2000

Residency Training Outcomes by Specialty in 2000 for New York:
A Summary of Responses to the 2000 New York Resident Exit Survey

CHWS
Center for Health Workforce Studies
School of Public Health
University at Albany, State University of New York

Residency Training Outcomes by Specialty in 2000 for New York State

A Summary of Responses to the 2000 NYS Resident Exit Survey

April 2001

Prepared by
Center for Health Workforce Studies
School of Public Health, University at Albany
One University Place, Suite 200
Rensselaer, NY 12144-3456
Phone: (518) 402-0250
Fax: (518) 402-0252
Web: http://chws.albany.edu

PREFACE

This report summarizes the results of the *Survey of Residents Completing Training in New York State in 2000* (2000 Exit Survey) conducted by the Center for Health Workforce Studies (the Center) in May and June of 2000. The survey, which is administered annually with the cooperation and assistance of residency program directors and hospital GME administrators across the state, consists of 30 questions covering four general topical areas: demographic and background characteristics of respondents, post-graduation plans, characteristics of post-graduation employment (for respondents with confirmed practice plans), and experiences in searching for a job and impressions of the physician job market (for respondents who had searched for a job).

The primary goal of the Exit Survey is to assist the medical education community in New York in their efforts to train physicians consistent with the needs of New York State and the nation. To achieve this goal, the Center provides residency programs, teaching hospitals and the medical education community with information on the demand for new physicians and on outcomes of residency training, by specialty, based on the results of the survey. The year 2000 was the third consecutive year of the survey. The Center will continue to administer the survey on an annual basis so that a longitudinal database may be developed to study trends in the marketplace for new physicians.

This report was prepared by Joseph Nolan, Edward Salsberg, Guy Forte, and Jennifer Pierre of the Center. Funding for the data analysis was provided by the federal Bureau of Health Professions of the Health Services and Resources Administration (HRSA).

The Center for Health Workforce Studies is a not-for-profit research center operating under the auspices of the School of Public Health at the University at Albany, State University of New York, and Health Research, Incorporated (HRI). The ideas expressed in this report are those of the Center, and do not necessarily represent the views or positions of the State University of New York, the University at Albany, the School of Public Health, HRI, the Bureau of Health Professions, or HRSA.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

BACKGROUND

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

Each May, the Center distributes the surveys to GME administrators at the teaching hospitals in New York. In most cases, the surveys are then forwarded to individual programs who assume responsibility for having their graduating residents fill out the surveys in the weeks prior to program completion. Completed surveys are then returned to the Center for data entry and analysis. Through the excellent collaboration of teaching hospitals, in 2000 a total of 2,866 of the estimated 4,422 physicians completing a residency or fellowship training program completed the Exit Survey (65% response rate). The year 2000 marked the third consecutive year of the survey. For the three years the survey has been conducted (1998, 1999, and 2000) an aggregated total of 9,323 of the 13,738 graduates have completed the survey (68% response rate). Comparison of the demographic and educational characteristics of survey respondents with those of all residents completing training in New York from the AMA's GME database indicates that respondents are representative of all residents completing training in New York for each of these years.

The statewide results, by specialty, are presented in this report. In addition, each hospital participating in the survey receives a report detailing the responses of their graduates, by specialty, and comparing them to the responses of all hospitals in their region and in the state.

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

KEY FINDINGS

Overall, the job market for new physicians in the state continues to be good. Despite the rich physician supply in New York, based on the responses to several questions used to measure demand, the opportunities for New York graduates in 2000 were fairly strong overall. In addition, analysis of trends in demand related variables reveals that the job market has improved each year.

- ✓ In 2000, only five percent (5%) of respondents who had actively searched for a practice position had not received any job offers at the time they completed the survey in May or June.
- ✓ While over one-third (34%) of respondents reported some difficulty finding a satisfactory practice position, only 18% of these attributed their difficulty to an overall lack of jobs. Forty-four percent (44%) attributed their difficulty to a lack of jobs in desired locations.
- ✓ The median starting income of graduates was up 6.4% from 1999 to 2000, accelerating from the 1.3% increase from 1998 to 1999. The average increase over these two intervals was 3.9%.
- ✓ Graduates' views of both the regional and national job markets were positive and increasingly optimistic for each of the three years of the survey.

Demand for primary care physicians[1] ***(generalists) continues to be weaker than for non-primary care physicians (specialists).*** In 2000, demand for generalists was significantly weaker than for specialists. In addition, trends in demand indicators were all negative for generalists while the job market for most other specialties showed improvement. After adjusting for citizenship status:

- ✓ In 2000, generalists were twice as likely as specialists to report difficulty finding a satisfactory practice position (49% vs. 24%, respectively) and to have to change plans due to limited practice opportunities (25% vs. 13%).
- ✓ In 2000, generalists received fewer job offers (mean of 2.8 vs. 4.2) and were less optimistic in their view of both the regional job market (average Likert score of 0.40 vs. 0.92 on scale of +2 indicating "Many Jobs", to –2 indicating "No Jobs") and national job market (1.29 vs. 1.50).
- ✓ The trends in nearly all demand indicators were negative for generalists while these trends were positive for specialists. The following examples illustrate this point:
  - o The average annual increase in median starting income from 1998 to 2000 was only 1% for generalists as compared to 6% for specialists (for all specialties, this average was +3.9%).
  - o The percent of generalists who had to change plans due to limited job opportunities increased sequentially from 1998 to 2000 (20%, 22%, 25%). By contrast, fewer specialists found they had to change their plans over this period (18%, 17%, 13%).
  - o The mean number of job offers received by generalists has been flat from 1998 to 2000 (2.8, 3.1, 2.8), while specialists have seen sequential increases in job offers (3.8, 4.1, 4.2).

[1] In this report, Primary Care includes Family Practice, General Internal Medicine, General Pediatrics, and Combined Internal Medicine and Pediatrics. Non-primary care includes all other specialties.

There were significant differences in the job market experiences and assessments for different specialties. Although the overall marketplace appears relatively good for new graduates, there were significant differences by specialty. By assessing responses in a particular specialty in relation to all specialties, it is possible to identify specialties for which demand is weak or strong in relation to all others. In addition, by studying trends in the physician job market as a whole or within an individual specialty, it is possible to identify specialties for which demand may be changing relative to other specialties, as well as changes in the overall physician job market.

- ✓ Based on a variety of indicators, the demand for Dermatology, Urology, Anesthesiology, Emergency Medicine, Child Psychiatry, Radiology, Gastroenterology, and Cardiology appears to be very strong. With the exception of Emergency Medicine, each of these specialties has also seen improvement in the job market over the three years of the survey.
- ✓ Pathology, Pediatrics, Internal Medicine, General Surgery, and Pediatric Subspecialties are experiencing especially weak demand. In addition, Ophthalmology, Physical Medicine and Rehabilitation (PM&R), and Family Practice are also experiencing relatively soft demand.

International medical school graduates (IMGs) with temporary visas (J-1, J-2, H-1, H-2 or H-3) had a significantly more difficult time in the job market than either U.S. medical school graduates (USMGs) or IMGs with permanent citizenship status. With few exceptions, physicians on temporary visas can remain in the U.S. only if they practice in a Health Professionals Shortage Area or continue training. Not surprisingly, these individuals experienced more difficulty finding employment and were more likely to subspecialize than either USMGs or IMGs with permanent citizenship status.

A majority of the graduates with confirmed practice plans (52%) were staying within New York State to begin practice, although there were significant differences by specialty. This in-state retention rate has been relatively flat over the three years of the survey. For graduates in 2000 who were subspecializing, 56% were planning to do so in New York, up from 51% in 1999.

About one-third (34%) of respondents were sub-specializing. However, there were sharp differences in subspecialization rates for IMGs on temporary visas as compared with respondents with permanent citizenship. For example, in Internal Medicine, 59% of IMGs on J-1 or J-2 visas were planning to subspecialize vs. only 36% of respondents with permanent citizenship. Excluding temporary visa holders, the overall sub-specialization rate (i.e. all specialties) was 31%.

GENERAL RESULTS

Characteristics of All Respondents

- Thirty-eight percent (38%) of survey respondents were female, unchanged from 1999.
- Thirteen percent (13%) of survey respondents were under-represented minorities (URMs), the same as in 1999.
- Just over one-half (53%) of all survey respondents were international medical graduates (IMGs), nearly equal to each of the two previous years (52%). The IMGs completing training in New York represent approximately 30% of all IMGs completing training in the U.S. in 2000.
- The highest concentrations of IMGs were in Anesthesiology (82%), PM&R (73%), Psychiatry (71%), Pediatric (71%) and Medicine (69%) Subspecialties, and Internal Medicine (69%). Specialties with very few IMGs included Urology (0%), Otolaryngology (7%), Orthopedics (7%), and Emergency Medicine (7%).
- Nearly one-fourth (24%) of all respondents were IMGs with temporary citizenship status (i.e. temporary visa holders). The highest concentrations of temporary visa holders were found in Pediatric (50%) and Medicine (38%) Subspecialties, and in Child Psychiatry (38%).
- Urology (0%), Emergency Medicine (2%), Otolaryngology (4%), and Orthopedics (5%) had very few temporary visa holders.

Post-Graduation Plans of All Respondents

- Fifty-six percent (56%) of all survey respondents were planning to enter patient care/clinical practice following completion of their current training program. Of these, 78% had confirmed practice plans (i.e. they had accepted an offer for a job/practice position) at the time they completed the survey.
- Approximately one-third (34%) planned to subspecialize or pursue further training. This was equal to the subspecialization rates in both 1998 and 1999. Over one-half (56%) of the year 2000 survey respondents who were subspecializing were remaining in New York to do so.
- For the remaining respondents, 3% were planning to work as chief residents, 3% planned to enter positions in teaching/research, and 5% had other plans.

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

- Over one-half (52%) of respondents with *confirmed practice plans* were remaining within New York State to begin practice. This was down slightly from 1998 and 1999 (55% and 54%, respectively). Of those entering practice in NYS, 91% were remaining in the same region in which they trained.
- Graduates of IM & Peds-Combined (84%), Geriatrics (70%), and Adult Psychiatry (69%) were most likely to remain in-state to begin practice. The lowest in-state retention rates were in Pathology (14%), Orthopedics (19%), Hematology/Oncology (25%), and Radiology (25%).
- Citizenship status is an important factor determining a respondent's likelihood of remaining in-state to practice. Excluding respondents leaving the U.S., only 19% of IMGs with temporary visas with confirmed practice plans were planning to remain in New York State.
- Forty-eight percent (48%) of the graduates entering patient care were going to be practicing in a group practice. Ten percent (10%) were entering two person partnerships while only 4% reported that they were starting their own solo practice.
- Thirty-one percent (31%) of graduates were entering practice in hospitals. These were split nearly evenly between inpatient (13%), ambulatory care (9%), and emergency room (9%) settings.
- Eighty-eight percent (88%) of respondents said they would have no ownership in their upcoming practice. Of these, 36% said they may have the option to become a partner in the future. Only 7% said they would be an owner or partner with a financial stake in the practice.
- Over one-fourth (27%) of graduates reported entering practice in inner city locations and another 7% were going to rural locations. Seventeen percent (17%) said they would be practicing in a federal HPSA, the same percentage as in 1999.
- The graduates most likely to be entering practice in HPSAs were from Pediatric (29%) and Medicine (23%) Subspecialties, Psychiatry (27%), Family Practice (26%), and Internal Medicine (26%). Surgical Sub-specialists (3%) were least likely to be entering HPSAs.
- While most IMGs with temporary visas were entering HPSAs (72%), IMGs with permanent citizenship were actually much less likely to be entering HPSAs than were USMGs (7% vs. 22%, respectively for graduates of primary care specialties).

Expected Starting Income of Respondents with Confirmed Practice Plans[2]

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

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

- The median starting income for year 2000 graduates with confirmed practice plans was $126,900, an increase of 6.4% from $119,300 in 1999. It should be noted that the response rate to the question relating to starting income was 95%.
- Individual specialties with the highest median starting income were Orthopedics ($195,800), Radiology ($174,600), Emergency Medicine ($169,000), and Pain Management ($163,100).
- Among the specialty groups, Surgical Subspecialties ($165,400) and Facility Based specialties (including Anesthesiology, Pathology, and Radiology; $164,400) had the highest median starting incomes. These groups also experienced the highest average annual increases in starting income from 1998 to 2000 (+8% and +9%, respectively).
- The Primary Care group was lowest in income ($109,400) and saw very little growth (+1%). Within Primary Care, Pediatrics was significantly lower than any other specialty ($95,300).
- Individual specialties seeing the greatest average annual increase in starting income from 1998 to 2000 were Urology (+12%), Child Psychiatry (+10%), Radiology (+9%), Dermatology (+8%), PM&R (+8%), Hematology/Oncology (+8%), and Gastroenterology (+8%).
- Ob/Gyn (-3%), Pediatrics (-1%), IM & Peds-Combined (-1%), and Otolaryngology (-1%) were the only specialties to experience declines in median starting income.

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

Expected Number of Weekly Patient Care/Clinical Practice Hours[3]

- Respondents expected to spend an average of 43.9 hours per week in patient care/clinical practice activities. Females expect to work about 10% fewer hours than males (41.4 vs. 45.4).
- Anesthesiologists (50.2), General Surgeons (49.4), and Surgical Subspecialists (47.6) expected to work the most hours. The only specialties where graduates expected to work less than 40 patient care/clinical practice hours were Dermatology (35.8) and Emergency Medicine (37.0).

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

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

- About one-third (34%) of respondents reported difficulty finding a satisfactory position. This percentage has remained nearly constant over the three years the survey has been conducted.
- The most often cited "main reason for difficulty finding a satisfactory practice position" was a "lack of jobs in desired locations" (44%), followed by an "overall lack of jobs" (18%).
- The highest percentages of graduates having difficulty finding a satisfactory practice position were in Pathology (57%), Internal Medicine (54%), PM&R (51%), Pediatrics (49%), and Family Practice (46%). Conversely, General Anesthesiology (5%), Dermatology (6%), Radiology (7%), and Urology (10%) had the fewest respondents reporting difficulty.
- Seventeen percent (17%) of respondents reported having to change their plans due to limited practice opportunities, down from 19% in each of the two previous years. Pathology (36%), Internal Medicine (28%), Hem/Onc (27%), Otolaryngology (27%), and PM&R (26%) had the most graduates reporting they had to change plans. No respondents found it necessary to change plans in either General Anesthesiology or Child Psychiatry and very few graduates had to change plans in Radiology (2%), Urology (5%), Neurology (6%), and Dermatology (6%).

[3] As with income, new graduates going into salaried positions may have more accurate information on the number of hours they will be working. There is no reason to assume that there is any systematic bias or differences in the accuracy of this information as reported by the graduates. This question was not asked in 1998.

- The mean number of job offers received by graduates in 2000 was 3.67. Dermatology (8.67) and Child Psychiatry (6.45) graduates received the most job offers. At the other end of the spectrum, Pathologists received significantly fewer offers (1.14) than any other specialty.
- Graduates gave a very positive assessment of the *national* job market {average Likert score of 1.42 on a scale of +2.00 (indicating "Many Jobs") to -2.00 (indicating "No Jobs")}. Graduates of Nephrology (+1.93), Pain Management (+1.82), General Anesthesiology (+1.81), and Child Psychiatry (+1.80) gave the most positive assessment of the national job market.
- Pathologists (+0.14), Ophthalmologists (+0.65), and Pediatric Sub-specialists (+0.88) gave the least positive assessment of the national job market.
- Respondents gave a less optimistic assessment of the *regional* job market (+0.72). Graduates of General Anesthesiology (+1.63), Dermatology (+1.56), and Gastroenterology (+1.42) gave the most positive assessment of the regional job market.
- Pathologists (-0.29), General Surgeons (+0.06), and Pediatric Sub-specialists (+0.07) were the least optimistic in their view of the regional job market.

Overall Assessment of the Job Market for New Physicians

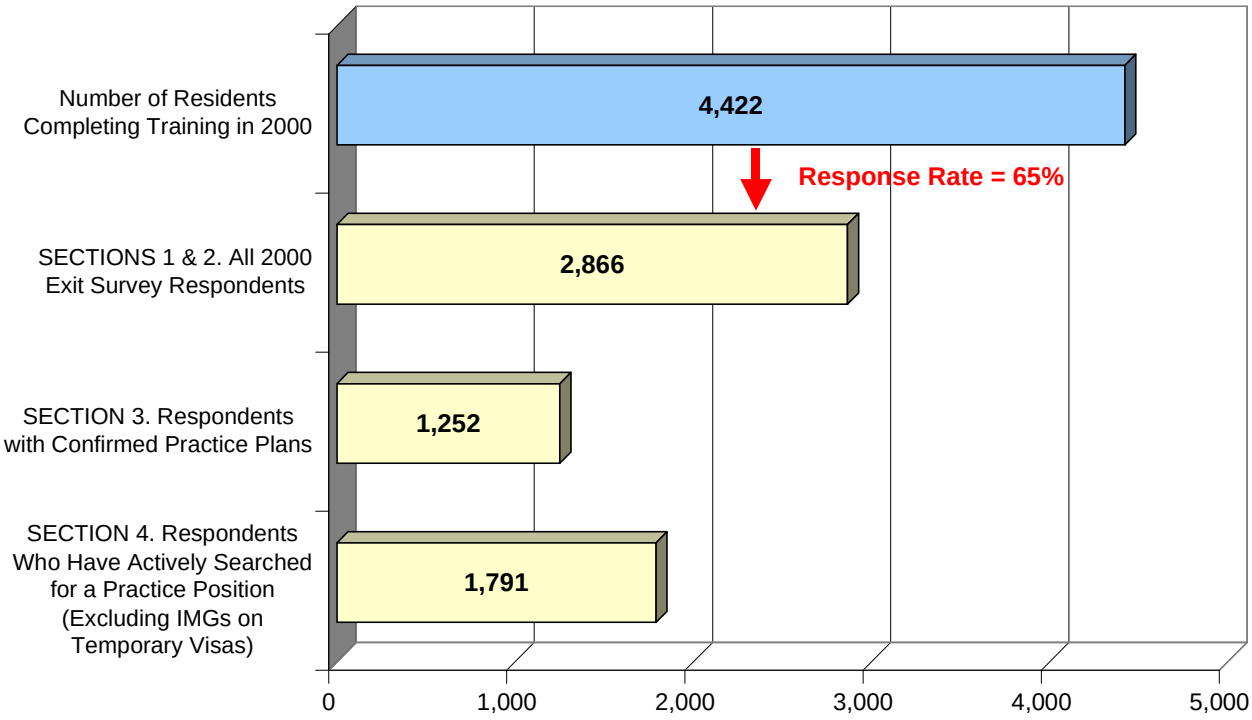
- Overall, the demand for new physicians appears to be strong. However, consistent with the findings of the 1999 Exit Survey, in 2000, the job market for Primary Care graduates (generalists) was considerably softer than for specialists. Generalists were twice as likely to report difficulty finding a satisfactory practice position (49% vs. 24%), and to have to change plans due to limited practice opportunities (25% vs. 13%). Generalists, on average, also received significantly fewer job offers (2.81 vs. 4.22), and had a less positive view of both the regional (0.40 vs. 0.92) and national (1.29 vs. 1.50) job market than did specialists.
- In studying *trends* in variables used to assess demand, again a sharp contrast is evident between the experiences and perceptions of generalists as compared to specialists. From 1998 to 2000, Primary Care specialties have seen an increase in the percent of graduates both reporting difficulty finding a satisfactory practice position (44%, 48%, 49%) and having to change plans due to limited practice opportunities (20%, 22%, 25%). Conversely, specialists saw sequential decreases in each of these variables (29%, 26%, 24% for graduates having difficulty; and 18%, 17%, 13% for graduates having to change plans).

- Further evidence of the dichotomy between generalists and specialists is evident by examining trends, both in the number of job offers received, and in starting income levels. Generalists saw little or no increase in either of these variables from 1998 to 2000 (average annual increases of 0.1% in number of job offers and 1.4% in median starting income). By contrast, specialists saw significant increases in both job offers and starting income (average annual increase of 6.1% and 6.0%, respectively).
- Based on aggregation of all demand indicators from the 2000 Survey, specialties experiencing the strongest demand were Dermatology, Urology, General Anesthesiology, Emergency Medicine, and Child Psychiatry. In addition, Radiology, Gastroenterology, Pain Management, and Cardiology were also in high demand.
- Pathology, Pediatrics, and Internal Medicine are experiencing the weakest relative demand. Other specialties experiencing a relatively soft job market include General Surgery, Pediatric Subspecialties, Ophthalmology, PM&R, and Family Practice. These findings from the 2000 survey were generally consistent with the findings from 1999.
- In terms of trends in demand, graduates of most specialties in 2000 entered a better job market than did their predecessors of the past two years. Specialties seeing the most improvement in practice opportunities include Radiology, Gastroenterology, Child Psychiatry, Dermatology, General Anesthesiology, and Pain Management.
- As mentioned previously, Primary Care specialties have seen a relative softening in demand from 1998 to 2000. Other specialties seeing fewer opportunities include Pediatric Subspecialties, Nephrology, and Ob/Gyn.
- Emergency Medicine had been in high demand in each of the two previous years of the survey. In 2000, Emergency Medicine again appears among the top five specialties in current demand. However, analysis of trends in demand indicators shows that demand is softening somewhat relative to all other specialties. Recent years have seen a dramatic increase in the number of Emergency Medicine physicians in training and entering practice. While this specialty is currently in high demand, the rapid increase in supply may be catching up to demand and if production continues to increase, the point may be reached where a surplus exists. It is too early to tell if demand for Emergency Medicine has reached a turning point, but this specialty should be watched closely in future years.

SUBGROUPS OF RESPONDENTS USED IN EACH SECTION OF THIS REPORT

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 2,866 of the estimated 4,422 residents completing training in 2000 (a 65% response rate). Appendix A presents response rates by specialty and region, and illustrates how specialties are grouped in this report. Appendix B is the 2000 Exit Survey instrument.

FIGURE 1. 2000 Exit Survey Response Rate and Subgroups Used for Each Section of this Report



Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines their planned activities following the completion of their current training program. Section 3 pertains to respondents who are entering patient care/clinical practice and had confirmed practice plans (i.e. they have 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 relating to respondents' experiences in searching for a practice position. This section excludes respondents who had not yet searched for a practice position and IMGs on temporary visas because these individuals experienced significantly more difficulty due to their visa status.

SECTION I

Background Characteristics of All Respondents

Table 1.1 presents background characteristics of all Exit Survey respondents in the year 2000. This information is presented because these variables are known to be associated with several outcome variables of interest. For example, IMGs, particularly those on temporary visas, are much more likely to report difficulty finding a satisfactory practice position. Thus, the proportion of IMGs in each specialty confounds (i.e. biases) the results when making comparisons across specialties.

Highlights

- Thirty-eight percent (38%) of survey respondents were female. This percent has been relatively constant over the three years of the survey. Females represented the majority of respondents in Pediatrics (64%), Ob/Gyn (62%), Pediatric Subspecialties (56%), Dermatology (55%), Adult Psychiatry (50%), and Family Practice (50%).
- General Surgery and Surgical Subspecialties had the fewest females (18% and 15%, respectively). In particular, Orthopedics (5%), Otolaryngology (7%), and Urology (11%) had very few females.
- Under-represented minorities (URMs) comprised thirteen-percent (13%) of all respondents. Pediatric Subspecialties (20%), Adult Psychiatry (19%), General Surgery (19%), Family Practice (18%), and Pediatrics (17%) had the most URMs.
- Dermatology (0%), Radiology (6%), and Neurology (6%) had very few URMs.
- Just over one-half (53%) of all respondents were international medical graduates (IMGs), nearly equal to each of the two previous years (both 52%). This fraction varies widely by specialty with the highest concentrations of IMGs found in Anesthesiology (82%), PM&R (73%), Psychiatry (71%), Pediatric (71%) and Medicine (69%) Subspecialties, and Internal Medicine (69%).
- Specialties with the fewest IMGs included Urology (0%), Otolaryngology (7%), Orthopedics (7%), and Emergency Medicine (7%).
- One-fourth (24%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in Pediatric (50%) and Medicine (38%) Subspecialties.

Emergency Medicine (2%), Ob/Gyn (3%), Surgical Subspecialties (6%), Dermatology (7%), PM&R (8%), and IM & Peds-Combined (9%) had the fewest temporary visa holders.

