2015

2015 New York Residency Training Outcomes

A Summary of Responses to the 2015 New York Resident Exit Survey

CHWS
Center for Health Workforce Studies
School of Public Health
University at Albany, State University of New York

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June 2016

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PREFACE

This report summarizes the results of the Survey of Residents Completing Training in New York in 2015 (2015 Exit Survey) conducted by the Center for Health Workforce Studies (CHWS) in the spring and summer of 2015. 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 31 questions covering 4 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, CHWS 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 2015 was the 16th year of the survey.

This report was prepared by This report was prepared by CHWS staff, David P. Armstrong, Yuhao Liu, and Gaetano J. Forte, with layout design by Leanne Keough and Rachel Carter. Funding for the 2015 Exit Survey and analysis was provided by the New York State Department of Health.

Established in 1996, CHWS is an academic research center, based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels. Today, CHWS is a national leader in the field of health workforce studies, and the only HRSA-sponsored center with a focus on the oral health workforce.

The views expressed in this report are those of CHWS and do not necessarily represent positions or policies of the School of Public Health, University at Albany, SUNY, or the New York State Department of Health.

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BACKGROUND

The Center for Health Workforce Studies (CHWS) 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 CHWS in consultation with the state's teaching hospitals.

In the spring, CHWS 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 CHWS for data entry and analysis. With the excellent collaboration of teaching hospitals, a total of 2,897 of the estimated 5,308 physicians finishing a residency or fellowship training program completed the 2015 Exit Survey (55% response rate). For the 16 years the survey has been conducted (1998, 1999, 2000, 2001, 2002, 2003, 2005, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015), an aggregated total of 47,905 of 78,585 graduates have completed the survey (61% response rate).

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

KEY FINDINGS

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 2015 were comparable to those in 2014.

- 94% of respondents who had actively searched for a practice position had received at least 1 job offer at the time they completed the survey
- While almost one-fourth (24%) of respondents reported some difficulty finding a satisfactory practice position, only 22% of them attributed their difficulty to an overall lack of jobs
    - Thirty-six percent (36%) attributed their difficulty to a lack of jobs in desired locations
- The median starting income of graduates increased by 5% from 2014 to 2015
    - The average annual increase over the last 4 years of the survey was 2%
- Respondents' perceptions of both the regional and national job markets were positive and optimistic for each of the last 4 years of the survey

Demand for primary care physicians (generalists)* was 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. However, since 2008 the demand for generalists has surpassed the demand for specialists. In 2015, after adjusting for citizenship status:

- Generalists were less likely than specialists to report difficulty finding a satisfactory practice position (18% versus 27%) and to have to change plans due to limited practice opportunities (10% versus 18%)
- Generalists received more job offers than specialists (mean of 3.98 versus 3.33)
    - Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 1.32 vs 0.80, on a scale of +2 indicating "Many Jobs" to -2 indicating "No Jobs") and the national job market (1.82 vs 1.47)
- The average annual increase in median starting income from 2011 to 2015 was 3% for generalists and 3% for specialists

* 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 appeared relatively strong for new graduates, there were significant differences in the job market experiences and assessments by specialty.

By analyzing responses in a particular specialty in relation to all specialties, it was possible to identify the specialties for which demand was weak or strong in relation to all others over the last 4 years of the survey.

- Based on a variety of indicators, the demand for family medicine, emergency medicine, adult psychiatry, dermatology, and general internal medicine appeared very strong
- Pathology, radiology, pediatric subspecialties, anesthesiology, and cardiology 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 US 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 US only if they practice in a state or federally designated health professional shortage area (HPSA) or continue training.

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

In 2015, 45% of newly trained physicians reported plans to practice in the state.

- 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 (28%), better salary outside New York (14%), better jobs in desired locations outside New York (13%), better jobs in desired setting outside New York (7%), and better jobs outside New York that meet Visa requirements (7%)
    - Only 6% of respondents indicated that they never intended to practice in New York
- Few respondents reported that the principal reason for them practicing outside of New York was climate/weather in New York (3%), 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%)

Forty-one percent (41%) of respondents were subspecializing.

However, there were sharp differences in subspecialization rates by specialty.

GENERAL RESULTS

Characteristics of All Respondents

- Forty-six percent (46%) of survey respondents were female
  - Pediatric subspecialties (75%), obstetrics/gynecology (73%), and general pediatrics (67%) were the subspecialties with the most females

- Underrepresented minorities (URMs)* comprised 14% of all respondents
  - Obstetrics/Gynecology (23%), child and adolescent psychiatry (23%), and urology (22%) had the most URMs

- Twenty-five percent (25%) of graduates went to New York high schools
  - The percent of graduates from New York high schools is indicative of how many graduates grew up in New York
  - Thirty-nine percent (39%) of graduates were from other states and 34% were from other countries

- One-half (50%) of all respondents were IMGs, similar to the last survey (46% in 2014)
  - This varied widely by specialty with the highest concentrations of IMGs found in nephrology (80%), general internal medicine (78%), and pulmonary disease (69%)
  - Specialties with very few IMGs included otolaryngology (0%), dermatology (4%), and orthopedics (9%)

- Eighteen percent (18%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in nephrology (36%), hematology/oncology (32%), and general pediatrics (31%)
  - Otolaryngology (0%), dermatology (0%), and ophthalmology (0%) had no temporary visa holders

- Individual specialties with the highest median education debt were urology ($239,100), emergency medicine ($213,550), and general surgery ($210,400)

- Only 3 specialties had less than $30,000 of median education debt: dermatology ($0), child and adolescent psychiatry ($21,200), and geriatrics ($25,800)

* URMs includes Black/African American, Hispanic/Latino, and American Indian.

Planned Activites After Completion of Current Training Program

- Fifty-one percent (51%) of all respondents were planning to enter patient care following completion of their current training program
    - Of these, 84% had confirmed practice plans (ie, they had accepted an offer for a job/ practice position) at the time they completed the survey

- Forty-one percent (41%) 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 5% had other plans

Practice Plans of Respondents Entering Patient Care

- Less than one-half (45%) of respondents with confirmed plans were entering practice in New York
    - The vast majority of these respondents (85%) were remaining in the same region in which they trained

- The specialties with the highest rates of in-state retention of graduates were dermatology (82%), anesthesiology (72%), and adult psychiatry (62%)

- The specialties of ophthalmology (0%), orthopedics (11%), and otolaryngology (20%) 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
    - 80% 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 (28%), better salary outside New York (14%), better jobs in desired locations outside New York (13%), better jobs in desired setting outside New York (7%), and better jobs outside New York that meet Visa requirements (7%)
    - Only 6% of respondents indicated that they never intended to practice in New York

- Few respondents reported that the principal reason for them practicing outside of New York was climate/weather in New York (3%), taxes in New York (2%), the cost of malpractice insurance in New York (1%), or the cost of starting a practice in New York (0%)

- Twenty-nine percent (29%) of graduates reported entering practice in inner-city locations and only 4% were going to rural locations
    - Nineteen percent (19%) said they would be practicing in a HPSA, slightly higher than the percentage reported in 2014 (15%)

- Respondents from adult psychiatry (52%), pulmonary disease (45%), and child and adolescent psychiatry (44%) were the most likely to enter practices in the inner city

- The respondents most likely to be entering practice in HPSAs were in pulmonary disease (35%), family medicine (33%), general pediatrics (33%), geriatrics (33%), and general surgery (33%)

- Forty-one percent (41%) of respondents were entering group practices
    - Of these, eighty-three percent (83%) were going into groups as employees

- Only 2% of all respondents were planning to enter solo practice
    - General surgery (11%), dermatology (9%), and obstetrics/gynecology were the only specialties in which an appreciable percent planned to enter solo practice

- Fifty percent (50%) of graduates were entering practice in hospitals; inpatient (29%) was the most common, followed by ambulatory care (12%) and emergency room (9%) settings

Expected Starting Income*

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 (ie, starting income) of recent graduates is likely to be much lower than that of practicing physicians, the discrepancies in income for new graduates in different specialties are assumed to be generally consistent with the differences by specialty among practicing physicians. The expected incomes of new graduates may also influence specialty choice 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

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

- Individual specialties with the highest median starting income were general surgery ($370,300), urology ($349,500), and orthopedics ($346,600)

- General pediatrics had the lowest median starting income of all specialties ($142,000)
    - Other specialties with low starting incomes included adult psychiatry ($181,900) and pathology ($187,100)

- Among the specialty groups, psychiatry ($188,050) and primary care ($195,000) had the lowest starting median incomes
    - Conversely, general surgery ($370,300) and surgical subspecialties ($337,900) had the highest

- Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2011 to 2015
    - Only 2 specialties experienced no growth or a decrease during this time period: pathology (-1%) and adult psychiatry (0%)

- Ophthalmology (+16%), general surgery (+8%), and child and adolescent psychiatry (+7%) showed the strongest trends in income between 2011 and 2015

Expected Weekly Patient Care/Clinical Practice Hours*

- Overall, graduates expected to spend an average of 43.3 hours per week in patient care/clinical practice activities

- Respondents from the following individual specialties expected to be working the highest number of hours: anesthesiology (51.7), general surgery (51.1), and pulmonary disease (49.4)

- Respondents expected to be working the fewest patient care/clinical practice hours per week were in child and adolescent psychiatry (34.5), emergency medicine (35.5), and dermatology (35.8)

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

Experiences Searching for a Practice Position

The survey included several questions related to graduates' experiences in searching for a practice position. Any respondent who was entering or who considered entering patient care/clinical practice was asked to complete this section. The responses of IMGs on temporary visas have been excluded from this section because they 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.

- Twenty-four percent (24%) of respondents reported difficulty finding a satisfactory position (slightly lower than last year's 28%)
    - For the specialty groupings, facility based (35%) had the highest percentage of respondents reporting difficulty in 2015

- The most often cited "main reason for difficulty finding a satisfactory practice position" was "lack of jobs in desired locations" (36%), followed by an "overall lack of jobs" (22%) and "inadequate salary/compensation offered" (17%)

- The highest percentages of graduates having difficulty finding a satisfactory practice position were in physical medicine and rehabilitation (71%), pathology (60%), and radiology (59%)
    - Anesthesiology (4%), emergency medicine (6%), and family medicine (15%) had the fewest respondents reporting difficulty

- Sixteen percent (16%) of respondents reported having to change their plans due to limited job opportunities (similar to 2014 [15%])

- Pathology (45%), radiology (44%), and nephrology (41%) had the most graduates having to change plans due to limited job opportunities in 2015
    - Graduates of otolaryngology (0%), ophthalmology (0%), anesthesiology (4%), and emergency medicine (4%) were the least likely to have to change plans

- The average number of job offers received by graduates in 2015 was 3.53 (slightly higher than in 2014 [3.40])
    - Family medicine (4.52), geriatrics (4.47), and general internal medicine (4.26) graduates received the most job offers
    - Ophthalmology (1.33), pathology (1.75), and radiology (1.97) received the fewest job offers

- Respondents gave a positive assessment of the regional job market (average Likert score of +0.95 on a scale of +2.00, indicating "Many Jobs" to -2.00, indicating "No Jobs")

- Family medicine (+1.60), emergency medicine (+1.55), and adult psychiatry (+1.53) respondents had the most positive views of the regional job market

- The specialties with the least positive views of the regional job market were pathology (-0.60), radiology (-0.13), and pediatric subspecialties (+0.02)

- Respondents' views of the national job market (+1.57) were more positive than for the regional job market (+0.95)

- Neurology (+1.95) had the most positive view of the national job market among individual specialties, followed by family medicine (+1.92) and adult psychiatry (+1.88)

- Only 2 specialties had a score of +0.50 or less: pathology (+0.10) and radiology (+0.50)

Overall Assessment of the Job Market for New Physicians

- Demand for primary care physicians (generalists) was stronger than the demand for non-primary care physicians (specialists)
    - Generalists were less likely than specialists to report difficulty finding a satisfactory practice position (18% vs 27%) and to have to change plans due to limited practice opportunities (10% vs 18%)

- Generalists received more job offers than specialists (mean of 3.98 vs 3.33)
    - Generalists also had a more positive view than specialists of the regional job market (average Likert Score of 1.32 vs 0.80, on a scale of +2 indicating "Many Jobs" to -2 indicating "No Jobs") and the national job market (1.82 vs 1.47)

- The average annual increase in median starting income from 2011 to 2015 was 3% for generalists and 3% for specialists

- Based on an aggregation of all demand indicators from the last 4 years of the survey, the demand for family medicine, emergency medicine, adult psychiatry, dermatology, and general internal medicine appeared very strong

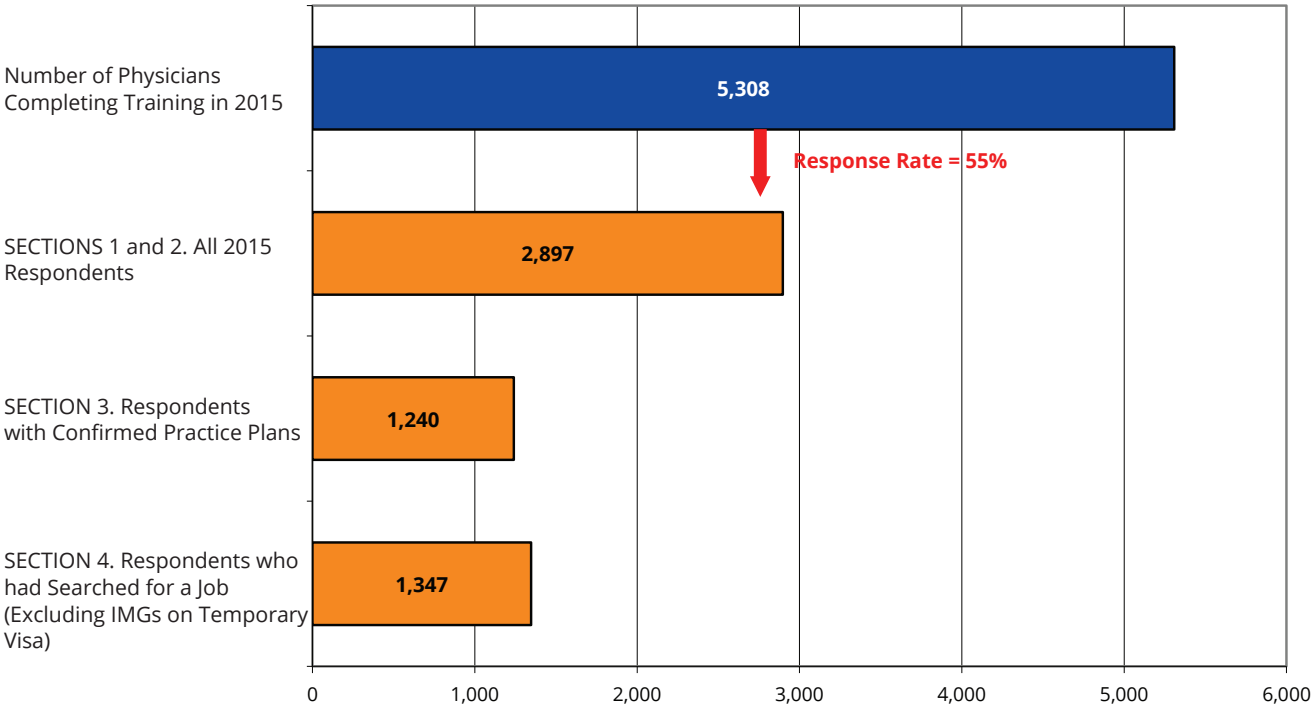
- Pathology, radiology, pediatric subspecialties, anesthesiology, and cardiology experienced weak demand

Technical Report

SUBGROUPS OF RESPONDENTS

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 2,897 of the estimated 5,308 residents who completed training in 2015 (a 55% response rate). Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines of their planned activities following completion of their current training programs. Section 3 pertains to respondents who are entering patient care/clinical practice and had confirmed practice plans (ie, 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 international medical graduates (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 2015 Exit Survey instrument.

Figure 1. 2015 Exit Survey Response Rates and Subgroups Used in Each Section of this Report



SECTION 1: CHARACTERISTICS OF ALL RESPONDENTS

1.1 Background Characteristics

Table 1.1 shows background characteristics of all 2015 Exit Survey respondents. 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 (ie, bias) outcomes of interest when making comparisons across specialties.

Highlights

- Forty-six percent (46%) of survey respondents were female
  - Pediatric subspecialties (75%), obstetrics/gynecology (73%), and general pediatrics (67%) were the specialties with the most females
- Surgical subspecialties had the fewest females (23%)
  - Of the individual specialties, orthopedics (10%), urology (21%), and hematology/oncology (26%) had few females
- Underrepresented minorities (URMs)* comprised 14% of all respondents
  - Obstetrics/Gynecology (23%), child and adolescent psychiatry (23%), and urology (22%) had the most URMs
  - Otolaryngology (0%), ophthalmology (3%), and hematology/oncology (3%) had very few URMs
- Twenty-five percent (25%) of graduates went to New York high schools
  - The percent of graduates from New York high schools is indicative of how many graduates grew up in New York
  - Thirty-nine percent (39%) of graduates were from other states and 34% were from other countries (see Figure 1.3)
- One-half (50%) of all respondents were IMGs, similar to the last survey (46% in 2014)
  - This varied widely by specialty with the highest concentrations of IMGs found in nephrology (80%), general internal medicine (78%), and pulmonary disease (69%)
  - Specialties with very few IMGs included otolaryngology (0%), dermatology (4%), and orthopedics (9%)

* URMs includes Black/African American, Hispanic/Latino, and American Indian.

Figure 1.1. Percentage of Females by Specialty Group (All 2015 Exit Survey Respondents)

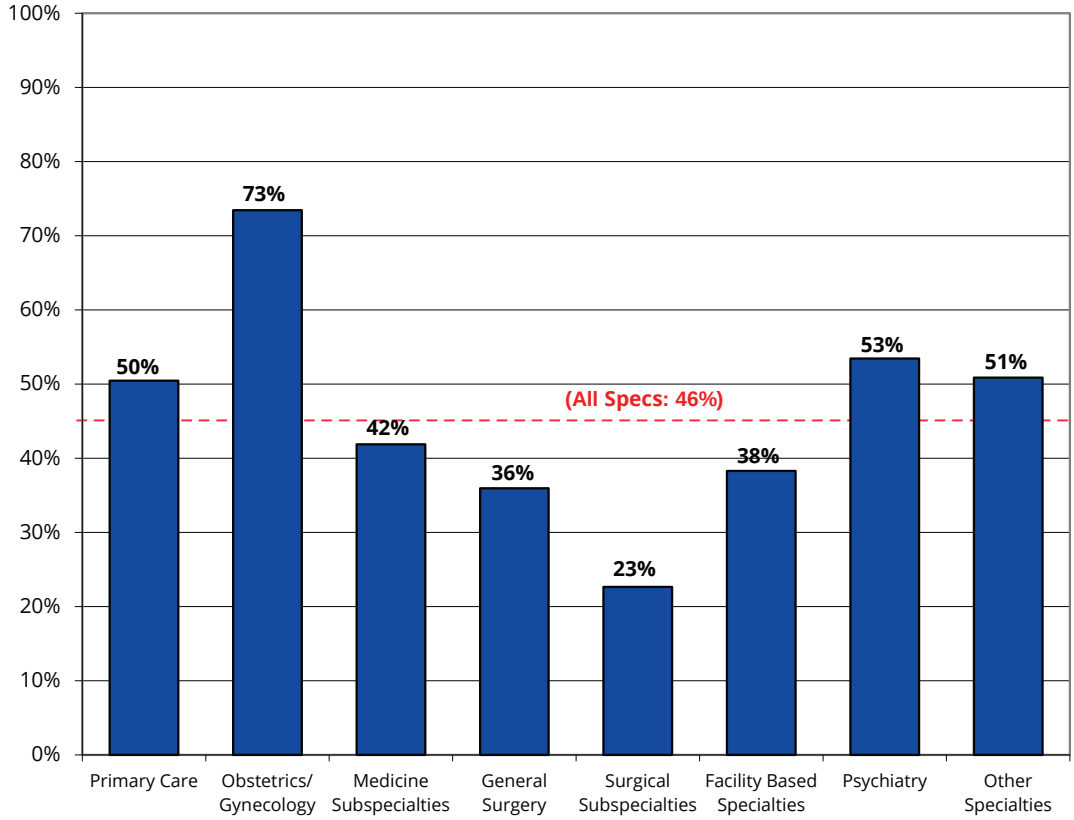


Figure 1.2. Percentage of Underrepresented Minorities by Specialty Group (All 2015 Exit Survey Respondents)

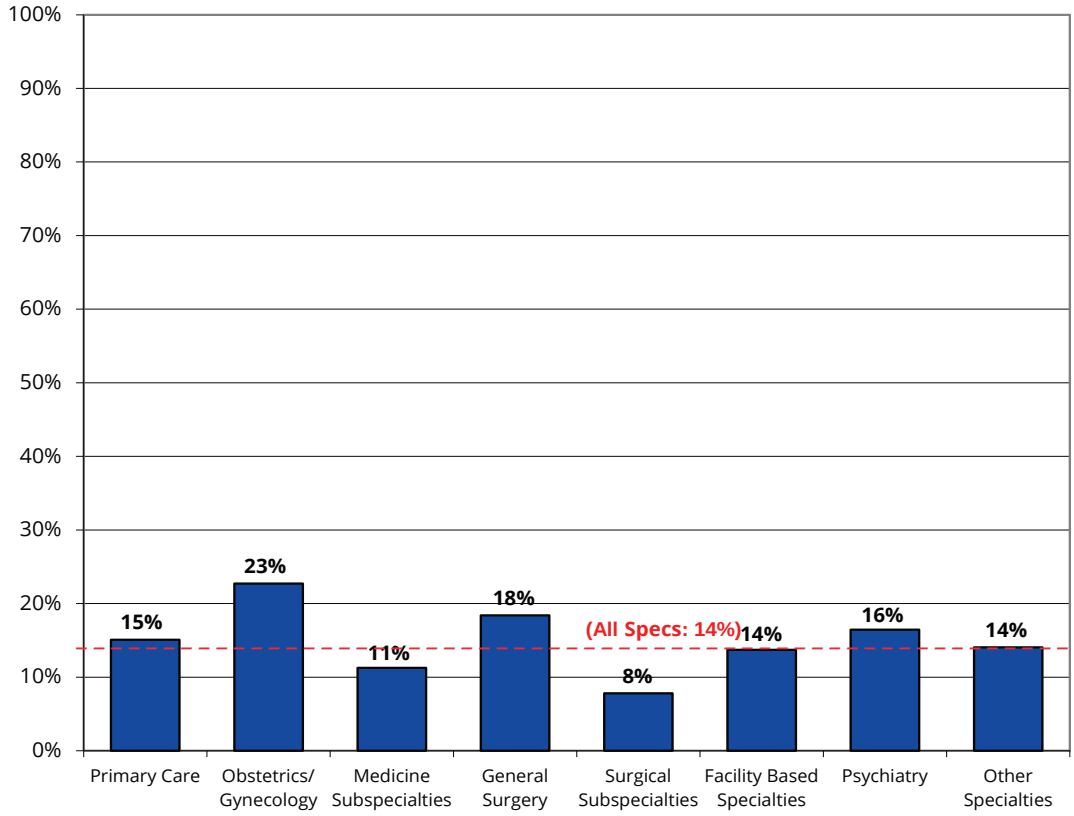


Figure 1.3. Location of High School Attended (All 2015 Exit Survey Respondents)

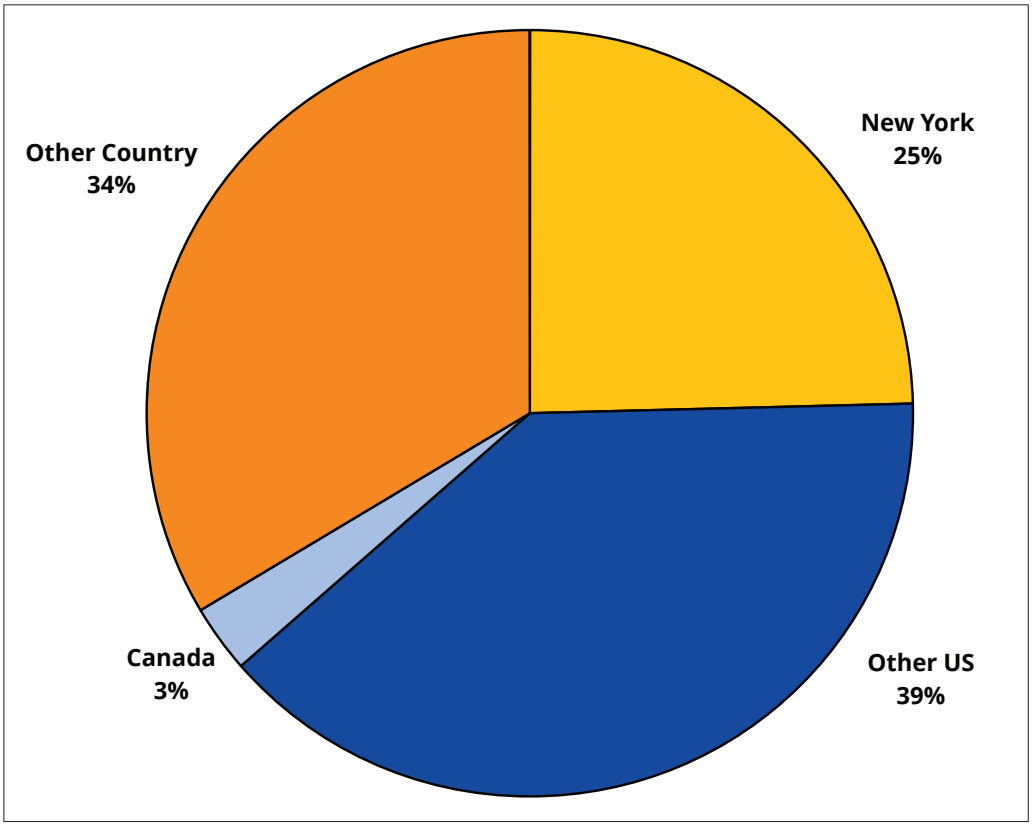


Figure 1.4. Location of Medical School and Citizenship Status (All 2015 Exit Survey Respondents)

