

2014



**2014 New York Residency Training Outcomes**  
*A Summary of Responses to the 2014 New York Resident Exit Survey*

**The New York Health Workforce Data System**  
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## PREFACE

This report summarizes the results of the Survey of Residents Completing Training in New York in 2014 (2014 Exit Survey) conducted by the New York Center for Health Workforce Studies (CHWS) in the spring and summer of 2014. This survey, administered annually with the cooperation and assistance of residency program directors and hospitals' graduate medical education (GME) administrators across the state, consists of 31 questions covering 4 general areas: residents' demographic and background characteristics, residents' post-graduation plans, characteristics of post-graduation employment (for residents with confirmed practice plans), and residents' experiences in searching for a job and their impressions of the physician job market (for residents who had searched for a job).

The primary goal of the Exit Survey is to assist the medical education community in New York in its efforts to train physicians consistent with the needs of the state and the nation. To achieve this goal, CHWS provides residency programs, teaching hospitals, and the medical education community with information about the demand for new physicians and the outcomes of residency training by specialty based on the results of the survey. The year 2014 was the 15<sup>th</sup> year of the survey.

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The New York Center for Health Workforce Studies (CHWS) 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 content of this report reflects the work of the CHWS exclusively.

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## EXECUTIVE SUMMARY

### Background

CHWS 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 about the outcomes of training and the demand for new physicians. The survey instrument (Appendix B) was developed by CHWS in consultation with the state's teaching hospitals.

In the spring, CHWS 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 CHWS for data entry and analysis. With the excellent collaboration of teaching hospitals, a total of 2,951 of the estimated 5,275 physicians finishing a residency or fellowship training program completed the 2014 Exit Survey (56% response rate). For the 15 years the survey has been conducted (1998, 1999, 2000, 2001, 2002, 2003, 2005, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014), an aggregated total of 45,008 of 73,277 graduates have completed the survey (61% 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 each 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's graduating physicians in 2014 were comparable to those in 2013.

- In 2014, 94% of respondents who had actively searched for a practice position had received at least 1 job offer at the time they completed the survey
- While more than one-fourth (28%) of respondents reported some difficulty finding a satisfactory practice position, only 25% 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 increased by less than 1% from 2013 to 2014
  - The average annual increase over the last 4 years of the survey was 3%
- Respondents' views of both the regional and national job markets were positive and optimistic for each of the last 4 years of the survey

### ***Demand for primary care physicians (generalists)<sup>1</sup> was stronger than the demand for non-primary care physicians (specialists).***

Historically, resident exit surveys have shown that demand for generalists was lower compared to demand for specialists. However, since 2008 the demand for generalists has surpassed the demand for specialists. In 2014, after adjusting for citizenship status:

- Generalists were less likely than specialists to report difficulty finding a satisfactory practice position (20% vs 32%) and to have to change plans due to limited practice opportunities (11% vs 18%)
- Generalists received more job offers than specialists (mean of 4.30 vs 3.00)
  - Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 1.22 vs 0.65, on a scale of +2 indicating "Many Jobs" to -2 indicating "No Jobs") and the national job market (1.80 vs 1.36)
- The average annual increase in median starting income from 2010 to 2014 was 3% for generalists and 3% for specialists

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



***Although the overall marketplace appeared relatively good for new graduates, there were significant differences in the job market experiences and assessments by specialty.***

By analyzing responses in a particular specialty in relation to all specialties, it was possible to identify the specialties for which demand is weak or strong in relation to all others over the last 4 years of the survey.

- Based on a variety of indicators, the demand for urology, dermatology, adult psychiatry, general internal medicine, emergency medicine, and family medicine appeared very strong
- Pathology, radiology, pediatric subspecialties, anesthesiology, and nephrology experienced weak demand

***Both international medical school graduates (IMGs) with permanent citizenship status and 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 U.S. medical graduates (USMGs).***

Historically, IMGs on temporary visas have experienced much more difficulty due to their visa status. With few exceptions, physicians on temporary visas can remain in the U.S. only if they practice in a state or federally designated health professional shortage area (HPSA) or continue training.

***Less than half of new physicians are staying in New York after completing training.***

In 2014, only 45% of newly trained physicians reported plans to practice in the state.

- When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons given were proximity to family (27%), better jobs in desired locations outside New York (14%), better jobs outside New York that meet Visa requirements (10%), and better salary outside New York (9%)
  - Only 6% of respondents indicated that they never intended to practice in New York
- Less than 3% of respondents reported that the principal reason for them practicing outside of New York was climate/weather in New York (2%), taxes in New York (1%), the cost of malpractice insurance in New York (0%), or the cost of starting a practice in New York (0%)

***More than one-third (40%) of respondents were subspecializing.***

However, there were sharp differences in subspecialization rates by specialty.



## General Results

### Characteristics of All Respondents

- Forty-eight percent (48%) of survey respondents were female
  - Females represented more than 65% of respondents in obstetrics/gynecology (90%), general pediatrics (73%), and pediatric subspecialties (66%)
- Underrepresented minorities (URMs) comprised 15% of all respondents
  - Family medicine (24%), physical medicine and rehabilitation (22%), and geriatrics (20%) had the most URMs
- Twenty-four percent (24%) 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
  - Forty percent (40%) of graduates were from other states and 33% were from other countries (see Figure 1.3)
- Almost one-half (46%) of all respondents were IMGs, similar to the last survey (47% in 2013)
  - This varied widely by specialty with the highest concentrations of IMGs found in nephrology (78%), geriatrics (76%), and hematology/oncology (74%)
- Specialties with very few IMGs included ophthalmology (2%), otolaryngology (5%), and urology (7%)
- Seventeen percent (17%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in pulmonary disease (35%), nephrology (33%), and geriatrics (33%)
  - Urology (0%) and Ophthalmology (0%) had no temporary visa holders
- Individual specialties with the highest median educational debt were physical medicine and rehabilitation (\$241,550), emergency medicine (\$218,100), and obstetrics/gynecology (\$212,000)
- Only 3 specialties had less than \$60,000 of median educational debt: geriatrics (\$0), child and adolescent psychiatry (\$37,300), and pathology (\$58,700)

### Post-Training Plans of All Respondents

- Fifty-one percent (51%) of all respondents were planning to enter patient care following completion of their current training program
  - Of these, 83% had confirmed practice plans (ie, they had accepted an offer for a job/practice position) at the time they completed the survey
- Forty percent (40%) planned to subspecialize or pursue further training
  - In addition, 3% were planning to work as chief residents, 2% were planning to enter teaching/research, and 4% 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 plans were entering practice in New York
  - The vast majority of these respondents (87%) were remaining in the same region in which they trained
- The specialties with the highest rates of in-state retention of graduates were child and adolescent psychiatry (79%), geriatrics (71%), and adult psychiatry (70%)
- The specialties of nephrology (16%), ophthalmology (17%), and pathology (21%) had the lowest in-state retention rates
- Residents who completed high school and medical school in New York were by far the most likely to report plans to practice in New York after completing training
  - Eighty percent (80%) of respondents who went to high school 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 their main reason for leaving, the most common reasons given were proximity to family (27%), better jobs in desired locations outside New York (14%), better jobs outside New York that meet Visa requirements (10%), and better salary outside New York (9%)
  - Only 6% of respondents indicated that they never intended to practice in New York
- Less than 3% of respondents reported that the principal reason for them practicing outside of New York was climate/weather in New York (2%), taxes in New York (1%), the cost of malpractice insurance in New York (0%), or the cost of starting a practice in New York (0%)
- Twenty-nine percent (29%) 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 (similar to the percentage reported in 2013)
- Respondents from child and adolescent psychiatry (55%), otolaryngology (50%), and adult psychiatry (45%) were the most likely to enter practices in the inner city
- IMGs with permanent citizenship were less likely to be entering HPSAs than were USMGs (5% and 15%, respectively, for graduates of primary care specialties)
- Forty-one percent (41%) of respondents were entering group practices
  - Of these, 83% were going into groups as employees
  - Only 1% of all respondents were planning to enter solo practice
- Fifty-one percent (51%) of graduates were entering practice in hospitals
  - Inpatient (33%) was the most common, followed by ambulatory care (11%) and emergency room (7%) settings



## Expected Starting Income of Respondents with Confirmed Practice Plans<sup>2</sup>

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

Although the expected first-year income (ie, 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.

- Although there was some 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 urology (\$327,550), general surgery (\$326,200), and orthopedics (\$323,150)
- General pediatrics had the lowest median starting income of all specialties (\$134,000)
  - Other specialties with low starting incomes included geriatrics (\$164,750) and adult psychiatry (\$164,800)
- Among the specialty groups, psychiatry (\$171,000) and primary care (\$192,100) had the lowest starting median incomes
  - Conversely, surgical subspecialties (\$305,400) and facility based (\$284,000) had the highest starting median incomes
- Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2010 to 2014
  - Only 3 specialties experienced a decrease during this time period: otolaryngology (-2%), obstetrics/gynecology (-1%), and radiology (-1%)
- General surgery (+15%), urology (+15%), and dermatology (+10%) showed the strongest trends in income between 2010 and 2014

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





### Expected Number of Weekly Patient Care/Clinical Practice Hours<sup>3</sup>

- Overall, graduates expected to spend an average of 43.3 hours per week in patient care/clinical practice activities
- Respondents in individual specialties expected to be working the highest number of hours in anesthesiology (51.8), urology (50.5), and pulmonary disease (49.7)
- Respondents expected to be working the fewest patient care/clinical practice hours per week in child and adolescent psychiatry (31.2), emergency medicine (35.0), and pathology (35.8)

### Job Market Experiences and Perceptions of Respondents Who 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 have more restrictions on where they can practice compared to other physicians. Respondents who indicated they had not yet actively searched for a position were also excluded.

- Twenty-eight percent (28%) of respondents reported difficulty finding a satisfactory position (slightly lower than last year's 32%)
- The most often cited "main reason for difficulty finding a satisfactory practice position" was "lack of jobs in desired locations" (42%), followed by an "overall lack of jobs" (25%) and "lack of jobs in desired practice setting" (14%)
- The highest percentages of graduates having difficulty finding a satisfactory practice position were in radiology (70%), pathology (69%), and hematology/oncology (58%)
  - Emergency medicine (6%), urology (9%), and general surgery (13%) had the fewest respondents reporting difficulty
- Fifteen percent (15%) of respondents reported having to change their plans due to limited job opportunities (slightly lower than in 2013 [17%])
  - Adult psychiatry (0%), dermatology (0%), and neurology (0%) had the fewest graduates having to change plans due to limited job opportunities in 2014
- The average number of job offers received by graduates in 2014 was 3.40 (almost the same as in 2013 [3.39])
  - Dermatology (4.88), general internal medicine (4.75), and adult psychiatry (4.73) graduates received the most job offers
- Respondents gave a positive assessment of the regional job market (average Likert score of +0.83 on a scale of +2.00, indicating "Many Jobs" to -2.00, indicating "No Jobs")

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



- Adult psychiatry (+1.66), dermatology (+1.65), and emergency medicine (+1.60) respondents had the most positive view of the regional job market
- The specialties with the least positive views of the regional job market were radiology (-0.72), pathology (-0.61), and cardiology (-0.20)
- Respondents' views of the national job market (+1.50) were more positive than for the regional job market (+0.83)
- Child and adolescent psychiatry (+1.96) had the most positive view of the national job market among individual specialties, followed by emergency medicine (+1.89) and neurology (+1.89)
- Only 3 specialties had a score of +0.60 or less: pathology (+0.13), radiology (+0.13), and cardiology (+0.60)

### **Overall Assessment of the Job Market for New Physicians**

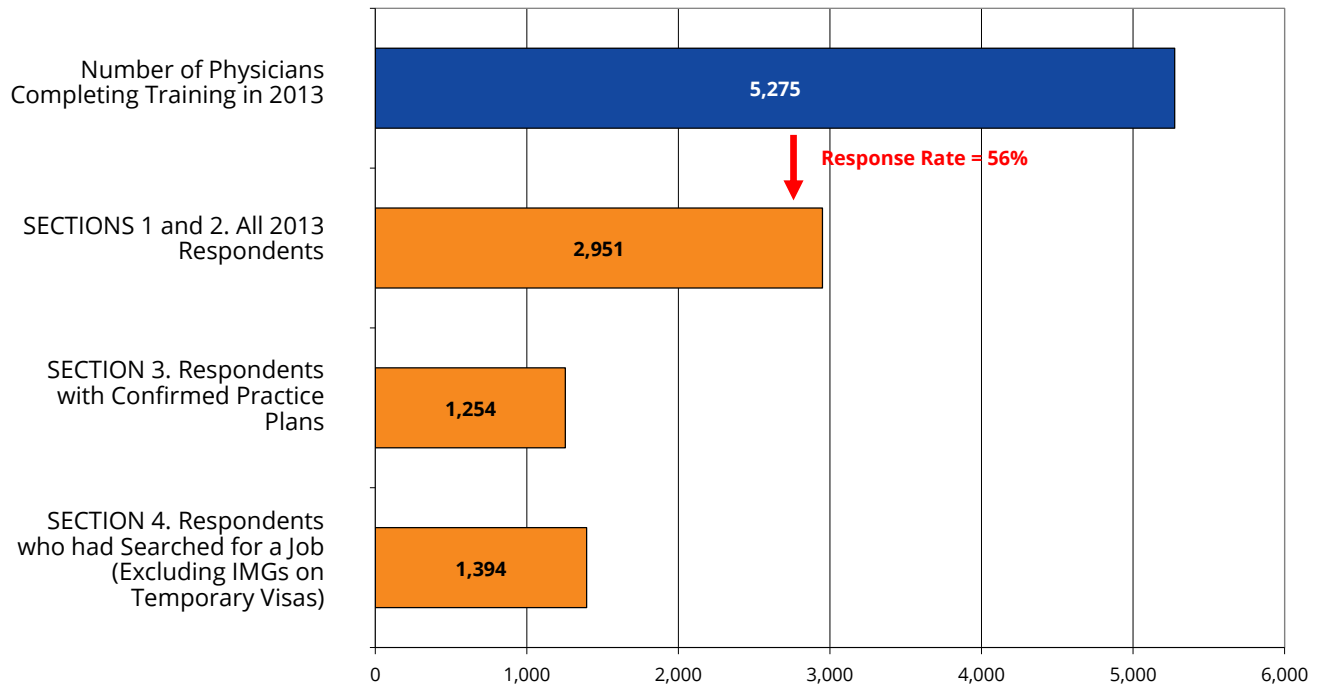
- Demand for primary care physicians (generalists) was stronger than the demand for non-primary care physicians (specialists)
  - Generalists were less likely than specialists to report difficulty finding a satisfactory practice position (20% vs 32%) and to have to change plans due to limited practice opportunities (11% vs 18%)
- Generalists received more job offers than specialists (mean of 4.30 vs 3.00)
  - Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 1.22 vs 0.65, on a scale of +2 indicating "Many Jobs" to -2 indicating "No Jobs") and the national job market (1.80 vs 1.36)
- The average annual increase in median starting income from 2010 to 2014 was 3% for generalists and 3% for specialists
- Based on an aggregation of all demand indicators from the last 4 years of the survey, the demand for urology, dermatology, adult psychiatry, general internal medicine, emergency medicine, and family medicine appeared very strong
- Pathology, radiology, pediatric subspecialties, anesthesiology, and nephrology experienced weak demand



## SUBGROUPS OF RESPONDENTS USED IN EACH SECTION OF REPORT

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 2,951 of the estimated 5,275 residents who completed training in 2014 (a 56% response rate). Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines of their planned activities following completion of their current training programs. Section 3 pertains to respondents who are entering patient care/clinical practice and had confirmed practice plans (ie, 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 they have more restrictions on where they can practice compared to other physicians. Appendix A presents response rates by specialty and region and illustrates how specialties are grouped in this report. Appendix B is the 2014 Exit Survey instrument.

**Figure 1. 2014 Exit Survey Response Rates and Subgroups Used in Each Section of this Report**





## SECTION I

### Characteristics of All Respondents

Table 1.1 shows background characteristics of all Exit Survey respondents in 2014. This information is presented because these variables are known to be associated with several outcome variables of interest. For example, IMGs were much more likely to report difficulty finding a satisfactory practice position. Thus, the proportion of IMGs in each specialty may confound (ie, bias) outcomes of interest when making comparisons across specialties.

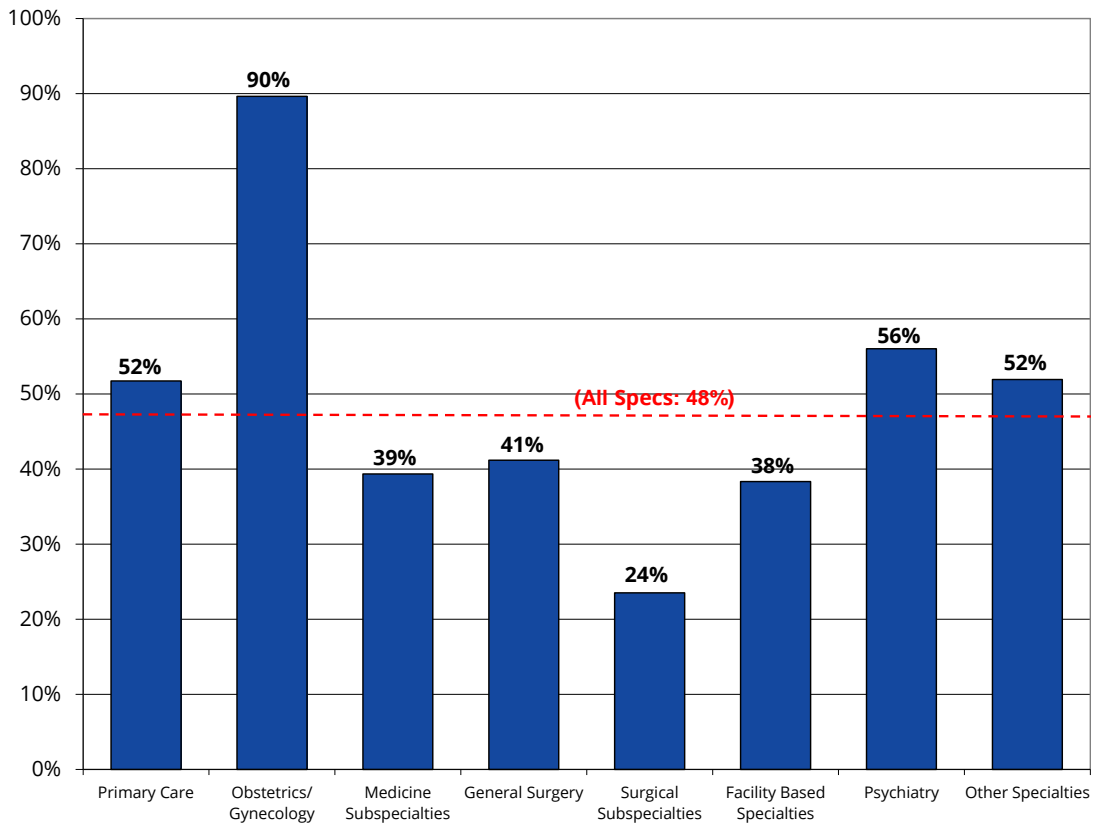
#### 1.1 Background Characteristics

##### Highlights

- Forty-eight percent (48%) of survey respondents were female
  - Females represented more than 65% of respondents in obstetrics/gynecology (90%), general pediatrics (73%), and pediatric subspecialties (66%)
- Surgical subspecialties had the fewest females (24%)
  - Of the individual specialties, urology (11%), orthopedics (14%), and cardiology (20%) had very few females
- URM comprised 15% of all respondents
  - Family medicine (24%), physical medicine and rehabilitation (22%), and geriatrics (20%) had the most URMs
- Dermatology (0%), ophthalmology (2%), orthopedics (3%), and hematology/oncology (3%) had very few URMs
- Twenty-four percent (24%) 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
  - Forty percent (40%) of graduates were from other states and 33% were from other countries (see Figure 1.3)
- Almost one-half (46%) of all respondents were IMGs (similar to the last survey [47% in 2013])
  - This varied widely by specialty with the highest concentrations of IMGs found in nephrology (78%), geriatrics (76%), and hematology/oncology (74%)
- Specialties with very few IMGs included ophthalmology (2%), otolaryngology (5%), and urology (7%)



**Figure 1.1. Percent of Female Respondents by Specialty Group (All 2014 Exit Survey Respondents)**



**Figure 1.2. Percent of Underrepresented Minority Respondents by Specialty Group (All 2014 Exit Survey Respondents)**

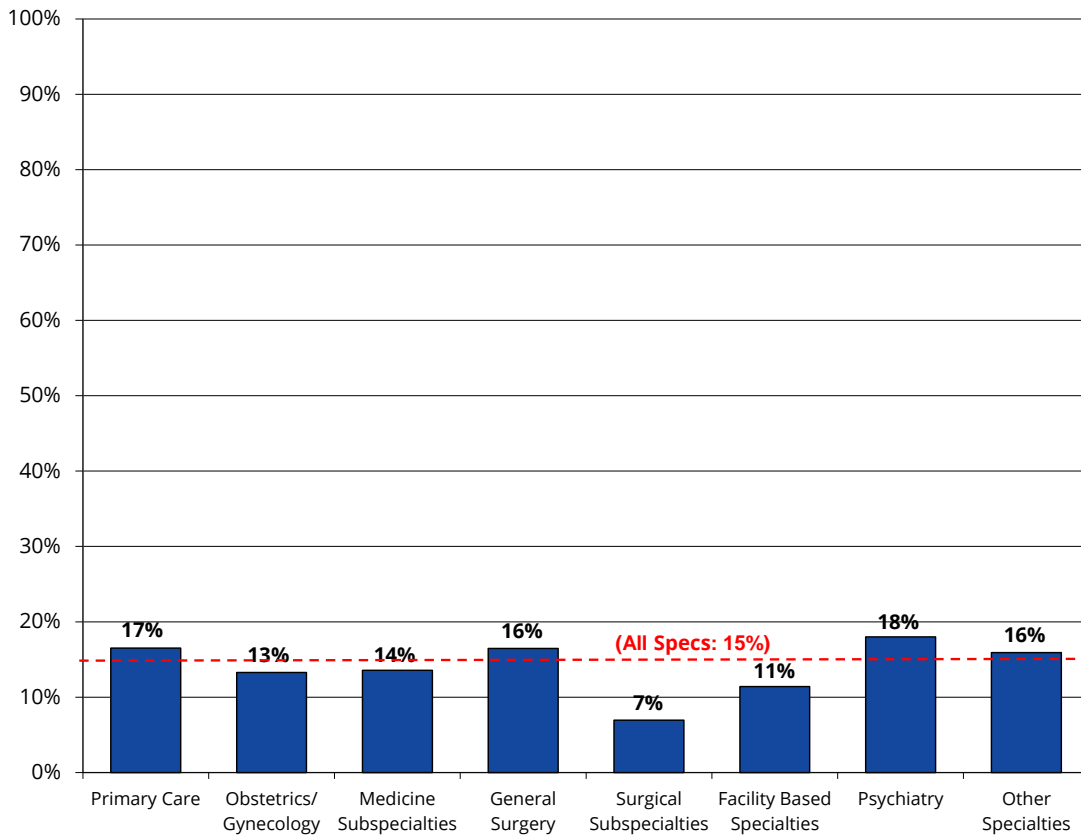




Figure 1.3. Location of High School Attended (All 2014 Exit Survey Respondents)

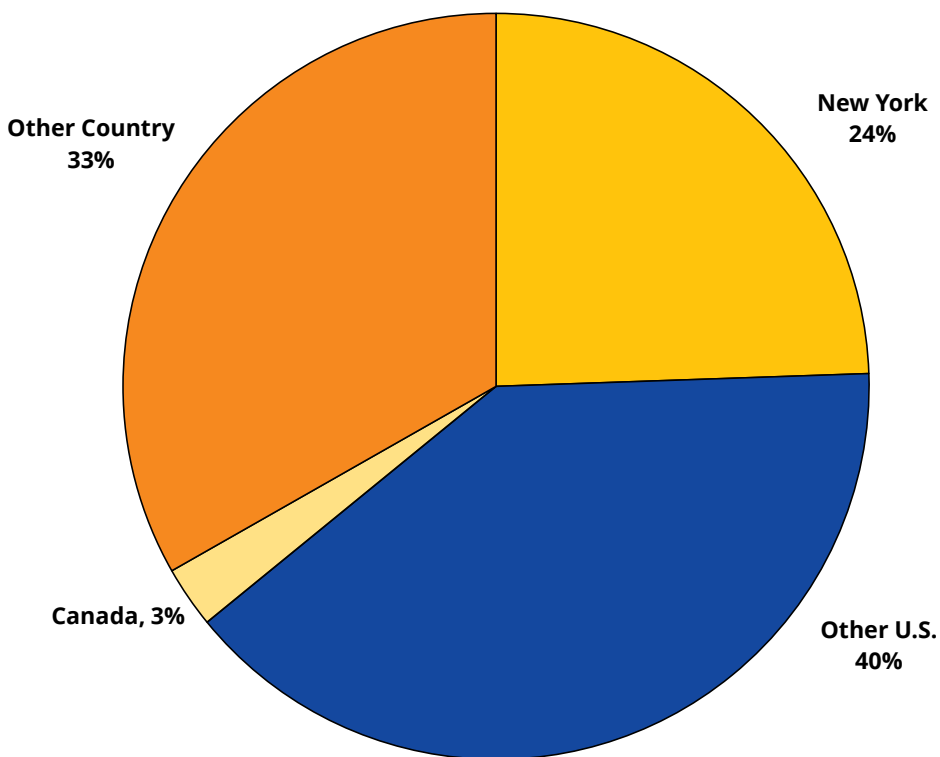
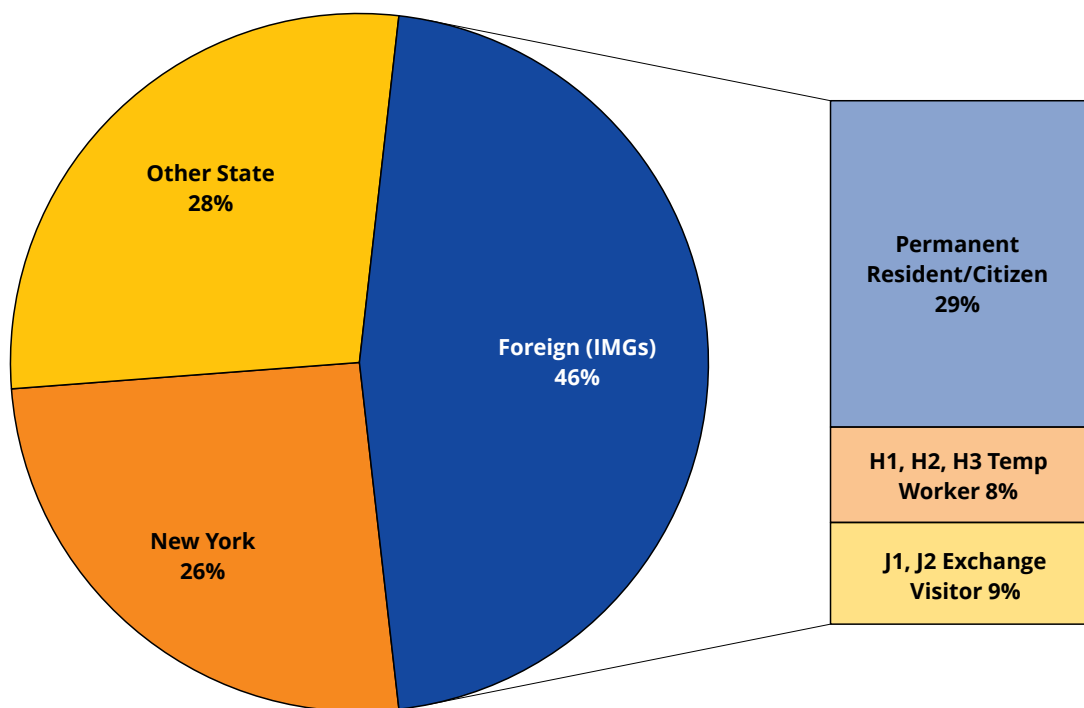


Figure 1.4. Location of Medical School and Citizenship Status (All 2014 Exit Survey Respondents)





**Table 1.1. Background Characteristics of Respondents (All 2014 Exit Survey Respondents)**

Specialty	Number of Resp (N) <sup>a</sup>	% Female	% URM <sup>b</sup>	% NY H.S. Grad	% IMG <sup>c</sup>	% Temp Visa Holders <sup>d</sup>
<b>Primary Care</b>	<b>1075</b>	<b>52%</b>	<b>17%</b>	<b>21%</b>	<b>66%</b>	<b>26%</b>
Family Medicine	106	53%	24%	33%	50%	17%
General Internal Medicine	701	44%	16%	18%	73%	26%
General Pediatrics	257	73%	15%	24%	55%	31%
<b>Obstetrics/Gynecology</b>	<b>116</b>	<b>90%</b>	<b>13%</b>	<b>26%</b>	<b>35%</b>	<b>11%</b>
<b>Medicine Subspecialties</b>	<b>371</b>	<b>39%</b>	<b>14%</b>	<b>22%</b>	<b>60%</b>	<b>24%</b>
Cardiology	74	20%	10%	27%	47%	10%
Gastroenterology	46	35%	11%	39%	33%	7%
Geriatrics	26	42%	20%	27%	76%	33%
Hematology/Oncology	40	63%	3%	15%	74%	32%
Nephrology	37	32%	19%	19%	78%	33%
Pulmonary Disease	51	25%	12%	12%	67%	35%
<b>General Surgery</b>	<b>85</b>	<b>41%</b>	<b>16%</b>	<b>27%</b>	<b>25%</b>	<b>11%</b>
<b>Surgical Subspecialties</b>	<b>222</b>	<b>24%</b>	<b>7%</b>	<b>24%</b>	<b>13%</b>	<b>8%</b>
Ophthalmology	42	36%	2%	33%	2%	0%
Orthopedics	71	14%	3%	30%	13%	9%
Otolaryngology	23	30%	14%	22%	5%	5%
Urology	28	11%	11%	22%	7%	0%
<b>Facility Based</b>	<b>388</b>	<b>38%</b>	<b>11%</b>	<b>28%</b>	<b>26%</b>	<b>5%</b>
Anesthesiology	120	41%	12%	31%	15%	1%
Pathology	92	54%	13%	11%	58%	15%
Radiology	117	31%	13%	37%	13%	3%
<b>Psychiatry</b>	<b>194</b>	<b>56%</b>	<b>18%</b>	<b>22%</b>	<b>45%</b>	<b>13%</b>
Adult Psychiatry	119	58%	16%	23%	53%	17%
Child and Adolescent Psych	40	56%	13%	18%	41%	8%
<b>Other</b>	<b>500</b>	<b>52%</b>	<b>16%</b>	<b>31%</b>	<b>31%</b>	<b>9%</b>
Dermatology	33	66%	0%	39%	9%	6%
Emergency Medicine	117	40%	12%	35%	20%	7%
Neurology	85	53%	13%	26%	49%	18%
Pediatric Subspecialties	82	64%	12%	22%	33%	15%
Physical Medicine and Rehab	54	33%	22%	45%	49%	4%
<b>All Specialties, 2014 (2013)</b>	<b>2,951 (2,890)</b>	<b>48% (48%)</b>	<b>15% (15%)</b>	<b>24% (24%)</b>	<b>46% (47%)</b>	<b>17% (15%)</b>

<sup>a</sup>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.

