



## **2009 New York Residency Training Outcomes** *A Summary of Responses to the 2009 New York Resident Exit Survey*

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## *PREFACE*

This report summarizes the results of the Survey of Residents Completing Training in New York in 2009 (2009 Exit Survey) conducted by the New York Center for Health Workforce Studies (the Center) in the spring and summer of 2009. This survey, administered annually with the cooperation and assistance of residency program directors and hospitals' GME administrators across the state, consists of 29 questions covering four general topical areas: demographic and background characteristics of respondents, post-graduation plans, characteristics of post-graduation employment (for respondents with confirmed practice plans), experiences in searching for a job, and impressions of the physician job market (for respondents who had searched for a job).

The primary goal of the Exit Survey is to assist the medical education community in New York in its efforts to train physicians consistent with the needs of the state and the nation. To achieve this goal, the Center provides residency programs, teaching hospitals, and the medical education community with information about the demand for new physicians and the outcomes of residency training by specialty based on the results of the survey. The year 2009 was the tenth year of the survey.

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

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## *EXECUTIVE SUMMARY*

### *BACKGROUND*

The Center conducts an annual survey of all physicians in New York completing a residency or fellowship training program. The goal is to provide the medical education community with useful information about the outcomes of training and the demand for new physicians. The survey instrument (Appendix B) was developed by the Center in consultation with the teaching hospitals in the state.

In the spring, the Center distributed the surveys to GME administrators at teaching hospitals in New York. In most cases, the surveys were then forwarded to individual programs where residents completing training were asked to fill out the surveys in the weeks prior to finishing their program. Completed surveys were then returned to the Center for data entry and analysis. With the excellent collaboration of teaching hospitals, a total of 2,874 of the estimated 5,075 physicians finishing a residency or fellowship training program completed the 2009 Exit Survey (57% response rate). The year 2009 marked the tenth year of the survey. For the 10 years the survey has been conducted (1998, 1999, 2000, 2001, 2002, 2003, 2005, 2007, 2008, 2009) an aggregated total of 29,592 of the 47,474 completing training in the state have completed the survey (62% response rate).

The statewide results, by specialty, are presented in this report. Many of the questions on the Exit Survey are designed to assess the demand for physicians in general and by specialty. The results for the graduates of programs in New York may not reflect the experiences of all graduates across the country. In addition, the Exit Survey provides a snapshot of the marketplace at a specific point in time that may or may not be indicative of future supply and demand. However, by conducting the survey every year, it is possible to observe trends in the marketplace which are useful in projecting future demand.



## KEY FINDINGS

***While the job market for new physicians was weaker when compared to last year's, the market continued to be good.*** Based on the responses to several questions used to measure demand, the opportunities for physicians completing training in New York in 2009 were strong.

- ⊙ In 2009, less than 5% of respondents who had actively searched for a practice position had not received any job offers at the time they completed the survey.
- ⊙ While almost one-third (30%) of respondents reported some difficulty finding a satisfactory practice position, only 24% of them attributed their difficulty to an overall lack of jobs. Forty-five percent (45%) attributed their difficulty to a lack of jobs in desired locations.
- ⊙ The median starting income of graduates was up 3% from 2009 to 2009. The average increase over the last four years of the survey was 6%.
- ⊙ Respondents' views of both the regional and national job markets were positive for each of the last four years of the survey.

***Demand for primary care<sup>1</sup> physicians (generalists) was comparable to non-primary care physicians (specialists) and for some indicators more favorable.*** In 2009, demand for generalists was similar to specialists. In 2009, after adjusting for citizenship status:

- ⊙ Generalists were as likely as specialists to report difficulty finding a satisfactory practice position (29% versus 30%) and to have to change plans due to limited practice opportunities (18% versus 18%).
- ⊙ Generalists received more job offers than specialists (mean of 3.84 versus 3.58). Generalists also had a more positive view than specialists of the national job market (average Likert Score of 1.70 versus 1.56, on a scale of +2 indicating “many jobs” to -2 indicating “no jobs”), but a slightly less positive view of the regional job market (0.67 versus 0.72).
- ⊙ In recent years, the demand indicators for generalists have caught up with specialists. The following examples illustrate this point:
  - ✧ The average annual increase in median starting income from 2005 to 2009 was 6% for generalists and 5% for specialists.

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



- ✧ The percent of generalists who had to change plans due to limited job opportunities decreased until last year (2005:17%, 2007: 15%, 2008:14%, 2009: 18%). By contrast, the percentage of specialists who had to change plans increased slightly over time (2005: 13%, 2007: 16%, 2008: 16%, 2009: 18%).
- ✧ The mean number of job offers received by generalists increased until last year (2005: 3.0, 2007: 3.7, 2008: 4.13, 2009: 3.84). On the other hand, the mean number of job offers for specialists remained approximately the same in recent years (2005: 3.6, 2007: 3.6, 2008:3.6, 2009: 3.58).

***Although the overall marketplace appeared relatively good for new graduates, there were significant differences in the job market experiences and assessments by specialty.*** By analyzing responses in a particular specialty in relation to all specialties, it was possible to identify the specialties for which demand is weak or strong in relation to all others over the last four years of the survey.

- ⊙ Based on a variety of indicators, the demand for urology, dermatology, gastroenterology, otolaryngology, and family medicine appeared very strong.
- ⊙ Pathology, pediatric subspecialties, physical medicine and rehabilitation, ophthalmology, and radiology experienced weak demand.

***International medical school graduates (IMGs) with temporary visas (J-1, J-2, H-1, H-2, or H-3) had a more difficult time in the job market than either U.S. medical graduates (USMGs) or IMGs with permanent citizenship status.*** With few exceptions, physicians on temporary visas can remain in the U.S. only if they practice in a Health Professional Shortage Area (HPSA) or continue training.

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

In 2009, only 46% of newly-trained physicians reported plans to practice in the state. The percentages of newly-trained physicians reporting plans to practice in New York in the past couple of years were the lowest since the survey began.

- ⊙ When respondents who were planning to practice outside of New York were asked what their main reason for leaving was, the most common reasons were proximity to family (24%) and better jobs in desired locations outside New York (14%). Only 6% of respondents indicated that they never intended to practice in New York.



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

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

## GENERAL RESULTS

### Characteristics of All Respondents

- ⌘ Forty-three percent (43%) of respondents were female, approximately the same as in 2008 (44%).
- ⌘ Thirteen percent (13%) of respondents were underrepresented minorities (URMs), the same as in 2008 (13%).
- ⌘ Twenty-seven (27%) of respondents went to New York high schools. The percent of graduates from New York high schools is indicative of how many graduates grew up in New York. Thirty-seven percent (37%) of graduates were from another country and another 34% were from other states.
- ⌘ Forty-five percent (45%) of all respondents were IMGs, almost the same as in 2008 (47%).
- ⌘ The highest concentrations of IMGs were in geriatrics (86%), general internal medicine (70%), and hematology/oncology (64%). Specialties with very few IMGs included dermatology (0%), otolaryngology (0%), and ophthalmology (8%).
- ⌘ Sixteen percent (16%) of all respondents were IMGs with temporary citizenship status (i.e., temporary visa holders). The highest concentrations of temporary visa holders were found in geriatrics (36%), general internal medicine (27%), and general pediatrics (26%).
- ⌘ Dermatology (0%), urology (0%), and otolaryngology (0%) had the fewest temporary visa holders.
- ⌘ Individual specialties with the highest median educational debt were anesthesiology (\$176,900), emergency medicine (\$168,200), and obstetrics/gynecology (\$162,500). Only four specialties had less than \$50,000 of median educational debt. Geriatrics (\$4,500), hematology/oncology (5,600), pathology (\$17,700), and cardiology (\$40,350) had the lowest debt.



## **Post-Graduation Plans of All Respondents**

- ⌘ Fifty-one percent (51%) of all respondents were planning to enter patient care/clinical practice following completion of their current training program. Of these, 82% had confirmed practice plans (i.e., they had accepted an offer for a job/practice position) at the time they completed the survey.
- ⌘ More than one-third (38%) planned to subspecialize or pursue further training. This was similar to the subspecialization rates in 2005, 2007, and 2008. More than one-half (53%) of the 2009 survey respondents who were subspecializing were remaining in New York to do so.
- ⌘ For the remaining respondents, 3% were planning to work as chief residents, 3% planned to enter positions in teaching/research, and 5% had other plans.

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

- ⌘ Less than one-half (46%) of respondents with confirmed practice plans were remaining within New York to begin practice. This was similar to 2008 (45%). Of those entering practice in New York, 86% were remaining in the same region in which they trained.
- ⌘ Respondents from ophthalmology (80%), internal medicine and pediatrics (combined) (80%), and dermatology (75%) were most likely to remain in-state to begin practice. The lowest in-state retention rates were in urology (25%), general internal medicine (30%), and hematology/oncology (30%).
- ⌘ Respondents who had completed high school and medical school in New York were by far the most likely to report plans to practice in New York after completing training. In 2009, 81% of respondents who went to high school in New York and attended medical school in New York planned to practice in New York.
- ⌘ When respondents who were planning to practice outside of New York were asked why they were leaving, the most common reasons were proximity to family (24%) and better jobs in desired location outside New York (14%). Only 6% of respondents indicated that they never intended to practice in New York.
- ⌘ Less than 2% of respondents reported that the principal reason for them practicing outside of New York was taxes (1%), the cost of starting a practice in New York (1%), or the cost of malpractice insurance (2%).
- ⌘ Thirty percent (30%) of respondents reported entering practice in inner-city locations and only 4% were going to rural locations. Seventeen percent (17%) said they would be practicing in a federal HPSA.





- ⌘ The respondents most likely to be entering practice in HPSAs were from geriatrics (44%), family medicine (39%), and obstetrics/gynecology (30%). The respondents least likely to be entering HPSAs were from otolaryngology (0%), urology (0%), pathology (0%), radiology (0%), and dermatology (0%).
- ⌘ While less than one-half of IMGs with temporary visas were entering HPSAs (46%), IMGs with permanent citizenship were less likely to be entering HPSAs than were USMGs (10% and 20%, respectively, for graduates of primary care specialties).
- ⌘ Thirty-seven percent (37%) of the respondents entering patient care were going to be working in a group practice. Five percent (5%) were entering two person partnerships, while only 3% reported they were starting their own solo practice.
- ⌘ Fifty percent (50%) of respondents were entering practice in hospitals. Inpatient (32%) was the most common, followed by ambulatory care (10%), and emergency room (8%) settings.
- ⌘ Ninety-two percent (92%) of respondents said they would have no ownership in their upcoming practice, but 22% said they may have the option to become a partner in the future. Only 4% said they would be an owner or partner with a financial stake in the practice.

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

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

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

- ⌘ The median starting income for 2009 respondents with confirmed practice plans was \$187,300, an increase of 3% from \$181,000 in 2008. It should be noted that the response rate to the question relating to starting income was 95% in 2009.

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



- ⌘ Individual specialties with the highest median starting income were orthopedics (\$307,350), radiology (\$304,700), and anesthesiology (\$282,700).
- ⌘ Among the specialty groups, the highest median starting incomes were facility based specialties (including anesthesiology, pathology, and radiology; \$275,000) and surgical subspecialties (\$236,500). Primary care experienced the highest average annual increases in starting income from 2005 to 2009 (6%).
- ⌘ Psychiatry was the lowest group in income (\$158,600) and had less than average annual growth since 2005 (5%). The primary care group was the second lowest in income (\$161,400).
- ⌘ Individual specialties seeing the greatest average annual increase in starting income from 2005 to 2009 were pathology (11%), physical medicine and rehabilitation (10%), and dermatology (9%).
- ⌘ Neurology (-1%) was the only specialty that did not experience an increase in median starting income between 2005 and 2009.

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

- ⌘ Respondents expected to spend an average of 42.9 hours per week in patient care/clinical practice activities. Females expected to work fewer hours than males (40.5 versus 44.6).
- ⌘ Anesthesiology (51.3) and general surgery (50.3) expected to work the most hours. The only specialty groups in which graduates expected to work less than 35 patient care/clinical practice hours were dermatology (32.2) and pathology (33.3).

### **Job Market Experiences and Perceptions of Respondents Who Actively Searched for a Practice Position (Excludes IMGs on Temporary Visas)**

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

- ⌘ Thirty percent (30%) of respondents reported difficulty finding a satisfactory position.

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



- ⌘ The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (45%), followed by an overall lack of jobs (24%) and inadequate salary/compensation offered (14%).
- ⌘ The highest percentages of respondents having difficulty finding a satisfactory practice position were in geriatrics (59%), ophthalmology (50%), and gastroenterology (44%). Conversely, otolaryngology (0%), emergency medicine (13%), and adult psychiatry (14%) had the fewest respondents reporting difficulty.
- ⌘ Eighteen percent (18%) of respondents reported having to change their plans due to limited practice opportunities, slightly more than in 2008 (15%). Geriatrics (29%), radiology (26%), and pathology (23%) had the most respondents reporting they had to change plans. Few respondents had to change plans due to limited practice opportunities in otolaryngology (0%), urology (0%), dermatology (0%), and neurology (0%).
- ⌘ The mean number of job offers received by respondents in 2009 was 3.65. Pulmonary disease (5.48), family medicine (4.84), and hematology/oncology (4.58) respondents received the most job offers. At the other end of the spectrum, pediatric subspecialties (2.46), pathology (2.47), and radiology (2.56) received the fewest job offers.
- ⌘ Respondents gave a positive assessment of the regional job market (average Likert score of +0.71 on a scale of +2.00, indicating many jobs to -2.00, indicating no jobs). Respondents from emergency medicine (+1.43), adult psychiatry (+1.38), and anesthesiology (+1.24) gave the most positive assessments of the regional job market.
- ⌘ Geriatrics (-0.12), ophthalmology (+0.18), and pediatric subspecialties (+0.29) were the least optimistic in their views of the regional job market.
- ⌘ Respondents gave very positive assessments of the national job market (+1.60). Respondents from urology (+2.00), emergency medicine (+1.87), and adult psychiatry (1.84) gave the most positive assessments of the national job market.
- ⌘ Pathology (+0.97), and ophthalmology (+1.00), and pediatric subspecialties (+1.19) gave the least positive assessments of the national job market.

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

- ⌘ Overall, the demand for new physicians appears to be strong. The demand for primary care physicians was comparable to the demand for specialists and for some indicators more favorable. Generalists were as likely as specialists to report difficulty finding a satisfactory practice position (29% versus 30%) and to have to change plans due to limited practice opportunities (18% versus 18%). Generalists received more job offers than specialists (mean of 3.84 versus 3.58). Generalists also had a more positive view than specialists of the national job market (average Likert Score of 1.70 versus 1.56, on a scale of +2 indicating many jobs to -2 indicating no jobs), but a slightly less positive view of the regional job market (0.67 versus 0.72).



- ⌘ Both in the number of job offers received and in starting income levels, generalists saw an increase on average from 2005 to 2009, with average annual increases of 7% in number of job offers and 6% in median starting income. Over the same period, specialists saw no increase in the number of job offers (average annual increase of 0%) and approximately the same increase in starting income levels as generalists (average annual increase of 5% in median starting income).
- ⌘ Based on aggregation of all demand indicators from the last four years of the survey, specialties experiencing the strongest demand were urology, dermatology, gastroenterology, otolaryngology, and family medicine.
- ⌘ Pathology, pediatric subspecialties, physical medicine and rehabilitation, ophthalmology, and radiology were experiencing the weakest relative demand.

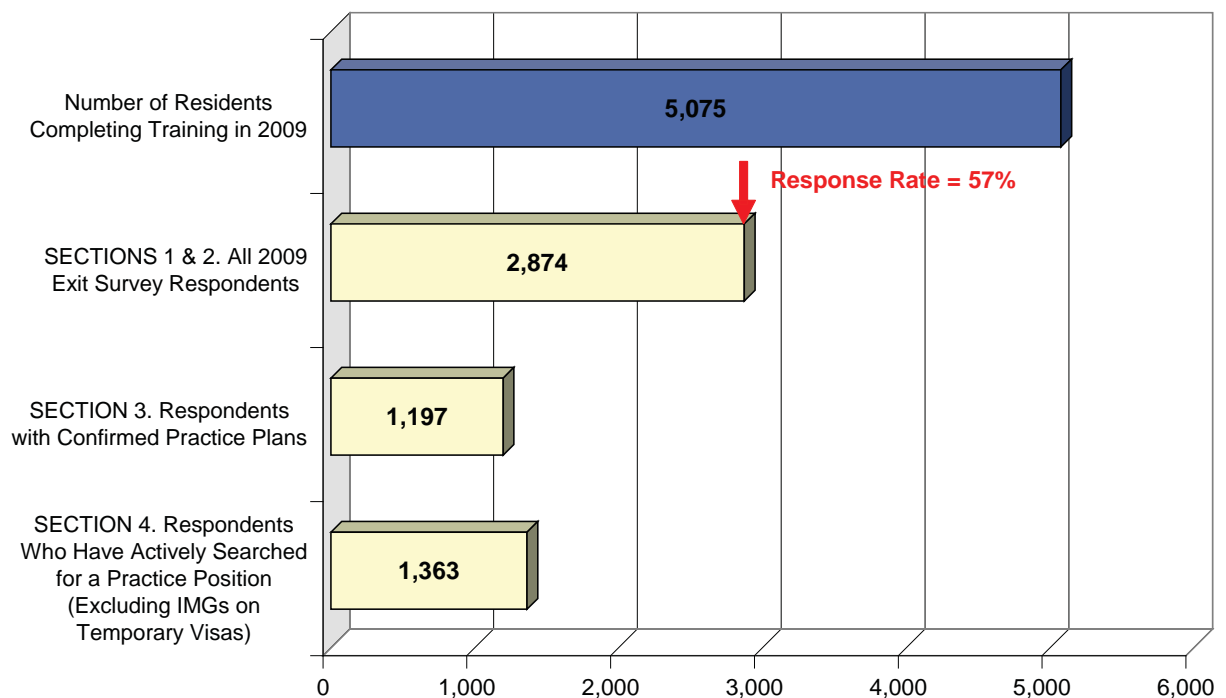




## *SUBGROUPS OF RESPONDENTS USED IN EACH SECTION OF REPORT*

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 2,874 of the estimated 5,070 residents who completed training in 2009 (a 57% response rate). Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines of their planned activities following completion of their current training programs. Section 3 pertains to respondents who are entering patient care/clinical practice and had confirmed practice plans (i.e., they had accepted a job offer or will be self-employed) at the time they completed the survey. Section 4 summarizes the responses to several questions used to measure demand and relate respondents' experiences in searching for practice positions. This section excludes respondents who had not yet searched for a practice position and IMGs on temporary visas because these individuals experienced greater difficulty due to their visa status. Appendix A presents response rates by specialty and region, and illustrates how specialties are grouped in this report. Appendix B is the 2009 Exit Survey instrument.

**Figure 1. 2009 Exit Survey Response Rate and Report Subgroups**





## Section I

### Characteristics of All Respondents

Table 1.1 shows background characteristics of all Exit Survey respondents in 2009. This information is presented because these variables are known to be associated with several outcomes of interest. For example, IMGs, particularly those on temporary visas, were much more likely to report difficulty finding a satisfactory practice position. Thus, the proportion of IMGs in each specialty confounded (i.e., biased) the results when making comparisons across specialties.

### 1.1 Background Characteristics

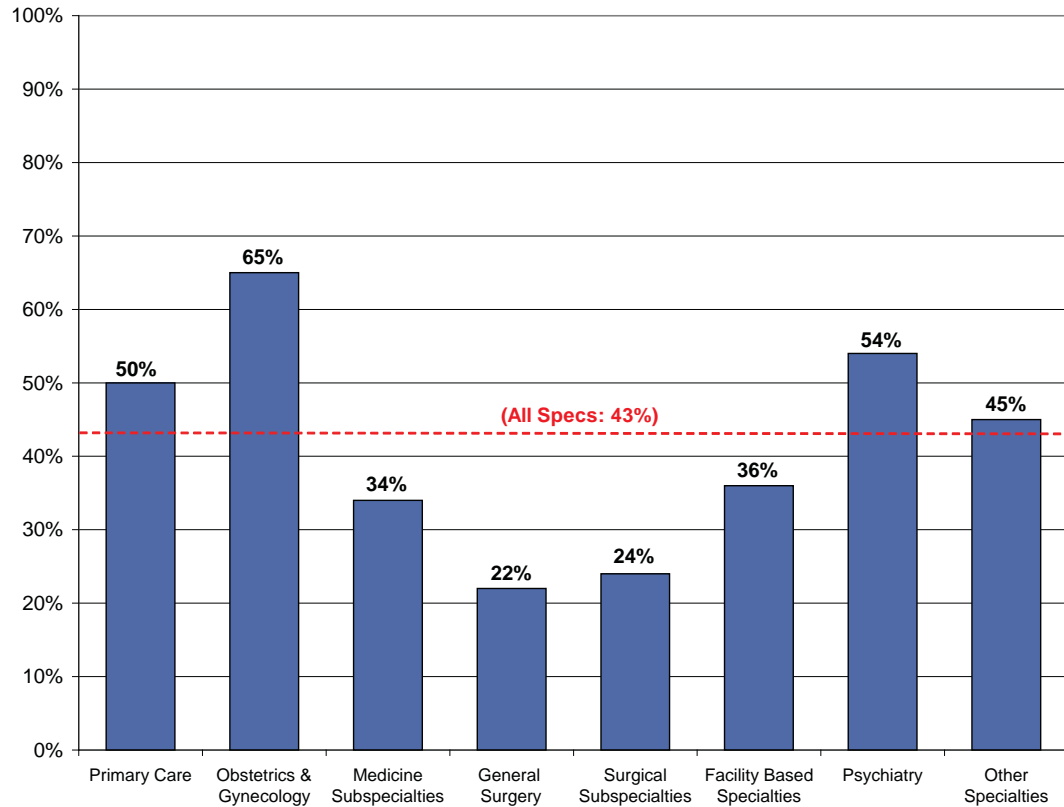
#### Highlights

- ⦿ Forty-three percent (43%) of survey respondents were female. This percent has been relatively consistent over the last four years of the survey. Females represented the majority of respondents in child and adolescent psychiatry (69%), dermatology (67%), general pediatrics (67%), obstetrics/gynecology (65%), pediatrics subspecialties (62%), family medicine (59%), and adult psychiatry (52%).
- ⦿ Surgical subspecialties and general surgery had the fewest females (22% and 24% respectively). In particular, cardiology (8%) and orthopedics (11%) had very few females.
- ⦿ URMs comprised 13% of all respondents. Family medicine (24%), child and adolescent psychiatry (22%), and adult psychiatry (19%) had the most URMs.
- ⦿ Gastroenterology (3%), ophthalmology (5%), otolaryngology (5%), and physical medicine and rehabilitation (5%) had very few URMs.
- ⦿ Twenty-seven percent (27%) of graduates went to New York high schools. The percent of graduates from New York high schools is indicative of how many graduates grew up in New York. Thirty-seven percent (37%) of graduates were from another country and another 34% were from other states (see Figure 1.3).
- ⦿ Just less than one-half (45%) of all respondents were IMGs, similar to the last survey (47% in 2008). This varied widely by specialty with the highest concentrations of IMGs found in geriatrics (86%), general internal medicine (70%), hematology/oncology (64%), and family medicine (63%).
- ⦿ Specialties with very few IMGs included dermatology (0%), otolaryngology (0%), and ophthalmology (8%).

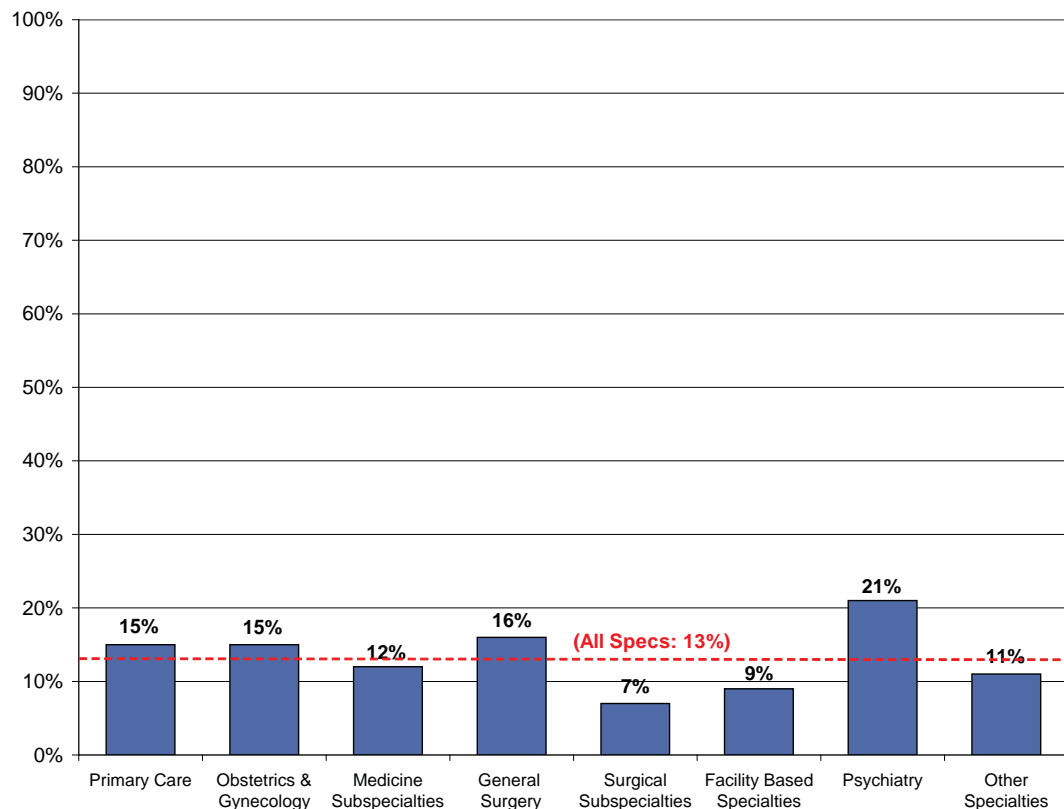




**Figure 1.1 Percent of Respondents who are Female by Specialty Group (All 2009 Exit Survey Respondents)**

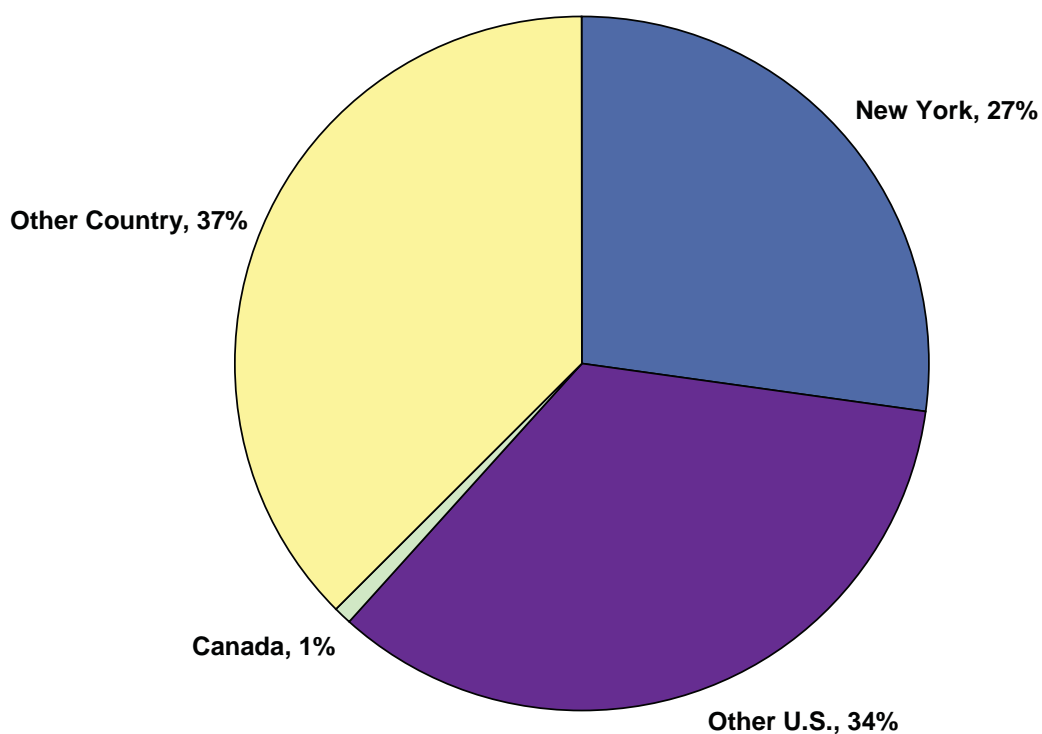


**Figure 1.2 Percent of Respondents who are Underrepresented Minorities by Specialty Group (All 2009 Exit Survey Respondents)**