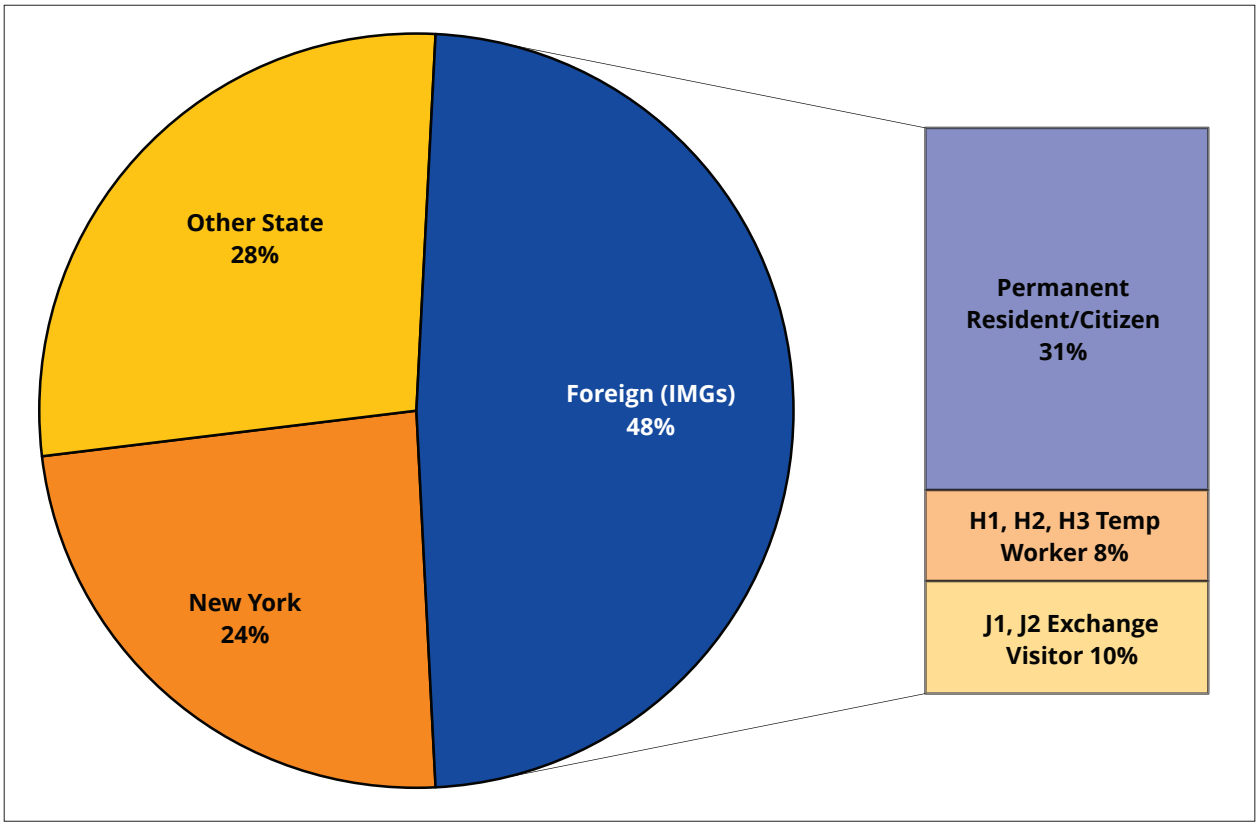


Table 1.1. Background Characteristics by Specialty (All 2015 Exit Survey Respondents)

Specialty	Number of Resp (N)[a]	% Female	% URM[b]	% NY H.S. Grad	% IMG[c]	% Temp Visa Holders[d]
Primary Care	**1007**	**50%**	**15%**	**22%**	**70%**	**25%**
Family Medicine	132	58%	21%	32%	59%	12%
General Internal Medicine	614	43%	13%	18%	78%	27%
General Pediatrics	237	67%	17%	27%	61%	31%
Obstetrics/Gynecology	**113**	**73%**	**23%**	**25%**	**33%**	**8%**
Medicine Subspecialties	**410**	**42%**	**11%**	**20%**	**64%**	**24%**
Cardiology	97	27%	9%	21%	61%	17%
Gastroenterology	46	50%	9%	28%	39%	16%
Geriatrics	37	57%	14%	22%	62%	22%
Hematology/Oncology	39	26%	3%	16%	66%	32%
Nephrology	41	37%	16%	24%	80%	36%
Pulmonary Disease	35	52%	9%	14%	69%	30%
General Surgery	**89**	**36%**	**18%**	**18%**	**33%**	**14%**
Surgical Subspecialties	**213**	**23%**	**8%**	**22%**	**14%**	**9%**
Ophthalmology	37	51%	3%	40%	11%	0%
Orthopedics	79	10%	5%	16%	9%	9%
Otolaryngology	14	36%	0%	36%	0%	0%
Urology	24	21%	22%	21%	13%	8%
Facility Based	**367**	**38%**	**14%**	**31%**	**35%**	**9%**
Anesthesiology	96	31%	12%	31%	28%	6%
Pathology	93	60%	17%	11%	67%	24%
Radiology	124	36%	13%	43%	16%	4%
Psychiatry	**160**	**53%**	**16%**	**23%**	**55%**	**17%**
Adult Psychiatry	97	49%	14%	25%	62%	18%
Child and Adolescent Psych	28	64%	23%	22%	48%	19%
Other	**521**	**51%**	**14%**	**31%**	**32%**	**11%**
Dermatology	23	55%	5%	41%	4%	0%
Emergency Medicine	171	39%	12%	32%	16%	5%
Neurology	65	52%	13%	26%	51%	19%
Pediatric Subspecialties	82	75%	14%	24%	43%	16%
Physical Medicine and Rehab	52	46%	6%	35%	38%	8%
All Specialties, 2015 (2014)	**2,880 (2,951)**	**46% (48%)**	**14% (15%)**	**25% (24%)**	**50% (46%)**	**18% (17%)**

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

[b] Underrepresented minority includes Black/African American, Hispanic/Latino, and American Indian.

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

[d] Temporary 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 nephrology (36%), hematology/oncology (32%), and general pediatrics (31%)
    - Otolaryngology (0%), dermatology (0%), and ophthalmology (0%) had no temporary visa holders

1.2 Education Debt

Table 1.2 presents descriptive statistics for respondents' education debt. Only respondents who were US citizens are included, because non-US 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 (ie, 1 is highest, 25 is lowest) by both mean and median education debt.

Highlights

- Individual specialties with the highest median education debt were urology ($239,100), emergency medicine ($213,550), and general surgery ($210,400)
- Only 3 specialties had less than $30,000 of median education debt
  - Dermatology ($0), child and adolescent psychiatry ($21,200), and geriatrics ($25,800) had the lowest debt
- Among specialty groups, general surgery ($210,400) had the highest median education debt and medicine subspecialties had the lowest ($84,750)

Figure 1.5. Median Education Debt (in $1,000s) by Specialty and Race/Ethnicity (All Exit Survey Respondents, US Citizens Only)

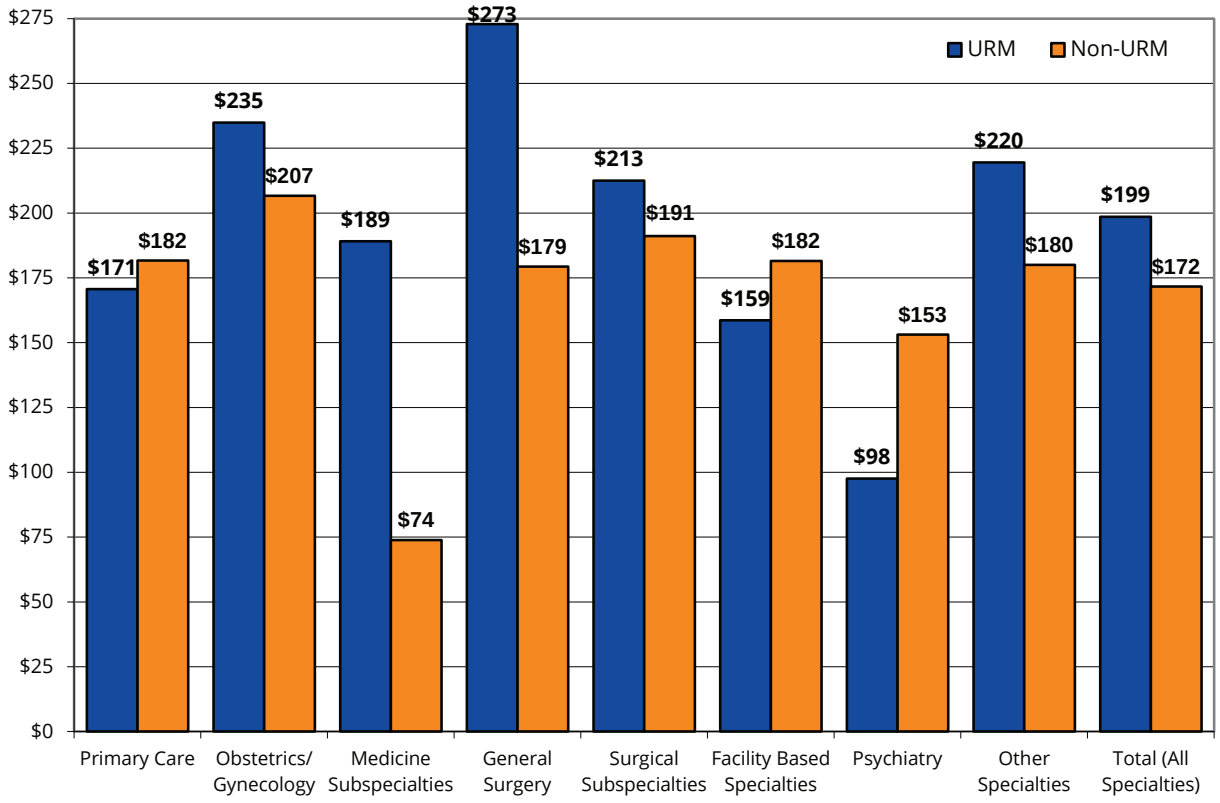


Table 1.2. Descriptive Statistics for Education Debt by Specialty (All 2015 Exit Survey Respondents, US Citizens Only)

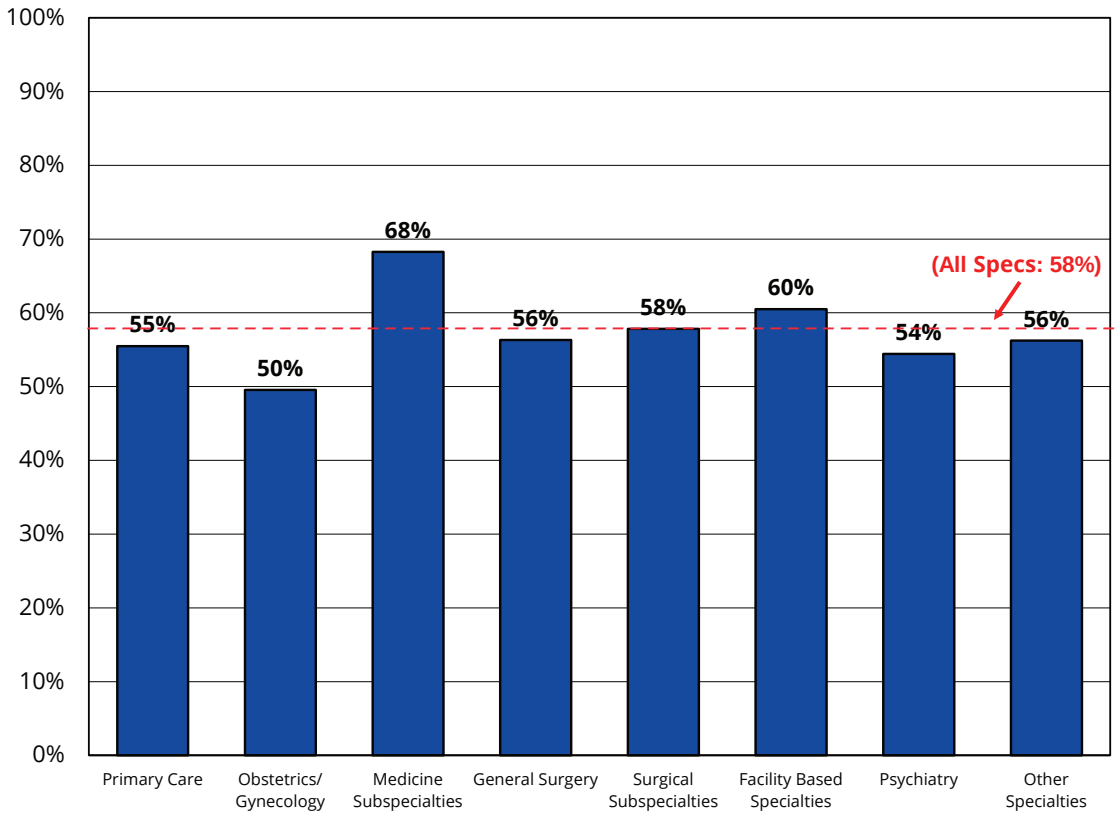
Specialty	N	MEAN	RANK[a] (of 25)	MEDIAN	RANK (of 25)
Primary Care	**579**	**$156,961**	N/A	**$178,900**	N/A
Family Medicine	102	$182,362	5	$204,300	5
General Internal Medicine	325	$147,330	13	$150,200	16
General Pediatrics	134	$164,749	9	$189,700	9
Obstetrics/Gynecology	**87**	**$186,110**	3	**$209,600**	4
Medicine Subspecialties	**240**	**$115,906**	N/A	**$84,750**	N/A
Cardiology	61	$128,790	18	$137,200	17
Gastroenterology	35	$121,634	21	$95,300	21
Geriatrics	27	$97,052	23	$25,800	23
Hematology/Oncology	18	$124,450	20	$108,900	20
Nephrology	19	$126,821	19	$168,400	13
Pulmonary Disease	18	$131,089	17	$124,900	18
General Surgery	**67**	**$179,913**	6	**$210,400**	3
Surgical Subspecialties	**173**	**$160,354**	N/A	**$191,100**	N/A
Ophthalmology	33	$151,767	12	$167,800	14
Orthopedics	63	$171,660	8	$199,700	7
Otolaryngology	12	$131,250	16	$119,200	19
Urology	18	$198,289	1	$239,100	1
Facility Based	**282**	**$150,435**	N/A	**$174,550**	N/A
Anesthesiology	78	$185,514	4	$204,150	6
Pathology	50	$95,114	24	$45,350	22
Radiology	110	$143,100	14	$175,450	12
Psychiatry	**110**	**$147,983**	N/A	**$164,800**	N/A
Adult Psychiatry	63	$155,149	11	$181,500	11
Child and Adolescent Psych	21	$119,100	22	$21,200	24
Other	**395**	**$165,509**	N/A	**$187,600**	N/A
Dermatology	17	$61,971	25	$0	25
Emergency Medicine	140	$189,308	2	$213,550	2
Neurology	45	$161,549	10	$193,900	8
Pediatric Subspecialties	55	$141,769	15	$150,900	15
Physical Medicine and Rehab	43	$172,326	7	$186,900	10
Total (All Specialties)	**1,933**	**$154,558**	N/A	**$174,900**	N/A

[a] Rank based on 25 specialties, ranked in descending order (ie, specialty with the highest debt ranked #1, lowest debt ranked #25).

1.3 Marital Status and Dependent Children

Over the last decade, there has been an increasing amount of research that indicates that individual level characteristics such as marital status may affect physician practice decisions. Figure 1.6 displays the percentage of respondents who are married and Figure 1.7 displays the percentage of respondents that have dependent children.

Figure 1.6. Percentage Who Had Married, by Specialty Group (All 2015 Exit Survey Respondents)

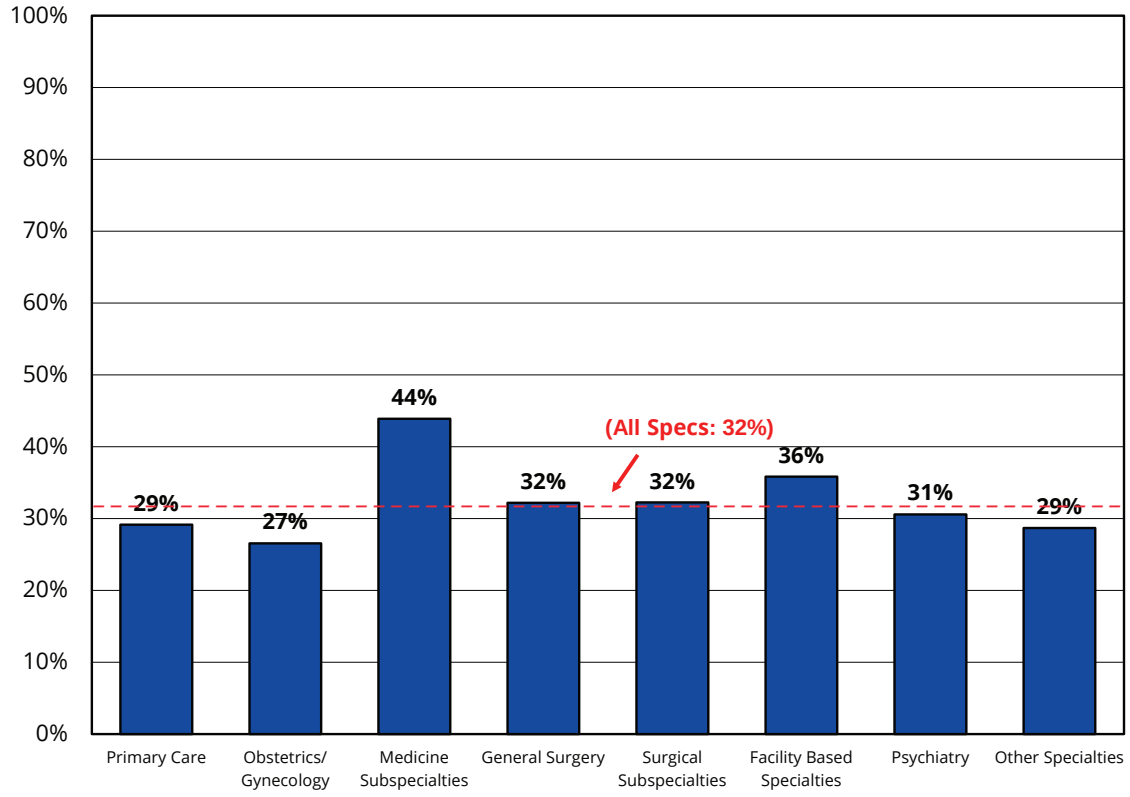


- Overall, 58% of respondents indicated that they were married and of those 32% were married to another physician

- The specialty group with the highest percentage of respondents reporting they were married was medicine subspecialties (68%)

- Obstetrics/Gynecology had the lowest percentage of respondents reporting they were married (50%)

Figure 1.7. Percentage Who Had Dependent Children by Specialty Group (All 2015 Exit Survey Respondents)



- Medicine subspecialties also had the most respondents indicating that they had dependent children (44%) and obstetrics/gynecology had the lowest (27%)

SECTION 2: PLANNED ACTIVITES AFTER COMPLETION OF CURRENT TRAINING PROGRAM

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 (ie, 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-one percent (51%) of all respondents were planning to enter patient care following completion of their current training program
    - Of these, 84% had confirmed practice plans (ie, they had accepted an offer for a job/ practice position) at the time they completed the survey

- Forty-one percent (41%) 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 5% had other plans

- Specialties with the highest percentage of respondents planning to enter patient care/ clinical practice were child and adolescent psychiatry (85%), family medicine (84%), and emergency medicine (77%)

- Specialties with the highest subspecialization rates were ophthalmology (92%), radiology (76%), and general surgery (76%)

- General internal medicine (7%), general pediatrics (6%), and urology (4%) had the most respondents indicating they were planning on entering positions as chief residents

- Hematology/Oncology (9%) and nephrology (8%), and pediatric subspecialties (6%) had the highest percentage of respondents entering teaching/research

Figure 2.1. Primary Activity After Completion of Current Training Program (All 2015 Exit Survey Respondents)

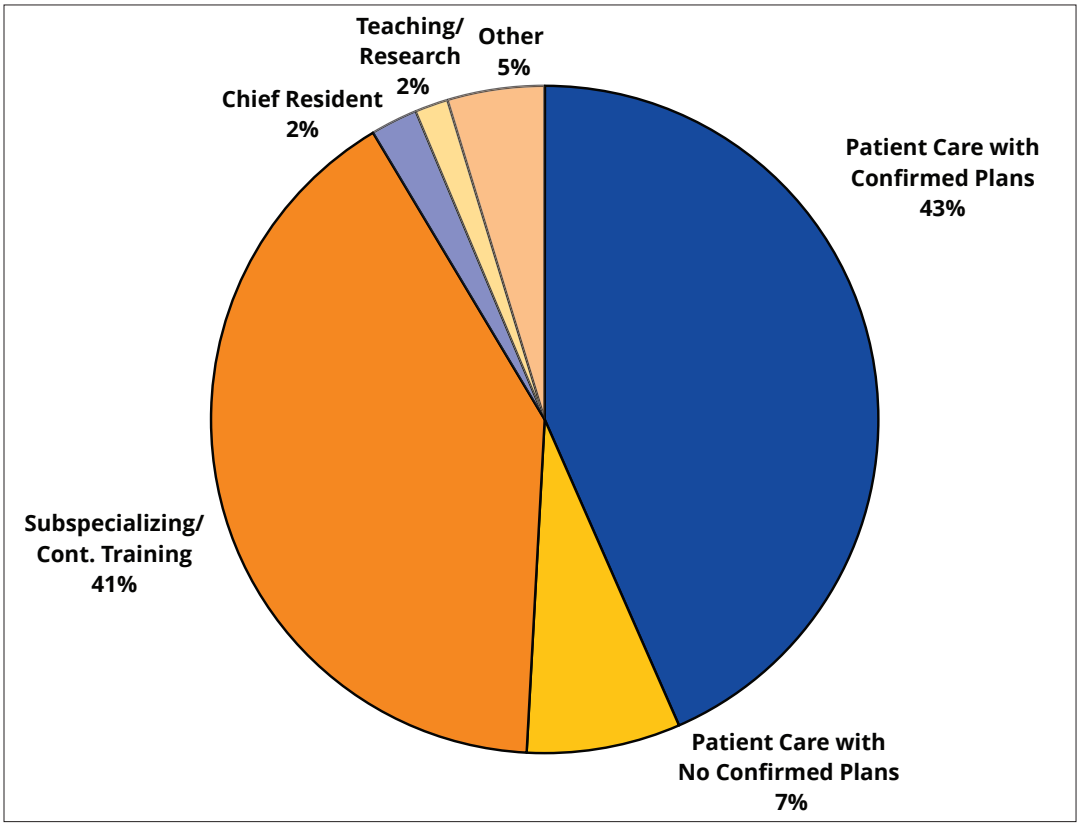


Figure 2.2. Percentage Entering Patient Care by Specialty Group (All Exit Survey Respondents)

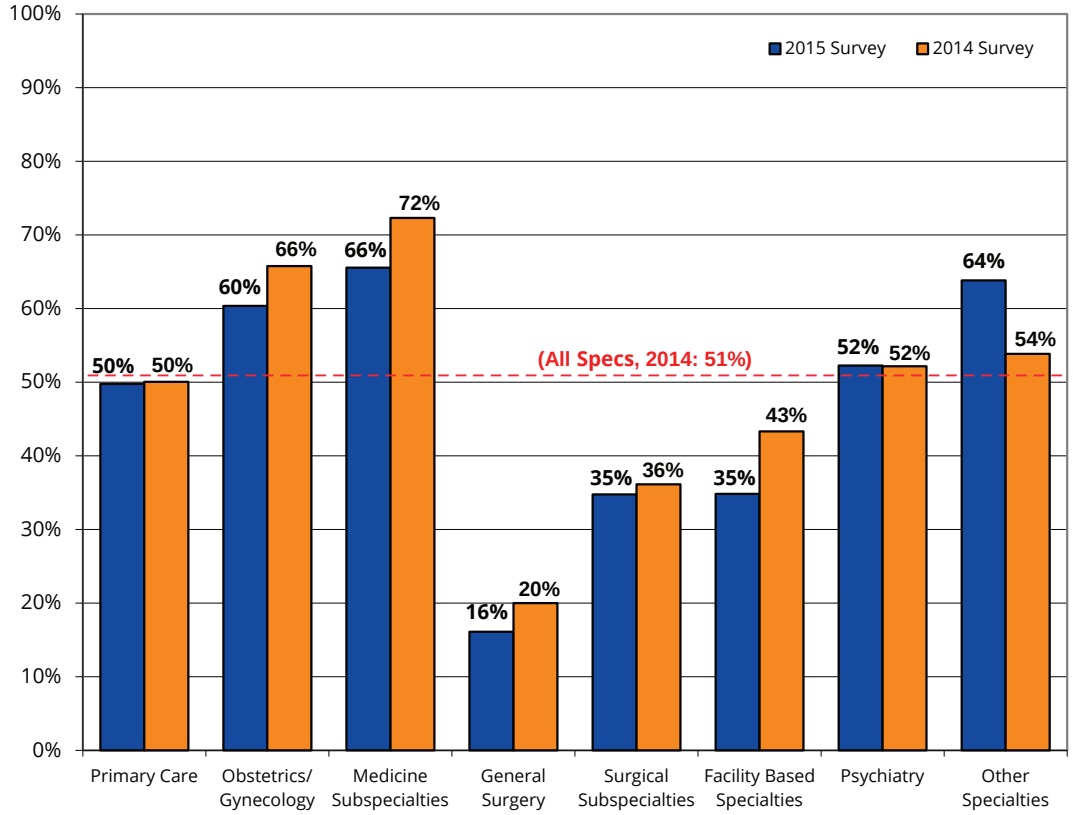


Figure 2.3. Rank of Percentage Entering Patient Care by Specialty (All 2015 Exit Survey Respondents)

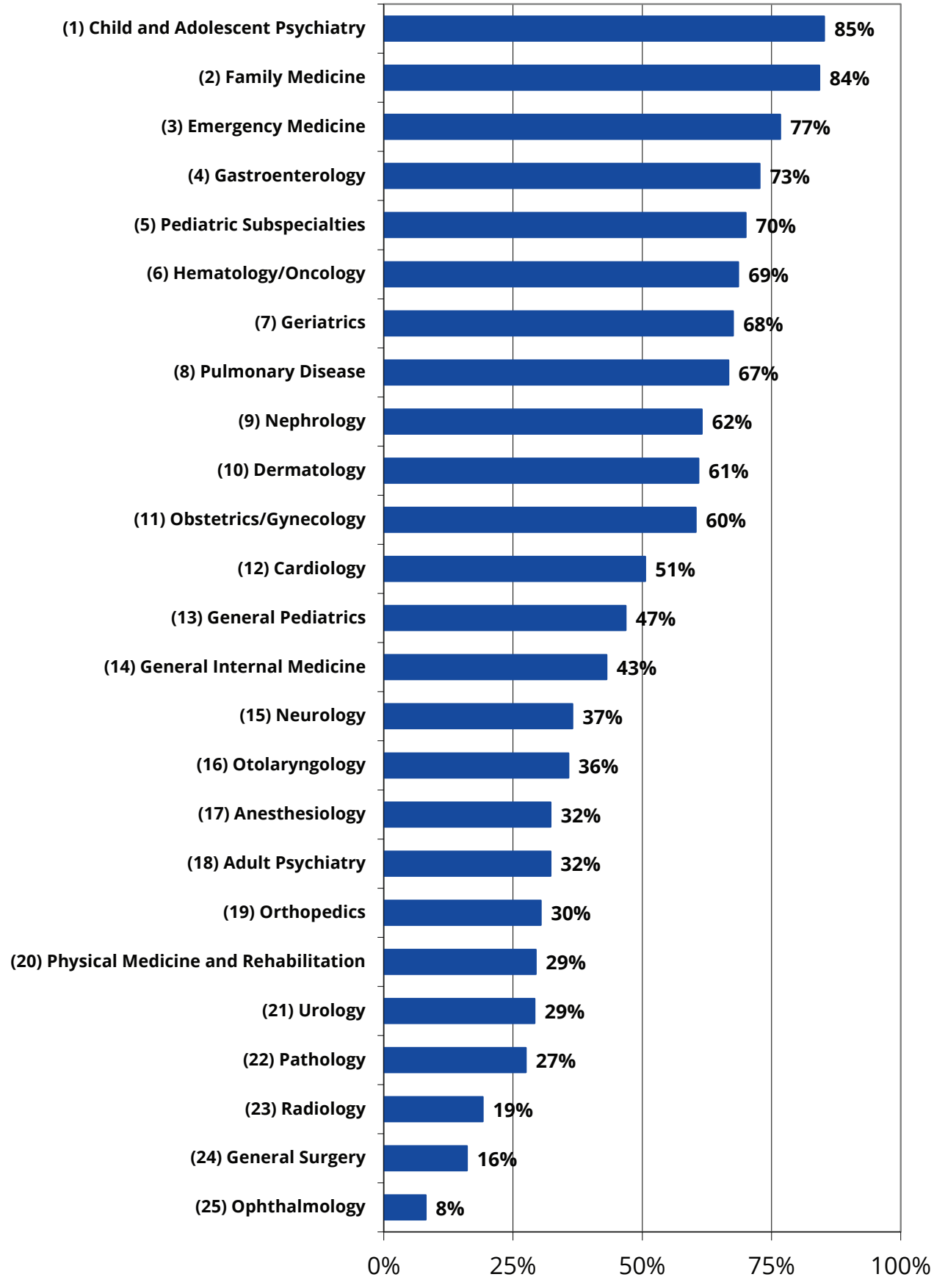


Table 2.1. Primary Activity After Completion of Current Training Program by Specialty (All 2015 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**50%**	**39%**	**6%**	**1%**	**4%**
Family Medicine	84%	9%	1%	2%	4%
General Internal Medicine	43%	43%	7%	1%	6%
General Pediatrics	47%	46%	6%	0%	1%
Obstetrics/Gynecology	**60%**	**36%**	**0%**	**2%**	**2%**
Medicine Subspecialties	**66%**	**25%**	**1%**	**5%**	**4%**
Cardiology	51%	45%	1%	0%	3%
Gastroenterology	73%	23%	2%	2%	0%
Geriatrics	68%	22%	0%	5%	5%
Hematology/Oncology	69%	14%	0%	9%	9%
Nephrology	62%	26%	0%	8%	5%
Pulmonary Disease	67%	21%	0%	3%	9%
General Surgery	**16%**	**76%**	**0%**	**0%**	**8%**
Surgical Subspecialties	**35%**	**60%**	**1%**	**1%**	**4%**
Ophthalmology	8%	92%	0%	0%	0%
Orthopedics	30%	68%	0%	1%	0%
Otolaryngology	36%	64%	0%	0%	0%
Urology	29%	54%	4%	0%	13%
Facility Based	**35%**	**61%**	**1%**	**1%**	**3%**
Anesthesiology	32%	64%	1%	0%	3%
Pathology	27%	68%	1%	1%	2%
Radiology	19%	76%	0%	2%	3%
Psychiatry	**52%**	**38%**	**0%**	**3%**	**7%**
Adult Psychiatry	32%	58%	0%	2%	8%
Child and Adolescent Psych	85%	4%	0%	0%	11%
Other	**64%**	**29%**	**0%**	**1%**	**6%**
Dermatology	61%	39%	0%	0%	0%
Emergency Medicine	77%	21%	0%	0%	2%
Neurology	37%	59%	2%	0%	3%
Pediatric Subspecialties	70%	14%	0%	6%	10%
Physical Medicine and Rehab	29%	67%	0%	0%	4%
All Specialties, 2015 (2014)	**51% (51%)**	**41% (41%)**	**2% (3%)**	**2% (2%)**	**5% (4%)**

SECTION 3: PRACTICE PLANS OF RESPONDENTS ENTERING PATIENT CARE

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

3.1 Practice Location

Table 3.1 gives the practice location of respondents with confirmed practice plans. This is a subset of "All Respondents," so the number in this subgroup is presented for each specialty in the first column. A total of 1,240 respondents had confirmed practice plans. Two percent (2%) of these respondents were planning to practice outside the US, so these physicians have been excluded from all other subsections within Section 3 of this report.

