Residency Training Outcomes by Specialty in 1999 for New York State

A Summary of Responses to the 1999 NYS Resident Exit Survey

March 2000

Prepared by
Center for Health Workforce Studies
School of Public Health, University at Albany
One University Place, Suite 200
Phone: (518) 402-0250
Fax: (518) 402-0252
Web: http://chws.albany.edu

PREFACE

This report summarizes the results of the *Survey of Residents Completing Training in New York State in 1999* (1999 Exit Survey) conducted by the Center for Health Workforce Studies (the Center) in May and June of 1999. The survey, which is administered annually with the cooperation and assistance of residency program directors and hospital GME directors across the state, consists of 30 questions on respondents' demographic characteristics, post-graduation plans, characteristics of post-graduation employment, experiences in searching for a practice position, and impressions of the physician job market.

The primary goal of the Exit Survey is to assist the medical education community in New York in their efforts to train physicians consistent with the needs of New York State and the nation. To achieve this goal, the Center provides residency programs, teaching hospitals and the medical education community in general with information on the demand for new physicians and the outcomes of residency training by specialty – and by program – based on the results of the survey. The 1999 survey was the third consecutive year of the survey. The Center will continue to administer the survey on an annual basis so that a longitudinal database may be developed to study trends in the marketplace for new physicians.

This report was prepared by Joseph Nolan, Edward Salsberg, and Paul Wing of the Center. Funding for the data analysis was provided by the federal Bureau of Health Professions of the Health Services and Resources Administration (HRSA).

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, the Bureau of Health Professions, or HRSA.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

BACKGROUND

In order to provide the medical education community with useful information on the demand for physicians and the outcomes of training in New York State, the Center for Health Workforce Studies conducts an annual survey of physicians completing a training program in the state. The survey instrument (Appendix A) was developed by the Center in consultation with the teaching hospitals in the state.

Each May, the Center distributes the surveys to GME administrators at the teaching hospitals in New York. In most cases, the surveys are then forwarded to program directors who assume responsibility for having their graduating residents fill out the surveys in the weeks prior to program completion. Completed surveys are then returned to the Center via the same route. Through the excellent collaboration of teaching hospitals, *in 1999 a total of 3,409 of the estimated 4,697 residents completing a residency program completed the Exit Survey for a 73% response rate*. Comparison of the demographic and educational characteristics of survey respondents with those of all residents completing training in New York from the AMA's GME database indicates that the respondents are representative of all residents completing training in New York in 1999.

The statewide results by specialty are presented in this report. In addition, each hospital participating in the survey receives a report detailing the responses of their graduates by specialty and comparing them to the responses of all hospitals in their region and in the state.

Many of the questions on the Exit Survey are designed to help assess demand for physicians in general and by specialty. The results for the graduates of programs in New York State may not reflect the experiences of all graduates across the country, but rather, they simply reflect the relative demand and opportunities in and around the state. In addition, the Exit Survey provides a snapshot of the marketplace at a specific point in time that may or may not be indicative of future supply and demand. However, by conducting the survey on an annual basis, it is possible to observe changes over time which are useful in projecting future supply and demand. This year's report is the first to have more than one year's data available for presenting year to year comparisons.

KEY FINDINGS

Overall, the job market for new physicians in the state was generally good and demand was equal to or slightly better than in 1998. Despite the rich physician supply in New York, based on the responses to a variety of questions, the opportunities for New York State graduates was fairly strong overall and slightly better than in 1998.

- ✓ Only four percent (4%) of respondents who had actively searched for a practice position had not received any job offers at the time they completed the survey in May or June.
- ✓ While over one-third (34%) of respondents reported some difficulty finding a satisfactory practice position, only 16% of these attributed their difficulty to an overall lack of jobs. Nearly one-half (47%) attributed their difficulty to a lack of jobs in desired locations.
- ✓ The percent of graduates reporting difficulty finding a satisfactory practice position (34%) and the percent having to change plans due to limited practice opportunities (19%) were both constant from 1998 to 1999.
- ✓ The median starting income of new graduates was up slightly (1.3%) from 1998 to 1999.
- ✓ The average number of job offers received by a graduate looking for a job in 1999 was 3.67.
- ✓ Graduates' assessments of both the regional and national job markets were more positive in 1999 as compared to 1998.

There were significant differences in the job market experiences and assessments for different specialties. Although the overall marketplace appears relatively good for new graduates, there were significant differences by specialty. By assessing responses in a particular specialty in relation to all specialties, it is possible to identify some specialties in which demand is weak or strong in relation to all others. In addition, by studying trends in the physician job market as a whole or within an individual specialty, it is possible to identify specialties for which demand may be changing relative to other specialties, as well as changes in the overall physician job market.

- ✓ Based on a variety of indicators, the demand for Dermatology, Emergency Medicine Cardiology, and Urology appears to be very strong. Psychiatry (both Child and Adult), General Anesthesiology, and Orthopedic Surgery are also in high demand.
- ✓ On the other hand the marketplace for Pathology, Physical Medicine and Rehabilitation (PM&R), and Ophthalmology appears very weak. Other specialties experiencing weak demand include Pulmonary Disease, General Surgery, General Internal Medicine, and General Pediatrics.

On a variety of indicators, demand for primary care physicians[1] was less than that for non-primary care physicians. Adjusting for citizenship status, respondents in primary care specialties reported more difficulty finding a satisfactory practice position and were more likely to have to change plans due to limited practice opportunities than their non-primary care counterparts. In addition, the job market for 1999 primary care respondents appears somewhat softer than it was for 1998 respondents. In contrast, the job market for specialists seems the same or better for most specialties, and a few improved significantly. Respondents of non-primary care specialties, on average, reported higher incomes, more job offers, and ranked job opportunities regionally and nationally higher than did primary care graduates. In addition, the median income of the primary care graduates was basically flat from 1998 to 1999 while than of specialists increased by 4%.

International medical school graduates (IMGs) with temporary visas (J-1, J-2, H-1, H-2 or H-3) had a significantly more difficult time in the job market than either U.S. medical school graduates (USMGs) or IMGs with permanent citizenship status. With few exceptions, physicians on temporary visas can remain in the U.S. only if they practice in a Health Professionals Shortage Area or continue training. Not surprisingly, these individuals experienced more difficulty finding employment and were more likely to subspecialize than either USMGs or IMGs who are citizens or permanent residents. In addition, respondents on temporary visas with confirmed practice plans reported lower salaries and were more likely to be entering practices in rural and inner-city areas.

A majority of the graduates with confirmed practice plans (54%) were staying within New York State to begin practice, although there are significant differences by specialty. This in-state retention rate was unchanged from 1998. For 1999 survey respondents who were subspecializing, 51% were planning to do so in New York, up slightly from the 1998 survey (49%).

In terms of subspecialization rates, 34% of all of the graduates were planning to subspecialize; this was the same percent as in 1998. However, as noted earlier, there were sharp differences in subspecialization rates for IMGs on temporary visas as compared with respondents with permanent citizenship. For example, in Internal Medicine, 62% of the IMGs on temporary visas were planning to subspecialize compared to only 36% of respondents with permanent citizenship.

[1] In this report, the Primary Care specialty group includes Family Practice, General Internal Medicine, General Pediatrics, and Combined Internal Medicine/Pediatrics.

GENERAL RESULTS

Characteristics of All Respondents

- Just over one-half (52%) of all survey respondents were international medical graduates (IMGs), the same as in 1998. (This compares to 52% [p=.583] in the AMA-GME database for all residents completing training in New York State in 1999.) The IMGs completing training in New York represent approximately 30% of all IMGs completing training in the U.S. in 1999.
- Thirty-eight percent (38%) of survey respondents were female, up from 36% for the 1998 Exit Survey. (This is consistent with the 35% [p=.034] in the AMA-GME database for New York.)
- Twelve percent (12%) of survey respondents were under-represented minorities (URMs), down from 13% in 1998. (This compares to 12% [p=.352] in the AMA-GME database for New York.)
- The percent IMG varies widely across specialties with the highest concentrations of IMGs found in Pediatric Subspecialties (89%), Medicine Subspecialties (73%), and Psychiatry (73%). The lowest concentrations of IMGs were in Dermatology (3%), Emergency Medicine (5%), and Surgical Subspecialties (7%).
- More than one-fifth (22%) of all respondents were J-1 or J-2 exchange visitors. The highest concentrations of J-1 or J-2 visas were found in Nephrology (48%), Pediatric Subspecialties (48%), and Pulmonary Disease (46%); the lowest concentrations were in Ophthalmology (0%), Dermatology (0%), Emergency Medicine (1%), and Orthopedics (1%)

Post-Graduation Plans of All Respondents

- Fifty-five percent (55%) of all survey respondents were planning to enter patient care/clinical practice following training completion, down slightly from 1998 (57%).
- Approximately one-third (34%) planned to subspecialize or pursue further training. This was equal to the subspecialization rate of 1998 respondents. Approximately one-half (51%) of 1999 respondents who were subspecializing were remaining in New York State to do so.
- For the remaining 11% of respondents, 2% were planning to work as chief residents, 4% were planning to enter positions in teaching/research, and 5% had other plans.

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

- Over one-half (54%) of all respondents with *confirmed practice plans* were remaining within New York State to begin practice. This was nearly identical to 1998 (55%). Of those entering practice in NYS, 91% were remaining in the same region in which they trained.
- Respondents of Anesthesiology (69%) and Adult Psychiatry (68%) were most likely to remain in-state to begin practice. General Surgery (27%) and Surgical Subspecialties (38%) had the lowest in-state retention rates.
- Only 22% of IMGs with temporary visas with confirmed practice plans were planning to remain in New York State.
- Nearly one-half (47%) of the graduates entering patient care were going to be practicing in a group practice. Eleven percent (11%) were entering two person partnerships while only 5% reported that they were going into solo practice.
- Thirty percent (30%) were entering practice in hospitals. This group was split nearly evenly between in-patient (11%), ambulatory care (11%), and emergency room (8%) settings.
- Over one-fourth (26%) of respondents reported some level of ownership in their upcoming practice. (This includes the 5% starting solo practices, the 11% entering 2 person partnerships, and the 10% who were entering group practices as partners.)
- Over one-fourth (27%) of respondents reported entering practice in inner city locations and another 7% were going to rural locations. Seventeen percent (17%) said they would be practicing in a federal HPSA, down from 20% in 1998.
- Respondents most likely to be entering practice in HPSAs were from Geriatrics (40%), Pediatric Subspecialties (35%), Family Practice (30%), and Child Psychiatry (27%). Surgical Subspecialists (3%) were least likely to be entering HPSAs.
- While a very high percentage of IMGs with temporary visas were entering HPSAs (72%), IMGs with permanent citizenship status were actually less likely than USMGs to be entering HPSAs (6% vs. 11%).

Expected First Year Income of Respondents with Confirmed Practice Plans[2]

While differences in income between specialties may reflect differences in demand, the differences may also reflect historical reimbursement policies towards the services provided in the different specialties. If this is the case, it may be that *trends* in income will provide a better measure of demand than the relative ranking of income by specialty. It is also important to note that demand is different than need.

Although the expected first year income of new graduates is likely to be significantly lower than that of practicing physicians, the differences in income for new graduates in different specialties are assumed to be generally consistent with the differences by specialty among practicing physicians. The expected incomes of new graduates may also influence specialty choice by medical students who interact extensively with residents.

- The median starting income for 1999 graduates with confirmed practice plans was $119,283; this was an increase of 1.3% from the median of $117,715 in 1998. (A total of 1,347 of the 1,465 respondents with confirmed practice plans [92%] answered the question relating to expected first year income.)
- Individual specialties with the highest median income (rounded to nearest thousand) were Orthopedics ($189,000), Emergency Medicine ($169,000), and Radiology ($159,000).
- Among the specialty groups, Surgical Subspecialties had the highest median starting income ($159,000) and Primary Care specialties had the lowest ($106,000). Within Primary Care, General Pediatrics had the lowest of all starting incomes ($94,000) which was down nearly 5% from last year's survey ($98,000).
- The specialties experiencing the largest increases in median starting incomes between 1998 and 1999 were Dermatology (+13%), Child Psychiatry (+13%), Hematology/Oncology (+11%), and Pediatric Subspecialties (+10%). Specialties experiencing the greatest decreases were Pathology (-8%), Ophthalmology (-7%), and Ob/Gyn (-6%).

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

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

- On average, respondents expected to be spending a total of 43.4 hours per week in patient care/clinical practice activities. Females expected to work about 10% fewer hours than males (40.7 vs. 45.0).
- Other Surgical Subspecialists (52.5) and Anesthesiologists (51.1) expected to be working the most hours. Specialties expecting to average less than 40 patient care/clinical practice hours per week were Emergency Medicine (36.6), Dermatology (37.9), and Ophthalmology (39.4).

Job Market Experiences and Perceptions of Respondents who have Actively Searched for a Practice Position (Excluding IMGs on Temporary Visas)

The survey included several questions related to residents' experiences in searching for a practice position. Any respondent who was entering or who considered entering patient care/clinical practice was asked to complete this section. The responses of IMGs on temporary visas have been excluded from this section because they had significantly more difficulty due to their visa status. Respondents who indicated they had not yet actively searched for a position were also excluded.

- More than one-third (34%) of respondents reported difficulty finding a satisfactory position, the same percentage as in 1998.
- More than one-half of respondents reported difficulty finding a satisfactory practice position in General Surgery (59%), PM&R (57%), Geriatrics (55%), and Pathology (52%). General Anesthesiology (8%) and Radiology (10%) had the fewest respondents reporting difficulty.
- The most often cited "main reason for difficulty finding a satisfactory practice position" was a "lack of jobs in desired locations" (47%), followed by "overall lack of jobs" (16%), and "lack of jobs in desired practice setting" (12%).
- Nineteen percent (19%) of respondents reported having to change their plans due to limited practice opportunities; this was the same percent as in 1998. The highest percentages were for Geriatrics (50%), PM&R (41%), General Surgery (36%), and Pathology (35%). The lowest percentages were for General Anesthesiology (8%) and Emergency Medicine (9%).

[3] As with income, new graduates going into salaried positions may have more accurate information on the number of hours they will be working. There is no reason to assume that there is any systematic bias or differences in the accuracy of this information as reported by the graduates. This question was not asked in 1998.

- The mean number of job offers in 1999 was 3.67 and ranged from 6.08 for Dermatology to 1.71 for Pathology. As a group, Primary Care received the fewest job offers (3.04).
- Overall, respondents had a very positive view of the *national* job market for their specialty (average Likert Score of 1.40 on a scale of –2.00 to +2.00). Respondents from Hematology/ Oncology (1.76), Emergency Medicine (1.70) and Dermatology (1.67) had the most positive view of the national job market while Pathology (0.04) had the least positive.
- Respondents' views of the *regional* job market were less positive (0.68). Dermatology (1.48), General Anesthesiology (1.31), and Emergency Medicine (1.26) had the most positive view of the regional job market, while Pathology (-0.57) and Pulmonary Disease (0.00) had the most pessimistic view.

Overall Assessment of the Job Market for New Physicians

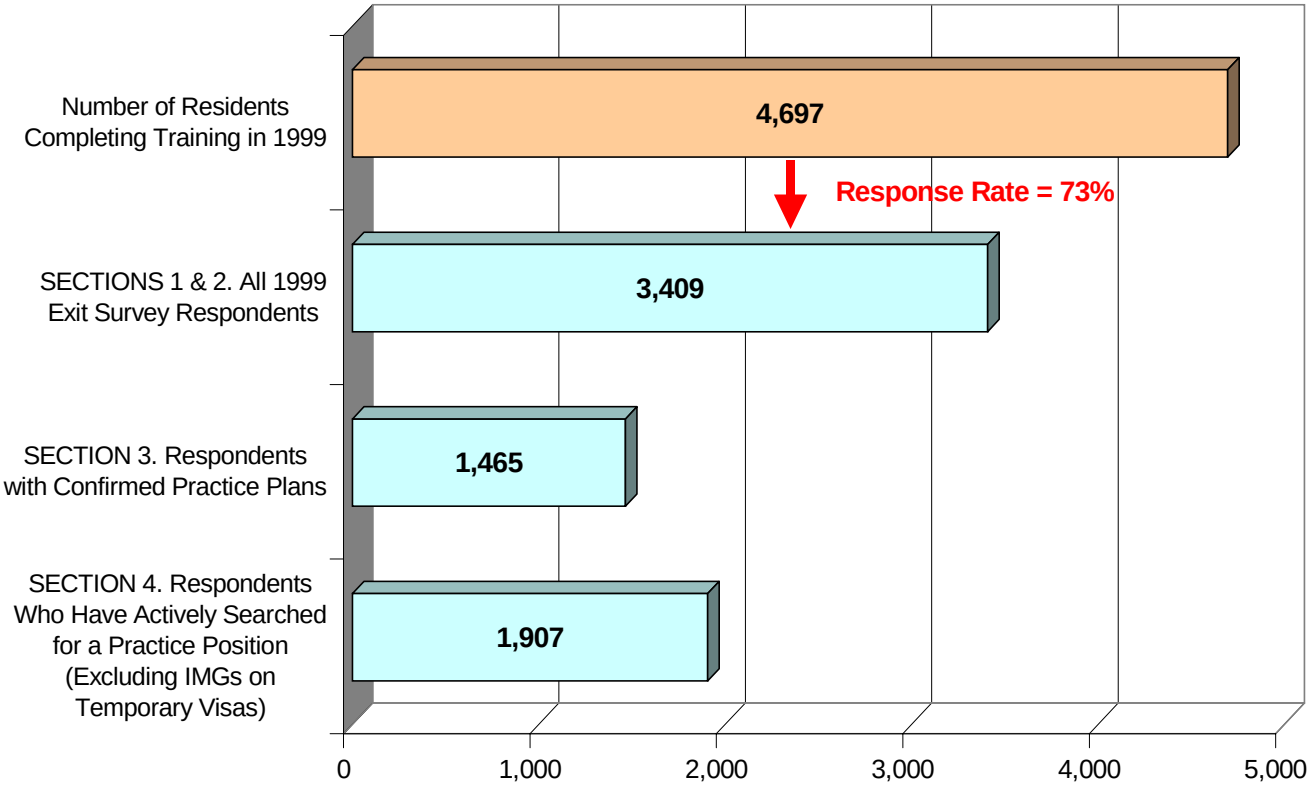
- In comparing the job market experiences of 1999 respondents to those from 1998, there appears to be a divergence between primary care and non-primary care specialties. Respondents from primary care in 1999 reported more difficulty finding a satisfactory practice position (48% vs. 44%), were more likely to have to change plans due to limited practice opportunities (22% vs. 20%), and had a less positive view of both the regional (0.49 vs. 0.55) and national (1.38 vs. 1.41) job market than did 1998 respondents.
- The job market appears somewhat better in 1999 for specialists than in 1998. A lower proportion of 1999 respondents reported difficulty (26% vs. 29%) and had to change plans (17% vs. 18%); and 1999 respondents viewed both the regional (0.80 vs. 0.58) and national (1.41 vs. 1.20) job market more positively.
- Individual specialties appearing to be in the highest demand are Dermatology, Emergency Medicine and Cardiology. Other specialties experiencing strong demand include Urology, Psychiatry (both Child and Adult), Orthopedics, and interestingly, General Anesthesiology because of the significantly improved job market in 1999 as compared to 1998.
- Pathology is experiencing an especially soft job market. Other specialties in relatively weak demand include PM&R, Ophthalmology, Pulmonary Disease, General Surgery, General Internal Medicine, and General Pediatrics.

SUBGROUPS OF RESPONDENTS USED IN EACH SECTION OF THIS REPORT

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 3,409 of the estimated 4,697 residents completing training in 1999 (*a 73% response rate*). Appendix B gives response rates by specialty and region and shows how specialties have been grouped in this report. Appendix A is the 1999 Exit Survey instrument.

Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines their planned activities following the completion of their current training program. Section 3 pertains to respondents who are entering patient care/clinical practice with confirmed practice plans (i.e. they have accepted a job offer or will be self-employed). Section 4 summarizes the responses to several questions relating to respondents' experiences in searching for a practice position. This section excludes respondents who had not yet searched for a practice position as well as IMGs on temporary visas because they experienced more difficulty due to their visa status.

FIGURE 1. 1999 Exit Survey Response Rate and Subgroups Used for Each Section of this Report



SECTION I

Background Characteristics of All Respondents

Table 1.1 presents background characteristics of all 1999 Exit Survey respondents. This information is presented because some of these variables have been found 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 may confound (i.e. bias) the results when making comparisons across specialties.

Highlights

- Thirty-eight percent (38%) of survey respondents were female, up from 36% for the 1998 Exit Survey. Specialties with the largest proportion of females were Pediatrics (63%) and Geriatrics (60%). Other specialties where females represented the majority of respondents were Ob/Gyn (54%), Child Psychiatry (53%), Dermatology (53%), and Pediatric Subspecialties (51%).
- General Surgery and Surgical Subspecialties had the fewest females (20% and 15%, respectively). In particular, Urology (6%) and Orthopedics (7%) had very few females.
- Twelve percent (12%) of all respondents were under-represented minorities (URMs), down from 13% in 1998. Child Psychiatry (37%), Family Practice (22%), and Emergency Medicine (19%) had the highest percentage of URMs while Cardiology (5%), Pulmonary Disease (5%), and Orthopedics (5%) had the lowest.
- Just over one-half (52%) of all respondents were international medical graduates (IMGs), the same as in 1998. This fraction varies widely by specialty with the highest concentrations of IMGs found in Nephrology (96%), Pediatric Subspecialties (89%), and Geriatrics (80%).
- As a group, Surgical Subspecialties (7%) had the fewest IMGs. Outside of Surgical Subspecialties, Dermatology (3%), Emergency Medicine (5%), Ob/Gyn (11%) and Radiology (19%) had very few IMGs. Among Primary Care specialties, Family Practice (37%) had significantly fewer IMGs than either Internal Medicine (66%) or Pediatrics (64%).
- More than one-fifth (22%) of all respondents were J-1 or J-2 exchange visitors. The highest concentrations of J-1 or J-2 visas were found in Nephrology (48%), Pediatric Subspecialties

(48%), and Pulmonary Disease (46%). Specialties with the fewest J-1 or J-2 visa holders were Ophthalmology (0%), Dermatology (0%), Emergency Medicine (1%), and Orthopedics (1%).

