2001

Residency Training Outcomes by Specialty in 2001 for New York:
A Summary of Responses to the 2001 New York Resident Exit Survey

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PREFACE

This report summarizes the results of the *Survey of Residents Completing Training in New York in 2001* (2001 Exit Survey) conducted by the New York Center for Health Workforce Studies (the Center) in May and June of 2001. This survey, 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 State in their efforts to train physicians consistent with the needs of the state and the nation. To achieve this goal, the Center provides residency programs, teaching hospitals and the medical education community with information on the demand for new physicians and on outcomes of residency training by specialty based on the results of the survey. The year 2001 was the fourth 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.

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

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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 teaching hospitals throughout the state.

Each May, the Center distributes the surveys to GME directors and 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 2001, a total of 2,845 of the estimated 4,407 physicians completing a residency or fellowship training program in New York completed the Exit Survey (65% response rate). The year 2001 marked the fourth consecutive year of the survey. For the four years the survey has been conducted (1998, 1999, 2000, and 2001) an aggregated total of 12,168 of the 18,153 graduates have completed the survey (67% 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 the 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 2001 were strong overall. In addition, analysis of trends in demand related variables reveals that the job market has improved each year since 1998.

- In 2001, only one percent (1%) 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 thirty percent (30%) 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 respondents entering practice was up 1.3% from 2000 to 2001, far less than the 6.4% increase from 1999 to 2000. The average annual increase from 1998 to 2001 was 3.0%.
- Respondents' perceptions of both the regional and national job markets were positive for each of the four years of the survey.

Demand for primary care physicians[1] (generalists) continues to be weaker than for non-primary care physicians (specialists). In 2001, demand for generalists was significantly weaker than for specialists. After adjusting for citizenship status:

- Generalists were nearly twice as likely as specialists to report difficulty finding a satisfactory practice position (44% versus 23%) and to have to change plans due to limited practice opportunities (24% versus 14%).
- Generalists received fewer job offers (mean of +2.76 versus +4.21) and were less optimistic in their perceptions of both the regional job market (average Likert Score of +0.44 versus +1.01 on scale of +2 indicating "Many Jobs" to –2 indicating "No Jobs") and national job market (+1.36 versus +1.60).
- The trends in all demand indicators were less positive for generalists than for specialists. The following examples illustrate this point:
  - The average annual increase in median starting income from 1998 to 2001 was only 1% for generalists as compared to 6% for specialists (for all specialties, this average was 3%). Between 2000 and 2001, the median starting income for generalists was flat, while specialists enjoyed a 3% increase.

[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.

- The percentage of generalists who had to change plans due to limited job opportunities increased sequentially from 1998 to 2000 (20%, 22%, 25%) before dropping slightly to 24% in 2001. By contrast, fewer specialists found they had to change their plans over this period (18%, 17%, 13%, 14%).

- The mean number of job offers received by generalists has been flat from 1998 to 2001 (2.8, 3.0, 2.8, 2.8), while specialists have seen a slight increase in job offers (3.8, 4.1, 4.2, 4.2) over the same time period.

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.

- Based on a variety of indicators (see section 4.7), the demand for Gastroenterology, Dermatology, General Anesthesiology, Radiology, Cardiology, Child and Adolescent Psychiatry, Emergency Medicine, and Urology continues to be very strong.

- Pathology, General Internal Medicine, General Pediatrics, Family Practice, Pediatric Subspecialties, and Combined Internal Medicine and Pediatrics continue to experience weak 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 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 four years of the survey. For graduates in 2001 who were subspecializing, 52% were planning to do so in New York, down from 56% in 2000.

About one-third (34%) of respondents were subspecializing. However, there were sharp differences in subspecialization rates for IMGs on temporary visas as compared to respondents with permanent citizenship. For example, in General Internal Medicine, 63% of IMGs on J-1 or J-2 visas were planning to subspecialize versus only 36% of respondents with permanent citizenship. Excluding temporary visa holders, the overall subspecialization rate (i.e., all specialties) was 32%.

GENERAL RESULTS

Characteristics of All Respondents

- In 2001, forty percent (40%) of survey respondents were female, a slight increase from the previous year (38%).
- Thirteen percent (13%) of survey respondents were under-represented minorities (URMs), the same as in 2000.
- Just over one-half (51%) of all survey respondents were international medical graduates (IMGs), nearly equal to each of the three previous years (52% in 1998 and 1999 and 53% in 2000). The IMGs completing training in New York represented approximately 30% of all IMGs completing training in the U.S. in 2001.
- The highest concentrations of IMGs were in General Anesthesiology (87%), Geriatrics (80%), Pathology (74%), Physical Medicine and Rehabilitation (69%) and General Internal Medicine (67%). Specialties with very few IMGs included Otolaryngology (0%), Orthopedics (3%), and Dermatology (7%).
- One-fifth (20%) 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 Subspecialties (50%), Medicine Subspecialties (35%), and Neurology (33%).
- Ophthalmology (0%), Urology (0%), Emergency Medicine (3%), Combined Internal Medicine and Pediatrics (4%), and Orthopedics (4%) 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, 82% 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 1998, 1999, and 2000. Over one-half (52%) of the year 2001 survey respondents who were subspecializing were remaining in New York to do so.

- For the remaining respondents, 2% were planning to work as chief residents, 3% planned to enter positions in teaching/research, and 6% 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 the same as 2000, but down slightly from 1998 and 1999 (55% and 54%, respectively). Of those entering practice in NYS, 92% were remaining in the same region in which they were completing training.

- Graduates of Combined Internal Medicine and Pediatrics (71%), Physical Medicine and Rehabilitation (68%), and Adult Psychiatry (68%) were most likely to remain in-state to begin practice. The lowest in-state retention rates were in Infectious Disease (30%), Orthopedics (33%), General Surgery (38%), and Ophthalmology (40%).

- Citizenship status is an important factor determining a respondent's likelihood of remaining in-state to practice. Only 22% of IMGs on temporary visas with confirmed practice plans were planning to remain in New York State.

- Almost one-half (48%) of the graduates entering patient care were going to be practicing in a group practice. Nine percent (9%) were entering two person partnerships while only 3% reported that they were starting their own solo practice.

- One-third (34%) of graduates were entering practice in hospitals. Inpatient (17%) was the most common, followed by ambulatory care (10%), and emergency room (7%) settings.

- Ninety percent (90%) of respondents said they would have no ownership in their upcoming practice. Of these, 32% 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 6% were going to rural locations. Seventeen percent (17%) said they would be practicing in a federal Health Professional Shortage Area (HPSA), the same percentage as in 2000.

- The graduates most likely to be entering practice in HPSAs were from Geriatrics (35%), Nephrology (32%), Family Practice (31%), and Infectious Disease (30%). No respondents indicated that they would be entering practice in a HPSA from any of the following specialties: Ophthalmology, Otolaryngology, Pathology, and Dermatology.

- While most IMGs with temporary visas were entering HPSAs (56%), IMGs with permanent citizenship were actually less likely to be entering HPSAs than were USMGs (11% vs. 16%, 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 for new physicians in a specialty will provide a better measure of demand than will comparative income levels between specialties.

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 2001 graduates with confirmed practice plans was $128,500, an increase of 1.3% from $119,300 in 2000. (Note: the response rate to the question relating to starting income was 94%).
- Individual specialties with the highest median starting income were Radiology ($186,100), Orthopedics ($184,100), Emergency Medicine ($173,600), and General Anesthesiology ($167,600).
- Among the specialty groups, Facility Based specialties (including Anesthesiology, Pathology, and Radiology; $171,000) and Surgical Subspecialties ($169,500) had the highest median starting incomes. Facility Based specialties and General Surgery experienced the highest average annual increases in starting income from 1998 to 2001 (both increased by 8%).
- The Primary Care group was lowest in starting income ($109,500) and saw very little growth (+1%) from 1998 to 2001. Within Primary Care, General Pediatrics was significantly lower than any other specialty ($98,000).
- Individual specialties seeing the greatest average annual increase in starting income from 1998 to 2001 were Gastroenterology (+12%), Ophthalmology (+10%), Dermatology (+10%), Radiology (+8%), General Surgery (+8%), and Infectious Disease (+8%).
- Family Practice (-1%), Obstetrics/Gynecology (-1%), and Otolaryngology (-1%) were the only specialties to experience declines in median starting income from 1998 to 2001

[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 46.5 hours per week in patient care/ clinical practice activities. Females expect to work about 10% fewer hours than males (43.8 vs. 48.2).

- General Surgeons (58.5) and Surgical Subspecialists (52.9) expected to work the most hours. The only specialties where graduates expected to work less than 40 patient care/clinical practice hours were Dermatology (36.1) and Emergency Medicine (37.3).

Job Market Experiences and Perceptions of Respondents who have 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.

- Thirty percent (30%) of respondents reported difficulty finding a satisfactory position. This percentage was down from the percentage reporting difficulty in each of the previous three years of the survey (34% for each).

- 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%), Combined Internal Medicine and Pediatrics (53%), General Internal Medicine (51%), Geriatrics (48%), and General Surgery (45%). Conversely, Emergency Medicine (5%), Gastroenterology (11%), General Anesthesiology (13%), and Radiology (13%) had the fewest respondents reporting difficulty.

- Seventeen percent (17%) of respondents reported having to change their plans due to limited practice opportunities, which was the same as in 2000. Ophthalmology (47%), Combined Internal Medicine and Pediatrics (41%), Pathology (29%), and Family Practice (28%) had the most graduates reporting they had to change plans. Few graduates had to change plans in Otolaryngology (5%), Urology (5%), Gastroenterology (6%), and Cardiology (6%).

- The mean number of job offers received by graduates in 2001 was 3.70. Gastroenterology (7.15) and Cardiology (6.23) graduates received the most job offers. At the other end of the spectrum, Pathologists received significantly fewer offers (1.60) than any other specialty.

[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.

- Graduates gave a very positive assessment of the *national* job market {average Likert score of +1.52 on a scale of +2.00 (indicating "Many Jobs") to -2.00 (indicating "No Jobs")}. Graduates of Radiology (+1.92), Emergency Medicine (+1.91), Adult Psychiatry (+1.90), and Infectious Disease (+1.88) gave the most positive assessment of the national job market.

- General Surgeons (+0.73) and Neurologists (+0.94) gave the least positive assessment of the national job market.

- Respondents gave a less optimistic assessment of the *regional* job market (+0.81). Graduates of General Anesthesiology (+1.53), Cardiology (+1.47), and Gastroenterology (+1.45) gave the most positive assessment of the regional job market.

- Pediatric Subspecialists (+0.06), Combined Internal Medicine and Pediatrics (+0.13), and Ophthalmologists (+0.14) were the least optimistic in their perceptions 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 and 2000 Exit Survey, in 2001, the job market for Primary Care graduates (generalists) was considerably softer than for specialists. Generalists were nearly twice as likely to report difficulty finding a satisfactory practice position (44% vs. 23%), and to have to change plans due to limited practice opportunities (24% vs. 14%). Generalists, on average, also received significantly fewer job offers (2.76 vs. 4.21), and had a less positive perception of both the regional (+0.44 vs. +1.02) and national (+1.36 vs. +1.60) job market than did specialists.

- 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 increase or a small decrease in either of these variables from 1998 to 2001 (average annual change of –1% in number of job offers and +1% in median starting income). By contrast, specialists saw significant increases in both job offers and starting income (average annual increases of 4% and 5%, respectively).

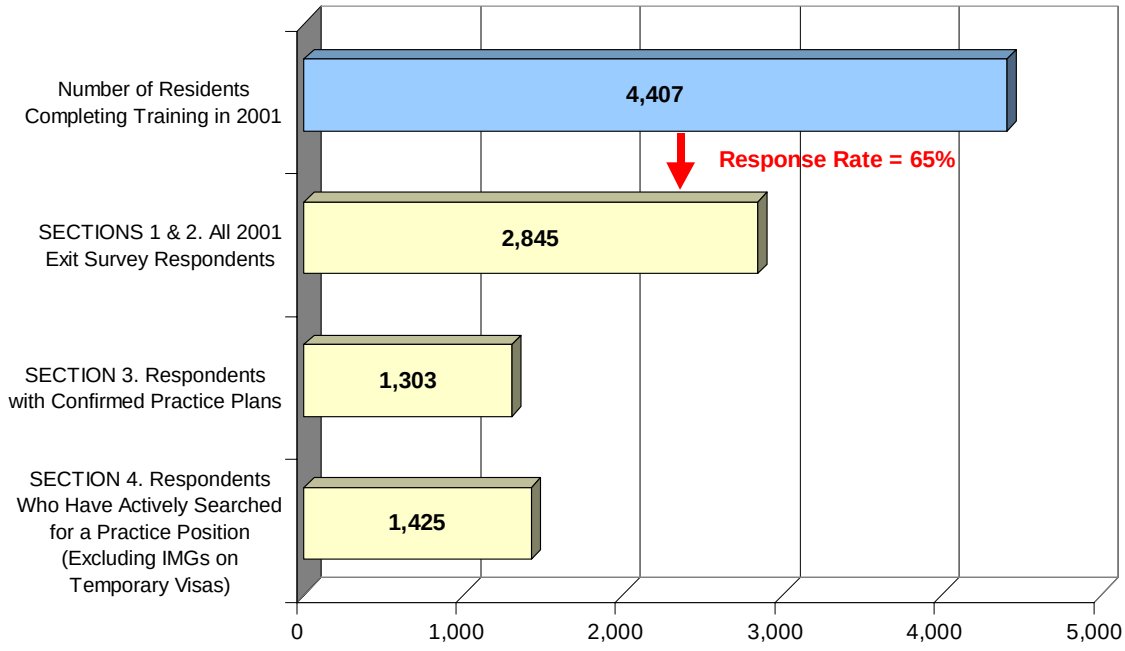
- Based on aggregation of all demand indicators from the 2001 survey, specialties experiencing the strongest demand were Gastroenterology, Dermatology, General Anesthesiology, and Radiology. In addition, Cardiology, Child and Adolescent Psychiatry, Emergency Medicine, and Urology were also in high demand.

- Pathology, General Internal Medicine and General Pediatrics are experiencing the weakest relative demand. Other specialties experiencing a relatively soft job market include Family Practice, Pediatric Subspecialties, and Combined Internal Medicine and Pediatrics. These findings from the 2001 survey were generally consistent with the findings from 2000.

SUBGROUPS OF RESPONDENTS USED IN EACH SECTION OF REPORT

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 2,845 of the estimated 4,407 residents completing training in 2001 (a 65% response rate). A comparison of survey respondents to all residents completing training in New York in 2001 (using the AMA's GME file) showed that survey respondents are representative of all graduates in terms of gender, race, location of medical school and citizenship status.

Figure 1. 2001 Exit Survey Response Rate and Subgroups Used for Each Section of 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 were planning to enter patient care/clinical practice and had confirmed practice plans (i.e., they had accepted a job offer or would 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). Appendix A presents response rates by specialty and region, and illustrates how specialties are grouped in this report. Appendix B is the 2001 Exit Survey instrument.

Section I

Background Characteristics of All Respondents

Table 1.1 presents background characteristics of all Exit Survey respondents in the year 2001. 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

- Forty percent (40%) of survey respondents were female. Females represented the majority of respondents in Obstetrics/Gynecology (70%), General Pediatrics (61%), Dermatology (57%), Pediatric Subspecialties (57%), Family Practice (54%), Geriatrics (52%), and Pathology (51%).
- General Surgery and Surgical Subspecialties had the fewest females (17% and 15% respectively). In particular, Otolaryngology (3%), Urology (7%), and Orthopedics (10%) had very few females.
- Under-represented minorities (URMs) comprised thirteen percent (13%) of all respondents. Family Practice (26%), General Surgery (22%), Obstetrics/Gynecology (21%), and Child and Adolescent Psychiatry (19%) had the most URMs.
- Nephrology (3%), Combined Internal Medicine and Pediatrics (4%), Cardiology (4%), Ophthalmology (4%), and General Anesthesiology (4%) had very few URMs.
- Just over one-half (51%) of all respondents were international medical graduates (IMGs), nearly equal to each of the three previous years (52% in 1998 and 1999 and 53% in 2000). This varies widely by specialty with the highest concentrations of IMGs found in General Anesthesiology (87%), Geriatrics (80%), Pathology (74%), and Physical Medicine and Rehabilitation (69%).
- Specialties with the fewest IMGs included Otolaryngology (0%), Orthopedics (3%), Dermatology (7%), Combined Internal Medicine and Pediatrics (11%), and Urology (11%).
- One-fifth (20%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in Pediatric (50%) and Medicine (35%) Subspecialties. Ophthalmology (0%), Otolaryngology (0%), Emergency Medicine (3%), Combined Internal Medicine and Pediatrics (4%), and Orthopedics (4%) had the fewest temporary visa holders.

Figure 1.1 Percentage of Female Respondents by Specialty Group (All 2001 Exit Survey Respondents)

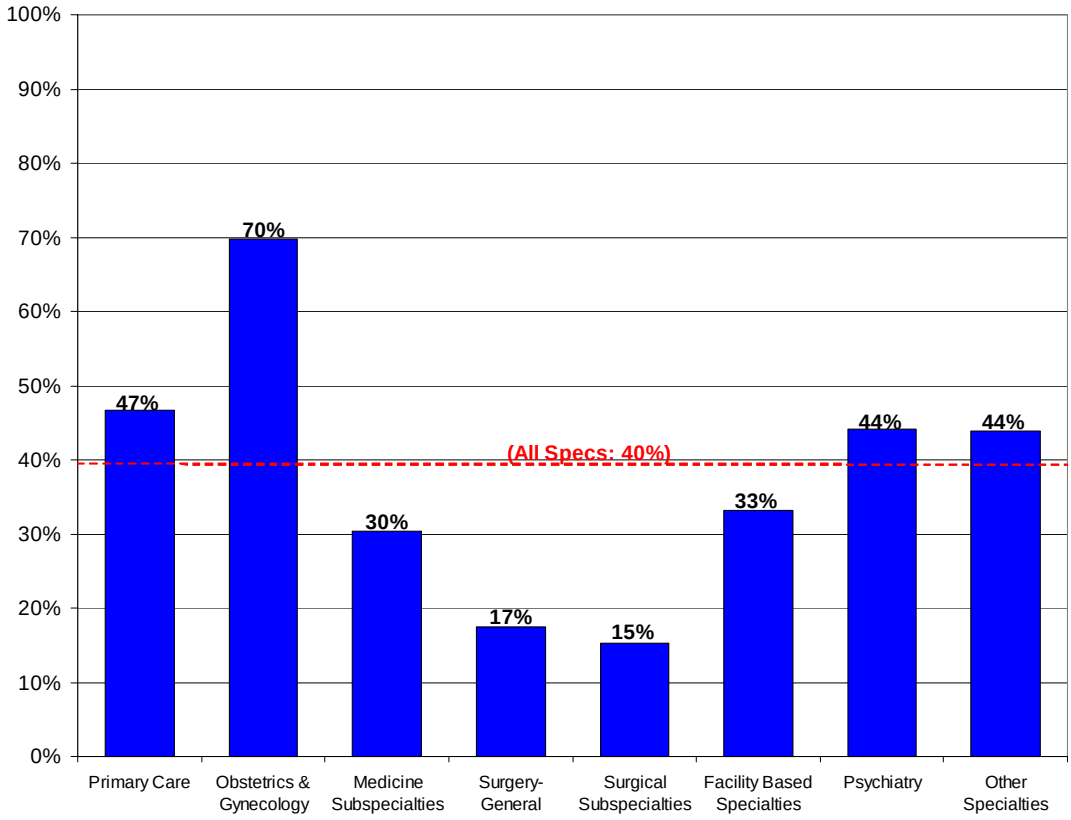


Figure 1.2 Percentage of Under-represented Minorities by Specialty Group (All 2001 Exit Survey Respondents)

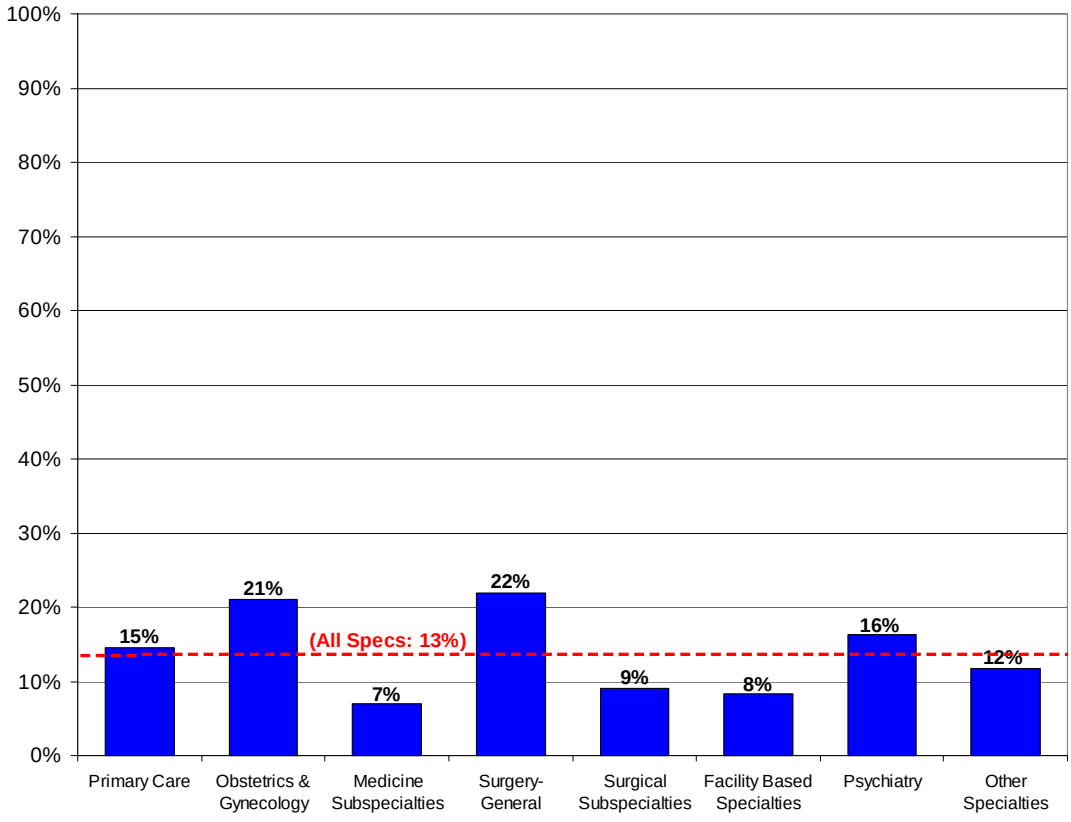


Figure 1.3 Location of Medical School and Citizenship Status (All 2001 Exit Survey Respondents)