FIGURE 1.1 Percent of Female Respondents
by Specialty Group, (All 2000 Exit Survey Respondents)

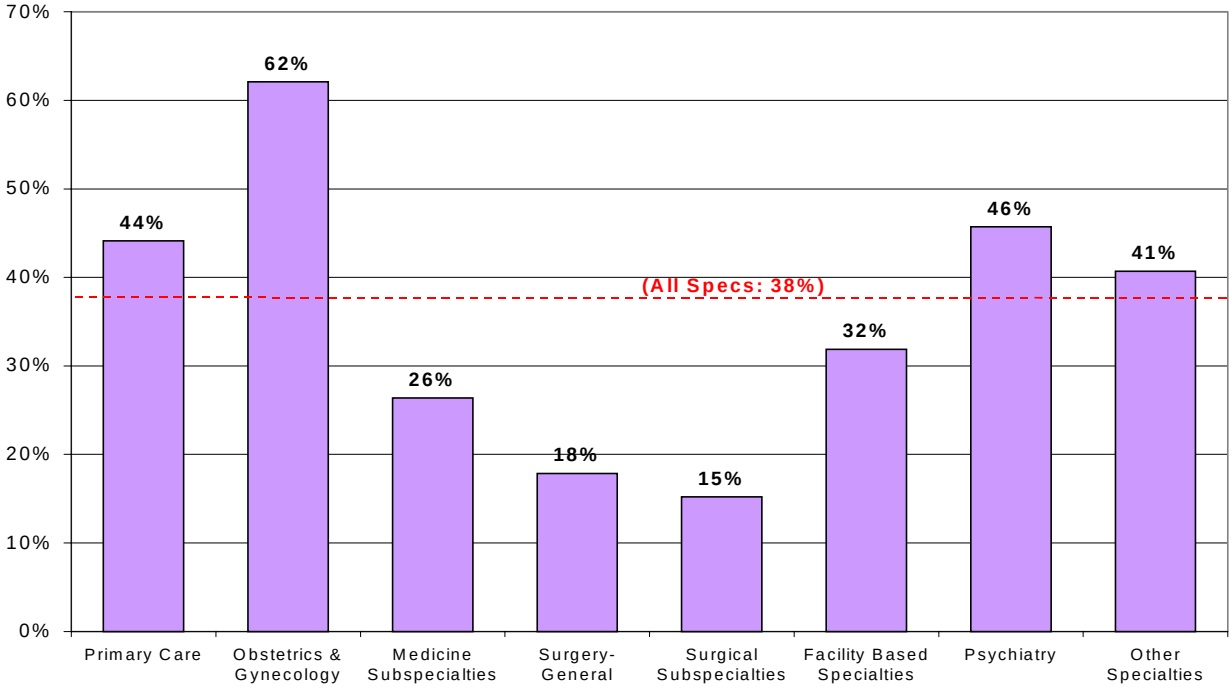


FIGURE 1.2 Percent of Under-represented Minority Resp
by Specialty Group, (All 2000 Exit Survey Respondents)

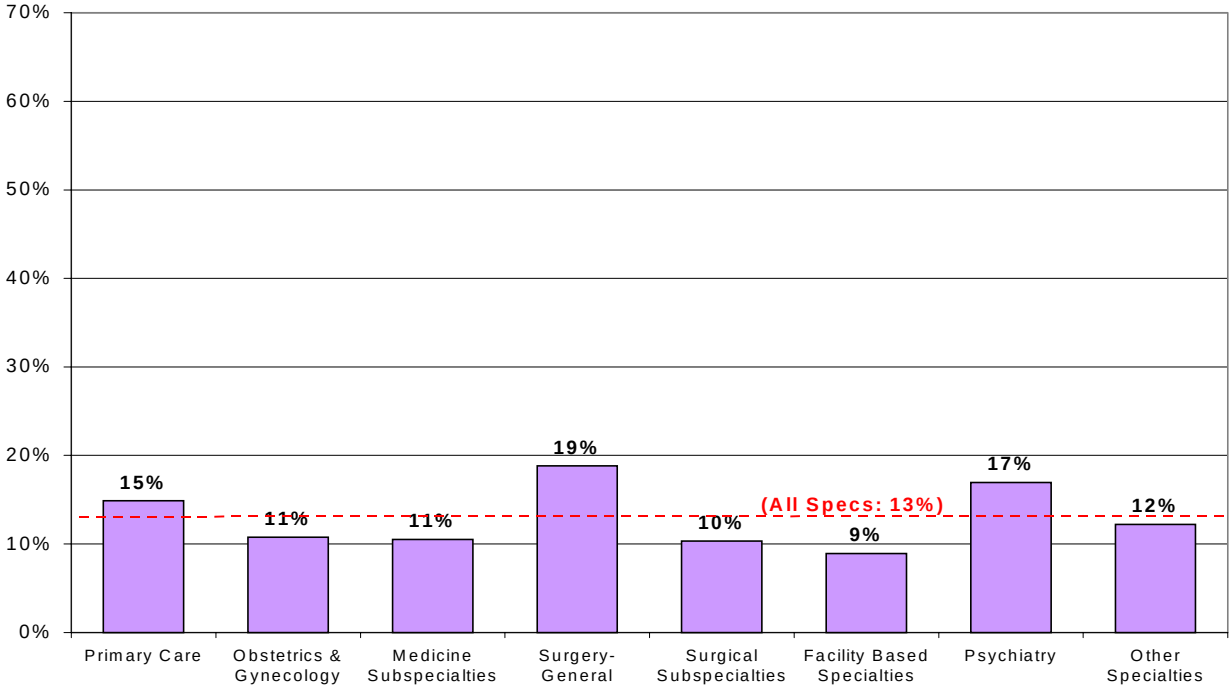


FIGURE 1.3 Location of Medical School and Citizenship Status
(All 2000 Exit Survey Respondents)

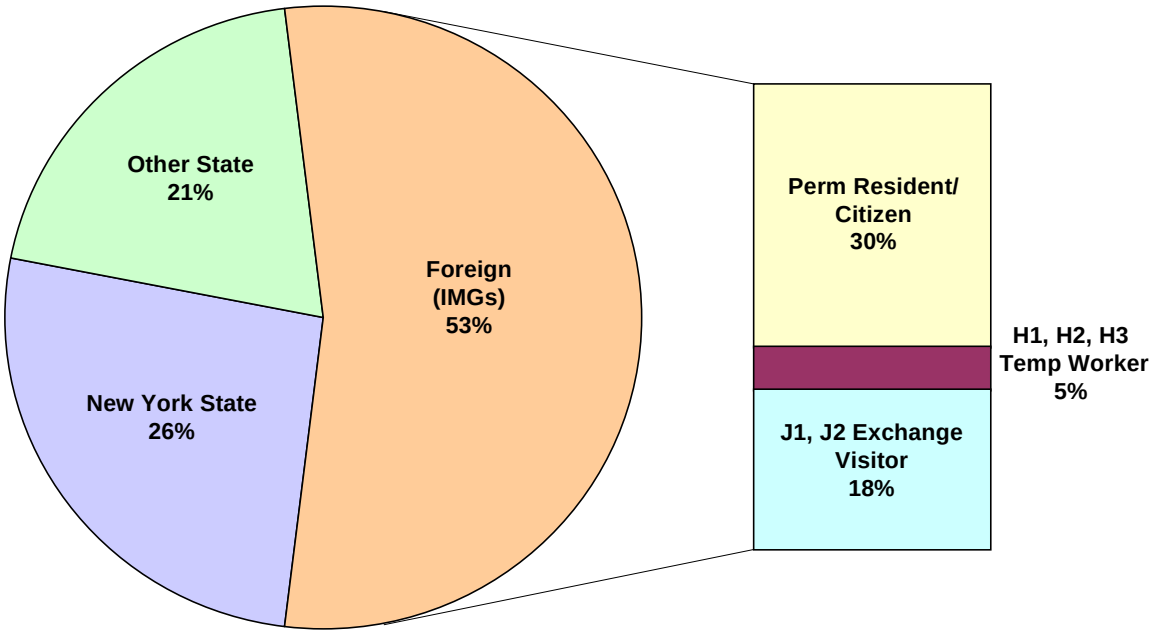


FIGURE 1.4 Percent of Respondents who are IMGs
by Specialty Group, (All 1999 & 2000 Exit Survey Respondents)

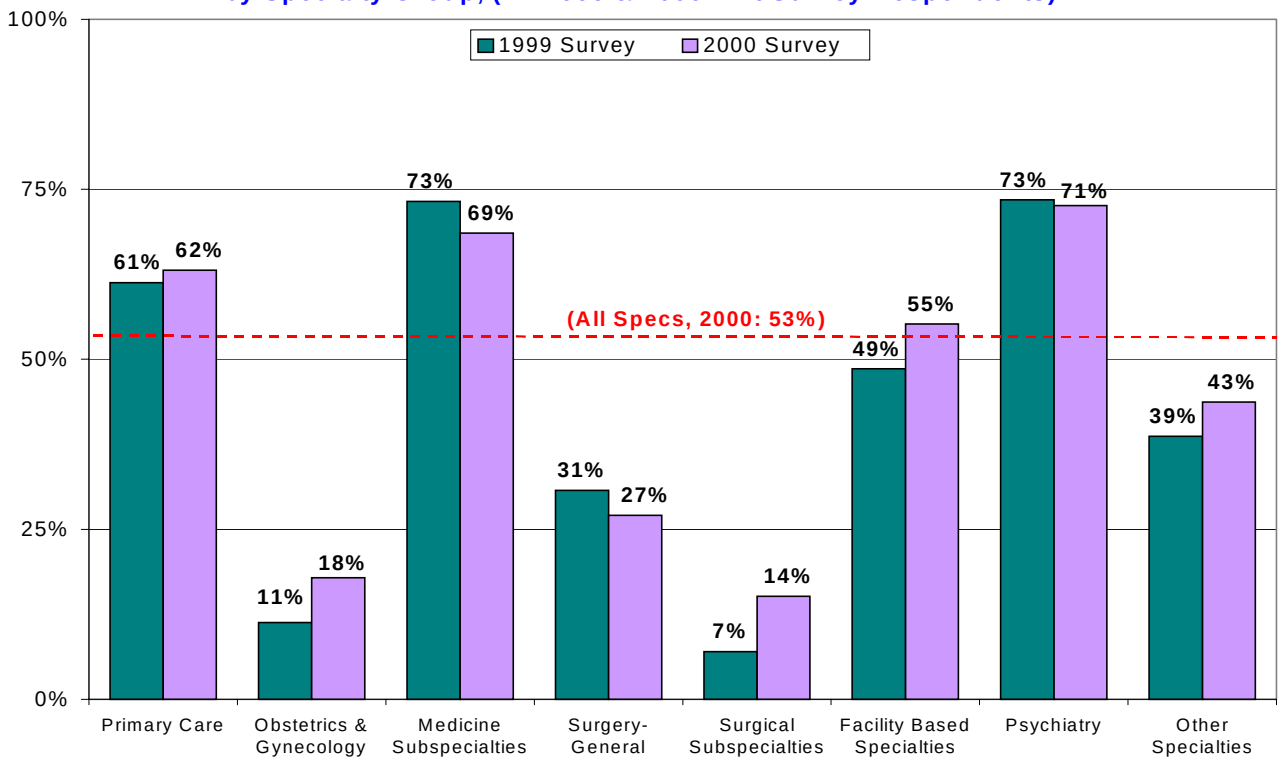


TABLE 1.1 Background Characteristics of Respondents
(All 2000 Exit Survey Respondents)

Specialty[4]	Number of Resp (N)	% Female	% Under-rep Minorities[5]	% IMG[6]	% Temp Visa Holders[7]
Primary Care	**1294**	**44%**	**15%**	**62%**	**28%**
Family Practice	163	50%	18%	38%	10%
Internal Medicine-General	797	36%	14%	69%	32%
Pediatrics-General	299	64%	17%	61%	30%
IM & Peds (Combined)	35	31%	9%	31%	9%
Obstetrics/Gynecology	**124**	**62%**	**11%**	**18%**	**3%**
Medicine Subspecialties	**270**	**26%**	**11%**	**69%**	**38%**
Cardiology	59	14%	7%	56%	32%
Gastroenterology	26	19%	8%	69%	16%
Geriatrics	45	40%	7%	69%	34%
Hematology/Oncology	27	22%	8%	70%	46%
Nephrology	27	19%	15%	63%	32%
Other IM Specialties	86	34%	15%	78%	52%
Surgery-General	**85**	**18%**	**19%**	**27%**	**13%**
Surgical Subspecialties	**238**	**15%**	**10%**	**14%**	**6%**
Ophthalmology	56	32%	11%	27%	11%
Orthopedics	76	5%	9%	7%	5%
Otolaryngology	28	7%	11%	7%	4%
Urology	27	11%	7%	0%	0%
Other Surgical Subspecialties	51	18%	12%	22%	8%
Facility Based	**320**	**32%**	**9%**	**55%**	**23%**
Anesthesiology	131	28%	11%	82%	32%
General Anesthesiology	*102*	*30%*	*10%*	*84%*	*34%*
Pain Management	*15*	*27%*	*14%*	*80%*	*20%*
Pathology	65	48%	10%	63%	28%
Radiology	124	27%	6%	21%	12%
Psychiatry	**187**	**46%**	**17%**	**71%**	**26%**
Adult Psychiatry	139	50%	19%	69%	24%
Child & Adolescent Psych	26	38%	12%	69%	38%
Other	**348**	**41%**	**12%**	**43%**	**19%**
Dermatology	30	55%	0%	17%	7%
Emergency Medicine	112	29%	15%	7%	2%
Neurology	77	39%	6%	62%	32%
Pediatric Subspecialties	52	56%	20%	71%	50%
Physical Medicine & Rehab	49	39%	10%	73%	8%
All Specialties, 2000 (1999)	**2866 (3409)**	**38% (38%)**	**13% (12%)**	**53% (52%)**	**24% (26%)**

[4]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.

[5]Under-represented minority includes Black/African American, Hispanic/Latino, and Native American.

[6]IMG = International (Foreign) Medical Graduate.

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

SECTION II

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

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

Highlights

- Fifty-six percent (56%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 78% had confirmed practice plans.
- Approximately one-third (34%) planned to subspecialize or pursue further training. For the remaining 11%, 3% were planning to work as chief residents, 3% were planning to enter teaching/research, and 5% had other plans.
- Specialties with the highest proportions of respondents planning to enter patient care/clinical practice were Emergency Medicine (92%), Nephrology (89%), Pain Management (87%), and Family Practice (85%).
- Specialties with the highest subspecialization rates were General Surgery (69%), Pathology (68%), and Neurology (64%).
- The subspecialization rates for Internal Medicine and Pediatrics were 42% and 34%, respectively. However, J-1 & J-2 exchange visitors are much more likely to subspecialize than respondents with any other citizenship status. In Internal Medicine, the subspecialization rate for J-1 & J-2 exchange visitors was 59% vs. 36% for all other respondents. In Pediatrics, the rates were 72% vs. 25%.
- IM & Peds-Combined (9%), Internal Medicine (8%), Pediatrics (5%), and Child Psychiatry (4%) had the highest percentages of respondents entering positions as chief residents.

FIGURE 2.1 Primary Activity After Completion of Current Training Program
(All 2000 Exit Survey Respondents)

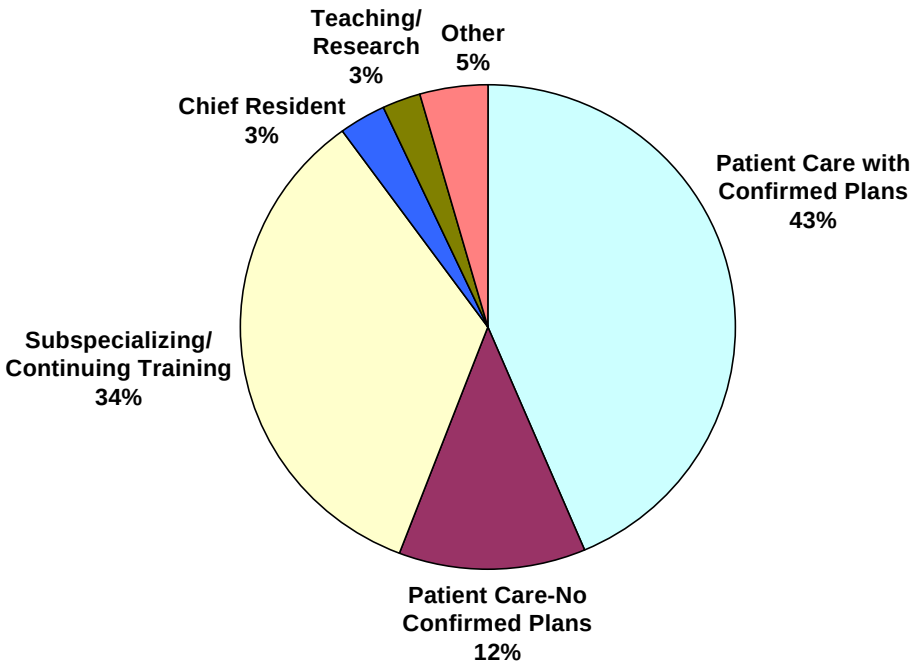


FIGURE 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice
by Specialty Group, (All 1999 & 2000 Exit Survey Respondents)

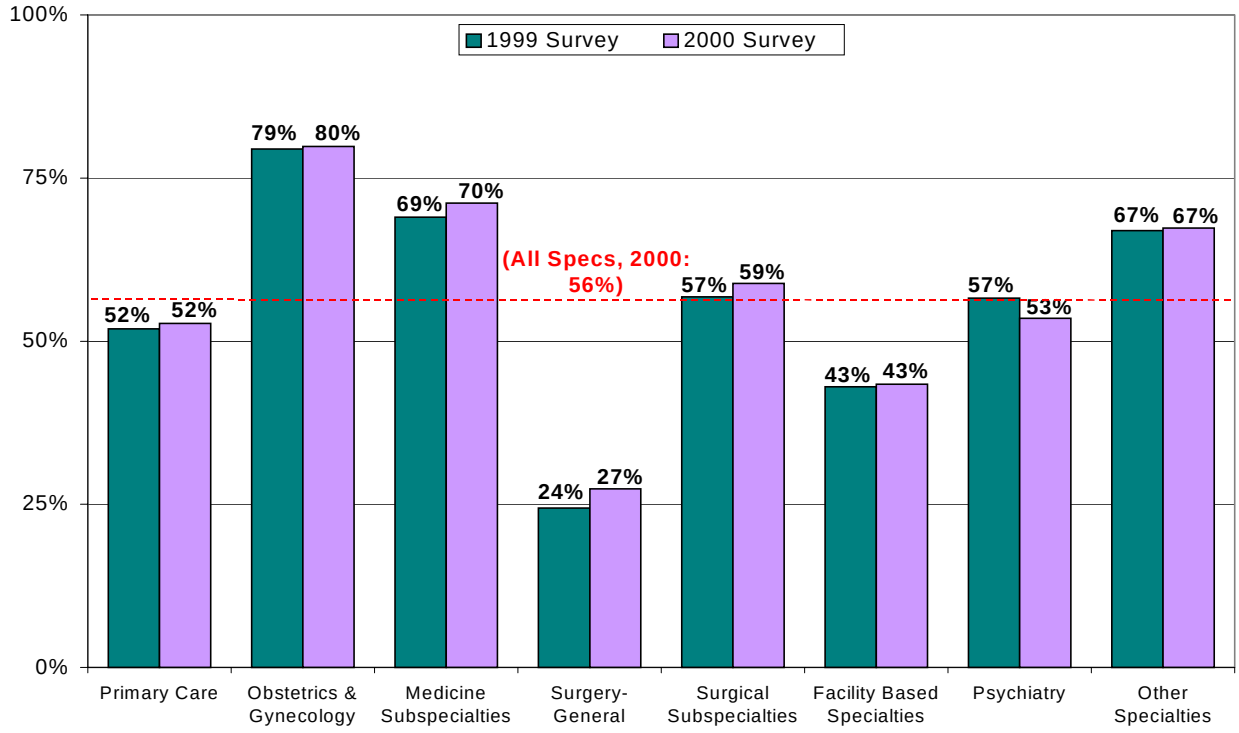


FIGURE 2.3 Rank of Percent of Resp Entering Patient Care by Specialty, (All 2000 Exit Survey Respondents)

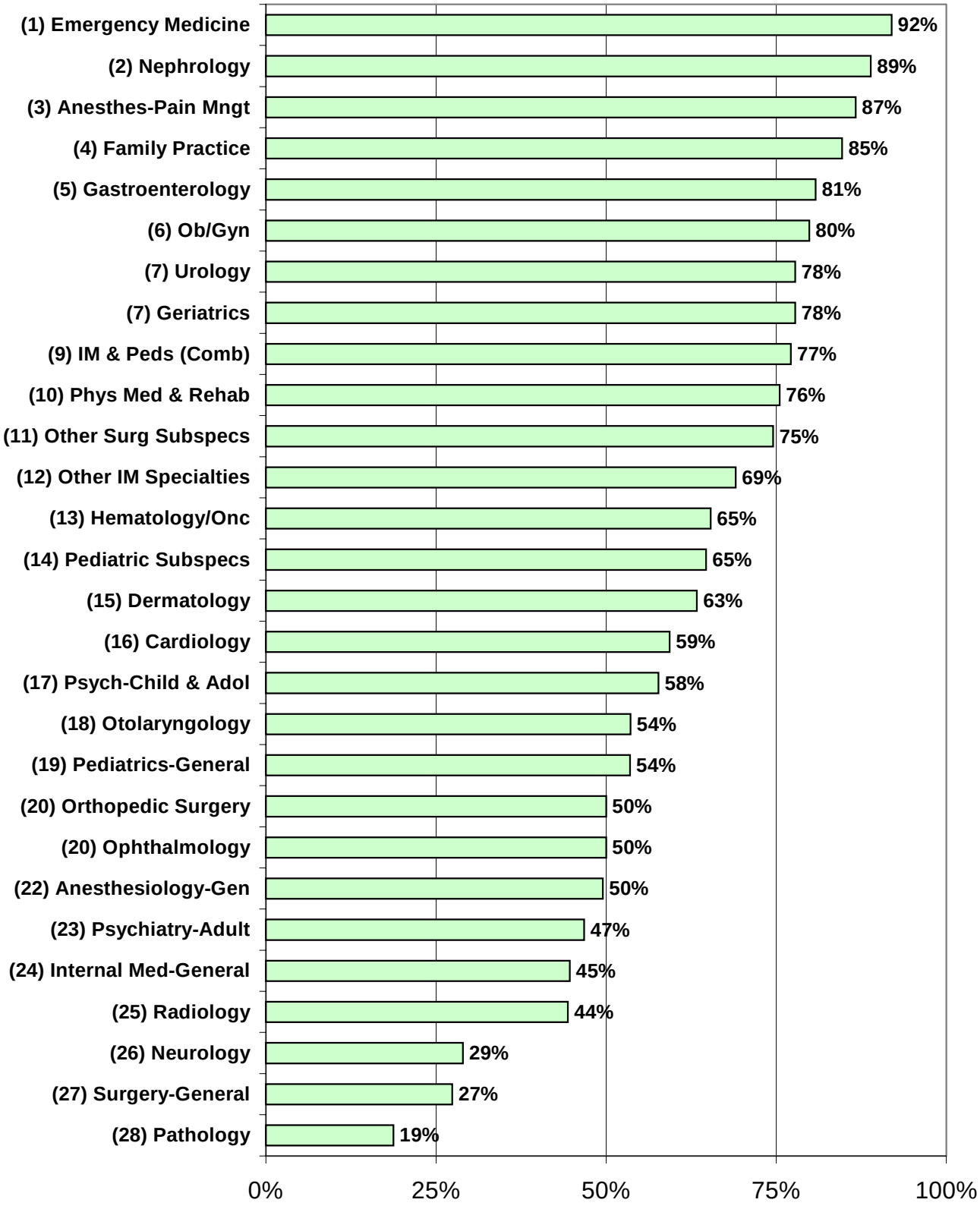


TABLE 2.1 Primary Activity After Completion of Current Training Program
(All 2000 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**52%**	**35%**	**6%**	**1%**	**5%**
Family Practice	85%	9%	1%	1%	4%
Internal Medicine-General	44%	42%	8%	1%	5%
Pediatrics-General	54%	34%	5%	1%	6%
IM & Peds (Combined)	77%	14%	9%	0%	0%
Obstetrics/Gynecology	**80%**	**15%**	**0%**	**3%**	**2%**
Medicine Subspecialties	**70%**	**17%**	**1%**	**5%**	**7%**
Cardiology	59%	36%	0%	5%	0%
Gastroenterology	81%	12%	0%	4%	4%
Geriatrics	78%	9%	2%	7%	4%
Hematology/Oncology	63%	15%	0%	11%	11%
Nephrology	89%	0%	0%	0%	11%
Other IM Specialties	67%	15%	2%	5%	10%
Surgery-General	**27%**	**69%**	**0%**	**2%**	**1%**
Surgical Subspecialties	**59%**	**39%**	**0%**	**1%**	**1%**
Ophthalmology	50%	48%	0%	0%	2%
Orthopedics	50%	49%	0%	1%	0%
Otolaryngology	54%	43%	0%	0%	4%
Urology	78%	22%	0%	0%	0%
Other Surgical Subspecialties	75%	22%	0%	2%	2%
Facility Based	**43%**	**50%**	**0%**	**3%**	**5%**
Anesthesiology	54%	39%	0%	2%	5%
General Anesthesiology	*49%*	*47%*	*0%*	*1%*	*3%*
Pain Management	*87%*	*7%*	*0%*	*0%*	*7%*
Pathology	18%	68%	0%	6%	8%
Radiology	44%	52%	0%	2%	2%
Psychiatry	**53%**	**36%**	**1%**	**4%**	**6%**
Adult Psychiatry	47%	44%	0%	4%	5%
Child & Adolescent Psych	58%	15%	4%	8%	15%
Other	**67%**	**23%**	**0%**	**6%**	**4%**
Dermatology	63%	30%	0%	3%	3%
Emergency Medicine	92%	4%	0%	2%	2%
Neurology	29%	64%	0%	3%	5%
Pediatric Subspecialties	63%	13%	0%	17%	6%
Physical Medicine & Rehab	76%	16%	0%	2%	6%
All Specialties, 2000 (1999)	**56% (55%)**	**34% (34%)**	**3% (2%)**	**3% (4%)**	**5% (5%)**

SECTION III

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

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

3.1 Practice Location

Table 3.1 gives the practice location of respondents with confirmed practice plans. This is a subset of "All Respondents" so the number in this subgroup is presented for each specialty in the first column. A total of 1,252 respondents had confirmed practice plans. Three-percent (3%) of respondents were planning to practice outside the U.S. These physicians have been excluded from all other subsections within Section 3 of this report.

Highlights

- Over one-half (52%) of respondents with confirmed practice plans were entering practice within New York State. The vast majority (91%) of these were remaining in the same region in which they trained.
- IM & Peds-Combined (84%) had by far the highest percentage of respondents remaining in New York to begin practice. Geriatrics (70%), Adult Psychiatry (69%), General Anesthesiology (64%), PM&R (63%), and Family Practice (62%) also had high in-state retention rates.
- Graduates entering practice from Pathology (14%), Orthopedics (19%), Hematology/Oncology (25%), and Radiology (25%) had very low in-state retention.
- Respondents of Neurology (29%), Pediatric Subspecialties (19%), Orthopedics (14%), and General Surgery (12%) were the most likely to be leaving the U.S. to begin practice.
- IMGs on temporary visas were much more likely to be leaving the state to begin practice. Only 15% of these were entering practice within New York State as compared to 59% of all other respondents. In part, this may be a reflection of the relatively small number of federally designated HPSAs in New York compared to the rest of the U.S.

