

Trends in Subspecialization Among Physicians Completing Training in New York

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ABSTRACT

Background: Despite increasing demand for primary care services, the percent of residents training in primary care in New York has decreased, while the percent of residents training in subspecialties has increased. Furthermore, physicians completing primary care training programs are increasingly subspecializing rather than entering practice. This study explores how physicians' demographics, education, job, and financial characteristics might affect these trends.

Methods: The data source for this study was the New York Resident Exit Survey. This annual survey of physicians completing residency or fellowship training in New York has been conducted since 1998, and samples about 3,000 new physicians each year.

A 2-level, multinomial regression model with random effects for year was used to examine factors that effect residents' plans after completing a primary care training program. Subsequent analyses examined factors related to training in primary care specialties compared to subspecialties.

Results: Upon completion of a primary care training program, physicians that were younger, male, MDs, non-under represented minorities (URMs), United States Medical Graduate (USMGs), or had less education debt were more likely to plan further subspecialty training and less likely to practice in primary care.

Subsequent analyses revealed that being able to control weekend duties was more important to physicians in subspecialties than to those in primary care. Subspecialties also had higher starting median incomes.

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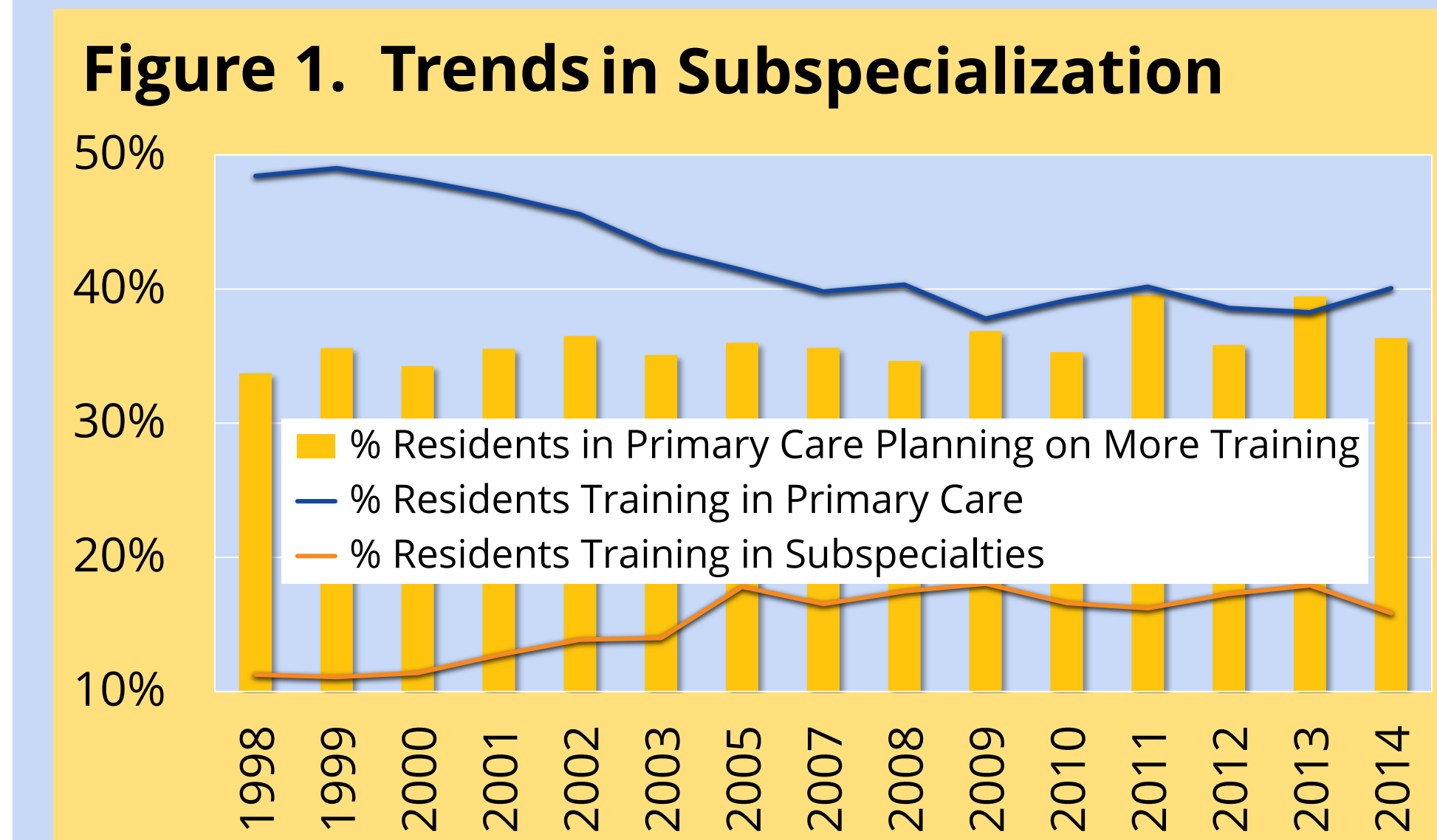
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BACKGROUND

