Residency Training Outcomes by Specialty in 2003 for California: A Summary of Responses to the 2000-2003 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 through 2003. 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 through 2003 in California and for the past six years (1998 through 2003) in New York. This report summarizes the results for California, by specialty, using aggregated data from 2000 to 2003. 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 and download: *Residency Training Outcomes by Specialty in 2003 for New York* (http://chws.albany.edu).

ACKNOWLEDGMENTS

The Center received assistance and guidance from Cathryn Nation, MD, Director-Academic Health Sciences in the UC Office of the Vice President – Health Affairs. The survey could not have been conducted without her assistance. The Center also acknowledges the assistance and essential role of the GME deans and directors at the academic centers and teaching hospitals in California. Funding for the analysis of the survey data was provided by the National Center for Health Workforce Analysis in the Bureau of Health Professions of the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services (HHS).

This report was prepared by David P. Armstrong and Gaetano J. Forte 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, HHS, HRSA, the Bureau of Health Professions, the National Center for Health Workforce Analysis, or the University of California.

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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 each of the past four years, 2000 - 2003. The survey instrument was developed originally by the Center in consultation with teaching hospitals around New York State. With the help of the University of California, the survey was adapted to meet California's requirements. Many of the questions on the California Exit Survey were designed to help assess demand for physicians by specialty.

In the month of May of each year from 2000 to 2003, the Center distributed the survey to GME leaders and administrators at teaching hospitals in California. Through the excellent collaboration of participating teaching hospitals, a total of 4,284 physicians responded to the survey. These physicians represented about 42% of the estimated 10,200 physicians completing a training program in the state during the four years. 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, it is estimated to be well above 50% for participating teaching hospitals.

This report presents specialty-specific statewide results. Comparisons were 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 many specialties.

KEY FINDINGS

1. Overall, the job market 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, 19% indicated the main reason for difficulty was an overall lack of jobs. Lack of jobs in desired locations (44%) was the most common reason for difficulty. The percentage who reported difficulty in California (24%) was less than the percentage that reported difficulty in New York State (31%).

- Fourteen percent (14%) of respondents had to change plans due to limited practice opportunities. Again, this percentage was below the percentage who found it necessary to change plans in New York (17%).

- 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.

Demand for primary care physicians (generalists - includes Family Practice, General Internal Medicine, General Pediatrics, and Combined Internal Medicine - Pediatrics) was weaker than for non-primary care physicians (specialists). Generalists experienced more difficulty and had a less optimistic outlook on 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 (3.89 versus 2.71).

- Specialists were less likely than generalists to have had difficulty finding a satisfactory practice position (20% versus 32%) and to have had to change plans due to limited practice opportunities (12% versus 18%).

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 Gastroenterology, Adult Psychiatry, Child and Adolescent Psychiatry, Anesthesiology - General, Cardiology, Urology, and Dermatology appeared to be strong.

- Pediatrics - General, Geriatrics, Pathology, Neurology, Internal Medicine and Pediatrics - Combined, and Internal Medicine General experienced weak demand.

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

- About 78% of graduates with confirmed practice plans were staying in state to begin practice. By comparison New York State retains about one-half (49%) of its graduates.

- In-state retention varied by specialty. Among specialties with at least 10 respondents, it ranged from 94% (Child and Adolescent Psychiatry) to 49% (Orthopedics).

About 25% of graduates were subspecializing. This was below the overall subspecialization rate in New York where a little over one-third (35%) of graduates planned to subspecialize after completing training.

- Among specialty groups, Surgery General (55%) and Surgical Subspecialties (41%) were most likely to subspecialize.
- Psychiatry (13%) and Internal Medicine Subspecialties (13%) were least likely to have graduates who were planning to subspecialize.

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. The experiences of new physicians provide particularly relevant and valuable information to 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 physician 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 training outcomes and the physician marketplace 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 uncover trends in demand and provide a useful tool for forecasting 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 to practice (i.e., in-state retention rate), 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.

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 2003 was identical to that which was used between 2000 and 2002. A copy of the instrument can be found in Appendix B.

Each year 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. 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 New York for processing, optical scanning, and analysis.

The Center received 1,183 completed surveys in 2000, 937 in 2001, 1,058 in 2002, and 1,106 in 2003, which are estimated to represent approximately 42% of the residents completing training in the state between 2000 and 2003. Approximately 71% 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, 2001, 2002, and 2003.

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, 2001, 2002, and 2003 California Exit Surveys.

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 California and 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 some might think it 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

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 4,284 of the estimated 10,200 residents completing training between 2000 and 2003 (a 42% response rate). 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.

FIGURE 0.1 Exit Survey Response Rate and Subgroups Used for Each Section of this Report

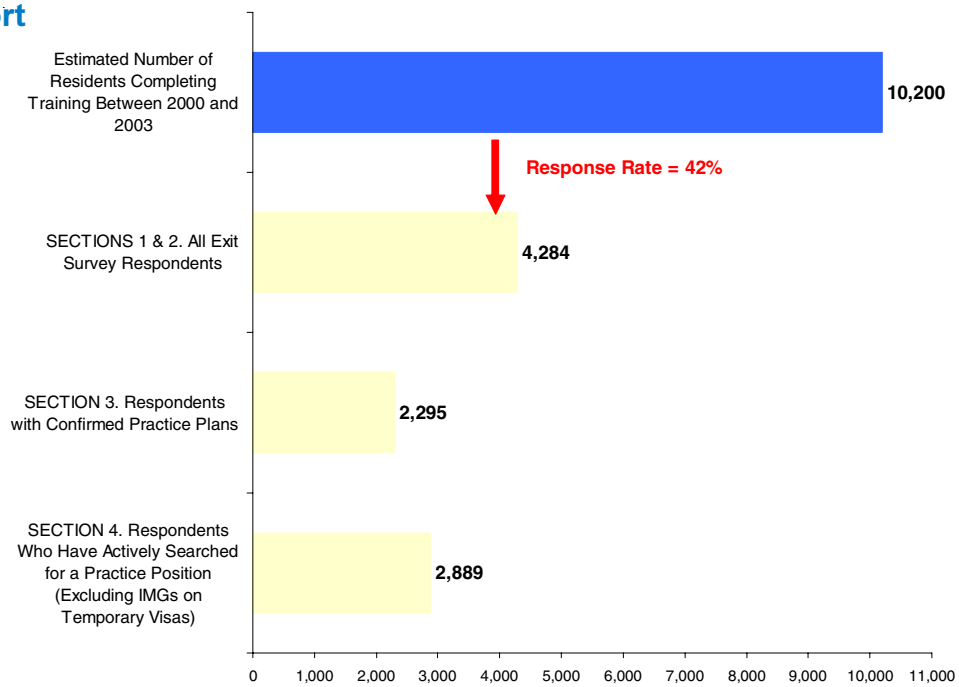


FIGURE 0.2 Number of Respondents (Cumulative Total for 2000 through 2003) to California Resident Exit Survey, by Affiliated Medical School

Affiliated Medical School	Number of Respondents
UC-Davis	617
UC-Irvine	439
UC-Los Angeles	759
UC-San Diego	451
UC-San Francisco	760
UC Total	**3,026**
COMP (Osteopathic)	0
King/Drew	215
Loma Linda	339
Stanford	115
USC	589
Non-UC Total	**1,258**
TOTAL	**4,284**

Data Presentation - Specialty Groupings

The report presents data for 8 specialty groupings and for 25 individual specialties. These 25 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, 2000-2003

Table 1.1 presents background characteristics of all Exit Survey respondents between 2000 and 2003. This information is presented because these variables are known to be associated with several outcome variables of interest. For example, IMGs, particularly those on temporary visas, are much more likely to report difficulty finding a satisfactory practice position. Thus, the proportion of IMGs in each specialty confounds (i.e., biases) the results when making comparisons across specialties.

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

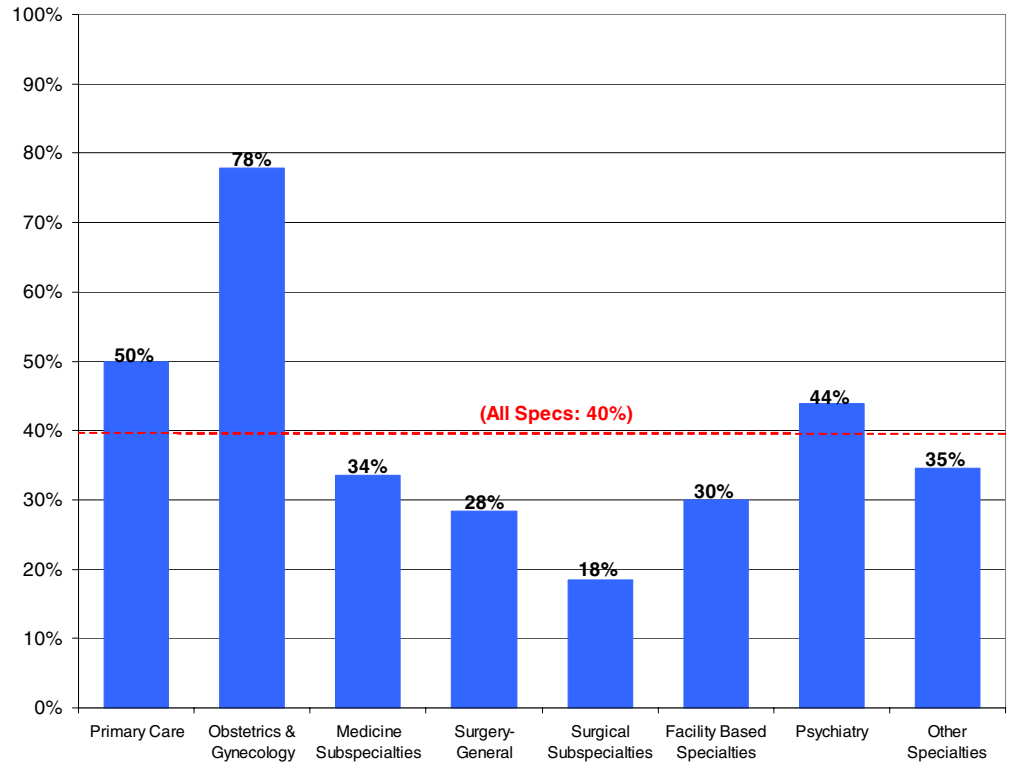


FIGURE 1.2 Percent of Under-represented Minority Respondents by Specialty Group (All Exit Survey Respondents)

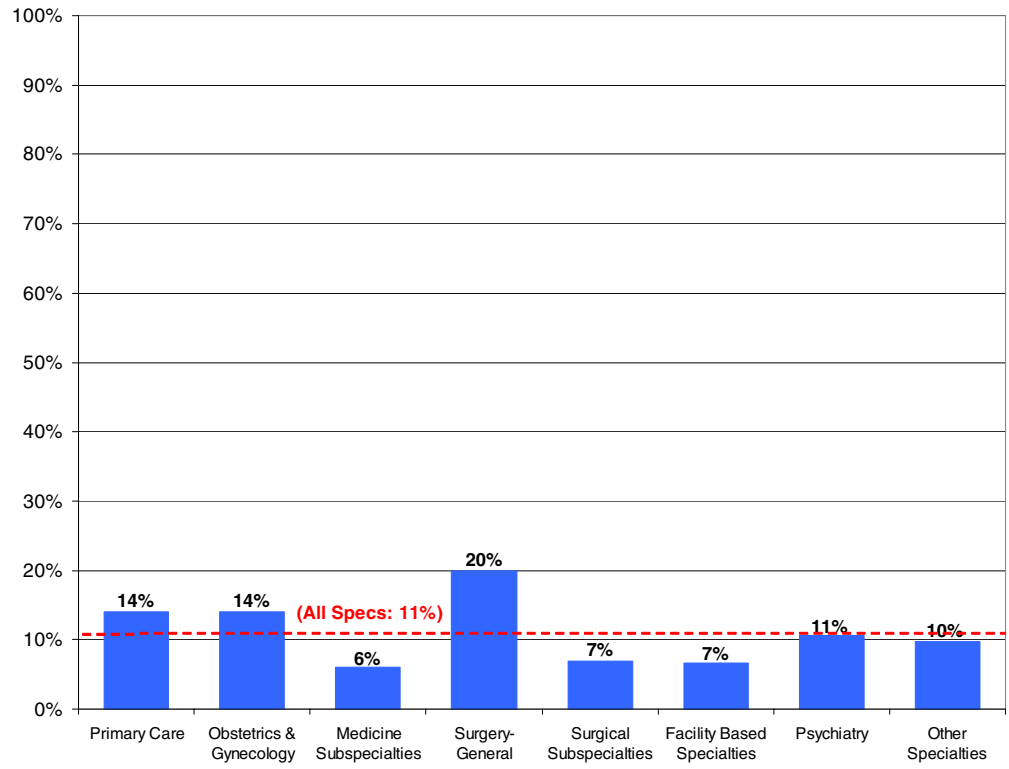


FIGURE 1.3 Location of Medical School and Citizenship Status (All Exit Survey Respondents)

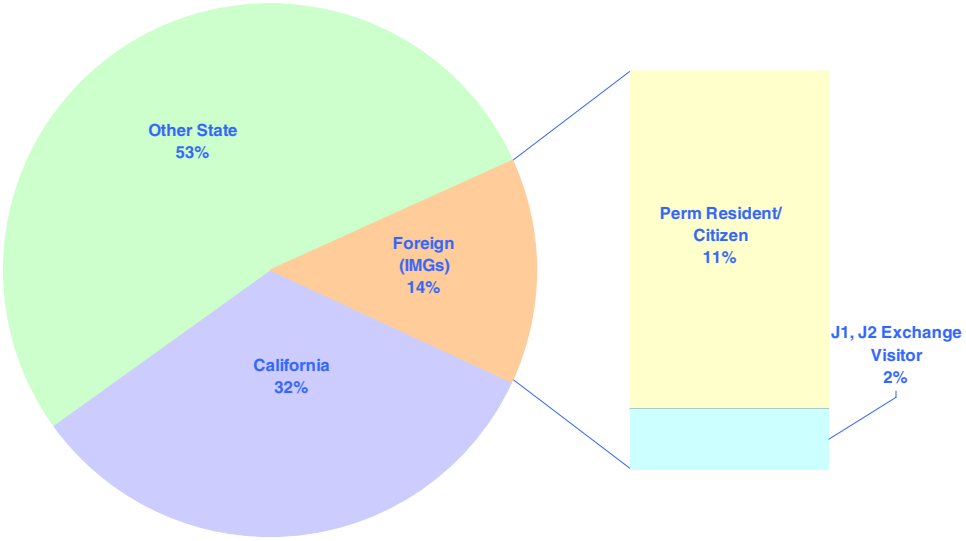


FIGURE 1.4 Percent of Respondents who are IMGs by Specialty Group (All Exit Survey Respondents)

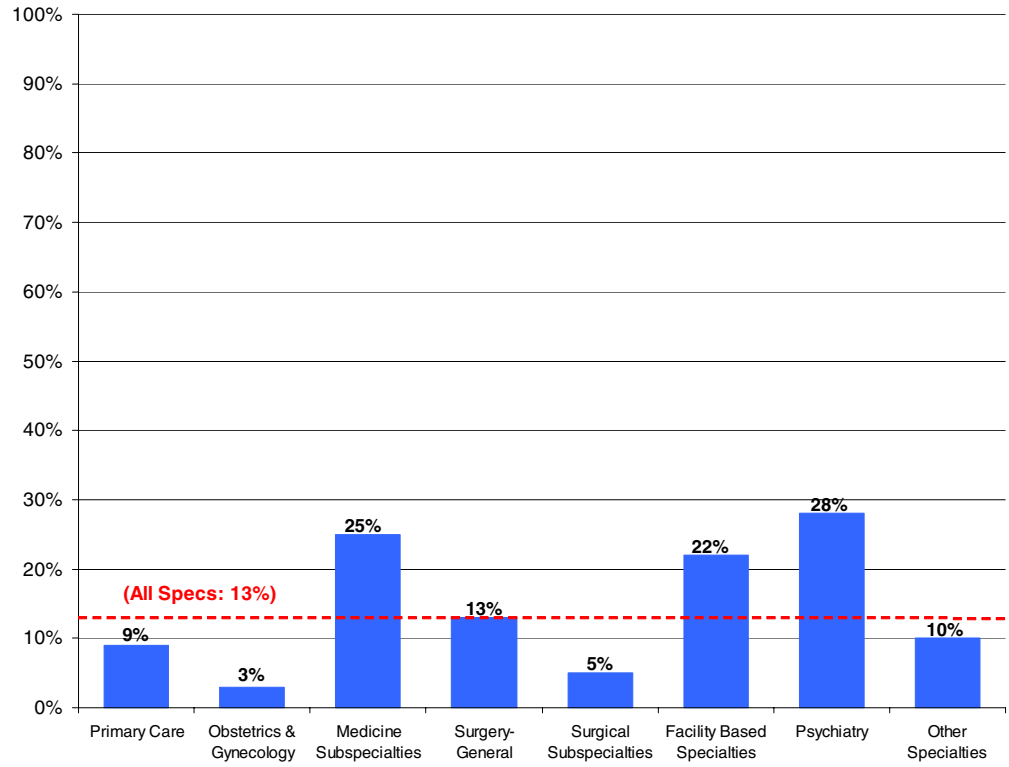


TABLE 1.1 Background Characteristics of Respondents (All Exit Survey Respondents)

Specialty*	Number of Resp (N)	% Female	% Under-rep Minorities**	% IMG***	% Temp Visa Holders****
Primary Care	**1,537**	**50%**	**14%**	**9%**	**1%**
Family Practice	541	51%	19%	6%	0%
Internal Medicine-General	575	39%	10%	14%	2%
Pediatrics-General	372	64%	14%	6%	1%
IM & Peds (Combined)	49	53%	11%	10%	0%
Obstetrics/Gynecology	**209**	**78%**	**14%**	**3%**	**1%**
Medicine Subspecialties	**426**	**34%**	**6%**	**25%**	**6%**
Cardiology	71	16%	1%	26%	4%
Gastroenterology	56	21%	8%	32%	4%
Geriatrics	55	62%	7%	22%	4%
Infectious Disease	33	24%	6%	18%	3%
Nephrology	50	28%	12%	26%	6%
Surgery-General	**153**	**28%**	**20%**	**13%**	**4%**
Surgical Subspecialties	**430**	**18%**	**7%**	**5%**	**2%**
Ophthalmology	93	38%	8%	9%	3%
Orthopedics	117	9%	3%	2%	0%
Otolaryngology	64	17%	8%	0%	2%
Urology	40	13%	13%	0%	0%
Facility Based	**651**	**30%**	**7%**	**22%**	**3%**
Anesthesiology-General	208	22%	7%	26%	2%
Pathology	138	56%	4%	43%	2%
Radiology	275	25%	7%	9%	3%
Psychiatry	**253**	**44%**	**11%**	**28%**	**5%**
Adult Psychiatry	132	42%	10%	26%	5%
Child & Adolescent Psych	66	48%	12%	35%	5%
Other	**584**	**35%**	**10%**	**10%**	**3%**
Dermatology	63	54%	7%	5%	0%
Emergency Medicine	235	25%	14%	2%	1%
Neurology	74	27%	6%	26%	10%
Pediatric Subspecialties	86	50%	6%	24%	11%
Physical Medicine & Rehab	45	27%	9%	18%	0%
All Specialties	**4,213**	**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 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.

