



2025 Placements & Insights: Academic & Leadership

*Understand what today's healthcare professionals are
looking for in their current role or next opportunity.*



The Medicus Firm
Healthcare Recruitment

Table of Contents



This report combines The Medicus Firm’s proprietary placement data from 2022 to 2024 with insights from over 375 responses to the 2025 National Physician & Healthcare Provider and Healthcare Executive Preference & Insights Surveys. It highlights workforce trends, career motivations, satisfaction levels, and job search behaviors. Together, these findings provide healthcare executives with data-driven guidance to optimize recruitment and retention strategies and better align with provider expectations in today’s competitive market.

Executive Summary	4
Academic Compensation and Placement Insights	10
Pediatric Compensation and Placement Insights	14
Academic Physician Workforce Survey Insights	18
Professional Background	20
Workplace Satisfaction	21
Ideal Job Characteristics	22
Compensation Trends	23
Career Change Factors	24
Job Search Behavior	25
Healthcare Leadership Workforce Survey Insights	26
Professional Background	28
Workplace Satisfaction	29
Ideal Job Characteristics	30
Compensation Trends	31
Career Change Factors	32
Job Search Behavior	33
Action Plan for Employers	34
About The Medicus Firm	36

Executive Summary



The academic hiring landscape is evolving rapidly, shaped by regional disparities, specialty-specific gaps, and growing demand for experienced providers. Data from 2022 to 2024 highlight systemic inefficiencies that institutional leaders must address to secure the long-term stability of the academic workforce.

The South generates the largest share of academic demand (63.4%) but accounts for only 59.2% of placements, signaling ongoing recruitment challenges in key states. In contrast, the Midwest and West slightly outperform their demand in placement efficiency, suggesting stronger alignment between workforce planning and execution. These regional differences may reflect where institutions choose to engage search partners and underscore the need for recalibrated recruitment models in certain geographies.

Physicians represent the majority of academic hires (75.2%), with especially high concentrations in the Midwest and South. The West and Northeast show more diversified hiring patterns, with a greater share of leadership and advanced practice clinician (APC) roles. APCs accounted for only 6.8% of placements, a likely consequence of institutions either filling these roles through internal channels or remaining cautious in expanding APC utilization within academic settings.

Academic medical centers (AMCs) remain the primary placement setting (85.4%). A small share of hires occurred within hospital-employed and group practice environments (6.8% each). While modest, this signals emerging openness among mission-aligned providers to roles outside traditional academic settings.

The distribution of placements also reflects a continued focus on high-acuity and procedural specialties. From 2022 to 2024, 78.1% of placements were in hospital-based, IM subspecialties, and surgical roles. However, neuro/psych disciplines represent the most significant unmet need: they comprised 11.4% of demand but just 6.3% of placements. Notably, 46.2% of new graduate physician hires entered these specialties, yet the supply remains insufficient to meet mental health demand across academic systems.

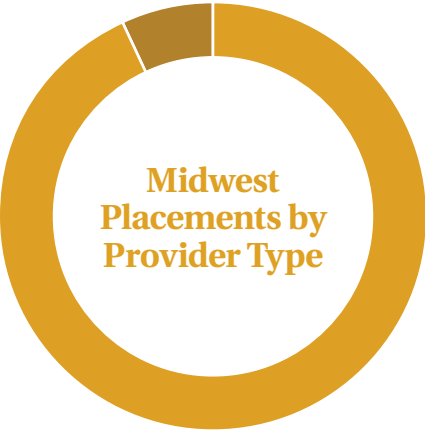
Community size remains a key factor in staffing trends. Major metro areas still dominate hiring (48.1% of placements vs. 43.0% of demand), while mid-sized and smaller markets show steady, though lower-volume, academic hiring activity. Rural hiring remains limited but is more likely to involve surgical specialties. This trend highlights the evolving role of AMCs as a safety net provider for specialized, intervention-driven care. In these regions, competitive recruitment increasingly requires creative incentives, such as hybrid roles, flexible scheduling models, or loan repayment structures.

The market favors experience. In-practice professionals made up 72.8% of all physician and APC placements and 94.6% of leadership hires. Among early-career hires, 93.8% were physicians, most often placed in behavioral health, hospital-based, and surgical specialties. While experienced hires offer short-term value, a reliance on this segment poses long-term sustainability concerns.

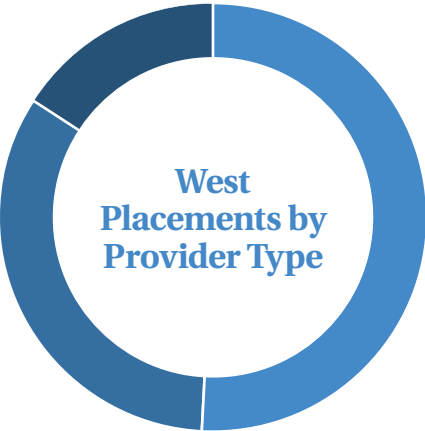
To remain competitive, academic health systems must address regional imbalances, invest in early-career pathways, and build succession strategies that balance today's capacity with tomorrow's leadership and clinical needs.

Placements Trends and Regional Demand

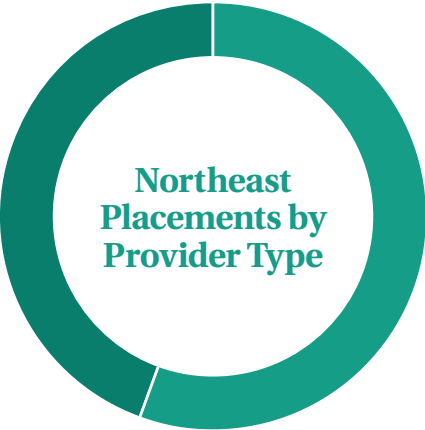
Between 2022 and 2024, the South accounted for the largest share of academic placements, propelled by elevated demand and intense competition in Texas and Florida. Physicians accounted for 75.2% of placements, with the South and Midwest concentrating heavily on physician hiring, while the Northeast and West demonstrated a more balanced distribution across leadership and advanced practice clinician roles.



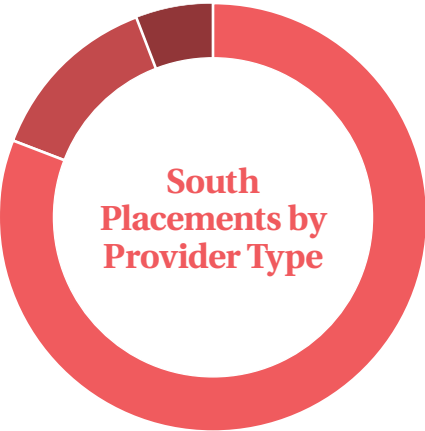
93.3% Physician
6.7% Leadership



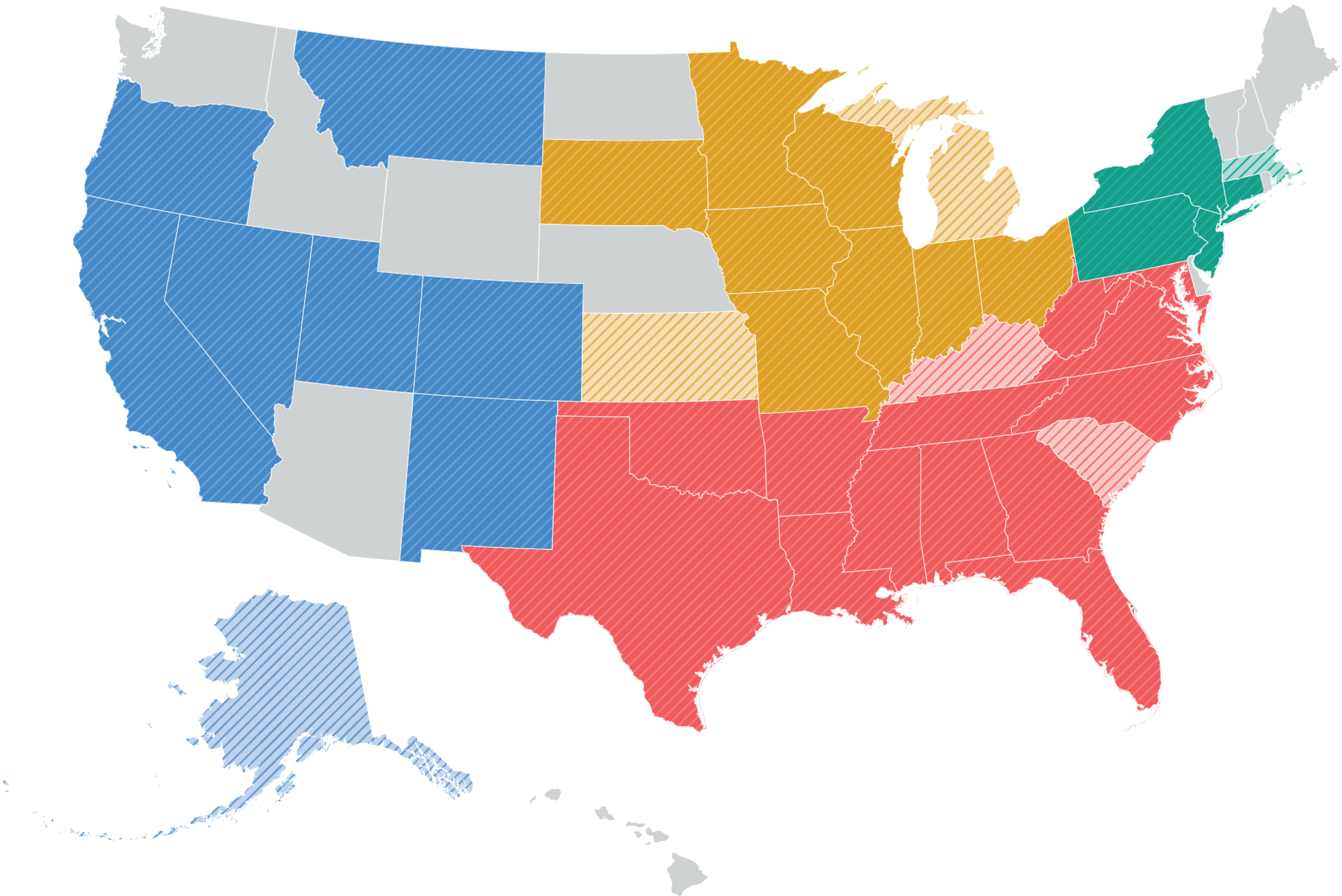
51.1% Physician
33.3% Leadership
15.6% Advanced Practice



55.6% Physician
44.4% Leadership



81.1% Physician
13.1% Leadership
5.8% Advanced Practice



West Region



Midwest Region



South Region



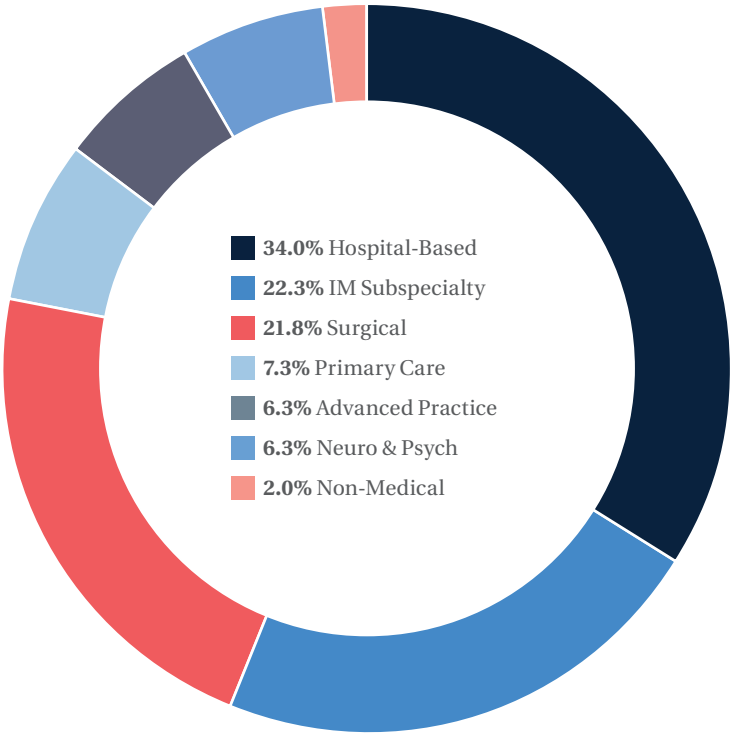
Northeast Region





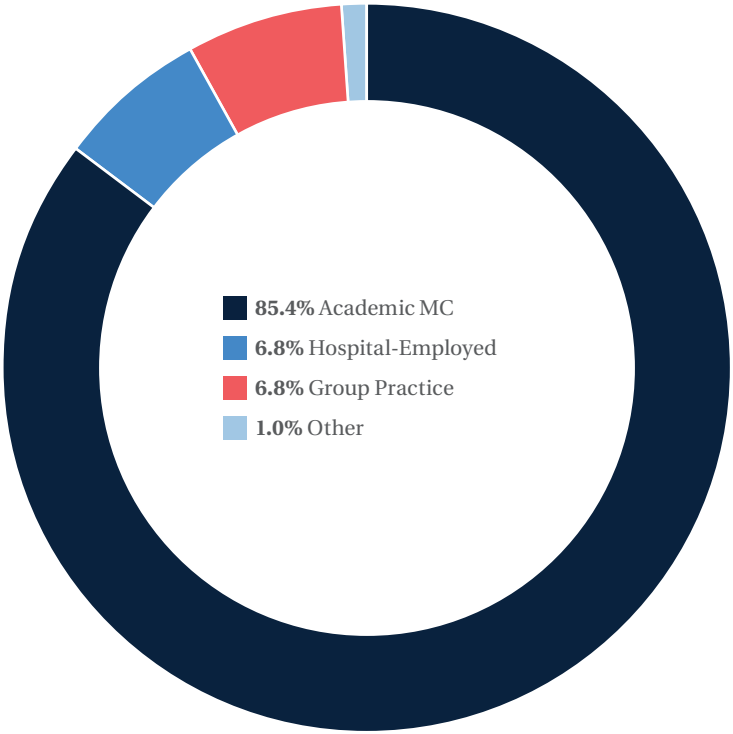
Placements by Specialty Type

Hospital-based (34.0%), IM subspecialty (22.3%), and surgical (21.8%) roles remain the primary drivers of academic hiring.



