2007

Residency Training Outcomes by Specialty in 2007 for New York:
A Summary of Responses to the 2007 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 2007 (2007 Exit Survey) conducted by the New York Center for Health Workforce Studies (the Center) in the spring and summer of 2007. This survey, administered annually with the cooperation and assistance of residency program directors and hospitals' GME administrators across the state, consists of 30 questions covering four general topical areas: demographic and background characteristics of respondents, post-graduation plans, characteristics of post-graduation employment (for respondents with confirmed practice plans), and experiences in searching for a job and impressions of the physician job market (for respondents who had searched for a job).

The primary goal of the Exit Survey is to assist the medical education community in New York in their efforts to train physicians consistent with the needs of 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 2007 was the eighth year of the survey.

This report was prepared by David P. Armstrong and Gaetano J. Forte. The authors wish to acknowledge the editing efforts of Lyrysa Smith. Funding for the 2007 Exit Survey and analysis was provided by the New York State Department of Health.

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 School of Public Health, University at Albany, State University of New York, or HRI.

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BACKGROUND

The Center conducts an annual survey 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 their program. Completed surveys are then returned to the Center for data entry and analysis. With the excellent collaboration of teaching hospitals, a total of 2,843 of the estimated 5,080 physicians completing a residency or fellowship training program completed the 2007 Exit Survey (56% response rate). The year 2007 marked the eighth year of the survey. For the eight years the survey had been conducted (1998, 1999, 2000, 2001, 2002, 2003, 2005, and 2007) an aggregated total of 23,653 of the 37,252 graduates have completed the survey (63% response rate).

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 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. Based on the responses to several questions used to measure demand, the opportunities for New York graduates in 2007 were strong overall.

- In 2007, less than 4% 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 (27%) of respondents reported some difficulty finding a satisfactory practice position, only 15% of them attributed their difficulty to an overall lack of jobs. Forty-nine percent (49%) attributed their difficulty to a lack of jobs in desired locations.
- The median starting income of graduates was up 13% from 2005 to 2007. The average annual increase since 2002 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.

Unlike previous years, demand for primary care physicians[1] (generalists) was comparable to non-primary care physicians (specialists). In 2007, demand for generalists was similar to specialists. In 2007, after adjusting for citizenship status:

- Generalists were as likely as specialists to report difficulty finding a satisfactory practice position (28% versus 26%) and to have to change plans due to limited practice opportunities (16% versus 15%).
- Generalists received approximately the same number of job offers as specialists (mean of 3.67 versus 3.62). Generalists and specialists also had similar views of the national job market (average Likert Score of 1.67 versus 1.62, on a scale of +2 indicating "Many Jobs" to –2 indicating "No Jobs"), and the regional job market (0.81 versus 0.91).
- In 2007, overall the trends for most of the demand indicators were less positive for generalists than for specialists. However, this has begun to change. The following examples illustrate this point:
  - The average annual increase in median starting income from 2002 to 2007 was 4.5% for both generalists and specialists.
  - The percent of generalists who had to change plans due to limited job opportunities has decreased in recent years (2002: 22%, 2003: 23%, 2005: 17%, 2007: 15%). By contrast, the percentage of specialists that had to change their plans over this time period has remained relatively stable (2002: 14%, 2003: 15%, 2005: 13%, 2007: 16%).

[1] In this report, primary care includes family medicine, general internal medicine, general pediatrics, and combined internal medicine and pediatrics. Non-primary care includes all other specialties.

- The mean number of job offers received by generalists increased considerably last year (2002: 2.7, 2003: 2.6, 2005: 3.0, 2007: 3.7), on the other hand , the mean number of job offers for specialists declined slightly in recent years (2002: 4.3, 2003: 3.9, 2005: 3.6, 2007: 3.6).

Although the overall marketplace appeared relatively good for new graduates, there were significant differences in the job market experiences and assessments by specialty. By analyzing 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 over the last four years of the survey.

- Based on a variety of indicators, the demand for dermatology, pulmonary disease, gastroenterology, cardiology, and urology appeared very strong.
- Ophthalmology, pediatrics–general, physical medicine and rehabilitation, pathology, pediatric subspecialties, geriatrics, and hematology/oncology 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 (48%) 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 2007 who were subspecializing, 53% were planning to do so in New York compared to 52% in 2005.

- When respondents who were planning to practice outside of New York were asked why they were leaving, the most common reasons were proximity to family (26%) and inadequate salary (21%). Thirteen percent (13%) of respondents indicated that they never intended to practice in New York.
- Less than 2% of respondents reported that the principal reason for them practicing outside of New York was the cost of malpractice insurance (1.8%) or the lack of job opportunities for spouse/partner in New York (1.4%).

More than one-third (37%) of respondents were subspecializing. However, there were sharp differences in subspecialization rates by citizenship status.

GENERAL RESULTS

Characteristics of All Respondents

- Forty-five percent (45%) of survey respondents were female, up slightly from 2005 (42%).
- Twelve percent (12%) of survey respondents were underrepresented minorities (URMs), down slightly from 2005 (14%).
- Almost 30% of graduates went to New York high schools. The percent of graduates from New York high schools is indicative of how many graduates grew up in New York. Thirty-eight percent (38%) of graduates were from another country and another 32% were from other states.
- Forty-five percent (45%) of all survey respondents were IMGs. Overall the number of IMGs has declined somewhat since 2002 (53% in 2002, 49% in 2003; 45% in 2005, and 45% in 2007).
- The highest concentrations of IMGs were in geriatrics (83%), internal medicine-general (70%), pathology (62%), and child and adolescent psychiatry (62%). Specialties with very few IMGs included urology (0%), emergency medicine (4%), dermatology (5%), otolaryngology (6%), and ophthalmology (9%).
- Fifteen percent (15%) of all respondents were IMGs with temporary citizenship status (i.e., temporary visa holders). The highest concentrations of temporary visa holders were found in internal medicine-general (29%), pathology (27%), and geriatrics (21%).
- Gastroenterology (0%), ophthalmology (0%), urology (0%), and emergency medicine (0%) had no temporary visa holders
- Individual specialties with the highest median educational debt were surgery-general ($154,900), orthopedics ($138,400), and anesthesiology-general ($136,700). Three specialties had less than $10,000 of median educational debt. Geriatrics ($1,100), child and adolescent psychiatry ($1,950), and pulmonary disease ($3,850) had by far the lowest debt.

Post-Graduation Plans of All Respondents

- Fifty-three percent (53%) of all survey respondents were planning to enter patient care/clinical practice following completion of their current training program. Of these, 81% 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 (37%) planned to subspecialize or pursue further training. This was similar to the subspecialization rates in 2002, 2003, and 2005. More than one-half (53%) of the 2007 survey respondents who were subspecializing were remaining in New York to do so.

- For the remaining respondents, 2% were planning to work as chief residents, 4% planned to enter positions in teaching/research, and 6% had other plans.

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

- Just less than one-half (48%) of respondents with confirmed practice plans were remaining within New York to begin practice. This was the similar to 2002, 2003, and 2005. Of those entering practice in New York, 90% were remaining in the same region in which they trained.

- Graduates of otolaryngology (84%), adult psychiatry (76%), and physical medicine and rehabilitation (75%) were most likely to remain in-state to begin practice. The lowest in-state retention rates were in surgery-general (0%), orthopedics (15%), and pulmonary disease (26%).

- Citizenship status was an important factor determining a respondent's likelihood of remaining in state to practice. Excluding respondents leaving the U.S., only 23% of IMGs with temporary visas with confirmed practice plans were planning to remain in New York.

- When respondents who were planning to practice outside of New York were asked why they were leaving, the most common reasons were proximity to family (26%) and inadequate salary (21%). Thirteen percent (13%) of respondents indicated that they never intended to practice in New York.

- Less than 2% of respondents reported that the principal reason for them practicing outside of New York was the cost of malpractice insurance (1.8%) or the lack of job opportunities for spouse/partner in New York (1.4%).

- Thirty percent (30%) of graduates reported entering practice in inner-city locations and only 4% were going to rural locations. Fifteen percent (15%) said they would be practicing in a federal HPSA.

- The graduates most likely to be entering practice in HPSAs were from family medicine (35%), adult psychiatry (27%), and child and adolescent psychiatry (24%). The graduates least likely to be entering HPSAs were from ophthalmology (0%), orthopedics (0%), urology (0%), and dermatology (0%).

- While most IMGs with temporary visas were entering HPSAs (57%), IMGs with permanent citizenship were actually less likely to be entering HPSAs than were USMGs (10% and 22%, respectively, for graduates of primary care specialties).

- Thirty-eight percent (38%) of the graduates entering patient care were going to be practicing in a group practice. Seven percent (7%) were entering two person partnerships, while only 3% reported they were starting their own solo practice.

- Forty-six percent (46%) of graduates were entering practice in hospitals. Inpatient (29%) was the most common, followed by ambulatory care (9%), and emergency room (8%) settings.

- Ninety-two percent (92%) of respondents said they would have no ownership in their upcoming practice, but 26% 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.

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 2007 graduates with confirmed practice plans was $170,400, an increase of 13.4% from $150,200 in 2005. It should be noted that the response rate to the question relating to starting income was 94% in 2007.

- Individual specialties with the highest median starting income were orthopedics ($259,700), radiology ($257,000), anesthesiology-general ($242,100), and cardiology ($241,900).

- Among the specialty groups, the highest median starting incomes were facility based specialties (including anesthesiology, pathology, and radiology; $247,000) and surgical subspecialties ($238,800). Surgery-general experienced the highest average annual increases in starting income from 2002 to 2007 (11%).

- The primary care group was lowest in income ($142,100) and had only average annual growth since 2002 (4%). Within primary care, pediatrics was significantly lower than any other specialty ($110,650).

- Individual specialties seeing the greatest average annual increase in starting income from 2002 to 2007 were dermatology (9%), pulmonary disease (8%), and pathology (7%).

- Ophthalmology was the only specialty that did not experience an increase in median starting income between 2002 and 2007.

[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 42.7 hours per week in patient care/clinical practice activities. Females expected to work about 3% fewer hours than males (41.8 versus 43.2).

- General surgeons (53.8) and surgical subspecialists (48.9) expected to work the most hours. The only specialty groups in which graduates expected to work less than 40 patient care/clinical practice hours were psychiatry (35.2) and other specialties (36.7).

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.

- Twenty-six percent (26%) of respondents reported difficulty finding a satisfactory position.

- The most often cited "main reason for difficulty finding a satisfactory practice position" was "lack of jobs in desired locations" (39%), followed by an "lack of jobs in desired practice setting" (19%), and "inadequate salary/compensation offered" (18%).

- The highest percentages of graduates having difficulty finding a satisfactory practice position were in physical medicine and rehabilitation (59%), geriatrics (56%), hematology/oncology (42%), and pediatric subspecialties (38%). Conversely, otolaryngology (0%), pulmonary disease (0%), gastroenterology (4%), and ophthalmology (11%) had the fewest respondents reporting difficulty.

- Sixteen percent (16%) of respondents reported having to change their plans due to limited practice opportunities, approximately the same as in 2005 (14%). Physical medicine and rehabilitation (35%), geriatrics (31%), pediatric subspecialties (31%), child and adolescent psychiatry (29%), and pathology (28%) had the most graduates reporting they had to change plans. Few graduates had to change plans due to limited practice opportunities in urology (0%), otolaryngology (0%), pulmonary disease (0%), orthopedics (4%), and dermatology (6%).

- The mean number of job offers received by graduates in 2007 was 3.64. Dermatology (6.53) and gastroenterology (5.60) graduates received the most job offers. At the other end of the spectrum, neurologists received fewer offers (2.00) than any other specialty.

[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.

- Respondents gave less optimistic assessments of the regional job market (+0.91). Graduates of psychiatry (+1.69), child and adolescent psychiatry (+1.67), dermatology (+1.53), and gastroenterology (+1.40) gave the most positive assessments of the regional job market.

- Graduates of pathology (+.26), pediatric subspecialties (+0.37), and physical medicine and rehabilitation (+0.44), were the least optimistic in their views of the regional job market.

- Graduates gave very positive assessments of the national job market (average Likert score of +1.64 on a scale of +2.00, indicating "Many Jobs" to -2.00, indicating "No Jobs"). Graduates of surgery-general (+2.00), gastroenterology (+1.96), dermatology (+1.94), and internal medicine and pediatrics (combined) (1.88) gave the most positive assessments of the national job market.

- Graduates of pathology (+1.00), otolaryngology (+1.20), and physical medicine and rehabilitation (+1.24) gave the least positive assessments of the national job market.

Overall Assessment of the Job Market for New Physicians

- Overall, the demand for new physicians appears to be strong. Unlike previous years, the demand for primary care physicians was comparable to the demand for specialists. Generalists were as likely as specialists to report difficulty finding a satisfactory practice position (28% versus 26%) and to have to change plans due to limited practice opportunities (16% versus 15%). Generalists received approximately the same number of job offers as specialists (mean of 3.67 versus 3.62). Generalists and specialists also had similar views of the national job market (average Likert Score of 1.67 versus 1.62 on scale of +2 indicating "Many Jobs" to –2 indicating "No Jobs"), and the regional job market (0.81 versus 0.91).

- Both in the number of job offers received and in starting income levels, generalists saw an increase on average from 2002 to 2007, with average annual increases of 12.0% in number of job offers and 7.6% in median starting income. Over the same period, specialists saw a small decrease in the number of job offers (average annual decrease of -5.5%) and a small increase in starting income levels (average annual increase of 7.6% in median starting income).

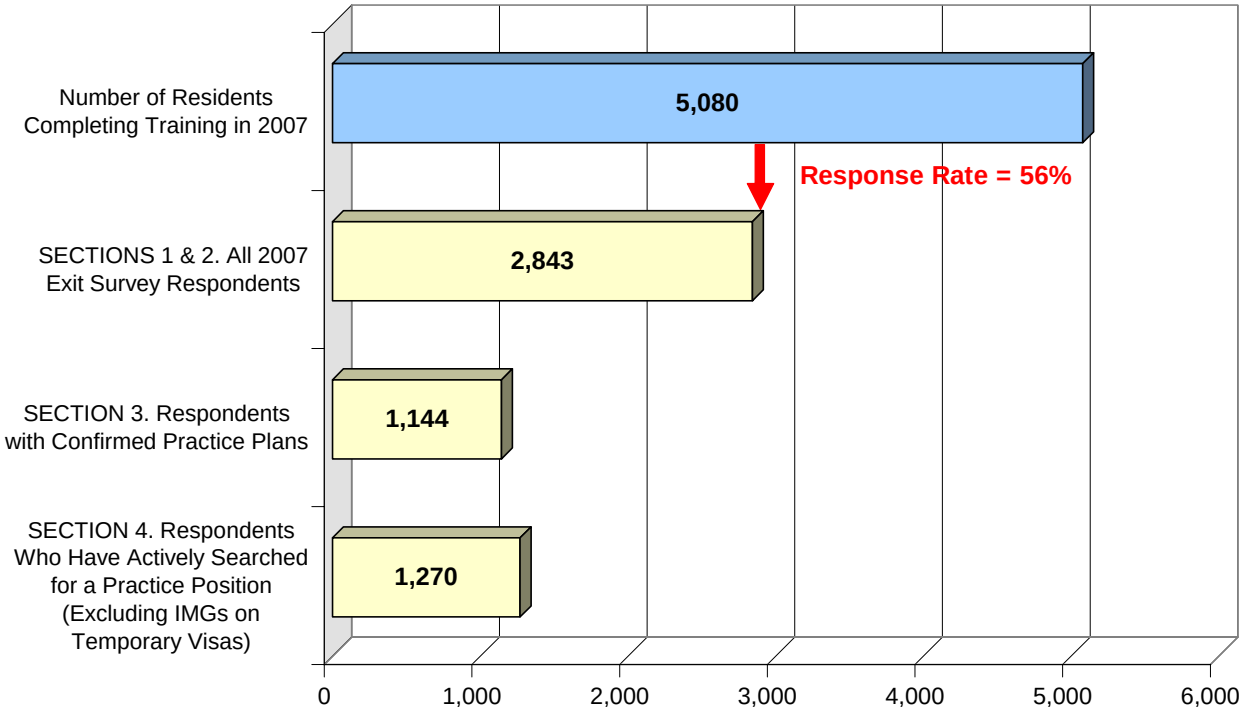
- Based on aggregation of all demand indicators from the last four years of the survey, specialties experiencing the strongest demand were dermatology, pulmonary disease, gastroenterology, cardiology, and urology.

- Ophthalmology, pediatrics–general, physical medicine and rehabilitation, pathology, pediatric subspecialties, geriatrics, and hematology/oncology were experiencing the weakest relative demand.

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 2,843 of the estimated 5,080 residents who completed training in 2007 (a 56% 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 2007 Exit Survey instrument.

Figure 1. 2007 Exit Survey Response Rate and Subgroups Used for Each Section of this Report



Section I

1.1 Background Characteristics of All Respondents

Table 1.1 shows background characteristics of all Exit Survey respondents in 2007. 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-five percent (45%) 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 (72%), hematology/oncology (70%), pediatrics subspecialties (70%), pediatrics-general (67%), dermatology (64%), adult psychiatry (57%), pathology (55%), and ophthalmology (51%).

- Surgical subspecialties and general surgery had the fewest females (24% and 33%, respectively). In particular, orthopedics (8%) and urology (20%) had very few females.

- URMs comprised 12% of all respondents. Child and adolescent psychiatry (24%), family medicine (20%), internal medicine-general (19%), and adult psychiatry (18%) had the most URMs.

- Physical medicine and rehabilitation (0%), hematology/oncology (0%), pediatric subspecialties (2%), pulmonary disease (3%), and cardiology (3%) had very few URMs.

- Almost 30% of graduates went to New York high schools. The percent of graduates from New York high schools is indicative of how many graduates grew up in New York. Thirty-eight percent (38%) of graduates were from another country and another 32% were from other states (see Figure 1.3).

- Just less than one-half (44%) of all respondents were IMGs, similar to the last survey (45% in 2005). This varied widely by specialty with the highest concentrations of IMGs found in geriatrics (83%), internal medicine-general (70%), pathology (62%), and child and adolescent psychiatry (62%).

- Specialties with the fewest IMGs included urology (0%), emergency medicine (4%), dermatology (5%), and otolaryngology (6%).

- Fifteen percent (15%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in internal medicine-general (29%), pathology (27%), geriatrics (21%), and adult psychiatry (19%). Urology (0%), gastroenterology (0%), emergency medicine (0%), and ophthalmology (0%) had no temporary visa holders.

Figure 1.1 Percent of Female Respondents by Specialty Group (All 2007 Exit Survey Respondents)

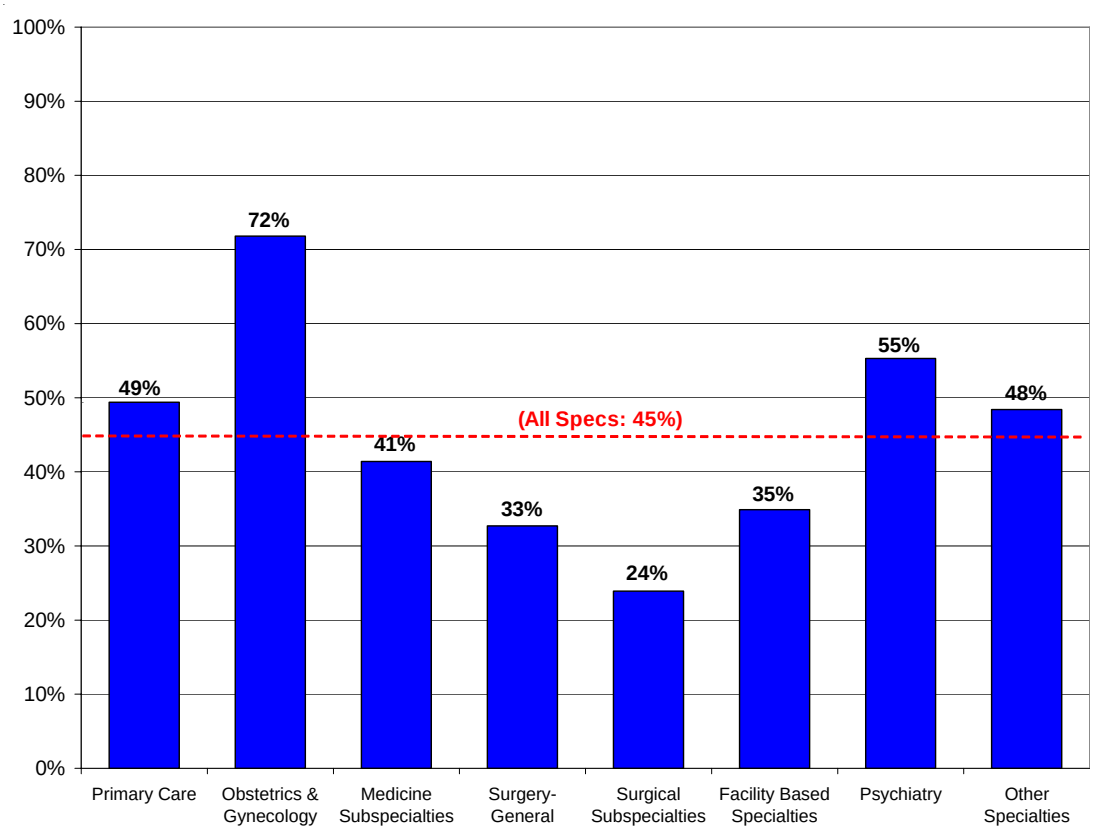


Figure 1.2 Percent of Underrepresented Minority Respondents by Specialty Group (All 2007 Exit Survey Respondents)

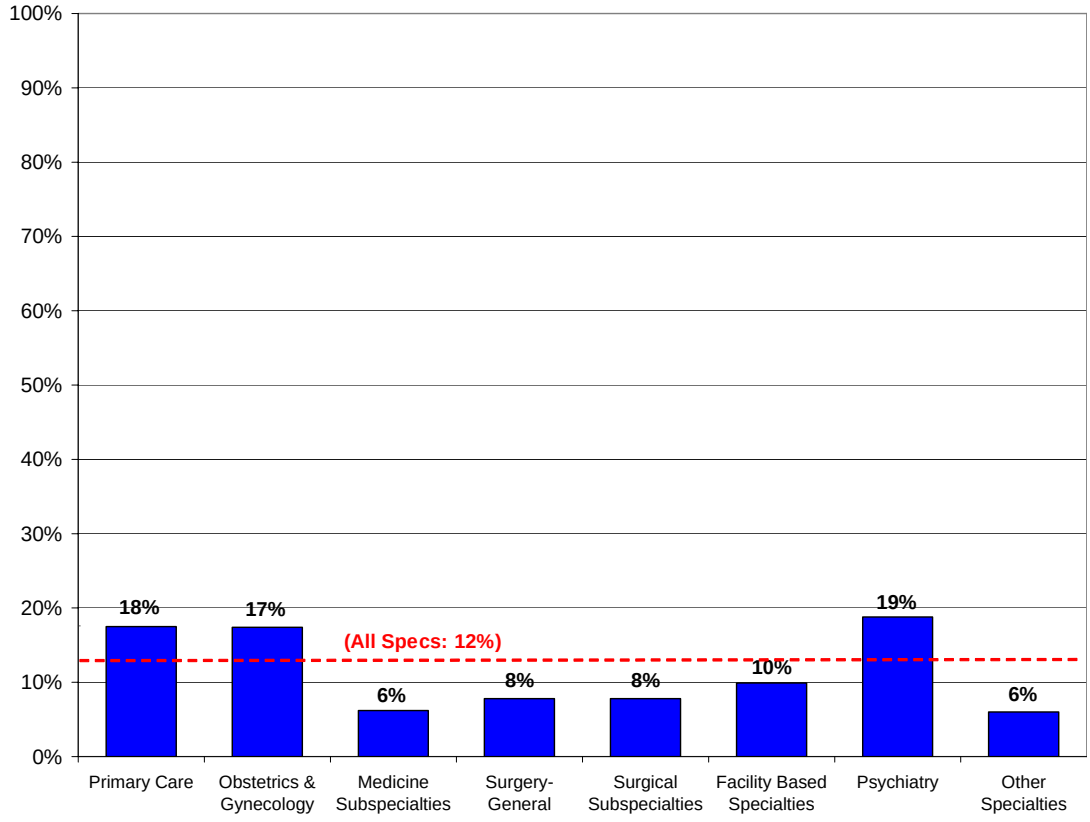


Figure 1.3 Location of High School (All 2007 Exit Survey Respondents)

