Residency Training Outcomes by Specialty in 2001 for California: A Summary of Responses to the 2000 and 2001 CA Resident Exit Surveys

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PREFACE

This report summarizes the results of the Survey of Residents Completing Training in California (California Exit Survey) for the years 2000 and 2001. This survey was conducted by the Center for Health Workforce Studies (the Center) at the University of Albany, State University of New York, in collaboration with the University of California, Office of the Vice President – Health Affairs. The survey consists of 33 questions covering four topical areas: demographic and background characteristics of respondents, post-graduation plans, characteristics of post-graduation employment (for respondents with confirmed practice plans), and experiences in searching for a job and impressions of the physician job market (for respondents who had searched for employment).

The primary goal of the Exit Survey is to assist the medical education and health workforce community in California in their efforts to train physicians consistent with the needs of the state and the nation. To achieve this goal, the Center uses the survey results to provide information on the demand for new physicians and on outcomes of residency training by specialty. The Exit Survey has been conducted in the years 2000 and 2001 in California and for the past four years (1998 through 2001) in New York. This report summarizes the results for California by specialty using aggregated data from 2000 and 2001. Where appropriate, comparisons with results from New York are provided. For the full report on the New York Exit Survey, please visit the Center's web site (http://chws.albany.edu) and download: *Residency Training Outcomes by Specialty in 2001 for New York State*.

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This report was prepared by Joseph Nolan, Mark Beaulieu, Karilyn Puccio, Gaetano J. Forte, and Edward Salsberg of the Center. The Center for Health Workforce Studies is a not-for-profit research center operating under the auspices of the School of Public Health at the University at Albany, State University of New York, and Health Research, Incorporated (HRI). The ideas expressed in this report are those of the Center, and do not necessarily represent the views or positions of the State University of New York, the University at Albany, the School of Public Health, HRI, or the University of California.

ACKNOWLEDGMENTS

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EXECUTIVE SUMMARY

In order to provide the medical education community with useful information on the demand for physicians and the outcomes of training in California, the Center for Health Workforce Studies at the University at Albany, State University of New York conducted a survey of physicians completing a residency or fellowship training program in the state in 2000 and 2001. The survey instrument was developed by the Center in consultation with the University of California, Office of the Vice President - Health Affairs. Many of the questions on the CA Exit Survey were designed to assess demand for physicians by specialty.

In May 2000 and May 2001, the Center distributed the survey to GME leaders and administrators at teaching hospitals in California. Through the collaboration of participating teaching hospitals, a total of 2,120 physicians responded to the survey. These physicians represented about 42% of the estimated 5,248 physicians completing a training program in the state (based on the AMA's GME file) in 2000 and 2001. For various reasons, graduates at several institutions never received the surveys. Thus the response rate (calculated as the number of respondents divided by the number of graduates who received the survey) was considerably higher than this figure, although it is not possible to determine the exact response rate.

This report presents specialty-specific statewide results. Comparisons are made between respondents from the California Exit Survey and a similar survey in New York State. Readers should use caution interpreting these data due to the small number of respondents in some specialties.

KEY FINDINGS

1. Overall, the job market for physicians in California appears strong.

- Only 1% of respondents who had actively searched for a job had not received any job offers at the time they completed the survey in late May or June of the year they completed training.

- About one-quarter (24%) of respondents who had actively searched for a position reported having difficulty finding a satisfactory practice position. Of those reporting difficulty, 21% indicated the main reason for difficulty was an overall lack of jobs. Lack of jobs in desired locations (43%) was the most common reason for difficulty. The percentage who reported difficulty in California (24%) was less than reported difficulty in New York State (32%).

- Fourteen percent (14%) of respondents had to change plans due to limited practice opportunities.

- Respondents' evaluations of the regional job market were somewhat positive, with the average response falling somewhere between "Few Jobs" and "Some Jobs." Evaluations of the national job market were more positive than the regional market.

2. Demand for non-primary care physicians (specialists) was stronger than for primary care physicians (generalists – Family Practice, General Internal Medicine, General Pediatrics, and IM & Peds–Combined). Generalists experienced more difficulty and had a less optimistic assessment of the job market than specialists. This finding was consistent along all indicators used to measure demand. Among those respondents who had searched for a job, after adjusting for citizenship status:

- Specialists had received more job offers on average than generalists (4.04 versus 2.75).

- Specialists were less likely than generalists to have had difficulty finding a satisfactory practice positions (19% versus 29%) and to have had to change plans due to limited practice opportunities (12% versus 17%).

3. There were differences in the job market experiences and assessments for different specialties. The overall job market appeared strong for new graduates, but there were differences by specialty.

- Based on several indicators, demand for Child and Adolescent Psychiatry, General Anesthesiology, Gastroenterology, Adult Psychiatry, Hematology/Oncology, and Urology appeared to be strong.

- Pathology, General Pediatrics, IM and Peds–Combined, Pediatric Subspecialties, Geriatrics, and Ophthalmology experienced weak demand.

4. Most graduates with confirmed practice plans were staying in California to begin practice, although there were differences by specialty.

- About 78% of graduates with confirmed practice plans were staying in the state to begin practice. This compares with 53% in New York State.

- In-state retention varied by specialty. Among specialties with at least 10 respondents, in-state retention ranged from 100% (Child and Adolescent Psychiatry) to 44% (Orthopedics).

5. About 23% of graduates were subspecializing.

- Among specialty groups, graduates of General Surgery (47%) and Surgical Subspecialties (41%) were most likely to subspecialize. (Appendix A illustrates how individual specialties have been grouped together in the data presented in this report.

- Other specialties (11%) and Medicine Subspecialties (12%) were least likely to have graduates who were planning to subspecialize.

- Among primary care specialties, the subspecialization rates for General Internal Medicine and General Pediatrics were 31% and 20%, respectively.

Comparisons between the California Exit Survey and the New York State Exit Survey should be interpreted with some caution. Due to the fact that graduates at a number of California's teaching hospitals never received the survey, there may be some issue with the generalizablility of the results from respondents to all graduates in California. However, respondents were distributed similarly to all graduates in terms of gender, location of medical school, and specialty. Moreover, the results for the California Exit Survey are highly correlated with the results from the New York State Exit Survey. This suggests that one could be more confident that the results for the California Exit Survey are more generalizable than would otherwise be expected.

BACKGROUND

A survey of physicians completing training in a state provides a valuable snapshot of the physician workforce and the outcomes of residency training in the state. While the demographic characteristics and experiences of new graduates may be different than those of established, practicing physicians, a resident exit survey provides a good picture of the future physician workforce and the current balance between supply and demand. In addition, the experience of the new physicians is particularly relevant and valuable for the medical education community.

The Center's Resident Exit Survey consists of 33 questions designed to collect information on residents' demographic characteristics, post-graduation plans, characteristics of post-graduation practice, and experiences in and impressions of the job market. Many of the questions are designed to help assess demand for physicians in general, and by specialty. The Resident Exit Survey provides a snapshot of the training outcomes and relative demand at a particular point in time. However, by conducting the survey on an annual or periodic basis, it is possible to observe changes over time that can help uncover trends in demand and forecast future supply and demand.

In addition to relative demand by specialty and information on the characteristics of physicians entering practice, the Resident Exit Survey also provides valuable information on other topics of interest to medical educators and policy makers. These topics include: the rate at which the graduates of residency training in California stay in the state, the rate of subspecialization, the rate at which graduates plan to practice in underserved areas, starting income levels, and the comparative experiences of graduates with different demographic and educational backgrounds, such as gender, race and location of medical education and training.

Under a multi-year memorandum of understanding with the Governor's office between 1994 and 2002, the University of California was directed to increase the number and proportion of residents enrolled in family practice and other primary care training programs. The results of this survey can provide useful information on the ramifications and appropriateness of this memorandum by measuring demand for physicians entering practice and by comparing the experiences of primary care and non-primary care graduates.

METHODOLOGY

The survey instrument was prepared by the Center for Health Workforce Studies at the University at Albany, State University of New York and was based on the survey instrument used by the Center in New York State since 1997. The survey instrument used in California in 2001 was identical to that which was used in 2000. A copy of the instrument can be found in Appendix B.

The surveys were distributed by the UC Office of the Vice President – Health Affairs to the GME deans and directors at each of its five medical schools. The GME deans and directors, in turn, distributed the surveys to program directors who then distributed them to the residents completing a training program in 2000 and 2001. The survey was also sent by the UC Office of the Vice President – Health Affairs to other major teaching hospitals in the state. However, due to time and resource constraints, not all teaching hospitals in the state received the survey. Completed surveys were returned to the UC Office of the Vice President – Health Affairs and passed on to the Center in Albany for processing and optical scanning.

The Center received 1,183 completed surveys in 2000 and 937 in 2001, which are estimated to represent approximately 42% of the residents completing training in the state over the past two years. Approximately 69% of the completed surveys were from residents completing training in the UC system. Recognizing that UC affiliated programs train an estimated 45% of all California trainees, it is important to note that non-UC affiliated programs are under-represented in the survey results.

Terminology Used in the Report

Resident: As used in this report, residents refers to both residents and fellows.

Residents completing training: GME and program directors were asked to have all residents or fellows in their last year of a program complete the survey. They were asked to *exclude* residents completing a preliminary year of training as well as graduates of dental and podiatry programs. In this report, residents completing training refers to those residents who completed an allopathic or osteopathic graduate medical eduction program in the spring/summer of 2000 and 2001.

Primary care: While many tables and figures present results by individual specialty, some organize the results by specialty grouping. For the purpose of this report, Primary Care includes Family Practice, General Internal Medicine, General Pediatrics, and Internal Medicine and Pediatrics - Combined.

Facility-based specialties: For purposes of this report, Facility-Based specialties include Anesthesiology, Radiology, and Pathology. (For a complete illustration of how individual specialties have been grouped together in the data presented in this report, please see Appendix A.)

Limitations of the Data

Descriptive statistics: For the most part, this report presents a description of the residents completing training. Because respondents represented only 42% of all graduates in California, and the inability to accurately determine the response rate, the Center urges caution in interpreting the results. The Center has *not* run tests of statistical significance on any of the presented results.

Small cell sizes: When analyzed by specialty and other variables, some individual cell sizes become small. This reduces the stability of the results. In order to compensate for small cell sizes in most specialties in any single year, most of the results in this report are based on analysis of aggregated data from the 2000 and 2001 California Exit Survey.

Self-defined terms and unaudited responses: Several questions may be subject to interpretation, such as the question on the resident's upcoming practice, which includes the options of "inner city" and "rural." While there may be some variation in interpretation, results for New York State have been consistent over time and consistent with other research. This gives the Center confidence in the results, especially in the comparisons across groups.

Measure of demand: There is no single, generally accepted measure of physician demand. Therefore, the Center has developed a composite measure of demand based on several indicators. At the same time, the Center recognizes that other interpretations of the data are possible. For example, some of the questions are subjective: a respondent's assessment of whether they had to "change plans due to limited job opportunities" will reflect in part their previous expectations of the job market. These expectations may vary by specialty. For this

reason, this report presents the results for each of the underlying indicators of demand by specialty in addition to the composite score.

Demand compared to need: It is also recognized that demand for a specialty can be quite different than need. The exit survey data reflect marketplace demand (i.e., the current job market). While society might think it would be preferable to have more physicians in a specific specialty to adequately serve the medical needs of a given population, marketplace demand may reflect other factors, such as the reimbursement and financing of services.

Organization of the Report

Section 1 of this report presents information on demographic characteristics of all survey respondents and outlines their planned activities following completion of their current training program. Section 2 pertains to respondents who reported plans to enter patient care/clinical practice and had confirmed those plans (i.e., they had accepted a job offer or would be self-employed) at the time they completed the survey. Section 3 summarizes the responses to several questions used to measure demand and relating to respondents' experiences in searching for a practice position. This section excludes respondents who had not yet searched for a practice position and IMGs with temporary visas because these individuals experienced substantially more difficulty in the job market due to their visa status.

Data Presentation - Specialty Groupings

The report presents data for 8 specialty groupings and for 27 individual specialties. These 27 represent the specialties with the greatest number of respondents to the survey. While there are over 100 specialties and subspecialties recognized by the American Board of Medical Specialties, for most, the number of new graduates in California are too few to provide meaningful information. Appendix A provides a detailed illustration of how specialties have been grouped in the data presented in this report.

SECTION I

Background Characteristics of All Respondents to the Survey of Residents Completing Training In California, 2000-2001

- Of the 2,120 survey respondents, 1,465, or sixty-nine percent (69%), were graduates of programs sponsored by the University of California system. Of the non-UC program respondents, over one-half (53%) were from the University of Southern California.

- Primary care specialties accounted for over one-third (37%) of the respondents.

- Female graduates accounted for 40% of the total respondents. However, the percentage of female respondents varies greatly by specialty. Only 17% of the surgical subspecialties' respondents were female while 74% of the Obstetrics/Gynecology respondents were female. Overall, the specialties with the highest percentage of female respondents were Obstetrics/Gynecology (74%), General Pediatrics (63%), Geriatrics (62%), and IM and Peds – Combined (60%). The specialties with the lowest percentage of female respondents were Orthopedics (6%), Urology (11%), and Cardiology (15%).

- Under-represented minorities (URMs) accounted for 11% of all respondents. For specialty groupings, the percentage of URM respondents ranged from 3% for Medicine Subspecialties to 17% for General Surgery. The individual specialties with the largest percentage URM respondents were Family Practice (20%), General Surgery (17%), Urology (17%), and IM and Peds – Combined (16%). Five individual specialties had no URM respondents: Cardiology, Gastroenterology, Pulmonary Disease, Otolaryngology, and Plastic Surgery.

- International medical school graduates (IMGs) made up 13% of all respondents. The subspecialty grouping with the largest percentage of IMG respondents was Psychiatry (29%), while the subspecialty grouping with the lowest percentage of IMG respondents was Obstetrics/Gynecology (3%). The individual specialties with the largest percentage IMG respondents were Gastroenterology (41%), Neurology (35%), Child and Adolescent Psychiatry (32%), Nephrology (31%) and Pathology (31%). There were two specialties with no IMG respondents: Otolaryngology and Urology.

- Temporary visa holders made up a very small percentage of all respondents (3%). Pediatric Subspecialties (11%) was the only specialty group with more than 10% temporary visa holders among its respondents.

- Sixty-five percent (65%) of the respondents planned to enter patient care/clinical practice. Almost a quarter of the respondents indicated they planned on subspecializing/continuing training. Two percent (2%) of the respondents planned to be a chief resident, 4% planned to teach or do research, and 6% had other plans. In New York, 56% of the respondents planned to enter patient care/clinical practice.

- Respondents from Obstetrics/Gynecology (75%), Psychiatry (75%), and Medicine Subspecialties (72%) were the most likely to enter patient care/clinical practice. The individual specialties with the highest percentage of respondents indicating they planned to enter patient care/clinical practice were Child and Adolescent Psychiatry (90%), Nephrology (85%), Family Practice (83%), and Urology (83%). The individual specialties with the lowest percentage of respondents planning to enter patient care/clinical practice were Orthopedics (38%), Ophthalmology (40%), Radiology (42%), and Pathology (45%).

- The specialties with the largest percentage of respondents planning to subspecialize were Ophthalmology (56%), Orthopedics (56%), Radiology (51%), and Pathology (39%). Respondents from Hematology/Oncology (4%) and Nephrology (4%) programs were the least likely to have plans to subspecialize.

- Besides Primary Care respondents (5%), there were almost no respondents planning on becoming chief residents.

- Hematology/Oncology (23%), Geriatrics (15%), and Gastroenterology (14%) were the individual specialties with the largest percentage of respondents planning on teaching/research after graduation. Cardiology, Nephrology, Ophthalmology, Orthopedics, Plastic Surgery, and Urology had no respondents entering positions in teaching/research after graduation.

- Respondents graduating from Geriatrics (15%), Pathology (14%), Nephrology (12%), and Adult Psychiatry (10%) programs were the most likely to have other plans after graduation. Gastroenterology, Otolaryngology, Urology, Child and Adolescent Psychiatry, and Physical Medicine and Rehabilitation had no respondents with other plans after graduation.

Exhibit 1-1. Number of Respondents to California Resident Exit Survey by Affiliated Medical School, 2000 and 2001 Combined Data

Affiliated Medical School	Number of Respondents
UC-Davis	310
UC-Irvine	201
UC-Los Angeles	355
UC-San Diego	202
UC-San Francisco	397
UC Total	**1,465**
King/Drew	68
Loma Linda	125
Stanford	83
USC	344
Other	35
Non-UC Total	**655**
TOTAL	**2,120**

Exhibit 1-2. Number of Respondents to California Resident Exit Survey by Specialty Group, 2000 and 2001 Combined Data

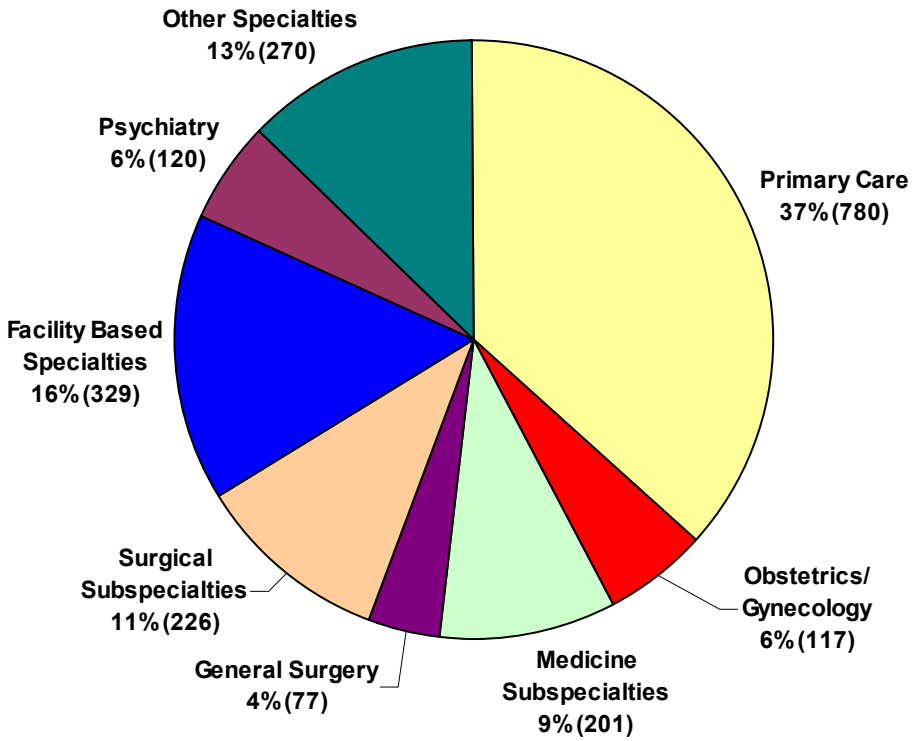


Exhibit 1-3. Background Characteristics of Survey Respondents by Specialty, 2000 and 2001 Combined Data

Specialty *	Number of Resp (N)	% Female	% Under-rep Minorities **	% IMG ***	% Temp Visa Holders ****
Primary Care	**780**	**49%**	**14%**	**9%**	**1%**
Family Practice	289	49%	20%	3%	0%
General Internal Medicine	280	39%	9%	15%	2%
General Pediatrics	186	63%	13%	7%	1%
IM and Peds - Combined	25	60%	16%	12%	0%
Obstetrics/Gynecology	**117**	**74%**	**9%**	**3%**	**2%**
Medicine Subspecialties	**201**	**33%**	**3%**	**28%**	**8%**
Cardiology	35	15%	0%	20%	3%
Gastroenterology	22	23%	0%	41%	5%
Geriatrics	26	62%	4%	24%	4%
Hematology/Oncology	26	38%	4%	27%	4%
Nephrology	26	35%	12%	31%	8%
Pulmonary Disease	28	41%	0%	14%	4%
General Surgery	**77**	**35%**	**17%**	**9%**	**4%**
Surgical Subspecialties	**226**	**17%**	**7%**	**4%**	**2%**
Ophthalmology	45	38%	9%	11%	2%
Orthopedics	72	6%	3%	1%	0%
Otolaryngology	27	19%	0%	0%	4%
Plastic Surgery	23	26%	0%	5%	5%
Urology	18	11%	17%	0%	0%
Facility Based	**329**	**29%**	**9%**	**20%**	**3%**
General Anesthesiology	113	19%	11%	29%	5%
Pathology	66	57%	8%	31%	2%
Radiology	150	25%	8%	9%	3%
Psychiatry	**120**	**45%**	**13%**	**29%**	**4%**
Adult Psychiatry	81	43%	13%	30%	5%
Child & Adolescent Psych	29	50%	14%	32%	4%
Other	**270**	**37%**	**9%**	**9%**	**3%**
Dermatology	35	56%	9%	3%	0%
Emergency Medicine	114	27%	12%	1%	1%
Neurology	32	31%	6%	35%	6%
Pediatric Subspecialties	36	56%	6%	22%	11%
Physical Medicine & Rehab	19	21%	11%	5%	0%
Total (All Specialties)	**2120**	**40%**	**11%**	**13%**	**3%**

*Specialties with small numbers of respondents are not shown but are included in subgroup totals and overall total.
**Under-represented minority includes Black/African American, Hispanic/Latino, and Native American.
***IMG = International (Foreign) Medical School Graduate.
****Temporary Visa Holder refers to respondents with temporary citizenship status. This includes J1 or J2 Exchange Visitors and H1, H2, or H3 Temporary Workers.

