2003

Residency Training Outcomes by Specialty in 2003 for New York:
A Summary of Responses to the 2003 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 2003 (2003 Exit Survey) conducted by the Center for Health Workforce Studies (the Center) in May and June of 2003. This survey, administered annually with the cooperation and assistance of residency program directors and hospitals GME administrators across the state, consists of 32 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 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. 2003 was the sixth consecutive year of the survey.

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

Each May, the Center distributes the surveys to GME administrators at the teaching hospitals in New York. In most cases, the surveys are then forwarded to individual programs who assume responsibility for having their graduating residents fill out the surveys in the weeks prior to program completion. Completed surveys are then returned to the Center for data entry and analysis. Through the excellent collaboration of teaching hospitals, in 2003 a total of 2,958 of the estimated 4,654 physicians completing a residency or fellowship training program completed the Exit Survey (64% response rate). The year 2003 marked the sixth consecutive year of the survey. For the six years the survey had been conducted (1998, 1999, 2000, 2001, 2002, and 2003) an aggregated total of 18,246 of the 27,251 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. 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 2003 were fairly strong overall. In addition, analysis of trends in demand related variables reveals that the job market has improved each year since 2000.

- In 2003, only 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 almost a third (27%) of respondents reported some difficulty finding a satisfactory practice position, only 15% of these attributed their difficulty to an overall lack of jobs. Forty-four percent (45%) attributed their difficulty to a lack of jobs in desired locations.
- The median starting income of graduates was down 0.5% from 2002 to 2003, decelerating from the 7.3% increase from 2001 to 2002. The average increase over the last four years was 2.7%.
- Graduates' views of both the regional and national job markets were positive and optimistic for each of the last four years of the survey.

Demand for primary care physicians[1] (generalists) continues to be weaker than for non-primary care physicians (specialists). In 2003, demand for generalists was significantly weaker than for specialists. After adjusting for citizenship status:

- In 2003, generalists were more likely than specialists to report difficulty finding a satisfactory practice position (44% versus 25%) and to have to change plans due to limited practice opportunities (23% versus 15%).
- In 2003, generalists received fewer job offers (mean of 2.55 versus 3.93) and were less optimistic in their view of both the regional job market (average Likert Score of 0.42 versus 0.96 on scale of +2 indicating "Many Jobs" to –2 indicating "No Jobs") and national job market (1.40 versus 1.61).
- 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 2000 to 2003 was 2.5% for generalists as compared to 2.9% for specialists (for all specialties, this average was 2.7%).

[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 percent of generalists who had to change plans due to limited job opportunities has been stable from 2000 to 2003 (25%, 24%, 22%, 23%). By contrast, fewer specialists found they had to change their plans over this period (13%, 14%, 14%, 15%).

- The mean number of job offers received by generalists has been flat from 2000 to 2003 (2.8, 2.8, 2.7, 2.6), this has also been the case for specialists until last year (4.2, 4.2, 4.3, 3.9).

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, the demand for Anesthesiology–General, Dermatology, Cardiology, Urology, Gastroenterology, Child and Adolescent Psychiatry, and Radiology appears to be very strong.

- Family Practice, Ophthalmology, Internal Medicine–General, Pathology, Physical Medicine and Rehabilitation, and Pediatrics–General experienced 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 continuing 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.

Almost half of the graduates with confirmed practice plans (49%) were staying within New York State to begin practice, although there were significant differences by specialty. The in-state retention rate has been relatively flat over the last four years of the survey. For graduates in 2003 who were subspecializing, 54% were planning to do so in New York, up from 52% in 2002.

About one-third (35%) of respondents were subspecializing. However, there were sharp differences in subspecialization rates for IMGs on temporary visas as compared with respondents with permanent citizenship. For example, in Pediatrics-General, 59% of IMGs on J-1 or J-2 visas were planning to subspecialize versus only 32% of respondents with permanent citizenship. Excluding temporary visa holders, the overall subspecialization rate (i.e. all specialties) was also 35%.

GENERAL RESULTS

Characteristics of All Respondents

- Forty-one percent (41%) of survey respondents were female, effectively unchanged from 2002 (42%).
- Thirteen percent (13%) of survey respondents were under-represented minorities (URMs), almost the same as in 2002.
- Just under one-half (49%) of all survey respondents were international medical graduates (IMGs), nearly equal to each of the three previous years (53% in 2000, 51% in 2001, and 53% in 2002).
- The highest concentrations of IMGs were in Pathology (85%), Geriatrics (80%), Child and Adolescent Psychiatry (78%), Infectious Disease (75%), and Physical Medicine and Rehabilitation (74%). Specialties with very few IMGs included Urology (3%), Otolaryngology (4%), Orthopedics (8%), and Dermatology (8%).
- Sixteen percent (16%) 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 (41%), Gastroentology (32%), Geriatrics (24%), and Internal Medicine-General (22%).
- Ophthalmology (0%), Deramtology (0%), Urology (0%), Combined Internal Medicine and Pediatrics (0%), Emergency Medicine (2%), and Physical Medicine and Rehabilitation (2%) had very few temporary visa holders.

Post-Graduation Plans of All Respondents

- Fifty-four percent (54%) of all survey respondents were planning to enter patient care/clinical practice following completion of their current training program. Of these, 80% had confirmed practice plans (i.e. they had accepted an offer for a job/practice position) at the time they completed the survey.
- Over one-third (35%) planned to subspecialize or pursue further training. This was equal to the subspecialization rates in 2000, 2001, and 2002. Over one-half (54%) of the year 2003 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

- Just under one-half (49%) of respondents with confirmed practice plans were remaining within New York State to begin practice. This was the same as 2002, but down slightly from 2000 and 2001 (52% and 52%, respectively). Of those entering practice in NYS, 92% were remaining in the same region in which they trained.

- Graduates of Ophthalmology (90%), Adult Psychiatry (73%), and Neurology (72%) were most likely to remain in-state to begin practice. The lowest in-state retention rates were in Otolaryngology (23%), Orthopedics (23%), and Gastroenterology (36%).

- Citizenship status is an important factor determining a respondent's likelihood of remaining in-state to practice. Excluding respondents leaving the U.S., only 22% of IMGs with temporary visas with confirmed practice plans were planning to remain in New York State.

- Forty-nine percent (49%) of the graduates entering patient care were going to be practicing in a group practice. Six percent (6%) were entering two person partnerships while only 5% reported that they were starting their own solo practice.

- Thirty-three percent (33%) of graduates were entering practice in hospitals. Inpatient (17%) was the most common, followed by emergency room (8%), and ambulatory care (8%) settings.

- Eighty-nine percent (89%) of respondents said they would have no ownership in their upcoming practice. Of these, 28% 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 (29%) of graduates reported entering practice in inner city locations and another 7% were going to rural locations. Sixteen percent (16%) said they would be practicing in a federal HPSA.

- The graduates most likely to be entering practice in HPSAs were from Pediatric Subspecialties (40%), Geriatrics (29%), Family Practice (29%), and Internal Medicine-General (21%). Ophthalmology (0%), Otolaryngology (0%), Pathology (0%), and Dermatology (0%) were least likely to be entering HPSAs.

- While most IMGs with temporary visas were entering HPSAs (64%), IMGs with permanent citizenship were actually less likely to be entering HPSAs than were USMGs (5% vs. 9%, respectively for graduates of primary care specialties).

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

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

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

- The median starting income for year 2003 graduates with confirmed practice plans was $137,500, a decrease of 0.5% from $138,200 in 2002. It should be noted that the response rate to the question relating to starting income was 89% in 2003.
- Individual specialties with the highest median starting income were Radiology ($214,500), Dermatology ($205,800), Cardiology ($201,450), and Anesthesiology – General ($199,300).
- Among the specialty groups, Facility Based specialties (including Anesthesiology, Pathology, and Radiology; $198,500) and Surgical Subspecialties ($175,600) had the highest median starting incomes. Facility Based Specialties and Surgery–General experienced the highest average annual increases in starting income from 2000 to 2003 (Both increased by 7%).
- The Primary Care group was lowest in income ($117,900) and saw only moderate growth (+3%). Within Primary Care, Pediatrics-General was significantly lower than any other specialty ($99,700).
- Individual specialties seeing the greatest average annual increase in starting income from 2000 to 2003 were Dermatology (14%), Anesthesiology-General (10%), Cardiology (10%), and Ophthalmology (9%).
- Obstetrics/Gynecology and Physical Medicine and Rehabilitation were the only specialties that did not experience an increase in median starting income.

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

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

- Respondents expected to spend an average of 45.8 hours per week in patient care/clinical practice activities. Females expect to work about 7% fewer hours than males (43.7 vs. 47.2).

- Surgery-General (55.5) and Surgical Subspecialists (53.0) expected to work the most hours. The only specialties where graduates expected to work less than 40 patient care/clinical practice hours were Emergency Medicine (35.9), Dermatology (36.7), Adult Psychiatry (39.3) and Child and Adolescent Psychiatry (38.9).

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

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

- Slightly less than one-third (31%) of respondents reported difficulty finding a satisfactory position. This percentage has remained nearly constant over the years the survey has been conducted.

- The most often cited "main reason for difficulty finding a satisfactory practice position" was a "lack of jobs in desired locations" (45%), followed by an "overall lack of jobs" (15%).

- The highest percentages of graduates having difficulty finding a satisfactory practice position were in Ophthalmology (65%), Pathology (50%), Internal Medicine-General (49%), Otolaryngology (47%), Geriatrics (41%), and Pediatrics-General (41%). Conversely, Child and Adolescent Psychiatry (5%), Urology (13%), Adult Psychiatry (14%), Combined Internal Medicine and Pediatrics (15%), and Pediatric Subspecialties (15%) had the fewest respondents reporting difficulty.

- Eighteen percent (18%) of respondents reported having to change their plans due to limited practice opportunities, which was almost the same as 2002. Ophthalmology (35%), Infectious Disease (33%), Physical Medicine and Rehabilitation (32%), Geriatrics (28%), and Internal Medicine-General had the most graduates reporting they had to change plans. Few graduates had to change plans in Dermatology (0%), Child and Adolescent Psychiatry (5%), Urology (5%), and Combined Internal Medicine and Pediatrics (5%).

[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.

- The mean number of job offers received by graduates in 2003 was 3.50. Gastroenterology (7.25) and Cardiology (5.73) graduates received the most job offers. At the other end of the spectrum, Pathologists received significantly fewer offers (0.93) than any other specialty.

- Graduates gave a very positive assessment of the national job market [average Likert score of +1.55 on a scale of +2.00 (indicating "Many Jobs") to -2.00 (indicating "No Jobs")]. Graduates of Urology (+1.95), Child and Adolescent Psychiatry (+1.90), Anesthesiology-General (+1.88), Adult Psychiatry (+1.86), and Cardiology (+1.86) gave the most positive assessment of the national job market.

- Pathology (+0.77), Ophthalmology (+0.88), and Infectious Disease (+1.18) gave the least positive assessment of the national job market.

- Respondents gave a less optimistic assessment of the regional job market (+0.79). Graduates of Child and Adolescent Psychiatry (+1.57), and Adult Psychiatry (+1.56), Anesthesiology-General (+1.41), and Urology (+1.41) gave the most positive assessment of the regional job market.

- Infectious Disease (+0.06), Pediatric-General (+0.21), and Ophthalmology (+0.24) were the least optimistic in their view of the regional job market.

Overall Assessment of the Job Market for New Physicians

- Overall, the demand for new physicians appears to be strong. However, consistent with the findings of the 2001 and 2002 Exit Survey, in 2003, 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 (43% vs. 25%), and to have to change plans due to limited practice opportunities (23% vs. 15%). Generalists, on average, also received significantly fewer job offers (2.55 vs. 3.93), and had a less positive view of both the regional (0.42 vs. 0.92) and national (1.40 vs. 1.61) job market than did specialists.

- 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 2000 to 2003 (average annual increases of –3.1% in number of job offers and 2.5% in median starting income). Over the same time, specialists also saw little increase or a decrease in these variables (average annual increase of -2.2% in number of job offers and 2.9% in median starting income).

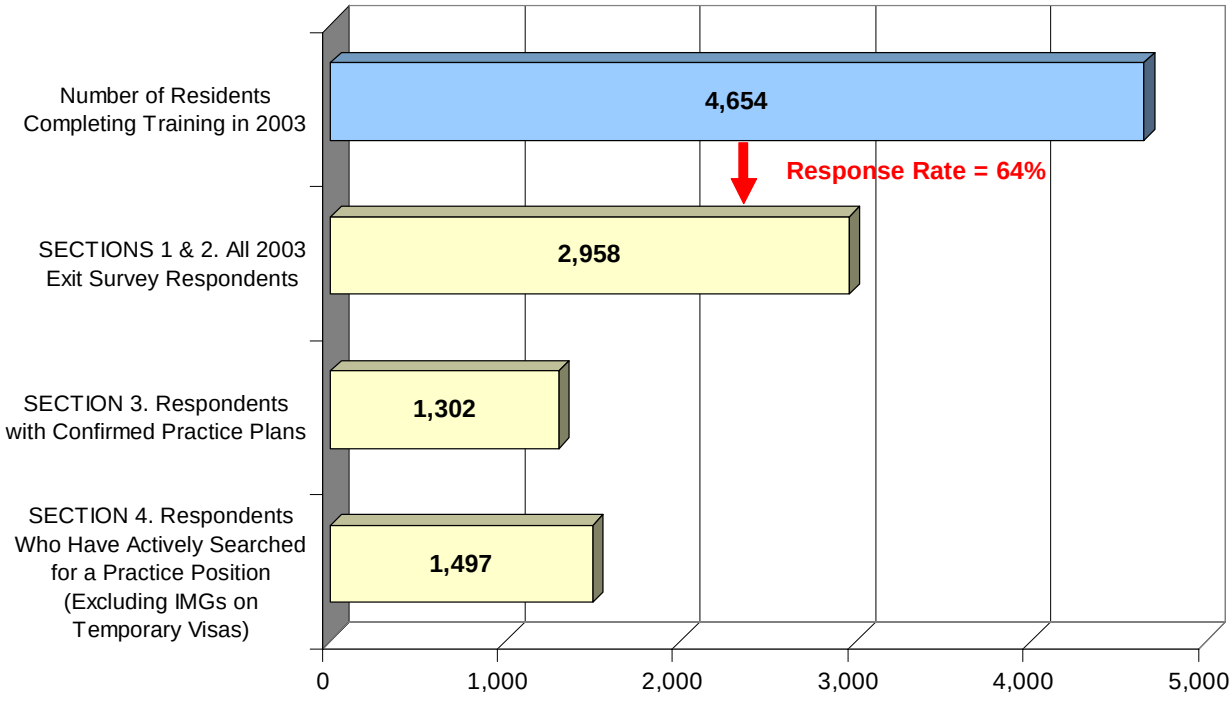
- Based on aggregation of all demand indicators from the 2003 Survey, specialties experiencing the strongest demand were Anesthesiology-General, Dermatology, Cardiology, Urology, Gastroenterology, Child and Adolescent Psychiatry, and Radiology.

- Pediatrics–General, Physical Medicine and Rehabilitation, Pathology, Internal Medicine–General, Ophthalmology, and Family Practice. These findings from the 2003 survey were generally consistent with the findings from 2002.

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 2,958 of the estimated 4,654 residents completing training in 2003 (a 64% response rate). Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines their planned activities following the completion of their current training program. Section 3 pertains to respondents who are entering patient care/clinical practice and had confirmed practice plans (i.e., they have accepted a job offer or will be self-employed) at the time they completed the survey. Section 4 summarizes the responses to several questions used to measure demand and relating to respondents' experiences in searching for a practice position. This section excludes respondents who had not yet searched for a practice position and IMGs on temporary visas because these individuals experienced significantly more difficulty due to their visa status. Appendix A presents response rates by specialty and region, and illustrates how specialties are grouped in this report. Appendix B is the 2003 Exit Survey instrument.

Figure 1. 2003 Exit Survey Response Rate and Subgroups Used for Each Section of Report



Section I

Background Characteristics of All Respondents

Table 1.1 presents background characteristics of all Exit Survey respondents in the year 2003. 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 (41%) of survey respondents were female. This percent has been relatively consistent over the last four years of the survey. Females represented the majority of respondents in Obstetrics/Gynecology (76%), Pediatrics–General (68%), Dermatology (61%), Pathology (58%), Family Practice (52%), and Adult Psychiatry (52%).

- General Surgery and Surgical Subspecialties had the fewest females (21% and 16% respectively). In particular, Orthopedics (7%), Cardiology (12%) and Urology (16%) had very few females.

- Under-represented minorities (URMs) comprised thirteen percent (13%) of all respondents. Surgery–General (22%), Child and Adolescent Psychiatry (22%), Family Practice (21%), and Obstetrics/Gynecology (19%) had the most URMs.

- Dermatology (3%), Ophthalmology (4%), Cardiology (5%), and Pathology (5%) had very few URMs.

- Just under one-half (49%) of all respondents were international medical graduates (IMGs), nearly equal to each of the three previous years (53% in 2000 and 51% in 2001 and 50% in 2002). This varies widely by specialty with the highest concentrations of IMGs found in Pathology (85%), Geriatrics (80%), Child and Adolescent Psychiatry (78%), and Infectious Disease (75%).

- Specialties with the fewest IMGs included Urology (3%), Otolaryngology (4%), Orthopedics (8%), Emergency Medicine (8%), and Dermatology (13%).

- Sixteen percent (16%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in Pediatric Subspecialties (41%) and Gastroenterology (34%). Dermatology (0%), Otolaryngology (0%), Combined Internal Medicine and Pediatrics (0%), Emergency Medicine (2%), and Physical Medicine and Rehabilitation (2%) had the fewest temporary visa holders.

Figure 1.1 Percentage of Female Respondents by Specialty Group (All 2003 Exit Survey Respondents)

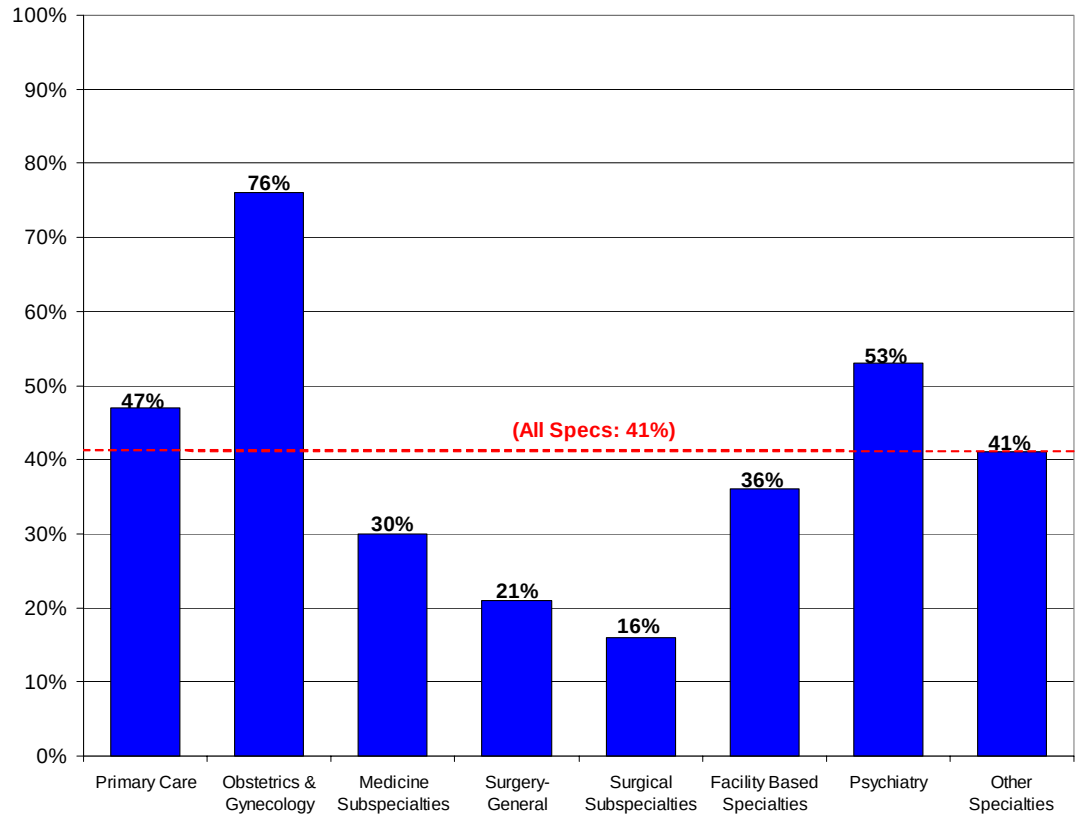


Figure 1.2 Percentage of Under-represented Minorities by Specialty Group (All 2003 Exit Survey Respondents)

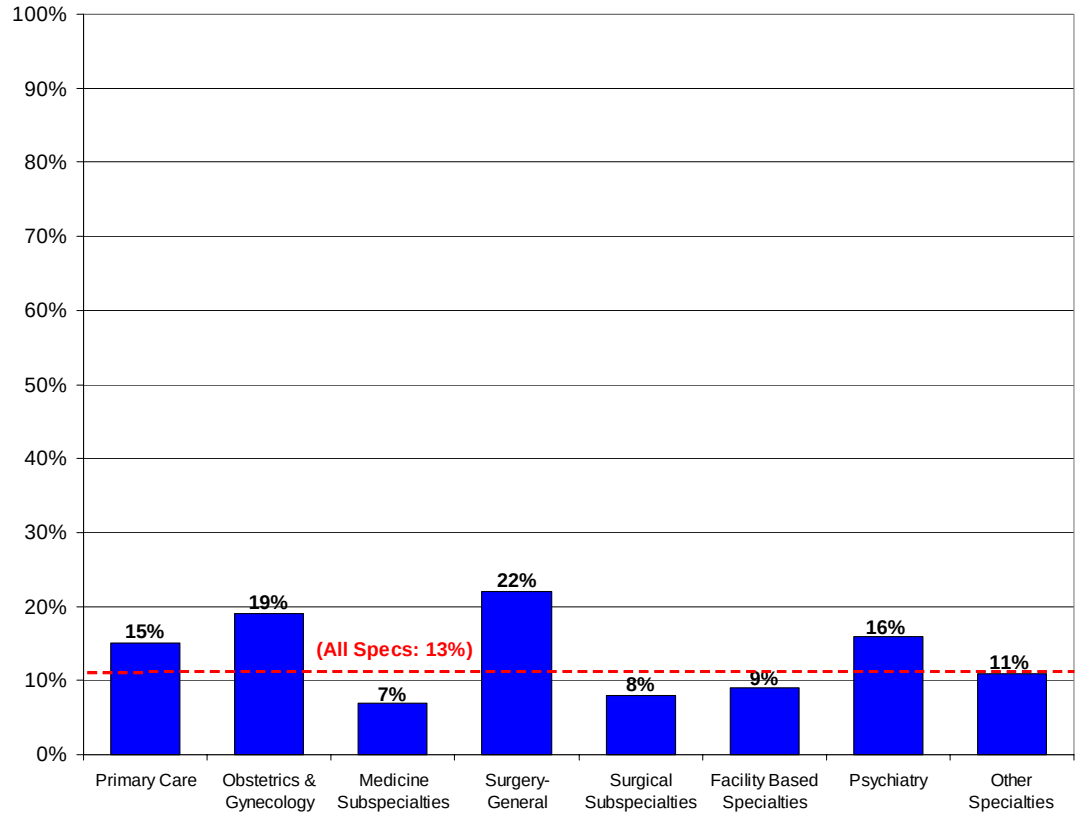


Figure 1.3 Location of Medical School and Citizenship Status (All 2003 Exit Survey Respondents)