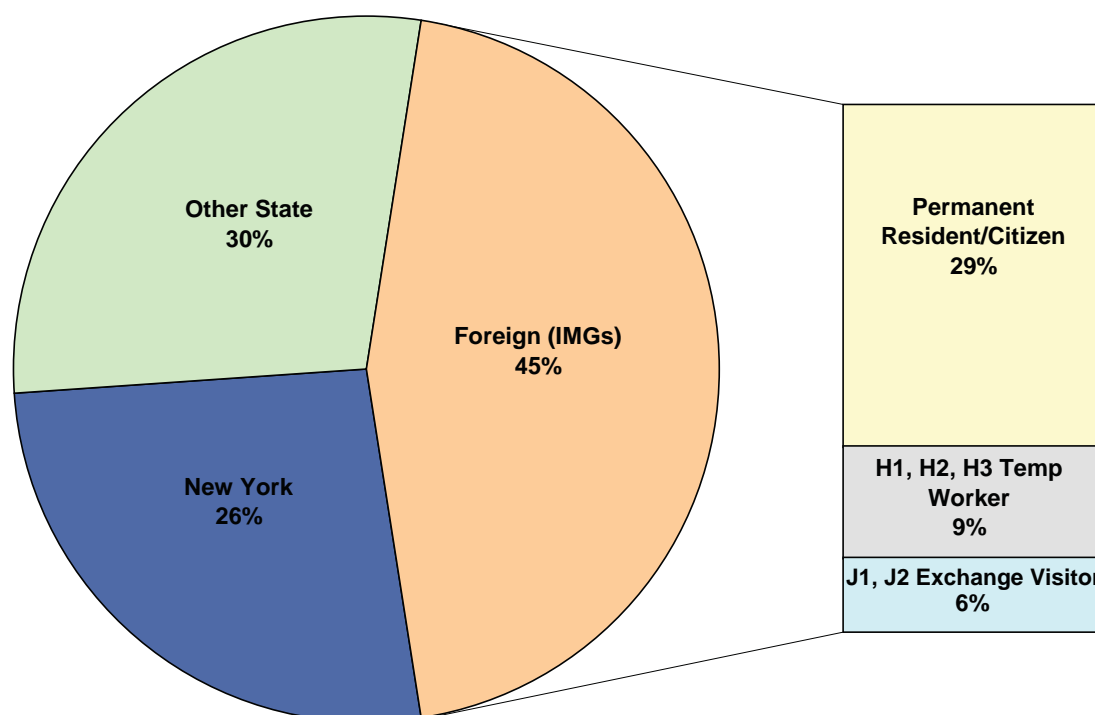




**Figure 1.3 Location of High School Attended (All 2009 Exit Survey Respondents)**



**Figure 1.4 Location of Medical School and Citizenship Status (All 2009 Exit Survey Respondents)**





**Table 1.1 Background Characteristics of Respondents (All 2009 Exit Survey Respondents)**

<u>Specialty</u>	<u>Number of Resp (N)</u>	<u>% Female</u>	<u>% Underrep Minorities</u>	<u>% NY H.S. Grad</u>	<u>% IMG</u>	<u>% Temp Visa Holders</u>
<b>Primary Care</b>	<b>974</b>	<b>50%</b>	<b>24%</b>	<b>28%</b>	<b>64%</b>	<b>25%</b>
Family Medicine	130	59%	24%	28%	63%	18%
General Internal Medicine	612	42%	15%	21%	70%	27%
General Pediatrics	214	67%	13%	31%	50%	26%
IM & Peds (Combined)	18	39%	11%	44%	24%	6%
<b>Obstetrics/Gynecology</b>	<b>105</b>	<b>65%</b>	<b>15%</b>	<b>24%</b>	<b>48%</b>	<b>17%</b>
<b>Medicine Subspecialties</b>	<b>424</b>	<b>34%</b>	<b>12%</b>	<b>26%</b>	<b>58%</b>	<b>20%</b>
Cardiology	89	8%	11%	44%	39%	11%
Gastroenterology	36	20%	3%	47%	42%	3%
Geriatrics	43	50%	12%	12%	86%	36%
Hematology/Oncology	56	45%	11%	24%	64%	21%
Pulmonary Disease	53	38%	16%	19%	57%	13%
<b>General Surgery</b>	<b>73</b>	<b>22%</b>	<b>16%</b>	<b>25%</b>	<b>34%</b>	<b>16%</b>
<b>Surgical Subspecialties</b>	<b>233</b>	<b>24%</b>	<b>7%</b>	<b>30%</b>	<b>12%</b>	<b>6%</b>
Ophthalmology	43	42%	5%	37%	8%	3%
Orthopedics	90	11%	7%	37%	14%	9%
Otolaryngology	23	44%	5%	22%	0%	0%
Urology	17	24%	13%	24%	12%	0%
<b>Facility Based</b>	<b>367</b>	<b>36%</b>	<b>9%</b>	<b>32%</b>	<b>28%</b>	<b>6%</b>
Anesthesiology	93	36%	14%	37%	19%	1%
Pathology	108	50%	10%	22%	57%	13%
Radiology	121	25%	6%	36%	13%	3%
<b>Psychiatry</b>	<b>184</b>	<b>54%</b>	<b>21%</b>	<b>24%</b>	<b>42%</b>	<b>12%</b>
Adult Psychiatry	120	52%	19%	25%	40%	13%
Child & Adolescent Psych	27	69%	22%	30%	41%	7%
<b>Other</b>	<b>423</b>	<b>45%</b>	<b>11%</b>	<b>32%</b>	<b>26%</b>	<b>8%</b>
Dermatology	18	67%	6%	28%	0%	0%
Emergency Medicine	140	38%	14%	27%	14%	4%
Neurology	57	45%	8%	32%	41%	13%
Pediatric Subspecialties	69	62%	12%	42%	34%	10%
Physical Medicine & Rehab	61	31%	5%	41%	37%	3%
<b>All Specialties, 2009 (2008)</b>	<b>2874 (2970)</b>	<b>43% (44%)</b>	<b>13% (13%)</b>	<b>27% (26%)</b>	<b>45% (47%)</b>	<b>16% (18%)</b>

<sup>4</sup>Specialties with small numbers of respondents are not shown but are included in subgroup totals and overall total.

Appendix A gives response rates for all specialties listed on the survey and shows how each specialty has been grouped in the tables presented in this report.

<sup>5</sup>Underrepresented minority includes Black/African American, Hispanic/Latino, and American Indian.

<sup>6</sup>IMG = International (Foreign) Medical Graduate.

<sup>7</sup>Temporary Visa Holder refers to respondents with temporary citizenship status. This includes J1 or J2 Exchange Visitors and H1, H2, or H3 Temporary Workers.

- ⊙ Sixteen percent (16%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in geriatrics (36%), general internal medicine (27%), and general pediatrics (26%). Dermatology (0%), urology (0%), and otolaryngology (0%) had the fewest temporary visa holders.



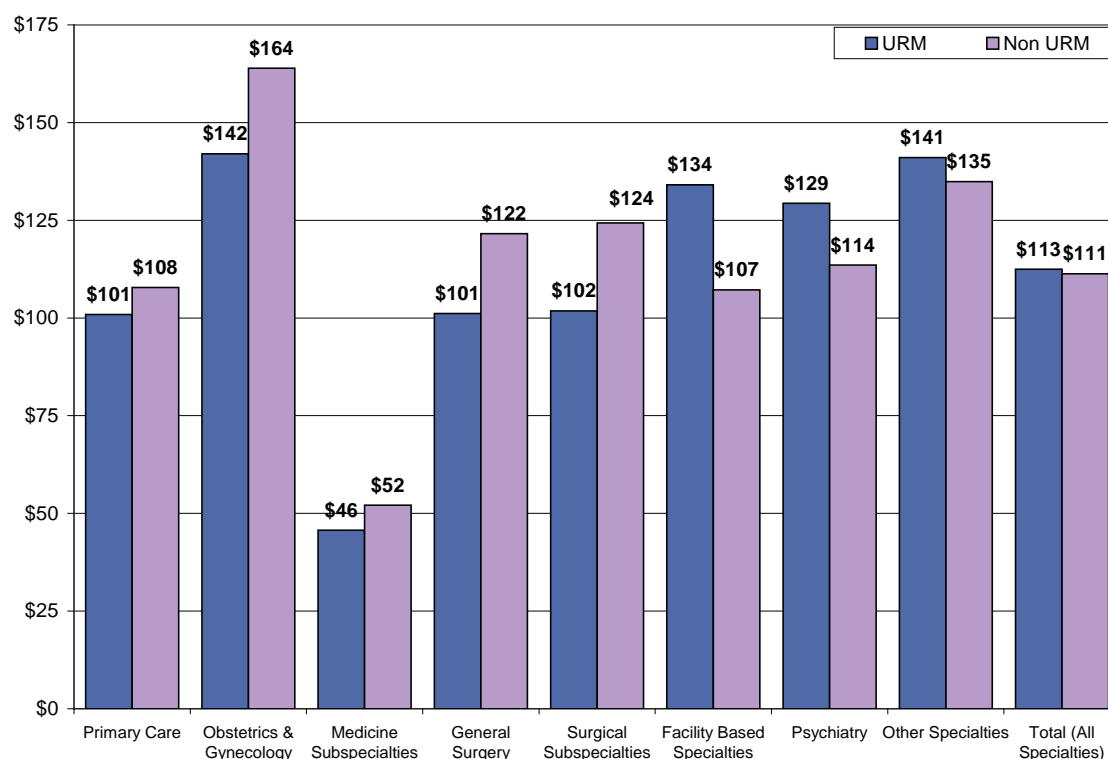
## 1.2 Educational Debt (of Respondents who are U.S. Citizens)

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

### Highlights

- Individual specialties with the highest median educational debt were anesthesiology (\$176,900), emergency medicine (\$168,200), and obstetrics/gynecology (\$162,500).
- Only four specialties had less than \$50,000 of median educational debt. Geriatrics (\$4,500), hematology/oncology (5,600), and pathology (\$17,700) had the lowest debt.
- Among specialty groups, obstetrics and gynecology (\$162,500) had the highest median educational debt and medicine subspecialties had the lowest (\$49,400).

**Figure 1.5 Median Educational Debt by Specialty and Race/Ethnicity (in \$1,000s)  
(All 2009 Exit Survey Respondents, U.S. Citizens Only)**





**Table 1.2 Descriptive Statistics for Respondents' Educational Debt (All 2009 Exit Survey Respondents, U.S. Citizens Only)**

<u>Specialty</u>	<u>N</u>	<u>MEAN</u>	<u>RANK<sup>8</sup></u> <u>(of 25)</u>	<u>MEDIAN</u>	<u>RANK</u> <u>(of 25)</u>
<b>Primary Care</b>	<b>538</b>	<b>\$108,317</b>	<b>N/A</b>	<b>\$106,000</b>	<b>N/A</b>
Family Medicine	86	\$118,341	13	\$120,450	13
General Internal Medicine	309	\$98,934	17	\$95,200	19
General Pediatrics	128	\$120,832	12	\$130,000	9
IM & Peds (Combined)	15	\$137,347	6	\$137,100	5
<b>Obstetrics/Gynecology</b>	<b>72</b>	<b>\$149,246</b>	<b>3</b>	<b>\$162,500</b>	<b>3</b>
<b>Medicine Subspecialties</b>	<b>251</b>	<b>\$81,985</b>	<b>N/A</b>	<b>\$49,400</b>	<b>N/A</b>
Cardiology	60	\$77,287	22	\$40,350	22
Gastroenterology	29	\$125,638	9	\$134,200	8
Geriatrics	21	\$49,348	25	\$4,500	25
Hematology/Oncology	32	\$73,328	23	\$5,600	24
Pulmonary Disease	31	\$90,997	21	\$78,900	20
<b>General Surgery</b>	<b>58</b>	<b>\$123,369</b>	<b>10</b>	<b>\$108,500</b>	<b>17</b>
<b>Surgical Subspecialties</b>	<b>206</b>	<b>\$121,121</b>	<b>N/A</b>	<b>\$122,350</b>	<b>N/A</b>
Ophthalmology	40	\$91,498	20	\$76,950	21
Orthopedics	76	\$129,338	8	\$135,000	7
Otolaryngology	23	\$133,304	7	\$125,400	12
Urology	16	\$139,481	4	\$135,800	6
<b>Facility Based</b>	<b>308</b>	<b>\$109,330</b>	<b>N/A</b>	<b>\$110,800</b>	<b>N/A</b>
Anesthesiology	85	\$166,959	1	\$176,900	1
Pathology	73	\$66,229	24	\$17,700	23
Radiology	108	\$94,630	19	\$102,800	18
<b>Psychiatry</b>	<b>138</b>	<b>\$107,409</b>	<b>N/A</b>	<b>\$118,300</b>	<b>N/A</b>
Adult Psychiatry	86	\$108,709	14	\$129,500	10
Child & Adolescent Psych	23	\$97,252	18	\$113,000	15
<b>Other</b>	<b>353</b>	<b>\$129,222</b>	<b>N/A</b>	<b>\$135,800</b>	<b>N/A</b>
Dermatology	17	\$103,435	16	\$120,400	14
Emergency Medicine	125	\$153,854	2	\$168,200	2
Neurology	43	\$122,993	11	\$127,500	11
Pediatric Subspecialties	54	\$106,731	15	\$112,450	16
Physical Medicine & Rehab	54	\$138,413	5	\$150,050	4
<b>Total (All Specialties)</b>	<b>1924</b>	<b>\$112,171</b>	<b>N/A</b>	<b>\$111,300</b>	<b>N/A</b>

<sup>8</sup>Rank based on 25 specialties, ranked in descending order (i.e., specialty with the highest debt ranked #1, lowest debt ranked #25).



## *Section II*

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

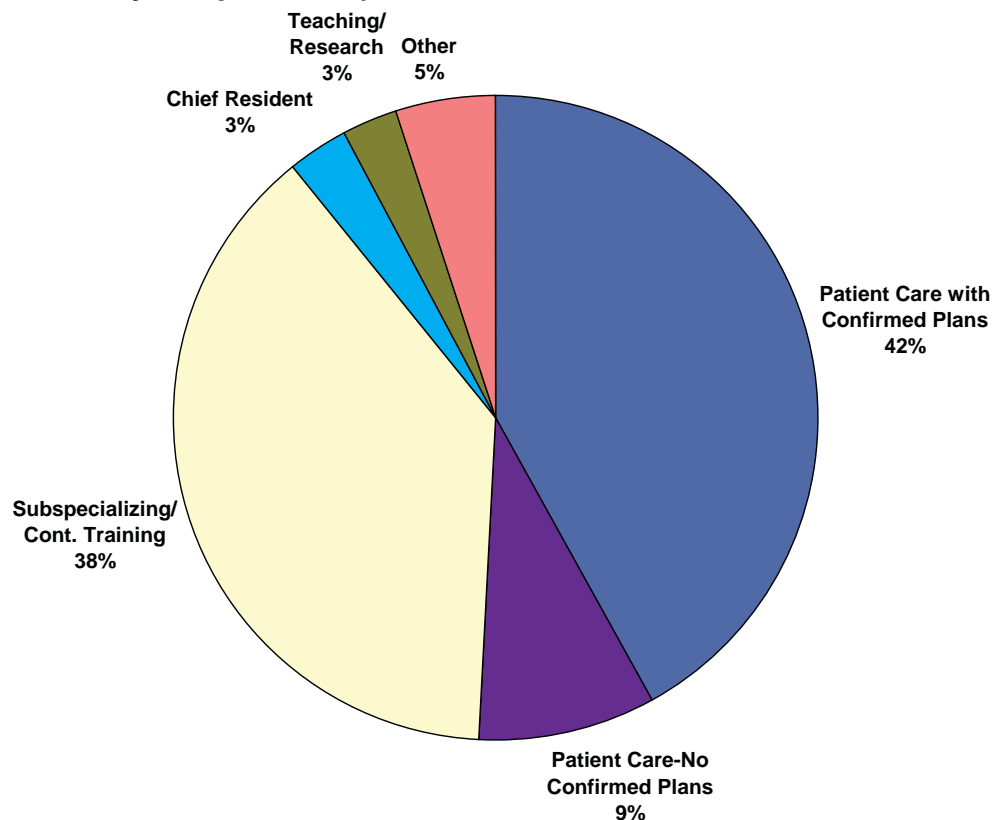
Table 2.1 summarizes the planned primary activity of all survey respondents following completion of their current training program. Respondents were given the following choices: patient care/clinical practice, subspecializing/continuing training, chief residency, teaching/research, and other. Respondents who indicated they were entering patient care/clinical practice were asked if they had actively searched for a job and if they had secured a position. Only those respondents who had accepted a job offer and those who would be self-employed (i.e., in solo practice or a partnership) were included in the subgroup (patient care with confirmed practice plans) examined in Section 3 of this report.

### **Highlights**

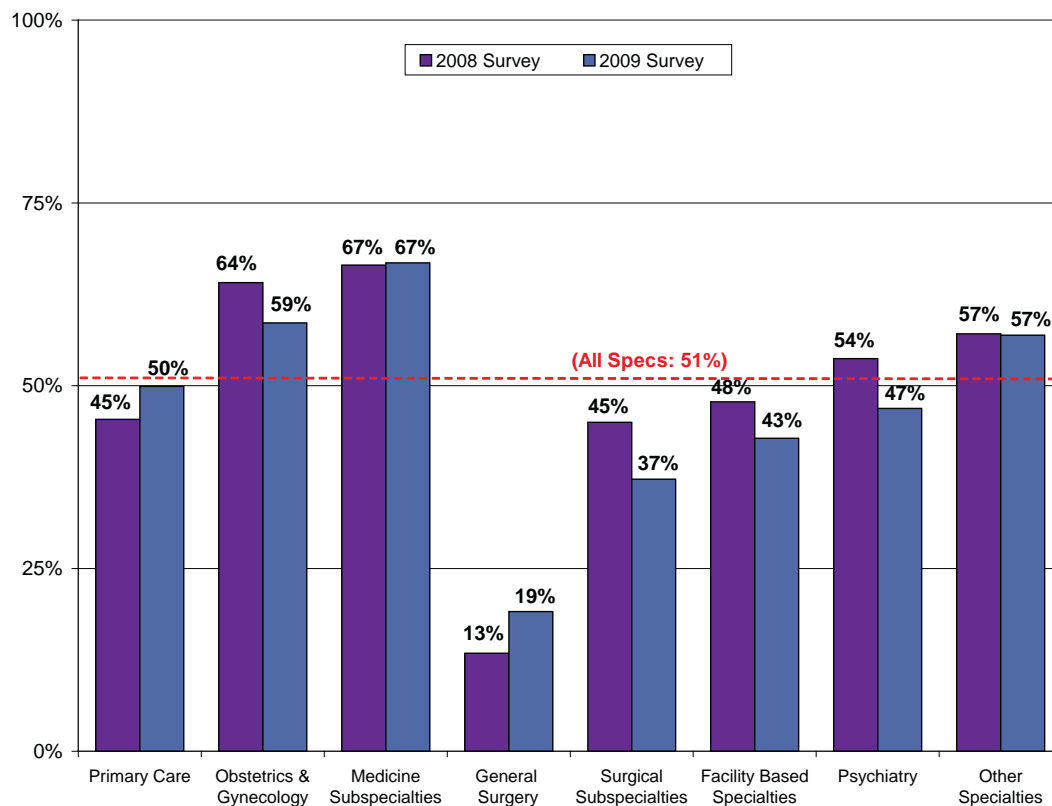
- ⦿ Fifty-one percent (51%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 82% had confirmed practice plans
- ⦿ More than one-third (38%) planned to subspecialize or pursue further training. Of the remaining 11%, 3% were planning to work as chief residents, 3% were planning to enter teaching/research, and 5% had other plans.
- ⦿ Specialties with the highest proportions of respondents planning to enter patient care/clinical practice were emergency medicine (78%), family medicine (77%), and gastroenterology (69%).
- ⦿ Specialties with the highest subspecialization rates were general surgery (77%), ophthalmology (70%), and neurology (68%).
- ⦿ Internal medicine and pediatrics (combined) (12%), dermatology (7%), and general pediatrics (9%) had the most respondents indicating they were planning on entering positions as chief residents.



**Figure 2.1 Primary Activity After Completion of Current Training Program (All 2009 Exit Survey Respondents)**



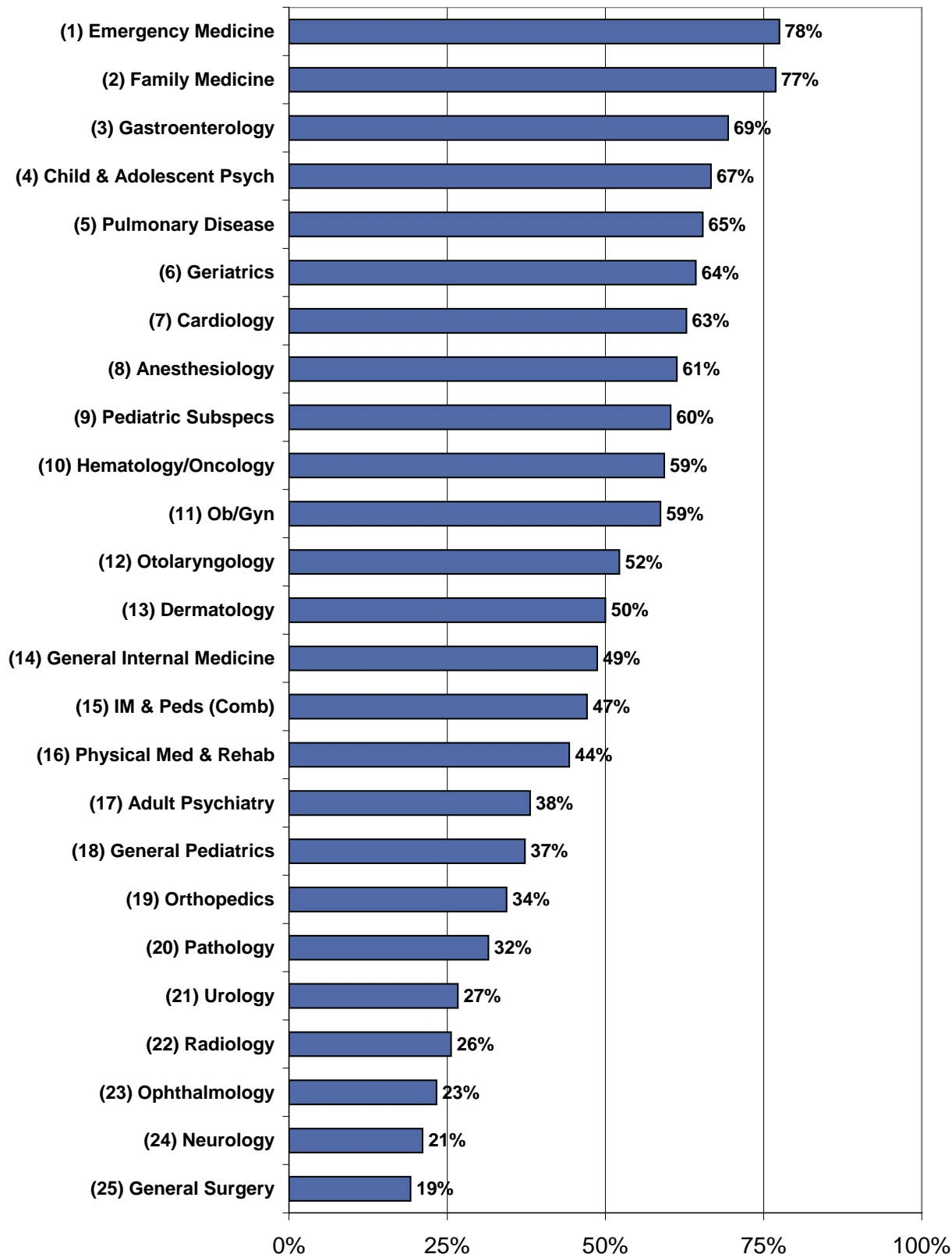
**Figure 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group (All 2008 and 2009 Exit Survey Respondents)**







**Figure 2.3 Rank of Percent of Respondents Entering Patient Care by Specialty  
(All 2009 Exit Survey Respondents)**





**Table 2.1 Primary Activity After Completion of Current Training Program (All 2009 Exit Survey Respondents)**

<u>Specialty</u>	<u>Patient Care/ Clinical Practice</u>	<u>Subspecializing/ Cont. Training</u>	<u>Chief Resident</u>	<u>Teaching/ Research</u>	<u>Other</u>
<b>Primary Care</b>	<b>50%</b>	<b>38%</b>	<b>6%</b>	<b>2%</b>	<b>5%</b>
Family Medicine	77%	18%	0%	0%	5%
General Internal Medicine	49%	39%	6%	2%	5%
General Pediatrics	37%	47%	9%	2%	4%
IM & Peds (Combined)	47%	29%	12%	0%	12%
<b>Obstetrics/Gynecology</b>	<b>59%</b>	<b>27%</b>	<b>5%</b>	<b>4%</b>	<b>6%</b>
<b>Medicine Subspecialties</b>	<b>67%</b>	<b>24%</b>	<b>1%</b>	<b>4%</b>	<b>4%</b>
Cardiology	63%	33%	2%	1%	1%
Gastroenterology	69%	25%	0%	3%	3%
Geriatrics	64%	29%	0%	0%	7%
Hematology/Oncology	59%	22%	0%	13%	6%
Pulmonary Disease	65%	29%	0%	4%	2%
<b>General Surgery</b>	<b>19%</b>	<b>77%</b>	<b>0%</b>	<b>4%</b>	<b>0%</b>
<b>Surgical Subspecialties</b>	<b>37%</b>	<b>56%</b>	<b>2%</b>	<b>1%</b>	<b>4%</b>
Ophthalmology	23%	70%	0%	2%	5%
Orthopedics	34%	61%	3%	1%	0%
Otolaryngology	52%	39%	4%	4%	0%
Urology	27%	67%	7%	0%	0%
<b>Facility Based</b>	<b>43%</b>	<b>50%</b>	<b>1%</b>	<b>2%</b>	<b>5%</b>
Anesthesiology	61%	38%	0%	0%	1%
Pathology	32%	57%	0%	3%	8%
Radiology	26%	65%	2%	2%	6%
<b>Psychiatry</b>	<b>47%</b>	<b>41%</b>	<b>1%</b>	<b>4%</b>	<b>7%</b>
Adult Psychiatry	38%	53%	2%	3%	4%
Child & Adolescent Psych	67%	19%	0%	4%	11%
<b>Other</b>	<b>57%</b>	<b>30%</b>	<b>2%</b>	<b>4%</b>	<b>8%</b>
Dermatology	50%	28%	11%	6%	6%
Emergency Medicine	78%	17%	2%	2%	1%
Neurology	21%	68%	0%	0%	11%
Pediatric Subspecialties	60%	19%	0%	9%	12%
Physical Medicine & Rehab	44%	41%	3%	0%	12%
<b>All Specialties, 2009 (2008)</b>	<b>51% (51%)</b>	<b>38% (38%)</b>	<b>3% (3%)</b>	<b>3% (3%)</b>	<b>5% (5%)</b>



## Section III

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

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

#### 3.1 Practice Location

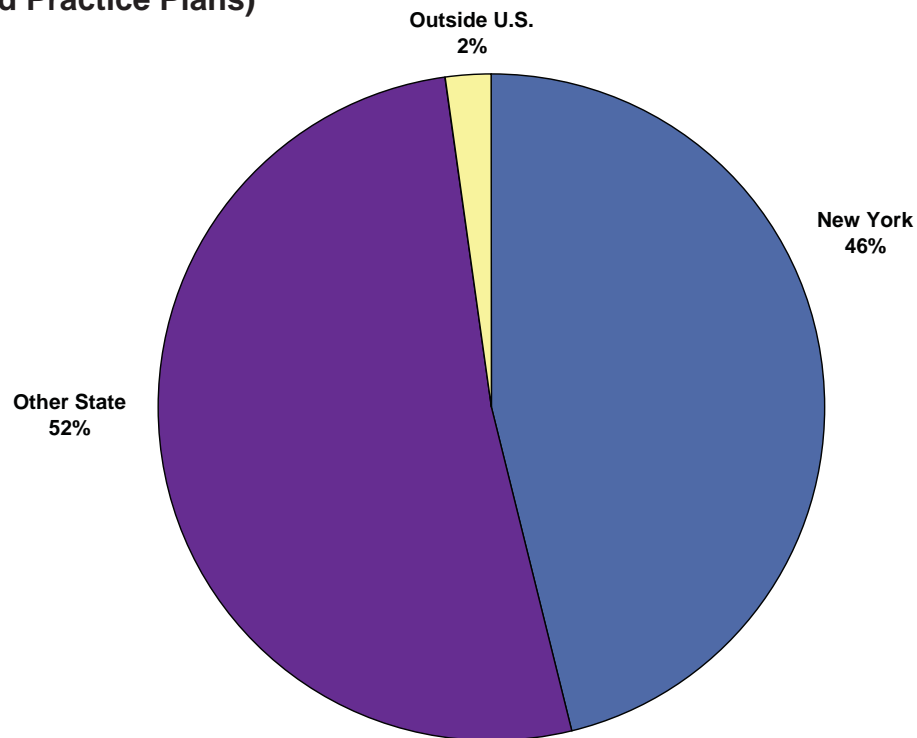
Table 3.1 gives the practice location of respondents with confirmed practice plans. This is a subset of all respondents so the number in this subgroup is presented for each specialty in the first column. A total of 1,197 respondents had confirmed practice plans. Two percent (2%) of respondents was planning to practice outside the U.S. These physicians have been excluded from all other subsections within Section 3 of this report.