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 indicating they were entering patient care/clinical pracitce were asked if they had actively searched for a job and if they had secured a position. Only those respondents who had accepted a job offer and those who would be self-employed (i.e., solo practice or partnership) were included in the subgroup "Patient Care with Confirmed Practice Plans" studied in Section 3 of this report.

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

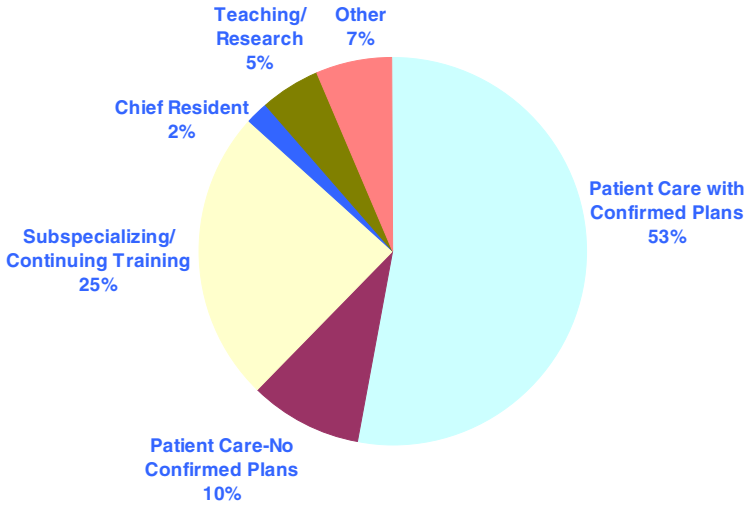


FIGURE 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group (All Exit Survey Respondents)

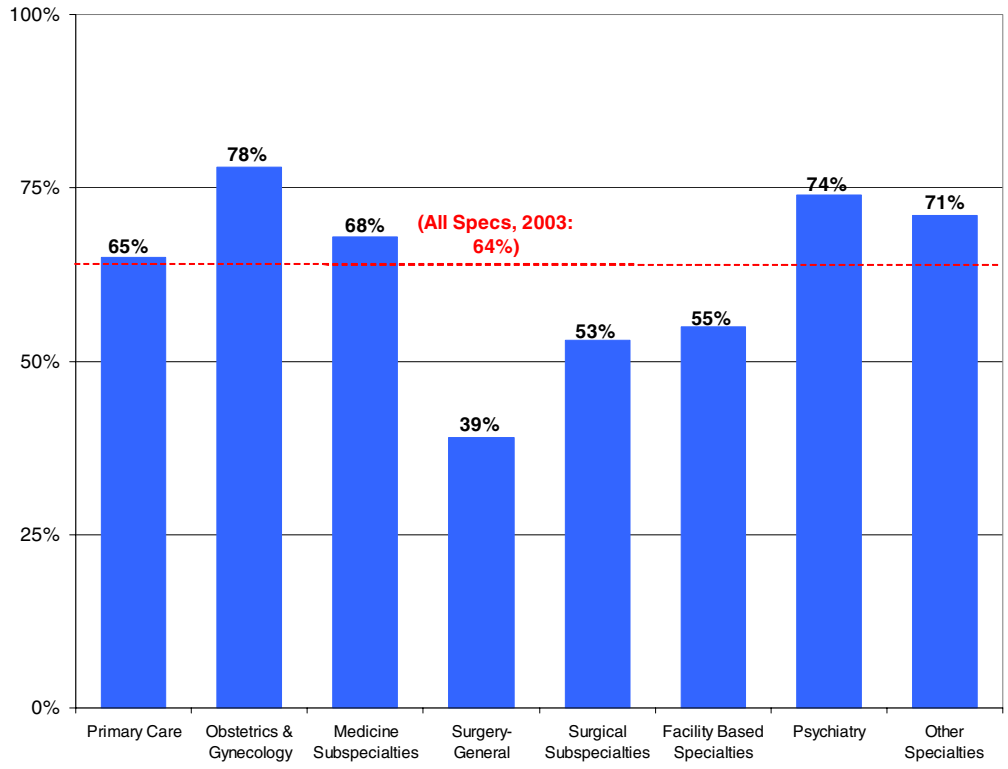


FIGURE 2.3 Rank of Percent of Respondents Entering Patient Care by Specialty (All Exit Survey Respondents)

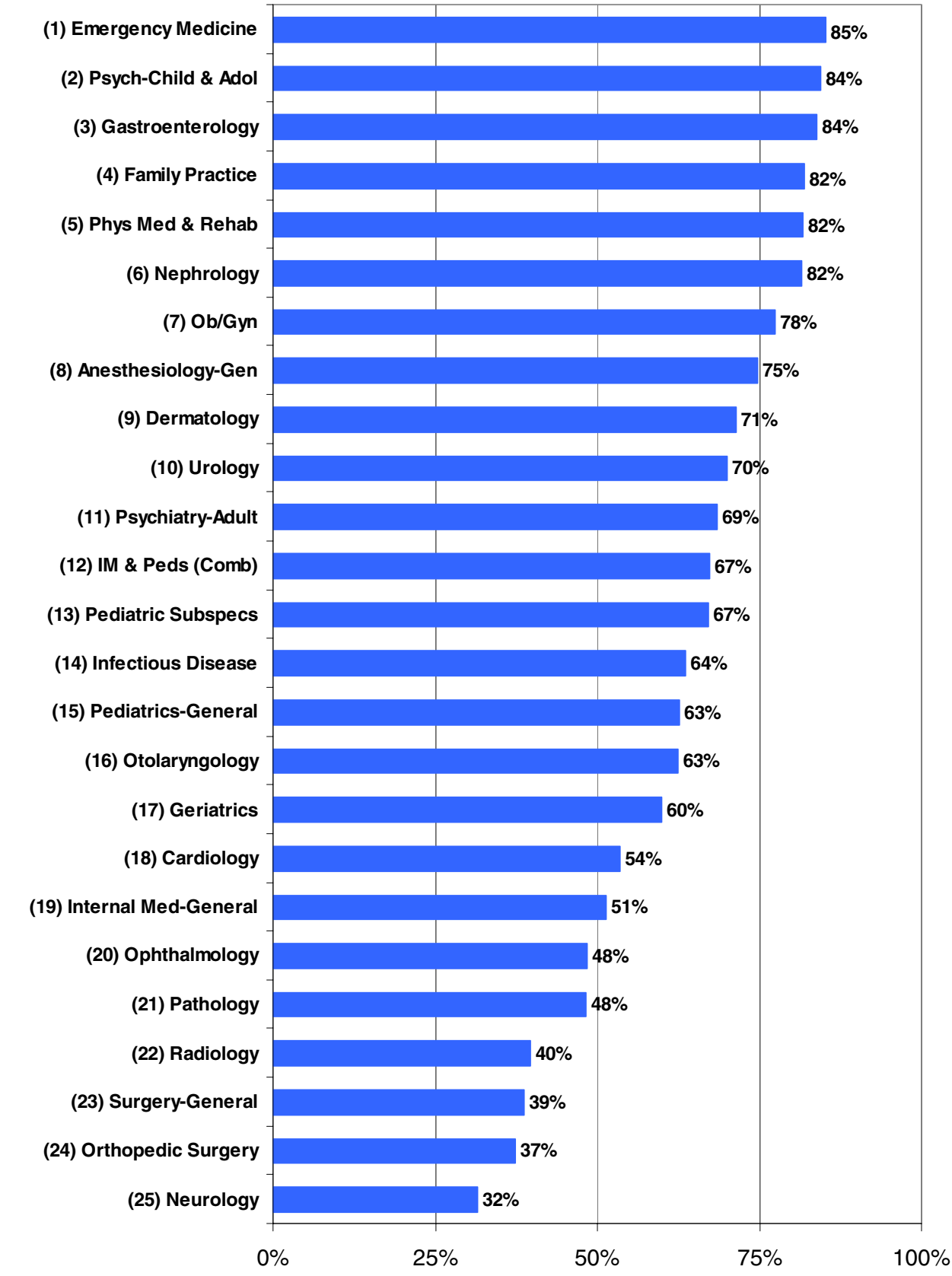


TABLE 2.1 Primary Activity After Completion of Current Training Program (All Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**65%**	**22%**	**5%**	**2%**	**5%**
Family Practice	82%	8%	1%	3%	5%
Internal Medicine-General	51%	35%	7%	2%	5%
Pediatrics-General	63%	22%	8%	2%	5%
IM & Peds (Combined)	67%	20%	6%	4%	2%
Obstetrics/Gynecology	**78%**	**15%**	**0%**	**4%**	**3%**
Medicine Subspecialties	**68%**	**13%**	**0%**	**13%**	**6%**
Cardiology	54%	37%	0%	3%	7%
Gastroenterology	84%	5%	0%	9%	2%
Geriatrics	6%	20%	0%	9%	11%
Infectious Disease	64%	9%	0%	24%	3%
Nephrology	82%	2%	0%	8%	8%
Surgery-General	**39%**	**55%**	**0%**	**4%**	**2%**
Surgical Subspecialties	**53%**	**42%**	**1%**	**1%**	**4%**
Ophthalmology	48%	46%	0%	0%	5%
Orthopedics	37%	59%	0%	0%	4%
Otolaryngology	63%	31%	0%	2%	5%
Urology	70%	30%	0%	0%	0%
Facility Based	**55%**	**37%**	**0%**	**3%**	**5%**
Anesthesiology-General	75%	20%	0%	3%	2%
Pathology	48%	38%	0%	3%	11%
Radiology	40%	54%	0%	2%	4%
Psychiatry	**74%**	**13%**	**0%**	**8%**	**6%**
Adult Psychiatry	69%	17%	1%	9%	5%
Child & Adolescent Psych	85%	6%	0%	3%	6%
Other	**71%**	**15%**	**1%**	**9%**	**5%**
Dermatology	71%	13%	2%	10%	5%
Emergency Medicine	85%	7%	1%	5%	1%
Neurology	32%	59%	0%	6%	4%
Pediatric Subspecialties	67%	7%	0%	20%	6%
Physical Medicine & Rehab	82%	16%	0%	2%	0%
All Specialties	**64%**	**25%**	**2%**	**9%**	**5%**

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 2,295 respondents had confirmed practice plans. One percent (1%) of respondents were planning to practice outside of the U.S. These physicians have been excluded from all other subsections within Section III of this report.

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

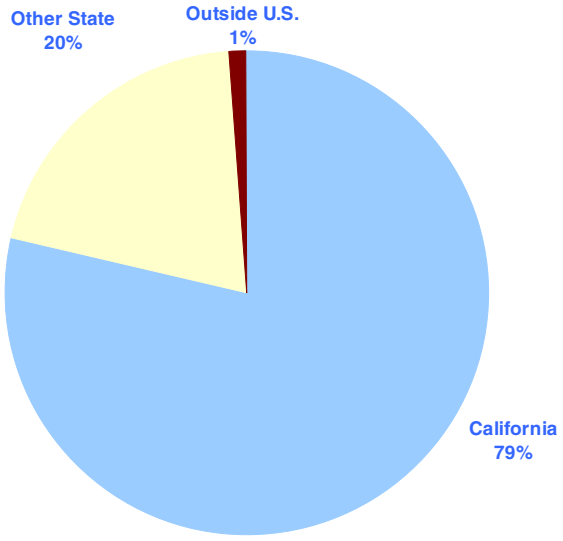


FIGURE 3.2 Percent of Respondents Entering Practice within California by Specialty Group (for Respondents with Confirmed Practice Plans)

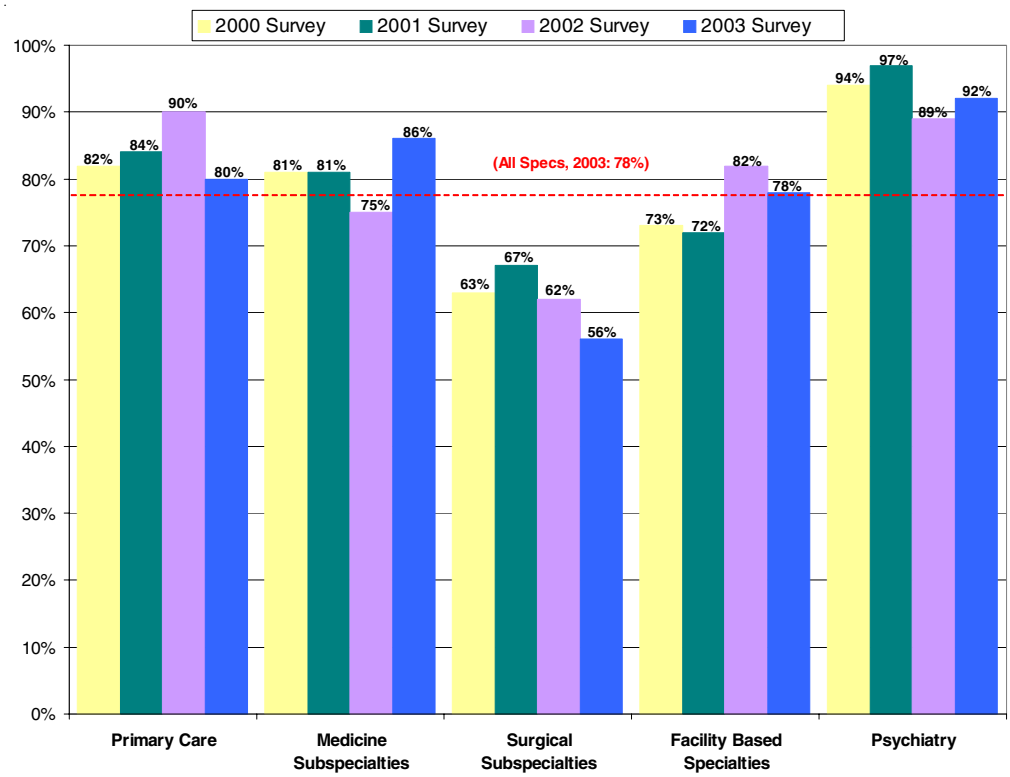


FIGURE 3.3 Rank of In-State Retention Rates by Specialty (for Exit Survey Respondent with Confirmed Practice Plans)