Exhibit 1-4. Percentage of Respondents who are Female by Specialty Group, 2000 and 2001 Combined Data

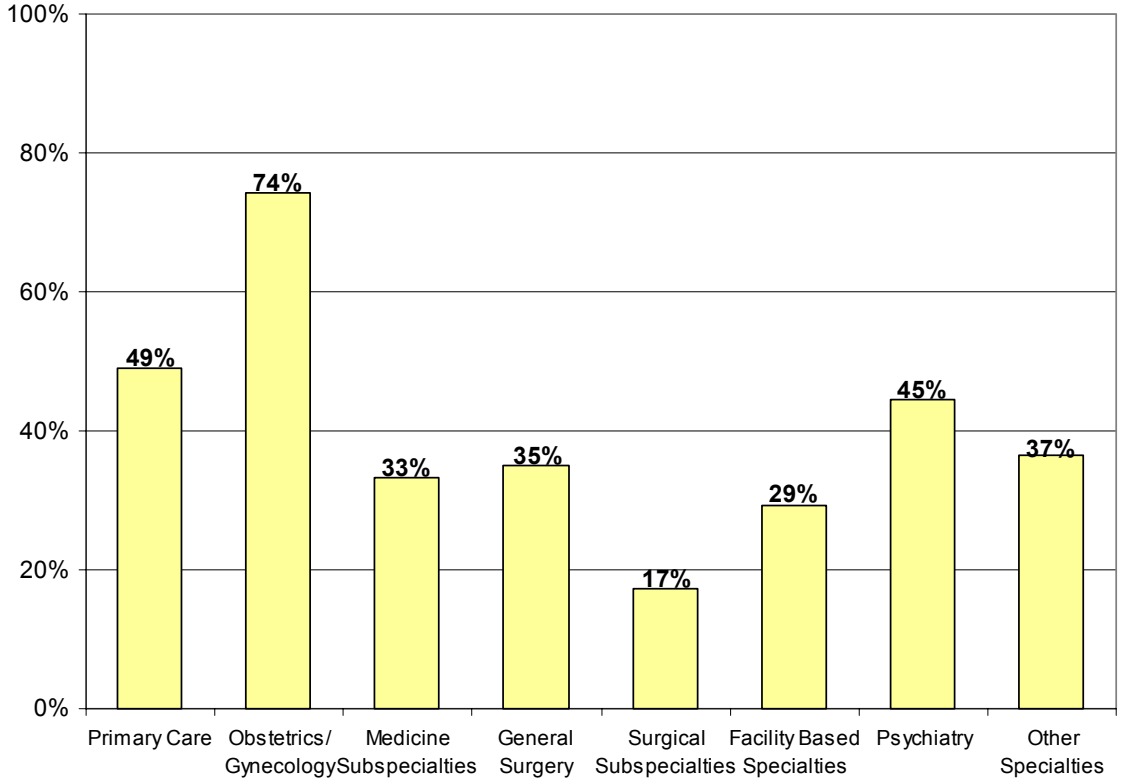


Exhibit 1-5. Percentage of Respondents who are Under-represented Minorities by Specialty Group, 2000 and 2001 Combined Data

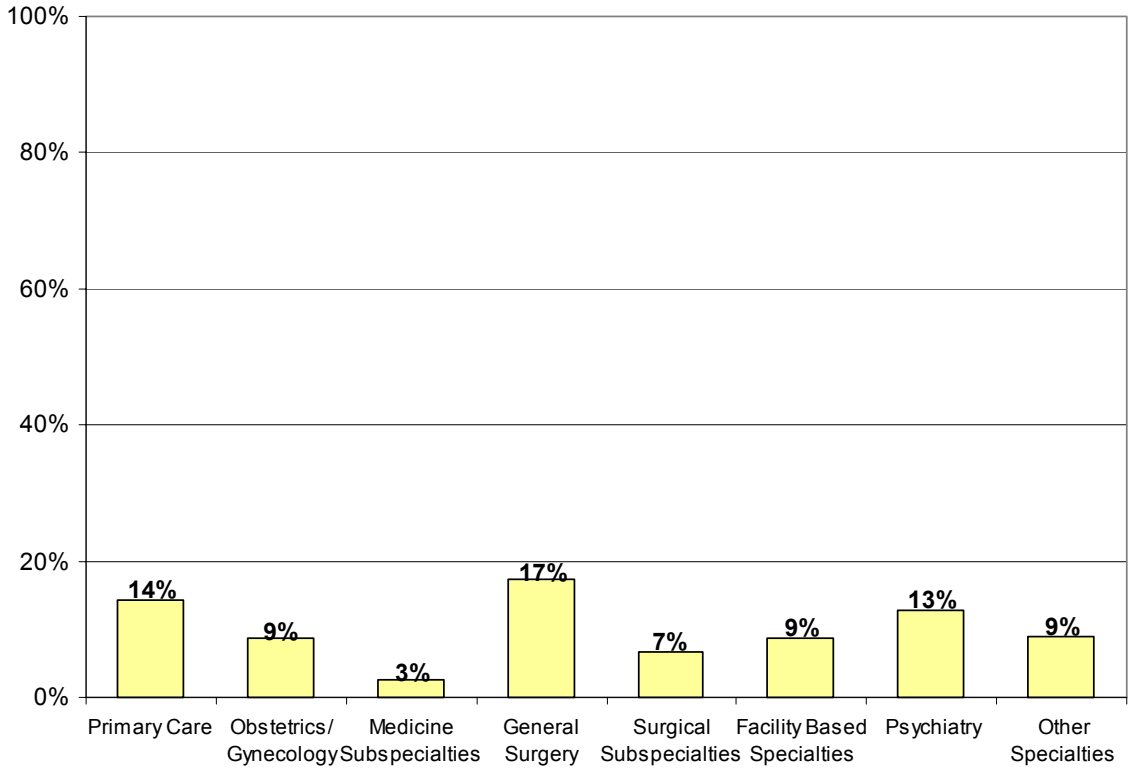


Exhibit 1-6. Percentage of Respondents who are IMGs by Specialty Group, 2000 and 2001 Combined Data

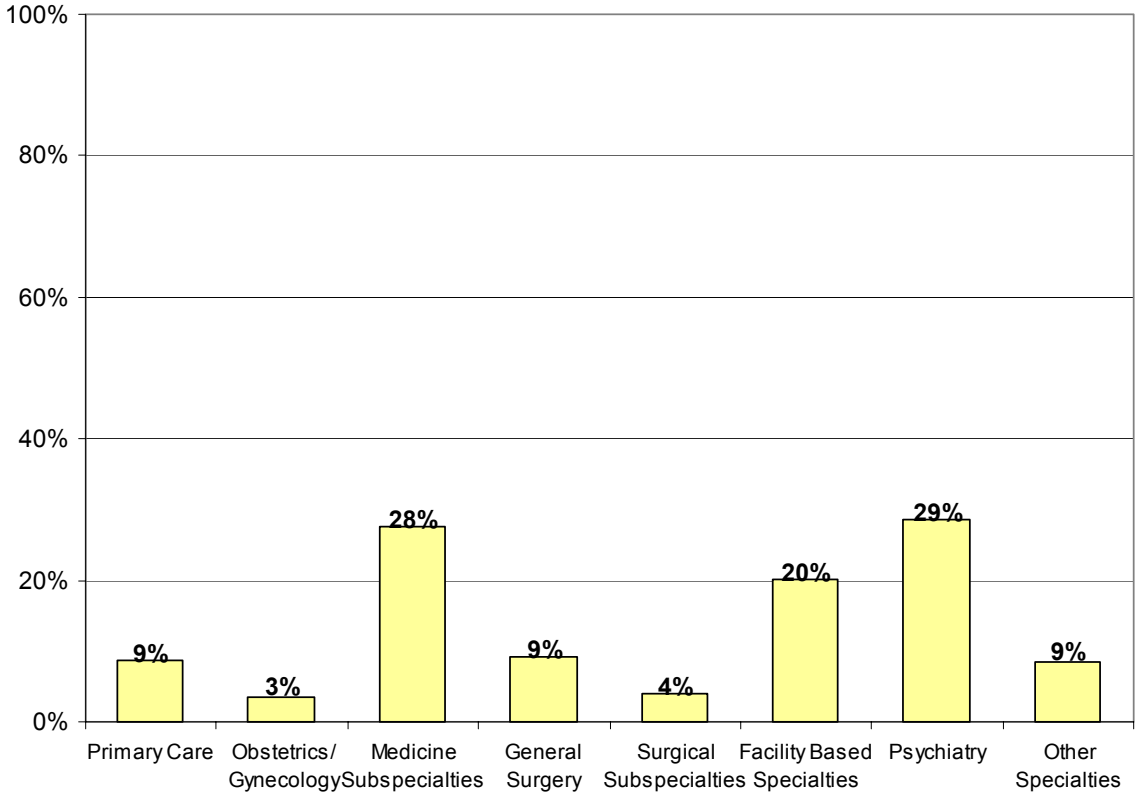


Exhibit 1-7. Percentage of Respondents who have Temporary Citizenship Status by Specialty Group, 2000 and 2001 Combined Data

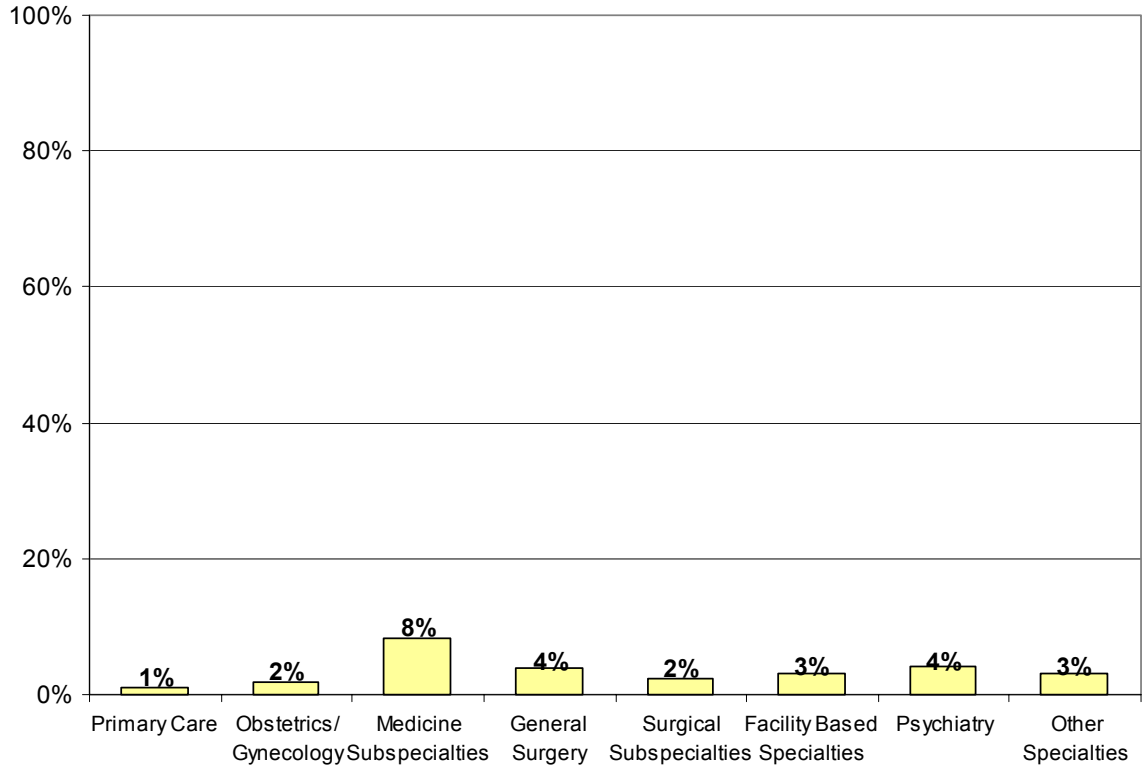
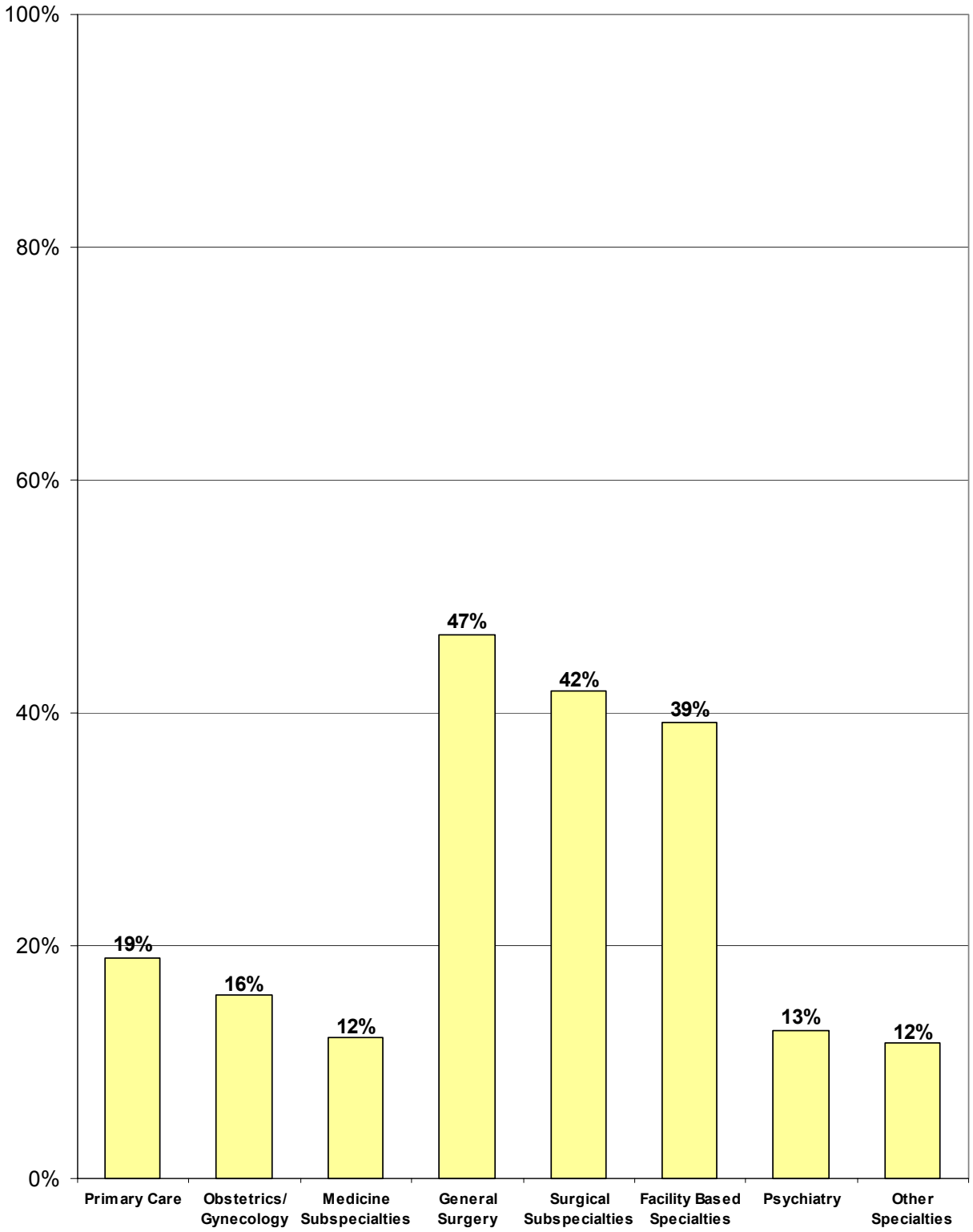


Exhibit 1-8. Primary Activity After Completion of Current Training Program by Specialty, 2000 and 2001 Combined Data

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**68%**	**19%**	**5%**	**3%**	**5%**
Family Practice	83%	7%	1%	4%	6%
General Internal Medicine	55%	31%	7%	2%	5%
General Pediatrics	66%	20%	7%	2%	5%
IM and Peds - Combined	72%	12%	8%	4%	4%
Obstetrics/Gynecology	**75%**	**15%**	**0%**	**3%**	**6%**
Medicine Subspecialties	**72%**	**12%**	**0%**	**9%**	**7%**
Cardiology	63%	34%	0%	0%	3%
Gastroenterology	77%	9%	0%	14%	0%
Geriatrics	58%	12%	0%	15%	15%
Hematology/Oncology	65%	4%	0%	23%	8%
Nephrology	85%	4%	0%	0%	12%
Pulmonary Disease	82%	7%	0%	7%	4%
General Surgery	**49%**	**47%**	**0%**	**4%**	**0%**
Surgical Subspecialties	**51%**	**41%**	**1%**	**2%**	**5%**
Ophthalmology	40%	56%	0%	0%	4%
Orthopedics	38%	56%	0%	0%	7%
Otolaryngology	59%	37%	0%	4%	0%
Plastic Surgery	65%	30%	0%	0%	4%
Urology	83%	17%	0%	0%	0%
Facility Based	**53%**	**39%**	**0%**	**2%**	**5%**
General Anesthesiology	73%	22%	0%	3%	2%
Pathology	45%	39%	0%	2%	14%
Radiology	42%	51%	0%	3%	4%
Psychiatry	**75%**	**13%**	**0%**	**5%**	**8%**
Adult Psychiatry	69%	15%	0%	6%	10%
Child & Adolescent Psych	90%	7%	0%	3%	0%
Other	**71%**	**11%**	**1%**	**10%**	**6%**
Dermatology	74%	11%	0%	11%	3%
Emergency Medicine	82%	7%	2%	5%	4%
Neurology	53%	34%	0%	9%	3%
Pediatric Subspecialties	56%	8%	0%	28%	8%
Physical Medicine & Rehab	79%	16%	0%	5%	0%
Total (All Specialties)	**65%**	**23%**	**2%**	**4%**	**6%**

Exhibit 1-9. Subspecialization Rates by Specialty Group, 2000 and 2001 Combined Data



SECTION II

Practice Plans of Respondents with Confirmed Plans to Enter Patient Care/Clinical Practice, 2000-2001

- Nearly two-thirds (65%) of the respondents had plans to enter patient care/clinical practice after completing their current training. Eighty-six percent (86%) of the respondents with plans to enter patient care/clinical practice had confirmed practice plans (i.e., they had accepted a job offer or would be self-employed).

- The specialties with the largest percentage of respondents with confirmed plans to enter patient care/clinical practice that planned to practice in California were Child and Adolescent Psychiatry (100%), Geriatrics (93%), Adult Psychiatry (92%), and Physical Medicine and Rehabilitation (92%).

- Respondents with confirmed plans to enter patient care/clinical practice were very likely to remain in California (78%). About one-in-five of the respondents with plans to enter patient care/clinical practice were planning to practice outside the state of California, and 1% planned to practice outside the United States.

- The specialties with the largest percentage of respondents with confirmed plans to practice outside of California but in the United States were Orthopedics (52%), Pediatric Subspecialties (36%), Radiology (28%) and Emergency Medicine (28%).

- Respondents in Primary Care specialties (83%) were more likely to have confirmed plans to practice in California than those in Non-Primary Care specialties (76%).

- Only nine of the twenty-seven specialties had any respondents with confirmed plans to practice outside the United States: Family Practice (1%), General Pediatrics (2%), Gastroenterology (6%), Nephrology (6%), Orthopedics (4%), Otolaryngology (6%), Plastic Surgery (8%), General Anesthesiology (3%), and Radiology (4%).

- Respondents with confirmed plans were most likely to indicate that they were entering practice in a group setting (49%). Respondents were 3 times more likely to enter a group practice as an employee (37%) than as an owner/partner (12%).

- Five percent (5%) of the respondents with confirmed plans stated that they were entering solo practice and seven percent (7%) planned to enter partnerships in a two physician practice.

- Hospital practice settings were the second most likely practice setting for respondents with confirmed plans (16%).

- Five percent (5%) of respondents with confirmed plans had plans to practice in health centers/clinics, eleven percent (11%) were entering practice in an HMO, and six percent (6%) were entering practice in other settings.

- Plastic Surgery (70%) respondents were the most likely to have confirmed plans to enter practice with some level of ownership (i.e., those entering solo practice, partnerships, or group practice as an owner/partner). Ophthalmology respondents were the second most likely to enter practice with some level of ownership (64%).

- Suburban (35%) and other areas (i.e., non-inner city) in major cities (34%) were the most common locations for practice. The percentage of respondents with confirmed plans to enter practice in the inner city was 16%, while the percentage of respondents planning to practice in rural areas was 4%.

- A higher percentage of Primary Care physicians (7%) reported plans to practice in a rural community than Non-Primary Care physicians (3%). About half of the specialties (13) had no respondents with plans to enter practice in a rural area. Rural communities have too few residents to support physicians in some specialties.

- Seven percent (7%) of respondents reported that they would be practicing in a federally designated Health Professional Shortage Areas. Respondents from Family Practice (21%) and Internal Medicine and Pediatrics – Combined (20%) were the most likely to have confirmed plans to enter practice in federally designated Health Professional Shortage Areas.

- The median starting annual income for all respondents with confirmed plans was $128,300. The mean annual starting income was $137,400.

- Primary Care specialties ($112,000) had the lowest median starting income of all the specialty groupings. Facility based specialties ($172,900) had the highest median starting income. Overall, Primary Care physicians reported incomes well below those of Non-Primary Care physicians ($158,400).

- The specialties with the highest median starting incomes were General Anesthesiology ($193,300), Orthopedics ($188,600), Cardiology ($176,700), and Emergency Medicine ($175,500).

- General Pediatrics ($98,500), Adult Psychiatry ($109,100), Family Practice ($111,300), and Pediatric Subspecialties ($112,700) had the lowest median starting incomes.

- Respondents from California had slightly higher median starting incomes than respondents from New York State. Primary Care respondents from California had a median starting income of $113,200 in 2001, while that of Primary Care respondents from New York was $109,500. Non-Primary Care respondents from California also had higher median starting incomes than New York respondents in 2001, $158,400 compared to $149,700.

