2008

Residency Training Outcomes by Specialty in 2008 for New York:
A Summary of Responses to the 2008 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 2008 (2008 Exit Survey) conducted by the New York Center for Health Workforce Studies (the Center) in the spring and summer of 2008. This survey, administered annually with the cooperation and assistance of residency program directors and hospitals' GME administrators across the state, consists of 29 questions covering five general topical areas: responding residents' demographic and background characteristics, post-graduation plans, aspects of post-graduation employment (for respondents with confirmed practice plans), 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 the number and kinds of 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 2008 was the ninth year of the survey.

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

Each 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 3,039 of the estimated 5,147 physicians completing a residency or fellowship training program completed the 2008 Exit Survey (59% response rate). The year 2008 marked the ninth year of the survey. Over the nine years of the survey (1998, 1999, 2000, 2001, 2002, 2003, 2005, 2007, 2008), an aggregated total of 26,692 of the 42,399 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 2008 were strong overall.

- In 2008, 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-two percent (42%) attributed their difficulty to a lack of jobs in desired locations.
- The median starting income of graduates was up 6% from 2007 to 2008. The average increase over the last four years of the survey was 5%.
- Graduates' views of both the regional and national job markets were positive and optimistic for each of the last four years of the survey.

Demand for primary care physicians (generalists) was comparable to non-primary care physicians (specialists) and for some indicators more favorable. In 2008, demand for generalists was similar to specialists. In 2008, after adjusting for citizenship status:

- Generalists were as likely as specialists to report difficulty finding a satisfactory practice position (27% versus 27%) and to have to change plans due to limited practice opportunities (14% versus 16%).
- Generalists received more job offers than specialists (mean of 4.1 versus 3.6). Generalists also had a more positive view than specialists of the national job market (average Likert Score of 1.8 versus 1.6, on a scale of +2 indicating Many Jobs to -2 indicating No Jobs) and the regional job market (1.1 versus 0.9).
- In recent years, the demand indicators for generalists have caught up with specialists. The following examples illustrate this point:
  - The average annual increase in median starting income from 2003 to 2008 was 5.7% for generalists and 5.0% specialists.
  - The percent of generalists who had to change plans due to limited job opportunities has decreased in recent years (2003: 23%, 2005: 17%, 2007: 15%, 2008: 14%). By contrast, the percentage of specialists who had to change plans over this time period has remained relatively stable (2003: 15%, 2005: 13%, 2007: 16%, 2008: 16%).

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

- The mean number of job offers received by generalists increased considerably last year (2003: 2.6, 2005: 3.0, 2007: 3.7, 2008: 4.1); on the other hand , the mean number of job offers for specialists declined slightly in recent years (2003: 3.9, 2005: 3.6, 2007: 3.6, 2008: 3.6).

Although the overall marketplace appeared relatively good for new graduates, there were significant differences in 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 other specialties.

- Based on a variety of indicators, the demand for urology, gastroenterology, dermatology, otolaryngology, and cardiology appeared very strong relative to other specialties.
- Pathology, physical medicine and rehabilitation, geriatrics, ophthalmology, and pediatric subspecialties experienced weak demand relative to other specialties.

International medical school graduates (IMGs) with temporary visas (J-1, J-2, H-1, H-2, or H-3) had a 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.

Fewer new physicians are staying in New York after completing training. The in-state retention rate of new physicians has gradually declined in recent years from a high of 53% in 2001 to a low of 45% in 2008.

- When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons were proximity to family (23%) and better jobs in desired locations outside New York (17%). Nine percent (9%) of respondents indicated that they never intended to practice in New York.
- Very few respondents reported that the principal reason for them practicing outside of New York was taxes (less than 1%), the cost of starting a practice in New York (less than 1%), or the cost of malpractice insurance (1%).

More than one-third (38%) of respondents were subspecializing. However, there were differences in subspecialization rates by specialty and citizenship status.

GENERAL RESULTS

Characteristics of All Respondents

- Forty-four percent (44%) of survey respondents were female, approximately the same as in 2007 (45%).
- Thirteen percent (13%) of survey respondents were underrepresented minorities (URMs) in the field of medicine, about the same as in 2007 (12%).
- Twenty-six (26%) of graduates attended New York high schools. The percent of graduates from New York high schools is an indicator of how many graduates grew up in New York. Thirty-nine percent (39%) of graduates were from another country and another 34% were from other states.
- Forty-seven percent (47%) of all survey respondents were IMGs. Overall, the number of IMGs in 2008 increased somewhat from 2005 and 2007 (each 45%).
- The highest concentrations of IMGs were in general internal medicine (72%), family medicine (69%), geriatrics (66%), and pulmonary disease (65%). Specialties with very few IMGs included emergency medicine (3%), urology (5%), orthopedics (9%), and dermatology 10%).
- Eighteen percent (18%) of all respondents were IMGs with temporary citizenship status (i.e., temporary visa holders). The highest concentrations of temporary visa holders were found in general internal medicine (32%), pulmonary disease (28%), pathology (20%), and general pediatrics (20%).
- The specialties of dermatology (0%), urology (0%), emergency medicine (0%), and ophthalmology (4%) had the fewest temporary visa holders.
- Individual specialties with the highest median educational debt were physical medicine and rehabilitation ($156,300), emergency medicine ($148,900), and general anesthesiology ($148,200). Only four specialties had less than $50,000 of median educational debt. Geriatrics ($18,500), child and adolescent psychology ($37,800), dermatology ($41,000) and gastroenterology ($45,300) had the lowest debt.

Post-Graduation Plans of All Respondents

- Fifty-one percent (51%) of all survey respondents were planning to enter patient care/clinical practice following completion of their current training program. Of these, 82% had confirmed practice plans (i.e., they had accepted an offer for a job/practice position) at the time they completed the survey.
- More than one-third (38%) planned to subspecialize or pursue further training. This was similar to the subspecialization rates in 2003, 2005, and 2007. More than one-half

(53%) of the 2008 survey respondents who were subspecializing were remaining in New York to do so.

- Of the remaining respondents, 3% were planning to work as chief residents, 3% planned to enter positions in teaching/research, and 5% had other plans.

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

- Less than one-half (45%) of respondents with confirmed practice plans were remaining within New York to begin practice. This was somewhat less than in 2003 (49%), 2005 (48%), and 2007 (48%). Of those entering practice in New York, 89% were remaining in the same region in which they trained.

- Graduates of dermatology (83%), general surgery (63%), and urology (62%) were most likely to remain in the state to begin practice. The lowest in-state retention rates were in orthopedics (0%), general internal medicine (29%), and gastroenterology (30%).

- Native New Yorkers who completed medical school in New York were by far the most likely to report plans to practice in New York after completing training. In 2008, 80% of respondents who grew up in New York and attended medical school in New York planned to practice 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 (23%) and better jobs in a desired location outside New York (17%). Nine percent (9%) of respondents indicated that they never intended to practice in New York.

- Very few respondents reported that the principal reason for them practicing outside of New York was taxes (less than 1%), the cost of starting a practice in New York (less than 1%), or the cost of malpractice insurance (1%)

- Twenty-eight percent (28%) of graduates reported entering practice in inner-city locations and only 4% were going to practice in 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 in family medicine (32%), pulmonary disease (25%), and internal medicine/pediatrics (combined) (25%). The graduates least likely to be entering practice in HPSAs were in ophthalmology (0%), otolaryngology (0%), neurology (0%), and dermatology (0%).

- While one-half of IMGs with temporary visas were entering HPSAs (50%), IMGs with permanent citizenship were slightly more likely to be entering HPSAs than were USMGs (12% and 8%, 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. Five percent (5%) were entering two person partnerships, while only 3% reported they were starting their own solo practice.

- Forty-eight percent (48%) of graduates were entering practice in hospitals. Inpatient (30%) was the most common, followed by ambulatory care (11%) and emergency room (7%) settings.

- Ninety-three percent (93%) of respondents said they would have no ownership in their upcoming practice, but 27% 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 also reflect historical reimbursement policies for the services provided in various specialties. As such, trends in income provide a better measure of demand than 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 2008 graduates with confirmed practice plans was $181,000, an increase of 6% from $170,400 in 2007. Response rate to the question relating to starting income was 94% in 2008.

- Individual specialties with the highest median starting income were radiology ($304,250), orthopedics ($268,050), cardiology ($252,150), and urology ($248,500).

- Among the specialty groups, the highest median starting incomes were facility based specialties (including anesthesiology, pathology, and radiology) ($259,400) and surgical subspecialties ($246,000). Primary care and general surgery experienced the highest average annual increases in starting income from 2003 to 2008 (10%).

- Psychiatry was the lowest income ($155,500) specialty group and had only average annual growth since 2003 (4%). Primary care was the second lowest income ($156,200) specialty.

- Individual specialties seeing the greatest average annual increase in starting income

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

from 2003 to 2008 were urology (9%), gastroenterology (8%), and otolaryngology (13%).

- Ophthalmology (-4%) and dermatology (0%) were the only specialties that did not experience an increase in median starting income between 2003 and 2008.

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

- Respondents expected to spend an average of 42.5 hours per week in patient care/clinical practice activities. Females expected to work fewer hours than males (40.3 versus 44.1).

- General surgeons 49.0) and surgical subspecialists (48.1) 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 (35.9) and other specialties (36.5).

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-seven percent (27%) 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 (42%), followed by a lack of jobs in desired practice setting (18%) and inadequate salary/compensation offered (18%).

- The highest percentages of graduates having difficulty finding a satisfactory practice position were in ophthalmology (50%), pathology (42%), and internal medicine/pediatrics (combined) (40%). Conversely, emergency medicine (12%), neurology (13%), and urology (13%) had the fewest respondents reporting difficulty.

- Fifteen percent (15%) of respondents in 2008 reported having to change their plans due to limited practice opportunities, approximately the same as in 2007 (16%). Internal medicine/pediatrics combined (40%), general surgery (40%), and pathology (25%) had the most graduates reporting they had to change plans. Few graduates had to change

[3] 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.

plans due to limited practice opportunities in emergency medicine (5%), neurology (7%), and general anesthesiology (8%).

- The mean number of job offers received by graduates in 2008 was 3.8. Otolaryngology (5.6), gastroenterology (5.2), and urology (4.8) graduates received the most job offers. At the other end of the spectrum, pathology (2.1), physical medicine and rehabilitation (2.8), and internal medicine/pediatrics (combined) (2.8) received the fewest job offers.

- Respondents gave a positive assessment of the regional job market (average Likert score of +0.98 on a scale of +2, indicating Many Jobs to -2, indicating No Jobs). Graduates of child and adolescent psychiatry (+1.57), psychiatry (+1.48), and dermatology (+1.48) gave the most positive assessments of the regional job market.

- Graduates in radiology (+0.59), pathology (+0.65), general surgery (+0.67), and cardiology (+0.67) were the least optimistic in their views of the regional job market.

- Graduates gave very positive assessments of the national job market (+1.66). Graduates of urology (+2.00), child and adolescent psychiatry (+1.90), and hematology/oncology (1.86) gave the most positive assessments of the national job market

- Graduates in internal medicine/pediatrics (combined) (+0.33), pathology (+1.00), and ophthalmology (+1.22) 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. The demand for primary care physicians was comparable to the demand for specialists and for some indicators more favorable. Generalists were as likely as specialists to report difficulty finding a satisfactory practice position (27% versus 27%) and to have to change plans due to limited practice opportunities (14% versus 16%). Generalists received more job offers than specialists (mean of 4.1 versus 3.6). Generalists also had a more positive view than specialists of the national job market (average Likert Score of +1.79 versus +1.62) and the regional job market (+1.07 versus +0.94).

- Both in the number of job offers received and in starting income levels, generalists saw increases on average from 2003 to 2008, with average annual increases of 10% in number of job offers and 6% in median starting income. Over the same period, specialists saw a small decrease in the number of job offers (average annual decrease of 2%) and approximately the same increase in starting income levels as generalists (average annual increase of 5% in median starting income).

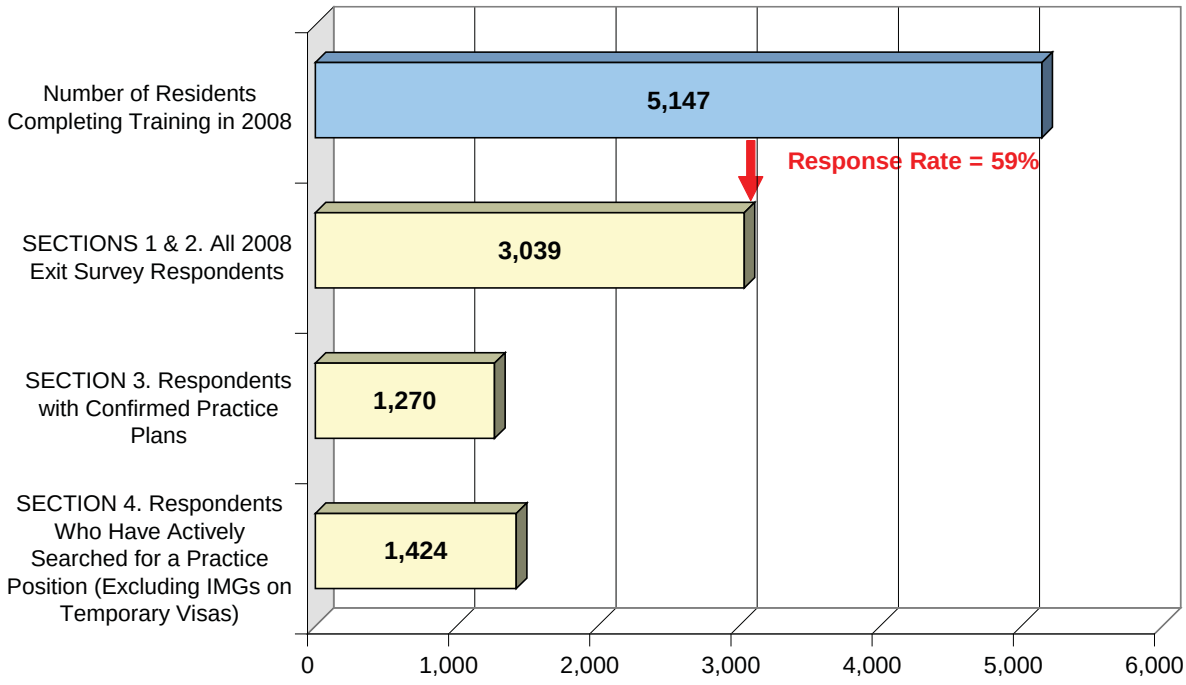
- Based on aggregation of all demand indicators from the last four years of the survey, specialties experiencing the strongest demand were urology, gastroenterology, dermatology, otolaryngology, and cardiology.

- Pathology, physical medicine and rehabilitation, geriatrics, ophthalmology, and pediatric subspecialties 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 3,039 of the estimated 5,147 residents who completed training in 2008 (a 59% 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 were 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 experience 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 2008 Exit Survey instrument.

Figure 1. 2008 Exit Survey Response Rate and Subgroups Used for Each Section of this Report



Section I

Characteristics of All Respondents

Table 1.1 shows background characteristics of all Exit Survey respondents in 2008. 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.

1.1 Background Characteristics

Highlights

- Forty-four percent (44%) 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%), dermatology (68%), general pediatrics (67%), pediatrics subspecialties (64%), geriatrics (61%), adult psychiatry (56%), child and adolescent psychiatry (53%), and family medicine (52%).
- Surgical subspecialties and general surgery had the fewest females (21% and 29%, respectively). In particular, orthopedics (7%) and urology (18%) had very few females.
- URMs comprised 13% of all respondents. Adult psychiatry (25%), child and adolescent psychiatry (22%), geriatrics (19%), and family medicine (17%) had the most URMs.
- The specialties of hematology/oncology (2%), dermatology (3%), pulmonary disease (4%), gastroenterology (5%), and neurology (5%) had very few URMs.
- Twenty-six percent (26%) 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-nine percent (39%) of graduates were from another country and another 34% were from other states (see Figure 1.3).
- Just less than one-half (47%) of all respondents were IMGs, similar to the last survey (44% in 2007). This varied widely by specialty with the highest concentrations of IMGs found in general internal medicine (72%), family medicine (69%), geriatrics (66%), and pulmonary disease (65%).
- Specialties with the fewest IMGs included emergency medicine (3%), urology (5%), orthopedics (9%), and dermatology (10%).

Figure 1.1 Percent of Respondents who are Female by Specialty Group (All 2008 Exit Survey Respondents)

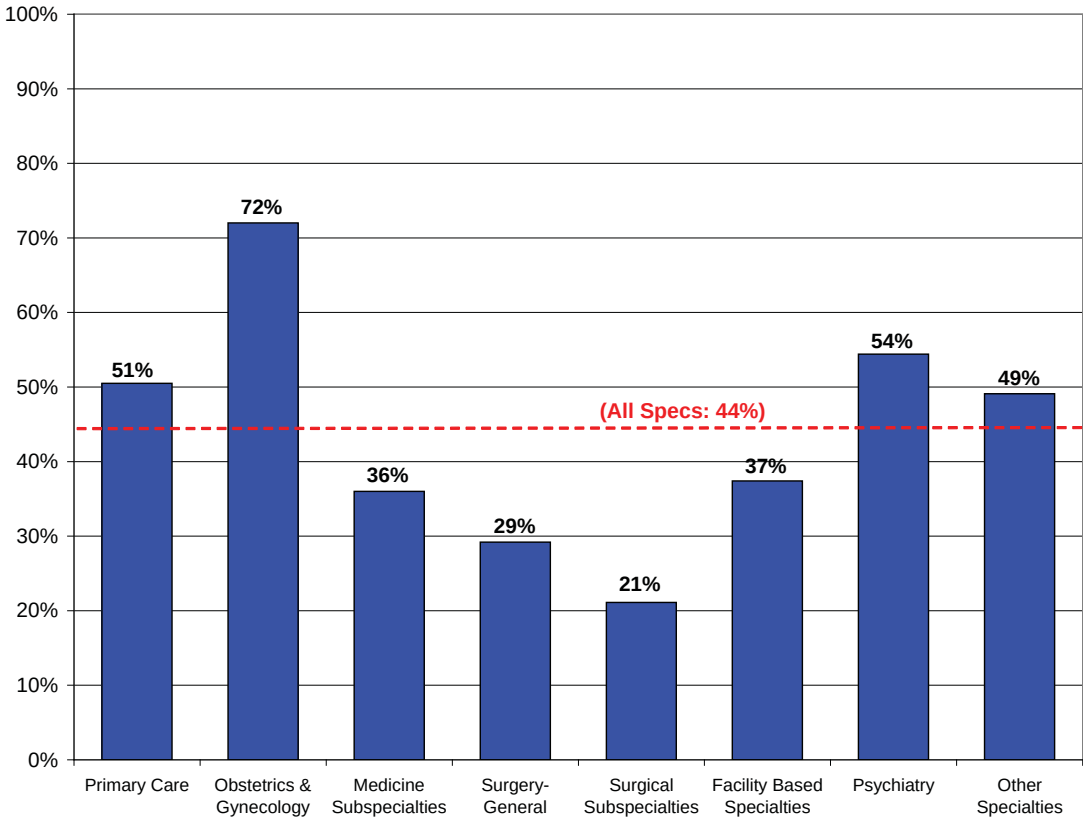


Figure 1.2 Percent of Respondents who are Underrepresented Minorities by Specialty Group (All 2008 Exit Survey Respondents)

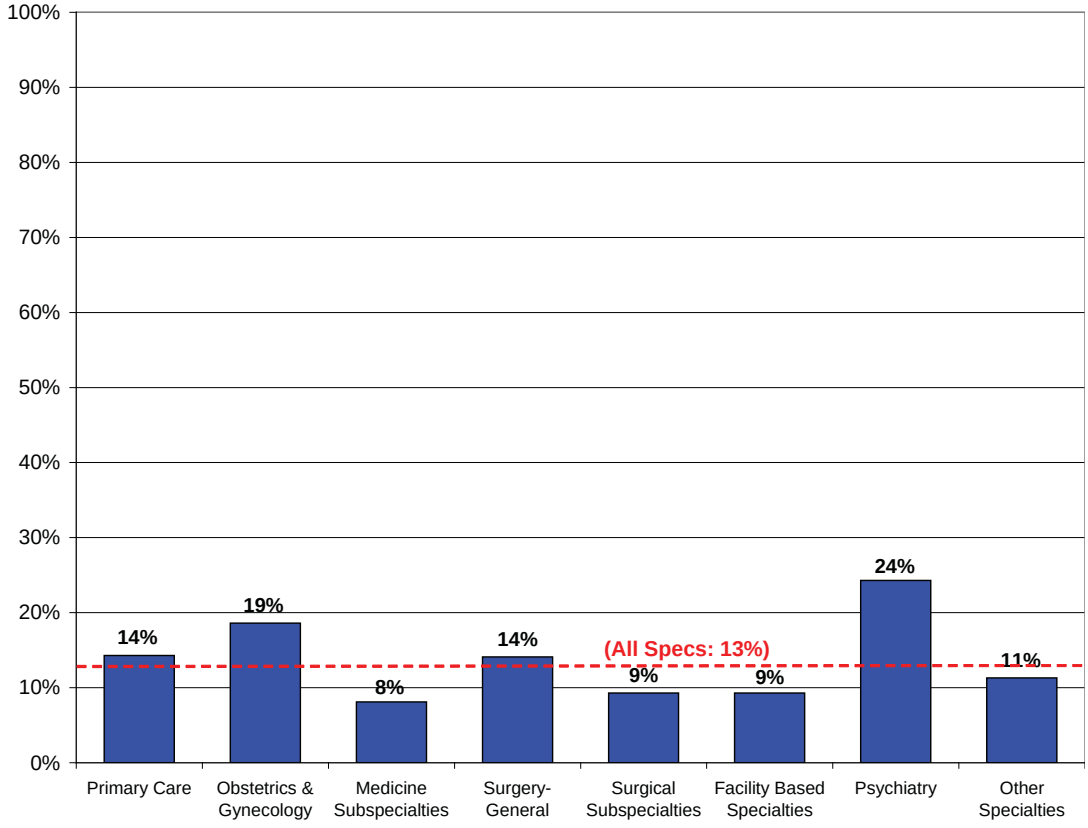


Figure 1.3 Location of High School Attended (All 2008 Exit Survey Respondents)

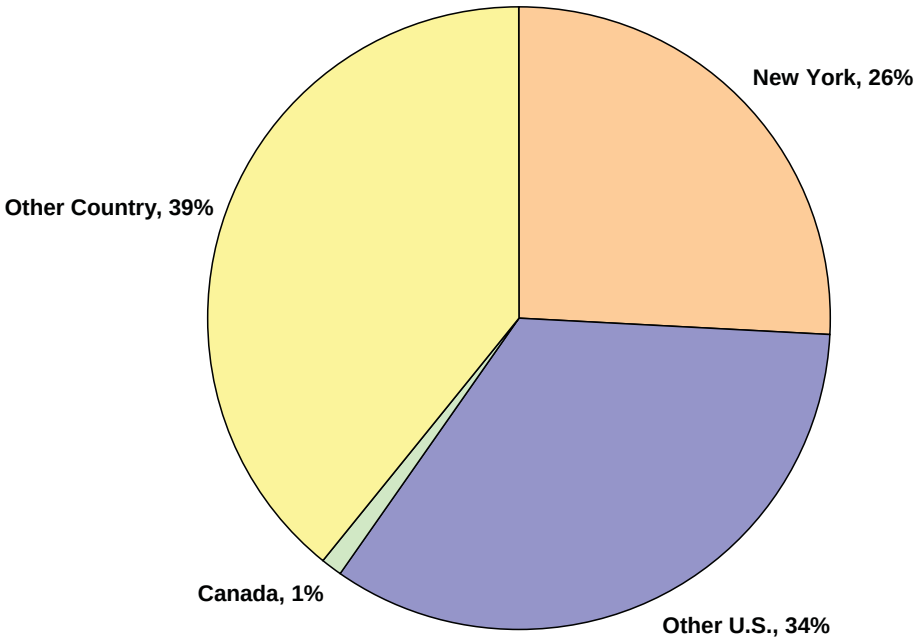


Figure 1.4 Location of Medical School and Citizenship Status (All 2008 Exit Survey Respondents)

