2016

2016 New York Residency Training Outcomes

A Summary of Responses to the 2016 New York Resident Exit Survey

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

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September 2017

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PREFACE

This report summarizes the results of the Survey of Residents Completing Training in New York in 2016 (2016 Exit Survey) conducted by the Center for Health Workforce Studies (CHWS) in the spring and summer of 2016. 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 2016 was the 17th 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. Funding for the 2016 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.

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 Exit Survey). 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 and other key stakeholders.

Each year in the spring, CHWS distributes the Exit Survey to GME administrators at teaching hospitals in New York. The Survey is then forwarded to individual programs where graduating residents and fellows are asked to complete a 31-item questionnaire in the weeks prior to finishing their program. Completed questionnaires are returned to CHWS for data entry and analysis. In 2016, with the excellent participation of teaching hospitals, a total of 3,084 of the estimated 5,225 physicians finishing a residency or fellowship training program completed the Exit Survey (59% response rate). Over the 17 years the survey has been conducted (1998-2003, 2005, 2007-2016), 50,989 of 83,810 graduates have completed the survey (61% cumulative response rate).

A summary of the survey results is 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. While the experiences of graduates of training programs in New York man not reflect the experiences of all graduates around the country, they are illustrative of the marketplace for new physicians. By conducting the survey annually, it is possible to observe trends in the marketplace, which can be useful in projecting future demand.

KEY FINDINGS

Overall, the experiences of new physicians in the job market in 2016 is consistent with previous observations.

Based on the responses to several questions used to measure demand, the opportunities for New York's graduating physicians in 2016 were comparable to those in 2015.

- 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-quarter (23%) of respondents reported some difficulty finding a satisfactory practice position, only 19% of those reporting difficulty attributed it to an overall lack of jobs
    - Thirty percent (30%) attributed their difficulty to a lack of jobs in desired locations.
- The median starting income of respondents increased by 5% from 2015 to 2016.
    - The average annual increase over the last 4 years of the survey was 3%.
- 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* was stronger than the demand for non-primary care physicians.

Prior to 2008,the Exit Survey showed that demand for primary care physicians was lower compared to demand for non-primary care physicians. Since 2008 the demand for primary care physicians has been greater than the demand for non-primary care physicians. In 2016:

- Primary care physicians were less likely than non-primary care physicians to report difficulty finding a satisfactory practice position (15% versus 25%) and having to change plans due to limited practice opportunities (10% vs 17%).
- Primary care physicians received more job offers than specialists (mean of 4.28 vs 3.31).
- Generalists also had a more positive view than specialists of the regional job market .
- The average annual increase in median starting income from 2012 to 2016 was 4% for primary care physicians and 3% for non-primary care physicians.

* In this report, primary care includes the following specialties: family medicine, general internal medicine, general pediatrics, and combined internal medicine and pediatrics. Non-primary care includes all other specialties. See Appendix A for a complete taxonomy of specialties.

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 is possible to identify the specialties for which demand was weaker or stronger in relation to all others over the last 4 years of the survey.

- Based on a variety of indicators[ł], the demand for family medicine, emergency medicine, adult psychiatry, dermatology, and general internal medicine was greatest.
- Pathology, radiology, pediatric subspecialties, cardiology, and anesthesiology experienced the weakest demand relative to other specialties.

Both international medical school graduates (IMGs) with permanent citizenship status and IMGs with temporary visas (J-1, J-2, H-1, H-2, or H-3) experienced difficulty 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 under specific circumstances, eg, if they practice in a state or federally designated health professional shortage area (HPSA) or continue training.

Less than half of new physicians plan to practice in New York after completing training.

In 2016, 45% of newly trained physicians reported plans to practice in the state upon completion of their training program.

- When respondents who had plans to leave New York were asked about the main reason for leaving, the most common reasons reported were proximity to family (24%), better jobs in desired locations outside New York (13%), better salary outside New York (12%), and overall lack of jobs in New York (10%).
- Five percent (5%) of respondents indicated that they had 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 (2%), taxes in New York (2%), the cost of starting a practice in New York (<1%).

ł The indicators included having difficulty finding a job, having to change plans due to limited practice opportunities, mean number of job offers, view of regional job market, view of national job market, and trends in median starting income.

Forty percent (40%) of respondents reported plans to subspecialize after completing training.

- Respondents in the following specialties most frequently reported plans to subspecialize or continue training: general surgery (80%), ophthalmology (77%), and radiology (65%).

GENERAL RESULTS

Characteristics of 2016 Respondents

- Forty-eight percent (48%) of survey respondents were women.
  - The specialties with the most women were: obstetrics/gynecology (87%), pediatric subspecialties (75%), dermatology (68%), and general pediatrics (67%).

- Underrepresented minorities (URMs)‡ comprised 16% of all respondents in 2016.
  - The specialties with the most URMs were: geriatrics (28%), family medicine (24%), and obstetrics/gynecology (22%).

- Twenty-eight percent (28%) of respondents were New Yorkers.§
  - Thirty-six percent (36%) of respondents were from other states and 33% were from other countries (not including Canada).

- Forty-three percent (43%) of 2016 respondents were IMGs.
  - The specialties with the highest concentrations of IMGs were: nephrology (77%), geriatrics (73%), and general internal medicine (66%).
  - The specialties with the fewest IMGs included otolaryngology (0%), ophthalmology (3%), and dermatology (8%).

- Fifteen percent (15%) of respondents were IMGs on temporary visas.
  - The specialties with the highest concentrations of IMGs on temporary visas were: nephrology (31%), general pediatrics (27%), and pediatric subspecialties (24%).
  - Otolaryngology (0%), urology (0%), and ophthalmology (0%) had no temporary visa holders.

- The median education debt of 2016 respondents was $174,300.
  - Specialties with the highest median education debt were otolaryngology ($259,400), family medicine ($256,700), and emergency medicine ($235,100).
  - Only 3 specialties had median education debt of less than $75,000: nephrology ($16,850), cardiology ($36,900), and hematology/oncology ($71,100).

‡ URMs includes Blacks/African Americans, Hispanic/Latinos, and American Indians.

§ Individuals who graduated high school in New York are described as New Yorkers in this report.

Planned Activities After Completion of Current Training Program

- Fifty percent (50%) of all respondents reported plans to enter patient care practice following completion of their current training program.
    - Of these, 88% had confirmed practice plans (ie, they had accepted an offer for a job/ practice position) at the time they completed the survey.

- Forty percent (40%) of respondents reported plans to subspecialize or pursue further training.

- The remainder reported plans to work as chief residents (3%), to enter teaching/research position (2%), and to engage in other activities (5%).

Practice Plans of Respondents Entering Patient Care

- Forty-five percent (45%) of respondents with confirmed plans reported plans to enter practice in New York.
    - The vast majority of these respondents (87%) reported confirmed plans to remain in the same region they had trained.

- In-state retention of physicians was highest in the following specialties: otolaryngology (75%), ophthalmology (75%), and geriatrics (61%).

- In-state retention of physicians was lowest in the following specialties: general surgery (10%), orthopedics (25%), and urology (29%).

- Respondents who graduated from a high school and a medical school in New York were the most likely (75%) to report confirmed plans to practice in New York after completing training.

- When respondents who had plans to leave New York to practice were asked about the main reason for leaving, the most common reasons reported were proximity to family (24%), better jobs in desired locations outside New York (13%), better salary outside New York (12%), and overall lack of jobs in New York (10%).

- Five percent (5%) of respondents indicated that they had 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 (2%), taxes in New York (2%), or the cost of starting a practice in New York (<1%).

- Thirty percent (30%) of respondents reported plans to practice in inner-city locations, while only 4% were going to rural locations.

- Respondents in the following specialties were most likely to report plans to enter practice in inner city locations: urology (57%), child and adolescent psychiatry (50%), otolaryngology (50%), and geriatrics (50%).

- Seventeen percent (17%) of respondents reported that they would be practicing in a HPSA.

- The respondents most likely to report plans to practice in HPSAs were in the specialties of family medicine (37%), general pediatrics (32%), and geriatrics (29%).

- Fifty-one percent (51%) of respondents reported plans to practice in hospitals.
    - Of these respondents, 60% reported plans to practice in inpatient settings, 23% in ambulatory care settings within the hospital, and 17% in emergency departments.

- Forty percent (40%) of respondents reported plans to enter group practices.
    - Of these respondents, 83% reported plans to join group practice as employees.

Expected Starting Income‖

Differences in income between specialties can reflect dissimilarities in demand. They also reflect historical reimbursement policies for the kinds of services provided in various specialties. As such, trends in income provide a better indicator of demand than income levels at any particular point in time.

Although the expected income in the first year of practice (ie, starting income) of recent graduates is likely to be much lower than that of experienced, practicing physicians, the differences in income among new graduates across specialties are assumed to be generally consistent with the differences by specialty among practicing physicians, and thus provide some insight into the rank ordering of demand across specialties.

- 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.

- Respondents in the following specialties reported the highest starting incomes: urology ($373,200), orthopedics ($360,300), and general surgery ($356,750).

‖ 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.

- General pediatrics had the lowest median starting income of all specialties ($156,650).
    - Other specialties with the lowest reported starting incomes included ophthalmology ($165,700) and pathology ($184,600).

- Most specialties experienced moderate to strong growth in starting incomes from 2012 to 2016.

- Neurology (+9%), general surgery (+8%), and hematology/oncology (+8%) experienced the strongest growth in income between 2012 and 2016.

- Only 3 specialties experienced no growth or a decrease during this time period: cardiology (-2%), otolaryngology (-2%), and urology (-1%).

Expected Weekly Patient Care/Clinical Practice Hours

- Overall, respondents expected to spend an average of 42.8 hours per week in patient care/clinical practice activities.

- Respondents in the following specialties reported expectations to work the highest patient care/clinical practice hours per week: anesthesiology (51.5 hours), otolaryngology (50.1 hours), and orthopedics (48.6 hours).

- Respondents in the following specialties reported expectations to work the fewest patient care/clinical practice hours per week: emergency medicine (35.2 hours), pediatric subspecialties (36.3 hours), and dermatology (36.7 hours).

Experiences Searching for a Practice Position

The Exit Survey includes several questions related to respondents' experiences searching for a practice position. Any respondent who reported confirmed plans to enter or who considered entering patient care/clinical practice was asked to complete this section. Responses from IMGs on temporary visas have been excluded 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-three percent (23%) of respondents reported difficulty finding satisfactory positions.

- The most often cited main reason for difficulty finding satisfactory practice positions was lack of jobs in desired locations (30%), followed by an overall lack of jobs (19%) and lack of jobs in desired practice setting (16%).

- The specialties with the highest percentage of respondents having difficulty finding a satisfactory practice position in 2016 were: nephrology (67%), pathology (56%), and pediatric subspecialties (45%).

- The specialties with the lowest percentage of respondents having difficulty finding a satisfactory practice position in 2016 were: ophthalmology (0%), adult psychiatry (8%), and urology (8%).

- Fifteen percent (15%) of respondents reported having to change their plans due to limited practice opportunities in 2016.

- The specialties with the highest percentage of respondents who had to change plans due to limited practice opportunities in 2016 were: nephrology (58%), pediatric subspecialties (35%), and geriatrics (29%).

- The specialties with the lowest percentage of respondents who had to change plans due to limited practice opportunities in 2016 were: otolaryngology (0%), adult psychiatry (4%), and emergency medicine (5%).

- The average number of job offers received by respondents was 3.59.
    - Respondents in the following specialties received the most job offers: dermatology (5.06), family medicine (4.80), and urology (4.73).
    - Respondents in the following specialties received the fewest job offers: pathology (1.88), radiology (2.23), and ophthalmology (2.29).

Assessment of the Job Market for New Physicians

- Overall, respondents viewed the regional job market positively, with an average score of +0.98 (on a scale of +2.00, indicating "Many Jobs" to -2.00, indicating "No Jobs").
    - Respondents in the following specialties had the most positive views of the regional job market: adult psychiatry (+1.69), family medicine (+1.61), and dermatology (+1.53).
    - Respondents in the following specialties had the least positive views of the regional job market: pathology (-0.33), pediatric subspecialties (-0.16), and nephrology (+0.06).

- Respondents assessed the national job market (+1.66) more positively than the regional job market (+0.98).
    - Respondents in the following specialties reported the most positive views of the national job market: ophthalmology (+2.00), adult psychiatry (+1.96), and neurology (+1.94).
    - Respondents in the following specialties reported the least positive views of the national job market: pathology (+0.55), nephrology (+1.00), and radiology (+1.00).

- Demand for primary care physicians was stronger than the demand for non- primary care physicians.
    - Primary care physicians were less likely than non-primary care physicians to report difficulty finding satisfactory practice positions (15% and 25%, respectively) and having to change plans due to limited practice opportunities (10% and 17%, respectively).

- Primary care physicians received more job offers than non-primary care physicians (mean of 4.28 and 3.31, respectively).
    - Primary care physicians also had a more positive view than non-primary care physicians of the regional job market (average score of 1.29 vs 0.85, respectively).

- The average annual increase in median starting income from 2012 to 2016 was 4% for primary care physicians and 3% for non-primary care physicians.

- Demand for physicians was strongest in the following specialties: family medicine, emergency medicine, adult psychiatry, dermatology, and general internal medicine.

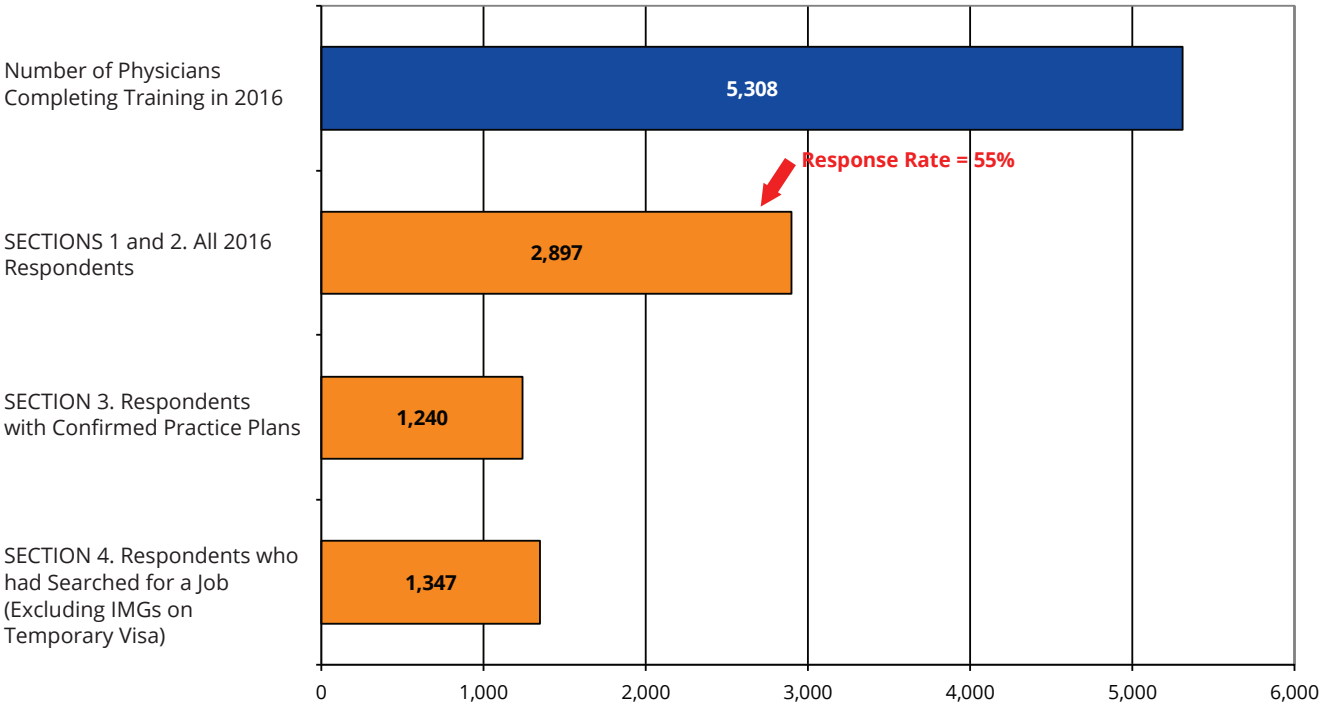
- Demand for physicians was weakest in the following specialties: pathology, radiology, pediatric subspecialties, and anesthesiology.

Technical Report

SUBGROUPS OF RESPONDENTS

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 3,084 of the estimated 5,225 residents who completed training in 2016 (59% response rate). Sections 1 and 2 of this report describe the characteristics of all survey respondents and outlines of their planned activities following completion of their current training programs. Section 3 describes respondents who are entering patient care/clinical practice and had confi rmed 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 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 as 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 contains the 2016 Exit Survey instrument.

Figure 1. 2016 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 describes the characteristics of all 2016 Exit Survey respondents. This information is presented because these characteristics are known to be associated with several outcomes of interest. For example, IMGs were much more likely to report diffi culty finding a satisfactory practice position. Thus, the proportion of IMGs in each specialty is important to consider when comparing outcomes of interest across specialties.

Highlights

- Forty-eight percent (48%) of survey respondents were women.
  - The specialties with the most women were: obstetrics/gynecology (87%), pediatric subspecialties (75%), dermatology (68%), and general pediatrics (67%).
  - The specialties with the fewest women were: orthopedics (13%), cardiology (17%), and pulmonary disease (25%).

- Underrepresented minorities (URMs)# comprised 16% of respondents in 2016.
  - The specialties with the most URMs were: geriatrics (28%), family medicine (24%), and obstetrics/gynecology (22%).
  - The specialties with the fewest URMs were: hematology/oncology (0%), ophthalmology (3%), and physical medicine and rehabilitation (5%).

- Twenty-eight percent (28%) of respondents were New Yorkers.**
  - Thirty-six percent (36%) of respondents were from other states and 33% were from other countries (not including Canada).

- Forty-three percent (43%) of 2016 respondents were IMGs
  - The specialties with the highest concentrations of IMGs were: nephrology (77%), geriatrics (73%), and general internal medicine (66%).
  - The specialties with the fewest IMGs included otolaryngology (0%), ophthalmology (3%), and dermatology (8%).

- Fifteen percent (15%) of respondents were IMGs on temporary visas.
  - The specialties with the highest concentrations of IMGs on temporary visas were: nephrology (31%), general pediatrics (27%), and pediatric subspecialties (24%).
  - The specialties with the fewest temporary visa holders were: otolaryngology (0%), urology (0%), and ophthalmology (0%).

URMs include: Blacks/African Americans, Hispanic/Latinos, and American Indians.
** Individuals who graduated high school in New York are described as New Yorkers in this report.

Figure 1.1. Percentage of Females by Specialty Group (All 2016 Exit Survey Respondents)

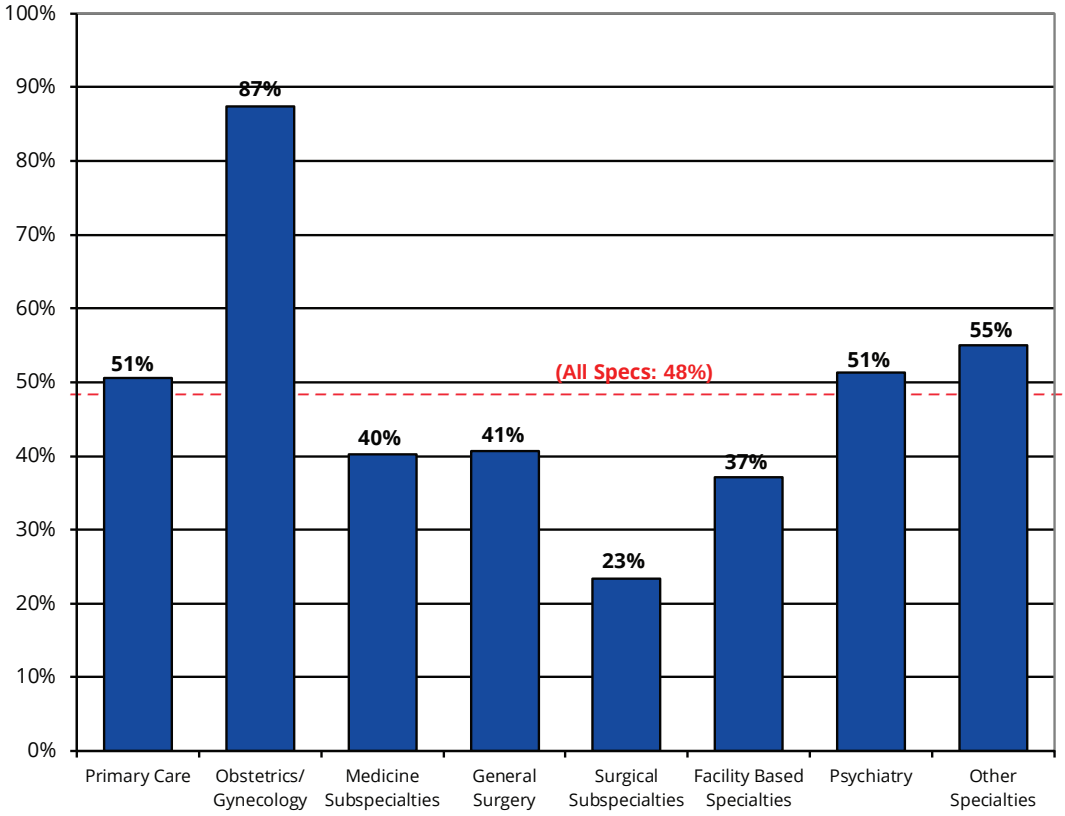


Figure 1.2. Percentage of Underrepresented Minorities by Specialty Group (All 2016 Exit Survey Respondents)

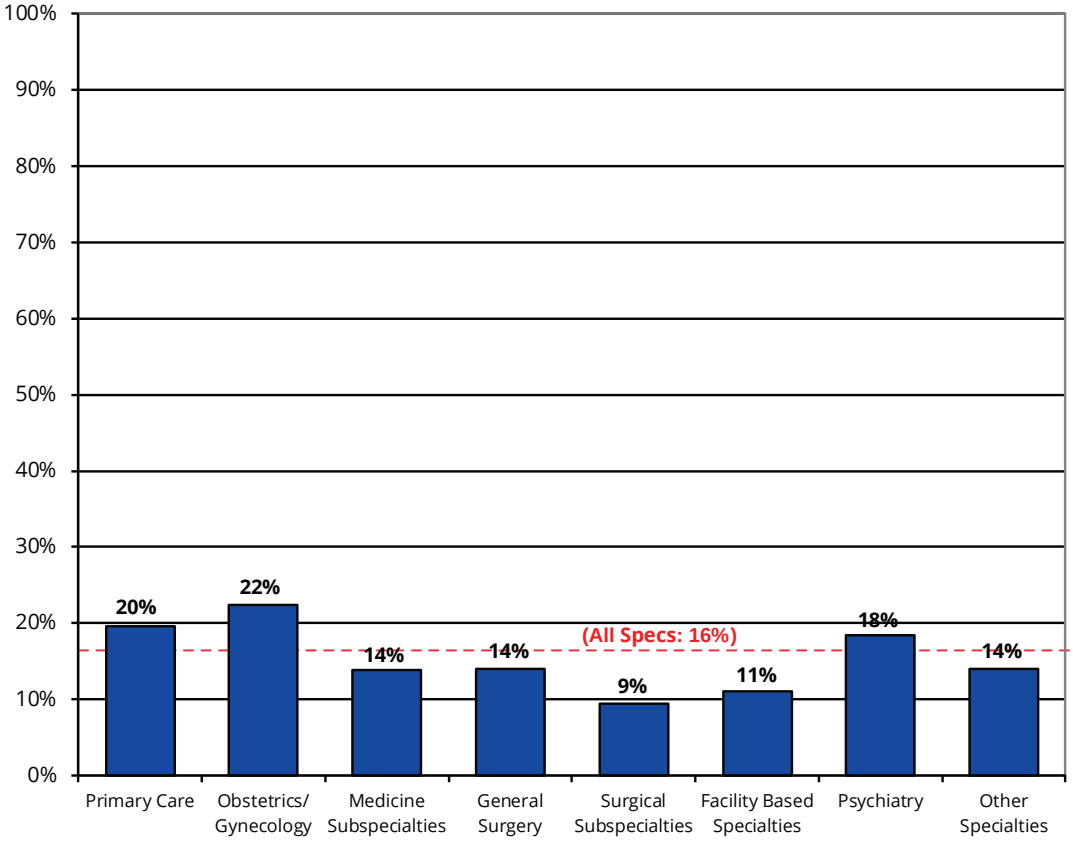


Figure 1.3. Location of High School Attended (All 2016 Exit Survey Respondents)

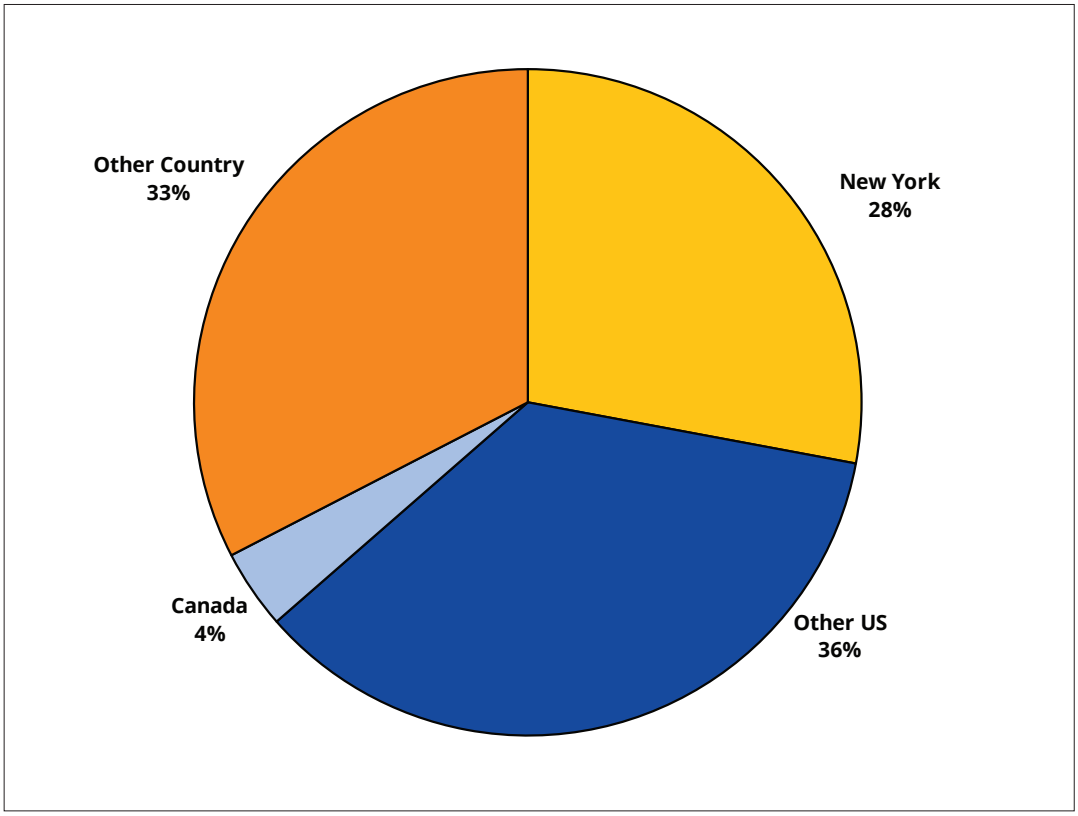


Figure 1.4. Location of Medical School and Citizenship Status (All 2016 Exit Survey Respondents)

