

2011



2011 New York Residency Training Outcomes *A Summary of Responses to the 2011 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 2011 (2011 Exit Survey) conducted by the New York Center for Health Workforce Studies (the Center) in the spring and summer of 2011. 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-graduation plans, characteristics of post-graduation 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 2011 was the 12th year of the survey.

This report was prepared by David P. Armstrong and Gaetano J. Forte.

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 3,269 of the estimated 5,127 physicians finishing a residency or fellowship training program completed the 2011 Exit Survey (64% response rate). For the 12 years the survey has been conducted (1998, 1999, 2000, 2001, 2002, 2003, 2005, 2007, 2008, 2009, 2010, 2011), an aggregated total of 35,964 of the 57,640 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

Overall, the job market for new physicians in New York continues to be good. Based on the responses to several questions used to measure demand, the opportunities for New York's graduating physicians in 2011 were comparable to those in 2010.

- In 2011, 95% 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 22% of them attributed their difficulty to an overall lack of jobs. Forty-eight percent (48%) attributed their difficulty to a lack of jobs in desired locations.
- The median starting income of respondents increased 6% from 2010 to 2011. 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 surveys have shown that demand for generalists was lower compared to demand for specialists. Over the past few years, however, the demand for generalists has surpassed demand for specialists. In 2011, after adjusting for citizenship status:

- Generalists were less likely than specialists to report difficulty finding a satisfactory practice position (26% versus 35%) and to have to change plans due to limited practice opportunities (14% versus 21%).
- Generalists received more job offers than specialists (mean of 3.94 versus 3.18). Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 0.83 versus 0.54, on a scale of +2 indicating "Many Jobs" to -2 indicating "No Jobs") and the national job market (1.77 versus 1.35).
- The average annual increase in median starting income from 2008 to 2011 was 5% 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 includes 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 urology, general surgery, dermatology, adult psychiatry, and otolaryngology appeared very strong.
- Nephrology, pathology, ophthalmology, radiology, and pediatric subspecialties 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 2011, 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 (29%), better jobs in desired locations outside New York (12%), and better salary outside New York (12%). Only 5% of respondents indicated that they never intended to practice in New York.
- Fewer respondents indicated that the principal reasons for them practicing outside of New York were climate/weather in New York (2%), taxes in New York (2%), the cost of malpractice insurance in New York (2%), or the cost of starting a practice in New York (0%).

More than one-third (40%) of respondents reported plans to subspecialize or pursue additional training. However, there were sharp differences in plans by specialty.

- Specialties with the highest subspecialization rates were general surgery (83%), ophthalmology (74%), and neurology (67%).
- Respondents from nephrology (6%), child and adolescent psychiatry (12%), and pulmonary disease (15%) were the least likely to report plans to subspecialize or pursue additional training.



GENERAL RESULTS

Characteristics of All Respondents

- ⌘ Forty-eight percent (48%) of survey respondents were female. The last two years were the highest percentages of females since the survey began in 1998.
- ⌘ Underrepresented minorities (URMs: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives) comprised 14% of all respondents. Over the years, this percent has fluctuated between 12% and 14%.
- ⌘ Twenty-four percent (24%) of respondents went to 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. Forty percent (40%) of respondents came from another country and 34% came from other states to pursue graduate medical training in New York.
- ⌘ Almost one-half (46%) of all respondents were IMGs, similar to the last survey (48% in 2010). This varied widely by specialty with the highest concentrations of IMGs found in geriatrics (82%), general internal medicine (69%), and pulmonary disease (69%).
- ⌘ Specialties with very few IMGs included otolaryngology (0%), dermatology (8%), and ophthalmology (8%).
- ⌘ Eighteen percent (18%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in geriatrics (32%), general internal medicine (31%), and pulmonary disease (28%). Dermatology (0%), otolaryngology (0%), and physical medicine and rehabilitation had very few temporary visa holders.
- ⌘ Individual specialties with the highest median educational debt were emergency medicine (\$189,250), anesthesiology (\$182,450), and obstetrics/gynecology (\$174,400).
- ⌘ Only three specialties had less than \$60,000 of median educational debt. Geriatrics (\$0), nephrology (\$15,200), and hematology/oncology (\$58,100) had the lowest debt.

Post-Training Plans of All Respondents

- ⌘ Fifty percent (50%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 82% had confirmed practice plans (i.e., they had accepted an offer for a job/practice position) at the time they completed the survey.
- ⌘ More than one-third (40%) planned to subspecialize or pursue further training. In addition, 2% were planning to work as chief residents, 2% were planning to enter teaching/research, and 6% 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 (86%) were remaining in the same region in which they trained.
- ⌘ The specialties with the highest rates of in-state retention were otolaryngology (67%), child and adolescent psychiatry (64%), and neurology (62%).
- ⌘ The specialties of orthopedics (17%), nephrology (25%), and general internal medicine (27%) had the lowest in-state retention rates.
- ⌘ Residents 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 2011, 79% of people who went to high school in New York and attended medical school in New York planned to practice in New York.
- ⌘ When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons were proximity to family (29%), better jobs in desired locations outside New York (12%), and better salary offered outside New York (12%). Only 5% of respondents indicated that they never intended to practice in New York.
- ⌘ Less than 3% of respondents reported that the principal reason for them 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%).
- ⌘ Thirty percent (30%) of respondents reported they would practice in inner-city locations and only 4% were going to rural locations. Seventeen percent (17%) said they would be practicing in a health professional shortage area (HPSA), similar to the percentage reported in 2010.
- ⌘ Respondents from pediatric subspecialties (51%), adult psychiatry (50%), and physical medicine and rehabilitation (50%) were the most likely to report plans to practice in the inner city.
- ⌘ While more than half of IMGs with temporary visas were entering HPSAs (51%), IMGs with permanent citizenship were less likely to be entering HPSAs than were USMGs (5% and 20%, respectively, for respondents of primary care specialties).
- ⌘ Thirty-six percent (36%) of respondents were entering group practices. Of these, 94% were going into groups as employees.
- ⌘ Only 2% of all respondents were planning to enter solo practice. There were a few specialties in which 10% or more planned to enter solo practice: ophthalmology (25%), dermatology (21%), and child and adolescent psychiatry (13%).



- ⌘ Fifty-two percent (52%) of respondents were entering practice in hospitals. Inpatient (32%) was the most common, 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 practicing physicians, the discrepancies in income for new physicians in different specialties are assumed to be generally consistent with the differences by specialty among practicing physicians. The expected incomes of new physicians may also influence specialty choice of medical students who interact extensively with residents.

- ⌘ 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 incomes were radiology (\$305,300), dermatology (\$296,900), and orthopedics (\$297,100).
- ⌘ General pediatrics had the lowest median starting income of all specialties (\$137,800). Other specialties with low starting incomes included child and adolescent psychiatry (\$149,950) and ophthalmology (\$164,500).
- ⌘ Among the specialty groups, psychiatry (\$168,400) and primary care (\$172,500) had the lowest starting median incomes. Conversely, surgical subspecialties (\$286,000) and facility based (\$276,600) had the highest.
- ⌘ Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2008 to 2011. No specialties experienced a decrease during this time period.
- ⌘ Urology (+11%), dermatology (+9%), and general surgery (+8%) showed the strongest trends in income between 2008 and 2011.

² Expected starting income includes both reported base salary and expected incentive income as reported on the Exit Survey. While 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 42.5 hours per week in patient care/clinical practice activities. Females expected to work 8% fewer patient care hours than males (40.8 versus 44.2).
- ⌘ Respondents from the following individual specialties expected to be working the highest number of hours: orthopedics (49.8), otolaryngology (49.5), and urology (49.3).
- ⌘ Respondents expected to be working the fewest patient care/clinical practice hours per week in dermatology (32.4), emergency medicine (35.4), and child and adolescent psychiatry (36.7).

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 the same as last year.
- ⌘ The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (48%), followed by overall lack of jobs (22%), and lack of jobs in desired practice setting (13%).
- ⌘ The highest percentages of respondents having difficulty finding a satisfactory practice position were in ophthalmology (100%), nephrology (73%), and physical medicine and rehabilitation (67%). General surgery (0%), otolaryngology (0%), and urology (10%) had the fewest respondents reporting difficulty.
- ⌘ Nineteen percent (19%) of respondents reported having to change their plans due to limited job opportunities, almost the same percent as in 2010 (20%).
- ⌘ Otolaryngology (0%), urology (0%), and general surgery (0%) had the fewest respondents having to change plans in 2011. Respondents from ophthalmology (50%), nephrology (45%), and pediatric subspecialties (44%) 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 2011 was 3.40, slightly down from the number received by respondents in 2010 (3.54). General surgery (7.60), urology (5.67), and otolaryngology (5.43) respondents received the most job offers. At the other end of the spectrum, pathology (1.66), neurology (2.24), and pediatric subspecialties (2.62) received the fewest job offers.
- ⌘ Respondents gave a positive assessment of the regional job market (average Likert score of +0.62 on a scale of +2.00, indicating “Many Jobs” to -2.00, indicating “No Jobs”). Dermatology (+1.57), otolaryngology (+1.43), and adult psychiatry (+1.40) 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 (-0.74), pathology (-0.52), and radiology (-0.24).
- ⌘ Respondents gave very positive assessments of the national job market (+1.47). Otolaryngology (+2.00) had the most positive view of the national job market among individual specialties, followed by urology (+1.90) and dermatology (+1.88).
- ⌘ Only three specialties had a score of +0.50 or less: pathology (+0.21), radiology (+0.44), and nephrology (+0.48).

Overall Assessment of the Job Market for New Physicians

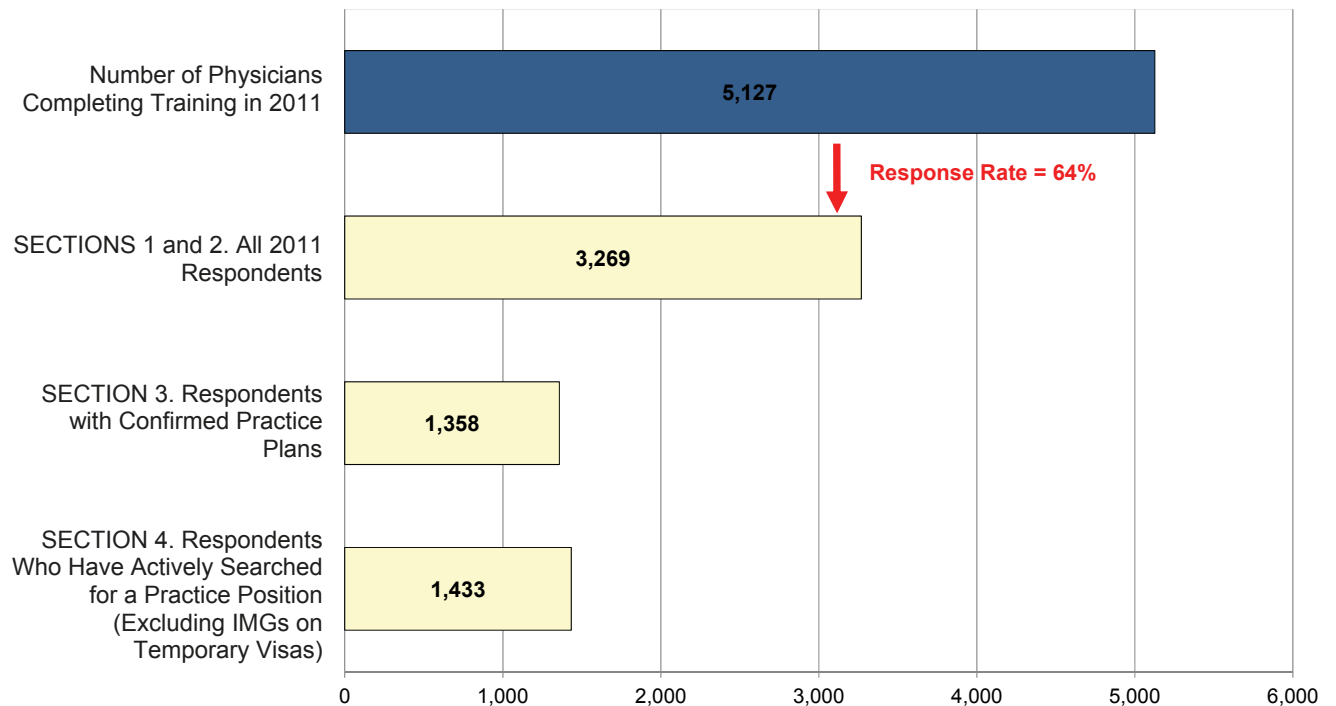
- ⌘ Demand for primary care physicians (generalists) was somewhat stronger than the demand for non-primary care physicians (specialists). In 2011, generalists were less likely than specialists to report difficulty finding a satisfactory practice position (26% versus 35%) or to have to change plans due to limited practice opportunities (14% versus 21%).
- ⌘ Generalists received more job offers than specialists (mean of 3.94 versus 3.18). Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 0.83 versus 0.54) and the national job market (1.77 versus 1.35).
- ⌘ The average annual increase in median starting income from 2008 to 2011 was 5% 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 urology, general surgery, dermatology, adult psychiatry, and otolaryngology appeared very strong.
- ⌘ Nephrology, pathology, ophthalmology, radiology, and pediatric subspecialties 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 3,269 of the estimated 5,127 residents who finished training in 2011 (a 64% response rate). Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines of their planned activities following 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 2011 Exit Survey Response Rates 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 2011. 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 survey respondents were female. The last two years were the highest percentages of female respondents since the survey began in 1998. Females represented more than 70% of respondents in child and adolescent psychiatry (77%), general pediatrics (72%), pediatric subspecialties (72%), and obstetrics/gynecology (70%).
- Surgical subspecialties had the fewest females (24%). Of the individual specialties, orthopedics (11%), urology (13%), and pulmonary disease (17%) had very few females.
- URM comprised 14% of all respondents. Since the survey began in 1998, this percent has fluctuated between 12% and 14%. Child and adolescent psychiatry (29%), family medicine (27%), and physical medicine and rehabilitation (23%) had the most URMs.
- Otolaryngology (0%), hematology/oncology (5%), and cardiology (6%) had very few URMs.
- Twenty-four percent (24%) of respondents went to 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. Forty percent (40%) of respondents came from another country and 34% came from other states to pursue graduate medical training in New York.
- Almost one-half (46%) of all respondents were IMGs, similar to the last survey (48% in 2010). This varied widely by specialty with the highest concentrations of IMGs found in geriatrics (82%), general internal medicine (69%), and pulmonary disease (69%).
- Specialties with very few IMGs included otolaryngology (0%), dermatology (8%), and ophthalmology (6%).



Figure 1.1 Percent of Female Respondents by Specialty Group (All 2011 Exit Survey Respondents)

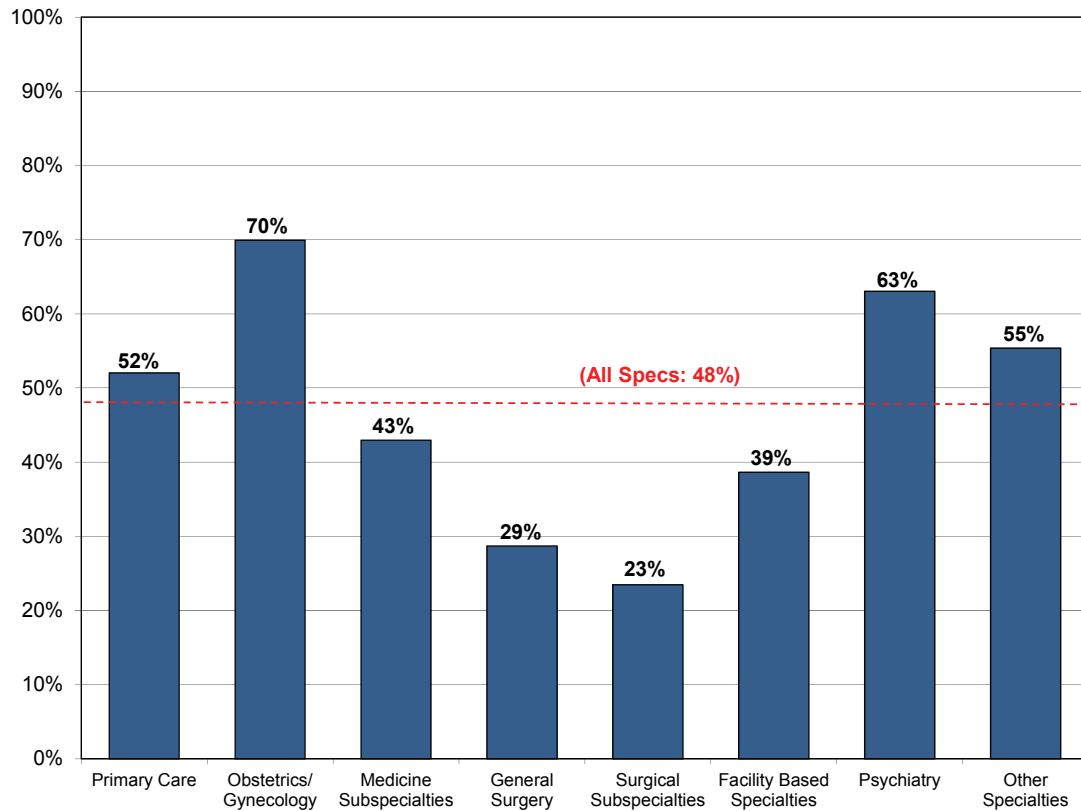


Figure 1.2 Percent of Underrepresented Minority Respondents by Specialty Group (All 2011 Exit Survey Respondents)

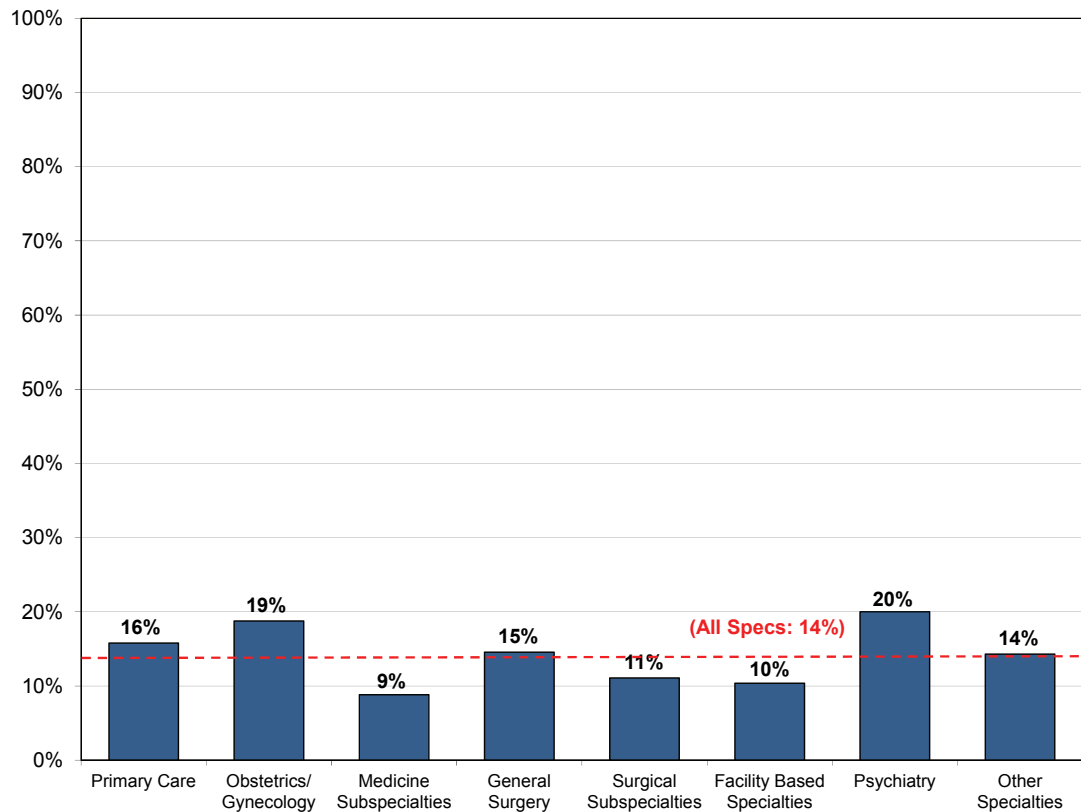




Figure 1.3 Location of High School Attended (All 2011 Exit Survey Respondents)

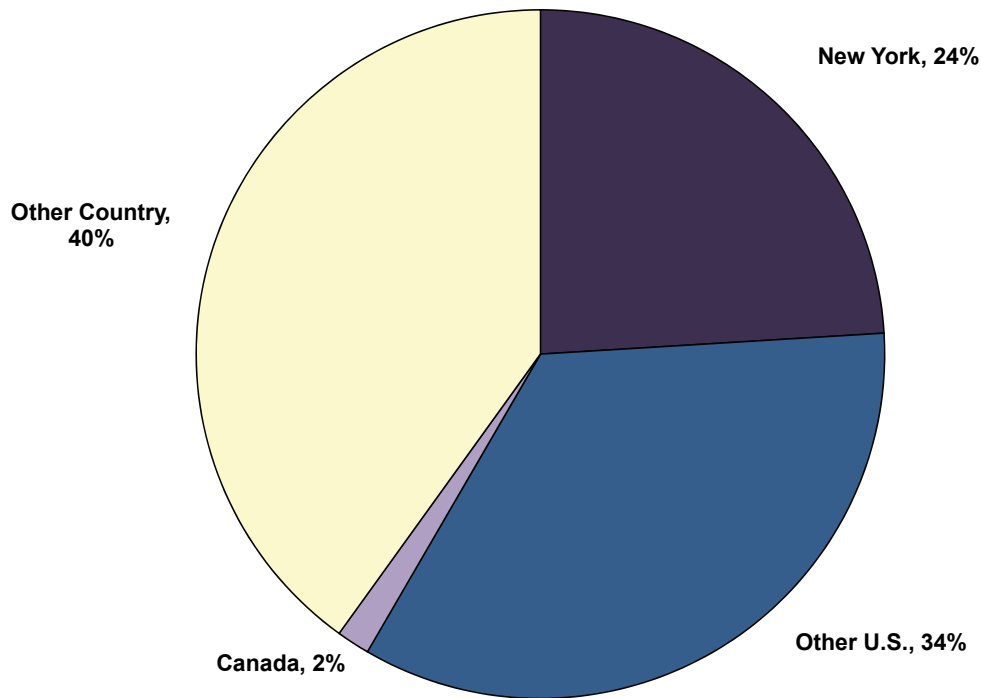


Figure 1.4 Location of Medical School and Citizenship Status (All 2011 Exit Survey Respondents)