FIGURE 3.1 Location of Upcoming Practice
(for 2000 Respondents with Confirmed Practice Plans)

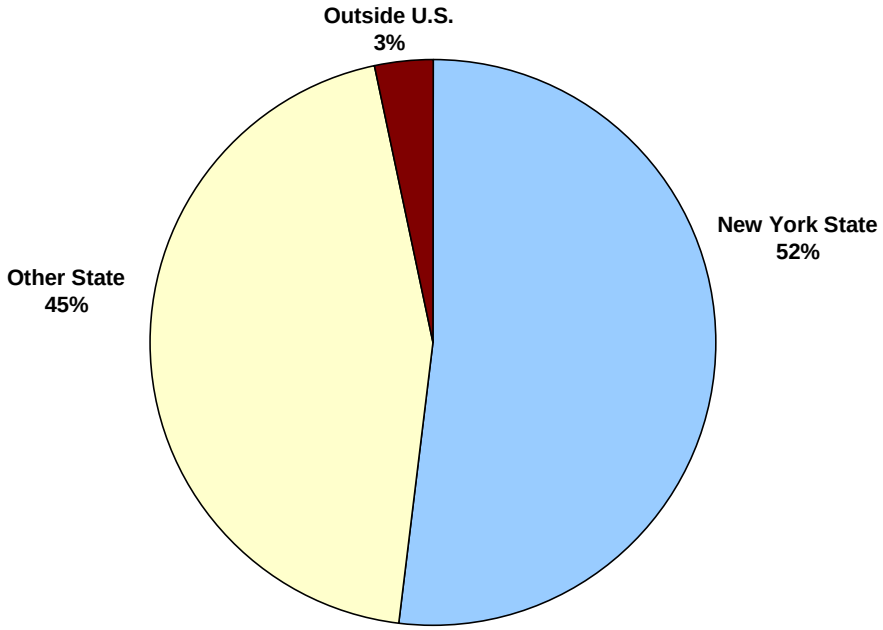


FIGURE 3.2 Percent of Respondents Entering Practice within New York State
by Specialty Group, (for Respondents with Confirmed Practice Plans)

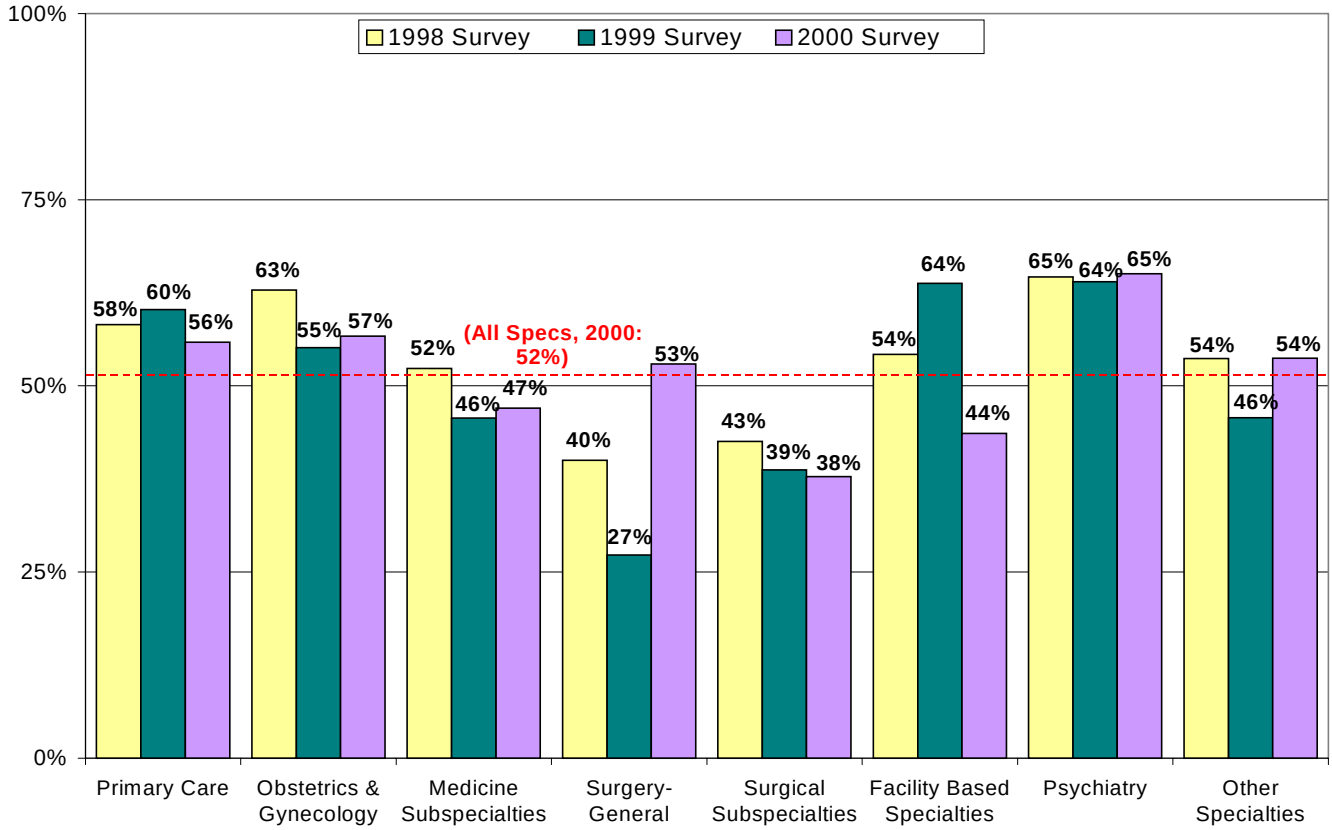


FIGURE 3.3 Rank of In-State Retention Rates
by Specialty, (for 2000 Exit Survey Resp with Confirmed Practice Plans)

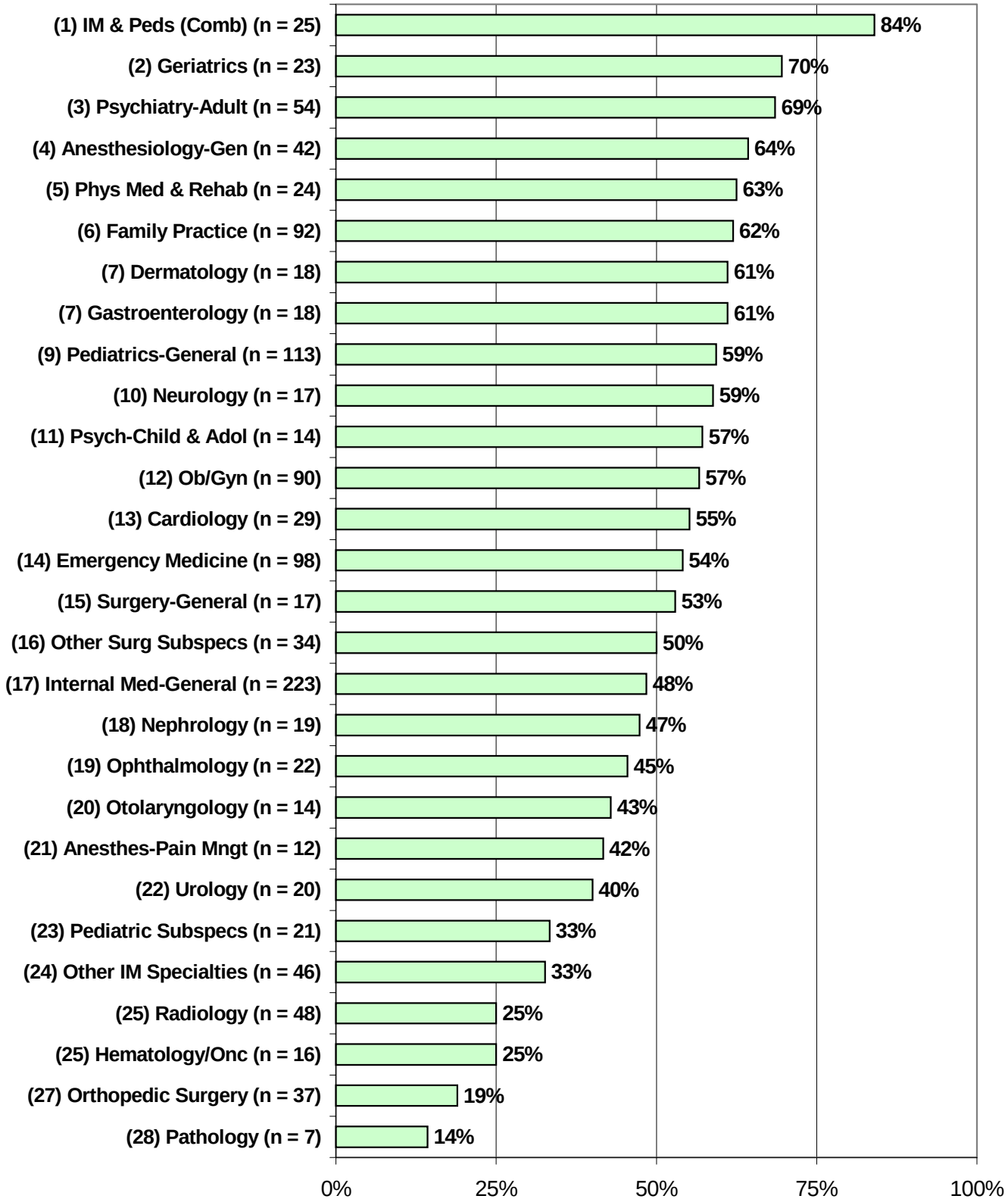


TABLE 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice

(for 2000 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans[8]	LOCATION OF UPCOMING PRACTICE: Within New York State – Same Region	Within New York State – Other Area	Other State	Outside U.S.[9]
Primary Care	**466**	**51%**	**5%**	**43%**	**1%**
Family Practice	93	54%	8%	38%	0%
Internal Medicine-General	230	45%	3%	52%	0%
Pediatrics-General	118	54%	5%	37%	4%
IM & Peds (Combined)	25	76%	8%	16%	0%
Obstetrics/Gynecology	**91**	**52%**	**4%**	**42%**	**1%**
Medicine Subspecialties	**154**	**41%**	**6%**	**49%**	**4%**
Cardiology	30	48%	7%	45%	0%
Gastroenterology	18	50%	11%	39%	0%
Geriatrics	23	61%	9%	30%	0%
Hematology/Oncology	16	19%	6%	75%	0%
Nephrology	20	42%	5%	53%	0%
Other IM Specialties	47	30%	2%	54%	13%
Surgery-General	**17**	**47%**	**6%**	**35%**	**12%**
Surgical Subspecialties	**128**	**33%**	**5%**	**54%**	**8%**
Ophthalmology	22	41%	5%	50%	5%
Orthopedics	37	14%	5%	68%	14%
Otolaryngology	15	36%	7%	50%	7%
Urology	20	30%	10%	60%	0%
Other Surgical Subspecialties	34	50%	0%	41%	9%
Facility Based	**118**	**41%**	**3%**	**51%**	**5%**
Anesthesiology	62	60%	2%	35%	3%
General Anesthesiology	*42*	*64%*	*0%*	*33%*	*2%*
Pain Management	*12*	*42%*	*0%*	*58%*	*0%*
Pathology	7	14%	0%	86%	0%
Radiology	49	21%	4%	67%	8%
Psychiatry	**84**	**60%**	**5%**	**30%**	**5%**
Adult Psychiatry	55	61%	7%	28%	4%
Child & Adolescent Psych	14	57%	0%	36%	7%
Other	**194**	**49%**	**5%**	**42%**	**5%**
Dermatology	18	61%	0%	39%	0%
Emergency Medicine	99	50%	4%	46%	0%
Neurology	18	59%	0%	12%	29%
Pediatric Subspecialties	22	33%	0%	48%	19%
Physical Medicine & Rehab	25	54%	8%	38%	0%
All Specialties, 2000 (1999)	**1252 (1465)**	**47% (49%)**	**5% (5%)**	**45% (44%)**	**3% (2%)**

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

[9]This subgroup (i.e. respondents leaving the U.S.) has been excluded from all other tables within Section 3 of this report.

3.2 Principal Practice Setting

Table 3.2 shows the practice setting of graduate's upcoming principal practice. The "Other" category includes "freestanding health center/clinic", "HMO", "military", and "other". On the 2000 survey, a new question was added asking graduates about the level of ownership they would have in their upcoming practice. Responses to this question are summarized in Figure 3.5.

Highlights

- Nearly one-half (48%) of respondents were entering group practices. More than four-fifths of these (82%) of these were going into groups as employees.
- The vast majority (88%) of respondents said they would be employees in their upcoming practices with no level of ownership. Of these, 36% said they may have the option to become and owner or partner at some point in the future. Only 7% of respondents said they would be owners or partners with capital invested and a financial stake in their upcoming practices.
- Despite the fact that only 4% of all respondents were planning to enter solo practice, there were a few outliers in this distribution. Otolaryngology (23%), Geriatrics (13%), Ophthalmology (11%), Dermatology (11%), and Urology (10%) each had ten percent or more of graduates opening a solo practice.
- Thirty percent (30%) of respondents were entering hospital based practices. Of those graduates who were entering hospitals (with the exception of Emergency Medicine where 83% of graduates were planning to work in emergency rooms), graduates were split evenly between inpatient (50%) and ambulatory care (50%) settings.

FIGURE 3.4 Practice Setting of Resp Upcoming Principal Practice
(for 2000 Exit Survey Respondents with Confirmed Practice Plans)

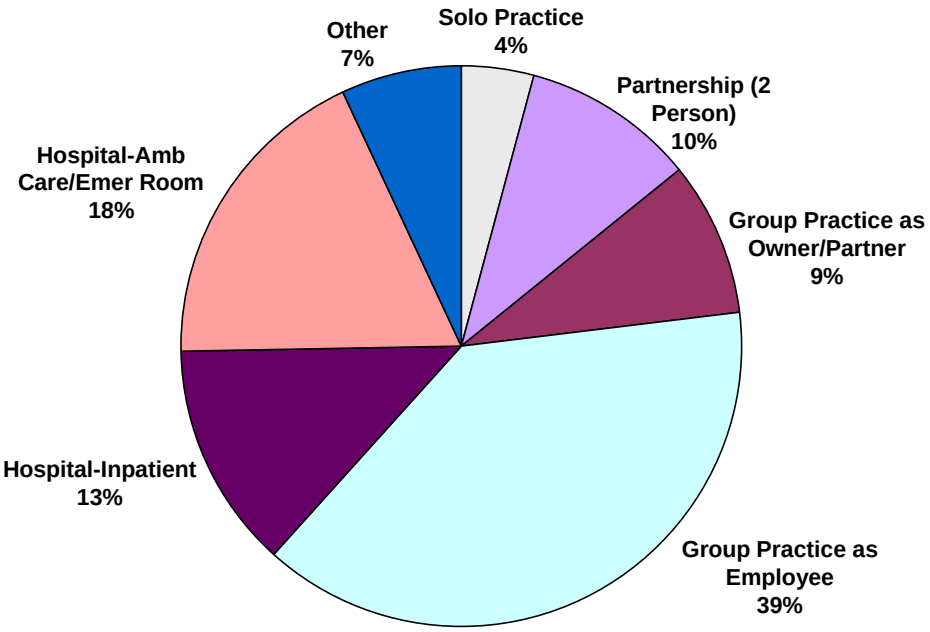


FIGURE 3.5. Respondent's Level of Ownership in Upcoming Principal Practice
(for 2000 Exit Survey Resp with Confirmed Practice Plans)

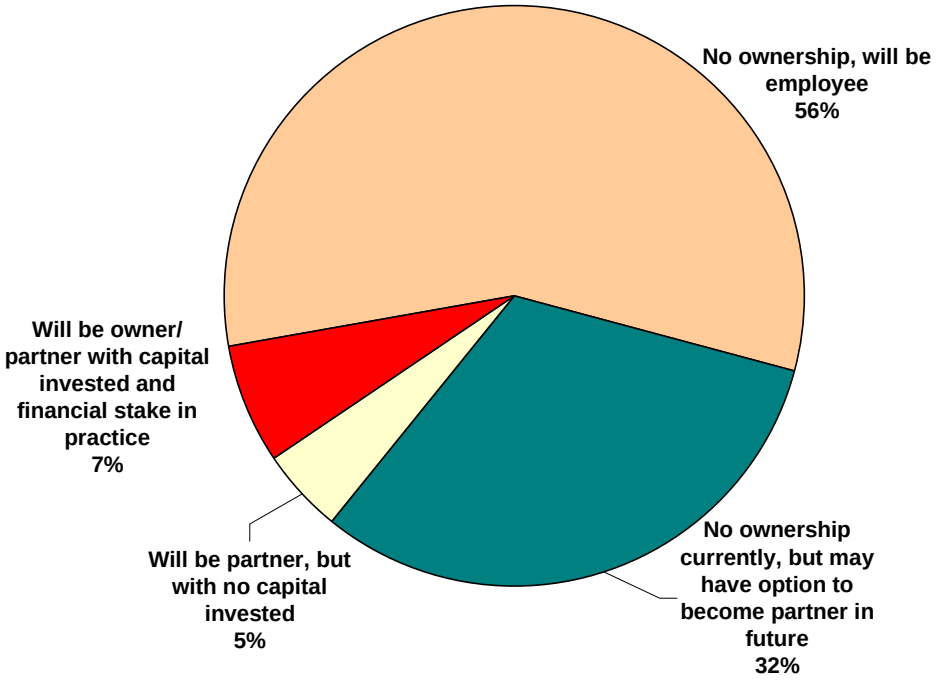


TABLE 3.2 Practice Setting of Respondent's Upcoming Principal Practice
(for 2000 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partner-ship (2 Person)	GROUP PRACTICE as Owner/ Partner	GROUP PRACTICE as Em-ployee	HOSPITAL In-patient	HOSPITAL Amb. Care	HOSPITAL Emer. Room	Other
Primary Care	**4%**	**11%**	**6%**	**42%**	**11%**	**13%**	**4%**	**9%**
Family Practice	3%	17%	7%	52%	0%	8%	2%	11%
Internal Medicine-General	4%	10%	6%	38%	16%	13%	4%	9%
Pediatrics-General	6%	10%	6%	44%	10%	14%	4%	7%
IM & Peds (Combined)	4%	8%	0%	25%	17%	33%	8%	4%
Obstetrics/Gynecology	**5%**	**15%**	**6%**	**54%**	**7%**	**9%**	**0%**	**5%**
Medicine Subspecialties	**5%**	**10%**	**13%**	**45%**	**15%**	**6%**	**1%**	**6%**
Cardiology	0%	12%	12%	58%	15%	0%	0%	4%
Gastroenterology	6%	11%	33%	33%	17%	0%	0%	0%
Geriatrics	13%	0%	4%	39%	13%	9%	4%	17%
Hematology/Oncology	7%	14%	14%	50%	7%	7%	0%	0%
Nephrology	6%	22%	17%	44%	11%	0%	0%	0%
Other IM Specialties	3%	6%	6%	44%	19%	14%	0%	8%
Surgery-General	**0%**	**0%**	**13%**	**53%**	**33%**	**0%**	**0%**	**0%**
Surgical Subspecialties	**8%**	**20%**	**15%**	**46%**	**4%**	**2%**	**0%**	**4%**
Ophthalmology	11%	32%	0%	53%	0%	5%	0%	0%
Orthopedics	0%	16%	22%	50%	0%	3%	0%	9%
Otolaryngology	23%	8%	15%	38%	8%	0%	0%	8%
Urology	10%	25%	20%	45%	0%	0%	0%	0%
Other Surgical Subspecialties	7%	20%	13%	43%	13%	0%	0%	3%
Facility Based	**0%**	**7%**	**21%**	**39%**	**23%**	**5%**	**0%**	**4%**
Anesthesiology	0%	6%	19%	43%	26%	6%	0%	0%
General Anesthesiology	*0%*	*3%*	*17%*	*43%*	*29%*	*9%*	*0%*	*0%*
Pain Management	*0%*	*17%*	*17%*	*33%*	*33%*	*0%*	*0%*	*0%*
Pathology	0%	0%	0%	40%	20%	0%	0%	40%
Radiology	0%	10%	28%	33%	20%	5%	0%	5%
Psychiatry	**4%**	**1%**	**1%**	**11%**	**28%**	**26%**	**7%**	**22%**
Adult Psychiatry	4%	2%	2%	10%	23%	27%	6%	25%
Child & Adolescent Psych	8%	0%	0%	8%	15%	38%	15%	15%
Other	**2%**	**6%**	**6%**	**25%**	**10%**	**5%**	**45%**	**1%**
Dermatology	11%	17%	0%	67%	0%	0%	0%	6%
Emergency Medicine	0%	0%	6%	11%	0%	0%	83%	0%
Neurology	0%	8%	8%	50%	33%	0%	0%	0%
Pediatric Subspecialties	6%	0%	0%	25%	38%	31%	0%	0%
Physical Medicine & Rehab	0%	13%	13%	42%	25%	4%	0%	4%
All Specialties, 2000	**4%**	**10%**	**9%**	**39%**	**13%**	**9%**	**9%**	**7%**
(All Specialties, 1999)	**(5%)**	**(11%)**	**(10%)**	**(37%)**	**(11%)**	**(11%)**	**(8%)**	**(8%)**

3.3 Demographics of Practice Location

Table 3.3 summarizes the responses to two questions relating to the demographics of the respondent's upcoming practice location. The first five columns give the demographics of the principal practice location and the last column gives the percentage of graduates entering practice in federally designated Health Professionals Shortage Areas (HPSAs). It should be noted that (as is true with all data presented in this report) these numbers are based on self-reporting by respondents. It should also be noted that a large percentage (20%) said they "didn't know" if their upcoming practice fell within a federal HPSA.

Highlights

- Over one-fourth (27%) of respondents reported entering practice in inner city locations and another 7% were going to rural locations. Seventeen percent (17%) said they would be practicing in a federal HPSA, the same percentage as in 1999.
- Graduates of Adult Psychiatry (60%), PM&R (50%), and General Anesthesiology (46%) were most likely to be entering practices in the inner city.
- Geriatricians were entering practice in rural areas at the highest rate (22%). Family Practice (17%), Hematology/Oncology (14%), Pediatric Subspecialties (12%), Internal Medicine (11%), and Adult Psychiatry (10%) graduates were also likely to be entering rural areas.
- Graduates of Pediatric Subspecialties (29%), Nephrology (28%), Psychiatry (27%), Family Practice (26%), and Internal Medicine (26%) were most likely to be entering practice in HPSAs.
- Citizenship status has a strong influence on an individual's likelihood of practicing in a HPSA. IMGs with J-1 & J-2 exchange visas are required to practice in an underserved area or return to their native country. Therefore, specialties with a high proportion of temporary visa holders had high proportions of respondents entering HPSAs.
- While most (72%) IMGs with temporary visas were entering HPSAs, IMGs with permanent citizenship status were actually less likely than USMGs to be entering HPSAs. For primary care specialties, 22% of USMGs reported entering practice in a HPSA vs. only 7% of IMGs with permanent citizenship status.

FIGURE 3.6 Percent of Respondents Entering Practice in Rural and Inner City Areas

by Location of Medical School & Citizenship Status, (for 2000 Exit Survey Resp from Primary Care Specialties with Confirmed Practice Plans)

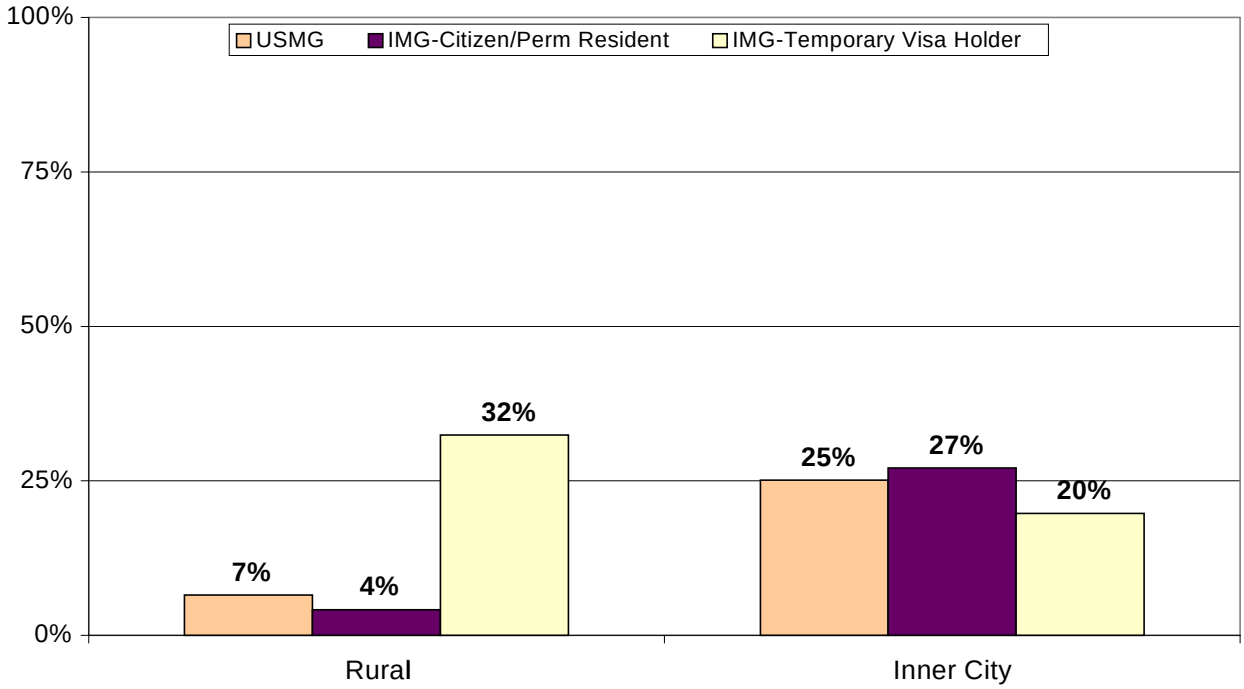


FIGURE 3.7 Proportion of Respondents Entering Practice in a Federal HPSA

by Location of Medical School & Citizenship, (for Respondents from Primary Care Specialties with Confirmed Practice Plans)

