



2024 Survey of Locum Tenens Physicians
and Advanced Practitioners:
**Choosing an Alternative Practice
Style in an Era of Provider
Shortages and Burnout**

Introduction

The *2024 Survey of Locum Tenens Physicians and Advanced Practitioners* is a thought leadership resource produced by AMN Healthcare's Center for Workforce Research on behalf of its Physician Solutions division (formerly known as Merritt Hawkins and Staff Care). The Physician Solutions division of AMN Healthcare specializes in the permanent and temporary placement of physicians, physician leaders, and advanced practice professionals (APPs). Other divisions of AMN Healthcare, the nation's largest publicly traded healthcare talent solutions company, specialize in a wide range of services, including nurse and allied healthcare professional staffing, workforce technology and management implementation, and revenue cycle solutions.



LOCUM TENENS: A LONGSTANDING TRADITION

This report summarizes results of a survey of physicians and APPs who have worked on a locum tenens basis sometime in the last 18 months.

The practice of one physician filling in for another - known as *locum tenens* (or “to take the place of” in Latin) - is time-honored in the medical profession. Physicians have filled in for colleagues who are ill, travelling, or otherwise away from their practices as a professional courtesy for over 200 years.

It was not until the 1970s, however, that the use of locum tenens physicians expanded from limited, ad hoc assignments arranged by physicians themselves to a more broad-based and systematic component of medical staffing. Government grants allotted to make physicians available in medically underserved areas ushered in the modern era of locum tenens staffing. Locum tenens staffing agencies were developed to meet the needs of healthcare facilities seeking to supplement their medical staffs with temporary healthcare professionals. These now include physicians, APPs and other types of healthcare professionals.

Today, close to 90% of hospitals, medical groups and other healthcare facilities use locum tenens physicians and APPs, primarily to maintain services while permanent providers are being sought (*Survey of Locum Tenens Staffing Trends, AMN Healthcare. 2022*). The widespread use of locum tenens providers underscores the pervasive shortage of healthcare professionals available to fill permanent positions, as well as a need at hospitals and other healthcare facilities for a more flexible staffing option.

A PROFILE OF LOCUM TENENS PROVIDERS

Why do physicians and APPs choose to work locum tenens – particularly in an era of pervasive provider shortages and burnout? What effect does this choice have on the overall supply of physicians and APPs? How do physicians and APPs compare locum tenens work to permanent practice? What type of physicians and APPs work locum tenens, how many locum tenens assignments do they typically accept, and how far are they willing to travel?

Conducted periodically since 2001, the *Survey of Locum Tenens Physicians and Advanced Practice Professionals* addresses these and related questions while offering a profile of physicians and APPs who work on a locum tenens basis. Survey results may prove useful to healthcare professionals, healthcare administrators, policy makers, journalists and others who follow healthcare professional supply, demand and staffing trends.

METHODOLOGY

AMN Healthcare's 2024 *Survey of Locum Tenens Physicians and Advanced Practice Professionals* was emailed throughout January and February of 2024 to proprietary and third party lists of physicians and APPs known to have worked on a locum tenens basis sometime in the previous 18 months. Healthcare professionals included physicians and APPs who have worked as locum tenens through AMN Healthcare, through other staffing agencies, or on their own.

Responses were received from 589 physicians and APPs nationwide. The survey has a margin of error (MOE) of +/- 4%. Responses from several previous years the survey was conducted are included where relevant. The survey was completed and released in April 2024.

Key Findings

AMN Healthcare's 2024 Survey of Locum Tenens Physicians and Advanced Practitioners provides insights into the experiences, perspectives and demographics of physicians and APPS working locum tenens. Key findings include:

- Physicians and APPs are choosing to work locum tenens primarily to improve their working conditions and to address feelings of burnout.
- 86% of those surveyed said that a better schedule was a most important or a moderately important factor influencing their decision to work locum tenens, followed by 80% who said that addressing feelings of burnout was a most important or moderately important factor influencing their decision.
- An additional 75% said that declining compensation was a most important or moderately important factor influencing their decision to work locum tenens, while 71% said that dissatisfaction with being an employee was a most important or moderately important factor.
- The plurality of physicians and APPs surveyed (45%) said they would stop working locum tenens and return to permanent practice if they were offered a position in which schedule, compensation and other factors were favorable. A smaller number (43%) said they would not.
- Close to half of those surveyed (47%) said that working locum tenens was more satisfying than working in a permanent position. Only 12% said that working locum tenens was less satisfying than working in a permanent position, while 30% said both practice styles are equally satisfying.
- The majority of those surveyed (57%) rated their morale level as locum tenens providers to be high, 37% rated their morale level as medium, while only 5% rated their morale level as low.
- 97% of physicians and APPs surveyed rated "freedom/flexibility" as a most rewarding or moderately rewarding aspect of locum tenens practice, followed by 86% who rated "reduced bureaucracy/paperwork" as most or moderately rewarding. A smaller number (72%) rated "travel" as most rewarding or moderately rewarding.
- More than one-third of locum tenens providers (37%) hold a permanent position, indicating that they work as locum tenens on a moonlighting basis. The remaining 63% work only locum tenens.
- The majority of physicians and APPs working locum tenens (52%) are female,
- Physicians and APPs are choosing to work locum tenens earlier in their careers. 81% started working locum tenens either right out of training or while in mid-career. Only 19% began working locum tenens after retiring, down from 36% in 2016.
- Only 11% of providers working locum tenens are primary care physicians (family medicine, internal medicine, pediatrics), down from 21% in 2016, Demand for primary care locum tenens physicians has decreased in recent years while demand for specialist physicians has increased.
- More NPs and PAs are working locum tenens. 24% of providers working locum tenens are NPs or PAs, up from 8% in 2016.

