2018

2018 New York Residency Training Outcomes

A Summary of Responses to the 2018 New York Resident Exit Survey

CHWS
Center for Health Workforce Studies

School of Public Health
University at Albany, State University of New York

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October 2019

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PREFACE

This report summarizes the results of the *Survey of Residents Completing Training in New York in 2018* (2018 Exit Survey) conducted by the Center for Health Workforce Studies (CHWS) in the spring and summer of 2018. 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 32 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.

This report was prepared by CHWS staff, Yuhao Liu, Morgan Clifford, and David Armstrong, with layout design by Matt Allegretti. Funding for the 2018 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 completing a residency or fellowship training program in New York (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 32-item questionnaire in the weeks prior to finishing their program. Completed questionnaires are returned to CHWS for data entry and analysis. In 2018, with the excellent participation of teaching hospitals, a total of 3,308 of the estimated 5,283 physicians finishing a residency or fellowship training program completed the Exit Survey (63% response rate). Over the 19 years the survey has been conducted (1998-2003, 2005, 2007-2018), 57,634 of 94,338 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 may 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 job market for physicians completing training in New York in 2018 was strong.

Based on the responses to several questions used to measure demand, the opportunities for New York's graduating physicians in 2018 were comparable to those in 2017.

- Ninety-four percent (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.
- Twenty-two percent (22%) of respondents reported difficulty finding a satisfactory practice position; 40% of them attributed their difficulty to a lack of jobs in desired locations.
- Only 13% of respondents indicated that they had to change plans due to limited job opportunities.
- The median starting income of respondents was $253,150, a 5% increase from 2017.

Demand for physicians in primary care specialties* was stronger than the demand for physicians in other specialties.

- Physicians in primary care specialties were less likely than physicians in other specialties to report difficulty finding a satisfactory practice position (20% vs 22%) and having to change plans due to limited opportunities (8% vs 12%).
- Physicians in primary care specialties also received more job offers than physicians in other specialties (mean of 4.23 vs 3.16).

*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 also important differences in the demand for individual specialties.

- Based on a variety of indicators,[†] the demand for physicians in family medicine, adult psychiatry, emergency medicine, dermatology, child and adolescent psychiatry, and general internal medicine was strongest.

- Physicians in pathology, nephrology, radiology, pediatric subspecialties and cardiology experienced the weakest demand relative to other specialties.

While the gender diversity of new physicians has achieved parity with the US population, the racial/ethnic diversity of new physicians has not.

- Fifty percent (50%) of new physicians were female, approximately the same as the US population.

- Fifteen percent (15%) of physicians completing training in New York were underrepresented minorities (URMs).[‡] In comparison, 33% of the US population are URMs.

Fifty percent (50%) of the physicians completing training in New York planned to enter patient care/clinical practice. Forty-two (42%) of respondents reported plans to subspecialize or pursue additional training.

Almost half (49%) of new physicians planned to practice in New York after completing training.

- 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 (29%), better salary offered outside New York (17%), and better jobs in desired locations (10%).

Few physicians reported plans to practice in underserved areas.

- Eighteen percent (18%) of respondents indicated that they would be practicing in a federally designated Health Professional Shortage Area.

- Only 5% of the physicians completing training in New York reported plans to practice in a rural area.

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

[‡] URMs includes Black/African Americans, Hispanic/Latinos, and American Indians.

GENERAL RESULTS

Characteristics of 2018 Respondents

- Fifty percent (50%) of survey respondents were women.
  - The specialties with the most women were: pediatric subspecialties (83%), obstetrics/gynecology (79%), and dermatology (77%).

- Underrepresented minorities (URMs) comprised 15% of all respondents.
  - The specialties with the most URMs were: obstetrics/gynecology (26%), geriatrics (25%), general pediatrics (22%), and family medicine (19%).

- Twenty-nine percent (29%) of respondents were New Yorkers.[§]
  - Forty-five percent (45%) of respondents were from other states and (23%) were from countries (not including Canada).

- Thirty-eight percent (38%) of 2018 respondents were international medical graduates (IMGs).
  - The specialties with the highest concentrations of Foreign IMGs were: geriatrics (73%), cardiology (65%), and nephrology (65%).
  - The specialties with the fewest included otolaryngology (0%), ophthalmology (2%), and urology (3%).

- Thirteen percent (13%) of respondents were IMGs on temporary visas.
  - The specialties with the highest concentrations of IMGs on temporary visas were: geriatrics (34%), hematology/oncology (27%), and nephrology (26%).
  - Physical medicine and rehabilitation (0%), ophthalmology (0%), otolaryngology (0%), and urology (0%) had no temporary visa holders.

[§]New Yorkers are defined as individuals who graduated from a high school in New York.

- The median education debt of 2018 respondents (US citizens only) was $178,200.
    - Specialties with the highest median education debt were orthopedics ($253,100), family medicine ($249,450) and general surgery ($245,600).
    - Ophthalmology ($35,700) was the only specialty with a median education debt of less than $50,000.

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) when they completed the survey.

- Forty-two percent (42%) of respondents reported plans to subspecialize or pursue further training.

- The remainder reported plans to work as chief residents (2%), to begin a teaching/research position (2%), and to engage in other activities (4%).

Practice Plans of Respondents Entering Patient Care

- Forty-nine percent (49%) of respondents with confirmed plans reported plans to enter practice in New York.
    - The vast majority of these respondents (88%) 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%), family medicine (69%), and child and adolescent psychiatry (69%).

- In-state retention of physicians was lowest in the following specialties: orthopedics (19%), general surgery (20%), urology (25%), and ophthalmology (25%).

- Respondents who graduated from a high school and a medical school in New York were the most likely (81%) 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 (29%), better salary outside New York (17%), and better jobs in desired locations outside New York (10%).

- Four percent (4%) of respondents indicated that they had never intended to practice in New York.

- Few respondents reported that the principal reason for practicing outside of New York was taxes in New York (2%), the cost of malpractice insurance in New York (1%), or the cost of starting a practice in New York (<1%).

- Thirty-three percent (33%) of respondents reported plans to practice in inner-city locations, while only 5% were going to rural locations.

- Respondents in the following specialties were most likely to report plans to enter practice in inner city locations: otolaryngology (75%), pediatric subspecialties (51%), emergency medicine (41%), child and adolescent psychiatry (41%), and radiology (41%).

- Eighteen percent (18%) of respondents reported that they would be practicing in a federally designated Health Professional Shortage Area (HPSA).

- The respondents most likely to report plans to practice in HPSAs were in the specialties of family medicine (36%), geriatrics (35%), and general pediatrics (34%).

- Fifty-three percent (53%) of respondents reported plans to practice in hospitals.
    - Of these respondents, 58% reported plans to practice inpatient settings, 25% in ambulatory care settings within the hospital, and 17% in emergency departments.

- Forty-one (41%) of respondents reported plans to join group practices.
    - Of these respondents, 82% reported plans to join group practices as employees.

Expected Starting Income[II]

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 median starting incomes: orthopedics ($393,700), general surgery ($337,400), and anesthesiology ($336,300).
- General pediatrics had the lowest median starting income of all specialties ($181,800).
    - Other specialties with low reported starting incomes included nephrology ($185,100) and pediatric subspecialties ($203,300).
- Most specialties experienced a 3 to 13 percent growth in starting incomes from 2015 to 2018.
- Physical medicine and rehabilitation (+13%), ophthalmology (+11%), and general pediatrics (+8%) experienced the strongest growth in income between 2015 and 2018.
- Urology (0%) was the only specialty that experienced no income growth during this time period.

[II] 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.

Expected Weekly Patient Care/Clinical Practice Hours

- Overall, respondents expected to spend an average 43.4 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: general surgery (60.6 hours), anesthesiology (53.2 hours), and urology (50.5 hours).

- Respondents in the following specialties reported expectations to work the fewest patient care/clinical practice hours per week: pathology (31.2 hours), adolescent psychiatry (35.9 hours), and emergency medicine (36.0 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-two percent (22%) of respondents reported difficulty finding satisfactory positions.

- The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (40%), followed by an overall lack of jobs (22%), lack of jobs in desired practice setting (15%), and inadequate salary/compensation offered (15%).

- The specialties with the highest percentage of respondents having difficulty finding a satisfactory practice position in 2018 were: nephrology (44%), hematology/oncology (44%), and pediatric subspecialties (36%).

- The specialties with the lowest percentage of respondents having difficulty finding a satisfactory practice position in 2018 were: emergency medicine (3%), dermatology (4%), and adult psychiatry (9%).

- Thirteen percent (13%) of respondents reported having to change their plans due to limited practice opportunities in 2018.

- The specialties with the highest percentage of respondents who had to change plans due to limited practice opportunities in 2018 were: geriatrics (33%), physical medicine and rehabilitation (31%), and pathology (28%).

- The specialties with the lowest percentage of respondents who had to change plans due to limited practice opportunities in 2018 were: general surgery (0%), dermatology (0%), and family medicine (3%).

- The average number of job offers received by respondents was 3.51.
    - Respondents in the following specialties received the most job offers: family medicine (4.63), dermatology (4.52), and general internal medicine (4.48).
    - Respondents in the following specialties received the fewest job offers: pathology (1.65), otolaryngology (1.90), and ophthalmology (2.00).

Assessment of the Job Market for New Physicians

- Overall, respondents viewed the regional job market postitively, with an average score of +1.10 (on a scale of +2.00, indicating "Many Jobs" to -2.00, indicating "No Jobs").
    - Respondents in the following specialties received the most positive views of the regional job market: adult psychiatry (+1.73), child and adolescent psychiatry (+1.69), and emergency medicine (+1.64).
    - Respondents in the following specialties had the least positive views of the regional job market: pathology (-0.06), nephrology (+0.44), and cardiology (+0.46).

- Respondents assessed the national job market job market (+1.65) more positively than the regional job market (+1.10).
    - Respondents in the following specialties reported the most positive views of the national job market: child and adolescent psychiatry (+1.97), adult psychiatry (+1.94), and emergency medicine (+1.93).
    - Respondents in the following specialties reported the least positive views of the national job market: pathology (+0.81), nephrology (+0.95), and pediatric subspecialties (+1.30).

- Demand for physicians in primary care speciaties was stronger than the demand for physicians in non-primary care specialties.
    - Physicians in primary care specialties were less likely than physicians in non-primary care specialties to report difficulty finding satisfactory practice positions (20% and 23%, respectively) and having to change plans due to limited practice opportunities (8% and 15%, respectively).

- Physicians in primary care specialties received more job offers than physicians in non-primary care specialties (mean of 4.2 and 3.2 respectively).
    - Physicians in primary care specialties also had a more positive view than physicians in non-primary care specialties of the regional job market (average score of 1.38 vs 1.00, respectively).

- The average annual increase in median starting income from 2015 to 2018 was 5% for primary care physicians and 4% for non-primary care physicians.

- Based on an aggregation of all demand indicators from the last four years of the survey, demand for physicians was strongest in the following specialties: family medicine, adult psychiatry, emergency medicine, dermatology, child and adolescent psychiatry, and general internal medicine.

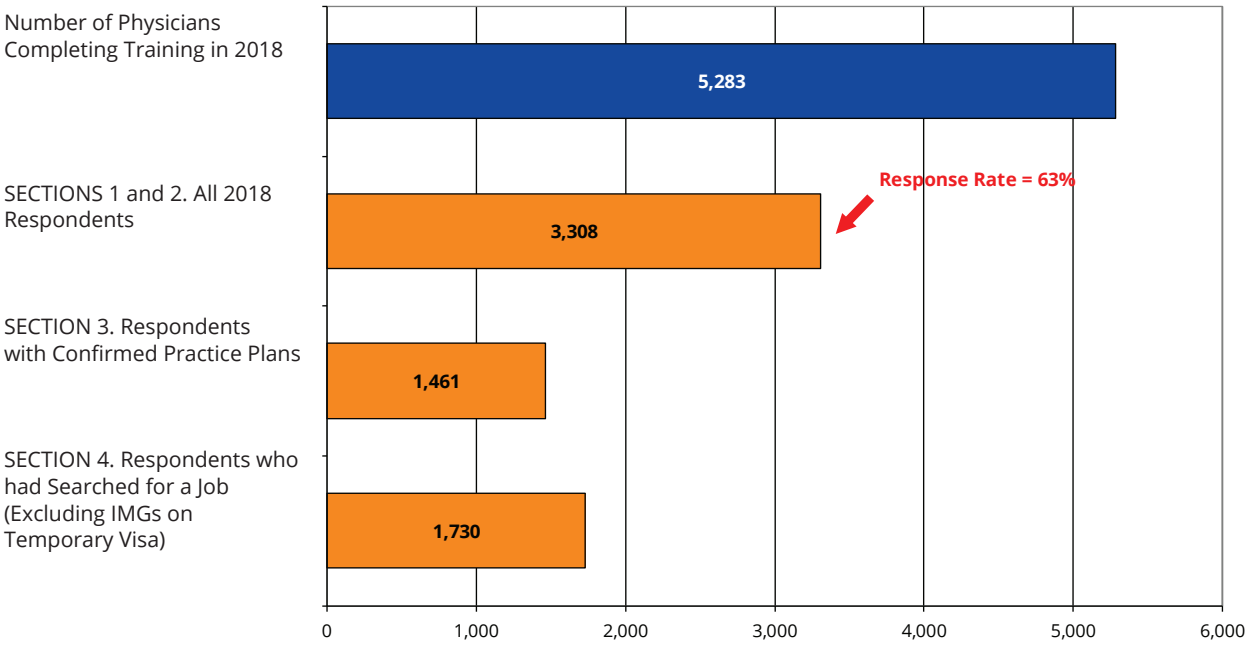
- Demand for physicians was weakest in the following specialties: pathology, nephrology, radiology, pediatric subspecialties, and cardiology.

Technical Report

SUBGROUPS OF RESPONDENTS

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 3,308 of the estimated 5,283 residents who completed training in 2018 (63% 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 confirmed practice plans (ie, they had accepted a job offer or will be self-employed) at the time they completed the survey. Section 4 summarizes the responses to several questions used to measure demand and relate respondents' experiences 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 2018 Exit Survey instrument.

Figure 1. 2018 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 2018 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 difficulty 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

- Fifty percent (50%) of survey respondents were women.
  - The specialties with the most women were: pediatric subspecialties (83%), obstetrics/ gynecology (79%), and dermatology (77%).
  - The specialties with the fewest women were: orthopedics (16%), urology (18%), and surgical subspecialties (25%).

- Underrepresented minorities (URMs)[#] comprised 15% of respondents in 2018.
  - The specialties with the most URMs were: obstetrics/gynecology (26%), geriatrics (25%), general pediatrics (22%), and family medicine (19%).
  - The specialties with the fewest URMs were: otolaryngology (0%), dermatology (2%), and ophthalmology (6%).

- Twenty-nine percent (29%) of respondents were New Yorkers.**
  - Forty-five percent (45%) of respondents were from other states and twenty-three percent (23%) were from other countries (not including Canada).

- Thirty-eight percent (38%) of 2018 respondents were IMGs.
  - The specialties with the highest concentrations of Foreign IMGs were: geriatrics (73%), cardiology (65%), and nephrology (65%).
  - The specialties with the fewest IMGs included otolaryngology (0%), ophthalmology (2%), and urology (3%).