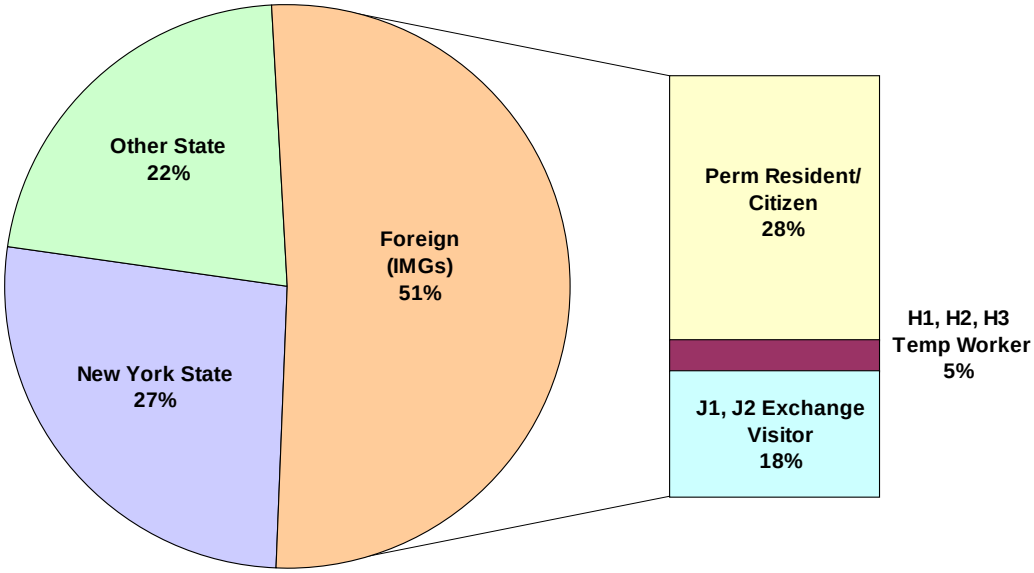


Figure 1.4 Percentage of Respondents who are IMGs by Specialty Group, (All 2000 & 2001 Exit Survey Respondents)

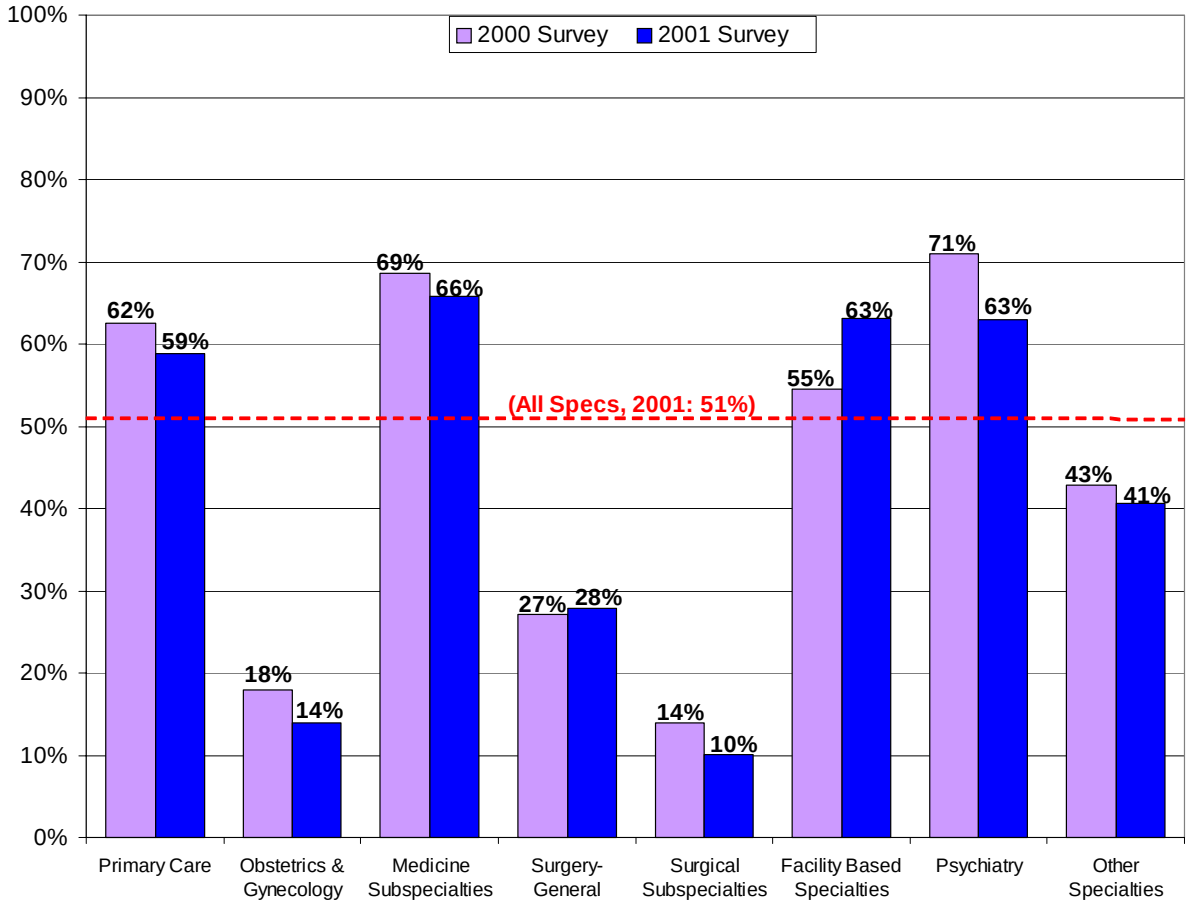


Table 1.1 Background Characteristics of Respondents (All 2001 Exit Survey Respondents)

Specialty[4]	Number of Resp (N)	% Female	% Under-rep Minorities[5]	% IMG[6]	% Temp Visa Holders[7]
Primary Care	**1,251**	**47%**	**15%**	**59%**	**23%**
Family Practice	147	54%	26%	41%	8%
Internal Medicine-General	803	40%	13%	67%	28%
Pediatrics-General	273	61%	14%	50%	17%
IM & Peds (Combined)	28	50%	4%	11%	4%
Obstetrics/Gynecology	**119**	**70%**	**21%**	**14%**	**3%**
Medicine Subspecialties	**320**	**30%**	**7%**	**66%**	**35%**
Cardiology	70	11%	4%	51%	23%
Gastroenterology	29	21%	15%	62%	28%
Geriatrics	56	52%	9%	80%	40%
Infectious Disease	34	32%	6%	59%	41%
Nephrology	31	32%	3%	58%	24%
Surgery-General	**86**	**17%**	**22%**	**28%**	**10%**
Surgical Subspecialties	**249**	**15%**	**9%**	**10%**	**6%**
Ophthalmology	52	31%	4%	12%	0%
Orthopedics	78	10%	14%	3%	4%
Otolaryngology	29	3%	7%	0%	0%
Urology	27	7%	7%	11%	7%
Facility Based	**323**	**33%**	**8%**	**63%**	**16%**
Anesthesiology-General	89	32%	4%	87%	19%
Pathology	77	51%	8%	74%	20%
Radiology	126	23%	11%	36%	10%
Psychiatry	**186**	**44%**	**16%**	**63%**	**22%**
Adult Psychiatry	123	44%	16%	63%	24%
Child & Adolescent Psych	38	46%	19%	61%	24%
Other	**308**	**44%**	**12%**	**41%**	**18%**
Dermatology	28	57%	7%	7%	7%
Emergency Medicine	103	30%	13%	13%	3%
Neurology	63	45%	7%	59%	33%
Pediatric Subspecialties	42	57%	17%	64%	50%
Physical Medicine & Rehab	48	47%	13%	69%	7%
All Specialties, 2001 (2000)	**2,842 (2,866)**	**40% (38%)**	**13% (13%)**	**51% (53%)**	**20% (24%)**

[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 (56%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 82% had confirmed practice plans.
- Approximately one-third (34%) planned to subspecialize or pursue further training. For the remaining 11%, 2% were planning to work as chief residents, 3% were planning to enter teaching/research, and 6% had other plans.
- Specialties with the highest percentages of respondents planning to enter patient care/clinical practice were Emergency Medicine (87%), Child and Adolescent Psychiatry (82%), Dermatology (82%), Obstetrics/Gynecology (80%), and Geriatrics (80%).
- Specialties with the highest subspecialization rates were General Surgery (71%), Ophthalmology (63%), Pathology (61%), and Neurology (59%).
- The subspecialization rates for General Internal Medicine and General Pediatrics were 41% and 42% respectively. However, J-1 and J-2 exchange visitors were much more likely to subspecialize than respondents with any other citizenship status. In General Internal Medicine, the subspecialization rate for J-1 & J-2 exchange visitors was 63% versus 36% for all other respondents. In General Pediatrics, the rates were 73% versus 39%.
- General Internal Medicine (7%), Combined Internal Medicine and Pediatrics (7%), General Pediatrics (3%), Family Practice (2%), and Adult Psychiatry (1%) were the only specialties with respondents indicating they were planning on entering positions as chief residents.

Figure 2.1 Primary Activity After Completion of Current Training Program (All 2001 Exit Survey Respondents)

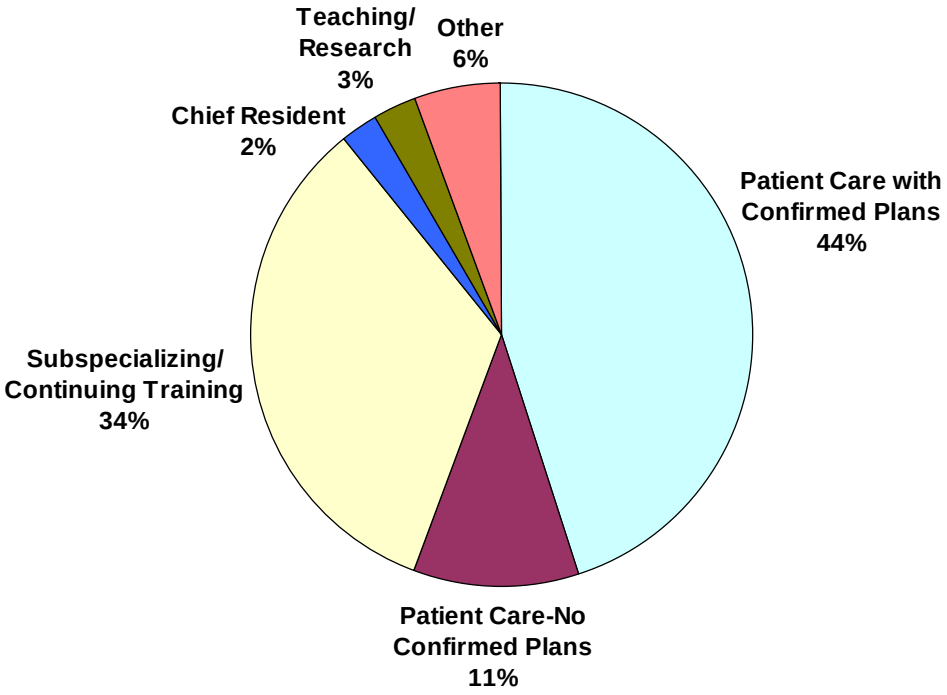


Figure 2.2 Trends in Subspecialization Rates for General Internal Medicine and General Pediatrics (IMGs on Temporary Visas Excluded)

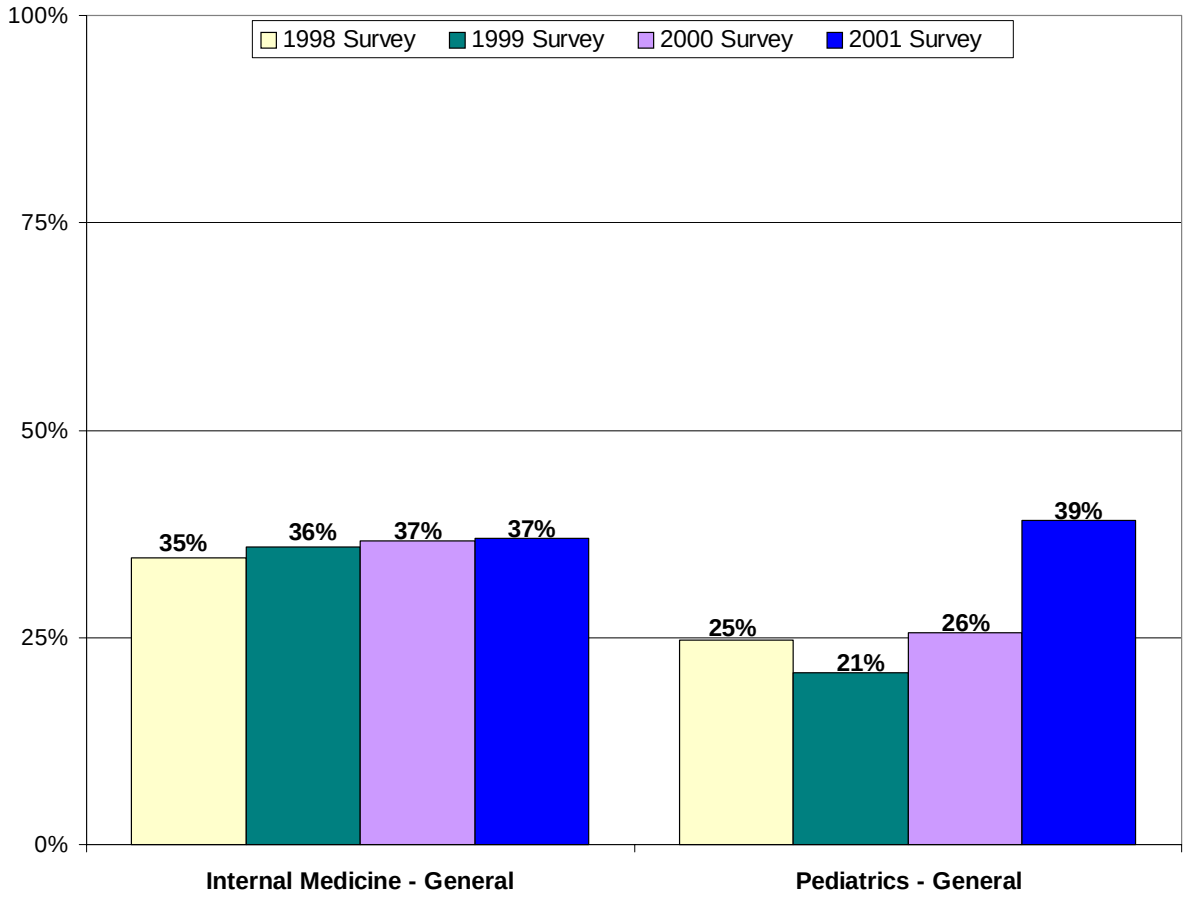


Figure 2.3 Rank of Percentage of Respondents Entering Patient Care/Clinical Practice by Specialty (All 2001 Exit Survey Respondents)

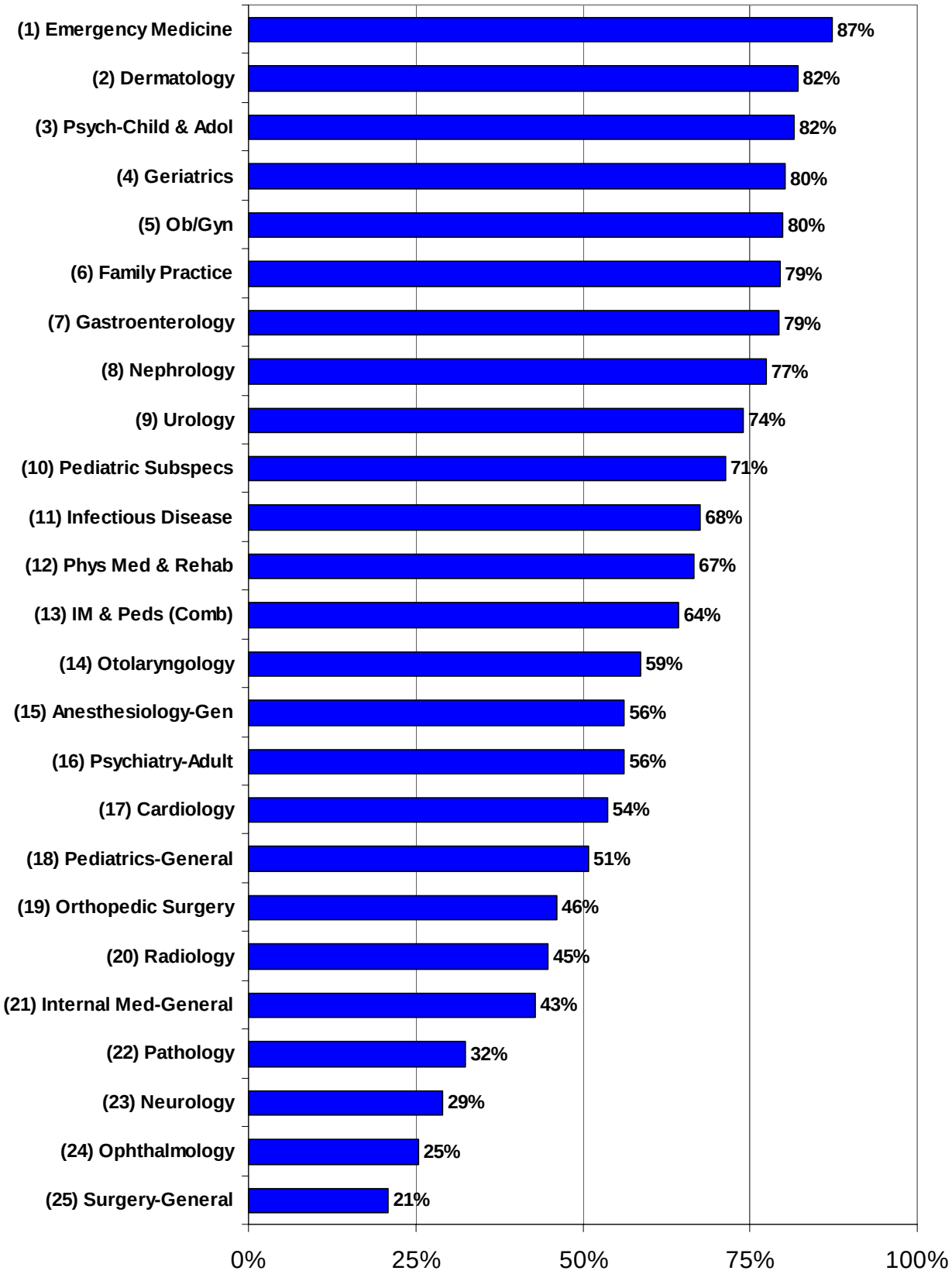


Table 2.1 Primary Activity After Completion of Current Training Program (All 2001 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**49%**	**37%**	**5%**	**2%**	**6%**
Family Practice	79%	9%	2%	3%	7%
Internal Medicine-General	43%	41%	7%	2%	7%
Pediatrics-General	51%	42%	3%	0%	3%
IM & Peds (Combined)	64%	25%	7%	4%	0%
Obstetrics/Gynecology	**80%**	**12%**	**0%**	**5%**	**3%**
Medicine Subspecialties	**72%**	**14%**	**0%**	**8%**	**6%**
Cardiology	53%	36%	0%	10%	1%
Gastroenterology	79%	14%	0%	3%	3%
Geriatrics	80%	5%	0%	5%	9%
Infectious Disease	68%	0%	0%	18%	15%
Nephrology	77%	3%	0%	10%	10%
Surgery-General	**21%**	**71%**	**0%**	**0%**	**8%**
Surgical Subspecialties	**55%**	**40%**	**0%**	**1%**	**4%**
Ophthalmology	25%	63%	0%	0%	12%
Orthopedics	46%	50%	0%	1%	3%
Otolaryngology	59%	41%	0%	0%	0%
Urology	74%	22%	0%	4%	0%
Facility Based	**48%**	**44%**	**0%**	**2%**	**6%**
Anesthesiology-General	56%	38%	0%	1%	4%
Pathology	32%	61%	0%	0%	6%
Radiology	44%	48%	0%	1%	6%
Psychiatry	**65%**	**30%**	**1%**	**2%**	**3%**
Adult Psychiatry	56%	39%	1%	1%	3%
Child & Adolescent Psych	82%	11%	0%	3%	5%
Other	**68%**	**22%**	**0%**	**5%**	**5%**
Dermatology	82%	11%	0%	4%	4%
Emergency Medicine	87%	8%	0%	4%	1%
Neurology	29%	59%	0%	6%	6%
Pediatric Subspecialties	71%	7%	0%	14%	7%
Physical Medicine & Rehab	67%	25%	0%	0%	8%
All Specialties, 2001 (2000)	**56% (56%)**	**34% (34%)**	**2% (3%)**	**3% (3%)**	**6% (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 1,303 respondents had confirmed practice plans. Two percent (2%) 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

- Just over one-half (53%) of respondents with confirmed plans were entering practice within New York State. The vast majority (92%) of these were remaining in the same region in which they trained.
- Combined Internal Medicine and Pediatrics (71%), Adult Psychiatry (68%), Physical Medicine and Rehabilitation (68%), Obstetrics/Gynecology (65%), General Pediatrics (65%), and Pathology (63%) had the highest in-state retention rates.
- Graduates entering practice from Infectious Disease (30%), Orthopedics (33%), General Surgery (38%), Ophthalmology (40%), and Dermatology (40%) had the lowest in-state retention rates.
- Respondents of Neurology (19%), Pediatric Subspecialties (10%), Dermatology (5%), and Child and Adolescent Psychiatry (4%) 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 22% 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 2001 Exit Survey Respondents with Confirmed Practice Plans)

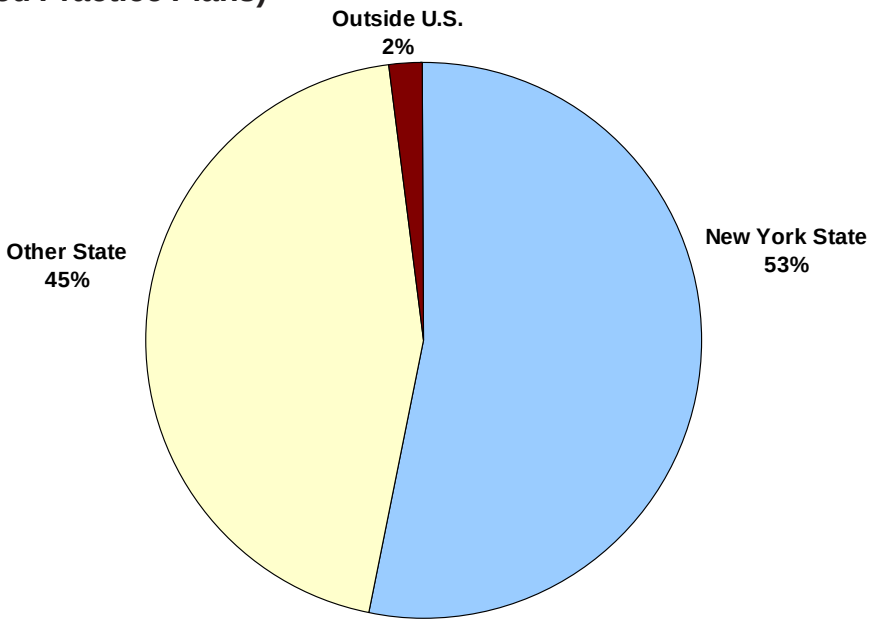


Figure 3.2 Trends in In-State Retention Rates by Specialty Group (for Exit Survey Respondents with Confirmed Practice Plans)