Highlights

- Less than one-half (45%) of respondents with confirmed plans were entering practice in New York
  - The vast majority of these respondents (85%) were remaining in the same region in which they trained

- The specialties with the highest rates of in-state retention of graduates were dermatology (82%), anesthesiology (72%), and adult psychiatry (62%)

- The specialties of ophthalmology (0%), orthopedics (11%), and otolaryngology (20%) had the lowest in-state retention rates

- Residents of general surgery (18%), orthopedics (11%), and pathology (5%) were the most likely to be leaving the US 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
  - 80% 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 (28%), better salary outside New York (14%), better jobs in desired locations outside New York (13%), better jobs in desired setting outside New York (7%), and better jobs outside New York that meet Visa requirements (7%)
  - Only 6% of respondents indicated that they never intended to practice in New York

Figure 3.1. Location of Upcoming Practice (for 2015 Respondents with Confirmed Practice Plans)

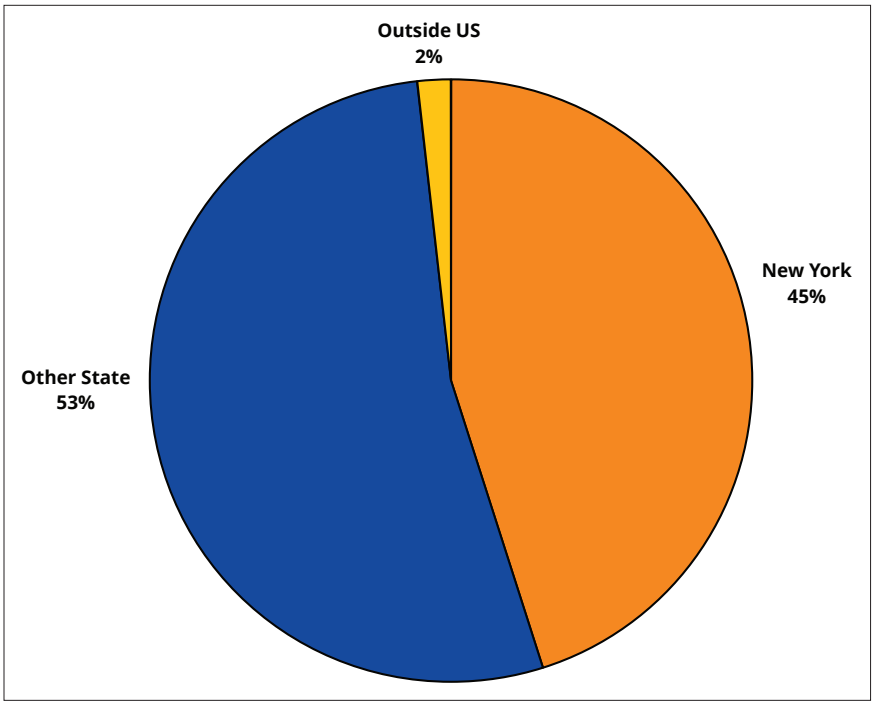


Figure 3.2. Percentage Entering Practice in New York by Specialty Group (for Respondents with Confirmed Practice Plans)

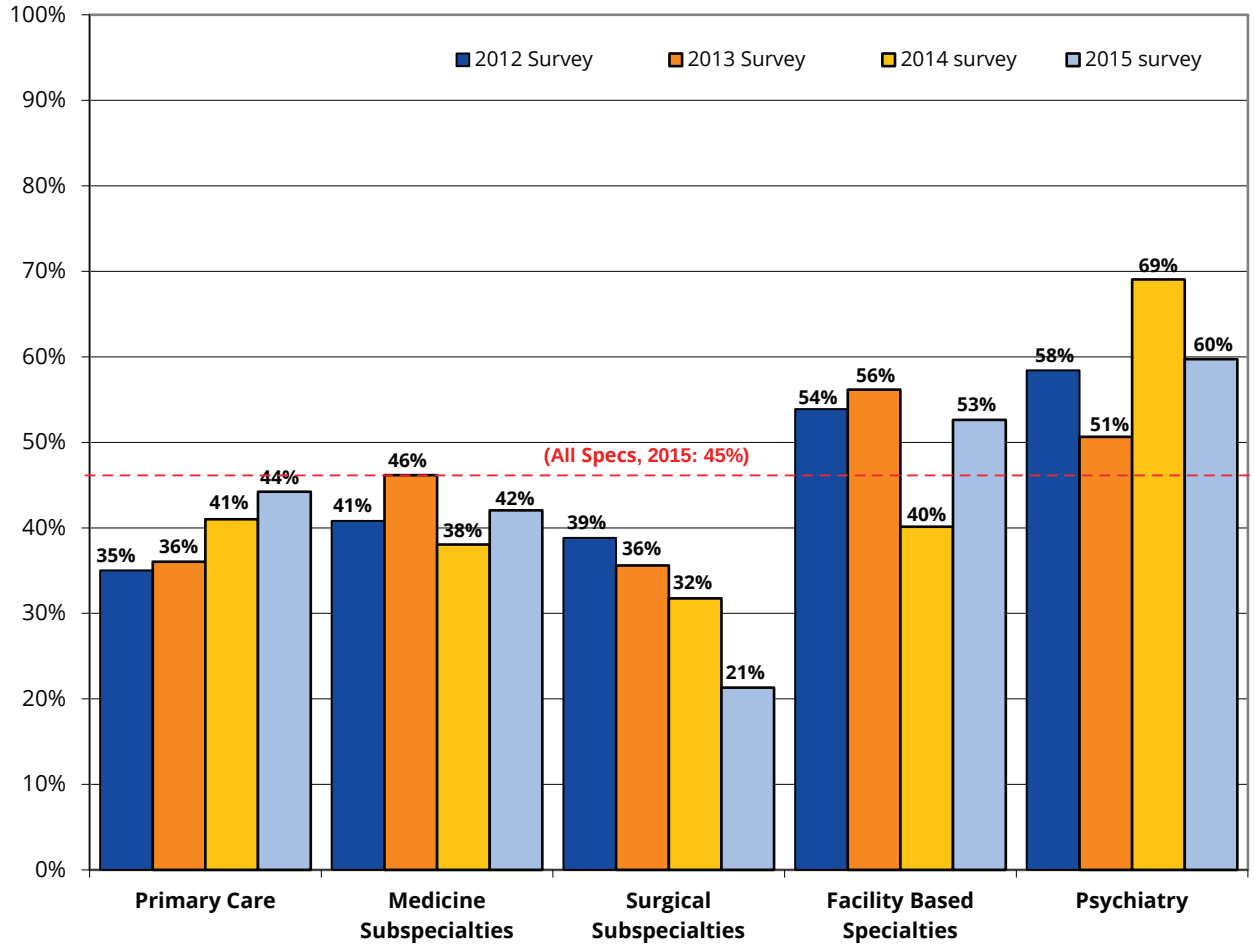


Figure 3.3. Rank of In-State Retention Rates by Specialty (for 2015 Respondents with Confirmed Practice Plans)

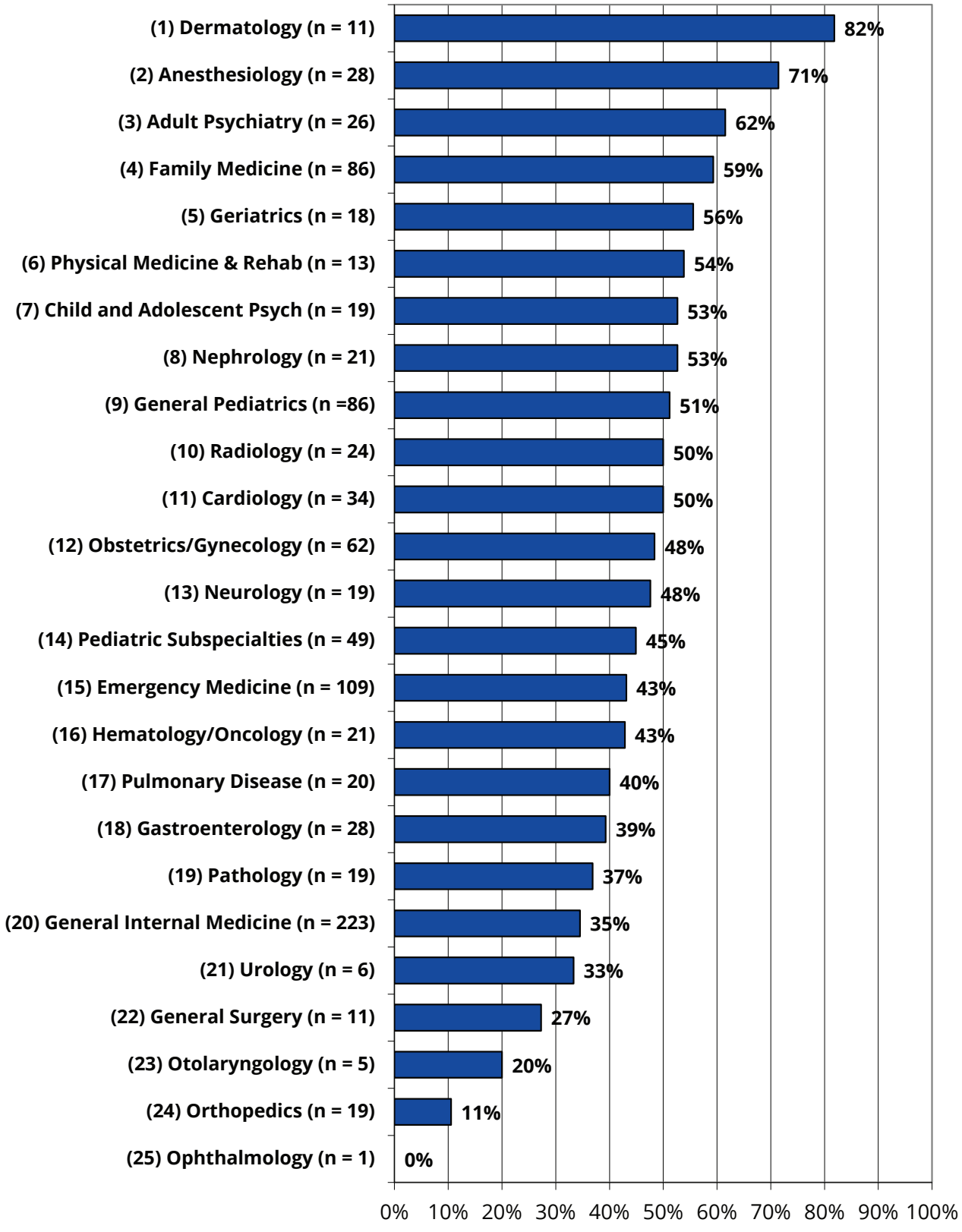


Table 3.1. Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2015 Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans[a]	LOCATION OF UPCOMING PRACTICE: Within New York – Same Region	Within New York – Other Area	Other State	Outside US[b]
Primary Care	**410**	**39%**	**6%**	**55%**	**1%**
Family Medicine	87	52%	7%	38%	2%
General Internal Medicine	224	30%	4%	65%	0%
General Pediatrics	87	45%	6%	48%	1%
Obstetrics/Gynecology	**62**	**45%**	**3%**	**52%**	**0%**
Medicine Subspecialties	**220**	**35%**	**7%**	**57%**	**1%**
Cardiology	34	41%	9%	50%	0%
Gastroenterology	29	32%	7%	57%	4%
Geriatrics	21	50%	6%	44%	0%
Hematology/Oncology	21	33%	10%	57%	0%
Nephrology	22	38%	10%	52%	0%
Pulmonary Disease	20	35%	5%	60%	0%
General Surgery	**11**	**9%**	**18%**	**55%**	**18%**
Surgical Subspecialties	**61**	**18%**	**3%**	**70%**	**8%**
Ophthalmology	1	0%	0%	100%	0%
Orthopedics	19	11%	0%	79%	11%
Otolaryngology	5	20%	0%	80%	0%
Urology	6	17%	17%	67%	0%
Facility Based	**117**	**42%**	**11%**	**46%**	**1%**
Anesthesiology	29	54%	18%	29%	0%
Pathology	20	32%	5%	58%	5%
Radiology	24	38%	13%	50%	0%
Psychiatry	**72**	**56%**	**4%**	**36%**	**4%**
Adult Psychiatry	26	62%	0%	38%	0%
Child and Adolescent Psych	19	47%	5%	47%	0%
Other	**284**	**40%**	**7%**	**52%**	**1%**
Dermatology	11	82%	0%	18%	0%
Emergency Medicine	110	34%	9%	54%	3%
Neurology	19	42%	11%	47%	0%
Pediatric Subspecialties	50	39%	6%	55%	0%
Physical Medicine and Rehab	13	54%	0%	46%	0%
All Specialties, 2015 (2014)	**1,240 (1,254)**	**39% (39%)**	**7% (6%)**	**53% (53%)**	**2% (2%)**

[a] This subgroup (ie, 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.

[b] This subgroup (ie, respondents leaving the US) has been excluded from all other tables within Section 3 of this report.

- Few respondents reported that the principal reason for them practicing outside of New York was climate/weather in New York (3%), 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. Percentage with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2015 Respondents with Confirmed Practice Plans)

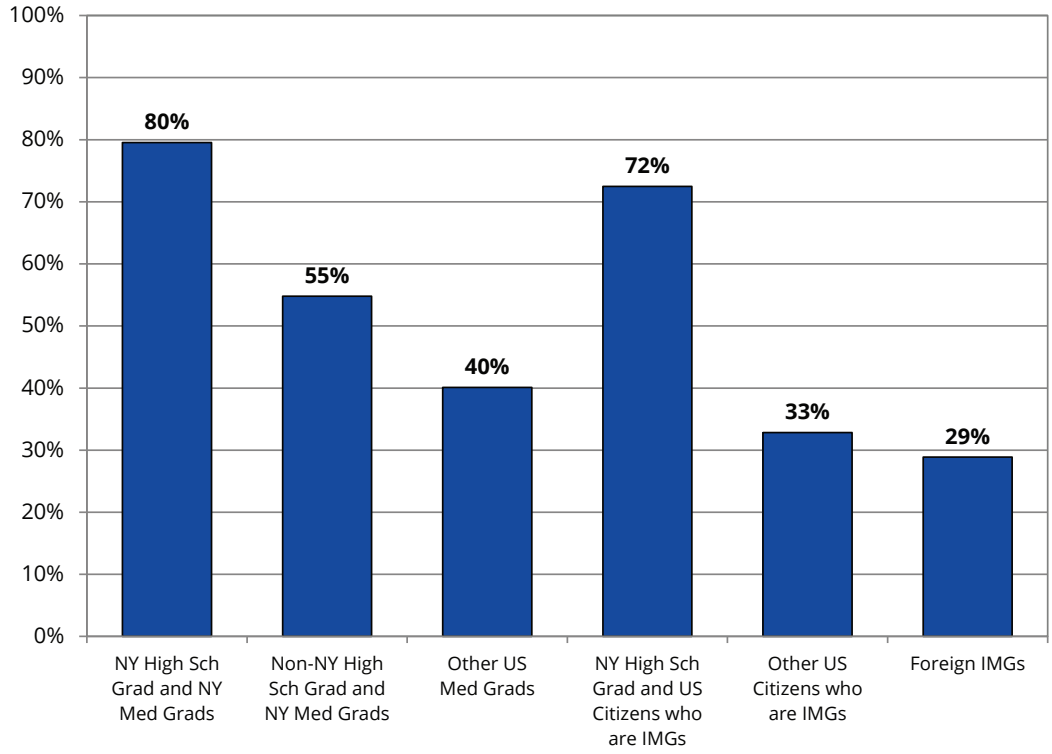
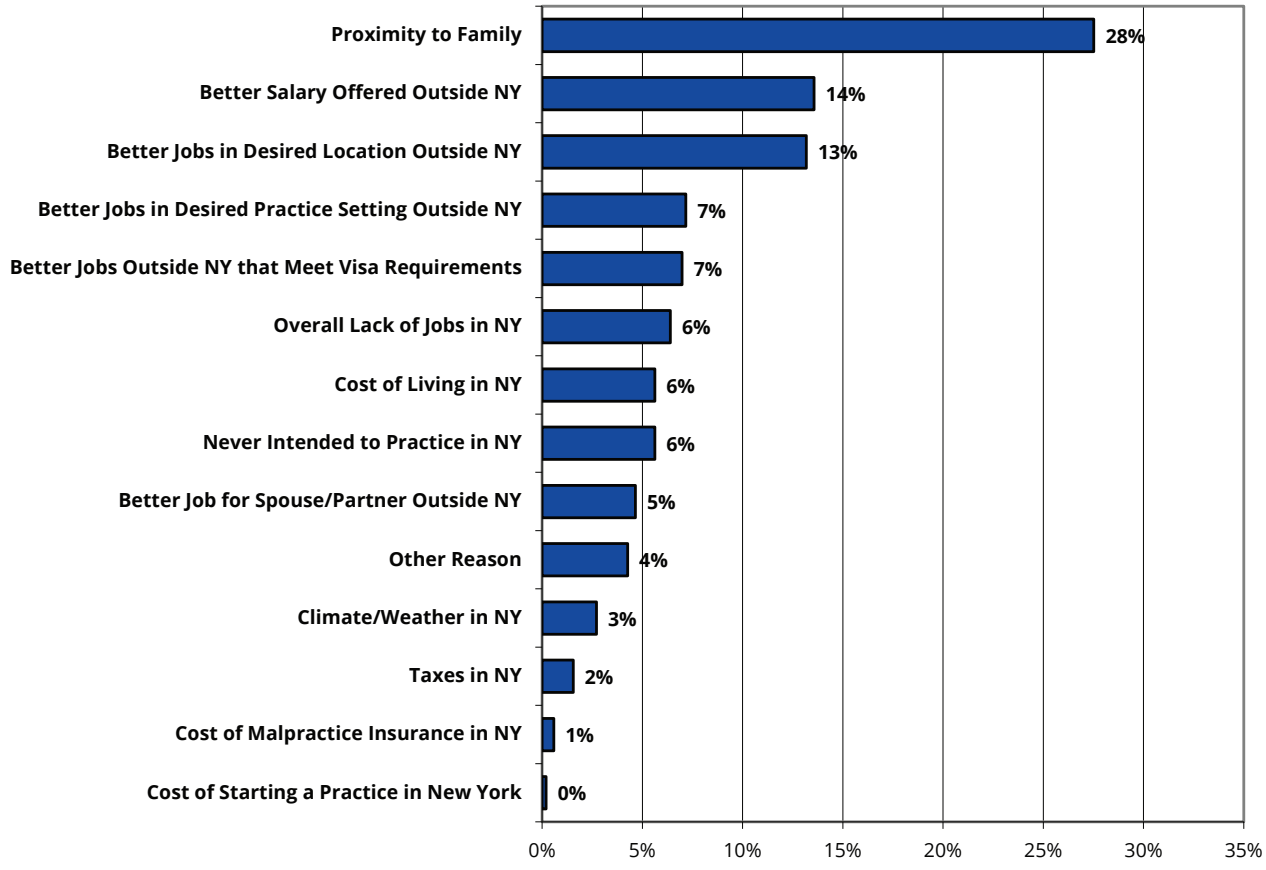


Figure 3.5. Principal Reason for Practicing Outside New York (for 2015 Respondents with Confirmed Practice Plans)



3.2 Recruitment Incentives

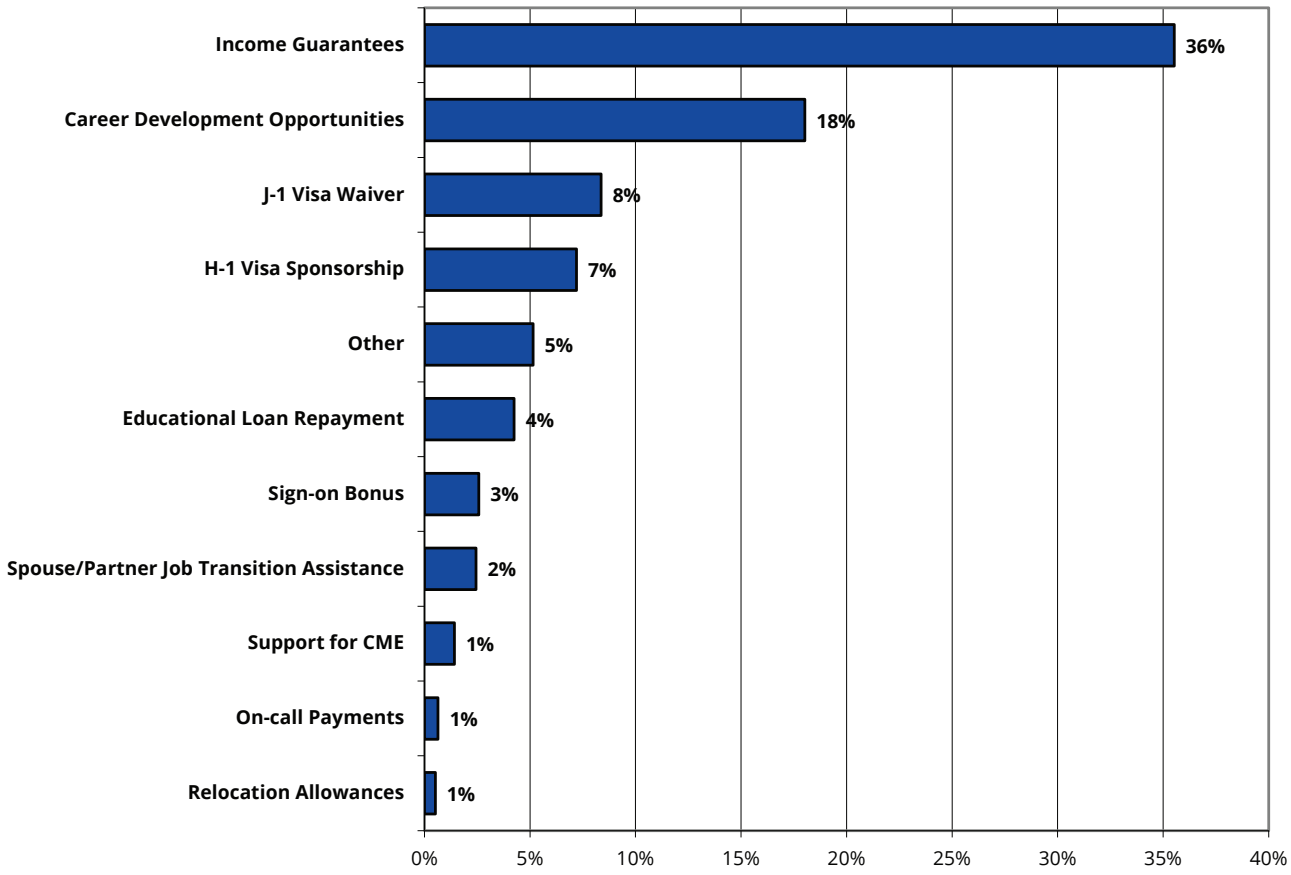
Figure 3.6 displays the most influential incentives New York's graduating physicians received for accepting a practice position.

Highlights

- Thirty-six percent (36%) of graduates 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 (18%)
  - Eight percent (8%) of graduates indicated that a J-1 visa waiver was their most influential incentive

- Less than 5% of graduates indicated that educational loan repayment (4%), sign-on bonus (3%), spouse/partner job transition assistance (2%), support for continuing medical education (1%), on-call payments (1%) or relocation allowances (1%) was the most influential incentive

Figure 3.6. Most Influential Incentive Received for Accepting a Practice Position (for 2015 Respondents with Confirmed Practice Plans)



3.3 Demographics of Practice Location

Table 3.2 summarizes the responses to 2 questions relating to the demographics of respondents' upcoming practice locations. The first 5 columns give the demographics of principal practice locations and the last column gives the percentage of graduates entering practice in federally designated Health Professional Shortage Areas (HPSAs). It should be noted that (as with all data presented in this report) these numbers are based on self-reporting by respondents, and that a large percentage said they "didn't know" if their upcoming practice fell within a HPSA.