- Thirteen percent (13%) of respondents were IMGs on temporary visas.
  - The specialties with the highest concentrations of IMGs on temporary visas were: geriatrics (34%), hematology/oncology (27%), and nephrology (26%).
  - The specialties with the fewest temporary visa holders were: physical medicine and rehabilitation (0%), ophthalmology (0%), otolaryngology (0%), and urology (0%).

URMs include: Blacks/African Americans, Hispanic/Latinos, and American Indians.
** New Yorkers are defined as individuals who graduated from a high school in New York.

Figure 1.1. Percentage of Females by Specialty Group (All 2018 Exit Survey Respondents)

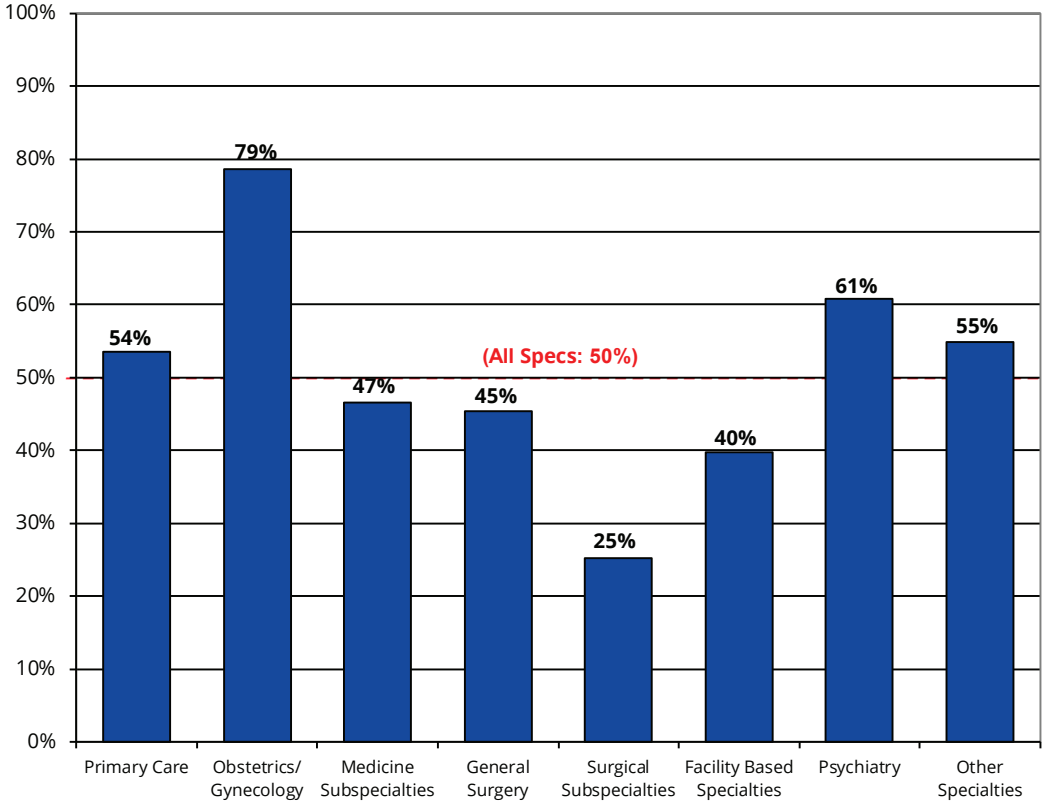


Figure 1.2. Percentage of Underrepresented Minorities by Specialty Group (All 2018 Exit Survey Respondents)

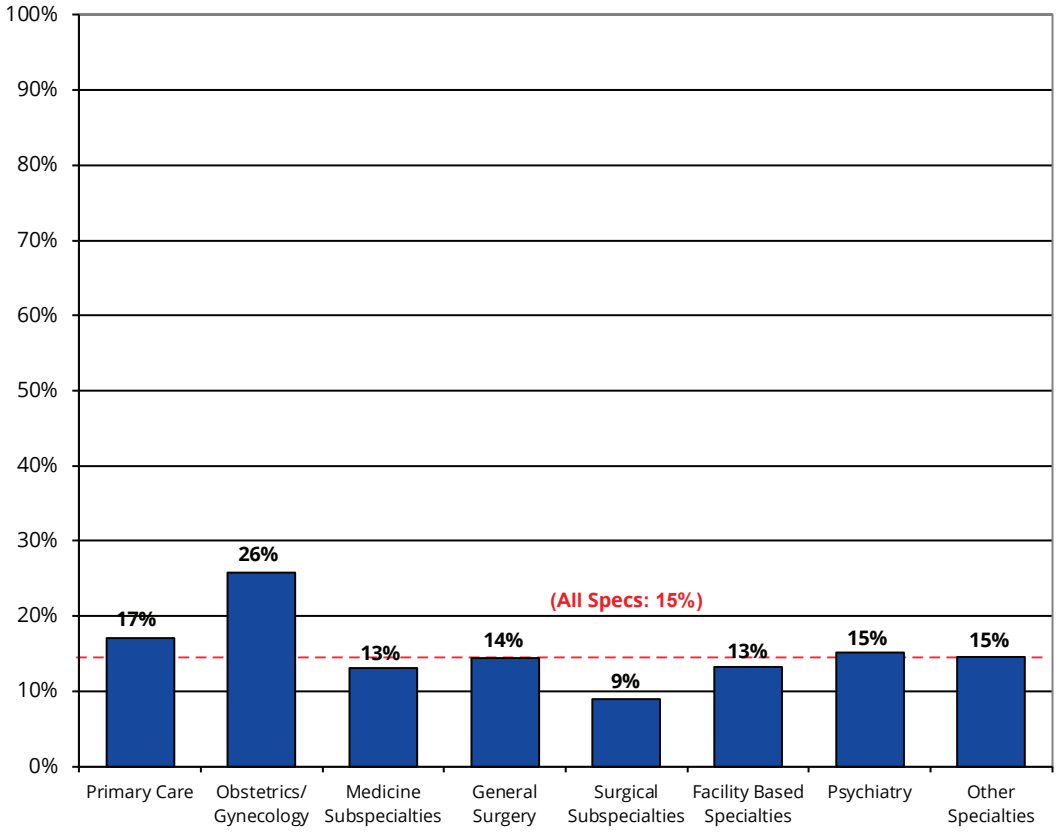


Figure 1.3. Location of High School Attended (All 2018 Exit Survey Respondents)

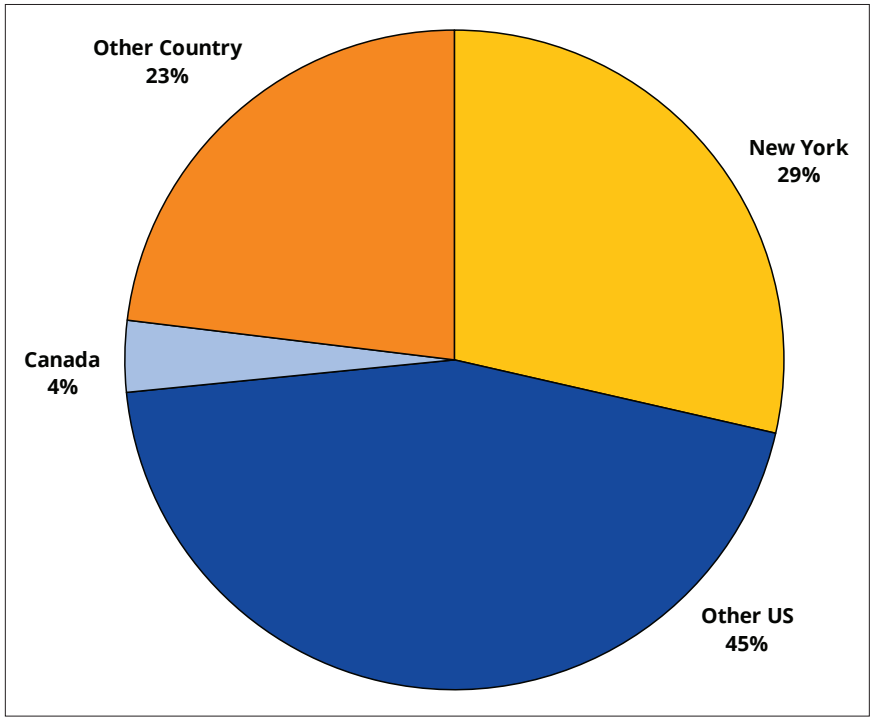


Figure 1.4. Location of Medical School and Citizenship Status (All 2018 Exit Survey Respondents)

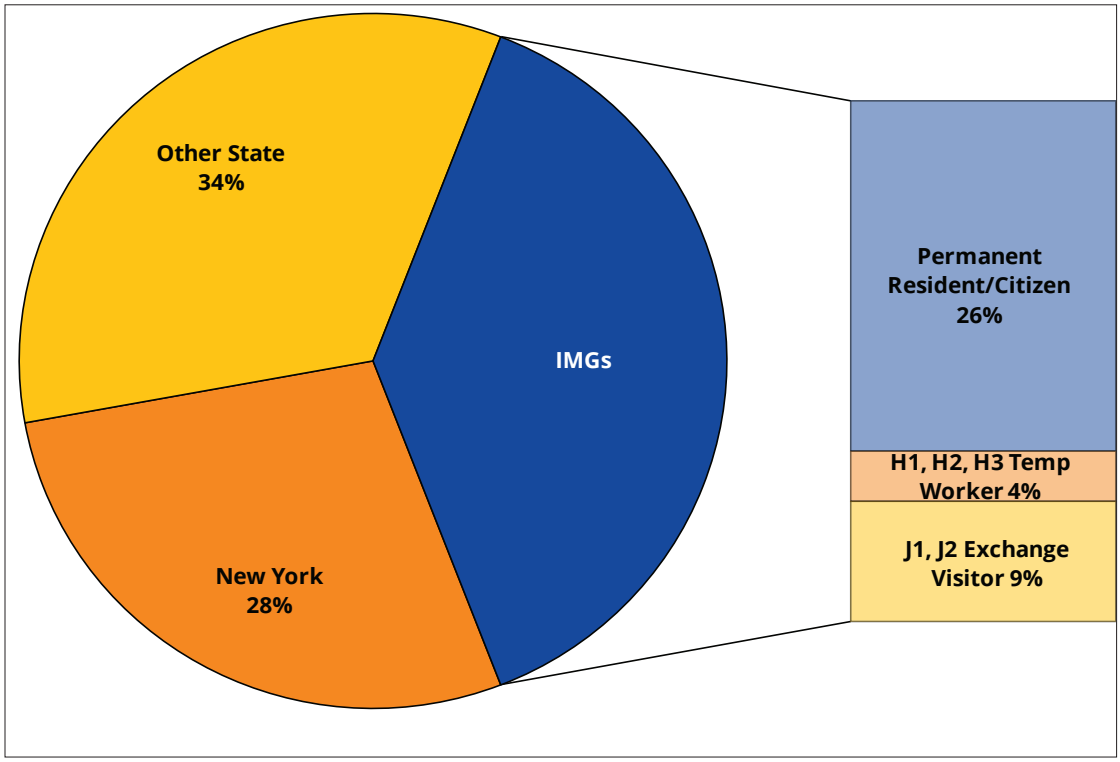


Table 1.1. Background Characteristics by Specialty (All 2018 Exit Survey Respondents)

Specialty	Number of Resp (N)[a]	% Female	% URM[b]	% New Yorkers[c]	% IMG[d]	% Temp Visa Holders[e]
Primary Care	**1050**	**54%**	**17%**	**28%**	**54%**	**19%**
Family Medicine	168	57%	19%	49%	46%	8%
General Internal Medicine	634	47%	15%	24%	60%	20%
General Pediatrics	237	69%	22%	27%	46%	23%
Obstetrics/Gynecology	**131**	**79%**	**26%**	**26%**	**24%**	**6%**
Medicine Subspecialties	**463**	**47%**	**13%**	**25%**	**56%**	**20%**
Cardiology	92	33%	9%	25%	65%	17%
Gastroenterology	41	34%	18%	34%	34%	10%
Geriatrics	34	68%	25%	13%	73%	34%
Hematology/Oncology	56	52%	7%	23%	45%	27%
Nephrology	43	41%	12%	21%	65%	26%
Pulmonary Disease	49	45%	9%	31%	55%	20%
General Surgery	**99**	**45%**	**14%**	**30%**	**26%**	**5%**
Surgical Subspecialties	**268**	**25%**	**9%**	**24%**	**9%**	**6%**
Ophthalmology	48	40%	6%	29%	2%	0%
Orthopedics	81	16%	12%	24%	11%	5%
Otolaryngology	18	28%	0%	22%	0%	0%
Urology	33	18%	9%	36%	3%	0%
Facility Based	**445**	**40%**	**13%**	**29%**	**23%**	**7%**
Anesthesiology	140	36%	15%	30%	14%	4%
Pathology	105	50%	11%	14%	51%	13%
Radiology	145	38%	9%	40%	15%	6%
Psychiatry	**222**	**61%**	**15%**	**31%**	**43%**	**13%**
Adult Psychiatry	128	56%	14%	34%	44%	13%
Child and Adolescent Psych	50	70%	12%	38%	42%	4%
Other	**630**	**55%**	**15%**	**32%**	**24%**	**7%**
Dermatology	44	77%	2%	43%	7%	2%
Emergency Medicine	153	43%	17%	32%	9%	1%
Neurology	70	53%	15%	43%	43%	16%
Pediatric Subspecialties	97	83%	17%	31%	37%	14%
Physical Medicine and Rehab	48	35%	10%	35%	25%	0%
All Specialties, 2018 (2017)	**3,308 (3,337)**	**50% (48%)**	**15% (14%)**	**29% (28%)**	**38% (40%)**	**13% (15%)**

[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] New Yorkers are defined as individuals who graduated from a high school in New York.

[d] IMG = International 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.

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 2018 respondents was $178,200.
  - Specialties with the highest median education debt were orthopedics ($253,100), family medicine ($249,450), and general surgery ($245,600).
  - The only specialty with median education debt of less than $50,000 was ophthalmology ($35,700).