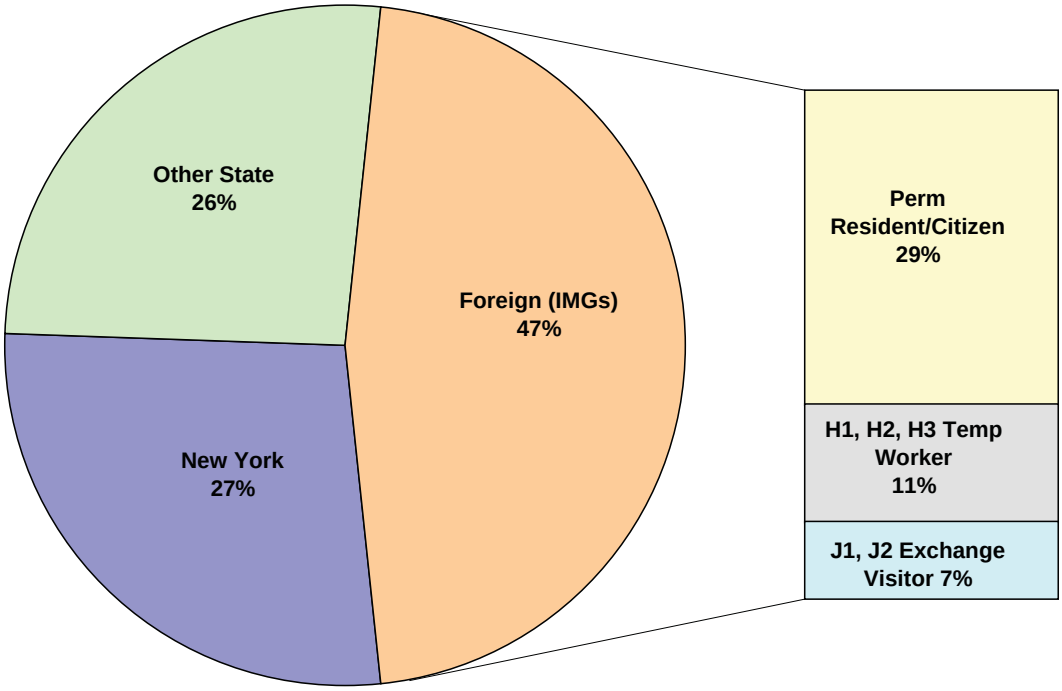


Table 1.1 Background Characteristics of Respondents (All 2008 Exit Survey Respondents)

Specialty	Number of Resp (N)[4]	% Female	% Underrep Minorities[5]	% NY H.S. Grad	% IMG[6]	% Temp Visa Holders[7]
Primary Care	**1122**	**51%**	**14%**	**22%**	**67%**	**27%**
Family Medicine	137	52%	17%	26%	69%	17%
Internal Medicine-General	726	45%	14%	20%	72%	32%
Pediatrics-General	239	67%	15%	27%	52%	20%
IM & Peds (Combined)	20	47%	6%	41%	35%	10%
Obstetrics/Gynecology	**109**	**72%**	**19%**	**29%**	**47%**	**16%**
Medicine Subspecialties	**428**	**36%**	**8%**	**30%**	**54%**	**19%**
Cardiology	78	16%	7%	40%	48%	19%
Gastroenterology	46	30%	5%	36%	44%	7%
Geriatrics	44	61%	19%	21%	66%	18%
Hematology/Oncology	51	52%	2%	29%	43%	14%
Pulmonary Disease	48	23%	4%	29%	65%	28%
Surgery-General	**89**	**29%**	**14%**	**24%**	**38%**	**16%**
Surgical Subspecialties	**239**	**21%**	**9%**	**30%**	**11%**	**6%**
Ophthalmology	48	50%	10%	40%	13%	4%
Orthopedics	95	7%	10%	30%	9%	7%
Otolaryngology	16	31%	14%	29%	13%	7%
Urology	22	18%	14%	21%	5%	0%
Facility Based	**402**	**37%**	**9%**	**27%**	**28%**	**10%**
Anesthesiology-General	109	38%	9%	28%	31%	9%
Pathology	90	39%	13%	17%	53%	20%
Radiology	157	35%	7%	34%	13%	6%
Psychiatry	**188**	**54%**	**24%**	**21%**	**48%**	**17%**
Adult Psychiatry	114	56%	22%	23%	46%	18%
Child & Adolescent Psych	34	53%	25%	18%	41%	15%
Other	**393**	**49%**	**11%**	**31%**	**23%**	**6%**
Dermatology	31	68%	3%	38%	10%	0%
Emergency Medicine	93	39%	15%	28%	3%	0%
Neurology	67	41%	5%	36%	33%	7%
Pediatric Subspecialties	78	64%	12%	27%	40%	13%
Physical Medicine & Rehab	56	38%	12%	37%	25%	7%
All Specialties, 2008 (2007)	**2970 (2527)**	**44% (45%)**	**13% (12%)**	**26% (29%)**	**47% (44%)**	**18% (15%)**

[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.

- Eighteen percent (18%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in general internal medicine (32%), pulmonary disease (28%), general pediatrics (20%), and pathology (20%). Conversely, urology (0%), dermatology (0%), and emergency medicine (0%) had no temporary visa holders.

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 educations paid for by their governments. 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 physical medicine and rehabilitation ($156,300), emergency medicine ($148,900), and general anesthesiology ($148,200).
- Only four specialties had less than $50,000 of median educational debt. Geriatrics ($18,500), child and adolescent psychology ($37,800), dermatology ($41,000), and gastroenterology ($45,300) had the lowest debt.
- Among specialty groups, obstetrics/gynecology ($134,750) had the highest median educational debt. Conversely, medicine subspecialties had the lowest ($88,000).

Figure 1.5 Median Educational Debt by Specialty and Race/Ethnicity (in $1,000s) (All 2008 Exit Survey Respondents, U.S. Citizens Only)

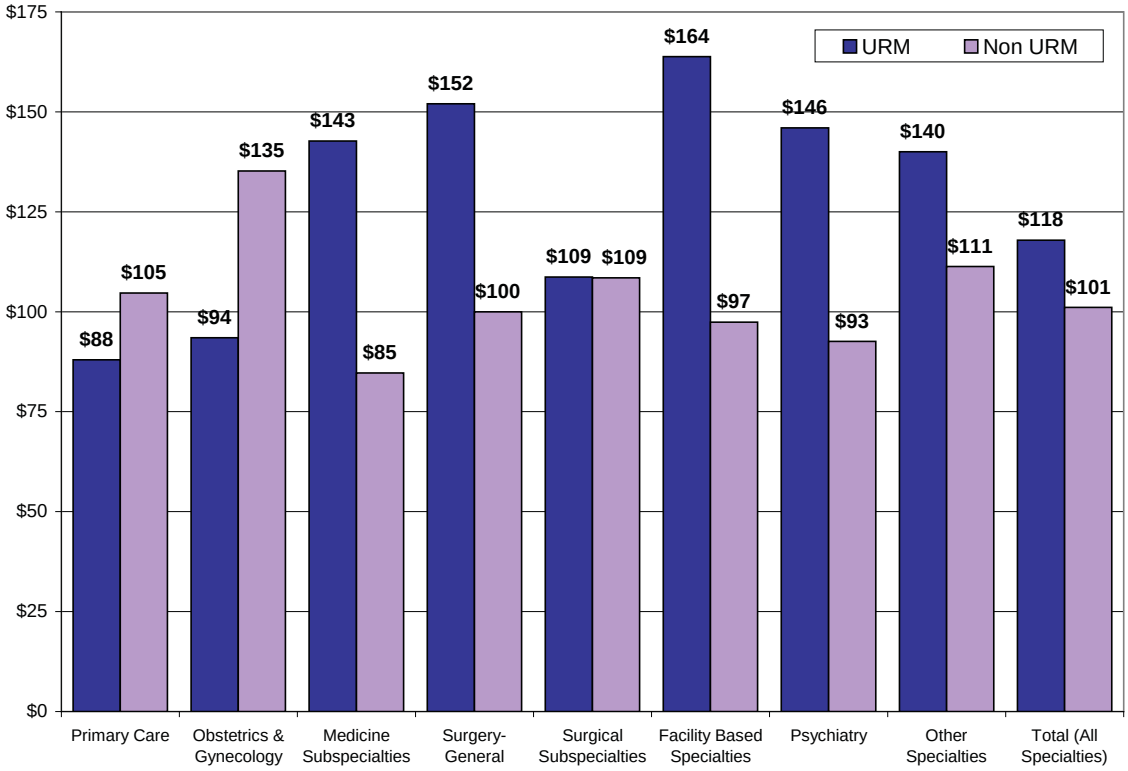


Table 1.2 Descriptive Statistics for Respondents' Educational Debt (All 2008 Exit Survey Respondents, U.S. Citizens Only)

Specialty	N	MEAN	RANK[8] (of 25)	MEDIAN	RANK (of 25)
Primary Care	**583**	**$105,057**	N/A	**$104,500**	N/A
Family Medicine	75	$120,247	7	$118,600	9
Internal Medicine-General	272	$98,201	17	$92,500	16
Pediatrics-General	113	$111,168	11	$124,700	8
IM & Peds (Combined)	15	$120,450	6	$130,400	7
Obstetrics/Gynecology	**80**	**$117,773**	9	**$134,750**	6
Medicine Subspecialties	**279**	**$93,387**	N/A	**$88,000**	N/A
Cardiology	63	$102,147	14	$111,900	11
Gastroenterology	25	$85,355	20	$45,300	22
Geriatrics	22	$81,385	22	$18,500	25
Hematology/Oncology	23	$78,888	23	$73,400	19
Pulmonary Disease	22	$129,987	4	$141,850	4
Surgery-General	**67**	**$119,704**	8	**$104,700**	14
Surgical Subspecialties	**212**	**$104,758**	N/A	**$108,200**	N/A
Ophthalmology	30	$123,271	5	$113,100	10
Orthopedics	65	$102,395	13	$107,900	13
Otolaryngology	14	$88,746	18	$72,600	20
Urology	13	$100,114	15	$101,900	15
Facility Based	**321**	**$101,749**	N/A	**$100,900**	N/A
Anesthesiology-General	77	$136,915	2	$148,200	3
Pathology	38	$82,433	21	$58,400	21
Radiology	102	$86,330	19	$81,800	18
Psychiatry	**134**	**$99,221**	N/A	**$94,800**	N/A
Adult Psychiatry	83	$107,204	12	$110,600	12
Child & Adolescent Psych	18	$77,924	24	$37,800	24
Other	**332**	**$112,515**	N/A	**$116,300**	N/A
Dermatology	18	$64,114	25	$41,100	23
Emergency Medicine	92	$137,869	1	$148,900	2
Neurology	35	$111,487	10	$137,300	5
Pediatric Subspecialties	43	$98,389	16	$86,300	17
Physical Medicine & Rehab	37	$134,104	3	$156,300	1
Total (All Specialties)	**2008**	**$104,714**	N/A	**$104,050**	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-one percent (51%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 82% had confirmed practice plans.
- More than one-third (38%) of respondents planned to subspecialize or pursue further training. In addition, 3% were planning to work as chief residents, 3% were planning to enter teaching/research, and 5% had other plans.
- Specialties with the highest proportions of respondents planning to enter patient care/clinical practice were family medicine (81%), emergency medicine (80%), otolaryngology (77%), child and adolescent psychology (75%), and hematology/oncology (70%).
- Specialties with the highest subspecialization rates were general surgery (81%), neurology (74%), ophthalmology (70%), pathology (66%), and orthopedics (64%).
- General internal medicine (8%), general pediatrics (8%), otolaryngology (8%), dermatology (7%), and internal medicine/pediatrics (combined) (7%) had the most respondents indicating they were planning on entering positions as chief residents.

Figure 2.1 Primary Activity After Completion of Current Training Program (All 2008 Exit Survey Respondents)

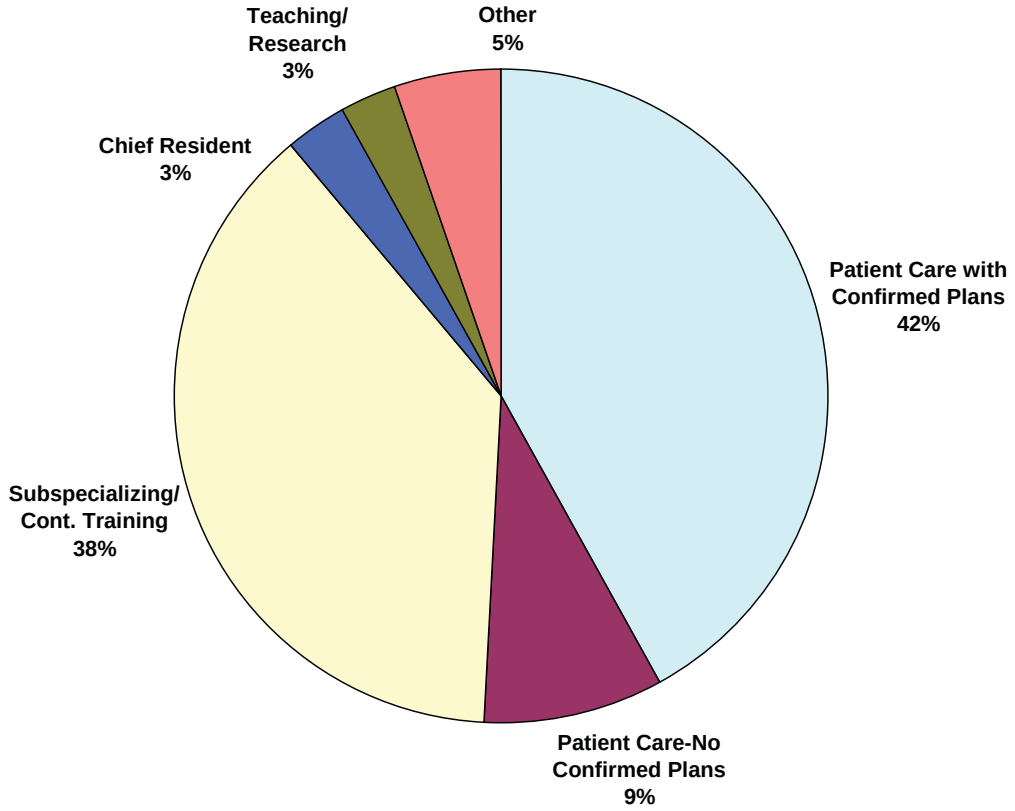


Figure 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group (All 2007 and 2008 Exit Survey Respondents)

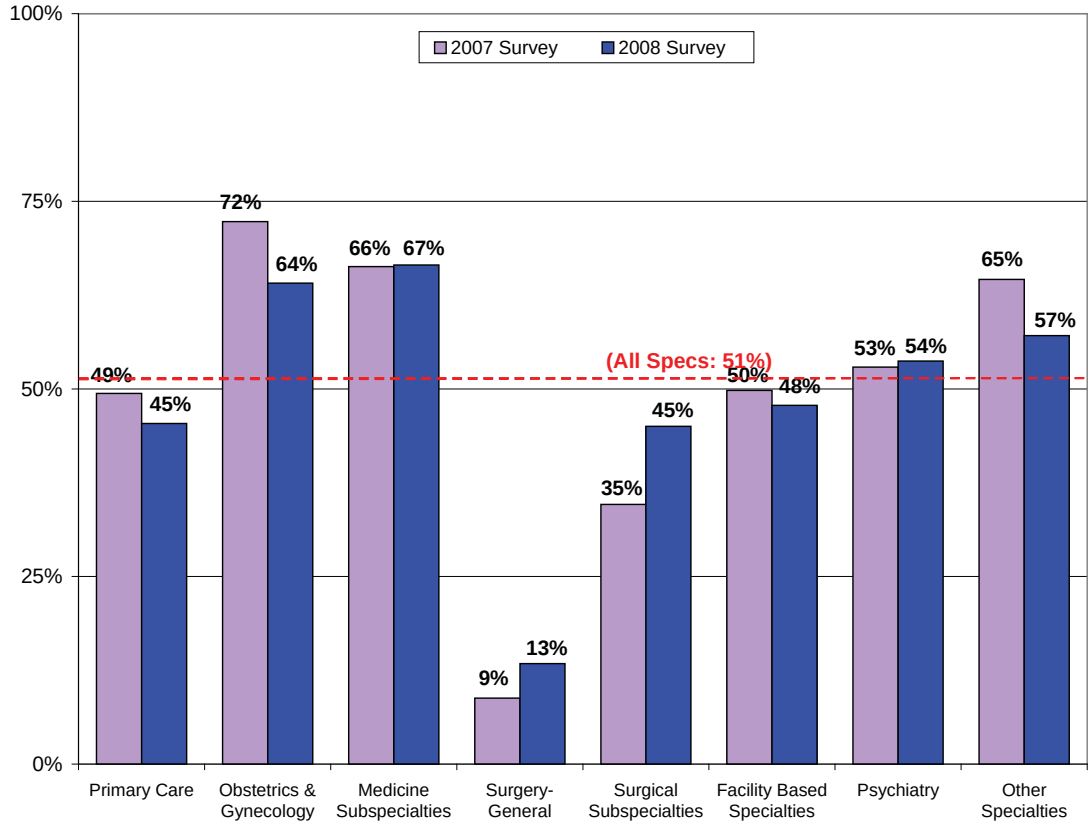


Figure 2.3 Rank of Percent of Respondents Entering Patient Care by Specialty (All 2008 Exit Survey Respondents)

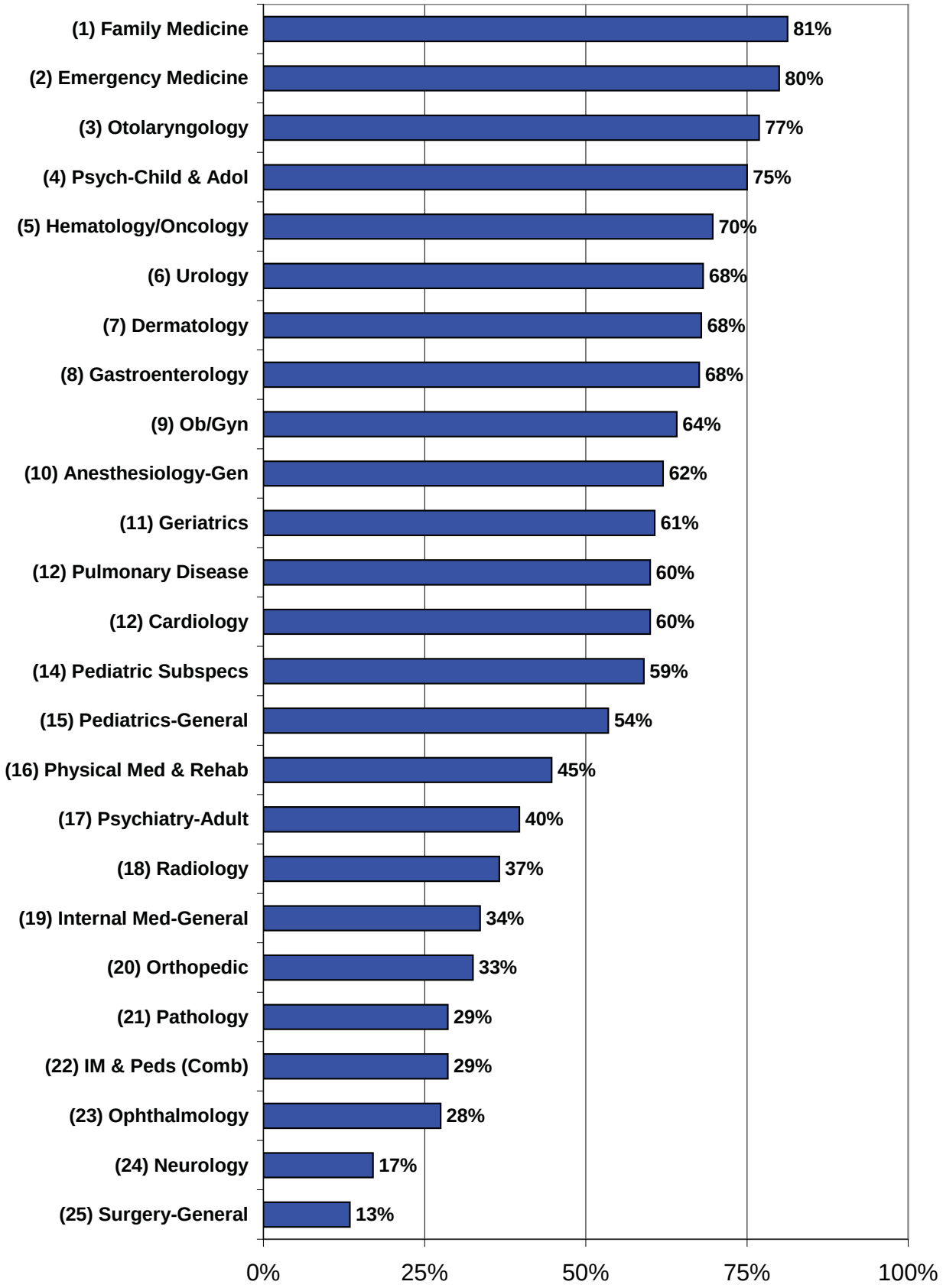


Table 2.1 Primary Activity After Completion of Current Training Program (All 2008 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**45%**	**39%**	**7%**	**3%**	**6%**
Family Medicine	81%	11%	3%	1%	4%
Internal Medicine-General	34%	48%	8%	3%	7%
Pediatrics-General	54%	32%	8%	1%	6%
IM & Peds (Combined)	29%	43%	7%	14%	7%
Obstetrics/Gynecology	**64%**	**22%**	**5%**	**3%**	**6%**
Medicine Subspecialties	**67%**	**23%**	**0%**	**5%**	**7%**
Cardiology	60%	33%	0%	6%	2%
Gastroenterology	68%	24%	0%	6%	3%
Geriatrics	61%	21%	0%	4%	14%
Hematology/Oncology	70%	9%	0%	9%	12%
Pulmonary Disease	60%	37%	0%	3%	0%
Surgery-General	**13%**	**81%**	**3%**	**0%**	**3%**
Surgical Subspecialties	**45%**	**51%**	**2%**	**1%**	**1%**
Ophthalmology	28%	70%	0%	0%	3%
Orthopedics	33%	64%	1%	1%	1%
Otolaryngology	77%	15%	8%	0%	0%
Urology	68%	27%	5%	0%	0%
Facility Based	**48%**	**46%**	**1%**	**2%**	**4%**
Anesthesiology-General	62%	32%	0%	1%	5%
Pathology	29%	66%	0%	2%	4%
Radiology	37%	58%	2%	2%	2%
Psychiatry	**54%**	**37%**	**2%**	**5%**	**2%**
Adult Psychiatry	40%	54%	1%	3%	3%
Child & Adolescent Psych	75%	14%	0%	11%	0%
Other	**57%**	**32%**	**1%**	**3%**	**7%**
Dermatology	68%	21%	7%	0%	4%
Emergency Medicine	80%	18%	0%	0%	2%
Neurology	17%	74%	0%	4%	6%
Pediatric Subspecialties	59%	25%	0%	7%	10%
Physical Medicine & Rehab	45%	45%	1%	0%	9%
All Specialties, 2008 (2007)	**51% (53%)**	**38% (37%)**	**3% (2%)**	**3% (4%)**	**5% (6%)**

Section III

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

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

3.1 Practice Location

Table 3.1 gives the practice location of respondents with confirmed practice plans. This is a subset of "All Respondents" so the number in this subgroup is presented for each specialty in the first column. A total of 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

- Less than one-half (45%) of respondents with confirmed plans were entering practice in New York. The vast majority (89%) of these respondents were remaining in the same region in which they trained.
- The specialties of dermatology (83%), general surgery (63%), urology (62%), neurology (60%), child and adolescent psychiatry (60%), and general anesthesiology (60%) had the highest in-state retention rates.
- Graduates entering practice from orthopedics (10%), general internal medicine (29%), gastroenterology (30%), pathology (37%), and radiology (37%) had the lowest in-state retention rates.
- Graduates in pathology (5%), geriatrics (5%), family medicine (3%), cardiology (3%), pediatric subspecialties (3%) were the most likely to be leaving the U.S. to begin practice.
- Native New Yorkers who completed medical school in New York were by far the most likely to report plans to practice in New York after completing training. In 2008, 80% of individuals who grew up in New York and attended medical school in the state planned to practice in New York.