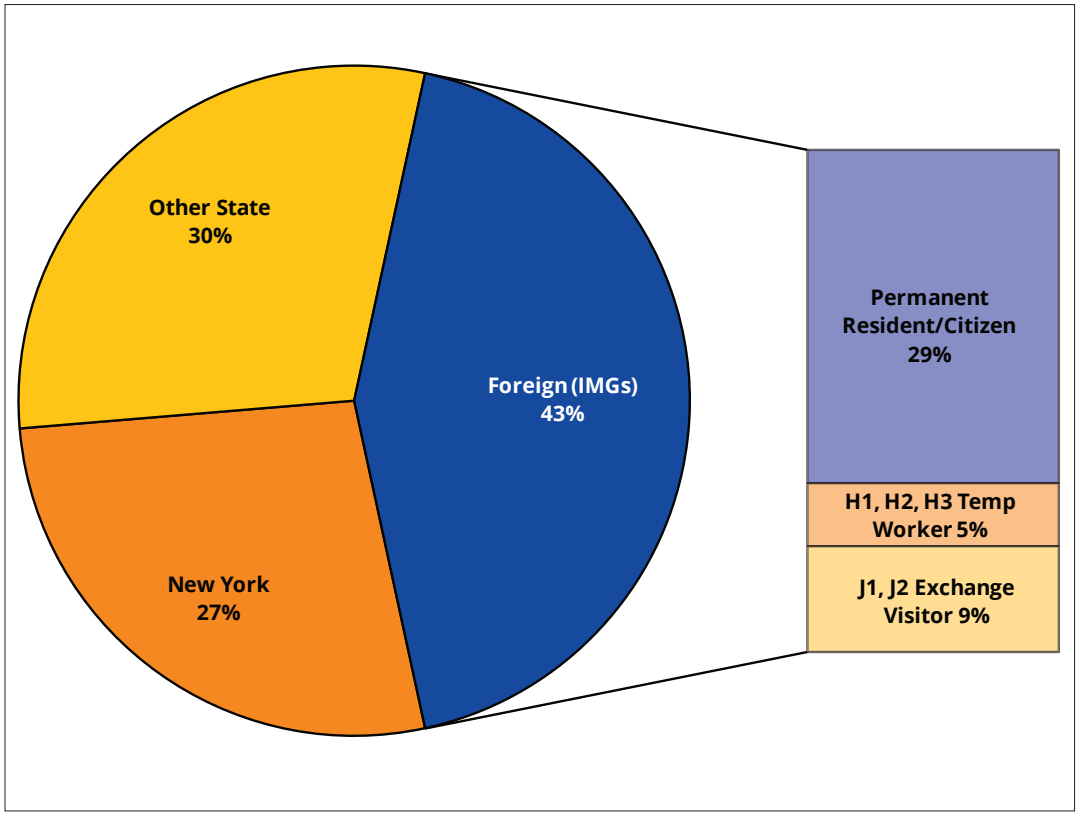


Table 1.1. Background Characteristics by Specialty (All 2016 Exit Survey Respondents)

Specialty	Number of Resp (N)[a]	% Female	% URM[b]	% New Yorkers[c]	% IMG[d]	% Temp Visa Holders[e]
Primary Care	**1069**	**51%**	**20%**	**26%**	**59%**	**21%**
Family Medicine	134	52%	24%	34%	46%	13%
General Internal Medicine	663	43%	20%	22%	66%	22%
General Pediatrics	245	67%	17%	30%	53%	27%
Obstetrics/Gynecology	**127**	**87%**	**22%**	**33%**	**28%**	**7%**
Medicine Subspecialties	**417**	**40%**	**14%**	**28%**	**57%**	**19%**
Cardiology	70	17%	7%	33%	61%	17%
Gastroenterology	48	33%	13%	45%	42%	6%
Geriatrics	30	63%	28%	13%	73%	20%
Hematology/Oncology	48	58%	0%	25%	44%	17%
Nephrology	35	40%	20%	20%	77%	31%
Pulmonary Disease	48	25%	4%	23%	60%	21%
General Surgery	**86**	**41%**	**14%**	**17%**	**24%**	**9%**
Surgical Subspecialties	**227**	**23%**	**9%**	**27%**	**13%**	**5%**
Ophthalmology	31	39%	3%	23%	3%	0%
Orthopedics	86	13%	10%	21%	9%	5%
Otolaryngology	13	31%	8%	46%	0%	0%
Urology	23	26%	17%	35%	9%	0%
Facility Based	**393**	**37%**	**11%**	**32%**	**25%**	**8%**
Anesthesiology	116	34%	13%	33%	19%	5%
Pathology	78	55%	13%	21%	62%	23%
Radiology	138	36%	8%	34%	9%	1%
Psychiatry	**198**	**51%**	**18%**	**30%**	**52%**	**14%**
Adult Psychiatry	119	48%	16%	32%	54%	14%
Child and Adolescent Psych	41	59%	29%	34%	39%	7%
Other	**567**	**55%**	**14%**	**30%**	**31%**	**11%**
Dermatology	25	68%	17%	24%	8%	4%
Emergency Medicine	170	46%	17%	28%	19%	9%
Neurology	53	55%	6%	25%	47%	19%
Pediatric Subspecialties	110	75%	13%	27%	46%	24%
Physical Medicine and Rehab	60	48%	5%	25%	31%	2%
All Specialties, 2016 (2015)	**3,084 (2,880)**	**48% (46%)**	**16% (14%)**	**28% (25%)**	**43% (50%)**	**15% (18%)**

[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] Individuals who graduated high school in New York are described as New Yorkers in this report.

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

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

- Fifteen percent (15%) of respondents were IMGs on temporary visas and the highest concentrations of these were found in nephrology (31%), general pediatrics (27%), and pediatric subspecialties (24%).
    - Otolaryngology (0%), urology (4%), 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 home country's government. The number of respondents (N) is indicated as many specialties had small numbers of respondents. Finally, specialties are ranked in descending order (ie, 1 is highest, 25 is lowest) by both mean and median education debt.

Highlights

- The median education debt of 2016 respondents was $174,300.
  - Specialties with the highest median education debt were otolaryngology ($259,400), family medicine ($256,700), and emergency medicine ($235,100).
  - Only 3 specialties had median education debt of less than $75,000: nephrology ($16,850), cardiology ($36,900), and hematology/oncology ($71,100).

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

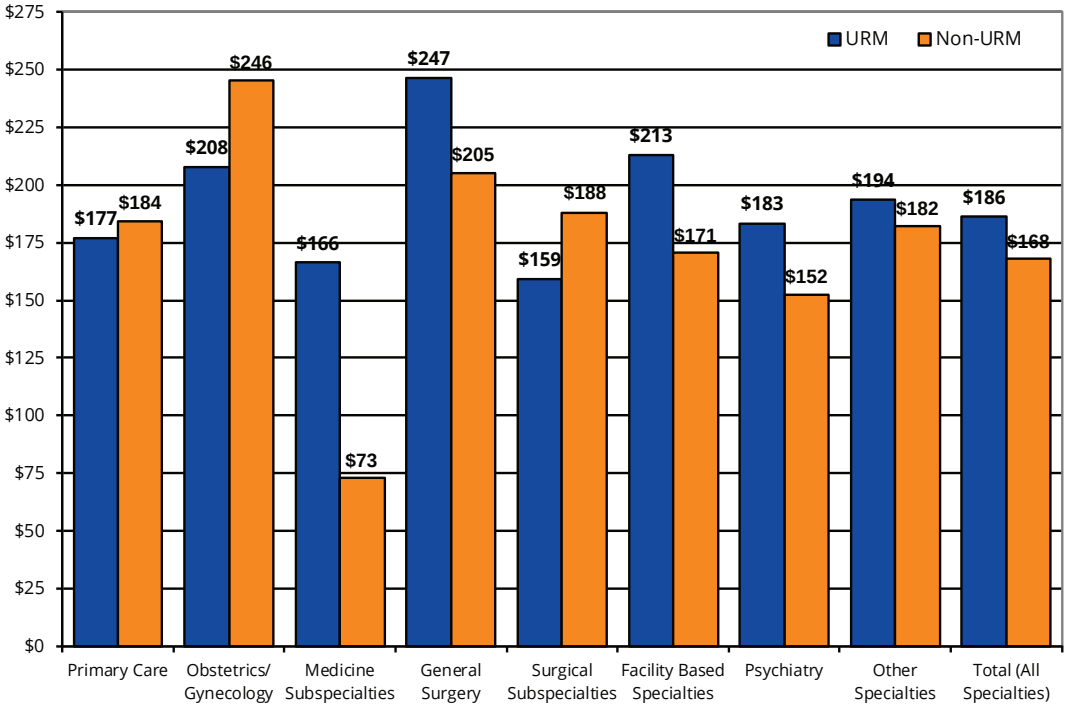


Table 1.2. Education Debt by Specialty (All 2016 Exit Survey Respondents, US Citizens Only)

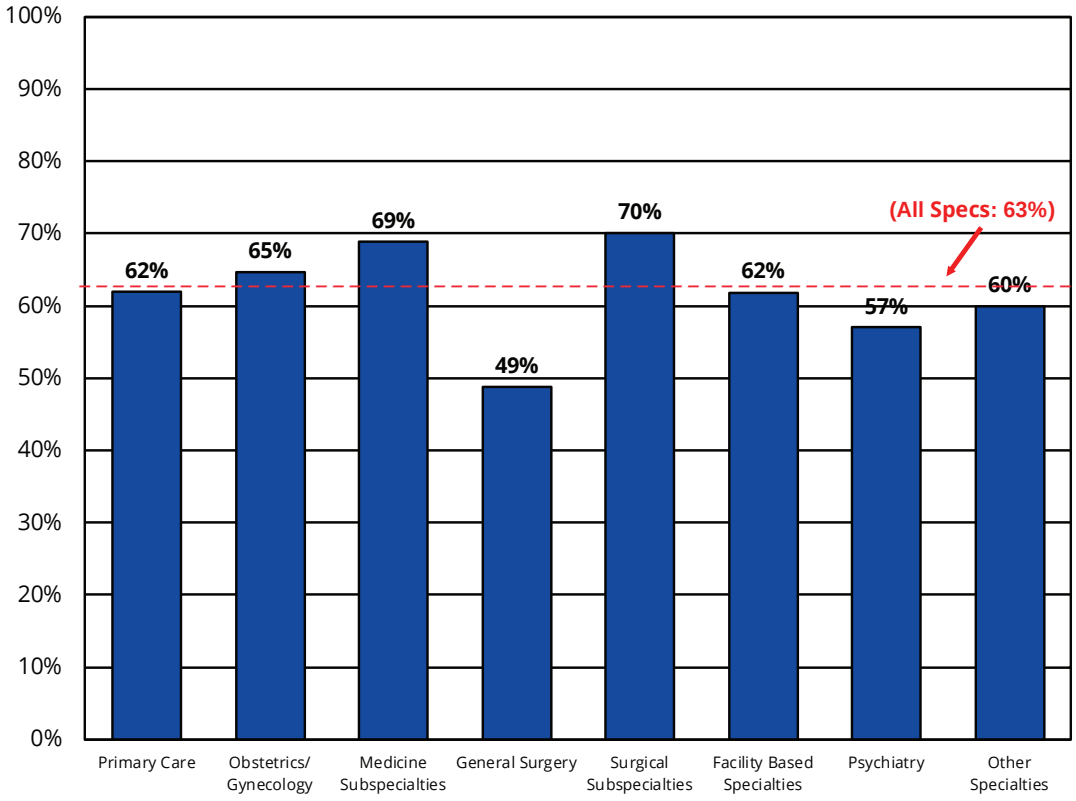
Specialty	N	MEAN	RANK[a] (of 25)	MEDIAN	RANK (of 25)
Primary Care	**665**	**$161,091**	N/A	**$183,600**	N/A
Family Medicine	102	$209,200	2	$256,700	2
General Internal Medicine	395	$139,043	17	$121,700	18
General Pediatrics	147	$182,519	6	$206,800	6
Obstetrics/Gynecology	**106**	**$198,370**	2	**$233,950**	4
Medicine Subspecialties	**281**	**$117,458**	N/A	**$76,000**	N/A
Cardiology	48	$94,906	25	$36,900	24
Gastroenterology	38	$130,405	19	$92,200	22
Geriatrics	19	$144,126	15	$159,000	14
Hematology/Oncology	33	$120,024	23	$71,100	23
Nephrology	20	$100,020	24	$16,850	25
Pulmonary Disease	30	$128,857	20	$117,850	19
General Surgery	**73**	**$182,923**	5	**$208,100**	5
Surgical Subspecialties	**184**	**$161,203**	N/A	**$182,250**	N/A
Ophthalmology	26	$148,227	13	$164,200	11
Orthopedics	71	$165,338	9	$182,700	8
Otolaryngology	11	$232,864	1	$259,400	1
Urology	21	$123,519	21	$105,500	20
Facility Based	**308**	**$154,670**	N/A	**$173,050**	N/A
Anesthesiology	98	$167,198	8	$182,350	9
Pathology	42	$146,012	14	$163,650	12
Radiology	120	$136,952	18	$140,150	17
Psychiatry	**154**	**$151,973**	N/A	**$168,650**	N/A
Adult Psychiatry	93	$153,414	11	$163,000	13
Child and Adolescent Psych	34	$151,241	12	$169,700	10
Other	**451**	**$168,938**	N/A	**$186,100**	N/A
Dermatology	22	$143,018	16	$140,950	16
Emergency Medicine	147	$194,206	4	$235,100	3
Neurology	37	$122,346	22	$93,300	21
Pediatric Subspecialties	72	$160,293	10	$158,800	15
Physical Medicine and Rehab	55	$178,631	7	$186,900	7
Total (All Specialties)	**2,222**	**$158,148**	N/A	**$174,300**	N/A

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

1.3 Marital Status and Dependent Children

Figures 1.6 and 1.7 display the percentage of respondents who were married and Figure 1.7 displays the percentage of respondents that have dependent children, respectively. Table 1.3 summarizes this information by specialty..

Figure 1.6. Percentage of Respondents Who Were Married, by Specialty Group (All 2016 Exit Survey Respondents)



- Overall, 63% of respondents indicated that they were married, and of those who were married, 37% were married to another physician.
    - The specialties with the most married respondents were nephrology (82%), otolaryngology (82%), and pathology (78%).
    - The specialties with the fewest married respondents were hematology/oncology (45%), emergency medicine (45%), general surgery (49%), and anesthesiology (49%),

- Thirty percent (30%) of respondents reported that they had dependent children.
    - The specialties with the most respondents with dependent children respondents were gastroenterology (47%), pathology (41%), and neurology (41%).
    - The specialties with the fewest respondents with dependent children respondents were emergency medicine (14%), anesthesiology (19%), and general pediatrics (21%).

Figure 1.7. Percentage of Respondents with Who Had Dependent Children by Specialty Group (All 2016 Exit Survey Respondents)

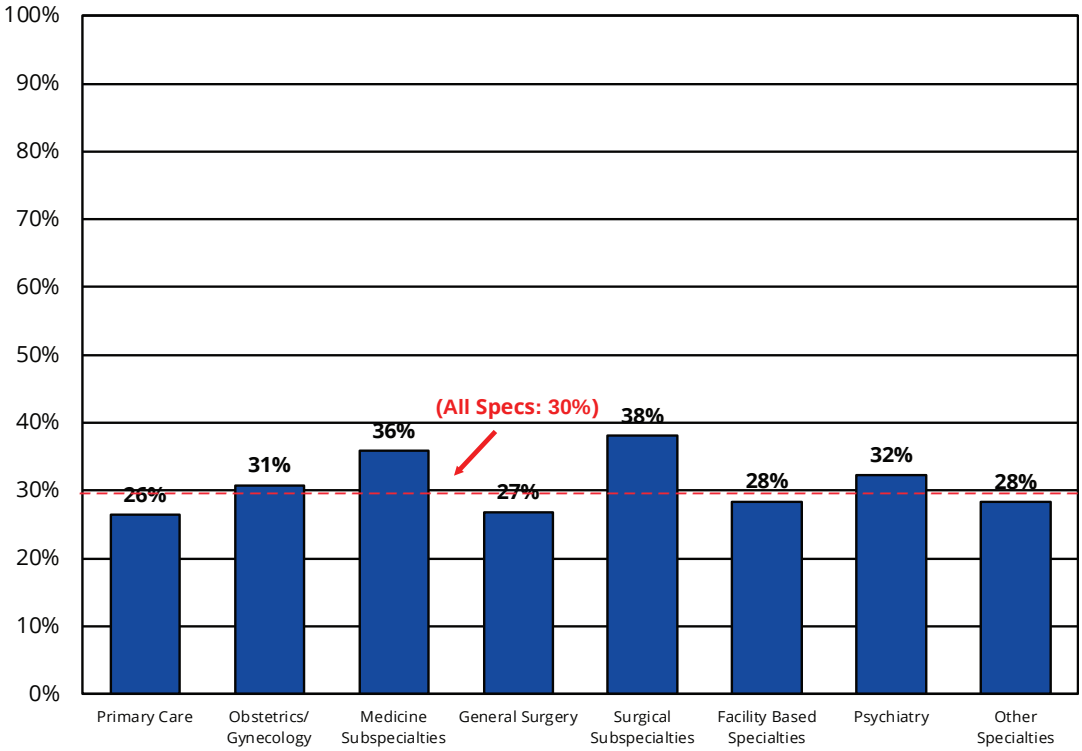


Table 1.3. Marital Status and Dependent Children (All 2016 Exit Survey Repondents)

Specialty	% Married	% Who Had Dependent Children
Primary Care	**62%**	**26%**
Family Medicine	65%	31%
General Internal Medicine	61%	27%
General Pediatrics	62%	21%
Obstetrics/Gynecology	**65%**	**31%**
Medicine Subspecialties	**69%**	**36%**
Cardiology	76%	39%
Gastroenterology	65%	47%
Geriatrics	62%	38%
Hematology/Oncology	45%	26%
Nephrology	82%	26%
Pulmonary Disease	71%	38%
General Surgery	**49%**	**27%**
Surgical Subspecialties	**70%**	**38%**
Ophthalmology	64%	32%
Orthopedics	71%	40%
Otolaryngology	82%	31%
Urology	67%	34%
Facility Based	**62%**	**28%**
Anesthesiology	49%	19%
Pathology	78%	41%
Radiology	63%	30%
Psychiatry	**57%**	**32%**
Adult Psychiatry	59%	35%
Child and Adolescent Psychology	55%	22%
Other	**60%**	**28%**
Dermatology	61%	28%
Emergency Medicine	45%	14%
Neurology	59%	27%
Pediatric Subspecialties	77%	41%
Physical Medicine and Rehabhilitation	71%	29%
All Specialties, 2016 (2015)	**63% (58%)**	**30% (32%)**

SECTION 2: PLANNED ACTIVITES AFTER COMPLETION OF CURRENT TRAINING PROGRAM

Table 2.1 summarizes the planned primary activities of 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. Activities varied considerably by specialty.

Highlights

- Fifty percent (50%) of respondents reported plans to enter patient care following completion of their current training program.
    - Of these, 88% had confirmed practice plans (ie, they had accepted an offer for a job/ practice position) at the time they completed the survey.
- Forty percent (40%) of respondents reported plans to subspecialize or pursue further training.
- The remainder reported plans to work as chief residents (3%), to enter teaching/ research position (2%), and to engage in other activities (5%).
- Respondents in the following specialties most frequently reported plans to enter patient care/clinical practice were: hematology/oncology (77%), geriatrics (76%), child and adolescent psychiatry (76%), and family medicine (76%).
- Respondents in the following specialties most frequently reported plans to subspecialize or continue training: general surgery (80%), ophthalmology (77%), and radiology (65%).
- Respondents in the following specialties most frequently reported plans to take positions as chief residents: dermatology (12%), hematology/oncology (10%), and pediatric subspecialties (6%).
- Respondents in the following specialties most frequently reported plans to enter teaching or research positions: general internal medicine (7%) and general pediatrics (7%).

Figure 2.1. Primary Activity After Completion of Current Training Program (All 2016 Exit Survey Respondents)

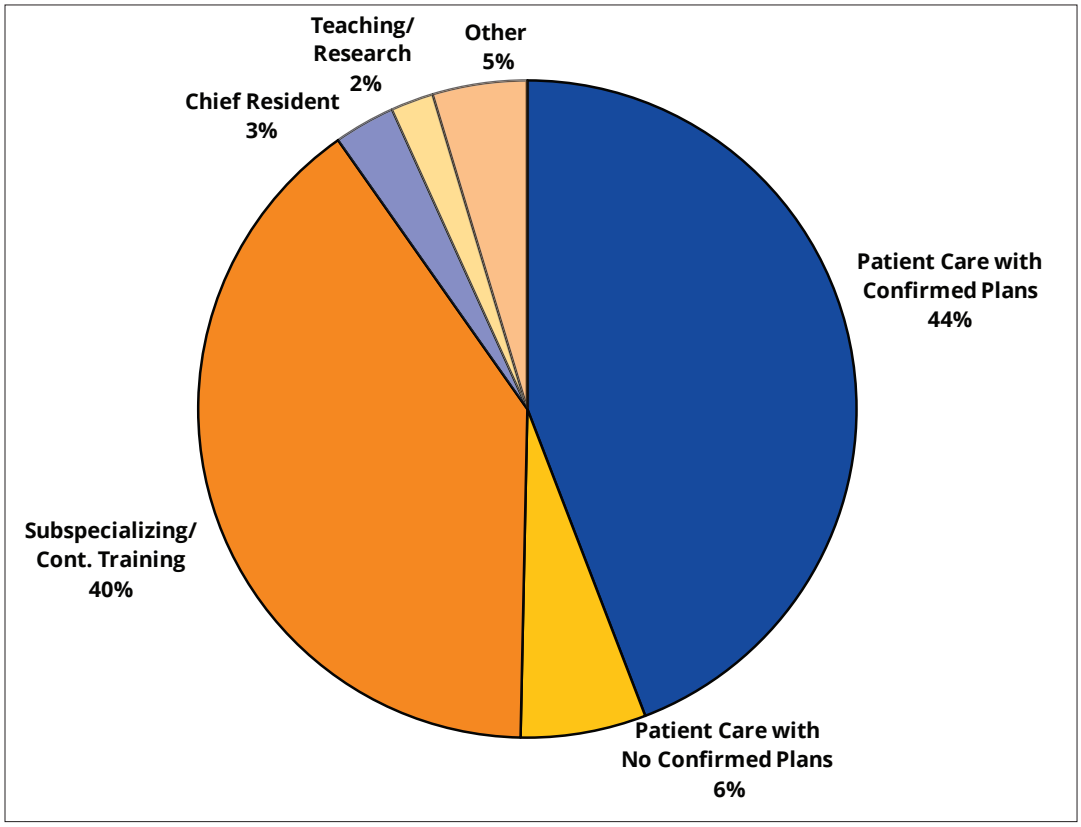


Figure 2.2. Percentage of Respondents Entering Patient Care by Specialty Group (All 2016 Exit Survey Respondents)

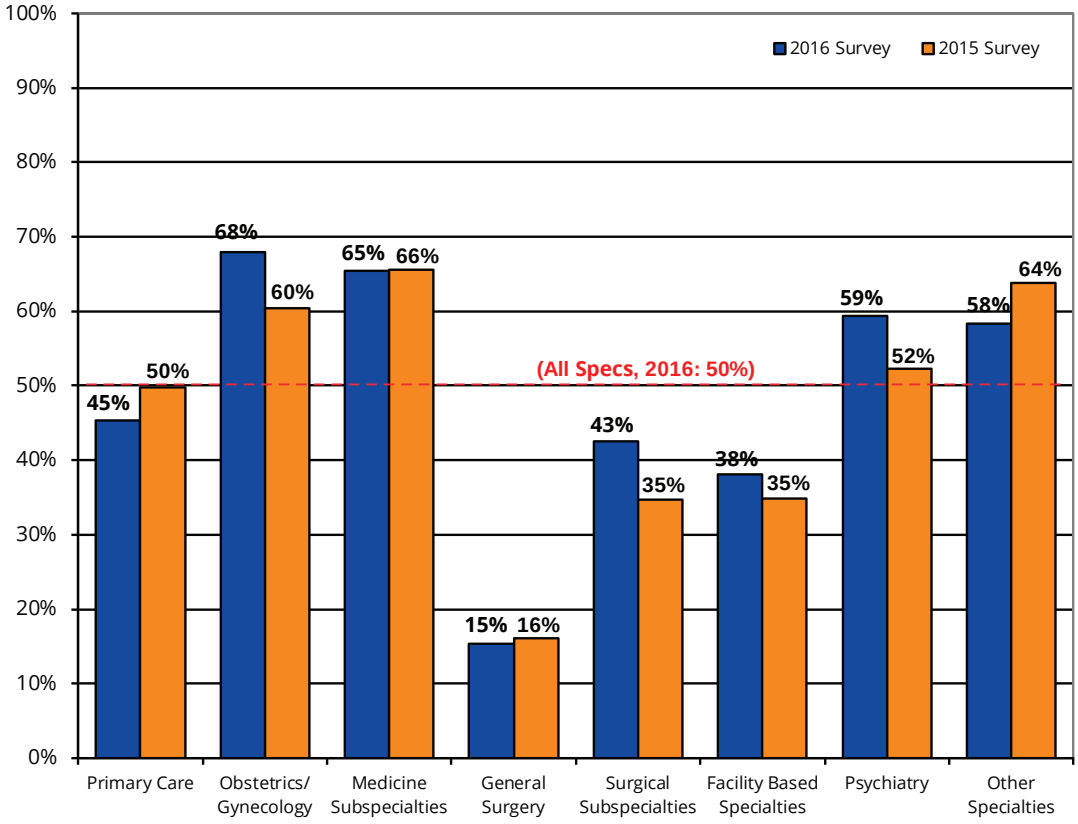


Figure 2.3. Rank of Percentage Entering Patient Care by Specialty (All 2016 Exit Survey Respondents)