#### Highlights

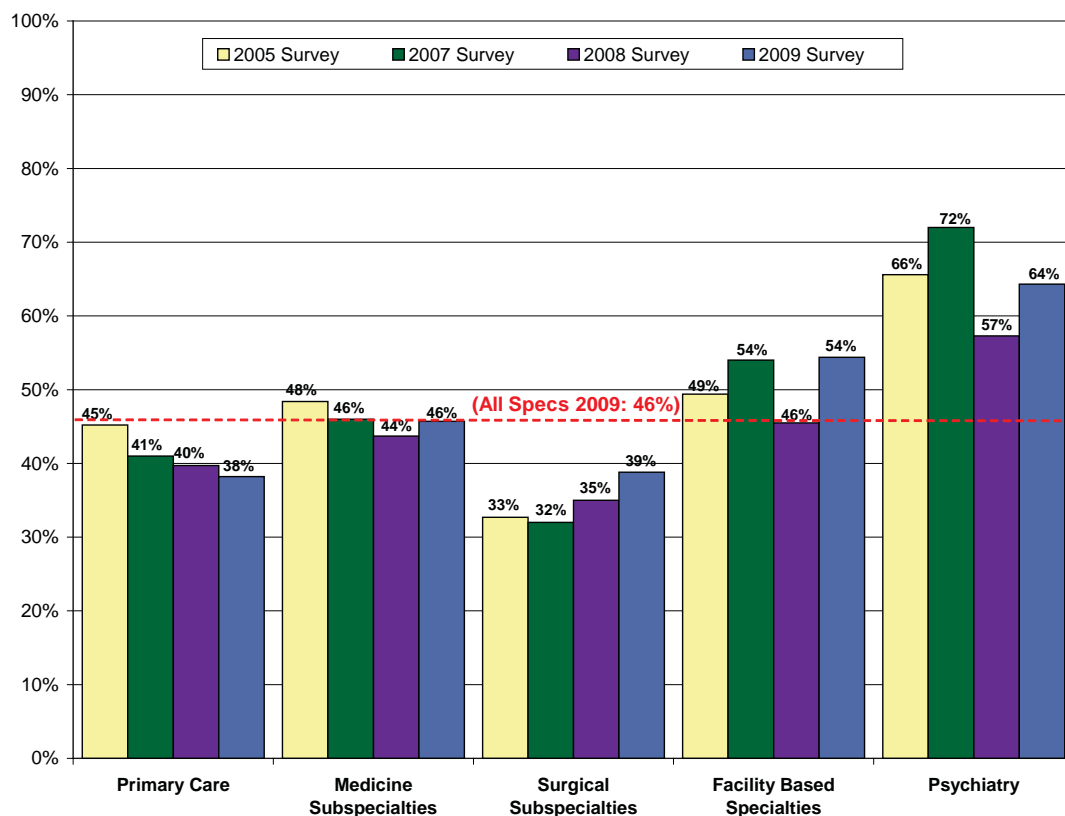
- ⦿ Less than one-half (46%) of respondents with confirmed plans were entering practice within New York. The vast majority (86%) of them were remaining in the same region in which they trained.
- ⦿ Ophthalmology (80%), internal medicine and pediatrics (combined) (80%), and dermatology (75%) had the highest in-state retention rates.
- ⦿ Respondents entering practice from urology (25%), general internal medicine (30%), and hematology/oncology (30%) had the lowest in-state retention rates.
- ⦿ Respondents from pathology (10%), family medicine (7%), and orthopedics (4%) were the most likely to be leaving the U.S. to begin practice.
- ⦿ Respondents who completed high school and medical school in New York were by far the most likely to report plans to practice in New York after completing training. In 2009, 81% of people who went to high school in New York and attended medical school in New York planned to practice in New York.
- ⦿ When respondents who were planning to practice outside of New York were asked why they were leaving, the most common reasons were proximity to family (24%) and better jobs in desired location outside New York (14%). Only six percent (6%) of respondents indicated that they never intended to practice in New York.
- ⦿ Less than 2% of respondents reported that the principal reason for them practicing outside of New York was taxes (1%), the cost of starting a practice in New York (1%), or the cost of malpractice insurance (2%).



**Figure 3.1 Location of Upcoming Practice (for 2009 Respondents with Confirmed Practice Plans)**

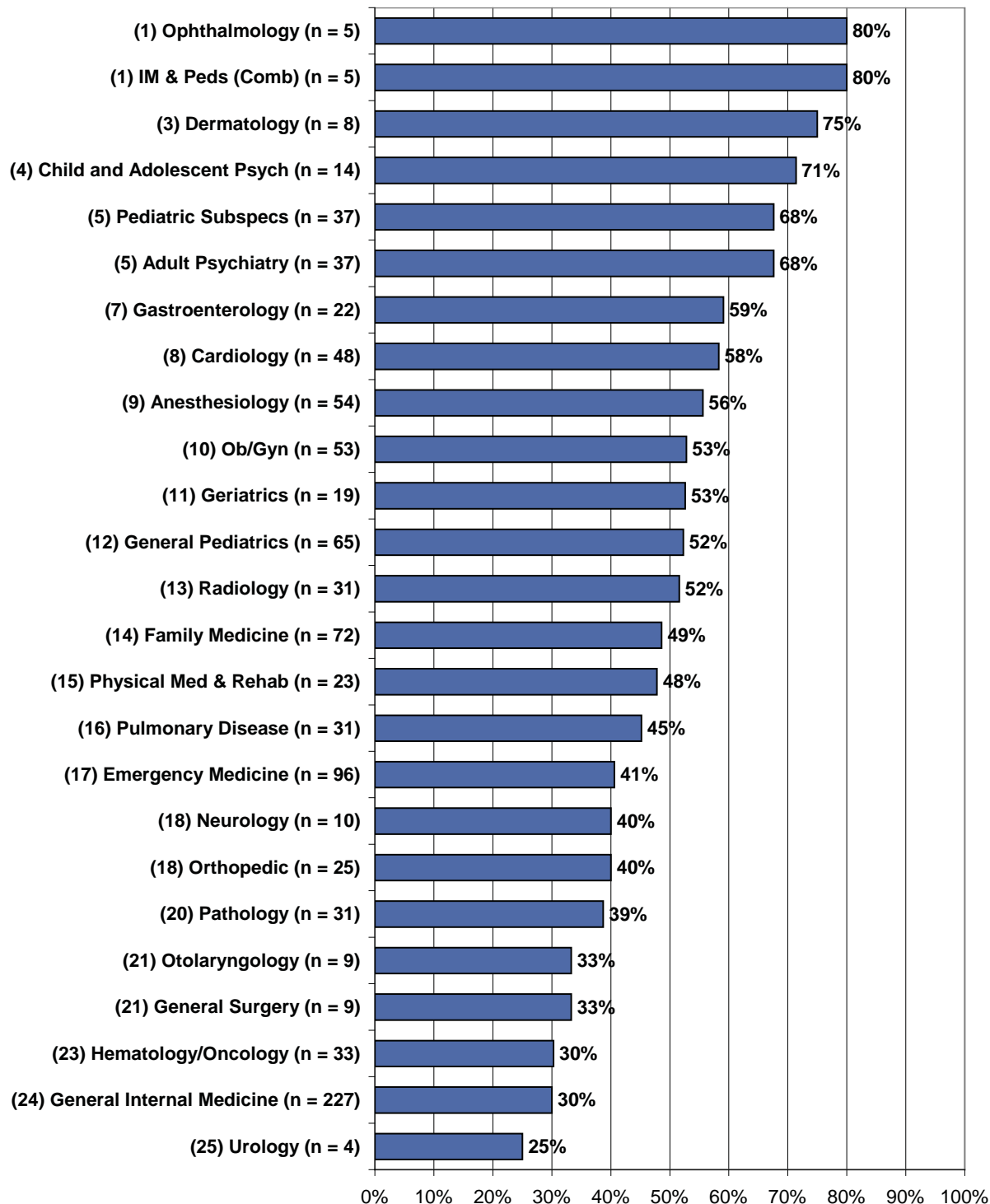


**Figure 3.2 Percent of Respondents Entering Practice in New York by Specialty Group (for 2009 Respondents with Confirmed Practice Plans)**





**Figure 3.3 Rank of In-state Retention Rates by Specialty (for 2009 Respondents with Confirmed Practice Plans)**





**Table 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2009 Respondents with Confirmed Practice Plans)**

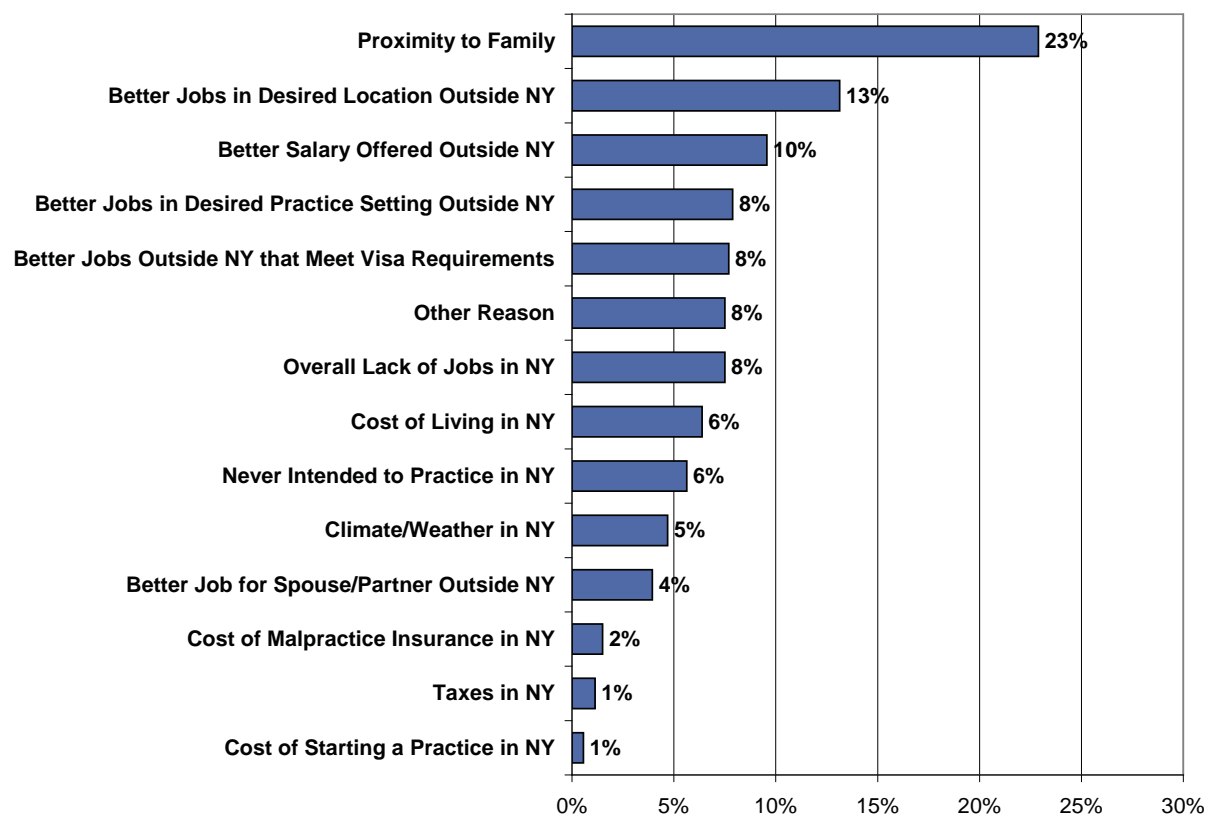
<u>Specialty</u>	<u>Number with Confirmed Practice Plans<sup>9</sup></u>	<u>LOCATION OF UPCOMING PRACTICE</u>			
		<u>Within New York</u>	<u>Other</u>	<u>Outside</u>	
		<u>Same Region</u>	<u>Other Area</u>	<u>State</u>	<u>U.S.<sup>10</sup></u>
<b>Primary Care</b>	<b>371</b>	<b>34%</b>	<b>4%</b>	<b>60%</b>	<b>2%</b>
Family Medicine	72	38%	11%	44%	7%
General Internal Medicine	228	28%	2%	69%	1%
General Pediatrics	65	48%	5%	48%	0%
IM & Peds (Combined)	6	80%	0%	20%	0%
<b>Obstetrics/Gynecology</b>	<b>55</b>	<b>45%</b>	<b>8%</b>	<b>45%</b>	<b>2%</b>
<b>Medicine Subspecialties</b>	<b>248</b>	<b>39%</b>	<b>7%</b>	<b>52%</b>	<b>2%</b>
Cardiology	49	50%	8%	40%	2%
Gastroenterology	22	55%	5%	41%	0%
Geriatrics	19	47%	5%	47%	0%
Hematology/Oncology	33	24%	6%	67%	3%
Pulmonary Disease	31	42%	3%	52%	3%
<b>General Surgery</b>	<b>10</b>	<b>33%</b>	<b>0%</b>	<b>56%</b>	<b>11%</b>
<b>Surgical Subspecialties</b>	<b>67</b>	<b>30%</b>	<b>9%</b>	<b>58%</b>	<b>3%</b>
Ophthalmology	5	40%	40%	20%	0%
Orthopedics	25	28%	12%	56%	4%
Otolaryngology	9	22%	11%	67%	0%
Urology	4	25%	0%	75%	0%
<b>Facility Based</b>	<b>147</b>	<b>48%</b>	<b>7%</b>	<b>43%</b>	<b>3%</b>
Anesthesiology	54	46%	9%	44%	0%
Pathology	31	36%	3%	52%	10%
Radiology	31	42%	10%	45%	3%
<b>Psychiatry</b>	<b>71</b>	<b>61%</b>	<b>3%</b>	<b>34%</b>	<b>1%</b>
Adult Psychiatry	37	62%	5%	30%	3%
Child & Adolescent Psych	14	71%	0%	29%	0%
<b>Other</b>	<b>216</b>	<b>40%</b>	<b>10%</b>	<b>48%</b>	<b>2%</b>
Dermatology	8	75%	0%	25%	0%
Emergency Medicine	98	34%	6%	56%	3%
Neurology	10	40%	0%	60%	0%
Pediatric Subspecialties	37	49%	19%	32%	0%
Physical Medicine & Rehab	24	35%	13%	52%	0%
<b>All Specialties, 2009 (2008)</b>	<b>1197 (1270)</b>	<b>40% (40%)</b>	<b>7% (5%)</b>	<b>52% (54%)</b>	<b>2% (1%)</b>

<sup>9</sup>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.

<sup>10</sup>This subgroup (i.e., respondents leaving the U.S.) has been excluded from all other tables within Section 3 of this report.



**Figure 3.4 Principal Reason for Practicing Outside of New York (for 2009 Respondents with Confirmed Practice Plans)**





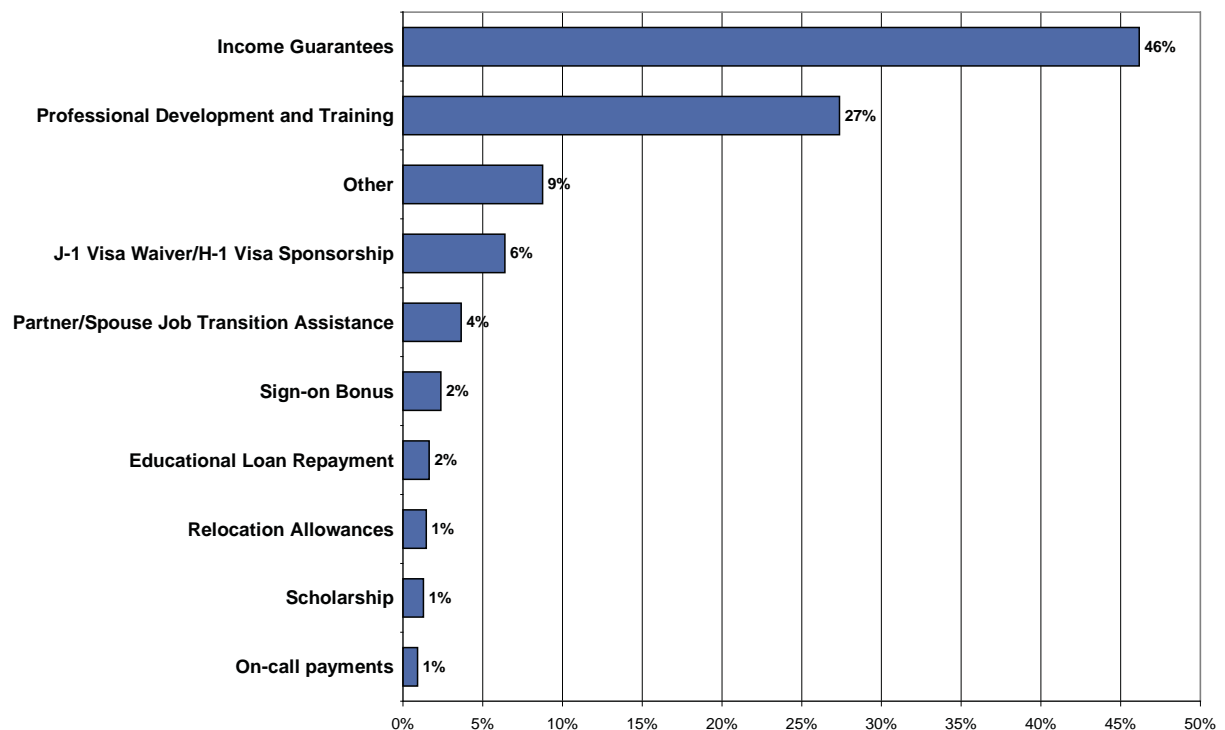
## 3.2 Recruitment Incentives

Figure 3.5 displays the most influential incentive New York's graduating physicians received for accepting a practice position.

### Highlights

- Forty-six percent (46%) of respondents reported that income guarantees were the most influential incentive they received for accepting a practice position. The next most influential incentive was professional development and training incentives. Six percent (6%) of respondents also indicated that J-1 visa waiver/H-1 visa sponsorship was the most influential incentive.
- Less than 5% of respondents indicated that on-call payments (1%), scholarship (1%), relocation allowances (1%), educational loan replacement (2%), or partner/spouse job transition assistance was the most influential incentive.

**Figure 3.5 Most Influential Incentive Received for Accepting a Practice Position (for 2009 Respondents with Confirmed Practice Plans)**







### 3.3 Demographics of Practice Location

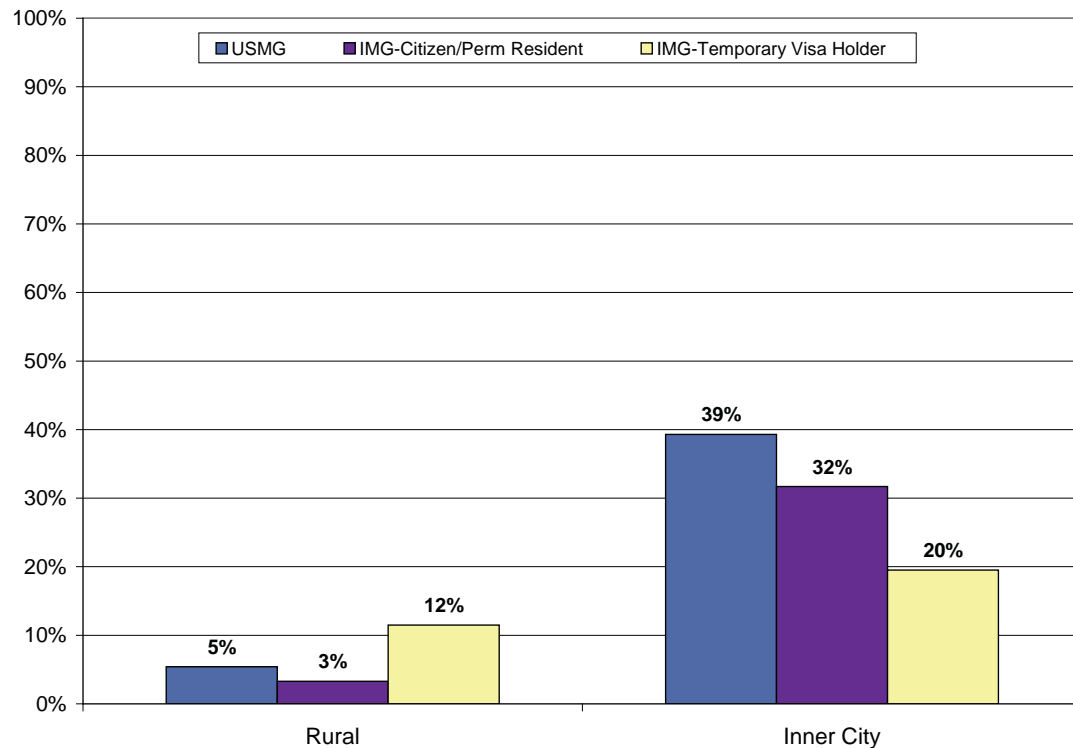
Table 3.2 summarizes the responses to two questions relating to the demographics of the respondent's upcoming practice location. The first five columns give the demographics of the principal practice location and the last column gives the percentage of respondents entering practice in a federally designated HPSAs. It should be noted (as is true with all data presented in this report) that survey responses are based on self-reporting by respondents, and a large percentage reported they did not know whether their upcoming practice was located within a HPSA.

#### Highlights

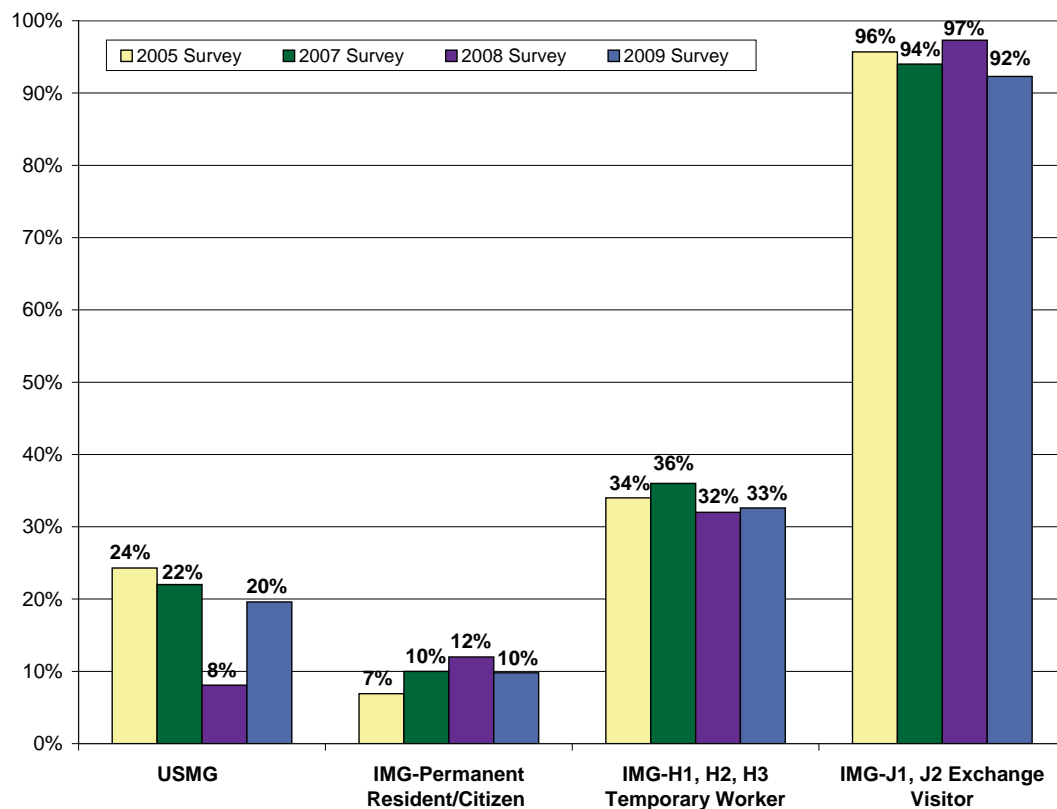
- ⦿ Thirty percent (30%) of respondents reported entering practice in inner-city locations and only 4% were going to rural locations. Seventeen percent (17%) indicated they would be practicing in a HPSA, similar to percentage reported in 2008.
- ⦿ Respondents from pathology (50%), child and adolescent psychiatry (46%), and obstetrics/gynecology (40%) were the most likely to enter practices in the inner city.
- ⦿ Respondents from family medicine (15%), geriatric (11%), and physical medicine and rehabilitation (9%) were the most likely to enter practices in rural areas.
- ⦿ The respondents most likely to be entering practice in HPSAs were in geriatrics (44%), family medicine (39%), and general pediatrics (27%).
- ⦿ Citizenship status has a strong influence on an respondent's likelihood of practicing in a HPSA. IMGs with J-1 and J-2 exchange visas are required to practice in an underserved area or return to their native country. Therefore, specialties with a high proportion of temporary visa holders had high proportions of respondents entering HPSAs.
- ⦿ While less than one-half (46%) of IMGs with temporary visas were entering HPSAs, IMGs with permanent citizenship were less likely to be entering HPSAs than were USMGs (10% and 20%, respectively, for respondents from primary care specialties).



