2012 New York Residency Training Outcomes

A Summary of Key Findings from the 2012 New York Resident Exit Survey

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PREFACE

This report highlights key findings from the Survey of Residents Completing Training in New York in 2012 (2012 Exit Survey) conducted by the New York Center for Health Workforce Studies (the Center) in the spring and summer of 2012.

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 demand for new physicians and outcomes of residency training by specialty based on the results of the survey.

Each 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 3,152 of the estimated 5,180 physicians finishing a residency or fellowship training program completed the 2012 Exit Survey (61% response rate). For the 13 years the survey has been conducted (1998, 1999, 2000, 2001, 2002, 2003, 2005, 2007, 2008, 2009, 2010, 2011, 2012), an aggregated total of 39,116 of 62,820 graduates have completed the survey (62% response rate).

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The New York Center for Health Workforce Studies is an independent, not-for-profit research group at the School of Public Health, University at Albany, State University of New York. The Center's mission is to provide timely, accurate data and conduct policy-relevant research about health workforce. Support and funding for the research came from the New York State Department of Health. The content of this report reflects the work of the center exclusively.

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KEY FINDINGS

Overall, the job market for new physicians in New York continues to be strong. Based on the responses to several questions used to measure demand, the opportunities for New York's graduating physicians in 2012 were comparable to those in 2011.

- In 2012, 94% of respondents who had actively searched for a practice position had received at least one job offer at the time they completed the survey.
- While 31% of respondents reported some difficulty finding a satisfactory practice position, only 23% of them attributed their difficulty to an overall lack of jobs. Forty-seven percent (47%) attributed their difficulty to a lack of jobs in desired locations.
- The median starting income of graduates increased 2% from 2011 to 2012. The average annual 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 care[1] physicians (generalists) is 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 2012, after adjusting for citizenship status:

- Generalists were less likely than specialists to report difficulty finding a satisfactory practice position (21% versus 35%) and to have to change plans due to limited practice opportunities (11% versus 20%).
- Generalists received more job offers than specialists (mean of 4.23 versus 3.19). Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 1.00 versus 0.52, on a scale of +2 indicating "Many Jobs" to -2 indicating "No Jobs") and the national job market (1.78 versus 1.33).
- The average annual increase in median starting income from 2009 to 2012 was 3% for generalists and 2% for specialists.

[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.

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

- Based on a variety of indicators, the demand for urology, dermatology, otolaryngology, general surgery, adult psychiatry, and family medicine appeared very strong.
- The job market for pathology, radiology, pediatric subspecialties, nephrology, and ophthalmology appeared weak relative to other specialties.

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) face a more competitive 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 could remain in the U.S. only if they practiced in a state designated or federally designated shortage area or continued training.

Less than half of new physicians stay in New York to practice after completing training. In 2012, 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 state, the most common reasons given were proximity to family (29%), better jobs in desired locations outside New York (12%), and better jobs outside New York that meet visa requirements (11%). Only 5% of respondents indicated that they never intended to practice in New York.

More than one-third (37%) of respondents report 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 (75%), urology (69%), and neurology (69%).
- Respondents from nephrology (7%), gastroenterology (12%), and pediatric subspecialties (14%) were the least likely to report plans to subspecialize or pursue additional training.

Location of Upcoming Practice

Table 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. One percent (1%) of these respondents were planning to practice outside the U.S., so these physicians have been excluded from the next section of this report on expected starting income.

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 adult psychiatry (67%), dermatology (65%), and anesthesiology (62%).
- The specialties of otolaryngology (0%), pulmonary disease (27%), and geriatrics (29%) had the lowest in-state retention rates.
- Residents in general surgery (9%), pathology (8%), and neurology (8%) 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 2012, 76% 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 given were proximity to family (29%), better jobs in desired locations outside New York (12%), and better jobs outside New York that meet visa requirements (11%). Only 5% of respondents indicated that they never intended to practice in New York.