<sup>b</sup>Underrepresented minority includes Black/African American, Hispanic/Latino, and American Indian.

<sup>c</sup>IMG = International (Foreign) Medical Graduate.

<sup>d</sup>Temporary Visa Holder refers to respondents with temporary citizenship status. This includes J1 or J2 Exchange Visitors and H1, H2, or H3 Temporary Workers.

- Seventeen percent (17%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in pulmonary disease (35%), nephrology (33%), and geriatrics (33%)
- Urology (0%) and Ophthalmology (0%) had no temporary visa holders





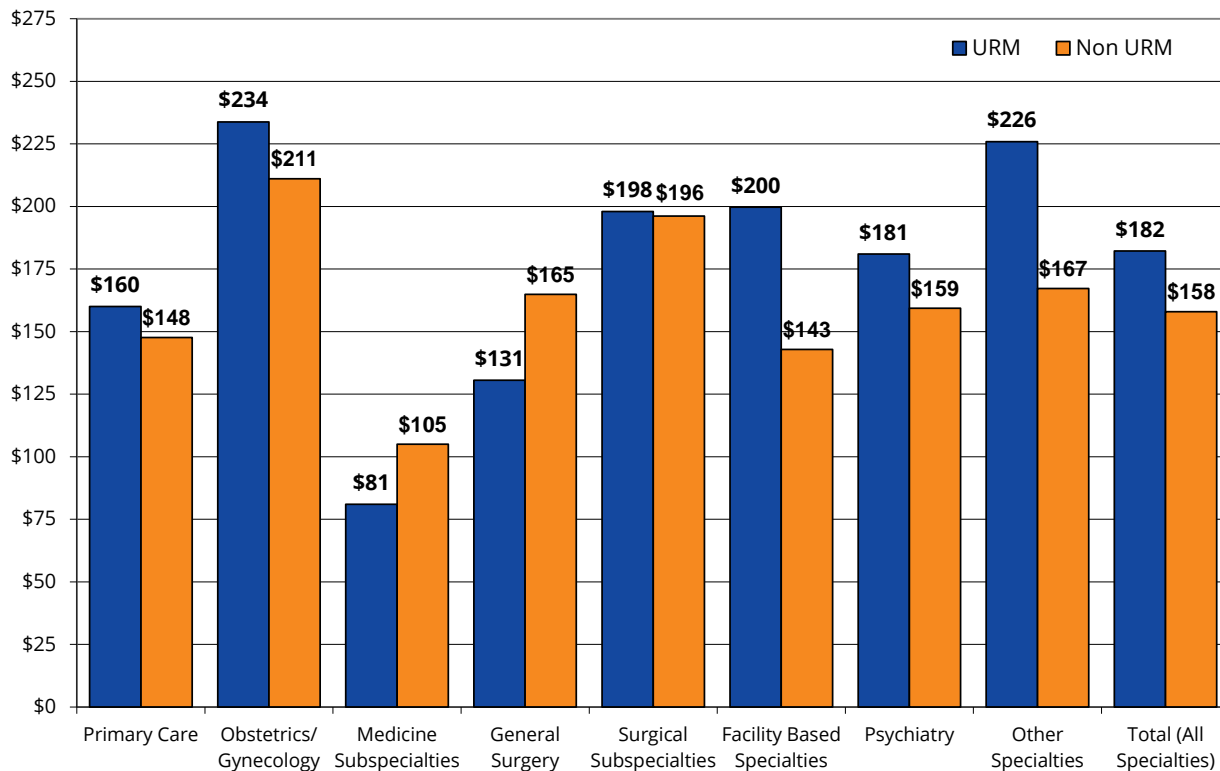
## 1.2 Education Debt (of Respondents who are U.S. Citizens)

Table 1.2 presents descriptive statistics for respondents' education debt. Only respondents who were U.S. citizens are included, because non-U.S. citizens often have their medical education paid for by their government. The number of respondents (n) is given because many specialties had a relatively small number of respondents. Finally, specialties are ranked in descending order (ie, 1 is highest, 25 is lowest) by both mean and median education debt.

### Highlights

- Individual specialties with the highest median education debt were physical medicine and rehabilitation (\$241,550), emergency medicine (\$218,100), and obstetrics/gynecology (\$212,000)
- Only 3 specialties had less than \$60,000 of median education debt
  - Geriatrics (\$0), child and adolescent psychiatry (\$37,300), and pathology (\$58,700) had the lowest debt
- Among specialty groups, obstetrics and gynecology (\$212,000) had the highest median education debt and medicine subspecialties had the lowest (\$99,850)

**Figure 1.5. Median Education Debt by Specialty and Race/Ethnicity (in \$1,000s) (All 2014 Exit Survey Respondents, U.S. Citizens Only)**





**Table 1.2. Descriptive Statistics for Respondents' Education Debt (All 2014 Exit Survey Respondents)**

Specialty	N	MEAN	RANK <sup>a</sup> (of 25)	MEDIAN	RANK (of 25)
<b>Primary Care</b>	<b>627</b>	<b>\$136,456</b>	N/A	<b>\$146,300</b>	N/A
Family Medicine	80	\$170,255	6	\$196,000	7
General Internal Medicine	397	\$124,943	18	\$87,300	22
General Pediatrics	140	\$148,281	12	\$176,900	11
<b>Obstetrics/Gynecology</b>	<b>88</b>	<b>\$199,573</b>	1	<b>\$212,000</b>	3
<b>Medicine Subspecialties</b>	<b>226</b>	<b>\$115,358</b>	N/A	<b>\$99,850</b>	N/A
Cardiology	55	\$107,982	22	\$91,400	21
Gastroenterology	38	\$121,629	19	\$113,900	16
Geriatrics	15	\$48,740	25	\$0	25
Hematology/Oncology	17	\$135,288	14	\$110,100	18
Nephrology	18	\$108,050	21	\$111,500	17
Pulmonary Disease	28	\$134,004	15	\$139,150	15
<b>General Surgery</b>	<b>63</b>	<b>\$156,589</b>	10	<b>\$158,100</b>	12
<b>Surgical Subspecialties</b>	<b>173</b>	<b>\$167,620</b>	N/A	<b>\$196,200</b>	N/A
Ophthalmology	37	\$127,049	17	\$104,900	19
Orthopedics	60	\$177,297	4	\$198,650	5
Otolaryngology	18	\$171,961	5	\$204,800	4
Urology	23	\$164,113	8	\$197,600	6
<b>Facility Based</b>	<b>316</b>	<b>\$138,355</b>	N/A	<b>\$147,000</b>	N/A
Anesthesiology	101	\$165,773	7	\$182,000	10
Pathology	59	\$105,029	23	\$58,700	23
Radiology	106	\$136,563	13	\$144,400	14
<b>Psychiatry</b>	<b>135</b>	<b>\$138,577</b>	N/A	<b>\$167,700</b>	N/A
Adult Psychiatry	75	\$159,384	9	\$188,200	9
Child and Adolescent Psych	31	\$103,471	24	\$37,300	24
<b>Other</b>	<b>374</b>	<b>\$161,590</b>	N/A	<b>\$185,350</b>	N/A
Dermatology	28	\$127,718	16	\$148,050	13
Emergency Medicine	97	\$189,781	2	\$218,100	2
Neurology	51	\$153,771	11	\$189,200	8
Pediatric Subspecialties	55	\$120,416	20	\$101,500	20
Physical Medicine and Rehab	50	\$186,656	3	\$241,550	1
<b>Total (All Specialties)</b>	<b>2,002</b>	<b>\$145,313</b>	N/A	<b>\$160,550</b>	N/A

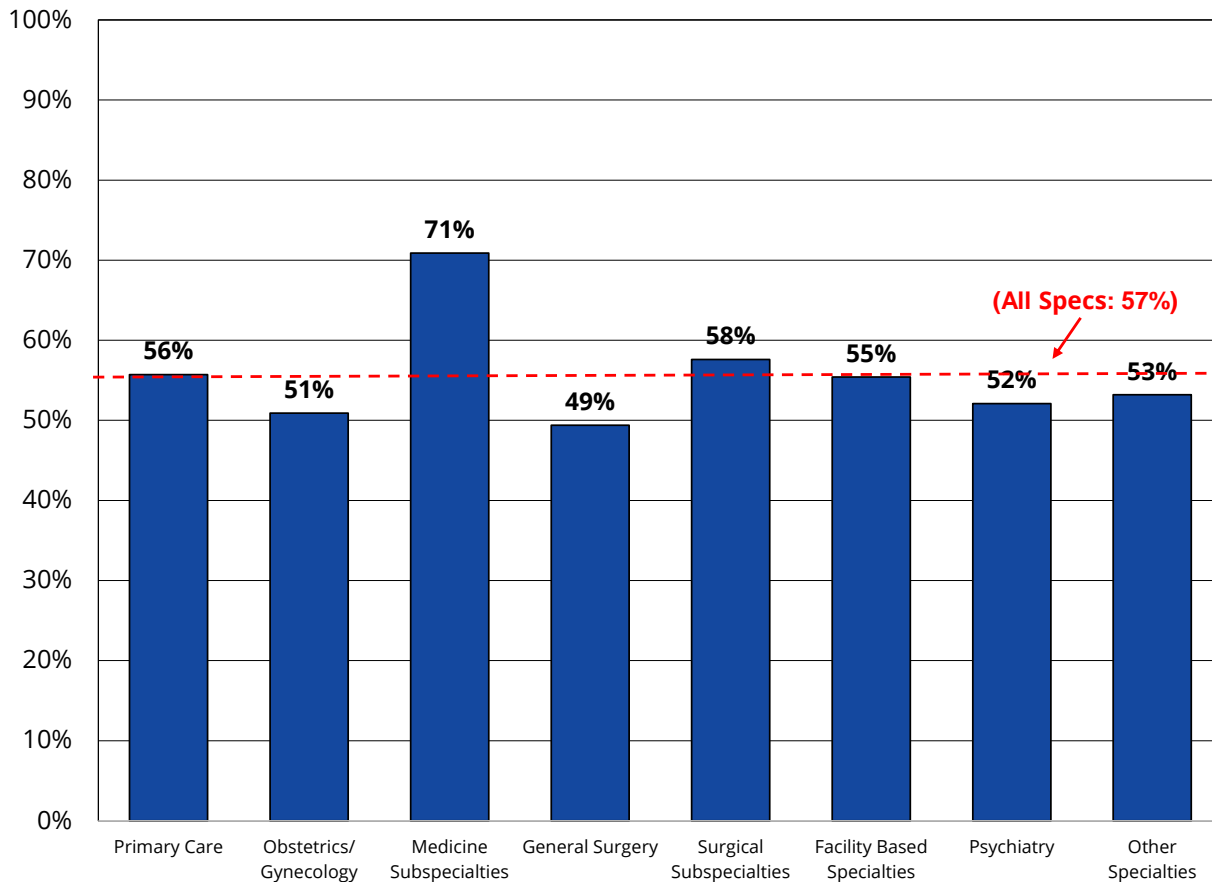
<sup>a</sup>Rank based on 25 specialties, ranked in descending order (i.e., specialty with the highest debt ranked #1, lowest debt ranked #25).



### 1.3 Marital Status and Dependent Children

Over the last decade, there has been an increasing amount of research that indicates that individual level characteristics such as marital status may affect physician practice decisions. Figure 1.6 displays the percentage of respondents who are married and Figure 1.7 displays the percentage of respondents that have dependent children.

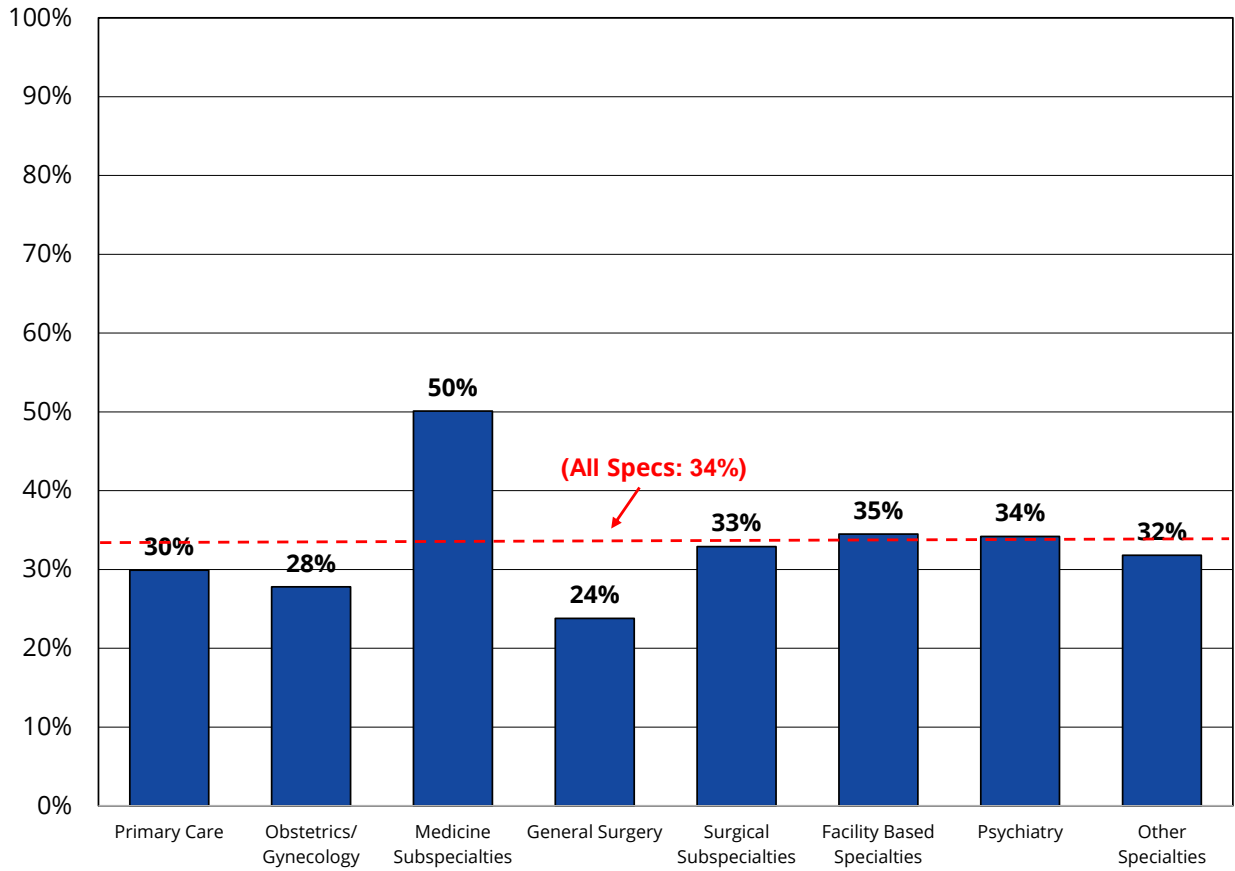
**Figure 1.6. Percentage of Respondents who had Married by Specialty Group (All 2014 Exit Survey Respondents)**



- Overall, 57% of respondents indicated that they were married and of those, 36% were married to another physician
- The specialty group with the highest percentage of respondents reporting they were married was medicine subspecialties (71%)
- General surgery had the lowest percentage of respondents reporting they were married (49%)



**Figure 1.7. Percentage of Respondents who had Dependent Children by Specialty Group (All 2014 Exit Survey Respondents)**



- Medicine subspecialties also had the most respondents indicating that they had dependent children (50%) and general surgery had the lowest (24%)



## SECTION II

### Planned Activities after Completion of Current Training Program (All Respondents)

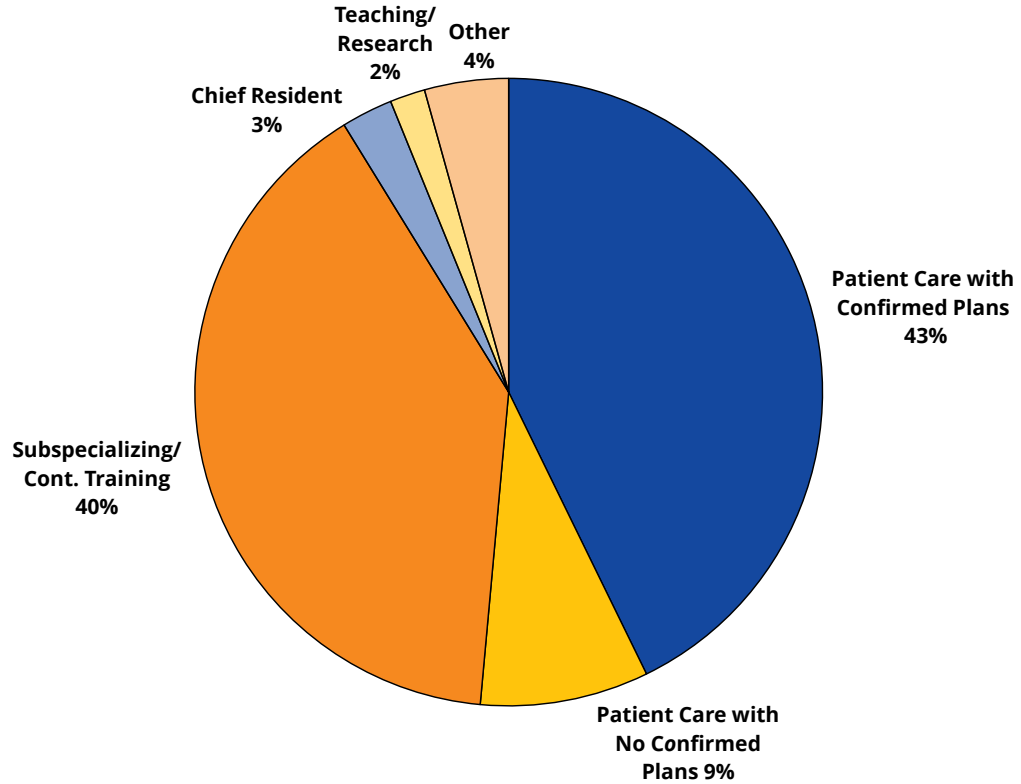
Table 2.1 summarizes the planned primary activity of all survey respondents following completion of their current training program. Respondents were given the following choices: patient care/clinical practice, subspecializing/continuing training, chief residency, teaching/research, and other. Respondents 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 (ie, 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

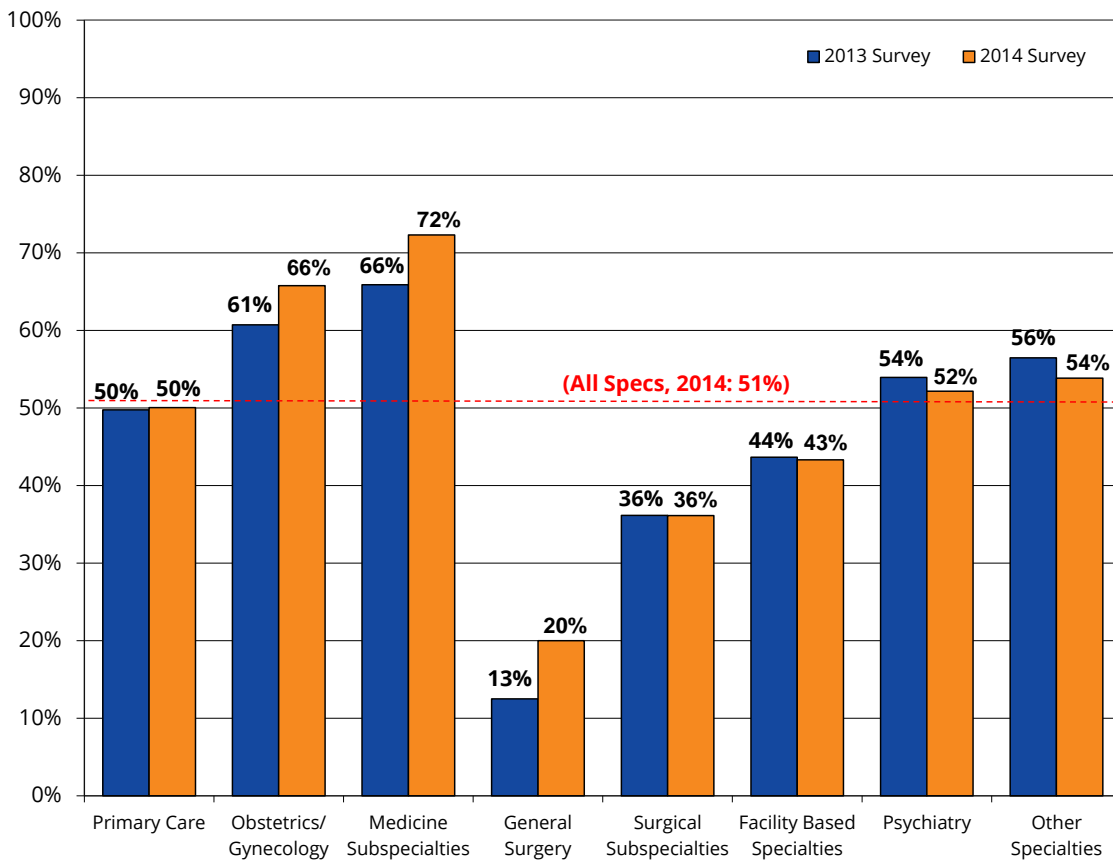
- Fifty-one percent (51%) of all respondents were planning to enter patient care following completion of their current training program
  - Of these, 83% had confirmed practice plans (ie, they had accepted an offer for a job/practice position) at the time they completed the survey
- Forty percent (40%) planned to subspecialize or pursue further training
  - In addition, 3% were planning to work as chief residents, 2% were planning to enter teaching/research, and 4% had other plans
- Specialties with the highest percentage of respondents planning to enter patient care/clinical practice were hematology/oncology (82%), family medicine (77%), and child and adolescent psychiatry (76%)
- Specialties with the highest subspecialization rates were neurology (80%), ophthalmology (77%), and general surgery (75%)
- General pediatrics (8%), general internal medicine (6%), and dermatology (3%) had the most respondents indicating they were planning on entering positions as chief residents
- Physical medicine and rehabilitation (6%) and nephrology (6%) had the highest percentage of respondents entering teaching/research



**Figure 2.1. Primary Activity After Completion of Current Training Program (All 2014 Exit Survey Respondents)**

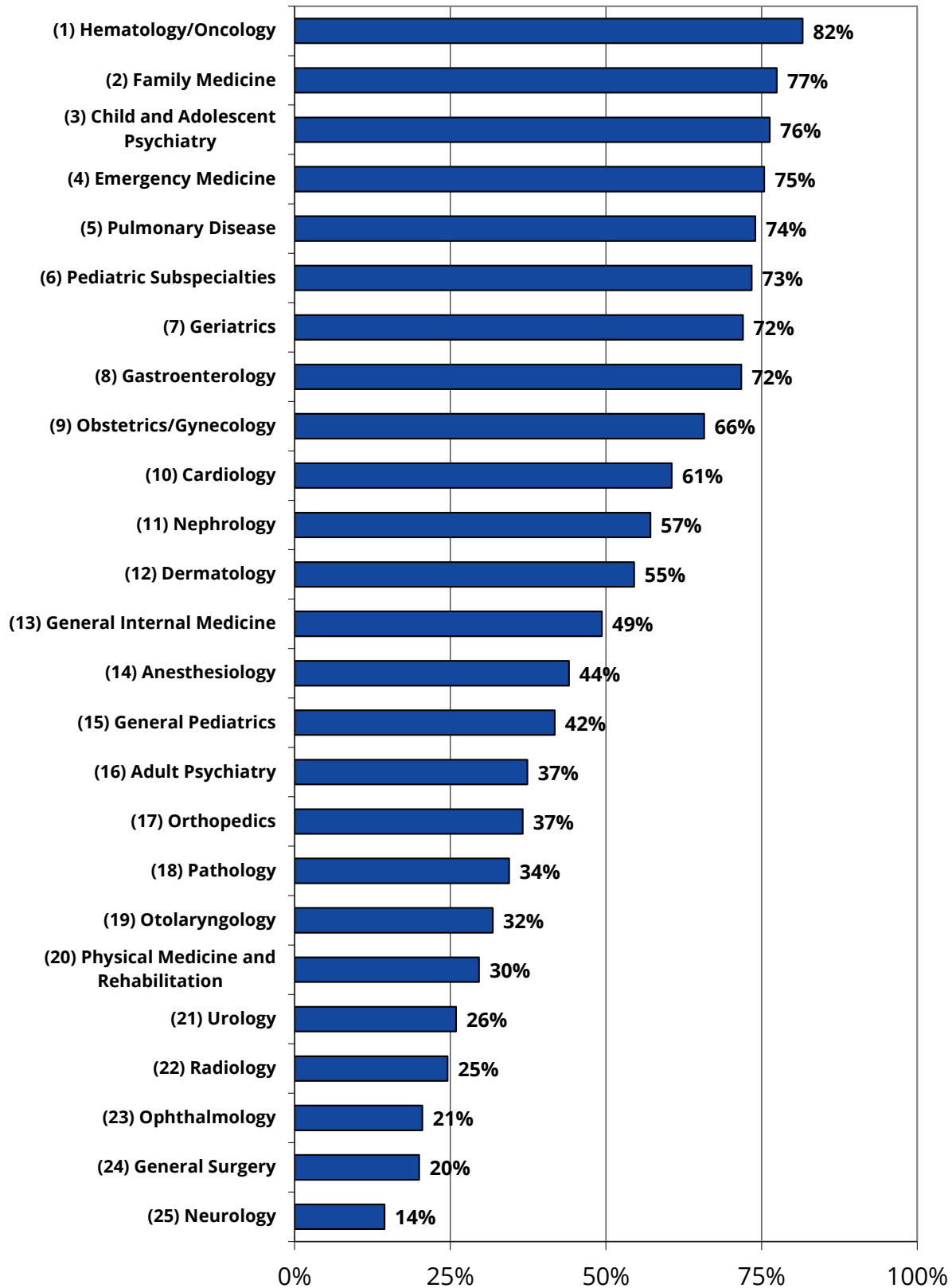


**Figure 2.2. Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group (All 2013 and 2014 Exit Survey Respondents)**





**Figure 2.3. Rank of Percent of Respondents Entering Patient Care by Specialty (All 2014 Exit Survey Respondents)**







**Table 2.1. Primary Activity After Completion of Current Training Program (All 2014 Exit Survey Respondents)**

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
<b>Primary Care</b>	<b>50%</b>	<b>38%</b>	<b>6%</b>	<b>1%</b>	<b>5%</b>
Family Medicine	77%	14%	2%	2%	5%
General Internal Medicine	49%	38%	6%	2%	5%
General Pediatrics	42%	47%	8%	0%	3%
<b>Obstetrics/Gynecology</b>	<b>66%</b>	<b>26%</b>	<b>0%</b>	<b>4%</b>	<b>5%</b>
<b>Medicine Subspecialties</b>	<b>72%</b>	<b>21%</b>	<b>0%</b>	<b>2%</b>	<b>4%</b>
Cardiology	61%	37%	0%	3%	0%
Gastroenterology	72%	22%	2%	2%	2%
Geriatrics	72%	20%	0%	4%	4%
Hematology/Oncology	82%	11%	0%	0%	8%
Nephrology	57%	31%	0%	6%	6%
Pulmonary Disease	74%	20%	0%	4%	2%
<b>General Surgery</b>	<b>20%</b>	<b>75%</b>	<b>0%</b>	<b>0%</b>	<b>5%</b>
<b>Surgical Subspecialties</b>	<b>36%</b>	<b>62%</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>
Ophthalmology	21%	77%	0%	3%	0%
Orthopedics	37%	62%	0%	0%	1%
Otolaryngology	32%	68%	0%	0%	0%
Urology	26%	74%	0%	0%	0%
<b>Facility Based</b>	<b>43%</b>	<b>51%</b>	<b>0%</b>	<b>1%</b>	<b>4%</b>
Anesthesiology	44%	53%	0%	0%	3%
Pathology	34%	56%	0%	1%	9%
Radiology	25%	68%	1%	3%	4%
<b>Psychiatry</b>	<b>52%</b>	<b>40%</b>	<b>0%</b>	<b>3%</b>	<b>4%</b>
Adult Psychiatry	37%	57%	0%	2%	4%
Child and Adolescent Psych	76%	16%	0%	3%	5%
<b>Other</b>	<b>54%</b>	<b>36%</b>	<b>1%</b>	<b>3%</b>	<b>6%</b>
Dermatology	55%	39%	3%	0%	3%
Emergency Medicine	75%	21%	0%	2%	2%
Neurology	14%	80%	1%	0%	5%
Pediatric Subspecialties	73%	20%	0%	4%	3%
Physical Medicine and Rehab	30%	63%	0%	6%	2%
<b>All Specialties, 2014 (2013)</b>	<b>51% (51%)</b>	<b>40% (41%)</b>	<b>3% (2%)</b>	<b>2% (2%)</b>	<b>4% (4%)</b>