Highlights

- Twenty-nine percent (29%) of graduates reported entering practice in inner-city locations and only 4% were going to rural locations
    - Nineteen percent (19%) said they would be practicing in a HPSA, slightly higher than the percentage reported in 2014 (15%)

- Respondents from adult psychiatry (52%), pulmonary disease (45%), and child and adolescent psychiatry (44%), were the most likely to enter practices in the inner city

- Respondents from general surgery (25%), hematology/oncology (10%), and dermatology (9%) were the most likely to enter practices in rural areas

- The respondents most likely to be entering practice in HPSAs were in pulmonary disease (35%), family medicine (33%), general pediatrics (33%), geriatrics (33%), and general surgery (33%)

- 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

- IMGs with permanent citizenship were less likely to be entering HPSAs than were USMGs (15% and 19%, respectively, for graduates of primary care specialties)

Figure 3.7. Residents Entering Practice in Rural and Inner-City Areas by Location of Medical School and Citizenship Status (for 2015 Respondents from Primary Care Specialties with Confirmed Practice Plans)

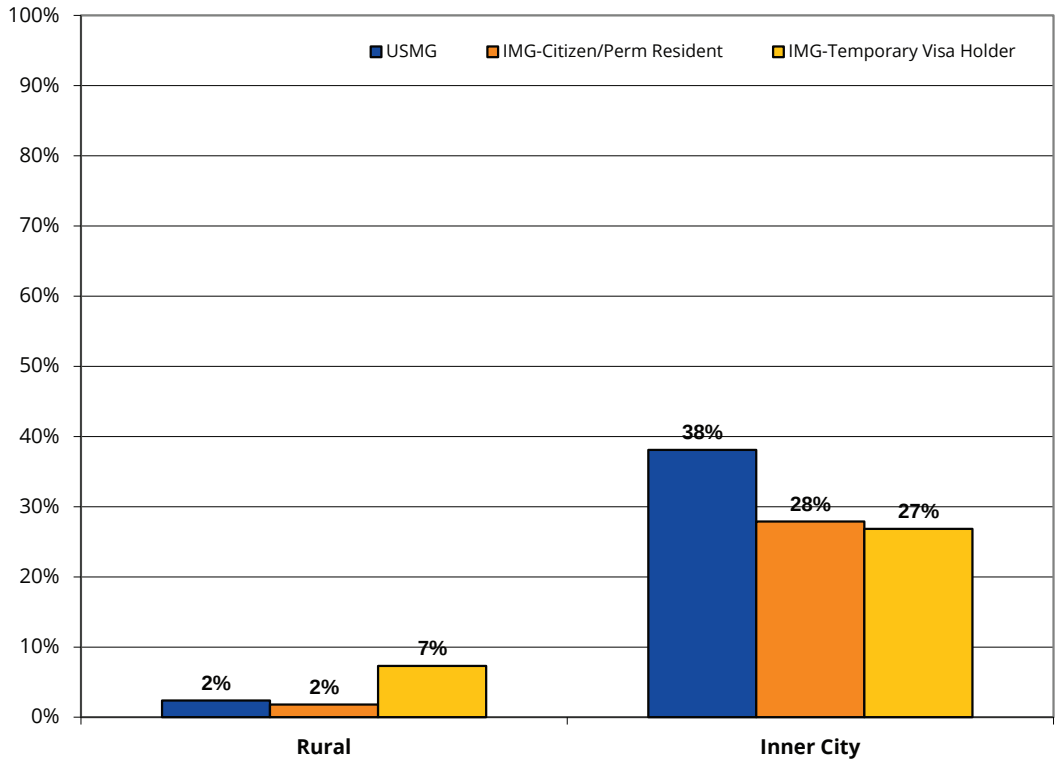


Figure 3.8. Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship Status (for Respondents from Primary Care Specialties with Confirmed Practice Plans)

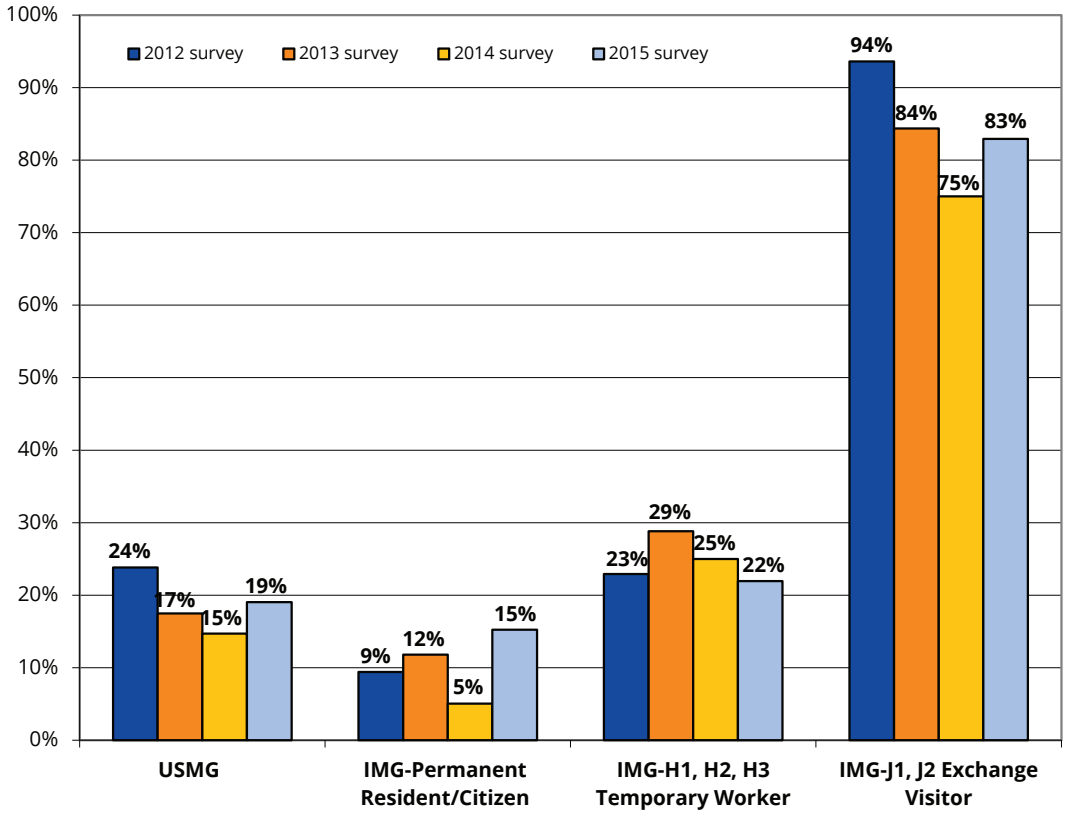


Table 3.2. Demographics of Practice Location (for 2015 Respondents with Confirmed Practice Plans)

	DEMOGRAPHICS					
Specialty	Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA[a]
Primary Care	**31%**	**18%**	**30%**	**18%**	**4%**	**25%**
Family Medicine	30%	14%	30%	21%	5%	33%
General Internal Medicine	30%	20%	29%	16%	4%	18%
General Pediatrics	31%	17%	29%	19%	5%	33%
Obstetrics/Gynecology	**21%**	**21%**	**40%**	**11%**	**6%**	**23%**
Medicine Subspecialties	**26%**	**22%**	**34%**	**15%**	**3%**	**22%**
Cardiology	23%	23%	42%	13%	0%	10%
Gastroenterology	25%	29%	36%	11%	0%	11%
Geriatrics	37%	16%	26%	21%	0%	33%
Hematology/Oncology	15%	20%	20%	35%	10%	26%
Nephrology	25%	30%	35%	5%	5%	25%
Pulmonary Disease	45%	10%	35%	5%	5%	35%
General Surgery	**0%**	**0%**	**25%**	**50%**	**25%**	**33%**
Surgical Subspecialties	**7%**	**34%**	**45%**	**14%**	**0%**	**6%**
Ophthalmology	0%	100%	0%	0%	0%	0%
Orthopedics	0%	41%	35%	24%	0%	0%
Otolaryngology	0%	20%	80%	0%	0%	0%
Urology	0%	0%	67%	33%	0%	17%
Facility Based	**37%**	**21%**	**34%**	**7%**	**1%**	**11%**
Anesthesiology	19%	33%	30%	19%	0%	15%
Pathology	41%	24%	24%	12%	0%	13%
Radiology	35%	17%	48%	0%	0%	9%
Psychiatry	**51%**	**18%**	**22%**	**6%**	**3%**	**18%**
Adult Psychiatry	52%	16%	24%	4%	4%	27%
Child and Adolescent Psych	44%	6%	28%	17%	6%	26%
Other	**29%**	**24%**	**32%**	**10%**	**5%**	**12%**
Dermatology	36%	45%	9%	0%	9%	0%
Emergency Medicine	25%	18%	37%	12%	8%	10%
Neurology	39%	22%	33%	0%	6%	11%
Pediatric Subspecialties	38%	30%	28%	4%	0%	18%
Physical Medicine and Rehab	33%	33%	25%	0%	8%	8%
All Specialties, 2015 (2014)	**29% (29%)**	**21% (22%)**	**32% (31%)**	**14% (14%)**	**4% (4%)**	**19% (15%)**

[a] HPSA = Health Professional Shortage Area.

3.4 Principal Practice Setting

Table 3.3 shows the practice settings of graduates' upcoming principal practice. The "other" category includes "freestanding health center or clinic," "nursing home," and "other."

Highlights

- Forty-one percent (41%) of respondents were entering group practices
  - Of these, eighty-three percent (83%) were going into groups as employees
- Only 2% of all respondents were planning to enter solo practice
  - General surgery (11%) and dermatology (9%), and obstetrics/gynecology (5%) were the only specialties in which an appreciable percent planned to enter solo practice
- Fifty percent (50%) of graduates were entering practice in hospitals; inpatient (29%) was the most common, followed by ambulatory care (12%) and emergency room (9%) settings

Figure 3.9. Upcoming Principal Practice Setting (for 2015 Respondents with Confirmed Practice Plans)

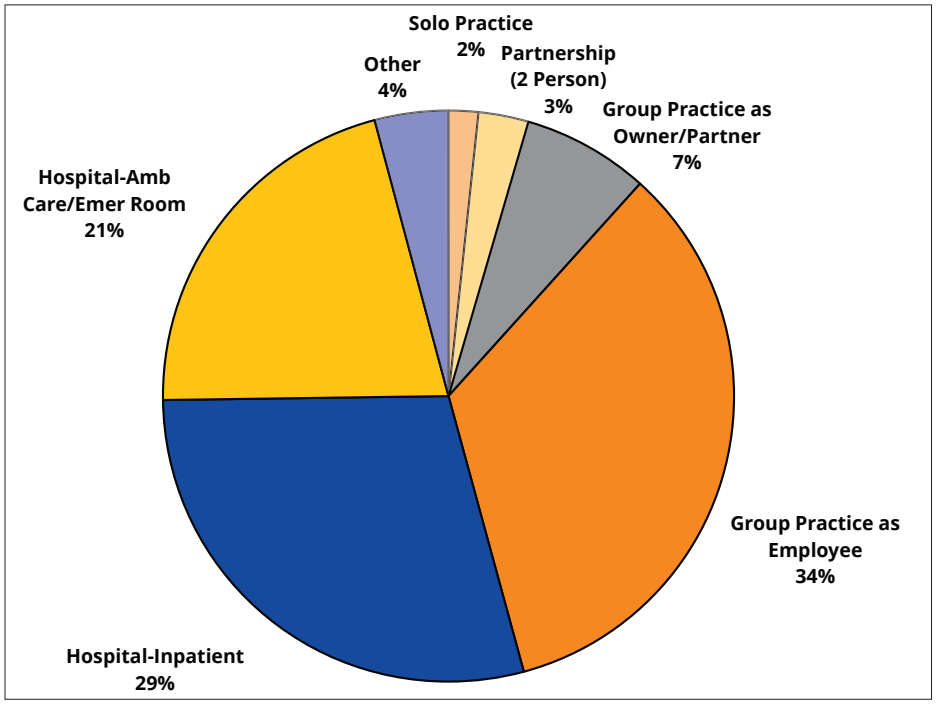


Figure 3.10. Upcoming Principal Practice Setting by Specialty Group (for Respondents with Confirmed Practice Plans)

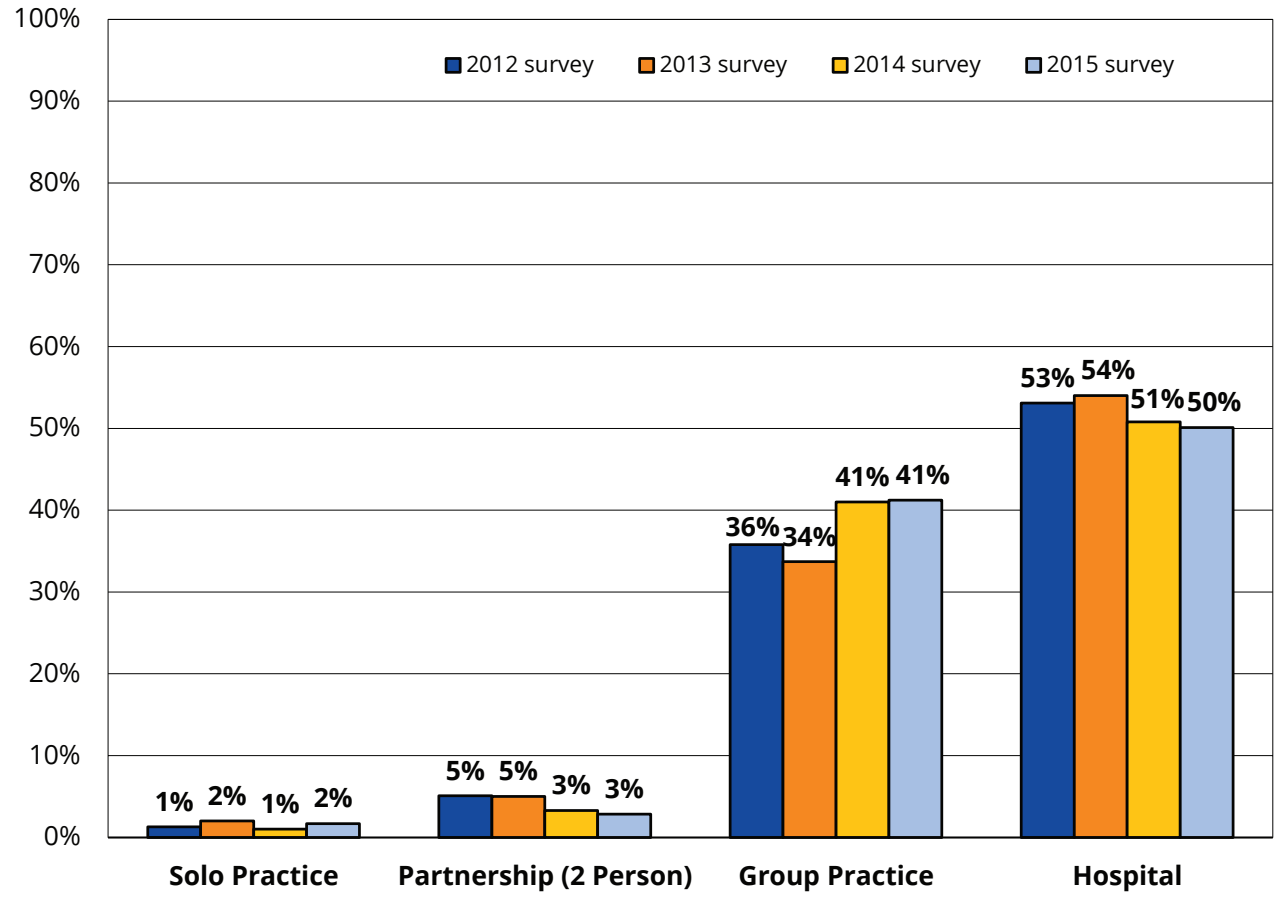


Table 3.3. Upcoming Principal Practice Setting by Specialty (for 2015 Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partnership (2 Person)	GROUP PRACTICE: As Owner/ Partner	GROUP PRACTICE: As Employee	HOSPITAL: In-Patient	HOSPITAL: Amb. Care	HOSPITAL: Emer. Room	Other
Primary Care	**2%**	**2%**	**4%**	**31%**	**44%**	**10%**	**1%**	**6%**
Family Medicine	4%	0%	5%	38%	24%	16%	0%	13%
General Internal Medicine	1%	2%	4%	21%	62%	9%	0%	1%
General Pediatrics	2%	4%	5%	51%	18%	9%	5%	6%
Obstetrics/Gynecology	**5%**	**3%**	**10%**	**54%**	**14%**	**8%**	**0%**	**5%**
Medicine Subspecialties	**1%**	**4%**	**8%**	**40%**	**29%**	**16%**	**0%**	**4%**
Cardiology	3%	7%	13%	43%	17%	10%	0%	7%
Gastroenterology	4%	4%	15%	35%	15%	27%	0%	0%
Geriatrics	0%	0%	5%	26%	37%	16%	0%	16%
Hematology/Oncology	0%	5%	5%	37%	11%	37%	0%	5%
Nephrology	0%	0%	0%	68%	26%	5%	0%	0%
Pulmonary Disease	0%	0%	0%	42%	53%	0%	0%	5%
General Surgery	**11%**	**11%**	**0%**	**44%**	**22%**	**11%**	**0%**	**0%**
Surgical Subspecialties	**2%**	**5%**	**20%**	**41%**	**20%**	**7%**	**0%**	**5%**
Ophthalmology	0%	0%	0%	0%	0%	100%	0%	0%
Orthopedics	0%	12%	24%	29%	29%	0%	0%	6%
Otolaryngology	0%	0%	0%	60%	0%	40%	0%	0%
Urology	0%	0%	33%	50%	0%	17%	0%	0%
Facility Based	**0%**	**2%**	**15%**	**52%**	**21%**	**8%**	**1%**	**1%**
Anesthesiology	0%	0%	15%	62%	19%	4%	0%	0%
Pathology	0%	0%	14%	57%	21%	0%	0%	7%
Radiology	0%	0%	10%	45%	20%	20%	5%	0%
Psychiatry	**2%**	**3%**	**2%**	**10%**	**26%**	**35%**	**16%**	**6%**
Adult Psychiatry	0%	5%	0%	9%	32%	41%	14%	0%
Child and Adolescent Psych	0%	0%	6%	6%	18%	35%	18%	18%
Other	**1%**	**3%**	**6%**	**27%**	**18%**	**10%**	**32%**	**3%**
Dermatology	9%	27%	0%	64%	0%	0%	0%	0%
Emergency Medicine	0%	0%	13%	19%	0%	1%	67%	0%
Neurology	0%	6%	6%	33%	28%	28%	0%	0%
Pediatric Subspecialties	0%	2%	0%	15%	38%	15%	21%	10%
Physical Medicine and Rehab	0%	0%	0%	50%	17%	25%	0%	8%
All Specialties, 2015	**2%**	**3%**	**7%**	**34%**	**29%**	**12%**	**9%**	**4%**
(All Specialties, 2014)	**(1%)**	**(3%)**	**(7%)**	**(34%)**	**(33%)**	**(11%)**	**(7%)**	**(4%)**

3.5 Expected Starting Income

Table 3.4 presents descriptive statistics for respondents' expected income in their first year of practice. Each individual's starting income was computed by summing their base salary and their expected additional/incentive income. The number of respondents (N) is given because many specialties had a relatively small number of respondents. Finally, specialties are ranked in descending order (ie, 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 general surgery ($370,300), urology ($349,500), and orthopedics ($346,600)
- General pediatrics had the lowest median starting income of all specialties ($142,000)
    - Other specialties with low starting incomes included adult psychiatry ($181,900), and pathology ($187,100)
- Among the specialty groups, psychiatry ($188,050) and primary care ($195,000) had the lowest starting median incomes
    - Conversely, general surgery ($370,300) and surgical subspecialties ($337,900) had the highest incomes

Figure 3.11. Expected Starting Income (in $1,000s) by Specialty Group (for 2015 Respondents with Confirmed Practice Plans)

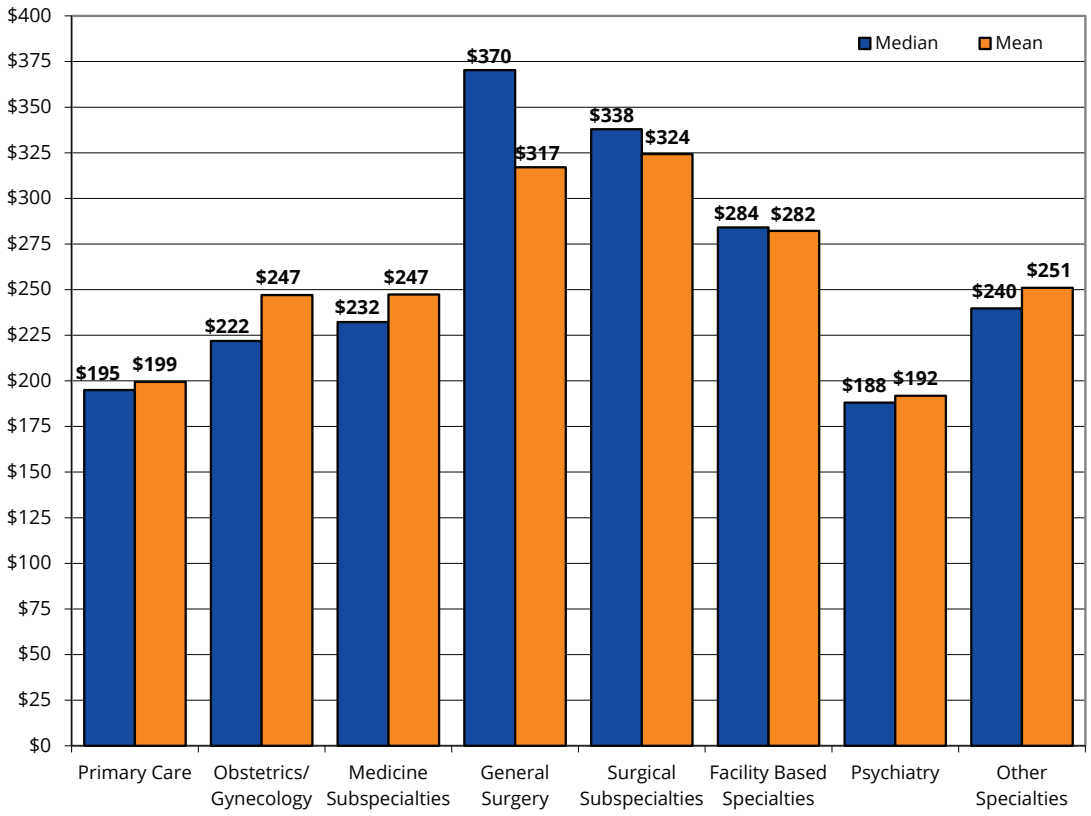


Figure 3.12. Distribution of Starting Income Among Primary Care and Non-Primary Care Physicians (for 2015 Respondents with Confirmed Practice Plans)

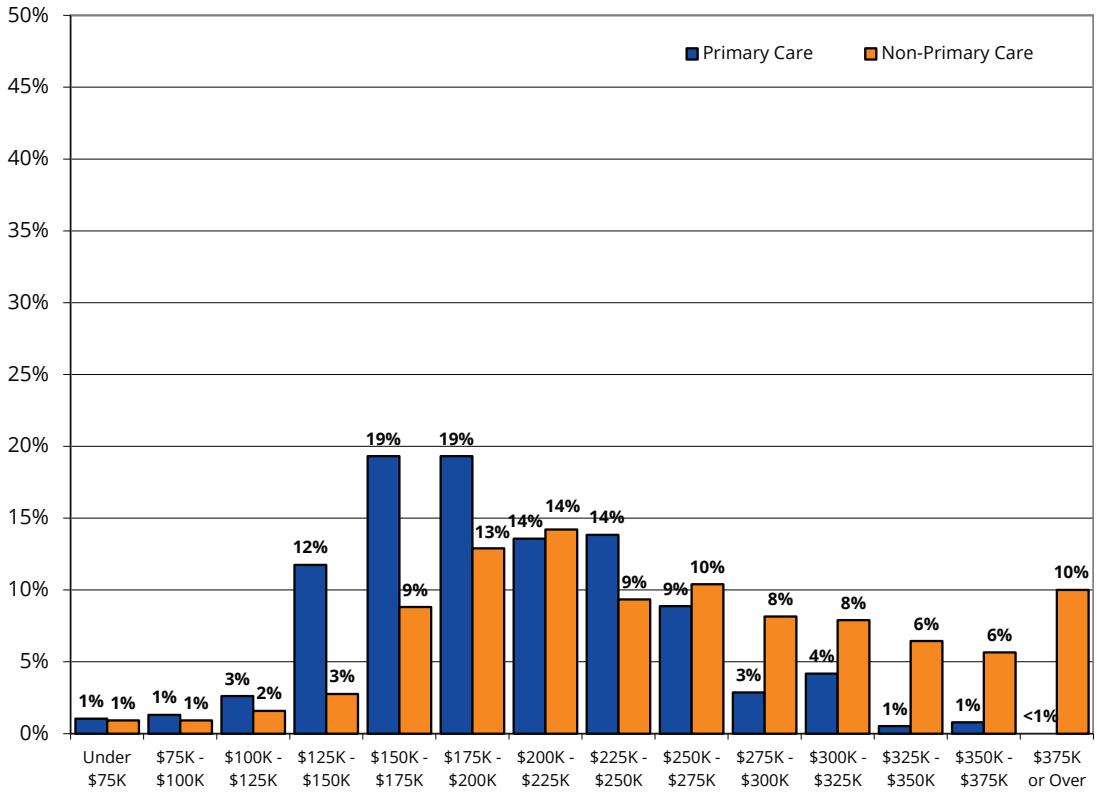


Figure 3.13. Rank of Median Starting Income (in $1,000s) by Specialty (for 2015 Respondents with Confirmed Practice Plans)