FIGURE 1.1 Proportion of Female Respondents
by Specialty Group, (All 1999 Exit Survey Respondents)

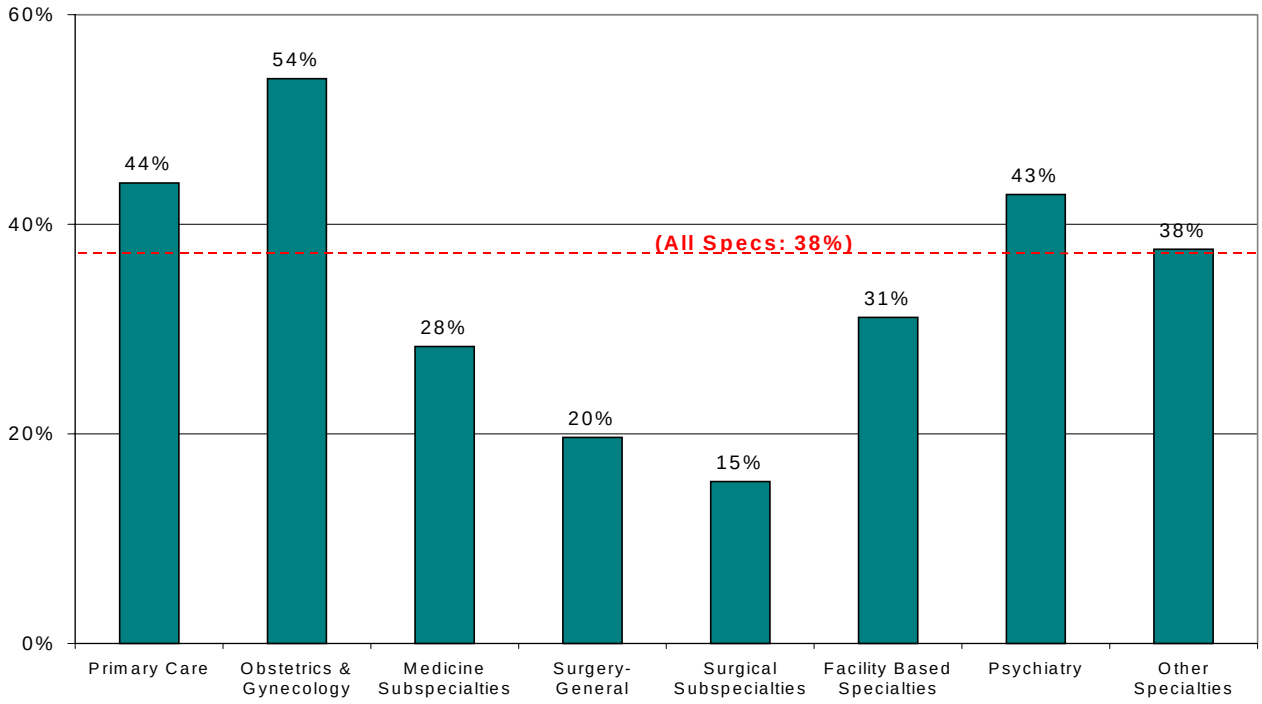


FIGURE 1.2 Proportion of Under-represented Minority Respondents
by Specialty Group, (All 1999 Exit Survey Respondents)

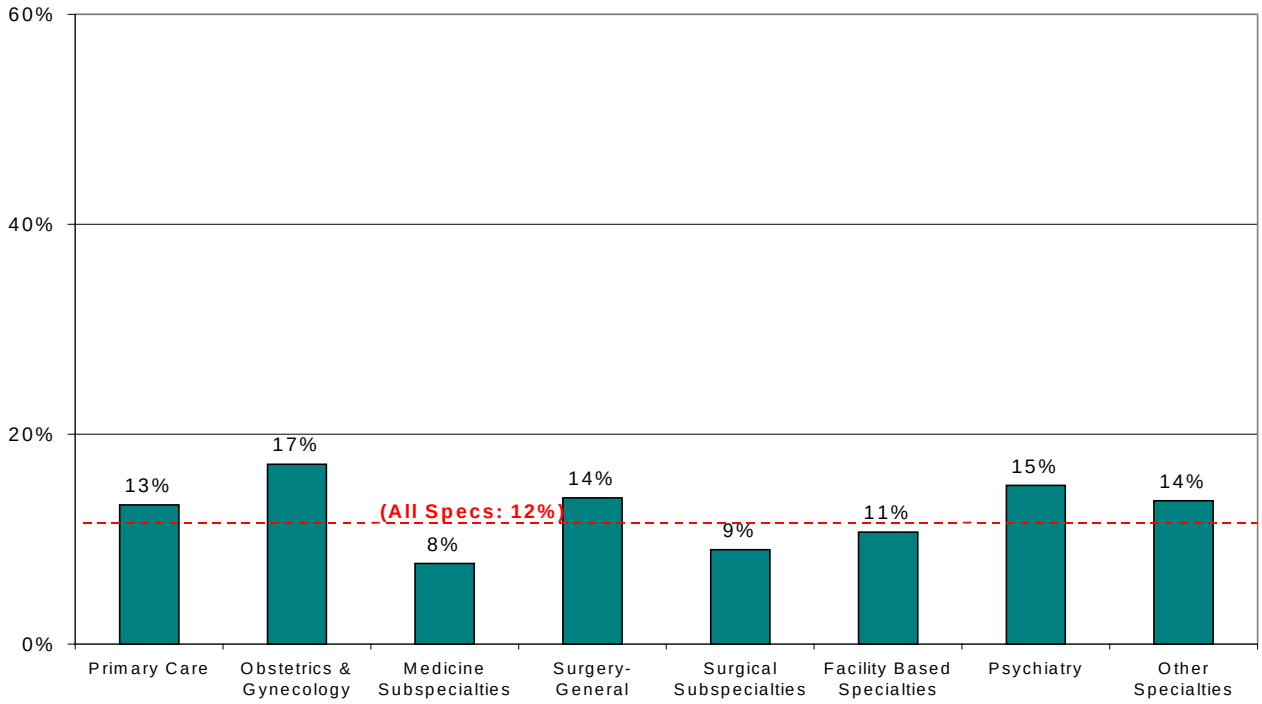


FIGURE 1.3 Location of Medical School and Citizenship Status
(All 1999 Exit Survey Respondents)

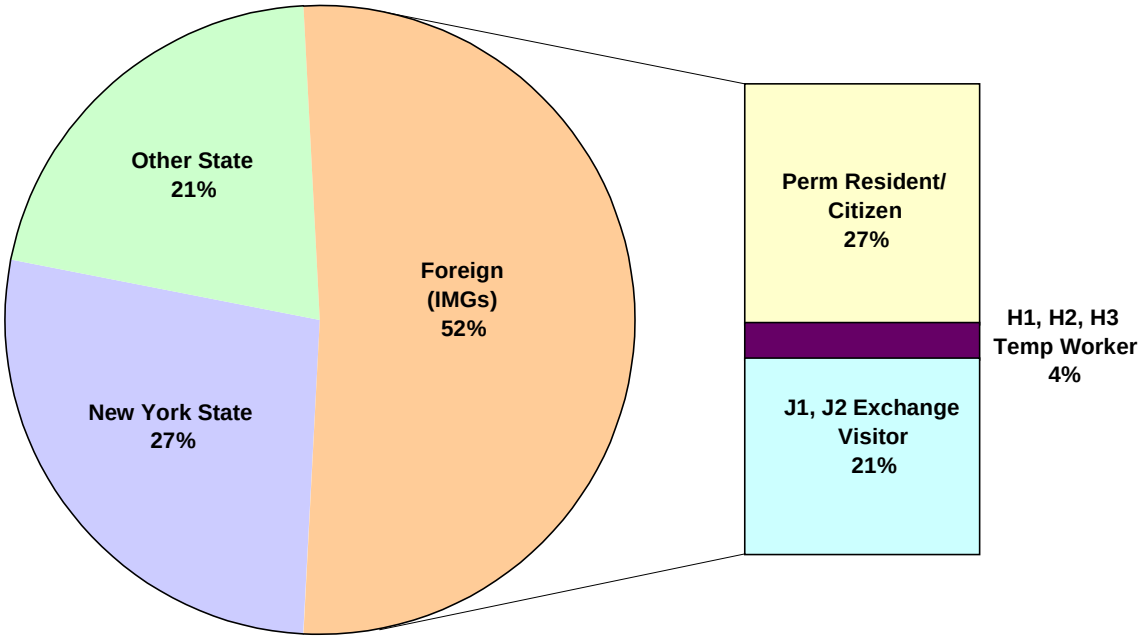


FIGURE 1.4 Proportion of Respondents Who Are IMGs
by Specialty Group, (All 1998 & 1999 Exit Survey Respondents)

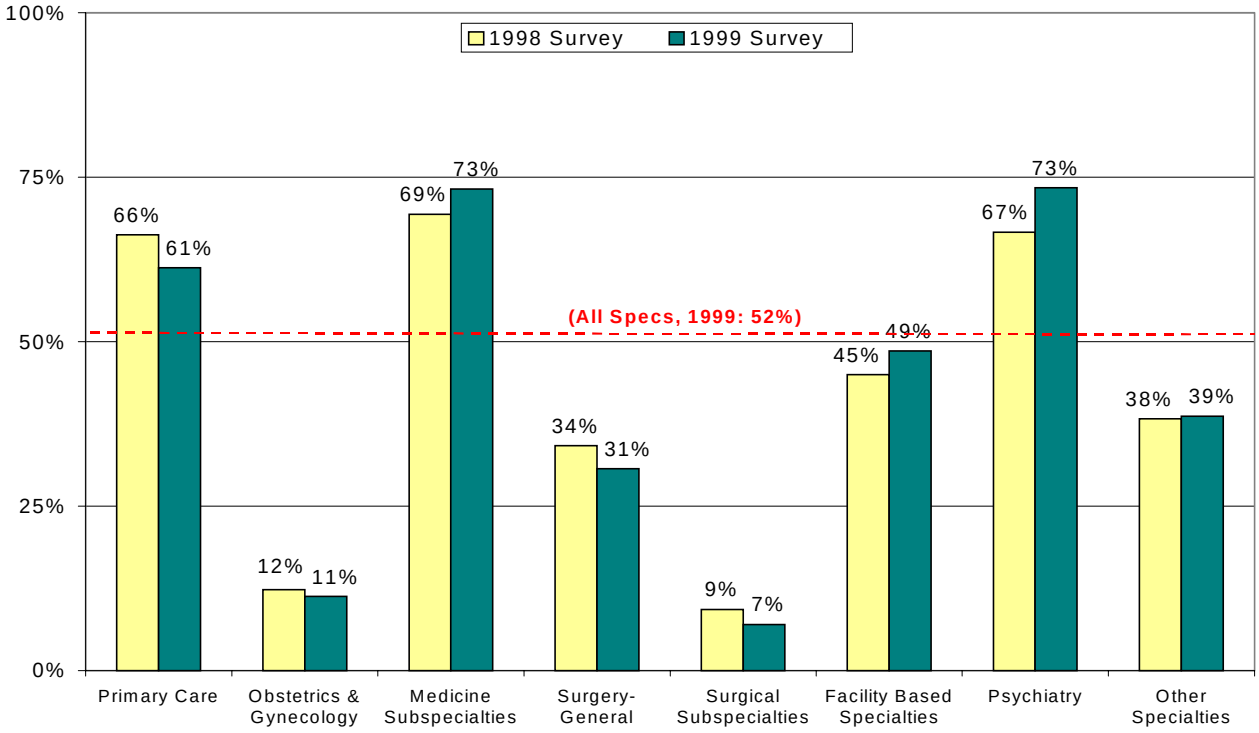


TABLE 1.1 Background Characteristics of Respondents
(All 1999 Exit Survey Respondents)

Specialty[4]	Number of Resp (N)	% Female	% Under-rep Minorities[5]	% IMG[6]	% J1, J2 Visa Holders
Primary Care	**1557**	**44%**	**13%**	**61%**	**27%**
Family Practice	197	49%	22%	37%	7%
Internal Medicine-General	979	36%	12%	66%	31%
Pediatrics-General	357	63%	11%	64%	28%
Obstetrics/Gynecology	**142**	**54%**	**17%**	**11%**	**2%**
Internal Medicine Subspecialties	**317**	**28%**	**8%**	**73%**	**37%**
Cardiology	67	18%	5%	61%	29%
Gastroenterology	33	15%	6%	55%	19%
Geriatrics	30	60%	7%	80%	38%
Hematology/Oncology	44	27%	9%	70%	36%
Nephrology	25	12%	12%	96%	48%
Pulmonary Disease	39	28%	5%	77%	46%
Other IM Specialties	79	36%	10%	81%	45%
Surgery-General	**127**	**20%**	**14%**	**31%**	**8%**
Surgical Subspecialties	**259**	**15%**	**9%**	**7%**	**4%**
Ophthalmology	51	43%	12%	2%	0%
Orthopedics	86	7%	5%	4%	1%
Otolaryngology	28	18%	18%	7%	4%
Urology	35	6%	9%	9%	6%
Other Surgical Subspecs	59	8%	9%	15%	10%
Facility Based	**395**	**31%**	**11%**	**49%**	**15%**
Anesthesiology	151	21%	13%	65%	17%
General Anesthesiology	*107*	*20%*	*14%*	*71%*	*17%*
Pain Management	*29*	*21%*	*14%*	*38%*	*10%*
Pathology	95	46%	11%	68%	24%
Radiology	149	33%	8%	19%	7%
Psychiatry	**222**	**43%**	**15%**	**73%**	**28%**
Adult-Psychiatry	*160*	*40%*	*12%*	*73%*	*27%*
Child & Adolescent Psych	*40*	*53%*	*37%*	*73%*	*31%*
Other	**390**	**38%**	**14%**	**39%**	**17%**
Dermatology	32	53%	6%	3%	0%
Emergency Medicine	140	32%	19%	5%	1%
Neurology	78	29%	6%	68%	37%
Pediatric Subspecialties	57	51%	9%	89%	48%
Physical Medicine & Rehab	57	34%	16%	42%	7%
All Specialties, 1999 (1998 Survey)	**3409 (3048)**	**38% (36%)**	**12% (13%)**	**52% (52%)**	**22% (20%)**

[4]Specialties with small numbers of respondents are not shown but are included in subgroup totals and overall total. Appendix B gives response rates for all specialties listed on the survey and shows how each specialty has been grouped in the tables presented in this report.

[5]Under-represented minority incudes Black/African American, Hispanic/Latino, and Native American.

[6]IMG = International (Foreign) Medical Graduate.

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

Highlights

- Fifty-five percent (55%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 78% had confirmed practice plans.
- Approximately one-third (34%) planned to subspecialize or pursue further training. For the remaining 11%, 2% were planning to work as chief residents, 4% were planning to enter teaching/research, and 5% had other plans.
- Specialties with the highest proportions of respondents planning to enter patient care/clinical practice were Pain Management (93%), Emergency Medicine (89%), Family Practice (84%), and Geriatrics (83%).
- Specialties with the highest subspecialization rates were General Surgery (69%), Pathology (60%) and Radiology (59%).
- The subspecialization rates for Internal Medicine and Pediatrics were 45% and 32%, respectively. However, J1 & J2 exchange visitors are much more likely to subspecialize than respondents with any other citizenship status. In Internal Medicine, the subspecialization rate for J1 & J2 exchange visitors was 66% vs. 36% for all other respondents. In Pediatrics, the rates were 60% vs. 21%.
- Internal Medicine (6%) and Pediatrics (4%) had the highest percentages of respondents taking positions as chief residents.

FIGURE 2.1 Primary Activity After Completion of Current Training Program
(All 1999 Exit Survey Respondents)

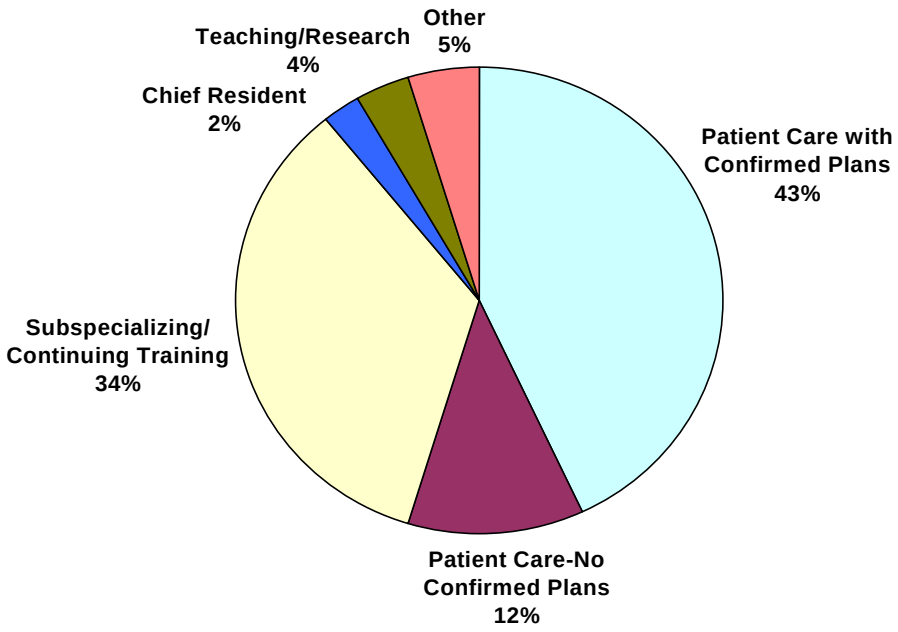


FIGURE 2.2 Proportion of Respondents Planning to Enter Patient Care/Clinical Practice
by Specialty Group, (All 1998 & 1999 Exit Survey Respondents)

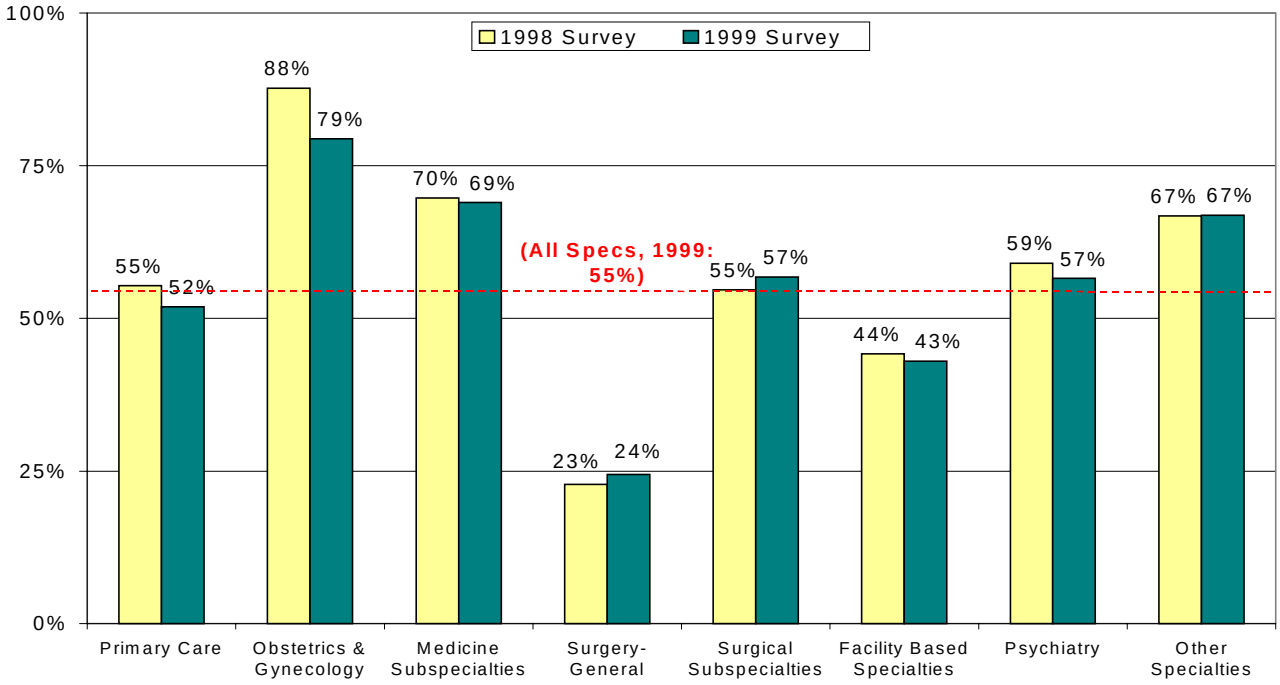


FIGURE 2.3 Rank of Percent of Resp Entering Patient Care by Specialty, (All 1999 Exit Survey Respondents)

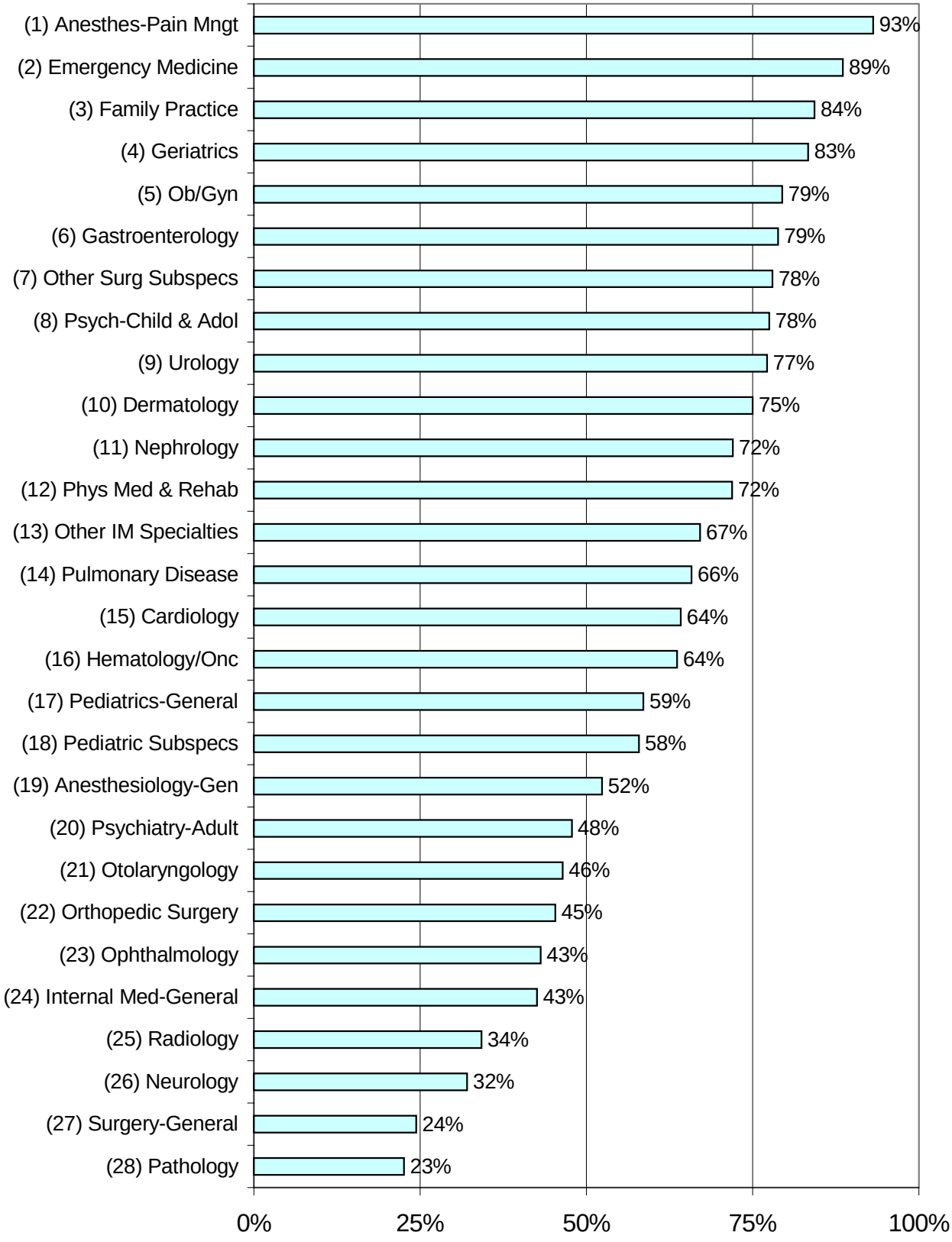


TABLE 2.1 Primary Activity After Completion of Current Training
(All 1999 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**52%**	**37%**	**5%**	**1%**	**5%**
Family Practice	84%	8%	2%	3%	4%
Internal Medicine-General	42%	45%	6%	1%	5%
Pediatrics-General	58%	32%	4%	1%	4%
Obstetrics/Gynecology	**79%**	**15%**	**1%**	**4%**	**2%**
Internal Medicine Subspecialties	**69%**	**16%**	**0%**	**8%**	**7%**
Cardiology	64%	25%	0%	6%	4%
Gastroenterology	79%	18%	0%	0%	3%
Geriatrics	83%	7%	0%	7%	3%
Hematology/Oncology	64%	14%	0%	14%	9%
Nephrology	72%	8%	0%	8%	12%
Pulmonary Disease	64%	23%	0%	8%	5%
Other IM Specialties	67%	11%	0%	10%	11%
Surgery-General	**24%**	**69%**	**0%**	**5%**	**2%**
Surgical Subspecialties	**57%**	**39%**	**0%**	**3%**	**1%**
Ophthalmology	43%	53%	0%	2%	2%
Orthopedics	45%	51%	0%	3%	0%
Otolaryngology	46%	43%	0%	4%	7%
Urology	77%	20%	0%	3%	0%
Other Surgical Subspecs	78%	19%	2%	2%	0%
Facility Based	**43%**	**48%**	**0%**	**5%**	**5%**
Anesthesiology	64%	28%	0%	3%	5%
General Anesthesiology	*52%*	*39%*	*0%*	*4%*	*5%*
Pain Management	*93%*	*3%*	*0%*	*0%*	*3%*
Pathology	22%	60%	1%	8%	8%
Radiology	34%	59%	0%	4%	3%
Psychiatry	**56%**	**34%**	**0%**	**3%**	**7%**
Adult-Psychiatry	*48%*	*44%*	*1%*	*3%*	*5%*
Child & Adolescent Psych	*78%*	*10%*	*0%*	*0%*	*13%*
Other	**67%**	**19%**	**0%**	**10%**	**5%**
Dermatology	75%	13%	0%	6%	6%
Emergency Medicine	89%	8%	0%	2%	1%
Neurology	32%	49%	0%	13%	6%
Pediatric Subspecialties	58%	11%	0%	25%	7%
Physical Medicine & Rehab	72%	18%	0%	4%	7%
All Specialties, 1999 (1998 Survey	**55% (57%)**	**34% (34%)**	**2% (3%)**	**4% (3%)**	**5% (3%)**

SECTION III

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

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

3.1 Practice Location

Table 3.1 gives the practice location of respondents with confirmed practice plans. This is a subset of "All Respondents" so the number in this subgroup is presented for each specialty in the first column. A total of 1,465 respondents had confirmed practice plans.