## 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

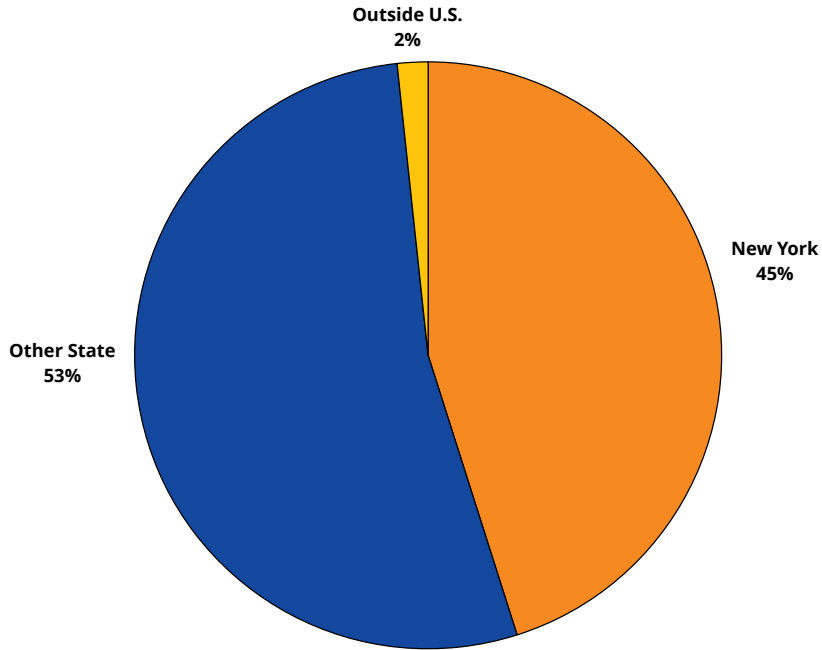
Table 3.1 gives the practice location of respondents with confirmed practice plans. This is a subset of "All Respondents," so the number in this subgroup is presented for each specialty in the first column. A total of 1,254 respondents had confirmed practice plans. Two percent (2%) of these respondents were planning to practice outside the U.S., so these physicians have been excluded from all other subsections within Section 3 of this report.

#### Highlights

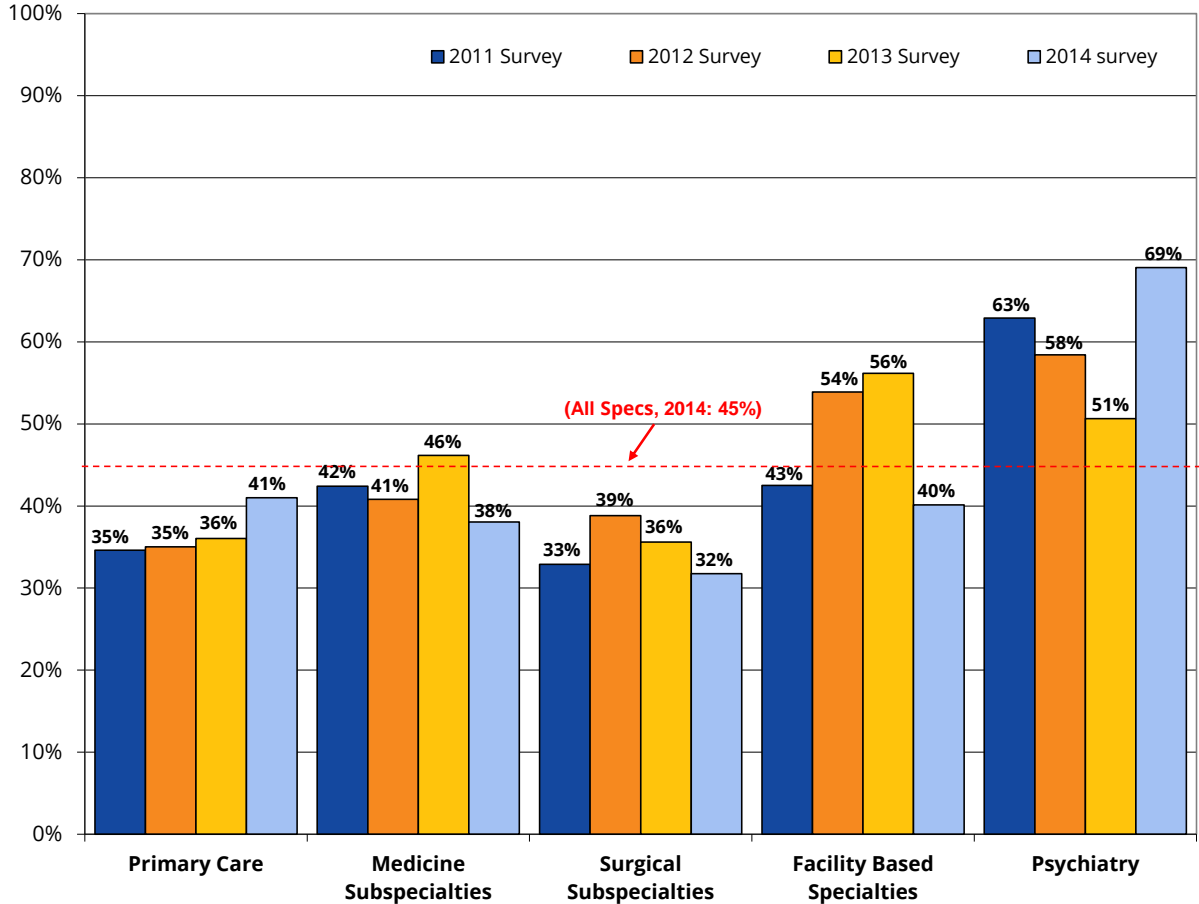
- Less than one-half (45%) of respondents with confirmed plans were entering practice in New York
  - The vast majority of these respondents (87%) were remaining in the same region in which they trained
- The specialties with the highest rates of in-state retention of graduates were child and adolescent psychiatry (79%), geriatrics (71%), and adult psychiatry (70%)
- The specialties of nephrology (16%), ophthalmology (17%), and pathology (21%) had the lowest in-state retention rates
- Residents of otolaryngology (20%), neurology (10%), and radiology (9%) were the most likely to be leaving the U.S. to begin practice
- Residents who completed high school and medical school in New York were by far the most likely to report plans to practice in New York after completing training
  - Eighty (80%) of respondents who went to high school 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 their main reason for leaving, the most common reasons were proximity to family (27%), better jobs in desired locations outside New York (14%), better jobs outside New York that meet Visa requirements (10%), and better salary outside New York (9%)
  - Only 6% of respondents indicated that they never intended to practice in New York



**Figure 3.1. Location of Upcoming Practice (for 2014 Respondents with Confirmed Practice Plans)**

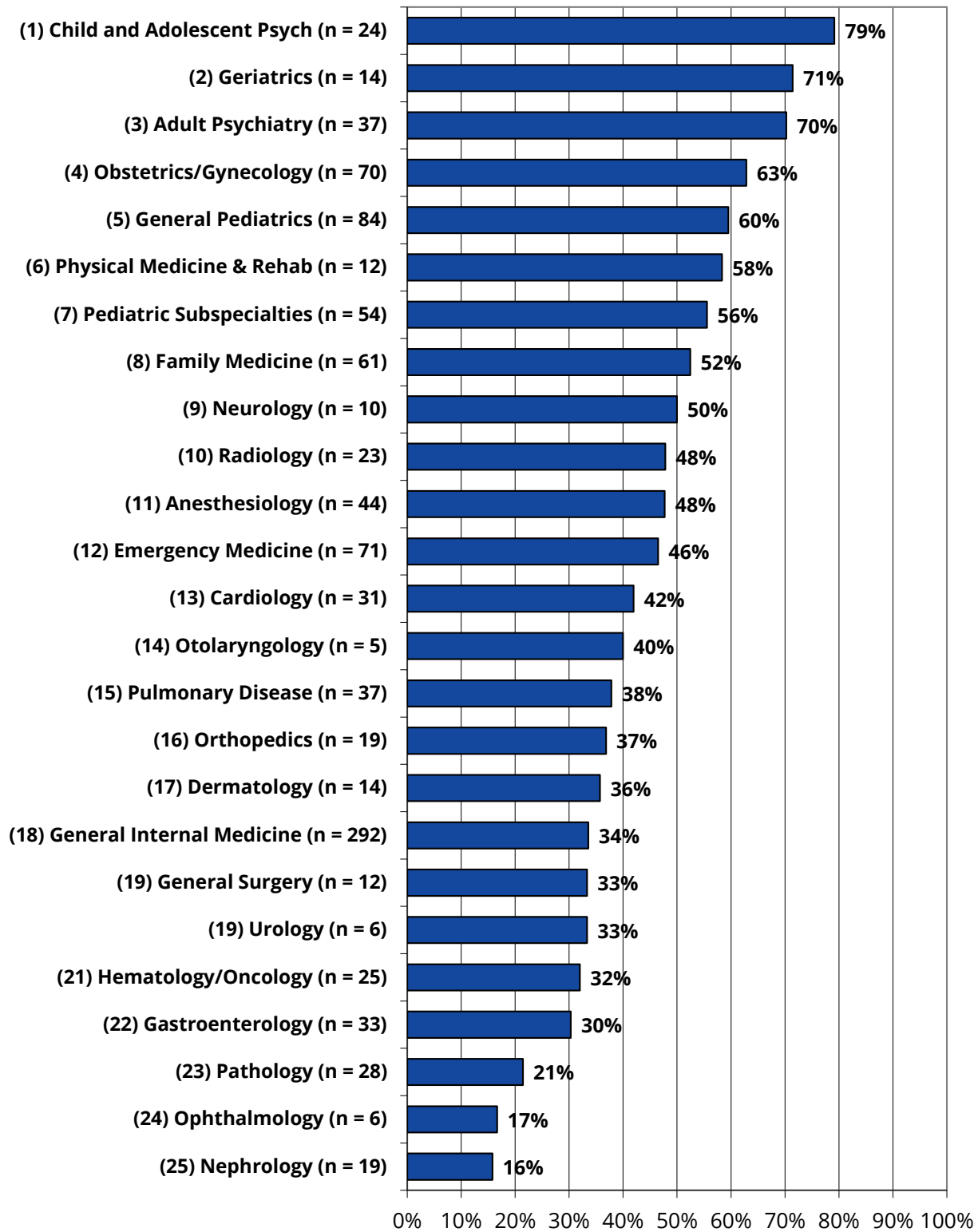


**Figure 3.2. Percent of Respondents Entering Practice in New York by Specialty Group (for 2014 Respondents with Confirmed Practice Plans)**





**Figure 3.3. Rank of In-State Retention Rates by Specialty (for 2014 Respondents with Confirmed Practice Plans)**





**Table 3.1. Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2014 Respondents with Confirmed Practice Plans)**

Specialty	Number with Confirmed Practice Plans <sup>a</sup>	LOCATION OF UPCOMING PRACTICE			
		Within New York Same Region	Other Area	Other State	Outside U.S. <sup>b</sup>
<b>Primary Care</b>	<b>441</b>	<b>35%</b>	<b>6%</b>	<b>59%</b>	<b>0%</b>
Family Medicine	61	41%	11%	48%	0%
General Internal Medicine	294	29%	5%	66%	0%
General Pediatrics	84	55%	5%	40%	0%
<b>Obstetrics/Gynecology</b>	<b>70</b>	<b>53%</b>	<b>10%</b>	<b>36%</b>	<b>1%</b>
<b>Medicine Subspecialties</b>	<b>227</b>	<b>31%</b>	<b>7%</b>	<b>61%</b>	<b>1%</b>
Cardiology	31	29%	13%	55%	3%
Gastroenterology	33	27%	3%	70%	0%
Geriatrics	14	71%	0%	29%	0%
Hematology/Oncology	25	28%	4%	64%	4%
Nephrology	20	16%	0%	84%	0%
Pulmonary Disease	37	27%	11%	62%	0%
<b>General Surgery</b>	<b>12</b>	<b>25%</b>	<b>8%</b>	<b>50%</b>	<b>17%</b>
<b>Surgical Subspecialties</b>	<b>65</b>	<b>32%</b>	<b>0%</b>	<b>63%</b>	<b>5%</b>
Ophthalmology	7	17%	0%	83%	0%
Orthopedics	20	37%	0%	58%	5%
Otolaryngology	5	40%	0%	40%	20%
Urology	6	33%	0%	67%	0%
<b>Facility Based</b>	<b>142</b>	<b>35%</b>	<b>6%</b>	<b>56%</b>	<b>4%</b>
Anesthesiology	44	39%	9%	52%	0%
Pathology	28	21%	0%	71%	7%
Radiology	23	43%	4%	43%	9%
<b>Psychiatry</b>	<b>86</b>	<b>67%</b>	<b>2%</b>	<b>26%</b>	<b>5%</b>
Adult Psychiatry	37	68%	3%	24%	5%
Child and Adolescent Psych	26	79%	0%	17%	4%
<b>Other</b>	<b>211</b>	<b>47%</b>	<b>7%</b>	<b>45%</b>	<b>1%</b>
Dermatology	14	36%	0%	64%	0%
Emergency Medicine	74	44%	3%	51%	3%
Neurology	10	40%	10%	40%	10%
Pediatric Subspecialties	54	44%	11%	44%	0%
Physical Medicine and Rehab	12	58%	0%	42%	0%
<b>All Specialties, 2014 (2013)</b>	<b>1,254 (1,227)</b>	<b>39% (39%)</b>	<b>6% (6%)</b>	<b>53% (53%)</b>	<b>2% (1%)</b>

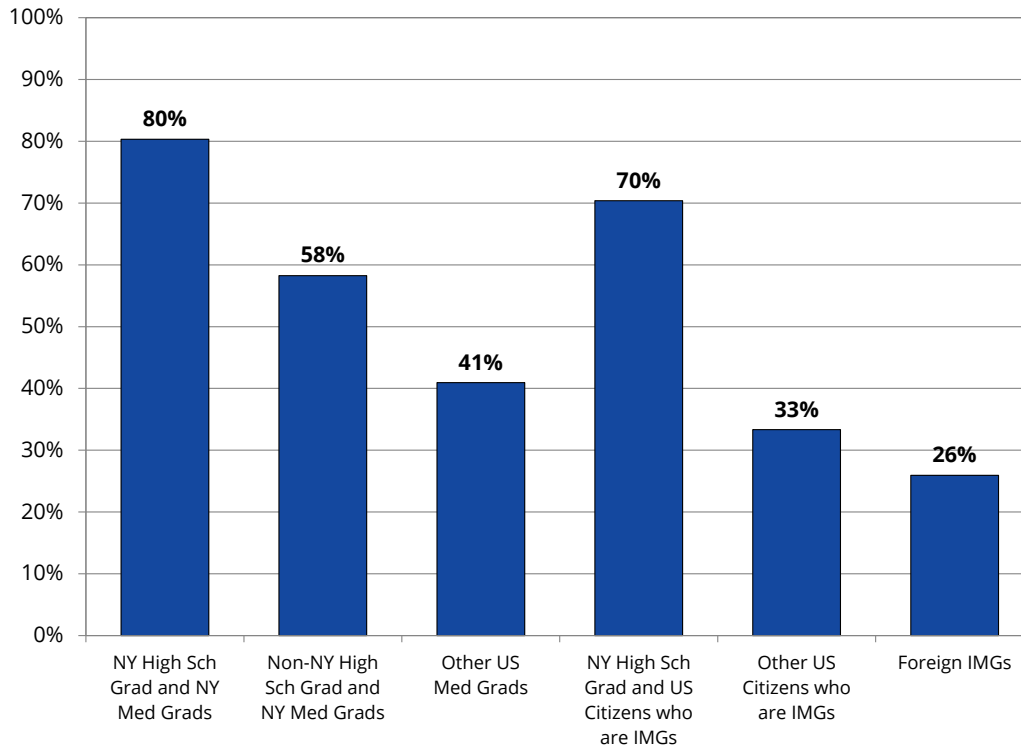
<sup>a</sup>This subgroup (ie, respondents with confirmed practice plans) includes respondents who indicated they were entering patient care/clinical practice and had accepted an offer for a practice position.

<sup>b</sup>This subgroup (ie, respondents leaving the U.S.) has been excluded from all other tables within Section 3 of this report.

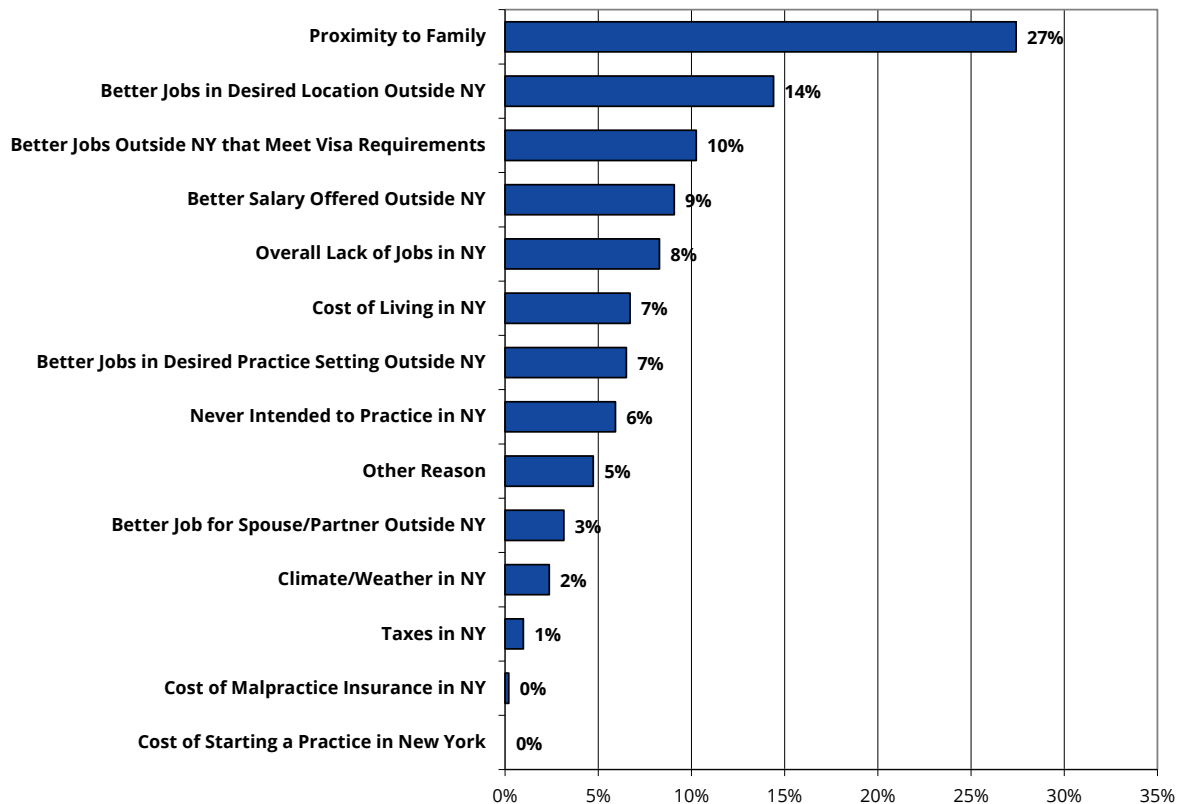
- Less than 3% of respondents reported that the principal reason for them practicing outside of New York was climate/weather in New York (2%), taxes in New York (1%), the cost of malpractice insurance in New York (0%), or the cost of starting a practice in New York (0%)



**Figure 3.4. Percent of Respondents with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2014 Respondents with Confirmed Practice Plans)**



**Figure 3.5. Principal Reason for Practicing Outside New York (for 2014 Respondents with Confirmed Practice Plans)**





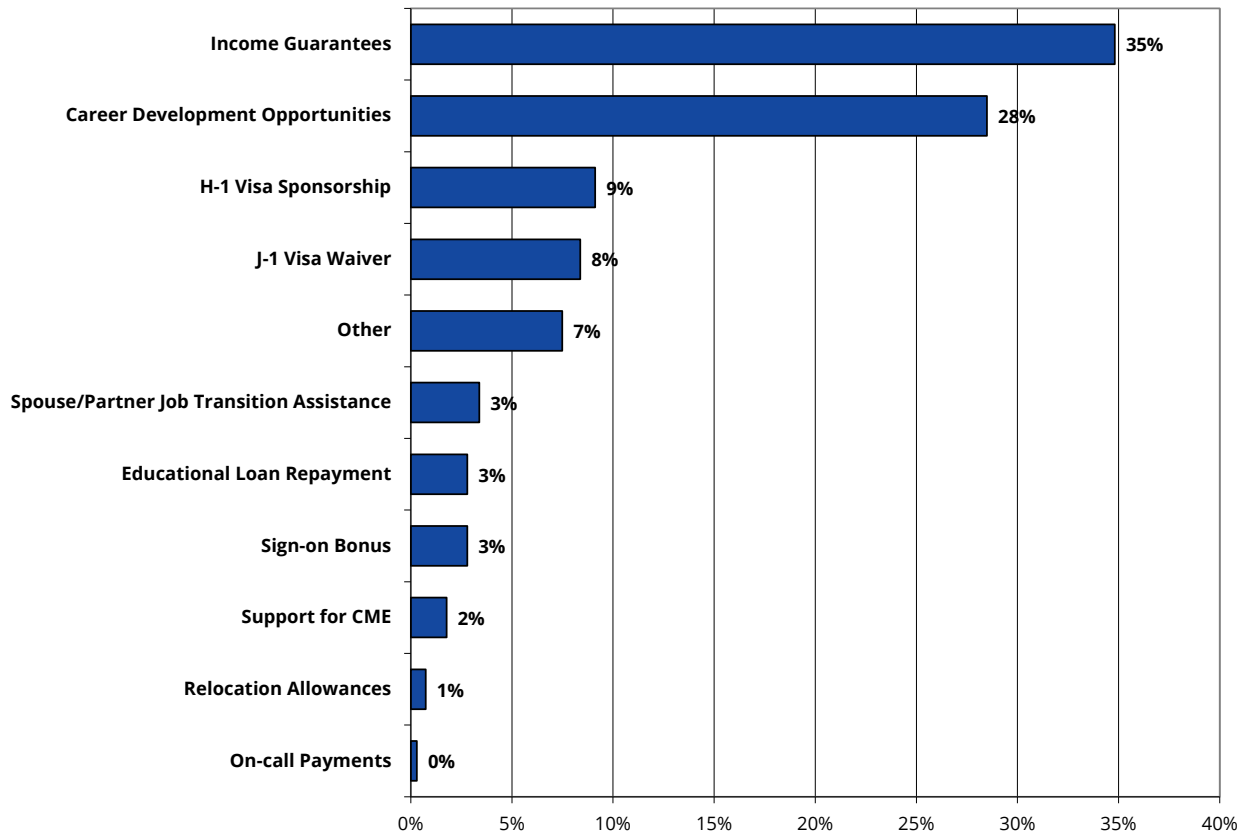
### 3.2 Recruitment Incentives

Figure 3.6 displays the most influential incentives New York's graduating physicians received for accepting a practice position.

#### Highlights

- Thirty-five percent (35%) of graduates reported that income guarantees were the most influential incentive they received for accepting a practice position
  - The next most influential incentive was career development opportunities (28%)
  - Nine percent (9%) of graduates indicated that H-1 visa sponsorship was their most influential incentive
- Less than 5% of graduates indicated that spouse/partner job transition assistance (3%), educational loan repayment (3%), sign-on bonus (3%), support for continuing medical education (2%), relocation allowances (1%), or on-call payments (0%) was the most influential incentive

**Figure 3.6. Most Influential Incentive Received for Accepting a Practice Position (for 2014 Respondents with Confirmed Practice Plans)**





### 3.3 Demographics of Practice Location

Table 3.2 summarizes the responses to 2 questions relating to the demographics of respondents' upcoming practice locations. The first 5 columns give the demographics of principal practice locations and the last column gives the percentage of respondents entering practice in federally designated HPSAs. It should be noted that (as with all data presented in this report) these numbers are based on self-reporting by respondents and a large percentage indicated they didn't know if their upcoming practice fell within a HPSA.

