

2013



2013 New York Residency Training Outcomes
A Summary of Responses to the 2013 New York Resident Exit Survey

The New York Health Workforce Data System
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PREFACE

This report summarizes the results of the Survey of Residents Completing Training in New York in 2013 (2013 Exit Survey) conducted by the New York Center for Health Workforce Studies (the Center) in the spring and summer of 2013. This survey, administered annually with the cooperation and assistance of residency program directors and hospitals' graduate medical education (GME) administrators across the state, consists of 29 questions covering four general topical areas: residents' demographic and background characteristics, residents' post-graduation plans, characteristics of post-graduation employment (for residents with confirmed practice plans), and residents' experiences in searching for a job and their impressions of the physician job market (for residents who had searched for a job).

The primary goal of the Exit Survey is to assist the medical education community in New York in its efforts to train physicians consistent with the needs of the state and the nation. To achieve this goal, the Center provides residency programs, teaching hospitals, and the medical education community with information about the demand for new physicians and the outcomes of residency training by specialty based on the results of the survey. The year 2013 was the 14th year of the survey.

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The New York Center for Health Workforce Studies is a not-for-profit research center operating under the auspices of the School of Public Health at the University at Albany, State University of New York, and Health Research, Incorporated (HRI). The content of this report reflects the work of the Center exclusively.

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EXECUTIVE SUMMARY

BACKGROUND

The Center conducts an annual survey of all physicians in New York completing a residency or fellowship training program. The goal is to provide the medical education community with useful information about the outcomes of training and the demand for new physicians. The survey instrument (Appendix B) was developed by the Center in consultation with the state's teaching hospitals.

In the spring, the Center distributes the surveys to GME administrators at teaching hospitals in New York. In most cases, the surveys are then forwarded to individual programs where graduating residents are asked to fill out the surveys in the weeks prior to finishing their program. Completed surveys are then returned to the Center for data entry and analysis. With the excellent collaboration of teaching hospitals, a total of 2,967 of the estimated 5,182 physicians finishing a residency or fellowship training program completed the 2013 Exit Survey (57% response rate). For the 14 years the survey has been conducted (1998, 1999, 2000, 2001, 2002, 2003, 2005, 2007, 2008, 2009, 2010, 2011, 2012, 2013), an aggregated total of 42,083 of 68,002 graduates have completed the survey (62% response rate).

The statewide results, by specialty, are presented in this report. Many of the questions on the Exit Survey are designed to assess the demand for physicians in general and by specialty. The results for the graduates of programs in New York may not reflect the experiences of all graduates across the country. In addition, the Exit Survey provides a snapshot of the marketplace at a specific point in time that may or may not be indicative of future supply and demand. However, by conducting the survey every year, it is possible to observe trends in the marketplace, which are useful in projecting future demand.



KEY FINDINGS

Overall, the job market for new physicians in New York continues to be good. Based on the responses to several questions used to measure demand, the opportunities for New York's graduating physicians in 2013 were comparable to those in 2012.

- In 2013, 94% of respondents who had actively searched for a practice position had received at least one job offer at the time they completed the survey.
- While almost one-third (32%) of respondents reported some difficulty finding a satisfactory practice position, only 26% of them attributed their difficulty to an overall lack of jobs. Forty-four percent (44%) attributed their difficulty to a lack of jobs in desired locations.
- The median starting income of graduates increased 3% from 2012 to 2013. The average annual increase over the last four years of the survey was 3%.
- Respondents' views of both the regional and national job markets were positive and optimistic for each of the last four years of the survey.

Demand for primary care physicians (generalists)¹ was somewhat stronger than the demand for non-primary care physicians (specialists). Historically, resident exit surveys have shown that demand for generalists was lower compared to demand for specialists. Recently, however, the demand for generalists has surpassed demand for specialists. In 2013, after adjusting for citizenship status:

- Generalists were less likely than specialists to report difficulty finding a satisfactory practice position (26% versus 35%) and less likely to have to change plans due to limited practice opportunities (12% versus 19%).
- Generalists received more job offers than specialists (mean of 4.29 versus 3.01). Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 1.14 versus 0.57, on a scale of +2 indicating "Many Jobs" to -2 indicating "No Jobs") and the national job market (1.79 versus 1.33).
- The average annual increase in median starting income from 2009 to 2013 was 5% for generalists and 2% for specialists.

Although the overall marketplace appeared relatively good for new graduates, there were significant differences in the job market experiences and assessments by specialty. By analyzing responses in a particular specialty in relation to all specialties, it was possible to

¹ In this report, primary care includes family medicine, general internal medicine, general pediatrics, and combined internal medicine and pediatrics. Non-primary care includes all other specialties.



identify the specialties for which demand is weak or strong in relation to all others over the last four years of the survey.

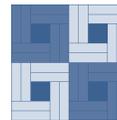
- ⦿ Based on a variety of indicators, the demand for urology, family medicine, dermatology, emergency medicine, and general internal medicine appeared very strong.
- ⦿ Pathology, radiology, cardiology, pediatric subspecialties, and nephrology experienced weak demand.

Both international medical school graduates (IMGs) with permanent citizenship status and IMGs with temporary visas (J-1, J-2, H-1, H-2, or H-3) had a more difficult time in the job market than U.S. medical graduates (USMGs). Historically, IMGs on temporary visas have experienced much more difficulty due to their visa status. With few exceptions, physicians on temporary visas can remain in the U.S. only if they practice in a state or federally designated health professional shortage area (HPSA) or continue training. In recent years, however, the gap in difficulty for IMGs on temporary visas and IMGs who are citizens/permanent residents has narrowed.

Less than half of new physicians are staying in New York after completing training. In 2013, only 45% of newly trained physicians reported plans to practice in the state.

- ⦿ When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons given were proximity to family (28%), better jobs in desired locations outside New York (12%), better jobs in desired practice setting outside New York (9%), and better salary outside New York (9%). Only 4% of respondents indicated that they never intended to practice in New York.
- ⦿ Less than 3% of respondents reported that the principal reason for them practicing outside of New York was climate/weather in New York (2%), the cost of malpractice insurance in New York (1%), taxes in New York (1%), or the cost of starting a practice in New York (0%).

More than one-third (41%) of respondents were subspecializing. However, there were sharp differences in subspecialization rates by specialty.



GENERAL RESULTS

Characteristics of All Respondents

- ⌘ Forty-eight percent (48%) of survey respondents were female. Females represented more than 70% of respondents in obstetrics/gynecology (84%), pediatric subspecialties (73%), and child and adolescent psychiatry (71%).
- ⌘ Underrepresented minorities (URMs) comprised 15% of all respondents. Child and adolescent psychiatry (33%), family medicine (25%), and obstetrics/gynecology (22%) had the most URMs.
- ⌘ Twenty-four percent (24%) of graduates went to New York high schools. The percent of graduates from New York high schools is indicative of how many graduates grew up in New York. Thirty-six percent (36%) of graduates were from another country and 38% were from other states (see Figure 1.3).
- ⌘ Almost one-half (47%) of all respondents were IMGs, similar to the last survey (48% in 2012). This varied widely by specialty with the highest concentrations of IMGs found in nephrology (83%), general internal medicine (70%), and hematology/oncology (70%).
- ⌘ Specialties with very few IMGs included otolaryngology (0%), dermatology (0%), and urology (5%).
- ⌘ Fifteen percent (15%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in nephrology (53%), general pediatrics (29%), and geriatrics (28%). Dermatology (0%), otolaryngology (0%), and urology (0%) had no temporary visa holders.
- ⌘ Individual specialties with the highest median educational debt were emergency medicine (\$230,700), family medicine (\$208,500), and obstetrics/gynecology (\$208,200).
- ⌘ Only three specialties had less than \$65,000 of median educational debt. Hematology/oncology (\$26,300), adult psychiatry (\$50,450), and geriatrics (\$63,550) had the lowest debt.

Post-Training Plans of All Respondents

- ⌘ Fifty-one percent (51%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 84% had confirmed practice plans (i.e., they had accepted an offer for a job/practice position) at the time they completed the survey.
- ⌘ More than forty percent (41%) planned to subspecialize or pursue further training. In addition, 2% were planning to work as chief residents, 2% were planning to enter teaching/research, and 4% had other plans.



Practice Plans of Respondents with Confirmed Plans to Enter Patient Care/Clinical Practice

- ⌘ Less than one-half (45%) of respondents with confirmed plans were entering practice in New York. The vast majority of these respondents (87%) were remaining in the same region in which they trained.
- ⌘ The specialties with the highest rates of in-state retention of graduates were anesthesiology (66%), radiology (62%), and geriatrics (60%).
- ⌘ The specialties of orthopedics (28%), hematology/oncology (28%), and general internal medicine (32%) had the lowest in-state retention rates.
- ⌘ Residents who completed high school and medical school in New York were by far the most likely to report plans to practice in New York after completing training. In 2013, 76% of people who went to high school in New York and attended medical school in New York planned to practice in New York.
- ⌘ When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons given were proximity to family (28%), better jobs in desired locations outside New York (12%), better jobs in desired settings outside New York (9%), and better salary offered outside New York (9%). Only 5% of respondents indicated that they never intended to practice in New York.
- ⌘ Less than 3% of respondents reported that the principal reason for them practicing outside of New York was climate/weather in New York (2%), the cost of malpractice insurance in New York (1%), taxes in New York (1%), or the cost of starting a practice in New York (0%).
- ⌘ Thirty-two percent (32%) of graduates reported entering practice in inner-city locations and only 4% were going to rural locations. Eighteen percent (18%) said they would be practicing in a HPSA, similar to the percentage reported in 2012.
- ⌘ Graduates of cardiology (45%), child and adolescent psychiatry (45%), and pediatric subspecialties (43%) were the most likely to enter practices in the inner city.
- ⌘ While almost half of IMGs with temporary visas were entering HPSAs (48%), IMGs with permanent citizenship were less likely to be entering HPSAs than were USMGs (12% and 17%, respectively, for graduates of primary care specialties).
- ⌘ Thirty-three percent (33%) of respondents were entering group practices. Of these, ninety-four percent (94%) were going into groups as employees.
- ⌘ Only 2% of all respondents were planning to enter solo practice. There were a few specialties in which 7% or more planned to enter solo practice: otolaryngology (29%), general pediatrics (8%), and cardiology (7%).



- ⌘ Fifty-four percent (54%) of graduates were entering practice in hospitals; inpatient (34%) was the most common, followed by ambulatory care (12%), and emergency room (9%) settings.

Expected Starting Income of Respondents with Confirmed Practice Plans²

While differences in income between specialties may reflect dissimilarities in demand, they may also reflect historical reimbursement policies for the services provided in various specialties. If this is the case, trends in income will provide a better measure of demand than will income levels at any particular point in time.

Although the expected first-year income (i.e., starting income) of recent graduates is likely to be much lower than that of practicing physicians, the discrepancies in income for new graduates in different specialties are assumed to be generally consistent with the differences by specialty among practicing physicians. The expected incomes of new graduates may also influence specialty choice of medical students who interact extensively with residents.

- ⌘ Although there was some overlap in the salary distributions of primary care and non-primary care physicians, non-primary care physicians generally reported higher incomes.
- ⌘ Individual specialties with the highest median starting income were orthopedics (\$338,300), general surgery (\$329,500), and radiology (\$320,100).
- ⌘ General pediatrics had the lowest median starting income of all specialties (\$136,100). Other specialties with low starting incomes included child and adolescent psychiatry (\$171,950) and geriatrics (\$173,400).
- ⌘ Among the specialty groups, psychiatry (\$182,500) and primary care (\$192,700) had the lowest starting median incomes. Conversely, surgical subspecialties (\$313,400) and facility based (\$283,450) had the highest.
- ⌘ Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2009 to 2013. Only two specialties experienced a decrease during this time period: dermatology (-3%) and pathology (-1%).
- ⌘ General surgery (+17%), urology (+10%), and hematology/oncology (+6%) showed the strongest trends in income between 2009 and 2013.

² Expected starting income includes both reported base salary and expected incentive income as reported on the Exit Survey. While the graduates with confirmed practice plans for salaried positions were likely to know their base salary with certainty, those entering solo practice and those expecting incentive income were likely to be less accurate.



Expected Number of Weekly Patient Care/Clinical Practice Hours³

- ⌘ Overall, graduates expected to spend an average of 42.8 hours per week in patient care/clinical practice activities.
- ⌘ Graduates of the following individual specialties expected to be working the most patient care/clinical practice hours per week: anesthesiology (51.5), urology (50.3), orthopedics (48.6), and pulmonary disease (48.6).
- ⌘ Graduates expected to be working the fewest patient care/clinical practice hours per week were pediatric subspecialties (33.8), emergency medicine (34.7), and child and adolescent psychiatry (35.1).

Job Market Experiences and Perceptions of Respondents Who Actively Searched for a Practice Position (Excludes IMGs on Temporary Visas)

The survey included several questions related to graduates' experiences in searching for a practice position. Any respondent who was entering or who considered entering patient care/clinical practice was asked to complete this section. The responses of IMGs on temporary visas have been excluded from this section because they have more restrictions on where they can practice compared to other physicians. Respondents who indicated they had not yet actively searched for a position were also excluded.

- ⌘ Almost one-third (32%) of respondents reported difficulty finding a satisfactory position. This percentage was the same as last year. For the specialty groupings, facility based (45%) had the highest percentage of respondents reporting difficulty in 2013.
- ⌘ The most often cited “main reason for difficulty finding a satisfactory practice position” was “lack of jobs in desired locations” (44%), followed by an “overall lack of jobs” (26%) and “lack of jobs in desired practice setting” (14%).
- ⌘ The highest percentages of graduates having difficulty finding a satisfactory practice position were in pathology (66%), radiology (62%), and cardiology (56%). General surgery (0%), emergency medicine (12%), and ophthalmology (13%) had the fewest respondents reporting difficulty.
- ⌘ Seventeen percent (17%) of respondents reported having to change their plans due to limited job opportunities, the same percent as in 2012 (17%). Otolaryngology (0%), ophthalmology (0%), child and adolescent psychiatry (0%), and physical medicine and rehabilitation (0%) had the fewest graduates having to change plans in 2013.

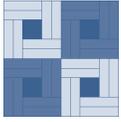
³ As with income, new graduates going into salaried positions may have had more accurate information on the number of hours they will be working. There is no reason to assume that there was any systematic bias or difference in the accuracy of this information as reported by the graduates.



- ⌘ The average number of job offers received by graduates in 2013 was 3.39, slightly down from the number received by graduates in 2012 (3.47). Orthopedics (5.00), family medicine (4.87), and child and adolescent psychiatry (4.70) graduates received the most job offers.
- ⌘ Respondents gave a positive assessment of the regional job market (average Likert score of +0.73 on a scale of +2.00, indicating “Many Jobs” to -2.00, indicating “No Jobs”).
- ⌘ Child and adolescent psychiatry (+1.64), emergency medicine (+1.54), and family medicine (+1.47) respondents had the most positive view of the regional job market.
- ⌘ The specialties with the least positive views of the regional job market were nephrology (-1.29), pathology (-0.74), and radiology (-0.59).
- ⌘ Respondents’ views of the national job market (+1.47) were more positive than for the regional job market (+0.73).
- ⌘ Urology (+2.00) had the most positive view of the national job market among individual specialties, followed by adult psychiatry (+1.95) and child and adolescent psychiatry (+1.91).
- ⌘ Only three specialties had a score of +0.75 or less: pathology (-0.14), radiology (+0.08), and nephrology (+0.75).

Overall Assessment of the Job Market for New Physicians

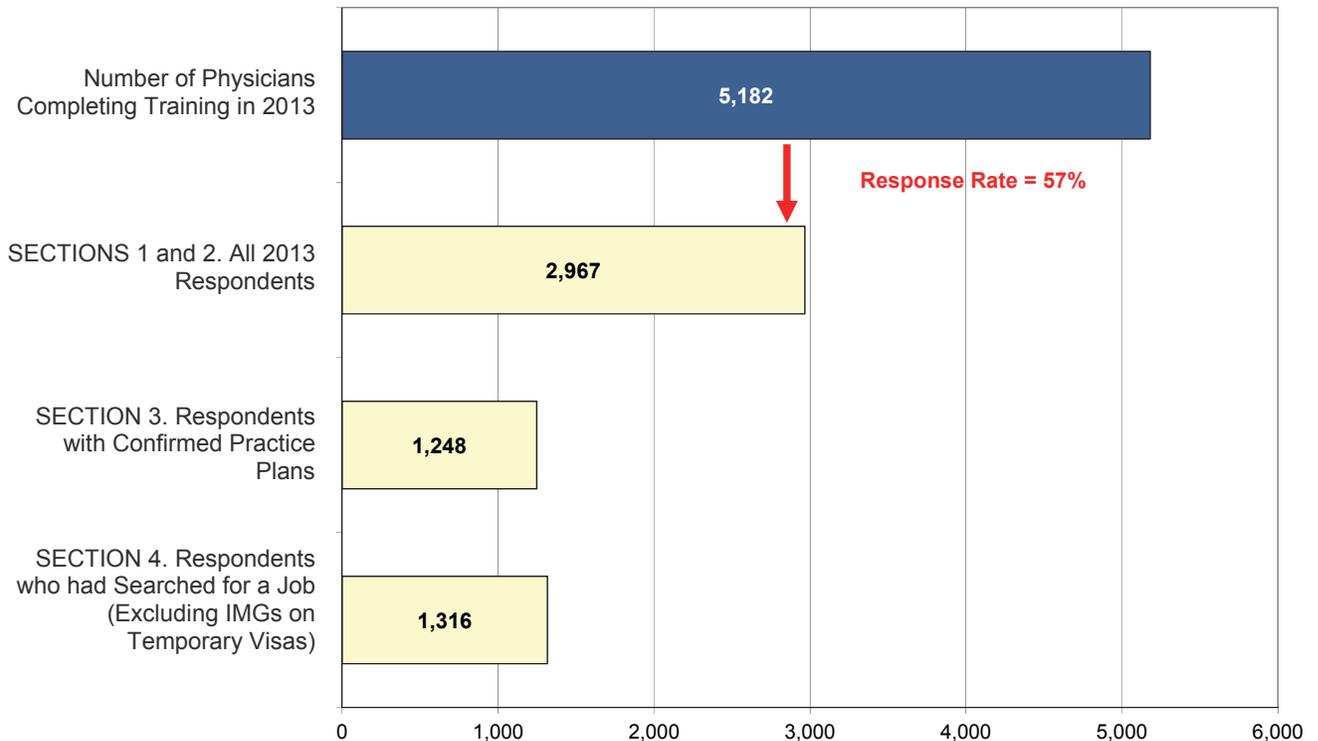
- ⌘ Demand for primary care physicians (generalists) was somewhat stronger than the demand for non-primary care physicians (specialists). In 2013, generalists were less likely than specialists to report difficulty finding a satisfactory practice position (26% versus 35%) and to have to change plans due to limited practice opportunities (12% versus 19%).
- ⌘ Generalists received more job offers than specialists (mean of 4.29 versus 3.01). Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 1.14 versus 0.57, on a scale of +2 indicating “Many Jobs” to -2 indicating “No Jobs”) and the national job market (1.79 versus 1.33).
- ⌘ The average annual increase in median starting income from 2009 to 2013 was 5% for generalists and 2% for specialists.
- ⌘ Based on an aggregation of all demand indicators from the last four years of the survey, the demand for urology, family medicine, dermatology, emergency medicine, and general internal medicine appeared very strong.
- ⌘ Pathology, radiology, cardiology, pediatric subspecialties, and nephrology experienced weak demand.



SUBGROUPS OF RESPONDENTS USED IN EACH SECTION OF REPORT

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 2,967 of the estimated 5,182 residents who completed training in 2013 (a 57% response rate). Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines of their planned activities following completion of their current training programs. Section 3 pertains to respondents who are entering patient care/clinical practice and had confirmed practice plans (i.e., they had accepted a job offer or will be self-employed) at the time they completed the survey. Section 4 summarizes the responses to several questions used to measure demand and relate respondents' experiences in searching for practice positions. This section excludes respondents who had not yet searched for a practice position and IMGs on temporary visas because they have more restrictions on where they can practice compared to other physicians. Appendix A presents response rates by specialty and region and illustrates how specialties are grouped in this report. Appendix B is the 2013 Exit Survey instrument.

Figure 1 2013 Exit Survey Response Rates and Subgroups Used in Each Section of this Report





Section I

Characteristics of All Respondents

Table 1.1 shows background characteristics of all Exit Survey respondents in 2013. This information is presented because these variables are known to be associated with several outcome variables of interest. For example, IMGs were much more likely to report difficulty finding a satisfactory practice position. Thus, the proportion of IMGs in each specialty may confound (i.e., bias) outcomes of interest when making comparisons across specialties.

1.1 Background Characteristics

Highlights

- Forty-eight percent (48%) of survey respondents were female. Females represented more than 70% of respondents in obstetrics/gynecology (84%), pediatric subspecialties (73%), and child and adolescent psychiatry (71%).
- Surgical subspecialties had the fewest females (22%). Of the individual specialties, orthopedics (10%), otolaryngology (23%), and anesthesiology (26%) had very few females.
- URMs comprised 15% of all respondents. Child and adolescent psychiatry (33%), family medicine (25%), and obstetrics/gynecology (22%) had the most URMs.
- Urology (5%), pathology (5%), ophthalmology (7%), and dermatology (7%) had very few URMs.
- Twenty-four percent (24%) of graduates went to New York high schools. The percent of graduates from New York high schools is indicative of how many graduates grew up in New York. Thirty-six percent (36%) of graduates were from another country and 38% were from other states (see Figure 1.3).
- Almost one-half (47%) of all respondents were IMGs, similar to the last survey (48% in 2012). This varied widely by specialty with the highest concentrations of IMGs found in nephrology (83%), general internal medicine (70%), and hematology/oncology (70%).
- Specialties with very few IMGs included otolaryngology (0%), dermatology (0%), and urology (5%).



Figure 1.1 Percent of Female Respondents by Specialty Group (All 2013 Exit Survey Respondents)

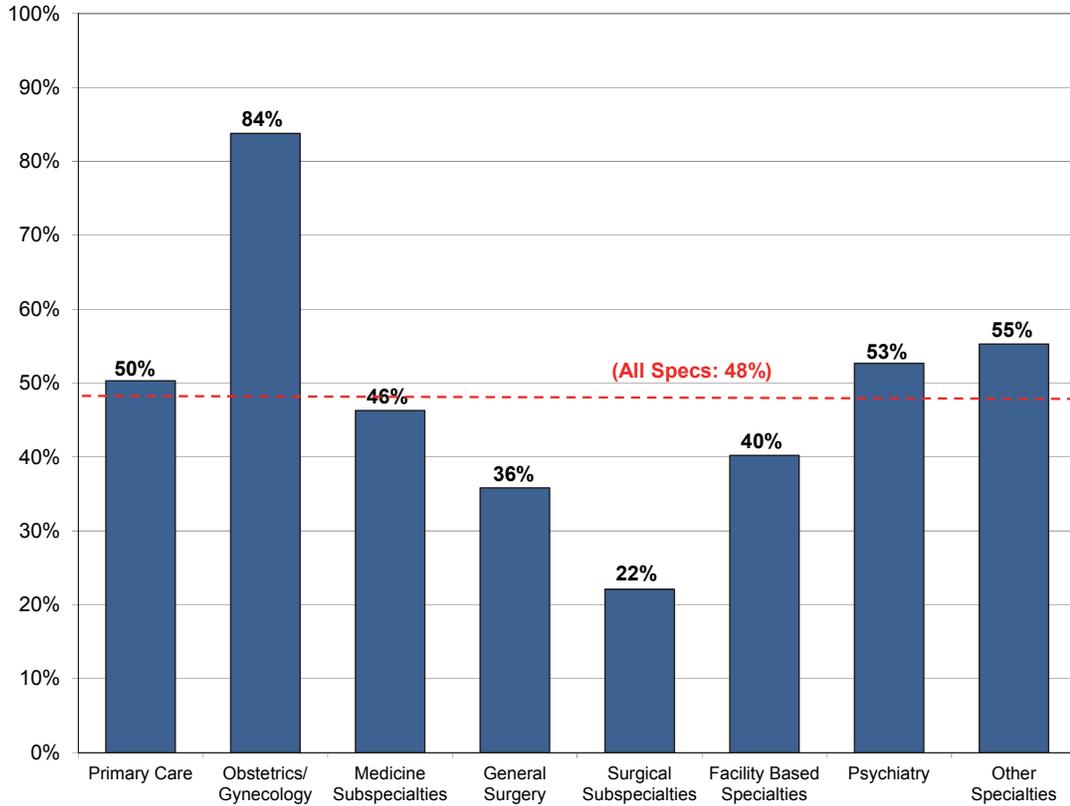


Figure 1.2 Percent of Underrepresented Minority Respondents by Specialty Group (All 2013 Exit Survey Respondents)

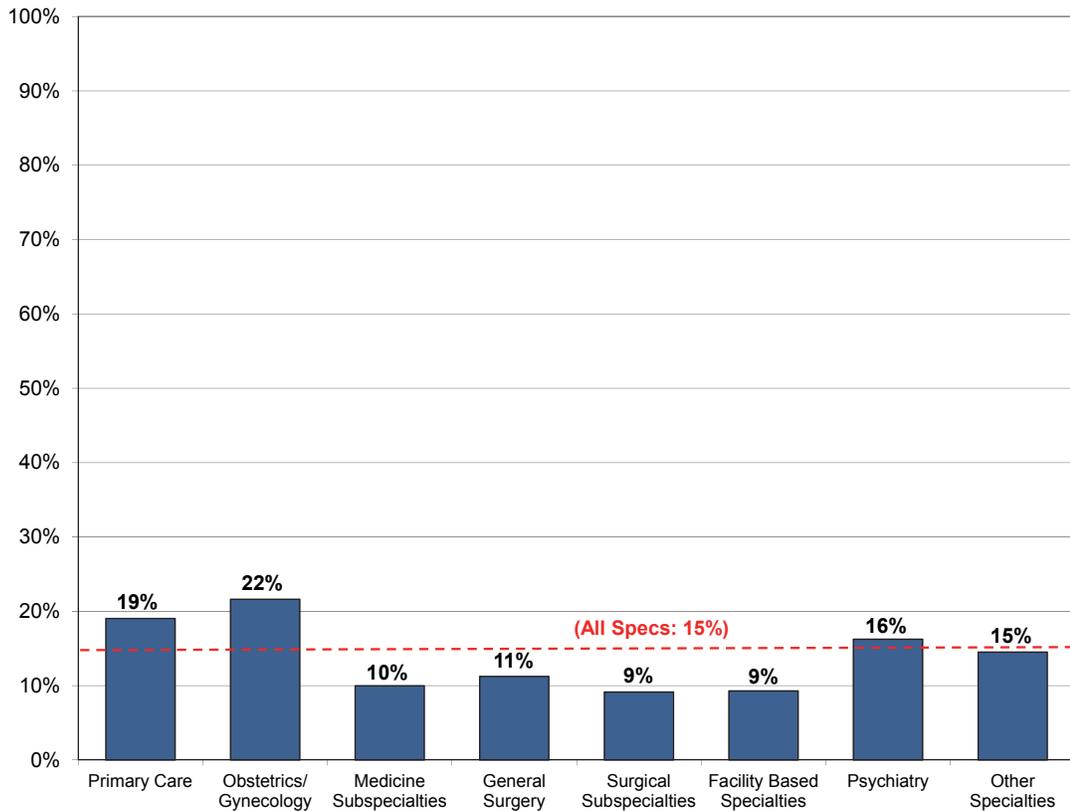




Figure 1.3 Location of High School Attended (All 2013 Exit Survey Respondents)