Table 1. Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2012 Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans[2]	LOCATION OF UPCOMING PRACTICE			
		Within New York		Other State	Outside U.S.[3]
		Same Region	Other Area		
Primary Care	**437**	**30%**	**5%**	**64%**	**1%**
Family Medicine	71	45%	4%	49%	1%
General Internal Medicine	272	25%	5%	70%	0%
General Pediatrics	87	33%	8%	58%	1%
Obstetrics/Gynecology	**81**	**38%**	**11%**	**50%**	**1%**
Medicine Subspecialties	**275**	**35%**	**6%**	**59%**	**1%**
Cardiology	81	34%	11%	55%	0%
Gastroenterology	38	38%	11%	51%	0%
Geriatrics	46	29%	0%	71%	0%
Hematology/Oncology	14	42%	0%	58%	0%
Nephrology	31	31%	3%	66%	0%
Pulmonary Disease	32	21%	6%	73%	0%
General Surgery	**11**	**36%**	**0%**	**55%**	**9%**
Surgical Subspecialties	**85**	**34%**	**5%**	**61%**	**0%**
Ophthalmology	13	54%	8%	39%	0%
Orthopedics	21	33%	10%	57%	0%
Otolaryngology	10	0%	0%	100%	0%
Urology	7	57%	0%	43%	0%
Facility Based	**155**	**47%**	**7%**	**44%**	**3%**
Anesthesiology	53	57%	6%	38%	0%
Pathology	26	32%	12%	48%	8%
Radiology	47	47%	6%	47%	0%
Psychiatry	**89**	**54%**	**5%**	**40%**	**1%**
Adult Psychiatry	54	59%	7%	33%	0%
Child & Adolescent Psych	13	54%	0%	46%	0%
Other	**250**	**46%**	**6%**	**46%**	**1%**
Dermatology	17	65%	0%	35%	0%
Emergency Medicine	111	44%	11%	44%	1%
Neurology	13	54%	8%	31%	8%
Pediatric Subspecialties	51	43%	2%	55%	0%
Physical Medicine & Rehab	23	35%	4%	61%	0%
All Specialties, 2012 (2011)	**1,383 (1,358)**	**38% (38%)**	**6% (6%)**	**55% (55%)**	**1% (2%)**

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

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

Figure 1. Percent of Respondents with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2012 Respondents with Confirmed Practice Plans)