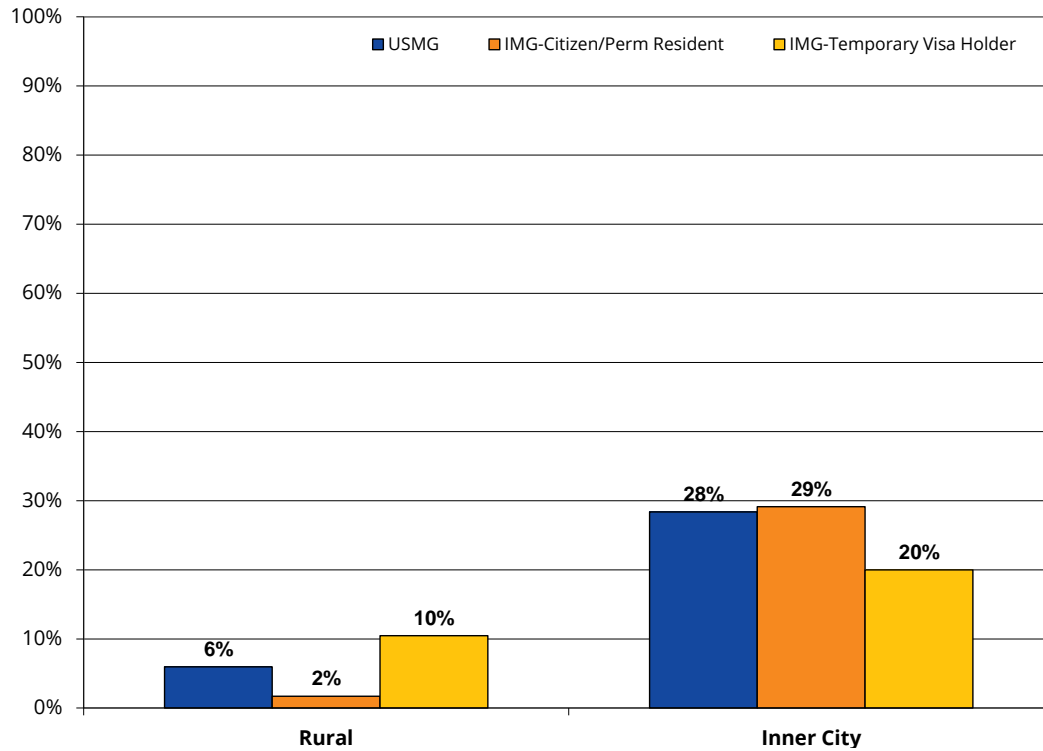
#### Highlights

- Twenty-nine percent (29%) 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, similar to the percentage reported in 2013
- Respondents from child and adolescent psychiatry (55%), otolaryngology (50%), and adult psychiatry (45%) were the most likely to enter practices in the inner city
- Respondents from ophthalmology (33%), hematology/oncology (13%), and family medicine (13%) were the most likely to enter practices in rural areas
- The respondents most likely to be entering practice in HPSAs were in neurology (38%), pulmonary disease (32%), and geriatrics (29%)
- Citizenship status has a strong influence on an individual's likelihood of practicing in a HPSA
  - IMGs with J-1 and J-2 exchange visas are required to practice in an underserved area or return to their native country
  - Therefore, specialties with a high proportion of temporary visa holders had high proportions of respondents entering practice in HPSAs
- IMGs with permanent citizenship were less likely to be entering HPSAs than were USMGs (5% and 15%, respectively, for graduates of primary care specialties)

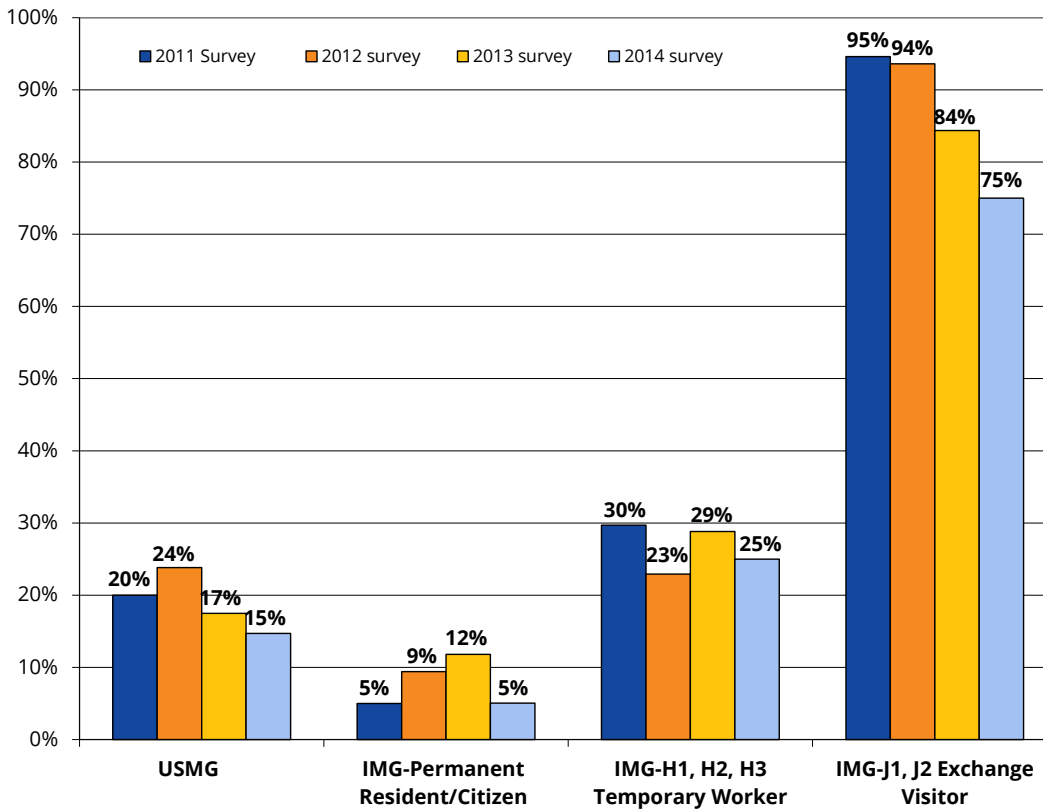




**Figure 3.7. Residents Entering Practice in Rural and Inner-City Areas by Location of Medical School and Citizenship Status (for 2014 Respondents from Primary Care Specialties with Confirmed Practice Plans)**



**Figure 3.8. Percent of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship Status (for 2014 Respondents from Primary Care Specialties with Confirmed Practice Plans)**





**Table 3.2. Demographics of Practice Location (for 2014 Respondents with Confirmed Practice Plans)**

Specialty	D E M O G R A P H I C S					% Practicing in a Federal HPSA <sup>a</sup>
	Inner City	Other Area in Major City	Suburban	Small City	Rural	
<b>Primary Care</b>	<b>27%</b>	<b>19%</b>	<b>31%</b>	<b>17%</b>	<b>5%</b>	<b>19%</b>
Family Medicine	13%	15%	32%	27%	13%	20%
General Internal Medicine	29%	17%	33%	18%	4%	17%
General Pediatrics	33%	29%	26%	8%	4%	23%
<b>Obstetrics/Gynecology</b>	<b>29%</b>	<b>32%</b>	<b>32%</b>	<b>3%</b>	<b>4%</b>	<b>14%</b>
<b>Medicine Subspecialties</b>	<b>22%</b>	<b>20%</b>	<b>36%</b>	<b>18%</b>	<b>5%</b>	<b>19%</b>
Cardiology	21%	14%	41%	17%	7%	15%
Gastroenterology	12%	24%	45%	18%	0%	9%
Geriatrics	38%	23%	31%	8%	0%	29%
Hematology/Oncology	29%	25%	21%	13%	13%	17%
Nephrology	21%	21%	42%	11%	5%	22%
Pulmonary Disease	14%	14%	49%	19%	5%	32%
<b>General Surgery</b>	<b>20%</b>	<b>30%</b>	<b>0%</b>	<b>50%</b>	<b>0%</b>	<b>10%</b>
<b>Surgical Subspecialties</b>	<b>22%</b>	<b>30%</b>	<b>28%</b>	<b>15%</b>	<b>5%</b>	<b>8%</b>
Ophthalmology	0%	17%	17%	33%	33%	0%
Orthopedics	22%	33%	44%	0%	0%	0%
Otolaryngology	50%	0%	25%	25%	0%	0%
Urology	33%	33%	33%	0%	0%	17%
<b>Facility Based</b>	<b>35%</b>	<b>20%</b>	<b>33%</b>	<b>11%</b>	<b>2%</b>	<b>6%</b>
Anesthesiology	28%	23%	33%	14%	2%	9%
Pathology	35%	17%	35%	13%	0%	8%
Radiology	35%	30%	25%	10%	0%	5%
<b>Psychiatry</b>	<b>50%</b>	<b>26%</b>	<b>13%</b>	<b>7%</b>	<b>4%</b>	<b>11%</b>
Adult Psychiatry	45%	29%	13%	6%	6%	16%
Child and Adolescent Psych	55%	25%	10%	5%	5%	11%
<b>Other</b>	<b>34%</b>	<b>23%</b>	<b>34%</b>	<b>7%</b>	<b>2%</b>	<b>13%</b>
Dermatology	8%	38%	46%	0%	8%	0%
Emergency Medicine	36%	22%	33%	6%	3%	17%
Neurology	25%	25%	50%	0%	0%	38%
Pediatric Subspecialties	33%	24%	31%	11%	0%	11%
Physical Medicine and Rehab	58%	8%	17%	17%	0%	17%
<b>All Specialties, 2014 (2013)</b>	<b>29% (32%)</b>	<b>22% (22%)</b>	<b>31% (29%)</b>	<b>14% (15%)</b>	<b>4% (4%)</b>	<b>15% (18%)</b>

<sup>a</sup>HPSA = Health Professional Shortage Area.



### 3.4 Principal Practice Setting

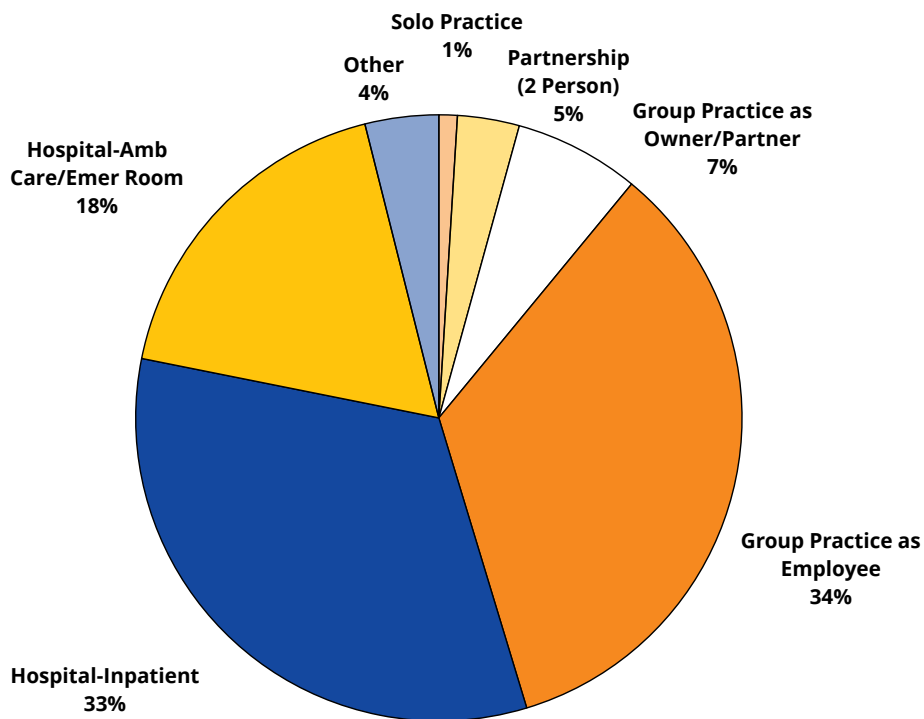
Table 3.3 shows the practice settings of respondents' upcoming principal practice. The "other" category includes "freestanding health center or clinic," "nursing home," and "other."

#### Highlights

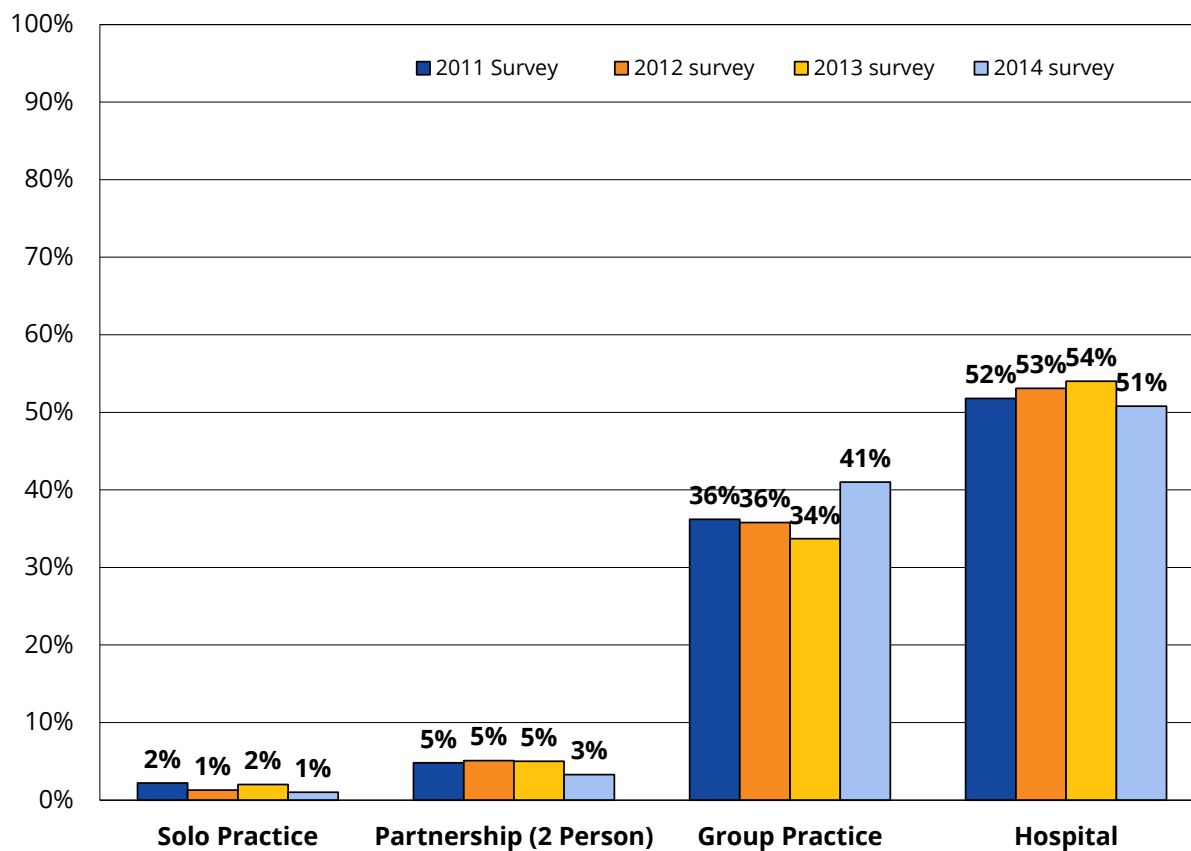
- Forty-one percent (41%) of respondents were entering group practices
  - Of these, 83% were going into groups as employees
- Only 1% of all respondents were planning to enter solo practice
  - Respondents most likely to enter solo practice were in child and adolescent psychology (10%)
- Fifty-one percent (51%) of graduates were entering practice in hospitals
  - Inpatient (33%) was the most common, followed by ambulatory care (11%) and emergency room (7%) settings



**Figure 3.9. Practice Setting of Respondents' Upcoming Principal Practice (for 2014 Respondents with Confirmed Practice Plans)**



**Figure 3.10. Practice Setting of Respondents' Upcoming Principal Practice by Specialty Group (for 2014 Respondents with Confirmed Practice Plans)**





**Table 3.3. Practice Setting of Respondents' Upcoming Principal Practice (for 2014 Respondents with Confirmed Practice Plans)**

Specialty	Solo Practice	Partnership (2 Person)	GROUP PRACTICE		HOSPITAL			Other
			As Owner/ Partner	As Employee	In-Patient	Amb. Care	Emer. Room	
<b>Primary Care</b>	<b>1%</b>	<b>2%</b>	<b>3%</b>	<b>27%</b>	<b>51%</b>	<b>10%</b>	<b>3%</b>	<b>4%</b>
Family Medicine	2%	7%	5%	27%	18%	22%	5%	13%
General Internal Medicine	1%	0%	3%	19%	67%	7%	0%	2%
General Pediatrics	0%	1%	0%	55%	17%	8%	11%	8%
<b>Obstetrics/Gynecology</b>	<b>0%</b>	<b>8%</b>	<b>6%</b>	<b>59%</b>	<b>16%</b>	<b>8%</b>	<b>0%</b>	<b>3%</b>
<b>Medicine Subspecialties</b>	<b>0%</b>	<b>6%</b>	<b>5%</b>	<b>43%</b>	<b>27%</b>	<b>17%</b>	<b>0%</b>	<b>1%</b>
Cardiology	0%	10%	0%	59%	21%	10%	0%	0%
Gastroenterology	0%	10%	17%	37%	13%	20%	0%	3%
Geriatrics	0%	8%	8%	42%	25%	17%	0%	0%
Hematology/Oncology	0%	0%	0%	55%	9%	36%	0%	0%
Nephrology	0%	6%	0%	59%	29%	6%	0%	0%
Pulmonary Disease	0%	6%	6%	25%	56%	6%	0%	0%
<b>General Surgery</b>	<b>0%</b>	<b>0%</b>	<b>22%</b>	<b>44%</b>	<b>33%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<b>Surgical Subspecialties</b>	<b>0%</b>	<b>12%</b>	<b>17%</b>	<b>45%</b>	<b>17%</b>	<b>2%</b>	<b>0%</b>	<b>7%</b>
Ophthalmology	0%	33%	0%	50%	0%	0%	0%	17%
Orthopedics	0%	6%	33%	44%	11%	0%	0%	6%
Otolaryngology	0%	33%	33%	33%	0%	0%	0%	0%
Urology	0%	17%	0%	83%	0%	0%	0%	0%
<b>Facility Based</b>	<b>1%</b>	<b>2%</b>	<b>15%</b>	<b>52%</b>	<b>24%</b>	<b>6%</b>	<b>0%</b>	<b>1%</b>
Anesthesiology	2%	5%	21%	52%	17%	0%	0%	2%
Pathology	0%	0%	4%	71%	25%	0%	0%	0%
Radiology	0%	0%	12%	29%	18%	41%	0%	0%
<b>Psychiatry</b>	<b>4%</b>	<b>3%</b>	<b>0%</b>	<b>8%</b>	<b>37%</b>	<b>23%</b>	<b>13%</b>	<b>13%</b>
Adult Psychiatry	3%	0%	0%	6%	48%	29%	0%	13%
Child and Adolescent Psych	10%	10%	0%	10%	14%	24%	24%	10%
<b>Other</b>	<b>2%</b>	<b>2%</b>	<b>9%</b>	<b>27%</b>	<b>17%</b>	<b>12%</b>	<b>27%</b>	<b>5%</b>
Dermatology	0%	0%	14%	64%	0%	14%	0%	7%
Emergency Medicine	1%	0%	10%	14%	1%	0%	70%	3%
Neurology	0%	0%	0%	40%	60%	0%	0%	0%
Pediatric Subspecialties	0%	0%	8%	15%	40%	23%	8%	6%
Physical Medicine and Rehab	0%	0%	9%	45%	18%	18%	0%	9%
<b>All Specialties, 2014</b>	<b>1%</b>	<b>3%</b>	<b>7%</b>	<b>34%</b>	<b>33%</b>	<b>11%</b>	<b>7%</b>	<b>4%</b>
<b>(All Specialties, 2013)</b>	<b>(2%)</b>	<b>(5%)</b>	<b>(2%)</b>	<b>(31%)</b>	<b>(34%)</b>	<b>(12%)</b>	<b>(9%)</b>	<b>(6%)</b>



### 3.5 Expected Starting Income

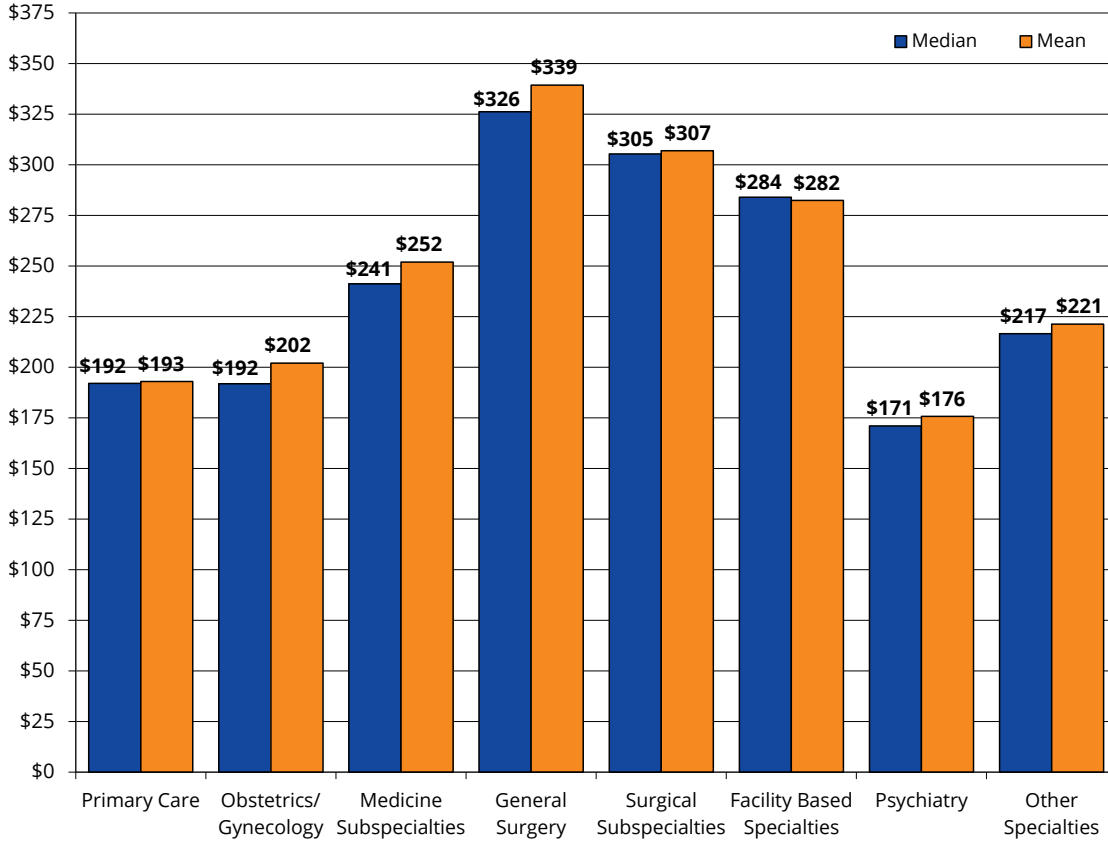
Table 3.4 presents descriptive statistics for respondents' expected income in their first year of practice. An individual's starting income was computed by summing their base salary and their expected additional/incentive income. The number of respondents (N) is given because many specialties had a relatively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

#### Highlights

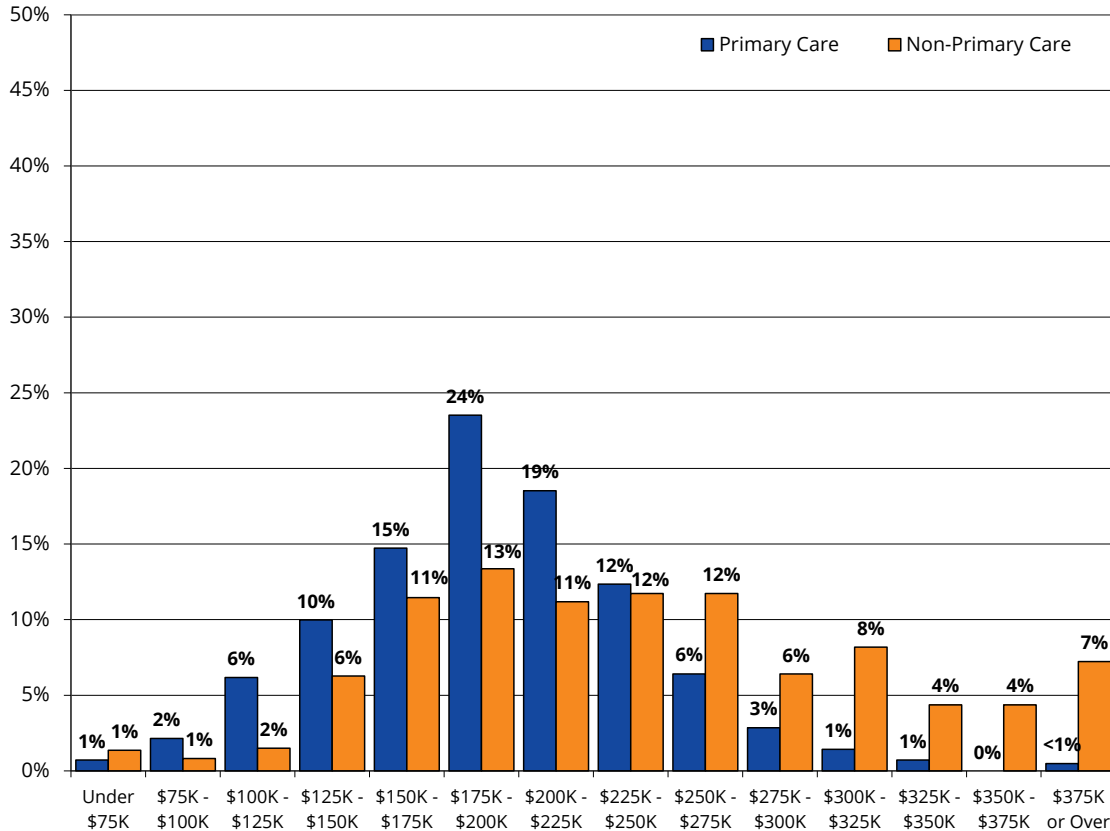
- Although there was some overlap in the salary distributions of primary care and non-primary care physicians, non-primary care physicians generally reported higher incomes
- Individual specialties with the highest median starting income were urology (\$327,550), general surgery (\$326,200), and orthopedics (\$323,150 )
  - General pediatrics had the lowest median starting income of all specialties (\$134,000)  
Other specialties with low starting incomes included geriatrics (\$164,750) and adult psychiatry (\$164,800)
- Among the specialty groups, psychiatry (\$171,000) and primary care (\$192,100) had the lowest starting median incomes
  - Conversely, surgical subspecialties (\$305,400) and facility based (\$284,000) had the highest starting median incomes



**Figure 3.11. Expected Starting Income (in \$1,000s) by Specialty Group (for 2014 Respondents with Confirmed Practice Plans)**

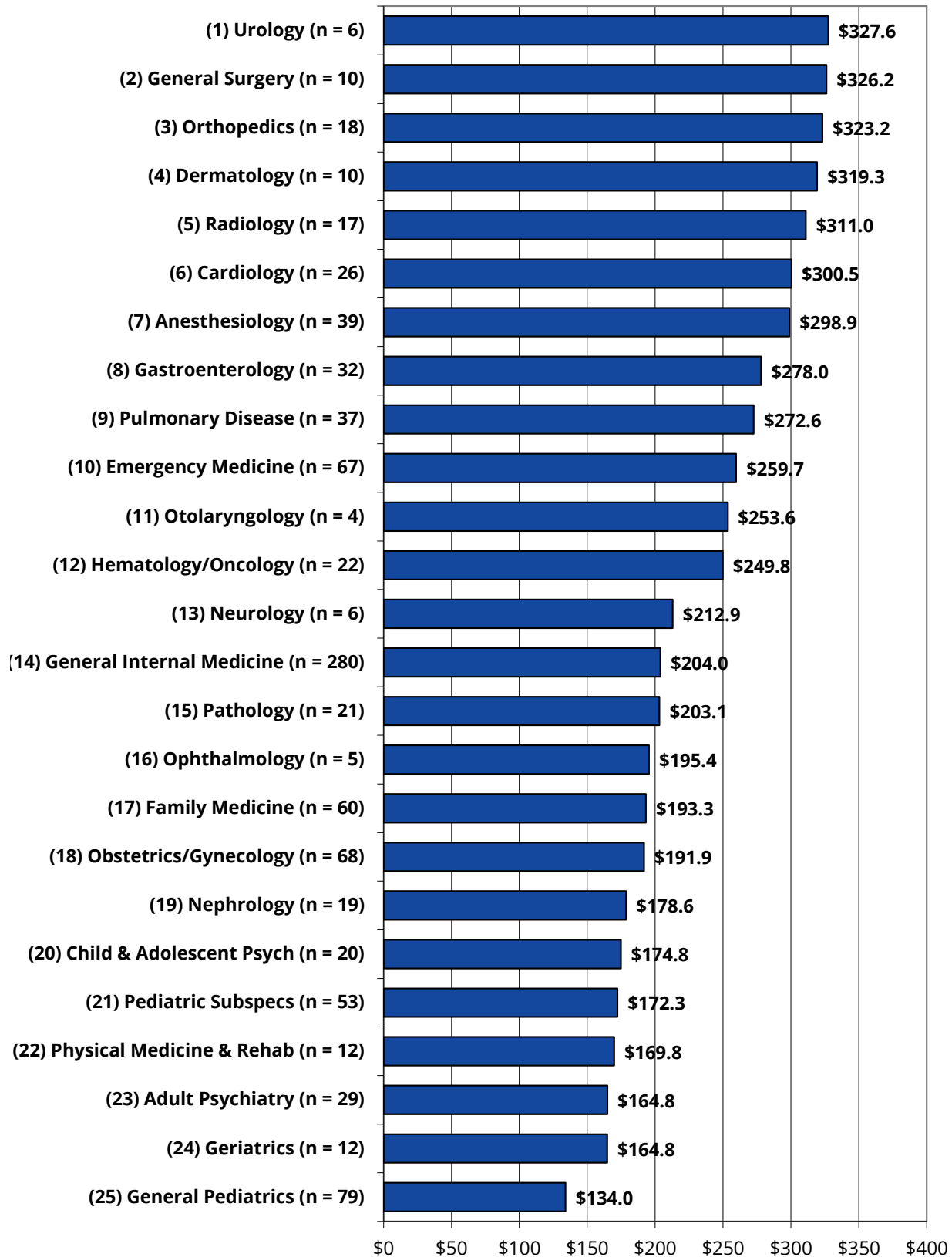


**Figure 3.12. Distribution of Starting Income among Primary Care and Non-Primary Care Physicians (for 2014 Respondents with Confirmed Practice Plans)**





**Figure 3.13. Rank of Median Starting Income (in \$1,000) by Specialty (for 2014 Respondents with Confirmed Practice Plans)**







**Table 3.4. Expected Starting Income by Specialty (for 2014 Respondents with Confirmed Practice Plans)**

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
<b>Primary Care</b>	<b>421</b>	<b>\$193,010</b>	N/A	<b>\$192,100</b>	N/A
Family Medicine	60	\$195,762	17	\$193,250	17
General Internal Medicine	280	\$207,950	13	\$203,950	14
General Pediatrics	79	\$138,076	25	\$134,000	25
<b>Obstetrics/Gynecology</b>	<b>68</b>	<b>\$202,096</b>	16	<b>\$191,850</b>	18
<b>Medicine Subspecialties</b>	<b>211</b>	<b>\$251,929</b>	N/A	<b>\$241,200</b>	N/A
Cardiology	26	\$305,735	6	\$300,500	6
Gastroenterology	32	\$311,325	5	\$277,950	8
Geriatrics	12	\$168,450	23	\$164,750	24
Hematology/Oncology	22	\$253,150	12	\$249,800	12
Nephrology	19	\$186,095	18	\$178,600	19
Pulmonary Disease	37	\$275,516	9	\$272,600	9
<b>General Surgery</b>	<b>10</b>	<b>\$339,390</b>	1	<b>\$326,200</b>	2
<b>Surgical Subspecialties</b>	<b>59</b>	<b>\$306,961</b>	N/A	<b>\$305,400</b>	N/A
Ophthalmology	5	\$178,440	21	\$195,400	16
Orthopedics	18	\$334,856	2	\$323,150	3
Otolaryngology	4	\$263,500	11	\$253,550	11
Urology	6	\$330,083	3	\$327,550	1
<b>Facility Based</b>	<b>121</b>	<b>\$282,456</b>	N/A	<b>\$284,000</b>	N/A
Anesthesiology	39	\$293,292	8	\$298,900	7
Pathology	21	\$204,571	15	\$203,100	15
Radiology	17	\$296,453	7	\$311,000	5
<b>Psychiatry</b>	<b>70</b>	<b>\$175,793</b>	N/A	<b>\$171,000</b>	N/A
Adult Psychiatry	29	\$167,410	24	\$164,800	23
Child and Adolescent Psych	20	\$174,010	22	\$174,800	20
<b>Other</b>	<b>194</b>	<b>\$221,345</b>	N/A	<b>\$216,550</b>	N/A
Dermatology	10	\$322,580	4	\$319,300	4
Emergency Medicine	67	\$263,501	10	\$259,700	10
Neurology	6	\$205,683	14	\$212,900	13
Pediatric Subspecialties	53	\$181,628	19	\$172,300	21
Physical Medicine and Rehab	12	\$181,358	20	\$169,800	22
<b>Total (All Specialties)</b>	<b>1,154</b>	<b>\$224,511</b>	N/A	<b>\$210,800</b>	N/A



### 3.6 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 positions. 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 respondents anticipate they will work in their upcoming practices because this variable has an impact on issues related to workforce planning and compensation.