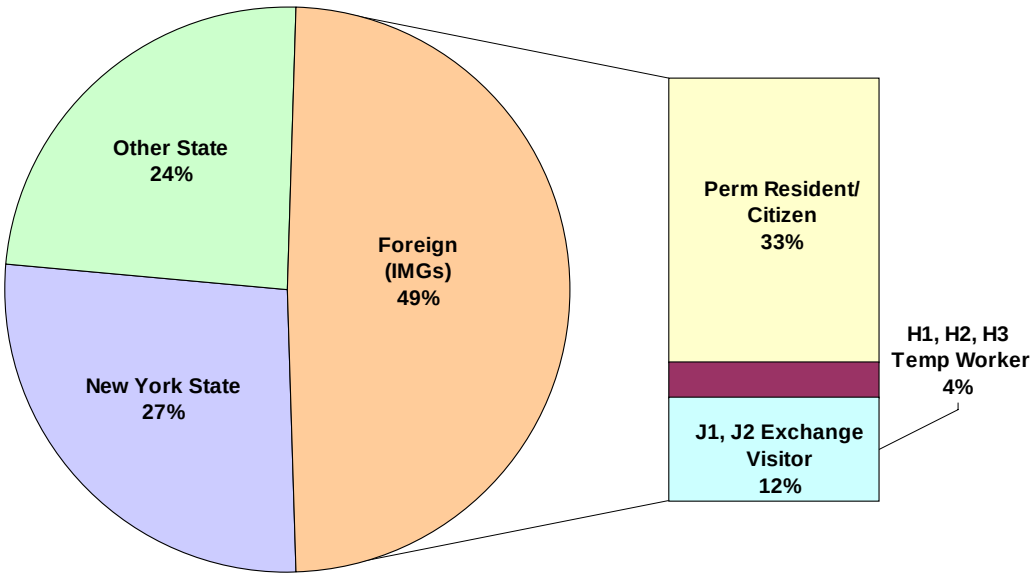


Figure 1.4 Percentage of Respondents who are IMGs by Specialty Group, (All 2002 & 2003 Exit Survey Respondents)

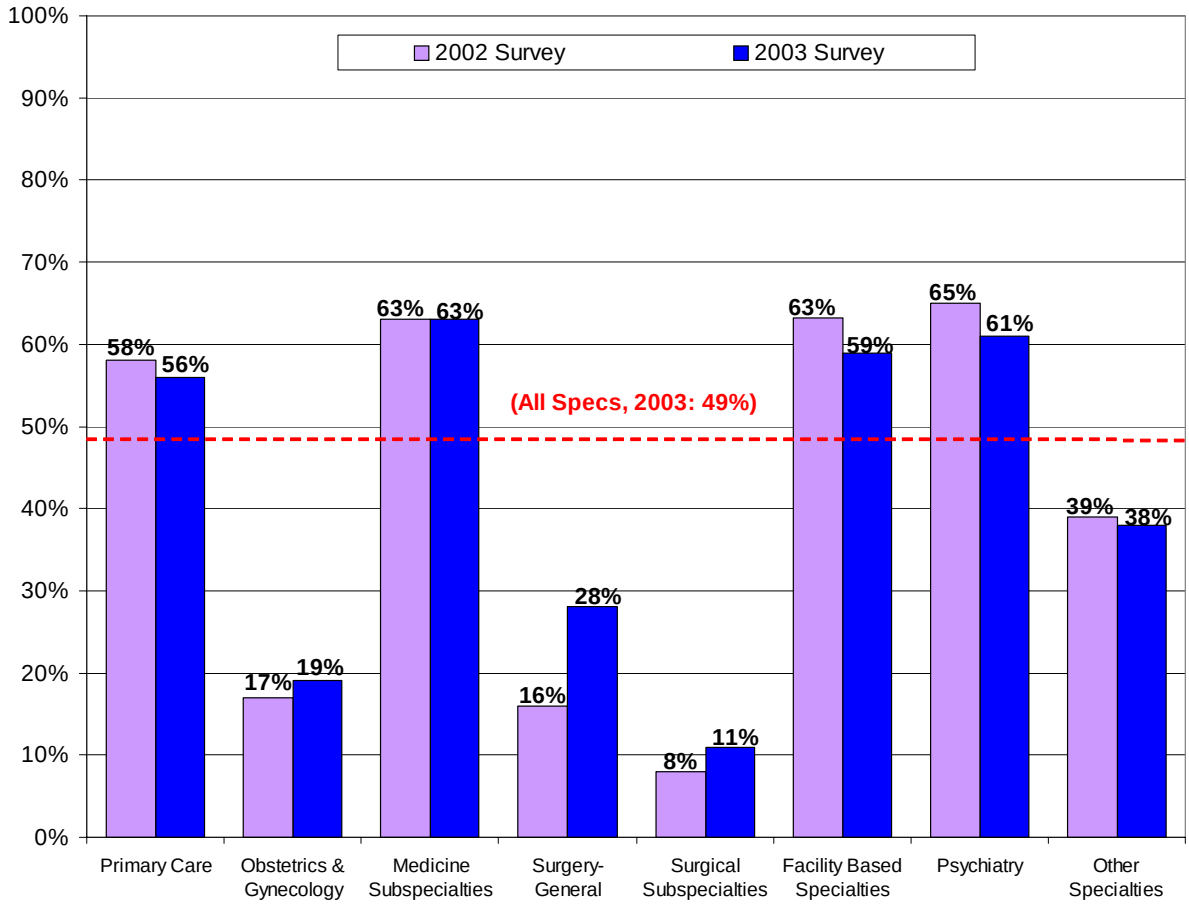


Table 1.1 Background Characteristics of Respondents (All 2003 Exit Survey Respondents)

Specialty	Number of Resp (N)	% Female	% Under-rep Minorities	% IMG	% Temp Visa Holders
Primary Care	**1193**	**47%**	**15%**	**56%**	**18%**
Family Practice	160	52%	21%	39%	12%
Internal Medicine-General	715	37%	16%	63%	22%
Pediatrics-General	288	68%	12%	50%	15%
IM & Peds (Combined)	30	47%	7%	23%	0%
Obstetrics/Gynecology	**109**	**76%**	**19%**	**19%**	**3%**
Medicine Subspecialties	**357**	**30%**	**8%**	**63%**	**25%**
Cardiology	87	12%	5%	59%	20%
Gastroenterology	35	20%	11%	58%	32%
Geriatrics	51	43%	8%	80%	24%
Infectious Disease	28	32%	14%	75%	21%
Nephrology	33	18%	6%	39%	18%
Surgery-General	**95**	**21%**	**22%**	**28%**	**9%**
Surgical Subspecialties	**249**	**16%**	**8%**	**11%**	**5%**
Ophthalmology	48	29%	4%	17%	4%
Orthopedics	89	7%	9%	8%	6%
Otolaryngology	27	33%	8%	4%	0%
Urology	32	16%	6%	3%	3%
Facility Based	**368**	**36%**	**9%**	**59%**	**16%**
Anesthesiology-General	128	30%	6%	72%	20%
Pathology	59	58%	5%	85%	20%
Radiology	155	29%	13%	36%	11%
Psychiatry	**207**	**53%**	**16%**	**61%**	**15%**
Adult Psychiatry	131	52%	17%	52%	12%
Child & Adolescent Psych	41	46%	22%	78%	21%
Other	**376**	**41%**	**11%**	**38%**	**11%**
Dermatology	39	61%	3%	13%	0%
Emergency Medicine	132	33%	15%	8%	2%
Neurology	78	36%	9%	56%	15%
Pediatric Subspecialties	52	48%	10%	71%	41%
Physical Medicine & Rehab	53	40%	15%	74%	2%
All Specialties, 2003 (2002)	**2954 (3094)**	**41% (42%)**	**13% (14%)**	**49% (50%)**	**16% (17%)**

[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-four percent (54%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 80% had confirmed practice plans.
- Over one-third (35%) planned to sub-specialize 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 proportions of respondents planning to enter patient care/clinical practice were Emergency Medicine (87%), Family Practice (82%), Infectious Disease (79%), Geriatrics (78%), and Gastroenterology (77%).
- Specialties with the highest subspecialization rates were Surgery–General (77%), Ophthalmology (58%), Pathology (58%), and Neurology (58%).
- The subspecialization rates for Internal Medicine and Pediatrics were 42% and 35% respectively. However, J-1 and J-2 exchange visitors were more likely to subspecialize than respondents with any other citizenship status. In Internal Medicine, the subspecialization rate for J-1 & J-2 exchange visitors was 48.5% versus 41.4% for all other respondents. In Pediatrics, the rates were 59.3% versus 32.1%.
- Internal Medicine–General (6%), Family Practice (5%), Pediatrics – General (3%), Surgery–General (3%), 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 2003 Exit Survey Respondents)

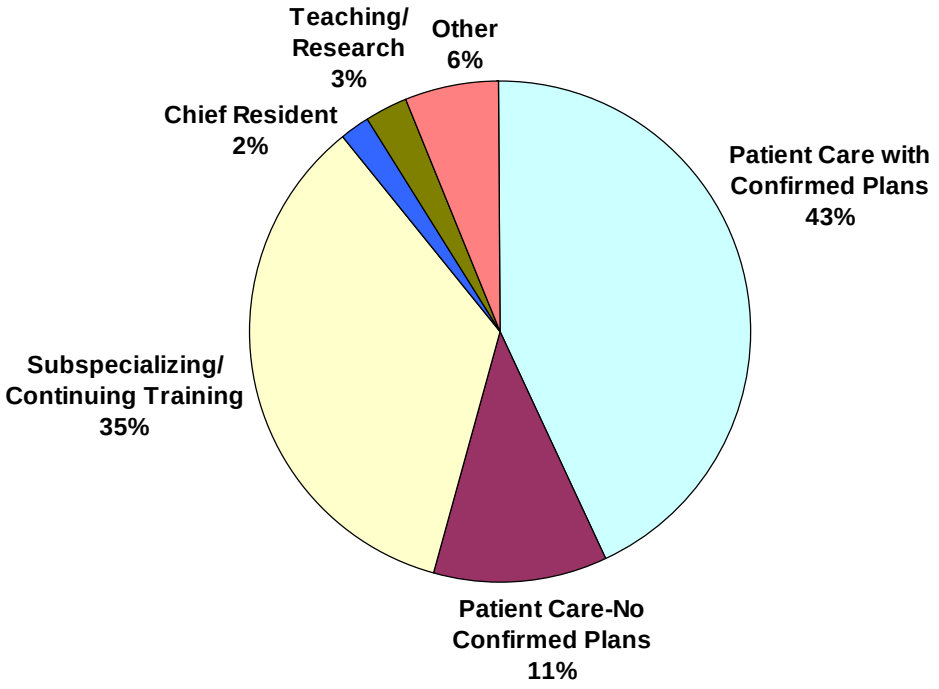


Figure 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group, (All 2002 & 2003 Exit Survey Respondents)

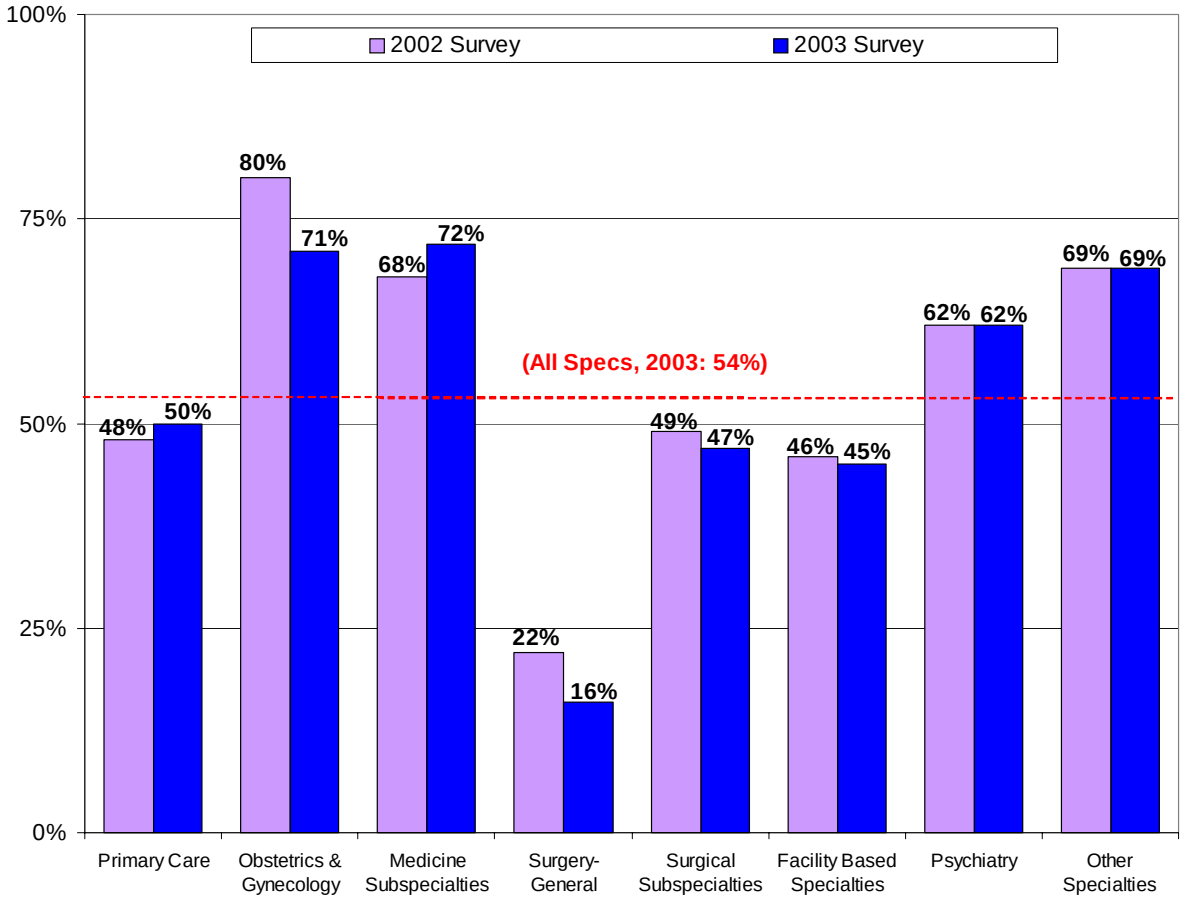


Figure 2.3 Rank of Percentage of Respondents Entering Patient Care/Clinical Practice by Specialty (All 2003 Exit Survey Respondents)

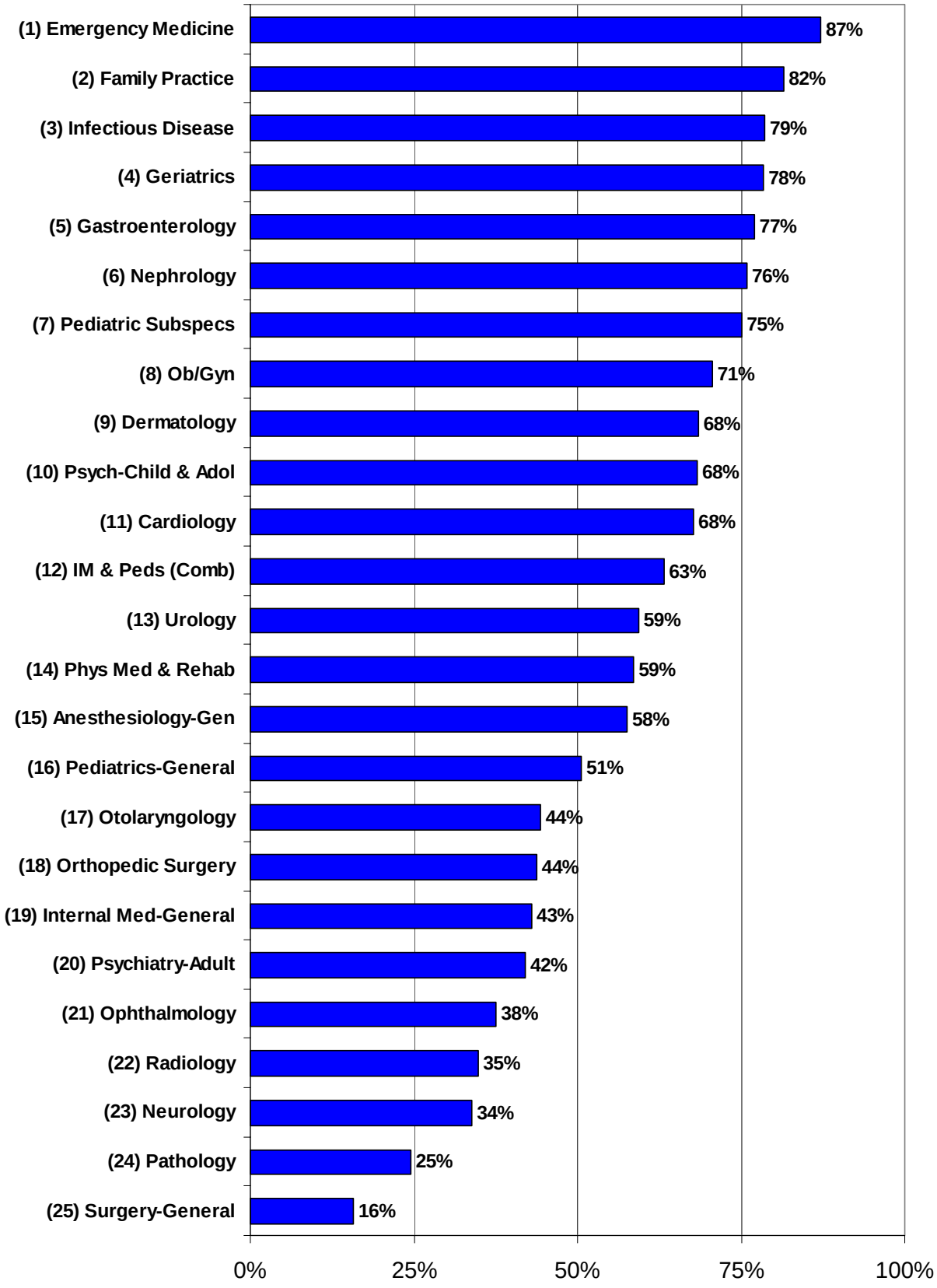


Table 2.1 Primary Activity After Completion of Current Training Program (All 2003 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**50%**	**36%**	**5%**	**2%**	**7%**
Family Practice	82%	13%	5%	1%	5%
Internal Medicine-General	43%	42%	6%	2%	8%
Pediatrics-General	51%	35%	3%	2%	7%
IM & Peds (Combined)	63%	27%	0%	7%	0%
Obstetrics/Gynecology	**71%**	**19%**	**0%**	**5%**	**6%**
Medicine Subspecialties	**72%**	**15%**	**0%**	**8%**	**6%**
Cardiology	68%	26%	0%	1%	5%
Gastroenterology	77%	20%	0%	3%	0%
Geriatrics	78%	10%	0%	4%	8%
Infectious Disease	79%	4%	0%	0%	18%
Nephrology	76%	12%	0%	6%	6%
Surgery-General	**16%**	**77%**	**3%**	**0%**	**4%**
Surgical Subspecialties	**47%**	**49%**	**0%**	**2%**	**1%**
Ophthalmology	38%	58%	0%	2%	2%
Orthopedics	44%	54%	0%	1%	0%
Otolaryngology	44%	48%	0%	7%	0%
Urology	59%	41%	0%	0%	0%
Facility Based	**45%**	**46%**	**0%**	**3%**	**7%**
Anesthesiology-General	58%	36%	0%	2%	4%
Pathology	25%	58%	0%	4%	14%
Radiology	35%	57%	0%	2%	7%
Psychiatry	**52%**	**37%**	**1%**	**2%**	**9%**
Adult Psychiatry	42%	50%	1%	1%	6%
Child & Adolescent Psych	68%	12%	0%	5%	15%
Other	**69%**	**23%**	**0%**	**4%**	**4%**
Dermatology	68%	29%	0%	0%	3%
Emergency Medicine	87%	7%	0%	3%	3%
Neurology	34%	58%	0%	5%	3%
Pediatric Subspecialties	75%	12%	0%	10%	4%
Physical Medicine & Rehab	59%	30%	0%	2%	9%
All Specialties, 2003 (2002)	**54% (54%)**	**35% (35%)**	**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 1,302 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

- Slightly less than one-half (49%) 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.
- Ophthalmology (90%), Adult Psychiatry (73%), Neurology (71%), Child and Adolescent Psychiatry (65%), Family Practice (62%), and Pathology (60%) had the highest in-state retention rates.
- Graduates entering practice from Otolaryngology (23%), Orthopedic Surgery (24%), Surgery–General (33%), Urology (33%), and Gastroenterology (36%) had the lowest in-state retention rates.
- Respondents of Pathology (20%), Orthopedics (11%), Child and Adolescent Psychiatry (9%), and Infectious Disease (5%) were the most likely to be leaving the U.S. to begin practice.
- IMGs on temporary visas were much likely to be leaving the state to begin practice. Only 20% of these were entering practice within New York State as compared to 54% 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 2003 Exit Survey Respondents with Confirmed Practice Plans)

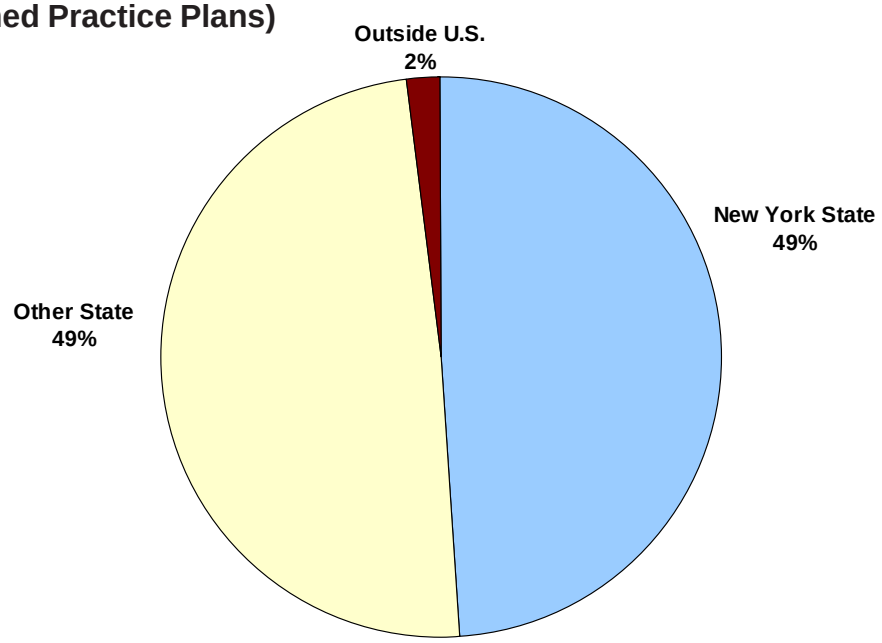


Figure 3.2 Trends in In-State Retention Rates by Specialty Group (for Exit Survey Respondents with Confirmed Practice Plans)