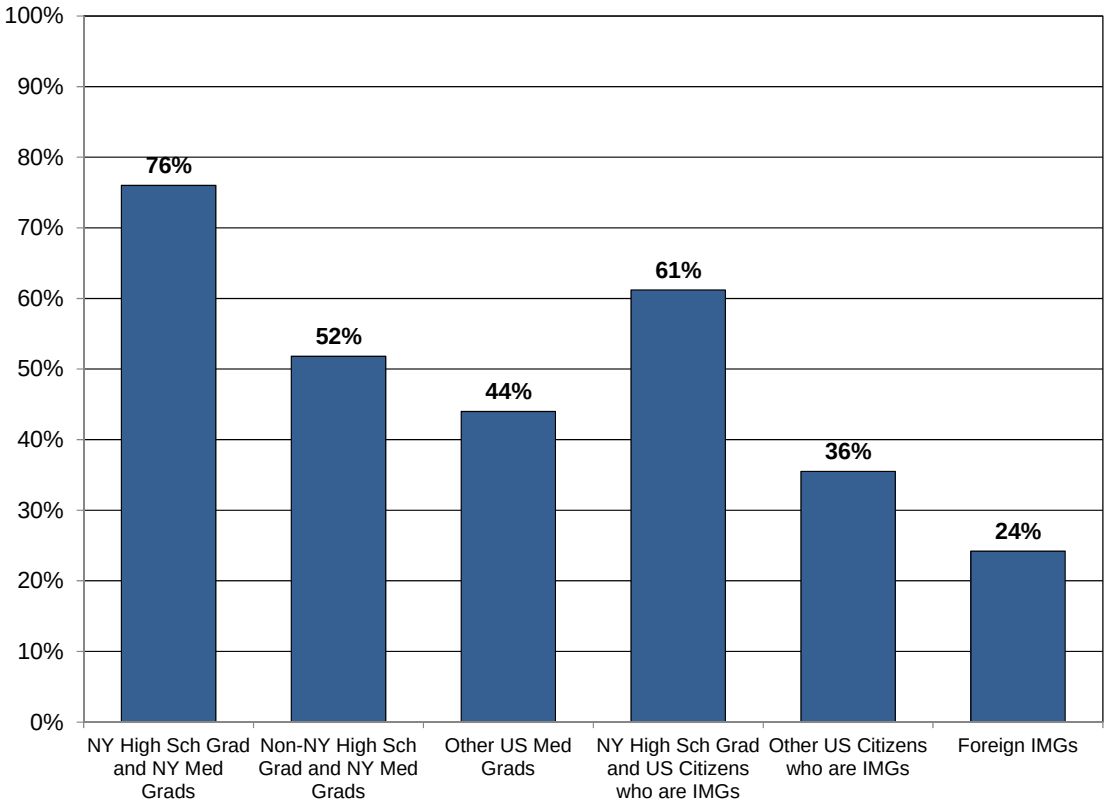
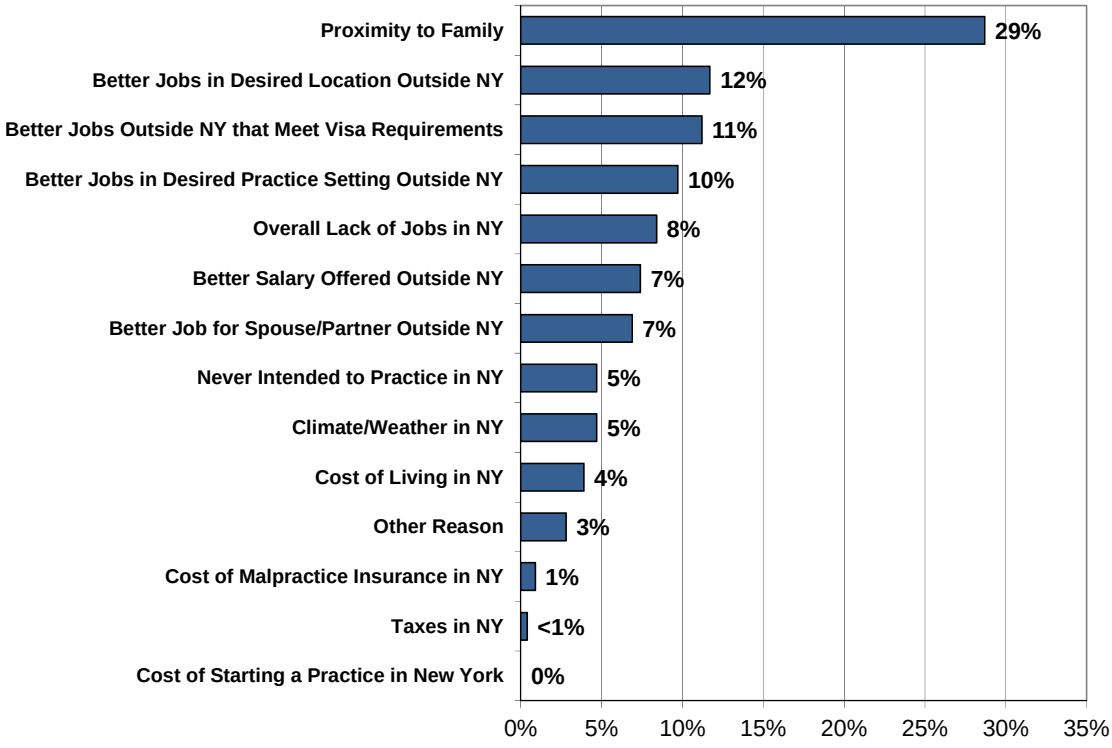


Figure 2. Principal Reason for Practicing Outside New York (for 2012 Respondents with Confirmed Practice Plans)



Expected Starting Income

Table 2 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 urology ($394,100), cardiology ($331,700), and orthopedics ($311,500).
- General pediatrics had the lowest median starting income of all specialties ($138,900). Other specialties with lower starting incomes included pediatric subspecialties ($160,100) and family medicine ($169,000).
- Among the specialty groups, primary care ($172,500) and psychiatry ($168,400) had the lowest starting median incomes. In contrast, surgical subspecialties ($272,500) and facility based ($273,500) had the highest median incomes.