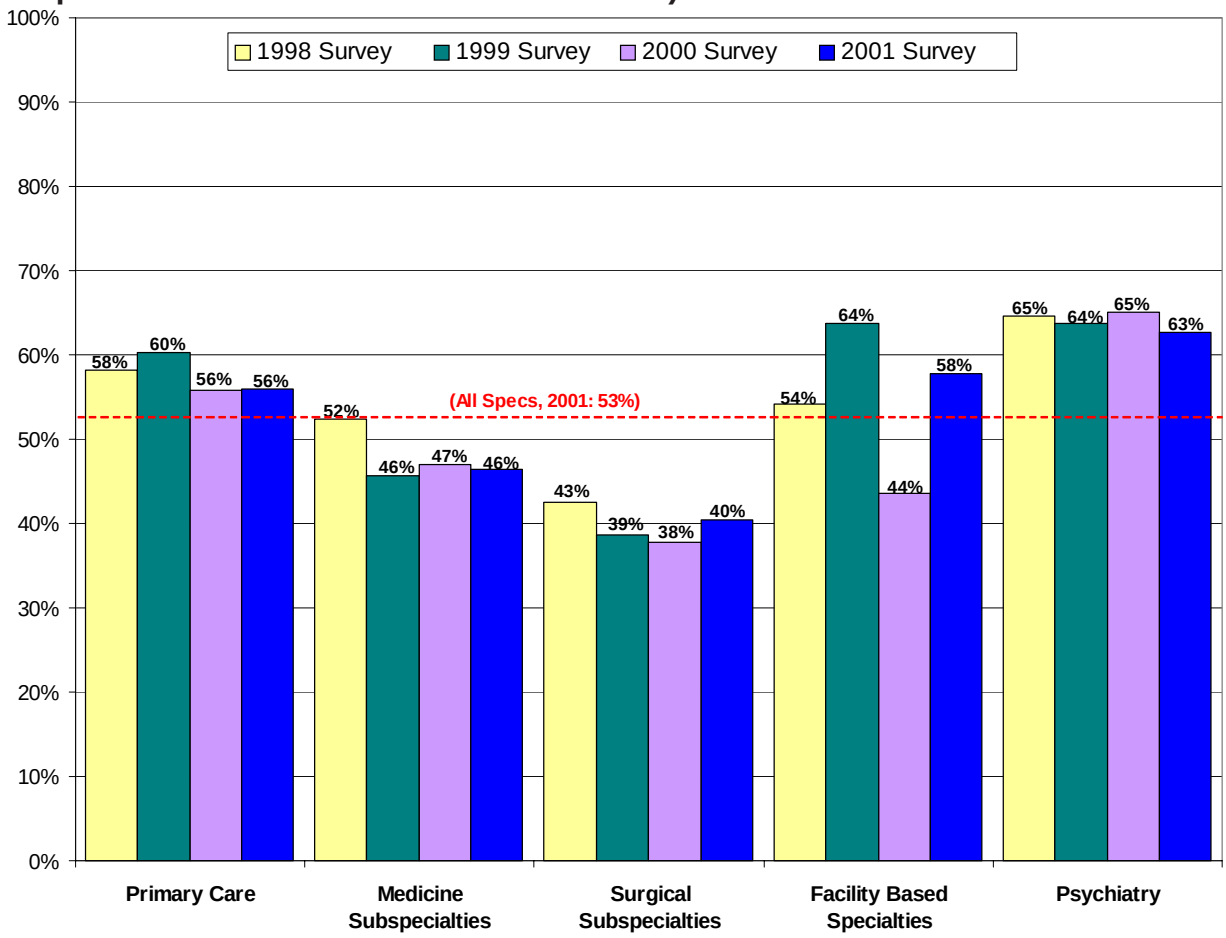


Figure 3.3 Rank of In-State Retention Rates by Specialty (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

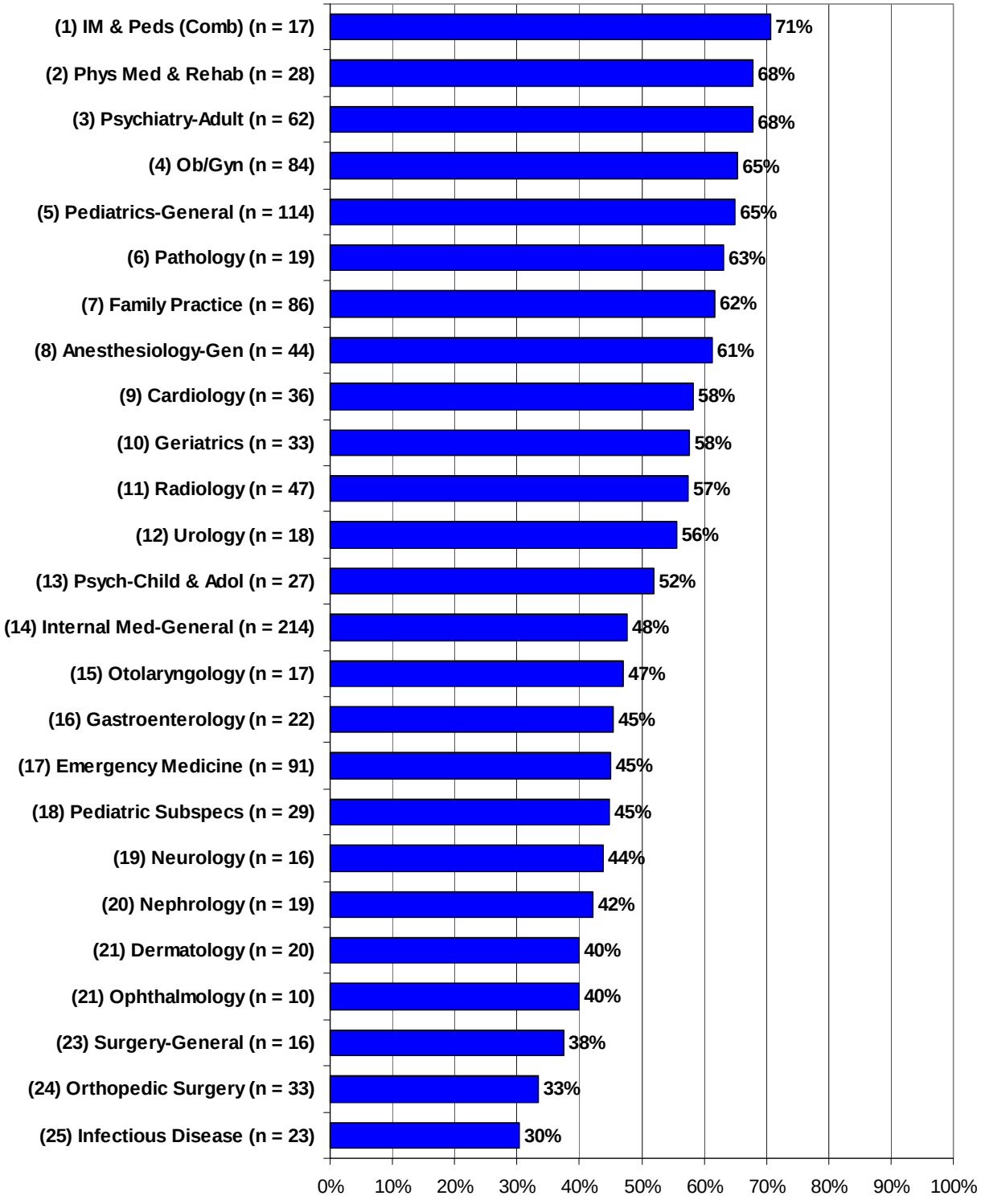


Table 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans[8]	LOCATION OF UPCOMING PRACTICE			
		Within New York State		Other State	Outside U.S.[9]
		Same Region	Other Area		
Primary Care	**431**	**52%**	**4%**	**43%**	**1%**
Family Practice	86	55%	7%	38%	0%
Internal Medicine-General	214	45%	2%	51%	1%
Pediatrics-General	114	60%	5%	35%	0%
IM & Peds (Combined)	17	59%	12%	29%	0%
Obstetrics/Gynecology	**86**	**61%**	**5%**	**35%**	**0%**
Medicine Subspecialties	**208**	**43%**	**4%**	**50%**	**3%**
Cardiology	36	53%	6%	42%	0%
Gastroenterology	22	41%	5%	55%	0%
Geriatrics	34	52%	6%	36%	6%
Infectious Disease	23	26%	4%	70%	0%
Nephrology	19	37%	5%	58%	0%
Surgery-General	**16**	**31%**	**6%**	**63%**	**0%**
Surgical Subspecialties	**122**	**32%**	**8%**	**58%**	**2%**
Ophthalmology	10	10%	30%	60%	0%
Orthopedics	33	30%	3%	67%	0%
Otolaryngology	18	29%	18%	53%	0%
Urology	18	50%	6%	44%	0%
Facility Based	**135**	**53%**	**5%**	**39%**	**3%**
Anesthesiology-General	44	61%	0%	39%	0%
Pathology	19	53%	11%	37%	0%
Radiology	47	49%	9%	40%	2%
Psychiatry	**108**	**58%**	**5%**	**34%**	**4%**
Adult Psychiatry	62	60%	8%	31%	2%
Child & Adolescent Psych	28	52%	0%	44%	4%
Other	**197**	**46%**	**2%**	**48%**	**4%**
Dermatology	20	40%	0%	55%	5%
Emergency Medicine	91	42%	3%	55%	0%
Neurology	16	44%	0%	38%	19%
Pediatric Subspecialties	30	41%	3%	45%	10%
Physical Medicine & Rehab	28	68%	0%	32%	0%
All Specialties, 2001 (2000)	**1,303 (1,252)**	**48% (47%)**	**4% (5%)**	**45% (45%)**	**2% (3%)**

[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 at which respondents would be practicing in their upcoming principal practice. The "Other" category includes "freestanding health center/clinic", "HMO", "military", and "other". On the 2001 survey, a question asked 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 (83%) were going into groups as employees.
- The vast majority (90%) said they would be employees in their upcoming practices with no level of ownership. Of these, 32% said they may have the option to become an 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 3% of all respondents were planning to enter solo practice, there were a few specialties where more than 10% planned to enter solo practice: General Surgery (13%), Otolaryngology (12%), and Gastroenterology (11%).
- About one-third (34%) of graduates were entering hospital based practices. Of these, one-half (50%) were entering inpatient settings, and the other half were entering either ambulatory care or emergency room settings. The most notable outlier in this distribution was Emergency Medicine where 97% of the graduates entering hospital based practices indicated they would be working in emergency rooms.

Figure 3.4 Practice Setting of Respondent's Upcoming Principal Practice (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

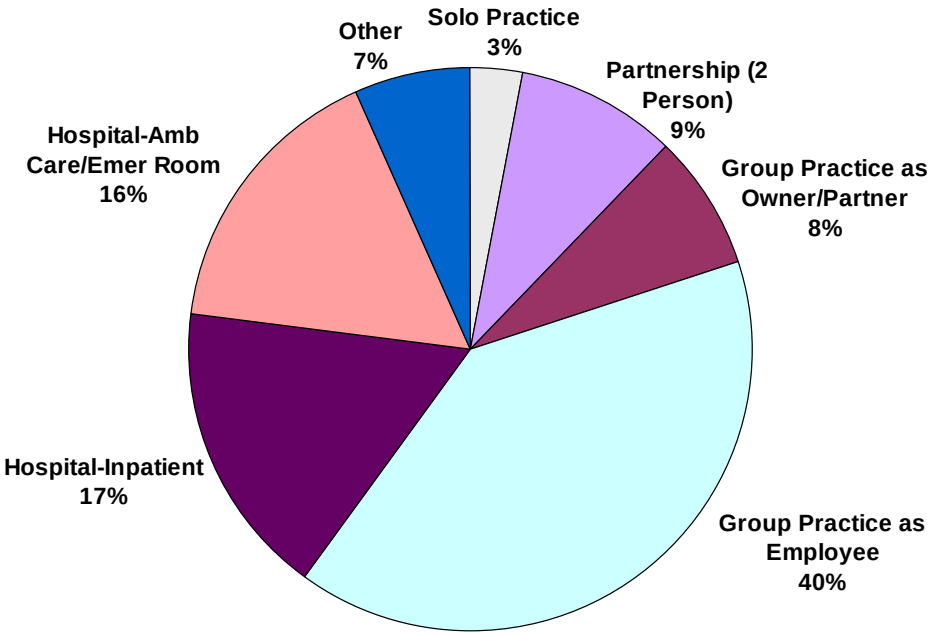


Figure 3.5 Respondent's Level of Ownership in Upcoming Principal Practice (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

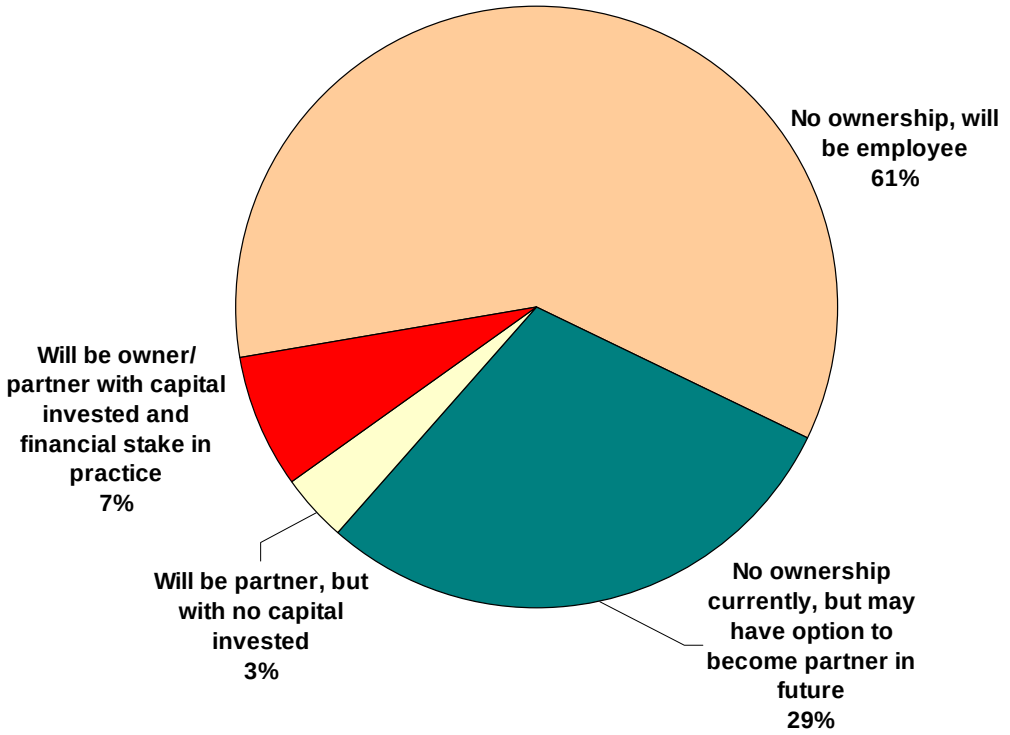


Table 3.2 Practice Setting of Respondent's Upcoming Principal Practice (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

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	**3%**	**9%**	**6%**	**43%**	**12%**	**15%**	**3%**	**9%**
Family Practice	5%	11%	4%	42%	0%	20%	0%	18%
Internal Medicine-General	3%	10%	7%	38%	18%	12%	2%	9%
Pediatrics-General	2%	7%	6%	49%	10%	17%	6%	3%
IM & Peds (Combined)	0%	0%	0%	65%	0%	12%	6%	18%
Obstetrics/Gynecology	**1%**	**17%**	**10%**	**49%**	**13%**	**4%**	**0%**	**6%**
Medicine Subspecialties	**5%**	**9%**	**7%**	**45%**	**20%**	**8%**	**0%**	**6%**
Cardiology	0%	13%	13%	41%	31%	0%	0%	3%
Gastroenterology	11%	11%	22%	39%	6%	6%	0%	6%
Geriatrics	7%	3%	3%	31%	14%	21%	0%	21%
Infectious Disease	0%	14%	9%	41%	14%	18%	0%	5%
Nephrology	6%	11%	6%	50%	28%	0%	0%	0%
Surgery-General	**13%**	**19%**	**13%**	**44%**	**13%**	**0%**	**0%**	**0%**
Surgical Subspecialties	**8%**	**18%**	**13%**	**46%**	**12%**	**1%**	**0%**	**3%**
Ophthalmology	11%	33%	0%	44%	0%	11%	0%	0%
Orthopedics	10%	3%	17%	55%	10%	0%	0%	3%
Otolaryngology	12%	47%	0%	41%	0%	0%	0%	0%
Urology	6%	41%	18%	24%	12%	0%	0%	0%
Facility Based	**0%**	**2%**	**16%**	**50%**	**27%**	**2%**	**1%**	**2%**
Anesthesiology-General	0%	0%	20%	63%	15%	0%	0%	2%
Pathology	0%	0%	6%	41%	47%	0%	0%	6%
Radiology	0%	2%	16%	50%	25%	5%	2%	0%
Psychiatry	**3%**	**0%**	**1%**	**13%**	**40%**	**27%**	**2%**	**14%**
Adult Psychiatry	0%	0%	2%	14%	36%	31%	3%	14%
Child & Adolescent Psych	13%	0%	0%	9%	35%	22%	0%	22%
Other	**1%**	**7%**	**6%**	**28%**	**13%**	**5%**	**38%**	**4%**
Dermatology	0%	21%	5%	63%	5%	0%	0%	5%
Emergency Medicine	0%	0%	11%	8%	1%	1%	76%	2%
Neurology	0%	9%	0%	73%	18%	0%	0%	0%
Pediatric Subspecialties	0%	4%	0%	35%	42%	15%	0%	4%
Physical Medicine & Rehab	4%	22%	0%	39%	26%	4%	0%	4%
All Specialties, 2001	**3%**	**9%**	**8%**	**40%**	**17%**	**10%**	**7%**	**7%**
(All Specialties, 2000)	**(4%)**	**(10%)**	**(9%)**	**(39%)**	**(13%)**	**(9%)**	**(9%)**	**(7%)**

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 Professional 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 said they "didn't know" if their upcoming practice fell within a federal HPSA.

Highlights

- Over one-quarter (27%) of respondents reported entering practice in inner city locations and another 6% were going to rural locations. Seventeen percent (17%) said they would be practicing in a federal HPSA, the same percentage as in 1999 and 2000.
- Graduates of Pediatric Subspecialties (54%), Neurology (50%), General Anesthesiology (45%), and Pathology (42%) were the most likely to be entering practices in the inner city.
- Nephrology graduates were entering practice in rural areas at the highest rate (22%). Combined Internal Medicine and Pediatrics (18%), Family Practice (16%), Infectious Disease (14%), and Geriatrics were the only other specialties with 10% or more of their graduates planning to enter practice in rural areas.
- Graduates of Geriatrics (35%), Nephrology (32%), Family Practice (31%), and Infectious Disease (30%) 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 (56%) 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, 16% of USMGs reported entering practice in a HPSA versus only 11% of IMGs with permanent citizenship status.

Figure 3.6 Percentage of Respondents Entering Practice in Rural and Inner City Areas by Location of Medical School & Citizenship Status (for 2001 Exit Survey Respondents from Primary Care Specialties with Confirmed Practice Plans)

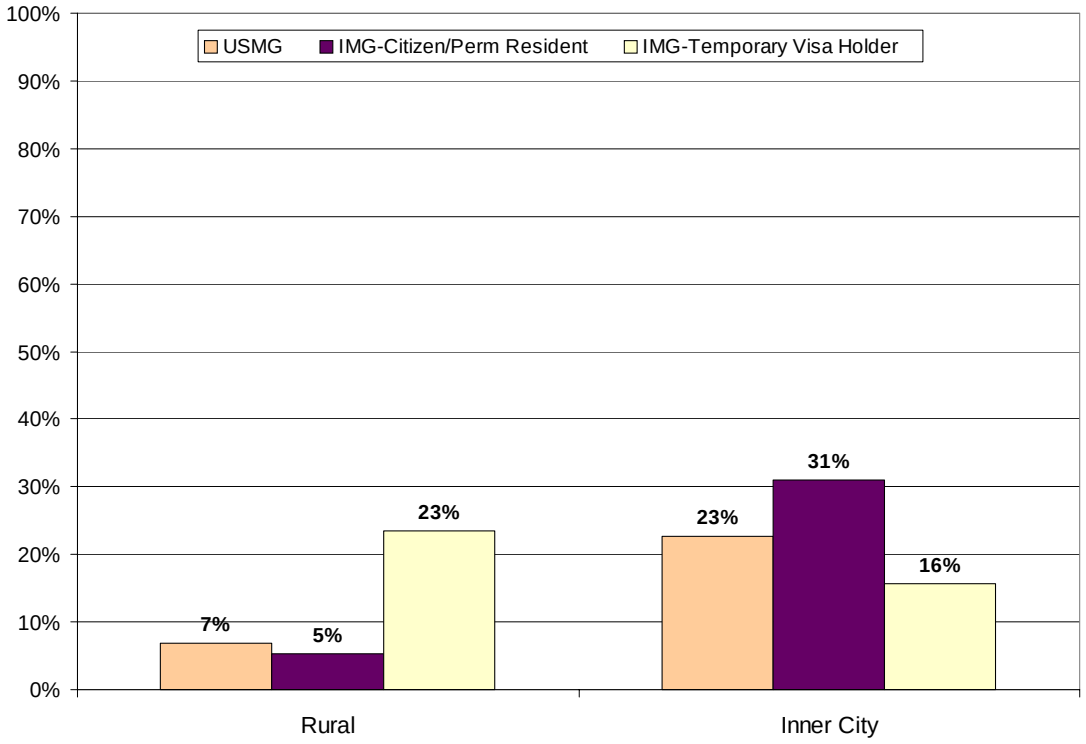


Figure 3.7 Trends in Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School & Citizenship Status (for Respondents from Primary Care Specialties with Confirmed Practice Plans)