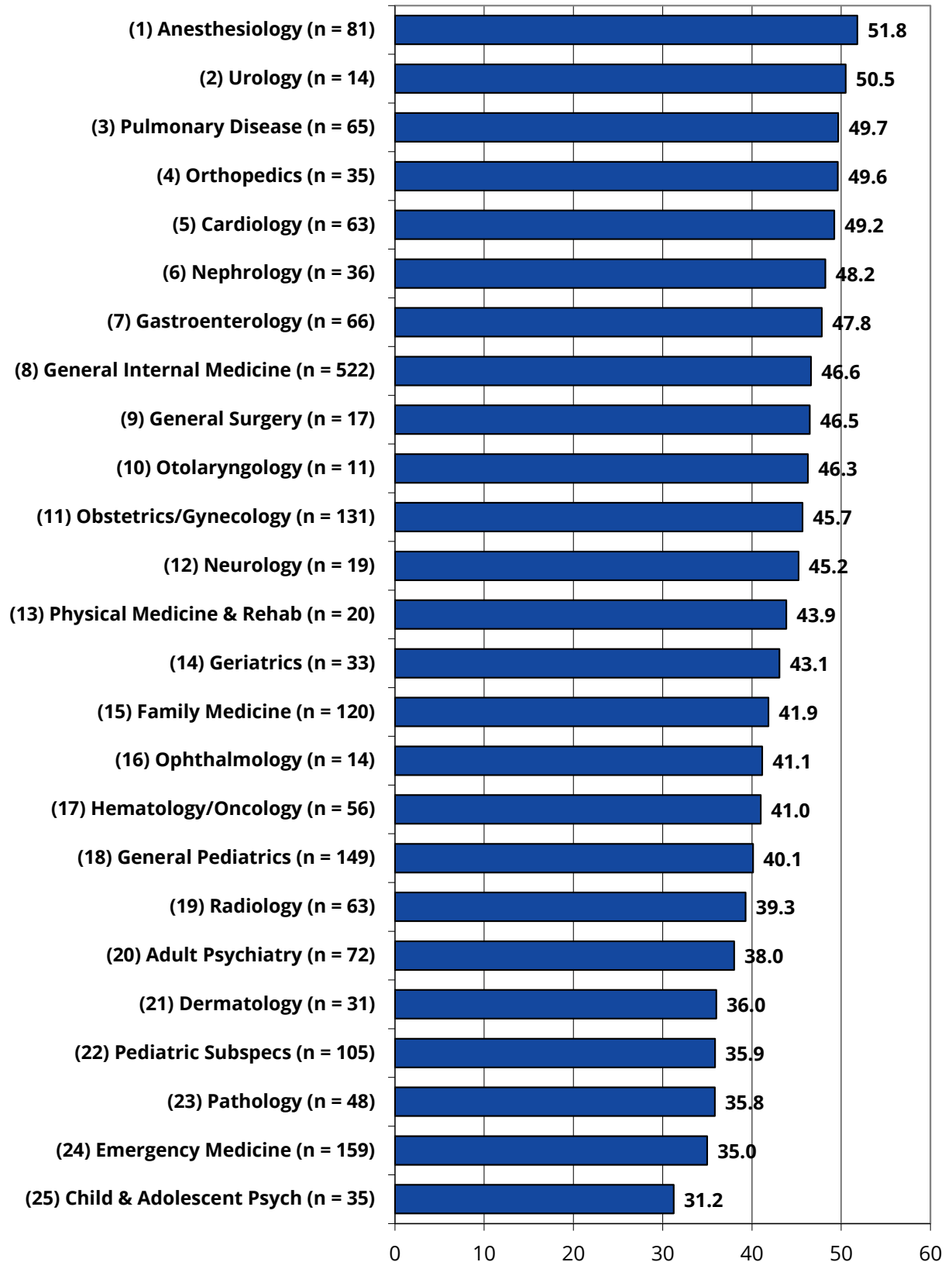
Table 3.5 presents data on the number of hours per week respondents expected to spend in patient care/clinical practice activities. Gender has been found to be a significant factor in predicting the number of hours an individual may work, with females averaging fewer hours than males. Therefore, it was 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 2013 and 2014 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 43.3 hours per week in patient care/clinical practice activities
- Overall, females expected to work 10% fewer patient care hours than males (41.2 vs 45.2)
  - This gender difference was greatest in ophthalmology (47%)
  - Females expected to work more hours than males in some specialties, however, including hematology/oncology (11%), pathology (9%), and gastroenterology (6%)
- Respondents in individual specialties expected to be working the highest number of hours in anesthesiology (51.8), urology (50.5), and pulmonary disease (49.7)
- Respondents expected to be working the fewest patient care/clinical practice hours per week in child and adolescent psychiatry (31.2), emergency medicine (35.0), and pathology (35.8)



**Figure 3.14. Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours, by Specialty (2013 and 2014 Respondents with Confirmed Practice Plans)**





**Table 3.5. Respondents' Expected Weekly Number of Patient Care/Clinical Practice Hours, by Gender<sup>a</sup> (2013 and 2014 Respondents with Confirmed Practice Plans)**

Specialty	Male Respondents	Female Respondents	All Respondents
<b>Primary Care</b>	<b>46.6</b>	<b>42.1</b>	<b>44.6</b>
Family Medicine	43.5	40.1	41.9
General Internal Medicine	47.9	44.5	46.6
General Pediatrics	41.7	39.4	40.1
<b>Obstetrics/Gynecology</b>	<b>49.3</b>	<b>45.1</b>	<b>45.7</b>
<b>Medicine Subspecialties</b>	<b>48.0</b>	<b>43.0</b>	<b>45.7</b>
Cardiology	51.3	43.9	49.2
Gastroenterology	46.8	49.8	47.8
Geriatrics	44.8	41.5	43.1
Hematology/Oncology	38.8	43.6	41.0
Nephrology	52.3	42.5	48.2
Pulmonary Disease	51.4	43.8 (n = 7)	49.7
<b>General Surgery</b>	<b>46.6</b>	<b>46.3 (n = 7)</b>	<b>46.5</b>
<b>Surgical Subspecialties</b>	<b>49.5</b>	<b>48.6</b>	<b>49.3</b>
Ophthalmology	44.2	30.0 (n = 1)	41.1
Orthopedics	49.5 (n = 8)	54.0 (n = 3)	49.6
Otolaryngology	46.6 (n = 9)	45.3 (n = 5)	46.3
Urology	51.9	48.0	50.5
<b>Facility Based</b>	<b>45.8</b>	<b>44.5</b>	<b>45.3</b>
Anesthesiology	51.9	51.7	51.8
Pathology	34.0	37.3	35.8
Radiology	39.1	39.5	39.3
<b>Psychiatry</b>	<b>36.0</b>	<b>34.2</b>	<b>34.9</b>
Adult Psychiatry	39.3	37.0	38.0
Child and Adolescent Psych	34.2	29.7	31.2
<b>Other</b>	<b>38.3</b>	<b>36.5</b>	<b>37.3</b>
Dermatology	38.0	34.8	36.0
Emergency Medicine	35.2 (n = 6)	35.0	35.0
Neurology	50.3	43.3	45.2
Pediatric Subspecialties	38.2	34.8 (n = 9)	35.9
Physical Medicine and Rehab	45.5	41.9	43.9
<b>All Specialties, 2014</b>	<b>45.2</b>	<b>41.2</b>	<b>43.3</b>

<sup>a</sup>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 2013 and 2014 surveys to increase the number of respondents by specialty allowing more specialties to be stratified by gender. Patient care/clinical practice hours has been stratified by gender because females expected to work significantly fewer hours than males.



## Section IV

### Experiences in Searching for a Practice Position

This section summarizes the responses to several questions about 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 were excluded from this section (except for Figures 4.1 and 4.2) because they have more restrictions on where they can practice compared to other physicians. With few exceptions, physicians on temporary visas can remain in the U.S. only if they practice in a state or federally designated shortage area or continue training. 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 2014 survey, 2) the aggregated total of all respondents for the 2013 and 2014 surveys, and 3) either the aggregated total of all respondents for the last 4 years the survey has been conducted or a trend over the last 4 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 4.8, composite measures of demand are computed using all demand variables to measure the relative demand for each specialty.

#### 4.1 Importance of Job Characteristics

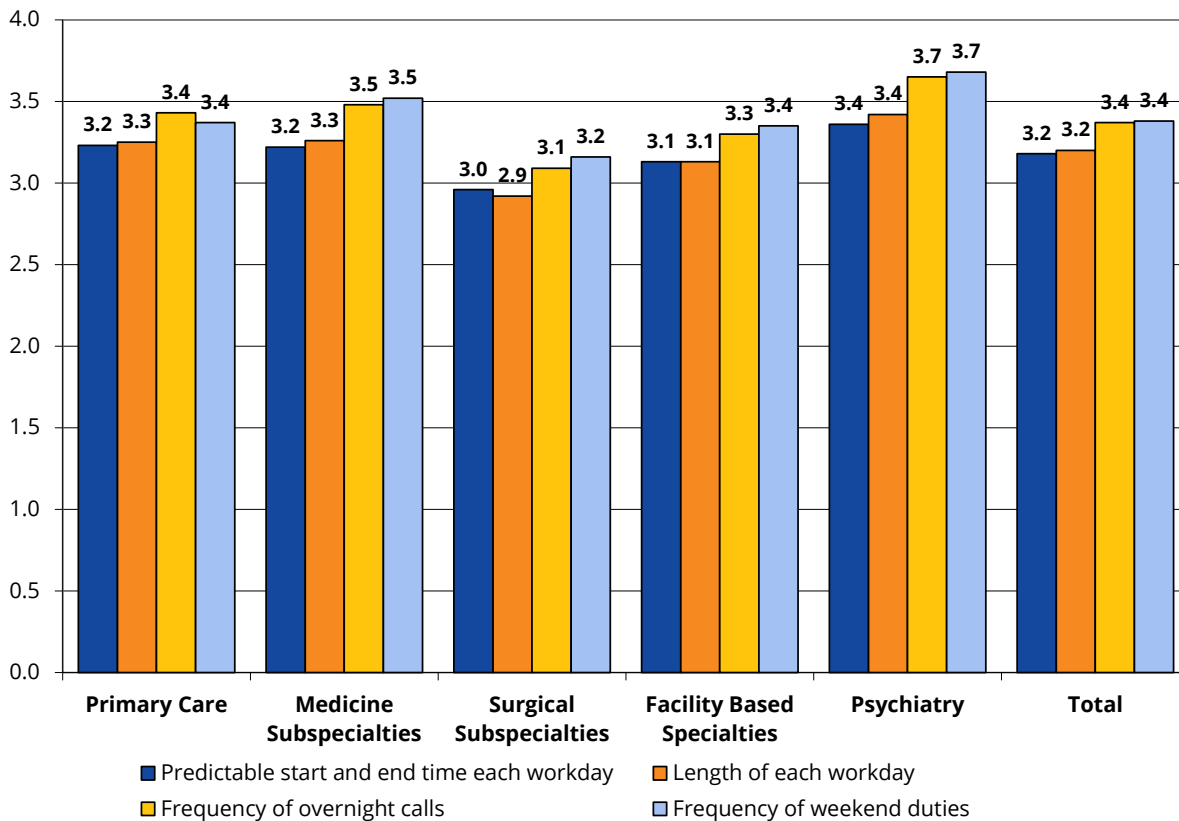
Figure 4.1 displays respondents' assessment of how important it is to have control over certain job characteristics. Respondents were asked to give their assessment by choosing from a 4-point Likert scale ranging from "Not Important at All" = +1 to "Very Important" = +4.

#### Highlights

- Overall respondents indicated that having control over the frequency of weekend duties was most important (3.38), followed by frequency of overnight calls (3.37), length of each workday (3.20), and predictable start and end time each workday (3.18)



**Figure 4.1. Mean Likert Score for Respondents' Assessment of How Important It Is to Have Control Over Certain Job Characteristics by Specialty Group (for 2014 Respondents who had Searched for a Job)**



## 4.2 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

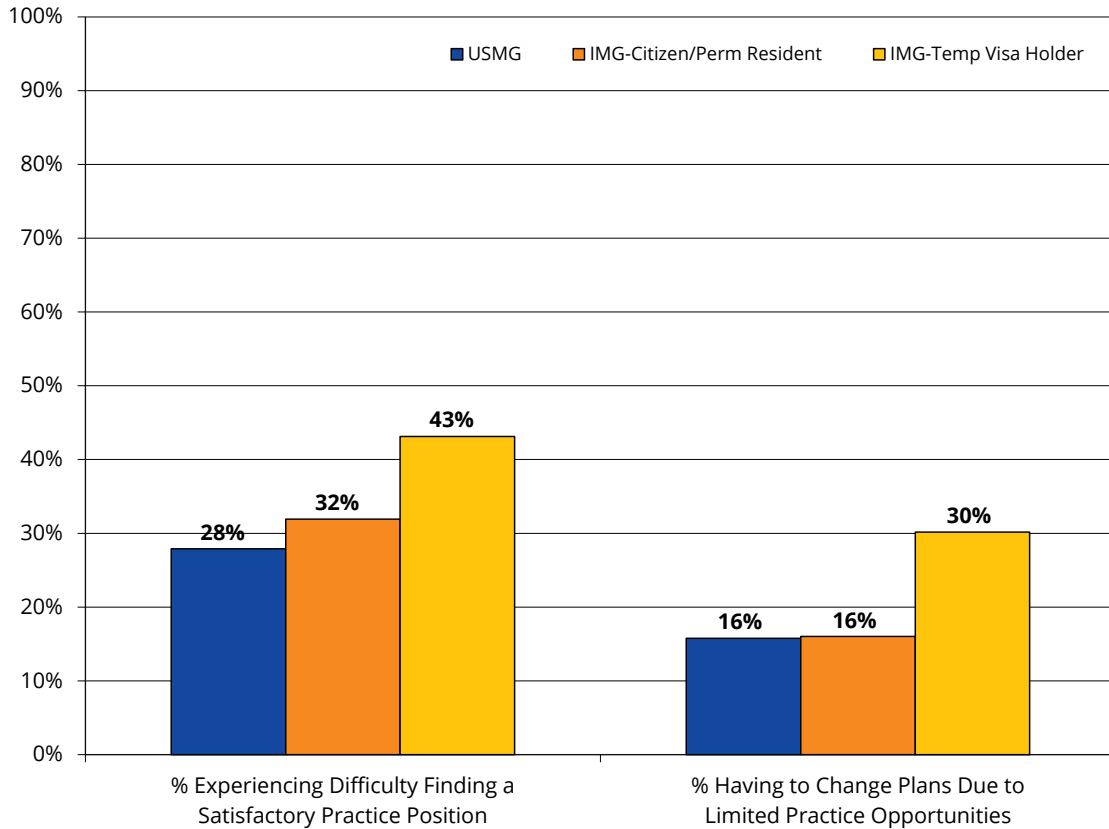
Table 4.1 gives the percent of respondents who reported difficulty finding a practice position they were satisfied with. As noted above, this table summarizes the responses for the 2014 survey, the aggregated total of responses for 2013 and 2014, and the aggregated responses for the last 4 years of the survey.

### Highlights

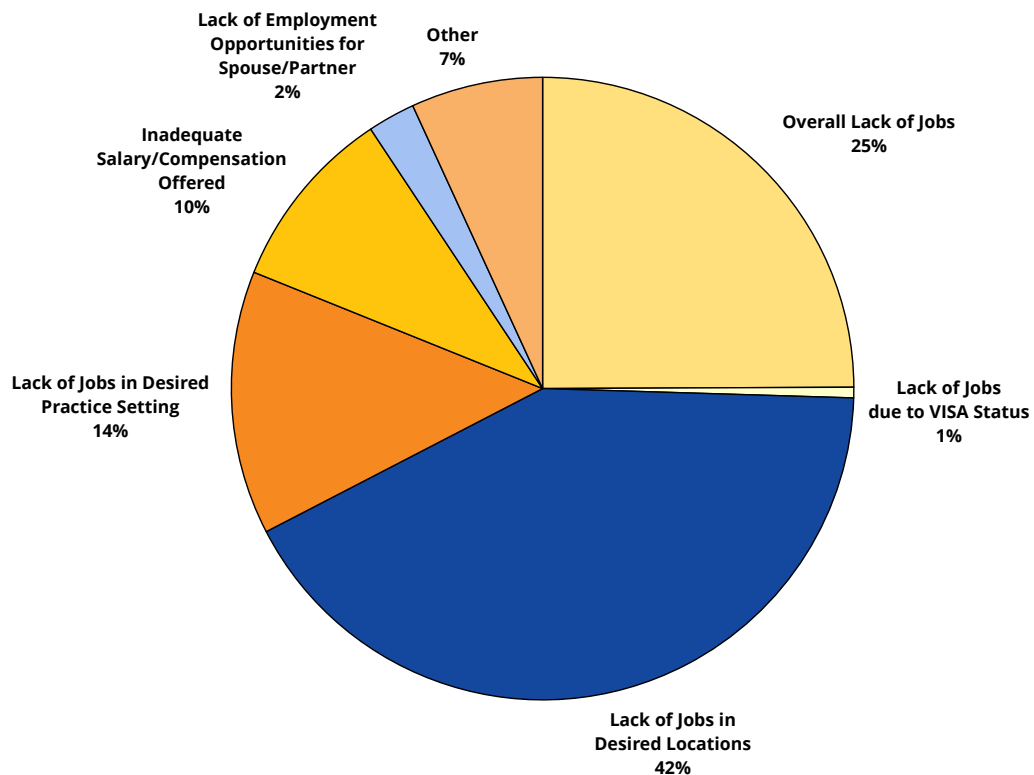
- Twenty-eight percent (28%) of respondents reported difficulty finding a satisfactory position (slightly lower than last year's 32%)
  - For the specialty groupings, facility based (47%) had the highest percentage of respondents reporting difficulty in 2014
- The most often cited "main reason for difficulty finding a satisfactory practice position" was "lack of jobs in desired locations" (42%), followed by an "overall lack of jobs" (25%) and "lack of jobs in desired practice setting" (14%)
- The highest percentages of graduates having difficulty finding a satisfactory practice position were in radiology (70%), pathology (69%), and hematology/oncology (58%)
  - Emergency medicine (6%), urology (9%), and general surgery (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 (for 2014 Respondents who had Searched for a Job)**

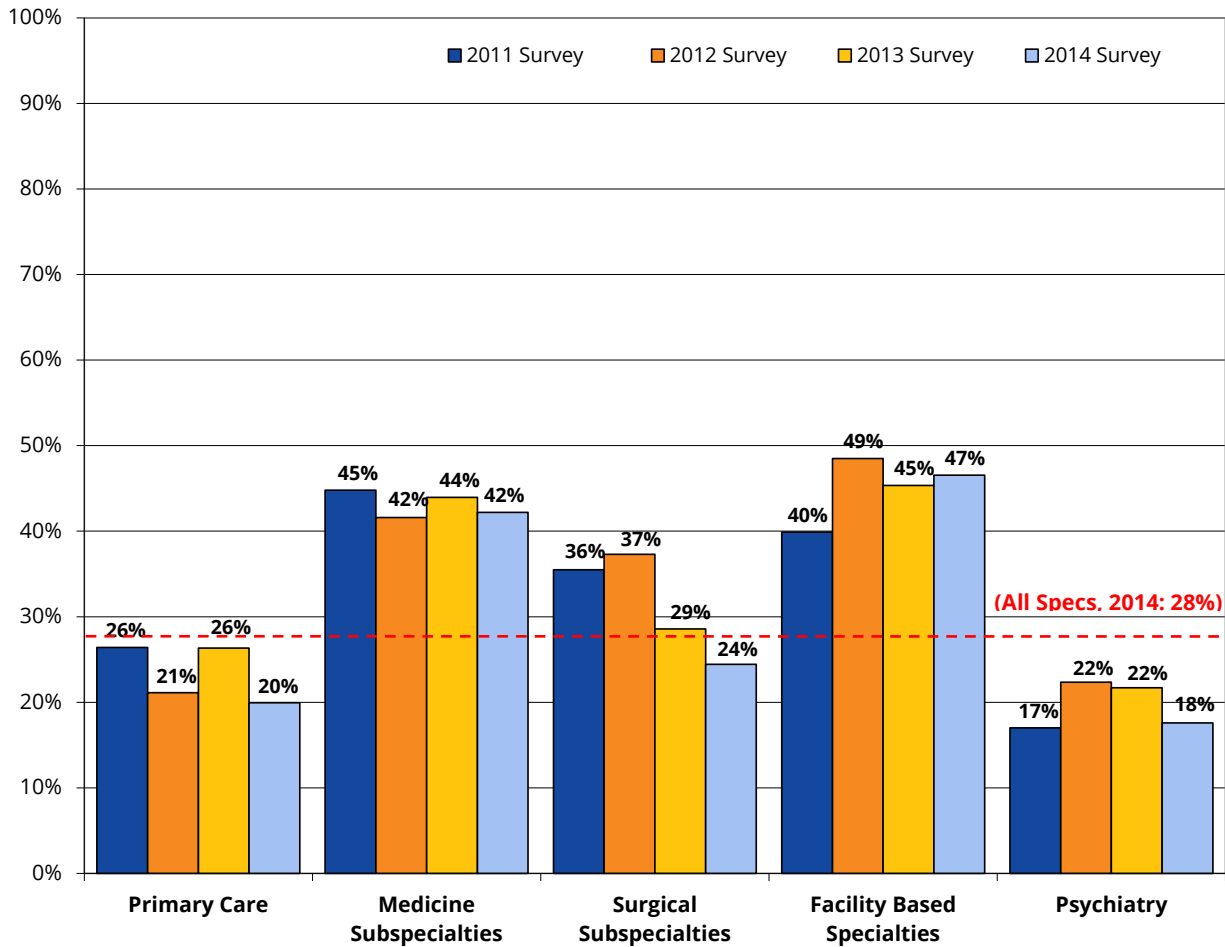


**Figure 4.3. Main Reason for Difficulty Finding a Satisfactory Practice Position (for 2014 Respondents who Reported Having Difficulty, IMGs on Temporary Visas Excluded)**





**Figure 4.4. Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**



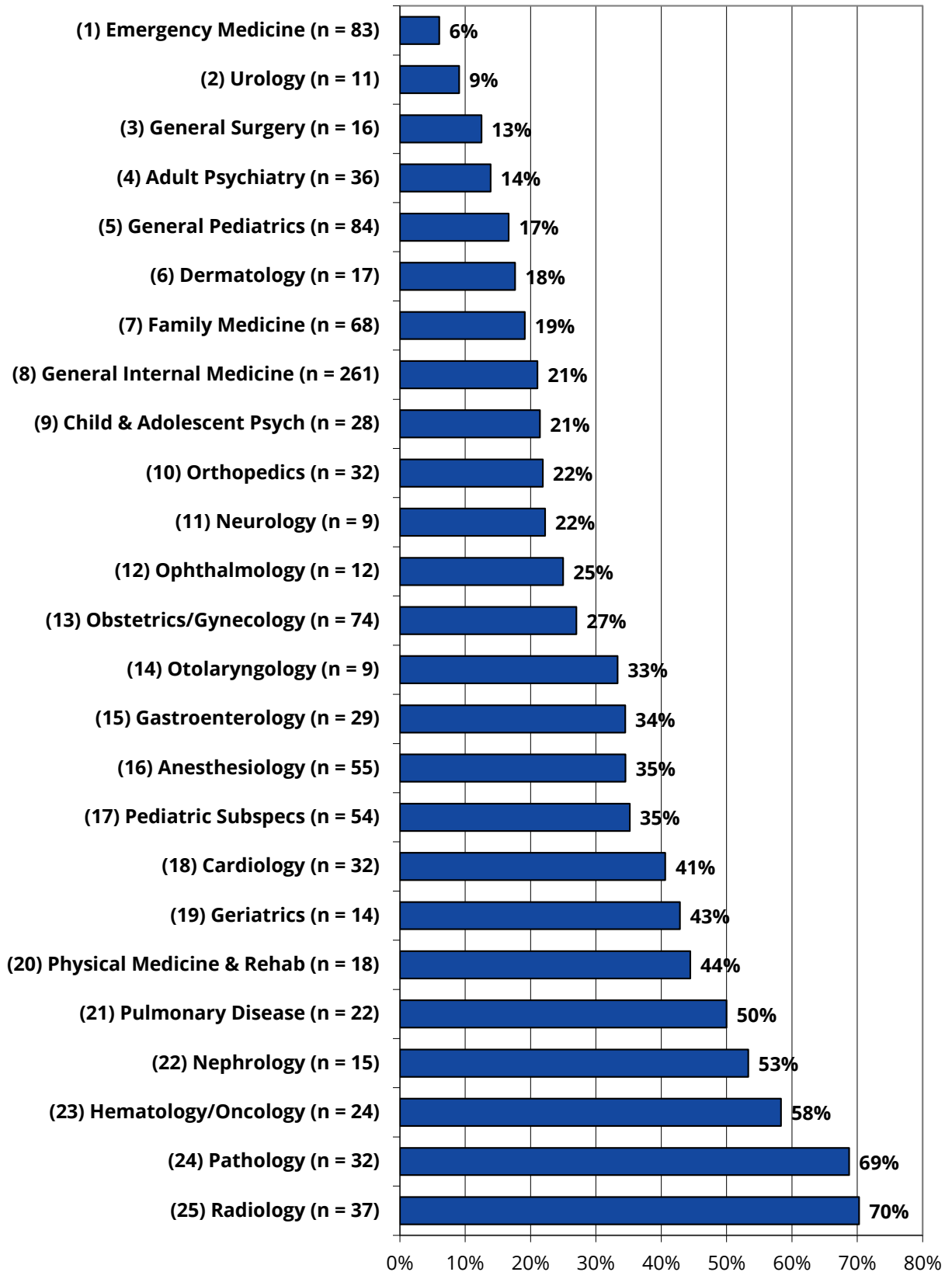
- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 2 years of the survey (2013 and 2014 aggregated) were pathology (67%), radiology (66%), and hematology/oncology (52%)
- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 4 years of the survey were nephrology (64%), pathology (63%), and radiology (63%)

Figure 4.2 illustrates the differences in job market experiences of respondents based on their citizenship status and location of medical school. Historically, IMGs on temporary visas have experienced much more difficulty due to their visa status.





