



Recruitment, Onboarding, & Retention: **A Toolkit for Health Centers**

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Building & Maintaining a Strong Primary Care Workforce

Overview

For some time, fundamental changes in health care have been generating an ever greater need for a strong, reliable, and committed cadre of primary care providers. Nowhere has this been more acutely felt than in the nation's Community Health Centers and other FQHCs (hereafter referred to as "health centers" or "centers").

On one hand, the Patient Protection and Affordable Care Act of 2010, more commonly known as Obamacare, is generating both a surge of newly-insured individuals and an increased emphasis on primary care – just the type of care provided by health centers. But alongside these positive shifts is a shrinking primary care provider pool nationwide. Clearly trouble looms unless solutions are identified quickly.

Key, of course, are incentives that attract qualified, motivated providers to primary care. Educational opportunities must then be provided that equip these professionals with the tools to achieve their full potential in providing high-quality care, excellent outcomes, and superior customer service.

Building & Maintaining a Strong Primary Care Workforce

Overview (cont'd)

But as the saying goes, this is “necessary but not sufficient”. Positive incentives and top-flight education are effectively hamstrung unless coupled with mechanisms that:

- (1) Successfully place providers into primary care organizations (such as health centers) that are well-matched to those providers’ capabilities, temperaments, and needs;
- (2) Effectively and positively integrate providers into those organizations; and
- (3) Offer providers a total work experience that causes them to fully engage with their organizations, derive ongoing satisfaction from the work, and remain in their centers.

In fact, such a system exists, in the form of a sequential series of tasks long known as “Recruitment and Retention”. And a relatively recent development has been the teasing out of a third separate but closely-related task known as “Onboarding”; this component of the fundamentally interconnected *spectrum* of activities we can thus call “Recruitment, Onboarding, and Retention” is essentially the bridge that ties everything together.

Building & Maintaining a Strong Primary Care Workforce

Overview (cont'd)

This Toolkit will help health centers successfully plan, develop, and implement the “Recruitment – Onboarding – Retention” cycle. The Toolkit is divided into separate sections addressing each of these three components; [Slide 9](#) (which contains two-way links with many subsequent slides for ease of navigation) essentially serves as a table of contents.

Preliminary slides briefly address the Toolkit’s purpose, development methodology, and general instructions. Subsequent slides then present fundamental information and practical tips for Recruitment (including interviewing techniques), Onboarding (which is considerably broader than just employee orientation), and Retention (with numerous additional resources), as well as some final thoughts on transformation of health centers into Patient Centered Medical Homes (PCMHs).

Valuable resources are provided throughout via web links, to help make this vital work as efficient and effective as possible.

Building & Maintaining a Strong Primary Care Workforce

Overview (cont'd)

The journey toward effective health center Recruitment-Onboarding-Retention should not be undertaken lightly, for it's neither simple nor quick. However, it will ultimately be rewarding for all involved, especially the most important participants – the health center's patients.

An important final thought is in order. It has been suggested that high-performing provider organizations are essentially *always* recruiting; that is, rather than waiting for an acute need to arise, these organizations are constantly working with sources of new providers, as well as identifying and cultivating specific potential candidates. Likewise, these organizations continually “tend the garden” through constant reinforcement of Onboarding components and ongoing development of appropriate new programs, ensuring that existing providers remain with the organization as motivated, committed, and satisfied team members.

An effective, well-integrated Recruitment, Onboarding, and Retention program will help ensure that your center maintains the high quality primary care workforce needed to provide the best possible health and health-related services to those most in need within your community.

Building & Maintaining a Strong Primary Care Workforce

Purpose of this Toolkit

The related functions of *identifying/hiring*, then *training/acclimating*, and ultimately *retaining* mission-driven providers committed to quality care and outstanding customer service lie at the very heart of the health center mission, which now includes transformation to the Patient Centered Medical Home (PCMH) care model.

To provide important background and key resources for these critical tasks, NACHC has put together this web-based Toolkit, with links to relevant web resources providing user friendly access to valuable additional information. (All resources are shared with their authors' permission.)

