2005

Residency Training Outcomes by Specialty in 2005 for New York:

A Summary of Responses to the 2005 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 2005 (2005 Exit Survey) conducted by the New York Center for Health Workforce Studies (the Center) in the spring and summer of 2005. This survey, administered biennially 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 in their efforts to train physicians consistent with the needs of the state and the nation. To achieve this goal, the Center provides residency programs, teaching hospitals, and the medical education community with information on the demand for new physicians and on the outcomes of residency training by specialty based on the results of the survey. The year 2005 was the seventh year of the survey.

This report was prepared by David P. Armstrong and Gaetano J. Forte.

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

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BACKGROUND

The Center for Health Workforce Studies conducts a survey every two years of all physicians in New York completing a residency or fellowship training program. The goal is to provide the medical education community with useful information on the 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.

In spring, the Center distributes the surveys to GME administrators at teaching hospitals in New York. In most cases, the surveys are then forwarded to individual programs where graduating residents are asked to fill out the surveys in the weeks prior to finishing the program. Completed surveys are then returned to the Center for data entry and analysis. With the excellent collaboration of teaching hospitals, a total of 2,590 of the estimated 4,907 physicians completing a residency or fellowship training program completed the 2005 Exit Survey (53% response rate). The year 2005 marked the seventh year of the survey. For the seven years the survey had been conducted (1998, 1999, 2000, 2001, 2002, 2003, and 2005) an aggregated total of 20,836 of the 32,158 graduates have completed the survey (65% 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 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 every other year, 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 New York continues to be good. Despite the plentiful physician supply in the state, based on the responses to several questions used to measure demand, the opportunities for New York graduates in 2005 were fairly strong overall.

- In 2005, less than 6% of respondents who had actively searched for a practice position had not received any job offers at the time they completed the survey.
- While approximately one-fourth (26%) of respondents reported some difficulty finding a satisfactory practice position, only 12% of them attributed their difficulty to an overall lack of jobs. Forty-nine percent attributed their difficulty to a lack of jobs in desired locations.
- The median starting income of graduates was up 6.8% from 2003 to 2005, recovering from the 0.5% decrease between 2002 and 2003. The average increase over the last four years of the survey was 4.5%.
- 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), albeit the gap has decreased in recent years. In 2005, demand for generalists was significantly weaker than for specialists. In 2005, after adjusting for citizenship status:

- Generalists were more likely than specialists to report difficulty finding a satisfactory practice position (34% versus 23%) and to have to change plans due to limited practice opportunities (17% versus 13%).
- Generalists received fewer job offers (mean of 2.96 versus 3.61) and were less optimistic in their view of the regional job market (average Likert Score of 0.83 versus 1.05 on scale of +2 indicating "Many Jobs" to –2 indicating "No Jobs"), but more optimistic in their view of the national job market (1.65 versus 1.61).
- In 2005, the trends for most of the 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 2001 to 2005 (excluding 2004) was 2.5% for generalists as compared to 2.9% for specialists (for all specialties, the 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 was stable from 2001 to 2005 (excluding 2004) (24%, 22%, 23%, 17%). By contrast, fewer specialists found they had to change their plans over this time period (14%, 14%, 15%, 13%).

- The mean number of job offers received by generalists has been flat from 2001 to 2005 (excluding 2004) (2.8, 2.7, 2.6, 2.9), which was also the case for specialists until the last two years (4.2, 4.3, 3.9, 3.6).

There were significant differences in the job market experiences and assessments by specialty. By assessing responses in a particular specialty in relation to all specialties, it was possible to identify the specialties for which demand is weak or strong in relation to all others.

- Based on a variety of indicators, the demand for urology, cardiology, anesthesiology–general, dermatology, gastroenterology, child and adolescent psychiatry, and pulmonary disease appeared to be very strong.

- Physical medicine and rehabilitation, pathology, ophthalmology, pediatrics–general, geriatrics, and pediatric subspecialties 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 (HPSA) or continue training. Since these individuals struggled to find employment, they were more likely to subspecialize than either USMGs or IMGs with permanent citizenship status.

Forty-eight percent of the graduates with confirmed practice plans were staying in New York to begin practice, although there were substantial differences by specialty. The in-state retention rate has been relatively flat over the last four years of the survey. For graduates in 2005 who were subspecializing, 49% were planning to do so in New York, down from 54% in 2003.

More than one-third (37%) of respondents were subspecializing. However, there were sharp differences in subspecialization rates for IMGs on temporary visas as compared with respondents with permanent citizenship.

GENERAL RESULTS

Characteristics of All Respondents

- Forty-two percent of survey respondents were female, effectively unchanged from 2003 (41%).
- Fourteen percent of survey respondents were underrepresented minorities (URMs), almost the same as the percent in 2003.
- Just less than one-half (45%) of all survey respondents were international medical graduates (IMGs), somewhat down from each of the three previous years (51% in 2001, 53% in 2002, and 49% in 2003).
- The highest concentrations of IMGs were in pathology (82%), pulmonary disease (66%), geriatrics (63%), internal medicine-general (62%), and physical medicine and rehabilitation (59%). Specialties with very few IMGs included otolaryngology (0%), urology (3%), emergency medicine (8%), and orthopedics (10%).
- Fourteen percent of all respondents were IMGs with temporary citizenship status (i.e., temporary visa holders). The highest concentrations of temporary visa holders were found in pathology (29%), internal medicine-general (25%), geriatrics (24%), hematology/oncology (24%), and pediatric subspecialties (24%).
- Dermatology (0%), urology (0%), otolaryngology (0%), and emergency medicine (2%) had very few temporary visa holders.

Post-Graduation Plans of All Respondents

- Fifty-two percent of all survey respondents were planning to enter patient care/clinical practice following completion of their current training program. Of these, 78% had confirmed practice plans (i.e., they had accepted an offer for a job/practice position) at the time they completed the survey.
- More than one-third (36%) planned to subspecialize or pursue further training. This was almost equal to the subspecialization rates in 2001, 2002, and 2003. More than one-half (52%) of the 2005 survey respondents who were subspecializing were remaining in New York to do so.
- For the remaining respondents, 3% were planning to work as chief residents, 3% planned to enter positions in teaching/research, and 7% had other plans.

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

- Just less than one-half (49%) of respondents with confirmed practice plans were remaining within New York to begin practice. This was the same as in 2002 and 2003, but down slightly from 2000 and 2001 (52% for each year). Of those entering practice in New York, 90% were remaining in the same region in which they trained.

- Graduates of adult psychiatry (76%), family practice (71%), and internal medicine and pediatrics (combined) (70%) were most likely to remain in-state to begin practice. The lowest in-state retention rates were in internal medicine-general (29%), neurology (29%), hematology/oncology (36%), and orthopedics (33%).

- Citizenship status was an important factor determining a respondent's likelihood of remaining in state to practice. Excluding respondents leaving the U.S., only 18% of IMGs with temporary visas with confirmed practice plans were planning to remain in New York.

- Forty-one percent of the graduates entering patient care were going to be practicing in a group practice. Eight percent were entering two person partnerships, while only 3% reported they were starting their own solo practice.

- Thirty-seven percent of graduates were entering practice in hospitals. Inpatient (20%) was the most common, followed by ambulatory care (10%), and emergency room (7%) settings.

- Eighty-nine percent of respondents said they would have no ownership in their upcoming practice. Of these, 25% 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.

- More than one-fourth (27%) of graduates reported entering practice in inner-city locations and another 5% were going to rural locations. Fifteen percent said they would be practicing in a federal HPSA.

- The graduates most likely to be entering practice in HPSAs were from internal medicine-general (28%), pediatrics-general (26%), pulmonary disease (26%), and hematology/oncology (24%). Least likely to be entering HPSAs were ophthalmology (0%), otolaryngology (0%), urology (0%), radiology (0%), neurology (0%), physical medicine and rehabilitation (0%), and dermatology (0%).

- While most IMGs with temporary visas were entering HPSAs (54%), IMGs with permanent citizenship were actually less likely to be entering HPSAs than were USMGs (7% and 24%), 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 dissimilarities in demand, they may also reflect historical reimbursement policies for the services provided in various 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 much lower than that of practicing physicians, the discrepancies 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 of medical students who interact extensively with residents.

- The median starting income for 2005 graduates with confirmed practice plans was $146,900, an increase of 6.8% from $137,500 in 2003. It should be noted that the response rate to the question relating to starting income was 84% in 2005.
- Individual specialties with the highest median starting income were cardiology (219,400), anesthesiology–general ($214,300), radiology ($212,000), and orthopedics ($211,100).
- Among the specialty groups, the highest median starting incomes were facility based specialties (including anesthesiology, pathology, and radiology; $211,600) and surgical subspecialties ($177,650). Facility based specialties experienced the highest average annual increases in starting income from 2001 to 2005 (7%).
- The primary care group was lowest in income ($128,700) but saw good growth (+6%). Within primary care, pediatrics was significantly lower than any other specialty ($105,000).
- Individual specialties seeing the greatest average annual increase in starting income from 2001 to 2005 were pulmonary disease (16%), urology (12%), cardiology (11%), and neurology (11%).
- Ophthalmology was the only specialty that did not experience an increase in median starting income between 2001 and 2005.

[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 were likely to know their base salary with certainty, those entering solo practice and those expecting incentive income were likely to 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 expected to work about 7% fewer hours than males (44.8 versus 46.7).

- General surgeons (58.6) and surgical subspecialists (53.5) expected to work the most hours. The only specialties in which graduates expected to work less than 40 patient care/clinical practice hours were emergency medicine (35.6), dermatology (36.3), child and adolescent psychology (37.5), and adult psychiatry (38.7).

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 greater 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 past seven years of the survey has been conducted.

- The most often cited "main reason for difficulty finding a satisfactory practice position" was "lack of jobs in desired locations" (49%), followed by an "overall lack of jobs" (12%).

- The highest percentages of graduates having difficulty finding a satisfactory practice position were in physical medicine and rehabilitation (50%), geriatrics (48%), family practice (40%), internal medicine-general (32%), and pediatrics-general (32%). Conversely, dermatology (6%), cardiology (7%), anesthesiology-general (9%), emergency medicine (9%), and neurology (17%) had the fewest respondents reporting difficulty.

- Fourteen percent of respondents reported having to change their plans due to limited practice opportunities, which was lower than in 2003 (18%). Pathology (21%), geriatrics (31%), family practice (22%), physical medicine and rehabilitation (21%), and pediatrics-general (21%) had the most graduates reporting they had to change plans. Few graduates had to change plans due to limited practice opportunities in dermatology (0%), ophthalmology (0%), surgery-general (0%), and cardiology (3%).

[3] As with income, new graduates going into salaried positions may have had more accurate information on the number of hours they will be working. There is no reason to assume that there was any systematic bias or difference in the accuracy of this information as reported by the graduates.

- The mean number of job offers received by graduates in 2005 was 3.43. cardiology (6.07) and orthopedics (6.05) graduates received the most job offers. At the other end of the spectrum, pediatrics-general received fewer offers (1.93) than any other specialty.

- Graduates gave very positive assessments 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 dermatology (+2.00), neurology (+1.91), cardiology (+1.87), adult psychiatry (+1.84), and child and adult psychology (+1.82) gave the most positive assessments of the national job market.

- Pathology (+0.78), geriatrics (+1.29), and physical medicine and rehabilitation (+1.37) gave the least positive assessments of the national job market.

- Respondents gave less optimistic assessments of the regional job market (+0.99). Graduates of dermatology (+1.94), cardiology (+1.59), child and adolescent psychology (+1.59), otolaryngology (+1.55), and adult psychiatry (+1.50) gave the most positive assessments of the regional job market.

- Pathology (+.22), physical medicine and rehabilitation (+0.32), and pediatric subspecialties (+0.41) were the least optimistic in their views 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 previous Exit Surveys, the job market in 2005 for specialists was stronger than for primary care physicians (generalists). Generalists were more likely to report difficulty finding a satisfactory practice position (34% versus 23%), and to have to change plans due to limited practice opportunities (17% versus 13%). Generalists, on average, also received many fewer job offers (2.96 versus 3.61) and had less positive views of the regional job market (0.83 versus 1.05) than specialists. But, on the other hand, generalists had more positive views of the national job market (1.65 versus 1.61).

- Both in the number of job offers received and in starting income levels, generalists saw an increase on average from 2001 to 2005, with average annual increases of 2.7% in number of job offers and 5.6% in median starting income. Over the same period, specialists saw little decrease in the number of job offers (average annual decrease of -4.7%), but a small increase in starting income levels (average annual increase of 2.6% in median starting income).

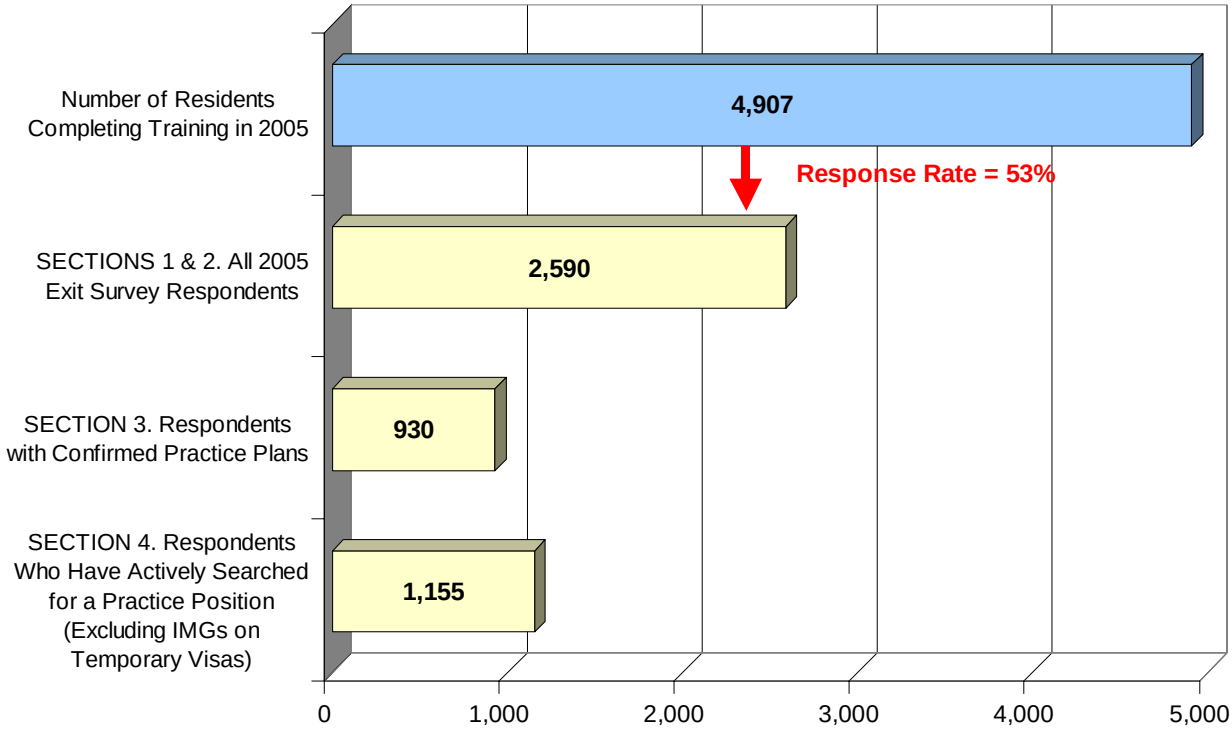
- Based on aggregation of all demand indicators from the 2005 survey, specialties experiencing the strongest demand were urology, cardiology, anesthesiology-general, dermatology, gastroenterology, child and adolescent psychology, and pulmonary disease.

- Physical medicine and rehabilitation, pathology, ophthalmology, pediatrics-general, geriatrics, and pediatric subspecialties are experiencing the weakest relative demand. These findings from the 2005 survey were generally consistent with the findings from 2003.

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 2,590 of the estimated 4,907 residents who completed training in 2005 (a 53% response rate). Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines of their planned activities following completion of their current training programs. Section 3 pertains to respondents who are entering patient care/clinical practice and had confirmed practice plans (i.e., they had accepted a job offer or will be self-employed) at the time they completed the survey. Section 4 summarizes the responses to several questions used to measure demand and relate respondents' experiences in searching for practice positions. This section excludes respondents who had not yet searched for a practice position and IMGs on temporary visas because these individuals experienced greater 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 2005 Exit Survey instrument.

Figure 1. 2005 Exit Survey Response Rate and Subgroups Used for Each Section of Report



Section I

Background Characteristics of All Respondents

Table 1.1 shows background characteristics of all Exit Survey respondents in 2005. 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, were much more likely to report difficulty finding a satisfactory practice position. Thus, the proportion of IMGs in each specialty confounded (i.e., biased) the results when making comparisons across specialties.

Highlights

- Forty-one percent 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 (70%), child and adolescent psychology (69%), pediatrics–general (69%), family practice (62%), geriatrics (57%), pediatrics subspecialties (57%), dermatology (56%), and pathology (51%).

- General surgery and surgical subspecialties had the fewest females (27% and 20% respectively). In particular, orthopedics (2%), urology (11%), and cardiology (19%) had very few females.

- Underrepresented minorities (URMs) comprised fourteen percent of all respondents. Child and adolescent psychiatry (33%), family practice (26%), adult psychiatry (20%), and pediatric subspecialties (19%) had the most URMs.

- Dermatology (0%), ophthalmology (0%), and neurology (4%) had very few URMs.

- Just less than one-half (45%) of all respondents were international medical graduates (IMGs), somewhat lower than each of the three previous years (51% in 2001, 50% in 2002, and 49% in 2003). This varied widely by specialty with the highest concentrations of IMGs found in pathology (82%), pulmonary disease (66%), geriatrics (63%), and internal medicine-general (62%).

- Specialties with the fewest IMGs included otolaryngology (0%), urology (5%), emergency medicine (8%), and orthopedics (10%).

- Sixteen percent of respondents were IMGs on temporary visas and the highest concentrations of these were found in pathology (29%), internal medicine-general, pediatric subspecialty (24%), and hematology/oncology (24%). Dermatology (0%), otolaryngology (0%), urology (0%), and emergency medicine (2%) had the fewest temporary visa holders.

Figure 1.1 Percentage of Female Respondents by Specialty Group (All 2005 Exit Survey Respondents)

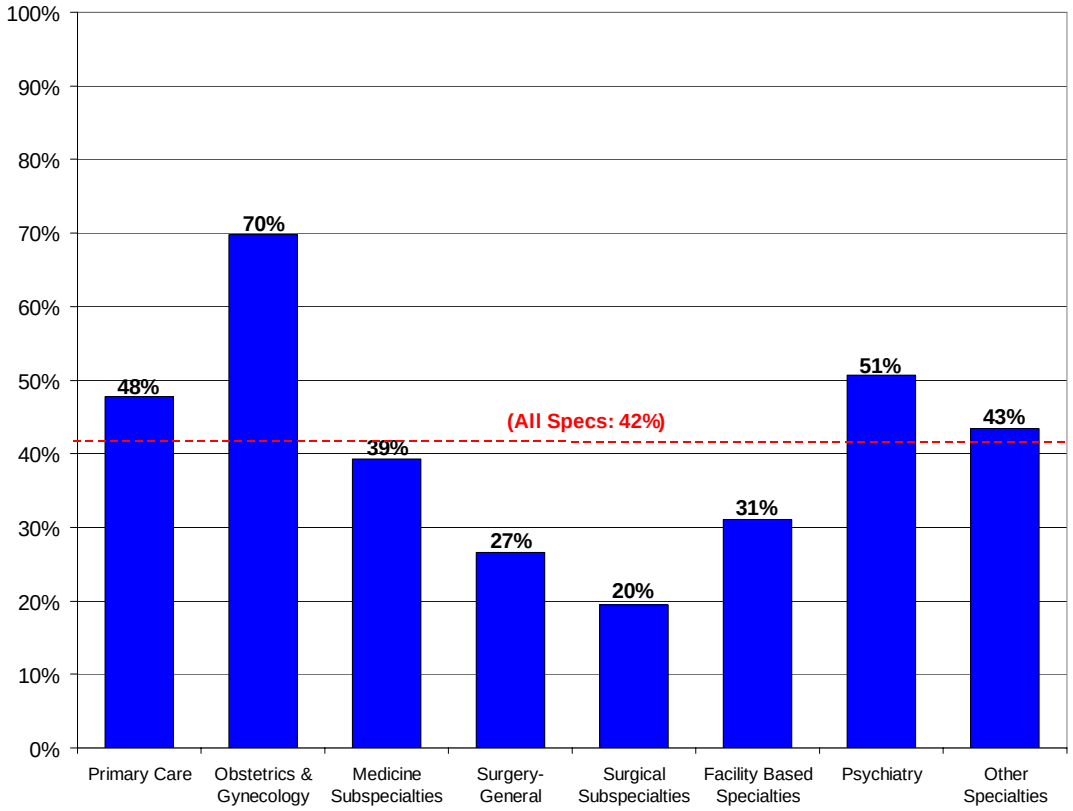


Figure 1.2 Percentage of Under-represented Minorities by Specialty Group (All 2005 Exit Survey Respondents)

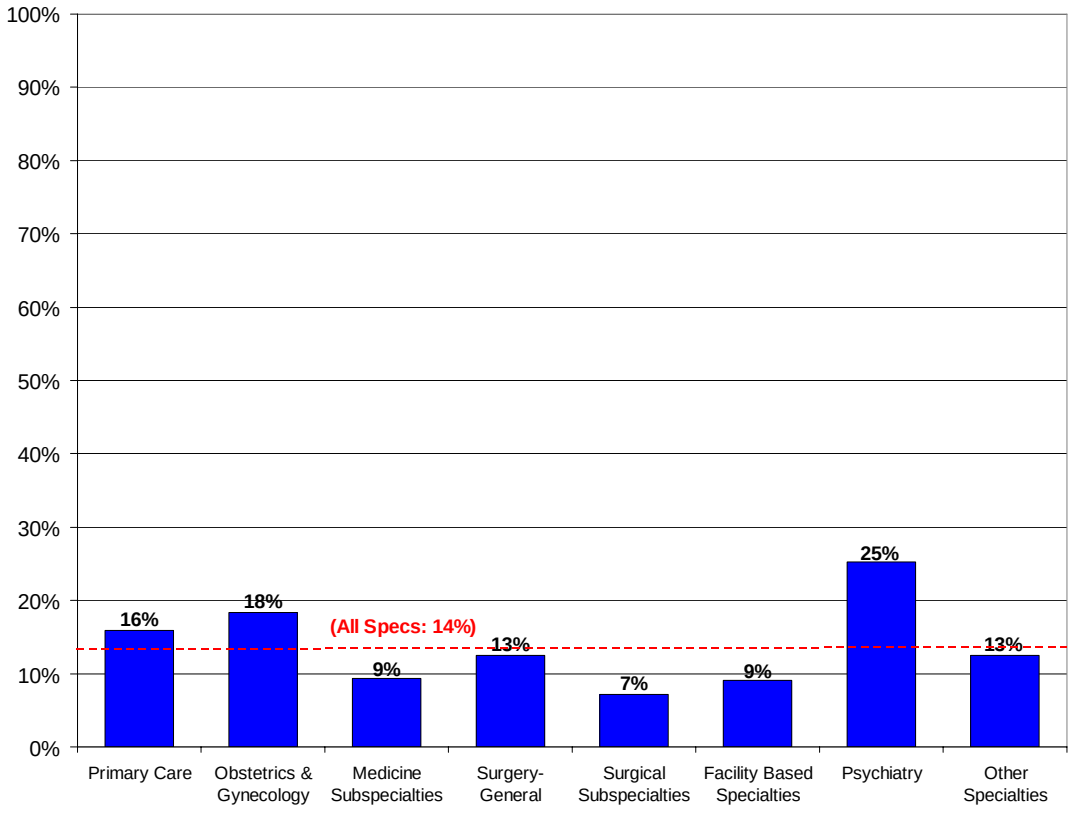


Figure 1.3 Location of Medical School and Citizenship Status (All 2005 Exit Survey Respondents)