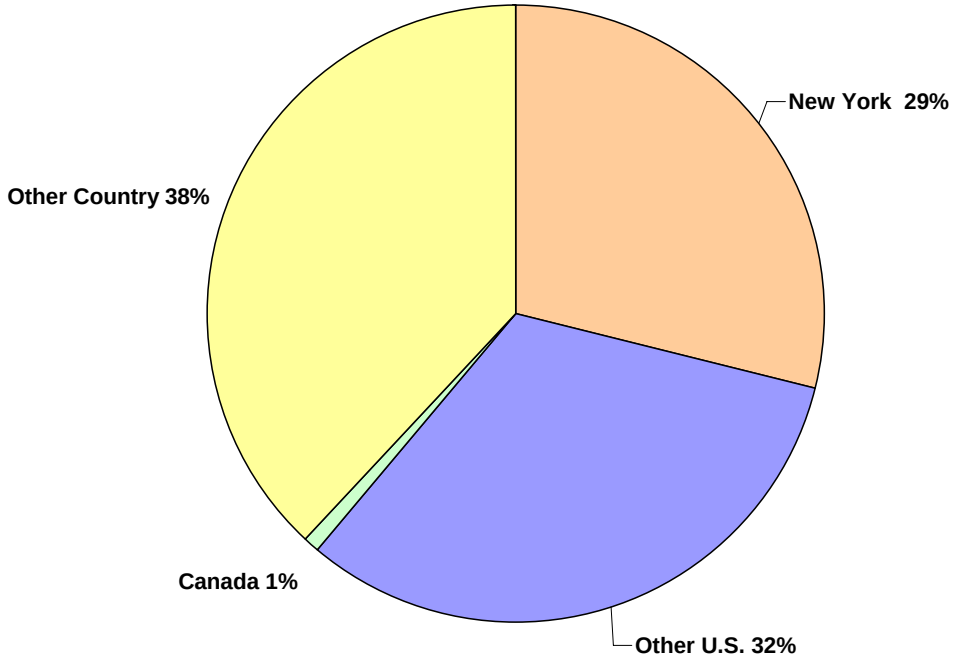


Figure 1.4 Location of Medical School and Citizenship Status (All 2007 Exit Survey Respondents)

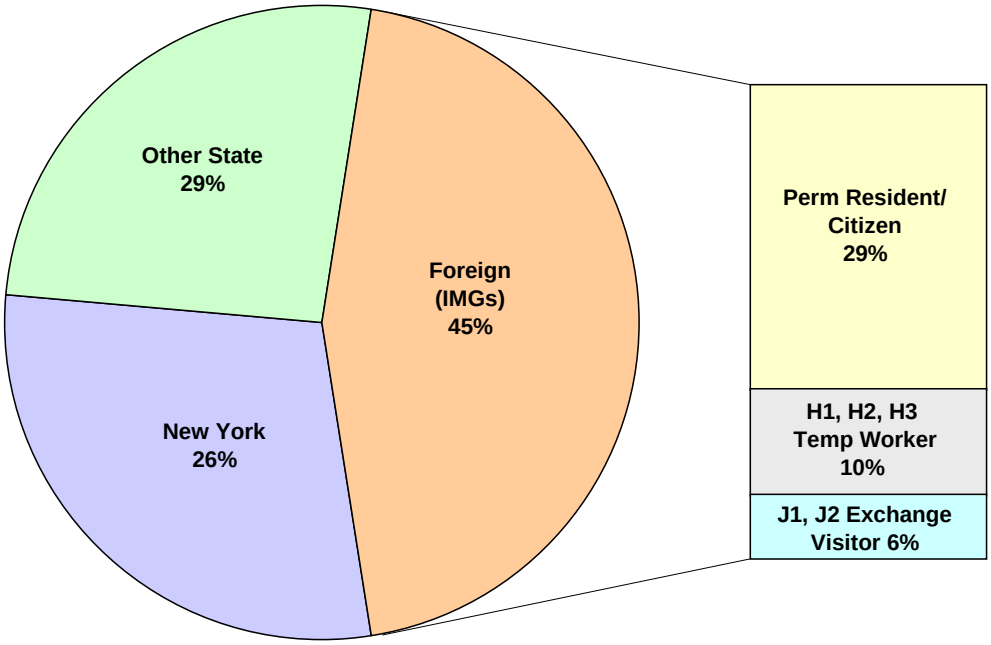


Table 1.1 Background Characteristics of Respondents (All 2007 Exit Survey Respondents)

Specialty	Number of Resp (N)	% Female	% Underrep Minorities	% NY H.S. Grad	% IMG	% Temp Visa Holders
Primary Care	**945**	**49%**	**18%**	**23%**	**64%**	**24%**
Family Medicine	125	47%	20%	31%	54%	10%
Internal Medicine-General	614	44%	19%	17%	70%	29%
Pediatrics-General	184	67%	13%	36%	50%	16%
IM & Peds (Combined)	22	45%	5%	41%	45%	15%
Obstetrics/Gynecology	**98**	**72%**	**17%**	**38%**	**41%**	**7%**
Medicine Subspecialties	**353**	**41%**	**6%**	**30%**	**47%**	**14%**
Cardiology	85	26%	3%	42%	43%	13%
Gastroenterology	30	35%	4%	45%	30%	0%
Geriatrics	39	57%	7%	11%	83%	21%
Hematology/Oncology	36	70%	0%	31%	36%	4%
Pulmonary Disease	34	29%	3%	18%	56%	16%
Surgery-General	**70**	**33%**	**8%**	**29%**	**26%**	**9%**
Surgical Subspecialties	**208**	**24%**	**8%**	**31%**	**11%**	**8%**
Ophthalmology	40	51%	6%	36%	9%	0%
Orthopedics	85	8%	5%	24%	12%	10%
Otolaryngology	16	40%	15%	31%	6%	6%
Urology	18	20%	7%	39%	0%	0%
Facility Based	**322**	**35%**	**10%**	**33%**	**27%**	**10%**
Anesthesiology-General	96	32%	13%	37%	20%	4%
Pathology	67	55%	12%	15%	62%	27%
Radiology	125	28%	6%	42%	12%	4%
Psychiatry	**177**	**55%**	**19%**	**27%**	**54%**	**10%**
Adult Psychiatry	127	57%	18%	29%	53%	19%
Child & Adolescent Psych	24	50%	24%	21%	62%	10%
Other	**354**	**48%**	**6%**	**38%**	**21%**	**5%**
Dermatology	25	64%	5%	38%	5%	5%
Emergency Medicine	108	44%	8%	38%	4%	0%
Neurology	51	43%	10%	48%	30%	5%
Pediatric Subspecialties	61	70%	2%	27%	32%	6%
Physical Medicine & Rehab	53	36%	0%	39%	38%	11%
All Specialties, 2007 (2005)	**2527 (2409)**	**45% (42%)**	**12% (14%)**	**29% (30%)**	**44% (45%)**	**15% (14%)**

[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]Underrepresented minority includes Black/African-American, Hispanic/Latino, and American Indian.

[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.

1.2 Educational Debt (of Respondents who are U.S. Citizens)

Table 1.2 presents descriptive statistics for respondents' educational debt. Only respondents who were U.S. citizens are included, because non-U.S. citizens often have their medical education paid for by their government. 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 educational debt.

Highlights

- Individual specialties with the highest median educational debt were surgery-general ($154,900), orthopedics ($138,400), and anesthesiology-general ($136,700).
- Three specialties had less than $10,000 of median educational debt. Geriatrics ($1,100), child and adolescent psychiatry ($1,950), and pulmonary disease ($3,850) had by far the lowest debt.
- Among specialty groups, surgery-general ($154,900) had the highest median educational debt. Conversely, primary care had the lowest ($91,300).

Figure 1.5 Median Educational Debt by Specialty and Race/Ethnicity (in $1,000s) (All 2007 Exit Survey Respondents, U.S. Citizens Only)

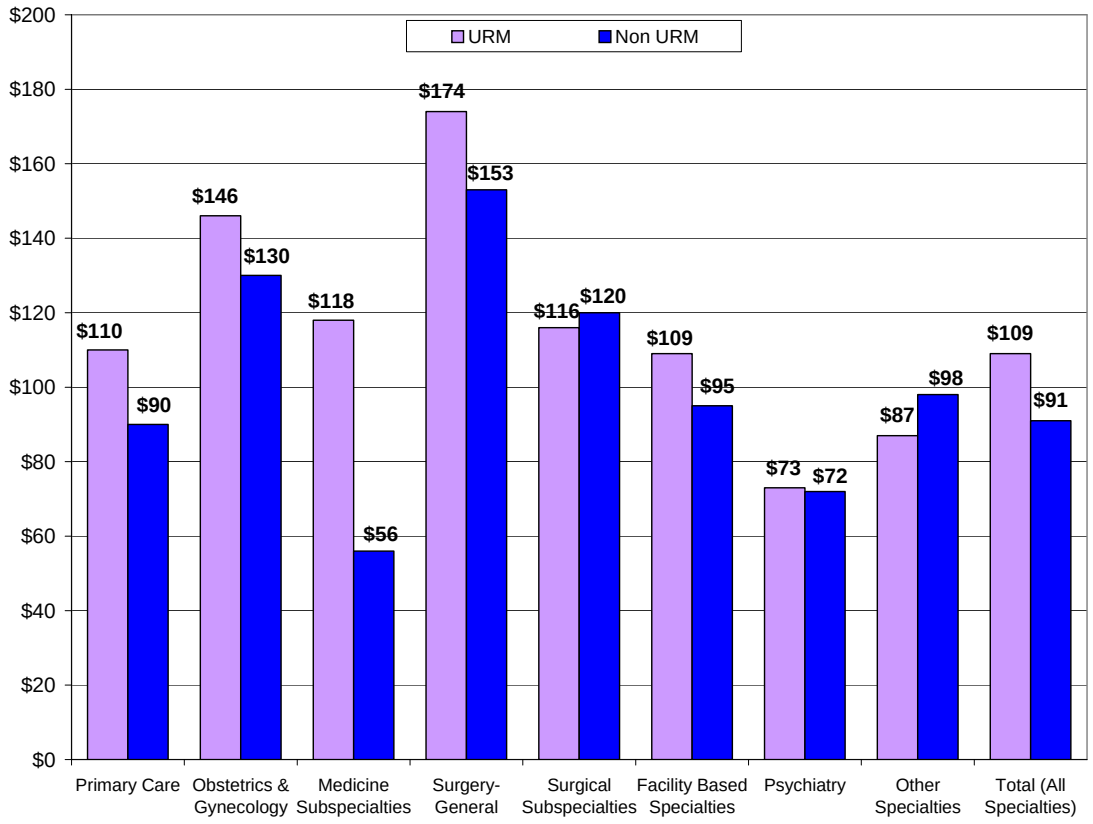


Table 1.2 Descriptive Statistics for Respondents' Educational Debt (All 2007 Exit Survey Respondents, U.S. Citizens Only)

Specialty	N	MEAN	RANK[8] (of 25)	MEDIAN	RANK (of 25)
Primary Care	**475**	**$97,323**	N/A	**$91,300**	N/A
Family Medicine	75	$115,500	6	$135,400	4
Internal Medicine-General	272	$87,449	16	$67,100	17
Pediatrics-General	113	$108,415	9	$111,200	10
IM & Peds (Combined)	15	$101,927	11	$119,100	9
Obstetrics/Gynecology	**69**	**$123,712**	4	**$134,200**	5
Medicine Subspecialties	**233**	**$82,282**	N/A	**$60,700**	N/A
Cardiology	63	$84,925	17	$69,400	16
Gastroenterology	25	$96,768	12	$94,400	11
Geriatrics	22	$64,314	23	$1,100	25
Hematology/Oncology	23	$61,583	24	$52,800	21
Pulmonary Disease	22	$73,177	20	$3,850	23
Surgery-General	**41**	**$137,768**	1	**$154,900**	1
Surgical Subspecialties	**160**	**$112,023**	N/A	**$119,850**	N/A
Ophthalmology	30	$121,770	5	$127,200	6
Orthopedics	65	$127,270	2	$138,400	2
Otolaryngology	14	$72,443	21	$78,450	15
Urology	13	$66,585	22	$62,400	20
Facility Based	**243**	**$97,773**	N/A	**$98,000**	N/A
Anesthesiology-General	77	$127,009	3	$136,700	3
Pathology	38	$87,689	14	$34,200	22
Radiology	102	$82,392	18	$81,050	14
Psychiatry	**121**	**$84,720**	N/A	**$69,800**	N/A
Adult Psychiatry	83	$87,481	15	$64,200	19
Child & Adolescent Psych	18	$48,778	25	$1,950	24
Other	**261**	**$102,826**	N/A	**$98,200**	N/A
Dermatology	18	$88,833	13	$89,800	12
Emergency Medicine	92	$114,611	7	$123,350	7
Neurology	35	$80,114	19	$66,300	18
Pediatric Subspecialties	43	$113,179	8	$122,800	8
Physical Medicine & Rehab	37	$106,249	10	$88,500	13
Total (All Specialties)	**1603**	**$98,787**	N/A	**$93,900**	N/A

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

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 who indicated 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-three percent (53%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 81% had confirmed practice plans.
- More than one-third (37%) planned to subspecialize or pursue further training. Of the remaining 12%, 2% were planning to work as chief residents, 4% were planning to enter teaching/research, and 6% had other plans.
- Specialties with the highest proportions of respondents planning to enter patient care/clinical practice were gastroenterology (90%), dermatology (87%), child and adolescent psychiatry (87%), hematology/oncology (86%), and emergency medicine (83%).
- Specialties with the highest subspecialization rates were ophthalmology (88%), surgery–general (85%), orthopedics (73%), and urology (61%).
- The subspecialization rates for internal medicine and pediatrics (combined) were 42% and 36%, 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 51.5% versus 39.5% for all other respondents. In pediatrics, the rates were 61.5% versus 36.4%.
- Internal medicine–general (7%), pediatrics-general (6%), surgery-general (4%), dermatology (4%), pulmonary disease (3%), family medicine (2%), orthopedics (1%), 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 2007 Exit Survey Respondents)

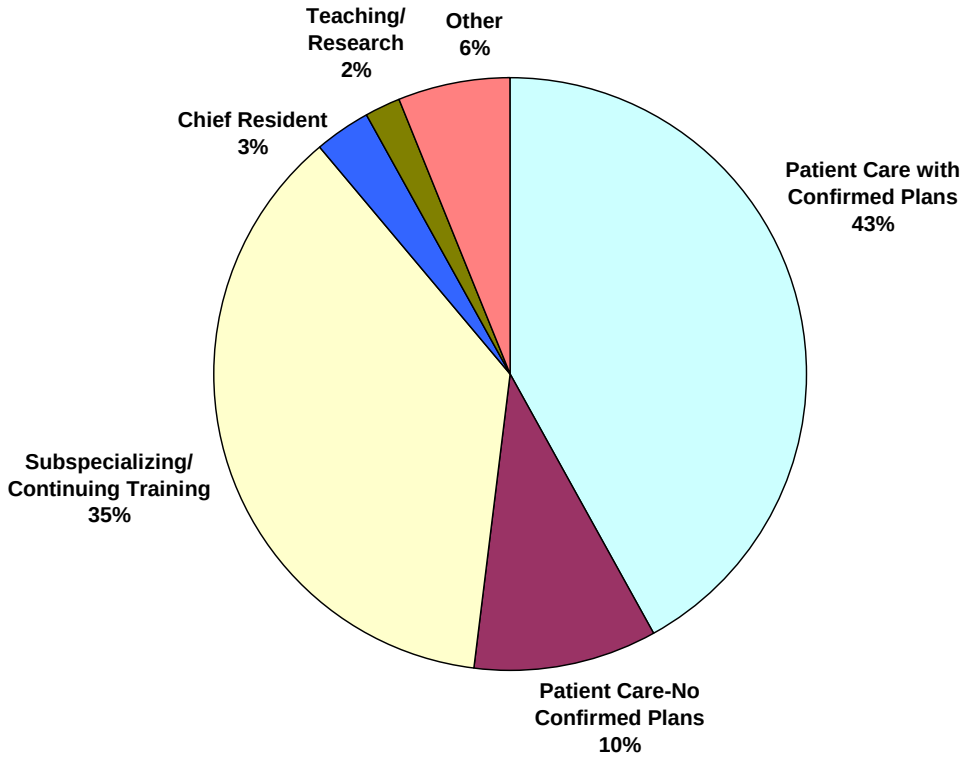


Figure 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group (All 2005 and 2007 Exit Survey Respondents)

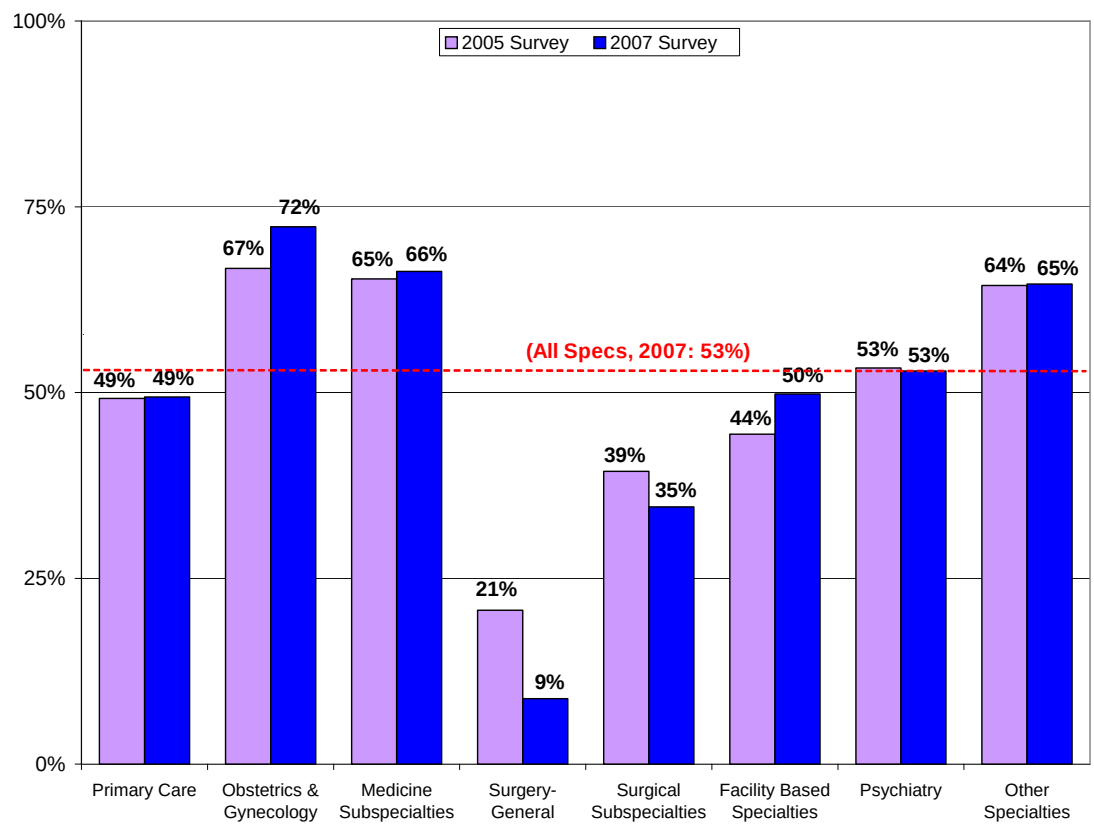


Figure 2.3 Rank of Percent of Respondents Entering Patient Care by Specialty (All 2007 Exit Survey Respondents)

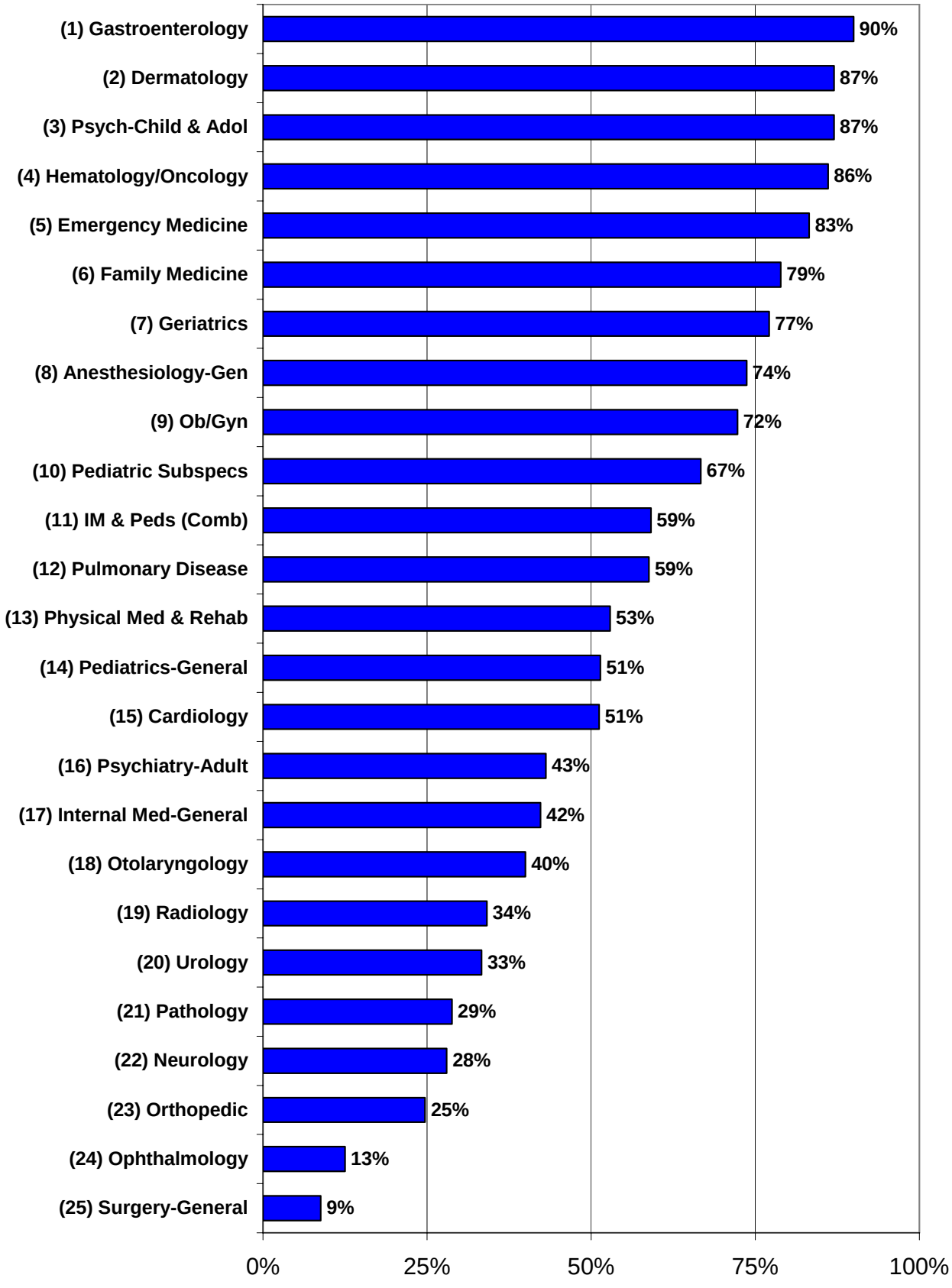


Table 2.1 Primary Activity After Completion of Current Training Program (All 2007 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**49%**	**37%**	**6%**	**2%**	**6%**
Family Medicine	79%	11%	2%	1%	8%
Internal Medicine-General	42%	42%	7%	3%	6%
Pediatrics-General	51%	38%	6%	1%	4%
IM & Peds (Combined)	59%	36%	0%	0%	5%
Obstetrics/Gynecology	**72%**	**20%**	**0%**	**0%**	**7%**
Medicine Subspecialties	**66%**	**21%**	**0%**	**6%**	**7%**
Cardiology	51%	43%	0%	4%	2%
Gastroenterology	90%	7%	0%	3%	0%
Geriatrics	77%	11%	0%	0%	11%
Hematology/Oncology	86%	6%	0%	8%	0%
Pulmonary Disease	59%	29%	3%	3%	6%
Surgery-General	**9%**	**85%**	**4%**	**0%**	**2%**
Surgical Subspecialties	**35%**	**63%**	**1%**	**1%**	**1%**
Ophthalmology	13%	88%	0%	1%	0%
Orthopedics	25%	73%	1%	0%	0%
Otolaryngology	40%	60%	0%	0%	0%
Urology	33%	61%	0%	0%	6%
Facility Based	**50%**	**43%**	**0%**	**2%**	**6%**
Anesthesiology-General	74%	23%	0%	0%	3%
Pathology	29%	56%	0%	2%	14%
Radiology	34%	59%	0%	4%	2%
Psychiatry	**53%**	**40%**	**1%**	**2%**	**5%**
Adult Psychiatry	43%	51%	1%	1%	4%
Child & Adolescent Psych	87%	9%	0%	0%	4%
Other	**65%**	**24%**	**0%**	**4%**	**8%**
Dermatology	87%	4%	4%	0%	4%
Emergency Medicine	83%	12%	0%	2%	3%
Neurology	28%	60%	0%	6%	6%
Pediatric Subspecialties	67%	13%	0%	8%	12%
Physical Medicine & Rehab	53%	35%	0%	0%	12%
All Specialties, 2007 (2005)	**53% (52%)**	**37% (36%)**	**2% (3%)**	**4% (3%)**	**6% (7%)**

Section III

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

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

3.1 Practice Location

Table 3.1 gives the practice location of respondents with confirmed practice plans. This is a subset of "All Respondents" so the number in this subgroup is presented for each specialty in the first column. A total of 1,140 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 (48%) of respondents with confirmed plans were entering practice within New York. The vast majority (90%) of them were remaining in the same region in which they trained.
- Otolaryngology (84%), adult psychiatry (76%), physical medicine and rehabilitation (75%), neurology (64%), geriatrics (63%), and obstetrics/gynecology (63%) had the highest in-state retention rates.
- Graduates entering practice from surgery-general (0%), orthopedics (15%), pulmonary disease (26%), and internal medicine-general (32%) had the lowest in-state retention rates.
- Respondents of neurology (7%), orthopedics (5%), and family medicine (5%) 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 23% were entering practice within New York as compared to 53% of all other respondents.
- When respondents who were planning to practice outside of New York were asked why they were leaving, the most common reasons were proximity to family (26%) and inadequate salary (21%). Thirteen percent (13%) of respondents indicated that they never intended to practice in New York.
- Less than 2% of respondents reported that the principal reason for them practicing outside of New York was the cost of malpractice insurance (1.8%) or the lack of job opportunities for spouse/partner in New York (1.4%).

