

2010



2010 New York Residency Training Outcomes *A Summary of Responses to the 2010 New York Resident Exit Survey*

The New York Health Workforce Data System
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PREFACE

This report summarizes the results of the Survey of Residents Completing Training in New York in 2010 (2010 Exit Survey) conducted by the New York Center for Health Workforce Studies (the Center) in the spring and summer of 2010. This survey, administered annually with the cooperation and assistance of residency program directors and hospitals' graduate medical education (GME) administrators across the state, consists of 29 questions covering four general topical areas: residents' demographic and background characteristics, residents' post-training plans, characteristics of post-training employment (for residents with confirmed practice plans), and residents' experiences in searching for a job and their impressions of the physician job market (for residents who had searched for a job).

The primary goal of the Exit Survey is to assist the medical education community in New York in its efforts to train physicians consistent with the needs of the state and the nation. To achieve this goal, 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 2010 was the 11th 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 distributes the surveys to GME administrators at teaching hospitals in New York. In most cases, the surveys are then forwarded to individual programs where graduating residents are asked to fill out the surveys in the weeks prior to finishing their program. Completed surveys are then returned to the Center for data entry and analysis. With the excellent collaboration of teaching hospitals, a total of 3,103 of the estimated 5,039 physicians completing a residency or fellowship training program completed the 2010 Exit Survey (62% response rate). For the 11 years the survey has been conducted (1998, 1999, 2000, 2001, 2002, 2003, 2005, 2007, 2008, 2009, 2010), an aggregated total of 32,695 of the 52,513 respondents 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 respondents in New York may not reflect the experiences of all new physicians 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

For the second consecutive year the job market for new physicians was weaker when compared to the previous year, but overall the market continues to be good. Based on the responses to several questions used to measure demand, the opportunities for New York's new physicians in 2010 were robust.

- ⊙ In 2010, 94% of respondents who had actively searched for a practice position had received at least one job offer at the time they completed the survey.
- ⊙ While one-third (33%) of respondents reported some difficulty finding a satisfactory practice position, only 20% 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 respondents increased 2% from 2009 to 2010. The average increase over the last four years of the survey was 4%.
- ⊙ Respondents' views of both the regional and national job markets were positive and optimistic for each of the last four years of the survey.

Demand for primary care¹ physicians (generalists) was somewhat stronger than the demand for non-primary care physicians (specialists). Historically, resident exit survey data showed that demand for generalists has been lower compared to demand for specialists. Over the past several years, however, demand for generalists has surpassed demand for specialists. In 2010, after adjusting for citizenship status:

- ⊙ Generalists were less likely than specialists to report difficulty finding a satisfactory practice position (30% versus 34%) and to have to change plans due to limited practice opportunities (16% versus 21%).
- ⊙ Generalists received more job offers than specialists (mean of 4.28 versus 3.27). Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 0.85 versus 0.56, on a scale of +2 indicating many jobs to -2 indicating no jobs) and the national job market (1.74 versus 1.44).
- ⊙ The average annual increase in median starting income from 2007 to 2010 was 6% for generalists and 3% for specialists.

Although the overall marketplace appeared relatively good for new physicians, 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

¹ In this report, primary care is defined as family medicine, general internal medicine, general pediatrics, and combined internal medicine and pediatrics. Non-primary care includes all other specialties.



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 otolaryngology, gastroenterology, urology, dermatology, anesthesiology, and family medicine appeared very strong.
- ⊙ Nephrology, pathology, ophthalmology, pediatric subspecialties, and internal medicine and pediatrics (combined) experienced weak demand.

Both international medical school graduates (IMGs) with permanent citizenship status and IMGs with temporary visas (J-1, J-2, H-1, H-2, or H-3) had a more difficult time in the job market than U.S. medical graduates (USMGs). Historically, IMGs on temporary visas have experienced much more difficulty due to their visa status. With few exceptions, physicians on temporary visas can remain in the U.S. only if they practice in a state or federally designated shortage area or continue training. In recent years, however, the gap in difficulty for IMGs on temporary visas and IMGs who are citizens/permanent residents has narrowed.

Less than half of new physicians are staying in New York after completing training. In 2010, only 44% 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 last few years were the lowest since the survey began.

- ⊙ When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons given were proximity to family (31%) and better jobs in desired locations outside New York (12%). Only 6% of respondents indicated that they never intended to practice in New York.
- ⊙ Less than 3% of respondents reported that the principal reason for practicing outside of New York was climate/weather in New York (2%), taxes in New York (2%), the cost of malpractice insurance in New York (1%), or the cost of starting a practice in New York (0%).

More than one-third (37%) of respondents reported plans to subspecialize or pursue additional training. However, there were sharp differences in plans by specialty.

- ⊙ Respondents from general surgery (75%), ophthalmology (71%), otolaryngology (67%), and radiology (64%) were the most likely to report plans to subspecialize or pursue additional training.
- ⊙ Respondents from hematology/oncology (2%), child and adolescent psychiatry (10%), family medicine (11%), pediatric subspecialties (14%), and emergency medicine (18%) were the least likely to report plans to subspecialize or pursue additional training.



GENERAL RESULTS

Characteristics of All Respondents

- ⌘ Forty-eight percent (48%) of respondents were female. This was the highest percent since the survey began in 1998.
- ⌘ Underrepresented minorities (URMs) comprised 14% of all respondents. Since the survey began in 1998 this percent has fluctuated between 12% and 14%.
- ⌘ Twenty-six percent (26%) of respondents attended New York high schools. The percent of respondents who attended New York high schools is indicative of the percent of respondents who resided in New York prior to attending medical school. Thirty-nine percent (39%) of respondents came from another country and 33% came from other states to pursue graduate medical training in New York.
- ⌘ Almost one-half (48%) of all respondents were international medical graduates (IMGs), similar to the last survey (45% in 2009). This varied widely by specialty with the highest concentrations of IMGs found in geriatrics (80%), general internal medicine (74%), and nephrology (69%).
- ⌘ Specialties with very few IMGs included urology (0%), dermatology (3%), and otolaryngology (6%).
- ⌘ Nineteen percent (19%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in nephrology (36%), geriatrics (34%), general internal medicine (32%), and general pediatrics (32%). Dermatology, urology, ophthalmology, and otolaryngology had no temporary visa holders.
- ⌘ Individual specialties with the highest median educational debt were internal medicine and pediatrics (combined) (\$207,600), emergency medicine (\$175,300), and general pediatrics (\$169,550).
- ⌘ Only three specialties had less than \$70,000 of median educational debt. Nephrology (\$58,200), cardiology (61,700), and dermatology (\$69,750) had the lowest debt.

Post-Training Plans of All Respondents

- ⌘ Fifty-three percent (53%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 80% 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 (37%) planned to subspecialize or pursue further training. In addition, 3% were planning to work as chief residents, 2% were planning to enter teaching/research, and 5% had other plans.



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

- ⌘ Less than one-half (44%) of respondents with confirmed plans were entering practice within New York. Of these, the vast majority (89%) were remaining in the same region in which they trained.
- ⌘ The specialties with the highest rates of in-state retention were internal medicine and pediatrics (combined) (100%), child and adolescent psychiatry (63%), and anesthesiology (60%).
- ⌘ The specialties of urology (27%), general internal medicine (27%), and nephrology (15%) had the lowest in-state retention rates.
- ⌘ 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 2010, 77% of respondents who had attended high school in New York and medical school in New York planned to practice in New York.
- ⌘ When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons cited were proximity to family (31%) and better jobs in desired locations outside New York (12%). Only 6% of respondents indicated that they never intended to practice in New York.
- ⌘ Less than 3% of respondents reported that the principal reason for practicing outside of New York was climate/weather in New York (2%), taxes in New York (2%), the cost of malpractice insurance in New York (1%), or the cost of starting a practice in New York (0%).
- ⌘ Twenty-eight percent (28%) of respondents reported entering practice in inner-city locations and only 5% were going to rural locations. Eighteen percent (18%) said they would be practicing in a health professional shortage area (HPSA), similar to the percentage reported in 2010.
- ⌘ Respondents from geriatrics (47%), internal medicine and pediatrics (44%), and adult psychiatry (33%) were the most likely to report plans to practice in HPSAs.
- ⌘ While almost half of IMGs with temporary visas planned to practice in HPSAs (49%), IMGs with permanent citizenship were slightly less likely to plan to practice in HPSAs than were USMGs (15% and 18%, respectively, for respondents from primary care specialties).
- ⌘ Thirty-seven percent (37%) of respondents reported plans to work in group practices. Of these, 91% were accepting positions in group practices as employees.
- ⌘ 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: general surgery (40%), dermatology (20%), ophthalmology (13%), and child and adolescent psychiatry (13%).



- ⌘ Forty-eight percent (48%) of respondents planned to work in hospitals. Inpatient (30%) was the most common setting, followed by ambulatory care (12%), and emergency room (6%) settings.

Expected Starting Income of Respondents with Confirmed Practice Plans²

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 established physicians, the discrepancies in income for new physicians in different specialties are assumed to be generally consistent with the differences by specialty among established physicians. The expected incomes of new physicians may also influence specialty choice of medical students who interact extensively with residents.

- ⌘ Although there was some overlap in the salary distributions of primary care and non-primary care physicians, non-primary care physicians generally reported higher incomes.
- ⌘ Individual specialties with the highest median starting income were radiology (\$322,850), anesthesiology (\$303,400), and orthopedics (\$297,600).
- ⌘ General pediatrics had by far the lowest median starting income of all specialties (\$122,100). Other specialties with low starting incomes included internal medicine and pediatrics (combined) (\$131,300), ophthalmology (\$150,600), and family medicine (\$155,600).
- ⌘ Among the specialty groups, psychiatry (\$165,300) and primary care (\$171,000) had the lowest starting median income. Conversely, facility based (\$285,000) and surgical subspecialties (\$263,900) had the highest.
- ⌘ Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2007 to 2010. The exception was internal medicine and pediatrics (combined) (-1%).
- ⌘ Otolaryngology (+12%), pathology (+8%), and gastroenterology (+7%) showed the strongest trends in income between 2007 and 2010.

² 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.



Expected Number of Weekly Patient Care/Clinical Practice Hours³

- ⌘ Overall, respondents expected to spend an average of 42.3 hours per week in patient care/clinical practice activities. Females expected to work 9% fewer patient care hours than males (40.0 versus 44.1).
- ⌘ Respondents in the following individual specialties expected to be working the highest number of hours: general surgery (51.2), urology (50.9), and anesthesiology (50.1).
- ⌘ Respondents expected to work the fewest patient care/clinical practice hours per week in dermatology (30.3), emergency medicine (35.2), and child and adolescent psychiatry (35.6).

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 respondents' experiences in searching for a practice position. Any respondent who was entering or who considered entering patient care/clinical practice was asked to complete this section. The responses of IMGs on temporary visas have been excluded from this section because they have more restrictions on where they can practice compared to other physicians. Respondents who indicated they had not yet actively searched for a position were also excluded.

- ⌘ Thirty-three percent (33%) of respondents reported difficulty finding a satisfactory position. This percentage was slightly higher than in 2009 (30%).
- ⌘ 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 (20%), and lack of jobs in desired practice setting (18%).
- ⌘ The highest percentages of respondents having difficulty finding a satisfactory practice position were in nephrology (63%), ophthalmology (56%), and hematology/oncology (54%). General surgery (9%), gastroenterology (14%), and emergency medicine (14%) had the fewest respondents reporting difficulty.
- ⌘ Twenty percent (20%) of respondents reported having to change their plans due to limited job opportunities, slightly higher than in 2009 (18%).
- ⌘ Otolaryngology (0%), urology (0%), and emergency medicine (5%) had the fewest respondents having to change plans in 2010. Respondents from nephrology (46%), ophthalmology (44%), and hematology/oncology (35%) were the most likely to have to change plans.

³ 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 respondents.



- ⌘ The average number of job offers received by respondents in 2010 was 3.54, slightly down from the number received by respondents in 2009 (3.65). General internal medicine (4.83), gastroenterology (4.82), and dermatology (4.80) respondents received the most job offers. At the other end of the spectrum, ophthalmology (1.78), pathology (1.87), and internal medicine and pediatrics (combined) (2.29) respondents received the fewest job offers.
- ⌘ Respondents gave a positive assessment of the regional job market (average Likert score of +0.64 on a scale of +2.00, indicating many jobs to -2.00, indicating no jobs). Internal medicine and pediatrics (combined) (+1.57), adult psychiatry (+1.52), and emergency medicine (+1.41) respondents had the most positive view of the regional job market.
- ⌘ The specialties with the least positive views of the regional job market were nephrology (-0.46), pathology (-0.14), and radiology (-0.04).
- ⌘ Respondents gave very positive assessments of the national job market (+1.52). Otolaryngology (+2.00) had the highest score among individual specialties, followed by adult psychiatry (+1.91), and emergency medicine (+1.89).
- ⌘ Only three specialties had a score of +1.00 (Some Jobs) or less for the national job market assessment: pathology (+0.76), nephrology (+0.91), and ophthalmology (+1.00).

Overall Assessment of the Job Market for New Physicians

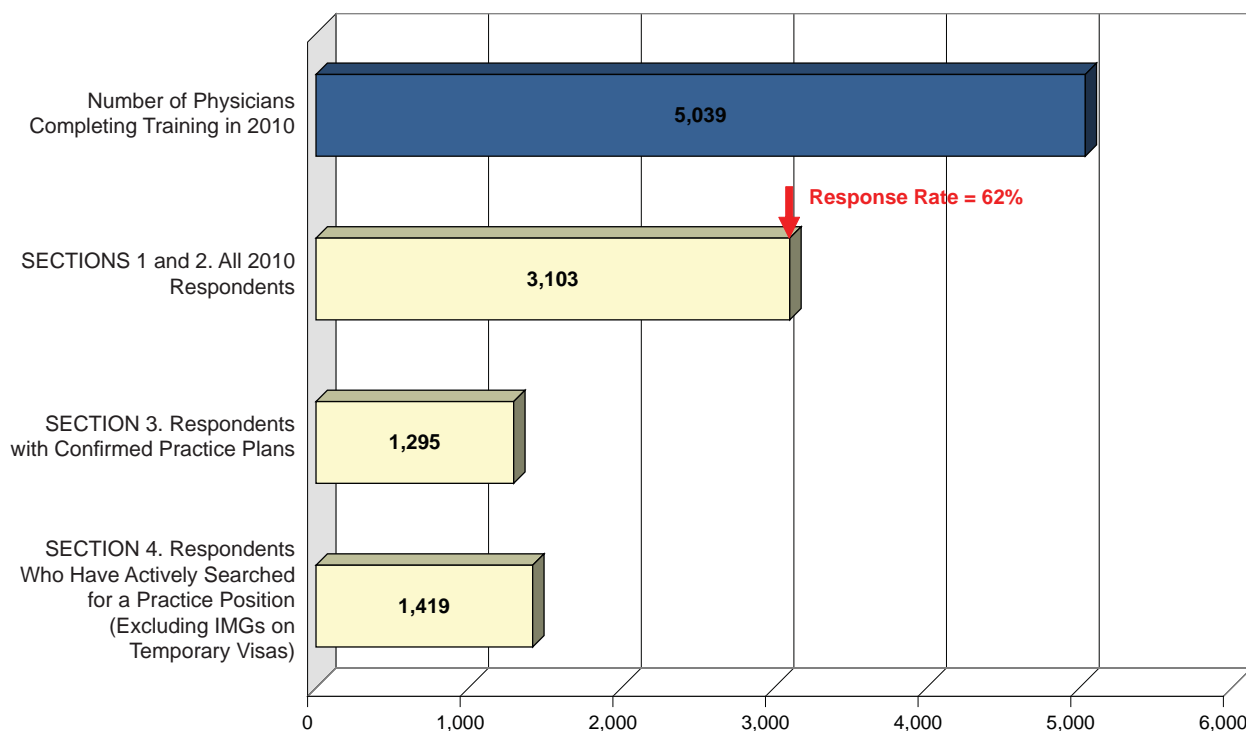
- ⌘ Demand for primary care physicians (generalists) was somewhat stronger than the demand for non-primary care physicians (specialists). In 2010, generalists were less likely than specialists to report difficulty finding a satisfactory practice position (30% versus 34%) and to have to change plans due to limited practice opportunities (16% versus 21%).
- ⌘ Generalists received more job offers than specialists (mean of 4.28 versus 3.27). Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 0.85 versus 0.56) and the national job market (1.74 versus 1.44).
- ⌘ The average annual increase in median starting income from 2007 to 2010 was 6% for generalists and 3% for specialists.
- ⌘ Based on an aggregation of all demand indicators from the last four years of the survey, the demand for otolaryngology, gastroenterology, urology, dermatology, anesthesiology, and family medicine appeared very strong.
- ⌘ Nephrology, pathology, ophthalmology, pediatric subspecialties, and internal medicine and pediatrics (combined) experienced weak demand.



SUBGROUPS OF RESPONDENTS USED IN EACH SECTION OF REPORT

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 3,103 of the estimated 5,039 residents who completed training in 2010 (a 62% 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 they have more restrictions on where they can practice compared to other physicians. Appendix A presents response rates by specialty and region and illustrates how specialties are grouped in this report. Appendix B is the 2010 Exit Survey instrument.

Figure 1. 2010 Exit Survey Response Rate and Subgroups Used in Each Section of this Report





Section I

Characteristics of All Respondents

Table 1.1 shows background characteristics of all Exit Survey respondents in 2010. This information is presented because these variables are known to be associated with several outcome variables of interest. For example, IMGs were much more likely to report difficulty finding a satisfactory practice position. Thus, the proportion of IMGs in each specialty may confound (i.e., bias) outcomes of interest when making comparisons across specialties.

1.1 Background Characteristics

Highlights

- ◉ Forty-eight percent (48%) of respondents were female. This was the highest percent since the survey began in 1998. Females represented more than 60% of respondents in obstetrics/gynecology (76%), general pediatrics (73%), dermatology (73%), pediatric subspecialties (64%), adult psychiatry (63%), and child and adolescent psychiatry (61%).
- ◉ Surgical subspecialties had the fewest females (25%). Of the individual specialties, cardiology (12%), urology (17%), and orthopedics (22%) had very few females.
- ◉ URMs comprised 14% of all respondents. Since the survey began in 1998, this percent has fluctuated between 12% and 14%. Family medicine (23%), child and adolescent psychiatry (21%), and adult psychiatry (20%) had the most URMs.
- ◉ Otolaryngology (0%), internal medicine and pediatrics (combined) (0%), and urology (4%) had very few URMs.
- ◉ Twenty-six percent (26%) of respondents attended New York high schools. The percent of respondents who attended New York high schools is indicative of the percent of respondents who resided in New York prior to attending medical school. Thirty-nine percent (39%) of respondents came from another country and 33% came from other states to pursue graduate medical training in New York.
- ◉ Almost one-half (48%) of all respondents were IMGs, similar to the last survey (45% in 2009). This varied widely by specialty with the highest concentrations of IMGs found in geriatrics (80%), general internal medicine (74%), and nephrology (69%).
- ◉ Specialties with very few IMGs included urology (0%), dermatology (3%), and otolaryngology (6%).



Figure 1.1 Percent of Respondents who are Female by Specialty Group (All 2010 Exit Survey Respondents)

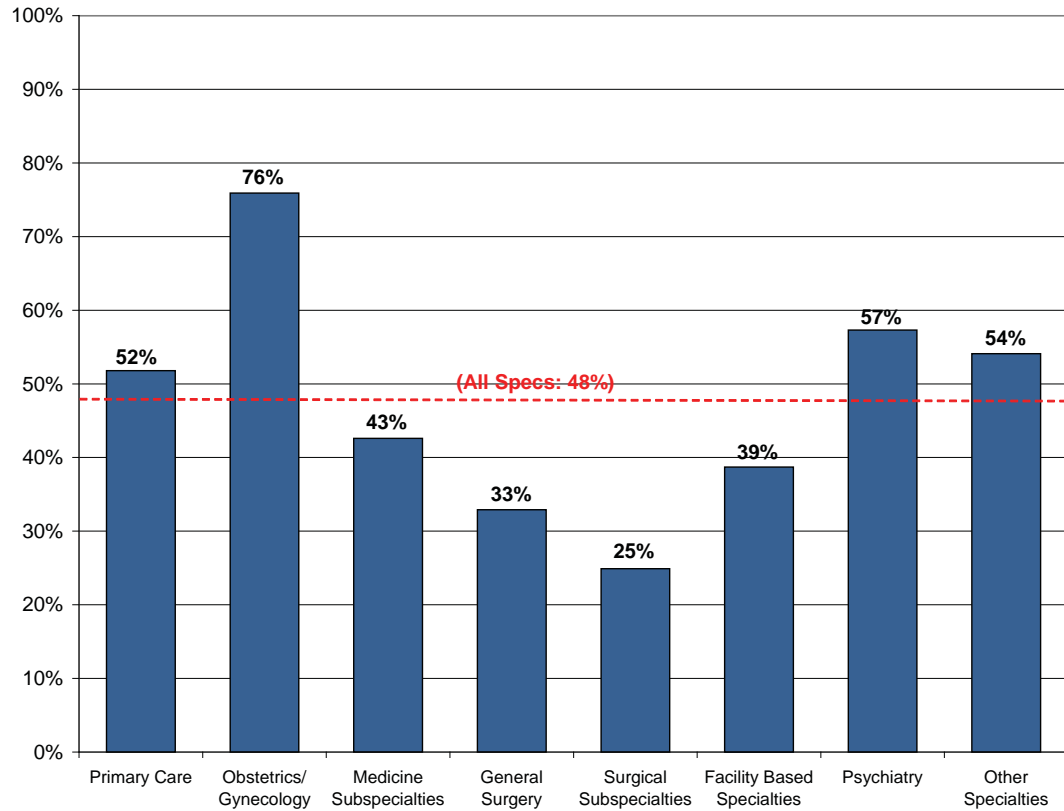


Figure 1.2 Percent of Respondents who are Underrepresented Minorities by Specialty Group (All 2010 Exit Survey Respondents)

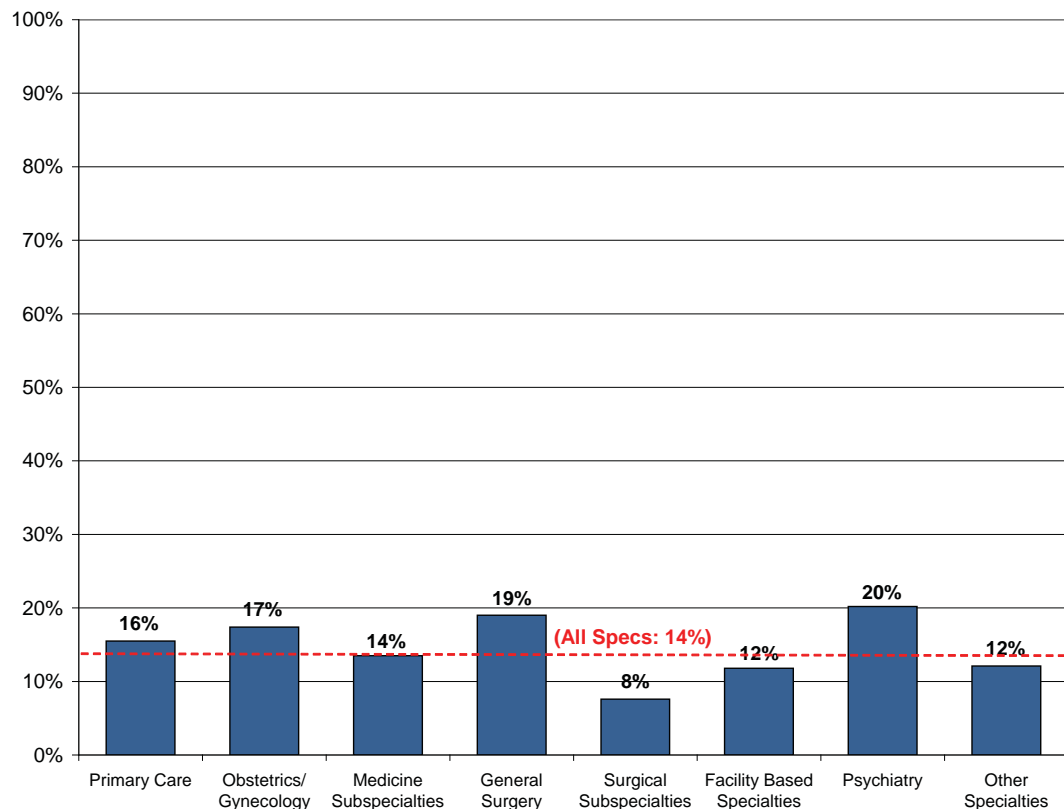




Figure 1.3 Location of High School Attended (All 2010 Exit Survey Respondents)