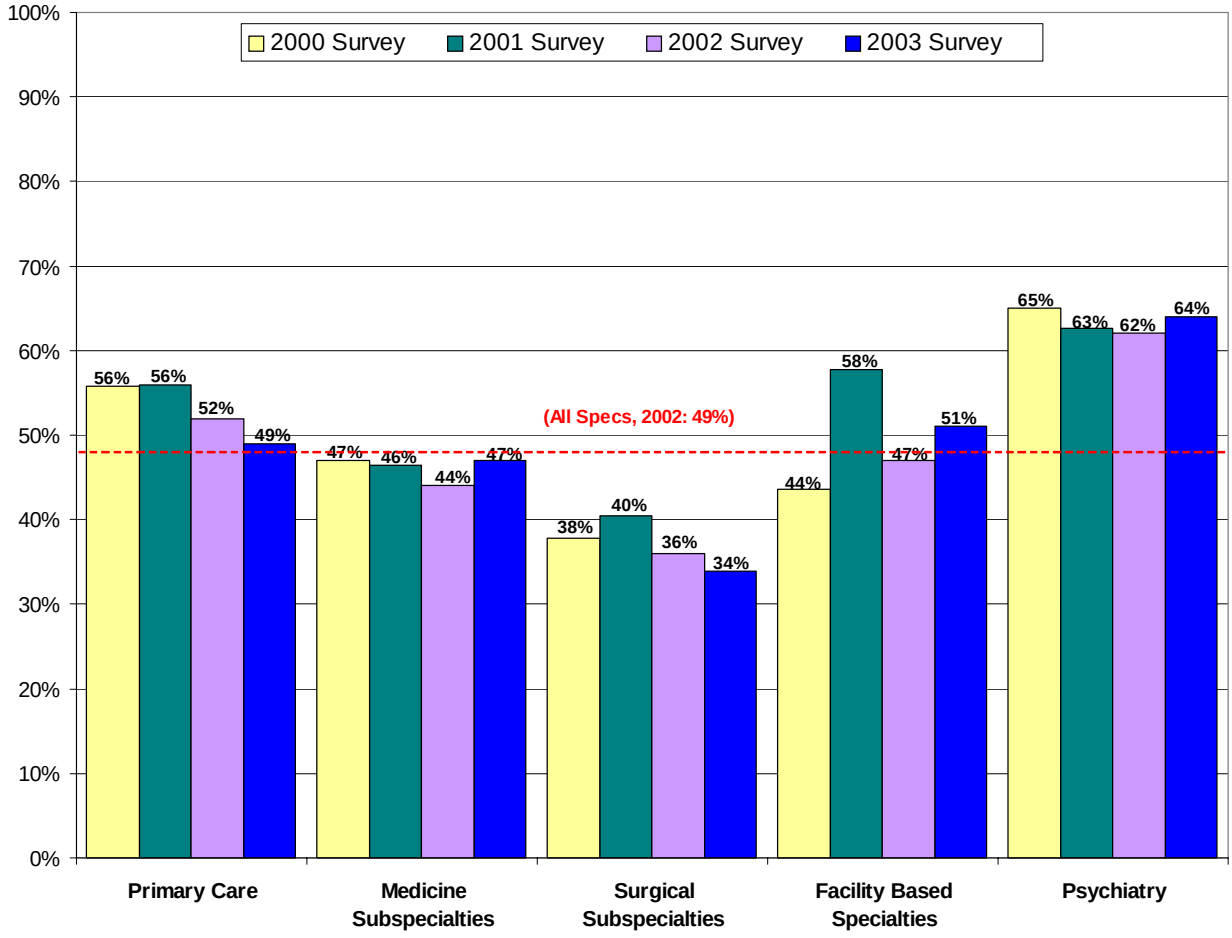


Figure 3.3 Rank of In-State Retention Rates by Specialty (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

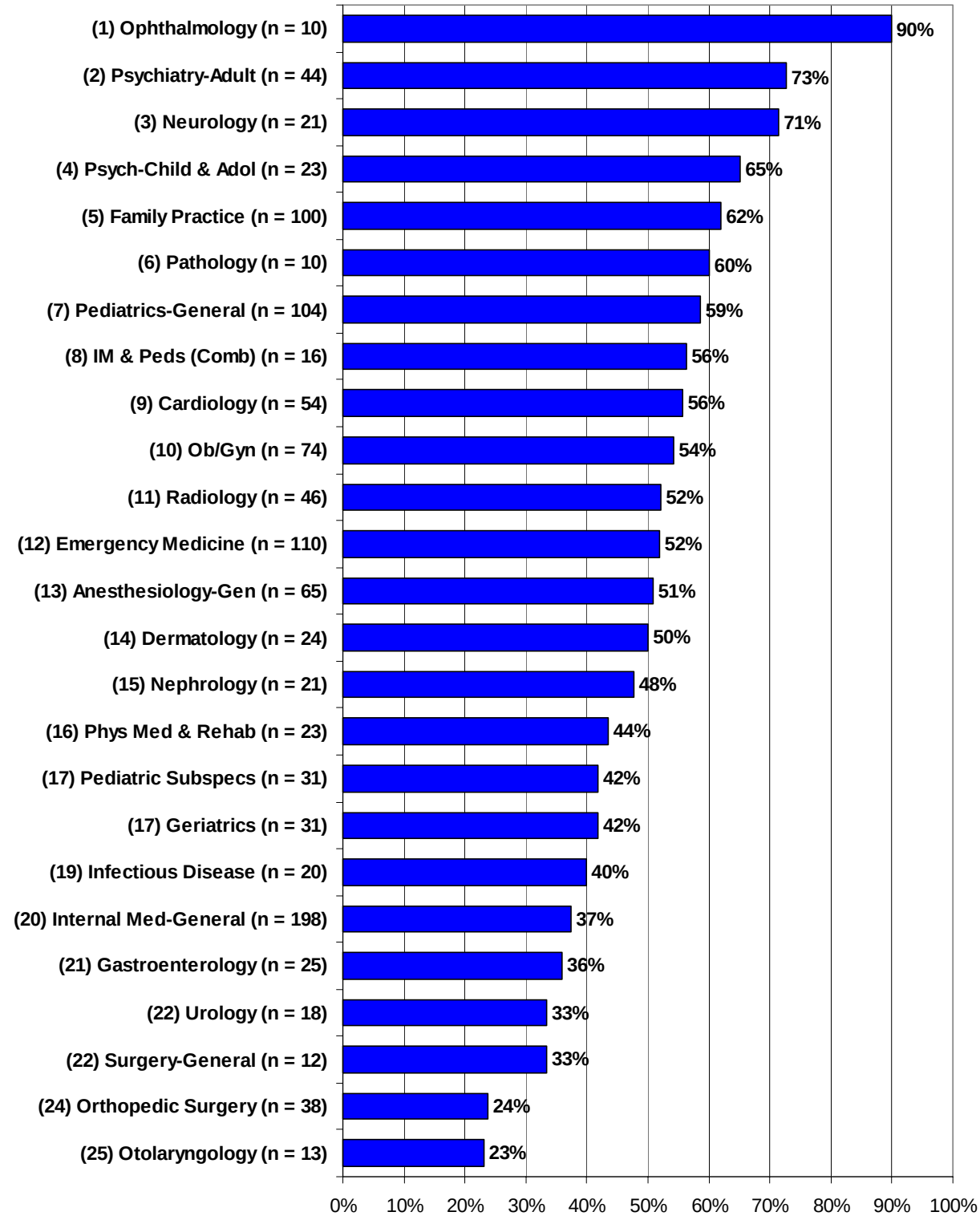


Table 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

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	**418**	**45%**	**4%**	**50%**	**1%**
Family Practice	100	56%	6%	37%	1%
Internal Medicine-General	198	33%	5%	61%	2%
Pediatrics-General	104	56%	3%	40%	1%
IM & Peds (Combined)	16	56%	0%	44%	0%
Obstetrics/Gynecology	**74**	**50%**	**4%**	**46%**	**0%**
Medicine Subspecialties	**230**	**45%**	**2%**	**51%**	**3%**
Cardiology	54	52%	4%	41%	4%
Gastroenterology	25	36%	0%	60%	4%
Geriatrics	31	42%	0%	58%	0%
Infectious Disease	20	40%	0%	55%	5%
Nephrology	21	48%	0%	52%	0%
Surgery-General	**12**	**17%**	**17%**	**58%**	**8%**
Surgical Subspecialties	**102**	**28%**	**7%**	**61%**	**5%**
Ophthalmology	10	80%	10%	10%	0%
Orthopedics	38	18%	5%	66%	11%
Otolaryngology	13	23%	0%	77%	0%
Urology	18	17%	17%	67%	0%
Facility Based	**140**	**46%**	**4%**	**46%**	**4%**
Anesthesiology-General	65	45%	6%	49%	0%
Pathology	10	60%	0%	20%	20%
Radiology	46	48%	4%	44%	4%
Psychiatry	**89**	**63%**	**1%**	**32%**	**5%**
Adult Psychiatry	44	73%	0%	25%	2%
Child & Adolescent Psych	23	61%	4%	26%	9%
Other	**223**	**47%**	**3%**	**49%**	**1%**
Dermatology	24	50%	0%	50%	0%
Emergency Medicine	110	48%	4%	47%	1%
Neurology	21	62%	10%	29%	0%
Pediatric Subspecialties	31	42%	0%	58%	0%
Physical Medicine & Rehab	23	44%	0%	52%	4%
All Specialties, 2003 (2002)	**1288 (1404)**	**45% (45%)**	**4% (5%)**	**49% (49%)**	**2% (2%)**

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

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

3.2 Principal Practice Setting

Table 3.2 shows the practice setting of graduate's upcoming principal practice. The "Other" category includes "freestanding health center/clinic", "HMO", "military", and "other". On the 2003 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 (49%) of respondents were entering group practices. More than four-fifths of these (84%) were going into groups as employees.
- The vast majority (89%) said they would be employees in their upcoming practices with no level of ownership. Twenty-eight percent (28%) 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 5% of all respondents were planning to enter solo practice, there were a few specialties where more than 10% planned to enter solo practice: Physical Medicine and Rehabilitation (18%), Urology (14%), Otolaryngology (13%), Combined Internal Medicine and Pediatrics (13%), and Adult Psychiatry (12%).
- Thirty-three percent (33%) of respondents were entering hospital based practices. Of these, a little over one-half (52%) were entering inpatient settings and the other graduates were entering either ambulatory care or emergency room settings.

Figure 3.4 Practice Setting of Respondent's Upcoming Principal Practice (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

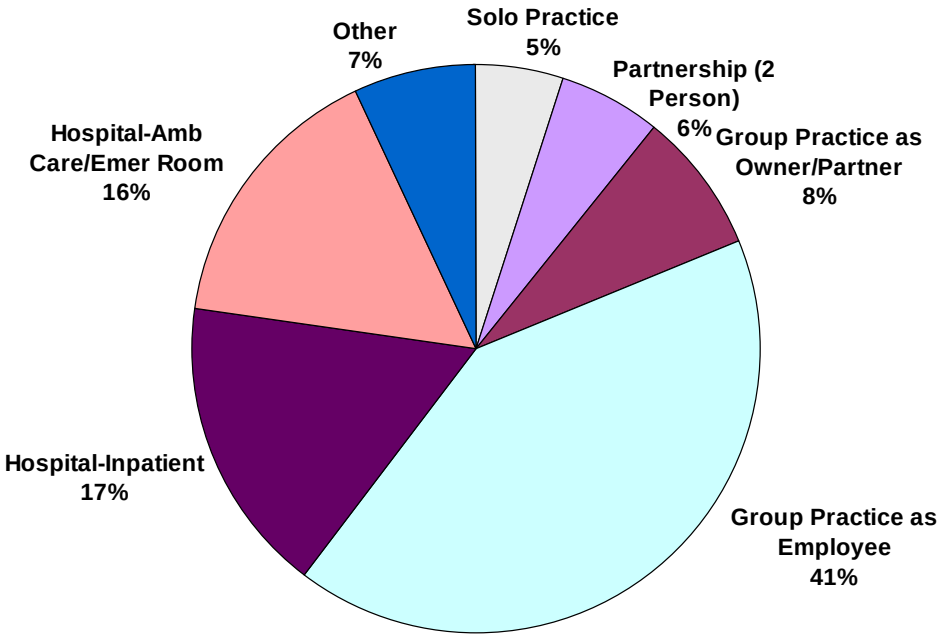


Figure 3.5 Respondent's Level of Ownership in Upcoming Principal Practice (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

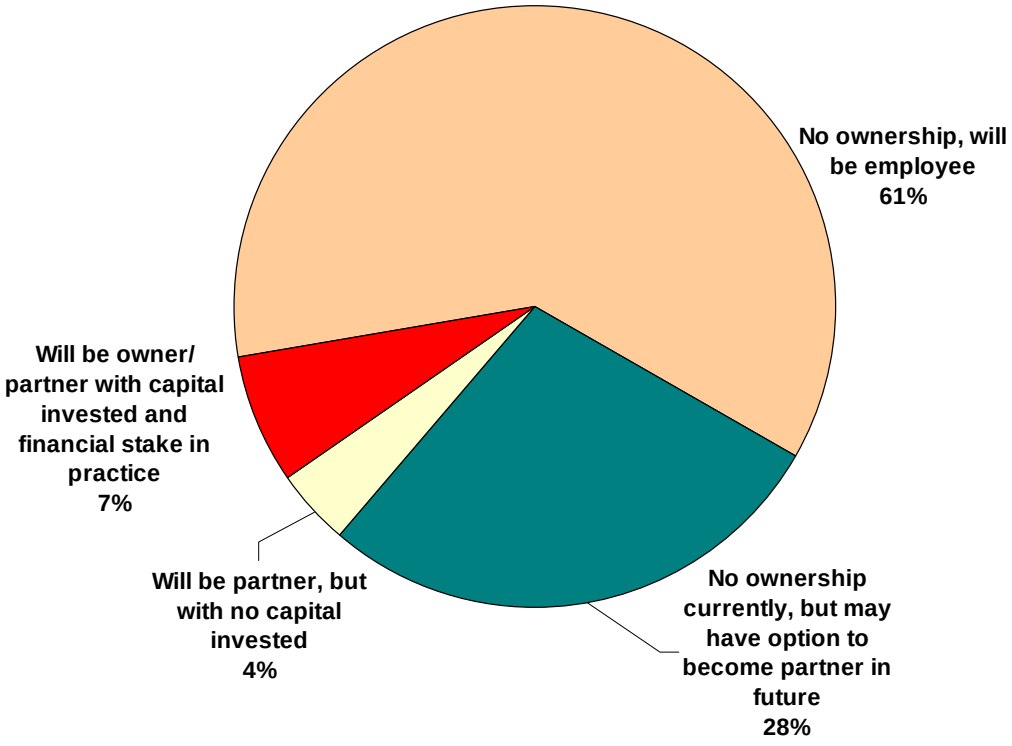


Table 3.2 Practice Setting of Respondent's Upcoming Principal Practice (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

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	**6%**	**6%**	**5%**	**44%**	**17%**	**10%**	**3%**	**8%**
Family Practice	9%	9%	2%	52%	2%	12%	0%	14%
Internal Medicine-General	7%	3%	7%	40%	24%	11%	4%	4%
Pediatrics-General	1%	17%	6%	55%	10%	9%	0%	3%
IM & Peds (Combined)	13%	13%	7%	40%	7%	7%	7%	7%
Obstetrics/Gynecology	**6%**	**9%**	**6%**	**61%**	**12%**	**5%**	**0%**	**2%**
Medicine Subspecialties	**7%**	**8%**	**8%**	**49%**	**17%**	**8%**	**0%**	**4%**
Cardiology	0%	13%	17%	52%	17%	2%	0%	0%
Gastroenterology	9%	12%	6%	46%	15%	6%	0%	6%
Geriatrics	4%	11%	0%	37%	22%	15%	0%	11%
Infectious Disease	0%	7%	0%	43%	7%	36%	0%	7%
Nephrology	5%	0%	14%	73%	9%	0%	0%	0%
Surgery-General	**18%**	**0%**	**18%**	**18%**	**18%**	**0%**	**0%**	**27%**
Surgical Subspecialties	**4%**	**13%**	**17%**	**53%**	**8%**	**1%**	**0%**	**4%**
Ophthalmology	0%	36%	9%	55%	0%	11%	0%	0%
Orthopedics	3%	0%	29%	59%	6%	0%	0%	3%
Otolaryngology	13%	13%	20%	47%	7%	0%	0%	0%
Urology	14%	7%	21%	57%	0%	0%	0%	0%
Facility Based	**2%**	**3%**	**17%**	**52%**	**23%**	**0%**	**0%**	**3%**
Anesthesiology-General	0%	4%	13%	62%	15%	4%	0%	2%
Pathology	0%	0%	29%	43%	29%	0%	0%	0%
Radiology	2%	0%	30%	34%	26%	9%	0%	0%
Psychiatry	**8%**	**0%**	**0%**	**3%**	**41%**	**28%**	**10%**	**11%**
Adult Psychiatry	12%	2%	2%	7%	33%	26%	12%	7%
Child & Adolescent Psych	0%	0%	0%	26%	30%	30%	0%	13%
Other	**3%**	**5%**	**8%**	**30%**	**8%**	**5%**	**39%**	**4%**
Dermatology	5%	23%	9%	59%	0%	5%	0%	0%
Emergency Medicine	0%	0%	5%	15%	1%	0%	77%	2%
Neurology	7%	11%	7%	39%	25%	11%	0%	0%
Pediatric Subspecialties	0%	2%	2%	29%	46%	20%	0%	0%
Physical Medicine & Rehab	18%	0%	0%	47%	18%	18%	0%	0%
All Specialties, 2003	**5%**	**6%**	**8%**	**42%**	**17%**	**8%**	**8%**	**6%**
(All Specialties, 2002)	**(5%)**	**(7%)**	**(9%)**	**(42%)**	**(17%)**	**(8%)**	**(8%)**	**(4%)**

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-fourth (29%) of respondents reported entering practice in inner city locations and another 7% were going to rural locations. Sixteen percent (16%) said they would be practicing in a federal HPSA, a similar percentage was reported in 2001 and 2002.
- Graduates of Pathology (67%), Pediatric Subspecialties (50%), Adult Psychiatry (48%), and Child and Adolescent Psychiatry (41%) were the most likely to be entering practices in the inner city.
- Ophthalmology graduates were entering practice in rural areas at the highest rate (22%). Geriatrics (18%), Surgery–General (18%), and Child and Adolescent Psychiatry (14%) were the next highest rates of graduates planning to enter practice in rural areas.
- Graduates of Pediatric Subspecialties (40%), Geriatrics (29%), Family Practice (29%), and Surgery–General 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 (64%) 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, 17% of USMGs reported entering practice in a HPSA versus only 6% 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 2003 Exit Survey Respondents from Primary Care Specialties with Confirmed Practice Plans)

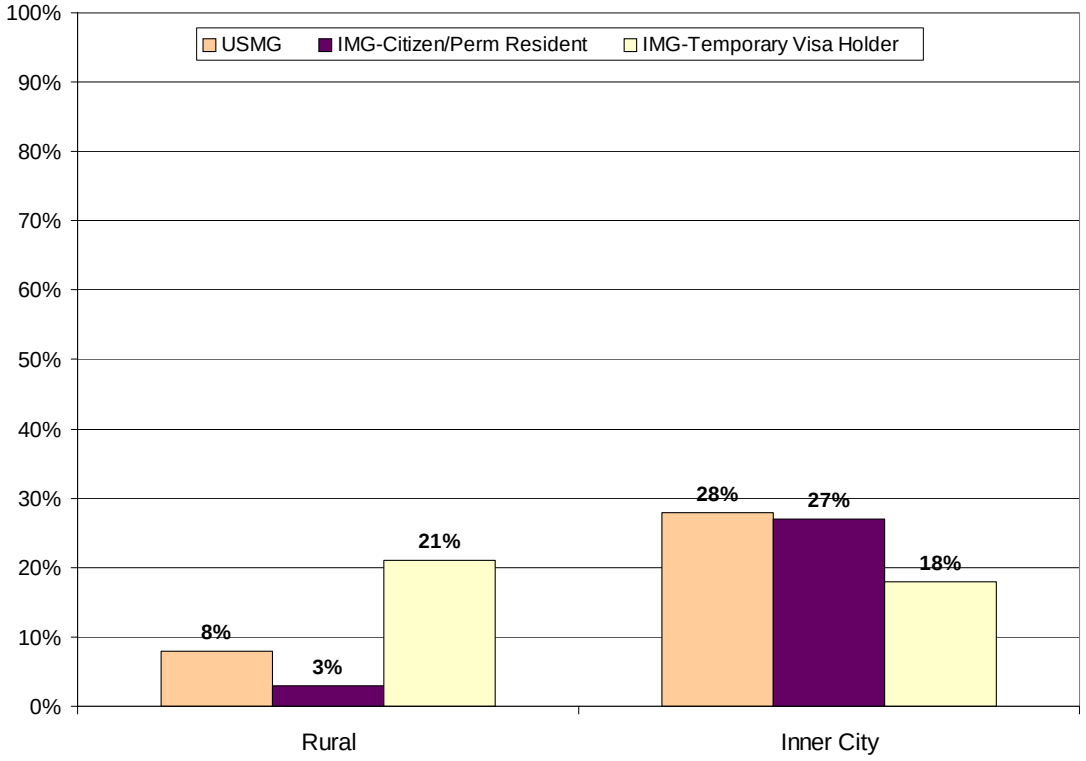


Figure 3.7 Trends in Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School & Citizenship Status (for 2003 Exit Survey Respondents from Primary Care Specialties with Confirmed Practice Plans)