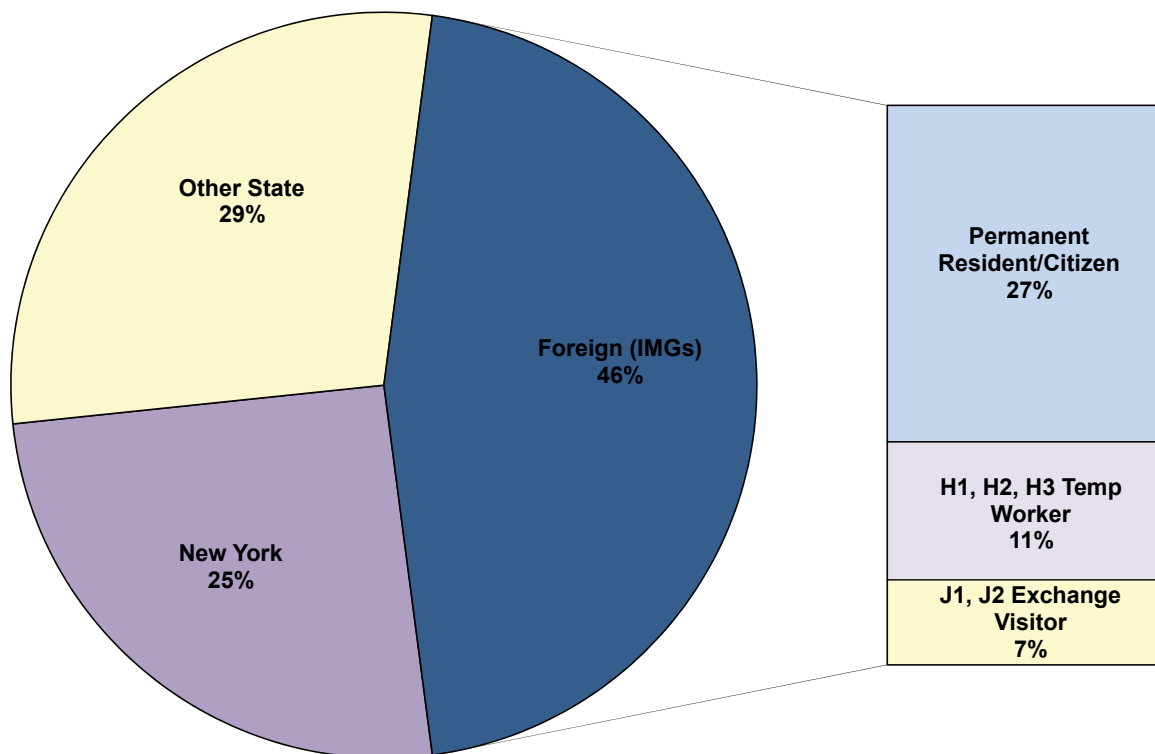




Table 1.1 Background Characteristics of Respondents (All 2011 Exit Survey Respondents)

Specialty	Number of Resp (N)	% Female	% Underrep Minorities	% NY H.S. Grad	% IMG	% Temp Visa Holders
Primary Care	1,202	52%	16%	21%	65%	28%
Family Medicine	121	49%	27%	34%	60%	11%
General Internal Medicine	810	47%	14%	17%	69%	31%
General Pediatrics	256	72%	18%	26%	55%	27%
Obstetrics/Gynecology	134	70%	19%	27%	36%	14%
Medicine Subspecialties	430	43%	9%	21%	58%	22%
Cardiology	87	32%	6%	30%	44%	12%
Gastroenterology	46	26%	9%	22%	49%	14%
Geriatrics	39	63%	16%	16%	82%	32%
Hematology/Oncology	40	53%	5%	20%	58%	15%
Nephrology	50	43%	10%	20%	60%	27%
Pulmonary Disease	42	17%	11%	18%	69%	28%
General Surgery	111	29%	15%	24%	37%	16%
Surgical Subspecialties	246	24%	11%	27%	15%	6%
Ophthalmology	53	51%	13%	34%	8%	4%
Orthopedics	102	11%	9%	19%	14%	7%
Otolaryngology	18	47%	0%	50%	0%	0%
Urology	16	13%	14%	40%	13%	6%
Facility Based	432	39%	10%	28%	27%	10%
Anesthesiology	134	35%	16%	40%	23%	5%
Pathology	95	53%	9%	17%	55%	24%
Radiology	159	30%	8%	27%	16%	8%
Psychiatry	208	63%	20%	25%	51%	14%
Adult Psychiatry	134	61%	17%	21%	57%	17%
Child & Adolescent Psych	43	77%	29%	43%	40%	12%
Other	496	55%	14%	29%	27%	9%
Dermatology	36	67%	12%	25%	8%	0%
Emergency Medicine	153	48%	17%	30%	15%	6%
Neurology	90	47%	7%	34%	39%	14%
Pediatric Subspecialties	86	72%	13%	29%	35%	16%
Physical Medicine & Rehab	61	51%	23%	32%	32%	4%
All Specialties, 2011 (2010)	3,269 (3,103)	48% (48%)	14% (14%)	24% (26%)	46% (48%)	18% (19%)

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/Alaska Native.

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.

- Eighteen percent (18%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in geriatrics (32%), general internal medicine (31%), and pulmonary disease (28%). Dermatology (0%), otolaryngology (0%), and physical medicine and rehabilitation (4%) had had very few temporary visa holders.



1.2 Education 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 emergency medicine (\$189,250), anesthesiology (\$182,450), and obstetrics/gynecology (\$174,400).
- Only three specialties had less than \$60,000 of median educational debt. Geriatrics (\$0), nephrology (\$15,200), and hematology/oncology (\$58,100) had the lowest debt.
- Among specialty groups, obstetrics and gynecology (\$174,400) had the highest median educational debt and psychiatry had the lowest (\$87,700).

**Figure 1.5 Median Educational Debt by Specialty and Race/Ethnicity (in \$1,000s)
(All 2011 Exit Survey Respondents, U.S. Citizens Only)**

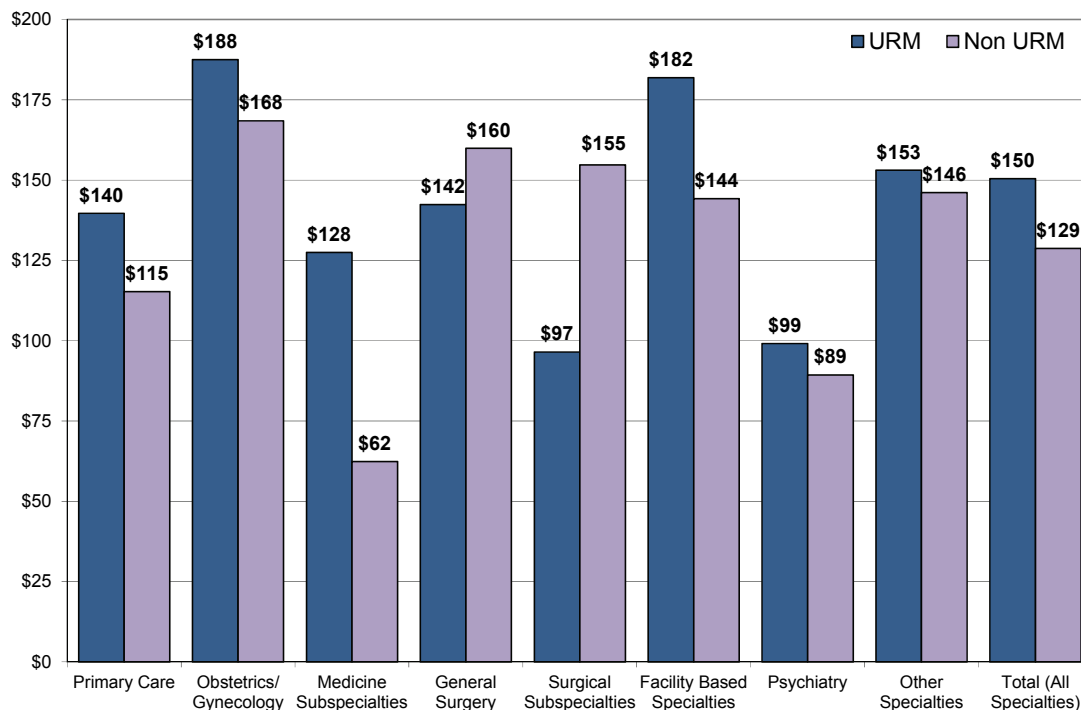




Table 1.2 Descriptive Statistics for Respondents' Educational Debt (All 2011 Exit Survey Respondents)

<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	634	\$121,829	N/A	\$116,750	N/A
Family Medicine	82	\$142,201	6	\$157,750	7
General Internal Medicine	395	\$112,078	15	\$92,500	18
General Pediatrics	145	\$130,511	11	\$144,200	10
Obstetrics/Gynecology	90	\$154,052	2	\$174,400	3
Medicine Subspecialties	258	\$93,400	N/A	\$78,500	N/A
Cardiology	62	\$95,929	21	\$94,300	17
Gastroenterology	31	\$98,452	20	\$84,100	20
Geriatrics	21	\$55,543	25	\$0	25
Hematology/Oncology	23	\$87,870	24	\$58,100	23
Nephrology	31	\$89,484	23	\$15,200	24
Pulmonary Disease	23	\$137,387	8	\$118,600	15
General Surgery	78	\$137,612	7	\$159,700	6
Surgical Subspecialties	202	\$135,169	N/A	\$154,450	N/A
Ophthalmology	44	\$131,898	9	\$144,600	9
Orthopedics	84	\$151,323	4	\$172,300	4
Otolaryngology	17	\$119,024	13	\$146,200	8
Urology	12	\$111,117	16	\$124,650	13
Facility Based	333	\$136,658	N/A	\$151,600	N/A
Anesthesiology	110	\$153,509	3	\$182,450	2
Pathology	58	\$103,014	18	\$79,750	21
Radiology	128	\$131,363	10	\$138,150	11
Psychiatry	151	\$108,934	N/A	\$87,700	N/A
Adult Psychiatry	90	\$123,261	12	\$130,100	12
Child & Adolescent Psych	34	\$108,385	17	\$105,000	16
Other	364	\$133,554	N/A	\$147,100	N/A
Dermatology	31	\$92,948	22	\$71,200	22
Emergency Medicine	126	\$166,289	1	\$189,250	1
Neurology	52	\$114,288	14	\$121,400	14
Pediatric Subspecialties	57	\$100,847	19	\$89,200	19
Physical Medicine & Rehab	49	\$150,924	5	\$164,200	5
Total (All Specialties)	2,110	\$125,028	N/A	\$132,000	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 percent (50%) of all respondents were planning to enter patient care following completion of their current training program. Of these, 82% had confirmed practice plans (i.e., they had accepted an offer for a job/practice position) at the time they completed the survey.
- More than one-third (40%) planned to subspecialize or pursue further training. In addition, 2% were planning to work as chief residents, 2% were planning to enter teaching/research, and 6% had other plans.
- Specialties with the highest percentage of respondents planning to enter patient care/clinical practice were nephrology (81%), hematology/oncology (77%), and geriatrics (77%).
- Specialties with the highest subspecialization rates were general surgery (83%), ophthalmology (74%), and neurology (67%).
- Respondents from nephrology (6%), child and adolescent psychiatry (12%), and pulmonary disease (15%) were the least likely to report plans to subspecialize or pursue additional training.
- General pediatrics (8%), general internal medicine (7%), and family medicine (2%) had the most respondents indicating they were planning on entering positions as chief residents.
- Hematology/oncology had the highest percentage of respondents entering teaching/research (8%).



Figure 2.1 Primary Activity After Completion of Current Training Program (All 2011 Exit Survey Respondents)

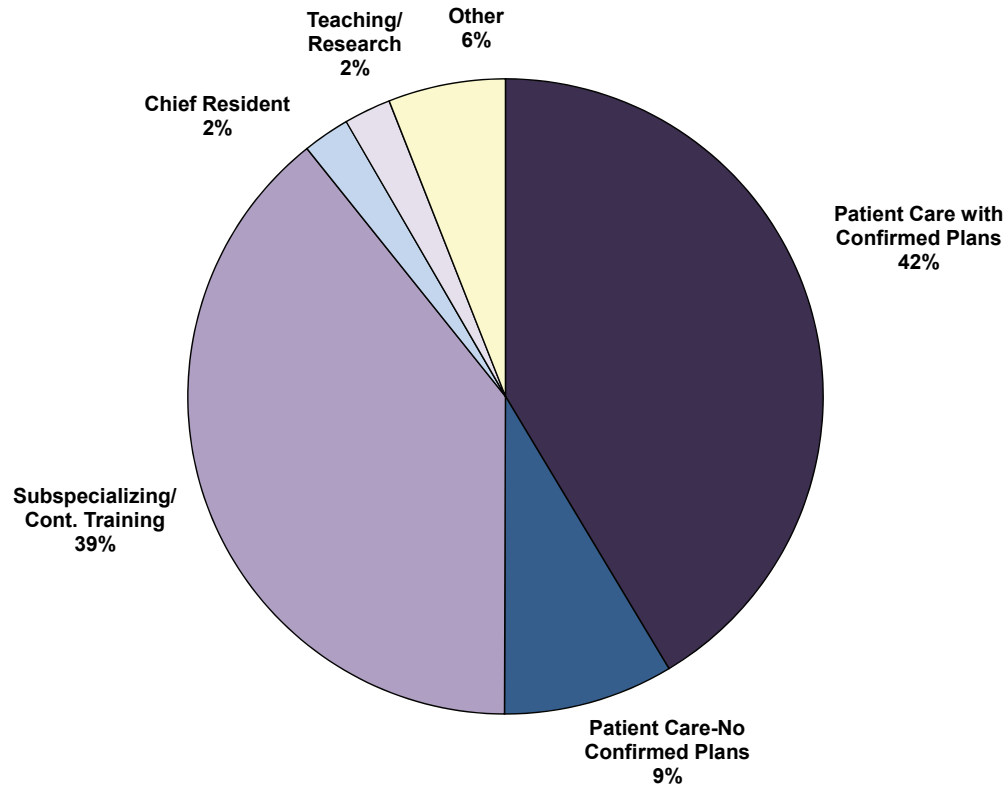
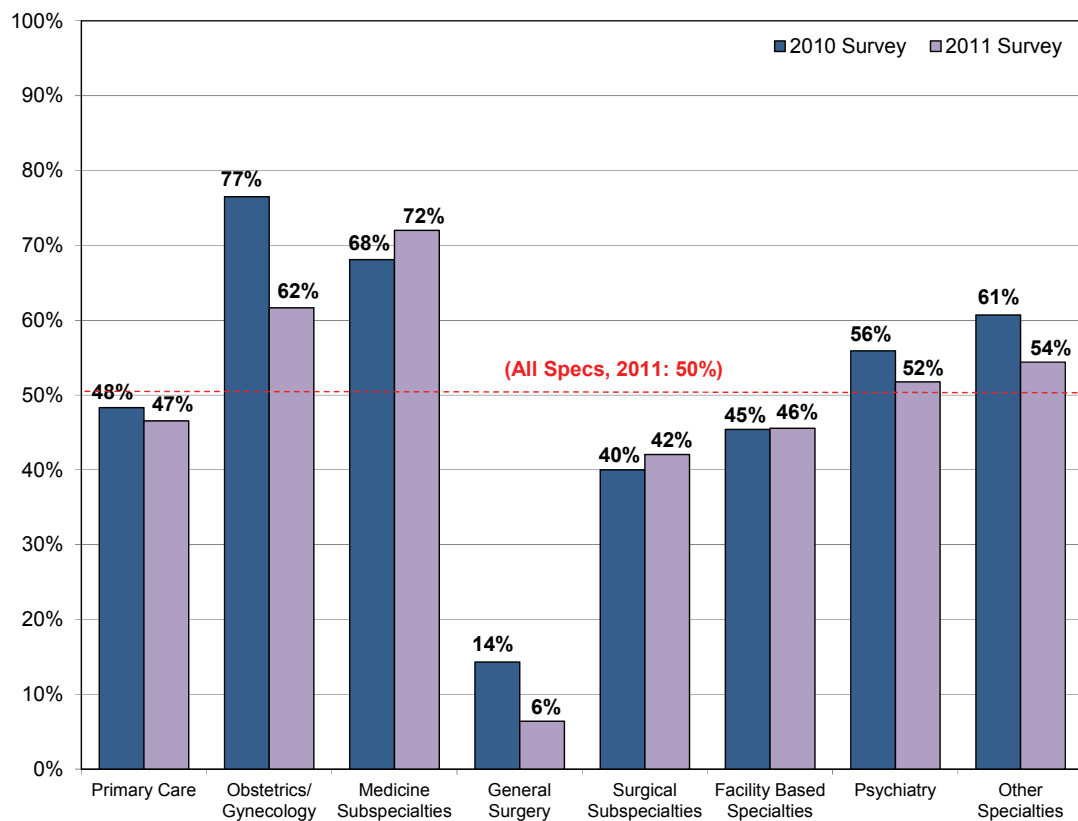


Figure 2.2 Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group (All 2010 and 2011 Exit Survey Respondents)





**Figure 2.3 Rank of Percent of Respondents Entering Patient Care by Specialty
(All 2011 Exit Survey Respondents)**

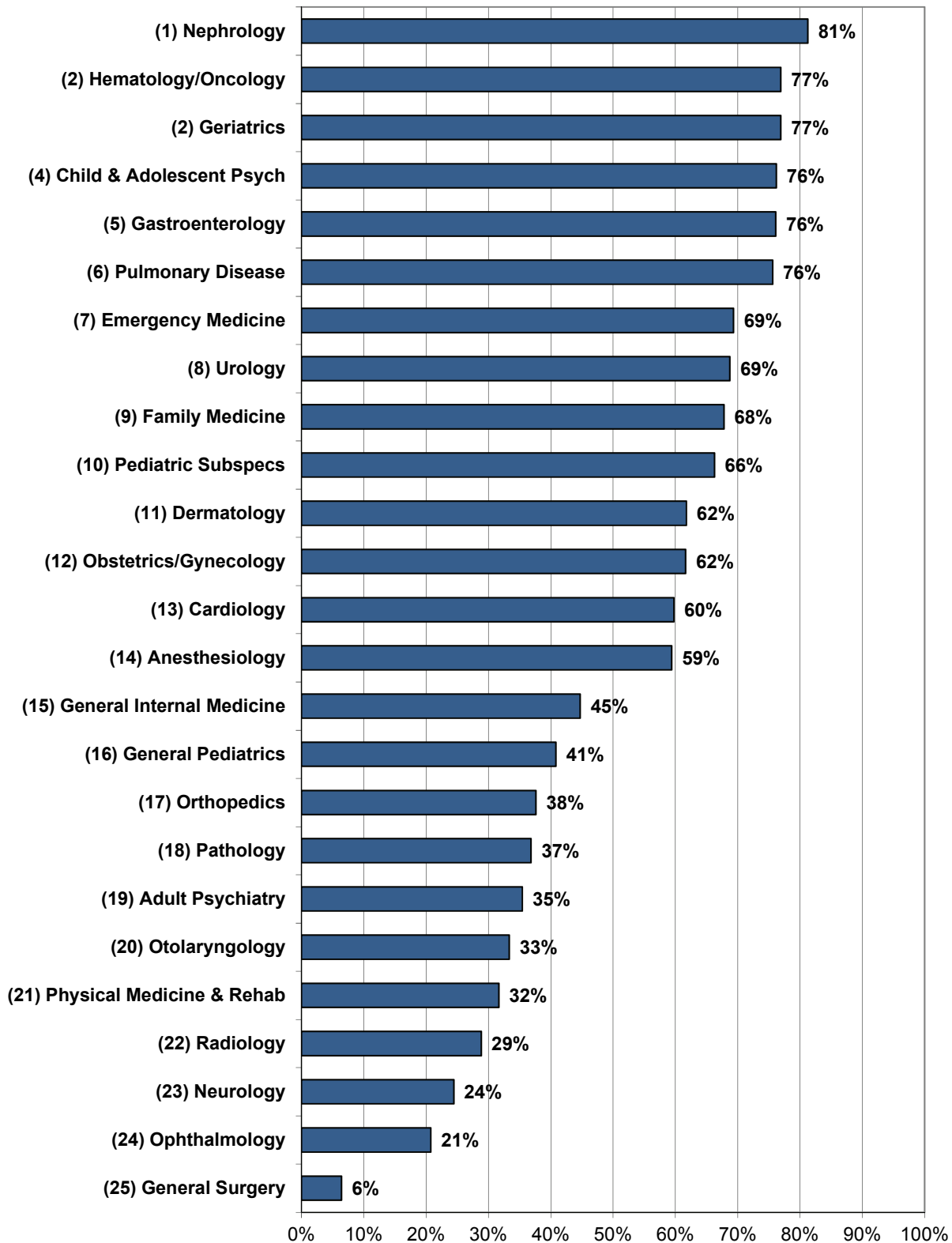




Table 2.1 Primary Activity After Completion of Current Training Program (All 2011 Exit Survey Respondents)

<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	47%	41%	6%	1%	6%
Family Medicine	68%	20%	2%	0%	11%
General Internal Medicine	45%	42%	7%	1%	5%
General Pediatrics	41%	46%	8%	0%	5%
Obstetrics/Gynecology	62%	27%	0%	6%	5%
Medicine Subspecialties	72%	18%	0%	5%	5%
Cardiology	60%	37%	0%	1%	2%
Gastroenterology	76%	17%	0%	4%	2%
Geriatrics	77%	18%	0%	0%	5%
Hematology/Oncology	77%	13%	0%	8%	3%
Nephrology	81%	6%	0%	6%	6%
Pulmonary Disease	76%	15%	0%	7%	2%
General Surgery	6%	83%	0%	4%	7%
Surgical Subspecialties	42%	54%	0%	0%	4%
Ophthalmology	21%	74%	0%	2%	4%
Orthopedics	38%	60%	0%	0%	2%
Otolaryngology	33%	67%	0%	0%	0%
Urology	69%	31%	0%	0%	0%
Facility Based	46%	48%	0%	3%	4%
Anesthesiology	59%	38%	0%	2%	1%
Pathology	37%	52%	0%	4%	7%
Radiology	29%	65%	1%	2%	4%
Psychiatry	52%	37%	1%	3%	9%
Adult Psychiatry	35%	53%	1%	1%	10%
Child & Adolescent Psych	76%	12%	0%	5%	7%
Other	54%	36%	0%	3%	7%
Dermatology	62%	27%	0%	6%	6%
Emergency Medicine	69%	24%	0%	3%	3%
Neurology	24%	70%	0%	2%	3%
Pediatric Subspecialties	66%	20%	0%	7%	7%
Physical Medicine & Rehab	32%	63%	0%	0%	5%
All Specialties, 2011 (2010)	51% (53%)	39% (37%)	2% (3%)	2% (2%)	6% (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 Background Characteristics

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 1,358 respondents had confirmed practice plans. Two percent (2%) of these respondents were planning to practice outside the U.S., so 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 in New York. The vast majority of these respondents (86%) were remaining in the same region in which they trained.
- The specialties with the highest rates of in-state retention were otolaryngology (67%), child and adolescent psychiatry (64%), and neurology (62%).
- The specialties of orthopedics (17%), nephrology (25%), and general internal medicine (27%) had the lowest in-state retention rates.
- Residents of general surgery (13%), orthopedics (10%), and child and adolescent psychiatry (4%) were the most likely to be leaving the U.S. to begin practice.
- Residents 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 2011, 79% of respondents who went to high school in New York and attended medical school in New York planned to practice in New York.
- When respondents who were planning to practice outside of New York were asked their main reason for leaving, the most common reasons were proximity to family (29%), better jobs in desired locations outside New York (12%), and better salary offered outside New York. Only 5% of respondents indicated that they never intended to practice in New York.