Questions Asked and Responses Received

(All responses rounded to the nearest digit)

1. WHAT IS YOUR SPECIALTY?

	2016	2019	2021	2024
Nurse Practitioner	5%	15%	16%	16%
Other	11%	21%	16%	14%
Primary Care (FP, IM, Pediatrics)	21%	11%	13%	11%
Psychiatry/Behavioral Health	16%	6%	6%	11%
Hospitalist	5%	4%	8%	10%
Radiology	4%	4%	N/A	9%
Physician Assistant	3%	N/A	N/A	8%
IM sub-specialties	6%	4%	5%	7%
Surgery	4%	6%	4%	6%
Emergency Medicine	9%	10%	9%	3%
Oncology	4%	1%	N/A	3%
Anesthesiology	8%	6%	8%	2%
Urgent Care	2%	3%	N/A	0%
Neurology	1%	1%	N/A	0%
Dentistry	N/A	N/A	7%	N/A
CRNA	N/A	8%	8%	N/A

2. WHAT IS YOUR AGE?

	2016	2019	2021	2024
30 or younger	2%	1%	1%	2%
31 to 40	12%	10%	12%	15%
41 to 50	20%	14%	16%	22%
51 to 60	31%	27%	27%	23%
61 to 70	25%	30%	31%	27%
71 +	10.5%	18%	13%	11%

3. WHAT IS YOUR GENDER?*

	2021	2024
Male	54%	48%
Female	45%	52%
Non-binary/other	1%	0%

4. HOW LONG HAVE YOU WORKED LOCUM TENENS?

	2016	2019	2021	2024
Less than one year	30%	23%	18%	20%
1 to 5 years	40%	45%	42%	48%
6 to 10 years	16%	17%	21%	19%
11 or more years	14%	15%	19%	13%

5. DO YOU CURRENTLY HAVE A PERMANENT POSITION AS A PHYSICIAN OR ADVANCED PRACTICE PROFESSIONAL?



6. AT WHAT STAGE OF YOUR CAREER DID YOU FIRST WORK AS A LOCUM TENENS?

	2016	2019	2021	2024
Right after training	15%	14%	16%	18%
Mid-career	49%	54%	58%	63%
After retiring from permanent practice	36%	32%	26%	19%

7. HOW IMPORTANT ARE EACH OF THE FOLLOWING FACTORS IN INFLUENCING YOUR DECISION TO WORK AS A LOCUM TENENS?

	Most important	Moderately important	Least important
Wanted a better schedule	56%	30%	14%
Reduce/address feelings of burnout	45%	35%	20%
Tired of declining compensation	39%	36%	25%
Dissatisfied with being an employee	37%	34%	29%
Tired of reimbursement challenges	29%	39%	32%
Pressure of running a private practice	24%	28%	48%
COVID-19	8%	23%	69%

8. ABOUT HOW MANY LOCUM TENENS ASSIGNMENTS DO YOU WORK DURING A YEAR?

	2016	2019	2021	2024
1-3	71%	71%	61%	70%
4-6	18%	20%	21%	12%
7 or more	11%	19%	18%	18%

9. HOW WOULD YOU RATE WORKING AS A LOCUM TENENS VERSUS WORKING IN A PERMANENT POSITION?

	2016	2019	2021	2024
Locum tenens is MORE satisfying	16%	26%	38%	47%
Locum tenens is LESS satisfying	21%	17%	10%	12%
Both types are EQUALLY satisfying	63%	57%	42%	30%
Unsure/don't know	NA	NA	20%	11%

10. HOW IMPORTANT ARE EACH OF THE FOLLOWING FACTORS IN INFLUENCING YOUR DECISION TO WORK AS A LOCUM TENENS?

	Most rewarding	Moderately rewarding	Least rewarding
Freedom/flexibility	76%	20%	4%
Pay rate	52%	40%	8%
Reduced paperwork/bureaucracy	45%	41%	14%
Travel	33%	39%	28%
Professional development	21%	51%	28%
Good way to find a permanent position	13%	38%	49%

11. HOW WOULD YOU RATE THE CHALLENGES THAT MAY COME WITH WORKING AS A LOCUM TENENS?

	Most challenging	Moderately challenging	Least challenging
Lack of benefits	35%	36%	29%
Being away from home	35%	42%	23%
Credentialing process	34%	47%	19%
Quality of assignments	17%	59%	24%
Uncertainty of assignments	36%	44%	20%
Learning new equipment	11%	40%	49%
Pay rate	11%	49%	40%