Figure 3.1 Location of Upcoming Practice (for 2008 Respondents with Confirmed Practice Plans)

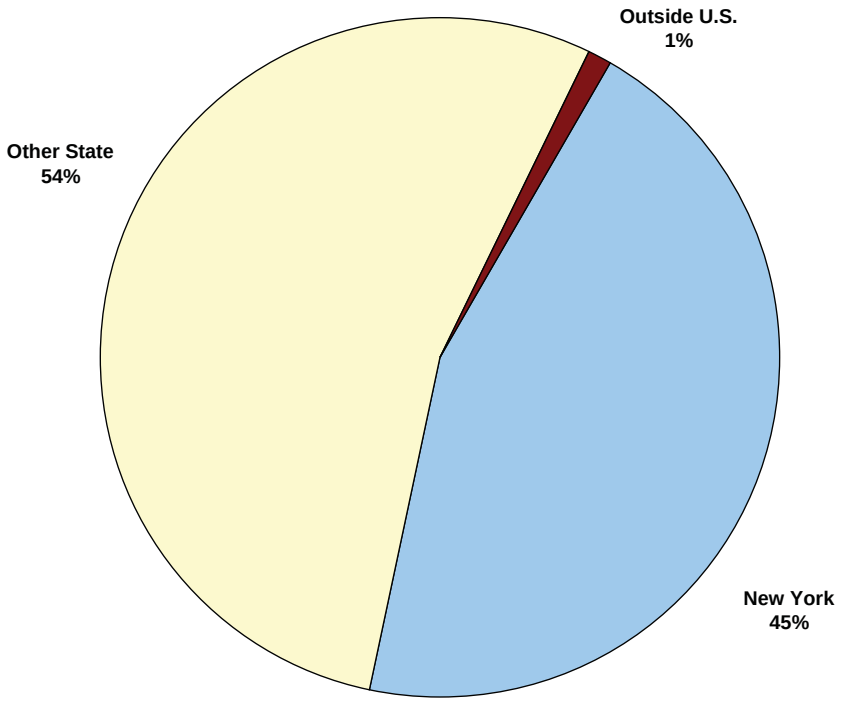


Figure 3.2 Percent of Respondents Entering Practice in New York by Specialty Group (for 2008 Respondents with Confirmed Practice Plans)

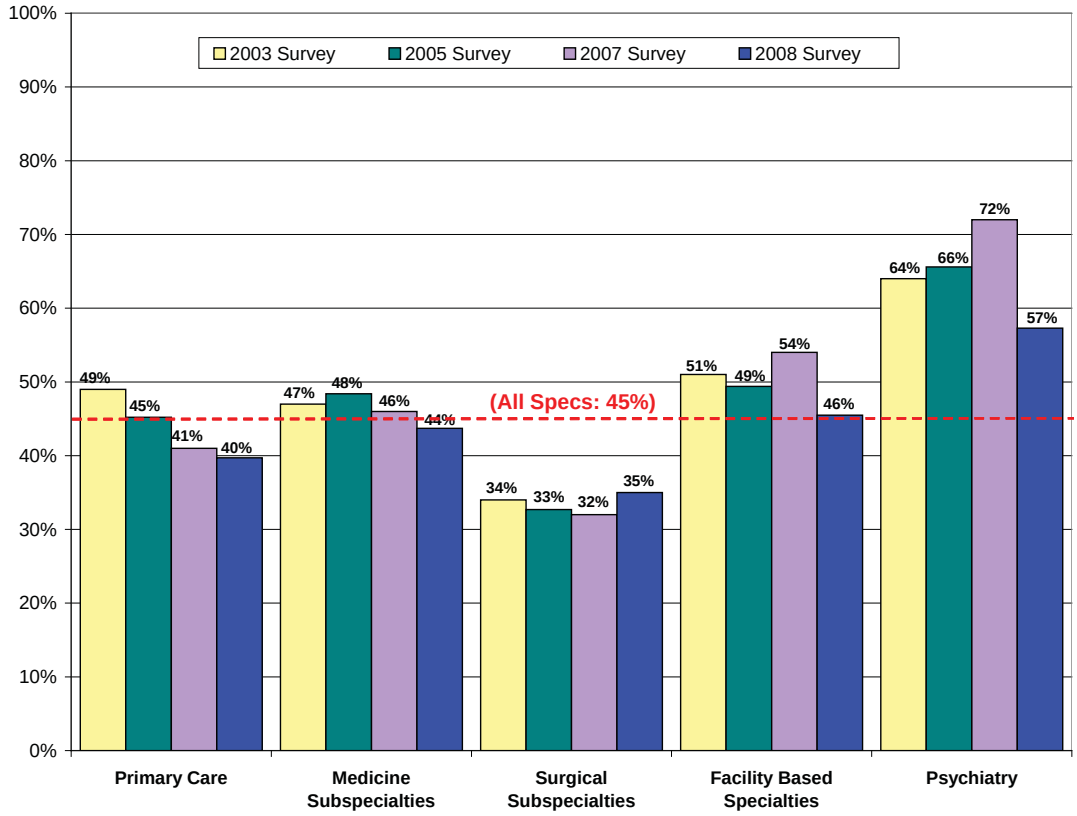


Figure 3.3 Rank of In-state Retention Rates by Specialty (for 2008 Respondents with Confirmed Practice Plans)

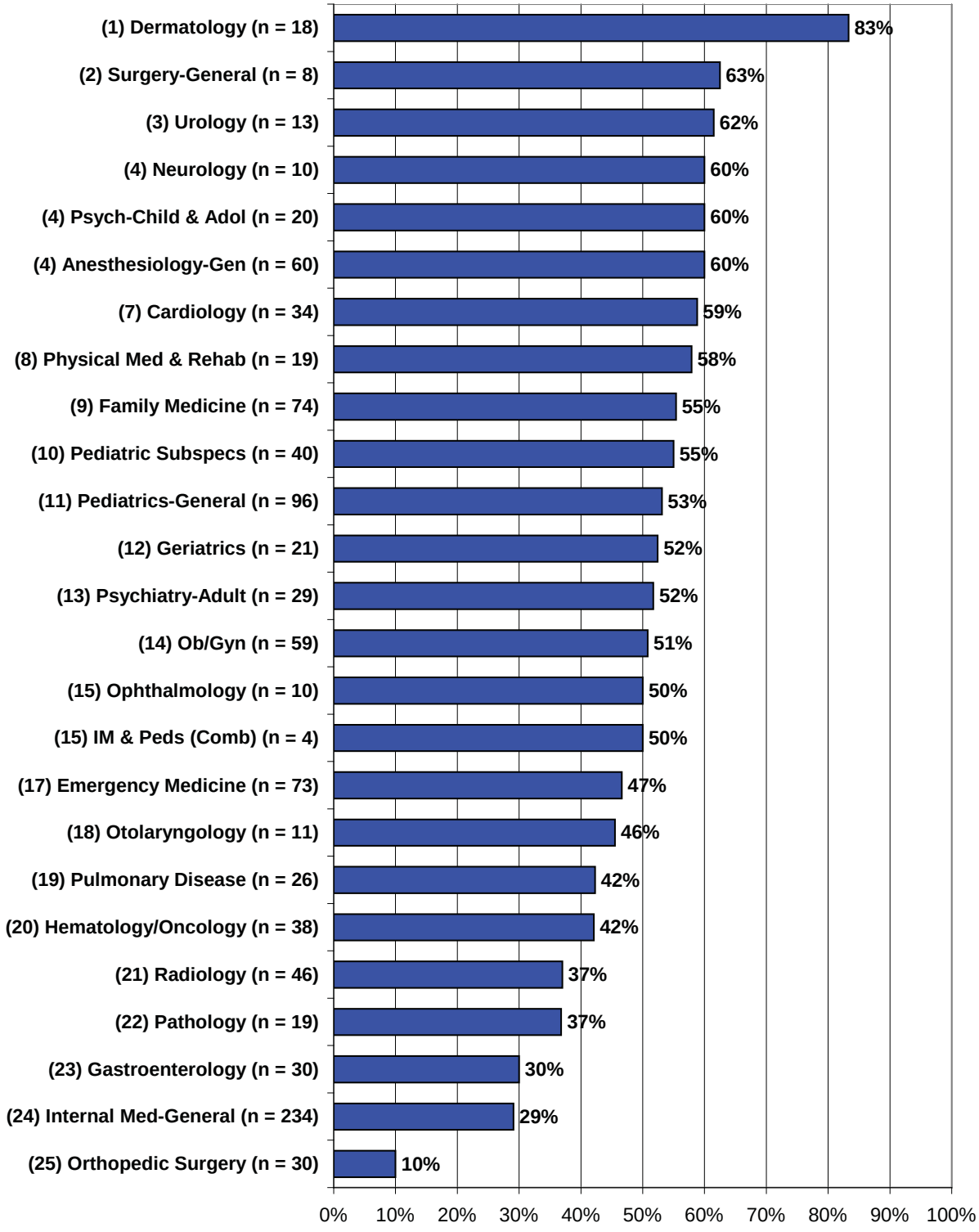


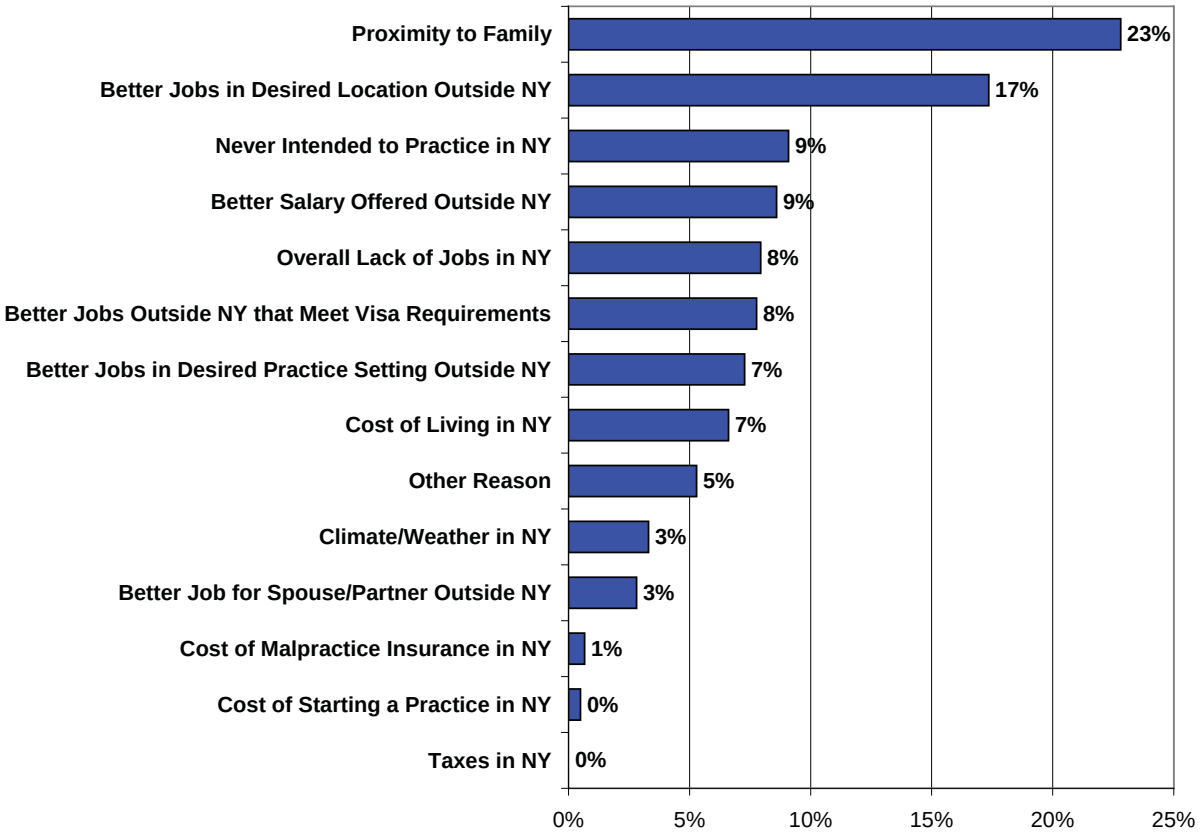
Table 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2008 Respondents with Confirmed Practice Plans)

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	**411**	**34%**	**6%**	**59%**	**1%**
Family Medicine	76	49%	7%	42%	3%
Internal Medicine-General	235	24%	6%	70%	1%
Pediatrics-General	96	47%	6%	46%	1%
IM & Peds (Combined)	4	50%	0%	50%	0%
Obstetrics/Gynecology	**60**	**46%**	**5%**	**49%**	**0%**
Medicine Subspecialties	**249**	**40%**	**3%**	**56%**	**1%**
Cardiology	35	47%	12%	38%	3%
Gastroenterology	30	30%	0%	70%	0%
Geriatrics	21	38%	14%	43%	5%
Hematology/Oncology	38	40%	3%	58%	0%
Pulmonary Disease	26	42%	0%	58%	0%
Surgery-General	**8**	**50%**	**13%**	**25%**	**13%**
Surgical Subspecialties	**96**	**32%**	**3%**	**65%**	**0%**
Ophthalmology	10	40%	10%	50%	0%
Orthopedics	30	10%	0%	90%	0%
Otolaryngology	11	46%	0%	55%	0%
Urology	14	54%	8%	39%	0%
Facility Based	**159**	**40%**	**5%**	**54%**	**1%**
Anesthesiology-General	61	55%	5%	40%	0%
Pathology	19	32%	5%	58%	5%
Radiology	48	30%	7%	63%	0%
Psychiatry	**75**	**52%**	**5%**	**43%**	**0%**
Adult Psychiatry	29	48%	3%	48%	0%
Child & Adolescent Psych	20	50%	10%	40%	0%
Other	**194**	**51%**	**3%**	**45%**	**1%**
Dermatology	18	78%	6%	17%	0%
Emergency Medicine	74	44%	3%	53%	0%
Neurology	10	50%	10%	40%	0%
Pediatric Subspecialties	40	53%	3%	43%	3%
Physical Medicine & Rehab	19	58%	0%	42%	0%
All Specialties, 2008 (2007)	**1270 (1144)**	**40% (43%)**	**5% (5%)**	**54% (51%)**	**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 2008 Respondents with Confirmed Practice Plans)



- When respondents who were planning to practice outside of New York were asked what their main reason was for leaving, the most common reasons were proximity to family (23%) and better jobs in desired locations outside New York (17%). Nine percent (9%) of respondents indicated that they never intended to practice in New York.

- Few respondents reported that the principal reason for them practicing outside of New York was taxes (less and 1%), the cost of starting a practice in New York (less than 1%), or the cost of malpractice insurance (1%).

3.2 Demographics of Practice Location

Table 3.2 summarizes the responses to two questions relating to the demographics of the respondent's upcoming practice location. The first five columns give the demographics of the principal practice location and the last column gives the percentage of graduates entering practice in a federally designated HPSA. 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 reported that they did not know whether their upcoming practice was in a HPSA.

Highlights

- Twenty-eight percent (28%) 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, the same percentage that was reported in 2007.
- Graduates of internal medicine/pediatrics (combined) (50%), child and adolescent psychiatry (47%), pediatric subspecialties (45%), physical medicine and rehabilitation (39%), and adult psychiatry (38%) were the most likely to enter practices in the inner city.
- Graduates of cardiology (13%), family medicine (11%), general internal medicine (6%), and pathology (6%) were the most likely to enter practices in rural areas.
- The graduates most likely to be entering practice in HPSAs were in family medicine (32%), pulmonary disease (28%), internal medicine/pediatrics (combined) (25%), general internal medicine (24%), and pediatric subspecialties (23%).
- Citizenship status had 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 one-half of IMGs with temporary visas were entering HPSAs (50%), IMGs with permanent citizenship were slightly more likely to be entering HPSAs than were USMGs (12% and 8%, 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 2008 Respondents from Primary Care Specialties with Confirmed Practice Plans)

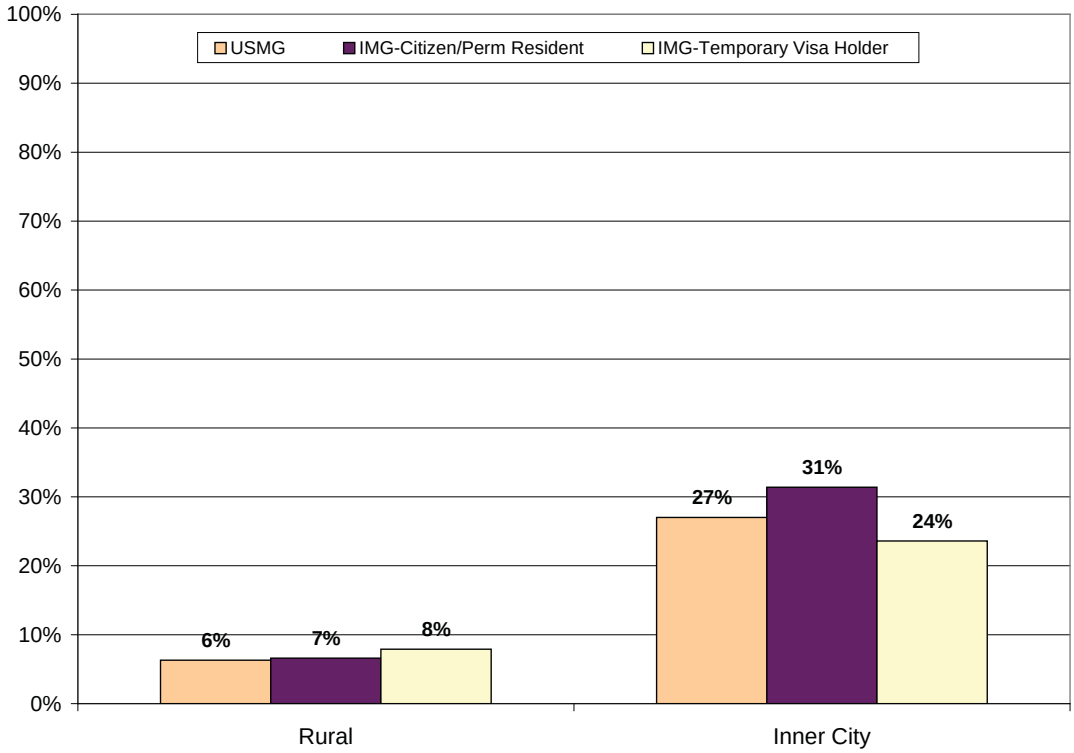


Figure 3.6 Percent of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship (for 2008 Respondents from Primary Care Specialties with Confirmed Practice Plans)

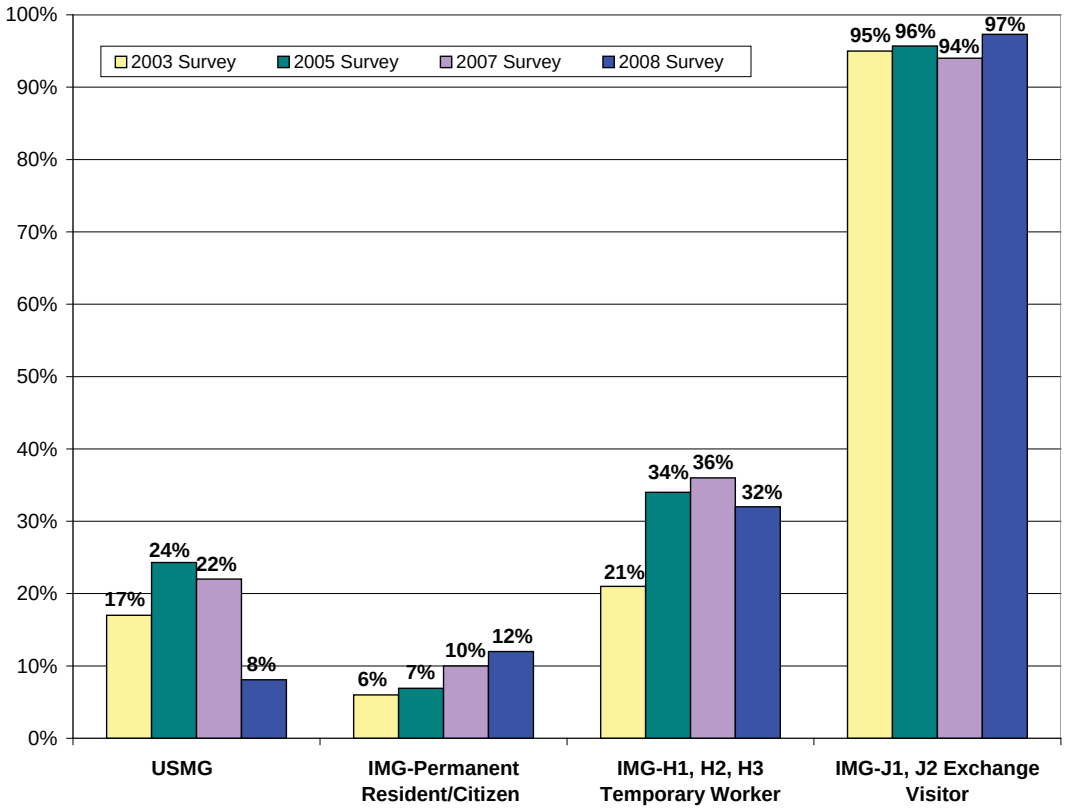


Table 3.2 Demographics of Practice Setting (for 2008 Respondents with Confirmed Practice Plans)

Specialty	DEMOGRAPHICS: Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA[11]
Primary Care	**27%**	**17%**	**28%**	**22%**	**7%**	**24%**
Family Medicine	19%	17%	32%	21%	11%	32%
Internal Medicine-General	28%	14%	25%	28%	6%	24%
Pediatrics-General	30%	23%	33%	9%	5%	19%
IM & Peds (Combined)	50%	25%	25%	0%	0%	25%
Obstetrics/Gynecology	**36%**	**24%**	**35%**	**2%**	**3%**	**31%**
Medicine Subspecialties	**26%**	**22%**	**40%**	**10%**	**2%**	**15%**
Cardiology	23%	3%	45%	16%	13%	16%
Gastroenterology	17%	31%	45%	3%	3%	7%
Geriatrics	28%	44%	22%	6%	0%	16%
Hematology/Oncology	32%	26%	42%	0%	0%	11%
Pulmonary Disease	32%	24%	24%	20%	0%	28%
Surgery-General	**0%**	**29%**	**57%**	**14%**	**0%**	**0%**
Surgical Subspecialties	**19%**	**32%**	**36%**	**12%**	**2%**	**4%**
Ophthalmology	30%	30%	10%	30%	0%	0%
Orthopedics	10%	40%	40%	7%	3%	3%
Otolaryngology	18%	36%	27%	18%	0%	0%
Urology	15%	23%	54%	8%	0%	8%
Facility Based	**29%**	**29%**	**26%**	**13%**	**3%**	**7%**
Anesthesiology-General	30%	33%	20%	15%	2%	12%
Pathology	28%	28%	28%	11%	6%	11%
Radiology	24%	24%	33%	15%	4%	4%
Psychiatry	**38%**	**26%**	**19%**	**16%**	**1%**	**15%**
Adult Psychiatry	38%	24%	31%	7%	0%	18%
Child & Adolescent Psych	47%	21%	21%	11%	0%	10%
Other	**30%**	**29%**	**30%**	**10%**	**2%**	**6%**
Dermatology	12%	47%	41%	0%	0%	0%
Emergency Medicine	26%	31%	26%	13%	4%	3%
Neurology	20%	40%	40%	0%	0%	0%
Pediatric Subspecialties	45%	11%	34%	11%	0%	23%
Physical Medicine & Rehab	39%	17%	22%	22%	0%	6%
All Specialties, 2008 (2007)	**28% (30%)**	**23% (21%)**	**31% (32%)**	**14% (13%)**	**4% (4%)**	**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 settings. On the 2008 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-eight percent (38%) of respondents were entering group practices. More than four-fifths of these (90%) were going into groups as employees.
- The vast majority of respondents (93%) said they would be employees in their upcoming practices with no level of ownership (see Figure 3.8). Twenty-seven percent (27%) 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, and there were only a few specialties in which 10% or more planned to enter solo practice: neurology (25%), general surgery (17%), otolaryngology (11%), and family medicine (10%).
- Forty-eight percent (48%) of graduates were entering practice in hospitals. Inpatient (30%) was the most common, followed by ambulatory care (11%) and emergency room (7%) settings.