Figure 1.5. Median Education Debt (in $1,000s) by Specialty and Race/Ethnicity (All 2018 Exit Survey Respondents, US Citizens Only)

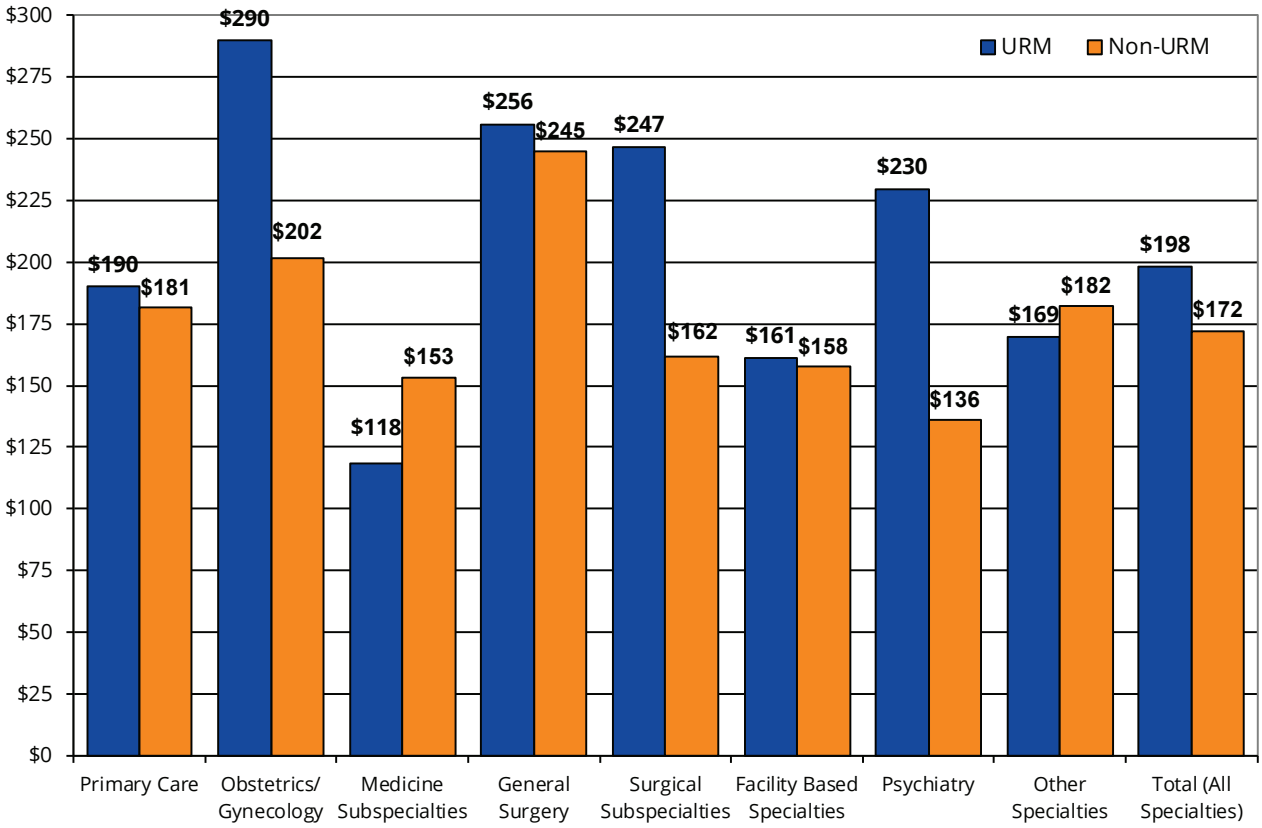


Table 1.2. Education Debt by Specialty (All 2018 Exit Survey Respondents, US Citizens Only)

Specialty	N	MEAN	RANK[a] (of 25)	MEDIAN	RANK (of 25)
Primary Care	**732**	**$183,411**	N/A	**$183,050**	N/A
Family Medicine	142	$227,954	1	$249,450	2
General Internal Medicine	417	$163,958	15	$139,600	17
General Pediatrics	163	$198,488	8	$228,700	6
Obstetrics/Gynecology	**111**	**$204,860**	6	**$230,400**	5
Medicine Subspecialties	**315**	**$165,972**	N/A	**$152,600**	N/A
Cardiology	64	$156,292	17	$126,100	19
Gastroenterology	32	$180,241	11	$169,550	13
Geriatrics	18	$168,950	13	$189,400	10
Hematology/Oncology	34	$148,212	19	$88,850	21
Nephrology	28	$136,971	22	$87,000	22
Pulmonary Disease	33	$203,285	7	$209,700	8
General Surgery	**85**	**$212,284**	5	**$245,600**	3
Surgical Subspecialties	**244**	**$178,510**	N/A	**$173,100**	N/A
Ophthalmology	44	$110,841	25	$35,700	25
Orthopedics	75	$220,309	2	$253,100	1
Otolaryngology	18	$139,039	21	$160,450	14
Urology	31	$190,845	9	$204,100	9
Facility Based	**377**	**$168,507**	N/A	**$160,400**	N/A
Anesthesiology	130	$190,733	10	$187,900	12
Pathology	67	$125,597	23	$73,700	23
Radiology	129	$156,755	16	$118,900	20
Psychiatry	**179**	**$172,180**	N/A	**$166,400**	N/A
Adult Psychiatry	105	$175,924	12	$188,500	11
Child and Adolescent Psych	44	$167,052	14	$145,250	16
Other	**514**	**$186,396**	N/A	**$182,250**	N/A
Dermatology	39	$114,679	24	$61,600	24
Emergency Medicine	149	$212,898	4	$217,700	7
Neurology	49	$153,012	18	$152,400	15
Pediatric Subspecialties	73	$144,167	20	$133,300	18
Physical Medicine and Rehab	44	$219,836	3	$239,100	4
Total (All Specialties)	**2,557**	**$180,302**	N/A	**$178,200**	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 displays the percentage of respondents who were married and Figure 1.7 displays the percentage of respondents that have dependent children. Table 1.3 summarizes this information by specialty.

Highlights

- Overall, 54% of respondents indicated that they were married, and of those who were married, 33% were married to another physician.
  - The specialties with the most married respondents were otolaryngology (78%), nephrology (68%), and gastroenterology (66%).
  - The specialties with the fewest married respondents were emergency medicine (42%), anesthesiology (45%), and physical medicine and rehabilitation (47%).

- Twenty-nine percent (29%) of respondents reported that they had dependent children.
  - The specialties with the most respondents with dependent children respondents were nephrology (51%), otolaryngology (50%), and pulmonary disease (45%).
  - The specialties with the fewest respondents with dependent children were anesthesiology (15%), physical medicine and rehabilitation (17%), emergency medicine (21%), and ophthalmology (21%).

Figure 1.6. Percentage of Respondents Who Were Married, by Specialty Group (All 2018 Exit Survey Respondents)

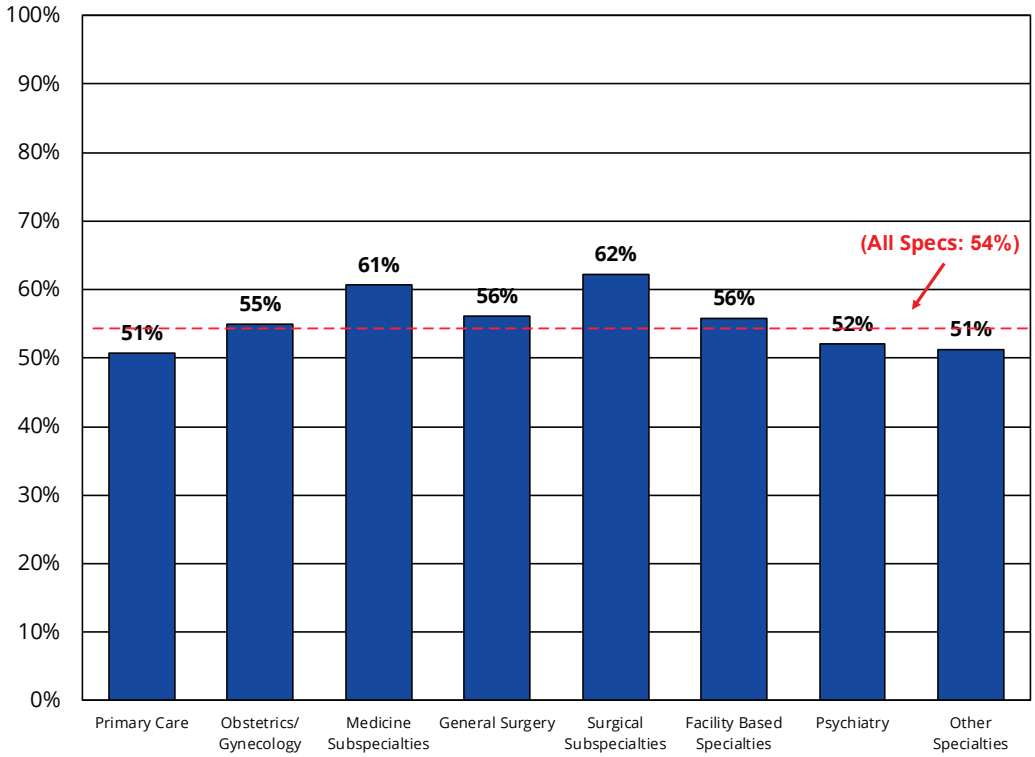


Figure 1.7. Percentage of Respondents With Dependent Children by Specialty Group (All 2018 Exit Survey Respondents)

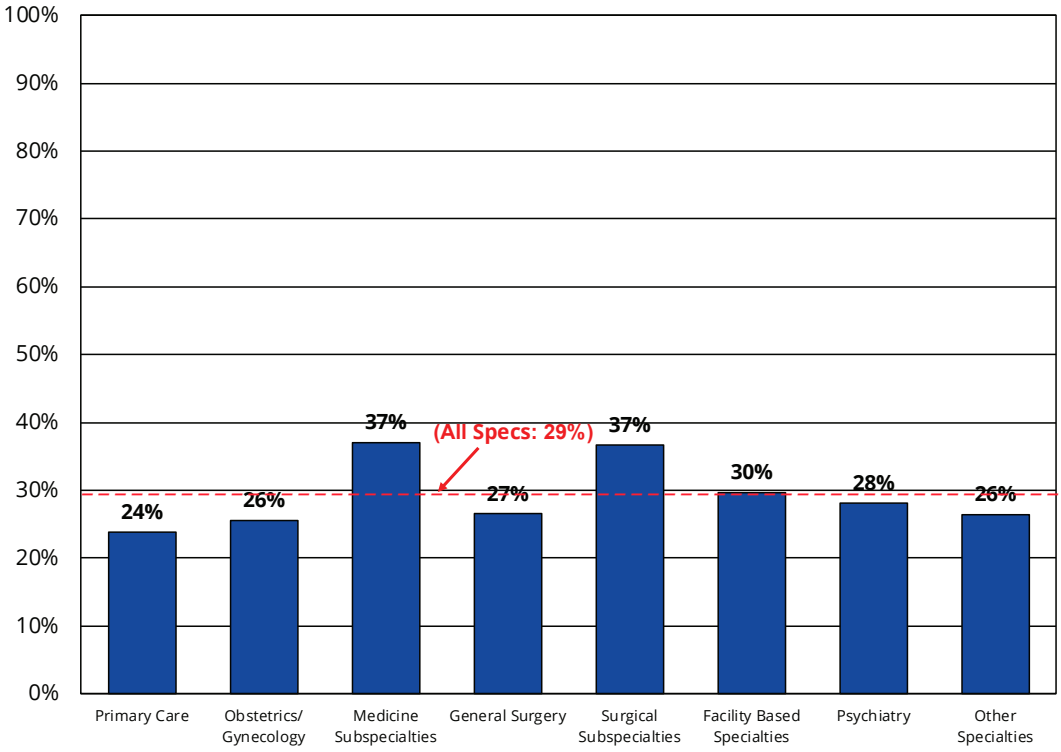


Table 1.3. Marital Status and Dependent Children (All 2018 Exit Survey Respondents)

Specialty	% Married	% Who Had Dependent Children
Primary Care	**51%**	**24%**
Family Medicine	53%	32%
General Internal Medicine	50%	22%
General Pediatrics	50%	23%
Obstetrics/Gynecology	**55%**	**26%**
Medicine Subspecialties	**61%**	**37%**
Cardiology	60%	40%
Gastroenterology	66%	39%
Geriatrics	56%	33%
Hematology/Oncology	64%	32%
Nephrology	68%	51%
Pulmonary Disease	63%	45%
General Surgery	**56%**	**27%**
Surgical Subspecialties	**62%**	**37%**
Ophthalmology	58%	21%
Orthopedics	58%	28%
Otolaryngology	78%	50%
Urology	63%	44%
Facility Based	**56%**	**30%**
Anesthesiology	45%	15%
Pathology	60%	40%
Radiology	64%	34%
Psychiatry	**52%**	**28%**
Adult Psychiatry	49%	30%
Child and Adolescent Psych	58%	30%
Other	**51%**	**26%**
Dermatology	49%	30%
Emergency Medicine	42%	21%
Neurology	49%	24%
Pediatric Subspecialties	63%	34%
Physical Medicine and Rehab	47%	17%
All Specialties, 2018 (2017)	**54% (56%)**	**29% (28%)**

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-two percent (42%) of respondents reported plans to subspecialize or pursue further training.

- The remainder reported plans to work as chief residents (2%), to enter teaching/research position (2%), and to engage in other activities (4%).

- Respondents in the following specialties most frequently reported plans to enter patient care/clinical practice were: pulmonary disease (80%), family medicine (76%), hematology/ oncology (76%), and child and adolescent psychiatry (76%).

- Respondents in the following specialties most frequently reported plans to subspecialize or continue training: general surgery (85%), ophthalmology (83%), and otolaryngology (78%).

- Respondents in the following specialties most frequently reported plans to take positions as chief residents: general internal medicine (6%), general pediatrics (6%), and geriatrics (3%).

- Respondents in the following specialties most frequently reported plans to enter teaching or research positions: hematology/oncology (9%), geriatrics (9%), and pulmonary disease (8%).

Figure 2.1. Primary Activity After Completion of Current Training Program (All 2018 Exit Survey Respondents)

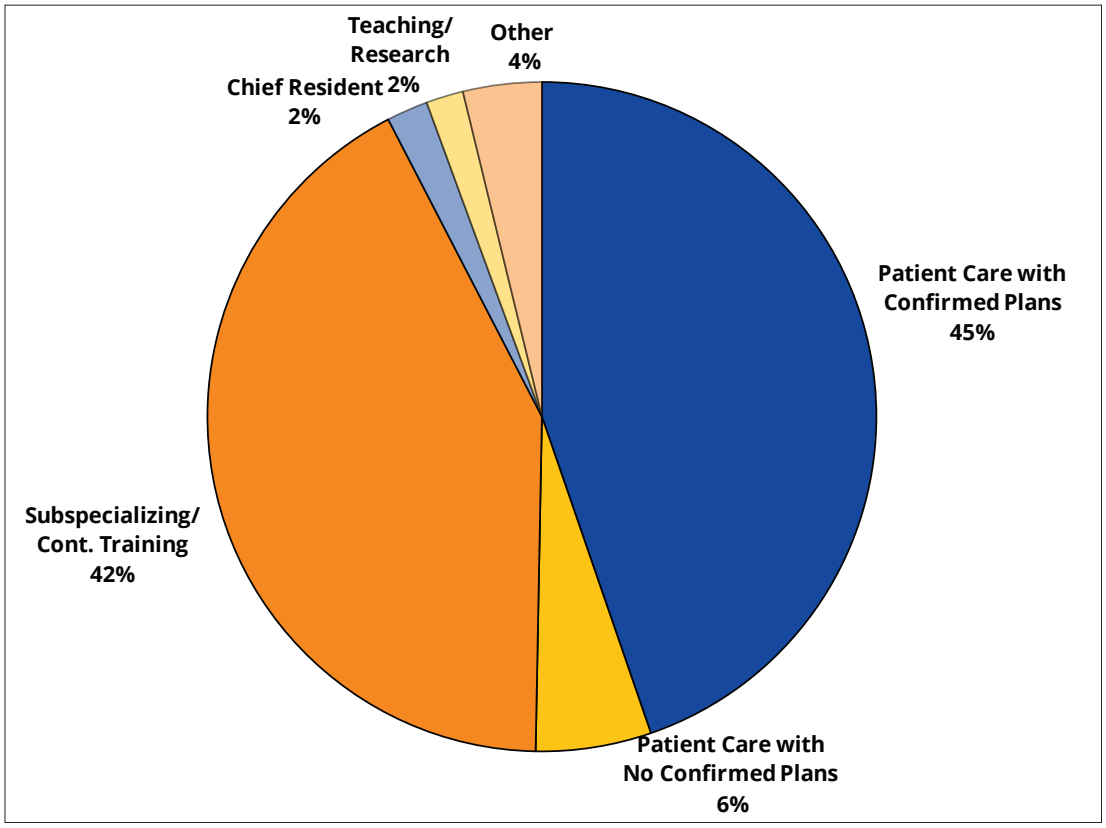


Figure 2.2. Percentage of Respondents Entering Patient Care by Specialty Group (All 2018 Exit Survey Respondents)