12. WITH HOW MANY LOCUM TENENS AGENCIES DO YOU WORK?

	2016	2019	2021	2024
None	13%	7%	3%	3%
1	31%	29%	33%	30%
2-3	45%	52%	51%	56%
4 or more	11%	12%	13%	11%

13. WHAT IS IMPORTANT TO YOU IN SELECTING A LOCUM TENENS ASSIGNMENT?

	Most important	Moderately important	Least important
Pay Rate	78%	20%	2%
Available Shifts	60%	32%	8%
Location	57%	35%	8%
Length of Assignment	47%	47%	6%
Patient Load	45%	45%	10%
Benefits(housing, meals & incidentals, additional perks)	45%	40%	15%
Healthcare Facility I will be working in	36%	49%	15%
Healthcare Company I will be working for	27%	48%	25%
Job Title	19%	32%	49%

14. HOW FAR ARE YOU WILLING TO TRAVEL? (SELECT ALL THAT APPLY)

	2016	2019	2021	2024
Nationwide	39%	46%	35%	43%
Specific region only	26%	26%	32%	37%
Home region only	20%	15%	18%	27%
Home state only	15%	13%	15%	19%

15. AS A LOCUM TENENS PROVIDER, HOW WELL ARE YOU ACCEPTED BY EACH OF THESE GROUPS?

	Accepted	Tolerated	Not accepted
Colleagues	80%	18%	2%
Administrators/Department Heads	68%	28%	4%
Patients	91%	8%	1%

16. HAS WORKING LOCUM TENENS AFFECTED YOU IN ANY OF THE FOLLOWING WAYS? (CHECK ALL THAT APPLY)

	2016	2021	2024
Enhanced my understanding of different delivery systems	65%	66%	70%
Expanded my professional networking opportunities	53%	56%	56%
Created valuable new personal relationships	51%	53%	55%
Afforded positive travel experiences	49%	49%	53%
Enhanced my clinical skills	37%	42%	51%

17. RATE YOUR CURRENT LEVEL OF MORALE AS A LOCUM TENENS PROVIDER.



IN THEIR OWN WORDS

The survey asked physicians and APPs to indicate what they would like their fellow healthcare professionals and the public to know about locum tenens. Over 300 written comments were received. Below is a representative sample.

- *We are just as dedicated to our patients as the permanent staff; we simply choose not to engage in hospital politics.*
- *You can achieve a satisfying work-life balance, though the price you pay is temporary separation from your family.*
- *You can find exactly what frequency you want to work, where you want to work and the salary you want to work for.*
- *You can try on numerous practices without long-term obligation and frustration until you find an excellent match. Much less of your career is wasted suffering through unpleasant practice environments. Also, as a locum, I get to concentrate much more on taking care of patients and much less on management and politics.*
- *Flexibility is very important to providers who are mothers and wives and care givers on the side!*
- *Be mindful that you are there as an interim provider to bridge the gap temporarily and not to get involved with administrative/provider issues. Remain neutral and always remain professional.*
- *The pay is great! Good way to learn new software and new clinical skills. Great way to figure out if certain settings are well suited.*
- *Good work if you like different managements systems and can just float with them.*
- *Great way to expand clinical skills.*
- *A very good way to have a good work and non-work life balance. I enjoy clinical practice immensely. I do not enjoy running a medical office!*
- *I currently work for an organization that I was previously with. I had left in 2020 due to a rather significant reduction in compensation during the pandemic, I went to work for a different organization, but only lasted 2 years, I retired early and my prior employer reached out to me and inquired if would be interested in returning to my prior position on a part time basis. I was a able to negotiate a very good compensation package with part time benefits, and was able to rejoin staff and colleagues that I had previously worked with. I initially agreed to work for 6 months but have been there for 13 months and counting.*
- *Traveling and living at motels/hotels can get old really quickly.*
- *It is rather unfortunate and somewhat ironic that at my age and the 40+ years that I have been practicing medicine, I am finally being justly compensated for all the long hours that I have spent in providing quality medical care to patients regardless of their socioeconomic status and regardless of the various medical locations.*
- *It's a great opportunity when you need some time to find a permanent job!*
- *No continuity of medical care for patients you see in clinic is a frustrating experience. I like to see my patients on a long term basis to see improvement or lack of it.*
- *Working as a Locum Tenens provider is a great alternative to permanent practice given appropriate conditions. Like anywhere else, it is very dependent upon the details, personalities, resources, and support at a given facility.*

- *More than once, I have opted for Locum Tenens employment pending the few months it takes to get credentials with a permanent employer. That is my current situation.*
- *Please consider assignments with the Indian Health Service or other underserved communities as a personally and professionally enriching life experience*
- *There is great satisfaction in filling vacancies in primary care practices. I have found most providers, staff members, and patients to be grateful for my efforts on their behalf.*
- *It can be very rewarding but know the dynamics of the location before you commit. Money is not the most important thing.*

Market Context: An Era of Provider Shortages, Burnout and Turnover

AMN Healthcare's 2024 Survey of Locum Tenens Physicians and Advanced Practice Professionals was conducted during a time of high volatility in the healthcare workforce. Both healthcare provider shortages and high levels of provider burnout and turnover present challenges to hospitals, medical groups and other healthcare employers seeking to maintain or grow their staffs.