Figure 3.1 Location of Upcoming Practice (for 2007 Respondents with Confirmed Practice Plans)

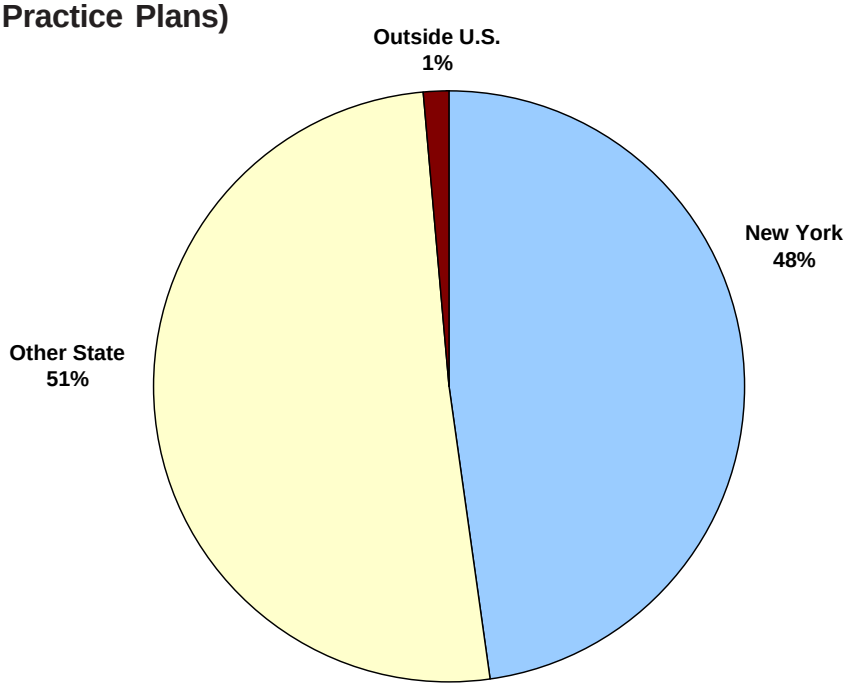


Figure 3.2 Percent of Respondents Entering Practice within New York by Specialty Group (for 2007 Respondents with Confirmed Practice Plans)

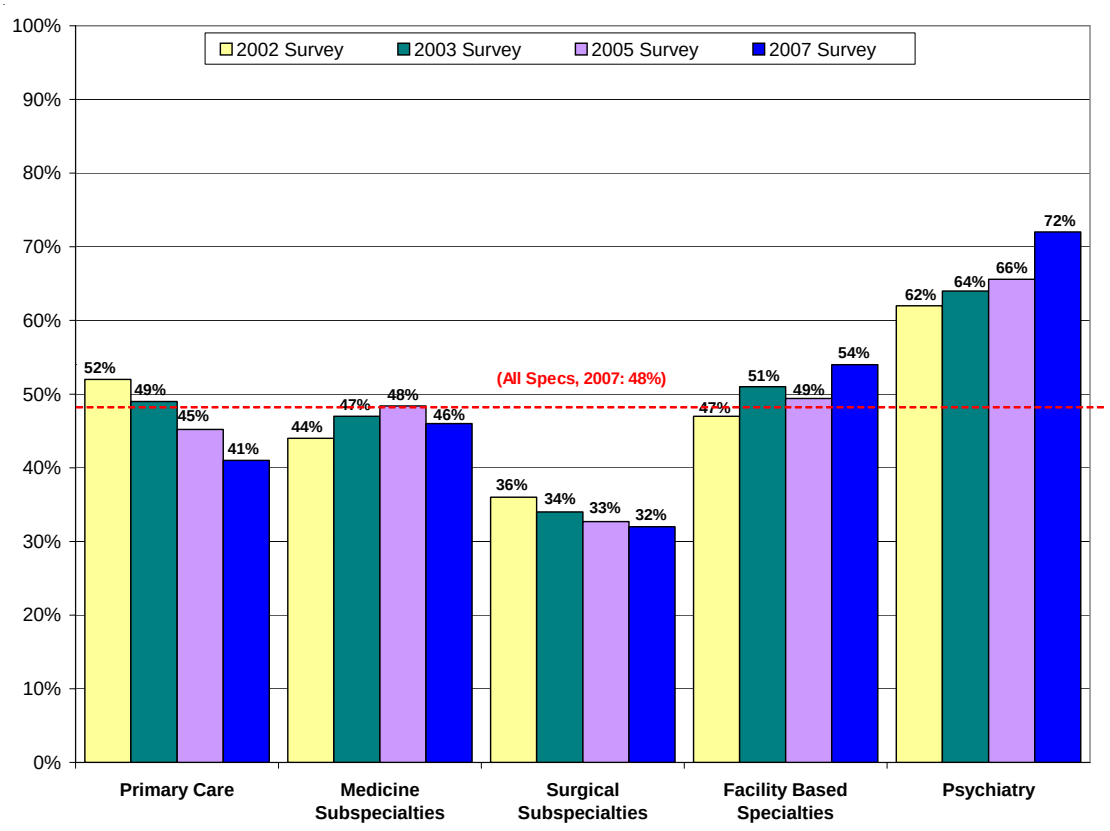


Figure 3.3 Rank of In-state Retention Rates by Specialty (for 2007 Respondents with Confirmed Practice Plans)

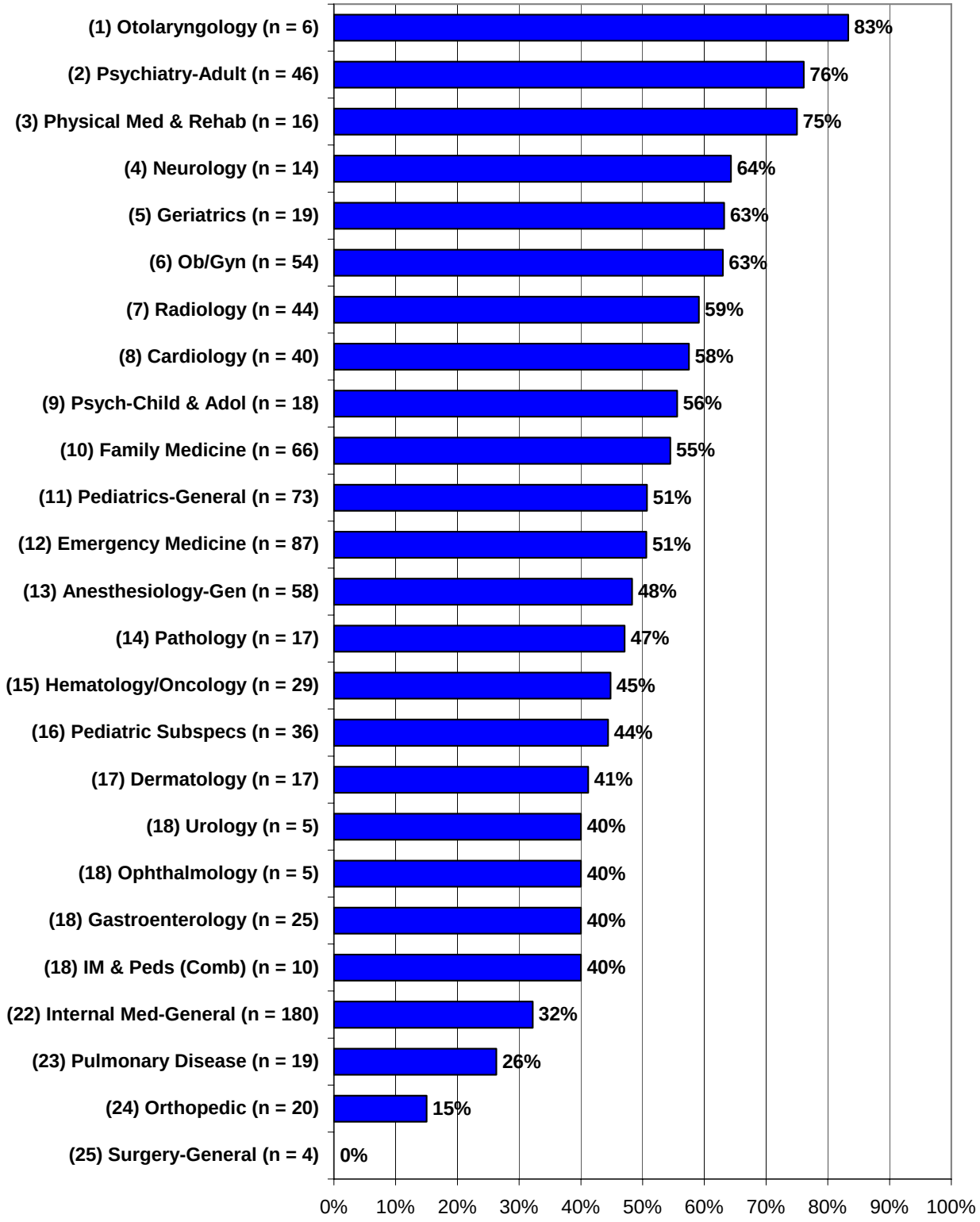


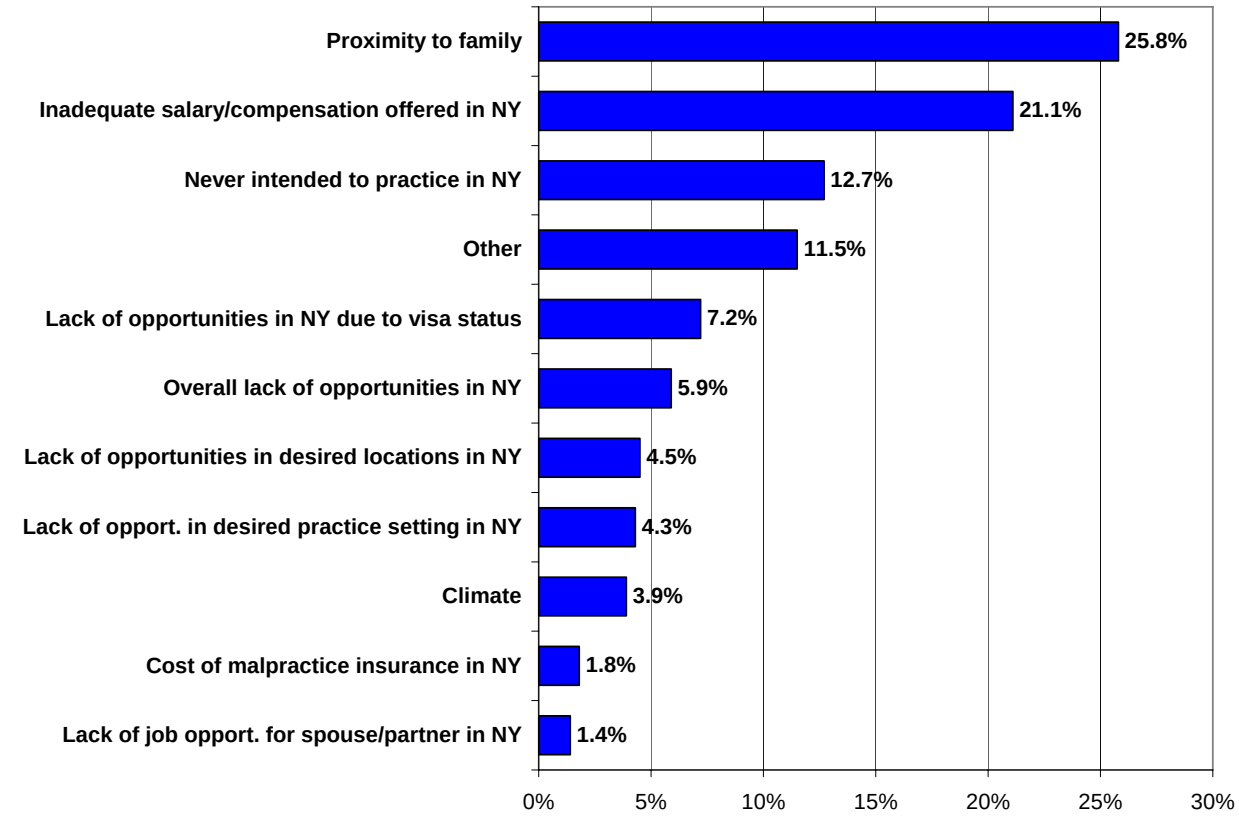
Table 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2007 Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans[9]	LOCATION OF UPCOMING PRACTICE			
		Within New York		Other State	Outside U.S.[10]
		Same Region	Other Area		
Primary Care	**329**	**38%**	**3%**	**58%**	**1%**
Family Medicine	66	55%	0%	41%	5%
Internal Medicine-General	180	29%	3%	68%	0%
Pediatrics-General	73	44%	7%	49%	0%
IM & Peds (Combined)	10	40%	0%	60%	0%
Obstetrics/Gynecology	**54**	**56%**	**7%**	**37%**	**0%**
Medicine Subspecialties	**203**	**42%**	**3%**	**53%**	**2%**
Cardiology	40	55%	3%	40%	3%
Gastroenterology	25	32%	8%	60%	0%
Geriatrics	19	58%	5%	32%	5%
Hematology/Oncology	29	41%	3%	55%	0%
Pulmonary Disease	19	26%	0%	74%	0%
Surgery-General	**4**	**0%**	**0%**	**100%**	**0%**
Surgical Subspecialties	**65**	**25%**	**8%**	**65%**	**3%**
Ophthalmology	5	20%	20%	60%	0%
Orthopedics	20	10%	5%	80%	5%
Otolaryngology	6	67%	17%	17%	0%
Urology	5	40%	0%	60%	0%
Facility Based	**143**	**50%**	**4%**	**45%**	**1%**
Anesthesiology-General	58	45%	3%	52%	0%
Pathology	17	47%	0%	53%	0%
Radiology	44	52%	7%	39%	2%
Psychiatry	**79**	**66%**	**6%**	**28%**	**0%**
Adult Psychiatry	46	67%	9%	24%	0%
Child & Adolescent Psych	18	56%	0%	44%	0%
Other	**203**	**44%**	**7%**	**47%**	**2%**
Dermatology	17	35%	6%	59%	0%
Emergency Medicine	87	39%	12%	48%	1%
Neurology	14	57%	7%	29%	7%
Pediatric Subspecialties	36	44%	0%	53%	3%
Physical Medicine & Rehab	16	69%	6%	25%	0%
All Specialties, 2007 (2005)	**1080 (862)**	**43% (44%)**	**5% (4%)**	**51% (50%)**	**1% (1%)**

[9]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.

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

Figure 3.4 Principal Reason for Practicing Outside of New York (for 2007 Respondents with Confirmed Practice Plans)



3.2 Demographics of Practice Location

Table 3.2 summarizes the responses to two questions relating to the demographics of a 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 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 HPSA.

Highlights

- Thirty percent (30%) of graduates reported entering practice in inner-city locations and only 4% were going to rural locations. Fifteen percent (15%) said they would be practicing in a HPSA, a similar percentage was reported in 2005.
- Graduates of otolaryngology (67%), radiology (42%), dermatology (41%), adult psychiatry (40%), and obstetrics/gynecology (40%) were the most likely to enter practices in the inner city.
- Graduates of family medicine (13%), pediatrics-general (11%), and orthopedics (11%) were the most likely to enter practices in rural areas.
- The graduates most likely to be entering practice in HPSAs were in family medicine (35%), adult psychiatry (27%), and child and adolescent psychiatry (24%).
- 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 IMGs with temporary visas were entering HPSAs (57%), IMGs with permanent citizenship were actually less likely to be entering HPSAs than were USMGs (10% and 22%, respectively, for graduates of primary care specialties).

Figure 3.5 Entering Practice in Rural and Inner-city Areas by Location of Medical School and Citizenship Status (for 2007 Respondents from Primary Care Specialties with Confirmed Practice Plans)

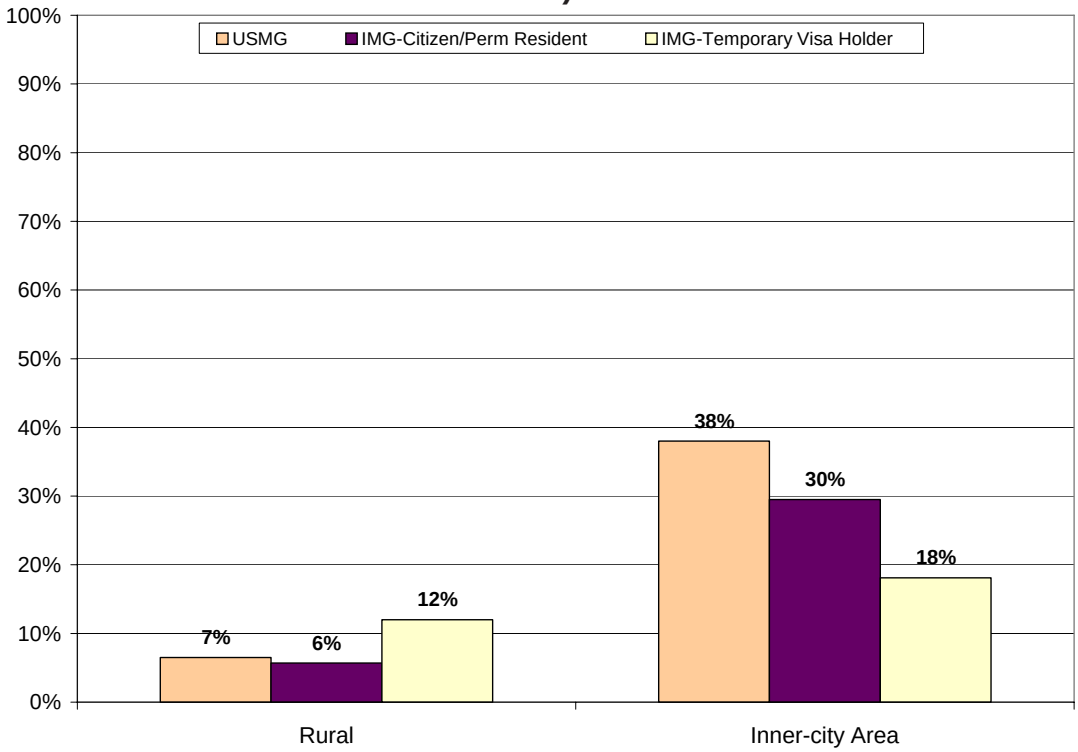


Figure 3.6 Proportion of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship (for 2007 Respondents from Primary Care Specialties with Confirmed Practice Plans)

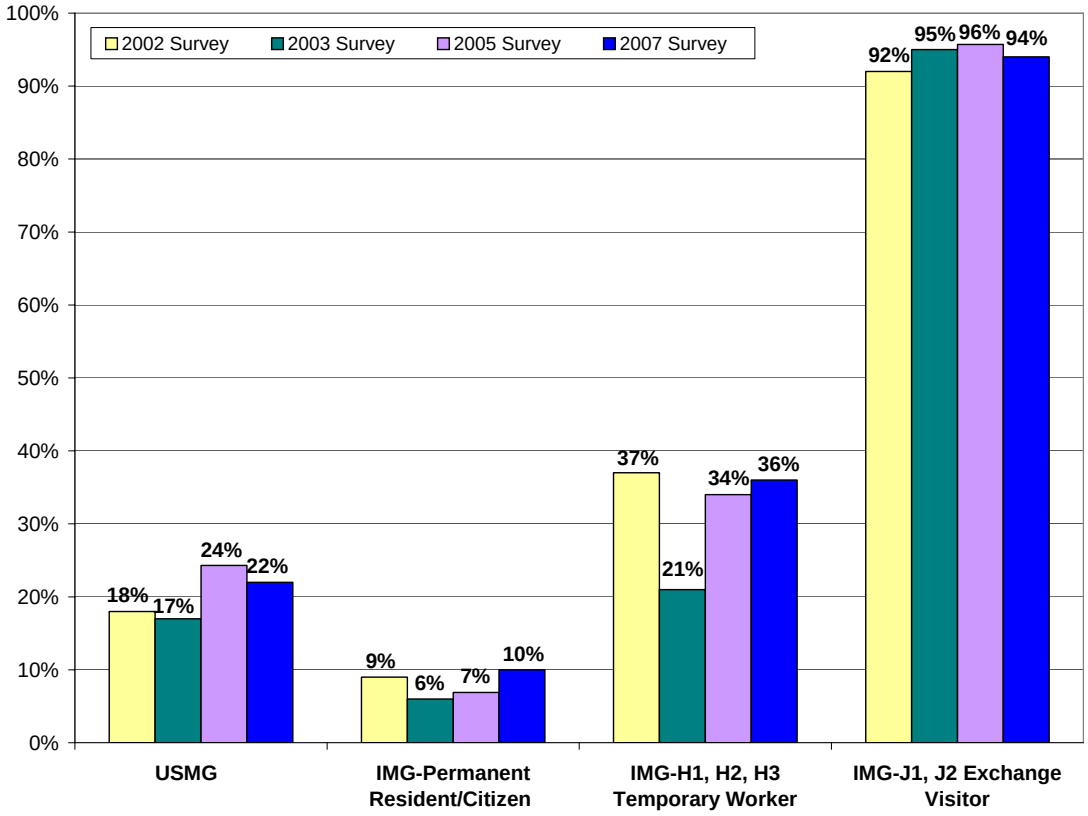


Table 3.2 Demographics of Practice Setting (for 2007 Respondents with Confirmed Practice Plans)

	DEMOGRAPHICS					
Specialty	Inner-city Area	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA[11]
Primary Care	**28%**	**19%**	**25%**	**19%**	**8%**	**25%**
Family Medicine	22%	14%	33%	18%	13%	35%
Internal Medicine-General	32%	23%	21%	19%	5%	23%
Pediatrics-General	26%	14%	25%	24%	11%	23%
IM & Peds (Combined)	20%	20%	50%	10%	0%	11%
Obstetrics/Gynecology	**40%**	**15%**	**30%**	**13%**	**2%**	**14%**
Medicine Subspecialties	**23%**	**18%**	**43%**	**12%**	**4%**	**15%**
Cardiology	22%	14%	43%	14%	8%	11%
Gastroenterology	12%	24%	52%	8%	4%	9%
Geriatrics	33%	28%	28%	11%	0%	6%
Hematology/Oncology	31%	24%	35%	7%	3%	8%
Pulmonary Disease	16%	26%	42%	16%	0%	18%
Surgery-General	**25%**	**0%**	**75%**	**0%**	**0%**	**0%**
Surgical Subspecialties	**18%**	**28%**	**44%**	**5%**	**5%**	**5%**
Ophthalmology	0%	50%	25%	25%	0%	0%
Orthopedics	11%	32%	37%	11%	11%	0%
Otolaryngology	67%	0%	33%	0%	0%	20%
Urology	40%	0%	60%	0%	0%	0%
Facility Based	**35%**	**22%**	**35%**	**6%**	**1%**	**7%**
Anesthesiology-General	31%	25%	31%	10%	3%	8%
Pathology	29%	24%	47%	0%	0%	12%
Radiology	42%	16%	35%	7%	0%	5%
Psychiatry	**42%**	**23%**	**17%**	**16%**	**3%**	**26%**
Adult Psychiatry	40%	29%	16%	13%	2%	27%
Child & Adolescent Psych	33%	28%	17%	17%	6%	24%
Other	**31%**	**26%**	**30%**	**10%**	**4%**	**5%**
Dermatology	41%	12%	35%	12%	0%	0%
Emergency Medicine	31%	26%	26%	11%	6%	1%
Neurology	31%	46%	23%	0%	0%	15%
Pediatric Subspecialties	31%	26%	29%	14%	0%	7%
Physical Medicine & Rehab	31%	19%	38%	6%	6%	8%
All Specialties, 2007 (2005)	**30% (27%)**	**21% (21%)**	**32% (33%)**	**13% (14%)**	**4% (5%)**	**15% (15%)**

[11]HPSA = Health Professionals Shortage Area.