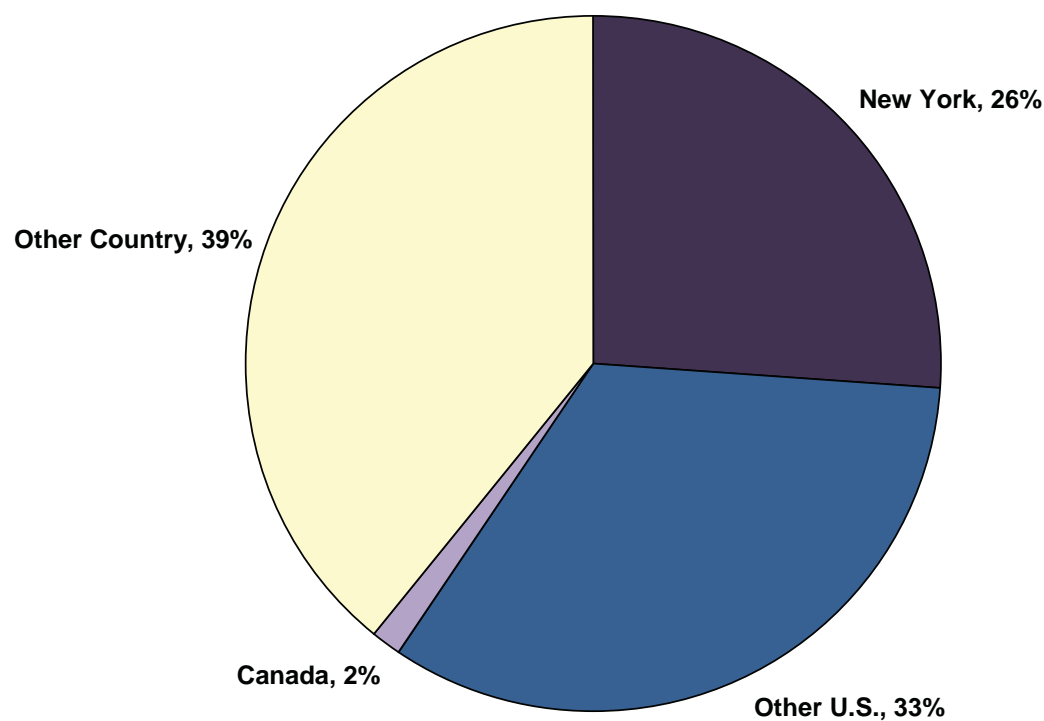


Figure 1.4 Location of Medical School and Citizenship Status (All 2010 Exit Survey Respondents)

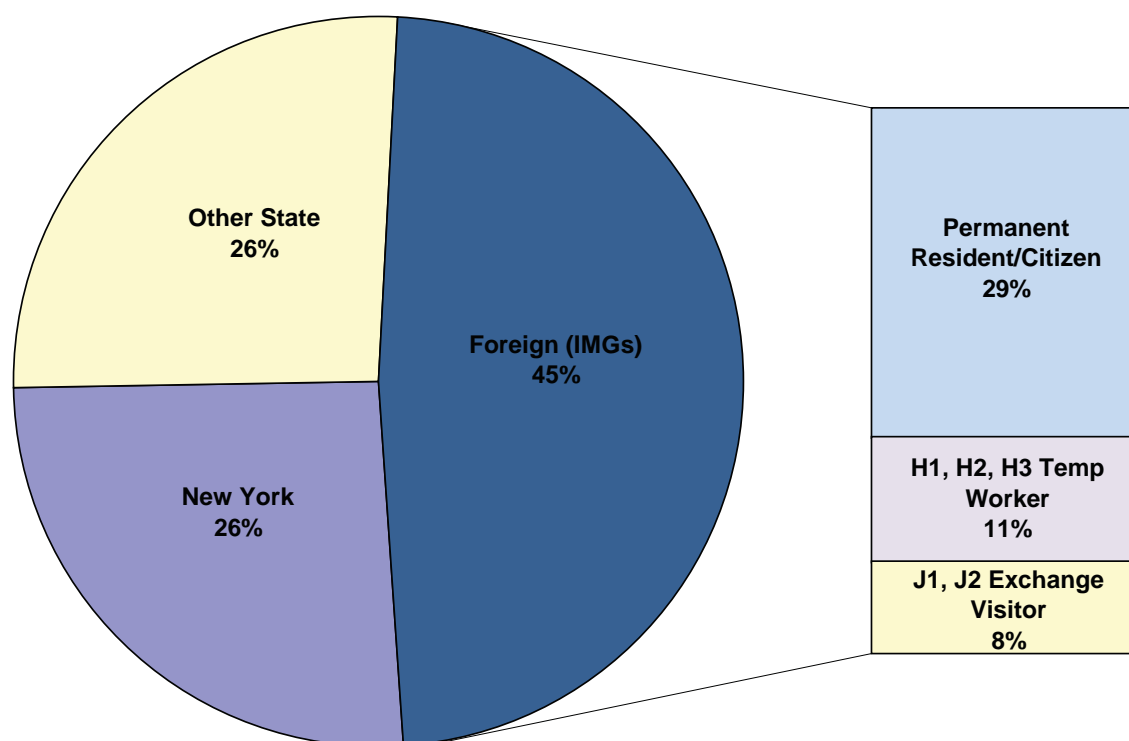




Table 1.1 Background Characteristics of Respondents (All 2010 Exit Survey Respondents)

<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>
Primary Care	1,103	52%	16%	20%	69%	30%
Family Medicine	133	55%	23%	24%	66%	18%
General Internal Medicine	721	44%	14%	17%	74%	32%
General Pediatrics	233	74%	16%	25%	59%	32%
IM & Peds (Combined)	16	44%	0%	31%	13%	6%
Obstetrics/Gynecology	138	76%	17%	27%	41%	16%
Medicine Subspecialties	416	43%	14%	25%	57%	20%
Cardiology	68	12%	9%	25%	49%	8%
Gastroenterology	47	28%	11%	27%	43%	7%
Geriatrics	45	57%	16%	25%	80%	34%
Hematology/Oncology	47	56%	18%	27%	44%	13%
Nephrology	49	33%	13%	18%	69%	36%
General Surgery	85	33%	19%	30%	33%	12%
Surgical Subspecialties	236	25%	8%	35%	13%	6%
Ophthalmology	44	44%	5%	40%	9%	0%
Orthopedics	91	22%	6%	32%	9%	7%
Otolaryngology	18	41%	0%	41%	6%	0%
Urology	24	17%	4%	58%	0%	0%
Facility Based	439	39%	12%	30%	29%	9%
Anesthesiology	118	39%	13%	36%	19%	4%
Pathology	127	52%	15%	15%	51%	19%
Radiology	148	30%	6%	39%	20%	5%
Psychiatry	230	57%	20%	30%	52%	17%
Adult Psychiatry	130	63%	20%	30%	56%	18%
Child & Adolescent Psych	53	61%	21%	34%	45%	18%
Other	450	54%	12%	32%	28%	10%
Dermatology	33	73%	10%	23%	3%	0%
Emergency Medicine	122	46%	10%	32%	22%	8%
Neurology	74	50%	9%	36%	32%	18%
Pediatric Subspecialties	86	64%	19%	28%	41%	13%
Physical Medicine & Rehab	58	40%	13%	40%	35%	2%
All Specialties, 2010 (2009)	3,103 (2,874)	48% (43%)	14% (13%)	26% (27%)	48% (45%)	19% (16%)

⁴Specialties 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.

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

⁶IMG = International Medical Graduate.

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

- ⊙ Nineteen percent (19%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in nephrology (36%), geriatrics (34%), general internal medicine (32%), and general pediatrics (32%). Dermatology, urology, ophthalmology, and otolaryngology had no 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 internal medicine and pediatrics (combined) (\$207,600), emergency medicine (\$175,300), and general pediatrics (\$169,550).
- Only three specialties had less than \$70,000 of median educational debt. Nephrology (\$58,200), cardiology (\$61,700), and dermatology (\$69,750) had the lowest debt.
- Among specialty groups, obstetrics and gynecology (\$166,400) had the highest median educational debt and psychiatry had the lowest (\$95,500).

**Figure 1.5 Median Educational Debt by Specialty and Race/Ethnicity (in \$1,000s)
(All 2010 Exit Survey Respondents, U.S. Citizens Only)**

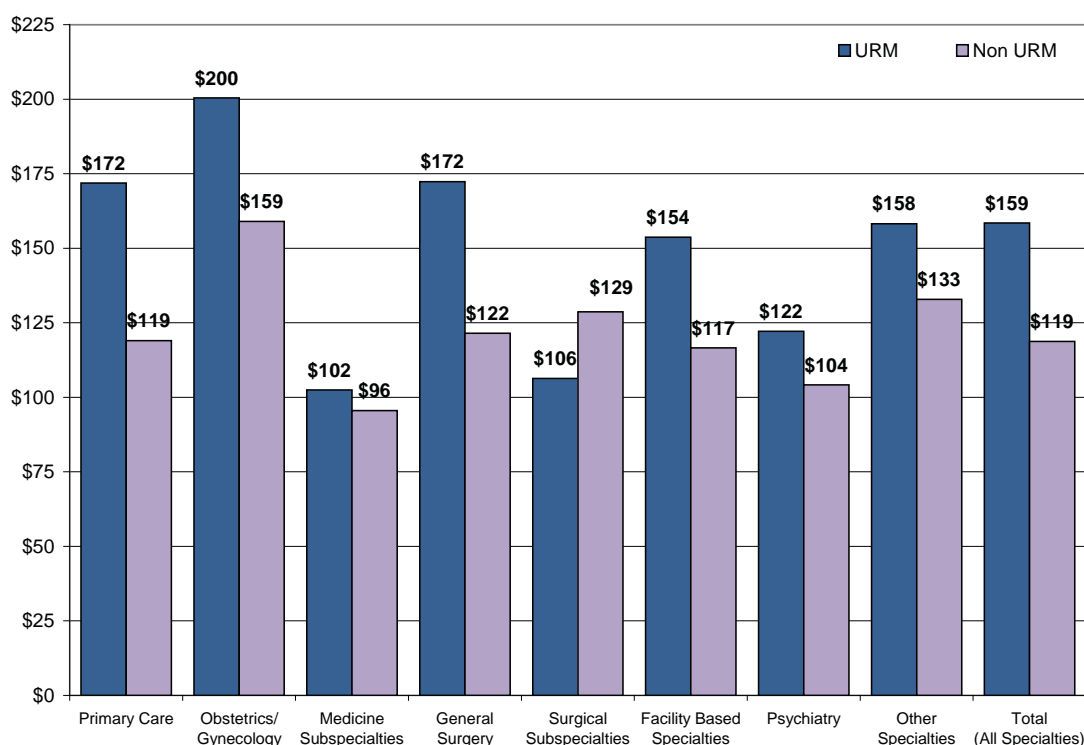




Table 1.2 Descriptive Statistics for Respondents' Educational Debt (All 2010 Exit Survey Respondents, U.S. Citizens Only)

<u>Specialty</u>	<u>N</u>	<u>MEAN</u>	<u>RANK⁸</u> <u>(of 25)</u>	<u>MEDIAN</u>	<u>RANK</u> <u>(of 25)</u>
Primary Care	562	\$116,336	N/A	\$121,100	N/A
Family Medicine	87	\$114,813	14	\$108,200	15
General Internal Medicine	337	\$102,411	18	\$77,400	21
General Pediatrics	124	\$149,780	4	\$169,550	3
IM & Peds (Combined)	14	\$164,793	2	\$207,600	1
Obstetrics/Gynecology	103	\$151,152	3	\$166,400	4
Medicine Subspecialties	258	\$100,433	N/A	\$96,050	N/A
Cardiology	46	\$85,096	25	\$61,700	24
Gastroenterology	35	\$92,431	22	\$89,100	19
Geriatrics	20	\$124,915	11	\$120,100	13
Hematology/Oncology	30	\$115,753	13	\$122,650	12
Nephrology	25	\$98,660	20	\$58,200	25
General Surgery	66	\$126,947	9	\$134,250	8
Surgical Subspecialties	202	\$131,205	N/A	\$126,900	N/A
Ophthalmology	37	\$121,876	12	\$116,700	14
Orthopedics	81	\$135,554	6	\$133,300	9
Otolaryngology	17	\$127,635	8	\$125,700	11
Urology	23	\$89,470	23	\$86,100	20
Facility Based	343	\$122,327	N/A	\$128,800	N/A
Anesthesiology	101	\$146,956	5	\$164,100	5
Pathology	81	\$108,240	16	\$94,600	17
Radiology	124	\$102,590	17	\$89,450	18
Psychiatry	167	\$107,409	N/A	\$95,500	N/A
Adult Psychiatry	91	\$110,240	15	\$95,500	16
Child & Adolescent Psych	39	\$101,367	19	\$128,100	10
Other	349	\$126,311	N/A	\$134,600	N/A
Dermatology	28	\$94,129	21	\$69,750	23
Emergency Medicine	102	\$166,534	1	\$175,300	2
Neurology	50	\$134,606	7	\$140,050	7
Pediatric Subspecialties	62	\$88,706	24	\$76,150	22
Physical Medicine & Rehab	48	\$126,375	10	\$147,750	6
Total (All Specialties)	2,050	\$119,880	N/A	\$123,550	N/A

⁸Rank 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, studied in Section 3 of this report.

Highlights

- Fifty-three percent (53%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 80% 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 (37%) planned to subspecialize or pursue further training. In addition, 3% were planning to work as chief residents, 2% were planning to enter teaching/research, and 5% had other plans.
- Specialties with the highest percentage of respondents planning to enter patient care/clinical practice were emergency medicine (81%), child and adolescent psychiatry (80%), and family medicine (78%).
- Respondents from general surgery (75%), ophthalmology (71%), otolaryngology (67%), and radiology (64%) were the most likely to report plans to subspecialize or pursue additional training.
- Respondents from hematology/oncology (2%), child and adolescent psychiatry (10%), family medicine (11%), pediatric subspecialties (14%), and emergency medicine (18%) were the least likely to report plans to subspecialize or pursue additional training.
- General pediatrics (9%), general internal medicine (8%), and internal medicine and pediatrics (combined) (6%) had the most respondents indicating they were planning on entering positions as chief residents.
- Hematology/oncology had by far the highest percentage of respondents entering teaching/research (20%).



Figure 2.1 Primary Activity After Completion of Current Training Program (All 2010 Exit Survey Respondents)

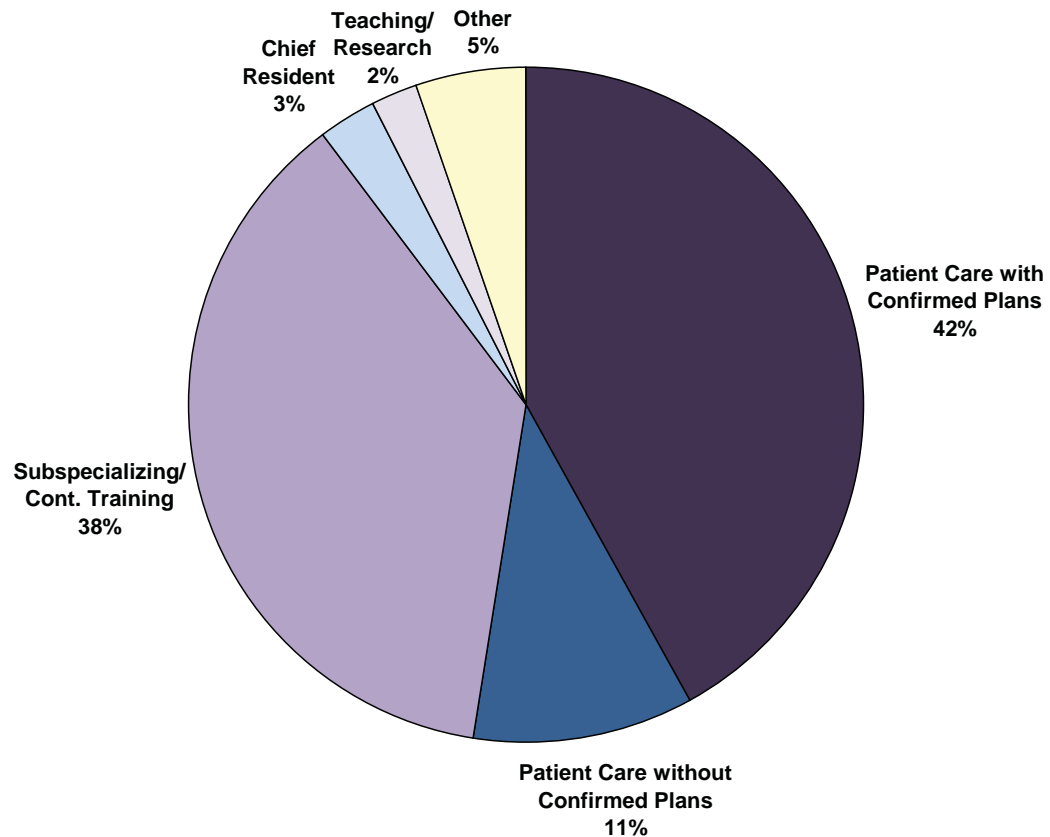
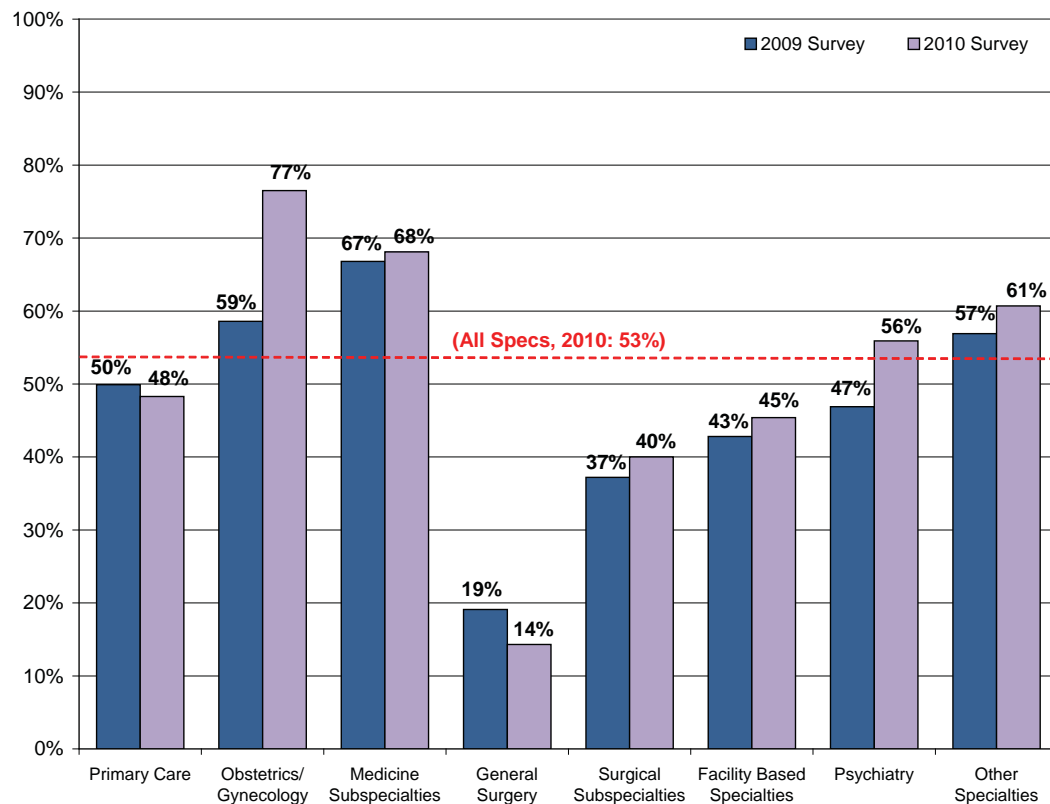


Figure 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group (All 2009 and 2010 Exit Survey Respondents)





**Figure 2.3 Rank of Percent of Respondents Entering Patient Care by Specialty
(All 2010 Exit Survey Respondents)**

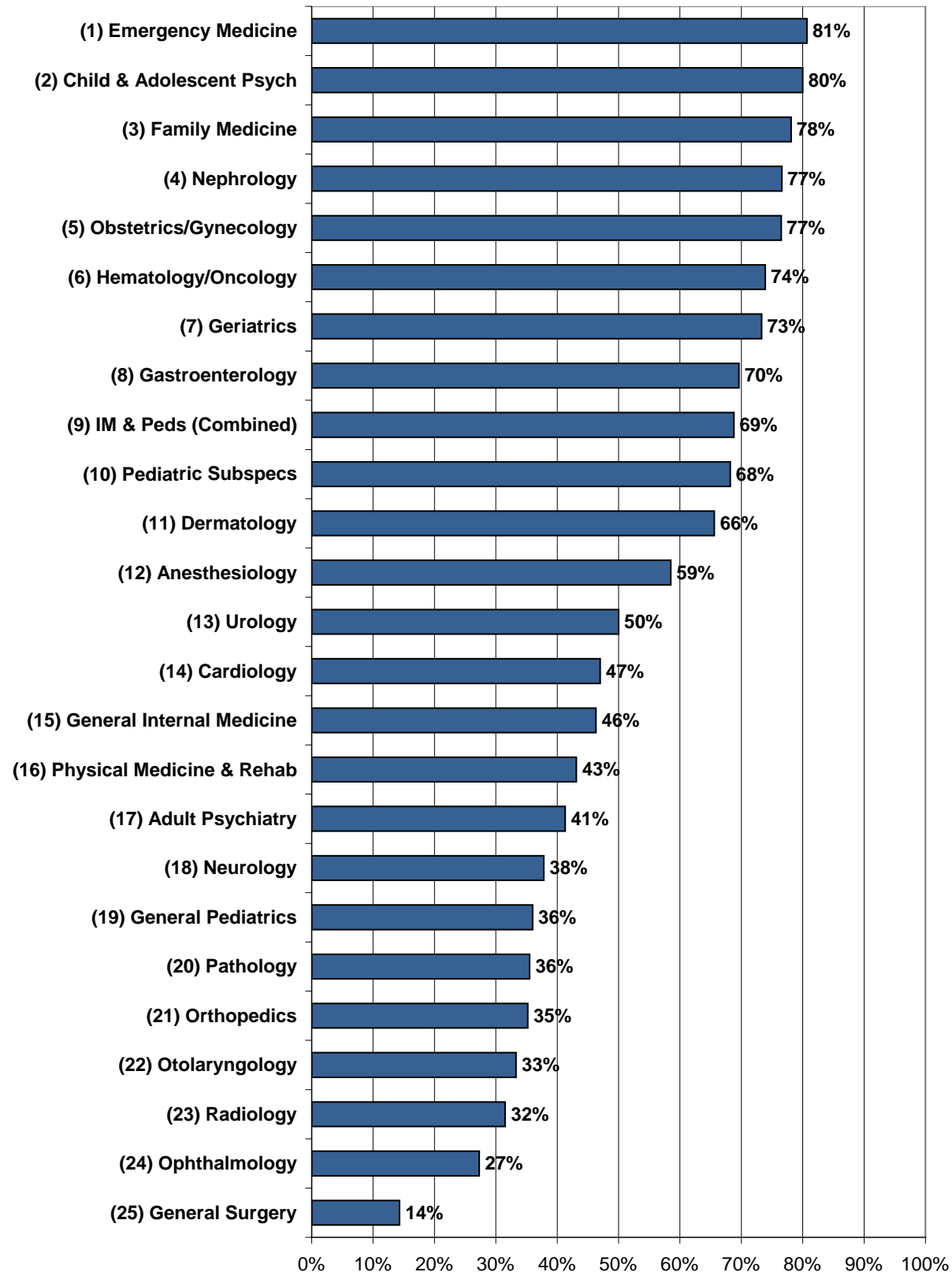




Table 2.1 Primary Activity After Completion of Current Training Program (All 2010 Exit Survey Respondents)

<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>
Primary Care	48%	37%	7%	2%	6%
Family Medicine	78%	11%	2%	2%	8%
General Internal Medicine	46%	38%	8%	2%	6%
General Pediatrics	36%	50%	9%	1%	4%
IM & Peds (Combined)	69%	25%	6%	0%	0%
Obstetrics/Gynecology	77%	18%	0%	2%	4%
Medicine Subspecialties	68%	21%	0%	6%	4%
Cardiology	47%	47%	0%	6%	0%
Gastroenterology	70%	20%	0%	9%	2%
Geriatrics	73%	18%	0%	0%	9%
Hematology/Oncology	74%	2%	0%	20%	4%
Nephrology	77%	13%	0%	2%	9%
General Surgery	14%	75%	1%	0%	10%
Surgical Subspecialties	40%	55%	1%	1%	3%
Ophthalmology	27%	71%	0%	0%	2%
Orthopedics	35%	59%	1%	1%	3%
Otolaryngology	33%	67%	0%	0%	0%
Urology	50%	50%	0%	0%	0%
Facility Based	45%	49%	0%	2%	4%
Anesthesiology	59%	38%	0%	0%	3%
Pathology	36%	57%	0%	3%	5%
Radiology	32%	64%	0%	2%	2%
Psychiatry	56%	37%	1%	1%	5%
Adult Psychiatry	41%	55%	1%	0%	3%
Child & Adolescent Psych	80%	10%	0%	4%	6%
Other	61%	30%	0%	3%	7%
Dermatology	66%	28%	0%	3%	3%
Emergency Medicine	81%	17%	0%	3%	0%
Neurology	38%	57%	0%	1%	4%
Pediatric Subspecialties	68%	14%	0%	8%	9%
Physical Medicine & Rehab	43%	52%	0%	0%	5%
All Specialties, 2010 (2009)	53% (51%)	37% (38%)	3% (3%)	2% (3%)	5% (5%)



Section III

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

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

3.1 Practice Location

Table 3.1 gives the practice location of respondents with confirmed practice plans. This is a subset of all respondents so the number in this subgroup is presented for each specialty in the first column. A total of 1,295 respondents had confirmed practice plans. Two percent (2%) of these respondents were planning to practice outside the U.S. and these physicians have been excluded from all other subsections within Section 3 of this report.