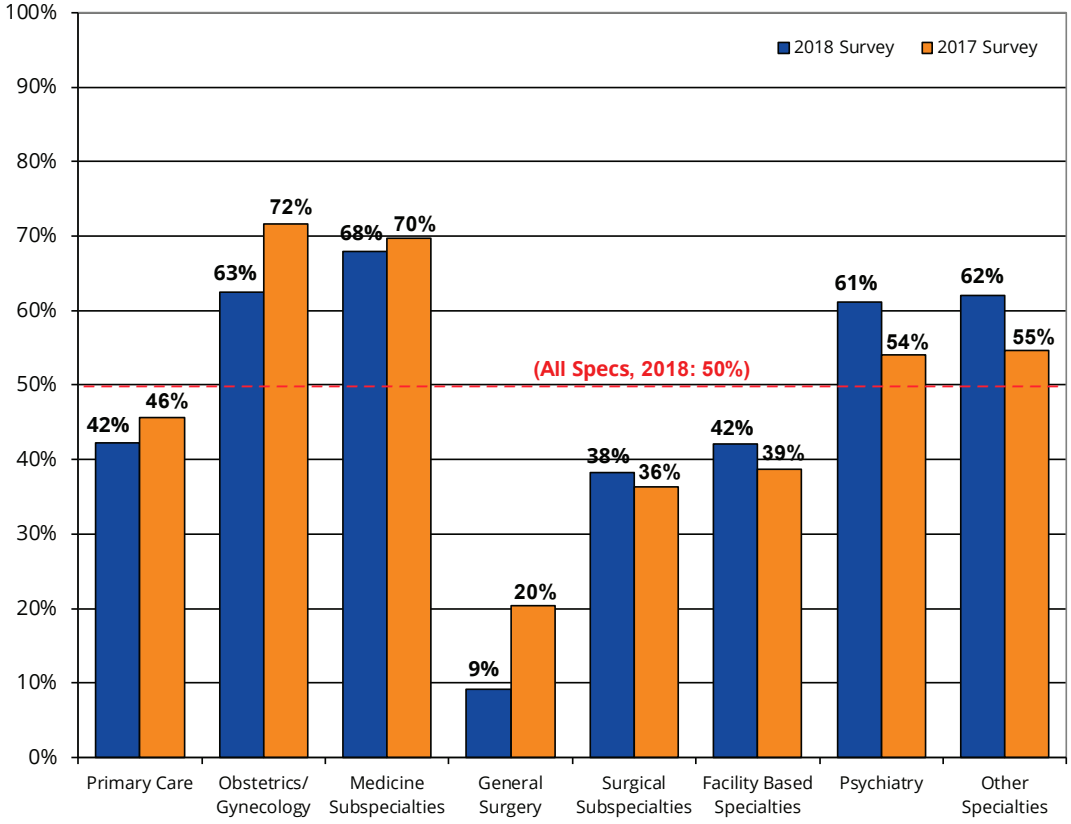


Figure 2.3. Rank of Percentage Entering Patient Care by Specialty (All 2018 Exit Survey Respondents)

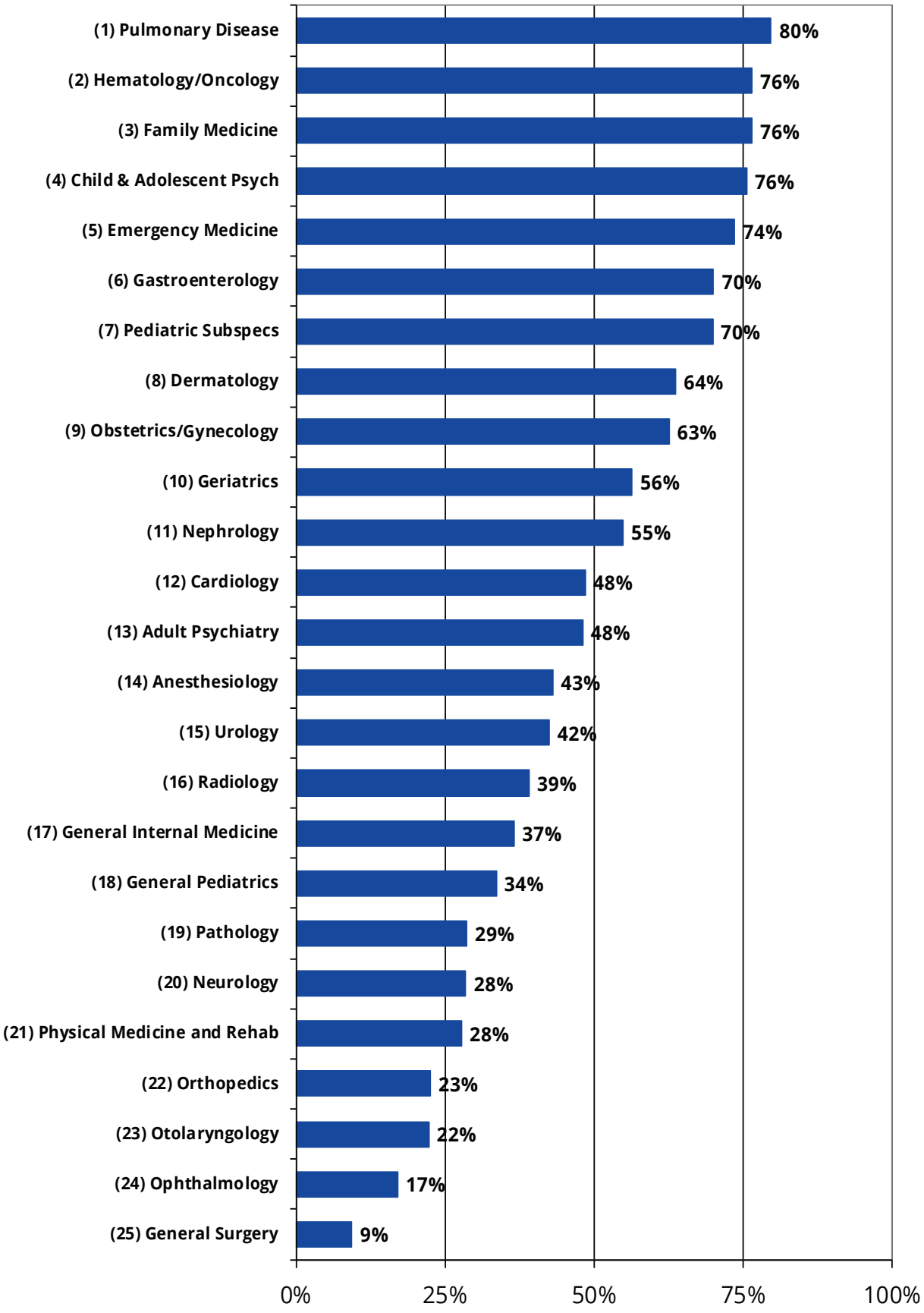


Table 2.1. Primary Activity After Completion of Current Training Program by Specialty (All 2018 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**42%**	**48%**	**5%**	**1%**	**3%**
Family Medicine	76%	17%	1%	1%	5%
General Internal Medicine	37%	53%	6%	1%	3%
General Pediatrics	34%	57%	6%	0%	3%
Obstetrics/Gynecology	**63%**	**31%**	**1%**	**3%**	**2%**
Medicine Subspecialties	**68%**	**23%**	**1%**	**5%**	**4%**
Cardiology	48%	46%	2%	2%	1%
Gastroenterology	70%	20%	0%	3%	8%
Geriatrics	56%	28%	3%	9%	3%
Hematology/Oncology	76%	13%	0%	9%	2%
Nephrology	55%	33%	0%	5%	7%
Pulmonary Disease	80%	12%	0%	8%	0%
General Surgery	**9%**	**85%**	**1%**	**1%**	**4%**
Surgical Subspecialties	**38%**	**59%**	**0%**	**1%**	**2%**
Ophthalmology	17%	83%	0%	0%	5%
Orthopedics	23%	75%	1%	1%	3%
Otolaryngology	22%	78%	0%	0%	0%
Urology	42%	55%	0%	0%	0%
Facility Based	**42%**	**53%**	**0%**	**2%**	**3%**
Anesthesiology	43%	56%	0%	0%	2%
Pathology	29%	63%	0%	2%	6%
Radiology	39%	57%	0%	3%	1%
Psychiatry	**61%**	**31%**	**1%**	**2%**	**5%**
Adult Psychiatry	48%	46%	1%	1%	5%
Child and Adolescent Psych	76%	16%	0%	2%	6%
Other	**62%**	**30%**	**0%**	**2%**	**6%**
Dermatology	64%	27%	0%	2%	7%
Emergency Medicine	74%	27%	0%	0%	0%
Neurology	28%	64%	0%	0%	8%
Pediatric Subspecialties	70%	19%	0%	3%	8%
Physical Medicine and Rehab	28%	68%	0%	0%	4%
All Specialties, 2018 (2017)	**50% (50%)**	**42% (42%)**	**2% (3%)**	**2% (2%)**	**4% (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 1,461 respondents reported confirmed practice plans. One percent (1%) 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[1,2] spent annually on GME training in New York, one outcome of interest is the retention of physicians in the state after they complete training.

Highlights

- Forty-nine percent (49%) of respondents with confirmed plans reported plans to enter practice in New York.
    - The vast majority of these respondents (88%) 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%), family medicine (69%), and child and adolescent psychiatry (69%).
- In-state retention of physicians was lowest in the following specialties: orthopedics (19%), general surgery (20%), urology (25%). and ophthalmology (25%).
- Respondents who graduated from a high school and a medical school in New York were the most likely (81%) 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 (29%), better salary outside New York (17%), and better jobs in desired locations outside New York (10%).
- Four percent (4%) of respondents indicated that they had never intended to practice in New York.

- Few respondents reported that the principal reason for practicing outside of New York was taxes in New York (2%), the cost of malpractice insurance in New York (1%), or the cost of starting a practice in New York (<1%).

Figure 3.1. Location of Upcoming Practice (for 2018 Respondents with Confirmed Practice Plans)

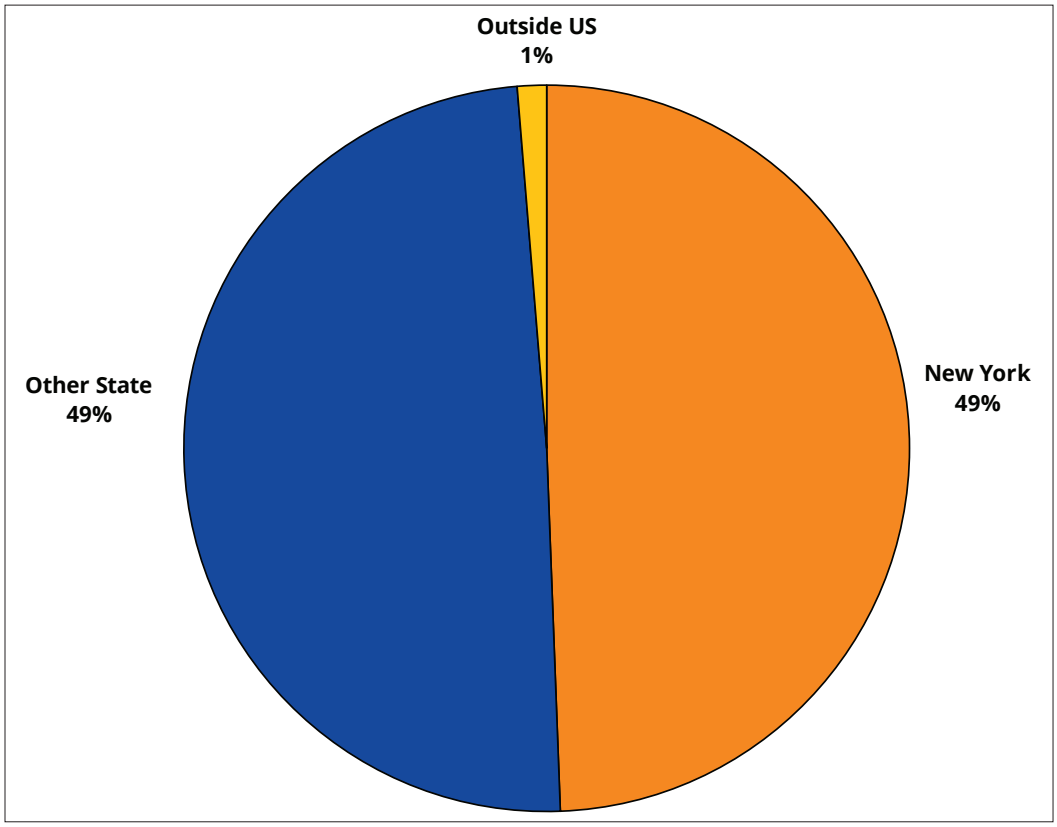


Figure 3.2. Percentage Entering Practice in New York by Specialty Group (for Respondents with Confirmed Practice Plans)

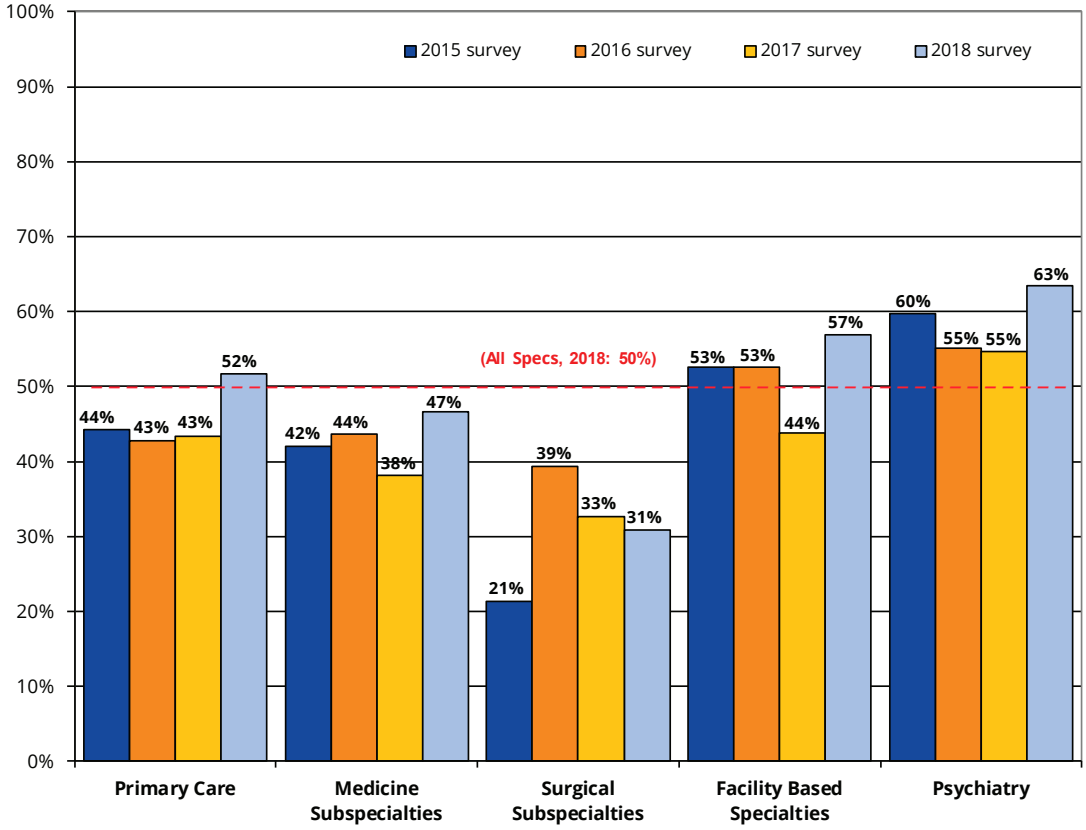


Table 3.1. Number of Respondents with Confirmed Practice Plans and Location of Upcoming Practice (for 2018 Respondents with Confirmed Practice Plans)