3.3 Principal Practice Setting

Table 3.3 shows the practice setting of graduates' upcoming principal practice. The "Other" category includes "freestanding health center or clinic," "Nursing Home," and "other." On the 2007 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 3.8.

Highlights

- Thirty-nine percent (39%) of respondents were entering group practices. More than four-fifths of these (90%) were going into groups as employees.
- The vast majority of respondents (92%) said they would be employees in their upcoming practices with no level of ownership (see Figure 3.8). Twenty-six percent (26%) 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.
- Only 3% of all respondents were planning to enter solo practice, there were a few specialties in which 5% or more planned to enter solo practice: physical medicine and rehabilitation (14%), child and adolescent psychiatry (6%), family medicine (5%), and orthopedics (5%).
- Forty-six percent (46%) of graduates were entering practice in hospitals. Inpatient (29%) was the most common, followed by ambulatory care (9%), and emergency room (8%) settings.

Figure 3.7 Practice Setting of Respondents' Upcoming Principal Practice (for 2007 Respondents with Confirmed Practice Plans)

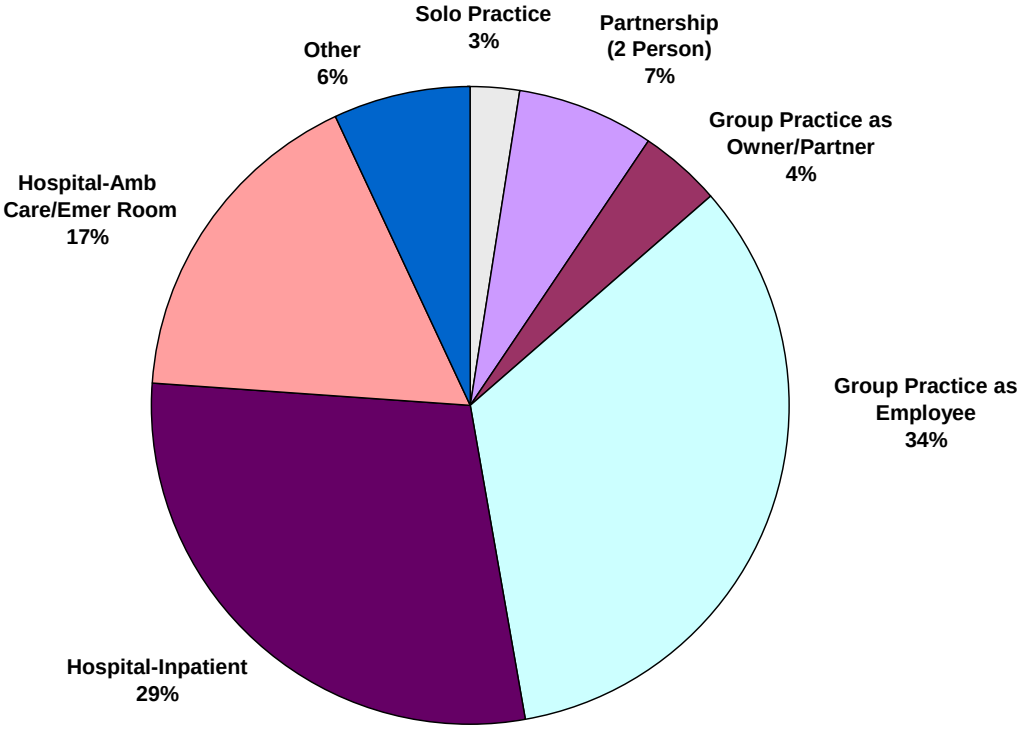


Figure 3.8 Respondents' Level of Ownership in Upcoming Principal Practice (for 2007 Respondents with Confirmed Practice Plans)

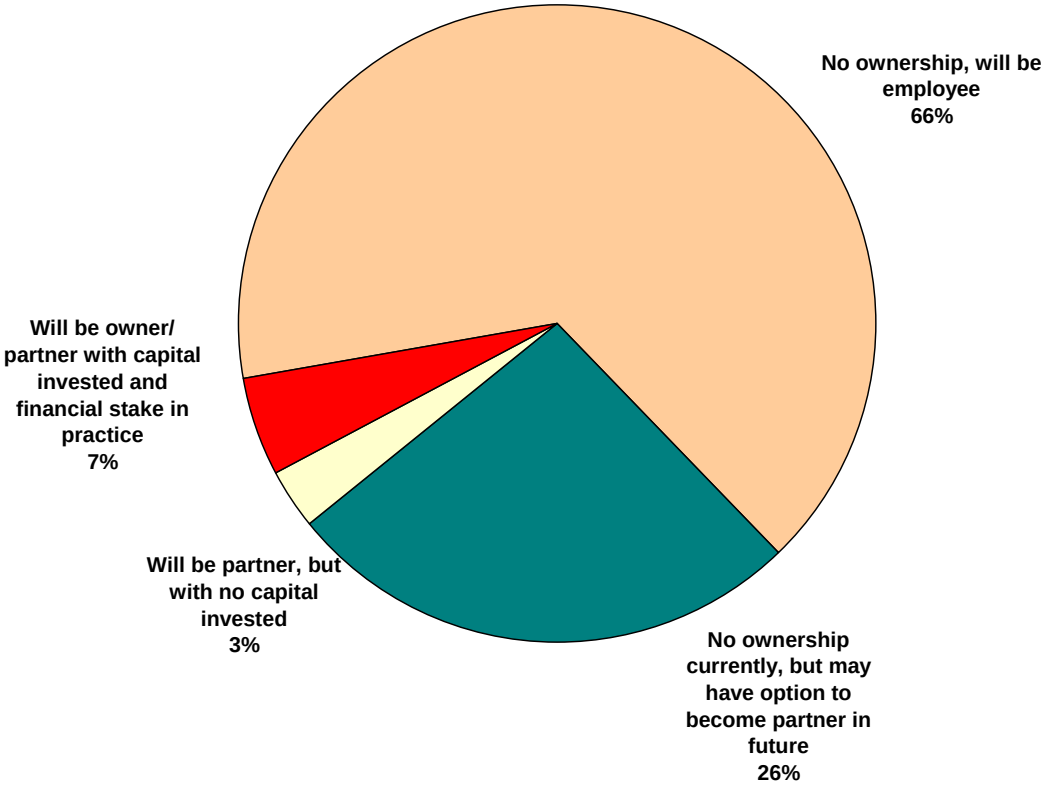


Table 3.3 Practice Setting of Respondents' Upcoming Principal Practice (for 2007 Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partner-ship (2 Person)	GROUP PRACTICE As Owner/ Partner	GROUP PRACTICE As Em-ployee	HOSPITAL In-patient	HOSPITAL Amb. Care	HOSPITAL Emer. Room	Other
Primary Care	**4%**	**4%**	**1%**	**32%**	**40%**	**10%**	**1%**	**8%**
Family Medicine	6%	7%	2%	46%	15%	9%	2%	13%
Internal Medicine-General	4%	2%	0%	23%	57%	9%	0%	4%
Pediatrics-General	2%	7%	2%	41%	16%	13%	4%	15%
IM & Peds (Combined)	0%	0%	0%	40%	60%	0%	0%	0%
Obstetrics/Gynecology	**4%**	**17%**	**4%**	**53%**	**9%**	**9%**	**0%**	**4%**
Medicine Subspecialties	**2%**	**7%**	**5%**	**45%**	**25%**	**10%**	**1%**	**5%**
Cardiology	3%	5%	8%	54%	24%	3%	0%	3%
Gastroenterology	0%	9%	0%	70%	17%	0%	4%	0%
Geriatrics	0%	0%	0%	25%	44%	19%	0%	13%
Hematology/Oncology	0%	12%	4%	35%	15%	27%	0%	8%
Pulmonary Disease	0%	6%	6%	65%	24%	0%	0%	0%
Surgery-General	**0%**	**25%**	**0%**	**50%**	**0%**	**0%**	**0%**	**25%**
Surgical Subspecialties	**5%**	**16%**	**7%**	**54%**	**9%**	**5%**	**0%**	**4%**
Ophthalmology	0%	60%	0%	20%	0%	20%	0%	0%
Orthopedics	6%	0%	11%	67%	11%	0%	0%	6%
Otolaryngology	0%	0%	0%	80%	20%	0%	0%	0%
Urology	0%	40%	0%	40%	0%	20%	0%	0%
Facility Based	**1%**	**7%**	**9%**	**40%**	**32%**	**7%**	**0%**	**4%**
Anesthesiology-General	0%	7%	11%	38%	36%	9%	0%	0%
Pathology	6%	0%	0%	44%	31%	0%	0%	19%
Radiology	0%	6%	3%	42%	33%	11%	0%	6%
Psychiatry	**5%**	**0%**	**0%**	**3%**	**49%**	**20%**	**4%**	**19%**
Adult Psychiatry	5%	0%	0%	5%	44%	21%	7%	19%
Child & Adolescent Psych	6%	0%	0%	0%	50%	17%	0%	28%
Other	**1%**	**6%**	**3%**	**28%**	**15%**	**4%**	**40%**	**2%**
Dermatology	0%	7%	0%	80%	0%	7%	0%	7%
Emergency Medicine	0%	0%	4%	10%	4%	0%	82%	1%
Neurology	0%	0%	0%	77%	15%	8%	0%	0%
Pediatric Subspecialties	0%	0%	0%	17%	38%	21%	24%	0%
Physical Medicine & Rehab	14%	14%	7%	36%	29%	0%	0%	0%
All Specialties, 2007	**3%**	**6%**	**4%**	**35%**	**29%**	**9%**	**8%**	**6%**
(All Specialties, 2005)	**(4%)**	**(8%)**	**(7%)**	**(40%)**	**(20%)**	**(10%)**	**(8%)**	**(4%)**

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 were orthopedics ($259,700), radiology ($257,000), anesthesiology-general ($242,050), and cardiology ($241,900).
- Pediatrics-general had by far the lowest median starting income of all specialties ($110,650). Other specialties with low starting incomes included ophthalmology ($132,600), geriatrics ($143,400), and adult psychiatry ($143,550).
- Among the specialty groups, primary care had the lowest starting median income ($142,100). Conversely, facility based ($247,000) and surgical subspecialties ($238,000) were highest.

Figure 3.9 Descriptive Statistics for Starting Income (in $1,000s) by Specialty Group (for 2007 Respondents with Confirmed Practice Plans)

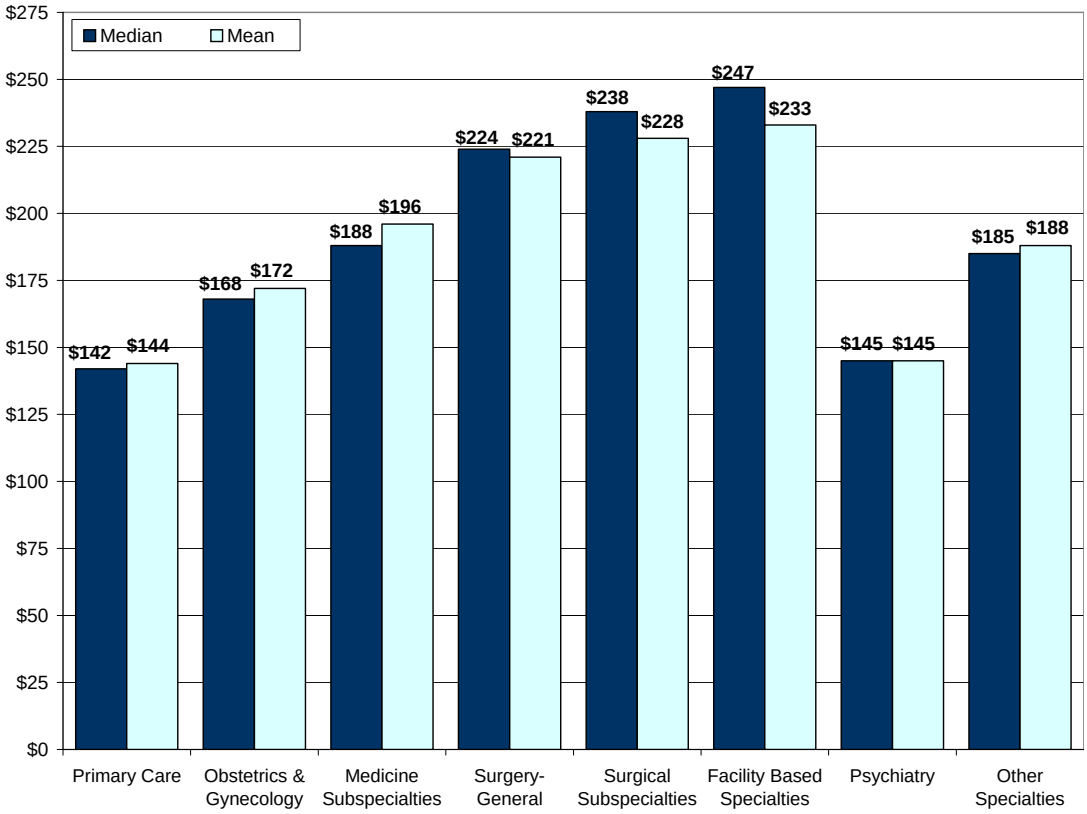


Figure 3.10 Distribution of Starting Income by Primary Care vs. Non-Primary Care (for 2007 Respondents with Confirmed Practice Plans)

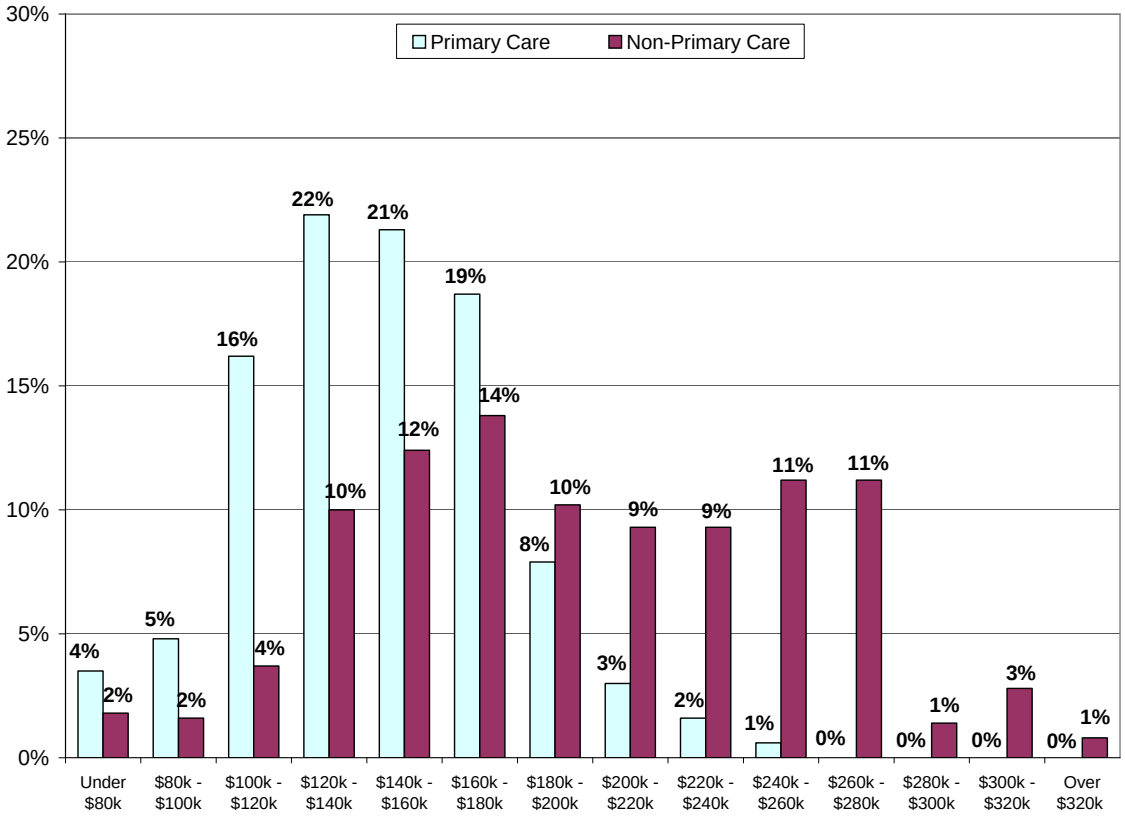


Figure 3.11 Rank of Median Starting Income (in $1,000s) by Specialty (for 2007 Respondents with Confirmed Practice Plans)

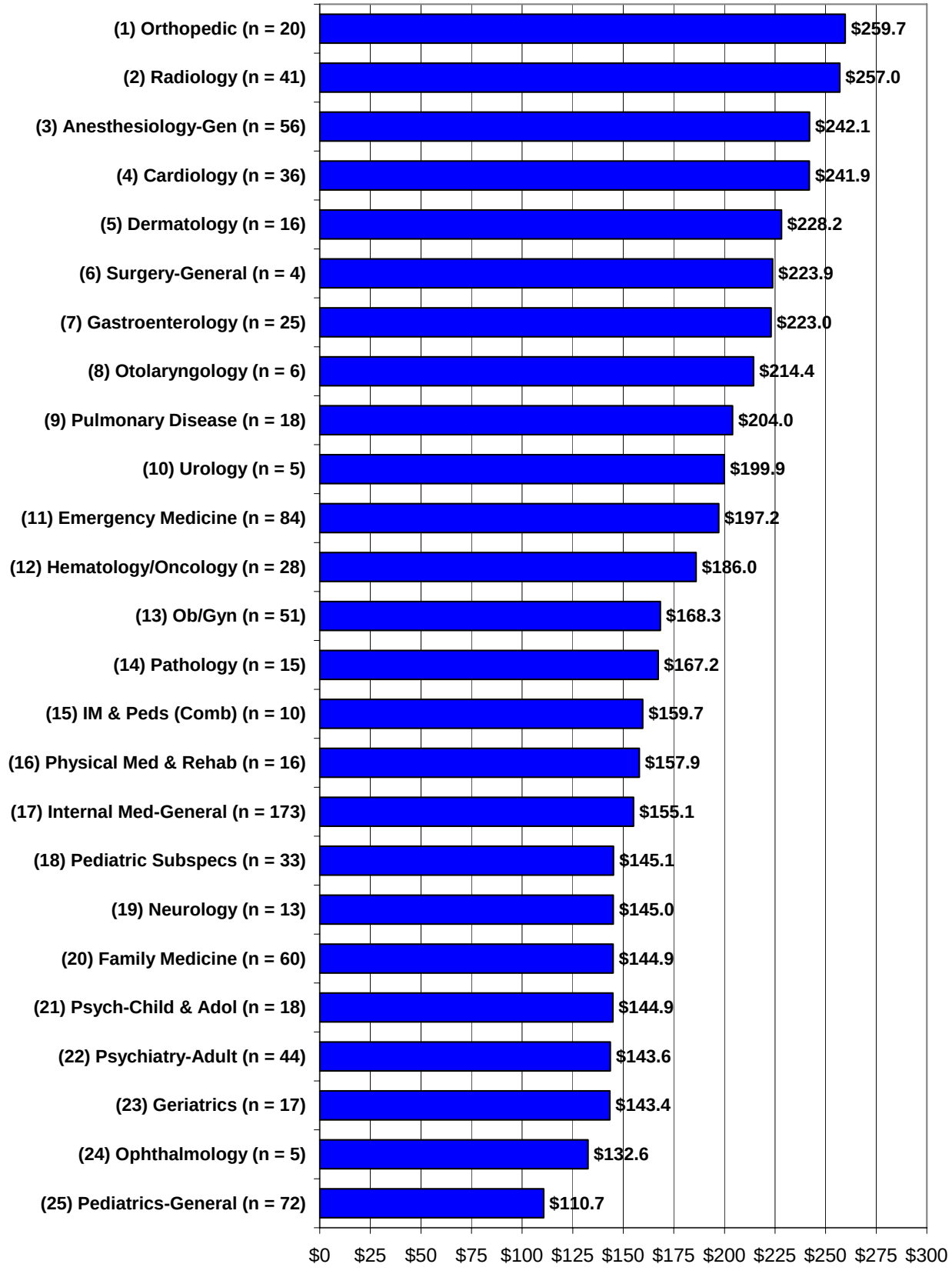


Table 3.4 Descriptive Statistics for Respondents' Expected Starting Income (for 2007 Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
Primary Care	**315**	**$144,393**	N/A	**$142,100**	N/A
Family Medicine	60	$148,210	20	$144,900	20
Internal Medicine-General	173	$154,591	17	$155,100	17
Pediatrics-General	72	$114,458	25	$110,650	25
IM & Peds (Combined)	10	$160,580	15	$159,650	15
Obstetrics/Gynecology	**51**	**$172,494**	13	**$168,300**	13
Medicine Subspecialties	**192**	**$195,769**	N/A	**$187,600**	N/A
Cardiology	36	$237,339	4	$241,900	4
Gastroenterology	25	$219,592	6	$223,000	7
Geriatrics	17	$144,141	22	$143,400	23
Hematology/Oncology	28	$197,432	11	$185,950	12
Pulmonary Disease	18	$211,844	8	$203,950	9
Surgery-General	**4**	**$220,500**	5	**$223,850**	6
Surgical Subspecialties	**62**	**$227,658**	N/A	**$238,000**	N/A
Ophthalmology	5	$129,960	24	$132,600	24
Orthopedics	20	$252,495	1	$259,700	1
Otolaryngology	6	$218,583	7	$214,350	8
Urology	5	$169,760	14	$199,900	10
Facility Based	**131**	**$232,851**	N/A	**$247,000**	N/A
Anesthesiology-General	56	$238,718	3	$242,050	3
Pathology	15	$175,647	12	$167,200	14
Radiology	41	$245,820	2	$257,000	2
Psychiatry	**76**	**$144,975**	N/A	**$145,750**	N/A
Adult Psychiatry	44	$139,691	23	$143,550	22
Child & Adolescent Psych	18	$145,533	21	$144,850	21
Other	**192**	**$187,788**	N/A	**$184,900**	N/A
Dermatology	16	$211,025	9	$228,150	5
Emergency Medicine	84	$200,794	10	$197,200	11
Neurology	13	$151,076	19	$145,000	19
Pediatric Subspecialties	33	$158,827	16	$145,100	18
Physical Medicine & Rehab	16	$154,487	18	$157,900	16
Total (All Specialties)	**1023**	**$180,295**	N/A	**$170,400**	N/A

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 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 2005 and 2007 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 42.7 hours per week in patient care/clinical practice activities.
- As noted above, females expected to work about 3% fewer patient care hours than males (41.8 versus 43.2). This gender difference was greatest in surgery-general (18%), otolaryngology (14%) neurology (9%), and internal medicine and pediatrics (combined) (9%).
- Graduates of the following individual specialties expected to be working the highest number of hours: orthopedics (54.5), surgery–general (53.8), and anesthesiology-general (52.9).
- Graduates expected to be working the fewest patient care/clinical practice hours per week in dermatology (31.5), child and adolescent psychiatry (33.1), and emergency medicine (35.2).