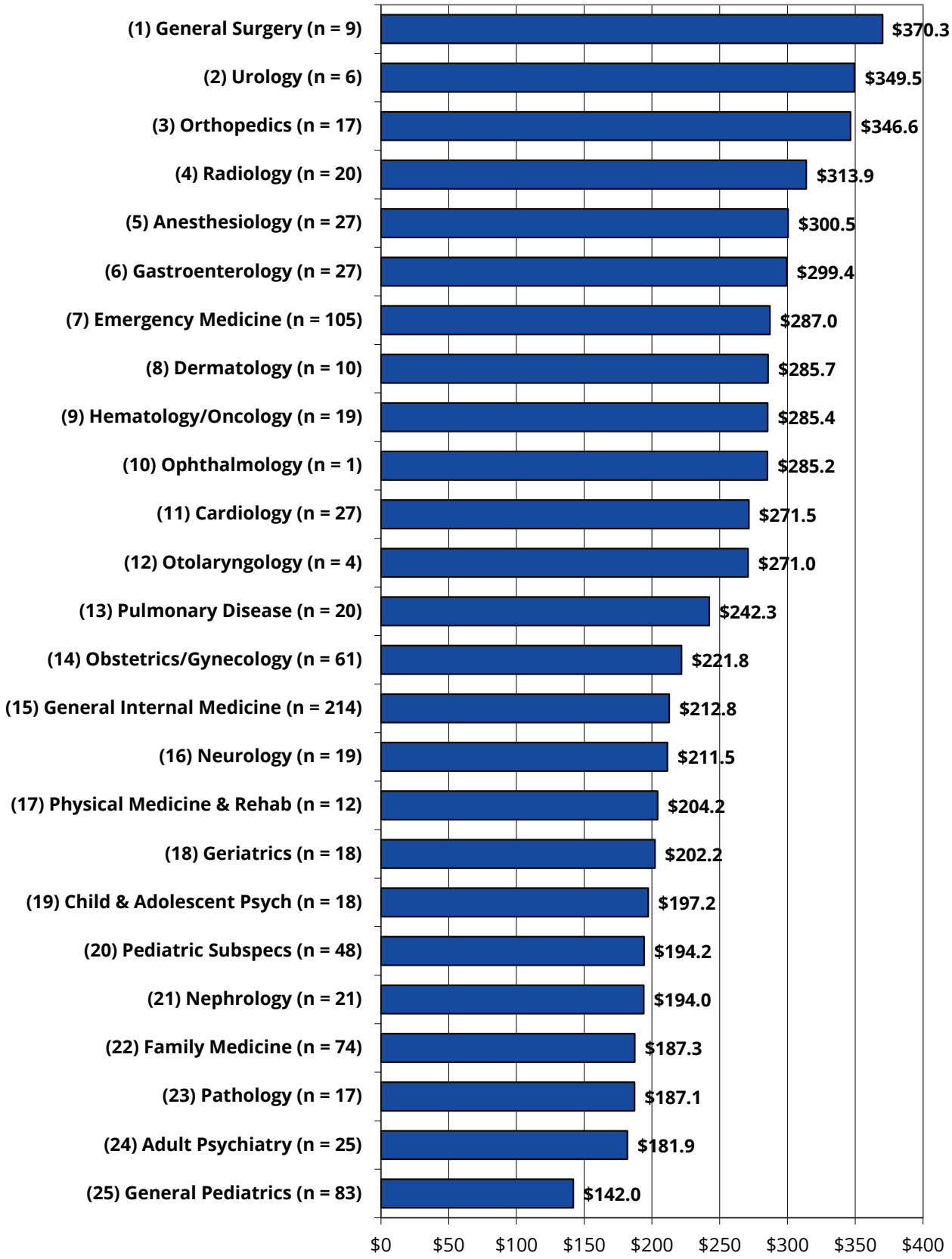


Table 3.4. Expected Starting Income by Specialty (for 2015 Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
Primary Care	**383**	**$199,400**	N/A	**$195,000**	N/A
Family Medicine	74	$201,185	19	$187,300	22
General Internal Medicine	214	$217,613	16	$212,750	15
General Pediatrics	83	$151,737	25	$142,000	25
Obstetrics/Gynecology	**61**	**$247,070**	14	**$221,800**	14
Medicine Subspecialties	**198**	**$247,360**	N/A	**$232,200**	N/A
Cardiology	27	$260,719	13	$271,500	11
Gastroenterology	27	$298,111	5	$299,400	6
Geriatrics	18	$209,678	17	$202,200	18
Hematology/Oncology	19	$279,042	11	$285,400	9
Nephrology	21	$204,362	18	$194,000	21
Pulmonary Disease	20	$268,770	12	$242,250	13
General Surgery	**9**	**$317,111**	3	**$370,300**	1
Surgical Subspecialties	**55**	**$324,287**	N/A	**$337,900**	N/A
Ophthalmology	1	$285,200	9	$285,200	10
Orthopedics	17	$320,912	2	$346,600	3
Otolaryngology	4	$284,075	10	$271,000	12
Urology	6	$322,867	1	$349,500	2
Facility Based	**104**	**$282,190**	N/A	**$284,050**	N/A
Anesthesiology	27	$290,304	8	$300,500	5
Pathology	17	$199,912	21	$187,100	23
Radiology	20	$290,410	7	$313,900	4
Psychiatry	**64**	**$191,861**	N/A	**$188,050**	N/A
Adult Psychiatry	25	$200,468	20	$181,900	24
Child and Adolescent Psych	18	$192,667	24	$197,200	19
Other	**269**	**$251,012**	N/A	**$239,700**	N/A
Dermatology	10	$305,370	4	$285,650	8
Emergency Medicine	105	$295,390	6	$287,000	7
Neurology	19	$227,505	15	$211,500	16
Pediatric Subspecialties	48	$198,256	22	$194,200	20
Physical Medicine and Rehab	12	$197,158	23	$204,200	17
Total (All Specialties)	**1,143**	**$236,446**	N/A	**$221,800**	N/A

3.6 Expected Weekly 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 graduates 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 graduates 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 2014 and 2015 surveys. These data provided a large enough number of respondents to allow for stratification by gender in most specialties.

Highlights

- Overall, graduates expected to spend an average of 43.3 hours per week in patient care/clinical practice activities

- As noted above, females expected to work 8% fewer patient care hours than males (41.6 versus 44.8)
    - This gender difference was greatest in ophthalmology, with females expecting to work 24.1 fewer patient hours
    - Females were expected to work more hours than males in some specialties including urology (22%), physical medicine and rehabilitation (18%), and orthopedics (6%)

- Respondents from the following individual specialties expected to be working the highest number of hours: anesthesiology (51.7), general surgery (51.1), and pulmonary disease (49.4)

- Respondents expected to be working the fewest patient care/clinical practice hours per week were in child and adolescent psychiatry (34.5), emergency medicine (35.5), and dermatology (35.8)

Figure 3.14. Rank of Expected Weekly Patient Care/Clinical Practice Hours by Specialty (2014 and 2015 Respondents with Confirmed Practice Plans)

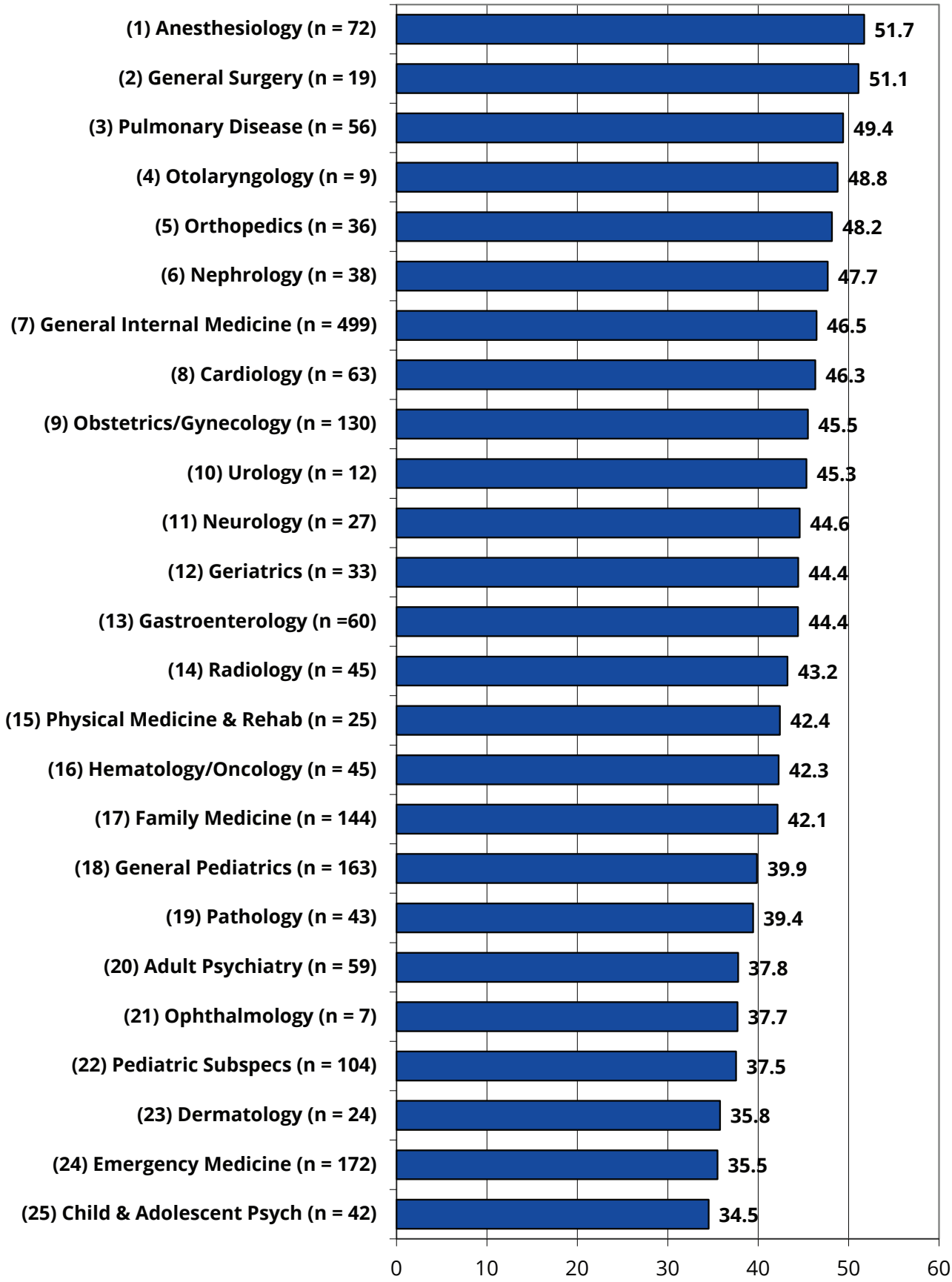


Table 3.5. Expected Weekly Patient Care/Clinical Practice Hours by Gender[a] (2014 and 2015 Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**45.8**	**42.5**	**44.3**
Family Medicine	42.9	41.4	42.1
General Internal Medicine	47.5	44.7	46.5
General Pediatrics	41.5	39.2	39.9
Obstetrics/Gynecology	**45.0**	**45.6**	**45.5**
Medicine Subspecialties	**46.8**	**42.1**	**44.9**
Cardiology	47.4	43.1	46.3
Gastroenterology	45.6	42.9	44.4
Geriatrics	46.3	42.4	44.4
Hematology/Oncology	41.3	43.6	42.3
Nephrology	48.1	46.6	47.7
Pulmonary Disease	50.5	46.1	49.4
General Surgery	**50.8**	**51.8 (n = 6)**	**51.1**
Surgical Subspecialties	**48.4**	**47.4**	**48.2**
Ophthalmology	44.6 (n = 5)	20.5 (n = 2)	37.7 (n = 7)
Orthopedics	47.9	50.7 (n = 3)	48.2
Otolaryngology	52.3 (n = 6)	41.7 (n = 3)	48.8 (n = 9)
Urology	41.4 (n = 8)	53.3 (n = 4)	45.3
Facility Based	**48.1**	**46.0**	**47.4**
Anesthesiology	51.8	51.6	51.7
Pathology	39.1	39.8	39.4
Radiology	44.4	39.5	43.2
Psychiatry	**36.4**	**36.6**	**36.4**
Adult Psychiatry	36.7	38.7	37.8
Child and Adolescent Psych	37.8	32.8	34.5
Other	**38.9**	**37.6**	**38.3**
Dermatology	39.4 (n = 9)	33.9	35.8
Emergency Medicine	35.7	34.9	35.5
Neurology	46.6	43.2	44.6
Pediatric Subspecialties	39.3	36.7	37.5
Physical Medicine and Rehab	38.5	46.7	42.4
All Specialties, 2014	**44.8**	**41.6**	**43.3**

[a] Patient care/clinical practice hours has been stratified by gender in any specialties with enough respondents to do so. The number of respondents (n) is given if n is less than 10. The data presented in this table is for respondents to both the 2014 and 2015 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 4: EXPERIENCES SEARCHING FOR A PRACTICE POSITION

This section summarizes the responses to several questions about residents' experiences in searching for 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 US only if they practice in a state or federally designated HPSA 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 4 summarizes the responses to 1) a question on the 2015 survey, 2) the aggregated total of all respondents for the 2014 and 2015 surveys, and 3) either the aggregated total of all respondents for the last 4 years the survey has been conducted or a trend over the last 4 years the survey has been conducted. For each item, specialties are ranked to determine where each specialty stands relative to all 25 specialties. In Section 4.7, composite measures of demand are computed using all demand variables to measure the relative demand for each specialty.

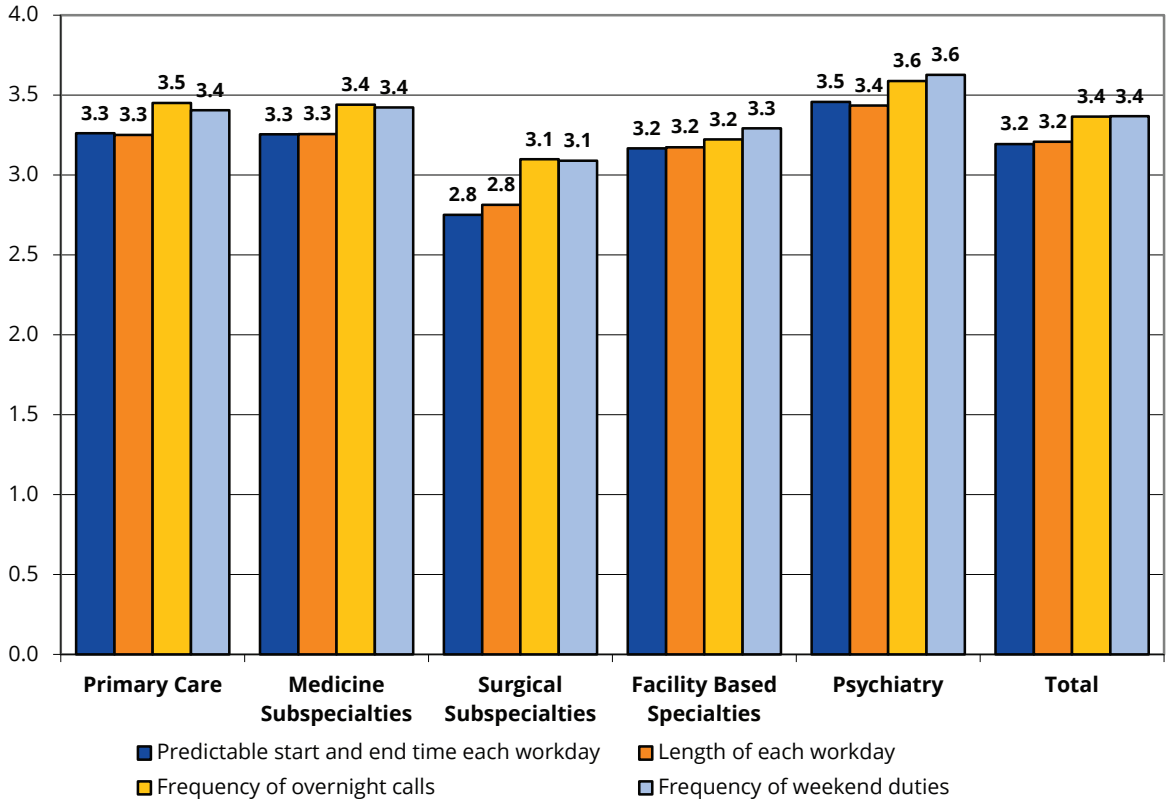
4.1 Importance of Job Characteristics

Figure 4.1 displays respondents' assessment of how important it is to have control over certain job characteristics. Respondents' were asked to give their assessment by choosing from a 4-point Likert scale ranging from "Not Important at All" = 1 to "Very Important" = 4. In order to allow comparisons to be made the following Likert scale was developed: "Not Important at All" = 1, "Of Little Importance" = 2, "Important" = 3, and "Very Important" = 4.

Highlights

- Overall respondents' indicated that having control over the frequency of weekend duties (3.4) and overnight calls (3.4) was most important, followed by length of each workday (3.2) and predictable start and end time each workday (3.2)

Figure 4.1. Mean Likert Scores for Importance of Control Over Certain Job Characteristics by Specialty Group (for 2015 Respondents Who Had Searched for a Job)



4.2 Percentage 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 2015 survey, the aggregated total of responses for 2014 and 2015, and the aggregated responses for the last 4 years of the survey.

Highlights

- Twenty-four percent (24%) of respondents reported difficulty finding a satisfactory position (slightly lower than last year's 28%)
    - For the specialty groupings, facility based (35%) had the highest percentage of respondents reporting difficulty in 2015

- The most often cited "main reason for difficulty finding a satisfactory practice position" was "lack of jobs in desired locations" (36%), followed by an "overall lack of jobs" (22%) and "inadequate salary/compensation offered" (17%)

- The highest percentages of graduates having difficulty finding a satisfactory practice position were in physical medicine and rehabilitation (71%), pathology (60%), and radiology (59%)
    - Anesthesiology (4%), emergency medicine (6%), and family medicine (15%) had the fewest respondents reporting difficulty

Figure 4.2. Percentage Having Difficulty Finding a Satisfactory Practice Position and Having to Change Plans Due to Limited Practice Opportunities by Location of Medical School and Citizenship Satus (for 2015 Respondents Who Had Searched for a Job)

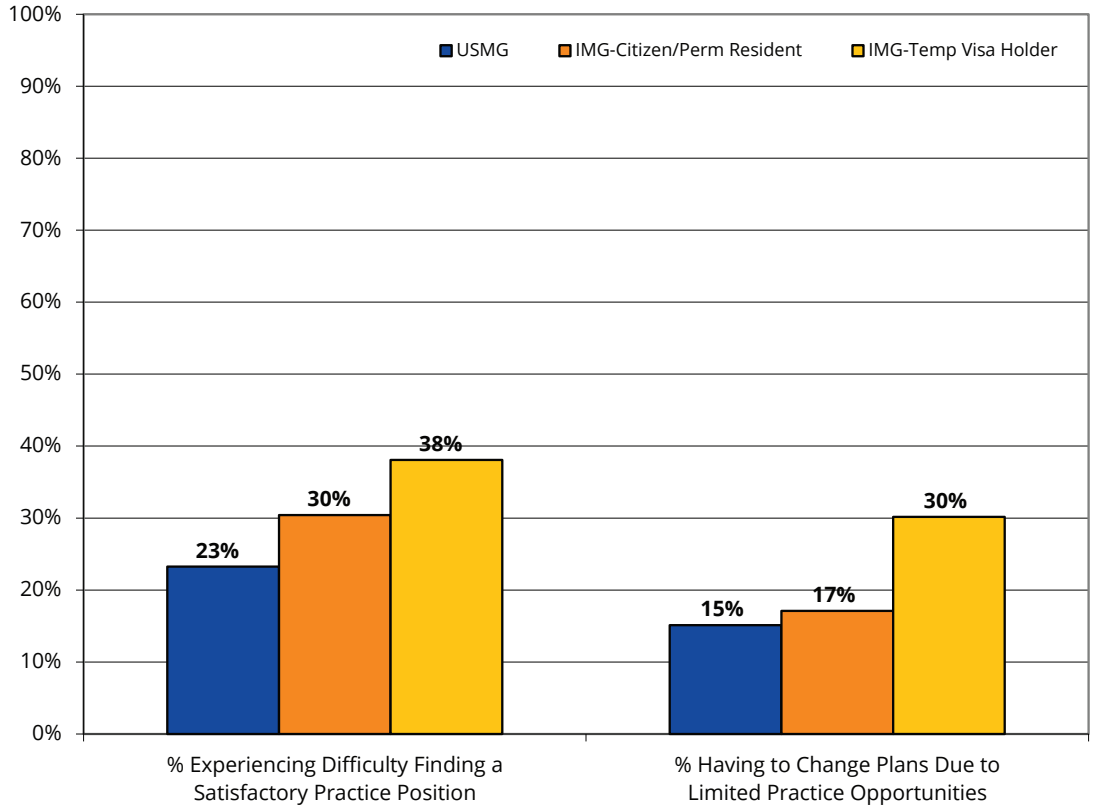


Figure 4.3. Main Reason for Difficulty Finding a Satisfactory Practice Position (for 2015 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

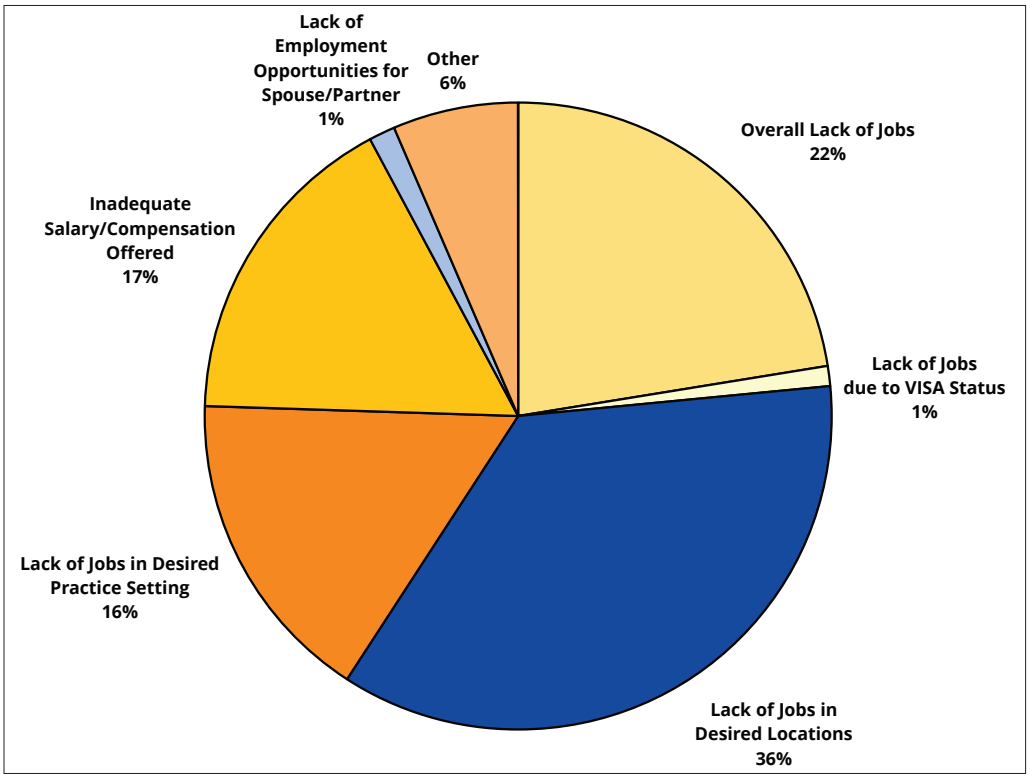
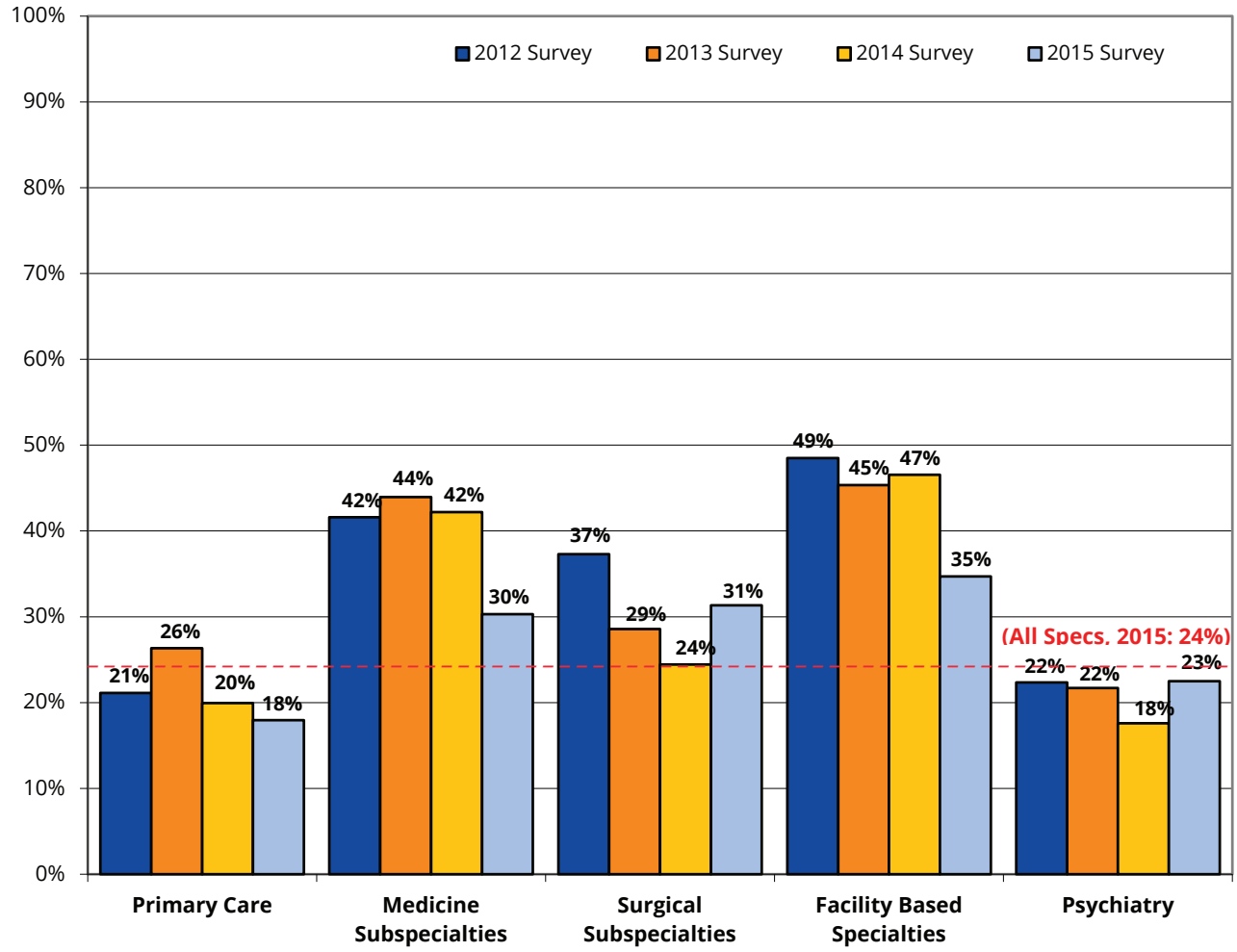


Figure 4.4. Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)



- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 2 years of the survey (2014 and 2015 aggregated) were pathology (65%), radiology (65%), and physical medicine and rehabilitation (56%)

- The specialties that had the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 4 years of the survey were pathology (64%), radiology (62%), and nephrology (50%)

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.