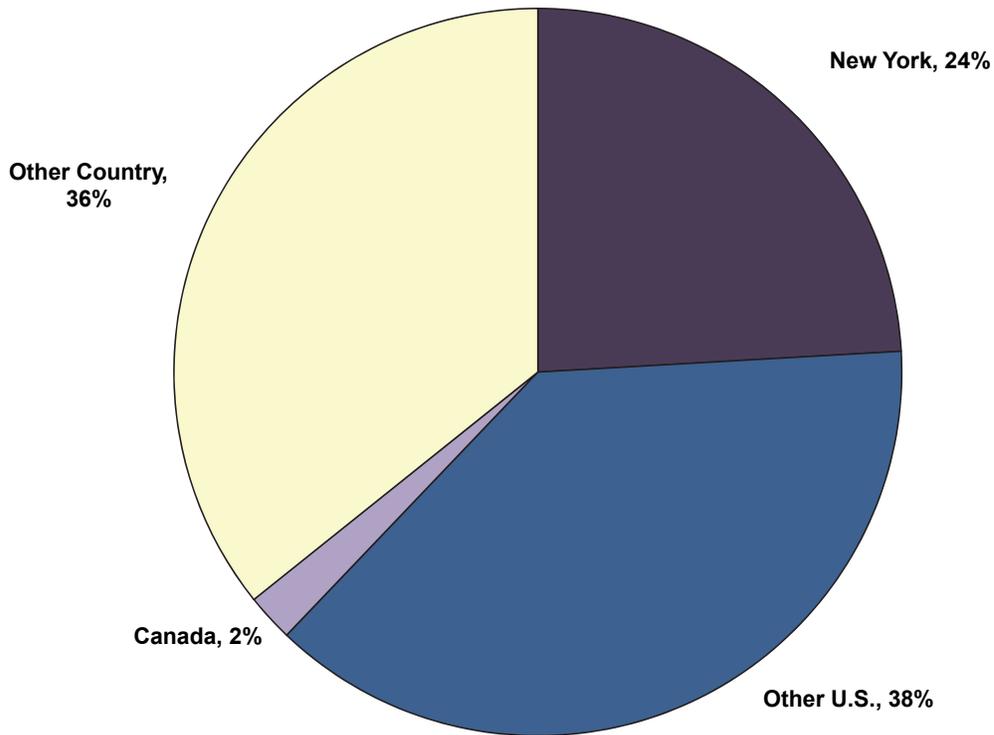


Figure 1.4 Location of Medical School and Citizenship Status (All 2013 Exit Survey Respondents)

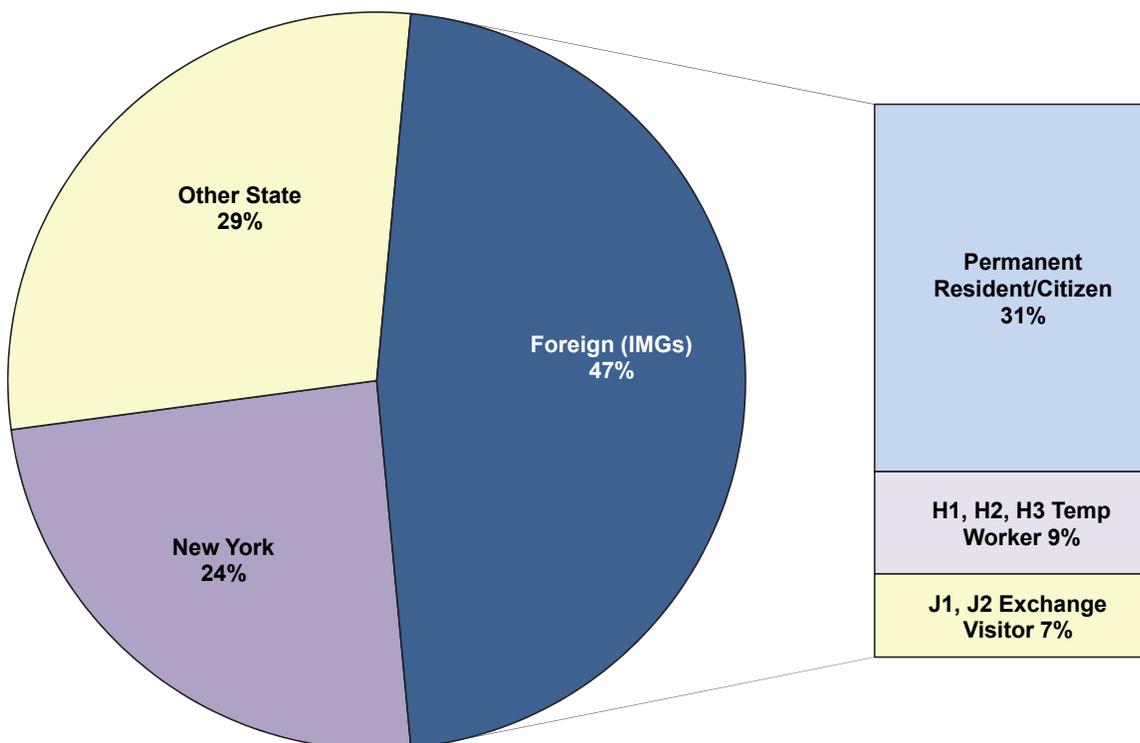




Table 1.1 Background Characteristics of Respondents (All 2013 Exit Survey Respondents)

Specialty	Number of Resp (N)⁴	% Female	% URM⁵	% NY H.S. Grad	% IMG⁶	% Temp Visa Holders⁷
Primary Care	1017	50%	19%	19%	67%	24%
Family Medicine	116	59%	25%	31%	51%	10%
General Internal Medicine	660	42%	19%	17%	71%	25%
General Pediatrics	224	70%	18%	17%	63%	29%
Obstetrics/Gynecology	114	84%	22%	31%	28%	6%
Medicine Subspecialties	431	46%	10%	25%	59%	23%
Cardiology	82	32%	8%	23%	54%	16%
Gastroenterology	50	30%	10%	32%	50%	14%
Geriatrics	32	66%	13%	25%	69%	28%
Hematology/Oncology	46	44%	11%	15%	70%	27%
Nephrology	36	51%	12%	19%	83%	53%
Pulmonary Disease	46	30%	9%	33%	53%	27%
General Surgery	81	36%	11%	23%	30%	12%
Surgical Subspecialties	215	22%	9%	28%	15%	6%
Ophthalmology	45	36%	7%	36%	7%	2%
Orthopedics	70	10%	10%	29%	20%	10%
Otolaryngology	22	23%	14%	23%	0%	0%
Urology	22	38%	5%	45%	5%	0%
Facility Based	403	40%	9%	30%	24%	6%
Anesthesiology	115	26%	12%	33%	23%	6%
Pathology	96	61%	5%	19%	45%	10%
Radiology	142	39%	7%	39%	11%	2%
Psychiatry	169	53%	16%	21%	55%	13%
Adult Psychiatry	116	49%	14%	22%	55%	15%
Child and Adolescent Psych	21	71%	33%	14%	62%	19%
Other	460	55%	15%	27%	31%	8%
Dermatology	30	70%	7%	17%	0%	0%
Emergency Medicine	150	41%	18%	30%	18%	3%
Neurology	78	66%	14%	21%	41%	19%
Pediatric Subspecialties	79	73%	9%	29%	40%	10%
Physical Medicine and Rehab	45	39%	11%	25%	51%	7%
All Specialties, 2013 (2012)	2,890 (3,152)	48% (47%)	15% (14%)	24% (24%)	47% (48%)	15% (19%)

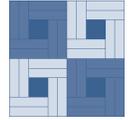
⁴Specialties with small numbers of respondents are not shown but are included in subgroup totals and overall total. Appendix A gives response rates for all specialties listed on the survey and shows how each specialty has been grouped in the tables presented in this report.

⁵URM = Underrepresented minority and includes Black/African American, Hispanic/Latino, and American Indian.

⁶IMG = International (foreign) medical graduate.

⁷Temporary Visa Holder refers to respondents with temporary citizenship status. This includes J1 or J2 Exchange Visitors and H1, H2, or H3 Temporary Workers.

- ◉ Fifteen percent (15%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in nephrology (53%), general pediatrics (29%), and geriatrics (28%). Dermatology (0%), otolaryngology (0%), and urology (0%) had no temporary visa holders.



1.2 Education Debt (of Respondents who are U.S. Citizens)

Table 1.2 presents descriptive statistics for respondents' educational debt. Only respondents who were U.S. citizens are included, because non-U.S. citizens often have their medical education paid for by their government. The number of respondents (N) is given because many specialties had a relatively small number of respondents. Finally, specialties are ranked in descending order (i.e., 1 is highest, 25 is lowest) by both mean and median educational debt.

Highlights

- Individual specialties with the highest median educational debt were emergency medicine (\$230,700), family medicine (\$208,500), and obstetrics/gynecology (\$208,200).
- Only three specialties had less than \$65,000 of median educational debt. Hematology/oncology (\$26,300), adult psychiatry (\$50,450), and geriatrics (\$63,550) had the lowest debt.
- Among specialty groups, obstetrics and gynecology (\$208,200) had the highest median educational debt and medicine subspecialties had the lowest (\$87,700).

**Figure 1.5 Median Educational Debt by Specialty and Race/Ethnicity (in \$1,000s)
(All 2013 Exit Survey Respondents, U.S. Citizens Only)**

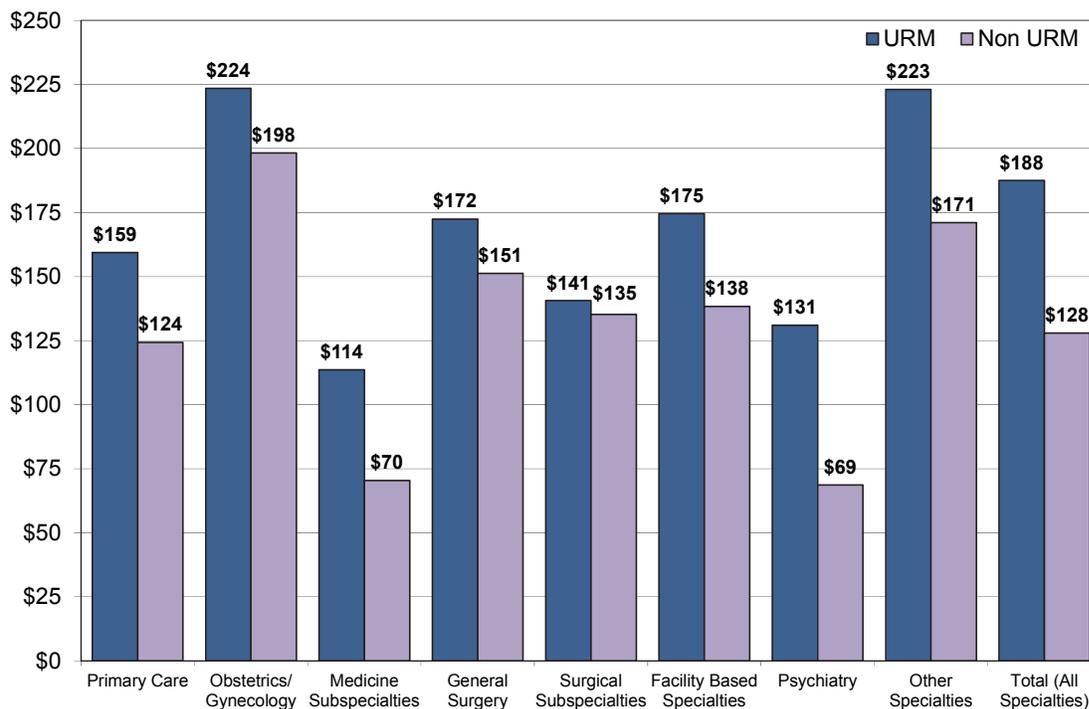




Table 1.2 Descriptive Statistics for Respondents' Educational Debt (All 2013 Exit Survey Respondents)

<u>Specialty</u>	<u>N</u>	<u>MEAN</u>	<u>RANK⁸</u> <u>(of 25)</u>	<u>MEDIAN</u>	<u>RANK</u> <u>(of 25)</u>
Primary Care	538	\$133,396	N/A	\$128,750	N/A
Family Medicine	87	\$171,690	4	\$208,500	2
General Internal Medicine	358	\$117,476	16	\$94,400	18
General Pediatrics	104	\$155,011	8	\$182,200	6
Obstetrics/Gynecology	85	\$177,933	3	\$208,200	3
Medicine Subspecialties	265	\$97,872	N/A	\$71,900	N/A
Cardiology	56	\$102,389	19	\$79,450	20
Gastroenterology	35	\$99,411	22	\$80,400	19
Geriatrics	20	\$101,520	21	\$63,550	23
Hematology/Oncology	23	\$58,126	25	\$26,300	25
Nephrology	13	\$86,631	24	\$70,400	22
Pulmonary Disease	29	\$101,628	20	\$102,400	16
General Surgery	61	\$157,093	7	\$166,000	10
Surgical Subspecialties	162	\$133,367	N/A	\$135,250	N/A
Ophthalmology	37	\$117,468	17	\$120,700	13
Orthopedics	51	\$145,845	10	\$170,600	8
Otolaryngology	21	\$131,614	12	\$129,800	12
Urology	16	\$147,931	9	\$169,850	9
Facility Based	324	\$141,766	N/A	\$146,700	N/A
Anesthesiology	94	\$166,798	5	\$186,800	5
Pathology	62	\$104,966	18	\$71,050	21
Radiology	130	\$129,183	13	\$119,450	14
Psychiatry	122	\$105,055	N/A	\$73,350	N/A
Adult Psychiatry	82	\$94,298	23	\$50,450	24
Child and Adolescent Psych	11	\$179,627	2	\$207,000	4
Other	345	\$160,814	N/A	\$182,400	N/A
Dermatology	30	\$118,597	15	\$105,500	15
Emergency Medicine	114	\$202,868	1	\$230,700	1
Neurology	49	\$135,665	11	\$146,100	11
Pediatric Subspecialties	58	\$159,391	6	\$178,800	7
Physical Medicine and Rehab	38	\$127,555	14	\$101,250	17
Total (All Specialties)	1,922	\$135,751	N/A	\$136,250	N/A

⁸Rank based on 25 specialties, ranked in descending order (i.e., specialty with the highest debt ranked #1 lowest debt ranked #25).



Section II

Planned Activities after Completion of Current Training Program (All Respondents)

Table 2.1 summarizes the planned primary activity of all survey respondents following completion of their current training program. Respondents were given the following choices: patient care/clinical practice, subspecializing/continuing training, chief residency, teaching/research, and other. Respondents who indicated they were entering patient care/clinical practice were asked if they had actively searched for a job and if they had secured a position. Only those respondents who had accepted a job offer and those who would be self-employed (i.e., in solo practice or a partnership) were included in the subgroup “Patient Care with Confirmed Practice Plans” studied in Section 3 of this report.

Highlights

- Fifty-one percent (51%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 84% had confirmed practice plans (i.e., they had accepted an offer for a job/practice position) at the time they completed the survey.
- More than forty percent (41%) planned to subspecialize or pursue further training. In addition, 2% were planning to work as chief residents, 2% were planning to enter teaching/research, and 4% had other plans.
- Specialties with the highest percentage of respondents planning to enter patient care/clinical practice were geriatrics (83%), family medicine (78%), and hematology/oncology (74%).
- Specialties with the highest subspecialization rates were general surgery (81%), ophthalmology (80%), and neurology (78%).
- General pediatrics (8%), general internal medicine (7%), and dermatology (4%) had the most respondents indicating they were planning on entering positions as chief residents.
- Child and adolescent psychiatry (14%), nephrology (12%), and urology (10%) had the highest percentage of respondents entering teaching/research.



Figure 2.1 Primary Activity After Completion of Current Training Program (All 2013 Exit Survey Respondents)

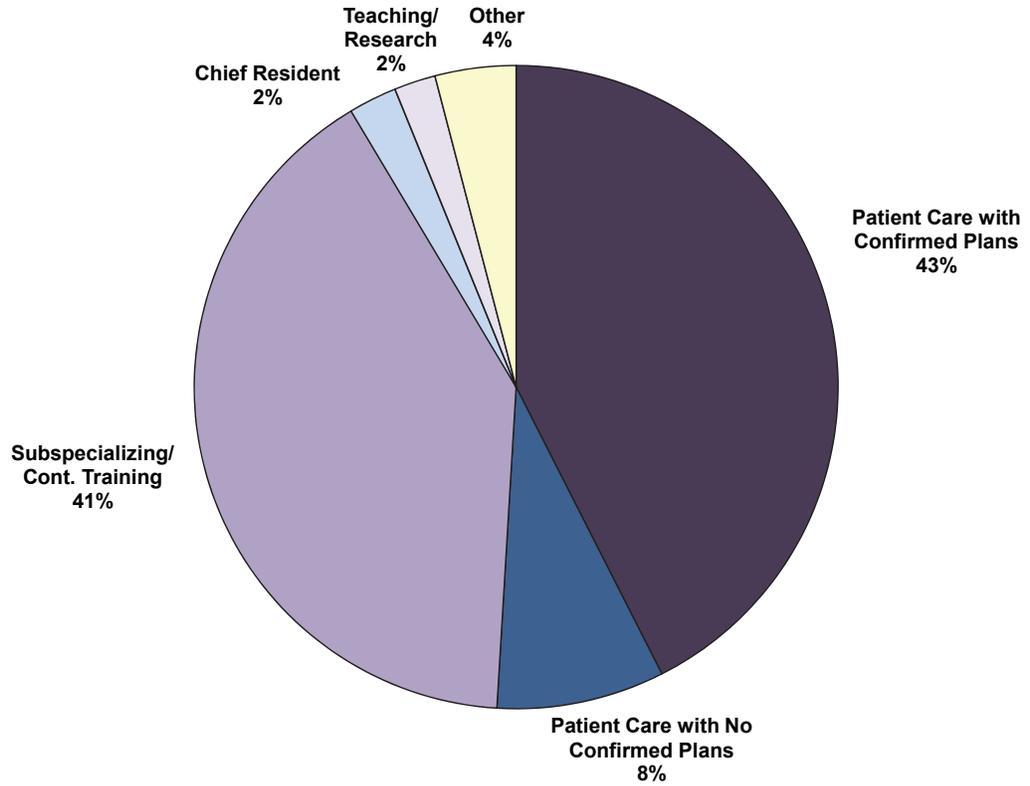


Figure 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group (All 2012 and 2013 Exit Survey Respondents)

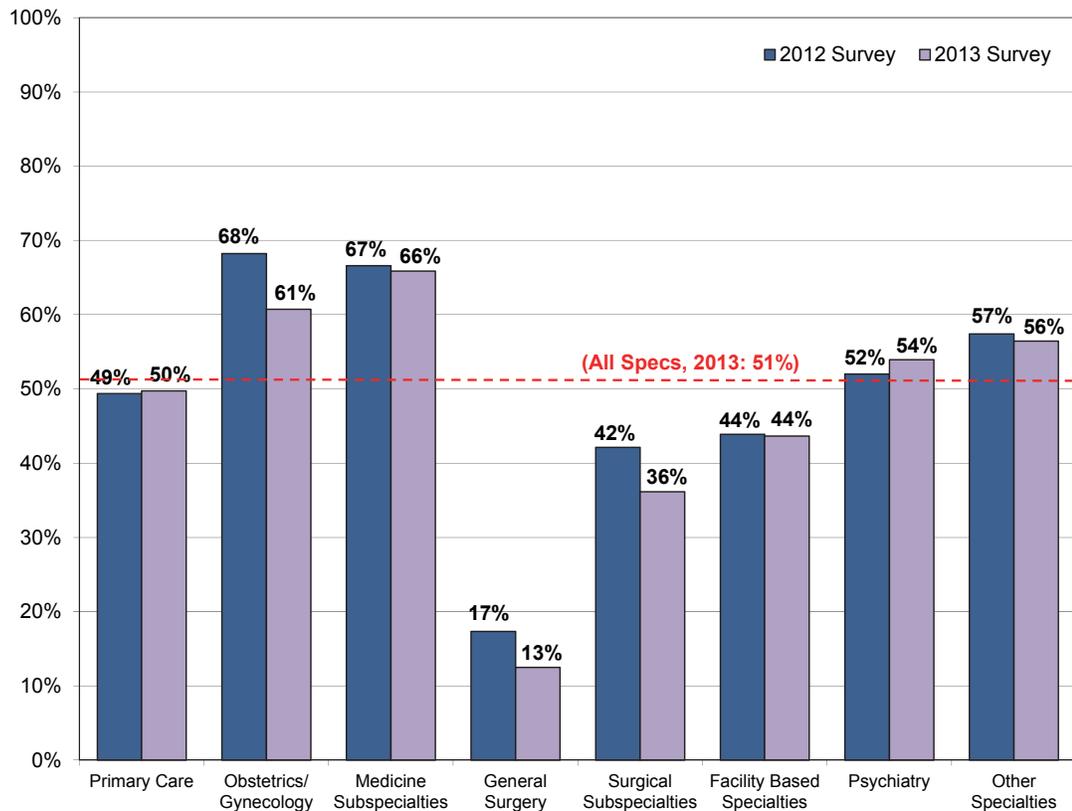




Figure 2.3 Rank of Percent of Respondents Entering Patient Care by Specialty (All 2013 Exit Survey Respondents)

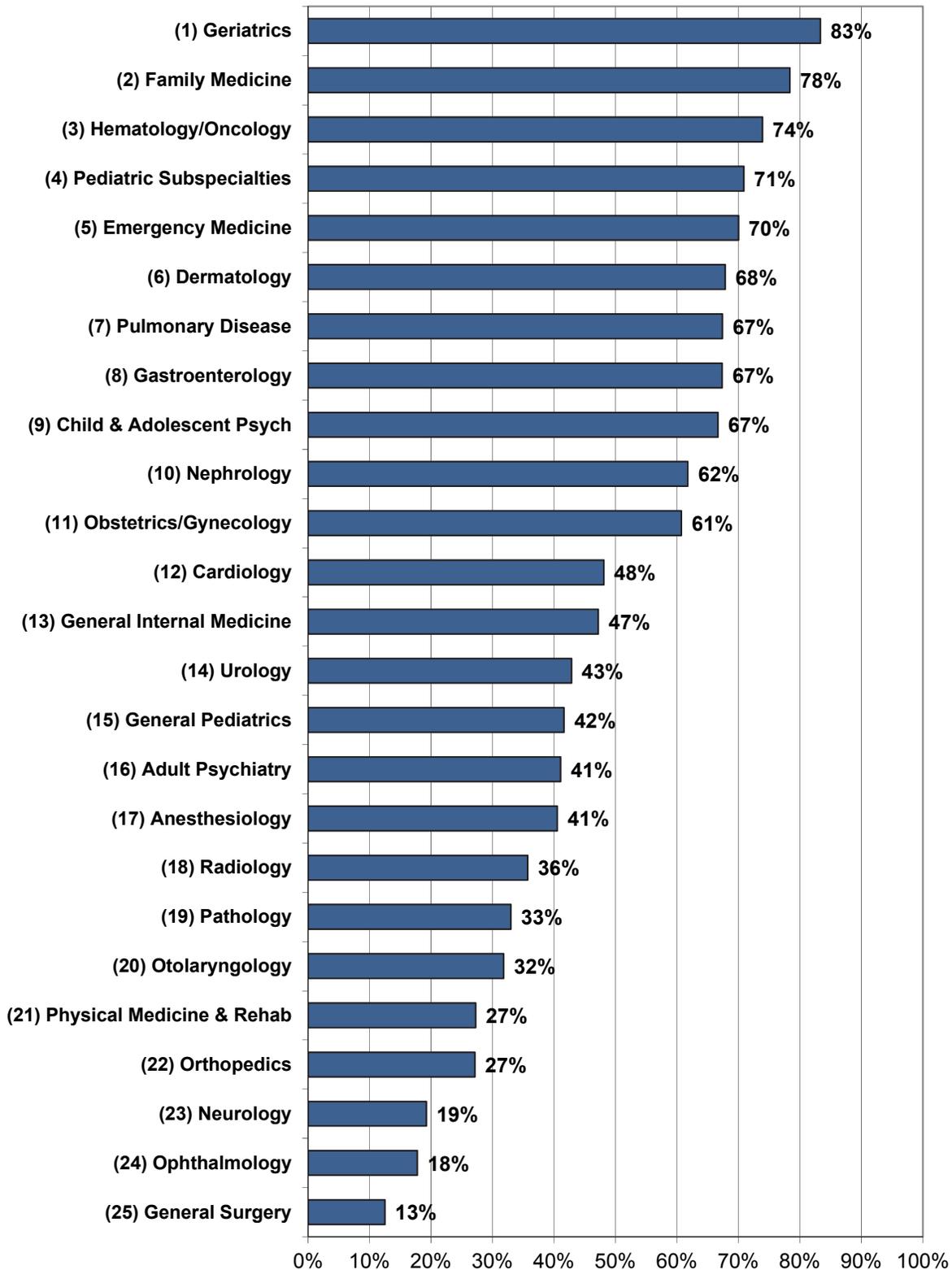




Table 2.1 Primary Activity After Completion of Current Training Program (All 2013 Exit Survey Respondents)

<u>Specialty</u>	<u>Patient Care/ Clinical Practice</u>	<u>Subspecializing/ Cont. Training</u>	<u>Chief Resident</u>	<u>Teaching/ Research</u>	<u>Other</u>
Primary Care	50%	40%	6%	1%	4%
Family Medicine	78%	19%	0%	0%	3%
General Internal Medicine	47%	42%	7%	1%	4%
General Pediatrics	42%	46%	8%	0%	5%
Obstetrics/Gynecology	61%	31%	0%	4%	4%
Medicine Subspecialties	66%	22%	1%	7%	5%
Cardiology	48%	43%	0%	8%	1%
Gastroenterology	67%	20%	4%	4%	4%
Geriatrics	83%	17%	0%	0%	0%
Hematology/Oncology	74%	7%	0%	13%	7%
Nephrology	62%	24%	3%	0%	12%
Pulmonary Disease	67%	24%	2%	4%	2%
General Surgery	13%	81%	0%	0%	6%
Surgical Subspecialties	36%	60%	0%	2%	2%
Ophthalmology	18%	80%	0%	2%	0%
Orthopedics	27%	69%	0%	1%	3%
Otolaryngology	32%	64%	0%	5%	0%
Urology	43%	48%	0%	0%	10%
Facility Based	44%	52%	0%	0%	4%
Anesthesiology	41%	57%	0%	0%	3%
Pathology	33%	59%	0%	0%	9%
Radiology	36%	60%	0%	1%	4%
Psychiatry	54%	38%	1%	4%	3%
Adult Psychiatry	41%	54%	2%	3%	1%
Child and Adolescent Psych	67%	10%	0%	10%	14%
Other	56%	37%	0%	2%	4%
Dermatology	68%	21%	4%	0%	7%
Emergency Medicine	70%	27%	0%	1%	2%
Neurology	19%	78%	1%	0%	1%
Pediatric Subspecialties	71%	22%	0%	8%	0%
Physical Medicine and Rehab	27%	73%	0%	0%	0%
All Specialties, 2013 (2012)	51% (52%)	41% (37%)	2% (3%)	2% (3%)	4% (5%)



Section III

Practice Plans of Respondents with Confirmed Plans to Enter Patient Care/Clinical Practice

This section summarizes several characteristics of the practice plans of survey respondents with confirmed plans to enter patient care/clinical practice.