**Figure 3.6 Entering Practice in Rural and Inner-city Areas by Location of Medical School and Citizenship Status (for 2009 Respondents from Primary Care Specialties with Confirmed Practice Plans)**



**Figure 3.7 Percent of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship (for 2009 Respondents from Primary Care Specialties with Confirmed Practice Plans)**





**Table 3.2 Demographics of Practice Setting (for 2009 Respondents with Confirmed Practice Plans)**

<u>Specialty</u>	<u>DEMOGRAPHICS</u>					% Practicing in a Federal HPSA <sup>11</sup>
	<u>Inner City</u>	<u>Other Area in Major City</u>	<u>Suburban</u>	<u>Small City</u>	<u>Rural</u>	
<b>Primary Care</b>	<b>30%</b>	<b>16%</b>	<b>26%</b>	<b>21%</b>	<b>7%</b>	<b>25%</b>
Family Medicine	12%	15%	29%	29%	15%	39%
General Internal Medicine	36%	15%	25%	19%	6%	20%
General Pediatrics	30%	22%	22%	24%	2%	27%
IM & Peds (Combined)	33%	0%	67%	0%	0%	17%
<b>Obstetrics/Gynecology</b>	<b>40%</b>	<b>15%</b>	<b>28%</b>	<b>15%</b>	<b>2%</b>	<b>30%</b>
<b>Medicine Subspecialties</b>	<b>23%</b>	<b>22%</b>	<b>36%</b>	<b>16%</b>	<b>3%</b>	<b>16%</b>
Cardiology	33%	16%	42%	7%	2%	12%
Gastroenterology	27%	18%	55%	0%	0%	5%
Geriatrics	33%	17%	17%	22%	11%	44%
Hematology/Oncology	19%	19%	34%	28%	0%	13%
Pulmonary Disease	17%	35%	35%	10%	3%	3%
<b>General Surgery</b>	<b>11%</b>	<b>44%</b>	<b>0%</b>	<b>33%</b>	<b>11%</b>	<b>11%</b>
<b>Surgical Subspecialties</b>	<b>16%</b>	<b>26%</b>	<b>39%</b>	<b>18%</b>	<b>0%</b>	<b>5%</b>
Ophthalmology	20%	0%	40%	40%	0%	20%
Orthopedics	14%	46%	32%	9%	0%	4%
Otolaryngology	22%	22%	44%	11%	0%	0%
Urology	25%	0%	50%	25%	0%	0%
<b>Facility Based</b>	<b>33%</b>	<b>27%</b>	<b>32%</b>	<b>7%</b>	<b>1%</b>	<b>1%</b>
Anesthesiology	26%	19%	40%	13%	2%	4%
Pathology	50%	19%	27%	4%	0%	0%
Radiology	27%	37%	33%	0%	3%	0%
<b>Psychiatry</b>	<b>42%</b>	<b>27%</b>	<b>19%</b>	<b>9%</b>	<b>3%</b>	<b>21%</b>
Adult Psychiatry	37%	31%	17%	9%	6%	17%
Child & Adolescent Psych	46%	23%	23%	8%	0%	21%
<b>Other</b>	<b>31%</b>	<b>25%</b>	<b>32%</b>	<b>8%</b>	<b>4%</b>	<b>12%</b>
Dermatology	0%	50%	50%	0%	0%	0%
Emergency Medicine	34%	18%	36%	7%	6%	14%
Neurology	30%	10%	50%	10%	0%	10%
Pediatric Subspecialties	39%	25%	33%	3%	0%	16%
Physical Medicine & Rehab	23%	32%	23%	14%	9%	9%
<b>All Specialties, 2009 (2008)</b>	<b>30% (28%)</b>	<b>22% (23%)</b>	<b>30% (31%)</b>	<b>15% (14%)</b>	<b>4% (4%)</b>	<b>17% (15%)</b>

<sup>11</sup>HPSA = Health Professionals Shortage Area.



### 3.4 Principal Practice Setting

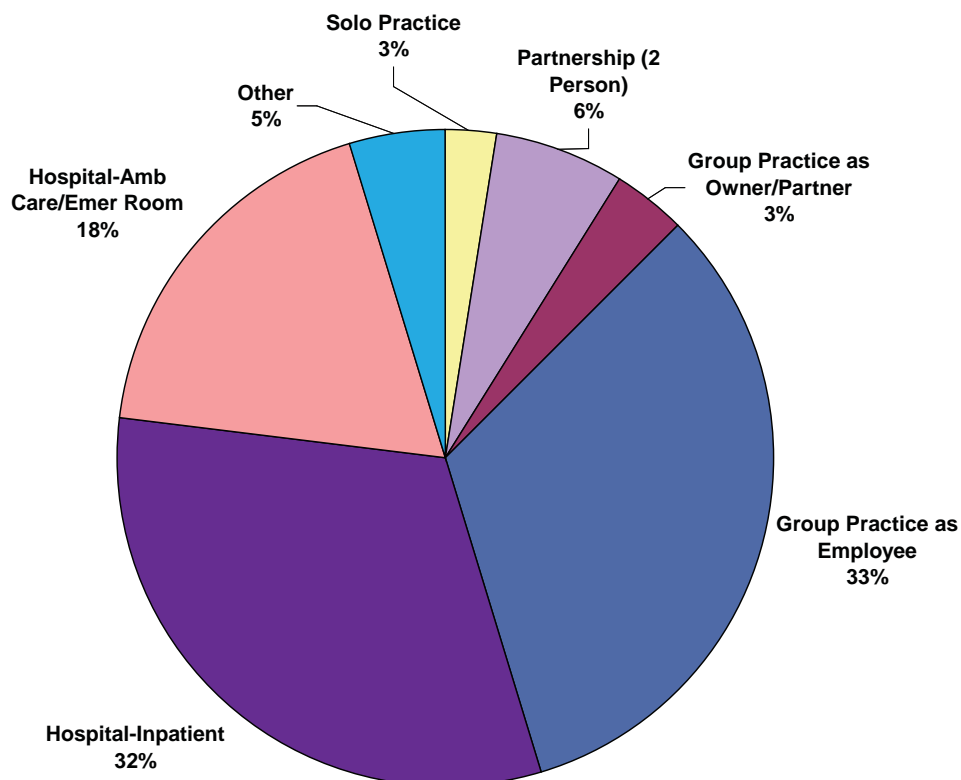
Table 3.3 shows the practice setting of respondents' upcoming principal practice. The other category includes freestanding health center or clinic, nursing home, and other settings. On the 2009 survey, a question asked respondents about the level of ownership they would have in their upcoming practice. Responses to this question are summarized in Figure 3.9.

#### Highlights

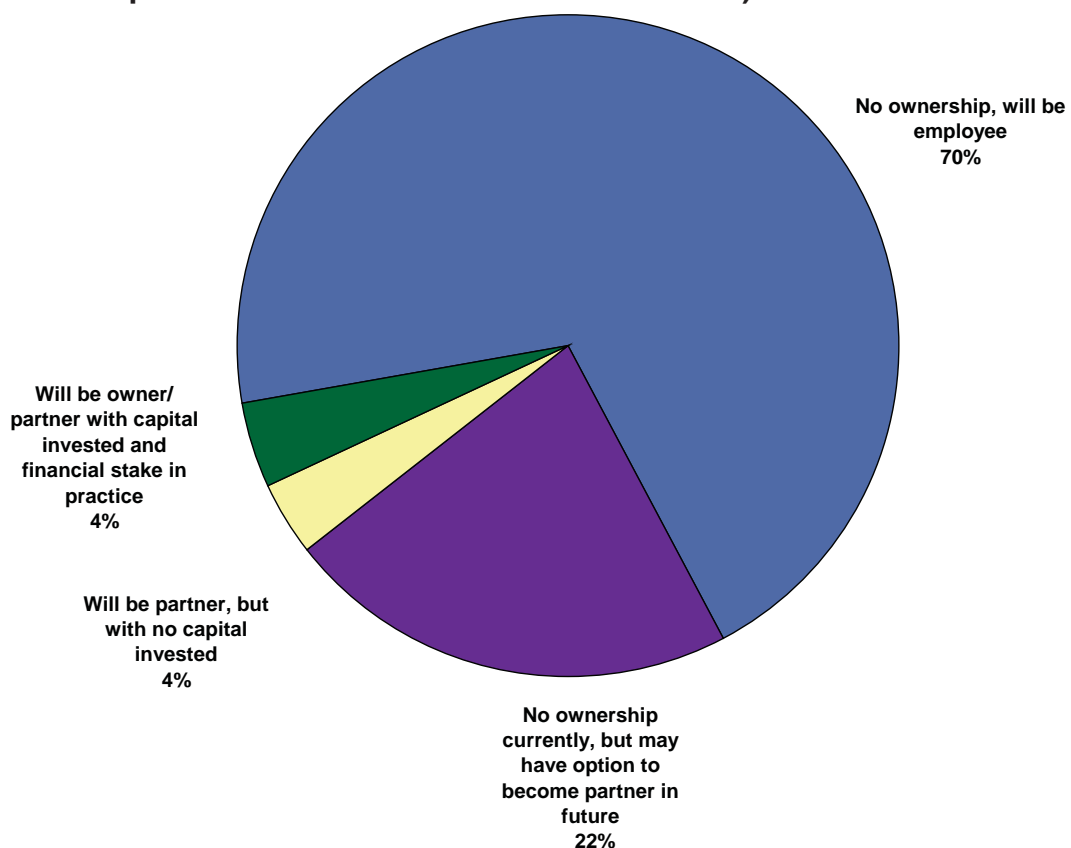
- ⦿ Thirty-seven percent (37%) of respondents were entering group practices. More than four-fifths of these (89%) were going into groups as employees.
- ⦿ The vast majority of respondents (92%) indicated they would be employees in their upcoming practices with no level of ownership (see Figure 3.8). Twenty-two percent (22%) said they may have the option to become an owner or partner at some point in the future. Only 4% of respondents reported that they would be owners or partners with capital invested and a financial stake in their upcoming practices.
- ⦿ Only 3% of all respondents were planning to enter solo practice. There were a few specialties in which 10% or more planned to enter solo practice: urology (25%), ophthalmology (20%), child and adolescent psychiatry (14%), and physical medicine and rehabilitation (14%).
- ⦿ Fifty percent (50%) of respondents were entering practice in hospitals. Inpatient (32%) was the most common, followed by ambulatory care (10%), and emergency room (8%) settings.



**Figure 3.8 Practice Setting of Respondents' Upcoming Principal Practice (for 2009 Respondents with Confirmed Practice Plans)**



**Figure 3.9 Respondents' Level of Ownership in Upcoming Principal Practice (for 2009 Respondents with Confirmed Practice Plans)**





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

<u>Specialty</u>	<u>Solo Practice</u>	<u>Partner-ship (2 Person)</u>	<u>GROUP PRACTICE</u>		<u>HOSPITAL</u>			<u>Other</u>
			<u>As Owner/ Partner</u>	<u>As Em- ployee</u>	<u>In- patient</u>	<u>Amb. Care</u>	<u>Emer. Room</u>	
<b>Primary Care</b>	<b>2%</b>	<b>5%</b>	<b>2%</b>	<b>24%</b>	<b>49%</b>	<b>11%</b>	<b>2%</b>	<b>6%</b>
Family Medicine	3%	8%	3%	43%	14%	14%	2%	13%
General Internal Medicine	2%	2%	2%	10%	72%	9%	1%	4%
General Pediatrics	2%	10%	3%	49%	13%	12%	5%	7%
IM & Peds (Combined)	0%	17%	0%	33%	0%	33%	0%	17%
<b>Obstetrics/Gynecology</b>	<b>4%</b>	<b>14%</b>	<b>4%</b>	<b>49%</b>	<b>10%</b>	<b>12%</b>	<b>0%</b>	<b>6%</b>
<b>Medicine Subspecialties</b>	<b>2%</b>	<b>12%</b>	<b>5%</b>	<b>41%</b>	<b>25%</b>	<b>12%</b>	<b>0%</b>	<b>3%</b>
Cardiology	2%	13%	16%	38%	18%	12%	0%	4%
Gastroenterology	0%	15%	0%	60%	15%	10%	0%	0%
Geriatrics	0%	12%	0%	18%	35%	24%	0%	12%
Hematology/Oncology	0%	14%	0%	46%	11%	25%	0%	4%
Pulmonary Disease	4%	7%	0%	41%	48%	0%	0%	0%
<b>General Surgery</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>56%</b>	<b>33%</b>	<b>0%</b>	<b>0%</b>	<b>11%</b>
<b>Surgical Subspecialties</b>	<b>5%</b>	<b>12%</b>	<b>8%</b>	<b>52%</b>	<b>18%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>
Ophthalmology	20%	20%	0%	40%	0%	20%	0%	0%
Orthopedics	0%	0%	9%	57%	30%	4%	0%	0%
Otolaryngology	0%	13%	13%	63%	0%	13%	0%	0%
Urology	25%	0%	25%	50%	0%	0%	0%	0%
<b>Facility Based</b>	<b>1%</b>	<b>5%</b>	<b>4%</b>	<b>50%</b>	<b>33%</b>	<b>5%</b>	<b>0%</b>	<b>4%</b>
Anesthesiology	0%	8%	6%	60%	22%	0%	0%	4%
Pathology	0%	0%	0%	56%	32%	0%	0%	12%
Radiology	0%	3%	7%	28%	45%	17%	0%	0%
<b>Psychiatry</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>	<b>11%</b>	<b>38%</b>	<b>25%</b>	<b>3%</b>	<b>19%</b>
Adult Psychiatry	0%	0%	0%	16%	38%	25%	0%	22%
Child & Adolescent Psych	14%	0%	0%	0%	21%	36%	7%	21%
<b>Other</b>	<b>3%</b>	<b>3%</b>	<b>4%</b>	<b>20%</b>	<b>18%</b>	<b>7%</b>	<b>43%</b>	<b>1%</b>
Dermatology	0%	0%	0%	71%	0%	29%	0%	0%
Emergency Medicine	1%	0%	7%	7%	0%	0%	84%	1%
Neurology	0%	0%	0%	33%	33%	33%	0%	0%
Pediatric Subspecialties	0%	9%	0%	12%	53%	9%	18%	0%
Physical Medicine & Rehab	14%	5%	0%	46%	27%	9%	0%	0%
<b>All Specialties, 2009</b>	<b>3%</b>	<b>6%</b>	<b>4%</b>	<b>33%</b>	<b>32%</b>	<b>10%</b>	<b>8%</b>	<b>5%</b>
<b>(All Specialties, 2008)</b>	<b>(3%)</b>	<b>(5%)</b>	<b>(3%)</b>	<b>(35%)</b>	<b>(30%)</b>	<b>(11%)</b>	<b>(7%)</b>	<b>(6%)</b>



### 3.5 Expected Starting Income

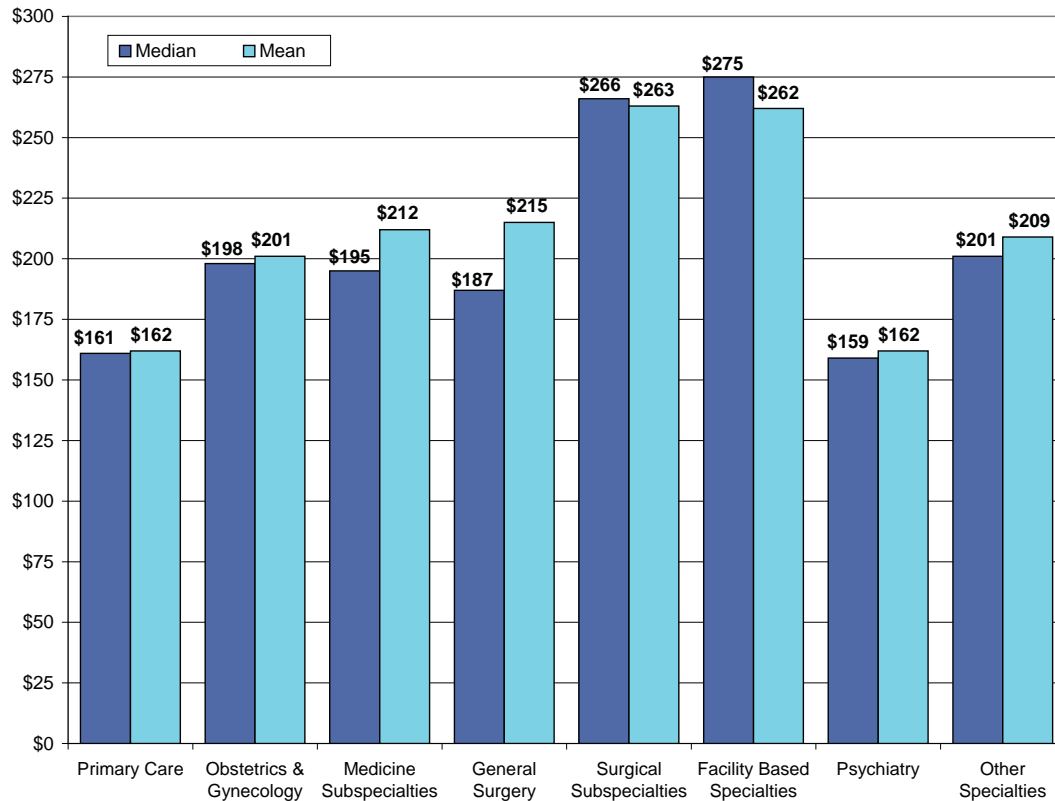
Table 3.4 presents descriptive statistics for respondents' expected income in their first year of practice. Each individual's starting income was computed by summing their base salary and their expected additional/incentive income. The number of respondents (N) is given because many specialties had a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

#### Highlights

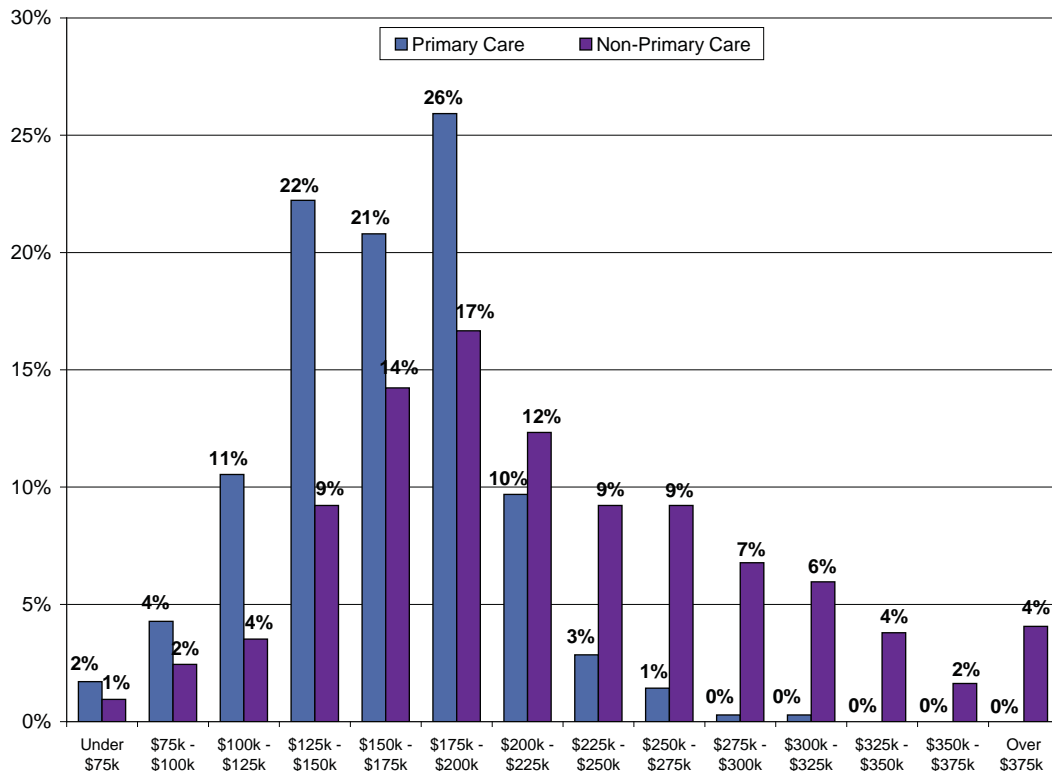
- ⦿ Although there was some overlap in the salary distributions of primary care and non-primary care physicians, non-primary care physicians generally reported higher incomes.
- ⦿ Individual specialties with the highest median starting income were orthopedics (\$307,350), radiology (\$304,700), and anesthesiology (\$282,700).
- ⦿ General pediatrics had by far the lowest median starting income of all specialties (\$133,600). Other specialties with low starting incomes included internal medicine and pediatrics (combined) (\$147,900), child and adolescent psychiatry (\$153,650), and family medicine (\$155,400).
- ⦿ Among the specialty groups, psychiatry (\$158,600) and primary care (\$161,400) had the lowest starting median income. Conversely, facility based (\$275,000) and surgical subspecialties (\$236,500) were highest.



**Figure 3.10 Descriptive Statistics for Starting Income (in \$1,000s) by Specialty Group (for 2009 Respondents with Confirmed Practice Plans)**



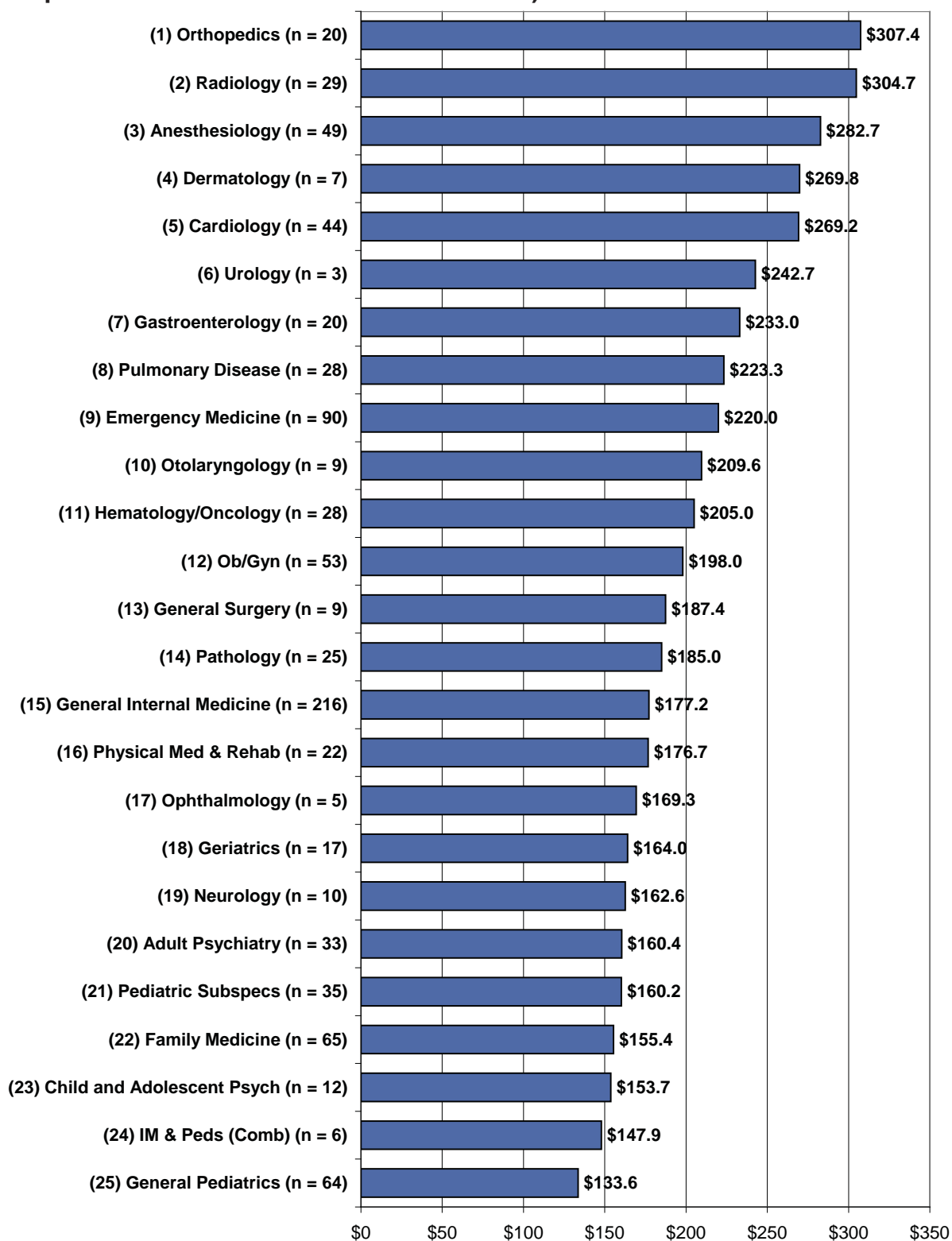
**Figure 3.11 Distribution of Starting Income among Primary Care and Non-Primary Care Physicians (for 2009 Respondents with Confirmed Practice Plans)**







**Figure 3.12 Rank of Median Starting Income (in \$1,000s) by Specialty (for 2009 Respondents with Confirmed Practice Plans)**





**Table 3.4 Descriptive Statistics for Respondents' Expected Starting Income (for 2009 Respondents with Confirmed Practice Plans)**

<u>Specialty</u>	<u>N</u>	<u>MEAN</u>	<u>RANK (of 25)</u>	<u>MEDIAN</u>	<u>RANK (of 25)</u>
<b>Primary Care</b>	<b>351</b>	<b>\$162,346</b>	<b>N/A</b>	<b>\$161,400</b>	<b>N/A</b>
Family Medicine	65	\$156,458	23	\$155,400	22
General Internal Medicine	216	\$173,358	16	\$177,150	15
General Pediatrics	64	\$131,513	25	\$133,600	25
IM & Peds (Combined)	6	\$158,600	21	\$147,900	24
<b>Obstetrics/Gynecology</b>	<b>53</b>	<b>\$201,075</b>	<b>14</b>	<b>\$198,000</b>	<b>12</b>
<b>Medicine Subspecialties</b>	<b>229</b>	<b>\$212,292</b>	<b>N/A</b>	<b>\$195,200</b>	<b>N/A</b>
Cardiology	44	\$284,168	4	\$269,200	5
Gastroenterology	20	\$243,475	7	\$233,000	7
Geriatrics	17	\$156,859	22	\$164,000	18
Hematology/Oncology	28	\$222,586	9	\$204,950	11
Pulmonary Disease	28	\$219,254	10	\$223,300	8
<b>General Surgery</b>	<b>9</b>	<b>\$214,722</b>	<b>11</b>	<b>\$187,400</b>	<b>13</b>
<b>Surgical Subspecialties</b>	<b>57</b>	<b>\$262,549</b>	<b>N/A</b>	<b>\$236,500</b>	<b>N/A</b>
Ophthalmology	5	\$165,560	19	\$169,300	17
Orthopedics	20	\$319,950	1	\$307,350	1
Otolaryngology	9	\$204,878	12	\$209,600	10
Urology	3	\$289,933	3	\$242,700	6
<b>Facility Based</b>	<b>129</b>	<b>\$262,457</b>	<b>N/A</b>	<b>\$275,000</b>	<b>N/A</b>
Anesthesiology	49	\$282,706	5	\$282,700	3
Pathology	25	\$202,748	13	\$185,000	14
Radiology	29	\$290,583	2	\$304,700	2
<b>Psychiatry</b>	<b>64</b>	<b>\$162,134</b>	<b>N/A</b>	<b>\$158,600</b>	<b>N/A</b>
Adult Psychiatry	33	\$164,588	20	\$160,400	20
Child & Adolescent Psych	12	\$151,242	24	\$153,650	23
<b>Other</b>	<b>197</b>	<b>\$209,490</b>	<b>N/A</b>	<b>\$201,400</b>	<b>N/A</b>
Dermatology	7	\$250,414	6	\$269,800	4
Emergency Medicine	90	\$228,832	8	\$219,950	9
Neurology	10	\$172,830	17	\$162,550	19
Pediatric Subspecialties	35	\$170,997	18	\$160,200	21
Physical Medicine & Rehab	22	\$174,664	15	\$176,700	16
<b>Total (All Specialties)</b>	<b>1089</b>	<b>\$200,786</b>	<b>N/A</b>	<b>\$187,300</b>	<b>N/A</b>