Figure 3.1 Location of Upcoming Practice (for 2011 Respondents with Confirmed Practice Plans)

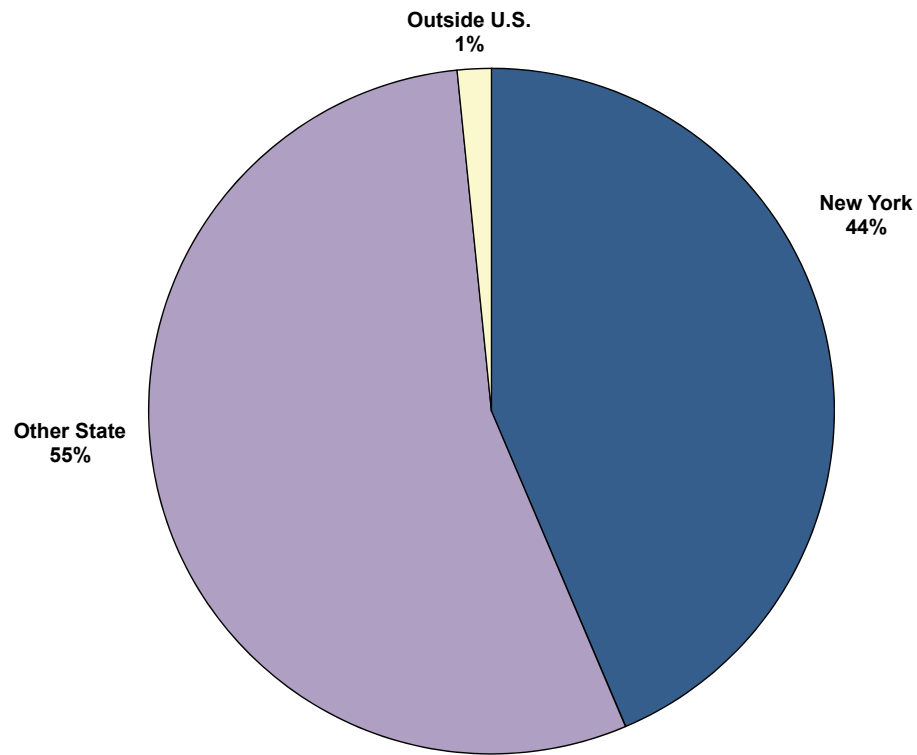


Figure 3.2 Percent of Respondents Entering Practice in New York by Specialty Group (for 2011 Respondents with Confirmed Practice Plans)

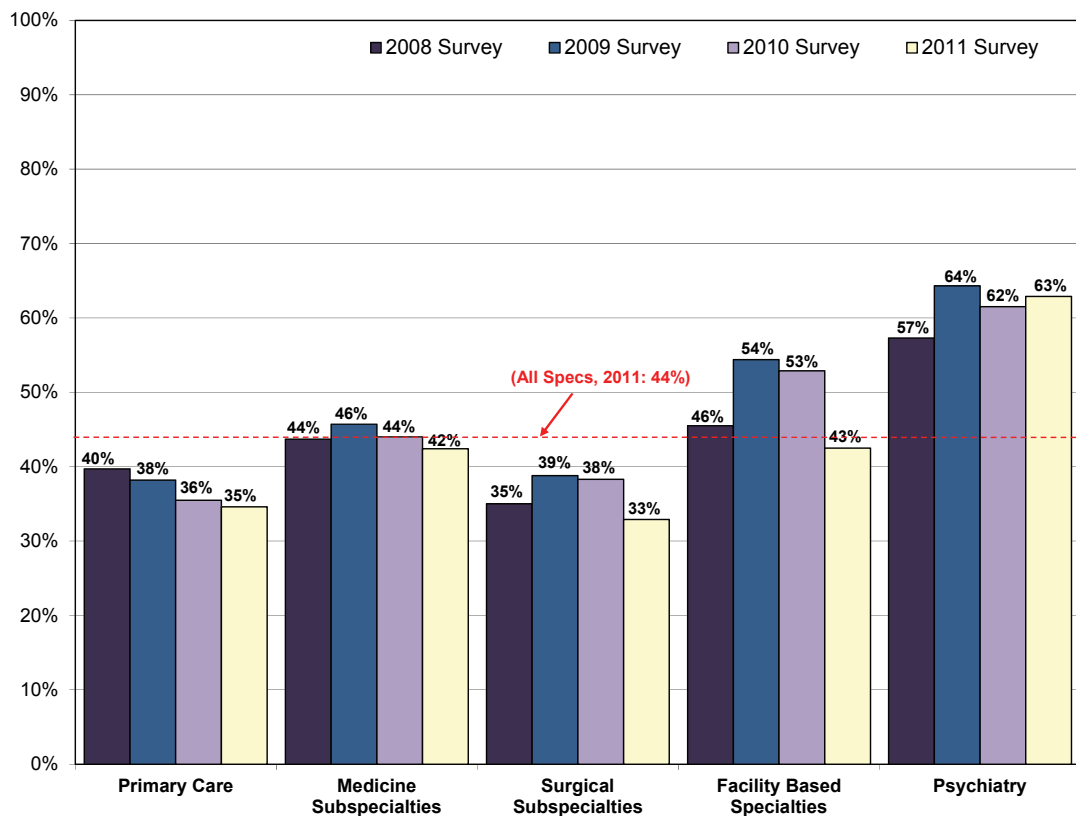




Figure 3.3 Rank of In-state Retention Rates by Specialty (for 2011 Respondents with Confirmed Practice Plans)

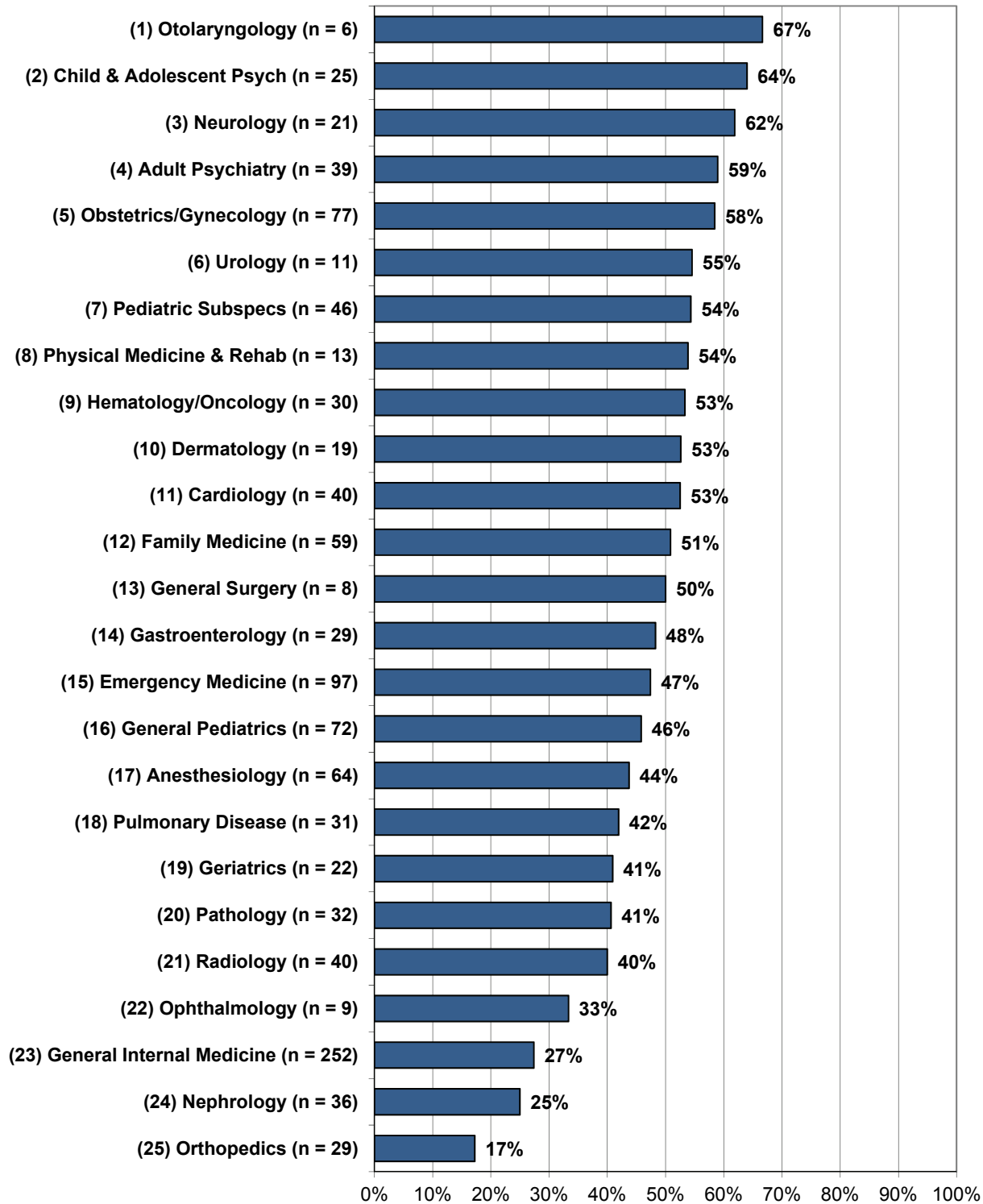




Table 3.1 Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2011 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>Number with Confirmed Practice Plans⁹</u>	<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	407	31%	4%	64%	2%
Family Medicine	90	42%	9%	49%	0%
General Internal Medicine	265	26%	2%	70%	3%
General Pediatrics	75	36%	10%	54%	0%
Obstetrics/Gynecology	79	48%	10%	42%	0%
Medicine Subspecialties	277	38%	5%	57%	1%
Cardiology	40	48%	5%	48%	0%
Gastroenterology	30	45%	3%	48%	3%
Geriatrics	24	32%	9%	59%	0%
Hematology/Oncology	30	47%	7%	47%	0%
Nephrology	36	17%	8%	75%	0%
Pulmonary Disease	32	39%	3%	55%	3%
General Surgery	8	25%	25%	38%	13%
Surgical Subspecialties	87	25%	8%	61%	6%
Ophthalmology	9	33%	0%	67%	0%
Orthopedics	29	7%	10%	72%	10%
Otolaryngology	6	50%	17%	33%	0%
Urology	11	55%	0%	36%	9%
Facility Based	173	38%	5%	57%	1%
Anesthesiology	66	36%	8%	56%	0%
Pathology	32	41%	0%	59%	0%
Radiology	40	33%	8%	58%	3%
Psychiatry	90	61%	2%	36%	1%
Adult Psychiatry	40	56%	3%	41%	0%
Child & Adolescent Psych	25	60%	4%	32%	4%
Other	234	44%	8%	47%	1%
Dermatology	20	42%	11%	47%	0%
Emergency Medicine	99	39%	8%	52%	1%
Neurology	21	57%	5%	38%	0%
Pediatric Subspecialties	47	46%	9%	46%	0%
Physical Medicine & Rehab	13	54%	0%	46%	0%
All Specialties, 2011 (2010)	1,358 (1,295)	38% (39%)	6% (5%)	55% (54%)	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.

- Less than 3% of respondents reported that the principal reason for them 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 3.4 Percent of Respondents with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2011 Respondents with Confirmed Practice Plans)

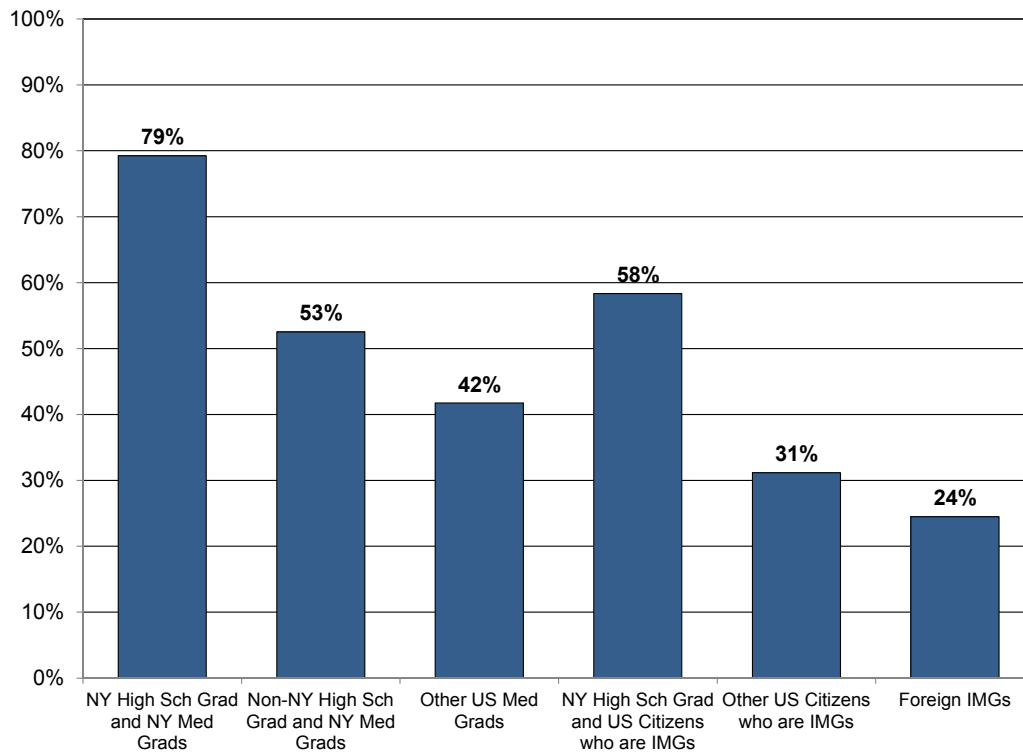
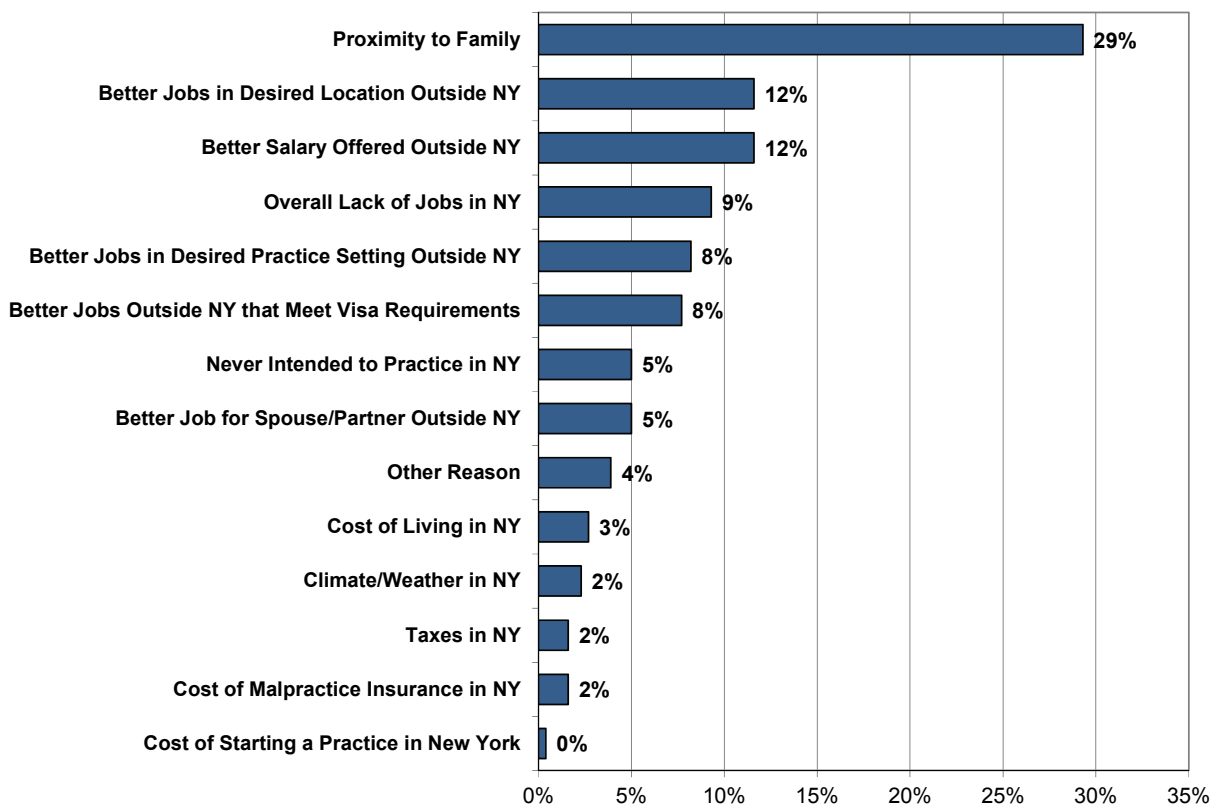


Figure 3.5 Principal Reason for Practicing Outside New York (for 2011 Respondents with Confirmed Practice Plans)





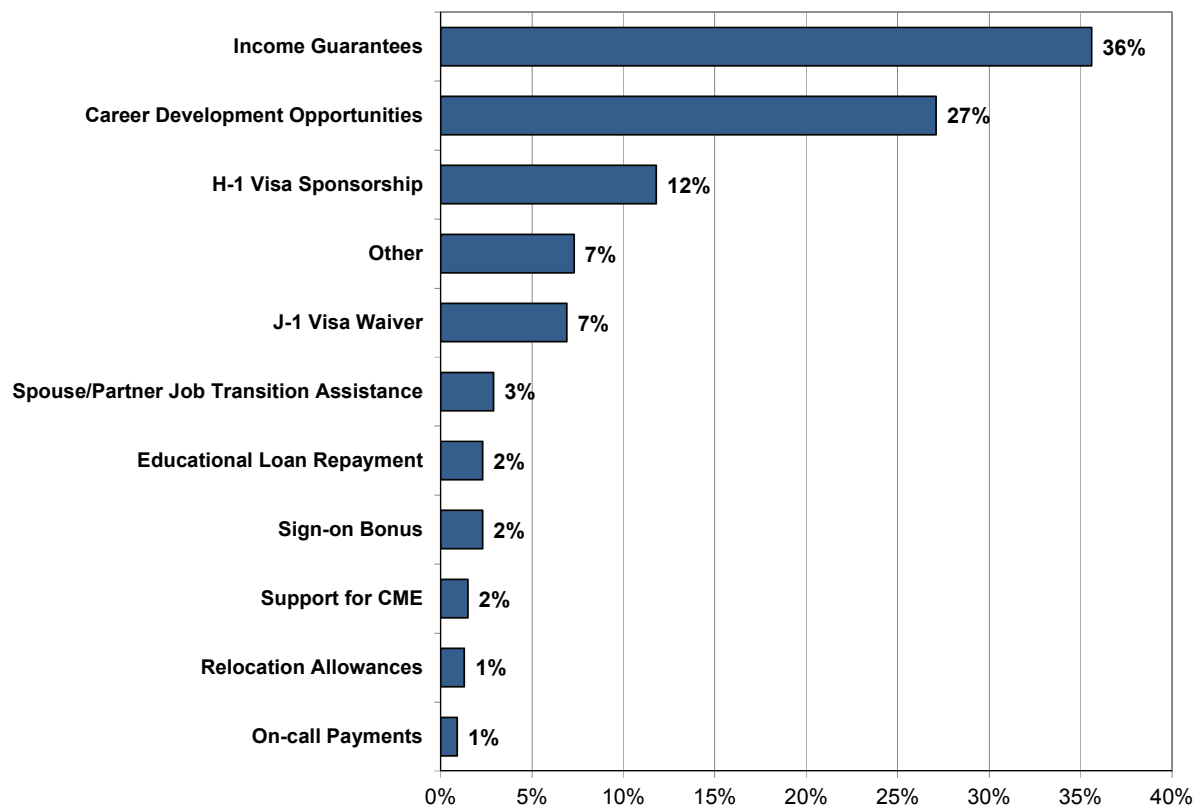
3.2 Recruitment Incentives

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

Highlights

- Thirty-six percent (36%) 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 (27%). Twelve percent (12%) of respondents indicated that H-1 visa sponsorship was their most influential incentive.
- Less than 5% of respondents indicated that spouse/partner job transition assistance (3%), educational loan repayment (2%), support for continuing medical education (2%), sign-on bonus (2%), relocation allowances (1%), or on-call payments (1%) was the most influential incentive.

Figure 3.6 Most Influential Incentive Received for Accepting a Practice Position (for 2011 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 respondents' upcoming practice locations. The first five columns give the demographics of principal practice locations and the last column gives the percentage of respondents entering practice in federally designated HPSAs. It should be noted that (as with all data presented in this report) these numbers are based on self-reporting by respondents and a large percentage indicated they didn't know if their upcoming practice fell within a HPSA.

Highlights

- Thirty percent (30%) of respondents reported entering practice in inner-city locations and only 4% were going to rural locations. Seventeen percent (17%) said they would be practicing in a HPSA, similar to the percentage reported in 2010.
- Respondents from pediatric subspecialties (51%), adult psychiatry (50%), and physical medicine and rehabilitation (50%) were the most likely to enter practices in the inner city.
- Respondents from geriatrics (14%), ophthalmology (11%), and urology (10%) were the most likely to enter practices in rural areas.
- The respondents most likely to be entering practice in HPSAs were in geriatrics (46%), general surgery (33%), and family medicine (29%).
- 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 an underserved area or return to their native country. Therefore, specialties with a high proportion of temporary visa holders had high proportions of respondents entering practice in HPSAs.
- While almost half of IMGs with temporary visas were entering HPSAs (51%), IMGs with permanent citizenship were less likely to be entering HPSAs than were USMGs (5% and 20%, respectively, for respondents from primary care specialties).



Figure 3.7 Residents Entering Practice in Rural and Inner-city Areas by Location of Medical School and Citizenship Status (for 2011 Respondents from Primary Care Specialties with Confirmed Practice Plans)

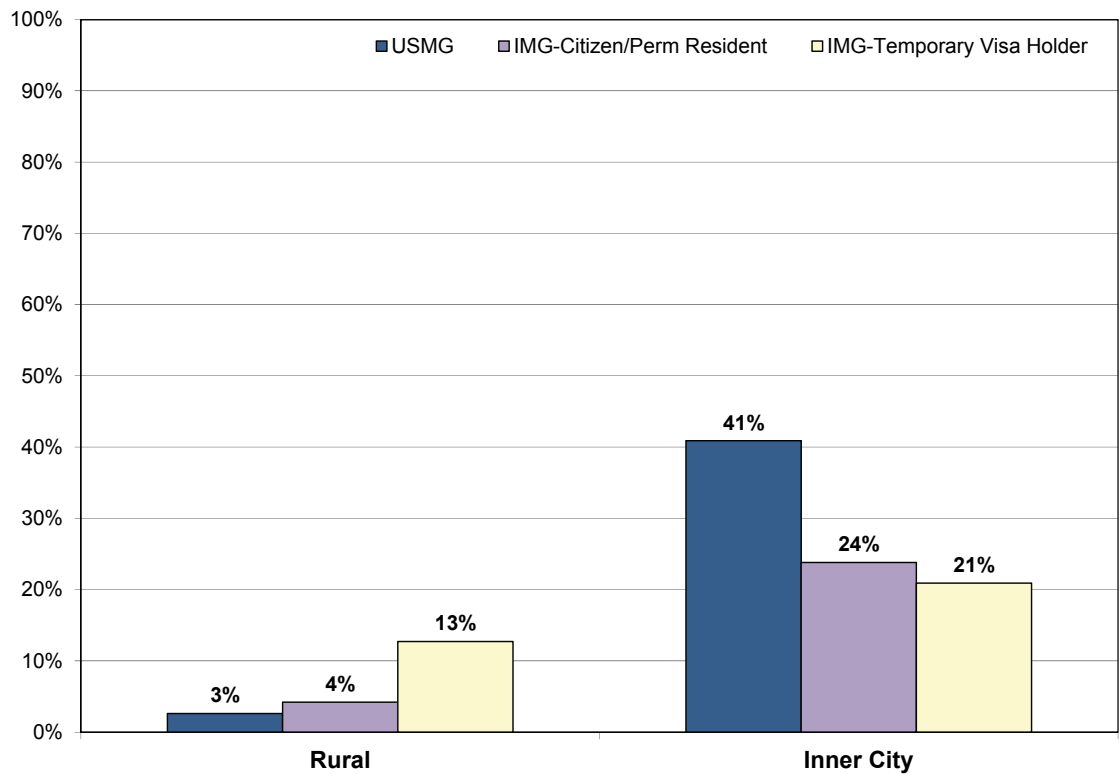


Figure 3.8 Percent of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship (for 2011 Respondents from Primary Care Specialties with Confirmed Practice Plans)