Placements by Practice Structure

The vast majority of academic provider placements (85.4%) were concentrated within academic medical centers and university-affiliated settings, reinforcing their central role as the primary hubs for academic recruitment.



Placements by Community Size

From 2022 to 2024, nearly half of all academic placements (48.1%) were concentrated in major metropolitan areas, underscoring the continued role of urban centers in attracting academic talent.



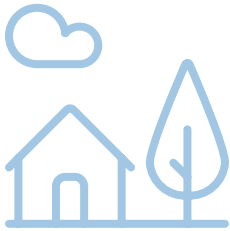
48.1%
Major Metro
500K+ Population



29.6%
Mid-Sized City
100K-499K Population



17.0%
Small City
25K-99K Population



5.3%
Rural
<25K Population

Placements by Prior Experience Level

Academic hiring continues to favor experienced providers (77.2%), while early-career physician recruitment is most concentrated in behavioral health (46.2%) and hospital-based specialties (25.7%).



77.2%
In Practice



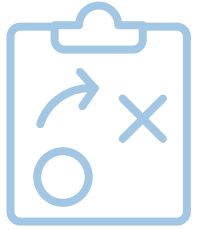
22.8%
In Training

Placements by Provider Type

Between 2022 and 2024, academic placements were dominated by physicians (75.2%), with leadership roles (18.0%) and advanced practice clinicians (6.8%) comprising a smaller share of hiring activity.



75.2%
Physician



18.0%
Leadership



6.8%
Advanced Practice

Academic Compensation and Placement Insights

Academic institutions face heightened urgency in recruiting hospital-based and surgical specialties, which made up 67.2% of provider searches in 2024. Demand was especially high in anesthesiology, obstetrics and gynecology (OB/GYN), and pathology, reflecting pressure to staff high-intensity, procedural services. This concentrated need highlights the limitations of a one-size-fits-all recruitment model and underscores the need for specialty-specific pipelines that respond to real-time market pressures.

While faculty roles remain central to academic hiring (62.2% of placements), other position types are gaining ground. Leadership placements represented 20.3%, and community-based roles made up 12.2%, each showing distinct patterns by specialty and geography. Surgical specialties comprised 73.3% of leadership hires, nearly all of which were placed in urban markets. Conversely, the Midwest was the only region where community-based hires outpaced faculty placements, potentially signaling regional shifts in institutional focus or care delivery models.

The academic market prioritizes experience. In-practice clinicians filled 77.0% of roles, including 86.7% of leadership hires and 77.8% of community-based hires. In contrast, faculty appointments remain the primary entry point for early-career providers, with 28.3% of hires coming directly from training. These patterns show how institutions balance immediate needs for experienced leadership and clinical stability with a steady but limited stream of early-career entrants.

American medical graduates (AMGs) comprised 77.0% of all academic placements, including 88.9% of community-based roles and 86.7% of leadership roles. International medical graduates (IMGs) played a more prominent role in faculty hiring (28.3%) but remained underrepresented in leadership and community settings. These trends reflect the continued need for dedicated institutional resources for visa assistance and immigration policy to support the hiring of IMGs at AMCs despite their predominately urban settings, especially as competition for talent intensifies.

Recruitment timelines vary widely by specialty. Hospitalist searches averaged five days to candidate submission, while anesthesiology searches averaged 45 days and exceeded 60 in some regions. OB/GYN placements averaged 33 days, influenced by rising demand from rural labor and delivery unit closures and evolving scope-of-practice dynamics tied to reproductive health policy shifts and gynecology-only practice models. These disparities emphasize the importance of early search activation and proactive engagement in high-demand specialties.

Compensation strategies must keep pace with both market competition and role complexity. In academic settings, surgery sets the high benchmark, with base salaries averaging \$630,000. In contrast, primary care roles like family practice lean on incentives, such as signing bonuses averaging \$50,000, to remain competitive. OB/GYN providers had the highest average earning potential above base salary, exceeding \$130,000, reflecting greater reliance on productivity-based models. Institutions must align financial offerings with both clinical workload and market expectations to effectively attract and retain high-performing candidates.

In sum, academic medical centers face sustained pressure to recruit for high-acuity, procedural specialties while also addressing faculty development, leadership succession, and community-based care delivery.





2024 Most In-Demand Academic Specialties

In 2024, academic provider searches were concentrated in hospital-based (36.1%) and surgical (31.1%) specialties. Among 50 unique specialties, the top five were anesthesiology (8.3%), obstetrics and gynecology (7.5%), pathology (6.7%), hematology/oncology (5.8%), and maternal and fetal medicine (4.2%).

Abdominal Radiology	Hematology-Pathology	Pediatrics
Adolescent Medicine	Hematology/Oncology	Physical Therapist
Adult Reconstructive Orthopedics	Hepatology	Plastic Surgery
Anesthesiology	Hospitalist	Psychiatry
Cardiology	Internal Medicine	Radiologic Breast Imaging
Cardiothoracic Radiology	Maternal & Fetal Medicine	Radiology
Cardiovascular Surgery	Medical Director	Rheumatology
Dermatology	Medical Oncology	Spine Surgery
Emergency Medicine	Nephrology	Surgical Critical Care
Family Practice	Neurology	Surgical Oncology
Family Practice with Obstetrics	Neuroradiology	Transplant Hepatology
Foot & Ankle Orthopedics	Obstetrics & Gynecology	Trauma Surgery
Forensic Psychiatry	Ophthalmology	Urological Gynecology
Gastroenterology	Orthopedics with Hand Surgery	Urology
General Surgery	Osteopathic Manipulative Medicine	Vascular Surgery
Geriatrics	Palliative Medicine	Vascular/Interventional Radiology
Hand Surgery	Pathology	

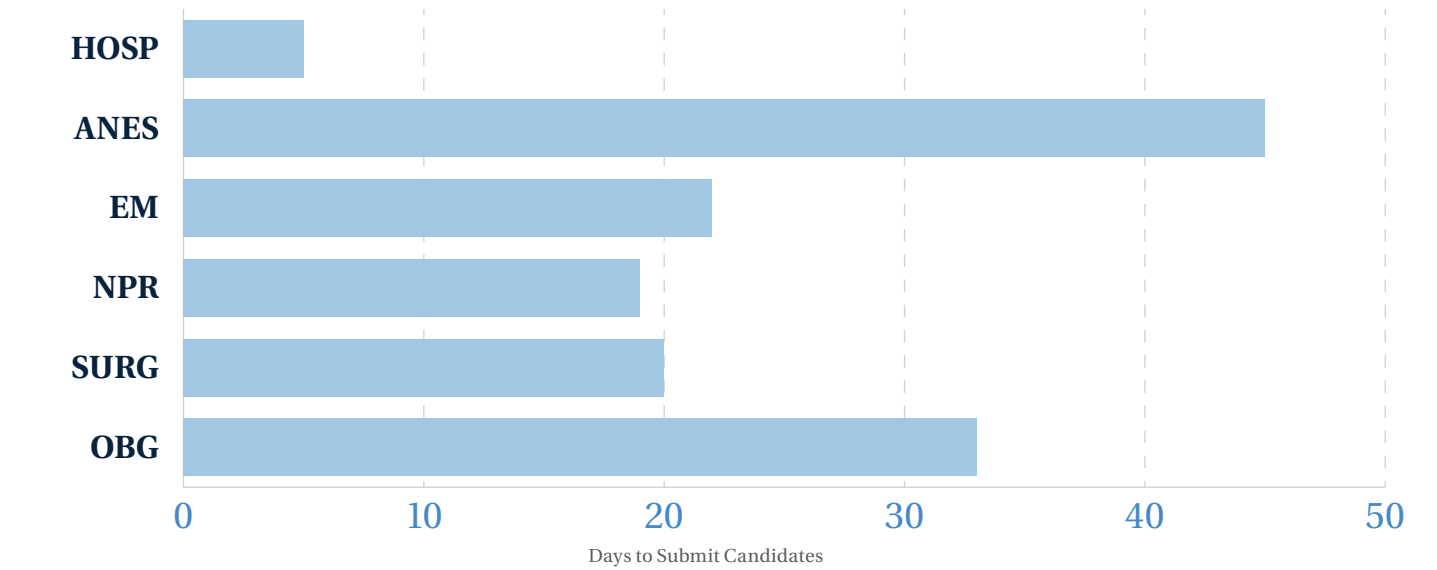
Financial Packages—Top Academic Specialties

Academic compensation varies sharply by specialty. Surgical roles average \$630,000 in base salary with \$668,750 earning potential. By contrast, family practice relies on incentives, offering \$61,667 in combined signing and relocation bonuses.

Table Reflects Averages	Base Salary	Signing Bonus	Relocation Package	Earning Potential
Hospitalist	\$294,286	\$18,571	\$13,571	\$347,857
Anesthesiology	\$430,565	\$40,600	\$12,500	\$508,755
Emergency Medicine	\$353,500	-	\$8,667	\$368,000
Nurse Practitioner	\$116,783	\$7,000	\$8,000	\$122,500
Surgery	\$630,000	\$45,000	\$10,500	\$668,750
Obstetrics & Gynecology	\$402,779	\$26,667	\$11,167	\$533,333
Family Practice	\$256,667	\$50,000	\$11,667	\$280,000
Palliative Medicine	\$256,500	\$25,000	\$12,000	\$295,000

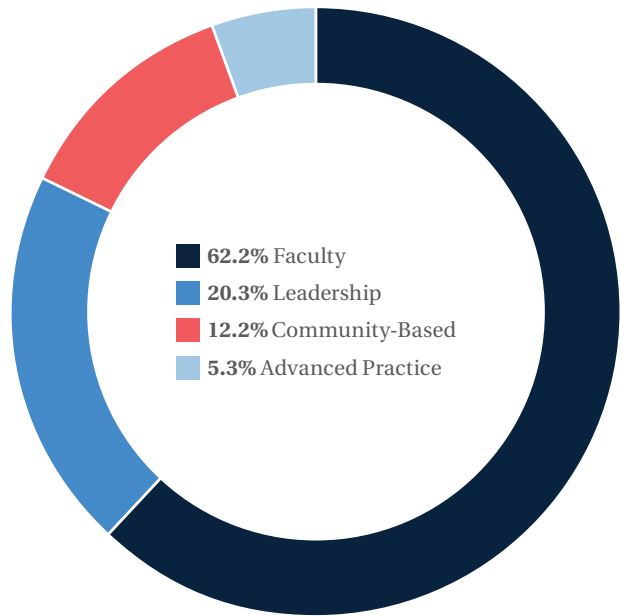
Average Time to Submit—Top Academic Specialties

Among top specialties, hospitalist candidates were submitted most rapidly, in an average of five days, while anesthesiology searches required the longest timeline at an average of 45 days from search initiation.



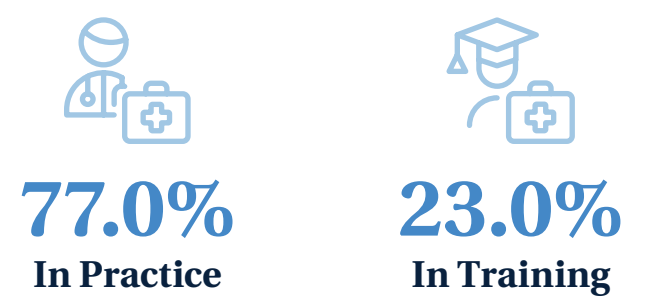
Placements by Position Type

Faculty roles represented nearly two-thirds of academic hiring (62.2%), while leadership and community-based positions are expanding, each reflecting distinct geographic and specialty-specific patterns.