**Figure 4.5. Rank of Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**





**Table 4.1. Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)<sup>a</sup>**

Specialty	2014 Respondents	RANK (of 25)	Aggregated Respondents: 2013 and 2014	RANK (of 25)	All Respondents (Aggregated: 2011 thru 2014)	RANK (of 25)
<b>Primary Care</b>	<b>20%</b>	N/A	<b>23%</b>	N/A	<b>23%</b>	N/A
Family Medicine	19%	19	22%	19	21%	21
General Internal Medicine	21%	18	22%	18	23%	20
General Pediatrics	17%	21	26%	16	27%	18
<b>Obstetrics/Gynecology</b>	<b>27%</b>	13	<b>30%</b>	13	<b>27%</b>	17
<b>Medicine Subspecialties</b>	<b>42%</b>	N/A	<b>43%</b>	N/A	<b>43%</b>	N/A
Cardiology	41%	8	49%	5	47%	4
Gastroenterology	34%	11	35%	11	40%	9
Geriatrics	43%	7	33%	12	35%	12
Hematology/Oncology	58%	3	52%	3	42%	8
Nephrology	53%	4	50%	4	64%	1
Pulmonary Disease	50%	5	45%	6	40%	10
<b>General Surgery</b>	<b>13%</b>	23	<b>9%</b>	24	<b>11%</b>	24
<b>Surgical Subspecialties</b>	<b>24%</b>	N/A	<b>26%</b>	N/A	<b>32%</b>	N/A
Ophthalmology	25%	14	20%	20	45%	5
Orthopedics	22%	16	23%	17	30%	16
Otolaryngology	33%	12	39%	8	32%	13
Urology	9%	24	16%	23	18%	22
<b>Facility Based</b>	<b>47%</b>	N/A	<b>46%</b>	N/A	<b>45%</b>	N/A
Anesthesiology	35%	10	29%	14	31%	15
Pathology	69%	2	67%	1	63%	2
Radiology	70%	1	66%	2	63%	3
<b>Psychiatry</b>	<b>18%</b>	N/A	<b>20%</b>	N/A	<b>20%</b>	N/A
Adult Psychiatry	14%	22	16%	21	16%	23
Child and Adolescent Psych	21%	17	26%	15	31%	14
<b>Other</b>	<b>25%</b>	N/A	<b>26%</b>	N/A	<b>28%</b>	N/A
Dermatology	18%	20	16%	22	24%	19
Emergency Medicine	6%	25	9%	25	11%	25
Neurology	22%	15	37%	10	44%	7
Pediatric Subspecialties	35%	9	42%	7	44%	6
Physical Medicine and Rehab	44%	6	39%	9	39%	11
<b>Total (All Specialties)</b>	<b>28%</b>	N/A	<b>30%</b>	N/A	<b>31%</b>	N/A

<sup>a</sup>This section refers to the job market experiences and perceptions of U.S. citizens and permanent residents who had actively searched for a practice position.



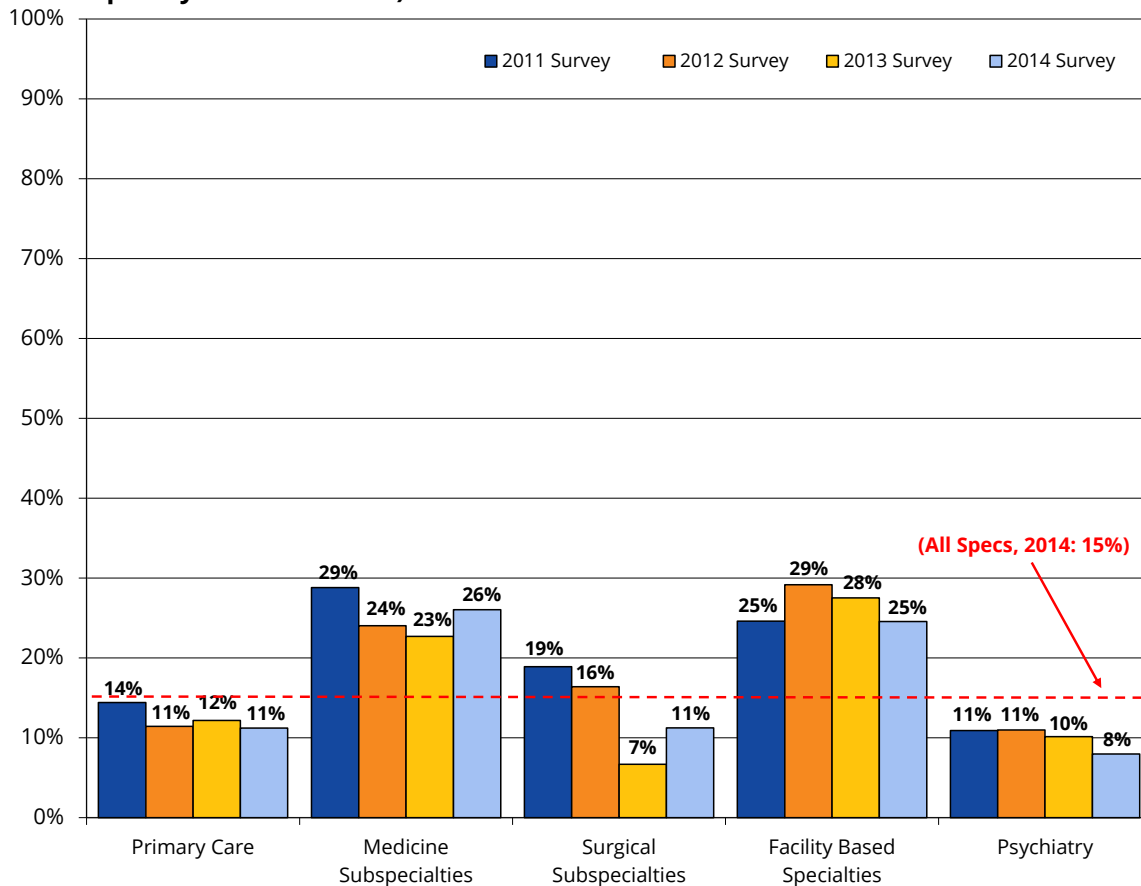
### 4.3 Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities

Table 4.2 gives the percent of respondents who had to change their plans due to limited practice opportunities. The 3 columns in this table are analogous to those presented in Table 4.1.

#### Highlights

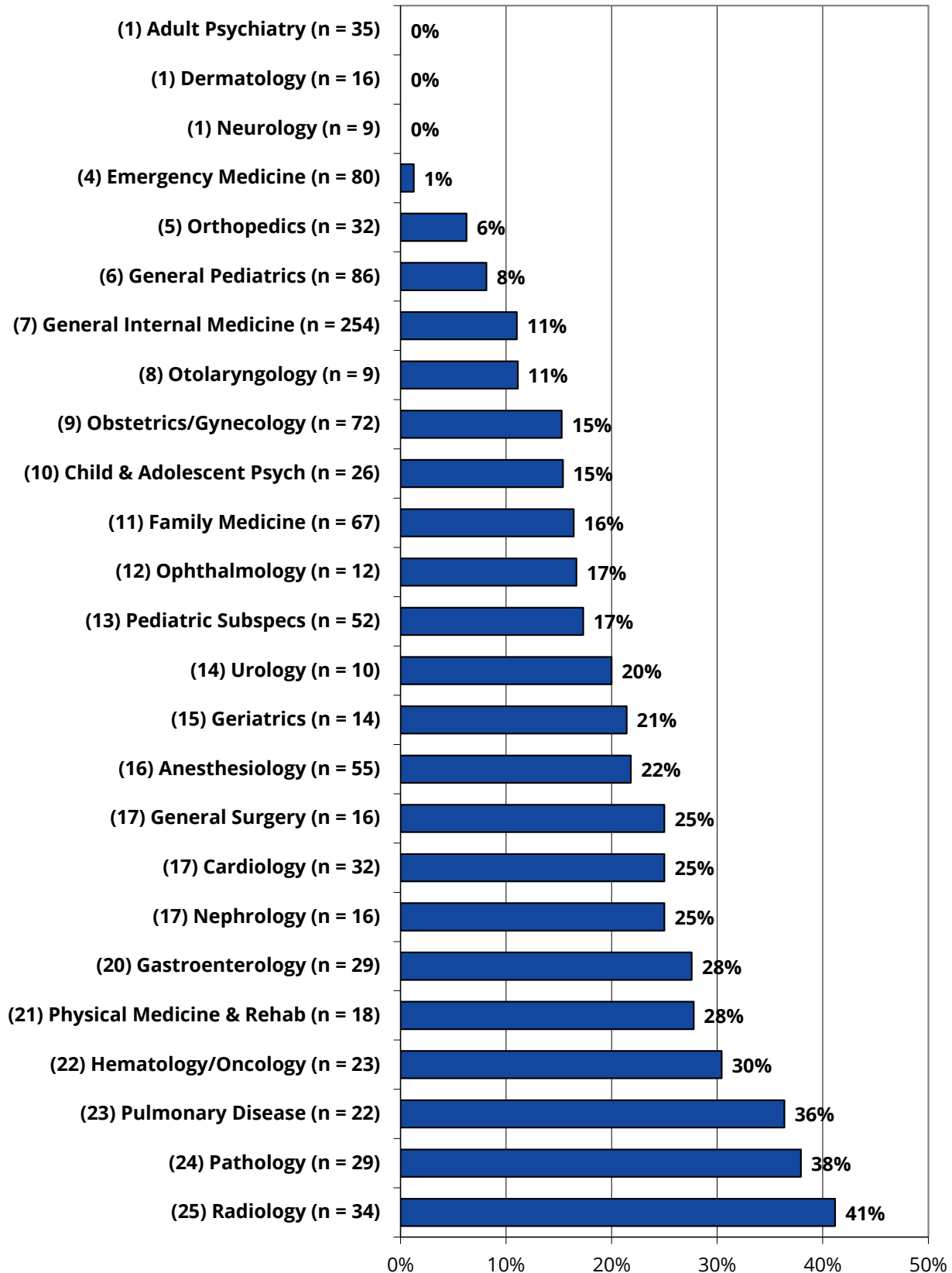
- Fifteen percent (15%) of respondents reported having to change their plans due to limited job opportunities (slightly lower than in 2013 [17%])
- Adult psychiatry (0%), dermatology (0%), and neurology (0%) had the fewest graduates having to change plans due to limited job opportunities in 2014
  - Graduates of radiology (41%), pathology (38%), and pulmonary disease (36%) were the most likely to have to change plans
- The specialties that had the lowest percentage of respondents changing their plans due to limited job opportunities over the last two years (aggregated results from the 2013 and 2014 surveys) were emergency medicine (4%), orthopedics (5%), and dermatology (5%)
  - For the last two years, the specialties with the highest percentage of graduates changing plans were pathology (41%), nephrology (40%), and radiology (36%)

**Figure 4.6. Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**





**Figure 4.7. Rank of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**





**Table 4.2. Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)<sup>a</sup>**

Specialty	2014 Respondents	RANK (of 25)	Aggregated Respondents: 2013 and 2014	RANK (of 25)	All Respondents (Aggregated: 2011 thru 2014)	RANK (of 25)
<b>Primary Care</b>	<b>11%</b>	N/A	<b>12%</b>	N/A	<b>12%</b>	N/A
Family Medicine	16%	15	16%	13	14%	17
General Internal Medicine	11%	19	11%	19	12%	20
General Pediatrics	8%	20	11%	18	12%	19
<b>Obstetrics/Gynecology</b>	<b>15%</b>	17	<b>15%</b>	14	<b>15%</b>	16
<b>Medicine Subspecialties</b>	<b>26%</b>	N/A	<b>24%</b>	N/A	<b>25%</b>	N/A
Cardiology	25%	7	28%	5	30%	6
Gastroenterology	28%	6	20%	10	24%	7
Geriatrics	21%	11	13%	15	17%	14
Hematology/Oncology	30%	4	35%	4	31%	4
Nephrology	25%	7	40%	2	42%	1
Pulmonary Disease	36%	3	22%	8	22%	10
<b>General Surgery</b>	<b>25%</b>	7	<b>27%</b>	6	<b>23%</b>	9
<b>Surgical Subspecialties</b>	<b>11%</b>	N/A	<b>9%</b>	N/A	<b>14%</b>	N/A
Ophthalmology	17%	14	11%	20	23%	8
Orthopedics	6%	21	5%	24	13%	18
Otolaryngology	11%	18	6%	22	6%	25
Urology	20%	12	17%	11	8%	22
<b>Facility Based</b>	<b>25%</b>	N/A	<b>26%</b>	N/A	<b>26%</b>	N/A
Anesthesiology	22%	10	22%	8	21%	11
Pathology	38%	2	41%	1	41%	2
Radiology	41%	1	36%	3	35%	3
<b>Psychiatry</b>	<b>8%</b>	N/A	<b>9%</b>	N/A	<b>10%</b>	N/A
Adult Psychiatry	0%	23	7%	21	6%	23
Child and Adolescent Psych	15%	16	11%	17	18%	13
<b>Other</b>	<b>11%</b>	N/A	<b>14%</b>	N/A	<b>16%</b>	N/A
Dermatology	0%	23	5%	23	9%	21
Emergency Medicine	1%	22	4%	25	6%	24
Neurology	0%	23	12%	16	20%	12
Pediatric Subspecialties	17%	13	27%	7	30%	5
Physical Medicine and Rehab	28%	5	17%	11	15%	15
<b>Total (All Specialties)</b>	<b>15%</b>	N/A	<b>16%</b>	N/A	<b>17%</b>	N/A

<sup>a</sup>This section refers to the job market experiences and perceptions of U.S. citizens and permanent residents who had actively searched for a practice position.

- The specialties with the lowest percentages of respondents reporting they had to change plans over the last 4 years of the survey were otolaryngology (6%), emergency medicine (6%), and adult psychiatry (6%)
- The specialties most likely to have respondents reporting they had to change plans over the last 4 years of the survey were nephrology (42%), pathology (41%), and radiology (35%)



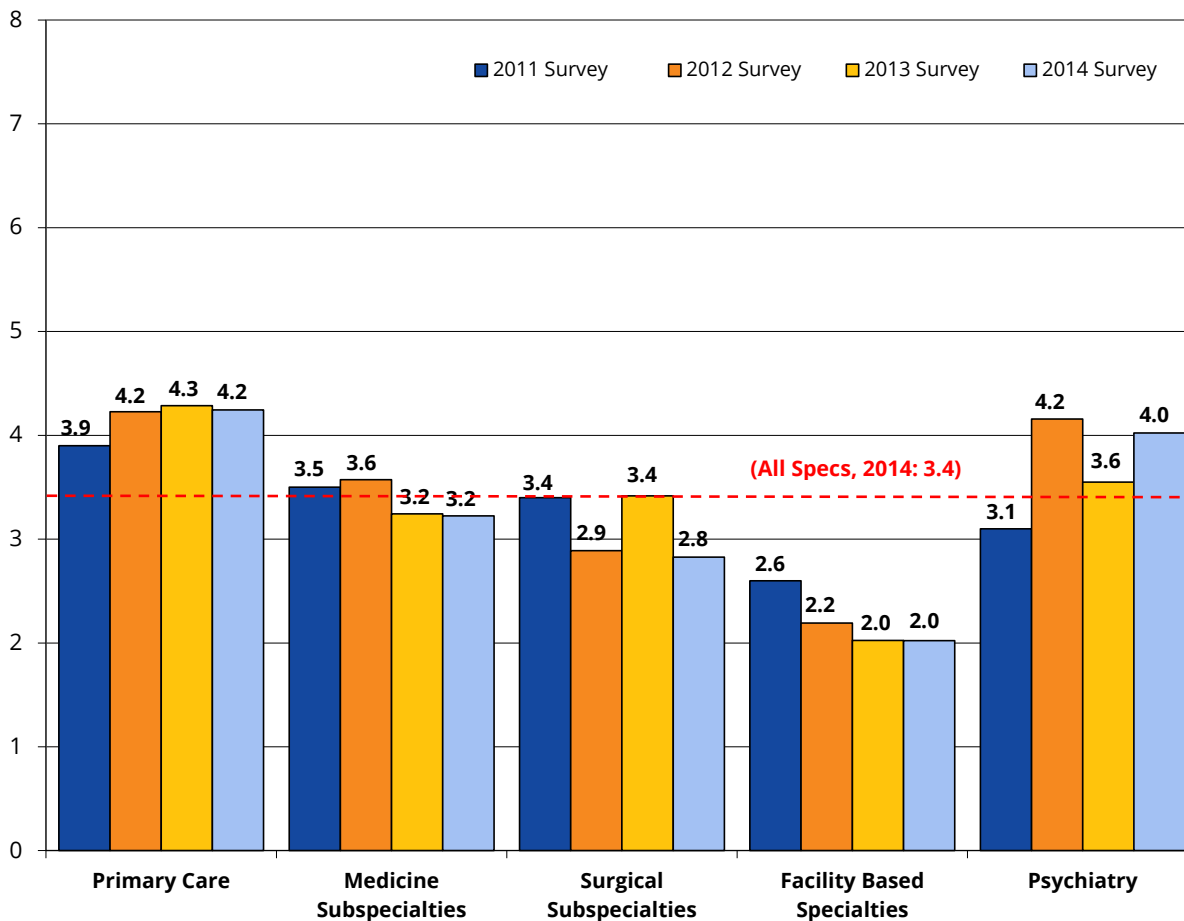
#### 4.4 Number of Job Offers Received

Table 4.3 gives the mean number of offers for employment/practice opportunities (ie, job offers) received by respondents. This variable provides a good measure of demand because whereas other demand indicators (with the exception of income) may be influenced by respondents' expectations, the total number of job offers is concrete and is less subject to bias. Job offers, along with starting income trends, were double-weighted in computing the composite measure of demand.

#### Highlights

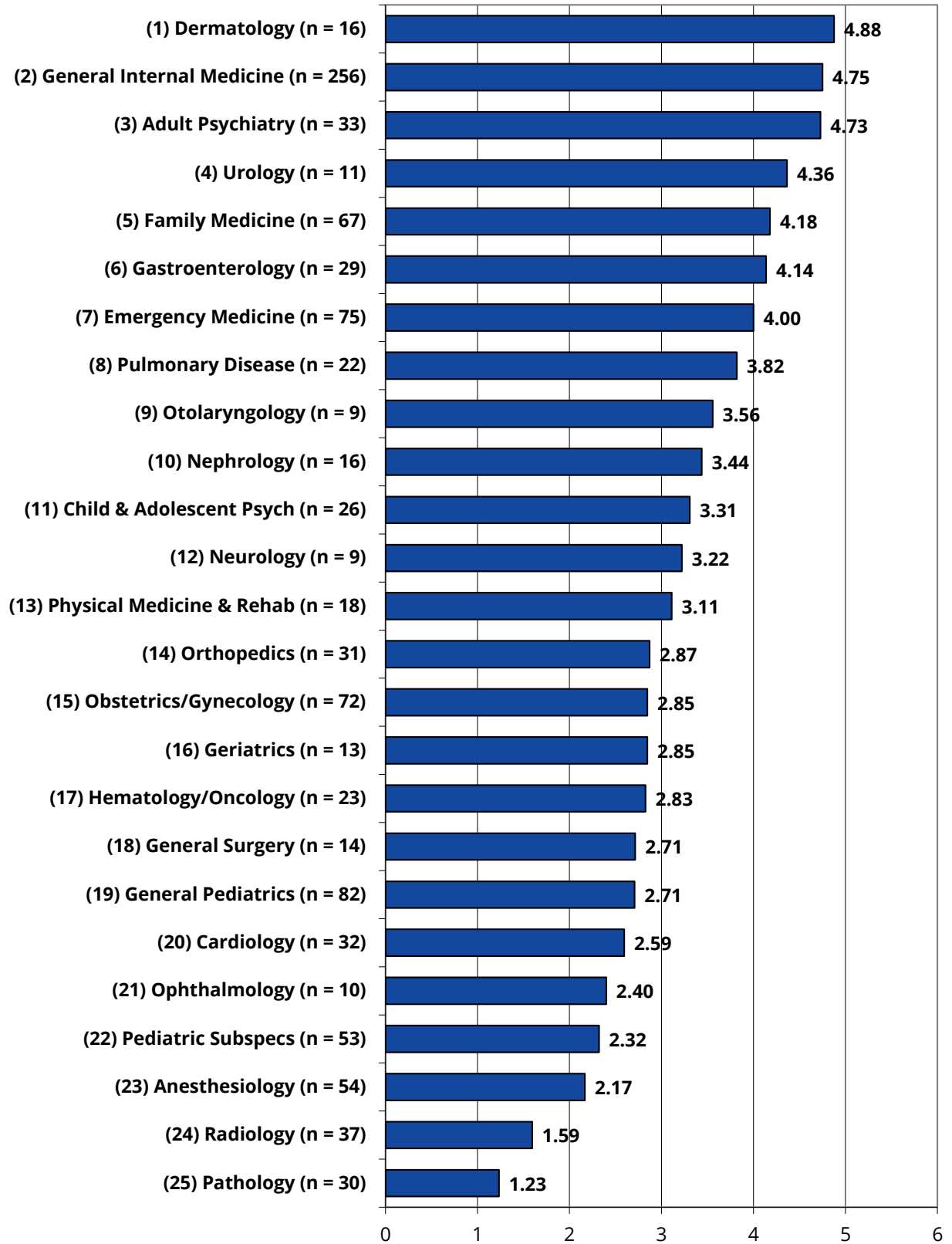
- The average number of job offers received by graduates in 2014 was 3.40 (almost the same as in 2013 [3.39])
- Dermatology (4.88), general internal medicine (4.75), and adult psychiatry (4.73) graduates received the most job offers
- Pathology (1.23), radiology (1.59), and anesthesiology (2.17) received the fewest job offers

**Figure 4.8. Mean Number of Job Offers Received by Respondents by Specialty Group (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**





**Figure 4.9. Rank of Mean Number of Job Offers by Specialty (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**





**Table 4.3. Offers of Employment/Practice Opportunities (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)<sup>a</sup>**

Specialty	2014 Respondents	RANK (of 25)	Aggregated Respondents: 2013 and 2014	RANK (of 25)	Trend (Average Annual Change: 2010 to 2014)	RANK (of 25)
<b>Primary Care</b>	<b>4.25</b>	N/A	<b>4.26</b>	N/A	<b>0%</b>	N/A
Family Medicine	4.18	5	4.54	2	-2%	12
General Internal Medicine	4.75	2	4.60	1	0%	10
General Pediatrics	2.71	19	3.00	16	0%	7
<b>Obstetrics/Gynecology</b>	<b>2.85</b>	15	<b>3.01</b>	15	<b>0%</b>	8
<b>Medicine Subspecialties</b>	<b>3.23</b>	N/A	<b>3.24</b>	N/A	<b>-2%</b>	N/A
Cardiology	2.59	20	2.94	18	-6%	18
Gastroenterology	4.14	6	3.80	6	-4%	15
Geriatrics	2.85	16	3.41	12	-7%	19
Hematology/Oncology	2.83	17	3.13	14	-2%	13
Nephrology	3.44	10	3.52	10	6%	2
Pulmonary Disease	3.82	8	3.65	9	-7%	21
<b>General Surgery</b>	<b>2.71</b>	18	<b>2.80</b>	19	<b>-9%</b>	23
<b>Surgical Subspecialties</b>	<b>2.83</b>	N/A	<b>3.09</b>	N/A	<b>-6%</b>	N/A
Ophthalmology	2.40	21	1.94	23	8%	1
Orthopedics	2.87	14	3.75	7	-8%	22
Otolaryngology	3.56	9	2.94	17	-1%	11
Urology	4.36	4	3.47	11	0%	9
<b>Facility Based</b>	<b>2.02</b>	N/A	<b>2.02</b>	N/A	<b>-5%</b>	N/A
Anesthesiology	2.17	23	2.23	22	-4%	16
Pathology	1.23	25	1.48	25	-10%	24
Radiology	1.59	24	1.63	24	-13%	25
<b>Psychiatry</b>	<b>4.02</b>	N/A	<b>3.80</b>	N/A	<b>4%</b>	N/A
Adult Psychiatry	4.73	3	4.15	3	1%	5
Child and Adolescent Psych	3.31	11	3.69	8	5%	3
<b>Other</b>	<b>3.26</b>	N/A	<b>3.19</b>	N/A	<b>-2%</b>	N/A
Dermatology	4.88	1	4.11	4	0%	6
Emergency Medicine	4.00	7	3.92	5	2%	4
Neurology	3.22	12	2.78	20	-7%	20
Pediatric Subspecialties	2.32	22	2.24	21	-3%	14
Physical Medicine and Rehab	3.11	13	3.33	13	-6%	17
<b>Total (All Specialties)</b>	<b>3.40</b>	N/A	<b>3.40</b>	N/A	<b>-1%</b>	N/A

<sup>a</sup>This section refers to the job market experiences and perceptions of U.S. citizens and permanent residents who had actively searched for a practice position.

- Ophthalmology (+8%), nephrology (+6%), and child and adolescent psychiatry (+5%) were the specialties showing the greatest average annual increases in job offers
- Radiology (-13%), pathology (-10%), and general surgery (-9%) saw the largest decreases in job offers





## 4.5 Perceptions of the Regional Job Market

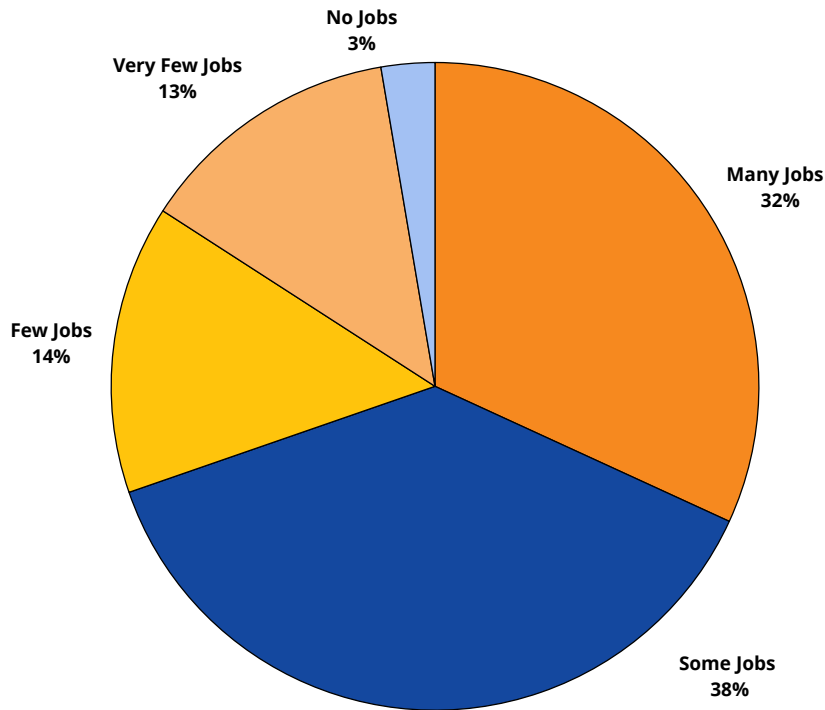
Table 4.4 presents respondents' perceptions of the job market for their specialty within 50 miles of the site at which they trained (ie, the regional job market). Respondents were asked to give their assessment of the regional job market by choosing from a 5-point scale ranging from "Many Jobs" to "No Jobs." In order to allow comparisons to be made, the following Likert Scale was developed: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, and "No Jobs" = -2. A composite score was then computed for each specialty by multiplying the Likert Score for each respondent by the proportion of responses falling in that category.

