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Physician Supply and Demand Indicators in New York, 2000-2005

A Summary of Trends for 35 Medical Specialties

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

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BACKGROUND

The Center for Health Workforce Studies conducts a survey every two years of all physicians completing a residency or fellowship training program in New York (the Resident Exit Survey). The survey instrument (see Appendix B) was developed by the Center in consultation with teaching hospitals in New York and minor modifications have been made to tailor the questionnaire to the needs of other states. The survey provides the medical education community with valuable information on outcomes of training and demand for new physicians in different specialties.

Each spring, the Center distributes the surveys to Graduate Medical Education (GME) directors and administrators at teaching hospitals in New York. In most cases, surveys are then forwarded to individual GME departments at each hospital who assume responsibility for having graduating residents and fellows fill out the surveys in the weeks prior to program completion. Completed surveys are then returned to the Center for data entry and analysis.

The year 2005 marked the seventh year of the survey. Through the excellent collaboration of teaching hospitals throughout the state over this seven-year period**,** (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)***. In addition to New York, several other states (including California, Georgia, Minnesota, New Jersey, and Texas) have conducted very similar surveys in recent years. Many of the questions on the Resident Exit Survey are designed to assess demand for physicians in general, and by specialty. In any given year, the Resident Exit Survey provides a snapshot of the physician marketplace at a specific point in time. By conducting the survey on a regular basis, trends may be observed which are useful in projecting future supply and demand.

This data book presents profiles for 35 specialties. Each specialty profile summarizes trends in five key areas related to physician supply and demand: starting income, job offers, having to change plans due to limited practice opportunities, relative demand, and numbers of graduates. Data on starting income, job offers, having to change plans, and relative demand are based on responses to the Resident Exit Survey in New York (for the years 2000 to 2005). Data on GME graduates are from the annual medical education editions of the Journal of the American Medical Association (JAMA) and summarize the numbers of residents (or fellows) completing allopathic GME training programs in the U.S. in the specialty from 1995 to 2004. Definitions of the five areas are as follows:

- Starting income: The median starting income of survey respondents with confirmed plans to enter patient care/clinical practice somewhere in the U.S. following completion of their training program. Starting incomes included respondents' base salaries plus their expected incentive/bonus income.

- Job offers: The mean number of job offers for employment/practice positions of survey respondents who have actively searched for a practice position, excluding International Medical Graduates (IMGs) on temporary visas. Respondents with temporary citizenship status were excluded from this analysis because they were much more likely to experience difficulty in finding a practice positions due to visa restrictions.

- Having to change plans due to limited practice opportunities: The percentage of respondents who had actively searched for a job (excluding IMGs on temporary visas)-and who had to change their plans due to limited practice opportunities.

- Relative demand: Using several questions pertaining to the job market experiences and perceptions of survey respondents who had actively searched for a practice position (excluding IMGs on temporary visas), a composite score was computed to assign an overall rank (or relative demand score) for each specialty in each year that the survey was conducted. The percentages presented are the percentile rank of the specialty among all specialties in a given year. A percentile rank of 100% identifies the specialty highest in demand, and the lowest percentile rank would correspond to the specialty with the lowest relative demand score. Appendix A provides a detailed explanation of the methodology used to assess relative demand.

- Numbers of graduates of allopathic GME training programs in the U.S.: The AMA's data on the number of residents completing training was compiled to observe how the number of new entrants to the physician marketplace has changed over time.

GENERAL RESULTS & KEY FINDINGS

Overall the job market for new physicians appears to be good. Despite the fact that New York is the most richly supplied state in the nation in terms of the number of physicians in practice relative to the state population, the job market for physicians is good. Furthermore, analysis of trends in variables pertaining to the physician job market reveals that opportunities for physicians entering practice in most specialties have improved over the period the Center has been conducting this survey. Similar findings are true for other states that have participated in the Resident Exit Survey as well.

Demand for non-generalist physicians (specialists) is significantly stronger than for generalist physicians.[*] Specialists reported less difficulty finding post-training employment, received more job offers, enjoyed higher starting income levels, and were more optimistic in their assessments of the marketplace for their specialties in most years in which the Resident Exit Survey has been conducted. In addition, most or many specialists have seen significant improvement in the demand for their services while generalists have experienced flat or declining demand. However, while there was some inconsistency across the demand indicators, it appeared that the trough in demand for generalists occurred in 2000, and since then the market has shown some improvement.

There are significant differences in the job market experiences and assessments for different specialties. Although the overall marketplace appears relatively good for new graduates, there exist significant differences in demand for individual specialties. In New York specialties experiencing the strongest and weakest relative demand were:

- Strongest relative demand: dermatology, general anesthesiology, gastroenterology, cardiology, and urology.

[*] Generalist (or primary care) specialties include: family practice, general internal medicine, general pediatrics, and internal medicine and pediatrics-combined.

- Weakest relative demand: ophthalmology, general pediatrics, thoracic surgery, pathology, and plastic surgery.

There is a high degree of correlation in the relative demand for different individual specialties between different states. Despite the differences that exist between New York and other states including the number and specialty mix of the physician supply, the demographic characteristics of the populations, and the health care delivery systems, the relative demand for physicians by specialty is very similar to other states.

ACKNOWLEDGEMENTS

This report was prepared by David P. Armstrong and Gaetano J. Forte of the Center for Health Workforce Studies. The Center would like to express its appreciation to the GME administrators and directors at participating teaching hospitals for their efforts to ensure a high response rate to the Resident Exit Survey each year. Without their assistance this important data collection effort would not be possible.

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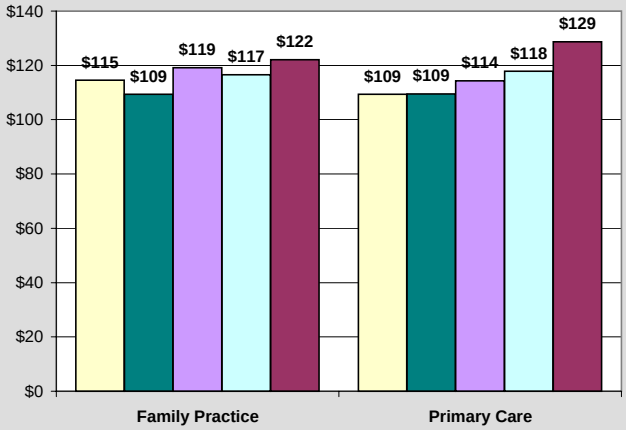

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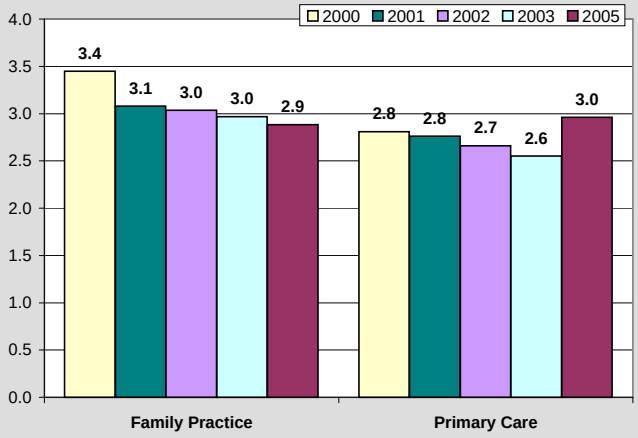
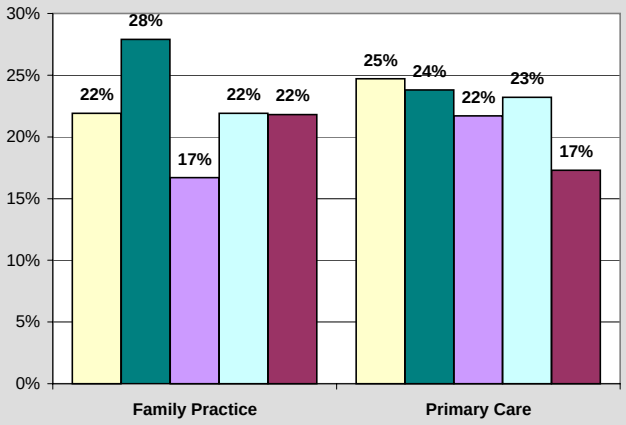


Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



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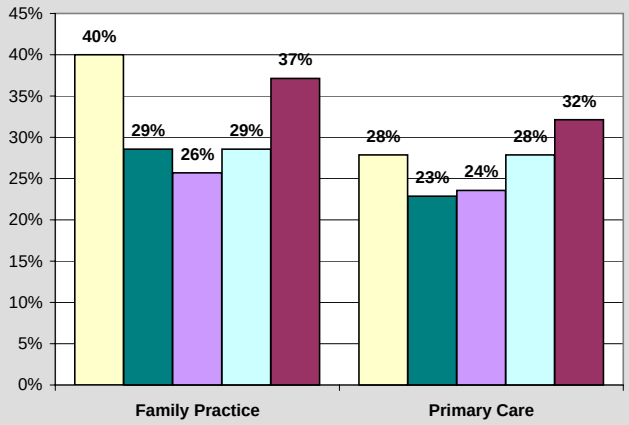
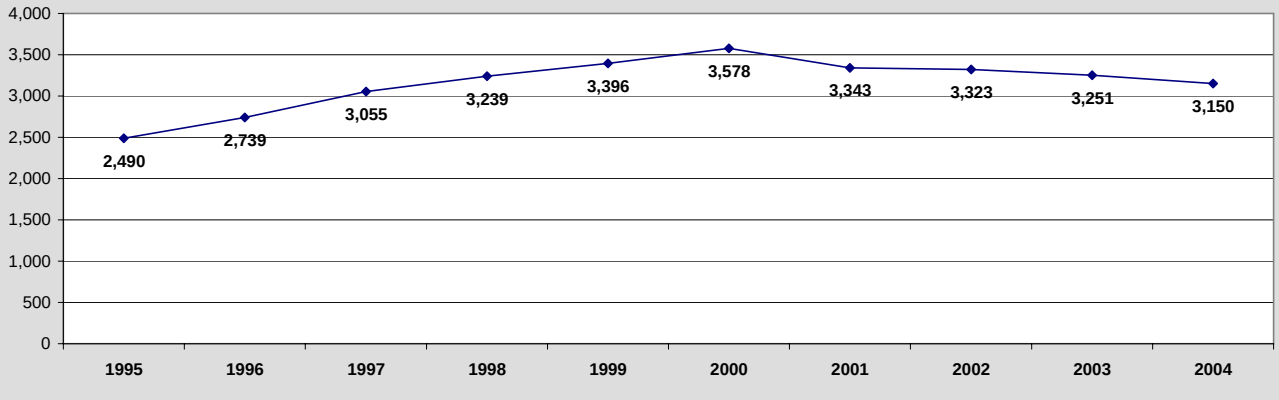


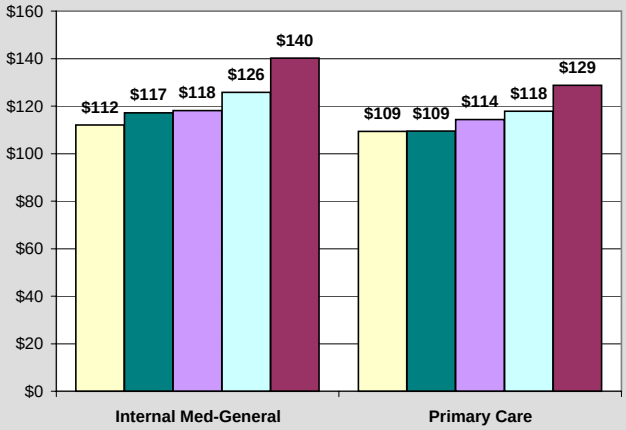
*Trends in Number of Graduates of Allopathic Family Practice GME Programs in the U.S.**, 1994 - 2004*



*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Internal Medicine-General

Trends in Median Income, 2000 - 2005*



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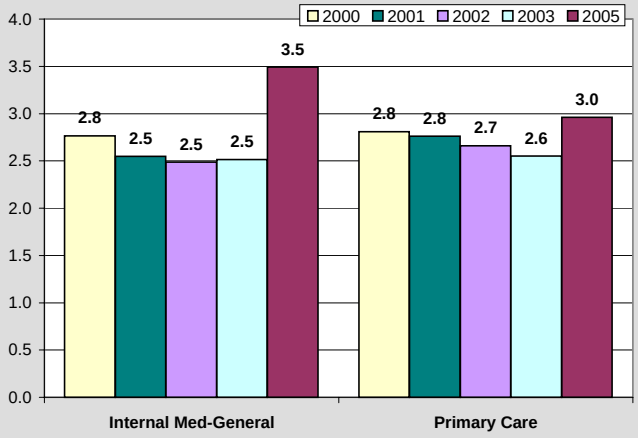

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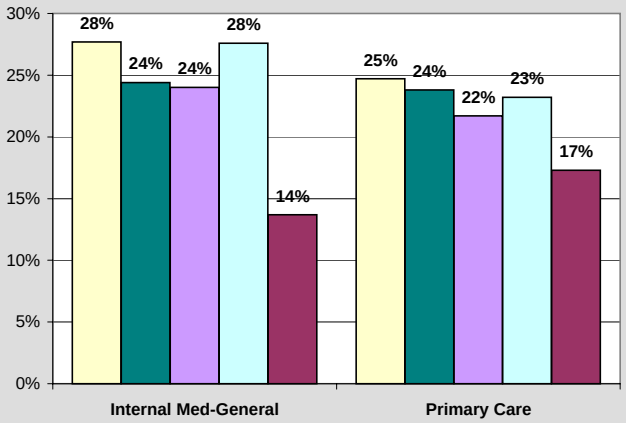

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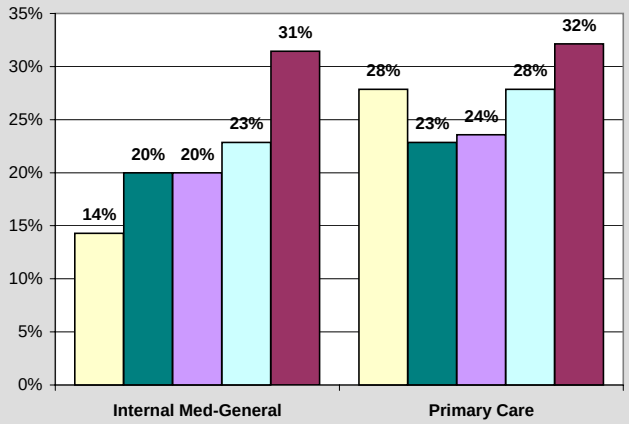

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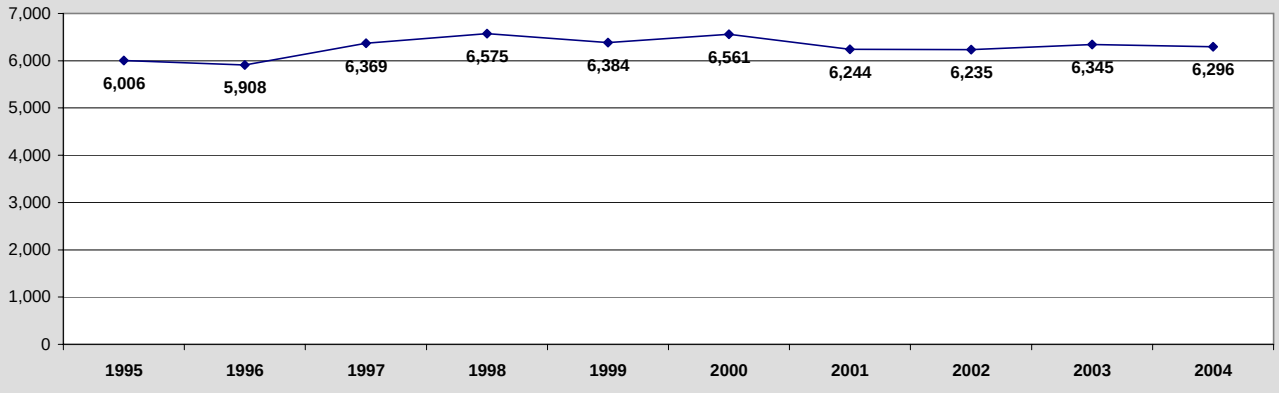

*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
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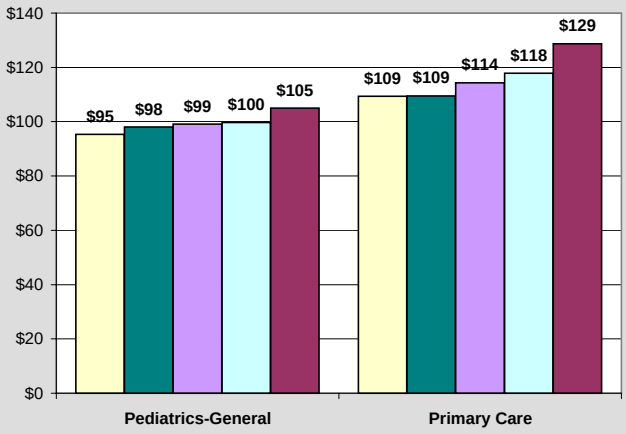
Specialty: Pediatrics-General

Trends in Median Income, 2000 - 2005*



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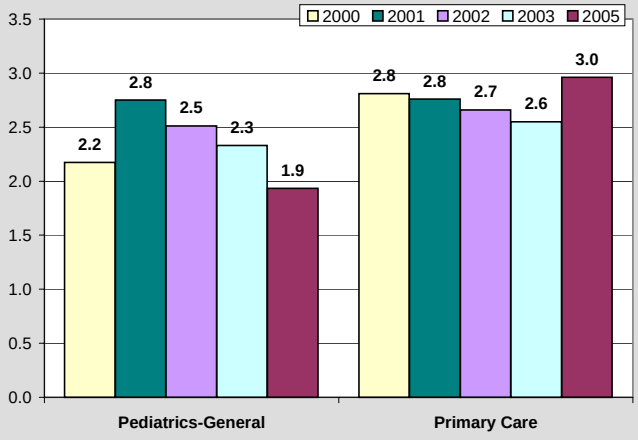

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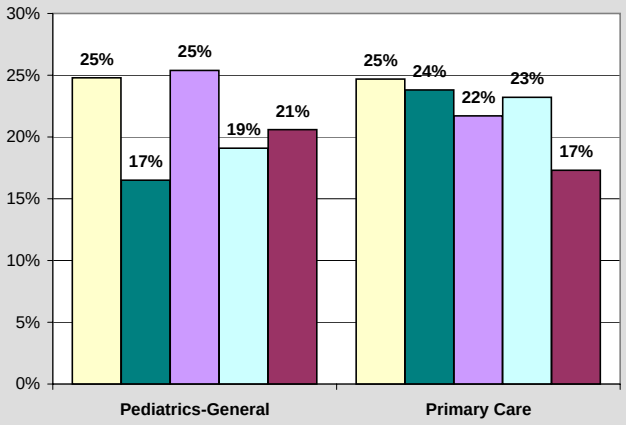

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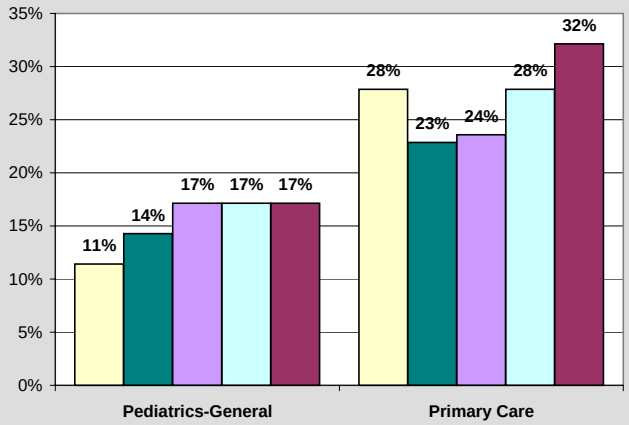
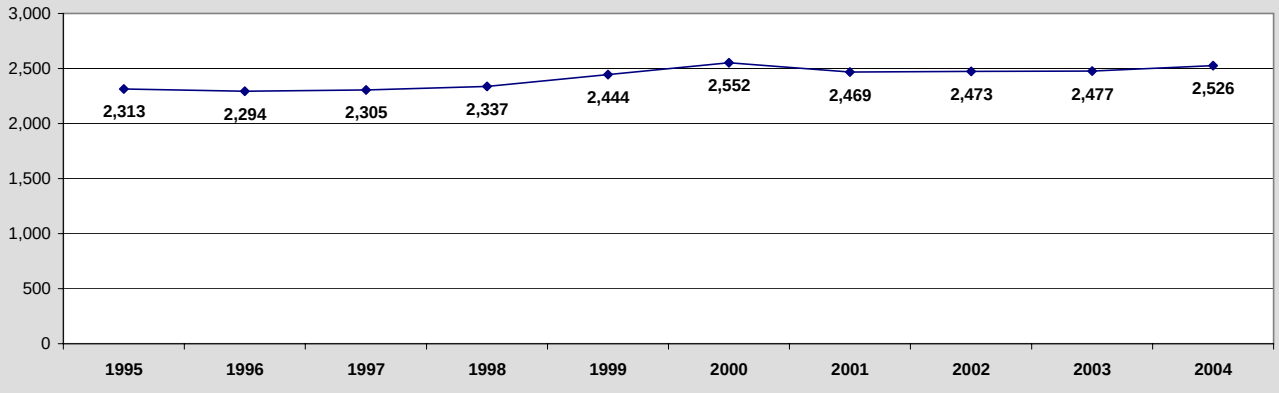


*Trends in Number of Graduates of Allopathic Pediatrics-General GME Programs in the U.S.**, 1994 - 2004



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Specialty: IM & Peds (Combined)

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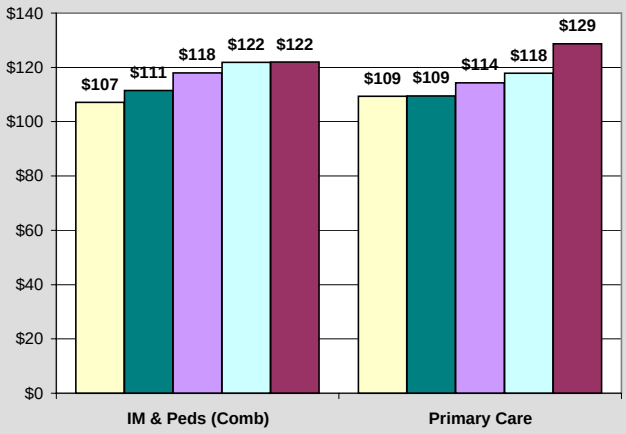

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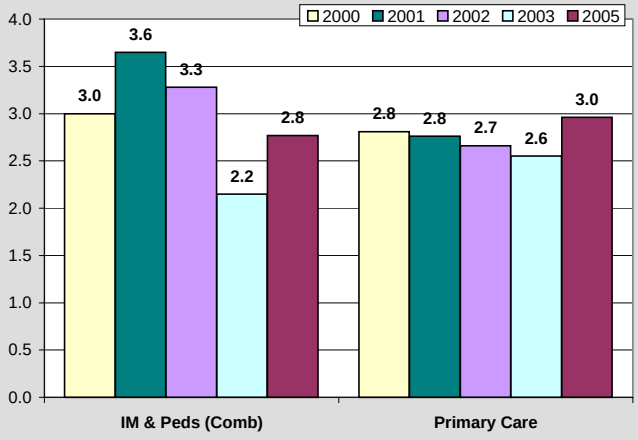

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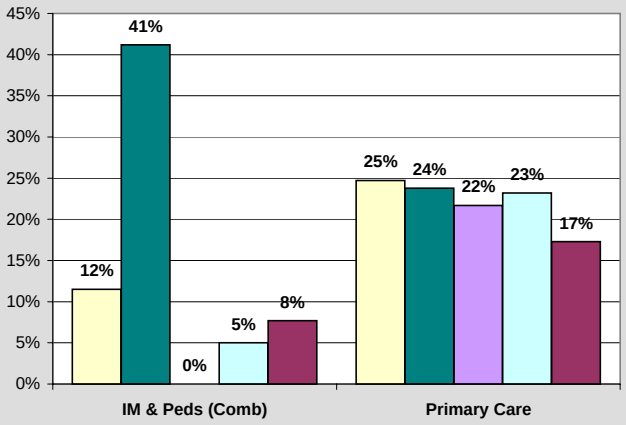

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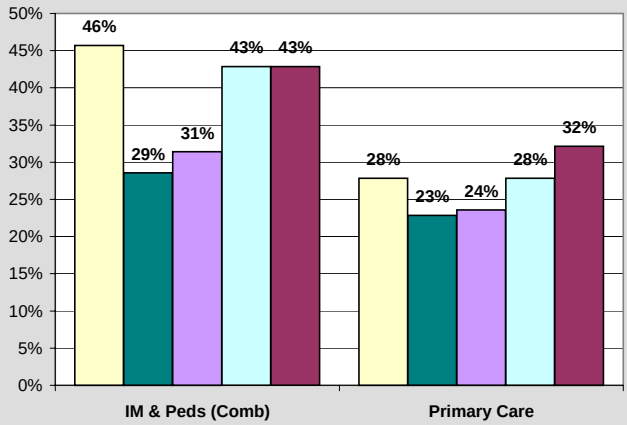

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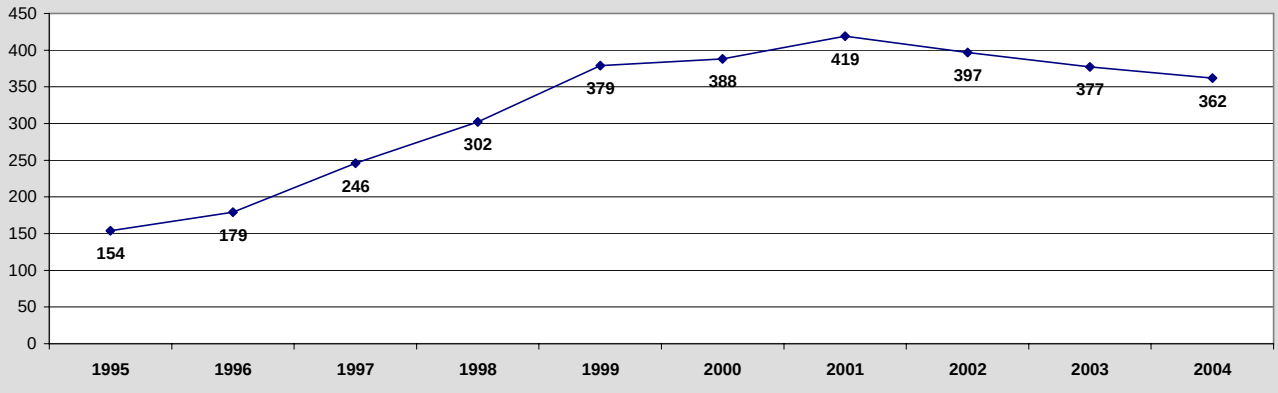

