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# RECRUITING AND RETAINING OBGYNS

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JANUARY 24, 2026





### **Non-Financial Interests:**

- Senior Partner, Hawthorne OBGYN Associates
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- Clinical Governance Committee, Unified Women's Healthcare of the Carolinas
- Chair, Compliance Committee UWH Carolina

### **Content Disclosure:**

All recommendations are based on the presenter's professional judgment and current evidence.

### **Conflict of Interest Statement:**

The presenter has **no conflicts of interest** that would influence the content of this presentation.

# CURRENT LANDSCAPE

A significant number of doctors, close to 60%, leave within the first three years of joining a practice. While compensation is a factor, the primary reasons for leaving a first job often relate to non-monetary issues:

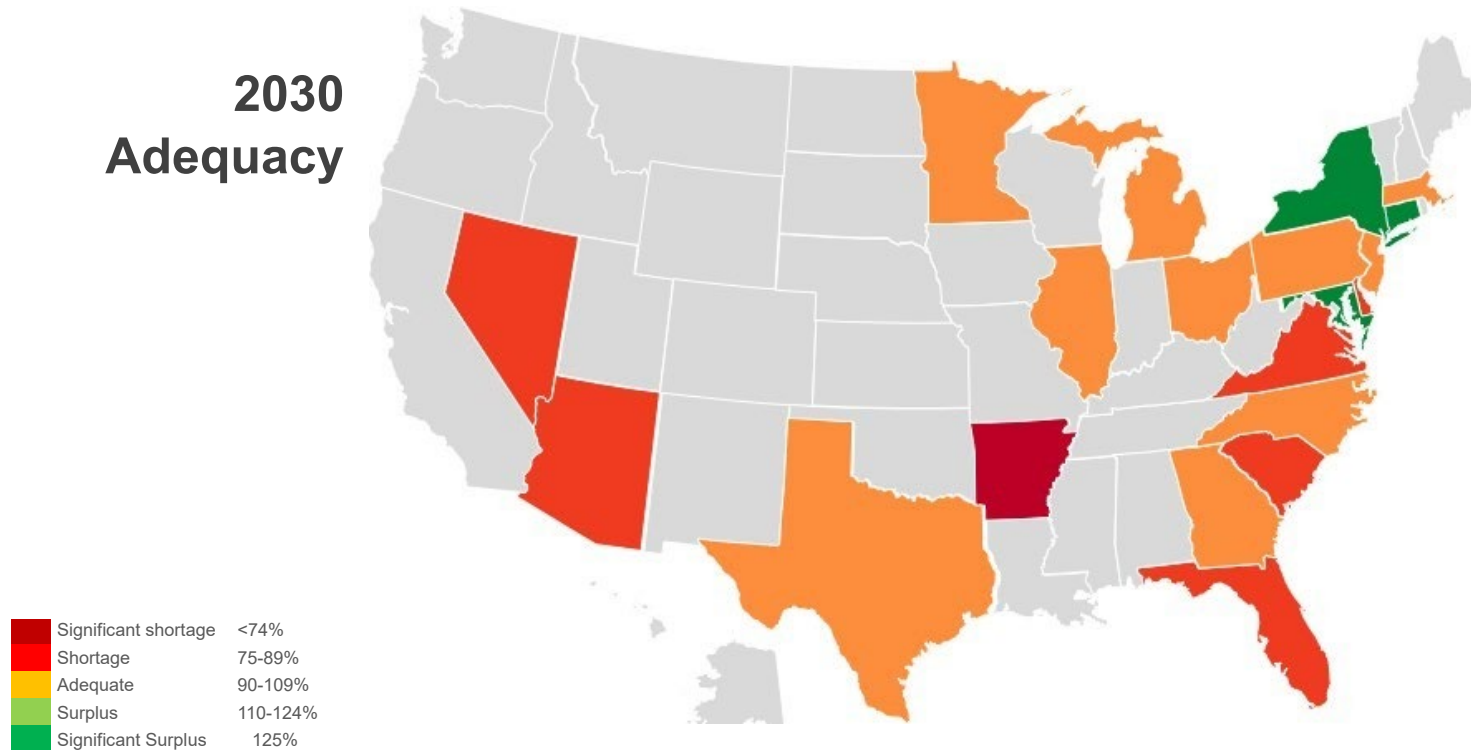
- Leadership/Administration Issues: Cited by 45% of physicians.
- Organizational Culture: A major factor for 39% of respondents.
- Work-Life Balance: Mentioned by 34% of physicians.
- Lack of Mentorship and Support: Early career physicians value strong relationships with peers and support staff



# The ObGyn Supply & Demand Gap

## 2025 ObGyn Supply Adequacy

### 2030 Adequacy



### Projected Supply

The northeast is projected to have an adequate number of ObGyns whereas the other regions have deficits of up to 2,700

- Northeast +300
- Midwest -500
- South -2,270
- West -2,700

# HOW TO ADJUST TO THE CHANGING WORK FORCE



- **Early succession planning** to avoid increased workloads, allow time for recruitment, mentorship and knowledge transfer



- **Shifting towards team-based care** by hiring APPs in collaborative roles to expand access to care



- **Promoting work-life balance** by offering flexible schedules and part-time opportunities



- **Offering incentive programs**, competitive compensation, sign-on and retention bonuses, relocation, etc. to secure the best talent



- **Providing mentorship** to build confidence, strengthen engagement, and accelerate clinical readiness

# MATCHING YOUR PRACTICE WITH CANDIDATE PRIORITIES

<b>Unaffiliated Independent Practice</b>	<ul style="list-style-type: none"><li>• Physicians own the practice</li><li>• Clinical Autonomy</li><li>• Business Autonomy/Financial Risk: responsible for managing all aspects of the business</li><li>• Work Schedule/Call Schedule Flexibility</li></ul>
<b>Affiliated Independent Practice</b>	<ul style="list-style-type: none"><li>• An independent practice that has a formal relationship with a larger entity that may include health systems, hospitals, or MSO backed by private equity</li><li>• Depending on the relationship there are varying degrees of physician autonomy</li></ul>
<b>Academic/Health System/Hospital Practice</b>	<ul style="list-style-type: none"><li>• AMCs encompass the traditional multilateral mission of education, research, and patient care.</li><li>• Physicians employed by health system or hospital</li><li>• Loss of autonomy</li></ul>

# RECRUITING CHECKLIST TO OBTAIN THE BEST TALENT



✓ **Plan Early** ( $\geq 24$  Months Out)



✓ Confirm **Competitive** Compensation



✓ Deliver a Red-Carpet **Interview Experience**



✓ Engage **Post-Interview** (Relationship Building)



✓ Strengthen the Model with **APP Support**

# HOW APPs HELP WITH RECRUITMENT AND RETENTION



## Expanding Access

- Manage routine OB/GYN visits (annuals, Pap, contraception, prenatal)
- Staff OB triage and postpartum follow-up care



## Supporting Team-Based Care

- Free physicians up for deliveries, surgery, and complex cases
- Partner in hybrid and laborist models to extend reach



## Boosting Capacity & Reducing Burnout

- Cover call triage and inpatient rounding



## Recruitment & Retention Advantages

- Expanded candidate pool
- Better work-life balance for physicians



## Enhancing Specialized Services

- Midwives expand obstetric access, especially in underserved areas
- APPs support subspecialties (urogynecology, etc.)



- Thank you!
- Questions?