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	**376**	**44%**	**8%**	**47%**	**1%**
Family Medicine	111	62%	7%	30%	1%
General Internal Medicine	196	35%	5%	58%	2%
General Pediatrics	66	41%	17%	42%	0%
Obstetrics/Gynecology	**79**	**37%**	**5%**	**57%**	**1%**
Medicine Subspecialties	**291**	**40%**	**7%**	**52%**	**1%**
Cardiology	41	39%	2%	59%	0%
Gastroenterology	27	33%	11%	56%	0%
Geriatrics	18	39%	17%	39%	6%
Hematology/Oncology	43	35%	2%	63%	0%
Nephrology	22	50%	14%	32%	5%
Pulmonary Disease	40	43%	3%	55%	0%
General Surgery	**5**	**20%**	**0%**	**80%**	**0%**
Surgical Subspecialties	**94**	**23%**	**7%**	**68%**	**1%**
Ophthalmology	8	25%	0%	75%	0%
Orthopedics	16	6%	13%	81%	0%
Otolaryngology	4	75%	0%	25%	0%
Urology	12	25%	0%	75%	0%
Facility Based	**175**	**51%**	**6%**	**41%**	**2%**
Anesthesiology	56	41%	11%	46%	2%
Pathology	25	40%	8%	48%	4%
Radiology	56	60%	2%	36%	2%
Psychiatry	**123**	**59%**	**4%**	**35%**	**2%**
Adult Psychiatry	55	53%	9%	38%	0%
Child and Adolescent Psych	32	69%	0%	31%	0%
Other	**318**	**44%**	**4%**	**51%**	**2%**
Dermatology	25	48%	4%	48%	0%
Emergency Medicine	109	40%	2%	58%	0%
Neurology	17	47%	12%	41%	0%
Pediatric Subspecialties	62	53%	2%	44%	2%
Physical Medicine and Rehab	11	36%	0%	64%	0%
All Specialties, 2018 (2017)	**1,461 (1,428)**	**44% (37%)**	**6% (5%)**	**49% (57%)**	**1% (1%)**

[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 2018 Respondents with Confirmed Practice Plans)

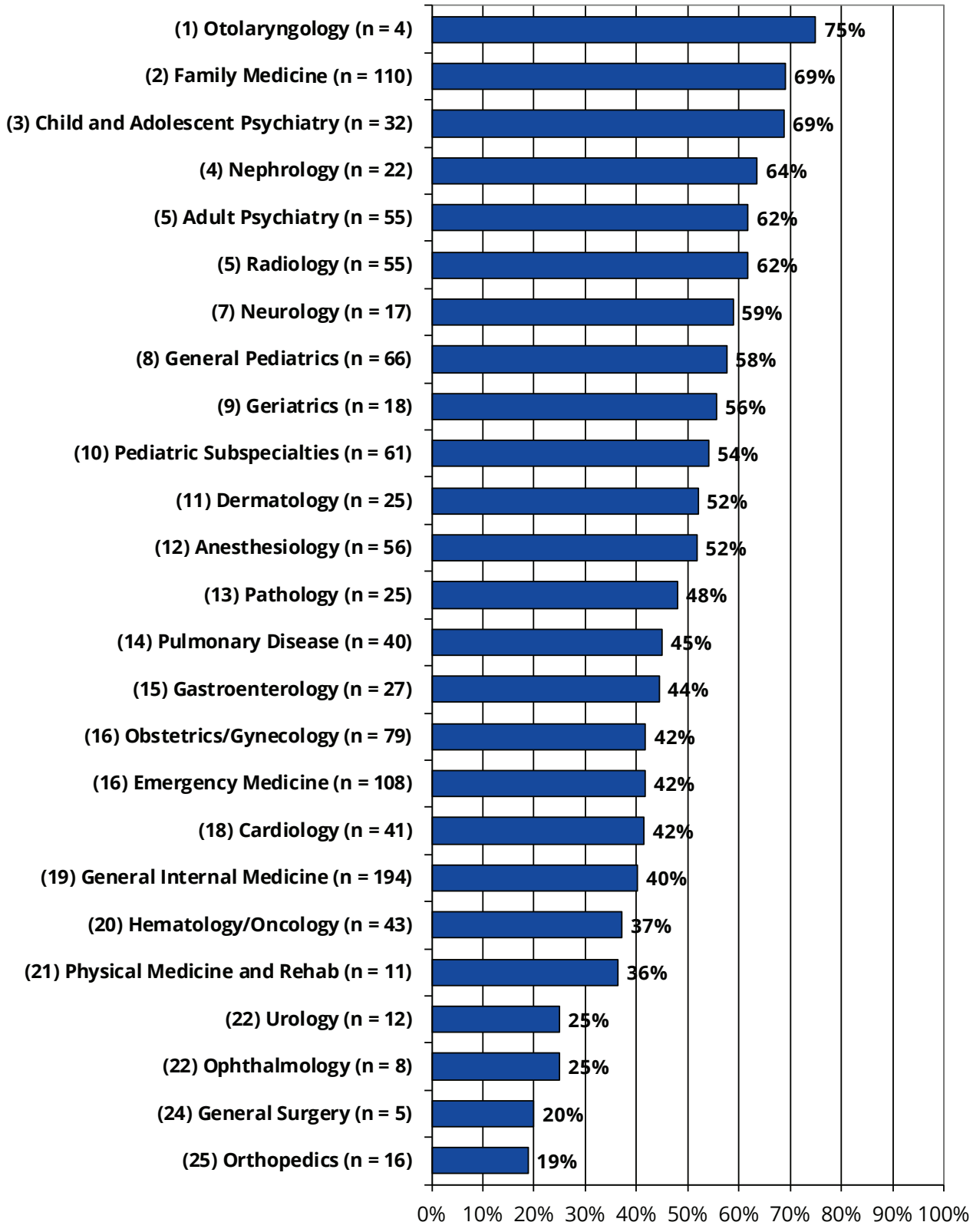


Figure 3.4. Percentage with Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2018 Respondents with Confirmed Practice Plans)

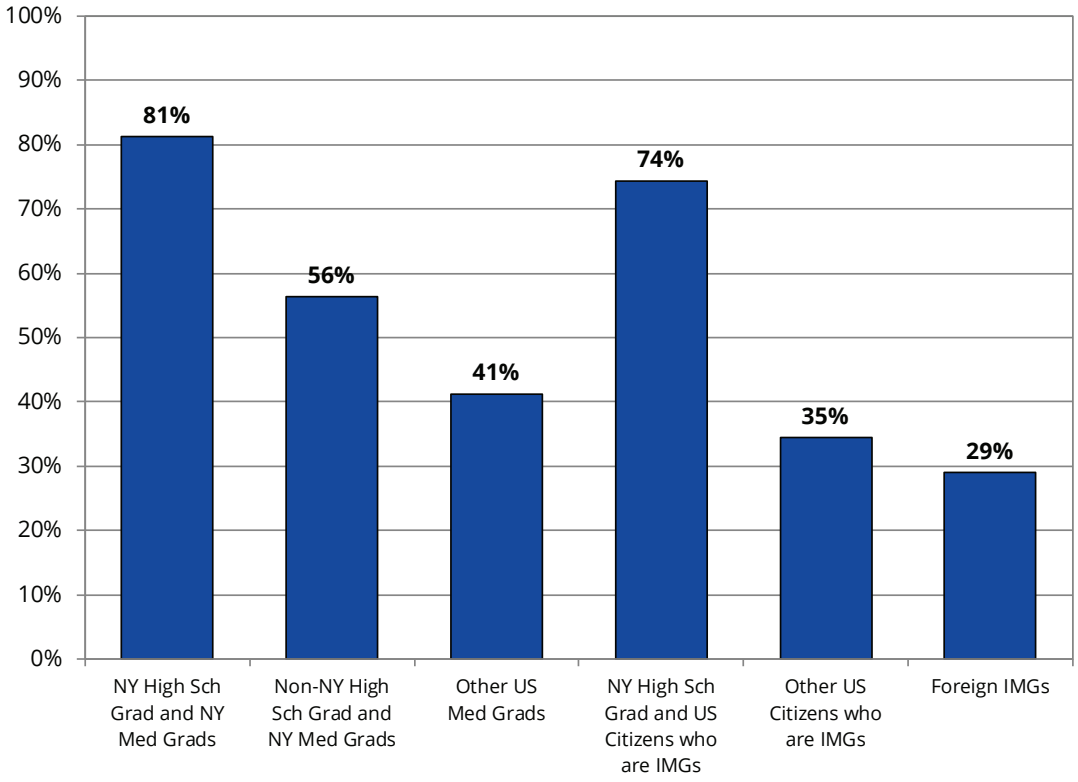
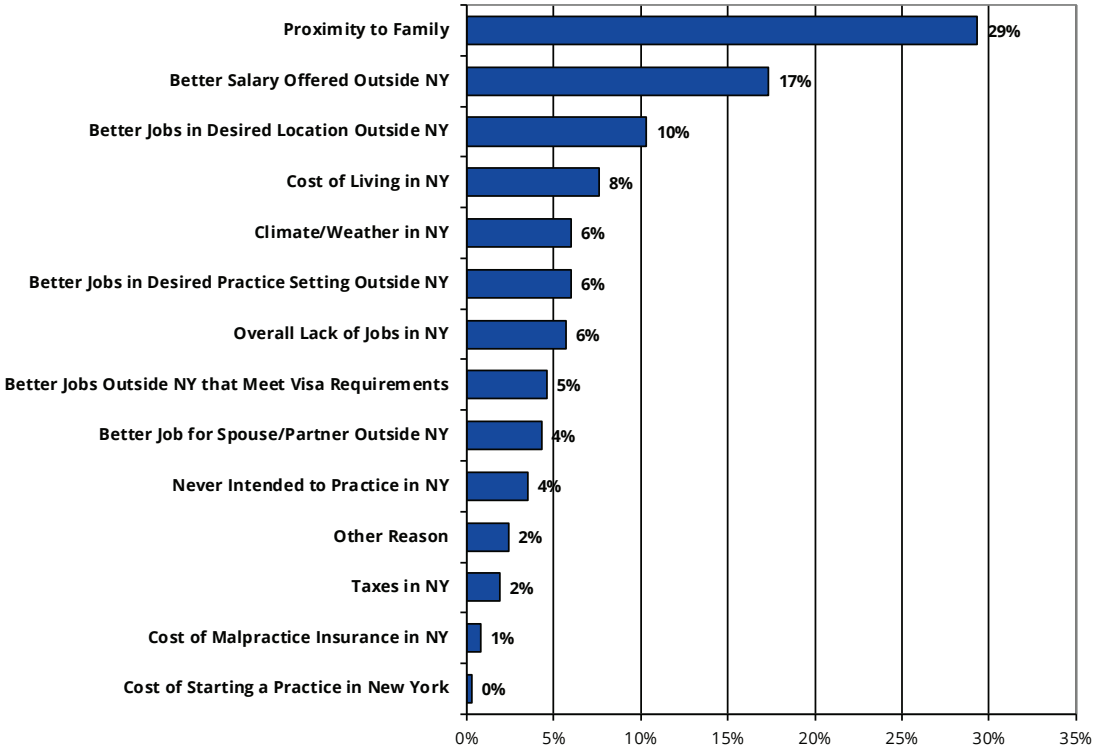


Figure 3.5. Principal Reason for Practicing Outside New York (for 2018 Respondents with Confirmed Practice Plans)



3.2 Recruitment Incentives

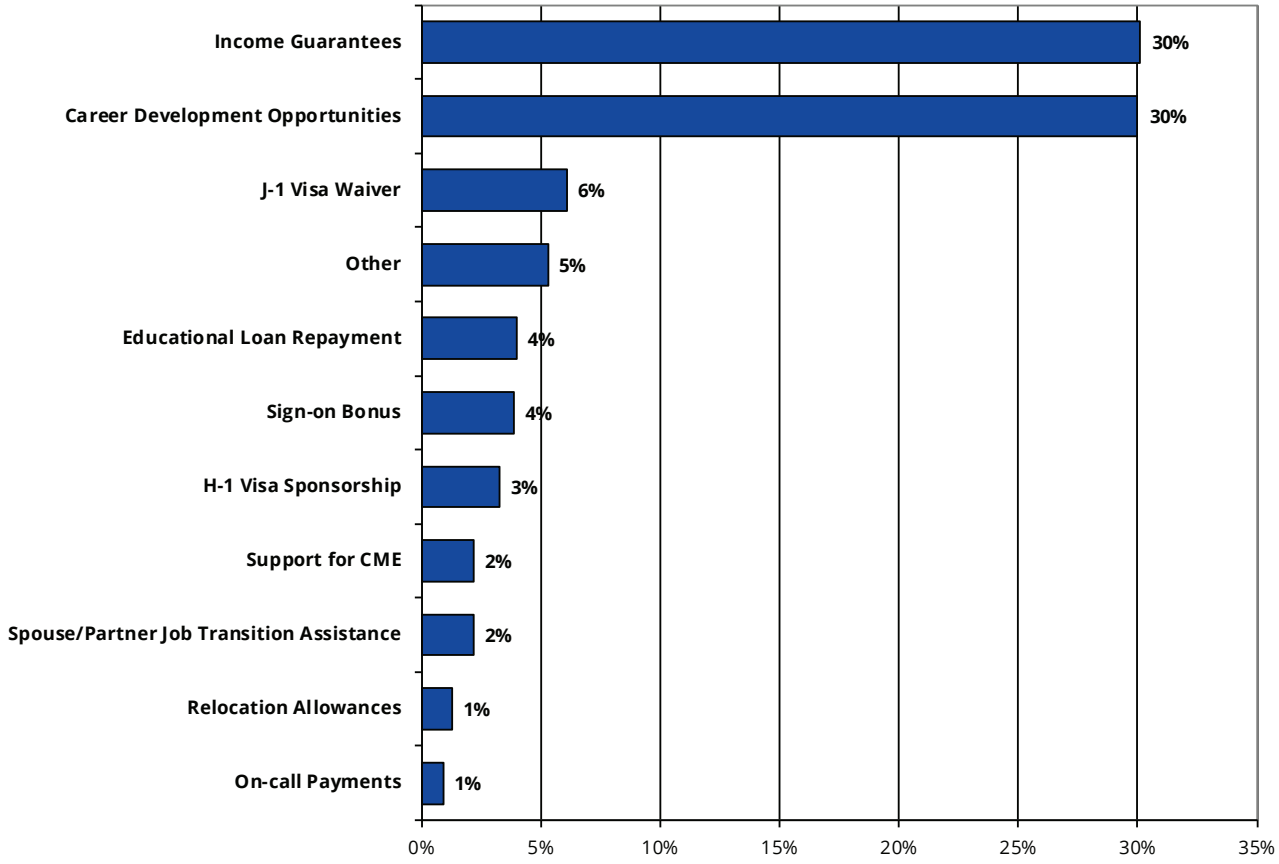
New physicians may receive a number of incentives to accept practice positions. These include income guarantees, career development opportunities, visa sponsorship/waivers, education loan repayment, spouse/partner job transition assistance, relocation allowances, sign-on bonuses, and payment for on-call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

Highlights

- The two most influential incentives for accepting a practice position reported by respondents were income guarantees (30%) and career development opportunities (30%).
    - The next most influential incentive was a J-1 visa waiver, reported by 6% of respondents, followed by educational loan repayment (4%), and sign-on bonus (4%).