Exhibit 2-1. Percentage of Respondents with Confirmed Plans to Enter Patient Care/Clinical Practice and Practice Location by Specialty, 2000 and 2001 Combined Data

Specialty	Number with Confirmed Practice Plans	PRACTICE LOCATION Within California	Other State	Outside U.S.
Primary Care	**433**	**83%**	**16%**	**1%**
Family Practice	201	79%	20%	1%
General Internal Medicine	121	90%	10%	0%
General Pediatrics	96	82%	16%	2%
IM and Peds - Combined	15	87%	13%	0%
Obstetrics/Gynecology	**78**	**73%**	**27%**	**0%**
Medicine Subspecialties	**125**	**81%**	**18%**	**2%**
Cardiology	19	84%	16%	0%
Gastroenterology	16	69%	25%	6%
Geriatrics	14	93%	7%	0%
Hematology/Oncology	16	81%	19%	0%
Nephrology	18	78%	17%	6%
Pulmonary Disease	19	78%	22%	0%
General Surgery	**31**	**73%**	**27%**	**0%**
Surgical Subspecialties	**105**	**65%**	**31%**	**4%**
Ophthalmology	14	79%	21%	0%
Orthopedics	25	44%	52%	4%
Otolaryngology	16	81%	13%	6%
Plastic Surgery	12	75%	17%	8%
Urology	15	73%	27%	0%
Facility Based	**157**	**72%**	**24%**	**3%**
General Anesthesiology	68	74%	24%	3%
Pathology	25	80%	20%	0%
Radiology	53	68%	28%	4%
Psychiatry	**83**	**95%**	**5%**	**0%**
Adult Psychiatry	52	92%	8%	0%
Child & Adolescent Psych	23	100%	0%	0%
Other	**171**	**74%**	**25%**	**1%**
Dermatology	24	75%	25%	0%
Emergency Medicine	87	72%	28%	0%
Neurology	16	81%	19%	0%
Pediatric Subspecialties	15	64%	36%	0%
Physical Medicine & Rehab	12	92%	8%	0%
Total (All Specialties)	**1183**	**78%**	**20%**	**1%**

Exhibit 2-2. Location of Upcoming Practice, 2000 and 2001 Combined Data

(for Respondents with Confirmed Practice Plans)

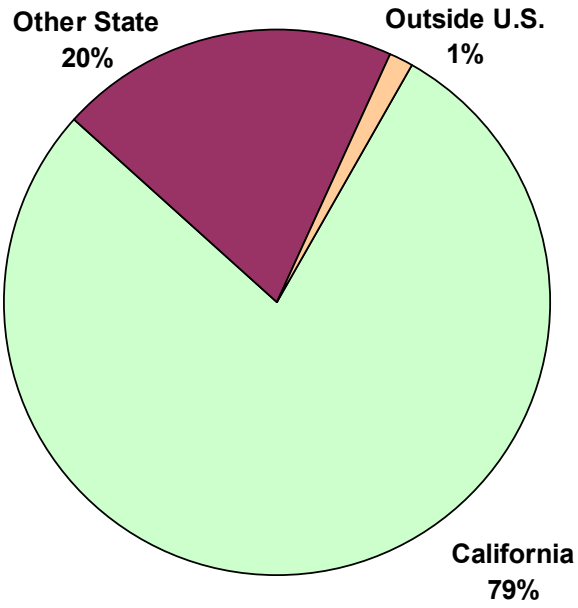


Exhibit 2-3. Percentage of Respondents Entering Practice within California (i.e., In-State Retention) by Specialty Group, 2000 and 2001 Combined Data

(for Respondents with Confirmed Practice Plans)

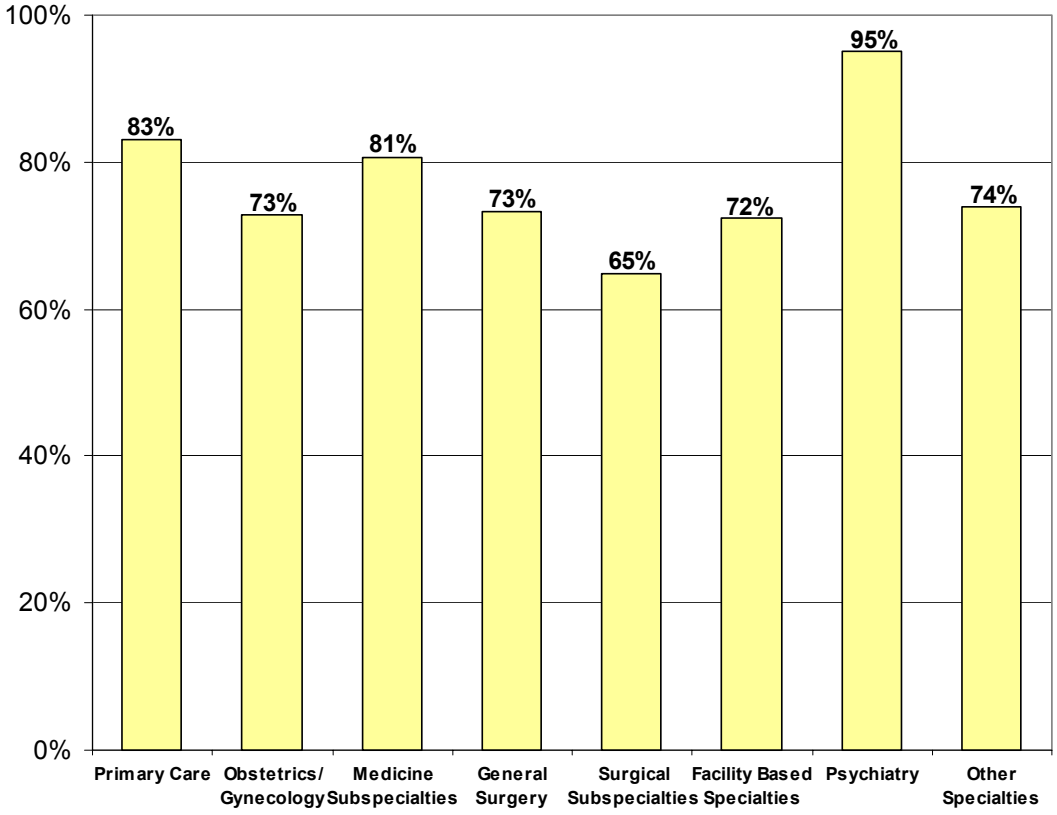


Exhibit 2-4. Rank of In-State Retention Rates by Specialty, 2000 and 2001 Combined Data

(for Respondents with Confirmed Practice Plans)

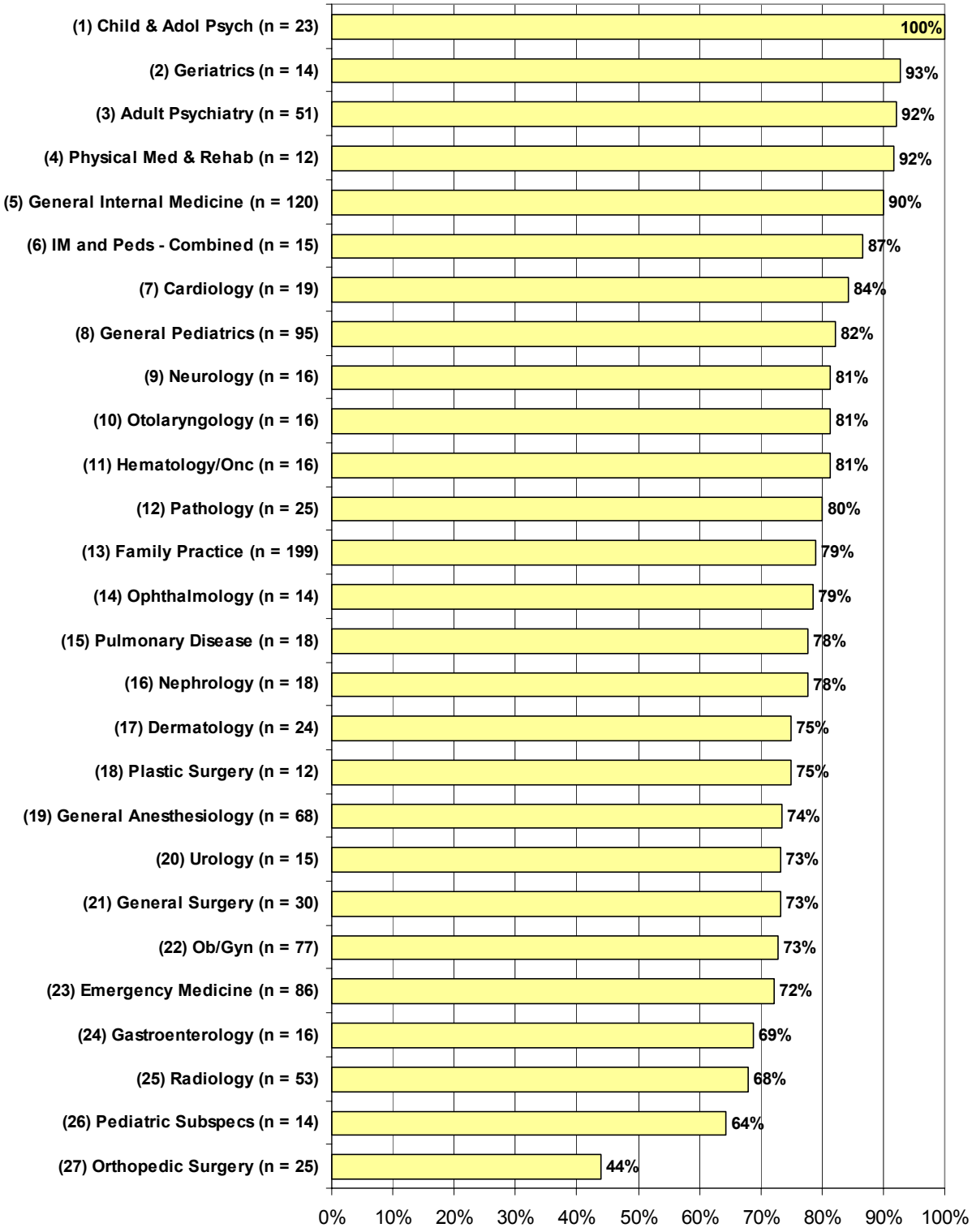


Exhibit 2-5. Practice Setting of Respondent's Upcoming Principal Practice by Specialty, 2000 and 2001 Combined Data
(for Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partner-ship (2 Person)	GROUP PRACTICE As Owner/ Partner	GROUP PRACTICE As Em-ployee	Hos-pital	Hlth Ctr/ Clinic	HMO	Other
Primary Care	**3%**	**5%**	**8%**	**43%**	**15%**	**7%**	**13%**	**7%**
Family Practice	4%	3%	7%	48%	5%	11%	12%	11%
Internal Medicine-General	3%	5%	10%	36%	25%	3%	17%	2%
Pediatrics-General	2%	8%	7%	38%	22%	7%	10%	6%
IM & Peds (Combined)	7%	0%	7%	64%	21%	0%	0%	0%
Obstetrics/Gynecology	**4%**	**11%**	**8%**	**47%**	**4%**	**3%**	**19%**	**4%**
Internal Medicine Specs	**9%**	**8%**	**8%**	**45%**	**9%**	**2%**	**9%**	**10%**
Cardiology	6%	0%	13%	63%	6%	6%	6%	0%
Gastroenterology	7%	14%	14%	43%	7%	0%	0%	14%
Geriatrics	7%	7%	0%	21%	7%	7%	14%	36%
Hematology/Oncology	6%	13%	6%	44%	19%	0%	13%	0%
Nephrology	6%	6%	13%	50%	0%	0%	13%	13%
Pulmonary Disease	6%	0%	12%	47%	18%	0%	12%	6%
Surgery-General	**7%**	**7%**	**10%**	**43%**	**10%**	**0%**	**13%**	**10%**
Surgical Subspecialties	**6%**	**19%**	**18%**	**29%**	**8%**	**2%**	**11%**	**7%**
Ophthalmology	7%	36%	21%	21%	7%	0%	0%	7%
Orthopedics	9%	9%	26%	26%	9%	4%	13%	4%
Otolaryngology	7%	13%	7%	27%	7%	7%	20%	13%
Plastic Surgery	10%	40%	20%	10%	20%	0%	0%	0%
Urology	0%	20%	20%	27%	0%	0%	27%	7%
Facility Based	**2%**	**5%**	**26%**	**40%**	**13%**	**0%**	**9%**	**6%**
Anesthesiology-General	2%	5%	25%	54%	13%	0%	0%	2%
Pathology	0%	0%	24%	24%	16%	0%	20%	16%
Radiology	0%	8%	35%	31%	10%	0%	12%	4%
Psychiatry	**19%**	**0%**	**3%**	**8%**	**27%**	**31%**	**4%**	**9%**
Adult Psychiatry	18%	0%	4%	2%	32%	32%	4%	8%
Child & Adolescent Psych	19%	0%	0%	19%	14%	33%	5%	10%
Other	**4%**	**9%**	**15%**	**31%**	**32%**	**0%**	**8%**	**2%**
Dermatology	0%	27%	14%	45%	9%	0%	5%	0%
Emergency Medicine	1%	1%	20%	24%	48%	0%	4%	1%
Neurology	14%	21%	0%	43%	7%	0%	14%	0%
Pediatric Subspecialties	0%	0%	0%	23%	46%	0%	15%	15%
Physical Medicine & Rehab	18%	9%	27%	9%	9%	0%	27%	0%
Total (All Specialties)	**5%**	**7%**	**12%**	**37%**	**16%**	**5%**	**11%**	**6%**

Exhibit 2-6. Practice Setting of Respondent's Upcoming Principal Practice, 2000 and 2001 Combined Data
(for Respondents with Confirmed Practice Plans)

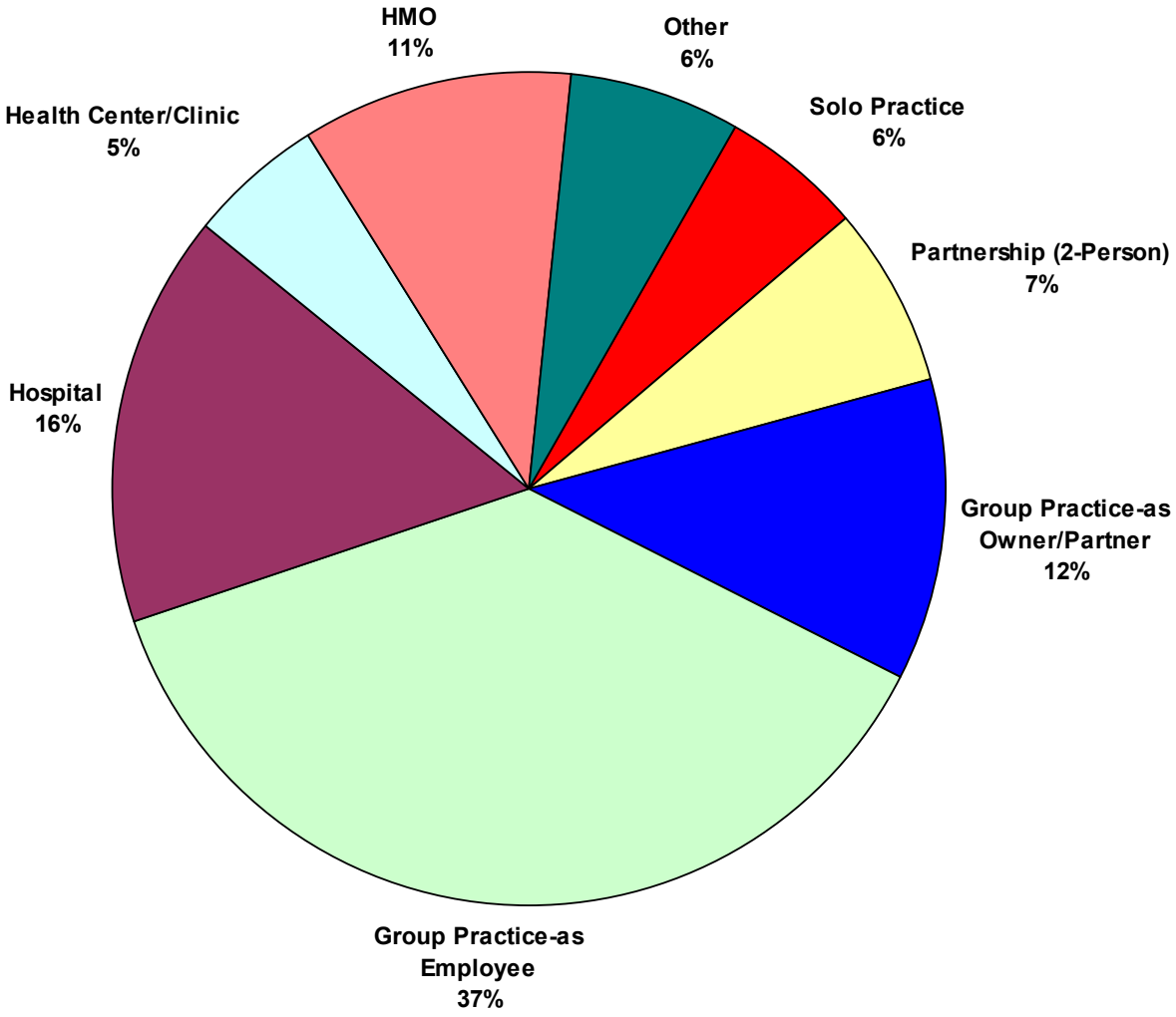


Exhibit 2-7. Demographics of Practice Location and Percentage of Respondents Entering Practice in a Federal HPSA by Specialty, 2000 and 2001 Combined Data

Specialty	Demographics of Practice Location: Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA
Primary Care	**13%**	**33%**	**35%**	**12%**	**7%**	**13%**
Family Practice	10%	25%	31%	20%	13%	21%
Internal Medicine-General	15%	45%	33%	5%	1%	3%
Pediatrics-General	13%	34%	46%	3%	3%	7%
IM & Peds (Combined)	20%	33%	27%	13%	7%	20%
Obstetrics/Gynecology	**8%**	**26%**	**49%**	**12%**	**4%**	**3%**
Internal Medicine Specs	**20%**	**42%**	**28%**	**5%**	**4%**	**6%**
Cardiology	22%	44%	28%	6%	0%	6%
Gastroenterology	0%	64%	29%	7%	0%	0%
Geriatrics	29%	36%	21%	7%	7%	7%
Hematology/Oncology	7%	40%	40%	0%	13%	13%
Nephrology	29%	35%	24%	12%	0%	6%
Pulmonary Disease	24%	35%	35%	6%	0%	0%
Surgery-General	**17%**	**24%**	**45%**	**10%**	**3%**	**4%**
Surgical Subspecialties	**11%**	**32%**	**42%**	**12%**	**3%**	**5%**
Ophthalmology	7%	43%	43%	7%	0%	0%
Orthopedics	22%	17%	30%	22%	9%	13%
Otolaryngology	0%	27%	60%	13%	0%	13%
Plastic Surgery	9%	55%	27%	9%	0%	0%
Urology	0%	40%	60%	0%	0%	0%
Facility Based	**18%**	**34%**	**35%**	**12%**	**1%**	**3%**
Anesthesiology-General	18%	40%	31%	9%	2%	3%
Pathology	24%	36%	20%	20%	0%	8%
Radiology	10%	23%	50%	15%	2%	0%
Psychiatry	**28%**	**38%**	**19%**	**10%**	**4%**	**5%**
Adult Psychiatry	39%	35%	14%	10%	2%	6%
Child & Adolescent Psych	14%	50%	18%	14%	5%	5%
Other	**18%**	**36%**	**37%**	**8%**	**1%**	**1%**
Dermatology	0%	23%	55%	23%	0%	0%
Emergency Medicine	21%	38%	31%	8%	1%	0%
Neurology	31%	31%	31%	6%	0%	6%
Pediatric Subspecialties	21%	64%	14%	0%	0%	0%
Physical Medicine & Rehab	17%	33%	50%	0%	0%	0%
Total (All Specialties)	**16%**	**34%**	**35%**	**11%**	**4%**	**7%**

Exhibit 2-8. Demographics of Practice Location, 2000 and 2001 Combined Data

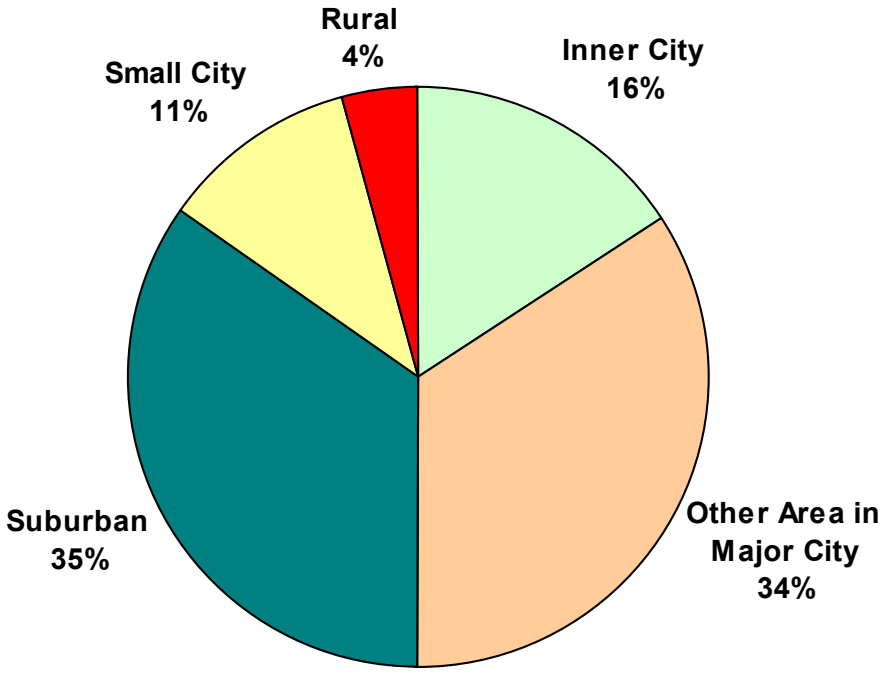


Exhibit 2-9. Percentage of Respondents who are Entering Practice in a Federal HPSA by Specialty Group, 2000 and 2001 Combined Data