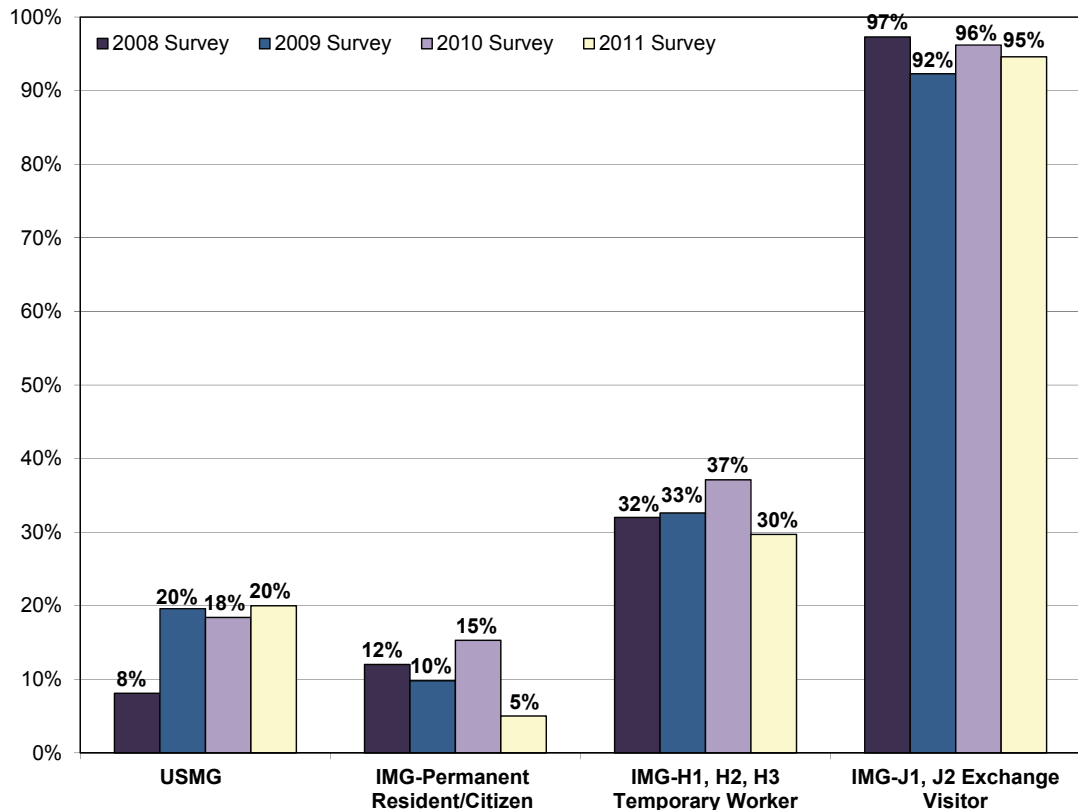




Table 3.2 Demographics of Practice Setting (for 2011 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>DEMOGRAPHICS</u>					% 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	29%	16%	30%	20%	6%	24%
Family Medicine	28%	19%	35%	12%	7%	29%
General Internal Medicine	29%	15%	29%	21%	6%	22%
General Pediatrics	31%	15%	31%	18%	6%	25%
Obstetrics/Gynecology	33%	28%	30%	5%	4%	27%
Medicine Subspecialties	28%	24%	30%	14%	3%	19%
Cardiology	33%	36%	23%	5%	3%	10%
Gastroenterology	29%	32%	29%	11%	0%	14%
Geriatrics	32%	14%	23%	18%	14%	46%
Hematology/Oncology	27%	30%	23%	17%	3%	20%
Nephrology	18%	27%	35%	18%	3%	6%
Pulmonary Disease	33%	17%	33%	17%	0%	13%
General Surgery	17%	33%	17%	33%	0%	33%
Surgical Subspecialties	10%	30%	46%	10%	4%	9%
Ophthalmology	11%	33%	33%	11%	11%	11%
Orthopedics	8%	27%	50%	15%	0%	4%
Otolaryngology	17%	17%	67%	0%	0%	0%
Urology	10%	30%	50%	0%	10%	10%
Facility Based	26%	28%	33%	9%	4%	6%
Anesthesiology	19%	23%	50%	5%	3%	8%
Pathology	30%	20%	23%	23%	3%	3%
Radiology	29%	29%	27%	11%	5%	5%
Psychiatry	41%	25%	21%	11%	2%	18%
Adult Psychiatry	50%	17%	22%	11%	0%	21%
Child & Adolescent Psych	33%	29%	25%	13%	0%	17%
Other	36%	20%	29%	13%	2%	11%
Dermatology	16%	42%	37%	5%	0%	0%
Emergency Medicine	31%	15%	34%	17%	3%	9%
Neurology	29%	19%	38%	14%	0%	11%
Pediatric Subspecialties	51%	23%	15%	11%	0%	15%
Physical Medicine & Rehab	50%	8%	17%	17%	8%	25%
All Specialties, 2011 (2010)	30% (28%)	22% (20%)	30% (33%)	14% (14%)	4% (5%)	17% (18%)

¹¹HPSA = Health Professional Shortage Area.



3.4 Principal Practice Setting

Table 3.3 shows the practice settings of respondents' upcoming principal practice. The "other" category includes "freestanding health center or clinic," "nursing home," and "other." On the 2011 survey, a question asked respondents about the level of ownership they would have in their upcoming practices. Responses to this question are summarized in Figure 3.10.

Highlights

- Thirty-six percent (36%) of respondents were entering group practices. Of these, 94% were going into groups as employees.
- The vast majority of respondents (94%) said they would be employees in their upcoming practices with no level of ownership (see Figure 3.10). Twenty-two percent (22%) said they may have the option to become an owner or partner at some point in the future. Only 3% of respondents said they would be owners or partners with capital invested and a financial stake in their upcoming practices.
- Only 2% of all respondents were planning to enter solo practice. There were a few specialties in which 10% or more planned to enter solo practice: ophthalmology (25%), dermatology (21%), and child and adolescent psychiatry (13%).
- Fifty-two percent (52%) of respondents were entering practice in hospitals; inpatient (32%) was the most common, followed by ambulatory care (12%), and emergency room (6%) settings.



Figure 3.9 Practice Setting of Respondents' Upcoming Principal Practice (for 2011 Respondents with Confirmed Practice Plans)

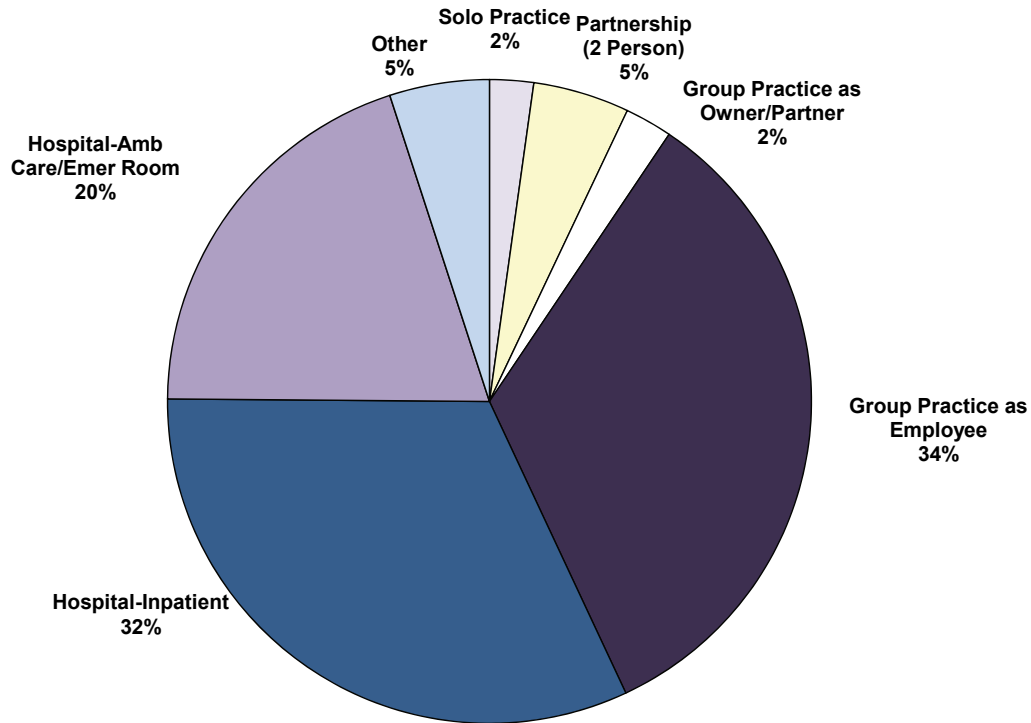


Figure 3.10 Respondents' Level of Ownership in Upcoming Principal Practice (for 2011 Respondents with Confirmed Practice Plans)

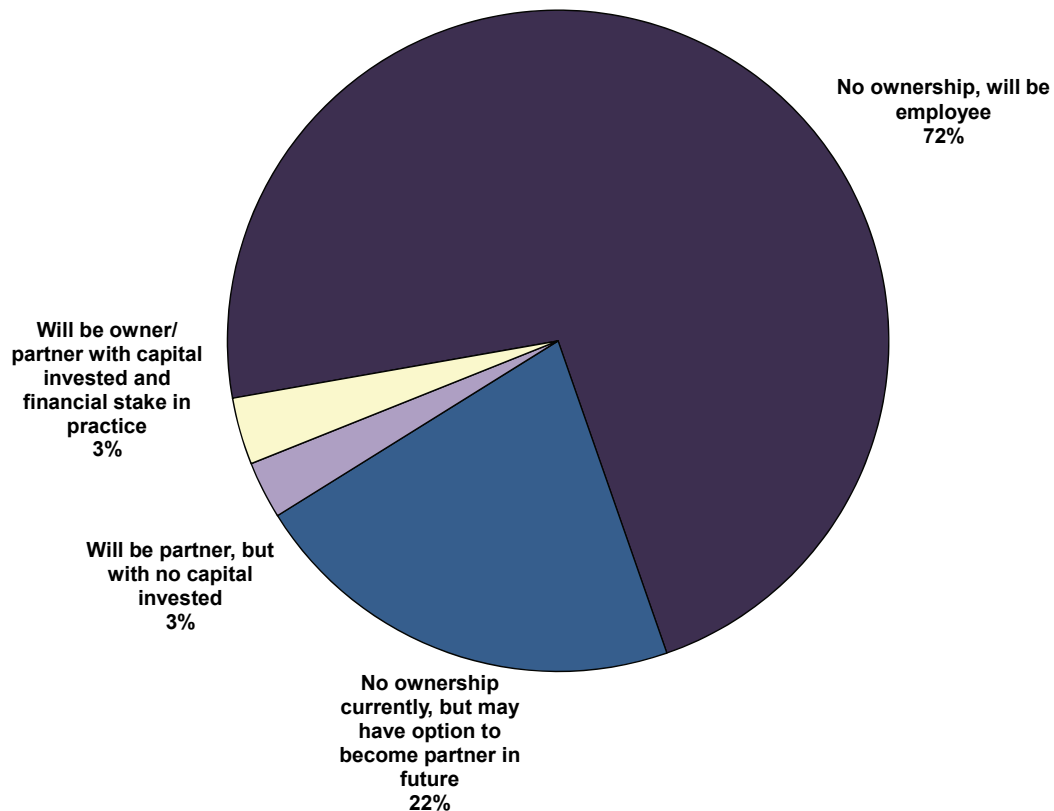




Table 3.3 Practice Setting of Respondents' Upcoming Principal Practice (for 2011 Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partnership (2 Person)	GROUP PRACTICE		In-patient	HOSPITAL		Other
			As Owner/ Partner	As Employee		Amb. Care	Emer. Room	
Primary Care	1%	3%	2%	25%	50%	13%	1%	7%
Family Medicine	0%	9%	7%	34%	13%	20%	0%	18%
General Internal Medicine	1%	1%	1%	17%	66%	12%	1%	2%
General Pediatrics	0%	2%	2%	47%	25%	10%	5%	10%
Obstetrics/Gynecology	3%	10%	0%	52%	22%	7%	0%	6%
Medicine Subspecialties	3%	9%	2%	41%	27%	14%	0%	4%
Cardiology	3%	11%	0%	53%	29%	5%	0%	0%
Gastroenterology	4%	23%	0%	39%	19%	15%	0%	0%
Geriatrics	0%	0%	0%	21%	42%	21%	0%	16%
Hematology/Oncology	4%	7%	0%	37%	19%	26%	0%	7%
Nephrology	7%	13%	3%	45%	23%	3%	0%	7%
Pulmonary Disease	4%	0%	4%	48%	40%	4%	0%	0%
General Surgery	0%	17%	0%	33%	50%	0%	0%	0%
Surgical Subspecialties	5%	12%	9%	44%	20%	4%	0%	5%
Ophthalmology	25%	25%	0%	25%	0%	25%	0%	0%
Orthopedics	0%	8%	20%	48%	16%	4%	0%	4%
Otolaryngology	0%	0%	0%	60%	0%	0%	0%	40%
Urology	0%	0%	11%	67%	11%	0%	0%	11%
Facility Based	0%	3%	4%	52%	33%	5%	1%	3%
Anesthesiology	0%	5%	5%	62%	26%	2%	0%	0%
Pathology	0%	3%	0%	48%	36%	0%	0%	13%
Radiology	0%	0%	3%	47%	34%	13%	3%	0%
Psychiatry	7%	0%	0%	18%	34%	20%	7%	###
Adult Psychiatry	6%	0%	0%	19%	42%	19%	6%	8%
Child & Adolescent Psych	13%	0%	0%	30%	17%	17%	4%	17%
Other	2%	3%	2%	23%	15%	15%	38%	2%
Dermatology	21%	21%	0%	37%	0%	21%	0%	0%
Emergency Medicine	0%	0%	2%	13%	3%	0%	80%	1%
Neurology	5%	5%	0%	42%	21%	26%	0%	0%
Pediatric Subspecialties	0%	0%	2%	19%	36%	26%	14%	2%
Physical Medicine & Rehab	0%	0%	0%	18%	36%	36%	0%	9%
All Specialties, 2011	2%	5%	2%	34%	32%	12%	8%	5%
(All Specialties, 2010)	(3%)	(6%)	(3%)	(34%)	(30%)	(12%)	(6%)	(6%)



3.5 Expected Starting Income

Table 3.4 presents descriptive statistics for respondents' expected income in their first year of practice. An 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 incomes.

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 (\$305,300), dermatology (\$296,900), and orthopedics (\$297,100).
- General pediatrics had the lowest median starting income of all specialties (\$137,800). Other specialties with low starting incomes included child and adolescent psychiatry (\$149,950) and ophthalmology (\$164,500).
- Among the specialty groups, psychiatry (\$168,400) and primary care (\$172,500) had the lowest starting median incomes. Conversely, surgical subspecialties (\$286,000) and facility based (\$276,600) had the highest.



Figure 3.11 Expected Starting Income (in \$1,000s) by Specialty Group (for 2011 Respondents with Confirmed Practice Plans)

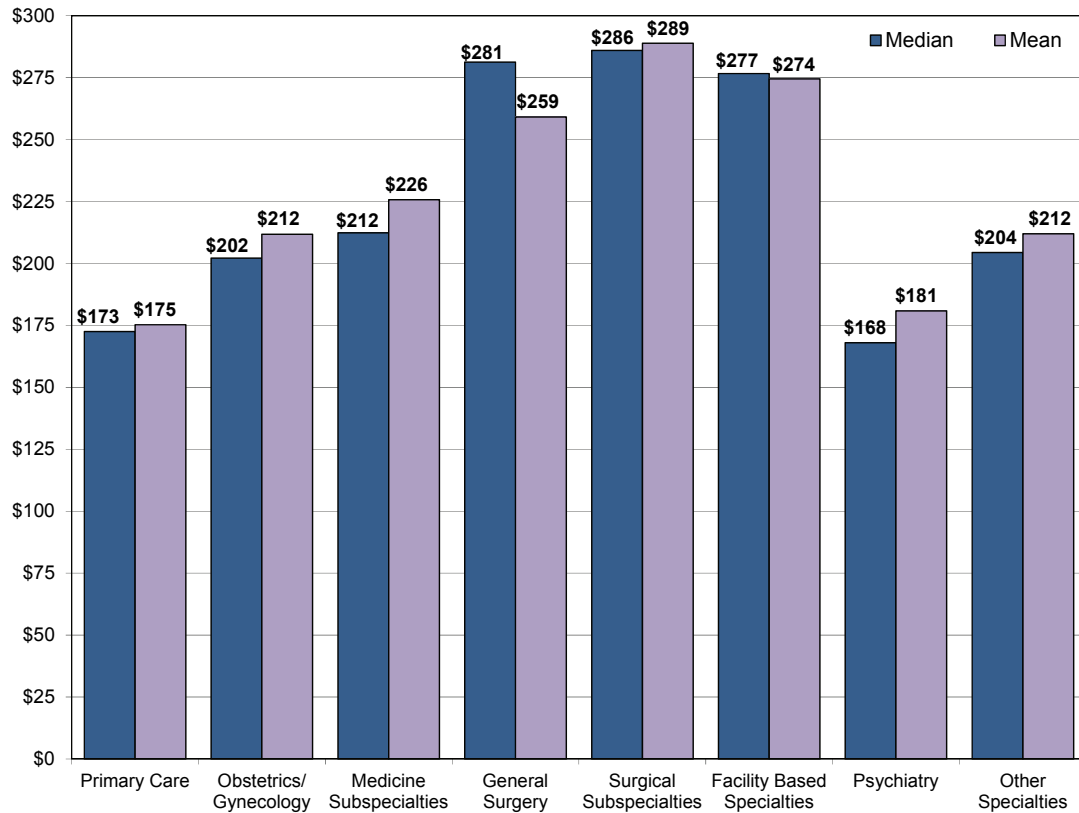


Figure 3.12 Distribution of Starting Income among Primary Care and Non-Primary Care Physicians (for 2011 Respondents with Confirmed Practice Plans)

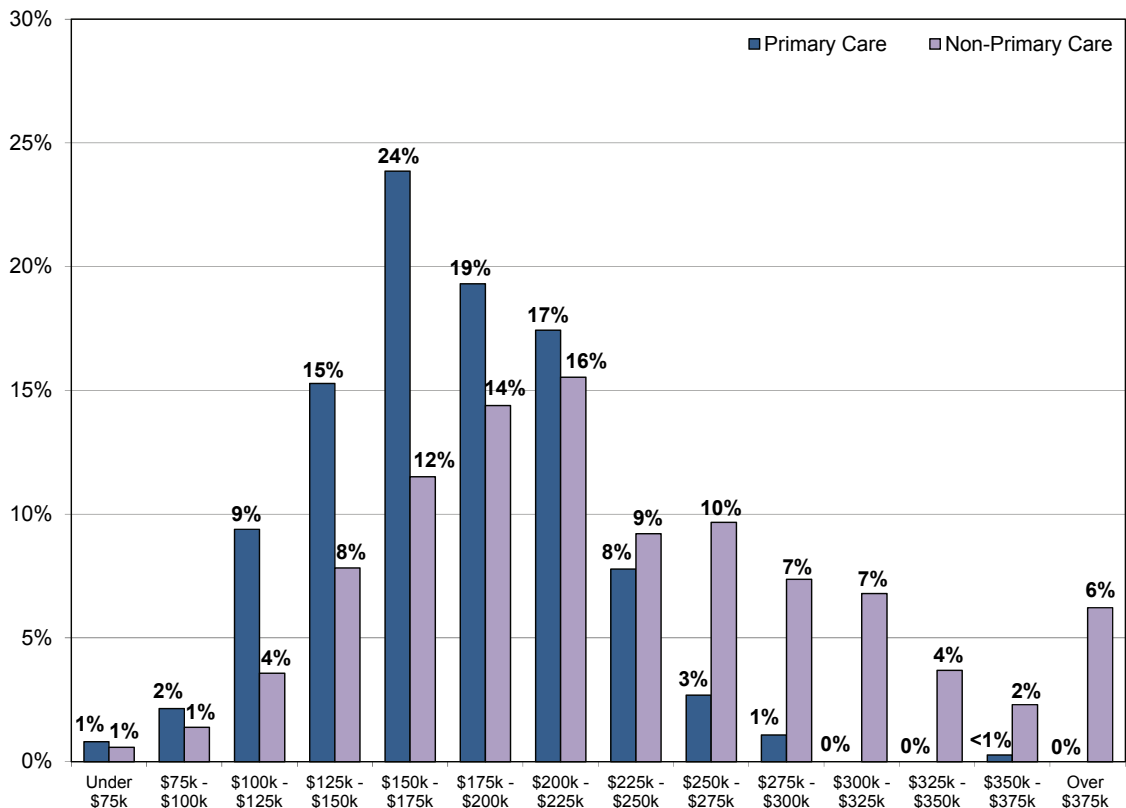




Figure 3.13 Rank of Median Starting Income (in \$1,000) by Specialty (for 2011 Respondents with Confirmed Practice Plans)

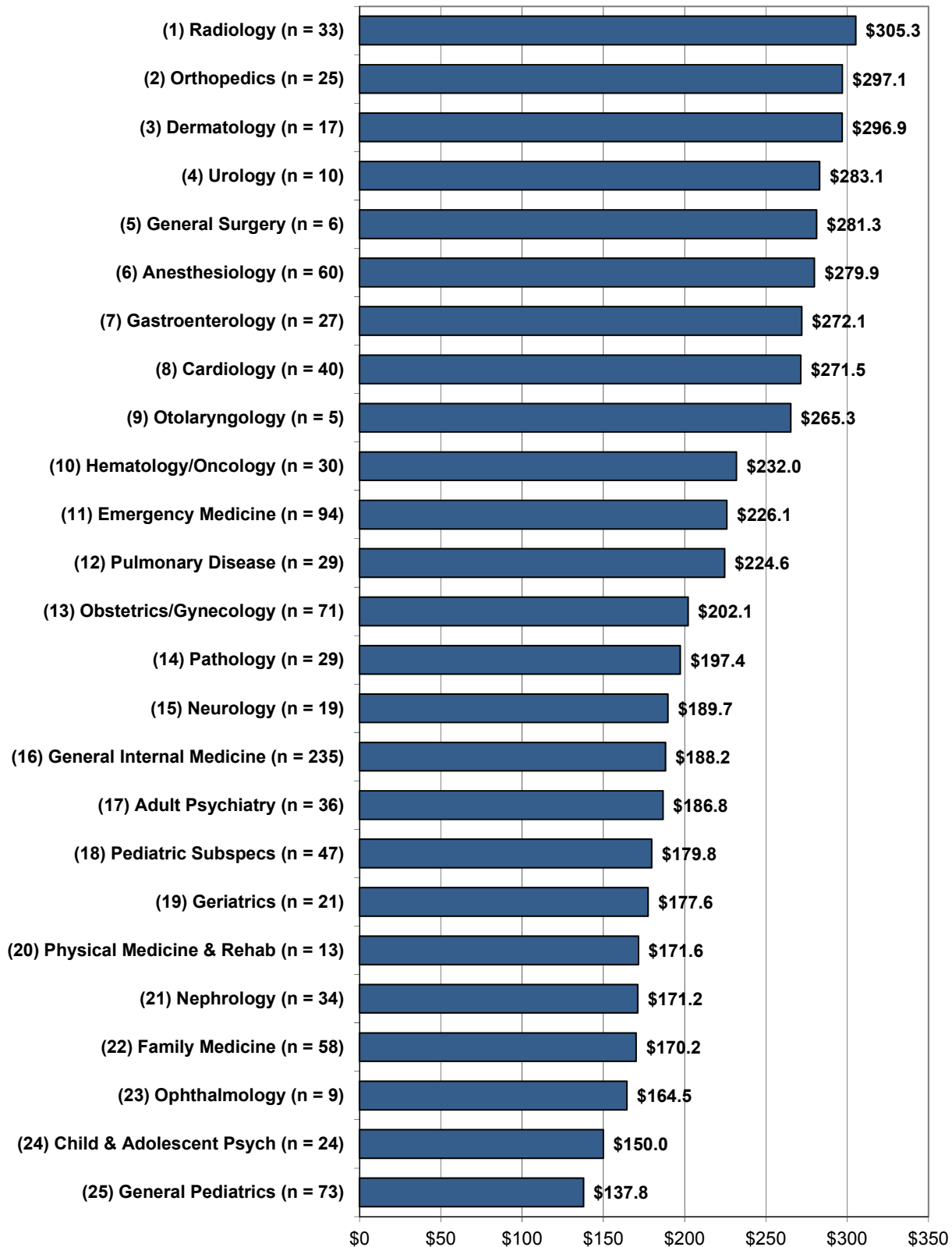




Table 3.4 Expected Starting Income by Specialty (for 2011 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>N</u>	<u>MEAN</u>	<u>RANK (of 25)</u>	<u>MEDIAN</u>	<u>RANK (of 25)</u>
Primary Care	373	\$175,246	N/A	\$172,500	N/A
Family Medicine	58	\$166,041	23	\$170,200	22
General Internal Medicine	235	\$187,932	17	\$188,200	16
General Pediatrics	73	\$139,684	25	\$137,800	25
Obstetrics/Gynecology	71	\$211,746	13	\$202,100	13
Medicine Subspecialties	259	\$225,682	N/A	\$212,300	N/A
Cardiology	40	\$281,353	6	\$271,450	8
Gastroenterology	27	\$284,907	4	\$272,100	7
Geriatrics	21	\$184,038	19	\$177,600	19
Hematology/Oncology	30	\$243,947	10	\$231,950	10
Nephrology	34	\$188,200	16	\$171,200	21
Pulmonary Disease	29	\$237,307	11	\$224,600	12
General Surgery	6	\$259,083	9	\$281,250	5
Surgical Subspecialties	76	\$288,826	N/A	\$286,000	N/A
Ophthalmology	9	\$179,167	21	\$164,500	23
Orthopedics	25	\$309,432	2	\$297,100	2
Otolaryngology	5	\$266,300	8	\$265,300	9
Urology	10	\$273,680	7	\$283,100	4
Facility Based	153	\$274,447	N/A	\$276,600	N/A
Anesthesiology	60	\$288,803	3	\$279,900	6
Pathology	29	\$199,152	14	\$197,400	14
Radiology	33	\$310,994	1	\$305,300	1
Psychiatry	85	\$180,861	N/A	\$168,000	N/A
Adult Psychiatry	36	\$197,933	15	\$186,750	17
Child & Adolescent Psych	24	\$161,083	24	\$149,950	24
Other	219	\$211,983	N/A	\$204,400	N/A
Dermatology	17	\$283,741	5	\$296,900	3
Emergency Medicine	94	\$236,436	12	\$226,050	11
Neurology	19	\$186,047	18	\$189,700	15
Pediatric Subspecialties	47	\$180,981	20	\$179,800	18
Physical Medicine & Rehab	13	\$171,800	22	\$171,600	20
Total (All Specialties)	1,242	\$214,288	N/A	\$201,500	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 positions. 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 spend in patient care/clinical practice activities. Gender has been found to be a significant factor in predicting the number of hours an individual may work, with females averaging fewer hours than males. Therefore, it was 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 2010 and 2011 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 42.5 hours per week in patient care/clinical practice activities.
- As noted above, females expected to work 8% fewer patient care hours than males (40.8 versus 44.2). This gender difference was greatest in family medicine (18%). However, females expected to work more hours than males in physical medicine in rehabilitation (17%) and geriatrics (16%).
- Respondents from the following individual specialties expected to be working the most number of hours: orthopedics (49.8), otolaryngology (49.5), and urology (49.3).
- Respondents expected to be working the fewest patient care/clinical practice hours per week in dermatology (32.4), emergency medicine (35.4), and child and adolescent psychiatry (36.7).