Figure 3.7 Practice Setting of Respondents' Upcoming Principal Practice (for 2008 Respondents with Confirmed Practice Plans)

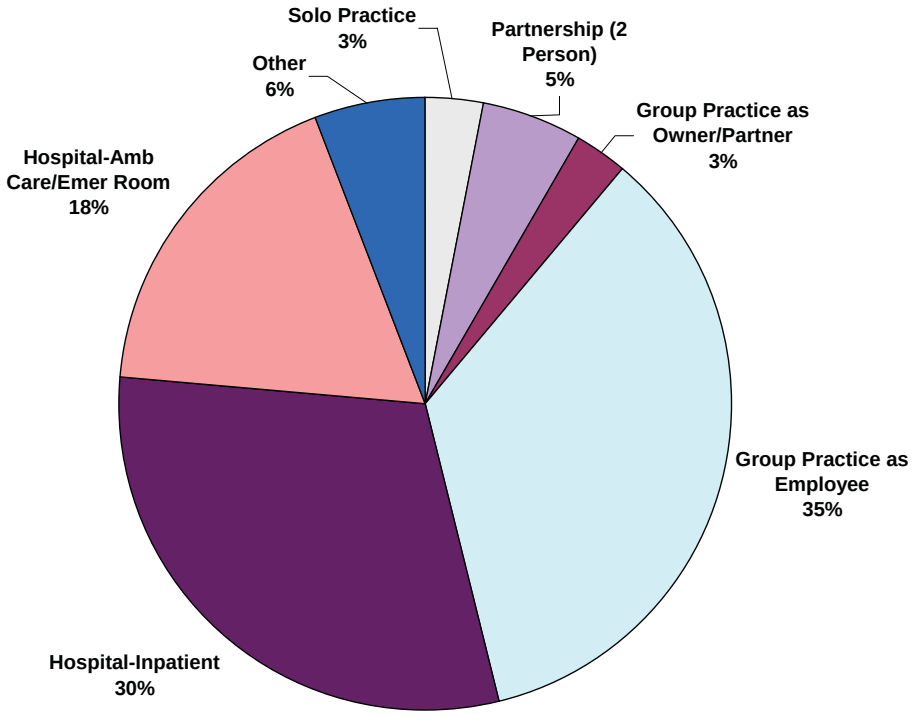


Figure 3.8 Respondents' Level of Ownership in Upcoming Principal Practice (for 2008 Respondents with Confirmed Practice Plans)

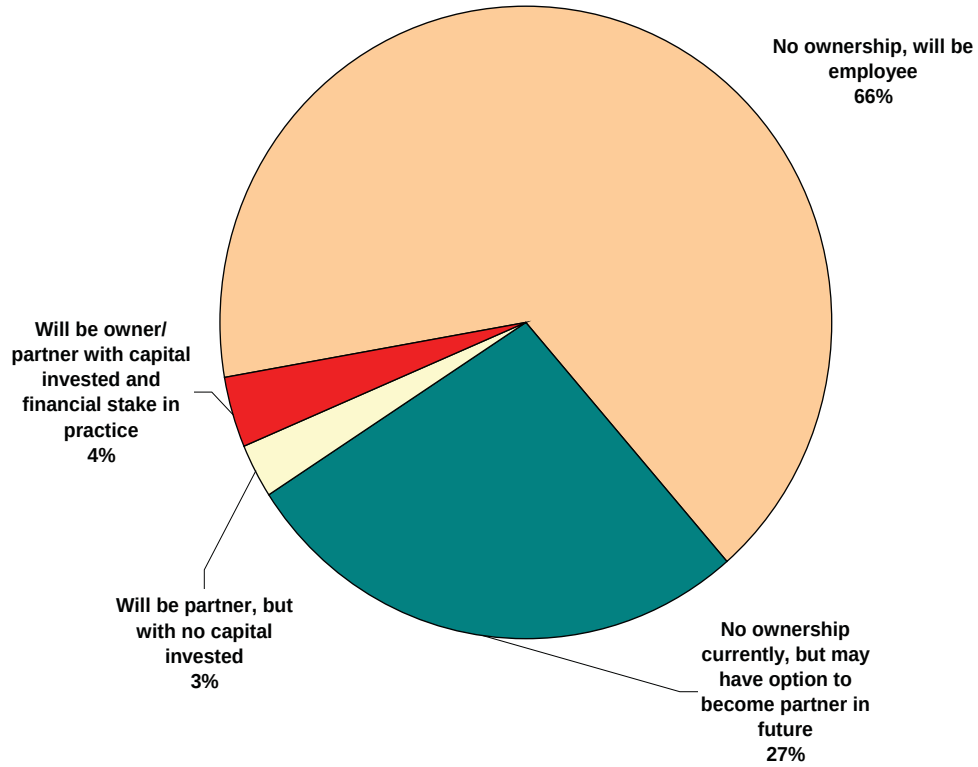


Table 3.3 Practice Setting of Respondents' Upcoming Principal Practice (for 2008 Respondents with Confirmed Practice Plans)

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%**	**2%**	**2%**	**26%**	**45%**	**14%**	**3%**	**5%**
Family Medicine	10%	4%	2%	43%	10%	15%	2%	15%
Internal Medicine-General	2%	2%	2%	14%	65%	11%	3%	2%
Pediatrics-General	4%	1%	1%	40%	24%	20%	6%	3%
IM & Peds (Combined)	0%	0%	0%	0%	50%	0%	0%	50%
Obstetrics/Gynecology	**2%**	**14%**	**4%**	**51%**	**16%**	**4%**	**0%**	**10%**
Medicine Subspecialties	**1%**	**8%**	**2%**	**47%**	**24%**	**11%**	**0%**	**6%**
Cardiology	0%	10%	3%	66%	14%	7%	0%	0%
Gastroenterology	0%	16%	0%	64%	12%	4%	0%	4%
Geriatrics	0%	0%	0%	6%	41%	24%	0%	29%
Hematology/Oncology	0%	3%	6%	49%	6%	26%	0%	11%
Pulmonary Disease	0%	12%	4%	40%	44%	0%	0%	0%
Surgery-General	**17%**	**0%**	**0%**	**83%**	**0%**	**0%**	**0%**	**0%**
Surgical Subspecialties	**6%**	**13%**	**5%**	**58%**	**9%**	**4%**	**0%**	**5%**
Ophthalmology	0%	30%	0%	50%	0%	20%	0%	0%
Orthopedics	4%	7%	7%	57%	14%	4%	0%	7%
Otolaryngology	11%	22%	0%	67%	0%	0%	0%	0%
Urology	0%	0%	8%	92%	0%	0%	0%	0%
Facility Based	**1%**	**4%**	**7%**	**48%**	**35%**	**2%**	**1%**	**1%**
Anesthesiology-General	4%	0%	7%	59%	28%	0%	0%	2%
Pathology	0%	0%	0%	41%	59%	0%	0%	0%
Radiology	0%	7%	10%	32%	39%	7%	2%	2%
Psychiatry	**6%**	**0%**	**1%**	**7%**	**34%**	**23%**	**8%**	**21%**
Adult Psychiatry	7%	0%	3%	10%	28%	17%	13%	21%
Child & Adolescent Psych	5%	0%	0%	11%	26%	32%	11%	16%
Other	**3%**	**6%**	**3%**	**25%**	**14%**	**11%**	**35%**	**4%**
Dermatology	6%	12%	0%	65%	0%	18%	0%	0%
Emergency Medicine	1%	1%	7%	14%	1%	0%	75%	0%
Neurology	25%	0%	0%	25%	25%	25%	0%	0%
Pediatric Subspecialties	0%	3%	0%	6%	49%	14%	23%	6%
Physical Medicine & Rehab	6%	11%	0%	28%	17%	22%	0%	17%
All Specialties, 2008	**3%**	**5%**	**3%**	**35%**	**30%**	**11%**	**7%**	**6%**
(All Specialties, 2007)	**(3%)**	**(6%)**	**(4%)**	**(35%)**	**(29%)**	**(9%)**	**(8%)**	**(6%)**

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 or 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 radiologists ($304,250), orthopedics ($268,050), cardiology ($252,150), and urology ($248,500).
- General pediatrics had by far the lowest median starting income of all specialties ($123,500). Other specialties with low starting incomes included ophthalmology ($133,700), geriatrics ($144,450), and child and adolescent psychiatry ($151,250).
- Among the specialty groups, psychiatry ($155,500) and primary care ($156,200) had the lowest starting median income. Conversely, facility based ($259,400) and surgical subspecialties ($246,100) were highest.

Figure 3.9 Descriptive Statistics for Starting Income (in $1,000s) by Specialty Group (for 2008 Respondents with Confirmed Practice Plans)

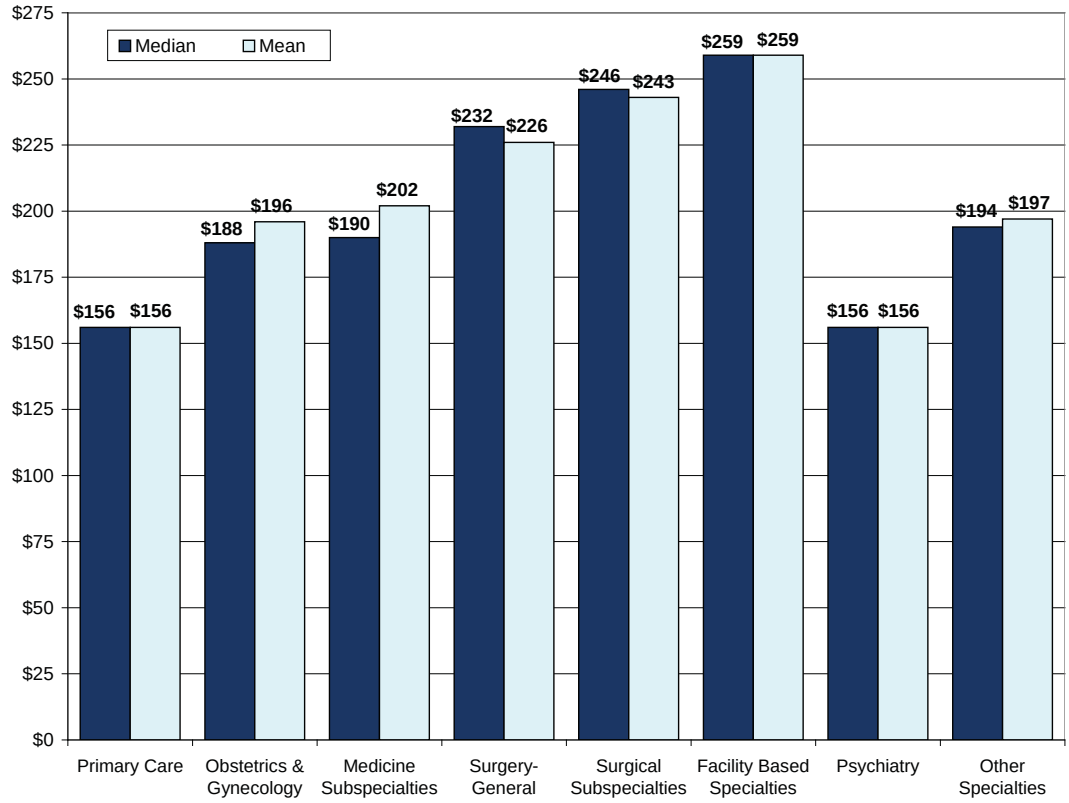


Figure 3.10 Distribution of Starting Income among Primary Care and Non-Primary Care Physicians (for 2008 Respondents with Confirmed Practice Plans)

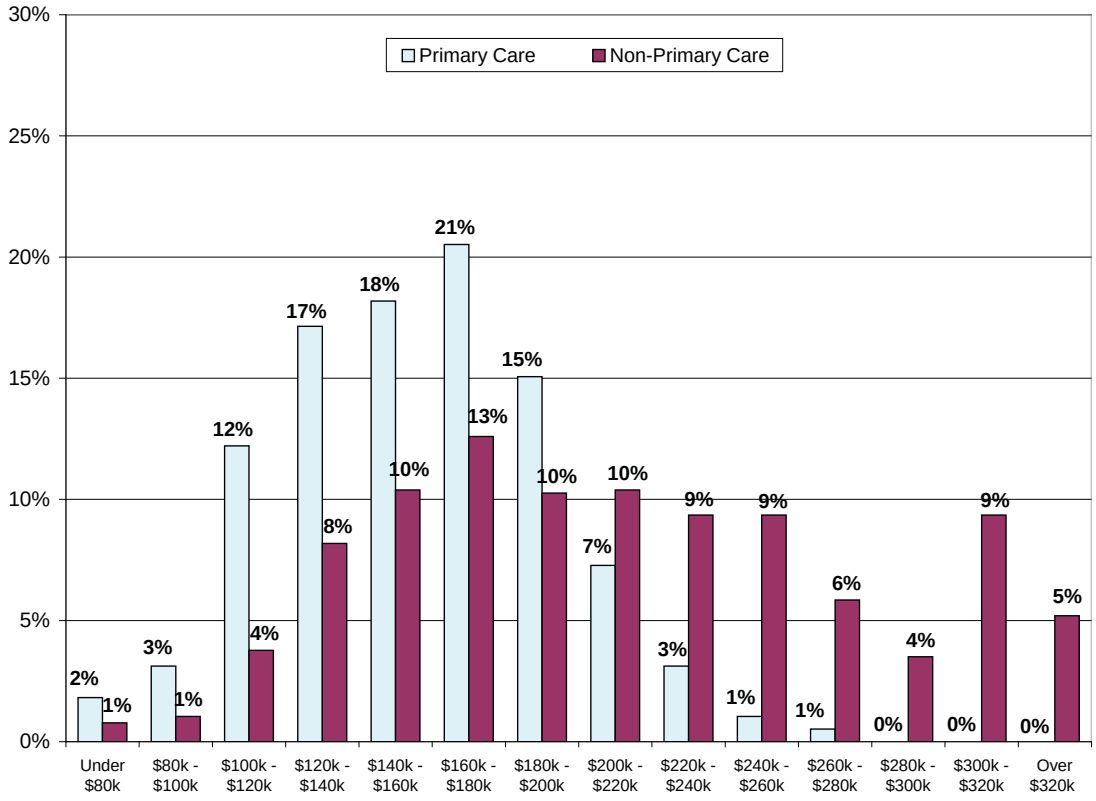


Figure 3.11 Rank of Median Starting Income (in $1,000s) by Specialty (for 2008 Respondents with Confirmed Practice Plans)

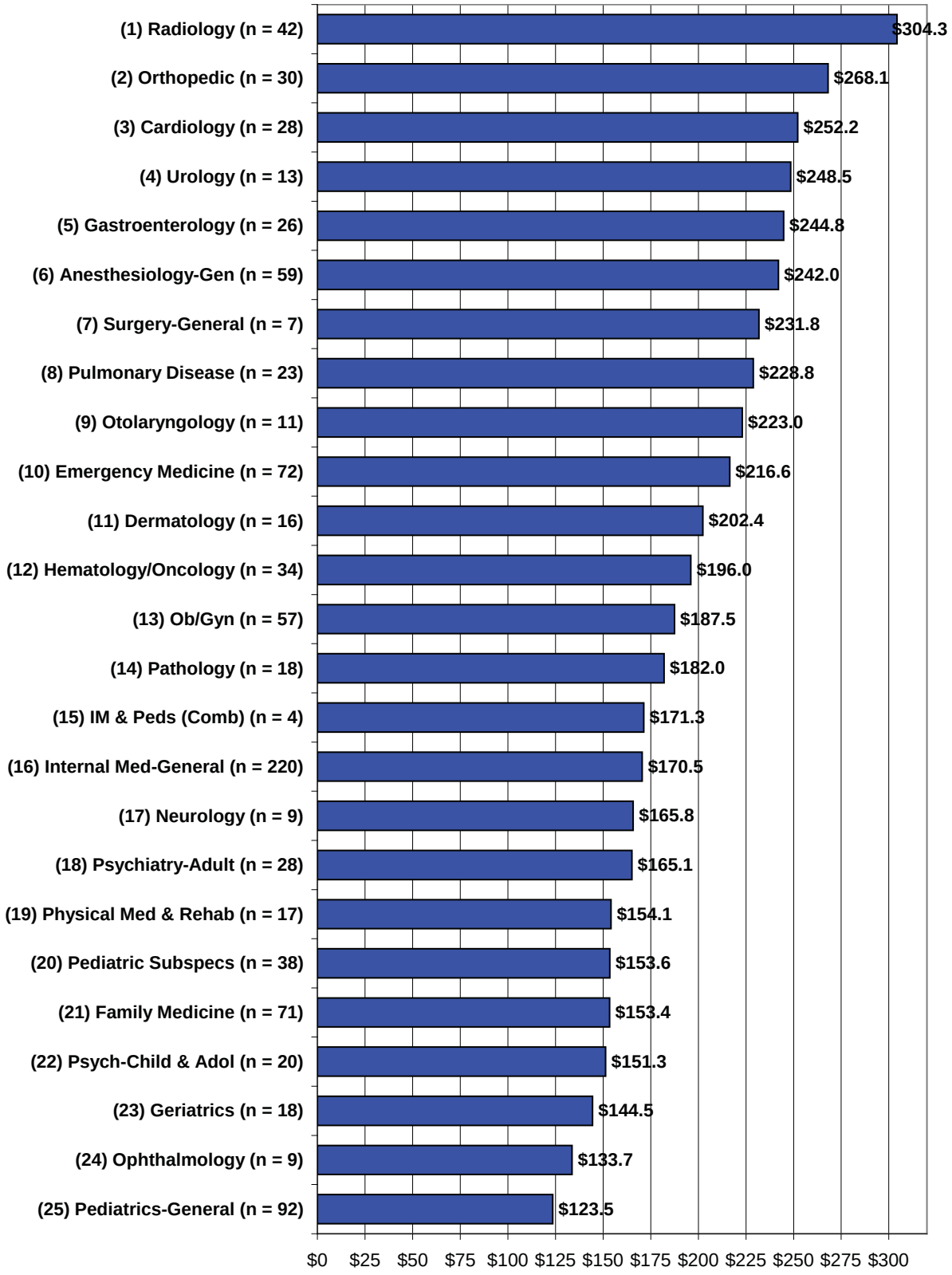


Table 3.4 Descriptive Statistics for Respondents' Expected Starting Income (for 2008 Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
Primary Care	**387**	**$156,305**	N/A	**$156,200**	N/A
Family Medicine	71	$158,275	21	$153,400	21
Internal Medicine-General	220	$169,165	15	$170,500	16
Pediatrics-General	92	$123,903	25	$123,500	25
IM & Peds (Combined)	4	$159,275	20	$171,300	15
Obstetrics/Gynecology	**57**	**$195,611**	14	**$187,500**	13
Medicine Subspecialties	**219**	**$201,825**	N/A	**$189,500**	N/A
Cardiology	28	$252,571	3	$252,150	3
Gastroenterology	26	$247,862	5	$244,750	5
Geriatrics	18	$149,661	22	$144,450	23
Hematology/Oncology	34	$207,853	11	$196,000	12
Pulmonary Disease	23	$232,396	8	$228,800	8
Surgery-General	**7**	**$226,143**	9	**$231,800**	7
Surgical Subspecialties	**89**	**$243,200**	N/A	**$246,100**	N/A
Ophthalmology	9	$143,111	24	$133,700	24
Orthopedics	30	$277,460	2	$268,050	2
Otolaryngology	11	$238,500	7	$223,000	9
Urology	13	$251,223	4	$248,500	4
Facility Based	**145**	**$258,632**	N/A	**$259,400**	N/A
Anesthesiology-General	59	$243,073	6	$242,000	6
Pathology	18	$200,600	13	$182,000	14
Radiology	42	$292,964	1	$304,250	1
Psychiatry	**74**	**$155,993**	N/A	**$155,500**	N/A
Adult Psychiatry	28	$165,971	17	$165,100	18
Child & Adolescent Psych	20	$145,200	23	$151,250	22
Other	**184**	**$197,468**	N/A	**$194,200**	N/A
Dermatology	16	$204,350	12	$202,400	11
Emergency Medicine	72	$220,840	10	$216,550	10
Neurology	9	$168,777	16	$165,800	17
Pediatric Subspecialties	38	$164,700	18	$153,550	20
Physical Medicine & Rehab	17	$163,494	19	$154,100	19
Total (All Specialties)	**1162**	**$193,155**	N/A	**$181,000**	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 significant factor in predicting the number of hours an individual will be working with females averaging fewer hours than males. Therefore, it is important to control for this factor in making comparisons across specialties. The data presented in Table 3.5 are an aggregation of all responses to this question from both the 2007 and 2008 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 42.5 hours per week in patient care/clinical practice activities.
- As noted above, females expected to work about 9% fewer patient care hours than males (40.3 versus 44.1). The greatest disparity in expected hours worked between females and males occurred in pathology (45% fewer hours for females), geriatrics (41%), urology (29%), and radiology (23%).
- Graduates of the following individual specialties expected to be working the highest number of hours: urology (52.2), general anesthesiology (50.4), and general surgery (49.0).
- Graduates expected to be working the fewest patient care/clinical practice hours per week in dermatology (32.7), emergency medicine (35.4), and child and adolescent psychiatry (36.9).