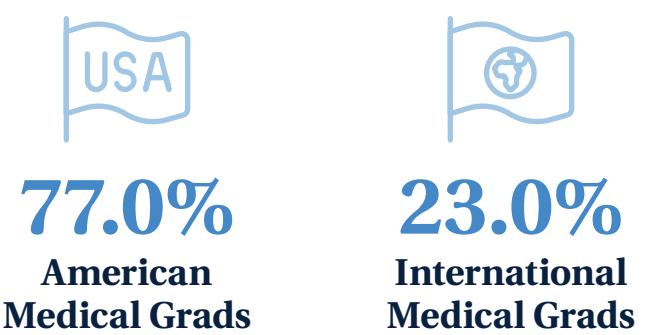
Placements by Prior Experience

Academic hiring continues to prioritize experienced providers (77.0%), while faculty roles remain a primary entry pathway for physicians transitioning directly from training (28.3%).



Placements by Medical School

Academic institutions demonstrate a strong preference for U.S. medical graduates (77.0%), particularly in community-based (88.9%) and leadership (86.7%) roles.



Pediatric Compensation and Placement Insights



The pediatric hiring landscape in 2024 reflects rising clinical complexity, ongoing rural workforce shortages, and widening disparities in access and compensation. Institutions must navigate a dual mandate: meeting rising demand in pediatric subspecialties while closing critical gaps in rural general pediatrics—each requiring distinct strategies.

Demand is increasingly concentrated in subspecialty care. Pediatric IM subspecialties made up 52.4% of all searches, led by neonatology (15.9%), child neurology (14.3%), and pediatric hematology/oncology (7.9%). These trends highlight increasing patient complexity and underscore system strain within the pediatric workforce. The data points to an urgent need to expand fellowship training capacity, increase match rates, and retain mid-career subspecialists to sustain pipeline continuity.

At the same time, 58.7% of pediatric placements were in community-based roles, most (63.0%) in small towns and rural areas. These placements were overwhelmingly primary care-focused (74.1%), reinforcing the central role of rural general pediatrics in national recruitment. By contrast, faculty and leadership placements were urban-centered and subspecialist-driven, reflecting the referral infrastructure and academic functions concentrated in larger health systems.

Pediatric hiring remains heavily reliant on seasoned providers. In-practice clinicians filled 65.2% of pediatric hires, including 100% of leadership and 66.7% of community-based roles. Faculty roles serve as the main entry point for early-career pediatricians: 46.7% of hires came directly from training. This pattern illustrates pediatrics’ dual dependence on experienced clinicians for stability and faculty tracks for workforce renewal.

International medical graduates (IMGs) play a pivotal role in maintaining access in underserved communities. While American medical graduates (AMGs) made up 60.9% of hires, IMGs filled nearly half (48.1%) of community-based roles, but only 26.7% of faculty and 33.3% of leadership roles. IMGs also comprised 56.3% of hires coming directly from training, but only 30.0% of in-practice hires. These patterns reflect a critical reliance on IMG trainees to fill early-career gaps, and emphasize the importance of supportive immigration policies to convert that pipeline into long-term rural capacity.

Candidate identification timelines show which specialties require more aggressive recruiting strategies and longer lead times. Child neurology and neonatology roles moved fastest, averaging 10 and 17 days to the first candidate submission. In contrast, adolescent medicine averaged 136 days, while general pediatrics varied by region, from 17 days in the Mountain region to 62 in the West North Central. These timelines illustrate the need for specialty-aware planning and faster decision cycles in competitive specialties.

Compensation data mirrors these divisions. Pediatric surgery had the highest average base salaries (\$600,000) and total compensation, while pediatric hospitalists had the largest earnings upside, averaging \$150,000 above base. Yet bonus structures for high-demand subspecialties like child neurology remain modest, averaging just \$25,583, highlighting a potential misalignment between compensation models and market realities. A more responsive, specialty-calibrated approach is necessary to retain talent in high-need disciplines.

The pediatric hiring market faces intensifying pressure. Academic and community-based institutions must invest in targeted workforce strategies that address the complexity of subspecialty care, the urgency of rural access, and the realities of a globally trained physician pipeline.



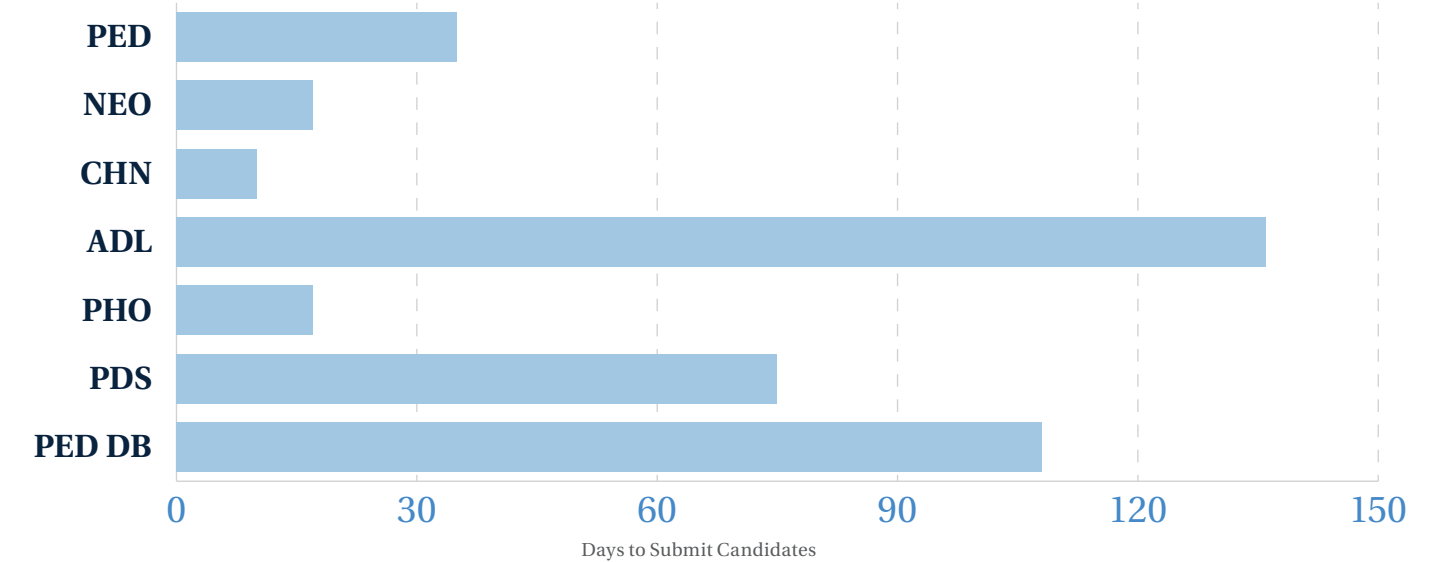
2024 Most In-Demand Pediatric Specialties

In 2024, pediatric hiring was led by IM subspecialists (52.4%) and neuro/psych specialties (17.5%). Of 24 specialties, the top three—neonatology (15.9%), child neurology (14.3%), and pediatric hematology/oncology (7.9%)—underscore persistent workforce shortages and increasing demand in complex, high-acuity care.

Child & Adolescent Psychiatry	Pediatric Gastroenterology	Pediatric Pulmonology
Child Neurology	Pediatric Geneticist	Pediatric Radiology
Neonatology	Pediatric Hematology/Oncology	Pediatric Sleep Medicine
Pediatric Anesthesiology	Pediatric Hospitalist	Pediatric Surgery
Pediatric Bone Marrow Transplant	Pediatric Ophthalmology	Pediatric Urology
Pediatric Cardiology	Pediatric Orthopedics	Pediatrics, Developmental/Behavioral
Pediatric Critical Care Medicine	Pediatric Otolaryngology	
Pediatric Emergency Medicine	Pediatric Pathology	
Pediatric Endocrinology	Pediatric Physical Medicine and Rehab	

Average Time to Submit—Top Pediatric Specialties

Among pediatric specialties, qualified, interested candidates were submitted faster on average for pediatric subspecialty roles than general pediatrics, led by child neurology (10 days), neonatology (17 days), and hematology/oncology (17 days), compared with 35 days for general pediatrics.



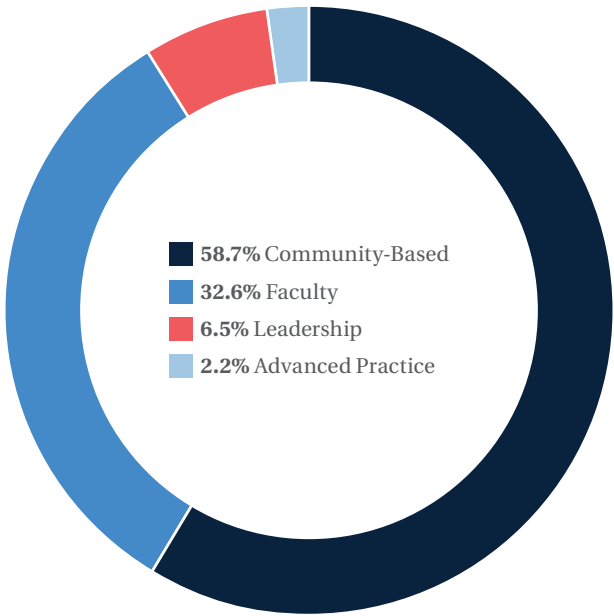
Financial Packages—Top Pediatric Specialties

Pediatric compensation packages vary significantly by specialty. Pediatric surgery offers the highest base salary (\$600,000) and incentives (\$45,000). Child neurology, while among the top three in base pay, lags in bonus structures at \$25,583.

Table Reflects Averages	Base Salary	Signing Bonus	Relocation Package	Earning Potential
Pediatrics	\$260,900	\$32,667	\$9,731	\$307,050
Neonatology	\$265,000	\$23,333	\$8,667	\$325,833
Child Neurology	\$285,000	\$12,250	\$13,333	\$320,000
Adolescent Medicine	\$267,500	\$12,500	\$15,000	\$300,000
Pediatric Hematology/Oncology	\$250,000	\$20,000	\$15,000	\$375,000
Pediatric Surgery	\$600,000	\$30,000	\$15,000	\$645,000
Pediatrics, Developmental/Behavioral	\$244,500	\$21,500	\$8,750	\$260,000
Pediatric Hospitalist	\$300,000	\$30,000	\$10,000	\$450,000

Placements by Position Type

In 2024, most pediatric hires were placed in community-based roles (58.7%), concentrated in rural settings, while faculty and leadership positions were more prevalent in urban environments.



Placements by Prior Experience

In 2024, pediatric hiring favored experienced providers (65.2%), while faculty roles remained a primary entry point for recent graduates (46.7%), balancing workforce pipeline and experience needs.



65.2%
In Practice



34.8%
In Training

Placements by Medical School

In 2024, American medical graduates filled most pediatric placements (60.9%), while international medical graduates comprised 48.1% of community-based hires.



60.9%
American
Medical Grads



39.1%
International
Medical Grads

Academic Physician Workforce Survey Insights



The academic physician workforce is entering a period of accelerated strain, driven by an aging workforce, heavier clinical loads, and rising dissatisfaction among key subgroups. From 2023 to 2024, the share of academic physicians with over 21 years of experience more than doubled (17.7% to 44.8%), raising concerns about retirement risk and institutional reliance on late-career providers. At the same time, academic physicians report longer hours, with 50.2% working 50+ hours per week, compared with 39.4% of physicians overall. These trends point to capacity pressures and an imbalance in workforce renewal.

Job satisfaction is mixed and often lags behind non-academic settings, especially among women and physicians considering job changes. Just over half of academic physicians report satisfaction with work-life balance, but rates drops sharply among women and job-seekers. Compensation approval is lower still (37.1%), compared with 44.2% among all physicians. Fewer than half are content with their work environment, with mid-career faculty and women considering new roles most likely to feel undervalued. However, academic physicians report higher satisfaction with benefits (64.6% vs. 53.8%), especially retirement plans, paid time off, and health coverage—positioning benefits as a core retention advantage.

Geographic preferences remain stable, with major metropolitan areas favored across all demographics. The Middle Atlantic and South Atlantic regions continue to lead in physician interest, followed by growing attention to the Pacific and West South Central states.

Income trends show signs of stagnation despite near-term gains. In 2024, 48.7% of academic physicians reported an income increase, down sharply from 66.2% in 2023. Most increases came from cost-of-living adjustments, not performance-based compensation, signaling a shift from growth to inflation adjustment. Simultaneously, participation in value-based pay dropped from 61.0% to 36.4%, and telehealth income fell from 63.5% to 40.6%, suggesting declining access to supplemental earnings.

Mobility remains limited: only 23.9% of academic physicians would change jobs immediately, while 32.2% not considering a move at all. Overall, 41.0% are open to new opportunities, compared to 49.9% of physicians overall. Among those exploring new roles, the top motivators are compensation (28.3%) and leadership or career advancement (22.4%).

