



2017 New York Residency Training Outcomes

A Summary of Responses to the 2017 New York Resident Exit Survey



School of Public Health
University at Albany, State University of New York

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June 2018



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PREFACE

This report summarizes the results of the Survey of Residents Completing Training in New York in 2017 (2017 Exit Survey) conducted by the Center for Health Workforce Studies (CHWS) in the spring and summer of 2017. 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 32 questions covering 4 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, CHWS 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.

This report was prepared by CHWS staff, Yuhao Liu, Morgan Clifford, and David Armstrong, with layout design by Morgan Clifford and Matt Allegretti. Funding for the 2017 Exit Survey and analysis was provided by the New York State Department of Health.

Established in 1996, CHWS is an academic research center, based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels. Today, CHWS is a national leader in the field of health workforce studies.

The views expressed in this report are those of CHWS and do not necessarily represent positions or policies of the School of Public Health, University at Albany, SUNY, or the New York State Department of Health.

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BACKGROUND

The Center for Health Workforce Studies (CHWS) conducts an annual survey of all physicians in New York completing a residency or fellowship training program (the Exit Survey). 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 CHWS in consultation with the state's teaching hospitals and other key stakeholders.

Each year in the spring, CHWS distributes the Exit Survey to GME administrators at teaching hospitals in New York. The survey is then forwarded to individual programs where graduating residents and fellows are asked to complete a 32-item questionnaire in the weeks prior to finishing their program. Completed questionnaires are returned to CHWS for data entry and analysis. In 2017, with the excellent participation of teaching hospitals, a total of 3,337 of the estimated 5,245 physicians finishing a residency or fellowship training program completed the Exit Survey (63% response rate). Over the 18 years the survey has been conducted (1998-2003, 2005, 2007-2017), 54,326 of 89,055 graduates have completed the survey (61% cumulative response rate).

A summary of the survey results is 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. While the experiences of graduates of training programs in New York may not reflect the experiences of all graduates around the country, they are illustrative of the marketplace for new physicians. By conducting the survey annually, it is possible to observe trends in the marketplace, which can be useful in projecting future demand.

KEY FINDINGS

Overall, the experiences of new physicians in the job market in 2017 were consistent with past observations.

Based on the responses to several questions used to measure demand, the opportunities for New York's graduating physicians in 2017 were comparable to those in 2016.

- 92.7% of respondents who had actively searched for a practice position had received at least 1 job offer at the time they completed the survey.
- While almost one-fifth (20%) of respondents reported some difficulty finding a satisfactory practice position, only 15% of those reporting difficulty attributed it to an overall lack of jobs.
 - Thirty percent (30%) attributed their difficulty to a lack of jobs in desired locations.
- The median starting income of respondents increased by 3% from 2016 to 2017.
 - The average annual increase over the last 4 years of the survey was 3%.
- Respondents' perceptions of both the regional and national job markets were positive and optimistic for each of the last 4 years of the survey.

Demand for primary care physicians* was stronger than the demand for non-primary care physicians.

Prior to 2008, the Exit Survey showed that demand for primary care physicians was lower compared to demand for non-primary care physicians. Since 2008 the demand for primary care physicians has been greater than the demand for non-primary care physicians. In 2017:

- Primary care physicians were less likely than non-primary care physicians to report difficulty finding a satisfactory practice position (16% vs 22%) and having to change plans due to limited practice opportunities (7% vs 12%).
- Primary care physicians received more job offers than non-primary care physicians (mean of 4.05 vs 3.42).

* In this report, primary care includes the following specialties: family medicine, general internal medicine, general pediatrics, and combined internal medicine and pediatrics. Non-primary care includes all other specialties. See Appendix A for a complete taxonomy of specialties.

- Generalists also had a more positive view than non-primary care physicians of the regional job market.
- The average annual increase in median starting income from 2014 to 2017 was 3% for primary care physicians and 3% for non-primary care physicians.

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 is possible to identify the specialties for which demand was weaker or stronger in relation to all others over the last 4 years of the survey.

- Based on a variety of indicators[†], the demand for adult psychiatry, dermatology, family medicine, and emergency medicine was greatest.
- Pathology, radiology, pediatric subspecialties, nephrology, and orthopedics experienced the weakest demand relative to other specialties.

Less than half of new physicians plan to practice in New York after completing training.

In 2017, 42% of newly trained physicians reported plans to practice in the state upon completion of their training program.

- When respondents who had plans to leave New York were asked about the main reason for leaving, the most common reasons reported were proximity to family (29%), better salary offered outside New York (15%), better jobs in desired locations (12%), and better jobs in desired practice setting outside New York (8%).
- Four percent (4%) of respondents indicated that they had never intended to practice in New York.
- Few respondents reported that the principal reason for them practicing outside of New York was taxes in New York (2%), the cost of malpractice insurance in New York (1%), or the cost of starting a practice in New York (<1%).

[†] The indicators included having difficulty finding a job, having to change plans due to limited practice opportunities, mean number of job offers, view of the regional job market, view of the national job market, and trends in median starting income.

Forty-two percent (42%) of respondents reported plans to subspecialize after completing training.

- Respondents in the following specialties most frequently reported plans to subspecialize or continue training: neurology (81%), urology (77%), and orthopedics (74%).

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) experienced difficulty in the job market compared to US 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 US under specific circumstances, eg, if they practice in a state or federally designated health professional shortage area (HPSA) or continue training.

GENERAL RESULTS

Characteristics of 2017 Respondents

- Forty-eight percent (48%) of survey respondents were women.
 - The specialties with the most women were: obstetrics/gynecology (86%), general pediatrics (82%), pediatric subspecialties (70%), and geriatrics (62%).
- Underrepresented minorities (URMs)[‡] comprised 14% of all respondents.
 - The specialties with the most URMs were: obstetrics/gynecology (23%), gastroenterology (21%), family medicine (19%), and urology (19%).
- Twenty-eight percent (28%) of respondents were New Yorkers.[§]
 - Forty-three percent (43%) of respondents were from other states and twenty-six percent (26%) were from other countries (not including Canada).
- Forty percent (40%) of 2017 respondents were IMGs.
 - The specialties with the highest concentrations of IMGs were: pulmonary disease (72%), hematology/oncology (70%), and geriatrics (69%).
 - The specialties with the fewest IMGs included otolaryngology (0%), dermatology (5%), and orthopedics (5%).
- Fifteen percent (15%) of respondents were IMGs on temporary visas.
 - The specialties with the highest concentrations of IMGs on temporary visas were: geriatrics (44%), hematology/oncology (44%), and pulmonary disease (31%).
 - Dermatology (0%), ophthalmology (0%), and otolaryngology (0%) and urology (0%) had no temporary visa holders.
- The median education debt of 2017 respondents was \$172,900.
 - Specialties with the highest median education debt were family medicine (\$257,500), emergency medicine (\$229,500), and obstetrics/gynecology (\$219,900).
 - Only 2 specialties had median education debt of less than \$75,000: pulmonary disease (\$300,000) and hematology/oncology (\$31,700).

[‡] URMs includes Blacks/African Americans, Hispanic/Latinos, and American Indians.

[§] Individuals who graduated high school in New York are described as New Yorkers in this report.

Planned Activities After Completion of Current Training Program

- Fifty percent (50%) of all respondents reported plans to enter patient care practice following completion of their current training program.
 - Of these, 86% had confirmed practice plans (ie, they had accepted an offer for a job/practice position) at the time they completed the survey.
- Forty-two percent (42%) of respondents reported plans to subspecialize or pursue further training.
- The remainder reported plans to work as chief residents (3%), to begin a teaching/research position (2%), and to engage in other activities (5%).

Practice Plans of Respondents Entering Patient Care

- Forty-two percent (42%) of respondents with confirmed plans reported plans to enter practice in New York.
 - The vast majority of these respondents (88%) reported confirmed plans to remain in the same region they had trained.
- In-state retention of physicians was highest in the following specialties: family medicine (59%), child and adolescent psychiatry (58%), and pathology (57%).
- In-state retention of physicians was lowest in the following specialties: otolaryngology (17%), orthopedics (21%), and ophthalmology (25%).
- Respondents who graduated from a high school and a medical school in New York were the most likely (78%) to report confirmed plans to practice in New York after completing training.
- When respondents who had plans to leave New York to practice were asked about the main reason for leaving, the most common reasons reported were proximity to family (29%), better salary offered outside New York (15%), and better jobs in desired locations outside New York (12%).
- Four percent (4%) of respondents indicated that they had never intended to practice in New York.
- Few respondents reported that the principal reason for them practicing outside of New York was taxes in New York (2%), the cost of malpractice insurance in New York (1%), or the cost of starting a practice in New York (<1%).

- Twenty-eight percent (28%) of respondents reported plans to practice in inner-city locations, while only 6% were going to rural locations.
- Respondents in the following specialties were most likely to report plans to enter practice in inner city locations: pediatric subspecialties (41%), adult psychiatry (36%), pulmonary disease (33%), radiology (33%).
- Seventeen percent (17%) of respondents reported that they would be practicing in a HPSA.
- The respondents most likely to report plans to practice in HPSAs were in the specialties of hematology/oncology (36%), family medicine (34%), and general pediatrics (33%).
- Fifty-four percent (54%) of respondents reported plans to practice in hospitals.
 - Of these respondents, 60% reported plans to practice in inpatient settings, 26% in ambulatory care settings within the hospital, and 14% in emergency departments.
- Thirty-seven percent (37%) of respondents reported plans to enter group practices.
 - Of these respondents, 78% reported plans to join group practice as employees.

Expected Starting Income^{II}

Differences in income between specialties can reflect dissimilarities in demand. They also reflect historical reimbursement policies for the kinds of services provided in various specialties. As such, trends in income provide a better indicator of demand than income levels at any particular point in time.

Although the expected income in the first year of practice (ie, starting income) of recent graduates is likely to be much lower than that of experienced, practicing physicians, the differences in income among new graduates across specialties are assumed to be generally consistent with the differences by specialty among practicing physicians, and thus provide some insight into the rank ordering of demand across specialties.

- 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.
- Respondents in the following specialties reported the highest starting incomes: orthopedics (\$380,200), general surgery (\$346,600), and pulmonary disease (\$340,000).

^{II} 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

- General pediatrics had the lowest median starting income of all specialties (\$145,500).
 - Other specialties with the lowest reported starting incomes included pediatric subspecialties (\$183,250) and geriatrics (\$191,200).
- Most specialties experienced a 5 to 10 percent growth in starting incomes from 2014 to 2017.
- Pulmonary disease (+10%), dermatology (+9%), and neurology (+9%) experienced the strongest growth in income between 2014 and 2017.
- Only 2 specialties experienced no growth during this time period: radiology (0%) and urology (0%).

Expected Weekly Patient Care/Clinical Practice Hours

- Overall, respondents expected to spend an average of 43.2 hours per week in patient care/clinical practice activities.
- Respondents in the following specialties reported expectations to work the highest patient care/clinical practice hours per week: otolaryngology (51.1 hours), anesthesiology (50.6 hours), and nephrology (50.0 hours).
- Respondents in the following specialties reported expectations to work the fewest patient care/clinical practice hours per week: emergency medicine (35.1 hours), pediatric subspecialties (35.4 hours), and child and adolescent psychiatry (35.9 hours).

Experiences Searching for a Practice Position

The Exit Survey includes several questions related to respondents' experiences searching for a practice position. Any respondent who reported confirmed plans to enter or who considered entering patient care/clinical practice was asked to complete this section. Responses from IMGs on temporary visas have been excluded 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.

- Twenty percent (20%) of respondents reported difficulty finding satisfactory positions.
- The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (30%), followed by lack of jobs in desired practice setting (16%), and an overall lack of jobs (15%).

- The specialties with the highest percentage of respondents having difficulty finding a satisfactory practice position in 2017 were: pathology (50%), nephrology (41%), and cardiology (39%).
- The specialties with the lowest percentage of respondents having difficulty finding a satisfactory practice position in 2017 were: otolaryngology (0%), child and adolescent psychiatry (7%), geriatrics (8%), and anesthesiology (9%).
- Eleven percent (11%) of respondents reported having to change their plans due to limited practice opportunities in 2017.
- The specialties with the highest percentage of respondents who had to change plans due to limited practice opportunities in 2017 were: pathology (37%), nephrology (36%), and cardiology (27%).
- The specialties with the lowest percentage of respondents who had to change plans due to limited practice opportunities in 2017 were: child adolescent psychiatry (0%), geriatrics (0%), otolaryngology (0%), and urology (0%).
- The average number of job offers received by respondents was 3.60.
 - Respondents in the following specialties received the most job offers: dermatology (5.68), adult psychiatry (5.21), and pulmonary disease (4.89).
 - Respondents in the following specialties received the fewest job offers: pathology (1.47), ophthalmology (1.75), and orthopedics (2.13).

Assessment of the Job Market for New Physicians

- Overall, respondents viewed the regional job market positively, with an average score of +1.09 (on a scale of +2.00, indicating “Many Jobs” to -2.00, indicating “No Jobs”).
 - Respondents in the following specialties had the most positive views of the regional job market: adult psychiatry (+1.80), child and adolescent psychiatry (+1.70), and family medicine (+1.70).
 - Respondents in the following specialties had the least positive views of the regional job market: hematology/oncology (+0.11), radiology (+0.17), nephrology (+0.19).
- Respondents assessed the national job market (+1.63) more positively than the regional job market (+1.09).
 - Respondents in the following specialties reported the most positive views of the national job market: otolaryngology (+2.00), emergency medicine (+1.97), and child and adolescent psychiatry (+1.96).
 - Respondents in the following specialties reported the least positive views of the national job market: pathology (+0.95), nephrology (+1.00), and radiology (+1.06).

- Demand for primary care physicians was stronger than the demand for non-primary care physicians.
 - Primary care physicians were less likely than non-primary care physicians to report difficulty finding satisfactory practice positions (16% and 22%, respectively) and having to change plans due to limited practice opportunities (7% and 12%, respectively).
- Primary care physicians received more job offers than non-primary care physicians (mean of 4.05 and 3.42, respectively).
 - Primary care physicians also had a more positive view than non-primary care physicians of the regional job market (average score of 1.39 vs 1.00, respectively).
- The average annual increase in median starting income from 2014 to 2017 was 3% for primary care physicians and 3% for non-primary care physicians.
- Demand for physicians was strongest in the following specialties: adult psychiatry, dermatology, family medicine, and emergency medicine.
- Demand for physicians was weakest in the following specialties: pathology, radiology, pediatric subspecialties, nephrology, and orthopedics.

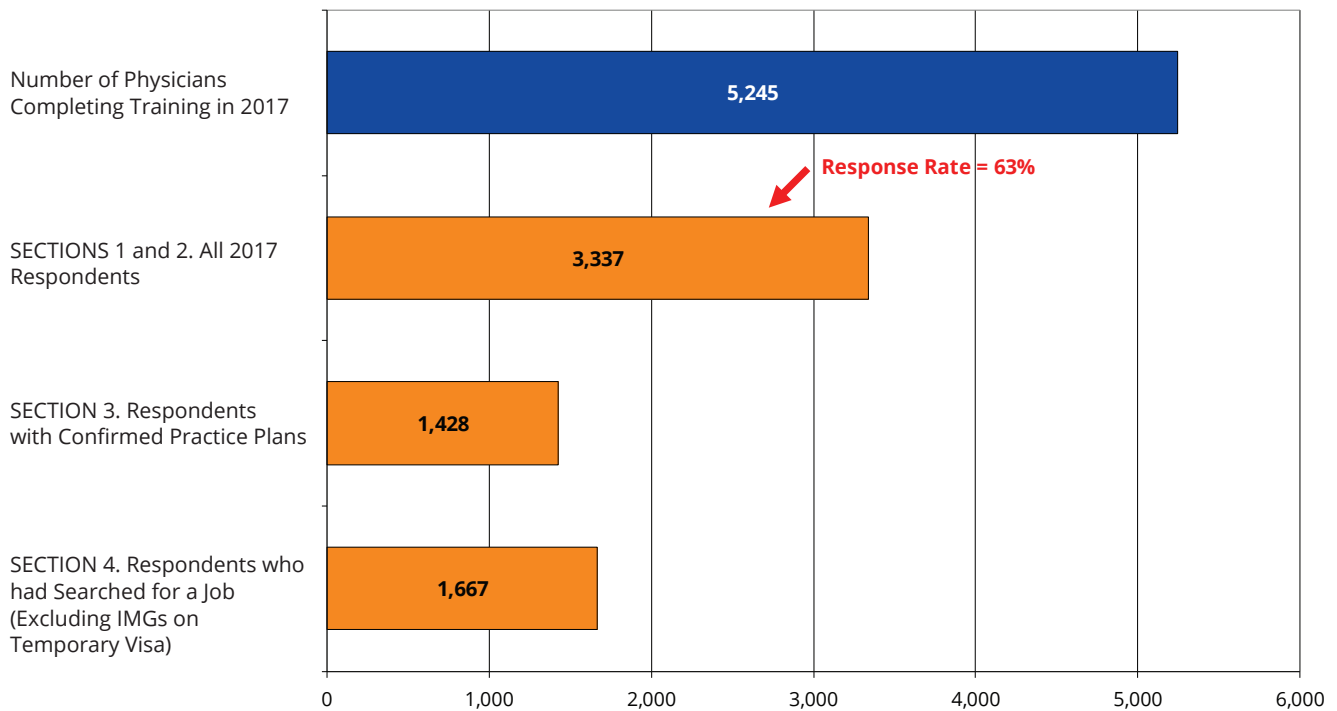


Technical Report

SUBGROUPS OF RESPONDENTS

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 3,337 of the estimated 5,245 residents who completed training in 2017 (63% response rate). Sections 1 and 2 of this report describe the characteristics of all survey respondents and outlines of their planned activities following completion of their current training programs. Section 3 describes respondents who are entering patient care/clinical practice and had confirmed practice plans (ie, 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 searching for practice positions. This section excludes respondents who had not yet searched for a practice position and international medical graduates (IMGs) on temporary visas as 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 contains the 2017 Exit Survey instrument.

Figure 1. 2017 Exit Survey Response Rates and Subgroups Used in Each Section of This Report



SECTION 1: CHARACTERISTICS OF ALL RESPONDENTS

1.1 Background Characteristics

Table 1.1 describes the characteristics of all 2017 Exit Survey respondents. This information is presented because these characteristics are known to be associated with several outcomes 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 is important to consider when comparing outcomes of interest across specialties.

Highlights

- Forty-eight percent (48%) of survey respondents were women.
 - The specialties with the most women were: obstetrics/gynecology (86%), general pediatrics (82%), and pediatric subspecialties (70%).
 - The specialties with the fewest women were: cardiology (18%), orthopedics (15%), and urology (27%).

- Underrepresented minorities (URMs)[#] comprised 14% of respondents in 2017.
 - The specialties with the most URMs were: obstetrics/gynecology (23%), gastroenterology (21%), family medicine (19%), and urology (19%).
 - The specialties with the fewest URMs were: neurology (4%), ophthalmology (5%), radiology (6%), and hematology/oncology (7%).

- Twenty-eight percent (28%) of respondents were New Yorkers.**
 - Forty-three percent (43%) of respondents were from other states and twenty-six percent (26%) were from other countries (not including Canada).

- Forty percent (40%) of 2017 respondents were IMGs
 - The specialties with the highest concentrations of IMGs were: pulmonary disease (72%), hematology/oncology (70%), and geriatrics (69%).
 - The specialties with the fewest IMGs included otolaryngology (0%), dermatology (5%), and orthopedics (5%).

- Fifteen percent (15%) of respondents were IMGs on temporary visas.
 - The specialties with the highest concentrations of IMGs on temporary visas were: geriatrics (44%), hematology/oncology (44%), and pulmonary disease (31%).
 - The specialties with the fewest temporary visa holders were: dermatology (0%), ophthalmology (0%), otolaryngology (0%), and urology (0%).

[#] URMs include: Blacks/African Americans, Hispanic/Latinos, and American Indians.

^{**} Individuals who graduated high school in New York are described as New Yorkers in this report.

Figure 1.1. Percentage of Women by Specialty Group (All 2017 Exit Survey Respondents)

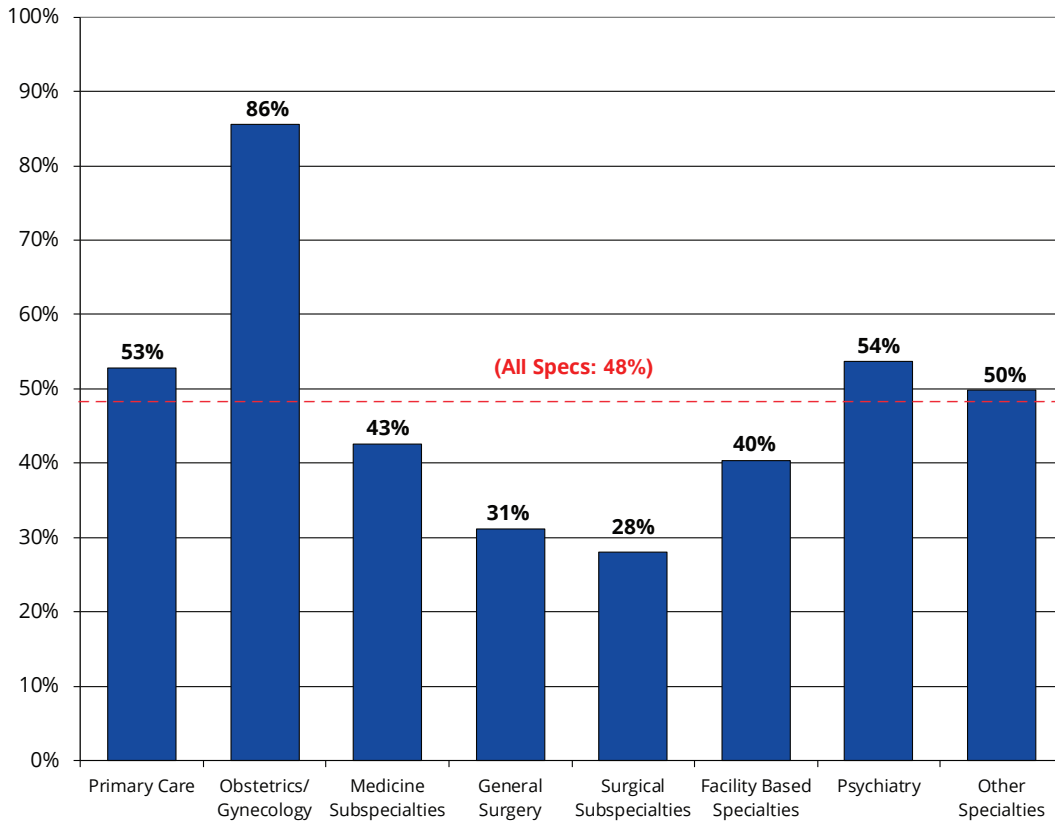


Figure 1.2. Percentage of Underrepresented Minorities by Specialty Group (All 2017 Exit Survey Respondents)

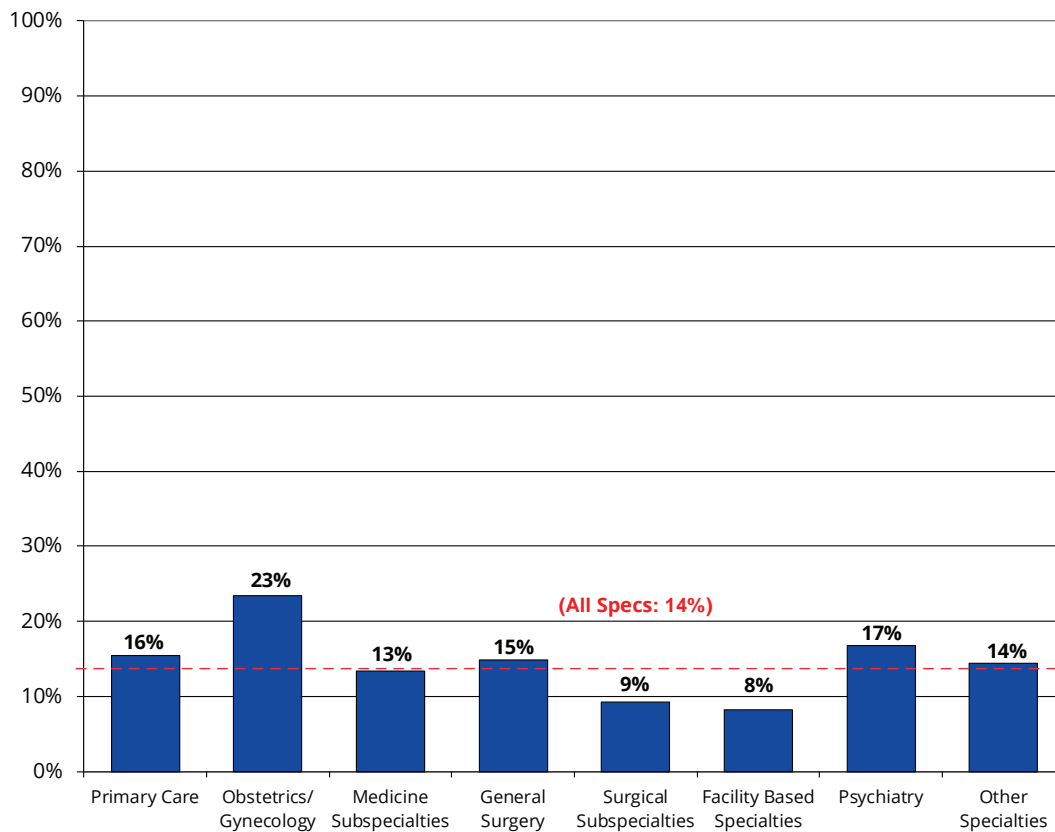


Figure 1.3. Location of High School Attended (All 2017 Exit Survey Respondents)

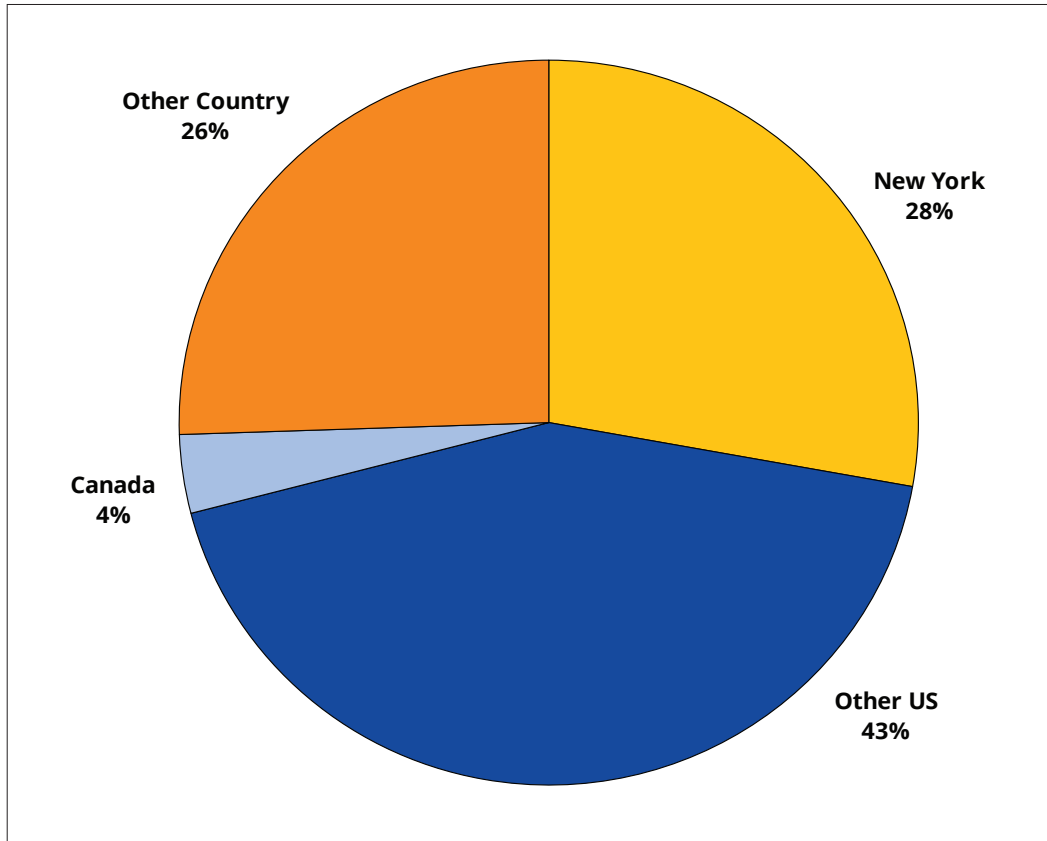


Figure 1.4. Location of Medical School and Citizenship Status (All 2017 Exit Survey Respondents)