The shortage of physicians has been well documented and is a result of a number of factors that AMN Healthcare terms the "Seven Ps."





THE “SEVEN PS”

1. **Population growth:** The U.S. population is projected to grow from 332 million people today to 423 million by 2050.*
2. **Population aging:** By 2034, there will be more seniors 65 and over in the U.S. than children 17 or younger, the first time this has occurred.* Older people visit a physician at three times the rate of younger people.**
3. **Provider aging:** 30% of physicians in active patient care are 60 or older, creating a looming “retirement cliff” in the physician workforce.***
4. **Provider burnout.** Burnout among physicians was labeled a public health crisis by the Harvard H.T. Chan School of Public Health prior to COVID-19. Physician burnout and turnover were further driven by the pandemic.
5. **Pervasive ill-health:** 6 in 10 U.S. adults have a chronic medical condition such as diabetes or lung disease, while 4 in 10 have two or more.**
6. **Pipeline problems:** Federal funding for physician training was capped in 1997 and has been limited since, restricting the number of new physicians.
7. **Practice styles:** Many physicians are embracing practice styles such as part-time, employment, non-clinical roles and locum tenens that may reduce overall full-time-equivalents (FTEs).

As a result of these and other factors, the Association of American Medical Colleges (AAMC) projects a shortage of up to 124,000 physicians by 2034.

* U.S. Census Bureau

** Centers for Disease Control and Prevention (CDC)

*** AMA Physician Master File

PHYSICIAN BURNOUT: A PUBLIC HEALTH CRISIS

One of the factors driving the physician shortage is not directly related to demographics, public health metrics or training capacity, but is centered on how physicians feel about their profession. Professional burnout among physicians has been endemic for years and continues to be pervasive. A 2022 study published by the Mayo Clinic showed that mean emotional exhaustion scores among physicians increased by 38.6% year-over-year. Overall, 62.8% of physicians had at least one manifestation of burnout in 2021, compared with 38.6% in 2020. (*Changes in Burnout and Satisfaction With Work-Life Integration in Physicians During the First 2 Years of the COVID-19 Pandemic. Tait D. Shanafelt, MD, et al. Mayo Clin Proc. 2022 ec;97(12):2248-2258. doi: 10.1016/j.mayocp.2022.09.002. Epub 2022 Sep 14.*)

The study concludes: *A dramatic increase in burnout and decrease in satisfaction with work-life integration occurred in US physicians between 2020 and 2021. Differences in mean depression scores were modest, suggesting that the increase in physician distress was overwhelmingly work related. Given the association of physician burnout with quality of care, turnover, and reductions in work effort, these findings have profound implications for the US health care system.*

The COVID-19 pandemic was partly responsible for the increased incidence of burnout among physicians found in the study. However, the Harvard H.T. Chan School of Public Health identified physician burnout as a public health crisis in 2019, prior the pandemic.

PHYSICIAN TURNOVER ON THE RISE

One result of pervasive physician burnout is rising rates of physician turnover. Physician attrition rates rose 43% between 2010 and 2018, up from 5.3% to 7.6%, according to a study published in October of 2023. (*Why do physicians depart their practice, Ryan O’Connell, et al. The Journal of the American Board of Family Physicians, Oct. 2023*)

The study, which interviewed physicians who left their ambulatory care practices, found that physicians were motivated to leave their practices primarily to:

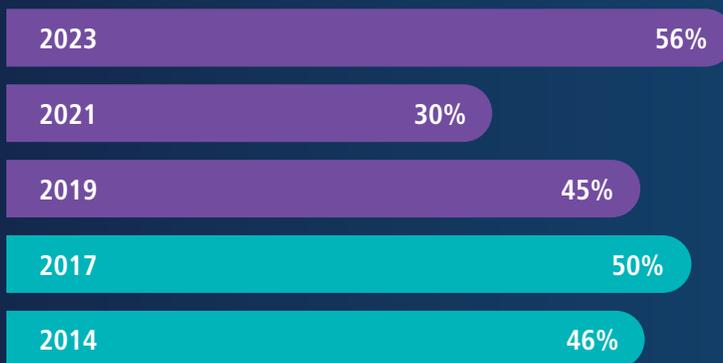


Physicians included in the study also were driven to leave their current practices by other factors, including isolation, the corporatization of medicine, the pandemic, inbox burden, difficult patients, volume and intensity of work, and advancement opportunities. (*Physician turnover more complex than just burnout, study finds. Susanna Vogel, Healthcare Dive, Oct. 20, 2023*).