3.1 Background Characteristics

Table 3.1 gives the practice location of respondents with confirmed practice plans. This is a subset of “All Respondents,” so the number in this subgroup is presented for each specialty in the first column. A total of 1,248 respondents had confirmed practice plans. One percent (1%) of these respondents were planning to practice outside the U.S., so these physicians have been excluded from all other subsections within Section 3 of this report.

Highlights

- Less than one-half (45%) of respondents with confirmed plans were entering practice in New York. The vast majority of these respondents (87%) were remaining in the same region in which they trained.
- The specialties with the highest rates of in-state retention of graduates were anesthesiology (66%), radiology (62%), and geriatrics (60%).
- The specialties of orthopedics (28%), hematology/oncology (28%), and general internal medicine (32%) had the lowest in-state retention rates.
- Residents of pathology (12%), orthopedics (11%), and geriatrics (5%) were the most likely to be leaving the U.S. to begin practice.
- Residents who completed high school and medical school in New York were by far the most likely to report plans to practice in New York after completing training. In 2013, 76% of respondents who went to high school in New York and attended medical school in New York planned to practice in New York.
- When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons were proximity to family (28%), better jobs in desired locations outside New York (12%), better jobs in desired settings outside New York (9%), and better salary offered outside New York (9%). Only 5% of respondents indicated that they never intended to practice in New York.



Figure 3.1 Location of Upcoming Practice (for 2013 Respondents with Confirmed Practice Plans)

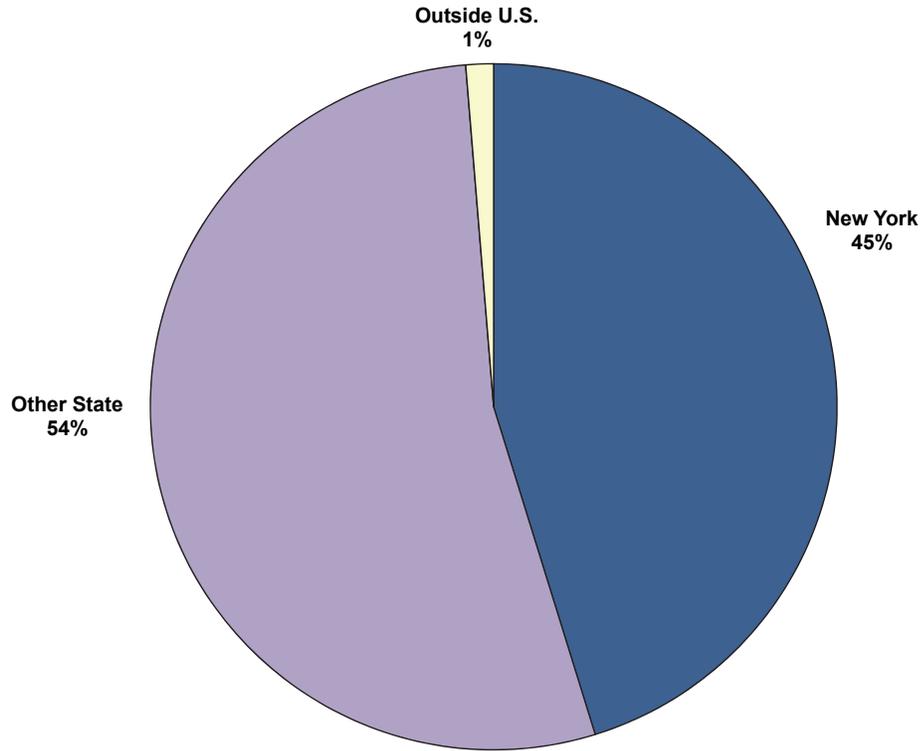
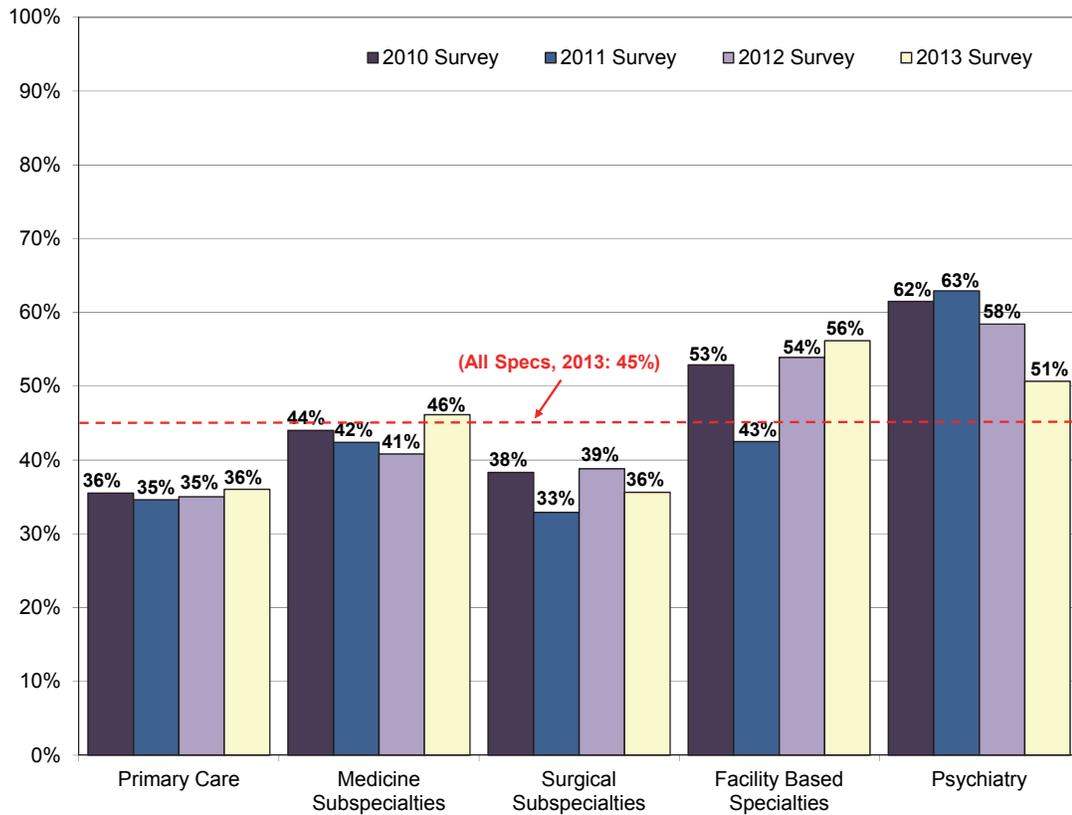


Figure 3.2 Percent of Respondents Entering Practice in New York by Specialty Group (for 2013 Respondents with Confirmed Practice Plans)



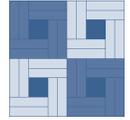


Figure 3.3 Rank of In-state Retention Rates by Specialty (for 2013 Respondents with Confirmed Practice Plans)

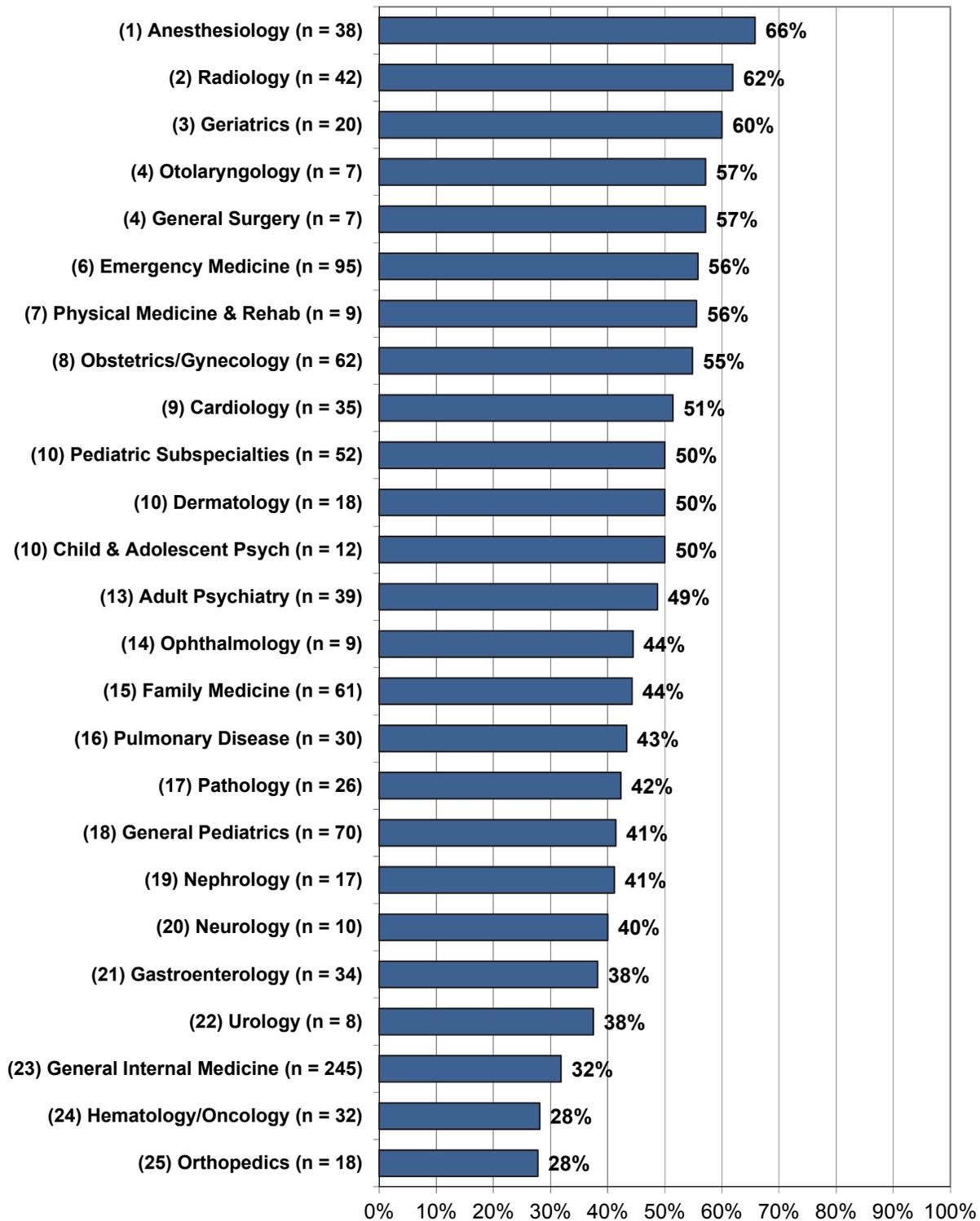




Table 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2013 Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans ⁹	LOCATION OF UPCOMING PRACTICE			
		Within New York Same Region	Other Area	Other State	Outside U.S. ¹⁰
Primary Care	389	31%	5%	63%	1%
Family Medicine	62	34%	10%	52%	3%
General Internal Medicine	250	28%	4%	67%	1%
General Pediatrics	70	37%	4%	59%	0%
Obstetrics/Gynecology	62	44%	11%	45%	0%
Medicine Subspecialties	249	41%	5%	53%	1%
Cardiology	35	46%	6%	46%	3%
Gastroenterology	34	32%	6%	62%	0%
Geriatrics	20	55%	5%	35%	5%
Hematology/Oncology	33	28%	0%	72%	0%
Nephrology	17	35%	6%	59%	0%
Pulmonary Disease	30	37%	7%	57%	0%
General Surgery	7	43%	14%	43%	0%
Surgical Subspecialties	73	30%	5%	62%	3%
Ophthalmology	9	33%	11%	56%	0%
Orthopedics	18	28%	0%	61%	11%
Otolaryngology	7	57%	0%	43%	0%
Urology	8	25%	13%	63%	0%
Facility Based	148	46%	10%	40%	3%
Anesthesiology	39	55%	11%	32%	3%
Pathology	27	31%	12%	46%	12%
Radiology	42	48%	14%	38%	0%
Psychiatry	77	47%	4%	49%	0%
Adult Psychiatry	39	44%	5%	51%	0%
Child and Adolescent Psych	12	42%	8%	50%	0%
Other	222	47%	4%	47%	1%
Dermatology	18	50%	0%	50%	0%
Emergency Medicine	96	48%	7%	41%	3%
Neurology	10	40%	0%	60%	0%
Pediatric Subspecialties	53	48%	2%	50%	0%
Physical Medicine and Rehab	9	56%	0%	44%	0%
Total (All Specialties)	1,227 (1,383)	39% (38%)	6% (6%)	53% (55%)	1% (1%)

⁹This subgroup (i.e., respondents with confirmed practice plans) includes respondents who indicated they were entering patient care/clinical practice and had accepted an offer for a practice position.

¹⁰This subgroup (i.e., respondents leaving the U.S.) has been excluded from all other tables within Section : of this report.

- ◉ Less than 5% of respondents reported that the principal reason for them practicing outside of New York was climate/weather in New York (2%), the cost of malpractice insurance in New York (1%), taxes in New York (1%), or the cost of starting a practice in New York (0%).

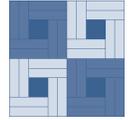


Figure 3.4 Percent of Respondents with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2013 Respondents with Confirmed Practice Plans)

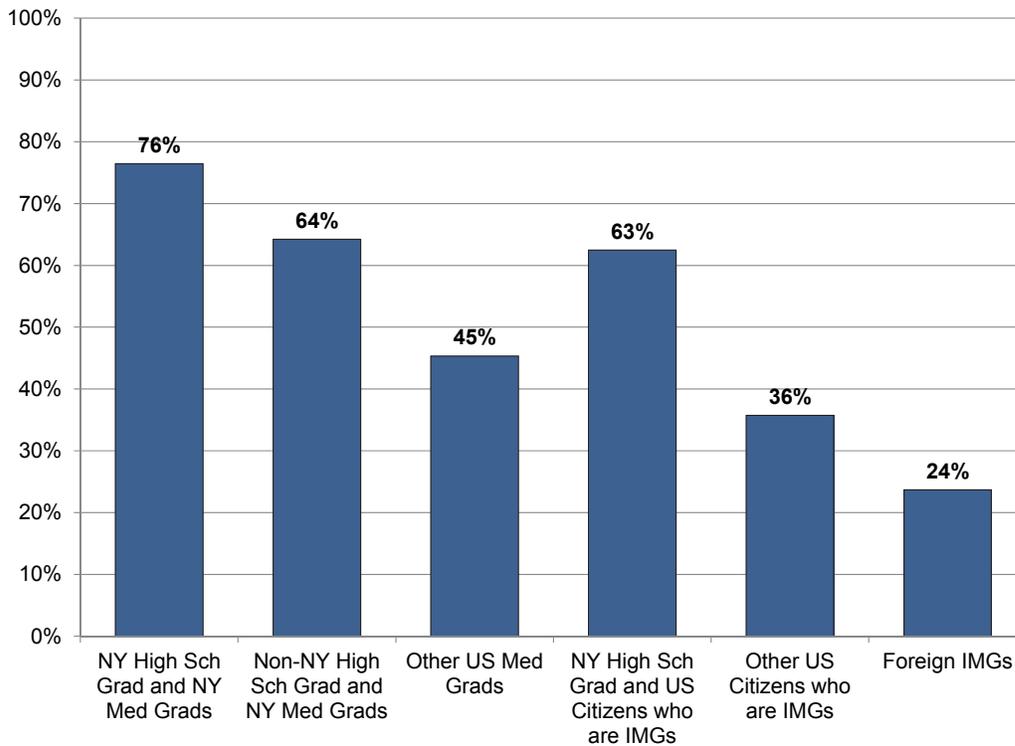
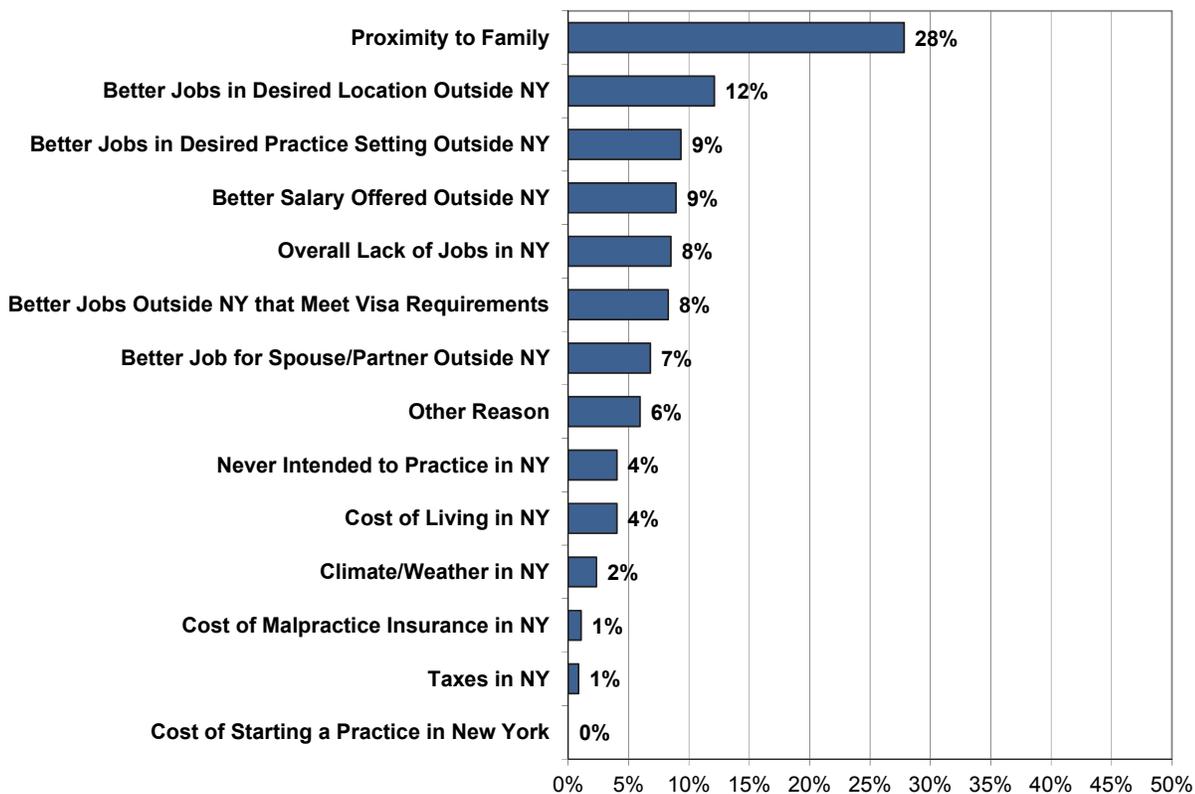


Figure 3.5 Principal Reason for Practicing Outside New York (for 2013 Respondents with Confirmed Practice Plans)





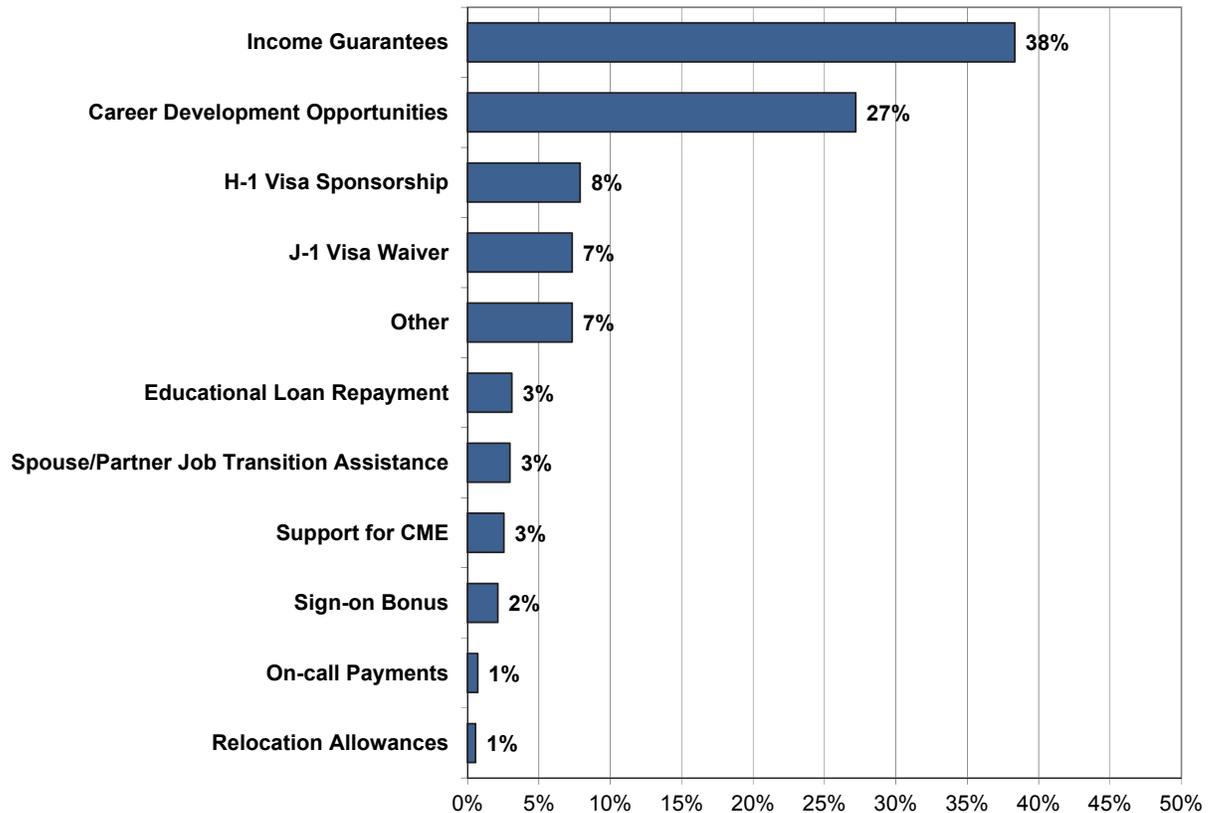
3.2 Recruitment Incentives

Figure 3.6 displays the most influential incentives New York’s graduating physicians received for accepting a practice position.

Highlights

- ⦿ Thirty-eight percent (38%) of graduates reported that income guarantees were the most influential incentive they received for accepting a practice position. The next most influential incentive was career development opportunities (27%). Eight percent (8%) of graduates indicated that H-1 visa sponsorship was their most influential incentive.
- ⦿ Less than 5% of graduates indicated that educational loan repayment (3%), spouse/partner job transition assistance (3%), support for continuing medical education (3%), sign-on bonus (2%), on-call payments (1%), or relocation allowances (1%) was the most influential incentive.

Figure 3.6 Most Influential Incentive Received for Accepting a Practice Position (for 2013 Respondents with Confirmed Practice Plans)





3.3 Demographics of Practice Location

Table 3.2 summarizes the responses to two questions relating to the demographics of respondents' upcoming practice locations. The first five columns give the demographics of principal practice locations and the last column gives the percentage of respondents entering practice in federally designated HPSAs. It should be noted that (as with all data presented in this report) these numbers are based on self-reporting by respondents and a large percentage indicated they didn't know if their upcoming practice fell within a HPSA.

Highlights

- Thirty-two percent (32%) of graduates reported entering practice in inner-city locations and only 4% were going to rural locations. Eighteen percent (18%) said they would be practicing in a HPSA, similar to the percentage reported in 2012.
- Respondents from cardiology (45%), child and adolescent psychiatry (45%), and pediatric subspecialties (43%) were the most likely to enter practices in the inner city.
- Respondents from urology (25%), ophthalmology (11%), and family medicine (11%) were the most likely to enter practices in rural areas.
- The respondents most likely to be entering practice in HPSAs were in neurology (40%), family medicine (33%), and geriatrics (32%).
- Citizenship status has a strong influence on an individual's likelihood of practicing in a HPSA. IMGs with J-1 and J-2 exchange visas are required to practice in an underserved area or return to their native country. Therefore, specialties with a high proportion of temporary visa holders had high proportions of respondents entering practice in HPSAs.
- While almost half of IMGs with temporary visas were entering HPSAs (48%), IMGs with permanent citizenship were less likely to be entering HPSAs than were USMGs (12% and 17%, respectively, for graduates of primary care specialties).