Two-percent (2%) of respondents were planning to practice outside the U.S. These physicians have been excluded from all other subsections within Section 3 of this report.

Highlights

- Over one-half (54%) of respondents with confirmed practice plans were entering practice within New York State. The vast majority (91%) of these were remaining in the same region in which they trained.
- Respondents of General Anesthesiology (72%), Adult Psychiatry (68%), Pain Management (68%), and Pathology (65%) were most likely to remain in-state to begin practice.
- Respondents entering practice in General Surgery (27%) and Surgical Subspecialties (38%) were least likely to remain in New York. In particular, Orthopedics (17%) and Nephrology (18%) had very low in-state retention.
- Respondents of Pathology (20%) and Pulmonary Disease (10%) were the most likely to be entering practice outside the U.S. This is not surprising given that these specialties contain a high proportion of J1 & J2 exchange visitors.
- IMGs on temporary visas were much more likely to be leaving the state to begin practice. Only 22% of these were entering practice within New York State as compared to 60% of all other respondents. In part, this may be a reflection of the relatively small number of federally designated HPSAs in New York compared to the rest of the U.S.

FIGURE 3.1 Location of Upcoming Practice
(for 1999 Respondents with Confirmed Practice Plans)

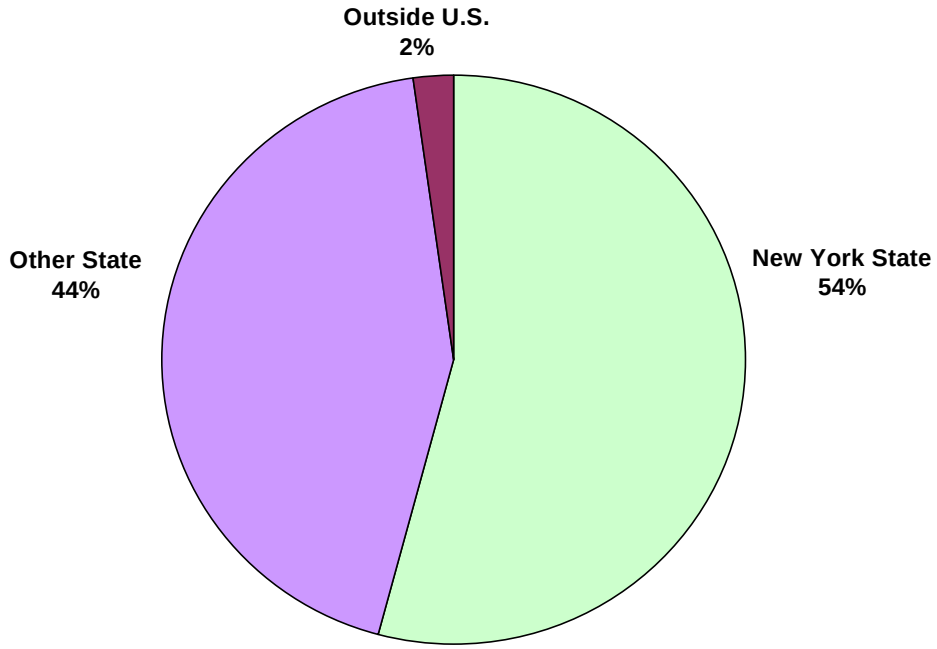


FIGURE 3.2 Proportion of Respondents Entering Practice within New York State
by Specialty Group, (for Respondents with Confirmed Practice Plans)

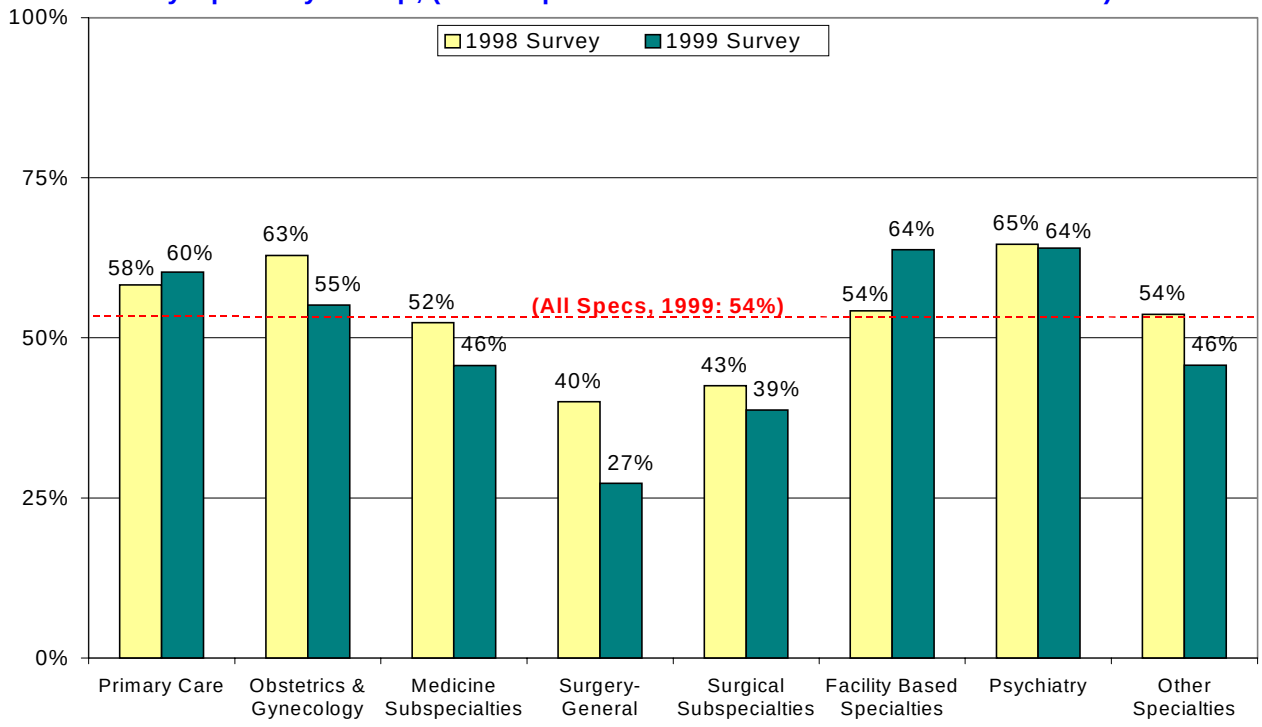


FIGURE 3.3 Rank of Percent of Resp Entering Practice in NYS
by Specialty, (for 1999 Exit Survey Resp with Confirmed Practice Plans)

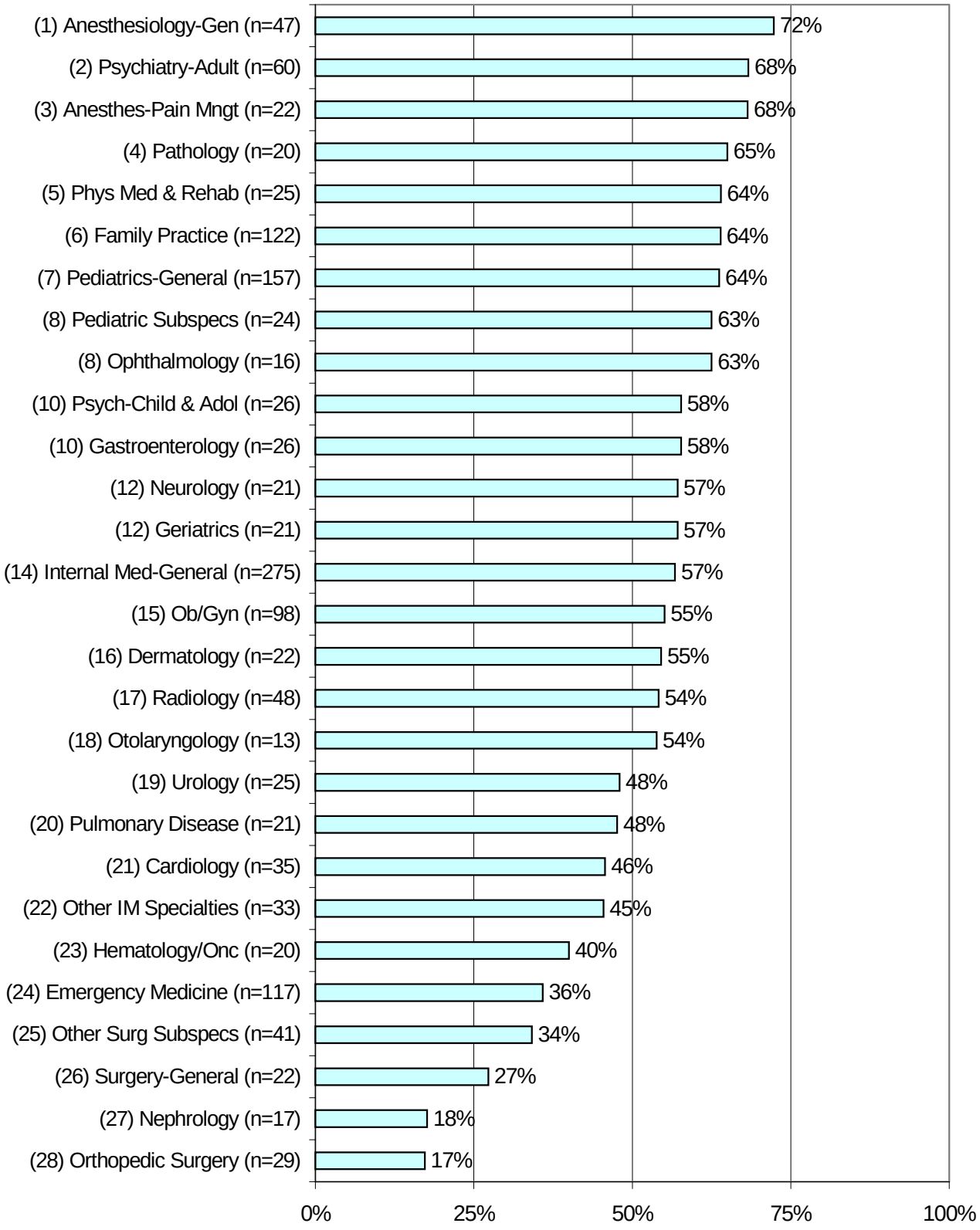


TABLE 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice

(for 1999 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans[7]	LOCATION OF UPCOMING PRACTICE: Within New York State – Same Region	Within New York State – Other Area	Other State	Outside U.S.[8]
Primary Care	**570**	**55%**	**5%**	**38%**	**1%**
Family Practice	122	59%	5%	34%	2%
Internal Medicine-General	279	52%	4%	42%	1%
Pediatrics-General	157	56%	8%	34%	2%
Obstetrics/Gynecology	**98**	**47%**	**8%**	**45%**	**0%**
Internal Medicine Subspecialties	**175**	**41%**	**5%**	**50%**	**5%**
Cardiology	36	46%	0%	51%	3%
Gastroenterology	26	54%	4%	38%	4%
Geriatrics	21	48%	10%	38%	5%
Hematology/Oncology	20	35%	5%	60%	0%
Nephrology	17	12%	6%	76%	6%
Pulmonary Disease	22	43%	5%	43%	10%
Other IM Specialties	33	39%	6%	48%	6%
Surgery-General	**22**	**27%**	**0%**	**68%**	**5%**
Surgical Subspecialties	**125**	**32%**	**6%**	**59%**	**2%**
Ophthalmology	16	56%	6%	38%	0%
Orthopedics	29	10%	7%	83%	0%
Otolaryngology	13	46%	8%	46%	0%
Urology	25	36%	12%	52%	0%
Other Surgical Subspecs	42	32%	2%	59%	7%
Facility Based	**150**	**58%**	**5%**	**32%**	**5%**
Anesthesiology	82	63%	6%	28%	2%
General Anesthesiology	*48*	*70%*	*2%*	*26%*	*2%*
Pain Management	*22*	*50%*	*18%*	*32%*	*0%*
Pathology	20	60%	5%	15%	20%
Radiology	48	50%	4%	44%	2%
Psychiatry	**102**	**56%**	**8%**	**35%**	**1%**
Adult-Psychiatry	*61*	*62%*	*7%*	*30%*	*2%*
Child & Adolescent Psych	*27*	*42%*	*15%*	*42%*	*0%*
Other	**223**	**42%**	**4%**	**52%**	**2%**
Dermatology	22	45%	9%	45%	0%
Emergency Medicine	117	32%	3%	63%	1%
Neurology	21	57%	0%	43%	0%
Pediatric Subspecialties	24	58%	4%	33%	4%
Physical Medicine & Rehab	27	56%	8%	36%	0%
All Specialties, 1999 (1998 Survey)	**1465 (1360)**	**49% (49%)**	**5% (6%)**	**44% (42%)**	**2% (3%)**

[7]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.

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

3.2 Principal Practice Setting

Table 3.2 shows the practice setting of respondents' upcoming principal practice. This table does not provide a comparison to 1998 because changes were made to this question on the survey. The "Other" category includes "freestanding health center/clinic", "HMO", "military", and "other".

Highlights

- Nearly one-half (47%) of respondents were entering group practices. More than three-fourths (77%) of these were going into groups as employees as opposed to partners.
- Over one-fourth (26%) reported some level of ownership in their upcoming practice. Five percent (5%) of respondents were starting solo practices, 11% were entering two person partnerships, and 10% were entering group practices as partners.
- Despite the fact that only 5% of all respondents were planning to enter solo practice, their were a few outliers in this distribution. Otolaryngology (31%) and PM&R (25%) each had over one-fourth of respondents entering solo practice. Other specialties with at least 10% entering solo practice were Neurology (16%) and Pediatric Subspecialties (10%).
- Thirty percent (30%) of respondents were entering practice in hospitals. Of these, nearly two-thirds (63%) were entering ambulatory care or emergency room settings.

FIGURE 3.4 Principal Practice Setting
(for 1999 Exit Survey Respondents with Confirmed Practice Plans)

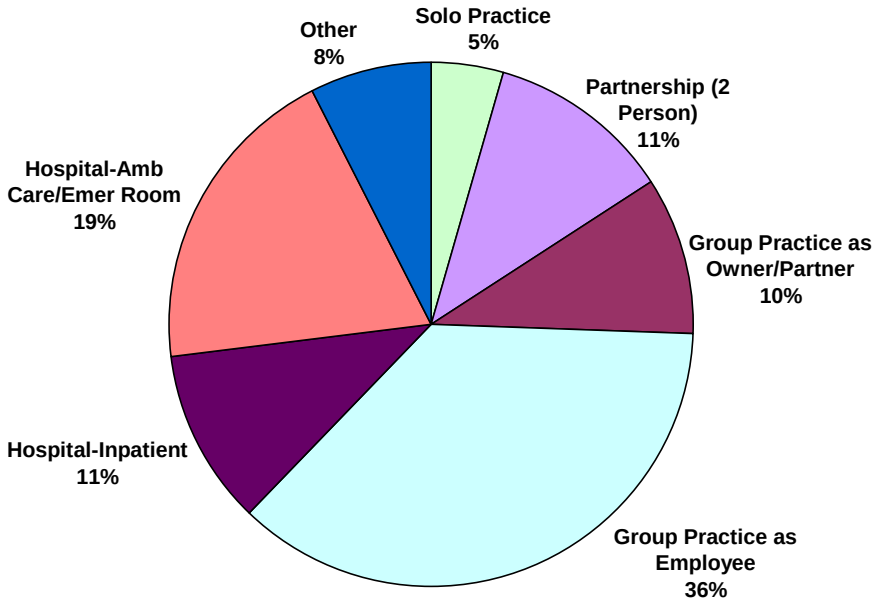


TABLE 3.2 Principal Practice Setting of Upcoming Practice
(for 1999 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partner-ship (2 Person)	GROUP PRACTICE as Owner/ Partner	GROUP PRACTICE as Em-ployee	HOSPITAL In-patient	HOSPITAL Amb. Care	HOSPITAL Emer. Room	Other
Primary Care	**5%**	**14%**	**8%**	**39%**	**6%**	**15%**	**2%**	**10%**
Family Practice	5%	10%	9%	39%	0%	20%	2%	15%
Internal Medicine-General	5%	16%	8%	39%	10%	14%	2%	8%
Pediatrics-General	4%	12%	10%	39%	5%	15%	4%	10%
Obstetrics/Gynecology	**4%**	**19%**	**8%**	**53%**	**6%**	**3%**	**0%**	**7%**
Internal Medicine Subspecialties	**4%**	**14%**	**9%**	**41%**	**13%**	**14%**	**0%**	**5%**
Cardiology	3%	15%	15%	35%	18%	15%	0%	0%
Gastroenterology	8%	25%	8%	46%	4%	4%	0%	4%
Geriatrics	5%	10%	5%	40%	5%	20%	0%	15%
Hematology/Oncology	5%	11%	11%	42%	0%	16%	0%	16%
Nephrology	0%	7%	7%	53%	7%	27%	0%	0%
Pulmonary Disease	6%	17%	6%	44%	22%	0%	0%	6%
Other IM Specialties	0%	13%	7%	37%	27%	17%	0%	0%
Surgery-General	**11%**	**16%**	**16%**	**37%**	**0%**	**0%**	**0%**	**21%**
Surgical Subspecialties	**8%**	**16%**	**20%**	**43%**	**5%**	**2%**	**0%**	**5%**
Ophthalmology	6%	6%	31%	50%	0%	0%	0%	6%
Orthopedics	7%	7%	11%	57%	0%	4%	0%	14%
Otolaryngology	31%	31%	0%	23%	0%	8%	0%	8%
Urology	4%	17%	29%	46%	4%	0%	0%	0%
Other Surgical Subspecs	5%	22%	24%	35%	14%	0%	0%	0%
Facility Based	**0%**	**2%**	**17%**	**45%**	**28%**	**5%**	**1%**	**2%**
Anesthesiology	0%	1%	18%	53%	24%	3%	0%	1%
General Anesthesiology	*0%*	*2%*	*14%*	*56%*	*26%*	*2%*	*0%*	*0%*
Pain Management	*0%*	*0%*	*25%*	*50%*	*20%*	*5%*	*0%*	*0%*
Pathology	0%	7%	7%	40%	40%	7%	0%	0%
Radiology	0%	2%	19%	34%	30%	9%	2%	4%
Psychiatry	**3%**	**1%**	**4%**	**10%**	**38%**	**23%**	**4%**	**15%**
Adult-Psychiatry	*4%*	*2%*	*6%*	*11%*	*34%*	*21%*	*8%*	*15%*
Child & Adolescent Psych	*0%*	*0%*	*4%*	*12%*	*24%*	*36%*	*0%*	*24%*
Other	**5%**	**7%**	**5%**	**23%**	**4%**	**6%**	**46%**	**3%**
Dermatology	0%	14%	10%	57%	5%	5%	0%	10%
Emergency Medicine	0%	0%	4%	11%	0%	1%	82%	3%
Neurology	16%	16%	5%	32%	11%	21%	0%	0%
Pediatric Subspecialties	10%	5%	0%	24%	24%	24%	10%	5%
Physical Medicine & Rehab	25%	25%	8%	38%	0%	4%	0%	0%
All Specialties	**5%**	**11%**	**10%**	**37%**	**11%**	**11%**	**8%**	**8%**

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 four columns give the demographic description of the principal practice location and the last column gives the proportion entering practice in federally designated Health Professionals 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 (19%) said they "didn't know" if their upcoming practice fell within a federal HPSA.

Highlights

- Over one-fourth (27%) of respondents reported entering practice in inner city locations and another 7% were going to rural locations. Seventeen percent (17%) said they would be practicing in a federal HPSA, down from 20% in 1998.
- Respondents from Pediatric Subspecialties (52%), General Anesthesiology (41%), and Emergency Medicine (38%) were most likely to be entering inner city practices.
- One-fourth (25%) of Family Practice respondents were entering practice in rural areas. Other specialties where respondents were likely to be entering rural practices included Geriatrics (15%), Nephrology (13%), Pediatric Subspecialties (13%), General Surgery (12%), and Psychiatry (11%).
- Respondents from Geriatrics (40%), Pediatric Subspecialties (35%), Family Practice (30%) and Child Psychiatry (27%) were most likely to be entering practice in HPSAs. Surgical Subspecialists (3%) were least likely to be entering HPSAs.
- It should be noted that citizenship status has a strong influence on an individual's practice location. J-1 & J-2 exchange visitors are required to practice in an underserved area or return to their native country. Therefore, specialties with a high proportion of temporary visa holders had high proportions of respondents entering HSPAs.
- While a very high percentage of IMGs with temporary visas were entering HPSAs (72%), IMGs with permanent citizenship status were actually less likely than USMGs to be entering HPSAs (6% vs. 11%, respectively). This difference between IMGs with permanent citizenship and USMGs was even greater when looking at primary care specialties alone (6% vs. 18%).