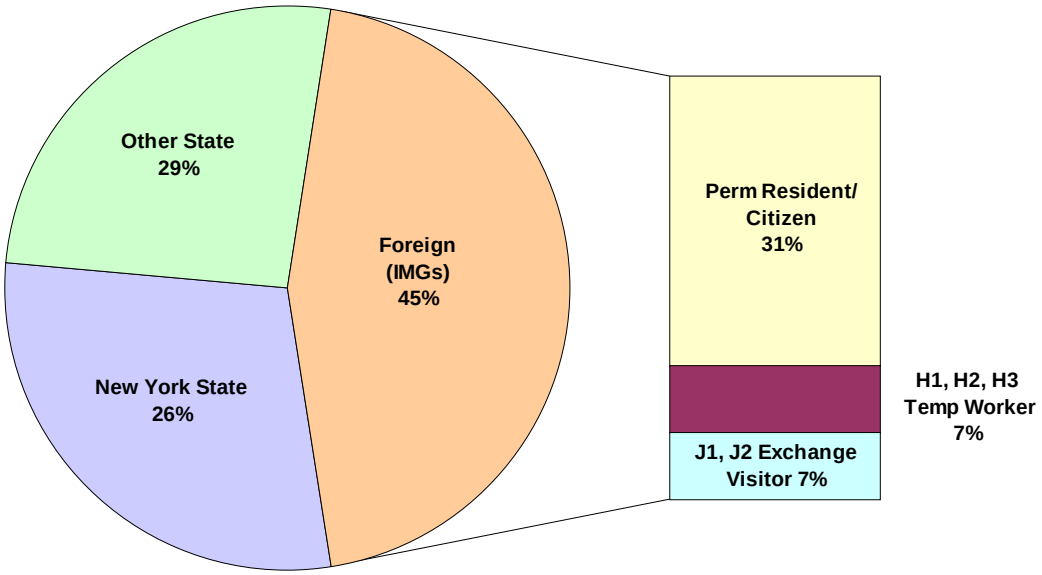


Figure 1.4 Percentage of Respondents who are IMGs by Specialty Group, (All 2003 & 2005 Exit Survey Respondents)

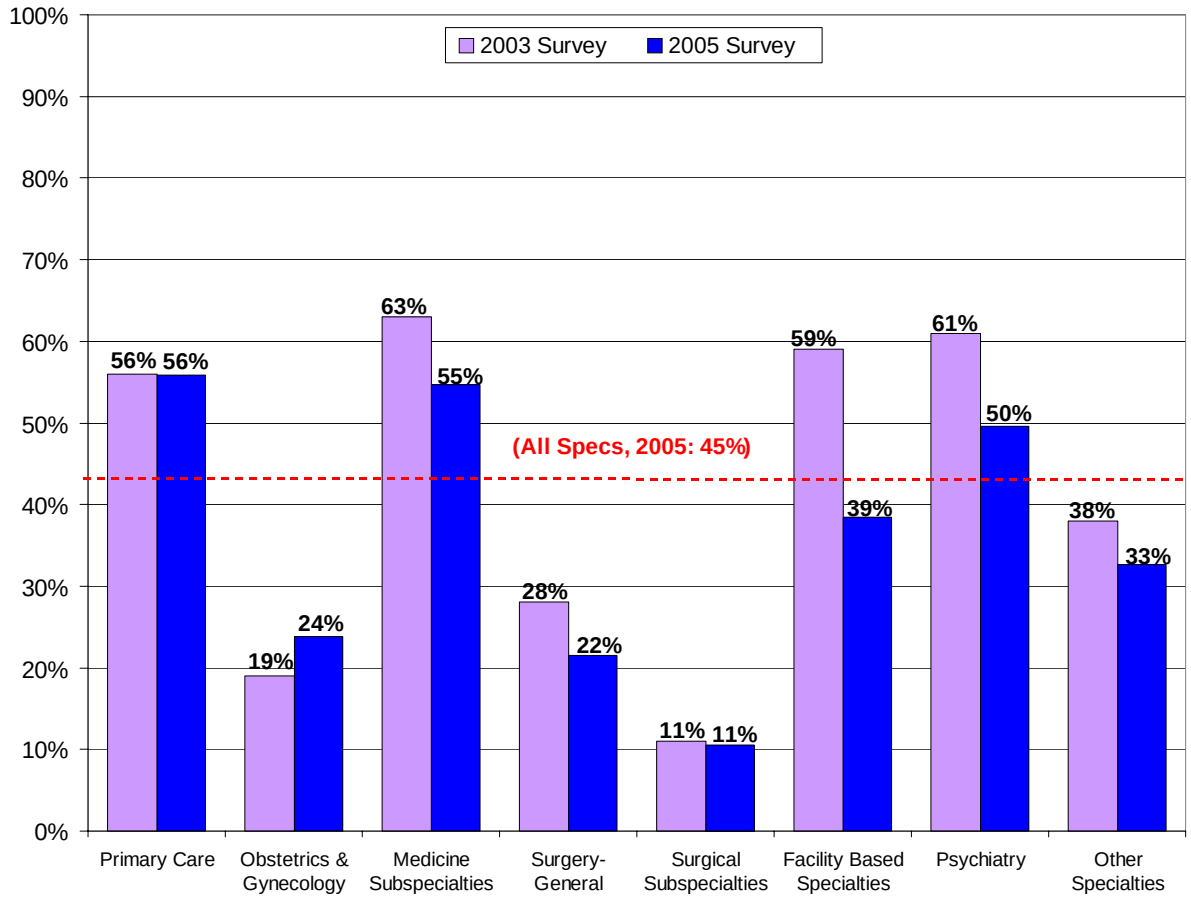


Table 1.1 Background Characteristics of Respondents (All 2005 Exit Survey Respondents)

Specialty[4]	Number of Resp (N)	% Female	% Under-rep Minorities[5]	% IMG[6]	% Temp Visa Holders[7]
Primary Care	**940**	**48%**	**16%**	**56%**	**20%**
Family Practice	138	62%	26%	53%	4%
Internal Medicine-General	601	39%	15%	62%	25%
Pediatrics-General	168	69%	12%	41%	17%
IM & Peds (Combined)	33	50%	17%	23%	10%
Obstetrics/Gynecology	**99**	**70%**	**18%**	**24%**	**4%**
Medicine Subspecialties	**368**	**39%**	**9%**	**55%**	**18%**
Cardiology	79	19%	5%	51%	21%
Gastroenterology	31	38%	11%	45%	11%
Geriatrics	36	57%	11%	63%	3%
Hematology/Oncology	39	46%	6%	52%	24%
Pulmonary Disease	42	23%	10%	66%	23%
Surgery-General	**82**	**27%**	**13%**	**22%**	**2%**
Surgical Subspecialties	**182**	**20%**	**7%**	**11%**	**4%**
Ophthalmology	41	47%	8%	11%	5%
Orthopedics	58	2%	6%	10%	4%
Otolaryngology	19	16%	0%	0%	0%
Urology	21	11%	5%	5%	0%
Facility Based	**280**	**31%**	**9%**	**39%**	**8%**
Anesthesiology-General	88	20%	14%	37%	3%
Pathology	50	51%	9%	82%	29%
Radiology	129	32%	5%	20%	4%
Psychiatry	**154**	**51%**	**25%**	**50%**	**13%**
Adult Psychiatry	99	44%	20%	47%	11%
Child & Adolescent Psych	32	69%	33%	57%	14%
Other	**304**	**43%**	**13%**	**33%**	**9%**
Dermatology	19	56%	0%	11%	0%
Emergency Medicine	100	38%	14%	8%	2%
Neurology	33	35%	4%	58%	15%
Pediatric Subspecialties	53	57%	20%	53%	24%
Physical Medicine & Rehab	45	44%	17%	59%	3%
All Specialties, 2005 (2003)	**2409 (2954)**	**42% (41%)**	**14% (13%)**	**45% (49%)**	**14% (16%)**

[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-two percent of all respondents were planning to enter patient care following completion of their current training program. Of these, 80% had confirmed practice plans.
- More than one-third (36%) planned to subspecialize or pursue further training. Of the remaining 13%, 3% were planning to work as chief residents, 3% were planning to enter teaching/research, and 7% had other plans.
- Specialties with the highest proportions of respondents planning to enter patient care/clinical practice were gastroenterology (87%), child and adolescent psychology (84%), family practice (79%), dermatology (79%), emergency medicine (78%), and geriatrics (77%).
- Specialties with the highest subspecialization rates were surgery–general (71%), orthopedics (67%), ophthalmology (66%), pathology (65%), and otolaryngology (63%).
- The subspecialization rates for internal medicine and pediatrics (combined) were 42% and 35%, respectively. However, J-1 and J-2 exchange visitors were more likely to subspecialize than other respondents. In internal medicine, the subspecialization rate for J-1 and J-2 exchange visitors was 45.1% versus 43.4% for all other respondents. In pediatrics, the rates were 53.3% versus 38.6%.
- Internal medicine–general (8%), internal medicine and pediatrics (combined) (7%), pediatrics-general, family practice (8%), 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 2005 Exit Survey Respondents)

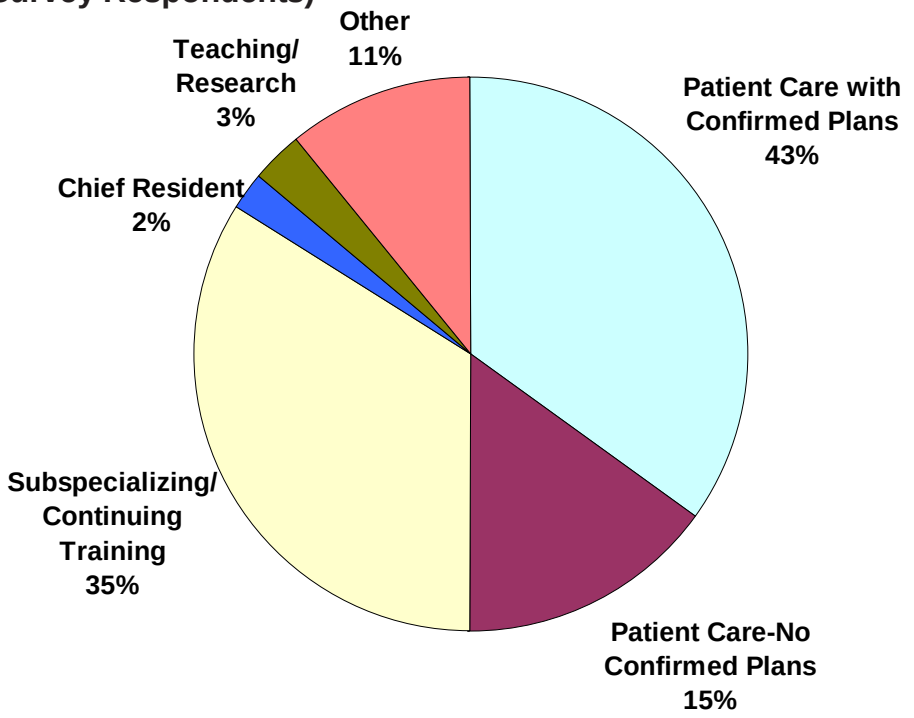


Figure 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group, (All 2003 & 2005 Exit Survey Respondents)

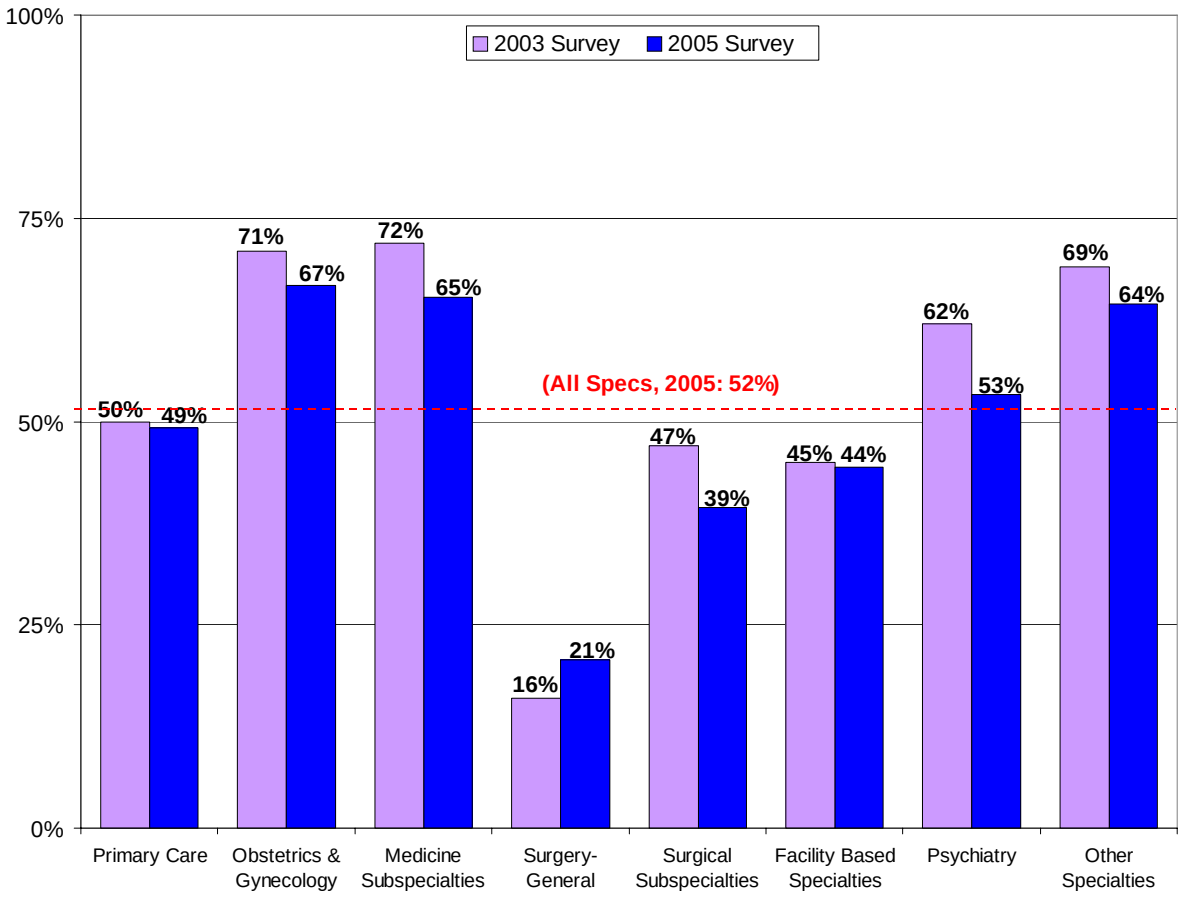


Figure 2.3 Rank of Percentage of Respondents Entering Patient Care/Clinical Practice by Specialty (All 2005 Exit Survey Respondents)

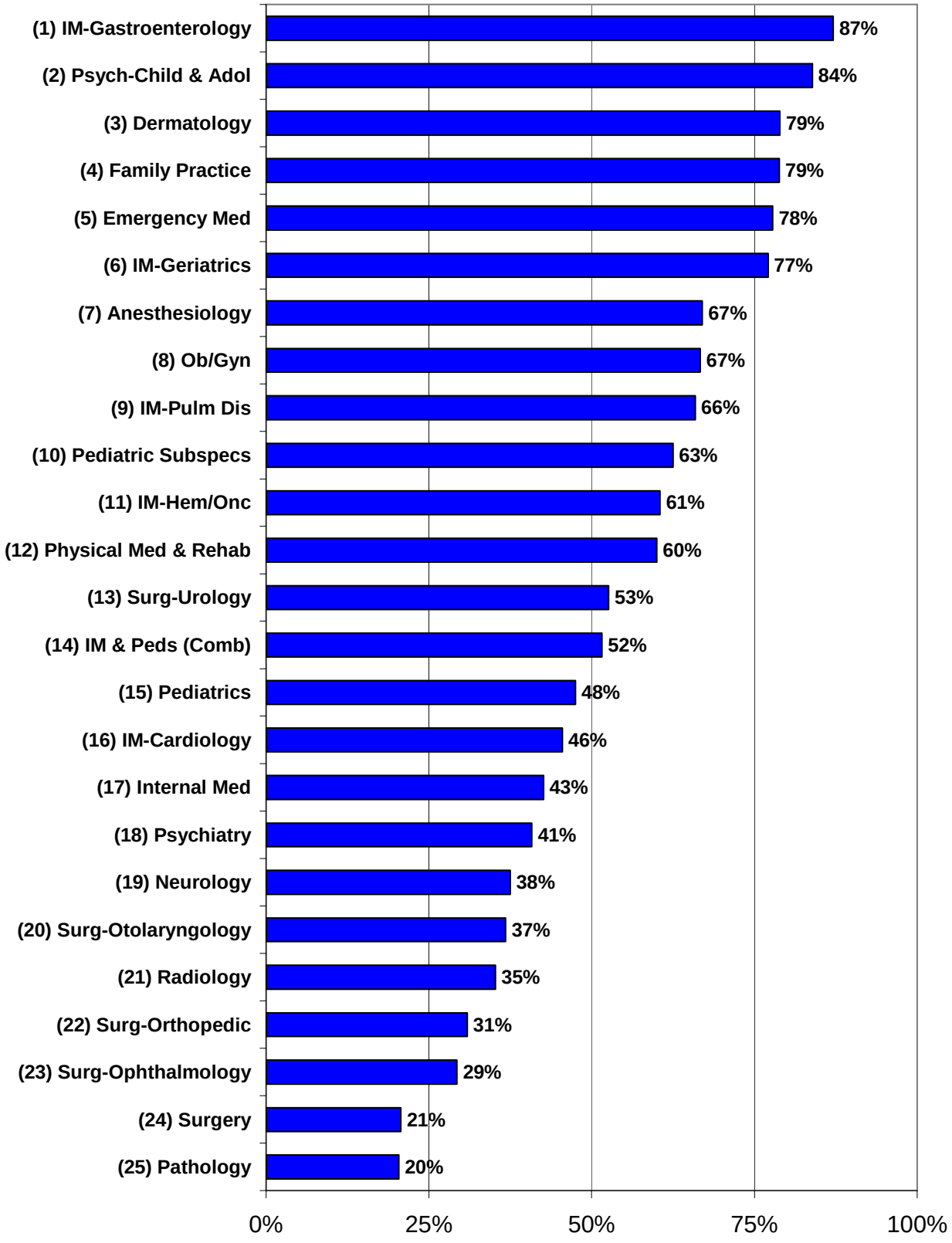


Table 2.1 Primary Activity After Completion of Current Training Program (All 2005 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**49%**	**37%**	**6%**	**2%**	**6%**
Family Practice	79%	10%	1%	2%	8%
Internal Medicine-General	43%	42%	8%	3%	5%
Pediatrics-General	48%	40%	6%	1%	6%
IM & Peds (Combined)	52%	39%	7%	3%	0%
Obstetrics/Gynecology	**67%**	**25%**	**0%**	**3%**	**5%**
Medicine Subspecialties	**65%**	**19%**	**0%**	**7%**	**9%**
Cardiology	46%	40%	0%	3%	12%
Gastroenterology	87%	7%	0%	7%	0%
Geriatrics	77%	3%	0%	9%	11%
Hematology/Oncology	61%	16%	0%	16%	8%
Pulmonary Disease	66%	22%	0%	7%	5%
Surgery-General	**21%**	**71%**	**0%**	**0%**	**7%**
Surgical Subspecialties	**39%**	**57%**	**0%**	**1%**	**3%**
Ophthalmology	29%	66%	0%	2%	2%
Orthopedics	31%	67%	0%	0%	2%
Otolaryngology	37%	63%	0%	0%	0%
Urology	53%	37%	0%	0%	11%
Facility Based	**44%**	**47%**	**0%**	**2%**	**8%**
Anesthesiology-General	67%	26%	0%	1%	6%
Pathology	20%	65%	0%	6%	8%
Radiology	35%	56%	0%	0%	9%
Psychiatry	**53%**	**36%**	**1%**	**3%**	**8%**
Adult Psychiatry	41%	49%	1%	2%	7%
Child & Adolescent Psych	84%	7%	0%	0%	10%
Other	**64%**	**23%**	**0%**	**5%**	**8%**
Dermatology	79%	21%	0%	0%	0%
Emergency Medicine	78%	19%	0%	1%	2%
Neurology	38%	53%	0%	6%	3%
Pediatric Subspecialties	63%	15%	0%	13%	10%
Physical Medicine & Rehab	60%	25%	0%	0%	15%
All Specialties, 2005 (2003)	**52% (54%)**	**36% (35%)**	**3% (2%)**	**3% (3%)**	**7% (6%)**

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 930 respondents had confirmed practice plans. One percent (1%) 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. The vast majority (92%) of them were remaining in the same region in which they trained.
- Adult psychiatry (76%), family practice (71%), internal medicine and pediatrics (combined) (70%), radiology (65%), dermatology (64%), and pediatrics-general (60%) had the highest in-state retention rates.
- Graduates entering practice from neurology (29%), internal medicine-general (30%), hematology/oncology (33%), orthopedic surgery (33%), pulmonary disease (38%), and surgery–general (38%) had the lowest in-state retention rates.
- Respondents of internal medicine and pediatrics (combined) (10%), orthopedics (7%), and pediatric subspecialties (4%) were the most likely to be leaving the U.S. to begin practice.
- IMGs on temporary visas were much more likely to be leaving the state to begin practice. Only 19% of these were entering practice within New York as compared to 56% 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 2005 Exit Survey Respondents with Confirmed Practice Plans)