MANY OPTIONS FROM WHICH TO CHOOSE

The COVID-19 pandemic caused people in many walks of life to reassess where, when and how they work. This was particularly true for physicians and other healthcare professionals who were at ground zero of the pandemic. Physicians who are reassessing where and how they work have many options from which to choose if they elect to make a change. According to AMN Healthcare's 2023 Survey of Final-Year Medical Residents, the majority of physicians receive 100 or more job solicitations from recruiters during their training.

FINAL-YEAR RESIDENTS RECEIVING 100 OR MORE JOB SOLICITATIONS



Source: Survey of Final-Year Medical Residents.
AMN Healthcare. 2023

Physicians today can choose from a variety of job offers, and also from a variety of practice styles and settings. These may include working in private practice, as an employee of a hospital, medical group, insurance company, or other organization, part-time status, a non-clinical administrative position or locum tenens.

More Physicians Choosing Locum Tenens

As provider shortages, burnout and turnover increase, a growing number of healthcare professionals have chosen to work on temporary assignments rather than in permanent, full-time roles. These include "travel" nurses and allied health professionals, but also physicians and APPs working locum tenens.

In 2019, AMN Healthcare Physician Solutions (then known as Staff Care) estimated that 52,000 physicians work as locum tenens each year, up from 26,000 in 2002. That number is likely higher today, though exact figures are difficult to determine.

The 2024 Survey of Locum Tenens Physicians and Advanced Practitioners provides insights into why a growing number of physicians and APPs are choosing the "locums life" during a time of healthcare workforce volatility.

Schedules a Key Attraction for Locum Tenens Providers

The survey asked physicians and APPs to rate various factors that influenced their decision to work locum tenens. The survey found that their primary motivation is to improve working conditions that may be impediments to job satisfaction in permanent practice settings.

In particular, physicians and APPs are choosing locum tenens to obtain more favorable schedules. The majority of those surveyed (86%) indicated that “achieving a better schedule” was a most important or moderately important factor influencing their decision to work locum tenens. Today, many physicians are seeking a favorable work/life balance that allows them the flexibility to pursue outside interests, attend family events and maintain emotional equilibrium. This can be difficult in high volume practices in which physicians may be on tight schedules and required to see many patients in a limited timeframe. When recruiting physicians to permanent practice locations, AMN Healthcare Physicians Solutions has found that schedules often are a more contentious negotiating point than compensation.

By working locum tenens, physicians and APPs can choose where and when to practice, working as little as a few weekends per year to working full-time schedules with overtime. Their work schedules are set at their own discretion, and this is a significant draw for those physicians and APPs seeking a better work/life balance than they may have found in permanent practice settings.

Addressing Feelings of Burnout

Eighty percent of physicians and APPs surveyed said that “addressing feelings of burnout” was a most important or moderately important factor influencing their decision to work locum tenens. Burnout among physicians and APPs may be driven by inflexible schedules but also by the high volume of non-clinical bureaucratic functions they are obliged to perform.

In a national survey of physicians conducted by AMN Healthcare Physicians Solutions (then known as Merritt Hawkins) for The Physicians Foundation, physicians indicated they spend 23% of their time on non-clinical paperwork. They identified inefficient electronic health records (EHR) systems and regulatory/insurance paperwork requirements as primary job frustrations.

Physicians and APPs who work locum tenens also must perform “paperwork” duties such tracking patient conditions and notating the services they provide. However, the level of bureaucratic work required of them generally is less than that required of providers in permanent positions, who also may have to engage in practice administration, departmental meetings, compliance programs and other duties that take them from the bedside. Locum tenens physicians, by contrast, are relatively free to focus on patient care, which is what most physicians describe as their greatest source of professional satisfaction.

Earning “Cleaner” Compensation

Three quarters of physicians and APPs surveyed (75%) said that “declining compensation” was a most important or moderately important factor influencing their decision to work locum tenens. While physician compensation has not

necessarily decreased in recent years, many physicians contend that it has not kept up with inflation. For this reason, physicians and their professional associations reacted negatively when the Centers for Medicare and Medicaid Services (CMS) mandated cuts to its physician compensation formula in both 2023 and 2024 (*Unsustainable: Doctors weigh in on CMS' 2024 physician pay cut proposal*. Alan Goforth. *Benefitspro.com*. September 21, 2023).

In addition to feeling like they are treading water financially, physicians often experience difficulty in obtaining reimbursement, or in accepting the often arcane methods by which they are reimbursed. Medicare and private insurance companies may deny claims submitted by physicians, causing protracted negotiations and frustration. Often, physician compensation is tied to difficult to understand production formulas that are based on goals and metrics physicians do not consider clear or fair. It is not always the amount they are paid that creates physician dissatisfaction and burnout, it is the process by which compensation is evaluated and obtained that is the sticking point.

As the survey indicates, 68% of locum tenens physicians and APPs said that “reimbursement challenges” were a very important or moderately important factor influencing them to choose locum tenens.

In contrast to the convoluted way many permanent providers are compensated, locum tenens physicians and APPs are paid a per diem rate by the staffing agencies that place them on temporary assignments.

