



PHYSICIAN RECRUITMENT NEWSLETTER

100 Calls, One Decision

How Physicians Actually Choose

56% of final-year residents have been contacted 100+ times. That's not a pipeline issue. That's noise.

By the time most organizations reach out, they're not being evaluated, they're being filtered.

Quote of the Week

"I stopped listening after 'great opportunity.' That's how most messages start, and end. The only one I called back showed me the job upfront; schedule, volumes, compensation, PTO, partnership. No guessing. That's what got my attention.

-Dr. Andrew F., Radiologist, PGY3 Radiology Resident

The part most teams miss: **candidates aren't choosing the best job, they're choosing the clearest one.**

Two Different Markets

You're not selling. You're aligning with a decision already in motion.

- **Residents:** deciding 12–24 months early. Final year = noise.
- **Practicing physicians:** not looking unless something meaningfully changes.

They don't move for the same reasons, on the same timeline, or with the same level of openness.

Why Most Outreach Gets Ignored

If outreach isn't landing, it's rarely the role. It's when, and how you show up.

- Generic messaging signals low effort
- Slow follow-up signals internal friction
- Vague roles force candidates to guess
- Inconsistent interviews create doubt

The organizations that win don't chase more candidates. They reach the right ones earlier, and sound like it.

The Candidate Pool Isn't Big. It's Specific.

This isn't a volume problem. It's precision.

- ~40,000 residents/fellows enter the market each year.
- **~10–15% of practicing physicians** change jobs annually. Even fewer will relocate without a clear reason to do it.

Read the [blog here](#):

See exactly where physician searches lose candidates, and what outreach actually gets a response.

Listen to [HustleMD](#)

What this process feels like from both sides, the administrator hiring and the physician deciding.