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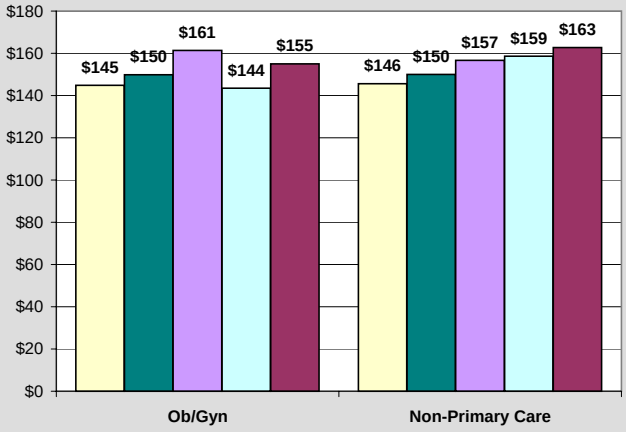
Specialty: Obstetrics & Gynecology

Trends in Median Income, 2000 - 2005*



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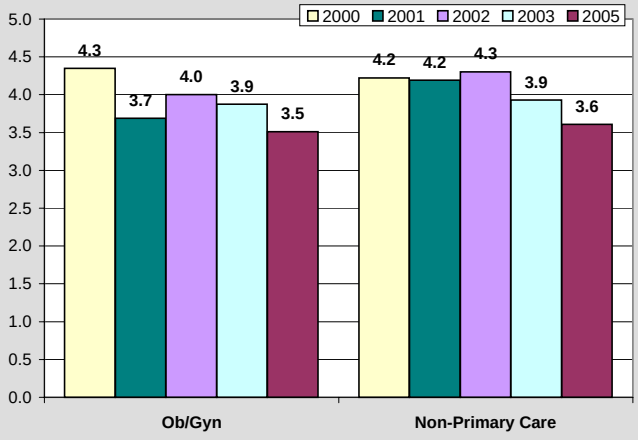

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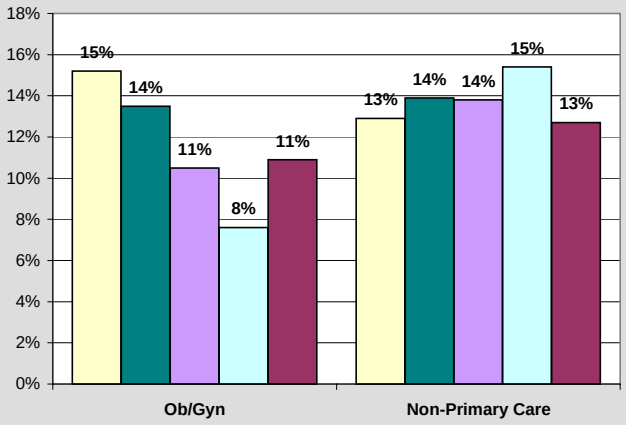

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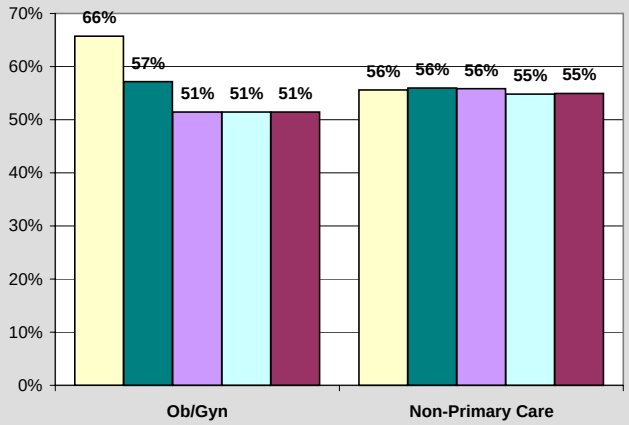

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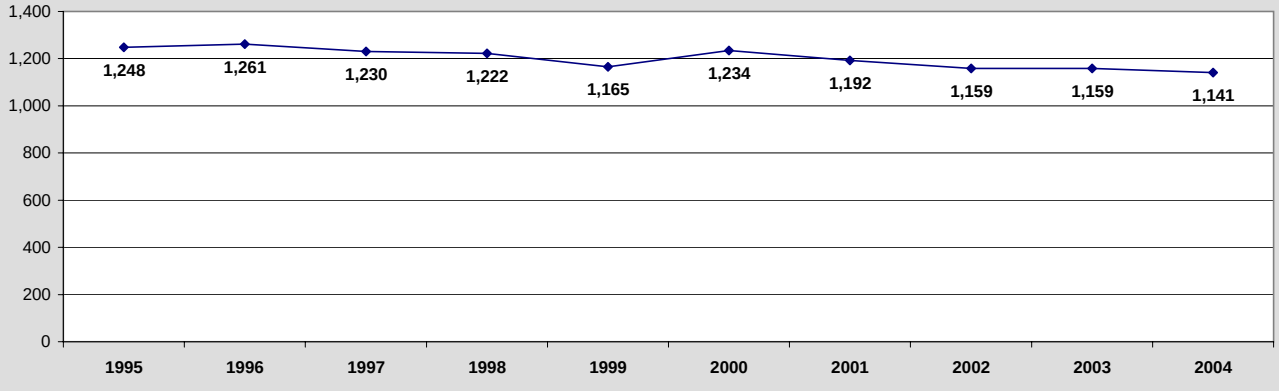

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Specialty: Cardiology

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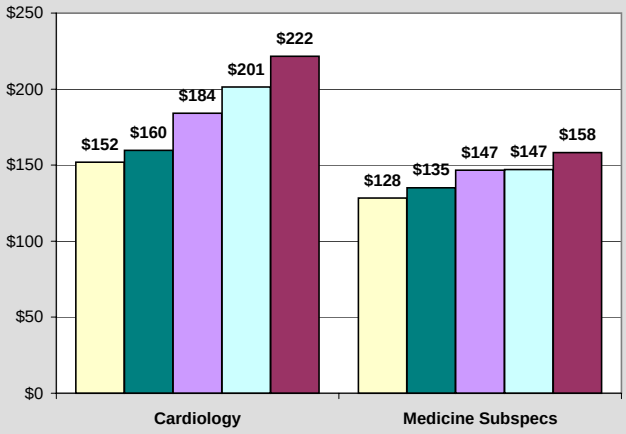

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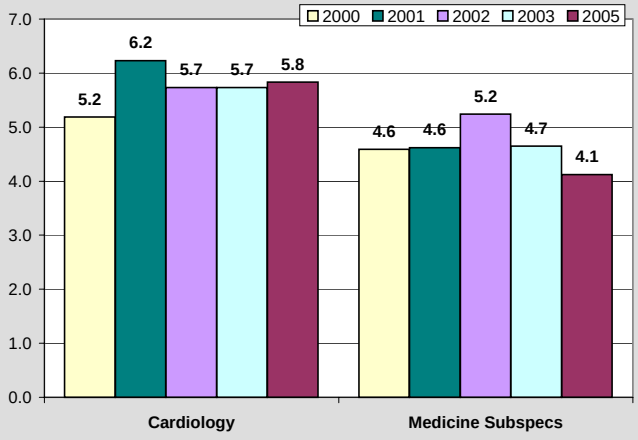

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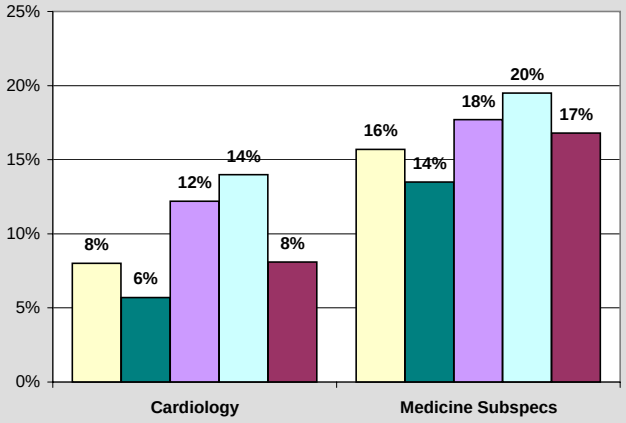

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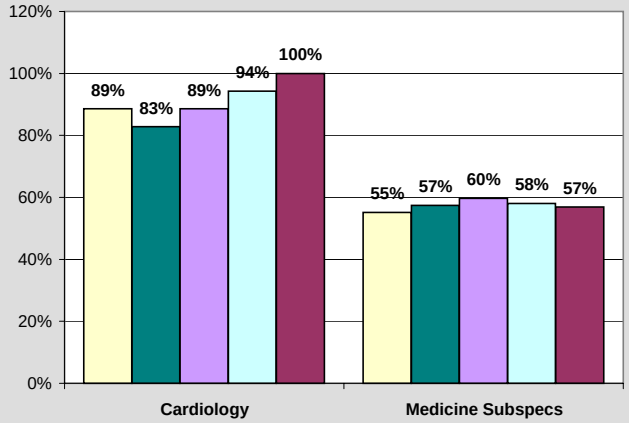

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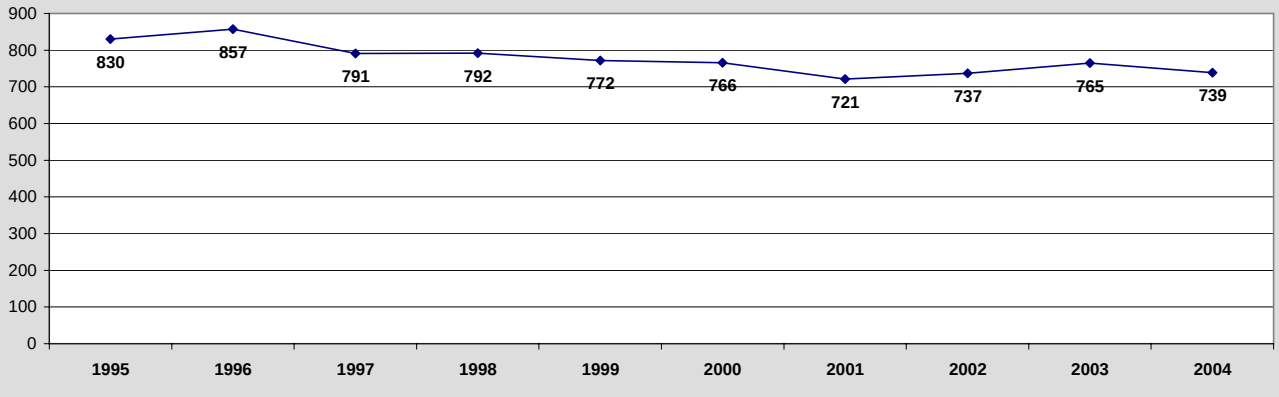

*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
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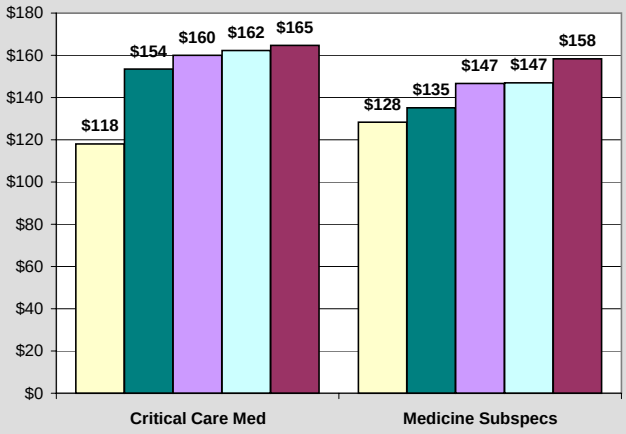
Specialty: Critical Care Medicine

Trends in Median Income,* 2000 - 2005



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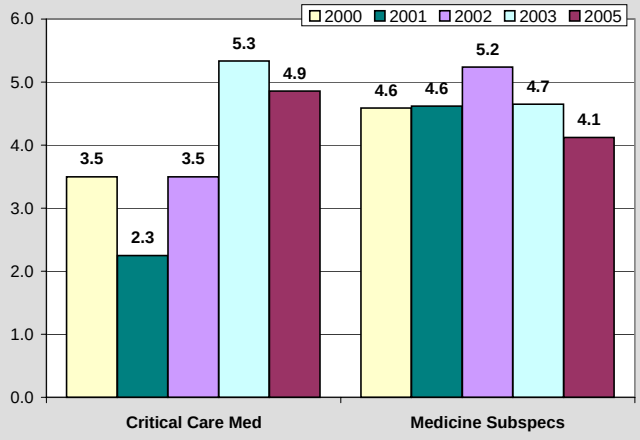

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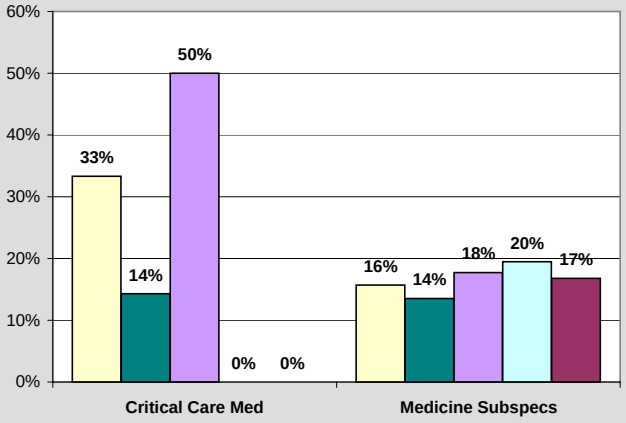

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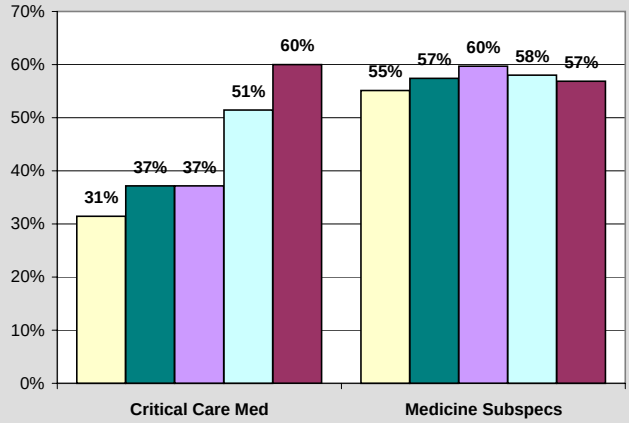

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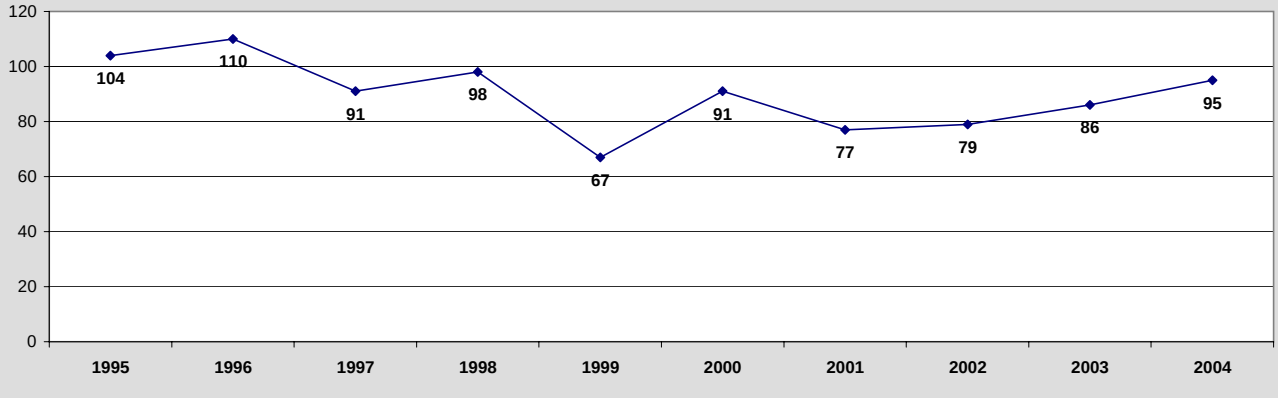
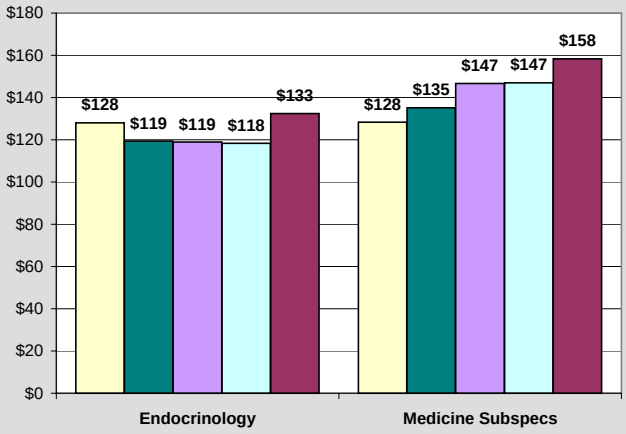


*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Endocrinology

Trends in Median Income, 2000 - 2005*



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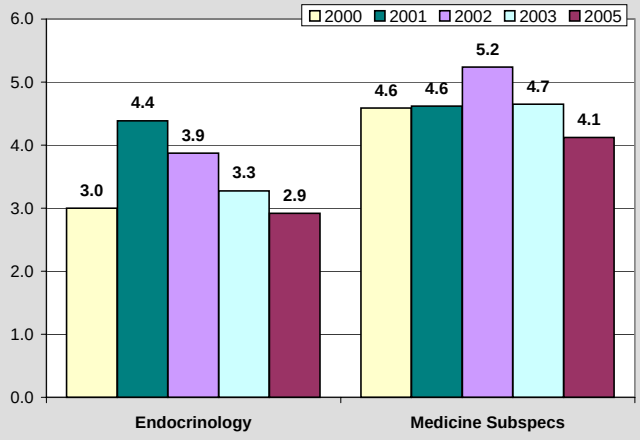

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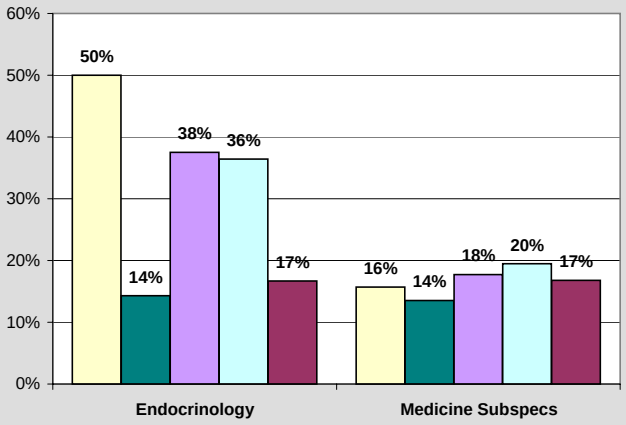

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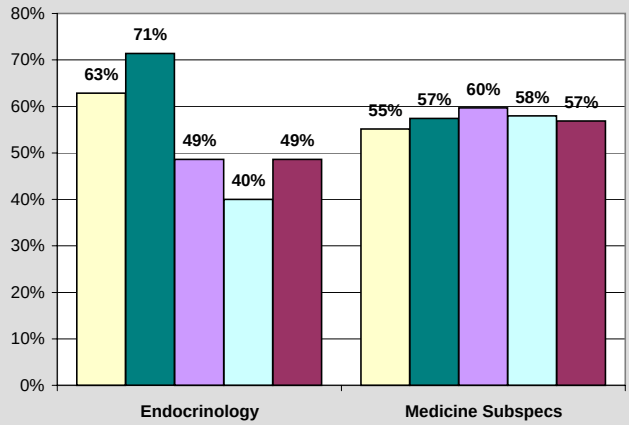

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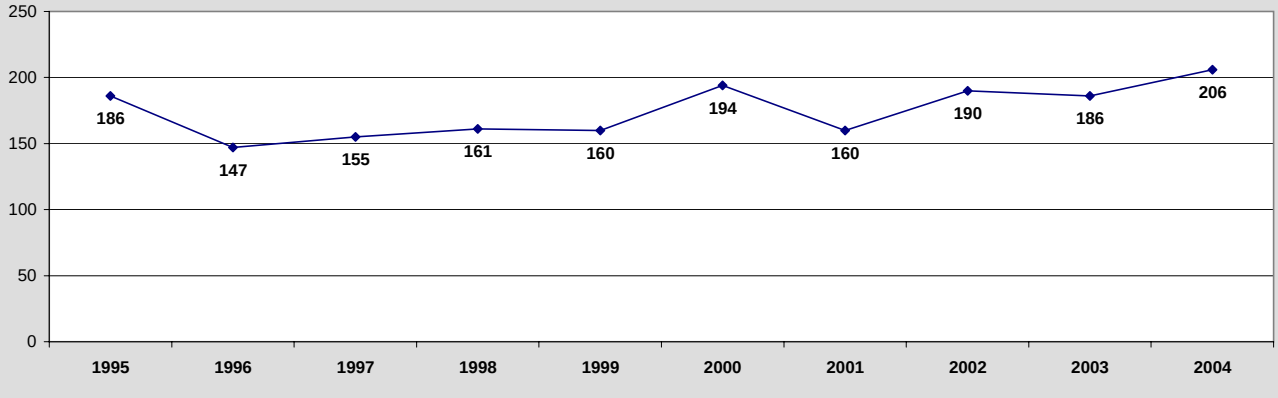
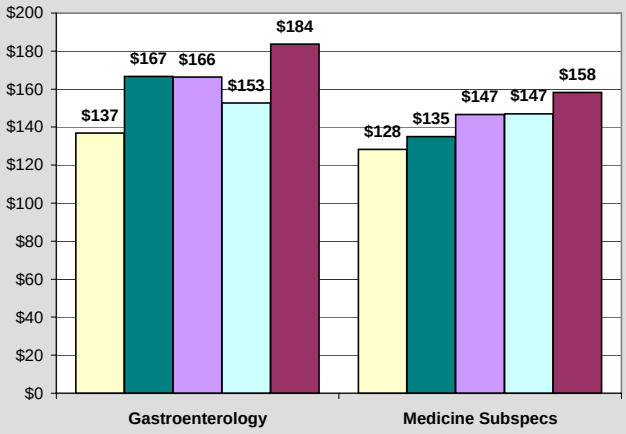


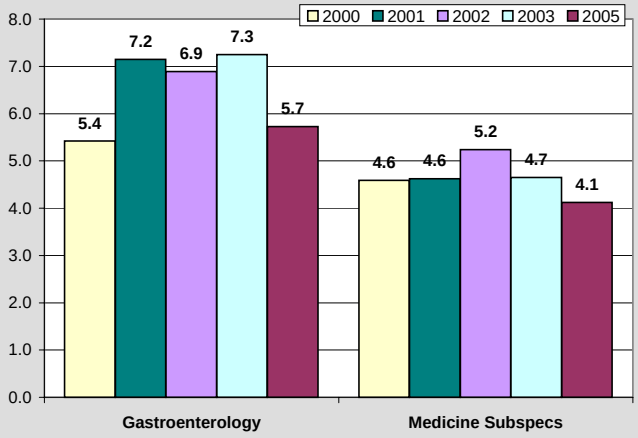
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Gastroenterology

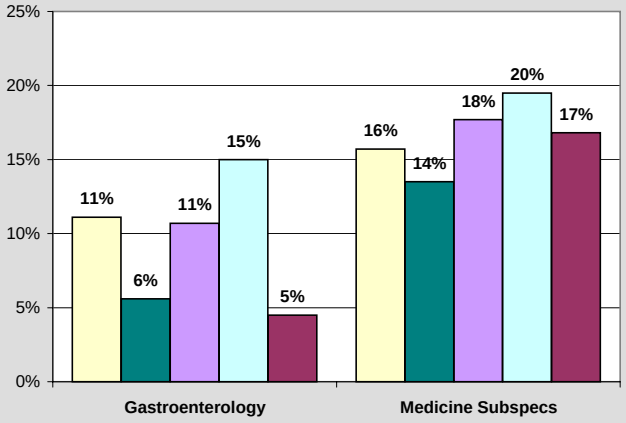
Trends in Median Income, 2000 - 2005*



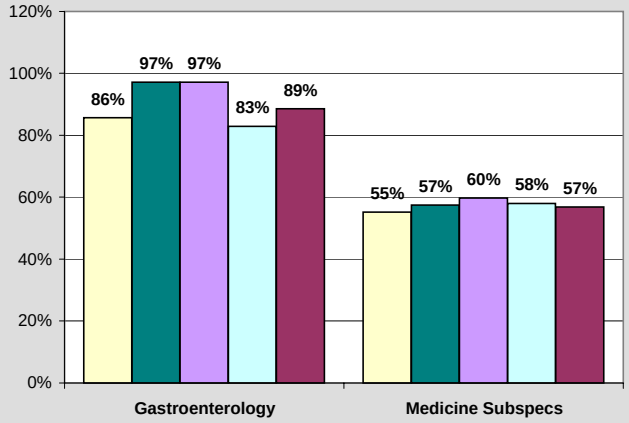
Trends in Mean Number of Job Offers Received, 2000 - 2005*