Figure 3. Expected Starting Income (in $1,000s) by Specialty Group (for 2012 Respondents with Confirmed Practice Plans)

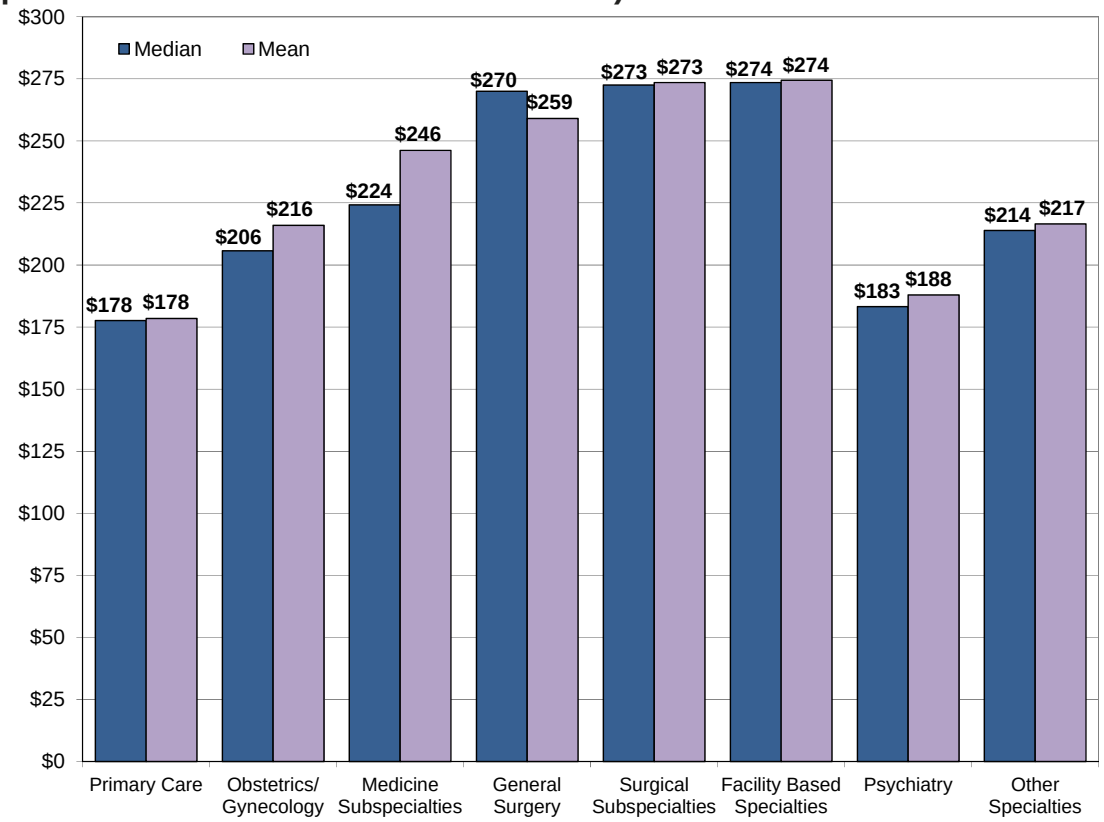


Figure 4. Distribution of Starting Income among Primary Care and Non-Primary Care Physicians (for 2012 Respondents with Confirmed Practice Plans)