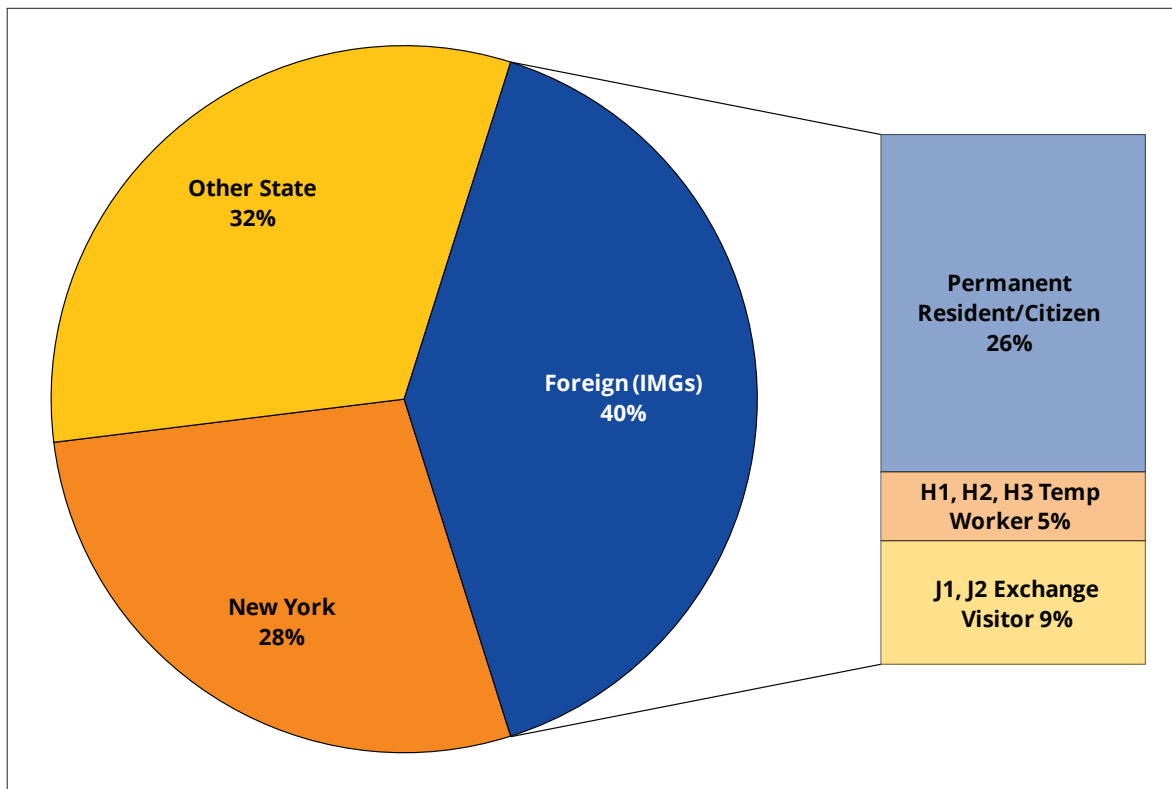


Table 1.1. Background Characteristics by Specialty (All 2017 Exit Survey Respondents)

Specialty	Number of Resp (N) ^a	% Female	% URM ^b	% New Yorkers ^c	% IMG ^d	% Temp Visa Holders ^e
Primary Care	1124	53%	16%	27%	56%	21%
Family Medicine	170	51%	19%	42%	50%	11%
General Internal Medicine	681	42%	15%	23%	61%	24%
General Pediatrics	258	82%	16%	28%	47%	21%
Obstetrics/Gynecology	140	86%	23%	22%	28%	11%
Medicine Subspecialties	428	43%	13%	27%	63%	24%
Cardiology	82	18%	9%	28%	57%	17%
Gastroenterology	44	36%	21%	35%	58%	7%
Geriatrics	35	62%	15%	23%	69%	44%
Hematology/Oncology	43	42%	7%	16%	70%	44%
Nephrology	44	40%	16%	36%	66%	23%
Pulmonary Disease	39	41%	11%	13%	72%	31%
General Surgery	109	31%	15%	23%	27%	10%
Surgical Subspecialties	252	28%	9%	26%	12%	5%
Ophthalmology	38	35%	5%	32%	11%	0%
Orthopedics	89	15%	8%	21%	5%	3%
Otolaryngology	17	41%	13%	24%	0%	0%
Urology	26	27%	19%	42%	8%	0%
Facility Based	427	40%	8%	29%	26%	8%
Anesthesiology	167	40%	12%	28%	18%	7%
Pathology	70	61%	9%	14%	63%	17%
Radiology	121	38%	6%	38%	18%	7%
Psychiatry	190	54%	17%	28%	46%	14%
Adult Psychiatry	118	55%	18%	30%	46%	13%
Child and Adolescent Psych	40	55%	13%	28%	43%	13%
Other	667	50%	14%	31%	23%	8%
Dermatology	37	60%	16%	30%	5%	0%
Emergency Medicine	151	30%	14%	33%	9%	1%
Neurology	74	50%	4%	32%	36%	19%
Pediatric Subspecialties	103	70%	17%	24%	34%	20%
Physical Medicine and Rehab	59	47%	16%	31%	32%	2%
All Specialties, 2017 (2016)	3,337 (3,084)	48% (48%)	14% (16%)	28% (28%)	40% (43%)	15% (15%)

^a Specialties 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.

^b Underrepresented minority includes Black/African American, Hispanic/Latino, and American Indian.

^c Individuals who graduated high school in New York are described as New Yorkers in this report.

^d IMG = International (Foreign) Medical Graduate.

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

1.2 Education Debt

Table 1.2 presents descriptive statistics for respondents' education debt. Only respondents who were US citizens are included, because non-US citizens often have their medical education paid for by their home country's government. The number of respondents (N) is indicated as many specialties had small numbers of respondents. Finally, specialties are ranked in descending order (ie, 1 is highest, 25 is lowest) by both mean and median education debt.

Highlights

- The median education debt of 2017 respondents was \$172,900.
 - Specialties with the highest median education debt were family medicine (\$257,500), emergency medicine (\$229,500) and obstetrics/gynecology (\$219,900).
 - Only 2 specialties had median education debt of less than \$75,000: pulmonary disease (\$30,000) and hematology/oncology (\$31,700).

Figure 1.5. Median Education Debt (in \$1,000s) by Specialty and Race/Ethnicity (All 2017 Exit Survey Respondents, US Citizens Only)

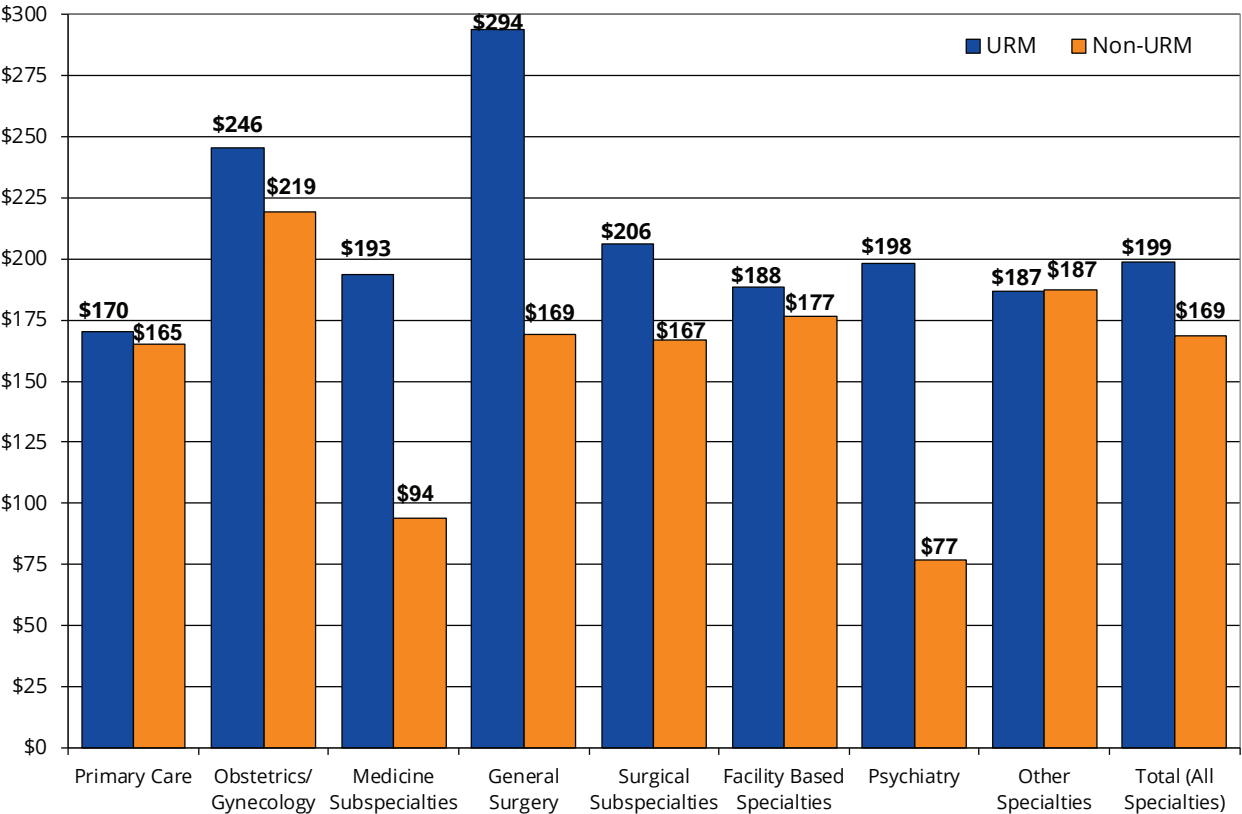


Table 1.2. Education Debt by Specialty (All 2017 Exit Survey Respondents, US Citizens Only)

Specialty	N	MEAN	RANK ^a (of 25)	MEDIAN	RANK (of 25)
Primary Care	769	\$173,598	N/A	\$165,700	N/A
Family Medicine	139	\$235,579	1	\$257,500	1
General Internal Medicine	436	\$152,365	19	\$122,750	18
General Pediatrics	180	\$174,356	10	\$170,650	12
Obstetrics/Gynecology	116	\$205,382	2	\$219,900	3
Medicine Subspecialties	266	\$156,077	N/A	\$116,950	N/A
Cardiology	53	\$157,451	17	\$93,500	21
Gastroenterology	34	\$172,050	11	\$174,900	11
Geriatrics	15	\$158,173	15	\$191,900	9
Hematology/Oncology	22	\$91,418	25	\$31,700	24
Nephrology	28	\$224,171	2	\$214,200	4
Pulmonary Disease	20	\$136,735	23	\$30,000	25
General Surgery	91	\$199,208	5	\$202,700	7
Surgical Subspecialties	221	\$179,020	N/A	\$174,600	N/A
Ophthalmology	37	\$139,759	22	\$125,100	17
Orthopedics	82	\$179,285	9	\$170,600	13
Otolaryngology	15	\$167,380	13	\$181,200	10
Urology	26	\$186,938	8	\$200,900	8
Facility Based	359	\$181,292	N/A	\$179,000	N/A
Anesthesiology	144	\$195,394	7	\$203,350	6
Pathology	44	\$142,870	21	\$93,950	20
Radiology	106	\$162,179	14	\$153,150	15
Psychiatry	149	\$164,066	N/A	\$107,200	N/A
Adult Psychiatry	97	\$158,147	16	\$115,800	19
Child and Adolescent Psych	32	\$147,609	20	\$86,000	22
Other	547	\$182,730	N/A	\$186,600	N/A
Dermatology	35	\$131,989	24	\$68,300	23
Emergency Medicine	146	\$215,824	3	\$229,500	2
Neurology	55	\$156,467	18	\$147,400	16
Pediatric Subspecialties	73	\$168,668	12	\$168,400	14
Physical Medicine and Rehab	55	\$198,375	6	\$214,000	5
Total (All Specialties)	2,518	\$177,129	N/A	\$172,900	N/A

^a Rank based on 25 specialties, ranked in descending order (ie, highest debt ranked #1, lowest debt ranked #25).

1.3 Marital Status and Dependent Children

Figure 1.6 displays the percentage of respondents who were married and Figure 1.7 displays the percentage of respondents that have dependent children. Table 1.3 summarizes this information by specialty.

Highlights

- Overall, 56% of respondents indicated that they were married, and of those who were married, 37% were married to another physician.
 - The specialties with the most married respondents were hematology/oncology (72%), otolaryngology (71%), pulmonary disease (71%), and nephrology (70%).
 - The specialties with the fewest married respondents were emergency medicine (44%), neurology (46%), general internal medicine (51%), and ophthalmology (51%).
- Twenty-eight percent (28%) of respondents reported that they had dependent children.
 - The specialties with the most respondents with dependent children were pulmonary disease (49%), pathology (44%), and child and adolescent psychiatry (41%).
 - The specialties with the fewest respondents with dependent children were emergency medicine (13%), physical medicine and rehabilitations (17%), and general pediatrics (20%).

Figure 1.6. Percentage of Respondents Who Were Married, by Specialty Group (All 2017 Exit Survey Respondents)

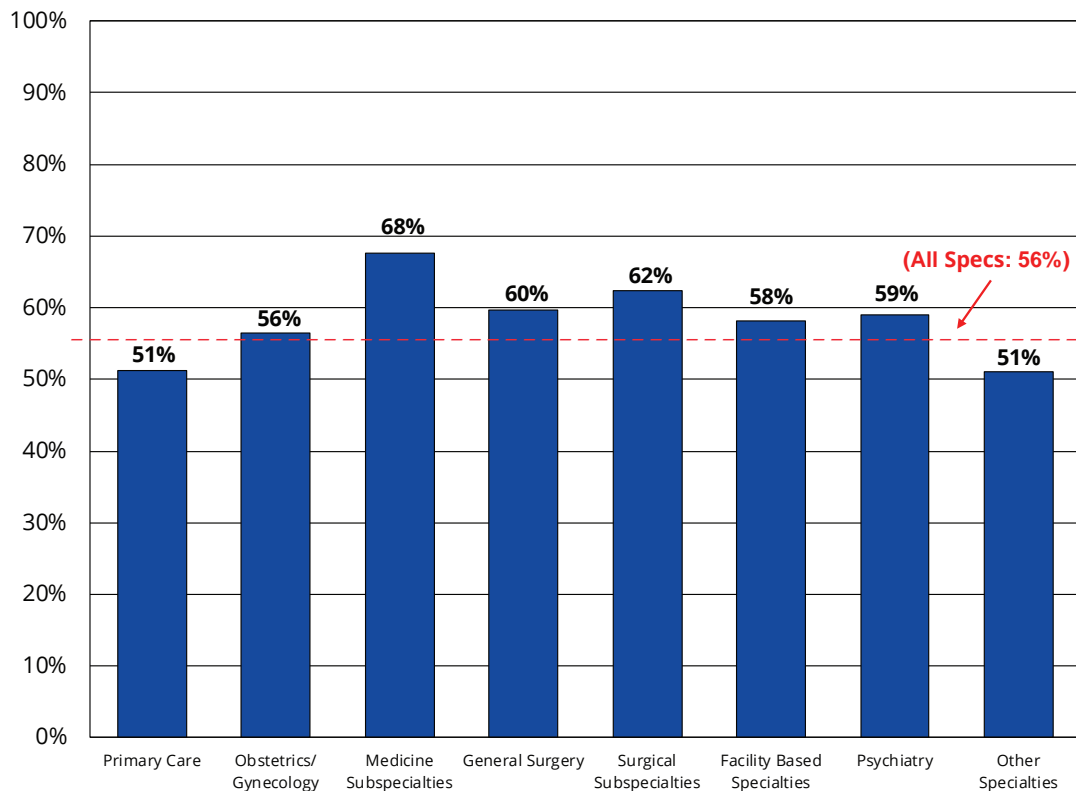


Figure 1.7. Percentage of Respondents With Dependent Children by Specialty Group (All 2017 Exit Survey Respondents)

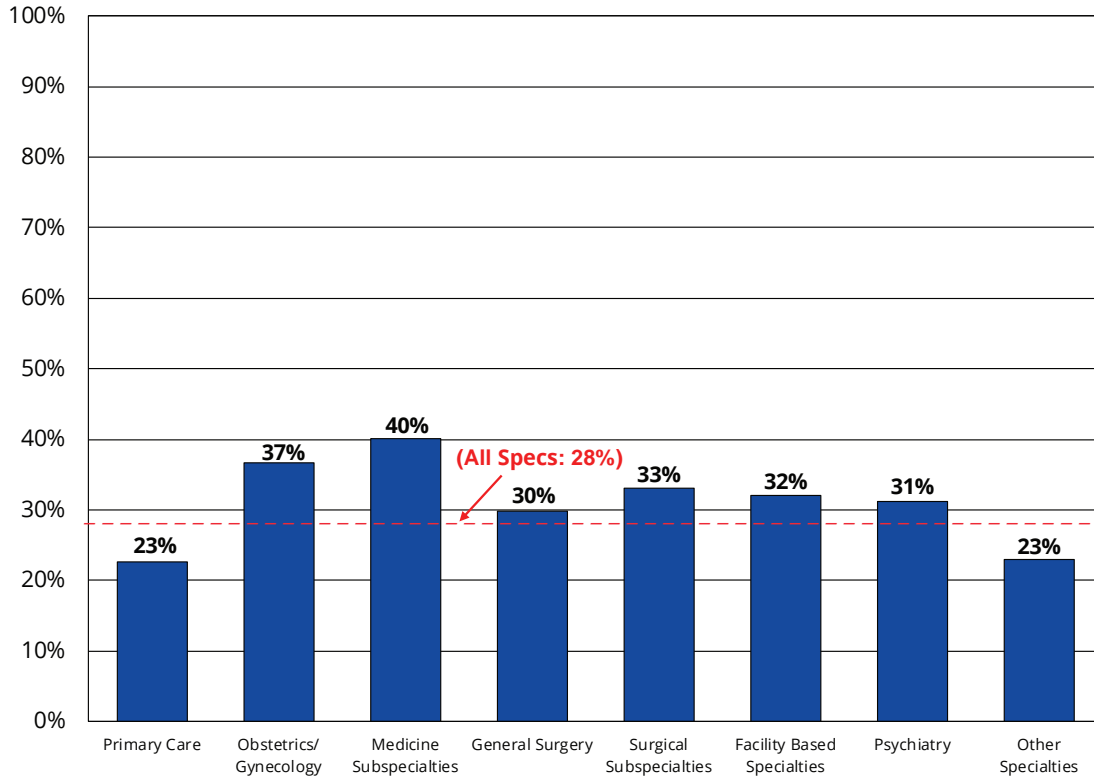


Table 1.3. Marital Status and Dependent Children (All 2017 Exit Survey Respondents)

Specialty	% Married	% Who Had Dependent Children
Primary Care	51%	23%
Family Medicine	54%	26%
General Internal Medicine	51%	23%
General Pediatrics	52%	20%
Obstetrics/Gynecology	56%	37%
Medicine Subspecialties	68%	40%
Cardiology	67%	39%
Gastroenterology	68%	33%
Geriatrics	64%	38%
Hematology/Oncology	72%	40%
Nephrology	70%	34%
Pulmonary Disease	71%	49%
General Surgery	60%	30%
Surgical Subspecialties	62%	33%
Ophthalmology	51%	22%
Orthopedics	62%	31%
Otolaryngology	71%	35%
Urology	69%	38%
Facility Based	58%	32%
Anesthesiology	58%	24%
Pathology	60%	44%
Radiology	53%	33%
Psychiatry	59%	31%
Adult Psychiatry	56%	27%
Child and Adolescent Psych	69%	41%
Other	51%	23%
Dermatology	56%	27%
Emergency Medicine	44%	13%
Neurology	46%	23%
Pediatric Subspecialties	69%	39%
Physical Medicine and Rehab	54%	17%
All Specialties, 2017 (2016)	56% (63%)	28% (30%)

SECTION 2: PLANNED ACTIVITIES AFTER COMPLETION OF CURRENT TRAINING PROGRAM

Table 2.1 summarizes the planned primary activities of survey respondents following completion of their training program. Respondents were given the following choices: patient care/clinical practice, subspecializing/continuing training, chief residency, teaching/research, and other. Activities varied considerably by specialty.

Highlights

- Fifty percent (50%) of respondents reported plans to enter patient care following completion of their current training program.
 - Of these, 86% had confirmed practice plans (ie, they had accepted an offer for a job/practice position) at the time they completed the survey.
- Forty-two percent (42%) of respondents reported plans to subspecialize or pursue further training.
- The remainder reported plans to work as chief residents (3%), to begin a teaching/research position (2%), or to engage in other activities (5%).
- Respondents in the following specialties most frequently reported plans to enter patient care/clinical practice were: hematology/oncology (79%), geriatrics (77%), family medicine (77%), and child and adolescent psychiatry (76%).
- Respondents in the following specialties most frequently reported plans to subspecialize or continue training: neurology (81%), urology (75%), orthopedics (74%), and general surgery (73%).
- Respondents in the following specialties most frequently reported plans to take positions as chief residents: general internal medicine (7%), general pediatrics (7%), and ophthalmology (3%).
- Respondents in the following specialties most frequently reported plans to enter teaching or research positions: hematology/oncology (12%), pulmonary disease (11%), and nephrology (9%).

Figure 2.1. Primary Activity After Completion of Current Training Program (All 2017 Exit Survey Respondents)

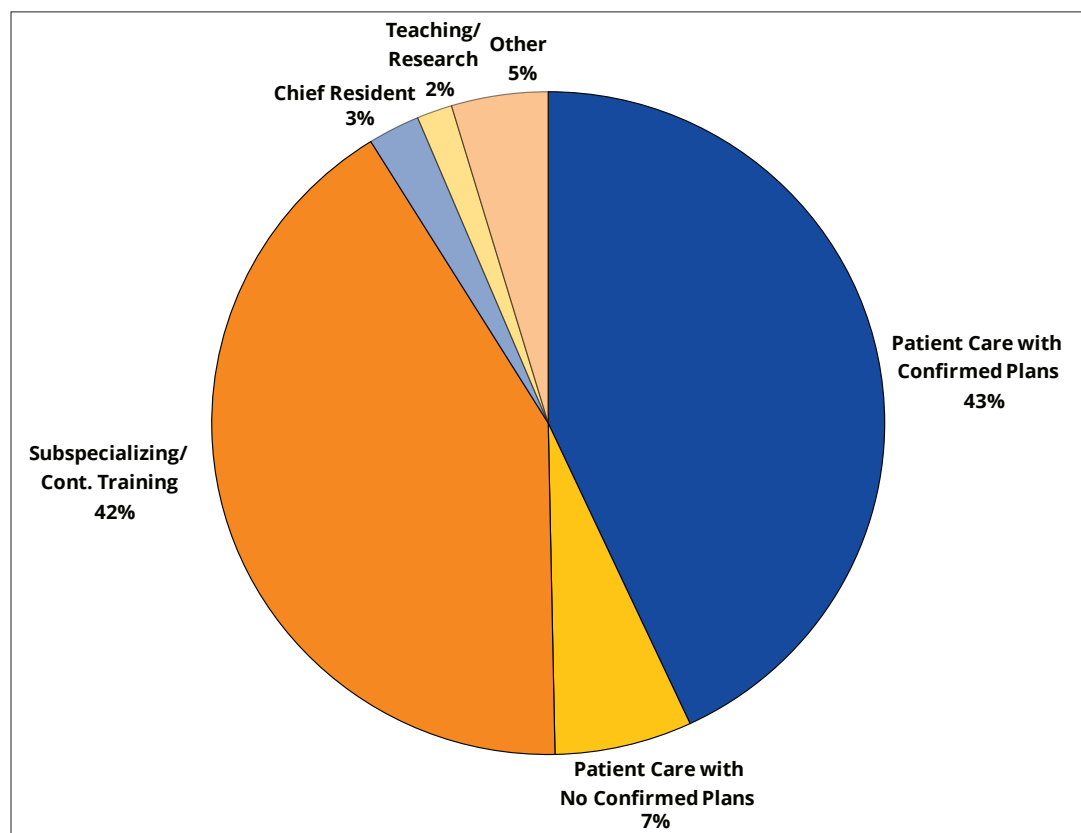


Figure 2.2. Percentage of Respondents Entering Patient Care by Specialty Group (All Exit Survey Respondents)

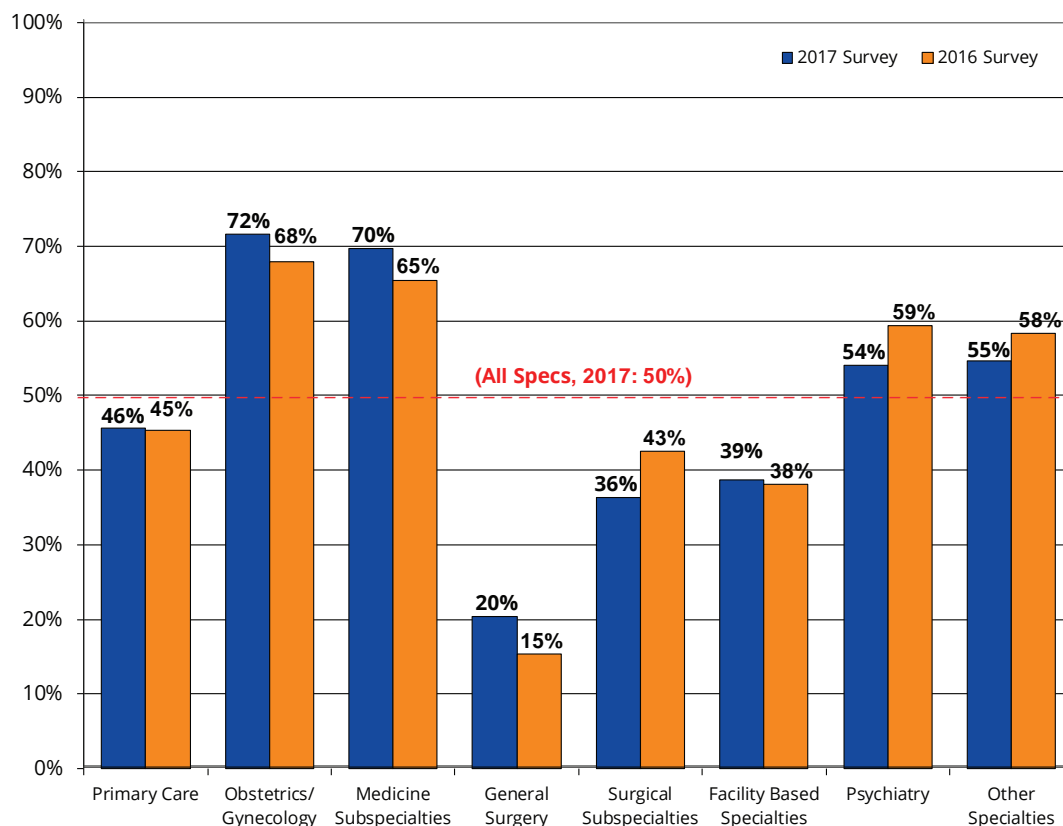


Figure 2.3. Rank of Percentage Entering Patient Care by Specialty (All 2017 Exit Survey Respondents)