FIGURE 3.5 Percent of Respondents Entering Practice in Rural and Inner City Areas

by Location of Medical School & Citizenship Status, (of 1999 Exit Survey Resp from Primary Care Specialties with Confirmed Practice Plans)

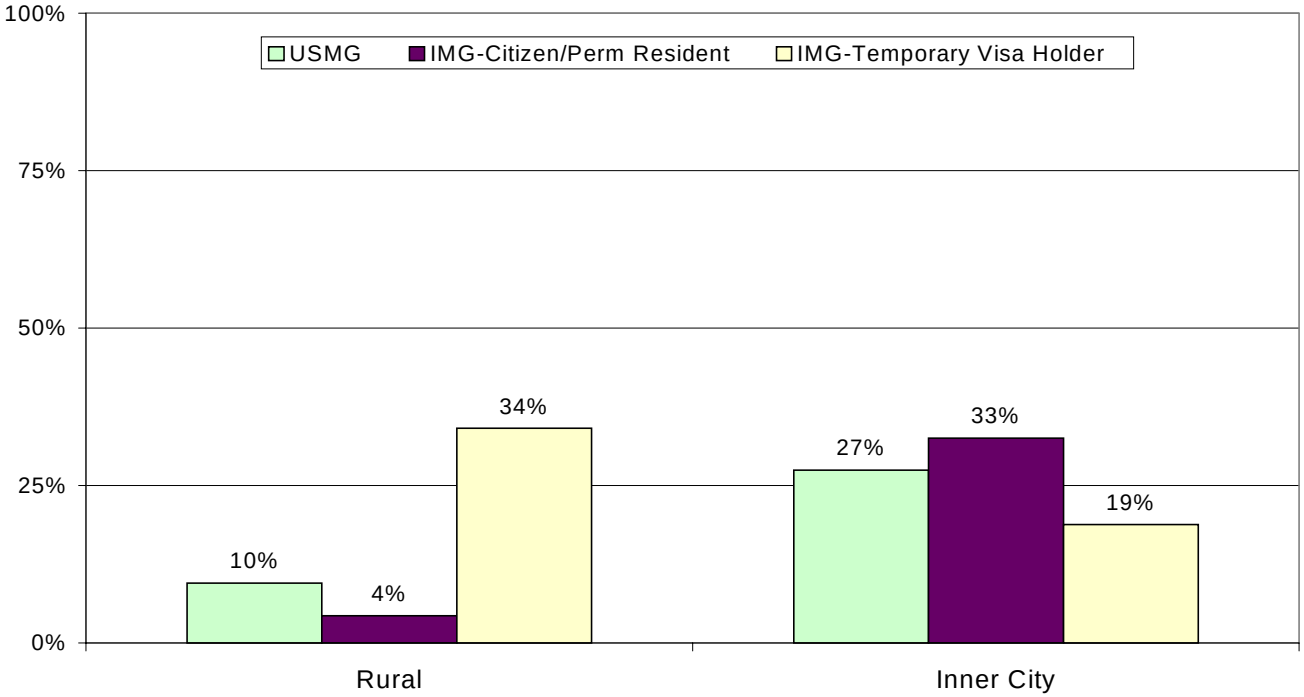


FIGURE 3.6 Proportion of Respondents Entering Practice in a Federal HPSA

by Location of Medical School & Citizenship, (of 1998 & 1999 Exit Survey Resp from Primary Care Specialties with Confirmed Practice Plans)

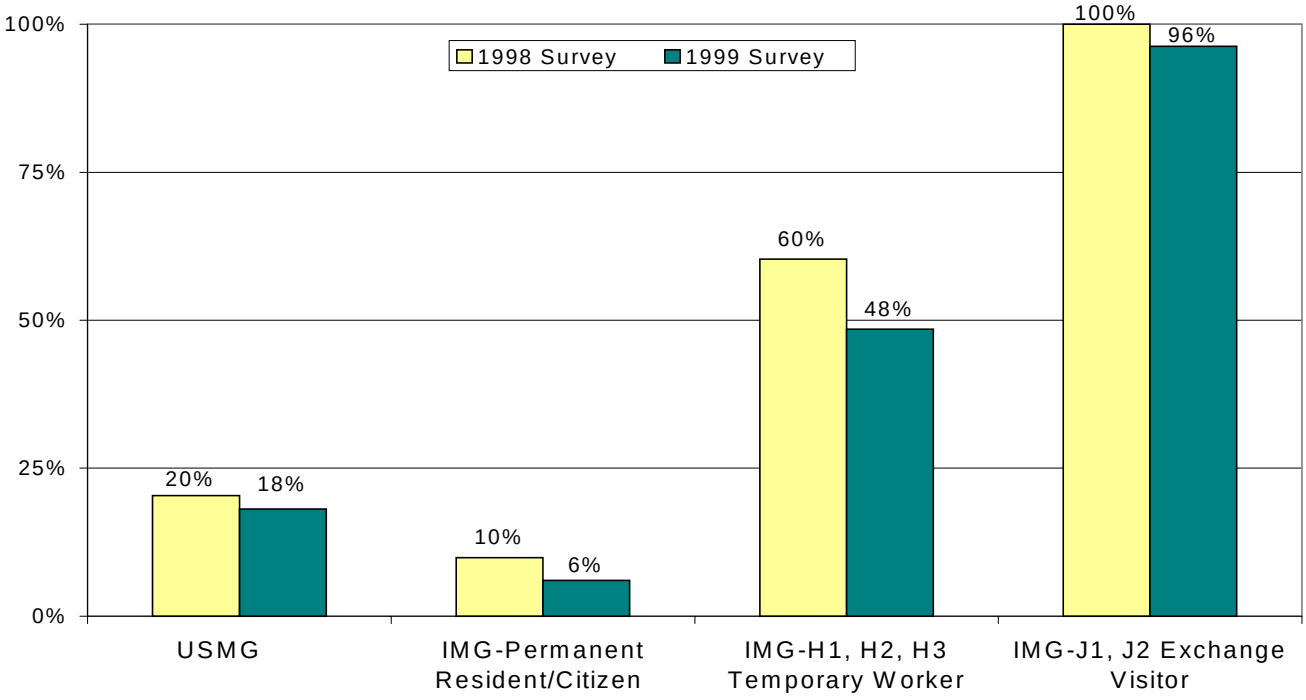


TABLE 3.3 Demographics of Practice Location
(for 1999 Exit Survey Respondents with Confirmed Practice Plans)

Specialty	Demographics: Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA[9]
Primary Care	**28%**	**15%**	**30%**	**15%**	**12%**	**24%**
Family Practice	21%	8%	34%	13%	25%	30%
Internal Medicine-General	31%	19%	26%	14%	10%	24%
Pediatrics-General	30%	15%	35%	16%	5%	22%
Obstetrics/Gynecology	**24%**	**21%**	**33%**	**17%**	**5%**	**22%**
Internal Medicine Subspecialties	**21%**	**25%**	**31%**	**17%**	**7%**	**18%**
Cardiology	26%	29%	21%	21%	3%	15%
Gastroenterology	17%	13%	50%	21%	0%	0%
Geriatrics	25%	20%	30%	10%	15%	40%
Hematology/Oncology	10%	25%	45%	15%	5%	5%
Nephrology	31%	6%	19%	31%	13%	25%
Pulmonary Disease	21%	21%	32%	21%	5%	16%
Other IM Specialties	17%	45%	24%	3%	10%	27%
Surgery-General	**0%**	**35%**	**47%**	**6%**	**12%**	**6%**
Surgical Subspecialties	**16%**	**24%**	**39%**	**19%**	**2%**	**3%**
Ophthalmology	25%	19%	38%	19%	0%	6%
Orthopedics	0%	30%	41%	26%	4%	0%
Otolaryngology	23%	23%	15%	38%	0%	0%
Urology	13%	21%	50%	17%	0%	8%
Other Surgical Subspecs	24%	24%	41%	8%	3%	0%
Facility Based	**31%**	**26%**	**29%**	**12%**	**1%**	**6%**
Anesthesiology	36%	25%	27%	12%	0%	5%
General Anesthesiology	*41%*	*23%*	*32%*	*5%*	*0%*	*2%*
Pain Management	*20%*	*25%*	*30%*	*25%*	*0%*	*5%*
Pathology	25%	13%	25%	31%	6%	19%
Radiology	24%	33%	35%	7%	2%	4%
Psychiatry	**29%**	**25%**	**17%**	**18%**	**11%**	**24%**
Adult-Psychiatry	*29%*	*29%*	*16%*	*13%*	*13%*	*23%*
Child & Adolescent Psych	*27%*	*15%*	*23%*	*23%*	*12%*	*27%*
Other	**34%**	**20%**	**28%**	**14%**	**3%**	**9%**
Dermatology	14%	19%	52%	10%	5%	0%
Emergency Medicine	38%	21%	24%	15%	2%	8%
Neurology	35%	10%	45%	10%	0%	10%
Pediatric Subspecialties	52%	9%	22%	4%	13%	35%
Physical Medicine & Rehab	25%	29%	17%	29%	0%	0%
All Specialties, 1999 (1998 Survey)	**27% (27%)**	**20% (21%)**	**30% (29%)**	**15% (14%)**	**7% (9%)**	**17% (20%)**

[9]HPSA = Health Professionals Shortage Area.

3.4 Expected First Year Income

Table 3.4 presents a comparison of the median expected first year income of 1998 and 1999 Exit Survey respondents. Each individual's starting income was computed by summing their expected base salary and additional/incentive income. The number of respondents (N) is given because many specialties had a relatively small number of respondents. Finally, specialties are ranked in descending order (i.e. 1 is highest, 28 is lowest) by percent change in income from 1998 to 1999.

It should be noted that while specialty was the most important variable in describing variations in income, there were other significant factors as well. Controlling for other variables, the following factors were found to be significant in describing differences in income: the number of hours an individual will be working, practice location (an individual staying in NYS can expect to receive 10% less than the same person if they had left the state), citizenship (J1 & J2 exchange visitors averaged 12% less than other respondents), and gender (females averaged 4% less than males). The numbers given in this section are presented without statistical adjustments for these factors. However, the biases present when comparing across specialties are minimized by using the *median* as the summary statistic because this measure of central tendency is resistant to outliers.

Highlights

- The median expected first year income of 1999 Exit Survey respondents was $119,283, up 1.3% from $117,715 in 1998. (A total of 1,347 of the 1,465 respondents with confirmed practice plans [92%] answered the question relating to expected first year income.)
- Although there is considerable overlap in the salary distributions of primary care and non-primary care physicians, non-primary care physicians generally reported higher incomes.
- Individual specialties with the highest starting income (rounded to nearest thousand, using medians) were Orthopedic Surgery ($189,000), Emergency Medicine ($169,000), and Radiology ($159,000).
- Among the specialty groups, Primary Care had the lowest starting income ($106,000) and Surgical Subspecialties had the highest ($159,000).
- Dermatology (13%), Child Psychiatry (13%), Hem/Onc (11%), and Pediatric Subspecialties (10%) experienced the greatest increases in median starting income from 1998 to 1999.

- Pediatrics had the lowest starting income of all specialties ($94,000) and experienced one of the largest declines in starting income (-5%) from 1998 to 1999. Other specialties having large decreases in income were Pathology (-8%), Ophthalmology (-7%), and Ob/Gyn (-6%).

FIGURE 3.7 Median Expected First Year Income (inThousands) by Specialty Group, (for Exit Survey Resp. with Confirmed Practice Plans)

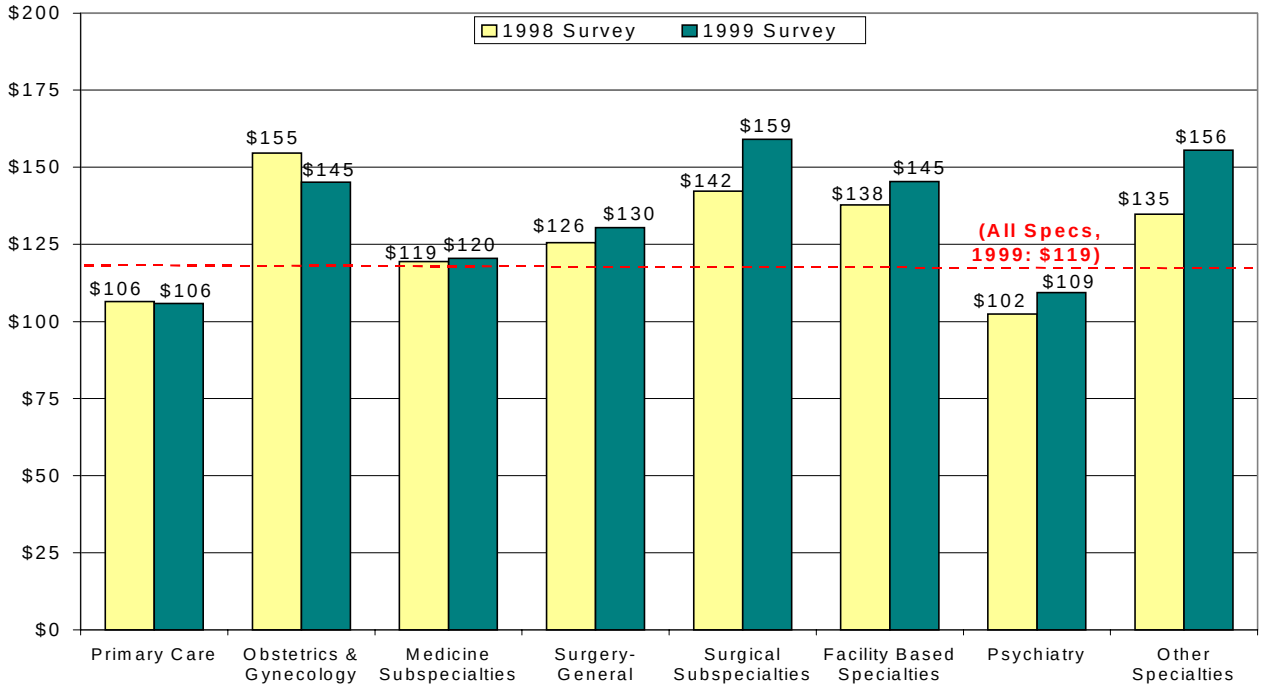


FIGURE 3.8 Distribution of Expected First Year Income by Primary Care vs. Non-Primary Care, (for 1999 Exit Survey Respondents with Confirmed Practice Plans)

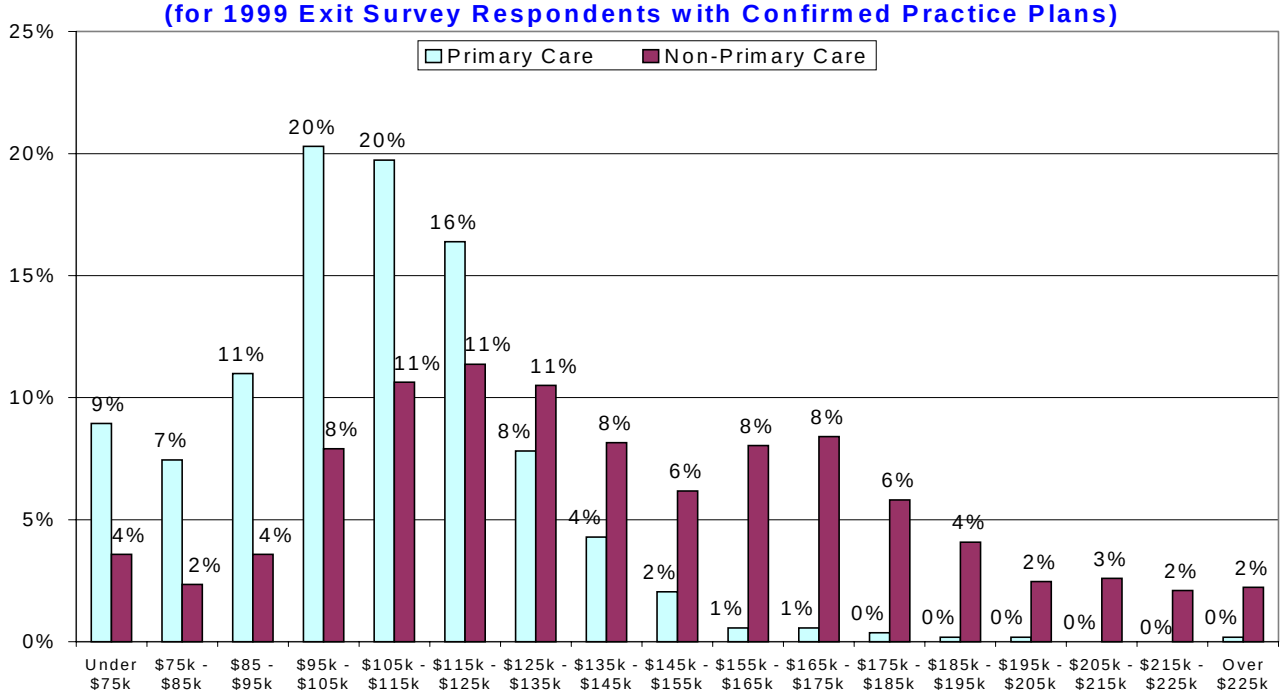


FIGURE 3.9 Rank of Median Expected First Yr Income (in 1,000s) by Specialty, (for 1999 Exit Survey Resp with Confirmed Prac. Plans)

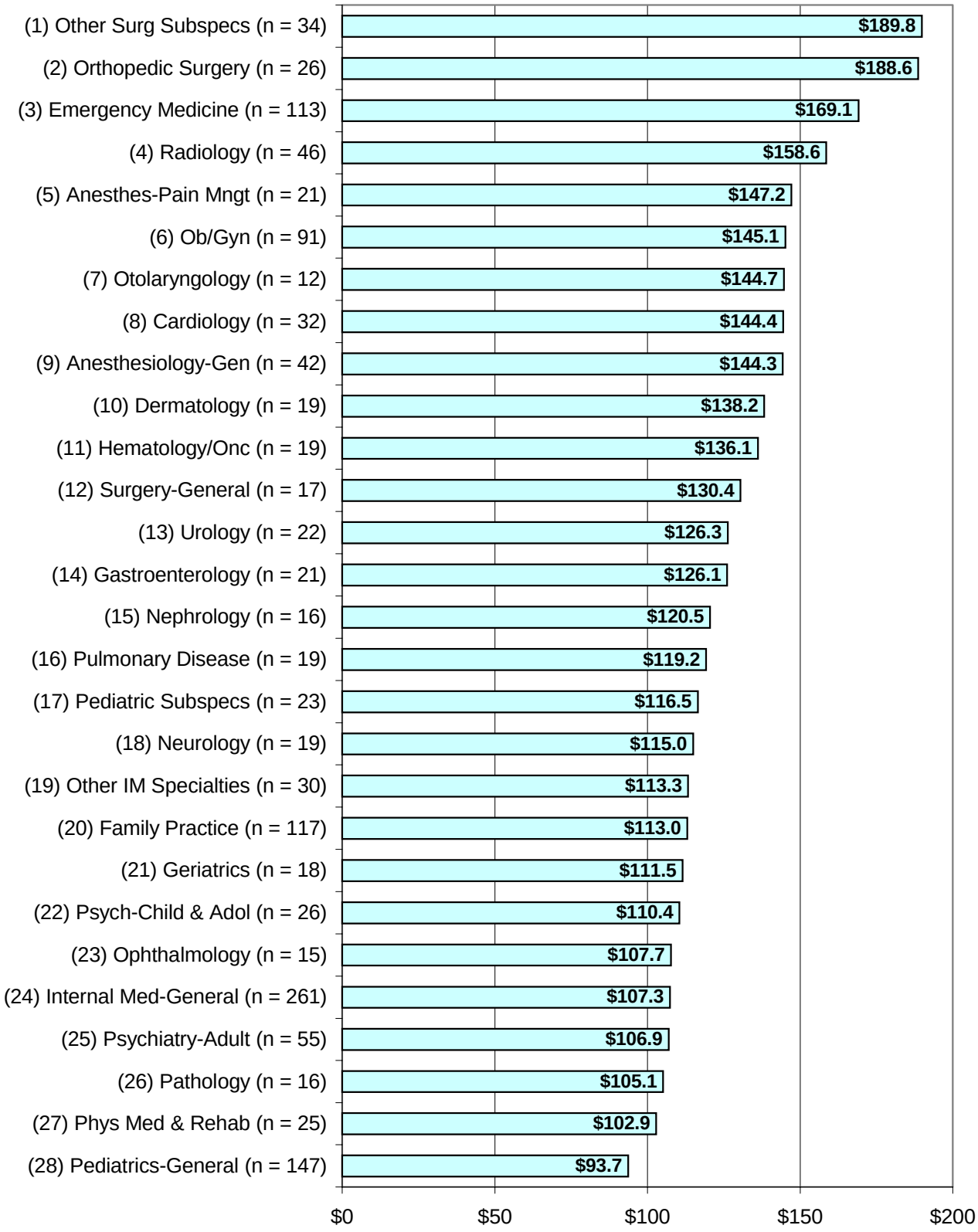


FIGURE 3.10 Rank of % Change in Median Expected First Year Income (Respondents from 1999 vs. 1998)

by Specialty, (Resp with Confirmed Practice Plans)

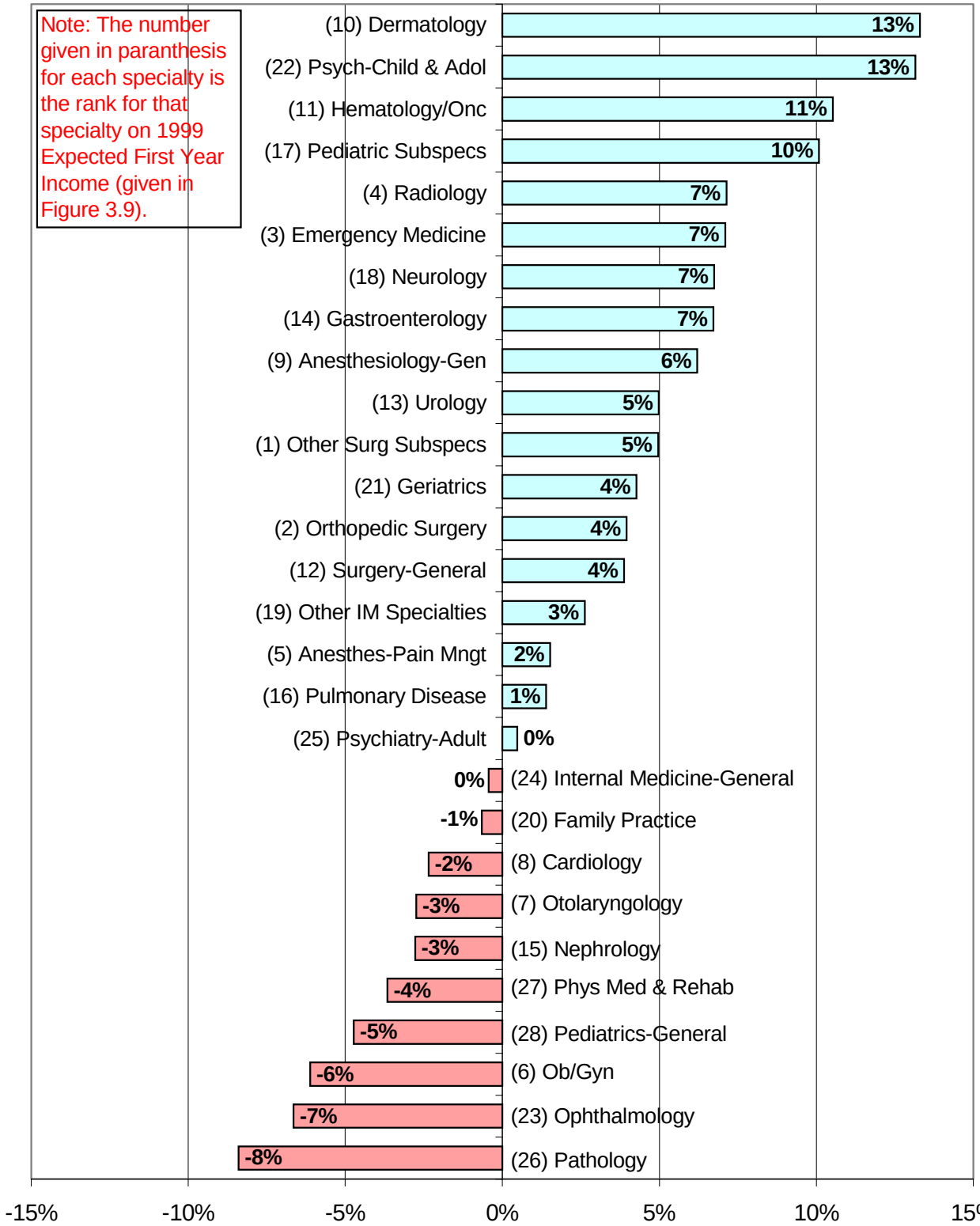


TABLE 3.4 Median Expected First Year Income

Comparison of 1999 to 1998 Incomes, (Respondents with Confirmed Practice Plans)

Specialty	1999 Respondents N	1999 Respondents Median Income	1998 Respondents N	1998 Respondents Median Income	% Change ('99-'98)/('98)	Rank[10] of % Change
Primary Care	**537**	**$105,790**	**508**	**$106,436**	**-0.6%**	**N/A**
Family Practice	117	$113,018	87	$113,764	-0.7%	20
Internal Medicine-General	261	$107,346	280	$107,815	-0.4%	19
Pediatrics-General	147	$93,659	122	$98,307	-4.7%	25
Obstetrics/Gynecology	**91**	**$145,141**	**101**	**$154,595**	**-6.1%**	**26**
Internal Medicine Subspecialties	**155**	**$120,429**	**152**	**$119,398**	**0.9%**	**N/A**
Cardiology	32	$144,446	30	$147,920	-2.3%	21
Gastroenterology	21	$126,081	9	$118,137	6.7%	8
Geriatrics	18	$111,477	23	$106,912	4.3%	12
Hematology/Oncology	19	$136,140	19	$123,165	10.5%	3
Nephrology	16	$120,493	22	$123,926	-2.8%	23
Pulmonary Disease	19	$119,236	20	$117,592	1.4%	17
Other IM Specialties	30	$113,297	29	$110,396	2.6%	15
Surgery-General	**17**	**$130,416**	**17**	**$125,548**	**3.9%**	**14**
Surgical Subspecialties	**109**	**$159,063**	**121**	**$142,318**	**11.8%**	**N/A**
Ophthalmology	15	$107,690	22	$115,362	-6.7%	27
Orthopedics	26	$188,641	29	$181,451	4.0%	13
Otolaryngology	12	$144,704	15	$148,775	-2.7%	22
Urology	22	$126,266	24	$120,277	5.0%	10
Other Surgical Subspecs	34	$189,844	31	$180,864	5.0%	11
Facility Based	**135**	**$145,394**	**129**	**$137,837**	**5.5%**	**N/A**
Anesthesiology	73	$145,641	63	$136,346	6.8%	N/A
General Anesthesiology	*42*	*$144,305*	*38*	*$135,864*	*6.2%*	9
Pain Management	*21*	*$147,151*	*13*	*$144,941*	*1.5%*	16
Pathology	16	$105,126	15	$114,765	-8.4%	28
Radiology	46	$158,578	51	$148,006	7.1%	5
Psychiatry	**95**	**$109,437**	**80**	**$102,375**	**6.9%**	**N/A**
Adult-Psychiatry	*55*	*$106,927*	*57*	*$106,419*	*0.5%*	18
Child & Adolescent Psych	*26*	*$110,444*	*17*	*$97,604*	*13.2%*	2
Other	**208**	**$155,531**	**154**	**$134,831**	**15.4%**	**N/A**
Dermatology	19	$138,202	18	$121,978	13.3%	1
Emergency Medicine	113	$169,117	70	$157,904	7.1%	6
Neurology	19	$114,973	13	$107,708	6.7%	7
Pediatric Subspecialties	23	$116,511	29	$105,835	10.1%	4
Physical Medicine & Rehab	25	$102,880	16	$106,788	-3.7%	24
All Specialties	**1347**	**$119,283**	**1262**	**$117,715**	**1.3%**	**N/A**

[10]Ranking based on 28 specialties, ranked in descending order by % change from 1998 to 1999 (i.e. specialty with the highest % change ranked as 1, lowest ranked as 28).