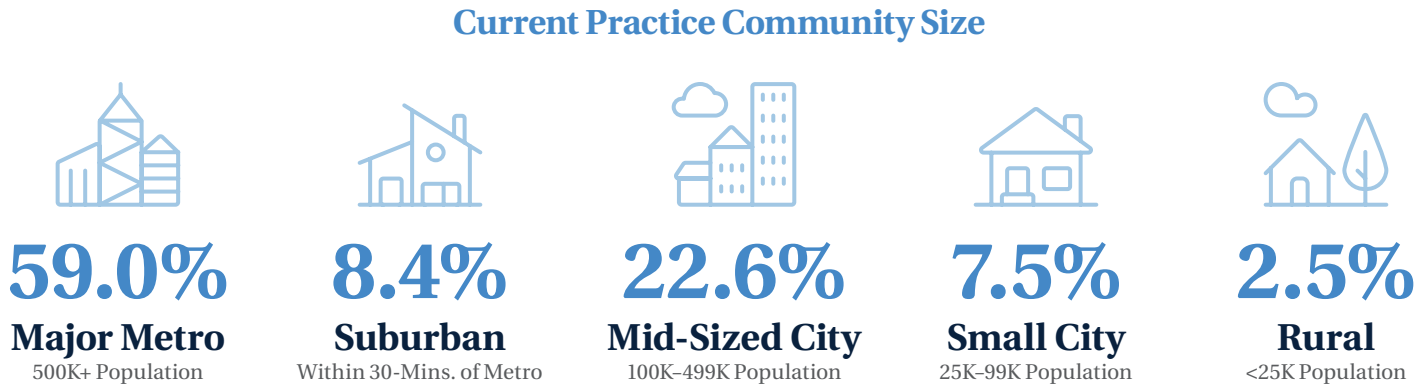
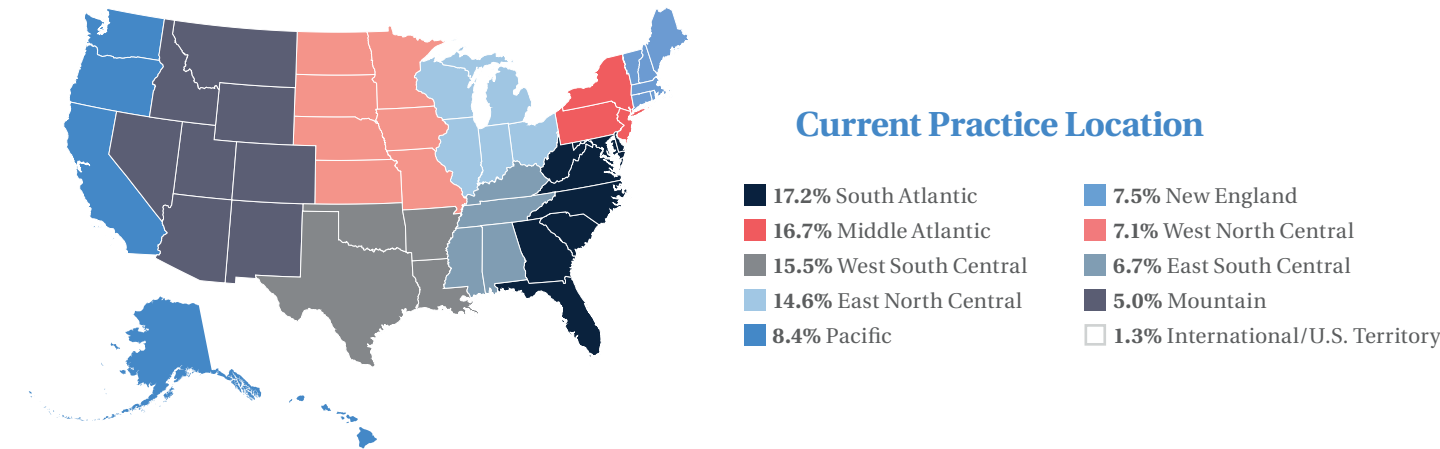
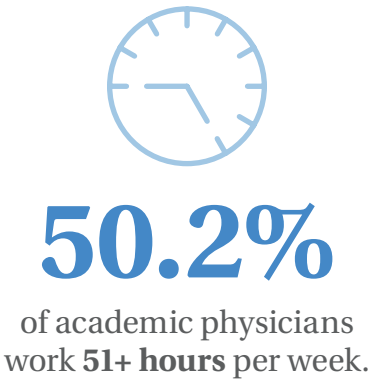
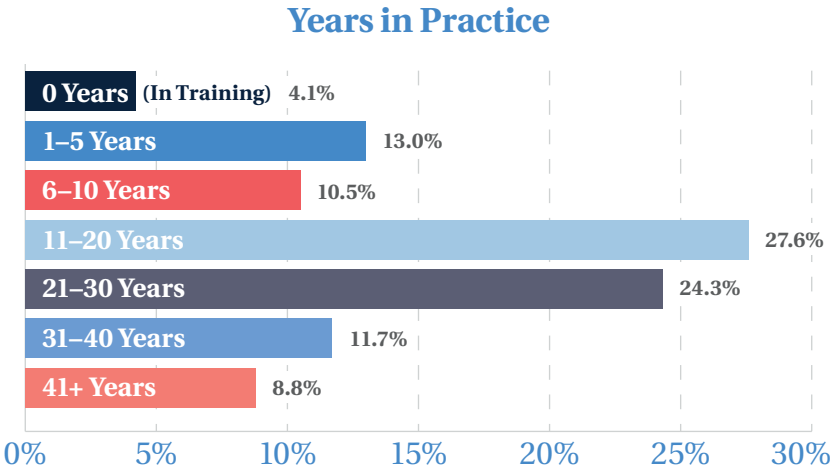
Recruitment remains highly competitive: more than one-third (36.3%) of academic physicians receive six or more job solicitations weekly, even if they are not actively searching. This highlights the importance of targeted, high-value outreach. Email remains the preferred communication channel (80.5%), followed by job boards and professional networks. While social media use for job hunting remains low (20.5%), LinkedIn leads among platform preferences.

When evaluating opportunities, academic physicians prioritize compensation, location, work/call schedules, and benefits. Traditional lifestyle details such as community amenities or local schools rank low in their priorities, indicating that institutions must lead with role clarity, schedule transparency, and direct financial detail, rather than relying solely on institutional prestige or community appeal.

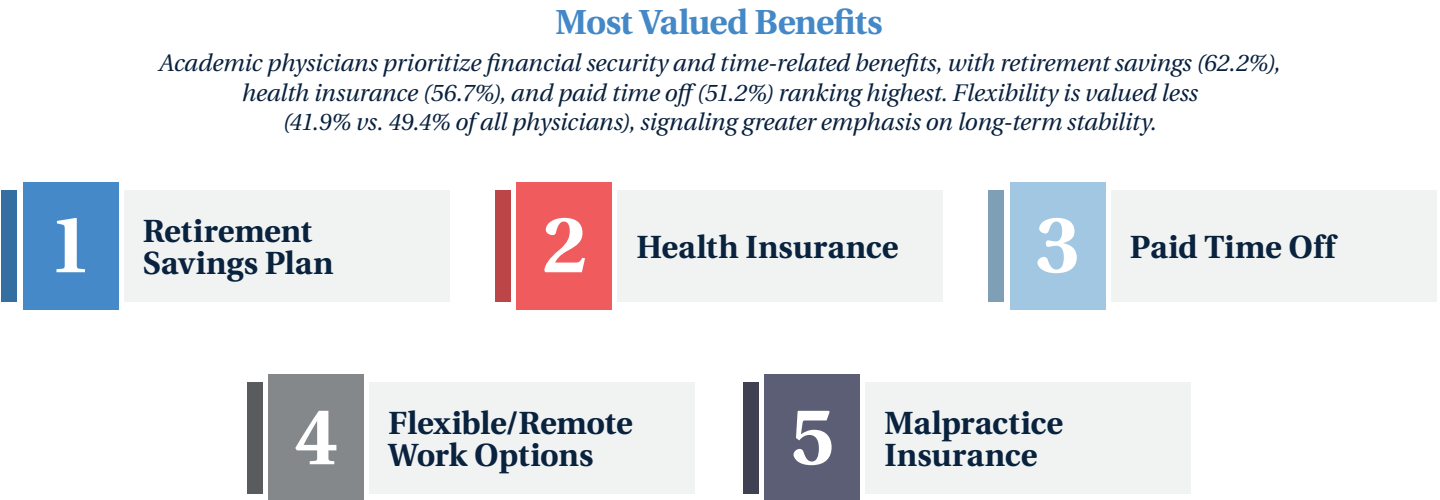
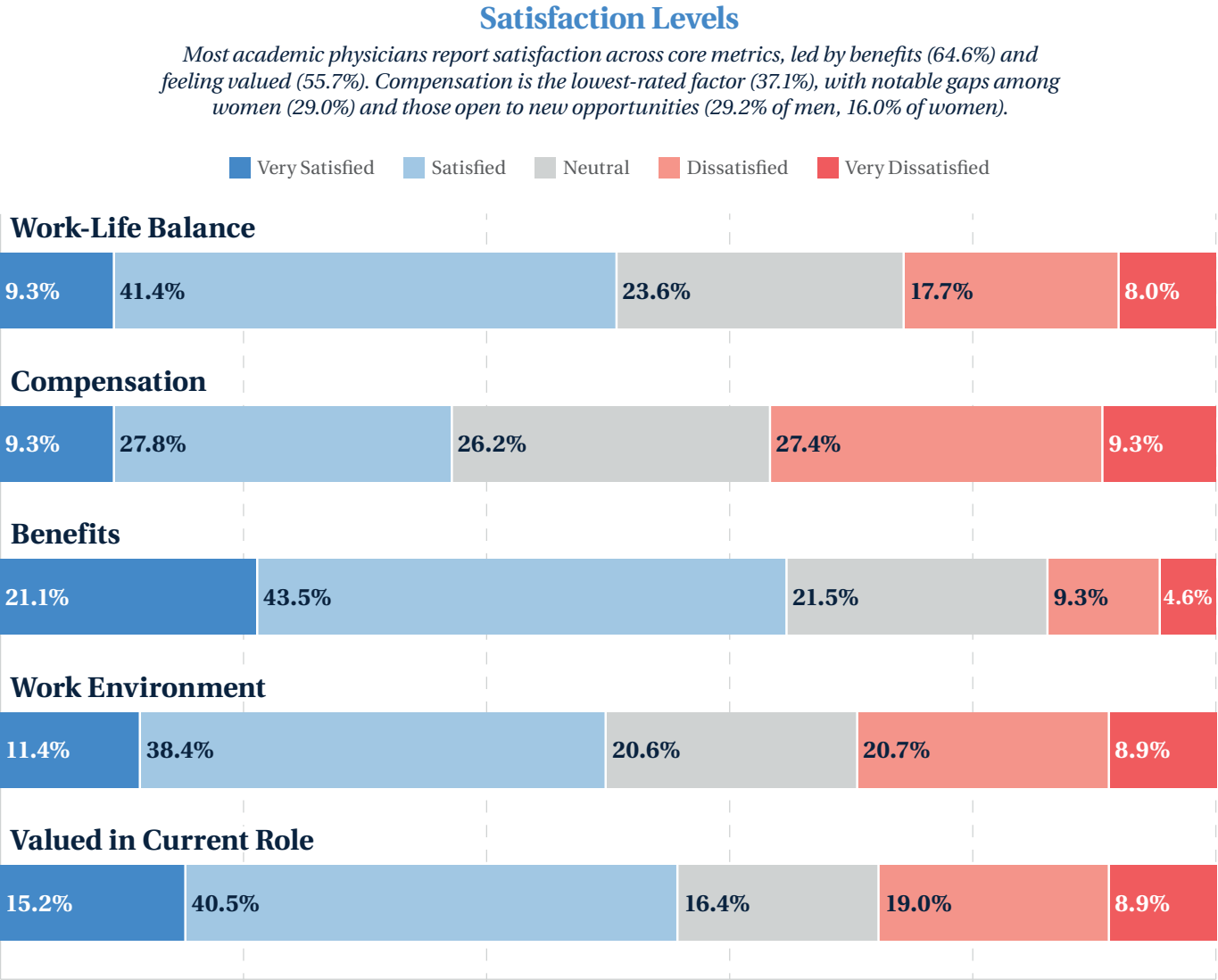
Ultimately, academic physicians remain committed to mission and structure but are increasingly burdened by heavier workloads and mid-career dissatisfaction. Addressing these pressures will require deliberate investment in faculty wellbeing, career growth pathways, and realistic compensation models aligned with institutional mission and market realities.