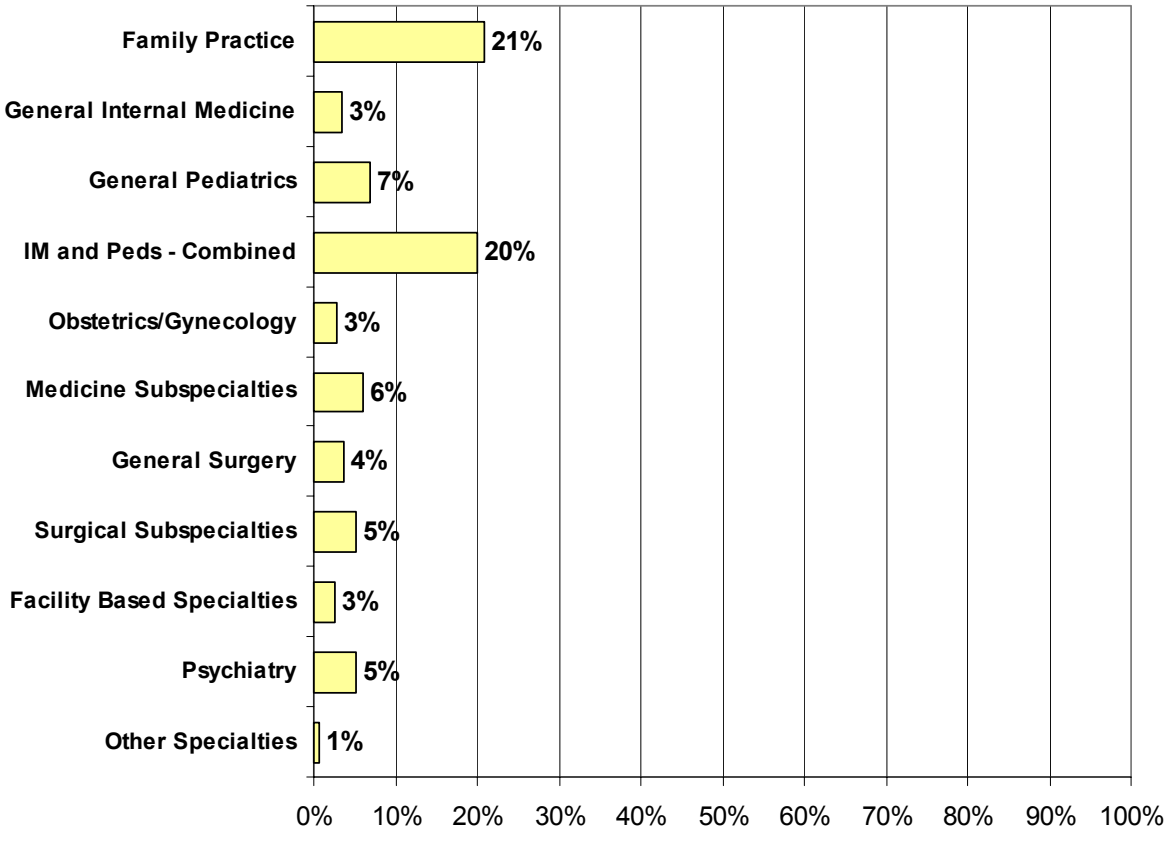


Exhibit 2-10. Descriptive Statistics for Starting Income by Specialty, 2000 and 2001 Combined Data

(for Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 27)	MEDIAN	RANK (of 27)
Primary Care	**408**	**$109,500**	N/A	**$112,000**	N/A
Family Practice	190	$109,400	26	$111,300	25
Internal Medicine-General	116	$118,400	22	$120,600	22
Pediatrics-General	87	$96,400	27	$98,500	27
IM & Peds (Combined)	15	$118,000	23	$117,500	23
Obstetrics/Gynecology	**74**	**$161,700**	**7**	**$163,300**	**9**
Internal Medicine Specs	**116**	**$143,000**	N/A	**$136,400**	N/A
Cardiology	16	$177,600	3	$176,700	3
Gastroenterology	14	$152,800	10	$148,200	11
Geriatrics	14	$123,300	20	$122,200	21
Hematology/Oncology	16	$158,500	8	$168,300	7
Nephrology	17	$134,000	17	$136,100	16
Pulmonary Disease	17	$144,800	13	$147,200	12
Surgery-General	**28**	**$147,600**	**12**	**$139,600**	**14**
Surgical Subspecialties	**95**	**$164,800**	N/A	**$169,600**	N/A
Ophthalmology	14	$123,300	20	$124,900	20
Orthopedics	21	$198,600	1	$188,600	2
Otolaryngology	15	$156,000	9	$165,000	8
Plastic Surgery	11	$148,400	11	$151,200	10
Urology	15	$164,500	6	$171,800	6
Facility Based	**142**	**$173,000**	N/A	**$172,900**	N/A
Anesthesiology-General	62	$186,100	2	$193,300	1
Pathology	24	$134,900	16	$133,700	17
Radiology	47	$174,700	4	$173,900	5
Psychiatry	**76**	**$122,500**	N/A	**$118,400**	N/A
Adult Psychiatry	47	$112,700	25	$109,100	26
Child & Adolescent Psych	22	$142,200	14	$141,600	13
Other	**158**	**$150,500**	N/A	**$154,700**	N/A
Dermatology	20	$132,100	18	$131,200	18
Emergency Medicine	83	$170,200	5	$175,500	4
Neurology	16	$128,300	19	$128,400	19
Pediatric Subspecialties	14	$113,300	24	$112,700	24
Physical Medicine & Rehab	12	$137,700	15	$137,800	15
Total (All Specialties)	**1097**	**$137,400**	N/A	**$128,300**	N/A

Exhibit 2-11. Median Starting Income (in $1,000s) by Survey Year and Specialty Group, 2000 and 2001

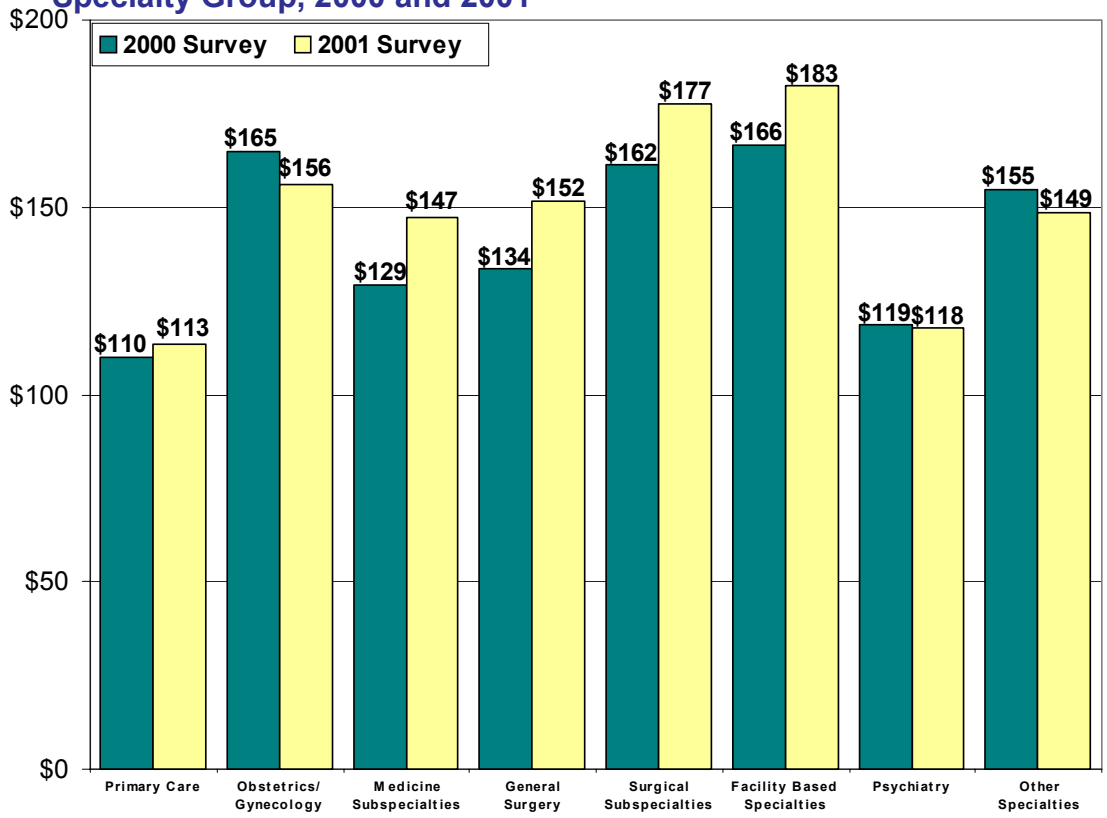


Exhibit 2-12. Median Starting Income in Primary Care and Non-Primary Care Specialties by Survey Year for NY and CA, 2000 and 2001

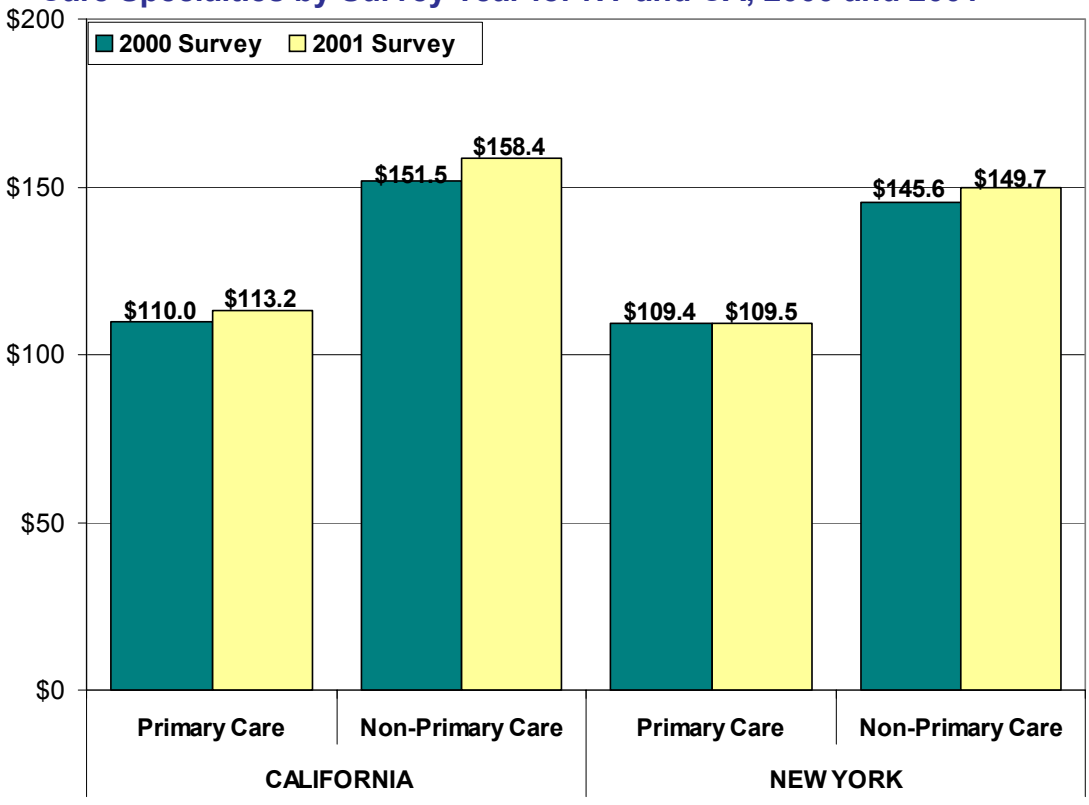
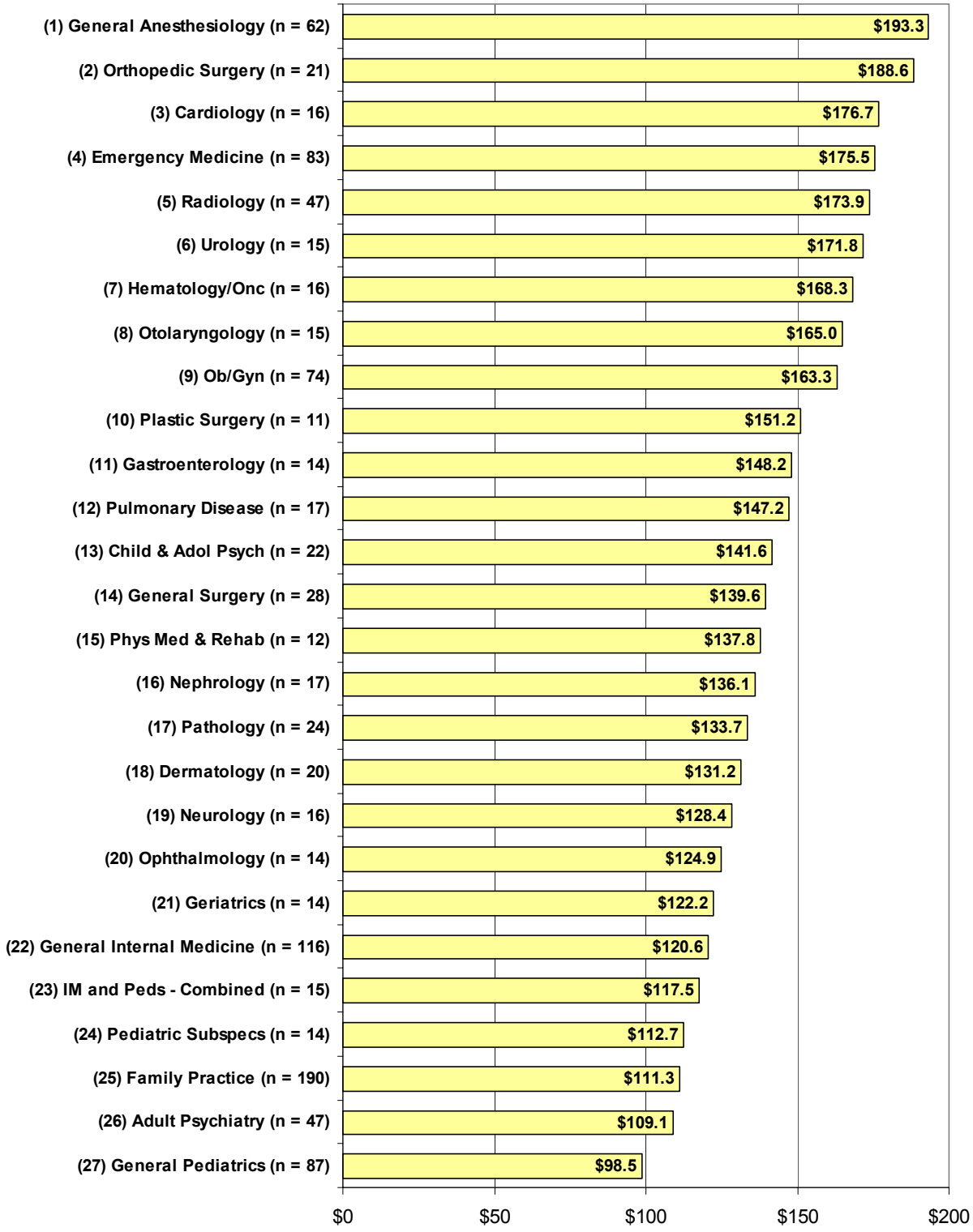


Exhibit 2-13. Rank of Median Starting Income by Specialty, 2000 and 2001 Combined Data

(for Respondents with Confirmed Practice Plans)



SECTION III

Job Market Experiences and Perceptions of Respondents Who Have Searched for a Job (Excludes IMGs with Temporary Citizenship Status), 2000-2001

- About one-quarter (24%) of the California respondents reported difficulty finding a satisfactory practice position. A higher percentage of New York respondents reported difficulty finding a satisfactory practice position (32%).

- IM and Peds – Combined (44%), Pathology (42%), Ophthalmology (38%), and General Pediatrics (36%) had the largest percentages of California respondents indicating they had difficulty finding a satisfactory practice position.

- The specialties that had the lowest percentages of California respondents reporting difficulty finding a satisfactory practice position were Nephrology (5%), General Anesthesiology (6%), Urology (7%), and Adult Psychiatry (9%).

- There was a high degree of correlation in the ranks of specialties in California versus the ranks of corresponding specialties in New York for the percentage of respondents with difficulty finding a satisfactory practice position. Several specialties (including Family Practice, Pathology, Neurology, Ob/Gyn, Orthopedics, and General Anesthesiology had the same or nearly equal ranks on this variable for New York and California.

- Specialties with the greatest discrepancy in the rank of the percentage of respondents having difficulty finding a satisfactory practice position (measured as the difference between the rank for California and the rank for New York) were Nephrology (rank of 1 in CA versus 14 in NY), Hematology/Oncology (5 in CA versus 16 in NY), Plastic Surgery (17 in CA versus 27 in NY), and Radiology (13 in CA versus 3 in NY).

- The most common reasons provided for difficulty finding a satisfactory practice position were the lack of jobs in desired locations (43%), overall lack of jobs (21%), and lack of jobs in desired settings (15%).

- New York respondents had higher percentages of respondents reporting difficulty finding a satisfactory practice position in 2001 for both Primary Care (44% in New York versus 29% in California) and Non-Primary Care (23% in New York versus 19% in California).

- Fourteen percent (14%) of California respondents indicated they had to change their plans due to limited practice opportunities. New York was slightly higher, with 17% of the respondents stating that they had to change plans due to limited practice opportunities.

- California respondents from Primary Care specialties (18%) were more likely to report having to change plans due to limited practice opportunities than were their colleagues in Non-Primary Care specialties (12%).

- California respondents from Psychiatry (5%) and Obstetrics/Gynecology (7%) were least likely to have to change plans due to limited practice opportunities.

- In California, the individual specialties with the highest percentage of respondents who had to change plans due to limited practice opportunities were IM and Peds – Combined (35%), Pathology (32%), Plastic Surgery (27%), and Otolaryngology (22%).

- The specialties with the fewest respondents reporting that they had to change plans due to limited practice opportunities were Child and Adolescent Psychiatry (0%), General Anesthesiology (3%), Nephrology (5%), Gastroenterology (5%), and Adult Psychiatry (5%).

- The largest differences in the percentages of respondents indicating they had to change plans due to limited practice opportunities between California and New York were Child and Adolescent Psychiatry, General Internal Medicine, and Nephrology.

- The only specialty grouping that had a large change in the percentage of respondents reporting that they had to change plans due to limited practice opportunities between 2000 and 2001 was General Surgery (6% in 2000 and 22% in 2001).

- California had lower percentages of respondents who indicated that they had to change plans due to limited practice opportunities than New York in 2001 for both Primary Care (18% versus 24%) and Non-Primary Care (12% versus 14%).

- The mean number of job offers received by all California respondents was 3.47, slightly less than New York respondents (3.68).

- In California, Psychiatry respondents received the most job offers of any specialty grouping (mean of 4.73). Primary care (2.75), Obstetrics/Gynecology (3.15), and General Surgery (3.15) had the lowest mean number of job offers.

- In California, Child and Adolescent Psychiatry (6.32), Gastroenterology (6.17), Hematology (5.14), and Dermatology (5.14) had the highest mean number of job offers.

- Pathology (2.03), General Pediatrics (2.24), and Geriatrics (2.53) were the specialties in California that reported the receiving the fewest (i.e., lowest mean number of) job offers.

- New York respondents received more job offers than did California respondents for both Primary Care (2.76 versus 2.57) and Non-Primary Care (4.21 versus 4.04).

- Among all California respondents, the mean likert score for respondents' assessments of the job market within 50 miles of the site at which they trained (i.e., assessment of the regional job market) was 0.81 (with +2 indicating "Many Jobs" and –2 indicating "No Jobs"). New York was slightly lower with a mean likert score of 0.77.

- In California, the specialties with the highest assessment of the regional job market were Child and Adolescent Psychiatry (1.72), Adult Psychiatry (1.59), General Anesthesiology (1.49), and Pulmonary Disease (1.21).

- The specialties that had the lowest mean assessment of the regional job market, based on California respondents, were Plastic Surgery (-0.86), Pediatric Subspecialties (-0.36), Neurology (0.32), and Pathology (0.38).

- Primary Care respondents from California gave a more positive assessment of the regional job market than did their counterparts in New York (0.88 versus 0.44 in 2001). However, New York respondents gave a more positive assessment of the regional job market for Non-Primary Care specialties than did California respondents (1.01 versus 0.76 in 2001).

- California respondents gave a slightly higher assessment of the national job market (again, using a likert scale with +2 indicating "Many Jobs" and –2 indicating "No Jobs") than New York respondents (mean likert score of 1.54 versus 1.47).

- Among all California respondents, Child and Adolescent Psychiatry (1.96), Urology (1.93), General Anesthesiology (1.89), and Gastroenterology (1.84) had the highest scores on the national job market assessment scale.

- Plastic Surgery (0.43), Pathology (0.86), Ophthalmology (1.07), and Pediatric Subspecialties (1.20) had the lowest scores on the national job market assessment scale for California respondents.

- Respondents in California had a higher mean assessment of the national job market for Primary Care specialties than respondents from New York (1.48 versus 1.36). New York respondents had a higher mean assessment of the national job market for Non-Primary Care specialties than respondents from California (1.60 versus 1.55).

Assessment of Demand by Specialty

One of the primary objectives of the Resident Exit Survey is to assess the job market for new physicians by specialty. By surveying physicians as they complete residency training and asking a series of questions pertaining to their experiences in searching for a practice position and impressions of the job market in general, it is possible to measure the demand for new physicians, by specialty. The following survey items are considered indicators of demand and are used to measure demand:

- percentage of graduates reporting difficulty finding a satisfactory practice position (i.e., "% with difficulty");

- percentage of graduates having to change plans due to limited practice opportunities (i.e., "% having to change plans");

- mean number of job offers received by graduates (i.e., "# of job offers");

- mean likert score for graduates' assessments of the job market for their specialty within 50 miles of the location in which they trained (i.e., "regional job market");
- mean likert score for graduates' assessments of the job market for their specialty in the nation (i.e., "national job market").

For questions asking graduates to give their assessment of the regional and national job market, the following likert scale (i.e., point system) was used: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, "No Jobs" = -2.

Income is often used as an indicator of demand. However, income for physicians in various specialties in a given year tends to reflect historical reimbursement rates rather than demand. Therefore, a snapshot of starting income for physicians may not provide a useful measure of demand. However, by conducting the survey on an annual basis, trends in starting income may be analyzed. These trends in starting income are driven by market factors and can provide an important indicator useful in assessing demand. Given that this was the second year the survey was conducted in California, there were not enough data points available to compute a trend. This measure will be useful in future years.

While none of the indicators listed above provides a perfect measure of demand, taken together these variables can provide a good picture of relative demand by specialty. In order to synthesize the information provided by each demand indicator into a composite measure of demand, a ranking methodology was employed. For each demand indicator, specialties were ranked according to where they stood relative to one another (with #1 ranking best and #27 being worst). A demand score was then computed by taking the mean of the ranks scored by each specialty on each of the demand indicators.