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

Figure 3.6. Most Influential Incentive Received for Accepting a Practice Position (for 2018 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-three percent (33%) of respondents reported confirmed plans to enter practice in inner-city locations, while only 5% 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: otolaryngology (75%), pediatric subspecialties (51%), emergency medicine (41%), child and adolescent psychiatry (41%), and radiology (41%).
- Respondents in the following specialties were the most likely to report plans to enter practice in rural areas: general surgery (40%), family medicine (20%), and ophthalmology (13%).
- Eighteen percent (18%) 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 (36%), geriatrics (35%), and general pediatrics (34%).
- IMGs who are permanent residents or citizens were less likely to report plans to enter practice in HPSAs than were USMGs (16% compared to 27%, 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 2018 Respondents from Primary Care Specialties with Confirmed Practice Plans)

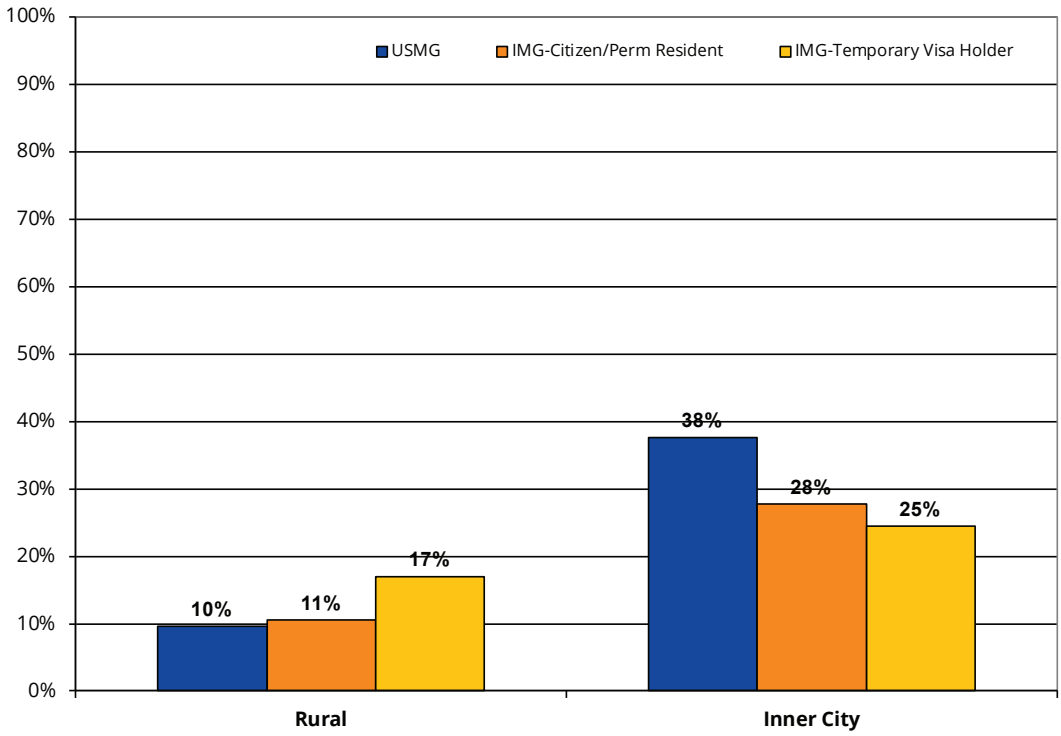


Figure 3.8. Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship Status (for Respondents from Primary Care Specialties with Confirmed Practice Plans)

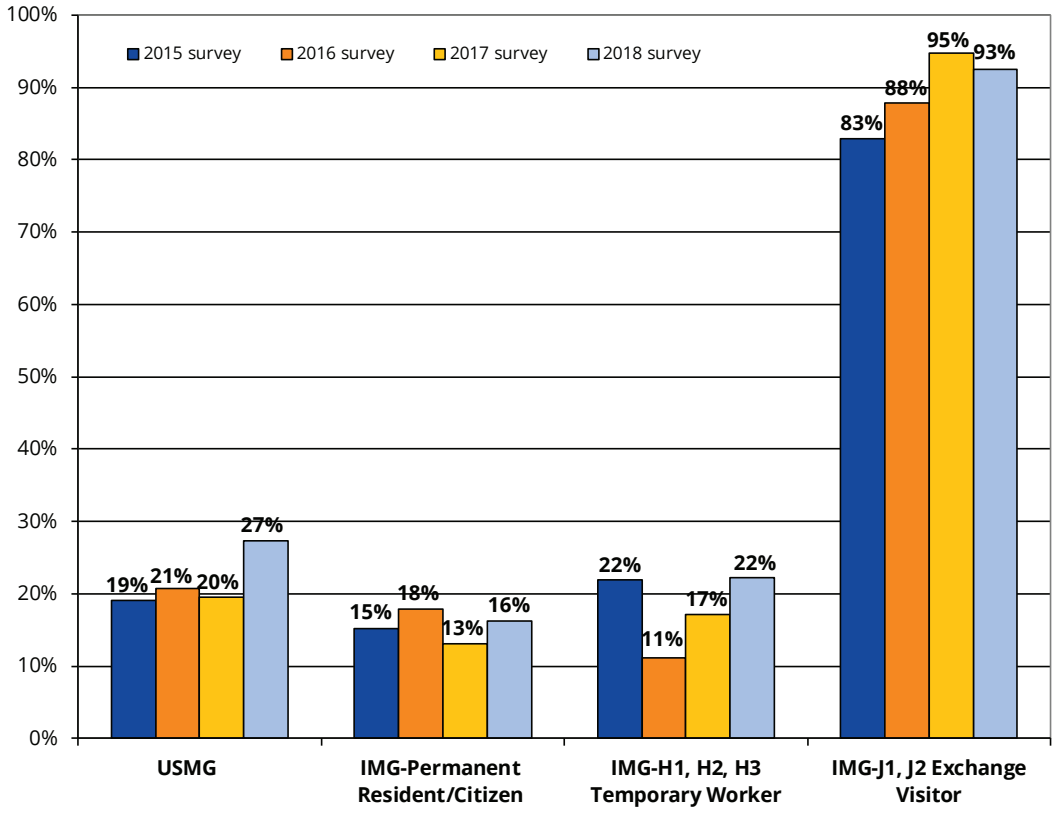


Table 3.2. Demographics of Practice Location (for 2018 Respondents with Confirmed Practice Plans)

Specialty	DEMOGRAPHICS: Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA[a]
Primary Care	**32%**	**15%**	**33%**	**9%**	**11%**	**30%**
Family Medicine	22%	11%	37%	10%	20%	36%
General Internal Medicine	36%	16%	32%	8%	8%	25%
General Pediatrics	38%	17%	30%	9%	6%	34%
Obstetrics/Gynecology	**35%**	**32%**	**21%**	**9%**	**3%**	**14%**
Medicine Subspecialties	**33%**	**20%**	**33%**	**11%**	**3%**	**19%**
Cardiology	38%	13%	33%	13%	5%	10%
Gastroenterology	27%	35%	31%	8%	0%	15%
Geriatrics	20%	20%	33%	27%	0%	35%
Hematology/Oncology	30%	13%	40%	13%	5%	24%
Nephrology	21%	16%	42%	16%	5%	11%
Pulmonary Disease	35%	28%	15%	18%	5%	21%
General Surgery	**0%**	**0%**	**20%**	**40%**	**40%**	**20%**
Surgical Subspecialties	**21%**	**25%**	**44%**	**9%**	**1%**	**9%**
Ophthalmology	13%	0%	75%	0%	13%	13%
Orthopedics	6%	25%	44%	25%	0%	6%
Otolaryngology	75%	25%	0%	0%	0%	0%
Urology	11%	11%	78%	0%	0%	8%
Facility Based	**35%**	**25%**	**33%**	**5%**	**2%**	**5%**
Anesthesiology	31%	26%	33%	6%	4%	6%
Pathology	30%	39%	26%	4%	0%	0%
Radiology	41%	19%	33%	6%	2%	6%
Psychiatry	**37%**	**34%**	**20%**	**5%**	**5%**	**19%**
Adult Psychiatry	35%	29%	18%	10%	8%	21%
Child and Adolescent Psych	41%	33%	22%	0%	4%	13%
Other	**37%**	**22%**	**29%**	**9%**	**3%**	**12%**
Dermatology	29%	17%	50%	4%	0%	0%
Emergency Medicine	41%	23%	23%	11%	3%	12%
Neurology	31%	13%	38%	13%	6%	13%
Pediatric Subspecialties	51%	19%	24%	2%	5%	18%
Physical Medicine and Rehab	27%	27%	27%	18%	0%	9%
All Specialties, 2018 (2017)	**33% (28%)**	**22% (21%)**	**31% (33%)**	**9% (12%)**	**5% (6%)**	**18% (17%)**

[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-one percent (41%) of respondents were entering group practices.
    - Of these, 82% reported plans to join group practices as employees.

- Only 2% of all respondents reported plans to enter solo practice.
    - Ophthalmology (13%) and dermatology (12%) were the only specialties in which more than 10% planned to enter solo practice.

- Fifty-three percent (53%) of respondents reported plans to practice in hospitals.
    - Of these respondents, 58% reported plans to practice in inpatient settings 25% in ambulatory care settings within the hospital, and 17% in emergency departments.

Figure 3.9. Upcoming Principal Practice Setting (for 2018 Respondents with Confirmed Practice Plans)

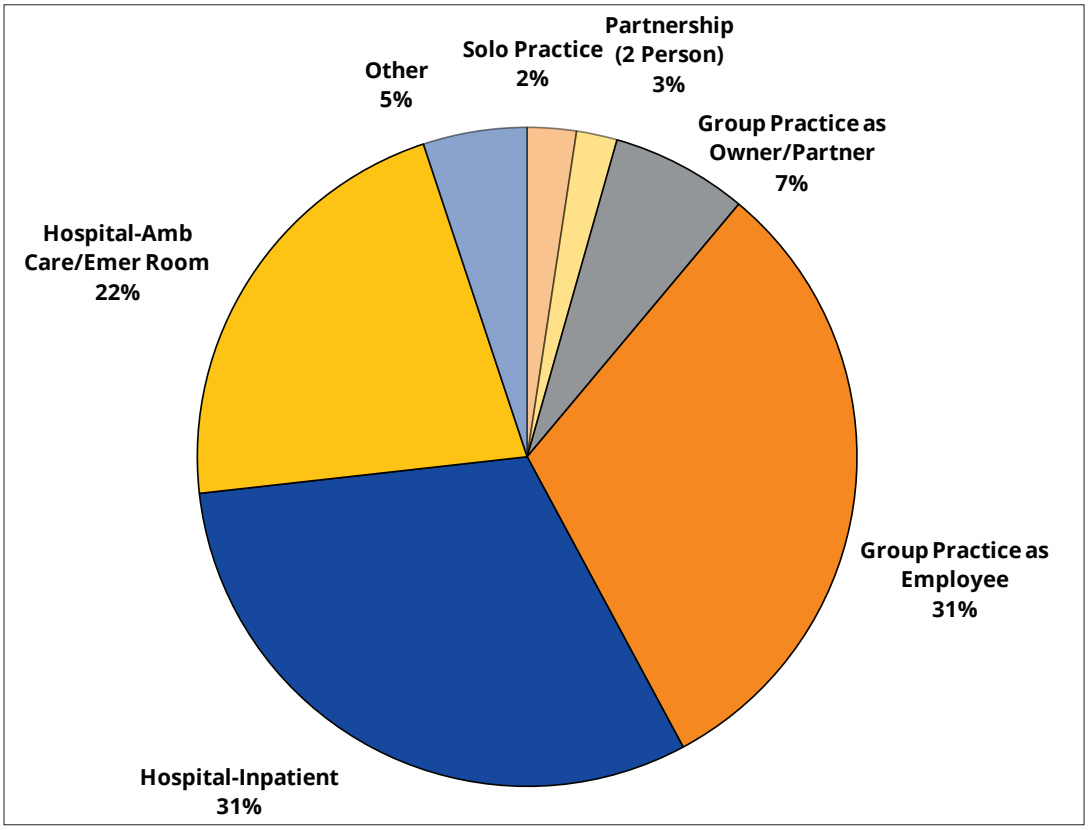


Figure 3.10. Upcoming Principal Practice Setting by Specialty Group (for Respondents with Confirmed Practice Plans)

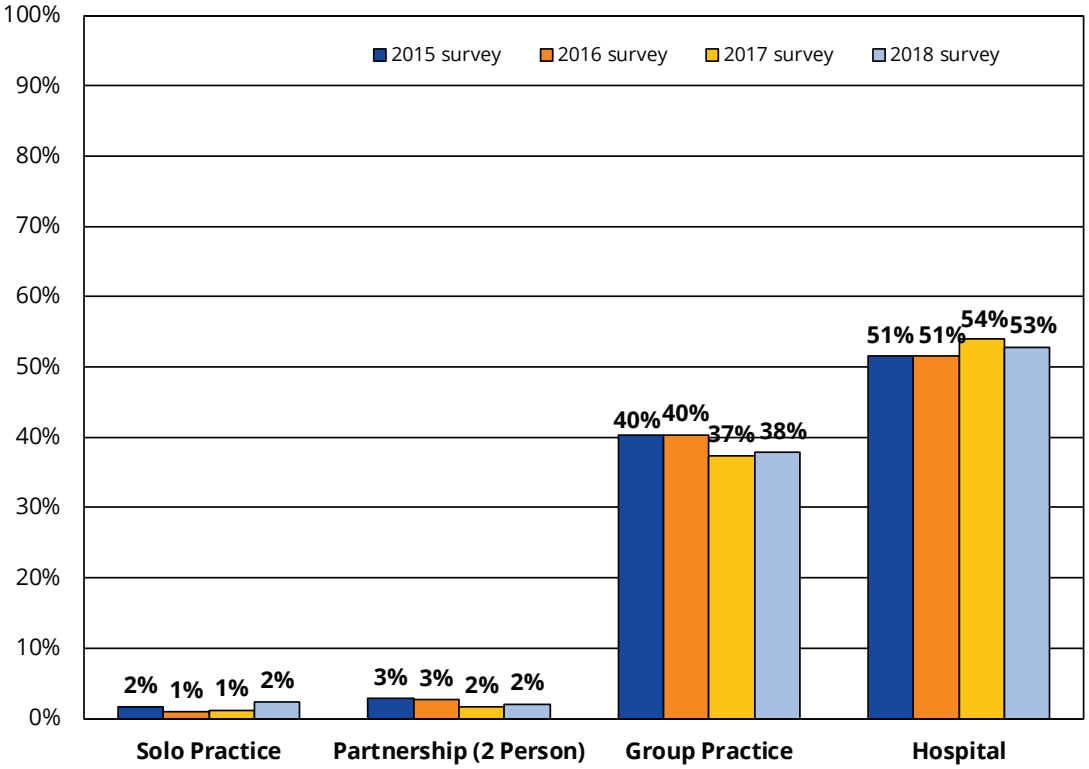


Table 3.3. Upcoming Principal Practice Setting by Specialty (for 2018 Respondents with Confirmed Practice Plans)