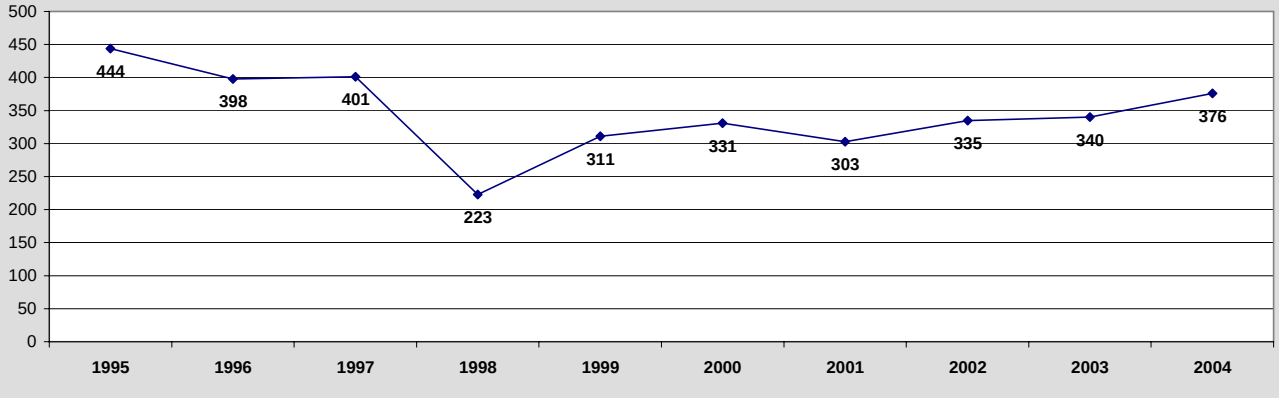
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Gastroenterology, 2000 - 2005*



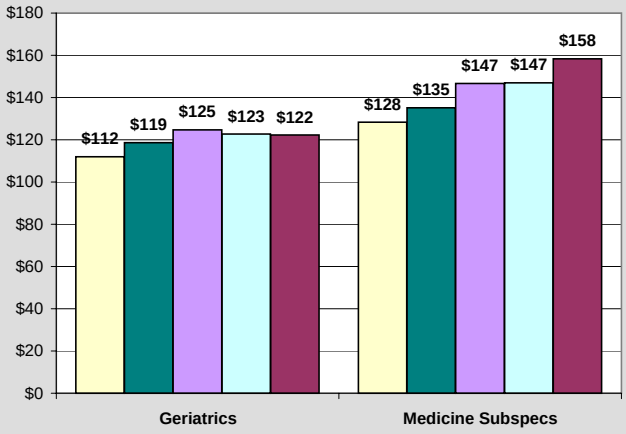
*Trends in Number of Graduates of Allopathic Gastroenterology GME Programs in the U.S.**, 1994 - 2004*



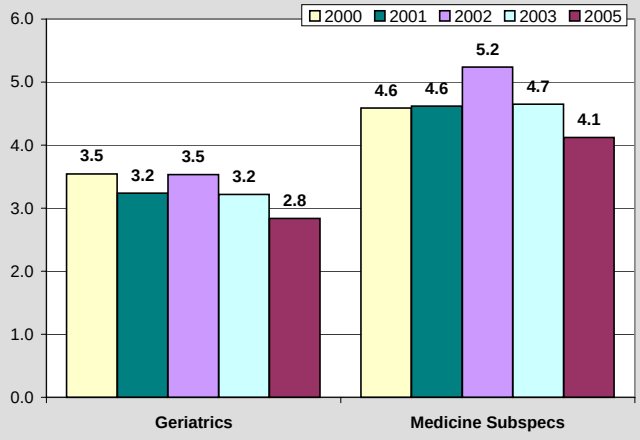
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Geriatrics

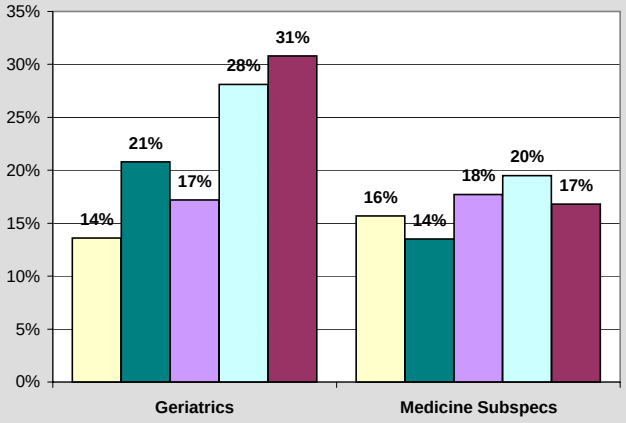
Trends in Median Income,* 2000 - 2005



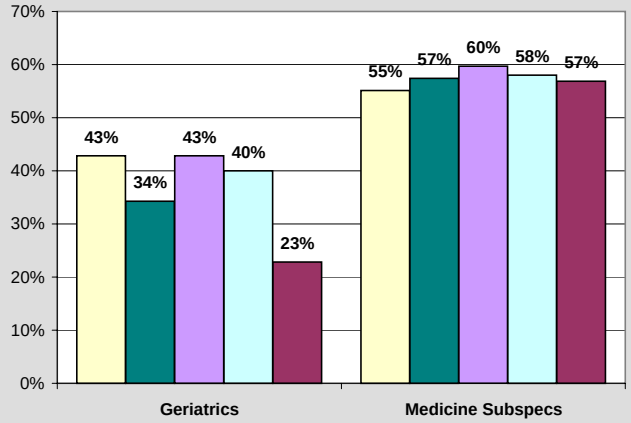
Trends in Mean Number of Job Offers Received,* 2000 - 2005



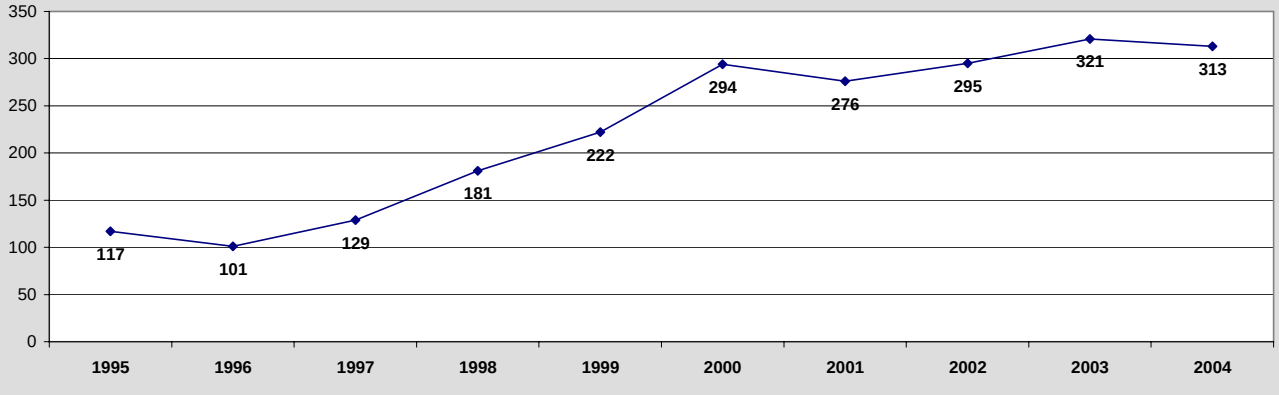
Trends in Having to Change Plans Due to Limited Practice Opportunities,* 2000 - 2005



Trends in Relative Demand*-Percentile Rank of Geriatrics, 2000 - 2005



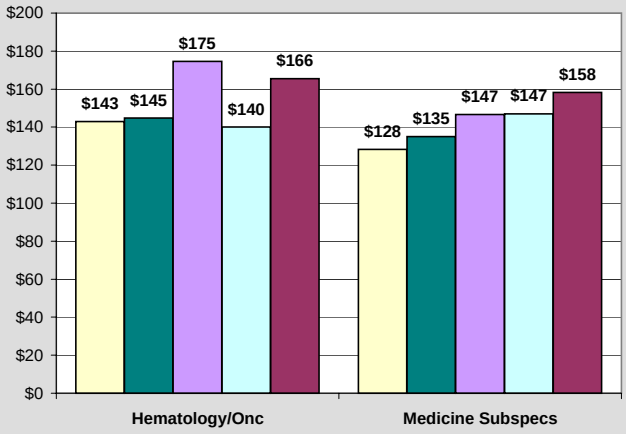
Trends in Number of Graduates of Allopathic Geriatrics GME Programs in the U.S.**, 1994 - 2004



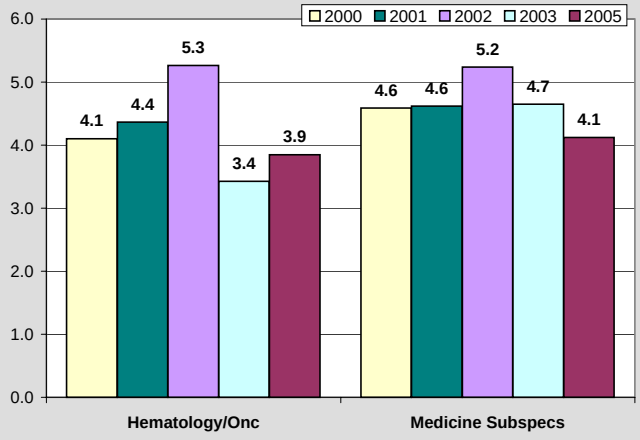
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Hematology/Oncology

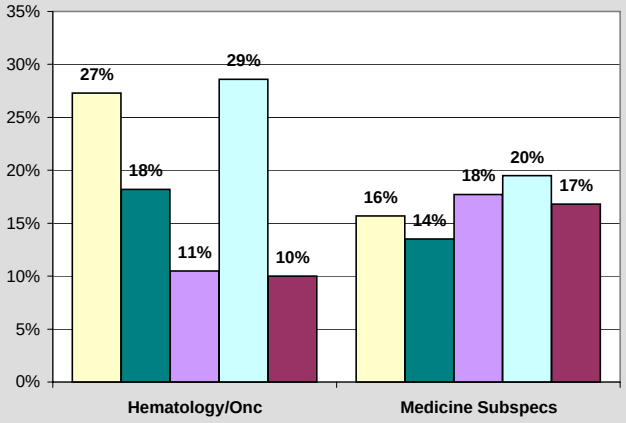
Trends in Median Income, 2000 - 2005*



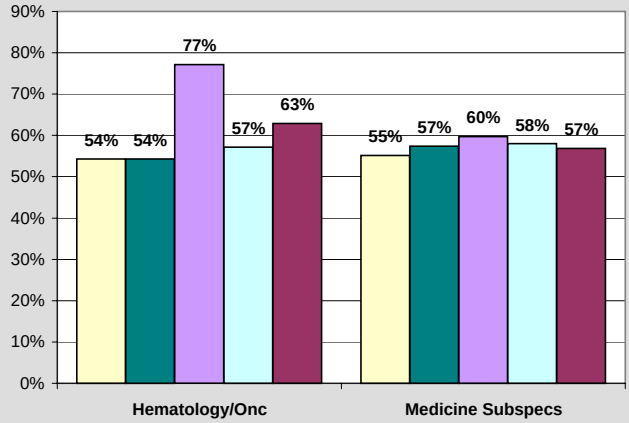
Trends in Mean Number of Job Offers Received, 2000 - 2005*



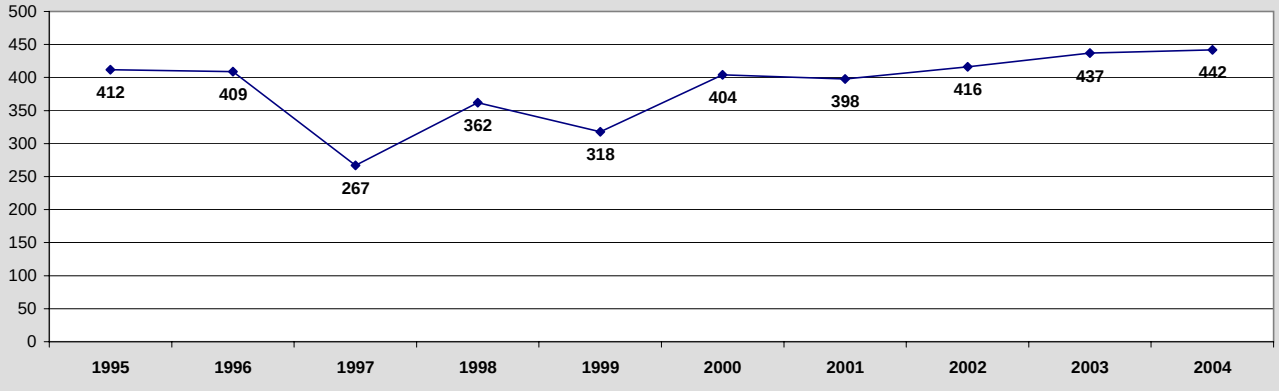
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Hematology/Onc, 2000 - 2005*



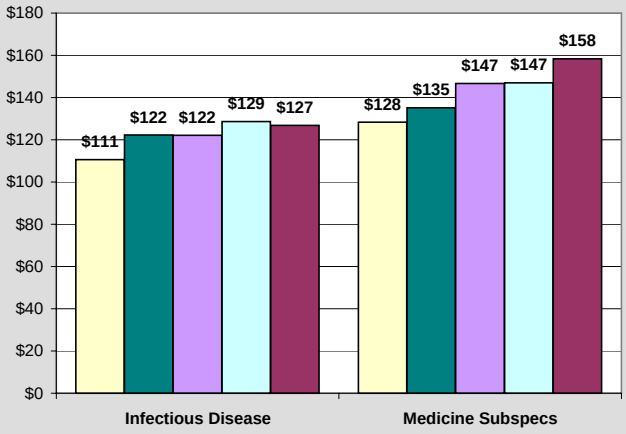
*Trends in Number of Graduates of Allopathic Hematology/Onc GME Programs in the U.S.**, 1994 - 2004*



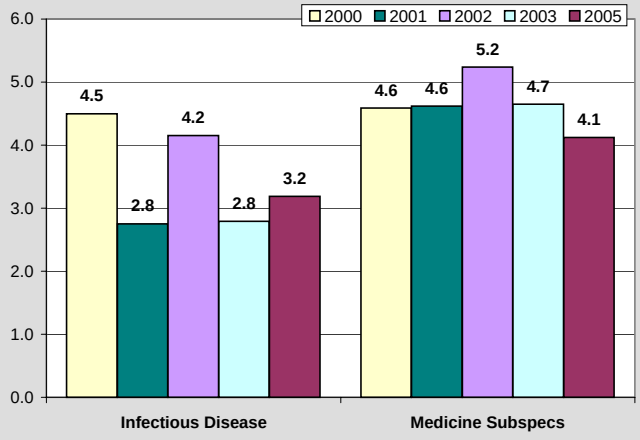
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Infectious Disease

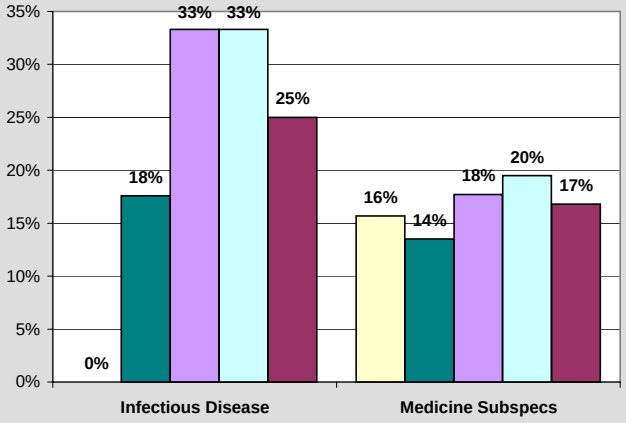
Trends in Median Income,* 2000 - 2005



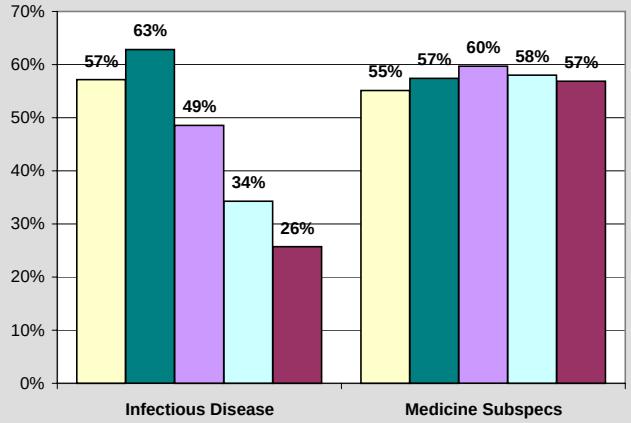
Trends in Mean Number of Job Offers Received,* 2000 - 2005



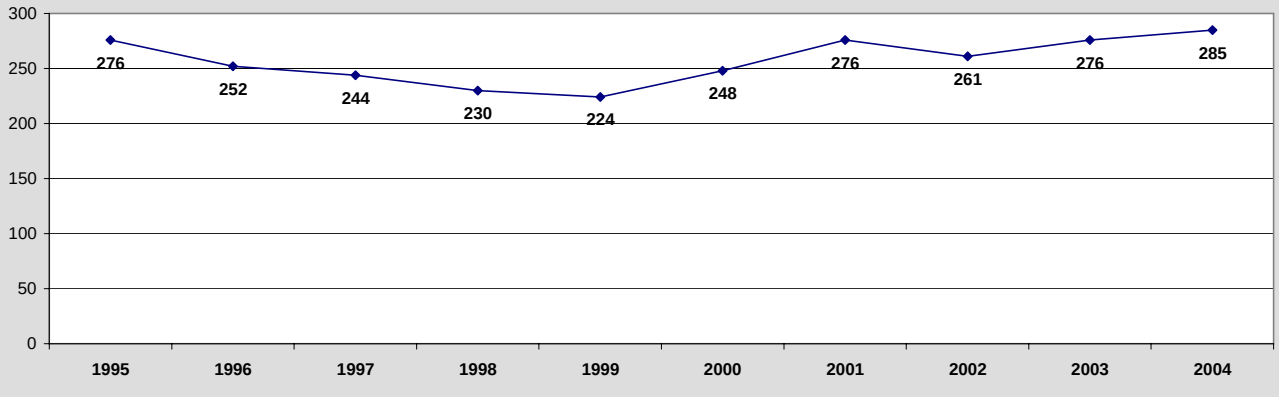
Trends in Having to Change Plans Due to Limited Practice Opportunities,* 2000 - 2005



Trends in Relative Demand*-Percentile Rank of Infectious Disease, 2000 - 2005



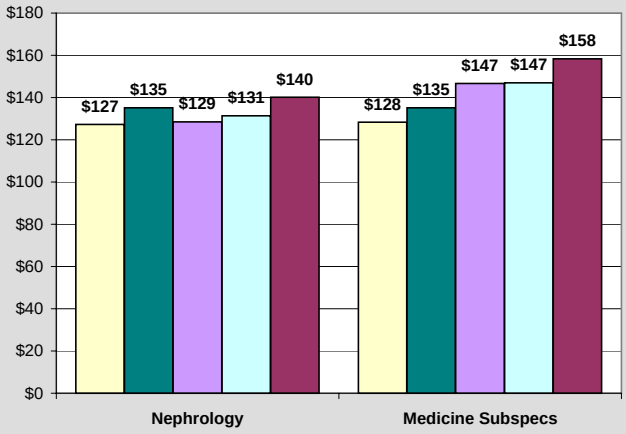
Trends in Number of Graduates of Allopathic Infectious Disease GME Programs in the U.S.**, 1994 - 2004



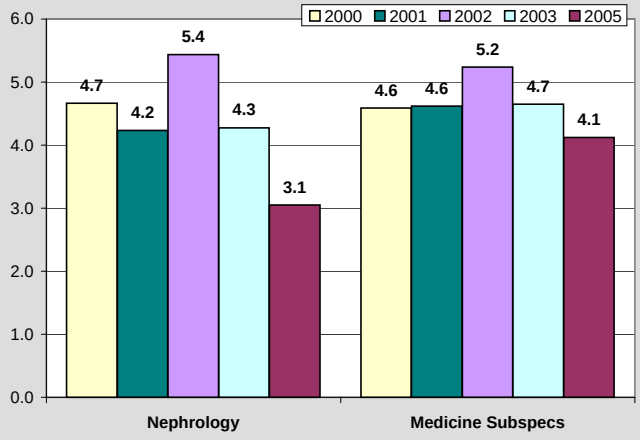
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Nephrology

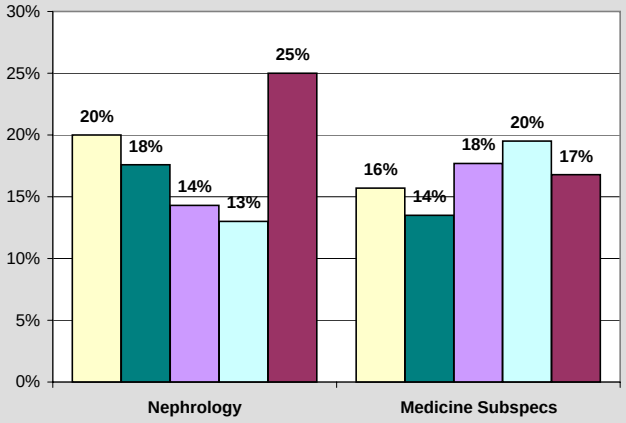
Trends in Median Income,* 2000 - 2005



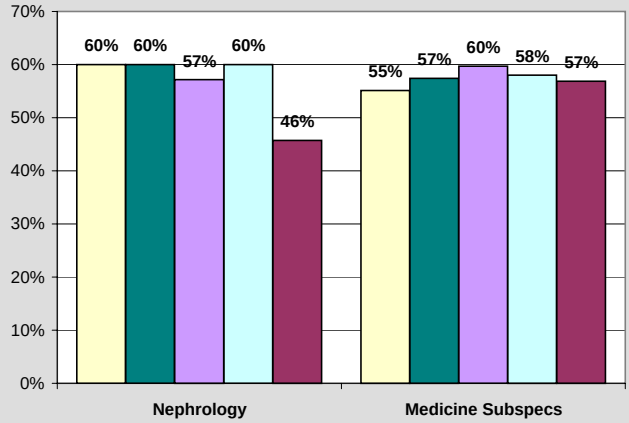
Trends in Mean Number of Job Offers Received,* 2000 - 2005



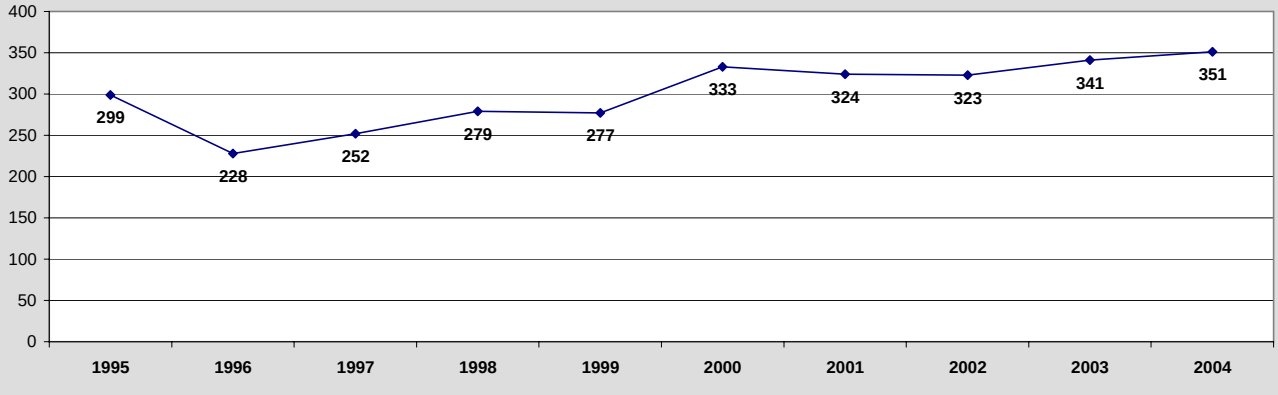
Trends in Having to Change Plans Due to Limited Practice Opportunities,* 2000 - 2005



Trends in Relative Demand*-Percentile Rank of Nephrology, 2000 - 2005



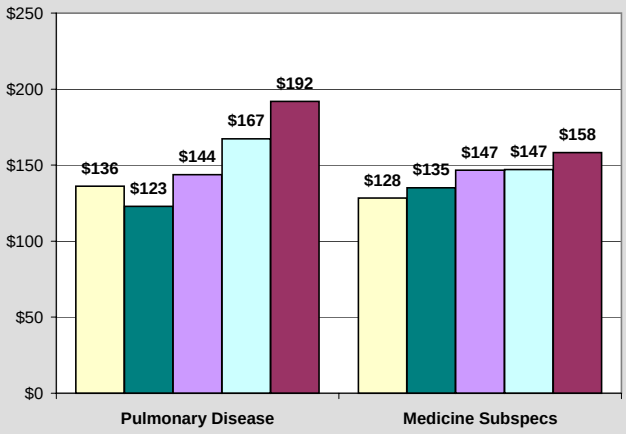
Trends in Number of Graduates of Allopathic Nephrology GME Programs in the U.S.**, 1994 - 2004



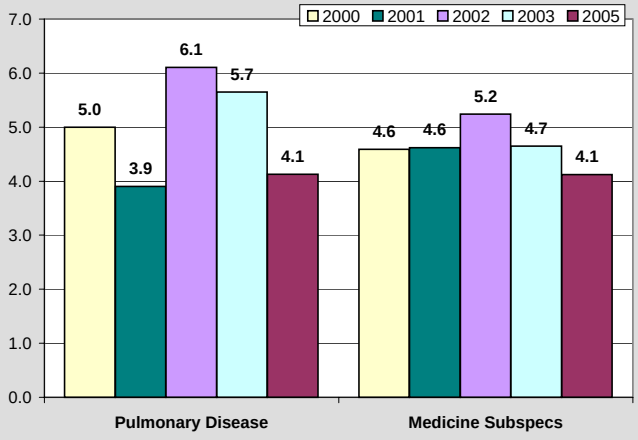
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Pulmonary Disease