### 3.6 Expected Weekly Number of Patient Care/Clinical Practice Hours

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

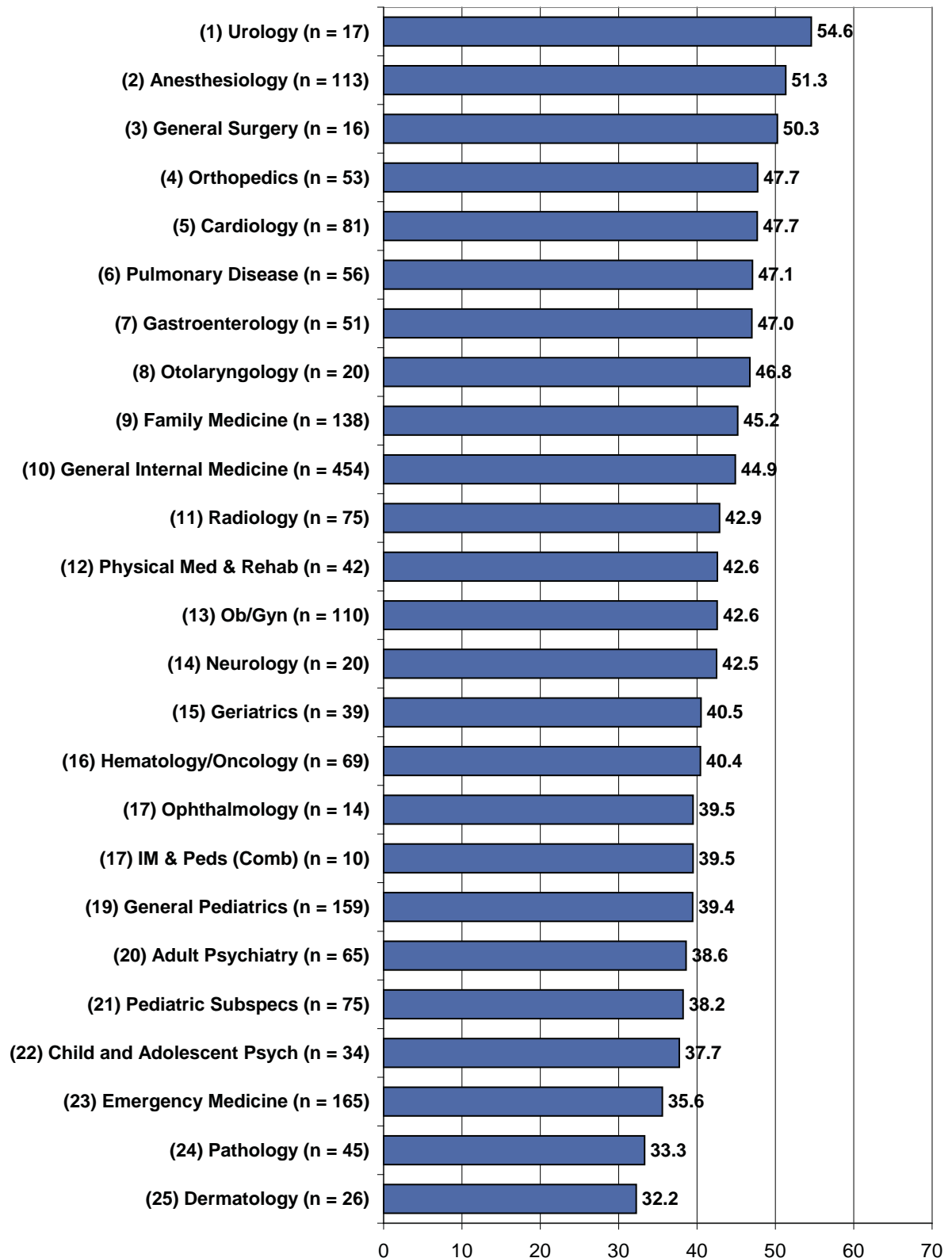
Table 3.5 presents data on the number of hours per week graduates expected to be spending in patient care/clinical practice activities. Gender has been found to be a significant factor in predicting the number of hours an individual will be working with females averaging fewer hours than males. Therefore, it is important to control for this factor in making comparisons across specialties. The data presented in Table 3.5 are an aggregation of all responses to this question from both the 2008 and 2009 surveys. These data provided a large enough number of respondents to allow for stratification by gender in most specialties.

#### Highlights

- ⦿ Overall, respondents expected to spend an average of 42.9 hours per week in patient care/clinical practice activities.
- ⦿ As noted above, females expected to work about 9% fewer patient care hours than males (40.5 versus 44.6). This gender difference was greatest in pathology (34%), cardiology (33%), and internal medicine and pediatrics (combined) (26%).
- ⦿ Respondents from the following individual specialties expected to be working the highest number of hours: urology (54.6), anesthesiology (51.3), and general surgery (50.3).
- ⦿ Respondents expected to be working the fewest patient care/clinical practice hours per week in dermatology (32.2), pathology (33.3), and emergency medicine (35.5).



**Figure 3.13 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours, by Specialty (2008 and 2009 Respondents with Confirmed Practice Plans)**





**Table 3.5 Respondents' Expected Weekly Number of Patient Care/Clinical Practice Hours, by Gender<sup>12</sup> (for 2009 Respondents with Confirmed Practice Plans)**

<u>Specialty</u>	<u>Male Respondents</u>	<u>Female Respondents</u>	<u>All Respondents</u>
<b>Primary Care</b>	<b>45.1</b>	<b>42.0</b>	<b>43.7</b>
Family Medicine	45.7	45.1	45.2
General Internal Medicine	45.5	43.3	44.9
General Pediatrics	41.8	38.5	39.4
IM & Peds (Combined)	47.3 (n = 3)	34.8 (n = 6)	39.5
<b>Obstetrics/Gynecology</b>	<b>44.5</b>	<b>41.7</b>	<b>42.6</b>
<b>Medicine Subspecialties</b>	<b>46.1</b>	<b>39.7</b>	<b>44.1</b>
Cardiology	48.6	33.5 (n = 6)	47.7
Gastroenterology	48.0	43.8	47.0
Geriatrics	44.3	37.3	40.5
Hematology/Oncology	40.5	40.2	40.4
Pulmonary Disease	47.9	44.7	47.1
<b>General Surgery</b>	<b>48.9</b>	<b>54.3 (n = 4)</b>	<b>50.3</b>
<b>Surgical Subspecialties</b>	<b>49.6</b>	<b>46.8</b>	<b>48.8</b>
Ophthalmology	42.6 (n = 7)	36.4 (n = 7)	39.5
Orthopedics	48.6	45.6 (n = 7)	47.7
Otolaryngology	45.8	48.1 (n = 8)	46.8
Urology	55.1	52.3 (n = 3)	54.6
<b>Facility Based</b>	<b>47.9</b>	<b>43.4</b>	<b>36.2</b>
Anesthesiology	51.2	51.5	51.3
Pathology	40.4	26.8	33.3
Radiology	44.0	39.5	42.9
<b>Psychiatry</b>	<b>38.0</b>	<b>35.4</b>	<b>36.7</b>
Adult Psychiatry	39.9	37.3	38.6
Child & Adolescent Psych	37.8	37.7	37.7
<b>Other</b>	<b>37.5</b>	<b>36.9</b>	<b>37.4</b>
Dermatology	37.0 (n = 6)	30.8	32.2
Emergency Medicine	35.1	36.1	35.5
Neurology	41.8	41.6 (n = 5)	42.5
Pediatric Subspecialties	39.1	37.7	38.2
Physical Medicine & Rehab	41.4	44.9	42.6
<b>Total (All Specialties)</b>	<b>44.6</b>	<b>40.5</b>	<b>42.9</b>

<sup>12</sup>Patient care/clinical practice hours have been stratified by gender in all specialties with enough respondents to do so. The number of respondents (n) is given if n is less than 10. The data presented in this table are for respondents to both the 2008 and 2009 surveys to increase the number of respondents by specialty allowing more specialties to be presented. Patient care/clinical practice hours have been stratified by gender because females expected to work significantly fewer hours than males.



## *Section IV*

### **Experiences Searching for a Practice Position**

This section summarizes the responses to several questions on residents' experiences in searching for a practice position and their general perceptions of the job market for their specialty. Any respondent who was entering or who considered entering patient care/clinical practice was asked to complete this section of the survey. The responses of IMGs on temporary visas have been excluded from this section (except for Subsection 4.1 and Figures 4.1 and 4.2) because historically, they have had significantly more difficulty in the job market due to their visa status. Figure 4.2 illustrates the differences between temporary visa holders and other respondents in terms of the hardships they faced in finding a job in 2009. Respondents who indicated they had not yet actively searched for a practice position were also excluded.

Each subsection within Section IV summarizes the responses to 1) a question on the 2009 survey, 2) the aggregated total of all respondents for the 2008 and 2009 surveys, and 3) either the aggregated total of all respondents for the last four years the survey has been conducted or a trend over the last four years the survey has been conducted. For each item, specialties are ranked to determine where each specialty stands relative to all 25 specialties. In Section 4.7, composite measures of demand are computed using all demand variables to measure the relative demand for each specialty.

#### **4.1 Approaches Used in Job Search**

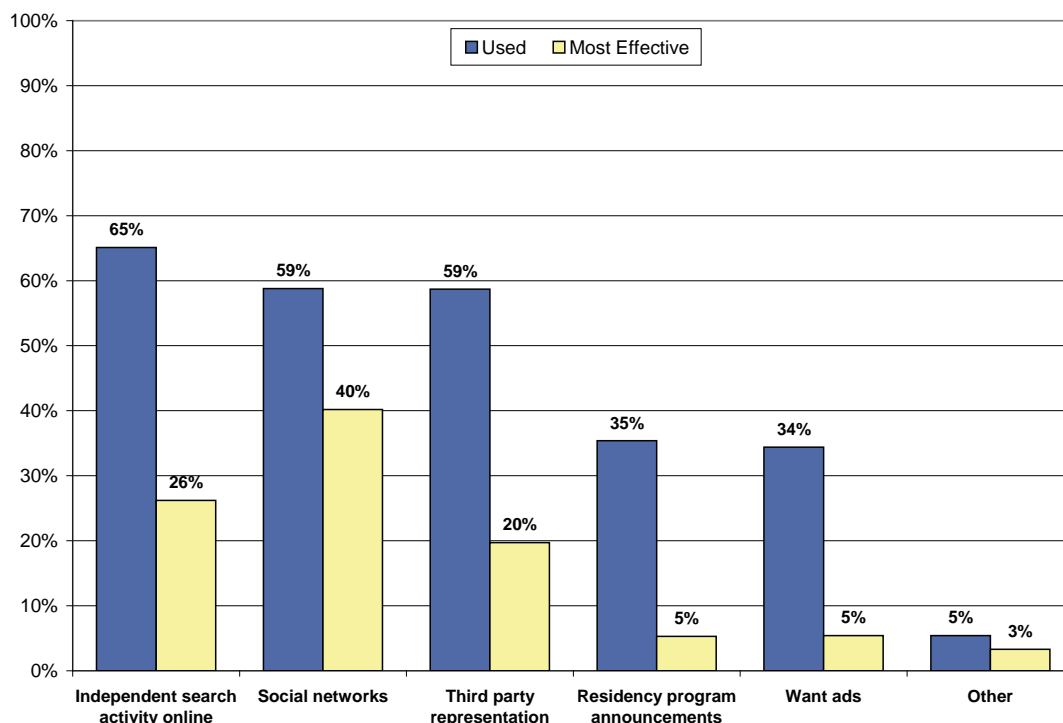
Table 4.1 displays all the approaches used by graduates in their job search and the approach they indicated was most effective.

#### **Highlights**

- ⦿ The majority of graduates used independent search activity online (65%), social networks (59%), and third party representation (59%) to search for a practice position. Social networks (40%) and independent search activity online (26%) were considered the most effective approaches to finding a job.



**Figure 4.1 Approaches Used in Job Search (of 2009 Respondents who have Searched for a Job)**



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

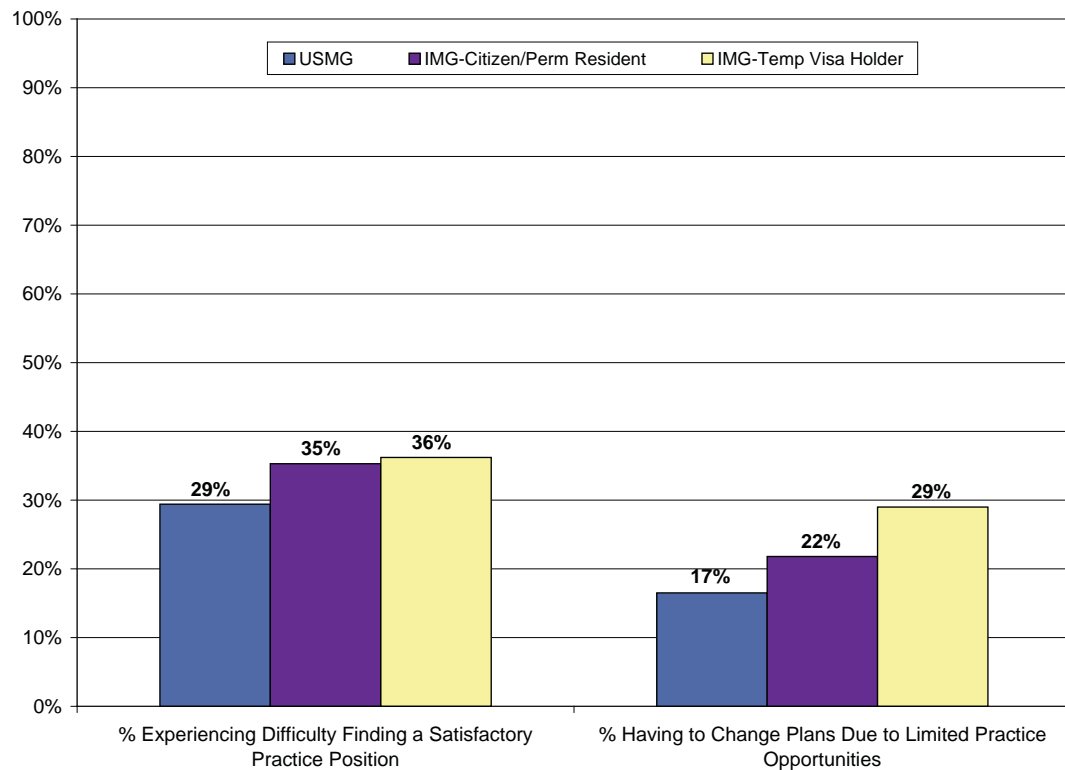
Table 4.2 gives the percent of respondents who reported difficulty finding a practice position with which they were satisfied. As noted above, this table summarizes the responses for the 2009 survey, the aggregated total of responses for 2008 and 2009, and the aggregated responses for the last four years of the survey.

### Highlights

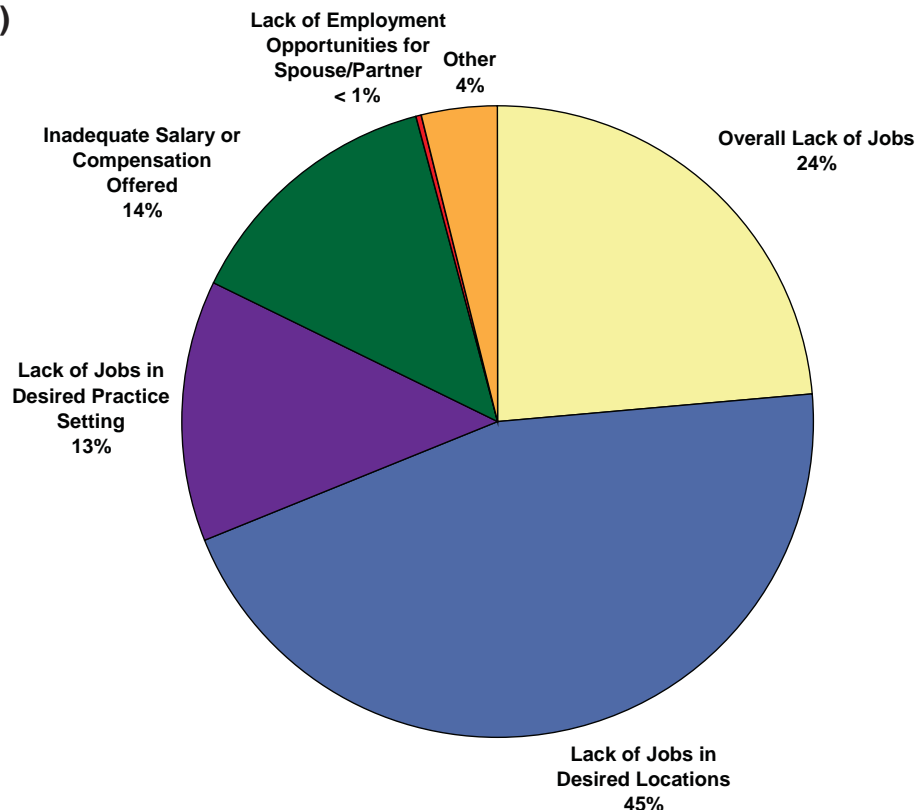
- ⦿ Thirty percent (30%) of respondents reported difficulty finding a satisfactory position. This percentage was slightly higher than last year (27%). For the specialty groupings, medicine subspecialties (44%) had the highest percentage of respondents reporting difficulty in 2009.
- ⦿ The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (45%), followed by an overall lack of jobs (24%) and inadequate salary/compensation offered (14%).
- ⦿ The highest percentages of respondents having difficulty finding a satisfactory practice position were in geriatrics (59%), ophthalmology (50%), and gastroenterology (44%). Otolaryngology (0%), emergency medicine (13%), and adult psychiatry had the fewest respondents reporting difficulty.



**Figure 4.2 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position and Having to Change Plans Due to Limited Practice Opportunities by Location of Medical School and Citizenship Status (of 2009 Respondents who have Searched for a Job)**



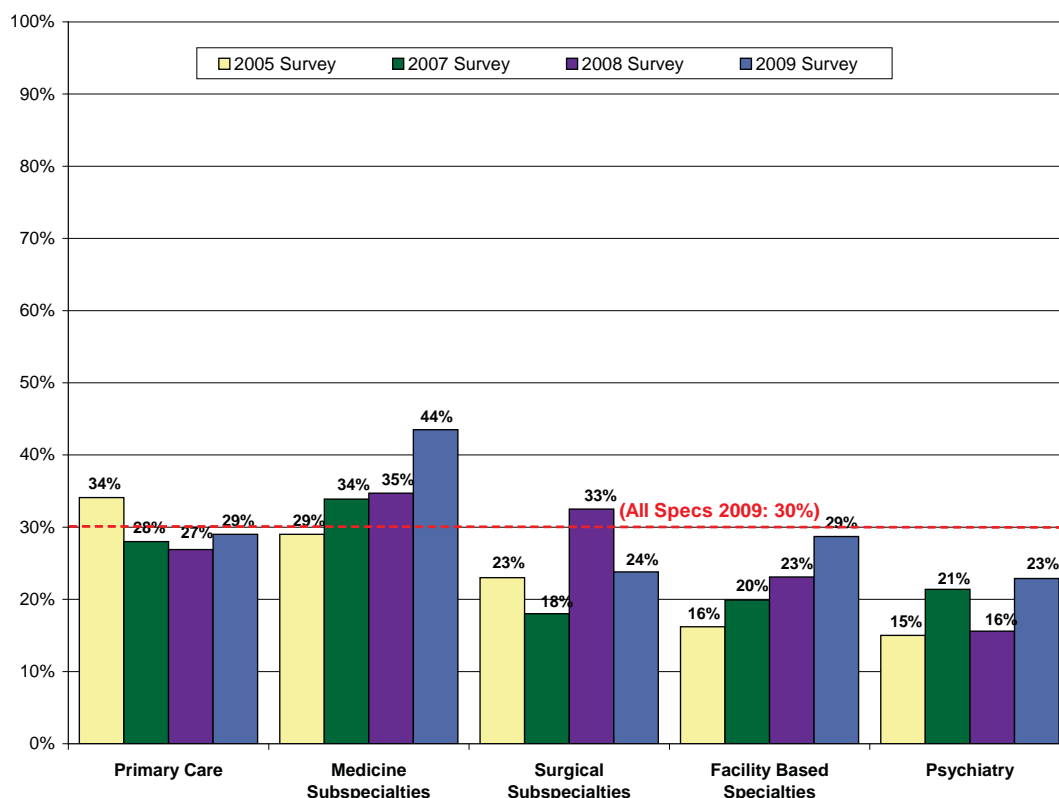
**Figure 4.3 Main Reason for Difficulty Finding a Satisfactory Practice Position (of 2009 Respondents who Reported Having Difficulty, IMGs on Temporary Visas Excluded)**







**Figure 4.4 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**

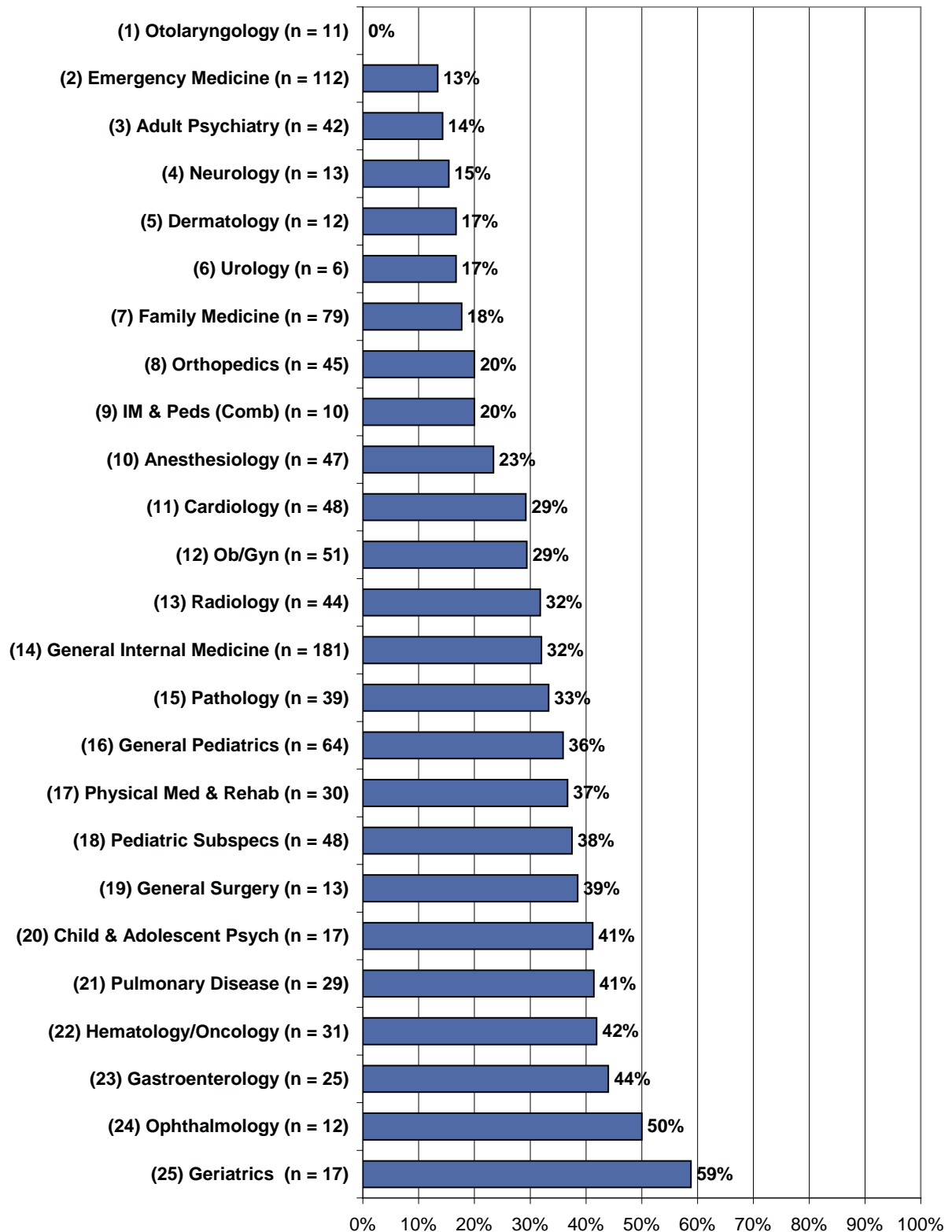


- ⊙ The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position *for the last two years of the survey* (2008 and 2009 aggregated) were ophthalmology (50%), geriatrics (43%), and pulmonary disease (40%).
- ⊙ The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position *for the last four years of the survey* were geriatrics (47%), physical medicine and rehabilitation (40%), and ophthalmology (36%).

Figure 4.2 illustrates the differences in job market experiences of respondents based on their citizenship status and location of medical school. In particular, IMGs on temporary visas experienced much more difficulty due to their visa status. Since IMGs on temporary visas were not evenly distributed among various specialties, their responses would confound (i.e., bias) the results when making comparisons across specialties. To eliminate this potential bias, IMGs on temporary visas were excluded from the data presented in the rest of this section.