As independent contractors, they keep track of time worked, submit payment requests, and typically are paid promptly. Depending on the number of days they work, locum tenens physicians may not earn as much as they would in permanent practice. However, they often find that the locum tenens reimbursement process is more straightforward and “cleaner” than the reimbursement process in permanent practice.



Escaping the Burdens of Employment

Close to three quarters of physicians and APPs surveyed (71%) said that “dissatisfaction with being an employee” was a most important or moderately important factor influencing their decision to work locum tenens.

Several decades ago, the majority of physicians worked in small private practice groups which they and their partners owned, essentially running their own businesses in the classic style typified by television’s Marcus Welby. Today, the private practice model is rapidly going extinct. Seventy-four percent of physicians now are employed, either by hospitals, large medical groups (which often are investor owned), insurance companies or other corporate entities, according to data from Avalere compiled in a study conducted on behalf of the Physician Advocacy Institute (*74% of physicians are hospital or corporate employees. Kelly Gooch. Becker’s Hospital Review. April 19, 2022*).

Facing financial and other challenges, many physicians in recent years sold their small practices to hospitals or other entities, or left private groups for employment with larger organizations. Avalere researchers found the trend accelerated drastically after COVID, with more than 100,000 physicians becoming employees since January 2019.

However, some of these physicians found that employment comes with its own challenges and is not a panacea for the pressures many physicians face. Employment with larger entities can raise the level of bureaucracy with which physicians have to contend. In addition, employed physicians may feel they have gained a measure of practice stability and security at the cost of their clinical autonomy.

According to Medscape’s Employed Physicians Report 2023, 56% of employed physicians said that what they like least about their jobs is less autonomy. (*The physician autonomy problem. Riz Hatton. Becker’s ASC Review. January 32, 2024*).

With the challenging aspects that both the private practice model and the employed model present, the survey suggests that some physicians and APPs are turning to locum tenens as an alternative. When working locum tenens, providers are less tied to the corporate culture and management dictates of the facilities in which they work, and, as free agents, are more able to exercise their clinical judgement as they see fit. If they are not in accord with the standards of care prevalent at a particular temporary assignment, they are free to leave and pursue different assignments elsewhere.

A Path to Flexibility

Physicians and APPs were asked by the survey to consider various aspects of locum tenens work and rate how rewarding they are.

Virtually all respondents (97%) rated “freedom/flexibility” as a most rewarding or moderately rewarding aspect of locum tenens work. Healthcare workers of all types today are less amenable to inflexible work schedules that do not allow latitude for personal interests, family obligations or personal well-being. As was referenced above, schedule flexibility has become the key negotiating point for physicians and APPs considering permanent practice opportunities, often exceeding compensation on their list of job priorities. By working locum tenens, physicians and APPs control where and when they work.

Pay, Paperwork and Travel

A large majority of those surveyed (92%) said “pay rate” was a most or moderately rewarding aspect of locum tenens. Locum tenens providers earn per diem pay rate that can be commensurate to what they might earn in a private practice, provided they are willing to work full-time and even overtime. Those who do not work a full-time schedule are unlikely to achieve compensation equivalent to what they could earn in a permanent practice. However, as was referenced above, the locum tenens payment model is relatively straightforward compared to many permanent practice settings.

An additional 86% of physicians and APPs rated “reduced bureaucracy/paperwork” as a most rewarding or moderately rewarding aspect of locum tenens. Paperwork is not absent in locum tenens practice, but often it is less onerous than in permanent practice, which many locum tenens providers find to be liberating.

Seventy-two percent of those surveyed rated “travel” as most rewarding or moderately rewarding aspect of locum tenens. While locum tenens physicians and APPs generally enjoy travel, the survey suggests they do not find travel to be their primary reward. It is rated fourth after “flexibility/freedom,” “pay rate,” and “reduced bureaucracy,” indicating providers choose locum tenens not primarily as a form of tourism but as a way to enhance their working conditions.

Career Enrichment

The survey asked physicians and APPs if working locum tenens had affected them in any of a variety of ways. Seventy percent said locum tenens work had enhanced their understanding of different delivery systems. Healthcare treatments and protocols may differ from region to region and even from facility to facility. Locum tenens providers get to experience these differences and care delivery nuances firsthand.

An additional 56% said locum tenens expanded their networking opportunities, while 55% said they have established valuable personal relationships working locum tenens. Fifty-five percent said locum tenens has afforded them positive travel experiences. That number might be higher if the majority of locum tenens assignments took place in popular tourist destinations, but that is not always the case. Sometime locum tenens assignments are in remote areas not often frequented by travelers.

The Challenges of Working Locum Tenens

Every practice style presents challenges, including locum tenens. When asked to rate the challenging aspects of locum tenens, 71% of physicians and APPs said “lack of benefits” is a most challenging or moderately challenging factor. As was referenced above, locum tenens providers work as independent contractors, and therefore must arrange for their own health insurance, retirement plans and other benefits, though they are provided with malpractice insurance through the staffing agencies that place them.