### Highlights

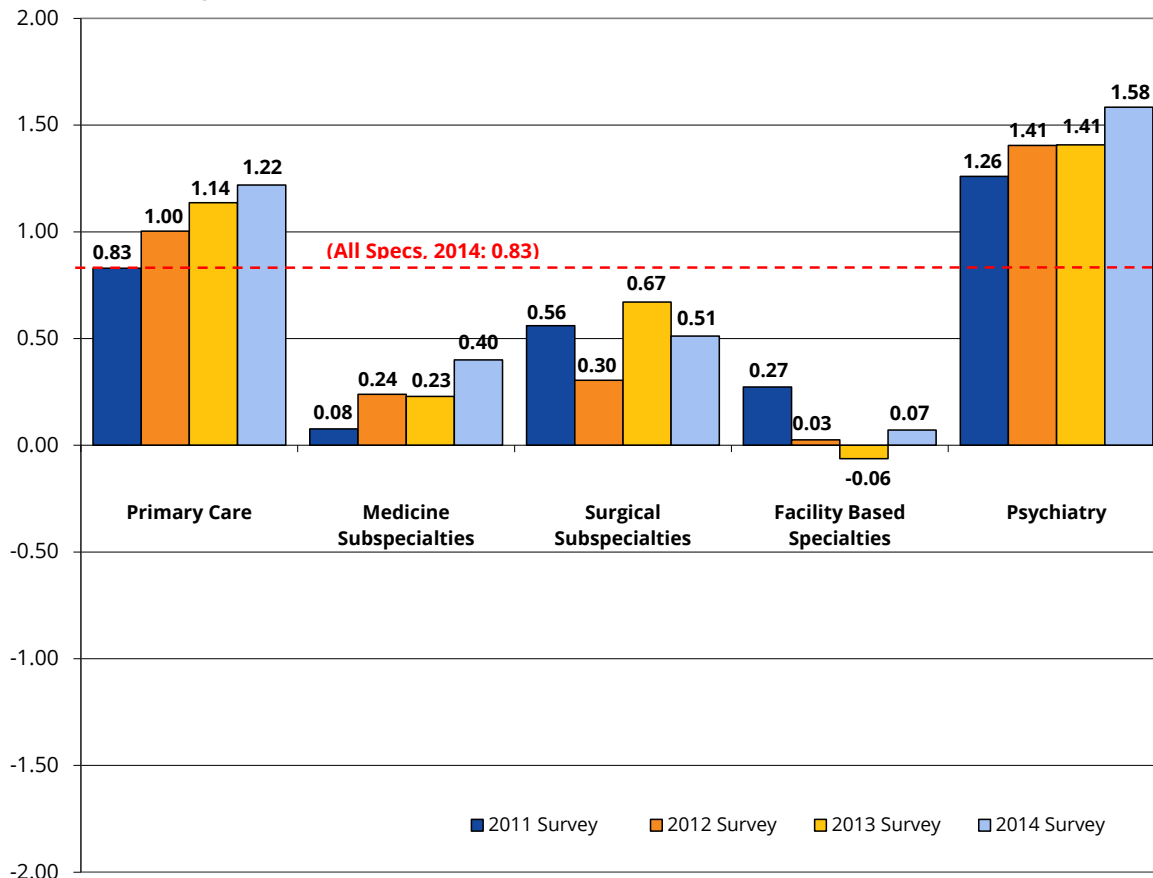
- Overall, respondents viewed the regional job market positively
  - The average Likert Score in 2014 (+0.83) was slightly higher than the score in 2013 (+0.73)
- Looking at specialty groups, psychiatry (+1.58) had the most positive view of the regional job market
  - Conversely, facility based (+0.07) had the least positive view
- Adult psychiatry (+1.66), dermatology (+1.65), and emergency medicine (+1.60) 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 (-0.72), pathology (-0.61), and cardiology (-0.20)
- The specialties that had the most positive views of the regional job market for both 2013 and 2014 were emergency medicine (+1.57), adult psychiatry (+1.55), and dermatology (+1.54)
- The specialties with the least positive views of the regional job market over the last 2 years were pathology (-0.68), radiology (-0.64), and nephrology (-0.23)
- Emergency medicine (+1.48), dermatology (+1.47), and adult psychiatry (+1.47) were the 3 specialties with the most positive views of the regional job market over the last 4 years of the survey
  - Over the same period, the specialties with the least positive views of the regional job market were pathology (-0.66), nephrology (-0.51), and radiology (-0.47)



**Figure 4.10. Respondents' Assessment of the Regional Job Market (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**

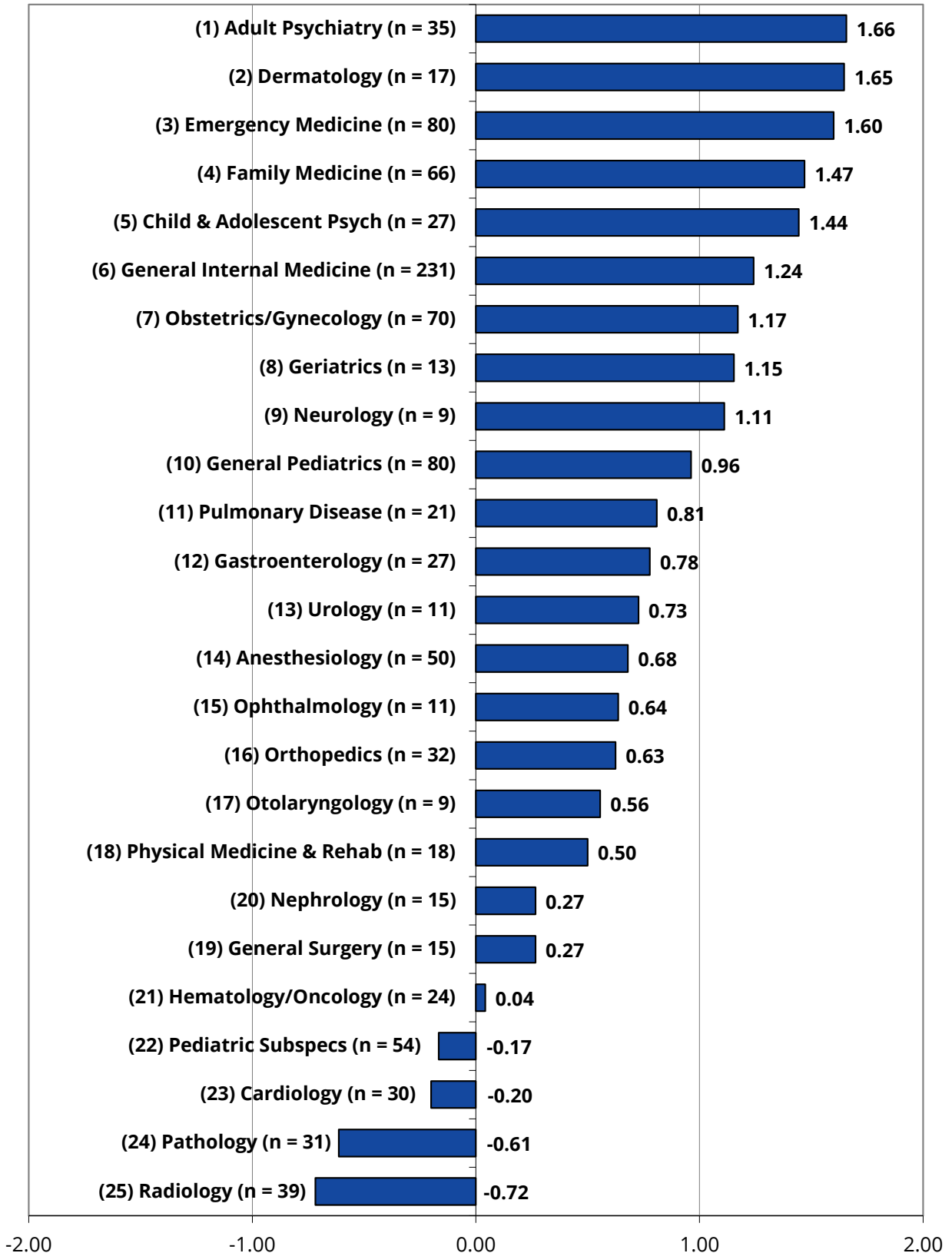


**Figure 4.11. Mean Likert Score for Respondents' Views of the Regional Job Market by Specialty Group (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**





**Figure 4.12. Rank of Likert Scores for Respondents' Views of the Regional Job Market by Specialty (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**





**Table 4.4. Likert Scores for Respondents' Perceptions of the Regional Job Market (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)<sup>a</sup>**

Specialty	2014 Respondents	RANK (of 25)	Aggregated Respondents: 2013 and 2014	RANK (of 25)	All Respondents (Aggregated: 2011 thru 2014)	RANK (of 25)
<b>Primary Care</b>	<b>1.22</b>	N/A	<b>1.18</b>	N/A	<b>1.05</b>	N/A
Family Medicine	1.47	4	1.47	5	1.29	5
General Internal Medicine	1.24	6	1.17	6	1.03	8
General Pediatrics	0.96	10	0.98	9	0.88	11
<b>Obstetrics/Gynecology</b>	<b>1.17</b>	7	<b>1.13</b>	7	<b>1.04</b>	7
<b>Medicine Subspecialties</b>	<b>0.40</b>	N/A	<b>0.31</b>	N/A	<b>0.23</b>	N/A
Cardiology	-0.20	23	-0.14	22	-0.14	21
Gastroenterology	0.78	12	0.72	14	0.66	14
Geriatrics	1.15	8	0.97	10	0.90	10
Hematology/Oncology	0.04	21	0.08	20	0.15	20
Nephrology	0.27	20	-0.23	23	-0.51	24
Pulmonary Disease	0.81	11	0.64	15	0.61	15
<b>General Surgery</b>	<b>0.27</b>	19	<b>0.48</b>	18	<b>0.34</b>	19
<b>Surgical Subspecialties</b>	<b>0.51</b>	N/A	<b>0.58</b>	N/A	<b>0.50</b>	N/A
Ophthalmology	0.64	15	0.76	13	0.44	18
Orthopedics	0.63	16	0.62	17	0.44	17
Otolaryngology	0.56	17	0.94	11	1.08	6
Urology	0.73	13	0.84	12	0.92	9
<b>Facility Based</b>	<b>0.07</b>	N/A	<b>0.01</b>	N/A	<b>0.08</b>	N/A
Anesthesiology	0.68	14	0.64	16	0.68	13
Pathology	-0.61	24	-0.68	25	-0.66	25
Radiology	-0.72	25	-0.64	24	-0.47	23
<b>Psychiatry</b>	<b>1.58</b>	N/A	<b>1.50</b>	N/A	<b>1.41</b>	N/A
Adult Psychiatry	1.66	1	1.55	2	1.47	3
Child and Adolescent Psych	1.44	5	1.50	4	1.32	4
<b>Other</b>	<b>0.85</b>	N/A	<b>0.86</b>	N/A	<b>0.83</b>	N/A
Dermatology	1.65	2	1.54	3	1.47	2
Emergency Medicine	1.60	3	1.57	1	1.48	1
Neurology	1.11	9	1.11	8	0.80	12
Pediatric Subspecialties	-0.17	22	-0.14	21	-0.17	22
Physical Medicine and Rehab	0.50	18	0.47	19	0.56	16
<b>Total (All Specialties)</b>	<b>0.83</b>	N/A	<b>0.78</b>	N/A	<b>0.71</b>	N/A

<sup>a</sup>Likert Score computed using the following Likert Scale: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, "No Jobs" = -2.



## 4.6 Perceptions of the National Job Market

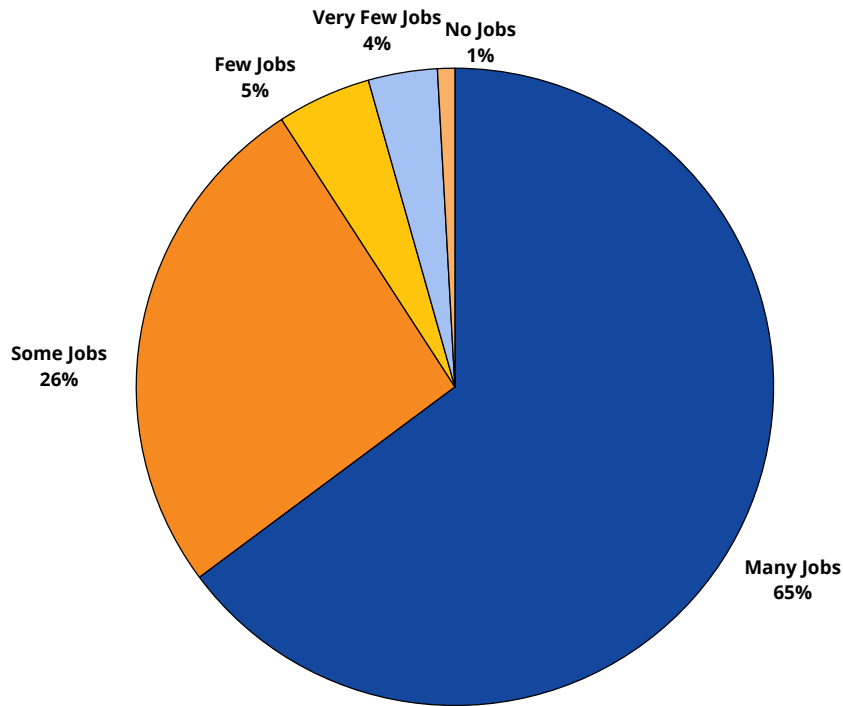
Table 4.5 presents the perceptions of survey respondents concerning the national job market for their specialty. The response choices and composite scores were the same as those used in Table 4.5 (referring to the regional job market). As one might expect, there was a high degree of correlation between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

### Highlights

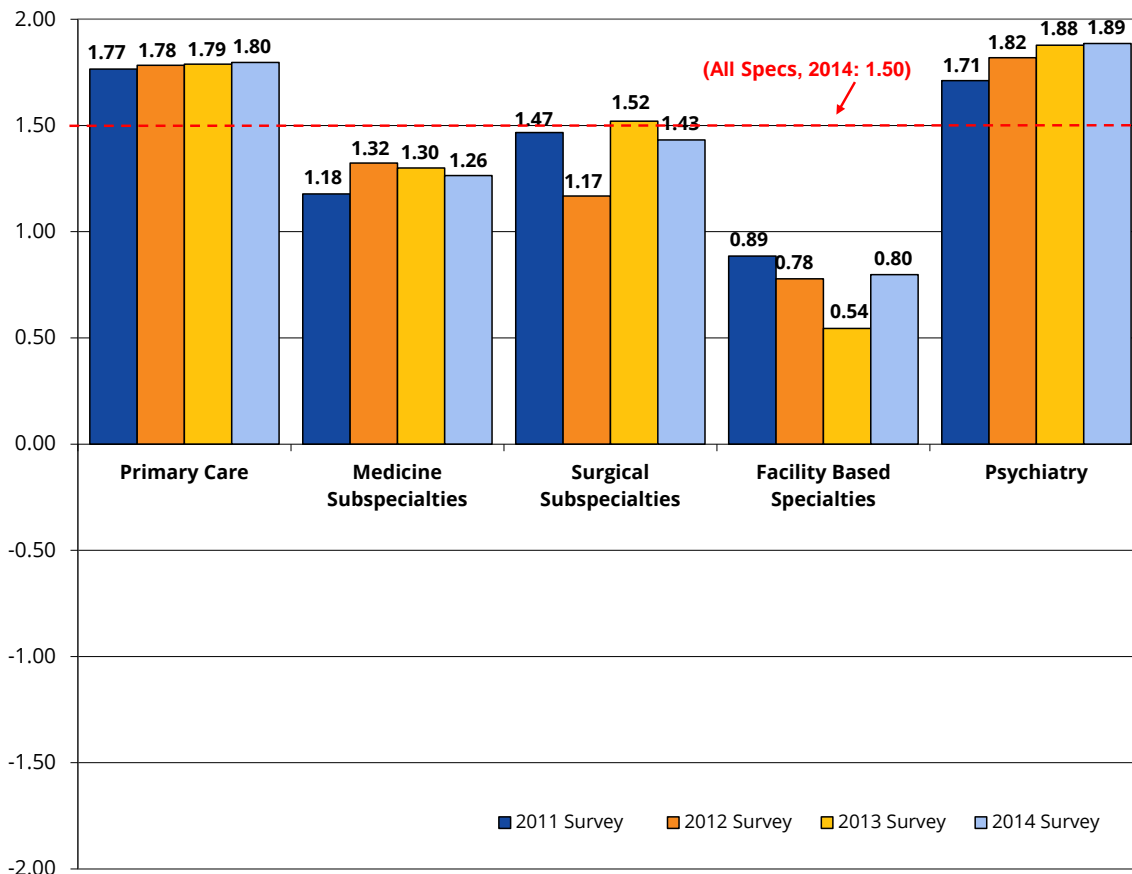
- Overall, respondents gave a very positive assessment of the national job market
  - Sixty-five percent (65%) felt there were "Many Jobs" for their specialty, and less than 6% felt there were either "Very Few Jobs" (4%) or "No Jobs" (<1%)
- Respondents' views of the national job market (+1.50) were more positive than for the regional job market (+0.83)
  - Respondents' views of the national job market were similar to those in 2013 (+1.47)
- For the specialty groups, psychiatry (+1.89) and primary care (+1.80) had the most positive views of the national job market while facility based (+0.80) had the least positive view
- Child and adolescent psychiatry (+1.96) had the most positive view of the national job market among individual specialties, followed by emergency medicine (+1.89) and neurology (+1.89)
- Only 3 specialties had a score of +0.60 or less: pathology (+0.13), radiology (+0.13), and cardiology (+0.60)
- The specialties with the most positive views of the national job market over the last 2 years were child and adolescent psychiatry (+1.95), adult psychiatry (+1.92), and emergency medicine (+1.88)
  - For the same 2-year period (2013 and 2014), the specialties with the lowest assessments of the national job market were pathology (-0.01), radiology (+0.10), nephrology (+0.71), and cardiology (+0.71)
- Over the course of the last 4 years of the survey, emergency medicine (+1.89), adult psychiatry (+1.89), and general internal medicine (+1.84) were the specialties with the most positive views of the national job market
  - Pathology (+0.09), radiology (+0.28), and nephrology (+0.59) were the specialties with the lowest assessment of the national job market



**Figure 4.13. Respondents' Assessment of the National Job Market (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**

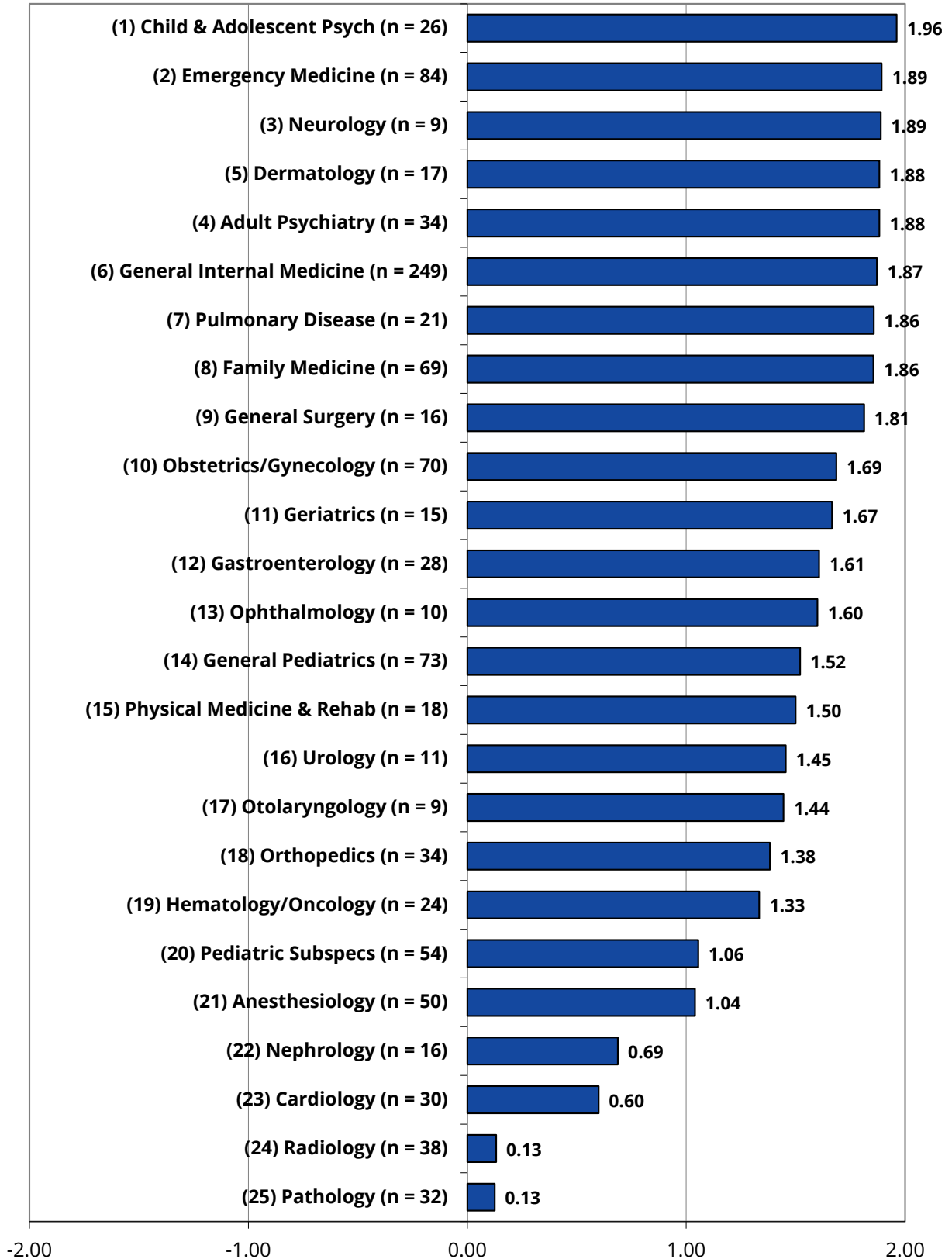


**Figure 4.14. Mean Likert Score for Respondents' Views of the National Job Market by Specialty Group (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**





**Figure 4.15 Rank of Likert Scores for Respondents' Views of the National Job Market by Specialty (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)**





**Table 4.5. Likert Scores for Respondents' Perceptions of the National Job Market (for 2014 Respondents who had Searched for a Job, IMGs on Temporary Visas Excluded)<sup>a</sup>**

Specialty	2014 Respondents	RANK (of 25)	Aggregated Respondents: 2013 and 2014	RANK (of 25)	All Respondents (Aggregated: 2011 thru 2014)	RANK (of 25)
<b>Primary Care</b>	<b>1.80</b>	N/A	<b>1.79</b>	N/A	<b>1.78</b>	N/A
Family Medicine	1.86	8	1.84	7	1.81	7
General Internal Medicine	1.87	6	1.85	4	1.84	3
General Pediatrics	1.52	14	1.59	14	1.56	15
<b>Obstetrics/Gynecology</b>	<b>1.69</b>	10	<b>1.66</b>	11	<b>1.68</b>	10
<b>Medicine Subspecialties</b>	<b>1.26</b>	N/A	<b>1.28</b>	N/A	<b>1.27</b>	N/A
Cardiology	0.60	23	0.71	22	0.83	22
Gastroenterology	1.61	12	1.57	15	1.64	13
Geriatrics	1.67	11	1.61	12	1.64	11
Hematology/Oncology	1.33	19	1.27	19	1.31	18
Nephrology	0.69	22	0.71	23	0.59	23
Pulmonary Disease	1.86	7	1.75	9	1.78	8
<b>General Surgery</b>	<b>1.81</b>	9	<b>1.83</b>	8	<b>1.68</b>	9
<b>Surgical Subspecialties</b>	<b>1.43</b>	N/A	<b>1.47</b>	N/A	<b>1.38</b>	N/A
Ophthalmology	1.60	13	1.50	17	1.27	19
Orthopedics	1.38	18	1.44	18	1.37	17
Otolaryngology	1.44	17	1.59	13	1.64	12
Urology	1.45	16	1.68	10	1.83	5
<b>Facility Based</b>	<b>0.80</b>	N/A	<b>0.68</b>	N/A	<b>0.76</b>	N/A
Anesthesiology	1.04	21	1.08	20	1.18	20
Pathology	0.13	25	-0.01	25	0.09	25
Radiology	0.13	24	0.10	24	0.28	24
<b>Psychiatry</b>	<b>1.89</b>	N/A	<b>1.88</b>	N/A	<b>1.82</b>	N/A
Adult Psychiatry	1.88	4	1.92	2	1.89	2
Child and Adolescent Psych	1.96	1	1.95	1	1.83	4
<b>Other</b>	<b>1.52</b>	N/A	<b>1.54</b>	N/A	<b>1.54</b>	N/A
Dermatology	1.88	5	1.84	6	1.82	6
Emergency Medicine	1.89	2	1.88	3	1.89	1
Neurology	1.89	3	1.84	5	1.57	14
Pediatric Subspecialties	1.06	20	1.04	21	1.02	21
Physical Medicine and Rehab	1.50	15	1.52	16	1.48	16
<b>Total (All Specialties)</b>	<b>1.50</b>	N/A	<b>1.49</b>	N/A	<b>1.47</b>	N/A

<sup>a</sup>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 2014 respondents, for all respondents from the last 2 surveys, and the average annual change (ie, trend) in median starting income from the last 4 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.

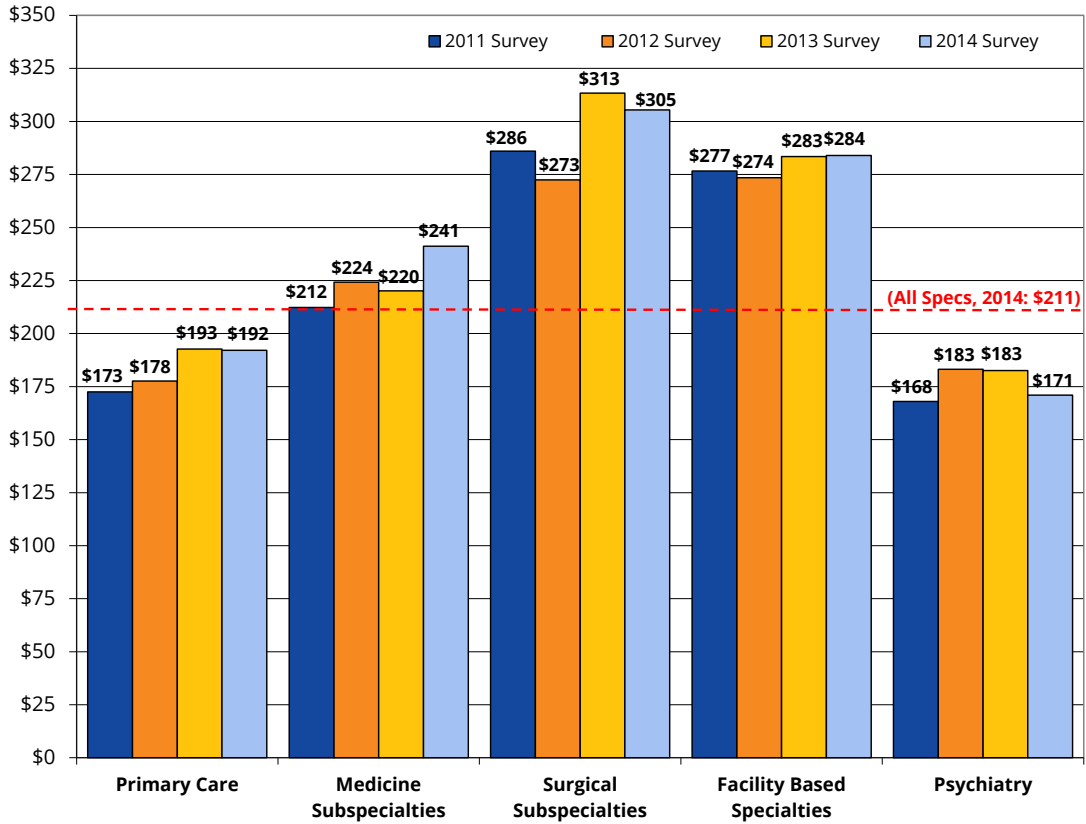
Although income levels may not be completely accurate in determining demand, trends in income provide a good indicator. If physicians practicing in a given specialty are in short supply relative to the demand for their services, employers will have to increase compensation levels to attract applicants 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

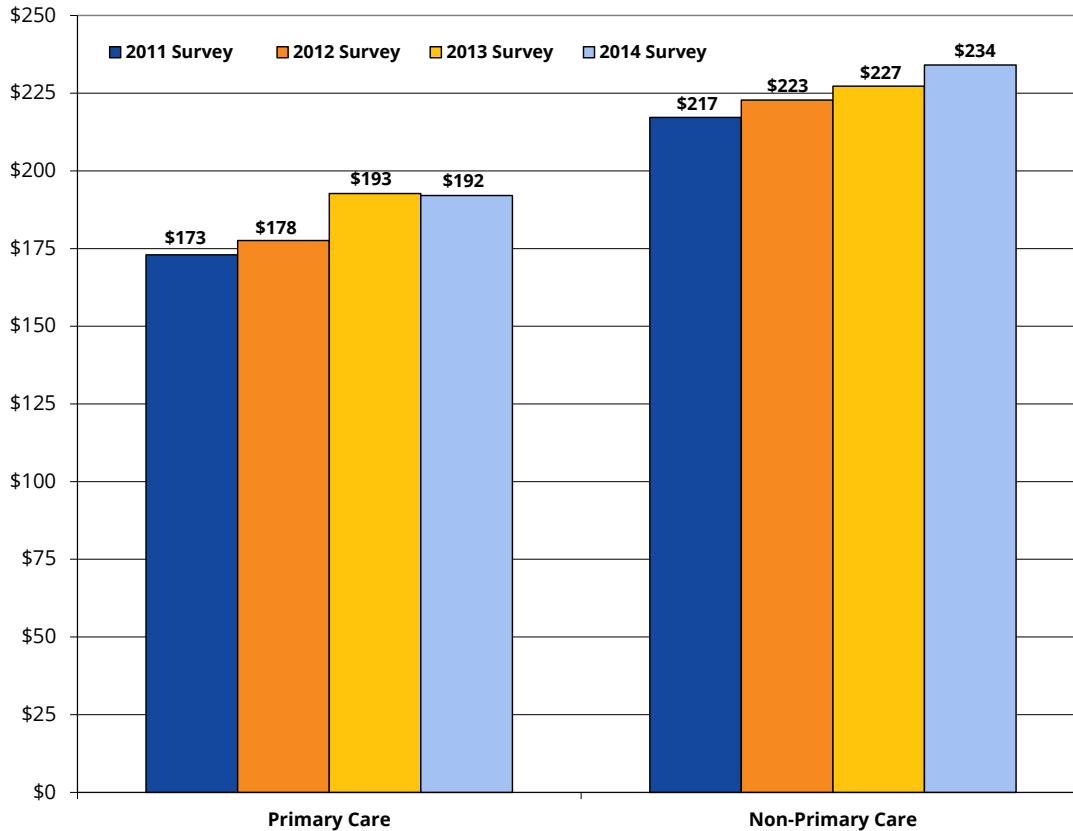
- The median starting income of 2014 respondents was \$210,800, a less than 1% increase from 2013 (the average increase per year was 3% from 2010 to 2014)
- Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2010 to 2014
  - Only 3 specialties experienced a decrease during this time period: otolaryngology (-2%), obstetrics/gynecology (-1%), and radiology (-1%)
- General surgery (+15%), urology (+15%), and dermatology (+10%) showed the strongest trends in income between 2010 and 2014