Professional Background



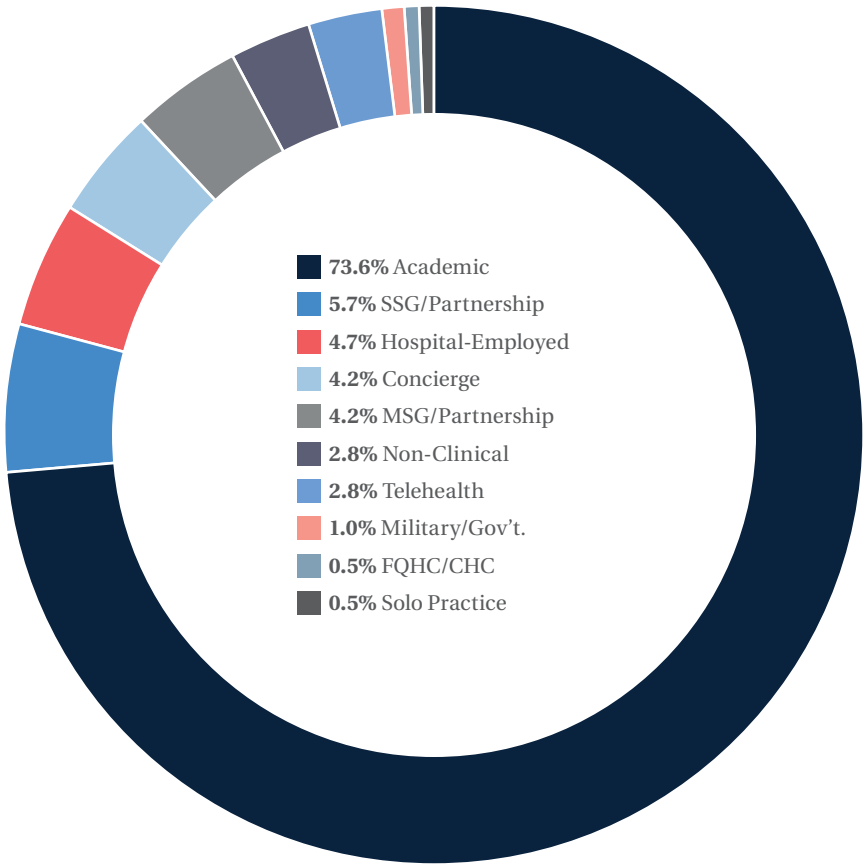
Workplace Satisfaction



Ideal Job Characteristics

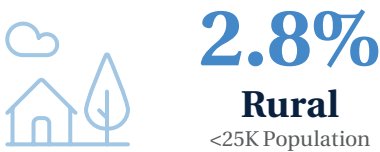
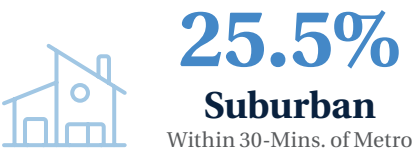
Preferred Practice Setting

Most academic physicians (73.6%) prefer to remain in academia. Those considering alternatives gravitate toward structured, team-based environments, particularly single-specialty groups (5.7%) and hospital-employed settings (4.7%).



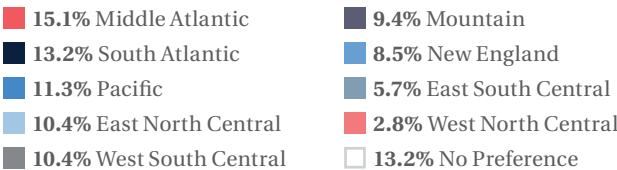
Preferred Community Size

Academic physicians show a strong preference for major metropolitan areas (44.3%), a trend consistent across demographics, satisfaction levels, and career stages.



Preferred Work Region

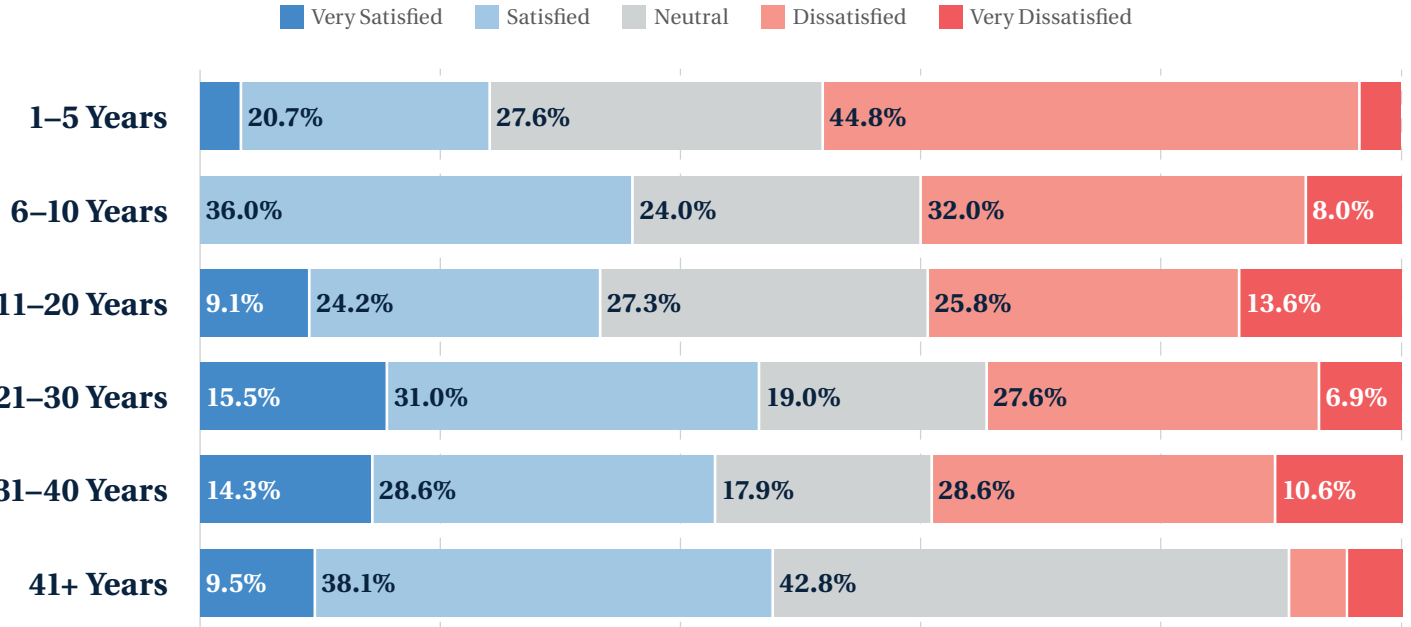
Regional preferences concentrate in the Middle Atlantic (15.1%) and South Atlantic (13.2%) but vary by gender, career stage, and satisfaction levels.



Compensation Trends

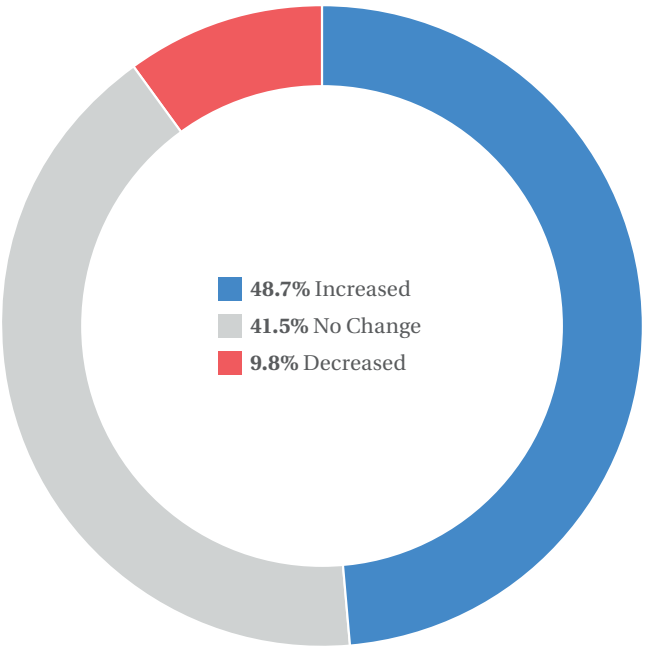
Compensation Satisfaction by Experience

Compensation satisfaction rises with experience. Early-career physicians (1-5 years) report the lowest satisfaction (24.1%) and highest dissatisfaction (48.2%). By 21+ years, satisfaction surpasses dissatisfaction, peaking at 47.6% vs. 9.6% among those with 41+ years.



Income Changes (2024)

In 2024, nearly half of academic physicians (48.7%) reported income growth, outpacing all physicians (37.8%). Yet this marked a 17.5-point decline from 2023 (66.2%), raising concerns over stagnation.



34.5%
of respondents 2024 income increased due to a cost-of-living adjustment.



36.4%
of respondents received quality- or value-based income in 2024.



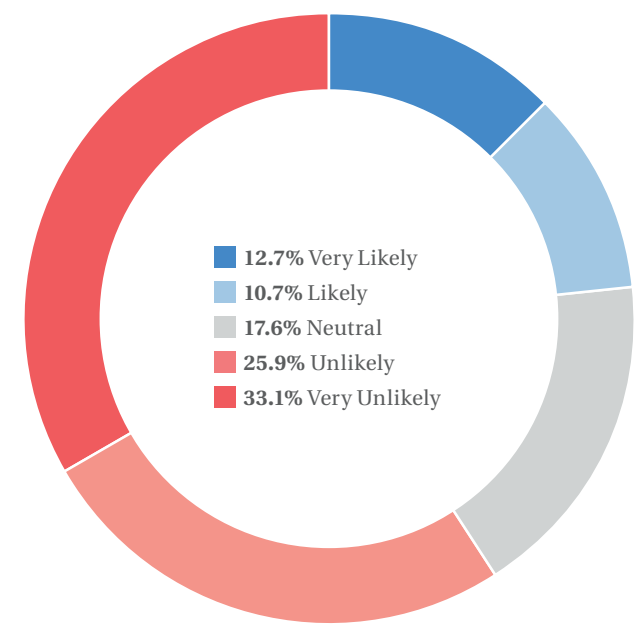
40.6%
of respondents received income from providing telehealth services in 2024.



Career Change Factors

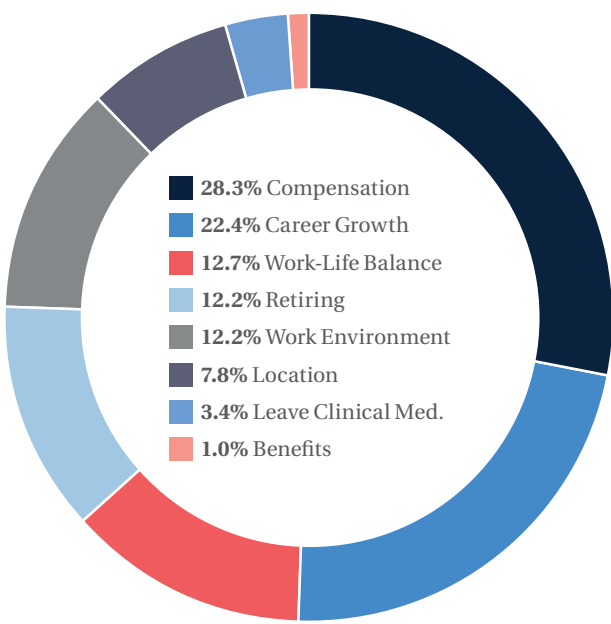
Likelihood of Career Change

Academic physicians report lower mobility than peers, with 41.0% open to change vs. 49.9% overall. Early-career physicians remain most likely, with 60.0% indicating openness.



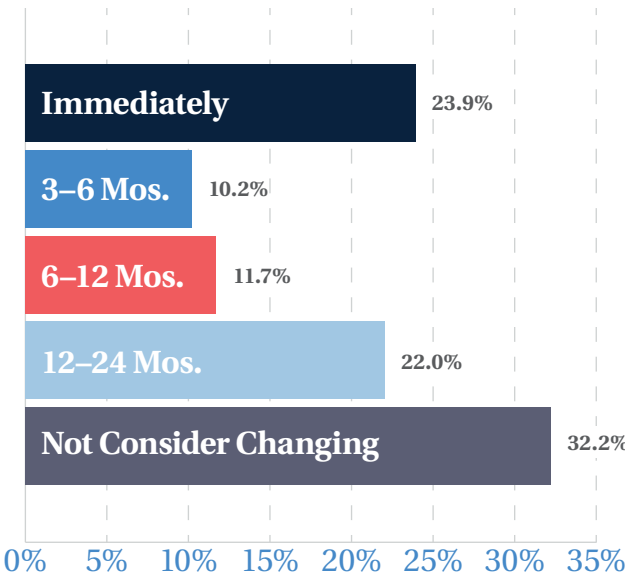
Top Motivators for Changing Careers

Compensation is the motivator (28.3%), followed by leadership and career growth (22.4%), which academic physicians emphasize more than peers (9.8%).



Timeline for Career Changes

Nearly one-quarter (23.9%) would change jobs immediately if given the opportunity, while 32.2% report no near-term interest, reflecting stability within the workforce.