This study examines 2 physician specialty groups:

- **Primary care:** Family medicine, general IM, Ob/Gyn, general pediatrics
- **Subspecialties:** IM subspecialties, Ob/Gyn subspecialties, pediatric subspecialties

Despite increasing demand for primary care services: (1) the percent of residents training in primary care in New York has decreased, while the percent of residents training in subspecialties has increased, and (2) the percent of residents completing primary care programs who are planning on more training has also increased (Figure 1).



This study explores how physicians' demographics, education, job, and financial characteristics might affect these trends.

DATA & METHODS

The data source for this study was the New York Resident Exit Survey. This annual survey of physicians completing residency or fellowship training in New York has been conducted since 1998. The survey samples about 3,000 new physicians each year. It collects extensive information on new physicians' demographics, education backgrounds, and post-training plans.

A 2-level, multinomial regression model with random effects for year was used to examine factors that effect residents plans after completing a primary care training program. This analysis included data from every year of the New York Resident Exit Survey.

A subsequent analysis examines the relationship between preferences for certain job characteristics and specialty group. This study concludes by examining trends in median income by specialty group.

These analyses included approximately 19,000 residents training in primary care and more than 6,500 residents in subspecialties.

FINDINGS

Upon completing a primary care training program residents may:

- Plan more training (MoreTrng)
- Enter practice (Practice) or
- Do something else (Other)

A 2-level, multinomial regression model explored factors that are related to that decision. Results showed that physicians that were younger, male, MDs, non-URMs^a, USMGs^b, or had less education debt were more likely to plan further subspecialty training and less likely to practice in primary care (Table 1).

Table 1. Two-Level Multinomial Regression Model on Plans after Completing Training^c

Variable	MoreTrng vs. Practice	Other vs. Practice	Other vs. MoreTrng
Age	-.092 *** (.005)	-.070 *** (.007)	.022 ** (.007)
Female	-.321 *** (.039)	-.124 * (.055)	.195 *** (.057)
URM	-.290 *** (.045)	-.115 (.062)	.172 ** (.066)
IMG	-.236 *** (.048)	-.088 (.069)	.322 *** (.070)
Debt	-.616 *** (.072)	-.301 ** (.102)	.313 ** (.106)
DO (vs. MD)	-.829 *** (.085)	-.636 *** (.126)	.191 (.137)

p < .05; ** *p* < .01; *** *p* < .001
DO = Osteopathic Doctor.

Subsequent analyses examined factors related to training in primary care specialties compared to subspecialties.

In 2014, physicians were asked how important it was to be able to control 4 different job characteristics: predictable start and end time each day, length of each workday, frequency of overnight calls, and frequency of weekend duties. They answered on a 4-point Likert scale, with 4 indicating "Very Important." Differences in preferences for these job characteristics are shown in Table 2.