Figure 3.14 Rank of Expected Number of Weekly Patient Care/Clinical Practice Hours, by Specialty (2010 and 2011 Respondents with Confirmed Practice Plans)

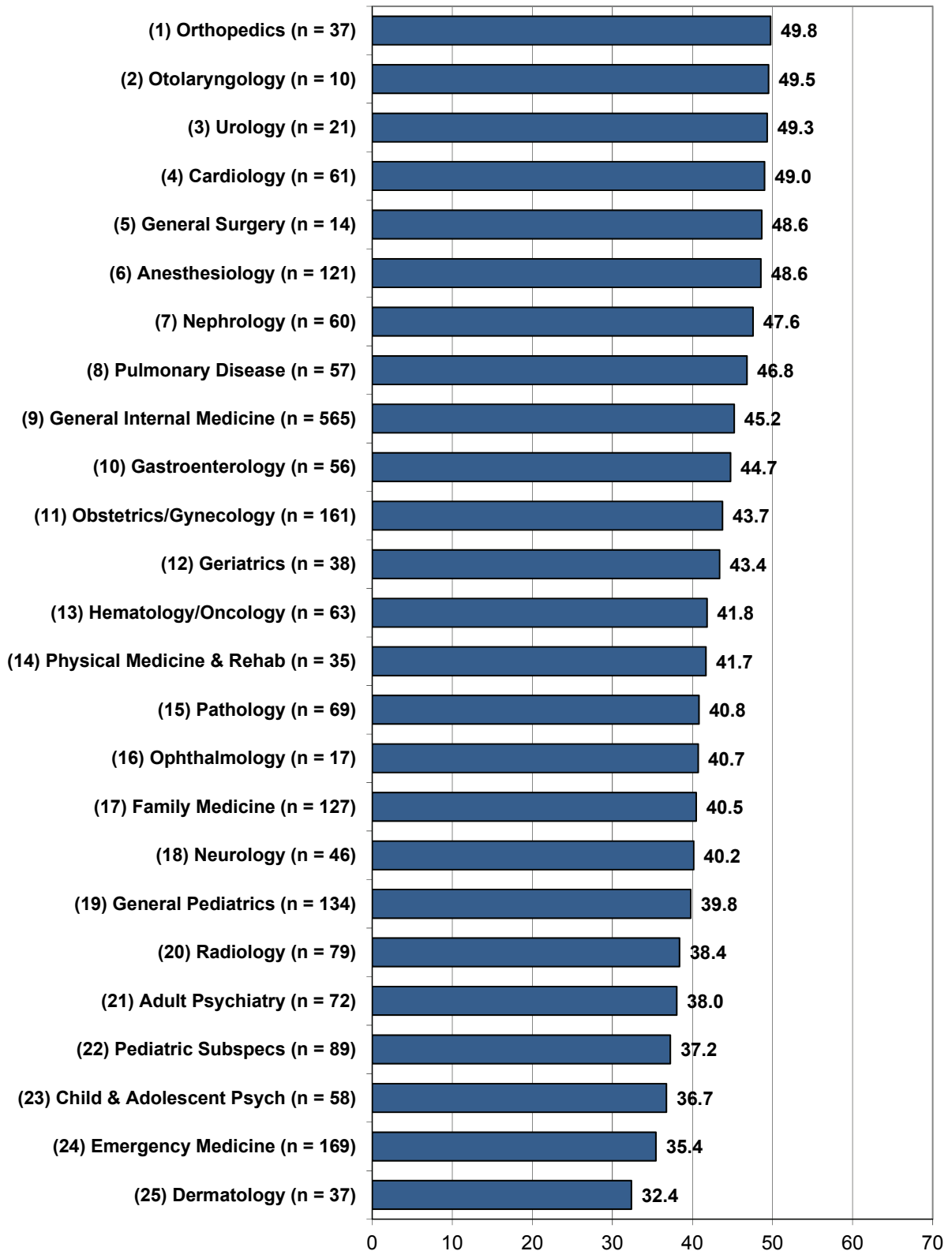




Table 3.5 Respondents' Expected Weekly Number of Patient Care/Clinical Practice Hours, by Gender¹² (2010 and 2011 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>Male Respondents</u>	<u>Female Respondents</u>	<u>All Respondents</u>
Primary Care	45.0	41.5	43.3
Family Medicine	44.5	36.3	40.5
General Internal Medicine	45.6	44.8	45.2
General Pediatrics	42.4	38.8	39.8
Obstetrics/Gynecology	44.0	43.7	43.7
Medicine Subspecialties	46.9	42.4	44.8
Cardiology	51.9	47.1	49.0
Gastroenterology	45.6	41.9	44.8
Geriatrics	39.4	45.8	43.4
Hematology/Oncology	42.7	41.0	41.8
Nephrology	49.7	43.4	47.6
Pulmonary Disease	48.3	42.1	46.6
General Surgery	49.8	45.8 (n = 4)	48.6
Surgical Subspecialties	49.9	49.3	49.7
Ophthalmology	42.3 (n = 9)	38.9 (n = 8)	40.7
Orthopedics	48.8	54.2	49.8
Otolaryngology	48.6 (n = 5)	50.4 (n = 5)	49.5
Urology	49.3	49.3 (n = 3)	49.3
Facility Based	44.6	43.8	44.3
Anesthesiology	49.7	46.5	48.6
Pathology	42.2	39.3	40.8
Radiology	38.6	37.2	38.4
Psychiatry	37.1	36.2	36.6
Adult Psychiatry	38.3	37.7	38.4
Child & Adolescent Psych	38.4	35.8	36.7
Other	37.6	35.9	36.7
Dermatology	33.1	32.1	32.4
Emergency Medicine	36.1	34.6	35.4
Neurology	42.3	37.6	40.2
Pediatric Subspecialties	39.1	36.5	37.2
Physical Medicine & Rehab	38.4	44.8	41.7
Total (All Specialties)	44.2	40.8	42.5

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 are for respondents to both the 2010 and 2011 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 in Searching for a Practice Position

This section summarizes the responses to several questions about 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 were excluded from this section (except for Figures 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 2011 survey, 2) the aggregated total of all respondents for the 2010 and 2011 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

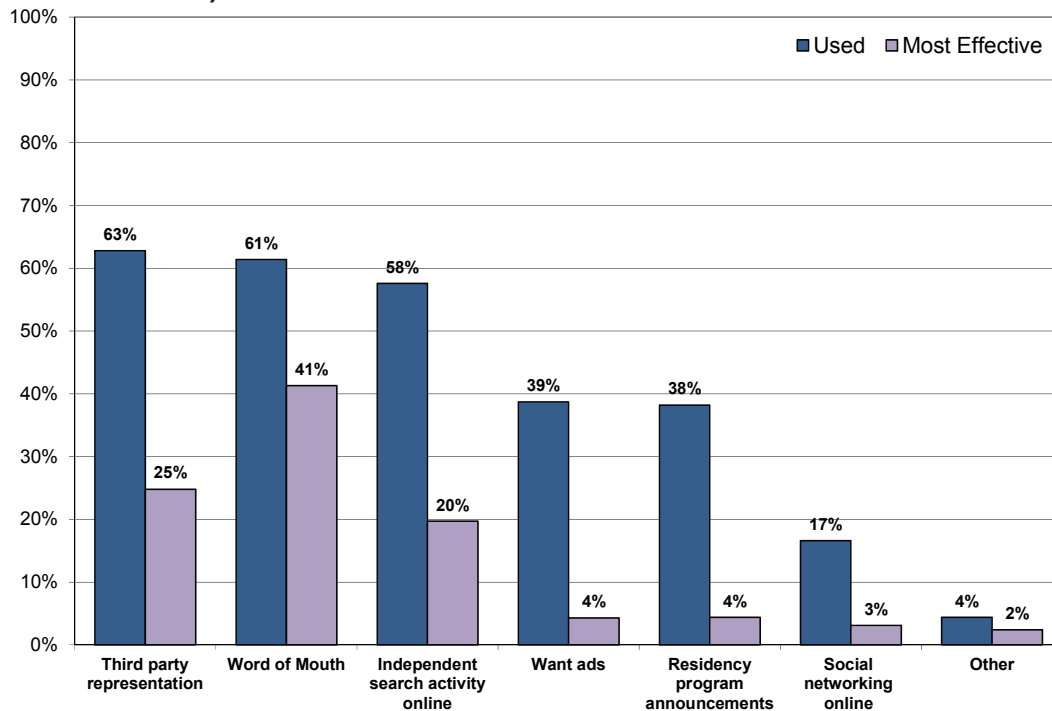
Figure 4.1 displays all the approaches used by respondents in their job searches and the approaches they indicated were most effective.

Highlights

- The majority of respondents used third party representation (63%), word of mouth (61%), and independent search activity online (58%) to search for a practice position. Word of mouth and third party representation were considered to be the most effective approaches to finding a job (41% and 25%, respectively).



Figure 4.1 Approaches Used in Job Search (of 2011 Respondents who have Searched for a Job)



4.2 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position

Table 4.1 gives the percent of respondents who reported difficulty finding a practice position they were satisfied with. As noted above, this table summarizes the responses for the 2011 survey, the aggregated total of responses for 2010 and 2011, 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 the same as last year. For the specialty groupings, medicine subspecialties (45%) had the highest percentage of respondents reporting difficulty in 2011.
- ⦿ The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (48%), followed by overall lack of jobs (22%) and lack of jobs in desired practice setting (13%).
- ⦿ The highest percentages of respondents having difficulty finding a satisfactory practice position were in ophthalmology (100%), nephrology (73%), and physical medicine and rehabilitation (67%). General surgery (0%), otolaryngology (0%), and urology (10%) 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 2011 Respondents who have Searched for a Job)

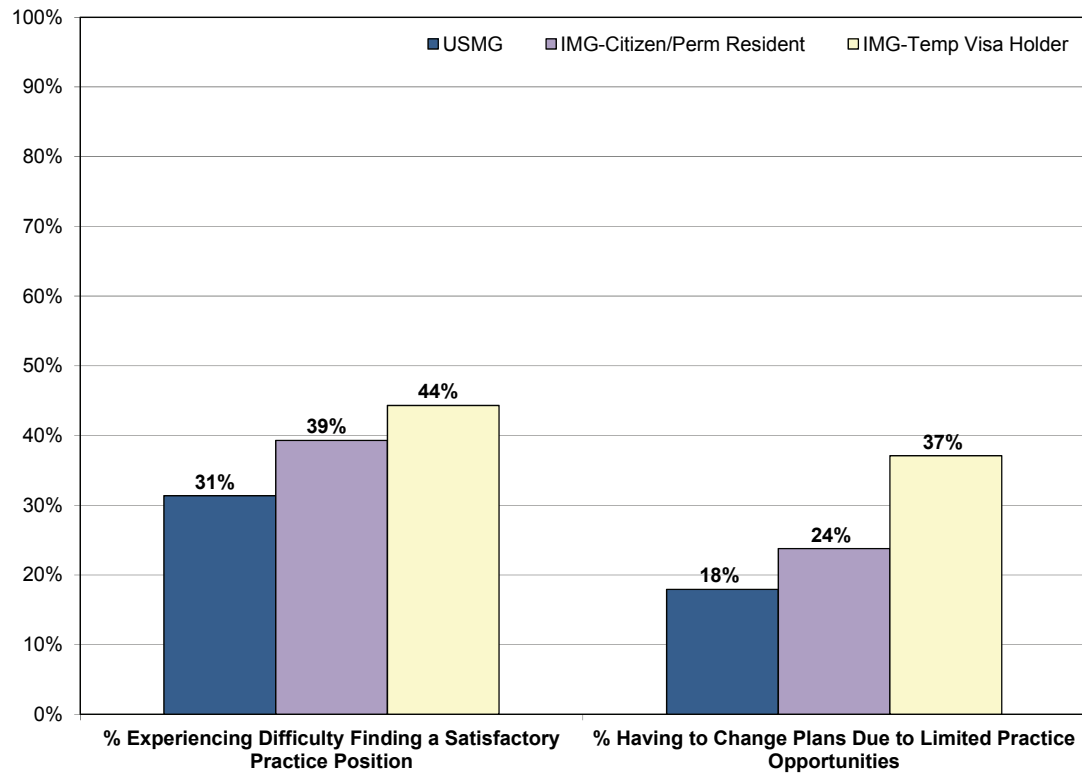


Figure 4.3 Main Reason for Difficulty Finding a Satisfactory Practice Position (of 2011 Respondents who Reported Having Difficulty, IMGs on Temporary Visas Excluded)

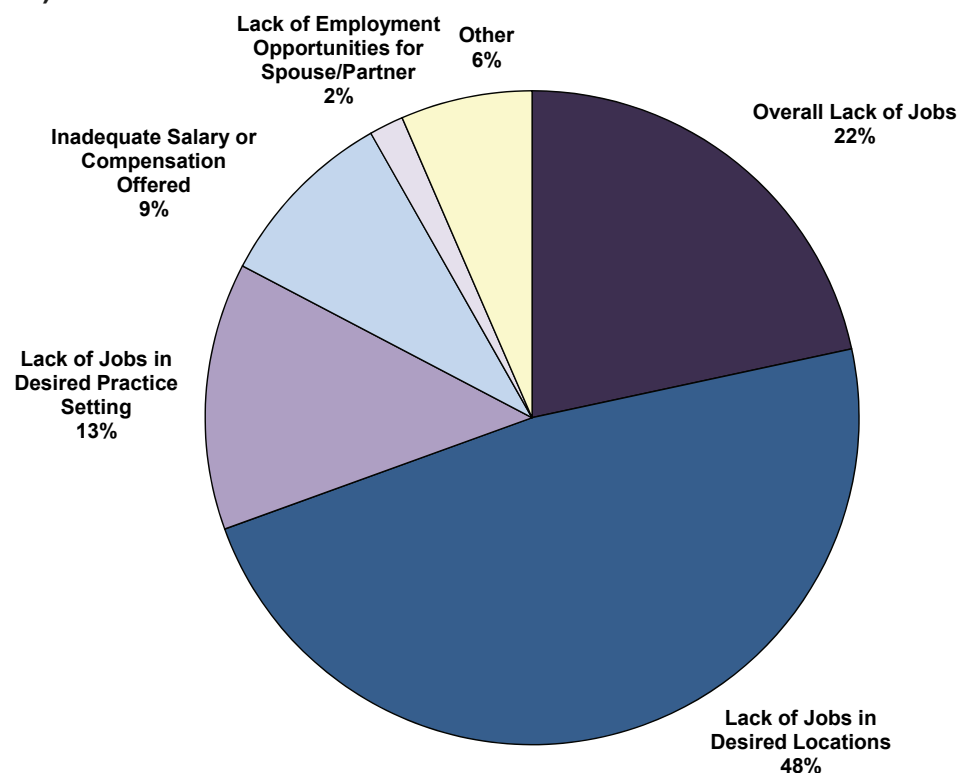
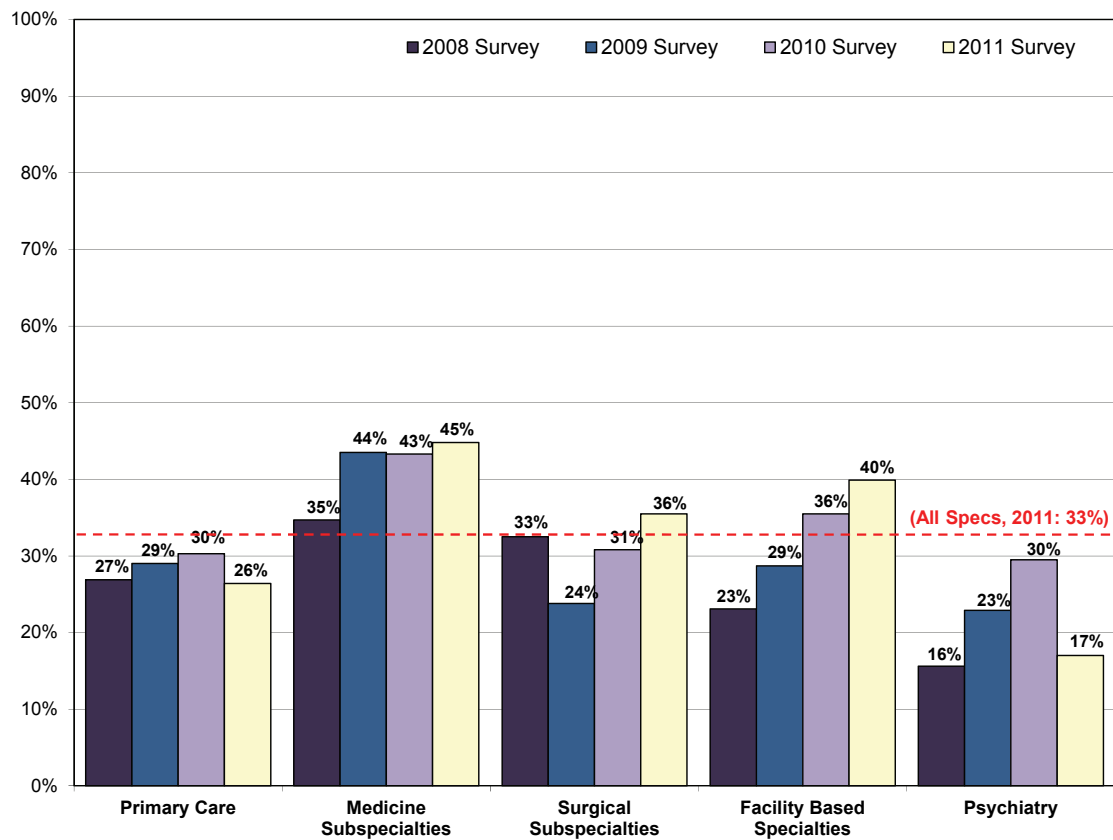




Figure 4.4 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)



- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last two years of the survey (2010 and 2011 aggregated) were ophthalmology (81%), nephrology (69%), and pathology (51%).
- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last four years of the survey were ophthalmology (65%), nephrology (61%), and pathology (45%).

