Inconsistent	Poor
Team Dynamics	Healthy	Some conflict	Major issues
Leadership Trust	High	Mixed	Low
Workload Balance	Sustainable	Borderline	At risk
Community/Family Integration	Strong	Partial	Weak
Career Growth Path	Clear	Unclear	None
Recruitment Vulnerability	Low	Moderate	High

TOTAL SCORE:

- **10–20 = Low Risk**
- **21–35 = Moderate Risk**
- **36–50 = High Risk**

High-risk physicians require immediate leadership engagement.

SECTION 3 — RETENTION ACTION PLAN (BY PHYSICIAN)

A personalized support strategy for each physician.

Physician Name:

Specialty:

Stage in Physician Life Cycle:

A. Leadership Engagement Needs

☐ Weekly/biweekly check-ins

☐ Conflict mediation

☐ Clarify expectations

☐ Remove operational barriers

☐ Provide coaching/mentorship

☐ Address cultural concerns

B. Operational Improvement Areas

☐ EMR optimization

☐ Clinic flow improvements

☐ OR efficiency adjustments

☐ Staffing or APP support changes

☐ Equipment or space needs

☐ Scheduling adjustments

C. Compensation Alignment

☐ Review FMV and market competitiveness

☐ Adjust wRVU targets if unrealistic

☐ Evaluate incentive fairness

☐ Consider call stipends

☐ Review APP supervision pay

D. Work-Life Balance Adjustments

☐ Redistribute call

☐ Create flexibility options

☐ Add locums support

☐ Modify clinic templates

☐ Address overtime or admin load

E. Culture & Team Support

☐ Peer mentorship

☐ Address team friction

☐ Leadership rounding

☐ Strengthen communication

F. Community & Family Integration

☐ Relocation or housing support

☐ Spouse career resources

☐ School/community introductions

☐ Social connection opportunities

G. Career Growth & Development

☐ Committee leadership

☐ Program building

☐ Fellowship or CME programs

☐ Research opportunities

☐ Quality improvement leadership

☐ Medical directorship

H. Retention Timeline

☐ Immediate (0–30 days)

☐ Short-term (30–90 days)

☐ Mid-term (3–6 months)

☐ Long-term (6–12 months)

SECTION 4 — SERVICE LINE RETENTION DASHBOARD

A quarterly, leadership-level snapshot of overall stability.

Metrics to track quarterly:

A. Workforce Stability

☐ Current FTEs vs. needed FTEs

☐ Pending retirements

☐ Open vacancies

☐ Locums utilization

☐ Turnover in the past 12 months

B. Burnout & Well-Being

☐ Physician well-being survey trends

☐ Hours worked/week

☐ Call burden distribution

☐ % of physicians reporting stress indicators

C. Operational Stability

☐ Clinic throughput

☐ OR access and turnover rates

☐ APP/MA staffing levels

☐ Referral backlog

☐ EMR satisfaction indicators

D. Culture & Engagement

☐ Peer relationship strength

☐ Leadership visibility

☐ Team conflict reports

☐ Participation in committees/meetings

E. Compensation & Financial Signals

☐ wRVU trends

☐ Incentive performance

☐ Market competitiveness review

☐ Overtime/support cost analysis

Each category should receive a quarterly risk level:

- **Green = Stable**
- **Yellow = Monitor**
- **Orange = Concerning**
- **Red = Immediate action**

SECTION 5 — EARLY WARNING SYSTEM (EWS)

Identify at-risk physicians before resignation.

Signals to monitor:

Burnout Indicators

- Reduced productivity
- Irritability or withdrawal
- Frequent fatigue
- Declining engagement

Operational Frustration

- Increased complaints
- OR access challenges
- Clinic workflow delays

Culture Signals

- Conflict with staff
- Avoidance of peer meetings

- Declining morale

Career Uncertainty

- Asking about other opportunities
- Reduced involvement
- Expressing long-term concerns

Personal/Family Stress

- Difficulty adjusting
- Spouse dissatisfaction
- Community mismatch

When two or more signals appear, leadership should intervene within **7 days**.

SECTION 6 — INTERVENTION PLAYBOOK

Rapid response steps to support at-risk physicians.

Step 1 — Leadership Connection (Within 48–72 Hours)

- Conduct a private, supportive conversation
- Listen without defensiveness
- Validate concerns
- Clarify root issues

Step 2 — Alignment Session (Within 7 Days)

- Review expectations
- Identify barriers
- Establish a 30–60–90-day support plan

Step 3 — Operational Adjustment (Within 2–4 Weeks)

Examples:

- Adjust clinic templates
- Improve OR access
- Provide additional staff
- Modify call patterns
- Add locums support temporarily

Step 4 — Cultural or Team Repair

- Address team conflict
- Provide mediation
- Reinforce core values
- Rebuild trust

Step 5 — Long-Term Stability Plan

- Career pathway discussion
- Compensation review
- Community support
- Leadership mentoring

Retention is relationship-centered and leadership-driven.

SECTION 7 — ANNUAL RETENTION REVIEW TEMPLATE

Physician Name:

Specialty:

Tenure:

Review Date:

1. Key Strengths & Contributions

- Clinical performance
- Leadership roles
- Cultural contributions
- Patient feedback

2. Risk Areas

- Burnout
- Operational concerns
- Compensation comparison
- Family/community alignment
- Call tolerance

3. Retention Strategies & Commitments

- Leadership commitments:
- Operational commitments:
- Compensation modifications:
- Culture/team interventions:
- Career development support:

4. 12-Month Stability Plan

- Goals
- Check-in timeline
- Support resources
- Metrics

SECTION 8 — RETENTION COMMUNICATION TEMPLATES

A. Leadership Check-In Script

"I wanted to check in and see how things are going — both clinically and personally. What's working well? What's feeling challenging? How can we support you better?"

B. Operational Barrier Removal Script

"We heard your concerns about clinic flow/OR access. Here are the steps we're taking this week to improve the process…"

C. Appreciation Moments

"Thank you for the leadership you showed in managing the case last week. Your work really helped strengthen our team and patient care."

SECTION 9 — SUMMARY: THE FOUNDATIONS OF RETENTION

- Retention is built through structure, not luck.
- Burnout and disengagement are predictable — and preventable.
- Strong operational, cultural, and community support systems drive stability.
- Leadership visibility and responsiveness shape long-term satisfaction.
- A formal retention plan creates clarity, accountability, and alignment.
- The goal is not to react to turnover. It is to prevent it.

This template helps organizations build the consistency and support necessary to keep physicians engaged and committed long-term.