Building & Maintaining a Strong Primary Care Workforce

Methodology

Telephone interviews were conducted with key informants* familiar with health center Recruiting, Onboarding, and Retention. These multi-functional experts included health center leaders, officials of state Primary Care Associations (PCAs), and NACHC staff. Some interviewees had experience in more than one role and were thus able to speak from several perspectives. This key informant group represented both urban and rural centers from across the country and included CEOs, CMOs, Human Resources officers, and PCA Workforce experts.

The resulting expert guidance was consolidated into the following presentation. Several interviewees also provided specific examples of materials used successfully in their own Recruitment-Onboarding-Retention activities; links are included here so you can download and customize these resources.

** (A link to a summary of these interviews is provided in “Additional Resources”, page 43.)*

Building & Maintaining a Strong Primary Care Workforce

Using The Toolkit

This Toolkit is intended to be both dynamic and expandable. It will be continually updated, and additional resources will be added regularly.

We encourage you to share any challenges, tips, and/or additional resources you have found valuable within your own organization. Please submit these to **Katja Laepke** at klaepke@nachc.com; they will be reviewed and promptly integrated into the Toolkit.

For specific questions not addressed by the resources here, please contact us at the email address above and we will connect you with expert help. For technical difficulties with any links and/or resources, please e-mail us (as above) for prompt assistance.

NACHC acknowledges, with sincere gratitude, everyone who contributed - and will contribute - to this Toolkit.

THANK YOU!

Building and Maintaining a Strong Primary Care Workforce

Recruitment

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- National & Federal Resources

Onboarding

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- Basic Concepts
- Resources

Retention

- Cost of Turnover & Value of Retention
- StaffPulse & ExitPulse
- Training Opportunities

Miscellaneous

- Program Requirements & Expectations
- Patient-Centered Medical Home (PCMH) Transformation
- Additional Resources

RECRUITMENT

SECTION 1: Recruitment

The first step in creating a strong, effective primary care workforce is, of course, identifying and hiring high-quality providers who are committed to the health center mission and who are an excellent fit with the health center. This process has been described as ensuring “the *right* person for the *right* position within the *right* community”.

Several years ago, NACHC convened a panel of health center experts who produced a document entitled “[Clinical Recruitment and Retention Tool Kit \(2010\)](#)”, essentially a highly detailed forerunner to this document. Among other valuable information*, it includes a detailed 13-step approach to recruiting health center providers that can serve as an excellent step-by-step guide to the complexities of this process.

Following are recruiting *Challenges & Tips* resulting from the key informant interviews underlying this Toolkit; some useful general *Interviewing Techniques* (and guidance on interview questions); and a list of valuable *Resources* – private and Federal – that can provide significant help for your recruiting efforts.

* (This document also includes a sample *Recruiting Plan* and sample *annual calendar*.)

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Challenges & Tips

Challenge 1: Candidates don't know about health centers, including yours.

- ✓ Take action to promote awareness and understanding of what health centers are and do. Help get the word out in all forums in which provider candidates might participate.
- ✓ Develop a clear and well-articulated mission for your health center that all staff members know and share, and which the health center “lives” in all its activities.
- ✓ Realistically assess your center's strengths and weaknesses as a potential employer.
- ✓ Dedicate resources to becoming visible to provider candidates; consider moving into “permanent recruitment” mode - don't wait until an opening occurs to start the search.

[NACHC: About Our Health Centers](#)

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Recruitment

Tried and True Insights

Challenges & Tips

Challenge 2: There aren't enough good provider candidates available.

- ✓ Be connected with / visible to sources of future providers (e.g., training/residency programs).
- ✓ Look for providers whose backgrounds demonstrate that they are mission-driven – those with experience in volunteer organizations such as the Peace Corps and so forth.
- ✓ Be open-minded and welcoming to providers of all types and backgrounds (foreign, non-English first language, all ethnicities, all religious affiliations, all sexual preferences).
- ✓ Consider “growing your own” by creating sponsorships/scholarships to develop providers from existing staff or from within the community.