**Figure 4.5 Rank of Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position, by Specialty (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**





**Table 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**

<b>Specialty</b>	<b>2009 Respondents</b>	<b>RANK (of 25)</b>	<b>Aggregated Respondents: 2008 and 2009</b>	<b>RANK (of 25)</b>	<b>All Respondents (Aggregated: 2005 - 2009)</b>	<b>RANK (of 25)</b>
<b>Primary Care</b>	<b>29%</b>	<b>N/A</b>	<b>28%</b>	<b>N/A</b>	<b>29%</b>	<b>N/A</b>
Family Medicine	18%	7	20%	6	28%	16
General Internal Medicine	32%	14	31%	16	30%	20
General Pediatrics	36%	16	30%	13	29%	18
IM & Peds (Combined)	20%	8	27%	10	29%	17
<b>Obstetrics/Gynecology</b>	<b>29%</b>	<b>12</b>	<b>28%</b>	<b>12</b>	<b>28%</b>	<b>14</b>
<b>Medicine Subspecialties</b>	<b>44%</b>	<b>N/A</b>	<b>39%</b>	<b>N/A</b>	<b>36%</b>	<b>N/A</b>
Cardiology	29%	11	32%	18	27%	11
Gastroenterology	44%	23	39%	22	27%	12
Geriatrics	59%	25	43%	24	47%	25
Hematology/Oncology	42%	22	33%	20	33%	21
Pulmonary Disease	41%	21	40%	23	28%	13
<b>General Surgery</b>	<b>39%</b>	<b>19</b>	<b>30%</b>	<b>15</b>	<b>28%</b>	<b>15</b>
<b>Surgical Subspecialties</b>	<b>24%</b>	<b>N/A</b>	<b>29%</b>	<b>N/A</b>	<b>25%</b>	<b>N/A</b>
Ophthalmology	50%	24	50%	25	36%	23
Orthopedics	20%	8	23%	8	21%	8
Otolaryngology	0%	1	13%	2	15%	2
Urology	17%	5	14%	3	15%	2
<b>Facility Based</b>	<b>29%</b>	<b>N/A</b>	<b>26%</b>	<b>N/A</b>	<b>23%</b>	<b>N/A</b>
Anesthesiology	23%	10	21%	7	17%	5
Pathology	33%	15	36%	21	33%	22
Radiology	32%	13	26%	9	24%	9
<b>Psychiatry</b>	<b>23%</b>	<b>N/A</b>	<b>19%</b>	<b>N/A</b>	<b>19%</b>	<b>N/A</b>
Adult Psychiatry	14%	3	17%	5	17%	4
Child & Adolescent Psych	41%	20	28%	11	26%	10
<b>Other</b>	<b>25%</b>	<b>N/A</b>	<b>25%</b>	<b>N/A</b>	<b>24%</b>	<b>N/A</b>
Dermatology	17%	5	30%	14	20%	7
Emergency Medicine	13%	2	13%	1	14%	1
Neurology	15%	4	14%	3	19%	6
Pediatric Subspecialties	38%	18	31%	17	30%	19
Physical Medicine & Rehab	37%	17	32%	19	40%	24
<b>Total (All Specialties)</b>	<b>30%</b>	<b>N/A</b>	<b>29%</b>	<b>N/A</b>	<b>28%</b>	<b>N/A</b>

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



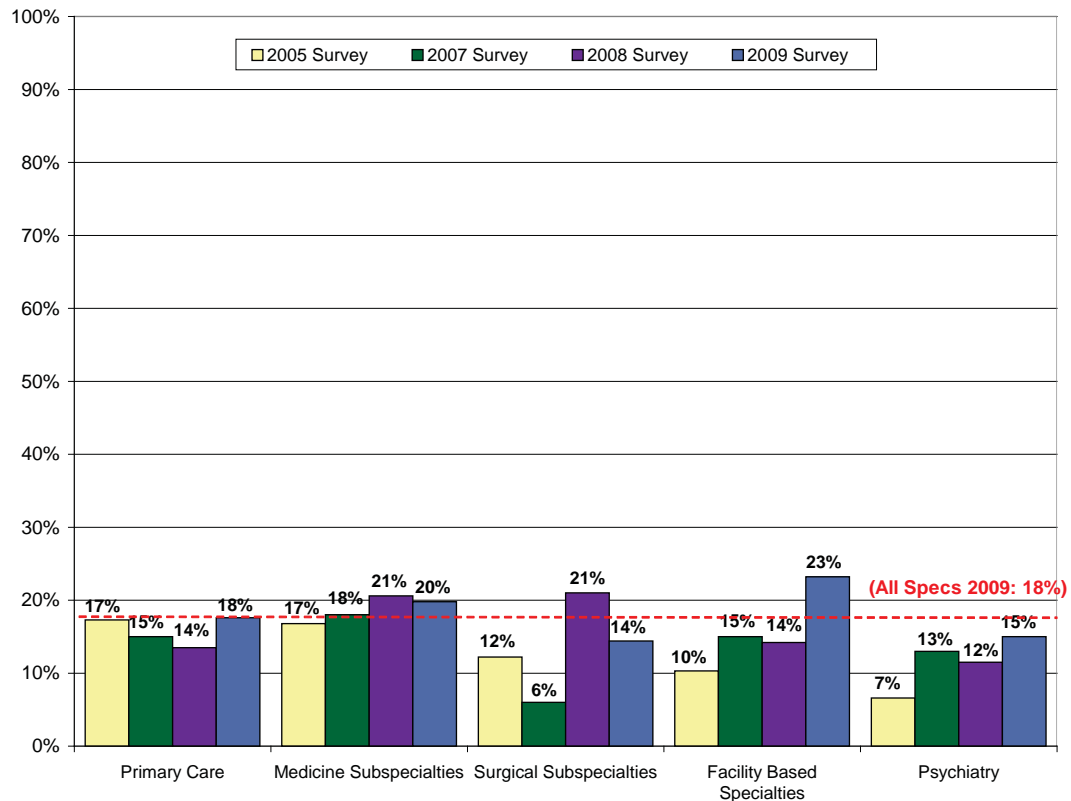
### 4.3 Percentage of Respondents Having to Change Plans Due to Limited Practice Opportunities

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

#### Highlights

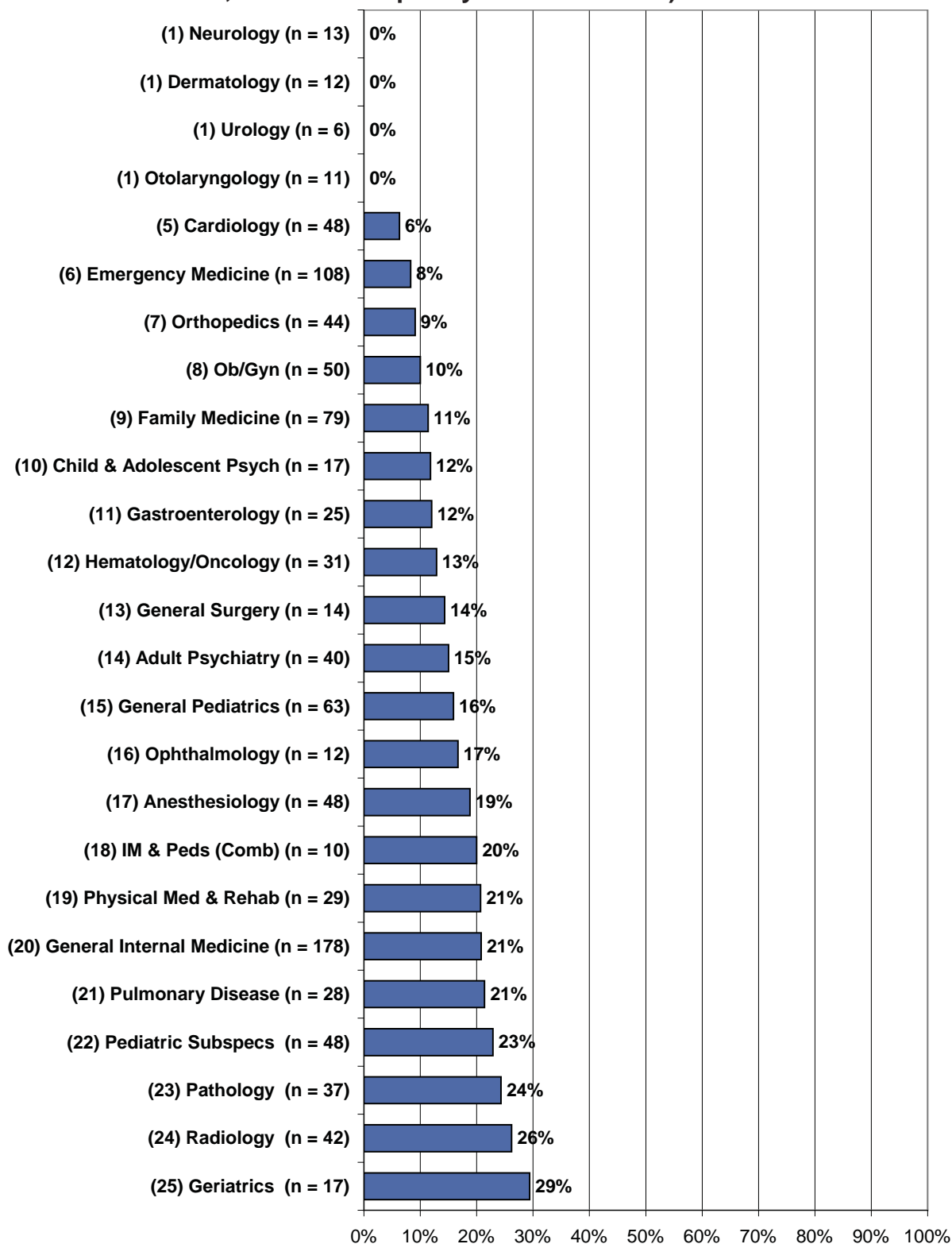
- ⦿ Eighteen percent (18%) of respondents reported having to change their plans due to limited job opportunities, slightly higher than in 2008 (15%).
- ⦿ Otolaryngology (0%), urology (0%), dermatology (0%), and neurology (0%) had the fewest respondents having to change plans in 2009. Respondents from geriatrics (29%), radiology (26%), and pathology (25%) were the most likely to have to change plans.
- ⦿ The specialties that had the lowest percentage of respondents change their plans *over the last two years* (aggregated results from the 2008 and 2009 surveys) were neurology (4%), emergency medicine (7%), and otolaryngology (9%). *For the last two years*, the specialties with the highest percentage of graduates changing plans were general internal medicine (combined) (27%), general surgery (25%), and pathology (25%).

**Figure 4.6 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**





**Figure 4.7 Rank of Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities, by Specialty (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**





**Table 4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**

<b>Specialty</b>	<b>2009 Respondents</b>	<b>RANK (of 25)</b>	<b>Aggregated Respondents: 2008 and 2009</b>	<b>RANK (of 25)</b>	<b>All Respondents (Aggregated: 2005 - 2009)</b>	<b>RANK (of 25)</b>
<b>Primary Care</b>	<b>18%</b>	<b>N/A</b>	<b>16%</b>	<b>N/A</b>	<b>16%</b>	<b>N/A</b>
Family Medicine	11%	9	12%	5	16%	15
General Internal Medicine	21%	20	18%	17	16%	17
General Pediatrics	16%	15	13%	9	15%	14
IM & Peds (Combined)	20%	18	27%	25	16%	16
<b>Obstetrics/Gynecology</b>	<b>10%</b>	<b>8</b>	<b>13%</b>	<b>10</b>	<b>13%</b>	<b>12</b>
<b>Medicine Subspecialties</b>	<b>20%</b>	<b>N/A</b>	<b>20%</b>	<b>N/A</b>	<b>19%</b>	<b>N/A</b>
Cardiology	6%	5	10%	4	10%	6
Gastroenterology	12%	11	12%	6	10%	4
Geriatrics	29%	25	19%	19	25%	24
Hematology/Oncology	13%	12	14%	13	13%	13
Pulmonary Disease	21%	21	22%	22	17%	19
<b>General Surgery</b>	<b>14%</b>	<b>13</b>	<b>25%</b>	<b>24</b>	<b>19%</b>	<b>21</b>
<b>Surgical Subspecialties</b>	<b>14%</b>	<b>N/A</b>	<b>18%</b>	<b>N/A</b>	<b>14%</b>	<b>N/A</b>
Ophthalmology	17%	16	14%	13	10%	4
Orthopedics	9%	7	13%	11	10%	8
Otolaryngology	0%	1	9%	3	10%	7
Urology	0%	1	14%	15	13%	11
<b>Facility Based</b>	<b>23%</b>	<b>N/A</b>	<b>19%</b>	<b>N/A</b>	<b>16%</b>	<b>N/A</b>
Anesthesiology	19%	17	13%	8	11%	9
Pathology	24%	23	25%	23	26%	25
Radiology	26%	24	20%	21	18%	20
<b>Psychiatry</b>	<b>15%</b>	<b>N/A</b>	<b>13%</b>	<b>N/A</b>	<b>12%</b>	<b>N/A</b>
Adult Psychiatry	15%	14	13%	12	11%	10
Child & Adolescent Psych	12%	10	17%	16	17%	18
<b>Other</b>	<b>16%</b>	<b>N/A</b>	<b>14%</b>	<b>N/A</b>	<b>14%</b>	<b>N/A</b>
Dermatology	0%	1	13%	7	8%	1
Emergency Medicine	8%	6	7%	2	8%	3
Neurology	0%	1	4%	1	8%	1
Pediatric Subspecialties	23%	22	18%	18	21%	22
Physical Medicine & Rehab	21%	19	19%	20	23%	23
<b>Total (All Specialties)</b>	<b>18%</b>	<b>N/A</b>	<b>17%</b>	<b>N/A</b>	<b>16%</b>	<b>N/A</b>

- ⦿ The specialties with the lowest percentages of respondents reporting they had to change plans *over the last four years of the survey* were dermatology (8%), neurology (8%), and emergency medicine (8%). The specialties most likely to have respondents indicate they had to change plans *over the last four years of the survey* were pathology (26%), geriatrics (25%), and physical medicine and rehabilitation (23%).



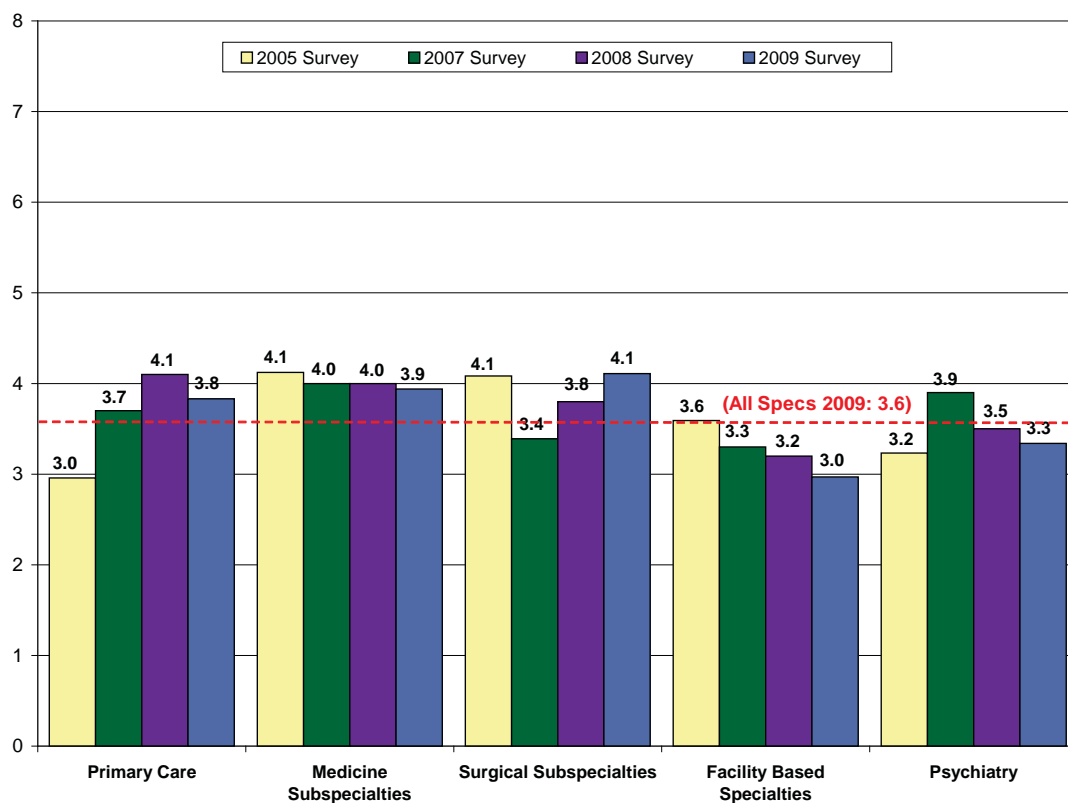
## 4.4 Number of Job Offers Received

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

### Highlights

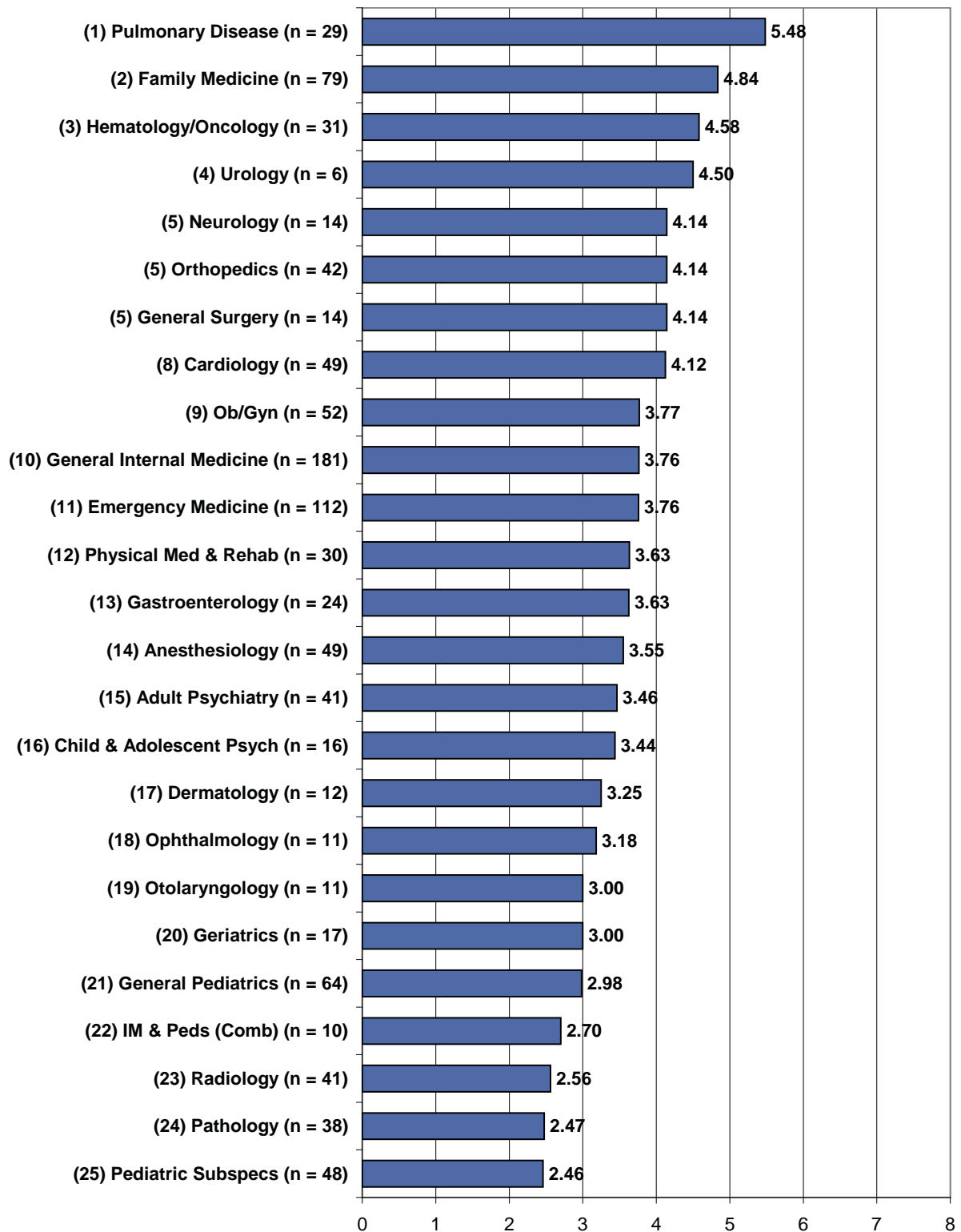
- The average number of job offers received by respondents in 2009 was 3.65, slightly lower than the number received by respondents in 2008 (3.77). Pulmonary disease (5.48), family medicine (4.84), and hematology/oncology (4.58) respondents received the most job offers. At the other end of the spectrum, pediatric subspecialties (2.46), pathology (2.47), and radiology (2.56) received the fewest job offers.

**Figure 4.8 Mean Number of Job Offers Received by Respondents by Specialty Group (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**





**Figure 4.9 Rank of Mean Number of Job Offers, by Specialty (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**







**Table 4.3 Offers of Employment/Practice Opportunities (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**

<u>Specialty</u>	<u>2009 Respondents</u>	<u>RANK (of 25)</u>	<u>Aggregated Respondents: 2008 and 2009</u>	<u>RANK (of 25)</u>	<u>Trend (Average Annual Change: 2005 to 2009)</u>	<u>RANK (of 25)</u>
<b>Primary Care</b>	<b>3.84</b>	N/A	<b>3.99</b>	N/A	<b>7%</b>	N/A
Family Medicine	4.84	2	4.75	2	14%	3
General Internal Medicine	3.76	10	4.13	6	3%	11
General Pediatrics	2.98	21	3.03	21	12%	4
IM & Peds (Combined)	2.70	22	2.73	23	2%	12
<b>Obstetrics/Gynecology</b>	<b>3.77</b>	9	<b>3.67</b>	15	<b>2%</b>	13
<b>Medicine Subspecialties</b>	<b>3.94</b>	N/A	<b>3.95</b>	N/A	<b>-1%</b>	N/A
Cardiology	4.12	8	3.90	11	-8%	24
Gastroenterology	3.63	13	4.57	4	-10%	25
Geriatrics	3.00	19	3.98	9	5%	9
Hematology/Oncology	4.58	3	4.06	8	5%	8
Pulmonary Disease	5.48	1	4.96	1	8%	6
<b>General Surgery</b>	<b>4.14</b>	5	<b>3.86</b>	12	<b>1%</b>	16
<b>Surgical Subspecialties</b>	<b>4.11</b>	N/A	<b>3.94</b>	N/A	<b>1%</b>	N/A
Ophthalmology	3.18	18	3.45	18	1%	17
Orthopedics	4.14	6	4.08	7	-6%	21
Otolaryngology	3.00	19	4.27	5	15%	2
Urology	4.50	4	4.71	3	0%	18
<b>Facility Based</b>	<b>2.98</b>	N/A	<b>3.07</b>	N/A	<b>-5%</b>	N/A
Anesthesiology	3.55	14	3.65	17	-1%	20
Pathology	2.47	24	2.32	25	1%	15
Radiology	2.56	23	2.82	22	-8%	23
<b>Psychiatry</b>	<b>3.35</b>	N/A	<b>3.42</b>	N/A	<b>1%</b>	N/A
Adult Psychiatry	3.46	15	3.26	19	1%	14
Child & Adolescent Psych	3.44	16	3.66	16	4%	10
<b>Other</b>	<b>3.45</b>	N/A	<b>3.52</b>	N/A	<b>3%</b>	N/A
Dermatology	3.25	17	3.91	10	0%	19
Emergency Medicine	3.76	11	3.83	13	7%	7
Neurology	4.14	6	3.72	14	9%	5
Pediatric Subspecialties	2.46	25	2.71	24	-7%	22
Physical Medicine & Rehab	3.63	12	3.24	20	16%	1
<b>Total (All Specialties)</b>	<b>3.65</b>	N/A	<b>3.71</b>	N/A	<b>2%</b>	N/A

- Physical medicine and rehabilitation (+16%), otolaryngology (+15%), and family medicine (+14%) were the specialties showing the greatest average annual increases in job offers. Whereas, gastroenterology (-10%), cardiology (-8%), and radiology (-8%) saw the largest decreases in job offers.



## 4.5 Perceptions of the Regional Job Market

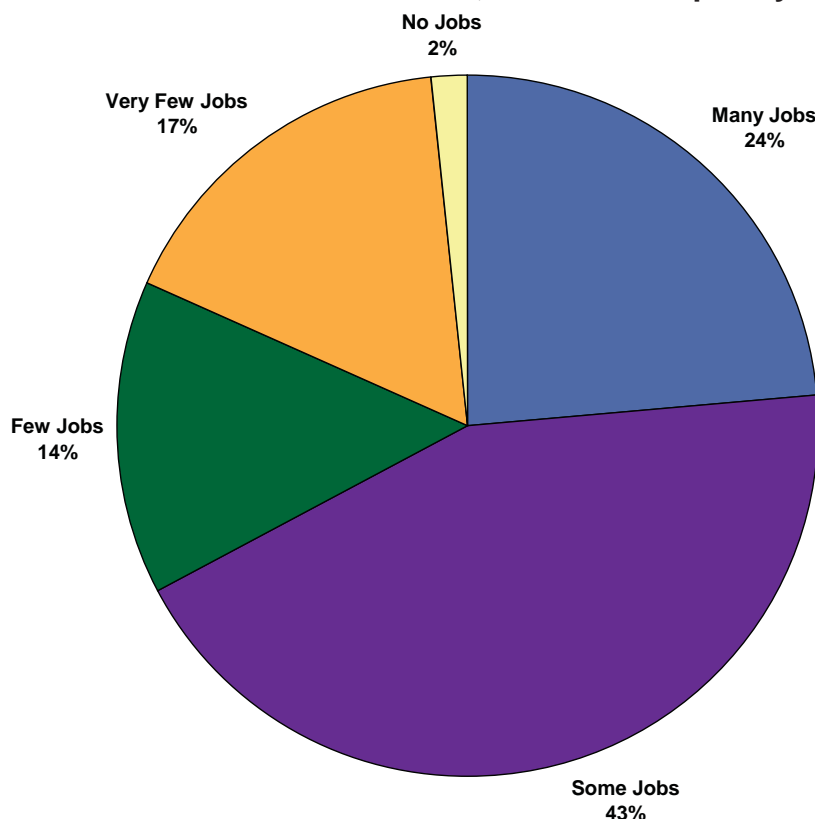
Table 4.4 presents respondents' perceptions of the job market for their specialty within 50 miles of the site at which they trained (i.e., the regional job market). Respondents were asked to give their assessment of the regional job market by choosing from a five-point scale ranging from many jobs to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

### Highlights

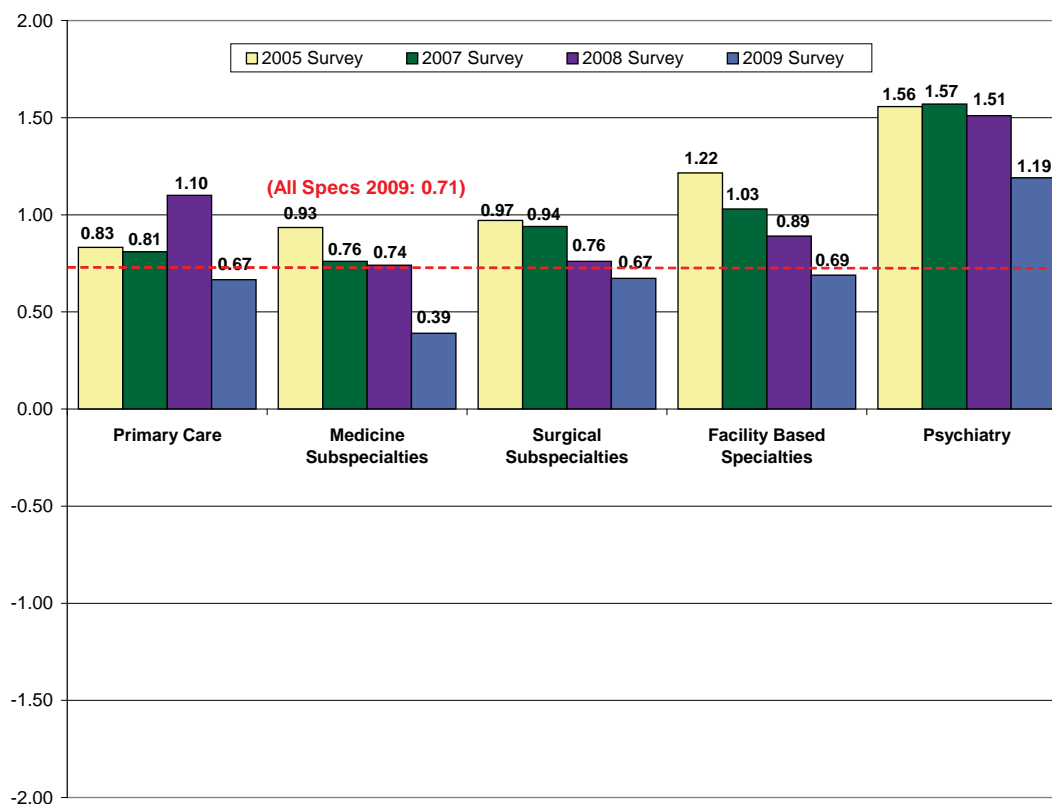
- Overall, respondents viewed the regional job market positively. The average Likert Score in 2009 (+0.71), however, was lower than the score in 2008 (+0.98).
- Looking at specialty groups, psychiatry (+1.19) had the most positive view of the regional job market. Conversely, medicine subspecialties (+0.39) had the least positive view in 2009.
- Emergency medicine (+1.43), adult psychiatry (+1.38), and anesthesiology (+1.24) respondents had the most positive view of the regional job market. Each of these had an average assessment well above 1.00 (i.e., some jobs).
- The specialties with the least positive views of the regional job market were geriatrics (-0.12), ophthalmology (+0.18), and pediatric subspecialties (+0.29).
- The specialties that had the most positive views of the regional job market *over the last two years* were emergency medicine (+1.33), adult psychiatry (+1.43), and dermatology (+1.33).
- The specialties with the least positive views of the regional job market *over the last two years* were pathology (+0.42), geriatrics (+0.45), and ophthalmology (+0.45).
- Dermatology (+1.53), adult psychiatry (+1.51), and child and adolescent psychiatry (+1.46) were the three specialties with the most positive views of the regional job market *over the course of the last four years of the survey*. Over the same period, the specialties with the least positive views of the regional job market were pathology (+0.37), pediatrics subspecialties (+0.50), and physical medicine and rehabilitation (+0.53).