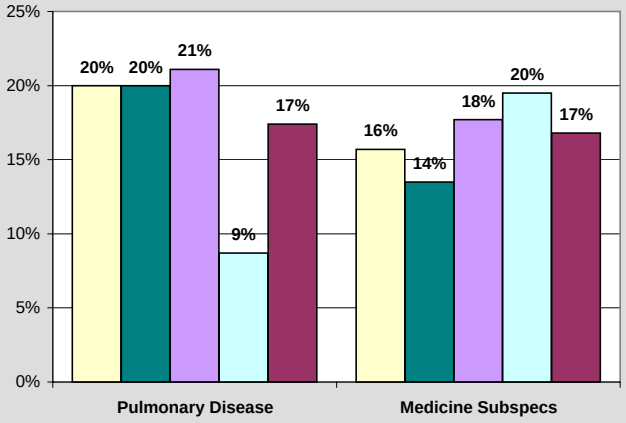
Trends in Median Income, 2000 - 2005*



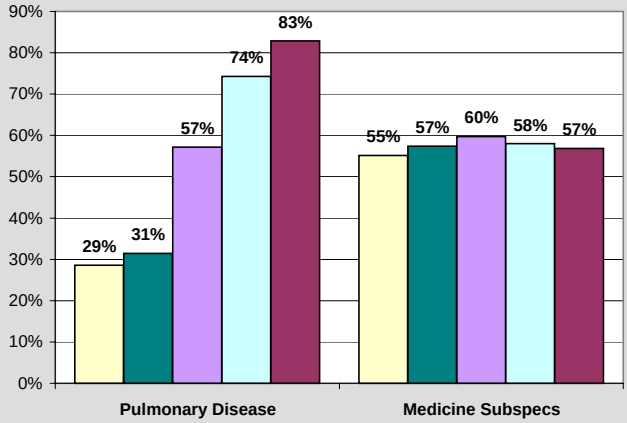
Trends in Mean Number of Job Offers Received, 2000 - 2005*



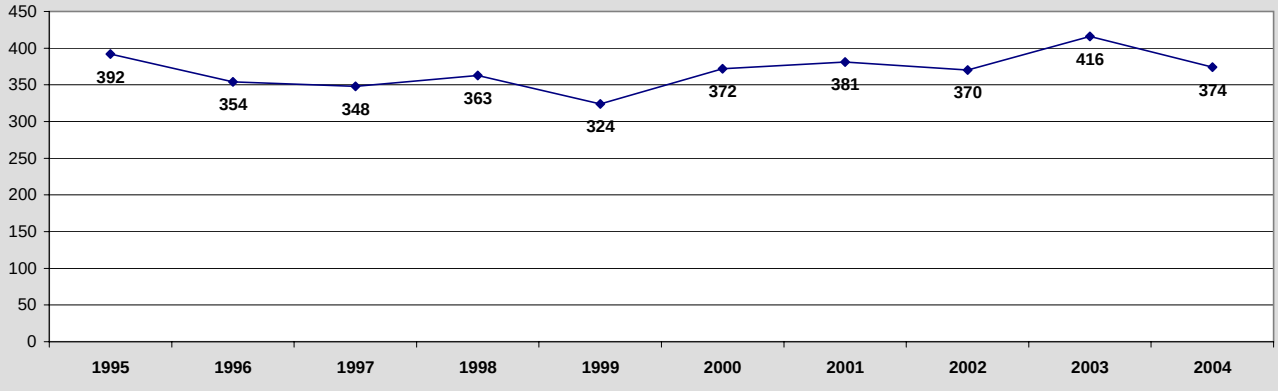
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Pulmonary Disease, 2000 - 2005*



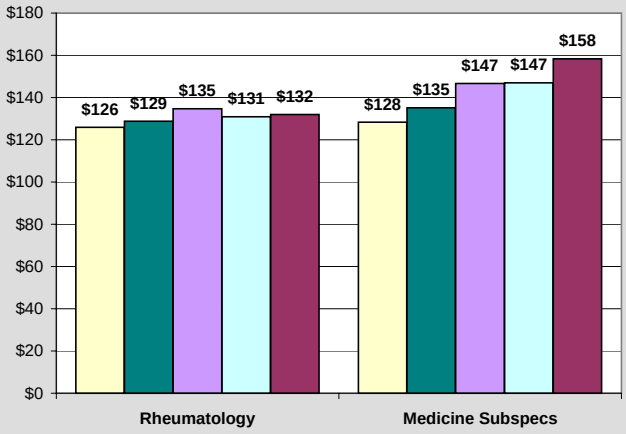
*Trends in Number of Graduates of Allopathic Pulmonary Disease GME Programs in the U.S.**, 1994 - 2004



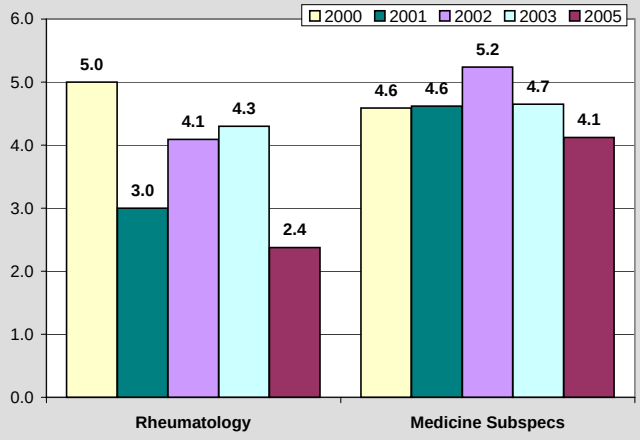
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Rheumatology

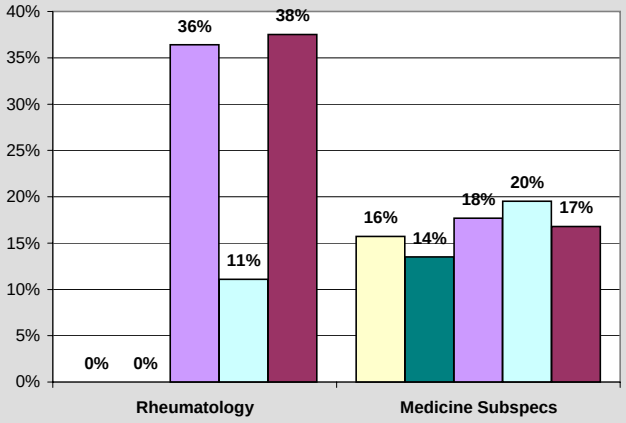
Trends in Median Income, 2000 - 2005*



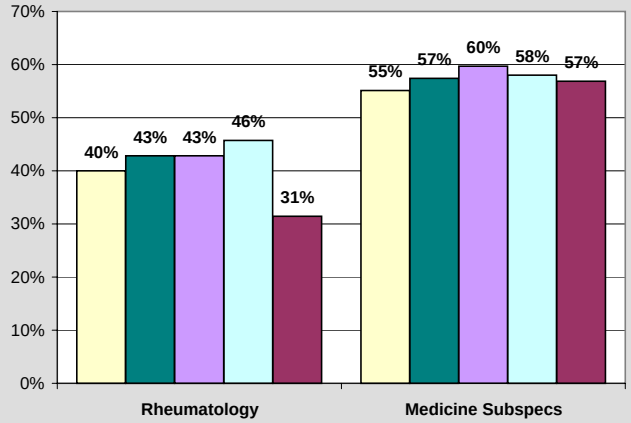
Trends in Mean Number of Job Offers Received, 2000 - 2005*



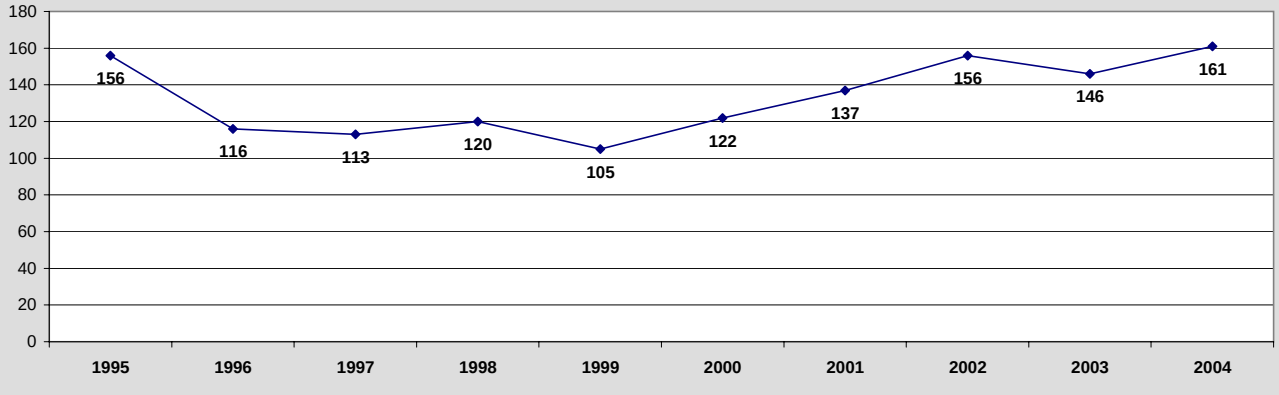
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Rheumatology, 2000 - 2005*



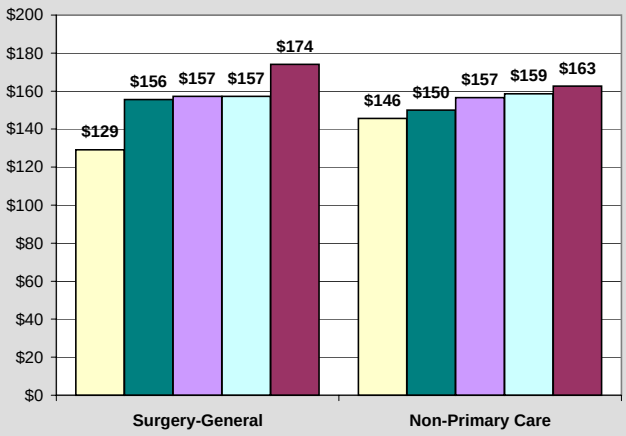
*Trends in Number of Graduates of Allopathic Rheumatology GME Programs in the U.S.**, 1994 - 2004



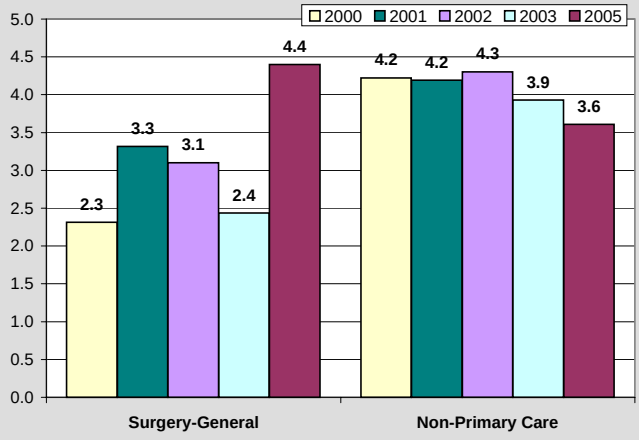
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Surgery-General

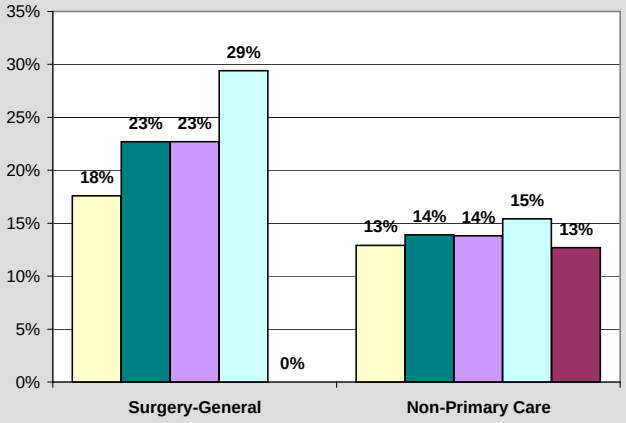
Trends in Median Income, 2000 - 2005*



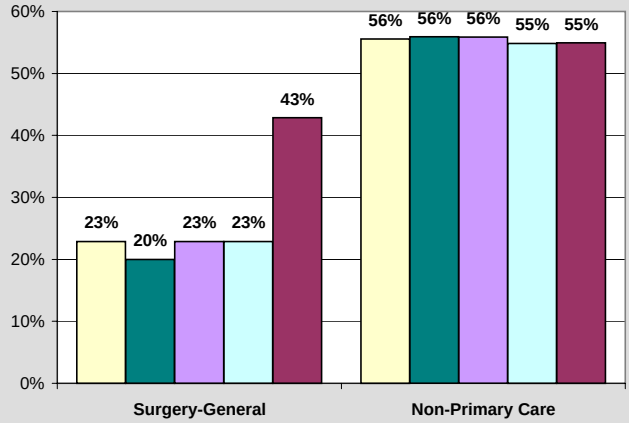
Trends in Mean Number of Job Offers Received, 2000 - 2005*



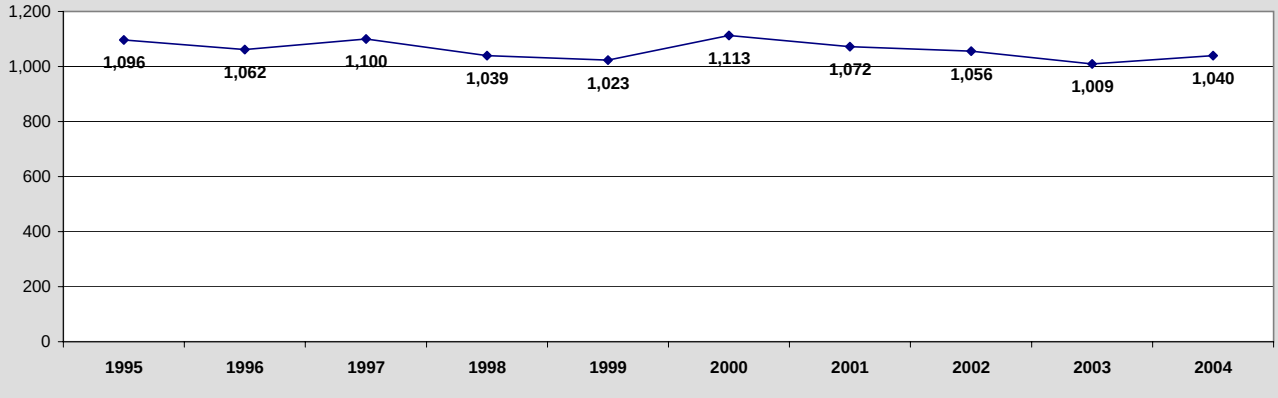
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Surgery-General, 2000 - 2005*



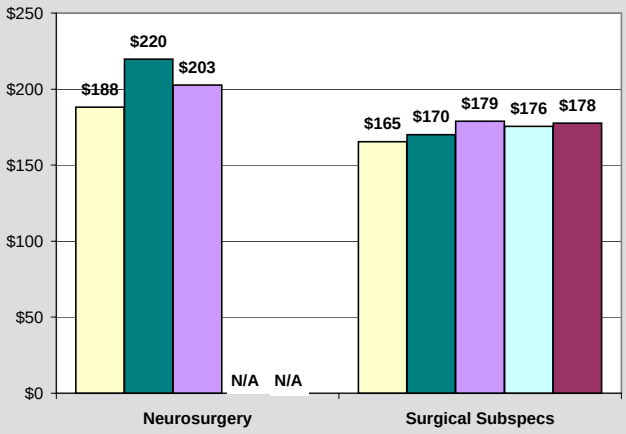
*Trends in Number of Graduates of Allopathic Surgery-General GME Programs in the U.S.**, 1994 - 2004



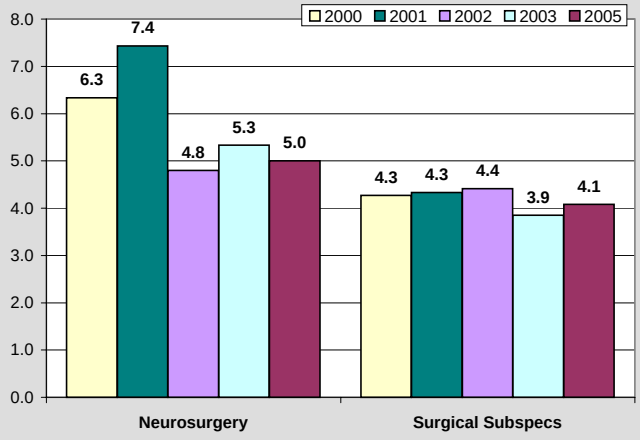
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Neurosurgery

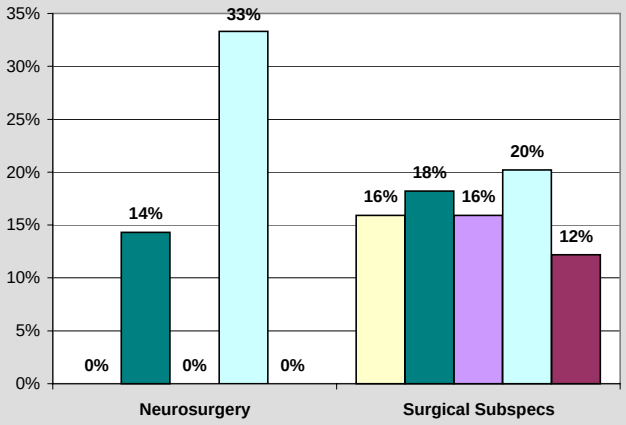
Trends in Median Income, 2000 - 2005*



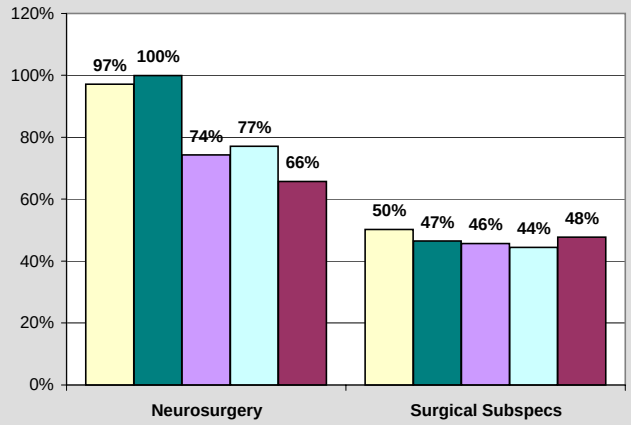
Trends in Mean Number of Job Offers Received, 2000 - 2005*



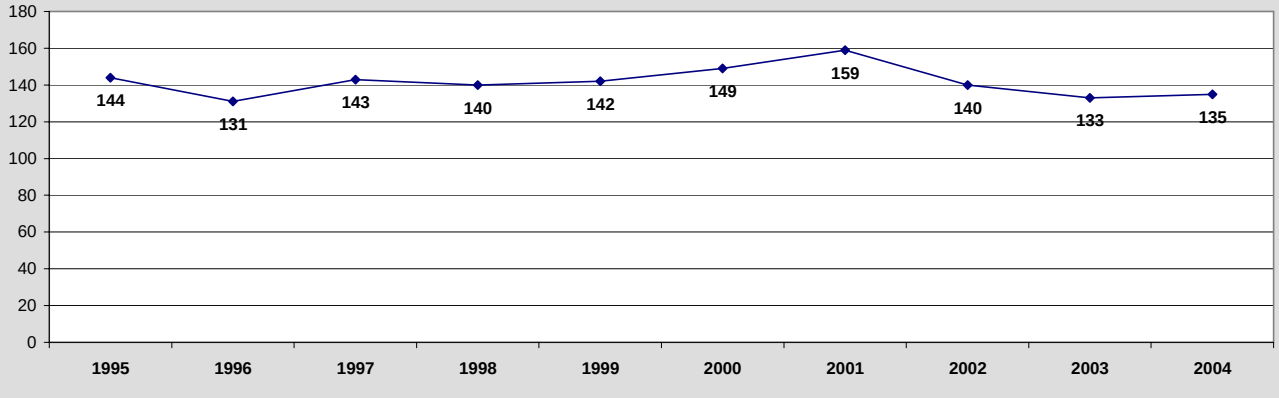
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Neurosurgery, 2000 - 2005*



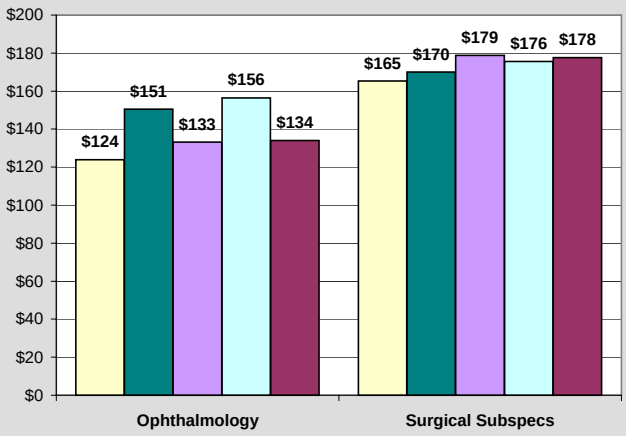
*Trends in Number of Graduates of Allopathic Neurosurgery GME Programs in the U.S.**, 1994 - 2004*



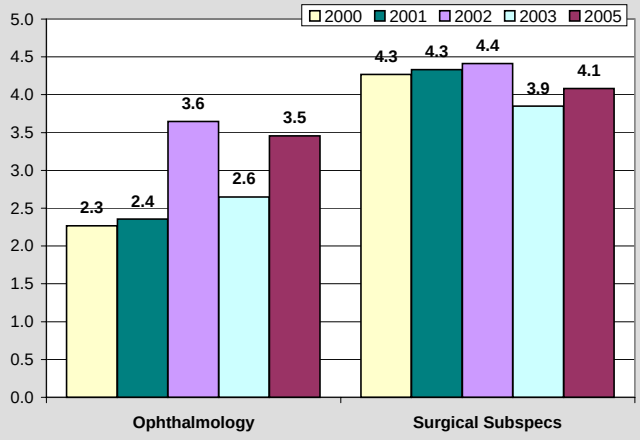
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Ophthalmology

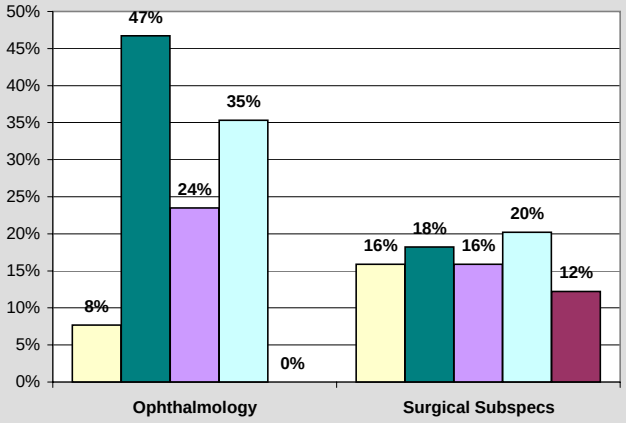
Trends in Median Income, 2000 - 2005*



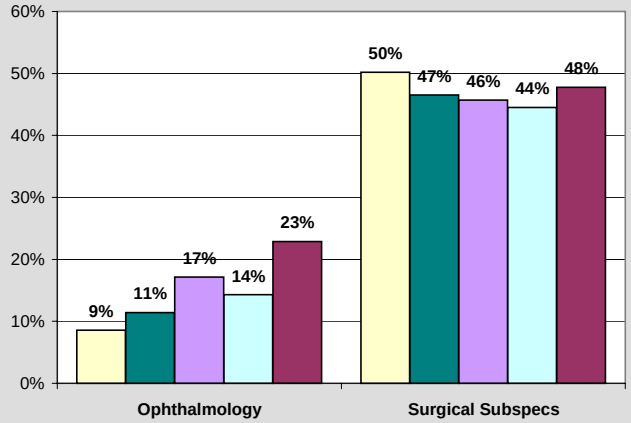
Trends in Mean Number of Job Offers Received, 2000 - 2005*



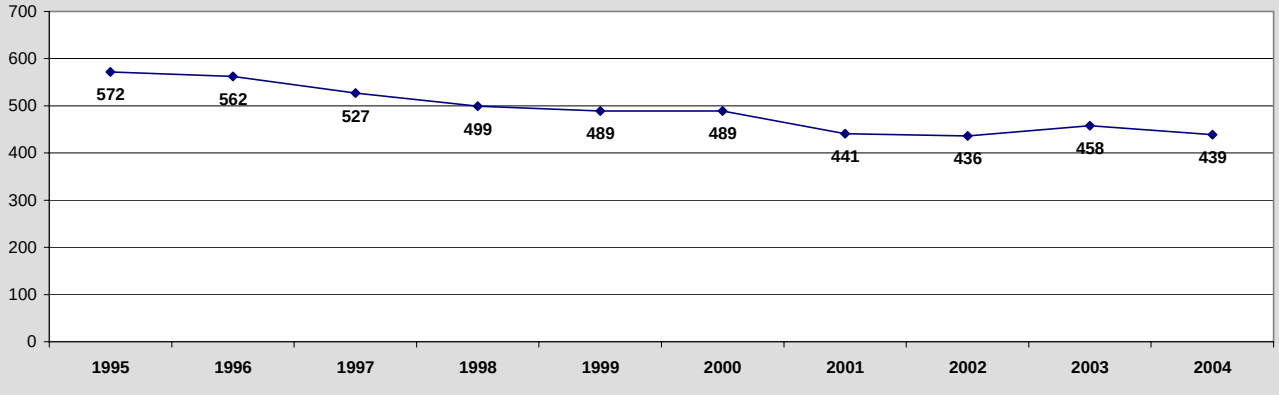
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Ophthalmology, 2000 - 2005*



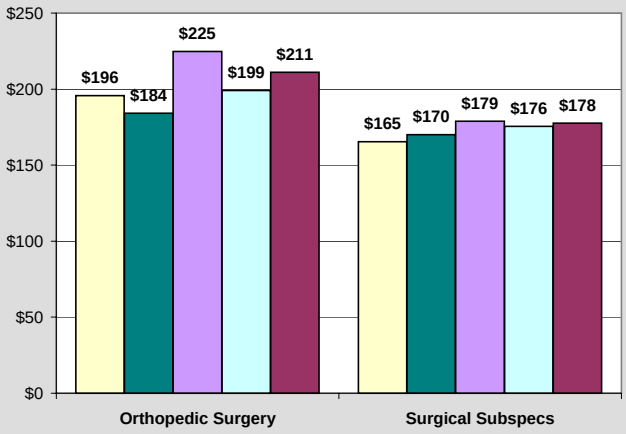
*Trends in Number of Graduates of Allopathic Ophthalmology GME Programs in the U.S.**, 1994 - 2004