[Hometown Scholars Program](#)

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Recruitment

Tried and True Insights

Challenges & Tips

Challenge 3: It's hard to compete with other potential employers.

- ✓ Search for candidates having an existing affiliation with your community or type of community – nearby relatives/roots, attracted to small towns, enjoys rural life, etc.
- ✓ Address pay competition by being strong on total compensation – good working hours, paid time off, help with loan repayment, good benefits, strong CME, chance to pursue a professional interest, opportunities to “moonlight” at the center (e.g., additional weekend or evening hours; special sessions such as childhood or sports physicals).
- ✓ Hire the whole family. Help the candidate's partner with local work opportunities and connect the candidate with community resources, even during the interview phase.

Tried and True Insights

Challenges & Tips

Challenge 4: It's hard to hold on to good people.

- ✓ Get off on the right foot – avoid off-putting contract language, make the new hire feel welcome throughout the interviewing and hiring process.
- ✓ Have a strong Onboarding program that goes beyond just helping the new hire perform his/her job duties.
- ✓ Consider peer mentors, job-shadowing, formal training, etc. to help new hires settle in and learn the culture of the health center.
- ✓ Head off problems before they begin through frequent “check-in” conversations, well-developed team processes, formal surveys, and open communications so that issues can be identified and addressed before causing a provider to shop for another employer.

[NACHC StaffPulse and ExitPulse](#)

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Useful Interviewing Techniques

- **Use a team approach** – Consider having candidates interview with a team of interviewers, including those they will report to, practice colleagues/mentors, and (if possible) the entire integrated health care team they will be joining.
- **Train your interviewers** – Make sure that everyone involved in interviews knows their role, how to ask good/appropriate interview questions, and what needs to be learned from – and communicated to – the candidates.
- **Don't just ask about skills/experience** – Have the candidate relate how they have/would solve a problem or deal with a team dynamics issue. Assess both their work and communication styles. *(More on this can be found on the next slide.)*
- **Note non-verbal as well as verbal responses** – Note candidate's tone, body language, and way of addressing/responding to team members across role/gender/ethnic lines. Watch for areas with potential for either friction or styles that will strengthen the team.

Recruitment

Tried and True Insights

Interview Questions

Creativity is key when interviewing candidates. Get at what makes the candidate unique; what motivates him or her; how he/she communicates with supervisors, other staff, patients, and community members; and how he/she deals with adversity, change, and innovation.

It's also important to understand the candidate's life outside of the health center, as it will likely influence behavior in the center. Determine the candidate's views on work/life balance; his/her family goals; and the needs/goals of his or her significant other.

Questions should reflect the real dynamics of the health center and should be based in the organizational culture. As much as possible, questions should be behavior-based. It can often be useful to supplement specific questions by presenting a work scenario (real or theoretical) and asking how the candidate would deal with it.

Also ask questions about the candidate's real-world experiences. Examples could include: (1) What was a significant work problem you had, and how did you address it? (2) What is an example of how you handled an interpersonal communication issue? (3) How have you recently leveraged a *team-based* solution or innovation?

Recruitment

National & Federal Resources

- **Promoting Your Center and Selling the Mission: Real-World Samples**
 - [Indiana Health Centers: Marketing Flyer](#)
 - [Indiana Health Centers: Who We Are](#)
 - [United Health Centers: Providing "Wellness for a Lifetime"](#)
- [**American Academy of Family Physicians: Career Link for Employers**](#)
- [**Career MD**](#)
- [**PracticeLink: Physician Recruitment Resource**](#)
- [**Archived Webinar: Hiring the Right Staff**](#)
 - *(Sign in to My NACHC Learning Center to access recordings and handouts)*
- [**Ask Right to Hire Right: Effective Interview Questions**](#)