Figure 3.12 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours, Ranked by Specialty (2005 and 2007 Respondents with Confirmed Practice Plans)

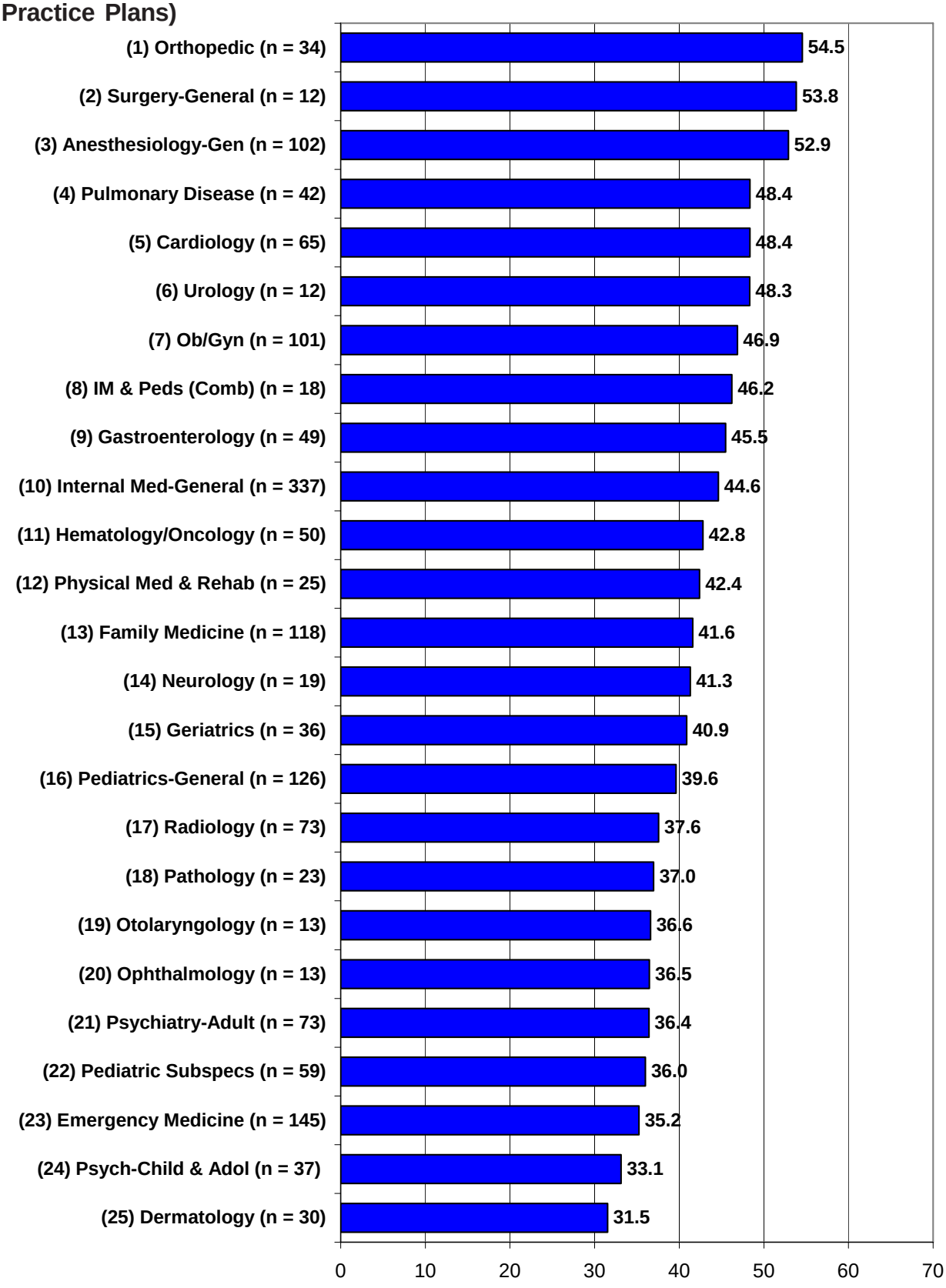


Table 3.5 Respondents' Expected Weekly Number of Patient Care/Clinical Practice Hours, by Gender (for 2007 Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**43.7**	**41.9**	**43.0**
Family Medicine	42.3	41.4	41.6
Internal Medicine-General	44.9	43.5	44.6
Pediatrics-General	40.4	39.1	39.6
IM & Peds (Combined)	48.9	44.9	46.2
Obstetrics/Gynecology	**45.5**	**48.0**	**46.9**
Medicine Subspecialties	**45.5**	**44.0**	**44.8**
Cardiology	48.4	48.7	48.4
Gastroenterology	45.6	45.2	45.5
Geriatrics	43.0	40.7	40.9
Hematology/Oncology	41.9	42.5	42.8
Pulmonary Disease	48.4	44.9	48.4
Surgery-General	**56.2** (n = 9)	**47.6** (n = 7)	**53.8**
Surgical Subspecialties	**49.9**	**47.2**	**48.9**
Ophthalmology	38.9 (n = 7)	36.5	36.5
Orthopedics	54.5	51.4	54.5
Otolaryngology	37.3	32.7 (n = 7)	36.6
Urology	47.6	46.2 (n = 6)	48.3
Facility Based	**46.3**	**44.4**	**45.9**
Anesthesiology-General	53.5	50.6	52.9
Pathology	36.8 (n = 9)	35.0	37.0
Radiology	37.3	37.0	37.6
Psychiatry	**34.8**	**35.2**	**35.2**
Adult Psychiatry	35.9	35.5	36.4
Child & Adolescent Psych	32.1	33.8	33.1
Other	**37.4**	**36.2**	**36.7**
Dermatology	31.1	31.4	31.5
Emergency Medicine	35.7	35.1	35.2
Neurology	42.8	39.2	41.3
Pediatric Subspecialties	36.9	34.7	36.0
Physical Medicine & Rehab	41.2	42.6	42.4
Total (All Specialties)	**43.2**	**41.8**	**42.7**

[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 2005 and 2007 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 (except for Table 4.1 and Figure 4.1) because they had significantly more difficulty due to their visa status. Figure 4.2 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 2007 survey, 2) the aggregated total of all respondents for the 2005 and 2007 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.

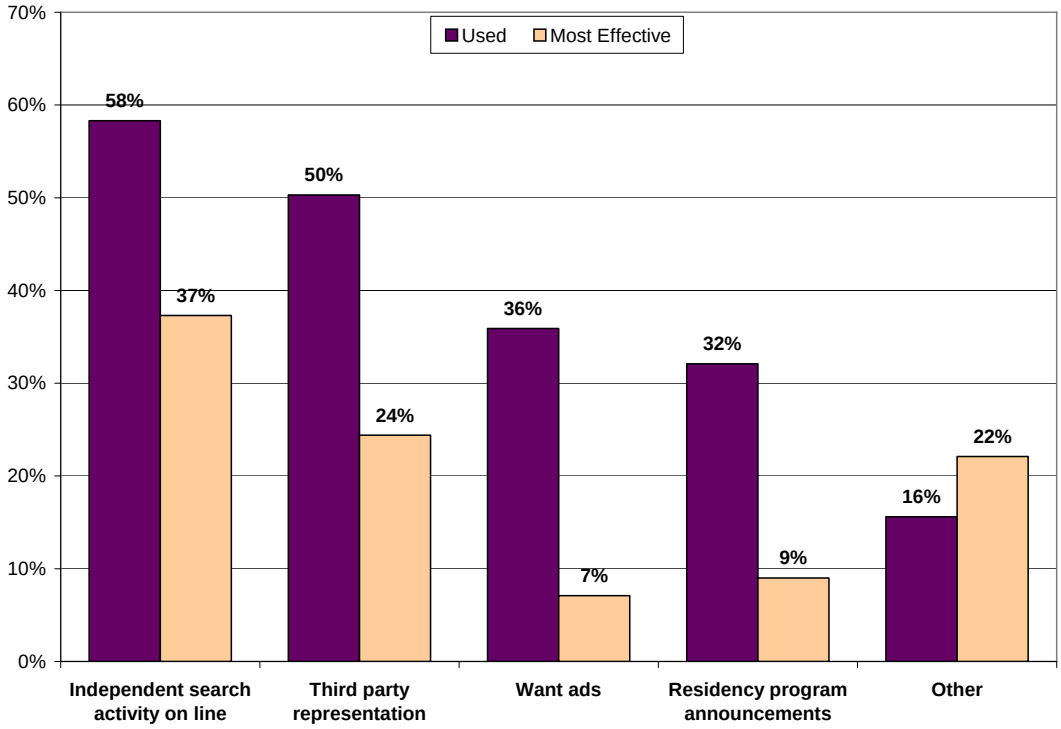
4.1 Approaches Used in Job Search

Table 4.1 displays all the approaches used by graduates in their job search and the approach they indicated was most effective.

Highlights

- The majority of graduates used independent search activity online (58%) and third party representation (50%) to search for a practice position. Independent search activity online (37%) and third party representation (24%) were also considered the most effective approaches to finding a job.

Figure 4.1 Approaches Used in Job Search (of 2007 Respondents who have Searched for a Job)



4.2 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

Table 4.2 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 2007 survey, the aggregated total of responses for 2005 and 2007, and the aggregated responses for the last four years of the survey.

Highlights

- Slightly more than one-fourth (27%) of respondents reported difficulty finding a satisfactory position. This percentage was approximately the same last year (26%). For the specialty groupings, medicine subspecialties (34%) had the highest percentage of respondents reporting difficulty in 2007.

- 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%).

- The highest percentages of graduates having difficulty finding a satisfactory practice position were in physical medicine and rehabilitation (59%), geriatrics (56%), hematology/oncology (42%), and pediatric subspecialties (38%). Conversely, otolaryngology (0%), pulmonary disease (0%), gastroenterology (4%), and ophthalmology (11%) had the fewest respondents reporting difficulty.

Figure 4.2 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position and Having to Change Plans Due to Limited Practice Opportunities by Location of Medical School and Citizenship Status (of 2007 Respondents who have Searched for a Job)

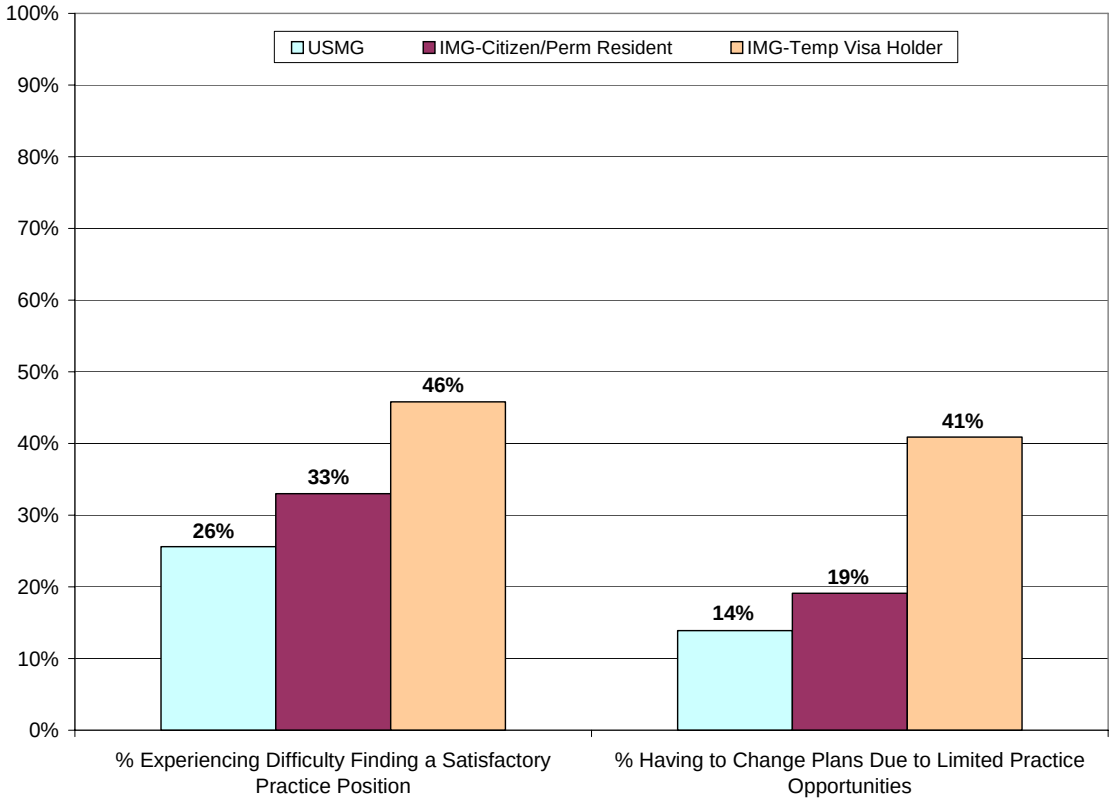


Figure 4.3 Main Reason for Difficulty Finding a Satisfactory Practice Position (of 2007 Respondents who Reported Having Difficulty, IMGs on Temporary Visas Excluded)

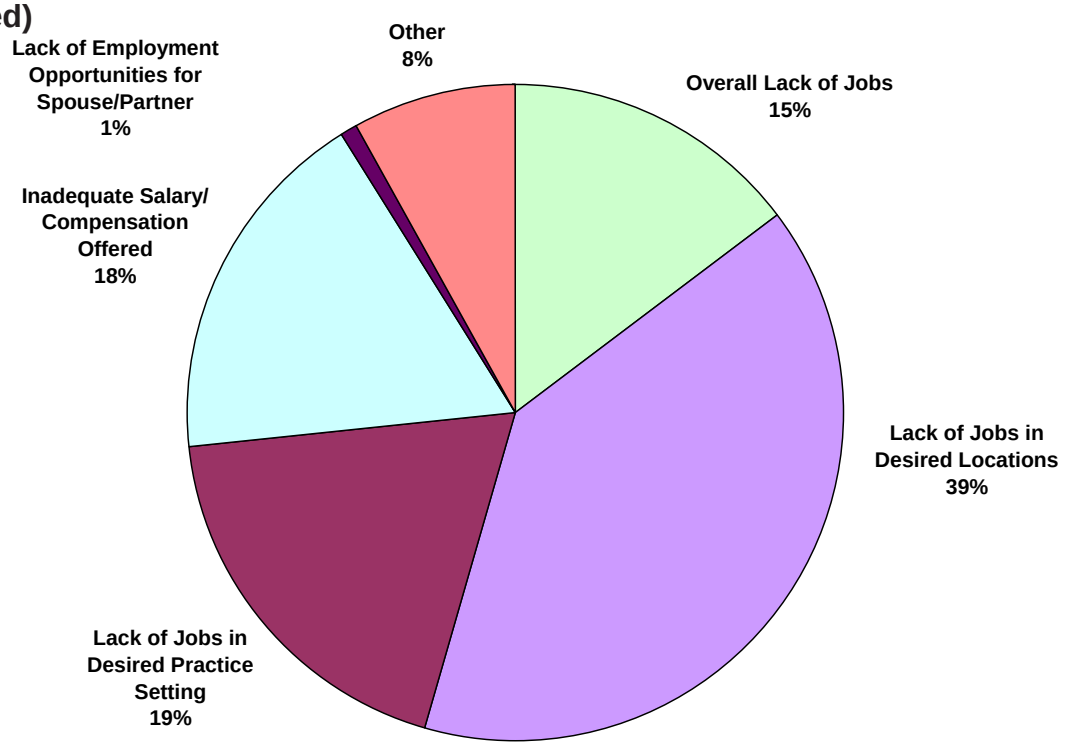
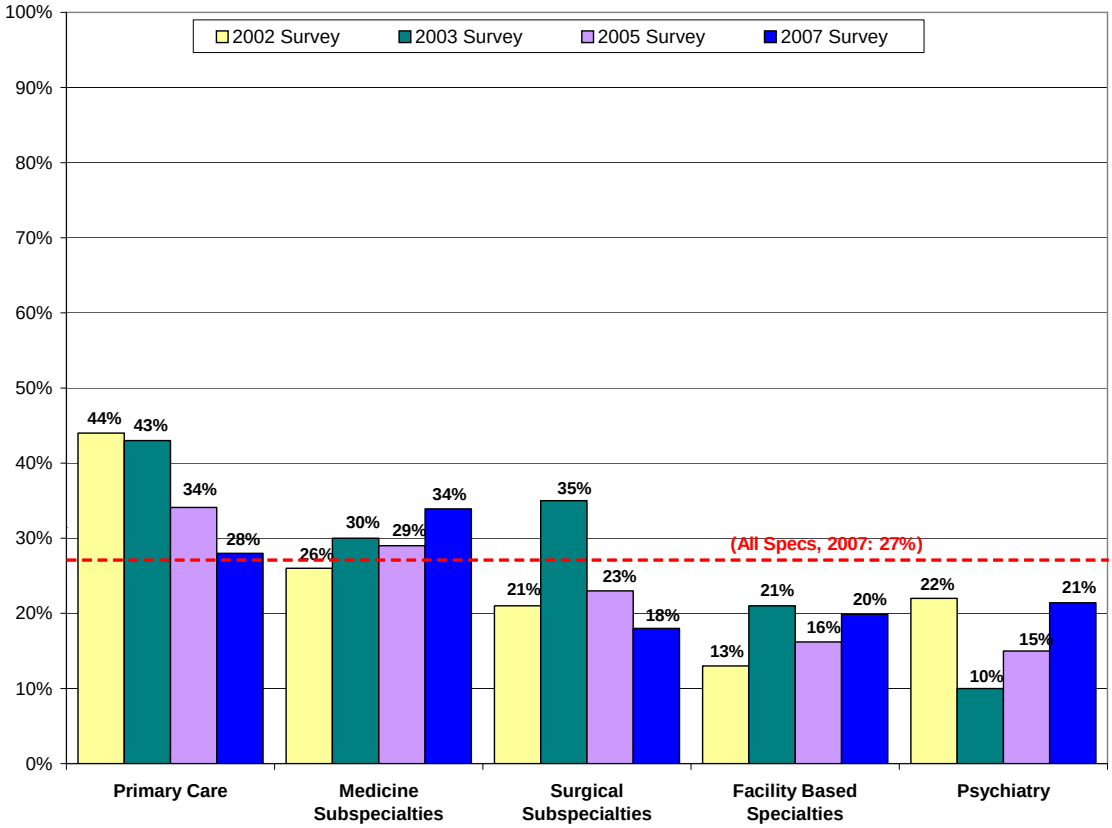


Figure 4.4 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)



- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last two years of the survey (2005 and 2007 aggregated) were physical medicine and rehabilitation (54%), geriatrics (51%), family medicine (37%), and hematology/oncology (33%).

- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last four years of the survey were geriatrics (46%), physical medicine and rehabilitation (46%), internal medicine–general (41%), ophthalmology (38%), and pediatrics-general (38%).

- Figure 4.2 illustrates the differences in job market experiences of respondents based on their citizenship status and location of medical school. In particular, IMGs on temporary visas experienced 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 the rest of this section.

Figure 4.5 Rank of Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position, by Specialty (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

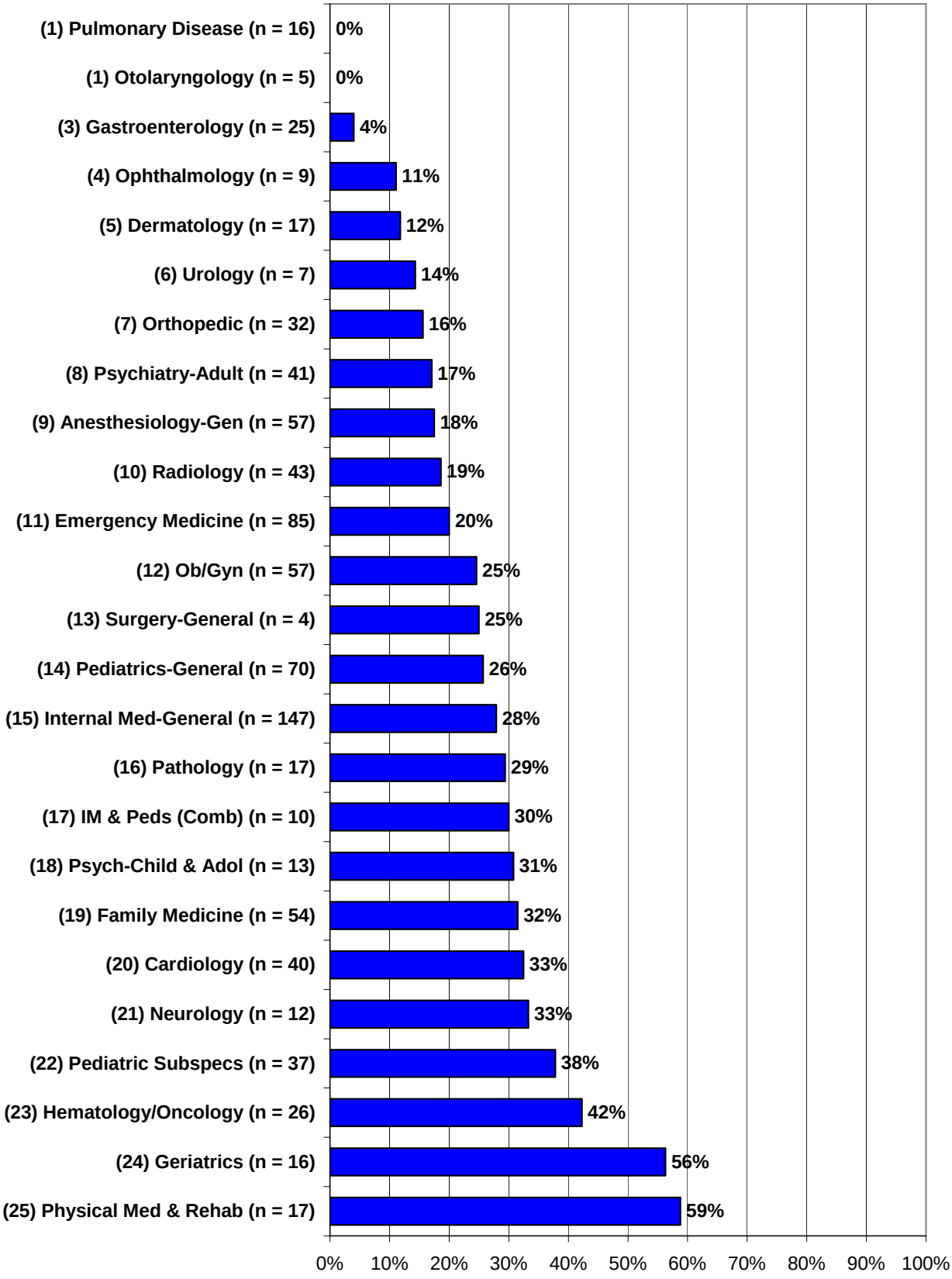


Table 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2007 Respondents	RANK (of 25)	Aggregated Respondents: 2005 and 2007	RANK (of 25)	All Respondents (Aggregated: 2002 thru 2007)	RANK (of 25)
Primary Care	**28%**	N/A	**31%**	N/A	**39%**	N/A
Family Medicine	31%	19	37%	23	36%	19
Internal Medicine-General	28%	15	30%	20	41%	23
Pediatrics-General	26%	14	29%	18	38%	21
IM & Peds (Combined)	30%	17	30%	21	26%	16
Obstetrics/Gynecology	**25%**	12	**27%**	17	**25%**	15
Medicine Subspecialties	**34%**	N/A	**31%**	N/A	**30%**	N/A
Cardiology	33%	20	22%	12	21%	11
Gastroenterology	4%	3	13%	3	16%	4
Geriatrics	56%	24	51%	24	46%	25
Hematology/Oncology	42%	23	33%	22	28%	17
Pulmonary Disease	0%	1	11%	2	20%	10
Surgery-General	**25%**	13	**23%**	13	**38%**	20
Surgical Subspecialties	**18%**	N/A	**21%**	N/A	**25%**	N/A
Ophthalmology	11%	4	20%	10	38%	22
Orthopedics	16%	7	17%	7	20%	9
Otolaryngology	0%	1	19%	9	23%	13
Urology	14%	6	17%	6	12%	2
Facility Based	**20%**	N/A	**18%**	N/A	**18%**	N/A
Anesthesiology-General	18%	9	13%	4	12%	1
Pathology	29%	16	27%	16	35%	18
Radiology	19%	10	20%	11	19%	7
Psychiatry	**21%**	N/A	**18%**	N/A	**17%**	N/A
Adult Psychiatry	17%	8	17%	8	18%	5
Child & Adolescent Psych	31%	18	23%	14	18%	6
Other	**28%**	N/A	**23%**	N/A	**22%**	N/A
Dermatology	12%	5	9%	1	19%	8
Emergency Medicine	20%	11	15%	5	14%	3
Neurology	33%	21	25%	15	24%	14
Pediatric Subspecialties	38%	22	29%	19	23%	12
Physical Medicine & Rehab	59%	25	54%	25	46%	24
Total (All Specialties)	**27%**	N/A	**26%**	N/A	**28%**	N/A

4.3 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

- Sixteen percent (16%) of respondents reported having to change their plans due to limited job opportunities, approximately the same as in 2005 (14%).
- Urology (0%), otolaryngology (0%), pulmonary disease (0%), orthopedics (4%), and dermatology (6%) had the fewest graduates having to change plans in 2007. Graduates of physical medicine and rehabilitation (35%), geriatrics (31%), pediatric subspecialties (31%), child and adolescent psychiatry (29%), and pathology (28%) were the most likely to have to change plans.