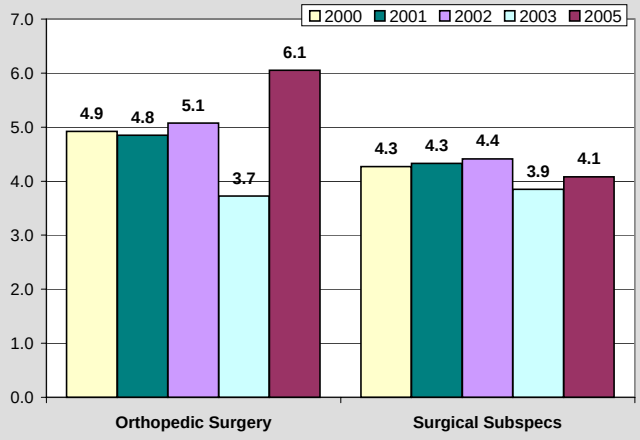
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Orthopedic Surgery

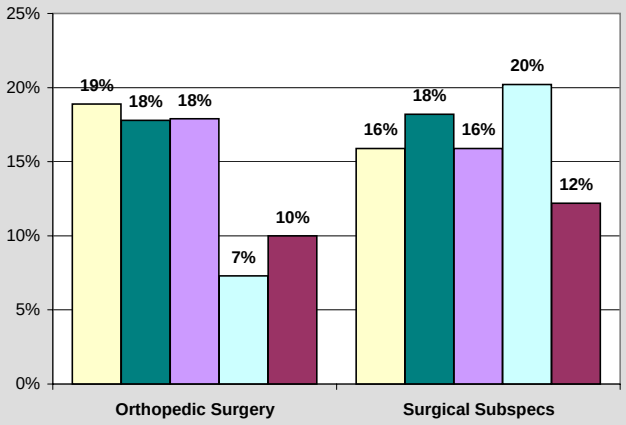
Trends in Median Income, 2000 - 2005*



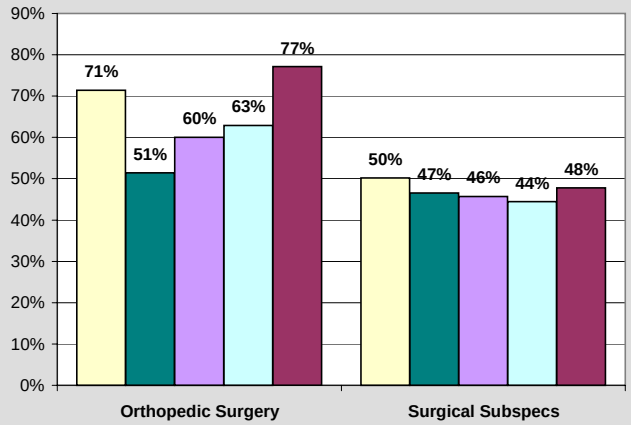
Trends in Mean Number of Job Offers Received, 2000 - 2005*



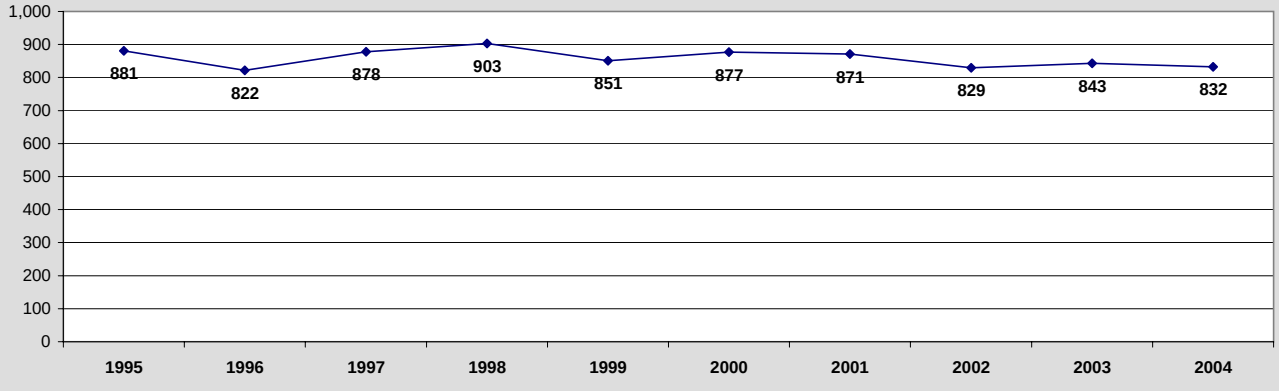
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Orthopedic Surgery, 2000 - 2005*



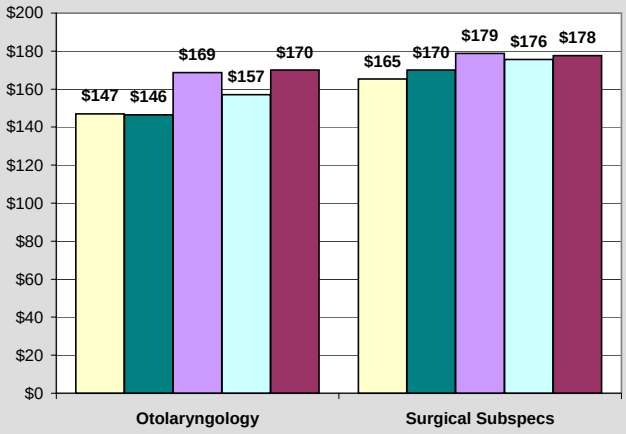
*Trends in Number of Graduates of Allopathic Orthopedic Surgery GME Programs in the U.S.**, 1994 - 2004*



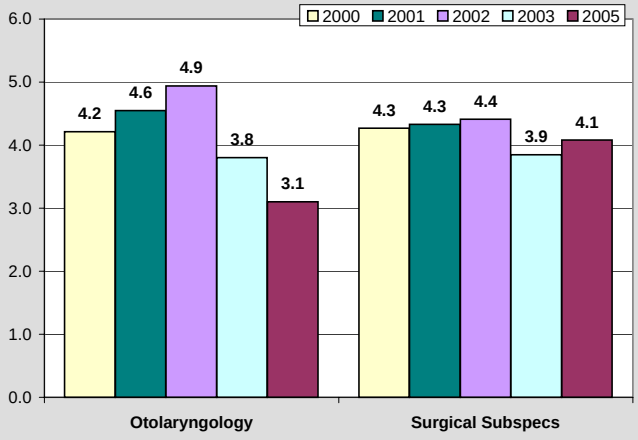
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Otolaryngology

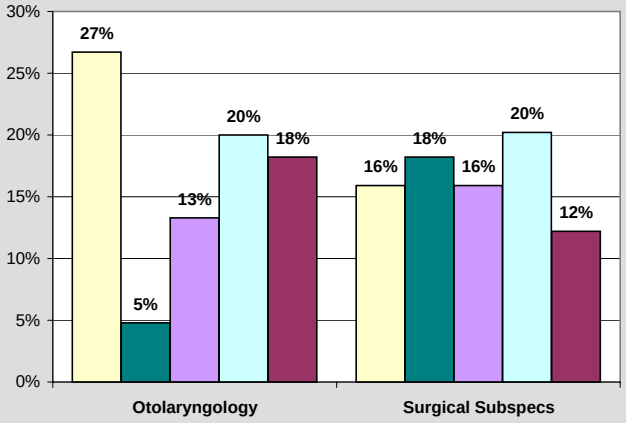
Trends in Median Income,* 2000 - 2005



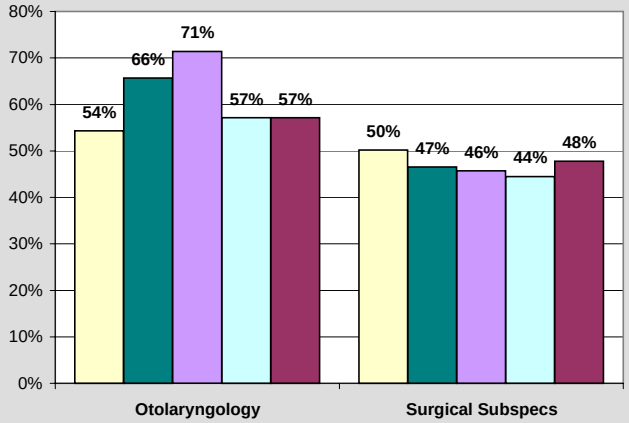
Trends in Mean Number of Job Offers Received,* 2000 - 2005



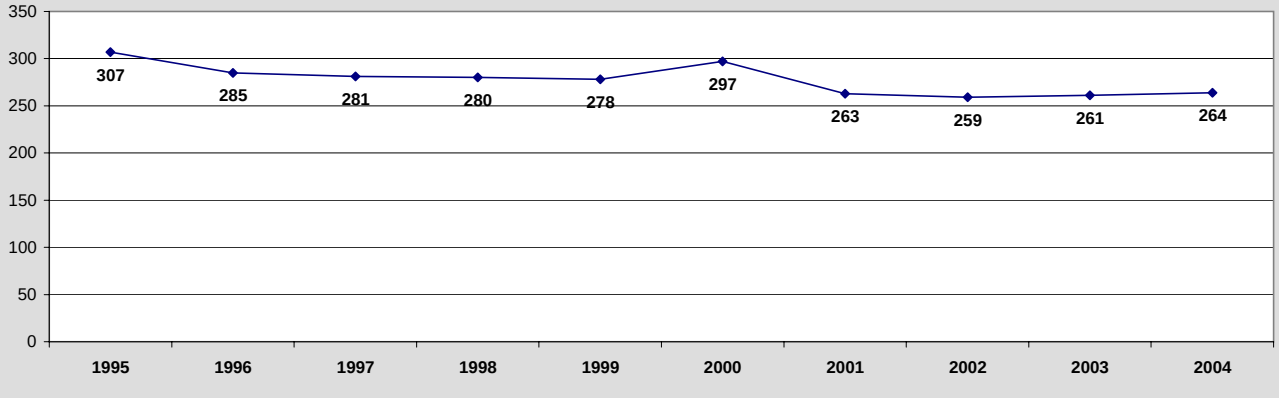
Trends in Having to Change Plans Due to Limited Practice Opportunities,* 2000 - 2005



Trends in Relative Demand*-Percentile Rank of Otolaryngology, 2000 - 2005



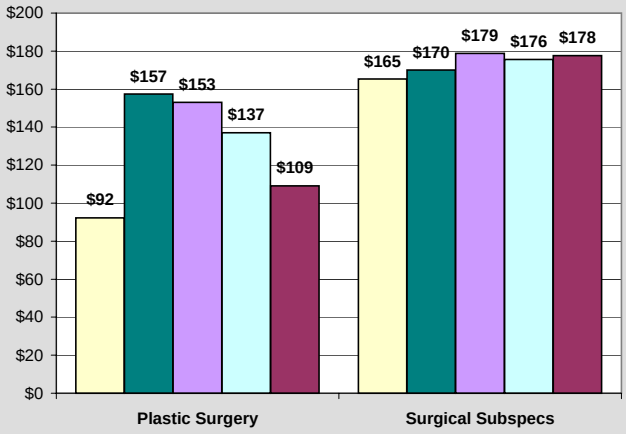
Trends in Number of Graduates of Allopathic Otolaryngology GME Programs in the U.S.**, 1994 - 2004



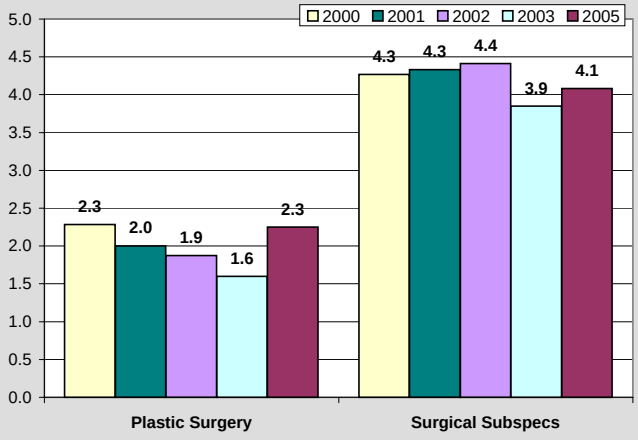
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Plastic Surgery

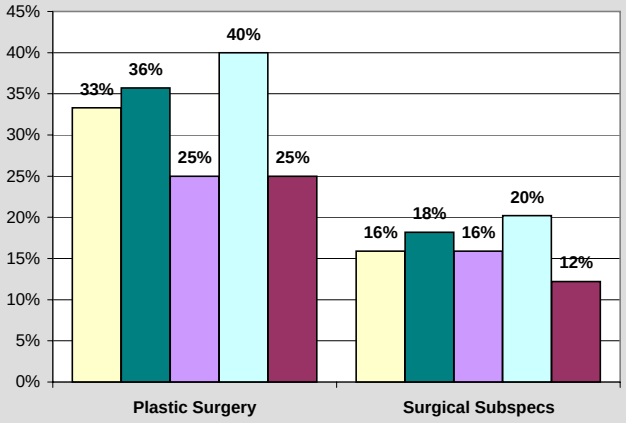
Trends in Median Income, 2000 - 2005*



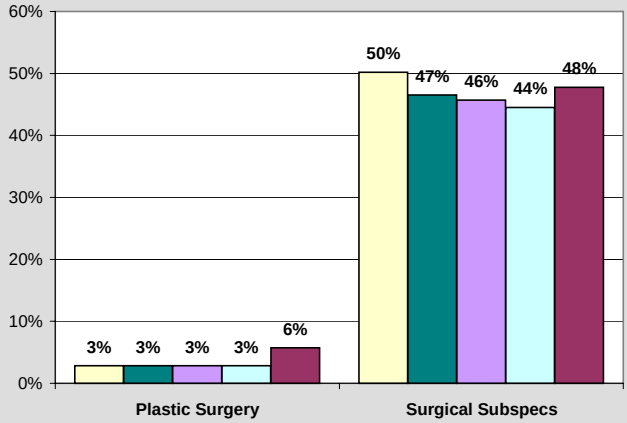
Trends in Mean Number of Job Offers Received, 2000 - 2005*



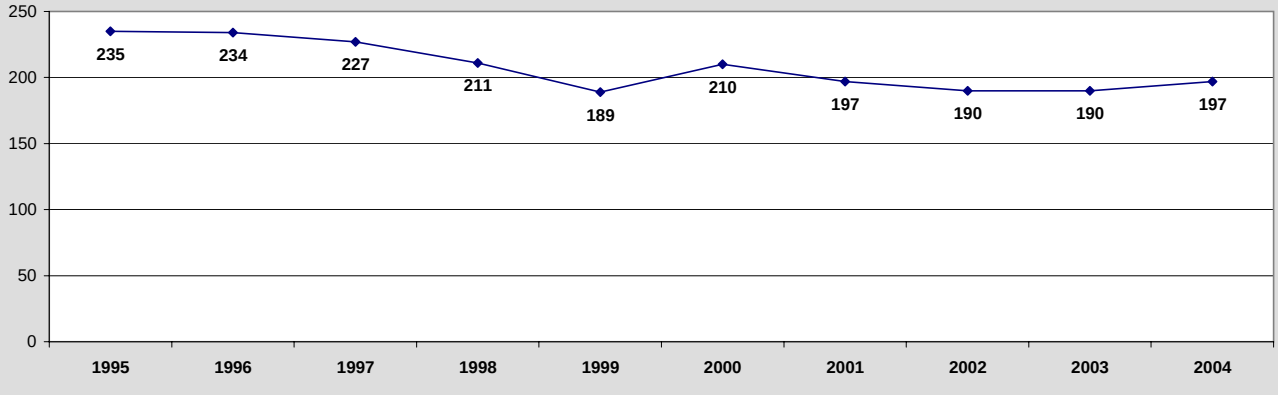
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Plastic Surgery, 2000 - 2005*



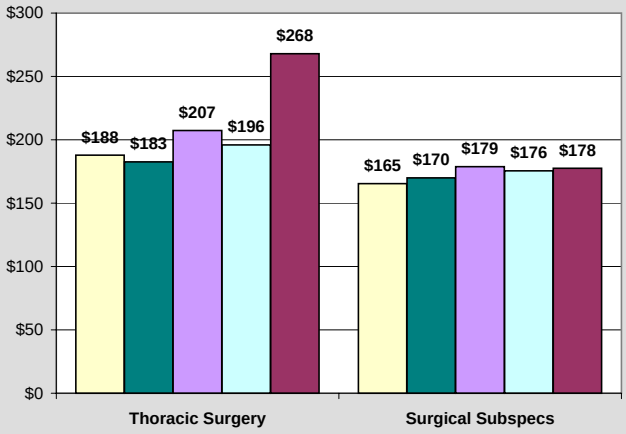
*Trends in Number of Graduates of Allopathic Plastic Surgery GME Programs in the U.S.**, 1994 - 2004*



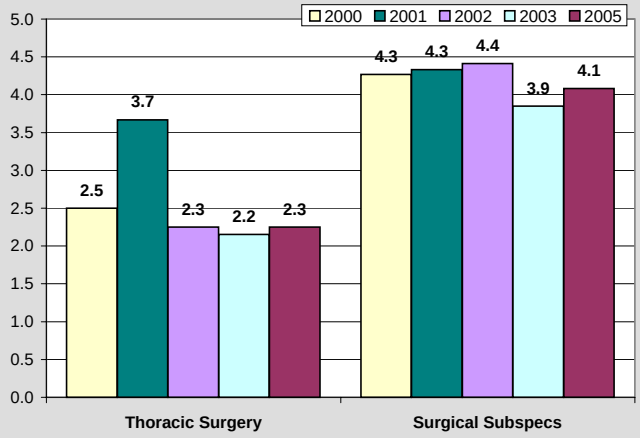
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Thoracic Surgery

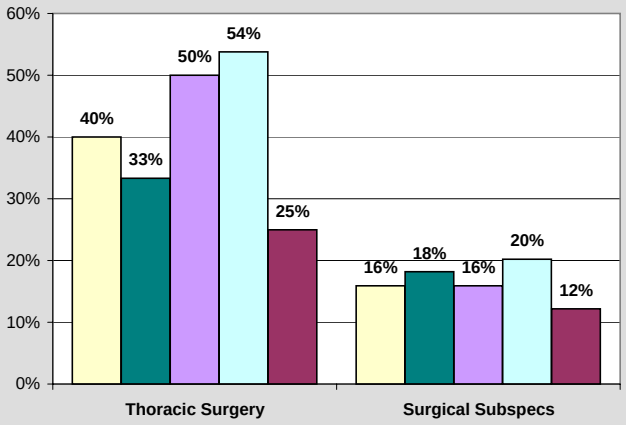
Trends in Median Income,* 2000 - 2005



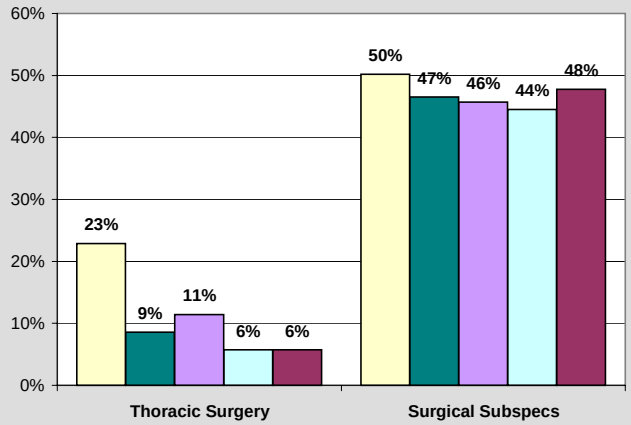
Trends in Mean Number of Job Offers Received,* 2000 - 2005



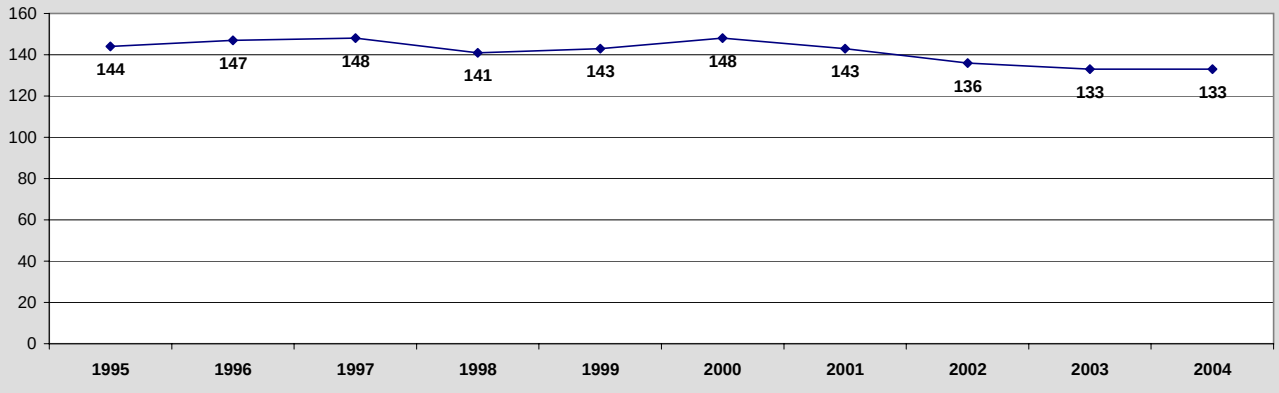
Trends in Having to Change Plans Due to Limited Practice Opportunities,* 2000 - 2005



Trends in Relative Demand*-Percentile Rank of Thoracic Surgery, 2000 - 2005



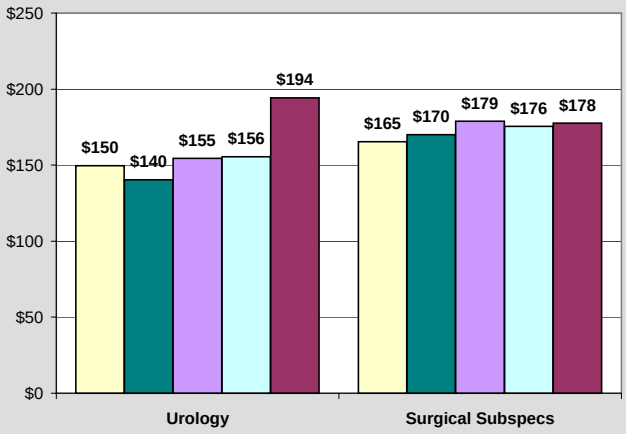
Trends in Number of Graduates of Allopathic Thoracic Surgery GME Programs in the U.S.**, 1994 - 2004



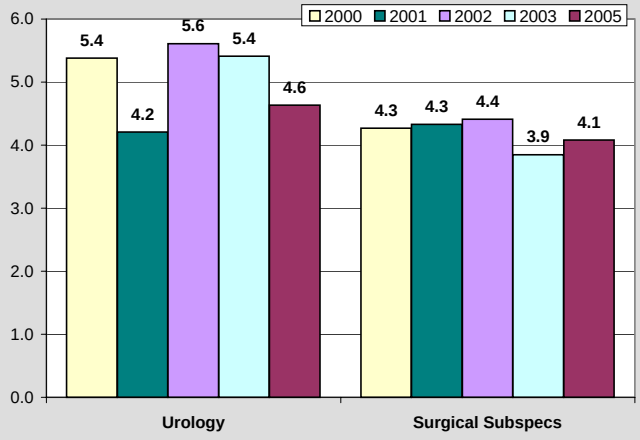
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Urology

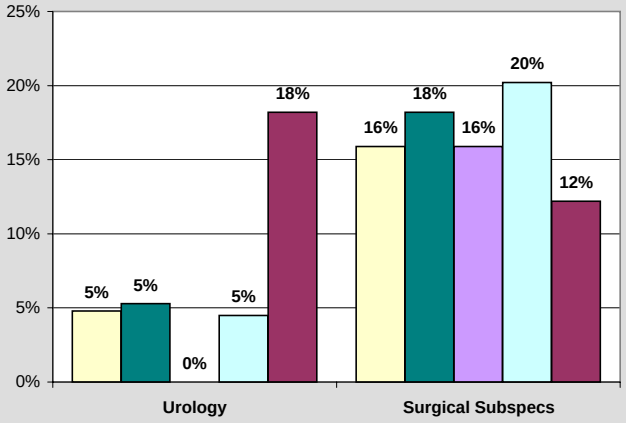
Trends in Median Income, 2000 - 2005*



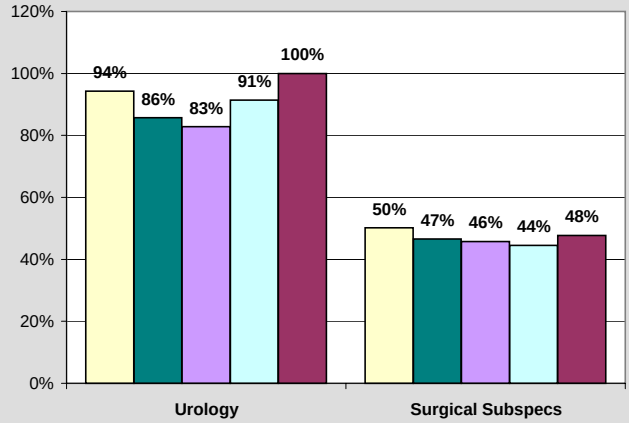
Trends in Mean Number of Job Offers Received, 2000 - 2005*