Recruitment

National & Federal Resources

- [**NACHC: Job Description Templates**](#) (At Cost)
- [**American Academy of Family Physicians Patient-Centered Medical Home \(PCMH\): Develop Job Descriptions**](#)
- [**Sample Job Descriptions**](#)
 - [Search the Healthcare Communities Resource Center](#)
- [**Indiana Health Centers: Provider Candidate Phone Screen**](#)
- [**Physician Applicant Questionnaire**](#)

Recruitment

National & Federal Resources

- [NACHC: Staffing for Health Centers](#)
- [National Rural Recruitment and Retention Network \(3RNet\)](#)
- [Community HealthCorps](#)
- [National Health Service Corps \(NHSC\)](#)
 - [Scholarships](#)
 - [Loan Repayment](#)
 - [Virtual Job Fairs](#)
- [HRSA Loans & Scholarships](#)
- [Bureau of Health Workforce](#)
- [Veterans](#)
 - [Hiring Our Nation's Veterans](#)
 - [Hiring Veterans: A Step-by-Step Toolkit for Employers](#)

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Recruitment

National & Federal Resources

- [Education Health Center Initiative](#)
- [Teaching Health Center Graduate Medical Program](#)
- [National Network for Oral Health Access: *Workforce Retention and Recruitment*](#)

ONBOARDING

SECTION 2: Onboarding

It's easy to think of Recruitment and Retention as two separate but related elements, with new employee orientation being essentially a follow-up to the Recruitment function. However, in recent years the concept of "Onboarding" has gained significant prominence.

Onboarding is not just a new name for employee orientation (although orientation is an important element). Onboarding is broader, encompassing both what the organization provides to the new employee and what that employee brings to the organization. The ultimate goal is to achieve an excellent "fit" for both.

Onboarding

Overview

For the health center, the aim of Onboarding is an employee who is committed to the mission, fully knowledgeable about the center's workings, clear about his or her role, comfortable within the center's social structure, and energized for the job. For the employee, the aims are to have all information and tools needed to do the best work; to gain job and personal satisfaction; and (as noted in the *Journal of Applied Psychology*) to "blend seamlessly into the organization."

By this point, it's probably clear that effective Onboarding has a critical role in the continuum of functions that ultimately result in effective and happy employees working in high-performing health centers. No doubt it's also clear that Onboarding affects, and is affected by, both Recruitment and Retention. So Onboarding is really a bridge between these related functions that effectively ties the total system together.

In sum, a well-chosen new employee who is well integrated into the organization is motivated to do excellent work, enjoys high job satisfaction – and stays.

Onboarding

Basic Concepts

As noted, effective Onboarding is a product of both the organization and the new employee. From the perspective of the health center, the organization formally provides recruitment-based “job previews”; orientations (face-to-face training, manuals, online programs, etc.); socialization activities (formal and informal, individual and group, etc.); and exposure to health center insiders via active mentoring. Regarding this last item, the *MIT Sloan Management Review* interestingly notes, “(W)hat often separates rapid onboarders from their slower counterparts is... the presence of a ‘buddy’, someone of whom the newcomer can comfortably ask questions that are either trivial (‘How do I order office supplies?’) or politically sensitive (‘Whose opinion really matters here?’)”

For his/her part, the new employee needs to bring useful characteristics (proactiveness, curiosity, openness, agreeableness, etc.) and positive behaviors (active information seeking, positive relationship building, and so forth). Effective Recruitment will enable a health center to hire candidates already possessing these attributes.