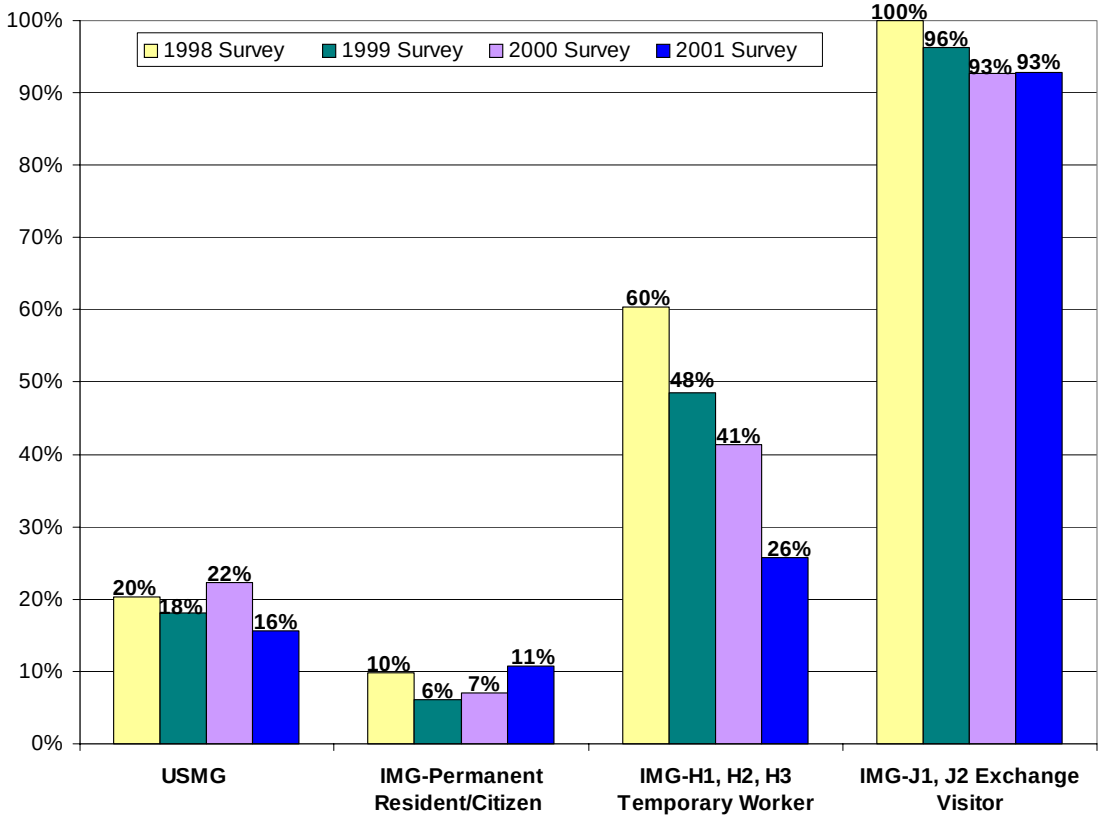


Table 3.3 Demographics of Practice Location (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	DEMOGRAPHICS: Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA[10]
Primary Care	**25%**	**17%**	**30%**	**19%**	**9%**	**20%**
Family Practice	32%	7%	25%	20%	16%	31%
Internal Medicine-General	25%	23%	24%	19%	9%	20%
Pediatrics-General	22%	14%	45%	18%	1%	11%
IM & Peds (Combined)	12%	18%	29%	24%	18%	19%
Obstetrics/Gynecology	**35%**	**21%**	**29%**	**10%**	**5%**	**17%**
Medicine Subspecialties	**23%**	**19%**	**28%**	**19%**	**10%**	**27%**
Cardiology	32%	15%	29%	15%	9%	18%
Gastroenterology	10%	25%	40%	25%	0%	16%
Geriatrics	26%	26%	26%	13%	10%	35%
Infectious Disease	38%	0%	43%	5%	14%	30%
Nephrology	22%	22%	22%	11%	22%	32%
Surgery-General	**31%**	**13%**	**13%**	**38%**	**6%**	**0%**
Surgical Subspecialties	**13%**	**30%**	**36%**	**19%**	**2%**	**4%**
Ophthalmology	0%	25%	38%	38%	0%	0%
Orthopedics	10%	39%	32%	16%	3%	3%
Otolaryngology	12%	6%	53%	24%	6%	0%
Urology	6%	39%	33%	22%	0%	17%
Facility Based	**37%**	**20%**	**29%**	**12%**	**1%**	**7%**
Anesthesiology-General	45%	17%	29%	10%	0%	7%
Pathology	42%	37%	11%	11%	0%	0%
Radiology	26%	17%	41%	13%	2%	9%
Psychiatry	**31%**	**23%**	**25%**	**13%**	**8%**	**20%**
Adult Psychiatry	36%	25%	19%	15%	5%	22%
Child & Adolescent Psych	20%	24%	28%	12%	16%	28%
Other	**34%**	**27%**	**27%**	**12%**	**1%**	**11%**
Dermatology	6%	56%	28%	11%	0%	0%
Emergency Medicine	34%	22%	29%	13%	2%	11%
Neurology	50%	0%	50%	0%	0%	15%
Pediatric Subspecialties	54%	23%	19%	4%	0%	16%
Physical Medicine & Rehab	21%	42%	21%	17%	0%	4%
All Specialties, 2001 (2000)	**27% (27%)**	**21% (21%)**	**29% (33%)**	**16% (13%)**	**6% (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. Specialties are ranked in descending order (i.e., 1 is highest, 25 is lowest) for both mean and median 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 7% less than the same person if they had left the state), citizenship (J-1 & J-2 exchange visitors received less than other respondents), and gender (females averaged 6% 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 therefore provides a more stable measure 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 generalists and specialists, specialists generally reported higher incomes.
- Individual specialties with the highest median starting income (rounded to the nearest hundred dollars) were Radiology ($186,100), Orthopedics ($184,100), Emergency Medicine ($173,600), and General Anesthesiology ($167,600).
- General Pediatrics had by far the lowest starting income of all specialties ($98,000). Other specialties with low starting incomes included Family Practice ($109,400), Combined Internal Medicine and Pediatrics ($111,500), Pathology ($112,700), and Child and Adolescent Psychiatry ($116,000).
- Among the specialty groups, Primary Care had the lowest starting income ($109,500). Conversely, Facility Based ($171,000) and Surgical Subspecialties ($169,500) were highest.

Figure 3.8 Descriptive Statistics for Starting Income (in $1,000s) by Specialty Group (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

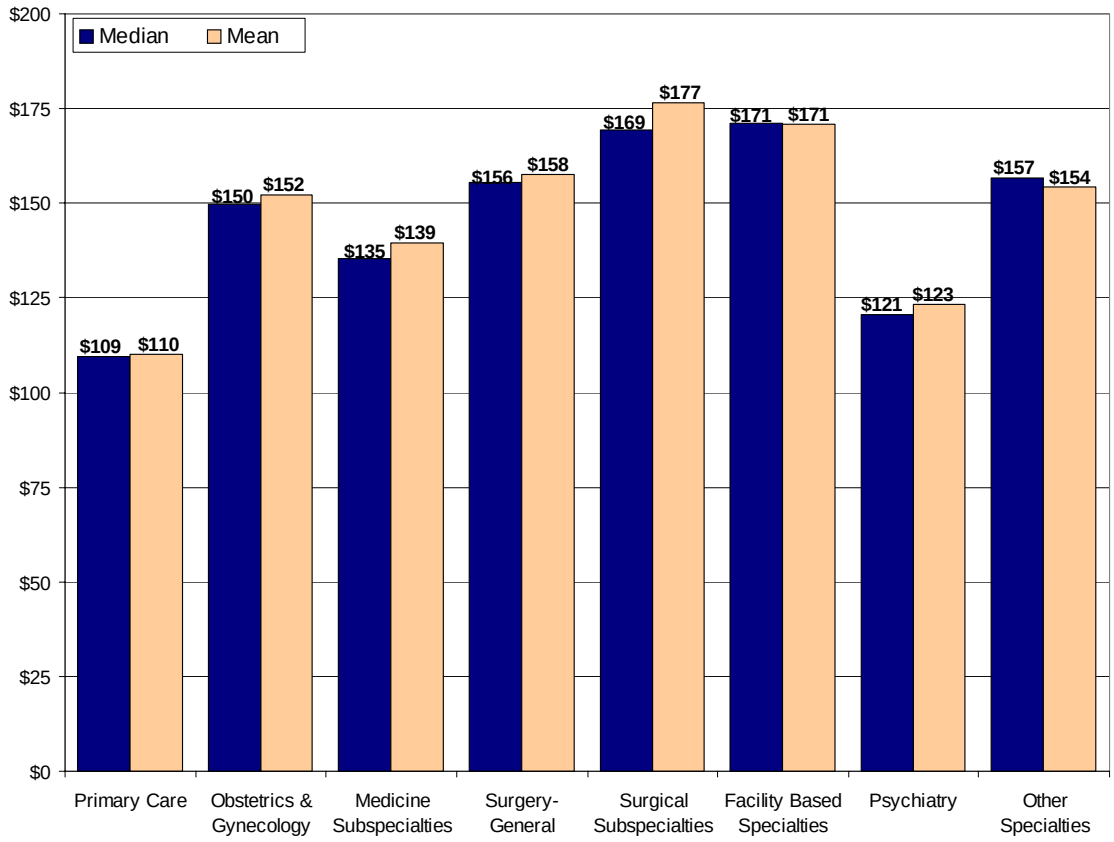


Figure 3.9 Distribution of Starting Income by Primary Care vs. Non-Primary Care (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

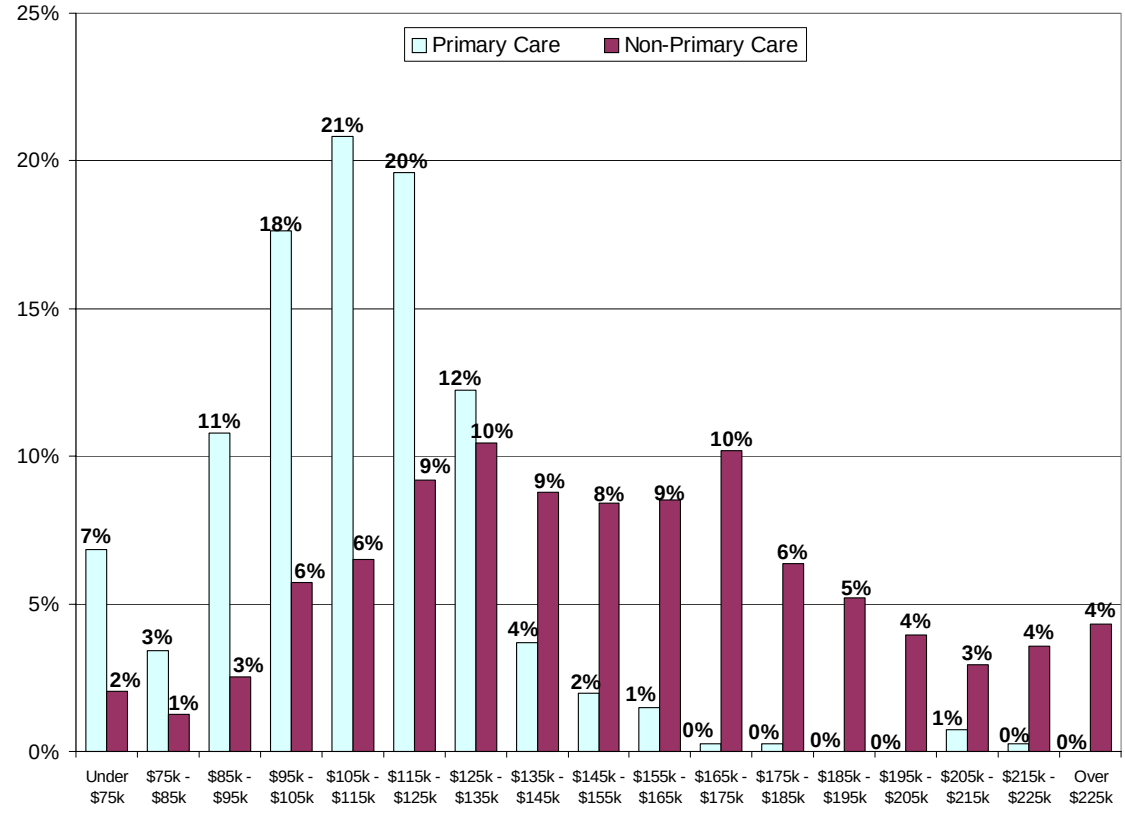


Figure 3.10 Rank of Median Starting Income (in 1,000s) by Specialty (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

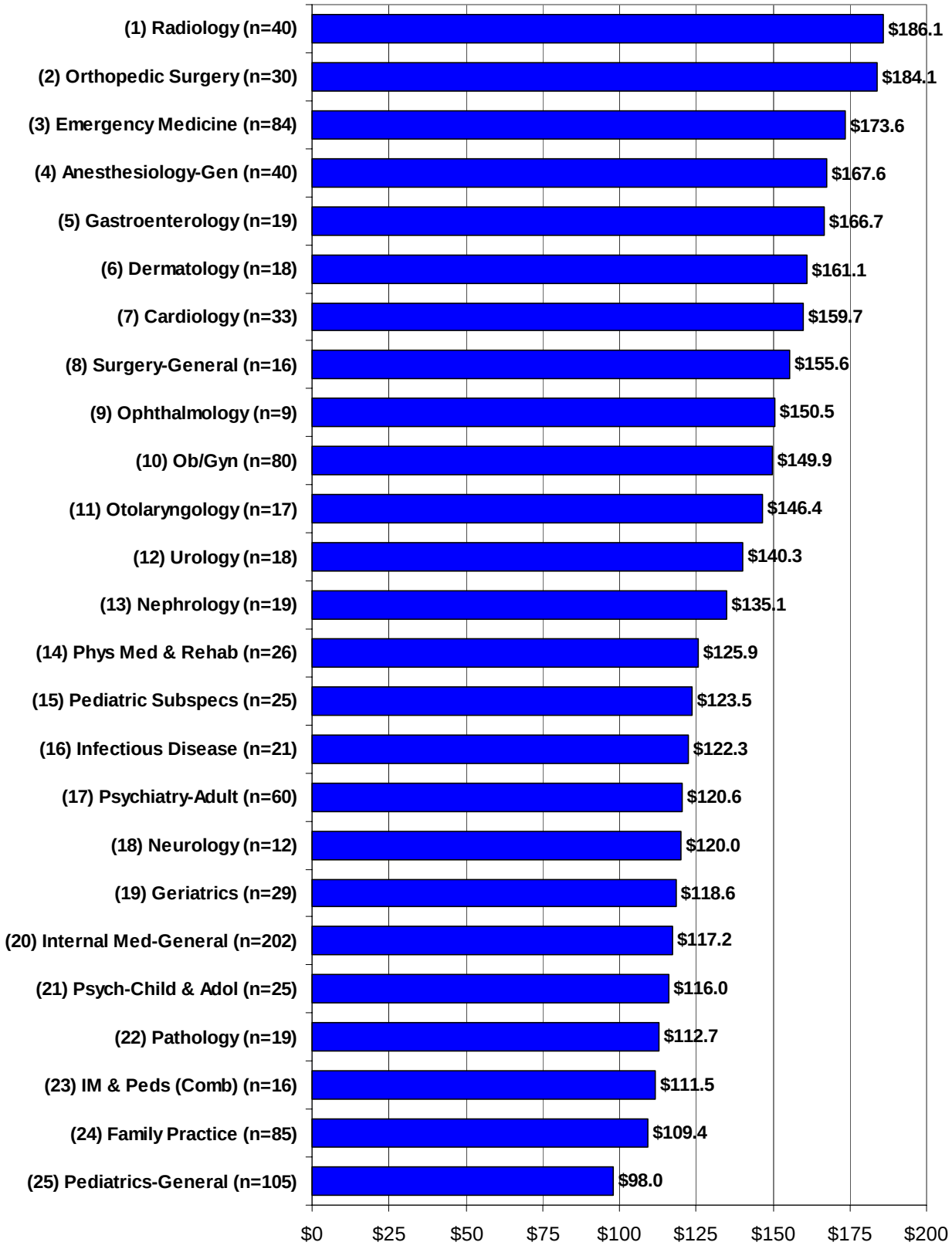


Table 3.4 Descriptive Statistics for Respondent's Expected Starting Income (for 2001 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK[11] (of 25)	MEDIAN	RANK (of 25)
Primary Care	**408**	**$110,200**	N/A	**$109,500**	N/A
Family Practice	85	$110,700	24	$109,400	24
Internal Medicine-General	202	$115,300	23	$117,200	20
Pediatrics-General	105	$98,600	25	$98,000	25
IM & Peds (Combined)	16	$119,400	19	$111,500	23
Obstetrics/Gynecology	**80**	**$152,200**	**11**	**$149,900**	**10**
Medicine Subspecialties	**185**	**$139,500**	N/A	**$135,300**	N/A
Cardiology	33	$160,300	7	$159,700	7
Gastroenterology	19	$164,500	6	$166,700	5
Geriatrics	29	$118,900	20	$118,600	19
Infectious Disease	21	$122,600	18	$122,300	16
Nephrology	19	$131,400	12	$135,100	13
Surgery-General	**16**	**$157,700**	**10**	**$155,600**	**8**
Surgical Subspecialties	**112**	**$176,500**	N/A	**$169,500**	N/A
Ophthalmology	9	$131,400	12	$150,500	9
Orthopedics	30	$195,000	1	$184,100	2
Otolaryngology	17	$158,200	9	$146,400	11
Urology	18	$158,600	8	$140,300	12
Facility Based	**120**	**$170,800**	N/A	**$171,000**	N/A
Anesthesiology-General	40	$171,900	4	$167,600	4
Pathology	19	$116,700	21	$112,700	22
Radiology	40	$190,000	2	$186,100	1
Psychiatry	**100**	**$123,400**	N/A	**$120,600**	N/A
Adult Psychiatry	60	$123,800	17	$120,600	17
Child & Adolescent Psych	25	$115,700	22	$116,000	21
Other	**174**	**$154,200**	N/A	**$156,700**	N/A
Dermatology	18	$164,700	5	$161,100	6
Emergency Medicine	84	$177,800	3	$173,600	3
Neurology	12	$127,100	14	$120,000	18
Pediatric Subspecialties	25	$124,000	16	$123,500	15
Physical Medicine & Rehab	26	$126,700	15	$125,900	14
Total (All Specialties)	**1,195**	**$138,000**	N/A	**$128,500**	N/A

[11]Rank based on 25 specialties, ranked in descending order (i.e. specialty with the highest income ranked #1, lowest income ranked #25).

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 represent an aggregation of all responses to this question from both the 2000 and 2001 surveys. 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 46.5 hours per week in patient care/clinical practice activities.
- As noted above, females expected to work about 10% fewer patient care hours than males (42.8 versus 47.2). This gender difference was greatest in Dermatology (23%), Infectious Disease (20%), Radiology (19%), and Nephrology (17%).
- Graduates of the following individual specialties expected to be working the highest number of hours: General Surgery (58.5), Urology (54.7), Nephrology (54.5), and Cardiology (52.9).
- Graduates expected to be working fewer than 40 patient care/clinical practice hours per week in Dermatology (36.1) and Emergency Medicine (37.3).

Figure 3.11 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours by Specialty (for 2000 and 2001 Exit Survey Respondents with Confirmed Practice Plans)

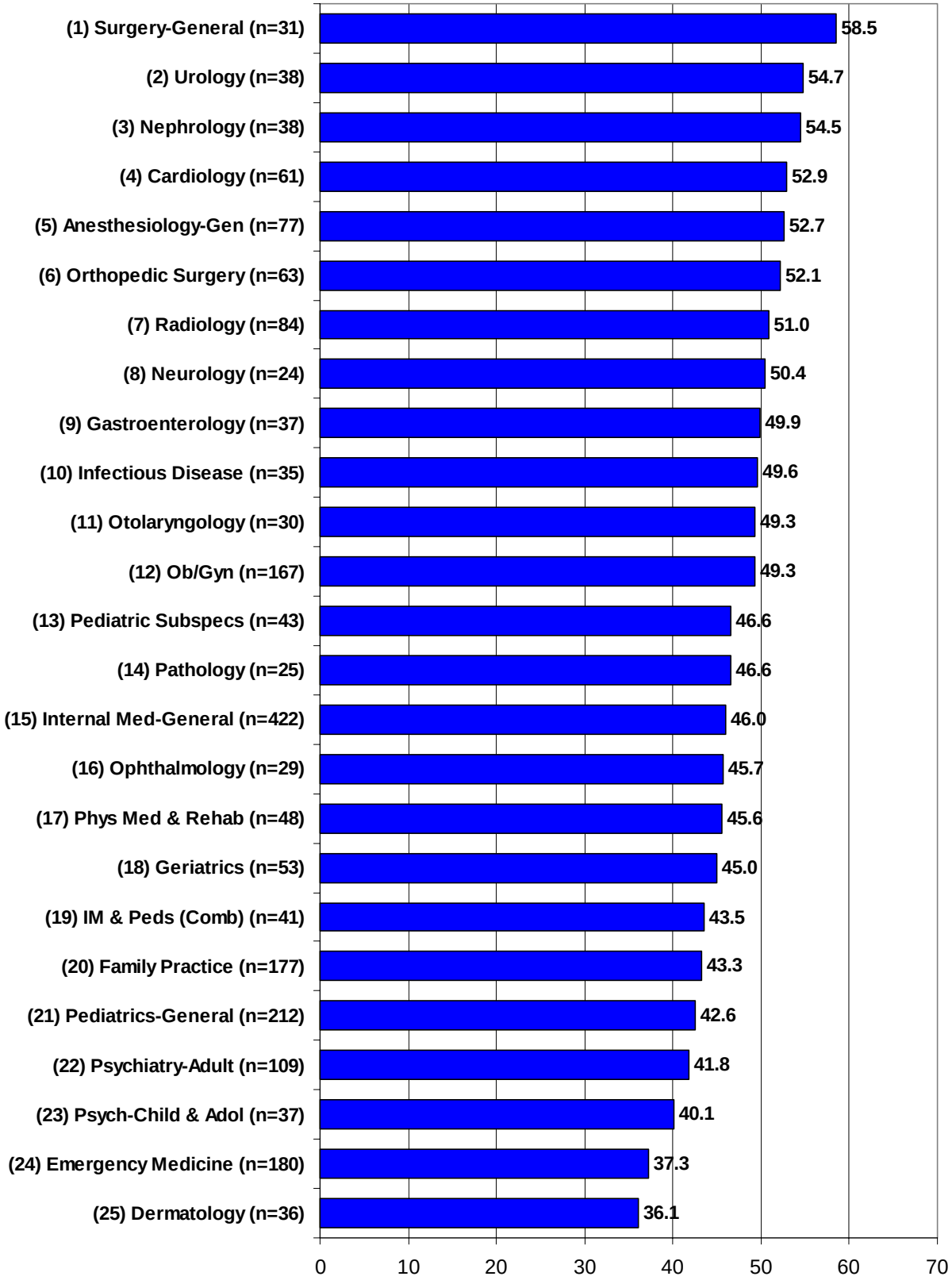


Table 3.5 Respondent's Expected Weekly Number of Patient Care/Clinical Practice Hours by Gender (for 2000 and 2001 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**46.0**	**42.9**	**44.5**
Family Practice	44.4	42.1	43.3
Internal Medicine-General	46.8	44.8	46.0
Pediatrics-General	45.4	41.0	42.6
IM & Peds (Combined)	45.8	40.0	43.5
Obstetrics/Gynecology	**52.8**	**47.7**	**49.3**
Medicine Subspecialties	**51.8**	**45.6**	**50.2**
Cardiology	54.1	45.0 (n = 8)	52.9
Gastroenterology	49.5	51.7 (n = 6)	49.9
Geriatrics	47.1	42.6	45.0
Infectious Disease	51.4	45.0	49.6
Nephrology	55.0	52.1 (n = 7)	54.5
Surgery-General	**57.2**	**62.5** (n = 8)	**58.5**
Surgical Subspecialties	**52.9**	**52.6**	**52.9**
Ophthalmology	45.9	45.0 (n = 7)	45.7
Orthopedics	N/A	N/A	52.1
Otolaryngology	N/A	N/A	49.3
Urology	N/A	N/A	54.7
Facility Based	**52.7**	**48.1**	**51.4**
Anesthesiology-General	54.3	48.3	52.7
Pathology	48.6	44.1	46.6
Radiology	52.5	45.5	51.0
Psychiatry	**43.6**	**39.2**	**41.7**
Adult Psychiatry	44.8	38.5	41.8
Child & Adolescent Psych	41.7	38.1	40.1
Other	**40.1**	**40.6**	**40.3**
Dermatology	41.2	33.3	36.1
Emergency Medicine	37.8	36.0	37.3
Neurology	49.0	51.4	50.4
Pediatric Subspecialties	45.0	47.9	46.6
Physical Medicine & Rehab	45.8	45.5	45.6
Total (All Specialties)	**48.2**	**43.8**	**46.5**

[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 2000 and 2001 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 graduates' 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 2001 survey, the aggregated total of all respondents to both the 2000 and 2001 surveys, and either the aggregated total of all respondents from 1998 through 2000 or a trend over these four years. For each item, specialties are ranked to determine where each specialty stands relative to all 25 specialties. In Section 4.7, composite measures of demand are computed using all demand variables to measure the relative demand for each specialty.