**Figure 4.10 Respondents' Assessment of the Regional Job Market (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**

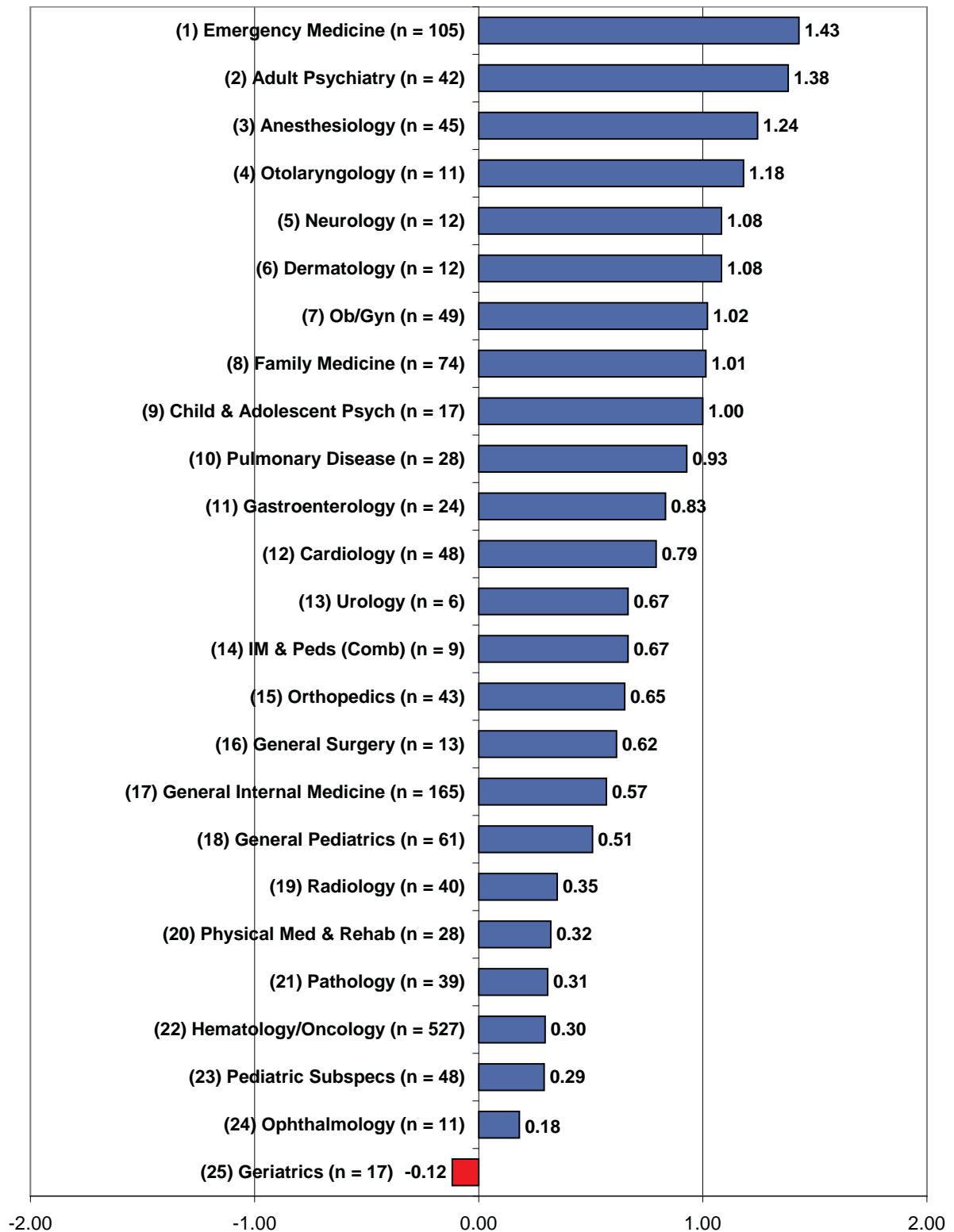


**Figure 4.11 Mean Likert Score for Respondents' Views of the Regional Job Market by Specialty Group (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**





**Figure 4.12 Rank of Likert Scores for Respondents' Views of the Regional Job Market, by Specialty (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**





**Table 4.4 Likert Scores for Respondents' Perceptions of the Regional Job Market<sup>13</sup> (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**

<b>Specialty</b>	<b>2009 Respondents</b>	<b>RANK (of 25)</b>	<b>Aggregated Respondents: 2008 and 2009</b>	<b>RANK (of 25)</b>	<b>All Respondents (Aggregated: 2005 - 2009)</b>	<b>RANK (of 25)</b>
<b>Primary Care</b>	<b>0.67</b>	<b>N/A</b>	<b>0.87</b>	<b>N/A</b>	<b>0.85</b>	<b>N/A</b>
Family Medicine	1.01	8	1.15	7	1.01	10
General Internal Medicine	0.57	17	0.76	15	0.83	15
General Pediatrics	0.51	18	0.85	12	0.74	20
IM & Peds (Combined)	0.67	13	0.85	13	0.85	14
<b>Obstetrics/Gynecology</b>	<b>1.02</b>	<b>7</b>	<b>1.01</b>	<b>9</b>	<b>0.93</b>	<b>12</b>
<b>Medicine Subspecialties</b>	<b>0.39</b>	<b>N/A</b>	<b>0.57</b>	<b>N/A</b>	<b>0.70</b>	<b>N/A</b>
Cardiology	0.79	12	0.74	16	0.99	11
Gastroenterology	0.83	11	0.91	11	1.13	7
Geriatrics	-0.12	25	0.45	24	0.54	22
Hematology/Oncology	0.30	22	0.73	17	0.77	18
Pulmonary Disease	0.93	10	0.83	14	0.90	13
<b>General Surgery</b>	<b>0.62</b>	<b>16</b>	<b>0.64</b>	<b>19</b>	<b>0.79</b>	<b>17</b>
<b>Surgical Subspecialties</b>	<b>0.67</b>	<b>N/A</b>	<b>0.72</b>	<b>N/A</b>	<b>0.82</b>	<b>N/A</b>
Ophthalmology	0.18	24	0.45	23	0.63	21
Orthopedics	0.65	15	0.69	18	0.83	16
Otolaryngology	1.18	4	1.13	8	1.28	6
Urology	0.67	13	1.00	10	1.03	8
<b>Facility Based</b>	<b>0.69</b>	<b>N/A</b>	<b>0.80</b>	<b>N/A</b>	<b>0.92</b>	<b>N/A</b>
Anesthesiology	1.24	3	1.24	5	1.31	5
Pathology	0.31	21	0.42	25	0.37	25
Radiology	0.35	19	0.49	22	0.76	19
<b>Psychiatry</b>	<b>1.19</b>	<b>N/A</b>	<b>1.35</b>	<b>N/A</b>	<b>1.44</b>	<b>N/A</b>
Adult Psychiatry	1.38	2	1.43	2	1.51	2
Child & Adolescent Psych	1.00	9	1.32	4	1.46	3
<b>Other</b>	<b>0.85</b>	<b>N/A</b>	<b>0.97</b>	<b>N/A</b>	<b>0.96</b>	<b>N/A</b>
Dermatology	1.08	5	1.33	3	1.53	1
Emergency Medicine	1.43	1	1.43	1	1.33	4
Neurology	1.08	5	1.19	6	1.02	9
Pediatric Subspecialties	0.29	23	0.57	4	0.50	24
Physical Medicine & Rehab	0.39	20	0.63	21	0.53	23
<b>Total (All Specialties)</b>	<b>0.71</b>	<b>N/A</b>	<b>0.85</b>	<b>N/A</b>	<b>0.89</b>	<b>N/A</b>

<sup>13</sup>Likert Score computed using the following Likert Scale: Many Jobs = +2, Some Jobs = +1, Few Jobs = 0, Very Few Jobs = -1, No Jobs = -2.



## 4.6 Perceptions of the National Job Market

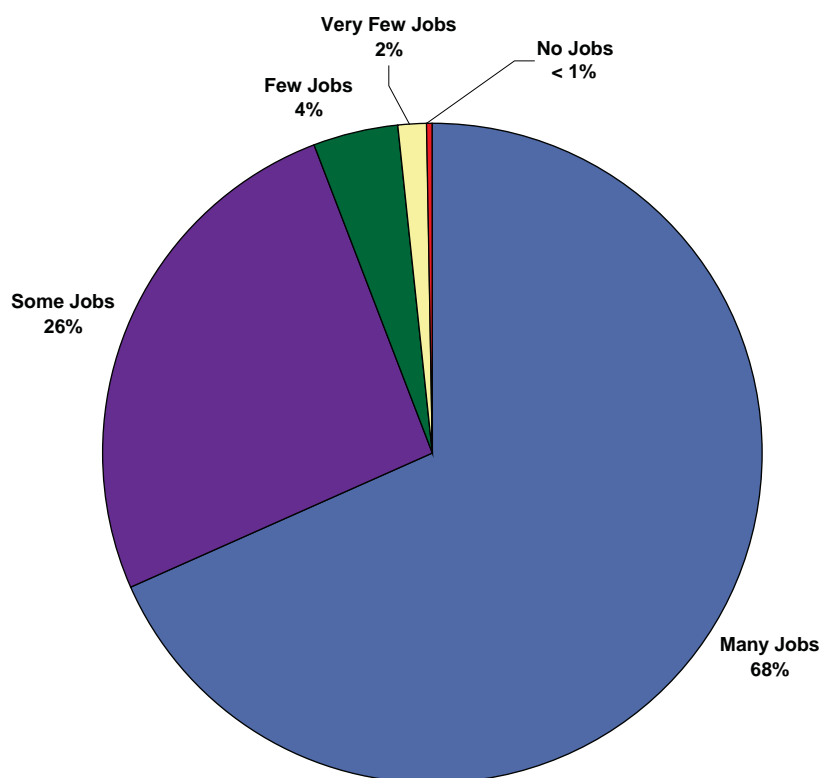
Table 4.5 presents the perceptions of survey respondents concerning the national job market for their specialty. The response choices and composite scores are the same as those used in Table 4.5 (referring to the regional job market). As one might expect, there was a high degree of correlation between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

### Highlights

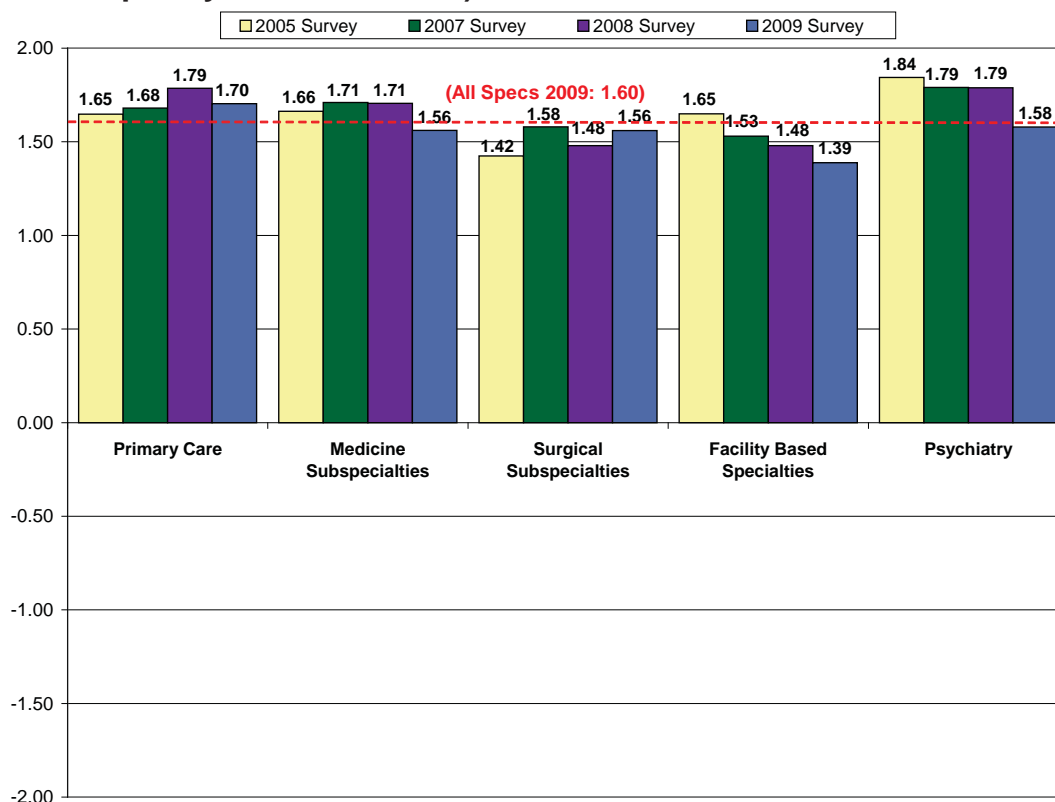
- ⦿ Overall, respondents gave a very positive assessment of the national job market. Sixty-eight percent (68%) felt there were many jobs for their specialty, and less than 2% felt there were either very few jobs (2%) or no jobs (<1%).
- ⦿ Respondents' views of the national job market (+1.60) were more positive than for the regional job market (+0.71). Respondents' views of the national job market in 2009 were similar to respondents' views of the national job market in 2008 (+1.66).
- ⦿ For the specialty groups, psychiatry (+1.78) and primary care (+1.70) had the highest scores while facility based (+1.39) had the lowest.
- ⦿ Urology (+2.00) had the highest score among individual specialties, followed by emergency medicine (+1.87) and adult psychiatry (+1.84).
- ⦿ Only two specialties had a score of +1.00 (some jobs) or less: pathology (+0.97) and ophthalmology (+1.00).
- ⦿ The specialties with the most positive views of the national job market *over the last two years* were urology (+2.00), emergency medicine (+1.85), and family medicine (+1.84). For the same two-year period (2008 and 2009), the specialties with the lowest assessments of the national job market were pathology (+0.98), ophthalmology (+1.11), and internal medicine and rehabilitation (+1.17).
- ⦿ *Over the course of the last four years of the survey*, dermatology (+1.88), adult psychiatry (+1.82), and gastroenterology (+1.82) were the specialties with the most positive views of the national job market. Pathology (+0.96), ophthalmology (+1.32.), and geriatrics (+1.35) were the specialties with the lowest assessment of the national job market.



**Figure 4.13 Respondents' Assessment of the National Job Market (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**

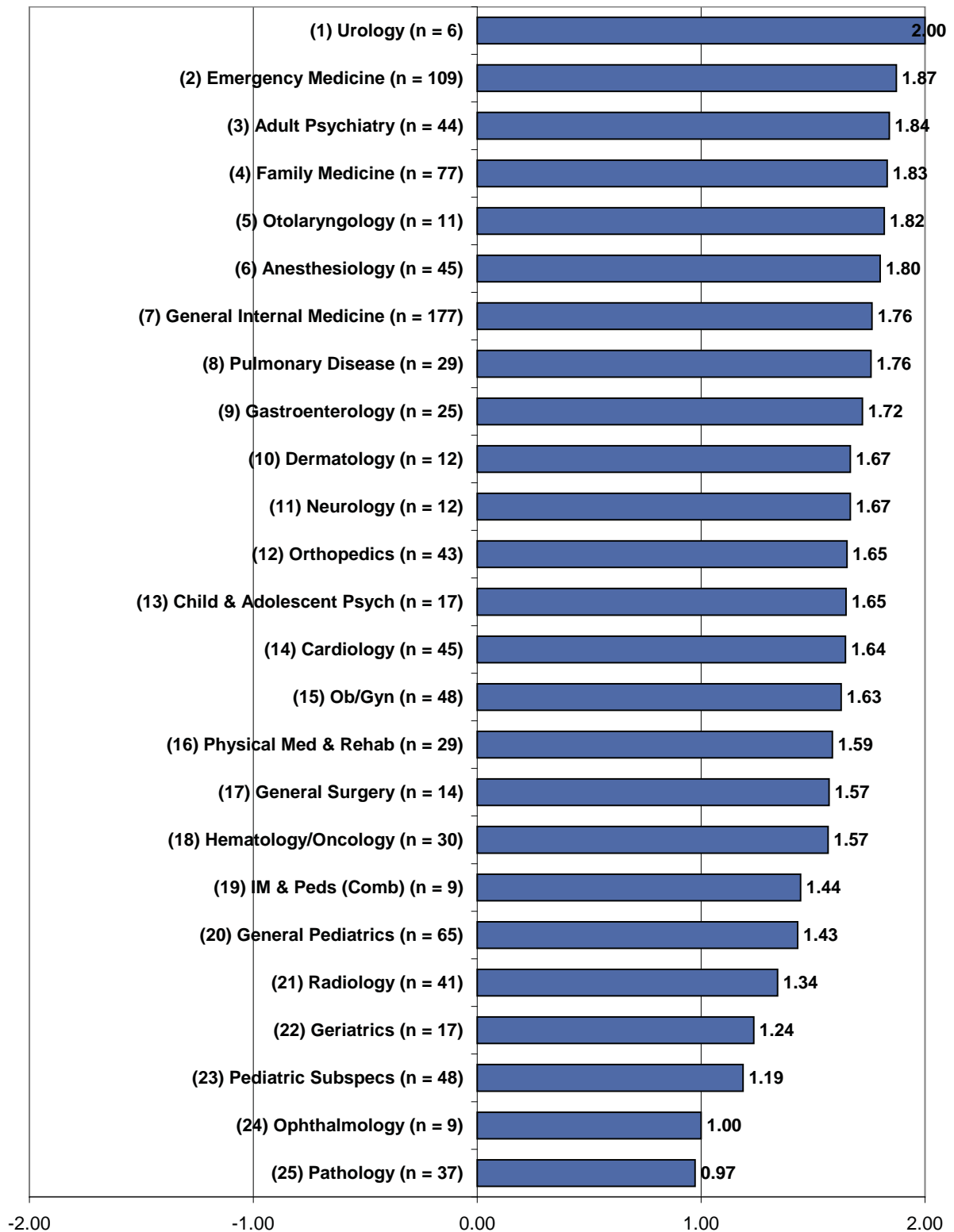


**Figure 4.14 Mean Likert Score for Respondents' Views of the National Job Market by Specialty Group (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**





**Figure 4.15 Rank of Likert Scores for Respondents' Views of the National Job Market, by Specialty (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**







**Table 4.5 Likert Scores for Respondents' Perceptions of the National Job Market<sup>14</sup> (of 2009 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)**

<u>Specialty</u>	<u>2009 Respondents</u>	<u>RANK (of 25)</u>	<u>Aggregated Respondents: 2008 and 2009</u>	<u>RANK (of 25)</u>	<u>All Respondents (Aggregated: 2005 - 2009)</u>	<u>RANK (of 25)</u>
<b>Primary Care</b>	<b>1.70</b>	<b>N/A</b>	<b>1.75</b>	<b>N/A</b>	<b>1.71</b>	<b>N/A</b>
Family Medicine	1.83	4	1.84	3	1.81	6
General Internal Medicine	1.76	7	1.81	6	1.76	10
General Pediatrics	1.43	20	1.55	18	1.52	18
IM & Peds (Combined)	1.44	19	1.17	23	1.50	19
<b>Obstetrics/Gynecology</b>	<b>1.63</b>	<b>15</b>	<b>1.57</b>	<b>15</b>	<b>1.55</b>	<b>17</b>
<b>Medicine Subspecialties</b>	<b>1.56</b>	<b>N/A</b>	<b>1.64</b>	<b>N/A</b>	<b>1.66</b>	<b>N/A</b>
Cardiology	1.64	14	1.68	14	1.77	9
Gastroenterology	1.72	9	1.80	7	1.82	3
Geriatrics	1.24	22	1.39	21	1.35	23
Hematology/Oncology	1.57	18	1.73	13	1.77	8
Pulmonary Disease	1.76	8	1.77	10	1.73	11
<b>General Surgery</b>	<b>1.57</b>	<b>17</b>	<b>1.54</b>	<b>19</b>	<b>1.63</b>	<b>15</b>
<b>Surgical Subspecialties</b>	<b>1.56</b>	<b>N/A</b>	<b>1.52</b>	<b>N/A</b>	<b>1.51</b>	<b>N/A</b>
Ophthalmology	1.00	24	1.11	24	1.32	24
Orthopedics	1.65	12	1.56	17	1.62	16
Otolaryngology	1.82	5	1.83	4	1.71	13
Urology	2.00	1	2.00	1	1.82	4
<b>Facility Based</b>	<b>1.39</b>	<b>N/A</b>	<b>1.44</b>	<b>N/A</b>	<b>1.50</b>	<b>N/A</b>
Anesthesiology	1.80	6	1.75	11	1.72	12
Pathology	0.97	25	0.98	25	0.96	25
Radiology	1.34	21	1.33	22	1.50	19
<b>Psychiatry</b>	<b>1.78</b>	<b>N/A</b>	<b>1.78</b>	<b>N/A</b>	<b>1.80</b>	<b>N/A</b>
Adult Psychiatry	1.84	3	1.82	5	1.82	2
Child & Adolescent Psych	1.65	13	1.78	8	1.81	5
<b>Other</b>	<b>1.58</b>	<b>N/A</b>	<b>1.63</b>	<b>N/A</b>	<b>1.61</b>	<b>N/A</b>
Dermatology	1.67	10	1.78	9	1.88	1
Emergency Medicine	1.87	2	1.85	2	1.78	7
Neurology	1.67	11	1.74	12	1.68	14
Pediatric Subspecialties	1.19	23	1.41	20	1.39	22
Physical Medicine & Rehab	1.59	16	1.56	16	1.46	21
<b>Total (All Specialties)</b>	<b>1.60</b>	<b>N/A</b>	<b>1.63</b>	<b>N/A</b>	<b>1.63</b>	<b>N/A</b>

<sup>14</sup>Likert Score computed using the following Likert Scale: Many Jobs = +2, Some Jobs = +1, Few Jobs = 0, Very Few Jobs = -1, No Jobs = -2.



## 4.7 Trends in Starting Income

Table 4.6 presents median starting income levels for 2009 respondents, for all respondents from the last four surveys, and the average annual change (i.e., trend) in median starting income from the last four surveys. Income levels are often used to measure demand. Physicians are somewhat atypical in this regard because their income levels are largely determined by historic reimbursement amounts rather than by the demand for their services at any given point in time.

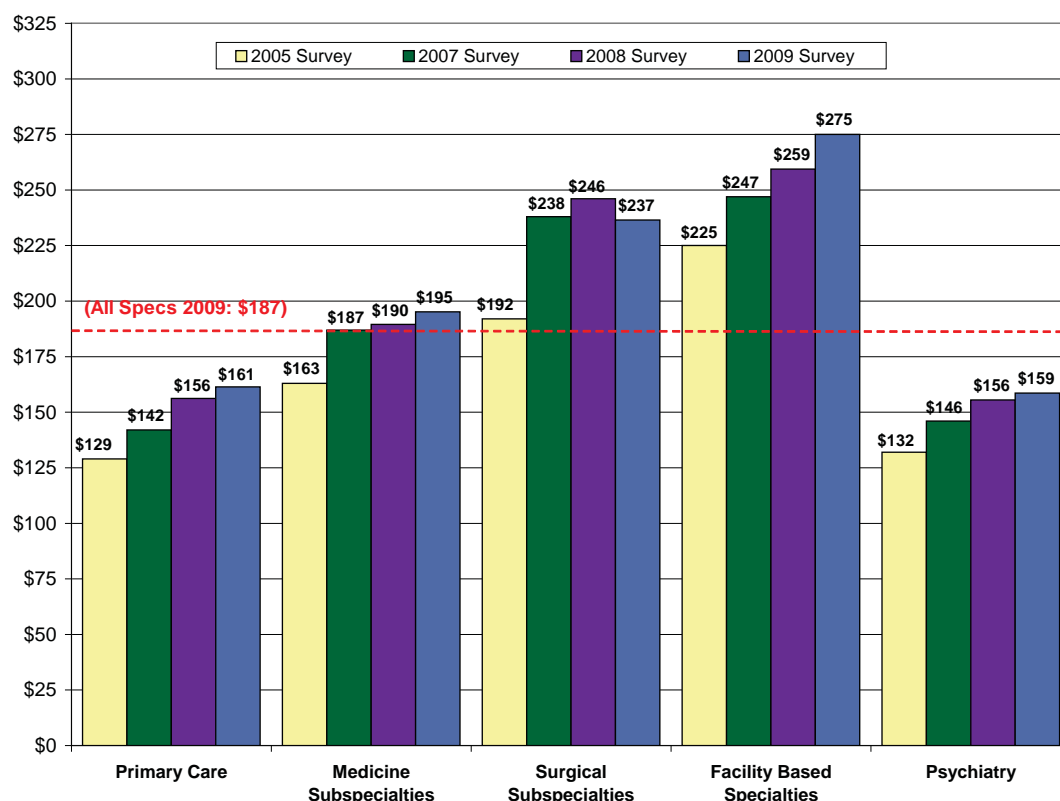
Although income levels may not be completely accurate in determining demand, trends in income provide a good indicator. If physicians practicing in a given specialty are in short supply relative to the demand for their services, employers will have to increase compensation levels to attract applicants causing income levels to trend higher. Conversely, if there is an overabundance of physicians in a certain specialty, employers will not need to pay as much to fill positions, resulting in flat or negative trends in income.