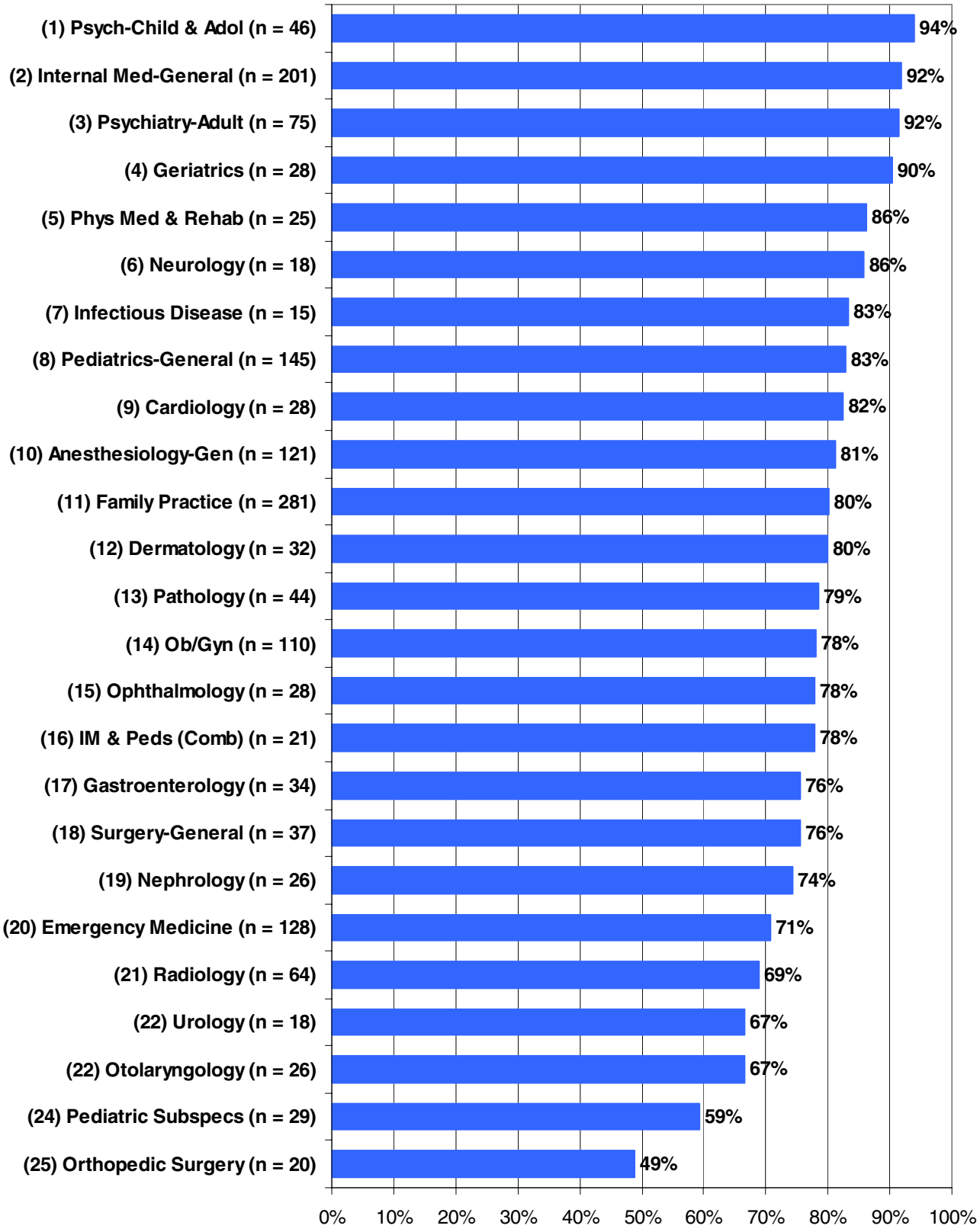


TABLE 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans*	LOCATION OF UPCOMING PRACTICE			
		Within California		Other State	Outside U.S.**
		Same Region	Other Area		
Primary Care	**772**	**71%**	**13%**	**15%**	**1%**
Family Practice	351	66%	14%	18%	2%
Internal Medicine-General	219	80%	12%	8%	0%
Pediatrics-General	175	70%	13%	16%	1%
IM & Peds (Combined)	27	63%	15%	22%	0%
Obstetrics/Gynecology	**141**	**59%**	**19%**	**22%**	**0%**
Medicine Subspecialties	**264**	**69%**	**11%**	**19%**	**1%**
Cardiology	34	77%	6%	18%	0%
Gastroenterology	45	62%	13%	22%	2%
Geriatrics	18	84%	7%	10%	0%
Infectious Disease	35	72%	11%	17%	0%
Nephrology	49	63%	11%	23%	3%
Surgery-General	**49**	**55%**	**20%**	**25%**	**0%**
Surgical Subspecialties	**203**	**47%**	**15%**	**36%**	**3%**
Ophthalmology	36	61%	17%	20%	3%
Orthopedics	41	29%	20%	49%	2%
Otolaryngology	39	49%	18%	31%	3%
Urology	27	56%	11%	33%	0%
Facility Based	**321**	**60%**	**16%**	**22%**	**2%**
Anesthesiology-General	149	67%	14%	17%	1%
Pathology	56	55%	23%	21%	0%
Radiology	93	55%	14%	28%	3%
Psychiatry	**150**	**84%**	**9%**	**7%**	**0%**
Adult Psychiatry	82	84%	7%	9%	0%
Child & Adolescent Psych	49	80%	14%	6%	0%
Other	**364**	**61%**	**11%**	**27%**	**1%**
Dermatology	40	65%	15%	20%	0%
Emergency Medicine	181	59%	12%	28%	1%
Neurology	21	81%	5%	14%	0%
Pediatric Subspecialties	49	53%	6%	41%	0%
Physical Medicine & Rehab	29	76%	10%	10%	1%
All Specialties	**2,264**	**65%**	**13%**	**20%**	**1%**

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

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

3.2 Practice Location

Table 3.2 shows the practice setting at which respondents would be practicing in their upcoming principal practice. The "Other" category includes "freestanding health center/clinic," "HMO," "military," and "other."

FIGURE 3.4 Type of Patient Care Practice of Respondent's Upcoming Principal Practice (for Exit Survey Respondents with Confirmed Practice Plans)

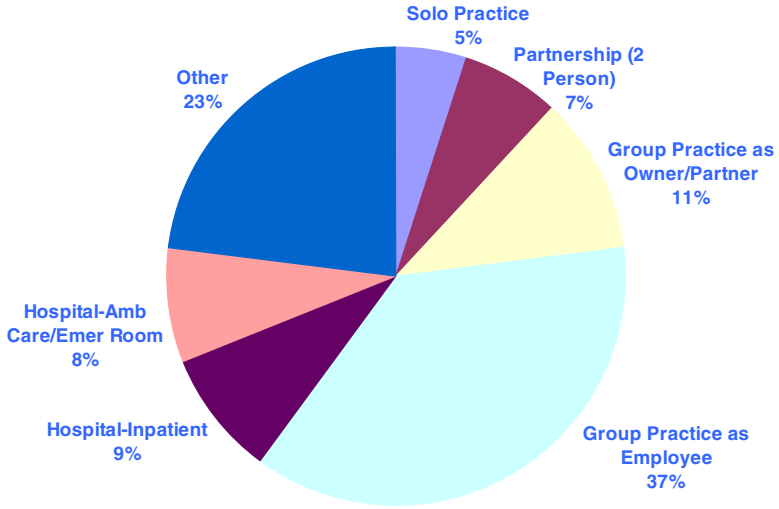


FIGURE 3.5. Practice Setting of Respondent's Upcoming Principal Practice (for Exit Survey Respondents with Confirmed Practice Plans)

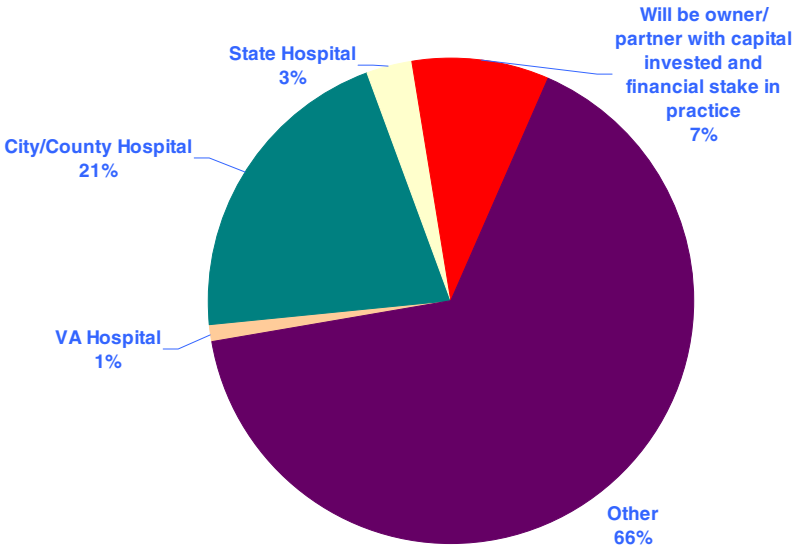


TABLE 3.2 Type of Patient Care Practice of Respondent's Upcoming Principal Practice (for Exit Survey Respondents with Confirmed Practice Plans)

	DEMOGRAPHICS					
Specialty	Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA*
Primary Care	**14%**	**32%**	**35%**	**13%**	**6%**	**15%**
Family Practice	13%	24%	33%	19%	12%	23%
Internal Medicine-General	17%	42%	34%	6%	1%	5%
Pediatrics-General	12%	36%	42%	8%	2%	8%
IM & Peds (Combined)	15%	26%	30%	19%	11%	19%
Obstetrics/Gynecology	**12%**	**24%**	**49%**	**13%**	**2%**	**8%**
Medicine Subspecialties	**18%**	**35%**	**36%**	**6%**	**4%**	**5%**
Cardiology	24%	42%	27%	6%	0%	3%
Gastroenterology	9%	39%	46%	7%	0%	0%
Geriatrics	16%	39%	32%	7%	7%	7%
Infectious Disease	24%	30%	35%	0%	12%	12%
Nephrology	18%	32%	41%	6%	3%	6%
Surgery-General	**13%**	**30%**	**43%**	**13%**	**2%**	**2%**
Surgical Subspecialties	**11%**	**35%**	**38%**	**14%**	**3%**	**3%**
Ophthalmology	3%	33%	52%	12%	0%	3%
Orthopedics	21%	23%	21%	28%	8%	8%
Otolaryngology	11%	34%	47%	8%	0%	5%
Urology	0%	48%	44%	8%	0%	0%
Facility Based	**20%**	**36%**	**32%**	**11%**	**1%**	**4%**
Anesthesiology-General	20%	41%	28%	11%	1%	3%
Pathology	30%	36%	23%	11%	0%	11%
Radiology	11%	31%	43%	14%	1%	0%
Psychiatry	**27%**	**43%**	**20%**	**7%**	**3%**	**5%**
Adult Psychiatry	37%	38%	16%	7%	1%	4%
Child & Adolescent Psych	19%	43%	26%	6%	6%	9%
Other	**20%**	**38%**	**31%**	**9%**	**2%**	**3%**
Dermatology	3%	26%	47%	24%	0%	0%
Emergency Medicine	24%	36%	30%	9%	2%	4%
Neurology	24%	29%	33%	14%	0%	5%
Pediatric Subspecialties	27%	57%	16%	0%	0%	0%
Physical Medicine & Rehab	14%	38%	45%	3%	0%	0%
All Specialties	**17%**	**34%**	**35%**	**11%**	**4%**	**8%**

*HPSA = Health Professional Shortage Area.

3.3 Demographics of Practice Location

Table 3.3 summarizes the responses to two questions relating to the demographics of the respondent's upcoming practice location. The first five columns give the demographics of the principal practice location and the last column gives the percentage of graduates entering practice in federally designated Health Professional Shortage Areas (HPSAs). It should be noted that (as is true with all data presented in this report) these numbers are based on self-reporting by respondents. It should also be noted that a large percentage indicated they "didn't know" if their upcoming practice fell within a federal HPSA.

FIGURE 3.6 Percent of Respondents Entering Practice in Rural and Inner City Areas by Location of Medical School and Citizenship Status (for Exit Survey Respondents from Primary Care Specialties with Confirmed Practice Plans)

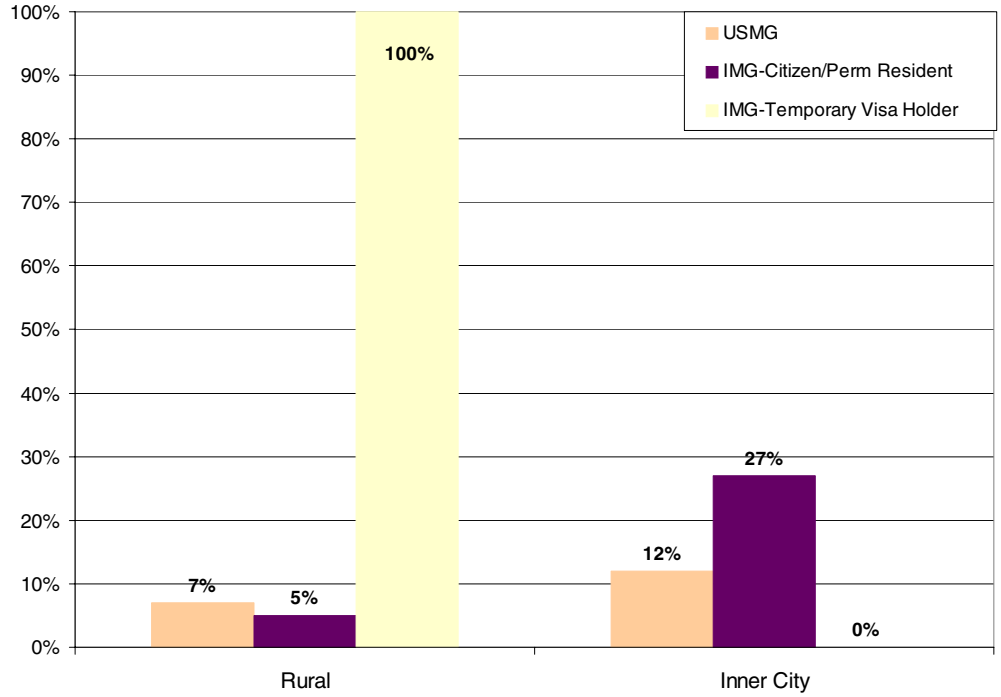


FIGURE 3.7 Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship (for Respondents from Primary Care Specialties with Confirmed Practice Plans)

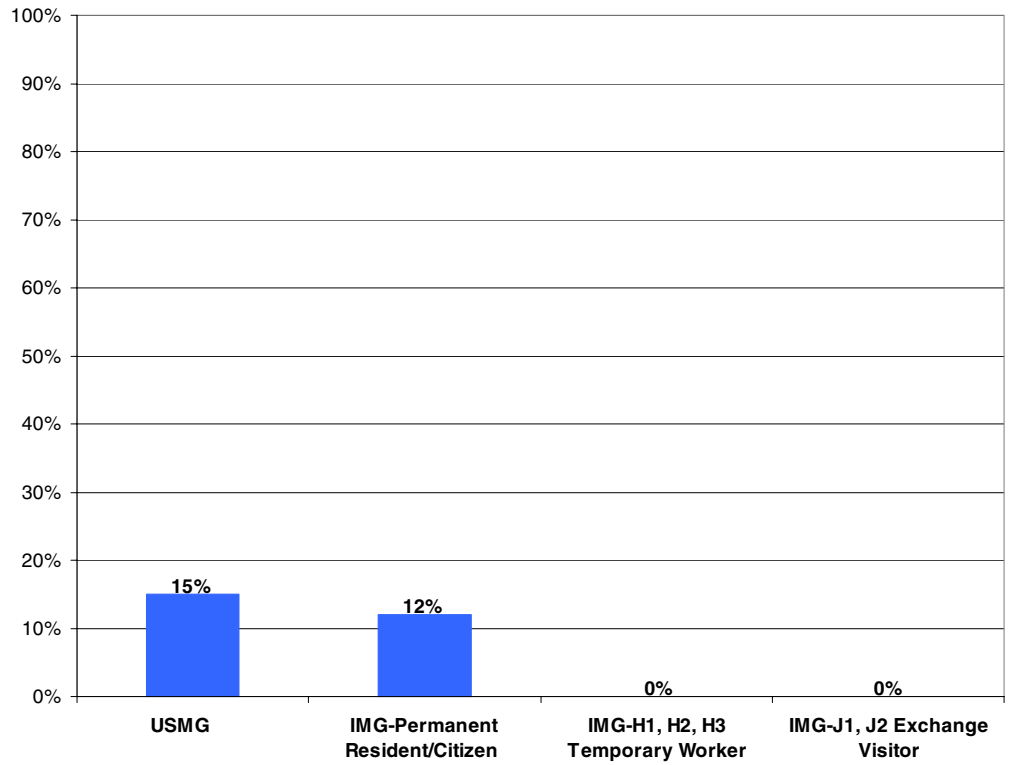


TABLE 3.3 Demographics of Practice Location (for Exit Survey Respondents with Confirmed Practice Plans)

	DEMOGRAPHICS					
Specialty	Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA*
Primary Care	**14%**	**32%**	**35%**	**13%**	**6%**	**15%**
Family Practice	13%	24%	33%	19%	12%	23%
Internal Medicine-General	17%	42%	34%	6%	1%	5%
Pediatrics-General	12%	36%	42%	8%	2%	8%
IM & Peds (Combined)	15%	26%	30%	19%	11%	19%
Obstetrics/Gynecology	**12%**	**24%**	**49%**	**13%**	**2%**	**8%**
Medicine Subspecialties	**18%**	**35%**	**36%**	**6%**	**4%**	**5%**
Cardiology	24%	42%	27%	6%	0%	3%
Gastroenterology	9%	39%	46%	7%	0%	0%
Geriatrics	16%	39%	32%	7%	7%	7%
Infectious Disease	24%	30%	35%	0%	12%	12%
Nephrology	18%	32%	41%	6%	3%	6%
Surgery-General	**13%**	**30%**	**43%**	**13%**	**2%**	**2%**
Surgical Subspecialties	**11%**	**35%**	**38%**	**14%**	**3%**	**3%**
Ophthalmology	3%	33%	52%	12%	0%	3%
Orthopedics	21%	23%	21%	28%	8%	8%
Otolaryngology	11%	34%	47%	8%	0%	5%
Urology	0%	48%	44%	8%	0%	0%
Facility Based	**20%**	**36%**	**32%**	**11%**	**1%**	**4%**
Anesthesiology-General	20%	41%	28%	11%	1%	3%
Pathology	30%	36%	23%	11%	0%	11%
Radiology	11%	31%	43%	14%	1%	0%
Psychiatry	**27%**	**43%**	**20%**	**7%**	**3%**	**5%**
Adult Psychiatry	37%	38%	16%	7%	1%	4%
Child & Adolescent Psych	19%	43%	26%	6%	6%	9%
Other	**20%**	**38%**	**31%**	**9%**	**2%**	**3%**
Dermatology	3%	26%	47%	24%	0%	0%
Emergency Medicine	24%	36%	30%	9%	2%	4%
Neurology	24%	29%	33%	14%	0%	5%
Pediatric Subspecialties	27%	57%	16%	0%	0%	0%
Physical Medicine & Rehab	14%	38%	45%	3%	0%	0%
All Specialties	**17%**	**34%**	**35%**	**11%**	**4%**	**8%**

*HPSA = Health Professionals Shortage Area.