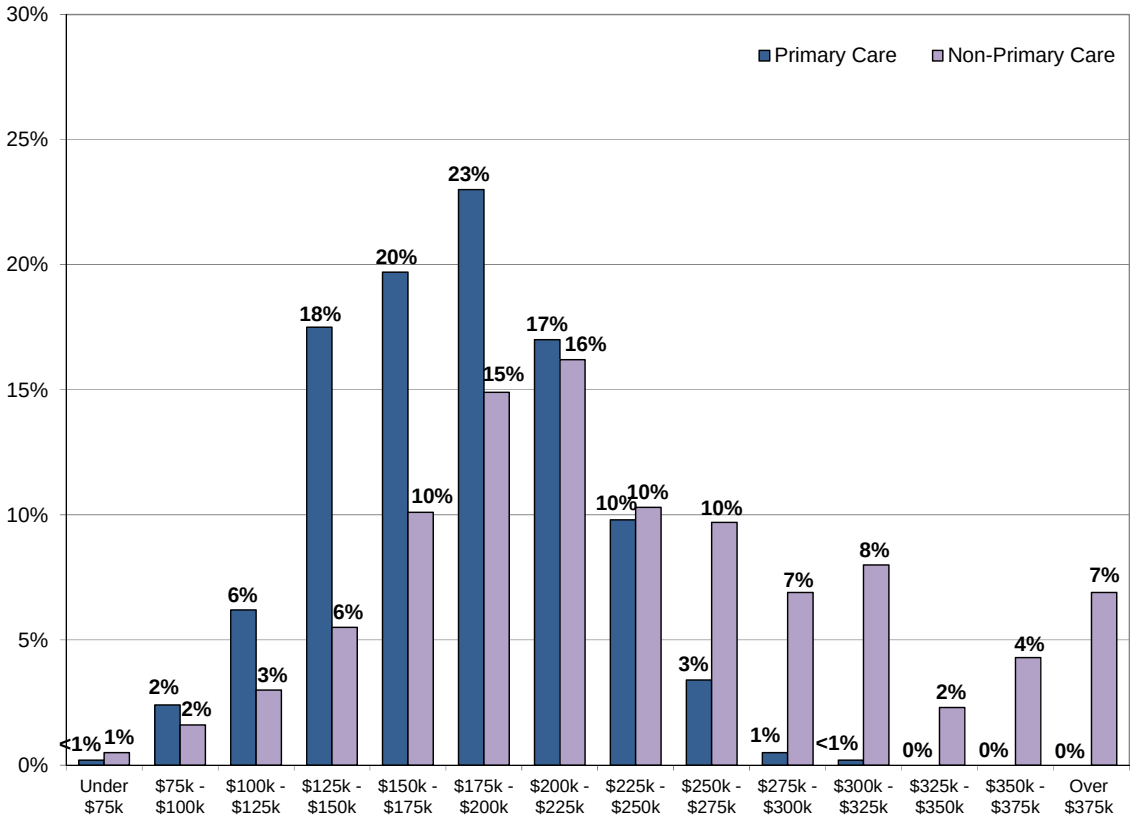


Table 2. Expected Starting Income by Specialty (for 2012 Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
Primary Care	**417**	**$178,478**	N/A	**$177,600**	N/A
Family Medicine	67	$172,633	23	$169,000	23
General Internal Medicine	262	$191,624	16	$190,750	14
General Pediatrics	82	$140,877	25	$138,900	25
Obstetrics/Gynecology	**78**	**$215,964**	13	**$205,700**	13
Medicine Subspecialties	**253**	**$246,164**	N/A	**$224,200**	N/A
Cardiology	33	$327,615	2	$331,700	2
Gastroenterology	38	$295,197	5	$272,850	7
Geriatrics	13	$209,477	14	$184,800	17
Hematology/Oncology	27	$233,922	12	$205,800	12
Nephrology	32	$187,038	19	$179,750	20
Pulmonary Disease	32	$264,334	8	$254,550	10
General Surgery	**9**	**$258,978**	9	**$270,000**	8
Surgical Subspecialties	**77**	**$273,465**	N/A	**$272,500**	N/A
Ophthalmology	12	$177,558	22	$183,600	18
Orthopedics	18	$299,256	4	$311,500	3
Otolaryngology	10	$249,130	10	$267,950	9
Urology	6	$366,800	1	$394,100	1
Facility Based	**138**	**$274,397**	N/A	**$273,500**	N/A
Anesthesiology	52	$291,856	6	$288,050	5
Pathology	20	$184,925	20	$188,400	15
Radiology	41	$301,727	3	$302,800	4
Psychiatry	**84**	**$187,956**	N/A	**$183,200**	N/A
Adult Psychiatry	53	$187,653	18	$185,800	16
Child & Adolescent Psych	12	$188,592	17	$178,250	21
Other	**236**	**$216,584**	N/A	**$213,900**	N/A
Dermatology	13	$279,000	7	$287,100	6
Emergency Medicine	108	$239,093	11	$228,150	11
Neurology	10	$183,230	21	$170,550	22
Pediatric Subspecialties	51	$171,782	24	$160,100	24
Physical Medicine & Rehal	23	$193,922	15	$183,600	18
Total (All Specialties)	**1,292**	**$218,039**	N/A	**$204,750**	N/A

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 greater weight than data from previous years. For example, when calculating the demand score for 2012, data from 2012 were weighted .40, data from 2011 were weighted .30, data from 2010 were weighted .20, and data from 2009 were weighted .10.