Figure 4.5. Rank of Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty (for 2015 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

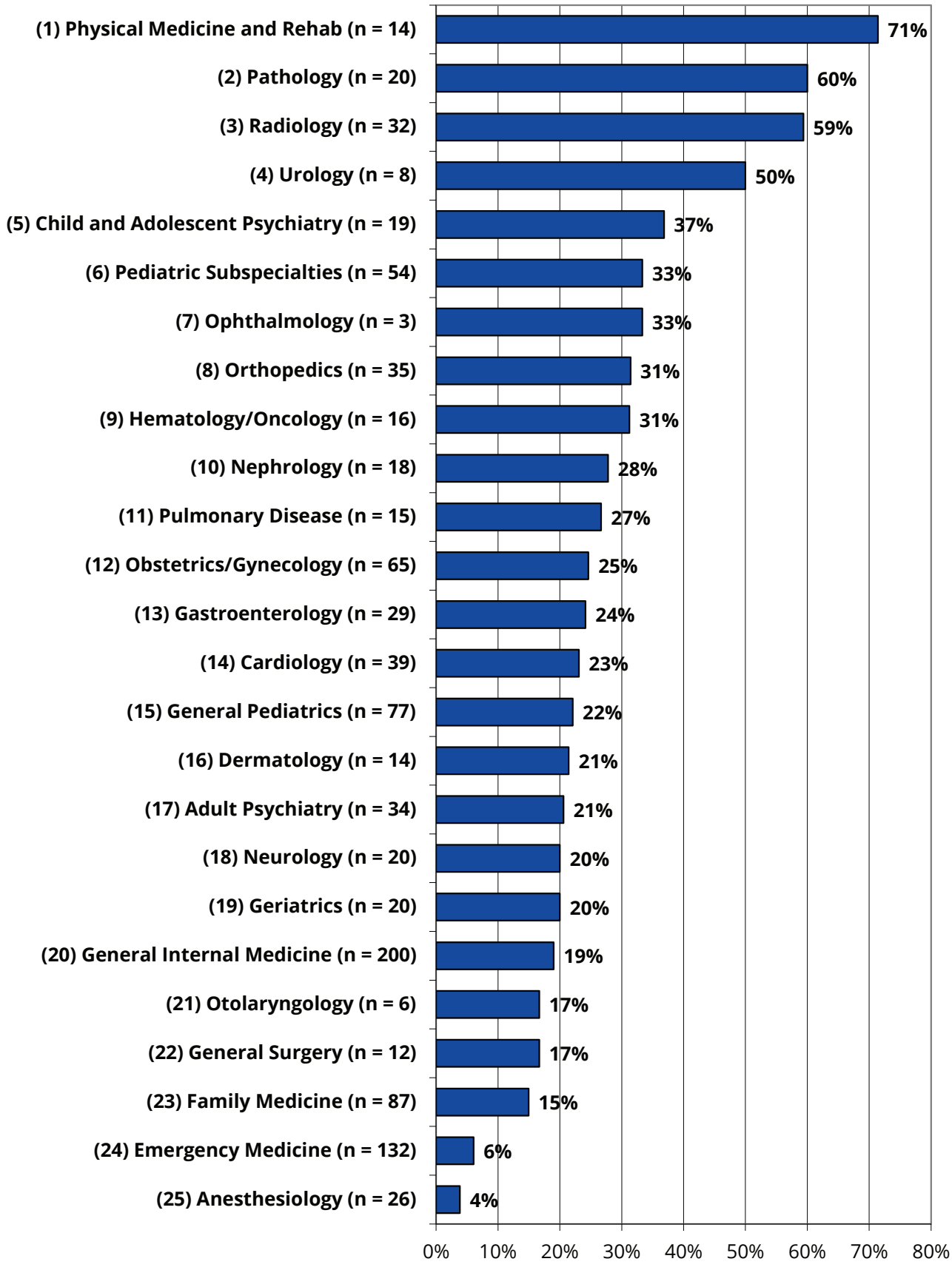


Table 4.1. Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2015 Respondents	RANK (of 25)	Aggregated Respondents: 2014 and 2015	RANK (of 25)	Aggregated Respondents: 2012 - 2015	RANK (of 25)
Primary Care	**18%**	N/A	**19%**	N/A	**21%**	N/A
Family Medicine	15%	23	17%	23	17%	23
General Internal Medicine	19%	20	20%	19	21%	21
General Pediatrics	22%	15	19%	21	25%	19
Obstetrics/Gynecology	**25%**	12	**26%**	16	**28%**	16
Medicine Subspecialties	**30%**	N/A	**36%**	N/A	**40%**	N/A
Cardiology	23%	14	31%	8	40%	5
Gastroenterology	24%	13	29%	10	38%	9
Geriatrics	20%	18	29%	9	27%	17
Hematology/Oncology	31%	9	48%	4	42%	4
Nephrology	28%	10	39%	6	50%	3
Pulmonary Disease	27%	11	41%	5	39%	7
General Surgery	**17%**	21	**14%**	24	**14%**	24
Surgical Subspecialties	**31%**	N/A	**28%**	N/A	**31%**	N/A
Ophthalmology	33%	6	27%	13	30%	14
Orthopedics	31%	8	27%	12	31%	12
Otolaryngology	17%	22	27%	14	36%	10
Urology	50%	4	26%	15	26%	18
Facility Based	**35%**	N/A	**42%**	N/A	**44%**	N/A
Anesthesiology	4%	25	25%	17	28%	15
Pathology	60%	2	65%	1	64%	1
Radiology	59%	3	65%	2	62%	2
Psychiatry	**23%**	N/A	**20%**	N/A	**21%**	N/A
Adult Psychiatry	21%	17	17%	22	17%	22
Child and Adolescent Psych	37%	5	28%	11	34%	11
Other	**23%**	N/A	**24%**	N/A	**25%**	N/A
Dermatology	21%	16	19%	20	22%	20
Emergency Medicine	6%	24	6%	25	9%	25
Neurology	20%	19	21%	18	30%	13
Pediatric Subspecialties	33%	7	34%	7	39%	8
Physical Medicine and Rehab	71%	1	56%	3	40%	6
Total (All Specialties)	**24%**	N/A	**26%**	N/A	**29%**	N/A

[a] This section refers to the job market experiences and perceptions of US citizens and permanent residents who had actively searched for a practice position.

4.3 Percentage 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 3 columns in this table are analogous to those presented in Table 4.1.

Highlights

- Sixteen percent (16%) of respondents reported having to change their plans due to limited job opportunities (similar to in 2014 [15%])
- Pathology (45%), radiology (44%), and nephrology (41%) had the most graduates having to change plans due to limited job opportunities in 2015
    - Graduates of otolaryngology (0%), ophthalmology (0%), anesthesiology (4%), and emergency medicine (4%) were the least likely to have to change plans
- The specialties that had the highest percentage of respondents changing their plans due to limited job opportunities over the last 2 years (aggregated results from the 2014 and 2015 surveys) were radiology (42%), pathology (41%), nephrology (33%), and physical medicine and rehabilitation (33%)
    - For the last 2 years, the specialties with the lowest percentage of graduates changing plans were emergency medicine (3%), neurology (3%), and adult psychiatry (6%)

Figure 4.6. Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

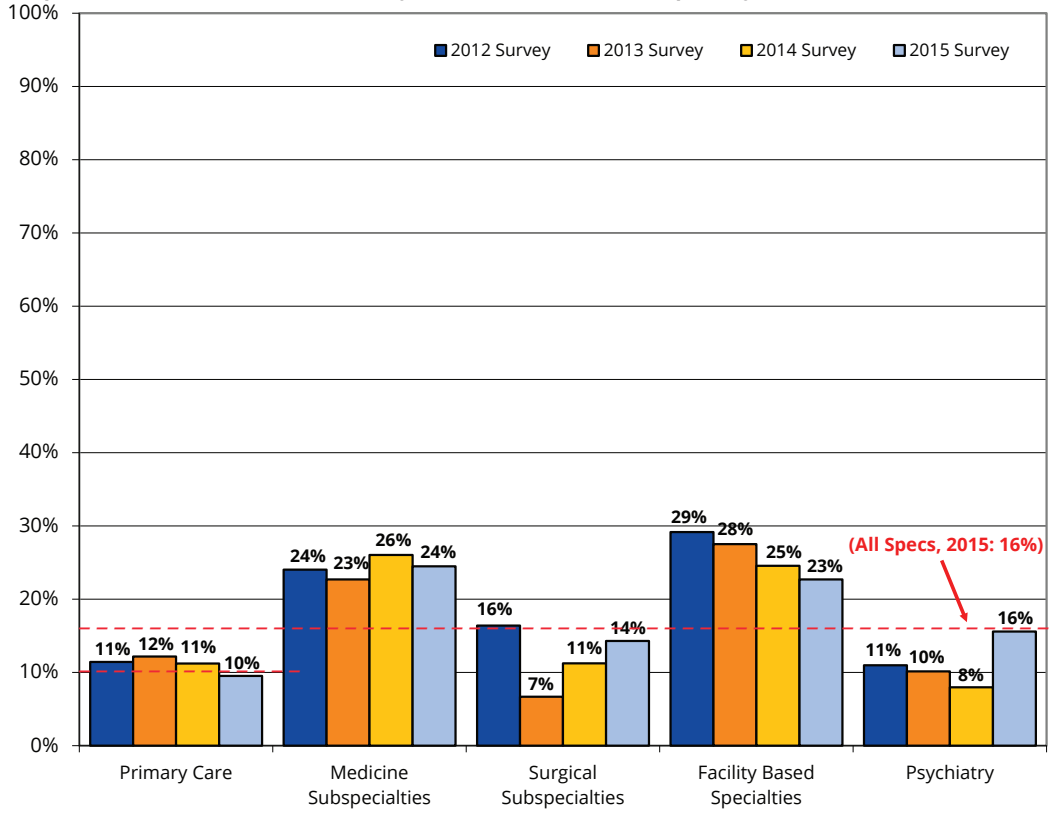


Figure 4.7. Rank of Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty (for 2015 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

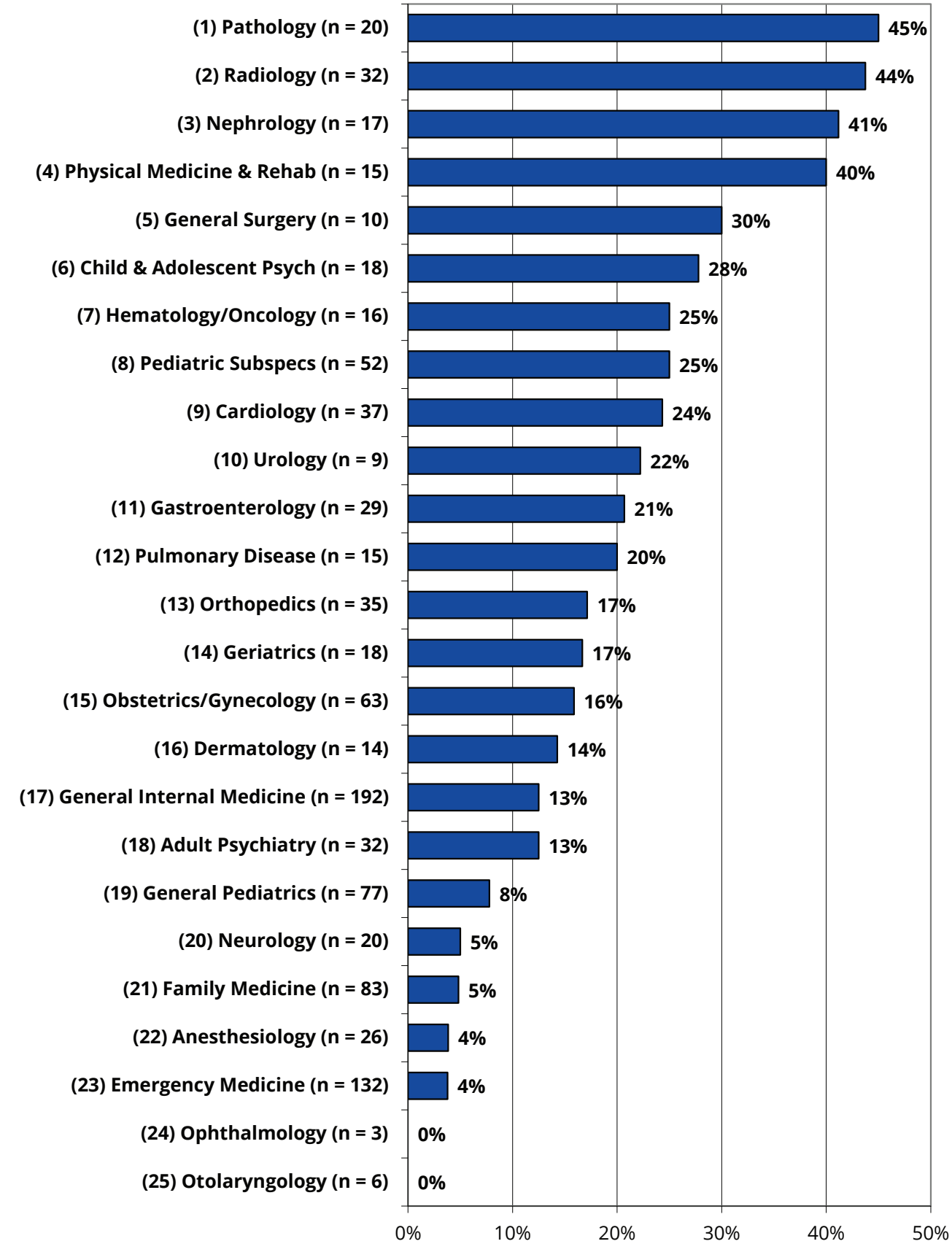


Table 4.2. Pecent Having to Change Plans Due to Limited Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2015 Respondents	RANK (of 25)	Aggregated Respondents: 2014 and 2015	RANK (of 25)	Aggregated Respondents: 2012 - 2015	RANK (of 25)
Primary Care	**10%**	N/A	**10%**	N/A	**11%**	N/A
Family Medicine	5%	21	10%	19	12%	19
General Internal Medicine	13%	17	12%	18	11%	20
General Pediatrics	8%	19	8%	20	10%	21
Obstetrics/Gynecology	**16%**	15	**16%**	15	**14%**	16
Medicine Subspecialties	**24%**	N/A	**25%**	N/A	**24%**	N/A
Cardiology	24%	9	25%	8	28%	5
Gastroenterology	21%	11	24%	9	24%	8
Geriatrics	17%	14	19%	13	16%	13
Hematology/Oncology	25%	7	28%	6	29%	4
Nephrology	41%	3	33%	3	40%	2
Pulmonary Disease	20%	12	30%	5	18%	12
General Surgery	**30%**	5	**27%**	7	**28%**	6
Surgical Subspecialties	**14%**	N/A	**13%**	N/A	**13%**	N/A
Ophthalmology	0%	24	13%	16	14%	15
Orthopedics	17%	13	12%	17	13%	18
Otolaryngology	0%	24	7%	21	6%	24
Urology	22%	10	21%	11	13%	17
Facility Based	**23%**	N/A	**24%**	N/A	**26%**	N/A
Anesthesiology	4%	22	16%	14	19%	10
Pathology	45%	1	41%	2	43%	1
Radiology	44%	2	42%	1	36%	3
Psychiatry	**16%**	N/A	**12%**	N/A	**11%**	N/A
Adult Psychiatry	13%	18	6%	23	7%	23
Child and Adolescent Psych	28%	6	20%	12	18%	11
Other	**14%**	N/A	**13%**	N/A	**15%**	N/A
Dermatology	14%	16	7%	22	9%	22
Emergency Medicine	4%	23	3%	25	5%	25
Neurology	5%	20	3%	24	15%	14
Pediatric Subspecialties	25%	8	21%	10	25%	7
Physical Medicine and Rehab	40%	4	33%	4	21%	9
Total (All Specialties)	**16%**	N/A	**15%**	N/A	**16%**	N/A

[a] This section refers to the job market experiences and perceptions of US citizens and permanent residents who had actively searched for a practice position.

- The specialties with the highest percentages of respondents reporting they had to change plans over the last 4 years of the survey were pathology (43%), nephrology (40%), and radiology (36%)
- The specialties least likely to have respondents reporting they had to change plans over the last 4 years of the survey were emergency medicine (5%), otolaryngology (6%), and adult psychiatry (7%)

4.4 Number of Job Offers

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

Highlights

- The average number of job offers received by graduates in 2015 was 3.53 (slightly higher than in 2014 [3.40])
- Family medicine (4.52), geriatrics (4.47), and general internal medicine (4.26) graduates received the most job offers
- Ophthalmology (1.33), pathology (1.75), and radiology (1.97) received the fewest job offers

Figure 4.8. Mean Number of Job Offers Received by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

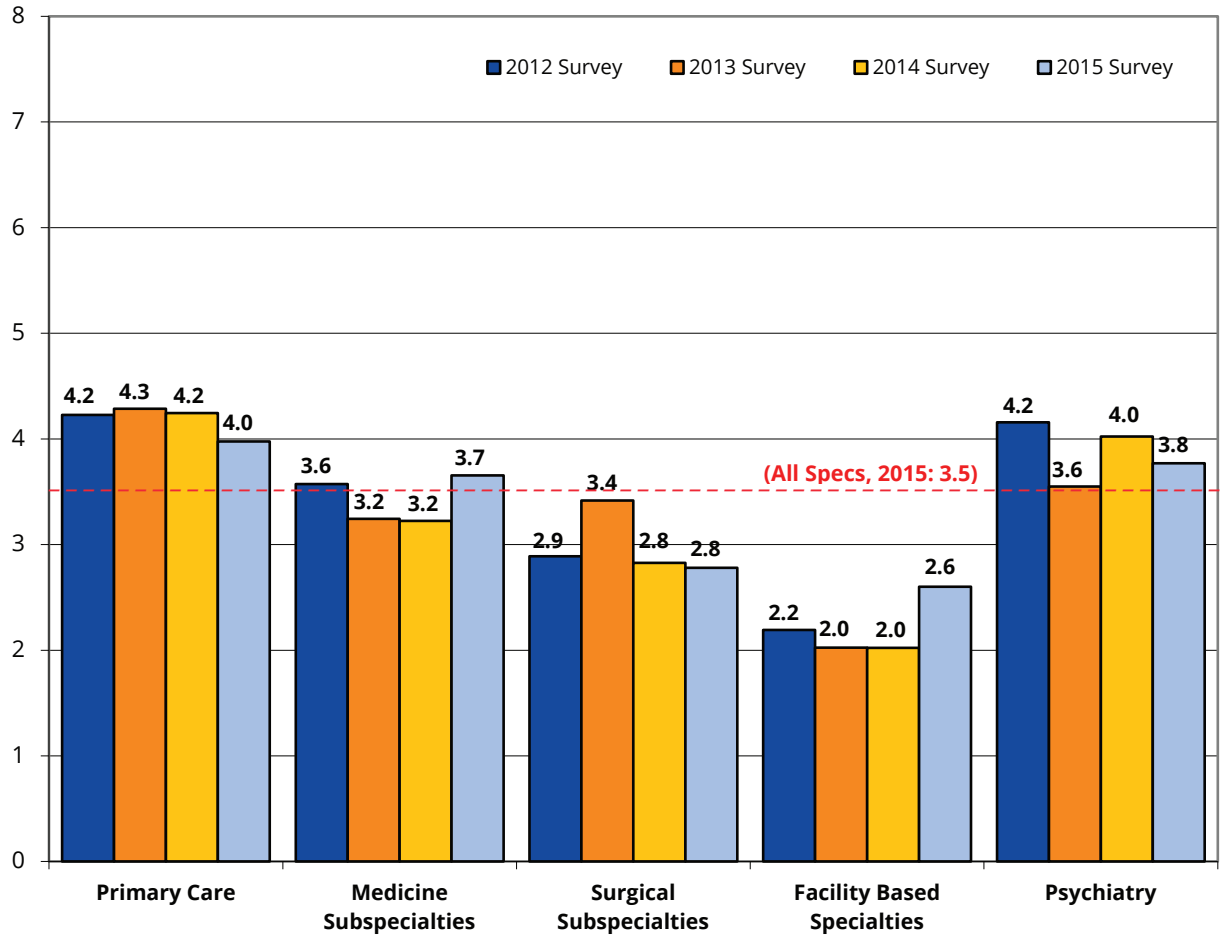


Figure 4.9. Rank of Mean Number of Job Offers Received by Specialty (for 2015 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

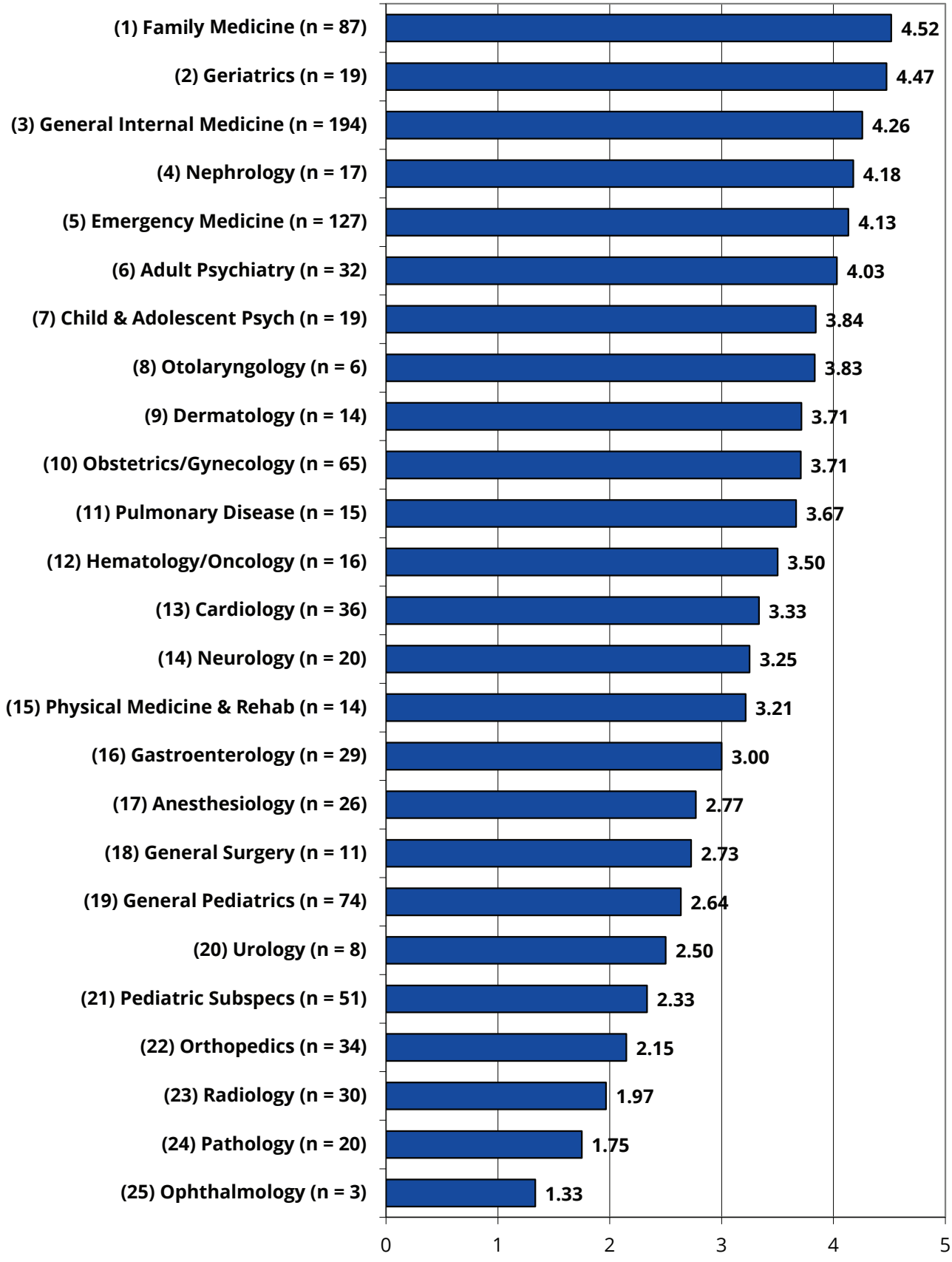


Table 4.3. Mean Number of Offers of Employment/Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2015 Respondents	RANK (of 25)	Aggregated Respondents: 2014 and 2015	RANK (of 25)	Trend (Average Annual Change: 2011 to 2015)	RANK (of 25)
Primary Care	**3.98**	N/A	**4.12**	N/A	**0%**	N/A
Family Medicine	4.52	1	4.37	3	5%	10
General Internal Medicine	4.26	3	4.54	1	0%	15
General Pediatrics	2.64	19	2.67	19	2%	13
Obstetrics/Gynecology	**3.71**	10	**3.26**	13	**6%**	9
Medicine Subspecialties	**3.65**	N/A	**3.44**	N/A	**1%**	N/A
Cardiology	3.33	13	2.99	17	-4%	20
Gastroenterology	3.00	16	3.57	11	-1%	16
Geriatrics	4.47	2	3.81	7	12%	2
Hematology/Oncology	3.50	12	3.10	16	5%	11
Nephrology	4.18	4	3.82	6	13%	1
Pulmonary Disease	3.67	11	3.76	8	-6%	24
General Surgery	**2.73**	18	**2.72**	18	**-19%**	25
Surgical Subspecialties	**2.78**	N/A	**2.80**	N/A	**-4%**	N/A
Ophthalmology	1.33	25	2.15	23	-5%	21
Orthopedics	2.15	22	2.49	20	6%	8
Otolaryngology	3.83	8	3.67	9	-2%	17
Urology	2.50	20	3.58	10	-5%	22
Facility Based	**2.60**	N/A	**2.26**	N/A	**1%**	N/A
Anesthesiology	2.77	17	2.36	21	1%	14
Pathology	1.75	24	1.44	25	4%	12
Radiology	1.97	23	1.76	24	-6%	23
Psychiatry	**3.77**	N/A	**3.90**	N/A	**6%**	N/A
Adult Psychiatry	4.03	6	4.38	2	8%	5
Child and Adolescent Psych	3.84	7	3.53	12	11%	4
Other	**3.39**	N/A	**3.33**	N/A	**2%**	N/A
Dermatology	3.71	9	4.33	4	-2%	18
Emergency Medicine	4.13	5	4.08	5	6%	6
Neurology	3.25	14	3.24	14	12%	3
Pediatric Subspecialties	2.33	21	2.33	22	-2%	19
Physical Medicine and Rehab	3.21	15	3.16	15	6%	7
Total (All Specialties)	**3.53**	N/A	**3.46**	N/A	**1%**	N/A

[a] This section refers to the job market experiences and perceptions of US citizens and permanent residents who had actively searched for a practice position.