3.4 Expected Starting Income

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

FIGURE 3.8 Descriptive Statistics for Starting Income (in $1,000s) by Specialty Group (for Exit Survey Respondents with Confirmed Practice Plans)

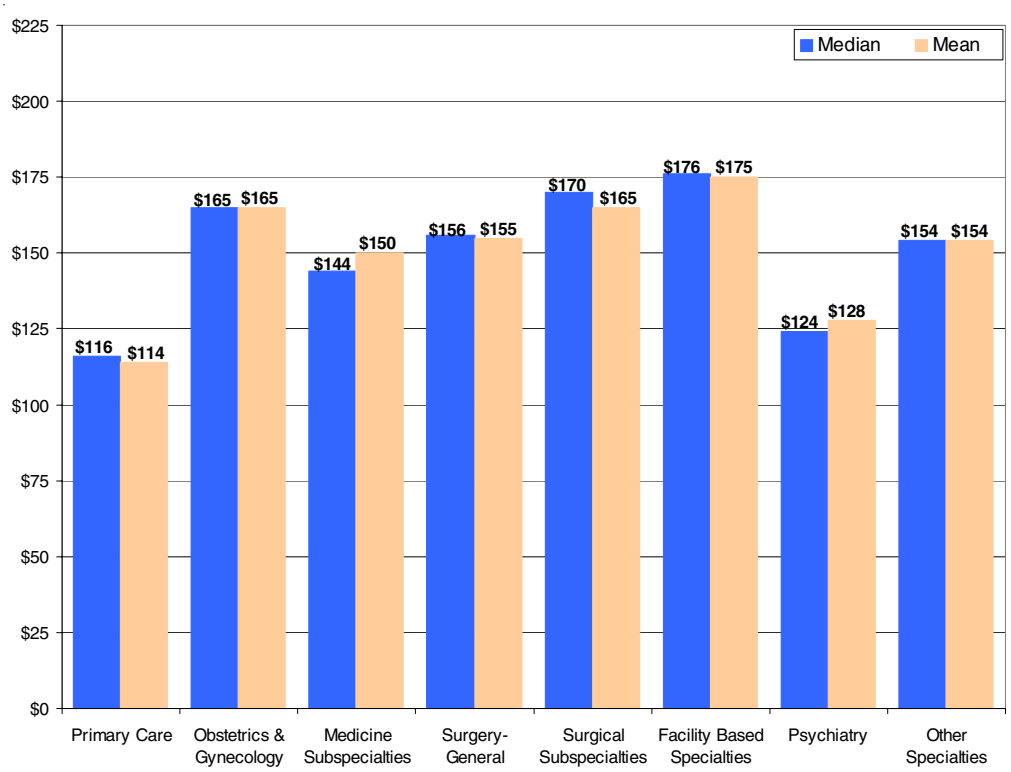


FIGURE 3.9 Distribution of Starting Income by Primary Care vs. Non-Primary Care (for Exit Survey Respondents with Confirmed Practice Plans)

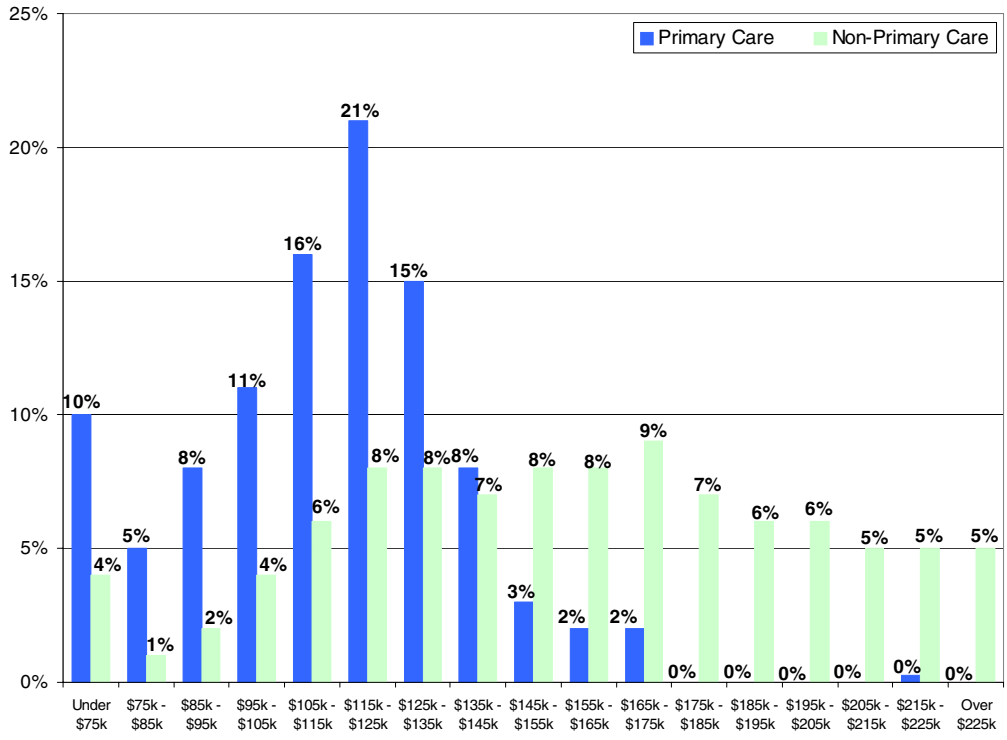


FIGURE 3.10 Rank of Median Starting Income (in 1,000s) by Specialty (for Exit Survey Respondents with Confirmed Practice Plans)

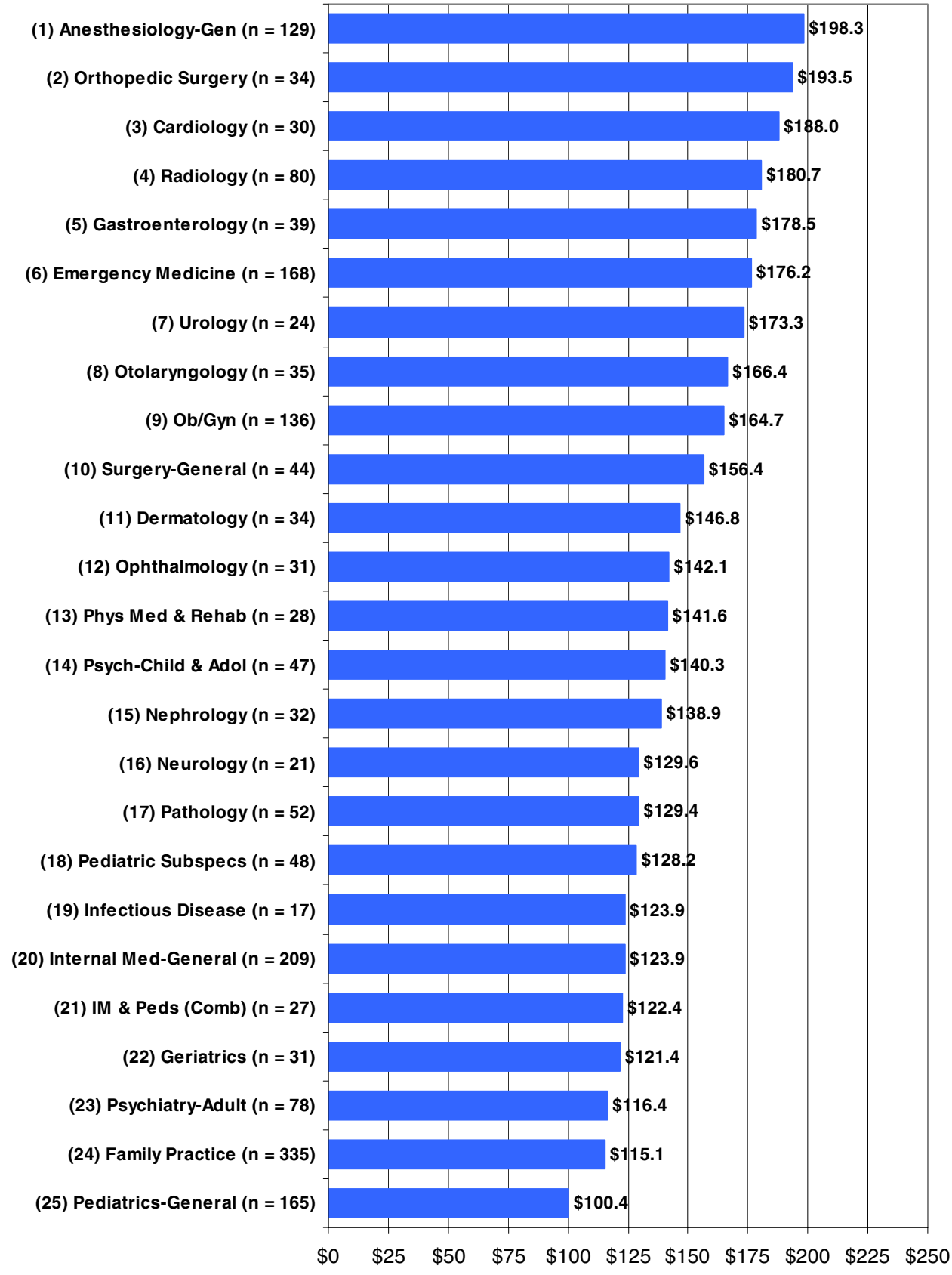


TABLE 3.4 Descriptive Statistics for Respondents Expected Starting Income (for Exit Survey Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK* (of 25)	MEDIAN	RANK (of 25)
Primary Care	**736**	**$113,621**	N/A	**$115,500**	N/A
Family Practice	335	$113,217	24	$115,100	24
Internal Medicine-General	209	$123,875	21	$123,900	20
Pediatrics-General	165	$99,608	25	$100,400	25
IM & Peds (Combined)	27	$124,889	20	$122,400	21
Obstetrics/Gynecology	**136**	**$164,966**	**9**	**$164,650**	**9**
Medicine Subspecialties	**247**	**$150,477**	N/A	**$144,400**	N/A
Cardiology	30	$183,653	3	$187,950	3
Gastroenterology	39	$174,543	5	$178,500	5
Geriatrics	31	$126,168	22	$121,400	22
Infectious Disease	17	$122,671	19	$123,900	19
Nephrology	32	$141,856	15	$138,850	15
Surgery-General	**44**	**$154,795**	**10**	**$156,400**	**10**
Surgical Subspecialties	**177**	**$165,244**	N/A	**$169,600**	N/A
Ophthalmology	31	$134,723	12	$142,100	12
Orthopedics	34	$192,594	2	$193,500	2
Otolaryngology	35	$161,506	8	$166,400	8
Urology	24	$170,092	7	$173,250	7
Facility Based	**281**	**$174,748**	N/A	**$176,300**	N/A
Anesthesiology-General	129	$190,204	1	$198,300	1
Pathology	52	$128,390	17	$129,350	17
Radiology	80	$177,988	4	$180,700	4
Psychiatry	**144**	**$127,536**	N/A	**$123,600**	N/A
Adult Psychiatry	78	$119,799	23	$116,350	23
Child & Adolescent Psych	47	$140,783	14	$140,300	14
Other	**336**	**$154,498**	N/A	**$153,750**	N/A
Dermatology	34	$142,026	11	$146,800	11
Emergency Medicine	168	$171,548	6	$176,200	6
Neurology	21	$127,748	16	$129,600	16
Pediatric Subspecialties	48	$130,663	18	$128,200	18
Physical Medicine & Rehab	28	$146,350	13	$141,600	13
Total (All Specialties)	**2,101**	**$142,155**	N/A	**$133,800**	N/A

*Rank based on 25 specialties, ranked in descending order (i.e., specialty with the highest income ranked #1, lowest income ranked #25).

3.5 Expected Work Hours

Respondents were asked about the number of hours per week they expected to spend in patient care/ clinical practice activities in their upcoming practice position. While new physicians may not know exactly how many hours they will be working, they are likely to know within the 10 hours intervals provided as choices on the survey. It is important to know how many hours graduates will be working in their upcoming practices because this variable has an impact on issues related to workforce planning and compensation.

FIGURE 3.11 Expected Number of Weekly Patient Care/Clinical Practice Hours Ranked by Specialty (for Exit Survey Respondents with Confirmed Practice Plans)

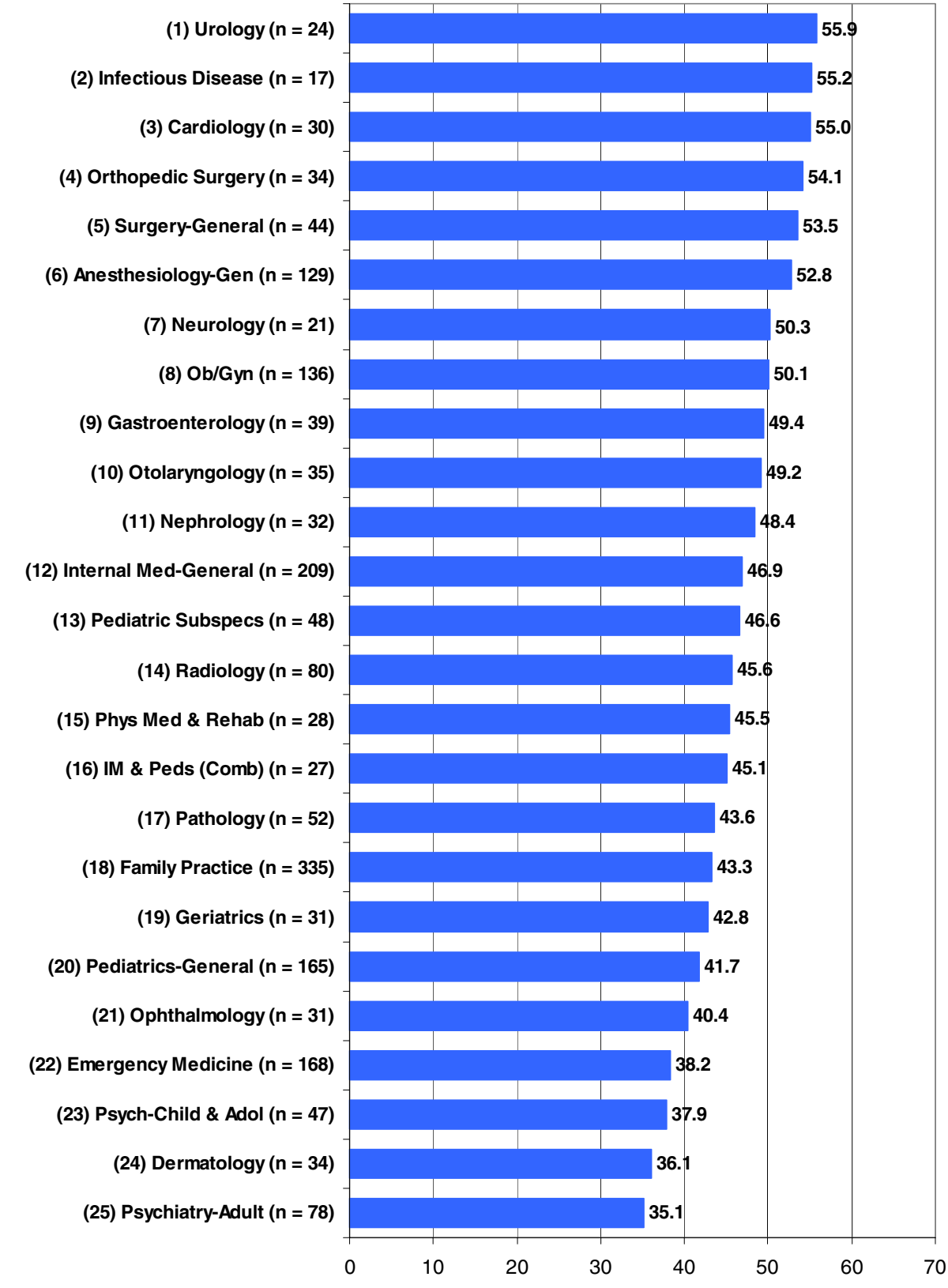


TABLE 3.5 Expected Weekly Number of Patient Care/Clinical Practice Hours by Gender* (for Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**45.3**	**42.9**	**44.1**
Family Practice	43.6	43.0	43.3
Internal Medicine-General	47.8	45.9	46.9
Pediatrics-General	44.8	39.9	41.7
IM & Peds (Combined)	48.1 (n = 8)	43.8	45.0
Obstetrics/Gynecology	**50.4**	**49.9**	**50.1**
Medicine Subspecialties	**49.7**	**44.2**	**47.9**
Cardiology	57.2	47.1 (n = 7)	55.0
Gastroenterology	49.9	47.3 (n = 8)	49.4
Geriatrics	42.3	43.2	42.8
Infectious Disease	54.5	58.7 (n = 3)	55.2
Nephrology	47.7	50.2 (n = 9)	48.4
Surgery-General	**52.4**	**55.1**	**53.5**
Surgical Subspecialties	**51.5**	**46.3**	**50.6**
Ophthalmology	42.5	35.8	53.5
Orthopedics	54.4	54.7 (n = 3)	40.4
Otolaryngology	49.7	46.7 (n = 6)	54.1
Urology	56.2	53.7 (n = 3)	49.2
Facility Based	**50.2**	**45.7**	**49.0**
Anesthesiology-General	53.2	51.4	55.9
Pathology	45.6	41.5	52.8
Radiology	47.3	41.2	45.6
Psychiatry	**37.1**	**35.6**	**36.7**
Adult Psychiatry	35.8	34.3	35.1
Child & Adolescent Psych	38.7	36.1	37.9
Other	**42.5**	**37.8**	**41.0**
Dermatology	39.4	32.1	36.1
Emergency Medicine	39.2	35.1	38.2
Neurology	48.5	53.1 (n = 8)	50.3
Pediatric Subspecialties	52.4	42.3	46.6
Physical Medicine & Rehab	47.2	40.1 (n = 7)	45.5
Total (All Specialties)	**46.7**	**43.4**	**45.3**

*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. Patient care/clinical practice hours has been stratified by gender because females expected to work significantly fewer hours than males.

SECTION IV

Experiences in Searching for a Practice Position (IMGs on Temporary Visas Excluded)

This section summarizes the responses to several questions on graduates' experiences in searching for a practice position and their general perceptions of the job market for their specialty. Any respondent who was entering or who considered entering patient care/clinical practice was asked to complete this section of the survey. The responses of IMGs on temporary visas have been excluded from this section because they had significantly more difficulty due to their visa status. Figure 4.1 illustrates the differences between temporary visa holders and other respondents in terms of the difficulty they faced in finding a job. Respondents indicating that they had not yet actively searched for a practice position were also excluded.

Each subsection within Section IV summarizes the aggregated responses to questions on the 2000 through 2003 surveys. For each item, specialties are ranked to determine where each specialty stands relative to all 25 specialities. Comparisons of California respondents and New York State respondents are also presented. In Section 4.7, composite measures of demand are computed using all demand variables to measure the relative demand for each specialty.

4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

Table 4.1 gives the percent of respondents who reported having difficulty finding a practice position with which they were satisfied. As noted above, this table summarizes the aggregated responses over the four years the survey has been conducted.