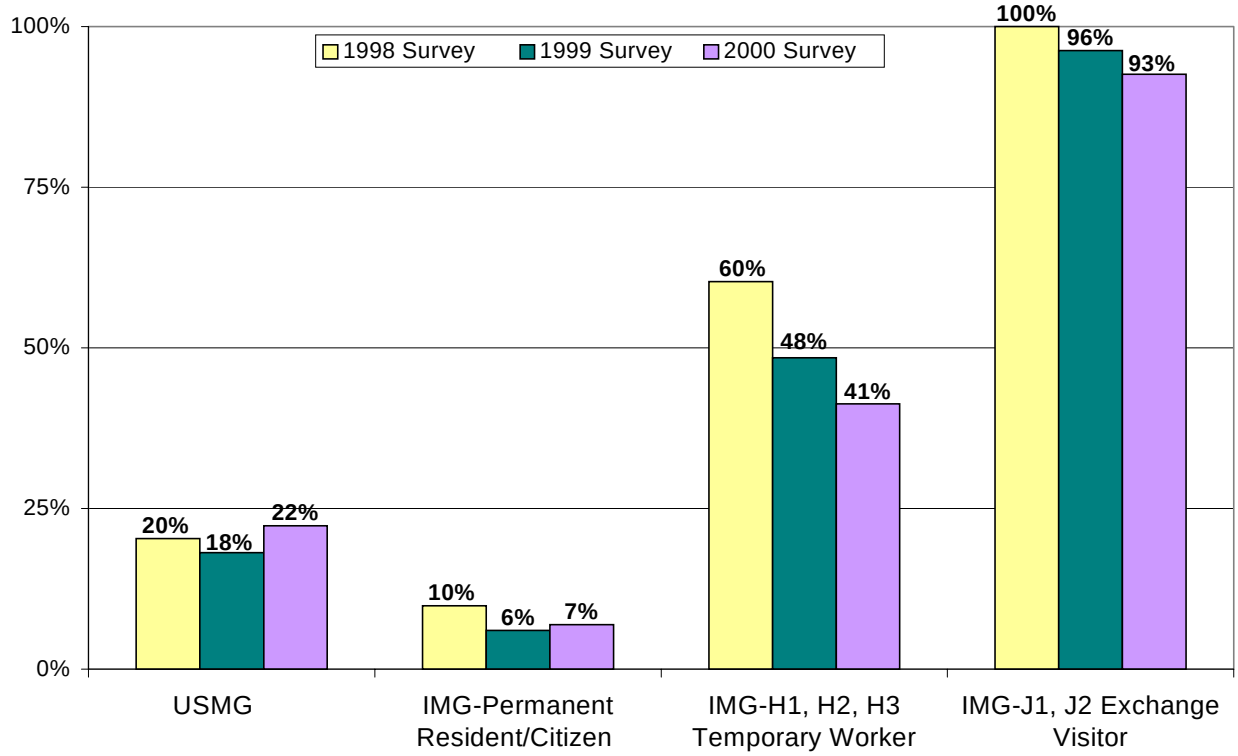


TABLE 3.3 Demographics of Practice Location
(for 2000 Exit Survey Respondents with Confirmed Practice Plans)

	DEMOGRAPHICS					% Practicing in a Federal HPSA[10]
Specialty	Inner City	Other Area in Major City	Suburban	Small City	Rural	
Primary Care	**25%**	**17%**	**35%**	**14%**	**10%**	**23%**
Family Practice	24%	10%	36%	13%	17%	26%
Internal Medicine-General	25%	17%	31%	15%	11%	26%
Pediatrics-General	26%	18%	42%	11%	3%	17%
IM & Peds (Combined)	21%	29%	33%	13%	4%	22%
Obstetrics/Gynecology	**23%**	**25%**	**38%**	**13%**	**2%**	**13%**
Medicine Subspecialties	**18%**	**20%**	**35%**	**17%**	**9%**	**23%**
Cardiology	21%	14%	45%	14%	7%	21%
Gastroenterology	22%	0%	61%	17%	0%	11%
Geriatrics	22%	22%	30%	4%	22%	22%
Hematology/Oncology	7%	36%	14%	29%	14%	14%
Nephrology	11%	42%	26%	16%	5%	28%
Other IM Specialties	21%	18%	31%	23%	8%	33%
Surgery-General	**33%**	**27%**	**27%**	**7%**	**7%**	**7%**
Surgical Subspecialties	**18%**	**30%**	**40%**	**11%**	**0%**	**3%**
Ophthalmology	21%	26%	37%	16%	0%	5%
Orthopedics	19%	19%	41%	22%	0%	3%
Otolaryngology	15%	31%	46%	8%	0%	15%
Urology	15%	20%	60%	5%	0%	0%
Other Surgical Subspecialties	20%	50%	27%	3%	0%	0%
Facility Based	**29%**	**21%**	**33%**	**15%**	**2%**	**8%**
Anesthesiology	38%	19%	29%	12%	2%	12%
General Anesthesiology	*46%*	*10%*	*33%*	*8%*	*3%*	*11%*
Pain Management	*8%*	*42%*	*17%*	*33%*	*0%*	*17%*
Pathology	43%	14%	29%	14%	0%	0%
Radiology	15%	24%	39%	20%	2%	2%
Psychiatry	**50%**	**19%**	**12%**	**12%**	**8%**	**27%**
Adult Psychiatry	60%	12%	4%	15%	10%	29%
Child & Adolescent Psych	23%	31%	38%	8%	0%	23%
Other	**38%**	**22%**	**27%**	**9%**	**5%**	**11%**
Dermatology	28%	28%	44%	0%	0%	0%
Emergency Medicine	37%	29%	21%	10%	3%	12%
Neurology	42%	0%	33%	25%	0%	0%
Pediatric Subspecialties	41%	18%	18%	12%	12%	29%
Physical Medicine & Rehab	50%	13%	33%	4%	0%	4%
All Specialties, 2000 (1999)	**27% (27%)**	**21% (20%)**	**33% (30%)**	**13% (15%)**	**7% (7%)**	**17% (17%)**

[10]HPSA = Health Professionals Shortage Area.

3.4 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 given because many specialties had a relatively small number of respondents. Finally, specialties are ranked in descending order (i.e. 1 is highest, 28 is lowest) by both mean and median expected starting income.

It should be noted that while specialty was the most important variable in describing variations in income, there were other significant factors as well. Controlling for other variables, the following factors were found to be significant in describing differences in income: the number of hours an individual will be working, practice location (an individual staying in NYS can, on average, expect to receive 10% less than the same person if they had left the state), citizenship (J-1 & J-2 exchange visitors averaged 12% less than other respondents), and gender (females averaged 4% less than males). The numbers given in this section are presented without statistical adjustments for these factors. In making comparisons by specialty, it is generally preferable to use the median because income data is skewed and the median is resistant to outliers and provides a more stable measure of central tendency. For an analysis of trends in starting income, please see Section 4.6.

Highlights

- Although there is considerable overlap in the salary distributions of primary care and non-primary care physicians, non-primary care physicians generally reported higher incomes.
- Individual specialties with the highest median starting income (rounded to nearest hundred dollars) were Orthopedics ($195,800), Radiology ($174,600), Emergency Medicine ($169,000), and Pain Management ($163,100).
- Pediatrics had by far the lowest starting income of all specialties ($95,300). Other specialties with low starting incomes included IM & Peds-Combined ($107,100), Pediatric Subspecialties ($111,300), Internal Medicine ($112,000), and Geriatrics ($112,000).
- Among the specialty groups, Primary Care had the lowest starting income ($109,400). Conversely, Surgical Subspecialties ($165,400) and Facility Based specialties ($164,400) were highest.

FIGURE 3.8 Descriptive Statistics for Starting Income (in $1,000s)
by Specialty Grp, (for 2000 Exit Survey Resp with Confirmed Practice Plans)

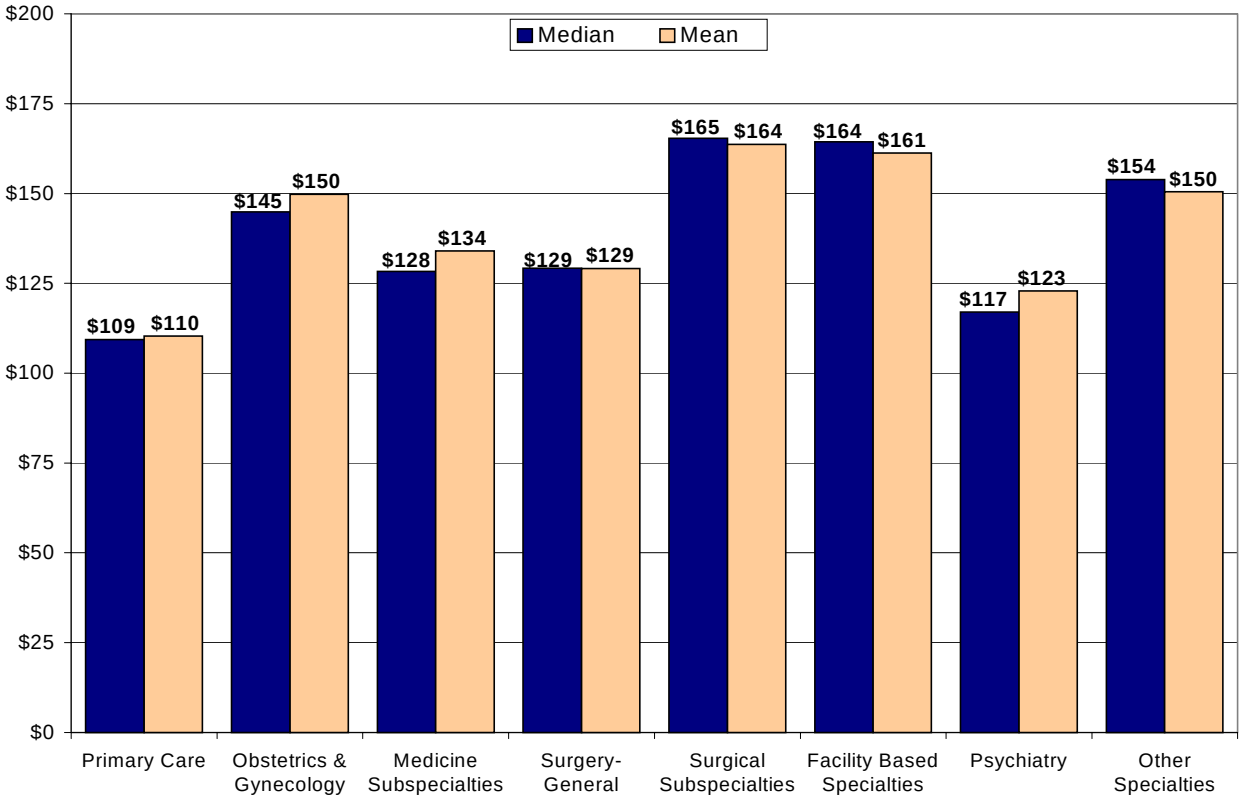


FIGURE 3.9 Distribution of Starting Income
by Primary Care vs. Non-Primary Care,
(for 2000 Exit Survey Respondents with Confirmed Practice Plans)

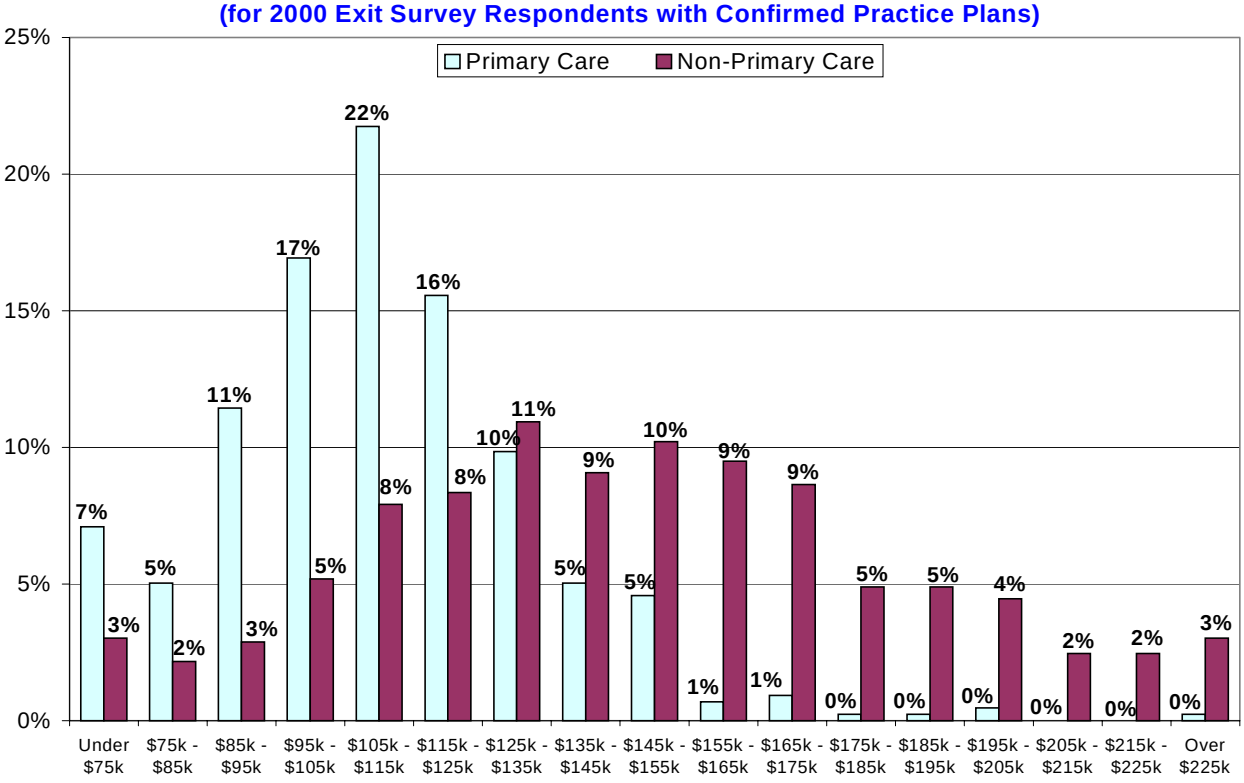


FIGURE 3.10 Rank of Median Starting Income (in 1,000s)
by Specialty, (for 2000 Exit Survey Resp with Confirmed Prac. Plans)

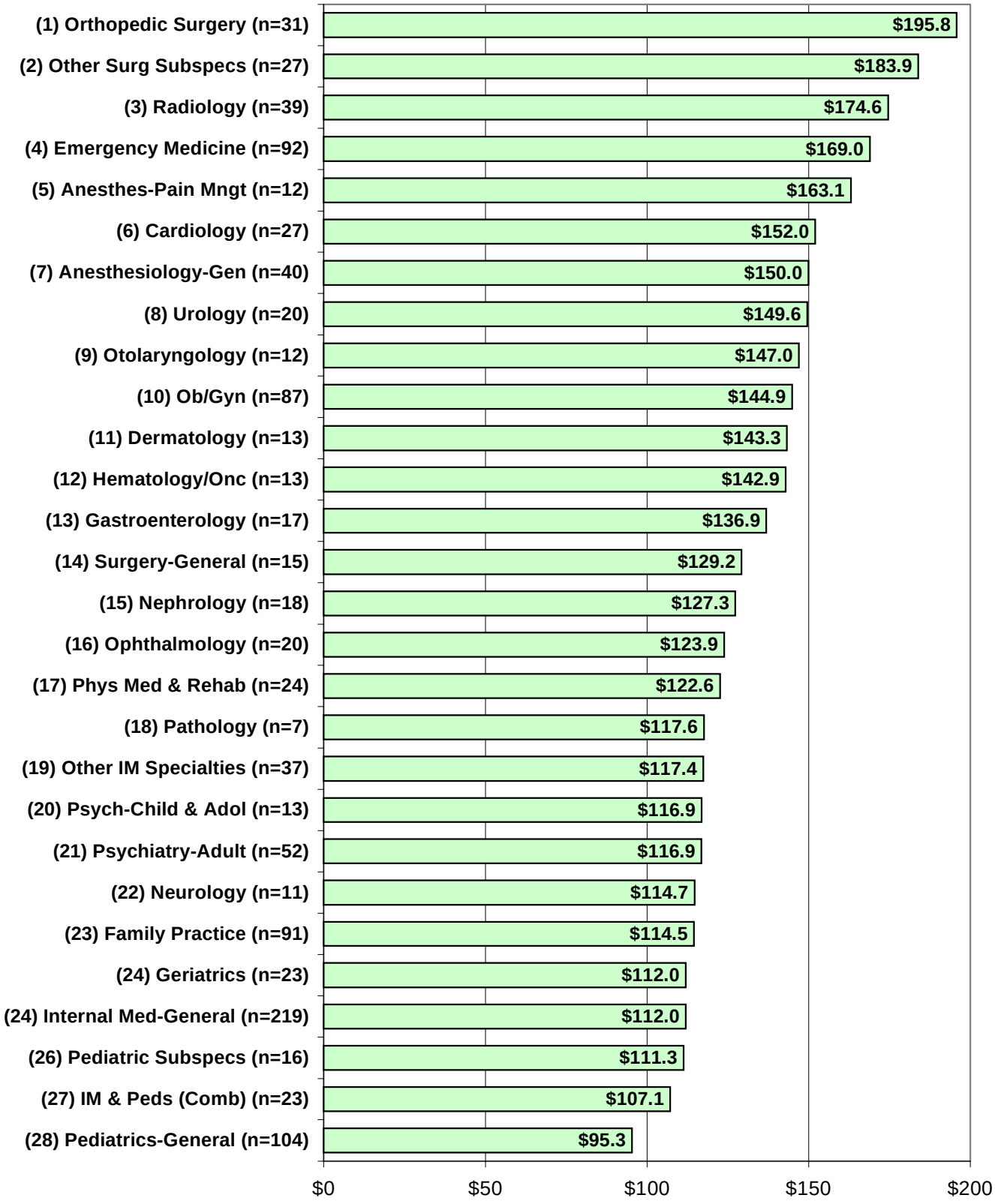


TABLE 3.4 Descriptive Statistics for Resp Expected Starting Income
(for 2000 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK[11] (of 28)	MEDIAN	RANK (of 28)
Primary Care	**437**	**$110,400**	N/A	**$109,400**	N/A
Family Practice	91	$117,400	22	$114,500	23
Internal Medicine-General	219	$114,100	25	$112,000	24
Pediatrics-General	104	$97,200	28	$95,300	28
IM & Peds (Combined)	23	$106,700	26	$107,100	27
Obstetrics/Gynecology	**87**	**$149,800**	**9**	**$144,900**	**10**
Medicine Subspecialties	**135**	**$134,000**	N/A	**$128,300**	N/A
Cardiology	27	$159,300	5	$152,000	6
Gastroenterology	17	$143,300	12	$136,900	13
Geriatrics	23	$106,700	26	$112,000	24
Hematology/Oncology	13	$144,200	11	$142,900	12
Nephrology	18	$132,000	14	$127,300	15
Other IM Specialties	37	$125,600	18	$117,400	19
Surgery-General	**15**	**$129,100**	**16**	**$129,200**	**14**
Surgical Subspecialties	**110**	**$163,700**	N/A	**$165,400**	N/A
Ophthalmology	20	$124,400	19	$123,900	16
Orthopedics	31	$192,800	1	$195,800	1
Otolaryngology	12	$151,900	8	$147,000	9
Urology	20	$146,500	10	$149,600	8
Other Surgical Subspecialties	27	$177,200	2	$183,900	2
Facility Based	**105**	**$161,300**	N/A	**$164,400**	N/A
Anesthesiology	59	$157,800	N/A	$153,800	N/A
General Anesthesiology	*40*	*$156,800*	*6*	*$150,000*	*7*
Pain Management	*12*	*$154,500*	*7*	*$163,100*	*5*
Pathology	7	$114,200	24	$117,600	18
Radiology	39	$175,100	3	$174,600	3
Psychiatry	**78**	**$122,900**	N/A	**$117,100**	N/A
Adult Psychiatry	52	$119,600	20	$116,900	20
Child & Adolescent Psych	13	$129,900	15	$116,900	20
Other	**166**	**$150,500**	N/A	**$153,900**	N/A
Dermatology	13	$140,800	13	$143,300	11
Emergency Medicine	92	$172,800	4	$169,000	4
Neurology	11	$118,600	21	$114,700	22
Pediatric Subspecialties	16	$116,500	23	$111,300	26
Physical Medicine & Rehab	24	$126,800	17	$122,600	17
Total (All Specialties)	**1133**	**$133,100**	N/A	**$126,900**	N/A

[11]Rank based on 28 specialties, ranked in descending order (i.e. specialty with the highest income ranked #1, lowest income ranked #28).

3.5 Expected Weekly Number of Patient Care/Clinical Practice Hours

Respondents were asked about the number of hours per week they expected to spend in patient care/clinical practice activities in their upcoming practice position. While new physicians may not know exactly how many hours they will be working, they are likely to know to within the 10 hour intervals provided as choices on the survey. It is important to know how many hours graduates will be working 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 be spending in patient care/clinical practice activities. Gender has been found to be a significant factor in predicting the number of hours an individual will be working with females averaging about 10% fewer hours than males. Therefore, it is 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 1999 and 2000 surveys (the question was not asked in 1998). This provided a large enough number of respondents to allow for stratification by gender in most specialties.

Highlights

- Overall, graduates expected to spend an average of 43.9 hours per week in patient care/clinical practice activities.
- As noted above, females expected to work about 10% fewer patient care hours than males (41.4 versus 45.4). This gender difference was greatest in Dermatology (31%), Pathology (22%), Child Psychiatry (20%), Radiology (18%), and IM & Peds-Combined (16%).
- Graduates of the following individual specialties expected to be working the highest number of hours: Pain Management (52.0), General Anesthesiology (49.9), General Surgery (49.4), Nephrology (48.7) and Orthopedics (48.6).
- Graduates expected to be working fewer than 40 patient care/clinical practice hours per week in Dermatology (35.8) and Emergency Medicine (37.0).

FIGURE 3.11 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours, Ranked by Specialty
(1999 and 2000 Respondents with Confirmed Practice Plans)

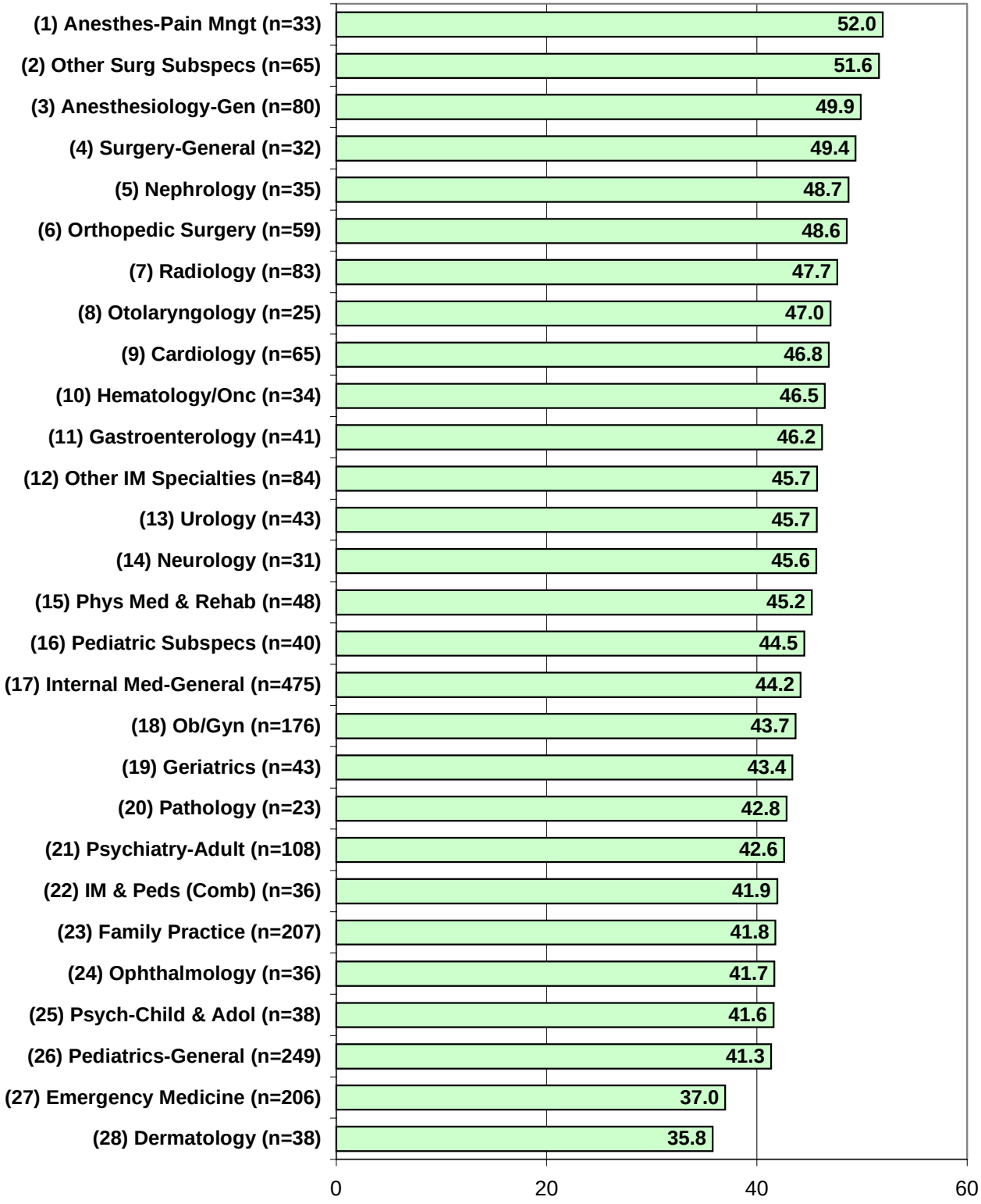


TABLE 3.5 Respondent's Expected Weekly Number of Patient Care/Clinical Practice Hours, by Gender[12]

(for Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**44.4**	**41.1**	**42.8**
Family Practice	42.9	40.6	41.8
Internal Medicine-General	45.2	42.5	44.2
Pediatrics-General	43.8	40.0	41.3
IM & Peds (Combined)	44.2	37.5	41.9
Obstetrics/Gynecology	**45.0**	**42.9**	**43.7**
Medicine Subspecialties	**47.0**	**43.6**	**46.1**
Cardiology	47.7	43.5	46.8
Gastroenterology	47.4	41.3 (n = 8)	46.2
Geriatrics	42.7	44.0	43.4
Hematology/Oncology	46.5	46.4 (n = 7)	46.5
Nephrology	50.0	41.0 (n = 5)	48.7
Other IM Specialties	46.6	43.9	45.7
Surgery-General	**48.9**	**50.6**	**49.4**
Surgical Subspecialties	**48.1**	**44.3**	**47.6**
Ophthalmology	42.1	41.0	41.7
Orthopedics	N/A	N/A	48.6
Otolaryngology	N/A	N/A	47.0
Urology	N/A	N/A	45.7
Other Surgical Subspecialties	N/A	N/A	51.6
Facility Based	**50.1**	**44.2**	**48.6**
Anesthesiology	50.6	48.6	50.2
General Anesthesiology	*51.1*	*45.0*	*49.9*
Pain Management	*N/A*	*N/A*	*52.0*
Pathology	47.7	38.3	42.8
Radiology	49.7	41.7	47.7
Psychiatry	**45.1**	**40.3**	**43.0**
Adult Psychiatry	44.7	40.1	42.6
Child & Adolescent Psych	45.5	37.2	41.6
Other	**40.3**	**38.1**	**39.4**
Dermatology	42.1	30.7	35.8
Emergency Medicine	37.6	35.5	37.0
Neurology	46.1	45.0	45.6
Pediatric Subspecialties	46.1	43.2	44.5
Physical Medicine & Rehab	45.3	45.0	45.2
Total (All Specialties)	**45.4**	**41.4**	**43.9**

[12]Patient care/clinical practice hours has been stratified by gender in any specialties with enough respondents to do so. The number of respondents (n) is given if n is less than 10. The data presented in this table is for respondents to both the 1999 and 2000 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 IV

Experiences in Searching for a Practice Position (IMGs on Temporary Visas Excluded)

This section summarizes the responses to several questions on residents' experiences in searching for a practice position and their general perceptions of the job market for their specialty. Any respondent who was entering or who considered entering patient care/clinical practice was asked to complete this section of the survey. The responses of IMGs on temporary visas have been excluded from this section because they had significantly more difficulty due to their visa status. Figure 4.1 illustrates the differences between temporary visa holders and other respondents in terms of the difficulty they faced in finding a job. Respondents indicating that they had not yet actively searched for a practice position were also excluded.