3.5 Expected Weekly Number of Patient Care/Clinical Practice Hours

A new question added to the Exit Survey in 1999 asked respondents about the number of hours per week they expected to spending 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 to within the 10 hour intervals provided as choices on the survey. Furthermore, the number of patient care/clinical practice hours a physician is working has an impact on issues related to workforce planning and compensation.

This question was not asked on the 1998 survey. In the absence of this information, it was found that starting incomes for females were about 8% lower than those of their male colleagues. However, using 1999 data, it was possible to control for patient care/clinical practice hours. When this variable is controlled for, the disparity between the starting income levels of males and females is considerably less (4%) because females expected to be working significantly fewer hours.

In the future, the Center intends to study trends in expected first year income as a method of measuring changes in demand. It will be necessary to control for the number of hours physicians are working to perform this analysis.

Highlights

- Specialties with the highest average number of weekly patient care hours were Other Surgical Specialties (52.5 hours), Pain Management (51.7), and General Anesthesiology (50.2). Specialties reporting fewer than 40 patient care hours per week were Emergency Medicine (36.6), Dermatology (37.9), and Ophthalmology (39.4).
- Females expected to work about 10% fewer patient care hours than males (40.7 versus 45.0). This gender difference was greatest in Dermatology (27%), Child Psychiatry (21%), and Radiology (17%).

FIGURE 3.11 Rank of Expected Weekly Number of Patient Care/Clinical Practice Hours Ranked by Specialty, ('99 Resp with Confirmed Practice Plans)

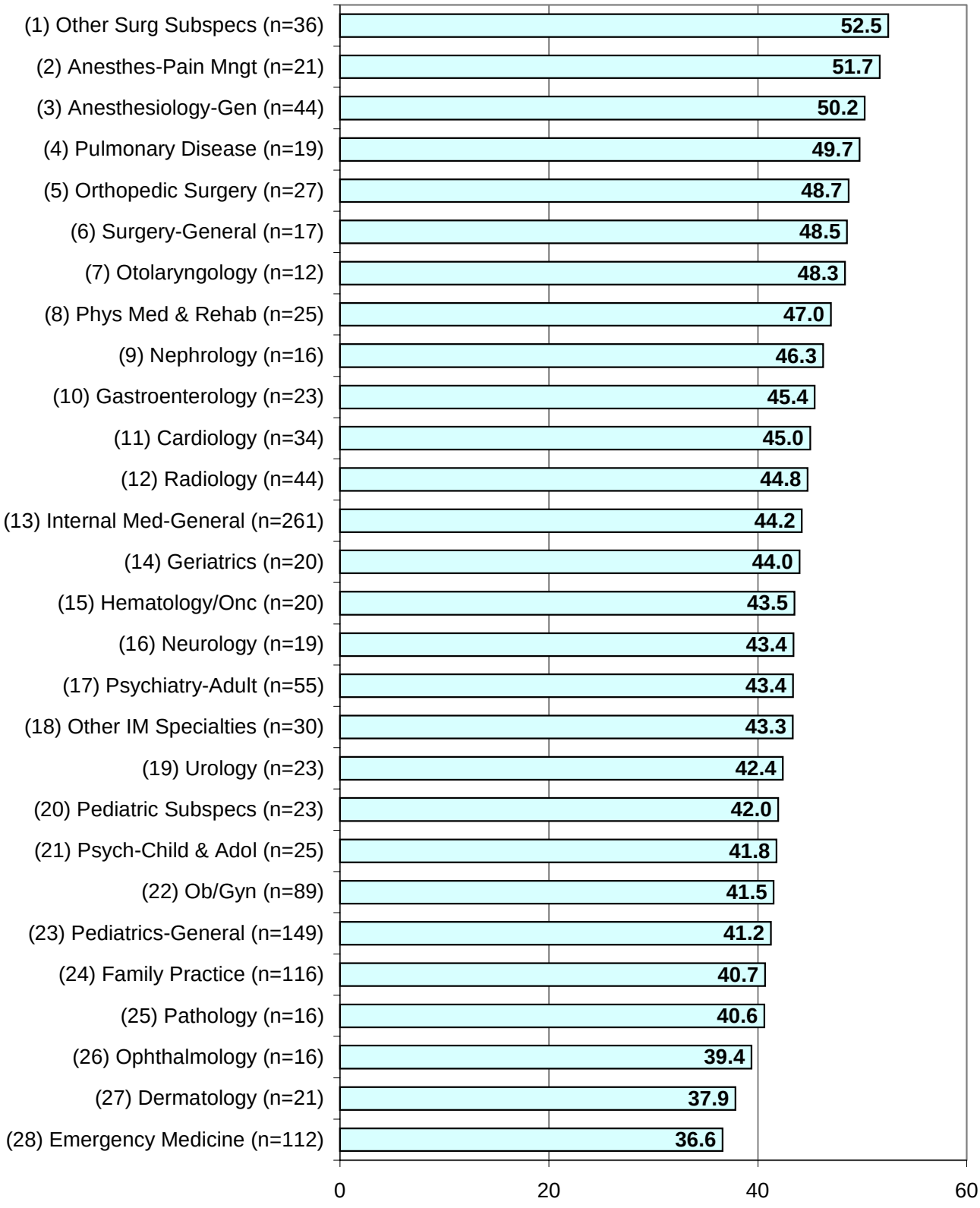


TABLE 3.5 Expected Weekly Number of Patient Care/Clinical Practice Hours by Gender[11], (1999 Exit Survey Respondents with Confirmed Practice Plans)

	Male Respondents	Female Respondents	All Respondents
Primary Care	**44.5**	**40.6**	**42.6**
Family Practice	42.0	39.4	40.7
Internal Medicine-General	45.4	42.2	44.2
Pediatrics-General	44.2	39.6	41.2
Obstetrics/Gynecology	**42.3**	**41.0**	**41.5**
Internal Medicine Subspecialties	**45.5**	**44.1**	**45.1**
Cardiology	45.8	42.5 (n=8)	45.0
Gastroenterology	N/A	N/A	45.4
Geriatrics	40.6 (n=9)	46.8	44.0
Hematology/Oncology	N/A	N/A	43.5
Nephrology	N/A	N/A	46.3
Pulmonary Disease	48.1 (n=6)	53.3	49.7
Other IM Specialties	N/A	N/A	43.3
Surgery-General	**N/A**	**N/A**	**48.5**
Surgical Subspecialties	**47.9**	**43.8**	**47.3**
Ophthalmology	40.0 (n=8)	38.8 (n=8)	39.4
Orthopedics	N/A	N/A	48.7
Otolaryngology	N/A	N/A	48.3
Urology	N/A	N/A	42.4
Other Surgical Subspecs	N/A	N/A	52.5
Facility Based	**49.7**	**42.1**	**47.8**
Anesthesiology	51.4	50.0	51.1
General Anesthesiology	*N/A*	*N/A*	*50.2*
Pain Management	*N/A*	*N/A*	*51.7*
Pathology	N/A	N/A	40.6
Radiology	47.0	38.8	44.8
Psychiatry	**44.8**	**41.3**	**43.5**
Adult-Psychiatry	43.9	42.5	*43.4*
Child & Adolescent Psych	46.5	36.7	*41.8*
Other	**40.6**	**37.0**	**39.3**
Dermatology	44.0	32.3	37.9
Emergency Medicine	37.2	35.3	36.6
Neurology	45.0	40.7 (n=7)	43.4
Pediatric Subspecialties	44.1	40.0	42.0
Physical Medicine & Rehab	N/A	N/A	47.0
All Specialties	**45.0**	**40.7**	**43.4**

[11]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 only if n is less than 10. This variable has been stratified by gender because females have been found to work significantly fewer hours than their male counterparts.

SECTION IV

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

This section summarizes the responses to several questions on residents' experiences in searching for a practice position and their general perceptions of the job market for their specialty. Any respondent who was entering or who considered entering patient care/clinical practice was asked to complete this section. 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 responses of 1999 survey respondents and compares them to those of the 1998 survey. For each item, specialties are ranked to determine where each individual specialty stands relative to all 28 specialties. In Section 4.6, the average rank is computed from each of the previous subsections as a method of measuring 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 difficulty finding a practice position with which they were satisfied. Note that the "Difference" column in this table is *not* the percent change (computed by dividing the change in percent with difficulty from 1998 to 1999 by the percent with difficulty in 1998) but rather is the percentage point difference, computed by a simple subtraction of the percent with difficulty in 1998 from the percent with difficulty in 1999.

Highlights

- About one-third (34%) of respondents reported difficulty finding a satisfactory position, the same percentage as in 1998. As a group, Primary Care reported the highest percent with difficulty in 1999 (48%) which was higher than in 1998 (44%). In contrast, most of the other specialty groups were the same or better.
- The most often cited "main reason for difficulty finding a practice position" was a "lack of jobs in desired locations" (47%), followed by "overall lack of jobs" (16%), and "lack of jobs in desired practice settings (12%).

- Specialties where more than one-half of respondents reported difficulty finding a satisfactory position were General Surgery (59%), PM&R (57%), Geriatrics (55%), and Pathology (52%). General Surgery (+37%), Nephrology (+19%), and Geriatrics (+15%) had the largest increases in percent of respondents with difficulty.
- Respondents from General Anesthesiology (8%) and Radiology (10%) reported the least difficulty. These specialties also showed the greatest improvement (-22% and –29%, respectively) from 1998 to 1999.

FIGURE 4.1 Percent of Resp Having Difficulty Finding a Satisfactory Practice Position and Having to Change Plans Due to Limited Practice Opportunities
by Location of Medical School & Citizenship Status, (of 1999 Resp Who Have Searched for a Job)

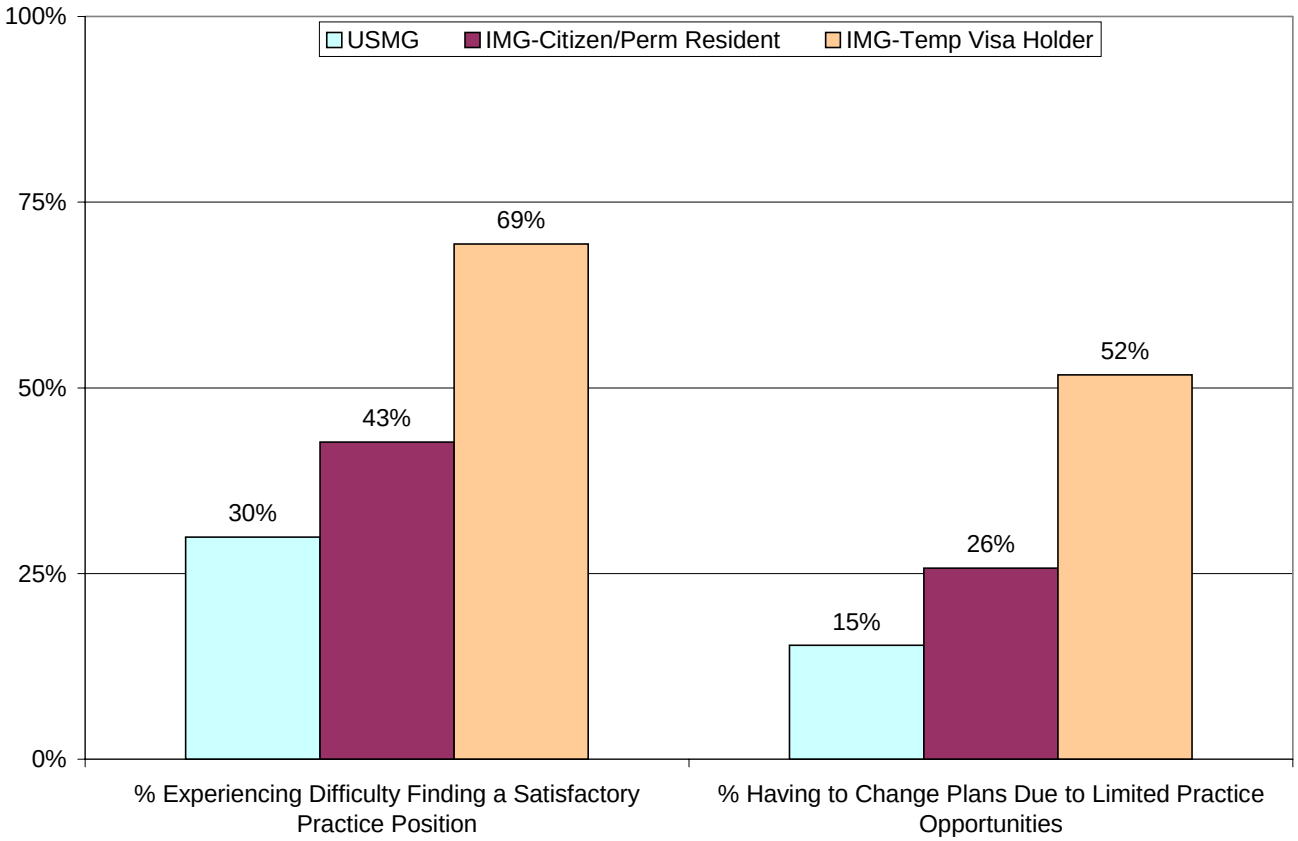


Figure 4.1 illustrates the significant differences in the job market experiences of respondents based on their citizenship status and location of medical school. In particular, IMGs on temporary visas experience much more difficulty due to their visa status. Since IMGs on temporary visas are not evenly distributed among various specialties, their responses will confound (i.e. bias) the results when attempting to make comparisons across specialties. To eliminate this potential bias, IMGs on temporary visas have been excluded from the data presented in this section.

FIGURE 4.2 Main Reason for Difficulty Finding a Satisfactory Practice Position

(of 1999 Resp Who Reported Having Difficulty, IMGs on Temp Visas Excluded)

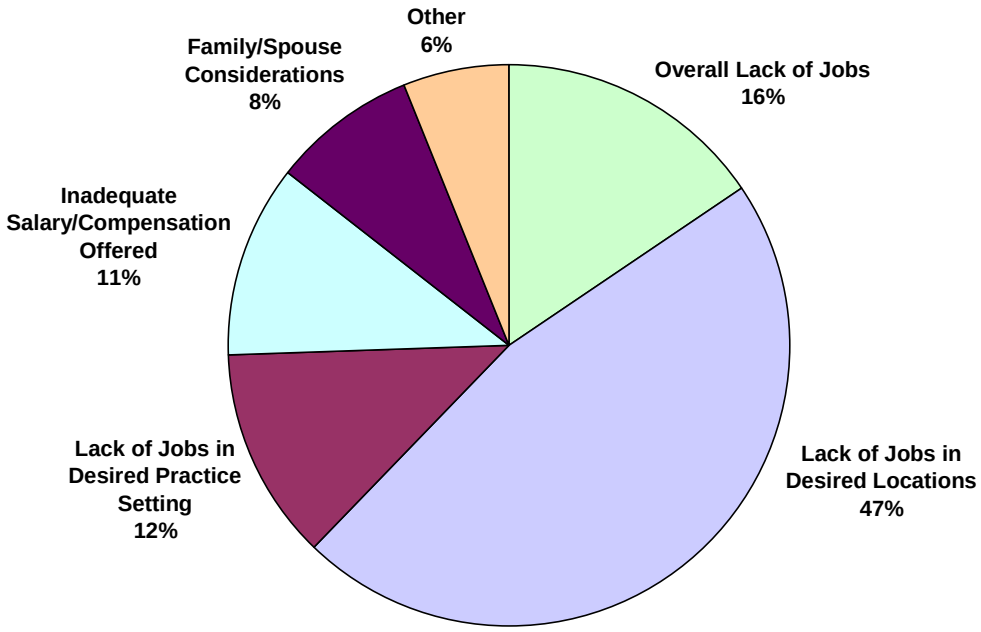


FIGURE 4.3 Percent of Resp Having Difficulty Finding a Satisfactory Practice Position

by Specialty Grp, (of Resp Who Have Searched for a Job, IMGs on Temp Visa Excluded)

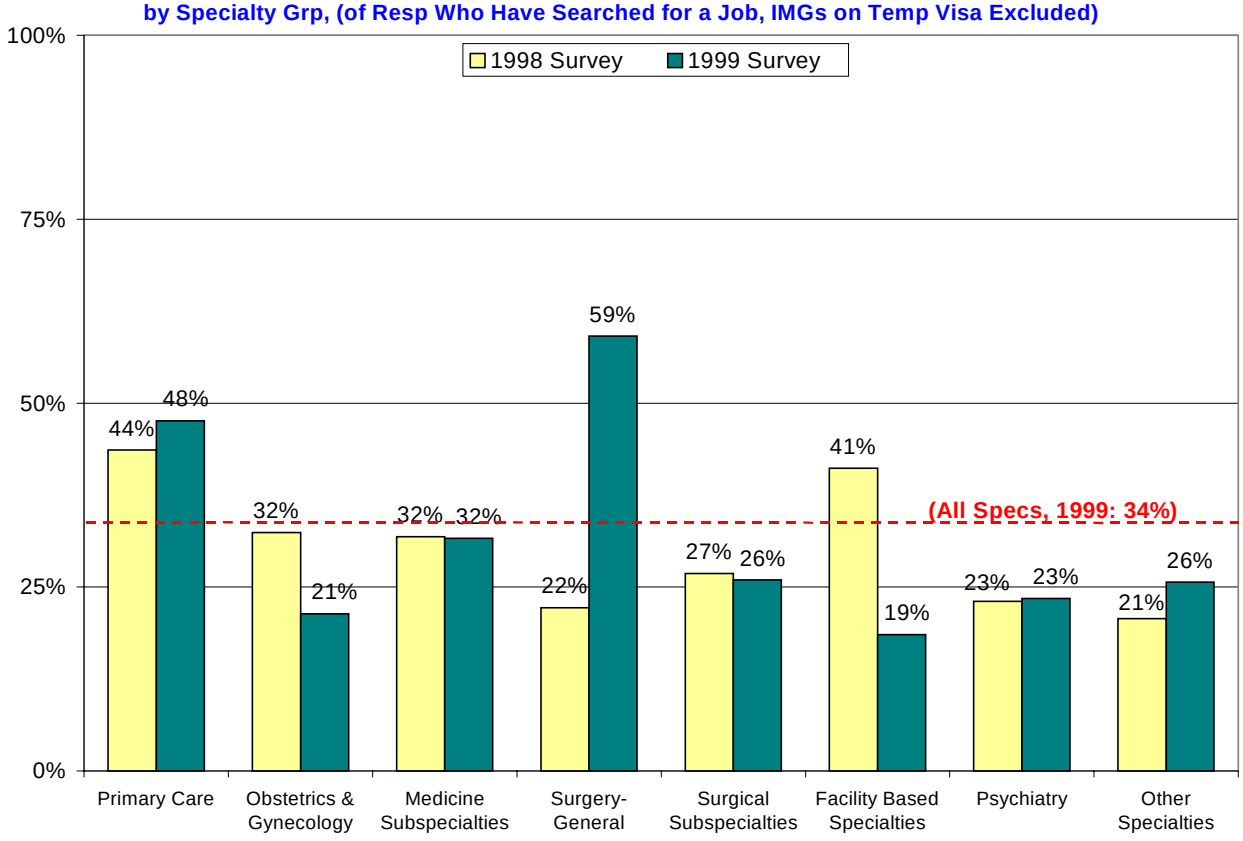


FIGURE 4.4 Rank of Percent of Resp Having Difficulty Finding a Satisfactory Practice Position, by Specialty

(of '99 Resp Who Have Searched for a Job, IMGs on Temp Visas Excluded)

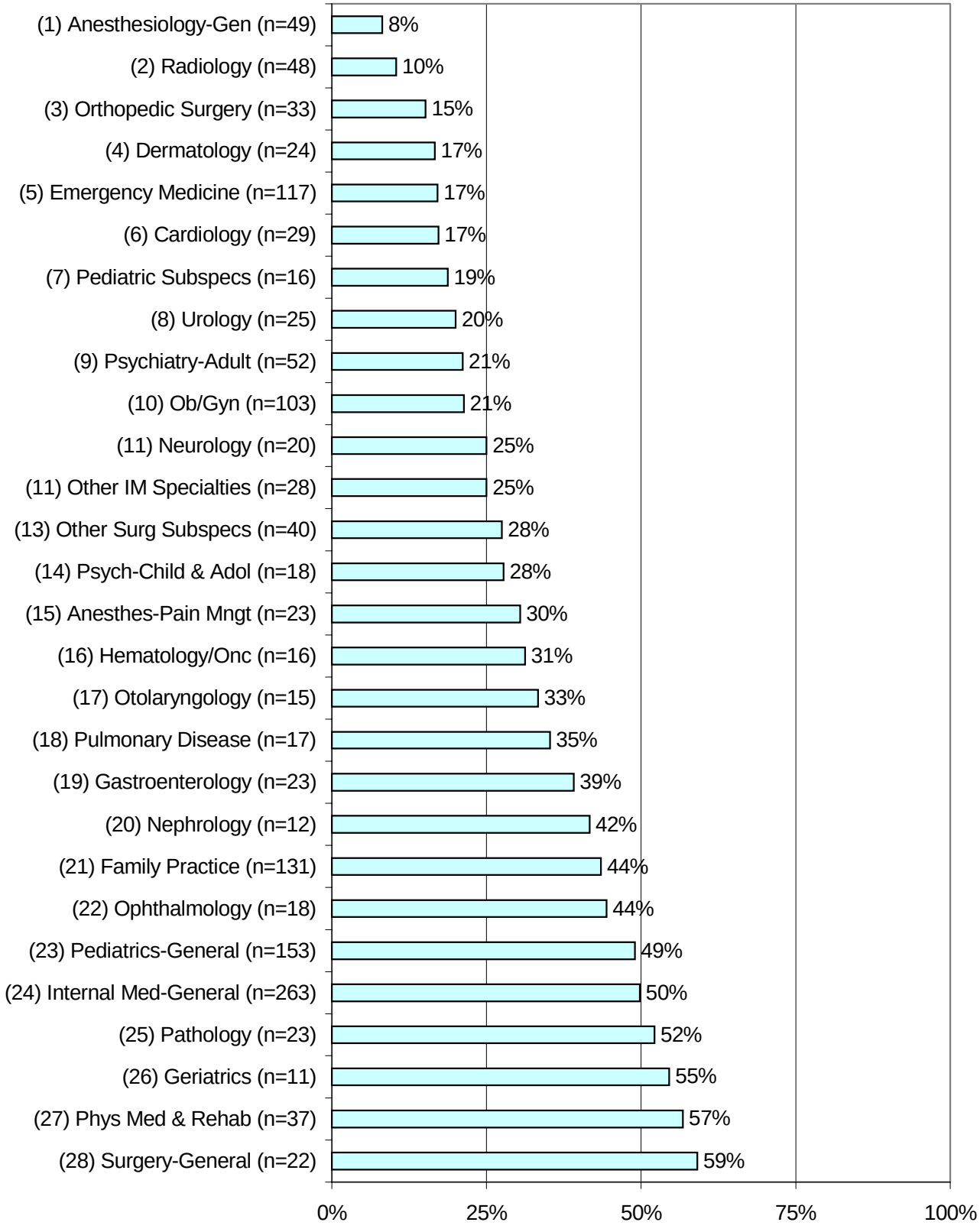


TABLE 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

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

Specialty	1999 Respondents	RANK (of 28)	1998 Respondents	RANK (of 28)	Difference ('99 - '98)	RANK (of 28)
Primary Care	**48%**	**N/A**	**44%**	**N/A**	**4%**	**N/A**
Family Practice	44%	21	39%	20	5%	21
Internal Medicine-General	50%	24	49%	25	1%	18
Pediatrics-General	49%	23	36%	18	13%	25
Obstetrics/Gynecology	**21%**	**10**	**32%**	**15**	**-11%**	**6**
Internal Medicine Subspecialties	**32%**	**N/A**	**32%**	**N/A**	**0%**	**N/A**
Cardiology	17%	6	17%	4	0%	16
Gastroenterology	39%	19	40%	23	-1%	12
Geriatrics	55%	26	39%	22	15%	26
Hematology/Oncology	31%	16	33%	16	-2%	11
Nephrology	42%	20	23%	7	19%	27
Pulmonary Disease	35%	18	55%	26	-20%	3
Other IM Specialties	25%	11	31%	14	-6%	8
Surgery-General	**59%**	**28**	**22%**	**6**	**37%**	**28**
Surgical Subspecialties	**26%**	**N/A**	**27%**	**N/A**	**-1%**	**N/A**
Ophthalmology	44%	22	37%	19	8%	22
Orthopedics	15%	3	26%	9	-10%	7
Otolaryngology	33%	17	33%	16	0%	15
Urology	20%	8	12%	2	8%	23
Other Surgical Subspecs	28%	13	28%	10	0%	13
Facility Based	**19%**		**41%**	**N/A**	**-23%**	**N/A**
Anesthesiology	14%	N/A	37%	N/A	-23%	N/A
General Anesthesiology	*8%*	1	*30%*	11	*-22%*	2
Pain Management	*30%*	15	*46%*	24	*-16%*	4
Pathology	52%	25	55%	27	-3%	9
Radiology	10%	2	39%	21	-29%	1
Psychiatry	**23%**	**N/A**	**23%**	**N/A**	**0%**	**N/A**
Adult Psychiatry	*21%*	9	*21%*	5	*0%*	14
Child & Adolescent Psych	*28%*	14	*30%*	13	*-3%*	10
Other	**26%**	**N/A**	**21%**	**N/A**	**5%**	**N/A**
Dermatology	17%	4	13%	3	4%	20
Emergency Medicine	17%	5	6%	1	11%	24
Neurology	25%	11	23%	7	2%	19
Pediatric Subspecialties	19%	7	30%	11	-11%	5
Physical Medicine & Rehab	57%	27	57%	28	0%	17
All Specialties	**34%**	**N/A**	**34%**	**N/A**	**0%**	**N/A**

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

Table 4.2 gives the percent of respondents who had to change their plans due to limited practice opportunities. As in Table 4.1, the "Difference" column is a subtraction of the percent in 1998 from 1999 and therefore is the difference in percentage points, not a percent change.