Barriers to Career Change

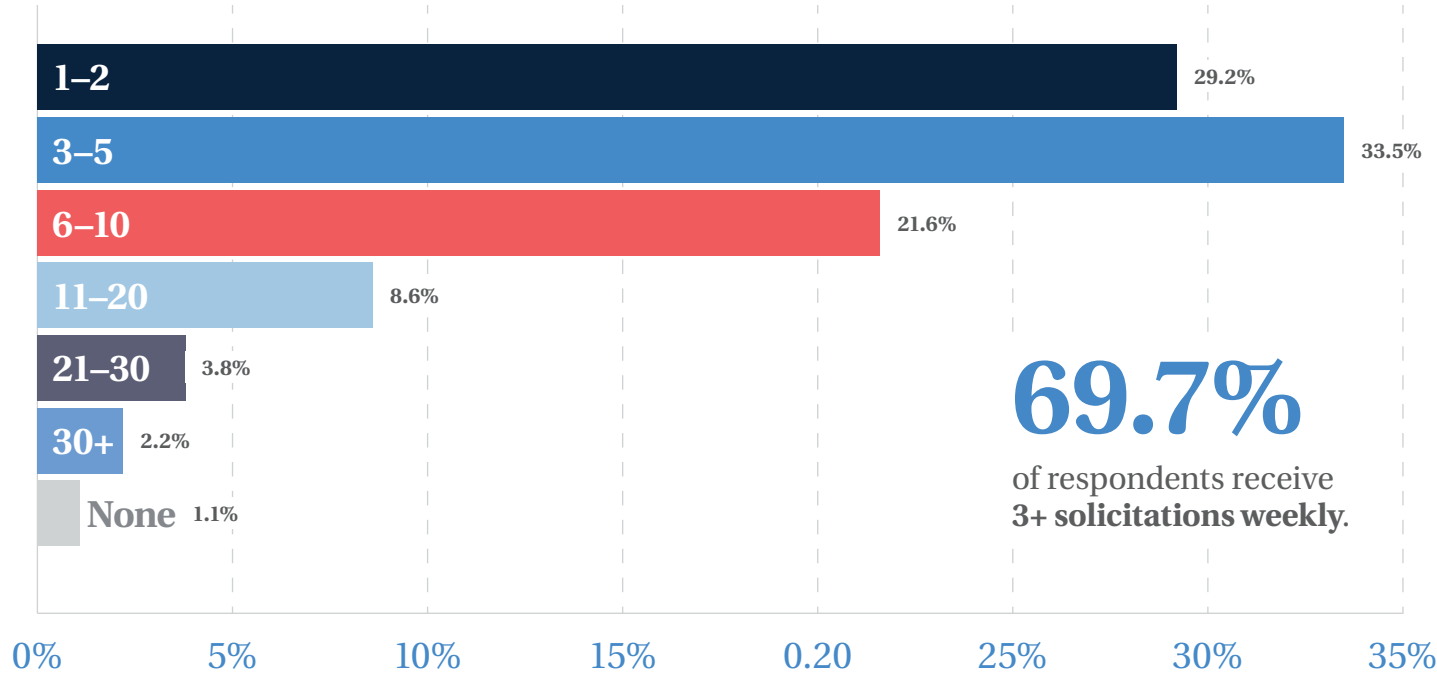
The main barriers are personal and logistical: family/personal reasons (53.2%), geographic constraints (30.5%), and limited opportunities (22.2%).



Job Search Behavior

Weekly Job Solicitations

Despite being less likely to change roles, academic physicians are frequent recruitment targets. Over one-third (36.2%) receive six or more job solicitations weekly, though at lower rates than peers.



Most Important Information in Job Ads

Compensation (75.7%) and location (64.3%) are the top details academic physicians look for in postings.



Top Sources for Job Opportunities

Email is the top channel (80.5%), followed by online job boards (32.4%) and professional networks (31.9%).



Preferred Social Media Platforms

Just 20.5% explore opportunities via social media, primarily on LinkedIn, even among those open to change.



Academic Leadership Workforce Survey Insights



Academic Medical Centers (AMCs) face a critical moment in executive recruitment and retention, shaped by rising mobility, shifting career expectations, and mounting pressure to align roles with evolving institutional priorities.

Leadership credentials are diversifying. Most leaders hold medical degrees (85.3%), but increasing numbers bring advanced management and academic credentials. Tenure trends reflect a younger leadership cohort, with 52.7% in their role for less than 10 years, especially women and MD/DOs. These trends point to a need for more deliberate leadership development pipelines to support long-term continuity and succession.

Workload and sentiment metrics reveal significant strain. Nearly two-thirds of leaders (62.4%) work over 50 hours per week, with the highest workloads among women and those open to new roles. Satisfaction is mixed: just over half are satisfied with organizational culture (56.2%), work-life balance (54.6%), and compensation (52.3%). Levels are lower among women, younger leaders, and those considering a move. Only 43.8% feel they have meaningful influence over policy or strategy, highlighting a gap between title and authority.

Benefits remain a strength, with 74.7% of leaders satisfied—consistent with trends among academic physicians. The most highly valued benefits include retirement savings, health insurance, and flexible work arrangements, reinforcing benefits as a critical lever for retention in academic leadership.

Geographic and setting preferences are clear. Major metropolitan areas are preferred by 42.1% of leaders, with particular interest in the South Atlantic and Pacific regions. The academic medical center setting remains the most desired (67.8%), while interest in system-level, health system, or non-clinical leadership roles is limited.

Compensation satisfaction peaks among leaders with 11–20 years in role (63.3%). However, most 2024 income gains came from cost-of-living adjustments (63.1%) rather than advancement, reinforcing perceptions of flat or reactive pay. Still, nearly two-thirds (64.3%) received performance-based stipends, especially senior and mobile leaders, signaling a shift toward variable compensation models.

Leadership mobility is increasing, though cautiously. Nearly half (49.6%) of leaders are open to changing roles within a year, including 28.7% ready to leave immediately. Yet 28.7% are not considering a move, and only 16.5% changed jobs in the past year, suggesting an active but selective market. Top motivators include compensation, advancement, and retirement; while barriers include personal obligations, limited opportunity, and financial risk.

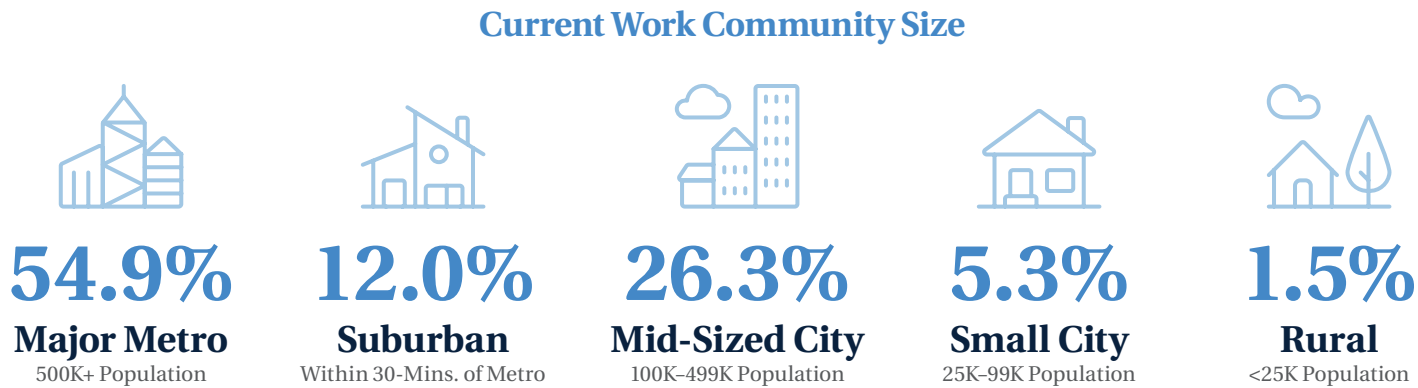
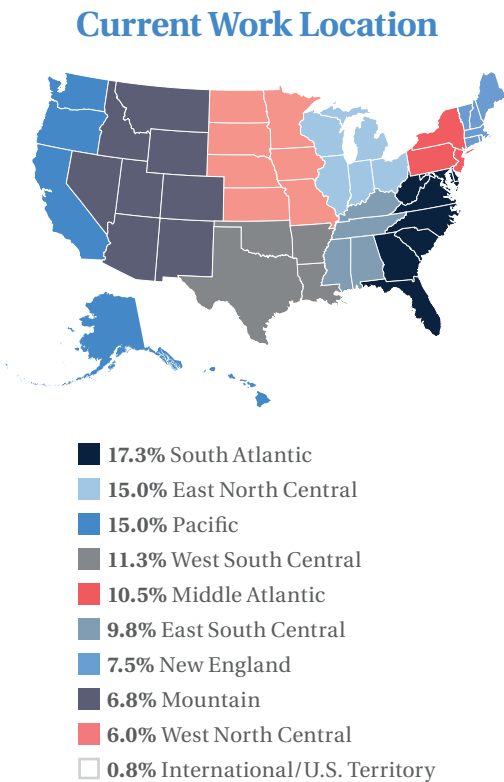
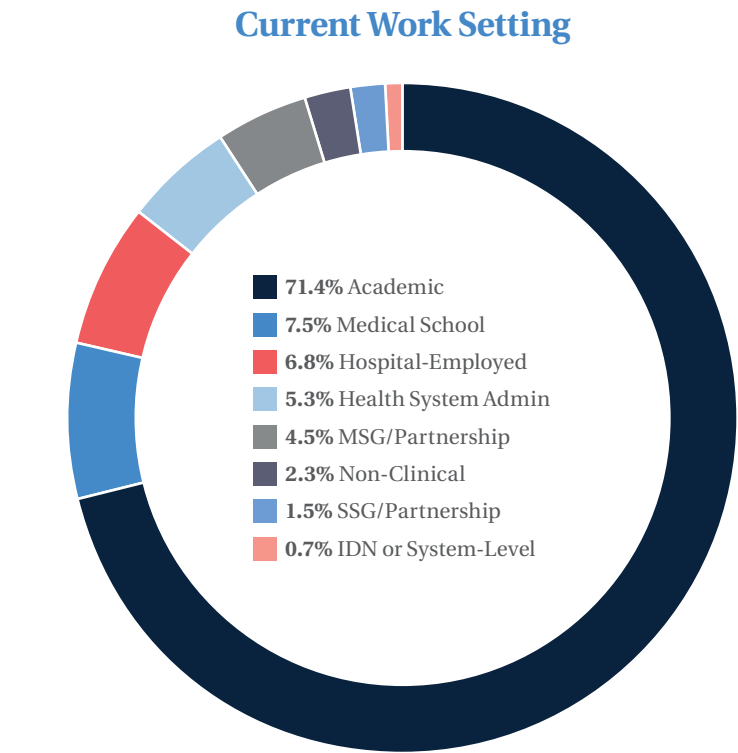
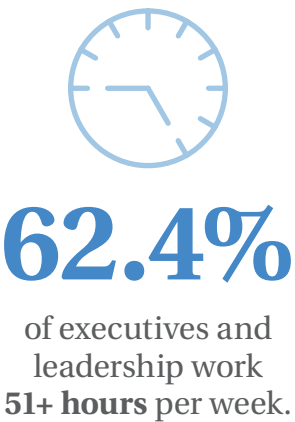
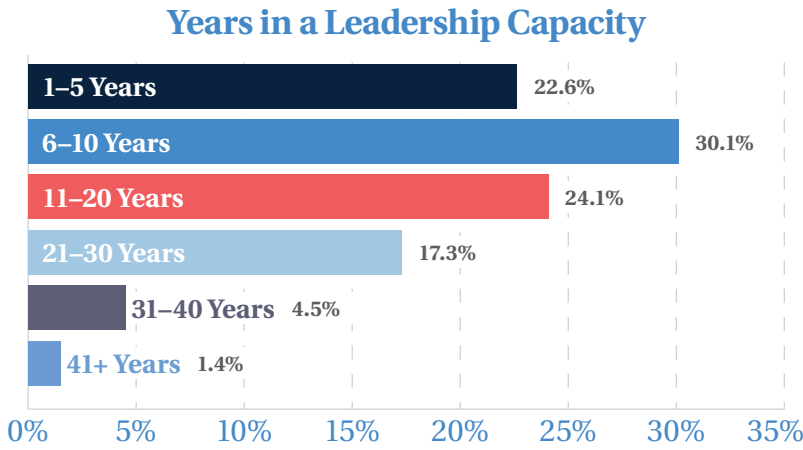
Recruitment strategies must address this complexity. More than half (56.2%) of leaders receive three or more job solicitations weekly, and 25.5% receive six or more. Direct outreach is preferred (57.9%), especially by email (78.6%), followed by peer referrals, alumni networks, and search firms. Leaders consistently prioritize clear details on location, compensation, leadership scope, and culture. Generic job listings remain ineffective.

Social media plays a growing role, especially for younger and mobile leaders. While not a primary channel, 32.4% use platforms like LinkedIn to explore opportunities, showing that targeted, content-driven strategies can effectively supplement personalized outreach.