Table 2. Independent-Sample t-test: Importance of the Ability to Control^d

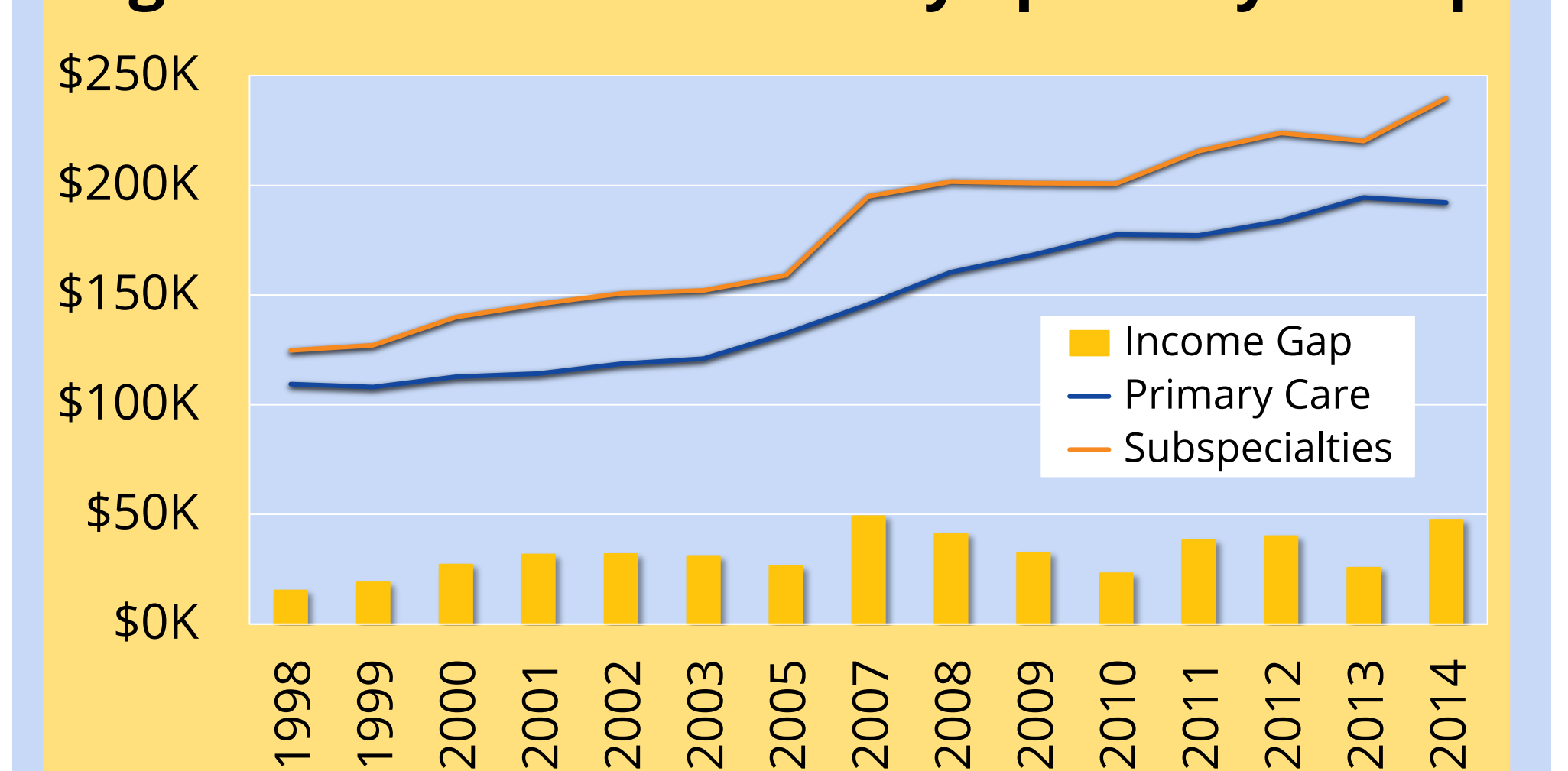
Variable	Mean		t-test (p-value)
	PrimCare	SubSpec	
Predictable Day	3.12	3.18	0.175
Length of Day	3.15	3.20	0.170
Overnight Calls	3.36	3.41	0.130
Weekend Duties	3.33	3.44	0.003

FINDINGS (cont.)

Being able to control weekend duties was significantly (*p* < .01) more important to physicians in subspecialties than to those in primary care. The 2 specialty groups did not differ significantly on the other job characteristics.

Another factor that could be related to the decrease in the percentage of physicians training in primary care programs is salary. As shown in Figure 2, physicians in subspecialties have higher median starting salaries than those in primary care. The income gap on average has been more than \$40,000, despite the fact that both groups of physicians anticipate working the same number of hours in patient care.

Figure 2. Median Income by Specialty Group



CONCLUSIONS

Physicians training in New York are increasingly subspecializing, despite the increasing demand for primary care services. Several factors appear to be related to a physicians decision to subspecialize rather than enter practice after completing a primary care training program. Subsequent analyses also revealed other factors related to training in primary care specialties compared to subspecialties.

NOTES

- Under-Represented Minority (URM) include Black/African Americans, Hispanic/Latinos, Native Americans/Alaska Natives, and other/multiple races.
- USMG physicians graduated medical schools in the United States or Canada.
- Intercepts and random/fixed effects are not displayed.
- Different cut-off points were also tried instead of using the full 4-point Likert scale and the same results were found.