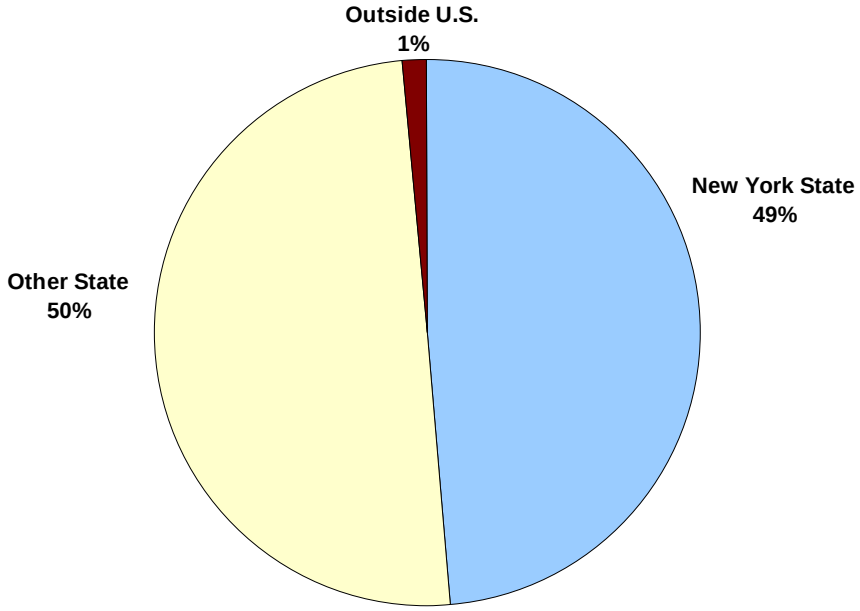


Figure 3.2 Trends in In-State Retention Rates by Specialty Group (for Exit Survey Respondents with Confirmed Practice Plans)

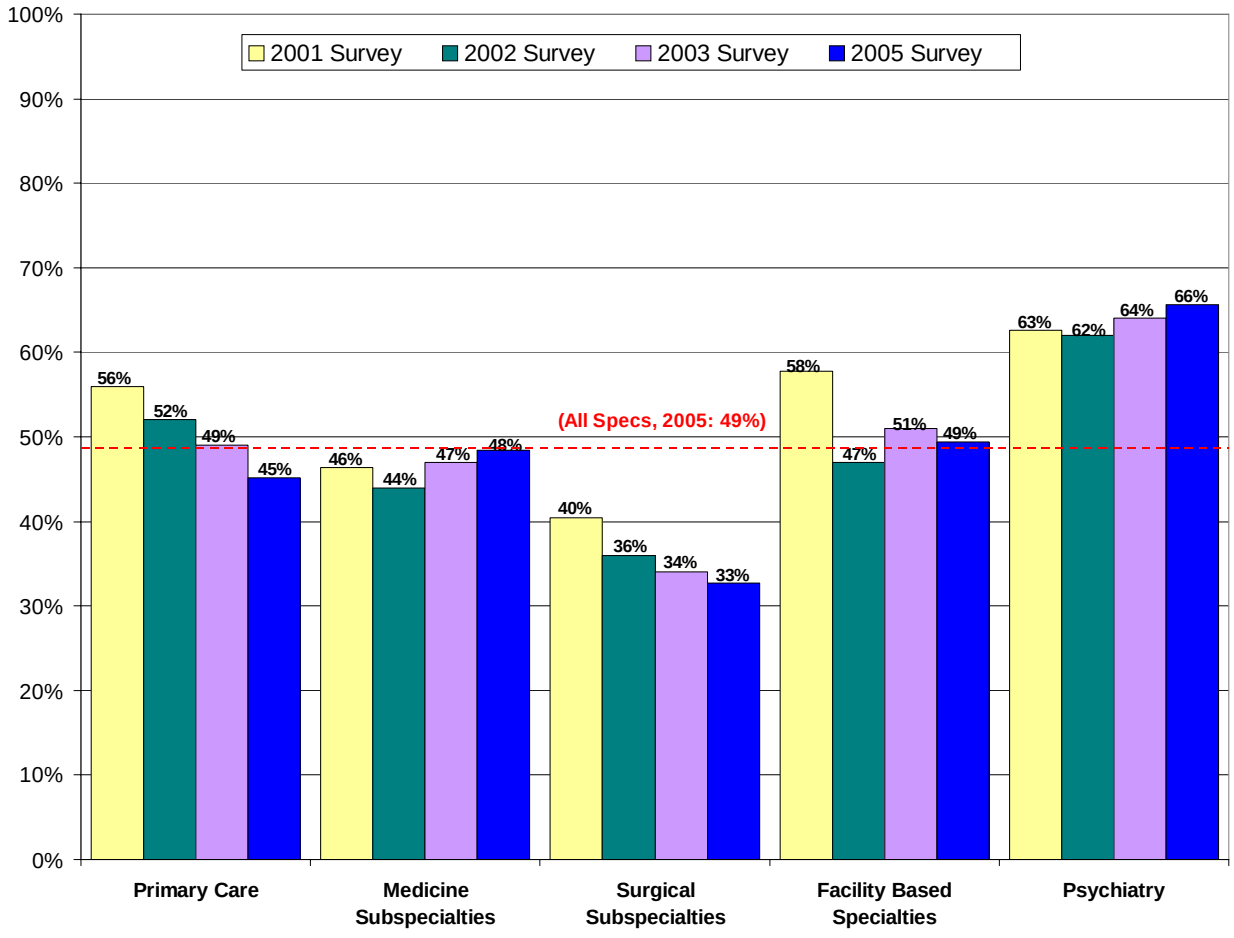


Figure 3.3 Rank of In-State Retention Rates by Specialty (for 2005 Exit Survey Respondents with Confirmed Practice Plans)

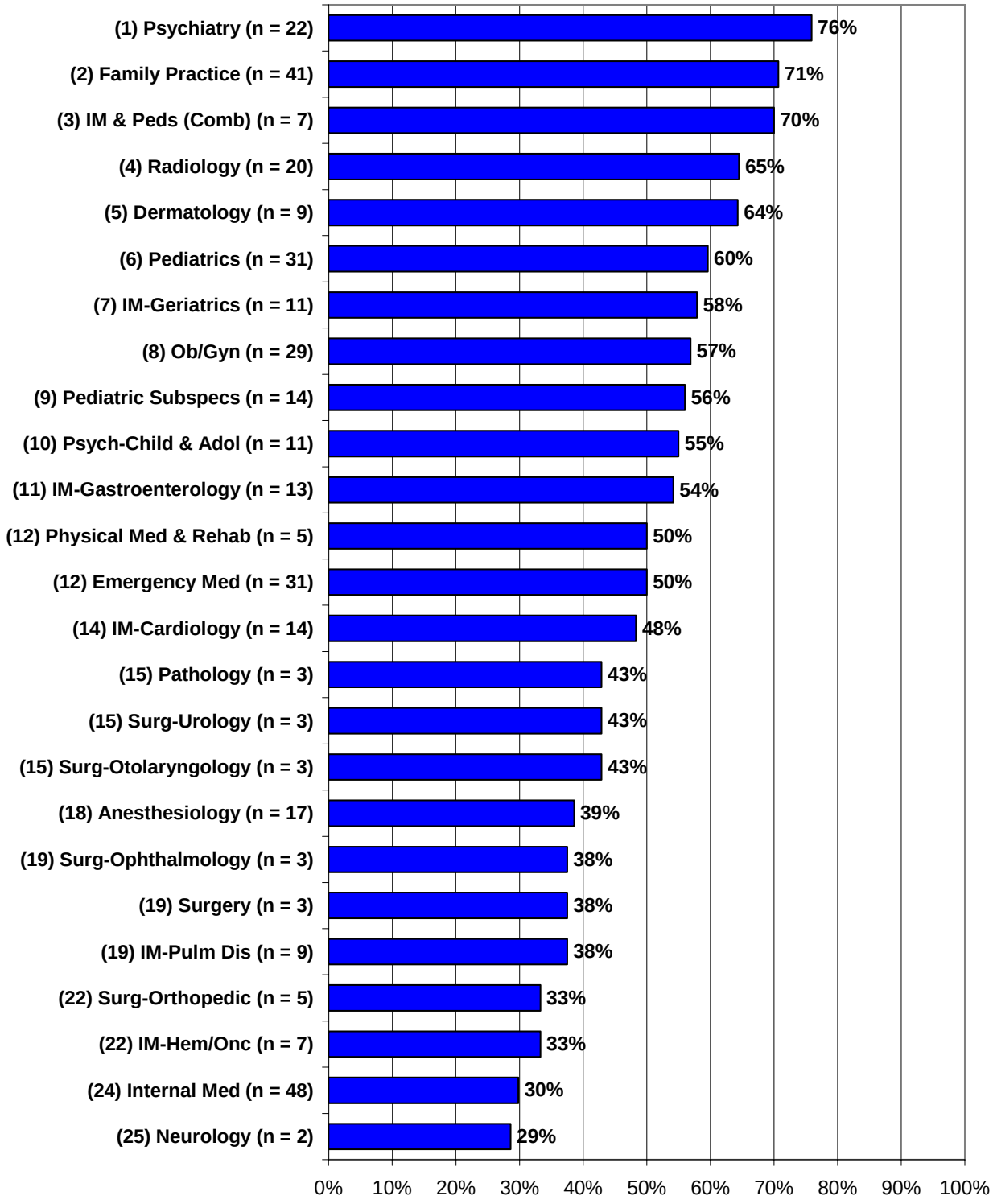


Table 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2005 Exit Survey Respondents with Confirmed Practice Plans)

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	**281**	**41%**	**4%**	**53%**	**2%**
Family Practice	58	60%	10%	28%	2%
Internal Medicine-General	161	28%	2%	68%	2%
Pediatrics-General	52	54%	6%	40%	0%
IM & Peds (Combined)	10	70%	0%	20%	10%
Obstetrics/Gynecology	**51**	**53%**	**4%**	**43%**	**0%**
Medicine Subspecialties	**182**	**42%**	**6%**	**51%**	**1%**
Cardiology	29	45%	3%	52%	0%
Gastroenterology	24	42%	13%	46%	0%
Geriatrics	19	58%	0%	42%	0%
Hematology/Oncology	21	29%	5%	67%	0%
Pulmonary Disease	24	38%	0%	63%	0%
Surgery-General	**8**	**25%**	**13%**	**63%**	**0%**
Surgical Subspecialties	**52**	**33%**	**0%**	**64%**	**4%**
Ophthalmology	8	38%	0%	63%	0%
Orthopedics	15	33%	0%	60%	7%
Otolaryngology	7	43%	0%	57%	0%
Urology	7	43%	0%	57%	0%
Facility Based	**87**	**47%**	**2%**	**49%**	**1%**
Anesthesiology-General	44	34%	5%	61%	0%
Pathology	7	43%	0%	57%	0%
Radiology	31	65%	0%	32%	3%
Psychiatry	**61**	**59%**	**7%**	**34%**	**0%**
Adult Psychiatry	29	62%	14%	24%	0%
Child & Adolescent Psych	20	55%	0%	45%	0%
Other	**140**	**48%**	**4%**	**46%**	**2%**
Dermatology	14	50%	14%	36%	0%
Emergency Medicine	62	47%	3%	47%	3%
Neurology	7	14%	14%	71%	0%
Pediatric Subspecialties	25	56%	0%	40%	4%
Physical Medicine & Rehab	10	50%	0%	50%	0%
All Specialties, 2005 (2003)	**862 (1288)**	**44% (45%)**	**4% (4%)**	**50% (49%)**	**1% (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 2005 survey, a question asked graduates about the level of ownership they would have in their upcoming practice. Responses to this question are summarized in Figure 3.5.

Highlights

- Nearly one-half (48%) of respondents were entering group practices. More than four-fifths of these (85%) 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-five percent 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 in which more than 10% planned to enter solo practice: ophthalmology (29%), dermatology (15%), surgery-general (13%), and child and adolescent psychology (11%).
- Thirty-eight percent of respondents were entering hospital based practices. Of these, a little more than one-half (53%) 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 2005 Exit Survey Respondents with Confirmed Practice Plans)

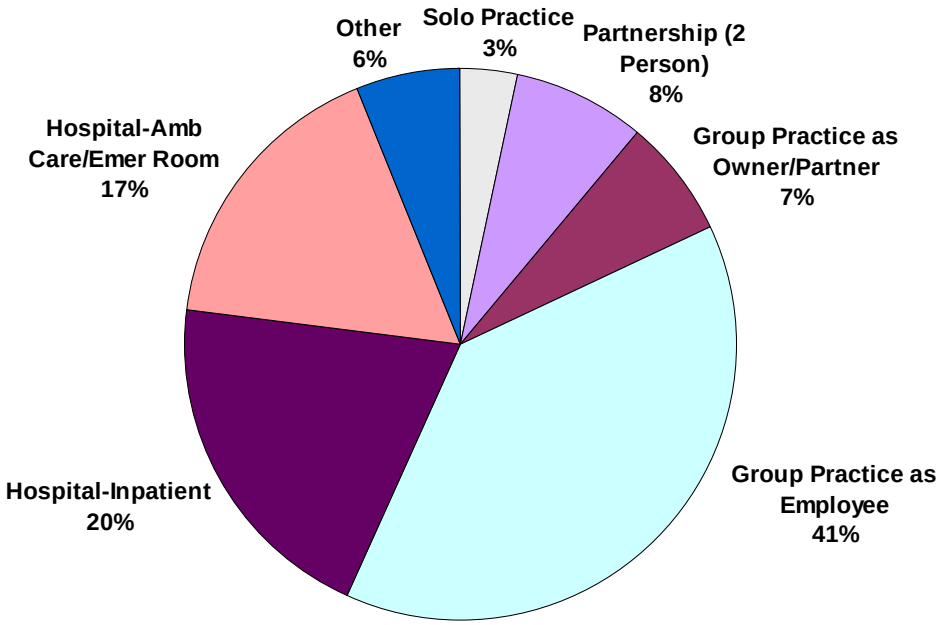


Figure 3.5 Respondent's Level of Ownership in Upcoming Principal Practice (for 2005 Exit Survey Respondents with Confirmed Practice Plans)

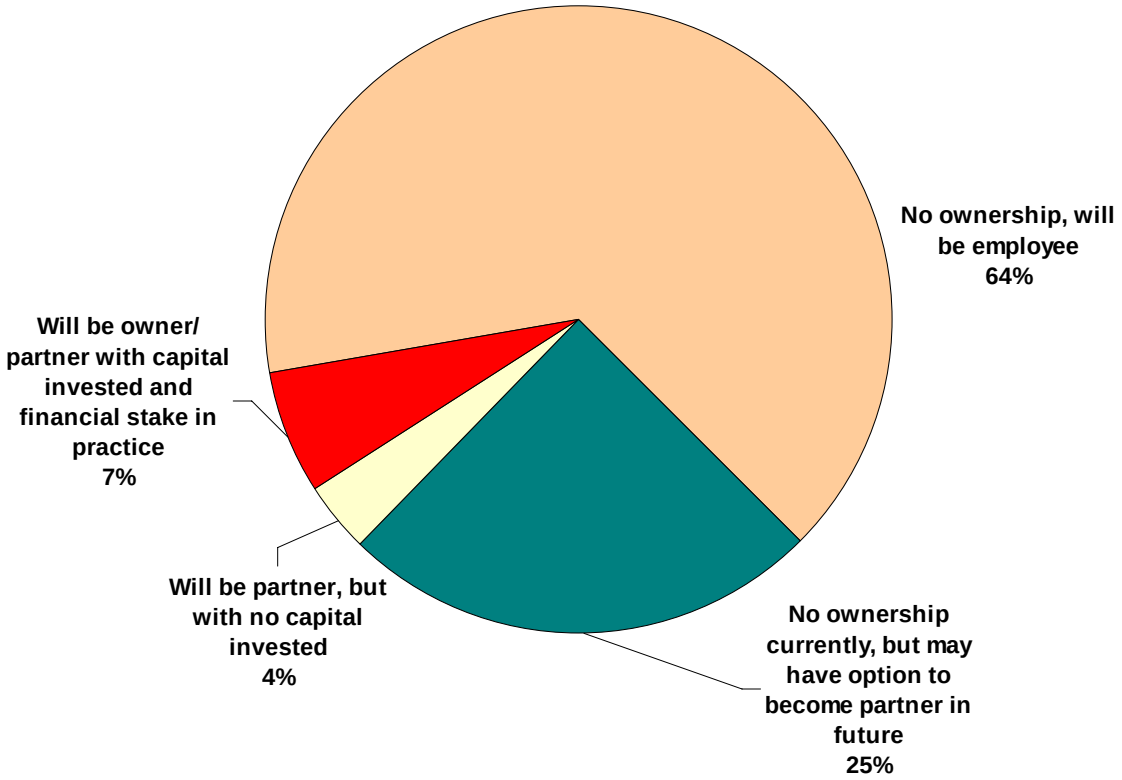


Table 3.2 Practice Setting of Respondent's Upcoming Principal Practice (for 2005 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partner-ship (2 Person)	GROUP PRACTICE As Owner/ Partner	GROUP PRACTICE As Em-ployee	HOSPITAL In-patient	HOSPITAL Amb. Care	HOSPITAL Emer. Room	Other
Primary Care	**3%**	**8%**	**3%**	**38%**	**30%**	**12%**	**1%**	**6%**
Family Practice	2%	14%	2%	57%	2%	14%	0%	10%
Internal Medicine-General	3%	6%	3%	28%	46%	9%	0%	5%
Pediatrics-General	4%	6%	4%	51%	8%	18%	4%	4%
IM & Peds (Combined)	0%	13%	0%	25%	38%	13%	0%	13%
Obstetrics/Gynecology	**4%**	**13%**	**4%**	**56%**	**13%**	**8%**	**0%**	**2%**
Medicine Subspecialties	**4%**	**12%**	**11%**	**50%**	**12%**	**9%**	**1%**	**3%**
Cardiology	4%	4%	16%	60%	12%	4%	0%	0%
Gastroenterology	0%	14%	14%	67%	5%	0%	0%	0%
Geriatrics	0%	6%	0%	39%	22%	11%	0%	22%
Hematology/Oncology	0%	0%	6%	72%	6%	17%	0%	0%
Pulmonary Disease	0%	26%	21%	32%	21%	0%	0%	0%
Surgery-General	**13%**	**50%**	**13%**	**13%**	**13%**	**0%**	**0%**	**0%**
Surgical Subspecialties	**10%**	**15%**	**15%**	**48%**	**4%**	**4%**	**0%**	**4%**
Ophthalmology	29%	14%	14%	14%	0%	29%	0%	0%
Orthopedics	7%	13%	13%	53%	7%	0%	0%	7%
Otolaryngology	0%	14%	14%	71%	0%	0%	0%	0%
Urology	0%	14%	29%	43%	0%	0%	0%	14%
Facility Based	**0%**	**3%**	**19%**	**54%**	**17%**	**4%**	**0%**	**4%**
Anesthesiology-General	0%	2%	29%	60%	10%	0%	0%	0%
Pathology	0%	0%	0%	80%	20%	0%	0%	0%
Radiology	0%	4%	11%	44%	26%	7%	0%	7%
Psychiatry	**5%**	**2%**	**2%**	**7%**	**34%**	**30%**	**7%**	**###**
Adult Psychiatry	4%	0%	0%	4%	37%	37%	11%	7%
Child & Adolescent Psych	11%	0%	6%	11%	17%	28%	6%	22%
Other	**2%**	**2%**	**4%**	**27%**	**17%**	**8%**	**40%**	**0%**
Dermatology	15%	8%	0%	77%	0%	0%	0%	0%
Emergency Medicine	0%	0%	7%	7%	0%	0%	86%	0%
Neurology	0%	0%	0%	75%	13%	13%	0%	0%
Pediatric Subspecialties	0%	0%	0%	10%	62%	29%	0%	0%
Physical Medicine & Rehab	0%	11%	0%	56%	22%	11%	0%	0%
All Specialties, 2005	**4%**	**8%**	**7%**	**40%**	**20%**	**10%**	**8%**	**4%**
(All Specialties, 2003)	**(5%)**	**(6%)**	**(8%)**	**(42%)**	**(17%)**	**(8%)**	**(8%)**	**(6%)**

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, and a large percentage said they "didn't know" if their upcoming practice fell within a federal HPSA.