### Highlights

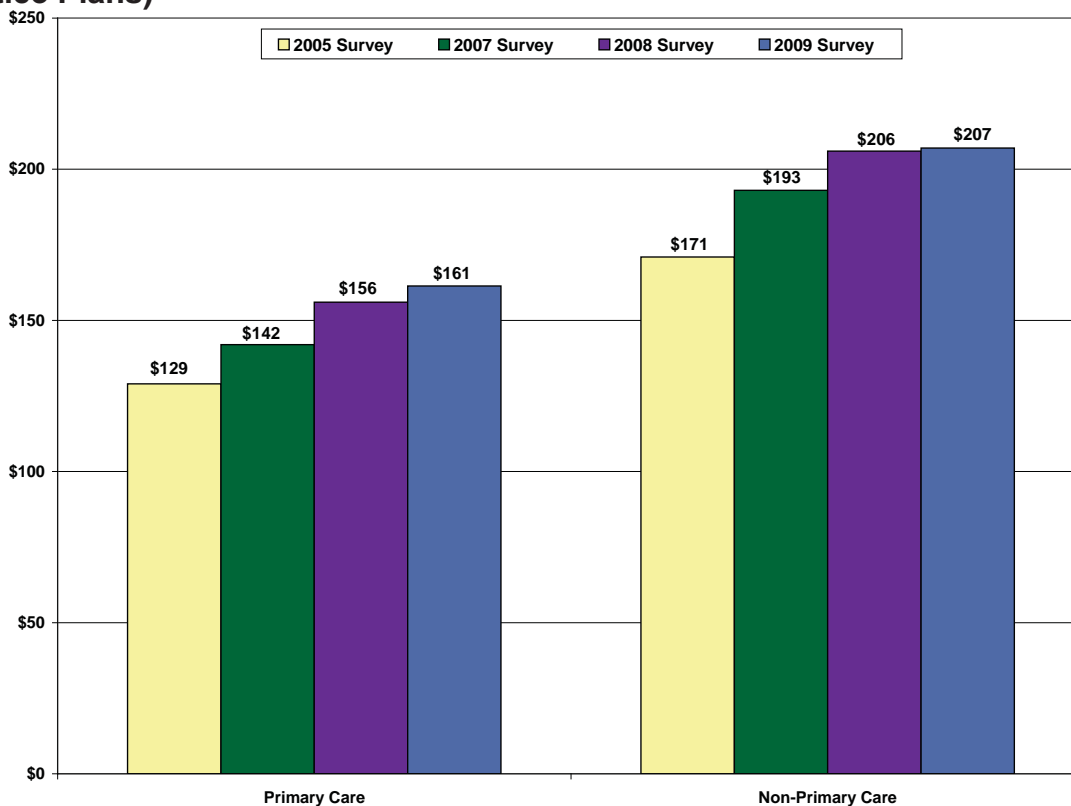
- The median starting income of 2009 respondents was \$187,300, a 3% increase from 2008 (average increase of 6% per year from 2005 to 2009).
- Most specialties and specialty groups saw moderate to strong growth in starting incomes from 2005 to 2009. The exception was neurology (-1%).
- Pathology (11% increase), physical medicine and rehabilitation (10% increase), and dermatology (9% increase) showed the strongest trends in income.



**Figure 4.16 Median Starting Income (in \$1,000s) by Specialty Group (for 2005-2009 Respondents with Confirmed Practice Plans)**

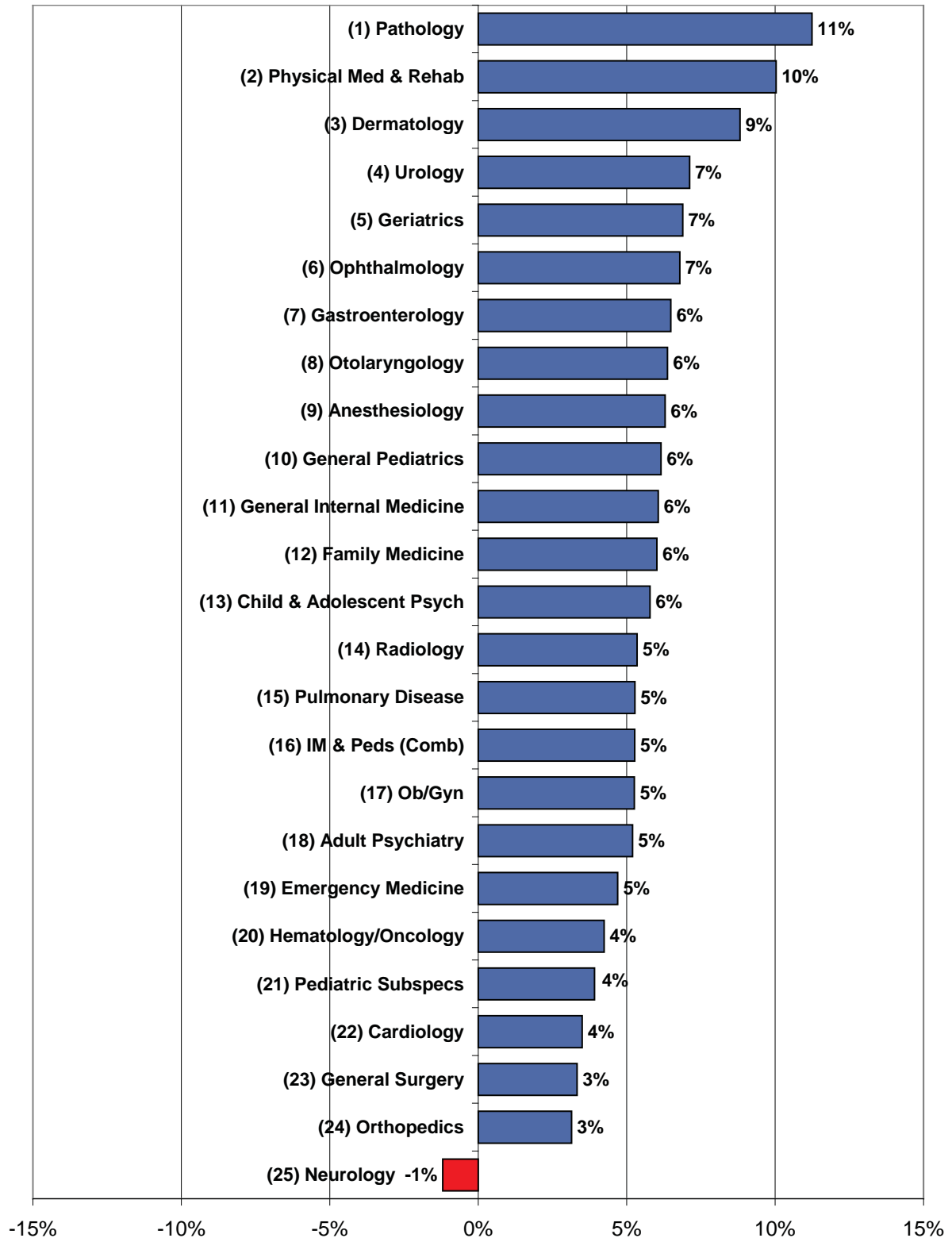


**Figure 4.17 Trends in Median Starting Income (in \$1,000s) among Primary Care and Non-Primary Care Physicians (for 2005-2009 Respondents with Confirmed Practice Plans)**





**Figure 4.18 Rank of Average Percent Change in Median Starting Income (from 2005 - 2009) by Specialty (for Respondents with Confirmed Practice Plans)**





**Table 4.6 Median Expected Starting Income (of 2009 Respondents with Confirmed Practice Plans in the U.S.)**

<u>Specialty</u>	<u>2009 Respondents</u>	<u>RANK (of 25)</u>	<u>Aggregated Respondents: 2008 and 2009</u>	<u>RANK (of 25)</u>	<u>Trend (Average Annual Change: 2005 - 2009)</u>	<u>RANK (of 25)</u>
<b>Primary Care</b>	<b>\$161,400</b>	<b>N/A</b>	<b>\$158,700</b>	<b>N/A</b>	<b>6%</b>	<b>N/A</b>
Family Medicine	\$155,400	22	\$154,650	21	6%	12
General Internal Medicine	\$177,150	15	\$173,350	15	6%	11
General Pediatrics	\$133,600	25	\$127,400	25	6%	10
IM & Peds (Combined)	\$147,900	24	\$157,350	20	5%	16
<b>Obstetrics/Gynecology</b>	<b>\$198,000</b>	<b>12</b>	<b>\$191,800</b>	<b>13</b>	<b>5%</b>	<b>17</b>
<b>Medicine Subspecialties</b>	<b>\$195,200</b>	<b>N/A</b>	<b>\$192,450</b>	<b>N/A</b>	<b>5%</b>	<b>N/A</b>
Cardiology	\$269,200	5	\$264,250	3	4%	22
Gastroenterology	\$233,000	7	\$238,850	6	6%	7
Geriatrics	\$164,000	18	\$153,900	22	7%	5
Hematology/Oncology	\$204,950	11	\$200,600	12	4%	20
Pulmonary Disease	\$223,300	8	\$224,400	7	5%	15
<b>General Surgery</b>	<b>\$187,400</b>	<b>13</b>	<b>\$212,050</b>	<b>10</b>	<b>3%</b>	<b>23</b>
<b>Surgical Subspecialties</b>	<b>\$236,500</b>	<b>N/A</b>	<b>\$242,050</b>	<b>N/A</b>	<b>6%</b>	<b>N/A</b>
Ophthalmology	\$169,300	17	\$141,300	24	7%	6
Orthopedics	\$307,350	1	\$278,350	2	3%	24
Otolaryngology	\$209,600	10	\$213,950	9	6%	8
Urology	\$242,700	6	\$245,600	5	7%	4
<b>Facility Based</b>	<b>\$275,000</b>	<b>N/A</b>	<b>\$266,650</b>	<b>N/A</b>	<b>5%</b>	<b>N/A</b>
Anesthesiology	\$282,700	3	\$260,350	4	6%	9
Pathology	\$185,000	14	\$182,900	14	11%	1
Radiology	\$304,700	2	\$304,700	1	5%	14
<b>Psychiatry</b>	<b>\$158,600</b>	<b>N/A</b>	<b>\$157,400</b>	<b>N/A</b>	<b>5%</b>	<b>N/A</b>
Adult Psychiatry	\$160,400	20	\$161,900	18	5%	18
Child & Adolescent Psych	\$153,650	23	\$152,800	23	6%	13
<b>Other</b>	<b>\$201,400</b>	<b>N/A</b>	<b>\$196,400</b>	<b>N/A</b>	<b>4%</b>	<b>N/A</b>
Dermatology	\$269,800	4	\$206,900	11	9%	3
Emergency Medicine	\$219,950	9	\$217,800	8	5%	19
Neurology	\$162,550	19	\$165,400	16	-1%	25
Pediatric Subspecialties	\$160,200	21	\$158,300	19	4%	21
Physical Medicine & Rehab	\$176,700	16	\$162,000	17	10%	2
<b>Total (All Specialties)</b>	<b>\$187,300</b>	<b>N/A</b>	<b>\$183,600</b>	<b>N/A</b>	<b>6%</b>	<b>N/A</b>



## 4.8 Assessment of Relative Demand by Specialty

To measure demand, a composite demand was computed by taking an average of the ranks (i.e., where each specialty stood relative to all 25 specialties) scored by each specialty on each of the demand indicators for data from 2009, for an aggregated data set containing all data collected over the past two years (2008 and 2009), and for the last four years the survey was conducted (2005, 2007, 2008, and 2009). This methodology gave a higher weighting to data collected from the 2009 survey (approximately twice that of the three previous years) in assessing the current demand for each specialty.

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

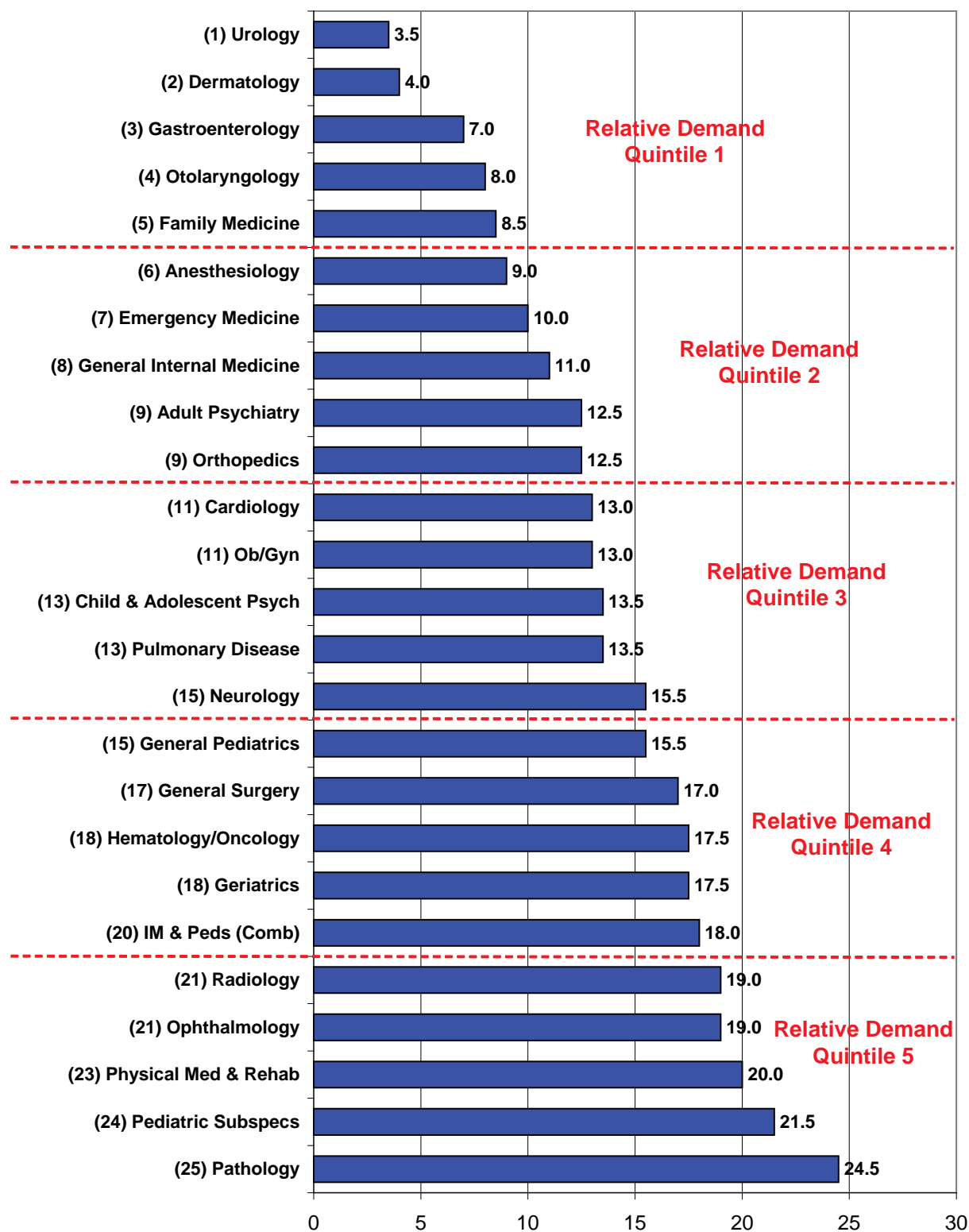
- ◆ Percentage of respondents with difficulty finding a satisfactory practice position;
- ◆ Percentage of respondents having to change plans due to limited practice opportunities;
- ◆ Mean number of job offers received by respondents;
- ◆ Respondents' views of the regional job market;
- ◆ Respondents'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

Each of these variables is an imperfect measure of demand. However, taken together, they provide a good picture of relative demand by specialty. There was a high degree of correlation between the percentage with difficulty variable and the percentage having to change plans variable (i.e., a respondent reporting difficulty was much more likely to report having to change plans). There was also a high degree of correlation between respondents' assessments of the regional and national job market. Because the job offers and trends in starting income variables are considered objective indicators of demand, they were counted twice in computing the composite measure of demand.

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



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





## Highlights

- ⦿ In 2009, urology (median rank of 3.5 out of 25), dermatology (4.0), gastroenterology (7.0), otolaryngology (8.0), and family medicine (8.5) were the specialties experiencing the strongest demand.
- ⦿ The job market in 2009 for pathology (24.5), pediatric subspecialties (21.5), physical medicine and rehabilitation (20.0), ophthalmology (19.0), and radiology (19.0) appeared bleak relative to other specialties.







## *Appendix A*

### **2009 Exit Survey Response Rates by Specialty and Region**



Table A-1. 2009 Exit Survey Response Rates by Specialty\* and Region\*\*

<u>Specialty</u>	<u>UPSTATE NY PROGRAMS</u>			<u>GREATER NY PROGRAMS</u>			<u>NEW YORK (TOTAL)</u>		
	<u>Grads</u>	<u>Returned</u>	<u>Resp Rate</u>	<u>Grads</u>	<u>Returned</u>	<u>Resp Rate</u>	<u>Grads</u>	<u>Returned</u>	<u>Resp Rate</u>
<b><u>Primary Care</u></b>	<b>250</b>	<b>131</b>	<b>52%</b>	<b>1,641</b>	<b>843</b>	<b>51%</b>	<b>1,891</b>	<b>974</b>	<b>52%</b>
Family Medicine	75	51	68%	115	79	69%	190	130	68%
General Internal Medicine	115	56	49%	1,102	556	50%	1,217	612	50%
General Pediatrics	46	17	37%	413	197	48%	459	214	47%
IM & Peds (Combined)	14	7	50%	11	11	100%	25	18	72%
<b><u>Obstetrics/Gynecology</u></b>	<b>26</b>	<b>16</b>	<b>62%</b>	<b>138</b>	<b>89</b>	<b>64%</b>	<b>164</b>	<b>105</b>	<b>64%</b>
<b><u>Internal Medicine Specialties</u></b>	<b>87</b>	<b>43</b>	<b>49%</b>	<b>651</b>	<b>374</b>	<b>57%</b>	<b>738</b>	<b>417</b>	<b>57%</b>
Cardiology	19	2	11%	169	87	51%	188	89	47%
Gastroenterology	7	3	43%	62	33	53%	69	36	52%
Geriatrics	6	3	50%	71	40	56%	77	43	56%
Hematology/Oncology	11	7	64%	81	49	60%	92	56	61%
Pulmonary Disease	8	5	63%	68	48	71%	76	53	70%
Other IM Specialties	36	23	64%	200	117	59%	236	140	59%
<i>Critical Care Medicine</i>	2	0	0%	31	17	55%	33	17	52%
<i>Endocrinology &amp; Metab.</i>	6	6	100%	34	23	68%	40	29	73%
<i>Infectious Disease</i>	5	1	20%	46	25	54%	51	26	51%
<i>Nephrology</i>	8	3	38%	59	32	54%	67	35	52%
<i>Rheumatology</i>	4	2	50%	23	13	57%	27	15	56%
<i>Other IM Subspecialties</i>	11	11	100%	7	7	100%	18	18	100%
<b><u>General Surgery</u></b>	<b>24</b>	<b>16</b>	<b>67%</b>	<b>132</b>	<b>57</b>	<b>43%</b>	<b>156</b>	<b>73</b>	<b>47%</b>
<b><u>Surgical Subspecialties</u></b>	<b>73</b>	<b>38</b>	<b>52%</b>	<b>335</b>	<b>194</b>	<b>58%</b>	<b>408</b>	<b>232</b>	<b>57%</b>
Ophthalmology	7	5	71%	62	38	61%	69	43	62%
Orthopedics	27	11	41%	138	78	57%	165	89	54%
Otolaryngology	8	3	38%	27	20	74%	35	23	66%
Urology	8	6	75%	30	11	37%	38	17	45%
Other Surgical Subspecs	23	13	57%	78	47	60%	101	60	59%
Neurosurgery	4	1	25%	14	8	57%	18	9	50%
Plastic Surgery	4	2	50%	19	10	53%	23	12	52%
Thoracic Surgery	3	0	0%	16	5	31%	19	5	26%
All Other Surg Subspecs	12	10	83%	29	24	83%	41	34	83%

Specialty	UPSTATE NY PROGRAMS				GREATER NY PROGRAMS				NEW YORK (TOTAL)			
	Grads	Returned	Resp Rate		Grads	Returned	Resp Rate		Grads	Returned	Resp Rate	
<b>Facility Based</b>	<b>100</b>	<b>43</b>	<b>43%</b>		<b>582</b>	<b>323</b>	<b>55%</b>		<b>682</b>	<b>366</b>	<b>54%</b>	
Anesthesiology	43	17	40%		230	121	53%		273	138	51%	
General Anesthesiology	35	15	43%		162	78	48%		197	93	47%	
Pain Management	6	1	17%		25	14	56%		31	15	48%	
Other Anes Subspecs	2	1	50%		43	29	67%		45	30	67%	
Pathology	21	16	76%		131	92	70%		152	108	71%	
General Pathology	11	9	82%		75	52	69%		86	61	71%	
Pathology Subspecialties	10	7	70%		56	40	71%		66	47	71%	
Radiology	36	10	28%		221	110	50%		257	120	47%	
Diagnostic Radiology	34	10	29%		187	88	47%		221	98	44%	
Therapeutic Radiology	2	0	0%		18	18	100%		20	18	90%	
Nuclear Medicine	0	0	N/A		16	4	25%		16	4	25%	
<b>Psychiatry</b>	<b>30</b>	<b>13</b>	<b>43%</b>		<b>323</b>	<b>171</b>	<b>53%</b>		<b>353</b>	<b>184</b>	<b>52%</b>	
Adult Psychiatry	18	9	50%		192	111	58%		210	120	57%	
Child & Adolescent Psych	7	3	43%		56	24	43%		63	27	43%	
Other Psych Subspecs	5	1	20%		75	36	48%		80	37	46%	
<b>Other</b>	<b>106</b>	<b>54</b>	<b>51%</b>		<b>577</b>	<b>323</b>	<b>56%</b>		<b>683</b>	<b>377</b>	<b>55%</b>	
Dermatology	3	1	33%		57	17	30%		60	18	30%	
Emergency Medicine	44	22	50%		175	118	67%		219	140	64%	
Neurology	25	8	32%		114	49	43%		139	57	41%	
Pediatric Specialties	18	11	61%		116	58	50%		134	69	51%	
Physical Medicine & Rehab	11	7	64%		80	54	68%		91	61	67%	
Other*	5	5	100%		35	27	77%		40	32	80%	
Allergy & Immunology	3	3	100%		14	8	57%		17	11	65%	
Preventive Medicine	0	0	N/A		7	5	71%		7	5	71%	
All Other	2	2	100%		14	14	100%		16	16	100%	
<b>Total (All Specialties)</b>	<b>696</b>	<b>365</b>	<b>52%</b>		<b>4,379</b>	<b>2,509</b>	<b>57%</b>		<b>5,075</b>	<b>2,874</b>	<b>57%</b>	

\*Specialties shaded in grey are not broken out in this report because of the small number of respondents. Instead their numbers have been aggregated into groups as shown in this table.

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

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





## *Appendix B*

### **2009 Exit Survey Instrument**



INCORRECT

PLEASE DO NOT WRITE IN THIS AREA



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

**Primary Activity** (mark only one)

- ☐ Patient Care/Clinical Practice (in Non-Training position)  
☐ Additional Subspecialty Training or Fellowship (specify specialty): \_\_\_\_\_  
☐ Chief Resident  
☐ Teaching/Research (in Non-Training position)  
☐ Temporarily Out of Medicine  
☐ Other (specify): \_\_\_\_\_  
☐ Undecided/Don't know yet

**11.** Specialty you are **COMPLETING** in 2009 (select only one)

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

**12.** If you are going on for additional training/fellowship, please answer the following:  
**A.** Why are you subspecializing/continuing training? (mark all that apply)

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

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

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

## C. FUTURE PLANS

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

	None	1–9	10–19	20–29	30–39	40–49	50–59	60+
Direct Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering/ Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

- ☐ Yes ☐ No

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

**A.** Have you actively searched for a job?

- ☐ Yes  
☐ No, not yet (Skip to 16C)  
☐ No, I will be self-employed (Skip to 16C)

**Used**  
(mark all  
that apply)

**Most  
Effective**  
(mark  
only one)

Third party representation (recruitment agencies/headhunters, online or otherwise)	<input type="radio"/>	<input type="radio"/>
Independent search activity on the Internet (direct to employers)	<input type="radio"/>	<input type="radio"/>
Print/Traditional want ad responses (journals, newspapers, trade publications)	<input type="radio"/>	<input type="radio"/>
Residency program announcements/career fairs	<input type="radio"/>	<input type="radio"/>
Social networking/word of mouth	<input type="radio"/>	<input type="radio"/>
Other (specify):	<input type="radio"/>	<input type="radio"/>

- ☐ Yes, and I have accepted an offer
- ☐ Yes, but I declined the offer(s) and am still searching  
(Skip to Question 25)
- ☐ No, but I have not actively searched yet  
(Skip to Question 25)
- ☐ No, I have not yet been offered a practice position  
(Skip to Question 25)

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

<b><u>Principal Practice Setting</u></b> <i>(mark only one)</i>	<b><u>Secondary Practice Setting(s)</u></b> <i>(mark all that apply)</i>
<input type="radio"/>	<input type="radio"/> Solo Practice
<input type="radio"/>	<input type="radio"/> Partnership (2 person)
<input type="radio"/>	<input type="radio"/> Group Practice
<input type="radio"/>	<input type="radio"/> Hospital—Inpatient
<input type="radio"/>	<input type="radio"/> Hospital—Ambulatory Care
<input type="radio"/>	<input type="radio"/> Hospital—Emergency Room
<input type="radio"/>	<input type="radio"/> Freestanding Health Center or Clinic
<input type="radio"/>	<input type="radio"/> Nursing Home
<input type="radio"/>	<input type="radio"/> Other:

- ☐ None, I will be an employee
- ☐ None currently, but I may have the option to become a partner in the future
- ☐ I will be a partner, but will not have any capital invested in the practice
- ☐ I will be an owner/partner (i.e., will have capital invested and own a financial stake in the practice)

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

Principal  
Practice  
Zip Code

City/Town	State

☐ Yes ☐ No ☐ I don't know

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

<b><u>All Reasons</u></b> (mark all that apply)	<b><u>Main Reason</u></b> (mark only one)
<p>1. <input type="checkbox"/> The company has a strong reputation for quality and reliability.</p> <p>2. <input type="checkbox"/> The company has a long history of successful operations.</p> <p>3. <input type="checkbox"/> The company has a strong financial position.</p> <p>4. <input type="checkbox"/> The company has a strong customer base.</p> <p>5. <input type="checkbox"/> The company has a strong management team.</p> <p>6. <input type="checkbox"/> The company has a strong marketing strategy.</p> <p>7. <input type="checkbox"/> The company has a strong research and development department.</p> <p>8. <input type="checkbox"/> The company has a strong sales network.</p> <p>9. <input type="checkbox"/> The company has a strong distribution network.</p> <p>10. <input type="checkbox"/> The company has a strong global presence.</p>	<p>1. <input type="checkbox"/> The company has a strong reputation for quality and reliability.</p> <p>2. <input type="checkbox"/> The company has a long history of successful operations.</p> <p>3. <input type="checkbox"/> The company has a strong financial position.</p> <p>4. <input type="checkbox"/> The company has a strong customer base.</p> <p>5. <input type="checkbox"/> The company has a strong management team.</p> <p>6. <input type="checkbox"/> The company has a strong marketing strategy.</p> <p>7. <input type="checkbox"/> The company has a strong research and development department.</p> <p>8. <input type="checkbox"/> The company has a strong sales network.</p> <p>9. <input type="checkbox"/> The company has a strong distribution network.</p> <p>10. <input type="checkbox"/> The company has a strong global presence.</p>

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

- SERIAL #



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