**Figure 4.16. Median Starting Income (in \$1,000) by Specialty Group (for 2014 Respondents with Confirmed Practice Plans)**

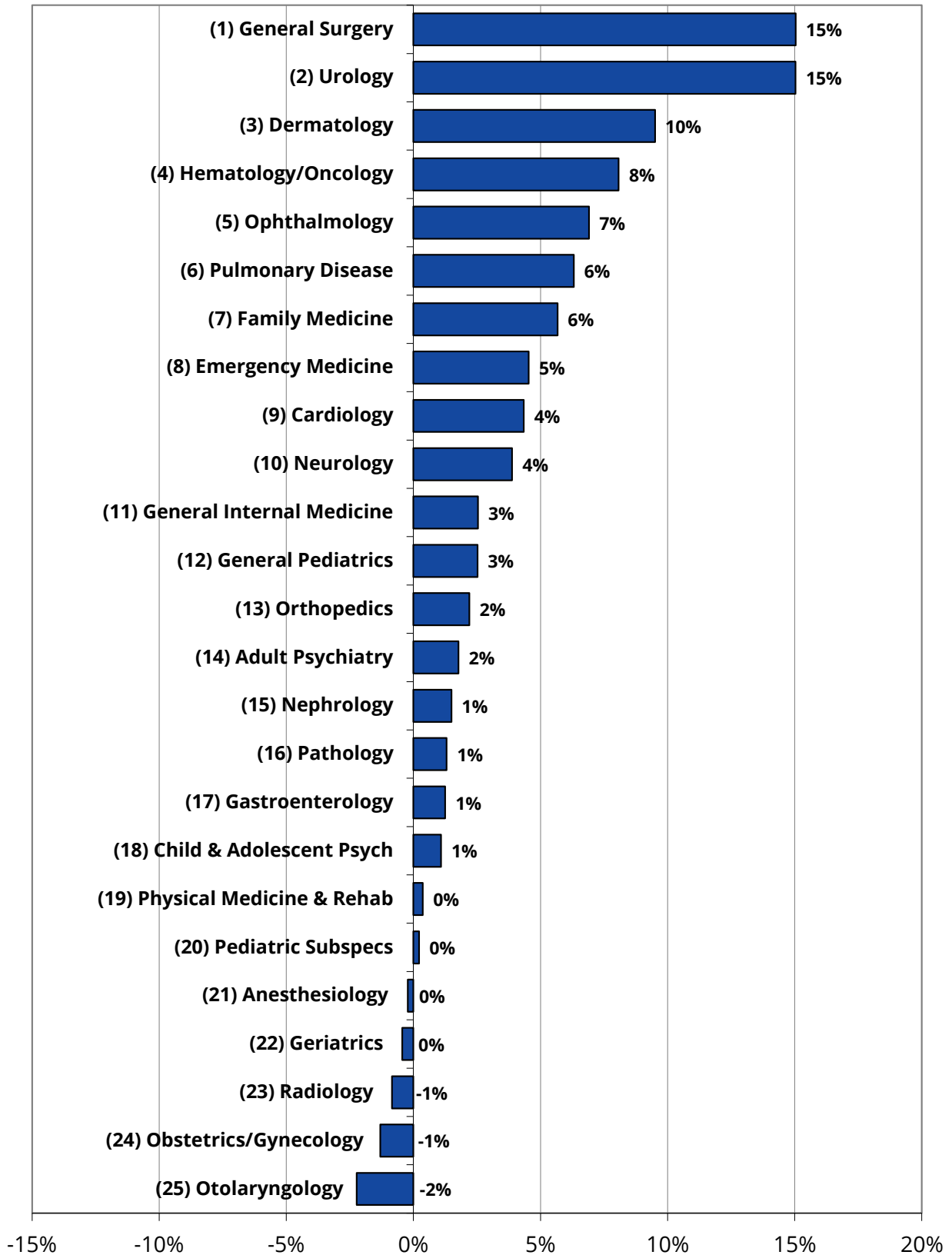


**Figure 4.17. Trends in Median Starting Income (in \$1,000) Among Primary Care and Non-Primary Care Physicians (for 2014 Respondents with Confirmed Practice Plans)**





**Figure 4.18. Rank of Average Percent Change in Median Starting Income (from 2010 to 2014) by Specialty (for Respondents with Confirmed Practice Plans)**





**Table 4.6. Median Expected Starting Income (for 2014 Respondents with Confirmed Practice Plans)**

Specialty	2014 Respondents	RANK (of 25)	Aggregated Respondents: 2013 and 2014	RANK (of 25)	Trend (Average Annual Change: 2010 to 2014)	RANK (of 25)
<b>Primary Care</b>	<b>\$192,100</b>	N/A	<b>\$192,250</b>	N/A	<b>3%</b>	N/A
Family Medicine	\$193,250	17	\$191,150	17	6%	7
General Internal Medicine	\$203,950	14	\$203,250	13	3%	11
General Pediatrics	\$134,000	25	\$134,600	25	3%	12
<b>Obstetrics/Gynecology</b>	<b>\$191,850</b>	18	<b>\$194,700</b>	16	<b>-1%</b>	24
<b>Medicine Subspecialties</b>	<b>\$241,200</b>	N/A	<b>\$227,600</b>	N/A	<b>6%</b>	N/A
Cardiology	\$300,500	6	\$281,400	6	4%	9
Gastroenterology	\$277,950	8	\$270,100	7	1%	17
Geriatrics	\$164,750	24	\$167,750	24	0%	22
Hematology/Oncology	\$249,800	12	\$249,800	10	8%	4
Nephrology	\$178,600	19	\$179,250	19	1%	15
Pulmonary Disease	\$272,600	9	\$247,000	11	6%	6
<b>General Surgery</b>	<b>\$326,200</b>	2	<b>\$329,500</b>	1	<b>15%</b>	1
<b>Surgical Subspecialties</b>	<b>\$305,400</b>	N/A	<b>\$310,600</b>	N/A	<b>4%</b>	N/A
Ophthalmology	\$195,400	16	\$199,000	15	7%	5
Orthopedics	\$323,150	3	\$328,000	2	2%	13
Otolaryngology	\$253,550	11	\$236,100	12	-2%	25
Urology	\$327,550	1	\$323,350	3	15%	2
<b>Facility Based</b>	<b>\$284,000</b>	N/A	<b>\$284,000</b>	N/A	<b>0%</b>	N/A
Anesthesiology	\$298,900	7	\$285,350	5	0%	21
Pathology	\$203,100	15	\$190,500	18	1%	16
Radiology	\$311,000	5	\$316,850	4	-1%	23
<b>Psychiatry</b>	<b>\$171,000</b>	N/A	<b>\$174,800</b>	N/A	<b>1%</b>	N/A
Adult Psychiatry	\$164,800	23	\$171,800	22	2%	14
Child and Adolescent Psych	\$174,800	20	\$174,050	20	1%	18
<b>Other</b>	<b>\$216,550</b>	N/A	<b>\$216,600</b>	N/A	<b>2%</b>	N/A
Dermatology	\$319,300	4	\$262,600	8	10%	3
Emergency Medicine	\$259,700	10	\$250,200	9	5%	8
Neurology	\$212,900	13	\$200,500	14	4%	10
Pediatric Subspecialties	\$172,300	21	\$173,000	21	0%	20
Physical Medicine and Rehab	\$169,800	22	\$170,150	23	0%	19
<b>Total (All Specialties)</b>	<b>\$210,800</b>	N/A	<b>\$210,450</b>	N/A	<b>3%</b>	N/A



## 4.8 Assessment of Demand by Specialty

To measure demand, a composite score was computed by taking the median of the ranks (ie, where each specialty stood relative to all 25 specialties) scored by each specialty on each of the demand indicators for data from the previous 4 years of the survey. Data from more recent years of the survey received a greater weight than data from previous years. For example, when calculating the demand score for 2014, data from 2014 were weighted .40, data from 2013 were weighted .30, data from 2012 were weighted .20, and data from 2011 were weighted .10.

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

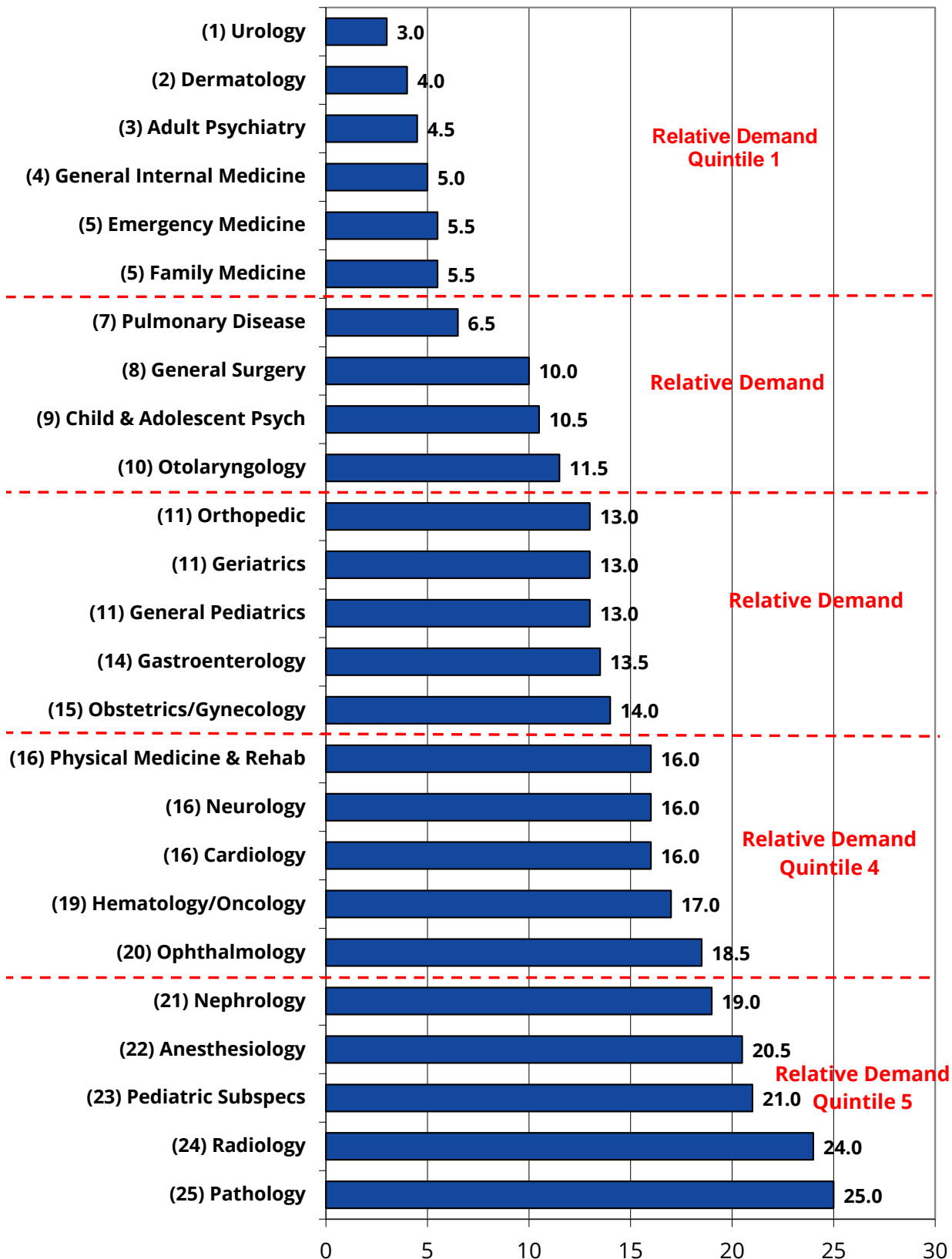
- Percentage of respondents having difficulty finding a satisfactory practice position
- Percentage of respondents having to change plans due to limited practice opportunities
- Mean number of job offers received by respondents
- Respondents' views of the regional job market
- Respondents' views of the national job market
- Trends in median starting income

Each of these variables are 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 "percent with difficulty" variable and the "percent having to change plans" variable (ie, a respondent reporting difficulty was much more likely to report having to change plans). There was also a high degree of correlation between respondents' assessments of the regional and national job market. For this reason, the "job offers" and "trends in starting income" variables were double counted in computing a composite measure of demand.

Figure 4.19 is a plot of the median of the ranks of each specialty to illustrate the current demand for each specialty. Note that the Exit Survey cannot be used to measure absolute demand (ie, 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 physicians and ranking specialties based on respondents' answers to questions used to assess demand.



Figure 4.19. Assessment of Current Relative Demand by Specialty, Median Rank on Demand Related Variables





## Highlights

- Currently, urology (average rank of 3.0 out of 25), dermatology (4.0), adult psychiatry (4.5), general internal medicine (5.0), emergency medicine (5.5), and family medicine (5.5) are specialties experiencing the strongest demand
- The job market for pathology (25.0), radiology (24.0), pediatric subspecialties (21.0), anesthesiology (20.5), and nephrology (19.0) appears weak relative to other specialties







## Appendix A

### 2014 Exit Survey Response Rates by Specialty and Region





Table A-1. 2014 Exit Survey Response Rates by Specialty<sup>a</sup> and Region<sup>bc</sup>

Specialty	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
<b>Primary Care</b>	<b>263</b>	<b>157</b>	<b>60%</b>	<b>1,708</b>	<b>896</b>	<b>52%</b>	<b>1,971</b>	<b>1,053</b>	<b>53%</b>
Family Medicine	65	43	66%	135	61	45%	200	104	52%
Internal Medicine-General	130	79	61%	1,175	605	51%	1,305	684	52%
Pediatrics-General	53	30	57%	393	225	57%	446	255	57%
IM & Peds (Combined)	15	5	33%	5	5	100%	20	10	50%
<b>Obstetrics/Gynecology</b>	<b>33</b>	<b>28</b>	<b>85%</b>	<b>148</b>	<b>85</b>	<b>57%</b>	<b>181</b>	<b>113</b>	<b>62%</b>
<b>Internal Medicine Specialtie</b>	<b>79</b>	<b>47</b>	<b>59%</b>	<b>610</b>	<b>320</b>	<b>52%</b>	<b>689</b>	<b>367</b>	<b>53%</b>
Cardiology	20	6	30%	165	66	40%	185	72	39%
Gastroenterology	10	7	70%	57	39	68%	67	46	69%
Geriatrics	6	6	100%	65	20	31%	71	26	37%
Hematology/Oncology	10	7	70%	65	33	51%	75	40	53%
Nephrology	7	3	43%	56	33	59%	63	36	57%
Pulmonary Disease	8	5	63%	57	45	79%	65	50	77%
Other IM Specialties	18	13	72%	145	84	58%	163	97	60%
<i>Critical Care Medicine</i>	2	1	50%	30	18	60%	32	19	59%
<i>Endocrinology &amp; Metab.</i>	6	5	83%	34	21	62%	40	26	65%
<i>Infectious Disease</i>	5	1	20%	45	24	53%	50	25	50%
<i>Rheumatology</i>	4	1	25%	26	10	38%	30	11	37%
<i>Other IM Subspecialties</i>	1	5	500%	10	11	110%	11	16	145%
<b>Surgery (General)</b>	<b>29</b>	<b>15</b>	<b>52%</b>	<b>145</b>	<b>67</b>	<b>46%</b>	<b>174</b>	<b>82</b>	<b>47%</b>
<b>Surgery (Subspecialties)</b>	<b>78</b>	<b>46</b>	<b>59%</b>	<b>330</b>	<b>172</b>	<b>52%</b>	<b>408</b>	<b>218</b>	<b>53%</b>
Ophthalmology	12	7	58%	63	34	54%	75	41	55%
Orthopedics	29	15	52%	134	56	42%	163	71	44%
Otolaryngology	10	4	40%	28	19	68%	38	23	61%
Urology	9	8	89%	29	19	66%	38	27	71%
Other Surgical Subspecs	18	12	67%	76	44	58%	94	56	60%
Neurosurgery	6	4	67%	13	7	54%	19	11	58%
Plastic Surgery	4	2	50%	20	8	40%	24	10	42%
Thoracic Surgery	1	0	0%	12	10	83%	13	10	77%
All Other Surg Subspecs	7	6	86%	31	19	61%	38	25	66%



Specialty	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
<b>Facility Based</b>	<b>123</b>	<b>71</b>	<b>58%</b>	<b>579</b>	<b>305</b>	<b>53%</b>	<b>702</b>	<b>376</b>	<b>54%</b>
Anesthesiology-General	48	28	58%	163	92	56%	211	120	57%
Pain Management	8	4	50%	27	18	67%	35	22	63%
Other Anes Subspecs	6	5	83%	53	26	49%	59	31	53%
Pathology	25	18	72%	133	72	54%	158	90	57%
Pathology (General)	18	13	72%	70	41	59%	88	54	61%
Pathology Subspecialties	7	5	71%	63	31	49%	70	36	51%
Radiology	36	16	44%	203	97	48%	239	113	47%
Radiology (Diagnostic)	32	13	41%	177	77	44%	209	90	43%
Radiology (Therapeutic)	2	1	50%	19	17	89%	21	18	86%
Nuclear Medicine	2	2	100%	7	3	43%	9	5	56%
<b>Psychiatry</b>	<b>41</b>	<b>30</b>	<b>73%</b>	<b>309</b>	<b>159</b>	<b>51%</b>	<b>350</b>	<b>189</b>	<b>54%</b>
Psychiatry (General)	24	18	75%	174	101	58%	198	119	60%
Child & Adolescent Psych	10	7	70%	47	29	62%	57	36	63%
Other Psych Subspecs	7	5	71%	88	29	33%	95	34	36%
<b>Other</b>	<b>153</b>	<b>95</b>	<b>62%</b>	<b>645</b>	<b>327</b>	<b>51%</b>	<b>798</b>	<b>422</b>	<b>53%</b>
Dermatology	3	0	0%	64	33	52%	67	33	49%
Emergency Medicine	72	47	65%	208	68	33%	280	115	41%
Neurology	33	18	55%	121	64	53%	154	82	53%
Pediatric Specialties	24	14	58%	121	66	55%	145	80	55%
Physical Medicine & Rehab	9	8	89%	73	46	63%	82	54	66%
Other	12	8	67%	58	50	86%	70	58	83%
Allergy & Immunology	1	0	0%	14	9	64%	15	9	60%
Preventive Medicine	6	3	50%	12	9	75%	18	12	67%
All Other	5	5	100%	32	32	100%	37	37	100%
<b>Total (All Specialties)</b>	<b>801</b>	<b>498</b>	<b>62%</b>	<b>4,474</b>	<b>2,452</b>	<b>55%</b>	<b>5,275</b>	<b>2,951</b>	<b>56%</b>

<sup>a</sup>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.

<sup>b</sup>Downstate NY includes New York City, Long Island, and Westchester County. Upstate NY includes the rest of the state.

<sup>c</sup>Adding up physicians by specialty and region will not reflect the total sample size due to missing data.



## *Appendix B*

### **2014 Exit Survey Instrument**



# Survey of Residents Completing Training in NY in 2014

Center for Health Workforce Studies  
 University at Albany, School of Public Health  
 1 University Place / Suite 220  
 Rensselaer, NY 12144-3445

**MARKING INSTRUCTIONS**

- Use a No. 2 pencil or blue or black ink pen only.
  - Do not use pens with ink that soaks through the paper.
  - Make solid marks that fill the oval completely.
  - Make no stray marks on this form.
  - Do not fold, tear, or mutilate this form.
- CORRECT  
     
 INCORRECT

ACGME Residency Program #    -   -   -     For Office Use

This questionnaire should be completed by all physicians completing a residency/fellowship training program in New York in 2014 (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** **B. MEDICAL EDUCATION AND TRAINING**

- 1.** Gender:  Male  Female
- 2.** Age:
- 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
- 4.** A. Are you of Hispanic/Latino origin?  
 Yes  No  
 B. What is your race? (mark all that apply)  
 American Indian/Alaska Native  
 Asian or Pacific Islander  
 Black/African American  
 White  
 Other
- 5.** A. Which best describes your current relationship status?  
 Now Married  
 In Long-term Relationship  
 Divorce/Separated (Skip to 6)  
 Never Married/Single (Skip to 6)  
 B. If currently married or in a long-term relationship, is your partner also a physician?  
 Yes  No  Question does not apply
- 6.** Do you have any dependent children?  
 Yes  No
- 7.** Where did you live when you graduated from high school?  
 New York  Canada  
 Other U.S.  Other country

- 8.** 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
- 9.** Type of Medical Education:  
 Allopathic (M.D.)  Osteopathic (D.O.)
- 10.** Medical School Attended:  
 New York (if yes, complete below)  Canada  
 Other state in the U.S.  Other country  
 Specify if in NY:  
 Albany Medical College  
 Albert Einstein Col of Med of Yeshiva Univ  
 Columbia University Col of Phys and Surg  
 Mt. Sinai School of Medicine  
 New York College of Osteo Med of NYIT  
 New York Medical College (Valhalla)  
 New York University Sch of Med  
 Stony Brook Univ Med Ctr Sch of Med  
 SUNY Buffalo Sch of Med & Biomed Sci  
 SUNY Downstate Med Ctr Col of Med  
 Touro College of Osteopathic Med  
 University of Rochester  
 Upstate Medical University, SUNY  
 Weill Cornell Medical College
- 11.** What is your current level of educational debt?  
 None  \$150,000-\$174,999  
 Less than \$25,000  \$175,000-\$199,999  
 \$25,000-\$49,999  \$200,000-\$224,999  
 \$50,000-\$74,999  \$225,000-\$249,999  
 \$75,000-\$99,999  \$250,000-\$274,999  
 \$100,000-\$124,999  \$275,000-\$299,999  
 \$125,000-\$149,999  \$300,000 and over

continue . . . Page 1



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

Center Perf

**12. Specialty you are COMPLETING in 2014**

(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: \_\_\_\_\_

**13. 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

**C. FUTURE PLANS**

**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): \_\_\_\_\_
- Always intended to subspecialize
- Question does not apply

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

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

**15. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteering/Community service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. Where is the location of your primary activity after completing your current training position?**

- Same city/county as current training
- Same region within NY, but different city/county
- Other area within NY
- Other state
- Outside the U.S.
- Don't know yet

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

- Yes
- No



18. How important is it for you to have control over the following job characteristics:

	Not important at all	Of little importance	Important	Very important
Predictable start and end time each workday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of each workday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of overnight calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of weekend duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. 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
- No, I will be self-employed

B. Have you been offered a job?

- Yes, and I have accepted an offer
- Yes, but I declined the offer(s) and am still searching (Skip to Question 27)
- No, but I have not actively searched yet (Skip to Question 27)
- No, I have not yet been offered a practice position (Skip to Question 27)

## D. PRACTICE PLANS

If you have accepted a position in patient care/clinical practice please answer the following questions, if not, skip to Question 27.

20. 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)
<input type="radio"/>	<input type="radio"/> Solo practice
<input type="radio"/>	<input type="radio"/> Partnership (2 people)
<input type="radio"/>	<input type="radio"/> Group practice (owner/partner)
<input type="radio"/>	<input type="radio"/> Group practice (employee)
<input type="radio"/>	<input type="radio"/> Hospital—Inpatient
<input type="radio"/>	<input type="radio"/> Hospital—Ambulatory care
<input type="radio"/>	<input type="radio"/> Hospital—Emergency room
<input type="radio"/>	<input type="radio"/> Freestanding health center or clinic
<input type="radio"/>	<input type="radio"/> Nursing home
<input type="radio"/>	<input type="radio"/> Other: _____

21. A. What is the zip code of the principal practice address where you will be working? If zip code is unknown, please give city or town and state.

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

← Principal Practice Zip Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/Town

--	--

State

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 not going to practice in New York, please indicate the reasons why. In the first column, indicate all of the reasons why (mark all that apply). In the second column, indicate the main reason why (mark only one).

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

22. How many years do you expect to be at your principal practice?  
 1    2    3    4    5 or more

23. 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

24. A. Please identify all of the incentives you received for accepting this practice position (*mark all that apply*). Also, please indicate the most influential incentive in your decision to accept this practice position (*mark only one*).

	Incentives Received	Most Influential Incentive
H-1 visa sponsorship	<input type="radio"/>	<input type="radio"/>
J-1 visa waiver	<input type="radio"/>	<input type="radio"/>
Sign-on bonus	<input type="radio"/>	<input type="radio"/>
Income guarantees	<input type="radio"/>	<input type="radio"/>
On-call payments	<input type="radio"/>	<input type="radio"/>
Relocation allowances	<input type="radio"/>	<input type="radio"/>
Spouse/Partner job transition assistance	<input type="radio"/>	<input type="radio"/>
Support for maintenance of certification and continuing medical education	<input type="radio"/>	<input type="radio"/>
Career development opportunities	<input type="radio"/>	<input type="radio"/>
Educational loan repayment	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>

B. If you received any incentives, how important were they in your decision to accept this practice position?  
 Not at all important    Important  
 Of little importance    Very important

25. Expected gross income during first year of practice:

A. Base Salary/Income	B. Anticipated Additional Incentive Income
<input type="radio"/> Less than \$75,000	<input type="radio"/> None
<input type="radio"/> \$75,000–\$99,999	<input type="radio"/> Less than \$5,000
<input type="radio"/> \$100,000–\$124,999	<input type="radio"/> \$5,000–\$9,999
<input type="radio"/> \$125,000–\$149,999	<input type="radio"/> \$10,000–\$14,999
<input type="radio"/> \$150,000–\$174,999	<input type="radio"/> \$15,000–\$19,999
<input type="radio"/> \$175,000–\$199,999	<input type="radio"/> \$20,000–\$24,999
<input type="radio"/> \$200,000–\$224,999	<input type="radio"/> \$25,000–\$29,999
<input type="radio"/> \$225,000–\$249,999	<input type="radio"/> \$30,000–\$34,999
<input type="radio"/> \$250,000–\$274,999	<input type="radio"/> \$35,000–\$39,999
<input type="radio"/> \$275,000–\$299,999	<input type="radio"/> \$40,000–\$44,999
<input type="radio"/> \$300,000–\$324,999	<input type="radio"/> \$45,000–\$49,999
<input type="radio"/> \$325,000–\$349,999	<input type="radio"/> \$50,000–\$54,999
<input type="radio"/> \$350,000–\$374,999	<input type="radio"/> \$55,000–\$59,999
<input type="radio"/> \$375,000 and over	<input type="radio"/> \$60,000 and over

26. What is your level of satisfaction with your salary/compensation?  
 Very dissatisfied    Somewhat satisfied  
 Somewhat dissatisfied    Very satisfied

### E. EXPERIENCE IN JOB MARKET

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

27. A. Did you have difficulty finding a practice position you were satisfied with?  
 Yes    No    Haven't looked yet  
 (Skip to Question #30)

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): \_\_\_\_\_

28. Did you have to change your plans because of limited practice opportunities?  
 Yes    No    Haven't looked yet  
 (Skip to Question #30)

29. How many offers for practice positions did you receive (*excluding fellowships, chief residency, and other training positions*)?  
 None    1    2    3  
 4    5    6–10    Over 10

30. What is your overall assessment of practice opportunities in your specialty, and within 50 miles of the site where you trained?  
 No jobs    Some jobs  
 Very few jobs    Many jobs  
 Few jobs    Unknown

31. What is your overall assessment of practice opportunities in your specialty nationally?  
 No jobs    Some jobs  
 Very few jobs    Many jobs  
 Few jobs    Unknown

THANK YOU FOR COMPLETING THIS IMPORTANT SURVEY.



**The New York Health Workforce Data System**

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