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 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

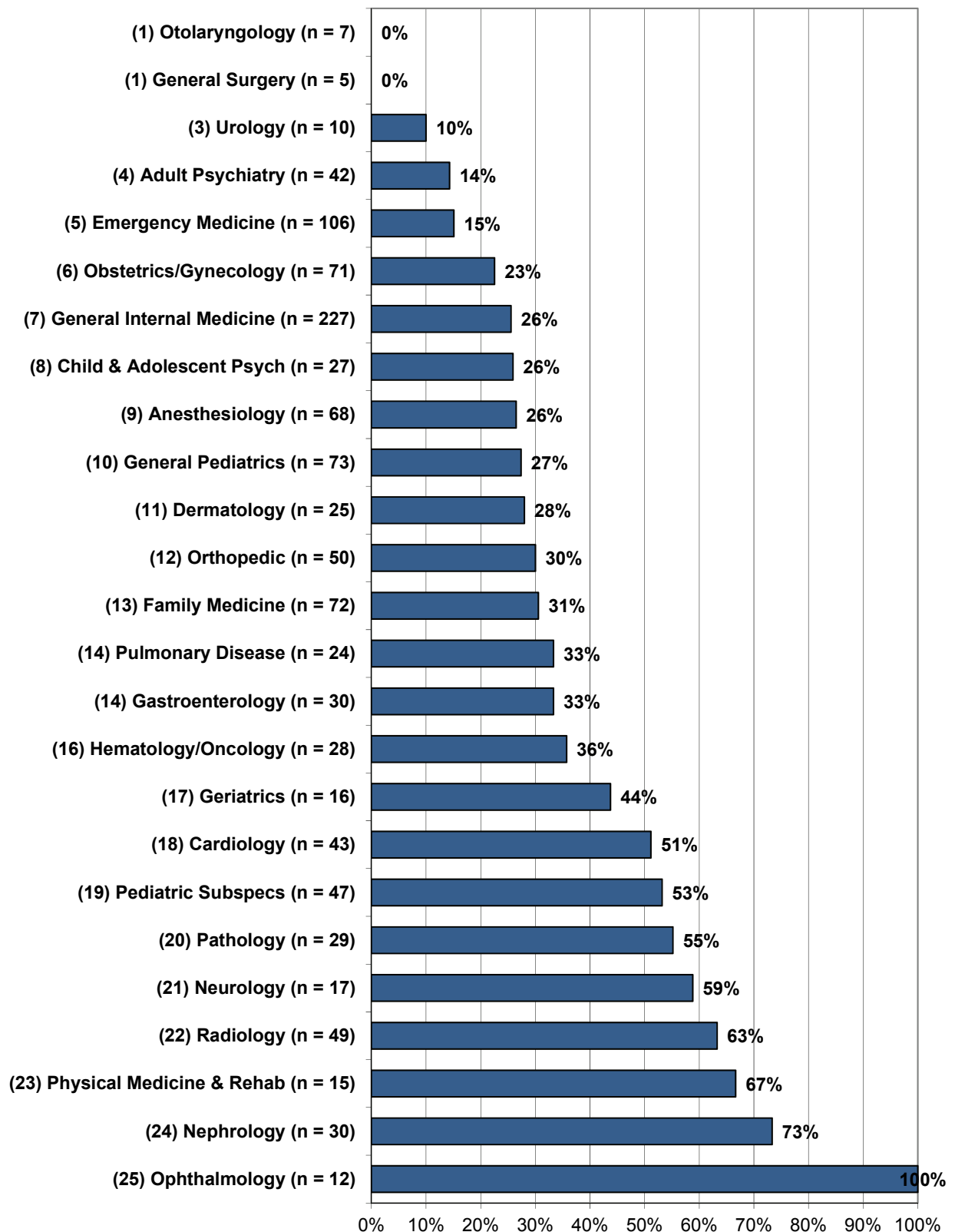




Table 4.1 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2011 Respondents	RANK (of 25)	Aggregated Respondents: 2010 and 2011	RANK (of 25)	All Respondents (Aggregated: 2008 thru 2011)	RANK (of 25)
Primary Care	26%	N/A	28%	N/A	28%	N/A
Family Medicine	31%	13	30%	14	25%	8
General Internal Medicine	26%	7	29%	13	30%	13
General Pediatrics	27%	10	26%	7	28%	11
Obstetrics/Gynecology	23%	6	26%	9	27%	9
Medicine Subspecialties	45%	N/A	44%	N/A	42%	N/A
Cardiology	51%	18	49%	21	40%	22
Gastroenterology	33%	14	24%	6	31%	14
Geriatrics	44%	17	35%	15	40%	20
Hematology/Oncology	36%	16	46%	19	39%	19
Nephrology	73%	24	69%	24	61%	24
Pulmonary Disease	33%	14	41%	16	40%	21
General Surgery	0%	1	6%	1	21%	5
Surgical Subspecialties	36%	N/A	27%	N/A	31%	N/A
Ophthalmology	100%	25	81%	25	65%	25
Orthopedics	30%	12	26%	8	25%	7
Otolaryngology	0%	1	8%	2	11%	1
Urology	10%	3	19%	4	17%	3
Facility Based	40%	N/A	33%	N/A	32%	N/A
Anesthesiology	27%	9	26%	10	24%	6
Pathology	55%	20	51%	23	45%	23
Radiology	63%	22	51%	22	38%	17
Psychiatry	17%	N/A	24%	N/A	22%	N/A
Adult Psychiatry	14%	4	22%	5	20%	4
Child & Adolescent Psych	26%	8	27%	11	27%	10
Other	34%	N/A	32%	N/A	28%	N/A
Dermatology	28%	11	29%	12	30%	12
Emergency Medicine	15%	5	15%	3	14%	2
Neurology	59%	21	43%	17	31%	15
Pediatric Subspecialties	53%	19	46%	18	39%	18
Physical Medicine & Rehab	67%	23	46%	19	38%	16
Total (All Specialties)	33%	N/A	33%	N/A	31%	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

- Nineteen percent (19%) of respondents reported having to change their plans due to limited job opportunities, almost the same percent as in 2010 (20%).
- Otolaryngology (0%), urology (0%), and general surgery (0%) had the fewest respondents having to change plans in 2011. Respondents of ophthalmology (50%), nephrology (45%), and pediatric subspecialties (44%) were the most likely to have to change plans.
- The specialties that had the lowest percentage of respondents changing plans over the last two years (aggregated results from the 2010 and 2011 surveys) were otolaryngology (0%), urology (0%), and emergency medicine (6%). For the last two years, the specialties with the highest percentage of respondents changing plans were ophthalmology (48%), nephrology (46%), and pediatric subspecialties (36%).

Figure 4.6 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

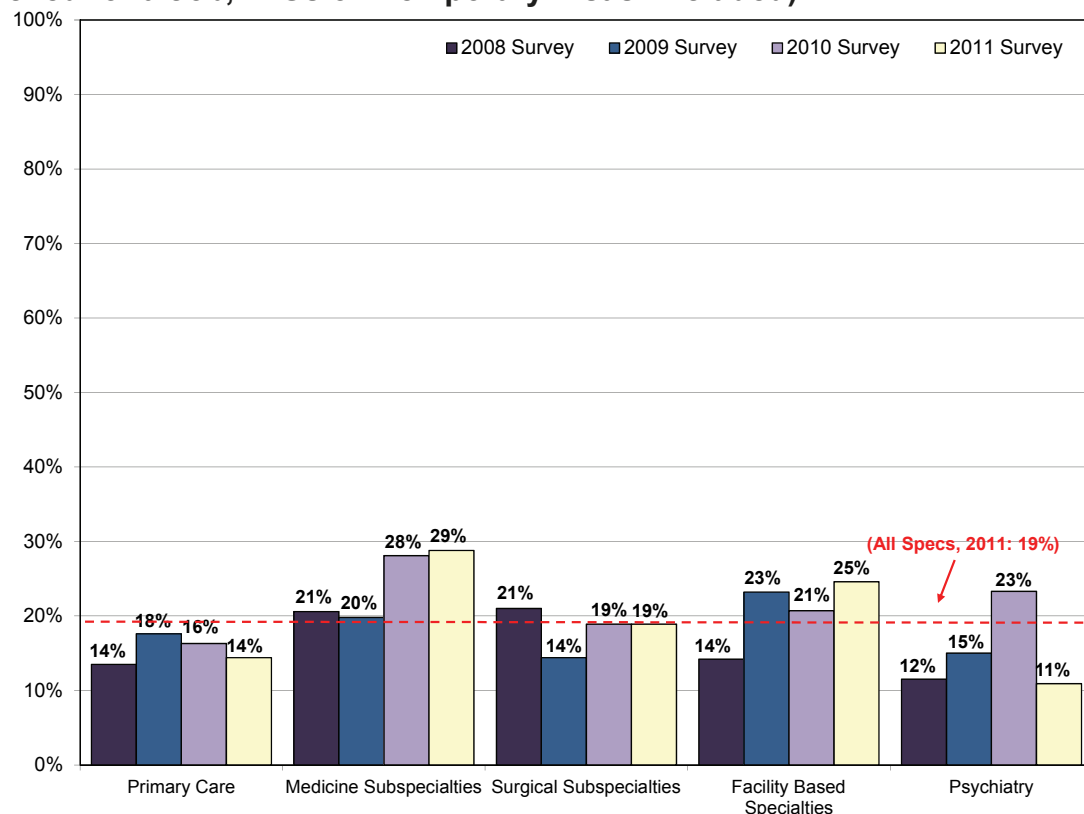




Figure 4.7 Rank of Respondents Having to Change Plans Due to Limited Practice Opportunities by Specialty (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

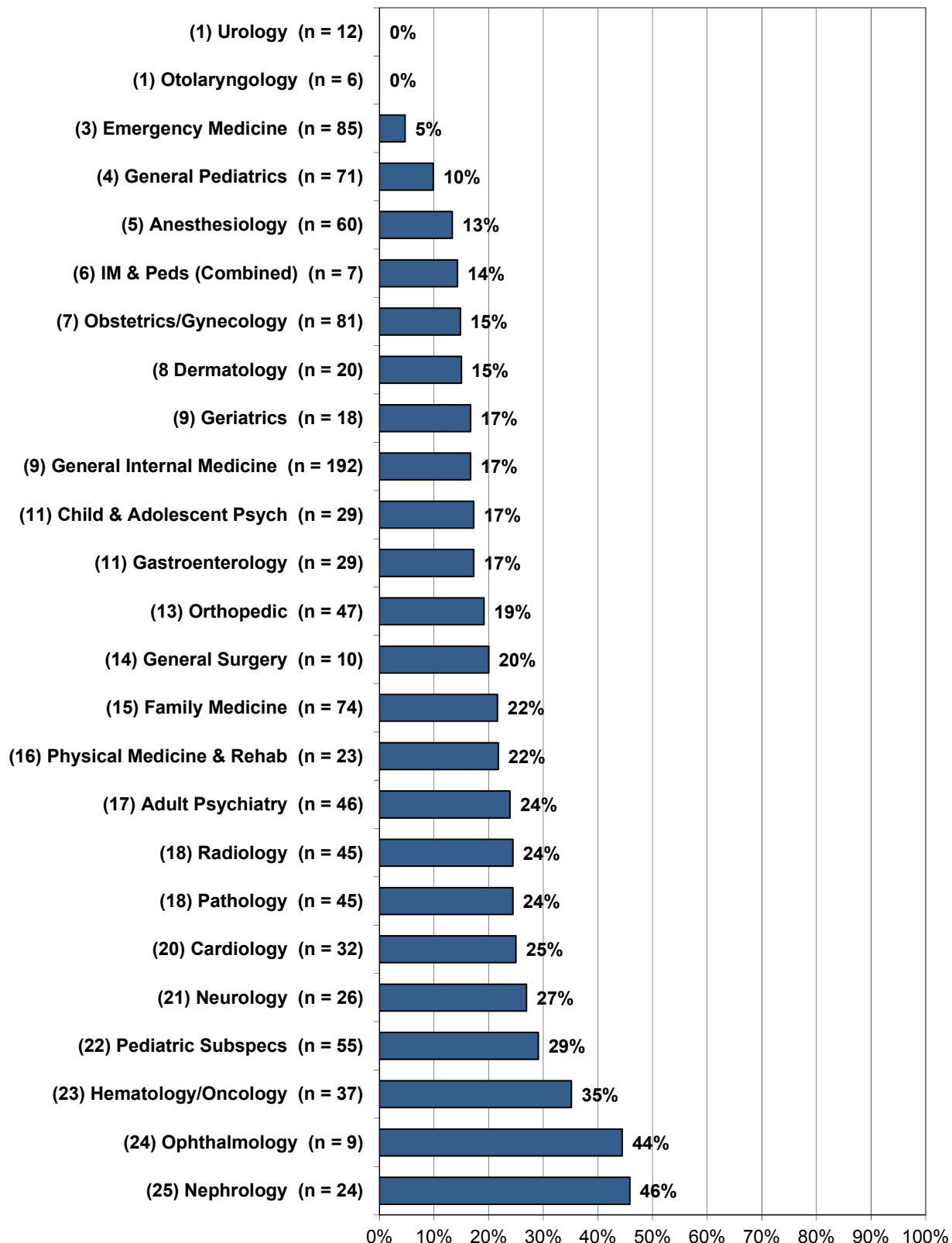




Table 4.2 Percent of Respondents Having to Change Plans Due to Limited Practice Opportunities (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2011 Respondents	RANK (of 25)	Aggregated Respondents: 2010 and 2011	RANK (of 25)	All Respondents (Aggregated: 2008 thru 2011)	RANK (of 25)
Primary Care	14%	N/A	15%	N/A	15%	N/A
Family Medicine	16%	9	19%	13	15%	8
General Internal Medicine	14%	7	15%	7	16%	13
General Pediatrics	16%	10	13%	4	13%	4
Obstetrics/Gynecology	20%	15	17%	10	15%	9
Medicine Subspecialties	29%	N/A	28%	N/A	24%	N/A
Cardiology	30%	18	28%	18	19%	16
Gastroenterology	21%	16	19%	15	16%	12
Geriatrics	19%	14	18%	11	18%	14
Hematology/Oncology	32%	19	34%	22	24%	19
Nephrology	45%	24	46%	24	42%	25
Pulmonary Disease	35%	20	32%	21	27%	21
General Surgery	0%	1	13%	5	21%	18
Surgical Subspecialties	19%	N/A	19%	N/A	18%	N/A
Ophthalmology	50%	25	48%	25	30%	24
Orthopedics	17%	11	18%	12	16%	11
Otolaryngology	0%	1	0%	1	6%	1
Urology	0%	1	0%	1	7%	3
Facility Based	25%	N/A	23%	N/A	21%	N/A
Anesthesiology	18%	12	16%	8	14%	6
Pathology	36%	21	29%	19	27%	22
Radiology	38%	22	32%	20	26%	20
Psychiatry	11%	N/A	17%	N/A	16%	N/A
Adult Psychiatry	7%	5	16%	9	15%	7
Child & Adolescent Psych	22%	17	20%	16	19%	15
Other	18%	N/A	18%	N/A	16%	N/A
Dermatology	12%	6	13%	5	13%	5
Emergency Medicine	7%	4	6%	3	7%	2
Neurology	18%	12	23%	17	16%	10
Pediatric Subspecialties	44%	23	36%	23	27%	23
Physical Medicine & Rehab	14%	8	19%	14	19%	17
Total (All Specialties)	19%	N/A	20%	N/A	18%	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%), emergency medicine (7%), and urology (7%). The specialties most likely to have respondents reporting they had to change plans over the last four years of the survey were nephrology (42%), ophthalmology (30%), and pathology (27%).



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 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 2011 was 3.40, slightly down from the number received by respondents in 2010 (3.54). General surgery (7.60), urology (5.67), and otolaryngology (5.43) respondents received the most job offers. At the other end of the spectrum, pathology (1.66), neurology (2.24), and pediatric subspecialties (2.62) received the fewest job offers.

Figure 4.8 Mean Number of Job Offers Received by Respondents by Specialty Group (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

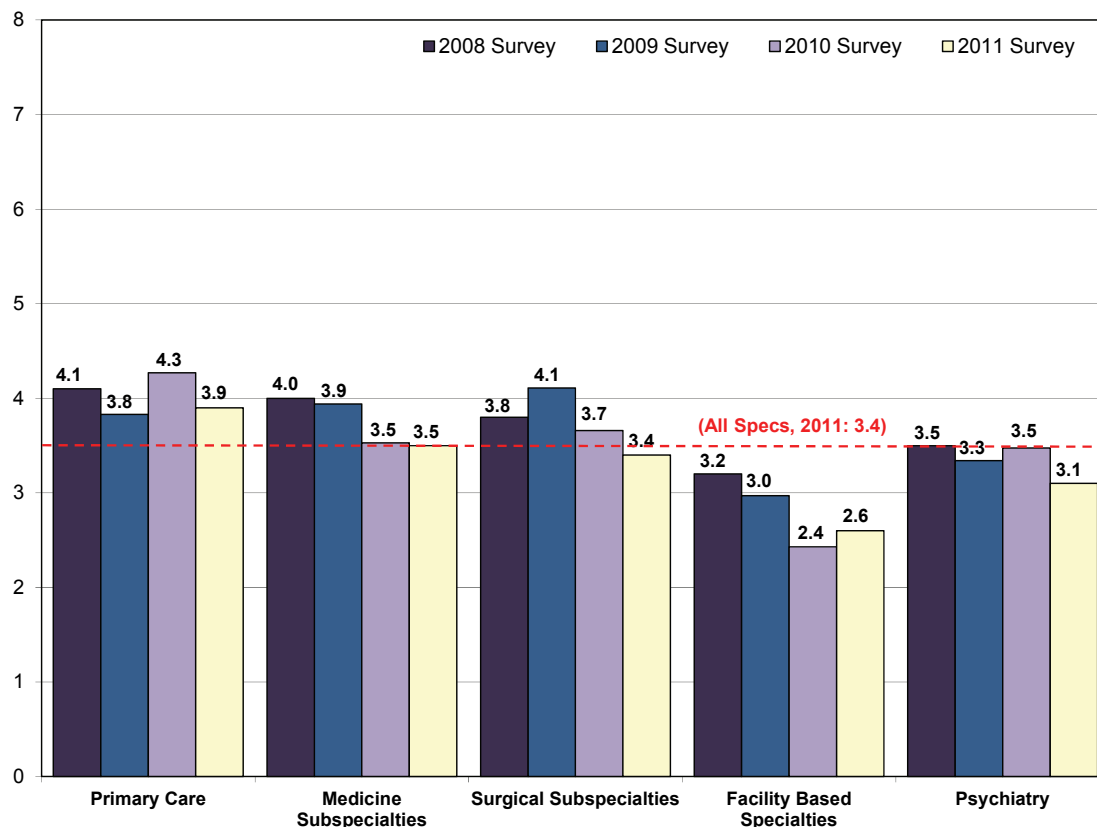




Figure 4.9 Rank of Mean Number of Job Offers by Specialty (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

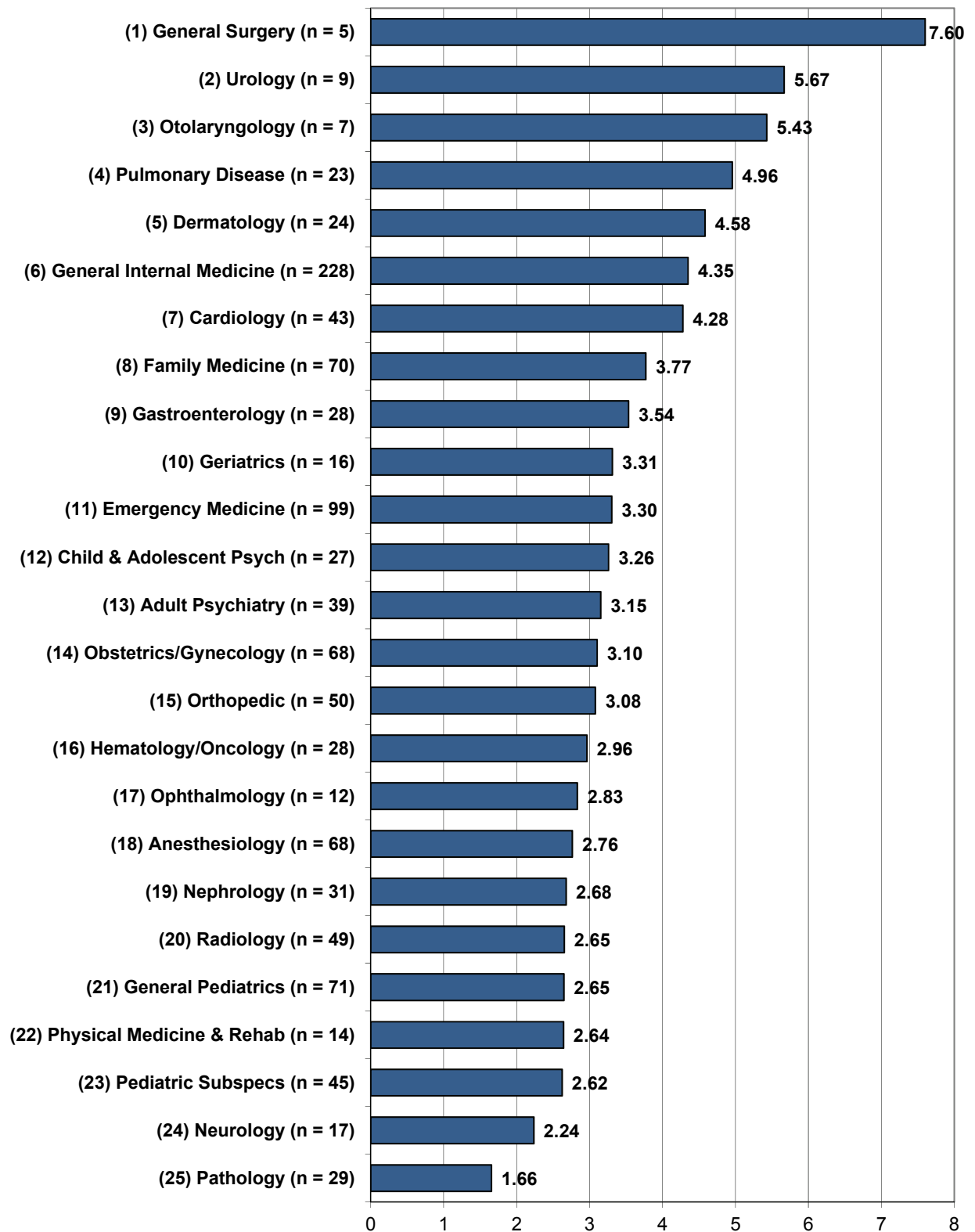




Table 4.3 Offers of Employment/Practice Opportunities (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

<u>Specialty</u>	<u>2011 Respondents</u>	<u>RANK (of 25)</u>	<u>Aggregated Respondents: 2010 and 2011</u>	<u>RANK (of 25)</u>	<u>Trend (Average Annual Change: 2008 to 2011)</u>	<u>RANK (of 25)</u>
Primary Care	3.94	N/A	4.10	N/A	2%	N/A
Family Medicine	3.77	8	4.18	8	-1%	14
General Internal Medicine	4.35	6	4.57	6	4%	7
General Pediatrics	2.65	21	2.67	21	-1%	15
Obstetrics/Gynecology	3.10	14	2.97	18	-4%	19
Medicine Subspecialties	3.50	N/A	3.52	N/A	-3%	N/A
Cardiology	4.28	7	3.89	9	2%	11
Gastroenterology	3.54	9	4.18	7	-8%	25
Geriatrics	3.31	10	3.57	11	2%	12
Hematology/Oncology	2.96	16	3.03	16	-5%	21
Nephrology	2.68	19	2.70	20	8%	6
Pulmonary Disease	4.96	4	5.06	2	3%	8
General Surgery	7.60	1	5.29	1	33%	2
Surgical Subspecialties	3.40	N/A	3.53	N/A	1%	N/A
Ophthalmology	2.83	17	2.38	24	12%	5
Orthopedics	3.08	15	3.55	12	2%	9
Otolaryngology	5.43	3	4.62	5	39%	1
Urology	5.67	2	4.95	3	12%	3
Facility Based	2.61	N/A	2.52	N/A	-5%	N/A
Anesthesiology	2.76	18	2.66	22	-3%	16
Pathology	1.66	25	1.79	25	-8%	24
Radiology	2.65	20	2.71	19	-6%	23
Psychiatry	3.14	N/A	3.32	N/A	-5%	N/A
Adult Psychiatry	3.15	13	3.84	10	-3%	17
Child & Adolescent Psych	3.26	12	2.98	17	2%	10
Other	3.13	N/A	3.34	N/A	-3%	N/A
Dermatology	4.58	5	4.68	4	-4%	18
Emergency Medicine	3.30	11	3.48	14	0%	13
Neurology	2.24	24	3.49	13	12%	4
Pediatric Subspecialties	2.62	23	2.64	23	-4%	20
Physical Medicine & Rehab	2.64	22	3.45	15	-5%	22
Total (All Specialties)	3.40	N/A	3.47	N/A	-2%	N/A

- Otolaryngology (+39%), general surgery (+33%), and urology (+12%) were the specialties showing the greatest average annual increases in job offers. Whereas, gastroenterology (-8%), pathology (-8%), and radiology (-6%) 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 2011 (+0.62) was similar to the score in 2010 (+0.64).
- Looking at specialty groups, psychiatry (+1.26) had the most positive view of the regional job market. Conversely, facility based (+0.27) had the least positive view of the regional job market in 2011.
- Dermatology (+1.57), otolaryngology (+1.43), and adult psychiatry (+1.40) 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 (-0.74), pathology (-0.52), and radiology (-0.24).
- The specialties that had the most positive views of the regional job market for both 2010 and 2011 were adult psychiatry (+1.46), emergency medicine (+1.38), and dermatology (+1.34).
- The specialties with the least positive views of the regional job market over the last two years were nephrology (-0.62), pathology (-0.29), and radiology (-0.15).
- Adult psychiatry (+1.44), emergency medicine (+1.40), and dermatology (+1.34) 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 (-0.55), pathology (+0.04), and radiology (+0.18).