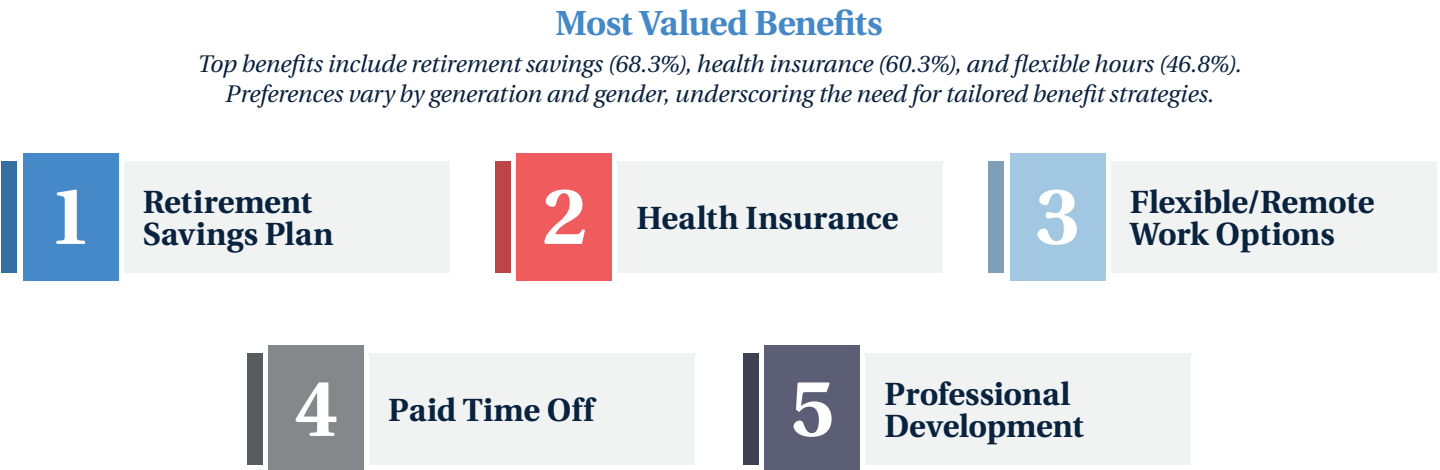
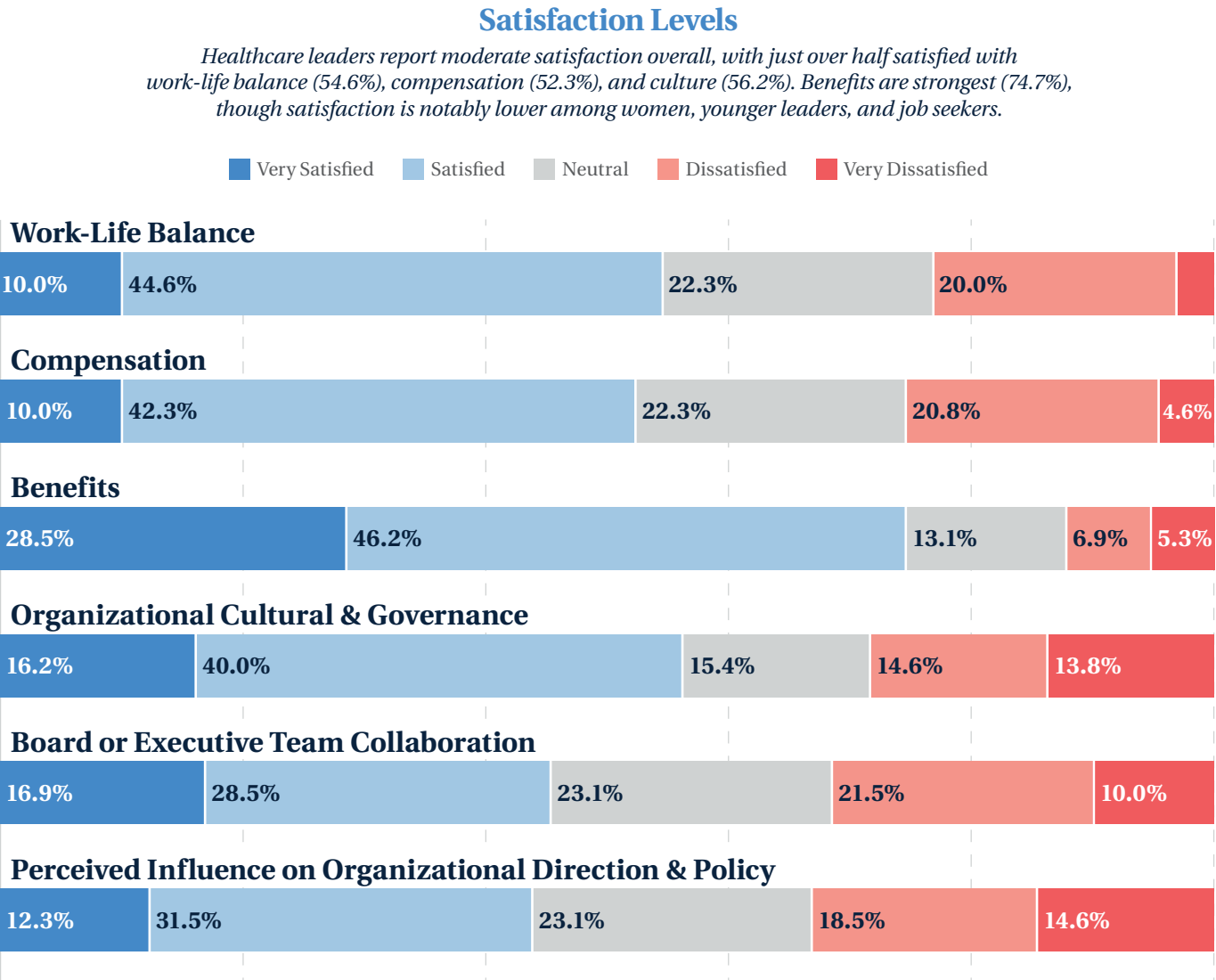
In sum, today’s leaders seek alignment, strategic clarity, and meaningful influence. Institutions that provide flexibility, support, and a clear value proposition will be best positioned to attract and retain top executive talent.



Professional Background



Workplace Satisfaction

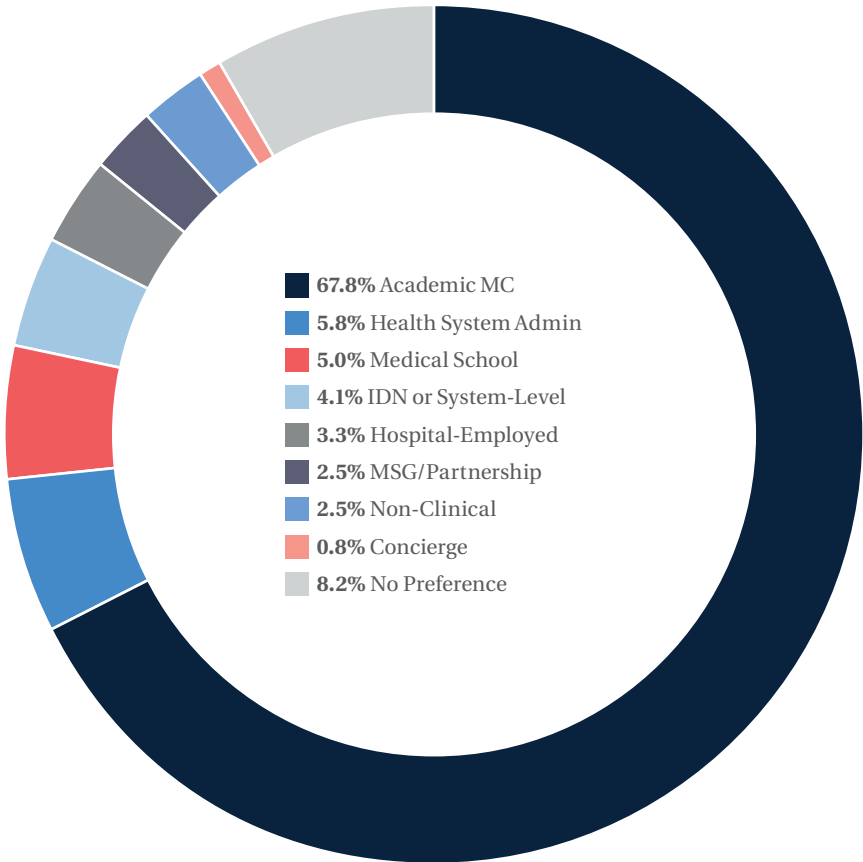




Ideal Job Characteristics

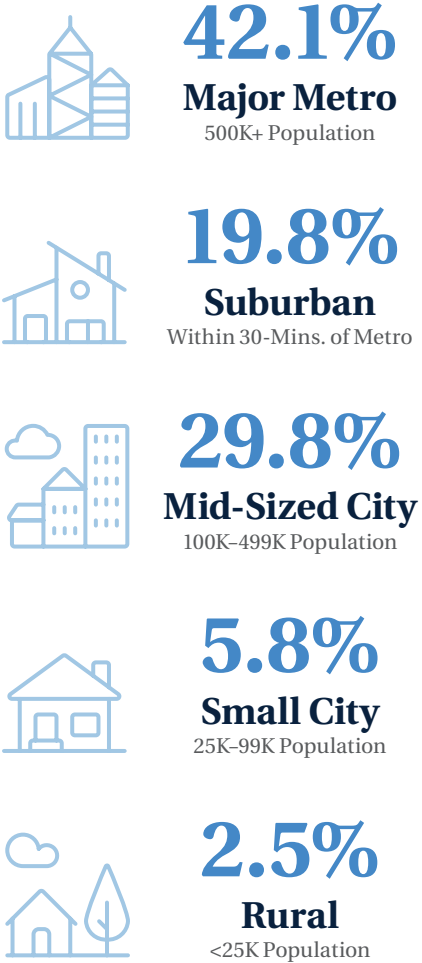
Preferred Work Setting

Academic medical centers and universities remain the most preferred setting (67.8%), with limited interest in choosing system-level leadership and non-clinical opportunities.



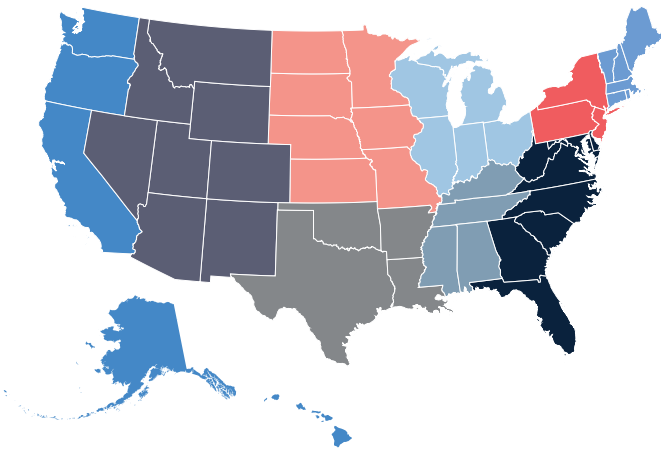
Preferred Community Size

Most leaders prefer major metropolitan areas (42.1%), with preference strongest among women (54.3%), younger leaders (75.0% ages 30–39), and female job seekers (60.0%).



Preferred Work Region

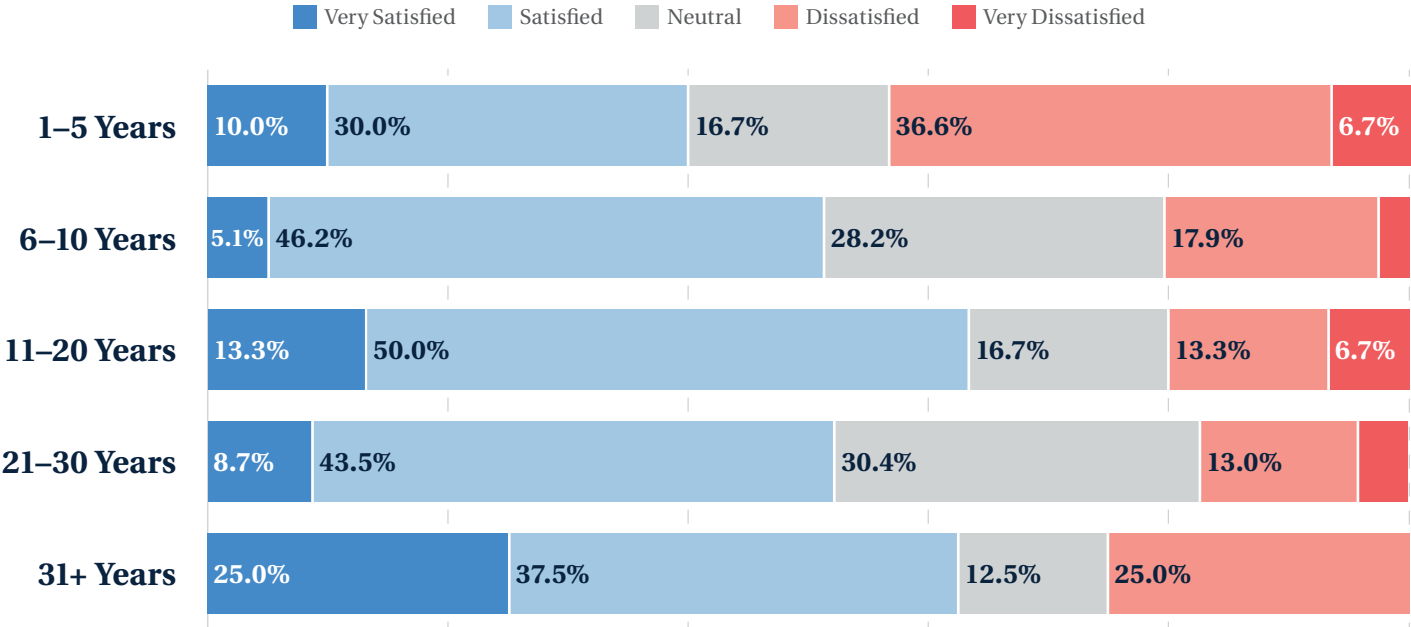
Geographic preferences are concentrated in coastal, high-population areas, led by the South Atlantic (21.5%) and Pacific (16.5%).