Highlights

- ⦿ Less than one-half (44%) of respondents with confirmed plans were entering practice within New York. Of these, the vast majority (89%) were remaining in the same region in which they trained.
- ⦿ The specialties with the highest rates of in-state retention of respondents were internal medicine and pediatrics (combined) (100%), child and adolescent psychiatry (63%), and anesthesiology (60%).
- ⦿ The specialties of urology (27%), general internal medicine (27%), and nephrology (15%) 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 2010, 77% of respondents who had attended high school in New York and medical school in New York planned to practice in New York.
- ⦿ When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons cited were proximity to family (31%) and better jobs in desired locations outside New York (12%). Only 6% of respondents indicated that they never intended to practice in New York.
- ⦿ Less than 3% of respondents reported that the principal reason for practicing outside of New York was climate/weather in New York (2%), taxes in New York (2%), the cost of malpractice insurance in New York (1%), or the cost of starting a practice in New York (0%).

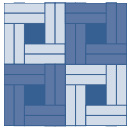


Figure 3.1 Location of Upcoming Practice (for 2010 Respondents with Confirmed Practice Plans)

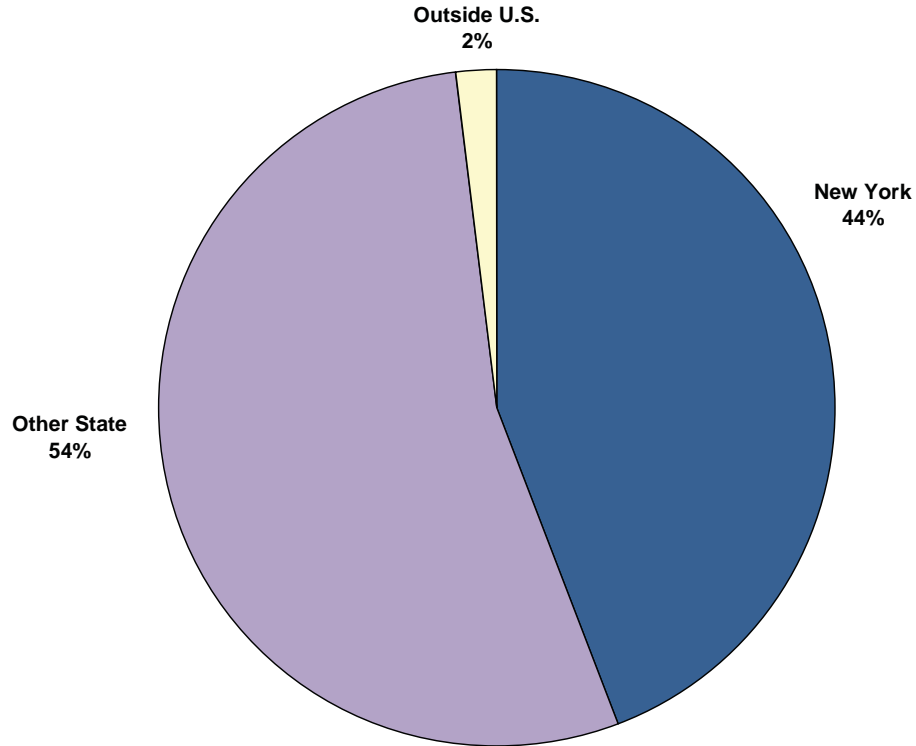


Figure 3.2 Percent of Respondents Entering Practice in New York by Specialty Group (for 2010 Respondents with Confirmed Practice Plans)

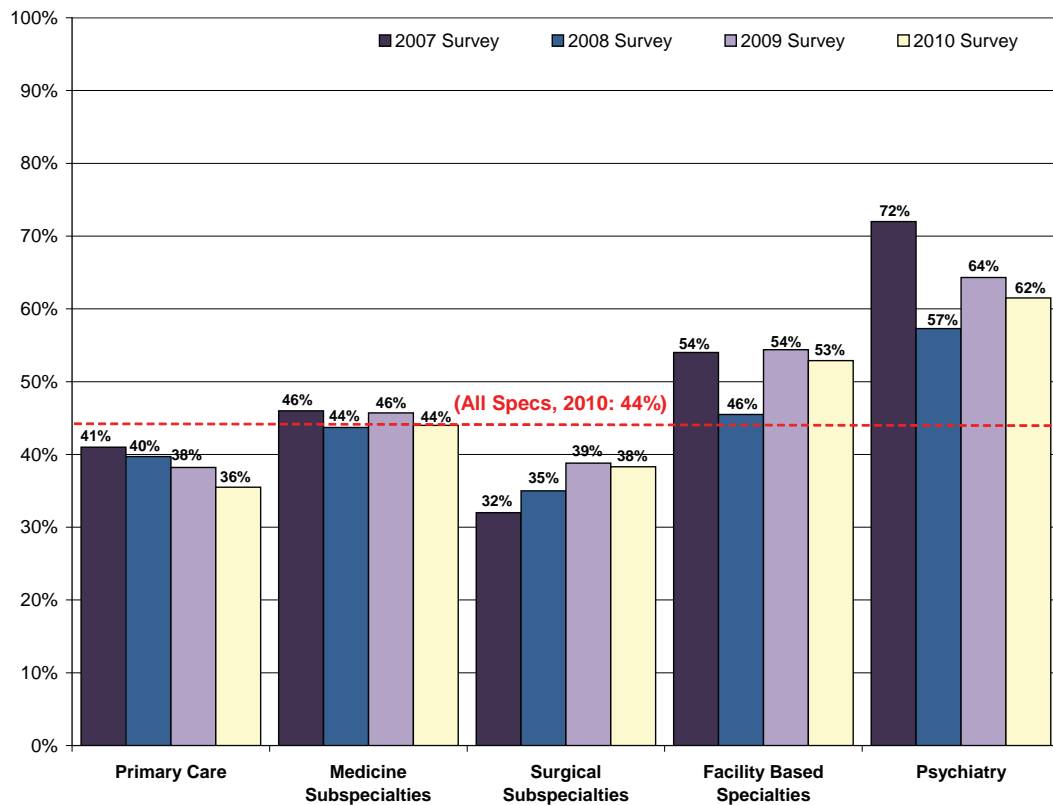




Figure 3.3 Rank of In-state Retention Rates by Specialty (for 2010 Respondents with Confirmed Practice Plans)

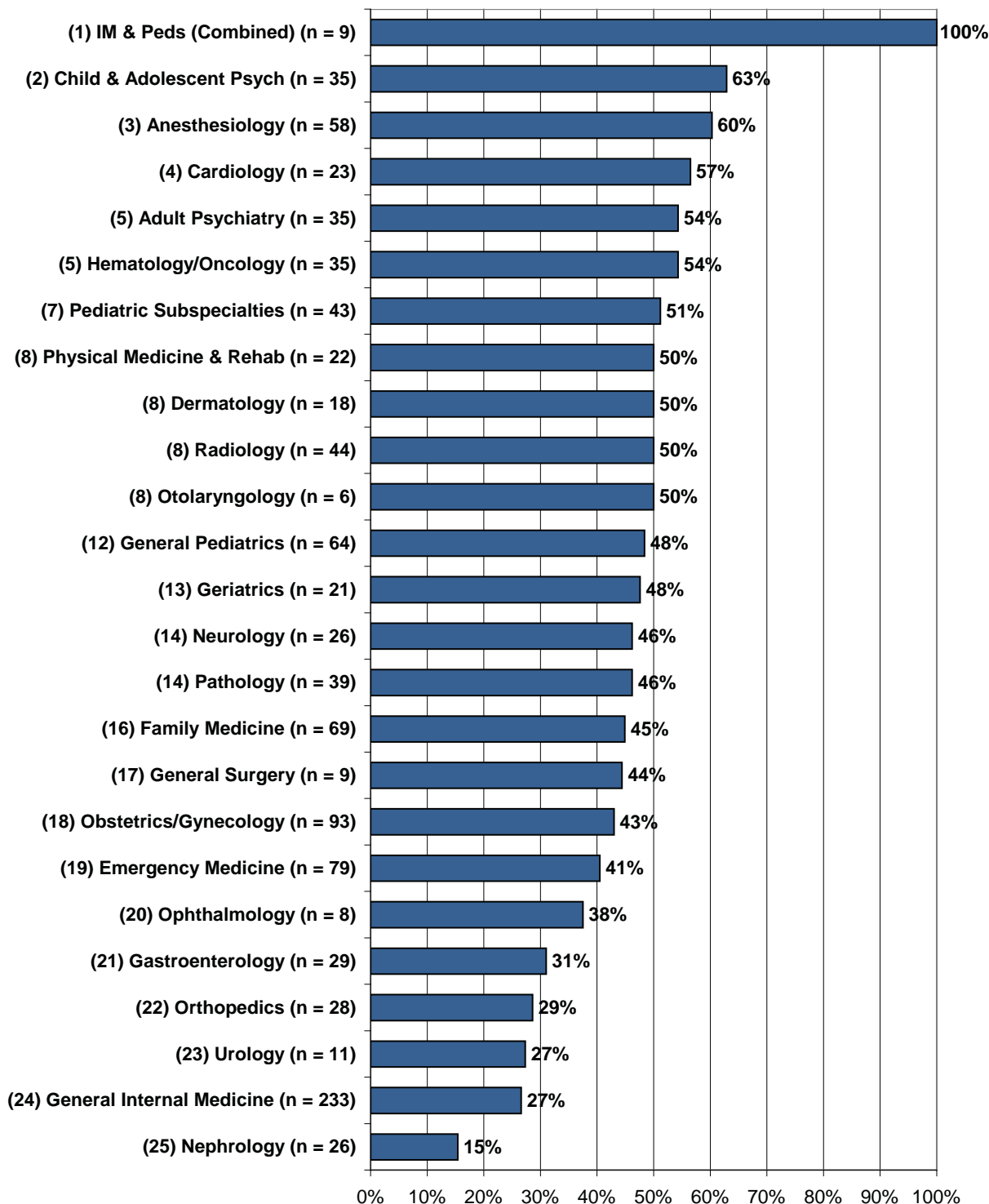




Table 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2010 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	Number with Confirmed Practice Plans ⁹	<u>LOCATION OF UPCOMING PRACTICE</u>			
		<u>Within New York</u>		<u>Other State</u>	<u>Outside U.S.¹⁰</u>
		<u>Same Region</u>	<u>Other Area</u>		
Primary Care	379	31%	5%	64%	1%
Family Medicine	70	39%	6%	54%	1%
General Internal Medicine	234	23%	3%	73%	0%
General Pediatrics	66	41%	8%	50%	2%
IM & Peds (Combined)	9	89%	11%	0%	0%
Obstetrics/Gynecology	93	42%	1%	56%	1%
Medicine Subspecialties	233	37%	7%	53%	3%
Cardiology	23	39%	17%	39%	4%
Gastroenterology	29	28%	3%	69%	0%
Geriatrics	21	38%	10%	43%	10%
Hematology/Oncology	35	43%	11%	43%	3%
Nephrology	26	15%	0%	85%	0%
General Surgery	9	44%	0%	33%	22%
Surgical Subspecialties	82	27%	11%	62%	0%
Ophthalmology	8	25%	13%	63%	0%
Orthopedics	28	18%	11%	71%	0%
Otolaryngology	6	33%	17%	50%	0%
Urology	11	18%	9%	73%	0%
Facility Based	175	46%	7%	44%	3%
Anesthesiology	60	53%	7%	40%	0%
Pathology	39	39%	8%	51%	3%
Radiology	45	41%	9%	43%	7%
Psychiatry	98	57%	4%	37%	2%
Adult Psychiatry	37	49%	6%	43%	3%
Child & Adolescent Psych	35	60%	3%	37%	0%
Other	226	43%	4%	51%	2%
Dermatology	18	39%	11%	50%	0%
Emergency Medicine	80	39%	1%	56%	4%
Neurology	27	42%	4%	54%	0%
Pediatric Subspecialties	44	49%	2%	44%	5%
Physical Medicine & Rehab	22	46%	5%	50%	0%
All Specialties, 2010 (2009)	1,295 (1,197)	39% (40%)	5% (7%)	54% (52%)	2% (2%)

⁹This 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.

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



Figure 3.4 Percent of Respondents with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2010 Respondents with Confirmed Practice Plans)

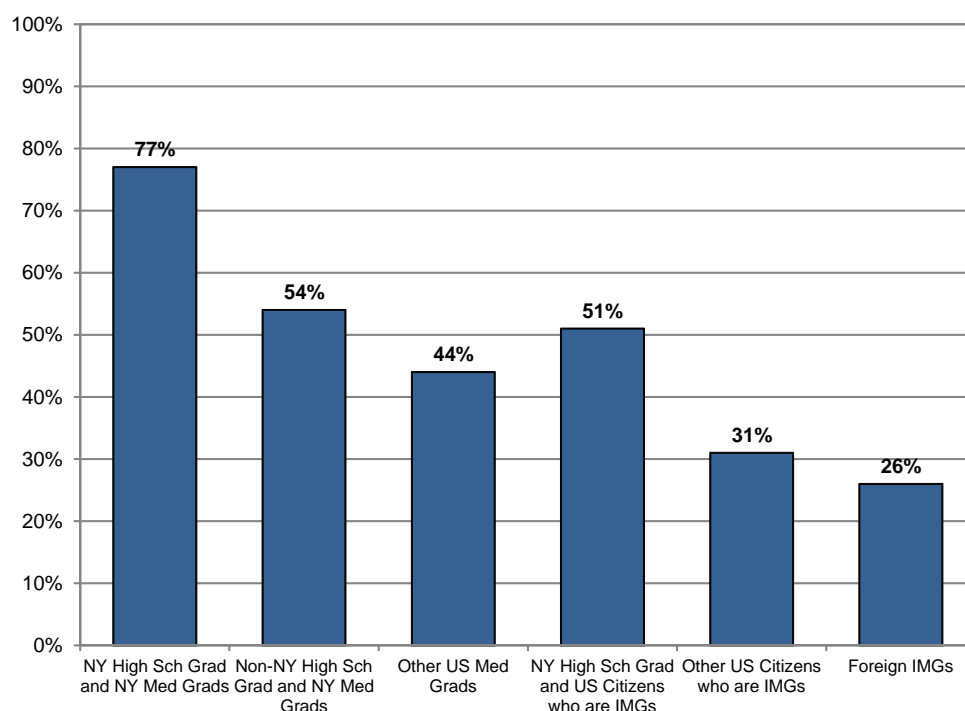
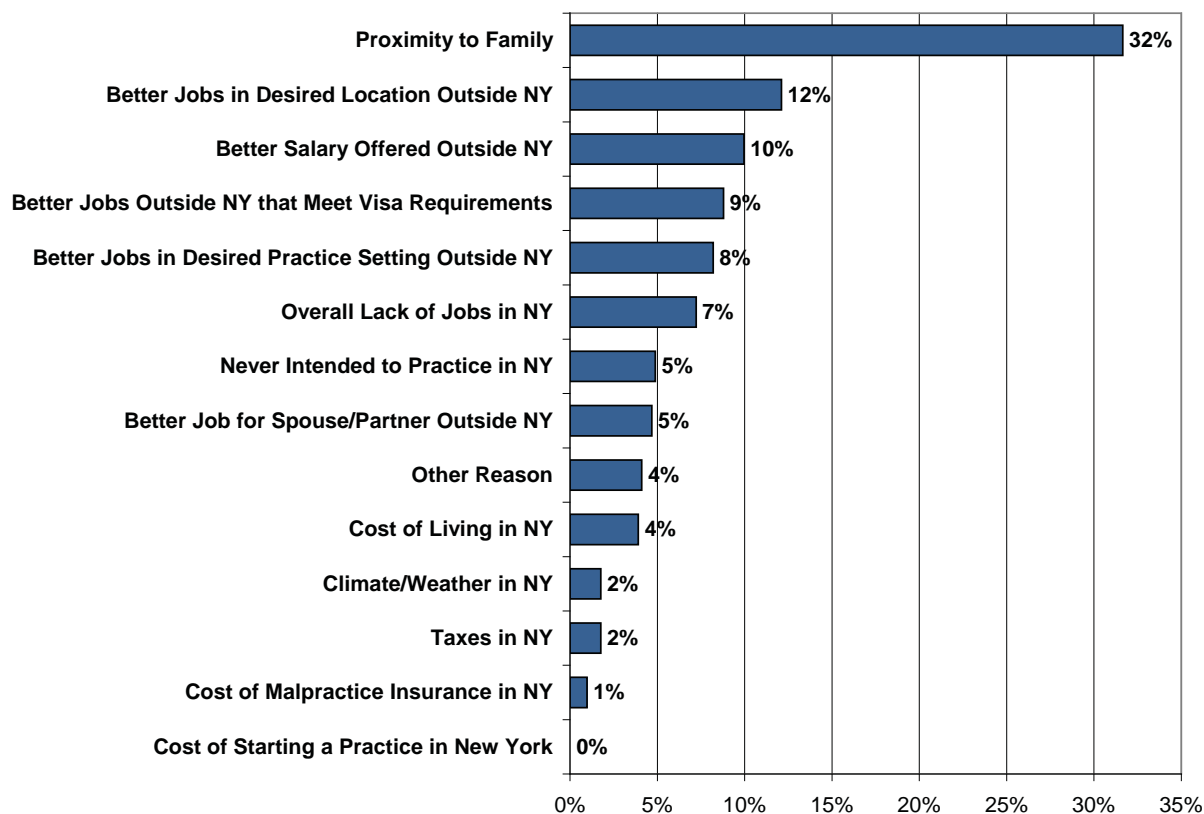


Figure 3.5 Principal Reason for Practicing Outside of New York (for 2010 Respondents with Confirmed Practice Plans)





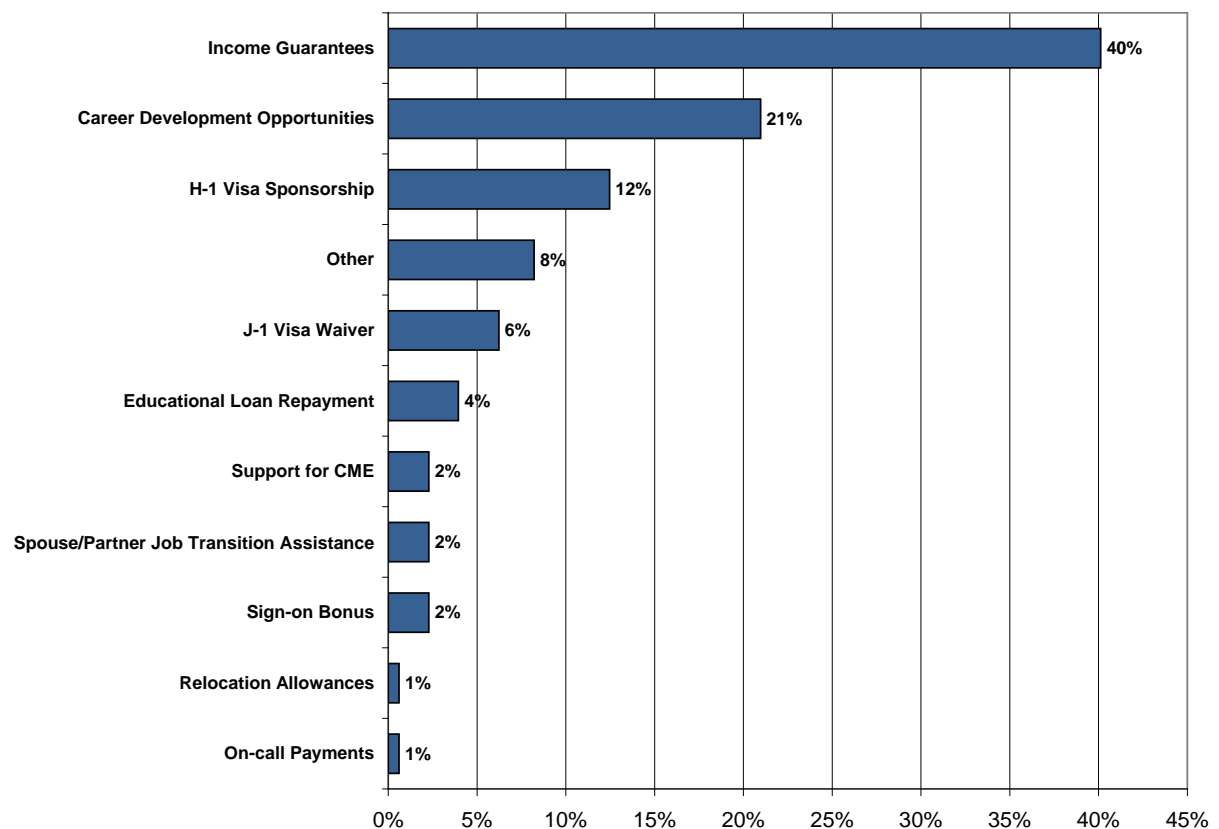
3.2 Recruitment Incentives

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

Highlights

- Forty percent (40%) of respondents reported that income guarantees were the most influential incentive they received for accepting a practice position. The next most influential incentive was career development opportunities (21%). Twelve percent (12%) of respondents indicated that H-1 visa sponsorship was their most influential incentive.
- Less than 5% of respondents indicated that educational loan repayment (4%), support for continuing medical education (2%), spouse/partner job transition assistance (2%), sign-on bonus (2%), relocation allowances (1%), and on-call payments (1%) were the most influential incentives.

Figure 3.6 Most Influential Incentive Received for Accepting a Practice Position (for 2010 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 that (as is true with all data presented in this report) these numbers are based on self-reporting by respondents and a large percentage said they did not know if their upcoming practice was located within a HPSA.

Highlights

- ⦿ Twenty-eight percent (28%) of respondents reported plans to practice in inner-city locations and only 5% were going to rural locations. Eighteen percent (18%) reported they would be practicing in a HPSA, similar to the percentage reported in 2009.
- ⦿ Respondents from adult psychiatry (52%), pediatric subspecialties (51%), and child and adolescent psychiatry (51%) were the most likely to report plans to practice in the inner city.
- ⦿ Respondents from general surgery (33%), hematology/oncology (9%), and urology (9%) were the most likely to report plans to practice in rural areas.
- ⦿ Respondents from geriatrics (47%), internal medicine and pediatrics (44%), and adult psychiatry (33%) were the most likely to report plans to practice in HPSAs.
- ⦿ Citizenship status has a strong influence on an individual's likelihood of practicing in a HPSA. IMGs with J-1 and J-2 exchange visas are required to practice in underserved areas or return to their native country. Therefore, specialties with a high proportion of temporary visa holders had high proportions of respondents reporting plans to practice in HPSAs. While almost half of IMGs with temporary visas reported plans to practice in HPSAs (49%), IMGs with permanent citizenship were slightly less likely to report plans to practice in HPSAs than were USMGs (15% and 18%, respectively, for respondents from primary care specialties).