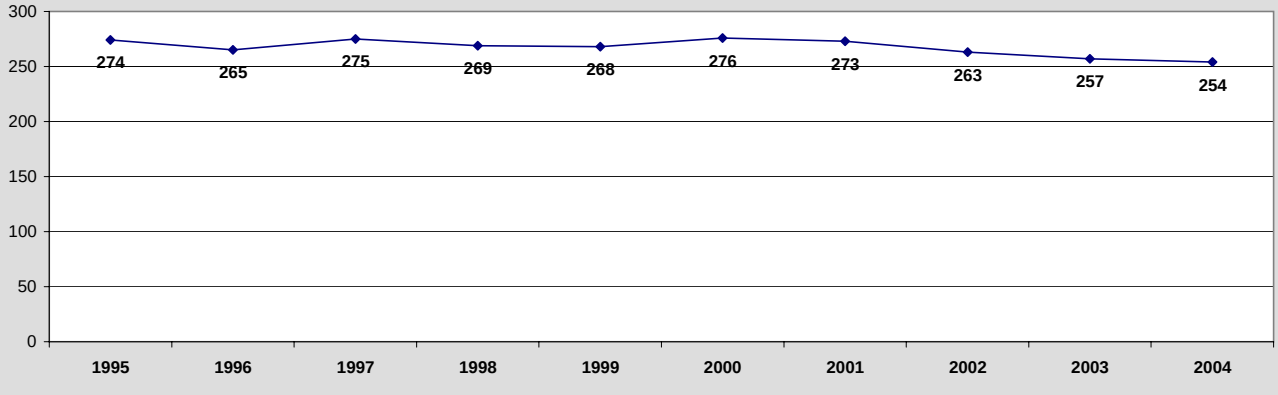
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Urology, 2000 - 2005*



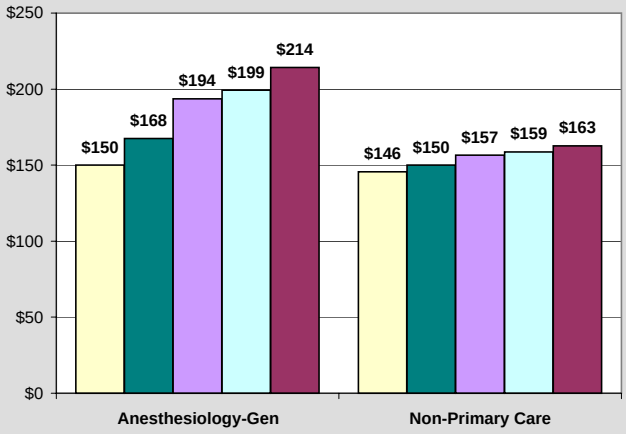
*Trends in Number of Graduates of Allopathic Urology GME Programs in the U.S.**, 1994 - 2004



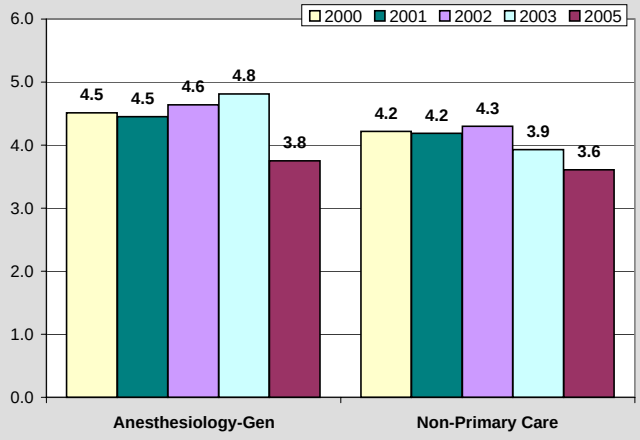
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Anesthesiology-General

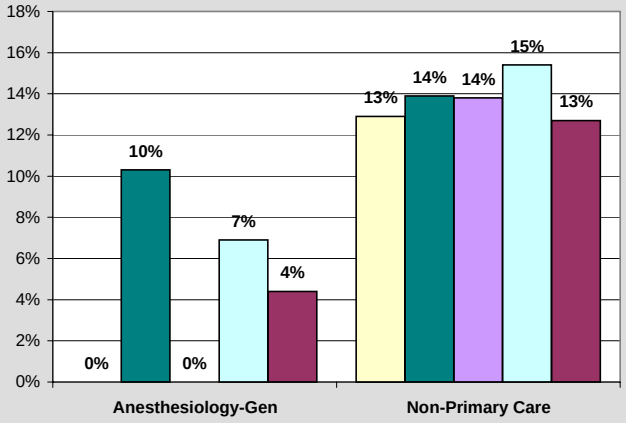
Trends in Median Income, 2000 - 2005*



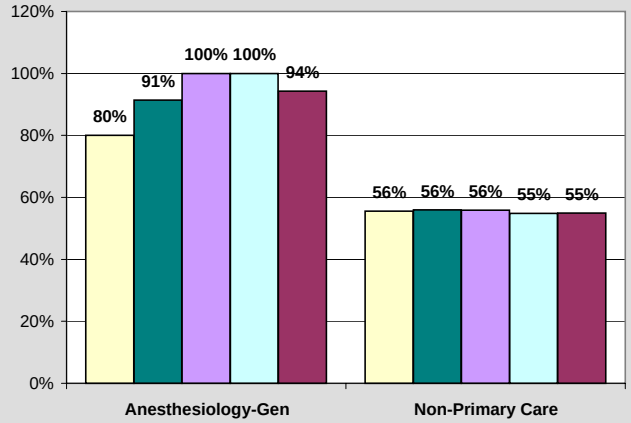
Trends in Mean Number of Job Offers Received, 2000 - 2005*



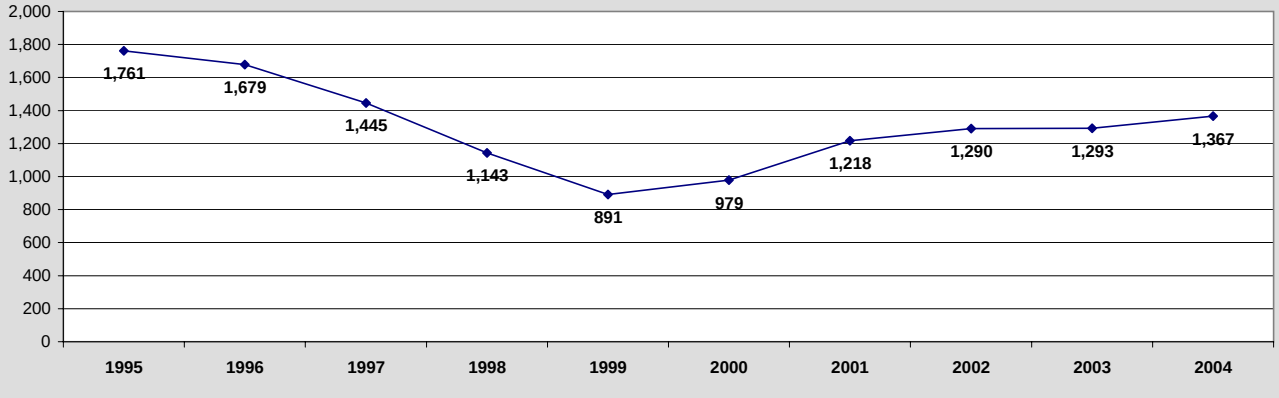
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Anesthesiology-Gen, 2000 - 2005*



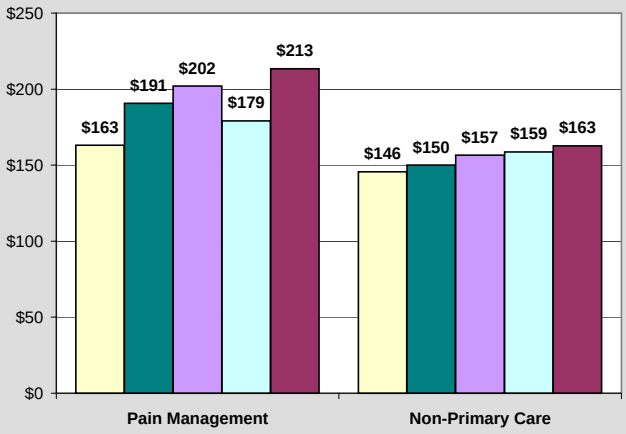
*Trends in Number of Graduates of Allopathic Anesthesiology-Gen GME Programs in the U.S.**, 1994 - 2004



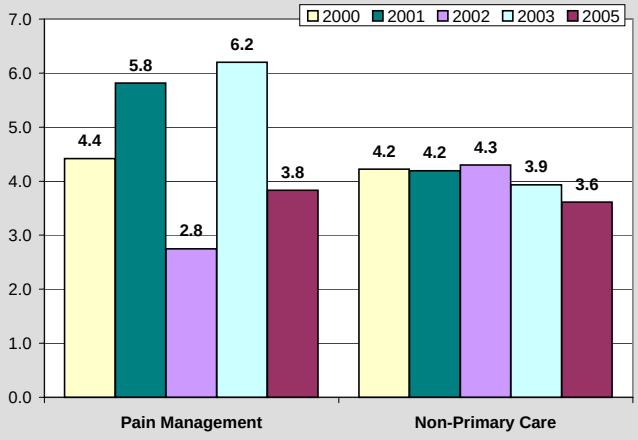
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Pain Management

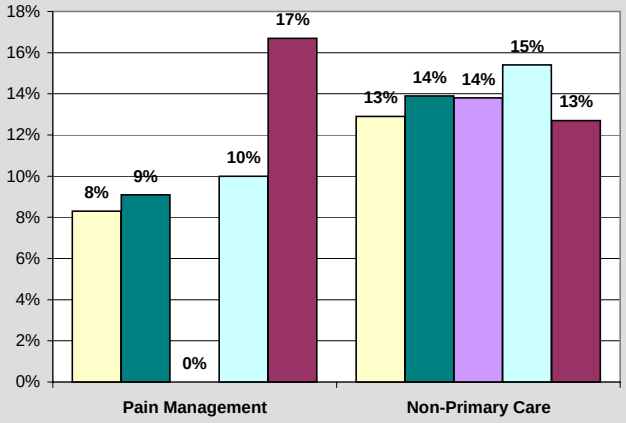
Trends in Median Income, 2000 - 2005*



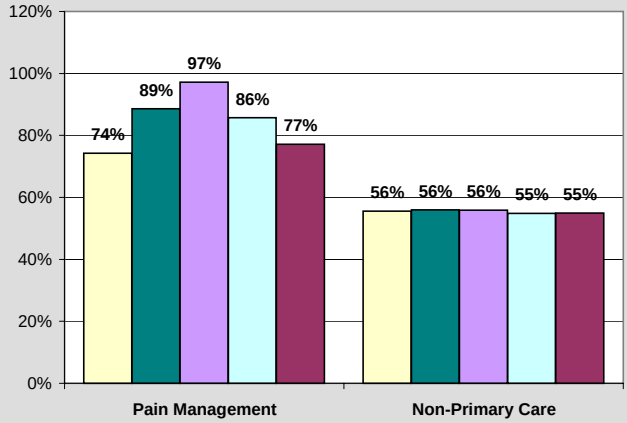
Trends in Mean Number of Job Offers Received, 2000 - 2005*



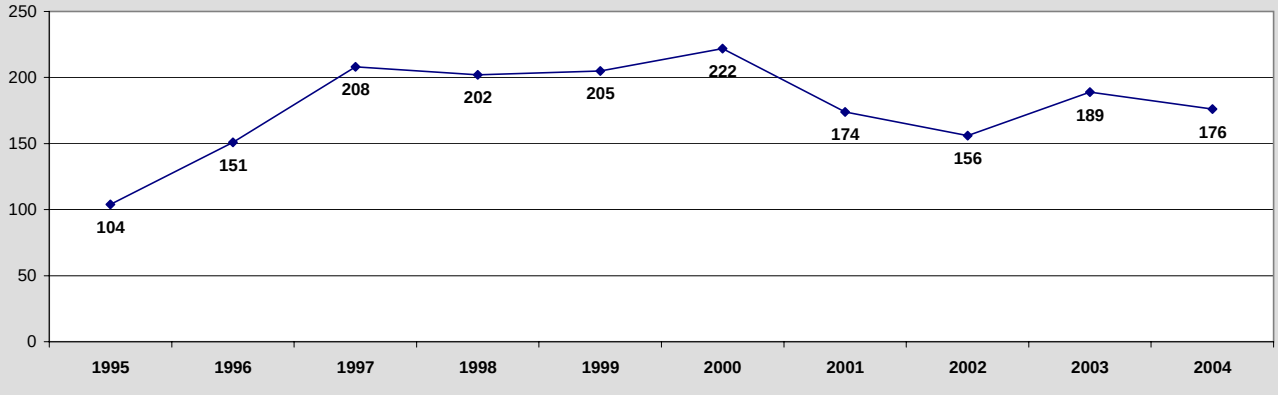
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Pain Management, 2000 - 2005*



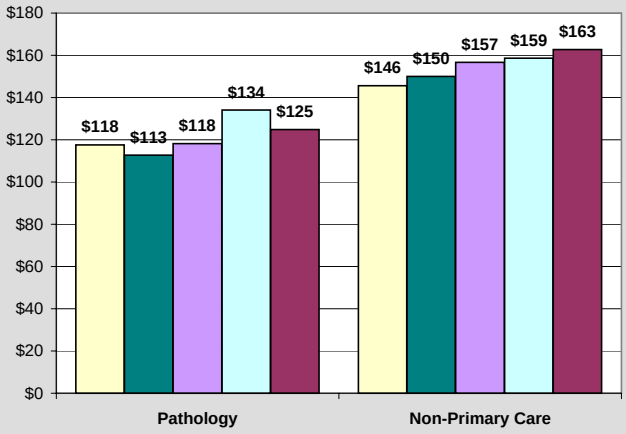
*Trends in Number of Graduates of Allopathic Pain Management GME Programs in the U.S.**, 1994 - 2004



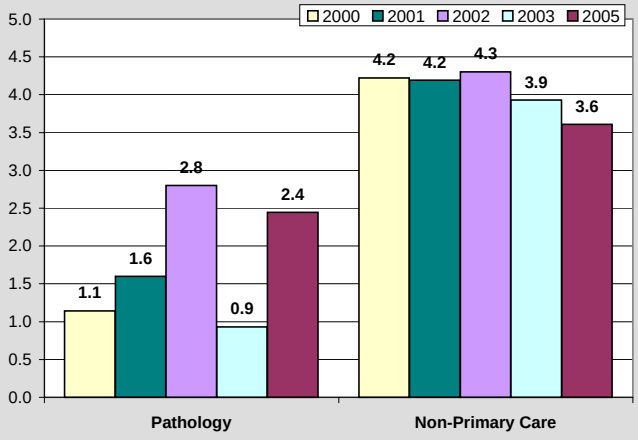
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Pathology

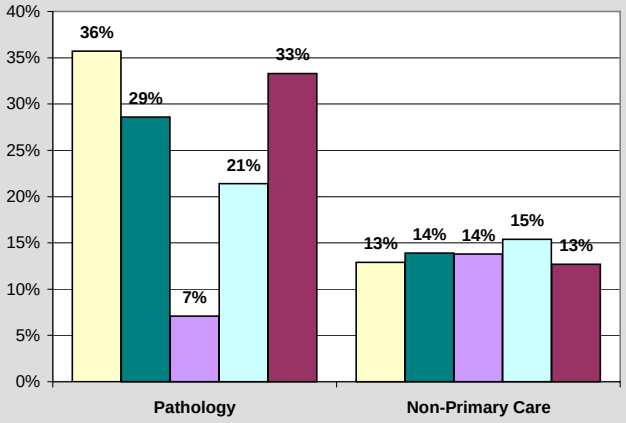
Trends in Median Income, 2000 - 2005*



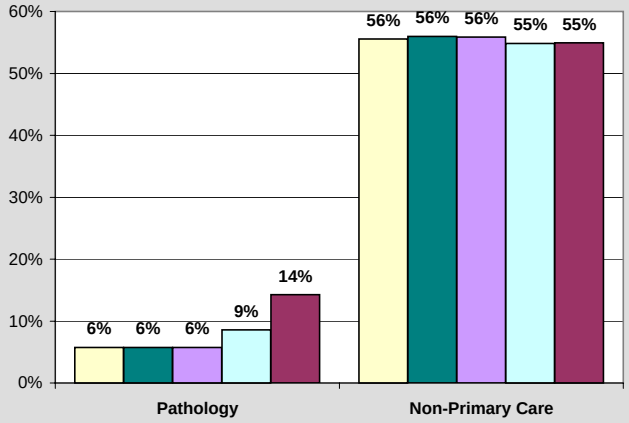
Trends in Mean Number of Job Offers Received, 2000 - 2005*



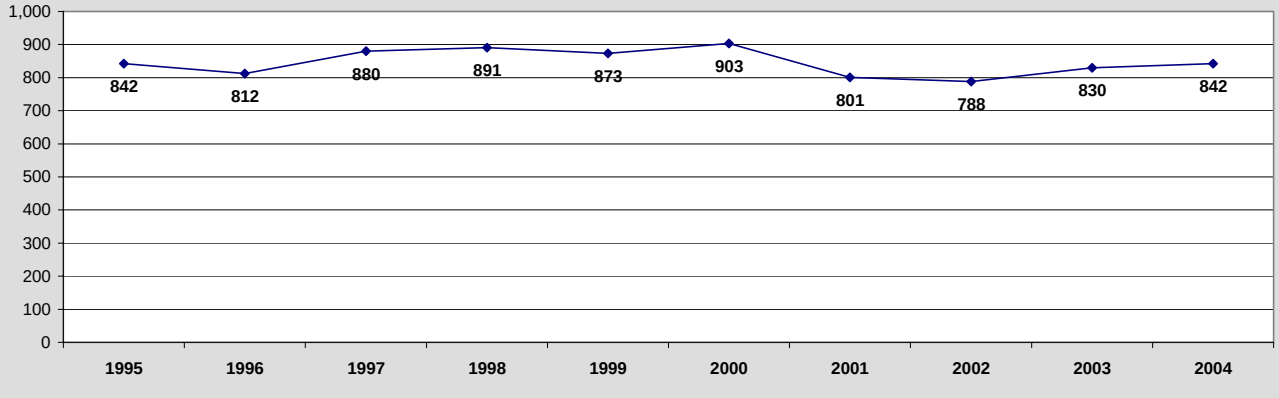
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Pathology, 2000 - 2005*



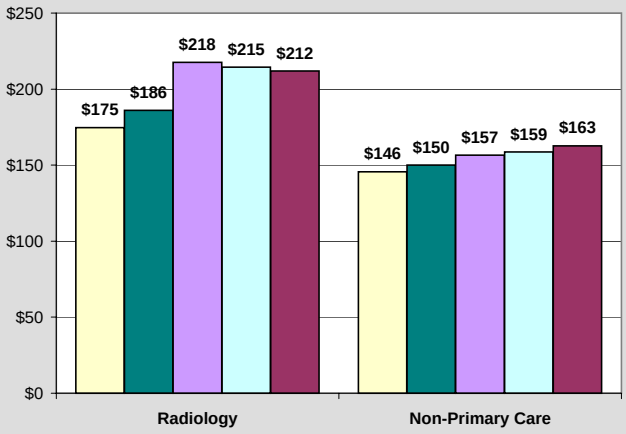
*Trends in Number of Graduates of Allopathic Pathology GME Programs in the U.S.**, 1994 - 2004*



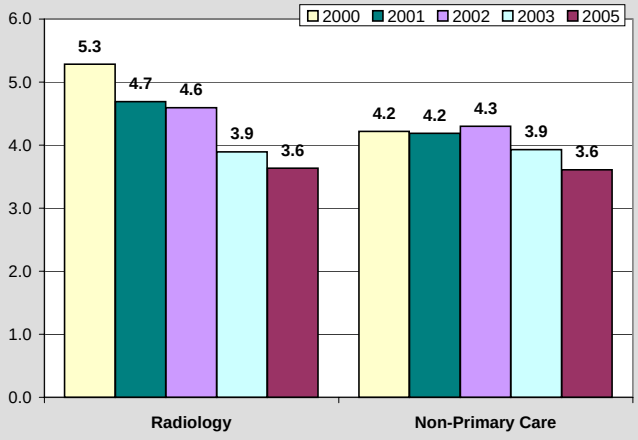
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Radiology

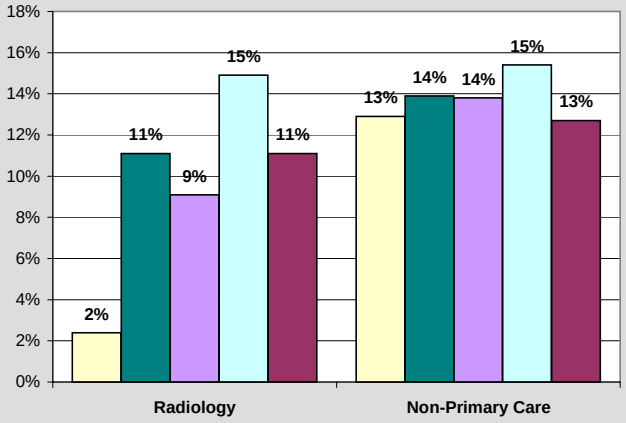
Trends in Median Income, 2000 - 2005*



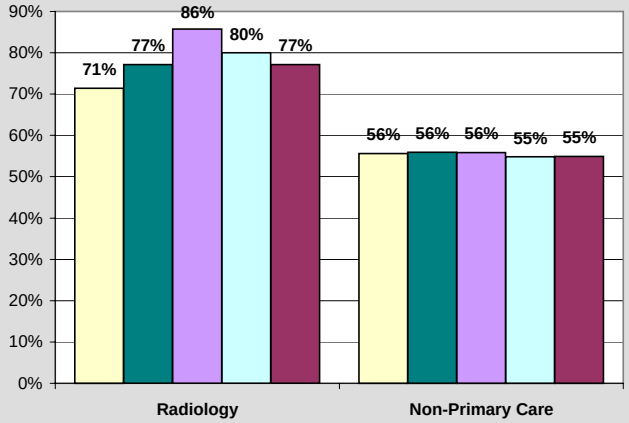
Trends in Mean Number of Job Offers Received, 2000 - 2005*



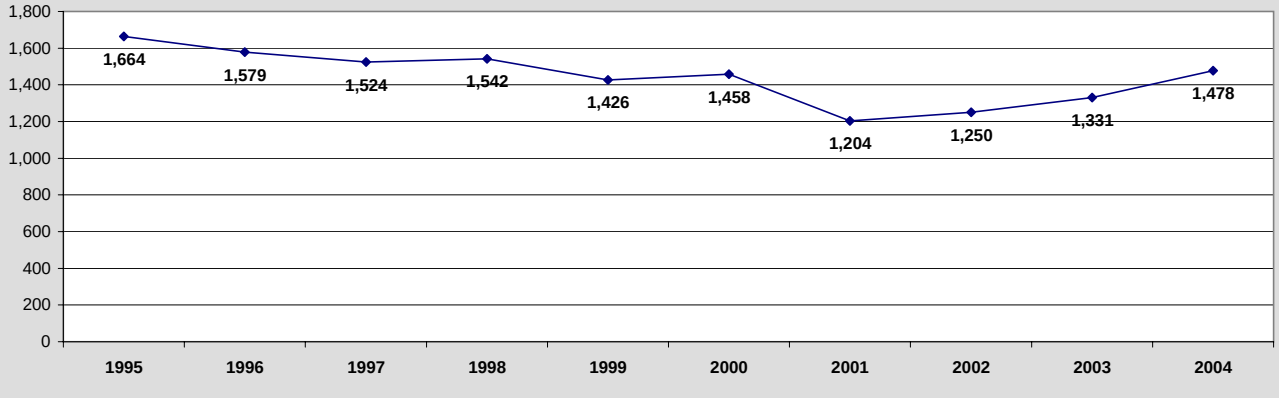
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Radiology, 2000 - 2005*



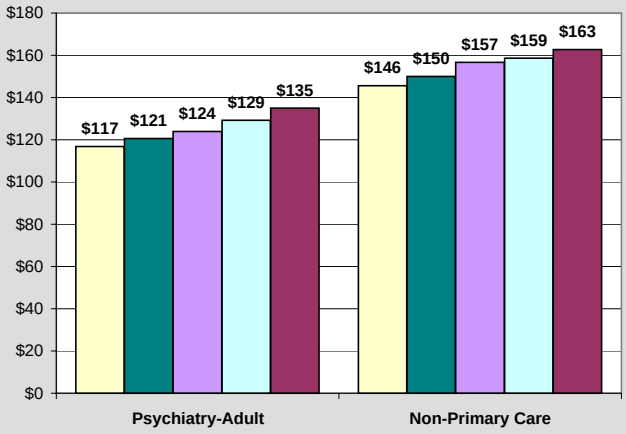
*Trends in Number of Graduates of Allopathic Radiology GME Programs in the U.S.**, 1994 - 2004*



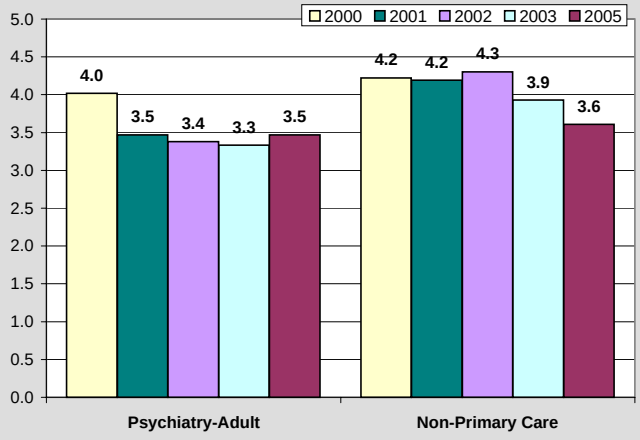
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Psychiatry-Adult