Each subsection within Section IV summarizes the responses to a question on: the 2000 survey, the aggregated total of all respondents for the three years the survey has been conducted, and the trend (i.e. the average annual change from '98 to '00) in each variable. For each item, specialties are ranked to determine where each individual specialty stands relative to all 28 specialties. In Section 4.7, composite measures of demand are computed using all demand variables to measure both the *current* relative demand as well as *trends* in relative demand for each specialty.

4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

Table 4.1 gives the percent of respondents who reported difficulty finding a practice position with which they were satisfied. As noted above, this table summarizes the responses for the 2000 survey, the aggregated total of responses to all three years of the survey, and the trend, or average annual change, in the percent of respondents reporting difficulty.

Highlights

- About one-third (34%) of respondents reported difficulty finding a satisfactory position. This percentage has remained nearly constant over the three years of the survey. As a group, Primary Care had the highest percent of respondents reporting difficulty in 2000 (49%) and this percentage has increased each year of the survey. Conversely, most other specialties have seen decreases in the percent of graduates reporting difficulty.
- The most often cited "main reason for difficulty finding a practice position" was a "lack of jobs in desired locations" (44%) followed by an "overall lack of jobs" (18%).

- Specialties where more than one-half of respondents reported difficulty finding a satisfactory position were Pathology (57%), Internal Medicine (54%), and PM&R (51%). Graduates of General Anesthesiology (5%), Dermatology (6%), and Radiology (7%) had the least difficulty.
- General Anesthesiology, Radiology, Pain Management, Dermatology, and Gastroenterology showed the most improvement in the percentage of graduates reporting difficulty (measured by the trend from 1998 to 2000). Emergency Medicine, General Surgery, Nephrology, and Cardiology saw the largest increases in graduates having difficulty.

FIGURE 4.1 Percent of Resp Having Difficulty Finding a Satisfactory Practice Position and Having to Change Plans Due to Limited Practice Opportunities
by Location of Med School & Citizenship Status, (of 2000 Resp Who Have Searched for a Job)

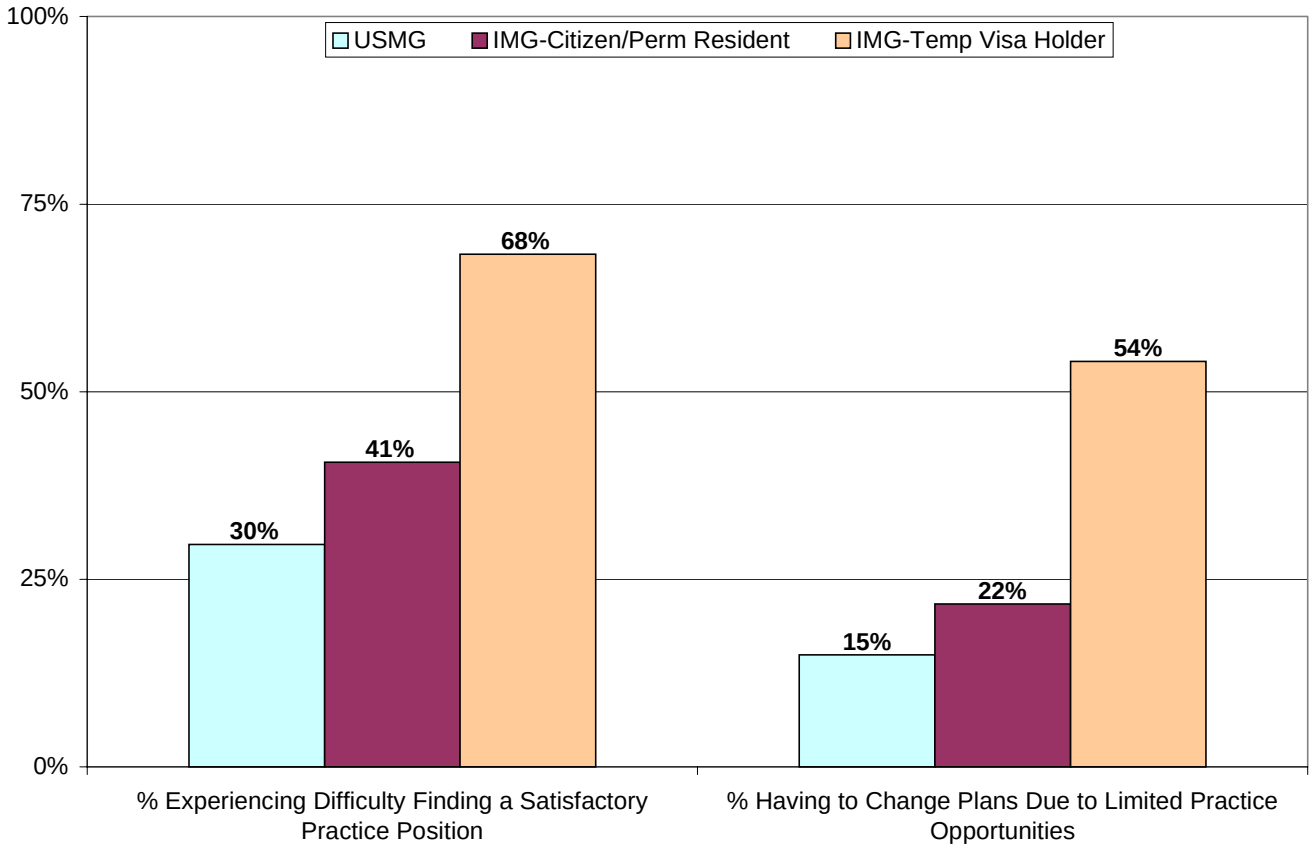


Figure 4.1 illustrates the significant differences in the job market experiences of respondents based on their citizenship status and location of medical school. In particular, IMGs on temporary visas experience much more difficulty due to their visa status. Since IMGs on temporary visas are not evenly distributed among various specialties, their responses will confound (i.e. bias) the results when making comparisons across specialties. To eliminate this potential bias, IMGs on temporary visas have been excluded from the data presented in this section.

FIGURE 4.2 Main Reason for Difficulty Finding a Satisfactory Practice Position

(of 2000 Resp Who Reported Having Difficulty, IMGs on Temp Visas Excluded)

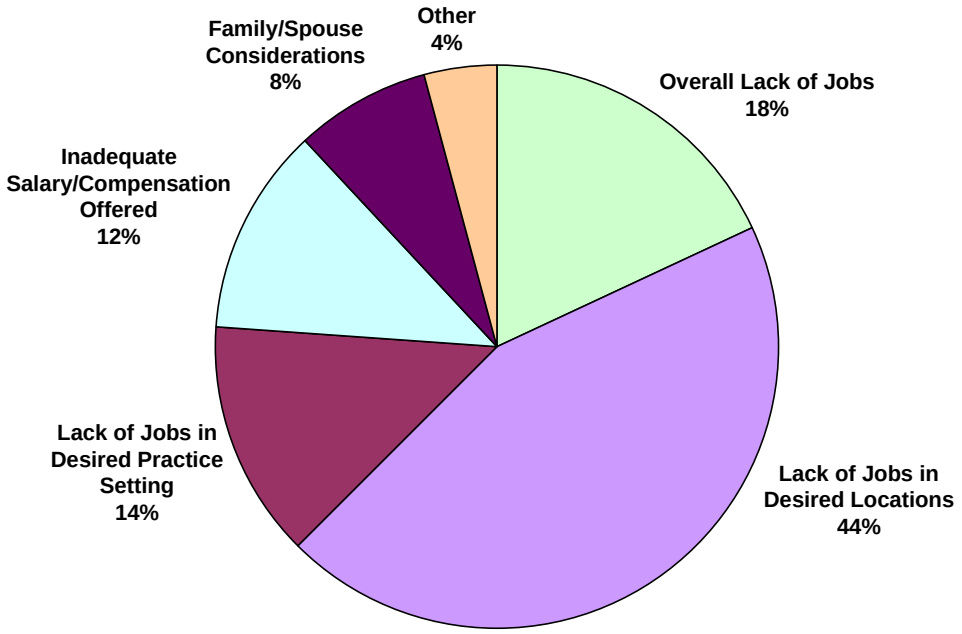


FIGURE 4.3 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

by Specialty Grp, (of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

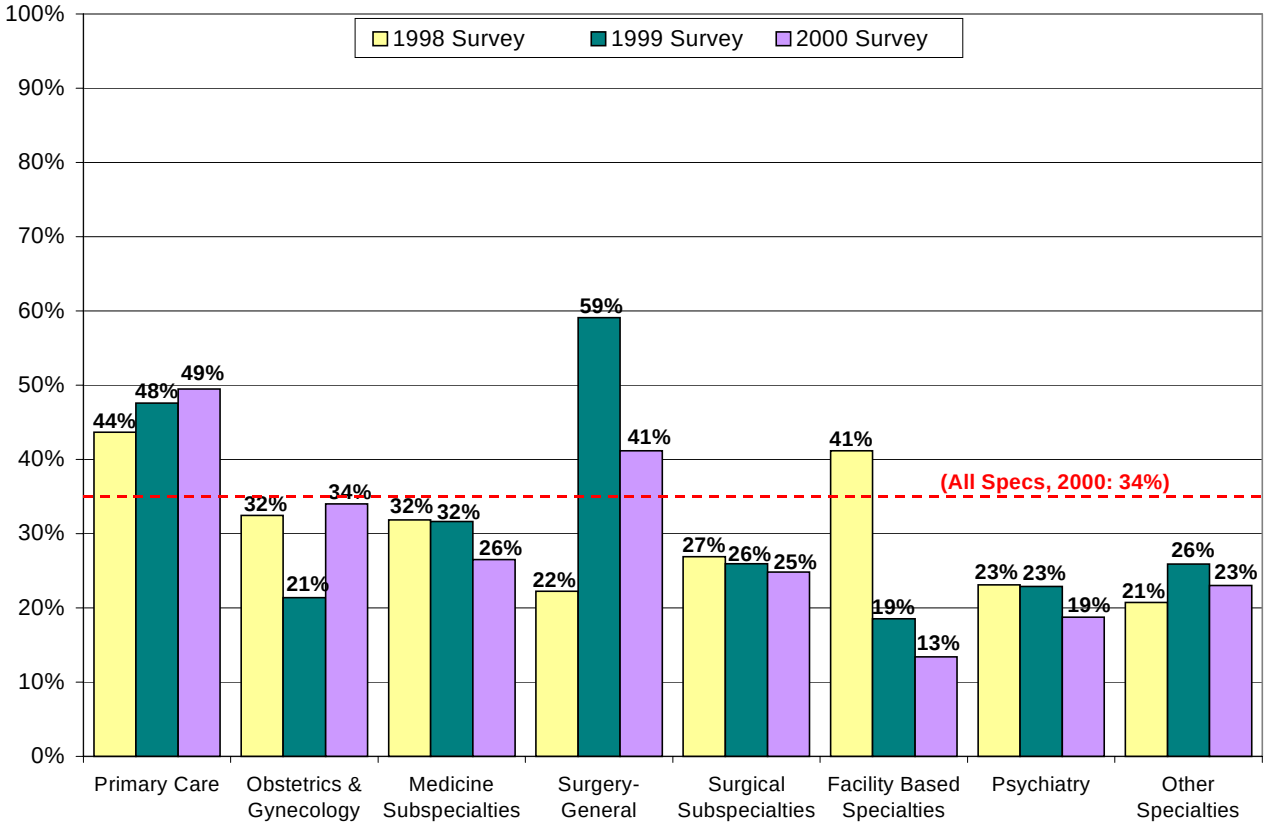


FIGURE 4.4 Rank of Percent of Resp Having Difficulty Finding a Satisfactory Practice Position, by Specialty

(of '00 Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

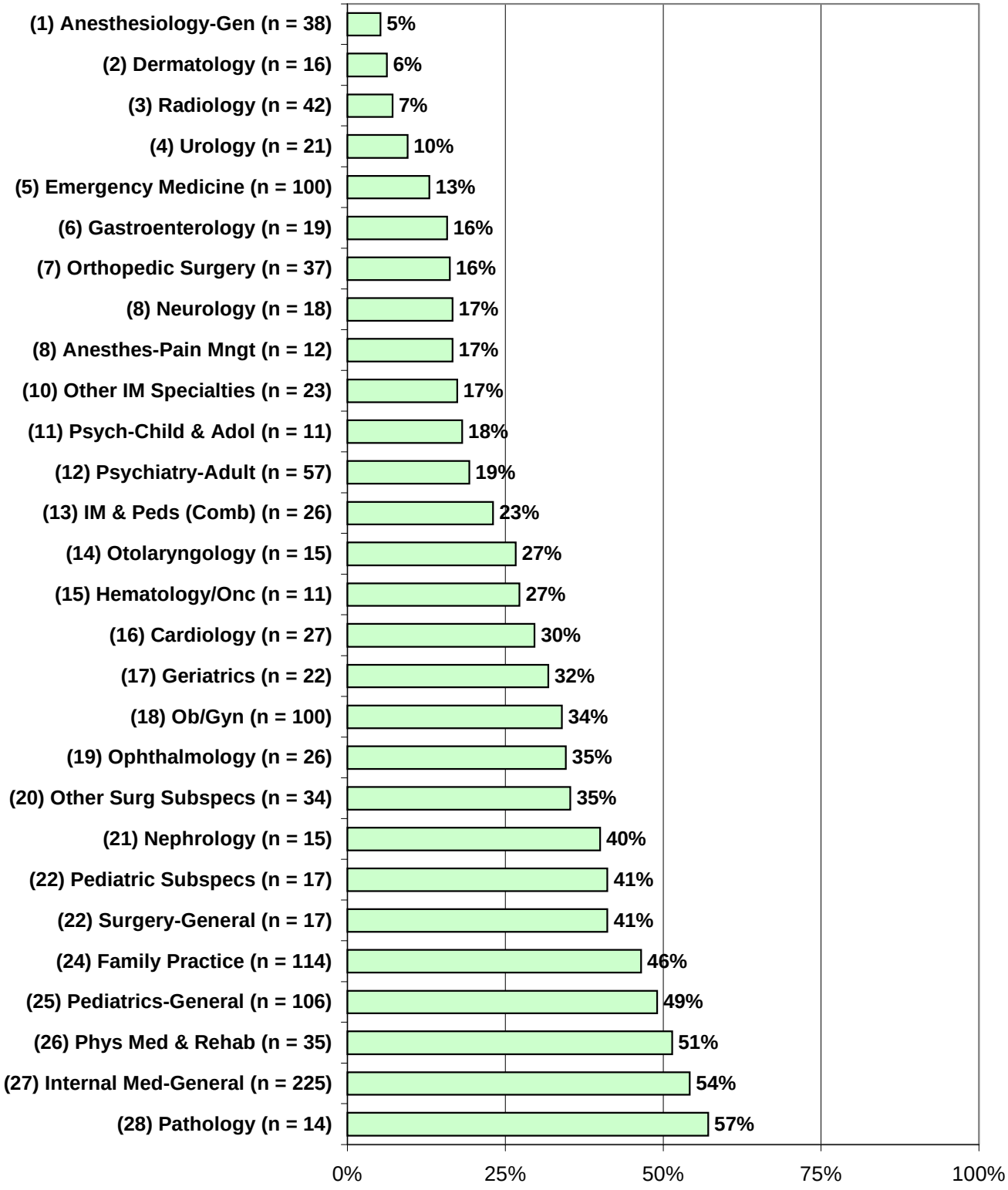


TABLE 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position
(of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	2000 Respondents	RANK (of 28)	All Respondents (Aggregated: 1998 thru 2000)	RANK (of 28)	Trend (Average Annual Change: 1998 to 2000)	RANK (of 28)
Primary Care	**49%**	N/A	**47%**	N/A	**7%**	N/A
Family Practice	46%	24	43%	24	9%	19
Internal Medicine-General	54%	27	50%	26	6%	18
Pediatrics-General	49%	25	45%	25	18%	23
IM & Peds (Combined)	23%	13	30%	13	-20%	8
Obstetrics/Gynecology	**34%**	18	**29%**	12	**14%**	21
Medicine Subspecialties	**26%**	N/A	**30%**	N/A	**-8%**	N/A
Cardiology	30%	16	22%	8	32%	25
Gastroenterology	16%	6	31%	16	-31%	6
Geriatrics	32%	17	39%	23	-1%	16
Hematology/Oncology	27%	15	30%	14	-9%	12
Nephrology	40%	21	33%	20	40%	26
Other IM Specialties	17%	10	32%	19	-35%	4
Surgery-General	**41%**	22	**35%**	21	**54%**	27
Surgical Subspecialties	**25%**	N/A	**26%**	N/A	**-4%**	N/A
Ophthalmology	35%	19	39%	22	-4%	14
Orthopedics	16%	7	20%	5	-19%	10
Otolaryngology	27%	14	31%	17	-10%	11
Urology	10%	4	14%	2	10%	20
Other Surgical Subspecialties	35%	20	29%	11	15%	22
Facility Based	**13%**	N/A	**26%**	N/A	**-41%**	N/A
Anesthesiology	7%	N/A	19%	N/A	-55%	N/A
General Anesthesiology	*5%*	*1*	*15%*	*4*	*-57%*	*1*
Pain Management	*17%*	*8*	*31%*	*17*	*-40%*	*3*
Pathology	57%	28	52%	27	6%	17
Radiology	7%	3	21%	7	-50%	2
Psychiatry	**19%**	N/A	**22%**	N/A	**-9%**	N/A
Adult Psychiatry	19%	12	21%	6	-2%	15
Child & Adolescent Psych	18%	11	26%	10	-23%	7
Other	**23%**	N/A	**23%**	N/A	**7%**	N/A
Dermatology	6%	2	14%	3	-31%	5
Emergency Medicine	13%	5	13%	1	73%	28
Neurology	17%	8	23%	9	-19%	9
Pediatric Subspecialties	41%	22	30%	15	28%	24
Physical Medicine & Rehab	51%	26	55%	28	-5%	13
Total (All Specialties)	**34%**	N/A	**34%**	N/A	**-1%**	N/A

4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities

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

Highlights

- Seventeen percent (17%) of respondents reported having to change their plans due to limited job opportunities, down slightly from the two previous years (both 19%). With the exception of Primary Care, fewer graduates are finding in necessary to change plans in most specialties.
- Child Psychiatry (0%), General Anesthesiology (0%), Radiology (2%), and Urology (5%) had the fewest graduates having to change plans in 2000. Graduates of Pathology (36%), Internal Medicine (28%), Hematology/Oncology (27%), Otolaryngology (27%), PM&R (26%), Pediatrics (25%), and Pediatric Subspecialties (25%) were most likely to change plans.
- Child Psychiatry, Radiology, General Anesthesiology, and Neurology showed the greatest improvement from 1998 to 2000 in percent of graduates changing plans. Cardiology, Pediatric Subspecialties, Urology, and Hematology/Oncology had the worst trends on this variable.

FIGURE 4.5 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities
by Specialty Grp, (of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

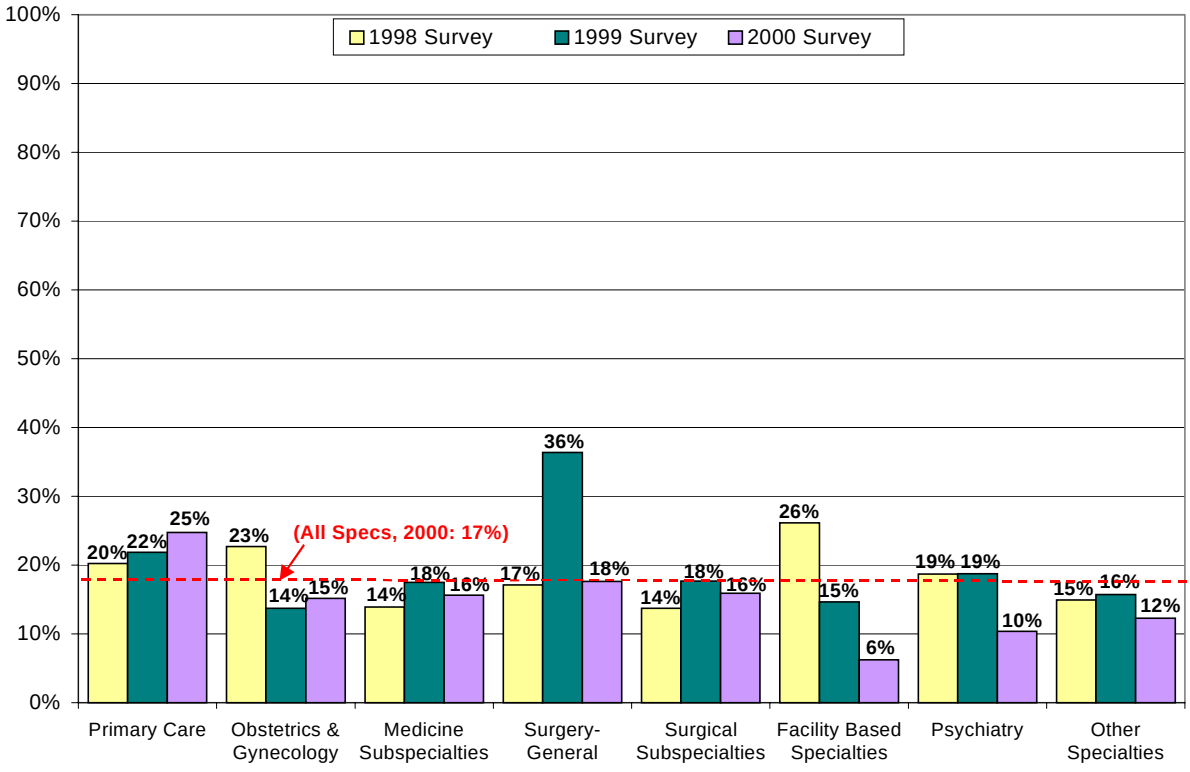


FIGURE 4.6 Rank of Percent of Resp Having to Change Plans Due to Limited Practice Opportunities, by Specialty

(of '00 Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

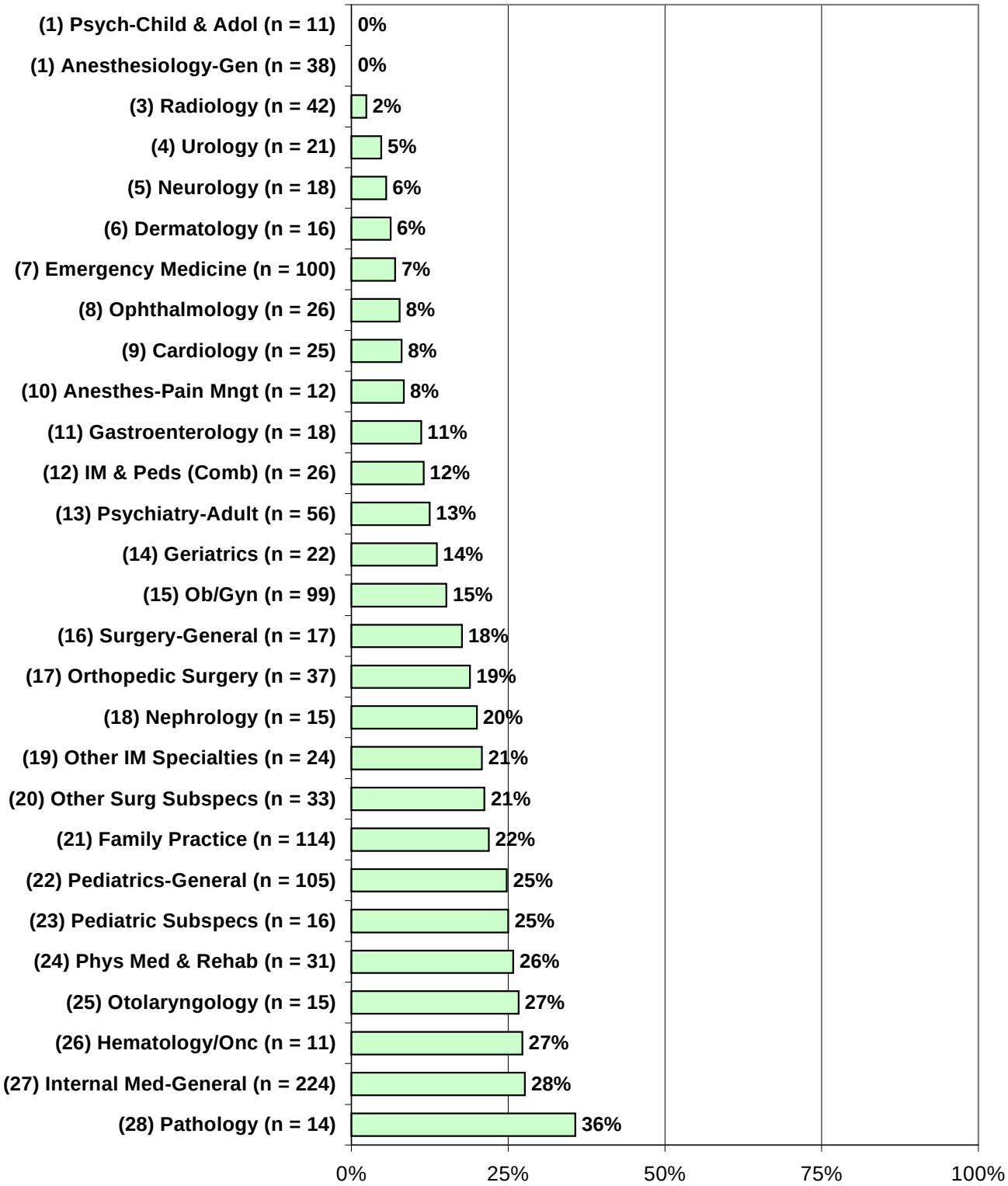


TABLE 4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities
(of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	2000 Respondents	RANK (of 28)	All Respondents (Aggregated: 1998 thru 2000)	RANK (of 28)	Trend (Average Annual Change: 1998 to 2000)	RANK (of 28)
Primary Care	**25%**	N/A	**22%**	N/A	**11%**	N/A
Family Practice	22%	21	19%	20	27%	17
Internal Medicine-General	28%	27	25%	25	8%	13
Pediatrics-General	25%	22	22%	22	16%	14
IM & Peds (Combined)	12%	12	13%	6	39%	22
Obstetrics/Gynecology	**15%**	15	**17%**	19	**-15%**	7
Medicine Subspecialties	**16%**	N/A	**16%**	N/A	**8%**	N/A
Cardiology	8%	9	7%	2	120%	28
Gastroenterology	11%	11	14%	9	19%	15
Geriatrics	14%	14	24%	24	34%	20
Hematology/Oncology	27%	26	16%	13	65%	25
Nephrology	20%	18	14%	11	52%	23
Other IM Specialties	21%	19	20%	21	0%	11
Surgery-General	**18%**	16	**23%**	23	**30%**	19
Surgical Subspecialties	**16%**	N/A	**16%**	N/A	**9%**	N/A
Ophthalmology	8%	8	16%	15	37%	21
Orthopedics	19%	17	14%	10	30%	18
Otolaryngology	27%	25	29%	26	0%	12
Urology	5%	4	7%	3	88%	26
Other Surgical Subspecialties	21%	20	17%	18	22%	16
Facility Based	**6%**	N/A	**17%**	N/A	**-51%**	N/A
Anesthesiology	2%	N/A	10%	N/A	-51%	N/A
General Anesthesiology	*0%*	*1*	*6%*	*1*	*-44%*	*3*
Pain Management	*8%*	*10*	*15%*	*12*	*60%*	*24*
Pathology	36%	28	39%	28	-10%	8
Radiology	2%	3	16%	16	-71%	2
Psychiatry	**10%**	N/A	**16%**	N/A	**-22%**	N/A
Adult Psychiatry	13%	13	16%	17	-7%	9
Child & Adolescent Psych	0%	1	16%	14	-76%	1
Other	**12%**	N/A	**14%**	N/A	**-8%**	N/A
Dermatology	6%	6	13%	6	-17%	6
Emergency Medicine	7%	7	8%	4	-3%	10
Neurology	6%	5	10%	5	-34%	4
Pediatric Subspecialties	25%	23	13%	8	91%	27
Physical Medicine & Rehab	26%	24	36%	27	-20%	5
Total (All Specialties)	**17%**	N/A	**18%**	N/A	**-4%**	N/A

4.3 Number of Job Offers Received

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

Highlights

- The average number of job offers received by graduates in 2000 was 3.67, nearly equal to the number received by graduates in 1999. Dermatologists (8.67) and Child Psychiatrist (6.45) received the most job offers in 2000 while Pathologists (1.14) received the fewest.
- Child Psychiatry (+62%), Dermatology (+34%), and Radiology (+34%) were specialties showing the greatest average annual increases in job offers. Conversely, Pediatrics (-12%), Pediatric Subspecialties (-10%), and Pathology (-8%) saw the largest decreases in job offers.