There was a high degree of correlation between the "% with difficulty" variable and the "% having to change plans" variable (i.e., a respondent reporting difficulty was much more likely to report having to change plans). There was also a high degree of correlation between respondents' assessments of the "regional job market" and "national job market." For these reasons, the "job offers" variable was double-weighted in computing a composite measure of demand.

Highlights

Exhibit 3-21 is a plot of the mean of the ranks (i.e., demand scores) of each specialty to illustrate the relative demand for 27 specialties in California. These are based on responses to both the 2000 and 2001 California Exit Surveys. Exhibit 3-22 is a plot of relative demand for 25 specialties in New York and is based on responses to the 1998 through 2001 New York Exit Surveys with the highest weight given to graduates of 2001. Exhibit 3-23 is a scatter plot of the demand scores for specialties in New York vs. California for 24 specialties.

Please note that the Exit Survey **cannot** be used to measure absolute demand (i.e., it cannot be used to determine the number of physicians a given population can support), nor can it be used to measure need (i.e., it cannot be used to determine the appropriate number of physicians necessary to serve a given population). Instead, it is used to measure the demand for each specialty relative to other specialties against which it is compared.

- Currently, Child and Adolescent Psychiatry (average rank of 1.0 out of 27 where 1 indicates strongest demand and 27 is weakest), General Anesthesiology (3.3), and Gastroenterology (4.0) are specialties experiencing the strongest demand. In addition, Adult Psychiatry (6.0), Hematology/Oncology (6.5), and Urology (7.3) are also experiencing very good demand.

- Pathology (26.3), General Pediatrics (24.0), Pediatric Subspecialties (23.5), and IM and Peds-Combined (23.8) are seeing the weakest relative demand. Geriatrics (21.5) and Ophthalmology (21.5) are also experiencing relatively soft demand.

- The demand for Primary Care graduates is weak relative to most specialists. In addition to the weak demand for Pediatrics and IM and Peds - Combined mentioned earlier, General Internal Medicine (17.3) and Family Practice (18.5) are also among the weaker half among the 27 specialties.

- Despite the fact that California and New York are very different in terms of the characteristics of there respective physician supply, citizen population, GME and means of providing and paying for services, there is a high degree of correlation between the demand for various specialties in these two states ($r^2 = 0.74$).

Exhibit 3-1. Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position, 2000 and 2001 Combined Data
(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded*)

Specialty	California Respondents	RANK (of 27)	New York State Respondents	RANK (of 27)
Primary Care	**31%**	N/A	**47%**	N/A
Family Practice	30%	21	42%	21
Internal Medicine-General	27%	18	53%	25
Pediatrics-General	36%	24	43%	22
IM & Peds (Combined)	44%	27	35%	18
Obstetrics/Gynecology	**22%**	14	**32%**	15
Internal Medicine Specialties	**19%**	N/A	**25%**	N/A
Cardiology	15%	6	21%	10
Gastroenterology	16%	7	14%	5
Geriatrics	35%	23	41%	20
Hematology/Oncology	10%	5	32%	16
Nephrology	5%	1	28%	14
Pulmonary Disease	23%	15	24%	12
Surgery-General	**26%**	16	**44%**	23
Surgical Subspecialties	**22%**	N/A	**25%**	N/A
Ophthalmology	38%	25	34%	17
Orthopedics	16%	7	19%	8
Otolaryngology	28%	19	25%	13
Plastic Surgery	27%	17	71%	27
Urology	7%	3	15%	6
Facility Based	**19%**	N/A	**17%**	N/A
Anesthesiology-General	6%	2	9%	1
Pathology	42%	26	57%	26
Radiology	21%	13	10%	3
Psychiatry	**13%**	N/A	**18%**	N/A
Adult Psychiatry	9%	4	17%	7
Child & Adolescent Psych	19%	12	21%	11
Other	**20%**	N/A	**21%**	N/A
Dermatology	17%	10	11%	4
Emergency Medicine	18%	11	9%	2
Neurology	17%	9	20%	9
Pediatric Subspecialties	30%	22	35%	19
Physical Medicine & Rehab	29%	20	48%	24
Total (All Specialties)	**24%**	N/A	**32%**	N/A

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

Exhibit 3-2. Main Reason for Difficulty Finding a Satisfactory Practice Position, 2000 and 2001 Combined Data

(of Respondents who Reported Having Difficulty, IMGs on Temp Visas Excluded)

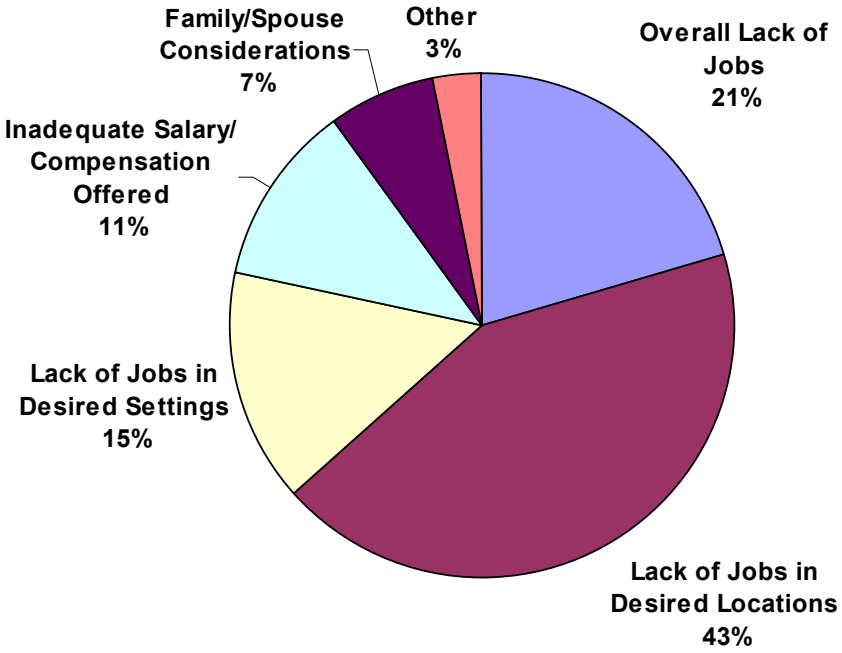


Exhibit 3-3. Percentage of Resp Having Difficulty Finding a Satisfactory Practice Position, in Primary Care and Non-Primary Care Specialties, by Survey Year, for CA and NY, 2000 and 2001

(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

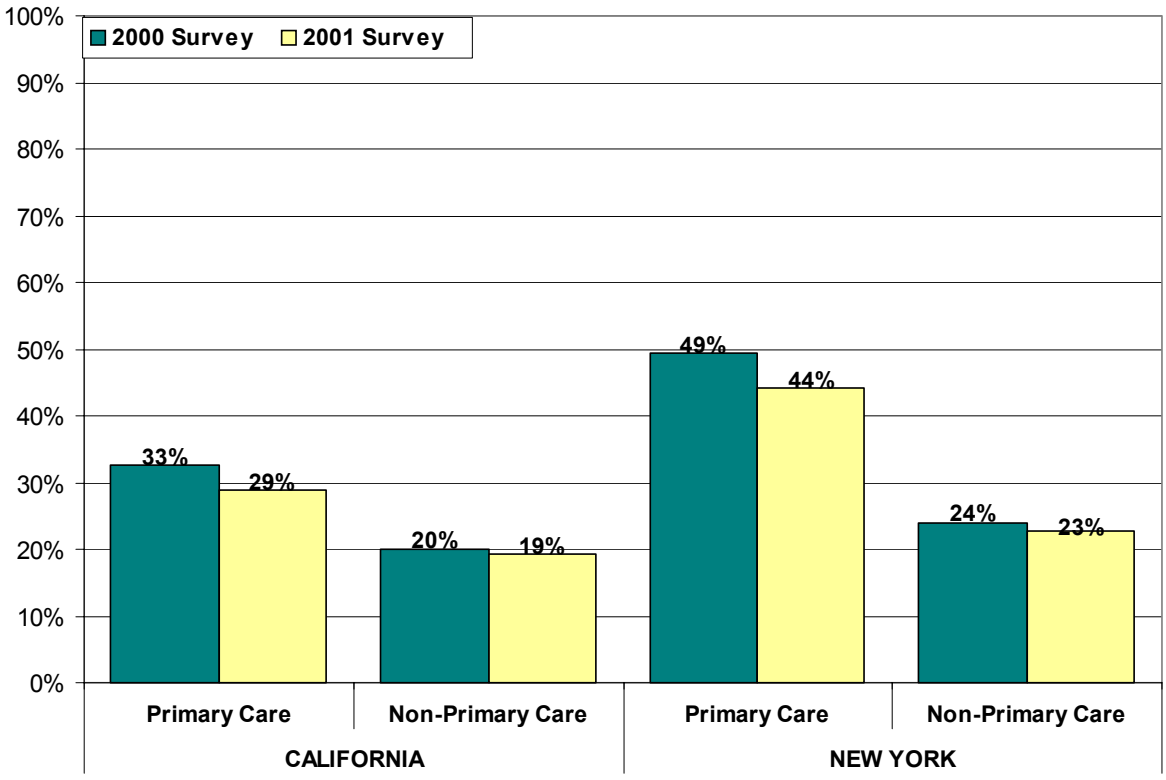


Exhibit 3-4. Rank of Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty, 2000 and 2001 Combined Data

(for Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

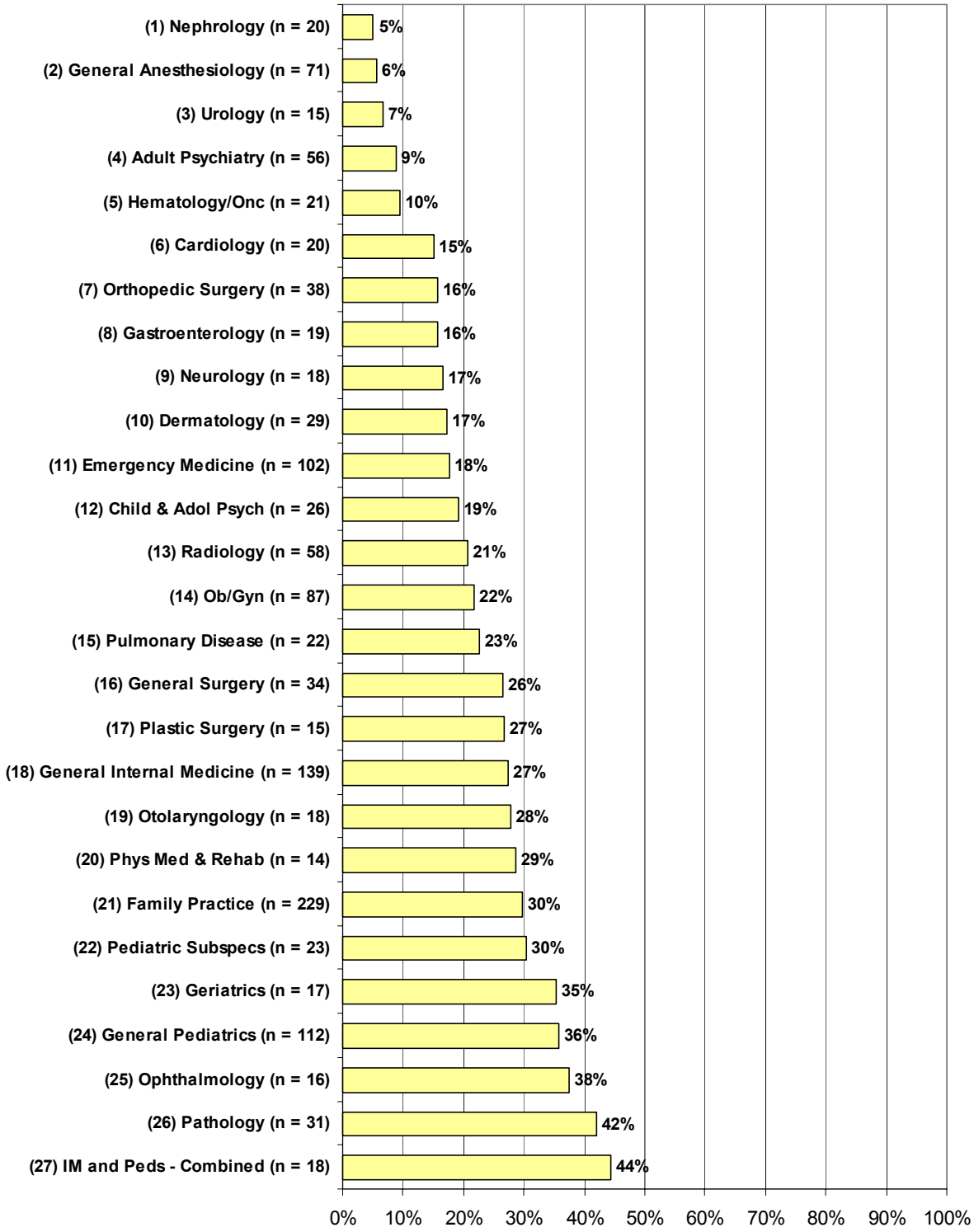


Exhibit 3-5. Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities, 2000 and 2001 Combined Data
(for Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	California Respondents	RANK (of 27)	New York State Respondents	RANK (of 27)
Primary Care	**18%**	N/A	**24%**	N/A
Family Practice	18%	18	25%	24
Internal Medicine-General	15%	17	26%	25
Pediatrics-General	21%	23	20%	17
IM & Peds (Combined)	35%	27	23%	22
Obstetrics/Gynecology	**7%**	8	**14%**	12
Internal Medicine Specialties	**11%**	N/A	**14%**	N/A
Cardiology	10%	10	7%	3
Gastroenterology	5%	3	8%	7
Geriatrics	18%	19	18%	14
Hematology/Oncology	15%	16	23%	21
Nephrology	5%	3	16%	13
Pulmonary Disease	14%	13	20%	16
Surgery-General	**15%**	15	**21%**	18
Surgical Subspecialties	**16%**	N/A	**17%**	N/A
Ophthalmology	19%	21	22%	20
Orthopedics	8%	9	18%	15
Otolaryngology	22%	24	14%	11
Plastic Surgery	27%	25	35%	27
Urology	7%	6	5%	1
Facility Based	**13%**	N/A	**10%**	N/A
Anesthesiology-General	3%	2	5%	2
Pathology	32%	26	31%	26
Radiology	12%	12	7%	5
Psychiatry	**5%**	N/A	**12%**	N/A
Adult Psychiatry	5%	5	11%	9
Child & Adolescent Psych	0%	1	12%	10
Other	**13%**	N/A	**12%**	N/A
Dermatology	18%	20	8%	6
Emergency Medicine	7%	7	7%	4
Neurology	11%	11	10%	8
Pediatric Subspecialties	20%	22	21%	19
Physical Medicine & Rehab	14%	13	23%	23
Total (All Specialties)	**14%**	N/A	**17%**	N/A

Exhibit 3-6. Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group and Survey Year, 2000 and 2001

(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

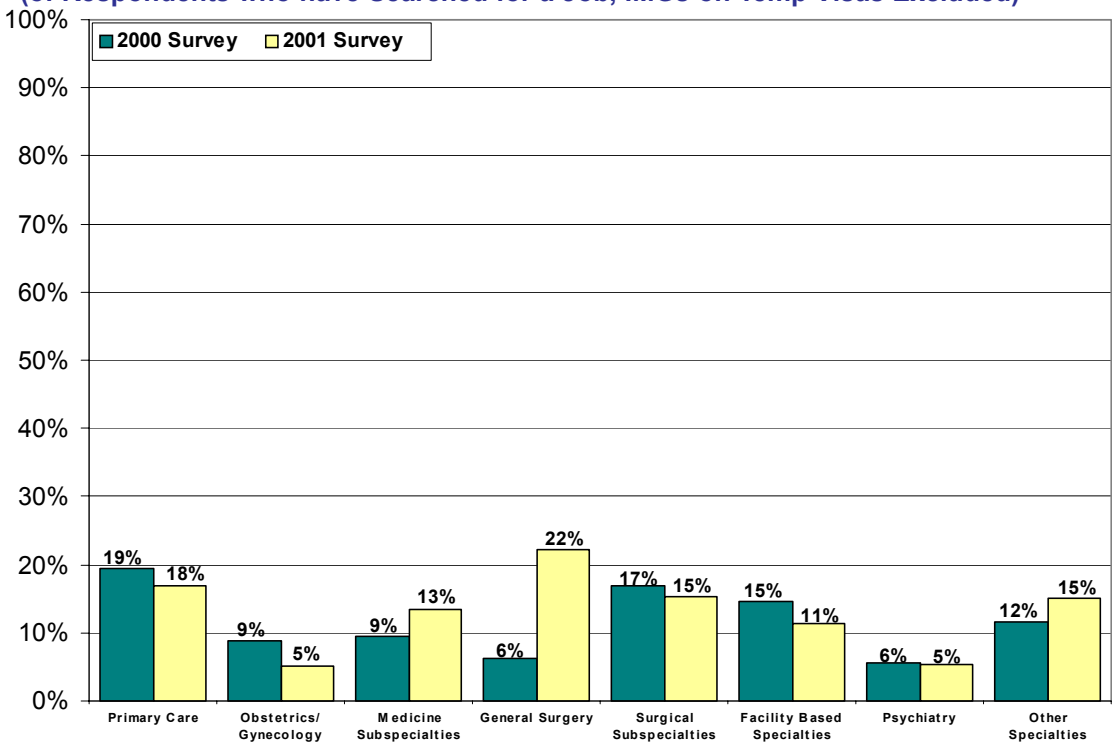


Exhibit 3-7. Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities in Primary Care and Non-Primary Care Specialties by Survey Year for CA and NY, 2000 and 2001

(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

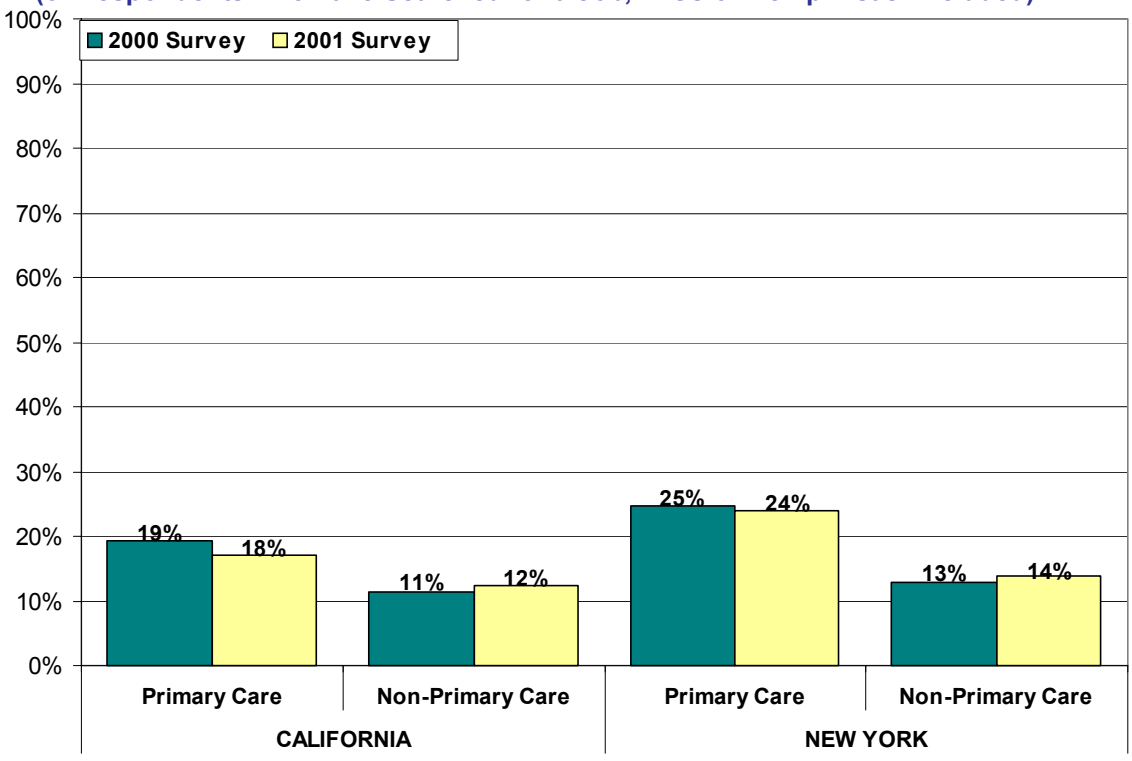


Exhibit 3-8. Rank of Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty, 2000 and 2001 Combined Data