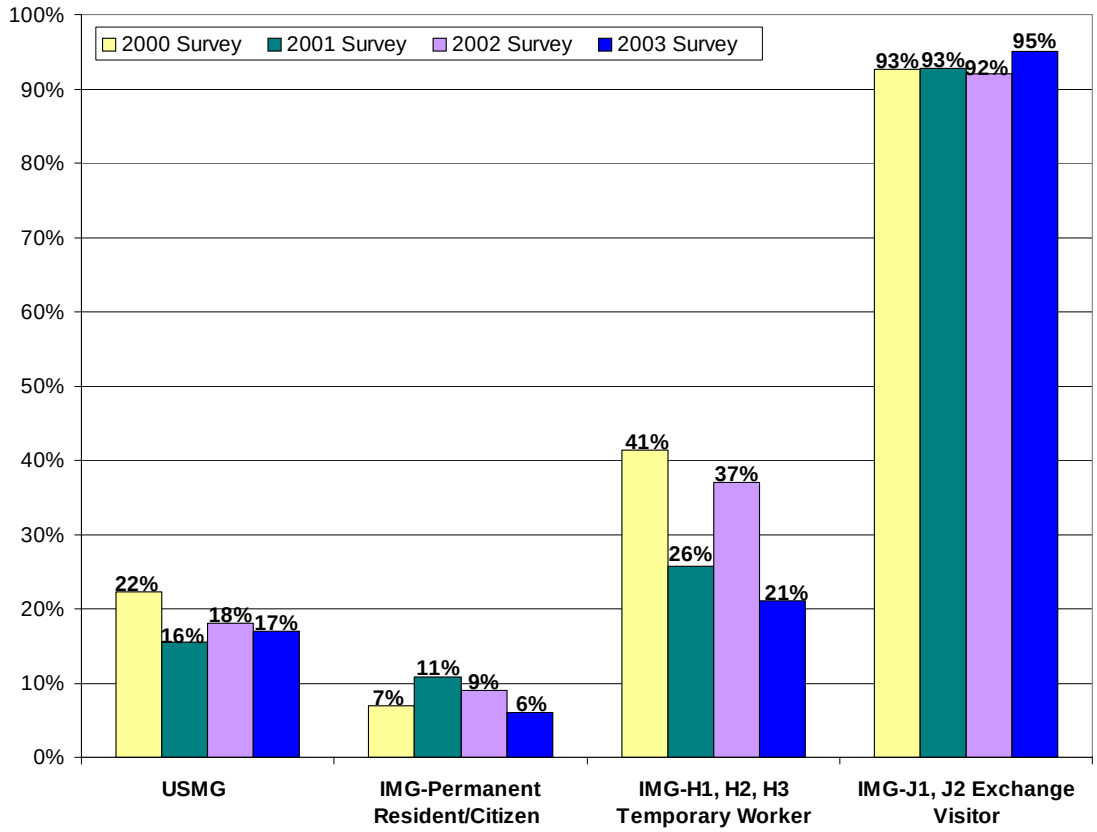


Table 3.3 Demographics of Practice Location (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	DEMOGRAPHICS: Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA
Primary Care	**25%**	**15%**	**33%**	**18%**	**9%**	**22%**
Family Practice	25%	14%	34%	17%	11%	29%
Internal Medicine-General	22%	15%	31%	22%	10%	21%
Pediatrics-General	32%	13%	38%	14%	4%	16%
IM & Peds (Combined)	31%	31%	19%	6%	13%	13%
Obstetrics/Gynecology	**26%**	**30%**	**38%**	**4%**	**1%**	**8%**
Medicine Subspecialties	**27%**	**18%**	**30%**	**16%**	**8%**	**19%**
Cardiology	30%	17%	38%	8%	8%	16%
Gastroenterology	16%	20%	38%	16%	4%	17%
Geriatrics	30%	12%	44%	21%	18%	29%
Infectious Disease	26%	16%	18%	16%	5%	18%
Nephrology	38%	14%	37%	14%	5%	10%
Surgery-General	**18%**	**18%**	**9%**	**36%**	**18%**	**20%**
Surgical Subspecialties	**16%**	**31%**	**39%**	**8%**	**5%**	**4%**
Ophthalmology	22%	22%	33%	0%	22%	0%
Orthopedics	17%	42%	31%	8%	3%	3%
Otolaryngology	15%	31%	46%	8%	0%	0%
Urology	6%	22%	56%	6%	11%	6%
Facility Based	**37%**	**19%**	**28%**	**12%**	**5%**	**8%**
Anesthesiology-General	39%	17%	29%	12%	3%	8%
Pathology	67%	11%	11%	11%	0%	0%
Radiology	28%	20%	30%	13%	9%	9%
Psychiatry	**39%**	**25%**	**23%**	**8%**	**8%**	**17%**
Adult Psychiatry	48%	23%	14%	10%	0%	10%
Child & Adolescent Psych	41%	17%	23%	0%	14%	15%
Other	**35%**	**20%**	**31%**	**11%**	**3%**	**13%**
Dermatology	26%	17%	48%	9%	0%	0%
Emergency Medicine	39%	16%	30%	9%	5%	10%
Neurology	15%	25%	50%	5%	5%	5%
Pediatric Subspecialties	50%	23%	13%	13%	0%	40%
Physical Medicine & Rehab	27%	32%	18%	23%	0%	14%
All Specialties, 2003 (2002)	**29% (27%)**	**20% (21%)**	**31% (32%)**	**14% (15%)**	**7% (7%)**	**16% (15%)**

[10]HPSA = Health Professionals Shortage Area.

3.4 Expected Starting Income

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

Highlights

- Although there is considerable overlap in the salary distributions of primary care and non-primary care physicians, non-primary care physicians generally reported higher incomes.
- Individual specialties with the highest median starting income (rounded to the nearest hundred dollars) were Radiology ($214,500), Dermatology ($205,800), Cardiology ($201,450), and Anesthesiology–General ($199,300).
- Pediatrics-General had by far the lowest starting income of all specialties ($99,700). Other specialties with low starting incomes included Child and Adolescent Psychiatry ($114,400), Family Practice ($116,600), Pediatric Subspecialties ($121,800), and Combined Internal Medicine and Pediatrics ($121,900).
- Among the specialty groups, Primary Care had the lowest starting income ($117,900). Conversely, Facility Based ($198,500) and Surgical Subspecialties ($175,600) were highest.

Figure 3.8 Descriptive Statistics for Starting Income (in $1,000s) by Specialty Group (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

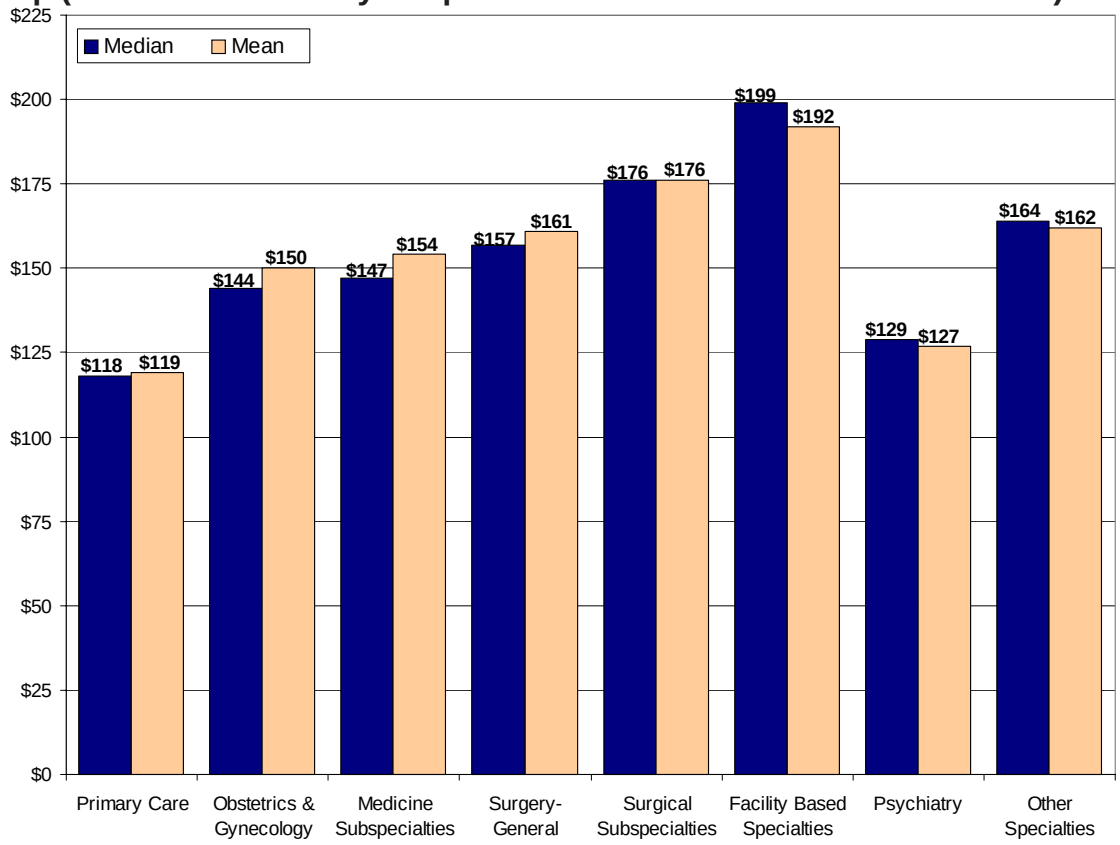


Figure 3.9 Distribution of Starting Income by Primary Care vs. Non-Primary Care (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

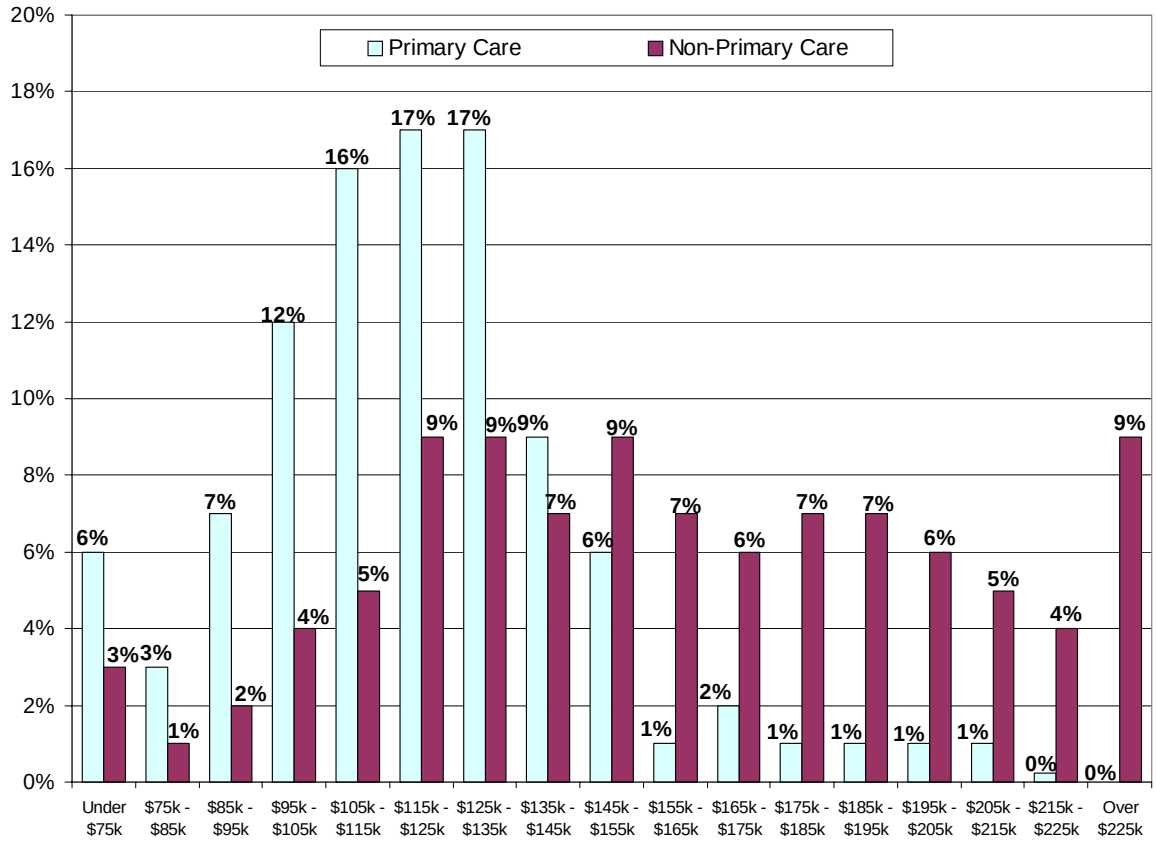


Figure 3.10 Rank of Median Starting Income (in 1,000s) by Specialty (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

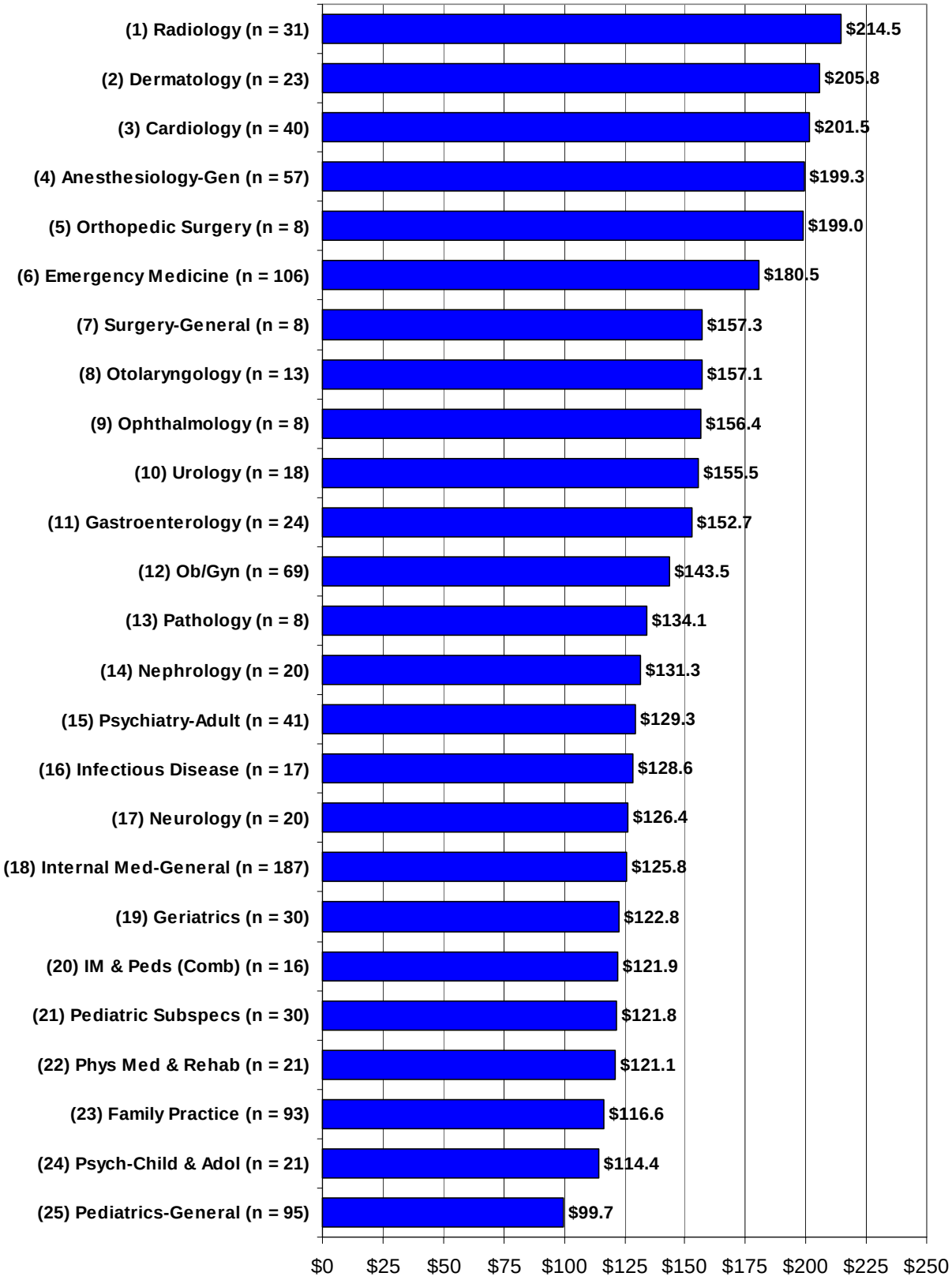


Table 3.4 Descriptive Statistics for Respondent's Expected Starting Income (for 2003 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK[11] (of 25)	MEDIAN	RANK (of 25)
Primary Care	**391**	**$118,753**	N/A	**$117,900**	N/A
Family Practice	93	$118,029	24	$116,600	23
Internal Medicine-General	187	$126,604	18	$125,800	18
Pediatrics-General	95	$103,101	25	$99,700	25
IM & Peds (Combined)	16	$124,131	21	$121,900	20
Obstetrics/Gynecology	**69**	**$149,594**	**11**	**$143,500**	**12**
Medicine Subspecialties	**204**	**$154,101**	N/A	**$147,000**	N/A
Cardiology	40	$197,517	4	$201,450	3
Gastroenterology	24	$157,895	9	$152,650	11
Geriatrics	30	$126,283	19	$122,800	19
Infectious Disease	17	$134,200	14	$128,600	16
Nephrology	20	$132,065	15	$131,300	14
Surgery-General	**8**	**$161,213**	**8**	**$157,250**	**7**
Surgical Subspecialties	**84**	**$176,388**	N/A	**$175,600**	N/A
Ophthalmology	8	$145,838	12	$156,400	9
Orthopedics	27	$191,222	5	$199,000	5
Otolaryngology	13	$157,462	10	$157,100	8
Urology	18	$170,200	7	$155,500	10
Facility Based	**111**	**$192,201**	N/A	**$198,500**	N/A
Anesthesiology-General	57	$198,895	3	$199,300	4
Pathology	8	$134,600	13	$134,100	13
Radiology	31	$202,229	1	$214,500	1
Psychiatry	**82**	**$127,360**	N/A	**$128,600**	N/A
Adult Psychiatry	41	$123,559	23	$129,300	15
Child & Adolescent Psych	21	$127,352	16	$114,400	24
Other	**212**	**$162,220**	N/A	**$163,650**	N/A
Dermatology	23	$199,547	2	$205,800	2
Emergency Medicine	106	$182,428	6	$180,500	6
Neurology	20	$127,145	17	$126,400	20
Pediatric Subspecialties	30	$123,693	22	$121,800	21
Physical Medicine & Rehab	21	$124,900	20	$150,350	22
Total (All Specialties)	**1161**	**$146,827**	N/A	**$137,500**	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 8% fewer hours than males. Therefore, it is important to control for this factor in making comparisons across specialties. The data presented in Table 3.5 is an aggregation of all responses to this from both the 2002 and 2003 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 45.8 hours per week in patient care/clinical practice activities.
- As noted above, females expected to work about 8% fewer patient care hours than males (43.7 versus 47.2). This gender difference was greatest in Neurology (32%), Ophthalmology (29%), Infectious Disease (18%), and Otolaryngology (16%).
- Graduates of the following individual specialties expected to be working the highest number of hours: Surgery–General (55.5), Cardiology (53.5), Orthopedics (53.2), and Nephrology (52.2).
- Graduates expected to be working fewer than 40 patient care/clinical practice hours per week in Emergency Medicine (35.9), Dermatology (36.7), Child and Adolescent Psychiatry (38.9), and Adult Psychiatry (39.3).

Figure 3.11 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours by Specialty (for 2002 and 2003 Exit Survey Respondents with Confirmed Practice Plans)

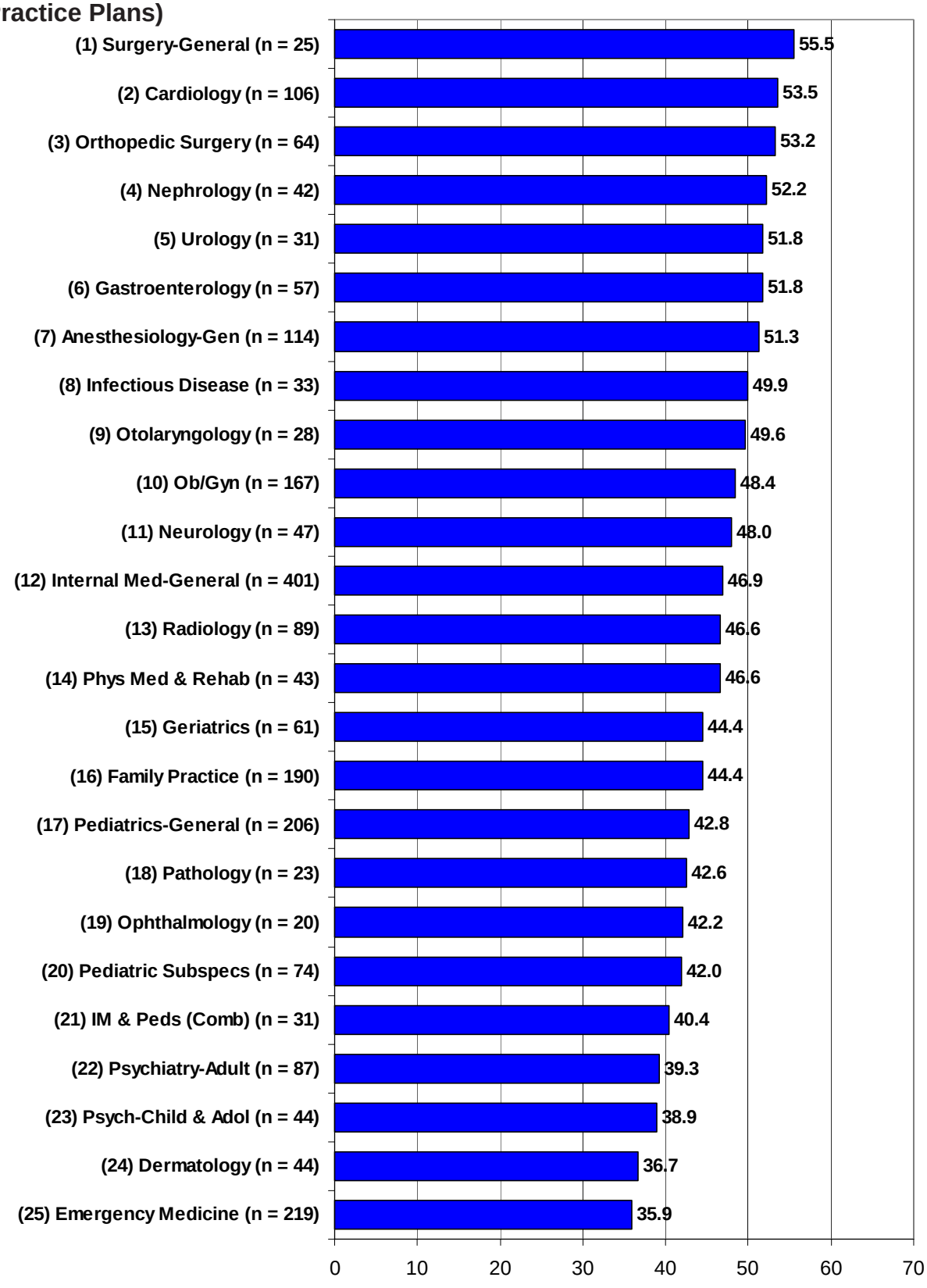


Table 3.5 Respondent's Expected Weekly Number of Patient Care/Clinical Practice Hours by Gender (for 2002 and 2003 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**46.0**	**44.1**	**45.1**
Family Practice	44.3	44.6	44.4
Internal Medicine-General	47.6	45.7	46.9
Pediatrics-General	43.5	42.5	42.8
IM & Peds (Combined)	42.5	37.9	40.4
Obstetrics/Gynecology	**48.7**	**48.3**	**48.4**
Medicine Subspecialties	**51.6**	**45.1**	**49.7**
Cardiology	54.1	51.2	53.5
Gastroenterology	51.3	55.3 (n = 9)	51.8
Geriatrics	47.5	40.3	44.4
Infectious Disease	49.7	50.4	49.9
Nephrology	52.0	53.5 (n = 6)	52.2
Surgery-General	**56.1**	**52.3** (n = 4)	**55.5**
Surgical Subspecialties	**53.3**	**50.8**	**53.0**
Ophthalmology	43.6	33.7 (n = 3)	42.2
Orthopedics	53.1	54.0 (n = 6)	53.2
Otolaryngology	51.1	44.0 (n = 6)	49.6
Urology	51.3	54.8 (n = 4)	51.8
Facility Based	**50.0**	**46.9**	**48.9**
Anesthesiology-General	51.3	51.3	51.3
Pathology	44.6 (n = 7)	41.7	42.6
Radiology	47.8	43.6	46.6
Psychiatry	**40.2**	**38.1**	**39.1**
Adult Psychiatry	41.2	37.3	39.3
Child & Adolescent Psych	39.4	38.4	38.9
Other	**40.1**	**38.5**	**39.5**
Dermatology	38.9	34.9	36.7
Emergency Medicine	36.2	35.1	35.9
Neurology	51.4	39.0	48.0
Pediatric Subspecialties	42.1	41.9	42.0
Physical Medicine & Rehab	46.2	47.1	46.6
Total (All Specialties)	**47.2**	**43.7**	**45.8**

[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 2002 and 2003 surveys to increase the number of respondents by specialty allowing more specialties to be stratified by gender. Patient care/clinical practice hours has been stratified by gender because females expected to work significantly fewer hours than males.