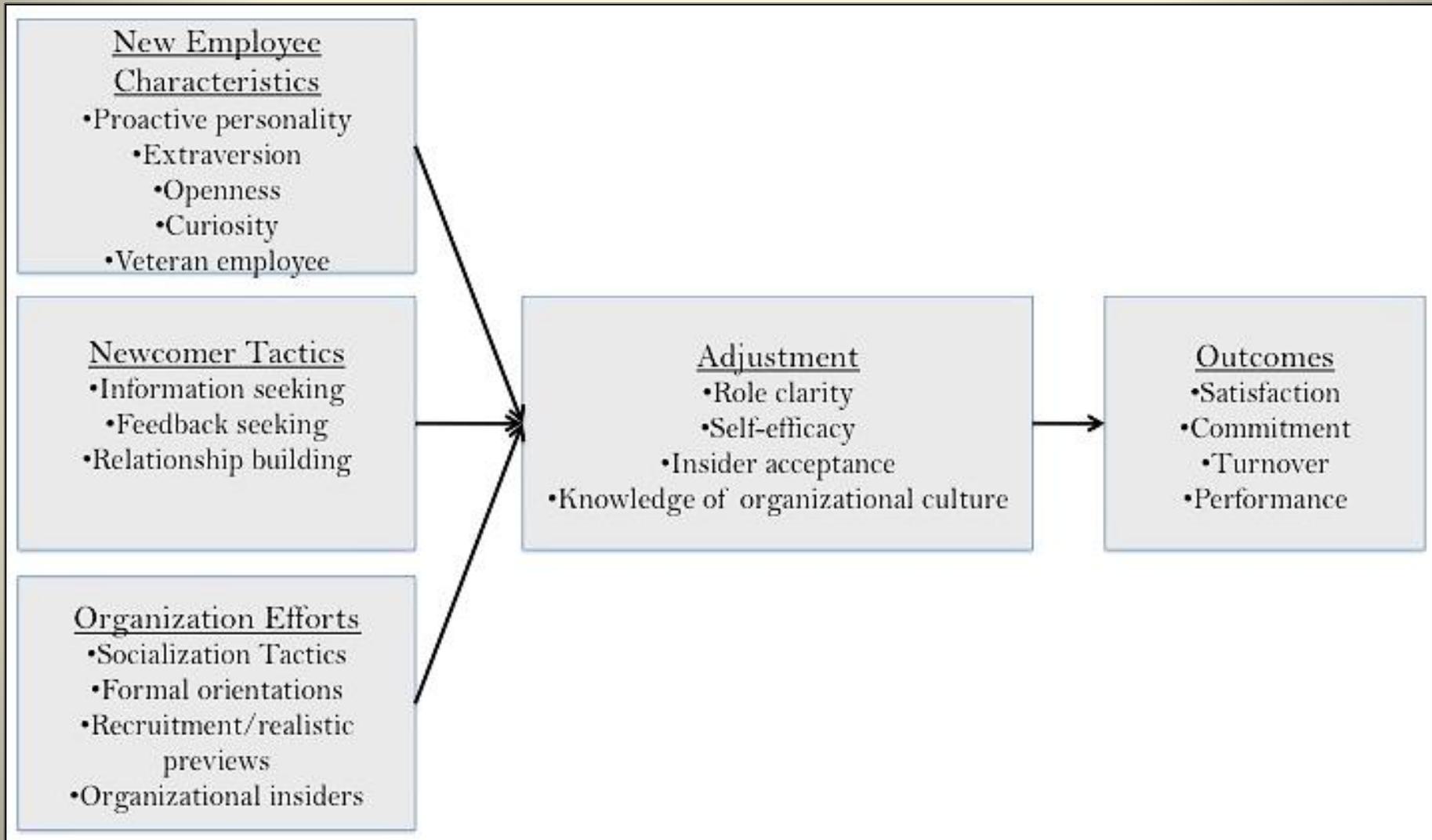
Onboarding

Basic Concepts

As new employees integrate into the organization, research has found that four indicators of positive adjustment suggest that the Onboarding program is accomplishing its objectives. These are *role clarity*, *self-efficacy* (how capable new employees feel about fulfilling their responsibilities), *social acceptance*, and *knowledge of organizational culture* (fully understanding the center's values, norms, and environment).

The following slide presents an Onboarding model (from Bauer & Erdogan, 2011, as published by the American Psychological Association) showing Onboarding components as they relate to one another. On the left of the chart are the inputs of both the new employee and the organization. In the middle are the needs that Onboarding is intended to meet for the employee; and on the right are the positive outcomes of an effective Onboarding program.