Figure 3.7 Entering Practice in Rural and Inner-city Areas by Location of Medical School and Citizenship Status (for 2010 Respondents from Primary Care Specialties with Confirmed Practice Plans)

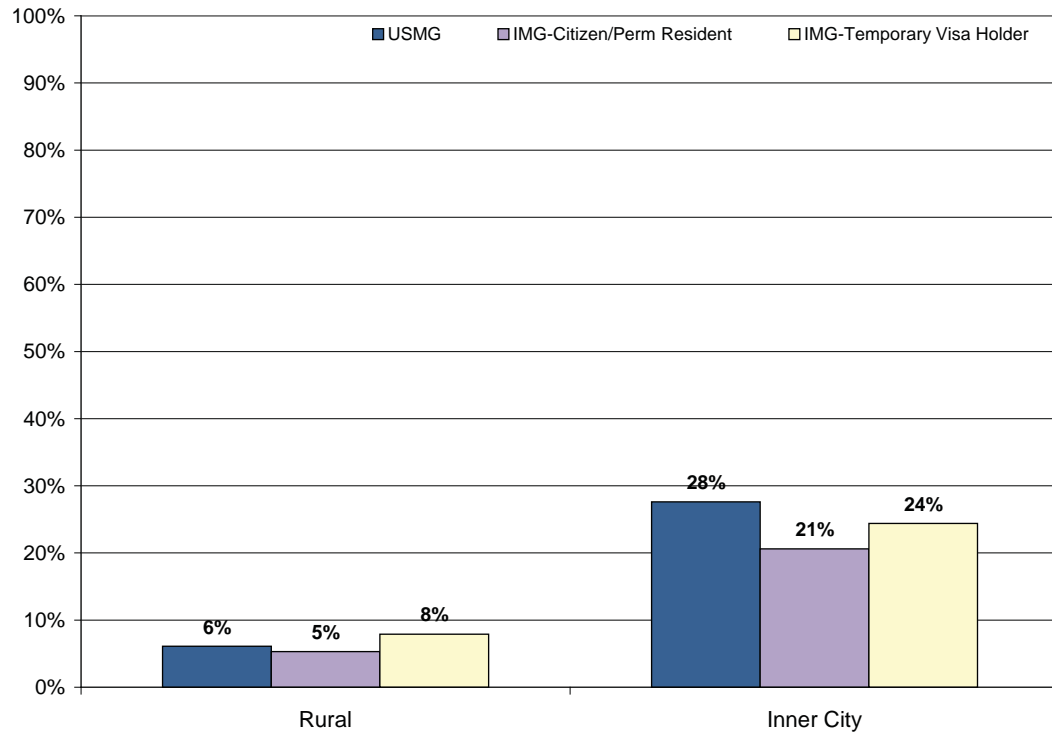


Figure 3.8 Percent of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship (for 2010 Respondents from Primary Care Specialties with Confirmed Practice Plans)

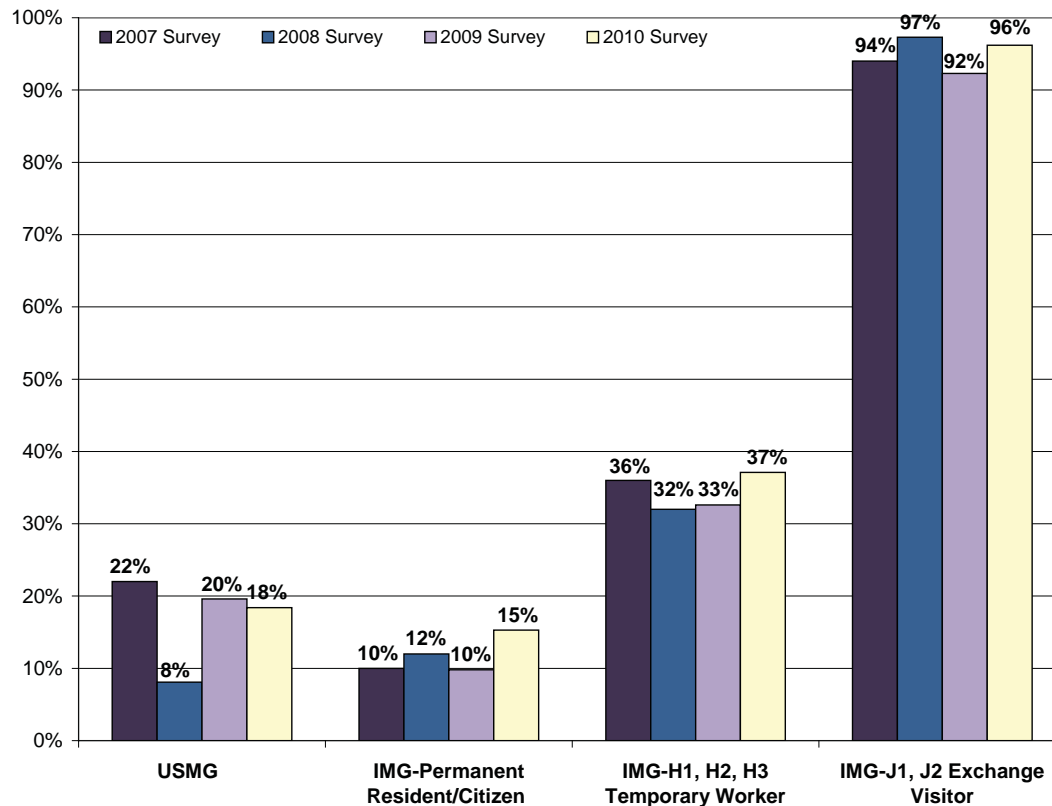




Table 3.2 Demographics of Practice Setting (for 2010 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	DEMOGRAPHICS					% Practicing in a Federal HPSA ¹¹
	<u>Inner City</u>	<u>Other Area in Major City</u>	<u>Suburban</u>	<u>Small City</u>	<u>Rural</u>	
Primary Care	25%	16%	29%	24%	7%	28%
Family Medicine	20%	20%	30%	22%	8%	29%
General Internal Medicine	25%	13%	28%	27%	7%	29%
General Pediatrics	27%	16%	33%	19%	6%	25%
IM & Peds (Combined)	22%	56%	22%	0%	0%	44%
Obstetrics/Gynecology	26%	16%	40%	13%	5%	23%
Medicine Subspecialties	22%	20%	42%	14%	4%	16%
Cardiology	36%	23%	41%	0%	0%	14%
Gastroenterology	18%	7%	50%	18%	7%	7%
Geriatrics	21%	32%	42%	5%	0%	47%
Hematology/Oncology	18%	21%	24%	27%	9%	12%
Nephrology	16%	16%	44%	20%	4%	12%
General Surgery	33%	0%	33%	0%	33%	29%
Surgical Subspecialties	19%	31%	37%	11%	3%	7%
Ophthalmology	13%	50%	13%	25%	0%	0%
Orthopedics	15%	30%	48%	4%	4%	7%
Otolaryngology	0%	50%	50%	0%	0%	0%
Urology	0%	9%	55%	27%	9%	0%
Facility Based	30%	28%	31%	8%	3%	7%
Anesthesiology	25%	26%	37%	11%	2%	11%
Pathology	38%	19%	35%	5%	3%	3%
Radiology	23%	39%	21%	10%	8%	5%
Psychiatry	48%	13%	26%	9%	4%	26%
Adult Psychiatry	52%	12%	18%	12%	6%	33%
Child & Adolescent Psych	44%	6%	38%	9%	3%	25%
Other	33%	23%	33%	8%	4%	11%
Dermatology	17%	28%	50%	6%	0%	8%
Emergency Medicine	29%	27%	31%	8%	5%	4%
Neurology	19%	39%	27%	12%	4%	20%
Pediatric Subspecialties	51%	12%	22%	12%	2%	5%
Physical Medicine & Rehab	33%	10%	52%	0%	5%	15%
All Specialties, 2010 (2009)	28% (30%)	20% (22%)	33% (30%)	14% (15%)	5% (4%)	18% (17%)

¹¹HPSA = Health Professional Shortage Area.



3.4 Principal Practice Setting

Table 3.3 shows the practice setting of respondents' upcoming principal practice. The other setting category includes freestanding health centers or clinics, nursing homes, and other settings. On the 2010 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 3.10.

Highlights

- ⊙ Thirty-seven percent (37%) of respondents reported plans to work in group practices. Of these, 91% were accepting positions in group practices as employees.
- ⊙ The vast majority of respondents (93%) reported they would be employees in their upcoming practices with no level of ownership (see Figure 3.10). Twenty-five percent (25%) reported they may have the option to become an owner or partner at some point in the future. Only 5% of respondents reported they would be owners or partners with capital invested and a financial stake in their upcoming practices.
- ⊙ While only 3% of all respondents were planning to enter solo practice, there were several specialties in which 10% or more planned to enter solo practice: general surgery (40%), dermatology (20%), ophthalmology (13%), and child and adolescent psychiatry (13%).
- ⊙ Forty-eight percent (48%) of respondents planned to work in hospitals. Inpatient (30%) was the most common setting, followed by ambulatory care (12%), and emergency room (6%) settings.



Figure 3.9 Practice Setting of Respondents' Upcoming Principal Practice (for 2010 Respondents with Confirmed Practice Plans)

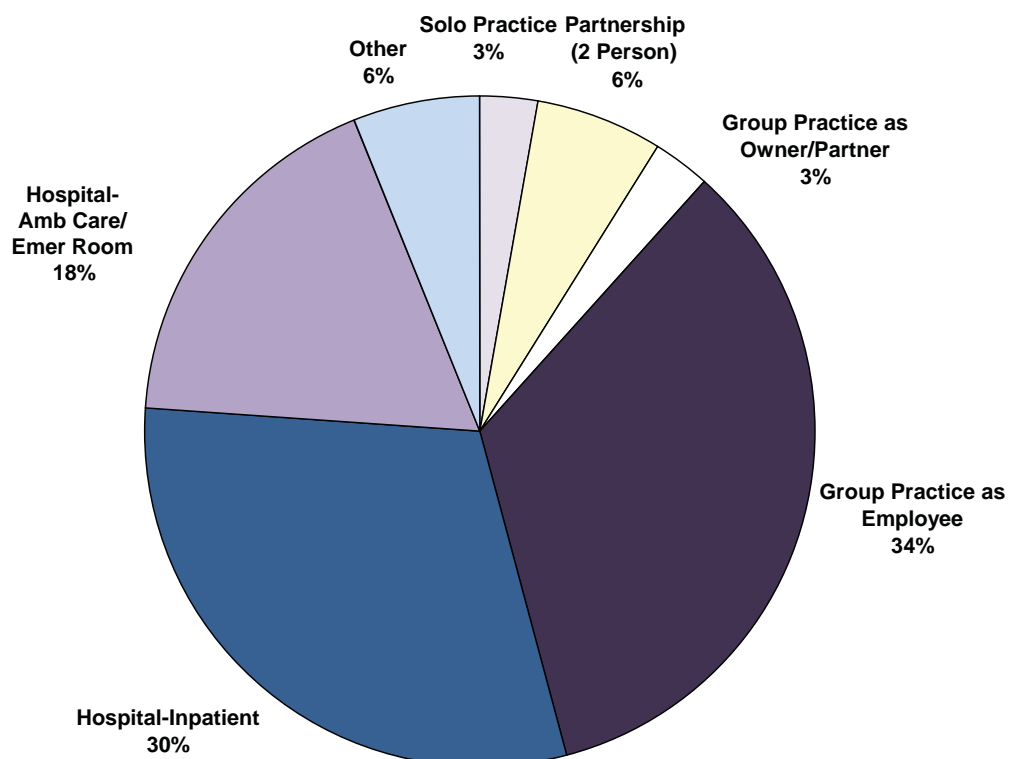


Figure 3.10 Respondents' Level of Ownership in Upcoming Principal Practice (for 2010 Respondents with Confirmed Practice Plans)

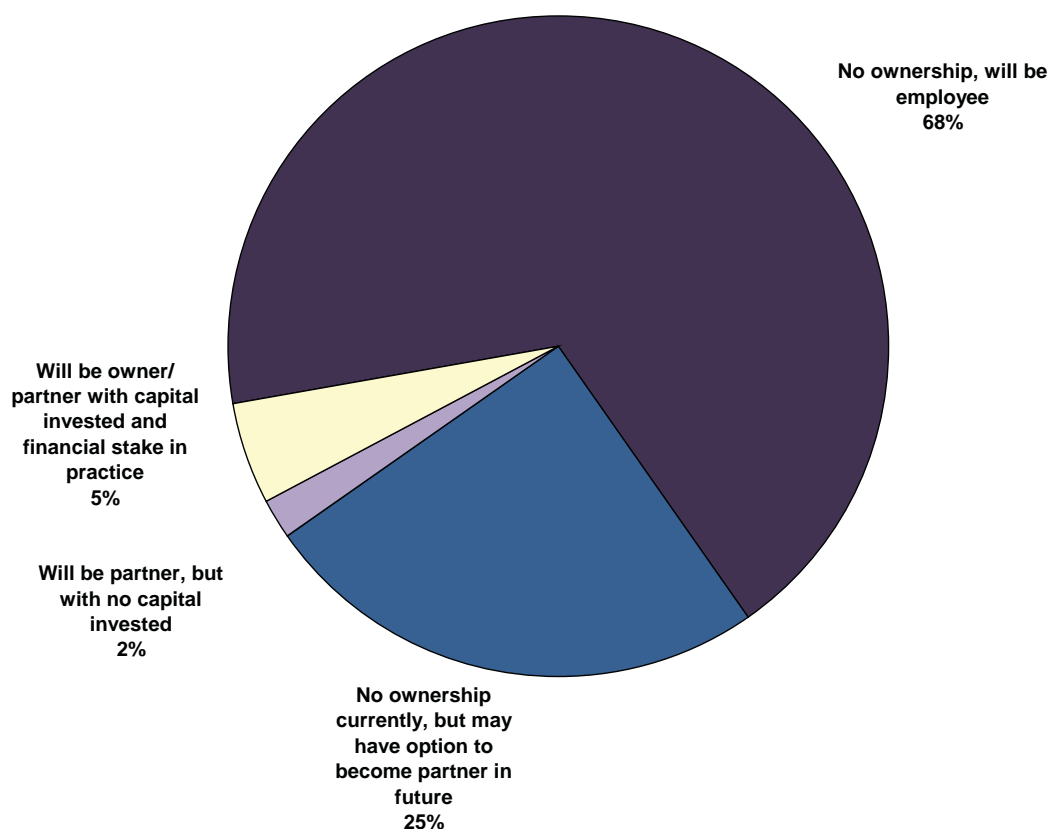




Table 3.3 Practice Setting of Respondents' Upcoming Principal Practice (for 2010 Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partner-ship (2 Person)	GROUP PRACTICE		HOSPITAL			Other
			As Owner/ Partner	As Em- ployee	In- patient	Amb. Care	Emer. Room	
Primary Care	2%	3%	1%	25%	47%	15%	1%	7%
Family Medicine	3%	3%	2%	37%	10%	25%	0%	19%
General Internal Medicine	1%	3%	1%	14%	67%	10%	0%	6%
General Pediatrics	2%	3%	0%	48%	14%	24%	5%	3%
IM & Peds (Combined)	0%	0%	0%	38%	50%	13%	0%	0%
Obstetrics/Gynecology	4%	10%	5%	58%	10%	6%	0%	6%
Medicine Subspecialties	1%	12%	2%	43%	25%	13%	0%	5%
Cardiology	5%	16%	0%	68%	11%	0%	0%	0%
Gastroenterology	4%	17%	0%	48%	9%	13%	0%	9%
Geriatrics	0%	11%	0%	17%	44%	17%	0%	11%
Hematology/Oncology	0%	3%	0%	35%	24%	24%	0%	14%
Nephrology		14%	0%	62%	14%	5%	0%	5%
General Surgery	40%	20%	20%	0%	20%	0%	0%	0%
Surgical Subspecialties	5%	12%	11%	50%	16%	5%	0%	1%
Ophthalmology	13%	38%	0%	38%	0%	13%	0%	0%
Orthopedics	4%	0%	22%	44%	13%	13%	0%	4%
Otolaryngology	0%	0%	0%	100%	0%	0%	0%	0%
Urology	0%	9%	9%	73%	9%	0%	0%	0%
Facility Based	1%	3%	6%	49%	31%	6%	0%	4%
Anesthesiology	2%	2%	2%	63%	25%	4%	0%	2%
Pathology	0%	0%	3%	53%	34%	3%	0%	6%
Radiology	0%	3%	12%	30%	39%	9%	0%	6%
Psychiatry	7%	2%	1%	1%	43%	18%	5%	22%
Adult Psychiatry	7%	0%	0%	4%	43%	14%	4%	29%
Child & Adolescent Psych	13%	3%	3%	0%	38%	25%	3%	16%
Other	3%	5%	3%	28%	16%	13%	29%	2%
Dermatology	20%	20%	0%	47%	0%	13%	0%	0%
Emergency Medicine	3%	0%	1%	20%	0%	1%	73%	1%
Neurology	0%	0%	5%	33%	29%	29%	0%	5%
Pediatric Subspecialties	0%	3%	0%	14%	49%	16%	16%	3%
Physical Medicine & Rehab	0%	15%	5%	60%	10%	10%	0%	0%
All Specialties, 2010	3%	6%	3%	34%	30%	12%	6%	6%
(All Specialties, 2009)	(3%)	(6%)	(4%)	(33%)	(32%)	(10%)	(8%)	(5%)



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 radiology (\$322,850), anesthesiology (\$303,400), and orthopedics (\$297,600).
- ⦿ General pediatrics had by far the lowest median starting income of all specialties (\$122,100). Other specialties with low starting incomes included internal medicine and pediatrics (combined) (\$131,300), ophthalmology (\$150,600), and family medicine (\$155,600).
- ⦿ Among the specialty groups, psychiatry (\$165,300) and primary care (\$171,000) had the lowest starting median income. Conversely, facility based (\$285,000) and surgical subspecialties (\$263,900) had the highest.



Figure 3.11 Expected Starting Income (in \$1,000s) by Specialty Group (for 2010 Respondents with Confirmed Practice Plans)

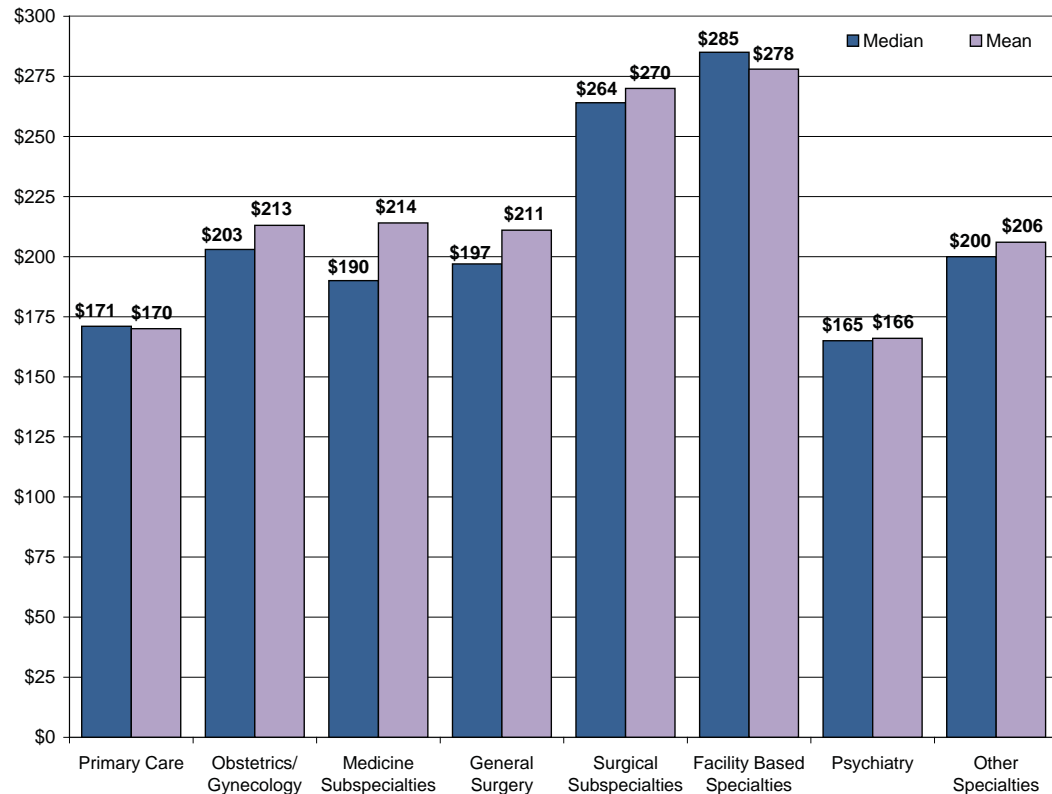


Figure 3.12 Distribution of Starting Income among Primary Care and Non-Primary Care Physicians (for 2010 Respondents with Confirmed Practice Plans)

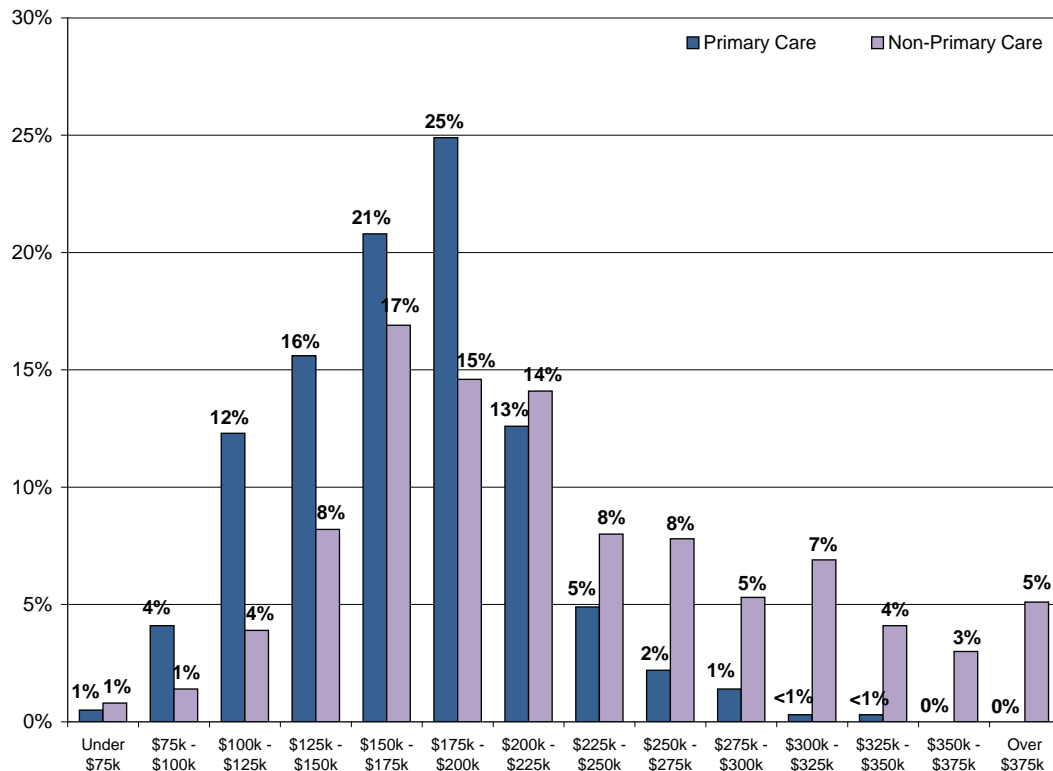




Figure 3.13 Rank of Median Starting Income (in \$1,000s) by Specialty (for 2010 Respondents with Confirmed Practice Plans)