Figure 3.12 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours, by Specialty (2007 and 2008 Respondents with Confirmed Practice Plans)

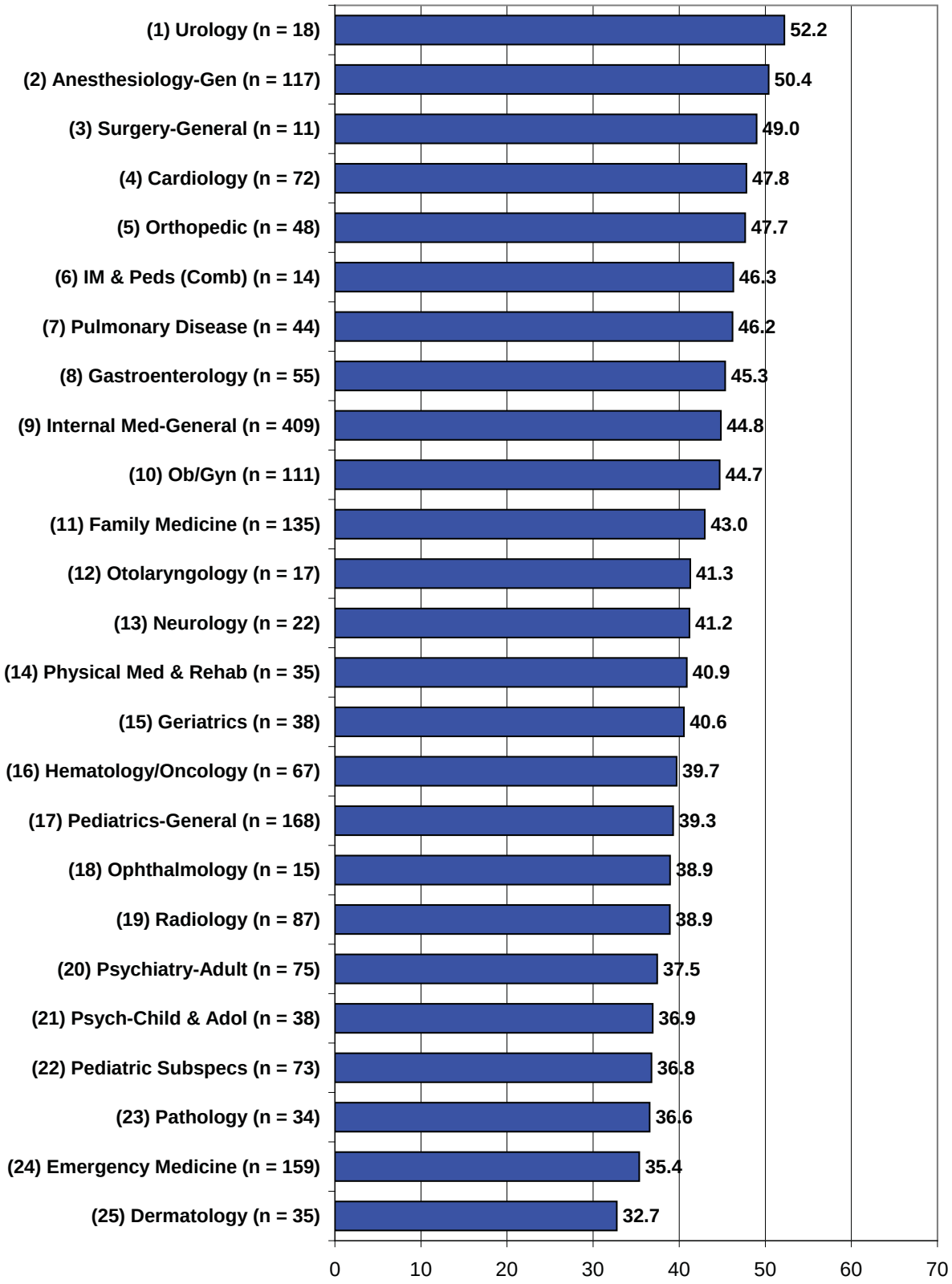


Table 3.5 Respondents' Expected Weekly Number of Patient Care/Clinical Practice Hours, by Gender (for 2008 Respondents with Confirmed Practice Plans)

Specialty[12]	Male Respondents	Female Respondents	All Respondents
Primary Care	**44.1**	**42.0**	**43.2**
Family Medicine	43.5	42.3	42.9
Internal Medicine-General	44.7	44.6	44.8
Pediatrics-General	41.4	38.3	39.3
IM & Peds (Combined)	46.7 (n = 9)	46.9 (n = 7)	46.3
Obstetrics/Gynecology	**44.3**	**44.2**	**44.7**
Medicine Subspecialties	**46.3**	**39.3**	**43.7**
Cardiology	48.9	43.9	47.8
Gastroenterology	46.3	43.5	45.3
Geriatrics	48.5	34.4	40.6
Hematology/Oncology	41.1	38.8	39.7
Pulmonary Disease	46.5	45.1 (n = 9)	46.2
Surgery-General	**48.2** (n = 6)	**50.0** (n = 5)	**49.0**
Surgical Subspecialties	**48.7**	**46.1**	**48.1**
Ophthalmology	41.0 (n = 7)	36.4 (n = 7)	38.9
Orthopedics	48.5	45.8 (n = 6)	47.7
Otolaryngology	42.3	36.5 (n = 6)	41.3
Urology	54.2	42.0 (n = 3)	52.2
Facility Based	**47.3**	**43.0**	**45.5**
Anesthesiology-General	51.0	49.4	50.4
Pathology	45.6	31.4	36.6
Radiology	41.3	33.7	38.9
Psychiatry	**38.2**	**34.2**	**35.9**
Adult Psychiatry	39.8	36.1	37.5
Child & Adolescent Psych	38.7	35.7	36.9
Other	**37.5**	**35.6**	**36.8**
Dermatology	34.6	31.6	32.7
Emergency Medicine	34.9	35.7	35.4
Neurology	42.7	37.5 (n = 8)	41.2
Pediatric Subspecialties	37.6	35.6	36.8
Physical Medicine & Rehab	40.7	40.9	40.9
Total (All Specialties)	**44.1**	**40.3**	**42.5**

[12]Patient care/clinical practice hours has been stratified by gender in any specialties with enough respondents to do so. The number of respondents (n) is given if n is less than 10. The data presented in this table is for respondents to both the 2007 and 2008 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.

Experiences 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 2007 and 2008 surveys, and 3) either the aggregated total of all respondents for the last four years 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.

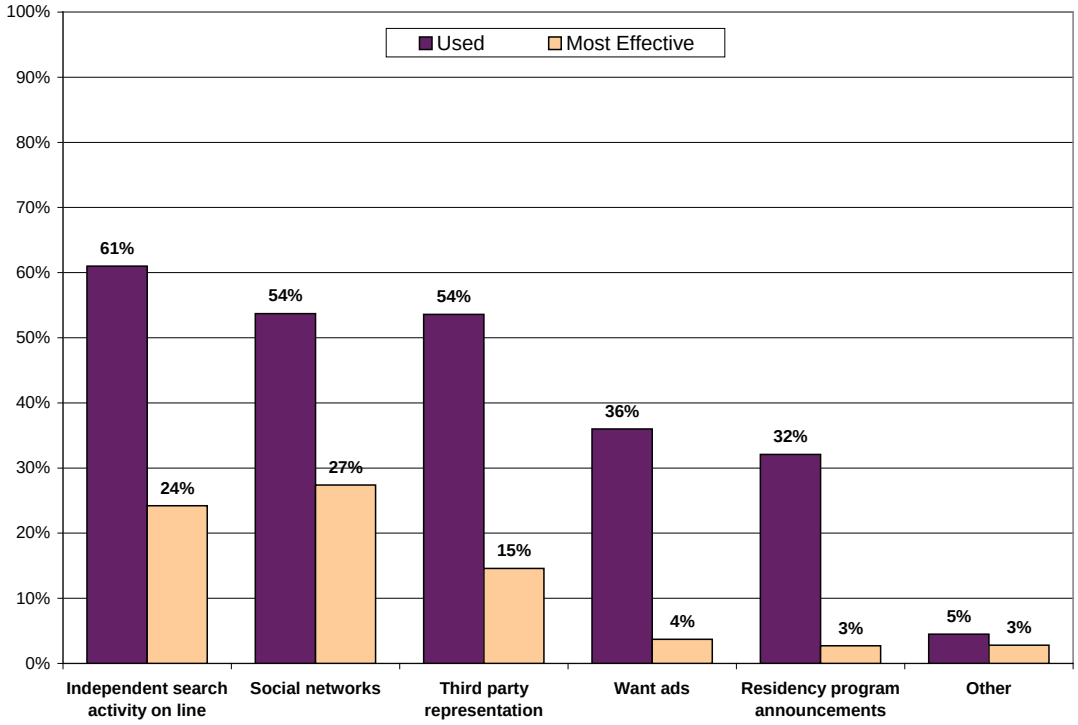
4.1 Approaches Used in Job Search

Figure 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 (61%), social networks (54%), and third party representation (54%) to search for a practice position. Social networks (27%) and independent search activity online (24%) were considered the most effective approaches to finding a job.

Figure 4.1 Approaches Used in Job Search (of 2008 Respondents who have Searched for a Job)



4.2 Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position

Table 4.1 gives the percent of respondents who reported difficulty finding a practice position they were satisfied with. As noted above, this table summarizes the responses for the 2008 survey, the aggregated total of responses for 2007 and 2008, 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 the same last year (27%). For the specialty groupings, medicine subspecialties (35%) had the highest percentage of respondents reporting difficulty in 2008.

- The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (42%), followed by lack of jobs in desired practice setting (18%) and inadequate salary/compensation offered (18%).

- The highest percentages of graduates having difficulty finding a satisfactory practice position were in ophthalmology (50%), pathology (42%), and internal medicine/pediatrics (combined) (40%). Conversely, emergency medicine (12%), neurology (13%), and urology (13%) 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 2008 Respondents who have Searched for a Job)

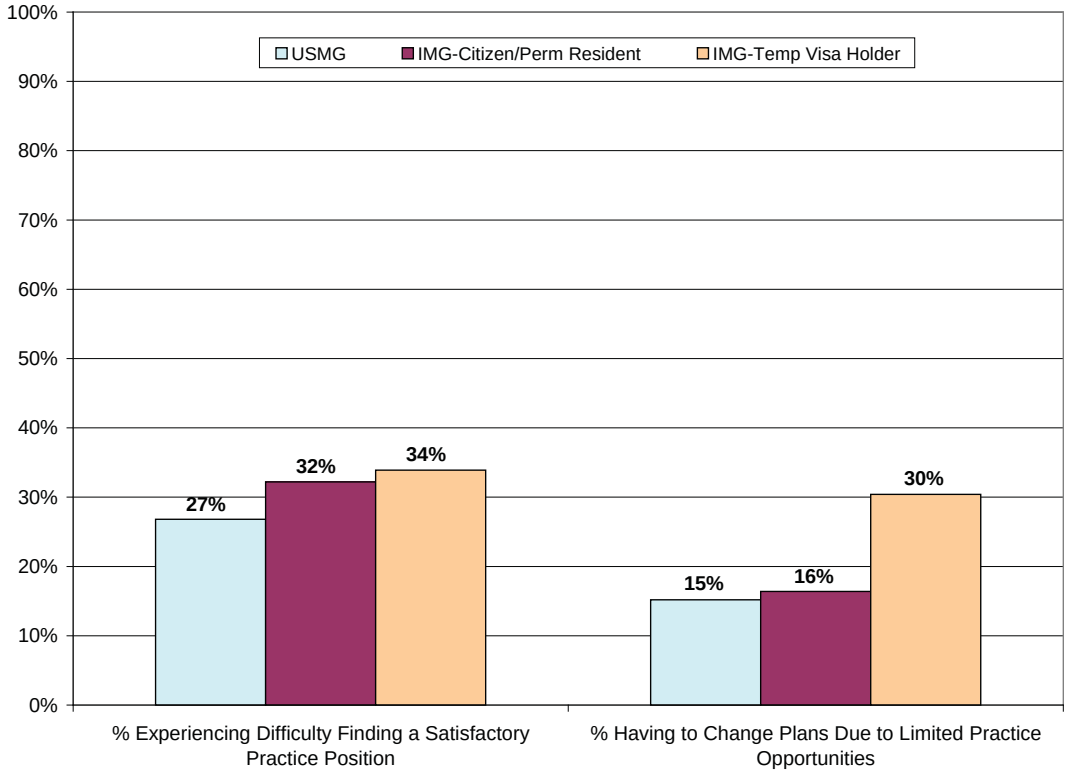


Figure 4.3 Main Reason for Difficulty Finding a Satisfactory Practice Position (of 2008 Respondents who Reported Having Difficulty, IMGs on Temporary Visas Excluded)

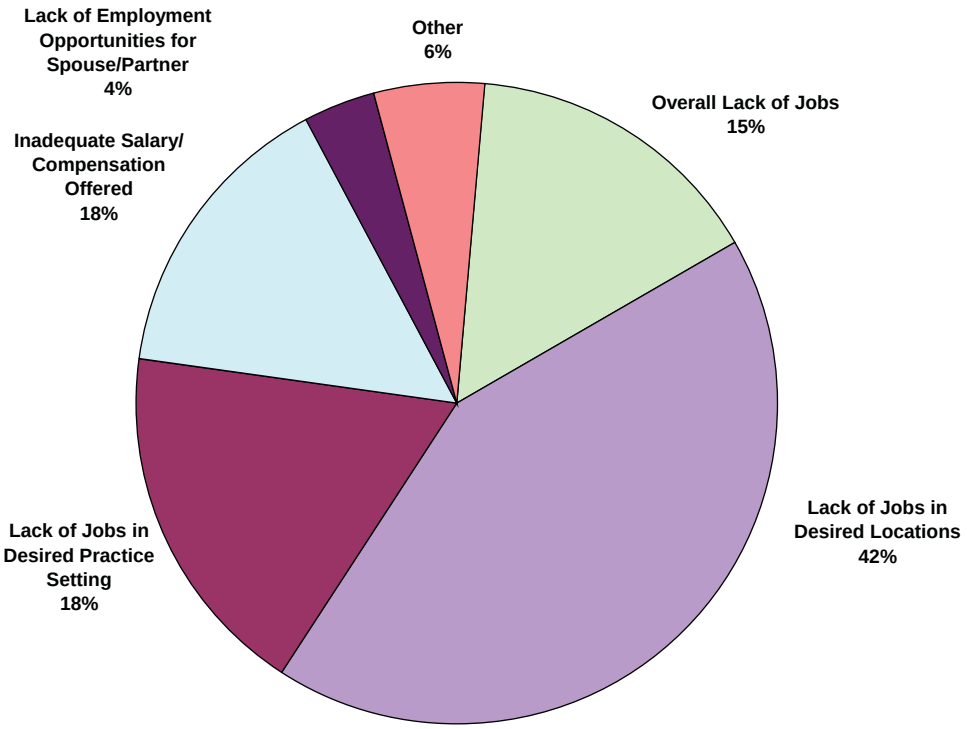
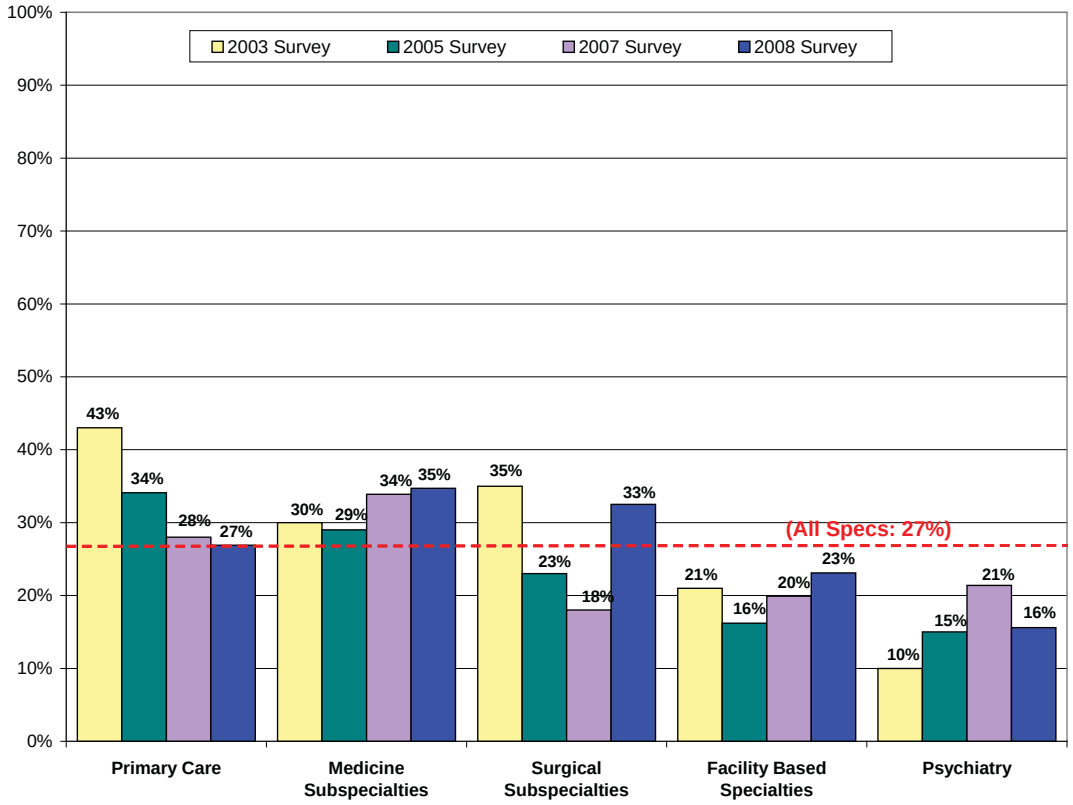


Figure 4.4 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)



- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last two years of the survey (2007 and 2008 aggregated) were geriatrics (42%), physical medicine and rehabilitation (39%), pathology (36%), and cardiology (34%).

- 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 (43%), ophthalmology (43%), physical medicine and rehabilitation (42%), pathology (37%), and internal medicine-general (36%).

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 experience much more difficulty due to their visa status. Since IMGs on temporary visas are not evenly distributed among various specialties, their responses will confound (i.e., bias) the results when making comparisons across specialties. To eliminate this potential bias, IMGs on temporary visas have been excluded from the data presented in the rest of this section.

Figure 4.5 Rank of Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position, by Specialty (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

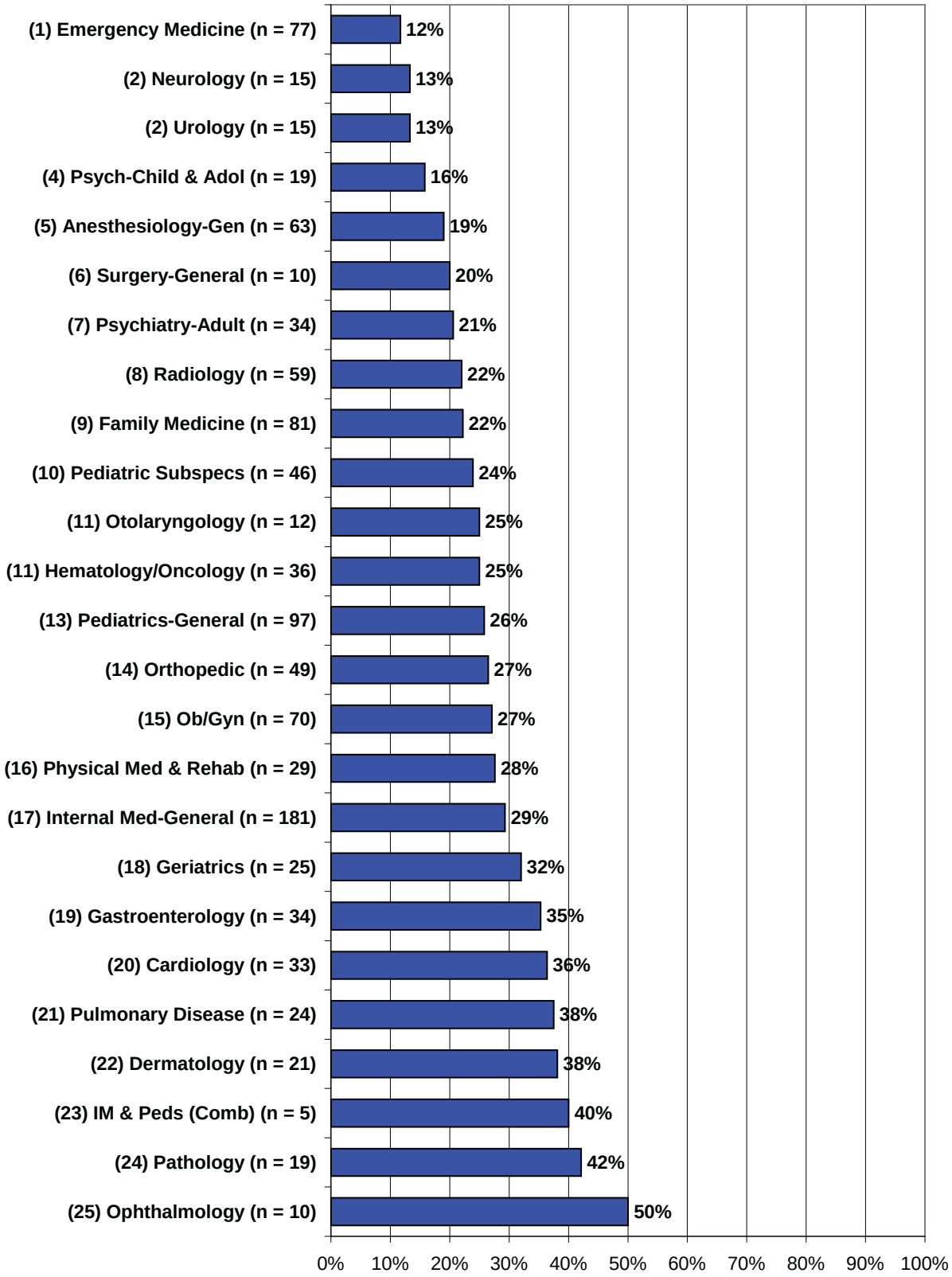


Table 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2008 Respondents	RANK (of 25)	Aggregated Respondents: 2007 and 2008	RANK (of 25)	All Respondents (Aggregated: 2003 thru 2008)	RANK (of 25)
Primary Care	**27%**	N/A	**27%**	N/A	**34%**	N/A
Family Medicine	22%	9	26%	14	33%	20
Internal Medicine-General	29%	17	29%	17	36%	21
Pediatrics-General	26%	13	26%	13	32%	19
IM & Peds (Combined)	40%	23	33%	21	25%	13
Obstetrics/Gynecology	**27%**	15	**26%**	15	**26%**	14
Medicine Subspecialties	**35%**	N/A	**34%**	N/A	**32%**	N/A
Cardiology	36%	20	34%	22	26%	15
Gastroenterology	35%	19	22%	9	23%	10
Geriatrics	32%	18	42%	25	43%	25
Hematology/Oncology	25%	11	32%	20	30%	17
Pulmonary Disease	38%	21	23%	12	24%	11
Surgery-General	**20%**	6	**21%**	7	**30%**	16
Surgical Subspecialties	**33%**	N/A	**27%**	N/A	**29%**	N/A
Ophthalmology	50%	25	32%	19	43%	24
Orthopedics	27%	14	22%	10	22%	9
Otolaryngology	25%	11	18%	3	30%	18
Urology	13%	2	14%	1	14%	1
Facility Based	**24%**	N/A	**22%**	N/A	**21%**	N/A
Anesthesiology-General	19%	5	18%	4	16%	3
Pathology	42%	24	36%	23	37%	22
Radiology	22%	8	21%	6	20%	6
Psychiatry	**16%**	N/A	**18%**	N/A	**15%**	N/A
Adult Psychiatry	21%	7	19%	5	17%	5
Child & Adolescent Psych	16%	4	22%	8	16%	4
Other	**25%**	N/A	**26%**	N/A	**23%**	N/A
Dermatology	38%	22	26%	16	20%	7
Emergency Medicine	12%	1	16%	2	14%	2
Neurology	13%	2	22%	10	21%	8
Pediatric Subspecialties	24%	10	30%	18	25%	12
Physical Medicine & Rehab	28%	16	39%	24	42%	23
Total (All Specialties)	**27%**	N/A	**27%**	N/A	**28%**	N/A

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

4.3 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

- Fifteen percent (15%) of respondents reported having to change their plans due to limited job opportunities, approximately the same as in 2007 (16%).
- Emergency medicine (5%), neurology (7%), general anesthesiology (8%), and ophthalmology (10%) had the fewest graduates having to change plans in 2008. Graduates of general surgery (40%), internal medicine/pediatrics (combined) (40%), pathology (25%), and pulmonary disease (22%) were the most likely to have to change plans.
- The specialties that had the lowest percentage of respondents change their plans over the last two years (aggregated results from the 2007 and 2008 surveys) were emergency medicine (10%), general anesthesiology (10%), and gastroenterology (10%). For the last two years, the specialties with the highest percentage of graduates changing plans were general surgery (36%), pathology (26%), physical medicine and rehabilitation (24%), and child and adolescent psychiatry (24%).