4.1 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 2001 survey, the aggregated total of responses for 2000 and 2001, and the aggregated responses for the four years of the survey.

Highlights

- Thirty percent (30%) of respondents reported difficulty finding a satisfactory position. This percentage was down from each of the previous years (34% in 1998, 1999, and 2000). For the specialty groupings, General Surgery (45%) and Primary Care (44%) had the highest percentage of respondents reporting difficulty in 2001. For Primary Care, this is the first decline in respondents reporting difficulty since the survey started in 1998.
- 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%), Combined Internal Medicine and Pediatrics (53%), and General Internal Medicine (51%). Graduates of Emergency Medicine (5%) and Gastroenterology (11%) had the least difficulty.

- The specialties that had the highest percentage of respondents report difficulty finding a satisfactory position for the last two years of the survey (i.e., 2000 and 2001 aggregated) were Pathology (57%), General Internal Medicine (53%), Physical Medicine and Rehabilitation (48%), and General Surgery (44%).

- When examining the difficulty finding a satisfactory position for all four years of the survey, the specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position were Pathology (55%), Physical Medicine and Rehabilitation (52%), General Internal Medicine (51%), and General Pediatrics (44%).

Figure 4.1 Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position and Percentage Having to Change Plans Due to Limited Practice Opportunities by Location of Medical School & Citizenship Status (of 2001 Exit Survey Respondents Who Have Searched for a Job)

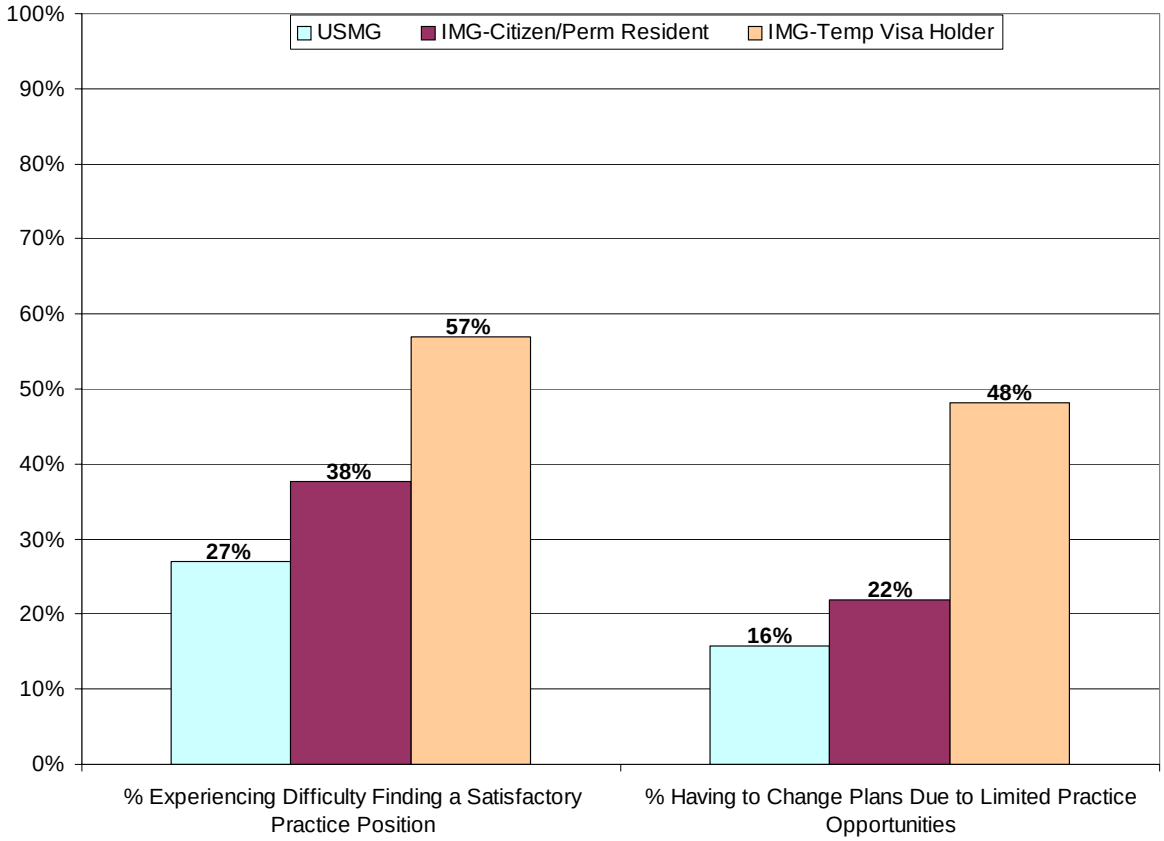


Figure 4.1 illustrates the significant differences in the job market experiences of respondents based on their citizenship status and location of medical school. In particular, IMGs on temporary visas experience much more difficulty due to their visa status. Since IMGs on temporary visas are not evenly 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 2001 Exit Survey Respondents Who Reported Having Difficulty, IMGs on Temporary Visas Excluded)

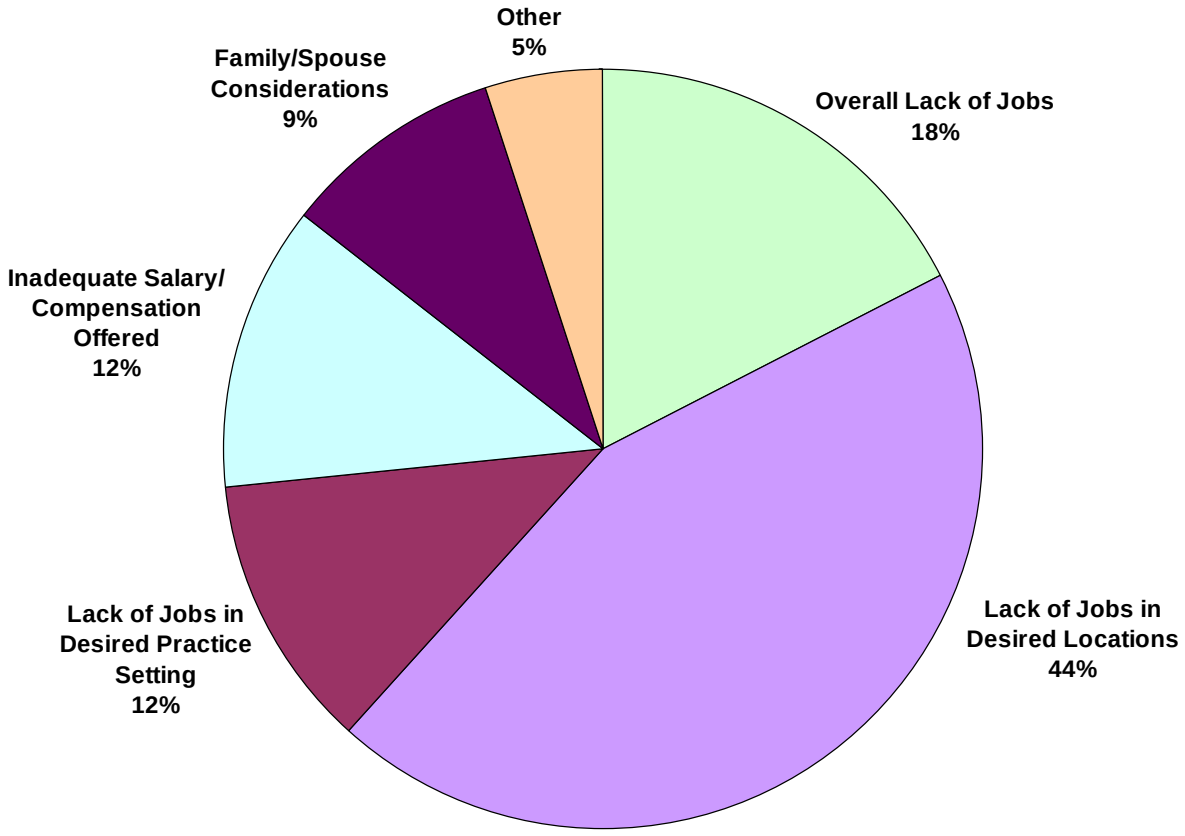


Figure 4.3 Trends in Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

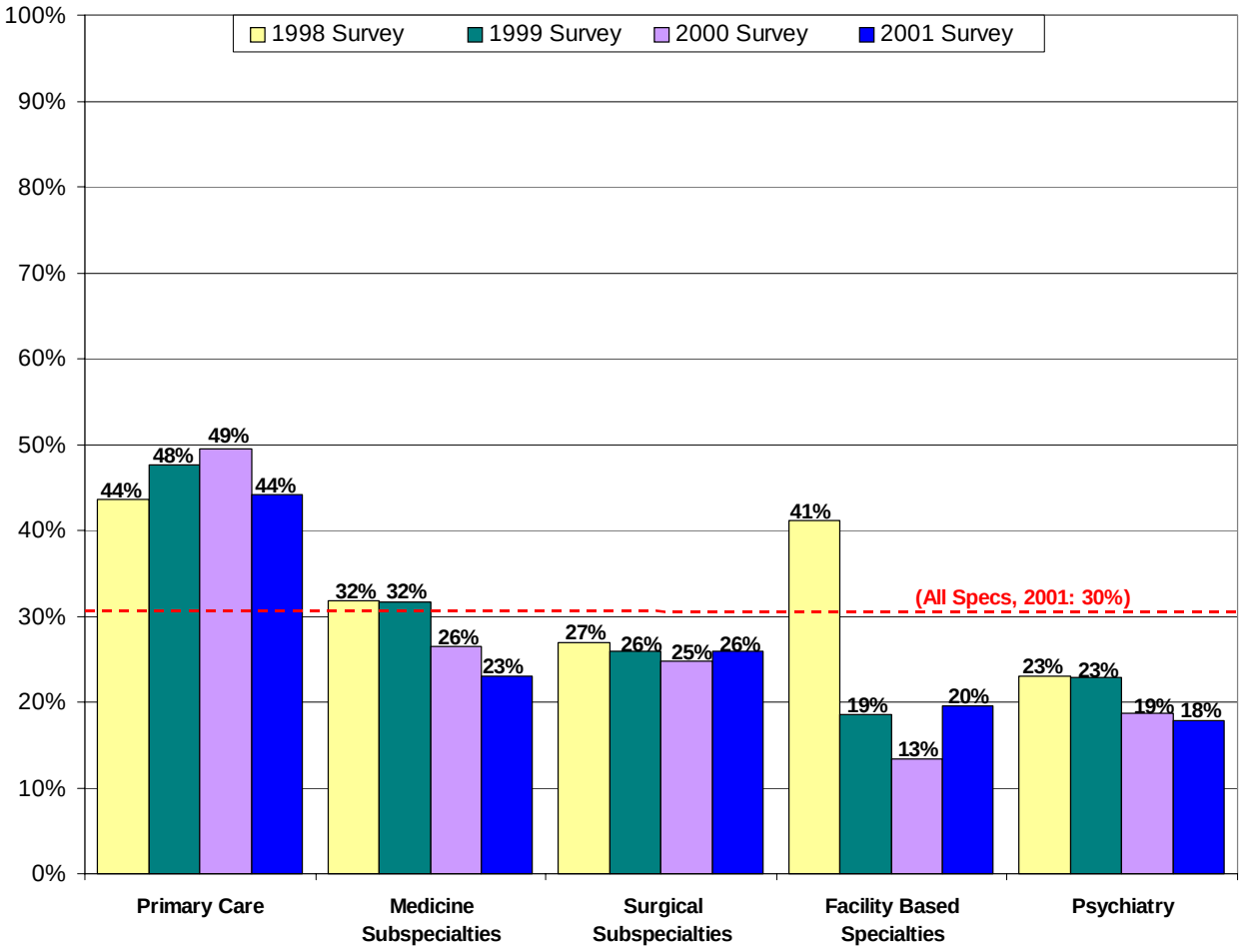


Figure 4.4 Rank of Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty (of 2001 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

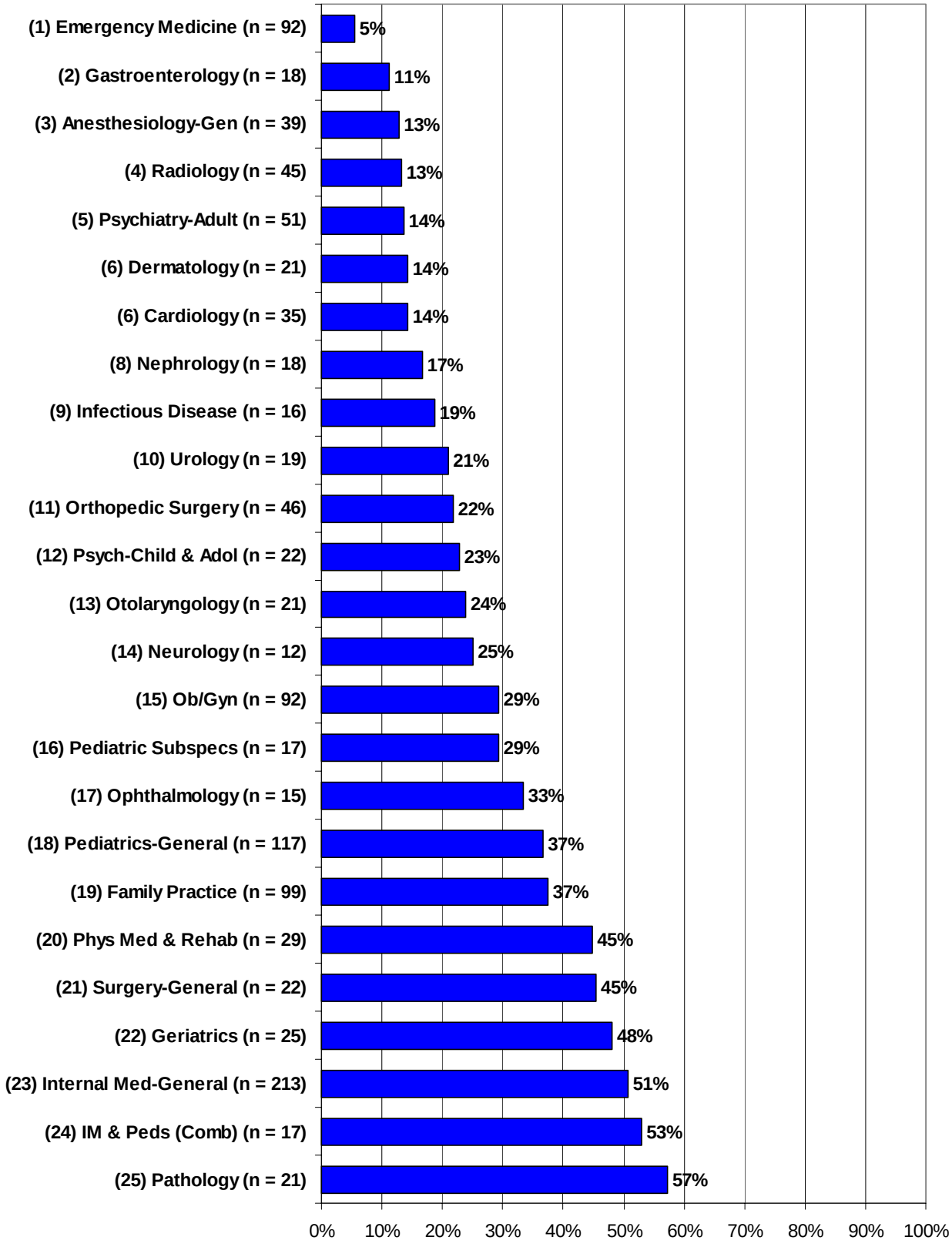


Table 4.1 Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position (of Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded*)

Specialty	2001 Respondents	RANK (of 25)	Aggregated Respondents: 2000 and 2001	RANK (of 25)	All Respondents (Aggregated: 1998 thru 2001)	RANK (of 25)
Primary Care	**44%**	N/A	**47%**	N/A	**47%**	N/A
Family Practice	37%	19	42%	20	43%	21
Internal Medicine-General	51%	23	53%	24	51%	23
Pediatrics-General	37%	18	43%	21	44%	22
IM & Peds (Combined)	53%	24	35%	17	32%	17
Obstetrics/Gynecology	**29%**	15	**32%**	15	**30%**	14
Medicine Subspecialties	**23%**	N/A	**25%**	N/A	**28%**	N/A
Cardiology	14%	6	21%	11	21%	9
Gastroenterology	11%	2	14%	5	24%	11
Geriatrics	48%	22	40%	19	40%	20
Infectious Disease	19%	9	15%	6	19%	6
Nephrology	17%	8	27%	14	30%	15
Surgery-General	**45%**	21	**44%**	22	**39%**	19
Surgical Subspecialties	**26%**	N/A	**25%**	N/A	**26%**	N/A
Ophthalmology	33%	17	34%	16	37%	18
Orthopedics	22%	11	19%	9	19%	8
Otolaryngology	24%	13	25%	13	29%	13
Urology	21%	10	15%	6	14%	4
Facility Based	**20%**	N/A	**17%**	N/A	**22%**	N/A
Anesthesiology-General	13%	3	9%	1	12%	3
Pathology	57%	25	57%	25	55%	25
Radiology	13%	4	10%	3	17%	5
Psychiatry	**18%**	N/A	**18%**	N/A	**20%**	N/A
Adult Psychiatry	14%	5	17%	8	19%	7
Child & Adolescent Psych	23%	12	21%	12	25%	12
Other	**19%**	N/A	**21%**	N/A	**22%**	N/A
Dermatology	14%	6	11%	4	12%	2
Emergency Medicine	5%	1	9%	2	11%	1
Neurology	25%	14	20%	10	22%	10
Pediatric Subspecialties	29%	16	35%	18	31%	16
Physical Medicine & Rehab	45%	20	48%	23	52%	24
Total (All Specialties)	**30%**	N/A	**32%**	N/A	**33%**	N/A

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

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

Table 4.2 gives the percentage 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, which was the same as the results from the 2000 survey. Otolaryngology (5%), Urology (5%), Gastroenterology (6%), and Cardiology (6%) had the fewest graduates having to change plans in 2001. Graduates of Ophthalmology (47%) and Combined Internal Medicine and Pediatrics (41%) were most likely to have to change plans.

- Over the last two years (2000 and 2001 aggregated) Urologists (5%) and General Anesthesiologists (5%) were least likely to have to change their plans. Conversely, the specialties with the highest percentage of graduates changing plans were Pathology (31%), General Internal Medicine (26%), and Family Practice (25%).

- The specialties with the lowest percentages of respondents reporting that they had to change plans for the four years of the survey were General Anesthesiology (5%), Urology (6%), and Cardiology (7%). The specialties that were the most likely to have respondents indicate that they had to change plans for the four years of the survey were Pathology (37%), Physical Medicine and Rehabilitation (31%), and General Internal Medicine (25%).