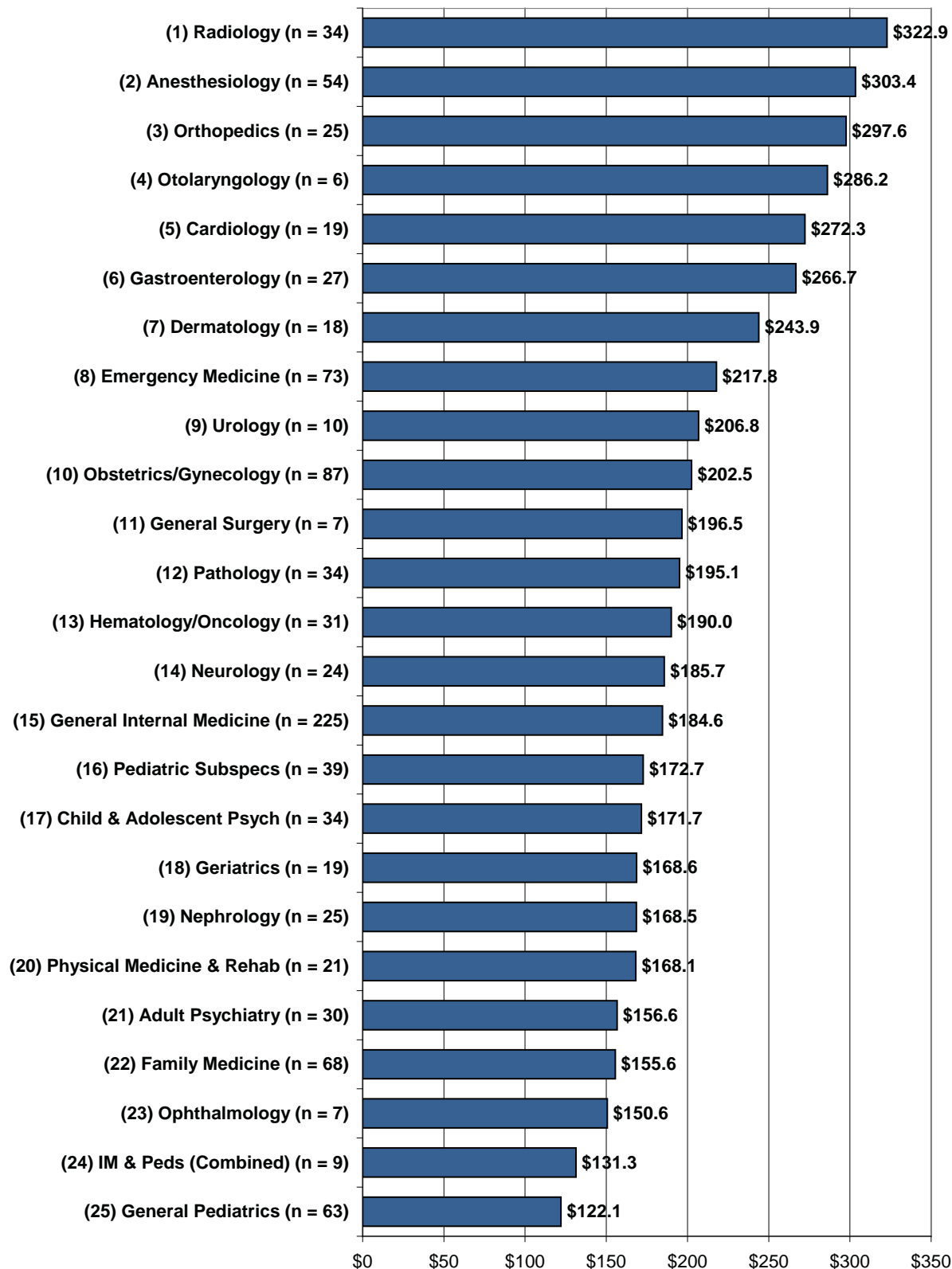




Table 3.4 Expected Starting Income by Specialty (for 2010 Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
Primary Care	365	\$169,650	N/A	\$171,000	N/A
Family Medicine	68	\$162,621	21	\$155,600	22
General Internal Medicine	225	\$185,231	15	\$184,600	15
General Pediatrics	63	\$125,781	25	\$122,100	25
IM & Peds (Combined)	9	\$140,322	24	\$131,300	24
Obstetrics/Gynecology	87	\$213,047	11	\$202,500	10
Medicine Subspecialties	213	\$214,214	N/A	\$190,000	N/A
Cardiology	19	\$276,984	5	\$272,300	5
Gastroenterology	27	\$290,485	4	\$266,700	6
Geriatrics	19	\$164,474	20	\$168,600	18
Hematology/Oncology	31	\$225,281	8	\$190,000	13
Nephrology	25	\$169,104	19	\$168,500	19
General Surgery	7	\$210,757	12	\$196,500	11
Surgical Subspecialties	76	\$269,634	N/A	\$263,900	N/A
Ophthalmology	7	\$140,943	23	\$150,600	23
Orthopedics	25	\$302,736	2	\$297,600	3
Otolaryngology	6	\$251,050	7	\$286,150	4
Urology	10	\$221,030	10	\$206,800	9
Facility Based	149	\$278,375	N/A	\$285,000	N/A
Anesthesiology	54	\$292,233	3	\$303,400	2
Pathology	34	\$208,497	13	\$195,050	12
Radiology	34	\$321,462	1	\$322,850	1
Psychiatry	89	\$165,658	N/A	\$165,300	N/A
Adult Psychiatry	30	\$159,527	22	\$156,600	21
Child & Adolescent Psych	34	\$172,506	18	\$171,650	17
Other	209	\$206,473	N/A	\$200,000	N/A
Dermatology	18	\$254,639	6	\$243,900	7
Emergency Medicine	73	\$224,714	9	\$217,800	8
Neurology	24	\$206,342	14	\$185,700	14
Pediatric Subspecialties	39	\$179,885	17	\$172,700	16
Physical Medicine & Rehab	21	\$182,200	16	\$168,100	20
Total (All Specialties)	1,195	\$207,052	N/A	\$190,300	N/A



3.6 Expected Weekly Number of Patient Care/Clinical Practice Hours

Respondents were asked about the number of hours per week they expected to spend in patient care/clinical practice activities in their upcoming practice 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 anticipate they will work in their upcoming practices because this variable has an impact on issues related to workforce planning and compensation.

Table 3.5 presents data on the number of hours per week respondents expected to 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 2009 and 2010 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 42.3 hours per week in patient care/clinical practice activities.
- ⦿ As noted above, females expected to work 9% fewer patient care hours than males (40.0 versus 44.1). This gender difference was greatest in neurology (24%), pathology (20%), and radiology (13%).
- ⦿ Respondents from the following individual specialties expected to work the highest number of patient care/clinical hours: general surgery (51.2), urology (50.9), and anesthesiology (50.1).
- ⦿ Respondents from the following individual specialties expected to be work the fewest patient care/clinical hours: dermatology (30.3), emergency medicine (35.2), and child and adolescent psychiatry (35.6).



Figure 3.14 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours, by Specialty (2009 and 2010 Respondents with Confirmed Practice Plans)

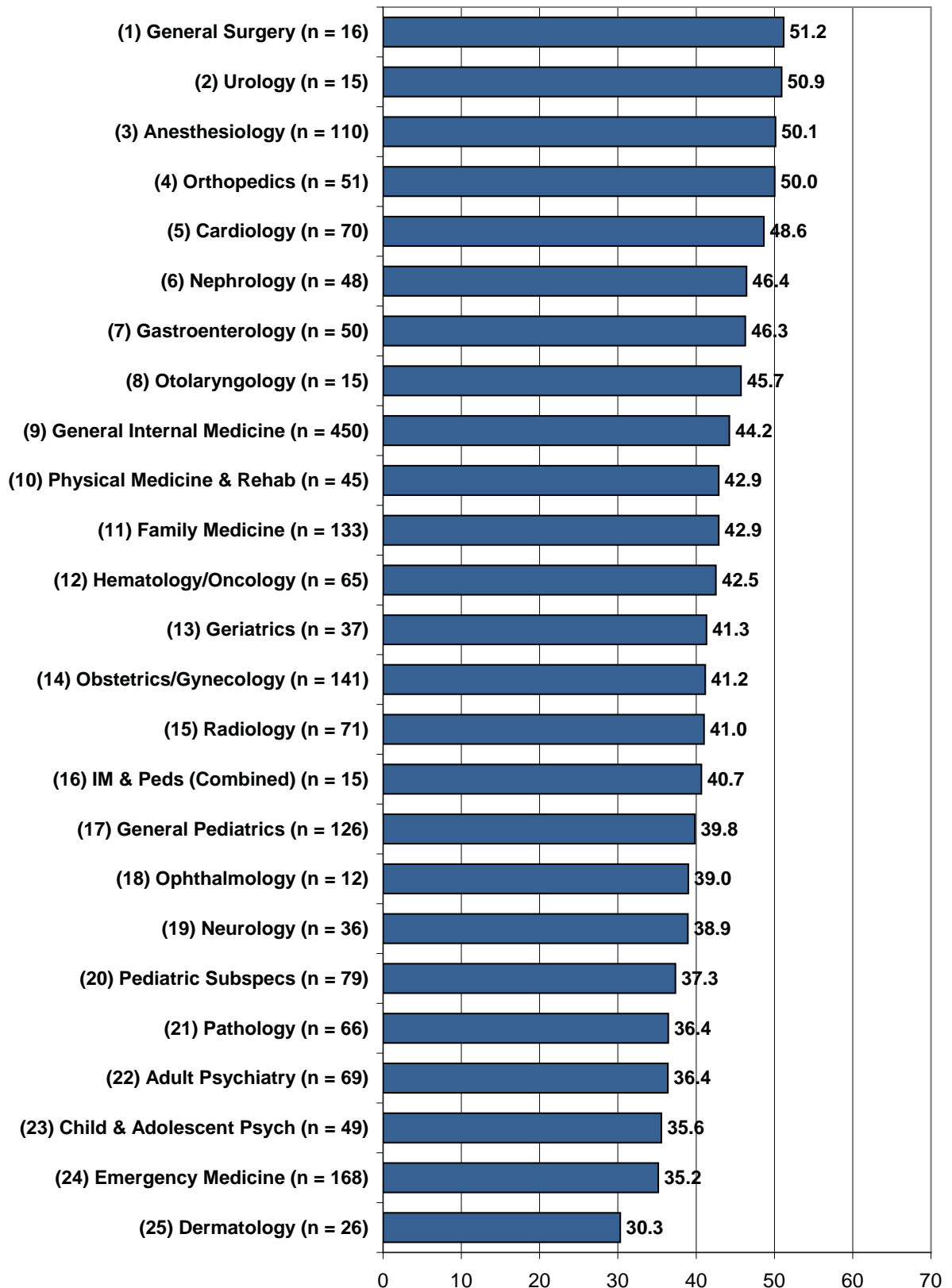




Table 3.5 Respondents' Expected Weekly Number of Patient Care/Clinical Practice Hours, by Gender¹² (for 2010 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>Male Respondents</u>	<u>Female Respondents</u>	<u>All Respondents</u>
Primary Care	44.7	41.3	43.1
Family Medicine	44.8	40.9	42.9
General Internal Medicine	44.9	43.3	44.2
General Pediatrics	43.5	38.4	39.8
IM & Peds (Combined)	43.6 (n = 7)	38.1 (n = 8)	40.7
Obstetrics/Gynecology	43.3	40.6	41.2
Medicine Subspecialties	46.5	41.2	44.4
Cardiology	49.3	44.6 (n = 5)	48.6
Gastroenterology	47.8	41.5	46.3
Geriatrics	40.8	42.0	41.3
Hematology/Oncology	42.1	42.8	42.5
Nephrology	48.6	42.2	46.4
General Surgery	51.0	52.0 (n = 3)	51.2
Surgical Subspecialties	49.9	49.9	49.9
Ophthalmology	40.3 (n = 8)	36.5 (n = 4)	39.0
Orthopedics	49.2	54.6 (n = 8)	50.0
Otolaryngology	45.5 (n = 8)	46.0 (n = 7)	45.7
Urology	51.6	48.3 (n = 3)	50.9
Facility Based	45.1	43.7	44.6
Anesthesiology	50.1	51.1	50.1
Pathology	40.3	32.1	36.4
Radiology	39.8	45.1	41.0
Psychiatry	37.2	34.7	35.8
Adult Psychiatry	38.9	34.2	36.4
Child & Adolescent Psych	36.6	34.9	35.6
Other	38.0	35.3	36.7
Dermatology	32.2 (n = 6)	29.8	30.3
Emergency Medicine	35.3	34.8	35.2
Neurology	42.6	32.3 (n = 5)	38.9
Pediatric Subspecialties	38.7	36.5	37.3
Physical Medicine & Rehab	41.3	45.7	42.9
Total (All Specialties)	44.1	40.0	42.3

¹²Patient care/clinical practice hours has been stratified by gender in any specialties with enough respondents to do so. The number of respondents (n) is given if n is less than 10. The data presented in this table is for respondents to both the 2009 and 2010 surveys to increase the number of respondents by specialty allowing more specialties to be stratified by gender. Patient care/clinical practice hours has been stratified by gender because females expected to work significantly fewer hours than males.



Section IV

Experiences 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 Figure 4.1 and 4.2) because they have more restrictions on where they can practice compared to other physicians. With few exceptions, physicians on temporary visas can remain in the U.S. only if they practice in a state or federally designated shortage area or continue training. Figure 4.2 illustrates the differences between temporary visa holders and other respondents in terms of the hardships they faced in finding a job. Respondents who indicated they had not yet actively searched for a practice position were also excluded.

Each subsection within Section IV summarizes the responses to 1) a question on the 2010 survey, 2) the aggregated total of all respondents for the 2009 and 2010 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 4.8, 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

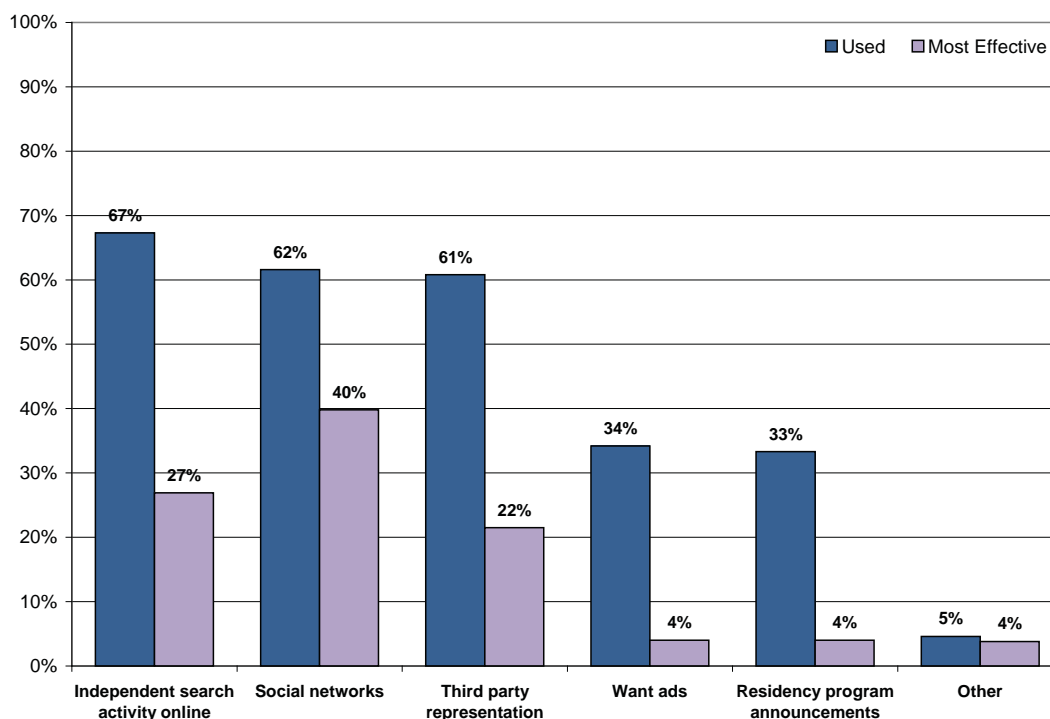
Figure 4.1 displays all the approaches used by respondents in their job search and the approach they indicated was most effective.

Highlights

- The majority of respondents used independent search activity online (67%), social networks (62%), and third party representation (61%) to search for a practice position. Social networks (40%) and independent search activity online (27%) were considered to be the most effective approaches to finding a job.



Figure 4.1 Approaches Used in Job Search (of 2010 Respondents who have Searched for a Job)



4.2 Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position

Table 4.1 gives the percent of respondents who reported difficulty finding a practice position with which they were satisfied. As noted above, this table summarizes the responses for the 2010 survey, the aggregated total of responses for 2009 and 2010, and the aggregated responses for the last four years of the survey.

Highlights

- ⦿ Thirty-three percent (33%) of respondents reported difficulty finding a satisfactory position. This percentage was slightly higher than last year (30%). For the specialty groupings, medicine subspecialties (43%) had the highest percentage of respondents reporting difficulty in 2010.
- ⦿ 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 (20%) and lack of jobs in desired practice setting (18%).
- ⦿ The highest percentages of respondents having difficulty finding a satisfactory practice position were in nephrology (63%), ophthalmology (56%), and hematology/oncology (54%). General surgery (9%), gastroenterology (14%), and emergency medicine (14%) 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 2010 Respondents who have Searched for a Job)

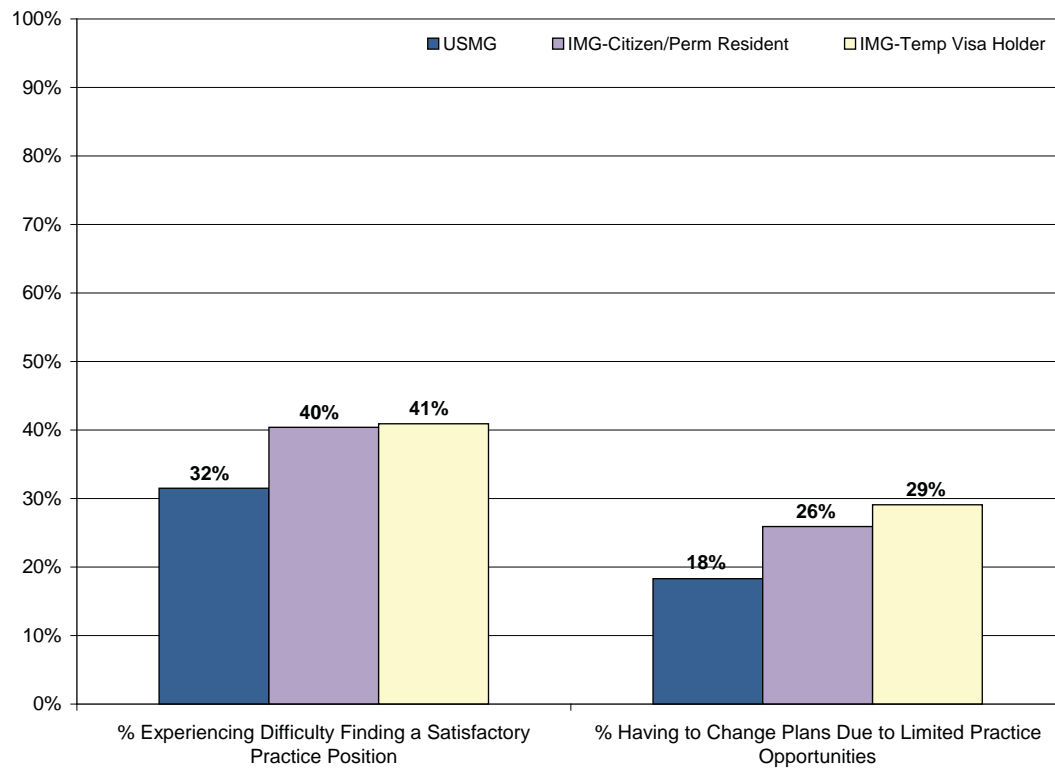


Figure 4.3 Main Reason for Difficulty Finding a Satisfactory Practice Position (of 2010 Respondents who Reported Having Difficulty, IMGs on Temporary Visas Excluded)

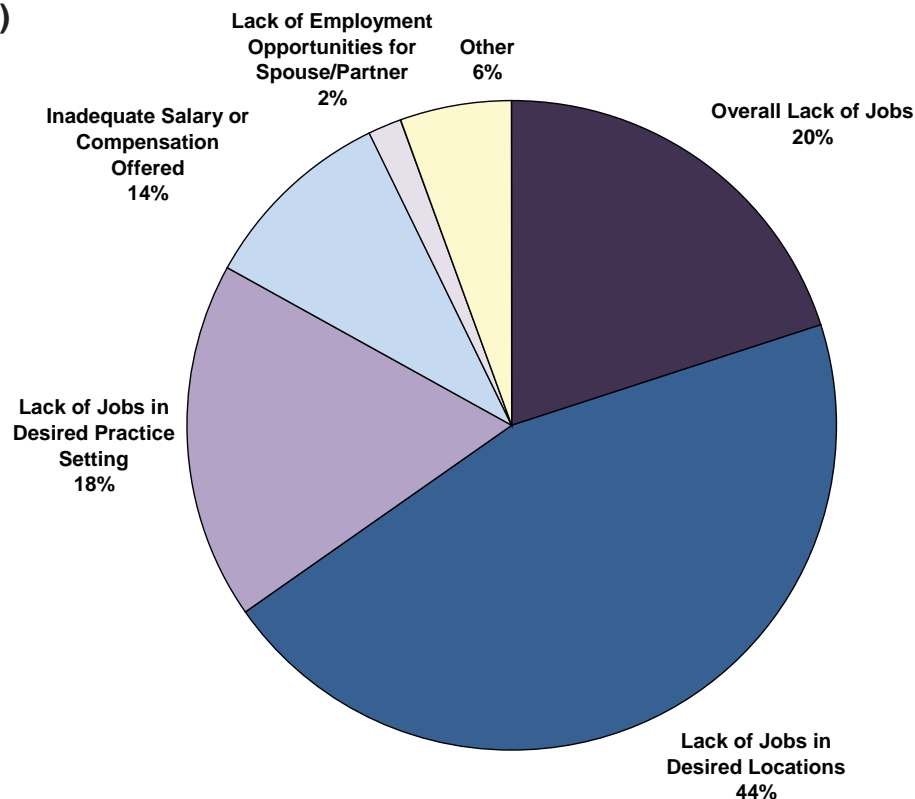




Figure 4.4 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)



- ⊙ The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position *for the last two years of the survey* (2009 and 2010 aggregated) were nephrology (60%), ophthalmology (52%), and hematology/oncology (49%).
- ⊙ The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position *for the last four years of the survey* were nephrology (54%), ophthalmology (43%), and geriatrics (42%).

Figure 4.2 illustrates the differences in job market experiences of respondents based on their citizenship status and location of medical school. Historically IMGs on temporary visas have experienced much more difficulty due to their visa status. However, in recent years the gap in difficulty for IMGs on temporary visas and IMGs who are citizens/permanent residents has narrowed.