(for Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

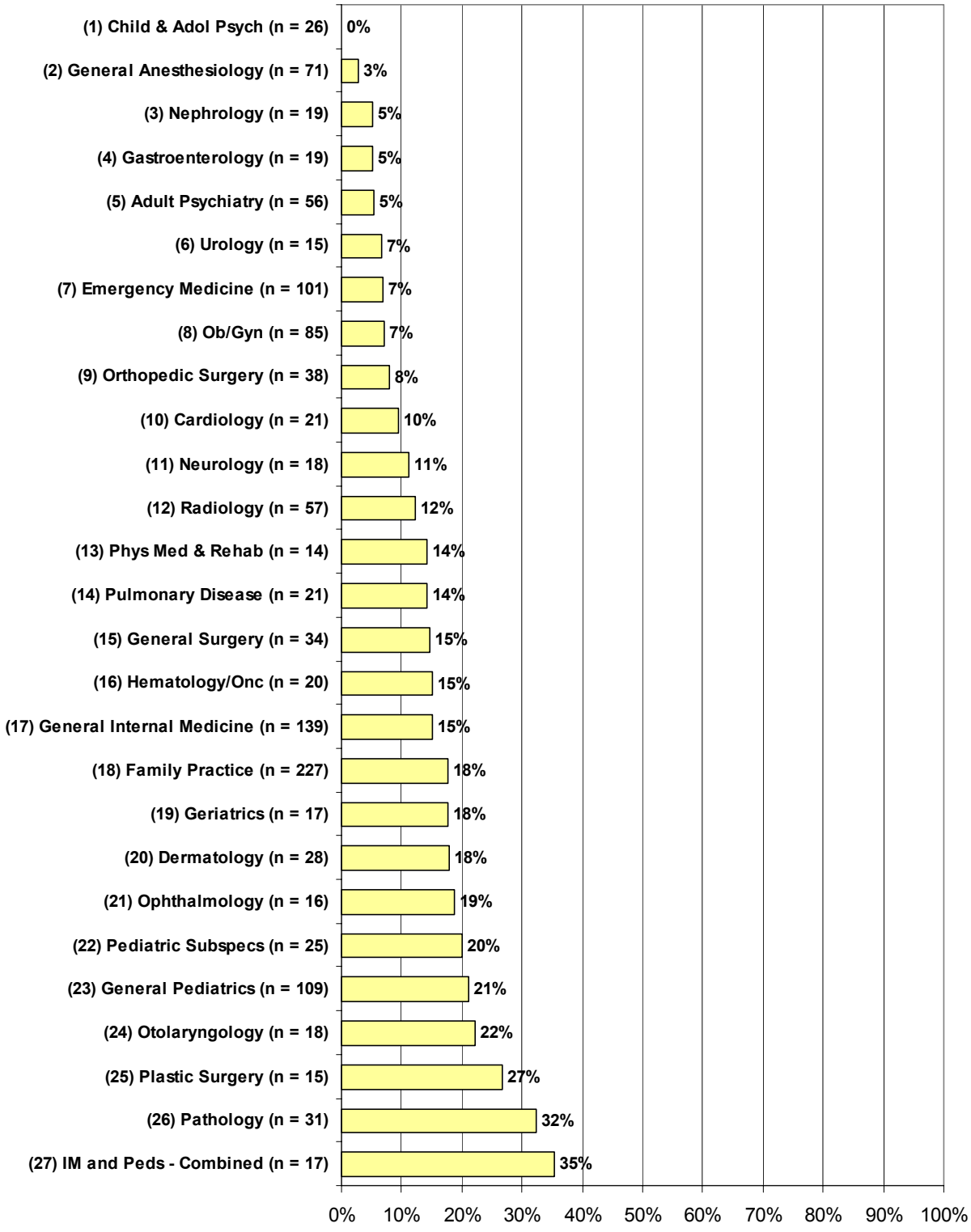


Exhibit 3-9. Mean Number of Offers for Employment/Practice Opportunities, 2000 and 2001 Combined Data

(for Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	California Respondents	RANK (of 27)	New York State Respondents	RANK (of 27)
Primary Care	**2.75**	N/A	**2.79**	N/A
Family Practice	2.96	21	3.28	19
Internal Medicine-General	2.80	22	2.66	22
Pediatrics-General	2.24	26	2.47	23
IM & Peds (Combined)	2.67	23	3.26	20
Obstetrics/Gynecology	**3.15**	18	**4.03**	14
Internal Medicine Specialties	**4.01**	N/A	**4.62**	N/A
Cardiology	4.00	12	5.77	3
Gastroenterology	6.17	2	6.31	2
Geriatrics	2.53	25	3.43	18
Hematology/Oncology	5.14	3	4.24	12
Nephrology	3.40	15	4.32	11
Pulmonary Disease	4.38	8	4.45	9
Surgery-General	**3.15**	19	**2.85**	21
Surgical Subspecialties	**3.87**	N/A	**4.32**	N/A
Ophthalmology	3.06	20	2.30	25
Orthopedics	4.38	7	4.88	6
Otolaryngology	3.53	14	4.41	10
Plastic Surgery	4.40	6	2.10	26
Urology	4.20	10	4.83	7
Facility Based	**3.98**	N/A	**4.21**	N/A
Anesthesiology-General	4.86	5	4.48	8
Pathology	2.03	27	1.41	27
Radiology	3.95	13	4.96	5
Psychiatry	**4.73**	N/A	**4.34**	N/A
Adult Psychiatry	4.22	9	3.78	15
Child & Adolescent Psych	6.32	1	5.75	4
Other	**3.79**	N/A	**4.03**	N/A
Dermatology	5.14	4	6.64	1
Emergency Medicine	4.12	11	4.20	13
Neurology	3.31	16	3.50	17
Pediatric Subspecialties	2.65	24	2.30	24
Physical Medicine & Rehab	3.21	17	3.71	16
Total (All Specialties)	**3.47**	N/A	**3.68**	N/A

Exhibit 3-10. Mean Number of Job Offers Received by Respondents by Specialty Group and Survey Year, 2000 and 2001

(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

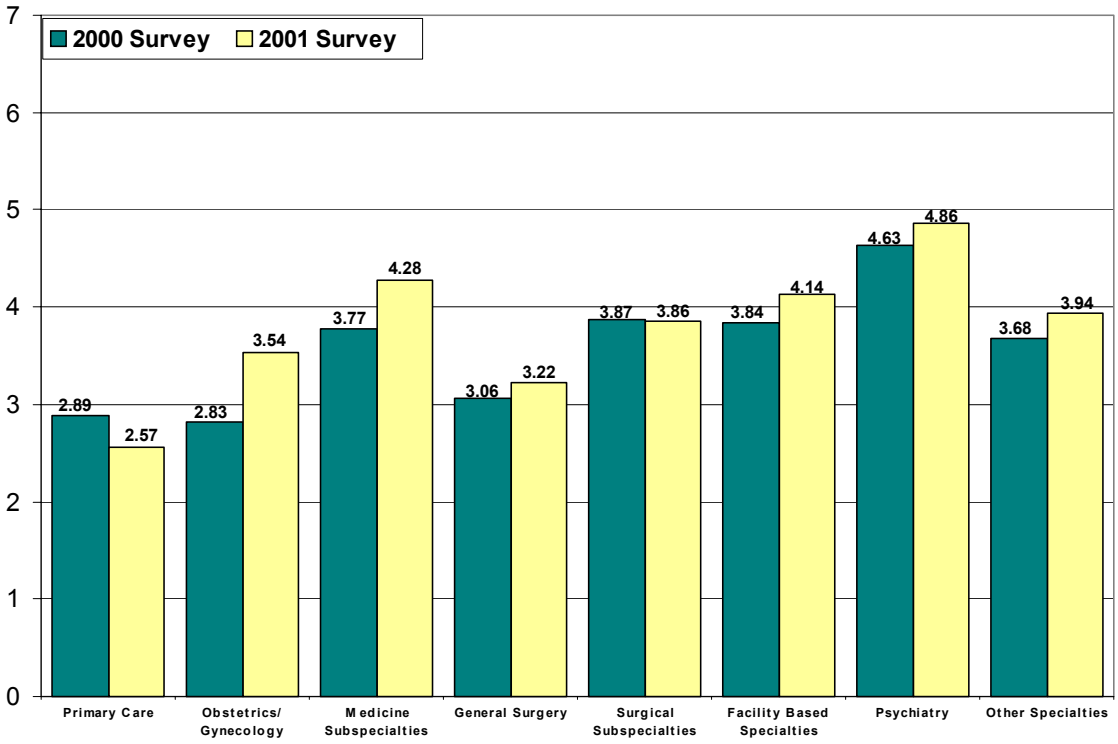


Exhibit 3-11. Mean Number of Job Offers Received by Respondents in Primary Care and Non-Primary Care Specialties by Survey Year for CA and NY, 2000 and 2001

(of Respondents Who Have Searched for a Job, IMGs on Temp Visas Excluded)

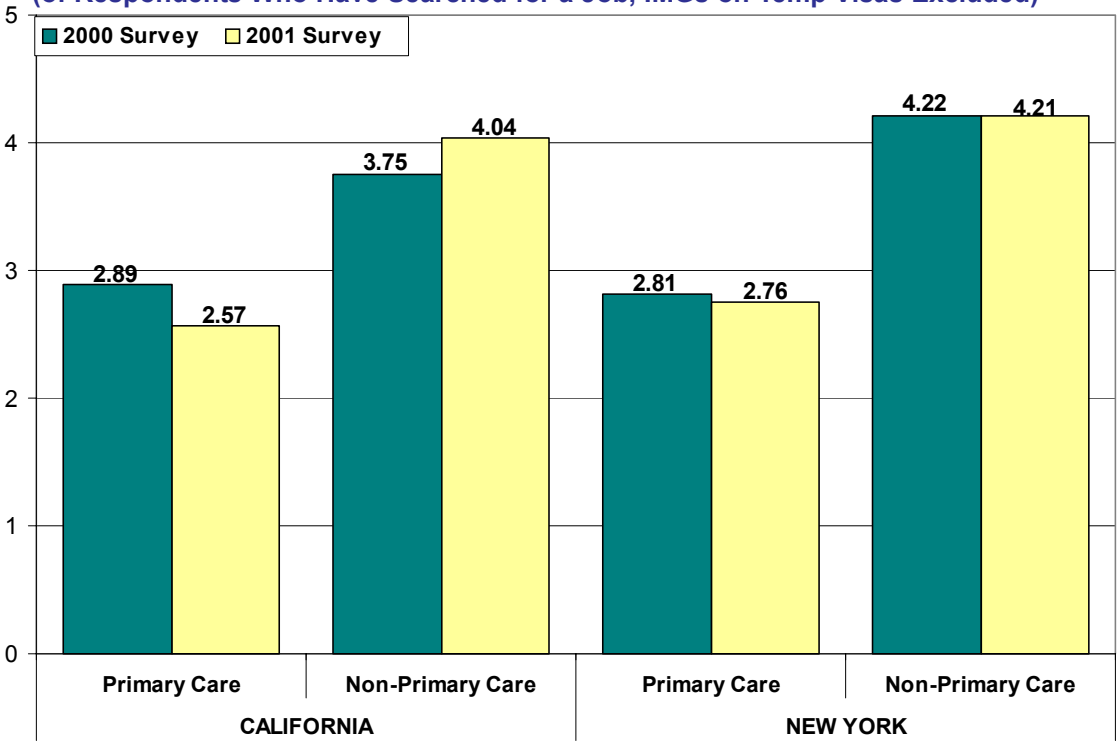


Exhibit 3-12. Rank of Mean Number of Job Offers Received by Respondents by Specialty, 2000 and 2001 Combined Data
(for Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

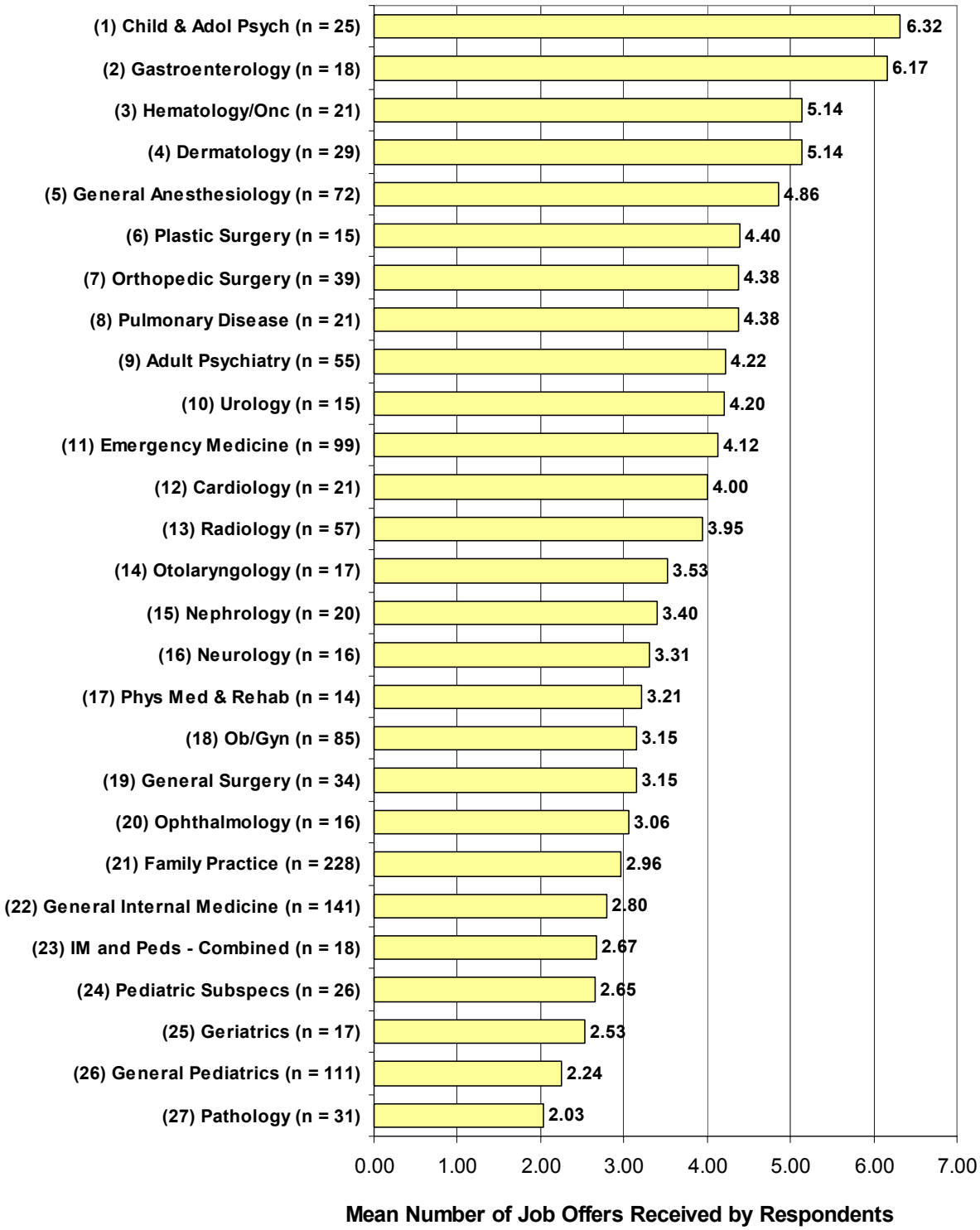


Exhibit 3-13. Likert Scores* for Respondents' Assessments of the Regional Job Market, 2000 and 2001 Combined Data
(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	California Respondents	RANK (of 27)	New York State Respondents	RANK (of 27)
Primary Care	**0.83**	N/A	**0.42**	N/A
Family Practice	0.97	8	0.55	17
Internal Medicine-General	1.01	7	0.36	22
Pediatrics-General	0.40	23	0.41	20
IM & Peds (Combined)	0.41	22	0.39	21
Obstetrics/Gynecology	**0.57**	16	**0.87**	13
Internal Medicine Specs	**0.84**	N/A	**1.04**	N/A
Cardiology	0.90	12	1.38	4
Gastroenterology	0.88	13	1.44	2
Geriatrics	0.56	17	0.49	18
Hematology/Oncology	1.10	5	0.85	14
Nephrology	0.68	15	1.07	9
Pulmonary Disease	1.21	4	0.67	16
Surgery-General	**0.48**	19	**0.11**	25
Surgical Subspecialties	**0.30**	N/A	**0.57**	N/A
Ophthalmology	0.56	17	0.13	23
Orthopedics	0.47	20	0.78	15
Otolaryngology	0.44	21	1.06	10
Plastic Surgery	-0.86	27	-0.63	27
Urology	0.87	14	1.00	12
Facility Based	**1.03**	N/A	**1.21**	N/A
Anesthesiology-General	1.49	3	1.57	1
Pathology	0.38	24	0.11	24
Radiology	0.91	11	1.26	7
Psychiatry	**1.59**	N/A	**1.33**	N/A
Adult Psychiatry	1.59	2	1.37	5
Child & Adolescent Psych	1.72	1	1.26	8
Other	**0.70**	N/A	**1.03**	N/A
Dermatology	0.97	9	1.43	3
Emergency Medicine	1.07	6	1.37	6
Neurology	0.32	25	1.04	11
Pediatric Subspecialties	-0.36	26	0.06	26
Physical Medicine & Rehab	0.93	10	0.44	19
Total (All Specialties)	**0.81**	N/A	**0.77**	N/A

*Likert scores computed using the following Likert scale: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, "No Jobs" = -2.

Exhibit 3-14. Likert Scores for Respondents' Assessments of the Regional Job Market by Specialty Group, 2000 and 2001
(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

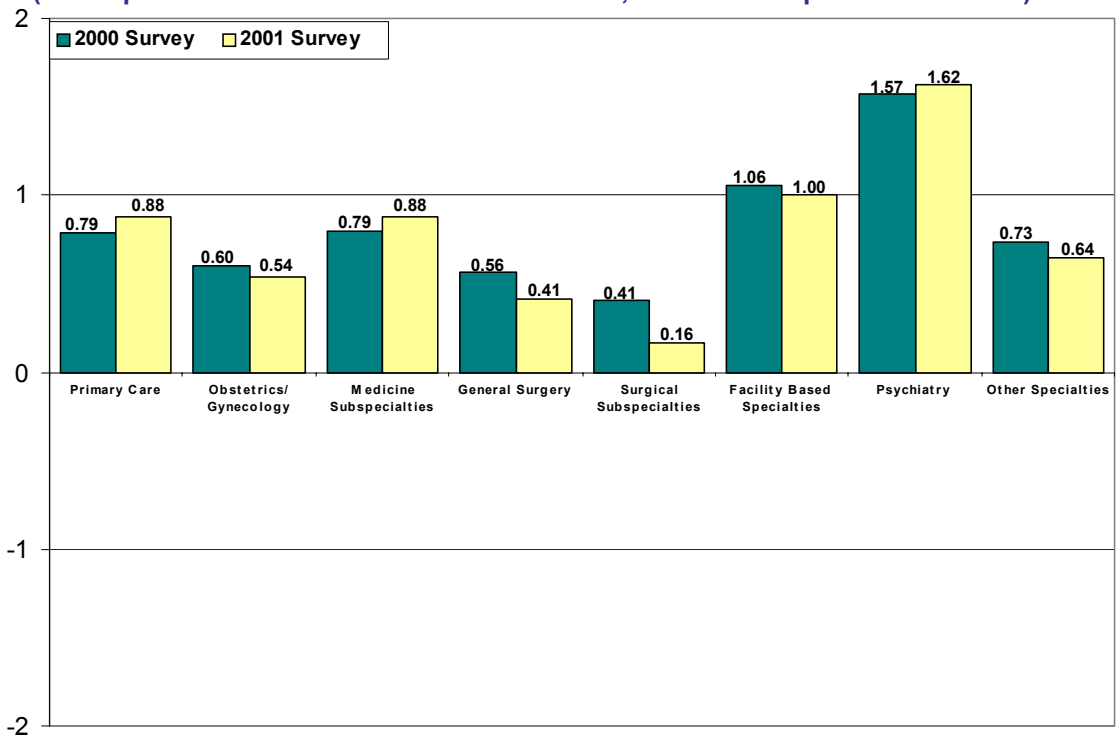


Exhibit 3-15. Likert Scores for Respondents' Assessments of the Regional Job Market in Primary Care and Non-Primary Care Specialties by Survey Year for CA and NY, 2000 and 2001
(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

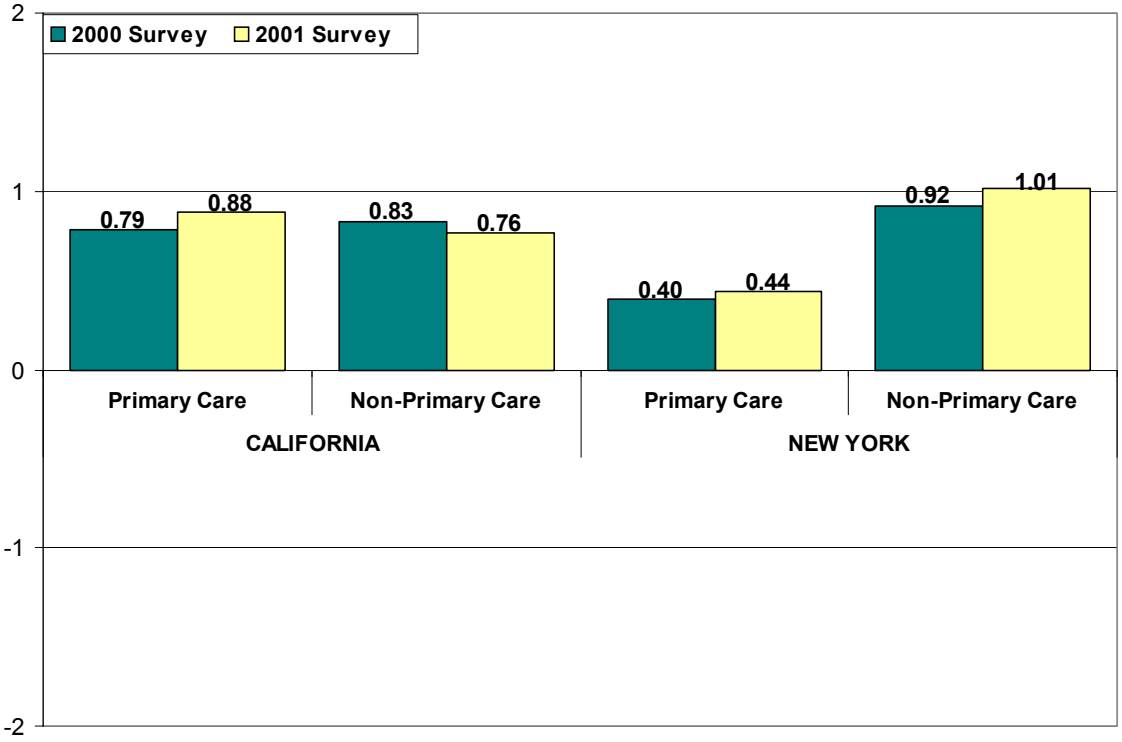


Exhibit 3-16. Rank of Mean Likert Score for Respondents' Assessments of the Regional Job Market by Specialty, 2000 and 2001 Combined Data
(for Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