FIGURE 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position and Having to Change Plans Due to Limited Practice Opportunities by Location of Medical School and Citizenship Status (of Respondents Who Have Searched for a Job)

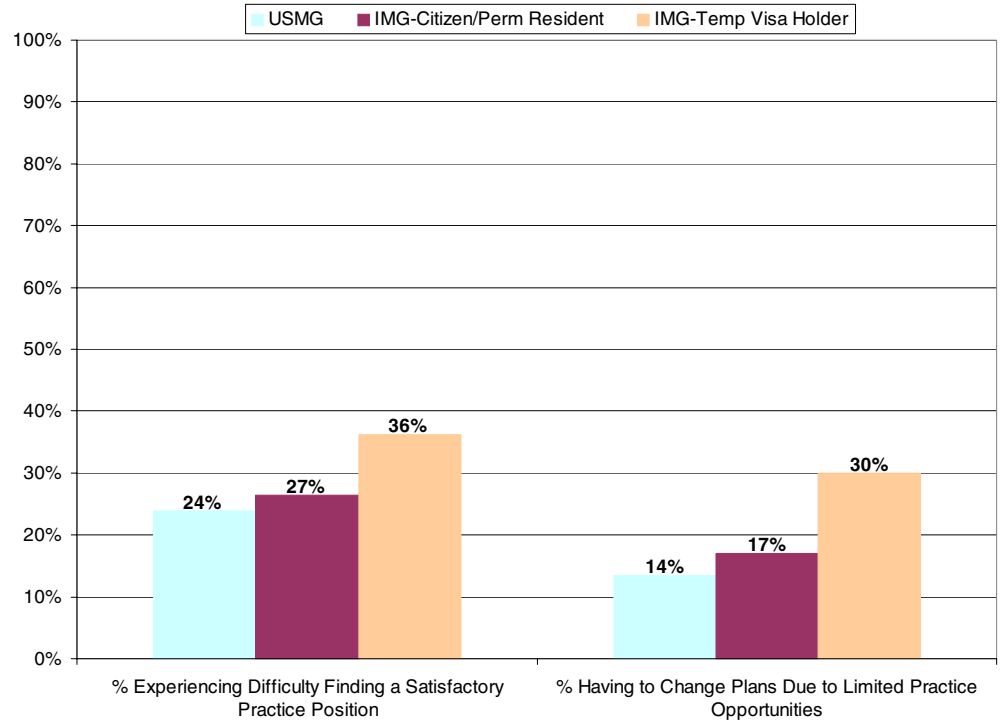


FIGURE 4.2 Main Reason for Difficulty Finding a Satisfactory Practice Position (of Respondents Who Reported Having Difficulty, IMGs on Temp Visas Excluded)

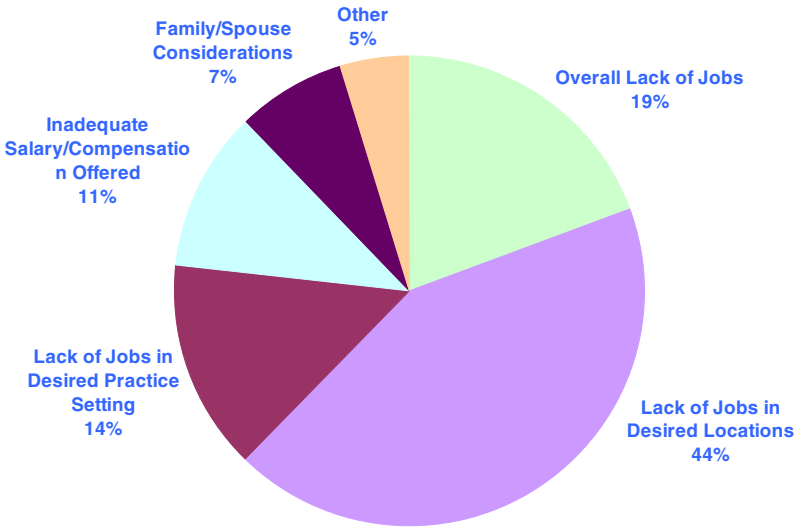


FIGURE 4.3 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

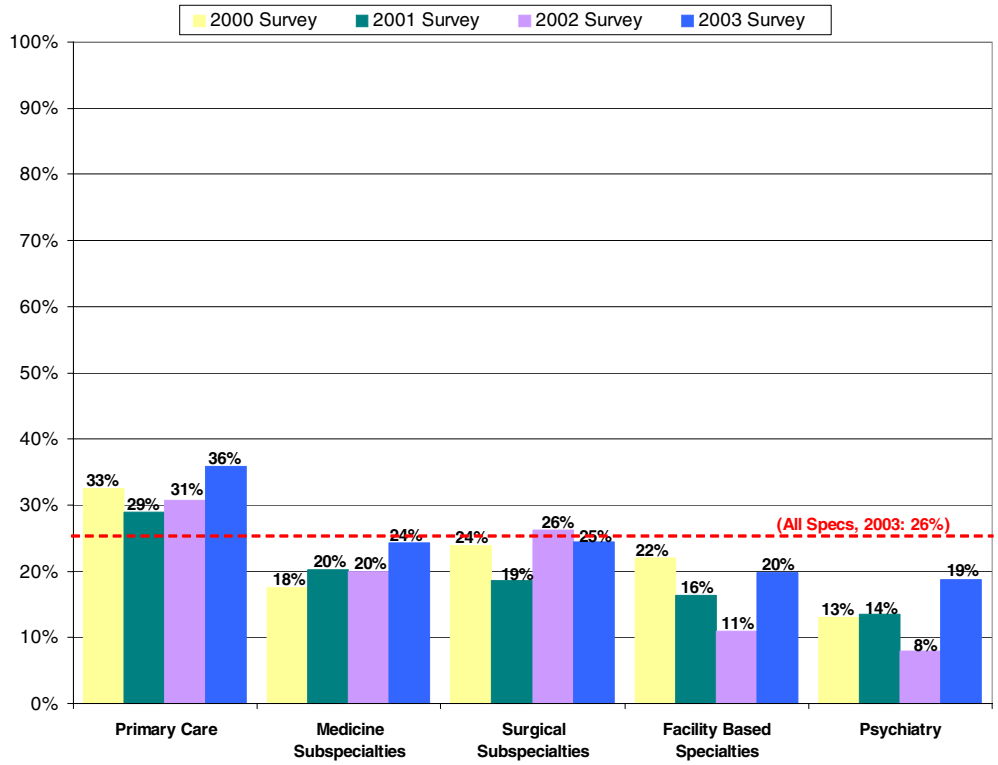


FIGURE 4.4 Rank of Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

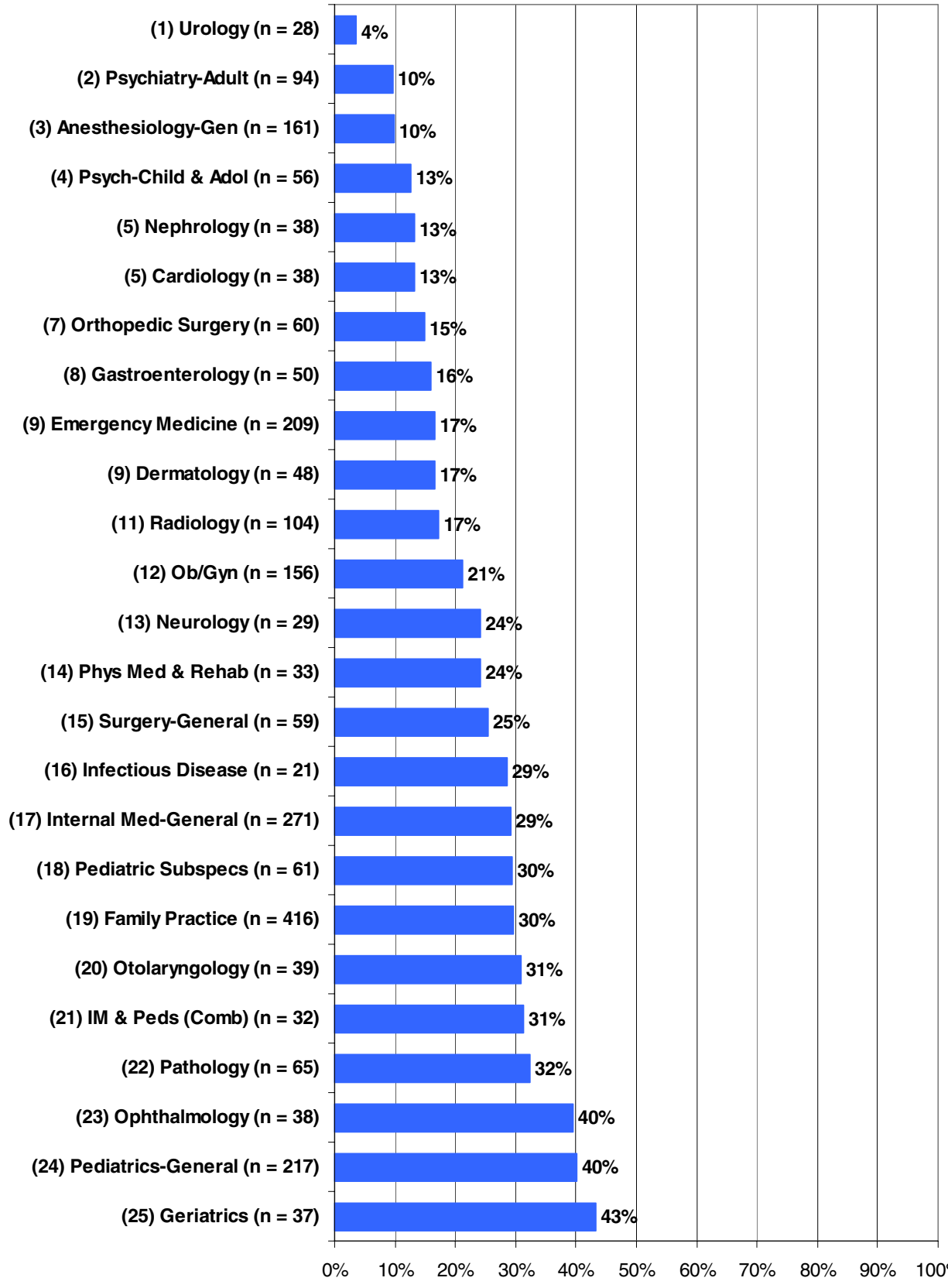


TABLE 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	California (Aggregated: 2000 - 2003)	RANK (of 25)	New York (Aggregated: 2000 - 2003)	RANK (of 25)
Primary Care	**32%**	N/A	**45%**	N/A
Family Practice	30%	19	39%	18
Internal Medicine-General	29%	17	51%	24
Pediatrics-General	40%	24	43%	21
IM & Peds (Combined)	31%	21	29%	17
Obstetrics/Gynecology	**21%**	12	**28%**	16
Medicine Subspecialties	**21%**	N/A	**27%**	N/A
Cardiology	13%	5	20%	9
Gastroenterology	16%	8	17%	6
Geriatrics	43%	25	42%	20
Infectious Disease	29%	16	21%	11
Nephrology	13%	5	26%	15
Surgery-General	**25%**	15	**43%**	22
Surgical Subspecialties	**23%**	N/A	**27%**	N/A
Ophthalmology	39%	23	41%	19
Orthopedics	15%	7	20%	9
Otolaryngology	31%	20	25%	14
Urology	4%	1	12%	3
Facility Based	**17%**	N/A	**17%**	N/A
Anesthesiology-General	10%	3	10%	1
Pathology	32%	22	51%	25
Radiology	17%	11	14%	4
Psychiatry	**13%**	N/A	**17%**	N/A
Adult Psychiatry	10%	2	17%	7
Child & Adolescent Psych	13%	4	17%	5
Other	**21%**	N/A	**21%**	N/A
Dermatology	17%	9	19%	8
Emergency Medicine	17%	10	12%	2
Neurology	24%	13	22%	12
Pediatric Subspecialties	30%	18	24%	13
Physical Medicine & Rehab	24%	14	45%	23
Total (All Specialties)	**24%**	N/A	**31%**	N/A

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

4.2 Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities

Table 4.2 gives the percentage of respondents who had to change their plans due to limited practice opportunities. The table presents aggregate data comparing California respondents with New York State respondents.

FIGURE 4.5 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

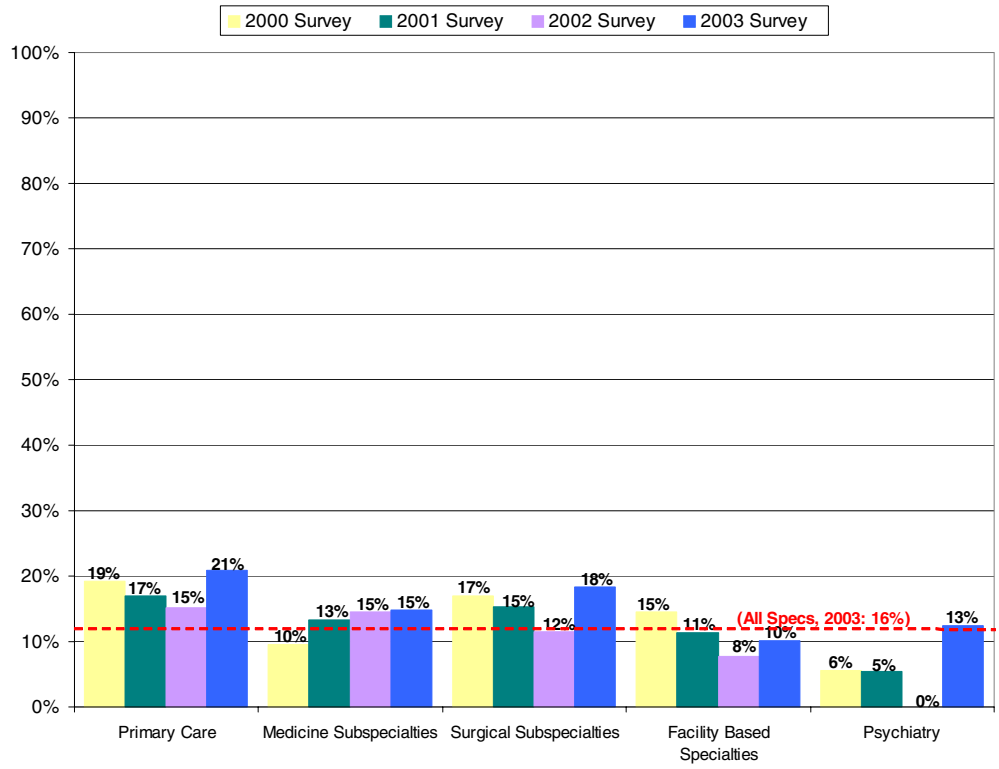


FIGURE 4.6 Rank of Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

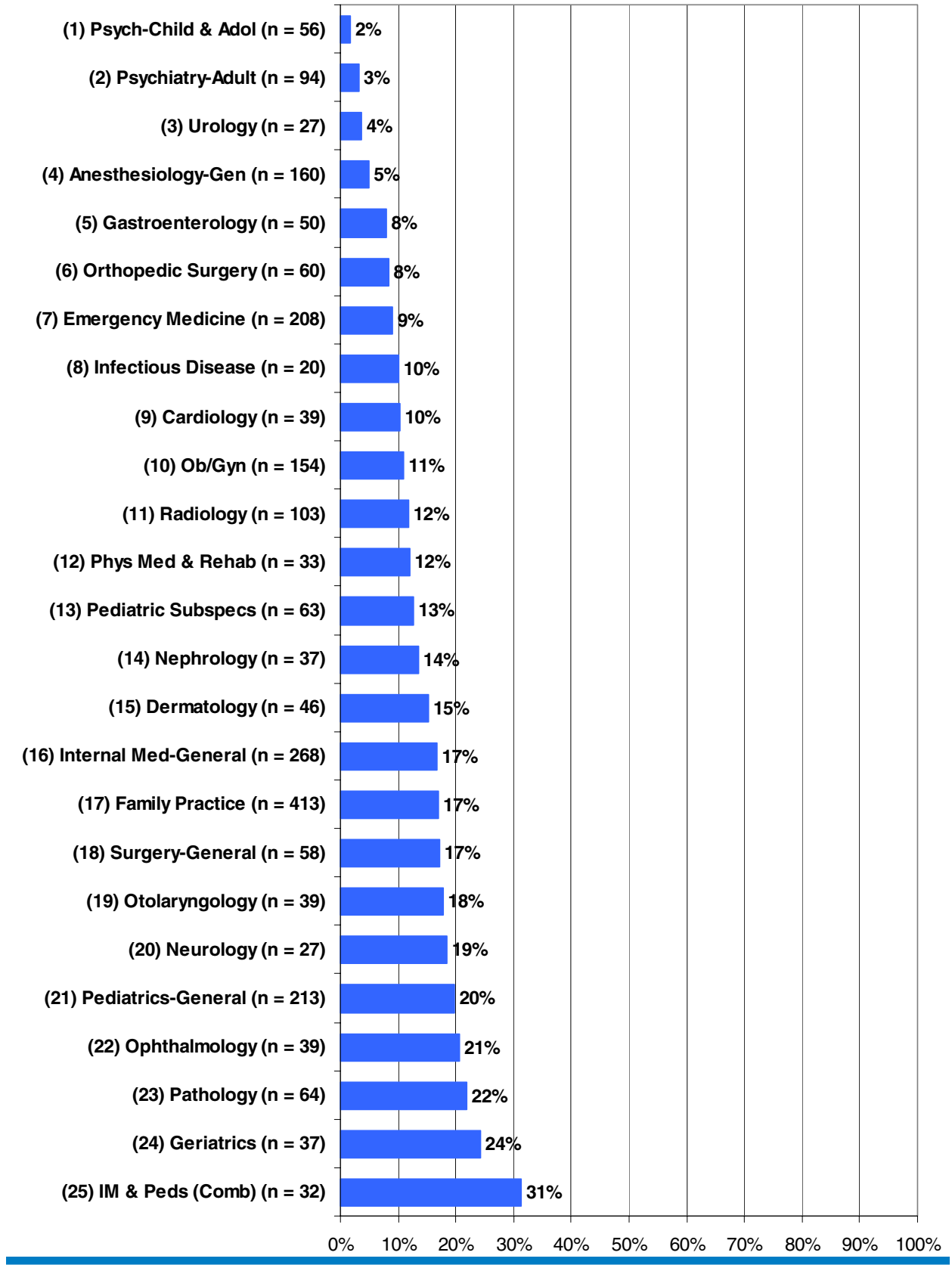


TABLE 4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	California (Aggregated: 2000 - 2003)	RANK (of 25)	New York (Aggregated: 2000 - 2003)	RANK (of 25)
Primary Care	**18%**	N/A	**23%**	N/A
Family Practice	17%	17	22%	19
Internal Medicine-General	17%	16	26%	24
Pediatrics-General	20%	21	22%	18
IM & Peds (Combined)	31%	25	13%	11
Obstetrics/Gynecology	**11%**	10	**12%**	10
Medicine Subspecialties	**13%**	N/A	**17%**	N/A
Cardiology	10%	9	11%	8
Gastroenterology	8%	5	11%	9
Geriatrics	24%	24	21%	17
Infectious Disease	10%	8	25%	22
Nephrology	14%	14	16%	15
Surgery-General	**17%**	18	**23%**	20
Surgical Subspecialties	**15%**	N/A	**18%**	N/A
Ophthalmology	21%	22	25%	23
Orthopedics	8%	6	15%	14
Otolaryngology	18%	19	15%	13
Urology	4%	3	4%	1
Facility Based	**11%**	N/A	**9%**	N/A
Anesthesiology-General	5%	4	4%	2
Pathology	22%	23	24%	21
Radiology	12%	11	10%	6
Psychiatry	**5%**	N/A	**11%**	N/A
Adult Psychiatry	3%	2	11%	7
Child & Adolescent Psych	2%	1	9%	4
Other	**13%**	N/A	**14%**	N/A
Dermatology	15%	15	9%	4
Emergency Medicine	10%	7	9%	3
Neurology	19%	20	15%	12
Pediatric Subspecialties	13%	13	18%	16
Physical Medicine & Rehab	12%	12	27%	25
Total (All Specialties)	**13%**	N/A	**17%**	N/A