Figure 3.7 Residents Entering Practice in Rural and Inner-city Areas by Location of Medical School and Citizenship Status (for 2013 Respondents from Primary Care Specialties with Confirmed Practice Plans)

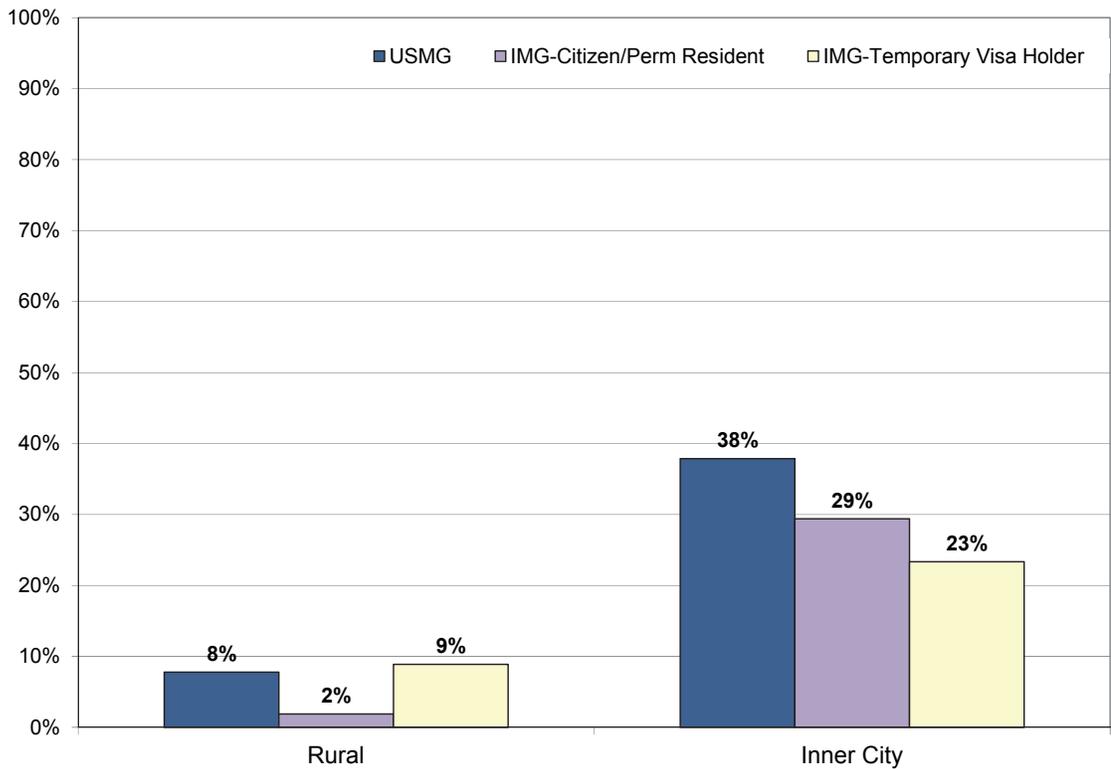


Figure 3.8 Percent of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship Status (for 2013 Respondents from Primary Care Specialties with Confirmed Practice Plans)

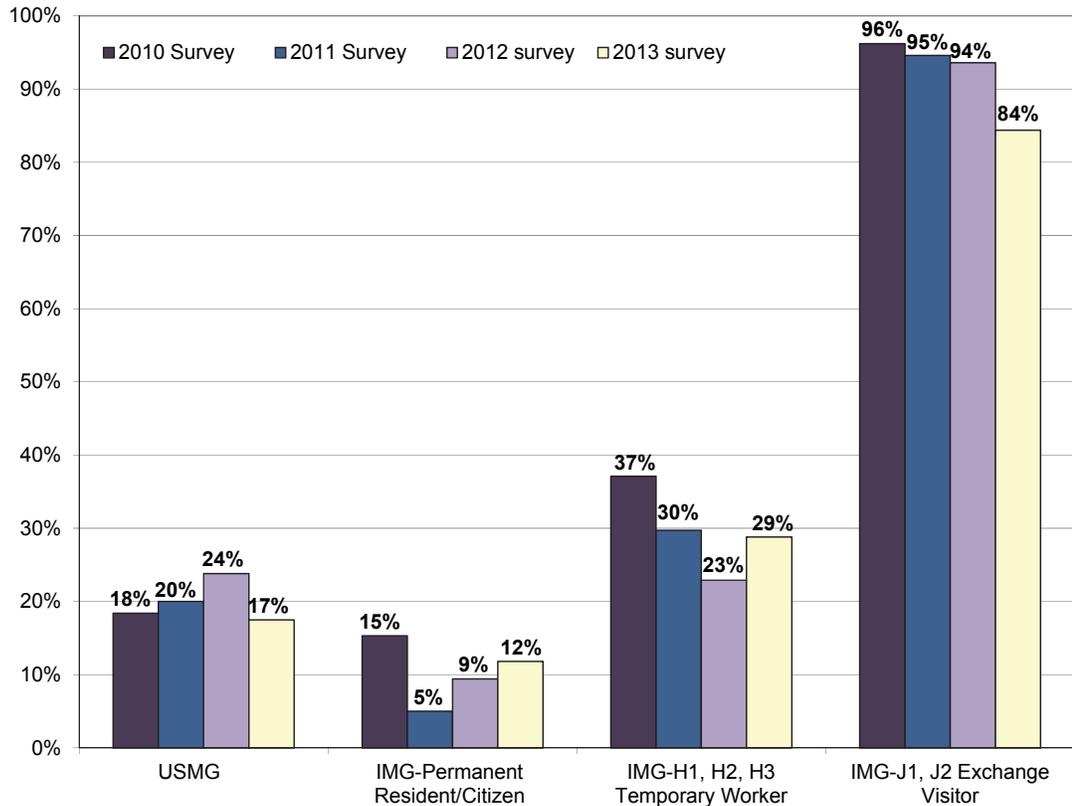




Table 3.2 Demographics of Practice Setting (for 2013 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>D E M O G R A P H I C S</u>					<u>% Practicing in a Federal HPSA¹¹</u>
	<u>Inner City</u>	<u>Other Area in Major City</u>	<u>Suburban</u>	<u>Small City</u>	<u>Rural</u>	
Primary Care	30%	17%	28%	20%	5%	24%
Family Medicine	23%	9%	39%	19%	11%	33%
General Internal Medicine	33%	20%	26%	17%	4%	20%
General Pediatrics	27%	13%	26%	27%	7%	29%
Obstetrics/Gynecology	31%	24%	23%	21%	2%	25%
Medicine Subspecialties	33%	20%	30%	15%	2%	19%
Cardiology	45%	21%	24%	9%	0%	12%
Gastroenterology	36%	18%	24%	18%	3%	12%
Geriatrics	37%	16%	32%	11%	5%	32%
Hematology/Oncology	16%	19%	35%	23%	6%	20%
Nephrology	24%	24%	35%	18%	0%	29%
Pulmonary Disease	28%	17%	34%	21%	0%	17%
General Surgery	0%	29%	29%	14%	29%	14%
Surgical Subspecialties	18%	27%	39%	7%	8%	7%
Ophthalmology	11%	11%	56%	11%	11%	13%
Orthopedics	19%	19%	50%	6%	6%	0%
Otolaryngology	14%	29%	43%	14%	0%	14%
Urology	0%	50%	13%	13%	25%	25%
Facility Based	31%	24%	33%	11%	1%	8%
Anesthesiology	36%	25%	36%	3%	0%	16%
Pathology	22%	26%	17%	26%	9%	4%
Radiology	40%	21%	24%	14%	0%	5%
Psychiatry	37%	29%	20%	9%	4%	16%
Adult Psychiatry	34%	29%	21%	11%	5%	21%
Child and Adolescent Psych	45%	45%	9%	0%	0%	9%
Other	37%	25%	27%	10%	1%	14%
Dermatology	18%	47%	29%	6%	0%	0%
Emergency Medicine	36%	20%	28%	14%	1%	8%
Neurology	40%	10%	40%	10%	0%	40%
Pediatric Subspecialties	43%	25%	24%	4%	4%	18%
Physical Medicine and Rehab	33%	33%	22%	11%	0%	13%
All Specialties, 2013 (2012)	32% (29%)	22% (20%)	29% (31%)	15% (14%)	4% (6%)	18% (19%)

¹¹HPSA = Health Professional Shortage Area.



3.4 Principal Practice Setting

Table 3.3 shows the practice settings of respondents' upcoming principal practice. The "other" category includes "freestanding health center or clinic," "nursing home," and "other." On the 2013 survey, a question asked respondents about the level of ownership they would have in their upcoming practices. Responses to this question are summarized in Figure 3.10.

Highlights

- ⦿ Thirty-three percent (33%) of respondents were entering group practices. Of these, ninety-four percent (94%) were going into groups as employees.
- ⦿ The vast majority of respondents (95%) said they would be employees in their upcoming practices with no level of ownership (see Figure 3.10). Eighteen percent (18%) said they may have the option to become an owner or partner at some point in the future. Only 3% of respondents said they would be owners or partners with capital invested and a financial stake in their upcoming practices.
- ⦿ Only 2% of all respondents were planning to enter solo practice. There were a few specialties in which 7% or more planned to enter solo practice: otolaryngology (29%), general pediatrics (8%), and cardiology (7%).
- ⦿ Fifty-four percent (54%) of graduates were entering practice in hospitals; inpatient (34%) was the most common, followed by ambulatory care (12%) and emergency room (9%) settings.



Figure 3.9 Practice Setting of Respondents' Upcoming Principal Practice (for 2013 Respondents with Confirmed Practice Plans)

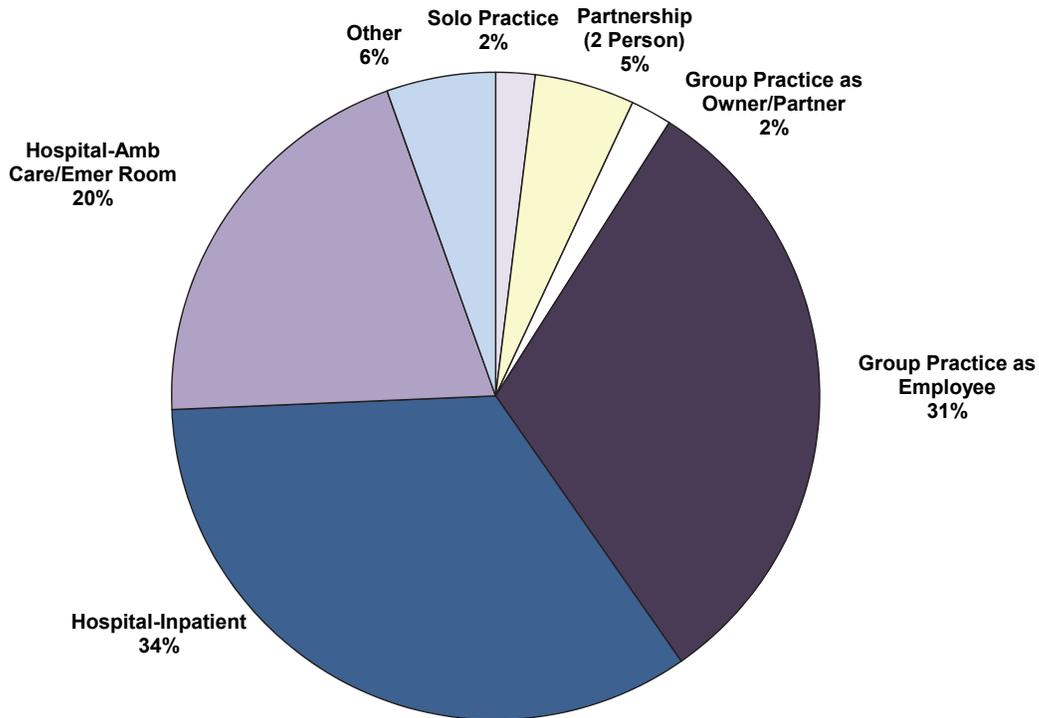


Figure 3.10 Respondents' Level of Ownership in Upcoming Principal Practice (for 2013 Respondents with Confirmed Practice Plans)

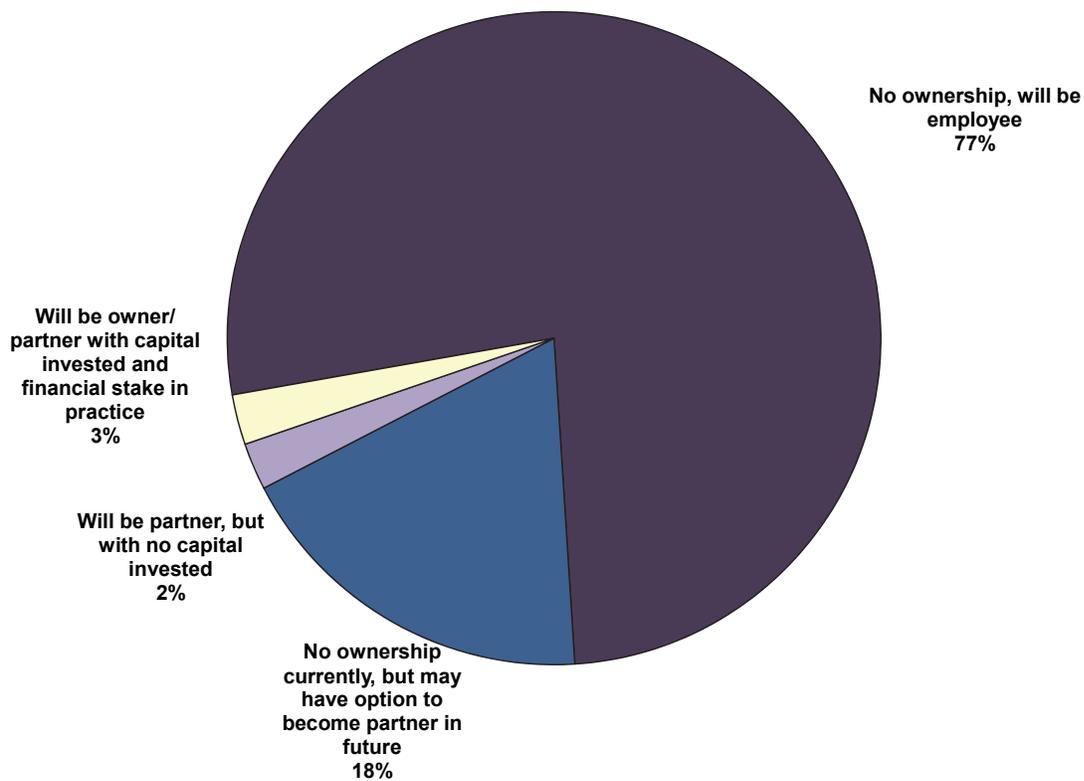




Table 3.3 Practice Setting of Respondents' Upcoming Principal Practice (for 2013 Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partnership (2 Person)	GROUP PRACTICE		HOSPITAL			Other
			As Owner/ Partner	As Employee	In-Patient	Amb. Care	Emer. Room	
Primary Care	3%	3%	1%	24%	53%	9%	1%	5%
Family Medicine	5%	2%	0%	44%	18%	13%	2%	16%
General Internal Medicine	1%	2%	1%	14%	72%	8%	1%	1%
General Pediatrics	8%	6%	5%	38%	20%	13%	3%	8%
Obstetrics/Gynecology	0%	9%	0%	67%	13%	6%	0%	6%
Medicine Subspecialties	2%	8%	3%	38%	28%	17%	0%	3%
Cardiology	7%	7%	3%	40%	33%	10%	0%	0%
Gastroenterology	0%	17%	3%	40%	20%	20%	0%	0%
Geriatrics	6%	0%	0%	47%	12%	12%	0%	24%
Hematology/Oncology	0%	12%	0%	54%	12%	23%	0%	0%
Nephrology	0%	17%	0%	50%	17%	17%	0%	0%
Pulmonary Disease	4%	11%	4%	21%	46%	11%	0%	4%
General Surgery	0%	29%	0%	0%	71%	0%	0%	0%
Surgical Subspecialties	3%	13%	3%	45%	26%	6%	0%	4%
Ophthalmology	0%	50%	0%	25%	0%	13%	0%	13%
Orthopedics	0%	7%	7%	47%	27%	13%	0%	0%
Otolaryngology	29%	0%	0%	71%	0%	0%	0%	0%
Urology	0%	13%	13%	75%	0%	0%	0%	0%
Facility Based	0%	4%	2%	44%	36%	8%	2%	4%
Anesthesiology	0%	3%	0%	50%	39%	3%	0%	6%
Pathology	0%	5%	0%	48%	38%	5%	0%	5%
Radiology	0%	3%	0%	34%	34%	16%	8%	5%
Psychiatry	1%	1%	0%	7%	36%	26%	6%	23%
Adult Psychiatry	3%	0%	0%	11%	34%	31%	3%	17%
Child and Adolescent Psych	0%	0%	0%	0%	18%	36%	9%	36%
Other	2%	3%	2%	23%	13%	13%	40%	4%
Dermatology	6%	13%	0%	75%	0%	0%	0%	6%
Emergency Medicine	0%	1%	6%	9%	0%	2%	81%	1%
Neurology	0%	0%	0%	44%	11%	22%	0%	22%
Pediatric Subspecialties	0%	0%	0%	23%	29%	31%	13%	4%
Physical Medicine and Rehab	0%	11%	0%	67%	22%	0%	0%	0%
All Specialties, 2013	2%	5%	2%	31%	34%	12%	9%	6%
(All Specialties, 2012)	(1%)	(5%)	(2%)	(34%)	(33%)	(12%)	(8%)	(5%)



3.5 Expected Starting Income

Table 3.4 presents descriptive statistics for respondents' expected income in their first year of practice. An individual's starting income was computed by summing their base salary and their expected additional/incentive income. The number of respondents (N) is given because many specialties had a relatively small number of respondents. Finally, specialties are ranked in descending order (i.e., 1 is highest, 25 is lowest) by both mean and median expected starting incomes.

Highlights

- Although there was some overlap in the salary distributions of primary care and non-primary care physicians, non-primary care physicians generally reported higher incomes.
- Individual specialties with the highest median starting income were orthopedics (\$338,300), general surgery (\$329,500), and radiology (\$320,100).
- General pediatrics had the lowest median starting income of all specialties (\$136,100). Other specialties with low starting incomes included child and adolescent psychiatry (\$171,950) and geriatrics (\$173,400).
- Among the specialty groups, psychiatry (\$182,500) and primary care (\$192,700) had the lowest starting median incomes. Conversely, surgical subspecialties (\$313,400) and facility based (\$283,450) had the highest.



Figure 3.11 Expected Starting Income (in \$1,000s) by Specialty Group (for 2013 Respondents with Confirmed Practice Plans)

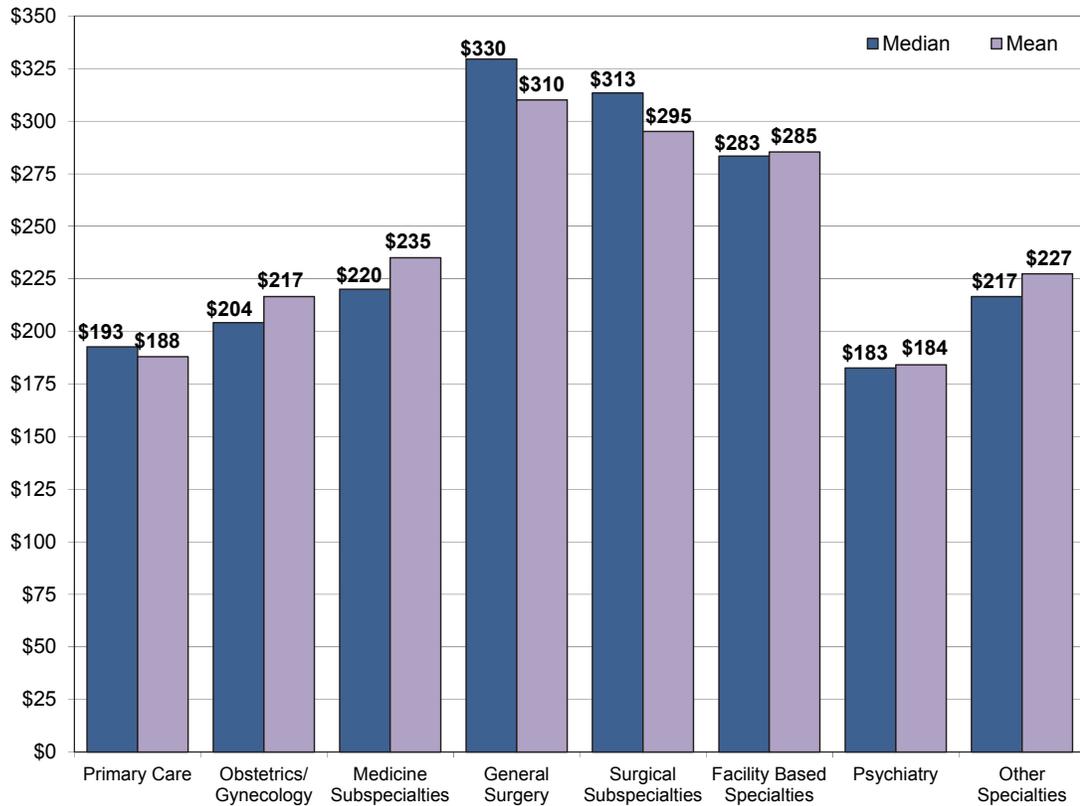
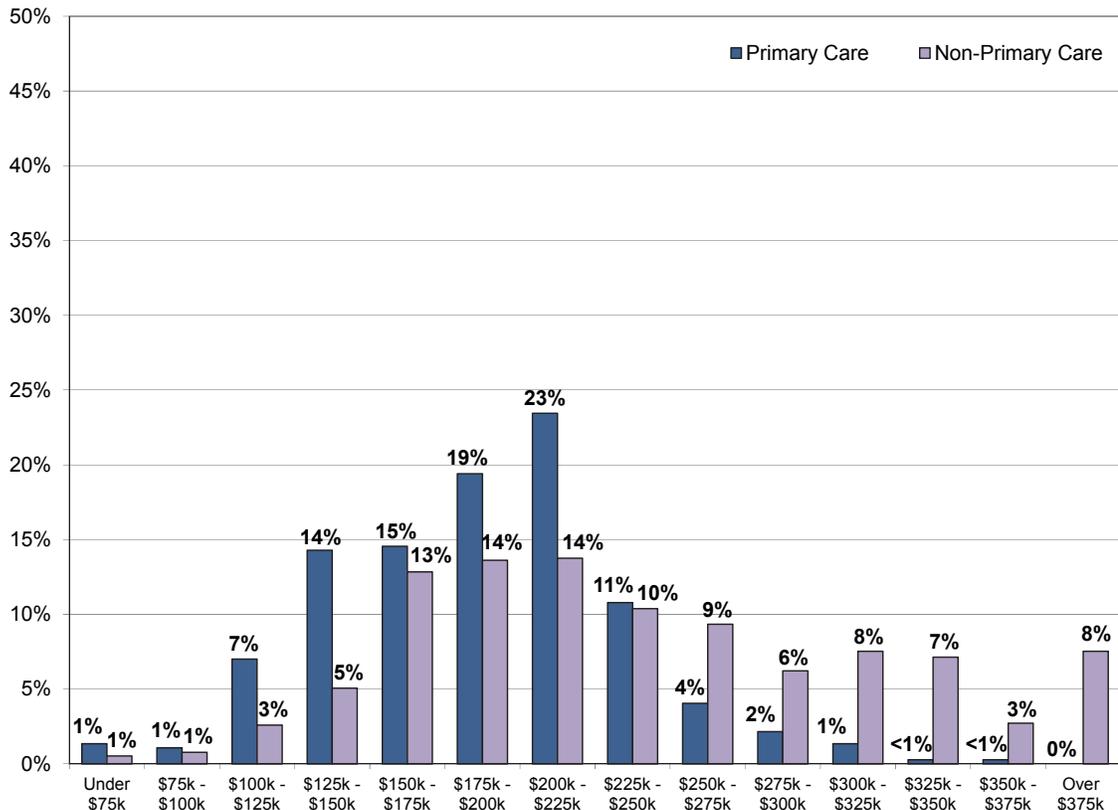


Figure 3.12 Distribution of Starting Income among Primary Care and Non-Primary Care Physicians (for 2013 Respondents with Confirmed Practice Plans)



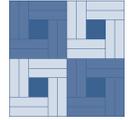


Figure 3.13 Rank of Median Starting Income (in \$1,000) by Specialty (for 2013 Respondents with Confirmed Practice Plans)

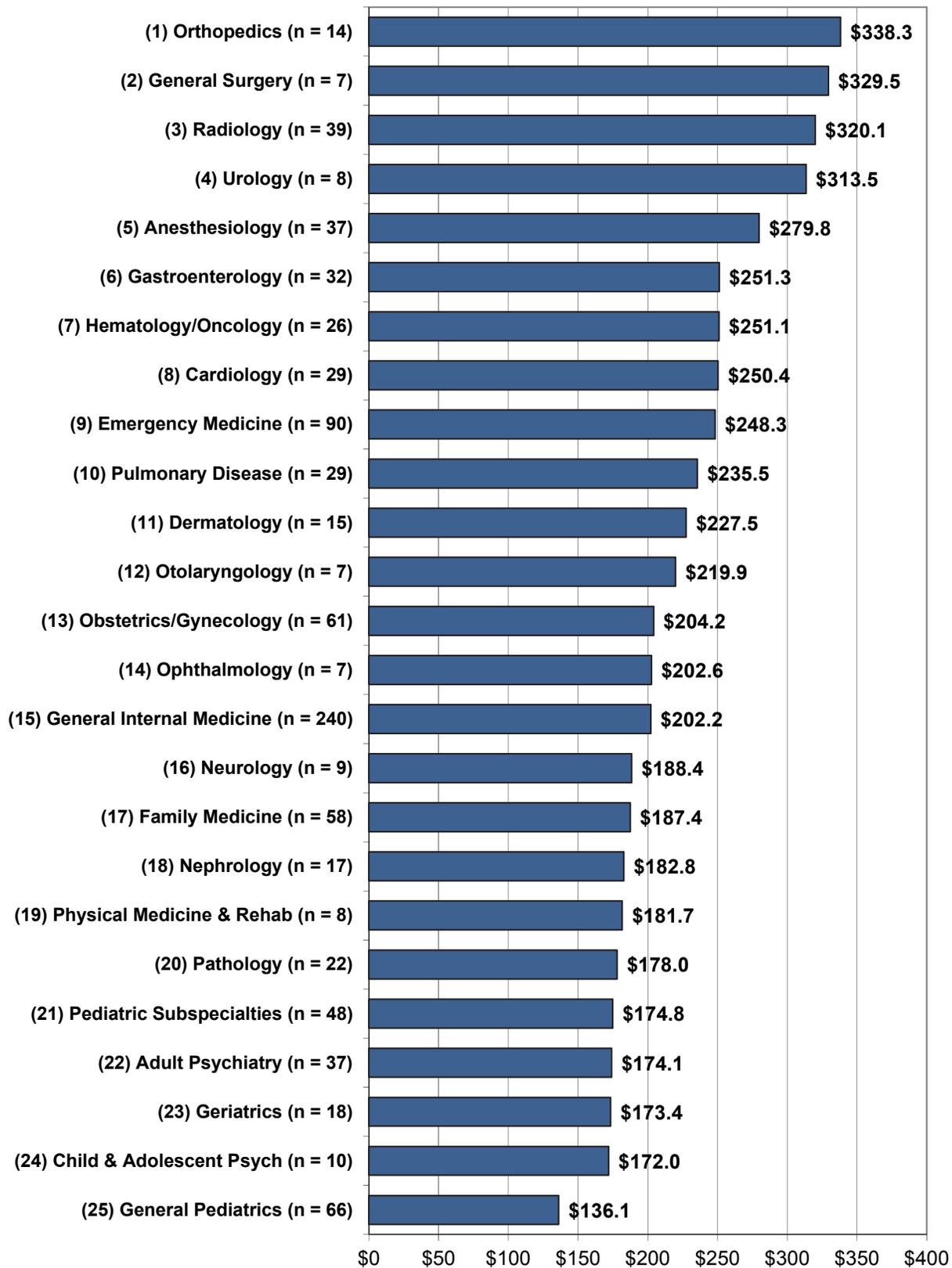




Table 3.4 Expected Starting Income by Specialty (for 2013 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>N</u>	<u>MEAN</u>	<u>RANK (of 25)</u>	<u>MEDIAN</u>	<u>RANK (of 25)</u>
Primary Care	371	\$187,992	N/A	\$192,700	N/A
Family Medicine	58	\$192,828	18	\$187,400	17
General Internal Medicine	240	\$199,844	17	\$202,150	15
General Pediatrics	66	\$141,494	25	\$136,100	25
Obstetrics/Gynecology	61	\$216,530	13	\$204,200	13
Medicine Subspecialties	226	\$235,013	N/A	\$220,100	N/A
Cardiology	29	\$266,762	7	\$250,400	8
Gastroenterology	32	\$269,388	6	\$251,250	6
Geriatrics	18	\$178,144	23	\$173,400	23
Hematology/Oncology	26	\$265,808	8	\$251,100	7
Nephrology	17	\$180,718	21	\$182,800	18
Pulmonary Disease	29	\$257,728	10	\$235,500	10
General Surgery	7	\$310,100	3	\$329,500	2
Surgical Subspecialties	64	\$295,155	N/A	\$313,400	N/A
Ophthalmology	7	\$212,214	15	\$202,600	14
Orthopedics	14	\$346,293	1	\$338,250	1
Otolaryngology	7	\$240,014	12	\$219,900	12
Urology	8	\$303,925	4	\$313,500	4
Facility Based	136	\$285,376	N/A	\$283,450	N/A
Anesthesiology	37	\$283,270	5	\$279,800	5
Pathology	22	\$201,359	16	\$177,950	20
Radiology	39	\$316,285	2	\$320,100	3
Psychiatry	72	\$184,125	N/A	\$182,550	N/A
Adult Psychiatry	37	\$181,503	20	\$174,100	22
Child and Adolescent Psych	10	\$167,950	24	\$171,950	24
Other	205	\$227,406	N/A	\$216,600	N/A
Dermatology	15	\$240,227	11	\$227,500	11
Emergency Medicine	90	\$258,472	9	\$248,250	9
Neurology	9	\$214,800	14	\$188,400	16
Pediatric Subspecialties	48	\$182,633	19	\$174,800	21
Physical Medicine and Rehab	8	\$180,125	22	\$181,650	19
Total (All Specialties)	1,142	\$224,005	N/A	\$210,350	N/A



3.6 Expected Weekly Number of Patient Care/Clinical Practice Hours

Respondents were asked about the number of hours per week they expected to spend in patient care/clinical practice activities in their upcoming practice positions. While the new physicians may not have known exactly how many hours they would be working, they were able to estimate within the 10-hour intervals provided as choices on the survey. It is important to know how many hours respondents anticipate they will work in their upcoming practices because this variable has an impact on issues related to workforce planning and compensation.