Highlights

- More than one-fourth (27%) of respondents reported entering practice in inner-city locations and another 5% were going to rural locations. Fifteen percent said they would be practicing in a federal HPSA, a similar percentage was reported in 2002 and 2003.
- Graduates of adult psychiatry (52%), physical medicine and rehabilitation (50%), pediatric subspecialties (48%), and emergency medicine (43%) were the most likely to be entering practices in the inner city.
- Family practice, internal medicine-general, and geriatrics graduates were entering practice in rural areas at the highest rate (each at 11%). Pediatrics-general, internal medicine and pediatrics (combined), and hematology/oncology were the next highest rates of graduates planning to enter practice in rural areas (each at 10%).
- Graduates of internal medicine-general (28%), pediatrics-general (26%), pulmonary disease (26%), and hematology/oncology (24%) 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 and 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 (61%) 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, 24% of USMGs reported entering practice in a HPSA versus only 7% 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 2005 Exit Survey Respondents from Primary Care Specialties with Confirmed Practice Plans)

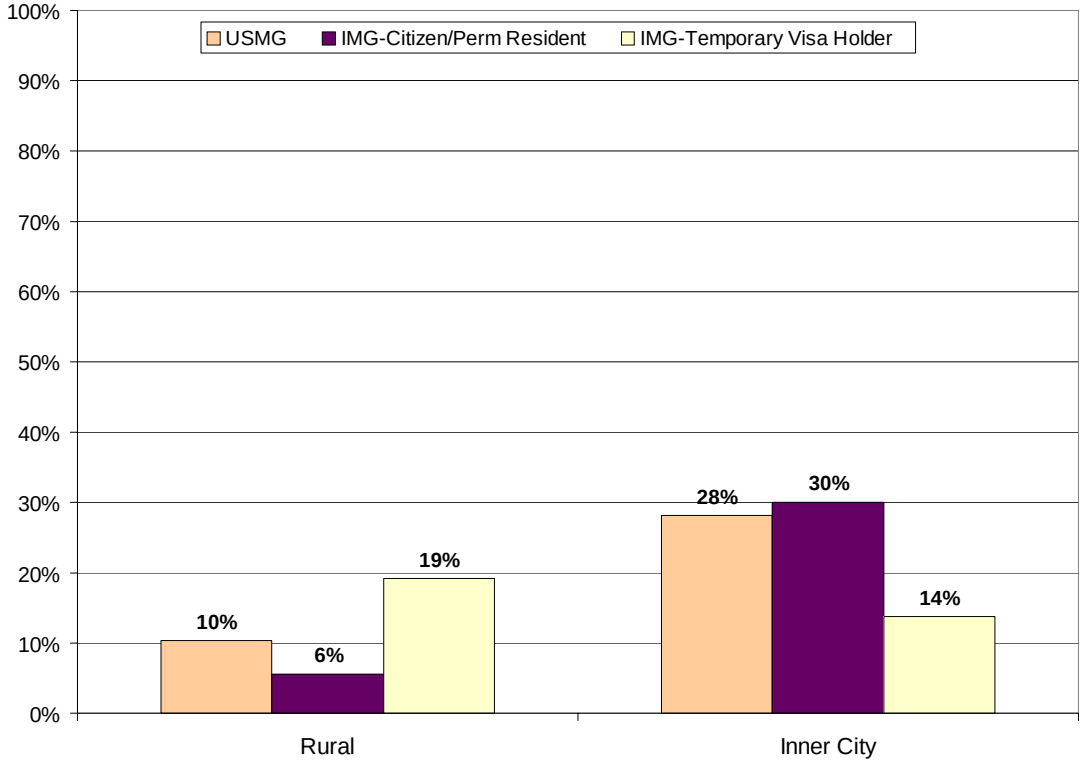


Figure 3.7 Trends in Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School & Citizenship Status (for 2005 Exit Survey Respondents from Primary Care Specialties with Confirmed Practice Plans)

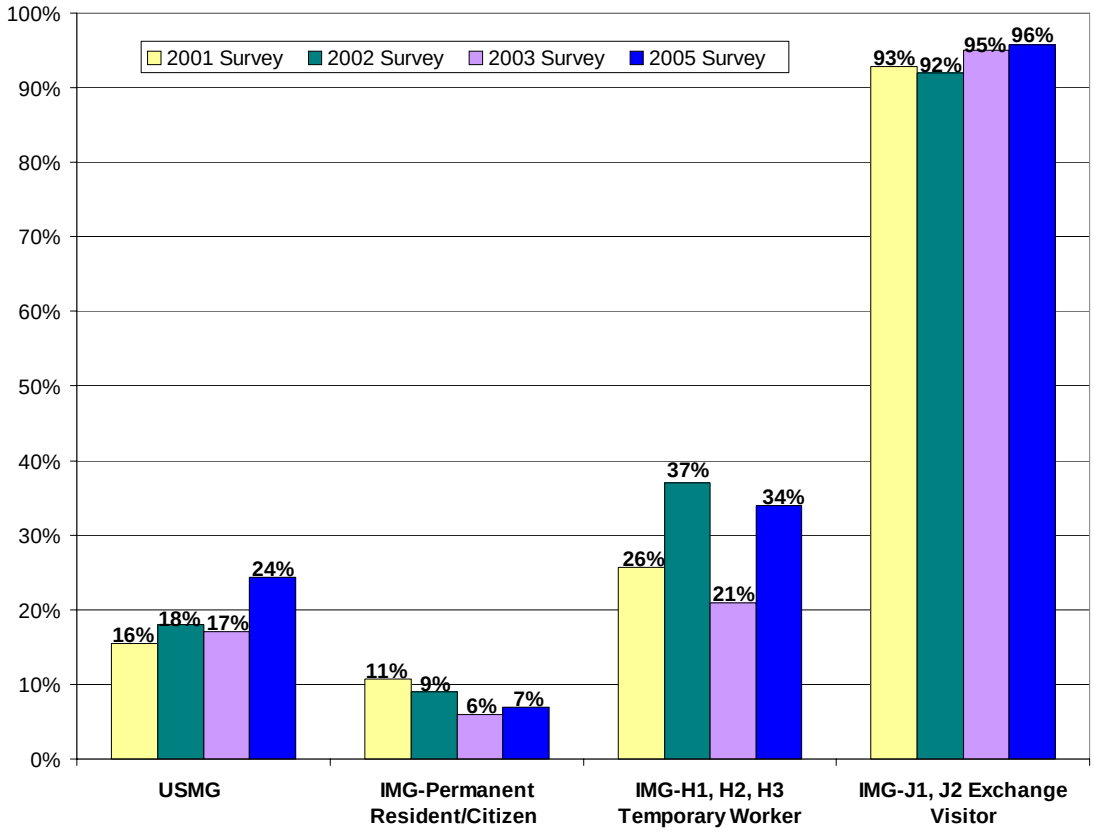


Table 3.3 Demographics of Practice Location (for 2005 Exit Survey Respondents with Confirmed Practice Plans)

	DEMOGRAPHICS					
Specialty	Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA[10]
Primary Care	**25%**	**15%**	**31%**	**19%**	**11%**	**26%**
Family Practice	26%	15%	30%	19%	11%	23%
Internal Medicine-General	23%	15%	30%	22%	11%	28%
Pediatrics-General	29%	19%	35%	8%	10%	26%
IM & Peds (Combined)	30%	10%	30%	20%	10%	22%
Obstetrics/Gynecology	**33%**	**18%**	**29%**	**18%**	**2%**	**16%**
Medicine Subspecialties	**21%**	**20%**	**43%**	**12%**	**4%**	**13%**
Cardiology	19%	33%	41%	4%	4%	7%
Gastroenterology	13%	26%	39%	22%	0%	9%
Geriatrics	37%	21%	32%	0%	11%	16%
Hematology/Oncology	15%	25%	35%	15%	10%	24%
Pulmonary Disease	17%	13%	48%	17%	4%	26%
Surgery-General	**25%**	**0%**	**75%**	**0%**	**0%**	**13%**
Surgical Subspecialties	**12%**	**29%**	**43%**	**16%**	**0%**	**2%**
Ophthalmology	13%	38%	25%	25%	0%	0%
Orthopedics	20%	13%	40%	27%	0%	7%
Otolaryngology	0%	57%	43%	0%	0%	0%
Urology	0%	43%	57%	0%	0%	0%
Facility Based	**17%**	**31%**	**41%**	**11%**	**0%**	**3%**
Anesthesiology-General	9%	33%	44%	14%	0%	2%
Pathology	14%	29%	43%	14%	0%	14%
Radiology	25%	32%	39%	4%	0%	0%
Psychiatry	**45%**	**23%**	**10%**	**18%**	**3%**	**13%**
Adult Psychiatry	52%	17%	7%	17%	7%	10%
Child & Adolescent Psych	42%	42%	5%	11%	0%	11%
Other	**39%**	**28%**	**23%**	**9%**	**1%**	**9%**
Dermatology	21%	29%	36%	7%	7%	0%
Emergency Medicine	43%	29%	19%	8%	2%	9%
Neurology	25%	13%	50%	13%	0%	0%
Pediatric Subspecialties	48%	26%	17%	9%	0%	18%
Physical Medicine & Rehab	50%	20%	20%	10%	0%	0%
All Specialties, 2005 (2003)	**27% (29%)**	**21% (20%)**	**33% (31%)**	**14% (14%)**	**5% (7%)**	**15% (16%)**

[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 was 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 ten dollars) were cardiology ($219,400), anesthesiology–general ($214,300), radiology ($212,000), and orthopedics ($211,100).
- Pediatrics-general had by far the lowest starting income of all specialties ($105,000). Other specialties with low starting incomes included internal medicine and pediatrics (combined) ($122,000), family practice ($122,100), and geriatrics ($122,300).
- Among the specialty groups, primary care had the lowest starting income ($128,700). Conversely, facility based ($211,600) and surgical subspecialties ($177,650) were highest.

Figure 3.8 Descriptive Statistics for Starting Income (in $1,000s) by Specialty Group (for 2005 Exit Survey Respondents with Confirmed Practice Plans)

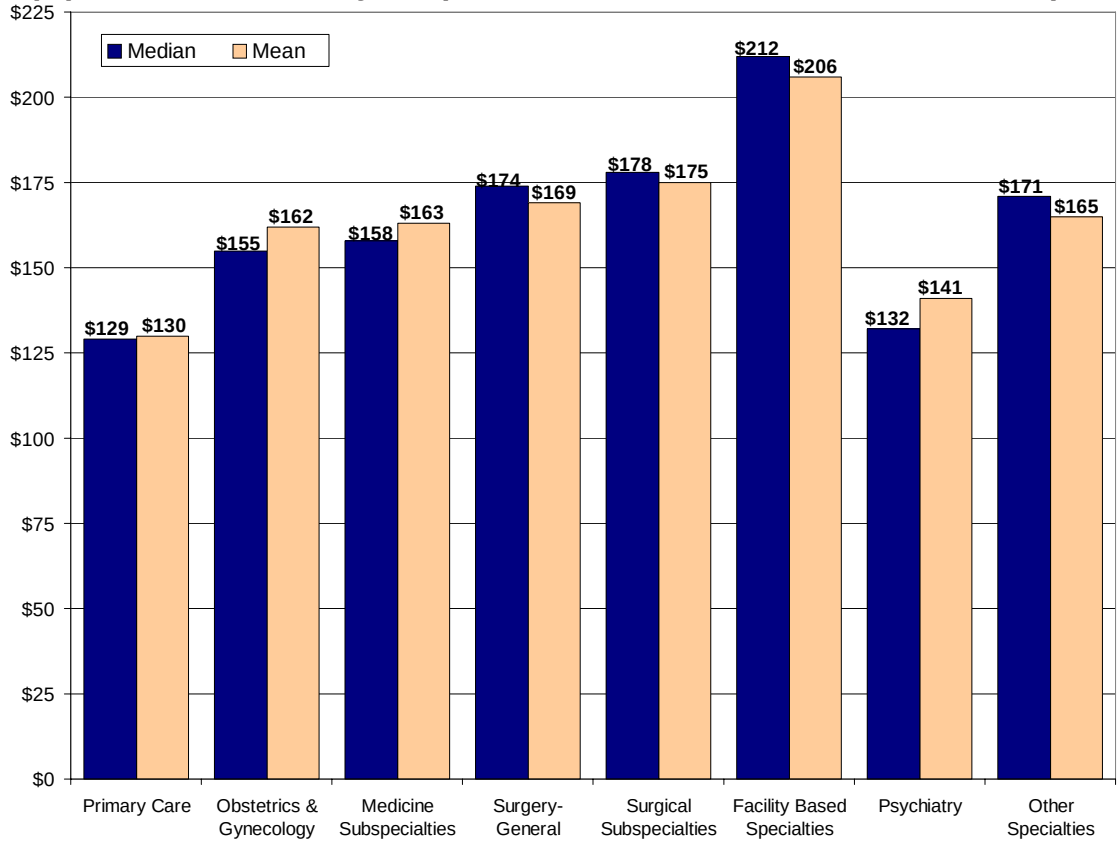


Figure 3.9 Distribution of Starting Income by Primary Care vs. Non-Primary Care (for 2005 Exit Survey Respondents with Confirmed Practice Plans)

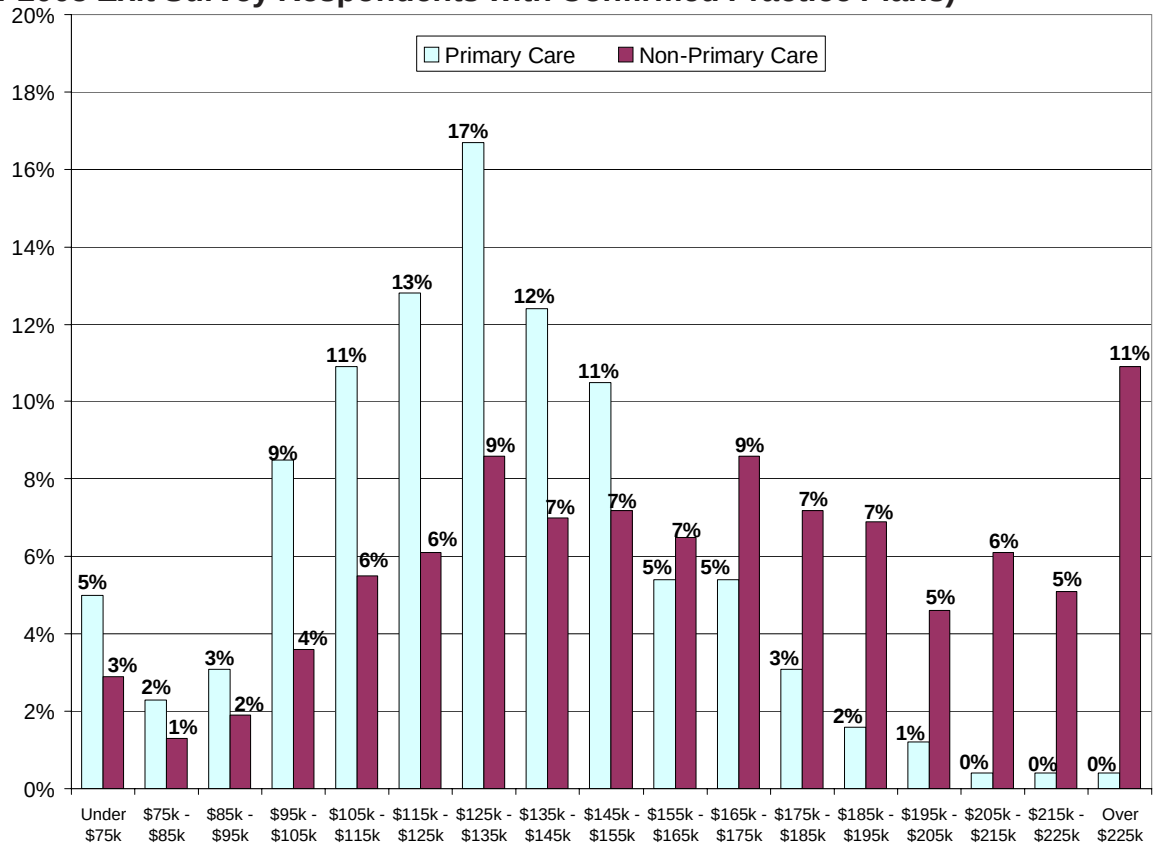


Figure 3.10 Rank of Median Starting Income (in 1,000s) by Specialty (for 2005 Exit Survey Respondents with Confirmed Practice Plans)

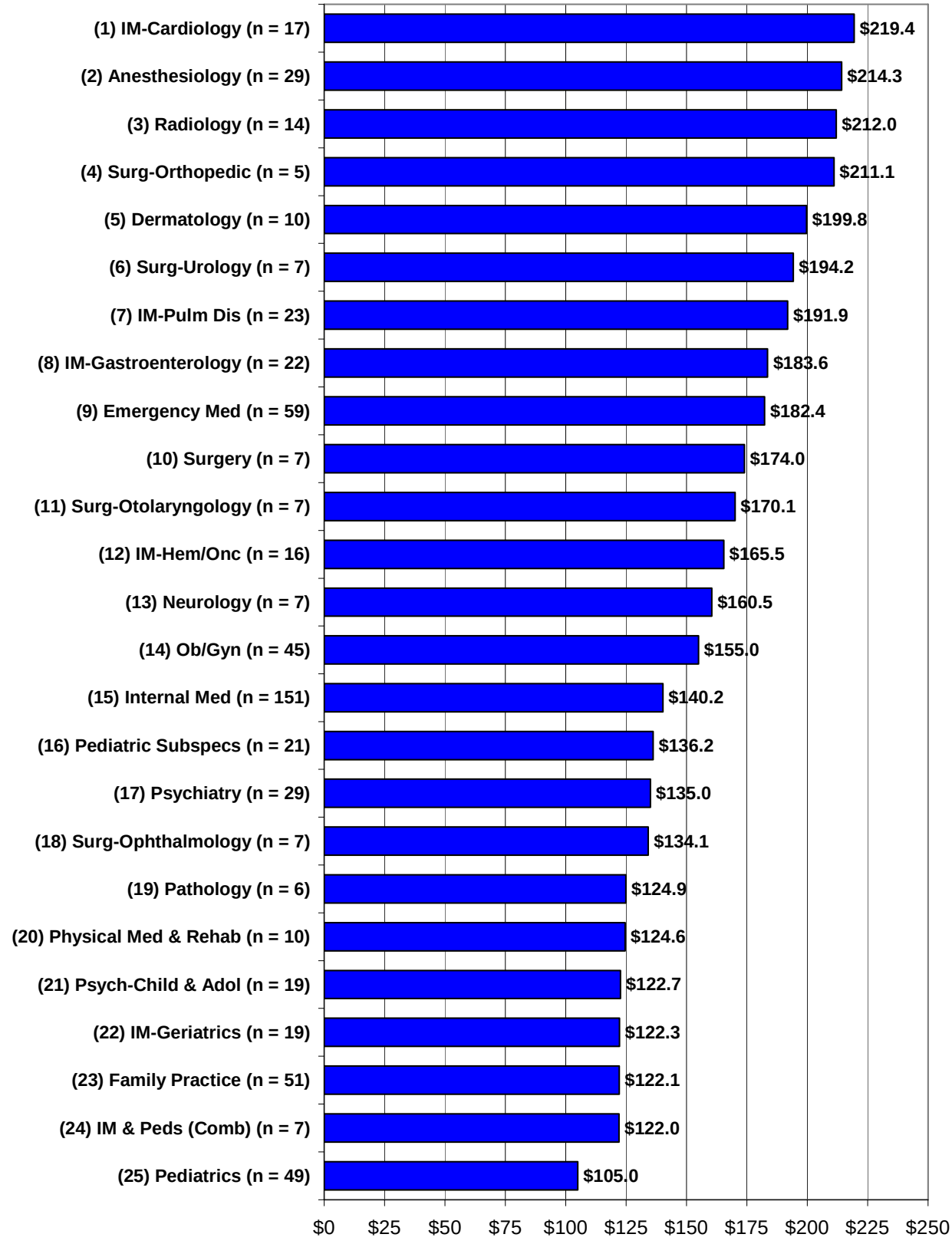


Table 3.4 Descriptive Statistics for Respondent's Expected Starting Income (for 2005 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK[11] (of 25)	MEDIAN	RANK (of 25)
Primary Care	**258**	**$129,630**	N/A	**$128,700**	N/A
Family Practice	51	$119,965	23	$122,100	23
Internal Medicine-General	151	$142,216	15	$140,200	15
Pediatrics-General	49	$103,049	25	$105,000	25
IM & Peds (Combined)	7	$114,614	24	$122,000	24
Obstetrics/Gynecology	**45**	**$162,244**	12	**$155,000**	**14**
Medicine Subspecialties	**154**	**$162,720**	N/A	**$158,350**	N/A
Cardiology	17	$207,159	3	$219,400	1
Gastroenterology	22	$188,273	7	$183,600	8
Geriatrics	19	$123,232	22	$122,300	22
Hematology/Oncology	16	$171,531	10	$165,500	12
Pulmonary Disease	23	$184,113	8	$191,900	7
Surgery-General	**7**	**$168,614**	**11**	**$174,000**	**10**
Surgical Subspecialties	**34**	**$174,894**	N/A	**$177,650**	N/A
Ophthalmology	7	$136,086	19	$134,100	18
Orthopedics	5	$206,420	4	$211,100	4
Otolaryngology	7	$162,186	13	$170,100	11
Urology	7	$194,929	6	$194,200	6
Facility Based	**53**	**$206,025**	N/A	**$211,600**	N/A
Anesthesiology-General	29	$214,993	1	$214,300	2
Pathology	6	$140,217	16	$124,850	19
Radiology	14	$214,721	2	$212,000	3
Psychiatry	**60**	**$141,340**	N/A	**$132,200**	N/A
Adult Psychiatry	29	$139,869	17	$135,000	17
Child & Adolescent Psych	19	$127,479	21	$122,700	21
Other	**126**	**$165,040**	N/A	**$171,200**	N/A
Dermatology	10	$197,900	5	$199,750	5
Emergency Medicine	59	$180,154	9	$182,400	9
Neurology	7	$161,943	14	$160,500	13
Pediatric Subspecialties	21	$136,581	18	$136,200	16
Physical Medicine & Rehab	10	$127,520	20	$124,550	20
Total (All Specialties)	**737**	**$153,495**	N/A	**$146,900**	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 the new physicians may not have known exactly how many hours they would be working, they were able to estimate within the 10 hour intervals provided as choices on the survey. It is important to know how many hours graduates anticipate they will work in their upcoming practices because this variable has an impact on issues related to workforce planning and compensation.

Table 3.5 presents data on the number of hours per week graduates expected to 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 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 are an aggregation of all responses to this question from both the 2003 and 2005 surveys. These data 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 4% fewer patient care hours than males (44.8 versus 46.7). This gender difference was greatest in neurology (17%), otolaryngology (17%), physical medicine and rehabilitation (10%), and hematology/oncology (10%).
- Graduates of the following individual specialties expected to be working the highest number of hours: surgery–general (58.6), orthopedics (54.4), pulmonary disease (54.2), and anesthesiology-general (53.5).
- Graduates expected to be working fewer than 40 patient care/clinical practice hours per week in emergency medicine (35.6), dermatology (36.3), child and adolescent psychiatry (37.5), adult psychiatry (38.7), and internal medicine and pediatrics (combined) (39.5).