Highlights

- Nineteen percent (19%) of respondents reported having to change the plans due to limited practice opportunities, equal to the percent in 1998. Primary Care (22%) was the only specialty group above this average in 1999, and this percentage was higher than in 1998 (20%).
- The highest percentages were for Geriatrics (50%) and PM&R (41%). Geriatrics (+29%), Ophthalmology (+20%), and General Surgery (+19%) showed the greatest increases in percent of respondents having to change plans.
- General Anesthesiology (8%) and Emergency Medicine (9%) had the fewest respondents changing plans in 1999. Radiology (-20%), Pulmonary Disease (-16%), and Child Psychiatry (-14%) showed the greatest improvement on this variable.

FIGURE 4.5 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities
by Specialty Grp, (of Resp Who Have Searched for a Job, IMGs on Temp Visa Excluded)

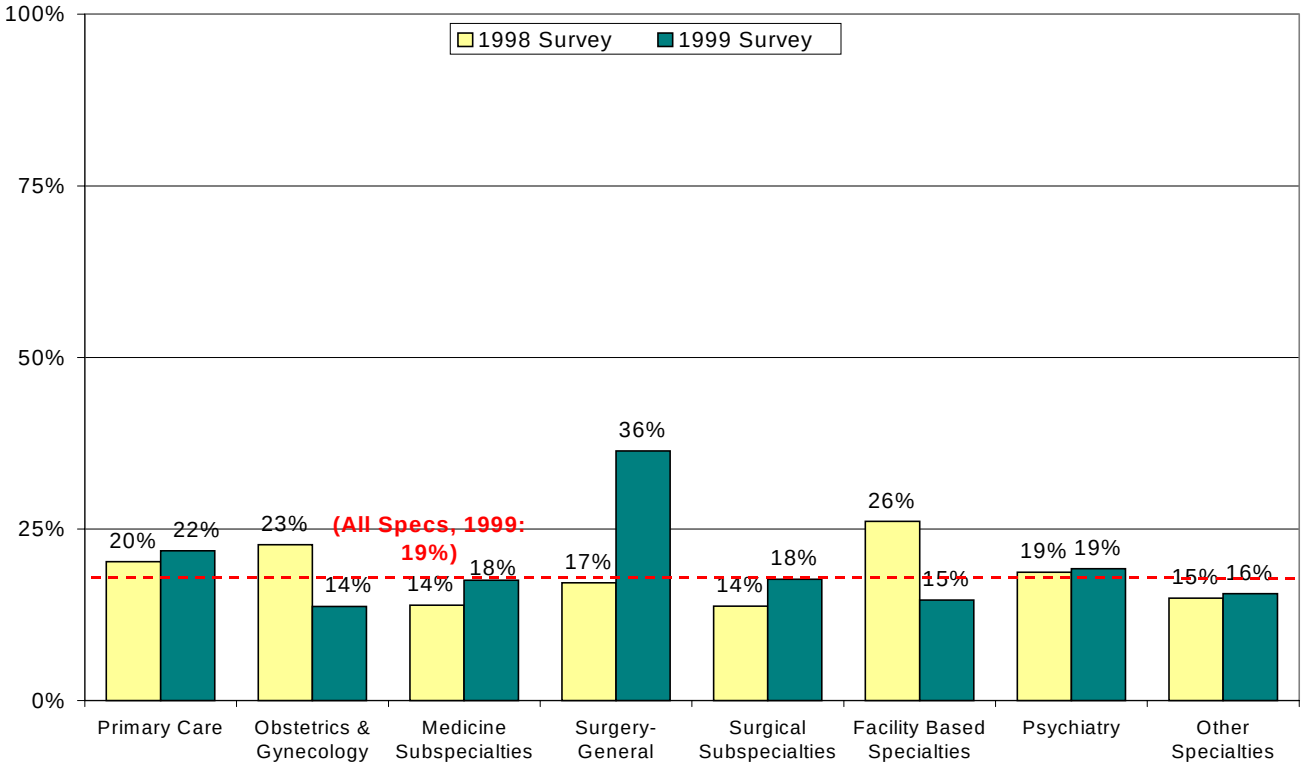


FIGURE 4.6 Rank of Percent of Resp Having to Change Plans Due to Limited Practice Opportunities, by Specialty

(of '99 Resp Who Have Searched for a Job, IMGs on Temp Visas Excluded)

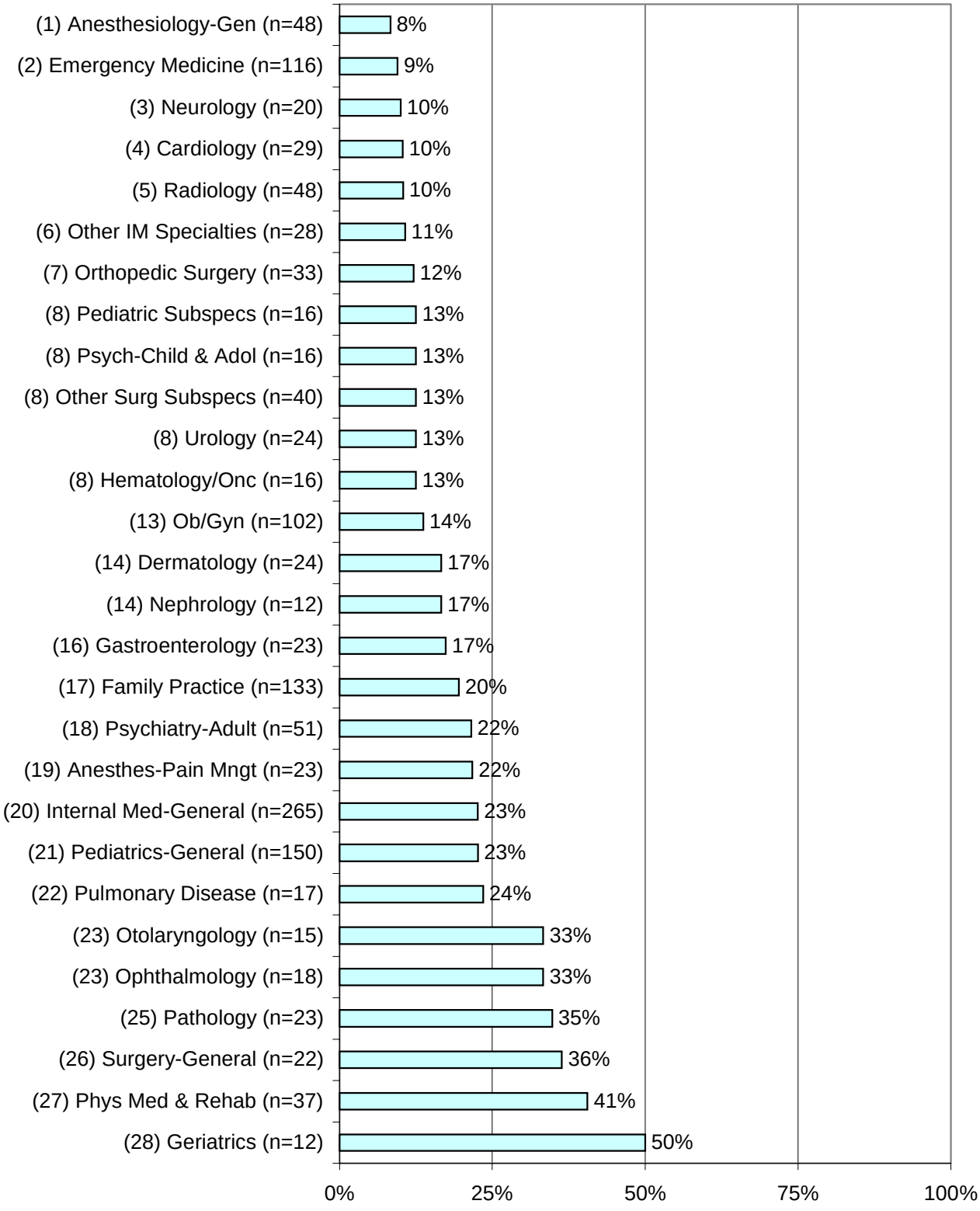


TABLE 4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities

(of Resp Who Have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	1999 Respondents	RANK (of 28)	1998 Respondents	RANK (of 28)	Difference ('99 - '98)	RANK (of 28)
Primary Care	**22%**	**N/A**	**20%**	**N/A**	**2%**	**N/A**
Family Practice	20%	17	14%	15	6%	20
Internal Medicine-General	23%	20	24%	22	-2%	7
Pediatrics-General	23%	21	18%	19	4%	17
Obstetrics/Gynecology	**14%**	**13**	**23%**	**21**	**-9%**	**5**
Internal Medicine Subspecialties	**18%**	**N/A**	**14%**	**N/A**	**4%**	**N/A**
Cardiology	10%	4	3%	1	7%	22
Gastroenterology	17%	16	10%	8	7%	21
Geriatrics	50%	28	21%	20	29%	28
Hematology/Oncology	13%	8	11%	11	1%	13
Nephrology	17%	14	9%	6	8%	23
Pulmonary Disease	24%	22	40%	26	-16%	2
Other IM Specialties	11%	6	10%	10	0%	9
Surgery-General	**36%**	**26**	**17%**	**18**	**19%**	**26**
Surgical Subspecialties	**18%**	**N/A**	**14%**	**N/A**	**4%**	**N/A**
Ophthalmology	33%	23	13%	14	20%	27
Orthopedics	12%	7	12%	12	0%	10
Otolaryngology	33%	23	28%	24	6%	19
Urology	13%	8	4%	2	9%	24
Other Surgical Subspecs	13%	8	17%	17	-4%	6
Facility Based	**15%**		**26%**	**N/A**	**-11%**	**N/A**
Anesthesiology	11%	N/A	14%	N/A	-2%	N/A
General Anesthesiology	*8%*	1	*8%*	3	*1%*	11
Pain Management	*22%*	19	*8%*	4	*14%*	25
Pathology	35%	25	45%	28	-10%	4
Radiology	10%	5	30%	25	-20%	1
Psychiatry	**19%**	**N/A**	**19%**	**N/A**	**1%**	**N/A**
Adult Psychiatry	*22%*	18	*16%*	16	*5%*	18
Child & Adolescent Psych	*13%*	8	*26%*	23	*-14%*	3
Other	**16%**	**N/A**	**15%**	**N/A**	**1%**	**N/A**
Dermatology	17%	14	13%	13	4%	16
Emergency Medicine	9%	2	8%	5	2%	14
Neurology	10%	3	9%	6	1%	12
Pediatric Subspecialties	13%	8	10%	8	3%	15
Physical Medicine & Rehab	41%	27	42%	27	-1%	8
All Specialties	**19%**	**N/A**	**19%**	**N/A**	**0%**	**N/A**

4.3 Number of Offers for Employment/Practice Opportunities

Table 4.3 gives average number of offers for employment/practice opportunities (i.e. job offers) received by 1999 Exit Survey respondents and the proportion of respondents who had not received any job offers. The numbers for 1998 are not given as a comparison because the this question was modified slightly from 1998 to 1999. In 1999, respondents were explicitly asked to exclude offers for fellowships or other training positions whereas this was not stated on the 1998 survey.

Highlights

- The average number of job offers in 1999 was 3.67. This number varied from 6.08 for Dermatology to 1.71 for Pathology. As a group, Primary Care received the fewest job offers (3.04) while Psychiatry (4.71) and Surgical Subspecialties (4.42) received the most.
- Overall, four percent (4%) of respondents received zero job offers. About one-third of the specialties listed had zero respondents who had not received any job offers. Specialties with a high proportion of respondents with no job offers were General Surgery (13%), Pathology (13%), Pulmonary Disease (12%) and PM&R (11%).

FIGURE 4.7 Mean Number of Offers for Employment/Practice Opportunities
by Specialty Grp, (of '99 Resp Who Have Searched for a Job, IMGs on Temp Visa Excluded)

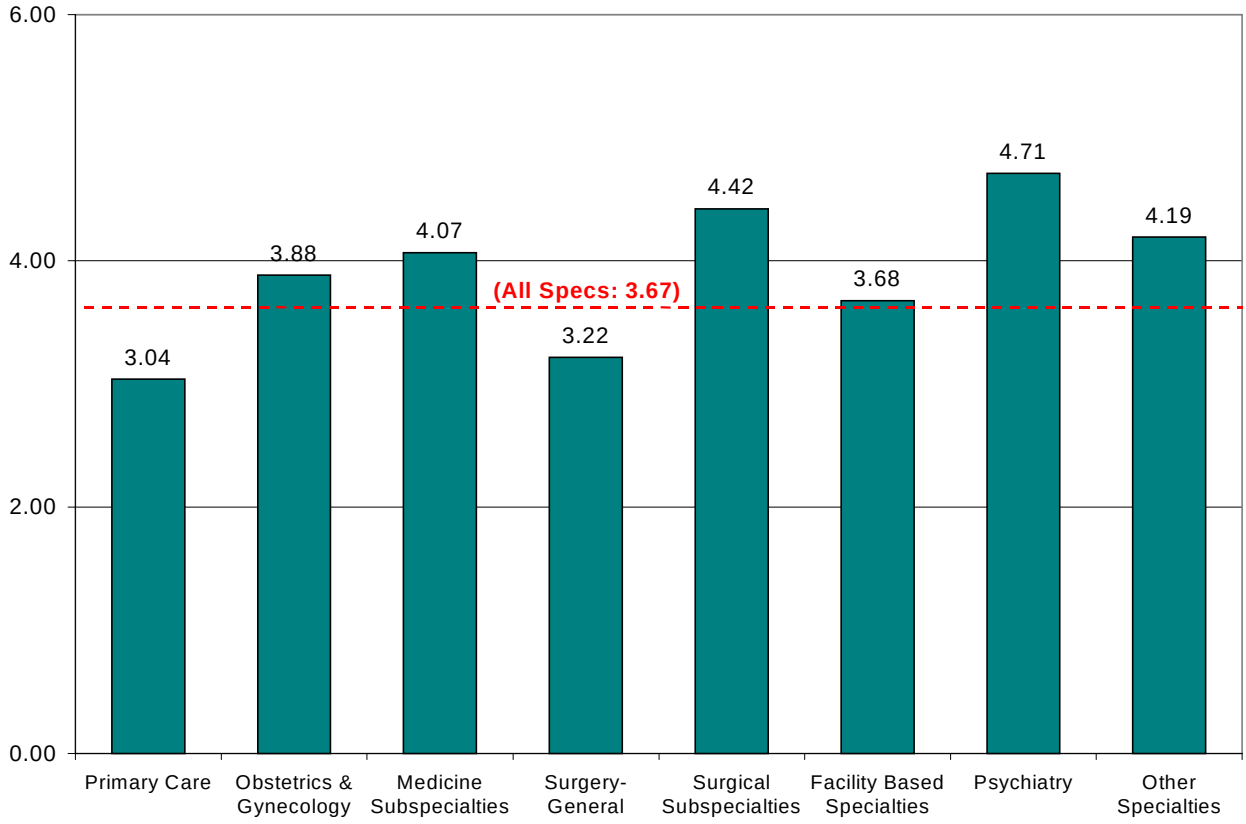


FIGURE 4.8 Rank of Mean Number of Job Offers, by Specialty
(of '99 Resp Who Have Searched for a Job, IMGs on Temp Visas Excluded)

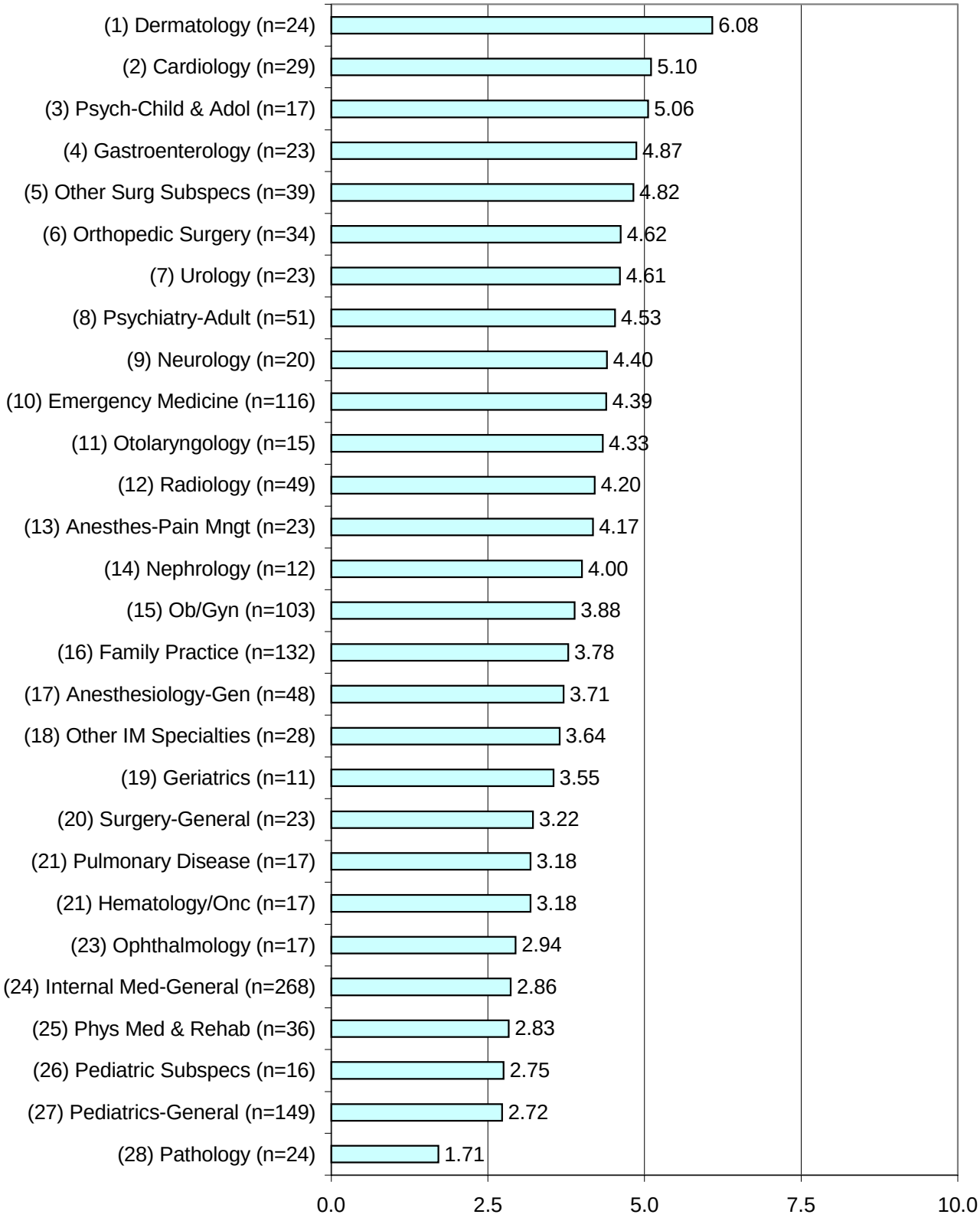


TABLE 4.3 Offers for Employment/Practice Opportunities

(of 1999 Resp Who Have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	Number of Resp (N)	Mean # of Job Offers	RANK (of 28)	% of Resp with Zero Job Offers
Primary Care	**565**	**3.04**	**N/A**	**5%**
Family Practice	132	3.78	16	5%
Internal Medicine-General	268	2.86	24	7%
Pediatrics-General	149	2.72	27	3%
Obstetrics/Gynecology	**103**	**3.88**	**15**	**1%**
Internal Medicine Subspecialties	**137**	**4.07**	**N/A**	**3%**
Cardiology	29	5.10	2	0%
Gastroenterology	23	4.87	4	4%
Geriatrics	11	3.55	19	0%
Hematology/Oncology	17	3.18	21	0%
Nephrology	12	4.00	14	8%
Pulmonary Disease	17	3.18	21	12%
Other IM Specialties	28	3.64	18	0%
Surgery-General	**23**	**3.22**	**20**	**13%**
Surgical Subspecialties	**128**	**4.42**	**N/A**	**2%**
Ophthalmology	17	2.94	23	0%
Orthopedics	34	4.62	6	3%
Otolaryngology	15	4.33	11	7%
Urology	23	4.61	7	0%
Other Surgical Subspecs	39	4.82	5	3%
Facility Based	**152**	**3.68**	**N/A**	**3%**
Anesthesiology	79	3.95	N/A	1%
General Anesthesiology	*48*	*3.71*	17	*2%*
Pain Management	*23*	*4.17*	13	*0%*
Pathology	24	1.71	28	13%
Radiology	49	4.20	12	2%
Psychiatry	**79**	**4.71**	**N/A**	**4%**
Adult-Psychiatry	*51*	*4.53*	8	*4%*
Child & Adolescent Psych	*17*	*5.06*	3	*6%*
Other	**223**	**4.19**	**N/A**	**4%**
Dermatology	24	6.08	1	4%
Emergency Medicine	116	4.39	10	2%
Neurology	20	4.40	9	0%
Pediatric Subspecialties	16	2.75	26	0%
Physical Medicine & Rehab	36	2.83	25	11%
All Specialties	**1410**	**3.67**	**N/A**	**4%**

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 from "Many Jobs" to "No Jobs". In order to allow comparisons to be made, the following Likert Scale was developed: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, and "No Jobs" = -2. A composite score was then computed for each specialty by multiplying the Likert Score for each response by the proportion of responses falling in that category.