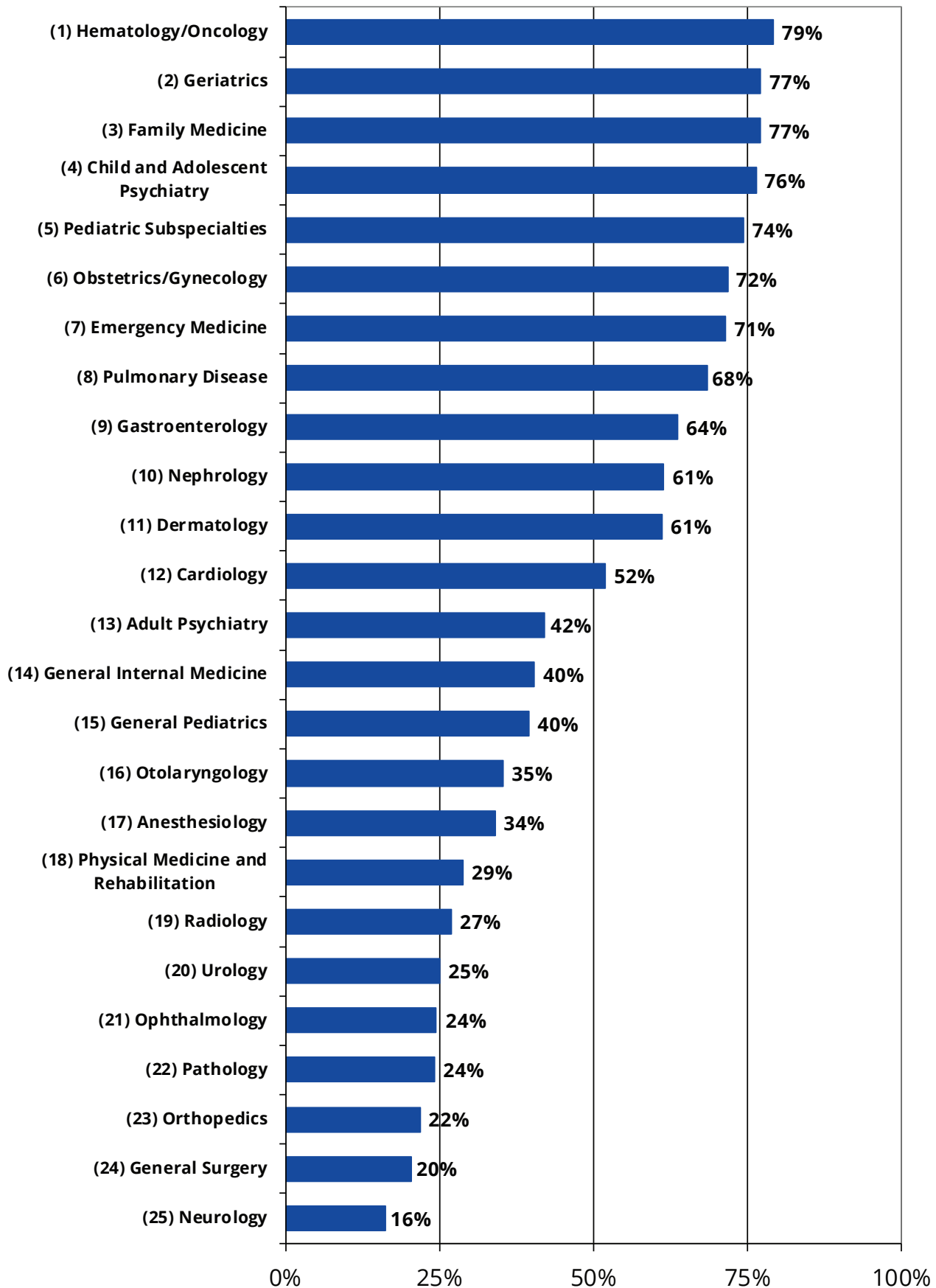


Table 2.1. Primary Activity After Completion of Current Training Program by Specialty (All 2017 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	46%	44%	6%	1%	4%
Family Medicine	77%	18%	1%	1%	4%
General Internal Medicine	40%	48%	7%	1%	4%
General Pediatrics	40%	50%	7%	1%	3%
Obstetrics/Gynecology	72%	22%	0%	1%	5%
Medicine Subspecialties	70%	20%	0%	4%	6%
Cardiology	52%	46%	0%	0%	3%
Gastroenterology	64%	23%	0%	2%	11%
Geriatrics	77%	14%	0%	0%	9%
Hematology/Oncology	79%	7%	0%	12%	2%
Nephrology	61%	23%	0%	9%	7%
Pulmonary Disease	68%	18%	0%	11%	3%
General Surgery	20%	73%	1%	0%	6%
Surgical Subspecialties	36%	58%	0%	1%	4%
Ophthalmology	24%	68%	3%	0%	5%
Orthopedics	22%	74%	0%	1%	3%
Otolaryngology	35%	65%	0%	0%	0%
Urology	25%	75%	0%	0%	0%
Facility Based	39%	56%	0%	1%	4%
Anesthesiology	34%	62%	1%	1%	3%
Pathology	24%	64%	0%	3%	9%
Radiology	27%	69%	0%	0%	4%
Psychiatry	54%	39%	1%	3%	4%
Adult Psychiatry	42%	54%	1%	2%	2%
Child and Adolescent Psych	76%	11%	0%	0%	13%
Other	55%	35%	2%	2%	6%
Dermatology	61%	39%	0%	0%	0%
Emergency Medicine	71%	27%	0%	0%	2%
Neurology	16%	81%	0%	1%	1%
Pediatric Subspecialties	74%	18%	1%	3%	4%
Physical Medicine and Rehab	29%	70%	0%	0%	2%
All Specialties, 2017 (2016)	50% (50%)	42% (40%)	3% (3%)	2% (2%)	5% (5%)

SECTION 3: CONFIRMED PRACTICE PLANS OF RESPONDENTS ENTERING PATIENT CARE PRACTICE

This section summarizes the characteristics of the practice plans of survey respondents with confirmed plans to enter patient care/clinical practice. 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 (ie, in solo practice or a partnership) are included in this section of the report.

3.1 Practice Location

Table 3.1 displays the practice locations of respondents with confirmed practice plans. A total of 1,428 respondents reported confirmed practice plans. One percent (1%) of these respondents reported confirmed plans to leave the US. Physicians with plans to leave the US have been excluded from all other subsections within Section 3. With almost 4 billion dollars^{1,2} spent annually on GME training in New York, one outcome of interest is the retention of physicians in the state after they complete training.

Highlights

- Forty-two percent (42%) of respondents with confirmed plans reported plans to enter practice in New York.
 - The vast majority of these respondents (88%) reported confirmed plans to remain in the same region they had trained.
- In-state retention of physicians was highest in the following specialties: family medicine (59%), child and adolescent psychiatry (58%), and pathology (57%).
- In-state retention of physicians was lowest in the following specialties: otolaryngology (17%), orthopedics (21%), and ophthalmology (25%).
- Respondents who graduated from a high school and a medical school in New York were the most likely (78%) to report confirmed plans to practice in New York after completing training.
- When respondents who had plans to leave New York to practice were asked about the main reason for leaving, the most common reasons reported were proximity to family (29%), better salary outside New York (15%), and better jobs in desired locations outside New York (12%).
- Four percent (4%) of respondents indicated that they had never intended to practice in New York.

- Few respondents reported that the principal reason for them practicing outside of New York was taxes in New York (2%), the cost of malpractice insurance in New York (1%), or the cost of starting a practice in New York (<1%).

Figure 3.1. Location of Upcoming Practice (for 2017 Respondents with Confirmed Practice Plans)

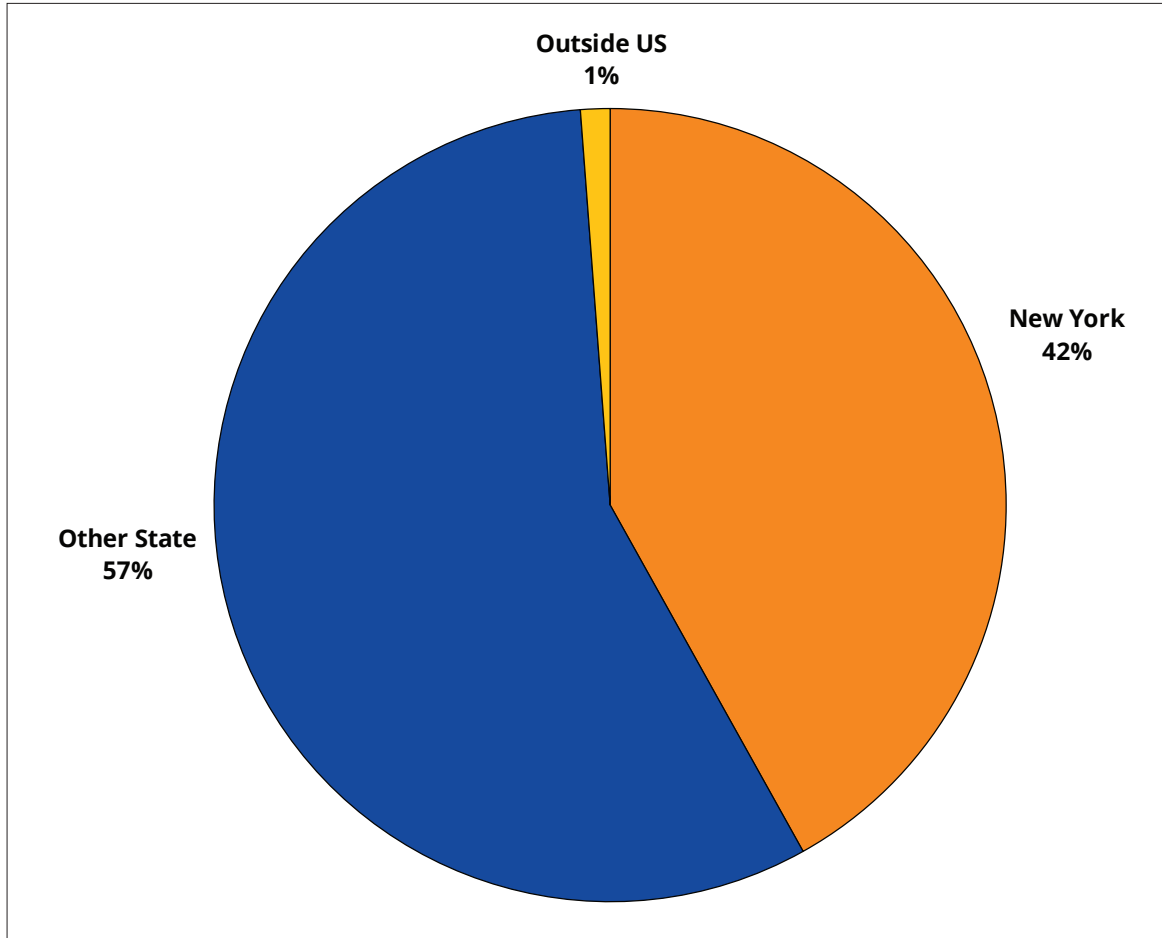


Figure 3.2. Percentage Entering Practice in New York by Specialty Group (for Respondents with Confirmed Practice Plans)

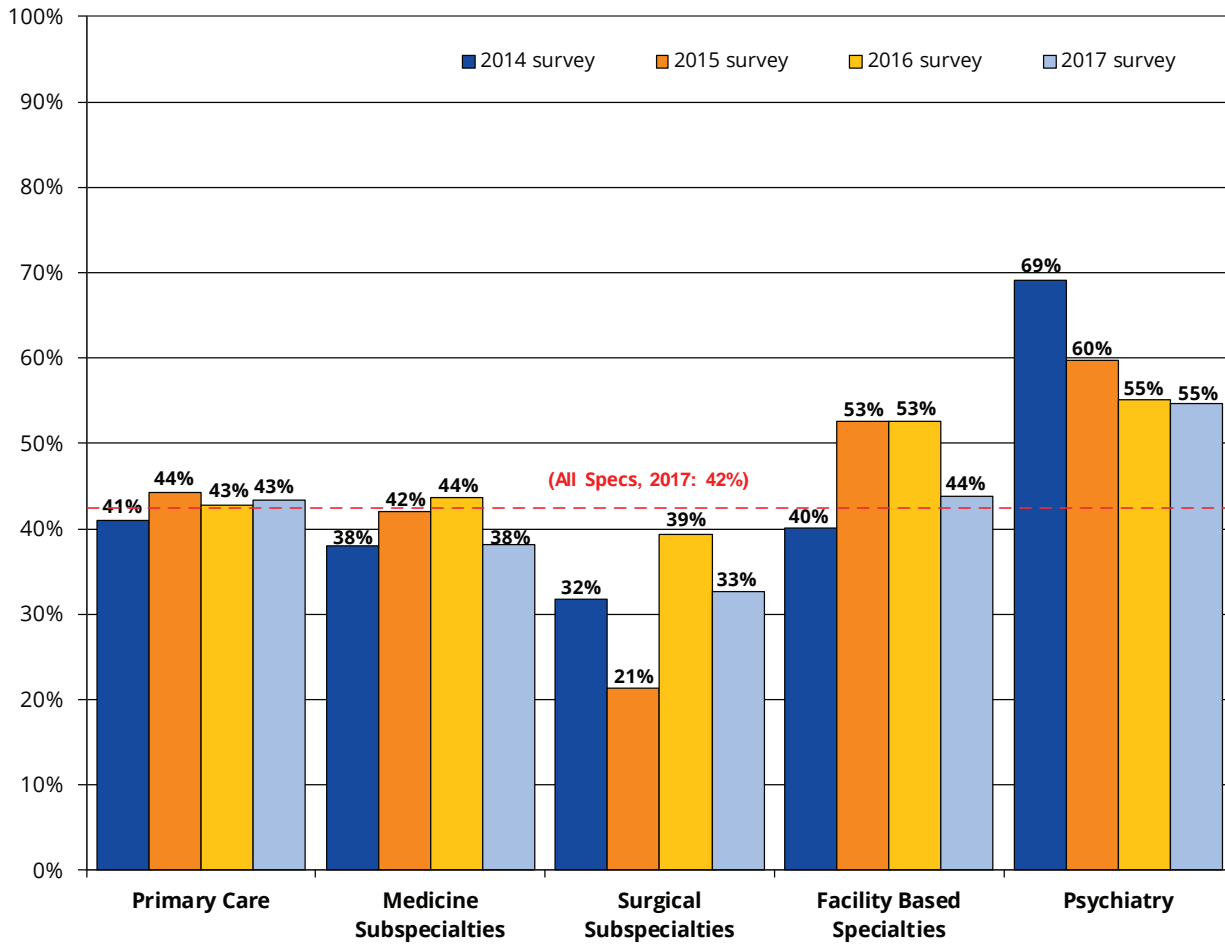


Table 3.1. Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2017 Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans ^a	LOCATION OF UPCOMING PRACTICE			
		Within New York Same Region	Other Area	Other State	Outside US ^b
Primary Care	419	39%	5%	56%	1%
Family Medicine	100	49%	9%	38%	3%
General Internal Medicine	232	30%	3%	67%	0%
General Pediatrics	80	48%	3%	50%	0%
Obstetrics/Gynecology	94	45%	3%	51%	1%
Medicine Subspecialties	271	30%	8%	60%	2%
Cardiology	37	43%	5%	51%	0%
Gastroenterology	24	25%	4%	71%	0%
Geriatrics	25	40%	12%	44%	4%
Hematology/Oncology	34	21%	9%	70%	0%
Nephrology	27	33%	4%	63%	0%
Pulmonary Disease	26	23%	8%	65%	4%
General Surgery	16	38%	0%	56%	6%
Surgical Subspecialties	86	24%	8%	66%	1%
Ophthalmology	8	13%	13%	75%	0%
Orthopedics	19	16%	5%	74%	5%
Otolaryngology	6	17%	0%	83%	0%
Urology	6	33%	17%	50%	0%
Facility Based	144	35%	9%	55%	1%
Anesthesiology	53	36%	8%	57%	0%
Pathology	14	50%	7%	43%	0%
Radiology	28	39%	11%	46%	4%
Psychiatry	95	54%	1%	44%	1%
Adult Psychiatry	44	50%	0%	50%	0%
Child and Adolescent Psych	26	54%	4%	42%	0%
Other	303	35%	4%	60%	1%
Dermatology	21	38%	0%	62%	0%
Emergency Medicine	103	29%	2%	68%	1%
Neurology	9	33%	0%	67%	0%
Pediatric Subspecialties	72	36%	0%	64%	0%
Physical Medicine and Rehab	14	21%	7%	71%	0%
All Specialties, 2017 (2016)	1,428 (1,366)	37% (39%)	5% (6%)	57% (53%)	1% (2%)

^a This subgroup (ie, 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.

^b This subgroup (ie, respondents leaving the US) has been excluded from all other tables within Section 3 of this report.

Figure 3.3. Rank of In-State Retention Rates by Specialty (for 2017 Respondents with Confirmed Practice Plans)

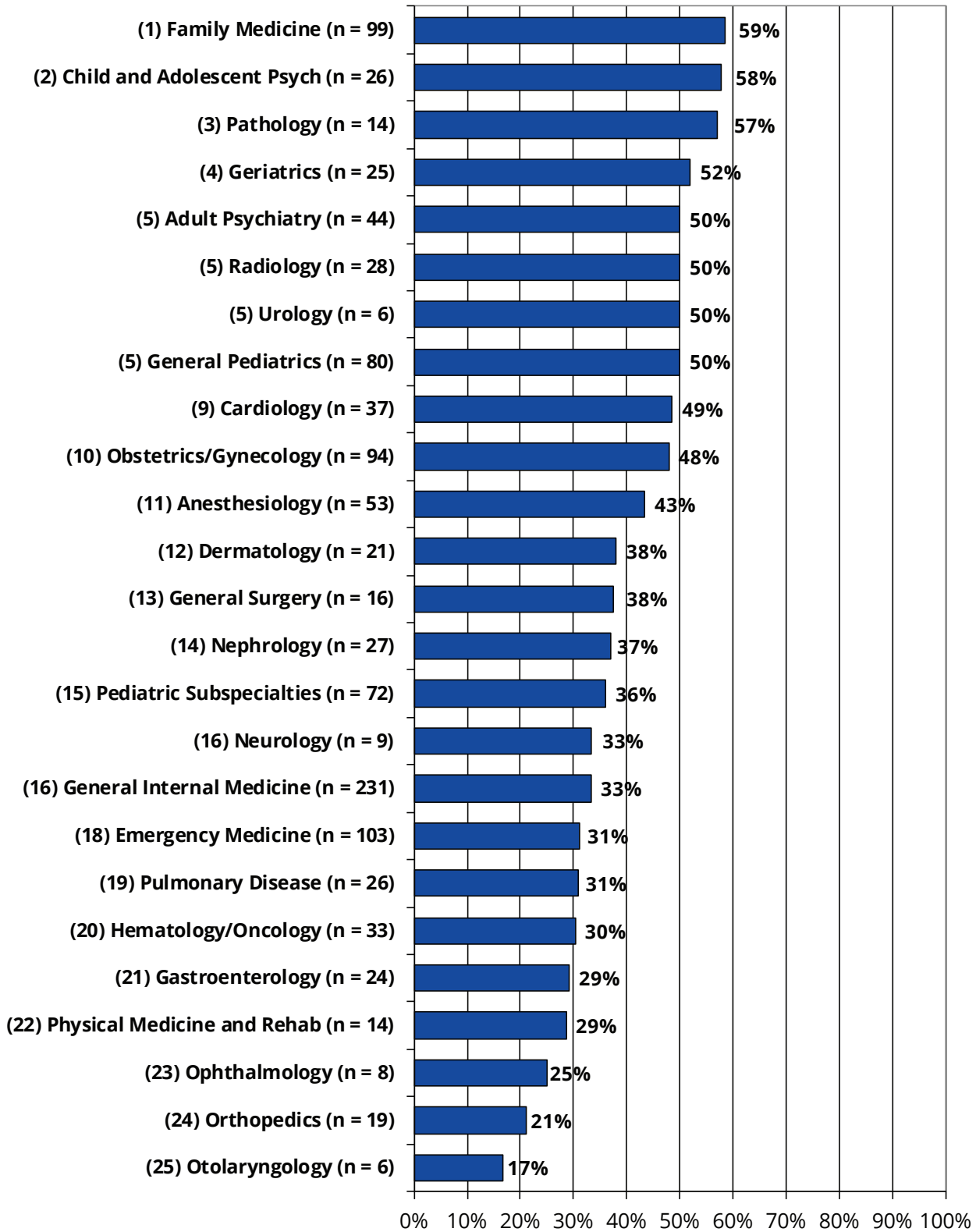


Figure 3.4. Percentage with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2017 Respondents with Confirmed Practice Plans)

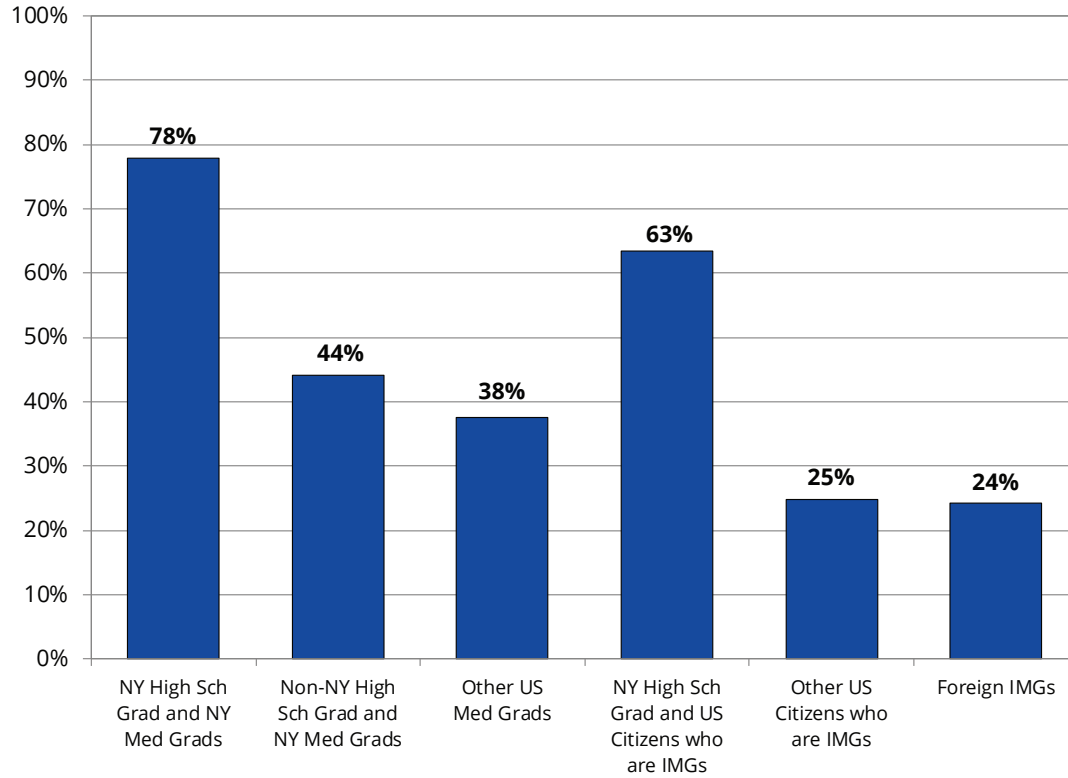
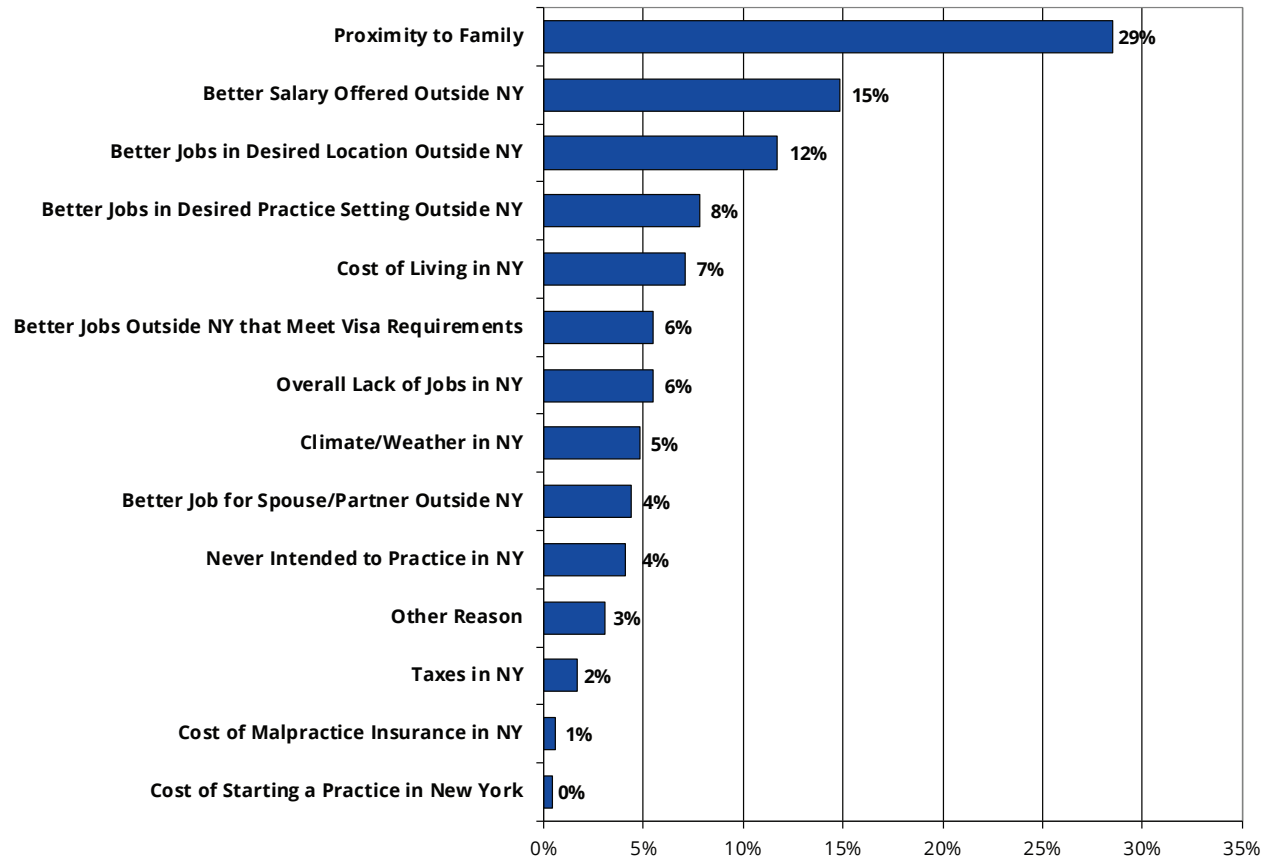


Figure 3.5. Principal Reason for Practicing Outside New York (for 2017 Respondents with Confirmed Practice Plans)



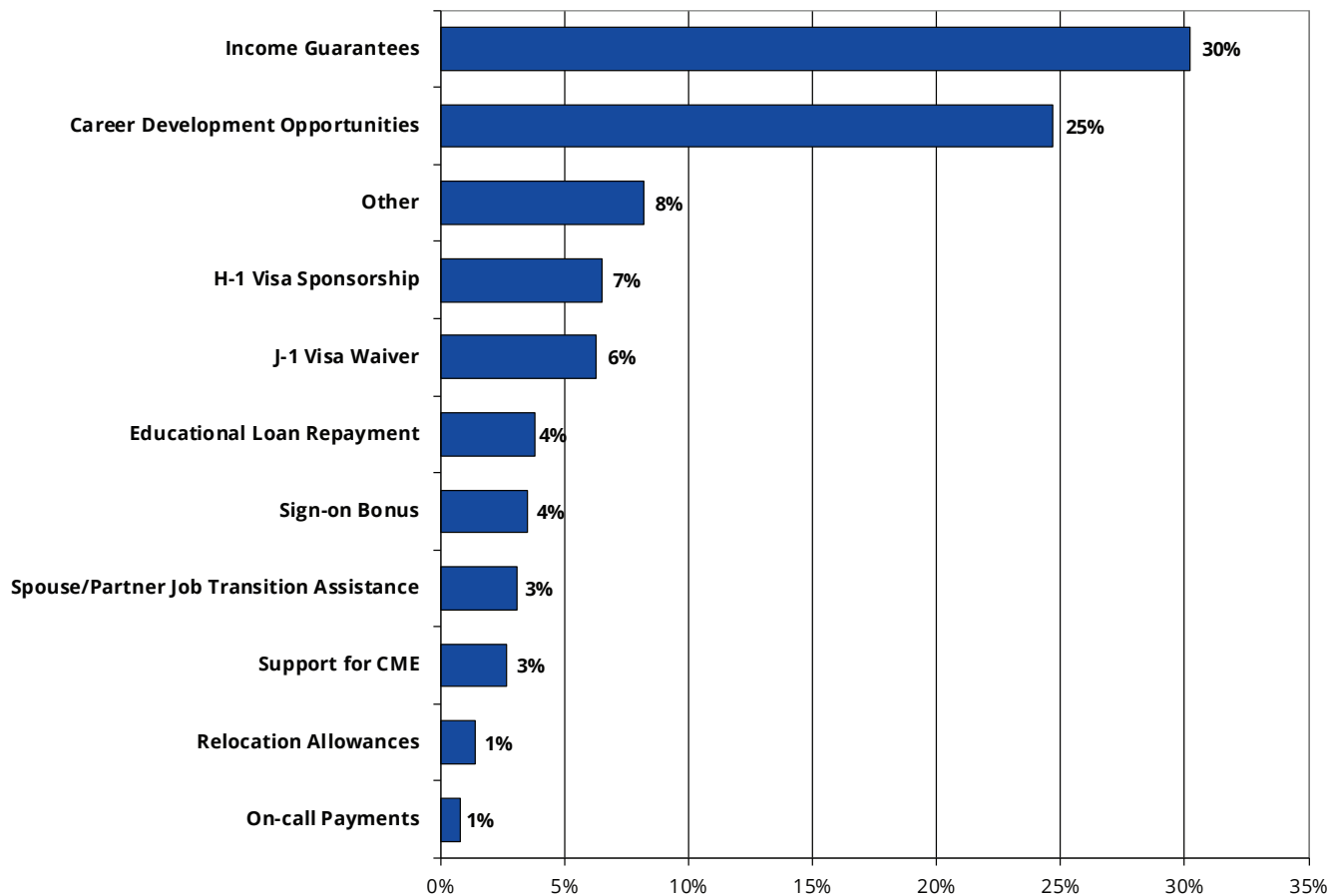
3.2 Recruitment Incentives

New physicians may receive a number of incentives to accept practice positions. These incentives include income guarantees, career development opportunities, visa sponsorship/waivers, education loan repayment, spouse/partner job transition assistance, relocation allowances, sign-on bonuses, and payment for on-call time. Figure 3.6 displays the most influential incentives New York's graduating physicians received for accepting a practice position.