FIGURE 4.7 Mean Number of Job Offers Received by Respondents
by Specialty Grp, (of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

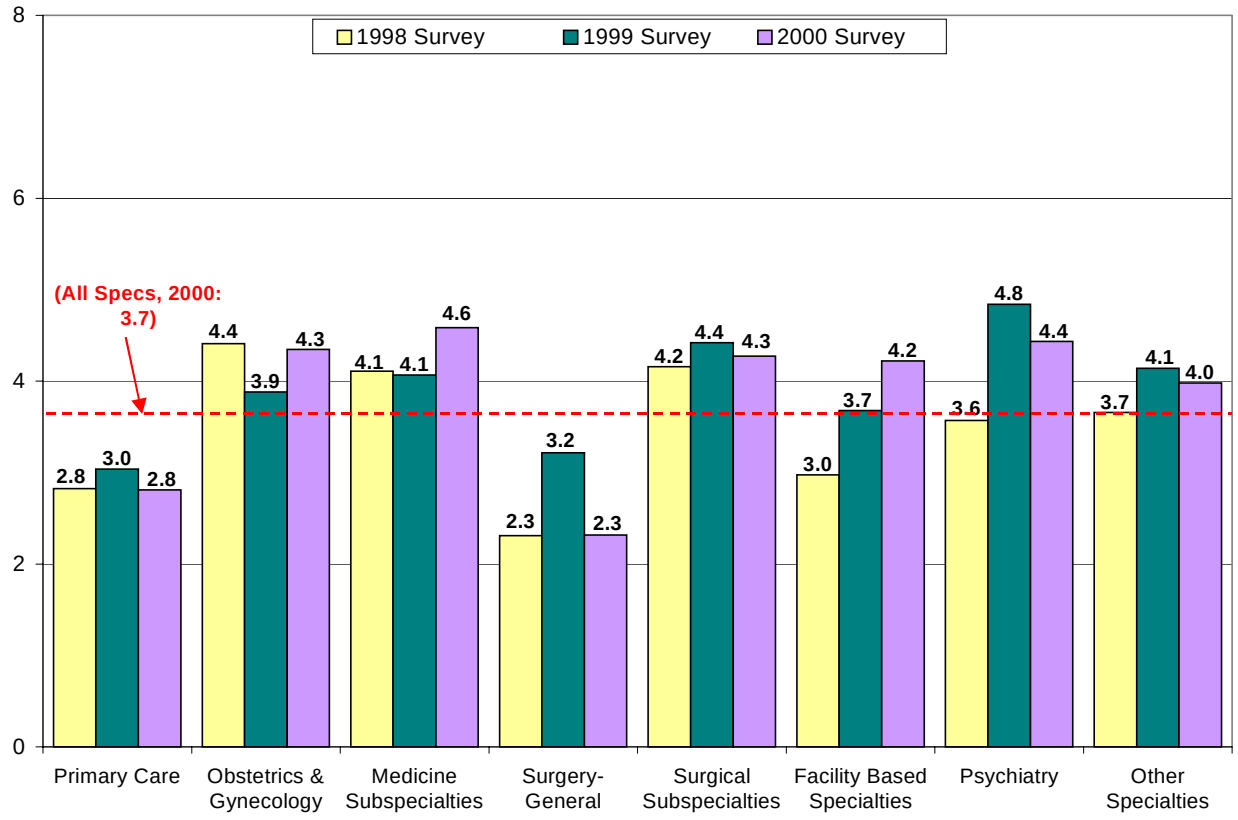


FIGURE 4.8 Rank of Mean Number of Job Offers, by Specialty
(of '00 Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

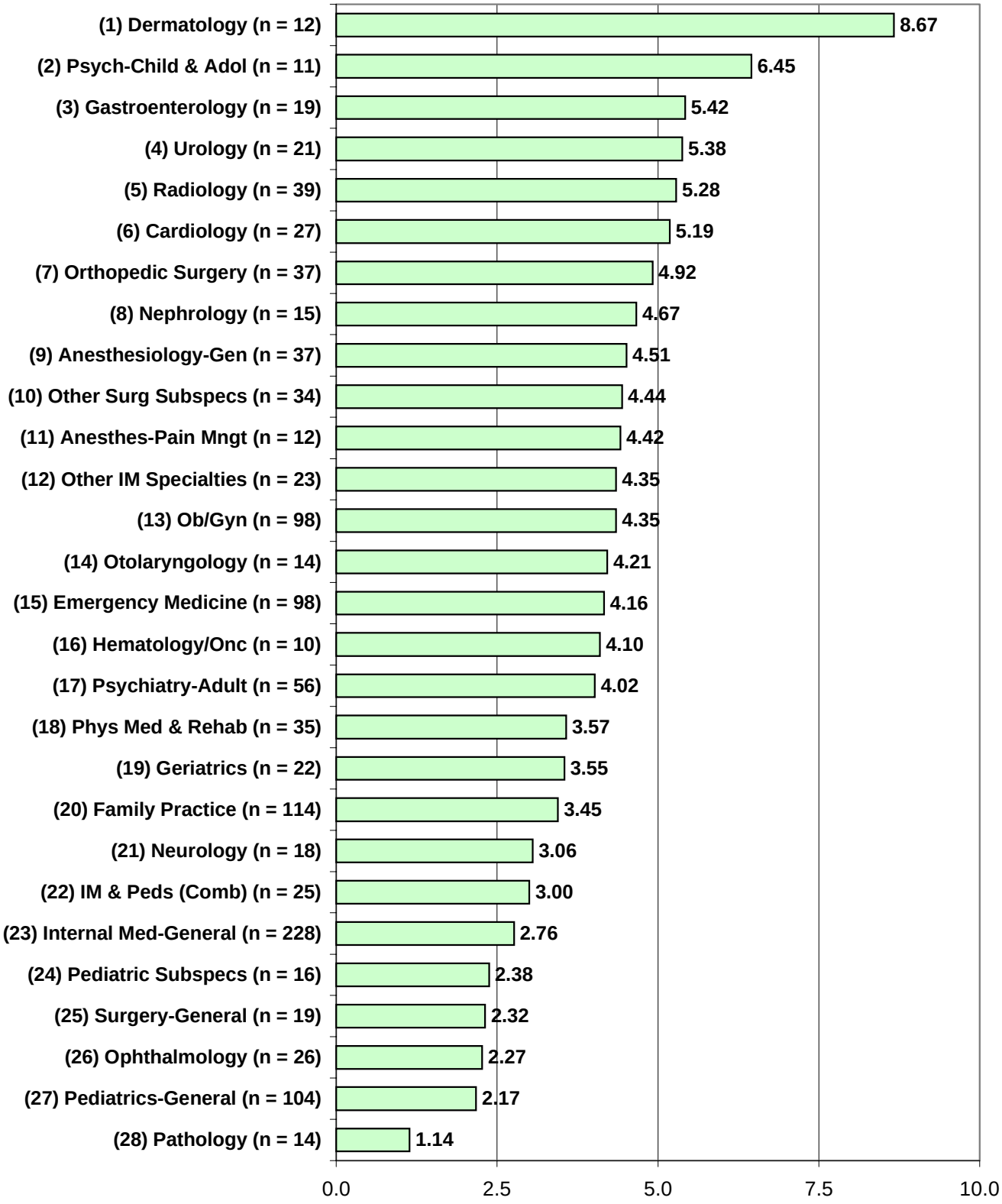


TABLE 4.3 Offers for Employment/Practice Opportunities
(of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	2000 Respondents	RANK (of 28)	All Respondents (Aggregated: 1998 thru 2000)	RANK (of 28)	Trend (Average Annual Change: 1998 to 2000)	RANK (of 28)
Primary Care	**2.81**	N/A	**2.90**	N/A	**0%**	N/A
Family Practice	3.45	20	3.54	19	2%	17
Internal Medicine-General	2.76	23	2.74	24	3%	15
Pediatrics-General	2.17	27	2.61	25	-12%	28
IM & Peds (Combined)	3.00	22	2.95	22	0%	18
Obstetrics/Gynecology	**4.35**	13	**4.22**	11	**0%**	20
Medicine Subspecialties	**4.59**	N/A	**4.23**	N/A	**6%**	N/A
Cardiology	5.19	6	4.88	4	5%	13
Gastroenterology	5.42	3	4.87	5	20%	4
Geriatrics	3.55	19	3.59	18	-1%	23
Hematology/Oncology	4.10	16	3.69	16	5%	11
Nephrology	4.67	8	4.92	3	-6%	25
Other IM Specialties	4.35	12	3.63	17	15%	7
Surgery-General	**2.32**	25	**2.61**	26	**6%**	10
Surgical Subspecialties	**4.27**	N/A	**4.28**	N/A	**1%**	N/A
Ophthalmology	2.27	26	2.52	27	-3%	24
Orthopedics	4.92	7	4.67	6	5%	12
Otolaryngology	4.21	14	4.02	13	9%	9
Urology	5.38	4	5.18	2	0%	19
Other Surgical Subspecialties	4.44	10	4.51	7	2%	16
Facility Based	**4.22**	N/A	**3.56**	N/A	**19%**	N/A
Anesthesiology	4.25	N/A	3.94	N/A	8%	N/A
General Anesthesiology	*4.51*	*9*	*3.82*	*15*	*17%*	*6*
Pain Management	*4.42*	*11*	*4.09*	*12*	*12%*	*8*
Pathology	1.14	28	1.48	28	-8%	26
Radiology	5.28	5	3.98	14	34%	3
Psychiatry	**4.44**	N/A	**4.25**	N/A	**14%**	N/A
Adult Psychiatry	4.02	17	4.28	8	0%	21
Child & Adolescent Psych	6.45	2	4.24	10	62%	1
Other	**3.98**	N/A	**3.94**	N/A	**5%**	N/A
Dermatology	8.67	1	6.14	1	34%	2
Emergency Medicine	4.16	15	4.27	9	-1%	22
Neurology	3.06	21	3.33	20	20%	5
Pediatric Subspecialties	2.38	24	2.75	23	-10%	27
Physical Medicine & Rehab	3.57	18	3.27	21	4%	14
Total (All Specialties)	**3.67**	N/A	**3.58**	N/A	**4%**	N/A

4.4 Perceptions of the Regional Job Market

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

Highlights

- Overall, respondents viewed the regional job market somewhat positively. The average Likert score in 2000 was 0.72, up from 0.68 in 1999 and 0.57 in 1998.
- Looking at specialty groups, Psychiatry (1.31) had the most positive view of the regional job market. Conversely, Primary Care (0.40) had the least positive view in 2000 and this was the only group to give a less optimistic assessment of the job market each year of the survey.
- Dermatology (1.56), Anesthesiology (1.54), Gastroenterology (1.42), and Psychiatry (1.31) respondents had the most positive view of the regional job market. Each of these had an average assessment well above 1.00 (i.e. "Some Jobs").
- Only Pathology graduates had negative score for the regional job market (-0.29), with General Surgery (0.06) and Pediatric Subspecialties (0.07) also having low scores.
- Specialties showing the most improvement in their view of the regional job market were Gastroenterology, Nephrology, Radiology, and General Anesthesiology. Facility Based specialties showed the most improvement among the specialty groups.
- Family Practice, PM&R, Pediatrics, and Internal Medicine showed the greatest decline in the regional job market index.

FIGURE 4.9 Respondent's Assessment of the Regional Job Market
(of 2000 Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

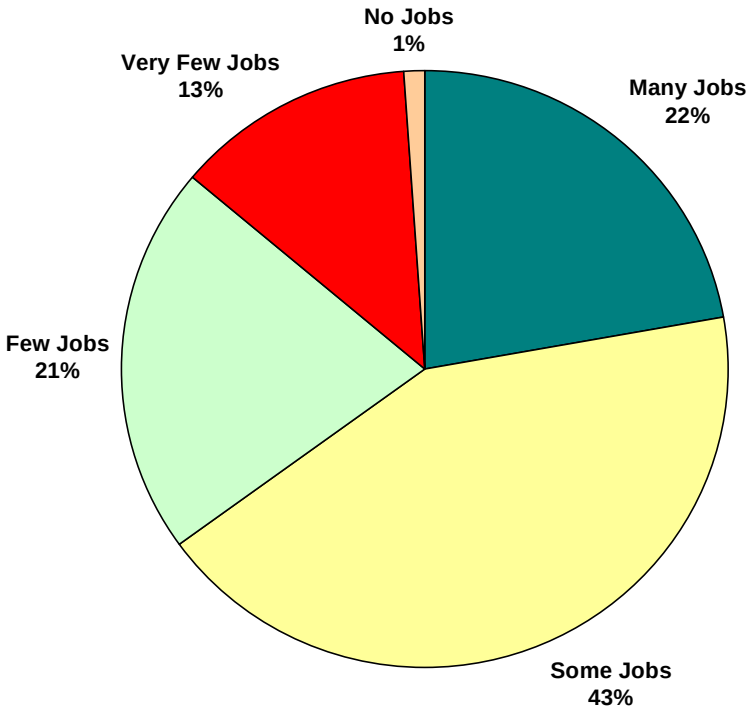


FIGURE 4.10 Mean Likert Score for Resp View of the Regional Job Market
by Specialty Grp, (of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

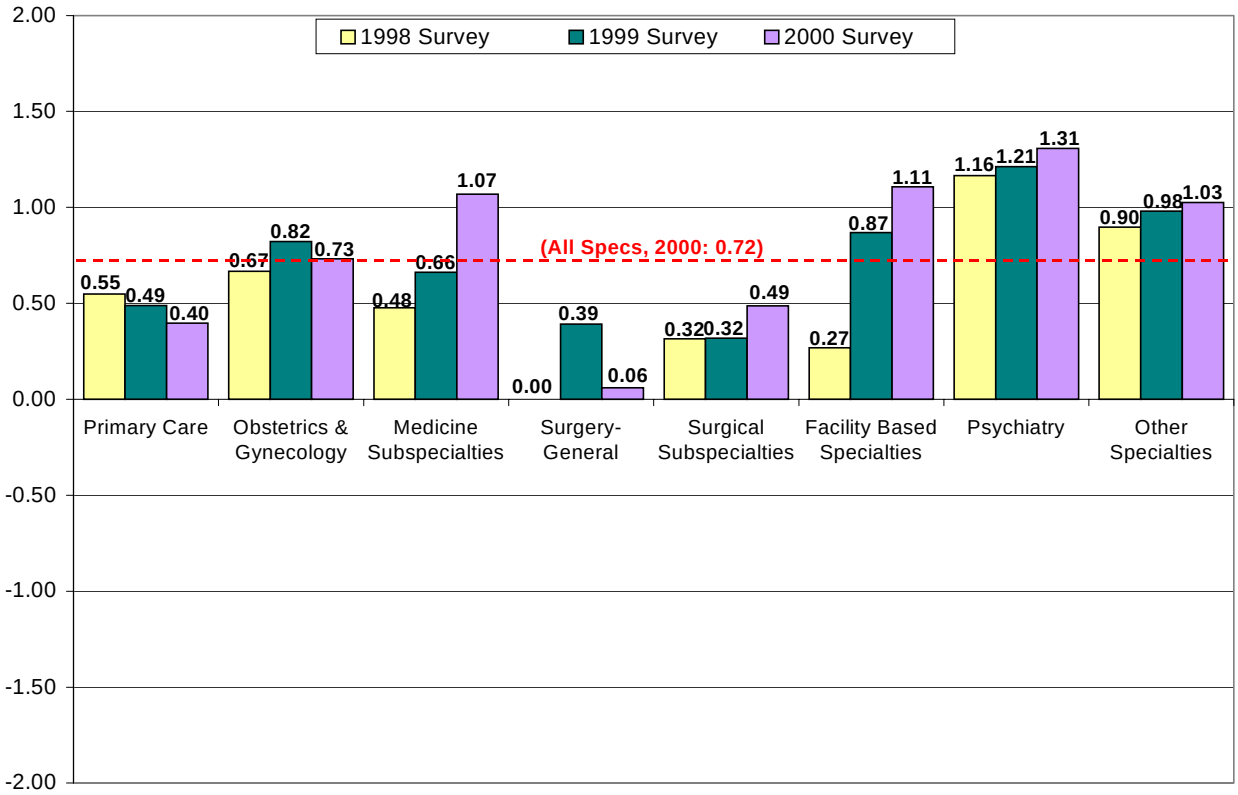


FIGURE 4.11 Rank of Likert Scores for View of the Regional Job Market, by Specialty

(of '00 Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

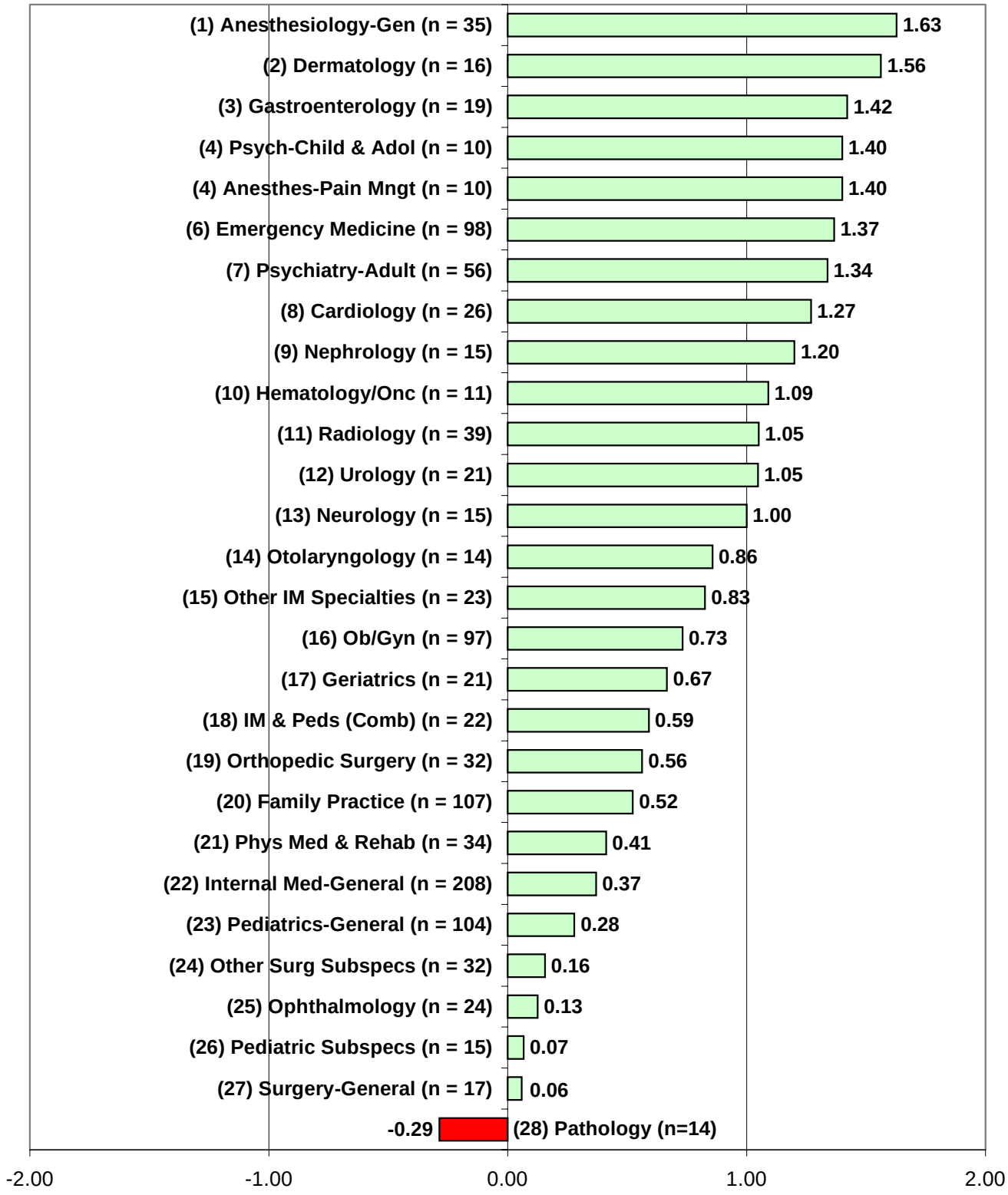


TABLE 4.4 Likert Scores for Respondents' Assesments of the Regional Job Market[13]

(of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	2000 Respondents	RANK (of 28)	All Respondents (Aggregated: 1998 thru 2000)	RANK (of 28)	Trend (Average Annual Change: 1998 to 2000)	RANK (of 28)
Primary Care	**0.40**	N/A	**0.48**	N/A	**-15%**	N/A
Family Practice	0.52	20	0.68	14	-6%	28
Internal Medicine-General	0.37	22	0.43	22	-3%	25
Pediatrics-General	0.28	23	0.40	23	-3%	26
IM & Peds (Combined)	0.59	18	0.59	17	1%	20
Obstetrics/Gynecology	**0.73**	16	**0.74**	12	**1%**	21
Medicine Subspecialties	**1.07**	N/A	**0.71**	N/A	**50%**	N/A
Cardiology	1.27	8	1.01	7	5%	14
Gastroenterology	1.42	3	0.87	8	35%	1
Geriatrics	0.67	17	0.55	19	3%	19
Hematology/Oncology	1.09	10	0.84	9	11%	7
Nephrology	1.20	9	0.64	15	23%	2
Other IM Specialties	0.83	15	0.45	21	12%	6
Surgery-General	**0.06**	27	**0.14**	25	**3%**	17
Surgical Subspecialties	**0.49**	N/A	**0.37**	N/A	**27%**	N/A
Ophthalmology	0.13	25	0.06	26	6%	9
Orthopedics	0.56	19	0.55	18	0%	23
Otolaryngology	0.86	14	0.64	16	5%	12
Urology	1.05	12	0.76	10	6%	10
Other Surgical Subspecialties	0.16	24	0.05	27	4%	15
Facility Based	**1.11**	N/A	**0.70**	N/A	**125%**	N/A
Anesthesiology	1.54	N/A	1.12	N/A	54%	N/A
General Anesthesiology	*1.63*	*1*	*1.21*	*5*	*16%*	*4*
Pain Management	*1.40*	*4*	*1.11*	*6*	*8%*	*8*
Pathology	-0.29	28	-0.53	28	12%	5
Radiology	1.05	11	0.71	13	17%	3
Psychiatry	**1.31**	N/A	**1.22**	N/A	**6%**	N/A
Adult Psychiatry	1.34	7	1.22	4	4%	16
Child & Adolescent Psych	1.40	4	1.24	3	3%	18
Other	**1.03**	N/A	**0.97**	N/A	**7%**	N/A
Dermatology	1.56	2	1.40	1	5%	11
Emergency Medicine	1.37	6	1.30	2	1%	22
Neurology	1.00	13	0.76	11	5%	13
Pediatric Subspecialties	0.07	26	0.21	24	0%	24
Physical Medicine & Rehab	0.41	21	0.47	20	-6%	27
Total (All Specialties)	**0.72**	N/A	**0.65**	N/A	**13%**	N/A

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

4.5 Perceptions of the National Job Market

Table 4.5 presents the perceptions of survey respondents concerning the *national* job market for their specialty. The response choices and composite score are the same as was used in Table 4.4 (referring to the regional job market). As one might expect, there is a high degree of correlation between a respondent's view of the regional and national job market. In general, however, the national job market was viewed more positively than was the job market in New York State.

Highlights

- Overall, respondents gave a very positive assessment of the national job market. Over one-half (54%) felt there were "Many Jobs" for their specialty, and less than 3% felt there were either "Very Few Jobs" (2%) or "No Jobs" (<1%).
- Respondents' views of the national job market were more positive (composite score = 1.42) than for the regional job market (0.72). Respondents to the 2000 survey gave nearly the same assessment of the national job market as did respondents from the prior year (1.42 vs. 1.40).
- For the specialty groups, Psychiatry (1.76) and Medicine Subspecialties (1.65) had the highest composite score while General Surgery (1.16) and Surgical Subspecialties (1.23) had the lowest.
- Nephrology had the highest composite score among individual specialties (1.93), followed by Emergency Medicine (1.77), Anesthesiology (1.76), Psychiatry (1.76), Urology (1.76), and Dermatology (1.75).
- Although no specialty had a negative composite score, Pathology (0.14) was substantially lower than any other specialty. Other specialties with relatively low scores included Ophthalmology (0.65) and Pediatric Subspecialties (0.88).
- Graduates of most specialties gave a more positive assessment than their predecessors from the prior two years. The only exceptions were Primary Care specialties and Pediatric Subspecialties.