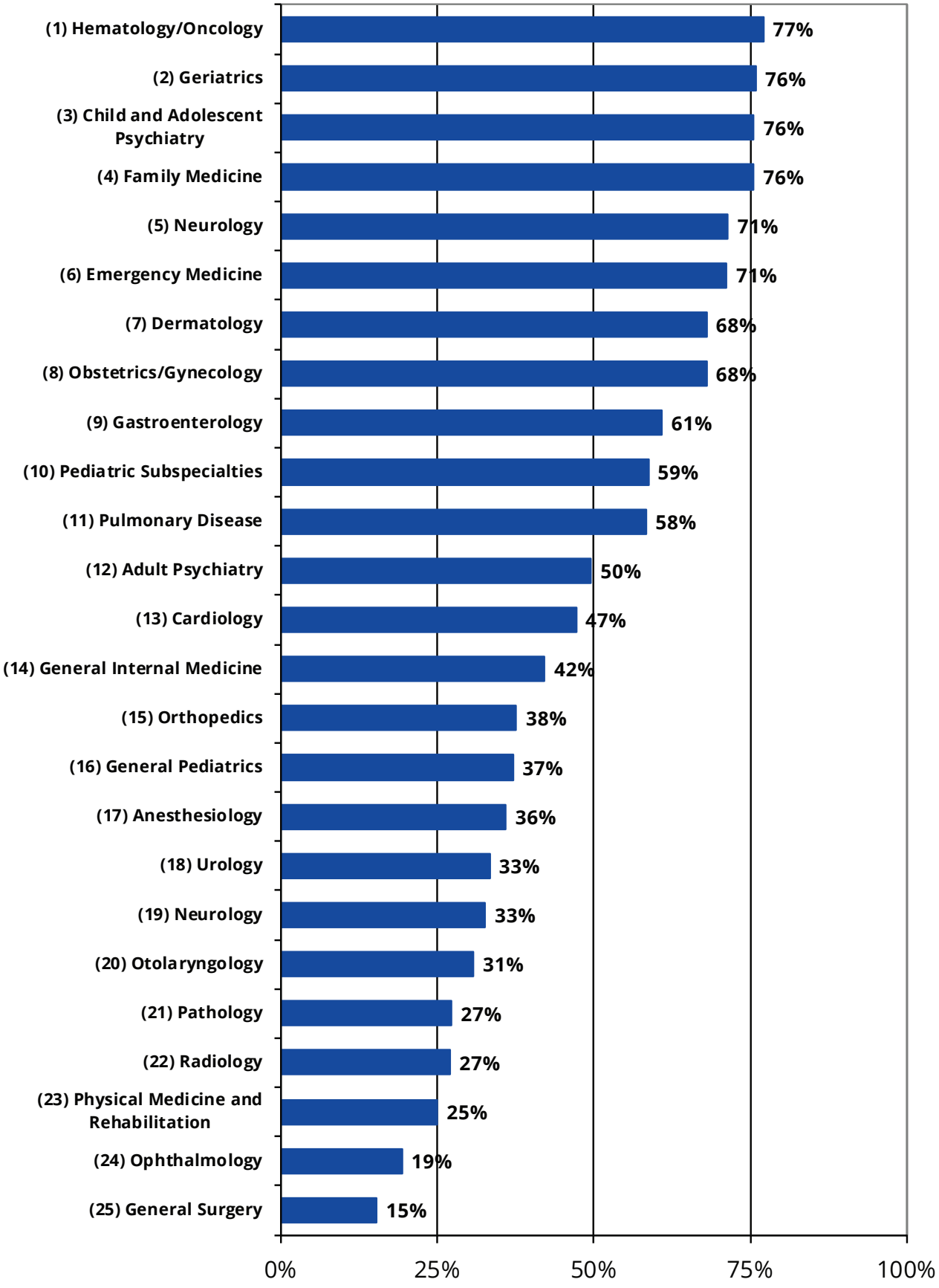


Table 2.1. Primary Activity After Completion of Current Training Program by Specialty (All 2016 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**45%**	**42%**	**6%**	**2%**	**4%**
Family Medicine	76%	15%	2%	2%	6%
General Internal Medicine	42%	44%	7%	2%	4%
General Pediatrics	37%	52%	7%	1%	4%
Obstetrics/Gynecology	**68%**	**27%**	**1%**	**2%**	**2%**
Medicine Subspecialties	**65%**	**23%**	**2%**	**6%**	**4%**
Cardiology	47%	43%	3%	3%	4%
Gastroenterology	61%	28%	2%	4%	4%
Geriatrics	76%	14%	0%	3%	7%
Hematology/Oncology	77%	10%	0%	10%	2%
Nephrology	71%	20%	0%	6%	3%
Pulmonary Disease	58%	31%	2%	4%	4%
General Surgery	**15%**	**80%**	**1%**	**0%**	**4%**
Surgical Subspecialties	**43%**	**54%**	**0%**	**0%**	**3%**
Ophthalmology	19%	77%	0%	0%	3%
Orthopedics	38%	59%	1%	0%	2%
Otolaryngology	31%	62%	0%	0%	8%
Urology	33%	62%	0%	0%	5%
Facility Based	**38%**	**55%**	**1%**	**1%**	**4%**
Anesthesiology	36%	60%	2%	0%	3%
Pathology	27%	64%	3%	3%	4%
Radiology	27%	65%	1%	1%	6%
Psychiatry	**59%**	**31%**	**2%**	**1%**	**7%**
Adult Psychiatry	50%	42%	3%	0%	6%
Child and Adolescent Psych	76%	15%	0%	2%	7%
Other	**58%**	**32%**	**1%**	**3%**	**6%**
Dermatology	68%	20%	0%	12%	0%
Emergency Medicine	71%	25%	1%	1%	2%
Neurology	33%	62%	2%	2%	2%
Pediatric Subspecialties	59%	27%	1%	6%	8%
Physical Medicine and Rehab	25%	70%	0%	0%	5%
All Specialties, 2016 (2015)	**50% (51%)**	**40% (41%)**	**3% (2%)**	**2% (2%)**	**5% (5%)**

SECTION 3: CONFIRMED PRACTICE PLANS OF RESPONDENTS ENTERING PATIENT CARE PRACTICE

This section summarizes the characteristics of the practice plans of survey respondents with confirmed plans to enter patient care/clinical practice. 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) are included in this section of the report.

3.1 Practice Location

Table 3.1 displays the practice locations of respondents with confirmed practice plans. A total of 1,366 respondents reported confirmed practice plans. Two percent (2%) of these respondents reported confirmed plans to leave the US. Physicians with plans to leave the US have been excluded from all other subsections within Section 3. With almost 4 billion dollars spent annually (breakdown by source) on GME in New York, one outcome of interest is the retention of physicians in the state after they complete training.

Highlights

- Forty-five percent (45%) of respondents with confirmed plans reported plans to enter practice in New York.
    - The vast majority of these respondents (87%) reported confirmed plans to remain in the same region they had trained.
- In-state retention of physicians was highest in the following specialties: otolaryngology (75%), ophthalmology (75%), and geriatrics (61%).
- In-state retention of physicians was lowest in the following specialties: general surgery (10%), orthopedics (25%), and urology (29%).
- Resondents who graduated from a high school and a medical school in New York were the most likely (75%) to report confirmed plans to practice in New York after completing training.
- When respondents who had plans to leave New York to practice were asked about the main reason for leaving, the most common reasons reported were proximity to family (24%), better jobs in desired locations outside New York (13%), better salary outside New York (12%), and overall lack of jobs in New York (10%).
- Five percent (5%) of respondents indicated that they had 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 (2%), taxes in New York (2%), or the cost of starting a practice in New York (<1%).

Figure 3.1. Location of Upcoming Practice (for 2016 Respondents with Confirmed Practice Plans)

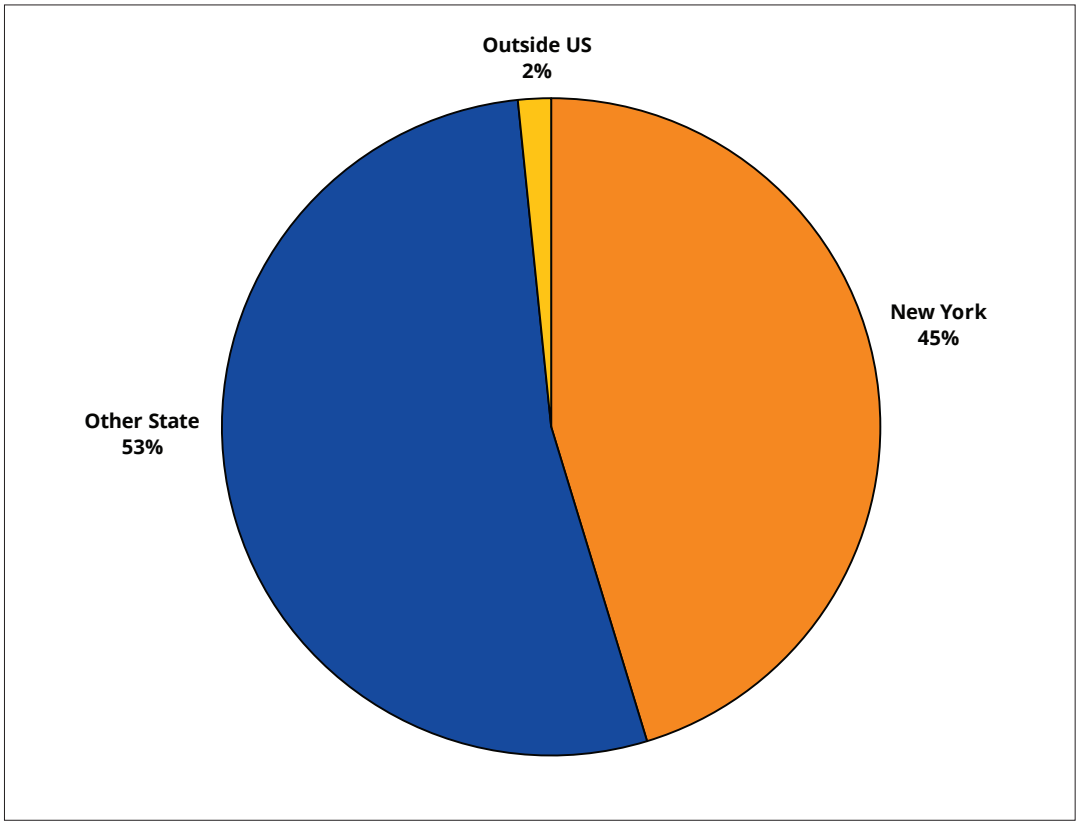


Figure 3.2. Percentage Entering Practice in New York by Specialty Group (for Respondents with Confirmed Practice Plans)

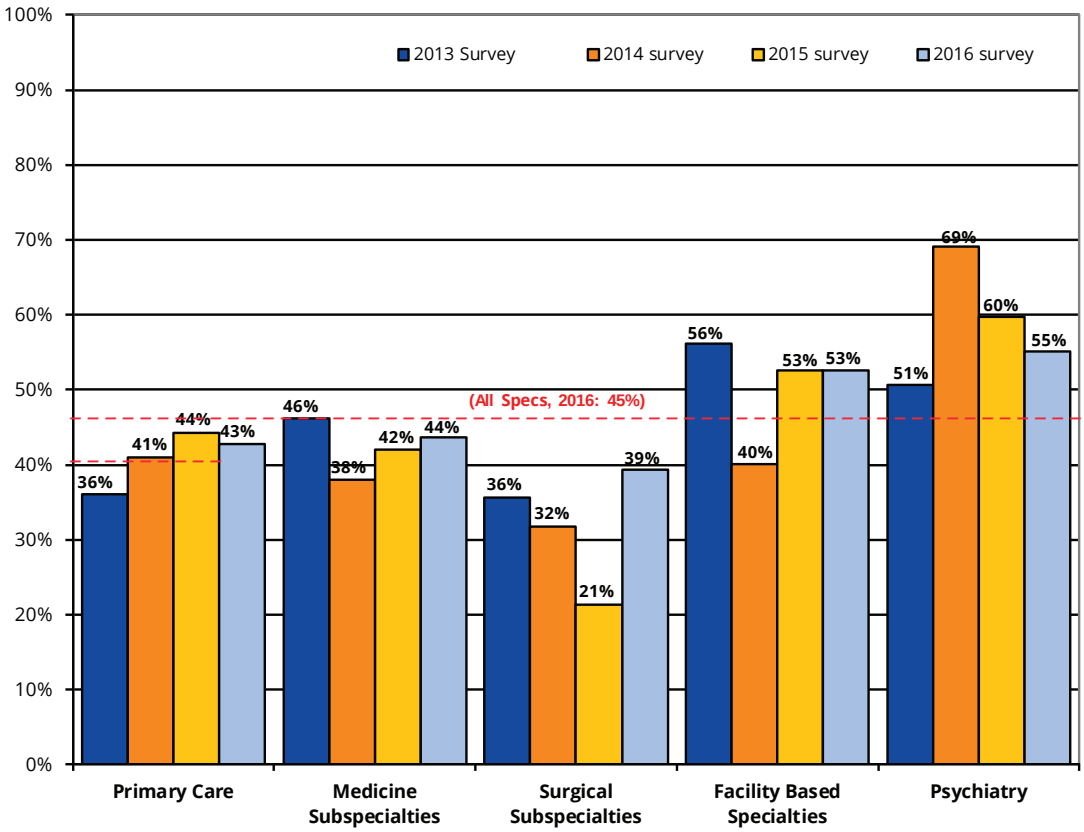


Table 3.1. Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2016 Respondents with Confirmed Practice Plans)

Specialty	Number with Confirmed Practice Plans[a]	LOCATION OF UPCOMING PRACTICE			
		Within New York		Other State	Outside US[b]
		Same Region	Other Area		
Primary Care	**420**	**38%**	**5%**	**56%**	**1%**
Family Medicine	80	43%	4%	52%	1%
General Internal Medicine	246	34%	5%	60%	1%
General Pediatrics	81	44%	6%	48%	1%
Obstetrics/Gynecology	**76**	**39%**	**7%**	**54%**	**0%**
Medicine Subspecialties	**247**	**40%**	**4%**	**55%**	**2%**
Cardiology	31	32%	0%	65%	3%
Gastroenterology	29	52%	3%	45%	0%
Geriatrics	18	56%	6%	39%	0%
Hematology/Oncology	32	35%	3%	61%	0%
Nephrology	24	25%	13%	63%	0%
Pulmonary Disease	24	42%	0%	58%	0%
General Surgery	**10**	**0%**	**10%**	**70%**	**20%**
Surgical Subspecialties	**84**	**30%**	**10%**	**56%**	**5%**
Ophthalmology	4	75%	0%	25%	0%
Orthopedics	32	13%	13%	75%	0%
Otolaryngology	4	50%	25%	25%	0%
Urology	7	29%	0%	71%	0%
Facility Based	**136**	**47%**	**5%**	**45%**	**2%**
Anesthesiology	36	51%	0%	49%	0%
Pathology	20	45%	5%	40%	10%
Radiology	34	32%	12%	53%	3%
Psychiatry	**109**	**49%**	**6%**	**45%**	**0%**
Adult Psychiatry	53	51%	6%	43%	0%
Child and Adolescent Psych	29	52%	7%	41%	0%
Other	**284**	**39%**	**7%**	**53%**	**1%**
Dermatology	14	43%	7%	50%	0%
Emergency Medicine	113	36%	7%	55%	2%
Neurology	15	33%	7%	60%	0%
Pediatric Subspecialties	57	40%	11%	49%	0%
Physical Medicine and Rehab	13	38%	8%	54%	0%
All Specialties, 2016 (2015)	**1,366 (1,240)**	**39% (39%)**	**6% (7%)**	**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.

Figure 3.3. Rank of In-State Retention Rates by Specialty (for 2016 Respondents with Confirmed Practice Plans)

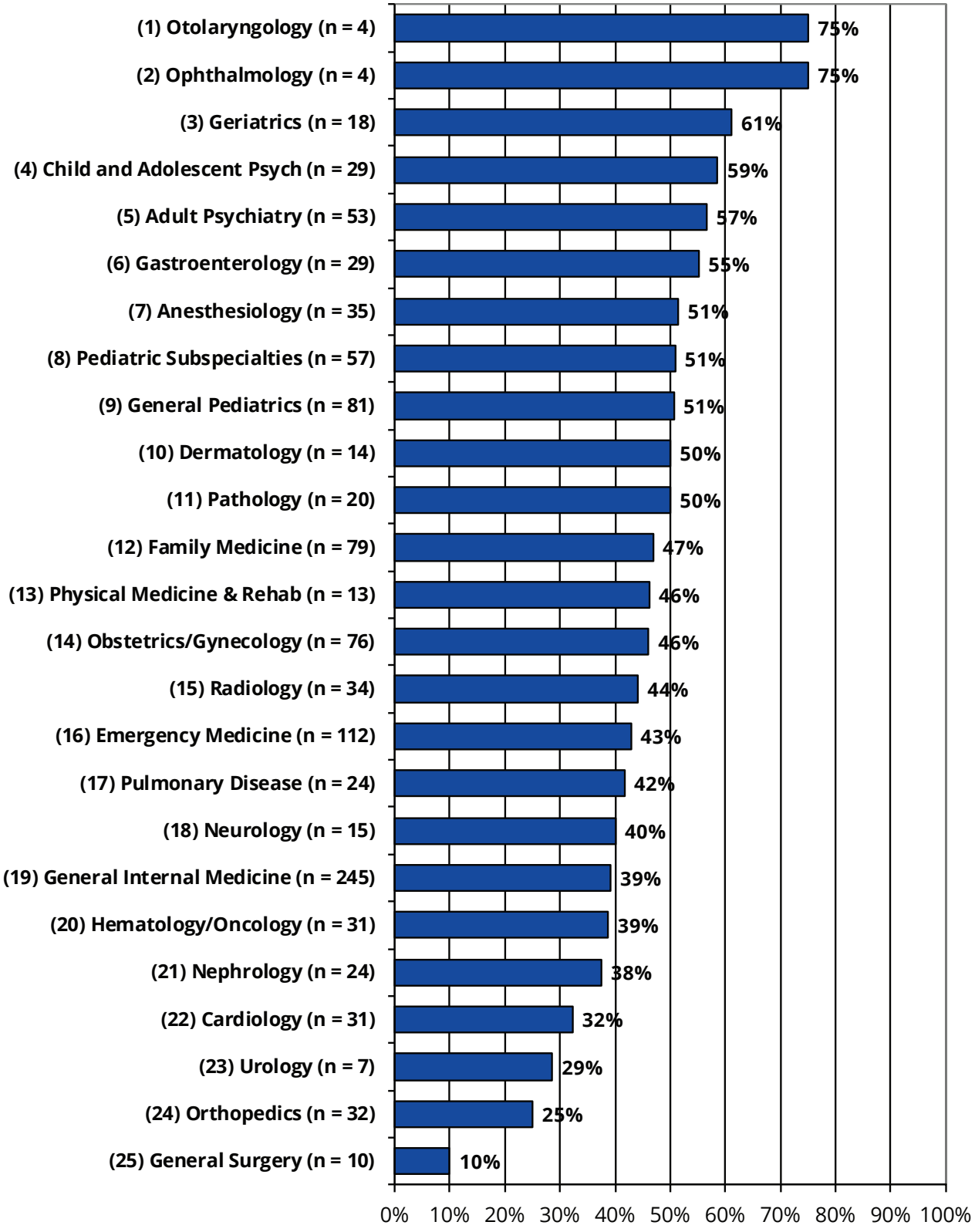


Figure 3.4. Percentage with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2016 Respondents with Confirmed Practice Plans)

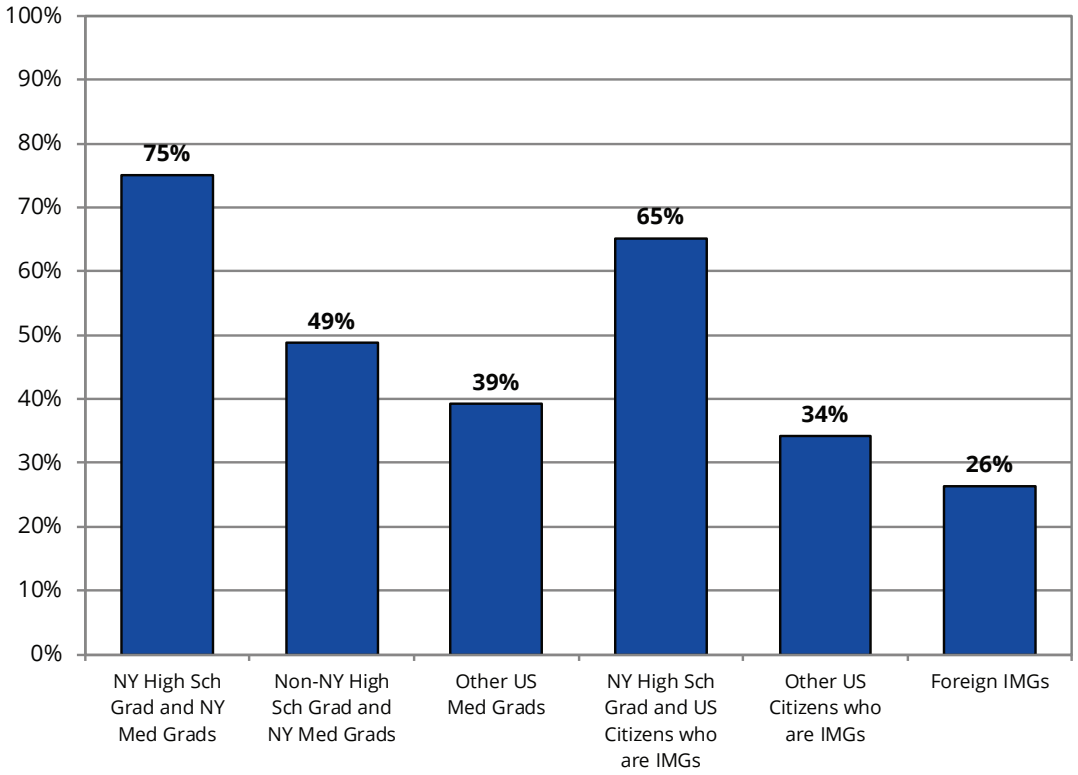
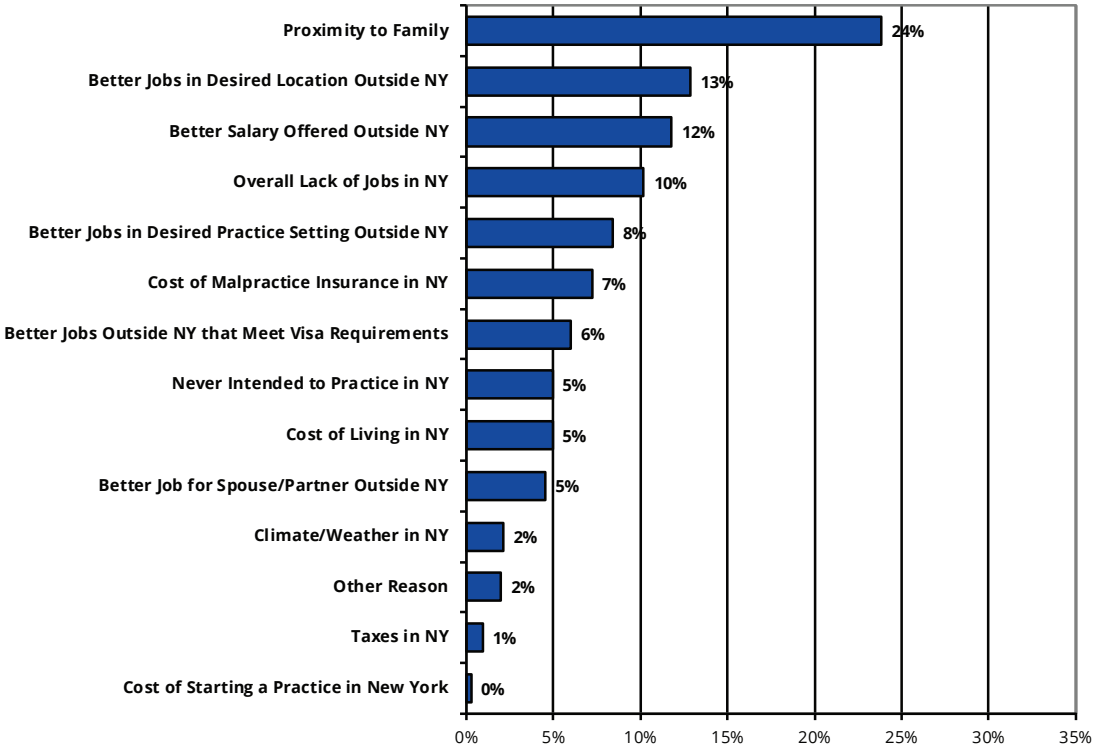


Figure 3.5. Principal Reason for Practicing Outside New York (for 2016 Respondents with Confirmed Practice Plans)



3.2 Recruitment Incentives

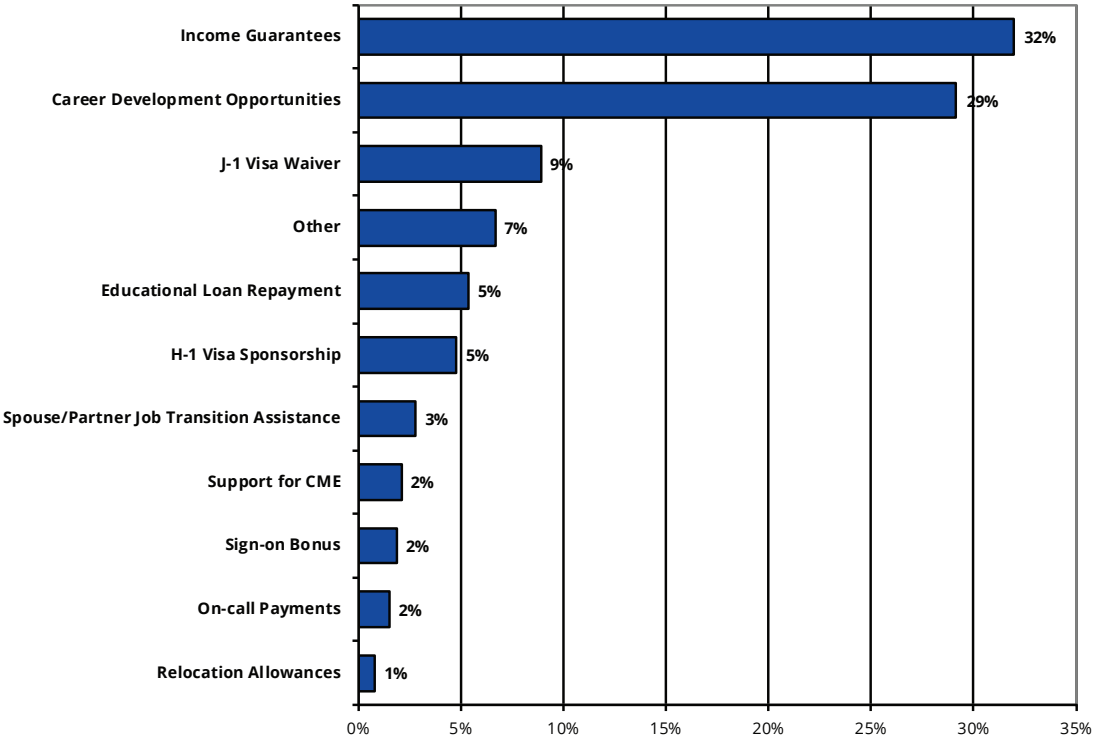
New physicians may receive a number of incentives to accept practice positions. These include income guarantees, career development opportunities, visa sponsorship/waivers, education loan repayment, spouse/partner job transition assistance, relocation allowances, sign-on bonuses, and payment for on-call time. Figure 3.6 displays the most influential incentives New York's graduating physicians received for accepting a practice position.