Highlights

- Thirty percent (30%) of respondents 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, reported by 25% of respondents.
 - Seven percent (7%) of respondents indicated that an H-1 visa sponsorship was the most influential incentive they received.
- Less than 4% of respondents indicated that spouse/partner job transition assistance (3%), support for continuing medical education (3%), relocation allowances (1%), or on-call payments (1%) was the most influential incentive.

Figure 3.6. Most Influential Incentive Received for Accepting a Practice Position (for 2017 Respondents with Confirmed Practice Plans)



3.3 Demographics of Practice Location

Table 3.2 summarizes the responses to 2 questions relating to the demographics of respondents' upcoming practice locations. The first 5 columns give the demographics of principal practice locations and the last column gives the percentage of graduates entering practice in a federally designated Health Professional Shortage Areas (HPSAs). It should be noted that (as with all data presented in this report) these numbers are based on self-reporting by respondents, and that a large percentage said they "didn't know" if their upcoming practice fell within a HPSA. Citizenship has a strong influence on a physician's likelihood of practicing in a HPSA. IMGs with J-1 or J-2 exchange visas are required to practice in underserved areas or return to their native country upon completion of their graduate medical education. Thus, a high proportion of respondents with exchange visas report plans to enter practice in HPSAs.

Highlights

- Twenty-eight percent (28%) of respondents reported confirmed plans to enter practice in inner-city locations, while only 6% had plans to practice in rural locations.
- Respondents in the following specialties were the most likely to report plans to enter practice in inner city locations: pediatric subspecialties (41%), adult psychiatry (36%), pulmonary disease (33%), and radiology (33%).
- Respondents in the following specialties were the most likely to report plans to enter practice in rural areas: general surgery (33%), ophthalmology (25%), and geriatrics (22%).
- Seventeen percent (17%) reported that they would be practicing in a HPSA.
- Respondents in the following specialties were the most likely to report plans to enter practice in HPSAs: hematology/oncology (36%), family medicine (34%), and general pediatrics (33%).
- IMGs with permanent citizenship were less likely to report plans to enter practice in HPSAs than were USMGs (13% compared to 20%, respectively, among respondents in primary care specialties).

Figure 3.7. Respondents Entering Practice in Rural and Inner-City Areas by Location of Medical School and Citizenship Status (for 2017 Respondents from Primary Care Specialties with Confirmed Practice Plans)

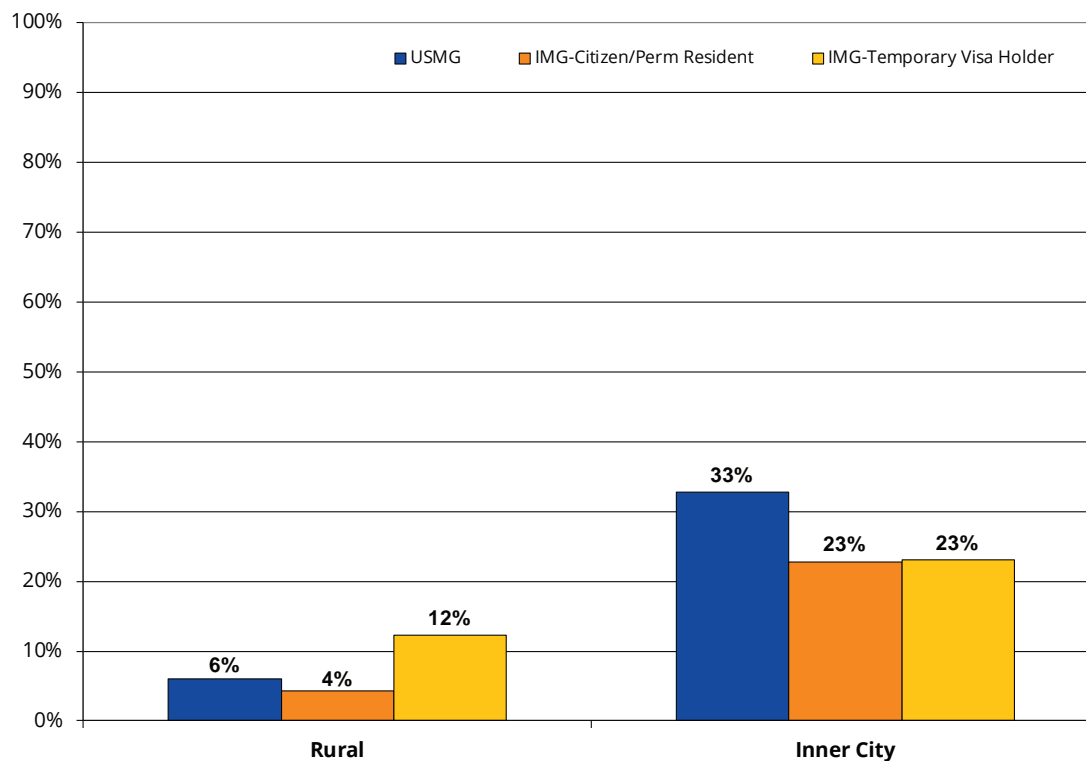


Figure 3.8. Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship Status (for Respondents from Primary Care Specialties with Confirmed Practice Plans)

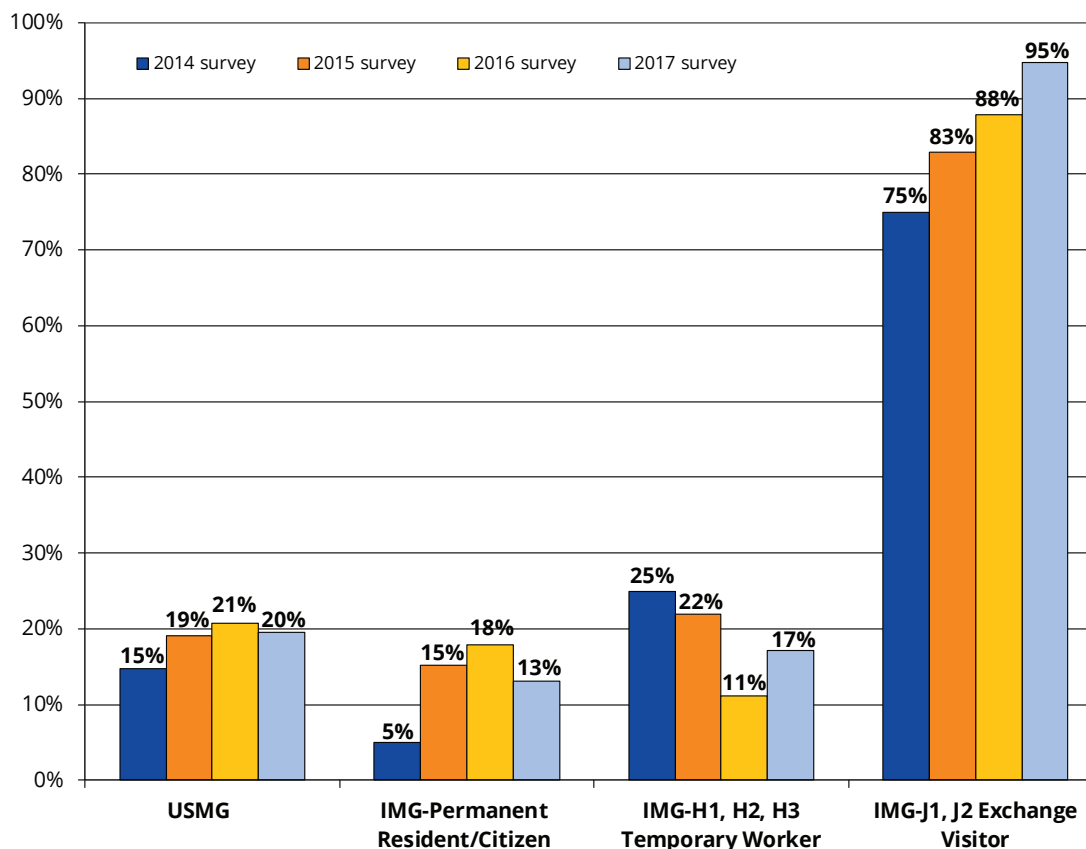


Table 3.2. Demographics of Practice Location (for 2017 Respondents with Confirmed Practice Plans)

Specialty	D E M O G R A P H I C S					% Practicing in a Federal HPSA ^a
	Inner City	Other Area in Major City	Suburban	Small City	Rural	
Primary Care	27%	17%	37%	13%	6%	24%
Family Medicine	23%	13%	44%	9%	12%	34%
General Internal Medicine	26%	21%	32%	15%	6%	16%
General Pediatrics	29%	13%	46%	10%	3%	33%
Obstetrics/Gynecology	32%	21%	32%	13%	2%	20%
Medicine Subspecialties	27%	19%	35%	11%	7%	22%
Cardiology	19%	14%	53%	8%	6%	17%
Gastroenterology	29%	4%	42%	21%	4%	25%
Geriatrics	26%	13%	30%	9%	22%	26%
Hematology/Oncology	21%	21%	27%	15%	15%	36%
Nephrology	27%	12%	39%	15%	8%	15%
Pulmonary Disease	33%	21%	29%	13%	4%	25%
General Surgery	7%	13%	13%	33%	33%	13%
Surgical Subspecialties	25%	19%	33%	19%	4%	4%
Ophthalmology	25%	0%	25%	25%	25%	0%
Orthopedics	17%	39%	17%	22%	6%	0%
Otolaryngology	17%	17%	50%	17%	0%	17%
Urology	0%	60%	40%	0%	0%	0%
Facility Based	28%	24%	32%	13%	4%	3%
Anesthesiology	22%	29%	31%	16%	2%	2%
Pathology	25%	25%	33%	8%	8%	7%
Radiology	33%	19%	26%	19%	4%	4%
Psychiatry	39%	24%	25%	8%	5%	19%
Adult Psychiatry	36%	21%	29%	12%	2%	23%
Child and Adolescent Psych	32%	36%	24%	8%	0%	13%
Other	29%	25%	32%	10%	4%	11%
Dermatology	10%	19%	48%	5%	19%	10%
Emergency Medicine	31%	26%	29%	9%	4%	6%
Neurology	22%	22%	33%	22%	0%	11%
Pediatric Subspecialties	41%	24%	22%	10%	3%	20%
Physical Medicine and Rehab	23%	31%	39%	8%	0%	7%
All Specialties, 2017 (2016)	28% (30%)	21% (23%)	33% (34%)	12% (10%)	6% (4%)	17% (17%)

^aHPSA = Health Professional Shortage Area.

3.4 Principal Practice Setting

Table 3.3 shows the practice settings of respondents' upcoming principal practices. The "Other" category includes freestanding health center or clinic, nursing home, and other setting.

Highlights

- Thirty-seven percent (37%) of respondents were entering group practices.
 - Of these, 78% reported plans to join group practices as employees.

- Only 1% of all respondents reported plans to enter solo practice.
 - Ophthalmology (14%) and general surgery (7%) were the only specialties in which more than 5% planned to enter solo practice.

- Fifty-four percent (54%) of respondents reported plans to practice in hospitals.
 - Of these respondents, 60% reported plans to practice in inpatient settings, 26% in ambulatory care settings within the hospital, and 14% in emergency departments.

Figure 3.9. Upcoming Principal Practice Setting (for 2017 Respondents with Confirmed Practice Plans)

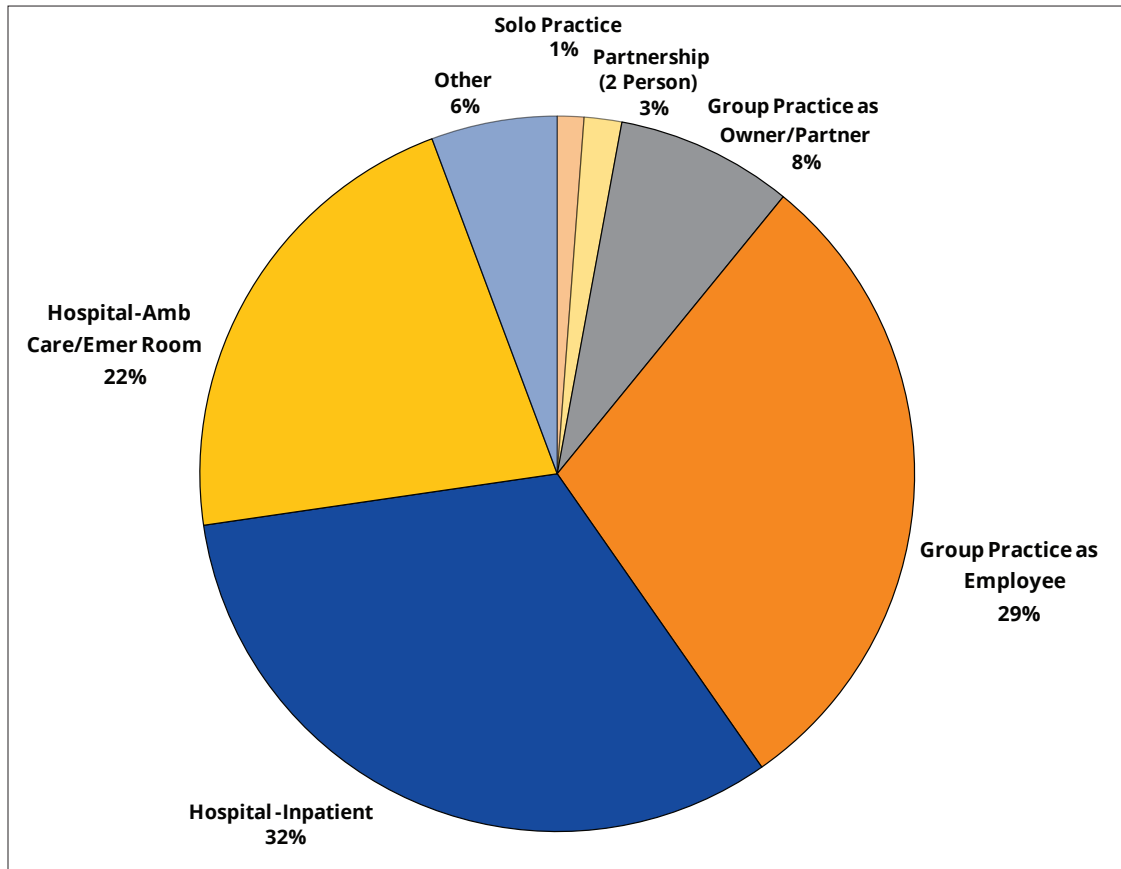


Figure 3.10. Upcoming Principal Practice Setting by Specialty Group (for Respondents with Confirmed Practice Plans)

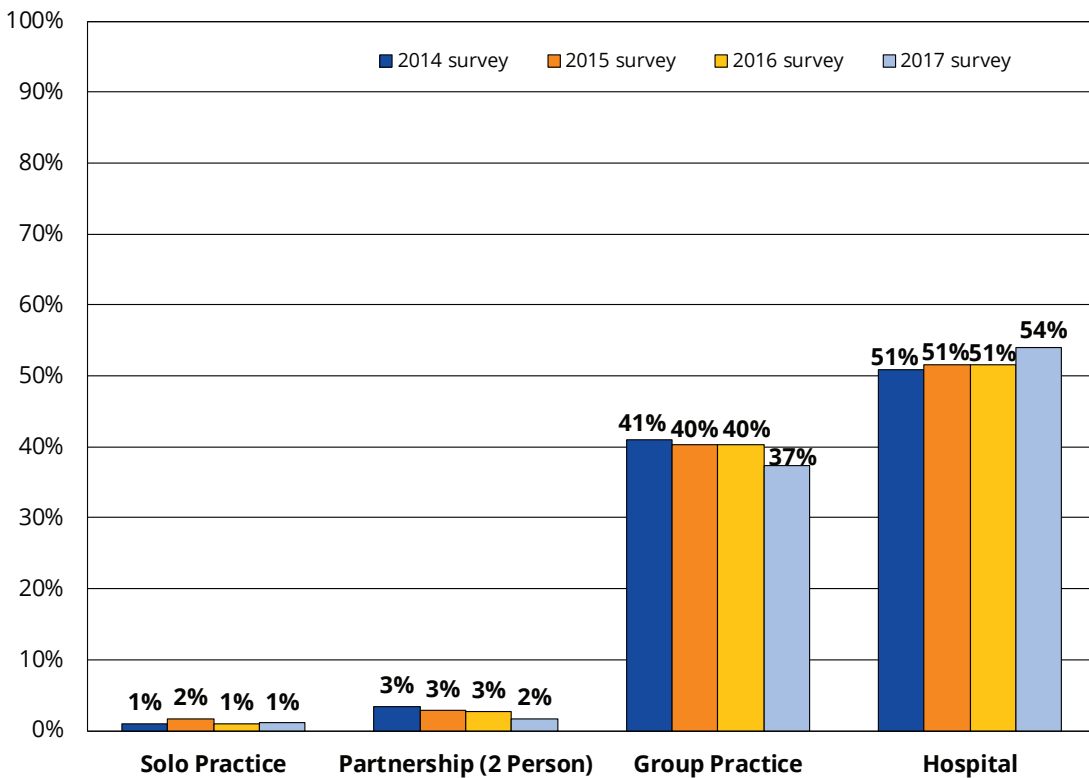


Table 3.3. Upcoming Principal Practice Setting by Specialty (for 2017 Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partnership (2 Person)	GROUP PRACTICE		HOSPITAL			Other
			As Owner/ Partner	As Employee	In-Patient	Amb. Care	Emer. Room	
Primary Care	2%	1%	4%	23%	51%	10%	1%	8%
Family Medicine	3%	0%	9%	37%	14%	11%	2%	24%
General Internal Medicine	1%	1%	2%	14%	73%	9%	1%	2%
General Pediatrics	3%	6%	6%	34%	32%	14%	1%	6%
Obstetrics/Gynecology	1%	5%	6%	55%	9%	18%	0%	6%
Medicine Subspecialties	1%	2%	8%	34%	34%	17%	1%	5%
Cardiology	3%	0%	14%	51%	23%	9%	0%	0%
Gastroenterology	0%	4%	4%	35%	26%	26%	0%	4%
Geriatrics	0%	0%	0%	13%	48%	26%	0%	13%
Hematology/Oncology	0%	0%	3%	49%	6%	33%	0%	9%
Nephrology	0%	0%	17%	33%	50%	0%	0%	0%
Pulmonary Disease	0%	0%	4%	13%	83%	0%	0%	0%
General Surgery	7%	13%	7%	47%	20%	0%	0%	7%
Surgical Subspecialties	1%	5%	22%	44%	19%	5%	1%	3%
Ophthalmology	14%	0%	29%	57%	0%	0%	0%	0%
Orthopedics	0%	6%	41%	41%	6%	6%	0%	0%
Otolaryngology	0%	0%	33%	50%	0%	17%	0%	0%
Urology	0%	0%	20%	60%	0%	0%	0%	20%
Facility Based	1%	0%	17%	36%	31%	9%	1%	3%
Anesthesiology	2%	0%	24%	34%	36%	2%	0%	2%
Pathology	0%	0%	7%	43%	29%	7%	0%	14%
Radiology	0%	0%	22%	22%	22%	26%	7%	0%
Psychiatry	0%	0%	3%	13%	30%	36%	9%	9%
Adult Psychiatry	0%	0%	7%	19%	26%	35%	7%	7%
Child and Adolescent Psych	0%	0%	0%	13%	17%	39%	22%	9%
Other	1%	1%	7%	24%	19%	14%	30%	4%
Dermatology	0%	10%	20%	40%	0%	25%	0%	5%
Emergency Medicine	0%	0%	6%	16%	1%	0%	76%	1%
Neurology	0%	0%	0%	22%	44%	33%	0%	0%
Pediatric Subspecialties	1%	1%	1%	13%	40%	27%	10%	6%
Physical Medicine and Rehab	0%	0%	14%	36%	14%	29%	0%	7%
All Specialties, 2017	1%	2%	8%	29%	32%	14%	8%	6%
(All Specialties, 2016)	(1%)	(3%)	(7%)	(34%)	(32%)	(11%)	(9%)	(5%)

3.5 Expected Starting Income

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

Highlights

- In 2017, the mean expected starting salary for new physicians was \$253,457 and the median expected starting salary for new physicians was \$242,100.
- 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.
- Respondents in the following specialties reported the highest starting incomes: orthopedics (\$380,200), general surgery (\$346,600), and pulmonary disease (\$340,000).
- General pediatrics had the lowest median starting income of all specialties (\$145,500).
 - Other specialties with the lowest starting incomes included pediatric subspecialties (\$183,250) and geriatrics (\$191,200).

Figure 3.11. Expected Starting Income (in \$1,000s) by Specialty Group (for 2017 Respondents with Confirmed Practice Plans)

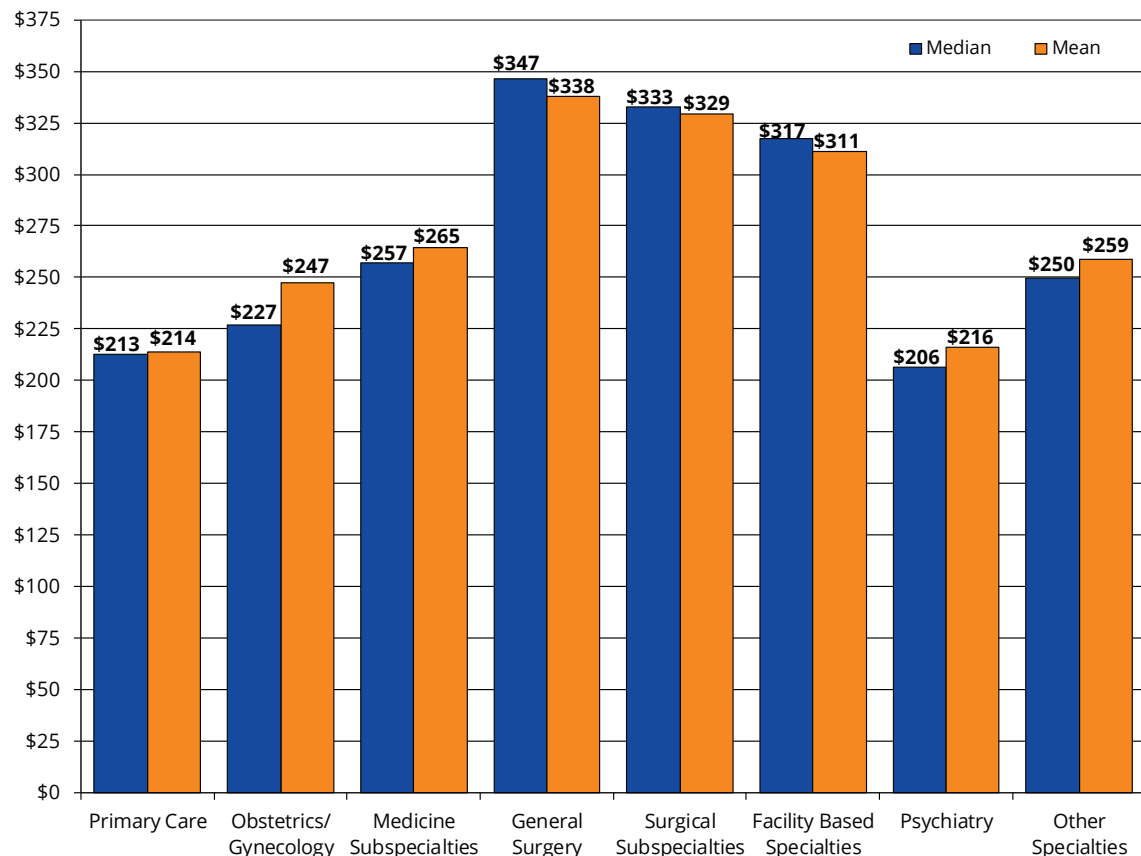


Figure 3.12. Expected Starting Income Among Primary Care and Non-Primary Care Physicians (for 2017 Respondents with Confirmed Practice Plans)

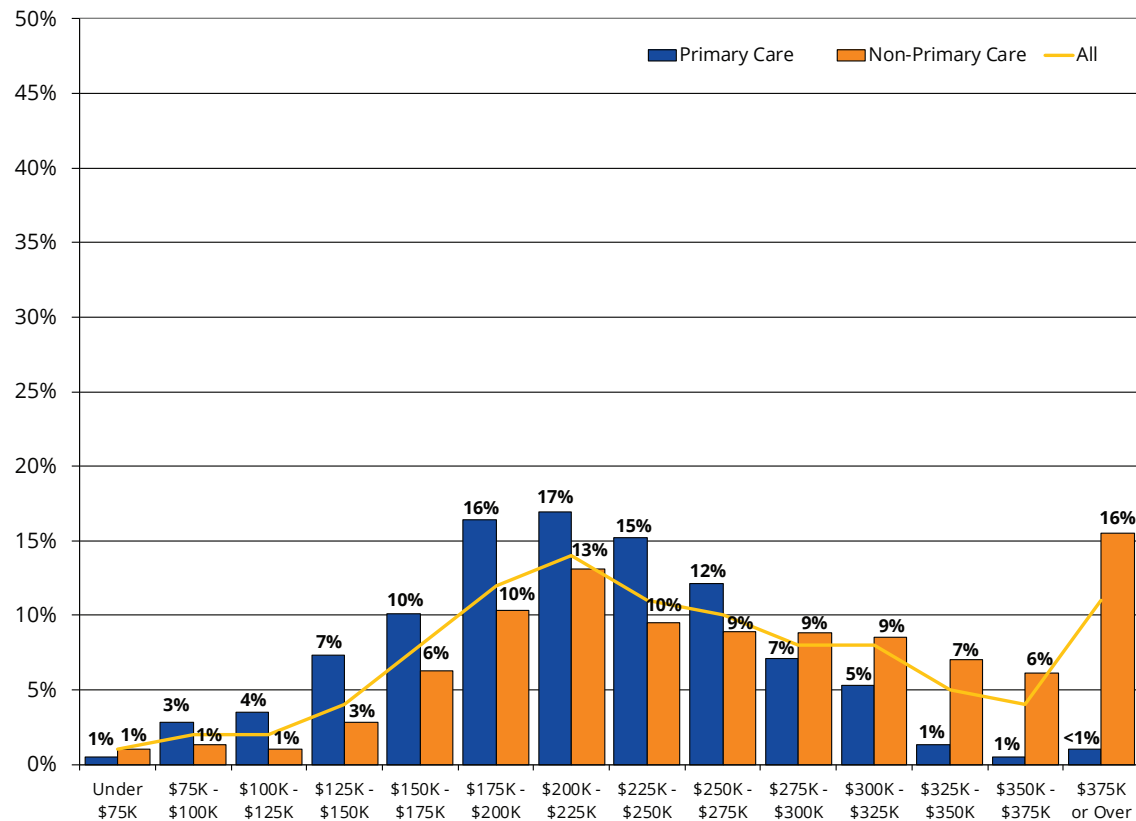


Figure 3.13. Rank of Median Starting Income (in \$1,000s) by Specialty (for 2017 Respondents with Confirmed Practice Plans)