Figure 4.10 Respondents' Assessment of the Regional Job Market (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

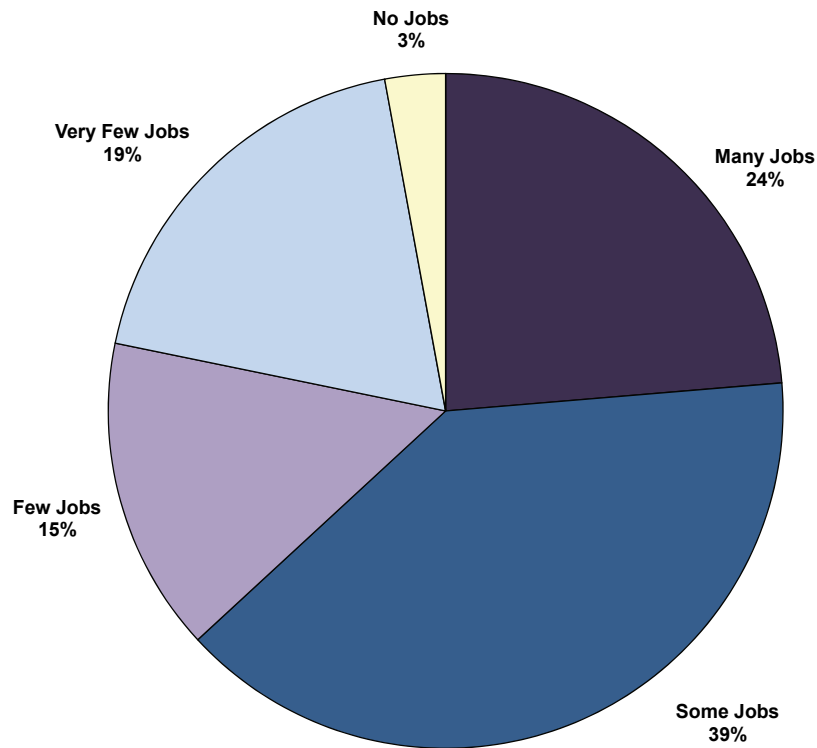


Figure 4.11 Mean Likert Score for Respondents' Views of the Regional Job Market by Specialty Group (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

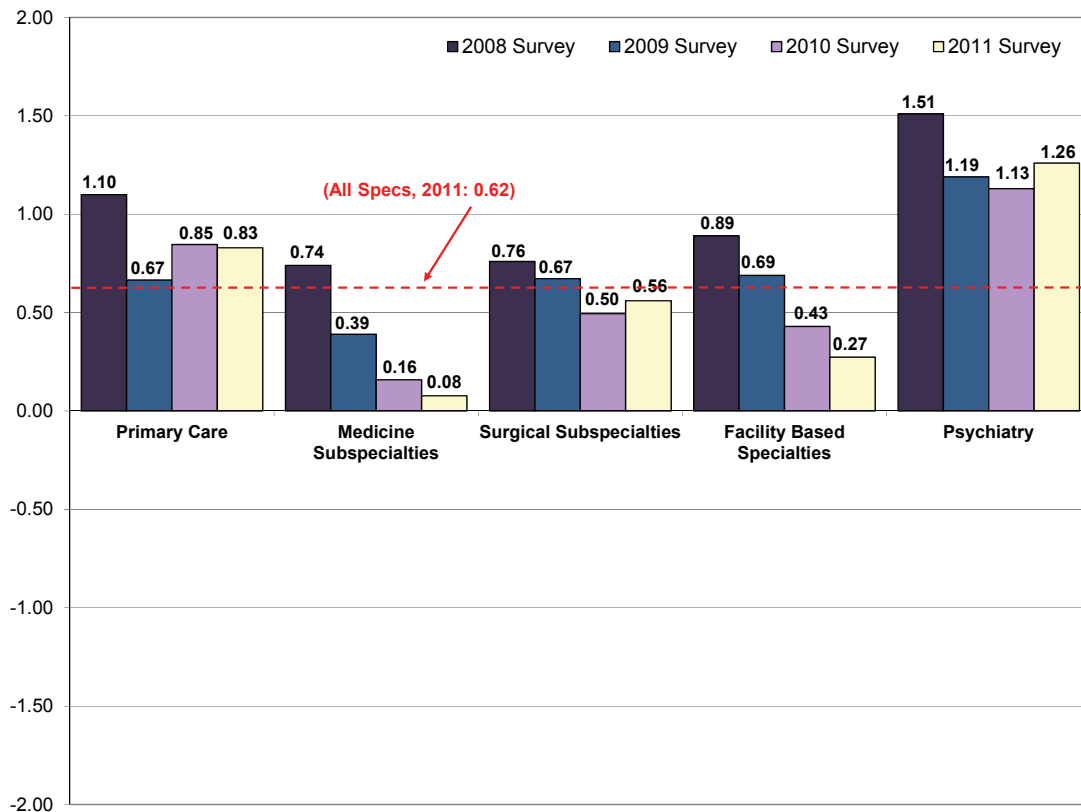




Figure 4.12 Rank of Likert Scores for Respondents' Views of the Regional Job Market by Specialty (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

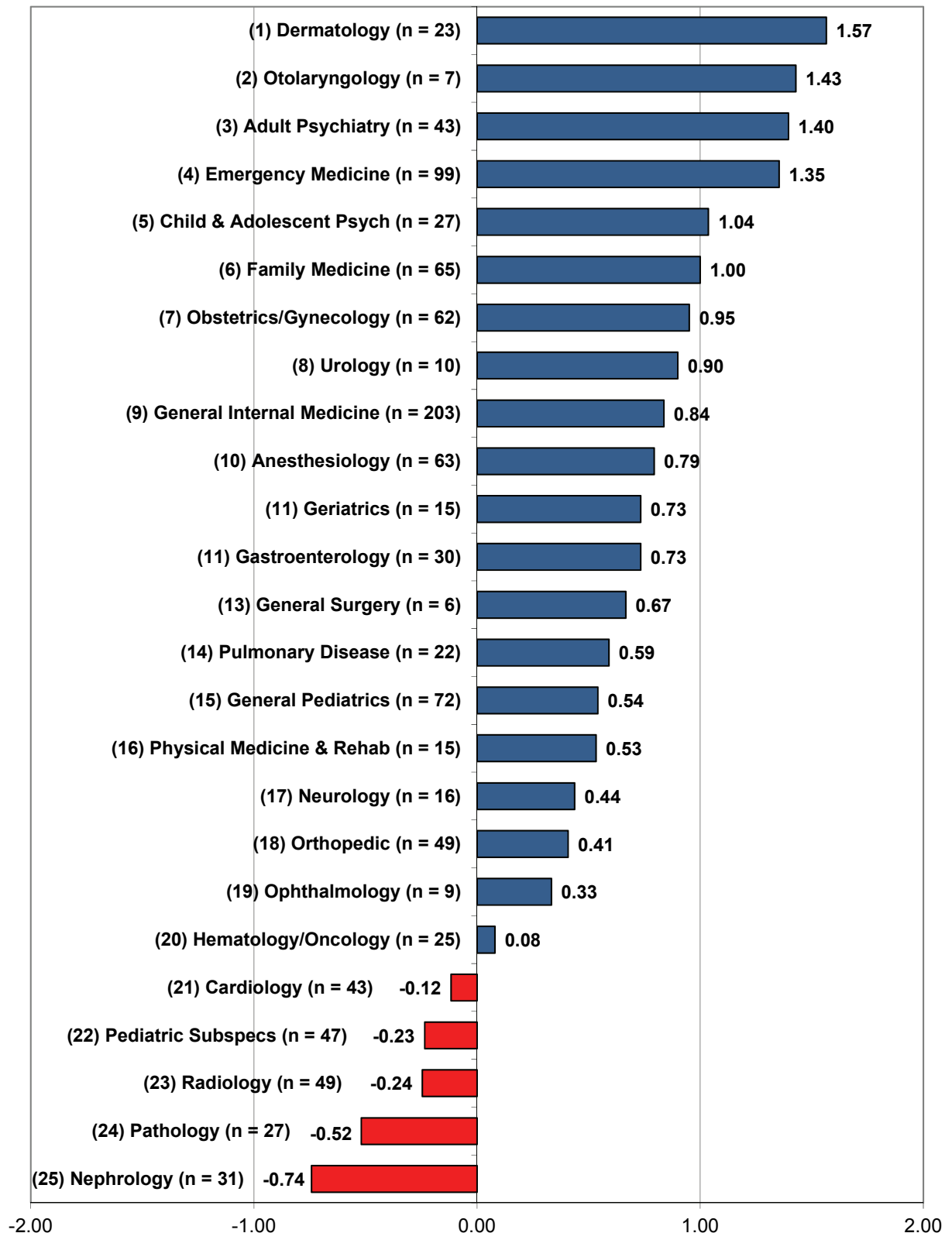




Table 4.4 Likert Scores for Respondents' Perceptions of the Regional Job Market¹³ (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2011 Respondents	RANK (of 25)	Aggregated Respondents: 2010 and 2011	RANK (of 25)	All Respondents (Aggregated: 2008 thru 2011)	RANK (of 25)
Primary Care	0.83	N/A	0.84	N/A	0.86	N/A
Family Medicine	1.00	6	1.08	4	1.12	5
General Internal Medicine	0.84	9	0.80	11	0.78	11
General Pediatrics	0.54	15	0.60	14	0.73	13
Obstetrics/Gynecology	0.95	7	0.84	10	0.91	9
Medicine Subspecialties	0.08	N/A	0.12	N/A	0.35	N/A
Cardiology	-0.12	21	0.00	21	0.39	19
Gastroenterology	0.73	11	0.88	9	0.89	10
Geriatrics	0.73	11	0.55	15	0.49	18
Hematology/Oncology	0.08	20	0.02	20	0.37	21
Nephrology	-0.74	25	-0.62	25	-0.55	25
Pulmonary Disease	0.59	14	0.33	18	0.59	16
General Surgery	0.67	13	0.64	13	0.64	15
Surgical Subspecialties	0.56	N/A	0.53	N/A	0.63	N/A
Ophthalmology	0.33	19	0.29	19	0.38	20
Orthopedics	0.41	18	0.46	17	0.57	17
Otolaryngology	1.43	2	1.08	5	1.11	6
Urology	0.90	8	1.00	6	1.00	8
Facility Based	0.27	N/A	0.35	N/A	0.57	N/A
Anesthesiology	0.79	10	0.98	8	1.10	7
Pathology	-0.52	24	-0.29	24	0.04	24
Radiology	-0.24	23	-0.15	23	0.18	23
Psychiatry	1.26	N/A	1.19	N/A	1.26	N/A
Adult Psychiatry	1.40	3	1.46	1	1.44	1
Child & Adolescent Psych	1.04	5	1.00	7	1.13	4
Other	0.79	N/A	0.78	N/A	0.88	N/A
Dermatology	1.57	1	1.34	3	1.34	3
Emergency Medicine	1.35	4	1.38	2	1.40	2
Neurology	0.44	17	0.52	16	0.78	12
Pediatric Subspecialties	-0.23	22	-0.09	22	0.23	22
Physical Medicine & Rehab	0.53	16	0.68	12	0.65	14
Total (All Specialties)	0.62	N/A	0.63	N/A	0.74	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 were the same as those used in Table 4.5 (referring to the regional job market). As one might expect, there was a high degree of correlation between respondents' views of the regional and the national job markets. In general, however, the national job market was viewed more positively than 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 4% felt there were either “Very Few Jobs” (3%) or “No Jobs” (<1%).
- Respondents' views of the national job market (+1.47) were more positive than for the regional job market (+0.62). Respondents' views of the national job market in 2011 were similar to respondents' views of the national job market in 2010 (+1.52).
- For the specialty groups, primary care (+1.77) and psychiatry (+1.71) had the most positive views of the national job market while facility based (+0.89) had the least positive view.
- Otolaryngology (+2.00) had the most positive view of the national job market among individual specialties, followed by urology (+1.90) and dermatology (+1.88).
- Only three specialties had a score of +0.50 or less: pathology (+0.21), radiology (+0.44), and nephrology (+0.48).
- The specialties with the most positive views of the national job market over the last two years were otolaryngology (+2.00), emergency medicine (+1.88), and pulmonary disease (+1.87). For the same two-year period (2010 and 2011), the specialties with the lowest assessments of the national job market were pathology (+0.55), nephrology (+1.09), and radiology (+0.73).
- Over the course of the last four years of the survey, urology (+1.93), otolaryngology (+1.89), and emergency medicine (+1.87) were the specialties with the most positive views of the national job market. Pathology (+0.74), nephrology (+0.99), and radiology (+1.04) were the specialties with the lowest assessment of the national job market.



Figure 4.13 Respondents' Assessment of the National Job Market (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

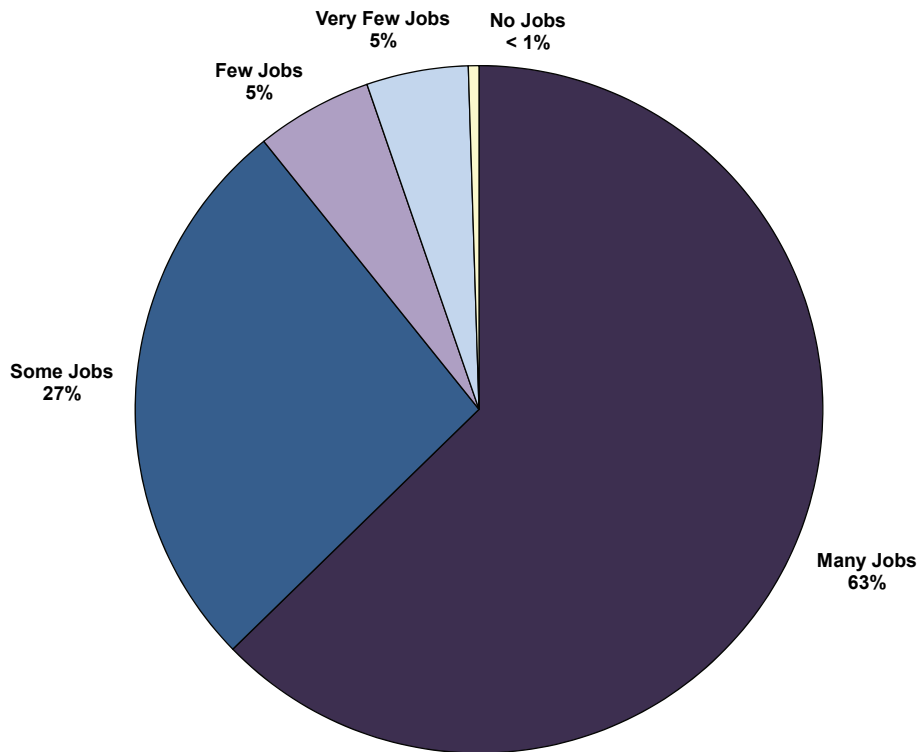


Figure 4.14 Mean Likert Score for Respondents' Views of the National Job Market by Specialty Group (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

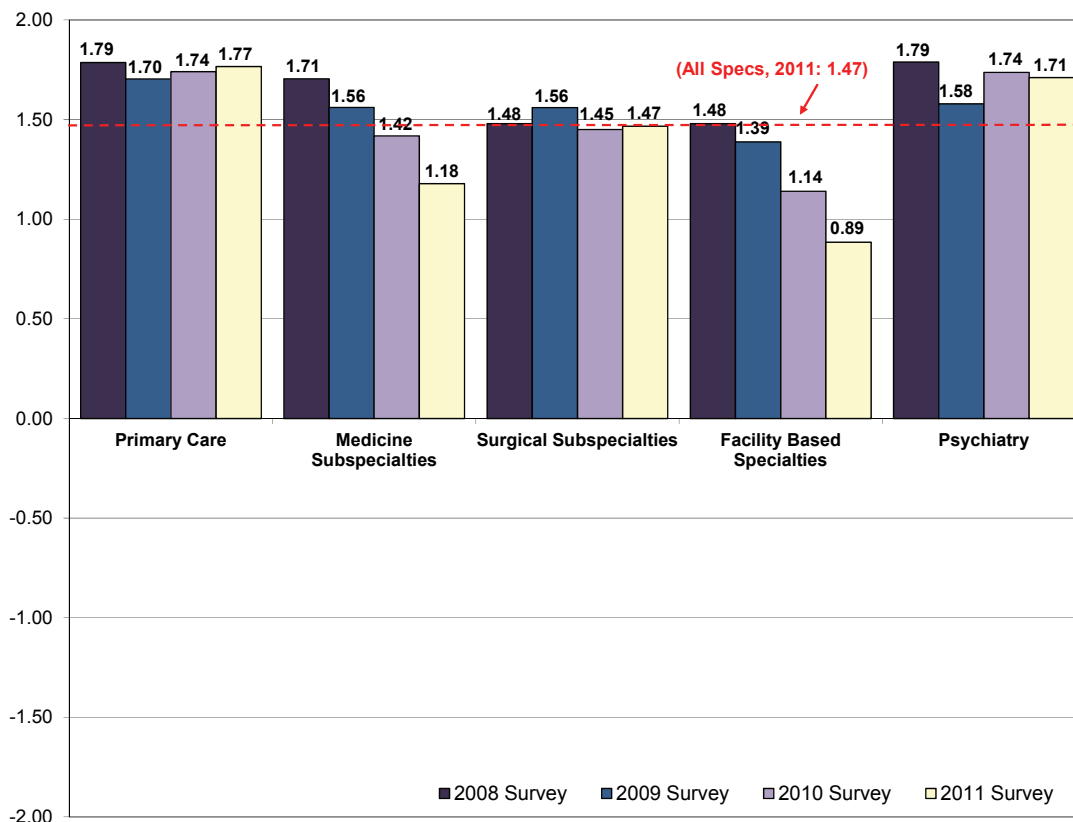




Figure 4.15 Rank of Likert Scores for Respondents' Views of the National Job Market by Specialty (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

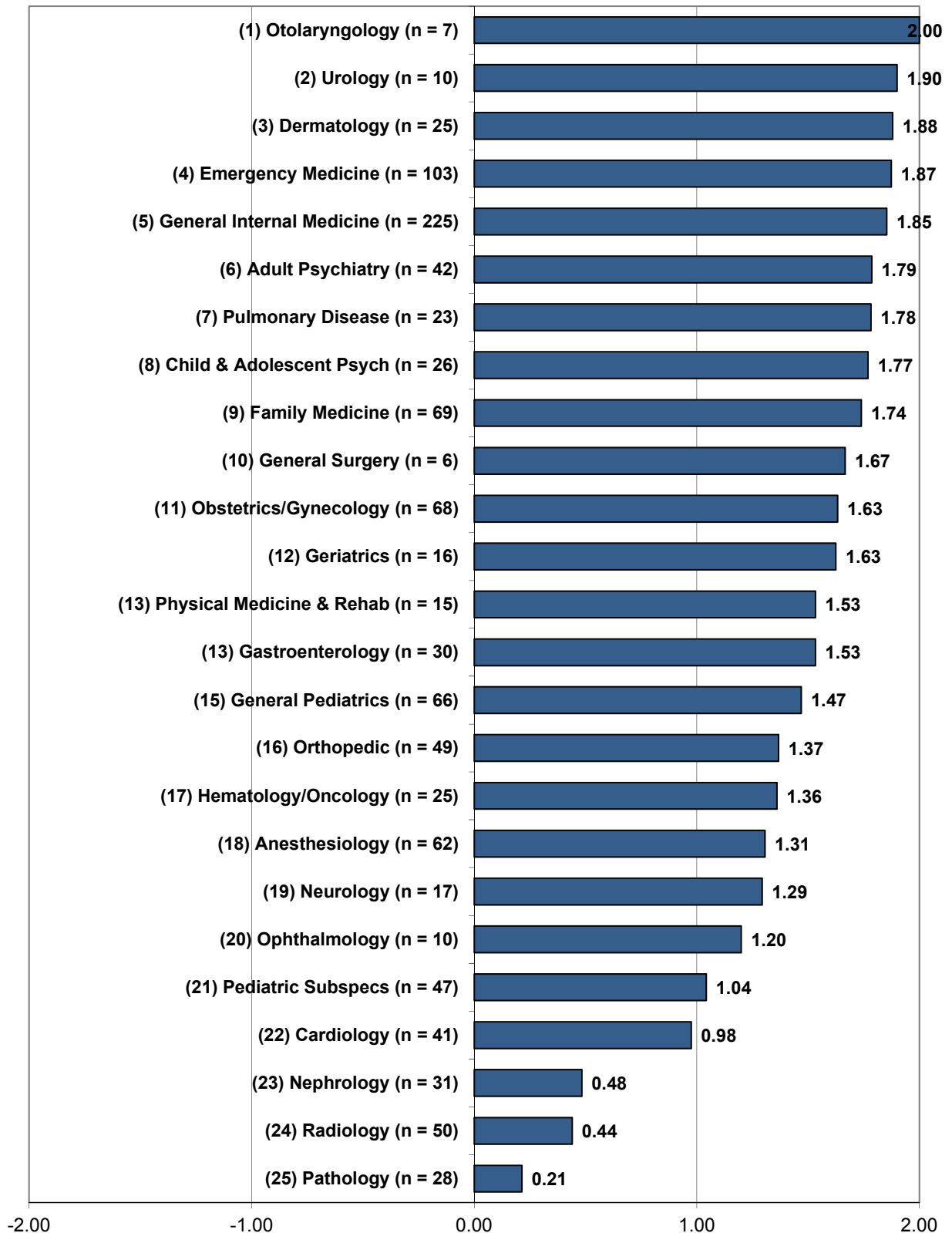




Table 4.5 Likert Scores for Respondents' Perceptions of the National Job Market¹⁴ (of 2011 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2011 Respondents	RANK (of 25)	Aggregated Respondents: 2010 and 2011	RANK (of 25)	All Respondents (Aggregated: 2008 thru 2011)	RANK (of 25)
Primary Care	1.77	N/A	1.76	N/A	1.75	N/A
Family Medicine	1.74	9	1.75	8	1.80	7
General Internal Medicine	1.85	5	1.85	6	1.83	5
General Pediatrics	1.47	15	1.48	14	1.52	17
Obstetrics/Gynecology	1.63	11	1.51	13	1.53	14
Medicine Subspecialties	1.18	N/A	1.30	N/A	1.47	N/A
Cardiology	0.98	22	1.03	22	1.36	20
Gastroenterology	1.53	13	1.68	10	1.74	9
Geriatrics	1.63	12	1.53	12	1.45	19
Hematology/Oncology	1.36	17	1.39	18	1.56	12
Nephrology	0.48	23	0.67	24	0.99	24
Pulmonary Disease	1.78	7	1.87	3	1.82	6
General Surgery	1.67	10	1.57	11	1.55	13
Surgical Subspecialties	1.47	N/A	1.46	N/A	1.49	N/A
Ophthalmology	1.20	20	1.11	21	1.11	22
Orthopedics	1.37	16	1.46	16	1.51	18
Otolaryngology	2.00	1	2.00	1	1.89	2
Urology	1.90	2	1.86	4	1.93	1
Facility Based	0.89	N/A	1.02	N/A	1.22	N/A
Anesthesiology	1.31	18	1.40	17	1.57	11
Pathology	0.21	25	0.55	25	0.74	25
Radiology	0.44	24	0.73	23	1.04	23
Psychiatry	1.71	N/A	1.73	N/A	1.75	N/A
Adult Psychiatry	1.79	6	1.85	5	1.84	4
Child & Adolescent Psych	1.77	8	1.70	9	1.74	10
Other	1.60	N/A	1.58	N/A	1.60	N/A
Dermatology	1.88	3	1.76	7	1.77	8
Emergency Medicine	1.87	4	1.88	2	1.87	3
Neurology	1.29	19	1.38	19	1.52	16
Pediatric Subspecialties	1.04	21	1.24	20	1.32	21
Physical Medicine & Rehab	1.53	13	1.47	15	1.53	15
Total (All Specialties)	1.47	N/A	1.50	N/A	1.56	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 Perceptions of the National Job Market

Table 4.6 presents median starting income levels for 2011 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 2011 respondents was \$201,500, a 6% increase from 2010 (average increase of 4% per year from 2008 to 2011).
- Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2008 to 2011. No specialties experienced a decrease during this time period.
- Urology (+11%), dermatology (+9%), and general surgery (+8%) showed the strongest trends in income between 2008 and 2011.