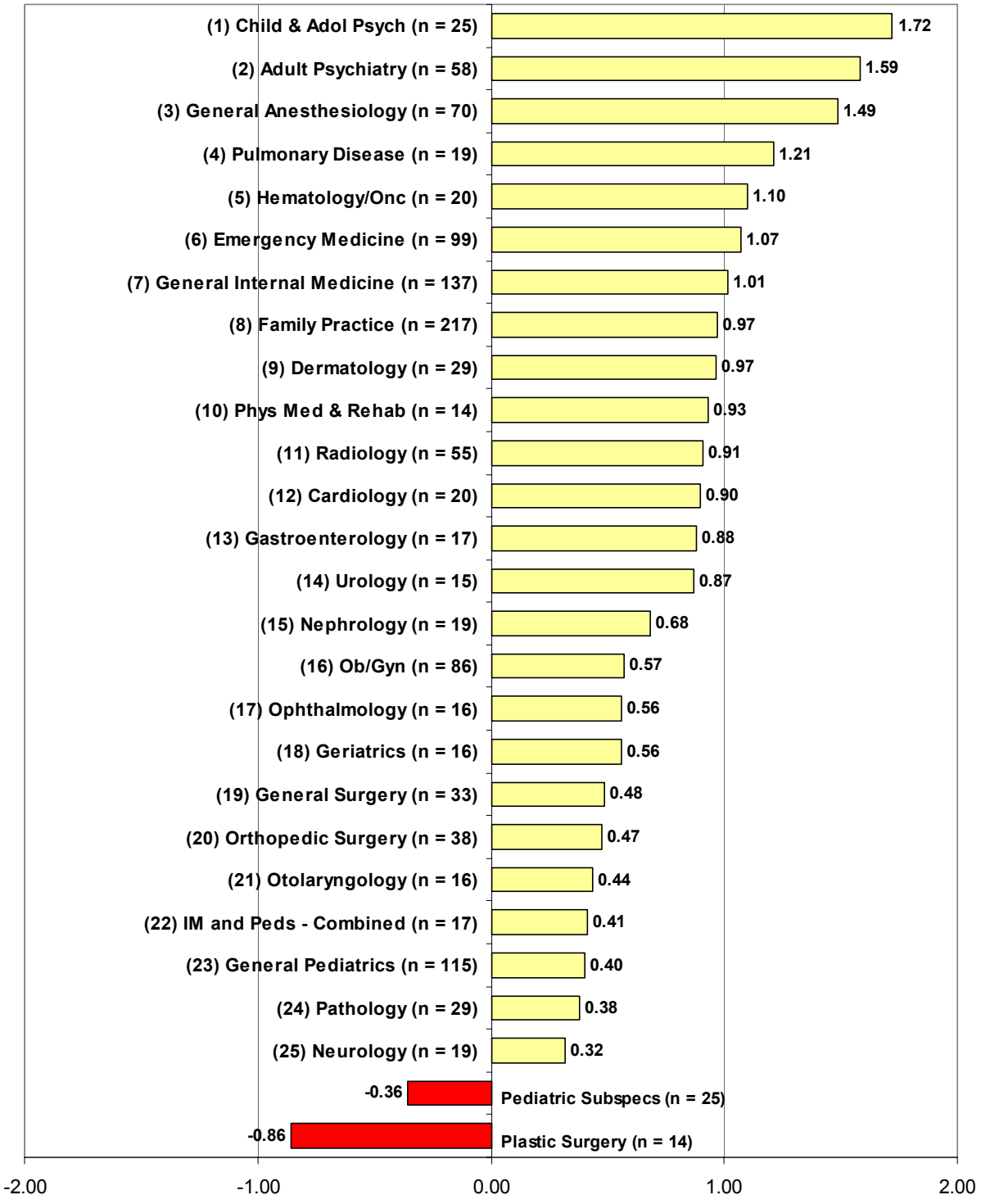


Exhibit 3-17. Likert Scores* for Respondents' Assessments of the National Job Market, 2000 and 2001 Combined Data
(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	California Respondents	RANK (of 27)	New York State Respondents	RANK (of 27)
Primary Care	**1.51**	N/A	**1.33**	N/A
Family Practice	1.58	14	1.51	16
Internal Medicine-General	1.63	12	1.29	19
Pediatrics-General	1.21	23	1.19	21
IM & Peds (Combined)	1.56	15	1.43	17
Obstetrics/Gynecology	**1.53**	16	**1.57**	13
Internal Medicine Specialties	**1.65**	N/A	**1.66**	N/A
Cardiology	1.81	5	1.75	10
Gastroenterology	1.84	4	1.76	7
Geriatrics	1.44	19	1.53	15
Hematology/Oncology	1.61	13	1.76	8
Nephrology	1.75	7	1.90	1
Pulmonary Disease	1.63	11	1.11	23
Surgery-General	**1.41**	21	**1.28**	20
Surgical Subspecialties	**1.31**	N/A	**1.31**	N/A
Ophthalmology	1.07	25	0.68	25
Orthopedics	1.51	18	1.42	18
Otolaryngology	1.41	20	1.71	11
Plastic Surgery	0.43	27	0.30	27
Urology	1.93	2	1.79	5
Facility Based	**1.60**	N/A	**1.59**	N/A
Anesthesiology-General	1.89	3	1.80	4
Pathology	0.86	26	0.65	26
Radiology	1.68	10	1.70	12
Psychiatry	**1.84**	N/A	**1.82**	N/A
Adult Psychiatry	1.80	6	1.85	3
Child & Adolescent Psych	1.96	1	1.87	2
Other	**1.52**	N/A	**1.54**	N/A
Dermatology	1.52	17	1.78	6
Emergency Medicine	1.70	9	1.76	9
Neurology	1.26	22	1.54	14
Pediatric Subspecialties	1.20	24	0.91	24
Physical Medicine & Rehab	1.71	8	1.19	22
Total (All Specialties)	**1.54**	N/A	**1.47**	N/A

*Likert scores computed using the following Likert scale: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, "No Jobs" = -2.

Exhibit 3-18. Mean Likert Scores for Respondents' Assessments of the National Job Market by Specialty Group, 2000 and 2001

(of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

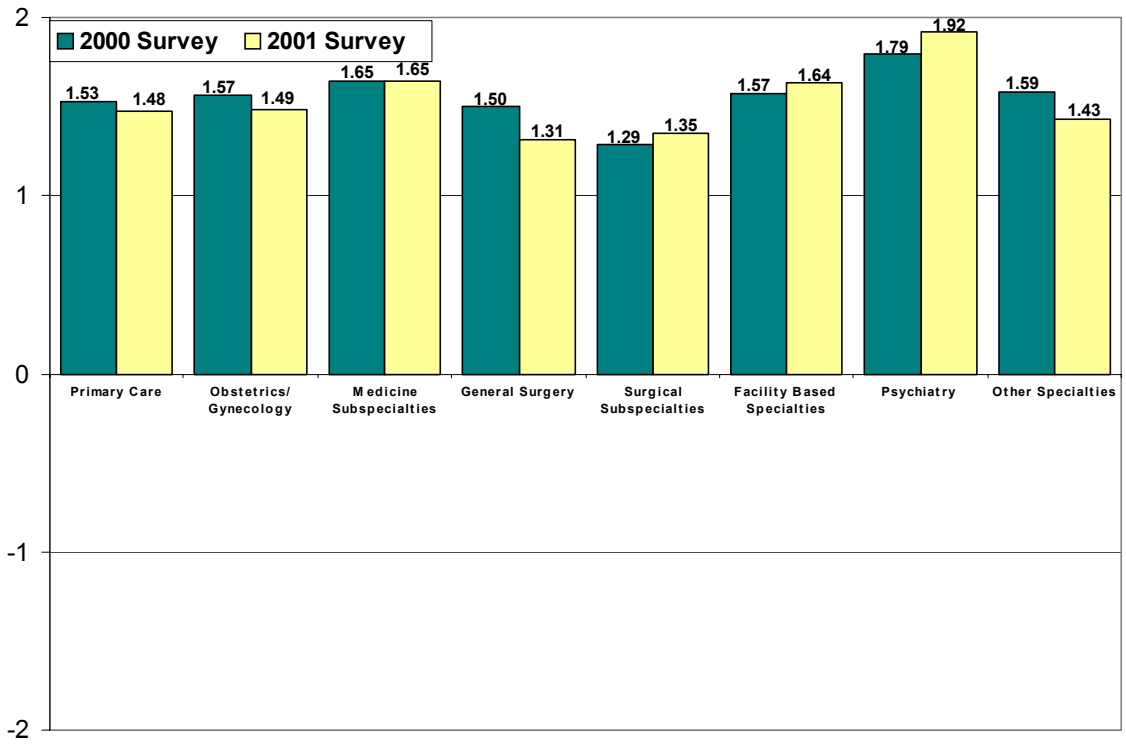


Exhibit 3-19. Mean Likert Scores for Respondents' Assessments of the National Job Market in Primary Care and Non-Primary Care Specialties by Survey Year for CA and NY, 2000 and 2001

(of Respondents Who Have Searched for a Job, IMGs on Temp Visas Excluded)

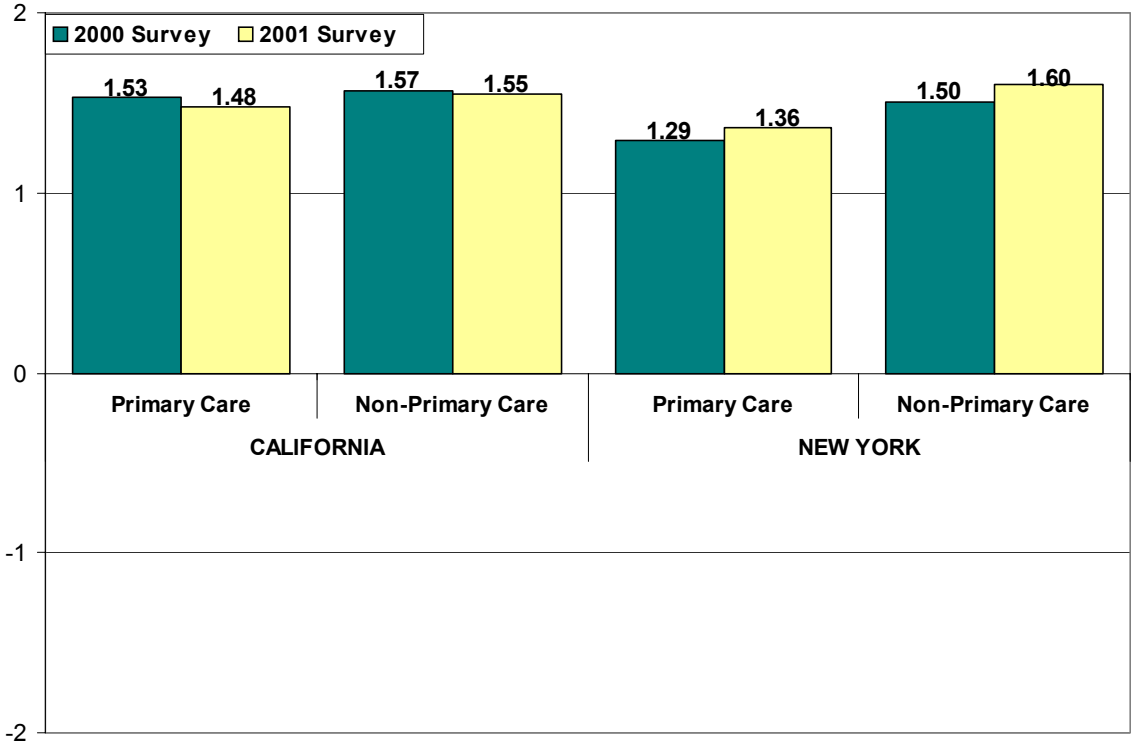


Exhibit 3-20. Rank of Mean Likert Score for Respondents' Assessments of the National Job Market by Specialty, 2000 and 2001 Combined Data
(for Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

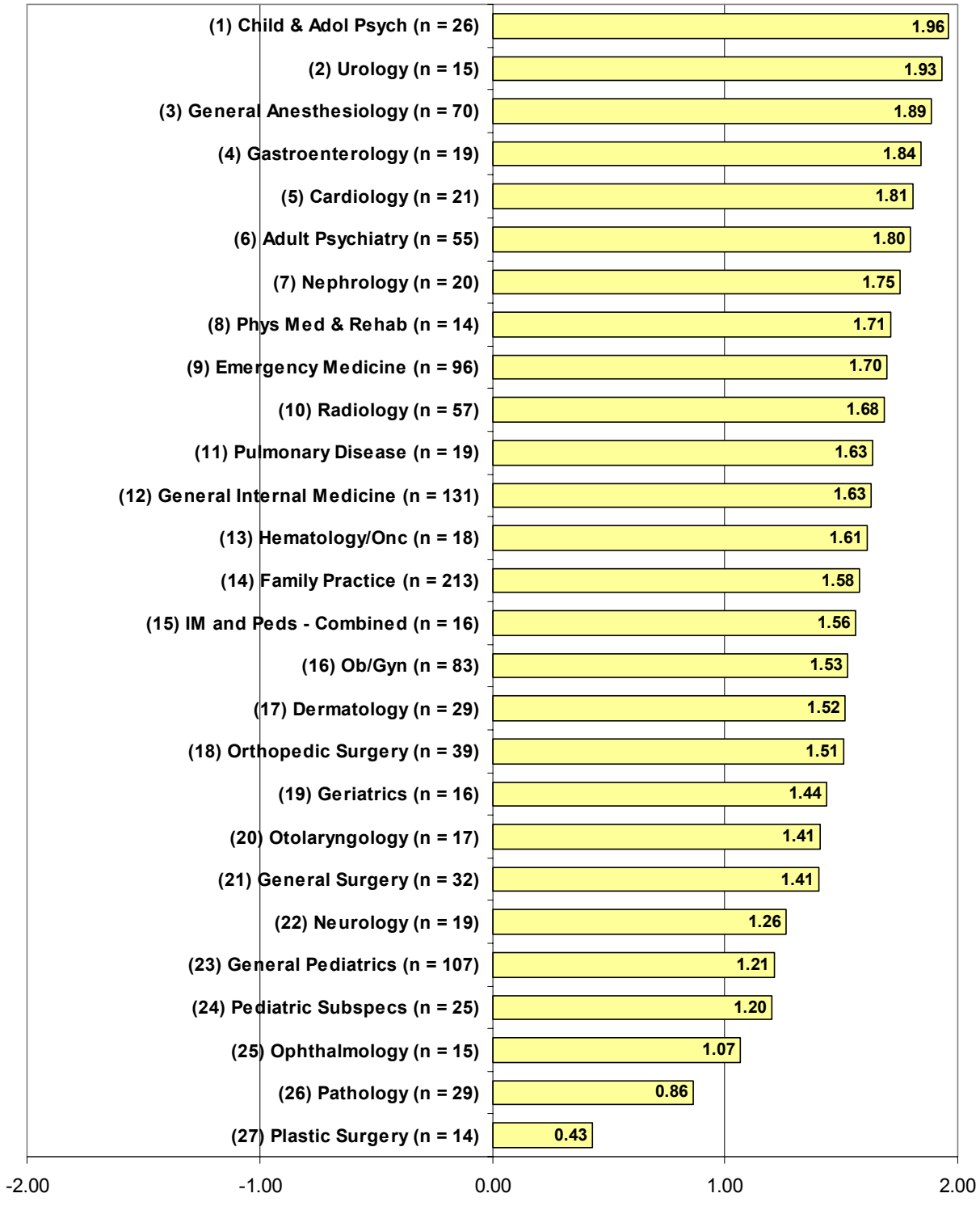


Exhibit 3-21. Assessment of Relative Demand for Each Specialty based on Respondents to California Resident Exit Survey, 2000 and 2001 Combined Data

(for Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

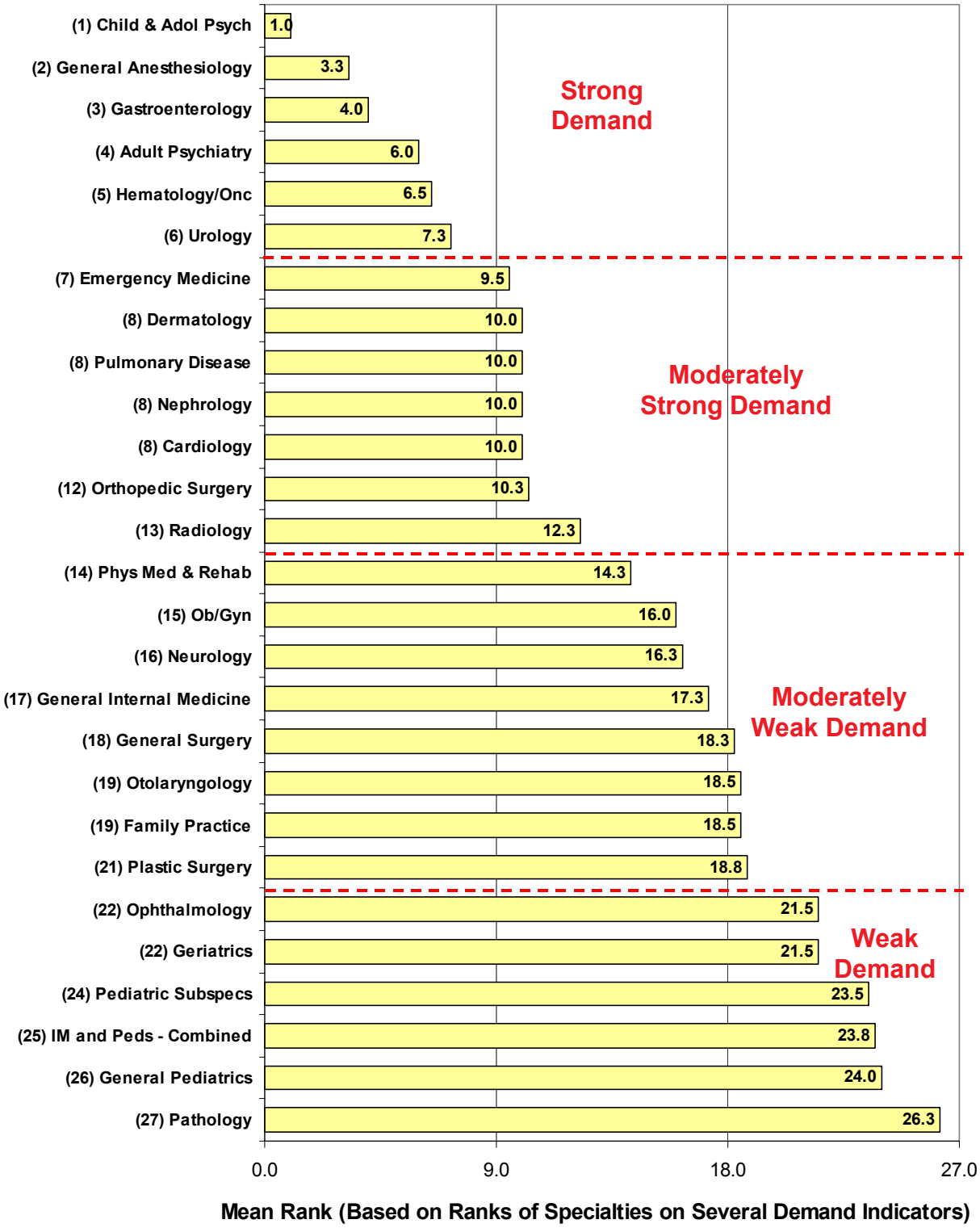


Exhibit 3-22. Assessment of Relative Demand for Each Specialty based on Respondents to New York Resident Exit Survey, 2001

(for Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

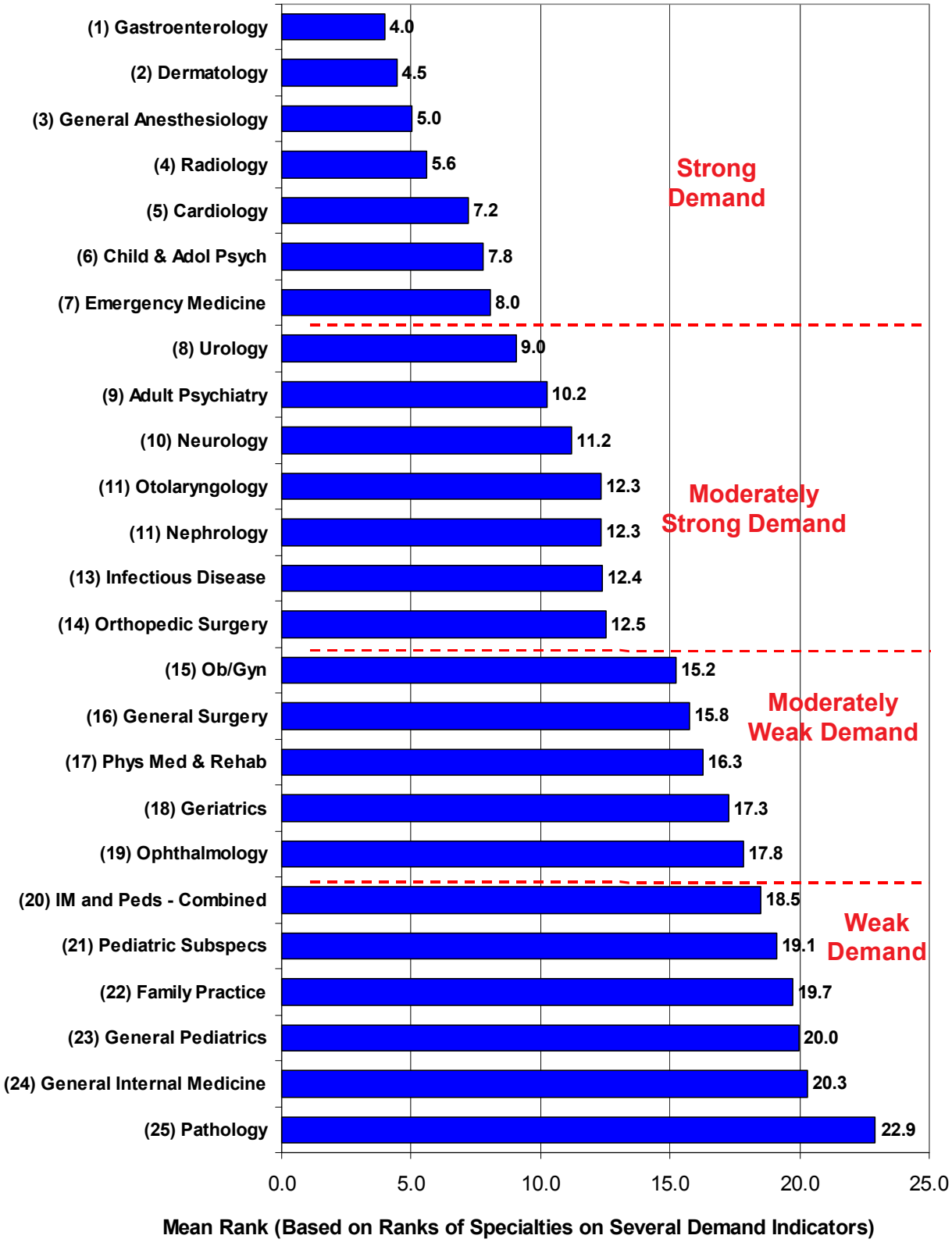
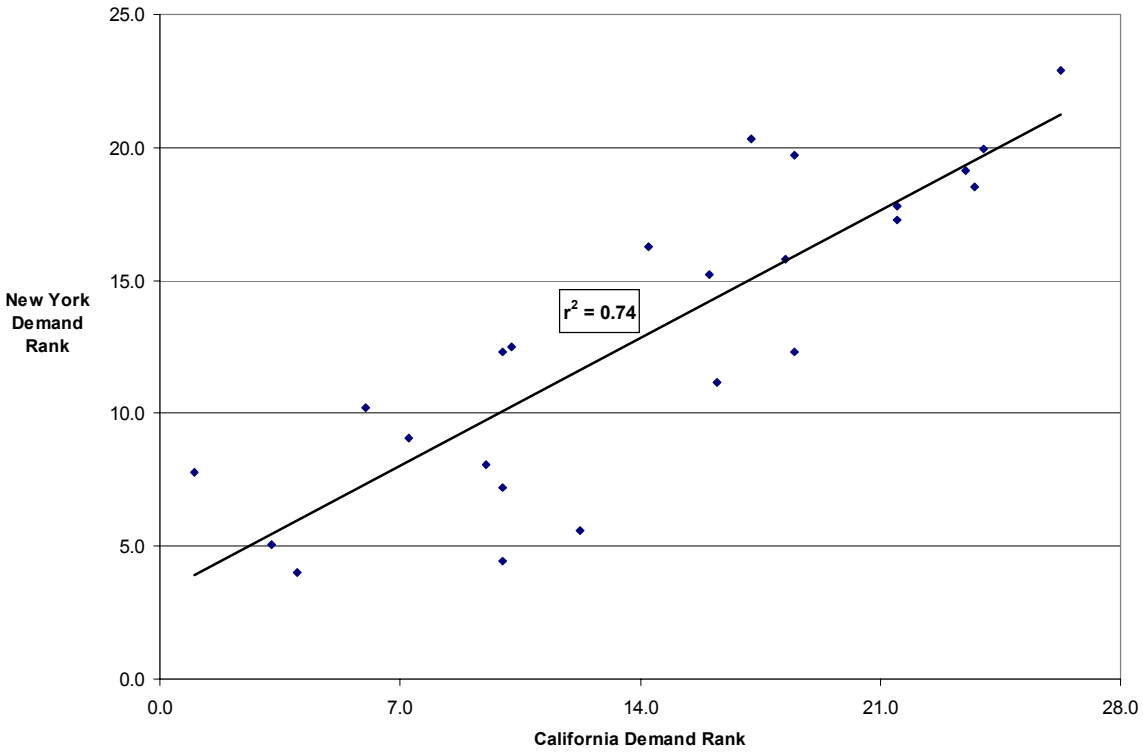