Figure 4.6 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

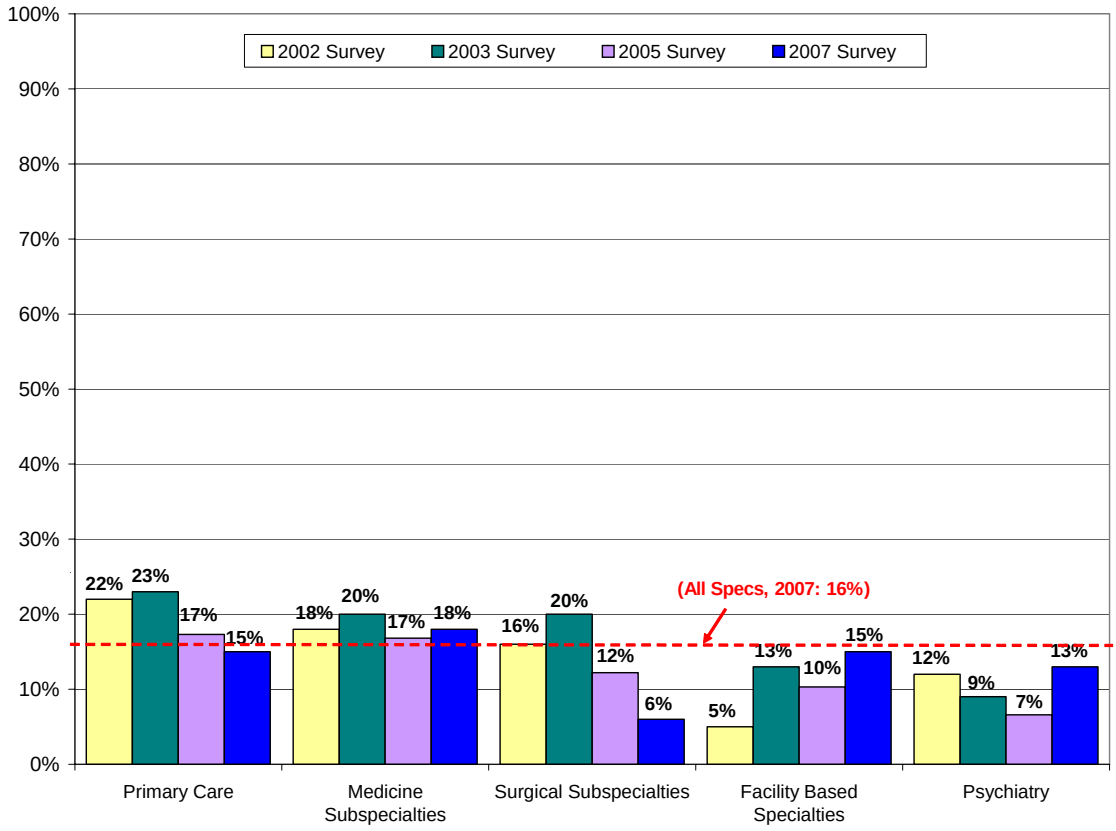


Figure 4.7 Rank of Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities, by Specialty (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

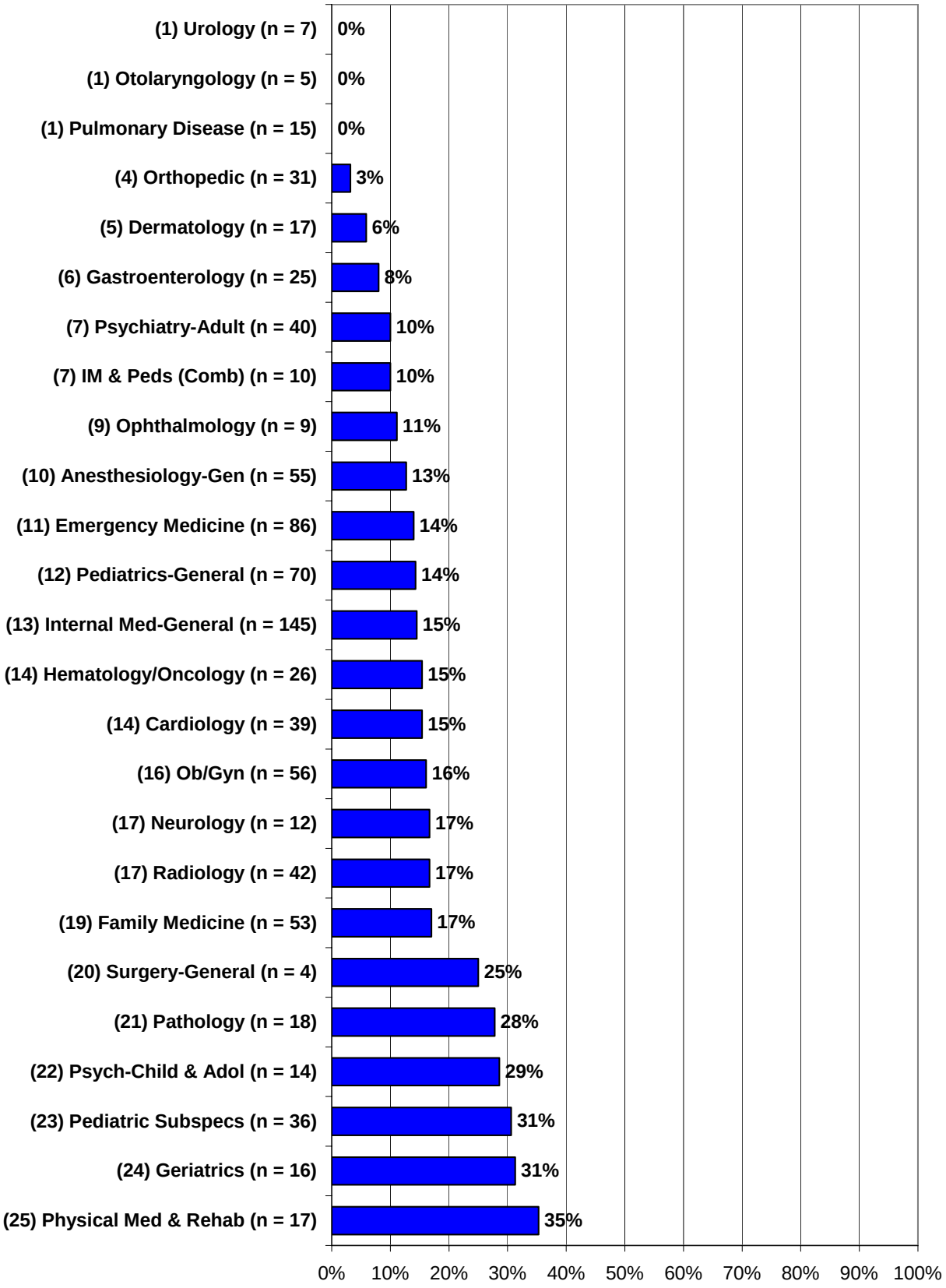


Table 4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2007 Respondents	RANK (of 25)	Aggregated Respondents: 2005 and 2007	RANK (of 25)	All Respondents (Aggregated: 2002 thru 2007)	RANK (of 25)
Primary Care	**15%**	N/A	**16%**	N/A	**20%**	N/A
Family Medicine	17%	19	20%	21	19%	17
Internal Medicine-General	14%	13	14%	18	21%	22
Pediatrics-General	14%	12	17%	21	21%	19
IM & Peds (Combined)	10%	7	9%	6	5%	1
Obstetrics/Gynecology	**16%**	16	**14%**	16	**11%**	10
Medicine Subspecialties	**18%**	N/A	**18%**	N/A	**18%**	N/A
Cardiology	15%	14	10%	10	12%	11
Gastroenterology	8%	6	6%	4	10%	5
Geriatrics	31%	24	31%	25	26%	24
Hematology/Oncology	15%	14	13%	15	16%	16
Pulmonary Disease	0%	1	11%	11	13%	12
Surgery-General	**25%**	20	**8%**	5	**21%**	21
Surgical Subspecialties	**6%**	N/A	**9%**	N/A	**15%**	N/A
Ophthalmology	11%	9	5%	2	20%	18
Orthopedics	3%	4	6%	3	10%	7
Otolaryngology	0%	1	13%	13	15%	14
Urology	0%	1	11%	12	5%	2
Facility Based	**15%**	N/A	**13%**	N/A	**11%**	N/A
Anesthesiology-General	13%	10	9%	7	6%	3
Pathology	28%	21	30%	24	22%	23
Radiology	17%	17	14%	17	13%	13
Psychiatry	**13%**	N/A	**10%**	N/A	**10%**	N/A
Adult Psychiatry	10%	7	9%	8	10%	6
Child & Adolescent Psych	29%	22	17%	19	11%	9
Other	**19%**	N/A	**15%**	N/A	**15%**	N/A
Dermatology	6%	5	3%	1	7%	4
Emergency Medicine	14%	11	10%	9	10%	8
Neurology	17%	17	13%	13	15%	15
Pediatric Subspecialties	31%	23	25%	22	21%	20
Physical Medicine & Rehab	35%	25	28%	23	29%	25
Total (All Specialties)	**16%**	N/A	**15%**	N/A	**16%**	N/A

- The specialties that had the lowest percentage of respondents change their plans over the last two years (aggregated results from the 2005 and 2007 surveys) were dermatology (3%), ophthalmology (5%), orthopedics (6%), and gastroenterology (6%). For the last two years, the specialties with the highest percentage of graduates changing plans were geriatrics (31%), pathology (30%), physical medicine and rehabilitation (28%), and pediatrics subspecialties (25%).

- The specialties with the lowest percentages of respondents reporting they had to change plans over the last four years of the survey were internal medicine and pediatrics (combined) (5%), urology (5%), anesthesiology–general (6%), and dermatology (7%). 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 (29%), geriatrics (26%), pathology (22%), and internal medicine–general and pediatrics – general (both 21%).

4.4 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 4.8 Mean Number of Job Offers Received by Respondents by Specialty Group (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

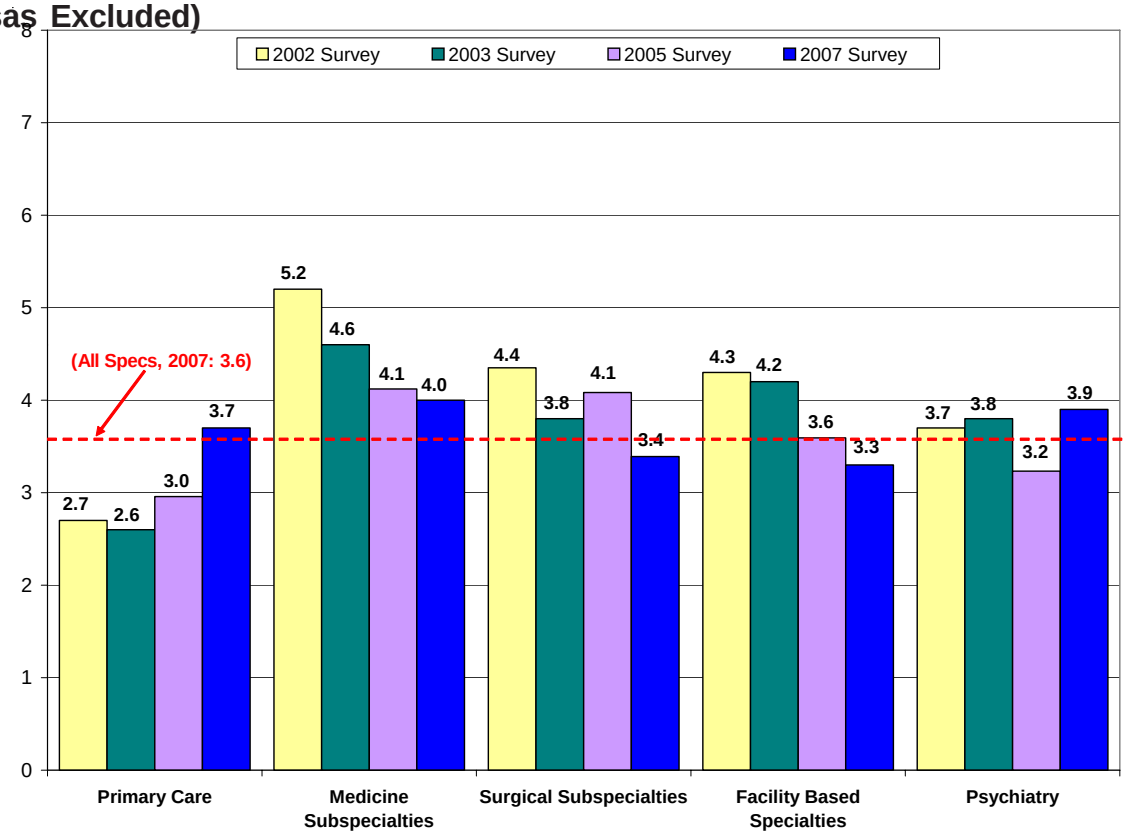


Figure 4.9 Rank of Mean Number of Job Offers, by Specialty (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

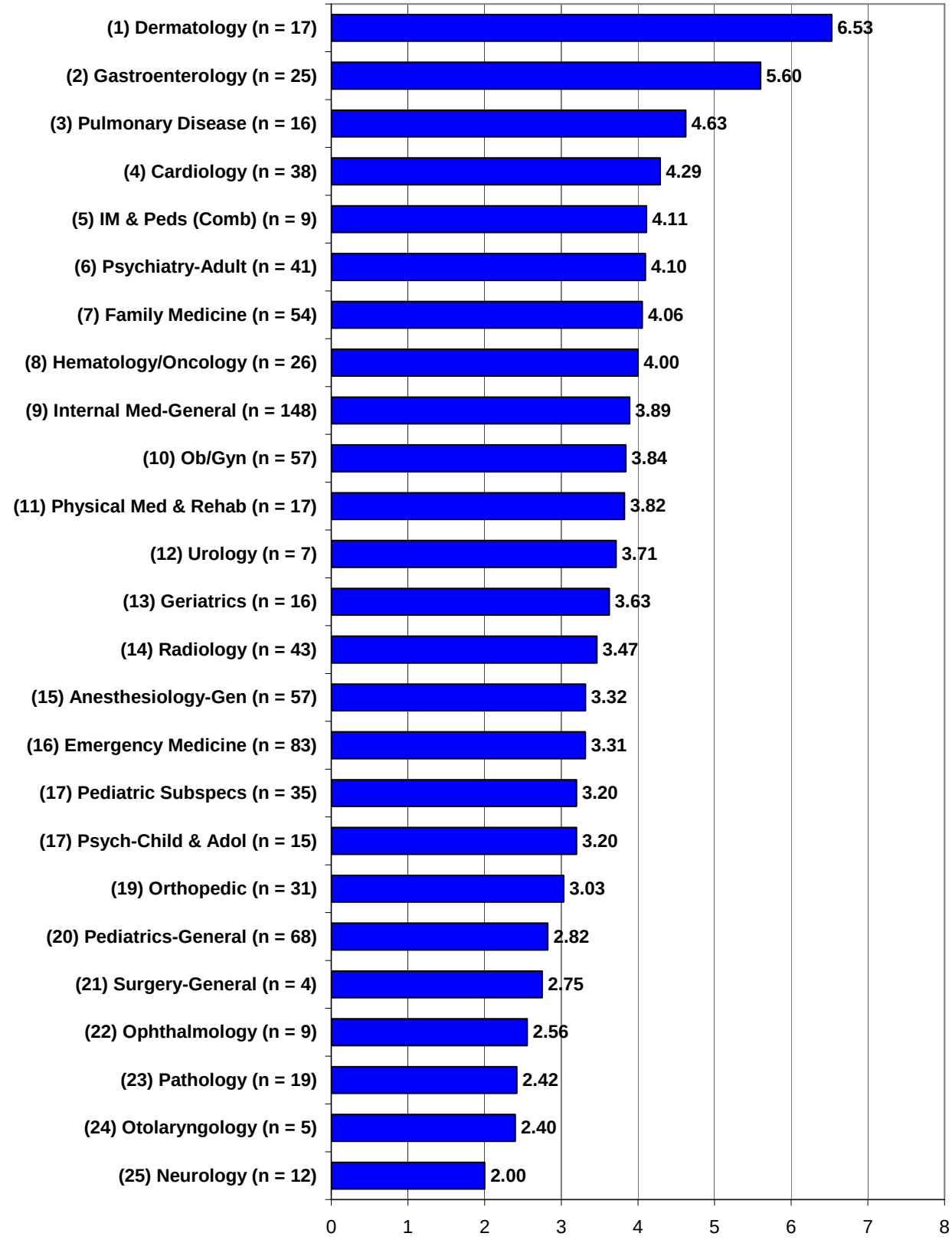


Table 4.3 Offers of Employment/Practice Opportunities (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2007 Respondents	RANK (of 25)	Aggregated Respondents: 2005 and 2007	RANK (of 25)	Trend (Average Annual Change: 2002 to 2007)	RANK (of 25)
Primary Care	**3.67**	N/A	**3.31**	N/A	**7%**	N/A
Family Medicine	4.06	7	3.34	14	6%	5
Internal Medicine-General	3.89	9	3.71	10	10%	2
Pediatrics-General	2.82	20	2.41	25	3%	9
IM & Peds (Combined)	4.11	5	3.32	15	7%	4
Obstetrics/Gynecology	**3.84**	10	**3.68**	11	**-1%**	12
Medicine Subspecialties	**3.95**	N/A	**4.04**	N/A	**-5%**	N/A
Cardiology	4.29	4	5.07	3	-5%	17
Gastroenterology	5.60	2	5.66	1	-4%	14
Geriatrics	3.63	13	3.15	17	1%	11
Hematology/Oncology	4.00	8	3.93	7	-4%	15
Pulmonary Disease	4.63	3	4.33	4	-5%	16
Surgery-General	**2.75**	21	**3.93**	8	**1%**	10
Surgical Subspecialties	**3.40**	N/A	**3.72**	N/A	**-5%**	N/A
Ophthalmology	2.56	22	3.05	20	-5%	18
Orthopedics	3.03	19	4.18	6	-6%	21
Otolaryngology	2.40	24	2.87	23	-13%	24
Urology	3.71	12	4.28	5	-8%	23
Facility Based	**3.30**	N/A	**3.42**	N/A	**-5%**	N/A
Anesthesiology-General	3.32	15	3.51	13	-6%	22
Pathology	2.42	23	2.43	24	12%	1
Radiology	3.47	14	3.54	12	-5%	19
Psychiatry	**3.89**	N/A	**3.59**	N/A	**2%**	N/A
Adult Psychiatry	4.10	6	3.81	9	4%	7
Child & Adolescent Psych	3.20	17	3.12	18	-6%	20
Other	**3.52**	N/A	**3.33**	N/A	**-2%**	N/A
Dermatology	6.53	1	5.24	2	5%	6
Emergency Medicine	3.31	16	3.11	19	-3%	13
Neurology	2.00	25	2.91	22	-15%	25
Pediatric Subspecialties	3.20	17	3.27	16	4%	8
Physical Medicine & Rehab	3.82	11	3.03	21	7%	3
Total (All Specialties)	**3.64**	N/A	**3.54**	N/A	**0%**	N/A

Highlights

- The average number of job offers received by graduates in 2007 was 3.64, slightly up from the number received by graduates in 2005 (3.43). Graduates of dermatology (6.53), gastroenterology (5.60), pulmonary disease (4.63), and cardiology (4.29) received the most job offers in 2007, while neurology (2.00) received the fewest.

- Pathology (+12%), internal medicine-general (+10%), physical medicine and rehabilitation (+7%), and internal medicine and pediatrics (combined) (+7%) were the specialties showing the greatest average annual increases in job offers. Conversely, neurology (-15%), otolaryngology (-13%), urology (-8%), and anesthesiology-general (-6%) saw the largest decreases in job offers.

4.5 Perceptions of the Regional Job Market

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

Highlights

- Overall, respondents viewed the regional job market positively. The average Likert Score in 2007 (0.91) was similar to the score in 2005 (0.99).
- Looking at specialty groups, respondents in psychiatry (1.57) had the most positive view of the regional job market. Conversely, respondents in primary care (0.81) had the least positive view in 2007.
- Respondents in adult psychiatry (1.69), child and adolescent psychiatry (1.67), dermatology (1.53), and otolaryngology (1.40) 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 respondents that had the least positive views of the regional job market were those in pathology (0.26), pediatric subspecialties (0.37), physical medicine and rehabilitation (0.44), and ophthalmology (0.67).
- The respondents that had the most positive views of the regional job market for both 2005 and 2007 were those in dermatology (1.73), child and adolescent psychiatry (1.63), and adult psychiatry (1.60).
- The respondents that had the least positive views of the regional job market over the last two years were those in pathology (0.25), physical medicine and rehabilitation (0.37), and pediatrics subspecialties (0.39).
- Dermatology (1.58), child and adolescent psychiatry (1.55), and adult psychiatry (1.55) were the three specialties that respondents had the most positive views of in the regional job market over the course of the last four years of the survey. Over the same period, respondents had the least positive views in the regional job market of pathology (0.24), pediatrics-general (0.38), and physical medicine and rehabilitation (0.43).

Figure 4.10 Respondents' Assessment of the Regional Job Market (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

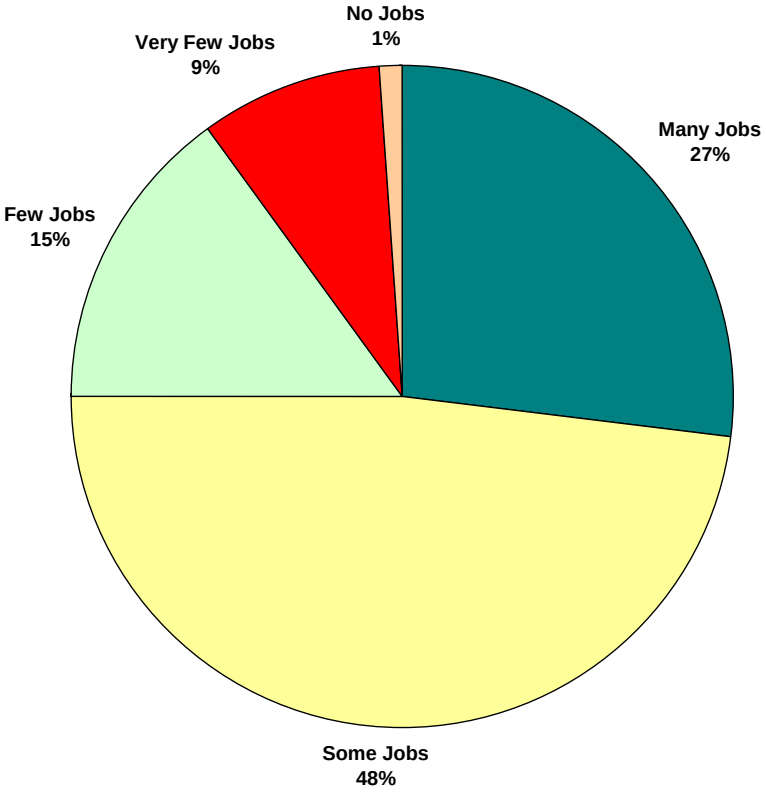


Figure 4.11 Mean Likert Score for Respondents' Views of the Regional Job Market by Specialty Group (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

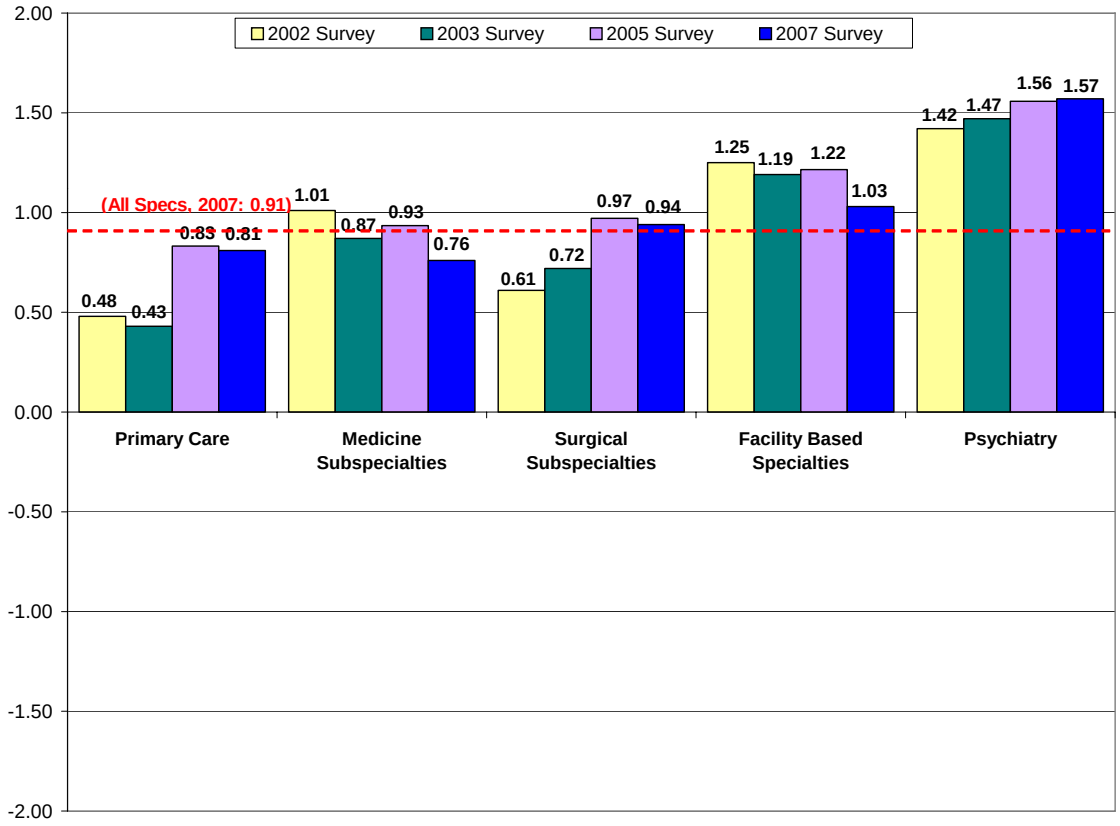


Figure 4.12 Rank of Likert Scores for Respondents' Views of the Regional Job Market, by Specialty (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