Figure 4.6 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

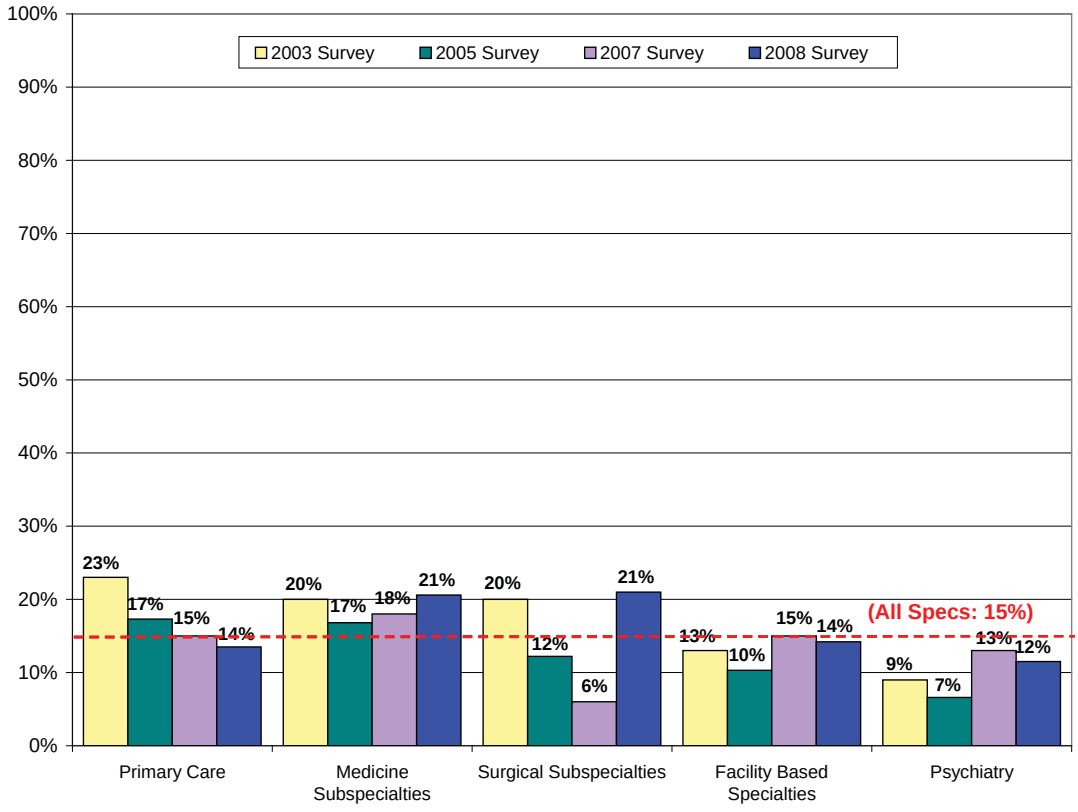


Figure 4.7 Rank of Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities, by Specialty (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

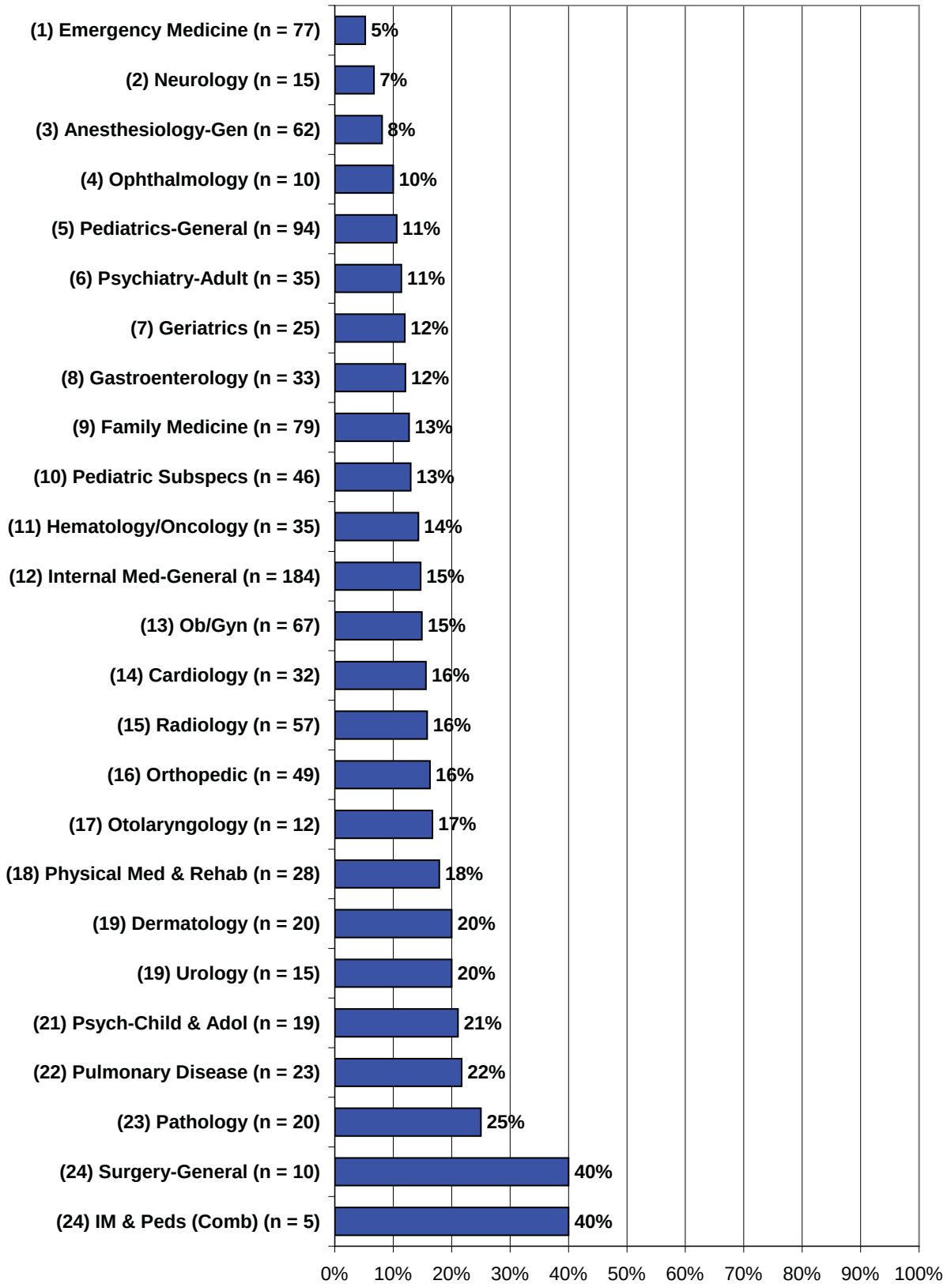


Table 4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2008 Respondents	RANK (of 25)	Aggregated Respondents: 2007 and 2008	RANK (of 25)	All Respondents (Aggregated: 2003 thru 2008)	RANK (of 25)
Primary Care	**14%**	N/A	**14%**	N/A	**18%**	N/A
Family Medicine	13%	9	14%	13	19%	20
Internal Medicine-General	15%	12	15%	14	19%	19
Pediatrics-General	11%	5	12%	9	16%	15
IM & Peds (Combined)	40%	24	20%	20	10%	6
Obstetrics/Gynecology	**15%**	13	**15%**	16	**12%**	9
Medicine Subspecialties	**21%**	N/A	**20%**	N/A	**19%**	N/A
Cardiology	16%	14	16%	17	13%	10
Gastroenterology	12%	8	10%	3	10%	5
Geriatrics	12%	7	20%	19	25%	23
Hematology/Oncology	14%	11	15%	15	17%	17
Pulmonary Disease	22%	22	13%	10	14%	12
Surgery-General	**40%**	24	**36%**	25	**25%**	22
Surgical Subspecialties	**21%**	N/A	**15%**	N/A	**16%**	N/A
Ophthalmology	10%	4	11%	4	17%	18
Orthopedics	16%	16	11%	7	10%	4
Otolaryngology	17%	17	12%	8	16%	16
Urology	20%	19	14%	12	11%	8
Facility Based	**14%**	N/A	**15%**	N/A	**13%**	N/A
Anesthesiology-General	8%	3	10%	2	8%	2
Pathology	25%	23	26%	24	26%	25
Radiology	16%	15	16%	18	15%	14
Psychiatry	**12%**	N/A	**12%**	N/A	**10%**	N/A
Adult Psychiatry	11%	6	11%	5	11%	7
Child & Adolescent Psych	21%	21	24%	22	14%	13
Other	**11%**	N/A	**15%**	N/A	**14%**	N/A
Dermatology	20%	19	14%	11	6%	1
Emergency Medicine	5%	1	10%	1	9%	3
Neurology	7%	2	11%	6	13%	10
Pediatric Subspecialties	13%	10	21%	21	21%	21
Physical Medicine & Rehab	18%	18	24%	23	26%	24
Total (All Specialties)	**15%**	N/A	**16%**	N/A	**16%**	N/A

- The specialties with the lowest percentages of respondents reporting they had to change plans over the last four years of the survey were dermatology (6%), general anesthesiology (8%), and emergency medicine (9%). The specialties most likely to have respondents indicate they had to change plans over the last four years of the survey were pathology (26%), physical medicine and rehabilitation (26%), geriatrics (25%), and general surgery (25%).

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.

Highlights

- The average number of job offers received by graduates in 2008 was 3.8, slightly up from the number received by graduates in 2007 (3.6). Otolaryngology (5.6), gastroenterology (5.2), and urology (4.8) graduates received the most job offers. At the other end of the spectrum, pathology (2.1), physical medicine and rehabilitation (2.8), and internal medicine/pediatrics (combined) (2.8) received the fewest job offers.

Figure 4.8 Mean Number of Job Offers Received by Respondents by Specialty Group (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

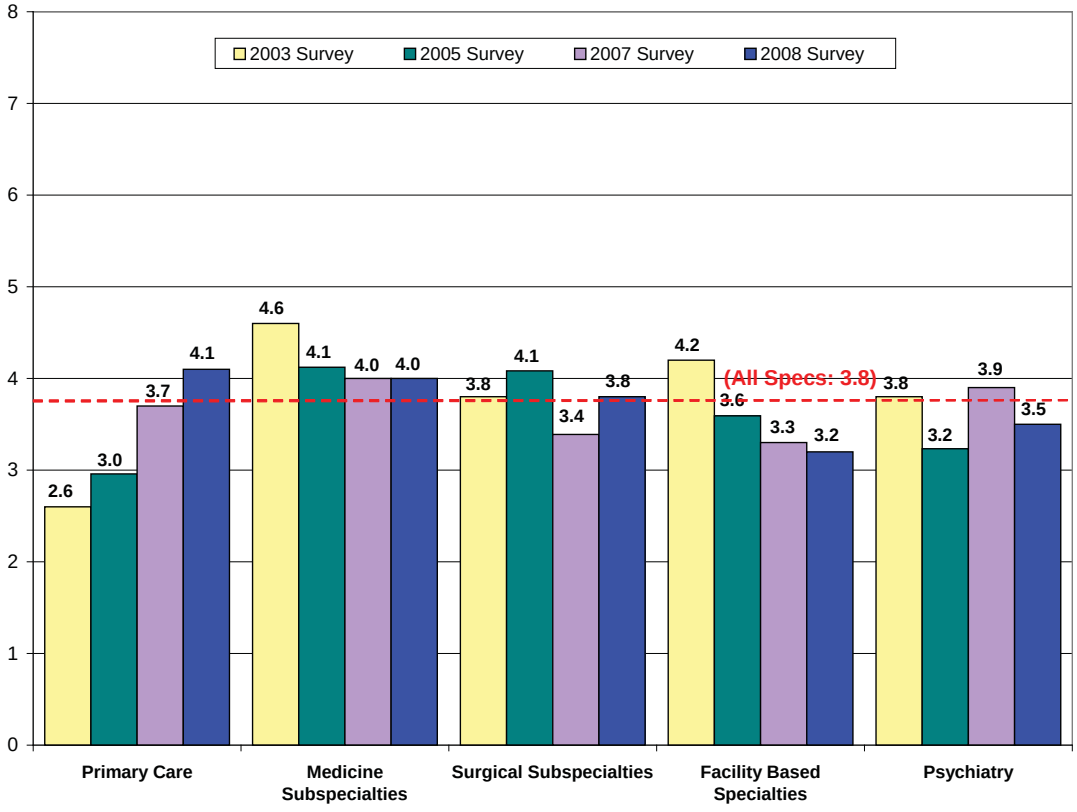


Figure 4.9 Rank of Mean Number of Job Offers, by Specialty (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

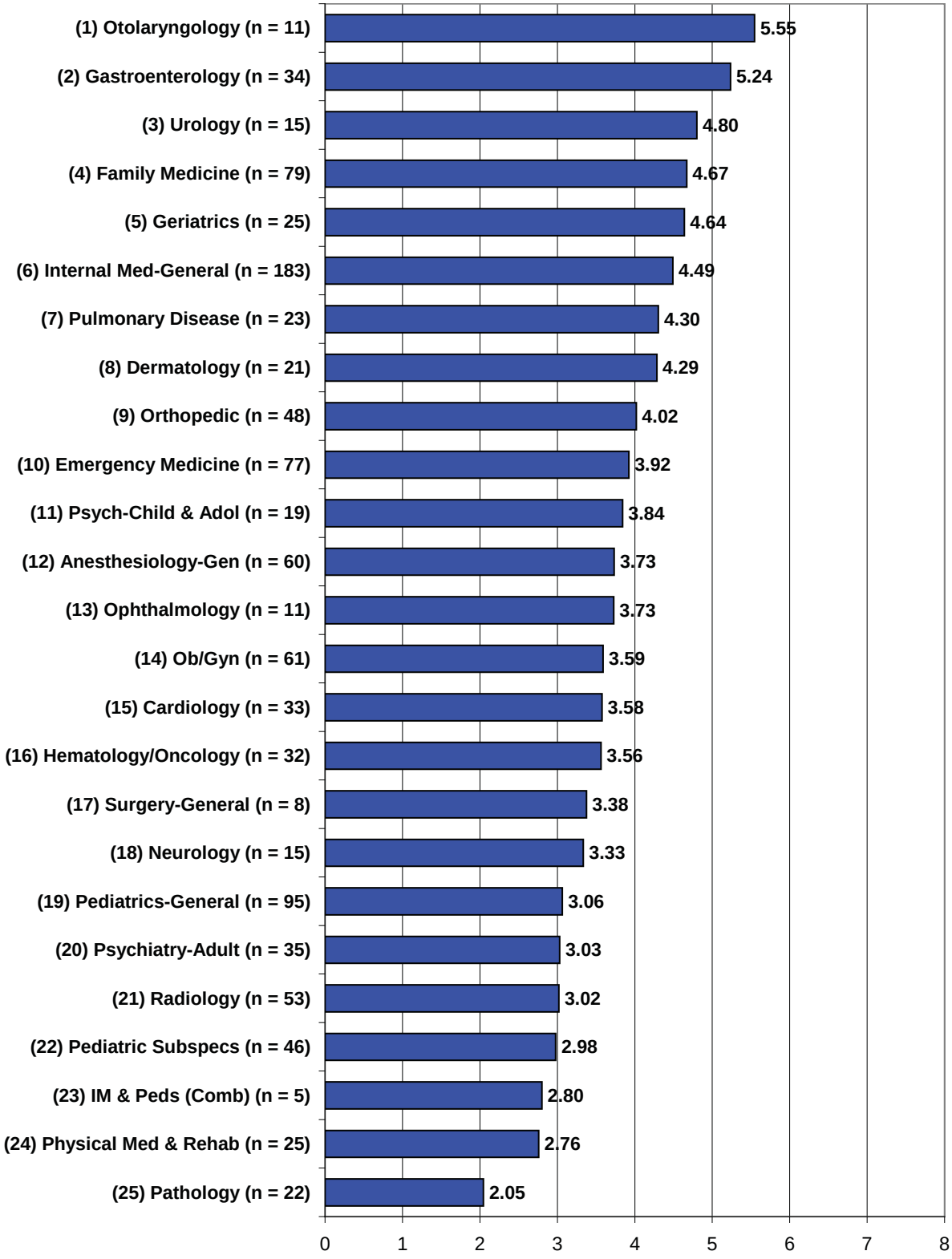


Table 4.3 Offers of Employment/Practice Opportunities (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2008 Respondents	RANK (of 25)	Aggregated Respondents: 2007 and 2008	RANK (of 25)	Trend (Average Annual Change: 2003 to 2008)	RANK (of 25)
Primary Care	**4.13**	N/A	**3.93**	N/A	**10%**	N/A
Family Medicine	4.67	4	4.42	6	10%	5
Internal Medicine-General	4.49	6	4.22	8	12%	3
Pediatrics-General	3.06	19	2.96	23	6%	9
IM & Peds (Combined)	2.80	23	3.64	12	8%	8
Obstetrics/Gynecology	**3.59**	14	**3.71**	11	**-1%**	19
Medicine Subspecialties	**3.95**	N/A	**3.95**	N/A	**-3%**	N/A
Cardiology	3.58	15	3.96	9	-9%	25
Gastroenterology	5.24	2	5.39	1	-6%	24
Geriatrics	4.64	5	4.24	7	8%	7
Hematology/Oncology	3.56	16	3.76	10	1%	15
Pulmonary Disease	4.30	7	4.44	5	-5%	23
Surgery-General	**3.38**	17	**3.17**	21	**10%**	4
Surgical Subspecialties	**3.80**	N/A	**3.64**	N/A	**0%**	N/A
Ophthalmology	3.73	13	3.20	19	9%	6
Orthopedics	4.02	9	3.63	13	6%	10
Otolaryngology	5.55	1	4.56	3	18%	2
Urology	4.80	3	4.45	4	-1%	18
Facility Based	**3.17**	N/A	**3.23**	N/A	**-5%**	N/A
Anesthesiology-General	3.73	12	3.53	17	-5%	21
Pathology	2.05	25	2.22	25	22%	1
Radiology	3.02	21	3.22	18	-5%	22
Psychiatry	**3.50**	N/A	**3.69**	N/A	**-1%**	N/A
Adult Psychiatry	3.03	20	3.61	15	-1%	17
Child & Adolescent Psych	3.84	11	3.56	16	-3%	20
Other	**3.61**	N/A	**3.57**	N/A	**2%**	N/A
Dermatology	4.29	8	5.29	2	2%	13
Emergency Medicine	3.92	10	3.61	14	5%	11
Neurology	3.33	18	2.74	24	0%	16
Pediatric Subspecialties	2.98	22	3.07	22	3%	12
Physical Medicine & Rehab	2.76	24	3.19	20	1%	14
Total (All Specialties)	**3.77**	N/A	**3.71**	N/A	**2%**	N/A

- Pathology (+22%), otolaryngology (+18%), general internal medicine (+12%), and general surgery (+10%) were the specialties showing the greatest average annual increases in job offers. Conversely, cardiology (-9%), gastroenterology (-6%), pulmonary disease (-5%), radiology (-5%), and general anesthesiology (-5%) 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.

Highlights

- Overall, respondents viewed the regional job market positively. The average Likert Score in 2008 (+0.98) was similar to the score in 2007 (+0.91).
- Looking at specialty groups, psychiatry (+1.51) had the most positive view of the regional job market. Conversely, surgery-general (+0.67) had the least positive view in 2008.
- Child and adolescent psychiatry (+1.57), psychiatry (+1.48), dermatology (+1.48), and emergency medicine (+1.42) respondents had the most positive view of the regional job market. Each of these had an average assessment well above +1.00 (i.e., Some Jobs).
- The specialties with the least positive views of the regional job market were radiology (+0.59), pathology (+0.65), general surgery (+0.67), and cardiology (+0.67).
- The specialties that had the most positive views of the regional job market for both 2007 and 2008 were child and adolescent psychiatry (+1.61), adult psychiatry (+1.60), and dermatology (+1.50).
- The specialties with the least positive views of the regional job market over the last two years were pathology (+0.46), pediatrics subspecialties (+0.65), and ophthalmology (+0.70).
- Child and adolescent psychiatry (+1.59), adult psychiatry (+1.56), and dermatology (+1.55) were the three specialties with the most positive views of the regional job market over the course of the last four years of the survey. Over the same period, the specialties with the least positive views of the regional job market were pathology (+0.39), pediatrics subspecialties (+0.53), and physical medicine and rehabilitation (+0.57).

Figure 4.10 Respondents' Assessment of the Regional Job Market (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

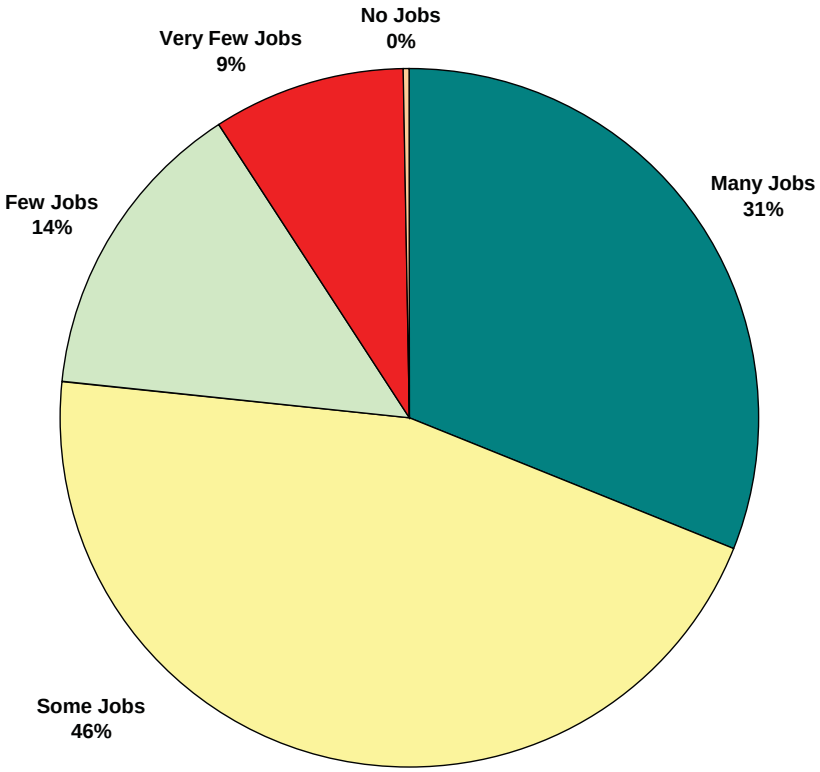


Figure 4.11 Mean Likert Score for Respondents' Views of the Regional Job Market by Specialty Group (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

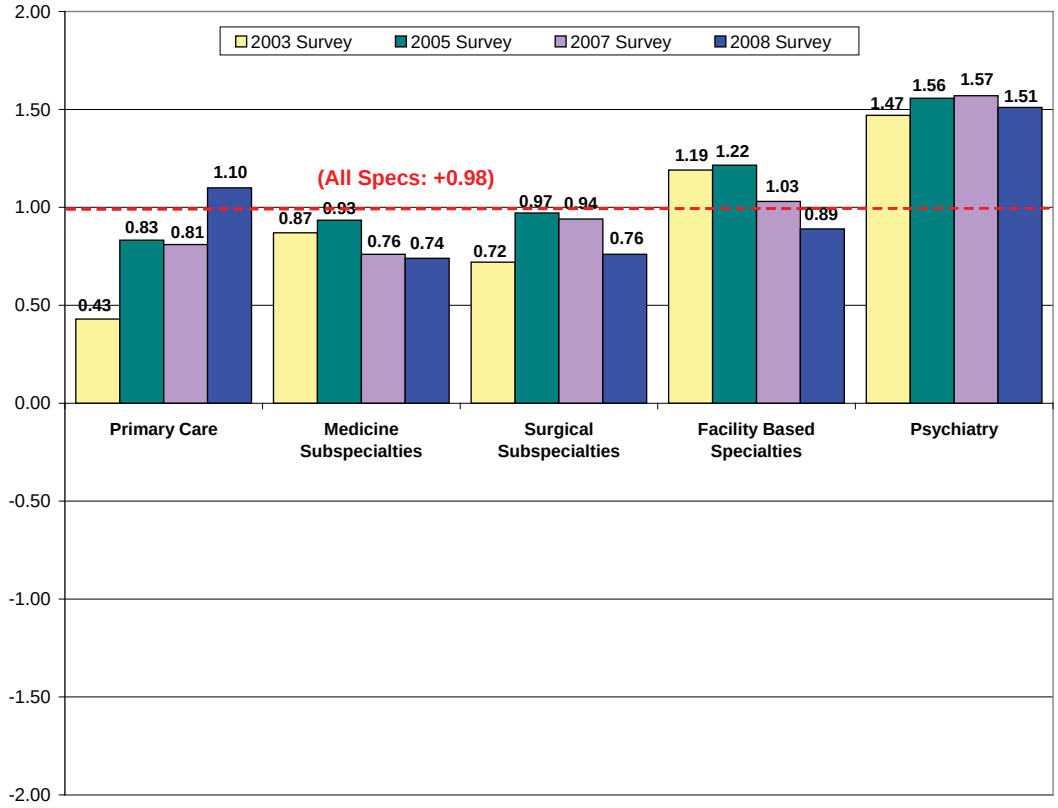


Figure 4.12 Rank of Likert Scores for Respondents' Views of the Regional Job Market, by Specialty (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