Survey respondents cited “being away from home” as another challenge of locum tenens. While many locum tenens providers enjoy travel, it nevertheless can be complicating for those who have spouses or children. While locum tenens

providers can visit with relatives and friends during assignments if logistics permit, in some cases temporary separation is not avoidable.

Physicians and APPs also rated “uncertainty of assignments” as a challenging aspect of locum tenens. Providers in some specialties are in more demand than others (see discussion below). Those whose specialties are in the most demand generally have little trouble booking locum tenens assignments. Those whose specialties are in less demand may not be able to keep their schedules as full as they would like.

Many survey respondents rated “credentialing” as a challenging aspect of locum tenens. The time it takes to get credentialed at various hospitals and other healthcare facilities can vary and may interrupt continuity of locum tenens assignments in some cases.

Locum Tenens vs. Permanent Practice

The survey asked physicians and APPs to compare locum tenens to permanent practice, weighing the benefits vs. the challenges of each. The plurality of those surveyed (47%) said that locum tenens is more satisfying than working in a permanent position. By contrast, only 12% said that working in a permanent position is more satisfying than locum tenens, while 30% said both practice styles are equally satisfying.

High Morale

The majority of physicians and APPs surveyed (57%) rated their morale as locum tenens providers as “high.” By contrast, in the 2022 national physician survey conducted by The Physicians Foundation, only 49% of all physicians rated their morale as “high”. In the same survey, only 49% of all physicians said they would recommend medicine as a career to young people, while 21% said they would like to retire in the next year (*The Physicians Foundation. 2022 Survey of Physicians: Part 3*).

While not without its challenges, locum tenens offers physicians and APPs a safe harbor from many of the aspects of permanent practice they find dissatisfying. The survey suggests that some physicians and APPs are not pulled into locum tenens by its attractions but are pushed by the unfavorable conditions they encounter in permanent practice. This assertion is supported by the fact that many locum tenens providers would return to permanent practice if the conditions were more positive.

Many Would Return to Permanent Practice

Physicians and APPs were asked if they would return to permanent practice if the schedule, compensation and other aspects of the practice were favorable. The plurality of those surveyed (45%) said that they would, while a smaller number (43%) said that they would prefer to remain in locum tenens. The remaining 12% were uncertain.

The fact that close to half of locum tenens physicians and APPs would return to permanent practice given favorable working conditions underscores the dissatisfaction many of them feel with traditional practice models. Many are embracing alternative practice models such as locum tenens as a result.

Enhancing Retention Rates

It can be inferred that hospitals, medical groups and other employers could enhance their physician and APP retention rates by addressing the factors that cause providers to turn to locum tenens, change jobs or retire. These factors include inflexible schedules, inordinate paperwork duties and convoluted reimbursement formulas.



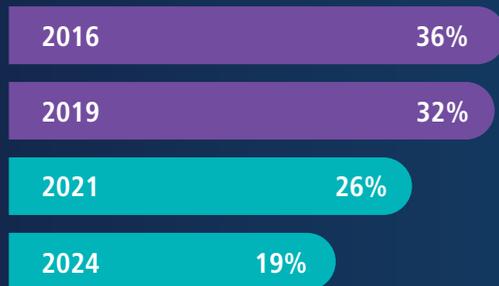
Effect of Locum Tenens on Physician and APP Supply

Until recently it could be argued that ability of physicians and APPs to work locum tenens had a generally positive effect on physician supply. Traditionally, locum tenens allowed older providers who had retired from permanent practice to continue to see patients. Though not always full-time-equivalents (FTEs), these providers remained in the workforce, whereas without the option of locum tenens they may have elected to stop seeing patients altogether.

The 2024 survey suggests this may no longer be the case. The survey indicates that more physicians and APPs are starting locum tenens work earlier in their careers and fewer after they have retired (see chart):

Physicians and APPs Who First Worked Locum Tenens

AFTER RETIRING FROM PERMANENT PRACTICE



RIGHT AFTER TRAINING



MID-CAREER



In 2024, only 19% of physicians and APPs said they first started locum tenens work after retiring, compared to 81% who first started either right after training or in mid-career. These findings suggest that a growing number of younger and mid-career providers are finding the conditions of permanent practice to be difficult and are choosing locum tenens as an alternative.

Those providers who work locum tenens in early or mid-career are less likely to work full-time schedules than are providers in permanent positions. Should a growing number of early and mid-career physicians choose to work locum tenens instead of permanent practice, the overall number of FTEs would likely be reduced, contributing to provider shortages. However, if providers choose to work locum tenens early or in mid-career rather than opting for non-clinical positions or retirement, FTEs would be sustained and provider shortages somewhat ameliorated. This would continue to be true for older providers who choose work locum tenens over full retirement.

Therefore, the net effect of a growing number of early and mid-career physicians and APPs working locum tenens on overall provider supply at this stage may best be characterized as indeterminant or neutral.