- Nephrology (+13%), geriatrics (+12%), and neurology (+12%) were the specialties showing the greatest average annual increases in job offers

- General surgery (-19%), pulmonary disease (-6%), 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 (ie, the regional job market). Respondents were asked to give their assessment of the regional job market by choosing from a 5-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 2015 (+0.95) was slightly higher than the score in 2014 (+0.83)

- The specialty group that had the most positive view of the regional job market was psychiatry (+1.47)
  - Conversely, facility based (+0.30) had the least positive view

- Family medicine (+1.60), emergency medicine (+1.55), and adult psychiatry (+1.53) respondents had the most positive views of the regional job market
  - Each of these had an average assessment well above 1.00 (ie, "Some Jobs")

- The specialties with the least positive views of the regional job market were pathology (-0.60), radiology (-0.13), and pediatric subspecialties (+0.02)

- The specialties that had the most positive views of the regional job market in both 2014 and 2015 were adult psychiatry (+1.60), emergency medicine (+1.57), and family medicine (+1.55)

- The specialties with the least positive views of the regional job market over the last 2 years were pathology (-0.61), radiology (-0.45), and pediatric subspecialties (-0.08)

- Emergency medicine (+1.54), adult psychiatry (+1.51), and child and adolescent psychiatry (+1.47) were the 3 specialties with the most positive views of the regional job market over the last 4 years of the survey
  - Over the same period, the specialties with the least positive views of the regional job market were pathology (-0.68), radiology (-0.47), and pediatric subspecialties (-0.11)

Figure 4.10. Perceptions of the Regional Job Market (for 2015 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

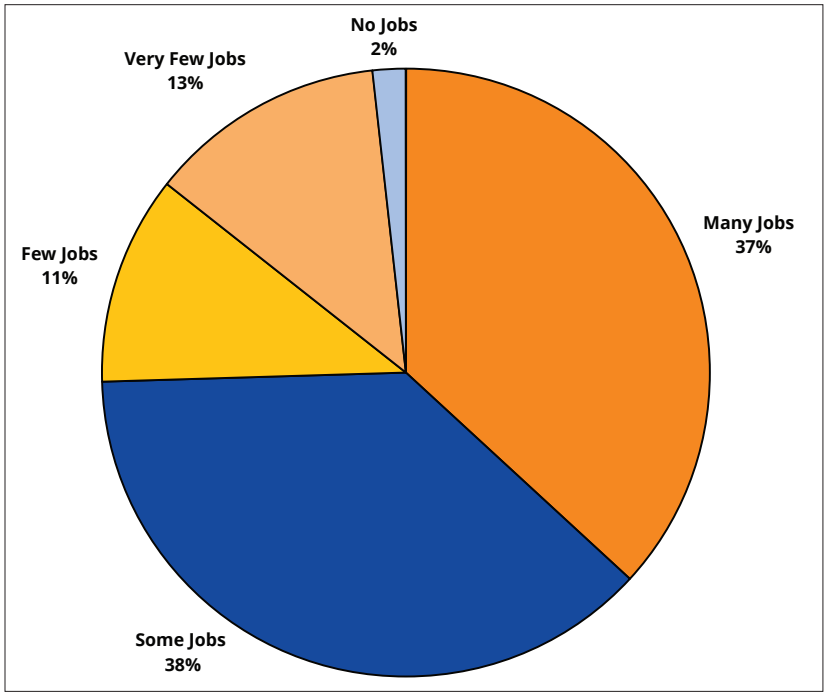


Figure 4.11. Mean Likert Scores for Perceptions of the Regional Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

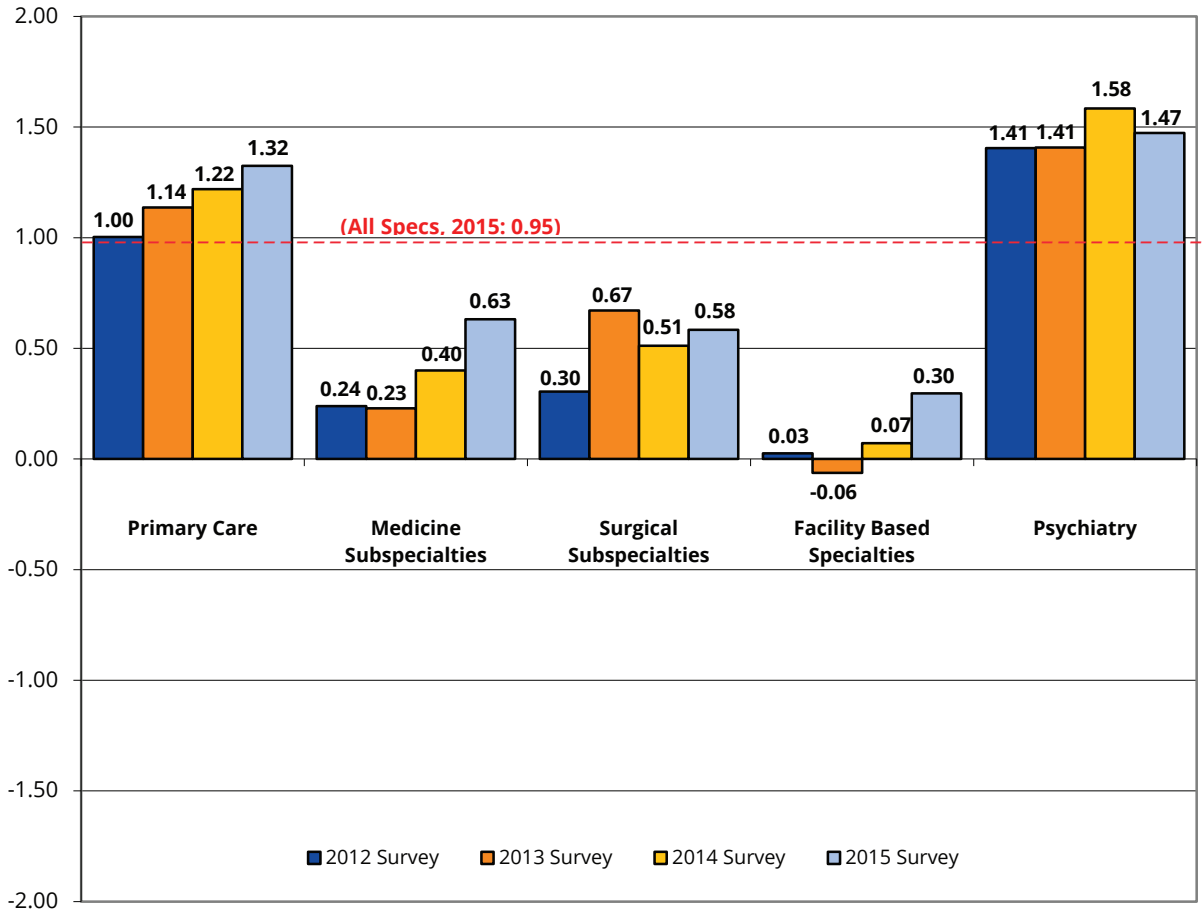


Figure 4.12. Rank of Likert Scores for Perceptions of the Regional Job Market by Specialty Group (for 2015 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

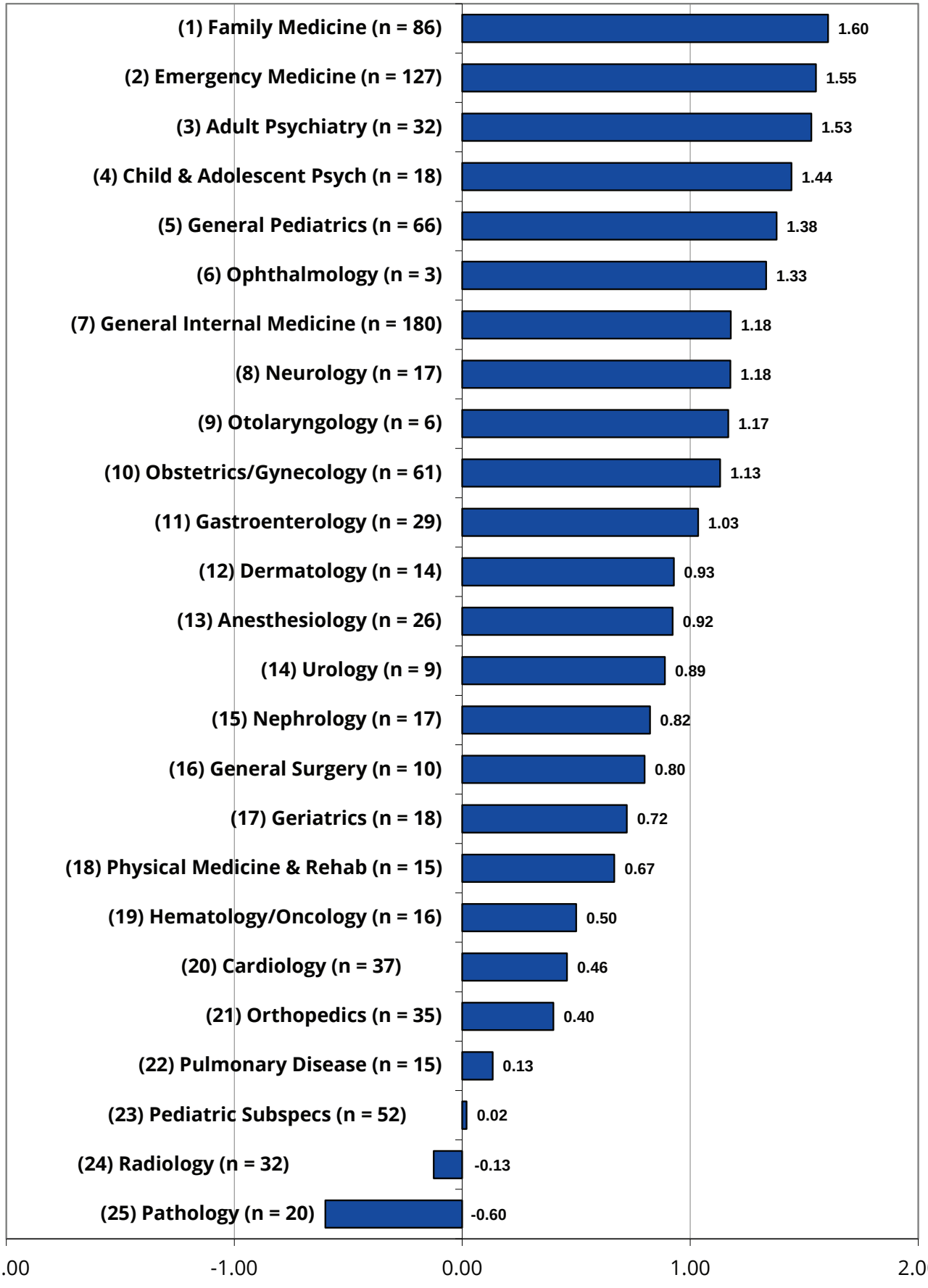


Table 4.4. Likert Scores for Perceptions of the Regional Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2015 Respondents	RANK (of 25)	Aggregated Respondents: 2014 and 2015	RANK (of 25)	Aggregated Respondents: 2012 - 2015	RANK (of 25)
Primary Care	**1.32**	N/A	**1.27**	N/A	**1.17**	N/A
Family Medicine	1.60	1	1.55	3	1.45	4
General Internal Medicine	1.18	6	1.21	6	1.11	6
General Pediatrics	1.38	7	1.15	9	1.10	7
Obstetrics/Gynecology	**1.13**	10	**1.15**	8	**1.08**	8
Medicine Subspecialties	**0.63**	N/A	**0.52**	N/A	**0.36**	N/A
Cardiology	0.46	20	0.16	22	0.01	21
Gastroenterology	1.03	11	0.91	10	0.73	13
Geriatrics	0.72	17	0.90	11	0.89	12
Hematology/Oncology	0.50	19	0.23	21	0.23	20
Nephrology	0.82	15	0.56	17	-0.06	22
Pulmonary Disease	0.13	22	0.53	18	0.53	16
General Surgery	**0.80**	16	**0.48**	20	**0.41**	19
Surgical Subspecialties	**0.58**	N/A	**0.55**	N/A	**0.50**	N/A
Ophthalmology	1.33	6	0.79	14	0.52	17
Orthopedics	0.40	21	0.51	19	0.45	18
Otolaryngology	1.17	9	0.80	12	1.03	10
Urology	0.89	14	0.80	13	0.92	11
Facility Based	**0.30**	N/A	**0.16**	N/A	**0.07**	N/A
Anesthesiology	0.92	13	0.76	15	0.67	14
Pathology	-0.60	25	-0.61	25	-0.68	25
Radiology	-0.13	24	-0.45	24	-0.47	24
Psychiatry	**1.47**	N/A	**1.53**	N/A	**1.47**	N/A
Adult Psychiatry	1.53	3	1.60	1	1.51	2
Child and Adolescent Psych	1.44	4	1.44	4	1.47	3
Other	**0.92**	N/A	**0.89**	N/A	**0.87**	N/A
Dermatology	0.93	12	1.32	5	1.33	5
Emergency Medicine	1.55	2	1.57	2	1.54	1
Neurology	1.18	8	1.15	7	1.04	9
Pediatric Subspecialties	0.02	23	-0.08	23	-0.11	23
Physical Medicine and Rehab	0.67	18	0.58	16	0.58	15
Total (All Specialties)	**0.95**	N/A	**0.89**	N/A	**0.79**	N/A

[a] Likert Score computed using the following Likert Scale: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, "No Jobs" = -2.

4.6 Perceptions of the National Job Market

Table 4.5 presents the perceptions of survey respondents concerning the national job market for their specialty. The response choices and composite scores 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 had very positive perceptions of the national job market
  - Sixty-nine percent (69%) 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 (+1.57) were more positive than for the regional job market (+0.95)
  - Respondents' views of the national job market in 2015 were similar to those in 2014 (+1.50)

- For the specialty groups, psychiatry (+1.82) and primary care (+1.82) had the most positive views of the national job market while facility based (+0.94) had the least positive view

- Neurology (+1.95) had the most positive view of the national job market among individual specialties, followed by family medicine (+1.92) and adult psychiatry (+1.88)

- Only 2 specialties had a score of +0.50 or less: pathology (+0.10) and radiology (+0.50)

- The specialties with the most positive views of the national job market over the last 2 years were neurology (+1.93), family medicine (+1.89), and child and adolescent psychiatry (+1.89)
  - For the same 2-year period (2014 and 2015), the specialties with the lowest assessments of the national job market were pathology (+0.12), radiology (+0.30), and cardiology (+0.91)

- Over the course of the last 4 years of the survey, adult psychiatry (+1.91), emergency medicine (+1.89), and family medicine (+1.86) were the specialties with the most positive views of the national job market
  - Pathology (+0.06), radiology (+0.28), and nephrology (+0.79) were the specialties with the least positive views of the national job market

Figure 4.13. Perceptions of the National Job Market (for 2015 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

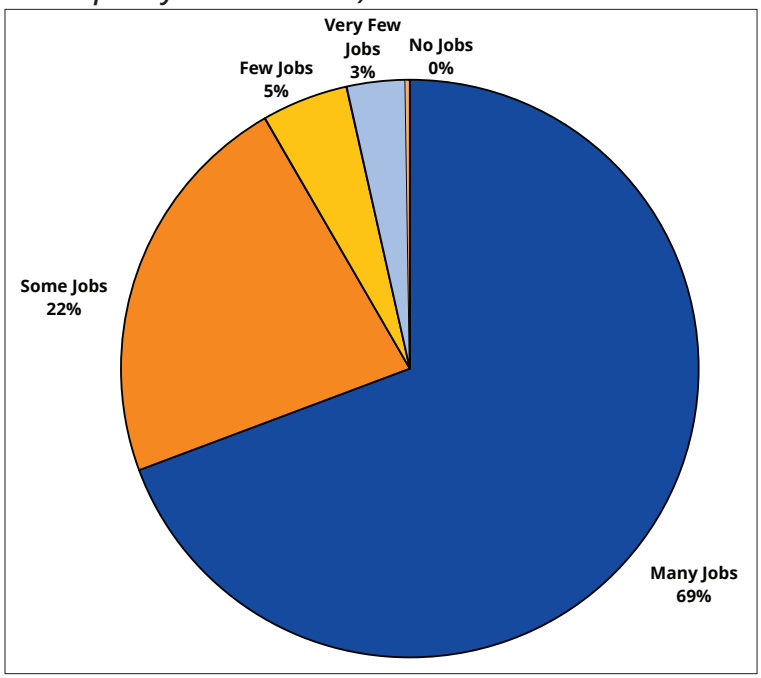


Figure 4.14. Mean Likert Scores for Perceptions of the National Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

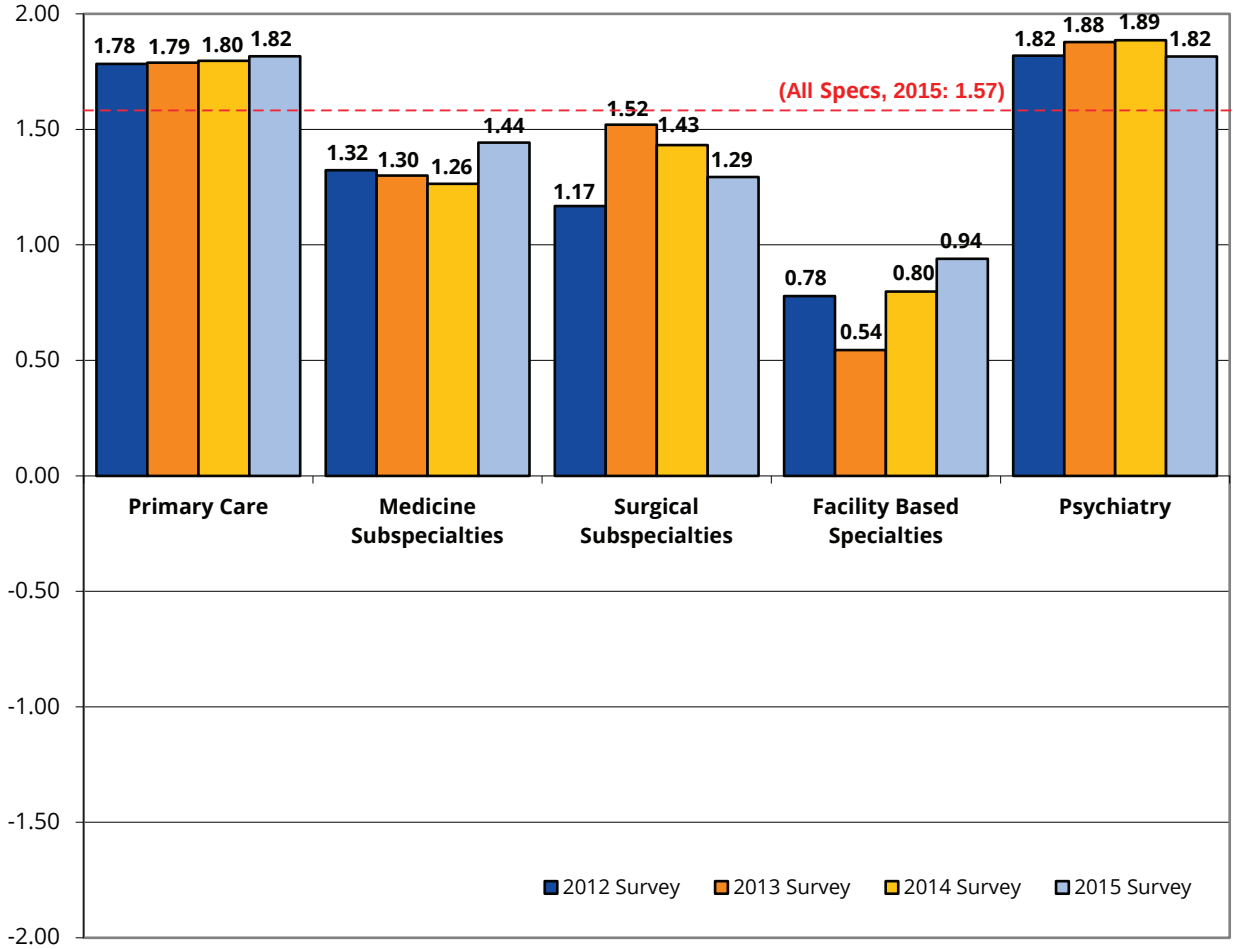


Figure 4.15. Rank of Likert Scores for Perceptions of the National Job Market by Specialty (for 2015 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

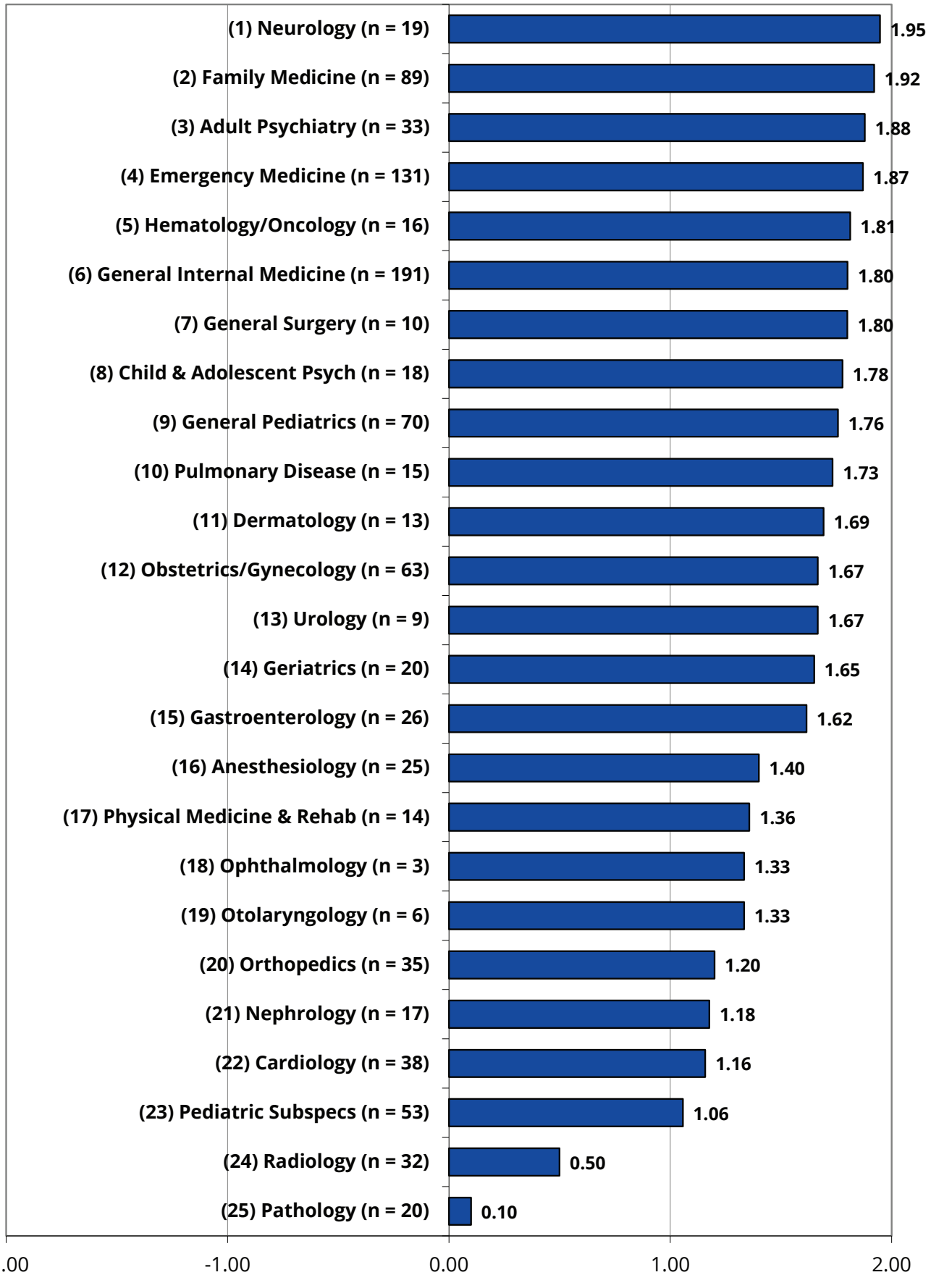


Table 4.5. Mean Likert Scores for Perceptions of the National Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2015 Respondents	RANK (of 25)	Aggregated Respondents: 2014 and 2015	RANK (of 25)	Aggregated Respondents: 2012 - 2015	RANK (of 25)
Primary Care	**1.82**	N/A	**1.81**	N/A	**1.80**	N/A
Family Medicine	1.92	2	1.89	2	1.86	3
General Internal Medicine	1.80	6	1.84	6	1.83	5
General Pediatrics	1.76	9	1.64	12	1.64	14
Obstetrics/Gynecology	**1.67**	12	**1.68**	10	**1.68**	11
Medicine Subspecialties	**1.44**	N/A	**1.35**	N/A	**1.33**	N/A
Cardiology	1.16	22	0.91	23	0.87	22
Gastroenterology	1.62	15	1.61	13	1.66	12
Geriatrics	1.65	14	1.66	11	1.65	13
Hematology/Oncology	1.81	5	1.53	16	1.38	17
Nephrology	1.18	21	0.94	22	0.79	23
Pulmonary Disease	1.73	10	1.81	8	1.78	7
General Surgery	**1.80**	7	**1.81**	7	**1.71**	10
Surgical Subspecialties	**1.29**	N/A	**1.36**	N/A	**1.33**	N/A
Ophthalmology	1.60	18	1.54	15	1.29	19
Orthopedics	1.38	20	1.29	19	1.32	18
Otolaryngology	1.44	19	1.40	18	1.51	15
Urology	1.45	13	1.55	14	1.77	9
Facility Based	**0.94**	N/A	**0.86**	N/A	**0.75**	N/A
Anesthesiology	1.40	16	1.16	20	1.17	20
Pathology	0.10	25	0.12	25	0.06	25
Radiology	0.50	24	0.30	24	0.28	24
Psychiatry	**1.82**	N/A	**1.85**	N/A	**1.85**	N/A
Adult Psychiatry	1.88	3	1.88	4	1.91	1
Child and Adolescent Psych	1.78	8	1.89	3	1.84	4
Other	**1.59**	N/A	**1.56**	N/A	**1.54**	N/A
Dermatology	1.69	11	1.80	9	1.78	8
Emergency Medicine	1.87	4	1.88	5	1.89	2
Neurology	1.95	1	1.93	1	1.79	6
Pediatric Subspecialties	1.06	23	1.06	21	1.02	21
Physical Medicine and Rehab	1.36	17	1.44	17	1.44	16
Total (All Specialties)	**1.57**	N/A	**1.54**	N/A	**1.50**	N/A

[a] Likert Score computed using the following Likert Scale: "Many Jobs" = +2, "Some Jobs" = +1, "Few Jobs" = 0, "Very Few Jobs" = -1, "No Jobs" = -2.