Highlights

- Thirty-two percent (32%) of respondents reported that income guarantees were the most influential incentive they received for accepting a practice position.
    - The next most influential incentive was career development opportunities, reported by 29% of respondents.
    - Nine percent (9%) of respondents indicated that an H-1 visa sonsorship was the most influential incentive they received.

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

Figure 3.6. Most Influential Incentive Received for Accepting a Practice Position (for 2016 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. Citizenship has a strong influence on a physician's likelihood of practicing in a HPSA. IMGs with J-1 or J-2 exchange visas are required to practice in underserved areas or return to their native country upon completion of their graduate medical education. Thus, a high proportion of respondents with exchange visas report plans to enter practice in HPSAs.

Highlights

- Thirty percent (30%) of respondents reported confirmed plans to enter practice in inner-city locations, while only 4%had plans to practice in rural locations.
- Respondents in the following specialties were the most likely to report plans to enter practice in inner city locations: urology (47%), child and adolescent psychiatry (55%), otolaryngology (50%), and geriatrics (50%).
- Respondents in the following specialties were the most likely to report plans to enter practice in rural areas: general surgery (25%), general pediatrics (11%), and family medicine (9%).
- Seventeen percent (17%) reported that they would be practicing in a HPSA.
- Respondents in the following specialties were the most likely to report plans to enter practice in HPSAs: family medicine (37%), general pediatrics (32%), and geriatrics (29%).
- IMGs with permanent citizenship were less likely to report plans to enter practice in HPSAs than were in USMGs (18% compared to 21%, respectively, among respondents in primary care specialties).

Figure 3.7. Respondents Entering Practice in Rural and Inner-City Areas by Location of Medical School and Citizenship Status (for 2016 Respondents from Primary Care Specialties with Confirmed Practice Plans)

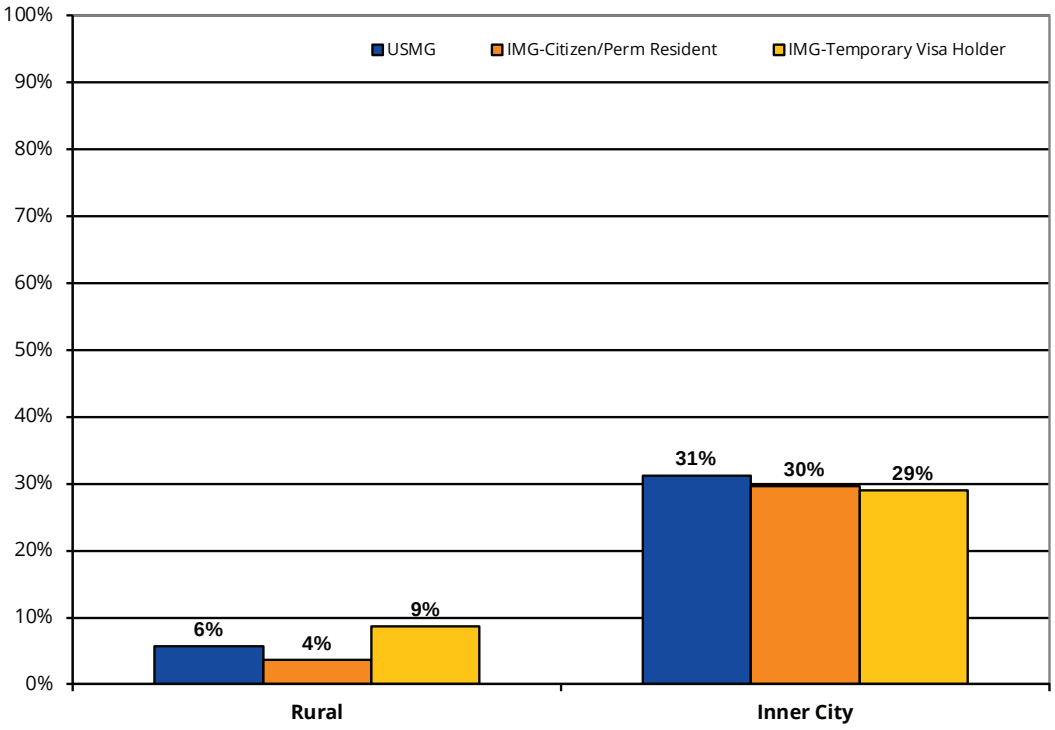


Figure 3.8. Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship Status (for Respondents from Primary Care Specialties with Confirmed Practice Plans)

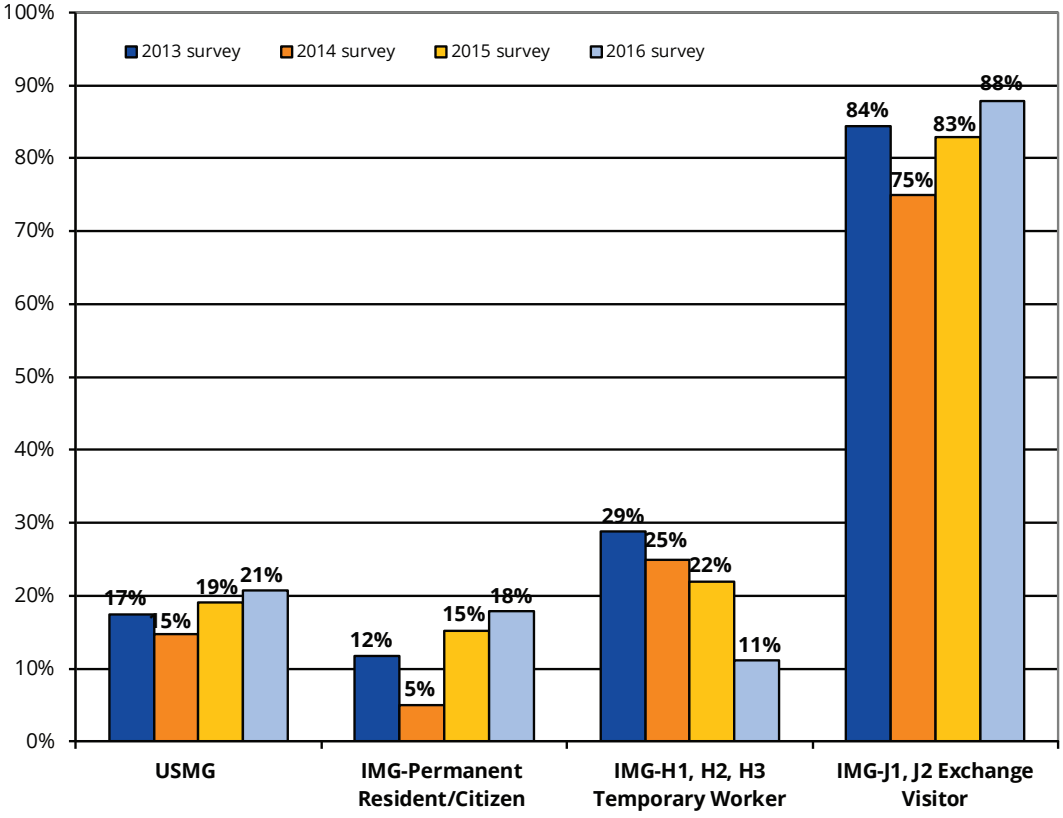


Table 3.2. Demographics of Practice Location (for 2016 Respondents with Confirmed Practice Plans)

Specialty	DEMOGRAPHICS: Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA[a]
Primary Care	**30%**	**18%**	**35%**	**12%**	**5%**	**24%**
Family Medicine	27%	17%	31%	16%	9%	37%
General Internal Medicine	32%	17%	37%	11%	2%	16%
General Pediatrics	21%	21%	35%	11%	11%	32%
Obstetrics/Gynecology	**24%**	**28%**	**36%**	**7%**	**7%**	**19%**
Medicine Subspecialties	**30%**	**20%**	**36%**	**11%**	**3%**	**16%**
Cardiology	29%	14%	39%	18%	0%	14%
Gastroenterology	28%	21%	41%	3%	7%	15%
Geriatrics	50%	6%	38%	0%	6%	29%
Hematology/Oncology	32%	23%	35%	6%	3%	10%
Nephrology	29%	17%	33%	21%	0%	13%
Pulmonary Disease	22%	17%	35%	26%	0%	26%
General Surgery	**0%**	**25%**	**13%**	**38%**	**25%**	**25%**
Surgical Subspecialties	**18%**	**30%**	**40%**	**10%**	**1%**	**9%**
Ophthalmology	0%	25%	25%	50%	0%	0%
Orthopedics	6%	41%	38%	13%	3%	6%
Otolaryngology	50%	50%	0%	0%	0%	0%
Urology	57%	14%	29%	0%	0%	29%
Facility Based	**32%**	**29%**	**33%**	**5%**	**1%**	**6%**
Anesthesiology	17%	47%	31%	3%	3%	8%
Pathology	47%	18%	29%	6%	0%	0%
Radiology	31%	22%	41%	6%	0%	0%
Psychiatry	**40%**	**23%**	**23%**	**12%**	**2%**	**21%**
Adult Psychiatry	32%	30%	21%	15%	2%	11%
Child and Adolescent Psych	50%	11%	21%	14%	4%	46%
Other	**31%**	**25%**	**33%**	**10%**	**2%**	**13%**
Dermatology	14%	43%	43%	0%	0%	0%
Emergency Medicine	31%	24%	32%	9%	4%	11%
Neurology	27%	13%	33%	20%	7%	13%
Pediatric Subspecialties	35%	25%	26%	14%	0%	19%
Physical Medicine and Rehab	17%	42%	42%	0%	0%	0%
All Specialties, 2016 (2015)	**30% (29%)**	**23% (21%)**	**34% (32%)**	**10% (14%)**	**4% (4%)**	**17% (19%)**

[a] HPSA = Health Professional Shortage Area.

3.4 Principal Practice Setting

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

Highlights

- Forty percent (40%) of respondents were entering group practices.
  - Of these, 83% reported plans to join group practices as employees.

- Only 1% of all respondents reported plans to enter solo practice.
  - Otolaryngology (25%) and dermatology (8%) were the only specialties in which more than 5% planned to enter solo practice.

- Fifty-one percent (51%) of respondents reported plans to practice in hospitals.
  - Of these respondents, 60% reported plans to practice in inpatient settings (23%) in ambulatory care settings within the hospital, and 17% in emergency departments.

Figure 3.9. Upcoming Principal Practice Setting (for 2016 Respondents with Confirmed Practice Plans)

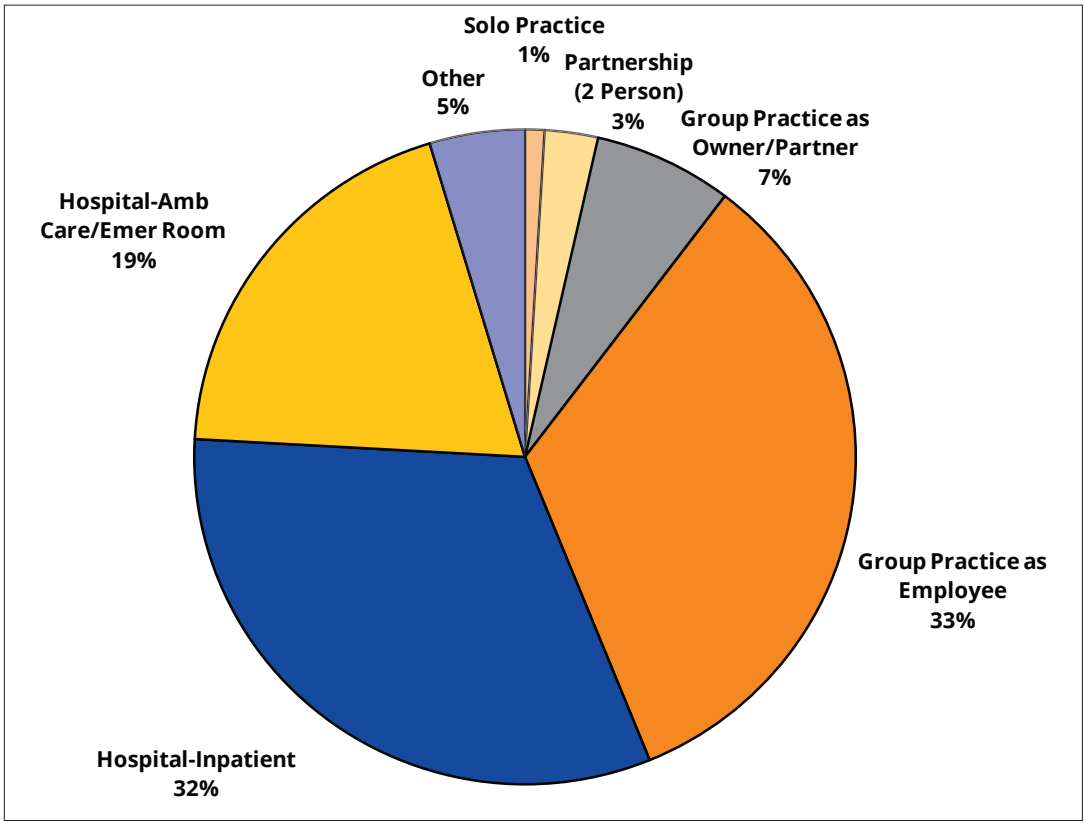


Figure 3.10. Upcoming Principal Practice Setting by Specialty Group (for Respondents with Confirmed Practice Plans)

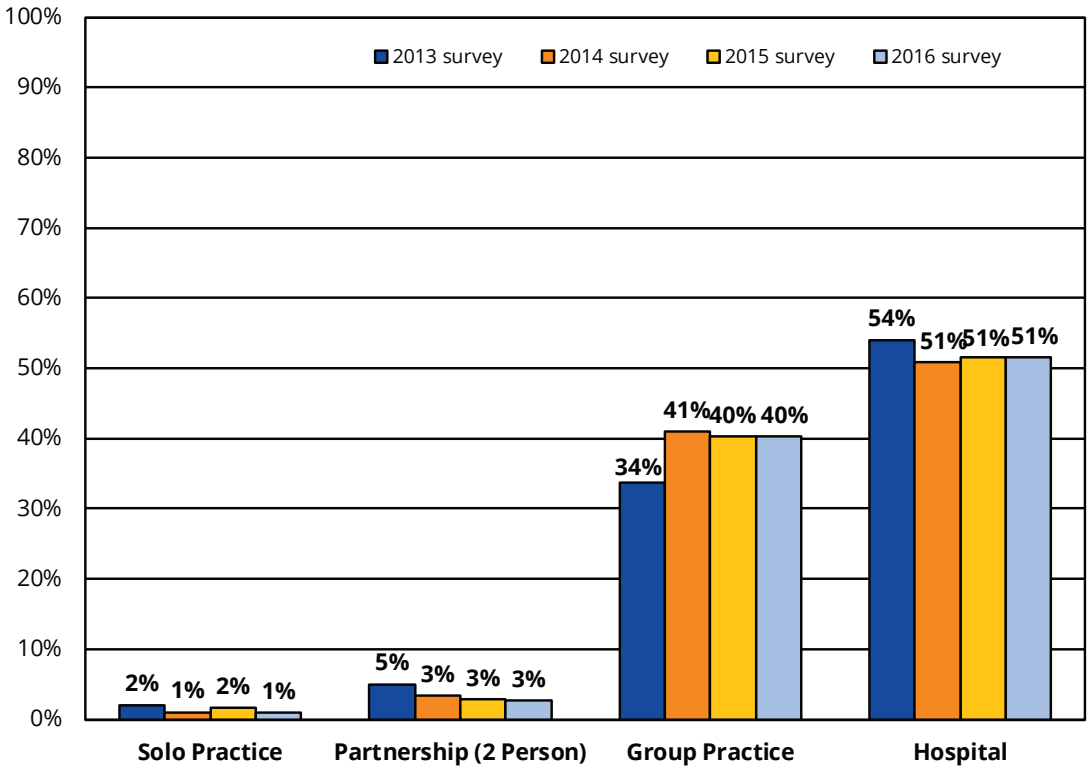


Table 3.3. Upcoming Principal Practice Setting by Specialty (for 2016 Respondents with Confirmed Practice Plans)

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	**1%**	**3%**	**3%**	**27%**	**52%**	**10%**	**2%**	**4%**
Family Medicine	1%	4%	8%	38%	23%	14%	3%	9%
General Internal Medicine	0%	2%	2%	16%	71%	7%	0%	2%
General Pediatrics	1%	4%	4%	47%	21%	13%	6%	4%
Obstetrics/Gynecology	**1%**	**7%**	**6%**	**70%**	**4%**	**8%**	**0%**	**3%**
Medicine Subspecialties	**0%**	**4%**	**7%**	**40%**	**27%**	**15%**	**2%**	**4%**
Cardiology	0%	7%	18%	46%	18%	11%	0%	0%
Gastroenterology	0%	7%	3%	48%	21%	14%	0%	7%
Geriatrics	0%	0%	0%	29%	24%	12%	6%	29%
Hematology/Oncology	0%	3%	13%	47%	3%	30%	0%	3%
Nephrology	0%	10%	14%	52%	19%	0%	0%	5%
Pulmonary Disease	0%	0%	9%	36%	50%	5%	0%	0%
General Surgery	**0%**	**13%**	**38%**	**25%**	**13%**	**0%**	**0%**	**13%**
Surgical Subspecialties	**3%**	**3%**	**14%**	**46%**	**27%**	**4%**	**3%**	**1%**
Ophthalmology	0%	25%	25%	50%	0%	0%	0%	0%
Orthopedics	0%	0%	25%	53%	19%	3%	0%	0%
Otolaryngology	25%	0%	0%	50%	0%	25%	0%	0%
Urology	0%	14%	0%	43%	14%	0%	14%	14%
Facility Based	**1%**	**1%**	**17%**	**38%**	**34%**	**5%**	**2%**	**4%**
Anesthesiology	0%	0%	20%	51%	26%	3%	0%	0%
Pathology	0%	0%	12%	29%	35%	0%	0%	24%
Radiology	3%	0%	13%	35%	26%	13%	6%	3%
Psychiatry	**2%**	**0%**	**3%**	**13%**	**38%**	**25%**	**6%**	**14%**
Adult Psychiatry	4%	0%	2%	16%	37%	20%	8%	12%
Child and Adolescent Psych	0%	0%	8%	15%	15%	31%	8%	23%
Other	**2%**	**1%**	**5%**	**30%**	**13%**	**10%**	**34%**	**5%**
Dermatology	8%	0%	0%	69%	0%	15%	0%	8%
Emergency Medicine	0%	0%	6%	22%	2%	1%	68%	2%
Neurology	0%	0%	13%	33%	33%	13%	0%	7%
Pediatric Subspecialties	4%	0%	0%	16%	31%	27%	16%	5%
Physical Medicine and Rehab	0%	0%	0%	50%	30%	0%	0%	20%
All Specialties, 2016	**1%**	**3%**	**7%**	**34%**	**32%**	**11%**	**9%**	**5%**
(All Specialties, 2015)	**(2%)**	**(3%)**	**(7%)**	**(34%)**	**(29%)**	**(12%)**	**(9%)**	**(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 provided as some 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.
- Respondents in the following specialties reported the highest starting incomes: urology ($373,200), orthopedics ($360,300), and general surgery ($356,750).
- General pediatrics had the lowest median starting income of all specialties ($156,650).
    - Other specialties with the lowest starting incomes included ophthalmology ($165,700) and pathology ($184,600).

Figure 3.11. Expected Starting Income (in $1,000s) by Specialty Group (for 2016 Respondents with Confirmed Practice Plans)

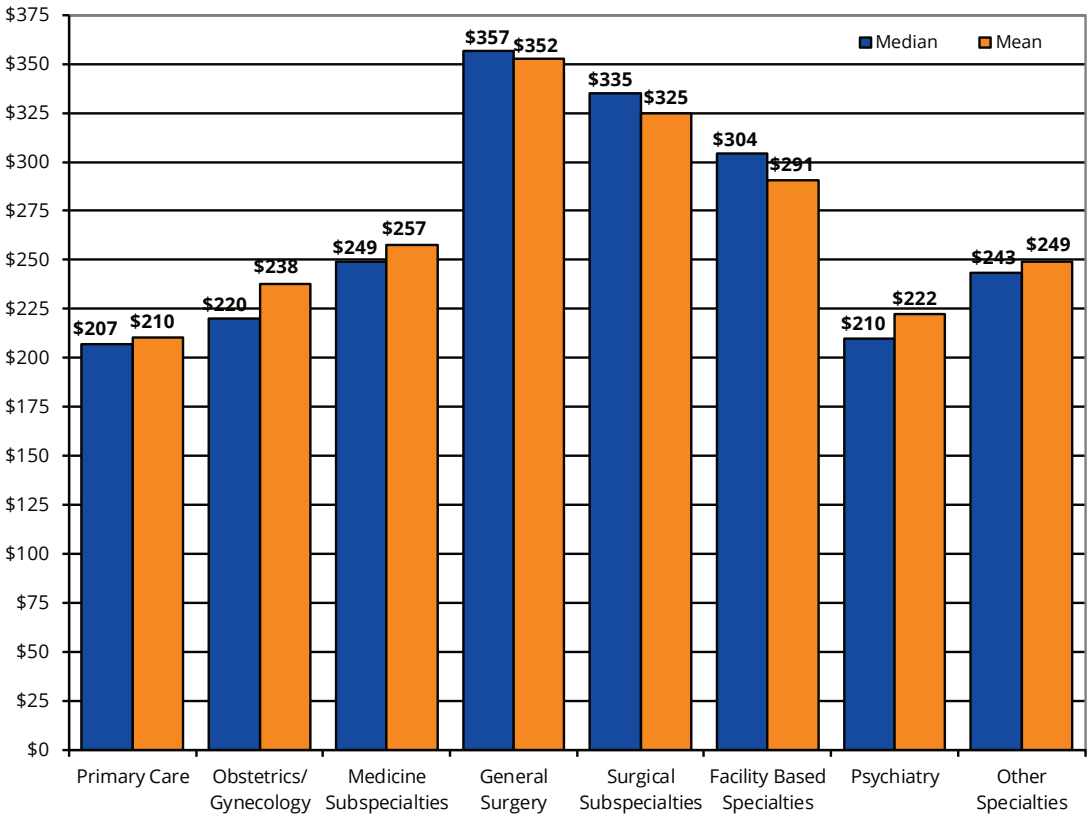


Figure 3.12. Distribution of Starting Income Among Primary Care and Non-Primary Care Physicians (for 2016 Respondents with Confirmed Practice Plans)