Highlights

- Overall, respondents viewed the regional job market somewhat positively. The average Likert score in 1999 was 0.68, up from 0.57 in 1998.
- Of the specialty groups, Psychiatry (1.21) had the most positive view of the regional job market while General Surgery (0.39) and Surgical Subspecialties (0.32) had the least positive view.
- Dermatology (1.48), Emergency Medicine (1.26), Anesthesiology (1.23), and Psychiatry (1.21) respondents had the most positive view of the regional job market. Each of these had an average assessment above 1.00 (i.e. "Some Jobs").
- Only Pathology respondents had negative score for the regional job market (-0.57), with Pulmonary Disease (0.00) and Other Surgical Specialties (0.03) also having low scores.
- Specialties showing the most improvement in their view of the regional job market were Gastroenterology (+0.93), Radiology (+0.74), Nephrology (+0.68), and General Anesthesiology (+0.59). Facility Based Specialties (+0.60) showed the most improvement among the specialty groups.
- Geriatrics (-0.47), PM&R (-0.42), Urology (-0.20), and Otolaryngology (-0.20) showed the greatest decline in the regional job market index. Primary Care was the only specialty group to show a decline in this index from 1998 to 1999 (-0.06).

FIGURE 4.9 Respondent's Assessment of the Regional Job Market
(of 1999 Resp Who Have Searched for a Job, IMGs on Temp Visas Excluded)

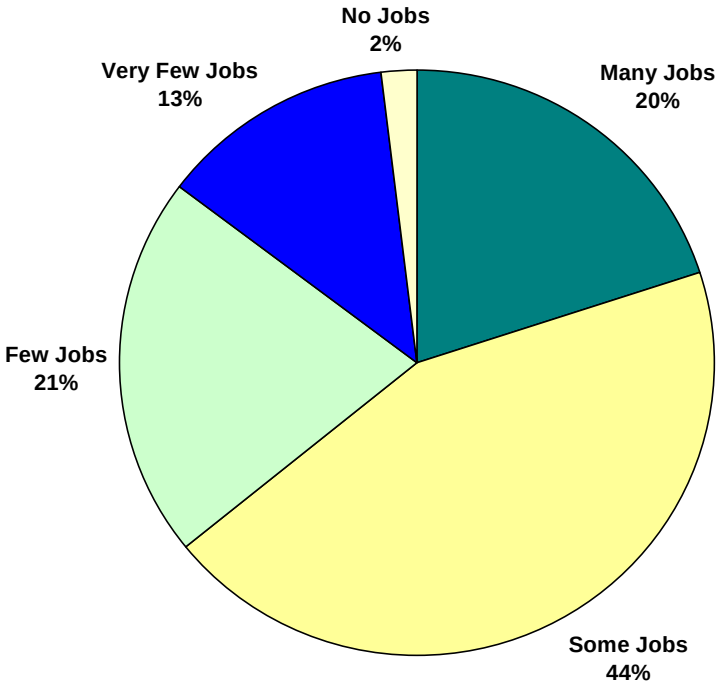


FIGURE 4.10 Likert Scores for Resp View of the Regional Job Market
by Specialty Grp, (of Resp Who Have Searched for a Job, IMGs on Temp Visa Excluded)

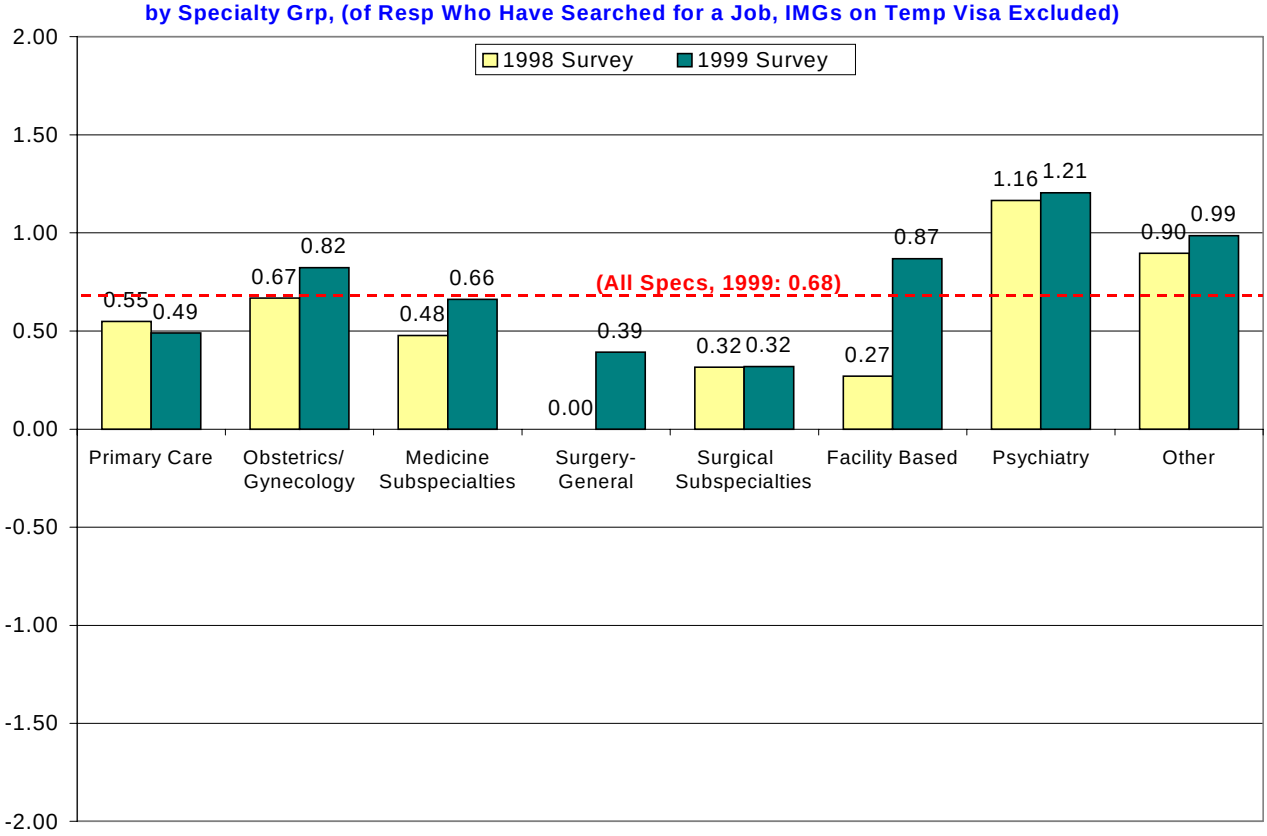


FIGURE 4.11 Rank of Likert Scores for View of the Regional Job Market, by Specialty

(of '99 Resp Who Have Searched for a Job, IMGs on Temp Visas Excluded)

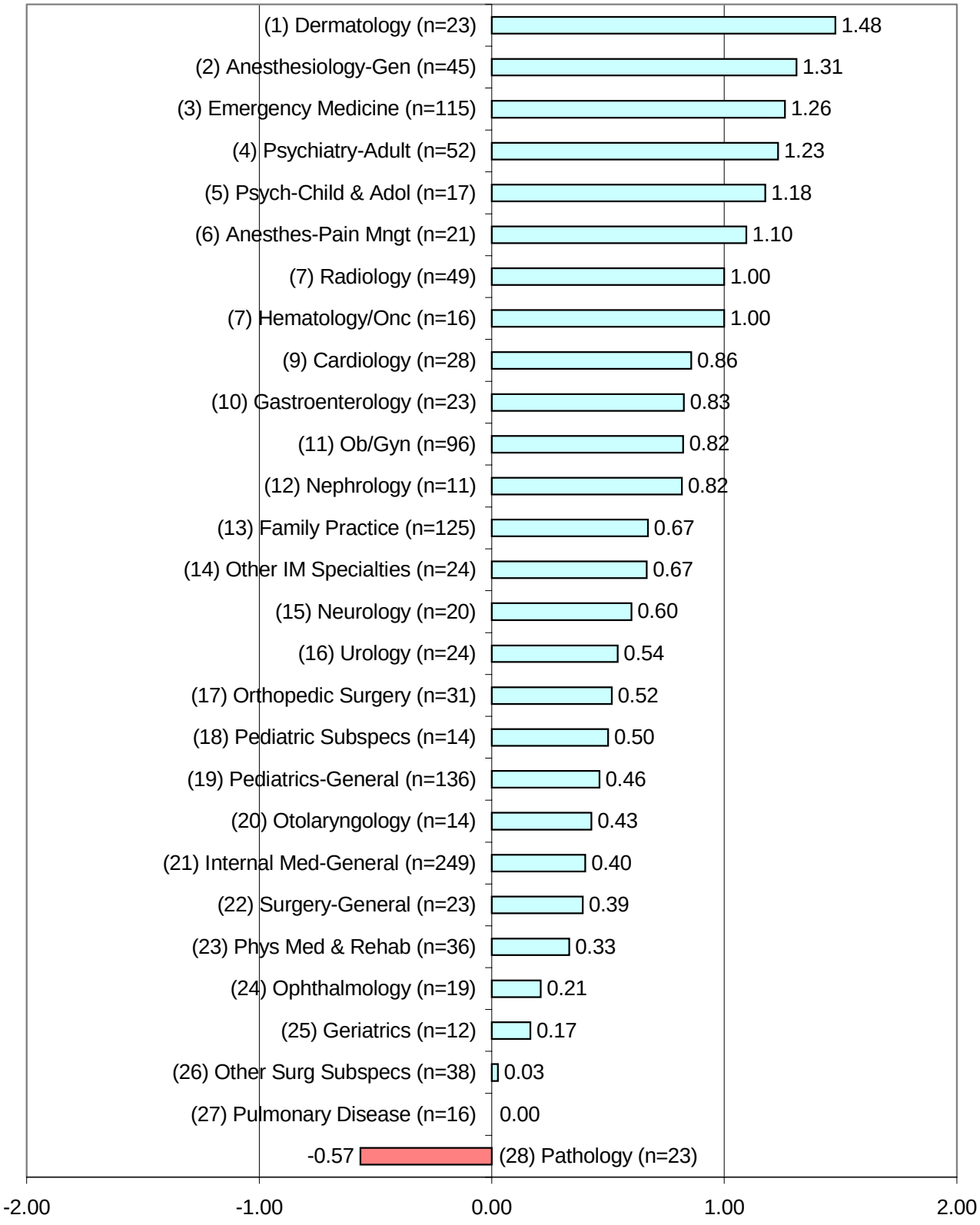


TABLE 4.4 Likert Scores for Resp View of the Regional Job Market[12]

(of Resp Who Have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	1999 Respondents	RANK (of 28)	1998 Respondents	RANK (of 28)	Difference ('99 - '98)	RANK (of 28)
Primary Care	**0.49**	**N/A**	**0.55**	**N/A**	**-0.06**	**N/A**
Family Practice	0.67	13	0.85	7	-0.18	24
Internal Medicine-General	0.40	21	0.50	18	-0.09	22
Pediatrics-General	0.46	19	0.43	19	0.03	17
Obstetrics/Gynecology	**0.82**	**11**	**0.67**	**12**	**0.16**	**11**
Internal Medicine Subspecialties	**0.66**	**N/A**	**0.48**	**N/A**	**0.19**	**N/A**
Cardiology	0.86	9	1.03	5	-0.17	23
Gastroenterology	0.83	10	-0.10	26	0.93	1
Geriatrics	0.17	25	0.64	13	-0.47	28
Hematology/Oncology	1.00	7	0.53	16	0.47	5
Nephrology	0.82	12	0.14	22	0.68	3
Pulmonary Disease	0.00	27	-0.05	25	0.05	16
Other IM Specialties	0.67	14	0.52	17	0.15	12
Surgery-General	**0.39**	**22**	**0.00**	**23**	**0.39**	**6**
Surgical Subspecialties	**0.32**	**N/A**	**0.32**	**N/A**	**0.00**	**N/A**
Ophthalmology	0.21	24	-0.10	27	0.31	7
Orthopedics	0.52	17	0.56	15	-0.05	19
Otolaryngology	0.43	20	0.63	14	-0.20	25
Urology	0.54	16	0.74	9	-0.20	26
Other Surgical Subspecs	0.03	26	-0.02	24	0.05	15
Facility Based	**0.87**	**N/A**	**0.27**	**N/A**	**0.60**	**N/A**
Anesthesiology	1.23	N/A	0.68	N/A	0.56	N/A
General Anesthesiology	*1.31*	2	*0.73*	10	*0.59*	4
Pain Management	*1.10*	6	*0.92*	6	*0.17*	10
Pathology	-0.57	28	-0.62	28	0.06	14
Radiology	1.00	7	0.26	20	0.74	2
Psychiatry	**1.21**	**N/A**	**1.16**	**N/A**	**0.04**	**N/A**
Adult Psychiatry	*1.23*	4	*1.10*	4	*0.14*	13
Child & Adolescent Psych	*1.18*	5	*1.23*	2	*-0.05*	20
Other	**0.99**	**N/A**	**0.90**	**N/A**	**0.09**	**N/A**
Dermatology	1.48	1	1.22	3	0.26	9
Emergency Medicine	1.26	3	1.28	1	-0.02	18
Neurology	0.60	15	0.68	11	-0.08	21
Pediatric Subspecialties	0.50	18	0.21	21	0.29	8
Physical Medicine & Rehab	0.33	23	0.75	8	-0.42	27
All Specialties	**0.68**	**N/A**	**0.57**	**N/A**	**0.11**	**N/A**

[12]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 the perceptions of survey respondents concerning the *national* job market for their specialty. The response choices and composite score are the same as was used in Table 4.4 (referring to the regional job market). As one might expect, there is a high degree of correlation between respondents view of the regional and national job market. In general, however, the national job market was viewed more positively than was the job market in New York State.

Highlights

- Overall, the respondents' view of the national job market was more positive (composite score = 1.40) than for the regional job market (0.68). Respondents to the 1999 survey had a more positive view of the national job market than did 1998 respondents (1.40 vs. 1.27).
- For the specialty groups, Psychiatry (1.67) and Ob/Gyn (1.57) had the highest composite score while General Surgery (1.04) and Surgical Subspecialties (1.23) had the lowest.
- Hematology/Oncology had the highest composite score among individual specialties (1.76), followed by Emergency Medicine (1.70), and Dermatology (1.67). Psychiatry (1.65) and Family Practice (1.64) also had high scores.
- Although no specialty had a negative composite score, Pathology (0.04) was substantially lower than any other specialty. Other specialties with relatively low scores included Ophthalmology (0.82), PM&R (0.88), and Pulmonary Disease (0.94).
- The largest increases in composite score between 1998 and 1999 were for Gastroenterology (0.95) and Radiology (0.79). Conversely, PM&R (-0.34) and Otolaryngology (-0.33) respondents rated the national job market significantly worse in 1999 as opposed to 1998.

FIGURE 4.12 Respondent's Assessment of the National Job Market
(of 1999 Resp Who Have Searched for a Job, IMGs on Temp Visas Excluded)

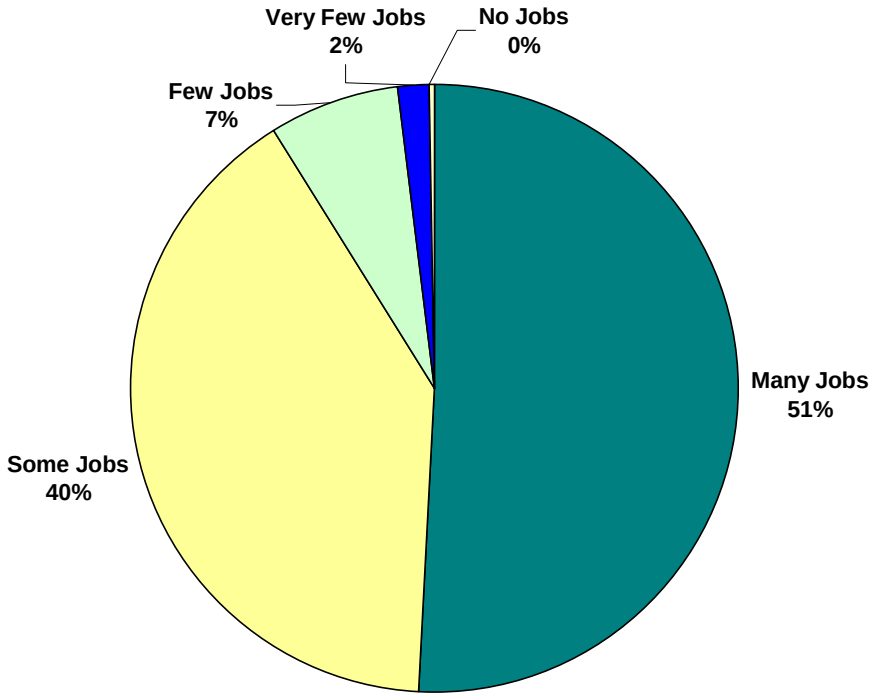


FIGURE 4.13 Likert Scores for Resp View of the National Job Market
by Specialty Grp, (of Resp Who Have Searched for a Job, IMGs on Temp Visa Excluded)

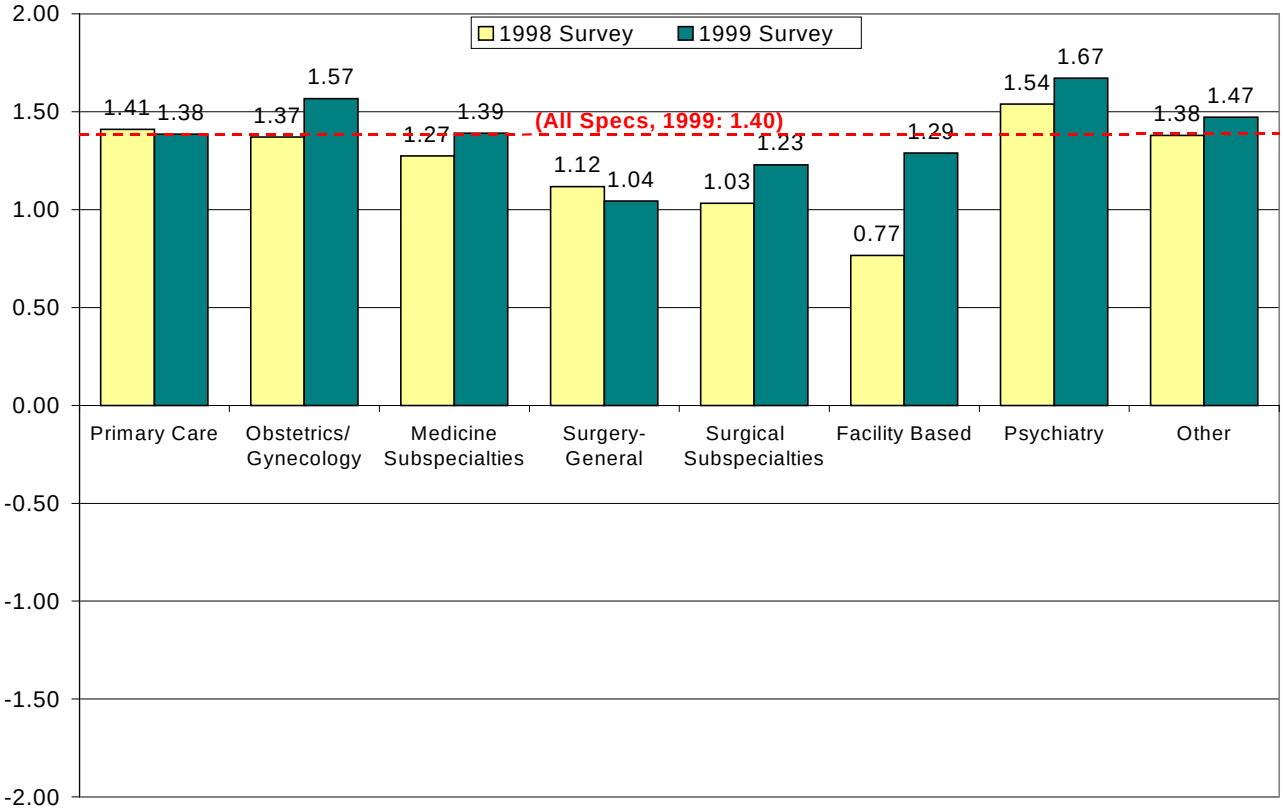


FIGURE 4.14 Rank of Likert Scores for View of the National Job Market, by Specialty

(of '99 Resp Who Have Searched for a Job, IMGs on Temp Visas Excluded)

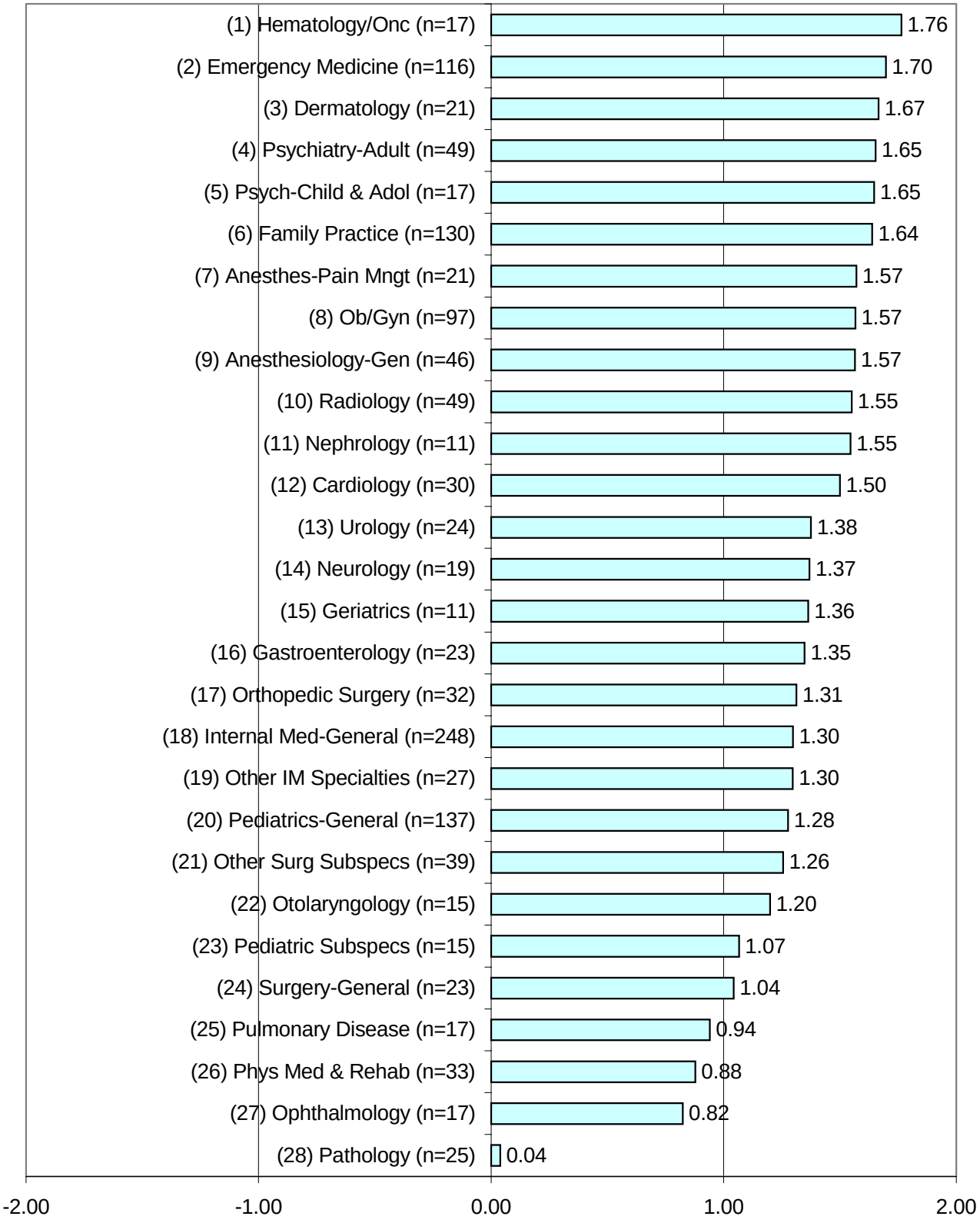


TABLE 4.5 Likert Score for Respondent's View of the National Job Market[12]