Specialty	Solo Practice	Partnership (2 Person)	GROUP PRACTICE: As Owner/ Partner	GROUP PRACTICE: As Employee	HOSPITAL: In-Patient	HOSPITAL: Amb. Care	HOSPITAL: Emer. Room	Other
Primary Care	**2%**	**0%**	**3%**	**28%**	**46%**	**12%**	**1%**	**9%**
Family Medicine	0%	1%	6%	44%	15%	17%	1%	17%
General Internal Medicine	1%	0%	2%	15%	73%	6%	1%	3%
General Pediatrics	6%	0%	3%	39%	20%	17%	2%	13%
Obstetrics/Gynecology	**3%**	**4%**	**4%**	**61%**	**12%**	**13%**	**0%**	**3%**
Medicine Subspecialties	**2%**	**2%**	**5%**	**34%**	**33%**	**20%**	**2%**	**3%**
Cardiology	3%	5%	5%	32%	34%	18%	0%	3%
Gastroenterology	0%	0%	7%	33%	15%	37%	4%	4%
Geriatrics	0%	0%	0%	35%	47%	0%	0%	18%
Hematology/Oncology	5%	2%	2%	35%	9%	40%	2%	5%
Nephrology	5%	5%	5%	47%	37%	0%	0%	0%
Pulmonary Disease	0%	0%	8%	28%	55%	10%	0%	0%
General Surgery	**0%**	**0%**	**0%**	**80%**	**20%**	**0%**	**0%**	**0%**
Surgical Subspecialties	**3%**	**9%**	**19%**	**46%**	**19%**	**3%**	**0%**	**2%**
Ophthalmology	13%	13%	25%	25%	0%	25%	0%	0%
Orthopedics	0%	0%	31%	44%	19%	0%	0%	6%
Otolaryngology	0%	0%	0%	100%	0%	0%	0%	0%
Urology	0%	0%	33%	58%	8%	0%	0%	0%
Facility Based	**1%**	**1%**	**17%**	**35%**	**32%**	**8%**	**2%**	**4%**
Anesthesiology	0%	2%	25%	49%	25%	0%	0%	0%
Pathology	0%	0%	4%	30%	57%	0%	0%	9%
Radiology	0%	0%	12%	26%	24%	26%	6%	8%
Psychiatry	**2%**	**1%**	**0%**	**13%**	**42%**	**20%**	**12%**	**11%**
Adult Psychiatry	2%	0%	0%	14%	35%	24%	14%	12%
Child and Adolescent Psych	3%	0%	0%	21%	38%	17%	14%	7%
Other	**4%**	**3%**	**7%**	**24%**	**17%**	**12%**	**31%**	**3%**
Dermatology	12%	12%	16%	40%	0%	16%	0%	4%
Emergency Medicine	2%	1%	7%	14%	0%	0%	77%	0%
Neurology	7%	7%	7%	27%	20%	33%	0%	0%
Pediatric Subspecialties	0%	3%	2%	13%	45%	22%	12%	3%
Physical Medicine and Rehab	0%	0%	0%	33%	11%	44%	0%	11%
All Specialties, 2018	**2%**	**2%**	**7%**	**31%**	**31%**	**13%**	**9%**	**5%**
(All Specialties, 2017)	**(1%)**	**(2%)**	**(8%)**	**(29%)**	**(32%)**	**(14%)**	**(8%)**	**(6%)**

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

- In 2018, the mean expected starting salary for new physicians was $264,026 and the median expected starting salary for new physicians was $253,150.
- 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: orthopedics ($393,700), general surgery ($337,400), and anesthesiology ($336,300).
- General pediatrics had the lowest median starting income of all specialties ($181,800).
    - Other specialties with the lowest starting incomes included nephrology ($185,100) and pediatric subspecialties ($203,300).

Figure 3.11. Expected Starting Income (in $1,000s) by Specialty Group (for 2018 Respondents with Confirmed Practice Plans)

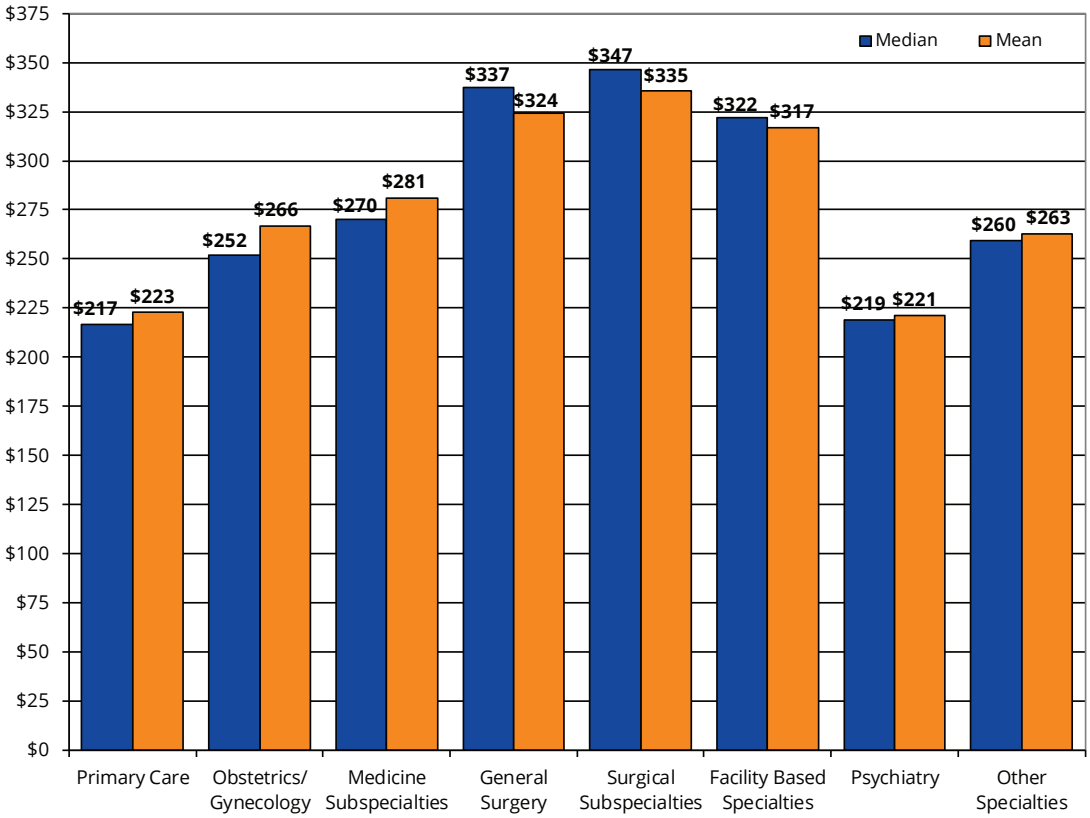


Figure 3.12. Distribution of Starting Income Among Primary Care and Non-Primary Care Physicians (for 2018 Respondents with Confirmed Practice Plans)

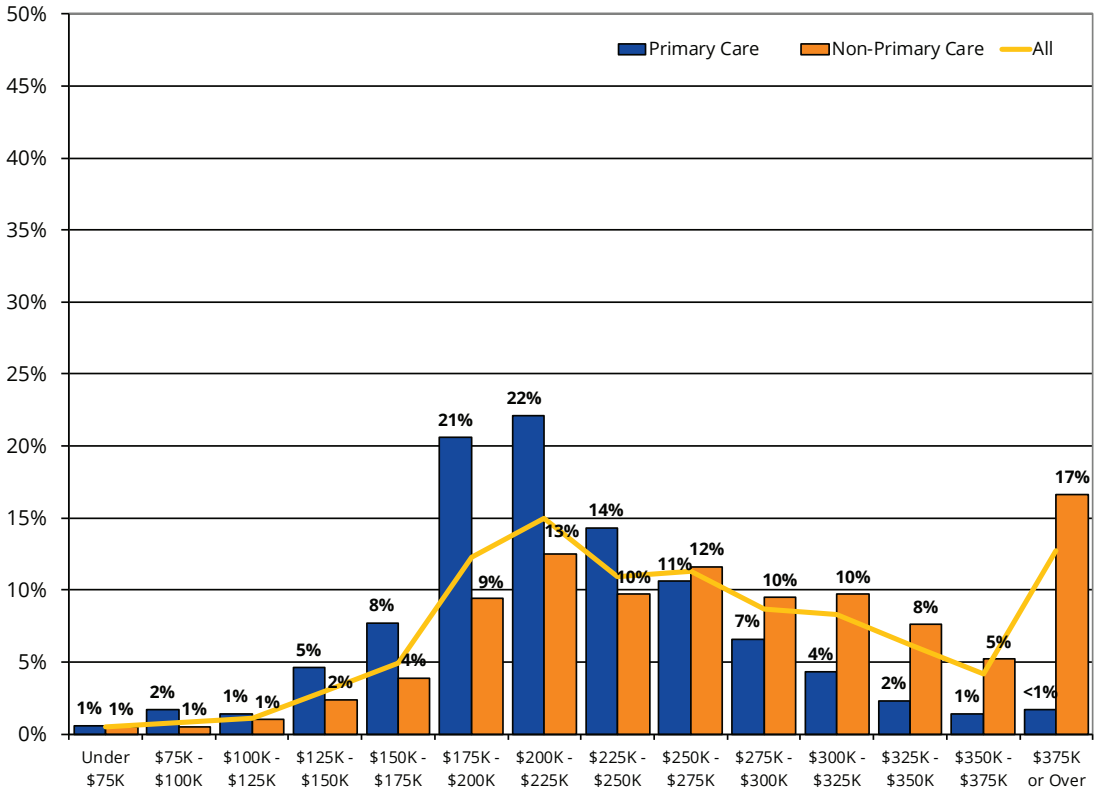


Figure 3.13. Rank of Median Starting Income (in $1,000s) by Specialty (for 2018 Respondents with Confirmed Practice Plans)

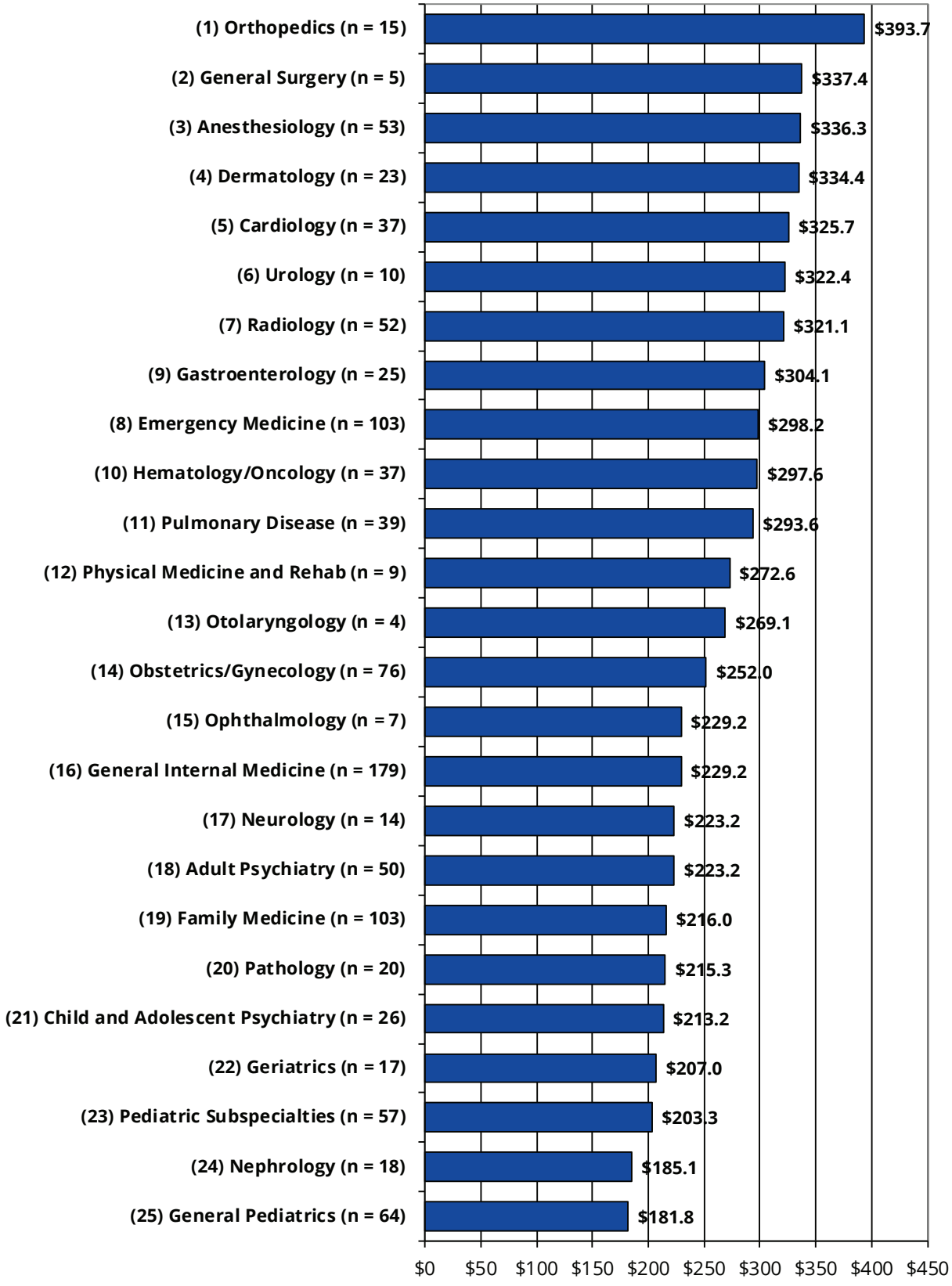


Table 3.4. Expected Starting Income by Specialty (for 2018 Respondents with Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
Primary Care	**349**	**$222,795**	N/A	**$216,900**	N/A
Family Medicine	103	$223,250	19	$216,000	19
General Internal Medicine	179	$237,763	16	$229,200	16
General Pediatrics	64	$177,052	25	$181,800	25
Obstetrics/Gynecology	**76**	**$266,493**	13	**$251,950**	14
Medicine Subspecialties	**262**	**$280,794**	N/A	**$269,900**	N/A
Cardiology	37	$324,519	7	$325,700	5
Gastroenterology	25	$328,816	6	$304,100	8
Geriatrics	17	$203,112	22	$207,000	22
Hematology/Oncology	37	$299,968	11	$297,600	10
Nephrology	18	$199,106	24	$185,100	24
Pulmonary Disease	39	$302,785	9	$293,600	11
General Surgery	**5**	**$324,060**	8	**$337,400**	2
Surgical Subspecialties	**86**	**$335,384**	N/A	**$346,500**	N/A
Ophthalmology	7	$265,600	14	$229,200	15
Orthopedics	15	$352,000	1	$393,700	1
Otolaryngology	4	$255,975	15	$269,100	13
Urology	10	$339,520	2	$322,400	6
Facility Based	**161**	**$316,817**	N/A	**$321,700**	N/A
Anesthesiology	53	$330,928	4	$336,300	3
Pathology	20	$211,005	21	$215,300	20
Radiology	52	$331,812	3	$321,100	7
Psychiatry	**110**	**$221,191**	N/A	**$219,000**	N/A
Adult Psychiatry	50	$227,076	18	$223,200	18
Child and Adolescent Psych	26	$217,458	20	$213,200	21
Other	**293**	**$262,606**	N/A	**$259,600**	N/A
Dermatology	23	$330,239	5	$334,400	4
Emergency Medicine	103	$300,902	10	$298,200	9
Neurology	14	$232,693	17	$223,200	17
Pediatric Subspecialties	57	$201,591	23	$203,300	23
Physical Medicine and Rehab	9	$284,844	12	$272,600	12
Total (All Specialties)	**1,342**	**$264,026**	N/A	**$253,150**	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.[3] Therefore, it was important to control for this factor in making comparisons across specialties. The data presented in Table 3.5 is an aggregation of all responses to this question from both the 2017 and 2018 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 43.4 hours per week in patient care/clinical practice activities.