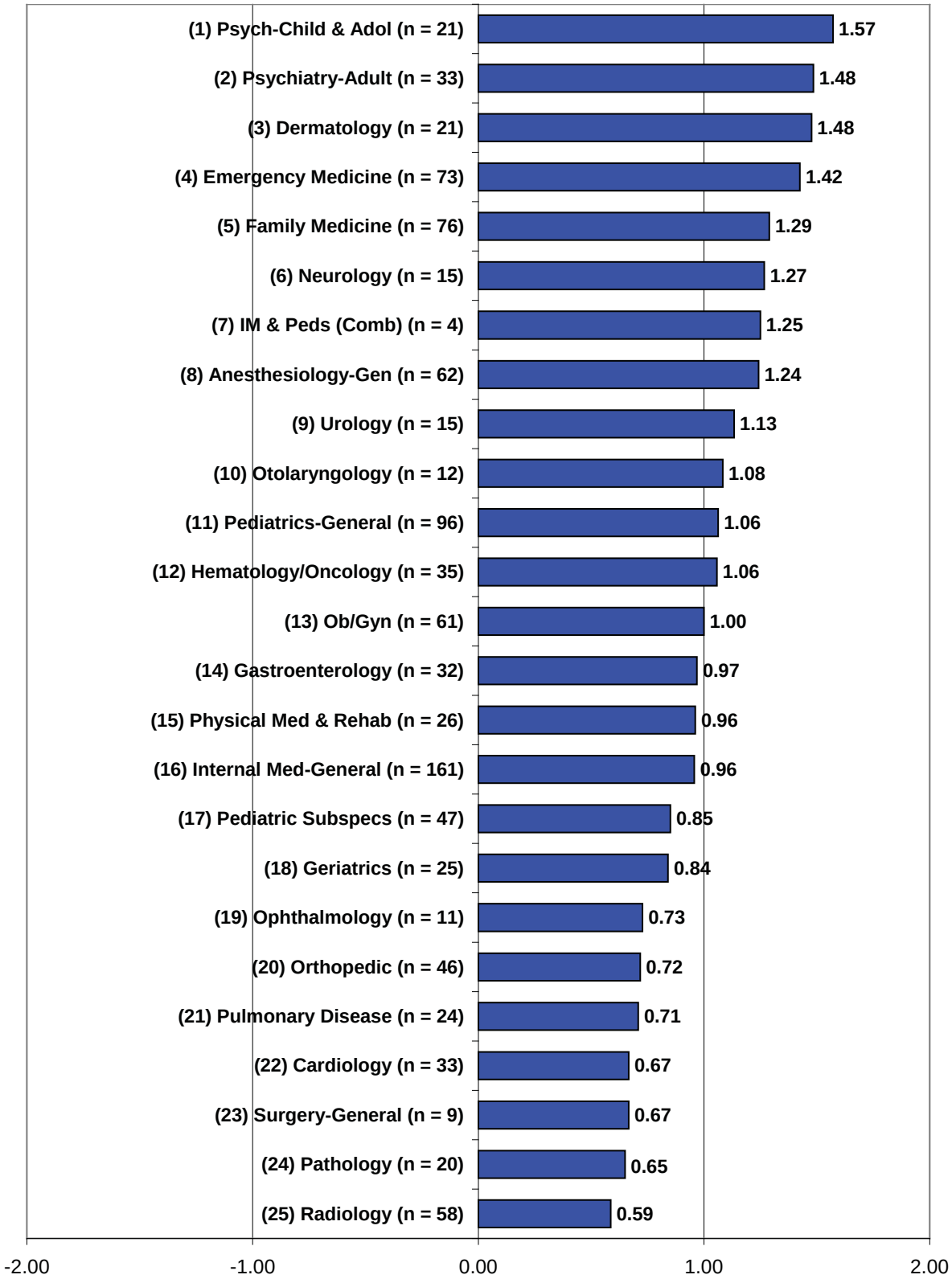


Table 4.4 Likert Scores for Respondents' Perceptions of the Regional Job Market[13] (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2008 Respondents	RANK (of 25)	Aggregated Respondents: 2007 and 2008	RANK (of 25)	All Respondents (Aggregated: 2003 thru 2008)	RANK (of 25)
Primary Care	**1.07**	N/A	**0.95**	N/A	**0.76**	N/A
Family Medicine	1.29	5	1.13	9	0.88	15
Internal Medicine-General	0.96	16	0.90	15	0.78	18
Pediatrics-General	1.06	11	0.91	14	0.61	21
IM & Peds (Combined)	1.25	7	1.17	7	0.84	17
Obstetrics/Gynecology	**1.00**	13	**0.92**	12	**0.86**	16
Medicine Subspecialties	**0.74**	N/A	**0.75**	N/A	**0.82**	N/A
Cardiology	0.67	22	0.86	16	1.18	9
Gastroenterology	0.97	14	1.16	8	1.22	7
Geriatrics	0.84	18	0.83	18	0.64	20
Hematology/Oncology	1.06	12	0.92	13	0.92	14
Pulmonary Disease	0.71	21	0.83	19	0.94	13
Surgery-General	**0.67**	23	**0.77**	20	**0.76**	19
Surgical Subspecialties	**0.76**	N/A	**0.83**	N/A	**0.82**	N/A
Ophthalmology	0.73	19	0.70	23	0.60	22
Orthopedics	0.72	20	0.84	17	0.95	12
Otolaryngology	1.08	10	1.18	6	1.26	5
Urology	1.13	9	1.05	11	1.22	8
Facility Based	**0.89**	N/A	**0.95**	N/A	**1.06**	N/A
Anesthesiology-General	1.24	8	1.28	4	1.35	4
Pathology	0.65	24	0.46	25	0.39	25
Radiology	0.59	25	0.75	22	0.95	11
Psychiatry	**1.51**	N/A	**1.54**	N/A	**1.52**	N/A
Adult Psychiatry	1.48	2	1.60	2	1.56	2
Child & Adolescent Psych	1.57	1	1.61	1	1.59	1
Other	**1.11**	N/A	**1.00**	N/A	**0.98**	N/A
Dermatology	1.48	3	1.50	3	1.55	3
Emergency Medicine	1.42	4	1.27	5	1.25	6
Neurology	1.27	6	1.12	10	0.97	10
Pediatric Subspecialties	0.85	17	0.65	24	0.53	24
Physical Medicine & Rehab	0.96	15	0.76	21	0.57	23
Total (All Specialties)	**0.98**	N/A	**0.95**	N/A	**0.91**	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 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 the 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-two percent (72%) 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 (+1.66) than for the regional job market (+0.98). Respondents' views of the national job market in 2008 were similar to respondents' views of the national job market in 2007 (+1.64).
- For the specialty groups, primary care (+1.79) and psychiatry (+1.79) had the highest scores assessed for the national job market while facility based (+1.48) and surgical specialties (+1.48) had the lowest.
- Urology (+2.00) had the highest score among individual specialties, followed by child and adolescent psychiatry (+1.90), hematology/oncology (+1.86), general internal medicine (+1.86), and family medicine (+1.86).
- Only two specialties had a score of below +1.00 (Some Jobs) or less (pathology = +1.00 and internal medicine/pediatrics (combined) = +0.33).
- The specialties with the most positive views of the national job market over the last two years were urology (+1.91), gastroenterology (+1.90), dermatology (+1.89), and child and adolescent psychiatry (+1.89). For the same two-year period (2007 and 2008), the specialties with the lowest assessments of the national job market were pathology (+1.00), ophthalmology (+1.33), physical medicine and rehabilitation (+1.42), and geriatrics (+1.43).
- Over the course of the last four years of the survey, child and adolescent psychiatry (+1.88), hematology/oncology (+1.86), and urology (+1.85) were the specialties with the most positive views of the national job market. Pathology (+0.92), ophthalmology (+1.22.), and geriatrics (+1.36) were the specialties with the lowest assessment of the national job market.

Figure 4.13 Respondents' Assessment of the National Job Market (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

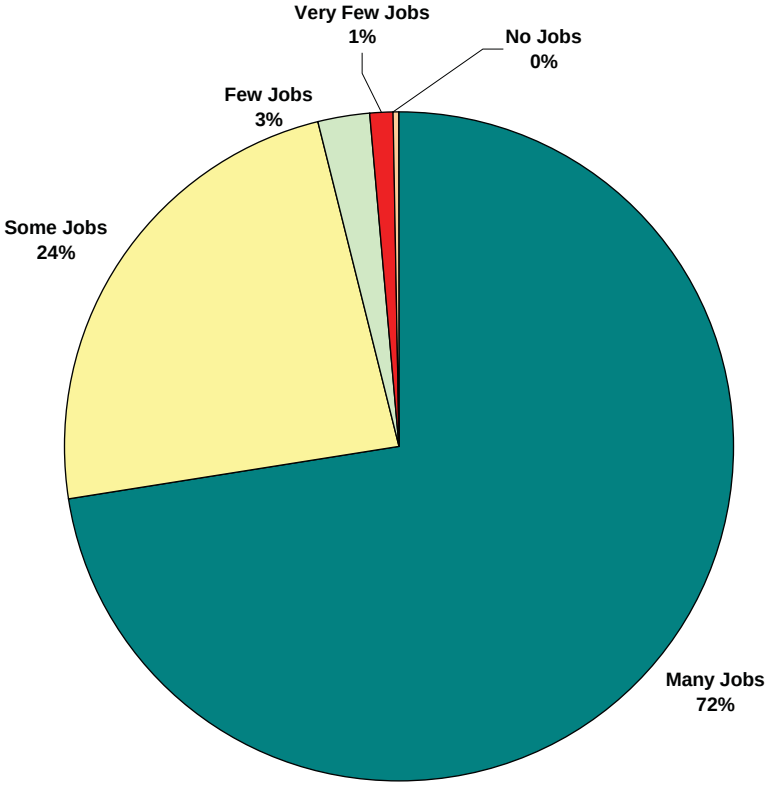


Figure 4.14 Mean Likert Score for Respondents' Views of the National Job Market by Specialty Group (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

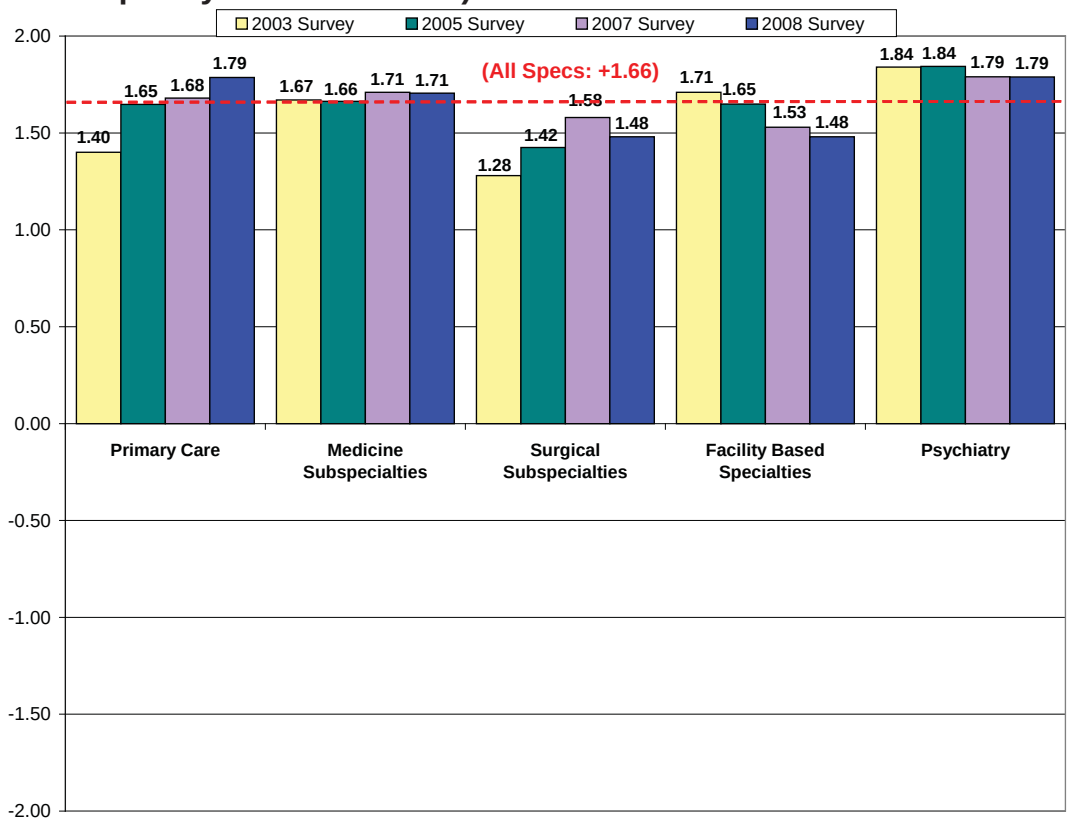


Figure 4.15 Rank of Likert Scores for Respondents' Views of the National Job Market, by Specialty (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

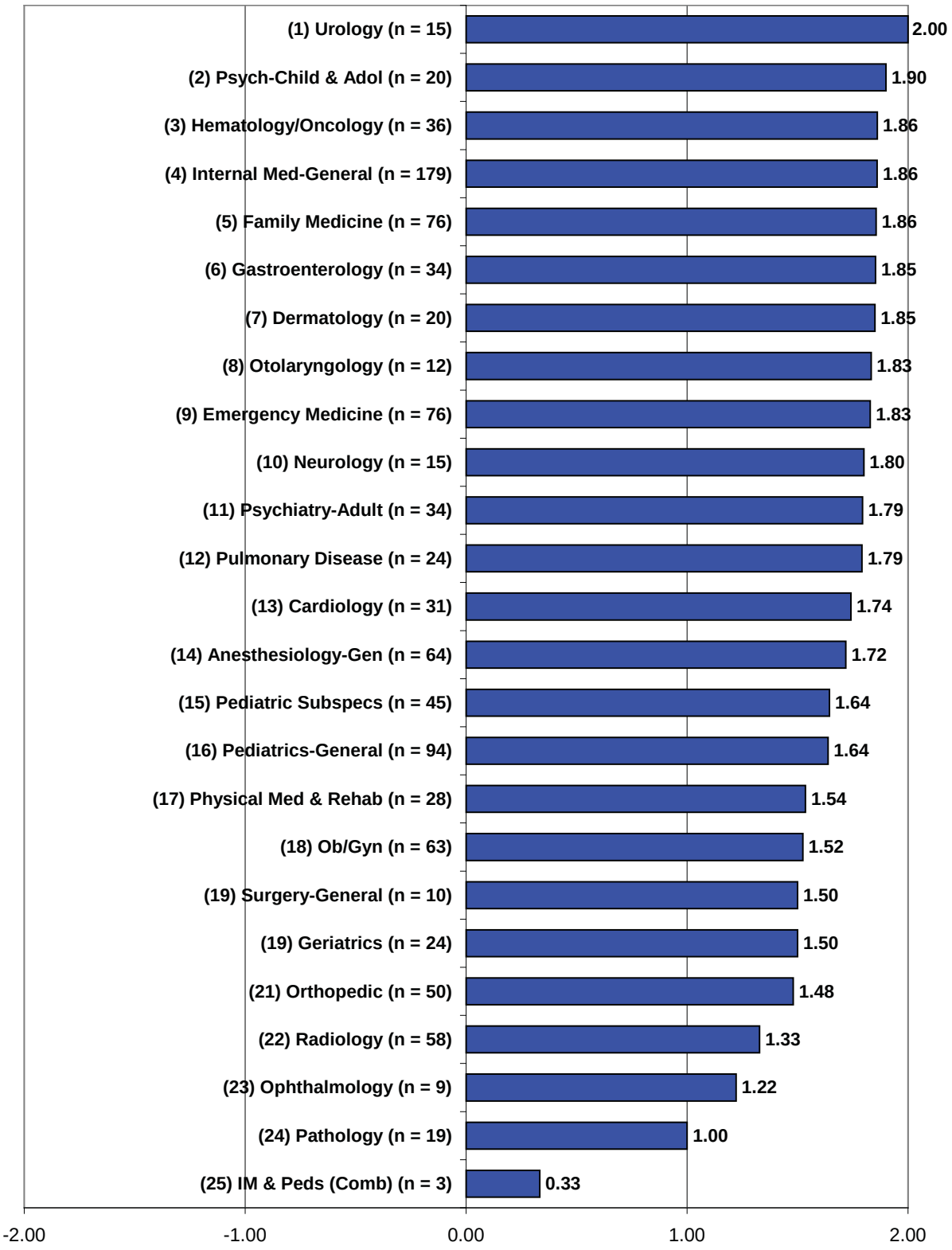


Table 4.5 Likert Scores for Respondents' Perceptions of the National Job Market[14] (of 2008 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2008 Respondents	RANK (of 25)	Aggregated Respondents: 2007 and 2008	RANK (of 25)	All Respondents (Aggregated: 2003 thru 2008)	RANK (of 25)
Primary Care	**1.79**	N/A	**1.74**	N/A	**1.61**	N/A
Family Medicine	1.86	5	1.84	6	1.69	12
Internal Medicine-General	1.86	4	1.77	11	1.67	13
Pediatrics-General	1.64	16	1.61	16	1.43	21
IM & Peds (Combined)	0.33	25	1.45	21	1.55	18
Obstetrics/Gynecology	**1.52**	18	**1.61**	15	**1.54**	19
Medicine Subspecialties	**1.71**	N/A	**1.71**	N/A	**1.69**	N/A
Cardiology	1.74	13	1.80	8	1.83	5
Gastroenterology	1.85	6	1.90	2	1.84	4
Geriatrics	1.50	19	1.43	22	1.36	23
Hematology/Oncology	1.86	3	1.87	5	1.86	2
Pulmonary Disease	1.79	12	1.80	8	1.73	10
Surgery-General	**1.50**	19	**1.64**	14	**1.60**	15
Surgical Subspecialties	**1.48**	N/A	**1.52**	N/A	**1.43**	N/A
Ophthalmology	1.22	23	1.33	24	1.22	24
Orthopedics	1.48	21	1.59	17	1.59	16
Otolaryngology	1.83	8	1.65	13	1.59	17
Urology	2.00	1	1.91	1	1.85	3
Facility Based	**1.48**	N/A	**1.50**	N/A	**1.58**	N/A
Anesthesiology-General	1.72	14	1.68	12	1.75	8
Pathology	1.00	24	1.00	25	0.92	25
Radiology	1.33	22	1.47	20	1.60	14
Psychiatry	**1.79**	N/A	**1.79**	N/A	**1.82**	N/A
Adult Psychiatry	1.79	11	1.80	7	1.83	7
Child & Adolescent Psych	1.90	2	1.89	4	1.88	1
Other	**1.68**	N/A	**1.62**	N/A	**1.62**	N/A
Dermatology	1.85	7	1.89	3	1.83	6
Emergency Medicine	1.83	9	1.78	10	1.74	9
Neurology	1.80	10	1.59	17	1.70	11
Pediatric Subspecialties	1.64	15	1.49	19	1.44	20
Physical Medicine & Rehab	1.54	17	1.42	23	1.40	22
Total (All Specialties)	**1.66**	N/A	**1.65**	N/A	**1.62**	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 4.6 presents median starting income levels for 2008 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 2008 respondents was $181,000, a 6% increase from 2007 (average increase of 5% per year from 2003 to 2008).
- Most specialties and specialty groups saw moderate to strong growth in starting incomes from 2003 to 2008. The exceptions were ophthalmology (-4%) and dermatology (0%).
- Urology (9%), gastroenterology (8%), otolaryngology (8%), neurology (7%), internal medicine/pediatrics (combined) (7%), general internal medicine (7%), and hematology/oncology (7%) showed the strongest growth trends in income.