(of Resp Who Have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	1999 Respondents	RANK (of 28)	1998 Respondents	RANK (of 28)	Difference ('99 - '98)	RANK (of 28)
Primary Care	**1.38**	**N/A**	**1.41**	**N/A**	**-0.02**	**N/A**
Family Practice	1.64	6	1.77	1	-0.13	24
Internal Medicine-General	1.30	18	1.36	13	-0.06	20
Pediatrics-General	1.28	20	1.24	16	0.04	18
Obstetrics/Gynecology	**1.57**	**8**	**1.37**	**12**	**0.20**	**10**
Internal Medicine Subspecialties	**1.39**	**N/A**	**1.27**	**N/A**	**0.12**	**N/A**
Cardiology	1.50	12	1.39	11	0.11	16
Gastroenterology	1.35	16	0.40	27	0.95	1
Geriatrics	1.36	15	1.48	9	-0.11	23
Hematology/Oncology	1.76	1	1.56	5	0.21	9
Nephrology	1.55	11	1.68	4	-0.14	25
Pulmonary Disease	0.94	25	0.84	23	0.10	17
Other IM Specialties	1.30	19	1.07	21	0.22	8
Surgery-General	**1.04**	**24**	**1.12**	**20**	**-0.07**	**21**
Surgical Subspecialties	**1.23**	**N/A**	**1.03**	**N/A**	**0.20**	**N/A**
Ophthalmology	0.82	27	0.60	26	0.22	7
Orthopedics	1.31	17	1.15	19	0.17	13
Otolaryngology	1.20	22	1.53	6	-0.33	27
Urology	1.38	13	1.52	8	-0.14	26
Other Surgical Subspecs	1.26	21	0.72	25	0.54	3
Facility Based	**1.29**	**N/A**	**0.77**	**N/A**	**0.52**	**N/A**
Anesthesiology	1.53	N/A	1.25	N/A	0.29	N/A
General Anesthesiology	*1.57*	9	*1.30*	15	*0.27*	5
Pain Management	*1.57*	7	*1.31*	14	*0.26*	6
Pathology	0.04	28	-0.23	28	0.27	4
Radiology	1.55	10	0.76	24	0.79	2
Psychiatry	**1.67**	**N/A**	**1.54**	**N/A**	**0.13**	**N/A**
Adult Psychiatry	*1.65*	4	*1.46*	10	*0.19*	11
Child & Adolescent Psych	*1.65*	5	*1.73*	2	*-0.08*	22
Other	**1.47**	**N/A**	**1.38**	**N/A**	**0.09**	**N/A**
Dermatology	1.67	3	1.52	7	0.14	14
Emergency Medicine	1.70	2	1.68	3	0.01	19
Neurology	1.37	14	1.19	18	0.18	12
Pediatric Subspecialties	1.07	23	0.93	22	0.14	15
Physical Medicine & Rehab	0.88	26	1.22	17	-0.34	28
All Specialties	**1.40**	**N/A**	**1.27**	**N/A**	**0.12**	**N/A**

[12]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 Assessment of Demand by Specialty

In an effort to assess *relative* demand by specialty, an overall demand score was computed by taking the trimmed mean rank of the ranks scored by each specialty on the five demand variables:

- % with difficulty finding a satisfactory practice position
- % having to change plans due to limited practice opportunities
- mean number of job offers
- view of the regional job market
- view of the national job market

For each variable, specialties were ranked according to how they stood relative to all 28 specialties. This was done for each variable for 1999 data and repeated for the 1998 and 1999 combined data. The rank on the mean number of job offers was counted twice because there was a high degree of correlation between the "% with difficulty" and "% changing plans" variables, as well as between the "view of the regional job market" and "view of the national job market" variables. This means that each of these variables is overweighted relative to the "job offers" variable. Furthermore, the "job offers" variable has the desirable characteristic of being a hard number as opposed to the other variables which are qualitative in nature. By counting the "job offers" rank twice, it essentially gives it a more equal weighting to the other four variables. The high and low rank were trimmed off prior to computing the mean to make the demand measure more resistant to outliers.

As a technical note, for each variable, two ranks were computed for each specialty: the rank for the 1999 Exit Survey data set, and the rank for a data set aggregating the responses of the 1998 and 1999 Exit Surveys. This methodology gave a higher weighting to the 1999 survey, but it also utilized both years of data to reduce the effects of random fluctuations (a form of smoothing used in trend analysis) which may occur in any given year. While it may be desirable to study trends in demand variables through time, given the fact that the number of respondents in any single year is small in many specialties, attempting to use a single year's change would result in a more volatile demand measure which is less resistant to random fluctuations. By using an aggregated data set, as well as the 1999 data set alone, a higher weighting is given to the 1999 data, so the change from year to year is included implicitly. When one or two more years of data are collected, the slope of a trend line for each demand variable may be computed for inclusion in the overall demand index.

Highlights

Table 4.6 summarizes the ranks of each specialty on each demand variable for 1999 and for both years combined, and illustrates the methodology used in computing the overall demand score for each specialty. Figure 4.13 is a plot of the demand score (computed using a trimmed mean of the rank each specialty received on each of the individual demand variables) for each specialty and shows graphically the demand for each specialty relative to the other 27.

- Dermatology (average rank of 3.2 out of 28), Emergency Medicine (4.6), and Cardiology (5.3) graduates are experiencing the highest demand. In addition, Urology (7.1), Psychiatry, both Child (8.1) and Adult (8.2), General Anesthesiology (8.8), and Orthopedics (9.5) are also in strong demand.

- The job market prospects for Pathologists (27.5) are especially bleak. Other specialties experiencing very weak demand relative to other specialties include PM&R (24.8), Ophthalmology (24.2), Pulmonary Disease (23.3), and General Surgery (23.2). In addition, General Internal Medicine (22.3) and General Pediatrics (22.1), both primary care specialties, also fell within this group of specialties in low demand.

- While the authors are generally not comfortable with considering observed changes from 1998 to 1999 to be significant, the dramatic change in the job market for Anesthesiology is worth noting. The drastic cuts in recent years in the number of Anesthesiology training positions may have been an overreaction to the softening market conditions at that time, and it would appear that the job market for 1999 respondents is much better than it was for their predecessors in the prior year.

TABLE 4.6 Assessment of Relative Demand by Specialty

Table of Ranks of Each Specialty on Demand Variables

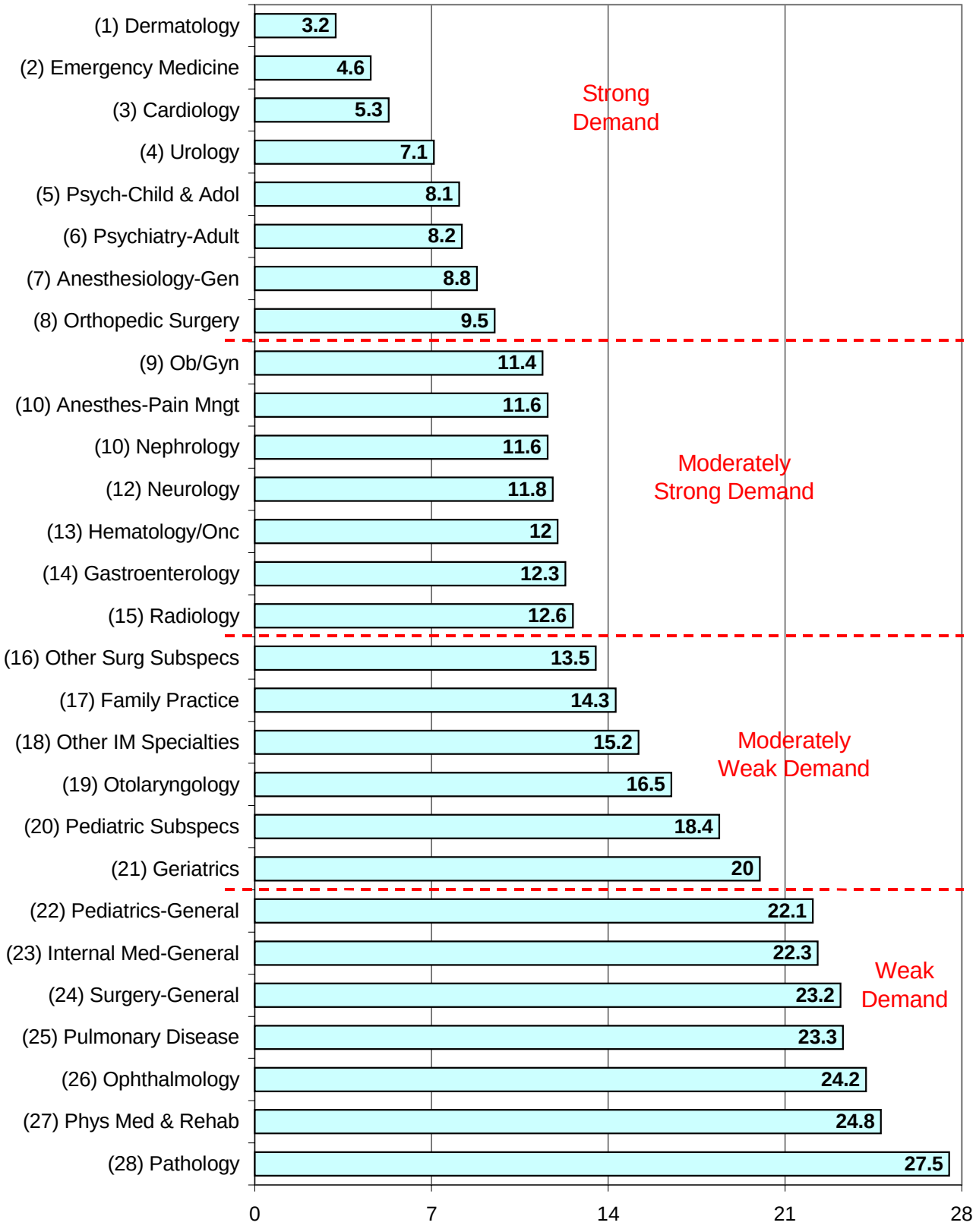
	Difficulty Finding Satisfactory Job		Changing Plans Due to Limited Job Opportunities		Mean # of Job Offers		Perceptions of the Regional Job Market		Perceptions of the National Job Market		Demand Score (Trimmed Mean Rank)[13]	Rank of Demand Score
	1999 Data Only	98 & '99 Combined Data	1999 Data Only	98 & '99 Combined Data	1999 Data Only	98 & '99 Combined Data	1999 Data Only	98 & '99 Combined Data	1999 Data Only	98 & '99 Combined Data		
Family Practice	21	22	17	15	16	15	13	9	6	1	14.3	17
Internal Med-General	24	26	20	22	24	25	21	20	18	15	22.3	23
Pediatrics-General	23	23	21	19	27	24	19	21	20	17	22.1	22
Ob/Gyn	10	11	13	16	15	10	11	10	8	9	11.4	9
Cardiology	6	4	4	1	2	4	9	7	12	11	5.3	3
Gastroenterology	19	20	16	13	4	5	10	15	16	22	12.3	14
Geriatrics	26	24	28	25	19	14	25	19	15	13	20.0	21
Hematology/Onc	16	16	8	8	21	16	7	8	1	4	12.0	13
Nephrology	20	15	14	8	14	3	12	22	11	5	11.6	10
Pulmonary Disease	18	25	22	26	21	20	27	27	25	26	23.3	25
Other IM Specialties	11	13	6	6	18	21	14	13	19	19	15.2	18
Surgery-General	28	19	26	23	20	26	22	24	24	21	23.2	24
Ophthalmology	22	21	23	20	23	27	24	25	27	27	24.2	26
Orthopedic Surgery	3	6	7	10	6	5	17	16	17	18	9.5	8
Otolaryngology	17	17	23	24	11	12	20	17	22	14	16.5	19
Urology	8	3	8	2	7	2	16	11	13	10	7.1	4
Other Surg Subspecs	13	12	8	11	5	7	26	26	21	25	13.5	16
Anesthesiology-Gen	1	5	1	3	17	17	2	5	9	12	8.8	7
Anesthes-Pain Mngt	15	18	19	14	13	11	6	6	7	8	11.6	10
Pathology	25	27	25	27	28	28	28	28	28	28	27.5	28
Radiology	2	10	5	21	12	18	7	14	10	20	12.6	15
Psychiatry-Adult	9	7	18	17	8	9	4	4	4	7	8.2	6
Psych-Child & Adol	14	14	8	18	3	13	5	3	5	3	8.1	5
Dermatology	4	2	14	12	1	1	1	1	3	6	3.2	1
Emergency Medicine	5	1	2	4	10	8	3	2	2	2	4.6	2
Neurology	11	8	3	5	9	19	15	12	14	16	11.8	12
Pediatric Subspecs	7	9	8	7	26	23	18	23	23	24	18.4	20
Phys Med & Rehab	27	28	27	28	25	22	23	18	26	23	24.8	27

[13]Demand Score for each specialty was computed by taking a trimmed mean of the ranks on each demand related variable (job offers variable was double weighted). The highest and lowest ranks were "trimmed" in computing this score to remove outliers.

Sample Calculation for Fam Prac: Demand Score = { [21 + 22 + 17 + 15 + (16 + 16 + 15 + 15) + 13 + 9 + 6 + 1] - (22) - (1) } / 10 = {143 / 10} = 14.3

FIGURE 4.15 Assessment of Relative Demand, by Specialty

Plot of Average Rank on Demand Related Variables



APPENDIX A

1999 New York State Resident Exit Survey Instrument

Survey of Residents Completing Training in NYS in 1999

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

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

Last Four Digits of Social Security #

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

This questionnaire should be completed by all physicians completing a residency/fellowship training program in New York State in 1999 *(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:

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 (Puerto Rican)
- ○ Hispanic/Latino (All Other)
- ○ White (Not Hispanic/Latino)
- ○ Other

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

- ○ New York State
- ○ Other U.S.
- ○ Canada
- ○ Other Country

B. MEDICAL EDUCATION AND TRAINING

6. Type of Medical Education:

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

7. Medical School:

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

Specify if in NYS:

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

8. What is your current level of educational debt?

- ○ None
- ○ Less than $20,000
- ○ $20,000–$39,999
- ○ $40,000–$59,999
- ○ $60,000–$79,999
- ○ $80,000–$99,999
- ○ $100,000–$120,000
- ○ Over $120,000

continue . . .

SERIAL #

PLEASE DO NOT WRITE IN THIS AREA

9. **Specialty you are COMPLETING in 1999**
(select only one)

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

9.	10.
○	○ 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: _____
○	○ Ophthalmology
○	○ Otolaryngology
○	○ 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)
○	○ Neurological Surgery
○	○ Orthopedic Surgery
○	○ Plastic Surgery
○	○ Thoracic Surgery
○	○ Other Surgical Subspecialty–specify: _____
○	○ Urology
○	○ Other–specify: _____

11. What portion of your training in the past year was in the following **ambulatory care settings**?

A. Community Based Ambulatory Care Setting
(i.e., not located within or adjacent to a hospital)

- ○ Less than 1 session per week
- ○ 1 session per week
- ○ 2 sessions per week
- ○ 3 sessions per week
- ○ 4 sessions per week
- ○ 5 or more sessions per week

B. Hospital Based Ambulatory Care Setting

- ○ Less than 1 session per week
- ○ 1 session per week
- ○ 2 sessions per week
- ○ 3 sessions per week
- ○ 4 sessions per week
- ○ 5 or more sessions per week

C. FUTURE PLANS

12. What do you expect to be doing after completion of your current training program?

Primary Activity *(mark only one)*

- ○ Patient Care/Clinical Practice
- ○ Additional Subspecialty Training or Fellowship
- ○ Chief Resident
- ○ Teaching/Research
- ○ Temporarily Out of Medicine
- ○ Other (specify):_____
- ○ Undecided

13. Where is the location of your primary activity after training?

- ○ Same City/County as Current Training
- ○ Same Region within New York State—but Different City/County
- ○ Other Area within New York State
- ○ Other State
- ○ Outside of U.S.

14. If you are going on for **additional residency training/fellowship,** what are the main reasons? *(mark all that apply)*

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

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

- ○ Yes
- ○ No

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

A. Have you actively searched for a practice position?

- ○ Yes
- ○ No, not yet
- ○ Question does not apply (Skip to Question #27)

B. Have you been offered a practice position?

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

D. PRACTICE PLANS
If you are going into Patient Care

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

17. A. 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

B. Is your principal practice part of a faculty practice plan?

- ○ Yes
- ○ No

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

← **Principal Practice Zip Code**

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

City/Town _____ State _____

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

- ○ Yes
- ○ No

continue . . .

20. 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

21. How will you be compensated at your principal practice:

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

22. 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

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

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

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

- ○ Less than 10
- ○ 10 to 19
- ○ 20 to 29
- ○ 30 to 39
- ○ 40 to 49
- ○ 50 or more

25. In your upcoming practice, how many **hours per week** will you be spending in continuity of care sessions as the physician of record **in primary care:**

- ○ None
- ○ Less than 10
- ○ 10 to 19
- ○ 20 to 29
- ○ 30 to 39
- ○ 40 or more

26. 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.)

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

- ○ Yes
- ○ No
- ○ Haven't looked yet (Skip to Question #30)

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):_____

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

- ○ Yes
- ○ No

29. 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

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

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

31. 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

APPENDIX B

1999 Exit Survey Response Rates by Specialty & Region

1999 Exit Survey Response Rates by Specialty and Region**

Specialty	UPSTATE NY PROGRAMS			GREATER NY PROGRAMS			NEW YORK STATE (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Primary Care	**341**	**288**	**84%**	**1692**	**1269**	**75%**	**2033**	**1557**	**77%**
Family Practice	94	75	80%	167	122	73%	261	197	75%
Internal Medicine-General	168	142	85%	1092	837	77%	1260	979	78%
Pediatrics-General	62	60	97%	417	297	71%	479	357	75%
*IM & Peds (Combined)**	*17*	*11*	*65%*	*16*	*13*	*81%*	*33*	*24*	*73%*
Obstetrics/Gynecology	**38**	**37**	**97%**	**151**	**105**	**70%**	**189**	**142**	**75%**
Internal Medicine Specialties	**61**	**50**	**82%**	**458**	**267**	**58%**	**519**	**317**	**61%**
Cardiology	8	7	88%	97	60	62%	105	67	64%
Gastroenterology	7	5	71%	53	28	53%	60	33	55%
Geriatrics	6	4	67%	29	26	90%	35	30	86%
Hematology/Oncology	8	6	75%	60	38	63%	68	44	65%
Nephrology	6	5	83%	38	20	53%	44	25	57%
Pulmonary Disease	8	7	88%	63	32	51%	71	39	55%
Other IM Specialties	18	16	89%	118	63	53%	136	79	58%
*Critical Care Medicine**	*2*	*0*	*0%*	*33*	*16*	*48%*	*35*	*16*	*46%*
*Electrophysiology**	*1*	*1*	*100%*	*5*	*2*	*40%*	*6*	*3*	*50%*
*Endocrinology & Metab.**	*2*	*2*	*100%*	*21*	*11*	*52%*	*23*	*13*	*57%*
*Infectious Disease**	*7*	*7*	*100%*	*40*	*23*	*58%*	*47*	*30*	*64%*
*Rheumatology**	*6*	*6*	*100%*	*19*	*11*	*58%*	*25*	*17*	*68%*
Surgery (General)	**35**	**24**	**69%**	**152**	**103**	**68%**	**187**	**127**	**68%**
Surgery (Subspecialties)	**75**	**57**	**76%**	**317**	**202**	**64%**	**392**	**259**	**66%**
Ophthalmology	11	8	73%	74	43	58%	85	51	60%
Orthopedics	27	19	70%	111	67	60%	138	86	62%
Otolaryngology	10	8	80%	29	20	69%	39	28	72%
Urology	7	6	86%	36	29	81%	43	35	81%
Other Surgical Subspecs	20	16	80%	67	43	64%	87	59	68%
*Neurosurgery**	*5*	*4*	*80%*	*14*	*10*	*71%*	*19*	*14*	*74%*
*Plastic Surgery**	*4*	*3*	*75%*	*23*	*16*	*70%*	*27*	*19*	*70%*
*Thoracic Surgery**	*7*	*6*	*86%*	*13*	*5*	*38%*	*20*	*11*	*55%*
*All Other Surg Subspecs**	*4*	*3*	*75%*	*17*	*12*	*71%*	*21*	*15*	*71%*

1999 Exit Survey Response Rates by Specialty and Region**

Specialty	UPSTATE NY PROGRAMS			GREATER NY PROGRAMS			NEW YORK STATE (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Facility Based	**82**	**67**	**82%**	**445**	**328**	**74%**	**527**	**395**	**75%**
Anesthesiology	35	28	80%	155	123	79%	190	151	79%
Anesthesiology-General	*20*	*17*	*85%*	*117*	*90*	*77%*	*137*	*107*	*78%*
Pain Management	*10*	*7*	*70%*	*24*	*22*	*92%*	*34*	*29*	*85%*
*Other Anes Subspecs**	*5*	*4*	*80%*	*14*	*11*	*79%*	*19*	*15*	*79%*
Pathology	18	16	89%	107	79	74%	125	95	76%
*Pathology (General)**	*13*	*11*	*85%*	*70*	*51*	*73%*	*83*	*62*	*75%*
*Pathology Subspecialties**	*5*	*5*	*100%*	*37*	*28*	*76%*	*42*	*33*	*79%*
Radiology	29	23	79%	183	126	69%	212	149	70%
*Radiology (Diagnostic)**	*26*	*21*	*81%*	*166*	*118*	*71%*	*192*	*139*	*72%*
*Radiology (Therapeutic)**	*1*	*0*	*0%*	*9*	*7*	*78%*	*10*	*7*	*70%*
*Nuclear Medicine**	*2*	*2*	*100%*	*8*	*1*	*13%*	*10*	*3*	*30%*
Psychiatry	**28**	**23**	**82%**	**273**	**199**	**73%**	**301**	**222**	**74%**
Psychiatry (General)	*21*	*16*	*76%*	*188*	*144*	*77%*	*209*	*160*	*77%*
Child & Adolescent Psych	*4*	*4*	*100%*	*51*	*36*	*71%*	*55*	*40*	*73%*
*Other Psych Subspecs**	*3*	*3*	*100%*	*34*	*19*	*56%*	*37*	*22*	*59%*
Other	**93**	**81**	**87%**	**456**	**309**	**68%**	**549**	**390**	**71%**
Dermatology	7	6	86%	37	26	70%	44	32	73%
Emergency Medicine	32	30	94%	146	110	75%	178	140	79%
Neurology	19	17	89%	92	61	66%	111	78	70%
Pediatric Specialties	13	10	77%	87	47	54%	100	57	57%
Physical Medicine & Rehab	16	12	75%	64	45	70%	80	57	71%
Other*	6	6	100%	30	20	67%	36	26	72%
*Allergy & Immunology**	*1*	*1*	*100%*	*10*	*7*	*70%*	*11*	*8*	*73%*
*Preventive Medicine**	*1*	*1*	*100%*	*9*	*8*	*89%*	*10*	*9*	*90%*
*All Other**	*4*	*4*	*100%*	*11*	*5*	*45%*	*15*	*9*	*60%*
Total (All Specialties)	**753**	**627**	**83%**	**3944**	**2782**	**71%**	**4697**	**3409**	**73%**

*In this report, gray shaded speciallties are not broken out because of the small number of repondents. Instead, these specialites have been been aggregated as shown.

**Greater NY includes New York City, Long Island, and Westchester County. Upstate NY includes the rest of the state.