Figure 3.11 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours by Specialty (for 2003 and 2005 Exit Survey Respondents with Confirmed Practice Plans)

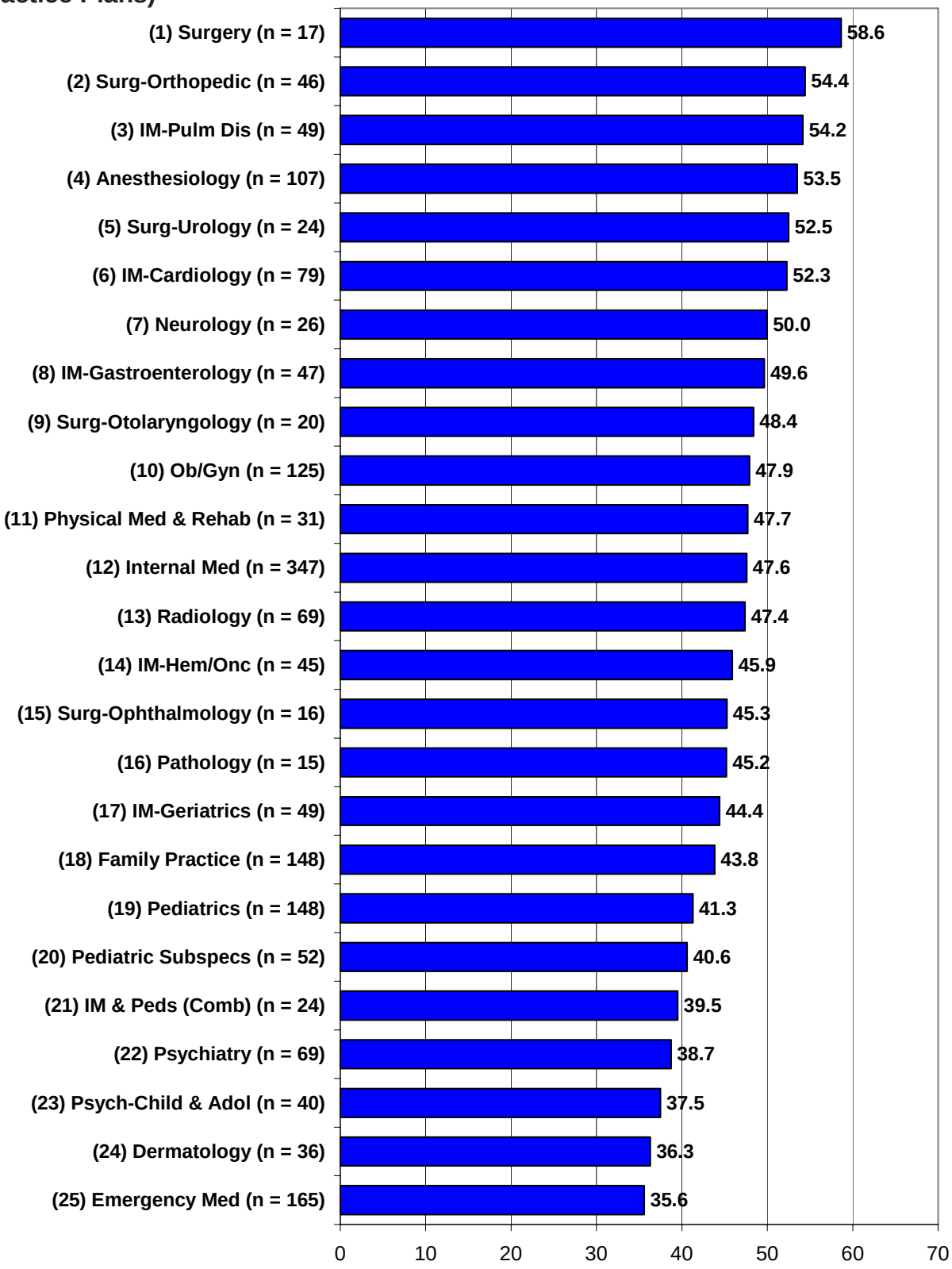


Table 3.5 Respondent's Expected Weekly Number of Patient Care/Clinical Practice Hours by Gender (for 2003 and 2005 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**45.8**	**44.4**	**45.1**
Family Practice	43.7	43.3	43.8
Internal Medicine-General	48.3	47.2	47.6
Pediatrics-General	40.9	41.0	41.3
IM & Peds (Combined)	42.0	39.1	39.5
Obstetrics/Gynecology	**49.0**	**48.2**	**47.9**
Medicine Subspecialties	**49.5**	**46.8**	**48.7**
Cardiology	52.5	51.4	52.3
Gastroenterology	48.6	50.4	49.6
Geriatrics	45.5	42.2	44.4
Hematology/Oncology	48.7	44.3	45.9
Pulmonary Disease	55.0	52.5	54.2
Surgery-General	**59.7**	**60.3** (n = 8)	**58.6**
Surgical Subspecialties	**54.0**	**52.6**	**53.5**
Ophthalmology	45.3	44.0 (n = 8)	45.3
Orthopedics	54.4	58.3	54.4
Otolaryngology	51.3	43.9	48.4
Urology	51.9	54.6 (n = 9)	52.5
Facility Based	**51.2**	**50.3**	**50.4**
Anesthesiology-General	53.9	54.6	53.5
Pathology	44.7 (n = 9)	45.9	45.2
Radiology	48.1	47.0	47.4
Psychiatry	**38.5**	**38.3**	**38.3**
Adult Psychiatry	40.1	38.5	38.7
Child & Adolescent Psych	37.1	37.5	37.5
Other	**39.6**	**38.3**	**39.2**
Dermatology	36.0	34.8	36.3
Emergency Medicine	35.5	35.0	35.6
Neurology	53.5	45.8	50.0
Pediatric Subspecialties	41.6	40.5	40.6
Physical Medicine & Rehab	49.0	44.6	47.7
Total (All Specialties)	**46.7**	**44.8**	**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 2003 and 2005 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 hardships they faced in finding a job. Respondents who indicated they had not yet actively searched for a practice position were also excluded.

Each subsection within Section IV summarizes the responses to 1) a question on the 2005 survey, 2) the aggregated total of all respondents for the 2003 and 2005 surveys, and 3) 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.

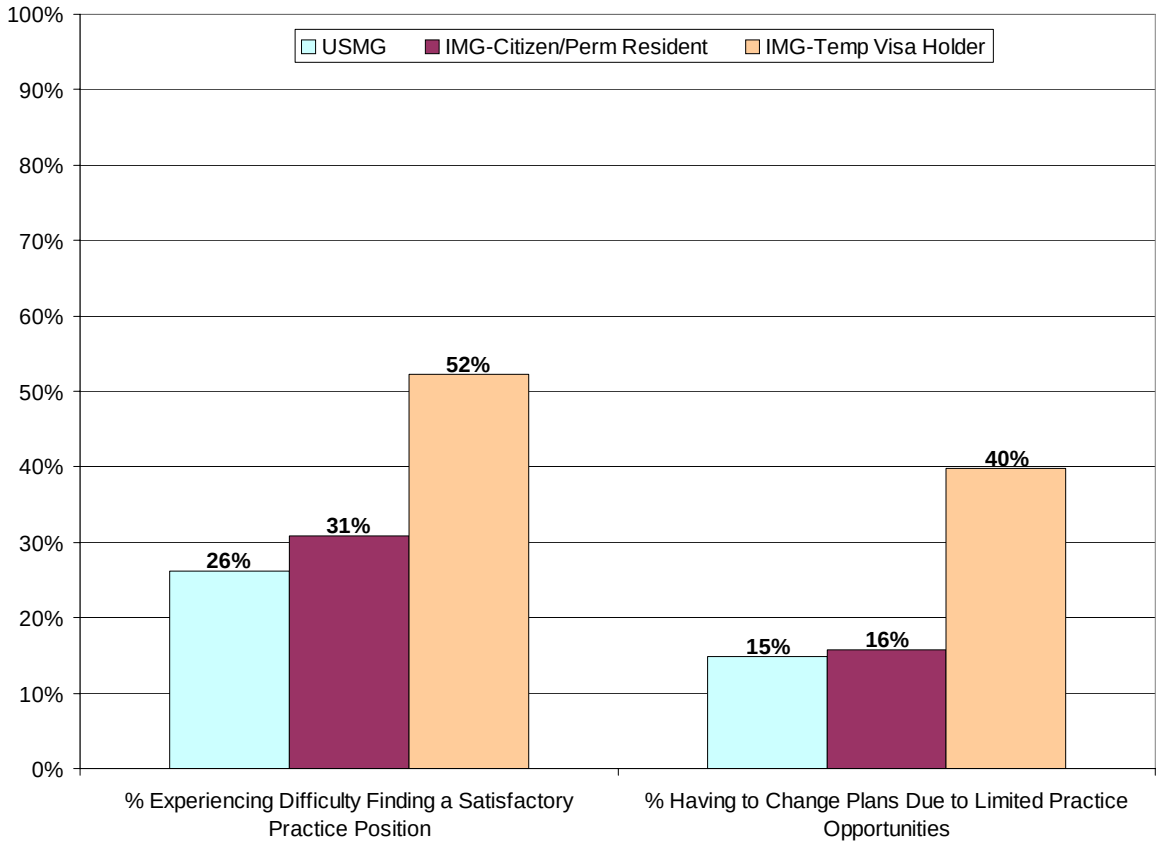
4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

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 2005 survey, the aggregated total of responses for 2003 and 2005, and the aggregated responses for the last four years of the survey.

Highlights

- Slightly more than one-fourth (26%) of respondents reported difficulty finding a satisfactory position. This percentage decreased slightly from the previous years (31%). For the specialty groupings, primary care (34%) and obstetrics/gynecology (30%) had the highest percent of respondents reporting difficulty in 2005.
- The most often cited "main reason for difficulty finding a practice position" was "a lack of jobs in desired locations" (49%) followed by "an overall lack of jobs" (12%).

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 2005 Exit Survey Respondents Who Have Searched for a Job)

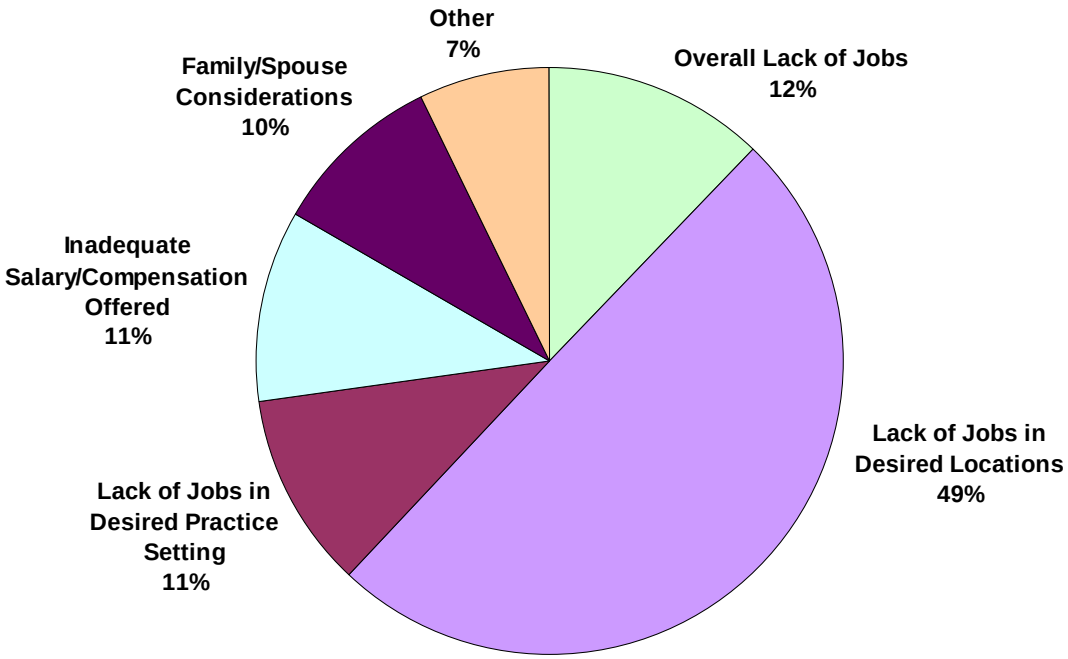


- Specialties in which at least forty percent of respondents reported difficulty finding a satisfactory position were physical medicine and rehabilitation (50%), geriatrics (48%), and family practice (40%). Graduates of dermatology (6%) and cardiology (7%) had the least difficulty.

- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last two years of the survey (2003 and 2005 aggregated) were ophthalmology (50%), physical medicine and rehabilitation (45%), geriatrics (44%), and internal medicine-general (43%).

- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last four years of the survey were internal medicine–general (46%), geriatrics (45%), pathology (45%), physical medicine and rehabilitation (44%), and ophthalmology (41%).

Figure 4.2 Main Reason for Difficulty Finding a Satisfactory Practice Position (of 2005 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)

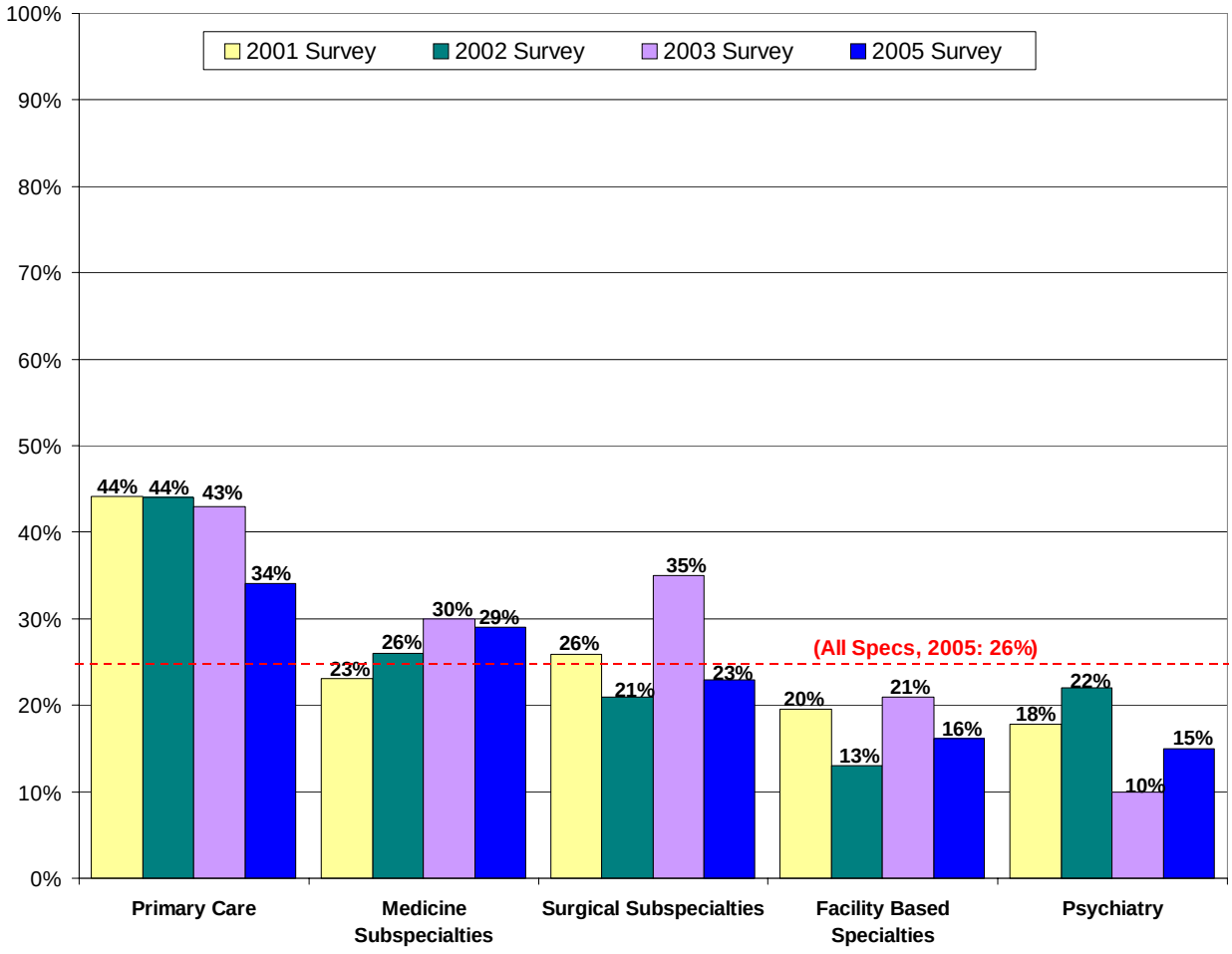


Figure 4.4 Rank of Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty (of 2005 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

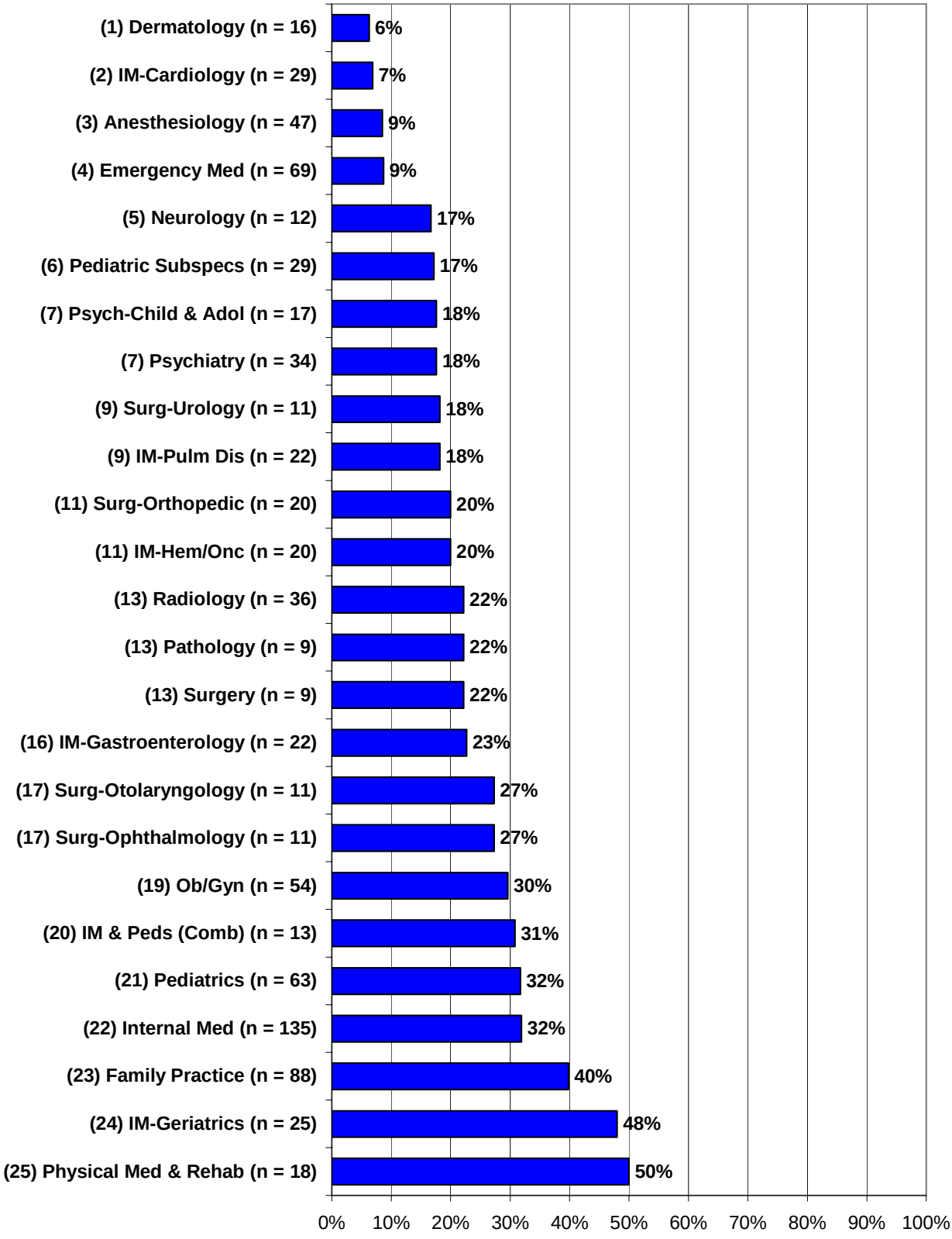


Table 4.1 Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position (of Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded*)

Specialty	2005 Respondents	RANK (of 25)	Aggregated Respondents: 2003 and 2005	RANK (of 25)	All Respondents (Aggregated: 2001 thru 2005)	RANK (of 25)
Primary Care	**34%**	N/A	**39%**	N/A	**42%**	N/A
Family Practice	40%	23	38%	19	37%	18
Internal Medicine-General	32%	22	43%	22	46%	25
Pediatrics-General	32%	21	37%	18	40%	19
IM & Peds (Combined)	31%	20	21%	11	32%	17
Obstetrics/Gynecology	**30%**	19	**25%**	15	**27%**	16
Medicine Subspecialties	**29%**	N/A	**29%**	N/A	**27%**	N/A
Cardiology	7%	2	19%	8	16%	4
Gastroenterology	23%	16	23%	13	19%	9
Geriatrics	48%	24	44%	23	45%	24
Hematology/Oncology	20%	11	27%	16	24%	13
Pulmonary Disease	18%	9	24%	14	25%	14
Surgery-General	**22%**	13	**35%**	17	**41%**	20
Surgical Subspecialties	**23%**	N/A	**31%**	N/A	**27%**	N/A
Ophthalmology	27%	17	50%	25	41%	21
Orthopedics	20%	11	21%	12	21%	11
Otolaryngology	27%	17	39%	20	25%	15
Urology	18%	9	15%	5	14%	3
Facility Based	**16%**	N/A	**19%**	N/A	**17%**	N/A
Anesthesiology-General	9%	3	12%	2	10%	1
Pathology	22%	13	39%	21	45%	23
Radiology	22%	13	19%	9	18%	7
Psychiatry	**15%**	N/A	**12%**	N/A	**17%**	N/A
Adult Psychiatry	18%	7	15%	6	17%	5
Child & Adolescent Psych	18%	7	11%	1	17%	6
Other	**18%**	N/A	**20%**	N/A	**20%**	N/A
Dermatology	6%	1	15%	4	19%	10
Emergency Medicine	9%	4	13%	3	11%	2
Neurology	17%	5	20%	10	22%	12
Pediatric Subspecialties	17%	6	16%	7	19%	8
Physical Medicine & Rehab	50%	25	45%	24	44%	22
Total (All Specialties)	**26%**	N/A	**29%**	N/A	**29%**	N/A

*This section refers to the job market experiences and perceptions of U.S. citizens and permanent residents who have 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

- Fourteen percent of respondents reported having to change their plans due to limited job opportunities, which was slightly lower than the results from the 2003 survey.
- Dermatology (0%), ophthalmology (0%), surgery-general (0%), and cardiology (3%) had the fewest graduates having to change plans in 2005. Graduates of pathology (33%), geriatrics (31%), family practice (22%), and physical medicine and rehabilitation (21%) were the most likely to have 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)

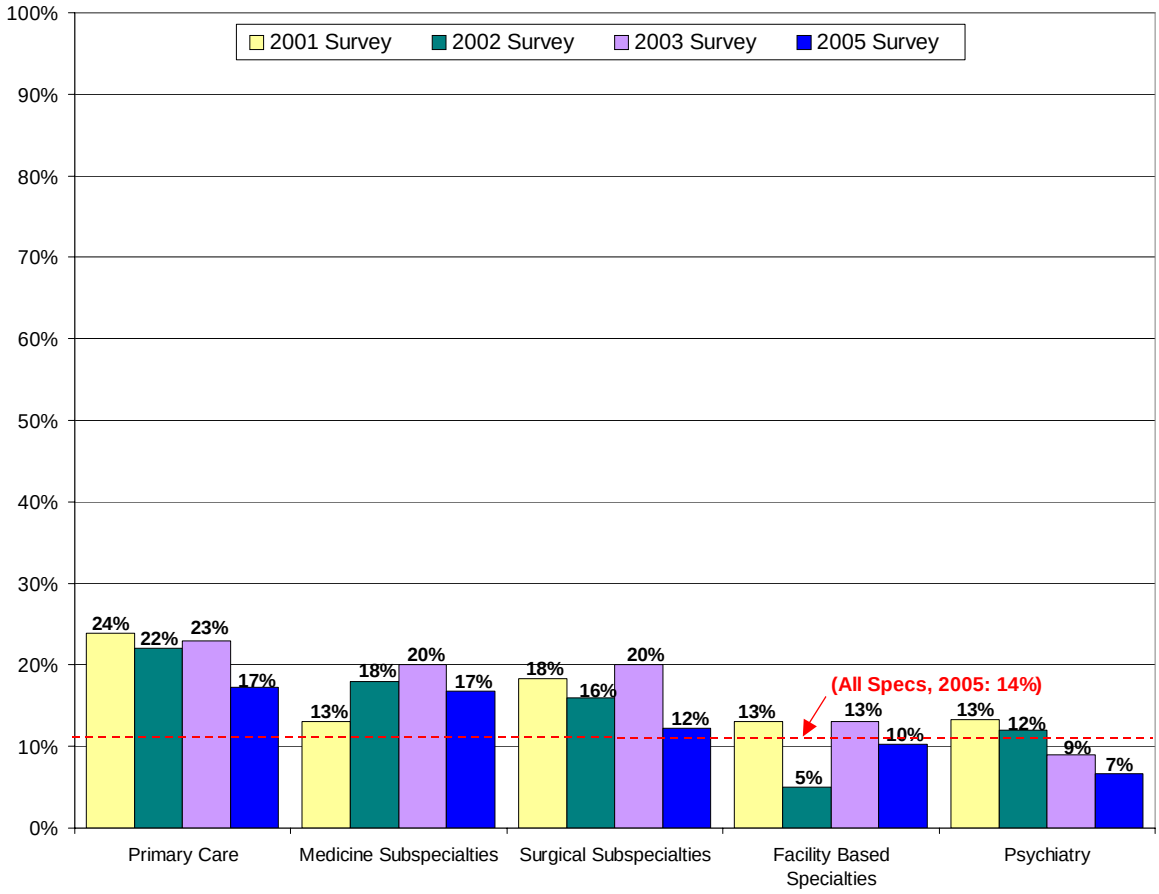


Figure 4.6 Rank of Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty (of 2005 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