Basic Concepts: Onboarding Model



Onboarding

Resources

Following are Onboarding resources addressing both principles and practices, from general sources and health care organizations. Throughout are additional readings (some scholarly), as well as creative ideas – employee web portals, online employee guides, etc. – that can be adapted for your Onboarding program.

- [**CommonGood Careers: *Best Practices for Employee Onboarding***](#)
- [**SHRM Foundation: *Onboarding New Employees – Maximizing Success***](#)
- [**University of Minnesota: *Onboarding New Employees***](#)
- [**About.com: *Employee Onboarding – One Chance for a Positive New Employee Experience***](#)
- [**Confluence: *From Orientation to Onboarding***](#)

Onboarding

Resources

- [University of Virginia: Uteam Onboarding Essentials](#)
- [PriceWaterhouseCoopers: Best Practices for Retaining New Employees – New Approaches to Effective Onboarding](#)
- [Wikipedia: Onboarding](#)
- [Workforce: Tips and Best Practices for Bringing New Workers On Board](#)
- [HC Online: Best Practices for New Employee Onboarding](#)

Onboarding

Resources

- [NGA.net: *Best Practices in Onboarding*](#)
- [Norton Healthcare: *New Employees*](#) (employee portal)
- [University of Michigan Health System: *Onboarding & Orientation*](#)
- [RELIAS LEARNING](#) (At Cost)
- [InsightONBOARD](#) (At Cost)

RETENTION

SECTION 3: Retention

Once an appropriate candidate has been recruited and has gone through effective Onboarding, the health center must continually work to keep him/her fully engaged, strongly committed, and energized. While this is important to the employee, it is vital to the health center. As the Wikipedia article *Onboarding* (referenced previously) notes, “Unengaged employees are very costly to the organization in terms of slowed performance and rehiring expenses.”

At base, Retention is ensuring that the employee’s interests/goals and those of the health center are at least compatible; if they don’t directly overlap, they should strongly intersect. Health centers can use multiple methods to ensure that valuable employees remain. Strong professional development (CME, etc.), truly open communication, positive leadership, good team support, formal recognition, informal socializing – all are effective tools for retaining staff. Periodic staff surveys and individual exit surveys are excellent tools for helping center officials gauge employee morale and learn how to improve retention.

The following resources highlight a number of issues (including Cost of Turnover), ideas, requirements, and potential aids relating to the critical function of health center Retention.

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Retention

Cost of Turnover & Value of Retention

- [Calculating the Cost of Turnover in Your Health Center: A Guide](#)
- [Value of Retention/Cost of Turnover](#)
- [Total Salary Calculator](#)
- [Your Hidden Paycheck](#)
- [NACHC 2014 – 2015 Health Center Salary & Benefits Report](#) (At Cost)

Retention

StaffPulse & ExitPulse

Two subscription-based online staff survey instruments - *StaffPulse* and *ExitPulse* – can help health centers gauge staff morale and improve retention. For information, please go to www.NACHCPulse.com.

- ***StaffPulse*** is a staff satisfaction tool that helps health centers and PCAs compare their own results against national, regional, and state benchmarks. This can help these organizations become preferred places of employment.
- ***ExitPulse*** surveys departing health center and PCA employees to assess reasons for leaving and attitudes about the organization. Individual center or PCA results can then be compared to national data in order to foster retention strategy improvement.

More information can found in the following resources:

- ➔ **Presentation:** [*Becoming an Employer of Choice*](#)
- ➔ **Presentation:** [*A Guide to Interpreting StaffPulse Results*](#)
- ➔ **Archived Webinar:** [*Reduce Staff Turnover Costs by Focusing on Staff Satisfaction*](#)

Retention

Training Opportunities

- **NACHC Resources**

- **(Archived)** Educational Session: NACHC Community Health Institute (CHI) & Expo, August 26 '14 (San Diego, CA)
 - ✓ [Hiring, Growing, & Retaining A Strong Primary Care Workforce: Integrated Primary Care Teams At The Heart of Transformation](#)
 - (Click [here](#) to access recording)
- [\(Archived\) Webinar: Establishing Career Paths](#)
 - (Sign in to **My NACHC Learning Center** to access recordings and handouts)
- [Past Presentations](#)
- [HR Clearinghouse](#)