Exhibit 3-23. Scatter Plot of Specialty Demand Scores for California (from Exhibit 3-21) vs. New York (from Exhibit 3-22)



This plot shows that there is a strong correlation between the mean demand score for specialties in California and the mean demand score for corresponding specialties in New York. This is an important finding because it shows that despite the many differences between California and New York in terms of the health care systems, populations being treated, financing and delivery of services, and GME training, the relative demand for most specialties is very similar. This would suggest that for the purpose of measuring relative demand by specialty, the Resident Exit Survey provides an accurate picture of the job market, not only in the state in which it is conducted, but more generally for the nation as a whole. However, for the purpose of looking at outcomes of training, or differences in demand from one state or region of the country to another, it is necessary to have as many states as possible participate in the survey.

APPENDIX A.

Specialty Classifications Used for Resident Exit Survey

APPENDIX A. Specialty Classifications Used for Resident Exit Survey

Primary Care

ACGME #	ACGME Specialty	Specialty (as Classified on Survey)
120	Family Practice	Family Practice
125	Family Practice-Geriatric Medicine	Family Practice
127	Family Practice-Sports Medicine	Family Practice
140	Internal Medicine	Internal Med
320	Pediatrics	Pediatrics
800	Internal Medicine/Pediatrics (Combined)	IM & Peds (Comb)
840	Internal Med/Family Practice (Combined)	Family Practice

Obstetrics/Gynecology

ACGME #	ACGME Specialty	Specialty (as Classified on Survey)
220	Obstetrics/Gynecology	Ob/Gyn

Medicine Subspecialties

ACGME #	ACGME Specialty	Specialty (as Classified on Survey)
141	Internal Medicine-Cardiology	IM-Cardiology
142	Internal Medicine-Critical Care	IM-CCM
143	Internal Medicine-Endocrin & Metabolism	IM-End & Met
144	Internal Medicine-Gastroenterology	IM-Gastro
145	Internal Medicine-Hematology	IM-Hem/Onc
146	Internal Medicine-Infectious Disease	IM-Inf Disease
147	Internal Medicine-Oncology	IM-Hem/Onc
148	Internal Medicine-Nephrology	IM-Nephro
149	Internal Medicine-Pulmonary Diseases	IM-Pulm Dis
150	Internal Medicine-Rheumatology	IM-Rheum
151	Internal Medicine-Geriatric Medicine	IM-Geriatrics
152	Internal Medicine-Interventional Cardiology	IM-Cardiology
154	Internal Medicine-Electrophysiology	IM-Cardiology
155	Internal Medicine-Hematology/Oncology	IM-Hem/Onc
156	Internal Medicine-Pulm Dis/Critical Care Med	IM-Pulm Dis
157	Internal Medicine-Sports Medicine	IM-Other Subsp

APPENDIX A. Specialty Classifications Used for Resident Exit Survey

Surgery-General

ACGME #	ACGME Specialty	Specialty (as Classified on Survey)
440	Surgery	Surgery

Surgical Subspecialties

ACGME #	ACGME Specialty	Specialty (as Classified on Survey)
060	Colon and Rectal Surgery	Surg-Other Subsp
160	Neurological Surgery	Surg-Neuro
240	Ophthalmology	Ophthalmology
260	Orthopaedic Surgery	Surg-Ortho
261	Orthopaedics-Adult Reconstructive Ortho	Surg-Ortho
262	Orthopaedics-Foot and Ankle Surgery	Surg-Ortho
263	Orthopaedics-Hand Surgery	Surg-Ortho
265	Orthopaedics-Pediatric Orthopaedics	Surg-Ortho
267	Orthopaedics-Spinal Surgery	Surg-Ortho
268	Orthopaedics-Sports Medicine	Surg-Ortho
269	Orthopaedics-Trauma Surgery	Surg-Ortho
270	Orthopaedics-Musculoskeletal Oncology	Surg-Ortho
280	Otolaryngology	Otolaryngology
286	Otolaryngology-Otology-Neurotology	Otolaryngology
288	Otolaryngology-Pediatrics Otolaryngology	Otolaryngology
360	Plastic Surgery	Surg-Plastic
361	Plastic Surgery-Craniofacial Surgery	Surg-Plastic
363	Plastic Surgery-Hand Surgery	Surg-Plastic
442	Surgery-Critical Care	Surg-Other Subsp
443	Surgery-Hand Surgery	Surg-Other Subsp
445	Surgery-Pediatric Surgery	Surg-Other Subsp
450	Surgery-Vascular Surgery	Surg-Other Subsp
460	Thoracic Surgery	Surg-Thoracic
480	Urology	Urology
485	Urology-Pediatric Urology	Urology

APPENDIX A. Specialty Classifications Used for Resident Exit Survey

Facility Based

ACGME #	ACGME Specialty	Specialty (as Classified on Survey)
040	Anesthesiology	Anesthesiology
042	Anesthesiology-Pediatric Anesthesiology	Anes-Other Subsp
045	Anesthesiology-Critical Care	Anes-Other Subsp
048	Anesthesiology-Pain Management	Anes-Pain Mngt
200	Nuclear Medicine	Nuclear Med
300	Pathology	Pathology
301	Pathology-Selective Pathology	Pathology-Subsp
305	Pathology-Blood Banking	Pathology-Subsp
306	Chemical Pathology	Pathology-Subsp
307	Pathology-Cytopathology	Pathology-Subsp
310	Pathology-Forensic Pathology	Pathology-Subsp
311	Pathology-Hematology	Pathology-Subsp
313	Pathology-Immunopathology	Pathology-Subsp
314	Pathology-Medical Microbiology	Pathology-Subsp
315	Pathology-Neuropathology	Pathology-Subsp
316	Pathology-Pediatric Pathology	Pathology-Subsp
420	Radiology-Diagnostic	Radiology (Diag)
421	Radiology-Abdominal Radiology	Radiology (Diag)
423	Radiology-Neuroradiology	Radiology (Diag)
424	Radiology-Pediatric Radiology	Radiology (Diag)
425	Radiology-Nuclear Radiology	Radiology (Diag)
426	Radiology-Musculoskeletal Radiology	Radiology (Diag)
427	Radiology-Vascular & Interventional Rad	Radiology (Diag)
430	Radiation Oncology	Radiology (Ther)
860	Neurology/Diag Rad/Neurorad (Combined)	Radiology (Diag)
870	Diag Rad/Nuclear Med/Nuclear Rad (Combined)	Radiology (Diag)
880	Internal Med/Nuclear Med (Combined)	Radiology (Ther)

Psychiatry

ACGME #	ACGME Specialty	Specialty (as Classified on Survey)
400	Psychiatry	Psychiatry
401	Psychiatry-Addiction Medicine	Psych-Other Subsp
405	Psychiatry-Child and Adolescent Psych	Psych-Child & Adol
406	Psychiatry-Forensic Psychiatry	Psych-Other Subsp
407	Psychiatry-Geriatric Psychiatry	Psych-Other Subsp
815	Internal Medicine/Psychiatry (Combined)	Psychiatry
820	Psychiatry/Family Practice (Combined)	Psychiatry
830	Pediatrics/Psych/Child Psych (Combined)	Psych-Child & Adol
855	Psychiatry/Neurology (Combined)	Psychiatry

APPENDIX A. Specialty Classifications Used for Resident Exit Survey

Other ACGME #	ACGME Specialty	Specialty (as Classified on Survey)
020	Allergy/Immunology	Allergy & Immun
025	Allergy/Immunology-Diag Lab Immunology	Allergy & Immun
080	Dermatology	Dermatology
100	Dermatopathology	Dermatology
110	Emergency Medicine	Emergency Med
114	Emergency Medicine-Pediatric Emer Med	Emergency Med
116	Emergency Medicine-Sports Medicine	Emergency Med
118	Emergency Medicine-Medical Toxicology	Emergency Med
130	Genetics-Medical	Other
180	Neurology	Neurology
185	Neurology-Child Neurology	Neurology
187	Neurology-Clinical Neurophysiology	Neurology
321	Pediatrics-Adolescent Medicine	Peds-Subsp
323	Pediatrics-Critical Care	Peds-Subsp
324	Pediatrics-Emergency Medicine	Peds-Subsp
325	Pediatrics-Pediatric Cardiology	Peds-Subsp
326	Pediatrics-Pediatric Endocrinology	Peds-Subsp
327	Pediatrics-Pediatric Hematology-Oncology	Peds-Subsp
328	Pediatrics-Pediatric Nephrology	Peds-Subsp
329	Pediatrics-Neonatal-Perinatal Medicine	Peds-Subsp
330	Pediatrics-Pediatric Pulmonology	Peds-Subsp
331	Pediatrics-Pediatric Rheumatology	Peds-Subsp
332	Pediatrics-Pediatric Gastroenterology	Peds-Subsp
333	Pediatrics-Pediatric Sports Medicine	Peds-Subsp
335	Pediatrics-Pediatric Infectious Disease	Peds-Subsp
340	Physical Medicine and Rehabilitation	Phys Med & Rehab
345	PM & R-Spinal Cord Injury	Phys Med & Rehab
380	Preventive Medicine-General	Preventive Med
399	Preventive Medicine-Medical Toxicology	Preventive Med
805	Internal Med/Emergency Med (Combined)	Emergency Med
810	Internal Med/Phys Med & Rehab (Combined)	Phys Med & Rehab
825	Pediatrics/Emergency Med (Combined)	Emergency Med
835	Pediatrics/Phys Med & Rehab (Combined)	Phys Med & Rehab
845	Internal Medicine/Neurology (Combined)	Neurology
850	Neurology/PM & R (Combined)	Neurology
851	Internal Medicine/Preventive Med (Combined)	Preventive Med
865	Pediatrics/Medical Genetics (Combined)	Peds-Subsp
875	Internal Med/Emergency Med/CCM (Combined)	Emergency Med

APPENDIX B.

Survey of Residents Completing Training in CA in 2001

MARKING INSTRUCTIONS

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

● CORRECT

✓ ✗ ⊖ ⊙ INCORRECT

Survey of Residents Completing Training in CA in 2001

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

ACGME Residency Program # ____ ___ – ___ – ___ – ___ **For Office Use**

This questionnaire should be completed by all physicians completing a residency/fellowship training program in California in 2001 *(excluding preliminary training positions)*.

This survey may be completed online by going to the following web site:

http://chws.albany.edu/caexit2001/

If you choose to complete the survey online, you will need to enter the four digit survey form number in the lower right corner of this survey.

Main Hospital at Which You Did Your Training: ____

For each question ***mark only one answer*** unless otherwise directed.

A. BACKGROUND

1. Gender: ○ Male ○ Female

2. Age:

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

3. Citizenship Status:

- ○ Native Born U.S.
- ○ Naturalized U.S.
- ○ Permanent Resident
- ○ H-1, H-2, H-3 Temporary Worker
- ○ J-1, J-2 Exchange Visitor
- ○ Other

4. Race/Ethnicity:

- ○ Native American/Alaskan Native
- ○ Asian or Pacific Islander
- ○ Black/African American (Not Hispanic)
- ○ Hispanic/Latino (Mexican)
- ○ Hispanic/Latino (All Other)
- ○ White (Not Hispanic/Latino)
- ○ Other

5. Where was your residence on graduation from:

	High School	Under-grad College
Northern California	○	○
Southern California	○	○
Other U.S.	○	○
Canada	○	○
Other Country	○	○

B. MEDICAL EDUCATION AND TRAINING

6. Which best describes the demographics of the area in which you were living on graduation from high school?

- ○ Inner City
- ○ Other Area within Major City
- ○ Suburban
- ○ Small City (population less than 50,000)
- ○ Rural

7. 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

8. Type of Medical Education:

○ Allopathic (M.D.) ○ Osteopathic (D.O.)

9. Medical School:

- ○ California (if yes, complete below)
- ○ Other U.S.
- ○ Canada
- ○ Other Country

Specify if in California:

- ○ U.C.–Davis
- ○ U.C.–Irvine
- ○ U.C.–Los Angeles
- ○ U.C.–San Diego
- ○ U.C.–San Francisco
- ○ College of Osteopathic Medicine of the Pacific
- ○ Loma Linda
- ○ U.S.C.
- ○ Stanford

continue . . .

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SERIAL #

10. What is your current level of educational debt?

○ None	○ $20,000–$39,999	○ $60,000–$79,999	○ $100,000–$124,999	○ $150,000–$199,999
○ Less than $20,000	○ $40,000–$59,999	○ $80,000–$99,999	○ $125,000–$149,999	○ Over $200,000

11. **Specialty you are COMPLETING in 2001** *(select only one)*

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

11.	12.
○	○ Allergy and Immunology
○	○ Anesthesiology (General)
○	○ Anesthesiology–Pain Management
○	○ Other Anesthesiology Subspecialty–specify: _____
○	○ Dermatology
○	○ Emergency Medicine
○	○ Family Practice
○	○ Internal Medicine (General)
○	○ Cardiology
○	○ Critical Care Medicine
○	○ Endocrinology and Metabolism
○	○ Gastroenterology
○	○ Geriatrics
○	○ Hematology/Oncology
○	○ Infectious Disease
○	○ Nephrology
○	○ Pulmonary Disease/CCM
○	○ Rheumatology
○	○ Other Internal Medicine Subspecialty–specify: _____
○	○ Internal Medicine and Pediatrics (Combined)
○	○ Neurology
○	○ Nuclear Medicine
○	○ Obstetrics and Gynecology (General)
○	○ Obstetrics and Gynecology (Subspecialty)–specify: _____
○	○ Pathology (General)
○	○ Pathology (Subspecialty)–specify: _____
○	○ Pediatrics (General)
○	○ Pediatrics (Subspecialty)–specify: _____
○	○ Physical Medicine and Rehabilitation
○	○ Preventive Medicine/Public Health/Occupational Medicine
○	○ Psychiatry
○	○ Child and Adolescent Psychiatry
○	○ Other Psychiatry Subspecialty–specify: _____
○	○ Radiology (Diagnostic)
○	○ Radiology (Therapeutic)
○	○ Surgery (General)
○	○ Cardio-Thoracic Surgery
○	○ Neurological Surgery
○	○ Ophthalmology
○	○ Orthopedic Surgery
○	○ Otolaryngology
○	○ Plastic Surgery
○	○ Urology
○	○ Other Surgical Subspecialty–specify: _____
○	○ Other–specify: _____

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)	○ Temporarily Out of Medicine
○ Additional Subspecialty Training or Fellowship	○ Other (specify): _____
○ Chief Resident	○ Undecided/Don't know yet
○ Teaching/Research (in Non-Training position)	

C. FUTURE PLANS

14. In your upcoming position, how many hours per week you expect to spend in each of the following activities.

	None	1–9	10–19	20–29	30–39	40–49	50–59	60+
Direct Patient Care	○	○	○	○	○	○	○	○
Research	○	○	○	○	○	○	○	○
Teaching	○	○	○	○	○	○	○	○
Administration	○	○	○	○	○	○	○	○
Community Service	○	○	○	○	○	○	○	○

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

- ○ Same City/County as Current Training
- ○ Same Region within California—but Different City/County
- ○ Other Area within California
- ○ Other State
- ○ Outside of U.S.
- ○ Don't know yet

16. If you are going on for additional training/fellowship, please answer the following:

A. Why are you subspecializing/continuing training? *(mark all that apply)*

- ○ To further your medical education
- ○ Unable to find a job you are happy with
- ○ Unable to find <u>any</u> job
- ○ To stay in the U.S. (i.e., due to visa status)
- ○ Other (specify): _____
- ○ Question does not apply

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

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

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

- ○ Yes
- ○ No

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

A. Have you actively searched for a job?

- ○ Yes
- ○ No, not yet
- ○ No, I will be self-employed

B. Have you been offered a job?

- ○ Yes, and I have accepted an offer
- ○ Yes, but I declined the offer(s) and am still searching (Skip to Question #29)
- ○ No, but I have not actively searched yet (Skip to Question #29)
- ○ No, I have not yet been offered any practice position (Skip to Question #29)

D. PRACTICE PLANS
If you are going into Patient Care

(If you are <u>not</u> going into Patient Care/Clinical Practice after completing your current training—<u>Skip to Part E.</u>)

19. Which best describes the type of Patient Care Practice you will be entering?

Principal Practice Setting *(mark only one)*	**Secondary Practice Setting(s)** *(mark all that apply)*	
○	○	Solo Practice
○	○	Partnership (2 person)
○	○	Group Practice—as owner/partner
○	○	Group Practice—as employee
○	○	Hospital—Inpatient
○	○	Hospital—Ambulatory Care
○	○	Hospital—Emergency Room
○	○	Freestanding Health Center or Clinic
○	○	HMO
○	○	Military
○	○	Other: _____

20. Is your principal practice setting one of the following:

- ○ VA Hospital
- ○ City/County Hospital
- ○ State Hospital
- ○ Publicly supported Health Center or Free Clinic
- ○ None of the Above

21. What is the zip code of the principal practice address at which you will be working (if zip is unknown, please give city/town and state)?

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

← **Principal Practice Zip Code**

City/Town _____ State _____

continue . . .

22. Do you expect to be at your principal practice for 4 or more years?

- ○ Yes
- ○ No

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. How will you be compensated at your principal practice:

- ○ Salary without Incentive
- ○ Salary with Incentive
- ○ Fee for Service
- ○ Other (specify): _____

25. Expected Gross Income during first year of practice:

A. Base Salary/Income	B. Anticipated Additional Incentive Income
○ Less than $70,000	○ Zero
○ $70,000–$79,999	○ Less than $5,000
○ $80,000–$89,999	○ $5,000–$9,999
○ $90,000–$99,999	○ $10,000–$14,999
○ $100,000–$109,999	○ $15,000–$19,999
○ $110,000–$119,999	○ $20,000–$24,999
○ $120,000–$129,999	○ $25,000–$29,999
○ $130,000–$139,999	○ $30,000–$34,999
○ $140,000–$149,999	○ $35,000–$39,999
○ $150,000–$174,999	○ $40,000–$44,999
○ $175,000–$200,000	○ $45,000–$50,000
○ Over $200,000	○ Over $50,000

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

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

27. In your upcoming practice, what is the **total number of hours per week** you will be spending in patient care/clinical practice activities:

- ○ None
- ○ Less than 10
- ○ 10 to 19
- ○ 20 to 29
- ○ 30 to 39
- ○ 40 to 49
- ○ 50 to 59
- ○ 60 or more

28. Will you be practicing in a federally designated Health Professional Shortage Area?

- ○ Yes
- ○ No
- ○ Unknown

E. EXPERIENCE IN JOB MARKET
(If you are going into patient care or considered going into patient care, please complete the following.)

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

- ○ Yes
- ○ No
- ○ Haven't looked yet (Skip to Question #32)

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

- ○ Overall Lack of Jobs/Practice Opportunities
- ○ Lack of Jobs in Desired Locations
- ○ Lack of Jobs in Desired Setting (ex., Hospital, HMO, Group Practice, etc.)
- ○ Inadequate Salary/Compensation Offered
- ○ Family/Spouse Considerations
- ○ Limited Opportunities Due to Visa Status
- ○ Other (specify): _____

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

- ○ Yes
- ○ No
- ○ Haven't looked yet (Skip to Question #32)

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

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

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

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

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

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

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