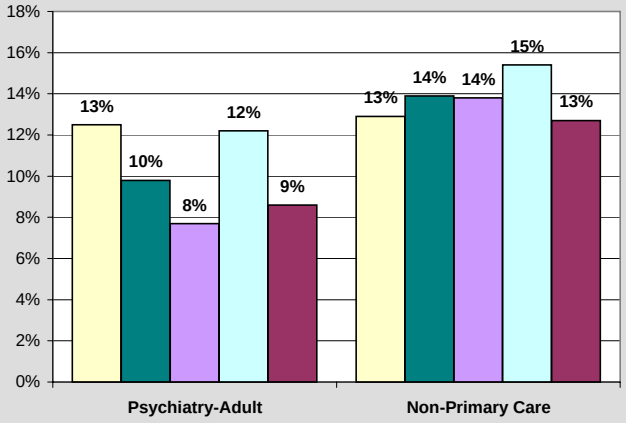
Trends in Median Income, 2000 - 2005*



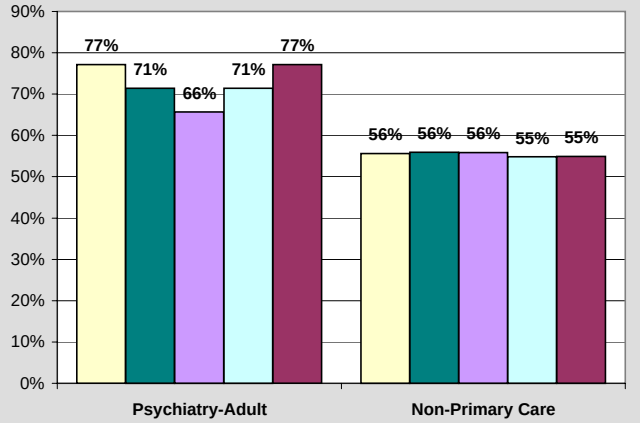
Trends in Mean Number of Job Offers Received, 2000 - 2005*



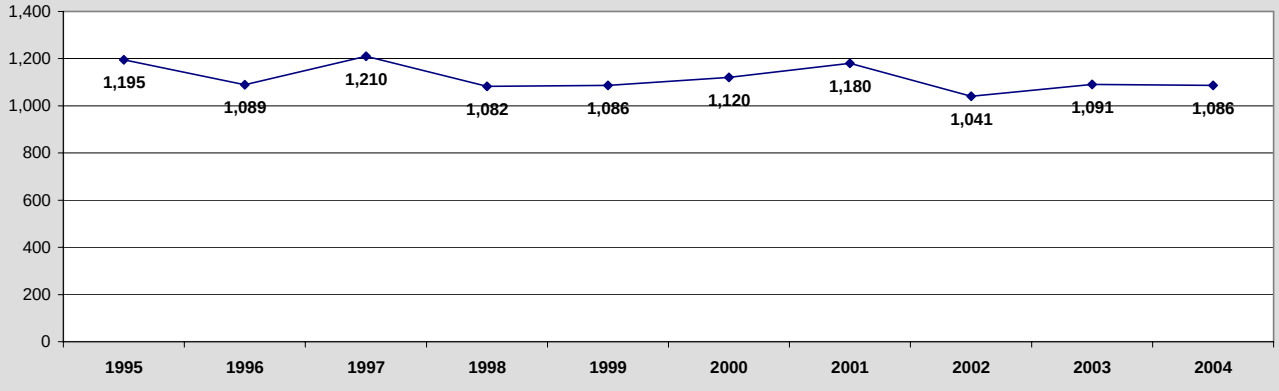
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Psychiatry-Adult, 2000 - 2005*



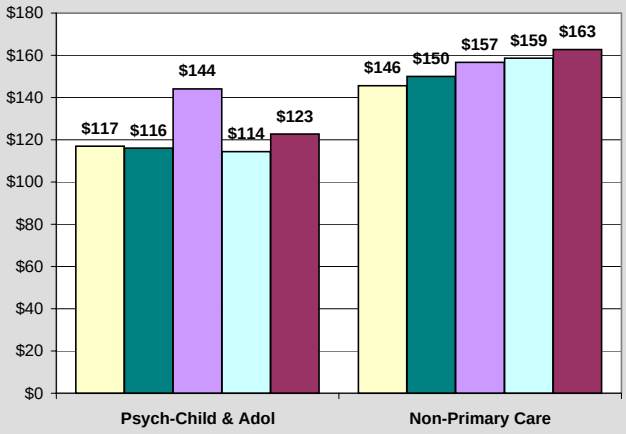
*Trends in Number of Graduates of Allopathic Psychiatry-Adult GME Programs in the U.S.**, 1994 - 2004*



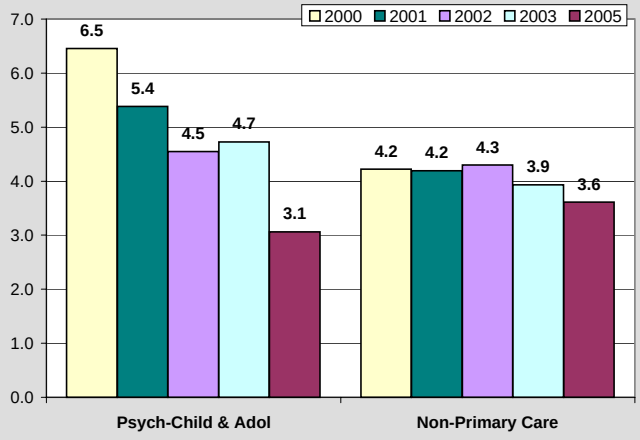
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Child & Adolescent Psychiatry

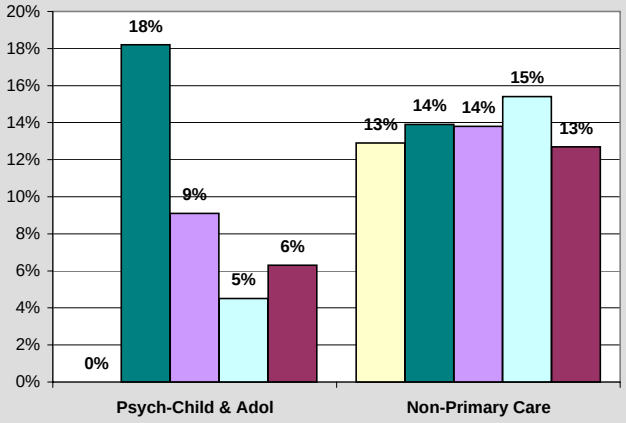
Trends in Median Income,* 2000 - 2005



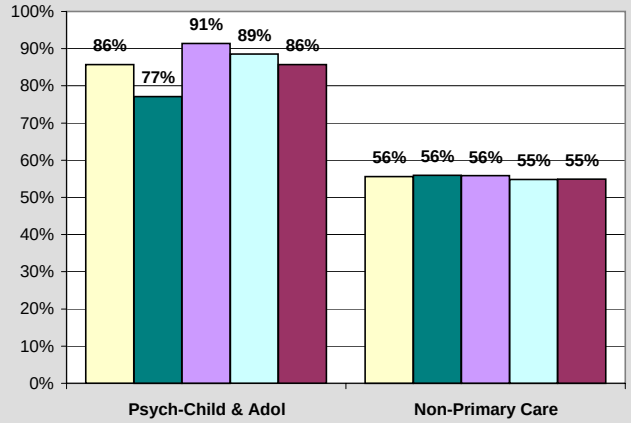
Trends in Mean Number of Job Offers Received,* 2000 - 2005



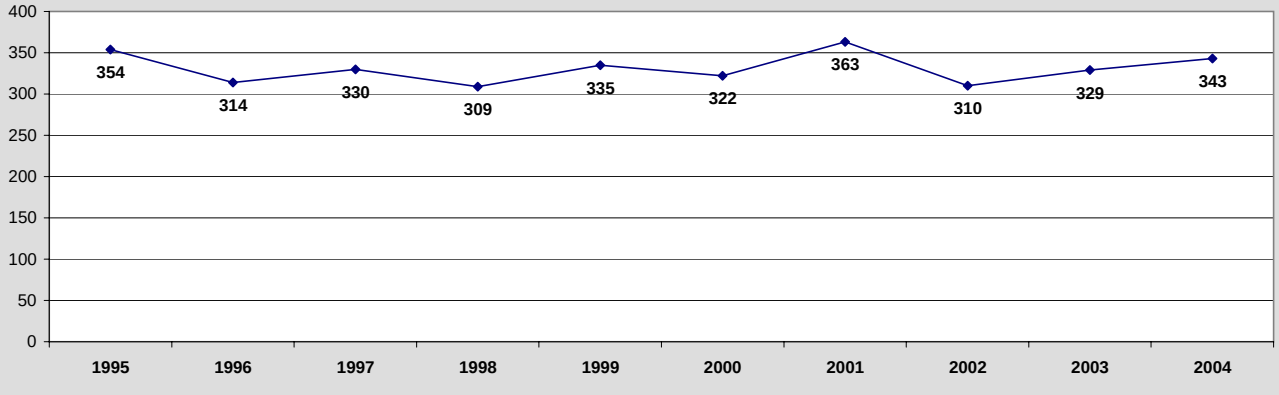
Trends in Having to Change Plans Due to Limited Practice Opportunities,* 2000 - 2005



Trends in Relative Demand*-Percentile Rank of Psych-Child & Adol, 2000 - 2005



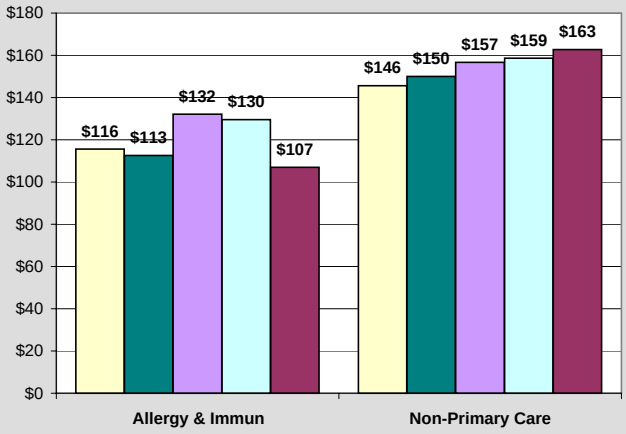
Trends in Number of Graduates of Allopathic Psych-Child & Adol GME Programs in the U.S.**, 1994 - 2004



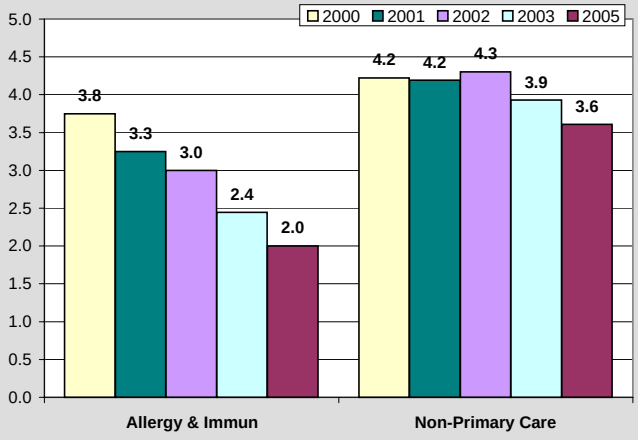
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Allergy & Immunology

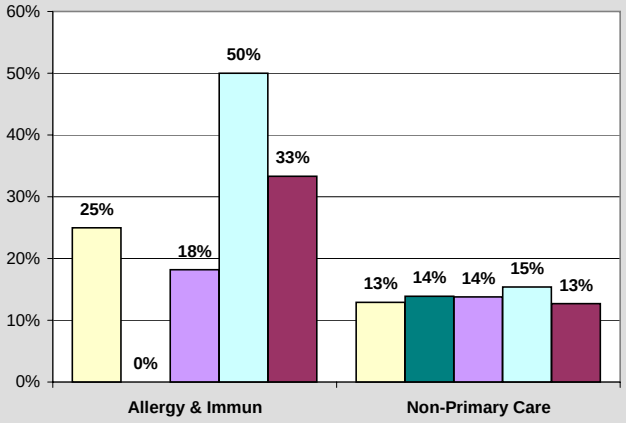
Trends in Median Income, 2000 - 2005*



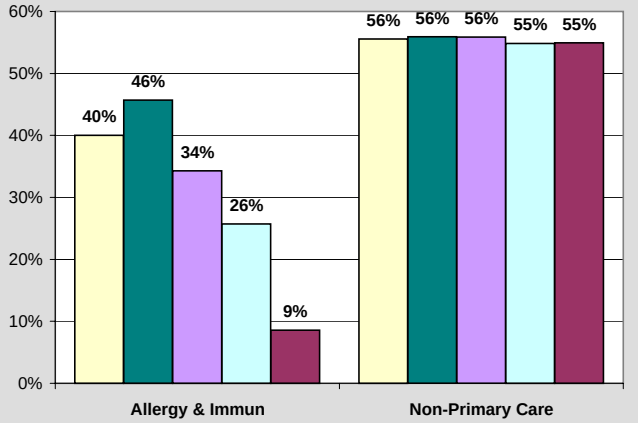
Trends in Mean Number of Job Offers Received, 2000 - 2005*



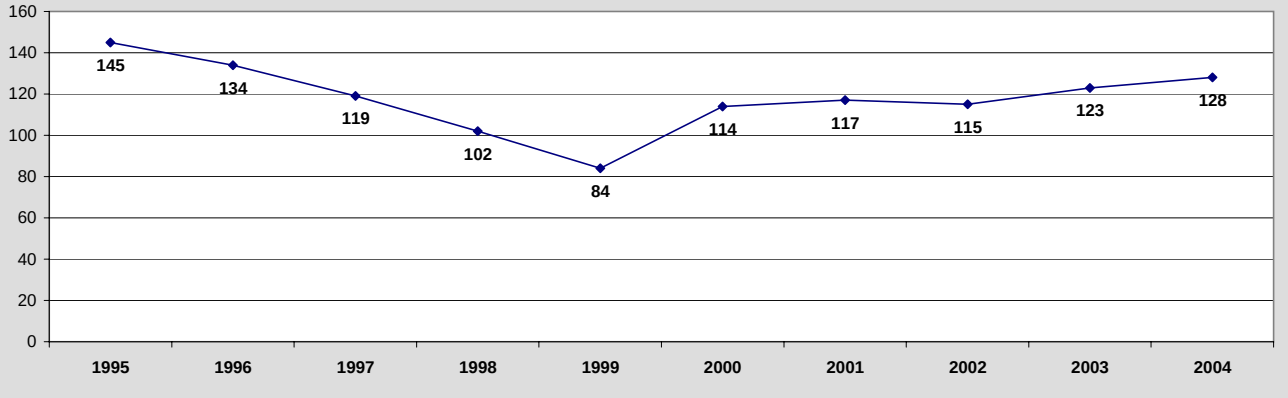
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Allergy & Immun, 2000 - 2005*



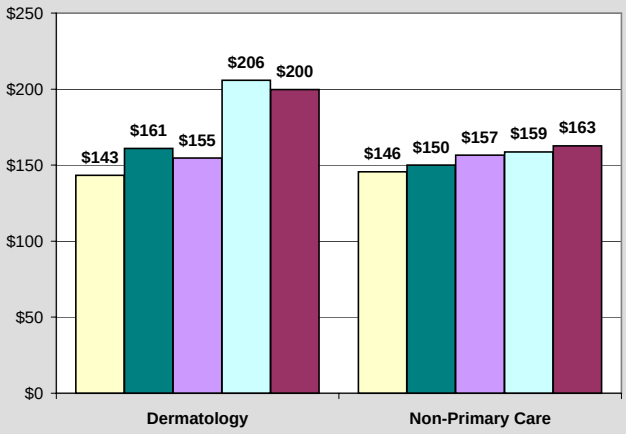
*Trends in Number of Graduates of Allopathic Allergy & Immun GME Programs in the U.S.**, 1994 - 2004*



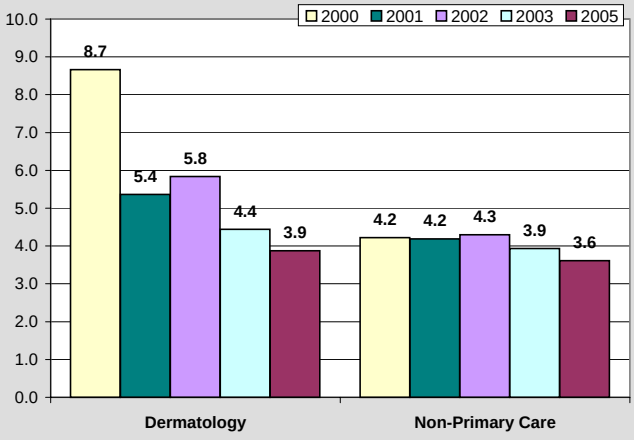
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Dermatology

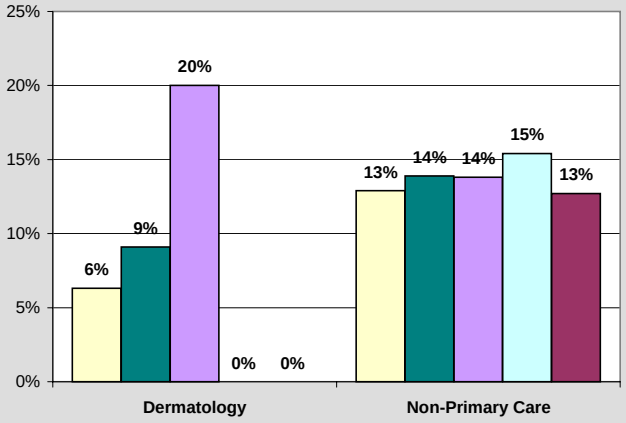
Trends in Median Income,* 2000 - 2005



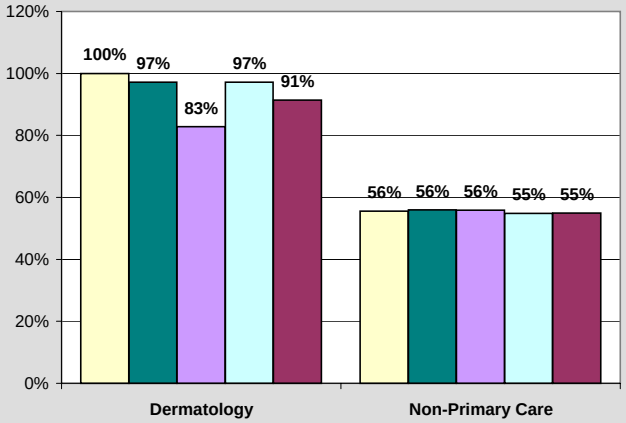
Trends in Mean Number of Job Offers Received,* 2000 - 2005



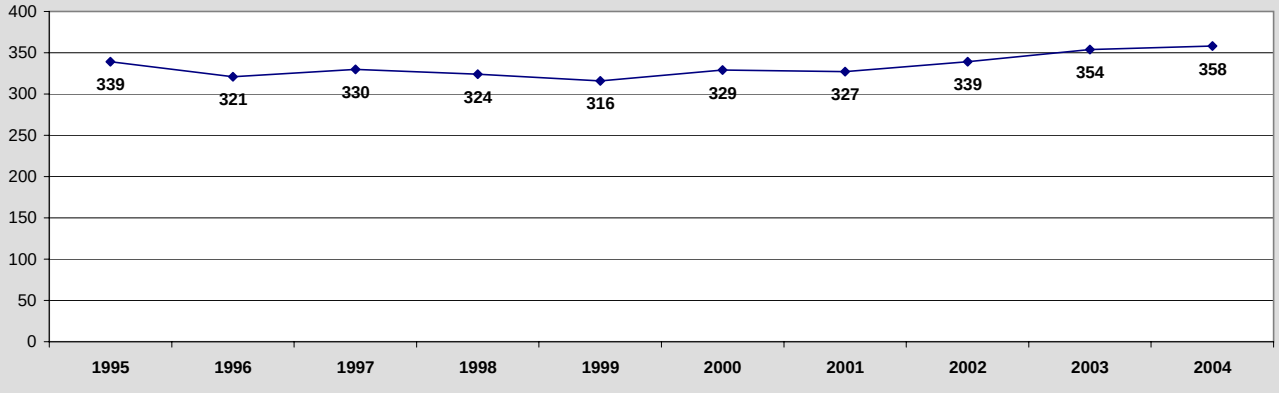
Trends in Having to Change Plans Due to Limited Practice Opportunities,* 2000 - 2005



Trends in Relative Demand*-Percentile Rank of Dermatology, 2000 - 2005



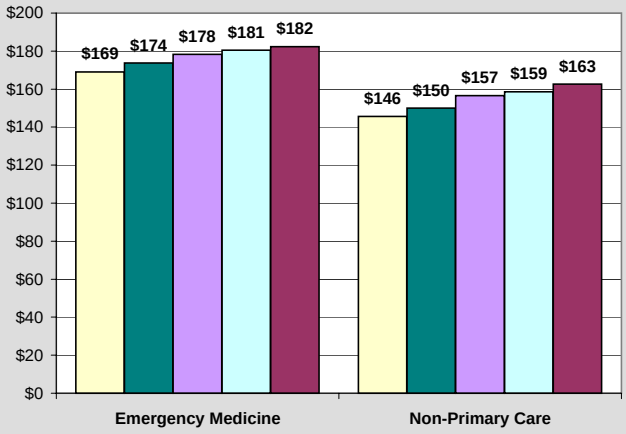
Trends in Number of Graduates of Allopathic Dermatology GME Programs in the U.S.**, 1994 - 2004



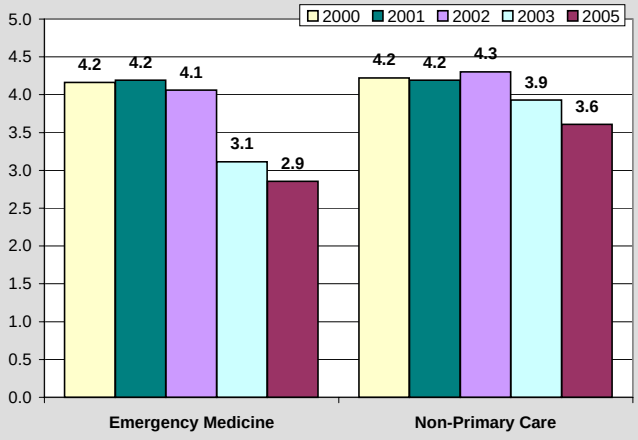
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Emergency Medicine

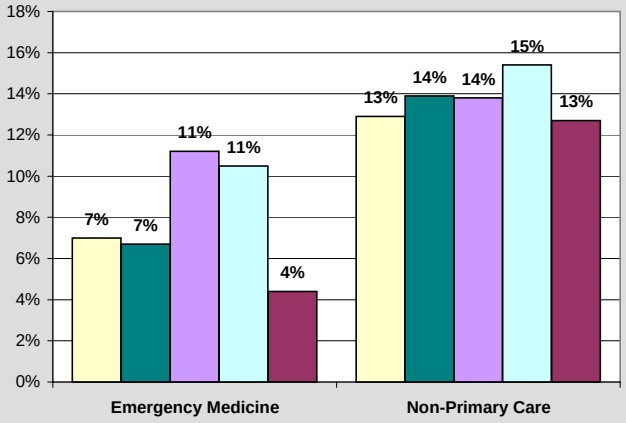
Trends in Median Income, 2000 - 2005*



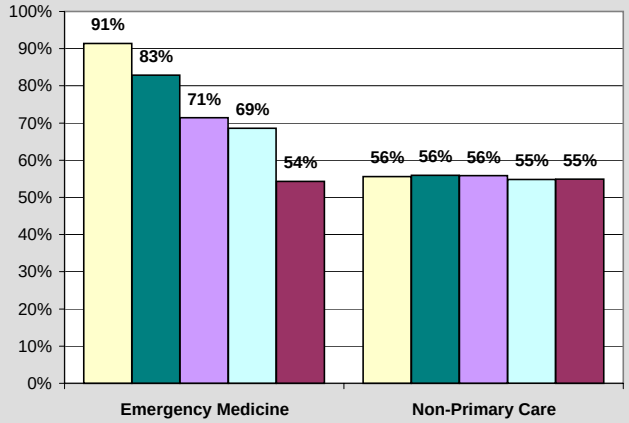
Trends in Mean Number of Job Offers Received, 2000 - 2005*



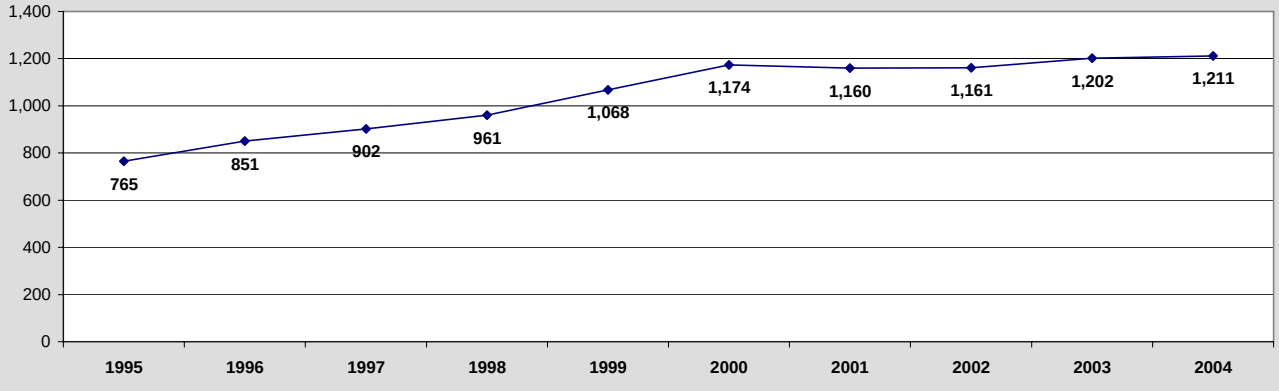
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Emergency Medicine, 2000 - 2005*



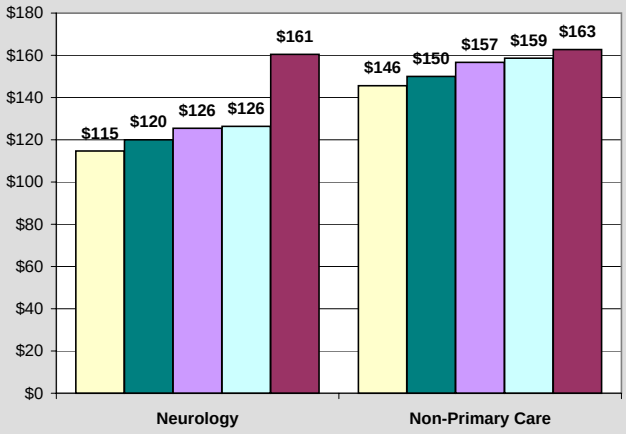
*Trends in Number of Graduates of Allopathic Emergency Medicine GME Programs in the U.S.**, 1994 - 2004*