Retention

Training Opportunities

- **HRSA**
 - [Bureau of Health Workforce](#)
 - [Health Professions](#)
 - [Samples and Templates Resource Center](#)
- [ECRI Recruitment & Retention Resources](#)
 - *(After Login, search for "Recruitment & Retention")*
- [The Retention Institute's Certified Employee Retention \(CERP\) Professional Program](#)

MISCELLANEOUS

SECTION 4: Miscellaneous

One of the most important recent dynamics in health care has been the dramatic new emphasis on the Patient Centered Medical Home (PCMH) model.

Health centers are working hard to “transform” their practices to conform to this fundamentally different way of doing business. Increased emphasis on both quality and patient satisfaction, improved communication and coordination across all health care settings, and a major emphasis on creating true health care *teams* – all are integral to this strong effort to put patients at the center of care.

As is true with any significant change, implementing the PCMH model puts stress on all health center staff members. For this reason, it is important to briefly address some of the dynamics involved. Clear expectations can help alleviate employee anxiety and thus affect the success of a health center’s overall Recruiting, Onboarding, and Retention program.

Also, we have included in this section some miscellaneous additional resources that you may find helpful in your primary care staff development work.

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Miscellaneous

Program Requirements & Expectations

- [HRSA](#)
 - [Health Center Program Site Visit Guide](#)
 - [Program Requirements](#)
 - [HRSA Program Assistance Letter 2014-08: *Health Center Program Requirements Oversight*](#)
- [Federal Tort Claims Act \(FTCA\)](#)

Miscellaneous

Program Requirements & Expectations

- **Licensing**
 - [American Medical Association: *State Medical Boards*](#)
 - [American Association of Dental Boards](#)

- **Credentialing & Privileging: HRSA PIN's & PAL's**
 - [HRSA Policy Information Notice 2001-16: *Credentialing and Privileging of Health Center Practitioners*](#)
 - [HRSA Policy Information Notice 2002-22: *Clarification of Credentialing and Privileging Policy Outlined in PIN 2001-16*](#)

Program Requirements & Expectations

- **Credentialing and Privileging: Helpful Resources**
 - [Archived Webinar: Addressing Challenges in the Credentialing and Privileging Process](#)
 - *(Sign in to **My NACHC Learning Center** to access recordings and handouts)*
 - [HUMAN RESOURCES INSIGHTS: Tips for Health Center Credentialing and Privileging](#)
 - [ECRI Credentialing & Privileging Resources](#)
 - *(After Login, search for "**Credentialing & Privileging**")*
 - [National Association Medical Staff Services](#)
 - [Credentialing Resource Links](#)

Miscellaneous

Program Requirements & Expectations

- **Credentialing & Privileging: Important Checks (*Not all-inclusive*)**
 - [The National Practitioner Data Bank](#)
 - [Office of Inspector General: Exclusions Database](#)
 - [National Plan & Provider Enumeration System](#)
 - [AMA Profile Service for Initial and Reappointment Credentialing](#)
 - [American Board of Medical Specialties](#)
 - [Educational Commission For Foreign Medical Graduates](#)
 - [Credentialing Checklist](#)
 - [Sample Tools](#)

NOTE: Potential resources for **fee-based** C&P legal help and/or technical assistance:

- ➔ **Martin J. Bree**, Legal Counsel - Feldesman Tucker Leifer Fidell, LLP
mbree@ftlf.com or <https://www.healthcentercompliance.com/>
- ➔ **Darlene Nicgorski**, MEd, PHR - Human Resources Consultant; Recruiter
darlene.n2@gmail.com

Patient Centered Medical Home (PCMH) Transformation

It matters where you are starting from:

The transformation to a PCMH with integrated primary care teams is influenced by current staff and health center norms and by the physical setting in which the health center operates. For example, health center leadership may wish to move to a model in which integrated primary care teams are fully co-located, abolishing private offices and keeping team members fully in line-of-sight with one another when they are not with patients. If this model is resisted by current providers or the health center building would require expensive reconfiguration, these constraints may limit how fast and how far the health center can move along its new path. These constraints, or the desire to eventually break free of them, can influence recruiting decisions.