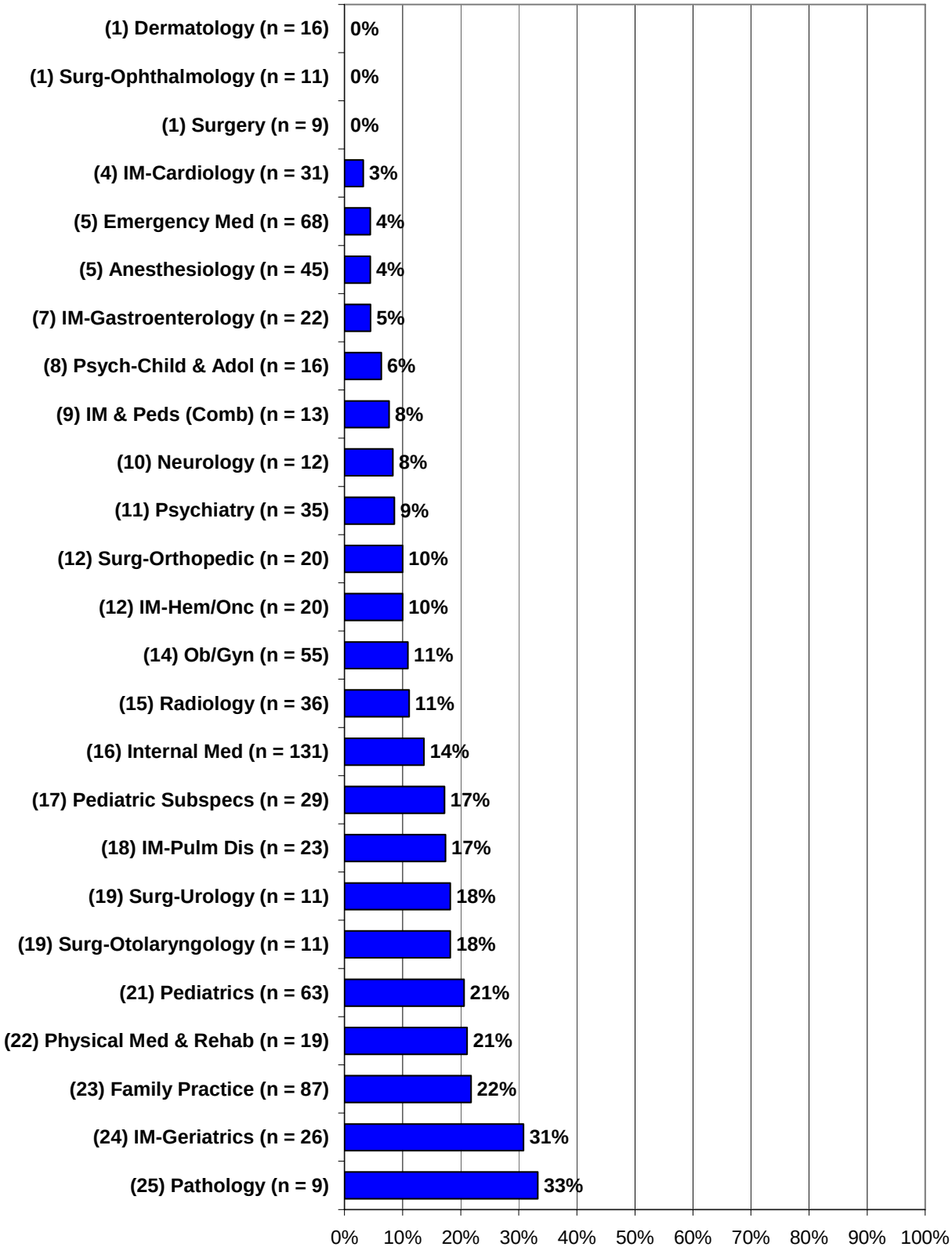


Table 4.2 Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2005 Respondents	RANK (of 25)	Aggregated Respondents: 2003 and 2005	RANK (of 25)	All Respondents (Aggregated: 2001 thru 2005)	RANK (of 25)
Primary Care	**17%**	N/A	**21%**	N/A	**22%**	N/A
Family Practice	22%	23	22%	21	22%	21
Internal Medicine-General	14%	16	22%	22	23%	23
Pediatrics-General	21%	21	20%	18	21%	19
IM & Peds (Combined)	8%	9	6%	4	13%	12
Obstetrics/Gynecology	**11%**	14	**9%**	8	**11%**	9
Medicine Subspecialties	**17%**	N/A	**18%**	N/A	**17%**	N/A
Cardiology	3%	4	10%	10	10%	7
Gastroenterology	5%	7	10%	9	9%	5
Geriatrics	31%	24	29%	25	24%	24
Hematology/Oncology	10%	12	20%	17	17%	18
Pulmonary Disease	17%	18	13%	12	16%	15
Surgery-General	**0%**	1	**19%**	15	**21%**	20
Surgical Subspecialties	**12%**	N/A	**17%**	N/A	**17%**	N/A
Ophthalmology	0%	1	21%	20	28%	15
Orthopedics	10%	12	8%	5	14%	13
Otolaryngology	18%	19	19%	15	13%	11
Urology	18%	19	9%	7	6%	2
Facility Based	**10%**	N/A	**12%**	N/A	**10%**	N/A
Anesthesiology-General	4%	6	6%	3	5%	1
Pathology	33%	25	26%	23	22%	22
Radiology	11%	15	13%	13	12%	10
Psychiatry	**7%**	N/A	**8%**	N/A	**11%**	N/A
Adult Psychiatry	9%	11	11%	11	10%	6
Child & Adolescent Psych	6%	8	5%	2	10%	8
Other	**11%**	N/A	**13%**	N/A	**14%**	N/A
Dermatology	0%	1	0%	1	8%	3
Emergency Medicine	4%	5	8%	6	9%	4
Neurology	8%	10	14%	14	16%	14
Pediatric Subspecialties	17%	17	20%	19	17%	17
Physical Medicine & Rehab	21%	22	27%	24	26%	25
Total (All Specialties)	**14%**	N/A	**16%**	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 2003 and 2005 surveys) were dermatology (0%), child and adolescent psychiatry (5%), anesthesiology–general (6%), and internal medicine and pediatrics (combined) (6%). For the last two years, the specialties with the highest percentage of graduates changing plans were geriatrics (29%), physical medicine and rehabilitation (27%), pathology (26%), and pediatrics–general (22%).

- The specialties with the lowest percentages of respondents reporting they had to change plans over the last four years of the survey were anesthesiology–general (5%), urology (6%), dermatology (8%), and emergency medicine (9%). The specialties most likely to have respondents indicate they had to change plans over the last four years of the survey were physical medicine and rehabilitation (26%), geriatrics (24%), internal medicine–general (23%), and pathology (22%).

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, the total of job offers provides a concrete number, and is less subject to this bias. Job offers, along with starting income trends, were 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)

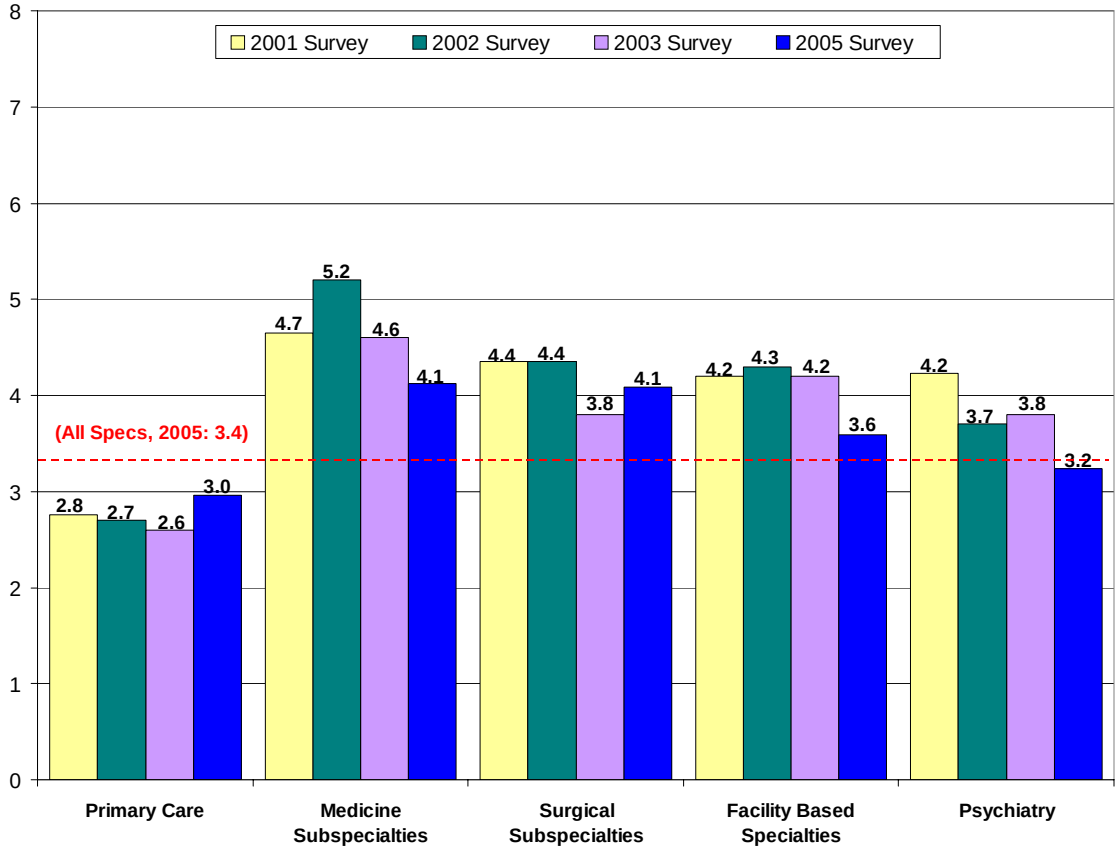


Figure 4.8 Rank of Mean Number of Job Offers Received by Respondents by Specialty (of 2005 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

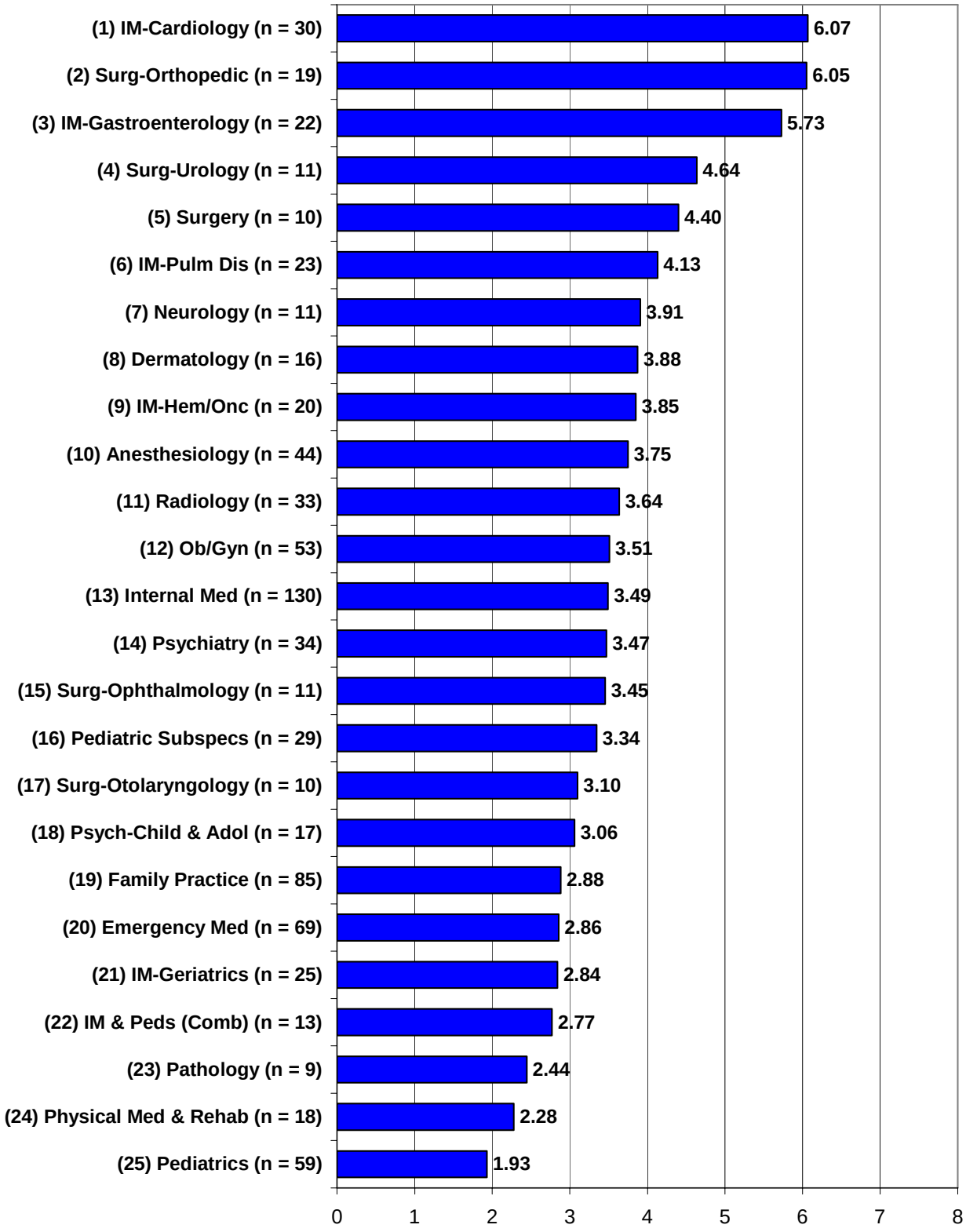


Table 4.3 Mean Number of Job Offers Received by Respondents (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2005 Respondents	RANK (of 25)	Aggregated Respondents: 2003 and 2005	RANK (of 25)	Trend (Average Annual Change: 2001 to 2005)	RANK (of 25)
Primary Care	**2.96**	N/A	**2.71**	N/A	**3%**	N/A
Family Practice	2.88	19	2.93	20	-2%	13
Internal Medicine-General	3.49	13	2.89	21	13%	6
Pediatrics-General	1.93	25	2.19	24	-11%	22
IM & Peds (Combined)	2.77	22	2.39	23	-5%	17
Obstetrics/Gynecology	**3.51**	12	**3.72**	11	**-1%**	12
Medicine Subspecialties	**4.12**	N/A	**4.40**	N/A	**-3%**	N/A
Cardiology	6.07	1	5.85	2	-1%	11
Gastroenterology	5.73	3	6.45	1	-7%	18
Geriatrics	2.84	21	3.05	16	-4%	15
Hematology/Oncology	3.85	9	3.63	12	-1%	10
Pulmonary Disease	4.13	6	4.89	4	7%	7
Surgery-General	**4.40**	5	**3.19**	15	**18%**	3
Surgical Subspecialties	**4.08**	N/A	**3.93**	N/A	**-2%**	N/A
Ophthalmology	3.45	15	2.96	19	19%	2
Orthopedics	6.05	2	4.47	5	14%	5
Otolaryngology	3.10	17	3.52	13	-11%	21
Urology	4.64	4	5.15	3	5%	8
Facility Based	**3.59**	N/A	**3.95**	N/A	**-5%**	N/A
Anesthesiology-General	3.75	10	4.36	6	-5%	16
Pathology	2.44	23	1.52	25	57%	1
Radiology	3.64	11	3.78	10	-8%	19
Psychiatry	**3.23**	N/A	**3.60**	N/A	**-8%**	N/A
Adult Psychiatry	3.47	14	3.39	14	0%	9
Child & Adolescent Psych	3.06	18	4.00	9	-16%	25
Other	**3.10**	N/A	**3.21**	N/A	**-8%**	N/A
Dermatology	3.88	8	4.22	7	-9%	20
Emergency Medicine	2.86	20	3.02	18	-12%	23
Neurology	3.91	7	4.17	8	-3%	14
Pediatric Subspecialties	3.34	16	3.04	17	15%	4
Physical Medicine & Rehab	2.28	24	2.68	22	-16%	24
Total (All Specialties)	**3.43**	N/A	**3.46**	N/A	**-2%**	N/A

Highlights

- The average number of job offers received by graduates in 2005 was 3.43, only slightly down from the number received by graduates in 2003 (3.48). Cardiologists (6.07), orthopedics (6.05), gastroenterologists (5.73), urologists (4.64), and surgery–general (4.40) received the most job offers in 2005 while pediatrics-general (1.93) received the fewest.

- Pathologists (+57%), ophthalmology (+19%), surgery-general (+18%), and pediatric subspecialties (+15%) were the specialties showing the greatest average annual increases in job offers. Conversely, child and adolescent psychology (-16%), physical medicine and rehabilitation (-12%), emergency medicine (-12%), and pediatrics-general (-11%) 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. However, the average Likert Score in 2005 (0.99) was up slightly from 2003 (0.79).
- Looking at specialty groups, psychiatry (1.56) had the most positive view of the regional job market. Conversely, primary care (0.83) had the least positive view in 2005.
- Dermatology (1.94), cardiology (1.59), child and adolescent psychiatry (1.59), and otolaryngology (1.55) 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 pathology (0.22), physical medicine and rehabilitation (0.32), and pediatric subspecialties (0.41).
- The specialties that had the most positive views of the regional job market for both 2003 and 2005 were dermatology (1.60), child and adolescent psychiatry (1.57), and adult psychiatry (1.54).
- The specialties with the least positive views of the regional job market over the last two years were pathology (0.27), pediatrics-general (0.32), and pediatrics subspecialties (0.35).
- Dermatology (1.53), anesthesiology–general (1.50), and adult psychiatry (1.48) 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 same period, the specialties with the least positive views of the regional job market were pathology (0.28), pediatrics-general (.37), and ophthalmology (0.40).

Figure 4.9 Respondents' Perceptions of the Regional Job Market (of 2005 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

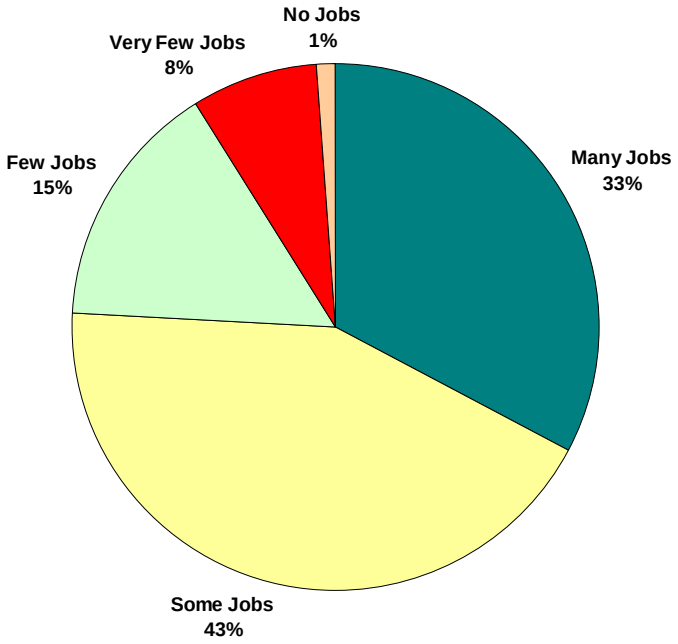


Figure 4.10 Trends in Mean Likert Scores for Respondents' Perceptions of the Regional Job Market by Specialty Group (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

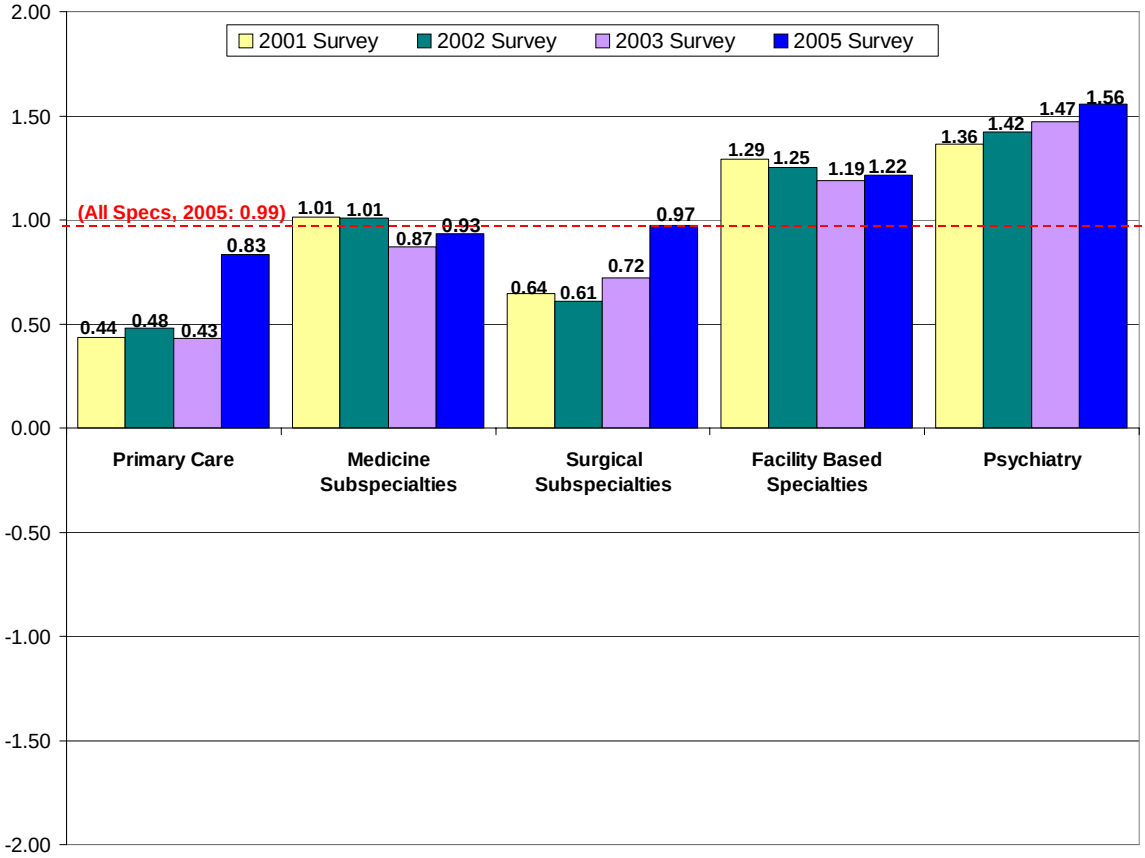


Figure 4.11 Rank of Mean Likert Scores for Respondents' Perceptions of the Regional Job Market by Specialty (of 2005 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