Table 3.5 presents data on the number of hours per week respondents expected to spend in patient care/clinical practice activities. Gender has been found to be a significant factor in predicting the number of hours an individual may work, with females averaging fewer hours than males. Therefore, it was important to control for this factor in making comparisons across specialties. The data presented in Table 3.5 are an aggregation of all responses to this question from both the 2012 and 2013 surveys. These data provided a large enough number of respondents to allow for stratification by gender in most specialties.

Highlights

- Overall, graduates expected to spend an average of 42.8 hours per week in patient care/clinical practice activities.
- As noted above, females expected to work 10% fewer patient care hours than males (40.7 versus 44.7). This gender difference was greatest in orthopedics (36%). However, females expected to work more hours than males in some specialties including anesthesiology (5%), radiology (4%), and geriatrics (4%).
- Respondents from the following individual specialties expected to be working the most number of patient care/clinical practice hours: anesthesiology (51.5), urology (50.3), orthopedics (48.6), and pulmonary disease (48.6).
- Respondents expected to be working the fewest patient care/clinical practice hours per week in pediatric subspecialties (33.8), emergency medicine (34.7), and child and adolescent psychiatry (35.1).



Figure 3.14 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours, by Specialty (2012 and 2013 Respondents with Confirmed Practice Plans)

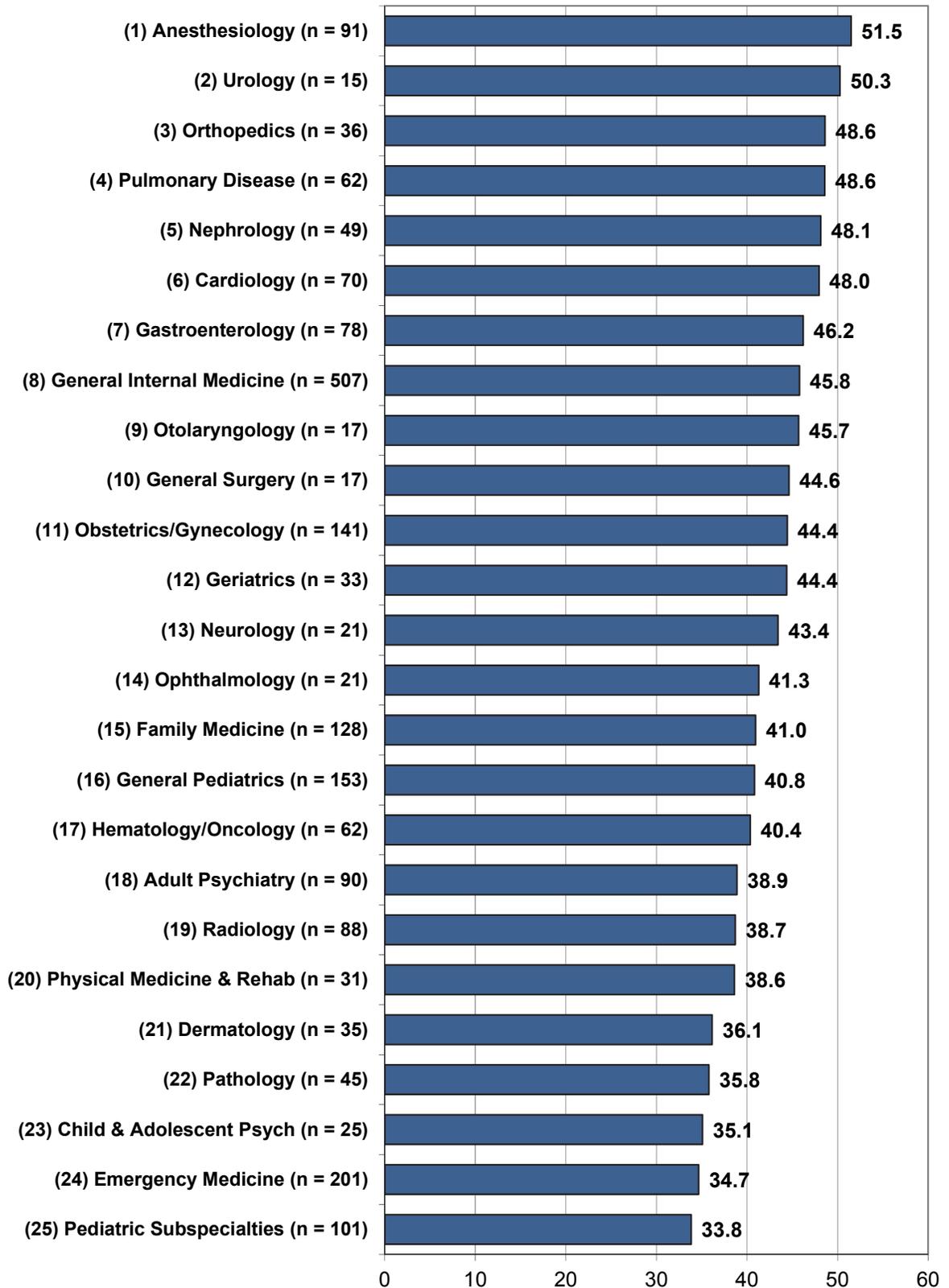
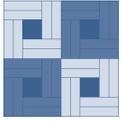




Table 3.5 Respondents' Expected Weekly Number of Patient Care/Clinical Practice Hours, by Gender¹² (2012 and 2013 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>Male Respondents</u>	<u>Female Respondents</u>	<u>All Respondents</u>
Primary Care	46.2	41.6	44.0
Family Medicine	41.9	40.0	41.0
General Internal Medicine	47.5	43.2	45.8
General Pediatrics	42.5	40.1	40.8
Obstetrics/Gynecology	46.6	44.0	44.4
Medicine Subspecialties	47.1	42.8	45.2
Cardiology	49.6	44.3	48.0
Gastroenterology	46.3	46.0	46.2
Geriatrics	43.6	45.3	44.4
Hematology/Oncology	41.4	39.9	40.4
Nephrology	50.5	43.7	48.1
Pulmonary Disease	52.3	40.8 (n = 6)	48.6
General Surgery	46.3	42.5 (n = 6)	44.6
Surgical Subspecialties	49.2	47.0	48.6
Ophthalmology	43.7	38.6 (n = 1)	41.3
Orthopedics	49.0	36.0 (n = 6)	48.6
Otolaryngology	44.1	48.7 (n = 5)	45.7
Urology	51.8	47.2	50.3
Facility Based	45.3	43.9	44.8
Anesthesiology	50.7	53.3	51.5
Pathology	40.0	31.0	35.8
Radiology	38.1	39.8	38.7
Psychiatry	38.1	36.3	37.3
Adult Psychiatry	40.1	37.9	38.9
Child and Adolescent Psych	38.4	31.8	35.1
Other	37.3	35.4	36.2
Dermatology	38.9	34.9	36.1
Emergency Medicine	35.7	33.5	34.7
Neurology	44.7	42.3	43.4
Pediatric Subspecialties	33.5	34.1	33.8
Physical Medicine and Rehab	38.2	38.9	38.6
Total (All Specialties)	44.7	40.7	42.8

¹²Patient care/clinical practice hours has been stratified by gender in any specialties with enough respondents to do so. The number of respondents (n) is given if n is less than 10. The data presented in this table are for respondents to both the 2012 and 2013 surveys to increase the number of respondents by specialty allowing more specialties to be stratified by gender. Patient care/clinical practice hours has been stratified by gender because females expected to work fewer hours than males.



Section IV

Experiences in Searching for a Practice Position

This section summarizes the responses to several questions about residents' experiences in searching for a practice position and their general perceptions of the job market for their specialty. Any respondent who was entering or who considered entering patient care/clinical practice was asked to complete this section of the survey. The responses of IMGs on temporary visas were excluded from this section (except for Figures 4.1 and 4.2) because they have more restrictions on where they can practice compared to other physicians. With few exceptions, physicians on temporary visas can remain in the U.S. only if they practice in a state or federally designated shortage area or continue training. Figure 4.2 illustrates the differences between temporary visa holders and other respondents in terms of the hardships they faced in finding a job. Respondents who indicated they had not yet actively searched for a practice position were also excluded.

Each subsection within Section IV summarizes the responses to 1) a question on the 2013 survey, 2) the aggregated total of all respondents for the 2012 and 2013 surveys, and 3) either the aggregated total of all respondents for the last four years the survey has been conducted or a trend over the last four years the survey has been conducted. For each item, specialties are ranked to determine where each specialty stands relative to all 25 specialties. In Section 4.8, composite measures of demand are computed using all demand variables to measure the relative demand for each specialty.

4.1 Approaches Used in Job Search

Figure 4.1 displays all the approaches used by respondents in their job searches and the approaches they indicated were most effective.

Highlights

- The majority of graduates used third-party representation (61%), word of mouth (60%), and independent search activity online (59%) to search for a practice position. Word of mouth and third-party representation were considered to be the most effective approaches to finding a job (43% and 21%, respectively).

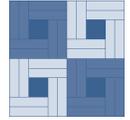
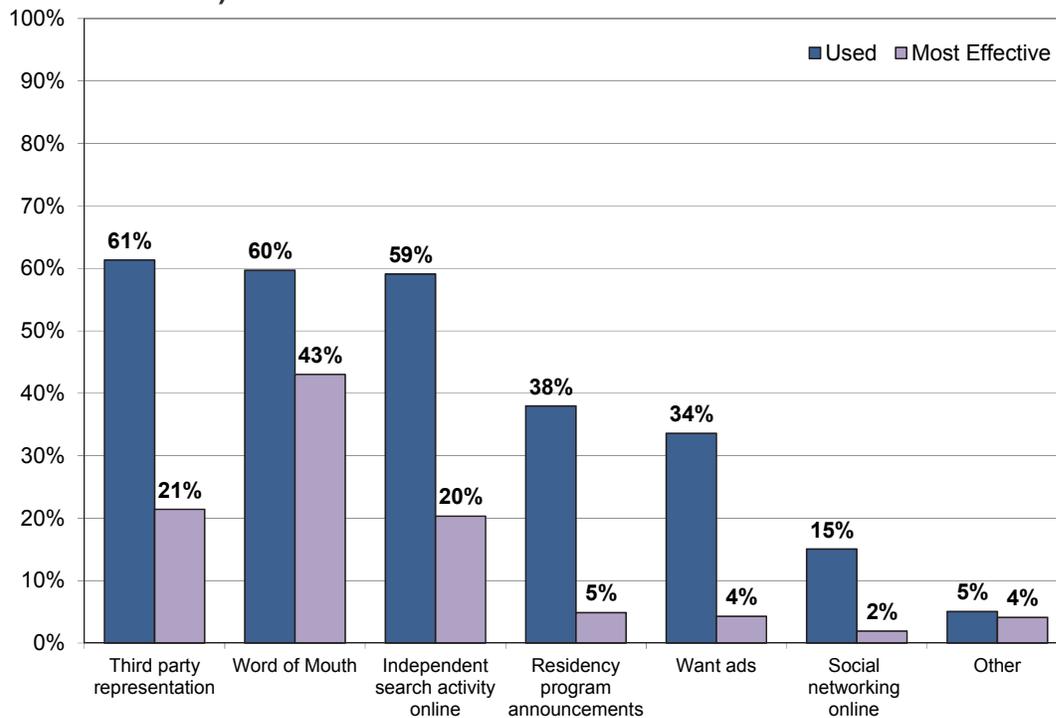


Figure 4.1 Approaches Used in Job Search (for 2013 Respondents who had Searched for a Job)



4.2 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

Table 4.1 gives the percent of respondents who reported difficulty finding a practice position they were satisfied with. As noted above, this table summarizes the responses for the 2013 survey, the aggregated total of responses for 2012 and 2013, and the aggregated responses for the last four years of the survey.

Highlights

- Thirty-two percent (32%) of respondents reported difficulty finding a satisfactory position. This percentage was the same as last year. For the specialty groupings, facility based (45%) had the highest percentage of respondents reporting difficulty in 2013.
- The most often cited “main reason for difficulty finding a satisfactory practice position” was “lack of jobs in desired locations” (44%), followed by an “overall lack of jobs” (26%) and “lack of jobs in desired practice setting” (14%).
- The highest percentages of graduates having difficulty finding a satisfactory practice position were in pathology (66%), radiology (62%), and cardiology (56%). General surgery (0%), emergency medicine (12%), and ophthalmology (13%) had the fewest respondents reporting difficulty.



Figure 4.2 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position and Having to Change Plans Due to Limited Practice Opportunities by Location of Medical School and Citizenship Status (for 2013 Respondents who had Searched for a Job)

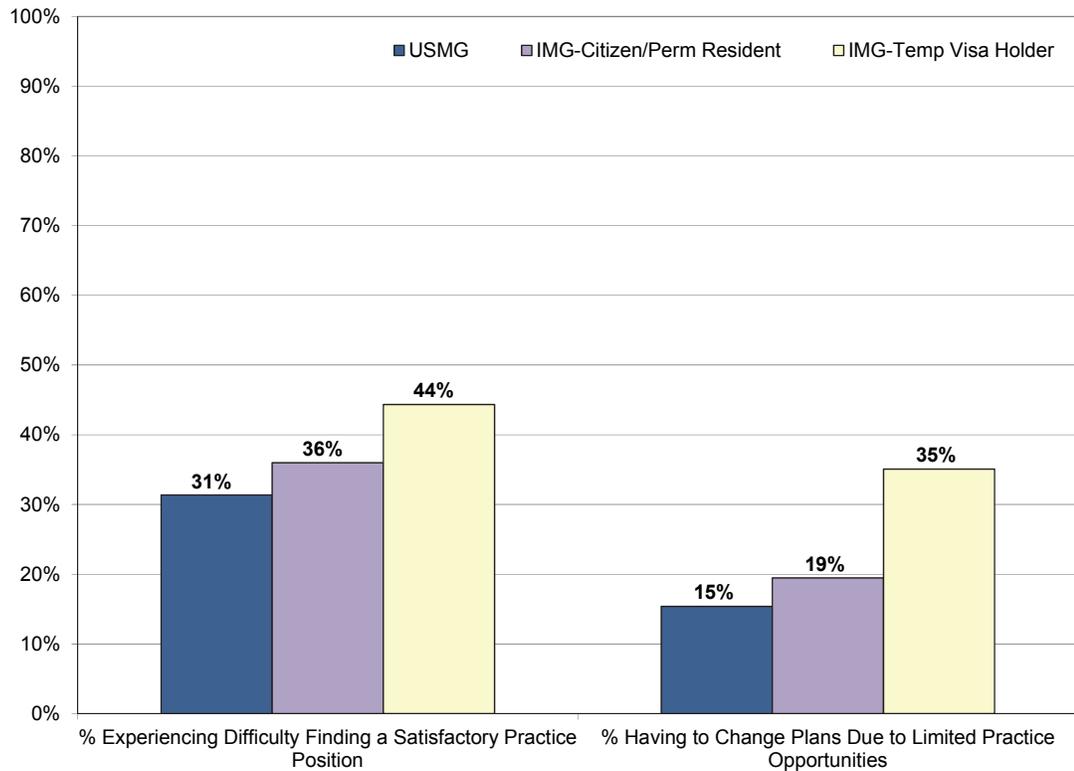


Figure 4.3 Main Reason for Difficulty Finding a Satisfactory Practice Position (for 2013 Respondents who Reported Having Difficulty, IMGs on Temporary Visas Excluded)

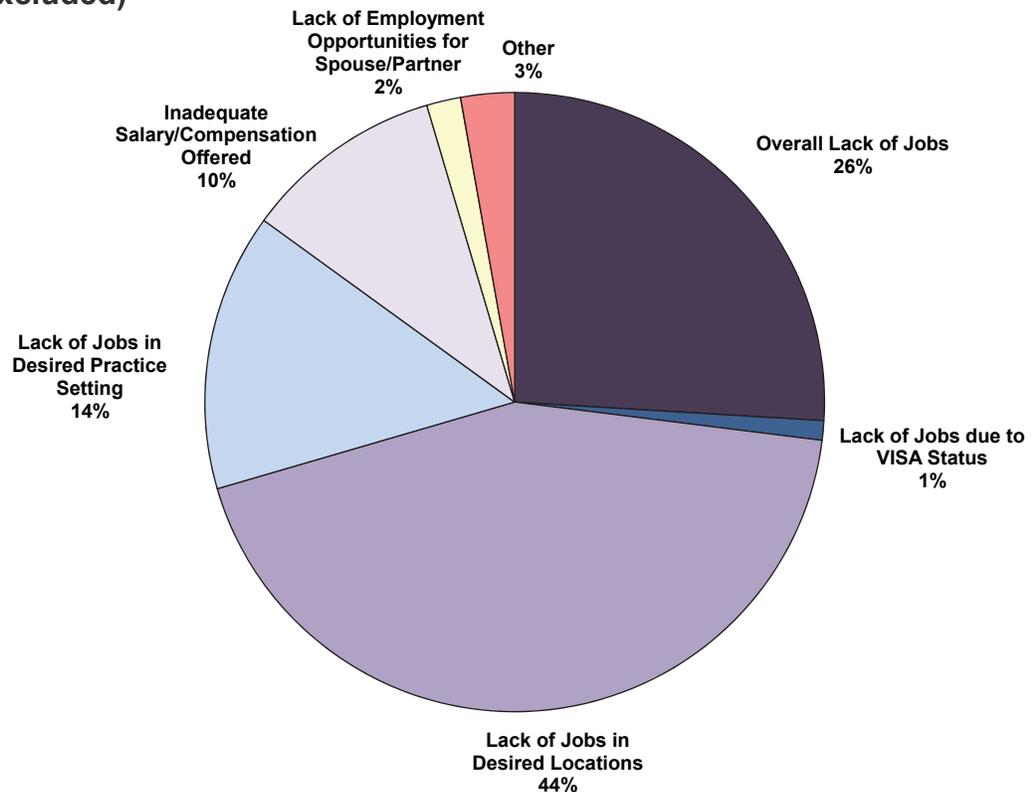
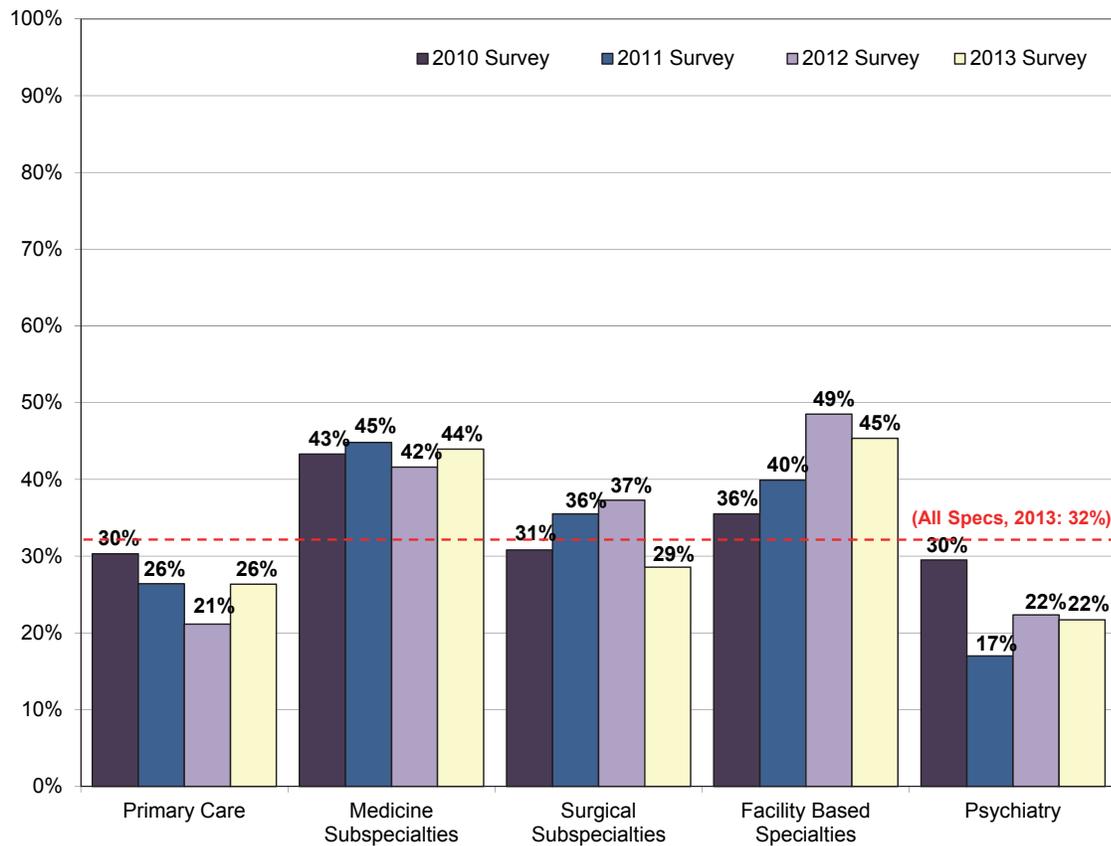




Figure 4.4 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)



- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last two years of the survey (2012 and 2013 aggregated) were pathology (63%), nephrology (60%), and radiology (60%).
- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last four years of the survey were nephrology (65%), pathology (57%), and radiology (56%).

Figure 4.2 illustrates the differences in job market experiences of respondents based on their citizenship status and location of medical school. Historically, IMGs on temporary visas have experienced much more difficulty due to their visa status. However, in recent years the gap in difficulty for IMGs on temporary visas and IMGs who are citizens/permanent residents has narrowed.



Figure 4.5 Rank of Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

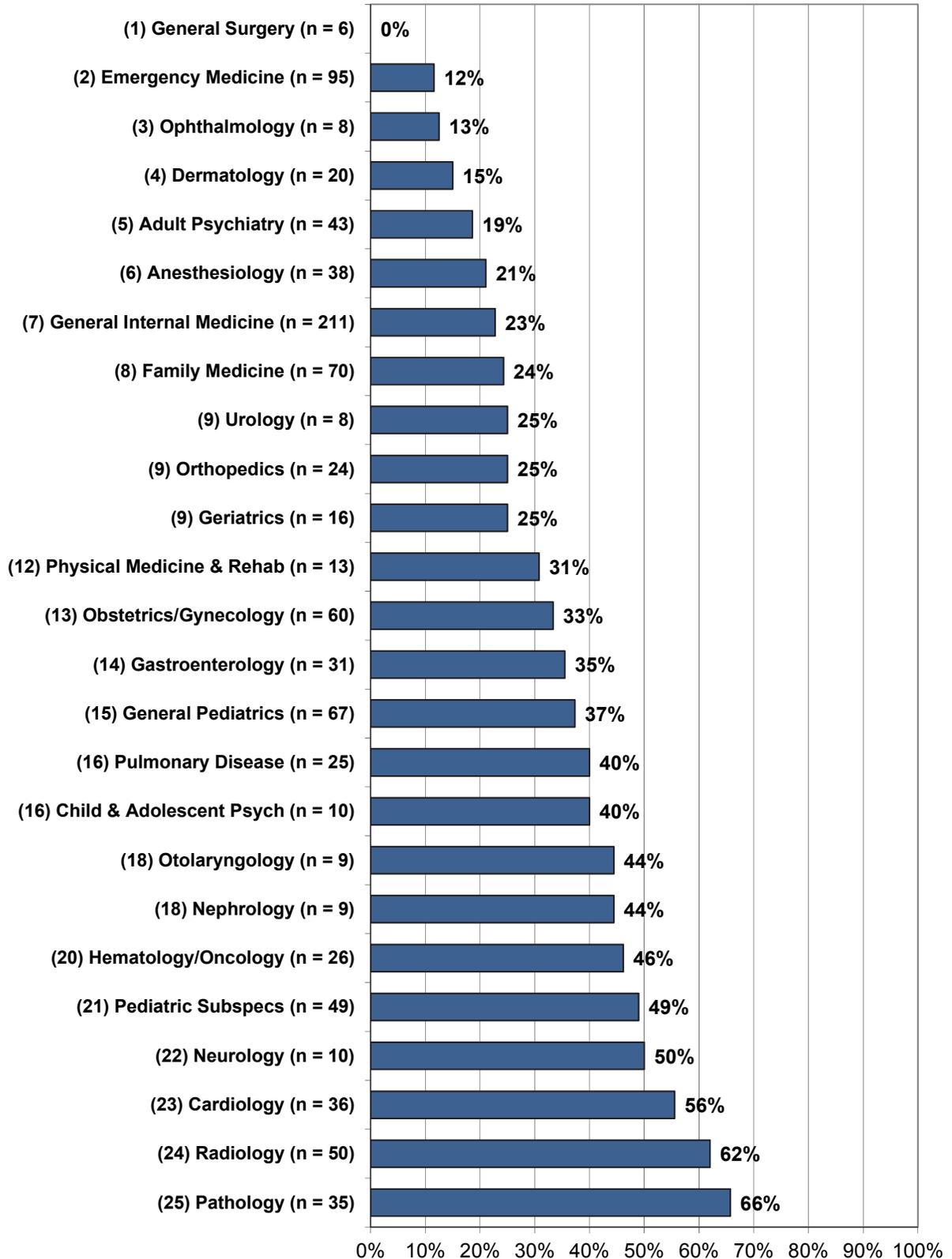




Table 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2013 Respondents	RANK (of 25)	Aggregated Respondents: 2012 and 2013	RANK (of 25)	All Respondents (Aggregated: 2010 thru 2013)	RANK (of 25)
Primary Care	26%	N/A	24%	N/A	26%	N/A
Family Medicine	24%	8	17%	3	24%	5
General Internal Medicine	23%	7	23%	5	26%	6
General Pediatrics	37%	15	32%	13	29%	10
Obstetrics/Gynecology	33%	13	29%	10	28%	8
Medicine Subspecialties	44%	N/A	43%	N/A	43%	N/A
Cardiology	56%	23	48%	22	49%	21
Gastroenterology	35%	14	45%	20	35%	15
Geriatrics	25%	9	24%	6	31%	13
Hematology/Oncology	46%	20	39%	16	43%	19
Nephrology	44%	18	60%	24	65%	25
Pulmonary Disease	40%	16	38%	15	40%	17
General Surgery	0%	1	14%	2	10%	1
Surgical Subspecialties	29%	N/A	34%	N/A	33%	N/A
Ophthalmology	13%	3	31%	11	52%	22
Orthopedics	25%	9	35%	14	30%	12
Otolaryngology	44%	18	43%	18	29%	11
Urology	25%	9	26%	8	23%	4
Facility Based	45%	N/A	47%	N/A	42%	N/A
Anesthesiology	21%	6	31%	12	28%	9
Pathology	66%	25	63%	25	57%	24
Radiology	62%	24	60%	23	56%	23
Psychiatry	22%	N/A	22%	N/A	23%	N/A
Adult Psychiatry	19%	5	17%	4	19%	3
Child and Adolescent Psych	40%	16	48%	21	33%	14
Other	27%	N/A	26%	N/A	29%	N/A
Dermatology	15%	4	24%	7	27%	7
Emergency Medicine	12%	2	11%	1	13%	2
Neurology	50%	22	42%	17	42%	18
Pediatric Subspecialties	49%	21	45%	19	45%	20
Physical Medicine and Rehab	31%	12	27%	9	36%	16
Total (All Specialties)	32%	N/A	32%	N/A	32%	N/A

*This section refers to the job market experiences and perceptions of U.S. citizens and permanent residents who have actively searched for a practice position.