Figure 4.5 Rank of Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

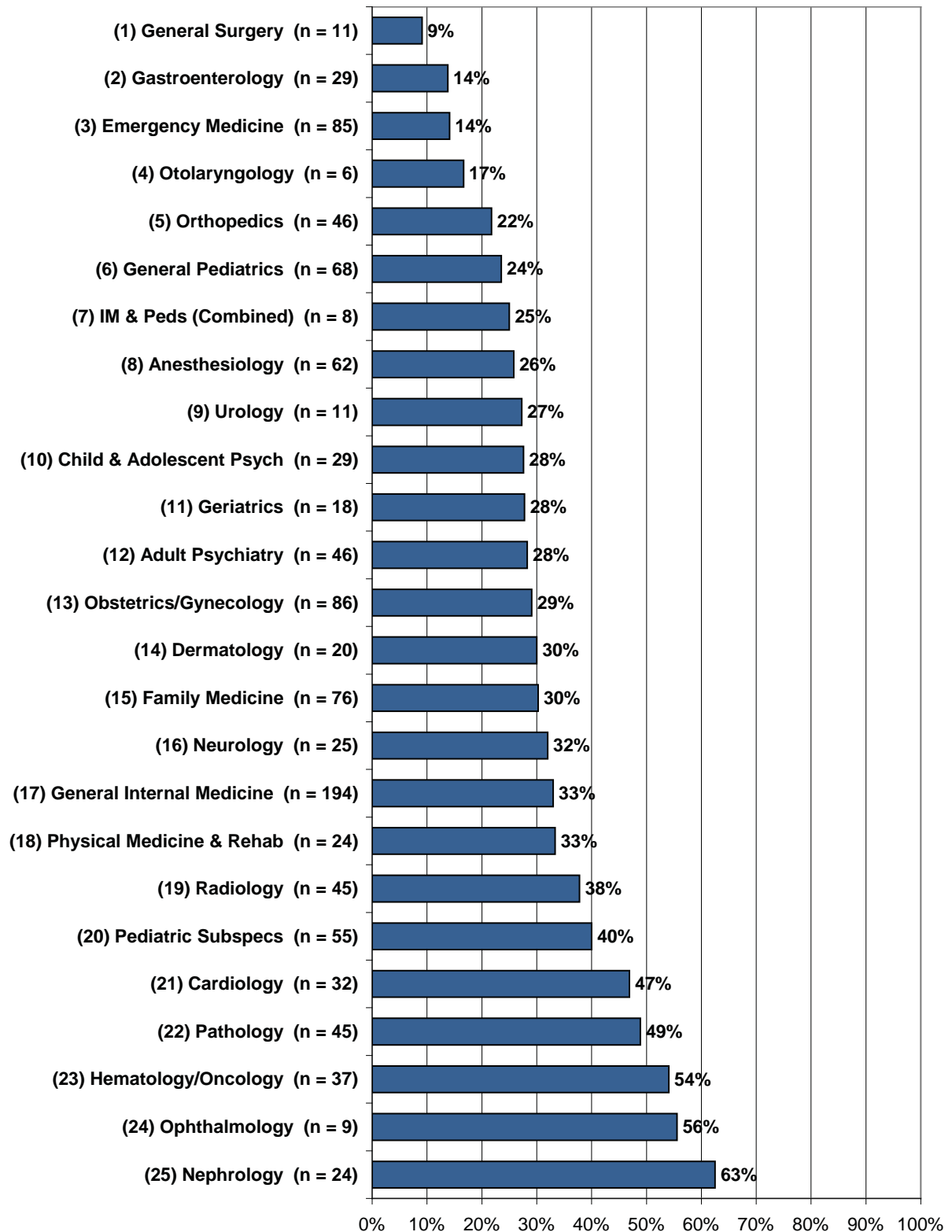




Table 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

<u>Specialty</u>	<u>2010 Respondents</u>	<u>RANK (of 25)</u>	<u>Aggregated Respondents: 2009 and 2010</u>	<u>RANK (of 25)</u>	<u>All Respondents (Aggregated: 2007 - 2010)</u>	<u>RANK (of 25)</u>
Primary Care	30%	N/A	30%	N/A	29%	N/A
Family Medicine	30%	15	24%	7	25%	10
General Internal Medicine	33%	17	33%	15	31%	17
General Pediatrics	24%	6	30%	14	27%	14
IM & Peds (Combined)	25%	7	22%	5	27%	13
Obstetrics/Gynecology	29%	13	29%	13	28%	15
Medicine Subspecialties	43%	N/A	43%	N/A	39%	N/A
Cardiology	47%	21	36%	19	35%	19
Gastroenterology	14%	2	28%	12	25%	9
Geriatrics	28%	11	43%	22	42%	23
Hematology/Oncology	54%	23	49%	23	41%	22
Nephrology	63%	25	60%	25	54%	25
General Surgery	9%	1	25%	9	24%	7
Surgical Subspecialties	31%	N/A	27%	N/A	27%	N/A
Ophthalmology	56%	24	52%	24	43%	24
Orthopedics	22%	5	21%	3	22%	6
Otolaryngology	17%	4	6%	1	12%	1
Urology	27%	9	24%	6	18%	3
Facility Based	36%	N/A	32%	N/A	27%	N/A
Anesthesiology	26%	8	25%	8	21%	5
Pathology	49%	22	42%	21	40%	21
Radiology	38%	19	35%	17	27%	12
Psychiatry	30%	N/A	27%	N/A	23%	N/A
Adult Psychiatry	28%	12	22%	4	20%	4
Child & Adolescent Psych	28%	10	33%	16	28%	16
Other	30%	N/A	27%	N/A	27%	N/A
Dermatology	30%	14	25%	9	26%	11
Emergency Medicine	14%	3	14%	2	15%	2
Neurology	32%	16	26%	11	25%	8
Pediatric Subspecialties	40%	20	39%	20	35%	18
Physical Medicine & Rehab	33%	18	35%	18	37%	20
Total (All Specialties)	33%	N/A	32%	N/A	29%	N/A

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



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

- ⦿ Twenty percent (20%) of respondents reported having to change their plans due to limited job opportunities, slightly higher than in 2009 (18%).
- ⦿ Otolaryngology (0%), urology (0%), and emergency medicine (5%) had the fewest respondents having to change plans in 2010. Respondents from nephrology (46%), ophthalmology (44%), and hematology/oncology (35%) were the most likely to have to change plans.
- ⦿ The specialties that had the lowest percentage of respondents changing their plans *over the last two years* (aggregated results from the 2009 and 2010 surveys) were otolaryngology (0%), urology (0%), and emergency medicine (7%). *For the last two years*, the specialties with the highest percentage of respondents changing plans were nephrology (48%), ophthalmology (29%), and pediatric subspecialties (26%).

Figure 4.6 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

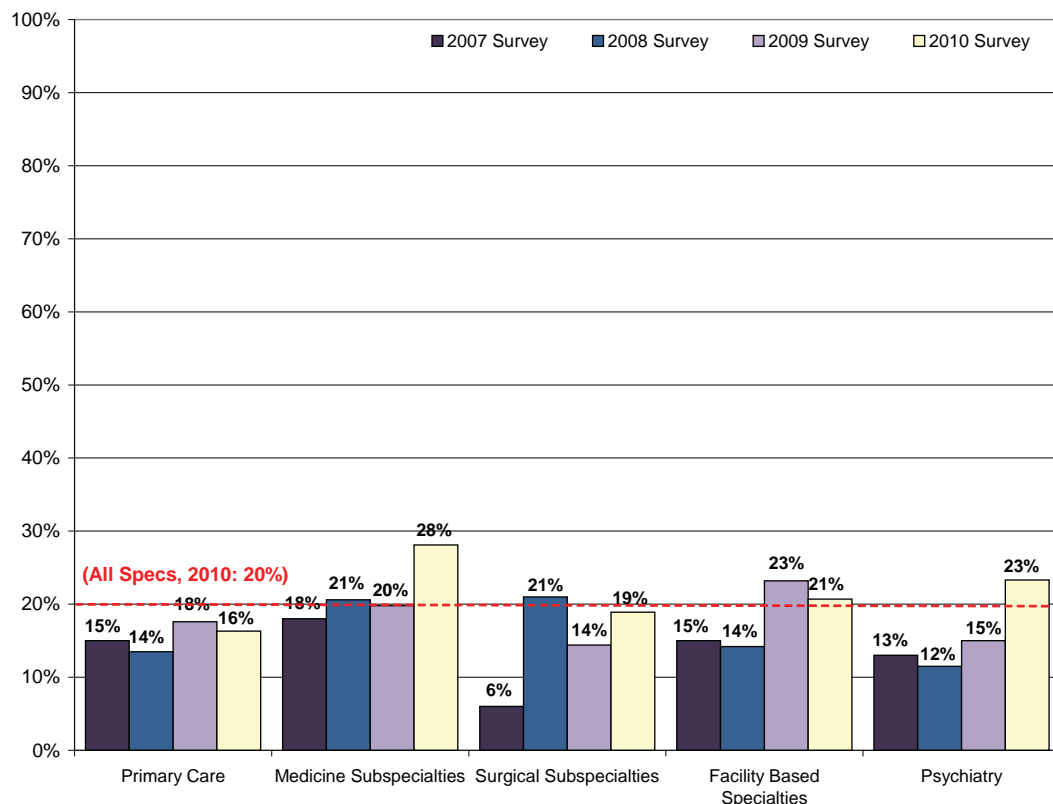




Figure 4.7 Rank of Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

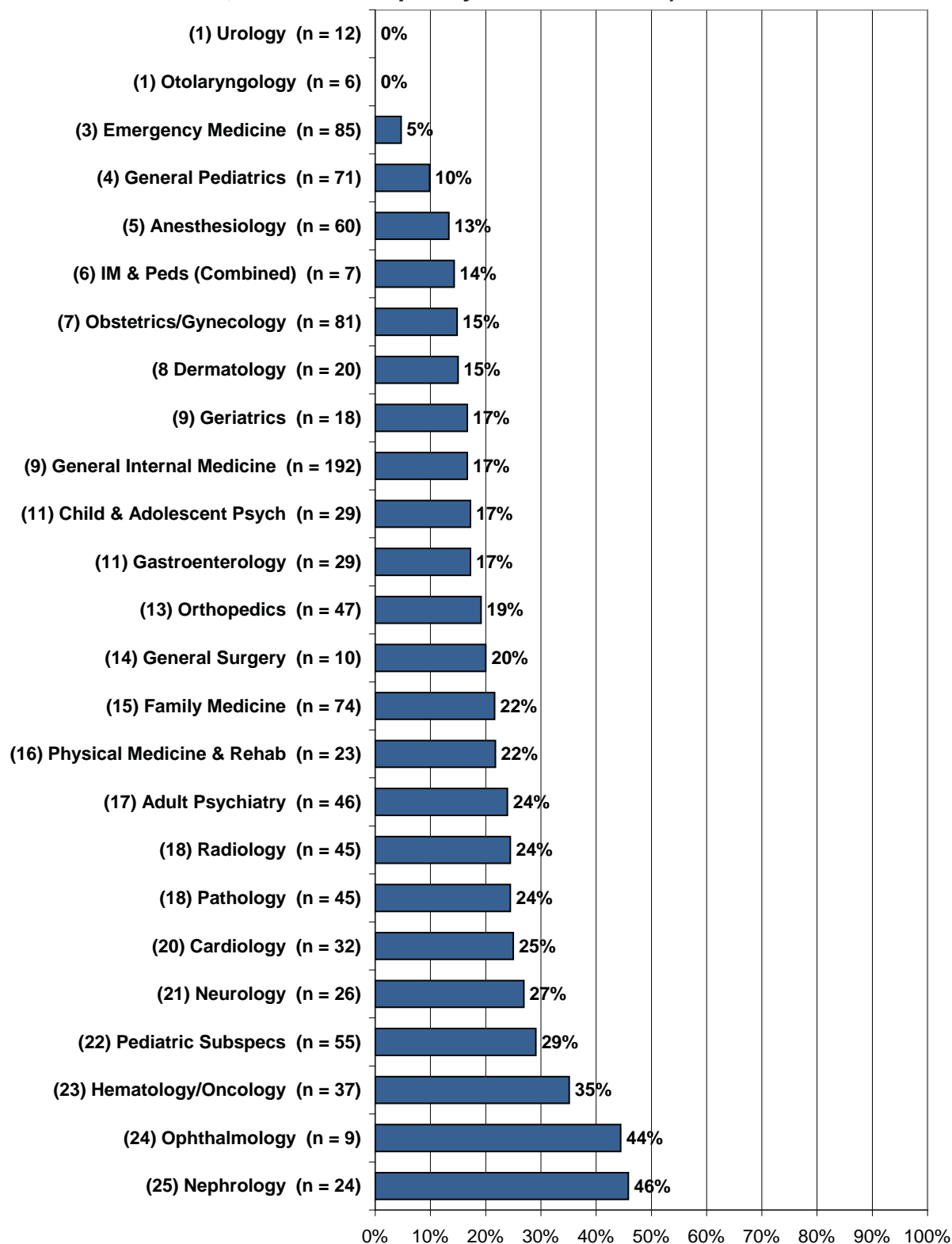




Table 4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2010 Respondents	RANK (of 25)	Aggregated Respondents: 2009 and 2010	RANK (of 25)	All Respondents (Aggregated: 2007 - 2010)	RANK (of 25)
Primary Care	16%	N/A	17%	N/A	16%	N/A
Family Medicine	22%	15	16%	12	15%	12
General Internal Medicine	17%	9	19%	16	17%	14
General Pediatrics	10%	4	13%	5	12%	5
IM & Peds (Combined)	14%	6	18%	14	19%	15
Obstetrics/Gynecology	15%	7	13%	6	14%	9
Medicine Subspecialties	28%	N/A	24%	N/A	22%	N/A
Cardiology	25%	20	14%	7	15%	10
Gastroenterology	17%	11	15%	9	13%	6
Geriatrics	17%	9	23%	19	21%	20
Hematology/Oncology	35%	23	25%	21	20%	18
Nephrology	46%	25	48%	25	39%	25
General Surgery	20%	14	17%	13	24%	22
Surgical Subspecialties	19%	N/A	17%	N/A	16%	N/A
Ophthalmology	44%	24	29%	24	20%	17
Orthopedics	19%	13	14%	8	13%	7
Otolaryngology	0%	1	0%	1	6%	1
Urology	0%	1	0%	1	8%	2
Facility Based	21%	N/A	22%	N/A	18%	N/A
Anesthesiology	13%	5	16%	11	13%	8
Pathology	24%	18	24%	20	25%	24
Radiology	24%	18	25%	22	20%	19
Psychiatry	23%	N/A	20%	N/A	16%	N/A
Adult Psychiatry	24%	17	20%	17	16%	13
Child & Adolescent Psych	17%	11	15%	10	19%	16
Other	18%	N/A	17%	N/A	16%	N/A
Dermatology	15%	8	9%	4	12%	4
Emergency Medicine	5%	3	7%	3	8%	3
Neurology	27%	21	18%	15	15%	11
Pediatric Subspecialties	29%	22	26%	23	24%	23
Physical Medicine & Rehab	22%	16	21%	18	23%	21
Total (All Specialties)	20%	N/A	19%	N/A	17%	N/A

- The specialties with the lowest percentages of respondents reporting they had to change plans *over the last four years* of the survey were otolaryngology (6%), urology (8%), and emergency medicine (8%). The specialties most likely to have respondents reporting they had to change plans *over the last four years* of the survey were nephrology (39%), pathology (25%), and pediatric subspecialties (24%).



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 2010 was 3.54, slightly down from the number received by respondents in 2009 (3.65). General internal medicine (4.83), gastroenterology (4.82), and dermatology (4.80) respondents received the most job offers. At the other end of the spectrum, ophthalmology (1.78), pathology (1.87), and internal medicine and pediatrics (combined) (2.29) received the fewest job offers.

Figure 4.8 Mean Number of Job Offers Received by Respondents by Specialty Group (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

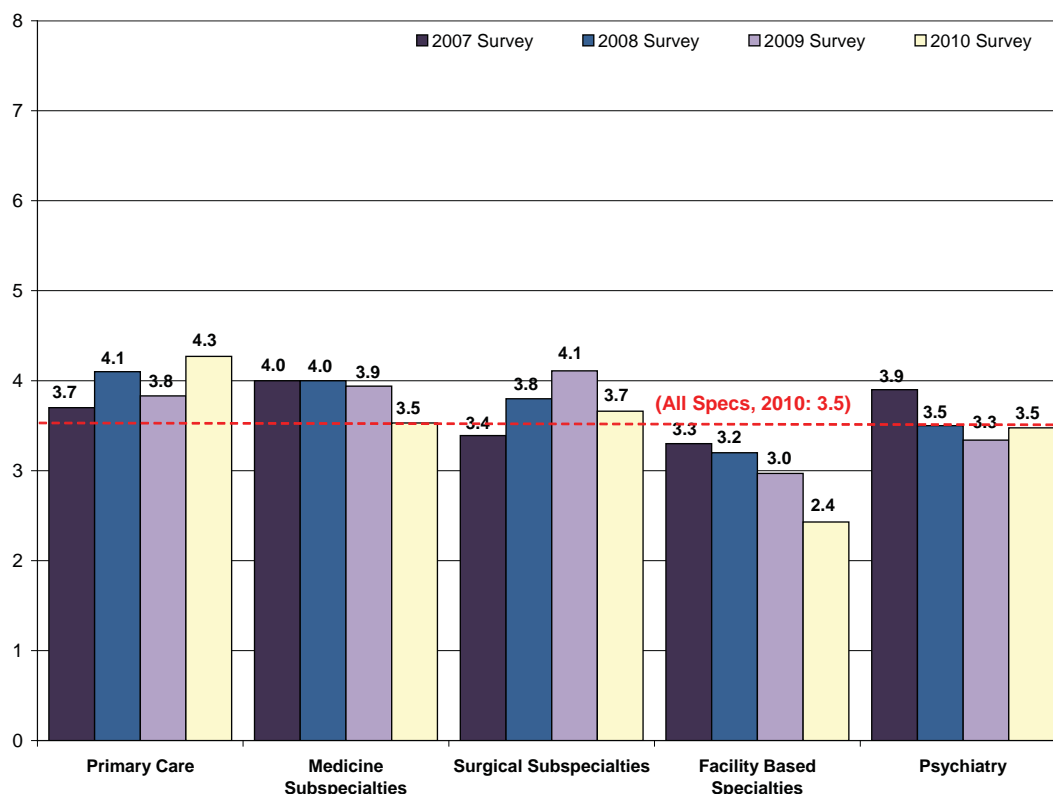




Figure 4.9 Rank of Mean Number of Job Offers by Specialty (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

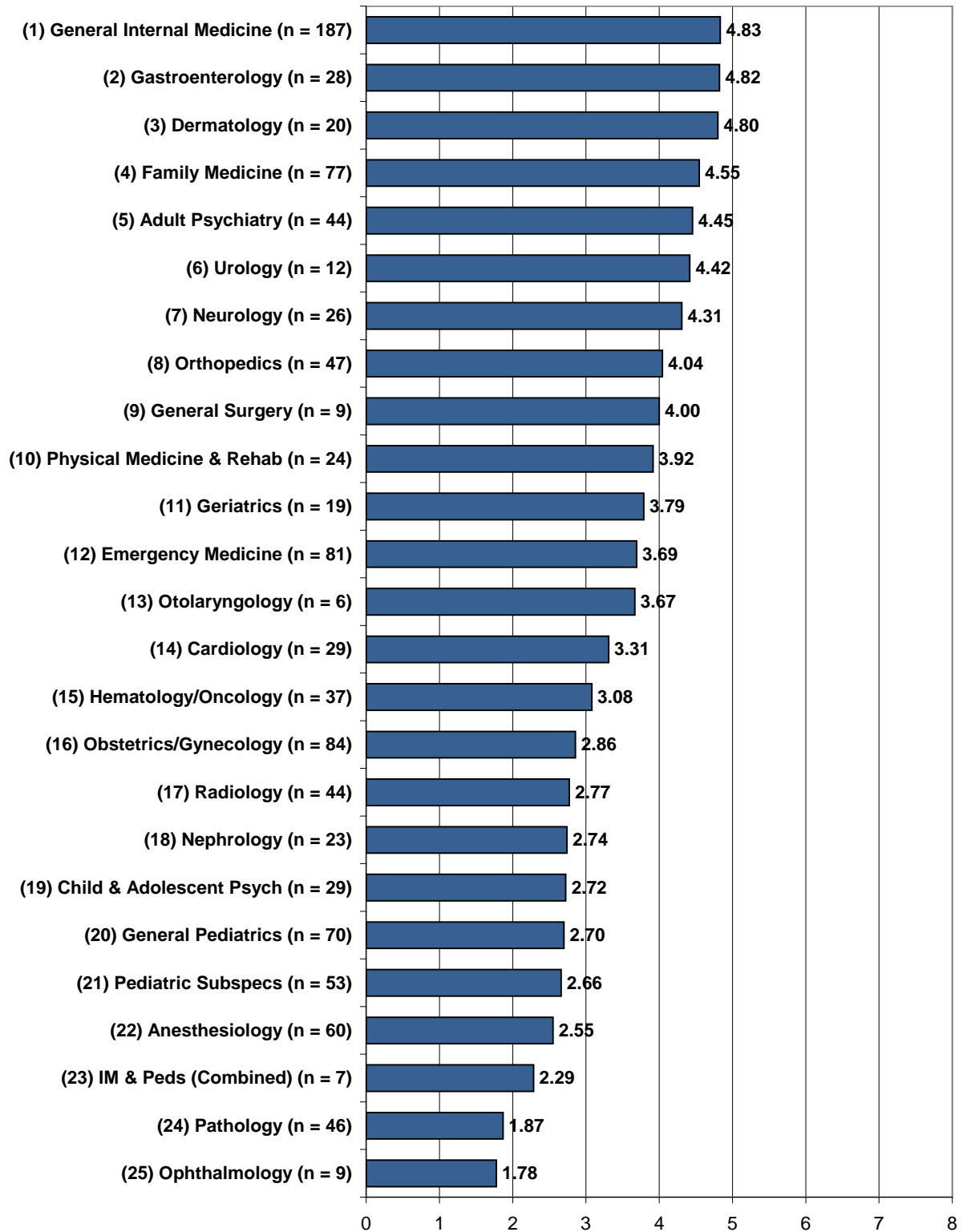




Table 4.3 Offers of Employment/Practice Opportunities (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

<u>Specialty</u>	<u>2010 Respondents</u>	<u>RANK (of 25)</u>	<u>Aggregated Respondents: 2009 and 2010</u>	<u>RANK (of 25)</u>	<u>Trend (Average Annual Change: 2007 to 2010)</u>	<u>RANK (of 25)</u>
Primary Care	4.28	N/A	4.06	N/A	7%	N/A
Family Medicine	4.55	4	4.69	1	7%	6
General Internal Medicine	4.83	1	4.31	3	8%	4
General Pediatrics	2.70	20	2.84	19	4%	10
IM & Peds (Combined)	2.29	23	2.53	24	-8%	24
Obstetrics/Gynecology	2.86	16	3.21	16	-5%	20
Medicine Subspecialties	3.54	N/A	3.74	N/A	-3%	N/A
Cardiology	3.31	14	3.82	10	-10%	25
Gastroenterology	4.82	2	4.27	4	-1%	15
Geriatrics	3.79	11	3.42	14	8%	5
Hematology/Oncology	3.08	15	3.76	11	-3%	17
Nephrology	2.74	18	2.62	21	1%	13
General Surgery	4.00	9	4.09	8	5%	9
Surgical Subspecialties	3.66	N/A	3.88	N/A	0%	N/A
Ophthalmology	1.78	25	2.55	23	-7%	23
Orthopedics	4.04	8	4.09	7	0%	14
Otolaryngology	3.67	13	3.24	15	24%	1
Urology	4.42	6	4.44	2	3%	12
Facility Based	2.43	N/A	2.69	N/A	-8%	N/A
Anesthesiology	2.55	22	3.00	17	-7%	22
Pathology	1.87	24	2.14	25	-5%	19
Radiology	2.77	17	2.67	20	-6%	21
Psychiatry	3.48	N/A	3.42	N/A	0%	N/A
Adult Psychiatry	4.45	5	3.98	9	6%	7
Child & Adolescent Psych	2.72	19	2.98	18	-2%	16
Other	3.54	N/A	3.49	N/A	2%	N/A
Dermatology	4.80	3	4.22	6	4%	11
Emergency Medicine	3.69	12	3.73	13	5%	8
Neurology	4.31	7	4.25	5	16%	2
Pediatric Subspecialties	2.66	21	2.56	22	-5%	18
Physical Medicine & Rehab	3.92	10	3.76	12	9%	3
Total (All Specialties)	3.54	N/A	3.59	N/A	0%	N/A

- ⊙ Otolaryngology (+15%), neurology (+16%), and physical medicine and rehabilitation (+9%) were the specialties showing the greatest average annual increases in job offers. Whereas, cardiology (-10%), internal medicine and rehabilitation (-8%), and ophthalmology (-7%) 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 2010 (+0.64), however, was lower than the score in 2009 (+0.71).
- ⦿ Among specialty groups, psychiatry (+1.13) had the most positive view of the regional job market. Conversely, medicine subspecialties (+0.43) had the least positive view in 2010.
- ⦿ Internal medicine and pediatrics (combined) (+1.57), adult psychiatry (+1.52), and emergency medicine (+1.41) 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 nephrology (-0.46), pathology (-0.14), and radiology (-0.04).
- ⦿ The specialties with the most positive views of the regional job market for both 2009 and 2010 were adult psychiatry (+1.45), emergency medicine (+1.42), and anesthesiology (+1.20).
- ⦿ The specialties with the least positive views of the regional job market *over the last two years* were nephrology (-0.55), pathology (+0.07), and hematology/oncology (+0.11).
- ⦿ Adult psychiatry (+1.52), emergency medicine (+1.35), and dermatology (+1.31) 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 nephrology (-0.32), pathology (+0.20), and pediatrics subspecialties (+0.38).