Figure 4.5 Trends in Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

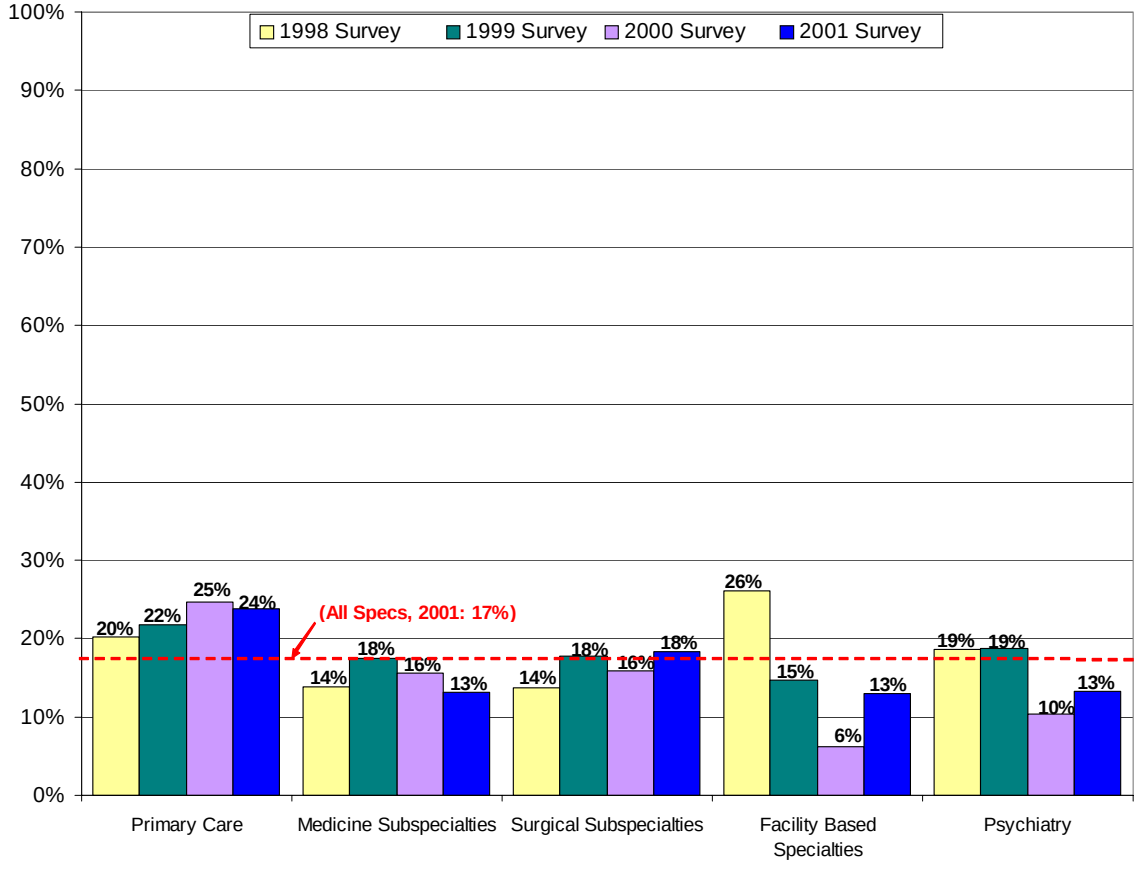


Figure 4.6 Rank of Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty (of 2001 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

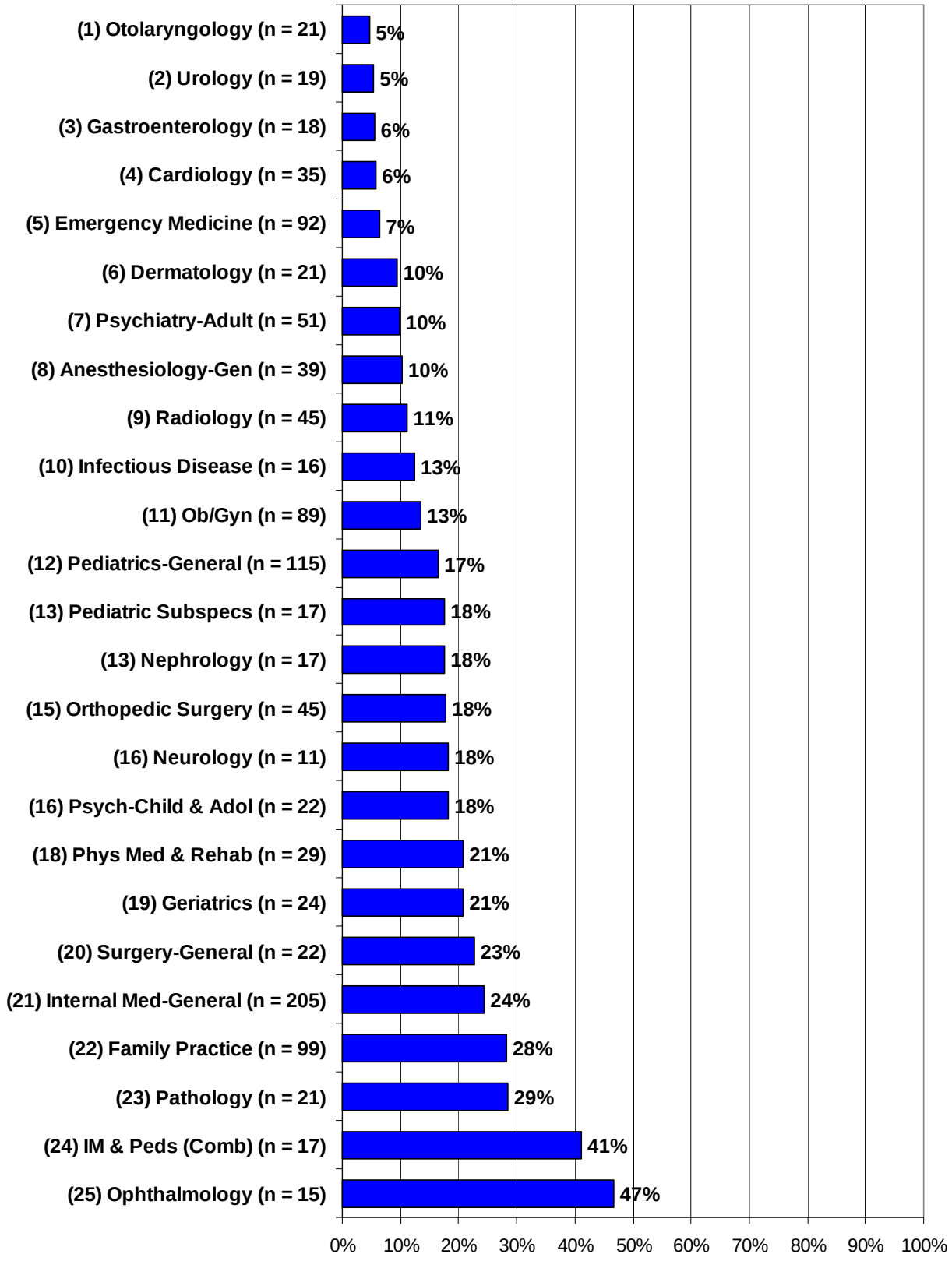


Table 4.2 Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2001 Respondents	RANK (of 25)	Aggregated Respondents: 2000 and 2001	RANK (of 25)	All Respondents (Aggregated: 1998 thru 2001)	RANK (of 25)
Primary Care	**24%**	N/A	**24%**	N/A	**23%**	N/A
Family Practice	28%	22	25%	23	21%	18
Internal Medicine-General	24%	21	26%	24	25%	23
Pediatrics-General	17%	12	20%	17	21%	20
IM & Peds (Combined)	41%	24	23%	21	17%	16
Obstetrics/Gynecology	**13%**	11	**14%**	13	**16%**	15
Medicine Subspecialties	**13%**	N/A	**14%**	N/A	**15%**	N/A
Cardiology	6%	4	7%	3	7%	3
Gastroenterology	6%	3	8%	7	11%	7
Geriatrics	21%	19	17%	14	21%	19
Infectious Disease	13%	10	10%	8	13%	8
Nephrology	18%	13	19%	16	16%	14
Surgery-General	**23%**	20	**21%**	18	**22%**	21
Surgical Subspecialties	**18%**	N/A	**17%**	N/A	**16%**	N/A
Ophthalmology	47%	25	22%	20	18%	17
Orthopedics	18%	15	18%	15	16%	12
Otolaryngology	5%	1	14%	12	23%	22
Urology	5%	2	5%	1	6%	2
Facility Based	**13%**	N/A	**10%**	N/A	**14%**	N/A
Anesthesiology-General	10%	8	5%	2	5%	1
Pathology	29%	23	31%	25	37%	25
Radiology	11%	9	7%	5	13%	9
Psychiatry	**13%**	N/A	**12%**	N/A	**14%**	N/A
Adult Psychiatry	10%	7	11%	10	14%	10
Child & Adolescent Psych	18%	16	12%	11	14%	11
Other	**12%**	N/A	**12%**	N/A	**13%**	N/A
Dermatology	10%	6	8%	6	11%	6
Emergency Medicine	7%	5	7%	4	8%	4
Neurology	18%	16	10%	9	10%	5
Pediatric Subspecialties	18%	13	21%	19	16%	13
Physical Medicine & Rehab	21%	18	23%	22	31%	24
Total (All Specialties)	**17%**	N/A	**17%**	N/A	**18%**	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 mean number of job offers received by graduates in 2001 was 3.70, nearly equal to the number received by graduates in 2000 (3.67). Gastroenterologists (7.15), Cardiologists (6.23), Dermatologists (5.48), and Child and Adolescent Psychiatrists (5.38) received the most job offers in 2001. By contrast, Pathologists received by far the fewest (1.60).

- Gastroenterology (+22%), Child and Adolescent Psychiatry (+20%), and Neurology (+17%) were the specialties showing the greatest average annual increases in job offers. Conversely, Nephrology (-11%), Pediatric Subspecialties (-9%), and Urology (-8%) saw the largest decreases in job offers.

Figure 4.7 Trends in Mean Number of Job Offers Received by Respondents by Specialty Group (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

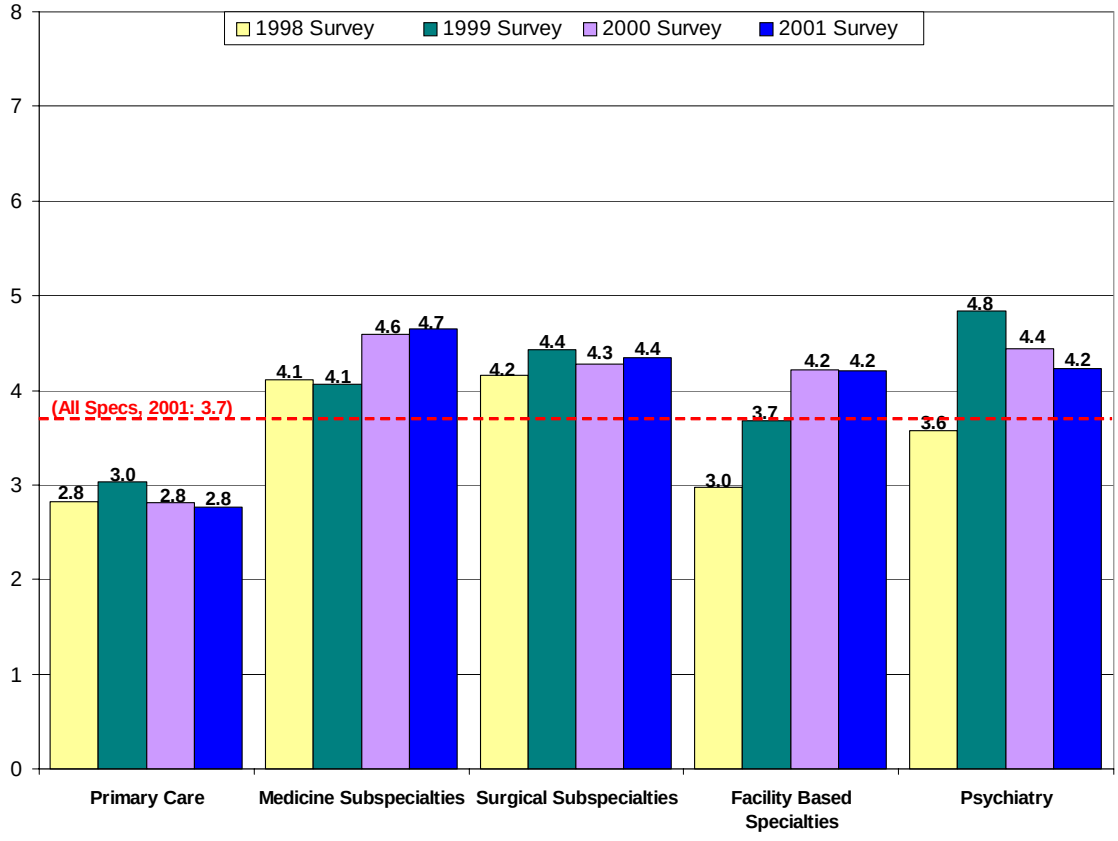


Figure 4.8 Rank of Mean Number of Job Offers Received by Respondents by Specialty (of 2001 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

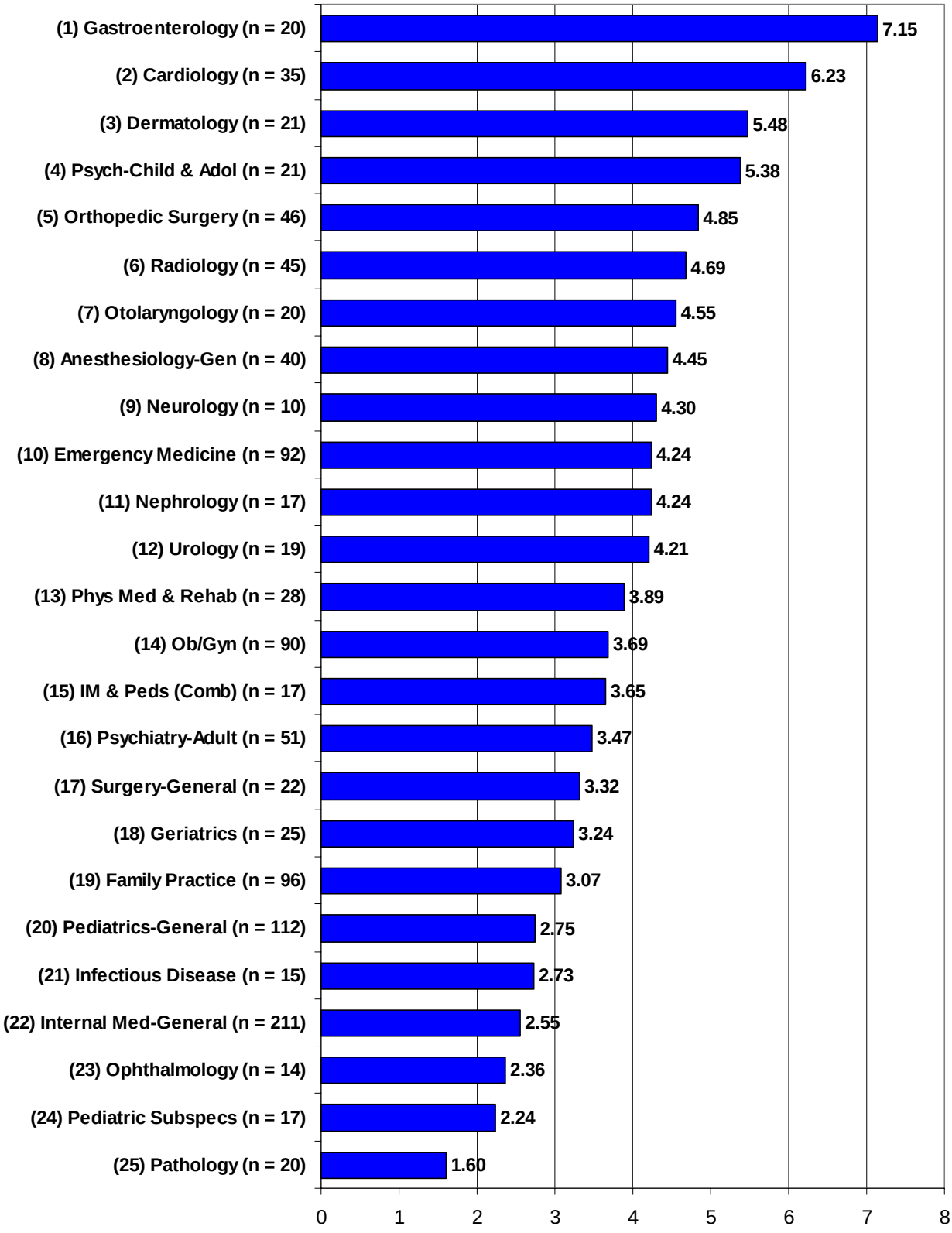


Table 4.3 Mean Number of Job Offers Received by Respondents (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2001 Respondents	RANK (of 25)	Aggregated Respondents: 2000 and 2001	RANK (of 25)	Trend (Average Annual Change: 1998 to 2001)	RANK (of 25)
Primary Care	**2.76**	N/A	**2.79**	N/A	**-1%**	N/A
Family Practice	3.07	19	3.28	17	-3%	19
Internal Medicine-General	2.55	22	2.66	21	-1%	16
Pediatrics-General	2.75	20	2.47	22	1%	14
IM & Peds (Combined)	3.65	15	3.26	18	7%	10
Obstetrics/Gynecology	**3.69**	14	**4.03**	12	**-6%**	22
Medicine Subspecialties	**4.65**	N/A	**4.62**	N/A	**4%**	N/A
Cardiology	6.23	2	5.77	3	10%	7
Gastroenterology	7.15	1	6.31	2	22%	1
Geriatrics	3.24	18	3.38	16	-4%	20
Infectious Disease	2.73	21	3.11	19	-3%	18
Nephrology	4.24	11	4.44	9	-11%	25
Surgery-General	**3.32**	17	**2.85**	20	**14%**	5
Surgical Subspecialties	**4.35**	N/A	**4.31**	N/A	**1%**	N/A
Ophthalmology	2.36	23	2.30	24	-1%	17
Orthopedics	4.85	5	4.88	6	3%	13
Otolaryngology	4.55	7	4.41	10	7%	9
Urology	4.21	12	4.83	7	-8%	23
Facility Based	**4.20**	N/A	**4.21**	N/A	**11%**	N/A
Anesthesiology-General	4.45	8	4.48	8	10%	6
Pathology	1.60	25	1.41	25	7%	11
Radiology	4.69	6	4.96	5	15%	4
Psychiatry	**4.22**	N/A	**4.32**	N/A	**4%**	N/A
Adult Psychiatry	3.47	16	3.76	13	-5%	21
Child & Adolescent Psych	5.38	4	5.75	4	20%	2
Other	**4.08**	N/A	**4.03**	N/A	**3%**	N/A
Dermatology	5.48	3	6.64	1	9%	8
Emergency Medicine	4.24	10	4.20	11	0%	15
Neurology	4.30	9	3.50	15	17%	3
Pediatric Subspecialties	2.24	24	2.30	23	-9%	24
Physical Medicine & Rehab	3.89	13	3.71	14	4%	12
Total (All Specialties)	**3.70**	N/A	**3.68**	N/A	**3%**	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 category by the proportion of responses falling in that category.

Highlights

- Overall, respondents viewed the regional job market somewhat positively. The average Likert Score in 2001 was +0.81, up from +0.72 in 2000, +0.68 in 1999, and +0.57 in 1998.
- Looking at specialty groups, Psychiatry (+1.36) had the most positive view of the regional job market. Conversely, General Surgery (+0.16) had the least positive view in 2001.
- General Anesthesiology (+1.53), Cardiology (+1.47), and Gastroenterology (+1.45) respondents had the most positive view of the regional job market. Each of these had an average assessment well above +1.00 (i.e. "Some Jobs").
- The specialties with the least positive view of the regional job market were Pediatric Subspecialties (+0.06), Combined Internal Medicine and Pediatrics (+0.13), and Ophthalmology (+0.14).
- The specialties that had the most positive views of the regional job market for both 2000 and 2001 were General Anesthesiology (+1.57), Gastroenterology (+1.44), and Dermatology (+1.43).
- The specialties with the least positive views of the regional job market over the last two years were Pediatric Subspecialties (+0.06), General Surgery (+0.11), and Pathology (+0.11).
- Dermatology (+1.41), General Anesthesiology (+1.35), and Emergency Medicine (+1.33) were the three specialties with the most positive views of the regional job market over the course of the four years of the survey. Over the four years, the specialties with the least positive views of the regional job market were Pathology (-0.31), Ophthalmology (+0.08), and General Surgery (+0.13).

Figure 4.9 Respondents' Perceptions of the Regional Job Market (of 2001 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

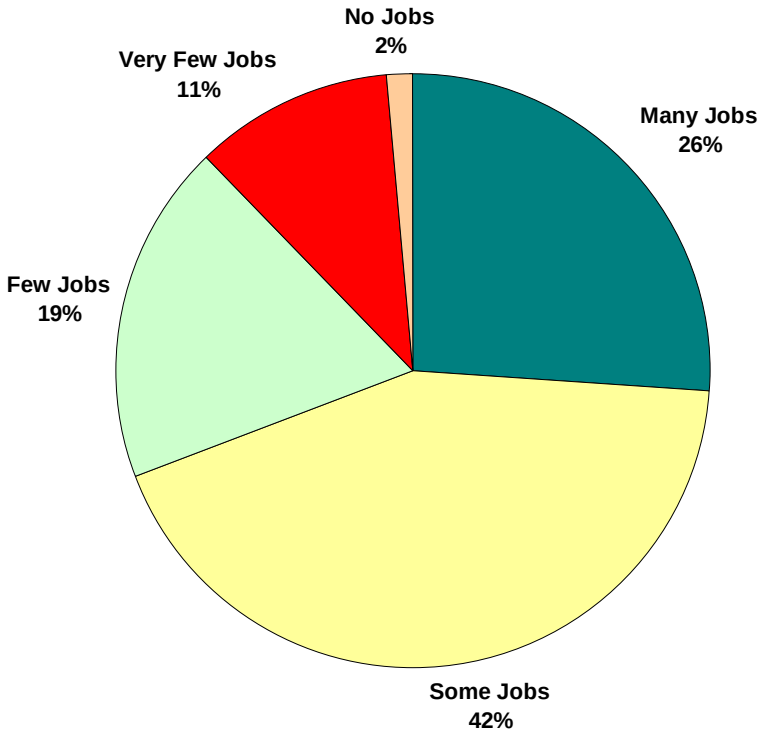


Figure 4.10 Trends in Mean Likert Scores for Respondents' Perceptions of the Regional Job Market by Specialty Group (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

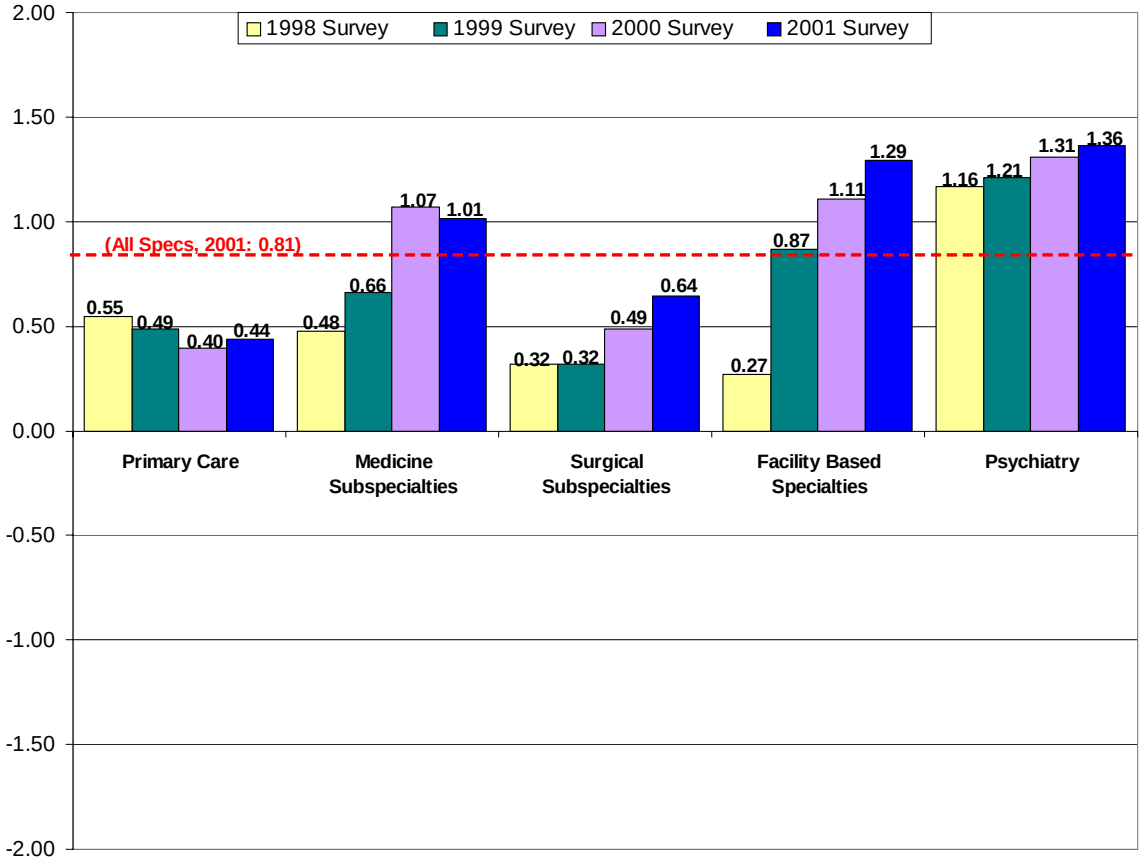


Figure 4.11 Rank of Mean Likert Scores for Respondents' Perceptions of the Regional Job Market by Specialty (of 2001 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