4.3 Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities

Table 4.2 gives the percent of respondents who had to change their plans due to limited practice opportunities. The three columns in this table are analogous to those presented in Table 4.1.

Highlights

- Seventeen percent (17%) of respondents reported having to change their plans due to limited job opportunities, the same percent as in 2012 (17%).
- Otolaryngology (0%), ophthalmology (0%), child and adolescent psychiatry (0%), and physical medicine and rehabilitation (0%) had the fewest respondents having to change plans due to limited job opportunities in 2013. Respondents from nephrology (67%), pathology (43%), and hematology/oncology (40%) were the most likely to have to change plans.
- The specialties that had the lowest percentage of respondents changing their plans due to limited job opportunities over the last two years (aggregated results from the 2012 and 2013 surveys) were otolaryngology (5%), urology (5%), and emergency medicine (7%). For the last two years, the specialties with the highest percentage of graduates changing plans were nephrology (47%), pathology (45%), and radiology (32%).

Figure 4.6 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

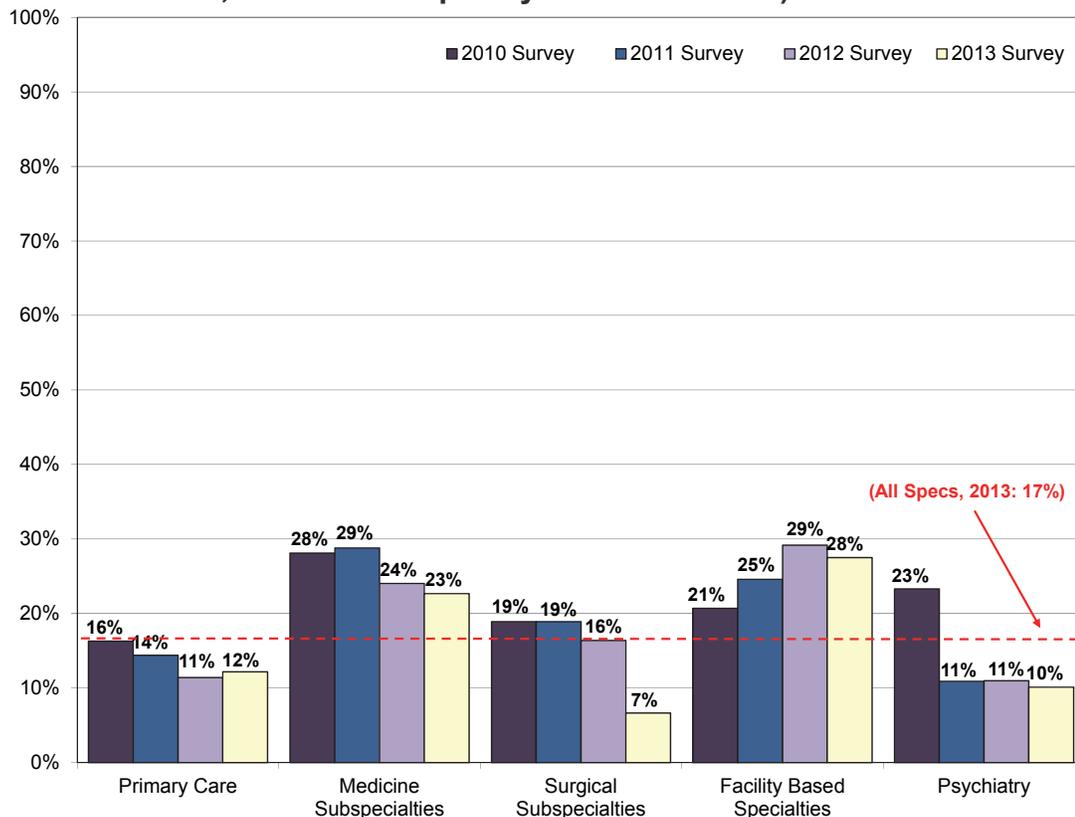




Figure 4.7 Rank of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

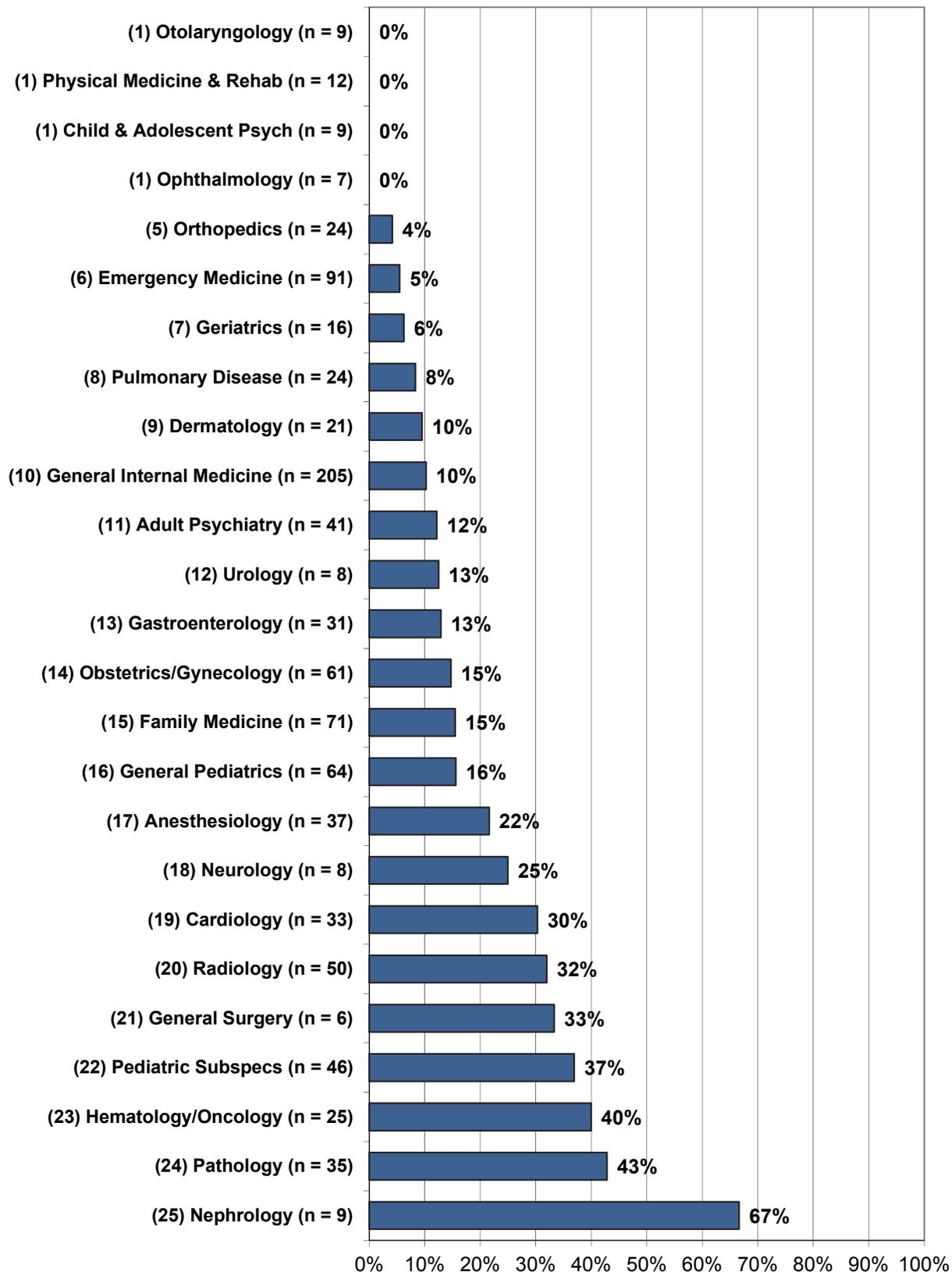




Table 4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2013 Respondents	RANK (of 25)	Aggregated Respondents: 2012 and 2013	RANK (of 25)	All Respondents (Aggregated: 2010 thru 2013)	RANK (of 25)
Primary Care	12%	N/A	12%	N/A	14%	N/A
Family Medicine	15%	15	13%	12	16%	11
General Internal Medicine	10%	10	11%	8	13%	7
General Pediatrics	16%	16	13%	11	13%	6
Obstetrics/Gynecology	15%	14	12%	9	15%	9
Medicine Subspecialties	23%	N/A	23%	N/A	26%	N/A
Cardiology	30%	19	31%	22	30%	20
Gastroenterology	13%	13	23%	17	21%	17
Geriatrics	6%	7	13%	10	16%	10
Hematology/Oncology	40%	23	30%	20	32%	22
Nephrology	67%	25	47%	25	46%	25
Pulmonary Disease	8%	8	10%	5	20%	15
General Surgery	33%	21	29%	18	21%	16
Surgical Subspecialties	7%	N/A	13%	N/A	16%	N/A
Ophthalmology	0%	1	14%	13	29%	19
Orthopedics	4%	5	14%	13	17%	12
Otolaryngology	0%	1	5%	1	3%	2
Urology	13%	12	5%	2	3%	1
Facility Based	28%	N/A	28%	N/A	25%	N/A
Anesthesiology	22%	17	22%	16	18%	14
Pathology	43%	24	45%	24	37%	24
Radiology	32%	20	32%	23	32%	21
Psychiatry	10%	N/A	11%	N/A	14%	N/A
Adult Psychiatry	12%	11	8%	4	12%	4
Child and Adolescent Psych	0%	1	14%	13	18%	13
Other	17%	N/A	17%	N/A	17%	N/A
Dermatology	10%	9	11%	7	12%	5
Emergency Medicine	5%	6	7%	3	6%	3
Neurology	25%	18	30%	21	26%	18
Pediatric Subspecialties	37%	22	30%	19	33%	23
Physical Medicine and Rehab	0%	1	10%	6	14%	8
Total (All Specialties)	17%	N/A	17%	N/A	18%	N/A

- The specialties with the lowest percentages of respondents reporting they had to change plans over the last four years of the survey were urology (3%), otolaryngology (3%), and emergency medicine (3%). The specialties most likely to have respondents reporting they had to change plans over the last four years of the survey were nephrology (46%), pathology (37%), and pediatric subspecialties (33%).



4.4 Number of Job Offers Received

Table 4.3 gives the mean number of offers for employment/practice opportunities (i.e., job offers) received by respondents. This variable provides a good measure of demand because whereas other demand indicators (with the exception of income) may be influenced by respondents' expectations, the total of job offers provides a concrete number and is less subject to bias. Job offers, along with starting income trends, were double-weighted in computing the composite measure of demand.

Highlights

- The average number of job offers received by graduates in 2013 was 3.39, slightly down from the number received by graduates in 2012 (3.47). Orthopedics (5.00), family medicine (4.87), and child and adolescent psychiatry (4.70) graduates received the most job offers. At the other end of the spectrum, ophthalmology (1.29), radiology (1.65), and pathology (1.71) received the fewest job offers.

Figure 4.8 Mean Number of Job Offers Received by Respondents by Specialty Group (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

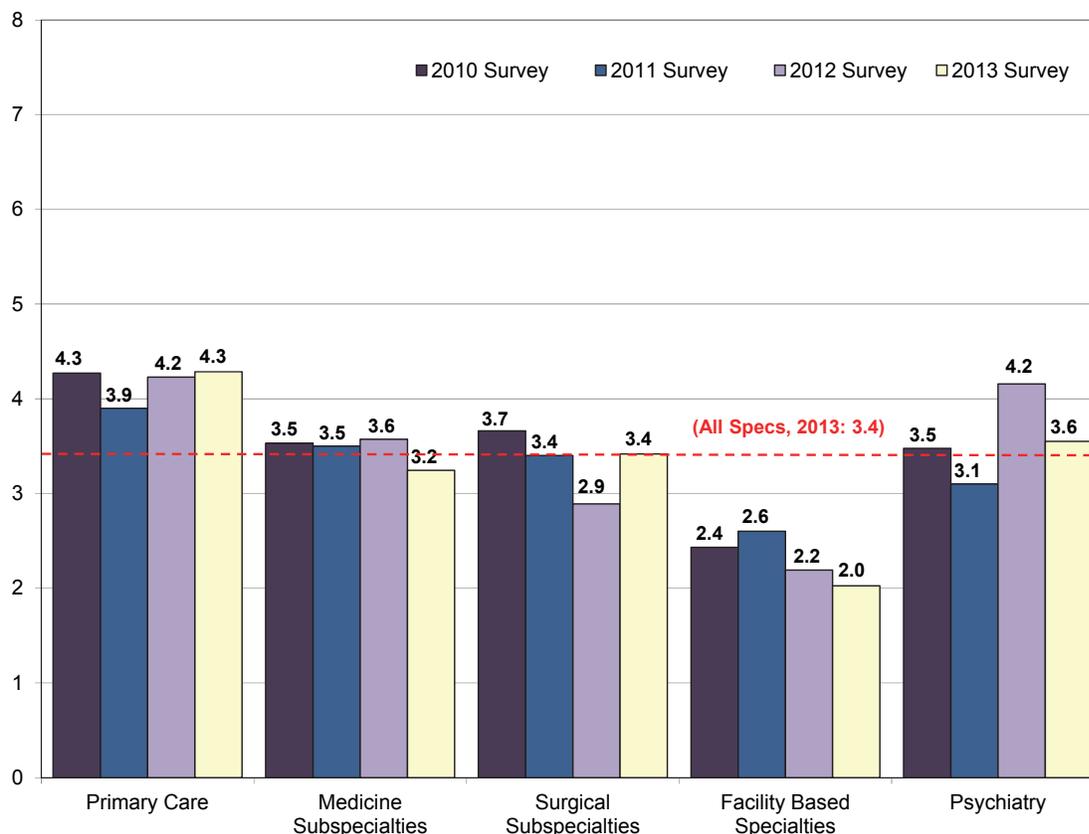




Figure 4.9 Rank of Mean Number of Job Offers by Specialty (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

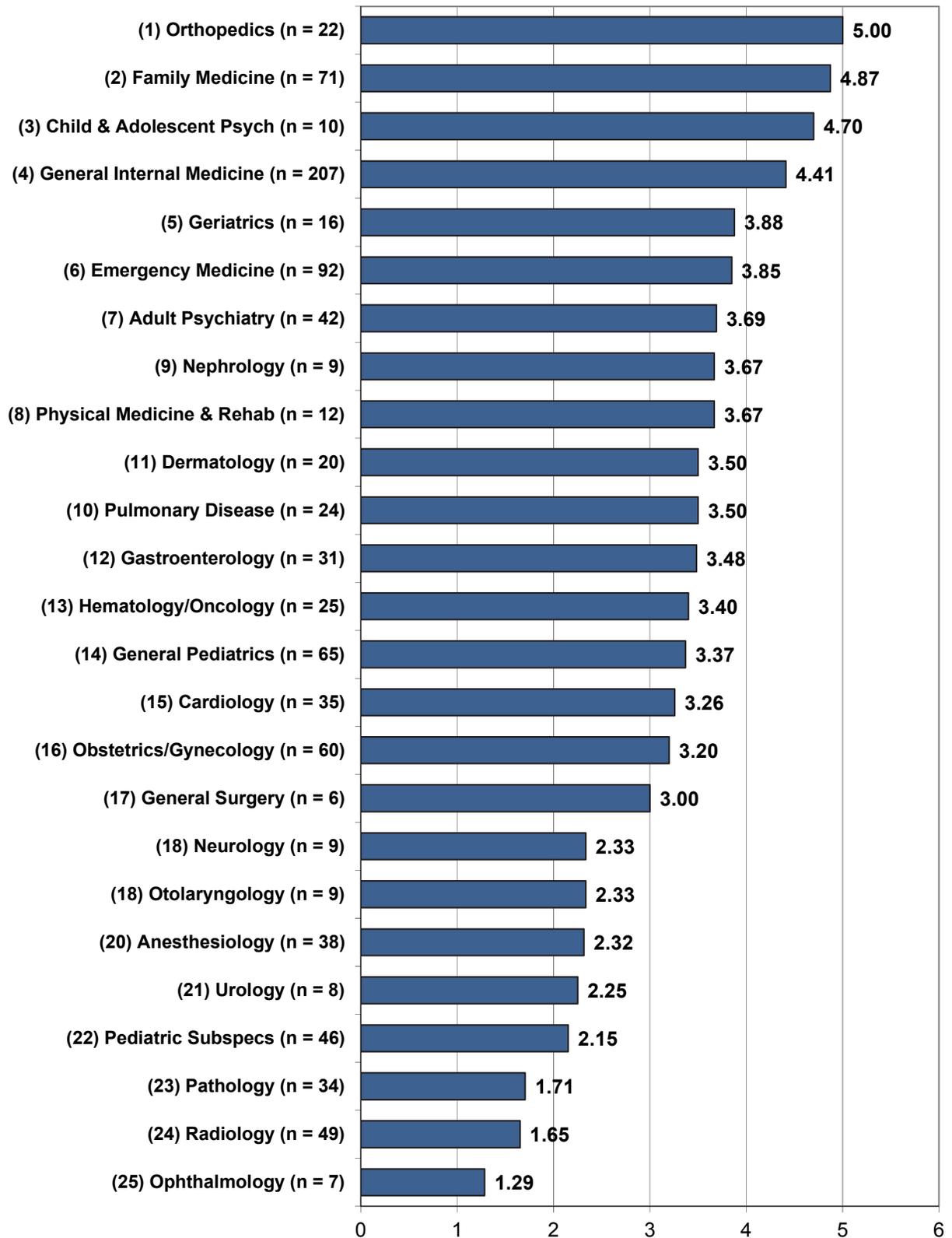




Table 4.3 Offers of Employment/Practice Opportunities (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2013 Respondents	RANK (of 25)	Aggregated Respondents: 2012 and 2013	RANK (of 25)	Trend (Average Annual Change: 2009 to 2013)	RANK (of 25)
Primary Care	4.29	N/A	4.26	N/A	3%	N/A
Family Medicine	4.87	2	4.43	3	1%	12
General Internal Medicine	4.41	4	4.49	2	5%	5
General Pediatrics	3.37	14	3.44	11	4%	8
Obstetrics/Gynecology	3.20	16	3.35	14	-3%	16
Medicine Subspecialties	3.24	N/A	3.41	N/A	-5%	N/A
Cardiology	3.26	15	3.73	8	-4%	17
Gastroenterology	3.48	12	3.90	5	2%	11
Geriatrics	3.88	5	3.63	10	8%	4
Hematology/Oncology	3.40	13	3.35	13	-6%	18
Nephrology	3.67	9	3.06	19	11%	3
Pulmonary Disease	3.50	10	4.19	4	-10%	23
General Surgery	3.00	17	3.21	18	5%	6
Surgical Subspecialties	3.42	N/A	3.09	N/A	-4%	N/A
Ophthalmology	1.29	25	2.07	23	-12%	25
Orthopedics	5.00	1	3.28	15	16%	1
Otolaryngology	2.33	18	3.38	12	1%	14
Urology	2.25	21	3.26	16	-12%	24
Facility Based	2.03	N/A	2.11	N/A	-9%	N/A
Anesthesiology	2.32	20	2.38	21	-9%	20
Pathology	1.71	23	1.65	25	-8%	19
Radiology	1.65	24	1.83	24	-10%	22
Psychiatry	3.55	N/A	3.86	N/A	3%	N/A
Adult Psychiatry	3.69	7	3.68	9	4%	9
Child and Adolescent Psych	4.70	3	5.18	1	14%	2
Other	3.13	N/A	3.19	N/A	-2%	N/A
Dermatology	3.50	11	3.82	7	5%	7
Emergency Medicine	3.85	6	3.90	6	1%	13
Neurology	2.33	18	2.57	20	-9%	21
Pediatric Subspecialties	2.15	22	2.16	22	-3%	15
Physical Medicine and Rehab	3.67	8	3.23	17	3%	10
Total (All Specialties)	3.39	N/A	3.44	N/A	-2%	N/A

- Otolaryngology (+39%), general surgery (+33%), and urology (+12%) were the specialties showing the greatest average annual increases in job offers. Whereas, gastroenterology (-8%), pathology (-8%), and radiology (-6%) saw the largest decreases in job offers.



4.5 Perceptions of the Regional Job Market

Table 4.4 presents respondents' perceptions of the job market for their specialty within 50 miles of the site at which they trained (i.e., the regional job market). Respondents were asked to give their assessment of the regional job market by choosing from a five-point scale ranging from "Many Jobs" to "No Jobs." In order to allow comparisons to be made, the following Likert Scale was developed: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, and "No Jobs" = -2. A composite score was then computed for each specialty by multiplying the Likert Score for each respondent by the proportion of responses falling in that category.

Highlights

- Overall, respondents viewed the regional job market positively. The average Likert Score in 2013 (+0.73) was slightly higher than the score in 2012 (+0.65).
- Looking at specialty groups, psychiatry (+1.41) had the most positive view of the regional job market. Conversely, facility based (-0.06) had the least positive view in 2013.
- Child and adolescent psychiatry (+1.64), emergency medicine (+1.54), and family medicine (+1.47) respondents had the most positive view of the regional job market. Each of these had an average assessment well above 1.00 (i.e., "Some Jobs").
- The specialties with the least positive views of the regional job market were nephrology (-1.29), pathology (-0.74), and radiology (-0.59).
- The specialties that had the most positive views of the regional job market for both 2012 and 2013 were child and adolescent psychiatry (+1.52), emergency medicine (+1.50), and adult psychiatry (+1.44).
- The specialties with the least positive views of the regional job market over the last two years were pathology (-0.73), nephrology (-0.65), and radiology (-0.48).
- Adult psychiatry (+1.45), emergency medicine (+1.44), and dermatology (+1.34) were the three specialties with the most positive views of the regional job market over the last four years of the survey. Over the same period, the specialties with the least positive views of the regional job market were nephrology (-0.63), pathology (-0.50), and radiology (-0.32).