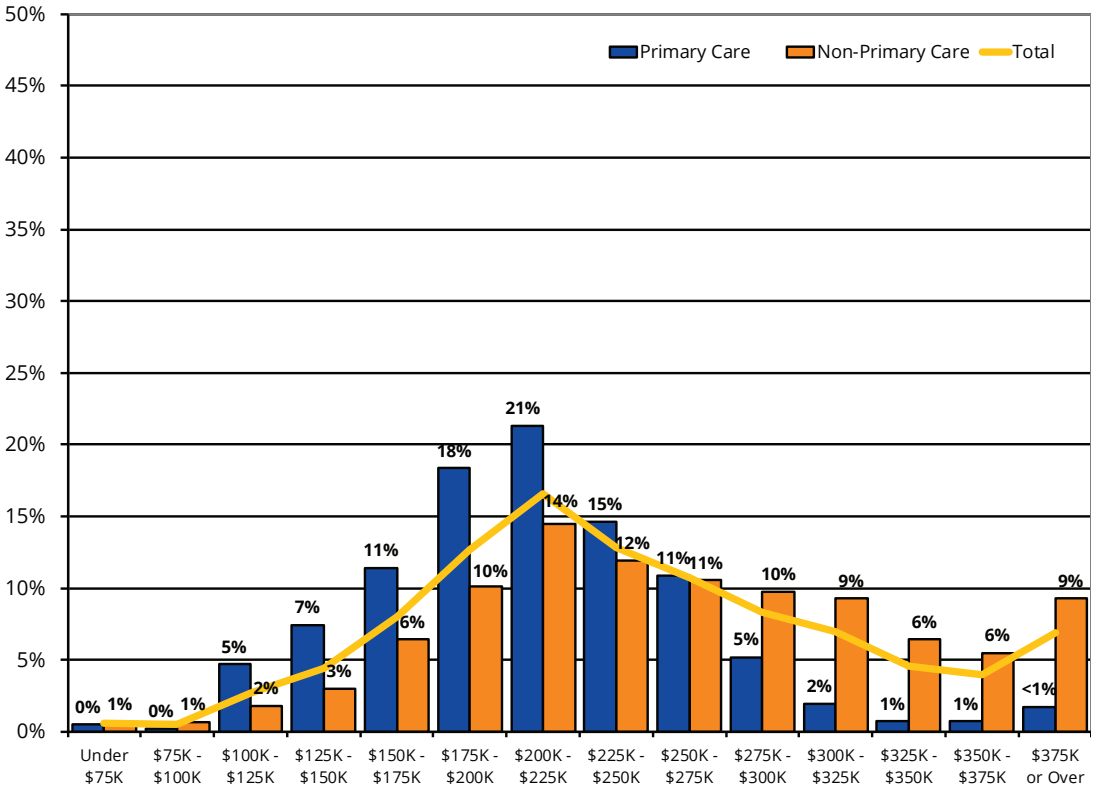


Figure 3.13. Rank of Median Starting Income (in $1,000s) by Specialty (for 2016 Respondents with Confirmed Practice Plans)

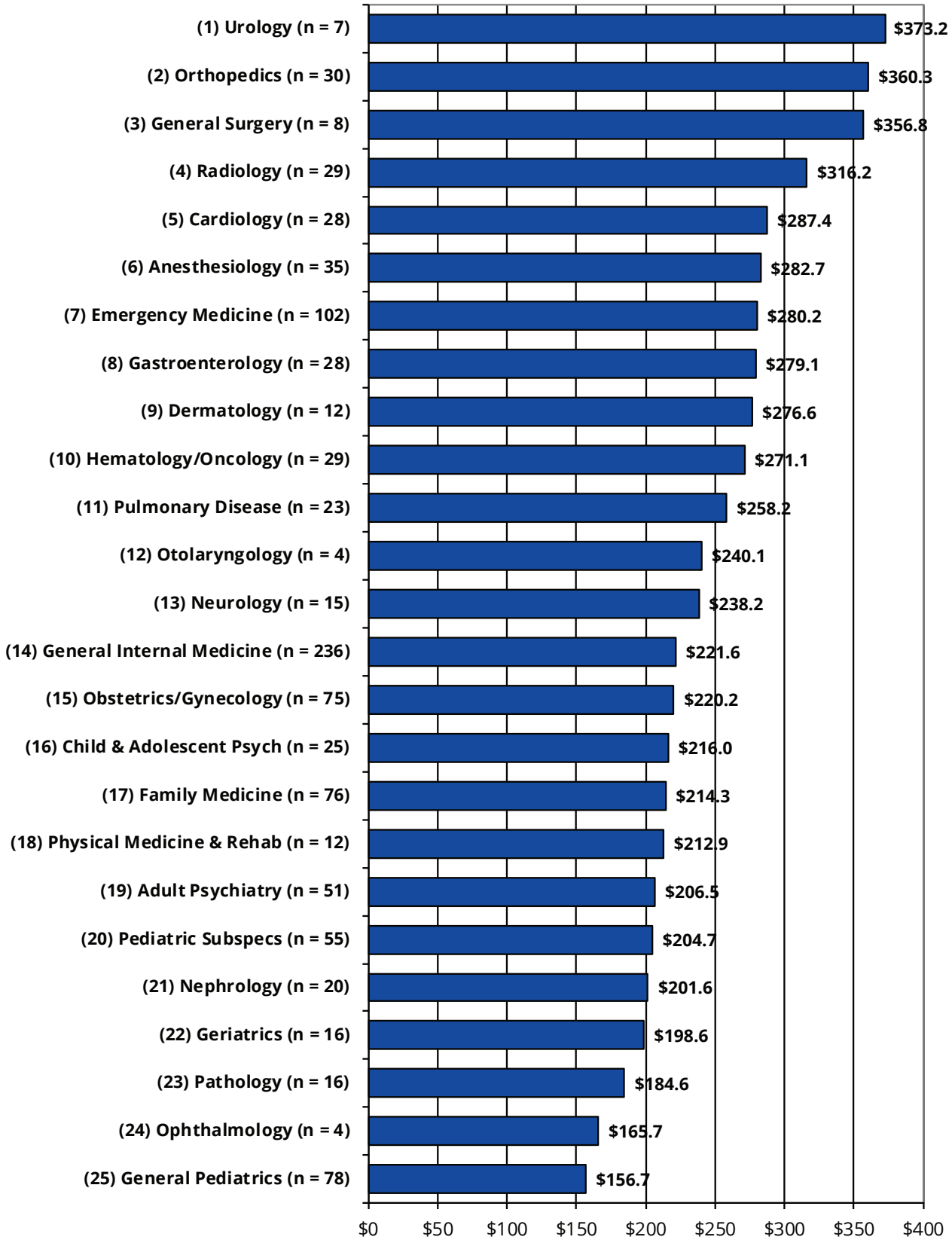


Table 3.4. Expected Starting Income by Specialty (for 2016 Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
Primary Care	**403**	**$210,321**	N/A	**$207,100**	N/A
Family Medicine	76	$215,586	19	$214,300	17
General Internal Medicine	236	$225,055	17	$221,550	14
General Pediatrics	78	$160,891	25	$156,650	25
Obstetrics/Gynecology	**75**	**$237,979**	14	**$220,200**	15
Medicine Subspecialties	**227**	**$257,380**	N/A	**$249,100**	N/A
Cardiology	28	$301,182	6	$287,400	5
Gastroenterology	28	$304,407	5	$279,050	8
Geriatrics	16	$214,263	20	$198,600	22
Hematology/Oncology	29	$276,272	11	$271,100	10
Nephrology	20	$210,385	21	$201,600	21
Pulmonary Disease	23	$279,409	10	$258,200	11
General Surgery	**8**	**$352,438**	1	**$356,750**	3
Surgical Subspecialties	**74**	**$324,666**	N/A	**$335,000**	N/A
Ophthalmology	4	$168,000	24	$165,700	24
Orthopedics	30	$346,123	2	$360,300	2
Otolaryngology	4	$232,700	15	$240,100	12
Urology	7	$338,000	3	$373,200	1
Facility Based	**121**	**$290,845**	N/A	**$304,400**	N/A
Anesthesiology	35	$280,383	9	$282,700	6
Pathology	16	$198,600	22	$184,600	23
Radiology	29	$308,790	4	$316,200	4
Psychiatry	**101**	**$222,189**	N/A	**$209,600**	N/A
Adult Psychiatry	51	$217,586	18	$206,500	19
Child and Adolescent Psych	25	$228,168	16	$216,000	16
Other	**265**	**$249,353**	N/A	**$243,300**	N/A
Dermatology	12	$296,700	7	$276,600	9
Emergency Medicine	102	$284,901	8	$280,200	7
Neurology	15	$238,587	13	$238,200	13
Pediatric Subspecialties	55	$193,036	23	$204,700	20
Physical Medicine and Rehab	12	$247,683	12	$212,850	18
Total (All Specialties)	**1,274**	**$244,576**	N/A	**$233,500**	N/A

3.6 Expected Weekly Patient Care/Clinical Practice Hours

Respondents were asked to estimate the number of hours per week they expected to spend in patient care/clinical practice activities in their upcoming practice positions. It is important to know how many hours new physicians 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.[1] 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 2015 and 2016 surveys. These data provided a large enough number of respondents to allow for stratification by gender in most specialties.

Highlights

- Overall, respondents reported expectations to spend an average of 42.8 hours per week in patient care/clinical practice activities.

- Female respondents expected to work 8% fewer patient care hours than males respondents (41.4 hours per week compared to 44.4 hours per week, respectively).
    - This gender difference was greatest in cardiology, with female respondents expecting to work 10.1 fewer patient hours per week than male respondents.
    - Female respondents reported expectations to work more hours than males in some specialties including: physical medicine and rehabilitation (9.0 hours per week), pulmonary disease (2.1 hours per week, and family medicine (0.6 hours per week).

- Respondents in the following individual specialties reported expectations to be work the highest patient care/clinical practice hours per week: anesthesiology (51.5 hours), otolaryngology (50.1 hours), and orthopedics (48.6 hours).

- Respondents in the following specialties reported expectations to work the fewest patient care/clinical practice hours per week: emergency medicine (35.2 hours), pediatric subspecialties (36.3 hours), and dermatology (36.7hours).

Figure 3.14. Rank of Expected Weekly Patient Care/Clinical Practice Hours by Specialty (2015 and 2016 Respondents with Confirmed Practice Plans)

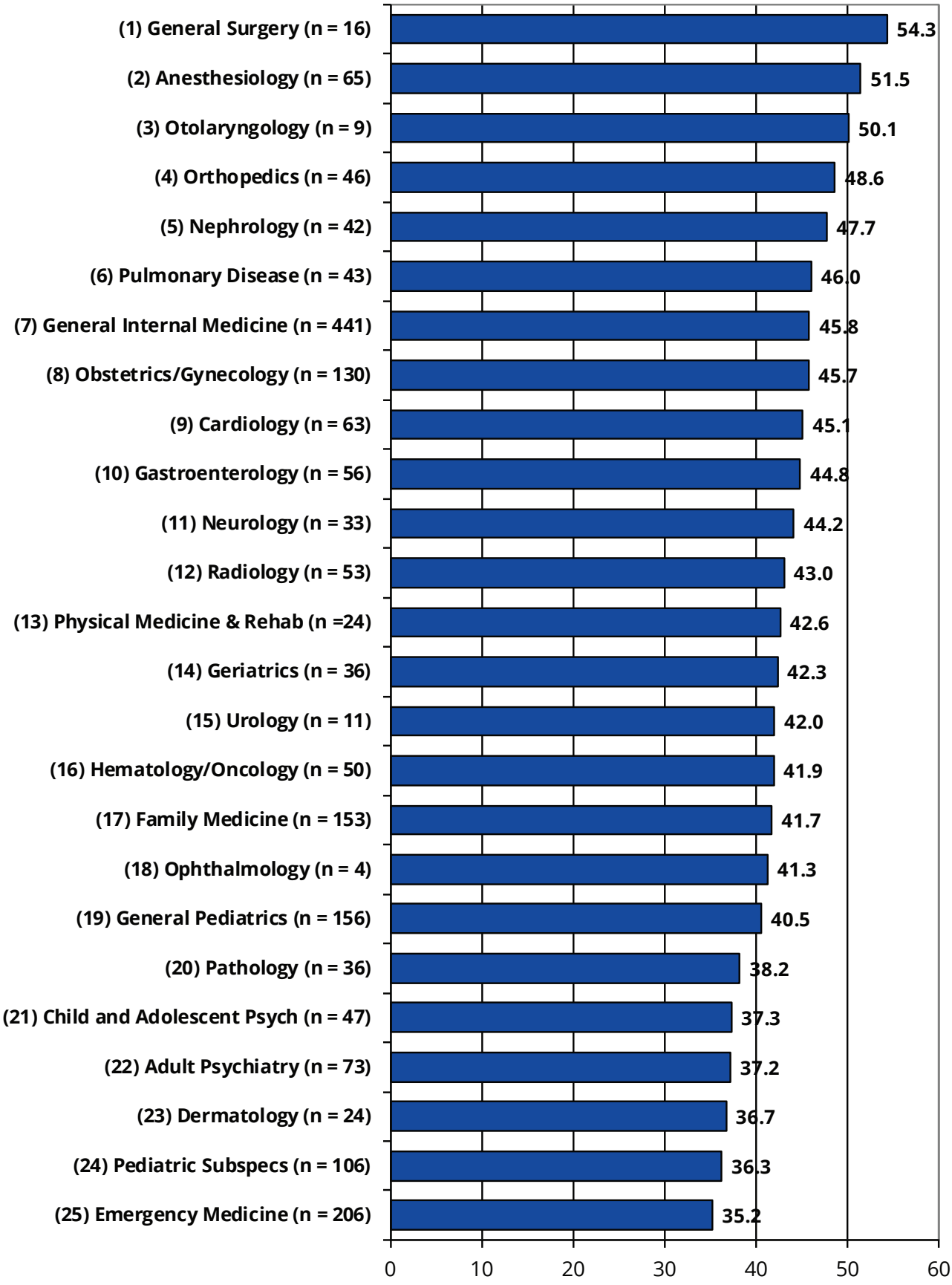


Table 3.5. Expected Weekly Patient Care/Clinical Practice Hours by Gender[a] (2015 and 2016 Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**45.5**	**42.2**	**43.9**
Family Medicine	41.4	42.0	41.7
General Internal Medicine	47.6	43.5	45.8
General Pediatrics	42.4	39.8	40.5
Obstetrics/Gynecology	**45.8**	**45.7**	**45.7**
Medicine Subspecialties	**46.0**	**40.8**	**43.7**
Cardiology	47.7	37.6	45.1
Gastroenterology	47.2	42.2	44.8
Geriatrics	44.7	40.6	42.3
Hematology/Oncology	43.6	40.2	41.9
Nephrology	47.9	47.4	47.7
Pulmonary Disease	45.1	47.2	46.0
General Surgery	**57.2**	***	**54.3**
Surgical Subspecialties	**48.6**	**51.3**	**49.1**
Ophthalmology	***	***	41.3
Orthopedics	48.2	***	48.6
Otolaryngology	***	***	50.1
Urology	***	***	42.0
Facility Based	**48.4**	**44.1**	**47.2**
Anesthesiology	52.4	49.3	51.5
Pathology	40.9	35.2	38.2
Radiology	43.8	40.5	43.0
Psychiatry	**36.5**	**37.9**	**37.3**
Adult Psychiatry	37.2	37.2	37.2
Child and Adolescent Psych	37.6	37.1	37.3
Other	**38.5**	**37.5**	**38.0**
Dermatology		37.4	36.7
Emergency Medicine	35.4	34.7	35.2
Neurology	45.2	43.3	44.2
Pediatric Subspecialties	37.9	35.7	36.3
Physical Medicine and Rehab	38.5	47.5	42.6
All Specialties, 2016	**44.4**	**41.1**	**42.8**

[a] Patient care/clinical practice hours has been stratified by gender in any specialties with enough respondents to do so. If the number of female or males respondents (n) is less than 10 the hours worked is not shown due to the comparisons lack of reliability. The data presented in this table is for respondents to both the 2015 and 2016 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 a practice position and their general perceptions of the job market in their specialty. Any respondent who reported plans to enter 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 Tables 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 graduate medical training. Figure 4.2 illustrates the differences between temporary visa holders and other respondents in terms of the difficulty they faced finding a job. Respondents who indicated they had not yet actively searched for a practice position have been excluded from this section of the report.

Each subsection within Section 4 summarizes the responses to 1) a question on the 2016 survey, 2) the aggregated total of all respondents for the 2015 and 2016 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

Table 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 overnight calls (score of 3.36) and weekend duties (score of 3.34) was most important, followed by predictable start and end time each workday (score of 3.26) and length of each workday (score of 3.17).

Table 4.1. Mean Likert Scores for Importance of Control Over Certain Job Characteristics by Specialty (for 2016 Respondents Who Had Searched for a Job)

Specialty	Predictable start and end time each day	Length of each workday	Frequency of overnight calls	Frequency of weekend duties
Primary Care	**3.35**	**3.24**	**3.42**	**3.38**
Family Medicine	3.33	3.22	3.52	3.43
General Internal Medicine	3.39	3.29	3.43	3.37
General Pediatrics	3.27	3.13	3.34	3.38
Obstetrics/Gynecology	**3.20**	**3.09**	**3.27**	**3.36**
Medicine Subspecialties	**3.26**	**3.16**	**3.42**	**3.39**
Cardiology	3.21	3.00	3.27	3.34
Gastroenterology	3.38	3.40	3.40	3.43
Geriatrics	3.35	3.35	3.43	3.39
Hematology/Oncology	3.24	2.98	3.33	3.33
Nephrology	3.26	3.20	3.48	3.52
Pulmonary Disease	2.89	2.97	3.44	3.22
General Surgery	**3.00**	**2.55**	**2.90**	**3.10**
Surgical Subspecialties	**3.00**	**2.89**	**3.22**	**3.27**
Ophthalmology	3.44	3.22	3.33	3.33
Orthopedics	3.07	2.82	3.28	3.35
Otolaryngology	2.80	3.00	3.40	3.40
Urology	3.08	3.07	3.29	3.14
Facility Based	**3.20**	**3.10**	**3.28**	**3.34**
Anesthesiology	3.30	3.22	3.39	3.46
Pathology	2.86	2.88	2.92	2.96
Radiology	3.29	3.12	3.34	3.34
Psychiatry	**3.48**	**3.44**	**3.62**	**3.59**
Adult Psychiatry	3.38	3.36	3.69	3.66
Child and Adolescent Psych	3.48	3.45	3.55	3.41
Other	**3.18**	**3.18**	**3.25**	**3.19**
Dermatology	3.53	3.53	3.71	3.71
Emergency Medicine	3.17	3.20	3.03	2.89
Neurology	3.44	3.36	3.60	3.44
Pediatric Subspecialties	3.01	3.14	3.25	3.32
Physical Medicine and Rehab	3.26	3.35	3.35	3.39
All Specialties, 2016 (2015)	**3.26 (3.19)**	**3.17 (3.21)**	**3.36 (3.37)**	**3.34 (3.37)**

4.2 Percentage Having Difficulty Finding a Satisfactory Practice Position

Figure 4.1 shows the percent of respondents who reported difficulty finding a satisfactory practice position. As noted above, this table summarizes the responses for the 2016 survey, the aggregated total of responses for 2015 and 2016, and the aggregated responses for the last 4 years of the survey.

Highlights

- Twenty-three percent (23%) of respondents reported difficulty finding a satisfactory position in 2016.
- The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (30%), followed by an overall lack of jobs (19%) and lack of jobs in desired practice setting (16%).
- The specialties with the highest percentage of respondents having difficulty finding a satisfactory practice position in 2016 were: nephrology (67%), pathology (56%), and pediatric subspecialties (45%).
- The specialties with the lowest percentage of respondents having difficulty finding a satisfactory practice position in 2016 were: ophthalmology (0%), adult psychiatry (8%), and urology (8%).
- The specialties with the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 2 years of the survey (2015 and 2016 aggregated) were: pathology (58%), physical medicine and rehabilitation (55%), and nephrology (45%).
- The specialties with the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 4 years of the survey were: pathology (64%), radiology (55%), and nephrology (47%).

Figure 4.1 presents 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 4.1. 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 Status (for 2016 Respondents Who Had Searched for a Job)

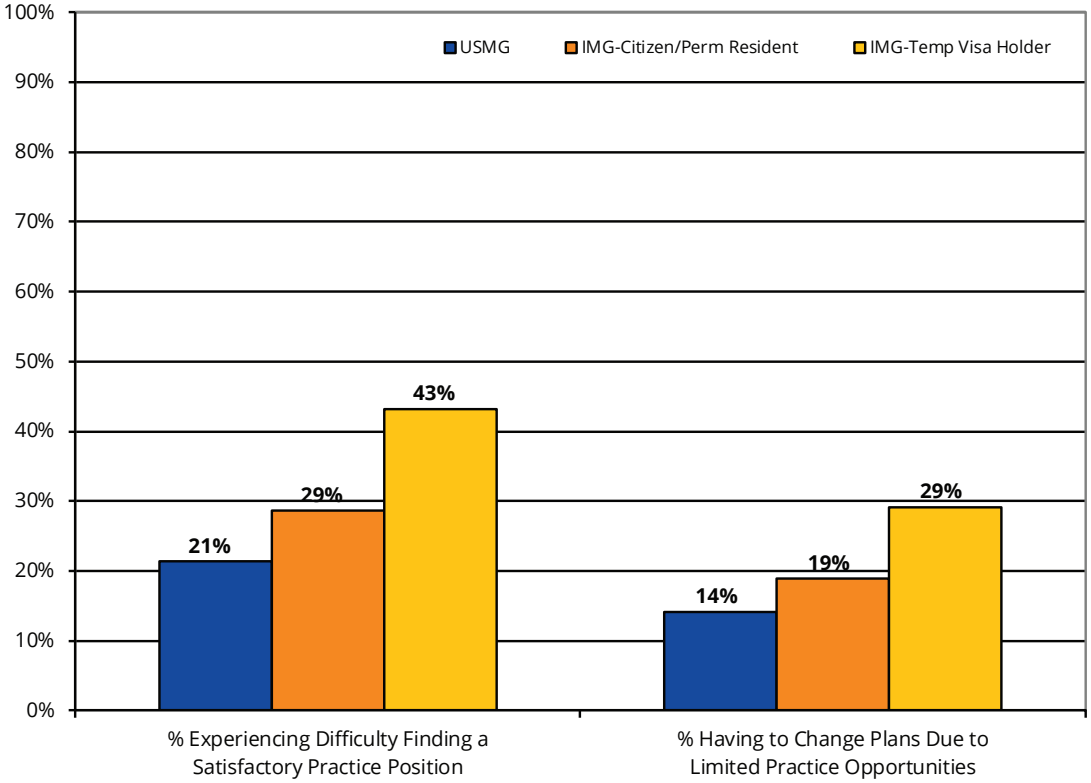


Figure 4.2. Main Reason for Difficulty Finding a Satisfactory Practice Position (for 2016 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

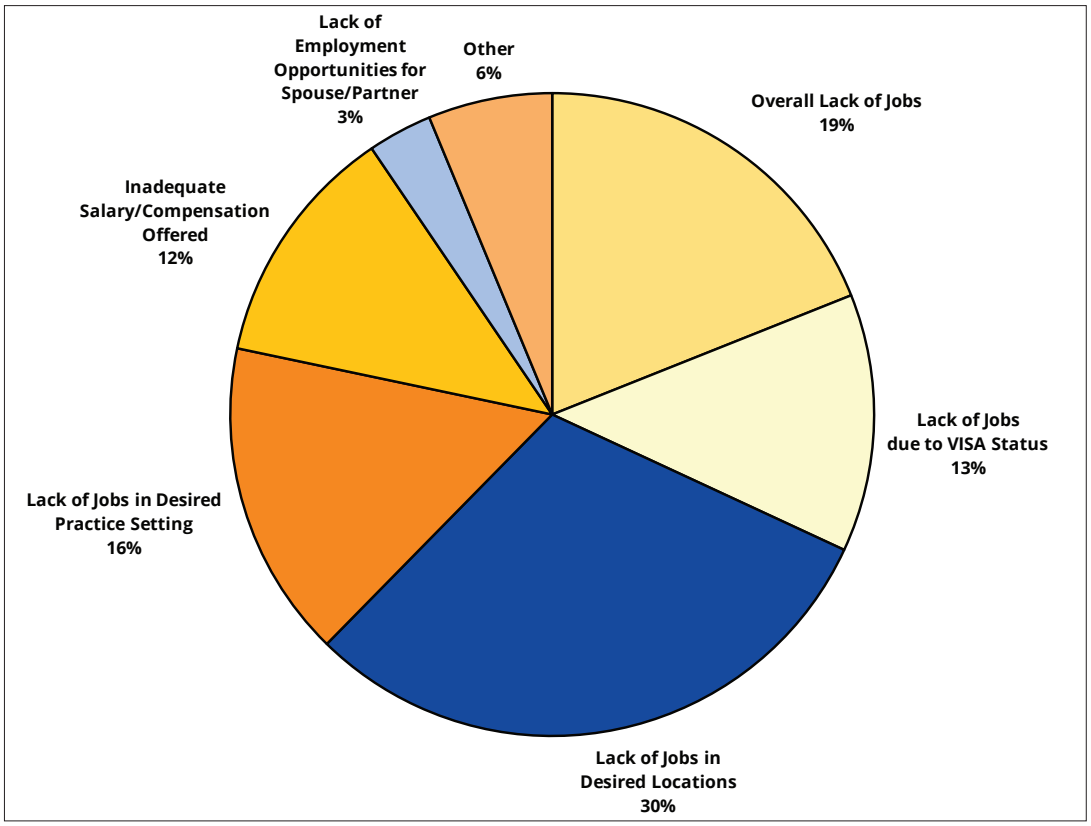


Figure 4.3. Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

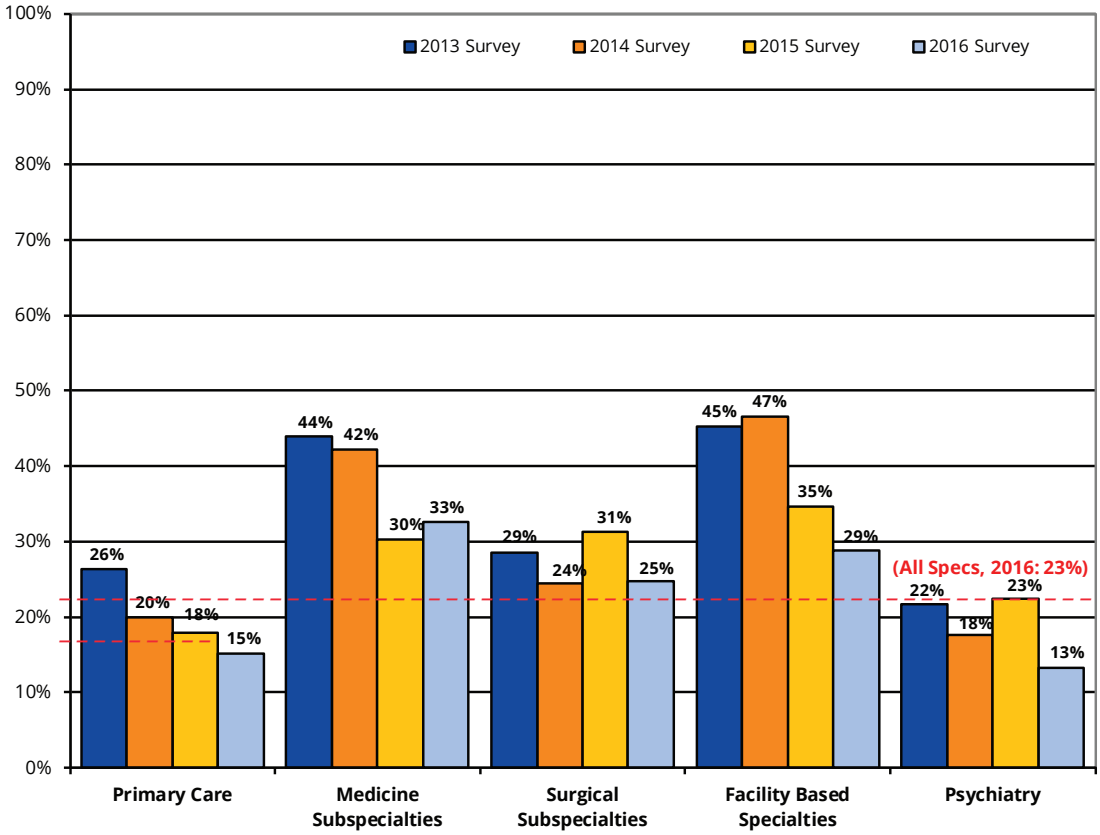


Figure 4.4. Rank of Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty (for 2016 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