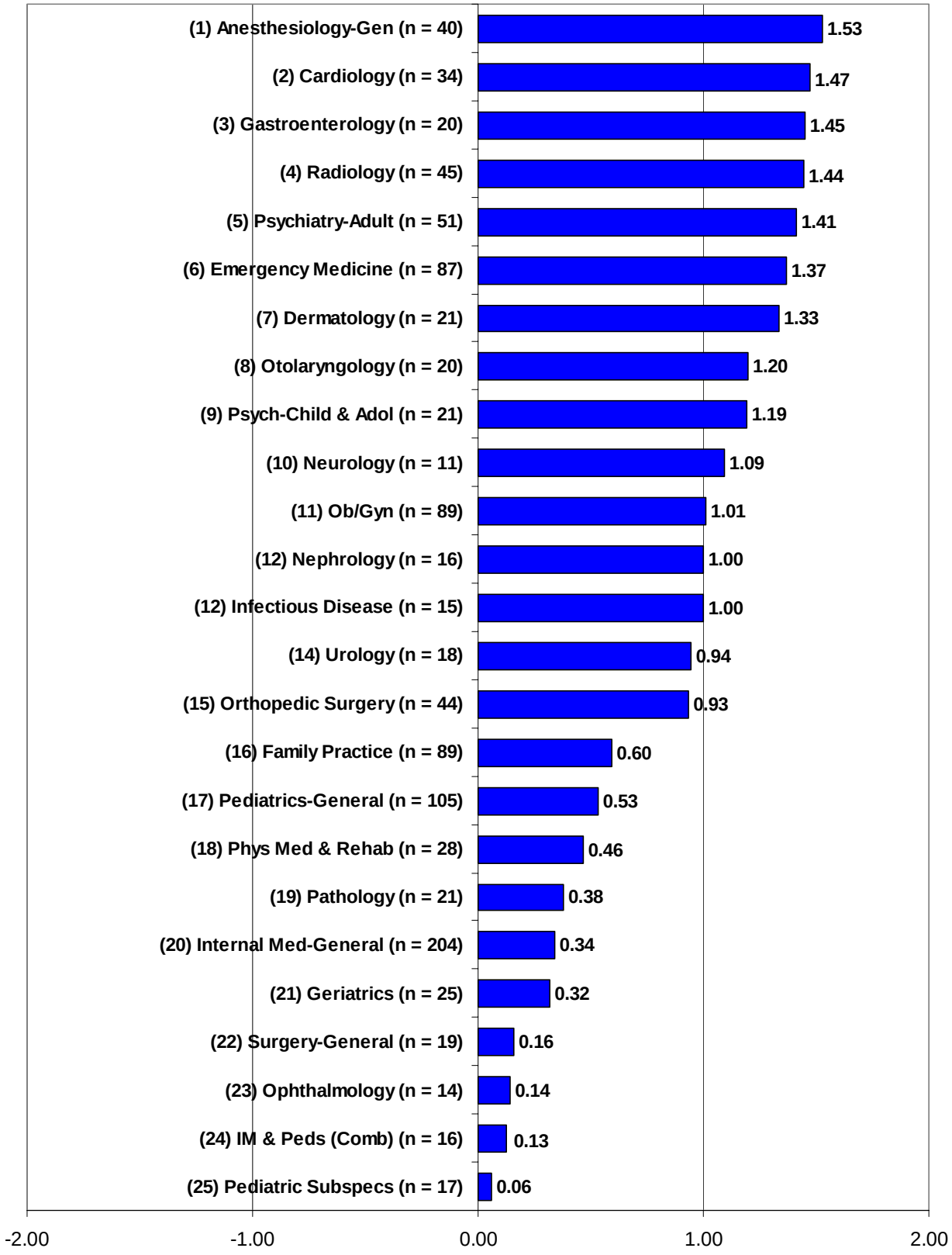


Table 4.4 Rank of Likert Scores for Respondents' Perceptions of the Regional Job Market[13] (of 2001 Exit Survey Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	2001 Respondents	RANK (of 25)	Aggregated Respondents: 2000 and 2001	RANK (of 25)	All Respondents (Aggregated: 1998 thru 2001)	RANK (of 25)
Primary Care	**0.44**	N/A	**0.42**	N/A	**0.46**	N/A
Family Practice	0.60	16	0.56	16	0.63	16
Internal Medicine-General	0.34	20	0.36	21	0.40	20
Pediatrics-General	0.53	17	0.41	19	0.40	21
IM & Peds (Combined)	0.13	24	0.39	20	0.51	18
Obstetrics/Gynecology	**1.01**	11	**0.87**	14	**0.79**	14
Medicine Subspecialties	**1.01**	N/A	**1.04**	N/A	**0.84**	N/A
Cardiology	1.47	2	1.38	4	1.16	6
Gastroenterology	1.45	3	1.44	2	1.11	7
Geriatrics	0.32	21	0.48	17	0.51	17
Infectious Disease	1.00	12	1.00	12	0.84	11
Nephrology	1.00	12	1.10	9	0.82	12
Surgery-General	**0.16**	22	**0.11**	24	**0.13**	23
Surgical Subspecialties	**0.64**	N/A	**0.57**	N/A	**0.45**	N/A
Ophthalmology	0.14	23	0.13	22	0.08	24
Orthopedics	0.93	15	0.78	15	0.65	15
Otolaryngology	1.20	8	1.06	10	0.82	12
Urology	0.94	14	1.00	12	0.85	10
Facility Based	**1.29**	N/A	**1.21**	N/A	**0.88**	N/A
Anesthesiology-General	1.53	1	1.57	1	1.35	2
Pathology	0.38	19	0.11	23	-0.31	25
Radiology	1.44	4	1.26	7	0.91	8
Psychiatry	**1.36**	N/A	**1.34**	N/A	**1.27**	N/A
Adult Psychiatry	1.41	5	1.37	5	1.28	4
Child & Adolescent Psych	1.19	9	1.26	8	1.25	5
Other	**1.03**	N/A	**1.03**	N/A	**0.99**	N/A
Dermatology	1.33	7	1.43	3	1.41	1
Emergency Medicine	1.37	6	1.37	6	1.33	3
Neurology	1.09	10	1.04	11	0.85	9
Pediatric Subspecialties	0.06	25	0.06	25	0.16	22
Physical Medicine & Rehab	0.46	18	0.44	18	0.46	19
Total (All Specialties)	**0.81**	N/A	**0.77**	N/A	**0.70**	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 Likert scores summarizing the perceptions of survey respondents concerning the *national* job market for their specialty. The response choices and composite scores 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 perception 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. Sixty percent (60%) 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' assessments of the national job market were more positive (composite score = +1.52) than for the regional job market (+0.81). Respondents to the 2001 survey gave more positive assessments of the national job market than did respondents from the previous two years (+1.42 in 2000 and +1.40 in 1999).

- For the specialty groups, Psychiatry (+1.88), Medicine Subspecialties (+1.67) and Facility Based specialties (+1.66) had the highest composite scores while Primary Care (+1.36), Surgical Specialties (+1.37) and General Surgery (+1.38) had the lowest.

- Adult Psychiatry had the highest composite score among individual specialties (+1.92), followed by Neurology (+1.91), Child and Adolescent Psychiatry (+1.90), and Nephrology (+1.88).

- Only two specialties had composite scores below +1.00 ("Some Jobs"): Ophthalmology (+0.73) and Pediatric Subspecialties (+0.94).

- The specialties with the most positive views of the national job market over the last two years were Nephrology (+1.91), Child and Adolescent Psychiatry (+1.87), and Adult Psychiatry (+1.85). For the same two year period (2000 and 2001), the specialties with the lowest assessments of the national job market were Pathology (+0.65), Ophthalmology (+0.68), and Pediatric Subspecialties (+0.91).

- Over the course of the four years of the survey, Nephrology (+1.80), Child and Adolescent Psychiatry (+1.78), and Emergency Medicine (+1.73) were the specialties perceived most positively in terms of respondents' views of the national market. Pathology (+0.17) was the specialty that was far below the other specialties in their assessment of the national job market.

Figure 4.12 Respondents' Perceptions of the National Job Market (of 2001 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

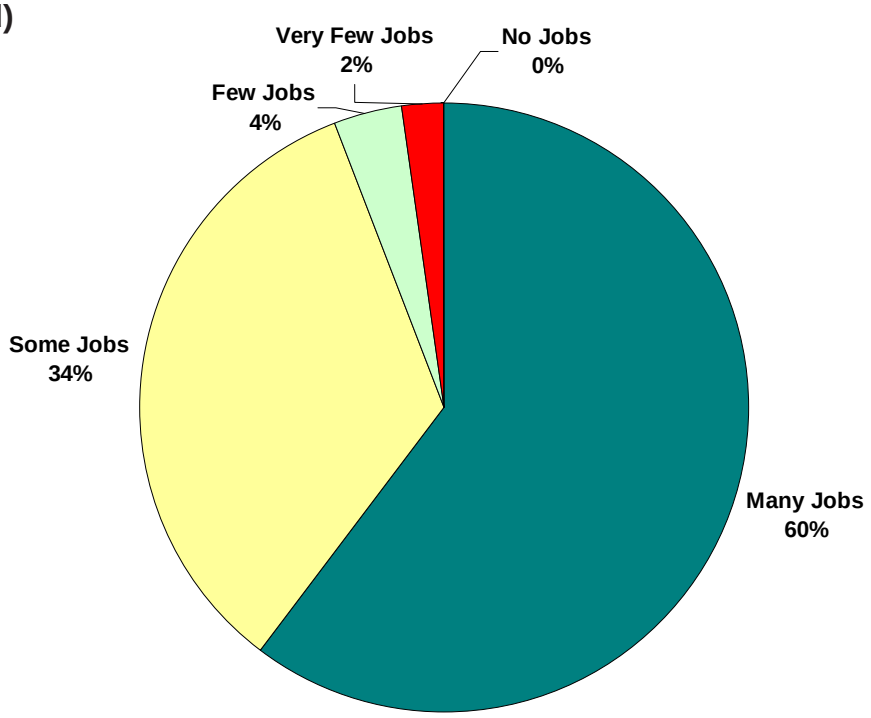


Figure 4.13 Trends in Mean Likert Scores for Respondents' Perceptions of the National Job Market by Specialty Group (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

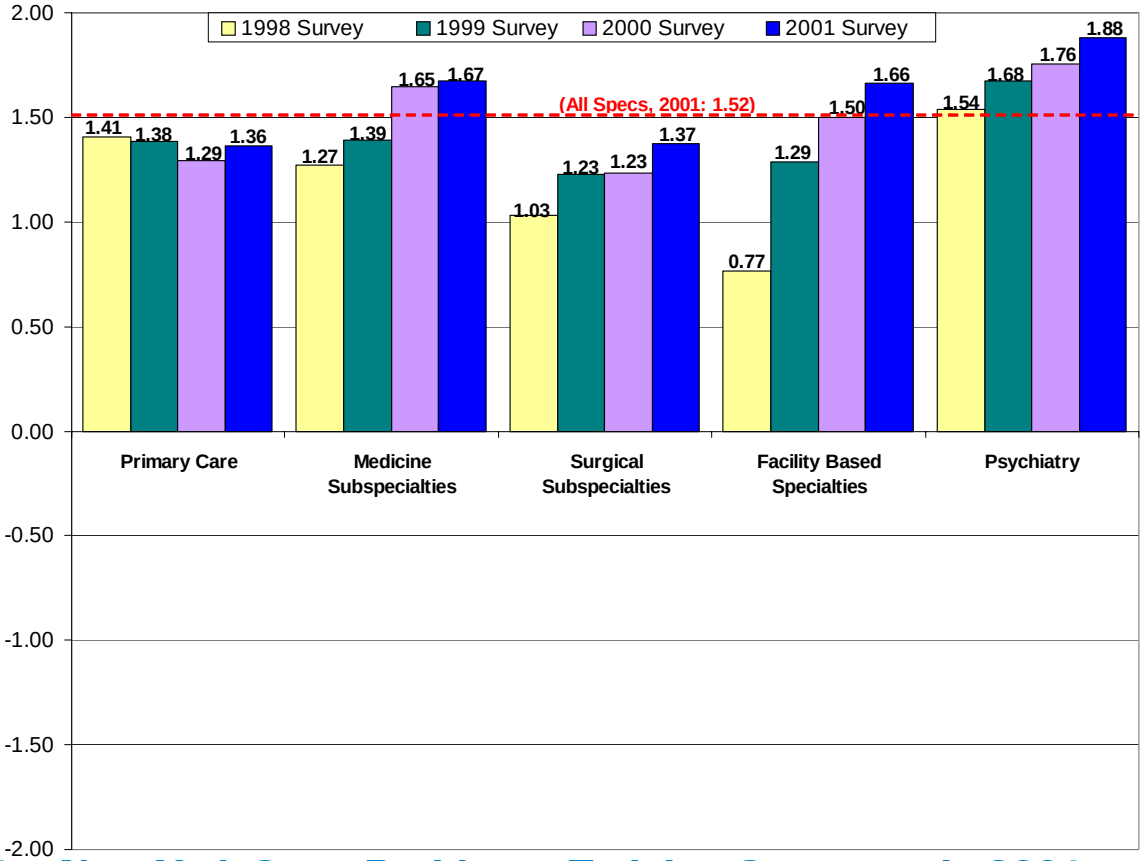


Figure 4.14 Rank of Likert Scores for Respondents' Perceptions of the National Job Market, by Specialty (of 2001 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

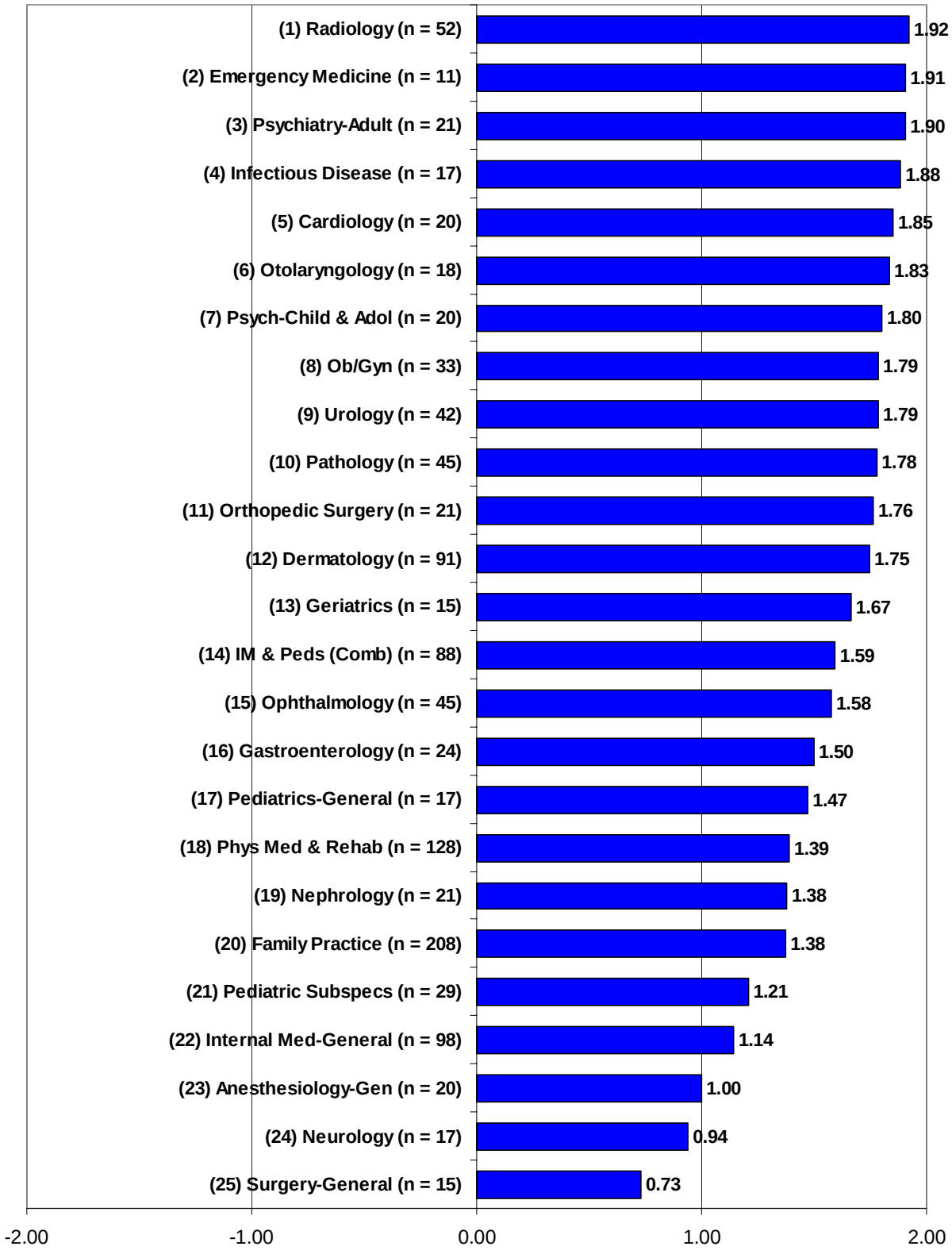


Table 4.5 Likert Scores for Respondents' Perceptions of the National Job Market[13] (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2001 Respondents	RANK (of 25)	Aggregated Respondents: 2000 and 2001	RANK (of 25)	All Respondents (Aggregated: 1998 thru 2001)	RANK (of 25)
Primary Care	**1.36**	N/A	**1.33**	N/A	**1.35**	N/A
Family Practice	1.54	16	1.51	16	1.58	9
Internal Medicine-General	1.38	20	1.29	19	1.29	19
Pediatrics-General	1.14	22	1.19	21	1.23	20
IM & Peds (Combined)	1.47	18	1.43	17	1.44	15
Obstetrics/Gynecology	**1.59**	14	**1.57**	13	**1.52**	11
Medicine Subspecialties	**1.67**	N/A	**1.66**	N/A	**1.52**	N/A
Cardiology	1.79	8	1.75	9	1.59	8
Gastroenterology	1.85	5	1.76	7	1.48	14
Geriatrics	1.50	17	1.52	15	1.50	12
Infectious Disease	1.67	13	1.65	12	1.50	12
Nephrology	1.88	4	1.91	1	1.80	1
Surgery-General	**1.38**	19	**1.28**	20	**1.16**	21
Surgical Subspecialties	**1.37**	N/A	**1.31**	N/A	**1.21**	N/A
Ophthalmology	0.73	25	0.68	24	0.68	24
Orthopedics	1.58	15	1.42	18	1.31	18
Otolaryngology	1.76	11	1.71	10	1.57	10
Urology	1.83	6	1.79	5	1.63	7
Facility Based	**1.66**	N/A	**1.59**	N/A	**1.31**	N/A
Anesthesiology-General	1.79	9	1.80	4	1.65	6
Pathology	1.00	23	0.65	25	0.17	25
Radiology	1.78	10	1.70	11	1.41	16
Psychiatry	**1.88**	N/A	**1.82**	N/A	**1.72**	N/A
Adult Psychiatry	1.92	1	1.85	3	1.71	4
Child & Adolescent Psych	1.90	3	1.87	2	1.78	2
Other	**1.57**	N/A	**1.54**	N/A	**1.49**	N/A
Dermatology	1.80	7	1.78	6	1.69	5
Emergency Medicine	1.75	12	1.76	8	1.73	3
Neurology	1.91	2	1.54	14	1.35	17
Pediatric Subspecialties	0.94	24	0.91	23	0.93	23
Physical Medicine & Rehab	1.21	21	1.19	22	1.12	22
Total (All Specialties)	**1.52**	N/A	**1.47**	N/A	**1.40**	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 2001 graduates, for all graduates from 1998 through 2001, and the average annual change (i.e., trend) in median starting income from 1998 to 2001. 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 and Adolescent Psychiatry is known to be high in demand while demand for Otolaryngology is significantly weaker. However, the median starting income of Otolaryngology ($146,400) was significantly higher than that of Child and Adolescent Psychiatry ($116,000).

Although income levels may not accurately assess demand, *trends* in income are largely driven by market factors and will therefore provide a better 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 increase. 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 and Adolescent Psychiatry had relatively low starting income levels, they enjoyed one of the strongest trends (+6% per year) in median starting income relative to other specialties, whereas this trend for Otolaryngology (-1% per year) was among the weakest.

Highlights

- The median starting income of year 2001 was $128,500, a 1.3% increase from 2000, decelerating from the 6.4% increase from 1999 to 2000 (average increase of 3.0% per year from 1998 to 2001). For comparison, the U.S. Employment Cost Index (measures wage growth in all occupations) increased at an average annual rate of 3.6% over this period.[14]

- Most specialties and specialty groups saw moderate to strong growth in starting income from 1998 to 2001. The exceptions were Family Practice (-1%), Obstetrics/Gynecology (-1%), Otolaryngology (-1%), Pathology (0%), and General Pediatrics (0%), all of which saw flat to negative trends in starting income.

- Gastroenterology (+12%), Ophthalmology (+10%), Dermatology (+10%), Radiology (+8%), General Surgery (+8%), and Infectious Disease (+8%) showed the strongest trends in income.

[14] Calculated from Bureau of Labor Statistics (BLS) Employment Cost Index (ECI) figures from 1998 through 2001 (The 2001 data was obtained for the first three quarters of 2001).