4.7 Trends in Starting Income

Table 4.6 presents median starting income levels for 2015 graduates, for all graduates from the last 2 surveys, and the average annual change (ie, trend) in median starting income from the last 4 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 2015 respondents was $221,800, a less than 5% increase from 2014 (the average increase per year was 2% from 2011 to 2015)
- Most specialties and specialty groups saw moderate to strong growth in the average annual increase in starting incomes from 2011 to 2015
    - Only 2 specialties experienced no growth or a decrease during this time period: pathology (-1%) and adult psychiatry (0%)
- Ophthalmology (+16%), general surgery (+8%), and child and adolescent psychiatry (+7%) showed the strongest trends in income between 2011 and 2015

Figure 4.16. Median Starting Income (in $1,000s) by Specialty Group (for Respondents With Confirmed Practice Plans)

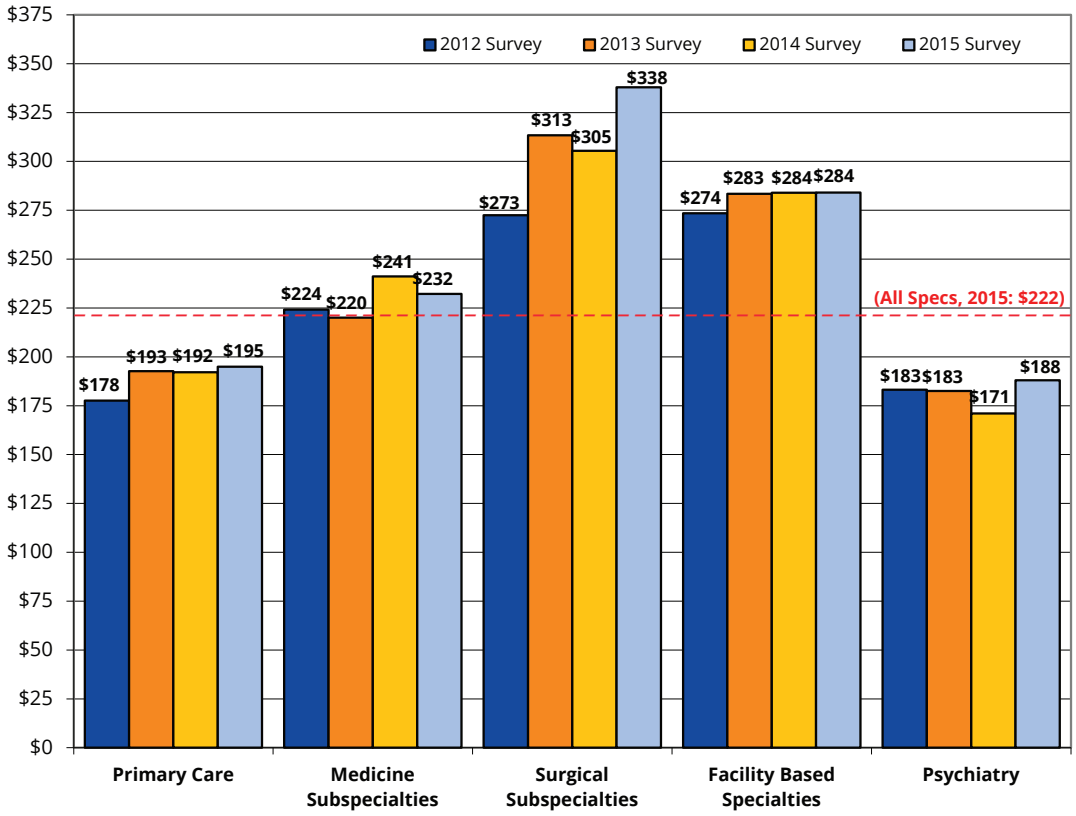


Figure 4.17. Trends in Median Starting Income (in $1,000s) Among Primary Care and Non-Primary Care Physicians (for Respondents With Confirmed Practice Plans)

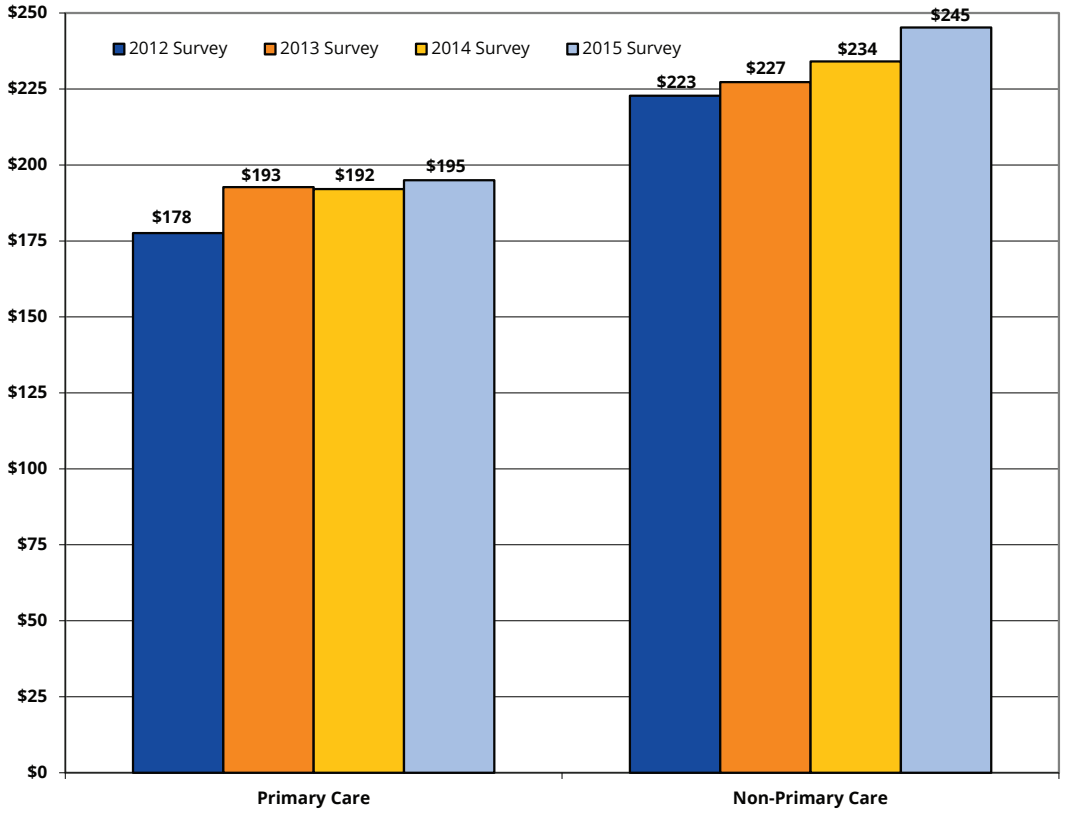


Figure 4.18. Rank of Average Percent Change in Median Starting Income (from 2011 to 2015) by Specialty (for Respondents With Confirmed Practice Plans)

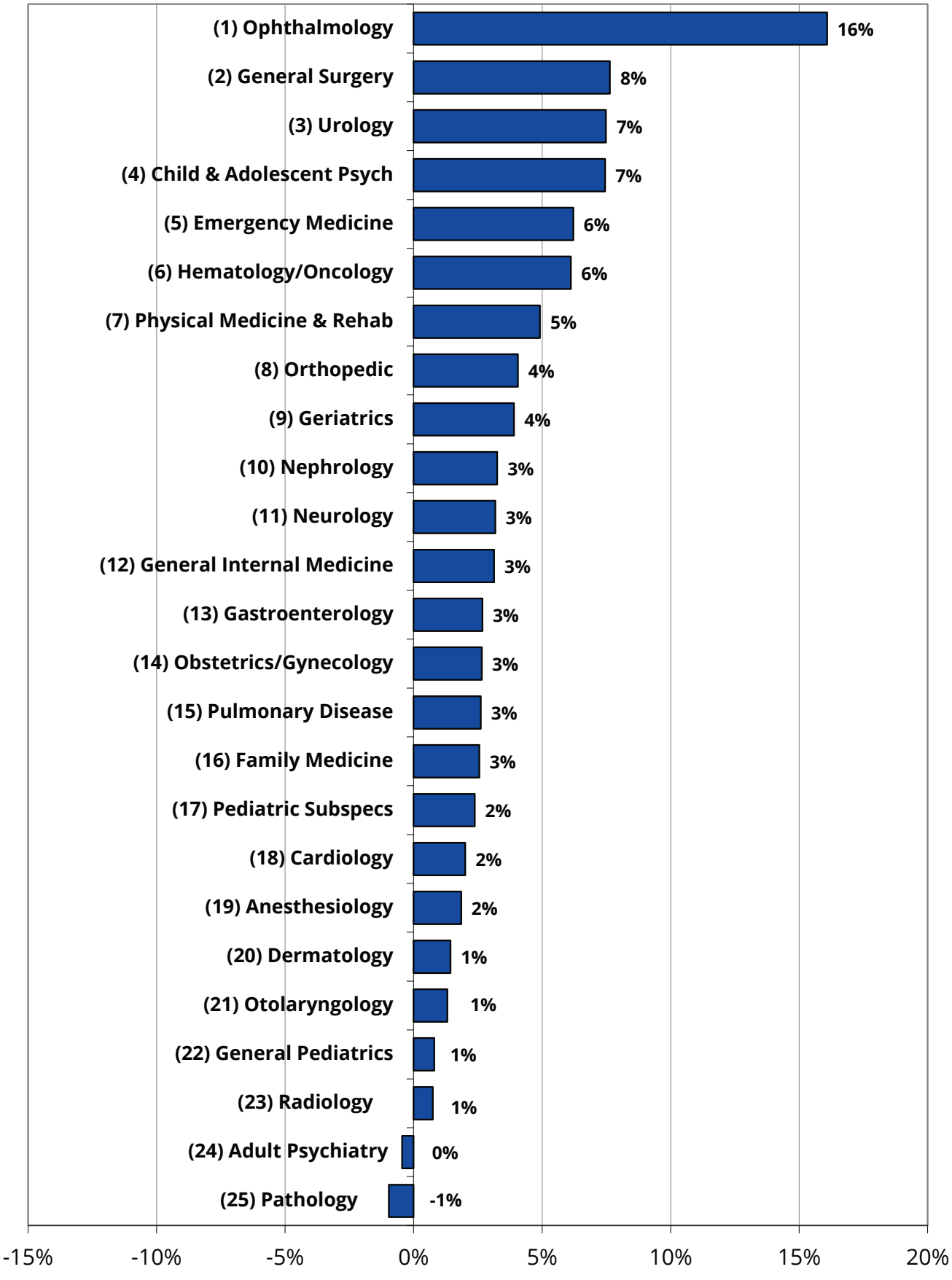


Table 4.6. Median Expected Starting Income by Specialty (for Respondents With Confirmed Practice Plans)

Specialty	2015 Respondents	RANK (of 25)	Aggregated Respondents: 2014 and 2015	RANK (of 25)	Trend (Average Annual Change: 2011 to 2015)	RANK (of 25)
Primary Care	**$195,000**	N/A	**$193,000**	N/A	**3%**	N/A
Family Medicine	$187,300	22	$189,800	18	3%	16
General Internal Medicine	$212,750	15	$207,250	15	3%	12
General Pediatrics	$142,000	25	$137,200	25	1%	22
Obstetrics/Gynecology	**$221,800**	14	**$206,000**	16	**3%**	14
Medicine Subspecialties	**$232,200**	N/A	**$237,800**	N/A	**2%**	N/A
Cardiology	$271,500	11	$285,900	8	2%	18
Gastroenterology	$299,400	6	$287,900	7	3%	13
Geriatrics	$202,200	18	$167,200	24	4%	9
Hematology/Oncology	$285,400	9	$264,800	11	6%	6
Nephrology	$194,000	21	$188,550	20	3%	10
Pulmonary Disease	$242,250	13	$264,200	12	3%	15
General Surgery	**$370,300**	1	**$331,700**	2	**8%**	2
Surgical Subspecialties	**$337,900**	N/A	**$321,100**	N/A	**5%**	N/A
Ophthalmology	$285,200	10	$213,000	13	16%	1
Orthopedics	$346,600	3	$324,100	3	4%	8
Otolaryngology	$271,000	12	$265,500	10	1%	21
Urology	$349,500	2	$340,750	1	7%	3
Facility Based	**$284,050**	N/A	**$284,000**	N/A	**1%**	N/A
Anesthesiology	$300,500	5	$299,700	6	2%	19
Pathology	$187,100	23	$190,100	17	-1%	25
Radiology	$313,900	4	$311,000	4	1%	23
Psychiatry	**$188,050**	N/A	**$177,450**	N/A	**3%**	N/A
Adult Psychiatry	$181,900	24	$169,100	23	0%	24
Child and Adolescent Psych	$197,200	19	$187,350	21	7%	4
Other	**$239,700**	N/A	**$228,000**	N/A	**4%**	N/A
Dermatology	$285,650	8	$310,050	5	1%	20
Emergency Medicine	$287,000	7	$274,650	9	6%	5
Neurology	$211,500	16	$211,500	14	3%	11
Pediatric Subspecialties	$194,200	20	$186,800	22	2%	17
Physical Medicine and Rehab	$204,200	17	$189,350	19	5%	7
Total (All Specialties)	**$221,800**	N/A	**$217,500**	N/A	**2%**	N/A

4.8 Assessment of Relative Demand by Specialty

To measure demand, a composite score was computed by taking the median of the ranks (ie, where each specialty stood relative to all 25 specialties) scored by each specialty on each of the demand indicators for data from the previous 4 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 2015, data from 2015 were weighted .40, data from 2014 were weighted .30, data from 2013 were weighted .20, and data from 2012 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
- 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 (ie, 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.

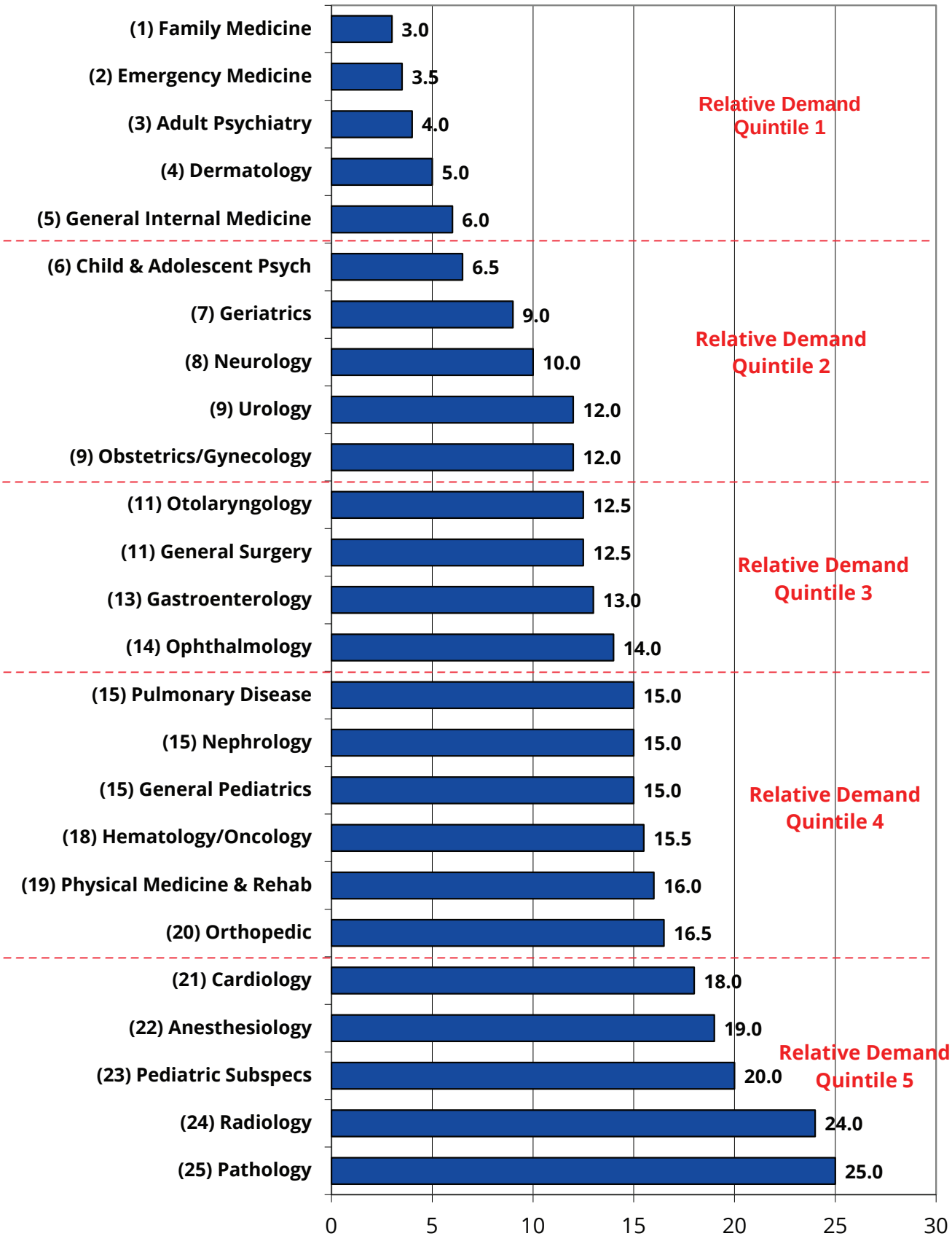
Figure 4.19 is a plot of the median ranks of each specialty to illustrate the current demand for each specialty. Note that the exit survey cannot be used to measure absolute demand (ie, to determine the appropriate number of physicians necessary to serve a given population). Instead, it is used to measure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

Highlights

- Currently, family medicine (average rank of 3.0 out of 25), emergency medicine (3.5), adult psychiatry (4.0), dermatology (5.0) and general internal medicine (6.0) are specialties experiencing the strongest demand

- The job market for pathology (25.0), radiology (24.0), pediatric subspecialties (20.0), anesthesiology (19.0), and cardiology (18.0) appears weak relative to other specialties

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



Appendix A

Table A-1. 2015 Exit Survey Response Rates by Speacialty[a] and Region[b,c]

	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
Specialty	**Grads**	**Returned**	**Resp Rate**	**Grads**	**Returned**	**Resp Rate**	**Grads**	**Returned**	**Resp Rate**
Primary Care	**233**	**178**	**76%**	**1,741**	**824**	**47%**	**1,974**	**1,002**	**51%**
Family Medicine	66	15	23%	146	115	79%	212	130	61%
Internal Medicine-General	115	115	100%	1,191	498	42%	1,306	613	47%
Pediatrics-General	39	35	90%	393	200	51%	432	235	54%
IM & Peds (Combined)	13	13	100%	11	11	100%	24	24	100%
Obstetrics/Gynecology	**27**	**27**	**100%**	**142**	**86**	**61%**	**169**	**113**	**67%**
Internal Medicine Specialties	**74**	**59**	**80%**	**621**	**351**	**57%**	**695**	**410**	**59%**
Cardiology	19	12	63%	168	85	51%	187	97	52%
Gastroenterology	8	8	100%	58	38	66%	66	46	70%
Geriatrics	6	6	100%	60	31	52%	66	37	56%
Hematology/Oncology	7	6	86%	68	33	49%	75	39	52%
Nephrology	5	5	100%	56	36	64%	61	41	67%
Pulmonary Disease	8	4	50%	63	31	49%	71	35	49%
Other IM Specialties	21	18	86%	148	97	66%	169	115	68%
Critical Care Medicine	*2*	*1*	*50%*	*29*	*16*	*55%*	*31*	*17*	*55%*
Endocrinology & Metab.	*8*	*8*	*100%*	*34*	*23*	*68%*	*42*	*31*	*74%*
Infectious Disease	*4*	*3*	*75%*	*45*	*26*	*58%*	*49*	*29*	*59%*
Rheumatology	*4*	*3*	*75%*	*25*	*17*	*68%*	*29*	*20*	*69%*
Other IM Subspecialties	*3*	*3*	*100%*	*15*	*15*	*100%*	*18*	*18*	*100%*
Surgery (General)	**20**	**19**	**95%**	**147**	**70**	**48%**	**167**	**89**	**53%**
Surgery (Subspecialties)	**64**	**59**	**92%**	**331**	**153**	**46%**	**400**	**212**	**53%**
Ophthalmology	10	10	100%	63	27	43%	73	37	51%
Orthopedics	21	19	90%	135	60	44%	156	79	51%
Otolaryngology	8	5	63%	28	9	32%	36	14	39%
Urology	7	7	100%	29	16	55%	36	23	64%
Other Surgical Subspecs	18	18	100%	76	41	54%	99	59	60%
Neurosurgery	*6*	*4*	*67%*	*13*	*4*	*31%*	*19*	*8*	*42%*
Plastic Surgery	*4*	*1*	*25%*	*20*	*5*	*25%*	*24*	*6*	*25%*
Thoracic Surgery	*1*	*1*	*100%*	*12*	*9*	*75%*	*13*	*10*	*77%*
All Other Surg Subspecs	*12*	*12*	*100%*	*31*	*23*	*74%*	*43*	*35*	*81%*

Table A-1. 2015 Exit Survey Response Rates by Speacialty[a] and Region[b,c] (Cont.)

Specialty	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Facility Based	**100**	**73**	**73%**	**581**	**293**	**50%**	**682**	**366**	**54%**
Anesthesiology-General	35	30	86%	166	66	40%	201	96	48%
Pain Management	7	7	100%	27	12	44%	34	19	56%
Other Anes Subspecs	5	5	100%	54	30	56%	59	35	59%
Pathology	16	16	100%	131	76	58%	148	92	62%
Pathology (General)	*12*	*12*	*100%*	*69*	*34*	*49%*	*81*	*46*	*57%*
Pathology Subspecialties	*5*	*4*	*80%*	*62*	*42*	*68%*	*67*	*46*	*69%*
Radiology	37	15	41%	203	109	54%	240	124	52%
Radiology (Diagnostic)	*33*	*11*	*33%*	*176*	*92*	*52%*	*209*	*103*	*49%*
Radiology (Therapeutic)	*3*	*3*	*100%*	*18*	*13*	*72%*	*21*	*16*	*76%*
Nuclear Medicine	*1*	*1*	*100%*	*9*	*4*	*44%*	*10*	*5*	*50%*
Psychiatry	**27**	**25**	**93%**	**310**	**134**	**43%**	**337**	**159**	**47%**
Psychiatry (General)	14	14	100%	171	82	48%	185	96	52%
Child & Adolescent Psych	7	7	100%	49	21	43%	56	28	50%
Other Psych Subspecs	6	4	67%	90	31	34%	96	35	36%
Other	**126**	**116**	**92%**	**703**	**400**	**57%**	**834**	**516**	**62%**
Dermatology	3	0	0%	64	23	36%	67	23	34%
Emergency Medicine	54	54	100%	207	116	56%	261	170	65%
Neurology	23	18	78%	120	47	39%	143	65	45%
Pediatric Specialties	16	16	100%	121	65	54%	137	81	59%
Physical Medicine & Rehab	9	7	78%	73	44	60%	82	51	62%
Other	21	21	100%	118	105	89%	144	126	88%
Allergy & Immunology	*1*	*1*	*100%*	*14*	*6*	*43%*	*15*	*7*	*47%*
Preventive Medicine	*6*	*1*	*17%*	*12*	*7*	*58%*	*18*	*8*	*44%*
All Other	*19*	*19*	*100%*	*92*	*92*	*100%*	*111*	*111*	*100%*
Total (All Specialties)	**804**	**556**	**69%**	**4,504**	**2,311**	**51%**	**5,308**	**2,867**	**54%**

[a] 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.

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

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

Appendix B

2015 EXIT SURVEY INSTRUMENT

MARKING INSTRUCTIONS

- Use a No. 2 pencil or blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the oval completely.
- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

● CORRECT

✓ ✗ ◒ ⊙ INCORRECT

Survey of Residents Completing Training in NY in 2015

Center for Health Workforce Studies
University at Albany, School of Public Health
1 University Place / Suite 220
Rensselaer, NY 12144-3445

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

This questionnaire should be completed by all physicians completing a residency/fellowship training program in New York in 2015 *(excluding preliminary training positions)*.

LAST NAME

FIRST NAME

Main Hospital at Which You Did Your Training:

For each question ***mark only one answer*** unless otherwise directed.

A. BACKGROUND

1. Gender:
- ○ Male
- ○ Female

2. Age: ___

3. Citizenship Status:
- ○ Native born U.S.
- ○ Naturalized U.S.
- ○ Permanent resident
- ○ H-1, H-2, H-3 Temporary worker
- ○ J-1, J-2 Exchange visitor

4. A. Are you of Hispanic/Latino origin?
- ○ Yes ○ No

B. What is your race? *(mark all that apply)*
- ○ American Indian/Alaska Native
- ○ Asian or Pacific Islander
- ○ Black/African American
- ○ White
- ○ Other

5. A. Which best describes your current relationship status?
- ○ Now Married
- ○ In Long-term Relationship
- ○ Divorce/Separated (Skip to 6)
- ○ Never Married/Single (Skip to 6)

B. If currently married or in a long-term relationship, is your partner also a physician?
- ○ Yes ○ No ○ Question does not apply

6. Do you have any dependent children?
- ○ Yes ○ No

7. Where did you live when you graduated from high school?
- ○ New York
- ○ Canada
- ○ Other U.S.
- ○ Other country

B. MEDICAL EDUCATION AND TRAINING

8. At the end of your current year of training, how many total years of post-graduate training will you have completed in the U.S.?
- ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

9. Type of Medical Education:
- ○ Allopathic (M.D.) ○ Osteopathic (D.O.)

10. Medical School Attended:
- ○ New York (if yes, complete below)
- ○ Canada
- ○ Other state in the U.S.
- ○ Other country

Specify if in NY:
- ○ Albany Medical College
- ○ Albert Einstein Col of Med of Yeshiva Univ
- ○ Columbia University Col of Phys and Surg
- ○ Hofstra North Shore-LIJ School of Medicine
- ○ Mt. Sinai School of Medicine
- ○ New York College of Osteo Med of NYIT
- ○ New York Medical College (Valhalla)
- ○ New York University Sch of Med
- ○ Stony Brook Univ Med Ctr Sch of Med
- ○ SUNY Buffalo Sch of Med & Biomed Sci
- ○ SUNY Downstate Med Ctr Col of Med
- ○ Touro College of Osteopathic Med
- ○ University of Rochester
- ○ Upstate Medical University, SUNY
- ○ Weill Cornell Medical College

11. What is your current level of educational debt?
- ○ None
- ○ Less than $25,000
- ○ $25,000–$49,999
- ○ $50,000–$74,999
- ○ $75,000–$99,999
- ○ $100,000–$124,999
- ○ $125,000–$149,999
- ○ $150,000–$174,999
- ○ $175,000–$199,999
- ○ $200,000–$224,999
- ○ $225,000–$249,999
- ○ $250,000–$274,999
- ○ $275,000–$299,999
- ○ $300,000 and over

continue . . .

SERIAL #

PLEASE DO NOT WRITE IN THIS AREA

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12. **Specialty you are COMPLETING in 2015** *(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: _____

13. 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

14. 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 <u>any</u> 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
- ○ No
- ○ Don't know yet
- ○ Question does not apply

15. 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	○	○	○	○	○	○	○	○
Research	○	○	○	○	○	○	○	○
Teaching	○	○	○	○	○	○	○	○
Administration	○	○	○	○	○	○	○	○
Volunteering/Community service	○	○	○	○	○	○	○	○

16. 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

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

- ○ Yes
- ○ No

18. How important is it for you to have control over the following job characteristics:

	Not important at all	Of little importance	Important	Very important
Predictable start and end time each workday	○	○	○	○
Length of each workday	○	○	○	○
Frequency of overnight calls	○	○	○	○
Frequency of weekend duties	○	○	○	○

19. 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
- ○ No, I will be self-employed

B. 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 27)
- ○ No, but I have not actively searched yet (Skip to Question 27)
- ○ No, I have not yet been offered a practice position (Skip to Question 27)

D. PRACTICE PLANS

If you have accepted a position in patient care/clinical practice please answer the following questions, if not, skip to Question 27.

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

Principal Practice Setting *(mark only one)*	Secondary Practice Setting(s) *(mark all that apply)*	
○	○	Solo practice
○	○	Partnership (2 people)
○	○	Group practice (owner/partner)
○	○	Group practice (employee)
○	○	Hospital—Inpatient
○	○	Hospital—Ambulatory care
○	○	Hospital—Emergency room
○	○	Freestanding health center or clinic
○	○	Nursing home
○	○	Other: _____

21. 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.

← Principal Practice Zip Code

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

City/Town _____ State _____

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 <u>not</u> 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)*.

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

continue . . .

22. How many years do you expect to be at your principal practice?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more

23. 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

24. 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	○	○
J-1 visa waiver	○	○
Sign-on bonus	○	○
Income guarantees	○	○
On-call payments	○	○
Relocation allowances	○	○
Spouse/Partner job transition assistance	○	○
Support for maintenance of certification and continuing medical education	○	○
Career development opportunities	○	○
Educational loan repayment	○	○
Other, specify: _____	○	○
None	○	

B. If you received any incentives, how important were they in your decision to accept this practice position?

○ Not at all important ○ Important
○ Of little importance ○ Very important

25. Expected gross income during first year of practice:

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

26. 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.)

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

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

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): _____

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

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

29. 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

30. 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

31. 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.

○○○○○○○○○○○○○○○○○○○○○○○○○○○○

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

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