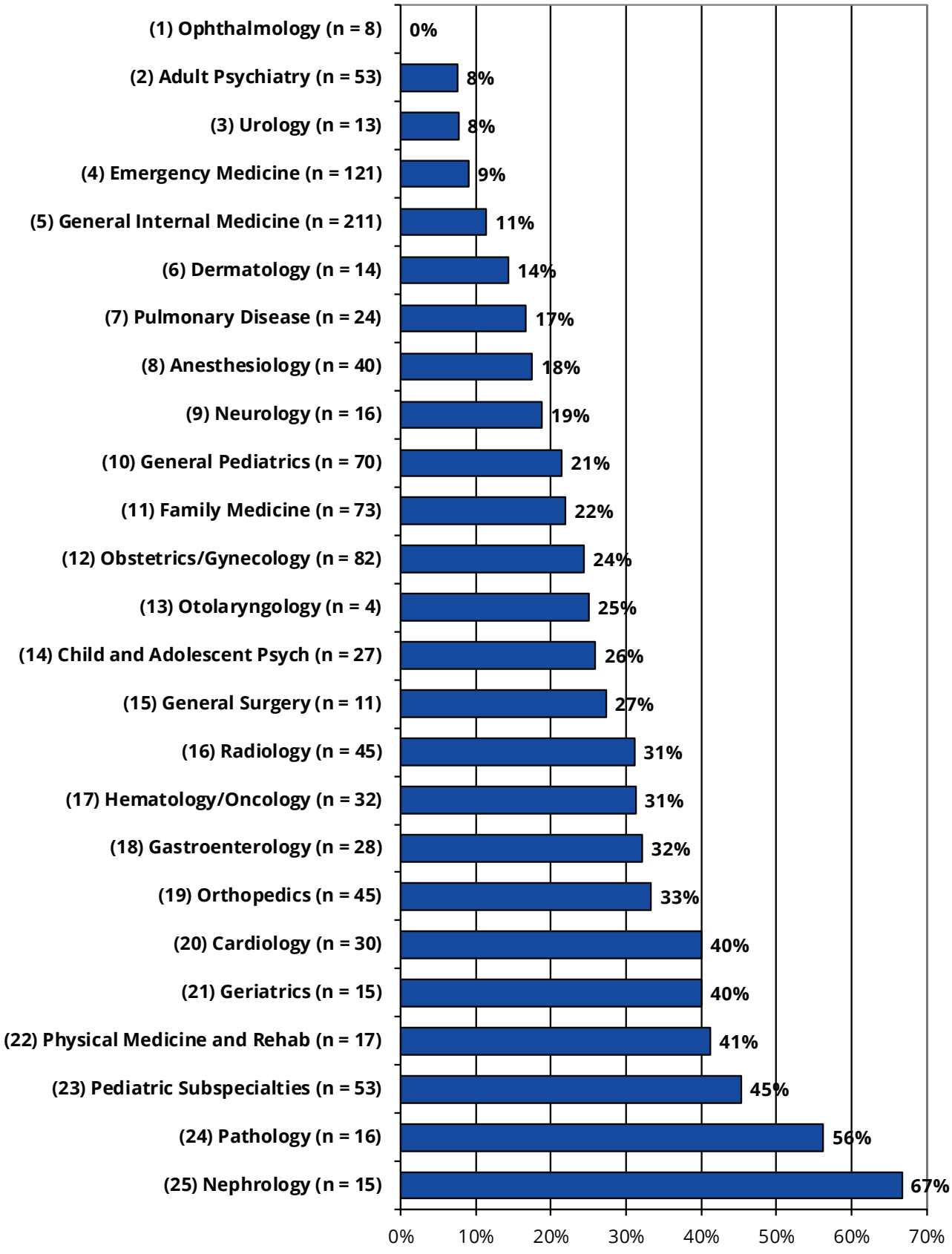


Table 4.2. Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2016 Respondents	RANK (of 25)	Aggregated Respondents: 2015 and 2016	RANK (of 25)	Aggregated Respondents: 2013 - 2016	RANK (of 25)
Primary Care	**15%**	N/A	**17%**	N/A	**20%**	N/A
Family Medicine	22%	15	18%	19	20%	19
General Internal Medicine	11%	21	15%	21	19%	20
General Pediatrics	21%	16	22%	14	24%	16
Obstetrics/Gynecology	**24%**	14	**24%**	12	**27%**	14
Medicine Subspecialties	**33%**	N/A	**32%**	N/A	**37%**	N/A
Cardiology	40%	5	30%	8	39%	7
Gastroenterology	32%	8	28%	11	32%	10
Geriatrics	40%	5	29%	10	31%	11
Hematology/Oncology	31%	9	31%	7	42%	5
Nephrology	67%	1	45%	3	47%	3
Pulmonary Disease	17%	19	21%	16	34%	8
General Surgery	**27%**	11	**22%**	15	**16%**	23
Surgical Subspecialties	**25%**	N/A	**28%**	N/A	**27%**	N/A
Ophthalmology	0%	25	9%	24	16%	22
Orthopedics	33%	7	33%	6	29%	12
Otolaryngology	25%	13	20%	17	32%	9
Urology	8%	23	24%	13	20%	18
Facility Based	**29%**	N/A	**31%**	N/A	**40%**	N/A
Anesthesiology	18%	18	12%	23	22%	17
Pathology	56%	2	58%	1	64%	1
Radiology	31%	10	43%	4	55%	2
Psychiatry	**13%**	N/A	**17%**	N/A	**18%**	N/A
Adult Psychiatry	8%	24	13%	22	14%	24
Child and Adolescent Psych	26%	12	30%	8	29%	13
Other	**23%**	N/A	**23%**	N/A	**24%**	N/A
Dermatology	14%	20	18%	20	17%	21
Emergency Medicine	9%	22	8%	25	8%	25
Neurology	19%	17	19%	18	25%	15
Pediatric Subspecialties	45%	3	39%	5	40%	6
Physical Medicine and Rehab	41%	4	55%	2	47%	4
Total (All Specialties)	**23%**	N/A	**23%**	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.

4.3 Percentage Having to Change Plans Due to Limited Practice Opportunities

Table 4.3 displays the percentage 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 4.2.

Highlights

- Fifteen percent (15%) of respondents reported having to change their plans due to limited practice opportunities in 2016.
- The specialties with the highest percentage of respondents who had to change plans due to limited practice opportunities in 2016 were: nephrology (58%), pediatric subspecialties (35%), and geriatrics (29%).
- The specialties with the lowest percentage of respondents who had to change plans due to limited practice opportunities in 2016 were: otolaryngology (0%), adult psychiatry (4%), and emergency medicine (5%).
- The specialties with the highest percentage of respondents who had to change their plans due to limited practice opportunities over the last 2 years (aggregated results from the 2015 and 2016 surveys) were: nephrology (48%), pathology (35%), and radiology (33%).
- The specialties with the lowest percentage of respondents who had to change their plans due to limited practice opportunities over the last 2 years (aggregated results from the 2015 and 2016 surveys) were: otolaryngology (0%), emergency medicine (4%), and family medicine (5%).
- The specialties with the highest percentage of respondents who had to change plans over the last 4 years of the survey were: nephrology (44%), pathology (39%), and radiology (35%).
- The specialties with the lowest percentage of respondents who had to change plans over the last 4 years of the survey were: otolaryngology (4%), emergency medicine (4%), and adult psychiatry (7%).

Figure 4.5. 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)

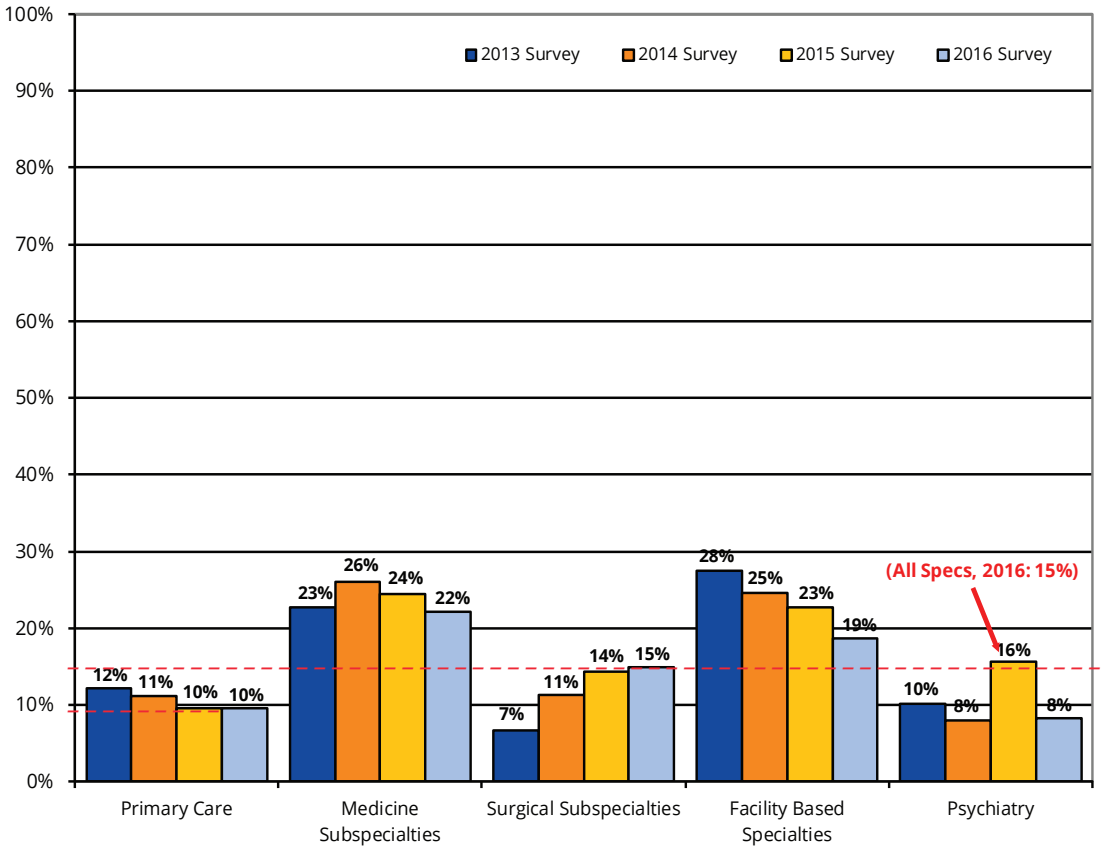


Figure 4.6. Rank of Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty (for 2016 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

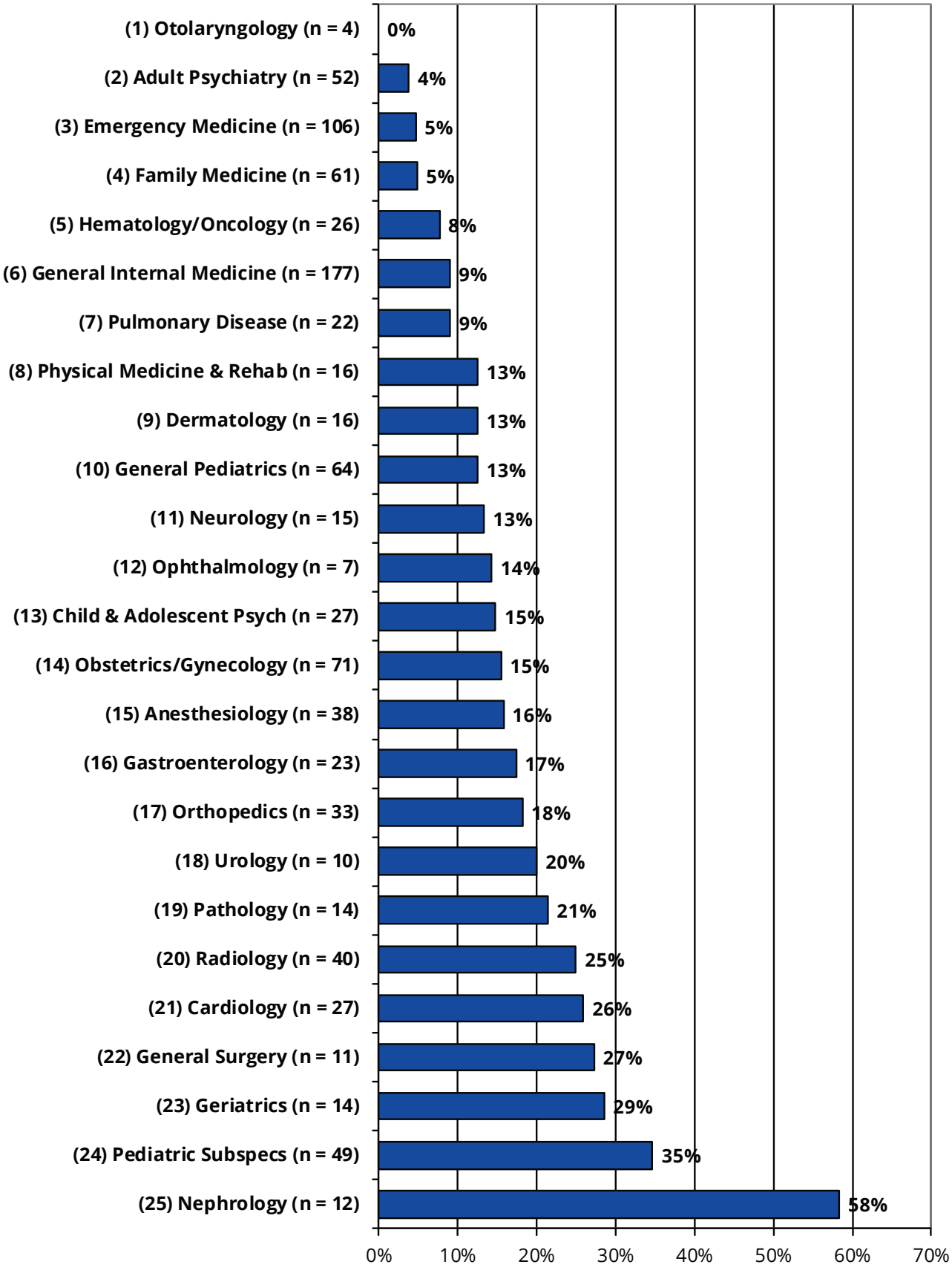


Table 4.3. Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2016 Respondents	RANK (of 25)	Aggregated Respondents: 2015 and 2016	RANK (of 25)	Aggregated Respondents: 2013 - 2016	RANK (of 25)
Primary Care	**10%**	N/A	**10%**	N/A	**11%**	N/A
Family Medicine	5%	22	5%	23	10%	20
General Internal Medicine	9%	20	11%	18	11%	17
General Pediatrics	13%	16	10%	20	11%	18
Obstetrics/Gynecology	**15%**	12	**16%**	13	**15%**	15
Medicine Subspecialties	**22%**	N/A	**23%**	N/A	**24%**	N/A
Cardiology	26%	5	25%	7	26%	6
Gastroenterology	17%	10	19%	11	20%	9
Geriatrics	29%	3	22%	8	18%	12
Hematology/Oncology	8%	21	14%	14	26%	7
Nephrology	58%	1	48%	1	44%	1
Pulmonary Disease	9%	19	14%	15	18%	11
General Surgery	**27%**	4	**29%**	5	**28%**	5
Surgical Subspecialties	**15%**	N/A	**15%**	N/A	**12%**	N/A
Ophthalmology	14%	14	10%	19	10%	19
Orthopedics	18%	9	18%	12	12%	16
Otolaryngology	0%	25	0%	25	4%	25
Urology	20%	8	21%	9	19%	10
Facility Based	**19%**	N/A	**21%**	N/A	**24%**	N/A
Anesthesiology	16%	11	11%	17	17%	13
Pathology	21%	7	35%	2	39%	2
Radiology	25%	6	33%	3	35%	3
Psychiatry	**8%**	N/A	**11%**	N/A	**10%**	N/A
Adult Psychiatry	4%	24	7%	22	7%	23
Child and Adolescent Psych	15%	13	20%	10	16%	14
Other	**18%**	N/A	**16%**	N/A	**15%**	N/A
Dermatology	13%	16	13%	16	9%	22
Emergency Medicine	5%	23	4%	24	4%	24
Neurology	13%	15	9%	21	10%	21
Pediatric Subspecialties	35%	2	30%	4	28%	4
Physical Medicine and Rehab	13%	16	26%	6	21%	8
Total (All Specialties)	**15%**	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.

4.4 Number of Job Offers

Table 4.4 shows the mean number of offers for employment/practice opportunities (ie, job offers) received by respondents. This indicator, like starting income, is a robust measure of demand as it represents an objective number, less subject to the bias respondents' expectations than the other indicators such as difficulty finding a practice opportunity or the respondents' assessment of the job market in a specialty. Job offers, along with starting income trends, are double-weighted in the composite measure of demand presented later in the section of the report.

Highlights

- The average number of job offers received by respondents in 2016 was 3.59.
- Respondents in the following specialties received the most job offers: dermatology (5.06), family medicine (4.80), and urology (4.73).
- Respondents in the following specialties received the fewest job offers: pathology (1.88), radiology (2.23), and ophthalmology (2.29).
- The following specialties experienced the greatest annual increases in job offers received over the past 4 years (2013-2016): urology (+24%), orthopedics (+23%), and ophthalmology (+17%).
- The following specialties experienced the greatest annual declines in job offers received over the past 4 years (2013-2016): pulmonary disease (-10%), general surgery (-6%), and general pediatrics (-5%).

Figure 4.7. Mean Number of Job Offers Received by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

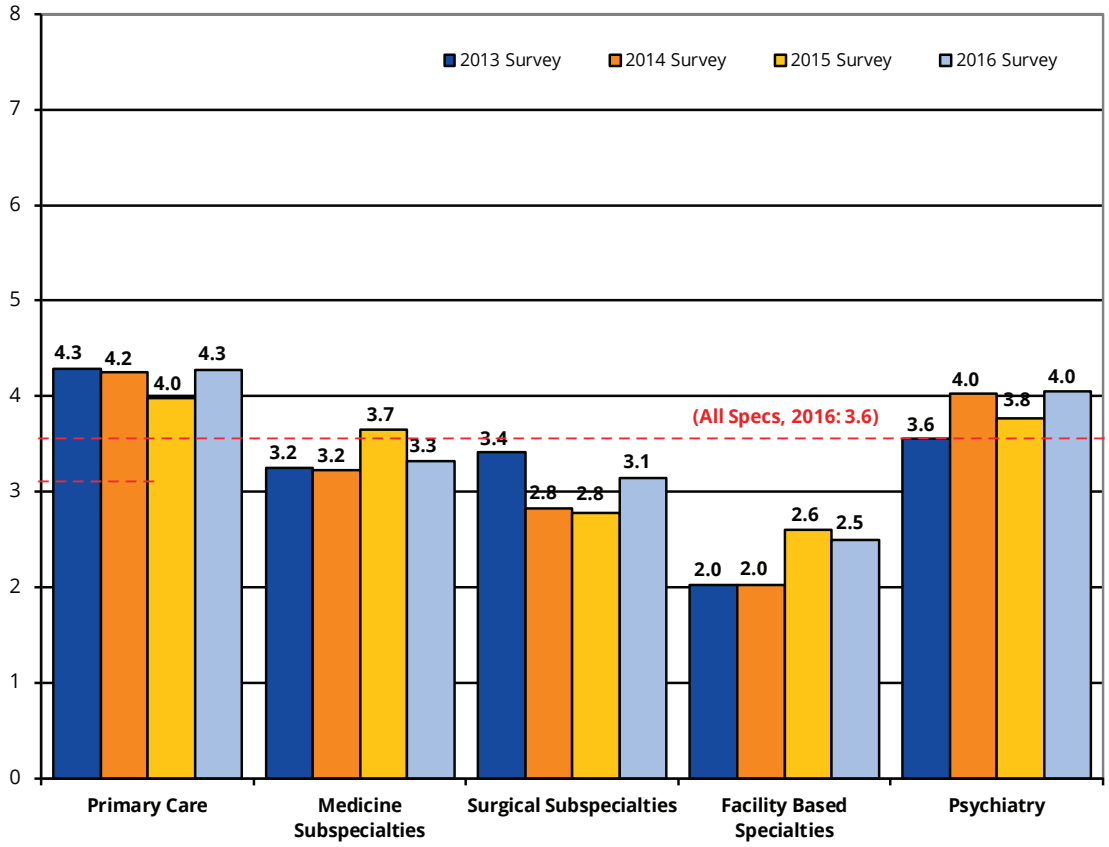


Figure 4.8. Rank of Mean Number of Job Offers Received by Specialty (for 2016 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

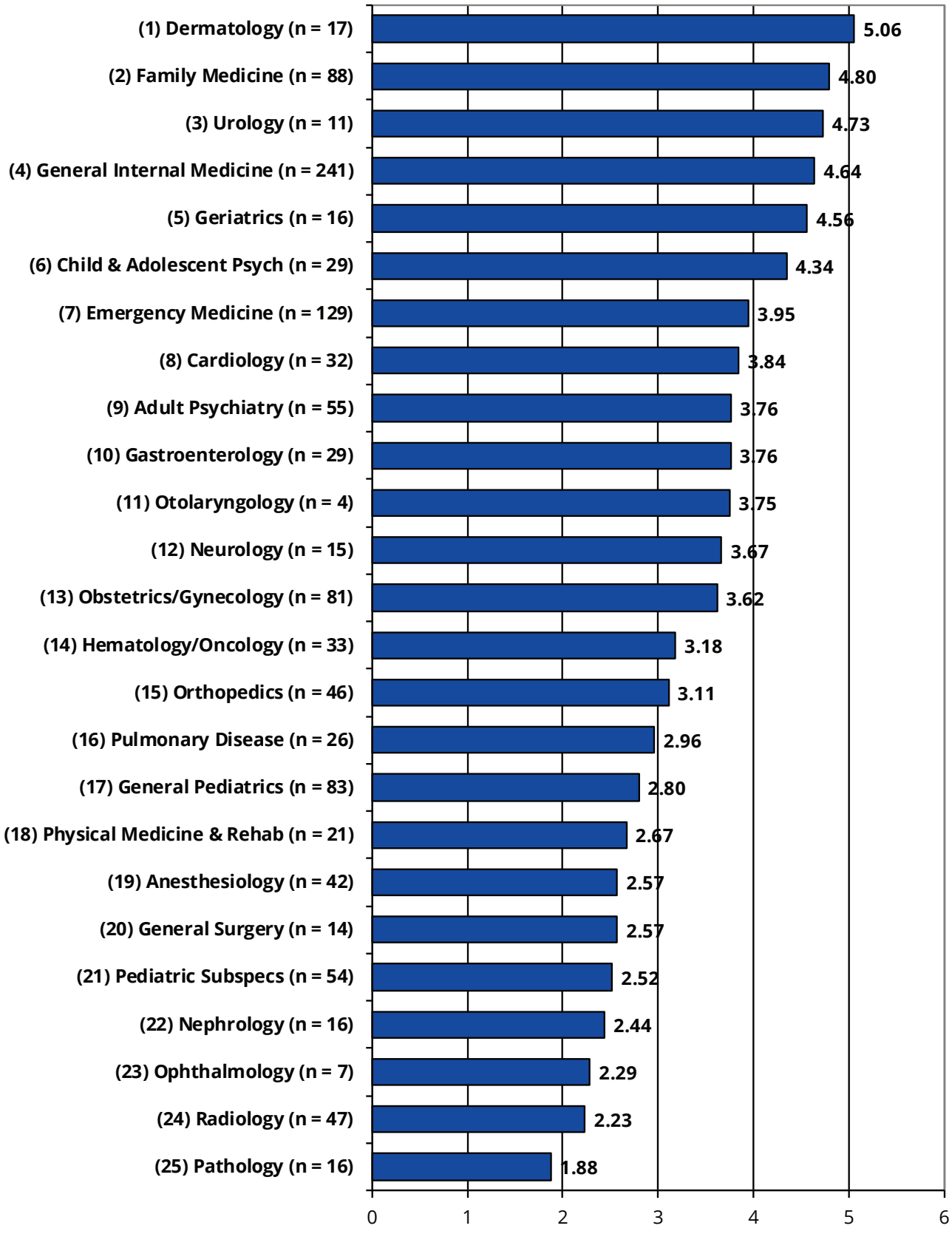


Table 4.4. Mean Number of Offers of Employment/Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2016 Respondents	RANK (of 25)	Aggregated Respondents: 2015 and 2016	RANK (of 25)	Trend (Average Annual Change: 2012 to 2016)	RANK (of 25)
Primary Care	**4.28**	N/A	**4.14**	N/A	**0%**	N/A
Family Medicine	4.80	2	4.66	1	5%	8
General Internal Medicine	4.64	4	4.47	3	1%	15
General Pediatrics	2.80	17	2.72	18	-5%	23
Obstetrics/Gynecology	**3.62**	13	**3.66**	10	**2%**	13
Medicine Subspecialties	**3.32**	N/A	**3.47**	N/A	**-1%**	N/A
Cardiology	3.84	8	3.57	11	1%	17
Gastroenterology	3.76	10	3.38	13	-1%	20
Geriatrics	4.56	5	4.51	2	14%	4
Hematology/Oncology	3.18	14	3.29	15	0%	18
Nephrology	2.44	22	3.33	14	1%	16
Pulmonary Disease	2.96	16	3.22	16	-10%	25
General Surgery	**2.57**	20	**2.64**	21	**-6%**	24
Surgical Subspecialties	**3.14**	N/A	**2.98**	N/A	**3%**	N/A
Ophthalmology	2.29	23	2.00	24	17%	3
Orthopedics	3.11	15	2.70	19	23%	2
Otolaryngology	3.75	11	3.80	8	4%	11
Urology	4.73	3	3.79	9	24%	1
Facility Based	**2.50**	N/A	**2.54**	N/A	**4%**	N/A
Anesthesiology	2.57	19	2.65	20	3%	12
Pathology	1.88	25	1.81	25	7%	7
Radiology	2.23	24	2.13	23	4%	9
Psychiatry	**4.05**	N/A	**3.93**	N/A	**0%**	N/A
Adult Psychiatry	3.76	9	3.86	7	2%	14
Child and Adolescent Psych	4.34	6	4.15	5	-4%	22
Other	**3.44**	N/A	**3.41**	N/A	**1%**	N/A
Dermatology	5.06	1	4.45	4	8%	6
Emergency Medicine	3.95	7	4.04	6	0%	19
Neurology	3.67	12	3.43	12	9%	5
Pediatric Subspecialties	2.52	21	2.43	22	4%	10
Physical Medicine and Rehab	2.67	18	2.89	17	-2%	21
Total (All Specialties)	**3.59**	N/A	**3.56**	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.