Figure 4.16 Median Starting Income (in $1,000s) by Specialty Group (for 2003-2008 Respondents with Confirmed Practice Plans)

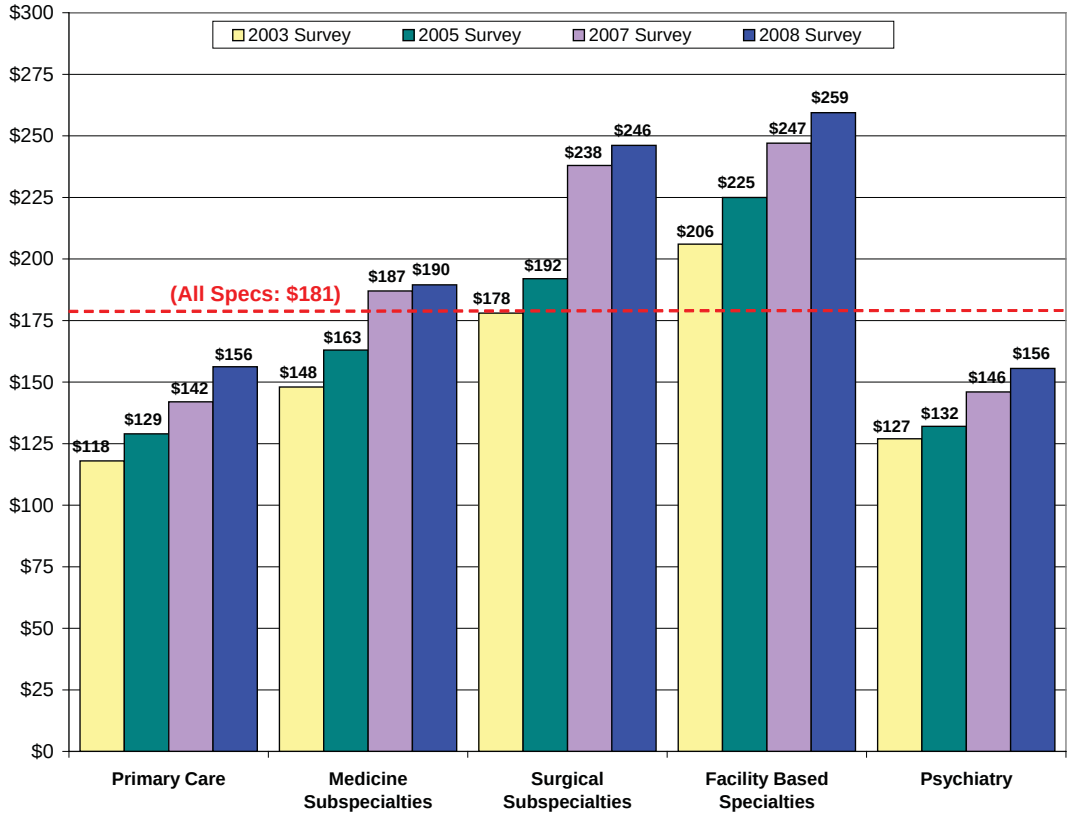


Figure 4.17 Trends in Median Starting Income (in $1,000s) among Primary Care and Non-Primary Care Physicians (for 2003-2008 Respondents with Confirmed Practice Plans)

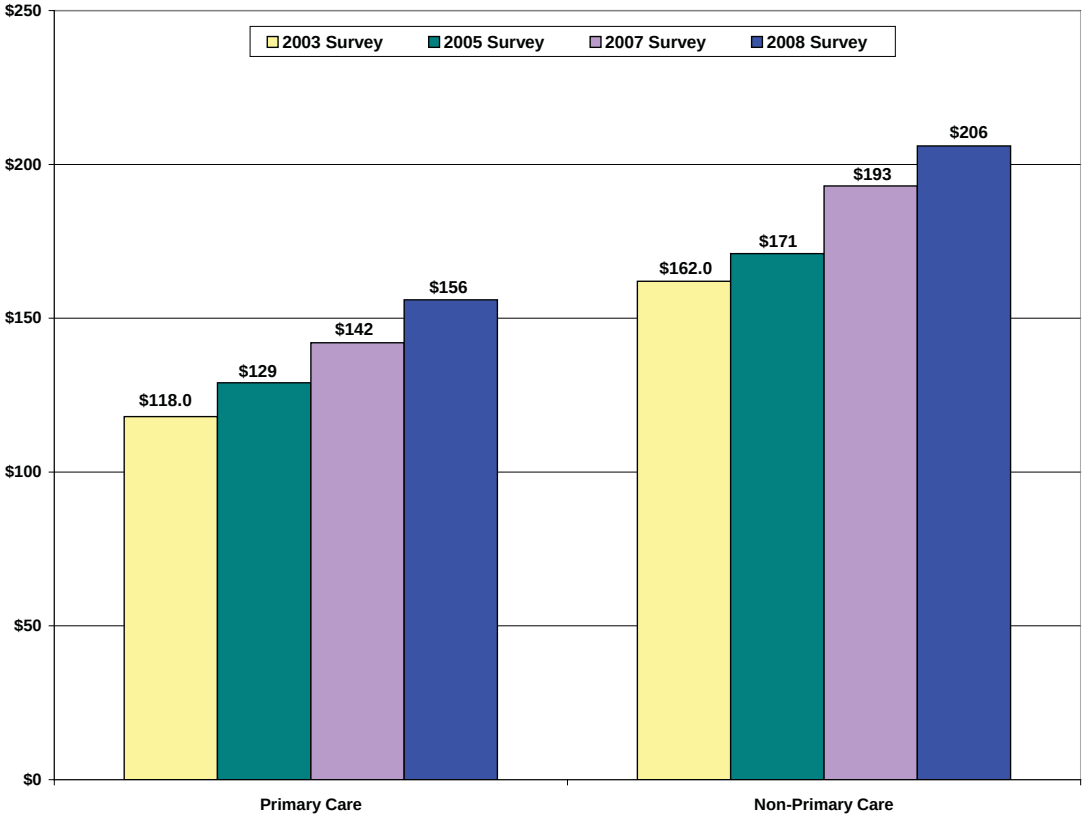


Figure 4.18 Rank of Average Percent Change in Median Starting Income (from 2003 - 2008) by Specialty (for Respondents with Confirmed Practice Plans)

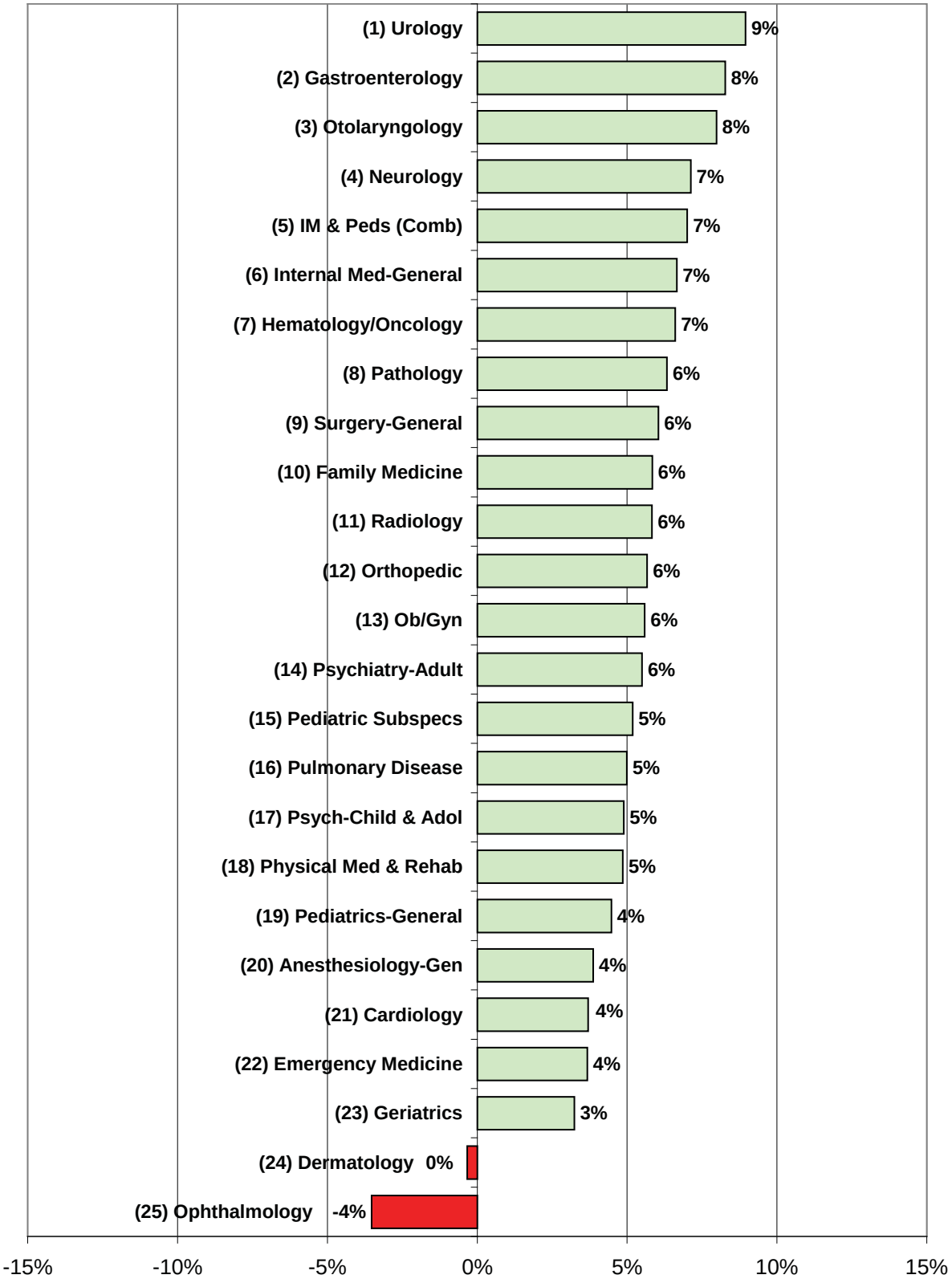


Table 4.6 Median Expected Starting Income (of 2008 Respondents with Confirmed Practice Plans in the U.S.)

Specialty	2008 Respondents	RANK (of 25)	Aggregated Respondents: 2007 and 2008	RANK (of 25)	Trend (Average Annual Change: 2003 to 2008)	RANK (of 25)
Primary Care	**$156,150**	N/A	**$150,350**	N/A	**6%**	N/A
Family Medicine	$153,000	21	$147,800	20	6%	10
Internal Medicine-General	$170,500	16	$163,700	15	7%	6
Pediatrics-General	$123,500	25	$117,100	25	4%	19
IM & Peds (Combined)	$171,300	15	$166,800	17	7%	5
Obstetrics/Gynecology	**$187,500**	13	**$180,550**	14	**6%**	13
Medicine Subspecialties	**$189,500**	N/A	**$188,550**	N/A	**5%**	N/A
Cardiology	$252,150	3	$250,800	3	4%	21
Gastroenterology	$244,750	5	$232,300	5	8%	2
Geriatrics	$144,450	23	$143,400	22	3%	23
Hematology/Oncology	$196,000	12	$192,750	12	7%	7
Pulmonary Disease	$228,800	8	$210,600	9	5%	16
Surgery-General	**$231,800**	7	**$230,800**	8	**6%**	9
Surgical Subspecialties	**$246,100**	N/A	**$244,050**	N/A	**7%**	N/A
Ophthalmology	$133,700	24	$133,150	24	-4%	25
Orthopedics	$268,050	2	$263,800	2	6%	12
Otolaryngology	$223,000	9	$215,400	6	8%	3
Urology	$248,500	4	$227,700	7	9%	1
Facility Based	**$259,650**	N/A	**$252,700**	N/A	**5%**	N/A
Anesthesiology-General	$241,250	6	$241,650	4	4%	20
Pathology	$182,000	14	$174,600	13	6%	8
Radiology	$304,250	1	$271,400	1	6%	11
Psychiatry	**$155,500**	N/A	**$150,800**	N/A	**4%**	N/A
Adult Psychiatry	$165,100	18	$148,350	21	6%	14
Child & Adolescent Psych	$151,250	22	$148,000	23	5%	17
Other	**$194,200**	N/A	**$189,050**	N/A	**4%**	N/A
Dermatology	$202,400	11	$205,550	11	0%	24
Emergency Medicine	$216,550	10	$207,800	10	4%	22
Neurology	$165,800	17	$158,850	19	7%	4
Pediatric Subspecialties	$153,550	20	$150,800	16	5%	15
Physical Medicine & Rehab	$154,100	19	$155,700	18	5%	18
Total (All Specialties)	**$181,000**	N/A	**$176,450**	N/A	**5%**	N/A

4.8 Assessment of Relative Demand by Specialty

To measure relative 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 2008, for an aggregated data set containing all data collected over the past two years (2007 and 2008), and for the last four years the survey has been conducted (2003, 2005, 2007, and 2008). This methodology gave a higher weighting to data collected from the 2008 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 percentage with difficulty variable and the percentage 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 afforded a greater weight (2 times greater) in computing a composite measure of demand.

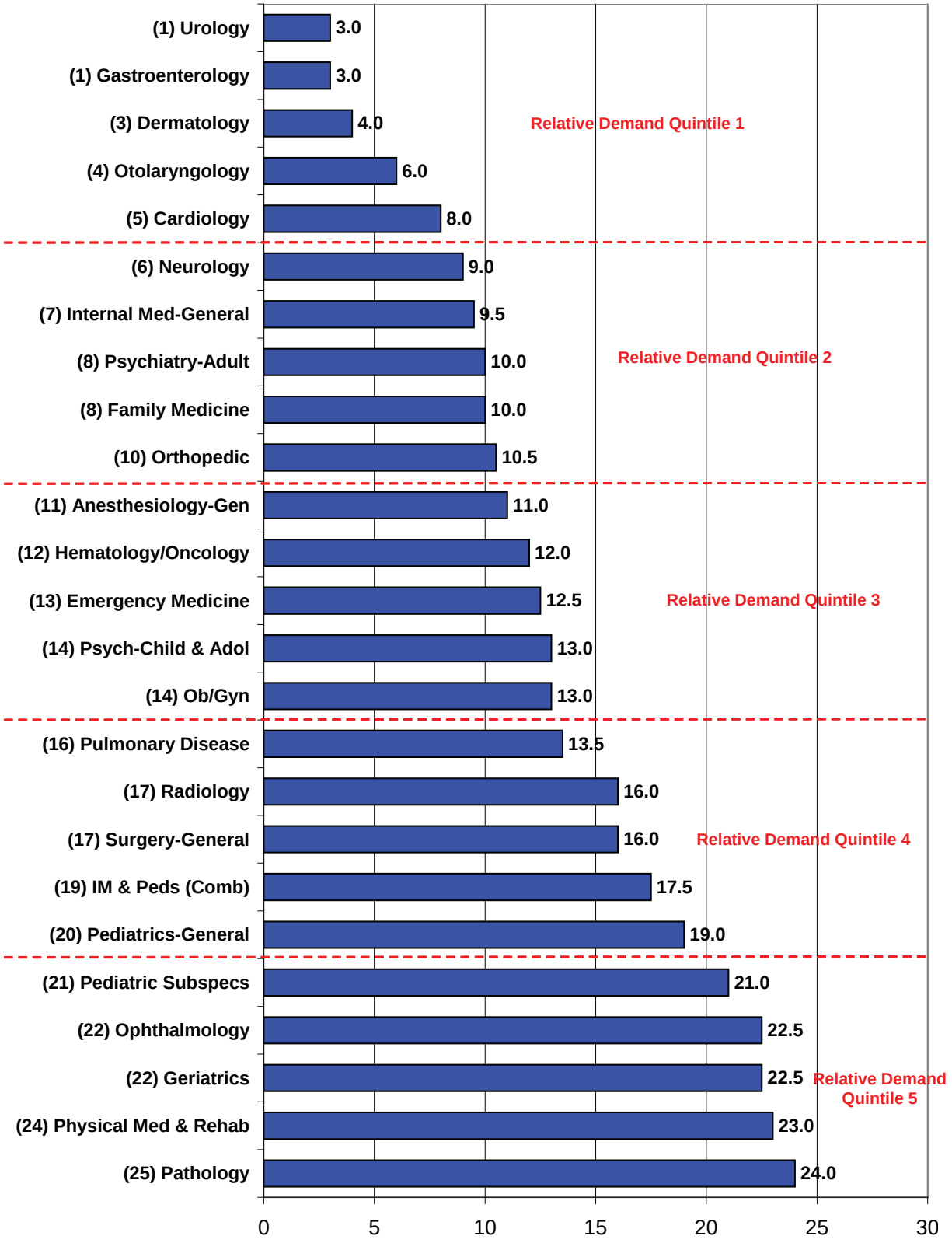
Highlights

- Figure 4.19 is a plot of the median of the ranks of each specialty broken into quintiles to illustrate the current relative demand for each specialty. Note that the Exit Survey cannot be used to measure absolute demand (i.e., it cannot be used to determine the appropriate number of physicians necessary to serve a given population). Instead, it is used to measure the demand for each specialty relative to other specialties by collecting information on the job market for new graduates and ranking specialties on graduates' responses to questions used to assess demand.

- Currently, urology (average rank of 3.0 out of 25), gastroenterology (3.0), dermatology (4.0), otolaryngology (6.0), and cardiology (8.0) are specialties experiencing the strongest demand.

- The job market for pathology (24.0), physical medicine and rehabilitation (23.0), geriatrics (22.5), ophthalmology (22.5), and pediatric subspecialties (21.0) 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

2008 Exit Survey Response Rates by Specialty and Region

Table A-1. 2008 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	**271**	**151**	**56%**	**1,682**	**971**	**58%**	**1,953**	**1,122**	**57%**
Family Medicine	78	55	71%	127	82	65%	205	137	67%
Internal Medicine-General	121	64	53%	1,115	662	59%	1,236	726	59%
Pediatrics-General	56	24	43%	418	215	51%	474	239	50%
IM & Peds (Combined)	16	8	50%	22	12	55%	38	20	53%
Obstetrics/Gynecology	**30**	**15**	**50%**	**144**	**94**	**65%**	**174**	**109**	**63%**
Internal Medicine Specialties	**94**	**32**	**34%**	**643**	**378**	**59%**	**737**	**410**	**56%**
Cardiology	36	7	19%	159	71	45%	195	78	40%
Gastroenterology	9	5	56%	65	41	63%	74	46	62%
Geriatrics	7	2	29%	73	42	58%	80	44	55%
Hematology/Oncology	9	4	44%	73	47	64%	82	51	62%
Pulmonary Disease	8	4	50%	67	44	66%	75	48	64%
Other IM Specialties	25	10	40%	206	133	65%	231	143	62%
Critical Care Medicine	*2*	*0*	*0%*	*31*	*21*	*68%*	*33*	*21*	*64%*
Endocrinology & Metab.	*4*	*2*	*50%*	*34*	*29*	*85%*	*38*	*31*	*82%*
Infectious Disease	*6*	*2*	*33%*	*51*	*24*	*47%*	*57*	*26*	*46%*
Nephrology	*8*	*3*	*38%*	*55*	*33*	*60%*	*63*	*36*	*57%*
Rheumatology	*5*	*3*	*60%*	*25*	*16*	*64%*	*30*	*19*	*63%*
Other IM Subspecialties	*0*	*0*	*N/A*	*10*	*10*	*100%*	*10*	*10*	*100%*
Surgery (General)	**27**	**15**	**56%**	**131**	**74**	**56%**	**158**	**89**	**56%**
Surgery (Subspecialties)	**78**	**34**	**44%**	**342**	**205**	**60%**	**420**	**239**	**57%**
Ophthalmology	10	5	50%	67	43	64%	77	48	62%
Orthopedics	30	12	40%	138	83	60%	168	95	57%
Otolaryngology	8	2	25%	30	14	47%	38	16	42%
Urology	9	5	56%	29	17	59%	38	22	58%
Other Surgical Subspecs	21	10	48%	78	48	62%	99	58	59%
Neurosurgery	*5*	*2*	*40%*	*13*	*8*	*62%*	*18*	*10*	*56%*
Plastic Surgery	*4*	*1*	*25%*	*23*	*13*	*57%*	*27*	*14*	*52%*
Thoracic Surgery	*3*	*1*	*33%*	*16*	*5*	*31%*	*19*	*6*	*32%*
All Other Surg Subspecs	*9*	*6*	*67%*	*26*	*22*	*85%*	*35*	*28*	*80%*

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	**107**	**38**	**36%**	**575**	**362**	**63%**	**682**	**400**	**59%**
Anesthesiology	47	18	38%	217	137	63%	264	155	59%
Anesthesiology-General	*37*	*14*	*38%*	*158*	*95*	*60%*	*195*	*109*	*56%*
Pain Management	*7*	*2*	*29%*	*27*	*17*	*63%*	*34*	*19*	*56%*
Other Anes Subspecs	*3*	*2*	*67%*	*32*	*25*	*78%*	*35*	*27*	*77%*
Pathology	23	13	57%	137	77	56%	160	90	56%
Pathology (General)	*12*	*7*	*58%*	*83*	*39*	*47%*	*95*	*46*	*48%*
Pathology Subspecialties	*11*	*6*	*55%*	*54*	*38*	*70%*	*65*	*44*	*68%*
Radiology	37	7	19%	221	148	67%	258	155	60%
Radiology (Diagnostic)	*33*	*7*	*21%*	*186*	*121*	*65%*	*219*	*128*	*58%*
Radiology (Therapeutic)	*4*	*0*	*0%*	*18*	*17*	*94%*	*22*	*17*	*77%*
Nuclear Medicine	*0*	*0*	*N/A*	*17*	*10*	*59%*	*17*	*10*	*59%*
Psychiatry	**31**	**11**	**35%**	**309**	**177**	**57%**	**340**	**188**	**55%**
Psychiatry (General)	*19*	*9*	*47%*	*173*	*105*	*61%*	*192*	*114*	*59%*
Child & Adolescent Psych	*7*	*2*	*29%*	*54*	*32*	*59%*	*61*	*34*	*56%*
Other Psych Subspecs	*5*	*0*	*0%*	*82*	*40*	*49%*	*87*	*40*	*46%*
Other	**112**	**49**	**44%**	**571**	**298**	**52%**	**683**	**347**	**51%**
Dermatology	5	2	40%	58	29	50%	63	31	49%
Emergency Medicine	43	18	42%	180	75	42%	223	93	42%
Neurology	26	7	27%	112	60	54%	138	67	49%
Pediatric Specialties	16	7	44%	117	71	61%	133	78	59%
Physical Medicine & Rehab	13	7	54%	77	49	64%	90	56	62%
Other*	9	8	89%	27	14	52%	36	22	61%
Allergy & Immunology	*3*	*2*	*67%*	*15*	*8*	*53%*	*18*	*10*	*56%*
Preventive Medicine	*0*	*0*	*N/A*	*9*	*3*	*33%*	*9*	*3*	*33%*
All Other	*6*	*6*	*100%*	*3*	*3*	*100%*	*9*	*9*	*100%*
Total (All Specialties)	**750**	**366**	**49%**	**4,397**	**2,673**	**61%**	**5,147**	**3,039**	**59%**

*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.

***Adding up physicians by specialty will not reflect the total sample size due to missing data on specialty.

Appendix B

2008 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 NY in 2008

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 in 2008 *(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?

- ○ American Indian/Alaska Native
- ○ Asian or Pacific Islander
- ○ Black/African-American
- ○ White
- ○ Other

5. Where was your residence on graduation from high school?

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

Specify if in NY:

- ○ 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 . . .

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

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 (specify specialty): _____
- ○ 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 2008** *(select only one)*

- ○ 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

12. 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	○	○	○	○	○	○	○	○

13. 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 —but Different City/County
- ○ Other Area within New York
- ○ Other State
- ○ Outside of U.S.
- ○ Don't know yet

14. 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
- ○ No
- ○ Don't know yet
- ○ Question does not apply

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

- ○ Yes
- ○ No

16. 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 16C)
- ○ No, I will be self-employed (Skip to 16C)

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	○	○
Social networking/word of mouth	○	○
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 25)
- ○ No, but I have not actively searched yet (Skip to Question 25)
- ○ No, I have not yet been offered a practice position (Skip to Question 25)

D. PRACTICE PLANS

If you have accepted a position in Patient Care/Clinical Practice please answer the following questions, if not, skip to Question 25.

17. 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: _____

18. 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)

19. A. What is the zip code of the principal practice address where 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

C. **If you are <u>not</u> going to practice in New York,** please indicate the reasons why. In the first column indicate the main reason why *(mark only one)*. In the second column indicate all of the reasons why *(mark all that apply)*.

	Main Reason (mark only one)	All Reasons (mark all that apply)
Overall lack of jobs/practice opportunities in New York	○	○
Better jobs/practice opportunities in desired locations outside New York	○	○
Better jobs/practice opportunities in desired practice setting (e.g., hospital, group practice, etc.) outside New York	○	○
Better jobs/practice opportunities outside New York that meet visa status requirements	○	○
Better salary/compensation offered outside New York	○	○
Cost of malpractice insurance in New York	○	○
Cost of establishing a medical practice in New York	○	○
Taxes in New York	○	○
Cost of living in New York	○	○
Proximity to family	○	○
Better employment opportunities for spouse/partner outside New York	○	○
Climate	○	○
Never intended to practice in New York	○	○
Other reason: _____	○	○

continue . . .

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more

21. 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

22. Will you be participating in a loan forgiveness/repayment program while at this practice?

- ○ Yes
- ○ No

23. Expected Gross Income during first year of practice:

A. Base Salary/Income	B. Anticipated Additional Incentive Income
○ Less than $60,000	○ None
○ $60,000–$79,999	○ Less than $5,000
○ $80,000–$99,999	○ $5,000–$9,999
○ $100,000–$119,999	○ $10,000–$14,999
○ $120,000–$139,999	○ $15,000–$19,999
○ $140,000–$159,999	○ $20,000–$24,999
○ $160,000–$179,999	○ $25,000–$29,999
○ $180,000–$199,999	○ $30,000–$34,999
○ $200,000–$219,999	○ $35,000–$39,999
○ $220,000–$239,999	○ $40,000–$44,999
○ $240,000–$259,999	○ $45,000–$49,999
○ $260,000–$279,999	○ $50,000–$54,999
○ $280,000–$299,999	○ $55,000–$59,999
○ $300,000 and over	○ $60,000 and over

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

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

E. EXPERIENCE IN JOB MARKET

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

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

○ Yes ○ No ○ Haven't looked yet (Skip to Question #28)

B. **If Yes,** what would you say was the main reason? *(mark only one)*

- ○ Overall lack of jobs/practice opportunities
- ○ Lack of jobs/practice opportunities that meet visa status requirements
- ○ 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): _____

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

○ Yes ○ No ○ Haven't looked yet (Skip to Question #28)

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

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

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

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

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

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

THANK YOU FOR COMPLETING THIS IMPORTANT SURVEY.

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SERIAL #

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