4.3 Number of Job Offers Received

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

FIGURE 4.7 Mean Number of Job Offers Received by Respondents by Specialty Group (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

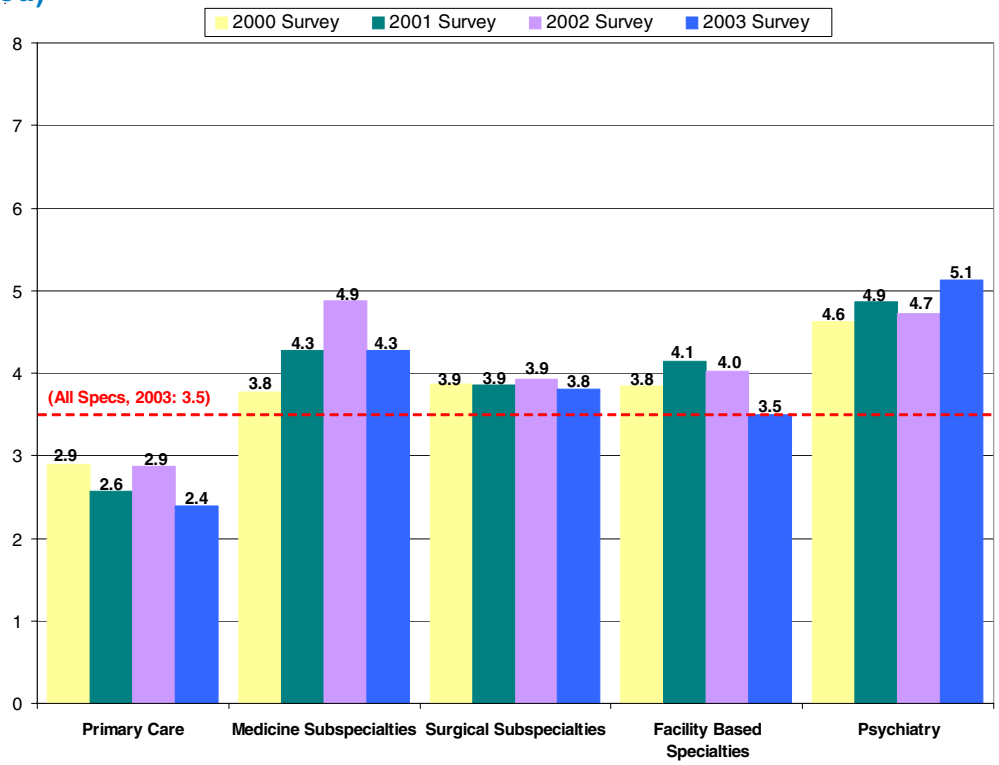


FIGURE 4.8 Rank of Mean Number of Job Offers by Specialty (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

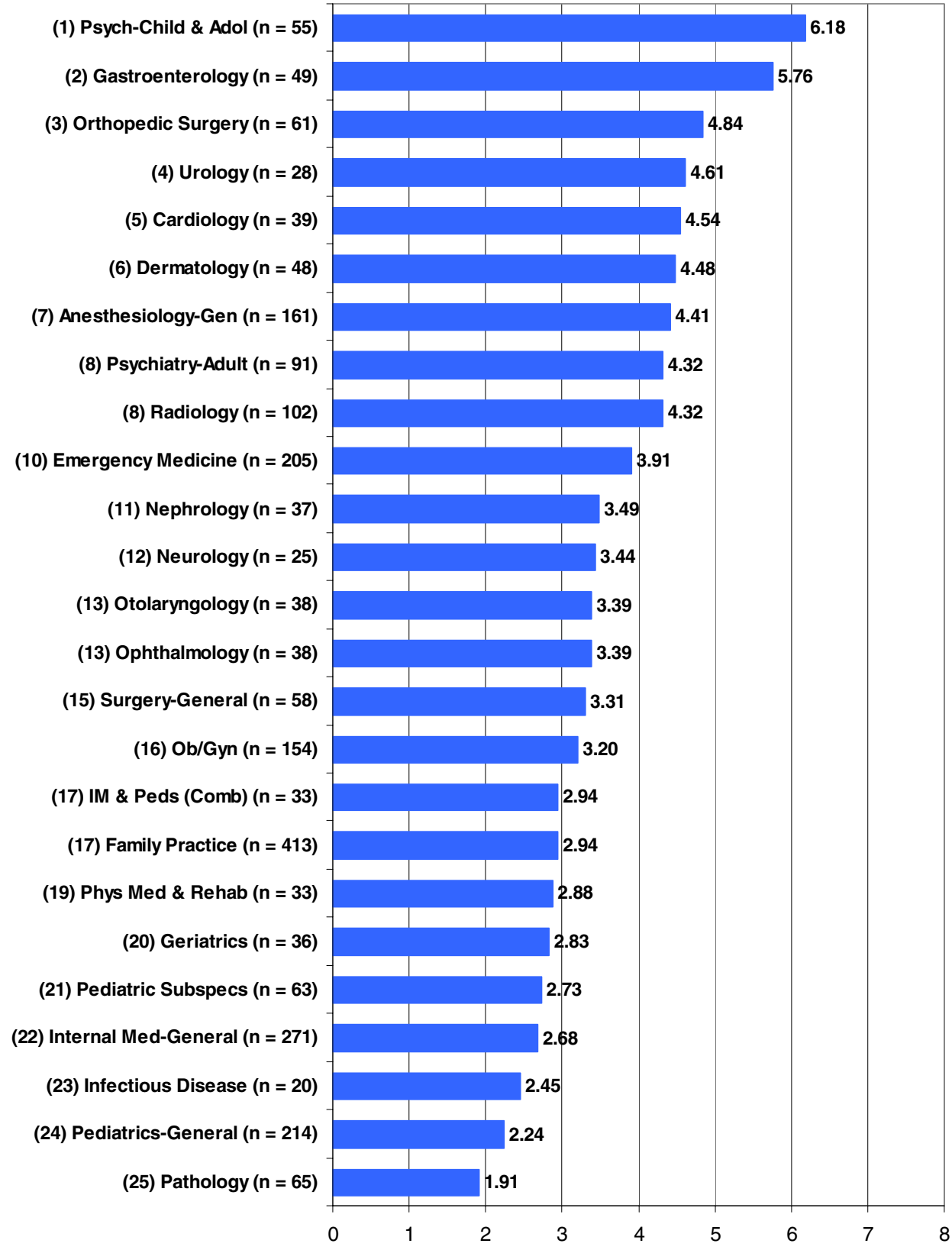


TABLE 4.3 Mean Offers for Employment/Practice Opportunities (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	California (Aggregated: 2000 - 2003)	RANK (of 25)	New York (Aggregated: 2000 - 2003)	RANK (of 25)
Primary Care	**2.71**	N/A	**2.70**	N/A
Family Practice	2.94	17	3.14	18
Internal Medicine-General	2.68	22	2.58	22
Pediatrics-General	2.24	24	2.45	24
IM & Peds (Combined)	2.94	18	2.99	19
Obstetrics/Gynecology	**3.20**	16	**3.99**	12
Medicine Subspecialties	**4.32**	N/A	**4.81**	N/A
Cardiology	4.54	5	5.75	2
Gastroenterology	5.76	2	6.71	1
Geriatrics	2.83	20	3.38	15
Infectious Disease	2.45	23	3.25	17
Nephrology	3.49	11	4.69	6
Surgery-General	**3.31**	15	**2.83**	20
Surgical Subspecialties	**3.87**	N/A	**4.22**	N/A
Ophthalmology	3.39	14	2.69	21
Orthopedics	4.84	3	4.64	7
Otolaryngology	3.39	13	4.40	10
Urology	4.61	4	5.16	4
Facility Based	**3.87**	N/A	**4.23**	N/A
Anesthesiology-General	4.41	7	4.63	8
Pathology	1.91	25	1.63	25
Radiology	4.32	8	4.59	9
Psychiatry	**4.80**	N/A	**4.02**	N/A
Adult Psychiatry	4.32	9	3.56	14
Child & Adolescent Psych	6.18	1	5.11	5
Other	**3.57**	N/A	**3.80**	N/A
Dermatology	4.48	6	5.70	3
Emergency Medicine	3.91	10	3.86	13
Neurology	3.44	12	4.18	11
Pediatric Subspecialties	2.73	21	2.53	23
Physical Medicine & Rehab	2.88	19	3.37	16
Total (All Specialties)	**3.47**	N/A	**3.65**	N/A

4.4 Perceptions of the Regional Job Market

Table 4.4 presents respondents' perceptions of the job market for their specialty within 50 miles of the site at which they trained (i.e., the regional job market). Respondents were asked to give their assessment of the regional job market by choosing from a five point scale ranging form "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, "No Jobs" = -2. A composite score was then computed for each specialty by multiplying the Likert Score for each category by the proportion of responses falling in that category.

FIGURE 4.9 Respondent's Assessment of the Regional Job Market (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

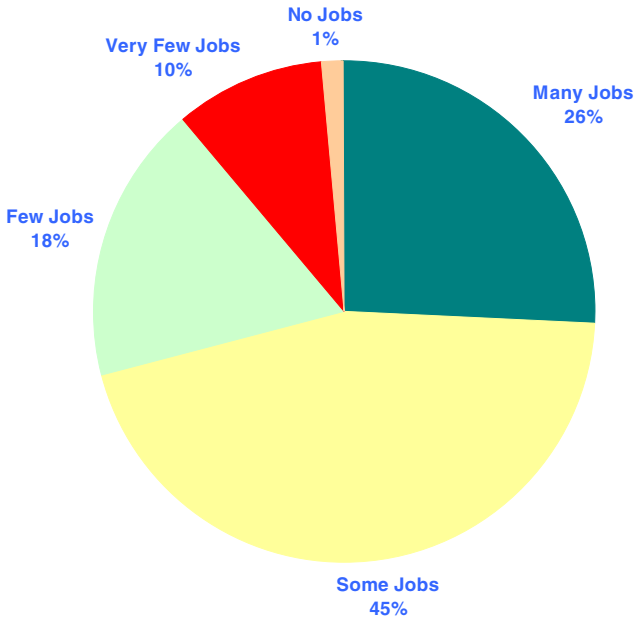


FIGURE 4.10 Mean Likert Score for Respondent's View of the Regional Job Market by Specialty Group (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

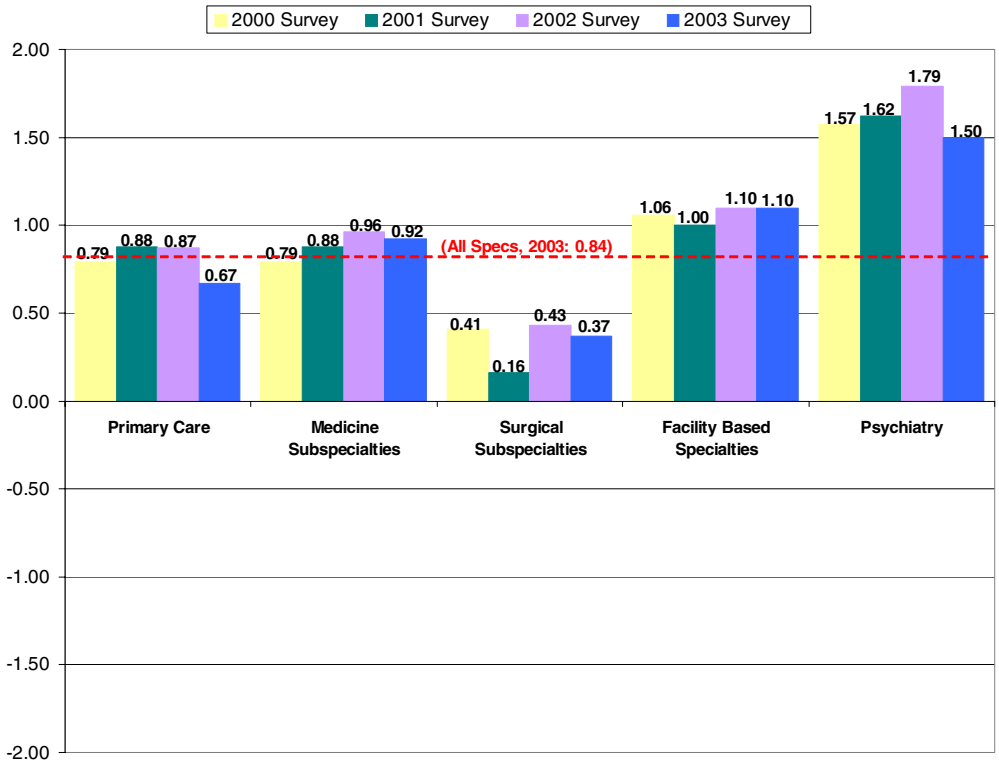


FIGURE 4.11 Rank of Likert Scores for View of the Regional Job Market by Specialty (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

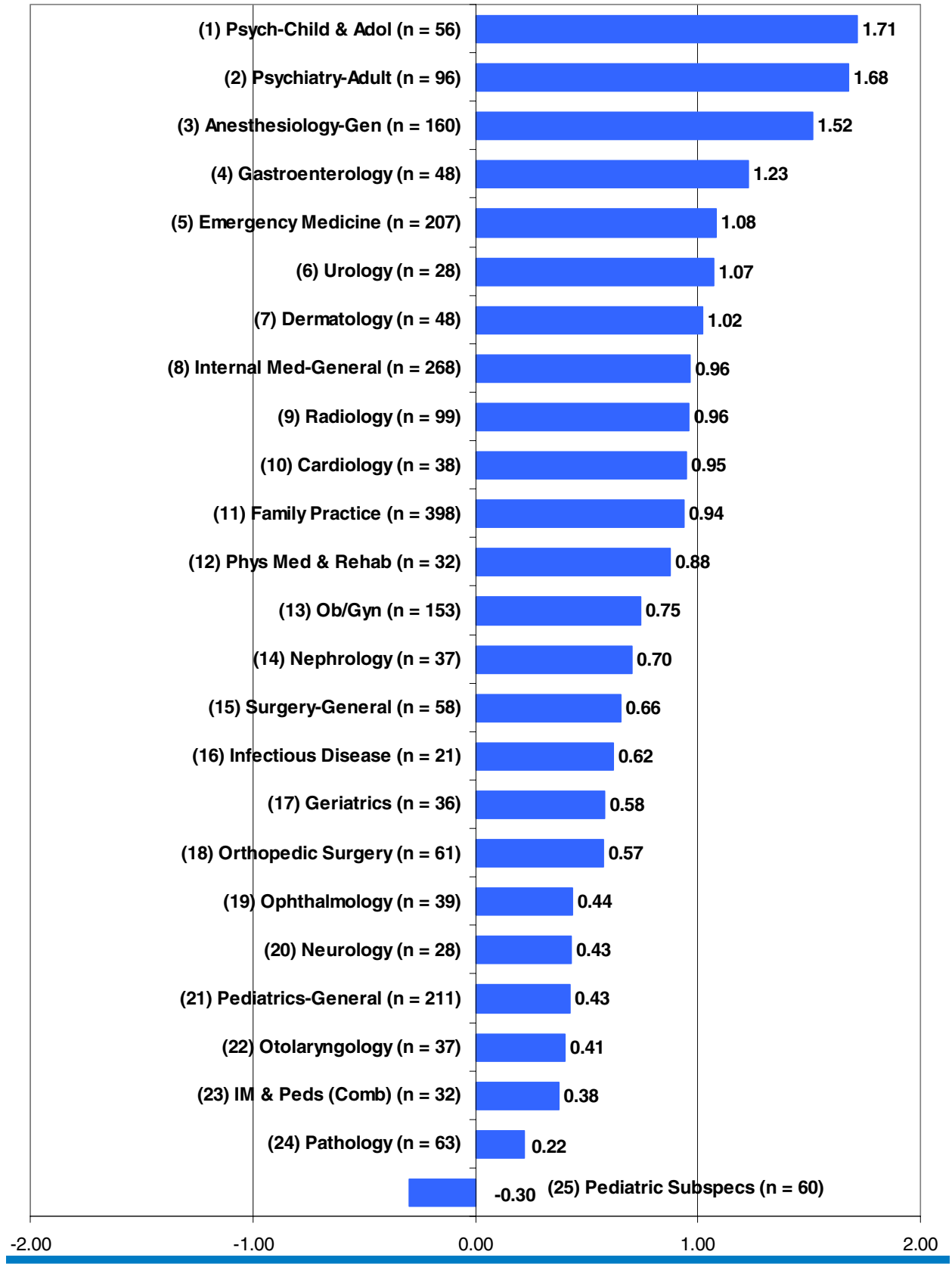


TABLE 4.4 Likert Scores for Respondents' Assesments of the Regional Job Market* (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	California (Aggregated: 2000 - 2003)	RANK (of 25)	New York (Aggregated: 2000 - 2003)	RANK (of 25)
Primary Care	**0.81**	N/A	**0.44**	N/A
Family Practice	0.94	11	0.59	16
Internal Medicine-General	0.96	8	0.40	20
Pediatrics-General	0.43	21	0.33	22
IM & Peds (Combined)	0.38	23	0.60	15
Obstetrics/Gynecology	**0.75**	13	**0.85**	12
Medicine Subspecialties	**0.89**	N/A	**0.97**	N/A
Cardiology	0.95	10	1.39	5
Gastroenterology	1.23	4	1.34	6
Geriatrics	0.58	17	0.56	17
Infectious Disease	0.62	16	0.46	18
Nephrology	0.70	14	0.74	14
Surgery-General	**0.66**	15	**0.30**	23
Surgical Subspecialties	**0.35**	N/A	**0.62**	N/A
Ophthalmology	0.44	19	0.23	24
Orthopedics	0.57	18	0.84	13
Otolaryngology	0.41	22	1.05	11
Urology	1.07	6	1.22	8
Facility Based	**1.07**	N/A	**1.22**	N/A
Anesthesiology-General	1.52	3	1.53	1
Pathology	0.22	24	0.16	25
Radiology	0.96	9	1.22	9
Psychiatry	**1.63**	N/A	**1.39**	N/A
Adult Psychiatry	1.68	2	1.44	3
Child & Adolescent Psych	1.71	1	1.40	4
Other	**0.72**	N/A	**1.02**	N/A
Dermatology	1.02	7	1.47	2
Emergency Medicine	1.08	5	1.29	7
Neurology	0.43	20	1.08	10
Pediatric Subspecialties	-0.30	25	0.35	21
Physical Medicine & Rehab	0.88	12	0.45	19
Total (All Specialties)	**0.84**	N/A	**0.80**	N/A

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

4.5 Perceptions of the National Job Market

Table 4.5 presents Likert scores summarizing the perceptions of survey respondents concerning the *national* job market for their specialty. The response choices and composite scores are the same as were used in Table 4.4 (refering to the regional market). As one might expect, there is a high degree of correlation between a respondent's perception of the regional and of the national job market. In general, however, the national job market was viewed more positively than the job market in California.