Section IV

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

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

Each subsection within Section IV summarizes the responses to a question on: the 2003 survey, the aggregated total of all respondents for the 2002 and 2003 surveys and either the aggregated total of all respondents for the last four years the survey has been conducted or a trend over the last four years the survey has been conducted. For each item,specialties are ranked to determine where each specialty stands relative to all 25 specialties. In Section 4.7, composite measures of demand are computed using all demand variables to measure the relative demand for each specialty.

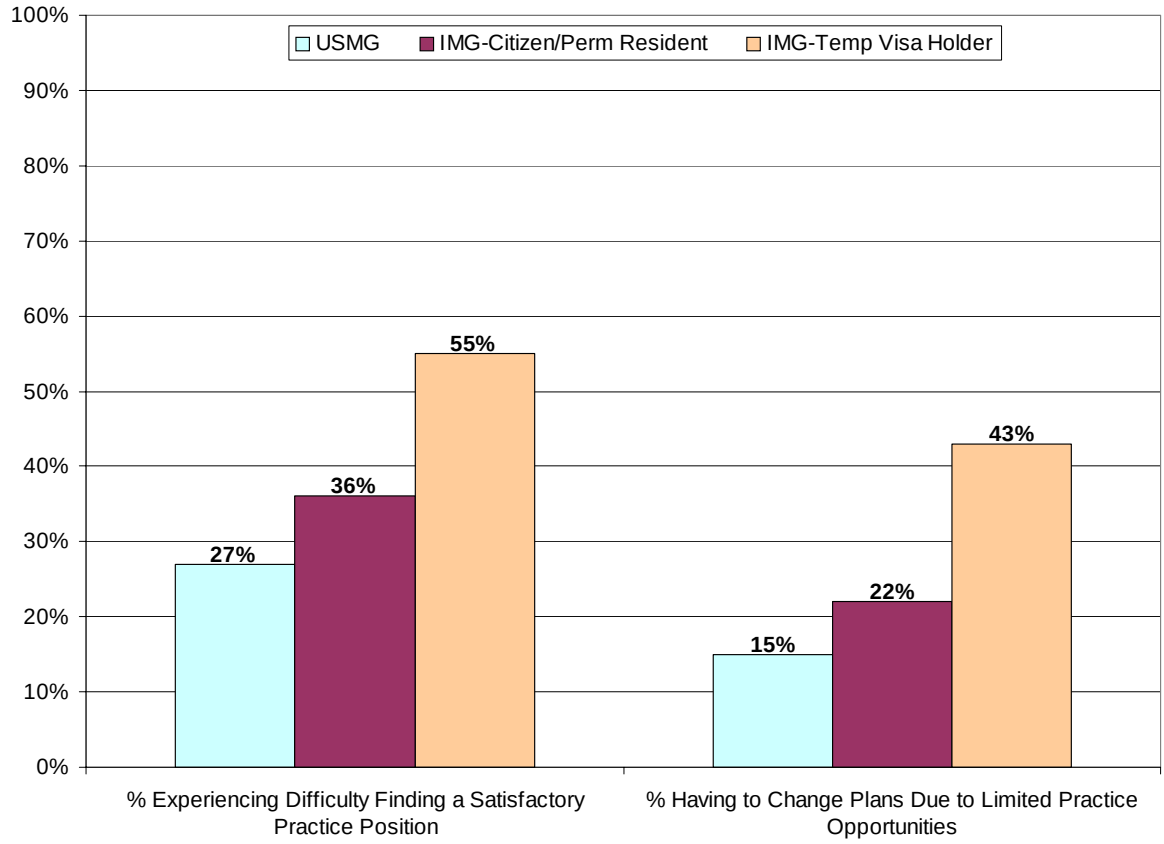
4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

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 2003 survey, the aggregated total of responses for 2002 and 2003, and the aggregated responses for the last four years of the survey.

Highlights

- About one-third (31%) of respondents reported difficulty finding a satisfactory position. This percentage did not change much from the previous years (30%). For the specialty groupings, Primary Care (43%) and Surgery-General (41%) had the highest percent of respondents reporting difficulty in 2003.
- The most often cited "main reason for difficulty finding a practice position" was a "lack of jobs in desired locations" (45%) followed by an "overall lack of jobs" (13%).

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 2003 Exit Survey Respondents Who Have Searched for a Job)

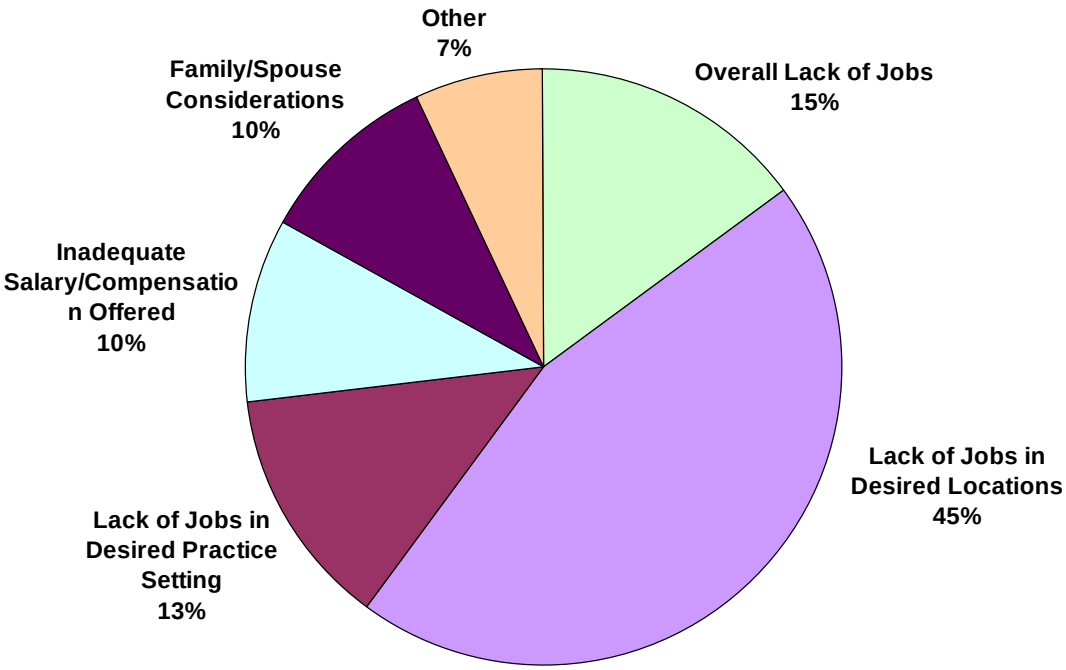


- Specialties where at least one-half of respondents reported difficulty finding a satisfactory position were Ophthalmology (65%) and Pathology (50%). Graduates of Child and Adolescent Psychiatry (5%) and Urology (13%) had the least difficulty.

- 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., 2002 and 2003 aggregated) were Ophthalmology (50%), Internal Medicine-General (49%), Pathology (43%), Pediatrics–General (43%), and Geriatrics (43%).

- When examining the difficulty finding a satisfactory position for the last four years of the survey, the specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position were Pathology (51%), Internal Medicine–General (51%), Physical Medicine and Rehabilitation (45%), Pediatrics–General (43%), and Geriatrics (42%).

Figure 4.2 Main Reason for Difficulty Finding a Satisfactory Practice Position (of 2003 Exit Survey Respondents Who Reported Having Difficulty, IMGs on Temporary Visas Excluded)



- 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 4.3 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)

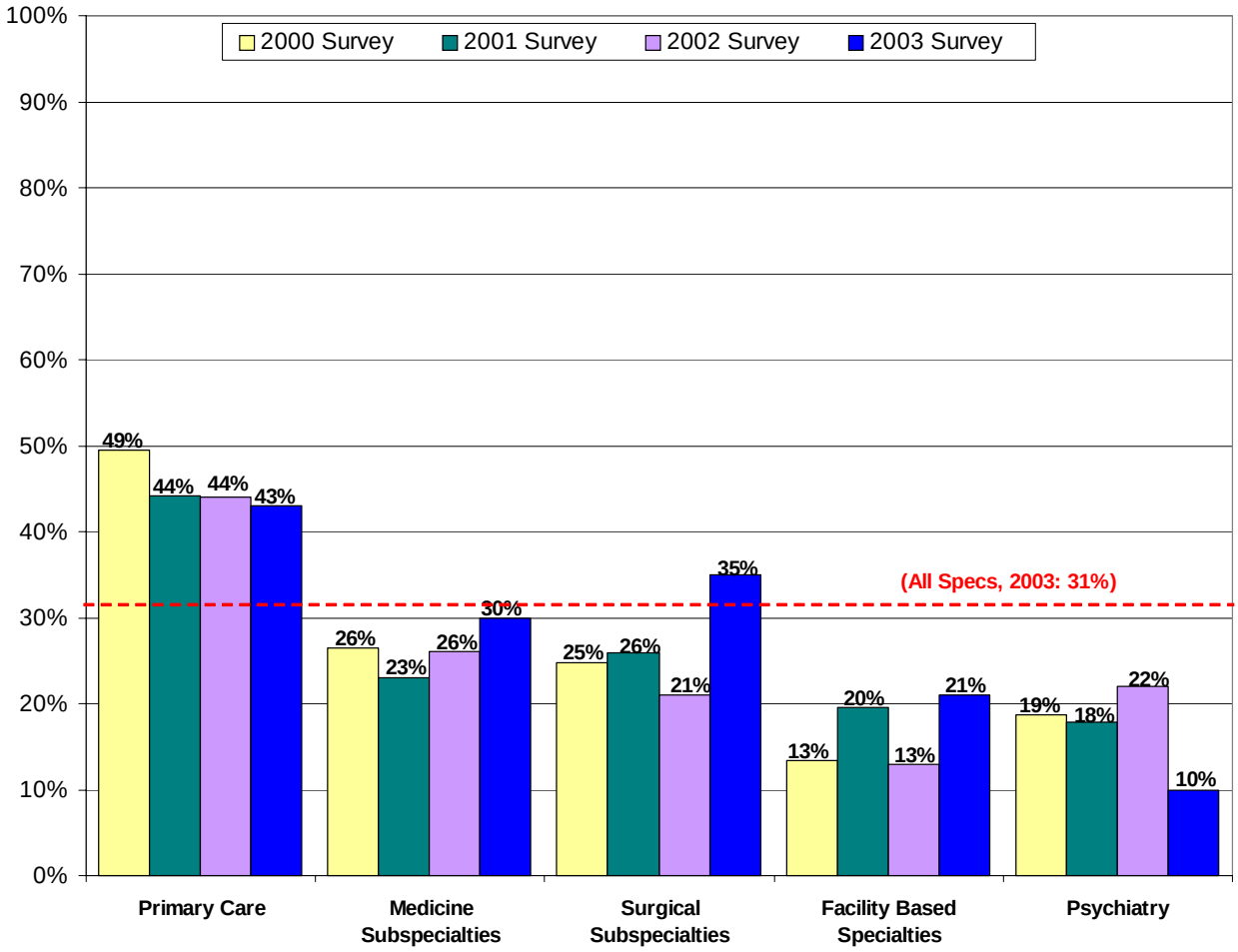


Figure 4.4 Rank of Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty (of 2003 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

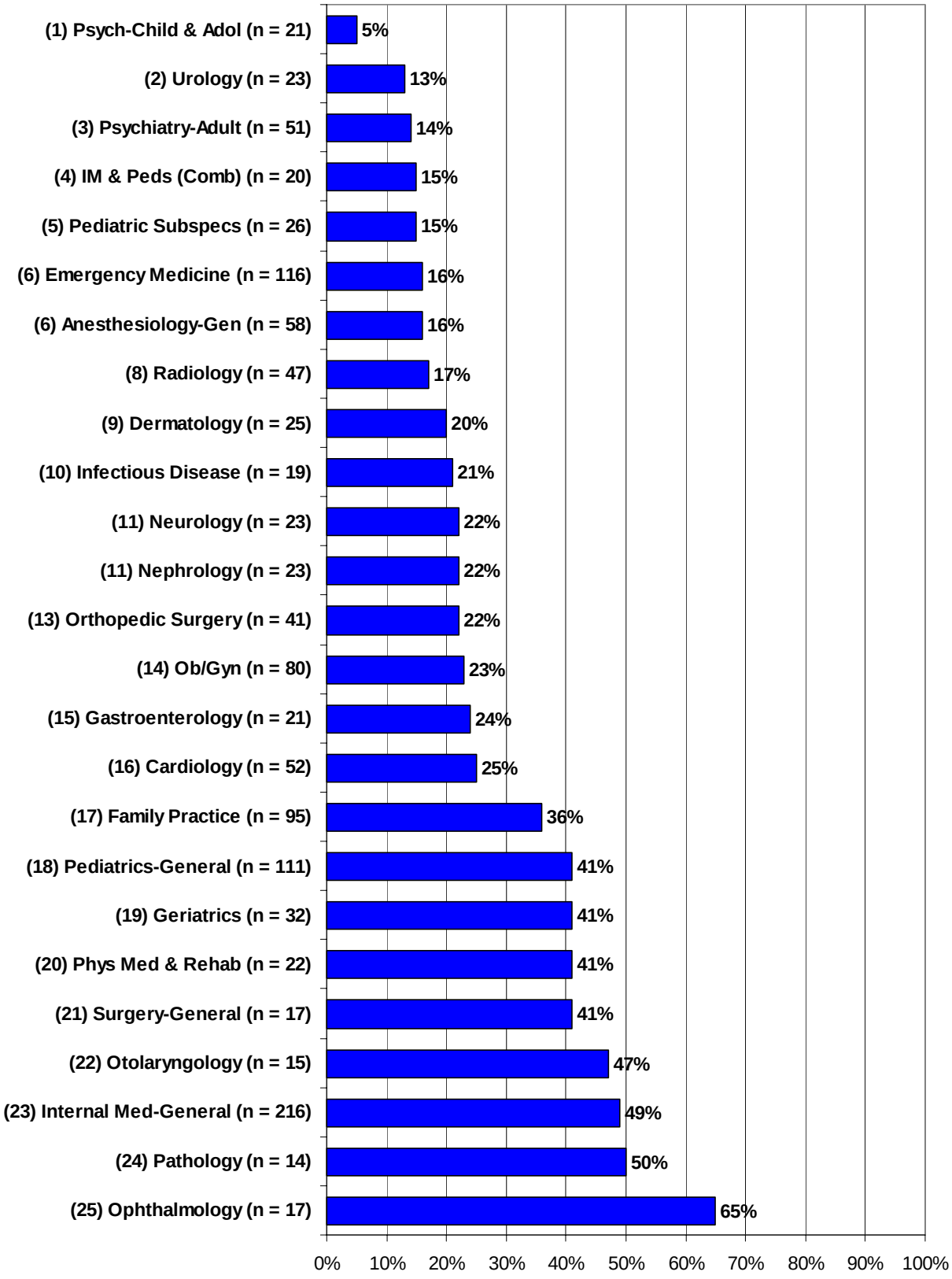


Table 4.1 Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position (of Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded*)

Specialty	2003 Respondents	RANK (of 25)	Aggregated Respondents: 2002 and 2003	RANK (of 25)	All Respondents (Aggregated: 2000 thru 2003)	RANK (of 25)
Primary Care	**43%**	N/A	**43%**	N/A	**45%**	N/A
Family Practice	36%	17	36%	18	39%	18
Internal Medicine-General	49%	23	49%	24	51%	24
Pediatrics-General	41%	18	43%	23	43%	21
IM & Peds (Combined)	15%	4	23%	12	29%	17
Obstetrics/Gynecology	**23%**	14	**24%**	14	**28%**	16
Medicine Subspecialties	**30%**	N/A	**28%**	N/A	**27%**	N/A
Cardiology	25%	16	20%	8	20%	9
Gastroenterology	24%	15	20%	9	17%	6
Geriatrics	41%	19	43%	21	42%	20
Infectious Disease	21%	10	23%	11	21%	11
Nephrology	22%	11	24%	15	26%	15
Surgery-General	**41%**	21	**43%**	20	**43%**	22
Surgical Subspecialties	**35%**	N/A	**28%**	N/A	**27%**	N/A
Ophthalmology	65%	25	50%	25	41%	19
Orthopedics	22%	13	21%	10	20%	9
Otolaryngology	47%	22	26%	16	25%	14
Urology	13%	2	10%	1	12%	3
Facility Based	**21%**	N/A	**17%**	N/A	**17%**	N/A
Anesthesiology-General	16%	6	10%	2	10%	1
Pathology	50%	24	43%	21	51%	25
Radiology	17%	8	18%	6	14%	4
Psychiatry	**10%**	N/A	**16%**	N/A	**17%**	N/A
Adult Psychiatry	14%	3	18%	7	17%	7
Child & Adolescent Psych	5%	1	14%	3	17%	5
Other	**22%**	N/A	**21%**	N/A	**21%**	N/A
Dermatology	20%	9	26%	17	19%	8
Emergency Medicine	16%	6	14%	4	12%	2
Neurology	22%	11	23%	12	22%	12
Pediatric Subspecialties	15%	5	16%	5	24%	13
Physical Medicine & Rehab	41%	20	41%	19	45%	23
Total (All Specialties)	**31%**	N/A	**30%**	N/A	**31%**	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 percent of respondents who had to change their plans due to limited practice opportunities. The three columns in this table are analogous to those presented in Table 4.1.

Highlights

- Eighteen percent (18%) of respondents reported having to change their plans due to limited job opportunities, which was almost the same as the results from the 2002 survey.
- Dermatology (0%), Urology (5%), Child and Adolescent Psychiatry (5%), Combined Internal Medicine and Pediatrics (5%), and Anesthesiology–General had the fewest graduates having to change plans in 2003. Graduates of Ophthalmology (35%), Infectious Disease (33%), and Physical Medicine and Rehabilitation (32%), and Surgery–General (29%) were the most likely to change plans.

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)

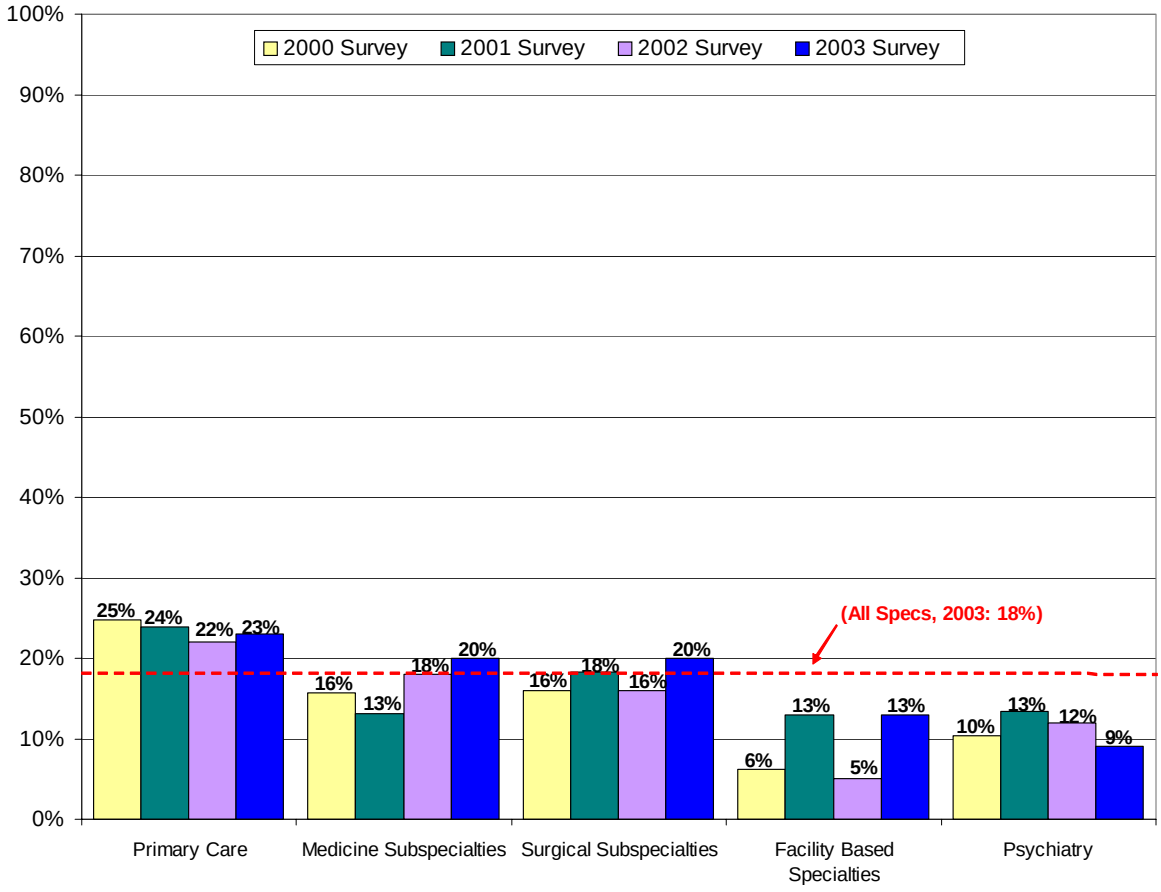


Figure 4.6 Rank of Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty (of 2003 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