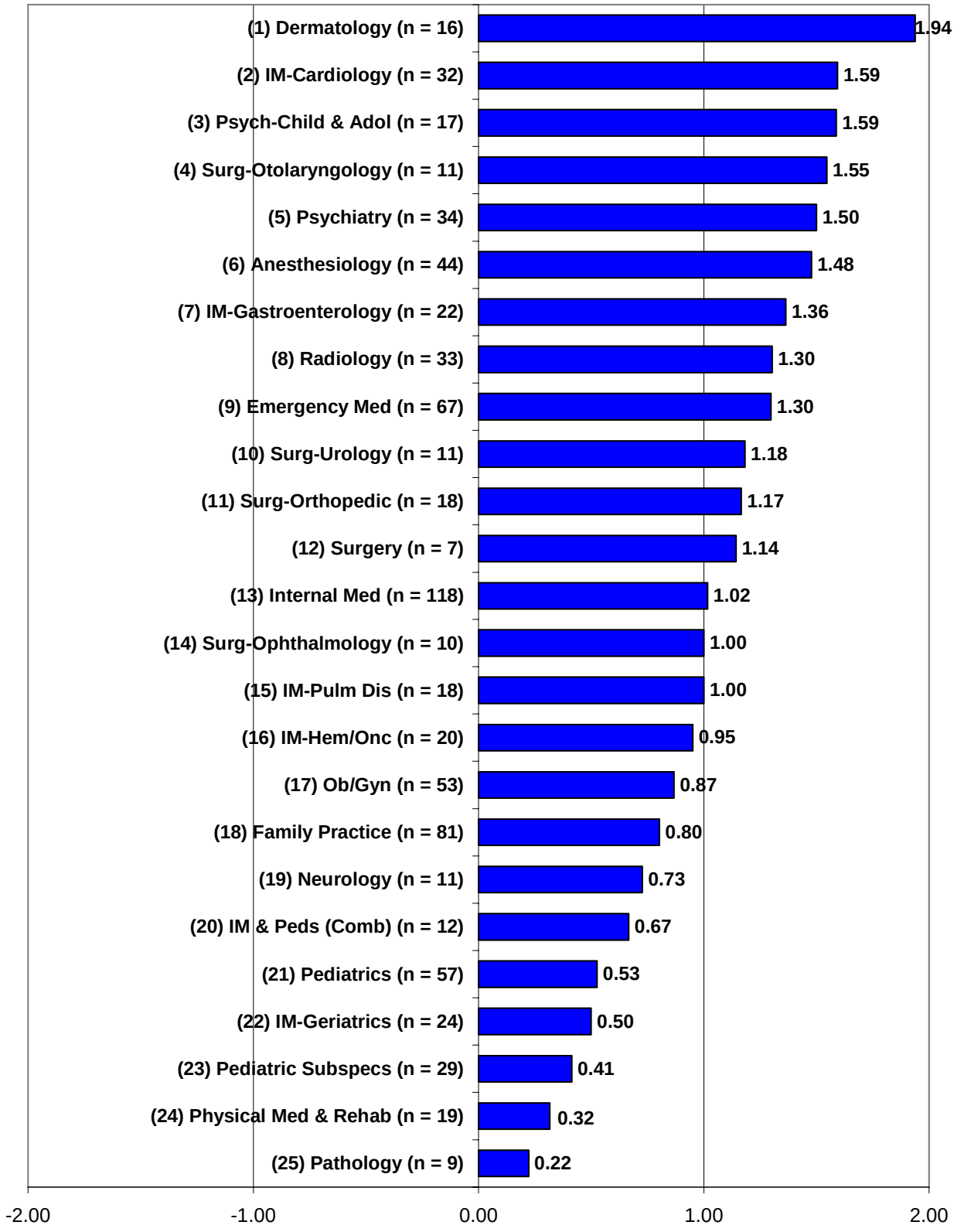


Table 4.4 Rank of Likert Scores for Respondents' Perceptions of the Regional Job Market[13] (of 2005 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2005 Respondents	RANK (of 25)	Aggregated Respondents: 2003 and 2005	RANK (of 25)	All Respondents (Aggregated: 2001 thru 2005)	RANK (of 25)
Primary Care	**0.83**	N/A	**0.59**	N/A	**0.52**	N/A
Family Practice	0.80	18	0.69	18	0.65	16
Internal Medicine-General	1.02	13	0.66	19	0.52	19
Pediatrics-General	0.53	21	0.32	24	0.37	24
IM & Peds (Combined)	0.67	20	0.71	17	0.62	17
Obstetrics/Gynecology	**0.87**	17	**0.79**	15	**0.88**	15
Medicine Subspecialties	**0.93**	N/A	**0.90**	N/A	**0.95**	N/A
Cardiology	1.59	2	1.45	4	1.45	4
Gastroenterology	1.36	7	1.30	8	1.33	6
Geriatrics	0.50	22	0.51	21	0.53	18
Hematology/Oncology	0.95	16	0.92	13	0.89	14
Pulmonary Disease	1.00	14	1.05	12	0.96	12
Surgery-General	**1.14**	12	**0.76**	16	**0.47**	20
Surgical Subspecialties	**0.97**	N/A	**0.82**	N/A	**0.71**	N/A
Ophthalmology	1.00	14	0.52	20	0.40	23
Orthopedics	1.17	11	1.09	11	0.95	13
Otolaryngology	1.55	4	1.31	7	1.18	10
Urology	1.18	10	1.33	6	1.26	9
Facility Based	**1.22**	N/A	**1.20**	N/A	**1.24**	N/A
Anesthesiology-General	1.48	6	1.44	5	1.50	2
Pathology	0.22	25	0.27	25	0.28	25
Radiology	1.30	8	1.21	10	1.27	7
Psychiatry	**1.56**	N/A	**1.51**	N/A	**1.44**	N/A
Adult Psychiatry	1.50	5	1.54	3	1.48	3
Child & Adolescent Psych	1.59	3	1.57	2	1.44	5
Other	**1.01**	N/A	**0.96**	N/A	**1.01**	N/A
Dermatology	1.94	1	1.60	1	1.53	1
Emergency Medicine	1.30	9	1.22	9	1.27	8
Neurology	0.73	19	0.86	14	1.04	11
Pediatric Subspecialties	0.41	23	0.35	23	0.42	22
Physical Medicine & Rehab	0.32	24	0.38	22	0.44	21
Total (All Specialties)	**0.99**	N/A	**0.87**	N/A	**0.85**	N/A

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

4.5 Perceptions of the National Job Market

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

Highlights

- Overall, respondents gave a very positive assessment of the national job market. Sixty-seven percent felt there were "Many Jobs" for their specialty, and less than 2% felt there were either "Very Few Jobs" (1%) or "No Jobs" (<1%).
- Respondents' views of the national job market were more positive (composite score = 1.62) than for the regional job market (0.99). Respondents' views of the national job market in 2005 were similar to respondents' views of the national job market the previous two years (1.54 in 2003 and 1.52 in 2002).
- For the specialty groups, psychiatry (1.84), surgery-general (1.70), and medicine subspecialties (1.66) had the highest composite scores while obstetrics/gynecology (1.37), surgical specialties (1.42), and other (1.61) had the lowest.
- Dermatology had the highest composite score among individual specialties (2.00), followed by neurology (1.91), cardiology (1.87), and adult psychiatry (1.84).
- Only one specialty had a composite score below 1.00 ("Some Jobs"), Pathology (0.78).
- The specialties with the most positive views of the national job market over the last two years were child and adolescent psychiatry (1.87), cardiology (1.86), and adult psychiatry (1.85). For the same two year period (2005 and 2003), the specialties with the lowest assessments of the national job market were pathology (0.77), ophthalmology (1.15), and pediatrics–general (1.26).
- Over the course of the last four years of the survey, child and adolescent psychiatry (1.90), cardiology (1.85), and anesthesiology-general (1.84) were the specialties with the most positive views of the national job market. Pathology (0.91), ophthalmology (0.95), and pediatrics-general (1.19) were the specialties with the lowest assessment of the national job market.

Figure 4.12 Respondents' Perceptions of the National Job Market (of 2005 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

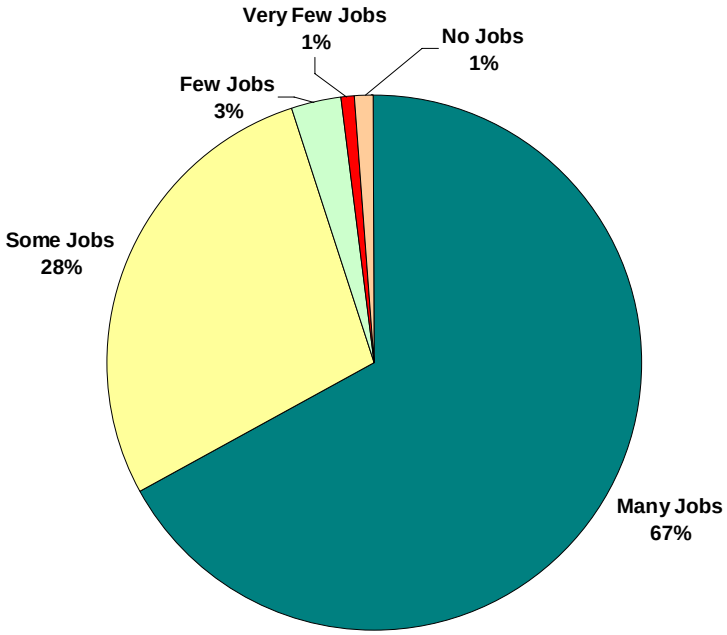


Figure 4.13 Trends in Mean Likert Scores for Respondents' Perceptions of the National Job Market by Specialty Group (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

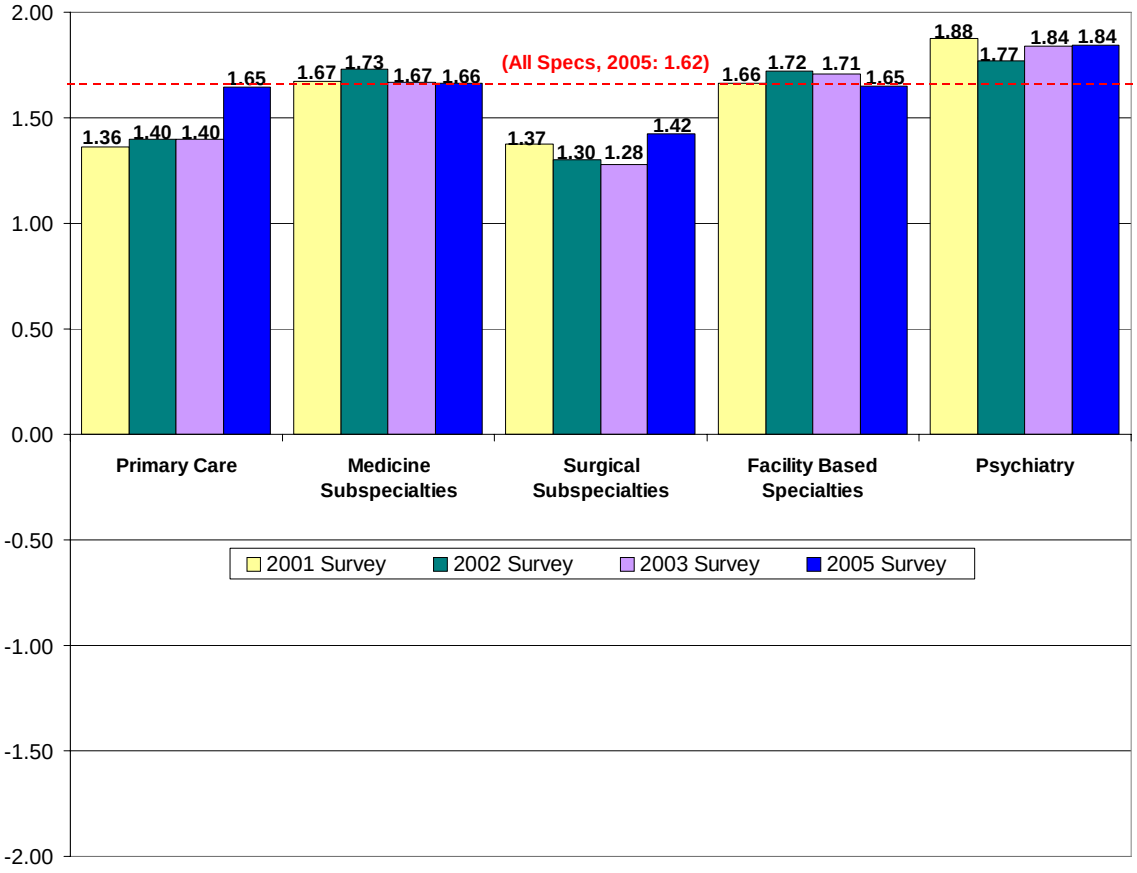


Figure 4.14 Rank of Likert Scores for Respondents' Perceptions of the National Job Market, by Specialty (of 2005 Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

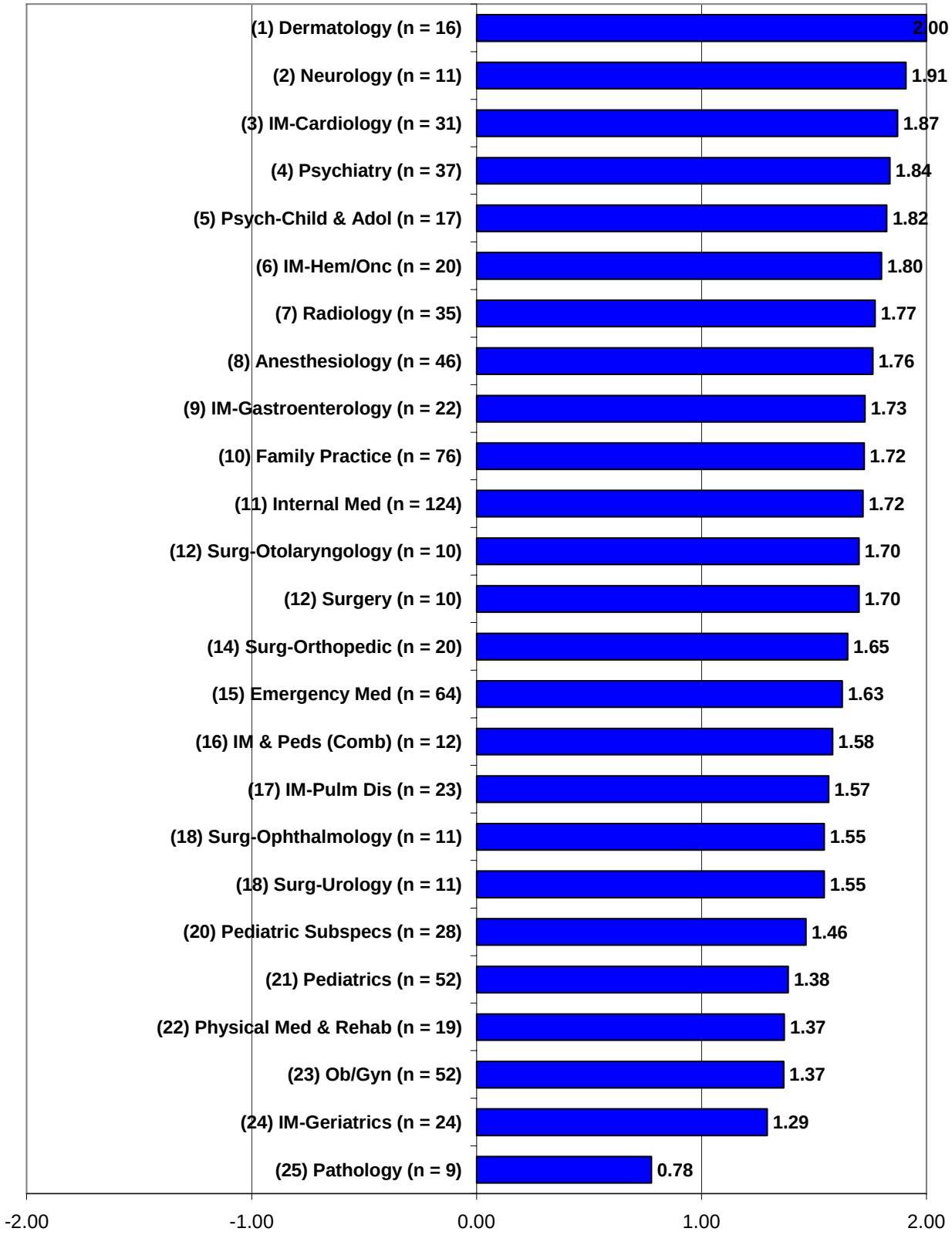


Table 4.5 Likert Scores for Respondents' Perceptions of the National Job Market[13] (of Exit Survey Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2005 Respondents	RANK (of 25)	Aggregated Respondents: 2003 and 2005	RANK (of 25)	All Respondents (Aggregated: 2001 thru 2005)	RANK (of 25)
Primary Care	**1.65**	N/A	**1.50**	N/A	**1.43**	N/A
Family Practice	1.72	10	1.57	16	1.56	14
Internal Medicine-General	1.72	11	1.57	17	1.48	18
Pediatrics-General	1.38	21	1.26	23	1.19	23
IM & Peds (Combined)	1.58	16	1.59	13	1.52	16
Obstetrics/Gynecology	**1.37**	23	**1.47**	19	**1.51**	17
Medicine Subspecialties	**1.66**	N/A	**1.67**	N/A	**1.68**	N/A
Cardiology	1.87	3	1.86	2	1.85	2
Gastroenterology	1.73	9	1.77	10	1.84	5
Geriatrics	1.29	24	1.31	22	1.42	20
Hematology/Oncology	1.80	6	1.85	4	1.81	7
Pulmonary Disease	1.57	17	1.67	12	1.54	15
Surgery-General	**1.70**	12	**1.58**	15	**1.48**	19
Surgical Subspecialties	**1.42**	N/A	**1.34**	N/A	**1.34**	N/A
Ophthalmology	1.55	18	1.15	24	0.95	24
Orthopedics	1.65	14	1.58	14	1.56	13
Otolaryngology	1.70	12	1.54	18	1.64	12
Urology	1.55	19	1.82	6	1.83	6
Facility Based	**1.65**	N/A	**1.69**	N/A	**1.69**	N/A
Anesthesiology-General	1.76	8	1.83	5	1.84	3
Pathology	0.78	25	0.77	25	0.91	25
Radiology	1.77	7	1.77	9	1.74	10
Psychiatry	**1.84**	N/A	**1.84**	N/A	**1.83**	N/A
Adult Psychiatry	1.84	4	1.85	3	1.84	4
Child & Adolescent Psych	1.82	5	1.87	1	1.90	1
Other	**1.61**	N/A	**1.61**	N/A	**1.60**	N/A
Dermatology	2.00	1	1.78	8	1.80	8
Emergency Medicine	1.63	15	1.71	11	1.72	11
Neurology	1.91	2	1.79	7	1.78	9
Pediatric Subspecialties	1.46	20	1.37	21	1.28	22
Physical Medicine & Rehab	1.37	22	1.38	20	1.32	21
Total (All Specialties)	**1.62**	N/A	**1.58**	N/A	**1.55**	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 2005 graduates, for all graduates from the last four surveys, and the average annual change (i.e., trend) in median starting income from the last four surveys. Income levels are often used to measure demand. Physicians are somewhat atypical in this regard because their income levels are largely determined by historic reimbursement amounts rather than by the demand for their services at any given point in time.