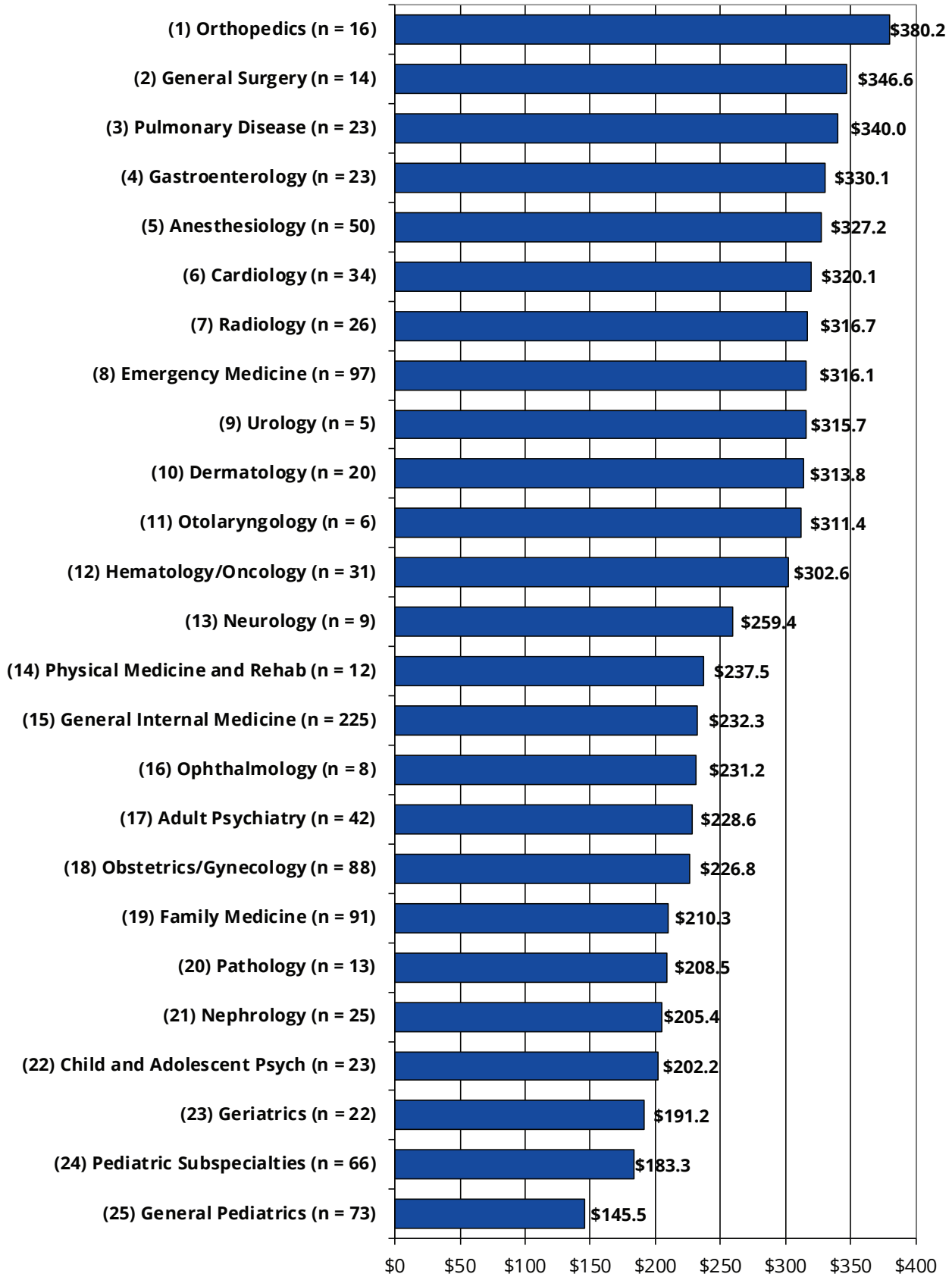


Table 3.4. Expected Starting Income by Specialty (for 2017 Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
Primary Care	396	\$213,818	N/A	\$212,850	N/A
Family Medicine	91	\$216,523	21	\$210,300	19
General Internal Medicine	225	\$235,006	16	\$232,300	15
General Pediatrics	73	\$148,184	25	\$145,500	25
Obstetrics/Gynecology	88	\$247,218	15	\$226,800	18
Medicine Subspecialties	250	\$264,725	N/A	\$257,000	N/A
Cardiology	34	\$303,876	11	\$320,100	6
Gastroenterology	23	\$337,113	3	\$330,100	4
Geriatrics	22	\$197,805	23	\$191,200	23
Hematology/Oncology	31	\$285,371	12	\$302,600	12
Nephrology	25	\$219,664	20	\$205,400	21
Pulmonary Disease	23	\$309,213	10	\$340,000	3
General Surgery	14	\$337,650	2	\$346,600	2
Surgical Subspecialties	80	\$329,399	N/A	\$332,850	N/A
Ophthalmology	8	\$225,675	17	\$231,200	16
Orthopedics	16	\$359,975	1	\$380,200	1
Otolaryngology	6	\$321,450	7	\$311,400	11
Urology	5	\$323,620	5	\$315,700	9
Facility Based	137	\$311,313	N/A	\$317,200	N/A
Anesthesiology	50	\$327,316	4	\$327,150	5
Pathology	13	\$223,146	19	\$208,500	20
Radiology	26	\$322,977	6	\$316,650	7
Psychiatry	86	\$216,007	N/A	\$206,350	N/A
Adult Psychiatry	42	\$224,669	18	\$228,550	17
Child and Adolescent Psych	23	\$206,435	22	\$202,200	22
Other	277	\$258,761	N/A	\$249,600	N/A
Dermatology	20	\$310,030	9	\$313,750	10
Emergency Medicine	97	\$311,035	8	\$316,100	8
Neurology	9	\$266,622	13	\$259,400	13
Pediatric Subspecialties	66	\$194,330	24	\$183,250	24
Physical Medicine and Rehab	12	\$250,250	14	\$237,500	14
Total (All Specialties)	1,328	\$253,457	N/A	\$242,100	N/A

3.6 Expected Weekly Patient Care/Clinical Practice Hours

Respondents were asked to estimate the number of hours per week they expected to spend in patient care/clinical practice activities in their upcoming practice positions. It is important to know how many hours new physicians 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 graduates 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.³ Therefore, it was important to control for this factor in making comparisons across specialties. The data presented in Table 3.5 is an aggregation of all responses to this question from both the 2016 and 2017 surveys. These data provided a large enough number of respondents to allow for stratification by gender in most specialties.

Highlights

- Overall, respondents reported expectations to spend an average of 43.2 hours per week in patient care/clinical practice activities.
- Female respondents expected to work 6% fewer patient care hours than male respondents (41.9 hours per week compared to 44.3 hours per week, respectively).
 - This gender difference was greatest in cardiology, with female respondents expecting to work 11.5 fewer patient hours per week than male respondents.
 - Female respondents reported expectations to work more hours than males in some specialties including: nephrology (3.7 hours per week), obstetrics/gynecology (2.3 hours per week), and child and adolescent psychiatry (1.1 hours per week).
- Respondents in the following individual specialties reported expectations to work the highest patient care/clinical practice hours per week: otolaryngology (51.1 hours), anesthesiology (50.6 hours), and nephrology (50.0 hours).
- Respondents in the following specialties reported expectations to work the fewest patient care/clinical practice hours per week: emergency medicine (35.1 hours), pediatric subspecialties (35.4 hours), and child and adolescent psychiatry (35.9 hours).

Figure 3.14. Rank of Expected Weekly Patient Care/Clinical Practice Hours by Specialty (2016 and 2017 Respondents with Confirmed Practice Plans)

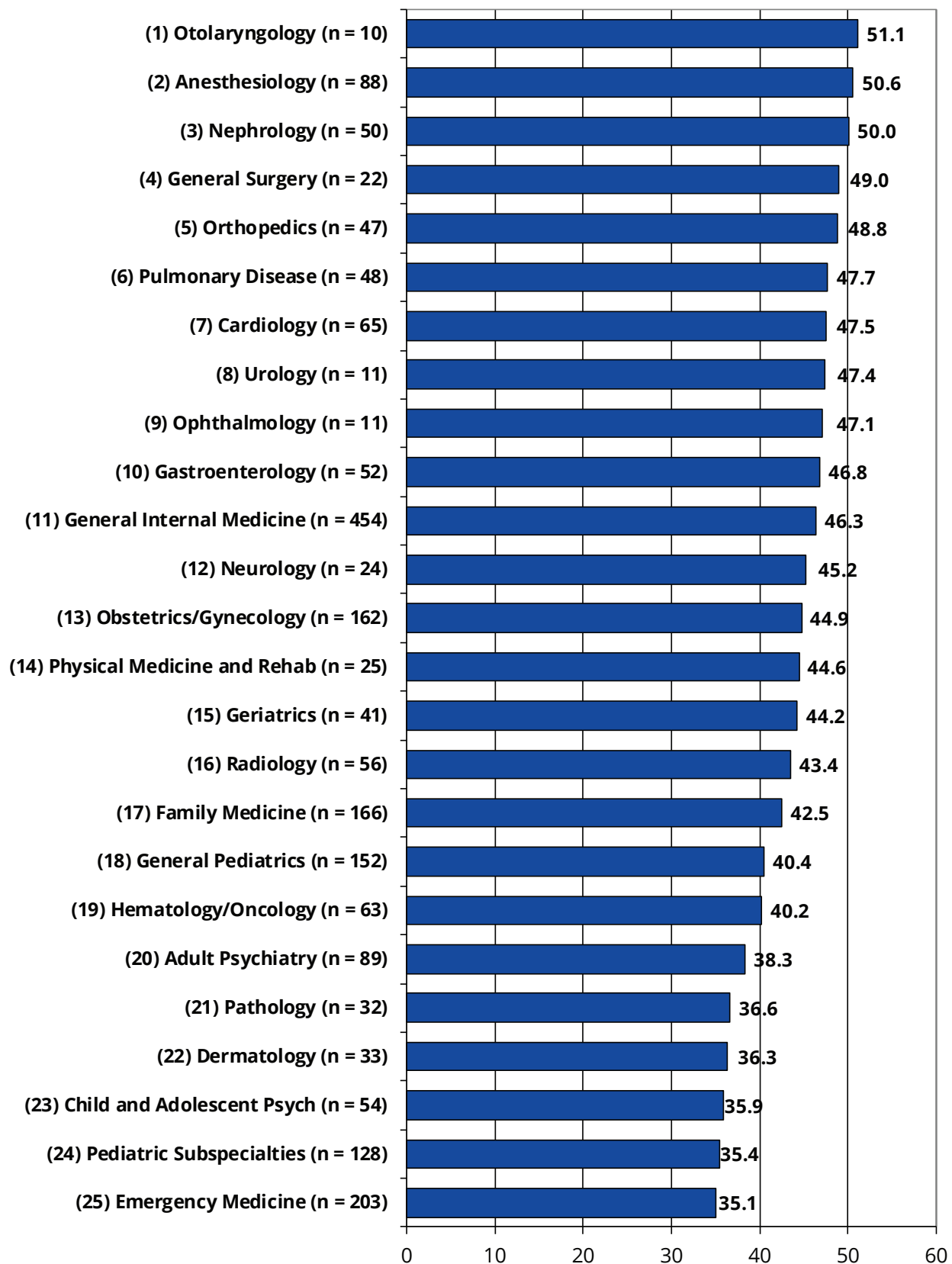


Table 3.5. Expected Weekly Patient Care/Clinical Practice Hours by Gender^a (2016 and 2017 Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	45.6	43.1	44.3
Family Medicine	42.1	42.4	42.5
General Internal Medicine	47.0	45.5	46.3
General Pediatrics	41.6	40.2	40.4
Obstetrics/Gynecology	42.8	45.1	44.9
Medicine Subspecialties	46.7	42.5	44.8
Cardiology	49.6	38.1	47.5
Gastroenterology	46.4	47.5	46.8
Geriatrics	51.7	40.8	44.2
Hematology/Oncology	41.0	39.4	40.2
Nephrology	48.1	51.7	50.0
Pulmonary Disease	45.5	51.9	47.7
General Surgery	48.7	***	49.0
Surgical Subspecialties	50.2	52.1	50.6
Ophthalmology	***	***	47.1
Orthopedics	48.6	***	48.8
Otolaryngology	***	***	51.1
Urology	47.4	***	47.4
Facility Based	47.2	45.5	46.7
Anesthesiology	50.1	51.5	50.6
Pathology	36.7	36.6	36.6
Radiology	44.7	41.4	43.4
Psychiatry	37.0	38.1	37.5
Adult Psychiatry	38.3	38.2	38.3
Child and Adolescent Psych	35.3	36.3	35.9
Other	38.2	37.0	37.6
Dermatology	37.9	35.6	36.3
Emergency Medicine	34.9	35.4	35.1
Neurology	44.9	45.5	45.2
Pediatric Subspecialties	37.0	34.9	35.4
Physical Medicine and Rehab	43.9	44.7	44.6
All Specialties, 2017	44.3	41.9	43.2

^a Patient care/clinical practice hours has been stratified by gender in any specialties with enough respondents to do so. If the number of female or males respondents (n) is less than 10 the hours worked is not shown due to the comparisons lack of reliability. The data presented in this table is for respondents to both the 2015 and 2016 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 significantly fewer hours than males.

SECTION 4: EXPERIENCES 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 in their specialty. Any respondent who reported plans to enter 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 Tables 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 US only if they practice in a state or federally designated HPSA or continue graduate medical training. Figure 4.2 illustrates the differences between temporary visa holders and other respondents in terms of the difficulty they faced finding a job. Respondents who indicated they had not yet actively searched for a practice position have been excluded from this section of the report.

Each subsection within Section 4 summarizes the responses to 1) a question on the 2017 survey, 2) the aggregated total of all respondents for the 2016 and 2017 surveys, and 3) either the aggregated total of all respondents for the last 4 years the survey has been conducted or a trend over the last 4 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 4.7, composite measures of demand are computed using all demand variables to measure the relative demand for each specialty.

4.1 Importance of Job Characteristics

Table 4.1 displays respondents' assessments of how important it is to have control over certain job characteristics. Respondents were asked to give their assessment by choosing from a 4-point Likert scale ranging from "Not Important at All" = 1 to "Very Important" = 4. In order to allow comparisons to be made the following Likert scale was developed: "Not Important at All" = 1, "Of Little Importance" = 2, "Important" = 3, and "Very Important" = 4.

Highlights

- Overall respondents indicated that having control over the frequency of overnight calls (score of 3.41) and weekend duties (3.39) were most important, followed by predictable start and end time each workday (3.25) and length of each workday (3.25).

Table 4.1. Mean Likert Scores for Importance of Control Over Certain Job Characteristics by Specialty (for 2017 Respondents Who Had Searched for a Job)

Specialty	Predictable start and end time each day	Length of each workday	Frequency of overnight calls	Frequency of weekend duties
Primary Care	3.28	3.26	3.44	3.35
Family Medicine	3.41	3.29	3.51	3.52
General Internal Medicine	3.24	3.23	3.45	3.29
General Pediatrics	3.26	3.28	3.32	3.28
Obstetrics/Gynecology	3.09	3.10	3.46	3.47
Medicine Subspecialties	3.34	3.33	3.48	3.46
Cardiology	3.36	3.31	3.36	3.39
Gastroenterology	3.25	3.26	3.30	3.37
Geriatrics	3.60	3.53	3.53	3.47
Hematology/Oncology	2.89	2.79	3.26	3.16
Nephrology	3.42	3.38	3.67	3.58
Pulmonary Disease	3.10	3.19	3.43	3.29
General Surgery	2.58	2.46	2.96	3.08
Surgical Subspecialties	3.02	3.01	3.18	3.22
Ophthalmology	3.40	3.30	3.30	3.30
Orthopedics	3.18	3.08	3.21	3.24
Otolaryngology	3.14	3.14	3.29	3.29
Urology	3.00	2.90	3.10	3.30
Facility Based	3.28	3.27	3.49	3.50
Anesthesiology	3.24	3.21	3.46	3.54
Pathology	3.05	3.26	3.32	3.21
Radiology	3.31	3.31	3.49	3.46
Psychiatry	3.42	3.45	3.73	3.71
Adult Psychiatry	3.30	3.33	3.70	3.72
Child and Adolescent Psych	3.63	3.67	3.78	3.68
Other	3.25	3.30	3.31	3.30
Dermatology	3.43	3.39	3.61	3.48
Emergency Medicine	3.25	3.37	3.14	3.02
Neurology	3.21	3.21	3.36	3.29
Pediatric Subspecialties	3.03	3.13	3.28	3.36
Physical Medicine and Rehab	3.48	3.33	3.59	3.70
All Specialties, 2017 (2016)	3.25 (3.26)	3.25 (3.17)	3.41 (3.36)	3.39 (3.34)

4.2 Percentage Having Difficulty Finding a Satisfactory Practice Position

Figure 4.1 shows the percent of respondents who reported difficulty finding a satisfactory practice position. As noted above, this table summarizes the responses for the 2017 survey, the aggregated total of responses for 2016 and 2017, and the aggregated responses for the last 4 years of the survey.

Highlights

- Twenty percent (20%) of respondents reported difficulty finding a satisfactory position in 2017.
- The most often cited reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (30%), followed by lack of jobs in desired practice setting (16%), and an overall lack of jobs (15%).
- The specialties with the highest percentage of respondents having difficulty finding a satisfactory practice position in 2017 were: pathology (50%), nephrology (41%), and cardiology (39%).
- The specialties with the lowest percentage of respondents having difficulty finding a satisfactory practice position in 2017 were: otolaryngology (0%), child and adolescent psychiatry (7%), geriatrics (8%), and anesthesiology (9%).
- The specialties with the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 2 years of the survey (2016 and 2017 aggregated) were: pathology (53%), nephrology (51%), and cardiology (40%).
- The specialties with the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 4 years of the survey were: pathology (61%), nephrology (46%), and radiology (46%).

Figure 4.1 presents 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 greater difficulty due to their visa status compared to USMGs and IMG citizens and permanent residents.

Figure 4.1. Percentage 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 2017 Respondents Who Had Searched for a Job)

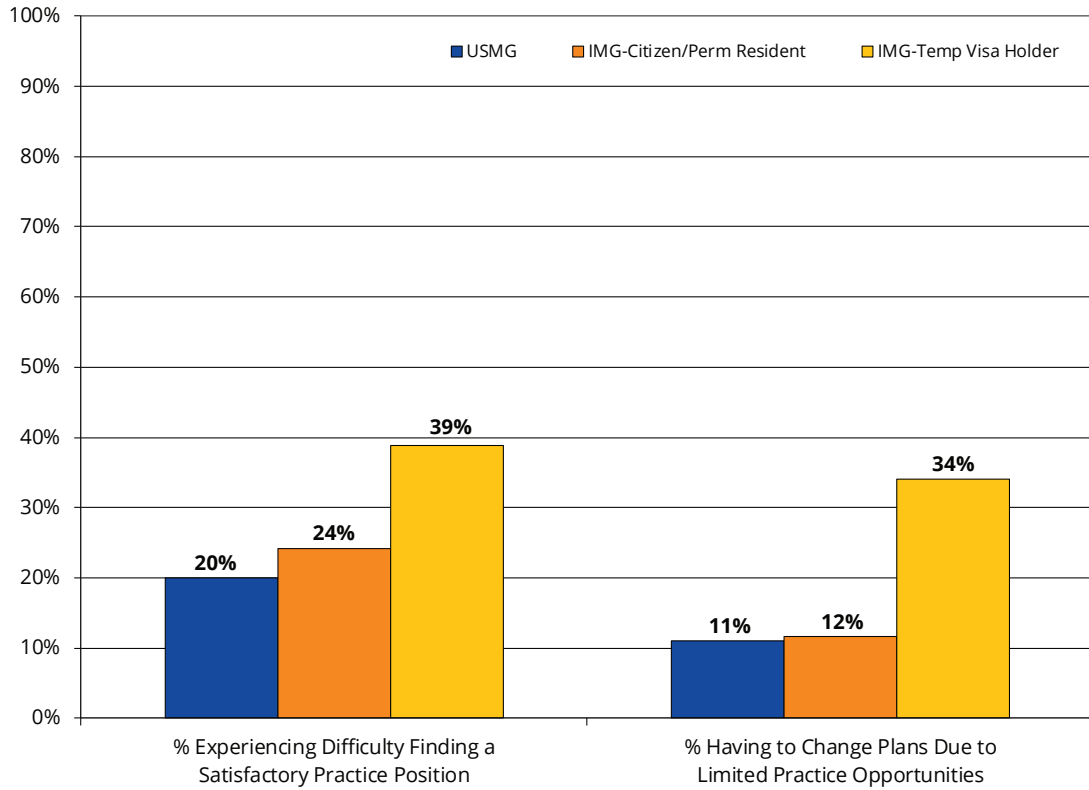


Figure 4.2. Main Reason for Difficulty Finding a Satisfactory Practice Position (for 2017 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

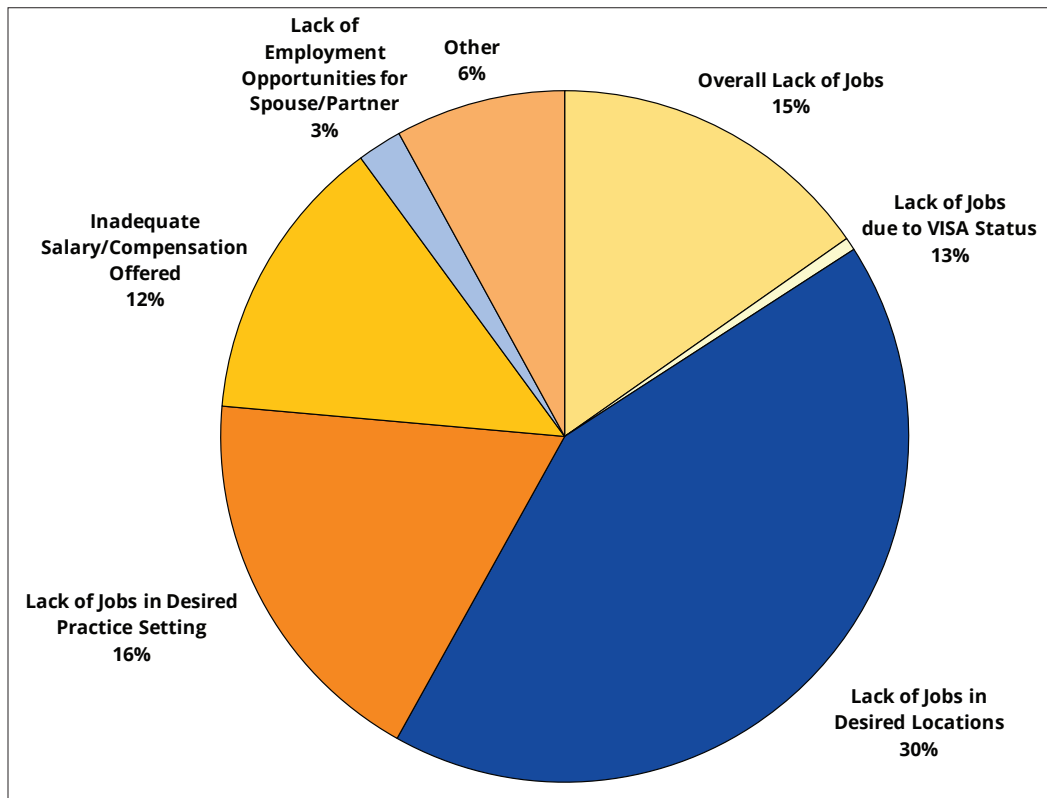


Figure 4.3. Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

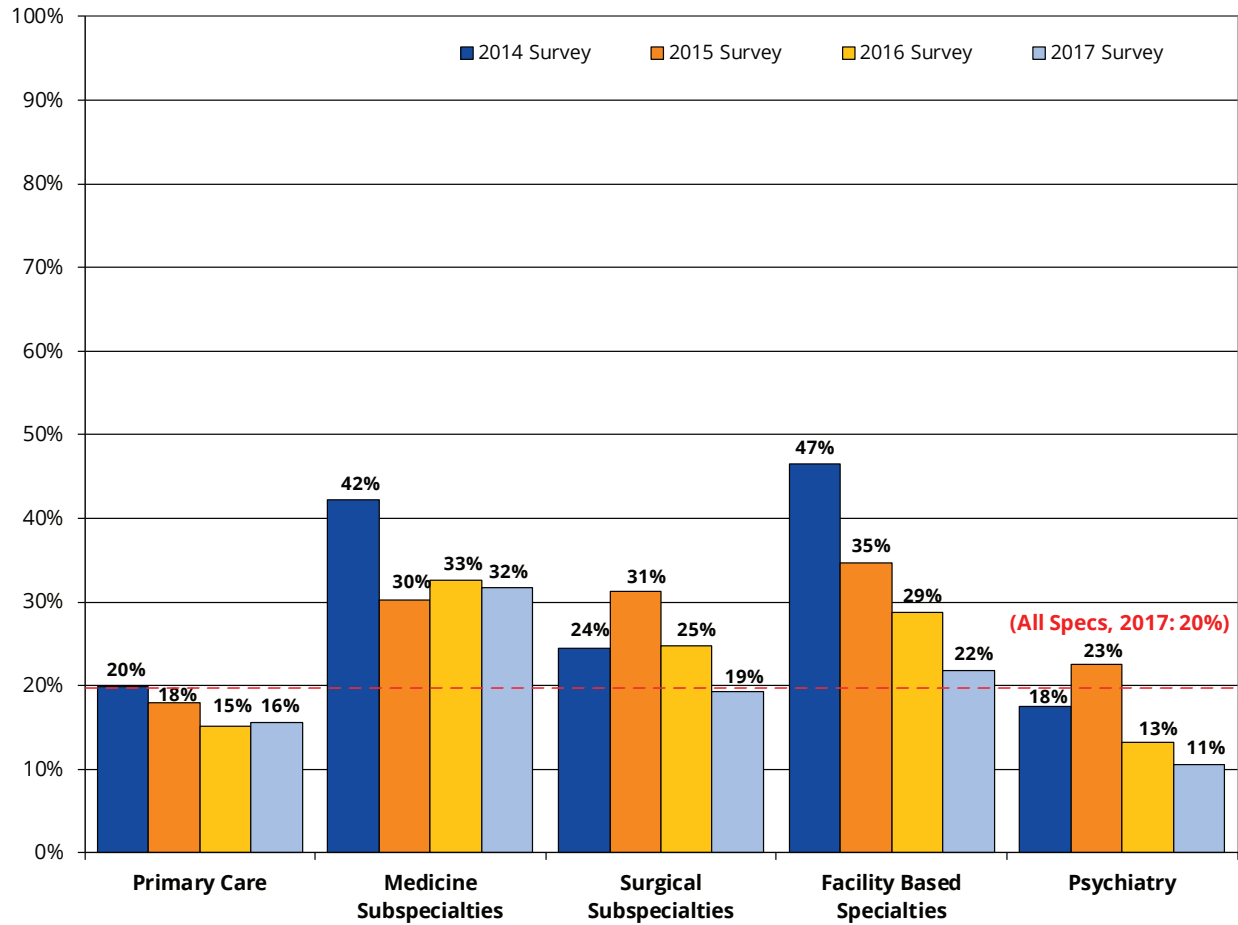


Figure 4.4. Rank of Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty (for 2017 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

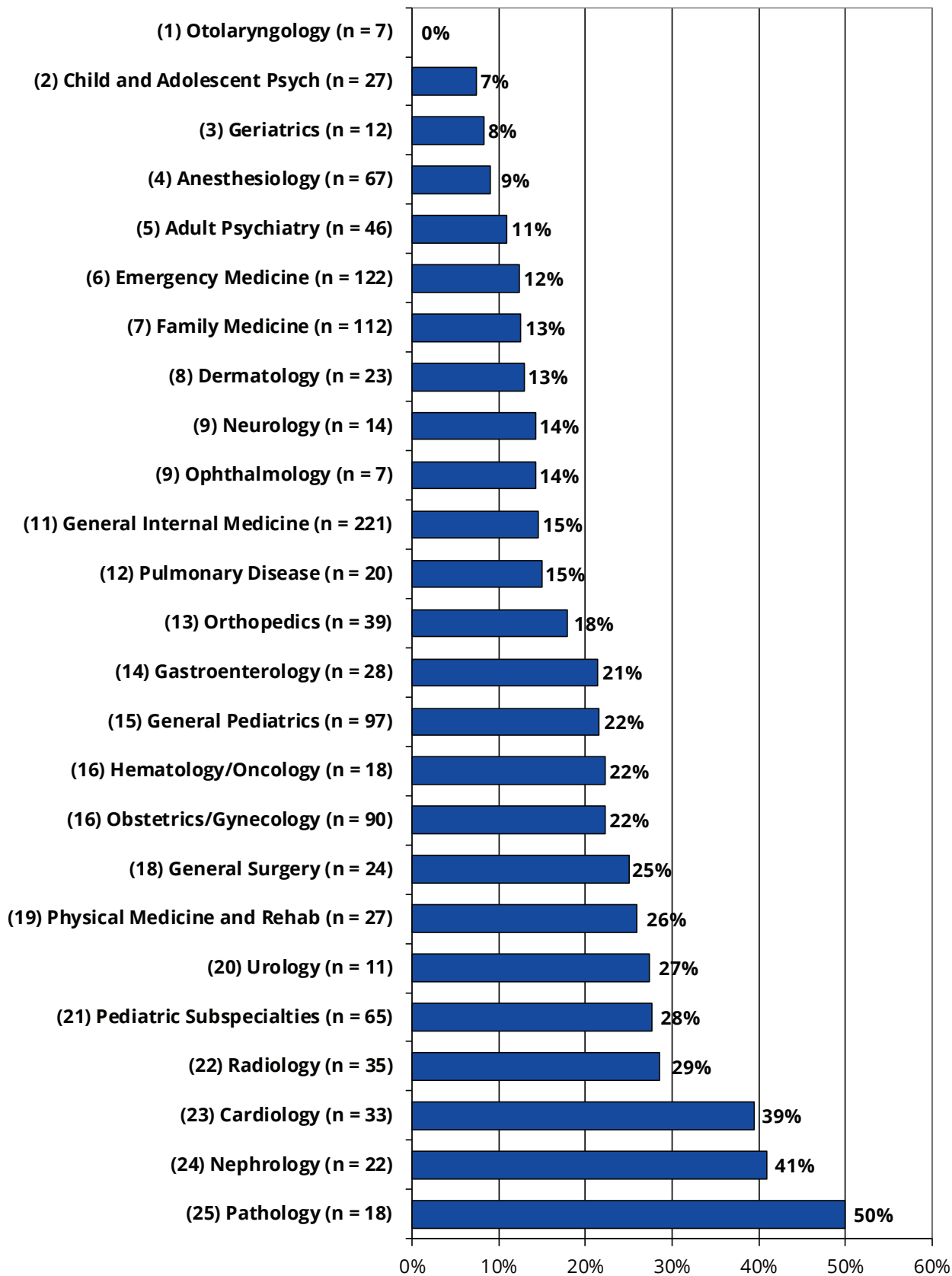


Table 4.2. Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)^a

Specialty	2017 Respondents	RANK (of 25)	Aggregated Respondents: 2016 and 2017	RANK (of 25)	Aggregated Respondents: 2014 - 2017	RANK (of 25)
Primary Care	16%	N/A	15%	N/A	17%	N/A
Family Medicine	13%	7	16%	9	17%	4
General Internal Medicine	15%	11	13%	6	17%	5
General Pediatrics	22%	15	22%	13	20%	10
Obstetrics/Gynecology	22%	16	23%	14	24%	14
Medicine Subspecialties	32%	N/A	32%	N/A	34%	N/A
Cardiology	39%	23	40%	23	35%	20
Gastroenterology	21%	14	27%	18	28%	18
Geriatrics	8%	3	26%	16	28%	17
Hematology/Oncology	22%	16	28%	19	37%	21
Nephrology	41%	24	51%	24	46%	23
Pulmonary Disease	15%	12	16%	8	27%	16
General Surgery	25%	18	26%	15	21%	11
Surgical Subspecialties	19%	N/A	22%	N/A	24%	N/A
Ophthalmology	14%	9	7%	1	17%	5
Orthopedics	18%	13	26%	17	27%	15
Otolaryngology	0%	1	9%	2	19%	9
Urology	27%	20	17%	10	21%	12
Facility Based	22%	N/A	25%	N/A	33%	N/A
Anesthesiology	9%	4	12%	5	18%	7
Pathology	50%	25	53%	25	61%	25
Radiology	29%	22	30%	20	46%	24
Psychiatry	11%	N/A	12%	N/A	16%	N/A
Adult Psychiatry	11%	5	9%	2	12%	2
Child and Adolescent Psych	7%	2	17%	10	22%	13
Other	20%	N/A	22%	N/A	23%	N/A
Dermatology	13%	8	14%	7	16%	3
Emergency Medicine	12%	6	11%	4	9%	1
Neurology	14%	9	17%	10	19%	8
Pediatric Subspecialties	28%	21	36%	22	35%	19
Physical Medicine and Rehab	26%	19	32%	21	42%	22
Total (All Specialties)	20%	N/A	21%	N/A	24%	N/A

^a This section refers to the job market experiences and perceptions of US citizens and permanent residents who had actively searched for a practice position.