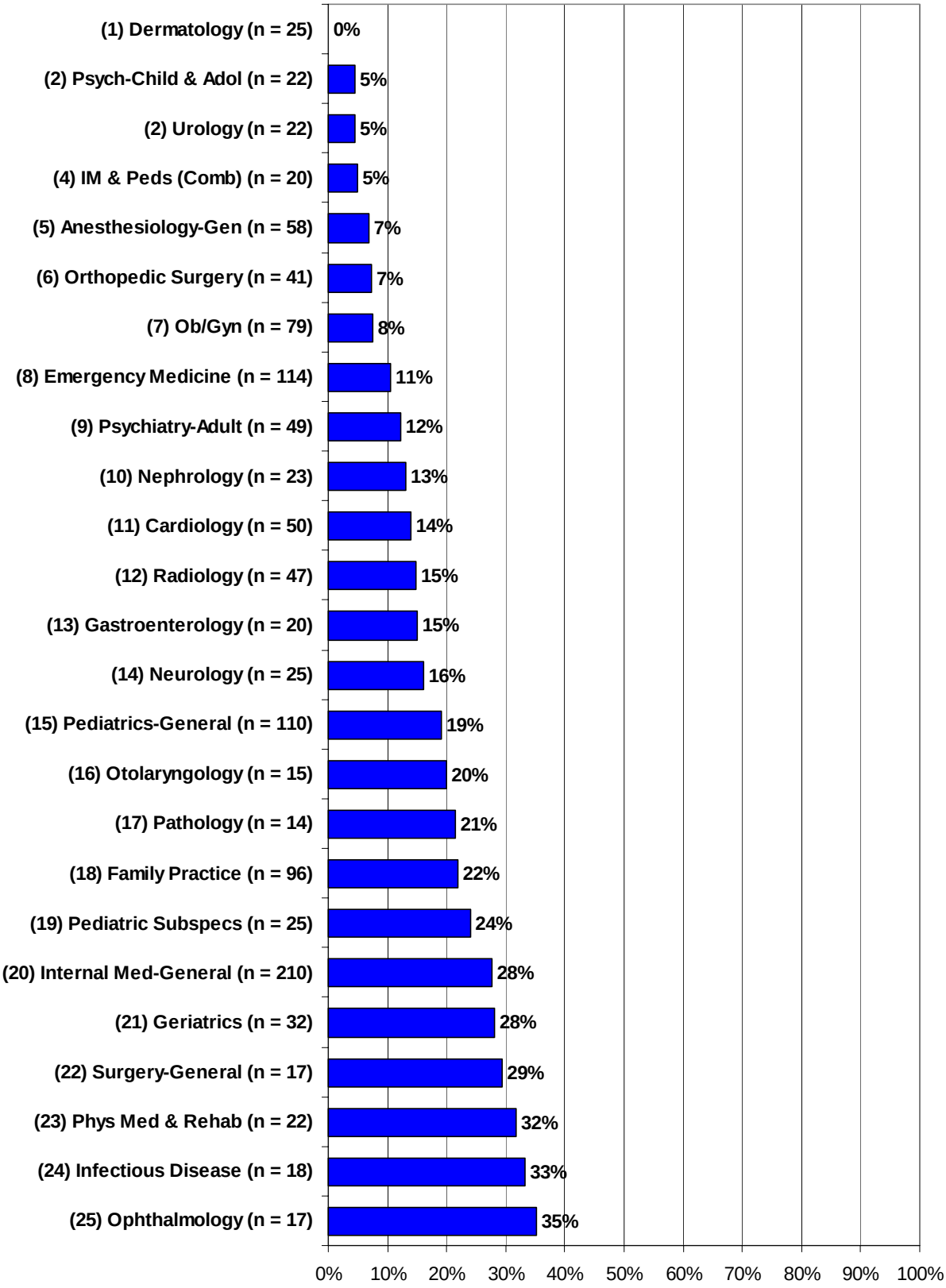


Table 4.2 Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2003 Respondents	RANK (of 25)	Aggregated Respondents: 2002 and 2003	RANK (of 25)	All Respondents (Aggregated: 2000 thru 2003)	RANK (of 25)
Primary Care	**23%**	N/A	**22%**	N/A	**23%**	N/A
Family Practice	22%	18	19%	18	22%	19
Internal Medicine-General	28%	20	26%	22	26%	24
Pediatrics-General	19%	15	23%	19	22%	18
IM & Peds (Combined)	5%	4	3%	1	13%	11
Obstetrics/Gynecology	**8%**	7	**9%**	5	**12%**	10
Medicine Subspecialties	**20%**	N/A	**19%**	N/A	**17%**	N/A
Cardiology	14%	11	13%	12	11%	8
Gastroenterology	15%	13	13%	10	11%	9
Geriatrics	28%	21	23%	20	21%	17
Infectious Disease	33%	24	33%	25	25%	22
Nephrology	13%	10	14%	13	16%	15
Surgery-General	**29%**	22	**26%**	21	**23%**	20
Surgical Subspecialties	**20%**	N/A	**18%**	N/A	**18%**	N/A
Ophthalmology	35%	25	29%	23	25%	23
Orthopedics	7%	6	13%	10	15%	14
Otolaryngology	20%	16	17%	16	15%	13
Urology	5%	2	3%	1	4%	1
Facility Based	**13%**	N/A	**9%**	N/A	**9%**	N/A
Anesthesiology-General	7%	5	4%	3	4%	2
Pathology	21%	17	14%	14	24%	21
Radiology	15%	12	12%	9	10%	6
Psychiatry	**9%**	N/A	**11%**	N/A	**11%**	N/A
Adult Psychiatry	12%	9	10%	6	11%	7
Child & Adolescent Psych	5%	2	7%	4	9%	4
Other	**15%**	N/A	**16%**	N/A	**14%**	N/A
Dermatology	0%	1	10%	7	9%	4
Emergency Medicine	11%	8	11%	8	9%	3
Neurology	16%	14	17%	16	15%	12
Pediatric Subspecialties	24%	19	16%	15	18%	16
Physical Medicine & Rehab	32%	23	30%	24	27%	25
Total (All Specialties)	**18%**	N/A	**17%**	N/A	**17%**	N/A

- The specialties that had the lowest percentage of respondents change their plans over the last two years (aggregated results from the 2002 and 2003 surveys) were Urology (3%), Combined Internal Medicine and Pediatrics (3%), Anesthesiology–General (4%), and Child and Adolescent Psychiatry (7%). For the last two years, the specialties with the highest percentage of graduates changing plans were Infectious Disease (33%), Physical Medicine and Rehabilitation (30%), Ophthalmology (29%), Internal Medicine–General (26%), and Surgery–General (26%).

- The specialties with the lowest percentages of respondents reporting that they had to change plans for the last four years of the survey were Urology (4%), Anesthesiology–General (4%), Child and Adolescent Psychiatry (9%), Dermatology (9%), and Emergency Medicine (9%). 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 Physical Medicine and Rehabilitation (27%), Internal Medicine–General (26%), Infectious Disease (25%), Ophthalmology (25%), and Pathology (24%).

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 starting income trends, was double weighted in computing the composite measure of demand.

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)

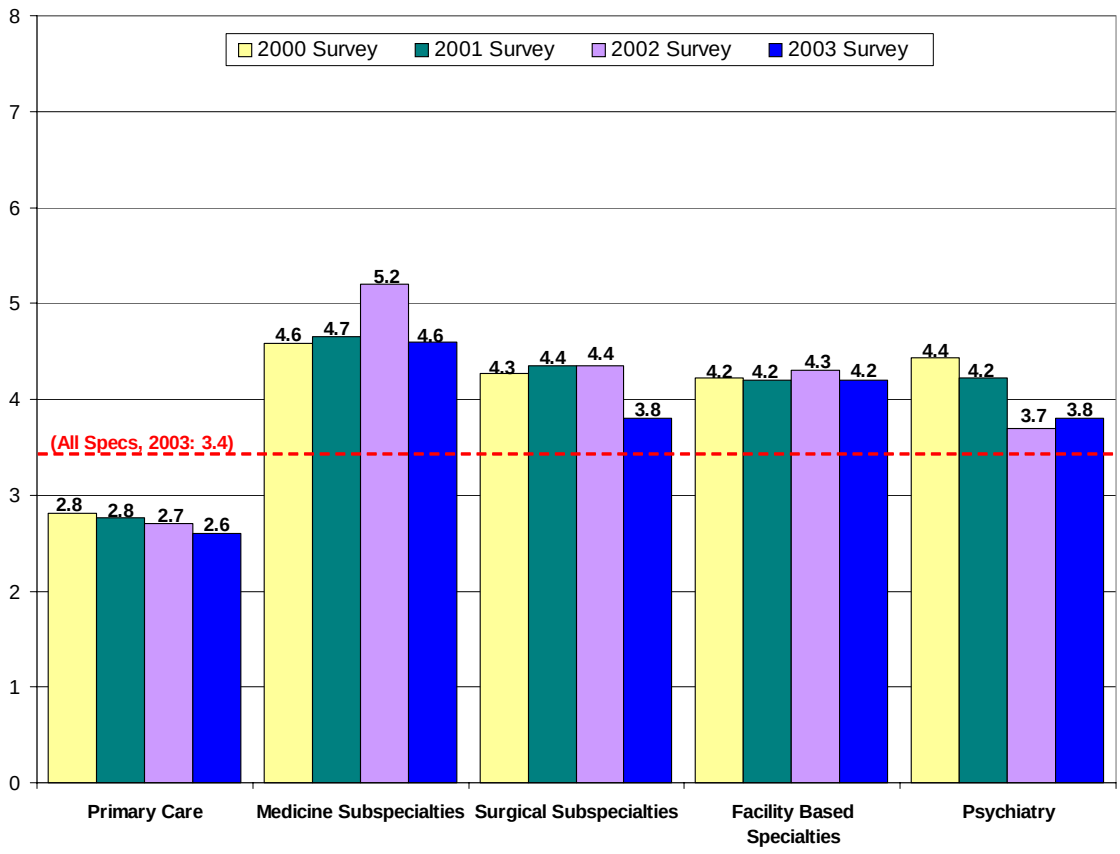


Figure 4.8 Rank of Mean Number of Job Offers Received by Respondents by Specialty (of 2003 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

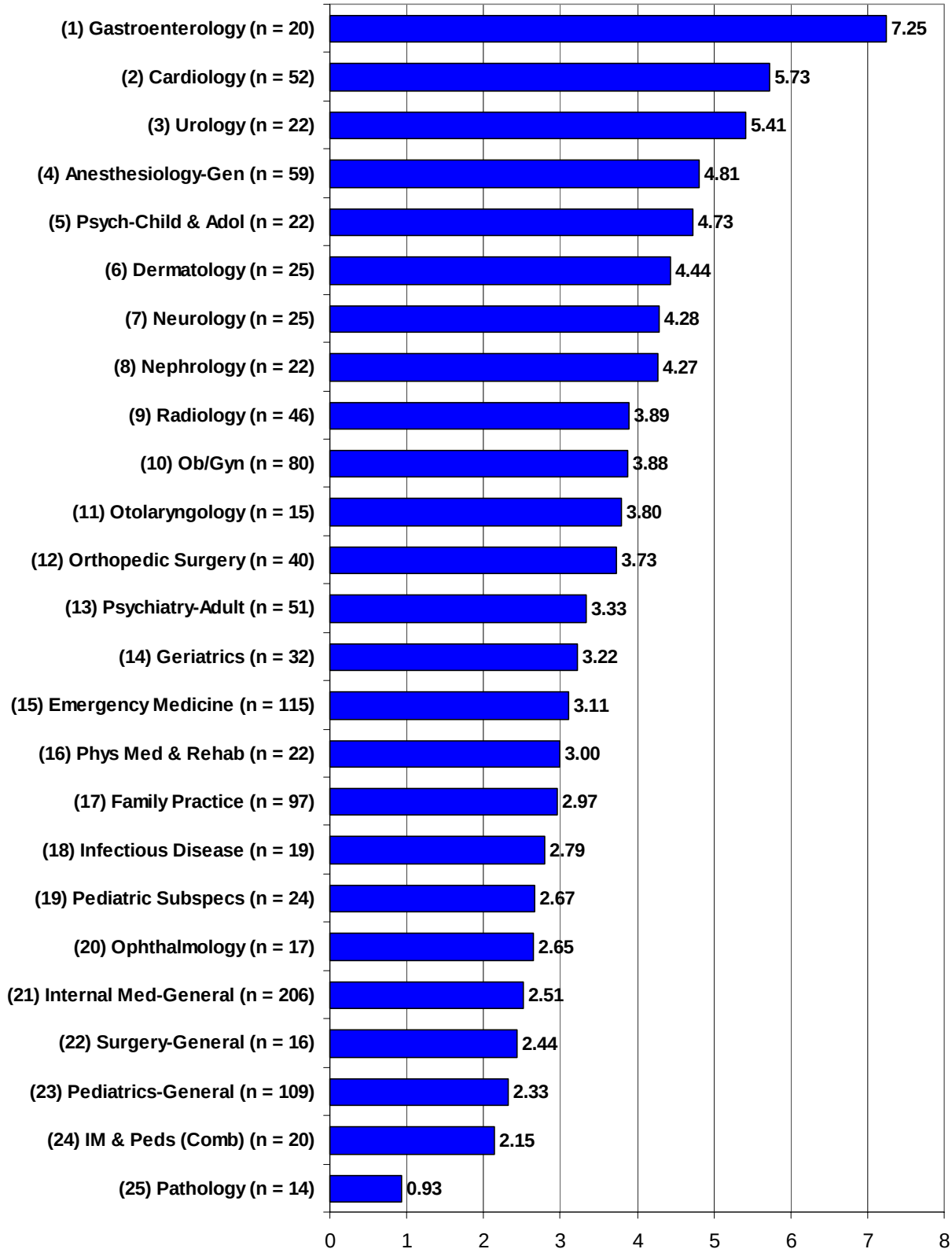


Table 4.3 Mean Number of Job Offers Received by Respondents (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2003 Respondents	RANK (of 25)	Aggregated Respondents: 2002 and 2003	RANK (of 25)	Trend (Average Annual Change: 2000 to 2003)	RANK (of 25)
Primary Care	**2.55**	N/A	**2.61**	N/A	**-3%**	N/A
Family Practice	2.97	17	3.00	18	-5%	17
Internal Medicine-General	2.51	21	2.50	23	-3%	14
Pediatrics-General	2.33	23	2.43	24	4%	8
IM & Peds (Combined)	2.15	24	2.68	22	-8%	20
Obstetrics/Gynecology	**3.87**	10	**3.94**	12	**-3%**	15
Medicine Subspecialties	**4.65**	N/A	**4.93**	N/A	**1%**	N/A
Cardiology	5.73	2	5.73	2	4%	7
Gastroenterology	7.25	1	7.04	1	11%	3
Geriatrics	3.22	14	3.37	14	-3%	13
Infectious Disease	2.79	18	3.34	16	-7%	19
Nephrology	4.27	8	4.87	5	-1%	11
Surgery-General	**2.44**	22	**2.81**	20	**5%**	5
Surgical Subspecialties	**3.85**	N/A	**4.13**	N/A	**-3%**	N/A
Ophthalmology	2.65	20	3.15	17	10%	4
Orthopedics	3.72	12	4.39	9	-8%	21
Otolaryngology	3.80	11	4.39	10	-2%	12
Urology	5.41	3	5.50	3	3%	9
Facility Based	**4.19**	N/A	**4.24**	N/A	**0%**	N/A
Anesthesiology-General	4.81	4	4.73	6	2%	10
Pathology	0.93	25	1.90	25	16%	1
Radiology	3.89	9	4.27	11	-10%	24
Psychiatry	**3.84**	N/A	**3.75**	N/A	**-9%**	N/A
Adult Psychiatry	3.33	13	3.36	15	-6%	18
Child & Adolescent Psych	4.73	5	4.64	7	-9%	23
Other	**3.30**	N/A	**3.63**	N/A	**-6%**	N/A
Dermatology	4.44	6	5.14	4	-18%	25
Emergency Medicine	3.11	15	3.59	13	-9%	22
Neurology	4.28	7	4.54	8	14%	2
Pediatric Subspecialties	2.67	19	2.69	21	5%	6
Physical Medicine & Rehab	3.00	16	4.02	19	-4%	16
Total (All Specialties)	**3.48**	N/A	**3.61**	N/A	**-2%**	N/A

Highlights

- The average number of job offers received by graduates in 2003 was 3.48, down from the number received by graduates in 2002 (3.74). Gastroenterologists (7.25), Cardiologists (5.73), Urologists (5.41), and Anesthesiology–General (4.81) received the most job offers in 2003 while Pathologists (0.98) received the fewest.

- Pathologists (+16%), Neurology (+14%), and Gastroenterology (+11%) were the specialties showing the greatest average annual increases in job offers. Conversely, Dermatology (-18%), Radiology (-10%), Child and Adolescent Psychiatry (-9%), and Emergency Medicine (-9%) saw the largest decreases in job offers.

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 respondent by the proportion of responses falling in that category.

Highlights

- Overall, respondents viewed the regional job market positively. The average Likert Score in 2003 (0.79) was down slightly from 2002 (0.84), however.
- Looking at specialty groups, Psychiatry (1.47) had the most positive view of the regional job market. Conversely, Primary Care (0.42) had the least positive view in 2003.
- Child and Adolescent Psychiatry (1.57) and Adult Psychiatry (1.56), Anesthesiology–General (1.41), and Urology (1.41) respondents had the most positive view of the regional job market. Each of these had an average assessment well above 1.00 (i.e., "Some Jobs").
- The specialties with the least positive views of the regional job market were Infectious Disease (0.06), Pediatrics–General (0.21), and Ophthalmology (0.24).
- The specialties that had the most positive views of the regional job market for both 2002 and 2003 were Adult Psychiatry (1.51), Child and Adolescent Psychiatry (1.51), and Anesthesiology–General (1.50).
- The specialties with the least positive views of the regional job market over the last two years were Infectious Disease (0.06), Pathology (0.22), and Pediatrics-General (0.26).
- Anesthesiology–General (1.53), Dermatology (1.47), and Adult Psychiatry (1.44) were the three specialties with the most positive views of the regional job market over the course of the last four years of the survey. Over the last four years, the specialties with the least positive views of the regional job market were Pathology (0.16), Ophthalmology (0.23), and Surgery–General (0.23).

Figure 4.9 Respondents' Perceptions of the Regional Job Market (of 2003 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

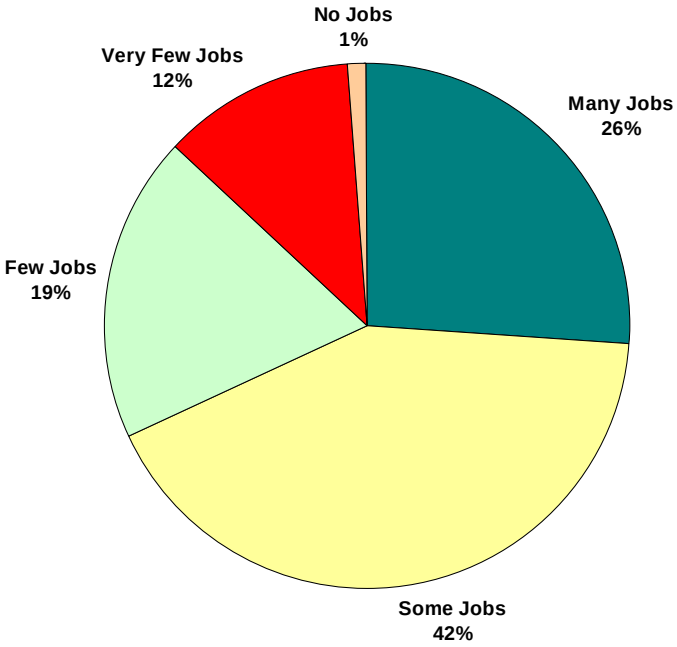


Figure 4.10 Trends in Mean Likert Scores for Respondents' Perceptions of the Regional Job Market by Specialty Group (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

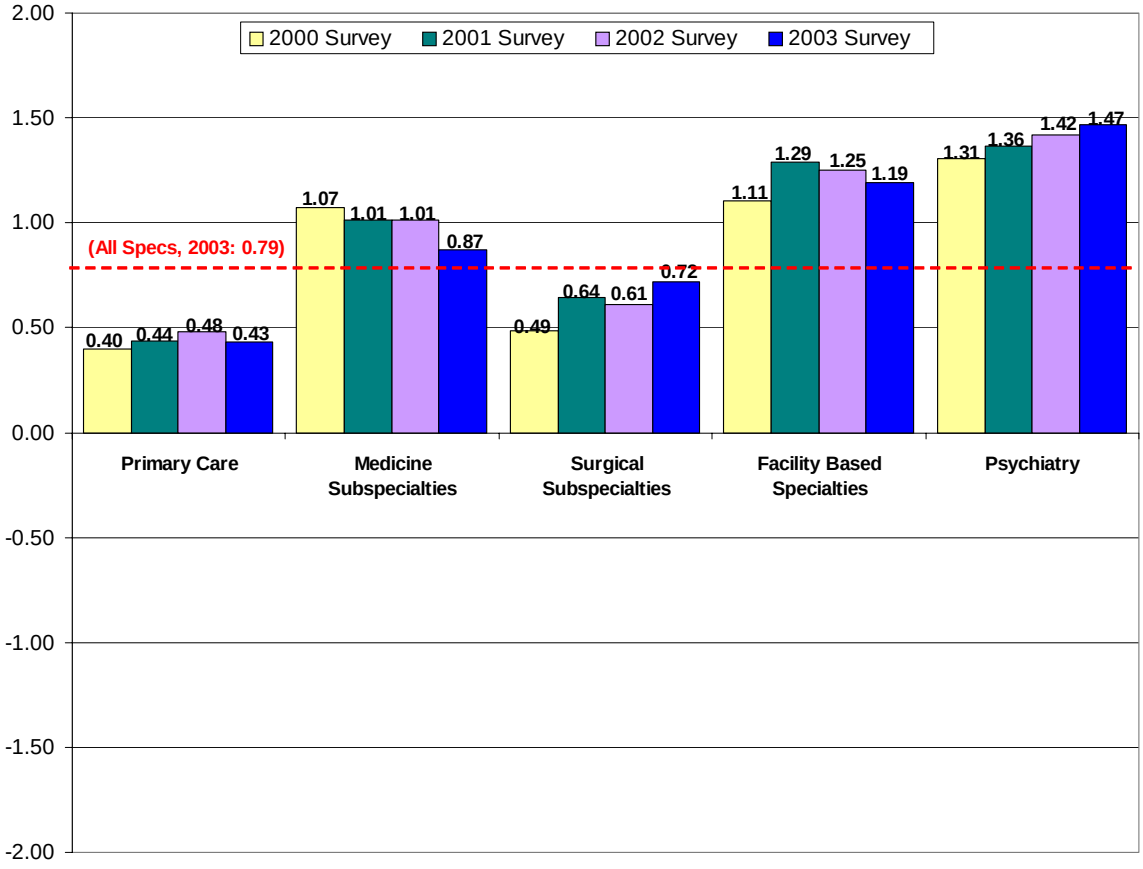


Figure 4.11 Rank of Mean Likert Scores for Respondents' Perceptions of the Regional Job Market by Specialty (of 2003 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