FIGURE 4.12 Respondent's Assessment of the National Job Market
(of 2000 Resp Who Have Searched for a Job, IMGs on Temp Visas Excluded)

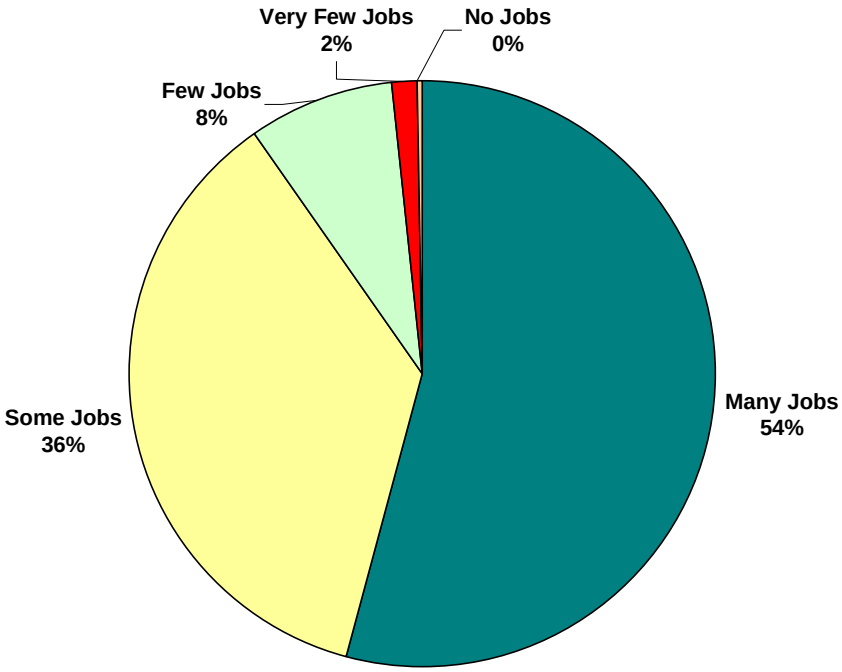


FIGURE 4.13 Mean Likert Score for Resp View of the National Job Market
by Specialty Grp, (of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

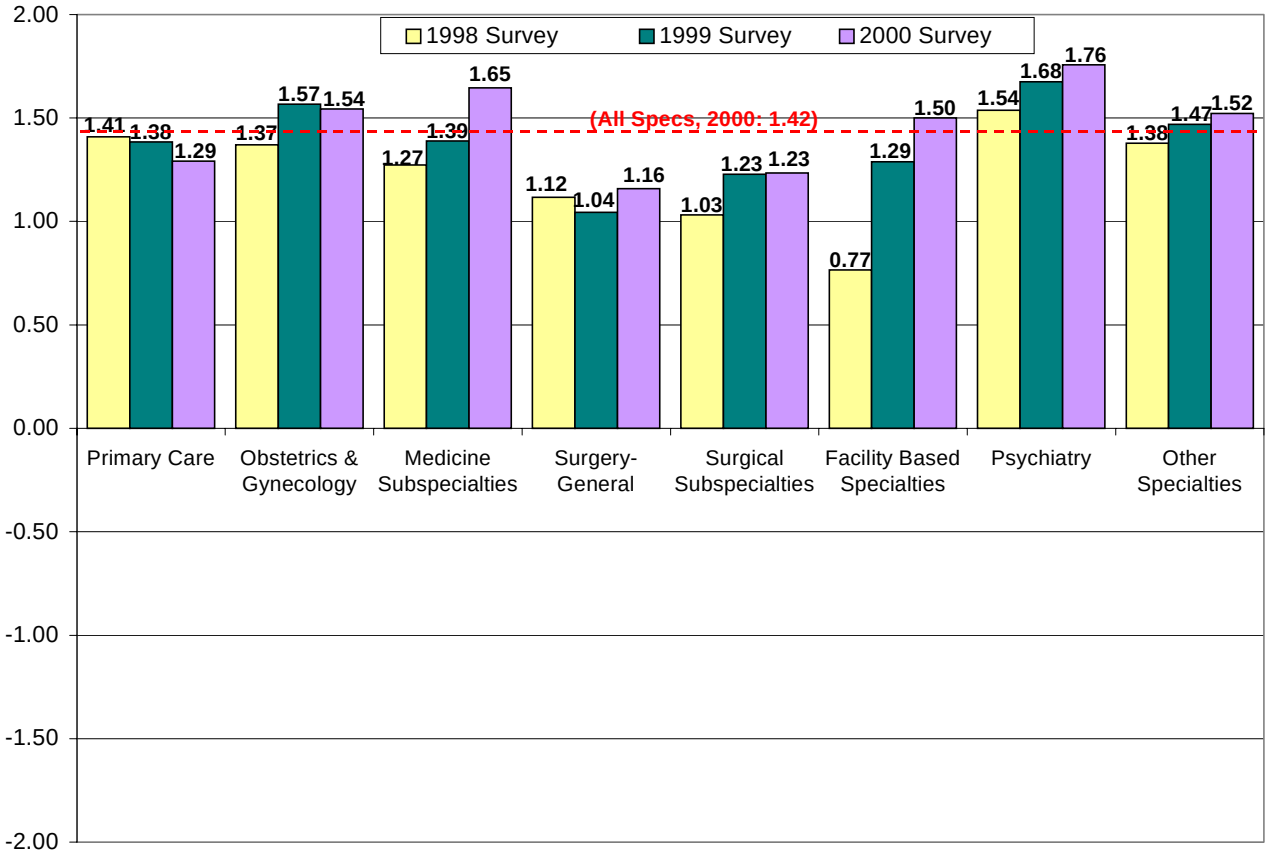


FIGURE 4.14 Rank of Likert Scores for View of the National Job Market, by Specialty

(of '00 Resp Who Have Searched for a Job, IMGs on Temp Visas Excluded)

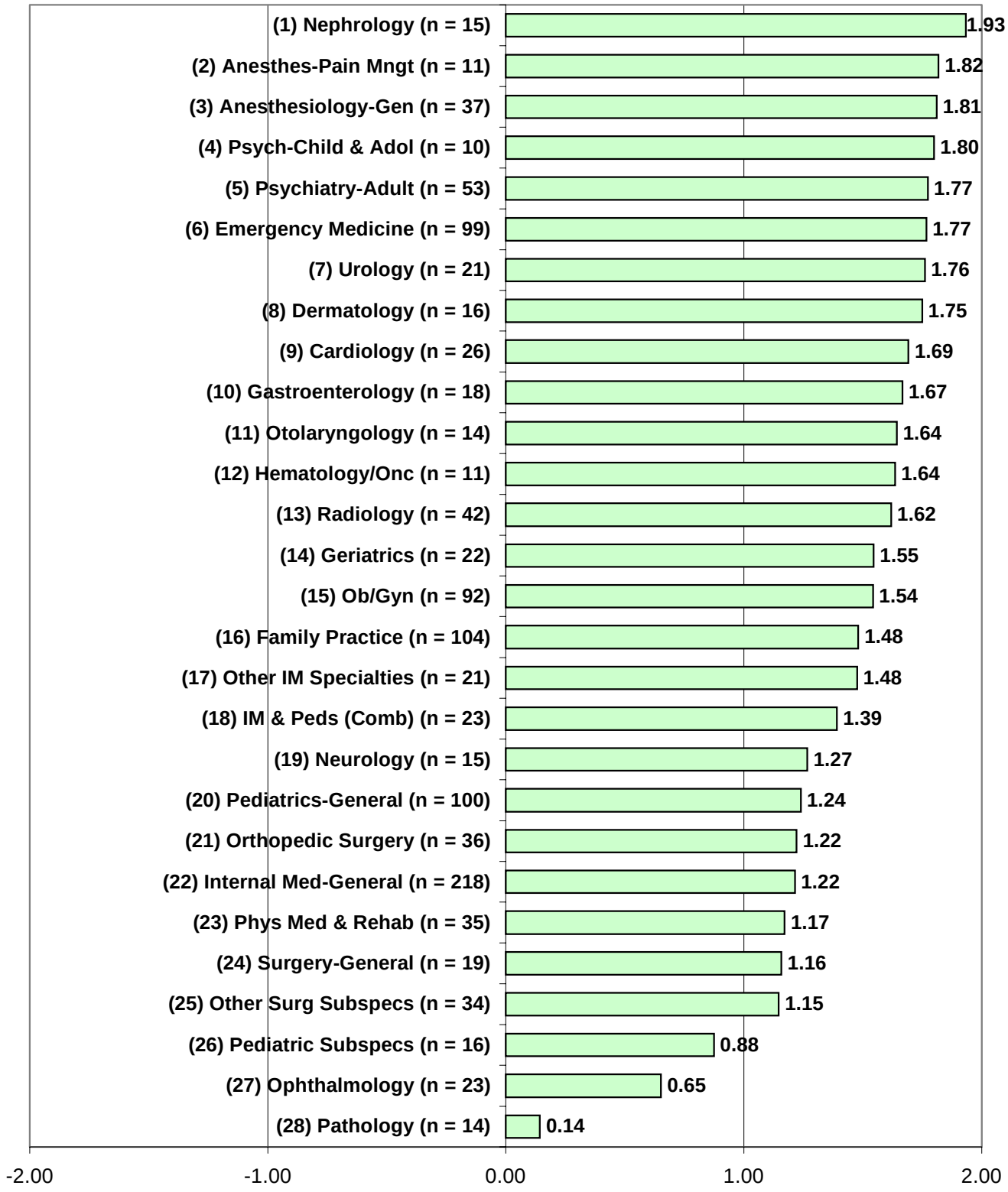


TABLE 4.5 Likert Scores for Respondents' Assesments of the National Job Market[13]

(of Resp who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	2000 Respondents	RANK (of 28)	All Respondents (Aggregated: 1998 thru 2000)	RANK (of 28)	Trend (Average Annual Change: 1998 to 2000)	RANK (of 28)
Primary Care	**1.29**	N/A	**1.37**	N/A	**-4%**	N/A
Family Practice	1.48	16	1.63	6	-4%	28
Internal Medicine-General	1.22	22	1.30	16	-2%	27
Pediatrics-General	1.24	20	1.25	19	0%	23
IM & Peds (Combined)	1.39	18	1.46	15	0%	25
Obstetrics/Gynecology	**1.54**	15	**1.49**	12	**3%**	13
Medicine Subspecialties	**1.65**	N/A	**1.42**	N/A	**14%**	N/A
Cardiology	1.69	9	1.49	11	4%	9
Gastroenterology	1.67	10	1.27	17	25%	1
Geriatrics	1.55	14	1.48	13	1%	20
Hematology/Oncology	1.64	12	1.65	4	1%	18
Nephrology	1.93	1	1.73	1	4%	11
Other IM Specialties	1.48	17	1.16	22	8%	5
Surgery-General	**1.16**	24	**1.11**	23	**1%**	22
Surgical Subspecialties	**1.23**	N/A	**1.15**	N/A	**10%**	N/A
Ophthalmology	0.65	27	0.67	27	1%	17
Orthopedics	1.22	21	1.22	21	1%	16
Otolaryngology	1.64	11	1.46	14	2%	14
Urology	1.76	7	1.54	10	4%	10
Other Surgical Subspecialties	1.15	25	1.03	25	8%	4
Facility Based	**1.50**	N/A	**1.15**	N/A	**42%**	N/A
Anesthesiology	1.76	N/A	1.50	N/A	19%	N/A
General Anesthesiology	*1.81*	*3*	*1.55*	*9*	*7%*	*6*
Pain Management	*1.82*	*2*	*1.56*	*8*	*7%*	*7*
Pathology	0.14	28	-0.06	28	10%	3
Radiology	1.62	13	1.25	20	15%	2
Psychiatry	**1.76**	N/A	**1.65**	N/A	**7%**	N/A
Adult Psychiatry	1.77	5	1.62	7	4%	8
Child & Adolescent Psych	1.80	4	1.71	3	1%	21
Other	**1.52**	N/A	**1.46**	N/A	**5%**	N/A
Dermatology	1.75	8	1.63	5	3%	12
Emergency Medicine	1.77	6	1.72	2	1%	19
Neurology	1.27	19	1.27	18	1%	15
Pediatric Subspecialties	0.88	26	0.95	26	-1%	26
Physical Medicine & Rehab	1.17	23	1.08	24	0%	24
Total (All Specialties)	**1.42**	N/A	**1.36**	N/A	**6%**	N/A

[13]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 Trends in Starting Income

Table 4.6 presents median starting income levels for year 2000 graduates, for all graduates from 1998 thru 2000, and the average annual change (i.e. trend) in median starting income from 1998 to 2000. Income levels are often used to measure demand. Physicians are somewhat different in this regard because their income levels are largely determined by historic reimbursement levels rather than by the demand for the services provided by their specialty at any given point in time. For example, by aggregating all demand indicators, Child Psychiatry is known to be in high demand while demand for Otolaryngology is significantly weaker. However, the median starting income of Otolaryngologists ($147,000) was significantly higher than that of Child Psychiatrists ($116,900).

Although income *levels* may not accurately assess demand, *trends* in income will provide a good indicator of demand. 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. Returning to the example above, although Child Psychiatrists had low starting income levels, they enjoyed one of the strongest trends (+10% per year) in median starting income relative to other specialties, whereas this trend for Otolaryngologists (-1% per year) was among the weakest.

- The median starting income of year 2000 graduates was $126,900, a 6.4% increase from 1999, accelerating from the 1.3% increase from 1998 to 1999 (average increase of 3.9 % per year from ’98 to ’00). For comparison, the U.S. Employment Cost Index (measures wage growth in all occupations nationally) increased at an average annual rate of 3.7% over this period[14].
- Most specialties and specialty groups saw moderate to strong growth in starting income from 1998 to 2000. The exceptions were Ob/Gyn (average annual change of -3%), Pediatrics (-1%), IM & Peds-Combined (-1%), Otolaryngology (-1%), and Family Practice (0%), all of which saw flat to negative growth in starting income.
- Urology (+12%), Child Psychiatry (+10%), Radiology (+9%), Dermatology (+8%), PM&R (+8%), Hem/Onc (+8%), and Gastroenterology (+8%) showed the strongest trends in income.

[14] Calculated from Bureau of Labor Statistics (BLS) Employment Cost Index (ECI) figures from 1998 thru 2000.

FIGURE 4.15 Median Starting Income (in $1,000s)
by Specialty Group, (for Respondents with Confirmed Practice Plans)

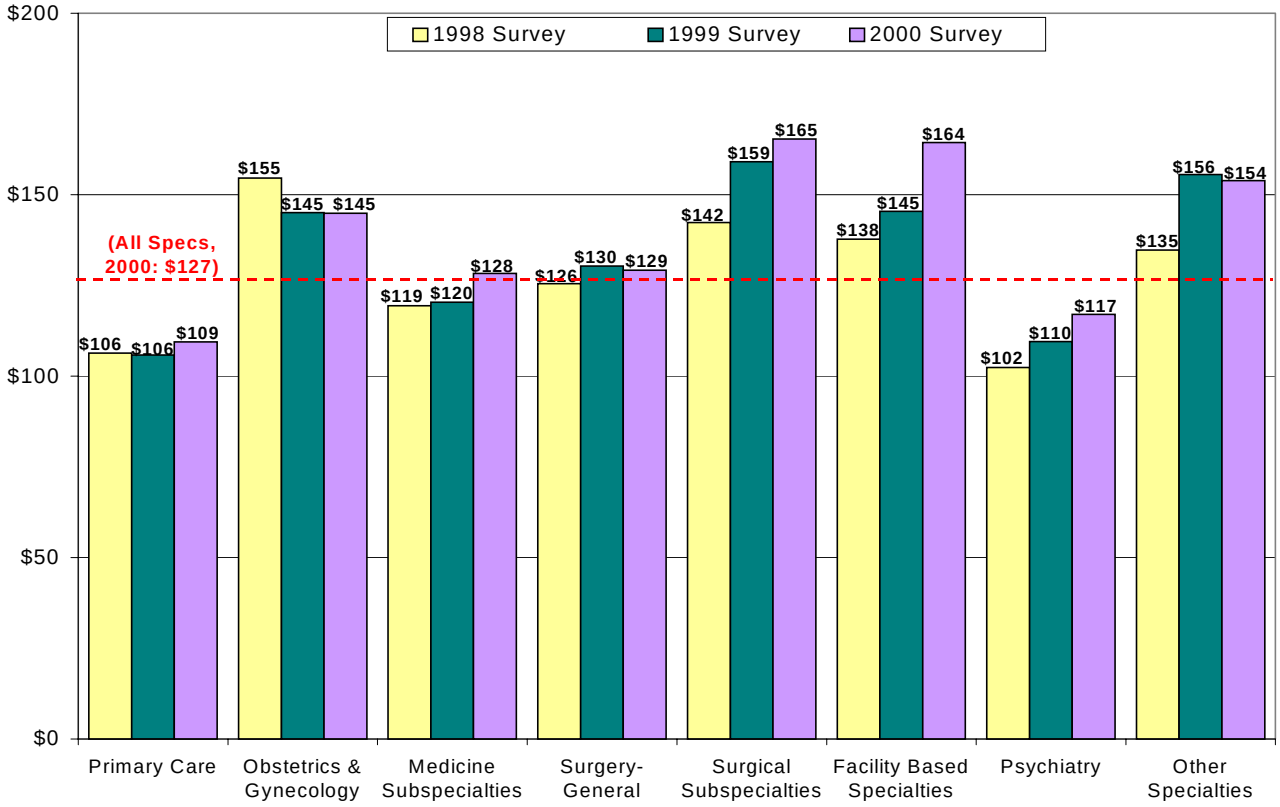


FIGURE 4.16 Trends in Median Starting Income
by Primary Care vs. Non-Primary Care, (for Resp with Confirmed Practice Plans)

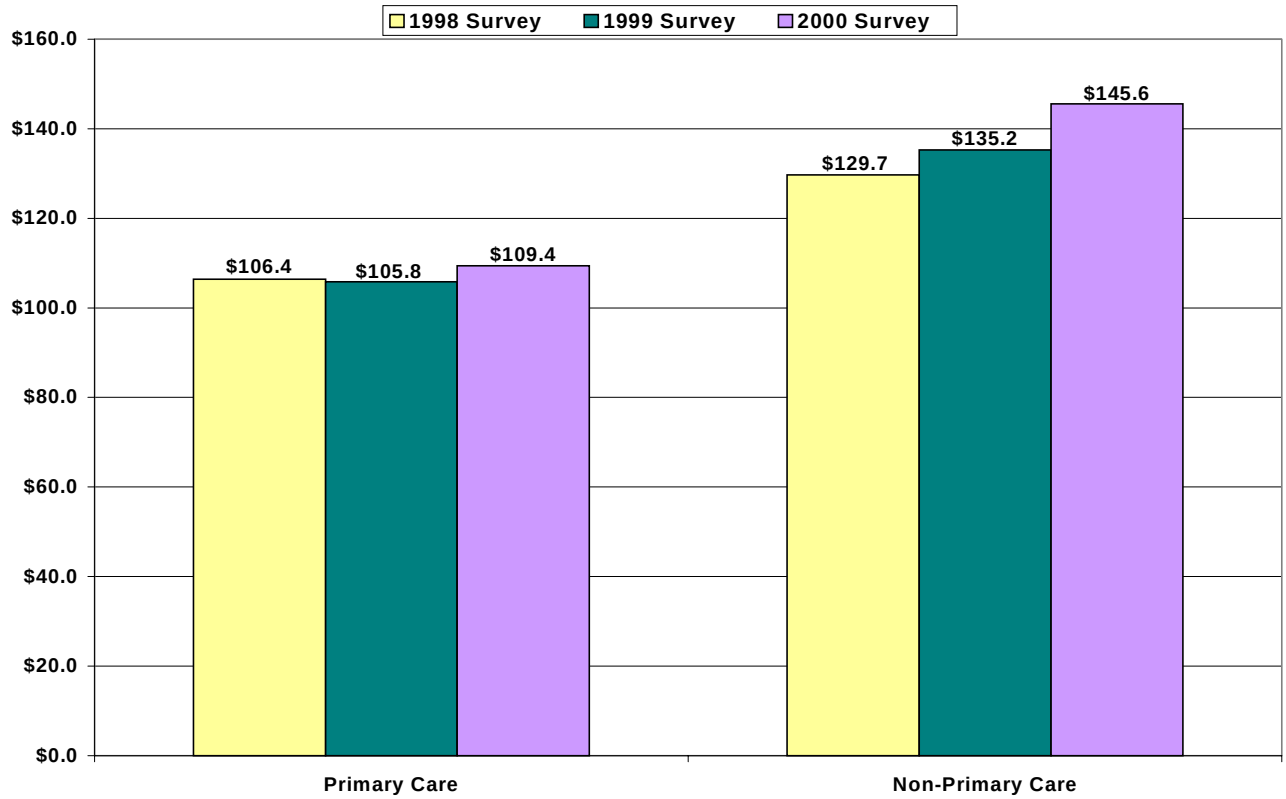


FIGURE 4.17 Rank of Average Percent Change in Median Starting Income (from 1998 thru 2000)

by Specialty, (for Resp with Confirmed Practice Plans)

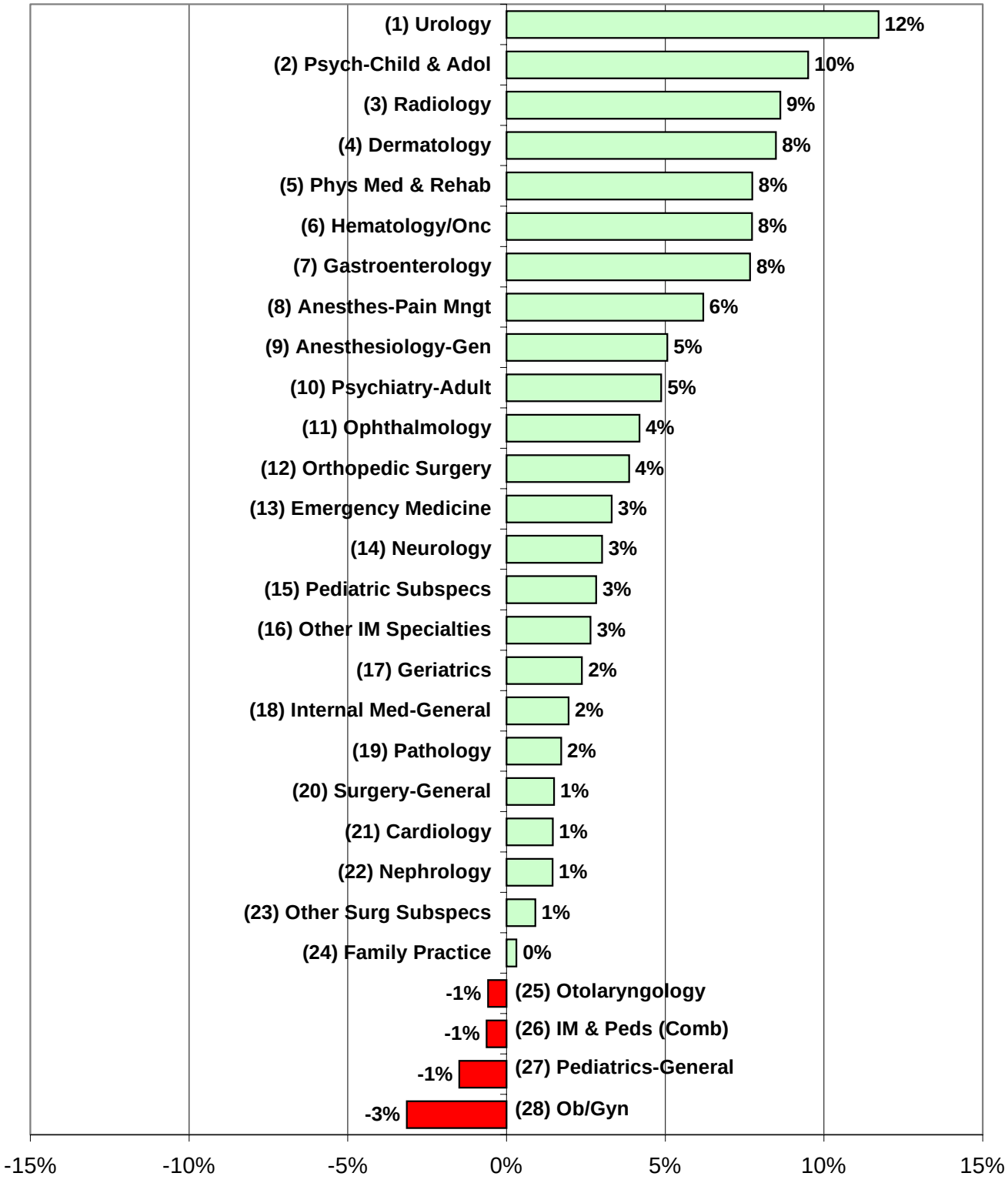


TABLE 4.6 Median Expected Starting Income
(of Respondents with Confirmed Practice Plans in the U.S.)