Figure 4.10 Respondents' Assessment of the Regional Job Market (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

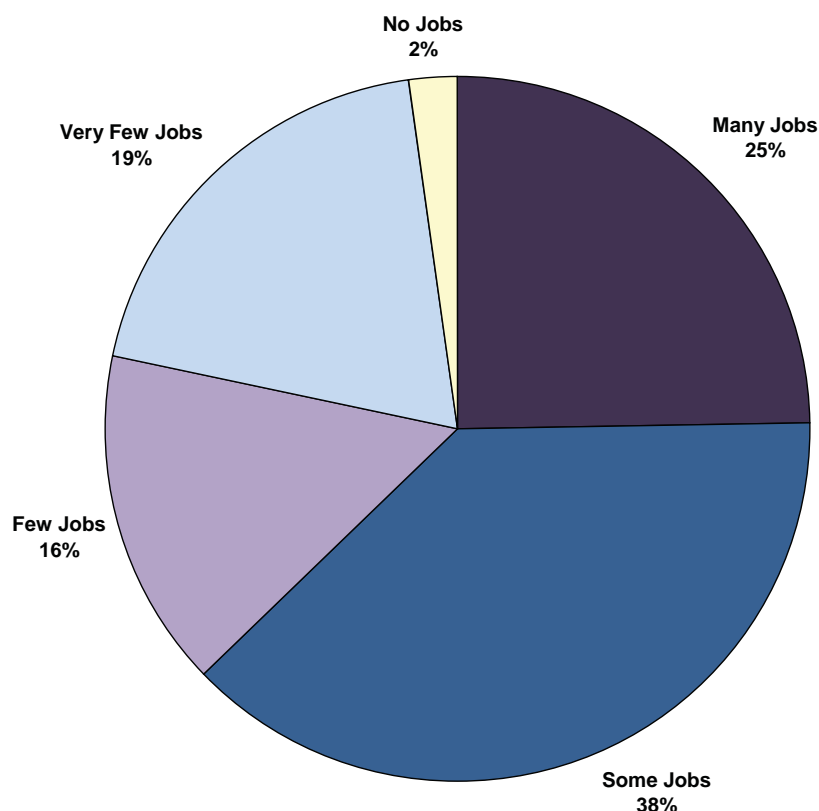


Figure 4.11 Mean Likert Score for Respondents' Views of the Regional Job Market by Specialty Group (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

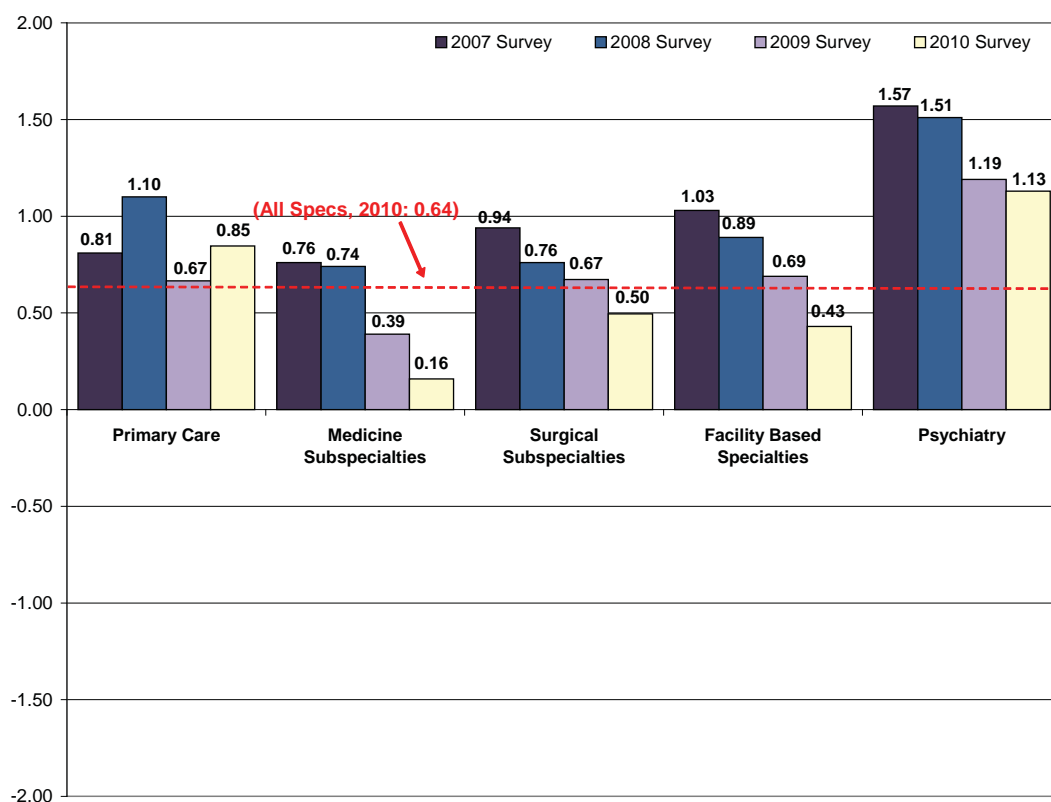




Figure 4.12 Rank of Likert Scores for Respondents' Views of the Regional Job Market by Specialty (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

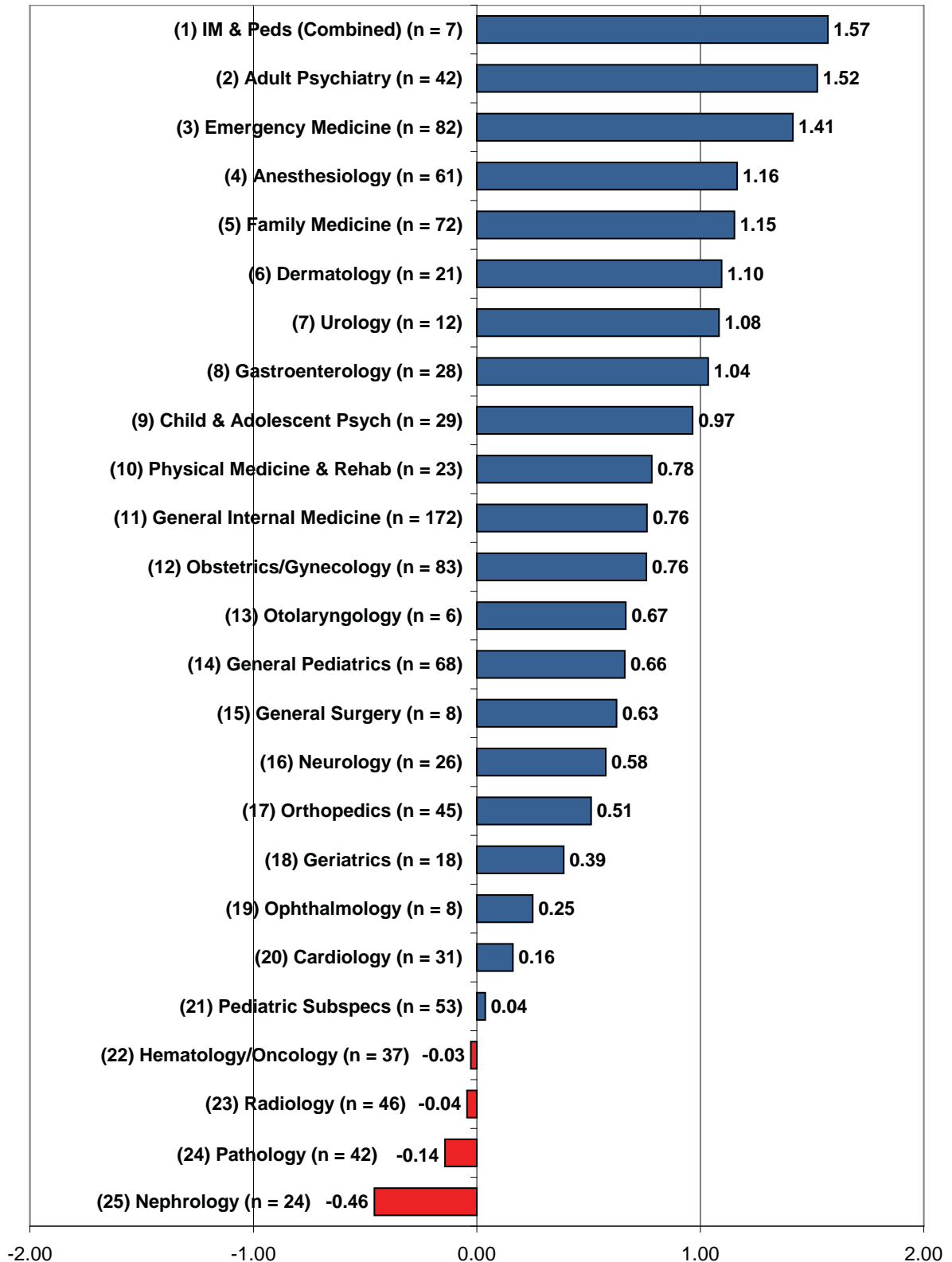




Table 4.4 Likert Scores for Respondents' Perceptions of the Regional Job Market¹³ (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2010 Respondents	RANK (of 25)	Aggregated Respondents: 2009 and 2010	RANK (of 25)	All Respondents (Aggregated: 2007 - 2010)	RANK (of 25)
Primary Care	0.85	N/A	0.76	N/A	0.85	N/A
Family Medicine	1.15	5	1.08	5	1.11	6
General Internal Medicine	0.76	11	0.67	13	0.77	4
General Pediatrics	0.66	14	0.59	15	0.76	10
IM & Peds (Combined)	1.57	1	1.06	6	1.11	24
Obstetrics/Gynecology	0.76	12	0.86	11	0.89	20
Medicine Subspecialties	0.16	N/A	0.27	N/A	0.51	N/A
Cardiology	0.16	20	0.54	17	0.70	25
Gastroenterology	1.04	8	0.94	10	1.06	15
Geriatrics	0.39	18	0.14	21	0.51	5
Hematology/Oncology	-0.03	22	0.11	23	0.50	17
Nephrology	-0.46	25	-0.55	25	-0.32	13
General Surgery	0.63	15	0.62	14	0.68	9
Surgical Subspecialties	0.50	N/A	0.58	N/A	0.71	N/A
Ophthalmology	0.25	19	0.21	19	0.46	23
Orthopedics	0.51	17	0.58	16	0.70	14
Otolaryngology	0.67	13	1.00	7	1.09	1
Urology	1.08	7	0.94	9	1.00	12
Facility Based	0.43	N/A	0.55	N/A	0.74	N/A
Anesthesiology	1.16	4	1.20	3	1.24	22
Pathology	-0.14	24	0.07	24	0.20	19
Radiology	-0.04	23	0.14	22	0.47	21
Psychiatry	1.13	N/A	1.16	N/A	1.33	N/A
Adult Psychiatry	1.52	2	1.45	1	1.52	7
Child & Adolescent Psych	0.97	9	0.98	8	1.26	16
Other	0.77	N/A	0.81	N/A	0.90	N/A
Dermatology	1.10	6	1.09	4	1.31	11
Emergency Medicine	1.41	3	1.42	2	1.35	8
Neurology	0.58	16	0.74	12	0.89	2
Pediatric Subspecialties	0.04	21	0.16	20	0.38	18
Physical Medicine & Rehab	0.78	10	0.53	18	0.63	3
Total (All Specialties)	0.64	N/A	0.67	N/A	0.80	N/A

¹³Likert 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 were used in Section 4.5 (referring to the regional job market). There was a high degree of correlation between the respondents' 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-three percent (63%) felt there were many jobs for their specialty, and less than 2% felt there were either very few jobs (3%) or no jobs (<1%).
- ⊙ Respondents' views of the national job market (+1.52) were more positive than for the regional job market (+0.64). Respondents' views of the national job market in 2010 were slightly lower than respondents' views of the national job market in 2009 (+1.60).
- ⊙ Among specialty groups, psychiatry (+1.74) and primary care (+1.74) had the most positive views of the national job market while facility based (+1.14) had the least positive view.
- ⊙ Otolaryngology (+2.00) had the most positive view of the national job market among individual specialties, followed by adult psychiatry (+1.91), and emergency medicine (+1.89).
- ⊙ Only three specialties had a score of +1.00 (some jobs) or less: pathology (+0.76), nephrology (+0.91), and ophthalmology (+1.00).
- ⊙ The specialties with the most positive views of the national job market *over the last two years* were urology (+1.89), otolaryngology (+1.88), emergency medicine (+1.88), and adult psychiatry (+1.88). For the same two-year period (2009 and 2010), the specialties with the lowest assessments of the national job market were pathology (+0.85), ophthalmology (+1.00), and nephrology (+1.09).
- ⊙ *Over the course of the last four years of the survey*, urology (+1.90), adult psychiatry (+1.84), and gastroenterology (+1.84) were the specialties with the most positive views of the national job market. Pathology (+0.90), ophthalmology (+1.17.), and nephrology (+1.33) were the specialties with the lowest assessment of the national job market.



Figure 4.13 Respondents' Assessment of the National Job Market (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

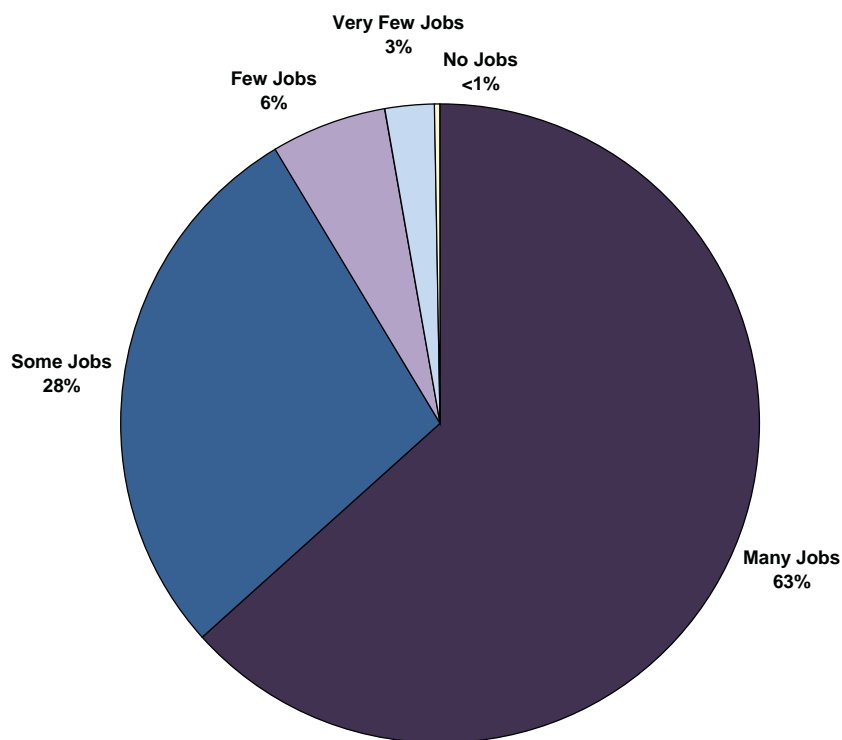


Figure 4.14 Mean Likert Score for Respondents' Views of the National Job Market by Specialty Group (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

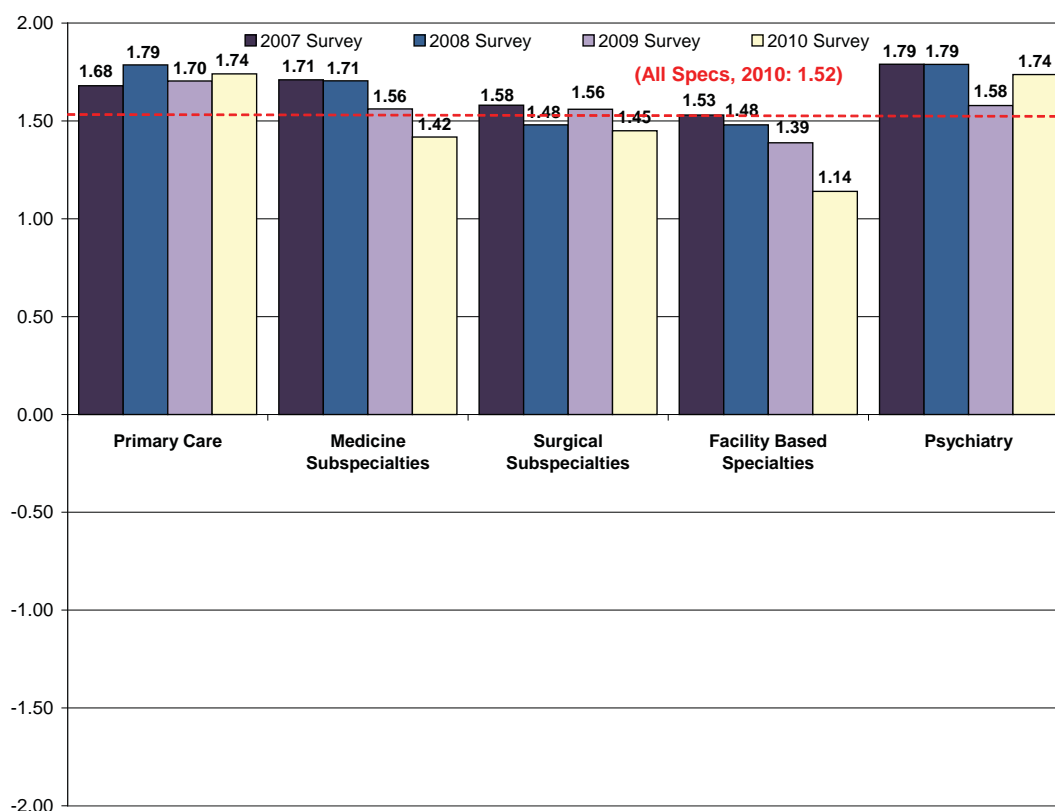




Figure 4.15 Rank of Likert Scores for Respondents' Views of the National Job Market by Specialty (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

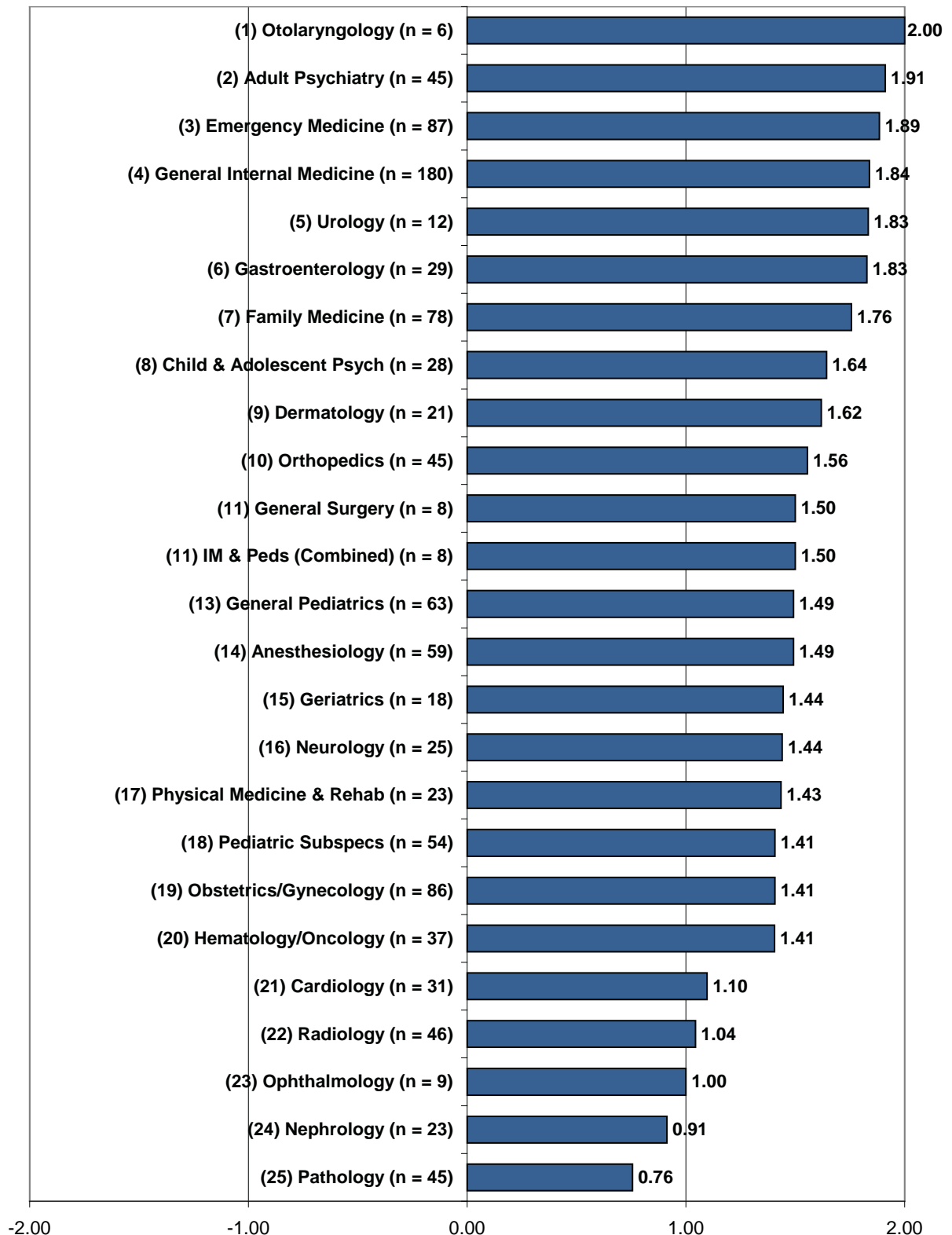




Table 4.5 Likert Scores for Respondents' Perceptions of the National Job Market¹⁴ (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

<u>Specialty</u>	<u>2010 Respondents</u>	<u>RANK (of 25)</u>	<u>Aggregated Respondents: 2009 and 2010</u>	<u>RANK (of 25)</u>	<u>All Respondents (Aggregated: 2007 - 2010)</u>	<u>RANK (of 25)</u>
Primary Care	1.74	N/A	1.72	N/A	1.73	N/A
Family Medicine	1.76	7	1.79	6	1.81	5
General Internal Medicine	1.84	4	1.80	5	1.79	6
General Pediatrics	1.49	13	1.46	18	1.54	17
IM & Peds (Combined)	1.50	11	1.47	17	1.46	19
Obstetrics/Gynecology	1.41	19	1.49	15	1.54	16
Medicine Subspecialties	1.42	N/A	1.49	N/A	1.60	N/A
Cardiology	1.10	21	1.42	19	1.60	12
Gastroenterology	1.83	6	1.78	7	1.84	3
Geriatrics	1.44	15	1.34	20	1.39	20
Hematology/Oncology	1.41	20	1.48	16	1.66	10
Nephrology	0.91	24	1.09	23	1.33	23
General Surgery	1.50	11	1.55	12	1.58	14
Surgical Subspecialties	1.45	N/A	1.50	N/A	1.51	N/A
Ophthalmology	1.00	23	1.00	24	1.17	24
Orthopedics	1.56	10	1.60	11	1.60	13
Otolaryngology	2.00	1	1.88	2	1.76	8
Urology	1.83	5	1.89	1	1.90	1
Facility Based	1.14	N/A	1.26	N/A	1.38	N/A
Anesthesiology	1.49	14	1.63	10	1.65	11
Pathology	0.76	25	0.85	25	0.90	25
Radiology	1.04	22	1.18	22	1.34	22
Psychiatry	1.74	N/A	1.76	N/A	1.77	N/A
Adult Psychiatry	1.91	2	1.88	4	1.84	2
Child & Adolescent Psych	1.64	8	1.64	8	1.75	9
Other	1.56	N/A	1.57	N/A	1.59	N/A
Dermatology	1.62	9	1.64	9	1.77	7
Emergency Medicine	1.89	3	1.88	3	1.83	4
Neurology	1.44	16	1.51	14	1.55	15
Pediatric Subspecialties	1.41	18	1.30	21	1.38	21
Physical Medicine & Rehab	1.43	17	1.52	13	1.47	18
Total (All Specialties)	1.52	N/A	1.56	N/A	1.60	N/A

¹⁴Likert 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 2010 respondents, for all respondents from the last two 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 a rich supply of physicians in a certain specialty, employers will not need to pay as much to fill positions, resulting in flat or negative trends in income.

Highlights

- The median starting income of 2010 respondents was \$190,300, a 2% increase from 2009 (average increase of 4% per year from 2007 to 2010).
- Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2007 to 2010. The exception was internal medicine and pediatrics (combined) (-1%).
- Otolaryngology (+12%), pathology (+8%), and gastroenterology (+7%) showed the strongest trends in income between 2007 and 2010.