Figure 4.16 Median Starting Income (in \$1,000) by Specialty Group (for 2011 Respondents with Confirmed Practice Plans)

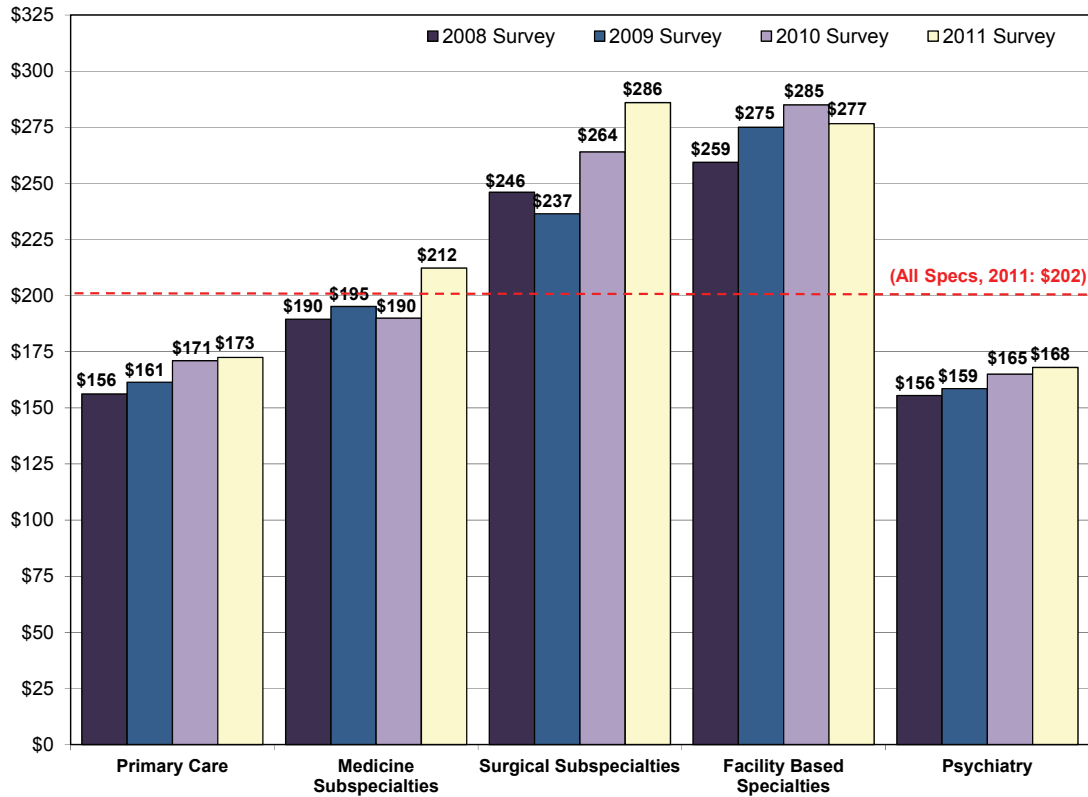


Figure 4.17 Trends in Median Starting Income (in \$1,000) among Primary Care and Non-Primary Care Physicians (for 2011 Respondents with Confirmed Practice Plans)

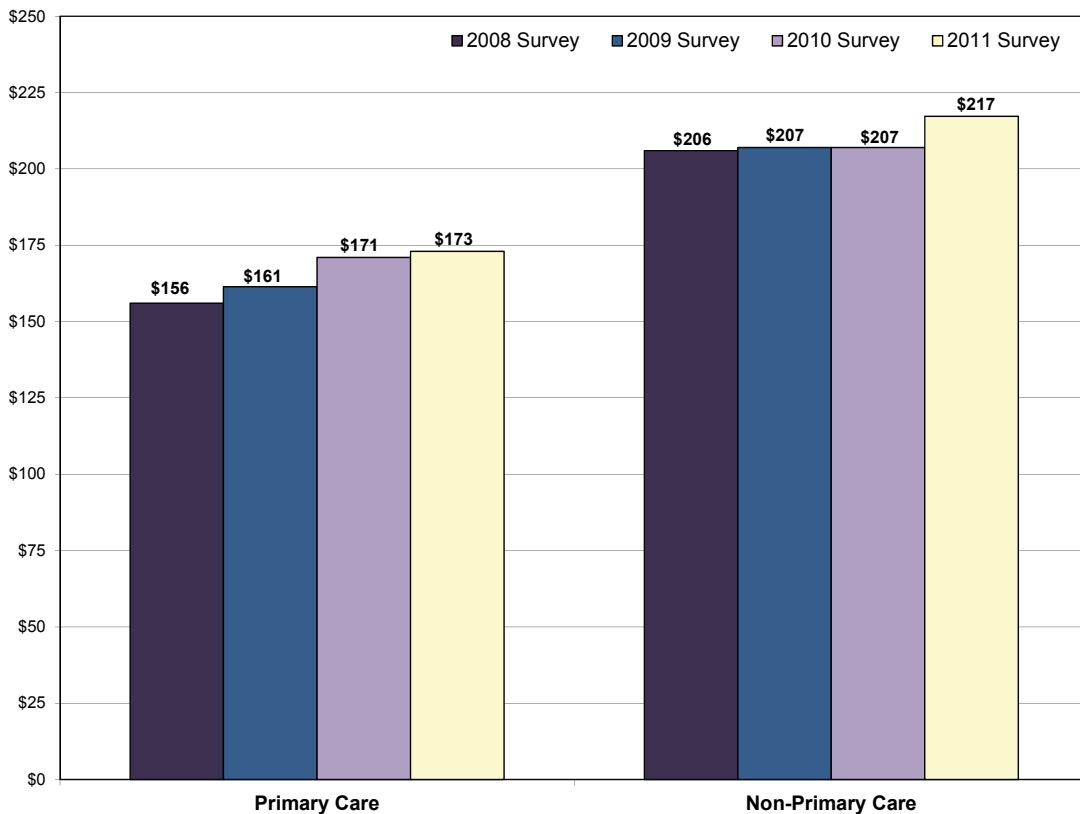




Figure 4.18 Rank of Average Percent Change in Median Starting Income (from 2007 to 2011) by Specialty (for Respondents with Confirmed Practice Plans)

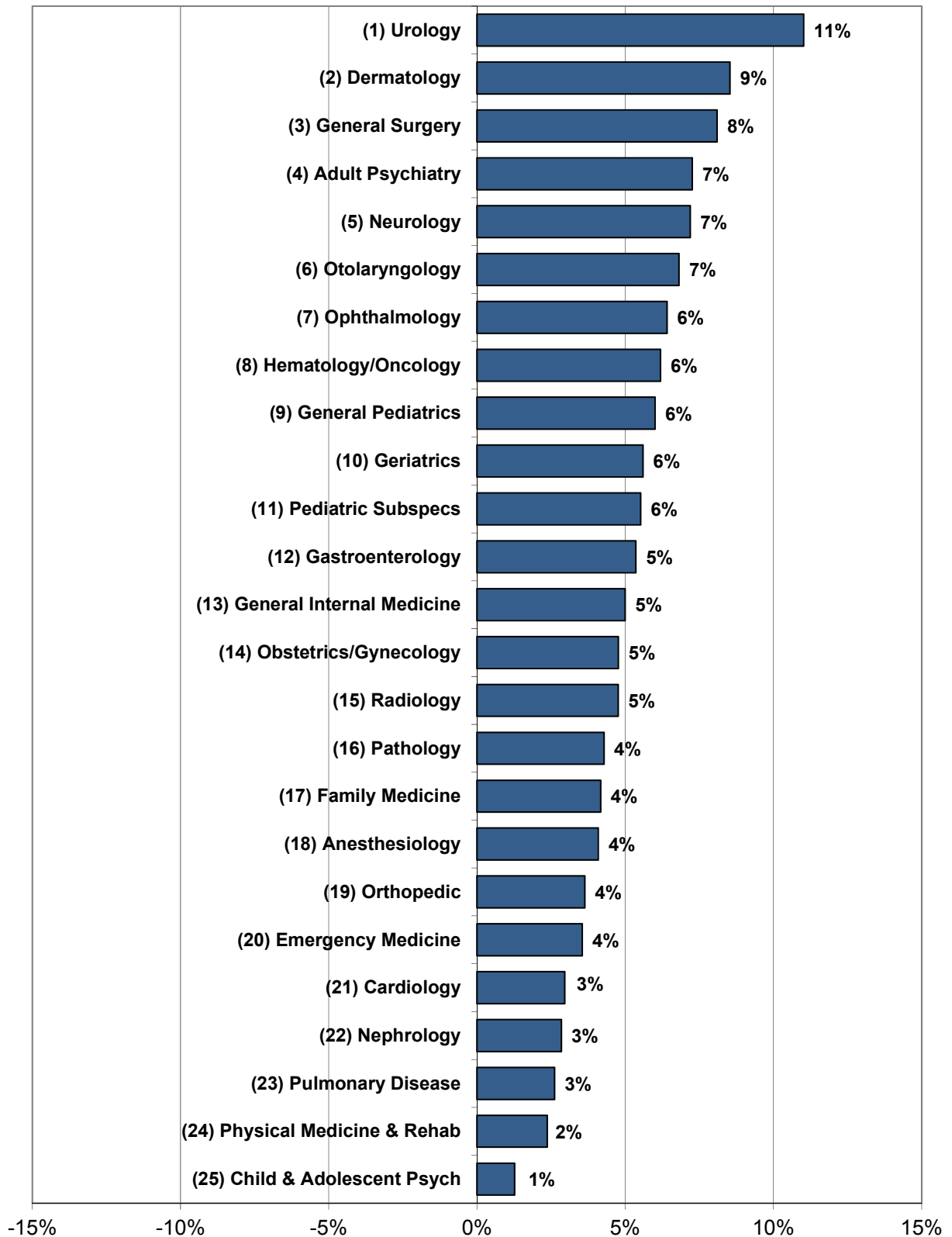




Table 4.6 Median Expected Starting Income (for 2011 Respondents with Confirmed Practice Plans)

<u>Specialty</u>	<u>2011 Respondents</u>	<u>RANK (of 25)</u>	<u>Aggregated Respondents: 2010 and 2011</u>	<u>RANK (of 25)</u>	<u>Trend (Average Annual Change: 2008 to 2011)</u>	<u>RANK (of 25)</u>
Primary Care	\$172,500	N/A	\$171,600	N/A	5%	N/A
Family Medicine	\$170,200	22	\$164,900	23	4%	17
General Internal Medicine	\$188,200	16	\$185,800	16	5%	13
General Pediatrics	\$137,800	25	\$129,600	25	6%	9
Obstetrics/Gynecology	\$202,100	13	\$202,300	12	5%	14
Medicine Subspecialties	\$212,300	N/A	\$202,100	N/A	3%	N/A
Cardiology	\$271,450	8	\$272,300	12	3%	21
Gastroenterology	\$272,100	7	\$271,950	6	5%	12
Geriatrics	\$177,600	19	\$173,100	7	6%	10
Hematology/Oncology	\$231,950	10	\$199,300	18	6%	8
Nephrology	\$171,200	21	\$169,600	13	3%	22
Pulmonary Disease	\$224,600	12	\$217,200	20	3%	23
General Surgery	\$281,250	5	\$210,000	10	8%	3
Surgical Subspecialties	\$286,000	N/A	\$274,300	N/A	5%	N/A
Ophthalmology	\$164,500	23	\$152,400	24	6%	7
Orthopedics	\$297,100	2	\$297,350	2	4%	19
Otolaryngology	\$265,300	9	\$275,000	5	7%	6
Urology	\$283,100	4	\$240,250	8	11%	1
Facility Based	\$276,600	N/A	\$277,800	N/A	3%	N/A
Anesthesiology	\$279,900	6	\$285,750	3	4%	18
Pathology	\$197,500	14	\$197,400	14	4%	16
Radiology	\$305,300	1	\$317,600	1	5%	15
Psychiatry	\$168,000	N/A	\$165,750	N/A	4%	N/A
Adult Psychiatry	\$186,750	17	\$170,700	19	7%	4
Child & Adolescent Psych	\$149,950	24	\$165,750	22	1%	25
Other	\$204,400	N/A	\$202,500	N/A	3%	N/A
Dermatology	\$296,900	3	\$275,200	4	9%	2
Emergency Medicine	\$226,050	11	\$220,300	9	4%	20
Neurology	\$189,700	15	\$189,500	15	7%	5
Pediatric Subspecialties	\$179,800	18	\$177,400	17	6%	11
Physical Medicine & Rehab	\$171,600	20	\$169,100	21	2%	24
Total (All Specialties)	\$201,500	N/A	\$196,700	N/A	4%	N/A



4.8 Assessment of Demand by Specialty

To measure demand, a composite score was computed by taking the median of the ranks (i.e., where each specialty stood relative to all 25 specialties) scored by each specialty on each of the demand indicators for data from the previous four years of the survey. Data from more recent years of the survey received a greater weight than data from previous years. For example, when calculating the demand score for 2011, data from 2011 were weighted .40, data from 2010 were weighted .30, data from 2009 were weighted .20, and data from 2008 were weighted .10.

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

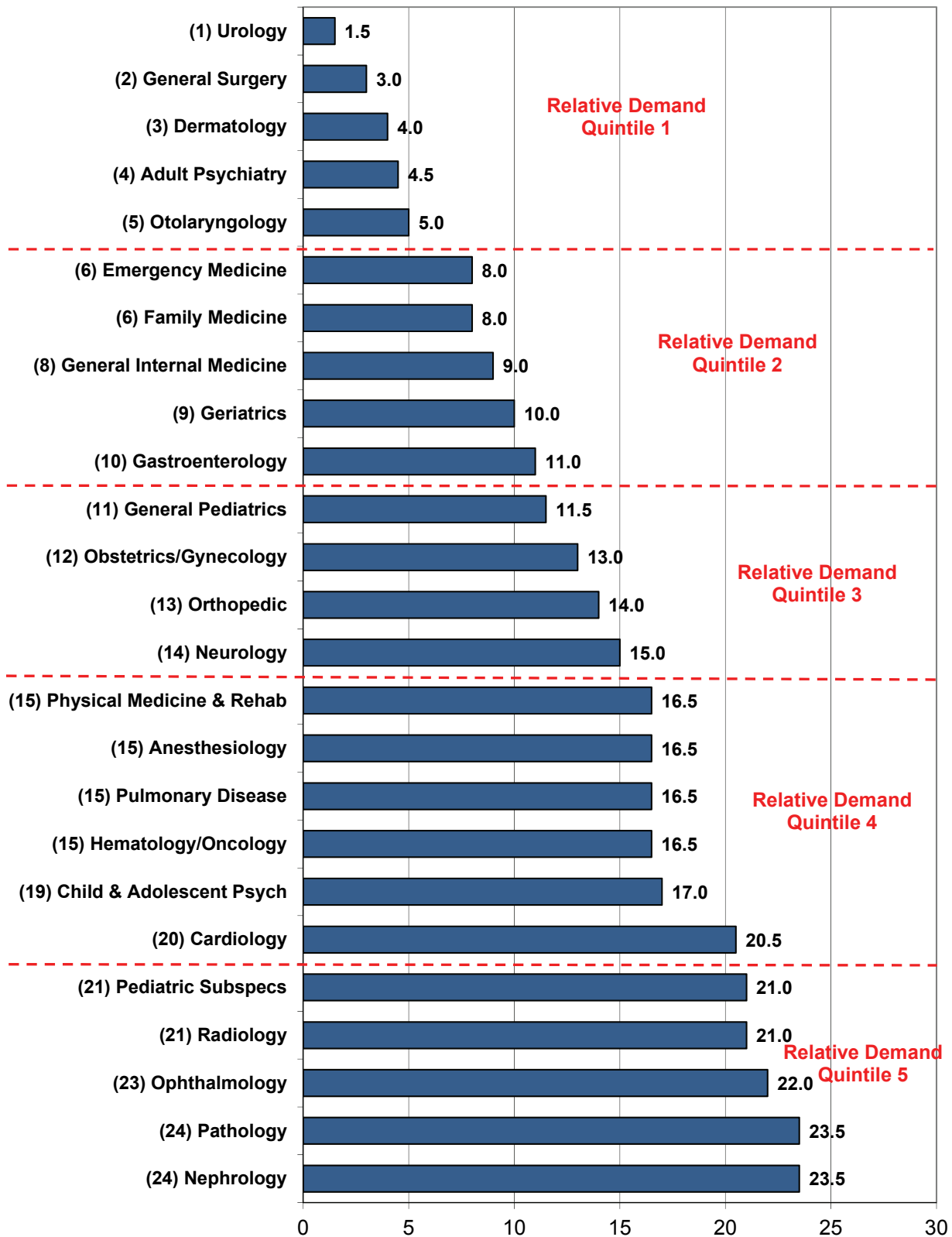
- ◆ Percentage of respondents having difficulty finding a satisfactory practice position;
- ◆ Percentage of respondents having to change plans due to limited practice opportunities;
- ◆ Mean number of job offers received by respondents;
- ◆ Respondents' views of the regional job market;
- ◆ Respondents' 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 “percent with difficulty” variable and the “percent 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 counted in computing a composite measure of demand.

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 the Exit Survey cannot be used to measure absolute demand (i.e., it cannot be used to determine the appropriate number of physicians necessary to serve a given population). Instead, it is used to measure the demand for each specialty relative to other specialties by collecting information on the job market for new physicians and ranking specialties based on respondents' responses to questions used to assess demand.



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





Highlights

- Urology (average rank of 1.5 out of 25), general surgery (3.0), dermatology (4.0), adult psychiatry (4.5), and otolaryngology (5.0) were the specialties experiencing the strongest demand.
- The job market for nephrology (23.5), pathology (23.5), ophthalmology (22.0), radiology (21.0), and pediatric subspecialties (21.0) appeared weak relative to other specialties.





Appendix A

2011 Exit Survey Response Rates by Specialty and Region





Table A-1 2011 Exit Survey Response Rates by Specialty* and Region**

Specialty	UPSTATE NY PROGRAMS				DOWNSTATE NY PROGRAMS				NEW YORK (TOTAL)			
	Grads	Returned	Resp Rate		Grads	Returned	Resp Rate		Grads	Returned	Resp Rate	
Primary Care	267	174	65%		1,664	1,027	62%		1,931	1,202	62%	
Family Medicine	62	36	58%		119	85	71%		181	121	67%	
Internal Medicine-General	143	99	69%		1,144	711	62%		1,287	810	63%	
Pediatrics-General	50	32	64%		393	223	57%		443	256	58%	
IM & Peds (Combined)	12	7	58%		8	8	100%		20	15	75%	
Obstetrics/Gynecology	33	24	73%		142	108	76%		175	134	77%	
Internal Medicine Specialties	74	40	54%		630	370	59%		704	430	61%	
Cardiology	22	8	36%		161	79	49%		183	87	48%	
Gastroenterology	9	5	56%		61	41	67%		70	46	66%	
Geriatrics	6	5	83%		69	34	49%		75	39	52%	
Hematology/Oncology	7	3	43%		79	37	47%		86	40	47%	
Nephrology	7	4	57%		63	46	73%		70	50	71%	
Pulmonary Disease	8	4	50%		61	38	62%		69	42	61%	
Other IM Specialties	15	11	73%		136	95	70%		151	106	70%	
Critical Care Medicine	2	0	0%		28	19	68%		30	19	63%	
Endocrinology & Metab.	4	4	100%		31	23	74%		35	27	77%	
Infectious Disease	5	3	60%		48	37	77%		53	40	75%	
Rheumatology	4	4	100%		24	11	46%		28	15	54%	
Other IM Subspecialties	0	0	N/A		5	5	100%		5	5	100%	
Surgery (General)	26	16	62%		118	95	81%		144	111	77%	
Surgery (Subspecialties)	71	43	61%		332	199	60%		403	246	61%	
Ophthalmology	11	7	64%		61	46	75%		72	53	74%	
Orthopedics	27	14	52%		141	88	62%		168	102	61%	
Otolaryngology	10	5	50%		27	13	48%		37	18	49%	
Urology	9	6	67%		28	10	36%		37	16	43%	
Other Surgical Subspecs	14	11	79%		75	42	56%		89	53	60%	
Neurosurgery	5	5	100%		12	9	75%		17	14	82%	
Plastic Surgery	4	2	50%		18	9	50%		22	11	50%	
Thoracic Surgery	2	1	50%		15	3	20%		17	4	24%	
All Other Surg Subspecs	3	3	100%		30	21	70%		33	24	73%	

Specialty	UPSTATE NY PROGRAMS				DOWNSTATE NY PROGRAMS				NEW YORK (TOTAL)			
	Grads	Returned	Resp Rate		Grads	Returned	Resp Rate		Grads	Returned	Resp Rate	
Facility Based	107	63	59%		578	363	63%		685	432	63%	
Anesthesiology-General	44	28	64%		164	106	65%		208	134	64%	
Pain Management	7	4	57%		26	12	46%		33	16	48%	
Other Anes Subspecs	1	1	100%		41	24	59%		42	25	60%	
Pathology	23	15	65%		134	78	58%		157	95	61%	
Pathology (General)	18	10	56%		73	40	55%		91	50	55%	
Pathology Subspecialties	5	5	100%		61	38	62%		66	43	65%	
Radiology	32	15	47%		213	143	67%		245	159	65%	
Radiology (Diagnostic)	29	13	45%		190	125	66%		219	139	63%	
Radiology (Therapeutic)	3	2	67%		15	10	67%		18	12	67%	
Nuclear Medicine	0	0	N/A		8	8	100%		8	8	100%	
Psychiatry	34	18	53%		288	190	66%		322	208	65%	
Psychiatry (General)	18	9	50%		172	125	73%		190	134	71%	
Child & Adolescent Psych	11	6	55%		49	37	76%		60	43	72%	
Other Psych Subspecs	5	3	60%		67	28	42%		72	31	43%	
Other	164	92	56%		599	373	62%		763	496	65%	
Dermatology	5	2	40%		59	34	58%		64	36	56%	
Emergency Medicine	65	47	72%		195	106	54%		260	153	59%	
Neurology	28	13	46%		115	75	65%		143	90	63%	
Pediatric Specialties	21	13	62%		117	73	62%		138	86	62%	
Physical Medicine & Rehab	8	7	88%		71	54	76%		79	61	77%	
Other	37	10	27%		42	31	74%		79	41	52%	
Allergy & Immunology	1	1	100%		14	6	43%		15	7	47%	
Preventive Medicine	1	1	100%		11	8	73%		12	9	75%	
All Other	35	8	23%		17	17	100%		52	25	48%	
Total (All Specialties)	776	494	64%		4,351	2,766	64%		5,127	3,269	64%	

*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.

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

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





Appendix B

2011 Exit Survey Instrument



10. Specialty you are COMPLETING in 2011*(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): _____
- ☐ Always intended to subspecialize
- ☐ 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering/Community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ Same city/county as current training
- ☐ Same region within 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)

B. Which of the following approaches have you used in your job search? Which one did you find most effective?

Used
(mark all that apply)

Most Effective
(mark only one)

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

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)

D. PRACTICE PLANS

If you have accepted a position in patient care/clinical practice please answer the following questions, if not, skip to Question 25.

17. Which best describes the type of patient care practice you will be entering?

Principal Practice Setting (mark only one)	Secondary Practice Setting(s) (mark all that apply)
<input type="checkbox"/>	<input type="checkbox"/> Solo practice
<input type="checkbox"/>	<input type="checkbox"/> Partnership (2 people)
<input type="checkbox"/>	<input type="checkbox"/> Group practice
<input type="checkbox"/>	<input type="checkbox"/> Hospital—Inpatient
<input type="checkbox"/>	<input type="checkbox"/> Hospital—Ambulatory care
<input type="checkbox"/>	<input type="checkbox"/> Hospital—Emergency room
<input type="checkbox"/>	<input type="checkbox"/> Freestanding health center or clinic
<input type="checkbox"/>	<input type="checkbox"/> Nursing home
<input type="checkbox"/>	<input type="checkbox"/> Other: _____

18. What level of ownership will you have in your upcoming practice?

- ☐ 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)

19. A. What is the zip code of the principal practice address where you will be working? If zip code is unknown, please give city or town and state.

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

Principal Practice Zip Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/Town

--	--

State

B. Is this principal practice address located in a federally designed Health Professional Shortage Area?

- ☐ Yes ☐ No ☐ I don't know

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

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

continue . . .

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"/>
Spouse/Partner 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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