Specialty	2000 Respondents	RANK (of 28)	All Respondents (Aggregated: 1998 thru 2000)	RANK (of 28)	Trend (Average Annual Change: 1998 to 2000)	RANK (of 28)
Primary Care	**$109,400**	N/A	**$107,100**	N/A	**1%**	N/A
Family Practice	$114,500	23	$113,700	17	0%	24
Internal Medicine-General	$112,000	24	$108,800	26	2%	18
Pediatrics-General	$95,300	28	$95,700	28	-1%	27
IM & Peds (Combined)	$107,100	27	$111,000	22	-1%	26
Obstetrics/Gynecology	**$144,900**	10	**$148,500**	6	**-3%**	28
Medicine Subspecialties	**$128,300**	N/A	**$122,500**	N/A	**4%**	N/A
Cardiology	$152,000	6	$147,700	7	1%	21
Gastroenterology	$136,900	13	$128,500	13	8%	7
Geriatrics	$112,000	24	$110,000	25	2%	17
Hematology/Oncology	$142,900	12	$133,000	11	8%	6
Nephrology	$127,300	15	$124,000	15	1%	22
Other IM Specialties	$117,400	19	$113,200	18	3%	16
Surgery-General	**$129,200**	14	**$128,300**	14	**1%**	20
Surgical Subspecialties	**$165,400**	N/A	**$155,200**	N/A	**8%**	N/A
Ophthalmology	$123,900	16	$116,400	16	4%	11
Orthopedics	$195,800	1	$188,800	1	4%	12
Otolaryngology	$147,000	9	$147,000	8	-1%	25
Urology	$149,600	8	$131,200	12	12%	1
Other Surgical Subspecialties	$183,900	2	$185,100	2	1%	23
Facility Based	**$164,400**	N/A	**$148,100**	N/A	**9%**	N/A
Anesthesiology	$153,800	N/A	$145,100	N/A	6%	N/A
General Anesthesiology	*$150,000*	*7*	*$143,500*	*9*	*5%*	*9*
Pain Management	*$163,100*	*5*	*$150,700*	*5*	*6%*	*8*
Pathology	$117,600	18	$111,200	20	2%	19
Radiology	$174,600	3	$159,200	4	9%	3
Psychiatry	**$117,100**	N/A	**$109,600**	N/A	**7%**	N/A
Adult Psychiatry	$116,900	20	$110,200	24	5%	10
Child & Adolescent Psych	$116,900	20	$108,000	27	10%	2
Other	**$153,900**	N/A	**$148,900**	N/A	**7%**	N/A
Dermatology	$143,300	11	$133,700	10	8%	4
Emergency Medicine	$169,000	4	$166,300	3	3%	13
Neurology	$114,700	22	$112,800	19	3%	14
Pediatric Subspecialties	$111,300	26	$110,800	23	3%	15
Physical Medicine & Rehab	$122,600	17	$111,100	21	8%	5
Total (All Specialties)	**$126,900**	N/A	**$121,100**	N/A	**4%**	N/A

4.7 Assessment of Demand by Specialty

To assess relative demand by specialty, two demand scores were computed. These were used to assess:

- ***Current* demand (Figure 4.18)** – This was computed by taking an average of the ranks (i.e. where each specialty stood relative to all 28 specialties) scored by each specialty on each of the demand indicators for data from the year 2000 and for an aggregated data set containing all data collected over the three years the survey has been conducted. This methodology gave a higher weighting to data collected from the 2000 survey (approximately twice that of the two previous years) in assessing the current demand for each specialty).
- ***Trends* in demand (Figure 4.19)** – For each demand variable, trends were computed for each specialty and each specialty was ranked according to where it stood among the 28 specialties. The mean of the ranks was then computed and ranked to provide an assessment of how demand is changing for each specialty.

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

- % of respondents with difficulty finding a satisfactory practice position
- % of respondents having to change plans due to limited practice opportunities
- mean number of job offers received by respondents
- respondents' views of the regional job market
- respondents' views of the national job market
- trends in median starting income

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

Highlights

Figure 4.18 gives a plot of the mean of the ranks of each specialty to illustrate the current demand for each specialty. Figure 4.19 gives the plot of the mean of the ranks of each specialty on the trends in demand variables to illustrate trends in demand. Please note that the Exit Survey cannot be used to measure *absolute* demand (i.e. cannot be used to determine the appropriate number of physicians necessary to serve a given population). Instead, it is used to measure the demand for each specialty *relative* to the other 27 specialties by collecting information on the job market for new graduates.

- Currently, Dermatology (average rank of 3.9 out of 28), Urology (5.5), General Anesthesiology (6.6), and Emergency Medicine (6.9) are specialties experiencing the strongest demand. In addition, Child Psychiatry (7.4), Radiology (8.2), Gastroenterology (8.3), Pain Management (8.6) and Cardiology (8.8) are also experiencing very good demand.
- The job market prospects for Primary Care graduates appear to be rather bleak relative to other specialties. Pediatrics (24.7), Internal Medicine (23.3), Family Practice (19.6), and IM & Peds-Combined (18.9) were all among the specialties experiencing the weakest demand. In addition, Pathology (26.1), General Surgery (22.1), Pediatric Subspecialties (21.9), Ophthalmology (21.0), and PM&R (20.7) were also experiencing weak demand.
- In analyzing trends in demand, Radiology (2.7), Gastroenterology (4.8), Child Psychiatry (5.2), Dermatology (5.3), and Anesthesiology, both General (5.7) and Pain Management (7.8), have seen the greatest improvement in demand from 1998 to 2000.
- Pediatrics (25.7), Pediatric Subspecialties (23.8), Family Practice (21.5), IM & Peds-Combined (21.5), Nephrology (21.3), Ob/Gyn (20.5), and Geriatrics (19.3) have seen the most softening in demand.
- Emergency Medicine was one specialty with interesting demand characteristics. While it appeared near to top in current demand (6.9), it was also experiencing one of the weakest demand trends (18.5). While it is clear from all demand indicators that this specialty remains in high demand, the large ramp up in production has apparently caused Emergency Medicine graduates to find the job market more competitive than in previous years. If this trend were to continue, it may be a sign that production levels need to level off to avoid a potential surplus.

FIGURE 4.18 Assessment of Current Relative Demand
by Specialty, Plot of Average Rank on Demand Related Variables

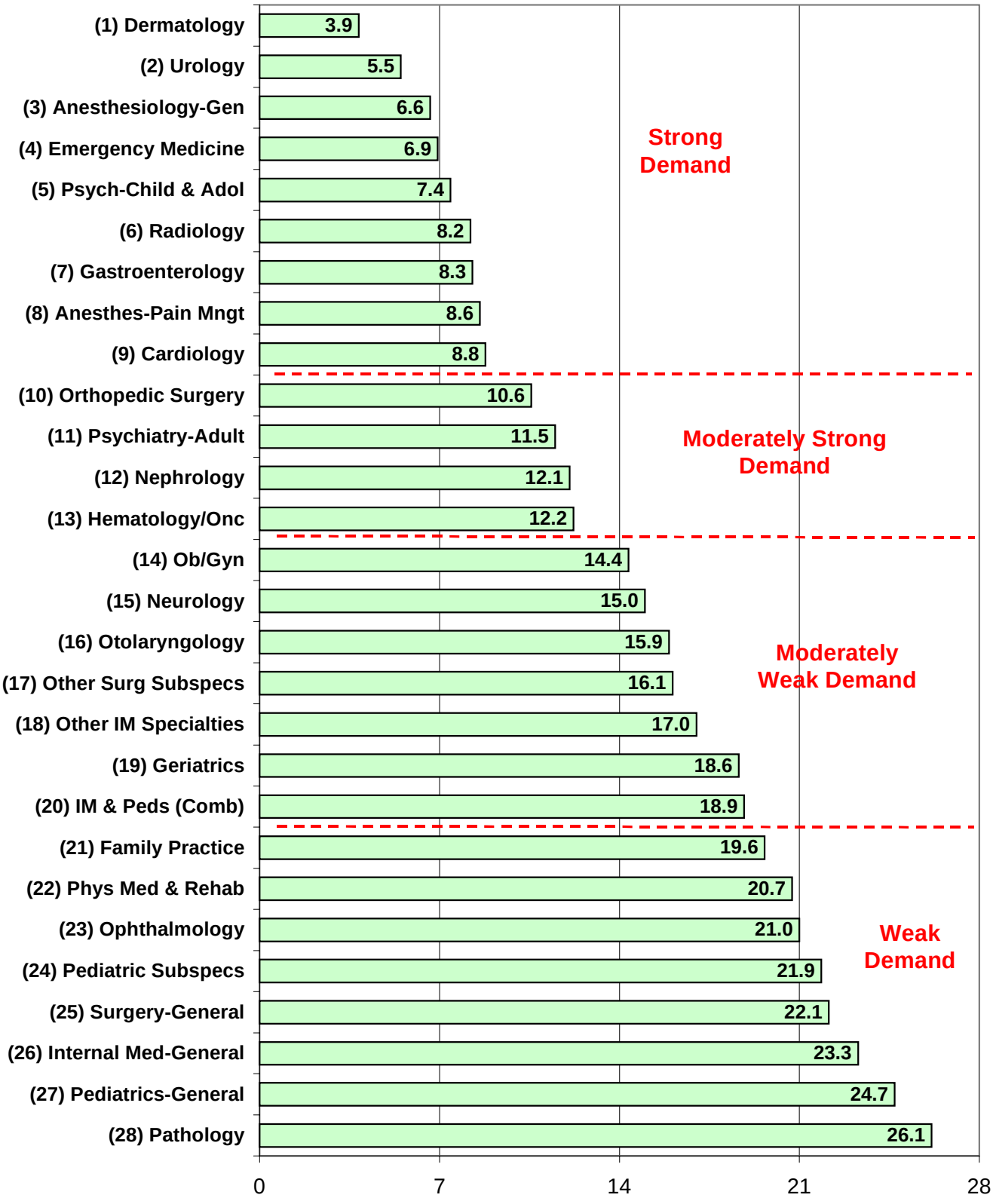
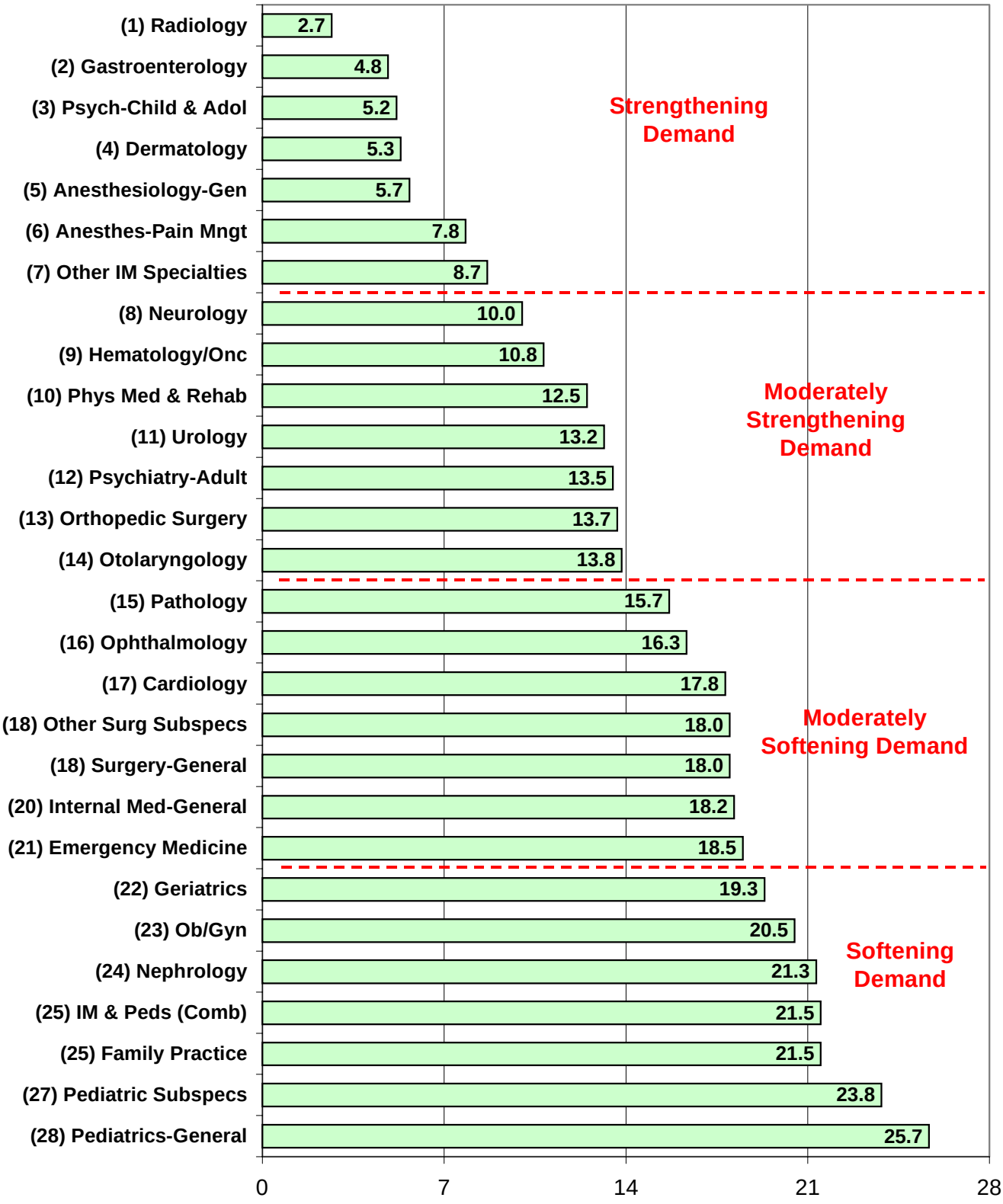


FIGURE 4.19 Assessment of Trends in Relative Demand
by Specialty, Plot of Ave of Ranks of Trends in Demand Variables



APPENDIX A

2000 Exit Survey Response Rates by Specialty and Region

2000 Exit Survey Response Rates by Specialty and Region**

Specialty	UPSTATE NY PROGRAMS			GREATER NY PROGRAMS			NEW YORK STATE (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Primary Care	**315**	**230**	**73%**	**1605**	**1064**	**66%**	**1920**	**1294**	**67%**
Family Practice	80	47	59%	166	116	70%	246	163	66%
Internal Medicine-General	156	112	72%	1043	685	66%	1199	797	66%
Pediatrics-General	61	56	92%	375	243	65%	436	299	69%
IM & Peds (Combined)	18	15	83%	21	20	95%	39	35	90%
Obstetrics/Gynecology	**37**	**33**	**89%**	**134**	**91**	**68%**	**171**	**124**	**73%**
Internal Medicine Specialties	**50**	**44**	**88%**	**444**	**226**	**51%**	**494**	**270**	**55%**
Cardiology	9	7	78%	95	52	55%	104	59	57%
Gastroenterology	7	6	86%	41	20	49%	48	26	54%
Geriatrics	6	6	100%	50	39	78%	56	45	80%
Hematology/Oncology	8	8	100%	63	19	30%	71	27	38%
Nephrology	4	4	100%	44	23	52%	48	27	56%
Other IM Specialties	16	13	81%	151	73	48%	167	86	51%
*Critical Care Medicine**	*3*	*3*	*100%*	*21*	*12*	*57%*	*24*	*15*	*63%*
*Endocrinology & Metab.**	*4*	*4*	*100%*	*24*	*15*	*63%*	*28*	*19*	*68%*
*Infectious Disease**	*1*	*1*	*100%*	*33*	*18*	*55%*	*34*	*19*	*56%*
*Pulmonary Disease**	*6*	*3*	*50%*	*61*	*22*	*36%*	*67*	*25*	*37%*
*Rheumatology**	*2*	*2*	*100%*	*12*	*6*	*50%*	*14*	*8*	*57%*
Surgery (General)	**31**	**19**	**61%**	**124**	**66**	**53%**	**155**	**85**	**55%**
Surgery (Subspecialties)	**75**	**61**	**81%**	**301**	**177**	**59%**	**376**	**238**	**63%**
Ophthalmology	13	10	77%	70	46	66%	83	56	67%
Orthopedics	23	20	87%	103	56	54%	126	76	60%
Otolaryngology	11	6	55%	30	22	73%	41	28	68%
Urology	7	7	100%	31	20	65%	38	27	71%
Other Surgical Subspecs	21	18	86%	67	33	49%	88	51	58%
*Neurosurgery**	*7*	*6*	*86%*	*10*	*6*	*60%*	*17*	*12*	*71%*
*Plastic Surgery**	*4*	*4*	*100%*	*20*	*8*	*40%*	*24*	*12*	*50%*
*Thoracic Surgery**	*4*	*4*	*100%*	*15*	*7*	*47%*	*19*	*11*	*58%*
*All Other Surg Subspecs**	*6*	*4*	*67%*	*22*	*12*	*55%*	*28*	*16*	*57%*

2000 Exit Survey Response Rates by Specialty and Region**

Specialty	UPSTATE NY PROGRAMS			GREATER NY PROGRAMS			NEW YORK STATE (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Facility Based	**77**	**69**	**90%**	**428**	**251**	**59%**	**505**	**320**	**63%**
Anesthesiology	29	28	97%	155	103	66%	184	131	71%
Anesthesiology-General	*20*	*19*	*95%*	*114*	*83*	*73%*	*134*	*102*	*76%*
Pain Management	*5*	*5*	*100%*	*26*	*10*	*38%*	*31*	*15*	*48%*
*Other Anes Subspecs**	*4*	*4*	*100%*	*15*	*10*	*67%*	*19*	*14*	*74%*
Pathology	17	14	82%	98	51	52%	115	65	57%
*Pathology (General)**	*12*	*10*	*83%*	*63*	*42*	*67%*	*75*	*52*	*69%*
*Pathology Subspecialties**	*5*	*4*	*80%*	*35*	*9*	*26%*	*40*	*13*	*33%*
Radiology	31	27	87%	175	97	55%	206	124	60%
*Radiology (Diagnostic)**	*25*	*21*	*84%*	*147*	*87*	*59%*	*172*	*108*	*63%*
*Radiology (Therapeutic)**	*4*	*4*	*100%*	*15*	*4*	*27%*	*19*	*8*	*42%*
*Nuclear Medicine**	*2*	*2*	*100%*	*13*	*6*	*46%*	*15*	*8*	*53%*
Psychiatry	**25**	**22**	**88%**	**260**	**165**	**63%**	**285**	**187**	**66%**
Psychiatry (General)	*19*	*18*	*95%*	*173*	*121*	*70%*	*192*	*139*	*72%*
Child & Adolescent Psych	*3*	*3*	*100%*	*49*	*23*	*47%*	*52*	*26*	*50%*
*Other Psych Subspecs**	*3*	*1*	*33%*	*38*	*21*	*55%*	*41*	*22*	*54%*
Other	**82**	**76**	**93%**	**434**	**272**	**63%**	**516**	**348**	**67%**
Dermatology	5	5	100%	40	25	63%	45	30	67%
Emergency Medicine	31	29	94%	141	83	59%	172	112	65%
Neurology	22	21	95%	90	56	62%	112	77	69%
Pediatric Specialties	8	6	75%	80	46	58%	88	52	59%
Physical Medicine & Rehab	9	8	89%	56	41	73%	65	49	75%
Other*	7	7	100%	27	21	78%	34	28	82%
*Allergy & Immunology**	*4*	*4*	*100%*	*9*	*7*	*78%*	*13*	*11*	*85%*
*Preventive Medicine**	*3*	*3*	*100%*	*12*	*8*	*67%*	*15*	*11*	*73%*
*All Other**	*0*	*0*	*N/A*	*6*	*6*	*100%*	*6*	*6*	*100%*
Total (All Specialties)	**692**	**554**	**80%**	**3730**	**2312**	**62%**	**4422**	**2866**	**65%**

*In this report, specialties shades in grey are not broken out because of the small number of respondents. Instead, these specialties have been aggregated as shown.

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

APPENDIX B

2000 Exit Survey Instrument

Survey of Residents Completing Training in NYS in 2000

Center for Health Workforce Studies
University at Albany, School of Public Health
One University Place
Rensselaer, NY 12144-3456

MARKING INSTRUCTIONS

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the oval completely.
- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

● CORRECT

✓ ✗ ▬ ⊙ INCORRECT

Last Four Digits of Social Security #

ACGME Residency Program # ____ – – – – **For Office Use**

This questionnaire should be completed by all physicians completing a residency/fellowship training program in New York State in 2000 *(excluding preliminary training positions)*.

LAST NAME

FIRST 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 U.S.
- ○ Naturalized U.S.
- ○ Permanent Resident
- ○ H-1, H-2, H-3 Temporary Worker
- ○ J-1, J-2 Exchange Visitor
- ○ Other

4. Race/Ethnicity:

- ○ Native American/Alaskan Native
- ○ Asian or Pacific Islander
- ○ Black/African American (Not Hispanic)
- ○ Hispanic/Latino (Puerto Rican)
- ○ Hispanic/Latino (All Other)
- ○ White (Not Hispanic/Latino)
- ○ Other

5. Where was your residence on graduation from high school?

- ○ New York State
- ○ Other U.S.
- ○ Canada
- ○ Other Country

B. MEDICAL EDUCATION AND TRAINING

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

7. Type of Medical Education:

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

8. Medical School:

- ○ New York State (if yes, complete below)
- ○ Other U.S.
- ○ Canada
- ○ Other Country

Specify if in NYS:

- ○ Albany Medical College
- ○ Albert Einstein (Yeshiva)
- ○ Columbia University College of Phys and Surg
- ○ Cornell University Medical College
- ○ Mt. Sinai School of Medicine
- ○ New York College of Osteopathic Medicine
- ○ New York Medical College (Valhalla)
- ○ New York University
- ○ SUNY at Brooklyn
- ○ SUNY at Buffalo
- ○ SUNY at Stony Brook
- ○ SUNY at Syracuse
- ○ University of Rochester

9. What is your current level of educational debt?

- ○ None
- ○ Less than $20,000
- ○ $20,000–$39,999
- ○ $40,000–$59,999
- ○ $60,000–$79,999
- ○ $80,000–$99,999
- ○ $100,000–$124,999
- ○ $125,000–$149,999
- ○ $150,000–$199,999
- ○ Over $200,000

continue . . .

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

10. **Specialty you are COMPLETING in 2000**
(select only one)

11. **If subspecializing/doing additional fellowship: Specialty you are ENTERING**
(select only one)

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

12. What portion of your training in the past year was in the following **ambulatory care settings**?

A. Community Based Ambulatory Care Setting
(i.e., not located within or adjacent to a hospital)

- ○ Less than 1 session per week
- ○ 1 session per week
- ○ 2 sessions per week
- ○ 3 sessions per week
- ○ 4 sessions per week
- ○ 5 or more sessions per week

B. Hospital Based Ambulatory Care Setting

- ○ Less than 1 session per week
- ○ 1 session per week
- ○ 2 sessions per week
- ○ 3 sessions per week
- ○ 4 sessions per week
- ○ 5 or more sessions per week

C. FUTURE PLANS

13. What do you expect to be doing after completion of your current training program?
Primary Activity *(mark only one)*

- ○ Patient Care/Clinical Practice
- ○ Additional Subspecialty Training or Fellowship
- ○ Chief Resident
- ○ Teaching/Research (in Non-Training position)
- ○ Temporarily Out of Medicine
- ○ Other (specify): _____
- ○ Undecided/Don't know yet

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

- ○ Same City/County as Current Training
- ○ Same Region within New York State—but Different City/County
- ○ Other Area within New York State
- ○ Other State
- ○ Outside of U.S.
- ○ Don't know yet

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

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

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

B. If you are leaving the state 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

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

- ○ Yes ○ No

17. If you are planning to enter or 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 any practice position (Skip to Question #28)

D. PRACTICE PLANS
If you are going into Patient Care

(If you are not going into Patient Care/Clinical Practice after completing your current training—Skip to Part E.)

18. 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)*
○	○ Solo Practice
○	○ Partnership (2 person)
○	○ Group Practice—as owner/partner
○	○ Group Practice—as employee
○	○ Hospital—Inpatient
○	○ Hospital—Ambulatory Care
○	○ Hospital—Emergency Room
○	○ Freestanding Health Center or Clinic
○	○ HMO
○	○ Military
○	○ Other: _____

19. What level of ownership will you have in your upcoming practice?

- ○ None, I will be an employee
- ○ None currently, but I may have the option to become a partner in the future
- ○ I will be a partner, but will not have any capital invested in the practice
- ○ I will be an owner/partner (i.e., will have capital invested and own a financial stake in the practice)

20. What is the zip code of the principal practice address at which you will be working (if zip is unknown, please give city/town and state)?

← **Principal Practice Zip Code**

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

City/Town _____ State _____

continue . . .

21. Do you expect to be at your principal practice for 4 or more years?

- ○ Yes
- ○ No

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

- ○ Inner City
- ○ Other Area within Major City
- ○ Suburban
- ○ Small City (population less than 50,000)
- ○ Rural

23. How will you be compensated at your principal practice:

- ○ Salary without Incentive
- ○ Salary with Incentive
- ○ Fee for Service
- ○ Other (specify):_____

24. Expected Gross Income during first year of practice:

A. Base Salary/Income	B. Anticipated Additional Incentive Income
○ Less than $70,000	○ Zero
○ $70,000–$79,999	○ Less than $5,000
○ $80,000–$89,999	○ $5,000–$9,999
○ $90,000–$99,999	○ $10,000–$14,999
○ $100,000–$109,999	○ $15,000–$19,999
○ $110,000–$119,999	○ $20,000–$24,999
○ $120,000–$129,999	○ $25,000–$29,999
○ $130,000–$139,999	○ $30,000–$34,999
○ $140,000–$149,999	○ $35,000–$39,999
○ $150,000–$174,999	○ $40,000–$44,999
○ $175,000–$200,000	○ $45,000–$50,000
○ Over $200,000	○ Over $50,000

25. What is your level of satisfaction with your salary/compensation?

- ○ Very Satisfied
- ○ Somewhat Satisfied
- ○ Not Too Satisfied
- ○ Very Dissatisfied

26. In your upcoming practice, what is the **total** number of **patient care/clinical practice hours per week** you will be spending:

- ○ None
- ○ Less than 10
- ○ 10 to 19
- ○ 20 to 29
- ○ 30 to 39
- ○ 40 to 49
- ○ 50 to 59
- ○ 60 or more

27. Will you be practicing in a federally designated Health Professional Shortage Area?

- ○ Yes
- ○ No
- ○ Unknown

E. EXPERIENCE IN JOB MARKET
(If you are going into patient care or considered going into patient care, please complete the following.)

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

- ○ Yes
- ○ No
- ○ Haven't looked yet (Skip to Question #31)

A. **If Yes,** what would you say was the main reason? *(mark only one)*

- ○ Overall Lack of Jobs/Practice Opportunities
- ○ Lack of Jobs in Desired Locations
- ○ Lack of Jobs in Desired Setting (ex., Hospital, HMO, Group Practice, etc.)
- ○ Inadequate Salary/Compensation Offered
- ○ Family/Spouse Considerations
- ○ Limited Opportunities Due to Visa Status
- ○ 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 employment/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?**

- ○ Many Jobs
- ○ Some Jobs
- ○ Few Jobs
- ○ Very Few Jobs
- ○ No Jobs
- ○ Unknown

32. What is your overall assessment of practice opportunities in **your specialty nationally?**

- ○ Many Jobs
- ○ Some Jobs
- ○ Few Jobs
- ○ Very Few Jobs
- ○ No Jobs
- ○ Unknown

Mark Reflex® by NCS EM-211568-4:654321 ED99 Printed in U.S.A.

SERIAL #

PLEASE DO NOT WRITE IN THIS AREA