Patient Centered Medical Home (PCMH) Transformation

It matters where you are in the transition process:

Health centers that are transforming must consider how they will make the transition while continuing to serve their communities. A health center does not get to stop, make all needed changes, then start up again under the new model. Accordingly, it is important to think not just about how the transformed health center will function in the future, but how it will function and be staffed currently during a sometimes lengthy and multi-stage transition. There may be staffing needs that change as the transition occurs, and recruiting efforts should take this into account. Additionally, it may be useful to evaluate a candidate's tolerance for change when actively hiring.

Patient Centered Medical Home (PCMH) Transformation

It matters where you intend to go:

Health centers are not identical in the ways they structure their integrated primary care teams or how these teams operate day-to-day. Some follow a model with teams fully co-located and may dispense with some aspects of the traditional medical hierarchy. Other centers structure their teams within more traditional medical settings and align their operations more closely with traditional practice. Because there is no single one-size-fits-all model of an “integrated primary care team”, it is important for a health center to be explicit about how this idea will be implemented. Getting to the goal of an integrated primary care team means being very clear about what that goal will look like for purposes of Recruiting, staffing, and daily operations.

Miscellaneous

Additional Resources

- [National Network for Oral Health Access - Health Center Oral Health Provider Recruitment and Retention Report](#)
- [Migrant Clinicians Network \(MCN\): Recruitment & Retention Review Tool](#)
- **Human Resources Notes**
 - *(Sign in to My NACHC Learning Center to access recordings and handouts)*
 - [Human Resources Notes #1: Human Resources for Health Centers with No Dedicated Human Resources Staff](#)
 - [Human Resources Notes #2: HR Responsibilities Unique to Health Center Program Grantees](#)
 - [Human Resources Notes #3: Changes in Human Resources Functions as a Health Center Grows](#)

Miscellaneous

Additional Resources

- [Summary of Recruitment and Retention Best Practices](#) (Interviews: June 2014)
- [A Sketch of Community Health Centers](#) (Chart Book 2014)
- [National Health Center Week: *About Health Center Week*](#)
- [Partnering with Academic Institutions and Residency Programs to Develop Service Licensing Programs: *Strategies for Health Centers*](#)
- [Health Centers: *Hiring Our Nation's Veterans*](#) (video)
- [Essential Guides to Sustainability, Succession and Transition Planning](#)

Miscellaneous

Additional Resources

- [Hitachi Foundation/NACHC Issue Brief: *Community Health Worker Integration into Primary Care Settings*](#)
- [Hitachi Foundation/NACHC Issue Brief: *Building Capacity for a Culturally Responsive Entry Level Workforce*](#)
- [Assessment of Primary Care Teams in Federally Qualified Health Centers Final Report](#)
- [Increasing the Workforce Capacity of Health Centers: Reimbursement and Scope of Practice](#)
- [STAR² Center: Solutions, Training, and Assistance for Recruitment and Retention](#)

Building & Maintaining a Strong Primary Care Workforce

Summary

In this Toolkit, we have attempted to provide health centers both with basic concepts and with numerous easily-accessible resources to help locate, hire, train, integrate, and ultimately retain high quality primary care providers.

As noted in our initial Overview, bringing on – and keeping – dedicated and talented providers is one of the most critical tasks facing health centers today. A key aspect of this undertaking is ensuring the right “fit” between hired providers and the organization. Ideally there will be a strong correlation between the organizational goals of the center and the personal goals of each individual provider.

If this is accomplished through informed Recruiting and meaningful Onboarding, the result will be Retention of an excellent and committed clinical staff, for the long-term benefit of your organization, its patients, your community – and the providers themselves.