Figure 4.10 Respondents' Assessment of the Regional Job Market (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

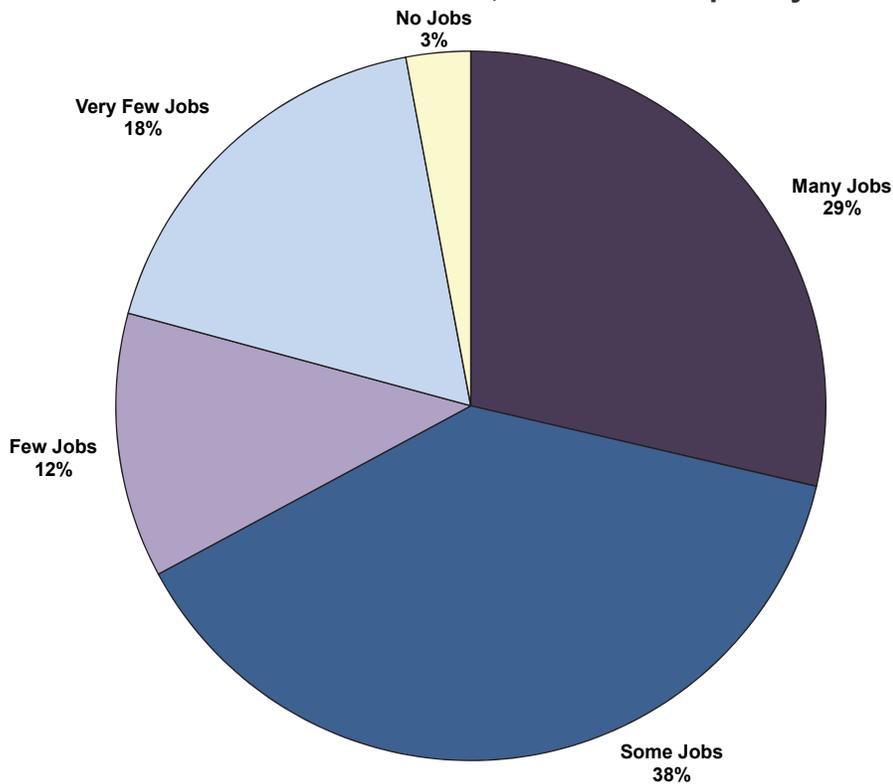


Figure 4.11 Mean Likert Score for Respondents' Views of the Regional Job Market by Specialty Group (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

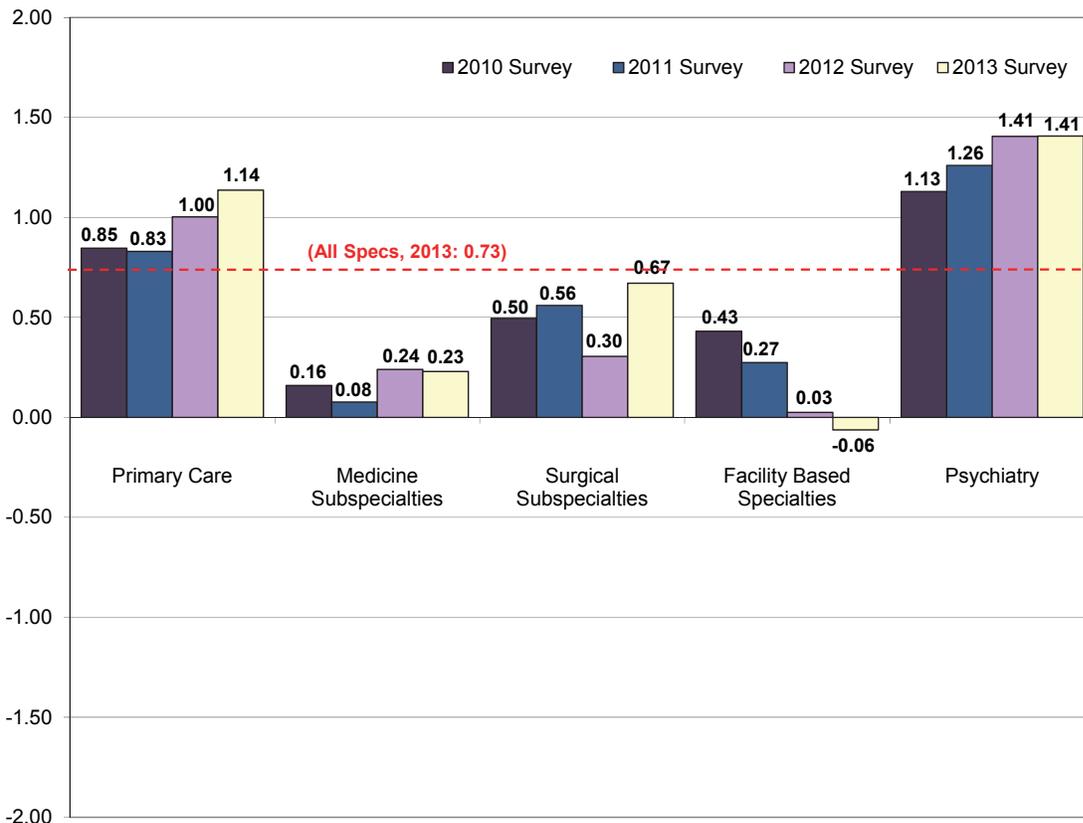




Figure 4.12 Rank of Likert Scores for Respondents' Views of the Regional Job Market by Specialty (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

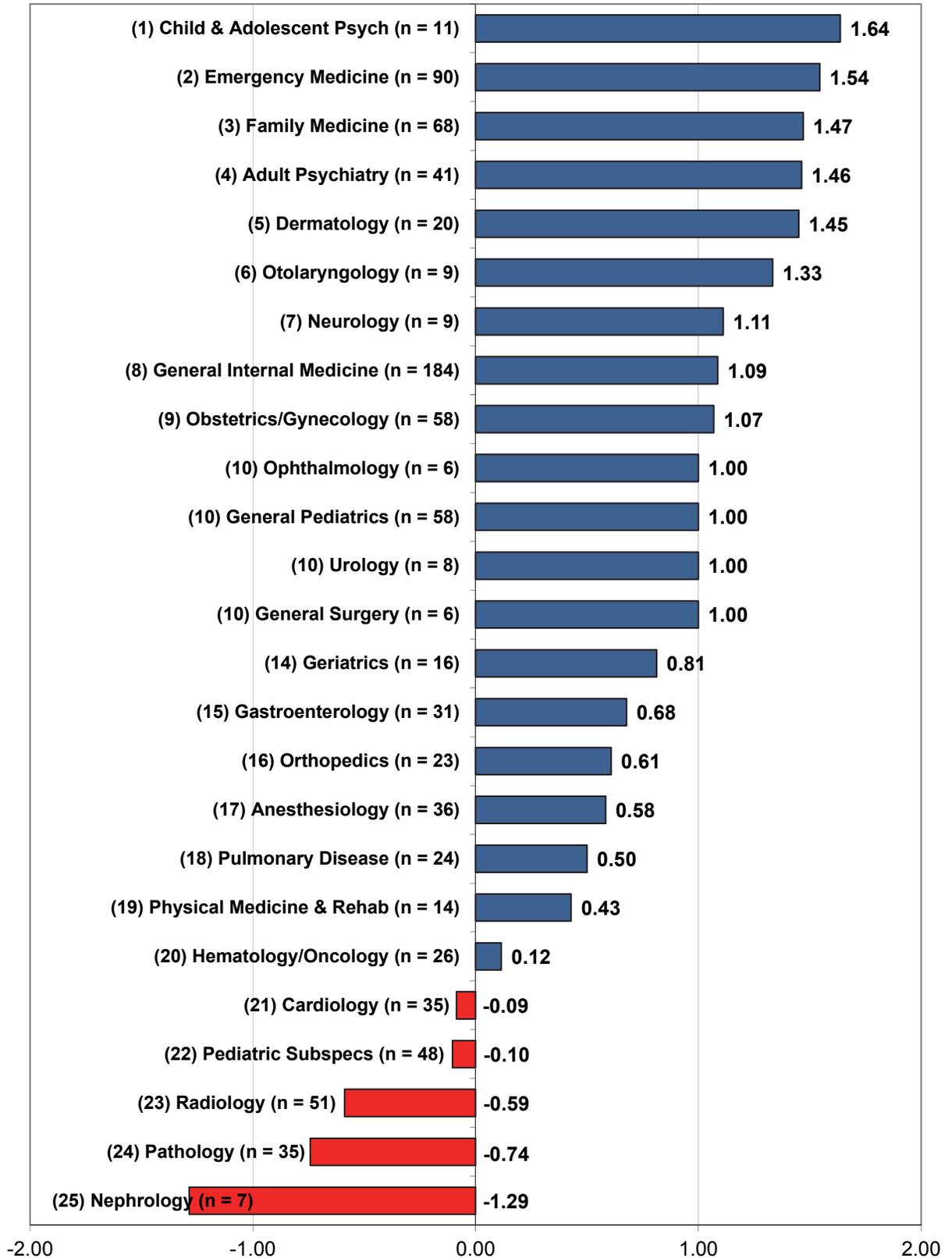




Table 4.4 Likert Scores for Respondents' Perceptions of the Regional Job Market¹³ (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2013 Respondents	RANK (of 25)	Aggregated Respondents: 2012 and 2013	RANK (of 25)	All Respondents (Aggregated: 2010 thru 2013)	RANK (of 25)
Primary Care	1.14	N/A	1.07	N/A	0.95	N/A
Family Medicine	1.47	3	1.34	4	1.21	4
General Internal Medicine	1.09	8	1.00	10	0.90	9
General Pediatrics	1.00	10	1.03	8	0.80	11
Obstetrics/Gynecology	1.07	9	1.01	9	0.92	8
Medicine Subspecialties	0.23	N/A	0.23	N/A	0.18	N/A
Cardiology	-0.09	21	-0.13	21	-0.07	21
Gastroenterology	0.68	15	0.58	15	0.72	12
Geriatrics	0.81	14	0.88	12	0.68	13
Hematology/Oncology	0.12	20	0.23	20	0.12	20
Nephrology	-1.29	25	-0.65	24	-0.63	25
Pulmonary Disease	0.50	18	0.54	16	0.44	17
General Surgery	1.00	10	0.29	19	0.46	16
Surgical Subspecialties	0.67	N/A	0.46	N/A	0.49	N/A
Ophthalmology	1.00	10	0.39	17	0.36	19
Orthopedics	0.61	16	0.37	18	0.43	18
Otolaryngology	1.33	6	1.19	6	1.15	6
Urology	1.00	10	1.06	7	1.03	7
Facility Based	-0.06	N/A	-0.02	N/A	0.18	N/A
Anesthesiology	0.58	17	0.59	13	0.82	10
Pathology	-0.74	24	-0.73	25	-0.50	24
Radiology	-0.59	23	-0.48	23	-0.32	23
Psychiatry	1.41	N/A	1.41	N/A	1.29	N/A
Adult Psychiatry	1.46	4	1.44	3	1.45	1
Child and Adolescent Psych	1.64	1	1.52	1	1.15	5
Other	0.88	N/A	0.84	N/A	0.81	N/A
Dermatology	1.45	5	1.33	5	1.34	3
Emergency Medicine	1.54	2	1.50	2	1.44	2
Neurology	1.11	7	0.92	11	0.67	14
Pediatric Subspecialties	-0.10	22	-0.14	22	-0.12	22
Physical Medicine and Rehab	0.43	19	0.59	14	0.64	15
Total (All Specialties)	0.73	N/A	0.69	N/A	0.66	N/A

¹³Likert Score computed using the following Likert Scale: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, "No Jobs" = -2.



4.6 Perceptions of the National Job Market

Table 4.5 presents the perceptions of survey respondents concerning the national job market for their specialty. The response choices and composite scores were the same as those used in Table 4.5 (referring to the regional job market). As one might expect, there was a high degree of correlation between respondents' views of the regional and the national job markets. In general, however, the national job market was viewed more positively than the job market in New York.

Highlights

- Overall, respondents gave a very positive assessment of the national job market. Sixty-three percent (63%) felt there were “Many Jobs” for their specialty, and less than 6% felt there were either “Very Few Jobs” (5%) or “No Jobs” (<1%).
- Respondents' views of the national job market (+1.47) were more positive than for the regional job market (+0.73). Respondents' views of the national job market in 2013 were similar to respondents' views of the national job market in 2012 (+1.46).
- For the specialty groups, psychiatry (+1.88) and primary care (+1.79) had the most positive views of the national job market while facility based (+0.54) had the least positive view.
- Urology (+2.00) had the most positive view of the national job market among individual specialties, followed by adult psychiatry (+1.95) and child and adolescent psychiatry (+1.91).
- Only three specialties had a score of +0.75 or less: pathology (-0.14), radiology (+0.08), and nephrology (+0.75).
- The specialties with the most positive views of the national job market over the last two years were urology (+2.00), adult psychiatry (+1.93), and emergency medicine (+1.87). For the same two-year period (2012 and 2013), the specialties with the lowest assessments of the national job market were pathology (+0.02), radiology (+0.26), and nephrology (+0.65).
- Over the course of the last four years of the survey, urology (+1.93), adult psychiatry (+1.89), and emergency medicine (+1.89) were the specialties with the most positive views of the national job market. Pathology (+0.30), radiology (+0.49), and nephrology (+0.66) were the specialties with the lowest assessment of the national job market.



Figure 4.13 Respondents' Assessment of the National Job Market (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

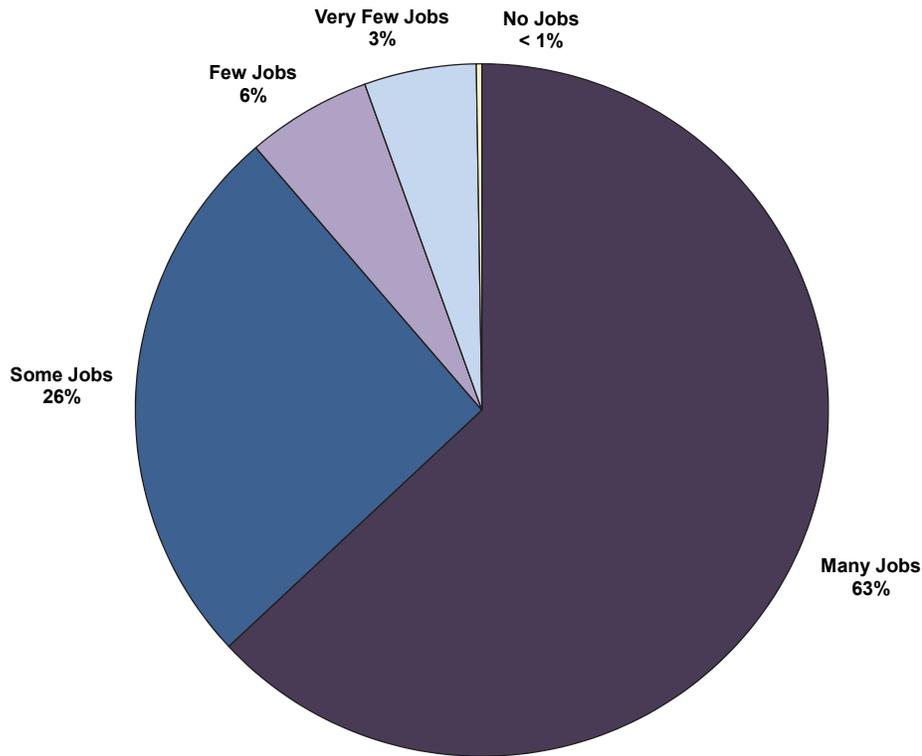


Figure 4.14 Mean Likert Score for Respondents' Views of the National Job Market by Specialty Group (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

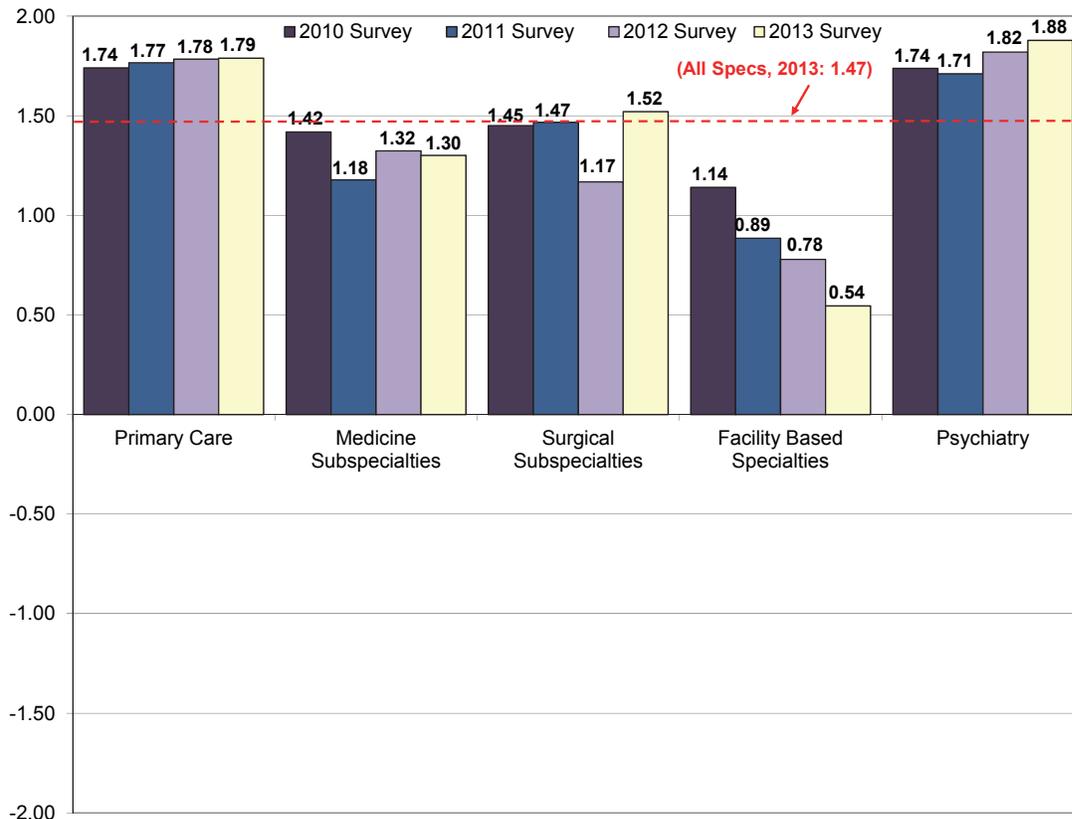




Figure 4.15 Rank of Likert Scores for Respondents' Views of the National Job Market by Specialty (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

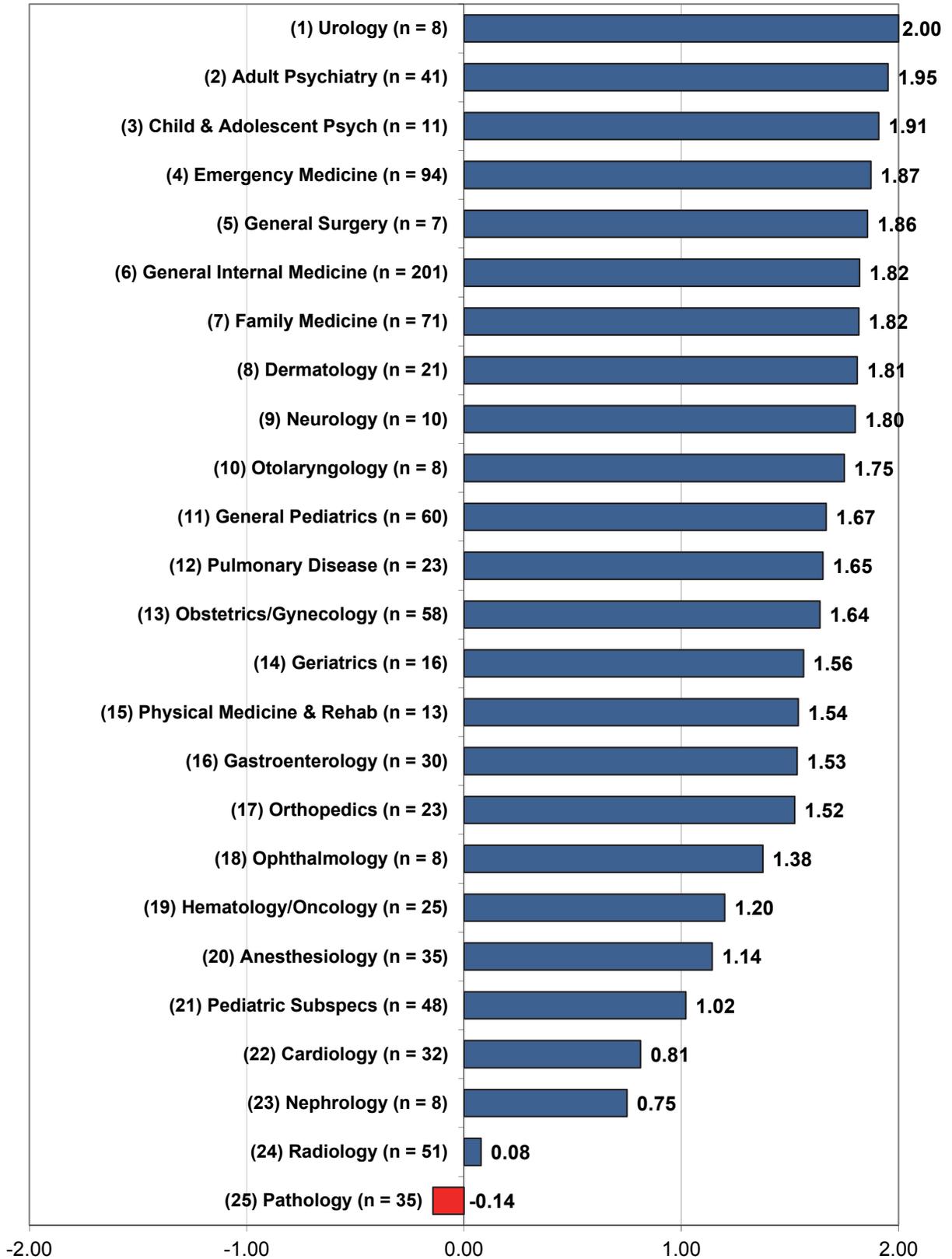




Table 4.5 Likert Scores for Respondents' Perceptions of the National Job Market¹⁴ (for 2013 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2013 Respondents	RANK (of 25)	Aggregated Respondents: 2012 and 2013	RANK (of 25)	All Respondents (Aggregated: 2010 thru 2013)	RANK (of 25)
Primary Care	1.79	N/A	1.79	N/A	1.77	N/A
Family Medicine	1.82	7	1.83	4	1.79	6
General Internal Medicine	1.82	6	1.82	5	1.84	4
General Pediatrics	1.67	11	1.63	13	1.56	13
Obstetrics/Gynecology	1.64	13	1.69	10	1.59	11
Medicine Subspecialties	1.30	N/A	1.31	N/A	1.30	N/A
Cardiology	0.81	22	0.83	22	0.93	22
Gastroenterology	1.53	16	1.70	9	1.69	10
Geriatrics	1.56	14	1.64	11	1.58	12
Hematology/Oncology	1.20	19	1.27	18	1.33	18
Nephrology	0.75	23	0.65	23	0.66	23
Pulmonary Disease	1.65	12	1.76	7	1.81	5
General Surgery	1.86	5	1.53	15	1.55	14
Surgical Subspecialties	1.52	N/A	1.31	N/A	1.39	N/A
Ophthalmology	1.38	18	1.17	20	1.15	20
Orthopedics	1.52	17	1.36	17	1.42	17
Otolaryngology	1.75	10	1.60	14	1.76	8
Urology	2.00	1	2.00	1	1.93	1
Facility Based	0.54	N/A	0.66	N/A	0.85	N/A
Anesthesiology	1.14	20	1.17	19	1.30	19
Pathology	-0.14	25	0.02	25	0.30	25
Radiology	0.08	24	0.26	24	0.49	24
Psychiatry	1.88	N/A	1.85	N/A	1.78	N/A
Adult Psychiatry	1.95	2	1.93	2	1.89	2
Child and Adolescent Psych	1.91	3	1.74	8	1.71	9
Other	1.56	N/A	1.52	N/A	1.55	N/A
Dermatology	1.81	8	1.76	6	1.76	7
Emergency Medicine	1.87	4	1.90	3	1.89	3
Neurology	1.80	9	1.64	11	1.48	15
Pediatric Subspecialties	1.02	21	0.98	21	1.12	21
Physical Medicine and Rehab	1.54	15	1.45	16	1.46	16
Total (All Specialties)	1.47	N/A	1.46	N/A	1.48	N/A

¹⁴Likert Score computed using the following Likert Scale: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, "No Jobs" = -2.



4.7 Trends in Starting Income

Table 4.6 presents median starting income levels for 2013 respondents, for all respondents from the last two surveys, and the average annual change (i.e., trend) in median starting income from the last four surveys. Income levels are often used to measure demand. Physicians are somewhat atypical in this regard because their income levels are largely determined by historic reimbursement amounts rather than by the demand for their services at any given point in time.

Although income levels may not be completely accurate in determining demand, trends in income provide a good indicator. If physicians practicing in a given specialty are in short supply relative to the demand for their services, employers will have to increase compensation levels to attract applicants causing income levels to trend higher. Conversely, if there is a rich supply of physicians in a certain specialty, employers will not need to pay as much to fill positions, resulting in flat or negative trends in income.

Highlights

- The median starting income of 2013 respondents was \$201,500, a 3% increase from 2012 (the average increase per year was 3% from 2009 to 2013).
- Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2009 to 2013. Only two specialties experienced a decrease during this time period: dermatology (-3%) and pathology (-1%).
- General surgery (+17%), urology (+10%), and hematology/oncology (+6%) showed the strongest trends in income between 2009 and 2013.