Fewer Primary Care Locum Tenens Physicians, More Specialists and APPs

Only 11% of survey respondents indicated they are primary care physicians, defined as those who practice family medicine, internal medicine or pediatrics. This is down from 21% in 2016 and is the lowest percent of survey respondents identifying as primary care physicians since AMN Healthcare first conducted the survey in 2001. By contrast, in 2006, 40% of respondents to the survey indicated they were primary care physicians, as did 28% of respondents in 2010.

This decline is due in part to the fact that a growing number of survey respondents are APPs. However, it also signals a change in physician supply and demand dynamics.

In its July 2021 report, the Association of American Medical Colleges (AAMC) projected a shortage of up to 124,000 physicians by 2034, including a shortage of up to 48,000 primary care physicians and an even greater shortage of up to 76,000 specialists (*The Complexities of Physician Supply and Demand: Projections From 2018 to 2034. Association of American Medical Colleges. July 2021*).

The majority of 2024 survey respondents (65%) indicated they are physician specialists.

When hospitals, medical groups and other healthcare facilities cannot find the permanent staff they need, they often turn to locum tenens providers to fill gaps. The use of locum tenens providers therefore can act as a “canary in the coal mine” signaling the types of physicians and APPs who are in short supply and strong demand. The 2024 survey indicates that specialist physicians and APPs are in the highest demand, while there is relatively less demand for primary care physicians.

The Majority of Locum Tenens Providers Are Female

Over half of 2024 survey respondents (52%) said they are female. Just over one third of all physicians (34%) are female, as are 63% of PAs and 90% of NPs. Physicians represent approximately 70% of survey respondents and are less likely to be female than are APPs. Nevertheless, the survey indicates that female professionals are well represented among the ranks of locum tenens providers. This may be in part a result of the schedule flexibility required by female providers, many of whom are the primary caregivers in their households and require schedules that accommodate their dual roles.

More Locum Tenens Providers Are 40 or Younger

Thirty-eight percent of physicians responding to the survey are 61 years old or older, while 11% are 71 or older, indicating that locum tenens providers are relatively older than providers in permanent practice. However, 17% of survey respondents are 40 or younger, compared to 10% in 2016, suggesting that a growing number of younger physicians and APPs are working locum tenens. For younger physicians, locum tenens serves as a means to “test drive” various practice settings and locations before choosing a permanent position.

Selecting a Locum Tenens Assignment

The majority of survey respondents (70%) indicated they work 1-3 locum tenens assignments per year. The length of these assignments can vary from just a few days to 12 months or more. Some providers are semi-retired and work locum tenens on a part-time basis, while some are in permanent practice but work locum tenens on a discretionary basis. Over one-third of survey respondents (37%) said they have a permanent position, indicating they “moonlight” as locum tenens. Others choose to make locum tenens their full-time practice style, working temporary assignments year-round.

The majority of survey respondents (78%) rated pay as very important when selecting a locum tenens assignment. Locum tenens providers are typically paid at a per diem rate and also are reimbursed for travel and accommodations. Per diem rates vary by profession or medical specialty. APPs generally are paid in the \$700 range per diem, while pay for physicians may range widely, from \$700 to over \$4,000 per diem depending on specialty. Additional pay can be earned through working overtime. By working locum tenens throughout the year, and by working some overtime, providers can earn income comparable to levels common in permanent practice.

Sixty percent of physicians and APPs rated “available shifts” as very important when selecting a locum tenens assignment. As was referenced above, available shifts may vary depending on how in demand a particular specialty is.

Fifty-seven percent of respondents rated location as very important when selecting a locum tenens assignment. Locum tenens providers choose which assignments they wish to accept and are not obligated by staffing agencies to work any specific number of assignments or to work in any particular location. They may choose specific assignment locations to be close to family, to experience various practice settings or to enjoy local amenities.

The majority of those surveyed indicated they confine their choice of locum tenens assignments to regional, state or local areas, while 43% said they are willing to travel nationwide.

Conclusion

The healthcare workforce today is characterized by widespread worker shortages and by rising levels of burnout and turnover.

AMN Healthcare's *2024 Survey of Locum Physicians and Advanced Practice Professionals* strongly suggests that many physicians and advanced practice professionals (APPs) are turning to locum tenens as a safe harbor from unfavorable conditions they encounter in permanent practice that are known to cause both burnout and turnover.

Eighty-six percent of those surveyed said that "a better schedule" was a most important or a moderately important factor influencing their decision to work locum tenens, while 80% said that "addressing feelings of burnout" was a most important or moderately important factor influencing their decision.

Significantly, close to one-half of survey respondents (45%) said they would return to permanent practice if schedules, compensation and other aspects of the practice were favorable. The survey therefore suggests that hospitals, medical groups and other physician and APP employers could enhance provider retention rates by increasing schedule flexibility, restructuring compensation formulas and enhancing the overall work environment.

The survey also indicates that physicians and APPs are choosing locum tenens earlier in their careers, that the majority of locum tenens providers are female, and that demand is strongest for locum tenens physician specialists and APPs and less robust for primary care physicians.

For additional information about this survey and other AMN Healthcare thought leadership resources, contact:

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