4.5 Perceptions of the Regional Job Market

Table 4.5 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. In order to make comparisons across specialties and across surveys, the following scoring scheme 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 score for each respondent by the proportion of responses in that category.

Highlights

- Overall, respondents assessed the regional job market positively, with an average score in 2016 of +0.98.
- Respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.69), family medicine (+1.61), and dermatology (+1.53).
- Respondents in the following specialties reported the least positive views of the regional job market: pathology (-0.33), pediatric subspecialties (-0.16), and nephrology (+0.06).
- Over the past 2 years (2015-2016), respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.63), family medicine (+1.61), and emergency medicine (+1.49).
- Over the past 2 years (2015-2016), respondents in the following specialties reported the least positive views of the regional job market: pathology (-0.49), pediatric subspecialties (-0.07), and radiology (0.19).
- Over the past 4 years (2013-2016), respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.59), family medicine (+1.55), and emergency medicine (+1.52).
- Over the past 4 years (2013-2016), respondents in the following specialties reported the least positive views of the regional job market: pathology (-0.61), radiology (-0.25), and pediatric subspecialties (-0.10).

Figure 4.9. Perceptions of the Regional Job Market (for 2016 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

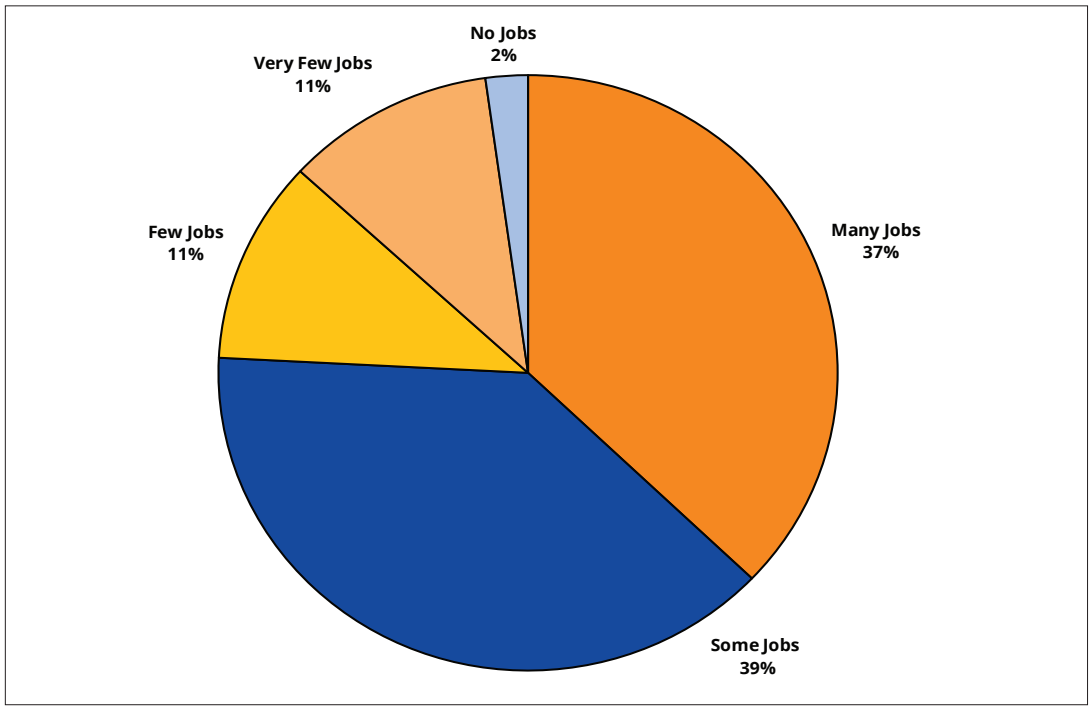


Figure 4.10. Mean Likert Scores for Perceptions of the Regional Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

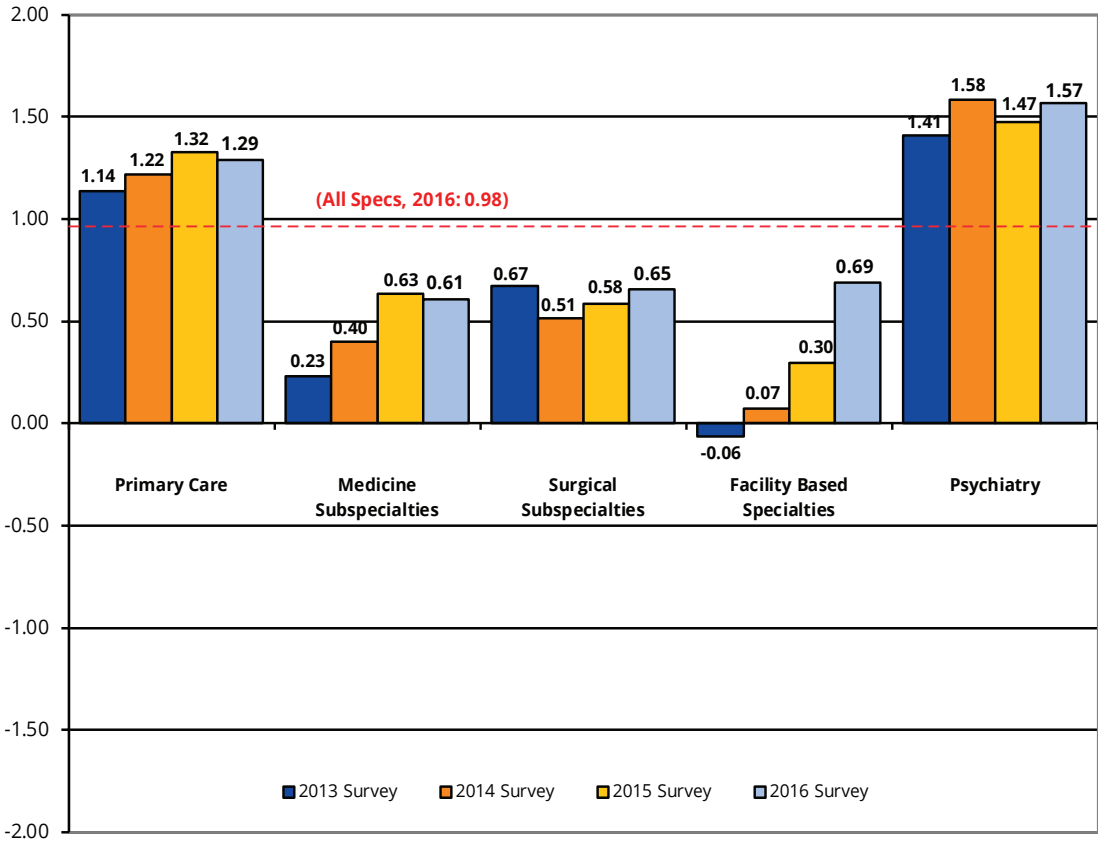


Figure 4.11. Rank of Likert Scores for Perceptions of the Regional Job Market by Specialty Group (for 2016 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

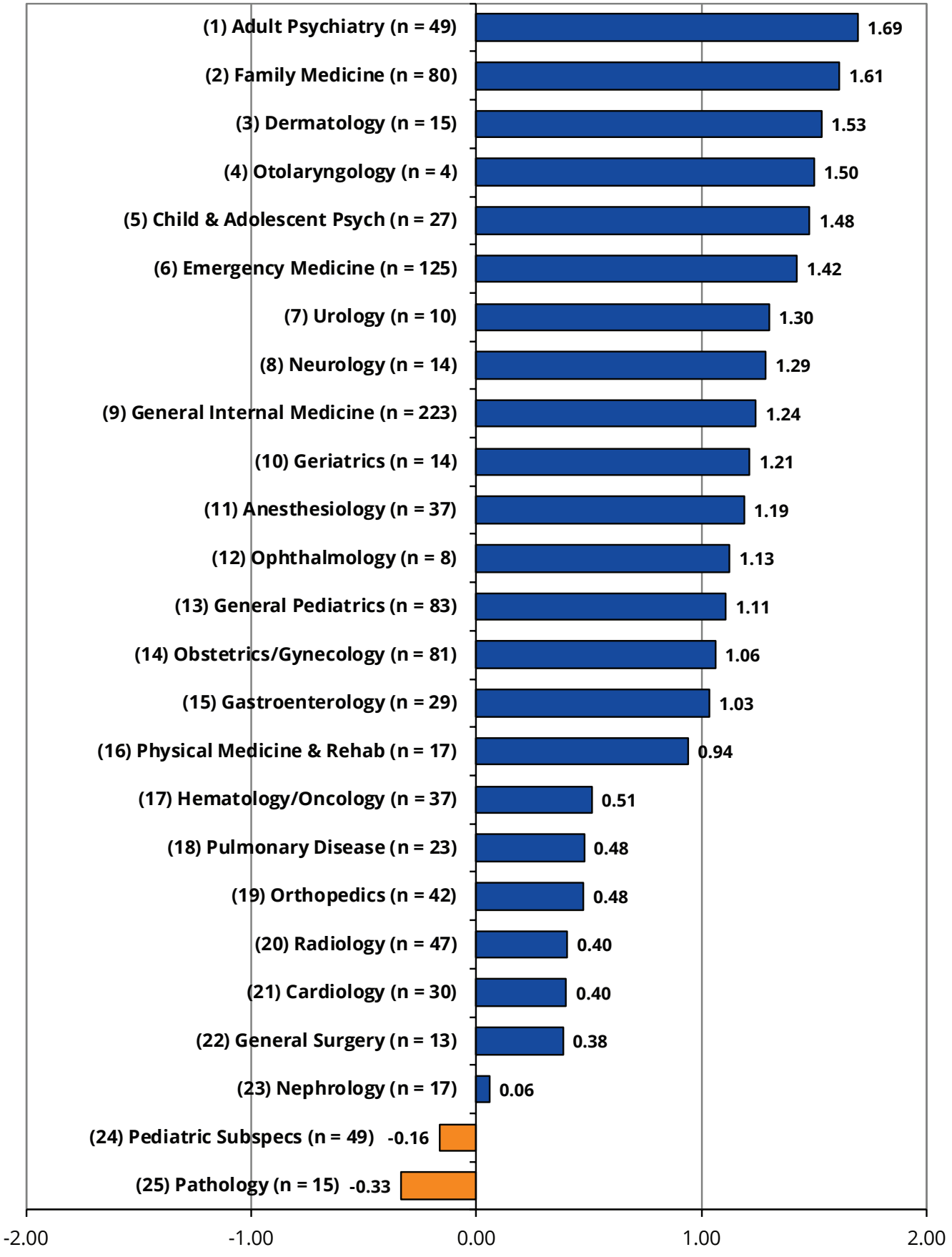


Table 4.5. Likert Scores for Perceptions of the Regional Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2016 Respondents	RANK (of 25)	Aggregated Respondents: 2015 and 2016	RANK (of 25)	Aggregated Respondents: 2013 - 2016	RANK (of 25)
Primary Care	**1.29**	N/A	**1.31**	N/A	**1.25**	N/A
Family Medicine	1.61	2	1.61	2	1.55	2
General Internal Medicine	1.24	9	1.21	9	1.19	6
General Pediatrics	1.11	13	1.23	7	1.11	8
Obstetrics/Gynecology	**1.06**	14	**1.09**	12	**1.11**	9
Medicine Subspecialties	**0.61**	N/A	**0.62**	N/A	**0.47**	N/A
Cardiology	0.40	21	0.43	21	0.15	22
Gastroenterology	1.03	15	1.03	14	0.88	14
Geriatrics	1.21	10	0.94	15	0.95	12
Hematology/Oncology	0.51	17	0.51	18	0.30	20
Nephrology	0.06	23	0.44	20	0.18	21
Pulmonary Disease	0.48	18	0.34	22	0.51	19
General Surgery	**0.38**	22	**0.57**	17	**0.52**	17
Surgical Subspecialties	**0.65**	N/A	**0.62**	N/A	**0.60**	N/A
Ophthalmology	1.13	12	1.18	10	0.93	13
Orthopedics	0.48	19	0.44	19	0.52	18
Otolaryngology	1.50	4	1.30	5	1.07	10
Urology	1.30	7	1.11	11	0.97	11
Facility Based	**0.69**	N/A	**0.51**	N/A	**0.23**	N/A
Anesthesiology	1.19	11	1.08	13	0.83	15
Pathology	-0.33	25	-0.49	25	-0.61	25
Radiology	0.40	20	0.19	23	-0.25	24
Psychiatry	**1.57**	N/A	**1.53**	N/A	**1.51**	N/A
Adult Psychiatry	1.69	1	1.63	1	1.59	1
Child and Adolescent Psych	1.48	5	1.47	4	1.48	4
Other	**0.88**	N/A	**0.90**	N/A	**0.88**	N/A
Dermatology	1.53	3	1.24	6	1.41	5
Emergency Medicine	1.42	6	1.49	3	1.52	3
Neurology	1.29	8	1.23	8	1.18	7
Pediatric Subspecialties	-0.16	24	-0.07	24	-0.10	23
Physical Medicine and Rehab	0.94	16	0.81	16	0.64	16
Total (All Specialties)	**0.98**	N/A	**0.96**	N/A	**0.88**	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 4.6 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). 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 regional job market.

Highlights

- Overall, respondents had very positive perceptions of the national job market.
  - Seventy-two percent (72%) reported that there were "Many Jobs" in their specialty, and less than 3% reported that there were either "Very Few Jobs" (4%) or "No Jobs" (<1%).

- Respondents assessed the national job market (average score of +1.66) more positively than the regional job market (average score of +0.98).

- Respondents in the following specialties reported the most positive views of the national job market: ophthalmology (+2.00), adult psychiatry (+1.96), and neurology (+1.94).

- Respondents in the following specialties reported the least positive views of the national job market: pathology (+0.55), nephrology (+1.00), and radiology (+1.00).

- Over the past 2 years (2015-2016), respondents in the following specialties reported the most positive views of the national job market: neurology (+1.94), adult psychiatry (+1.96), and family medicine (+1.89).

- Over the past 2 years (2015-2016), respondents in the following specialties reported the least positive views of the national job market: pathology (+0.26), radiology (+0.79), and pediatric subspecialties (+1.06).

- Over the past 4 years (2013-2016), respondents in the following specialties reported the most positive views of the national job market: adult psychiatry (+1.93), neurology (+1.91), and emergency medicine (+1.89).

- Over the past 4 years (2013-2016), respondents in the following specialties reported the least positive views of the national job market: pathology (+0.07), radiology (+0.41), and nephrology (+0.93).

Figure 4.12. Perceptions of the National Job Market (for 2016 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

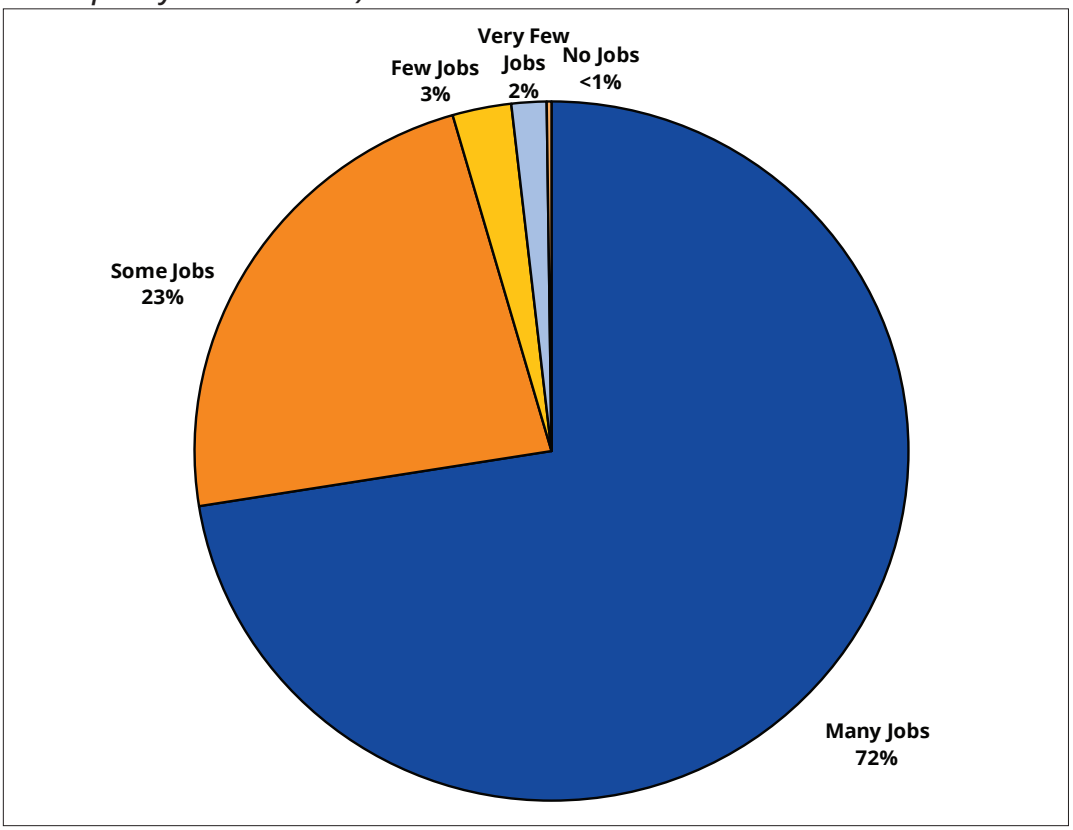


Figure 4.13. Mean Likert Scores for Perceptions of the National Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

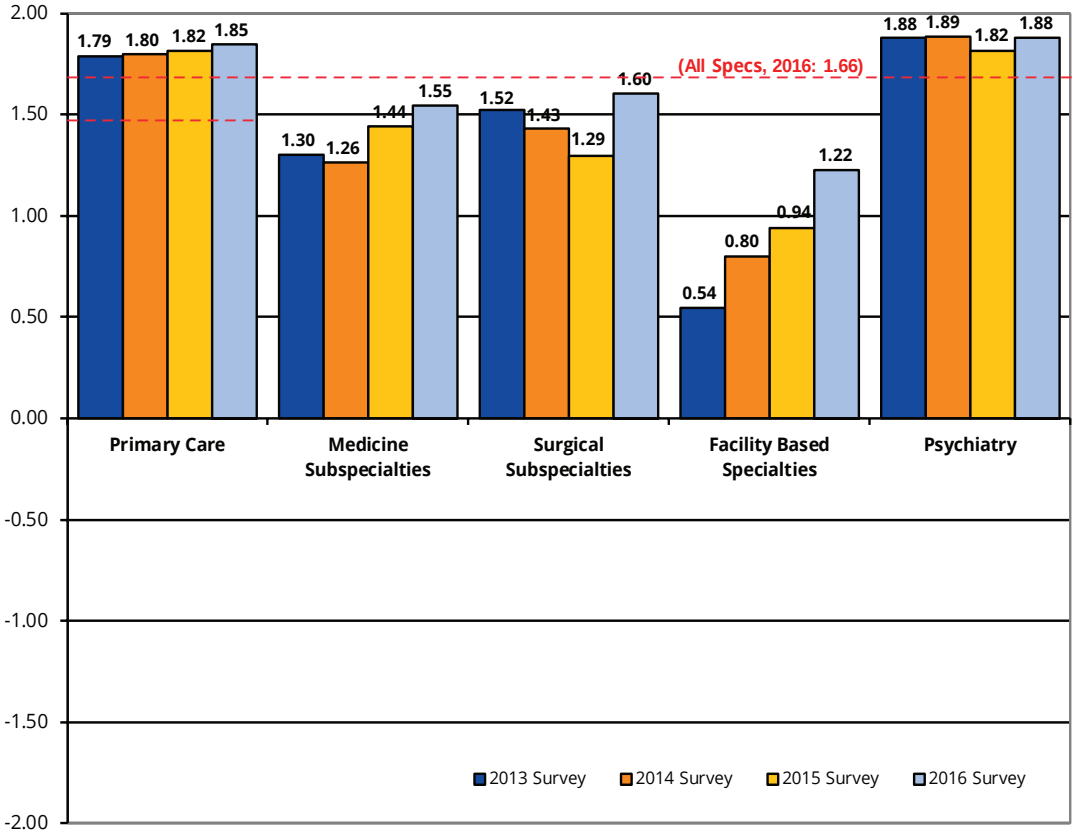


Figure 4.14. Rank of Likert Scores for Perceptions of the National Job Market by Specialty (for 2016 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

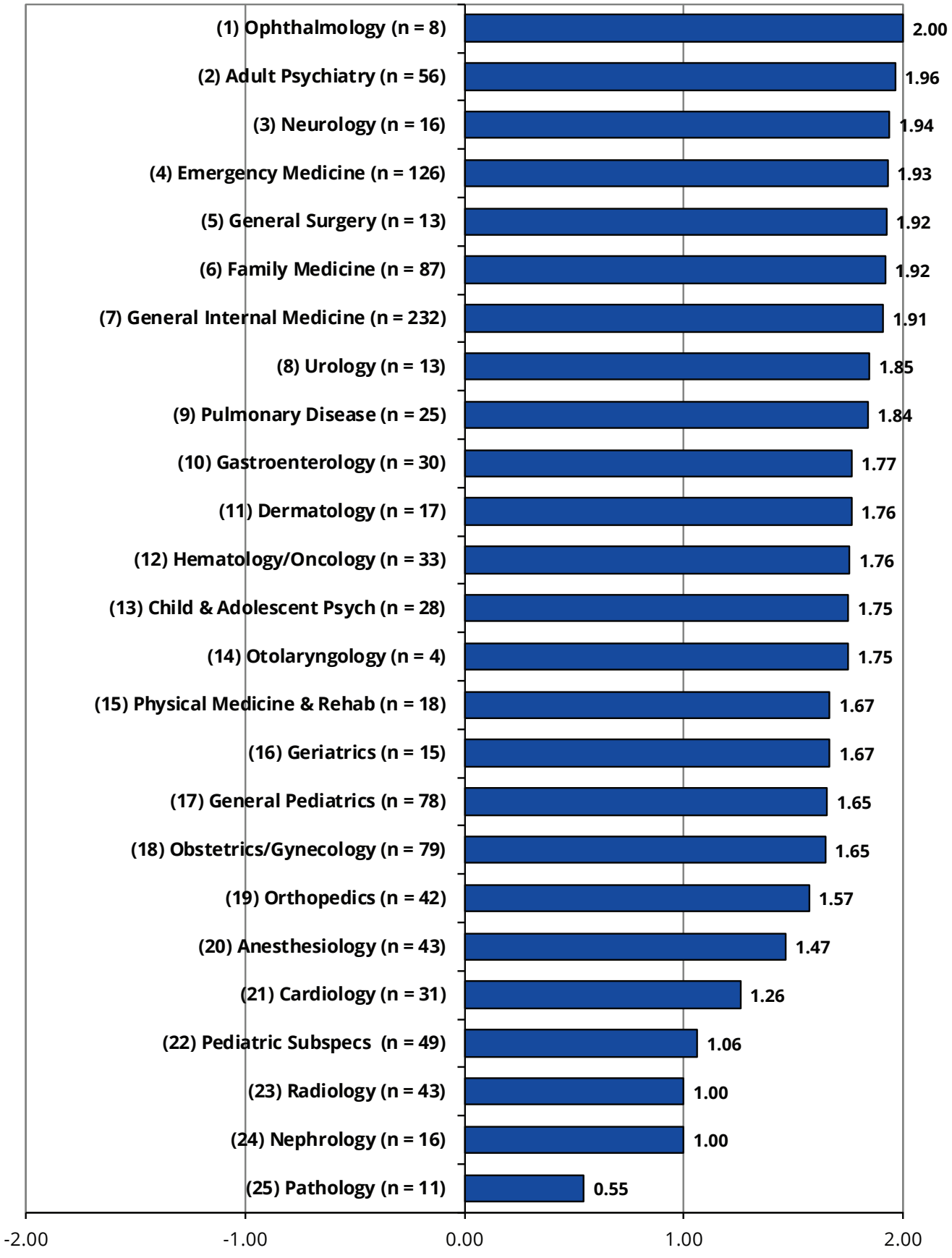


Table 4.6. Mean Likert Scores for Perceptions of the National Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2016 Respondents	RANK (of 25)	Aggregated Respondents: 2015 and 2016	RANK (of 25)	Aggregated Respondents: 2013 - 2016	RANK (of 25)
Primary Care	**1.85**	N/A	**1.83**	N/A	**1.81**	N/A
Family Medicine	1.92	6	1.92	3	1.88	4
General Internal Medicine	1.91	7	1.86	6	1.85	5
General Pediatrics	1.65	17	1.70	13	1.65	12
Obstetrics/Gynecology	**1.65**	18	**1.65**	16	**1.66**	11
Medicine Subspecialties	**1.55**	N/A	**1.50**	N/A	**1.39**	N/A
Cardiology	1.26	21	1.20	21	0.97	22
Gastroenterology	1.77	10	1.70	14	1.63	14
Geriatrics	1.67	15	1.66	15	1.64	13
Hematology/Oncology	1.76	12	1.78	9	1.52	18
Nephrology	1.00	24	1.09	22	0.93	23
Pulmonary Disease	1.84	9	1.80	8	1.77	9
General Surgery	**1.92**	5	**1.87**	5	**1.85**	6
Surgical Subspecialties	**1.60**	N/A	**1.46**	N/A	**1.47**	N/A
Ophthalmology	2.00	1	1.82	7	1.62	15
Orthopedics	1.57	19	1.40	20	1.42	19
Otolaryngology	1.75	13	1.50	18	1.56	16
Urology	1.85	8	1.77	10	1.73	10
Facility Based	**1.22**	N/A	**1.09**	N/A	**0.86**	N/A
Anesthesiology	1.47	20	1.44	19	1.24	20
Pathology	0.55	25	0.26	25	0.07	25
Radiology	1.00	23	0.79	24	0.41	24
Psychiatry	**1.88**	N/A	**1.85**	N/A	**1.87**	N/A
Adult Psychiatry	1.96	2	1.93	2	1.93	1
Child and Adolescent Psych	1.75	13	1.76	11	1.84	7
Other	**1.63**	N/A	**1.61**	N/A	**1.58**	N/A
Dermatology	1.76	11	1.73	12	1.79	8
Emergency Medicine	1.93	4	1.90	4	1.89	3
Neurology	1.94	3	1.94	1	1.91	2
Pediatric Subspecialties	1.06	22	1.06	23	1.05	21
Physical Medicine and Rehab	1.67	15	1.53	17	1.52	17
Total (All Specialties)	**1.66**	N/A	**1.62**	N/A	**1.55**	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 4.7 presents median starting income levels for 2016 respondents, for all respondents from the last 2 surveys (2015 and 2016), and the average annual change (ie, trend) in median starting income from the last 4 surveys (2013-2016). 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 2016 respondents was $233,500.
  - Median starting income in 2016 was 5% higher than in 2015.
  - The average annual increase in income for new physicians from 2013 to 2016 was 3%.