4.3 Percentage Having to Change Plans Due to Limited Practice Opportunities

Table 4.3 displays the percentage of respondents who had to change their plans due to limited practice opportunities. The 3 columns in this table are analogous to those presented in Table 4.2.

Highlights

- Eleven percent (11%) of respondents reported having to change their plans due to limited practice opportunities in 2017.
- The specialties with the highest percentage of respondents who had to change plans due to limited practice opportunities in 2017 were: pathology (37%), nephrology (36%), and cardiology (27%).
- The specialties with the lowest percentage of respondents who had to change plans due to limited practice opportunities in 2017 were: child and adolescent psychiatry (0%), geriatrics (0%), otolaryngology (0%), and urology (0%).
- The specialties with the highest percentage of respondents who had to change their plans due to limited practice opportunities over the last 2 years (aggregated results from the 2016 and 2017 surveys) were: nephrology (44%), pathology (30%), cardiology (27%), and pediatric subspecialties (27%).
- The specialties with the lowest percentage of respondents who had to change their plans due to limited practice opportunities over the last 2 years (aggregated results from the 2016 and 2017 surveys) were: otolaryngology (0%), emergency medicine (4%), and family medicine (4%).
- The specialties with the highest percentage of respondents who had to change plans over the last 4 years of the survey were: nephrology (39%), pathology (37%), and radiology (31%).
- The specialties with the lowest percentage of respondents who had to change plans over the last 4 years of the survey were: emergency medicine (3%), otolaryngology (4%), and adult psychiatry (5%).

Figure 4.5. Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

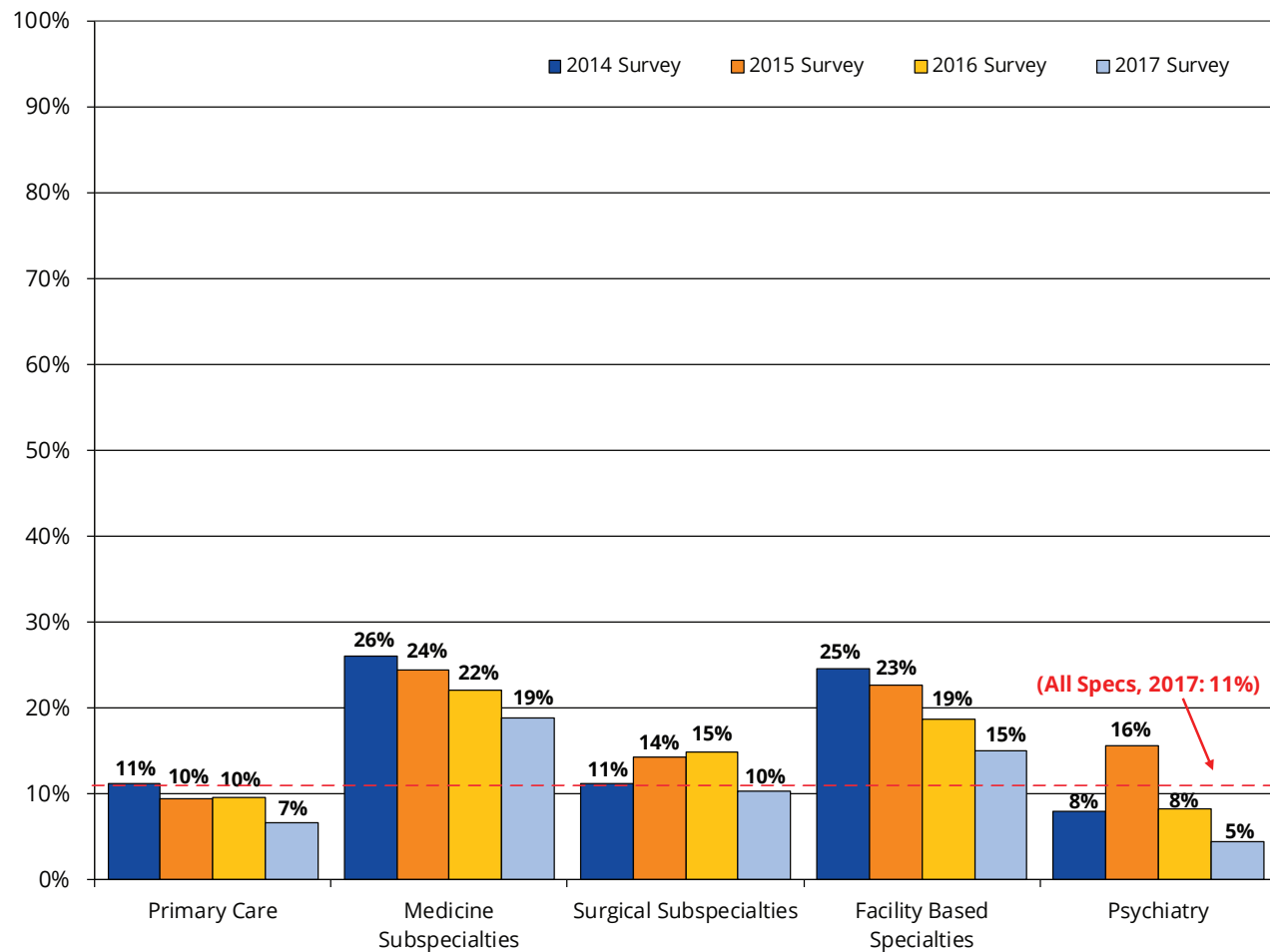


Figure 4.6. Rank of Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty (for 2017 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

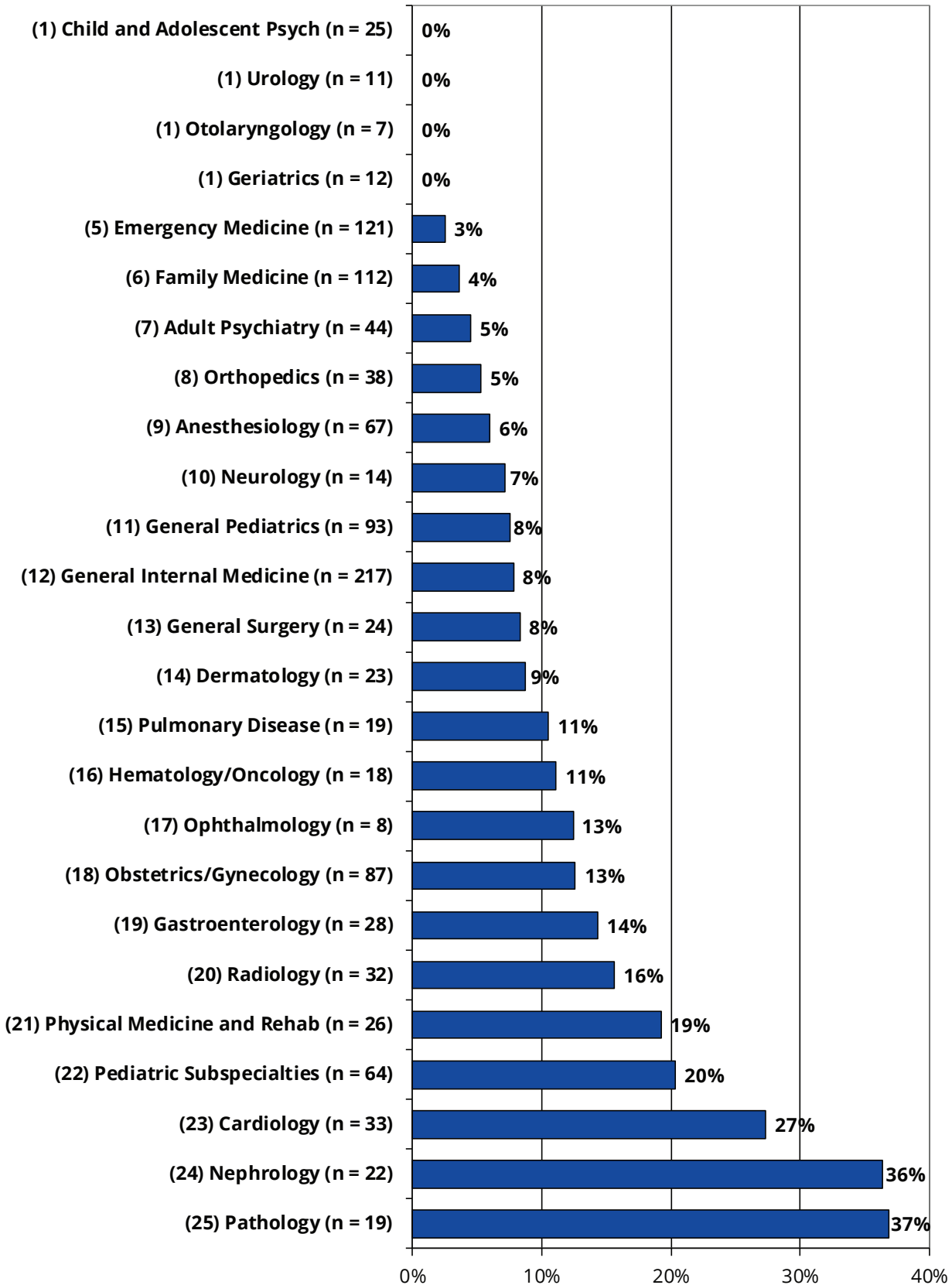


Table 4.3. Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2017 Respondents	RANK (of 25)	Aggregated Respondents: 2016 and 2017	RANK (of 25)	Aggregated Respondents: 2014 - 2017	RANK (of 25)
Primary Care	7%	N/A	8%	N/A	9%	N/A
Family Medicine	4%	6	4%	3	7%	4
General Internal Medicine	8%	12	8%	6	10%	8
General Pediatrics	8%	11	10%	10	9%	7
Obstetrics/Gynecology	13%	18	14%	16	15%	13
Medicine Subspecialties	19%	N/A	20%	N/A	23%	N/A
Cardiology	27%	23	27%	23	26%	22
Gastroenterology	14%	19	16%	19	20%	19
Geriatrics	0%	1	15%	18	17%	15
Hematology/Oncology	11%	16	9%	7	18%	16
Nephrology	36%	24	44%	25	39%	25
Pulmonary Disease	11%	15	10%	11	19%	17
General Surgery	8%	13	14%	17	20%	18
Surgical Subspecialties	10%	N/A	12%	N/A	13%	N/A
Ophthalmology	13%	17	13%	15	13%	11
Orthopedics	5%	8	11%	14	12%	9
Otolaryngology	0%	1	0%	1	4%	2
Urology	0%	1	10%	8	15%	14
Facility Based	15%	N/A	17%	N/A	20%	N/A
Anesthesiology	6%	9	10%	8	12%	10
Pathology	37%	25	30%	24	37%	24
Radiology	16%	20	21%	21	31%	23
Psychiatry	5%	N/A	7%	N/A	9%	N/A
Adult Psychiatry	5%	7	4%	4	5%	3
Child and Adolescent Psych	0%	1	8%	5	14%	12
Other	11%	N/A	14%	N/A	14%	N/A
Dermatology	9%	14	10%	12	9%	6
Emergency Medicine	3%	5	4%	2	3%	1
Neurology	7%	10	10%	12	7%	5
Pediatric Subspecialties	20%	22	27%	22	24%	20
Physical Medicine and Rehab	19%	21	17%	20	24%	20
Total (All Specialties)	11%	N/A	13%	N/A	14%	N/A

4.4 Number of Job Offers

Table 4.4 shows the mean number of offers for employment/practice opportunities (ie, job offers) received by respondents. This indicator, like starting income, is a robust measure of demand as it represents an objective number, and is less subject to the bias of respondents' expectations than the other indicators such as difficulty finding a practice opportunity or the respondents' assessment of the job market in a specialty. Job offers, along with starting income trends, are double-weighted in the composite measure of demand presented later in the section of the report.

Highlights

- The average number of job offers received by respondents in 2017 was 3.60.
- Respondents in the following specialties received the most job offers in 2017: dermatology (5.68), adult psychiatry (5.21), and pulmonary disease (4.89).
- Respondents in the following specialties received the fewest job offers: pathology (1.47), ophthalmology (1.75), and orthopedics (2.13).
- The following specialties experienced the greatest annual increases in job offers received over the past 4 years (2014-2017): urology (+29%), ophthalmology (+23%), and otolaryngology (+20%).
- The following specialties experienced the greatest annual declines in job offers received over the past 4 years (2014-2017): orthopedics (-14%), physical medicine and rehabilitation (-7%), and general pediatrics (-7%).

Figure 4.7. Mean Number of Job Offers Received by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

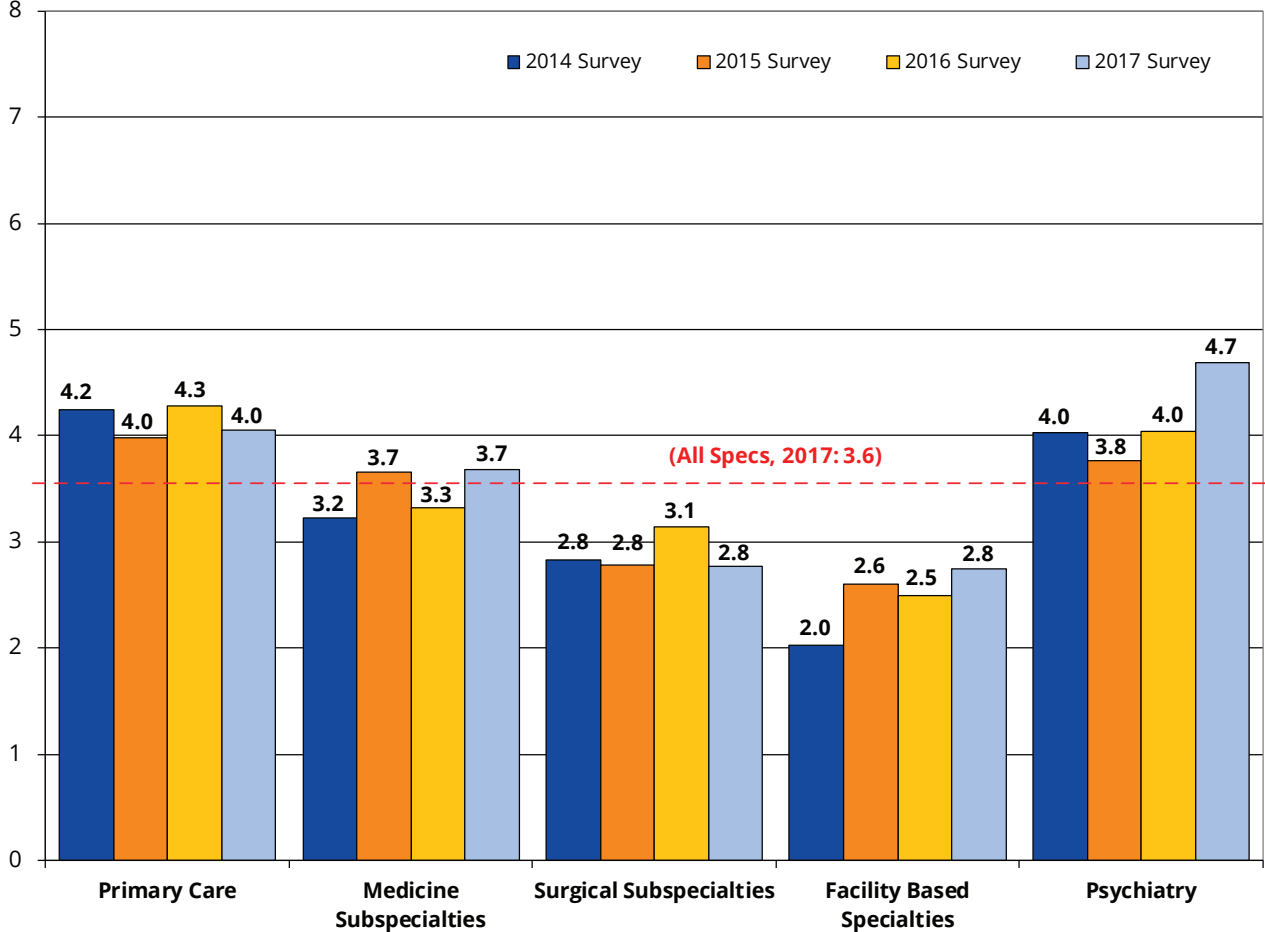


Figure 4.8. Rank of Mean Number of Job Offers Received by Specialty (for 2017 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

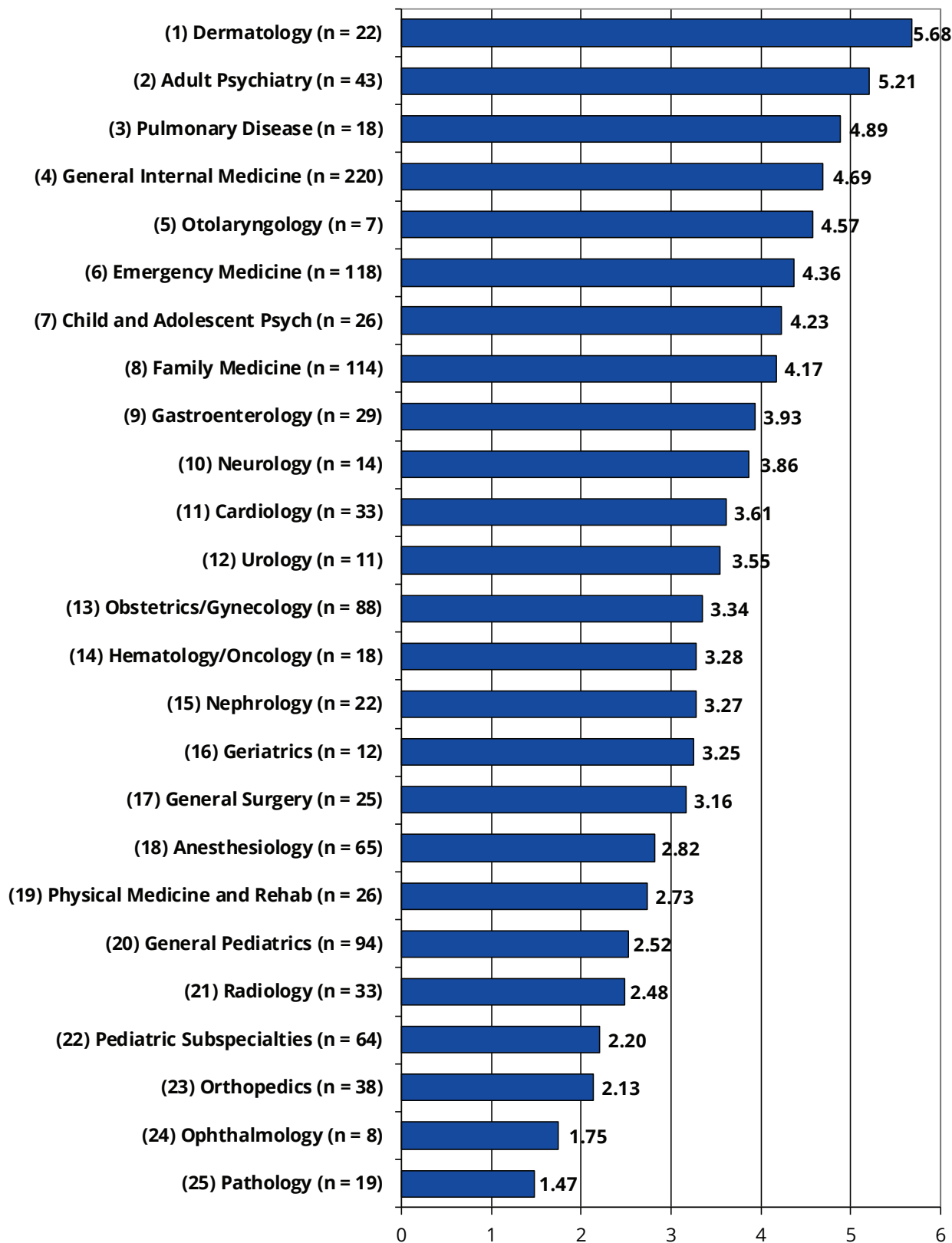


Table 4.4. Mean Number of Offers of Employment/Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2017 Respondents	RANK (of 25)	Aggregated Respondents: 2016 and 2017	RANK (of 25)	Trend (Average Annual Change: 2014 to 2017)	RANK (of 25)
Primary Care	4.05	N/A	4.16	N/A	-1%	N/A
Family Medicine	4.17	8	4.44	3	-3%	22
General Internal Medicine	4.69	4	4.66	2	2%	16
General Pediatrics	2.52	20	2.65	21	-7%	23
Obstetrics/Gynecology	3.34	13	3.47	14	2%	13
Medicine Subspecialties	3.68	N/A	3.49	N/A	4%	N/A
Cardiology	3.61	11	3.72	13	4%	11
Gastroenterology	3.93	9	3.84	10	5%	10
Geriatrics	3.25	16	4.00	9	1%	17
Hematology/Oncology	3.28	14	3.22	15	0%	19
Nephrology	3.27	15	2.92	17	2%	15
Pulmonary Disease	4.89	3	3.75	12	13%	6
General Surgery	3.16	17	2.95	16	2%	14
Surgical Subspecialties	2.77	N/A	2.95	N/A	-4%	N/A
Ophthalmology	1.75	24	2.00	24	23%	2
Orthopedics	2.13	23	2.67	20	-14%	25
Otolaryngology	4.57	5	4.27	6	20%	3
Urology	3.55	12	4.14	8	29%	1
Facility Based	2.75	N/A	2.63	N/A	9%	N/A
Anesthesiology	2.82	18	2.72	18	6%	9
Pathology	1.47	25	1.66	25	0%	20
Radiology	2.48	21	2.34	23	11%	8
Psychiatry	4.69	N/A	4.34	N/A	8%	N/A
Adult Psychiatry	5.21	2	4.40	4	11%	7
Child and Adolescent Psych	4.23	7	4.29	5	-1%	21
Other	3.52	N/A	3.48	N/A	3%	N/A
Dermatology	5.68	1	5.41	1	16%	4
Emergency Medicine	4.36	6	4.15	7	3%	12
Neurology	3.86	10	3.76	11	14%	5
Pediatric Subspecialties	2.20	22	2.35	22	1%	18
Physical Medicine and Rehab	2.73	19	2.70	19	-7%	24
Total (All Specialties)	3.60	N/A	3.60	N/A	2%	N/A

4.5 Perceptions of the Regional Job Market

Table 4.5 presents respondents' perceptions of the job market for their specialty within 50 miles of the site at which they trained (ie, the regional job market). Respondents were asked to give their assessment of the regional job market by choosing from a 5-point scale. In order to make comparisons across specialties and across surveys, the following scoring scheme 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 score for each respondent by the proportion of responses in that category.

Highlights

- Overall, respondents assessed the regional job market positively, with an average score in 2017 of +1.09.
- Respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.80), child and adolescent psychiatry (+1.70), and family medicine (+1.70).
- Respondents in the following specialties reported the least positive views of the regional job market: hematology/oncology (+0.11), radiology (+0.17), and nephrology (+0.19).
- Over the past 2 years (2016-2017), respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.74), family medicine (+1.66), and child and adolescent psychiatry (+1.59).
- Over the past 2 years (2016-2017), respondents in the following specialties reported the least positive views of the regional job market: pathology (+0.06), pediatric subspecialties (+0.10), and nephrology (+0.13).
- Over the past 4 years (2014-2017), respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.68), family medicine (+1.61), and emergency medicine (+1.54).
- Over the past 4 years (2014-2017), respondents in the following specialties reported the least positive views of the regional job market: pathology (-0.35), radiology (-0.05), and pediatric subspecialties (+0.01).