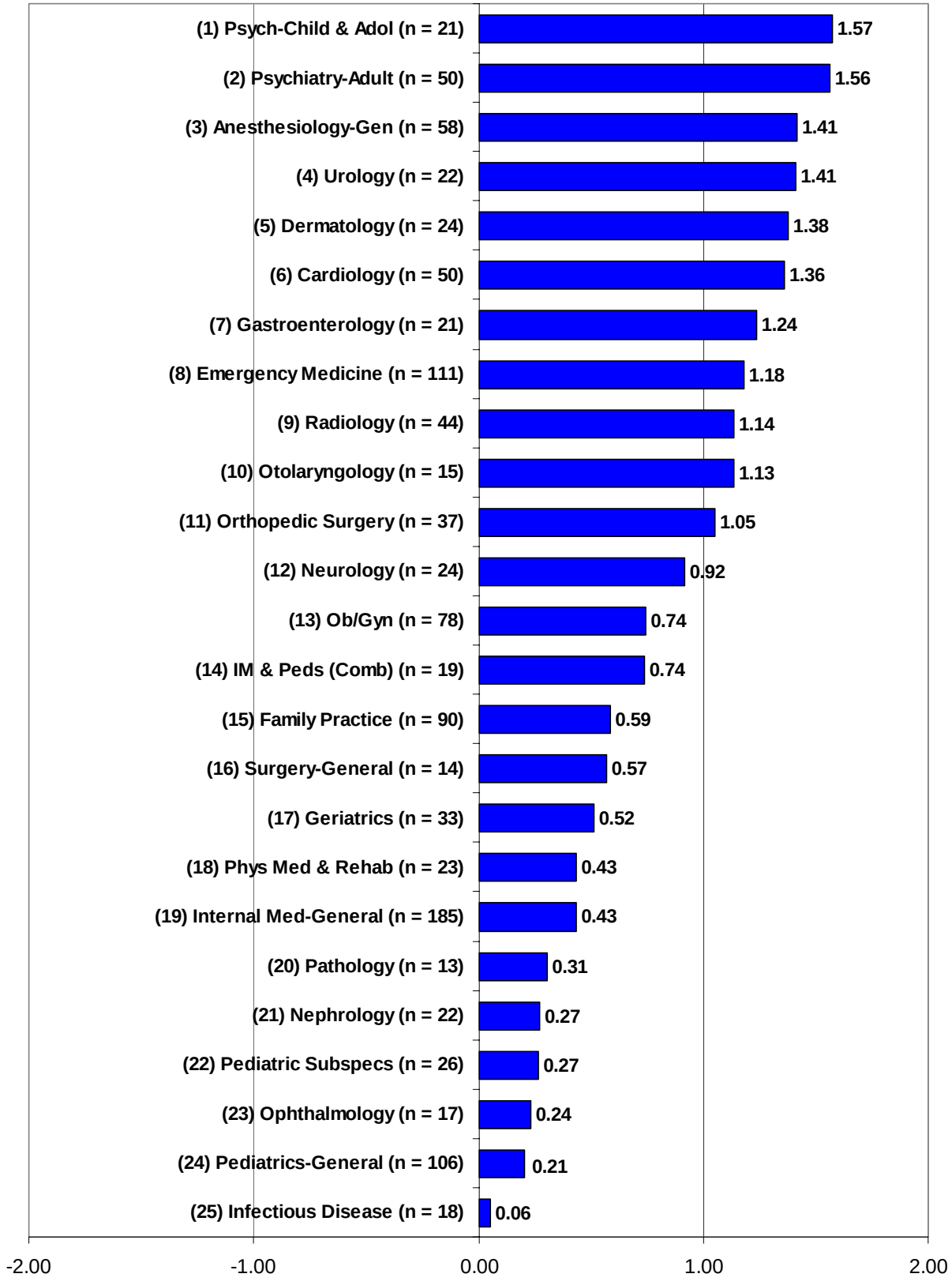


Table 4.4 Rank of Likert Scores for Respondents' Perceptions of the Regional Job Market[13] (of 2003 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2003 Respondents	RANK (of 25)	Aggregated Respondents: 2002 and 2003	RANK (of 25)	All Respondents (Aggregated: 2000 thru 2003)	RANK (of 25)
Primary Care	**0.42**	N/A	**0.45**	N/A	**0.44**	N/A
Family Practice	0.59	15	0.61	16	0.59	16
Internal Medicine-General	0.43	19	0.45	21	0.40	20
Pediatrics-General	0.21	24	0.26	23	0.33	22
IM & Peds (Combined)	0.74	14	0.81	14	0.60	15
Obstetrics/Gynecology	**0.74**	13	**0.82**	13	**0.85**	12
Medicine Subspecialties	**0.87**	N/A	**0.94**	N/A	**0.97**	N/A
Cardiology	1.36	6	1.39	6	1.39	5
Gastroenterology	1.24	7	1.26	7	1.34	6
Geriatrics	0.52	17	0.63	15	0.56	17
Infectious Disease	0.06	25	0.06	25	0.46	18
Nephrology	0.27	21	0.49	19	0.74	14
Surgery-General	**0.57**	16	**0.52**	18	**0.30**	23
Surgical Subspecialties	**0.73**	N/A	**0.67**	N/A	**0.62**	N/A
Ophthalmology	0.24	23	0.33	22	0.23	24
Orthopedics	1.05	11	0.90	12	0.84	13
Otolaryngology	1.13	10	1.03	11	1.05	11
Urology	1.41	4	1.44	5	1.22	8
Facility Based	**1.19**	N/A	**1.22**	N/A	**1.22**	N/A
Anesthesiology-General	1.41	3	1.50	3	1.53	1
Pathology	0.31	20	0.22	24	0.16	25
Radiology	1.14	9	1.18	9	1.22	9
Psychiatry	**1.47**	N/A	**1.45**	N/A	**1.39**	N/A
Adult Psychiatry	1.56	2	1.51	1	1.44	3
Child & Adolescent Psych	1.57	1	1.51	2	1.40	4
Other	**0.92**	N/A	**0.99**	N/A	**1.02**	N/A
Dermatology	1.38	5	1.48	4	1.47	2
Emergency Medicine	1.18	8	1.21	8	1.29	7
Neurology	0.92	12	1.10	10	1.08	10
Pediatric Subspecialties	0.27	22	0.54	17	0.35	21
Physical Medicine & Rehab	0.43	18	0.47	20	0.45	19
Total (All Specialties)	**0.79**	N/A	**0.82**	N/A	**0.80**	N/A

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

4.5 Perceptions of the National Job Market

Table 4.5 presents the perceptions of survey respondents concerning the national job market for their specialty. The response choices and composite 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 the respondent's view of the regional and national job market. In general, however, the national job market was viewed more positively than was the job market in New York State.

Highlights

- Overall, respondents gave a very positive assessment of the national job market. Sixty-two percent (62%) felt there were "Many Jobs" for their specialty, and less than 3% felt there were either "Very Few Jobs" (2%) or "No Jobs" (<1%).

- Respondents' views of the national job market were more positive (composite score = 1.55) than for the regional job market (0.79). Respondents' views of the national job market in 2003 was similar to respondents' view of the national job market the previous two years (1.54 in 2002 and 1.52 in 2001).

- For the specialty groups, Psychiatry (1.84), Facility Based specialties (1.71), and Medicine Subspecialties (1.67) had the highest composite scores while Surgical Specialties (1.28), Primary Care (1.40), and Surgery–General (1.50) had the lowest.

- Urology had the highest composite score among individual specialties (1.95), followed by Child and Adolescent Psychiatry (1.90), Anesthesiology–General (1.88), and Adult Psychiatry (1.86).

- Only two specialties had composite scores below 1.00 ("Some Jobs"), Pathology (0.77) and Ophthalmology (0.88).

- The specialties with the most positive views of the national job market over the last two years were Child and Adolescent Psychiatry (1.93), Urology (1.90), and Anesthesiology–General (1.89). For the same two year period (2003 and 2002), the specialties with the lowest assessments of the national job market were Ophthalmology (0.84), Pathology (0.89), and Pediatrics–General (1.17).

- Over the course of the last four years of the survey, Child and Adolescent Psychiatry (1.91), Anesthesiology–General (1.85), and Urology (1.85) were the specialties with the most positive views of the national job market. Ophthalmology (0.75) and Pathology (0.75) were the specialties that were far below the other specialties in their assessment of the national job market.

Figure 4.12 Respondents' Perceptions of the National Job Market (of 2003 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

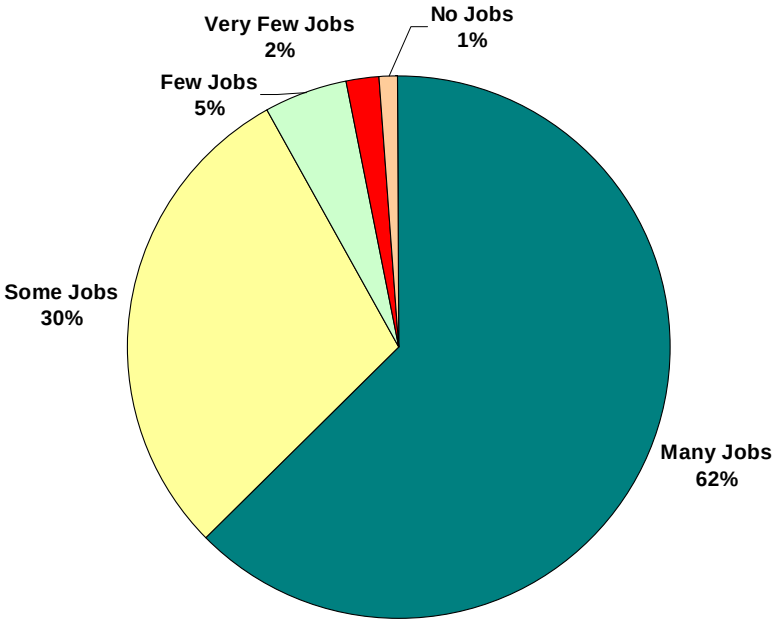


Figure 4.13 Trends in Mean Likert Scores for Respondents' Perceptions of the National Job Market by Specialty Group (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

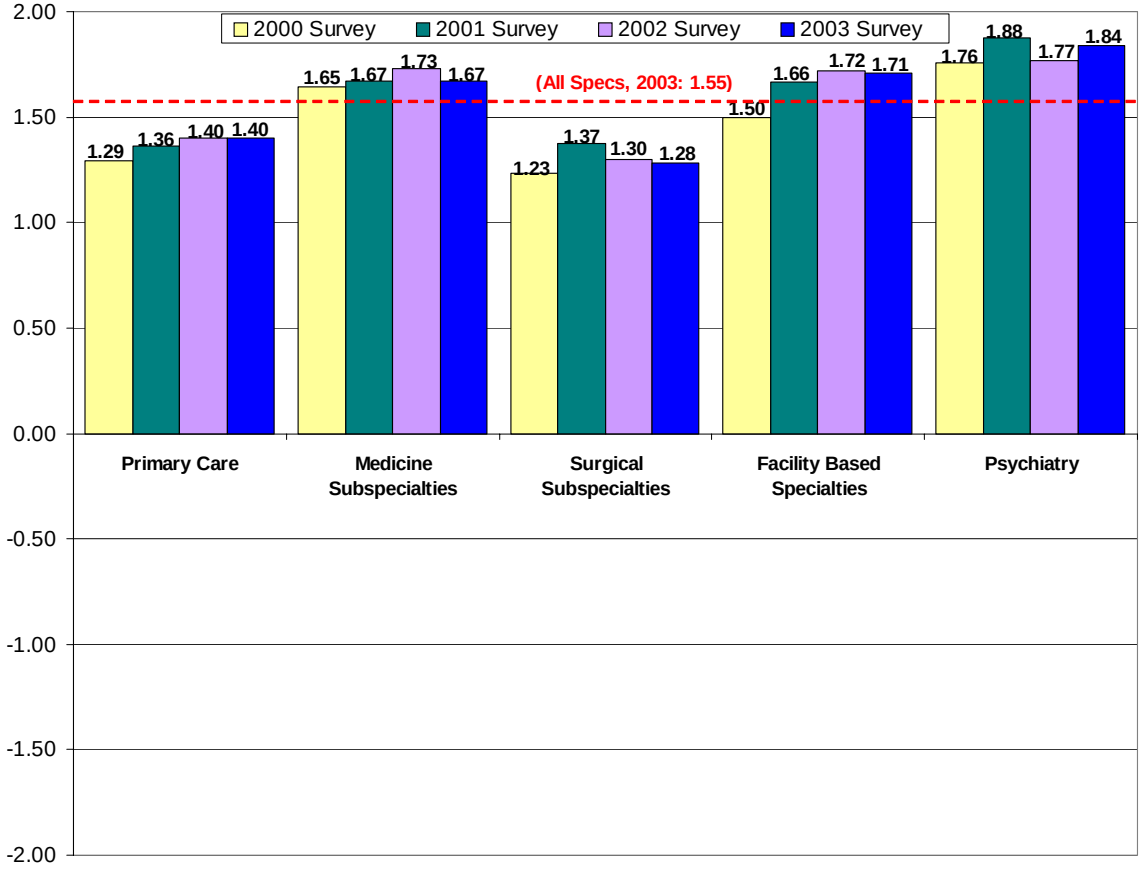


Figure 4.14 Rank of Likert Scores for Respondents' Perceptions of the National Job Market, by Specialty (of 2003 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

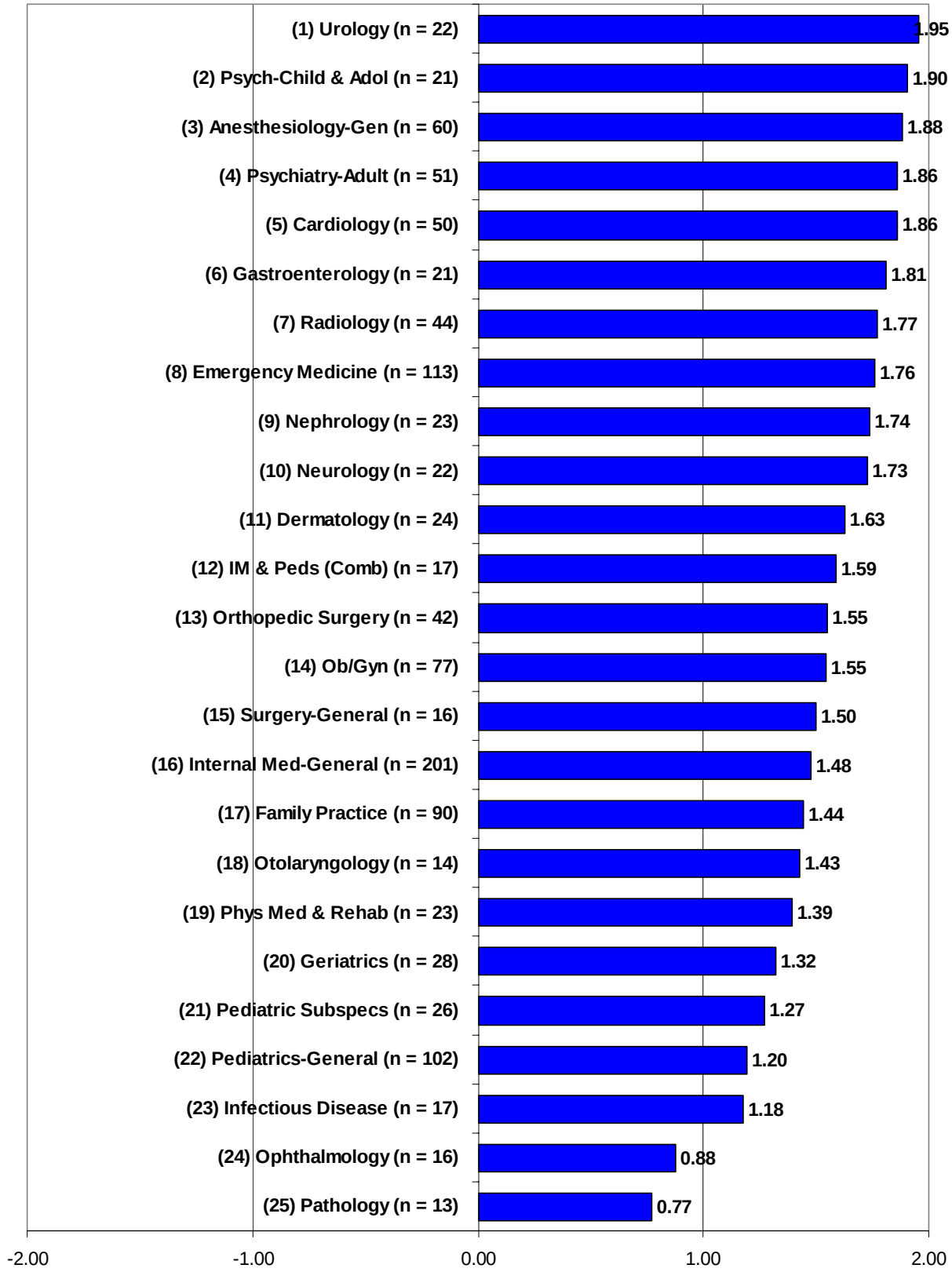


Table 4.5 Likert Scores for Respondents' Perceptions of the National Job Market[13] (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2003 Respondents	RANK (of 25)	Aggregated Respondents: 2002 and 2003	RANK (of 25)	All Respondents (Aggregated: 2000 thru 2003)	RANK (of 25)
Primary Care	**1.40**	N/A	**1.40**	N/A	**1.36**	N/A
Family Practice	1.44	17	1.51	15	1.51	14
Internal Medicine-General	1.48	16	1.47	18	1.38	19
Pediatrics-General	1.20	22	1.17	23	1.18	22
IM & Peds (Combined)	1.59	12	1.53	14	1.47	17
Obstetrics/Gynecology	**1.55**	14	**1.51**	16	**1.54**	13
Medicine Subspecialties	**1.67**	N/A	**1.70**	N/A	**1.68**	N/A
Cardiology	1.86	5	1.86	5	1.82	6
Gastroenterology	1.81	6	1.88	4	1.83	4
Geriatrics	1.32	20	1.44	19	1.48	15
Infectious Disease	1.18	23	1.37	20	1.47	18
Nephrology	1.74	9	1.72	10	1.79	7
Surgery-General	**1.50**	15	**1.47**	17	**1.37**	20
Surgical Subspecialties	**1.28**	N/A	**1.29**	N/A	**1.30**	N/A
Ophthalmology	0.88	24	0.84	25	0.75	25
Orthopedics	1.55	13	1.53	13	1.48	16
Otolaryngology	1.43	18	1.53	12	1.63	12
Urology	1.95	1	1.90	2	1.85	3
Facility Based	**1.71**	N/A	**1.72**	N/A	**1.66**	N/A
Anesthesiology-General	1.88	3	1.89	3	1.85	2
Pathology	0.77	25	0.89	24	0.75	24
Radiology	1.77	7	1.71	11	1.71	10
Psychiatry	**1.84**	N/A	**1.80**	N/A	**1.81**	N/A
Adult Psychiatry	1.86	4	1.80	6	1.82	5
Child & Adolescent Psych	1.90	2	1.93	1	1.91	1
Other	**1.62**	N/A	**1.60**	N/A	**1.58**	N/A
Dermatology	1.62	11	1.74	7	1.76	8
Emergency Medicine	1.76	8	1.73	8	1.74	9
Neurology	1.73	10	1.72	9	1.66	11
Pediatric Subspecialties	1.27	21	1.29	22	1.13	23
Physical Medicine & Rehab	1.39	19	1.36	21	1.26	21
Total (All Specialties)	**1.55**	N/A	**1.54**	N/A	**1.51**	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 2003 graduates, for all graduates from 2000 through 2003, and the average annual change (i.e., trend) in median starting income from 2000 to 2003. 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.

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

Highlights

- The median starting income of year 2003 was $137,500, a 0.5% decrease from 2002, decelerating from the 7.3% increase from 2001 to 2002 (average increase of 2.7% per year from 2000 to 2003).
- Most specialties and specialty groups saw moderate to strong growth in starting income from 2000 to 2003. The exception was Physical Medicine and Rehabilitation (0%) which saw no growth in starting income.
- Dermatology (14%), Anesthesiology–General (10%) Cardiology (10%), Ophthalmology (9%), Radiology (7%), and Surgery–General (7%) showed the strongest trends in income.