- Most specialties experienced moderate to strong growth in starting incomes from 2013 to 2016.
  - The following specialties experienced a decrease in starting income during this time period: cardiology (-2%), otolaryngology (-2%), and urology (-1%).

- The following specialties experienced the largest annual increases in income between 2013 and 2016: neurology (+9%), general surgery (+8%), and hematology/oncology (+8%).

Figure 4.15. Median Starting Income (in $1,000s) by Specialty Group (for Respondents With Confirmed Practice Plans)

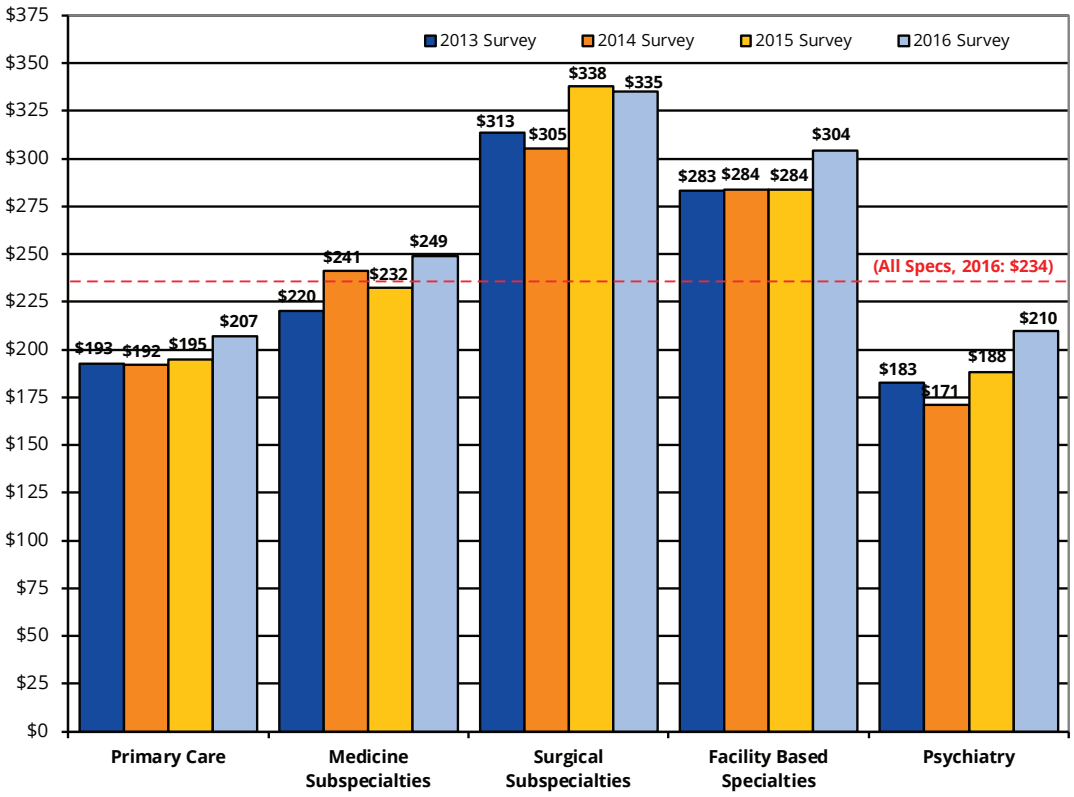


Figure 4.16. Trends in Median Starting Income (in $1,000s) Among Primary Care and Non-Primary Care Physicians (for Respondents With Confirmed Practice Plans)

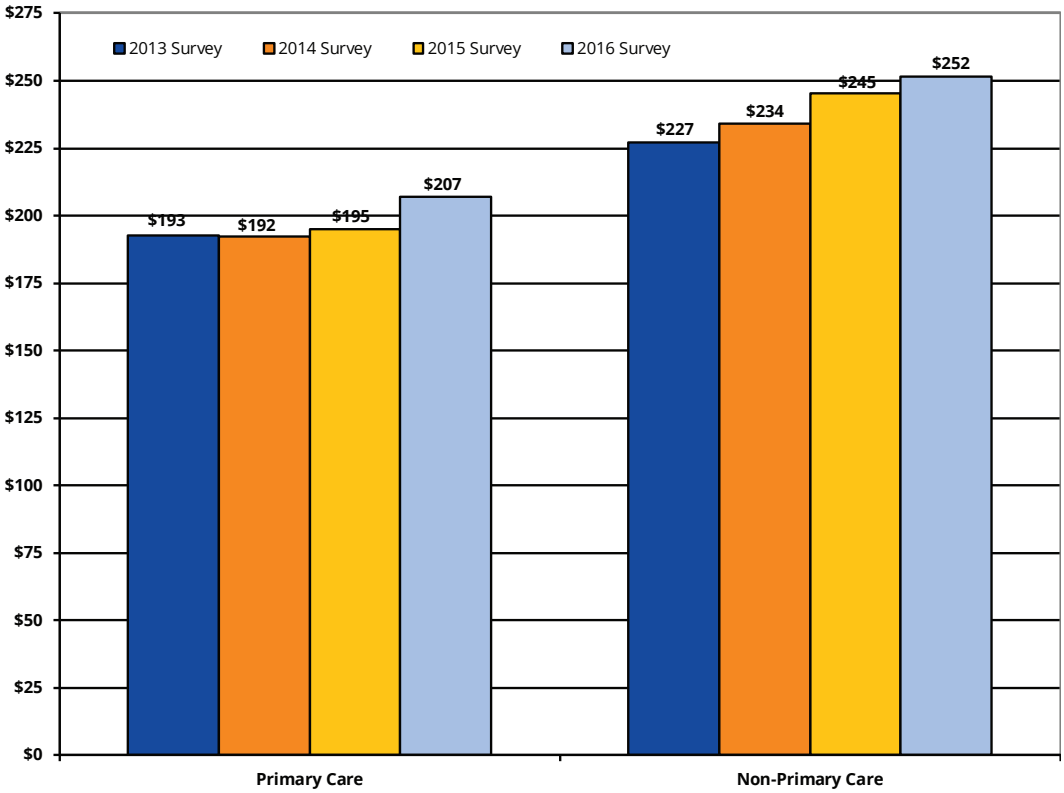


Figure 4.17. Rank of Average Percent Change in Median Starting Income (from 2013 to 2016) by Specialty (for Respondents With Confirmed Practice Plans)

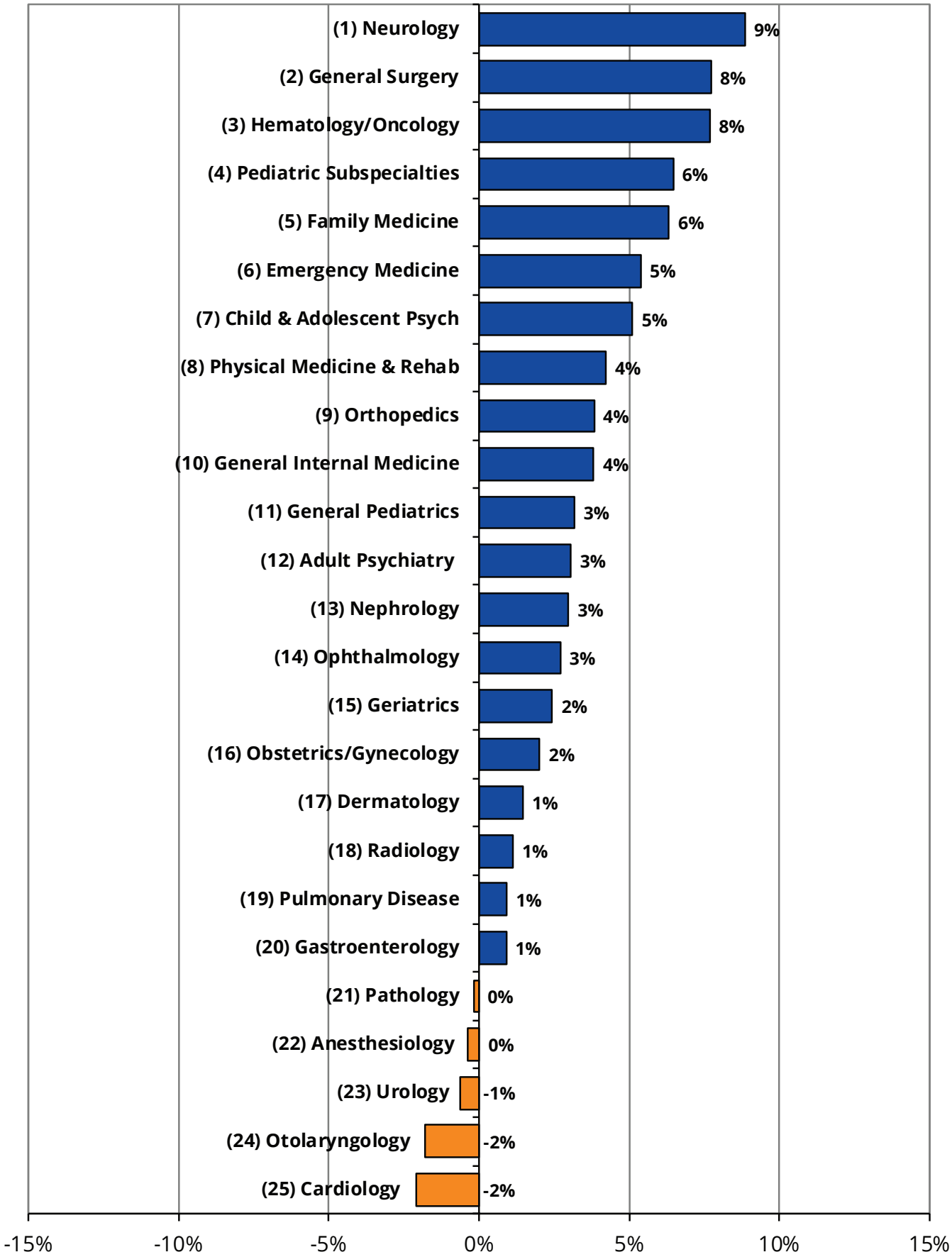


Table 4.7. Median Expected Starting Income by Specialty (for Respondents With Confirmed Practice Plans)

Specialty	2016 Respondents	RANK (of 25)	Aggregated Respondents: 2015 and 2016	RANK (of 25)	Trend (Average Annual Change: 2013 to 2016)	RANK (of 25)
Primary Care	**$207,100**	N/A	**$201,800**	N/A	**4%**	N/A
Family Medicine	$214,300	17	$202,450	19	6%	5
General Internal Medicine	$221,550	14	$219,400	15	4%	10
General Pediatrics	$156,650	25	$153,400	25	3%	11
Obstetrics/Gynecology	**$220,200**	15	**$221,650**	14	**2%**	16
Medicine Subspecialties	**$249,100**	N/A	**$239,300**	N/A	**3%**	N/A
Cardiology	$287,400	5	$285,300	5	-2%	25
Gastroenterology	$279,050	8	$281,400	9	1%	20
Geriatrics	$198,600	22	$201,450	20	2%	15
Hematology/Oncology	$271,100	10	$273,800	10	8%	3
Nephrology	$201,600	21	$195,800	22	3%	13
Pulmonary Disease	$258,200	11	$257,000	11	1%	19
General Surgery	**$356,750**	3	**$361,400**	2	**8%**	2
Surgical Subspecialties	**$335,000**	N/A	**$335,600**	N/A	**6%**	N/A
Ophthalmology	$165,700	24	$173,200	24	3%	14
Orthopedics	$360,300	2	$353,100	3	4%	9
Otolaryngology	$240,100	12	$255,500	12	-2%	24
Urology	$373,200	1	$364,300	1	-1%	23
Facility Based	**$304,400**	N/A	**$301,400**	N/A	**3%**	N/A
Anesthesiology	$282,700	6	$284,650	7	0%	22
Pathology	$184,600	23	$187,100	23	0%	21
Radiology	$316,200	4	$316,200	4	1%	18
Psychiatry	**$209,600**	N/A	**$203,600**	N/A	**4%**	N/A
Adult Psychiatry	$206,500	19	$205,850	16	3%	12
Child and Adolescent Psych	$216,000	16	$205,300	17	5%	7
Other	**$243,300**	N/A	**$242,650**	N/A	**3%**	N/A
Dermatology	$276,600	9	$281,900	8	1%	17
Emergency Medicine	$280,200	7	$285,100	6	5%	6
Neurology	$238,200	13	$229,200	13	9%	1
Pediatric Subspecialties	$204,700	20	$198,200	21	6%	4
Physical Medicine and Rehab	$212,850	18	$204,200	18	4%	8
Total (All Specialties)	**$233,500**	N/A	**$228,500**	N/A	**3%**	N/A

4.8 Assessment of Relative Demand by Specialty

To measure the demand for new physicians, a composite score was computed by taking the median of the ranks on each of the demand indicators (ie, where each specialty stood relative to all 25 specialties) for each specialty with the observations from the most recent 4 years of the survey (2013-2016). Observations from more recent years of the survey received a greater weight than observations from previous years. That is, when calculating the demand score for 2016, data from 2016 were weighted by a factor of 0.40, data from 2015 were weighted by a factor of 0.30, data from 2014 were weighted by a factor of 0.20, and data from 2013 were weighted by a factor of 0.10.

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 in their specialty
- Respondents' views of the national job market in their specialty
- Trends in median starting income

Each of these indicators is an imperfect measure of demand. However, combined, they provide a composite picture of relative demand by specialty. There is a high degree of correlation between the percent of respondents having difficulty indicator and the percent of respondents having to change plans indicator (ie, a respondent reporting difficulty was also 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 in their specialty. Due to the correlations between these two sets of indicators, the job offers and trends in starting income indicators were weighed more heavily in the computation of the composite measure of new physician demand.

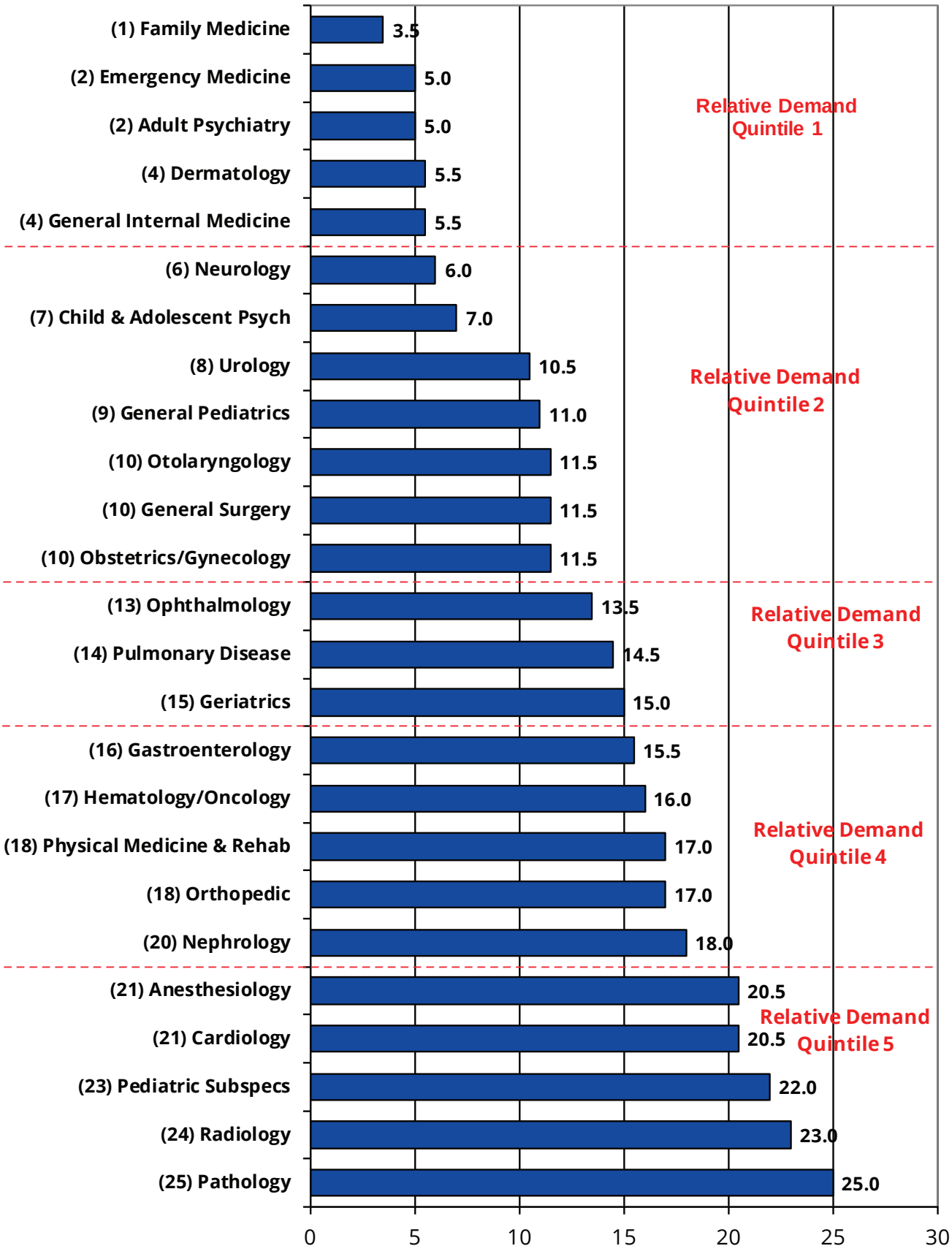
Note that the composite measure does not reflect absolute demand for new physicians (ie, determine the appropriate number of physicians necessary to serve a given population). Instead, it reflects the demand for each specialty relative to other specialties. Figure 4.19 is a plot of the composite relative demand score for each specialty.

Highlights

- In 2016, family medicine (average rank of 3.5 out of 25), emergency medicine (5.0), adult psychiatry (5.0), dermatology (5.5), and general internal medicine (5.5) experienced the strongest demand.

- The job market for pathology (25.0), radiology (23.0), pediatric subspecialties (22.0), cardiology (20.5), and anesthesiology (20.5) was weak relative to other specialties.

Figure 4.18. Assessment of Current Relative Demand by Specialty, Median Rank of Demand Related Variables



Appendix A

Table A-1. 2016 Exit Survey Response Rates by Specialty[a] and Region[b,c]

Specialty	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Primary Care	**275**	**165**	**60%**	**1,632**	**904**	**55%**	**1,900**	**1,069**	**56%**
Family Medicine	73	47	64%	150	87	58%	223	134	60%
Internal Medicine-General	132	77	58%	1,088	586	54%	1,220	663	54%
Pediatrics-General	51	29	57%	379	216	57%	430	245	57%
IM & Peds (Combined)	19	12	63%	15	15	100%	27	27	100%
Obstetrics/Gynecology	**35**	**34**	**97%**	**146**	**93**	**64%**	**181**	**127**	**70%**
Internal Medicine Specialties	**101**	**50**	**50%**	**639**	**367**	**57%**	**740**	**417**	**56%**
Cardiology	37	7	19%	173	63	36%	210	70	33%
Gastroenterology	9	6	67%	60	42	70%	69	48	70%
Geriatrics	5	5	100%	58	25	43%	63	30	48%
Hematology/Oncology	11	6	55%	63	42	67%	74	48	65%
Nephrology	6	3	50%	59	32	54%	65	35	54%
Pulmonary Disease	8	5	63%	63	43	68%	71	48	68%
Other IM Specialties	25	18	72%	163	120	74%	188	138	73%
Critical Care Medicine	*2*	*0*	*0%*	*34*	*28*	*82%*	*36*	*28*	*78%*
Endocrinology & Metab.	*7*	*7*	*100%*	*35*	*29*	*83%*	*42*	*36*	*86%*
Infectious Disease	*7*	*4*	*57%*	*46*	*22*	*48%*	*53*	*26*	*49%*
Rheumatology	*5*	*3*	*60%*	*25*	*18*	*72%*	*30*	*21*	*70%*
Other IM Subspecialties	*4*	*4*	*100%*	*23*	*23*	*100%*	*27*	*27*	*100%*
Surgery (General)	**27**	**20**	**74%**	**125**	**66**	**53%**	**152**	**86**	**57%**
Surgery (Subspecialties)	**89**	**43**	**48%**	**342**	**184**	**54%**	**431**	**227**	**53%**
Ophthalmology	12	6	50%	62	25	40%	74	31	42%
Orthopedics	30	15	50%	138	71	51%	168	86	51%
Otolaryngology	9	6	67%	28	7	25%	37	13	35%
Urology	8	5	63%	29	18	62%	37	23	62%
Other Surgical Subspecs	30	11	37%	85	63	74%	115	74	64%
Neurosurgery	*7*	*2*	*29%*	*14*	*9*	*64%*	*21*	*11*	*52%*
Plastic Surgery	*3*	*1*	*33%*	*20*	*9*	*45%*	*23*	*10*	*43%*
Thoracic Surgery	*2*	*0*	*0%*	*13*	*7*	*54%*	*15*	*7*	*47%*
All Other Surg Subspecs	*18*	*8*	*44%*	*38*	*38*	*100%*	*56*	*46*	*82%*

Table A-1. 2016 Exit Survey Response Rates by Specialty[a] and Region[b,c] (Cont.)

	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
Specialty	**Grads**	**Returned**	**Resp Rate**	**Grads**	**Returned**	**Resp Rate**	**Grads**	**Returned**	**Resp Rate**
Facility Based	**118**	**55**	**47%**	**575**	**338**	**59%**	**693**	**393**	**57%**
Anesthesiology-General	40	20	50%	160	96	60%	200	116	58%
Pain Management	9	6	67%	27	21	78%	36	27	75%
Other Anes Subspecs	9	6	67%	49	28	57%	58	34	59%
Pathology	22	12	55%	133	66	50%	155	78	50%
Pathology (General)	*15*	*8*	*53%*	*66*	*36*	*55%*	*81*	*44*	*54%*
Pathology Subspecialties	*7*	*4*	*57%*	*67*	*30*	*45%*	*74*	*34*	*46%*
Radiology	38	11	29%	206	127	62%	244	138	57%
Radiology (Diagnostic)	*33*	*7*	*21%*	*178*	*105*	*59%*	*211*	*112*	*53%*
Radiology (Therapeutic)	*5*	*4*	*80%*	*20*	*20*	*100%*	*25*	*24*	*96%*
Nuclear Medicine	*0*	*0*	*N/A*	*8*	*2*	*25%*	*8*	*2*	*25%*
Psychiatry	**36**	**24**	**67%**	**300**	**174**	**58%**	**336**	**198**	**59%**
Psychiatry (General)	22	18	82%	168	101	60%	190	119	63%
Child & Adolescent Psych	6	4	67%	44	37	84%	50	41	82%
Other Psych Subspecs	8	2	25%	88	36	41%	96	38	40%
Other	**165**	**110**	**67%**	**730**	**457**	**63%**	**895**	**567**	**63%**
Dermatology	4	0	0%	67	25	37%	71	25	35%
Emergency Medicine	76	57	75%	205	113	55%	281	170	60%
Neurology	29	13	45%	126	40	32%	155	53	34%
Pediatric Specialties	25	17	68%	119	93	78%	144	110	76%
Physical Medicine & Rehab	9	7	78%	74	53	72%	83	60	72%
Other	22	16	73%	139	133	96%	161	149	93%
Allergy & Immunology	*3*	*1*	*33%*	*11*	*10*	*91%*	*14*	*11*	*79%*
Preventive Medicine	*5*	*1*	*20%*	*11*	*6*	*55%*	*16*	*7*	*44%*
All Other	*14*	*14*	*100%*	*117*	*117*	*100%*	*131*	*131*	*100%*
Total (All Specialties)	**1,048**	**501**	**48%**	**4,384**	**2,583**	**59%**	**5,432**	**3,084**	**57%**

[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

2016 EXIT SURVEY INSTRUMENT

Survey of Residents Completing Training in NY in 2016

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

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 ✓ ✗ ⊖ ⊙

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

This questionnaire should be completed by all physicians completing a residency/fellowship training program in New York in 2016 *(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:

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

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 #

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Center Perf

12. **Specialty you are COMPLETING in 2016** *(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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REFERENCE

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Mr. Forte is a veteran health services researcher having spent nearly 2 decades studying the health workforce. As Director of Operations, Mr. Forte oversees all research projects at CHWS, working with the project directors to ensure that research is conducted at the highest level of quality, in a timely manner, and in accordance with the agreements between CHWS and its funders.

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