Compensation Trends

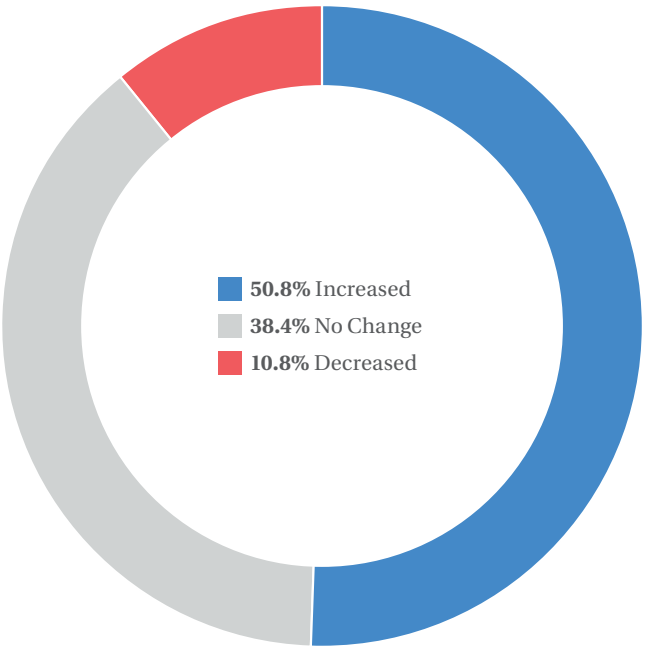
Compensation Satisfaction by Leadership Experience

Satisfaction increases with tenure, peaking at 63.3% for executives with 11–20 years' experience. Early- to mid-career leaders report much lower satisfaction (40.0% for ages 30–39), highlighting a pay-perception gap that may impact retention.



Income Changes (2024)

In 2024, 50.8% of executive leaders saw income growth. Gains were less common among those considering a job change—33.3% of men and 30.0% of women reported an increase.



63.1% of respondents 2024 income increased due to a cost-of-living adjustment.



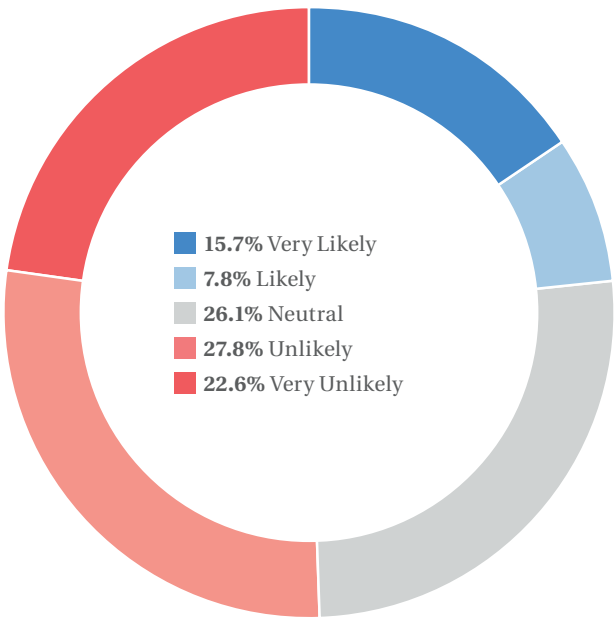
64.3% of respondents received performance-based or administrative stipend income in 2024.



Career Change Factors

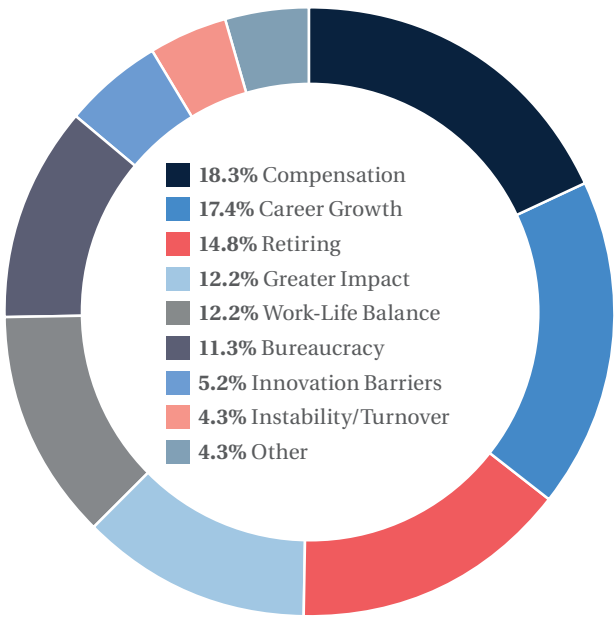
Likelihood of Career Change

Nearly half of leaders (49.6%) are open to or actively considering a job change within the next year, highlighting elevated turnover risk.



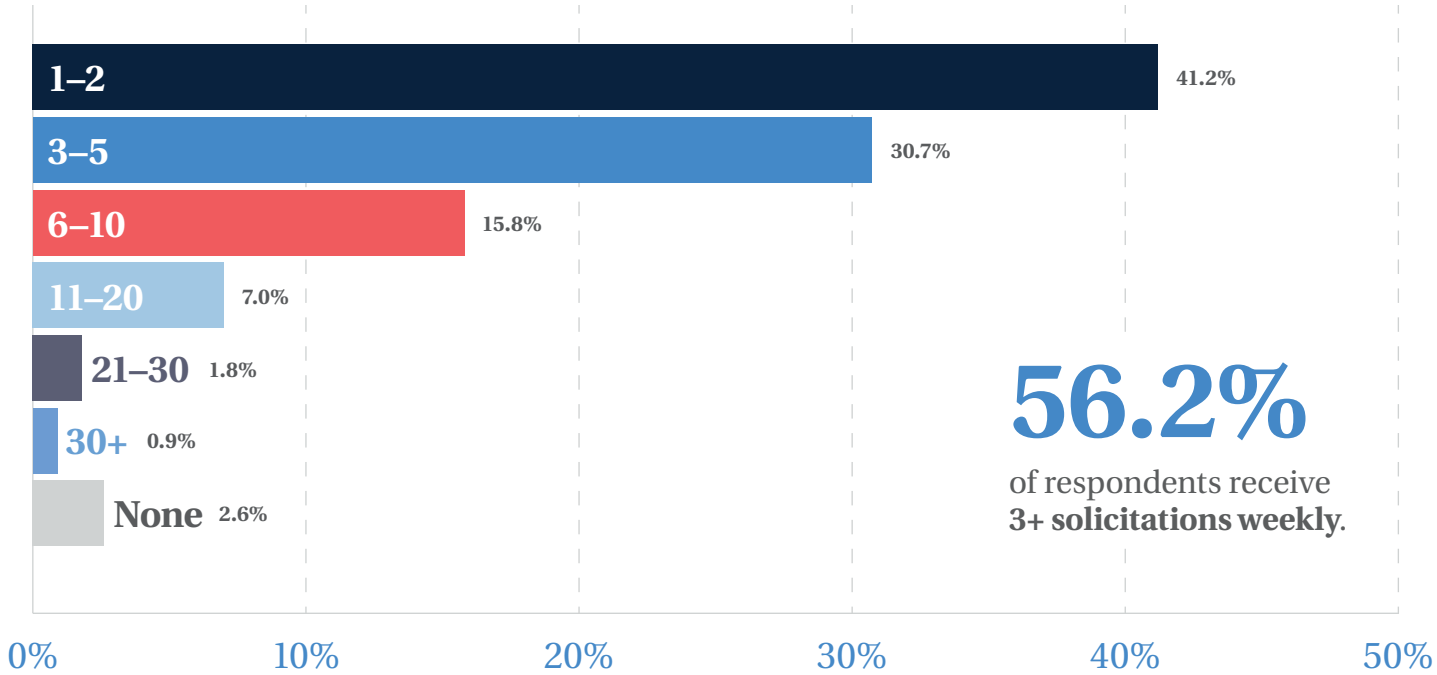
Top Motivators for Changing Careers

Compensation (18.3%) and leadership or career growth (17.4%) drive mobility, while benefits exert little influence (0%).



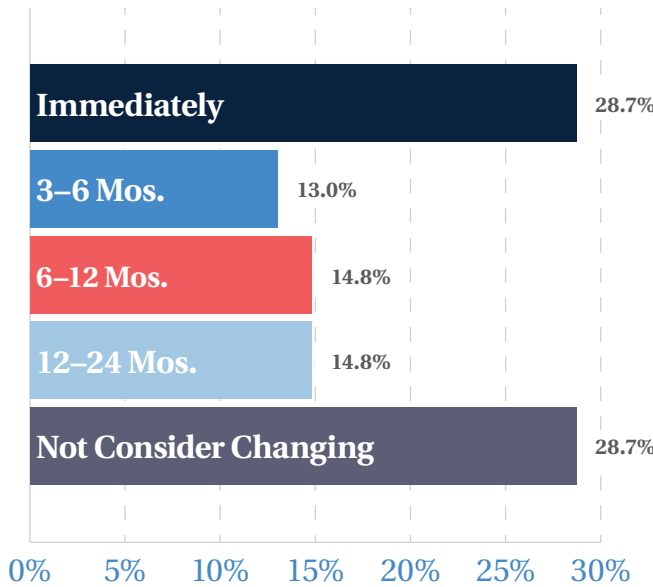
Weekly Job Solicitations

More than half of leaders (56.2%) receive three or more job solicitations each week, and one in four (25.5%) receive six or more.



Timeline for Career Changes

Leaders are split: 28.7% would change jobs immediately if the right opportunity arose, while the same share report no near-term interest.



Barriers to Career Change

Family and personal responsibilities (41.7%), limited role availability (21.7%), and financial risk (15.7%) are the top barriers to changing roles.



Most Important Information in Job Ads

Leaders rank job location (63.0%), compensation (61.1%), and leadership scope (53.7%) as the most important details in postings.



Top Sources for Job Opportunities

A majority (57.9%) of leaders prefer direct outreach, primarily email (78.6%). Peer and alumni networks (45.6%) follow, while digital tools have limited impact.



Preferred Social Media Platforms

Nearly one-third of leaders (32.4%) use social media for job searches, led by men (41.7%) and younger executives (75.0% ages 30-39). LinkedIn dominates (85.7%).



Job Search Behavior

Action Plan

For Addressing Key Challenges in Academic, Pediatric, and Healthcare Leadership Recruitment



Academic, pediatric, and leadership hiring markets face distinct but interconnected challenges—from specialty shortages and rural workforce gaps to rising leadership mobility. The following action plan outlines the most pressing challenges and strategic solutions for 2025 and beyond:

Challenge: Workforce Pressures Redefining Academic Hiring

Traditional, one-size-fits-all recruitment models are falling short, especially in high-demand specialties, leaving institutions vulnerable to short-term shortages and long-term pipeline risks.

Solution: Redefine Roles Based on Market Competitiveness

- **Benchmark compensation by specialty:** Align base pay, incentives, and workload expectations with real-time market trends.
- **Strengthen IMG recruitment support:** Reduce visa and onboarding barriers to expand to a more diverse talent pool.
- **Modernize work structures:** Introduce hybrid roles, flexible schedules, and lighter call expectations to improve appeal and retention.

Challenge: Dual-Market Pressures in Pediatric Hiring

Pediatric hiring is divided between rising subspecialty demand (52.4% of searches) and critical rural primary care needs (74.1% of hires). Systems must address both while also resolving fellowship bottlenecks, IMG reliance, and experience gaps.

Solution: Balance Subspecialist Recruitment with Rural Primary Care Strategies

- **Expand pediatric subspecialty pipelines:** Increase fellowship training and retention in specialties like neonatology and child neurology.
- **Strengthen rural pediatric access:** Use flexible practice models, loan forgiveness, and local partnerships to attract generalists.
- **Support IMG integration:** Prioritize visa sponsorship and structured onboarding to sustain coverage in underserved markets.

Challenge: Retention and Mobility Risks Among Healthcare Leaders

Academic medical centers face rising executive turnover risk. Nearly half (49.6%) of healthcare executives are open to changing roles, motivated by compensation, career growth, and retirement. Despite modest actual turnover (16.5%), evolving expectations demand proactive retention.

Solution: Redesign Leadership Recruitment and Retention Strategies

- **Develop internal leadership pipelines:** Invest in succession planning, mentorship, and cross-functional training to reduce reliance on external hires.
- **Align scope with influence:** Ensure leadership roles include meaningful input on strategy and operations to foster long-term engagement.
- **Modernize compensation and benefits:** Pair performance-based pay with clear benefits communication to meet evolving expectations.

Academic medicine must respond to overlapping workforce challenges—from rising specialty demand to rural access barriers and an aging leadership cohort. Meeting these needs requires tailored pipelines, inclusive policies, and empowered leaders who can align efforts across all missions.

About The Medicus Firm

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