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

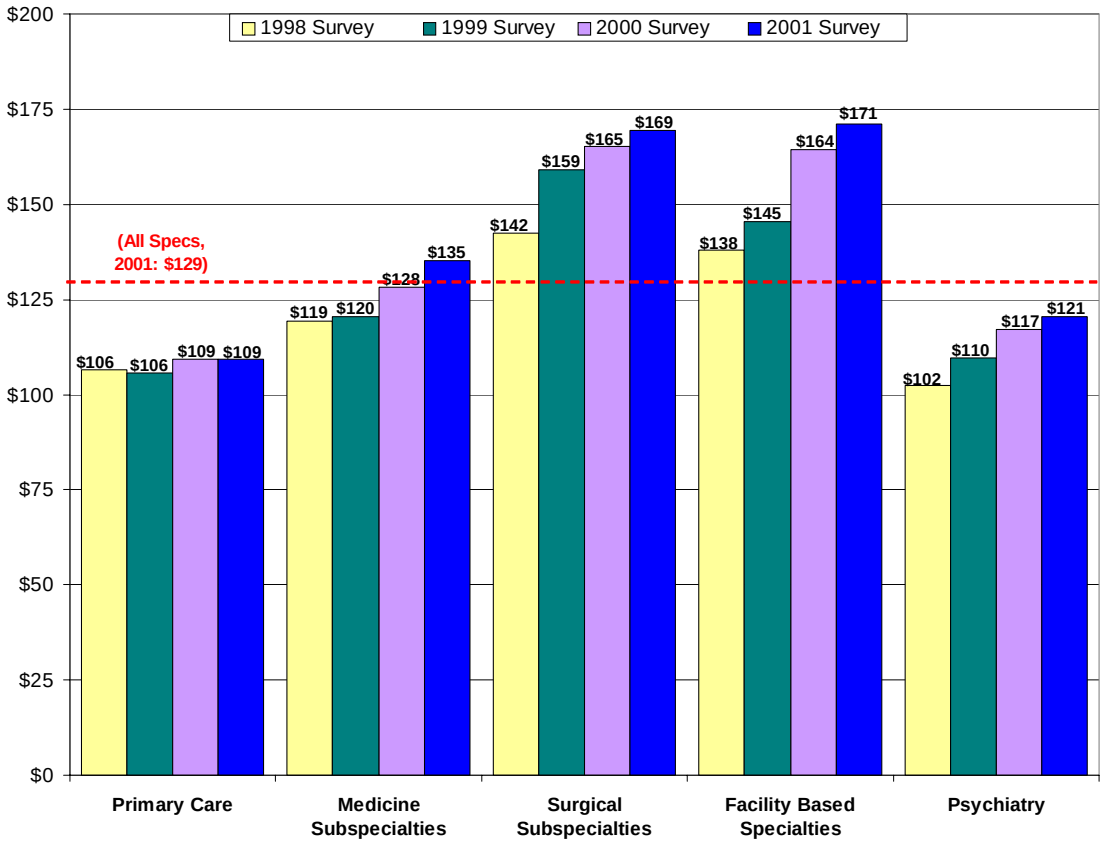


Figure 4.16 Trends in Median Starting Income (in $1,000s) by Primary Care vs. Non-Primary Care, (for Exit Survey Respondents with Confirmed Practice Plans)

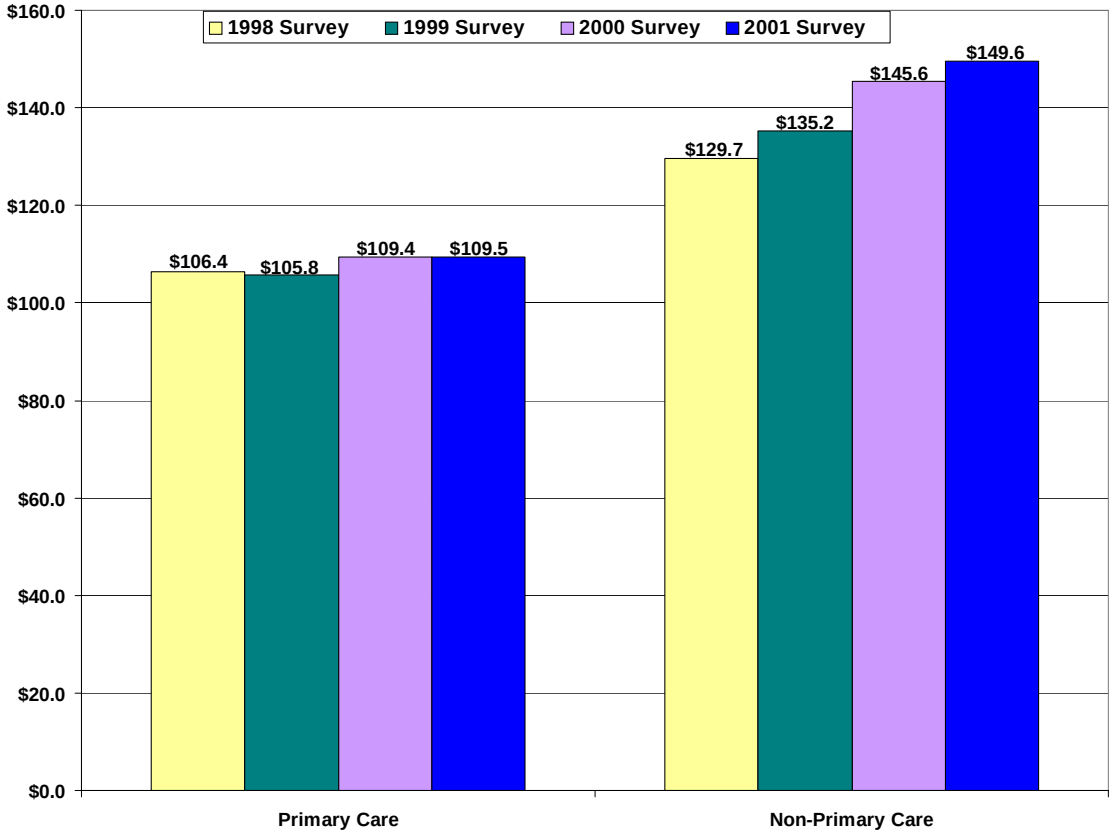


Figure 4.17 Rank of Average Annual Percent Change in Median Starting Income (from 1998 to 2001) by Specialty (for Exit Survey Respondents with Confirmed Practice Plans)

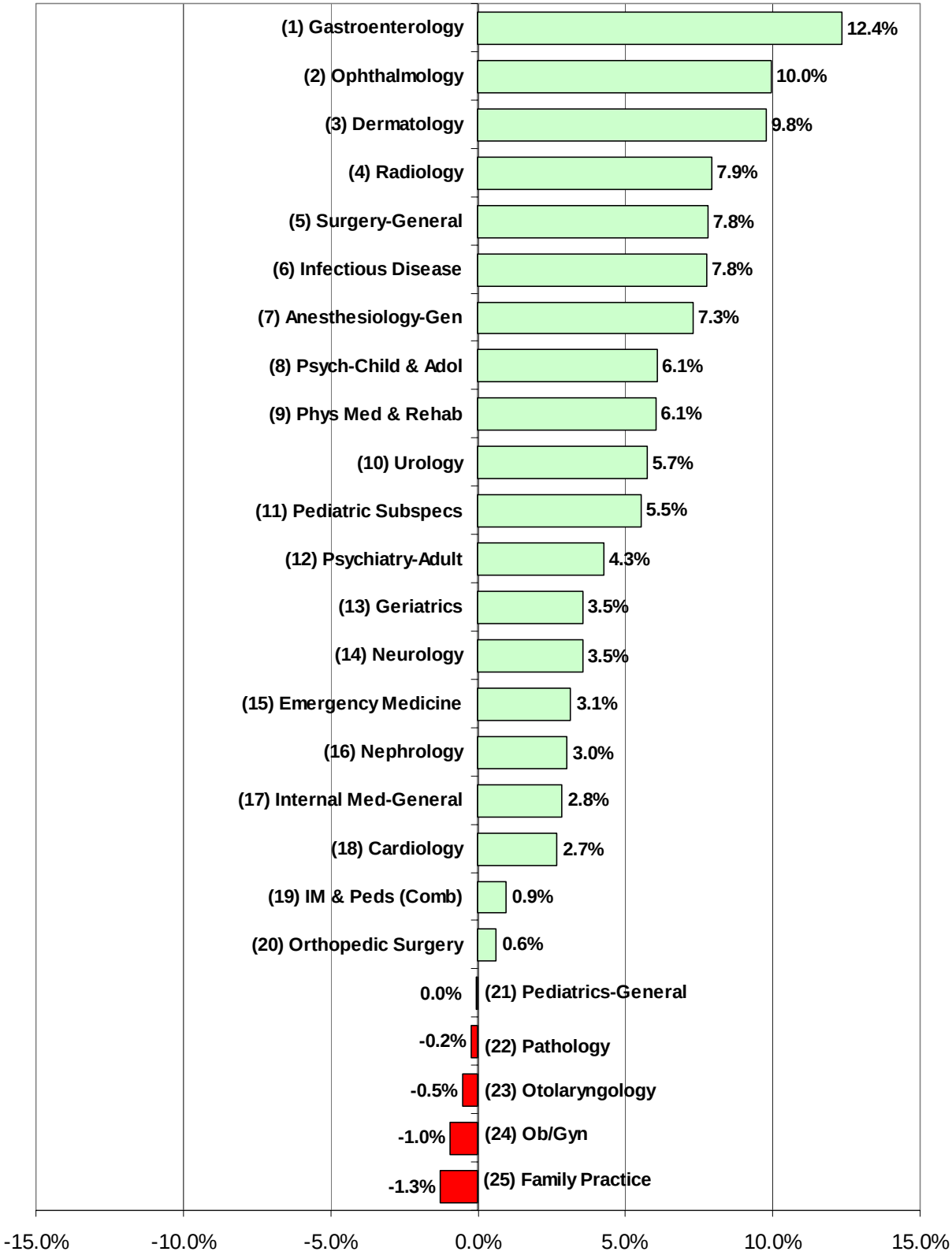


Table 4.6 Median Expected Starting Income (of Exit Survey Respondents with Confirmed Practice Plans)

Specialty	2001 Respondents	RANK (of 25)	Aggregated Respondents: 2000 and 2001	RANK (of 25)	Trend (Average Annual Change: 1998 to 2001)	RANK (of 25)
Primary Care	**$109,500**	N/A	**$109,400**	N/A	**1%**	N/A
Family Practice	$109,400	24	$111,700	23	-1%	25
Internal Medicine-General	$117,200	20	$114,100	22	3%	17
Pediatrics-General	$98,000	25	$97,400	25	0%	21
IM & Peds (Combined)	$111,500	23	$107,500	24	1%	19
Obstetrics/Gynecology	**$149,900**	10	**$147,600**	7	**-1%**	24
Medicine Subspecialties	**$135,300**	N/A	**$132,400**	N/A	**4%**	N/A
Cardiology	$159,700	7	$156,200	5	3%	18
Gastroenterology	$166,700	5	$146,200	9	12%	1
Geriatrics	$118,600	19	$115,700	19	4%	14
Infectious Disease	$122,300	16	$115,400	20	8%	6
Nephrology	$135,100	13	$132,600	12	3%	16
Surgery-General	**$155,600**	8	**$135,900**	11	**8%**	5
Surgical Subspecialties	**$169,500**	N/A	**$168,900**	N/A	**6%**	N/A
Ophthalmology	$150,500	9	$124,400	14	10%	2
Orthopedics	$184,100	2	$191,900	1	1%	20
Otolaryngology	$146,400	11	$146,400	8	-1%	23
Urology	$140,300	12	$145,900	10	6%	10
Facility Based	**$171,000**	N/A	**$167,300**	N/A	**8%**	N/A
Anesthesiology-General	$167,600	4	$162,650	4	7%	7
Pathology	$112,700	22	$115,050	21	0%	22
Radiology	$186,100	1	$184,000	2	8%	4
Psychiatry	**$120,600**	N/A	**$119,400**	N/A	**6%**	N/A
Adult Psychiatry	$120,600	17	$119,400	15	4%	12
Child & Adolescent Psych	$116,000	21	$116,450	18	6%	8
Other	**$156,700**	N/A	**$154,850**	N/A	**5%**	N/A
Dermatology	$161,100	6	$155,700	6	10%	3
Emergency Medicine	$173,600	3	$170,550	3	3%	15
Neurology	$120,000	18	$119,200	16	4%	13
Pediatric Subspecialties	$123,500	15	$117,900	17	6%	11
Physical Medicine & Rehab	$125,900	14	$125,850	13	6%	9
Total (All Specialties)	**$128,500**	N/A	**$127,750**	N/A	**3%**	N/A

4.7 Assessment of Relative Demand by Specialty

To measure demand, a composite demand score was computed by taking an average of the ranks (i.e., where each specialty stood relative to all 25 specialties) scored by each specialty on each of the demand indicators for data from the year 2001, for an aggregated data set containing all data collected over the past two years (2000 and 2001), and for the four years the survey has been conducted (1998 through 2001). This methodology gave a higher weighting to data collected from the 2001 survey (approximately twice that of the three previous years) in assessing the current demand for each specialty.

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

- percentage of respondents having difficulty finding a satisfactory practice position
- percentage of respondents having to change plans due to limited practice opportunities
- mean number of job offers received by respondents
- respondents' mean Likert score for their perceptions of the regional job market
- respondents' mean Likert score for their perceptions of the national job market
- trends in median starting income

Each of these indicators is an imperfect measure of demand. However, considered jointly, 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' perceptions of the regional and national job market. For this reason, the "job offers" and "trends in starting income" variables were each double weighted in computing a composite measure of demand.

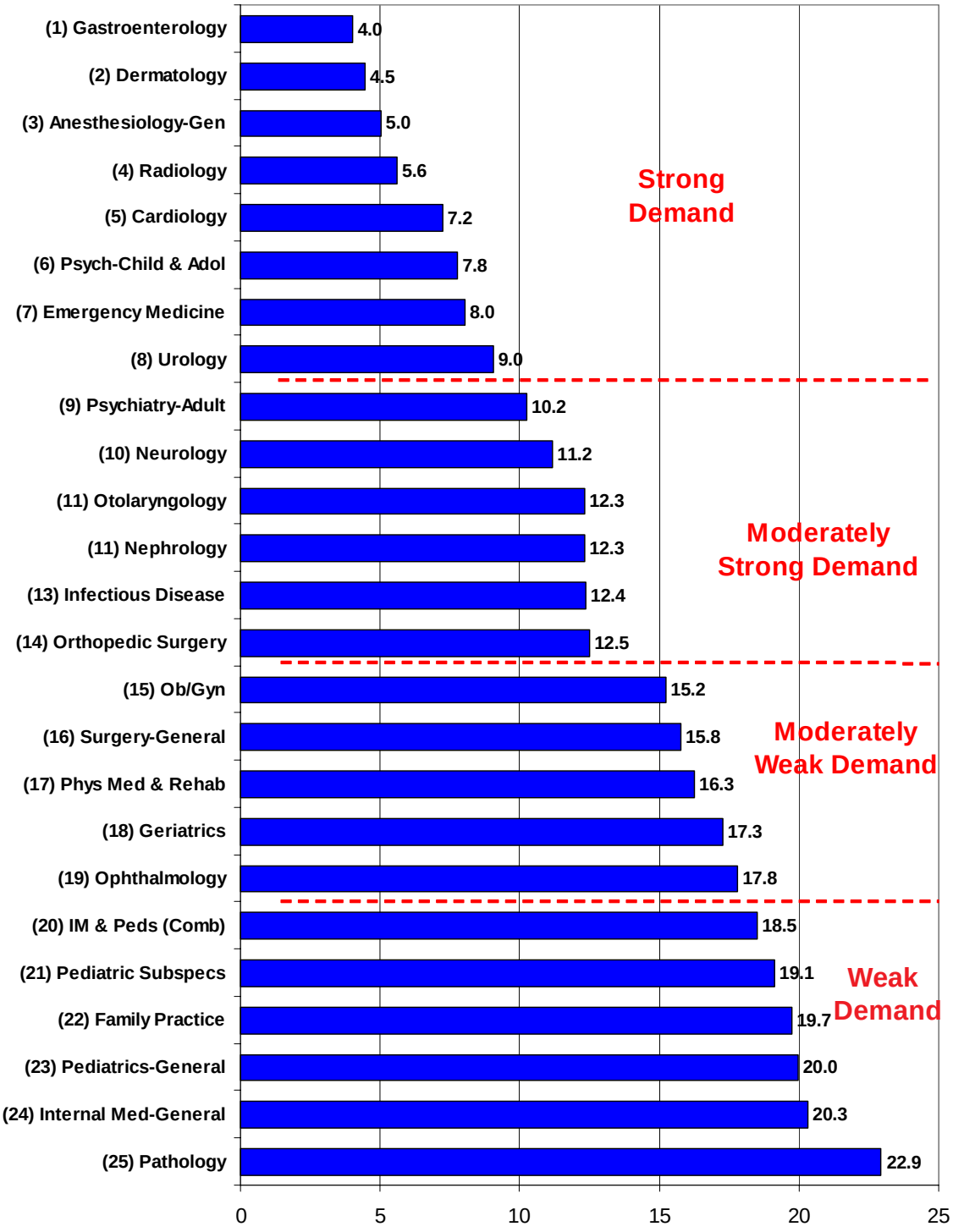
Highlights

- Figure 4.18 is a plot of the mean of the ranks of each specialty to illustrate the relative demand for each specialty. Note that the Exit Survey cannot be used to measure *absolute* demand (i.e. it cannot be used to determine the appropriate number of physicians necessary to serve a given population). Instead, it is used to measure the demand for each specialty *relative* to other specialties by collecting information on the job market for new graduates and ranking specialties on graduates' responses to questions used to assess demand.

- Currently, Gastroenterology (average rank of 4.0 out of 25), Dermatology (4.5), General Anesthesiology (5.0), and Radiology (5.6) are specialties experiencing the strongest demand. Cardiology (7.2), Child and Adolescent Psychiatry (7.8), Emergency Medicine (8.0), and Urology (9.0) are also experiencing very good demand.

- The job market prospects for Primary Care graduates appears rather bleak relative to other specialties. General Internal Medicine (20.3), General Pediatrics (20.0), Family Practice (19.7), and Combined Internal Medicine and Pediatrics (18.5) were among the six lowest in demand. Pathology (22.9) and Pediatric Subspecialties (19.1) were also among the six specialties experiencing the lowest relative demand.

Figure 4.18 Assessment of Current Relative Demand by Specialty (Average Rank on Demand Related Variables)



Appendix A

2001 Exit Survey Response Rates by Specialty and Region

Table A-1. 2001 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	**298**	**219**	**73%**	**1,593**	**1032**	**65%**	**1,891**	**1,251**	**66%**
Family Practice	80	60	75%	165	87	53%	245	147	60%
Internal Medicine-General	148	100	68%	1,028	703	68%	1,176	803	68%
Pediatrics-General	54	45	83%	378	228	60%	432	273	63%
IM & Peds (Combined)	16	14	88%	22	14	64%	38	28	74%
Obstetrics/Gynecology	**36**	**33**	**92%**	**124**	**86**	**69%**	**160**	**119**	**74%**
Medicine Subspecialties	**65**	**41**	**63%**	**491**	**279**	**57%**	**556**	**320**	**58%**
Cardiology	13	7	54%	111	63	57%	124	70	56%
Gastroenterology	9	5	56%	35	24	69%	44	29	66%
Geriatrics	8	4	50%	66	52	79%	74	56	76%
Infectious Disease	5	3	60%	48	31	65%	53	34	64%
Nephrology	4	4	100%	48	27	56%	52	31	60%
Other IM Specialties*	26	18	69%	183	82	45%	209	100	48%
*Critical Care Medicine**	*0*	*0*	*N/A*	*26*	*11*	*42%*	*26*	*11*	*42%*
*Endocrinology & Metab.**	*4*	*4*	*100%*	*25*	*14*	*56%*	*29*	*18*	*62%*
*Hematology/Oncology**	*12*	*5*	*42%*	*61*	*28*	*46%*	*73*	*33*	*45%*
*Pulmonary Disease**	*7*	*6*	*86%*	*55*	*25*	*45%*	*62*	*31*	*50%*
*Rheumatology**	*3*	*3*	*100%*	*16*	*4*	*25%*	*19*	*7*	*37%*
Surgery (General)	**29**	**21**	**72%**	**114**	**65**	**57%**	**143**	**86**	**60%**
Surgical Subspecialties	**75**	**71**	**95%**	**291**	**181**	**62%**	**366**	**252**	**69%**
Ophthalmology	9	9	100%	60	44	73%	69	53	77%
Orthopedics	27	26	96%	100	52	52%	127	78	61%
Otolaryngology	9	8	89%	29	22	76%	38	30	79%
Urology	8	8	100%	32	19	59%	40	27	68%
Other Surgical Subspecs*	22	20	91%	70	44	63%	92	64	70%
*Neurosurgery**	*4*	*3*	*75%*	*11*	*7*	*64%*	*15*	*10*	*67%*
*Plastic Surgery**	*4*	*4*	*100%*	*22*	*12*	*55%*	*26*	*16*	*62%*
*Thoracic Surgery**	*6*	*5*	*83%*	*16*	*8*	*50%*	*22*	*13*	*59%*
*All Other Surg Subspecs**	*8*	*8*	*100%*	*21*	*17*	*81%*	*29*	*25*	*86%*

A-4 -- New York State Residency Training Outcomes in 2001

Specialty	UPSTATE NY PROGRAMS Grads	Returned	Resp Rate	GREATER NY PROGRAMS Grads	Returned	Resp Rate	NEW YORK STATE (TOTAL) Grads	Returned	Resp Rate
Facility Based	**92**	**59**	**64%**	**418**	**264**	**63%**	**510**	**323**	**63%**
Anesthesiology-General	28	18	64%	122	71	58%	150	89	59%
Pain Management*	5	5	100%	13	9	69%	18	14	78%
Other Anes Subspecs*	3	3	100%	17	14	82%	20	17	85%
Pathology	25	16	64%	99	61	62%	124	77	62%
*Pathology (General)**	*17*	*14*	*82%*	*60*	*44*	*73%*	*77*	*58*	*75%*
*Pathology Subspecialties**	*8*	*2*	*25%*	*39*	*17*	*44%*	*47*	*19*	*40%*
Radiology	31	17	55%	167	109	65%	198	126	64%
*Radiology (Diagnostic)**	*26*	*13*	*50%*	*143*	*96*	*67%*	*169*	*109*	*64%*
*Radiology (Therapeutic)**	*3*	*3*	*100%*	*13*	*6*	*46%*	*16*	*9*	*56%*
*Nuclear Medicine**	*2*	*1*	*50%*	*11*	*7*	*64%*	*13*	*8*	*62%*
Psychiatry	**26**	**25**	**96%**	**259**	**161**	**62%**	**285**	**186**	**65%**
Psychiatry (General)	19	18	95%	161	105	65%	180	123	68%
Child & Adolescent Psych	4	4	100%	57	34	60%	61	38	62%
Other Psych Subspecs*	3	3	100%	41	22	54%	44	25	57%
Other	**84**	**74**	**88%**	**412**	**234**	**57%**	**496**	**308**	**62%**
Dermatology	6	6	100%	38	22	58%	44	28	64%
Emergency Medicine	35	31	89%	129	72	56%	164	103	63%
Neurology	21	19	90%	84	44	52%	105	63	60%
Pediatric Specialties	9	5	56%	64	37	58%	73	42	58%
Physical Medicine & Rehab	9	9	100%	63	39	62%	72	48	67%
Other*	4	4	100%	34	20	59%	38	24	63%
*Allergy & Immunology**	*2*	*2*	*100%*	*14*	*10*	*71%*	*16*	*12*	*75%*
*Preventive Medicine**	*2*	*2*	*100%*	*11*	*7*	*64%*	*13*	*9*	*69%*
*All Other**	*0*	*0*	*N/A*	*9*	*3*	*33%*	*9*	*3*	*33%*
Total (All Specialties)	**705**	**543**	**77%**	**3,702**	**2,302**	**62%**	**4,407**	**2,845**	**65%**

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

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

Appendix B

2001 Exit Survey Instrument

Survey of Residents Completing Training in NYS in 2001

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

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 2001 *(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:

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

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 2001 *(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 do you expect to be doing after completion of your current training program?

Primary Activity *(mark only one)*

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

C. FUTURE PLANS

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

	None	1–9	10–19	20–29	30–39	40–49	50–59	60+
Direct Patient Care	○	○	○	○	○	○	○	○
Research	○	○	○	○	○	○	○	○
Teaching	○	○	○	○	○	○	○	○
Administration	○	○	○	○	○	○	○	○
Community Service	○	○	○	○	○	○	○	○

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 <u>any</u> 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 <u>not</u> going into Patient Care/Clinical Practice after completing your current training—<u>Skip to Part E.</u>)

18. Which best describes the type of Patient Care Practice you will be entering?

Principal <u>Practice Setting</u> *(mark only one)*	**Secondary <u>Practice Setting(s)</u>** *(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 hours per week** you will be spending in patient care/clinical practice activities:

- ○ 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

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