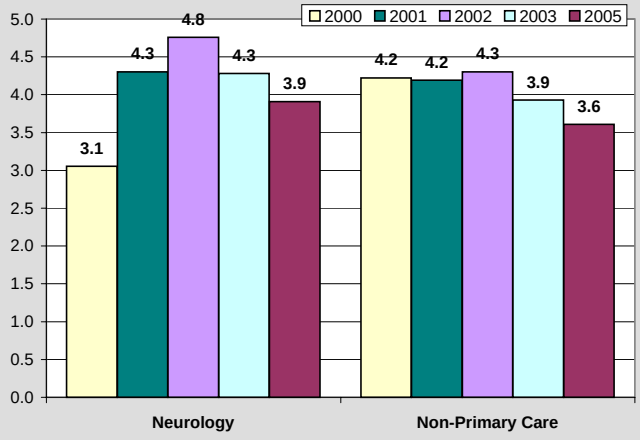
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Neurology

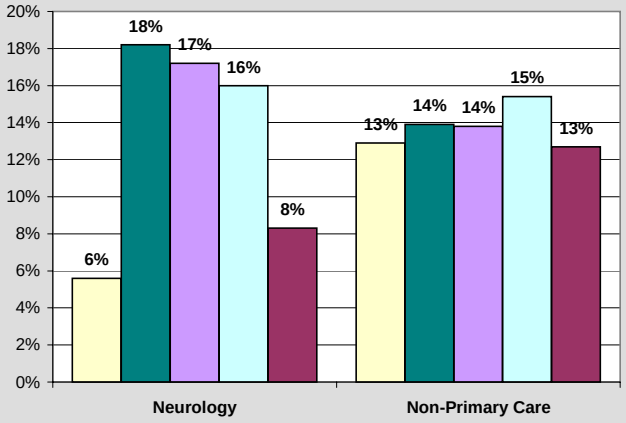
Trends in Median Income, 2000 - 2005*



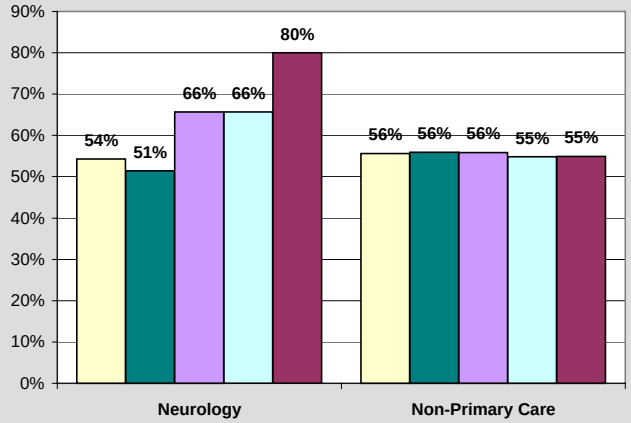
Trends in Mean Number of Job Offers Received, 2000 - 2005*



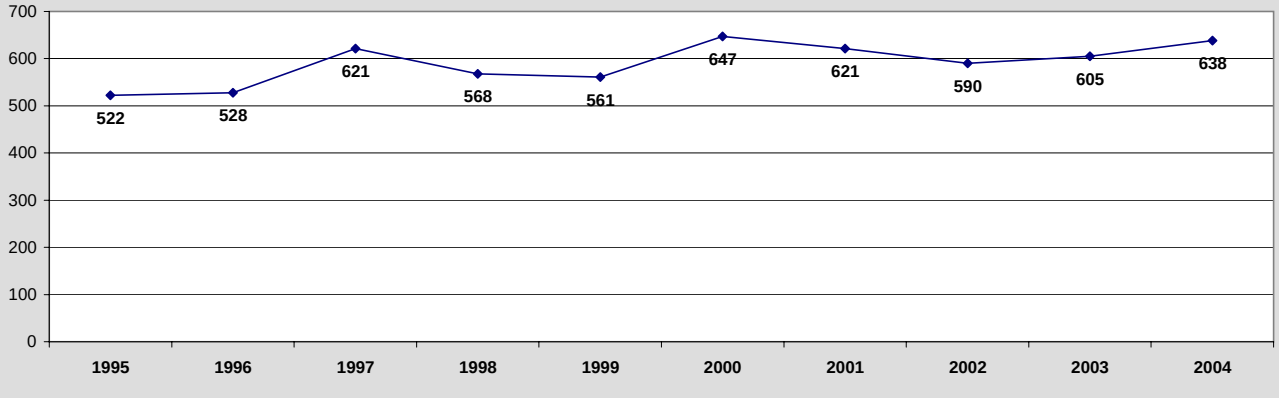
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Neurology, 2000 - 2005*



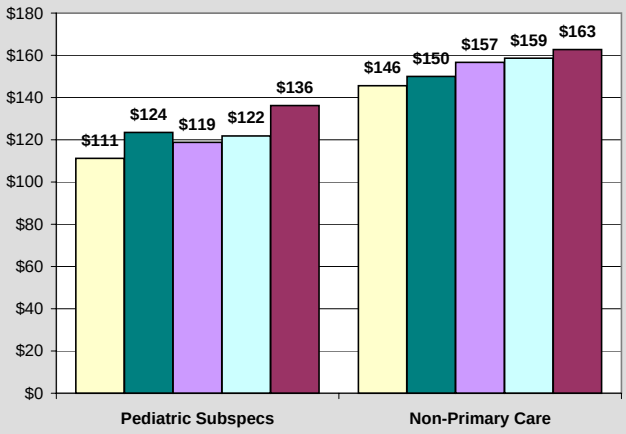
*Trends in Number of Graduates of Allopathic Neurology GME Programs in the U.S.**, 1994 - 2004



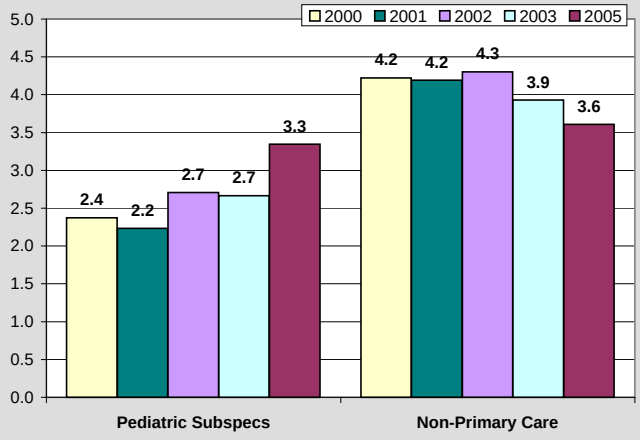
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Pediatric Subspecialties

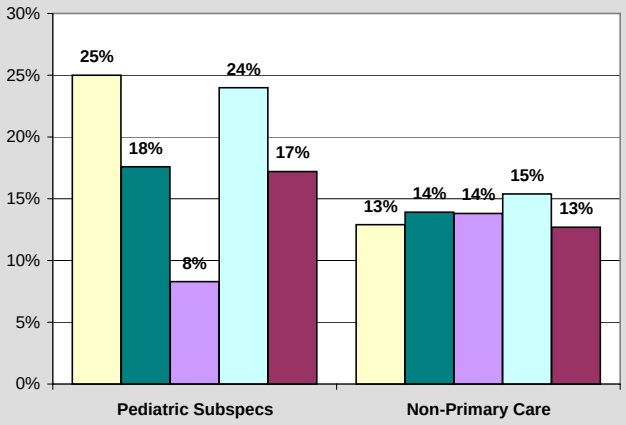
Trends in Median Income, 2000 - 2005*



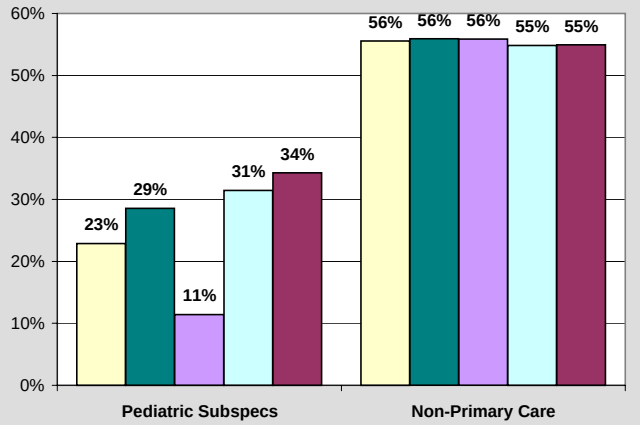
Trends in Mean Number of Job Offers Received, 2000 - 2005*



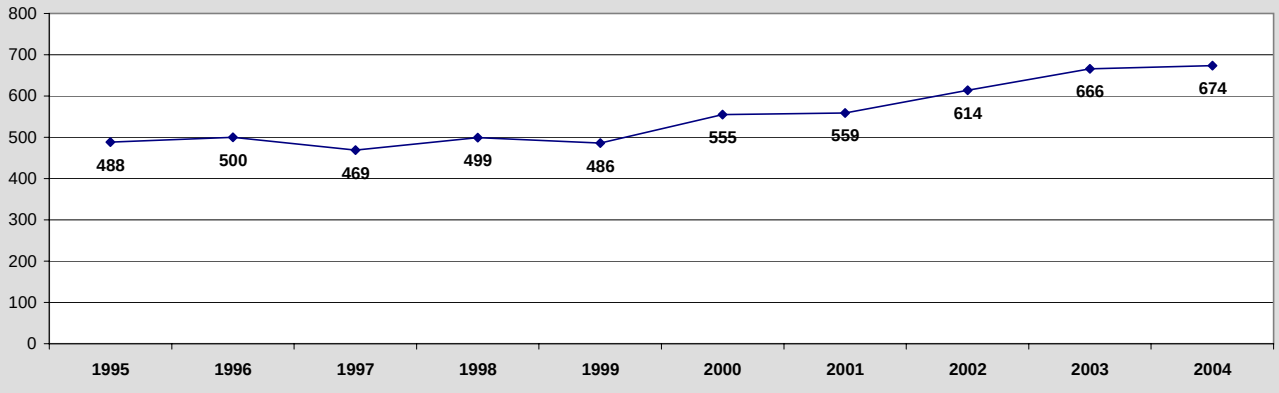
Trends in Having to Change Plans Due to Limited Practice Opportunities, 2000 - 2005*



Trends in Relative Demand-Percentile Rank of Pediatric Subspecs, 2000 - 2005*



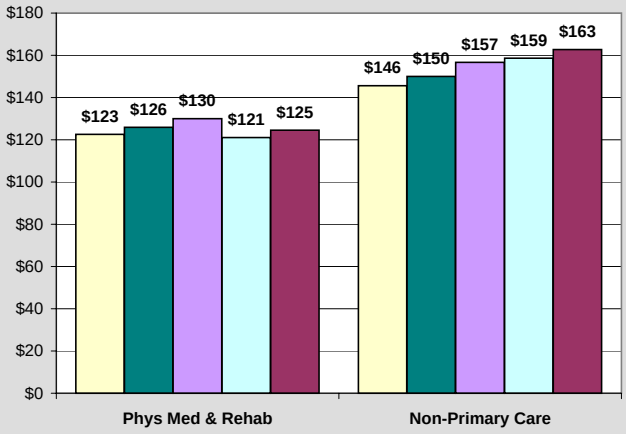
*Trends in Number of Graduates of Allopathic Pediatric Subspecs GME Programs in the U.S.**, 1994 - 2004



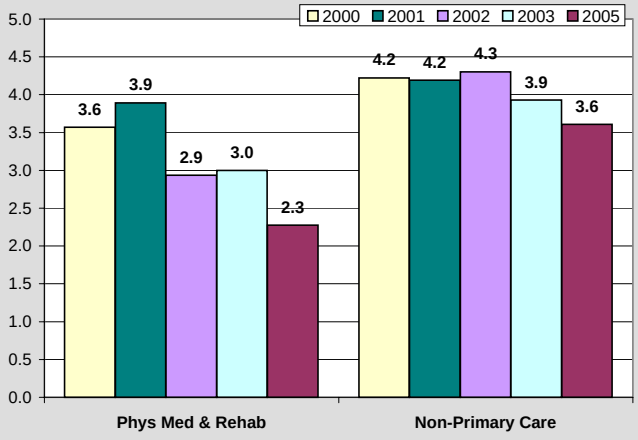
*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

Specialty: Physical Medicine & Rehabilitation

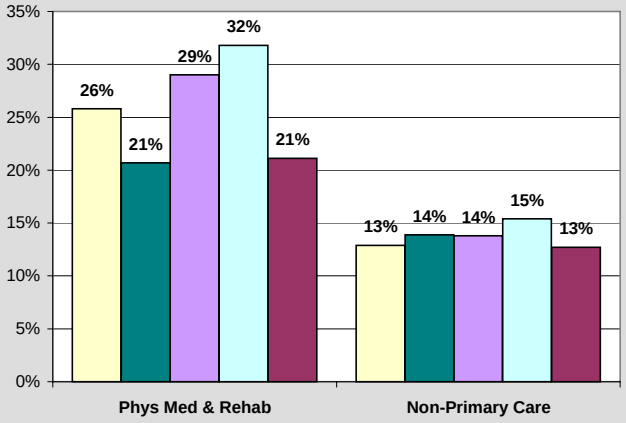
Trends in Median Income,* 2000 - 2005



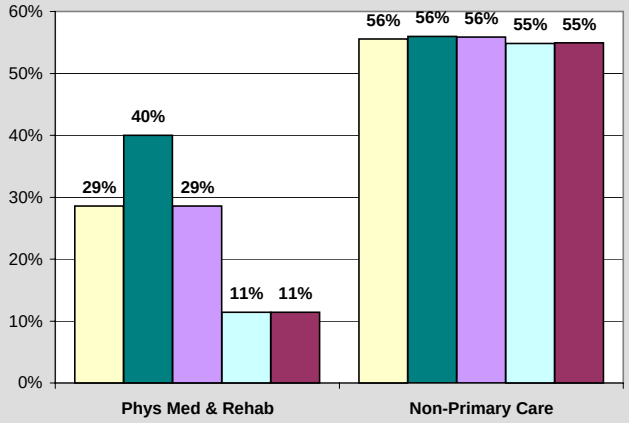
Trends in Mean Number of Job Offers Received,* 2000 - 2005



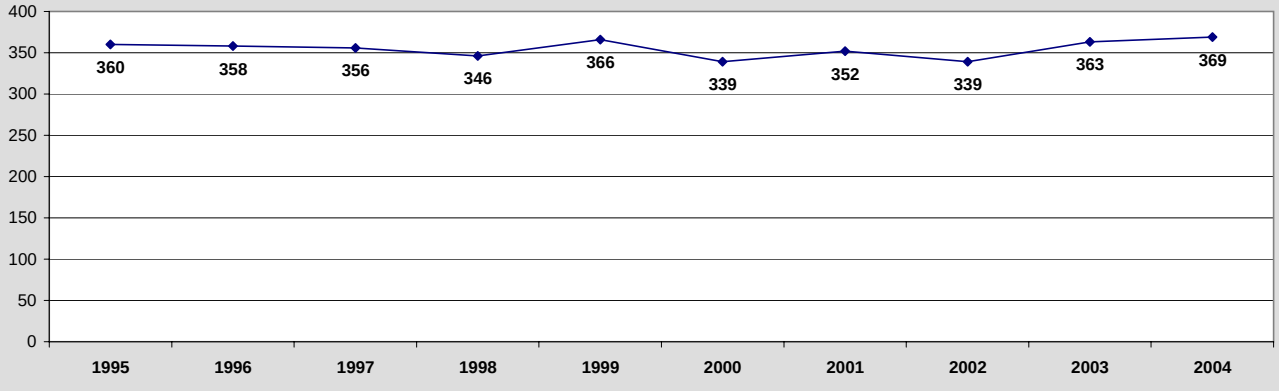
Trends in Having to Change Plans Due to Limited Practice Opportunities,* 2000 - 2005



Trends in Relative Demand*-Percentile Rank of Phys Med & Rehab, 2000 - 2005



Trends in Number of Graduates of Allopathic Phys Med & Rehab GME Programs in the U.S.**, 1994 - 2004



*Source: CHWS, Survey of Residents Completing Training in New York, 2000 - 2005.
**Source: JAMA Medical Education Editions, 1996 - 2005.

APPENDIX A. Methodology Used to Measure Relative Demand

The Resident Exit Survey cannot be used to determine *absolute* demand for new physicians in different specialties (i.e., it cannot be used to determine the number of physicians necessary to serve a given population). However, by analyzing several questions pertaining to the job market experiences and perceptions of new physicians and comparing responses over time, in different geographical locations, and between specialties, it is possible to assess whether respondents from certain specialties or in certain locations are finding more or fewer practice opportunities (i.e., it measures *relative* demand).

The implication is that while a specialty, such as pathology, may be in low demand relative to other specialties, in an absolute sense, there may still be good opportunities for pathologists, but not as good or as many as another specialty that is seeing higher demand (such as child & adolescent psychiatry). In addition, it is not possible to measure the magnitude of the difference in demand between different specialties. So, if the percentile rank of family practice in New York in 2002 is 26% (i.e., family practice had a relative rank equal to or better than 26% of the 35 specialties that were ranked), and the percentile rank of obstetrics & gynecology was 52%, this *does not* imply that demand for ob/gyn was twice as strong as for family practice. The scale is only ordinal.

To measure demand by specialty and develop a ranking of specialties based on demand, a composite demand score was computed by taking a weighted average of the ranks (i.e., where each specialty stood among all specialties) scored by each specialty on each variable used to measure demand (or demand indicator). The following variables were used as indicators of demand:

- ✓ percentage of respondents having difficulty finding a satisfactory practice position;
- ✓ percentage of respondents having to change plans due to limited practice opportunities;
- ✓ mean number of job offers received by respondents;
- ✓ respondents' mean Likert score summarizing their assessment of the regional job market;
- ✓ respondents' mean Likert score summarizing their assessment of the national job market; and
- ✓ trend (i.e., average annual change) in median starting income.

None of these indicators used alone will provide a perfect picture of demand. However, considered together, they provide a good picture of relative demand by specialty. There is a high degree of correlation between the "percentage of respondents with difficulty finding a satisfactory practice position" variable and the "percentage of respondents having to change plans due to limited practice opportunities" variable (i.e., a respondent reporting "difficulty…" was much more likely to also report "having to change plans…"). There is also a high degree of correlation between respondents' assessments of the "regional job market" and the "national job market." For this reason, the "job offers" variable and the "trends in starting income" variable were each double weighted in computing a composite demand score.

The table on the next page summarizes the rank of each specialty (ranked among 35 specialties) on each demand indicator. The variables are:

- ✓ diff: rank of each specialty based on the percentage of respondents reporting difficulty finding a satisfactory practice position→e.g., the specialty with the lowest percentage of respondents reporting difficulty (neurosurgery) ranked #1 and the specialty with the highest percentage of respondents reporting difficulty (plastic surgery) ranked #35.
- ✓ chpln: rank of each specialty based on the percentage of respondents that had to change plans due to practice opportunities→e.g., the specialty with the lowest percentage of respondents having to change plans (general anesthesiology) ranked #1 and the specialty with the highest percentage of respondents reporting difficulty (thoracic surgery) ranked #35.
- ✓ offrs: rank of each specialty in terms of the mean number of job offers received by respondents (this variable was double weighted in computing the overall demand score) →e.g., the specialty where respondents received the most job offers (gastroenterology) ranked #1 and the specialty where respondents received the fewest job offers (pathology) ranked #35.
- ✓ reg_mrkt: rank of each specialty in terms of the mean Likert score summarizing respondents' assessments of the regional job market for their specialty→e.g., the specialty where respondents gave the most positive assessment of the regional job market (general anesthesiology) ranked #1 and the specialty where respondents gave the least positive assessment of the regional job market (thoracic surgery) ranked #35.
- ✓ nat_mrkt: rank of each specialty in terms of the mean Likert score summarizing respondents' assessments of the national job market for their specialty→e.g., the specialty where respondents gave the most positive assessment of the national job market (child & adolescent psychiatry) ranked #1 and the specialty where respondents gave the least positive assessment of the national job market (thoracic surgery) ranked #35.
- ✓ inc_trnd: rank of each specialty in terms the average annual change (or trend) in median starting income levels of respondents from each specialty→e.g., the specialty with the strongest trend in median starting income (critical care medicine) ranked #1 and the specialty where respondents gave the least positive assessment of the national job market (neurosurgery) ranked #35

SUMMARY OF RANKS ON DEMAND INDICATORS

Specialty	diff	chpln	offrs*	reg_mrkt	nat_mrkt	inc_trnd*	Median Rank	Overall Rank	Percentile Rank**
Family Practice	**27**	**23**	**25**	**21**	**18**	**32**	**25.0**	**27**	**26%**
Internal Med-General	34	28	31	27	25	24	27.5	29	20%
Pediatrics-General	28	24	32	28	30	29	29.0	30	17%
IM & Peds (Comb)	26	17	24	23	24	34	24.0	25	31%
Ob/Gyn	20	11	18	17	19	23	18.5	18	51%
Cardiology	7	7	4	4	8	9	7.0	5	89%
Critical Care Med	22	32	28	14	22	1	22.0	23	37%
Endocrinology	25	29	17	12	12	33	21.0	19	49%
Gastroenterology	8	8	1	8	3	5	5.0	2	97%
Geriatrics	29	21	22	24	20	20	21.5	21	43%
Hematology/Onc	13	16	11	15	10	10	11.0	9	77%
Infectious Disease	14	25	21	22	16	21	21.0	19	49%
Nephrology	19	19	9	16	7	28	17.5	16	57%
Pulmonary Disease	18	22	5	19	27	17	17.5	16	57%
Rheumatology	23	31	19	20	17	27	21.5	21	43%
Surgery-General	30	26	27	31	28	11	27.0	28	23%
Neurosurgery	1	3	2	29	21	35	12.0	10	74%
Ophthalmology	24	30	29	32	32	8	29.0	30	17%
Orthopedic Surgery	11	20	8	18	23	15	15.0	15	60%
Otolaryngology	9	13	12	13	15	16	13.0	11	71%
Plastic Surgery	35	34	34	34	34	3	34.0	35	3%
Thoracic Surgery	32	35	30	35	35	22	31.0	32	11%
Urology	5	2	7	11	9	14	8.0	7	83%
Anesthesiology-Gen	2	1	13	1	2	6	4.0	1	100%
Pain Management	4	4	16	7	6	2	5.0	2	97%
Pathology	33	27	35	33	33	26	33.0	34	6%
Radiology	6	5	10	9	13	4	7.5	6	86%
Psychiatry-Adult	10	9	20	3	5	19	14.5	13	66%
Psych-Child & Adol	15	10	6	5	1	7	6.5	4	91%
Allergy & Immun	21	18	26	30	26	13	23.5	24	34%
Dermatology	12	14	3	2	4	18	8.0	7	83%
Emergency Medicine	3	6	15	6	11	30	13.0	11	71%
Neurology	16	15	14	10	14	25	14.5	13	66%
Pediatric Subspecs	17	12	33	25	31	31	31.0	32	11%
Phys Med & Rehab	31	33	23	26	29	12	24.5	26	29%

*The job offers variable and the income trend variable were each double weighted in computing the median rank.
**The percentile rank is the percentage of all 35 specialties with a median demand rank equal to or lower than each specialty.

The following example illustrates how the demand score was calculated for family practice in New York in 2002:

Median $Rank_{FP}$ = median(diff, chpln, offrs, offrs, reg_mrkt, nat_mrkt, inc_trnd, inc_trnd)

Median $Rank_{FP}$ = median(27, 23, 25, 25, 21, 18, 32, 32)

Median $Rank_{FP}$ = 25.0***

***With a median rank of 25.0 family practice ranked 27 out of 35 specialties. The percentile rank is computed as:

$$\%rank_{FP} = \{ 1 - (Rank_{FP} / \#specs) + (1 / \#specs) \}$$ where "#specs" is the number of specialties being ranked. In New York in 2002, there were 35 specialties being ranked, so the percentile rank of family practice is:

$$\%rank_{FP} = \{ 1 - (27 / 35) + (1 / 35) \} \simeq 26\%.$$

APPENDIX B. Specialty Comparison Groups

SPECIALTY COMPARISON GROUPS

Specialty	Comparison Group*
Family Practice	Primary Care
Internal Medicine-General	Primary Care
Pediatrics-General	Primary Care
IM & Peds (Combined)	Primary Care
Obstetrics & Gynecology	Non-Primary Care
Cardiology	Medicine Subspecialties
Critical Care Medicine	Medicine Subspecialties
Endocrinology	Medicine Subspecialties
Gastroenterology	Medicine Subspecialties
Geriatrics	Medicine Subspecialties
Hematology/Oncology	Medicine Subspecialties
Infectious Disease	Medicine Subspecialties
Nephrology	Medicine Subspecialties
Pulmonary Disease	Medicine Subspecialties
Rheumatology	Medicine Subspecialties
Surgery-General	Non-Primary Care
Neurosurgery	Surgical Subspecialties
Ophthalmology	Surgical Subspecialties
Orthopedic Surgery	Surgical Subspecialties
Otolaryngology	Surgical Subspecialties
Plastic Surgery	Surgical Subspecialties
Thoracic Surgery	Surgical Subspecialties
Urology	Surgical Subspecialties
Anesthesiology-General	Non-Primary Care
Pain Management	Non-Primary Care
Pathology	Non-Primary Care
Radiology	Non-Primary Care
Psychiatry-Adult	Non-Primary Care
Child & Adolescent Psychiatry	Non-Primary Care
Allergy & Immunology	Non-Primary Care
Dermatology	Non-Primary Care
Emergency Medicine	Non-Primary Care
Neurology	Non-Primary Care
Pediatric Subspecialties	Non-Primary Care
Physical Medicine & Rehabilitation	Non-Primary Care

*In each specialty profile, statistics for the specialty are presented next to the average of all specialties in the group to which the specialty belongs (i.e., the comparison group). As an example, the starting median of family practice is compared to the median starting income of all primary care. Likewise, the relative demand (or percentile rank) of cardiology is compared against the average percentile rank of all medicine subspecialties

APPENDIX C. Resident 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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