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

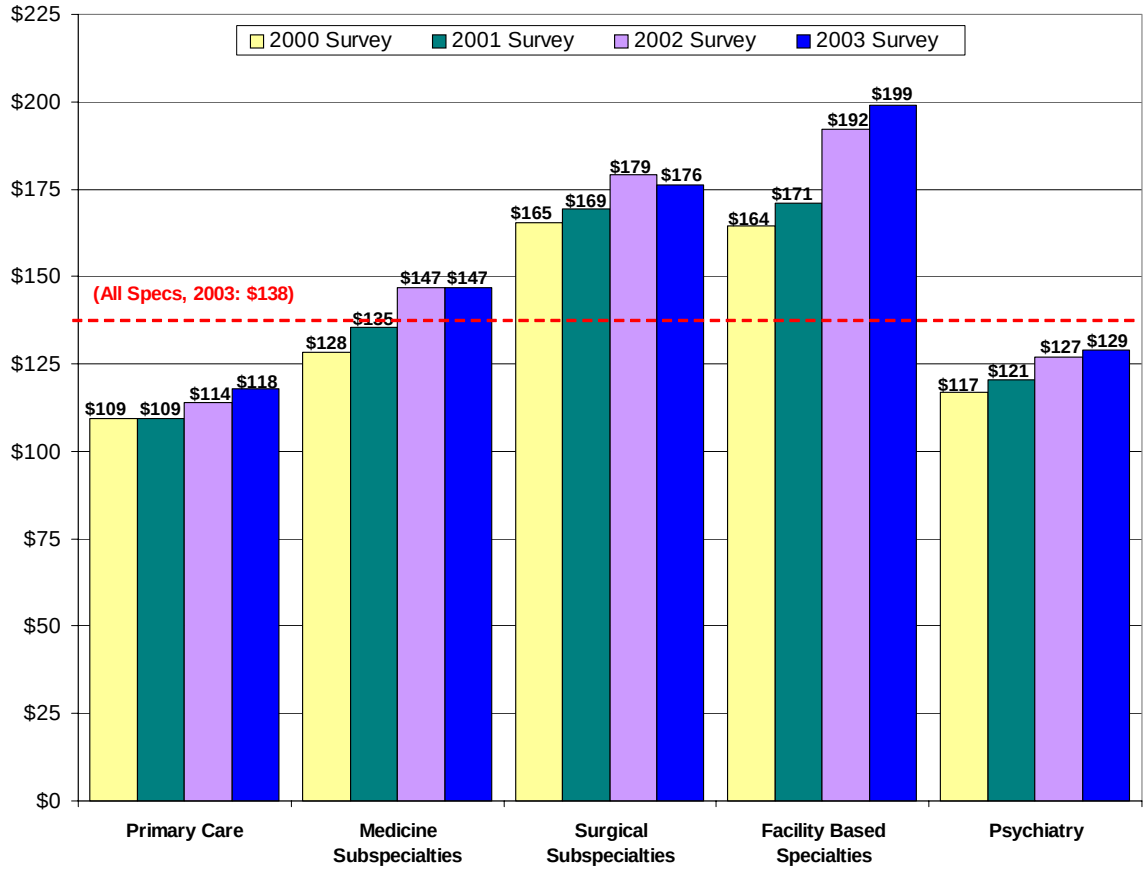


Figure 4.16 Trends in Median Starting Income (in $1,000s) by Primary Care vs. Non-Primary Care, (for Exit Survey Respondents with Confirmed Practice Plans)

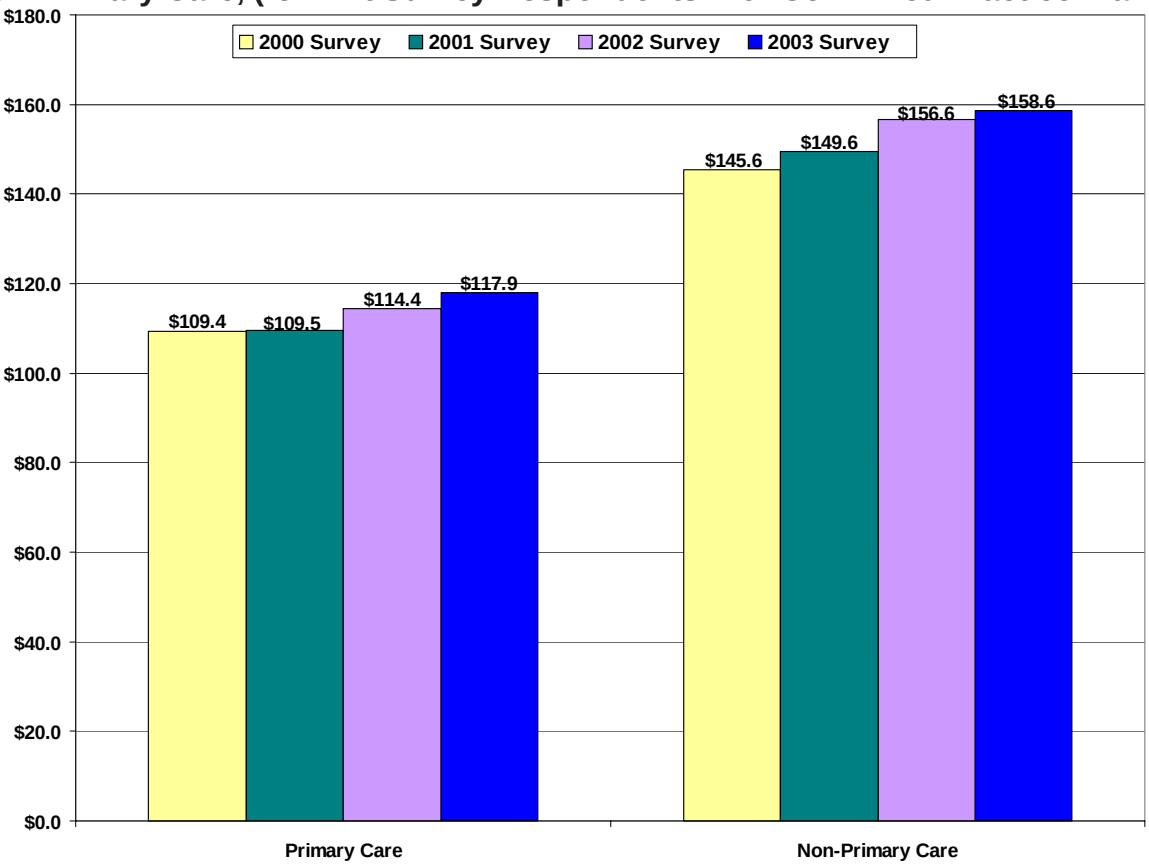


Figure 4.17 Rank of Average Annual Percent Change in Median Starting Income (from 2000 to 2003) by Specialty (for Exit Survey Respondents with Confirmed Practice Plans)

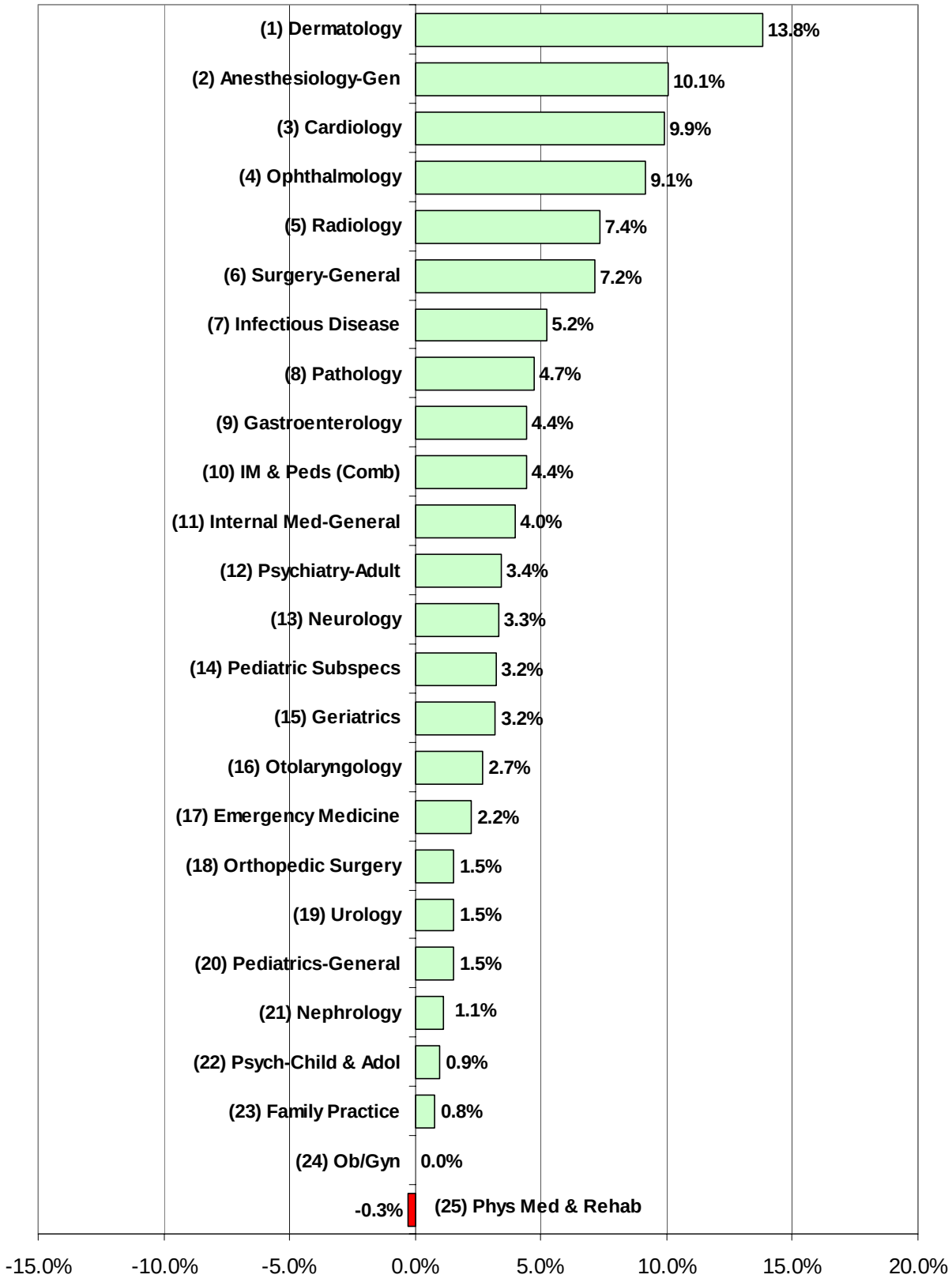


Table 4.6 Median Expected Starting Income (of Exit Survey Respondents with Confirmed Practice Plans)

Specialty	2003 Respondents	RANK (of 25)	Aggregated Respondents: 2002 and 2003	RANK (of 25)	Trend (Average Annual Change: 2000 to 2003)	RANK (of 25)
Primary Care	**$117,900**	N/A	**$116,400**	N/A	**3%**	N/A
Family Practice	$116,600	23	$117,450	24	1%	23
Internal Medicine-General	$125,800	18	$121,900	21	4%	11
Pediatrics-General	$99,700	25	$99,600	25	2%	20
IM & Peds (Combined)	$121,900	20	$121,400	22	4%	10
Obstetrics/Gynecology	**$143,500**	12	**$150,300**	11	**0%**	24
Medicine Subspecialties	**$147,000**	N/A	**$146,800**	N/A	**5%**	N/A
Cardiology	$201,450	3	$192,300	4	10%	3
Gastroenterology	$152,650	11	$160,100	7	4%	9
Geriatrics	$122,800	19	$122,900	20	3%	15
Infectious Disease	$128,600	16	$127,100	16	5%	7
Nephrology	$131,300	14	$130,300	14	1%	21
Surgery-General	**$157,250**	7	**$157,300**	9	**7%**	6
Surgical Subspecialties	**$175,600**	N/A	**$176,600**	N/A	**2%**	N/A
Ophthalmology	$156,400	9	$135,200	12	9%	4
Orthopedics	$199,000	5	$201,600	2	2%	18
Otolaryngology	$157,100	8	$159,400	8	3%	16
Urology	$155,500	10	$155,000	10	2%	19
Facility Based	**$198,500**	N/A	**$196,500**	N/A	**7%**	N/A
Anesthesiology-General	$199,300	4	$198,100	3	10%	2
Pathology	$134,100	13	$127,850	15	5%	8
Radiology	$214,500	1	$216,500	1	7%	5
Psychiatry	**$128,600**	N/A	**$127,750**	N/A	**3%**	N/A
Adult Psychiatry	$129,300	15	$126,500	17	3%	12
Child & Adolescent Psych	$114,400	24	$130,900	13	1%	22
Other	**$163,650**	N/A	**$158,700**	N/A	**2%**	N/A
Dermatology	$205,800	2	$182,400	5	14%	1
Emergency Medicine	$180,500	6	$179,700	6	2%	17
Neurology	$126,400	17	$125,500	19	3%	13
Pediatric Subspecialties	$121,800	21	$119,750	23	3%	14
Physical Medicine & Rehab	$121,100	22	$125,800	18	0%	25
Total (All Specialties)	**$137,500**	N/A	**$138,000**	N/A	**3%**	N/A

4.7 Assessment of Relative Demand by Specialty

To measure demand, a composite demand 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 2003, for an aggregated data set containing all data collected over the past two years (2002 and 2003), and the last four years the survey has been conducted (2000 through 2003). This methodology gave a higher weighting to data collected from the 2003 survey (approximating 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 with difficulty finding a satisfactory practice position
- percentage of respondents having to change plans due to limited practice opportunities
- mean number of job offers received by respondents
- respondents' views of the regional job market
- respondents' views of the national job market
- trends in median starting income

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

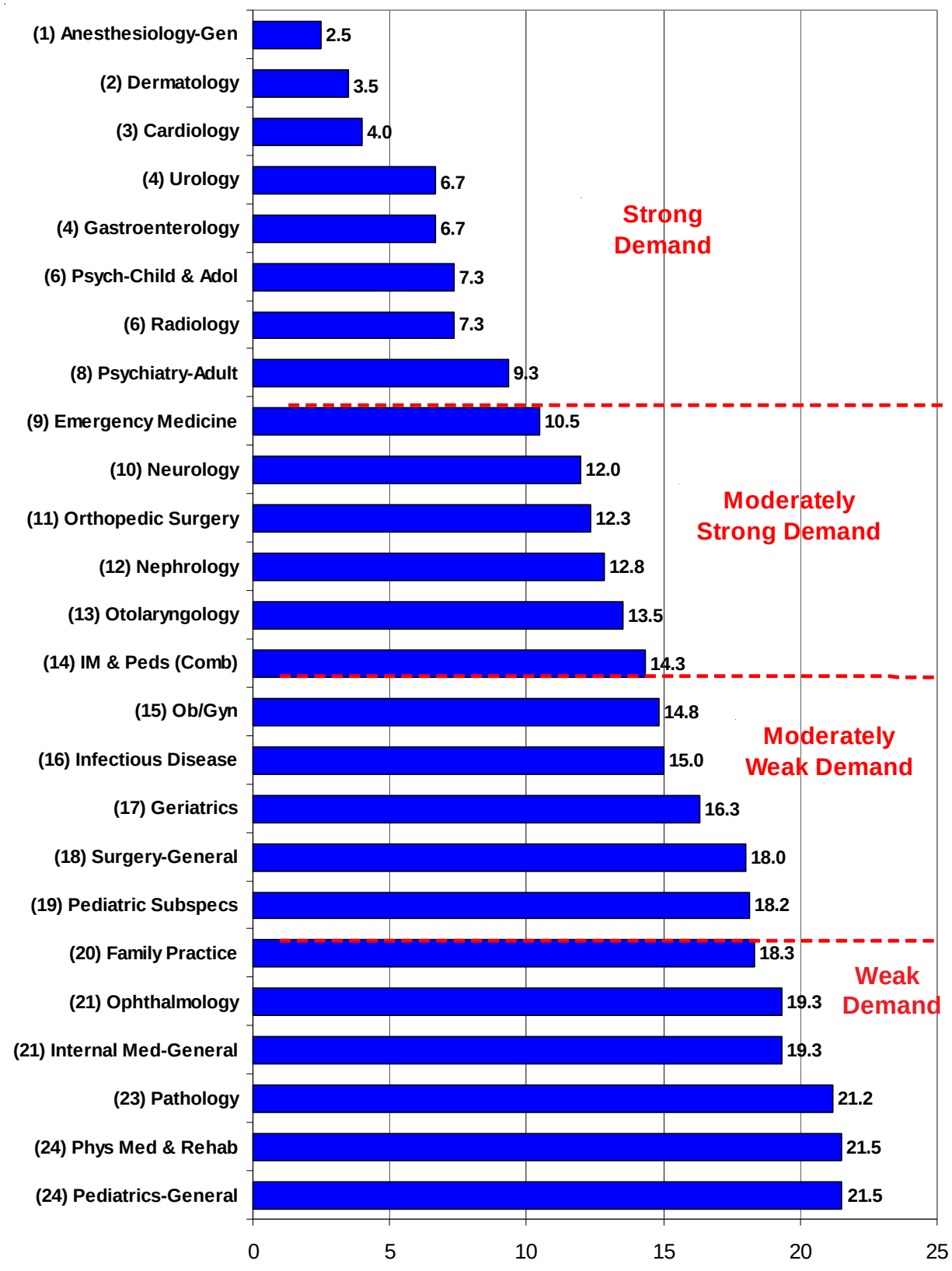
Highlights

- Figure 4.18 is a plot of the mean of the ranks of each specialty to illustrate the current demand for each specialty. Note that the Exit Survey cannot be used to measure absolute demand (i.e., it cannot be used to determine the appropriate number of physicians necessary to serve a given population). Instead, it is used to measure the demand for each specialty relative to the other 24 specialties by collecting information on the job market for new graduates and ranking specialties on graduates' responses to questions used to access demand.

- Currently, Anesthesiology-General (average rank of 2.5 out of 25), Dermatology (3.5), Cardiology (4.0), Urology (6.7), Gastroenterology (6.7), Child and Adult Psychiatry (7.3), and Radiology (7.3) are specialties experiencing the strongest demand.

- The job market for Pediatrics–General (21.5), Physical Medicine and Rehabilitation (21.5), Pathology (21.2), Internal Medicine–General (19.3), Ophthalmology (19.3), and Family Practice (18.3) appears to be bleak relative to other specialties.To measure demand, a composite demand 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 2003, for an aggregated data set containing all data collected over the past two years (2002 and 2003), and the last four years the survey has been conducted (2000 through 2004). This methodology gave a higher weighting to data collected from the 2003 survey (approximating twice that of the three previous years) in assessing the current demand for each specialty.

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



Appendix A

2003 Exit Survey Response Rates by Specialty and Region

Table A-1. 2003 Exit Survey Response Rates by Specialty* and Region**

Specialty	UPSTATE NY PROGRAMS Grads	Returned	Resp Rate	GREATER NY PROGRAMS Grads	Returned	Resp Rate	NEW YORK STATE (TOTAL)*** Grads	Returned	Resp Rate
Primary Care	**285**	**198**	**69%**	**1,658**	**984**	**59%**	**1,943**	**1,193**	**61%**
Family Practice	89	59	66%	145	93	64%	234	160	68%
Internal Medicine-General	127	91	72%	1,085	622	57%	1,212	715	59%
Pediatrics-General	52	31	60%	401	256	64%	453	288	64%
IM & Peds (Combined)	17	17	100%	27	13	48%	44	30	68%
Obstetrics/Gynecology	**33**	**31**	**94%**	**128**	**78**	**61%**	**161**	**109**	**68%**
Internal Medicine Specialties	**75**	**56**	**75%**	**528**	**299**	**57%**	**603**	**357**	**59%**
Cardiology	15	15	100%	126	72	57%	141	87	62%
Gastroenterology	7	7	100%	58	28	48%	65	35	54%
Geriatrics	9	6	67%	65	45	69%	74	51	69%
Infectious Disease	6	3	50%	39	24	62%	45	28	62%
Nephrology	8	3	38%	47	29	62%	55	33	60%
Other IM Specialties	30	22	73%	193	101	52%	223	123	55%
Critical Care Medicine	*2*	*2*	*100%*	*20*	*10*	*50%*	*22*	*12*	*55%*
Endocrinology & Metab.	*4*	*3*	*75%*	*27*	*16*	*59%*	*31*	*19*	*61%*
Hermatology/Oncology	*14*	*9*	*64%*	*61*	*26*	*43%*	*75*	*35*	*47%*
Pulmonary Disease	*7*	*5*	*71%*	*66*	*37*	*56%*	*73*	*42*	*58%*
Rheumatology	*3*	*3*	*100%*	*19*	*12*	*63%*	*22*	*15*	*68%*
Surgery (General)	**27**	**23**	**85%**	**117**	**71**	**61%**	**144**	**95**	**66%**
Surgery (Subspecialties)	**77**	**53**	**69%**	**294**	**196**	**67%**	**371**	**249**	**67%**
Ophthalmology	12	9	75%	64	39	61%	76	48	63%
Orthopedics	24	16	67%	104	73	70%	128	89	70%
Otolaryngology	10	6	60%	27	21	78%	37	27	73%
Urology	9	8	89%	30	24	80%	39	32	82%
Other Surgical Subspecs	22	14	64%	69	39	57%	91	53	58%
Neurosurgery	*5*	*2*	*40%*	*13*	*9*	*69%*	*18*	*11*	*61%*
Plastic Surgery	*4*	*3*	*75%*	*19*	*11*	*58%*	*23*	*14*	*61%*
Thoracic Surgery	*5*	*4*	*80%*	*15*	*13*	*87%*	*20*	*17*	*85%*
All Other Surg Subspecs	*8*	*5*	*63%*	*22*	*6*	*27%*	*30*	*11*	*37%*

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	**89**	**73**	**82%**	**452**	**291**	**64%**	**541**	**368**	**68%**
Anesthesiology	40	33	83%	171	117	68%	211	154	73%
Anesthesiology-General	*30*	*30*	*100%*	*129*	*98*	*76%*	*159*	*128*	*81%*
Pain Management	*6*	*2*	*33%*	*24*	*8*	*33%*	*30*	*14*	*47%*
Other Anes Subspecs	*4*	*1*	*25%*	*18*	*11*	*61%*	*22*	*12*	*55%*
Pathology	13	9	69%	99	50	51%	112	59	53%
Pathology (General)	*9*	*7*	*78%*	*63*	*37*	*59%*	*72*	*44*	*61%*
Pathology Subspecialties	*4*	*2*	*50%*	*36*	*13*	*36%*	*40*	*15*	*38%*
Radiology	36	31	86%	182	124	68%	218	155	71%
Radiology (Diagnostic)	*29*	*26*	*90%*	*150*	*108*	*72%*	*179*	*134*	*75%*
Radiology (Therapeutic)	*4*	*2*	*50%*	*17*	*8*	*47%*	*21*	*10*	*48%*
Nuclear Medicine	*3*	*3*	*100%*	*15*	*8*	*53%*	*18*	*11*	*61%*
Psychiatry	**35**	**33**	**94%**	**262**	**173**	**66%**	**297**	**207**	**70%**
Psychiatry (General)	*27*	*27*	*100%*	*154*	*103*	*67%*	*181*	*131*	*72%*
Child & Adolescent Psych	*4*	*4*	*100%*	*59*	*37*	*63%*	*63*	*41*	*65%*
Other Psych Subspecs	*4*	*2*	*50%*	*49*	*33*	*67%*	*53*	*35*	*66%*
Other	**91**	**72**	**79%**	**503**	**303**	**60%**	**594**	**376**	**63%**
Dermatology	5	4	80%	53	35	66%	58	39	67%
Emergency Medicine	37	29	78%	149	103	69%	186	132	71%
Neurology	20	17	85%	93	61	66%	113	78	69%
Pediatric Specialties	10	10	100%	100	41	41%	110	52	47%
Physical Medicine & Rehab	11	9	82%	75	44	59%	86	53	62%
Other	8	3	38%	33	19	58%	41	22	54%
Allergy & Immunology	*6*	*2*	*33%*	*16*	*9*	*56%*	*22*	*11*	*50%*
Preventive Medicine	*2*	*1*	*50%*	*10*	*6*	*60%*	*12*	*7*	*58%*
All Other	*0*	*0*	*N/A*	*7*	*4*	*57%*	*7*	*4*	*57%*
Total (All Specialties)	**712**	**539**	**76%**	**3,942**	**2,395**	**61%**	**4,654**	**2,954**	**63%**

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

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

***New York State totals may not reflect the sum of Upstate NY and Greater NY numbers due to missing data on region. Nor will the sum of specialties within New York State relfect the total sample size (n = 2,958) due to missing data on specialty.

Appendix B

2003 Exit Survey Instrument

Survey of Residents Completing Training in NYS in 2003

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 2003 *(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 2003** *(select only one)*

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

10.	11.	
○	○	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 Practice Setting *(mark only one)*	Secondary Practice Setting(s) *(mark all that apply)*	
○	○	Solo Practice
○	○	Partnership (2 person)
○	○	Group Practice—as owner/partner
○	○	Group Practice—as employee
○	○	Hospital—Inpatient
○	○	Hospital—Ambulatory Care
○	○	Hospital—Emergency Room
○	○	Freestanding Health Center or Clinic
○	○	HMO
○	○	Nursing Home
○	○	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)?

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

← **Principal Practice Zip Code**

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–$199,999	○ $45,000–$50,000
○ $200,000–$224,999	○ Over $50,000
○ $225,000–$249,999	
○ Over $250,000	

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

○ Very Satisfied ○ Not Too Satisfied
○ Somewhat 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 ○ 30 to 39
○ Less than 10 ○ 40 to 49
○ 10 to 19 ○ 50 to 59
○ 20 to 29 ○ 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 ○ 3 ○ 6–10
○ 1 ○ 4 ○ Over 10
○ 2 ○ 5

31. What is your overall assessment of practice opportunities in **your specialty, and within 50 miles of the site where you trained?**

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

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

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

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