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

Highlights

- The median starting income of 2005 respondents was $146,900, a 6.8% increase from 2003, accelerating from the .5% decrease from 2002 to 2003 (average increase of 4.5% per year from 2001 to 2005, excluding 2004).
- Most specialties and specialty groups saw moderate to strong growth in starting incomes from 2001 to 2005, excluding 2004. The exceptions were ophthalmology (-3%) and physical medicine and rehabilitation (0%).
- Pulmonary disease (16%), urology (12%), cardiology (11%), and neurology (11%) 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)

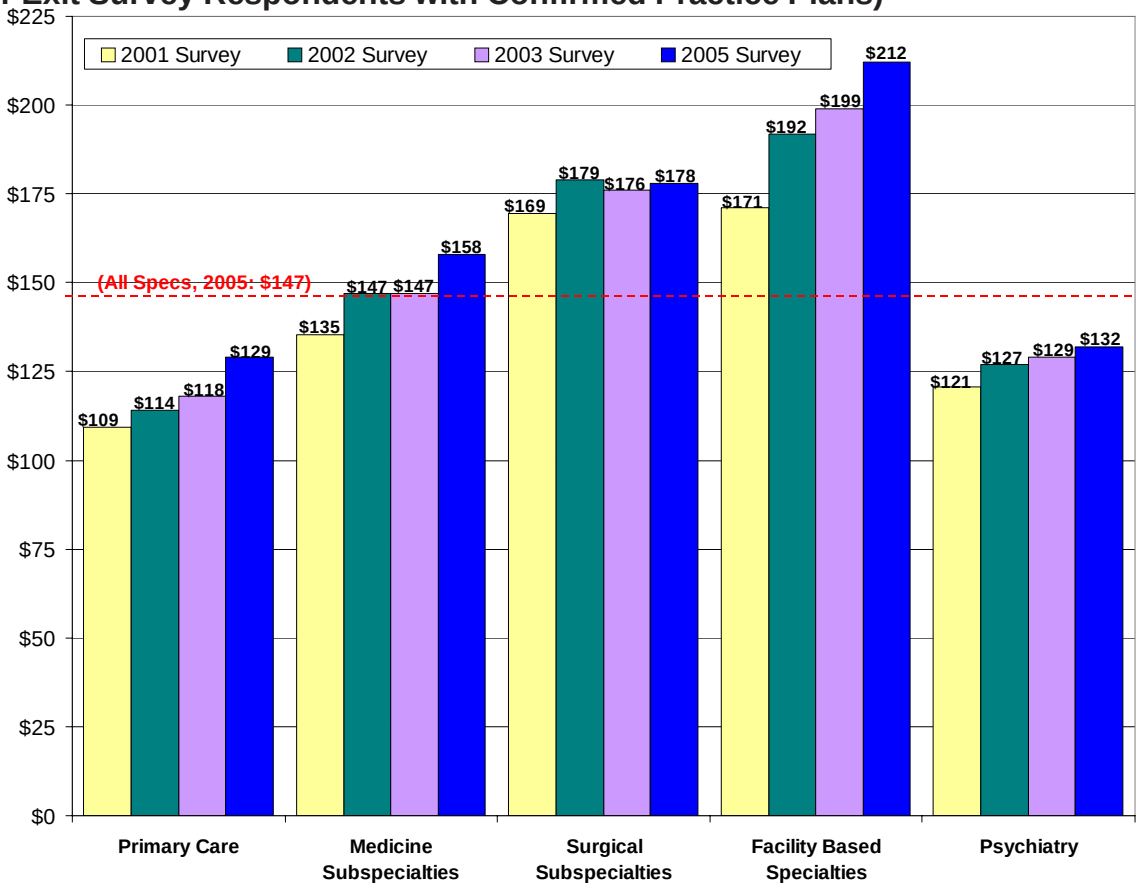


Figure 4.16 Trends in Median Starting Income (in $1,000s) by Primary Care vs. Non-Primary Care, (for Exit Survey Respondents with Confirmed Practice Plans)

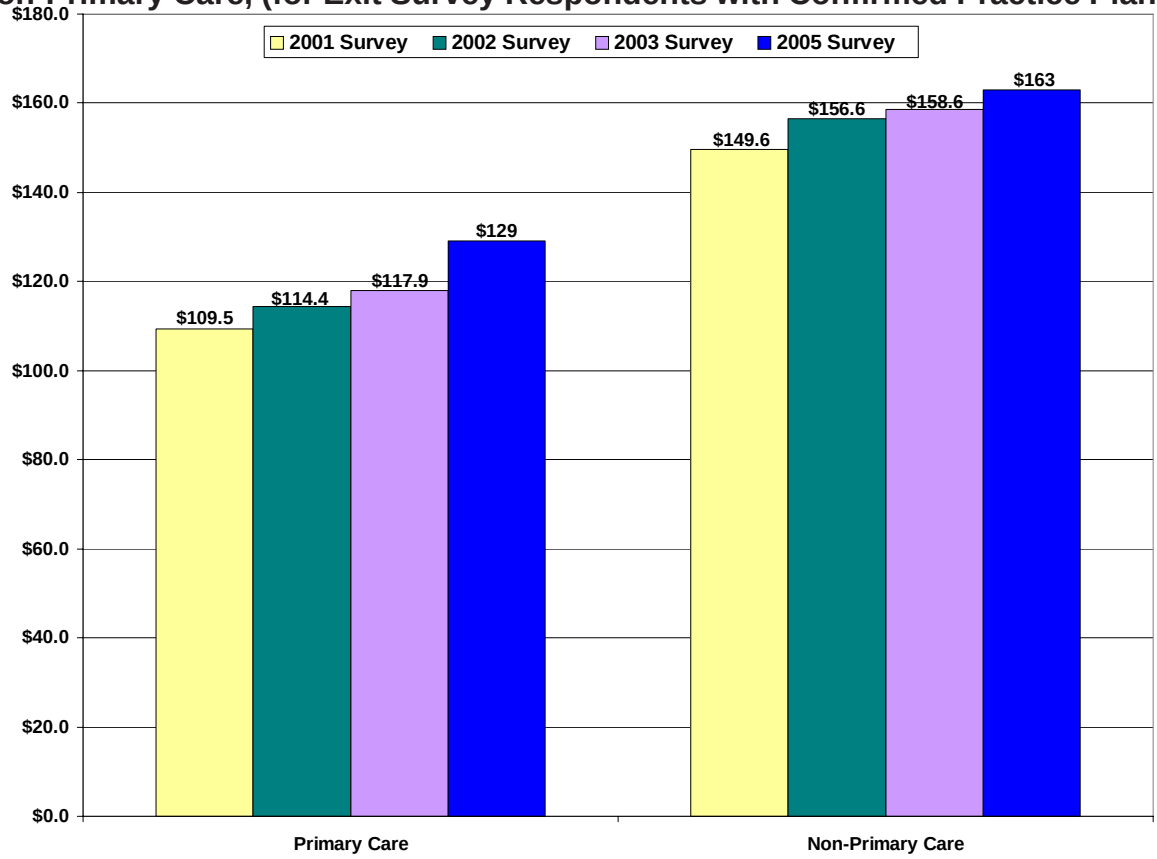


Figure 4.17 Rank of Average Annual Percent Change in Median Starting Income (from 2001 to 2005) by Specialty (for Exit Survey Respondents with Confirmed Practice Plans)

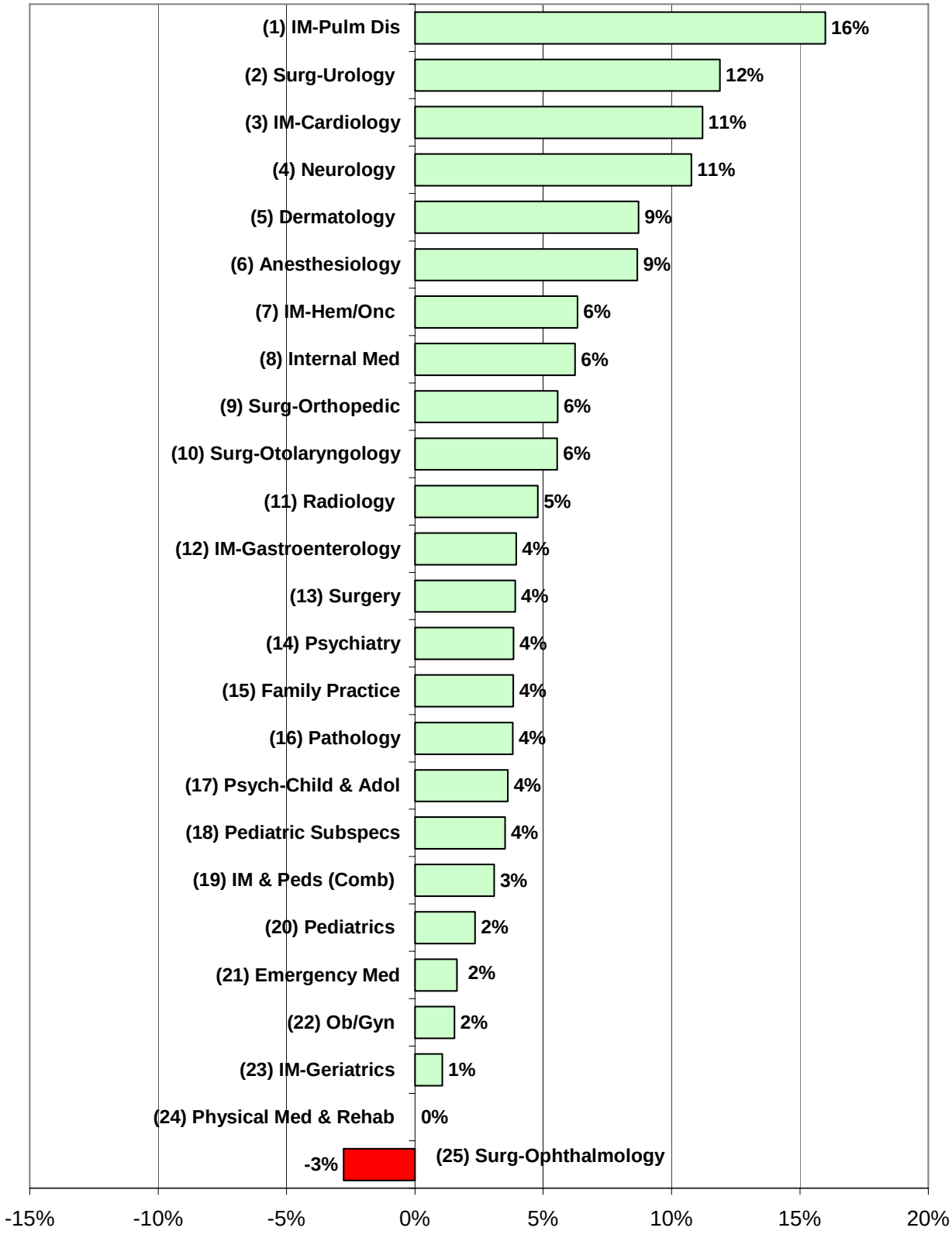


Table 4.6 Median Expected Starting Income (of Exit Survey Respondents with Confirmed Practice Plans)

Specialty	2005 Respondents	RANK (of 25)	Aggregated Respondents: 2003 and 2005	RANK (of 25)	Trend (Average Annual Change: 2001 to 2005)	RANK (of 25)
Primary Care	**$128,700**	N/A	**$122,000**	N/A	**6%**	N/A
Family Practice	$122,100	23	$119,500	24	4%	15
Internal Medicine-General	$140,200	15	$130,600	18	6%	8
Pediatrics-General	$105,000	25	$101,900	25	2%	20
IM & Peds (Combined)	$122,000	24	$122,000	23	3%	19
Obstetrics/Gynecology	**$155,000**	14	**$150,400**	13	**2%**	22
Medicine Subspecialties	**$158,350**	N/A	**$150,050**	N/A	**6%**	N/A
Cardiology	$219,400	1	$210,800	2	11%	3
Gastroenterology	$183,600	8	$168,500	9	4%	12
Geriatrics	$122,300	22	$122,700	20	1%	23
Hematology/Oncology	$165,500	12	$153,150	12	6%	7
Pulmonary Disease	$191,900	7	$176,700	7	16%	1
Surgery-General	**$174,000**	10	**$157,400**	11	**4%**	13
Surgical Subspecialties	**$177,650**	N/A	**$175,600**	N/A	**2%**	N/A
Ophthalmology	$134,100	18	$149,600	14	-3%	25
Orthopedics	$211,100	4	$199,300	5	6%	9
Otolaryngology	$170,100	11	$157,850	10	6%	10
Urology	$194,200	6	$171,000	8	12%	2
Facility Based	**$211,600**	N/A	**$201,200**	N/A	**7%**	N/A
Anesthesiology-General	$214,300	2	$205,300	3	9%	6
Pathology	$124,850	19	$130,850	17	4%	16
Radiology	$212,000	3	$213,000	1	5%	11
Psychiatry	**$132,200**	N/A	**$130,650**	N/A	**3%**	N/A
Adult Psychiatry	$135,000	17	$131,550	16	4%	14
Child & Adolescent Psych	$122,700	21	$122,050	22	4%	17
Other	**$171,200**	N/A	**$166,100**	N/A	**3%**	N/A
Dermatology	$199,750	5	$202,900	4	9%	5
Emergency Medicine	$182,400	9	$180,500	6	2%	21
Neurology	$160,500	13	$135,300	15	11%	4
Pediatric Subspecialties	$136,200	16	$123,500	19	4%	18
Physical Medicine & Rehab	$124,550	20	$122,400	21	0%	24
Total (All Specialties)	**$146,900**	N/A	**$141,000**	N/A	**5%**	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 2005, for an aggregated data set containing all data collected over the past two years (2003 and 2005), and for the last four years the survey has been conducted (2001 through 2005). This methodology gave a higher weighting to data collected from the 2005 survey (approximately twice that of the three previous years) in assessing the current demand for each specialty.

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

- percentage of respondents 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 was also 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.

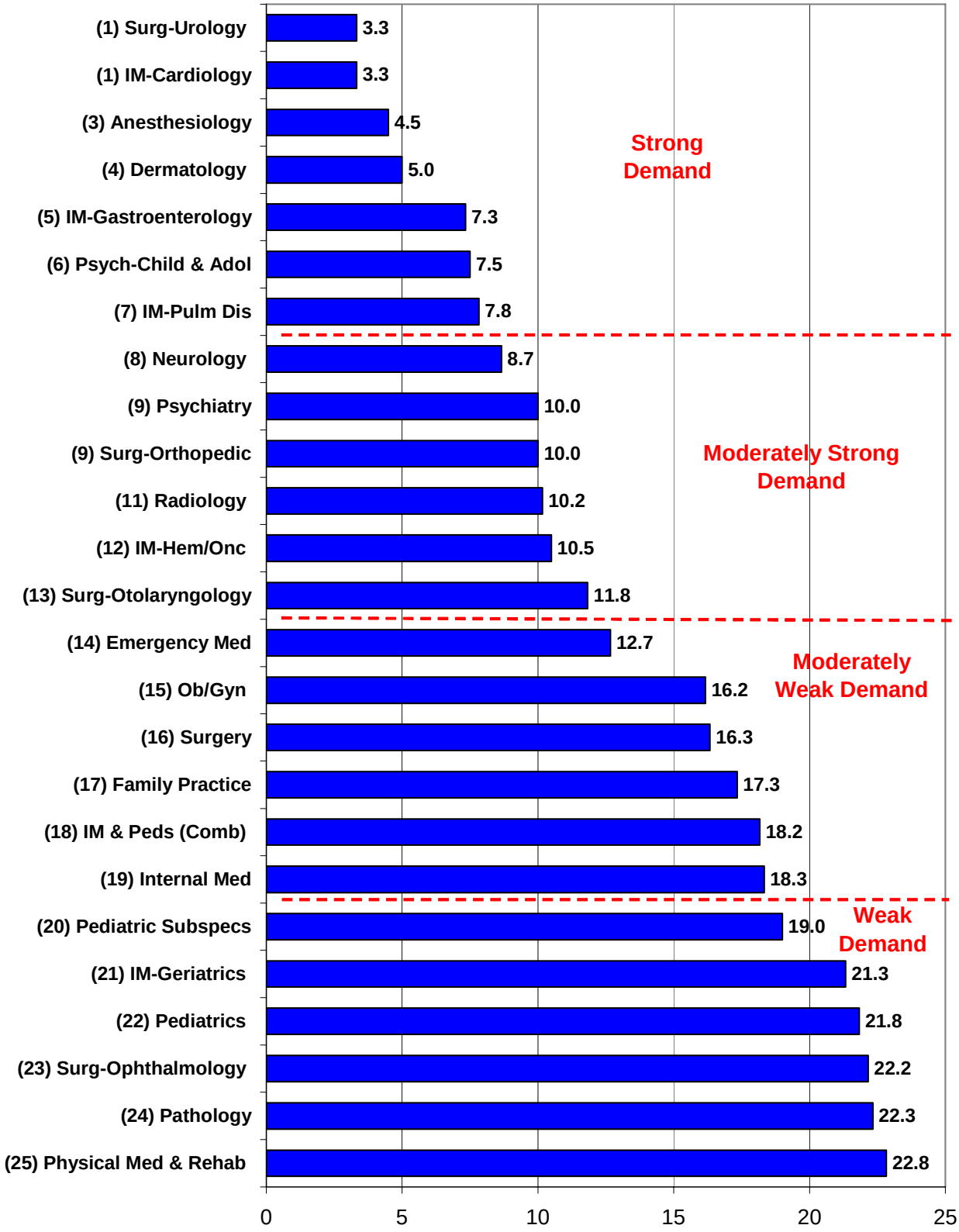
Highlights

- 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 other specialties by collecting information on the job market for new graduates and ranking specialties on graduates' responses to questions used to access demand.

- Currently, urology (average rank of 3.3 out of 25), cardiology (3.3), anesthesiology-general (4.5), dermatology (5.0), gastroenterology (7.3), child and adult psychiatry (7.5), and pulmonary disease (7.8) are specialties experiencing the strongest demand.

- The job market for physical medicine and rehabilitation (22.8), pathology (22.3), ophthalmology (22.2), pediatrics–general (21.8), geriatrics (21.3), and pediatrics subspecialties (19.0) appears to be bleak relative to other specialties.

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



Appendix A

2005 Exit Survey Response Rates by Specialty and Region

Table A-1. 2005 Exit Survey Response Rates by Specialty* and Region**

Specialty	UPSTATE NY PROGRAMS			GREATER NY PROGRAMS			NEW YORK STATE (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Primary Care	**258**	**140**	**54%**	**1,685**	**797**	**47%**	**1,943**	**937**	**48%**
Family Practice	81	33	41%	145	102	70%	226	135	60%
Internal Medicine-General	112	79	71%	1,112	522	47%	1,224	601	49%
Pediatrics-General	52	19	37%	403	149	37%	455	168	37%
IM & Peds (Combined)	13	9	69%	25	24	96%	38	33	87%
Obstetrics/Gynecology	**30**	**25**	**83%**	**140**	**74**	**53%**	**170**	**99**	**58%**
Internal Medicine Specialties	**90**	**66**	**73%**	**568**	**302**	**53%**	**658**	**368**	**56%**
Cardiology	14	10	71%	131	69	53%	145	79	54%
Gastroenterology	7	5	71%	55	26	47%	62	31	50%
Geriatrics	7	4	57%	61	32	52%	68	36	53%
Hematology/Oncology	13	9	69%	69	30	43%	82	39	48%
Pulmonary Disease	6	2	33%	67	40	60%	73	42	58%
Other IM Specialties	43	36	84%	185	105	57%	228	141	62%
Critical Care Medicine	*3*	*3*	*100%*	*29*	*20*	*69%*	*32*	*23*	*72%*
Endocrinology & Metab.	*5*	*4*	*80%*	*29*	*21*	*72%*	*34*	*25*	*74%*
Infectious Disease	*5*	*5*	*100%*	*50*	*23*	*46%*	*55*	*28*	*51%*
Nephrology	*7*	*4*	*57%*	*44*	*24*	*55%*	*51*	*28*	*55%*
Rheumatology	*6*	*3*	*50%*	*23*	*10*	*43%*	*29*	*13*	*45%*
Other IM Subspecialties	*17*	*17*	*100%*	*10*	*7*	*70%*	*27*	*24*	*89%*
Surgery (General)	**34**	**26**	**76%**	**121**	**56**	**46%**	**155**	**82**	**53%**
Surgery (Subspecialties)	**64**	**41**	**64%**	**310**	**141**	**45%**	**374**	**182**	**49%**
Ophthalmology	11	6	55%	62	35	56%	73	41	56%
Orthopedics	23	14	61%	134	44	33%	157	58	37%
Otolaryngology	7	3	43%	26	16	62%	33	19	58%
Urology	7	5	71%	30	16	53%	37	21	57%
Other Surgical Subspecs	16	13	81%	58	30	52%	74	43	58%
Neurosurgery	*4*	*2*	*50%*	*13*	*7*	*54%*	*17*	*9*	*53%*
Plastic Surgery	*4*	*4*	*100%*	*23*	*9*	*39%*	*27*	*13*	*48%*
Thoracic Surgery	*3*	*2*	*67%*	*13*	*5*	*38%*	*16*	*7*	*44%*
All Other Surg Subspecs	*5*	*5*	*100%*	*9*	*9*	*100%*	*14*	*14*	*100%*

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	**95**	**50**	**53%**	**492**	**230**	**47%**	**587**	**280**	**48%**
Anesthesiology	33	19	58%	189	82	43%	222	101	45%
Anesthesiology-General	*27*	*18*	*67%*	*144*	*70*	*49%*	*171*	*88*	*51%*
Pain Management	*4*	*1*	*25%*	*26*	*11*	*42%*	*30*	*12*	*40%*
Other Anes Subspecs	*2*	*0*	*0%*	*19*	*1*	*5%*	*21*	*1*	*5%*
Pathology	18	6	33%	104	44	42%	122	50	41%
Pathology (General)	*12*	*5*	*42%*	*65*	*28*	*43%*	*77*	*33*	*43%*
Pathology Subspecialties	*6*	*1*	*17%*	*39*	*16*	*41%*	*45*	*17*	*38%*
Radiology	44	25	57%	199	104	52%	243	129	53%
Radiology (Diagnostic)	*36*	*20*	*56%*	*166*	*87*	*52%*	*202*	*107*	*53%*
Radiology (Therapeutic)	*4*	*1*	*25%*	*17*	*7*	*41%*	*21*	*8*	*38%*
Nuclear Medicine	*4*	*4*	*100%*	*16*	*10*	*63%*	*20*	*14*	*70%*
Psychiatry	**31**	**17**	**55%**	**284**	**137**	**48%**	**315**	**154**	**49%**
Psychiatry (General)	*20*	*13*	*65%*	*168*	*86*	*51%*	*188*	*99*	*53%*
Child & Adolescent Psych	*7*	*3*	*43%*	*65*	*29*	*45%*	*72*	*32*	*44%*
Other Psych Subspecs	*4*	*1*	*25%*	*51*	*22*	*43%*	*55*	*23*	*42%*
Other	**108**	**69**	**64%**	**567**	**235**	**41%**	**675**	**304**	**45%**
Dermatology	4	1	25%	54	18	33%	58	19	33%
Emergency Medicine	40	20	50%	175	80	46%	215	100	47%
Neurology	23	12	52%	103	21	20%	126	33	26%
Pediatric Specialties	15	13	87%	103	40	39%	118	53	45%
Physical Medicine & Rehab	10	7	70%	76	38	50%	86	45	52%
Other*	16	16	100%	56	38	68%	72	54	75%
Allergy & Immunology	*4*	*4*	*100%*	*17*	*6*	*35%*	*21*	*10*	*48%*
Preventive Medicine	*3*	*3*	*100%*	*10*	*3*	*30%*	*13*	*6*	*46%*
All Other	*9*	*9*	*100%*	*29*	*29*	*100%*	*38*	*38*	*100%*
Total (All Specialties)	**708**	**434**	**61%**	**4,199**	**1,972**	**47%**	**4,907**	**2,590**	**53%**

*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 numbers may not reflect the addition of Upstate NY and Greater NY numbers due to missing data on region. Nor will the addition of specialties within New York State relfect the total sample size (n = 2,590) due to missing data on specialty.

Appendix B

2005 Exit Survey Instrument

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

Survey of Residents Completing Training in NYS in 2005

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

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 2005 *(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	○ $80,000–$99,999
○ Less than $20,000	○ $100,000–$124,999
○ $20,000–$39,999	○ $125,000–$149,999
○ $40,000–$59,999	○ $150,000–$199,999
○ $60,000–$79,999	○ Over $200,000

continue . . .

PLEASE DO NOT WRITE IN THIS AREA

10. **Specialty you are COMPLETING in 2005** *(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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