FIGURE 4.12 Respondent's Assessment of the National Job Market (of Respondents Who Have Searched for a Job, IMGs on Temp Visas Excluded)

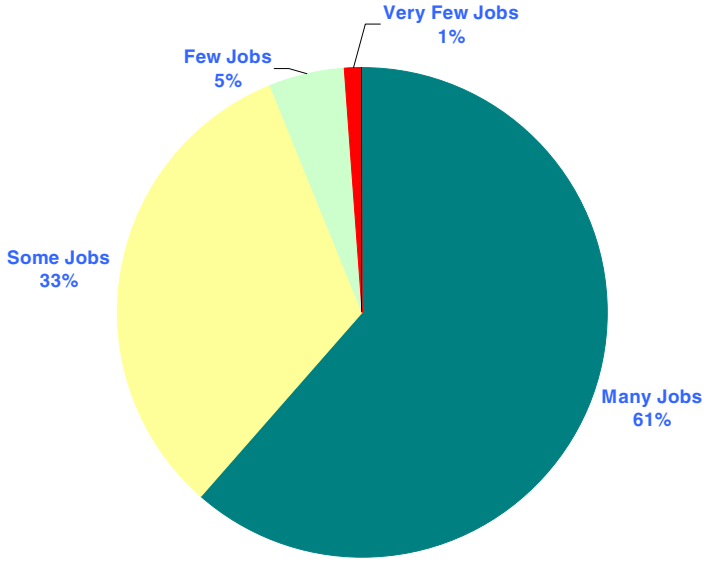


FIGURE 4.13 Mean Likert Score for Respondent's View of the National Job Market by Specialty Group (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

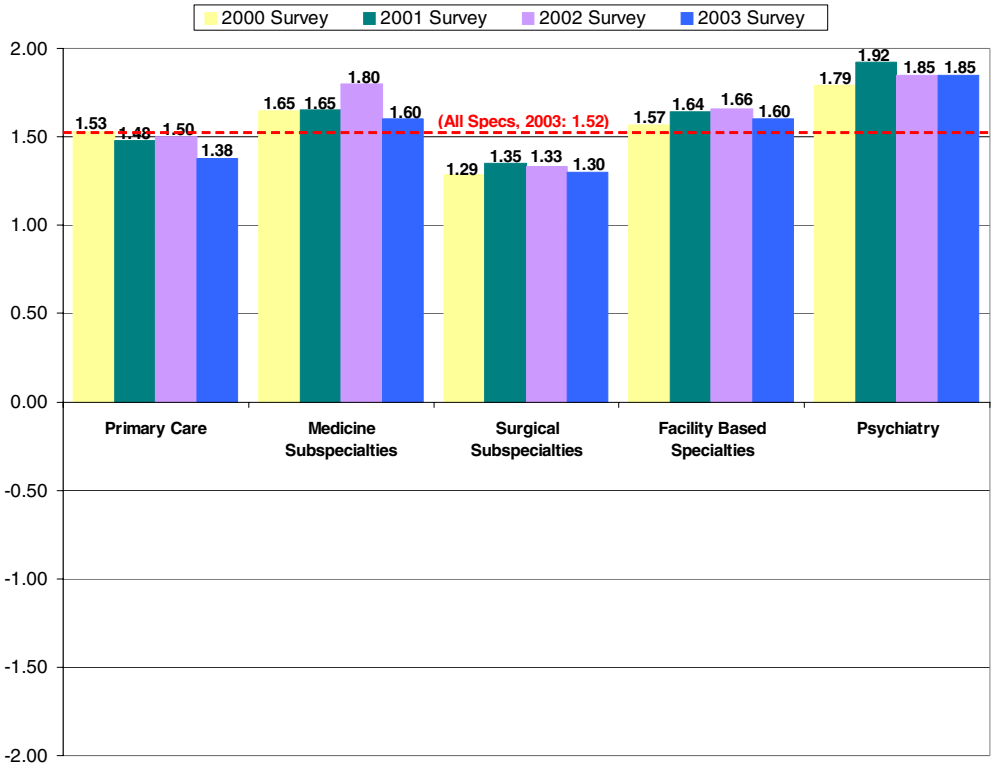


FIGURE 4.14 Rank of Likert Scores for View of the National Job Market, by Specialty (of Respondents Who Have Searched for a Job, IMGs on Temp Visas Excluded)

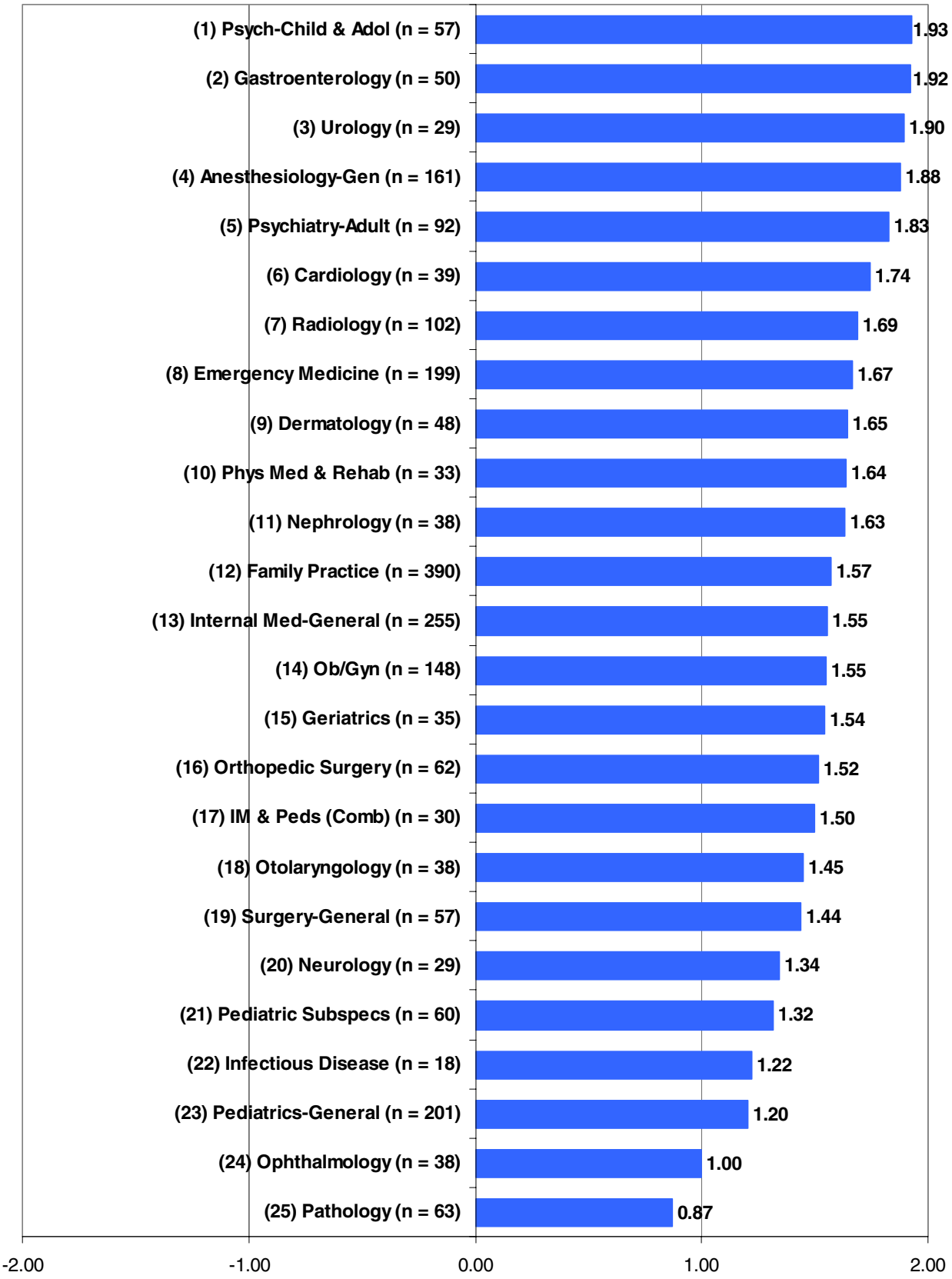


TABLE 4.5 Likert Scores for Respondents' Assesments of the National Job Market* (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	California (Aggregated: 2000 - 2003)	RANK (of 25)	New York (Aggregated: 2000 - 2003)	RANK (of 25)
Primary Care	**1.48**	N/A	**1.36**	N/A
Family Practice	1.57	12	1.51	14
Internal Medicine-General	1.55	13	1.38	19
Pediatrics-General	1.20	23	1.18	22
IM & Peds (Combined)	1.50	17	1.47	17
Obstetrics/Gynecology	**1.55**	14	**1.54**	13
Medicine Subspecialties	**1.68**	N/A	**1.68**	N/A
Cardiology	1.74	6	1.82	6
Gastroenterology	1.92	2	1.83	4
Geriatrics	1.54	15	1.48	15
Infectious Disease	1.22	22	1.47	18
Nephrology	1.63	11	1.79	7
Surgery-General	**1.44**	19	**1.37**	20
Surgical Subspecialties	**1.31**	N/A	**1.30**	N/A
Ophthalmology	1.00	24	0.75	25
Orthopedics	1.52	16	1.48	16
Otolaryngology	1.45	18	1.63	12
Urology	1.90	3	1.85	3
Facility Based	**1.62**	N/A	**1.66**	N/A
Anesthesiology-General	1.88	4	1.85	2
Pathology	0.87	25	0.75	24
Radiology	1.69	7	1.71	10
Psychiatry	**1.85**	N/A	**1.81**	N/A
Adult Psychiatry	1.83	5	1.82	5
Child & Adolescent Psych	1.93	1	1.91	1
Other	**1.54**	N/A	**1.58**	N/A
Dermatology	1.65	9	1.76	8
Emergency Medicine	1.67	8	1.74	9
Neurology	1.34	20	1.66	11
Pediatric Subspecialties	1.32	21	1.13	23
Physical Medicine & Rehab	1.64	10	1.26	21
Total (All Specialties)	**1.54**	N/A	**1.51**	N/A

*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 Trends in Starting Income

Table 4.6 presents aggregated median starting income levels for residents completing training in California and New York State between 2000 and 2003 and the average annual change (i.e., trend) in median starting income from 2000 to 2003. Income levels are often used to measure demand. Physicians are somewhat different in this regard because their income levels are largely determined by historic reimbursement levels rather than by demand for the services provided by their specialty at any given point in time.

Although income *levels* may not accurately assess demand, *trends* in income will provide a good indicator of demand. 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 neet to pay as much to fill positions, resulting in flat or negative trends in income.

FIGURE 4.15 Median Starting Income (in $1,000s) by Specialty Group (for Respondents with Confirmed Practice Plans)

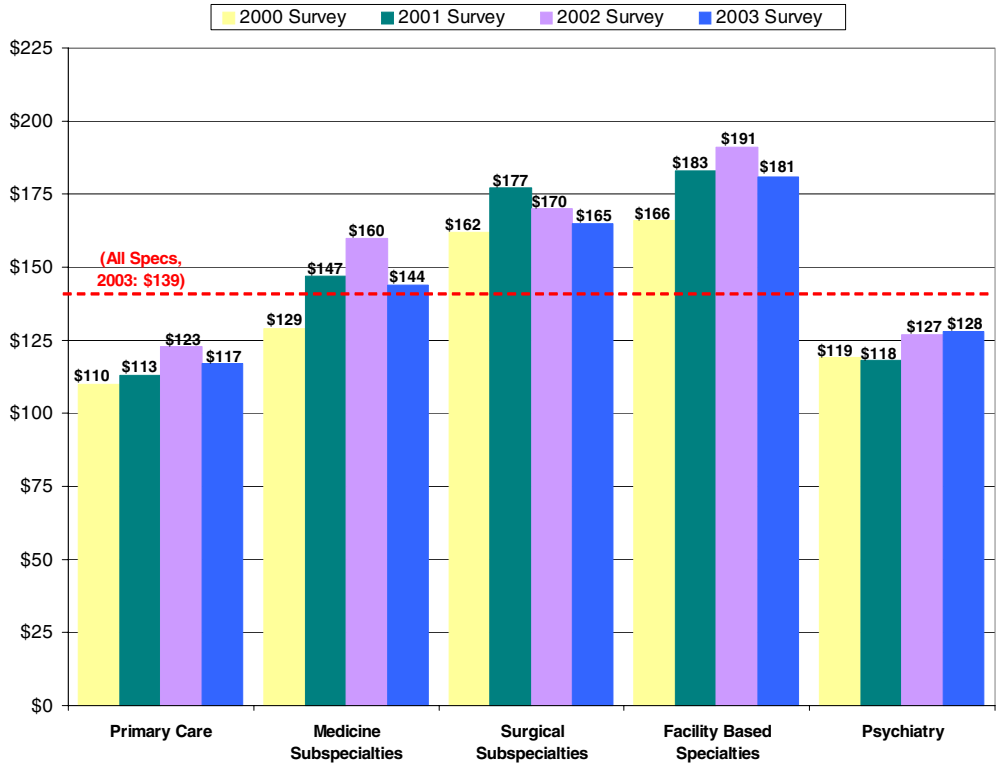


FIGURE 4.16 Trends in Median Starting Income (in $1,000s) by Primary Care vs. Non-Primary Care (for Respondents with Confirmed Practice Plans)

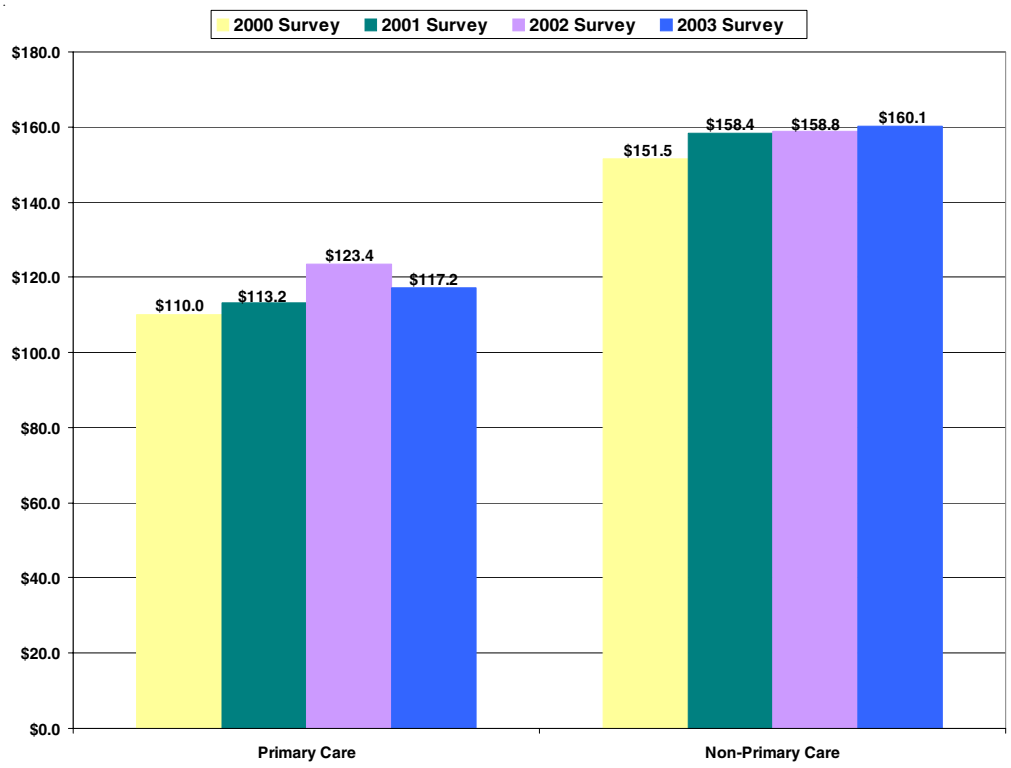


FIGURE 4.17 Rank of Average Percent Change in Median Starting Income between 2000 and 2003 by Specialty (for Respondents with Confirmed Practice Plans)