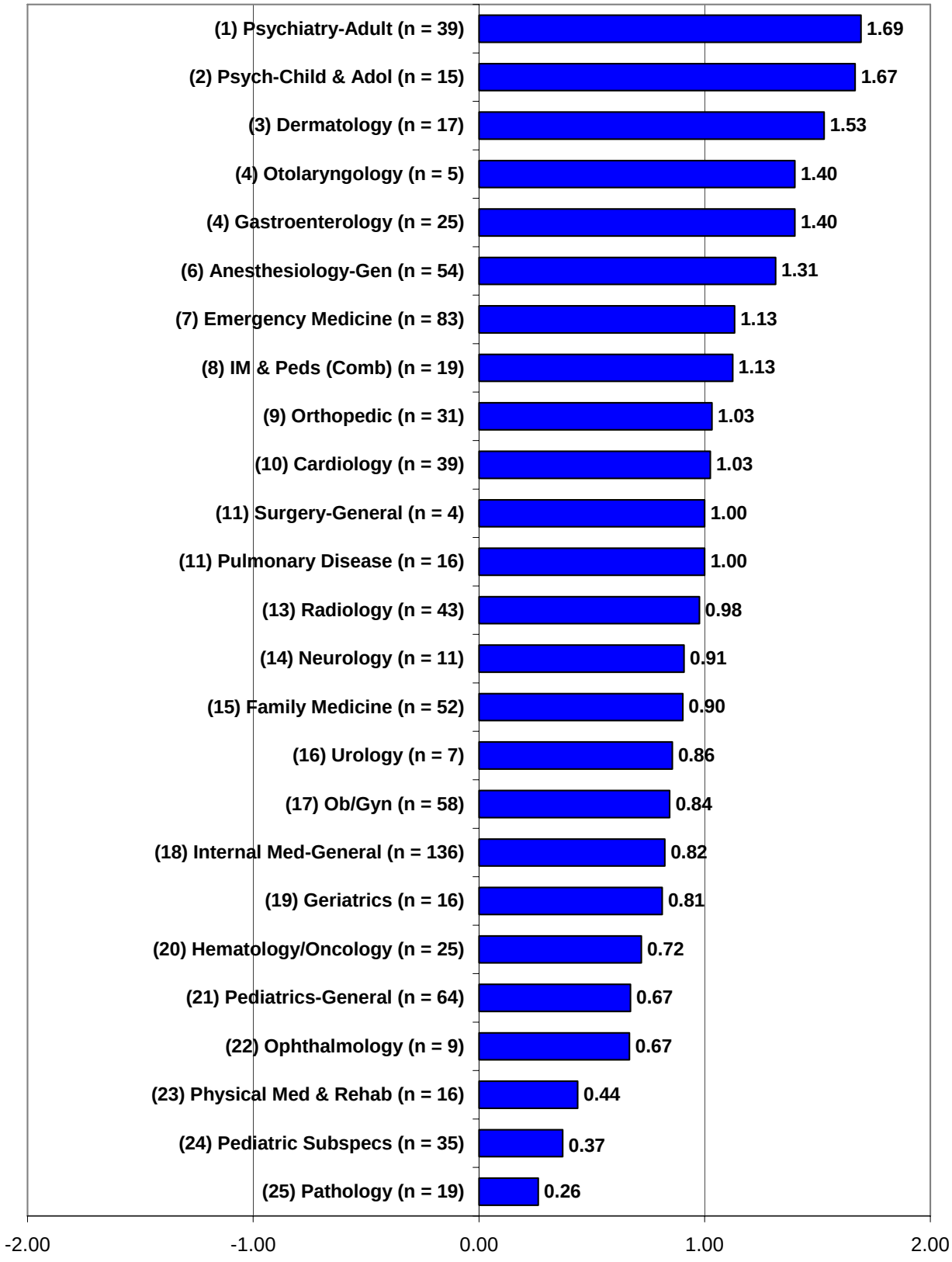


Table 4.4 Likert Scores for Respondents' Perceptions of the Regional Job Market[13] (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2007 Respondents	RANK (of 25)	Aggregated Respondents: 2005 and 2007	RANK (of 25)	All Respondents (Aggregated: 2002 thru 2007)	RANK (of 25)
Primary Care	**0.81**	N/A	**0.82**	N/A	**0.59**	N/A
Family Medicine	0.90	15	0.84	18	0.70	17
Internal Medicine-General	0.82	18	0.91	14	0.64	19
Pediatrics-General	0.67	21	0.60	22	0.38	24
IM & Peds (Combined)	1.12	8	0.85	16	0.82	16
Obstetrics/Gynecology	**0.84**	17	**0.86**	15	**0.84**	15
Medicine Subspecialties	**0.76**	N/A	**0.85**	N/A	**0.89**	N/A
Cardiology	1.03	10	1.28	7	1.34	5
Gastroenterology	1.40	4	1.38	6	1.32	6
Geriatrics	0.81	19	0.63	21	0.63	20
Hematology/Oncology	0.72	20	0.82	19	0.88	14
Pulmonary Disease	1.00	11	1.00	13	1.03	11
Surgery-General	**1.00**	11	**1.09**	10	**0.66**	18
Surgical Subspecialties	**0.94**	N/A	**0.95**	N/A	**0.78**	N/A
Ophthalmology	0.67	22	0.84	17	0.52	21
Orthopedics	1.03	9	1.08	11	0.98	13
Otolaryngology	1.40	4	1.50	4	1.19	9
Urology	0.86	16	1.06	12	1.32	7
Facility Based	**1.03**	N/A	**1.10**	N/A	**1.17**	N/A
Anesthesiology-General	1.31	6	1.39	5	1.45	4
Pathology	0.26	25	0.25	25	0.24	25
Radiology	0.98	13	1.12	9	1.15	10
Psychiatry	**1.57**	N/A	**1.56**	N/A	**1.49**	N/A
Adult Psychiatry	1.69	1	1.60	3	1.55	3
Child & Adolescent Psych	1.67	2	1.63	2	1.55	2
Other	**0.88**	N/A	**0.94**	N/A	**0.97**	N/A
Dermatology	1.53	3	1.73	1	1.58	1
Emergency Medicine	1.13	7	1.21	8	1.21	8
Neurology	0.91	14	0.82	20	1.01	12
Pediatric Subspecialties	0.37	24	0.39	23	0.46	22
Physical Medicine & Rehab	0.44	23	0.37	24	0.43	23
Total (All Specialties)	**0.91**	N/A	**0.95**	N/A	**0.87**	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 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 4.5 (referring to the regional job market). As one might expect, there was a high degree of correlation between a respondent's view of the regional and the 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. Seventy-one percent (71%) 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 = 1.64) than for the regional job market (0.91). Respondents' views of the national job market in 2007 were similar to respondents' views of the national job market in 2005 (1.62).
- For the specialty groups, surgery-general (2.00), psychiatry (1.79), and medicine subspecialties (1.71) had the highest composite scores while facility based (1.53), other (1.56) and surgical specialties (1.58) had the lowest.
- Surgery-general had the highest composite score among individual specialties (2.00), followed by gastroenterology (1.92), dermatology (1.94), and hematology/oncology (1.88).
- Only one specialty, Pathology, had a composite score of 1.00 ("Some Jobs") or less.
- The specialties with the most positive views of the national job market over the last two years were dermatology (1.97), cardiology (1.86), and gastroenterology (1.85). For the same two-year period (2005 and 2007), the specialties with the lowest assessments of the national job market were pathology (0.93), geriatrics (1.30), and physical medicine and rehabilitation (1.31).
- Over the course of the last four years of the survey, respondents viewed the specialties of child and adolescent psychiatry (1.89), gastroenterology (1.87), and cardiology (1.86) most positively in the national job market. Pathology (0.91), ophthalmology (1.10.), and pediatrics-general (1.27) were the specialties respondents had the lowest assessment of in the national job market.

Figure 4.13 Respondents' Assessment of the National Job Market (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

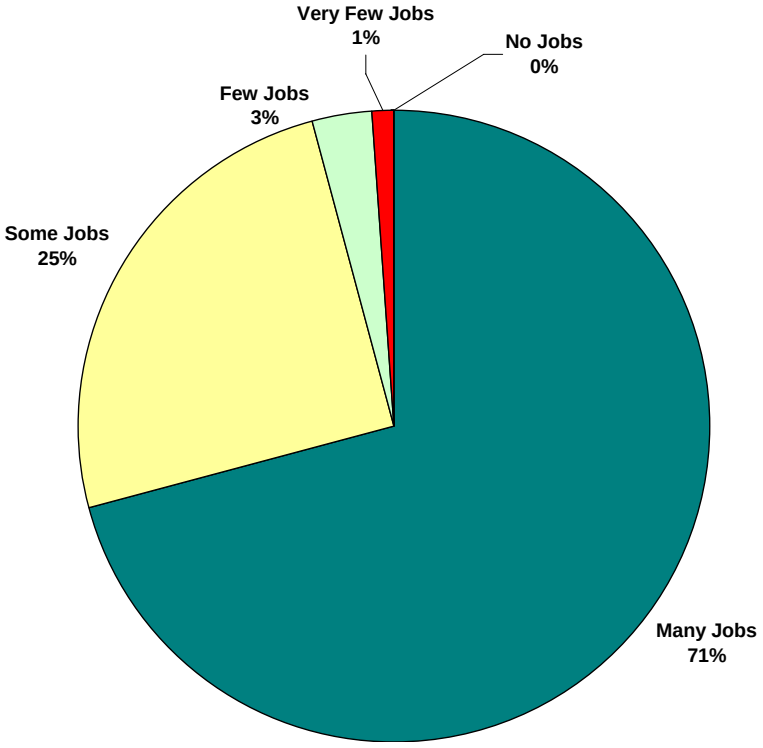


Figure 4.14 Mean Likert Score for Respondents' Views of the National Job Market by Specialty Group (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

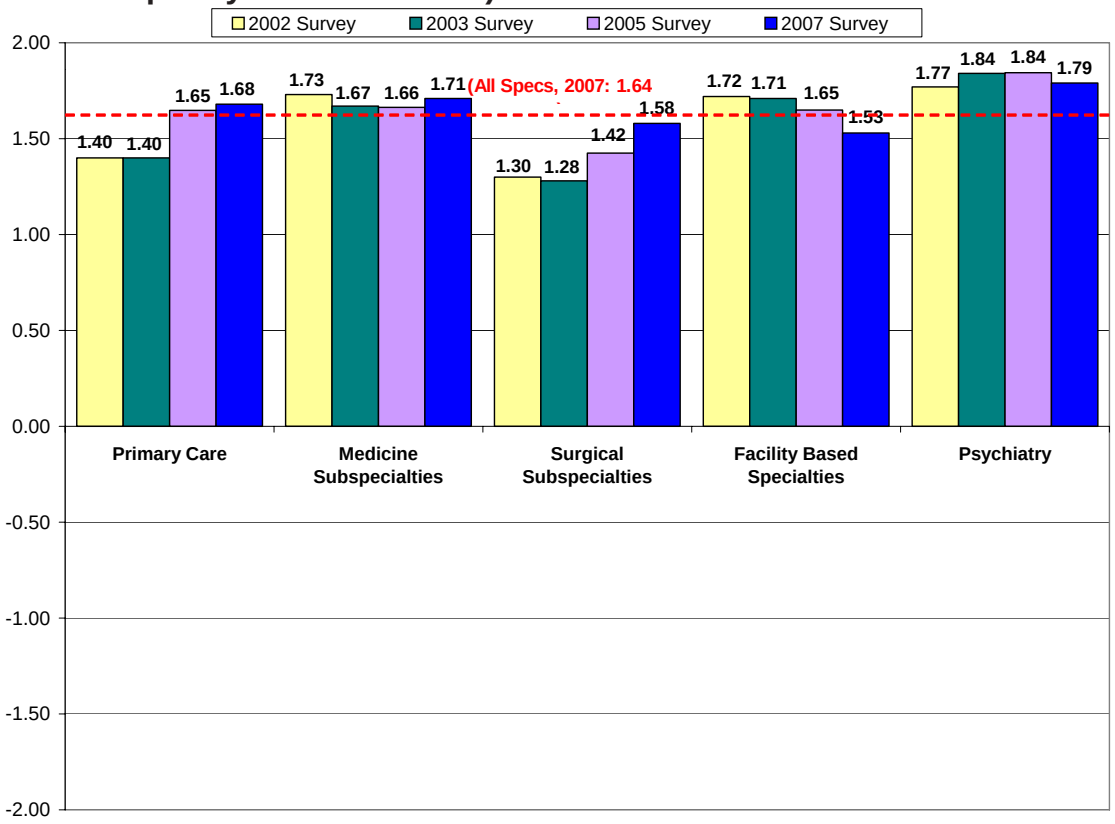


Figure 4.15 Rank of Likert Scores for Respondents' Views of the National Job Market, by Specialty (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

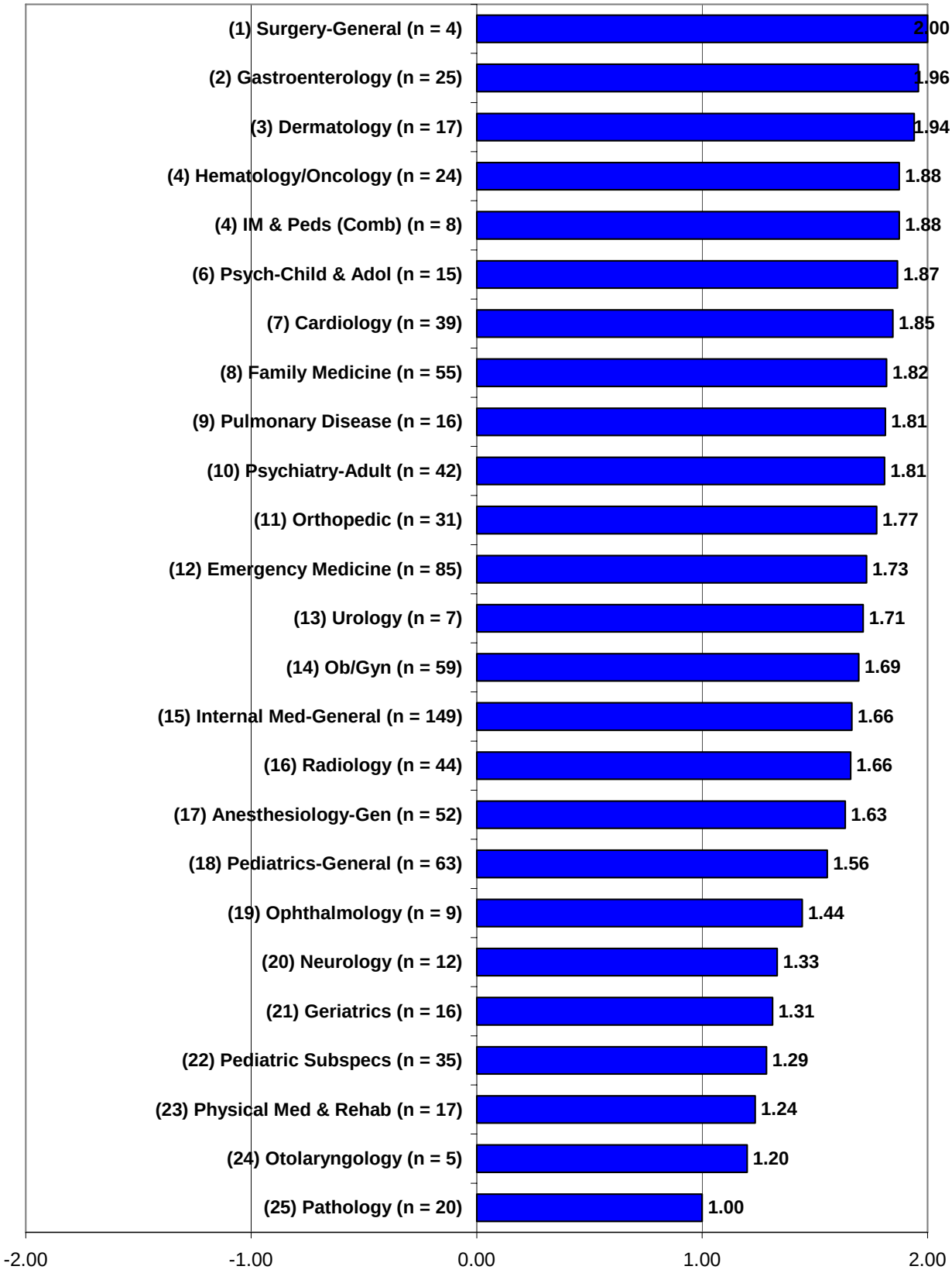


Table 4.5 Likert Scores for Respondents' Perceptions of the National Job Market[14] (of 2007 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2007 Respondents	RANK (of 25)	Aggregated Respondents: 2005 and 2007	RANK (of 25)	All Respondents (Aggregated: 2002 thru 2007)	RANK (of 25)
Primary Care	**1.68**	N/A	**1.66**	N/A	**1.50**	N/A
Family Medicine	1.82	8	1.76	8	1.61	13
Internal Medicine-General	1.66	15	1.69	13	1.55	17
Pediatrics-General	1.56	18	1.48	21	1.27	23
IM & Peds (Combined)	1.88	4	1.70	11	1.59	15
Obstetrics/Gynecology	**1.69**	14	**1.54**	18	**1.52**	19
Medicine Subspecialties	**1.71**	N/A	**1.69**	N/A	**1.69**	N/A
Cardiology	1.85	7	1.86	2	1.86	3
Gastroenterology	1.96	2	1.85	3	1.87	2
Geriatrics	1.31	21	1.30	24	1.38	20
Hematology/Oncology	1.88	4	1.84	5	1.82	5
Pulmonary Disease	1.81	9	1.67	15	1.68	12
Surgery-General	**2.00**	1	**1.79**	7	**1.56**	16
Surgical Subspecialties	**1.58**	N/A	**1.51**	N/A	**1.37**	N/A
Ophthalmology	1.44	19	1.50	20	1.10	24
Orthopedics	1.77	11	1.73	9	1.61	14
Otolaryngology	1.20	24	1.53	19	1.53	18
Urology	1.71	13	1.61	16	1.81	6
Facility Based	**1.53**	N/A	**1.58**	N/A	**1.65**	N/A
Anesthesiology-General	1.63	17	1.69	12	1.80	8
Pathology	1.00	25	0.93	25	0.91	25
Radiology	1.66	16	1.71	10	1.71	10
Psychiatry	**1.79**	N/A	**1.81**	N/A	**1.81**	N/A
Adult Psychiatry	1.81	10	1.82	6	1.81	7
Child & Adolescent Psych	1.87	6	1.84	4	1.89	1
Other	**1.56**	N/A	**1.58**	N/A	**1.59**	N/A
Dermatology	1.94	3	1.97	1	1.83	4
Emergency Medicine	1.73	12	1.68	14	1.71	9
Neurology	1.33	20	1.61	17	1.68	11
Pediatric Subspecialties	1.29	22	1.37	22	1.33	22
Physical Medicine & Rehab	1.24	23	1.31	23	1.34	21
Total (All Specialties)	**1.64**	N/A	**1.63**	N/A	**1.58**	N/A

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

4.7 Trends in Starting Income

Table 4.7 presents median starting income levels for 2007 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 be completely accurate in determining demand, trends in income 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 2007 respondents was $170,400, a 13.4% increase from 2005 (average increase of 4.5% per year from 2002 to 2007).
- Most specialties and specialty groups saw moderate to strong growth in starting incomes from 2002 to 2007. The exception was ophthalmology (0%).
- Dermatology (9%), pulmonary disease (8%), pathology (7%) internal medicine and pediatrics (combined) (6%), surgery-general (6%), and cardiology (6%) showed the strongest average annual income growth rates.

Figure 4.16 Median Starting Income (in $1,000s) by Specialty Group (for 2007 Respondents with Confirmed Practice Plans)

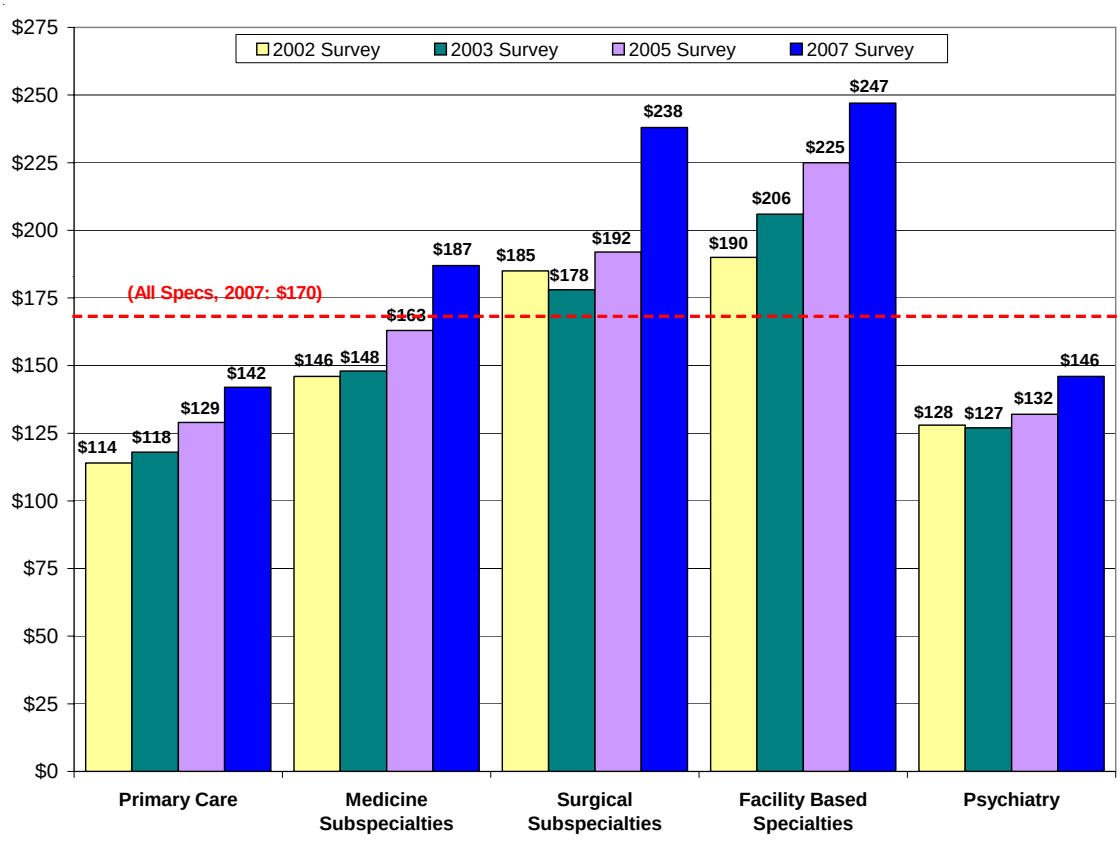


Figure 4.17 Trends in Median Starting Income (in $1,000s) by Primary Care vs. Non-Primary Care (for 2007 Respondents with Confirmed Practice Plans)