Figure 4.9. Perceptions of the Regional Job Market (for 2017 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

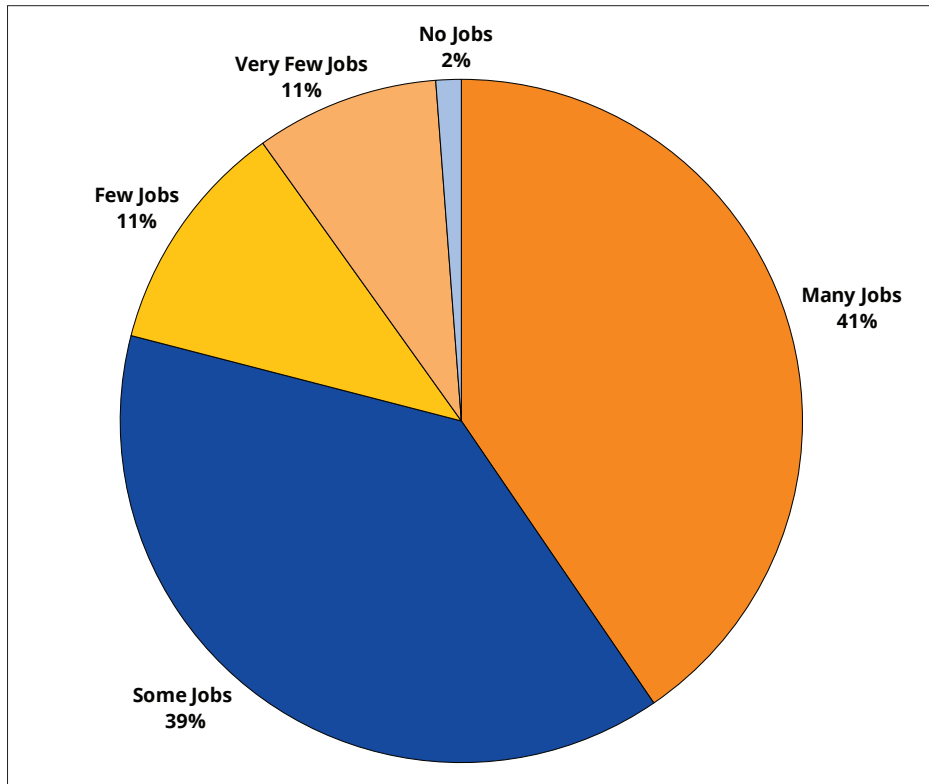


Figure 4.10. Mean Likert Scores for Perceptions of the Regional Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

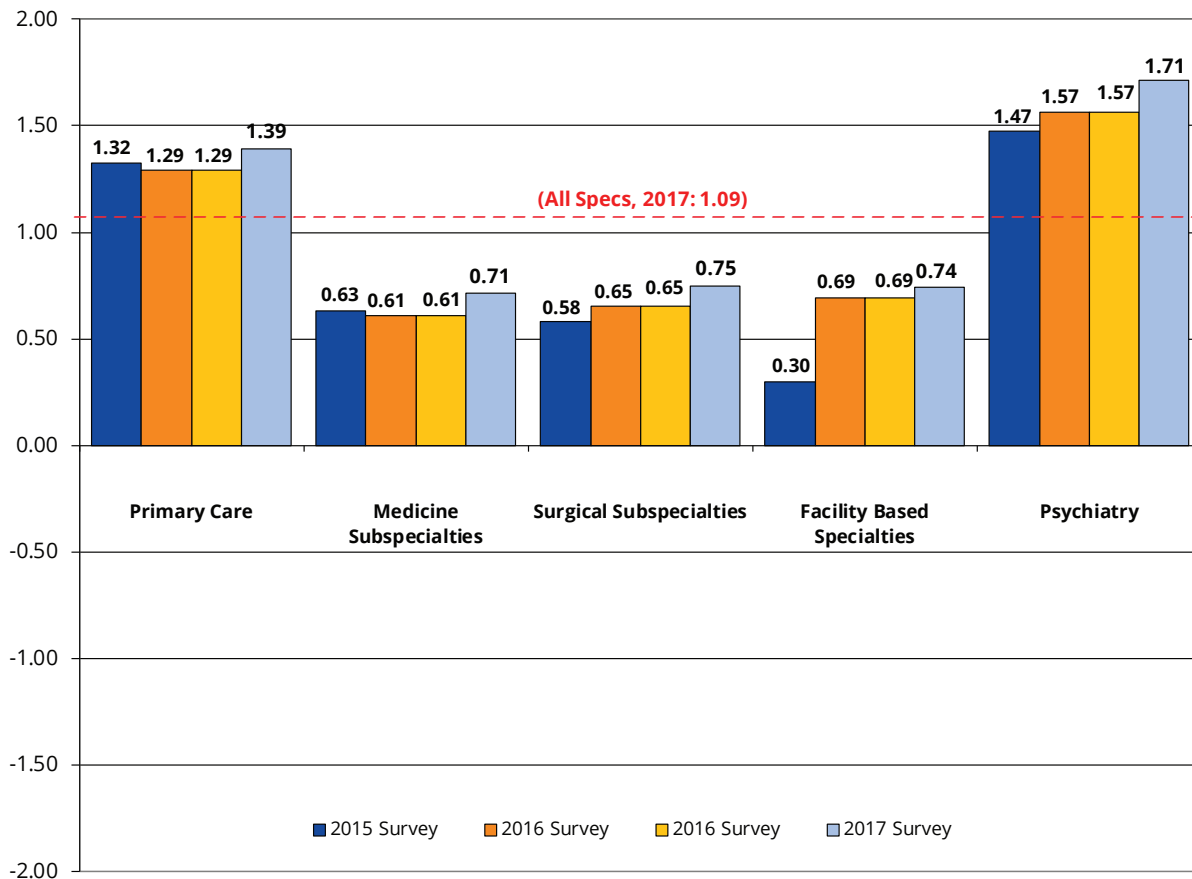


Figure 4.11. Rank of Likert Scores for Perceptions of the Regional Job Market by Specialty (for 2017 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

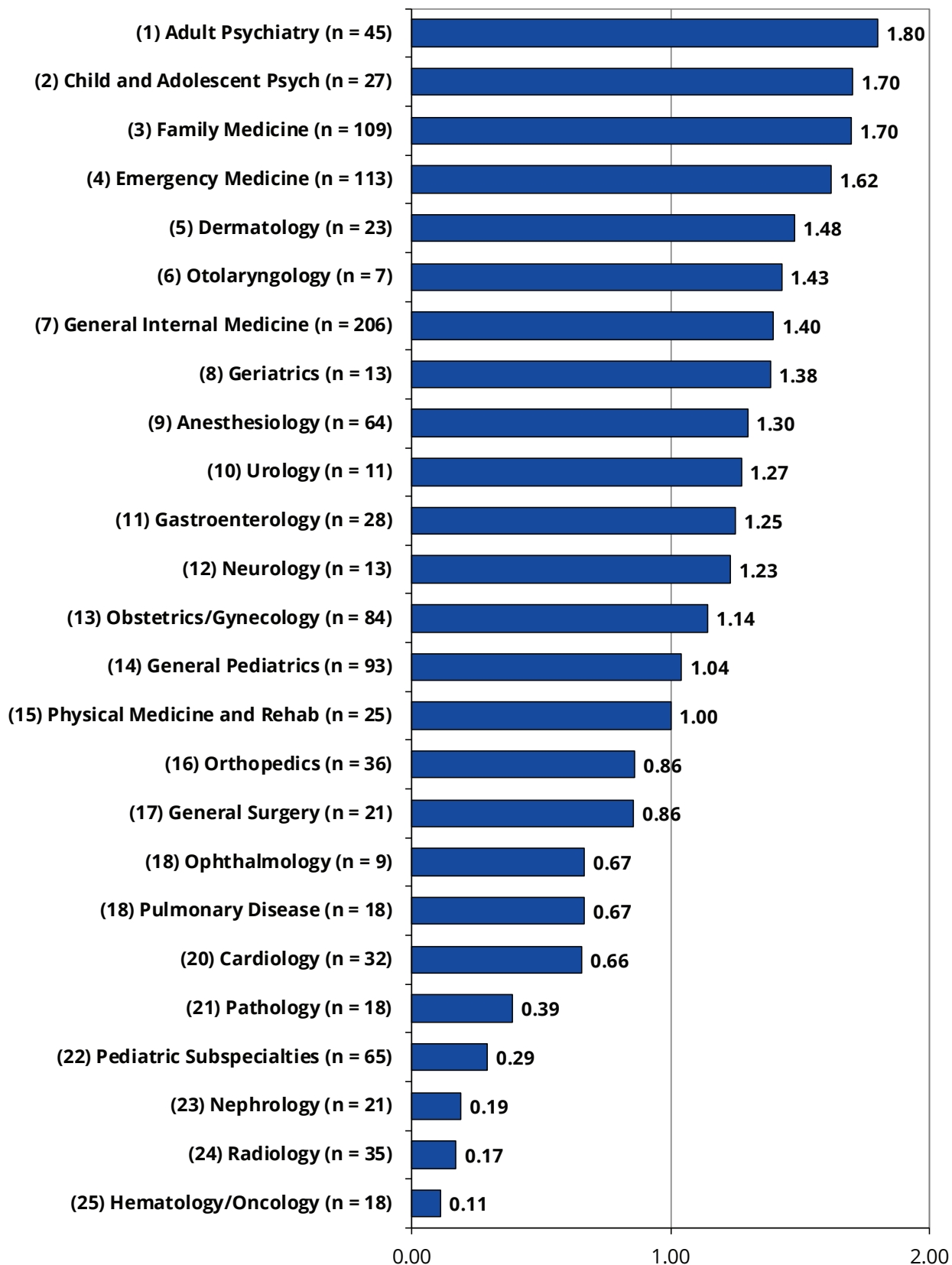


Table 4.5. Likert Scores for Perceptions of the Regional Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)^a

Specialty	2017 Respondents	RANK (of 25)	Aggregated Respondents: 2016 and 2017	RANK (of 25)	Aggregated Respondents: 2014 - 2017	RANK (of 25)
Primary Care	1.39	N/A	1.34	N/A	1.31	N/A
Family Medicine	1.70	3	1.66	2	1.61	2
General Internal Medicine	1.40	7	1.32	7	1.27	6
General Pediatrics	1.04	14	1.07	14	1.11	9
Obstetrics/Gynecology	1.14	13	1.10	13	1.13	8
Medicine Subspecialties	0.71	N/A	0.66	N/A	0.59	N/A
Cardiology	0.66	20	0.53	20	0.34	20
Gastroenterology	1.25	11	1.14	12	1.03	14
Geriatrics	1.38	8	1.30	8	1.09	10
Hematology/Oncology	0.11	25	0.38	21	0.32	22
Nephrology	0.19	23	0.13	23	0.33	21
Pulmonary Disease	0.67	18	0.56	19	0.55	19
General Surgery	0.86	17	0.68	17	0.59	17
Surgical Subspecialties	0.75	N/A	0.70	N/A	0.63	N/A
Ophthalmology	0.67	18	0.88	16	0.84	15
Orthopedics	0.86	16	0.65	18	0.59	18
Otolaryngology	1.43	6	1.45	6	1.08	11
Urology	1.27	10	1.29	9	1.05	12
Facility Based	0.74	N/A	0.72	N/A	0.45	N/A
Anesthesiology	1.30	9	1.26	11	1.05	13
Pathology	0.39	21	0.06	25	-0.35	25
Radiology	0.17	24	0.30	22	-0.05	24
Psychiatry	1.71	N/A	1.64	N/A	1.59	N/A
Adult Psychiatry	1.80	1	1.74	1	1.68	1
Child and Adolescent Psych	1.70	2	1.59	3	1.53	4
Other	1.06	N/A	0.98	N/A	0.94	N/A
Dermatology	1.48	5	1.50	5	1.42	5
Emergency Medicine	1.62	4	1.52	4	1.54	3
Neurology	1.23	12	1.26	10	1.21	7
Pediatric Subspecialties	0.29	22	0.10	24	0.01	23
Physical Medicine and Rehab	1.00	15	0.98	15	0.80	16
Total (All Specialties)	1.09	N/A	1.03	N/A	0.97	N/A

^a Likert 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 4.6 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). 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 regional job market.

Highlights

- Overall, respondents had very positive perceptions of the national job market.
 - Seventy-two percent (72%) reported that there were “Many Jobs” in their specialty, and less than 3% reported that there were either “Very Few Jobs” (2%) or “No Jobs” (<1%).
- Respondents assessed the national job market (average score of +1.63) more positively than the regional job market (average score of +1.09).
- Respondents in the following specialties reported the most positive views of the national job market: otolaryngology (+2.00), emergency medicine (+1.97), and child and adolescent psychiatry (+1.96).
- Respondents in the following specialties reported the least positive views of the national job market: pathology (+0.95), nephrology (+1.00), and radiology (+1.06).
- Over the past 2 years (2016-2017), respondents in the following specialties reported the most positive views of the national job market: emergency medicine (+1.95), adult psychiatry (+1.94), and family medicine (+1.93).
- Over the past 2 years (2016-2017), respondents in the following specialties reported the least positive views of the national job market: pathology (+0.80), nephrology (+1.00), and radiology (+1.03).
- Over the past 4 years (2014-2017), respondents in the following specialties reported the most positive views of the national job market: adult psychiatry (+1.92), emergency medicine (+1.92), and family medicine (+1.91).
- Over the past 4 years (2014-2017), respondents in the following specialties reported the least positive views of the national job market: pathology (+0.37), radiology (+0.68), and nephrology (+0.97).

Figure 4.12. Perceptions of the National Job Market (for 2017 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

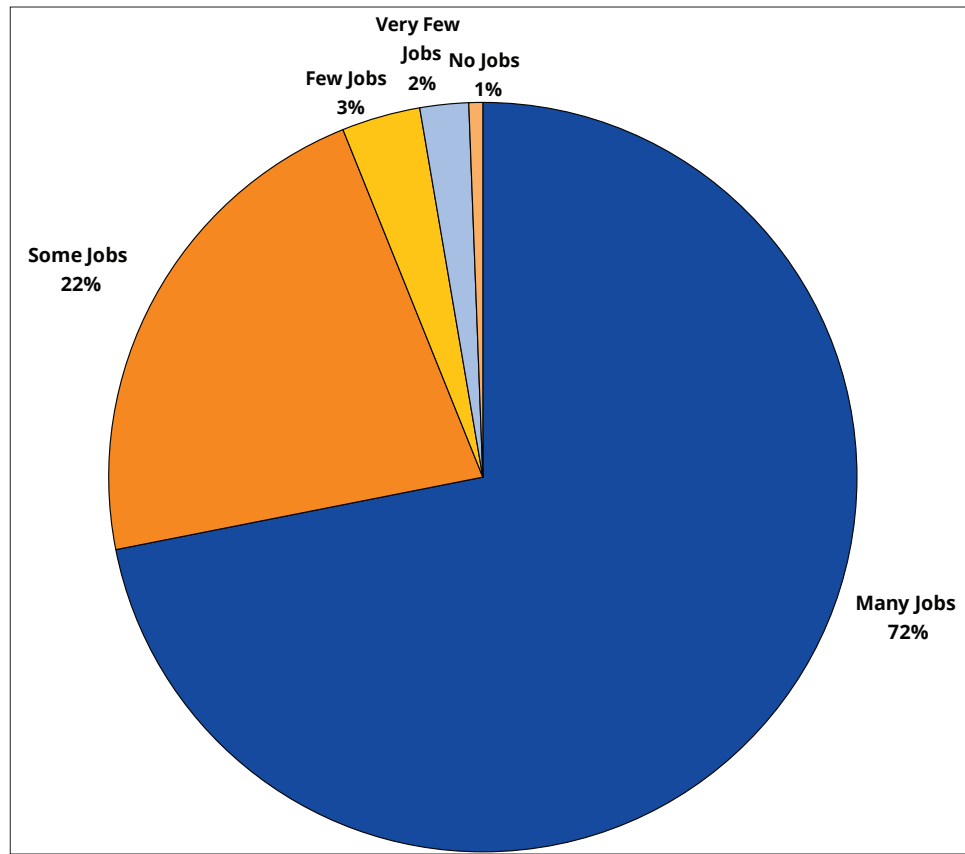


Figure 4.13. Mean Likert Scores for Perceptions of the National Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

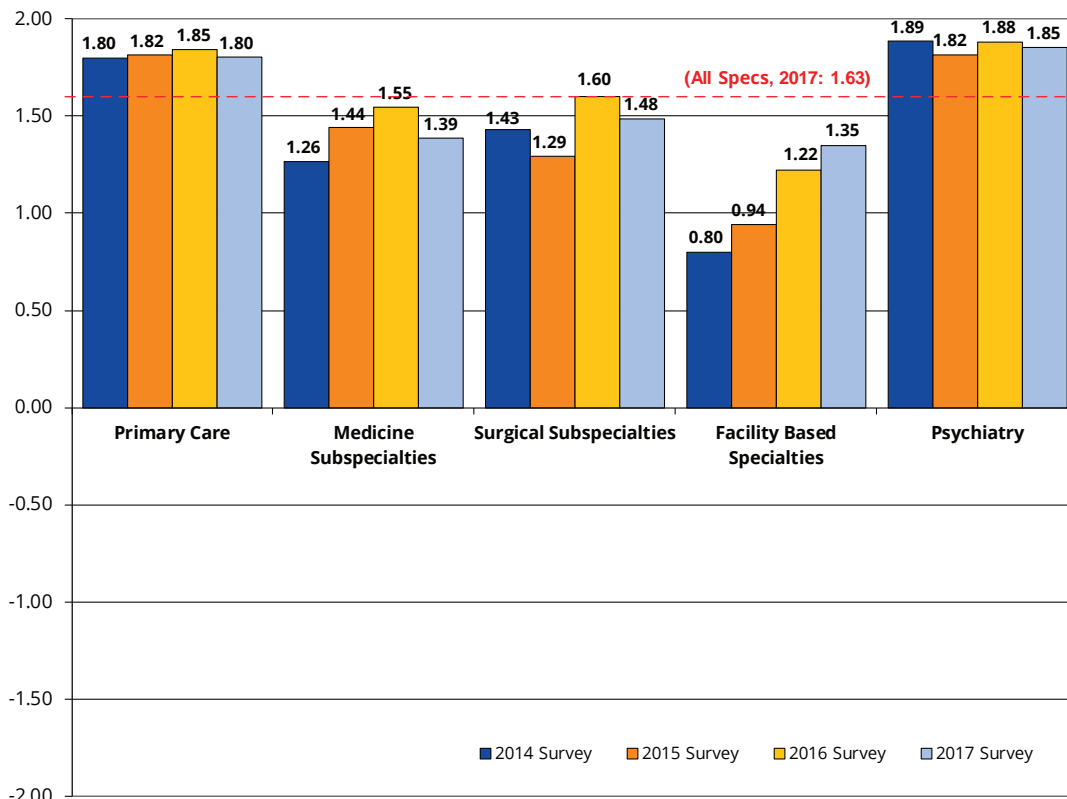


Figure 4.14. Rank of Likert Scores for Perceptions of the National Job Market by Specialty (for 2017 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

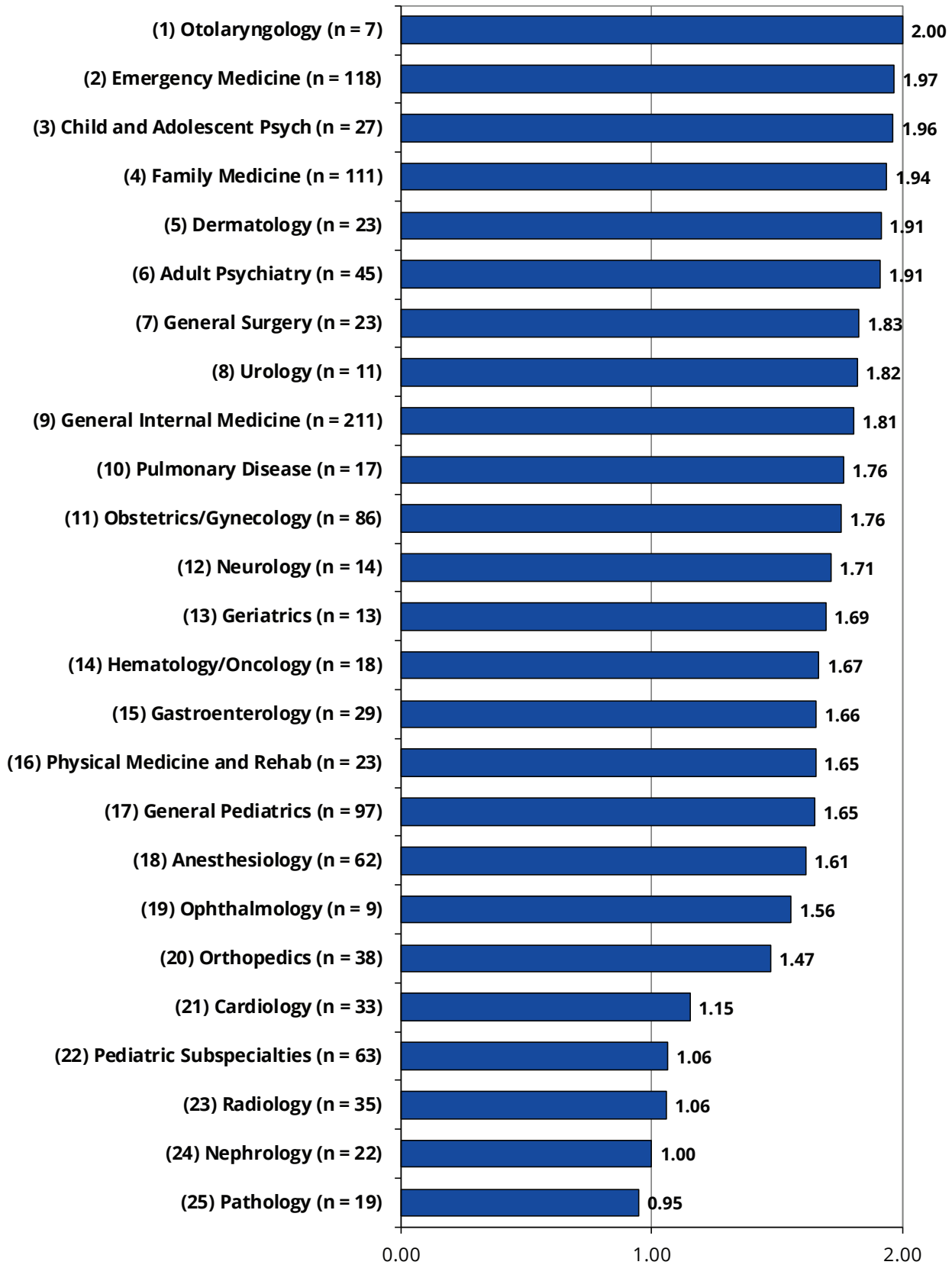


Table 4.6. Mean Likert Scores for Perceptions of the National Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)^a

Specialty	2017 Respondents	RANK (of 25)	Aggregated Respondents: 2016 and 2017	RANK (of 25)	Aggregated Respondents: 2014 - 2017	RANK (of 25)
Primary Care	1.80	N/A	1.82	N/A	1.82	N/A
Family Medicine	1.94	4	1.93	3	1.91	3
General Internal Medicine	1.81	9	1.86	6	1.85	6
General Pediatrics	1.65	17	1.65	18	1.64	15
Obstetrics/Gynecology	1.76	11	1.70	15	1.69	11
Medicine Subspecialties	1.39	N/A	1.47	N/A	1.42	N/A
Cardiology	1.15	21	1.20	21	1.05	22
Gastroenterology	1.66	15	1.71	14	1.66	14
Geriatrics	1.69	13	1.68	16	1.67	12
Hematology/Oncology	1.67	14	1.73	13	1.64	16
Nephrology	1.00	24	1.00	24	0.97	23
Pulmonary Disease	1.76	10	1.81	11	1.81	9
General Surgery	1.83	7	1.86	5	1.84	7
Surgical Subspecialties	1.48	N/A	1.54	N/A	1.46	N/A
Ophthalmology	1.56	19	1.76	12	1.67	12
Orthopedics	1.47	20	1.53	20	1.42	19
Otolaryngology	2.00	1	1.91	4	1.62	17
Urology	1.82	8	1.83	9	1.70	10
Facility Based	1.35	N/A	1.29	N/A	1.08	N/A
Anesthesiology	1.61	18	1.55	19	1.39	20
Pathology	0.95	25	0.80	25	0.37	25
Radiology	1.06	23	1.03	23	0.68	24
Psychiatry	1.85	N/A	1.87	N/A	1.86	N/A
Adult Psychiatry	1.91	6	1.94	2	1.92	1
Child and Adolescent Psych	1.96	3	1.85	7	1.87	5
Other	1.64	N/A	1.63	N/A	1.60	N/A
Dermatology	1.91	5	1.85	8	1.83	8
Emergency Medicine	1.97	2	1.95	1	1.92	2
Neurology	1.71	12	1.83	9	1.88	4
Pediatric Subspecialties	1.06	22	1.06	22	1.06	21
Physical Medicine and Rehab	1.65	16	1.66	17	1.56	18
Total (All Specialties)	1.63	N/A	1.64	N/A	1.59	N/A

^a Likert 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 4.7 presents median starting income levels for 2017 respondents, for all respondents from the last 2 surveys (2016 and 2017), and the average annual change (ie, trend) in median starting income from the last 4 surveys (2014-2017). 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 2017 respondents was \$240,600.
 - Median starting income in 2017 was 3% higher than in 2016.
 - The average annual increase in income for new physicians from 2014 to 2017 was 3%.
- Most specialties experienced moderate to strong growth in starting incomes from 2014 to 2017.
 - The following specialties experienced the largest annual increases in income between 2014 and 2017: pulmonary disease (10%), dermatology (9%), and neurology (9%).
 - The following specialties experienced the least growth in starting income during this time period: radiology (0%), urology (0%), and general surgery (1%).