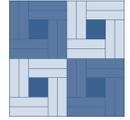


Figure 4.16 Median Starting Income (in \$1,000) by Specialty Group (for 2013 Respondents with Confirmed Practice Plans)

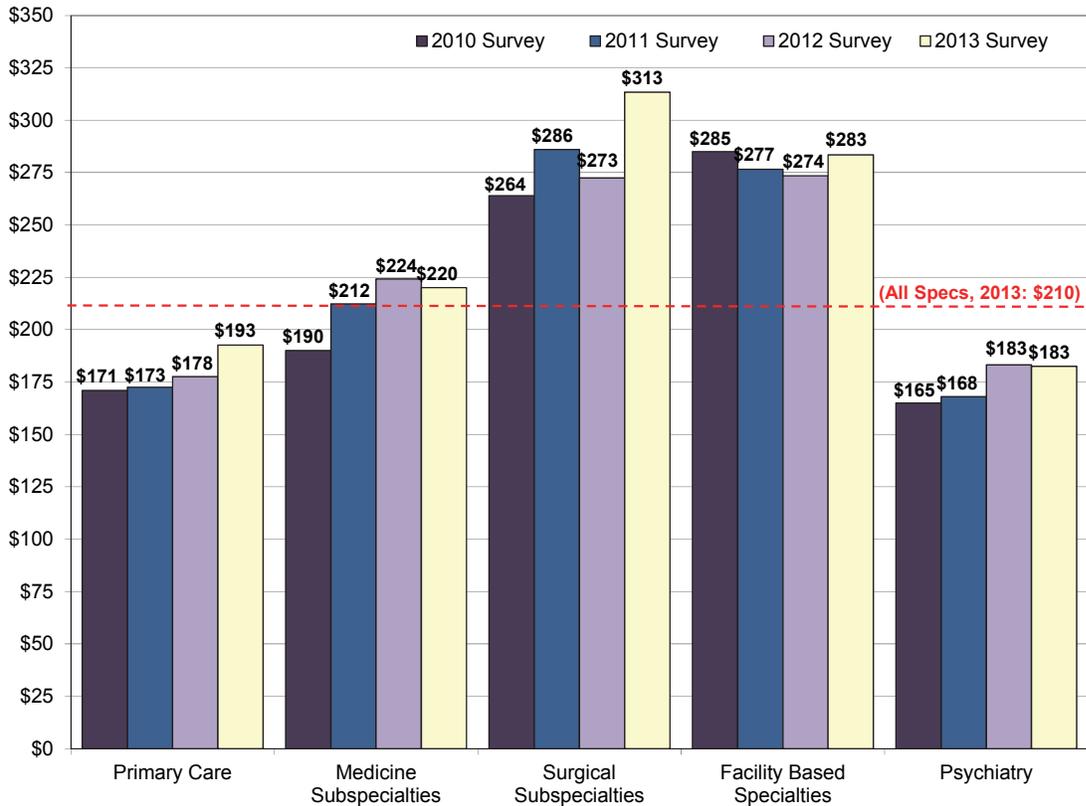
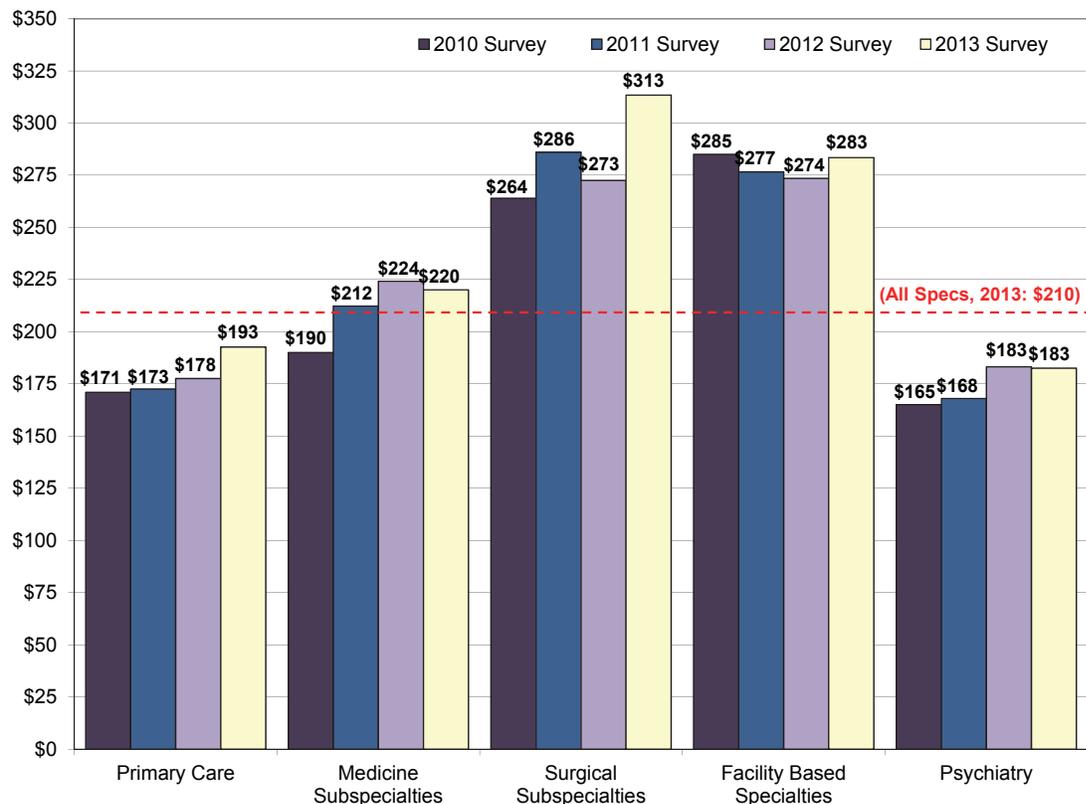


Figure 4.17 Trends in Median Starting Income (in \$1,000) among Primary Care and Non-Primary Care Physicians (for 2013 Respondents with Confirmed Practice Plans)



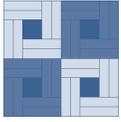


Figure 4.18 Rank of Average Percent Change in Median Starting Income (from 2009 to 2013) by Specialty (for Respondents with Confirmed Practice Plans)

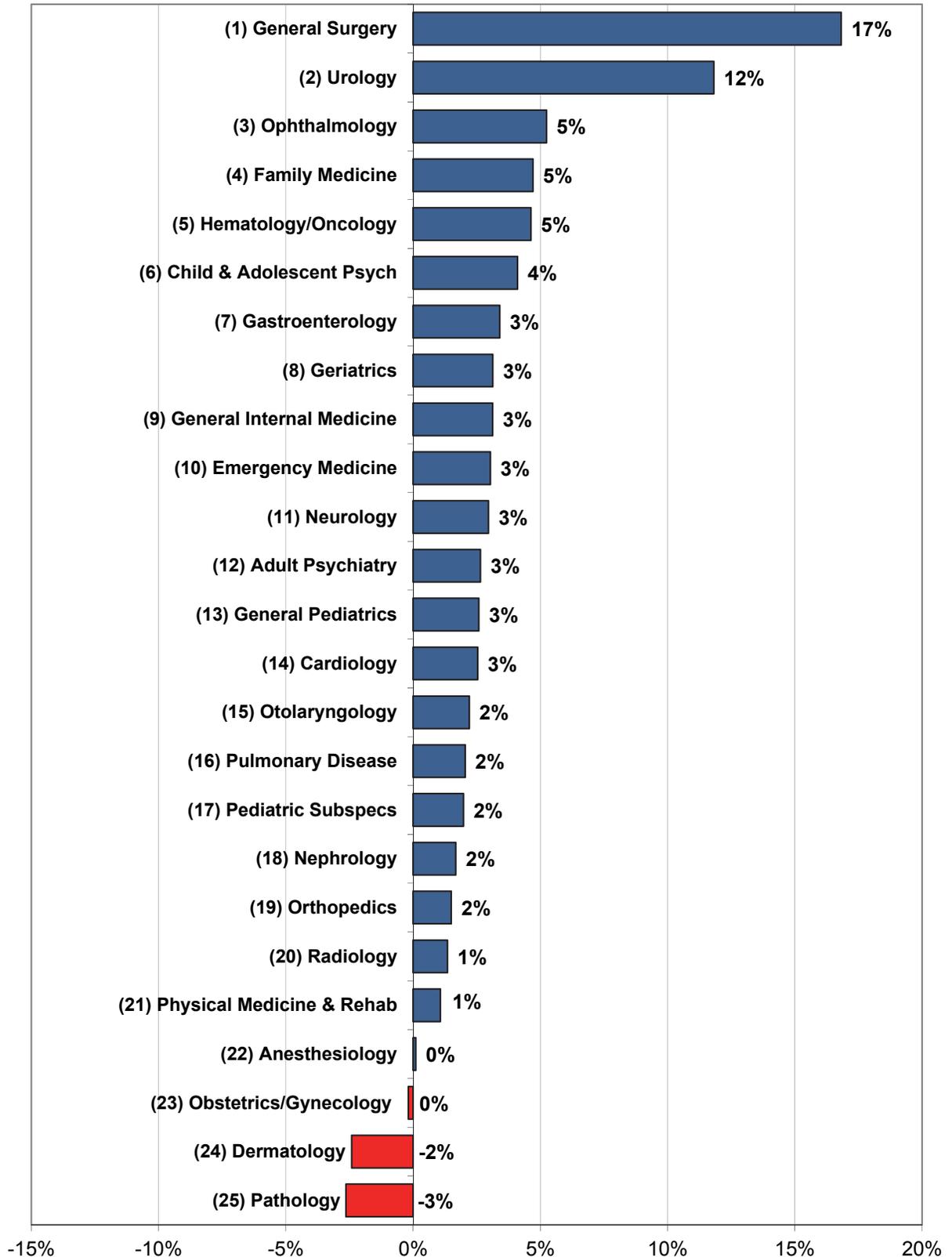




Table 4.6 Median Expected Starting Income (for 2013 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>2013 Respondents</u>	<u>RANK (of 25)</u>	<u>Aggregated Respondents: 2012 and 2013</u>	<u>RANK (of 25)</u>	<u>Trend (Average Annual Change: 2009 to 2013)</u>	<u>RANK (of 25)</u>
Primary Care	\$192,700	N/A	\$184,850	N/A	5%	N/A
Family Medicine	\$187,400	17	\$174,000	22	5%	5
General Internal Medicine	\$202,150	15	\$197,350	14	3%	8
General Pediatrics	\$136,100	25	\$137,100	25	1%	21
Obstetrics/Gynecology	\$204,200	13	\$205,300	13	1%	20
Medicine Subspecialties	\$220,100	N/A	\$222,800	N/A	3%	N/A
Cardiology	\$250,400	8	\$295,900	5	0%	23
Gastroenterology	\$251,250	6	\$262,550	7	2%	15
Geriatrics	\$173,400	23	\$176,400	20	2%	17
Hematology/Oncology	\$251,100	7	\$216,500	12	6%	3
Nephrology	\$182,800	18	\$181,100	19	3%	9
Pulmonary Disease	\$235,500	10	\$246,400	9	2%	16
General Surgery	\$329,500	2	\$301,400	4	17%	1
Surgical Subspecialties	\$313,400	N/A	\$294,700	N/A	8%	N/A
Ophthalmology	\$202,600	14	\$194,500	15	5%	4
Orthopedics	\$338,250	1	\$317,700	2	3%	13
Otolaryngology	\$219,900	12	\$237,400	10	3%	11
Urology	\$313,500	4	\$341,200	1	10%	2
Facility Based	\$283,450	N/A	\$277,850	N/A	1%	N/A
Anesthesiology	\$279,800	5	\$281,900	6	0%	22
Pathology	\$177,950	20	\$185,950	16	-1%	24
Radiology	\$320,100	3	\$316,050	3	1%	18
Psychiatry	\$182,550	N/A	\$183,100	N/A	4%	N/A
Adult Psychiatry	\$174,100	22	\$182,850	18	3%	14
Child and Adolescent Psych	\$171,950	24	\$176,000	21	4%	7
Other	\$216,600	N/A	\$215,400	N/A	2%	N/A
Dermatology	\$227,500	11	\$248,500	8	-3%	25
Emergency Medicine	\$248,250	9	\$236,350	11	3%	10
Neurology	\$188,400	16	\$172,900	23	4%	6
Pediatric Subspecialties	\$174,800	21	\$167,500	24	3%	12
Physical Medicine and Rehab	\$181,650	19	\$183,600	17	1%	19
Total (All Specialties)	\$210,350	N/A	\$207,200	N/A	3%	N/A



4.8 Assessment of Demand by Specialty

To measure demand, a composite score was computed by taking the median of the ranks (i.e., where each specialty stood relative to all 25 specialties) scored by each specialty on each of the demand indicators for data from the previous four years of the survey. Data from more recent years of the survey received a greater weight than data from previous years. For example, when calculating the demand score for 2013, data from 2013 were weighted .40, data from 2012 were weighted .30, data from 2011 were weighted .20, and data from 2010 were weighted .10.

The following variables were used as indicators of demand in the calculations described above:

- ◆ Percentage of respondents having difficulty finding a satisfactory practice position;
- ◆ Percentage of respondents having to change plans due to limited practice opportunities;
- ◆ Mean number of job offers received by respondents;
- ◆ Respondents' views of the regional job market;
- ◆ Respondents' views of the national job market; and
- ◆ Trends in median starting income.

Each of these variables is an imperfect measure of demand. However, taken together, they provide a good picture of relative demand by specialty. There was a high degree of correlation between the “percent with difficulty” variable and the “percent having to change plans” variable (i.e., a respondent reporting difficulty was much more likely to report having to change plans). There was also a high degree of correlation between respondents' assessments of the regional and national job market. For this reason, the “job offers” and “trends in starting income” variables were double counted in computing a composite measure of demand.

Figure 4.19 is a plot of the median of the ranks of each specialty to illustrate the current demand for each specialty. Note that the Exit Survey cannot be used to measure absolute demand (i.e., it cannot be used to determine the appropriate number of physicians necessary to serve a given population). Instead, it is used to measure the demand for each specialty relative to other specialties by collecting information on the job market for new physicians and ranking specialties based on respondents' answers to questions used to assess demand.

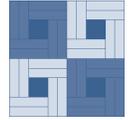
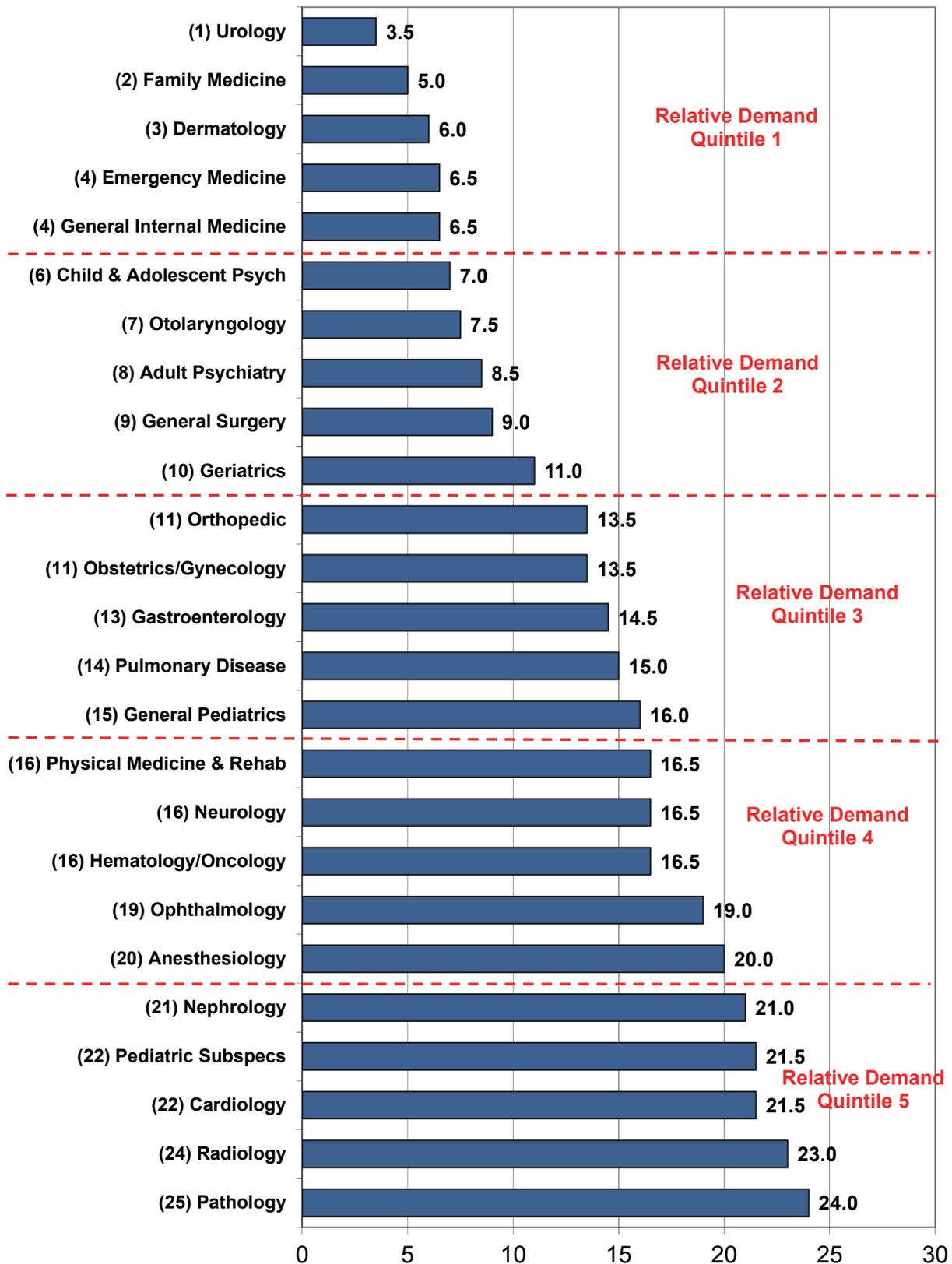
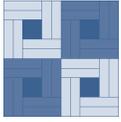


Figure 4.19 Assessment of Current Relative Demand by Specialty, Median Rank on Demand Related Variables





Highlights

- ⦿ Currently, urology (average rank of 3.5 out of 25), family medicine (5.0), dermatology (6.0), emergency medicine (6.5), and general internal medicine (6.5) are specialties experiencing the strongest demand.
- ⦿ The job market for pathology (24.0), radiology (23.0), cardiology (21.5), pediatric subspecialties (21.5), and nephrology (21.0) appears weak relative to other specialties.





Appendix A

2013 Exit Survey Response Rates by Specialty and Region



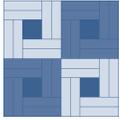


Table A-1 2013 Exit Survey Response Rates by Specialty* and Region**

Specialty	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Primary Care	266	162	61%	1,626	855	53%	1,892	1,017	54%
Family Medicine	65	45	69%	128	71	55%	193	116	60%
Internal Medicine-General	129	79	61%	1,098	581	53%	1,227	660	54%
Pediatrics-General	56	32	57%	389	192	49%	445	224	50%
IM & Peds (Combined)	16	6	38%	11	11	100%	27	17	63%
Obstetrics/Gynecology	33	26	79%	139	88	63%	172	114	66%
Internal Medicine Specialties	95	60	63%	636	371	58%	731	431	59%
Cardiology	22	9	41%	167	73	44%	189	82	43%
Gastroenterology	13	9	69%	57	41	72%	70	50	71%
Geriatrics	6	3	50%	62	29	47%	68	32	47%
Hematology/Oncology	11	7	64%	69	39	57%	80	46	58%
Nephrology	7	7	100%	58	29	50%	65	36	55%
Pulmonary Disease	8	3	38%	61	43	70%	69	46	67%
Other IM Subspecialties	28	22	79%	162	117	72%	190	139	73%
Critical Care Medicine	2	2	100%	26	20	77%	28	22	79%
Endocrinology & Metab	10	9	90%	34	25	74%	44	34	77%
Infectious Disease	7	4	57%	46	28	61%	53	32	60%
Rheumatology	4	2	50%	24	12	50%	28	14	50%
Other IM Subspecialties	5	5	100%	32	32	100%	37	37	100%
General Surgery	27	15	56%	135	66	49%	162	81	50%
Surgery Subspecialties	85	52	61%	331	163	49%	416	215	52%
Ophthalmology	13	7	54%	63	38	60%	76	45	59%
Orthopedics	32	16	50%	137	54	39%	169	70	41%
Otolaryngology	10	4	40%	25	18	72%	35	22	63%
Urology	9	9	100%	29	13	45%	38	22	58%
Other Surgical Subspecialties	21	16	76%	77	40	52%	98	56	57%
Neurosurgery	10	8	80%	12	6	50%	22	14	64%
Plastic Surgery	4	1	25%	20	4	20%	24	5	21%
Thoracic Surgery	1	1	100%	11	9	82%	12	10	83%
All Other Surg Subspecs	6	6	100%	34	21	62%	40	27	68%

UPSTATE NY PROGRAMS **DOWNSTATE NY PROGRAMS** **NEW YORK (TOTAL)**

<u>Specialty</u>	<u>Grads</u>	<u>Returned</u>	<u>Resp Rate</u>	<u>Grads</u>	<u>Returned</u>	<u>Resp Rate</u>	<u>Grads</u>	<u>Returned</u>	<u>Resp Rate</u>
Facility Based	126	72	57%	587	331	56%	713	403	57%
Anesthesiology-General	47	24	51%	177	91	51%	224	115	51%
Pain Management	8	5	63%	27	14	52%	35	19	54%
Other Anesth Subspecialties	5	4	80%	43	27	63%	48	31	65%
Pathology	25	15	60%	132	81	61%	157	96	61%
<i>Pathology (General)</i>	18	10	56%	70	41	59%	88	51	58%
<i>Pathology Subspecialties</i>	7	5	71%	62	40	65%	69	45	65%
Radiology	41	24	59%	208	118	57%	249	142	57%
<i>Radiology (Diagnostic)</i>	34	17	50%	182	97	53%	216	114	53%
<i>Radiology (Therapeutic)</i>	7	7	100%	20	19	95%	27	26	96%
<i>Nuclear Medicine</i>	0	0	N/A	6	2	33%	6	2	33%
Psychiatry	35	24	69%	302	145	48%	337	169	50%
Psychiatry (General)	19	14	74%	171	102	60%	190	116	61%
Child & Adolescent Psych	9	6	67%	47	15	32%	56	21	38%
Other Psych Subspecialties	7	4	57%	84	28	33%	91	32	35%
Other	158	103	65%	653	357	55%	811	460	57%
Dermatology	3	1	33%	61	29	48%	64	30	47%
Emergency Medicine	69	50	72%	201	100	50%	270	150	56%
Neurology	34	14	41%	119	64	54%	153	78	51%
Pediatric Subspecialties	25	14	56%	120	65	54%	145	79	54%
Physical Medicine & Rehab	9	9	100%	75	36	48%	84	45	54%
Other	18	15	83%	77	63	82%	95	78	82%
<i>Allergy & Immunology</i>	1	0	0%	13	6	46%	14	6	43%
<i>Preventive Medicine</i>	2	2	100%	13	6	46%	15	8	53%
<i>All Other</i>	15	13	87%	51	51	100%	66	64	97%
Total (All Specialties)	821	522	64%	4,361	2,445	56%	5,182	2,967	57%

*Specialties shaded in grey are not broken out in this report because of the small number of respondents. Instead their numbers have been aggregated into groups as shown in this table.

**Downstate NY includes New York City, Long Island, and Westchester County. Upstate NY includes the rest of the state.

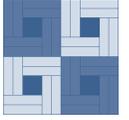
***Adding up physicians by specialty and region will not reflect the total sample size due to missing data.





Appendix B

2013 Exit Survey Instrument



10. Specialty you are COMPLETING in 2013

(select only one)

- Allergy and Immunology
- Anesthesiology (General)
- Anesthesiology–Pain Management
- Other Anesthesiology Subspecialty–specify: _____
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine (General)
- Cardiology
- Critical Care Medicine
- Endocrinology and Metabolism
- Gastroenterology
- Geriatrics
- Hematology/Oncology
- Infectious Disease
- Nephrology
- Pulmonary Disease/CCM
- Rheumatology
- Other Internal Medicine Subspecialty–specify: _____
- Internal Medicine and Pediatrics (Combined)
- Neurology
- Nuclear Medicine
- Obstetrics and Gynecology (General)
- Obstetrics and Gynecology (Subspecialty)–specify: _____
- Pathology (General)
- Pathology (Subspecialty)–specify: _____
- Pediatrics (General)
- Pediatrics (Subspecialty)–specify: _____
- Physical Medicine and Rehabilitation
- Preventive Medicine/Public Health/Occupational Medicine
- Psychiatry
- Child and Adolescent Psychiatry
- Other Psychiatry Subspecialty–specify: _____
- Radiology (Diagnostic)
- Radiology (Therapeutic)
- Surgery (General)
- Cardio-Thoracic Surgery
- Neurological Surgery
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Plastic Surgery
- Urology
- Other Surgical Subspecialty–specify: _____
- Other–specify: _____

11. What do you expect to be doing after completion of your current training program?

Primary Activity (mark only one)

- Patient care/clinical practice (in non-training position)
- Additional subspecialty training or fellowship (specify specialty): _____
- Chief resident
- Teaching/research (in non-training position)
- Temporarily out of medicine
- Other (specify): _____
- Undecided/don't know yet

C. FUTURE PLANS

12. If you are going on for additional training/fellowship, please answer the following:

A. Why are you subspecializing/continuing training? (mark all that apply)

- To further your medical education
- Unable to find a job you are happy with
- Unable to find any job
- To stay in the U.S. (i.e., due to visa status)
- Other (specify): _____
- Always intended to subspecialize
- Question does not apply

B. If you are leaving NY to continue your training, do you plan to return to NY to practice when your training is complete?

- Yes
- Don't know yet
- No
- Question does not apply

13. In your upcoming position, how many hours per week do you expect to spend in each of the following activities?

	None	1-9	10-19	20-29	30-39	40-49	50-59	60+
Direct patient care	<input type="radio"/>							
Research	<input type="radio"/>							
Teaching	<input type="radio"/>							
Administration	<input type="radio"/>							
Volunteering/Community service	<input type="radio"/>							

14. Where is the location of your primary activity after completing your current training position?

- Same city/county as current training
- Same region within NY, but different city/county
- Other area within NY
- Other state
- Outside the U.S.
- Don't know yet

15. Do you have an obligation or visa requirement to work in a federally designated Health Professional Shortage Area?

- Yes
- No

16. If you are planning to enter or have considered entering patient care/clinical practice:

- A. Have you actively searched for a job?**
- Yes
 - No, not yet (Skip to 16C)
 - No, I will be self-employed (Skip to 16C)

20. How many years do you expect to be at your principal practice?
 1 2 3 4 5 or more

21. Which best describes the demographics of the area in which you will be practicing?
 Inner city
 Other area within major city
 Suburban
 Small city (population less than 50,000)
 Rural

22. A. Please identify all of the incentives you received for accepting this practice position (*mark all that apply*). Also, please indicate the most influential incentive in your decision to accept this practice position (*mark only one*).

	Incentives Received	Most Influential Incentive
H-1 visa sponsorship	<input type="radio"/>	<input type="radio"/>
J-1 visa waiver	<input type="radio"/>	<input type="radio"/>
Sign-on bonus	<input type="radio"/>	<input type="radio"/>
Income guarantees	<input type="radio"/>	<input type="radio"/>
On-call payments	<input type="radio"/>	<input type="radio"/>
Relocation allowances	<input type="radio"/>	<input type="radio"/>
Spouse/Partner job transition assistance	<input type="radio"/>	<input type="radio"/>
Support for maintenance of certification and continuing medical education	<input type="radio"/>	<input type="radio"/>
Career development opportunities	<input type="radio"/>	<input type="radio"/>
Educational loan repayment	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>

B. If you received any incentives, how important were they in your decision to accept this practice position?
 Not at all important Moderately important
 Somewhat important Very important

23. Expected gross income during first year of practice:

A. Base Salary/Income	B. Anticipated Additional Incentive Income
<input type="radio"/> Less than \$75,000	<input type="radio"/> None
<input type="radio"/> \$75,000–\$99,999	<input type="radio"/> Less than \$5,000
<input type="radio"/> \$100,000–\$124,999	<input type="radio"/> \$5,000–\$9,999
<input type="radio"/> \$125,000–\$149,999	<input type="radio"/> \$10,000–\$14,999
<input type="radio"/> \$150,000–\$174,999	<input type="radio"/> \$15,000–\$19,999
<input type="radio"/> \$175,000–\$199,999	<input type="radio"/> \$20,000–\$24,999
<input type="radio"/> \$200,000–\$224,999	<input type="radio"/> \$25,000–\$29,999
<input type="radio"/> \$225,000–\$249,999	<input type="radio"/> \$30,000–\$34,999
<input type="radio"/> \$250,000–\$274,999	<input type="radio"/> \$35,000–\$39,999
<input type="radio"/> \$275,000–\$299,999	<input type="radio"/> \$40,000–\$44,999
<input type="radio"/> \$300,000–\$324,999	<input type="radio"/> \$45,000–\$49,999
<input type="radio"/> \$325,000–\$349,999	<input type="radio"/> \$50,000–\$54,999
<input type="radio"/> \$350,000–\$374,999	<input type="radio"/> \$55,000–\$59,999
<input type="radio"/> \$375,000 and over	<input type="radio"/> \$60,000 and over

24. What is your level of satisfaction with your salary/compensation?
 Very dissatisfied Somewhat satisfied
 Somewhat dissatisfied Very satisfied

E. EXPERIENCE IN JOB MARKET

(If you are going into patient care or have considered going into patient care, please complete the following.)

25. A. Did you have difficulty finding a practice position you were satisfied with?
 Yes No Haven't looked yet
 (Skip to Question #28)

B. If Yes, what would you say was the main reason? (*mark only one*)
 Overall lack of jobs/practice opportunities
 Lack of jobs/practice opportunities that meet visa status requirements
 Lack of jobs/practice opportunities in desired locations
 Lack of jobs/practice opportunities in desired practice setting (e.g., hospital, group practice, etc.)
 Inadequate salary/compensation offered
 Lack of employment opportunities for spouse/partner
 Other (specify): _____

26. Did you have to change your plans because of limited practice opportunities?
 Yes No Haven't looked yet
 (Skip to Question #28)

27. How many offers for practice positions did you receive (*excluding fellowships, chief residency, and other training positions*)?
 None 1 2 3
 4 5 6–10 Over 10

28. What is your overall assessment of practice opportunities in your specialty, and within 50 miles of the site where you trained?
 No jobs Some jobs
 Very few jobs Many jobs
 Few jobs Unknown

29. What is your overall assessment of practice opportunities in your specialty nationally?
 No jobs Some jobs
 Very few jobs Many jobs
 Few jobs Unknown

THANK YOU FOR COMPLETING THIS IMPORTANT SURVEY.