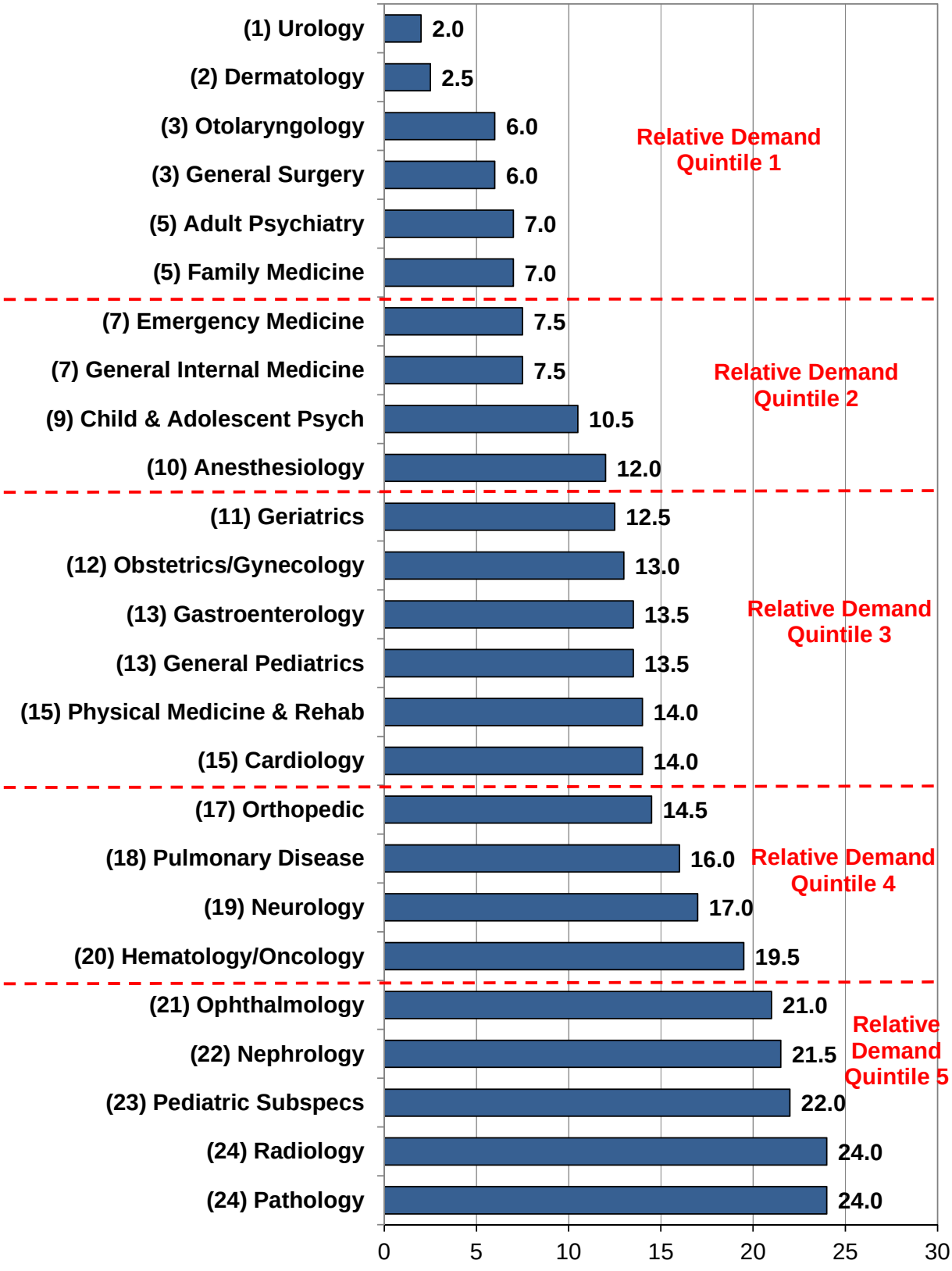
The following variables were used as indicators of demand in the calculations described above:

- 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 5 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 the residents' responses to questions used to assess demand.

Figure 5. Assessment of Current Relative Demand by Specialty, Median Rank on Demand Related Variables (of 2012 Respondents Who Have Searched for a Job, IMGs on Temporary Visas Excluded)



Highlights

- Currently, urology (average rank of 2.0 out of 25), dermatology (2.5), otolaryngology (6.0), general surgery (6.0), adult psychiatry (7.0), and family medicine (7.0) are specialties experiencing the strongest demand.

- The job market for pathology (24.0), radiology (24.0), pediatric subspecialties (22.0) nephrology (21.5), and ophthalmology (22.0) appears weak relative to other specialties.