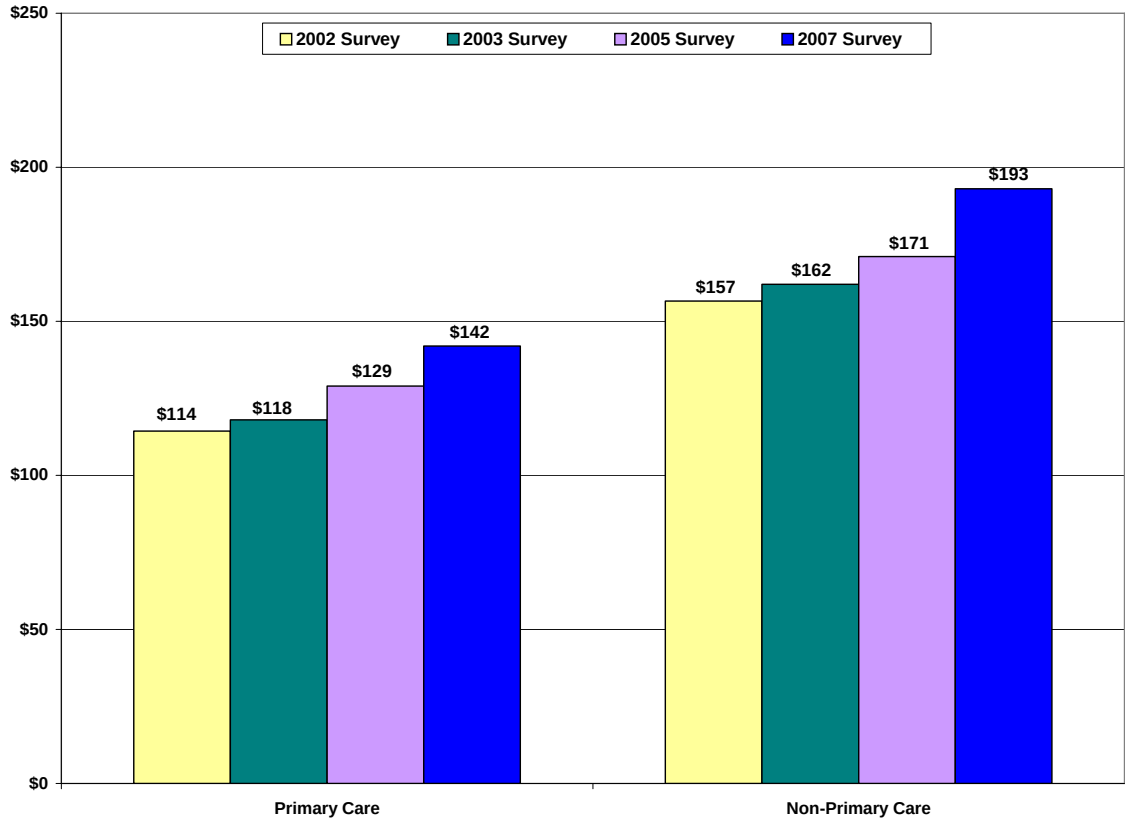


Figure 4.18 Rank of Average Percent Change in Median Starting Income (from 2002 - 2007) by Specialty (for 2007 Respondents with Confirmed Practice Plans)

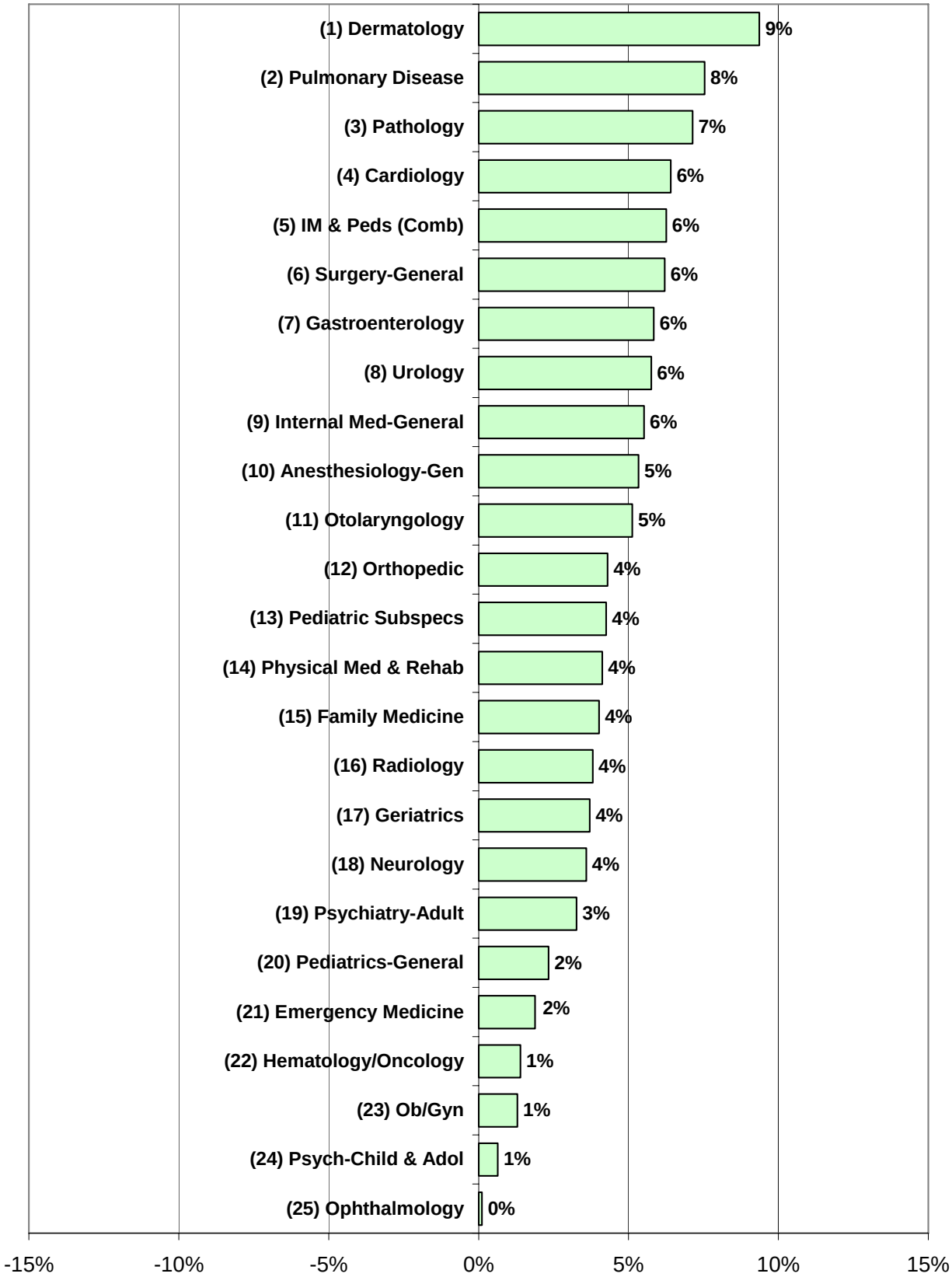


Table 4.6 Median Expected Starting Income (of 2007 Respondents with Confirmed Practice Plans in the U.S.)

Specialty	2007 Respondents	RANK (of 25)	Aggregated Respondents: 2005 and 2007	RANK (of 25)	Trend (Average Annual Change: 2002 to 2007)	RANK (of 25)
Primary Care	**$142,200**	N/A	**$135,500**	N/A	**4%**	N/A
Family Medicine	$144,850	20	$130,400	22	4%	15
Internal Medicine-General	$155,100	17	$144,500	17	6%	9
Pediatrics-General	$110,550	25	$107,300	25	2%	20
IM & Peds (Combined)	$158,600	15	$134,300	20	6%	5
Obstetrics/Gynecology	**$167,700**	13	**$164,500**	13	**1%**	23
Medicine Subspecialties	**$186,700**	N/A	**$174,600**	N/A	**5%**	N/A
Cardiology	$241,900	4	$238,000	4	6%	4
Gastroenterology	$222,600	7	$197,600	7	6%	7
Geriatrics	$143,400	23	$130,350	23	4%	17
Hematology/Oncology	$185,950	12	$185,350	12	1%	22
Pulmonary Disease	$202,000	9	$198,100	6	8%	2
Surgery-General	**$222,900**	6	**$188,350**	11	**6%**	6
Surgical Subspecialties	**$238,100**	N/A	**$220,050**	N/A	**5%**	N/A
Ophthalmology	$132,600	24	$132,800	21	0%	25
Orthopedics	$259,700	1	$260,800	1	4%	12
Otolaryngology	$214,350	8	$194,400	8	5%	11
Urology	$201,000	10	$188,400	10	6%	8
Facility Based	**$247,000**	N/A	**$241,200**	N/A	**5%**	N/A
Anesthesiology-General	$242,050	3	$240,100	3	5%	10
Pathology	$165,700	14	$164,300	14	7%	3
Radiology	$257,000	2	$252,700	2	4%	16
Psychiatry	**$146,050**	N/A	**$140,000**	N/A	**3%**	N/A
Adult Psychiatry	$143,800	22	$139,100	19	3%	19
Child & Adolescent Psych	$144,850	20	$129,300	24	1%	24
Other	**$185,550**	N/A	**$177,050**	N/A	**4%**	N/A
Dermatology	$226,900	5	$205,400	5	9%	1
Emergency Medicine	$196,600	11	$190,600	9	2%	21
Neurology	$145,000	19	$161,750	15	4%	18
Pediatric Subspecialties	$146,000	18	$143,700	18	4%	13
Physical Medicine & Rehab	$157,950	16	$154,400	16	4%	14
Total (All Specialties)	**$170,400**	N/A	**$163,200**	N/A	**4%**	N/A

4.8 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 2007, for an aggregated data set containing all data collected over the past two years (2005 and 2007), and for the last four years the survey has been conducted (2002, 2003, 2005, and 2007). This methodology gave a higher weighting to data collected from the 2007 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; and
- 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.

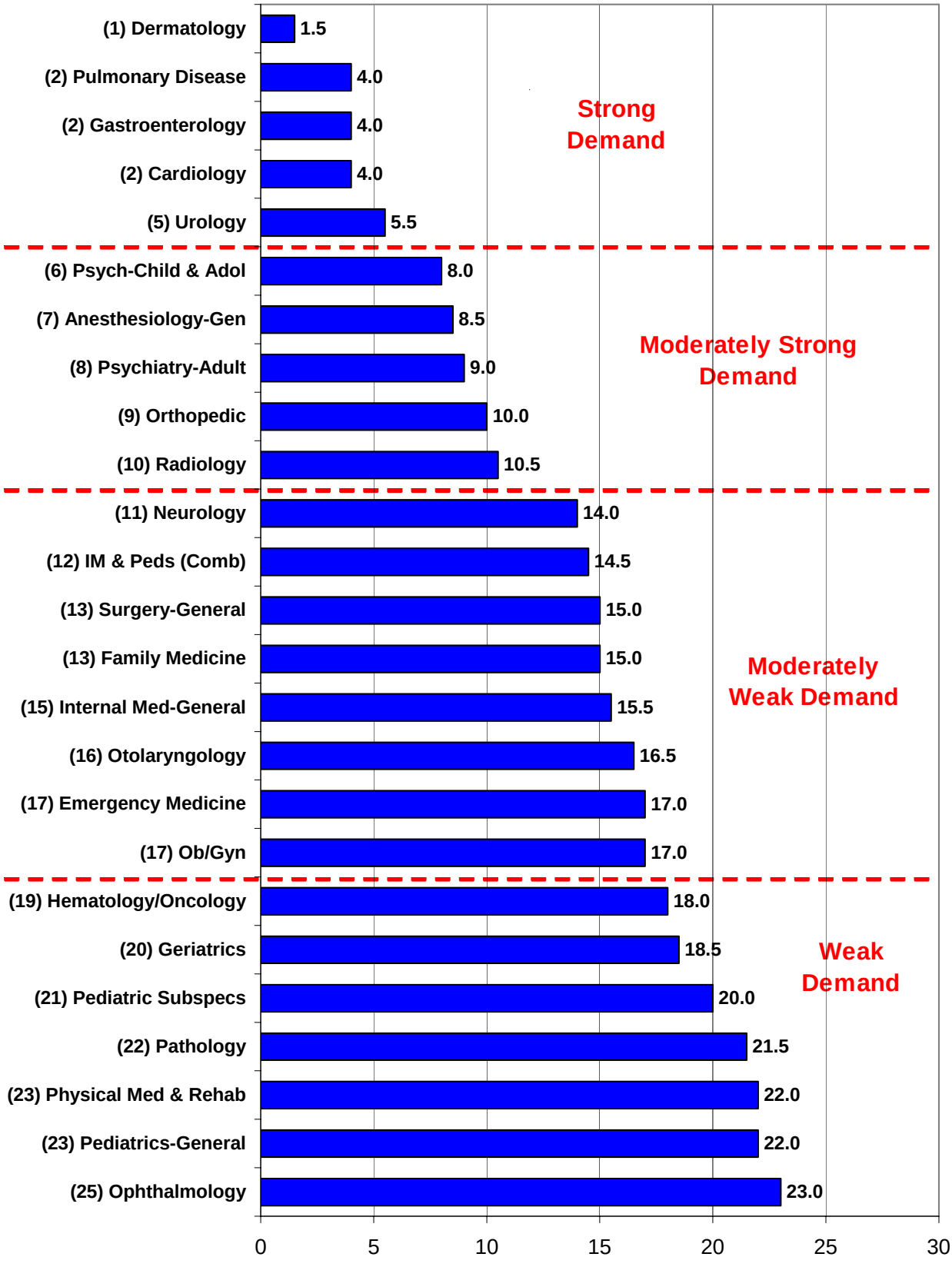
Highlights

- Figure 4.19 is a plot of the median 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, dermatology (average rank of 1.5 out of 25), pulmonary disease (4.0), gastroenterology (4.0), cardiology (4.0), and urology (5.5) are specialties experiencing the strongest demand.

- The job market for ophthalmology (23.0), pediatrics-general (22.0), physical medicine and rehabilitation (22.0), pathology (21.5), pediatric subspecialties (20.0), geriatrics (18.5), and hematology/oncology (18.0) appears to be bleak relative to other specialties.

Figure 4.19 Assessment of Current Relative Demand by Specialty, Plot of Average Rank on Demand Related Variables



Appendix A

2007 Exit Survey Response Rates by Specialty and Region

Table A-1. 2007 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	**279**	**160**	**57%**	**1,686**	**785**	**47%**	**1,965**	**945**	**48%**
Family Medicine	82	57	70%	124	68	55%	206	125	61%
Internal Medicine-General	125	69	55%	1,137	545	48%	1,262	614	49%
Pediatrics-General	60	28	47%	400	156	39%	460	184	40%
IM & Peds (Combined)	12	6	50%	25	16	64%	37	22	59%
Obstetrics/Gynecology	**29**	**17**	**59%**	**138**	**81**	**59%**	**167**	**98**	**59%**
Internal Medicine Specialties	**78**	**38**	**49%**	**608**	**315**	**52%**	**686**	**353**	**51%**
Cardiology	17	6	35%	149	94	63%	166	100	60%
Gastroenterology	8	5	63%	59	25	42%	67	30	45%
Geriatrics	8	3	38%	70	36	51%	78	39	50%
Hematology/Oncology	14	8	57%	74	28	38%	88	36	41%
Pulmonary Disease	4	1	25%	68	33	49%	72	34	47%
Other IM Specialties	27	15	56%	188	99	53%	215	114	53%
Critical Care Medicine	*3*	*3*	*100%*	*28*	*23*	*82%*	*31*	*26*	*84%*
Endocrinology & Metab.	*5*	*4*	*80%*	*32*	*18*	*56%*	*37*	*22*	*59%*
Infectious Disease	*6*	*2*	*33%*	*49*	*21*	*43%*	*55*	*23*	*42%*
Nephrology	*7*	*3*	*43%*	*46*	*22*	*48%*	*53*	*25*	*47%*
Rheumatology	*6*	*3*	*50%*	*28*	*15*	*54%*	*34*	*18*	*53%*
Other IM Subspecialties	*0*	*0*	*N/A*	*5*	*0*	*0%*	*5*	*0*	*0%*
Surgery (General)	**32**	**20**	**63%**	**124**	**50**	**40%**	**156**	**70**	**45%**
Surgery (Subspecialties)	**73**	**41**	**56%**	**325**	**167**	**51%**	**398**	**208**	**52%**
Ophthalmology	11	6	55%	66	34	52%	77	40	52%
Orthopedics	28	18	64%	132	67	51%	160	85	53%
Otolaryngology	7	3	43%	26	13	50%	33	16	48%
Urology	8	4	50%	30	14	47%	38	18	47%
Other Surgical Subspecs	19	10	53%	71	39	55%	90	49	54%
Neurosurgery	*4*	*3*	*75%*	*12*	*5*	*42%*	*16*	*8*	*50%*
Plastic Surgery	*4*	*2*	*50%*	*23*	*7*	*30%*	*27*	*9*	*33%*
Thoracic Surgery	*4*	*0*	*0%*	*13*	*7*	*54%*	*17*	*7*	*41%*
All Other Surg Subspecs	*7*	*5*	*71%*	*23*	*20*	*87%*	*30*	*25*	*83%*

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	**113**	**51**	**45%**	**540**	**271**	**50%**	**653**	**322**	**49%**
Anesthesiology	41	23	56%	207	107	52%	248	130	52%
Anesthesiology-General	*34*	*19*	*56%*	*153*	*77*	*50%*	*187*	*96*	*51%*
Pain Management	*5*	*2*	*40%*	*30*	*13*	*43%*	*35*	*15*	*43%*
Other Anes Subspecs	*2*	*2*	*100%*	*24*	*17*	*71%*	*26*	*19*	*73%*
Pathology	25	9	36%	116	58	50%	141	67	48%
Pathology (General)	*11*	*6*	*55%*	*71*	*32*	*45%*	*82*	*38*	*46%*
Pathology Subspecialties	*14*	*3*	*21%*	*45*	*26*	*58%*	*59*	*29*	*49%*
Radiology	47	19	40%	217	106	49%	264	125	47%
Radiology (Diagnostic)	*40*	*14*	*35%*	*185*	*95*	*51%*	*225*	*109*	*48%*
Radiology (Therapeutic)	*7*	*5*	*71%*	*17*	*11*	*65%*	*24*	*16*	*67%*
Nuclear Medicine	*0*	*0*	*N/A*	*15*	*0*	*0%*	*15*	*0*	*0%*
Psychiatry	**34**	**19**	**56%**	**318**	**158**	**50%**	**352**	**177**	**50%**
Psychiatry (General)	*22*	*16*	*73%*	*189*	*111*	*59%*	*211*	*127*	*60%*
Child & Adolescent Psych	*7*	*2*	*29%*	*57*	*22*	*39%*	*64*	*24*	*38%*
Other Psych Subspecs	*5*	*1*	*0%*	*72*	*25*	*35%*	*77*	*26*	*34%*
Other	**107**	**69**	**64%**	**598**	**285**	**48%**	**705**	**354**	**50%**
Dermatology	6	3	50%	55	22	40%	61	25	41%
Emergency Medicine	43	28	65%	182	80	44%	225	108	48%
Neurology	24	10	42%	107	41	38%	131	51	39%
Pediatric Specialties	9	9	100%	119	52	44%	128	61	48%
Physical Medicine & Rehab	12	6	50%	81	47	58%	93	53	57%
Other*	13	13	100%	54	43	80%	67	56	84%
Allergy & Immunology	*4*	*4*	*100%*	*15*	*8*	*53%*	*19*	*12*	*63%*
Preventive Medicine	*1*	*1*	*100%*	*9*	*5*	*56%*	*10*	*6*	*60%*
All Other	*8*	*8*	*100%*	*30*	*30*	*100%*	*38*	*38*	*100%*
Total (All Specialties)	**745**	**503**	**68%**	**4,337**	**2,340**	**54%**	**5,082**	**2,843**	**56%**

*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.

***The Addition of physicians by specialty will not reflect the total sample size due to missing data on specialty.

Appendix B

2007 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 2007

Center for Health Workforce Studies
University at Albany, School of Public Health
7 University Place
Rensselaer, NY 12144-3458

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 2007 *(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. A. Are you of Hispanic/Latino origin?

○ Yes ○ No

B. What is your race?

- ○ Native American/Alaskan Native
- ○ Asian or Pacific Islander
- ○ Black/African American
- ○ White
- ○ 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 Attended:

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

Specify if in NYS:

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

9. What is your current level of educational debt?

- ○ None
- ○ Less than $25,000
- ○ $25,000–$49,999
- ○ $50,000–$74,999
- ○ $75,000–$99,999
- ○ $100,000–$124,999
- ○ $125,000–$149,999
- ○ $150,000–$174,999
- ○ $175,000–$199,999
- ○ $200,000–$224,999
- ○ $225,000–$249,999
- ○ $250,000 and over

continue . . .

SERIAL #

PLEASE DO NOT WRITE IN THIS AREA

Center Perf

10. 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

11. **Specialty you are COMPLETING in 2007** *(select only one)*

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

11.	12.	
○	○	Allergy and Immunology
○	○	Anesthesiology (General)
○	○	Anesthesiology–Pain Management
○	○	Other Anesthesiology Subspecialty–specify: _____
○	○	Dermatology
○	○	Emergency Medicine
○	○	Family Medicine
○	○	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: _____

C. FUTURE PLANS

13. In your upcoming position, how many hours per week do 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 any job
- ○ To stay in the U.S. (i.e., due to visa status)
- ○ Other (specify): _____
- ○ Question does not apply

B. If you are leaving the state to continue your training, do you plan to return to NY to practice when your training is complete?

- ○ Yes ○ Don't know yet
- ○ No ○ Question does not apply

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

○ Yes ○ No

17. If you are planning to enter or have considered entering patient care/clinical practice:

A. Have you actively searched for a job?

- ○ Yes
- ○ No, not yet (Skip to 17C)
- ○ No, I will be self-employed (Skip to 17C)

B. Which of the following approaches have you used in your job search? Which one did you find most effective?

	Used *(mark all that apply)*	Most Effective *(mark only one)*
Third party representation (recruitment agencies/headhunters, online or otherwise)	○	○
Independent search activity on the Internet (direct to employers)	○	○
Print/Traditional want ad responses (journals, newspapers, trade publications)	○	○
Residency program announcements/career fairs	○	○
Other (specify): _____	○	○

C. 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 26)
- ○ No, but I have not actively searched yet (Skip to Question 26)
- ○ No, I have not yet been offered a practice position (Skip to Question 26)

D. PRACTICE PLANS

If you have accepted a position in Patient Care/Clinical Practice please answer the following questions, if not, skip to Question 26.

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
○	○	Hospital—Inpatient
○	○	Hospital—Ambulatory Care
○	○	Hospital—Emergency Room
○	○	Freestanding Health Center or Clinic
○	○	Nursing Home
○	○	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. A. What is the zip code of the principal practice address at which you will be working (if zip is unknown, please give city/town and state)?

← Principal Practice Zip Code

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

City/Town _____ State _____

B. Is this principal practice address located in a federally designed Health Professional Shortage Area?

○ Yes ○ No ○ I don't know

continue . . .

C. **If you are <u>not</u> going to practice in New York,** please indicate the main reason why. *(mark only one)*

- ○ Overall lack of jobs/practice opportunities in New York
- ○ Lack of jobs/practice opportunities in New York due to visa status
- ○ Lack of jobs/practice opportunities in desired locations in New York
- ○ Lack of jobs/practice opportunities in desired practice setting (e.g., hospital, group practice, etc.) in New York
- ○ Inadequate salary/compensation offered in New York
- ○ Cost of malpractice insurance in New York
- ○ Lack of employment opportunities for spouse/partner in New York
- ○ Proximity to family
- ○ Climate
- ○ Never intended to practice in New York
- ○ Other (specify): _____

21. How many years do you expect to be at your principal practice?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more

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. <u>Base Salary/Income</u>	B. Anticipated Additional <u>Incentive Income</u>
○ Less than $70,000	○ None
○ $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–$49,999
○ $200,000–$224,999	○ $50,000 and over
○ $225,000–$249,999	
○ $250,000 and over	

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

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

E. EXPERIENCE IN JOB MARKET

(If you are going into patient care or have <u>considered</u> going into patient care, please complete the following.)

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

○ Yes ○ No ○ Haven't looked yet (Skip to Question #29)

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

- ○ Overall lack of jobs/practice opportunities
- ○ Lack of jobs/practice opportunities due to visa status
- ○ Lack of jobs/practice opportunities in desired locations
- ○ Lack of jobs/practice opportunities in desired practice setting (e.g., hospital, group practice, etc.)
- ○ Inadequate salary/compensation offered
- ○ Lack of employment opportunities for spouse/partner
- ○ Other (specify): _____

27. Did you have to change your plans because of limited practice opportunities?

○ Yes ○ No ○ Haven't looked yet (Skip to Question #29)

28. How many offers for employment/practice positions did you receive (*excluding fellowships, chief residency and other training positions*)?

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6–10 ○ Over 10

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

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

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

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

THANK YOU FOR COMPLETING THIS IMPORTANT SURVEY.

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