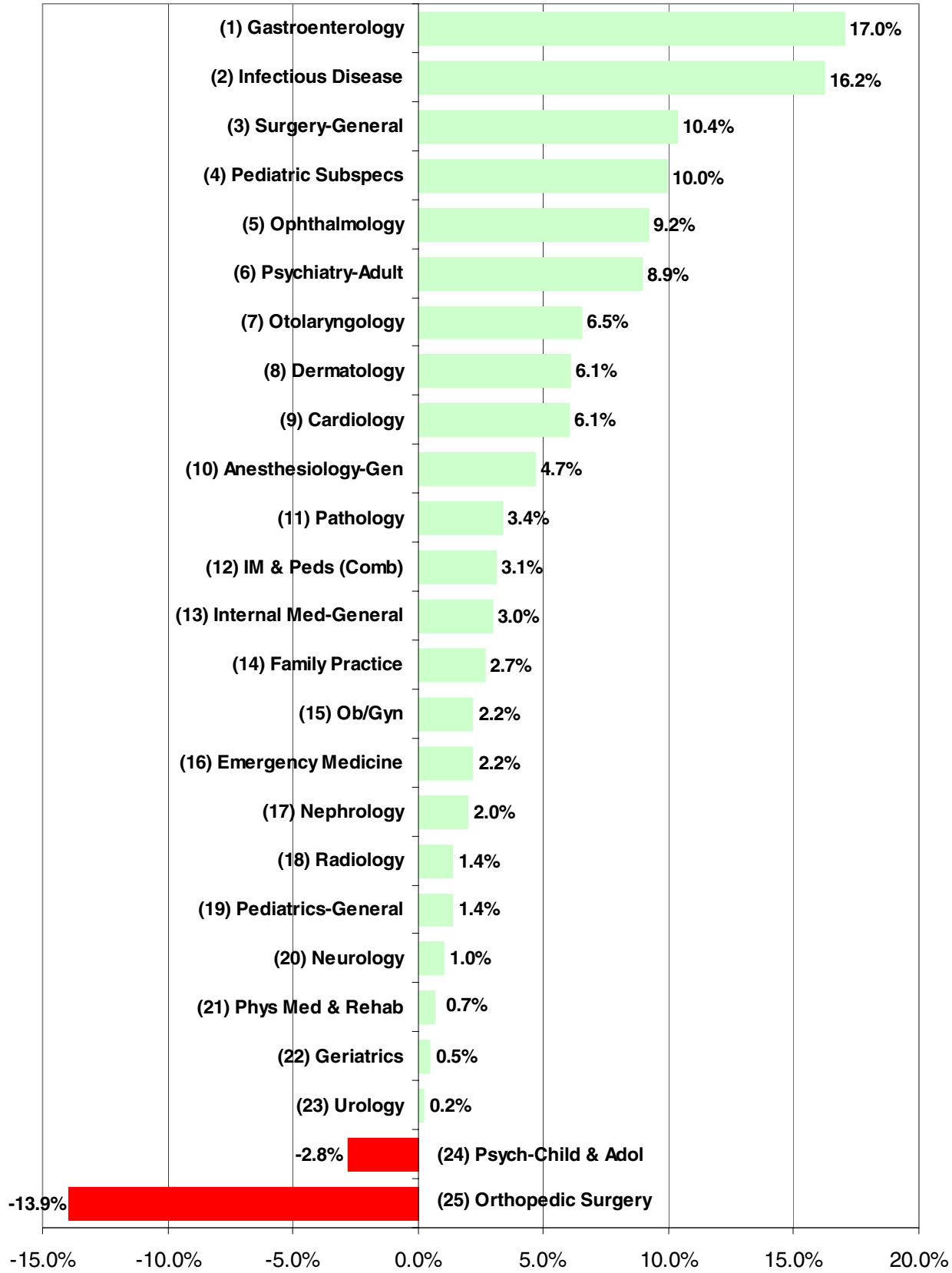


TABLE 4.6 Median Expected Starting Income (of Respondents with Confirmed Practice Plans)

Specialty	California (Aggregated: 2000 - 2003)	RANK (of 25)	Trend (Average Annual Change: 2000 to 2003)	RANK (of 25)
Primary Care	**$115,500**	N/A	**2%**	N/A
Family Practice	$115,100	24	3%	14
Internal Medicine-General	$123,900	20	3%	13
Pediatrics-General	$100,400	25	1%	19
IM & Peds (Combined)	$122,400	21	3%	12
Obstetrics/Gynecology	**$164,650**	**9**	**2%**	15
Medicine Subspecialties	**$144,400**	N/A	**4%**	N/A
Cardiology	$187,950	3	6%	9
Gastroenterology	$178,500	5	17%	1
Geriatrics	$121,400	22	0%	22
Infectious Disease	$123,900	19	16%	2
Nephrology	$138,850	15	2%	17
Surgery-General	**$156,400**	**10**	**10%**	3
Surgical Subspecialties	**$169,600**	N/A	**1%**	N/A
Ophthalmology	$142,100	12	9%	5
Orthopedics	$193,500	2	-14%	25
Otolaryngology	$166,400	8	7%	7
Urology	$173,250	7	0%	23
Facility Based	**$176,300**	N/A	**3%**	N/A
Anesthesiology-General	$198,300	1	5%	10
Pathology	$129,350	17	3%	11
Radiology	$180,700	4	1%	18
Psychiatry	**$123,600**	N/A	**2%**	N/A
Adult Psychiatry	$116,350	23	9%	6
Child & Adolescent Psych	$140,300	14	-3%	24
Other	**$153,750**	N/A	**1%**	N/A
Dermatology	$146,800	11	6%	8
Emergency Medicine	$176,200	6	2%	16
Neurology	$129,600	16	1%	20
Pediatric Subspecialties	$128,200	18	10%	4
Physical Medicine & Rehab	$141,600	13	1%	21
Total (All Specialties)	**$133,800**	N/A	**3%**	N/A

4.7 Assessment of Relative Demand by Specialty

To measure demand, a composite demand score was computed by taking an average of the ranks (i.e., where each specialty stood relative to all 25 specialties) scored by each specialty on each of the demand indicators for data from the year 2003, for an aggregated dataset containing all data collected over the past two years (2002 and 2003), and for the four years the survey has been conducted (2000-2003) This methodology gave a higher weighting to data collected from the 2003 survey (approximately twice that of the three previous years) in assessing the current demand for each specialty.

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

- percentage of respondents having difficulty finding a satisfactory practice position
- percentage of respondents having to change plans due to limited practice opportunities
- mean number of job offers received by respondents
- respondents' mean Likert score for their perceptions of the regional job market
- respondents' mean Likert score for their perceptions of the national job market
- trends in median starting income.

Each of these indicators is an imperfect measure of demand. However, considered jointly, they provide a good picture of relative deamdn by sepcialty. There was a high degree of correlation between the "percentage with difficulty variable" and the "percentage having to change plans" variable (i.e., a respondent reporting difficulty was much more likely to report having to change plans). There also was a high degree of correcation between respondents' perceptions of the regional and of the national job market. For this reason, the "job offers and "trends in starting income" variables were each double weighted in computing a composite measure of demand.

FIGURE 4.18 Assessment of Current Relative Demand by Specialty in California: Plot of Average Rank on Demand Related Variables

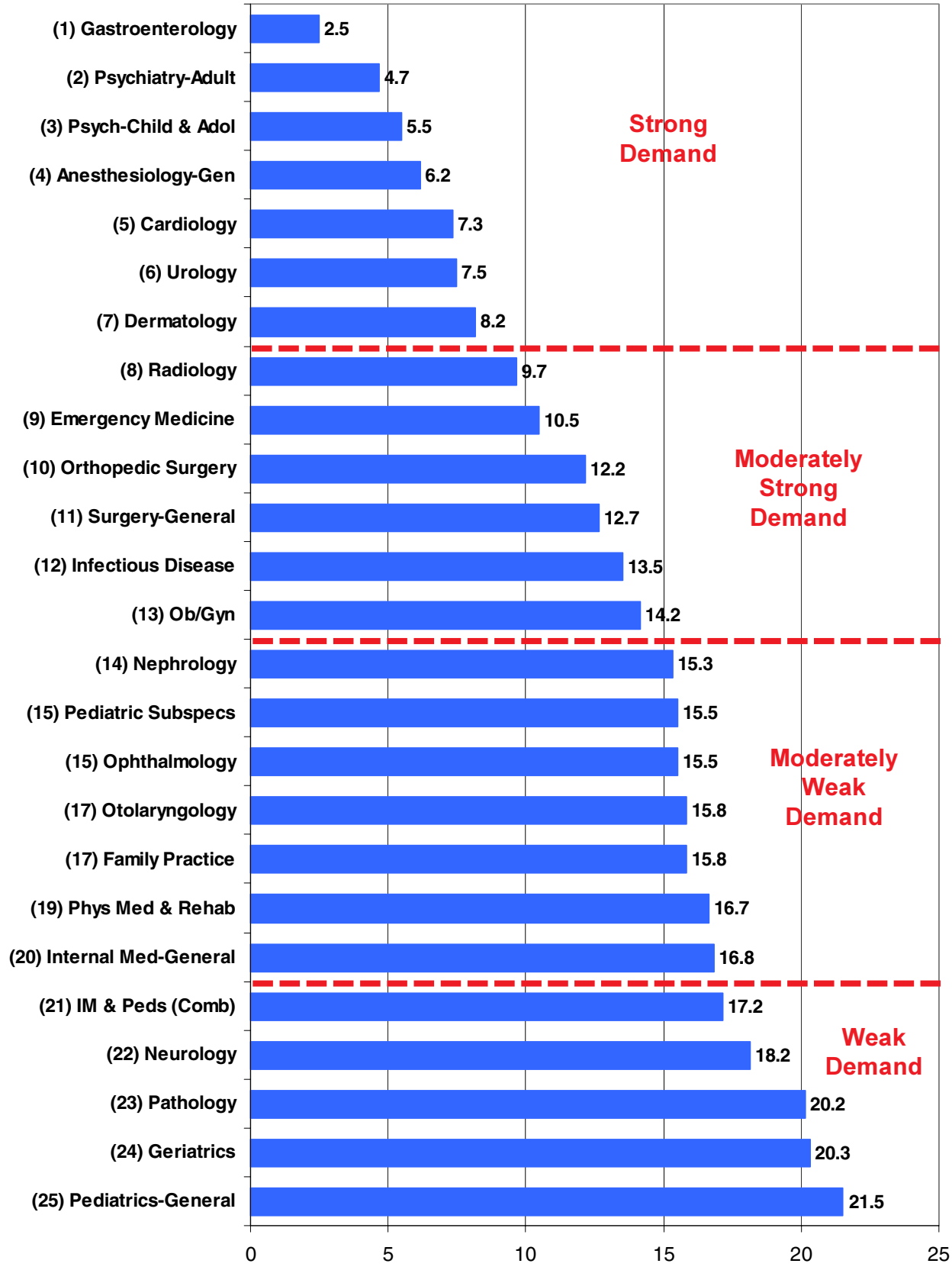


FIGURE 4.19 Assessment of Current Relative Demand by Specialty in New York State: Plot of Average Rank on Demand Related Variables

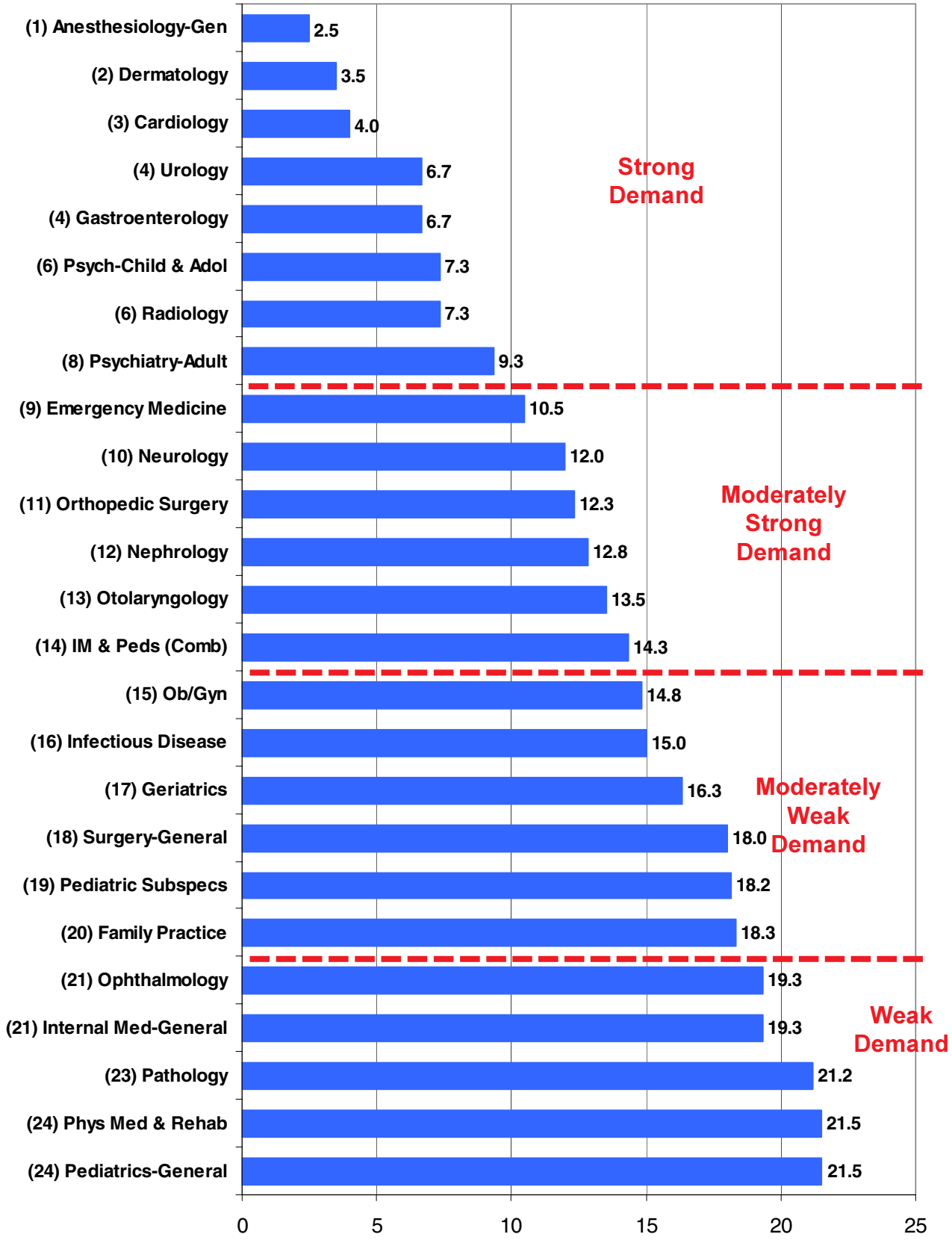
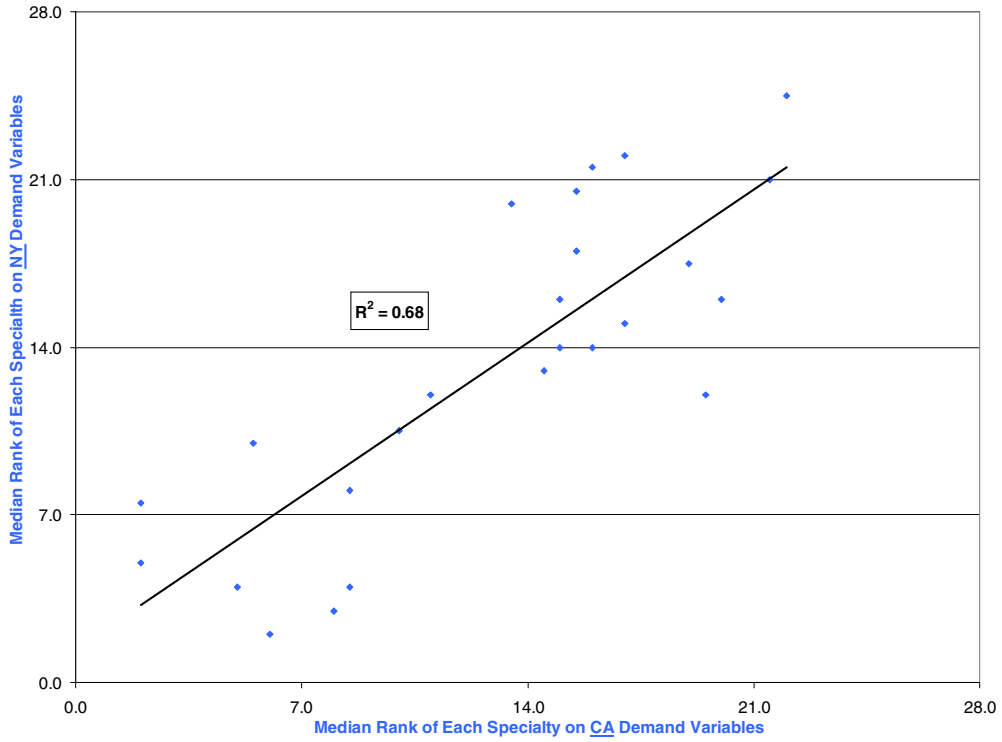


FIGURE 4.20 Scatter Plot of Specialty Demand Scores for California vs. New York State



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 California in 2003

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 2003

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 2003 *(excluding preliminary training positions)*.

LAST NAME

FIRST NAME

Main Hospital at Which You Did Your Training:

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

A. BACKGROUND

1. Gender: ○ Male ○ Female

2. Age:

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

3. Citizenship Status:

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

4. Race/Ethnicity:

- ○ Native American/Alaskan Native
- ○ Asian or Pacific Islander
- ○ Black/African American (Not Hispanic)
- ○ Hispanic/Latino (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 . . .

SERIAL #

PLEASE DO NOT WRITE IN THIS AREA

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 2003** *(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 do you expect to spend in each of the following activities?

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

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
○	○	Nursing Home
○	○	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–$199,999	○ $45,000–$50,000
○ $200,000–$224,999	○ Over $50,000
○ $225,000–$249,999	
○ Over $250,000	

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

SERIAL #

PLEASE DO NOT WRITE IN THIS AREA