Figure 4.15. Median Starting Income (in \$1,000s) by Specialty Group (for Respondents With Confirmed Practice Plans)

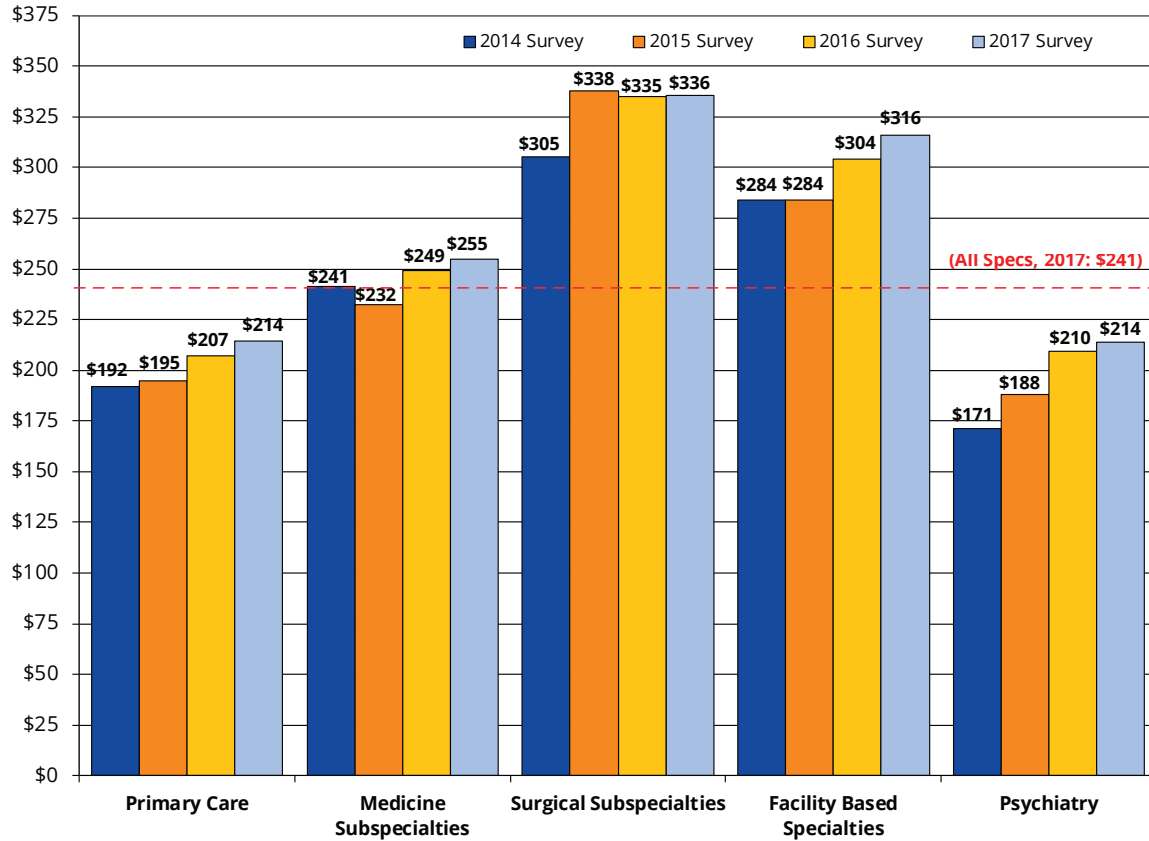


Figure 4.16. Trends in Median Starting Income (in \$1,000s) Among Primary Care and Non-Primary Care Physicians (for Respondents With Confirmed Practice Plans)

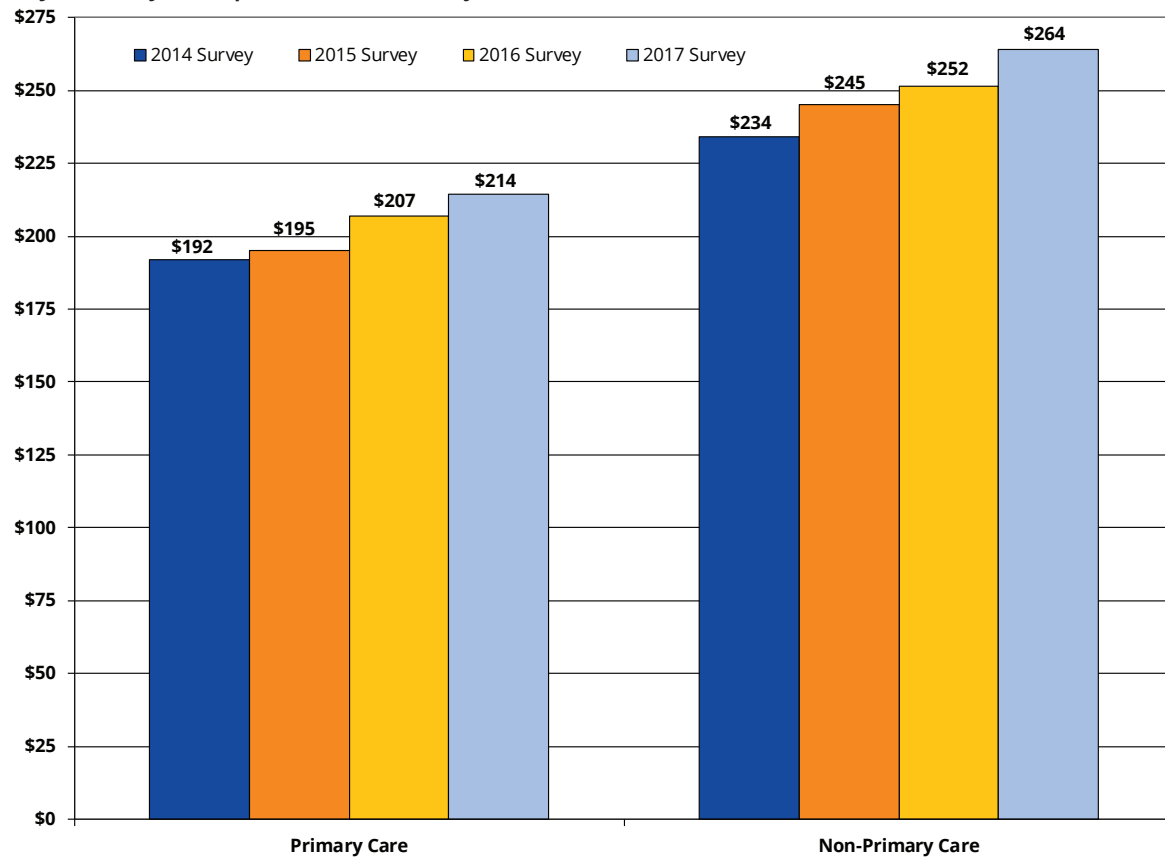


Figure 4.17. Rank of Average Percent Change in Median Starting Income (from 2014 to 2017) by Specialty (for Respondents With Confirmed Practice Plans)

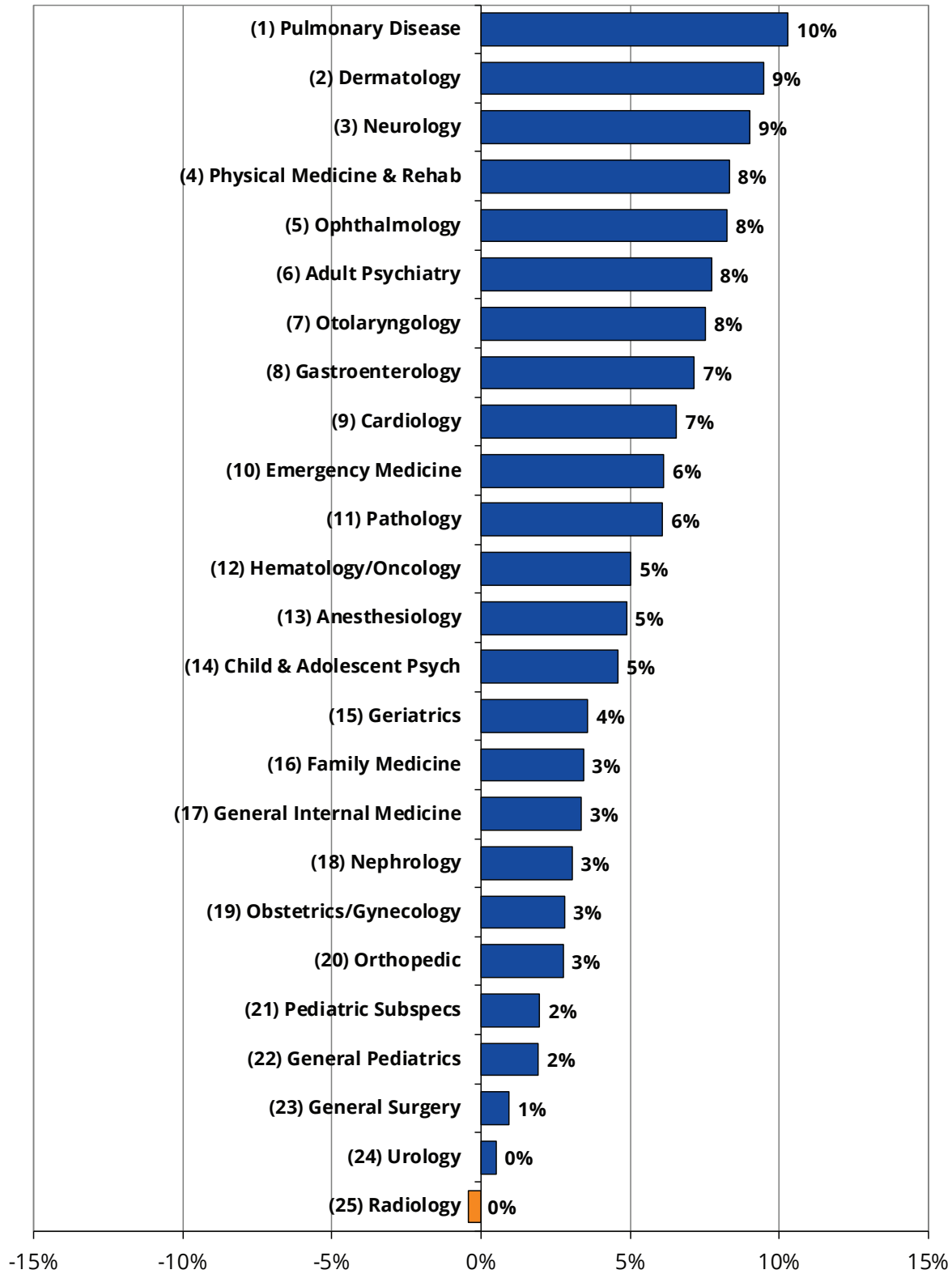


Table 4.7. Median Expected Starting Income by Specialty (for Respondents With Confirmed Practice Plans)

Specialty	2017 Respondents	RANK (of 25)	Aggregated Respondents: 2016 and 2017	RANK (of 25)	Trend (Average Annual Change: 2014 to 2017)	RANK (of 25)
Primary Care	\$214,400	N/A	\$211,800	N/A	3%	N/A
Family Medicine	\$212,700	20	\$213,200	18	3%	16
General Internal Medicine	\$230,600	16	\$226,500	15	3%	17
General Pediatrics	\$145,600	25	\$152,200	25	2%	22
Obstetrics/Gynecology	\$225,400	17	\$223,600	16	3%	19
Medicine Subspecialties	\$254,850	N/A	\$250,000	N/A	4%	N/A
Cardiology	\$316,300	6	\$302,750	7	7%	9
Gastroenterology	\$326,800	5	\$308,500	6	7%	8
Geriatrics	\$195,300	23	\$195,300	24	4%	15
Hematology/Oncology	\$302,000	11	\$280,050	10	5%	12
Nephrology	\$205,600	21	\$204,700	21	3%	18
Pulmonary Disease	\$335,600	3	\$292,350	9	10%	1
General Surgery	\$338,600	2	\$354,000	2	1%	23
Surgical Subspecialties	\$335,500	N/A	\$335,000	N/A	2%	N/A
Ophthalmology	\$219,500	19	\$211,950	19	8%	5
Orthopedics	\$375,600	1	\$366,550	1	3%	20
Otolaryngology	\$286,450	12	\$272,300	12	8%	7
Urology	\$313,600	8	\$331,100	3	0%	24
Facility Based	\$316,000	N/A	\$311,350	N/A	3%	N/A
Anesthesiology	\$333,750	4	\$319,900	4	5%	13
Pathology	\$220,500	18	\$199,000	22	6%	11
Radiology	\$314,500	7	\$315,100	5	0%	25
Psychiatry	\$214,100	N/A	\$211,400	N/A	4%	N/A
Adult Psychiatry	\$231,950	15	\$219,600	17	8%	6
Child and Adolescent Psych	\$203,800	22	\$211,950	19	5%	14
Other	\$248,400	N/A	\$244,900	N/A	4%	N/A
Dermatology	\$307,750	10	\$280,050	10	9%	2
Emergency Medicine	\$313,300	9	\$295,700	8	6%	10
Neurology	\$264,600	13	\$243,700	13	9%	3
Pediatric Subspecialties	\$186,700	24	\$197,400	23	2%	21
Physical Medicine and Rehab	\$245,450	14	\$233,300	14	8%	4
Total (All Specialties)	\$240,600	N/A	\$236,300	N/A	3%	N/A

4.8 Assessment of Relative Demand by Specialty

To measure the demand for new physicians, a composite score was computed by taking the median of the ranks on each of the demand indicators (ie, where each specialty stood relative to all 25 specialties) for each specialty with the observations from the most recent 4 years of the survey (2014-2017).

Observations from more recent years of the survey received greater weight than observations from previous years. That is, when calculating the demand score for 2017, data from 2017 were weighted by a factor of 0.40, data from 2016 were weighted by a factor of 0.30, data from 2015 were weighted by a factor of 0.20, and data from 2014 were weighted by a factor of 0.10.

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 in their specialty
- Respondents' views of the national job market in their specialty
- Trends in median starting income

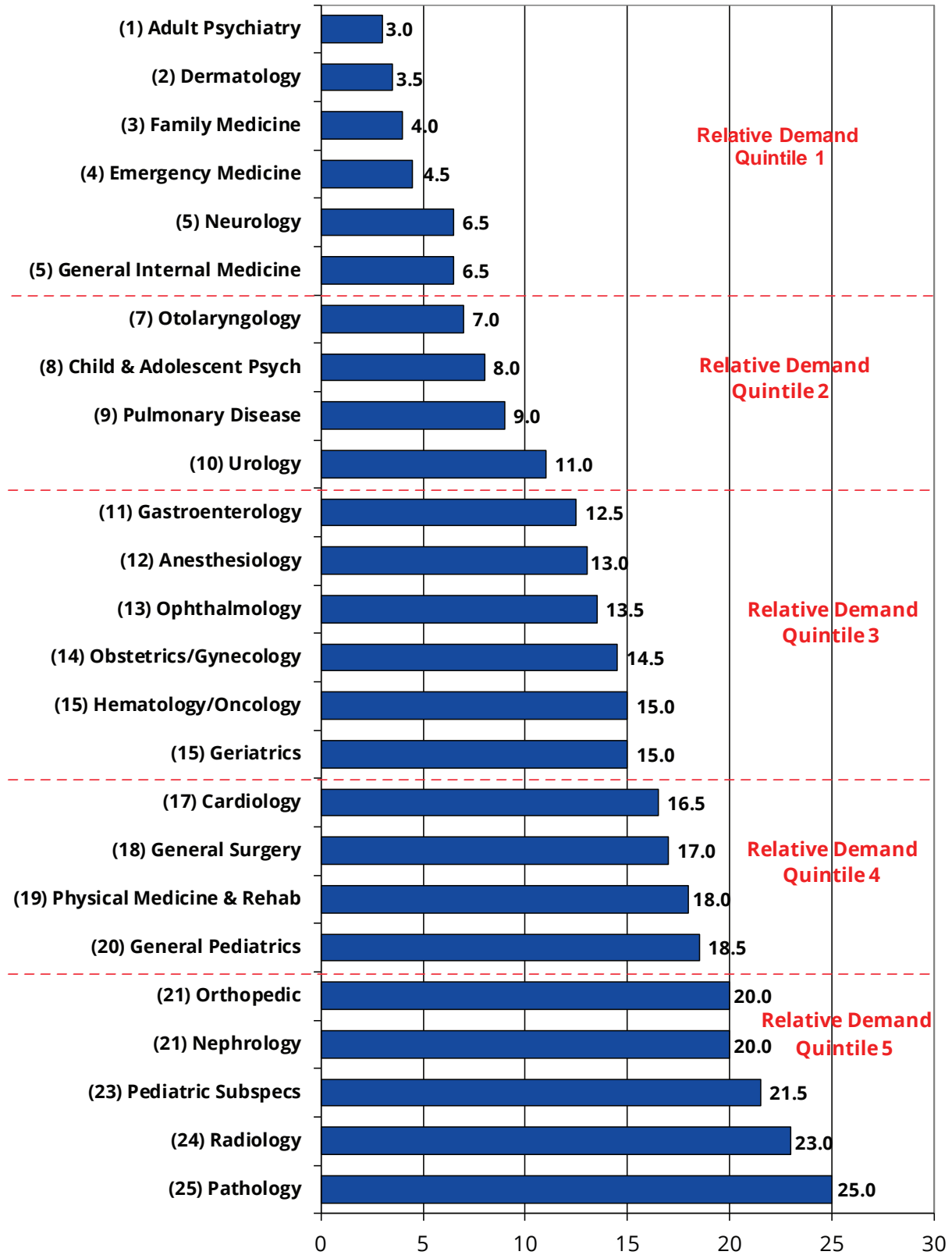
Each of these indicators is an imperfect measure of demand. However, combined, they provide a composite picture of relative demand by specialty. There is a high degree of correlation between the percent of respondents having difficulty and the percent of respondents having to change plans (ie, a respondent reporting difficulty was also 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 in their specialty. Due to the correlations between these two sets of indicators, the job offers and trends in starting income indicators were weighed more heavily in the computation of the composite measure of new physician demand.

Note that the composite measure does not reflect absolute demand for new physicians (ie, determine the appropriate number of physicians necessary to serve a given population). Instead, it reflects the demand for each specialty relative to other specialties. Figure 4.18 is a plot of the composite relative demand score for each specialty.

Highlights

- In 2017, adult psychiatry (average rank of 3.0 out of 25), dermatology (3.5), family medicine (4.0), and emergency medicine (4.5) experienced the strongest demand.
- The job market for pathology (25.0), radiology (23.0), pediatric subspecialties (21.5), nephrology (20.0), and orthopedics (20.0) was weak relative to other specialties.

Figure 4.18. Assessment of Current Relative Demand by Specialty, Median Rank of Demand Related Variables





Appendix A

Table A-1. 2017 Exit Survey Response Rates by Specialty^a and Region^{b,c}

Specialty	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Primary Care	290	202	70%	1,632	910	56%	1,917	1,112	58%
Family Medicine	88	65	74%	150	103	69%	238	168	71%
Internal Medicine-General	132	91	69%	1,088	580	53%	1,220	671	55%
Pediatrics-General	53	36	68%	379	222	59%	432	258	60%
IM & Peds (Combined)	17	10	59%	15	5	33%	27	15	56%
Obstetrics/Gynecology	36	32	89%	131	78	60%	167	110	66%
Internal Medicine Specialties	117	69	59%	654	352	54%	770	421	55%
Cardiology	40	11	28%	173	68	39%	213	79	37%
Gastroenterology	9	7	78%	60	37	62%	69	44	64%
Geriatrics	5	5	100%	58	29	50%	62	34	55%
Hematology/Oncology	11	7	64%	63	36	57%	74	43	58%
Nephrology	8	6	75%	59	38	64%	67	44	66%
Pulmonary Disease	11	9	82%	63	30	48%	74	39	53%
Other IM Specialties	33	24	73%	178	114	64%	211	138	65%
Critical Care Medicine	2	1	50%	34	13	38%	36	14	39%
Endocrinology & Metab.	12	10	83%	35	25	71%	47	35	74%
Infectious Disease	7	3	43%	46	24	52%	53	27	51%
Rheumatology	5	3	60%	25	14	56%	30	17	57%
Other IM Subspecialties	7	7	100%	38	38	100%	45	45	100%
Surgery (General)	30	22	73%	125	87	70%	155	109	70%
Surgery (Subspecialties)	86	52	60%	344	196	57%	428	248	58%
Ophthalmology	13	7	54%	62	31	50%	75	38	51%
Orthopedics	24	15	63%	138	74	54%	162	89	55%
Otolaryngology	9	7	78%	28	10	36%	37	17	46%
Urology	9	6	67%	29	20	69%	38	26	68%
Other Surgical Subspecs	31	17	55%	87	61	70%	116	78	67%
Neurosurgery	7	5	71%	14	7	50%	21	12	57%
Plastic Surgery	3	1	33%	20	6	30%	23	7	30%
Thoracic Surgery	2	1	50%	13	8	62%	15	9	60%
All Other Surg Subspecs	19	10	53%	40	40	100%	57	50	88%

Table A-1. 2017 Exit Survey Response Rates by Specialty^a and Region^{b,c} (Cont.)

Specialty	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Facility Based	123	79	64%	575	346	60%	697	425	61%
Anesthesiology-General	41	33	80%	160	134	84%	201	167	83%
Pain Management	9	9	100%	27	15	56%	35	24	69%
Other Anes Subspecs	8	5	63%	49	39	80%	57	44	77%
Pathology	25	16	64%	133	54	41%	158	70	44%
Pathology (General)	20	14	70%	66	27	41%	86	41	48%
Pathology Subspecialties	5	2	40%	67	27	40%	72	29	40%
Radiology	40	16	40%	206	104	50%	246	120	49%
Radiology (Diagnostic)	33	13	39%	178	91	51%	211	104	49%
Radiology (Therapeutic)	7	3	43%	20	10	50%	27	13	48%
Nuclear Medicine	0	0	N/A	8	3	38%	8	3	38%
Psychiatry	34	25	74%	300	161	54%	334	186	56%
Psychiatry (General)	19	16	84%	168	99	59%	187	115	61%
Child & Adolescent Psych	7	5	71%	44	34	77%	51	39	76%
Other Psych Subspecs	8	4	50%	88	28	32%	96	32	33%
Other	148	91	61%	812	561	69%	960	652	68%
Dermatology	4	0	0%	67	36	54%	71	36	51%
Emergency Medicine	58	37	64%	205	114	56%	263	151	57%
Neurology	29	17	59%	126	56	44%	155	73	47%
Pediatric Specialties	20	9	45%	119	93	78%	139	102	73%
Physical Medicine & Rehab	9	7	78%	74	51	69%	83	58	70%
Other	28	21	75%	221	211	95%	249	232	93%
Allergy & Immunology	6	4	67%	11	9	82%	17	13	76%
Preventive Medicine	7	2	29%	11	3	27%	18	5	28%
All Other	15	15	100%	199	199	100%	214	214	100%
Total (All Specialties)	861	575	67%	4,384	2,718	62%	5,245	3,293	63%

^a 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.

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

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



2017 EXIT SURVEY INSTRUMENT

Survey of Residents Completing Training in NY in 2017

Center for Health Workforce Studies | University at Albany, School of Public Health

1 University Place / Suite 220 | Rensselaer, NY 12144-3445

Marking Instructions

1. Use a pencil or blue or black ink only.
2. Do not use pens with ink that soaks through the paper.
3. Make solid marks that fill the circle completely.
4. Make no straymarks on this form.
5. Do not fold, tear, or mutilate this form.

 CORRECT

 INCORRECT

ACGME Residency Program #
(For Office Use)

— — — — —

This questionnaire should be completed by all physicians completing a residency/fellowship training program in New York in 2017 (excluding preliminary training positions).

FIRST NAME

LAST NAME

Main Hospital at Which
You Did Your Training:

For each question **mark only one answer** unless otherwise directed.

A. BACKGROUND

1. Gender: Male Female 2. Age:

3. Citizenship Status:

- Native born US
- Naturalized US
- Permanent resident
- H-1, H-2, H-3 Temporary worker
- J-1, J-2 Exchange visitor

4. A. Are you of Hispanic/Latino origin?

- Yes No

B. What is your race? (mark all that apply)

- American Indian/Alaska Native
- Asian or Pacific Islander
- Black/African American
- White
- Other

5. A. Which best describes your current relationship status?

- Married
- In Long-term Relationship
- Divorced/Separated/Widowed (skip to Question 6)
- Never Married/Single (skip to Question 6)

B. If currently married or in a long-term relationship, is your partner also a physician?

- Yes No Question does not apply

6. Do you have any dependent children?

- Yes No

7. Where did you live when you graduated from high school?

- New York Canada
- Other US state Other country

B. MEDICAL EDUCATION AND TRAINING

8. At the end of your current year of training, how many total years of post-graduate training will you have completed in the US?

- 1 2 3 4 5 6 or more

9. Type of Medical Education:

- Allopathic (M.D.) Osteopathic (D.O.)

10. Medical School Attended:

- New York (if yes, complete below) Canada
- Other US state Other country

Specify if in NY:

- Albany Medical College
- Albert Einstein College of Medicine of Yeshiva University
- Columbia College of Physicians and Surgeons
- CUNY School of Medicine
- Hofstra North Shore-LIJ School of Medicine
- Icahn School of Medicine at Mount Sinai
- New York Medical College
- NYIT College of Osteopathic Medicine
- NYU School of Medicine
- Stony Brook University School of Medicine
- SUNY Downstate Medical Center
- Univ at Buffalo School of Medicine and Biomed Sci, SUNY
- Upstate Medical University, SUNY
- Touro College of Osteopathic Medicine
- University of Rochester School of Medicine and Dentistry
- Weill Cornell Medical College

11. What is your current level of education debt?

- None \$200,000-\$249,999
- Less than \$50,000 \$250,000-\$299,999
- \$50,000-\$99,999 \$300,000-\$349,999
- \$100,000-\$149,999 \$350,000-\$399,999
- \$150,000-\$199,999 \$400,000 and over

12. Specialty you are COMPLETING in 2017 (mark only one):

- Allergy and Immunology
- Anesthesiology (General)
- Anesthesiology-Pain Management
- Other Anesthesiology Subspecialty- *specify below*
- 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 below*
- Internal Medicine and Pediatrics (Combined)
- Neurology
- Nuclear Medicine
- Obstetrics and Gynecology (General)
- OB/GYN (Subspecialty)- *specify below*
- Pathology (General)
- Pathology (Subspecialty)- *specify below*
- Pediatrics (General)
- Pediatrics (Subspecialty)- *specify below*
- Physical Medicine and Rehabilitation
- Preventive Medicine/Public Health/Occupational Med
- Psychiatry
- Child and Adolescent Psychiatry
- Other Psychiatry Subspecialty- *specify below*
- Radiology (Diagnostic)
- Radiology (Therapeutic)
- Surgery (General)
- Cardio-Thoracic Surgery
- Neurological Surgery
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Plastic Surgery
- Urology
- Other Surgical Subspecialty- *specify below*
- Other- *specify below*

***If you chose an "Other" specialty category, please specify:**

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

- 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

14. 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 US (ie, 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

15. If you are not going on for additional training/fellowship or serving as a chief resident, are you joining a medical school as a faculty member?

- Yes
- No
- Question does not apply

16. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteering/ Community service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. 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 US state
- Outside the US
- Don't know yet

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

- Yes No

19. How important is it for you to have control over the following job characteristics?

	Not at all important	Of little importance	Important	Very important
Predictable start and end time each workday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of each workday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of overnight calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of weekend duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. 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 No, I will be self-employed

B. Have you been offered a job?

- Yes, and I have accepted an offer
 Yes, but I declined the offer(s) and am still searching (Skip to Question 28)
 No, but I have not actively searched yet (Skip to Question 28)
 No, I have not yet been offered a practice position (Skip to Question 28)

D. PRACTICE PLANS

If you have accepted a position in patient care/clinical practice, please answer the following questions. If not, skip to Question 28.

21. Which best describes the type of patient care practice you will be entering?

Principal Practice Setting (mark only one)	Secondary Practice Setting(s) (mark all that apply)
<input type="radio"/> _____	<input type="radio"/> Solo practice
<input type="radio"/> _____	<input type="radio"/> Partnership (2 people)
<input type="radio"/> _____	<input type="radio"/> Group practice (owner/partner)
<input type="radio"/> _____	<input type="radio"/> Group practice (employee)
<input type="radio"/> _____	<input type="radio"/> Hospital-Inpatient
<input type="radio"/> _____	<input type="radio"/> Hospital-Ambulatory care
<input type="radio"/> _____	<input type="radio"/> Hospital-Emergency room
<input type="radio"/> _____	<input type="radio"/> Freestanding health center/clinic
<input type="radio"/> _____	<input type="radio"/> Nursing home
<input type="radio"/> _____	<input type="radio"/> Other -specify below

*If you chose "Other," please specify:

22. A. What is the zip code of the principal practice address where you will be working? If zip code is unknown, please give city or town and state.

Principal Practice Zip Code: State:

City/Town:

B. Is this principal practice address located in a federally designed Health Professional Shortage Area?

- Yes No I don't know

C. If you are not going to practice in NY, please indicate the reasons why. In the first column, indicate all of the reasons why (mark all that apply). In the second column, indicate the main reason why (mark only one).

Practice Reasons	All Reasons (mark all that apply)	Main Reason (mark only one)
Overall lack of jobs/practice opportunities in NY	<input type="radio"/>	<input type="radio"/>
Better jobs/practice opportunities in desired locations outside NY	<input type="radio"/>	<input type="radio"/>
Better jobs/practice opportunities in desired practice setting (eg, hospital, group practice, etc.) outside NY	<input type="radio"/>	<input type="radio"/>
Better jobs/practice opportunities outside NY that meet visa status requirements	<input type="radio"/>	<input type="radio"/>
Financial Reasons		
Better salary/compensation offered outside NY	<input type="radio"/>	<input type="radio"/>
Cost of malpractice insurance in NY	<input type="radio"/>	<input type="radio"/>
Cost of establishing a medical practice in NY	<input type="radio"/>	<input type="radio"/>
Taxes in NY	<input type="radio"/>	<input type="radio"/>
Cost of living in NY	<input type="radio"/>	<input type="radio"/>
Personal Reasons		
Proximity to family	<input type="radio"/>	<input type="radio"/>
Better employment opportunities for spouse/partner outside NY	<input type="radio"/>	<input type="radio"/>
Climate (eg, weather)	<input type="radio"/>	<input type="radio"/>
Other Reasons		
Never intended to practice in NY	<input type="radio"/>	<input type="radio"/>
Other reason -specify below	<input type="radio"/>	<input type="radio"/>

*If you chose "Other reason," please specify:

23. How many years do you expect to be at your principal practice?

- 1 2 3 4 5 or more

24. Which best describes the demographics of the area in which you will be practicing?

- Inner city Rural
 Other area within major city
 Suburban
 Small city (population less than 50,000)

25. 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
<input type="radio"/>	<input type="radio"/> 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/continuing medical education
<input type="radio"/>	<input type="radio"/> Career development opportunities
<input type="radio"/>	<input type="radio"/> Educational loan payment
<input type="radio"/>	<input type="radio"/> Other -specify: _____
<input type="radio"/>	<input type="radio"/> None

B. If you received any incentives, how important were they in your decision to accept this practice position?

- Not at all important Important
 Of little importance Very important

26. Expected gross income during first year of practice:

Base Salary/Income	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

27. 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.)

28. A. Did you have difficulty finding a practice position you were satisfied with?

- Yes
 No
 Haven't looked yet (skip to Question 31)

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 requirement
 Lack of job/practice opportunities in desired locations
 Lack of jobs/practice opportunities in desired practice setting (eg, hospital, group practice, etc.)
 Inadequate salary/compensation offered
 Lack of employment opportunities for spouse/partner
 Other -specify: _____

29. Did you have to change your plans because of limited practice opportunities?

- Yes
 No
 Haven't looked yet (skip to Question 31)

30. 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

31. 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

32. 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.

References

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Dr. Armstrong oversees CHWS projects which monitor the supply and distribution of the health workforce in New York and other states. In collaboration with professional health organizations in the state, he also administers provider recruitment and retention surveys to monitor health workforce demand. Dr. Armstrong also is the director of the Health Workforce Technical Assistance Center, which provides technical assistance to individuals, hospitals, and various states and organizations.