Figure 4.16 Median Starting Income (in \$1,000s) by Specialty Group (for 2007-2010 Respondents with Confirmed Practice Plans)

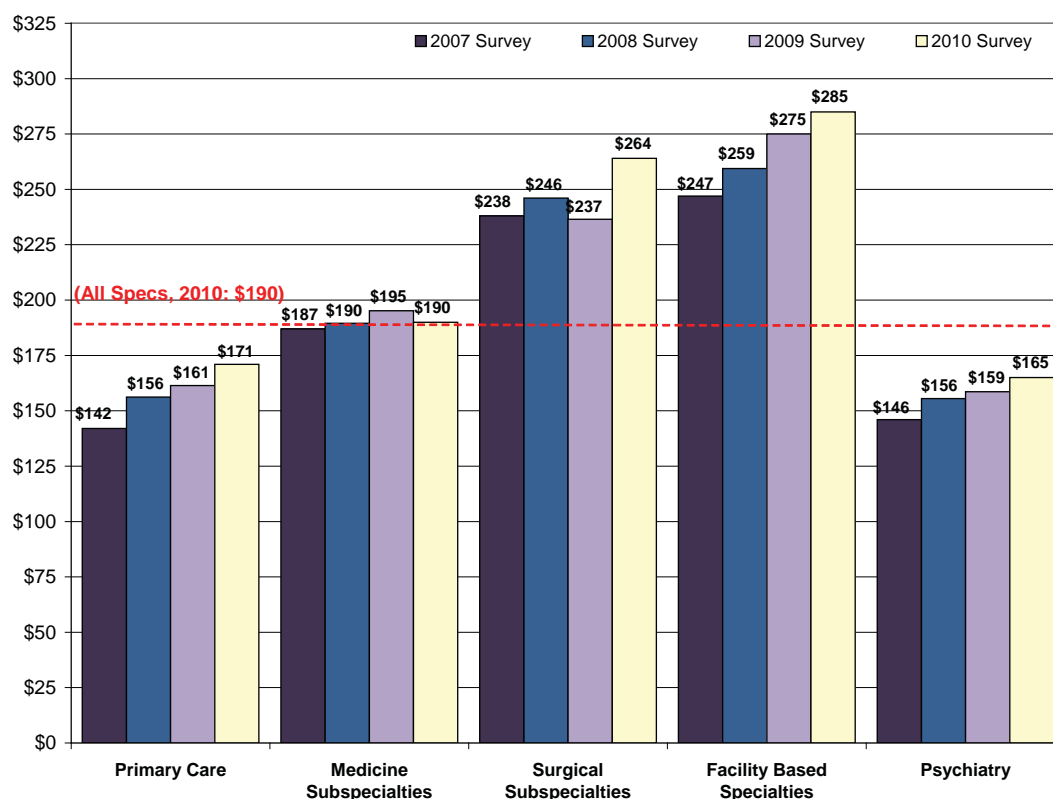


Figure 4.17 Trends in Median Starting Income (in \$1,000s) among Primary Care and Non-Primary Care Physicians (for 2007-2010 Respondents with Confirmed Practice Plans)

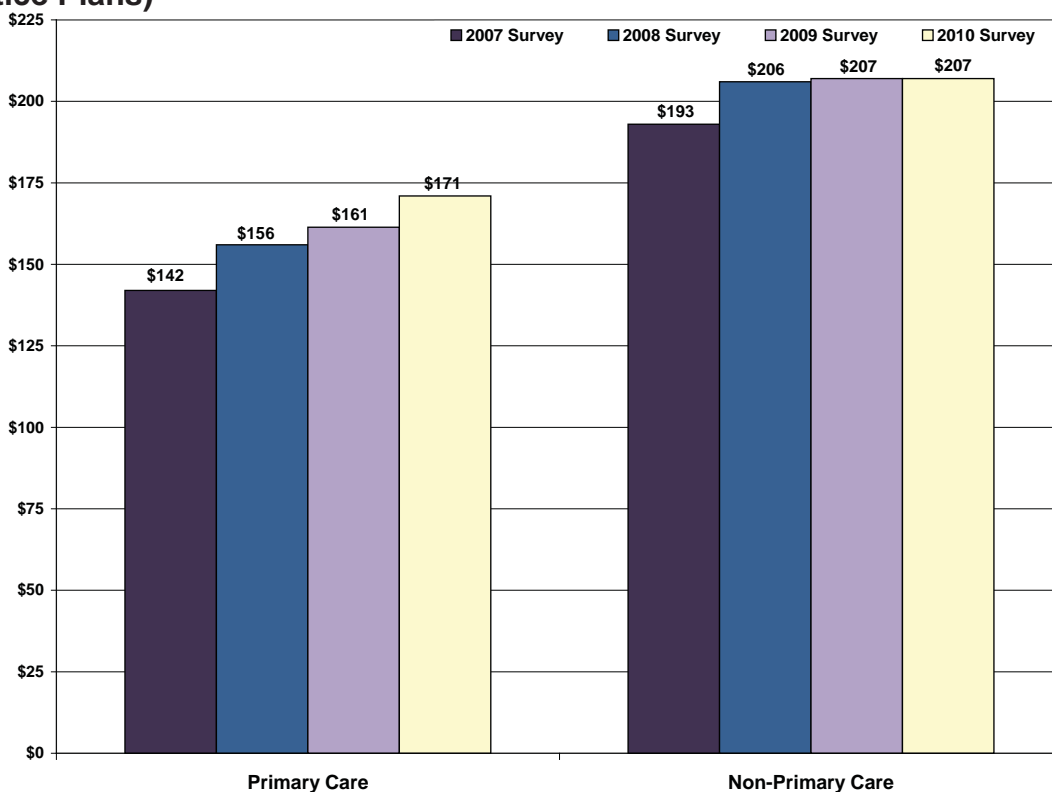




Figure 4.18 Rank of Average Percent Change in Median Starting Income (from 2007 - 2010) by Specialty (for Respondents with Confirmed Practice Plans)

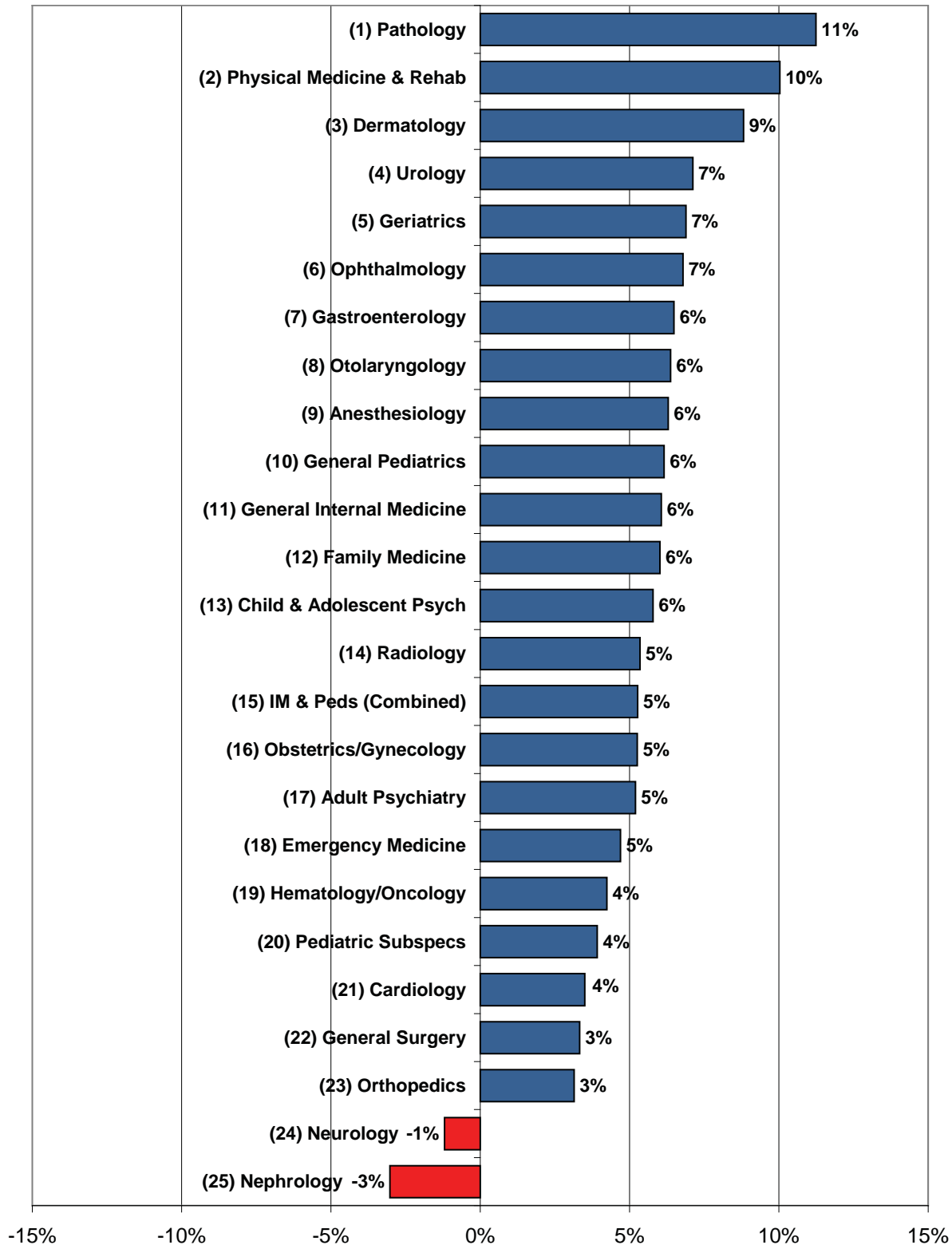




Table 4.6 Median Expected Starting Income (of 2010 Respondents with Confirmed Practice Plans in the U.S.)

Specialty	2010 Respondents	RANK (of 25)	Aggregated Respondents: 2009 and 2010	RANK (of 25)	Trend (Average Annual Change: 2007 to 2010)	RANK (of 25)
Primary Care	\$171,000	N/A	\$167,200	N/A	6%	N/A
Family Medicine	\$155,600	22	\$155,400	22	4%	15
General Internal Medicine	\$184,600	15	\$180,700	14	6%	8
General Pediatrics	\$122,100	25	\$128,800	25	3%	19
IM & Peds (Combined)	\$131,300	24	\$145,600	24	-1%	25
Obstetrics/Gynecology	\$202,500	10	\$200,550	10	5%	9
Medicine Subspecialties	\$190,000	N/A	\$193,600	N/A	2%	N/A
Cardiology	\$272,300	5	\$271,100	4	3%	18
Gastroenterology	\$266,700	6	\$254,100	5	7%	3
Geriatrics	\$168,600	18	\$166,000	19	6%	7
Hematology/Oncology	\$190,000	13	\$195,400	11	2%	22
Nephrology	\$168,500	19	\$163,800	20	0%	24
General Surgery	\$196,500	11	\$191,950	20	1%	23
Surgical Subspecialties	\$263,900	N/A	\$255,600	N/A	6%	N/A
Ophthalmology	\$150,600	23	\$152,400	12	4%	14
Orthopedics	\$297,600	3	\$300,400	23	3%	20
Otolaryngology	\$286,150	4	\$212,600	2	12%	1
Urology	\$206,800	9	\$219,700	9	3%	21
Facility Based	\$285,000	N/A	\$276,350	N/A	5%	N/A
Anesthesiology	\$303,400	2	\$288,700	3	7%	4
Pathology	\$195,050	12	\$187,000	13	8%	2
Radiology	\$322,850	1	\$316,300	1	6%	6
Psychiatry	\$165,300	N/A	\$159,000	N/A	5%	N/A
Adult Psychiatry	\$156,600	21	\$158,900	21	3%	17
Child & Adolescent Psych	\$171,650	17	\$169,750	17	6%	5
Other	\$200,000	N/A	\$200,850	N/A	3%	N/A
Dermatology	\$243,900	7	\$248,200	6	5%	12
Emergency Medicine	\$217,800	8	\$218,500	8	4%	16
Neurology	\$185,700	14	\$180,000	15	4%	13
Pediatric Subspecialties	\$172,700	16	\$169,200	18	5%	11
Physical Medicine & Rehab	\$168,100	20	\$170,800	16	5%	10
Total (All Specialties)	\$190,300	N/A	\$188,650	N/A	4%	N/A



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 2010, for an aggregated data set containing all data collected over the past two years (2009 and 2010), and for the last four years the survey has been conducted (2007, 2008, 2009, and 2010). This methodology gave a higher weighting to data collected from the 2010 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.

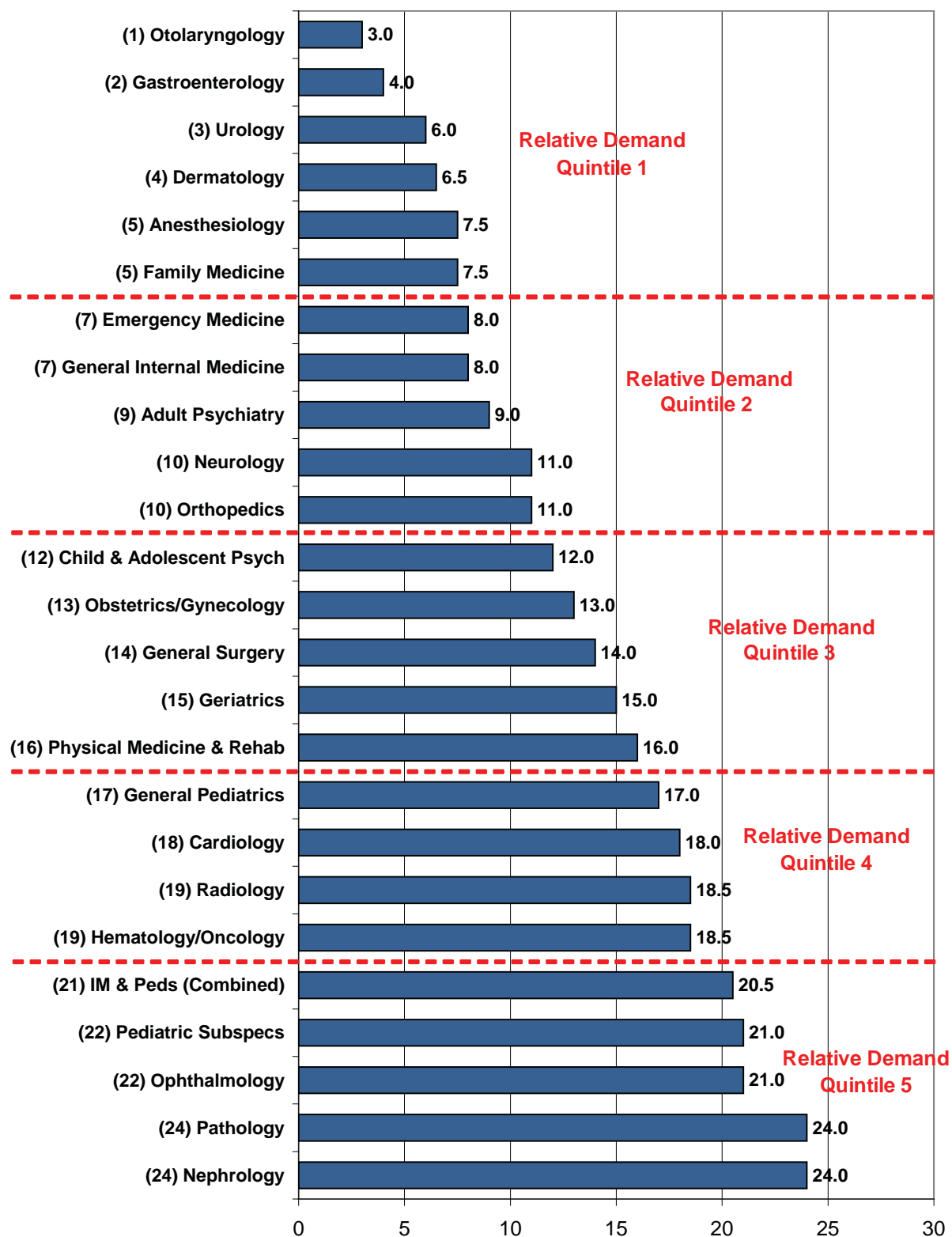
Each of these variables is an imperfect measure of demand. However, taken together, they provide a good picture of relative demand by specialty. There was a high degree of correlation between the percentage with difficulty variable and the percentage having to change plans variable (i.e., a respondent 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. For this reason, the job offers and trends in starting income variables were double weighted in computing a composite measure of demand.

Highlights

- Figure 4.19 is a plot of the median of the ranks of each specialty to illustrate the current demand for each specialty. Note that this analysis does not purport to measure absolute demand (i.e., it cannot determine the appropriate number of physicians required 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 respondents and ranking specialties on respondents' responses to questions used to assess demand.
- Currently, otolaryngology (average rank of 3.0 out of 25), gastroenterology (4.0), urology (6.0), dermatology (6.5), anesthesiology (7.5), and family medicine (7.5) are specialties experiencing the strongest demand.



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





- ⦿ The job market for nephrology (24.0), pathology (24.0), ophthalmology (21.0), pediatric subspecialties (21.0), and internal medicine and pediatrics (combined) (20.5) appears weak relative to other specialties.





Appendix A

2010 Exit Survey Response Rates by Specialty and Region





Table A-1. 2010 Exit Survey Response Rates by Specialty* and Region**

Specialty	UPSTATE NY PROGRAMS				GREATER NYC PROGRAMS				NEW YORK (TOTAL)			
	Grads	Returned	Resp Rate		Grads	Returned	Resp Rate		Grads	Returned	Resp Rate	
Primary Care	268	178	66%		1,608	925	58%		1,876	1,103	59%	
Family Medicine	58	43	74%		117	90	77%		175	133	76%	
Internal Medicine-General	139	93	67%		1,100	628	57%		1,239	721	58%	
Pediatrics-General	56	34	61%		383	199	52%		439	233	53%	
IM & Peds (Combined)	15	8	53%		8	8	100%		23	16	70%	
Obstetrics/Gynecology	30	30	100%		143	106	74%		173	136	79%	
Internal Medicine Specialties	77	45	58%		624	347	56%		701	392	56%	
Cardiology	21	10	48%		159	58	36%		180	68	38%	
Gastroenterology	8	5	63%		59	42	71%		67	47	70%	
Geriatrics	5	5	100%		69	40	58%		74	45	61%	
Hematology/Oncology	8	4	50%		77	43	56%		85	47	55%	
Nephrology	8	3	38%		59	46	78%		67	49	73%	
Other IM Specialties	27	18	67%		201	118	59%		228	136	60%	
Critical Care Medicine	2	0	0%		28	12	43%		30	12	40%	
Endocrinology & Metab.	4	3	75%		32	26	81%		36	29	81%	
Infectious Disease	6	3	50%		47	26	55%		53	29	55%	
Pulmonary Disease	6	4	67%		64	39	61%		70	43	61%	
Rheumatology	4	3	75%		25	10	40%		29	13	45%	
Other IM Subspecialties	5	5	100%		5	5	100%		10	10	100%	
Surgery (General)	25	16	64%		122	69	57%		147	85	58%	
Surgery (Subspecialties)	78	54	69%		326	182	56%		404	236	58%	
Ophthalmology	11	10	91%		58	34	59%		69	44	64%	
Orthopedics	29	16	55%		137	75	55%		166	91	55%	
Otolaryngology	8	4	50%		28	14	50%		36	18	50%	
Urology	8	7	88%		28	17	61%		36	24	67%	
Other Surgical Subspecs	22	17	77%		75	42	56%		97	59	61%	
Neurosurgery	6	5	83%		13	8	62%		19	13	68%	
Plastic Surgery	4	1	25%		17	8	47%		21	9	43%	
Thoracic Surgery	2	1	50%		15	6	40%		17	7	41%	
All Other Surg Subspecs	10	10	100%		30	20	67%		40	30	75%	



Specialty	UPSTATE NY PROGRAMS				GREATER NYC PROGRAMS				NEW YORK (TOTAL)			
	Grads	Returned	Resp Rate		Grads	Returned	Resp Rate		Grads	Returned	Resp Rate	
Facility Based	110	67	61%		569	371	65%		679	438	65%	
Anesthesiology	51	35	69%		226	129	57%		277	164	59%	
Anesthesiology-General	39	26	67%		161	92	57%		200	118	59%	
Pain Management	8	6	75%		26	17	65%		34	23	68%	
Other Anes Subspecs	4	3	75%		39	20	51%		43	23	53%	
Pathology	24	18	75%		129	109	84%		153	127	83%	
Pathology (General)	17	15	88%		68	57	84%		85	72	85%	
Pathology Subspecialties	7	3	43%		61	52	85%		68	55	81%	
Radiology	35	14	40%		214	133	62%		249	147	59%	
Radiology (Diagnostic)	32	11	34%		190	113	59%		222	124	56%	
Radiology (Therapeutic)	2	2	100%		16	14	88%		18	16	89%	
Nuclear Medicine	1	1	100%		8	6	75%		9	7	78%	
Psychiatry	37	29	78%		287	200	70%		324	229	71%	
Psychiatry (General)	25	23	92%		170	107	63%		195	130	67%	
Child & Adolescent Psych	7	3	43%		49	49	100%		56	52	93%	
Other Psych Subspecs	5	3	60%		68	44	65%		73	47	64%	
Other	154	108	70%		581	308	53%		735	416	57%	
Dermatology	6	4	67%		59	29	49%		65	33	51%	
Emergency Medicine	72	53	74%		191	69	36%		263	122	46%	
Neurology	29	10	34%		114	64	56%		143	74	52%	
Pediatric Specialties	25	20	80%		111	66	59%		136	86	63%	
Physical Medicine & Rehab	9	9	100%		67	48	72%		76	57	75%	
Other	13	12	92%		39	32	82%		52	44	85%	
Allergy & Immunology	1	0	0%		14	12	86%		15	12	80%	
Preventive Medicine	3	3	100%		13	8	62%		16	11	69%	
All Other	9	9	100%		12	12	100%		21	21	100%	
Total (All Specialties)***	779	539	69%		4,260	2,564	60%		5,039	3,103	62%	

*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 NYC 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

2010 Exit Survey Instrument



10. Specialty you are COMPLETING in 2010*(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: _____

11. What do you expect to be doing after completion of your current training program?**Primary Activity** *(mark only one)*

- ☐ Patient care/clinical practice (in non-training position)
- ☐ Additional subspecialty training or fellowship
(specify specialty): _____
- ☐ Chief resident
- ☐ Teaching/research (in non-training position)
- ☐ Temporarily out of medicine
- ☐ Other (specify): _____
- ☐ Undecided/don't know yet

C. FUTURE PLANS**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 NY to continue your training, do you plan to return to NY to practice when your training is complete?

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

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

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

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

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)

C. Have you been offered a job?

- ☐ Yes, and I have accepted an offer
- ☐ Yes, but I declined the offer(s) and am still searching
(Skip to Question 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.

<u>Principal Practice Setting</u> <i>(mark only one)</i>	<u>Secondary Practice Setting(s)</u> <i>(mark all that apply)</i>
<input type="radio"/>	<input type="radio"/> ... Solo practice
<input type="radio"/>	<input type="radio"/> ... Partnership (2 people)
<input type="radio"/>	<input type="radio"/> ... Group practice
<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

[illegible]

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*).

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"/>
Financial Reasons		
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"/>
Personal Reasons		
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"/>
Other Reasons		
Never intended to practice in New York	<input type="radio"/>	<input type="radio"/>
Other reason:	<input type="radio"/>	<input type="radio"/>

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

21. Which best describes the demographics of the area in which you will be practicing?
☐ Inner city
☐ Other area within major city
☐ Suburban
☐ Small city (population less than 50,000)
☐ Rural

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

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

B. If you received any incentives, how important were they in your decision to accept this practice position?
☐ Not at all important ☐ Moderately important
☐ Somewhat important ☐ Very important

23. Expected gross income during first year of practice:

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

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

E. EXPERIENCE IN JOB MARKET

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

25. A. Did you have difficulty finding a practice position you were satisfied with?
☐ Yes ☐ No ☐ Haven't looked yet
(Skip to Question #28)

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

- ☐ Overall lack of jobs/practice opportunities
☐ Lack of jobs/practice opportunities that meet visa status requirements
☐ Lack of jobs/practice opportunities in desired locations
☐ Lack of jobs/practice opportunities in desired practice setting (e.g., hospital, group practice, etc.)
☐ Inadequate salary/compensation offered
☐ Lack of employment opportunities for spouse/partner
☐ Other (specify): _____

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

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

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

- ☐ No jobs ☐ Some jobs
☐ Very few jobs ☐ Many jobs
☐ Few jobs ☐ Unknown

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

- ☐ No jobs ☐ Some jobs
☐ Very few jobs ☐ Many jobs
☐ Few jobs ☐ Unknown

THANK YOU FOR COMPLETING
THIS IMPORTANT SURVEY.



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