- Female respondents expected to work 4% fewer patient care hours than male respondents (42.5 hours per week compared to 44.2 hours per week, respectively).
    - This gender difference was greatest in gastroenterology, with female respondents expecting to work 11.5 fewer patient hours per week than male respondents.
    - Female respondents reported expectations to work more hours than males in some specialties including: hematology/oncology (4.3 hours per week), surgical subspecialties (3.4 hours per week), and radiology (2.5 hours per week).

- Respondents in the following individual specialties reported expectations to be work the highest patient care/clinical practice hours per week: general surgery (60.6 hours), anesthesiology (53.2 hours), and urology (50.5 hours).

- Respondents in the following specialties reported expectations to work the fewest patient care/clinical practice hours per week: pathology (31.2 hours), adolescent psychiatry (35.9 hours), and emergency medicine (36.0 hours).

Figure 3.14. Rank of Expected Weekly Patient Care/Clinical Practice Hours by Specialty (2017 and 2018 Respondents with Confirmed Practice Plans)

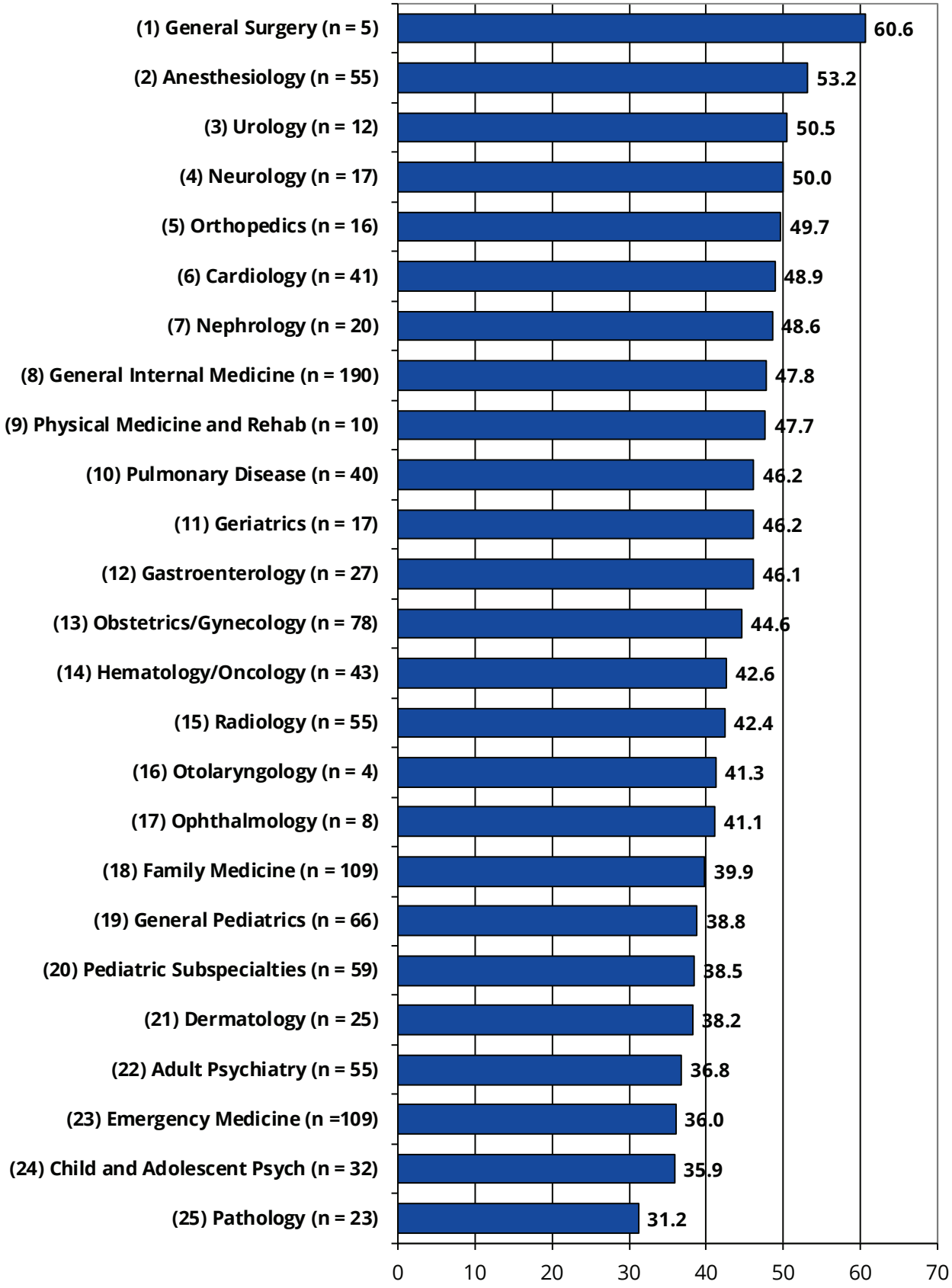


Table 3.5. Expected Weekly Patient Care/Clinical Practice Hours by Gender[a] (2017 and 2018 Respondents with Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**45.6**	**42.1**	**43.9**
Family Medicine	39.4	39.9	39.9
General Internal Medicine	49.3	45.5	47.8
General Pediatrics	38.0	39.0	38.8
Obstetrics/Gynecology	**43.1**	**45.0**	**44.6**
Medicine Subspecialties	**47.0**	**44.4**	**45.8**
Cardiology	49.7	47.5	48.9
Gastroenterology	50.4	38.9	46.1
Geriatrics	***	47.2	46.2
Hematology/Oncology	40.5	44.8	42.6
Nephrology	46.6	***	48.6
Pulmonary Disease	47.2	44.9	46.2
General Surgery	***	***	**60.6**
Surgical Subspecialties	**47.9**	**51.3**	**48.9**
Ophthalmology	***	***	41.1
Orthopedics	49.2	***	49.7
Otolaryngology	***	***	41.3
Urology	49.4	***	50.5
Facility Based	**45.0**	**48.0**	**46.1**
Anesthesiology	53.8	52.5	53.2
Pathology	***	42.3	31.2
Radiology	41.5	44.0	42.4
Psychiatry	**37.6**	**36.8**	**37.1**
Adult Psychiatry	36.9	36.7	36.8
Child and Adolescent Psych	38.4	34.6	35.9
Other	**38.8**	**39.4**	**39.2**
Dermatology	***	38.6	38.2
Emergency Medicine	36.1	35.9	36.0
Neurology	***	49.0	50.0
Pediatric Subspecialties	***	38.1	38.5
Physical Medicine and Rehab	***	48.0	47.7
All Specialties, 2018	**44.2**	**42.5**	**43.4**

[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 is less than 10, the hours worked are shown as ***. The data presented in this table is for respondents to both the 2017 and 2018 surveys to increase the number of respondents by specialty allowing more specialties to be stratified by gender. Patient care/clinical practice hours are stratified by gender because statistically significant differences have been found in expected work hours of women and men in the past.

SECTION 4: EXPERIENCES SEARCHING FOR A PRACTICE POSITION

This section summarizes the responses to several questions about residents' experiences 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 these questions. The responses of IMGs on temporary visas were excluded from this section (except for Tables 4.1 and Figure 4.1) 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 also been excluded from this section of the report.

Each subsection within Section 4 summarizes the responses to 1) a question on the 2018 survey, 2) the aggregated total of all respondents for the 2017 and 2018 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 4.8, a composite measure of demand is computed using all demand indicators to measure the relative demand for each specialty.

4.1 Important 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 3.43) and weekend duties (score of 3.41) was most important, followed by length of each workday (score of 3.28) and predictable start and end time each workday (3.27).

Table 4.1. Mean Likert Scores for Importance of Control Over Certain Job Characteristics by Specialty (for 2018 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	**3.30**	**3.30**	**3.47**	**3.42**
Family Medicine	3.35	3.35	3.56	3.48
General Internal Medicine	3.32	3.29	3.48	3.44
General Pediatrics	3.19	3.26	3.31	3.30
Obstetrics/Gynecology	**3.36**	**3.32**	**3.55**	**3.52**
Medicine Subspecialties	**3.28**	**3.30**	**3.49**	**3.48**
Cardiology	3.24	3.33	3.38	3.49
Gastroenterology	3.48	3.41	3.52	3.63
Geriatrics	3.50	3.43	3.79	3.57
Hematology/Oncology	3.14	3.23	3.43	3.47
Nephrology	3.43	3.48	3.71	3.70
Pulmonary Disease	3.21	3.15	3.36	3.33
General Surgery	**2.82**	**2.64**	**3.09**	**3.18**
Surgical Subspecialties	**3.00**	**2.95**	**3.21**	**3.23**
Ophthalmology	3.31	3.25	3.44	3.50
Orthopedics	2.90	2.75	3.05	3.13
Otolaryngology	3.30	3.20	3.67	3.67
Urology	3.47	3.40	3.60	3.57
Facility Based	**3.28**	**3.24**	**3.42**	**3.45**
Anesthesiology	3.20	3.15	3.25	3.39
Pathology	3.13	3.18	3.39	3.30
Radiology	3.46	3.41	3.56	3.50
Psychiatry	**3.39**	**3.39**	**3.61**	**3.64**
Adult Psychiatry	3.44	3.44	3.64	3.64
Child and Adolescent Psych	3.50	3.39	3.55	3.58
Other	**3.29**	**3.34**	**3.33**	**3.32**
Dermatology	3.71	3.68	3.68	3.68
Emergency Medicine	3.16	3.31	3.10	3.00
Neurology	3.25	3.25	3.50	3.47
Pediatric Subspecialties	3.25	3.24	3.29	3.30
Physical Medicine and Rehab	3.44	3.60	3.67	3.73
All Specialties, 2018 (2017)	**3.27 (3.25)**	**3.28 (3.25)**	**3.43 (3.41)**	**3.41 (3.39)**

4.2 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 2018 survey, the aggregated total of responses for 2017 and 2018, and the aggregated responses for the last 4 years of the survey.

Highlights

- Twenty-two percent (22%) of respondents reported difficulty finding a satisfactory position in 2018.
- The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (40%), followed by an overall lack of jobs (22%), lack of jobs in desired practice setting (15%), and inadequate salary/compensation offered (15%).
- The specialties with the highest percentage of respondents having difficulty finding a satisfactory practice position in 2018 were: nephrology (44%), hematology/oncology (44%), and pediatric subspecialties (36%).
- The specialties with the lowest percentage of respondents having difficulty finding a satisfactory practice position in 2018 were: emergency medicine (3%), dermatology (4%), and adult psychiatry (9%).
- The specialties with the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 2 years of the survey (2017 and 2018 aggregated) were: nephrology (43%), pathology (38%), and cardiology (37%).
- The specialties with the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 4 years of the survey were: pathology (47%), nephrology (44%), and physical medicine and rehabilitation (39%).

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 greater difficulty due to their visa status compared to USMGs and IMG citizens and permanent residents.

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 2018 Respondents Who Had Searched for a Job)

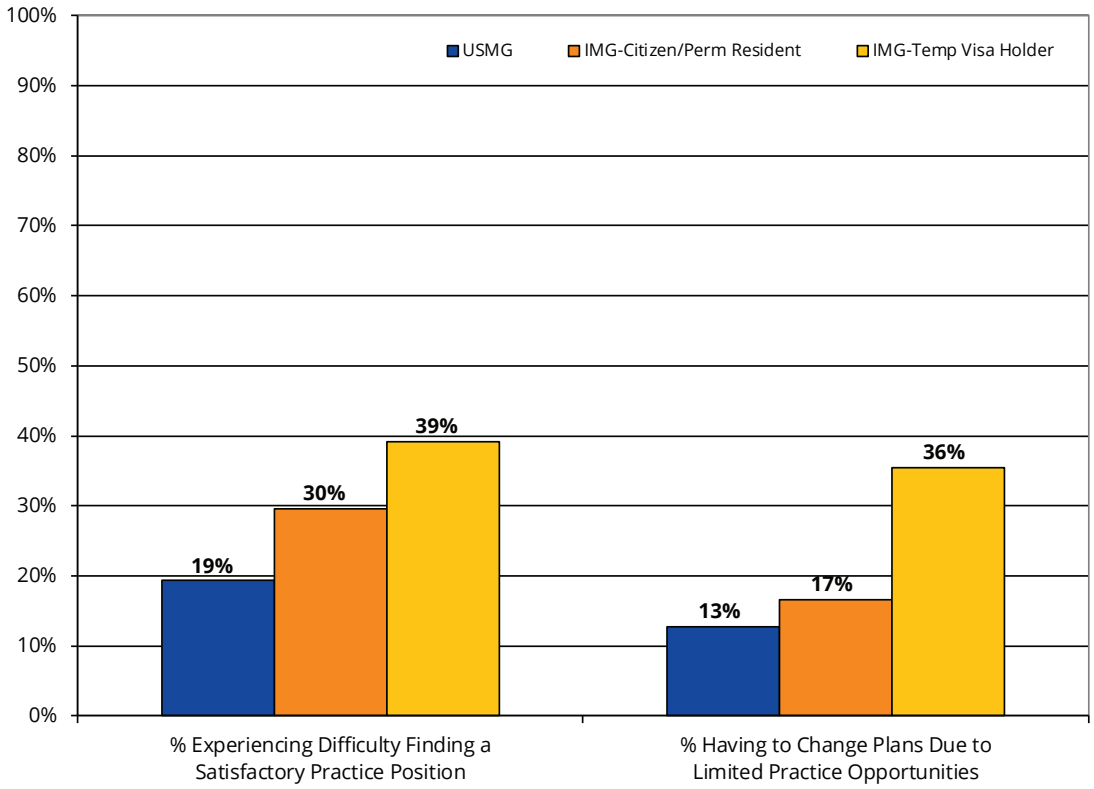


Figure 4.2. Main Reason for Difficulty Finding a Satisfactory Practice Position (for 2018 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

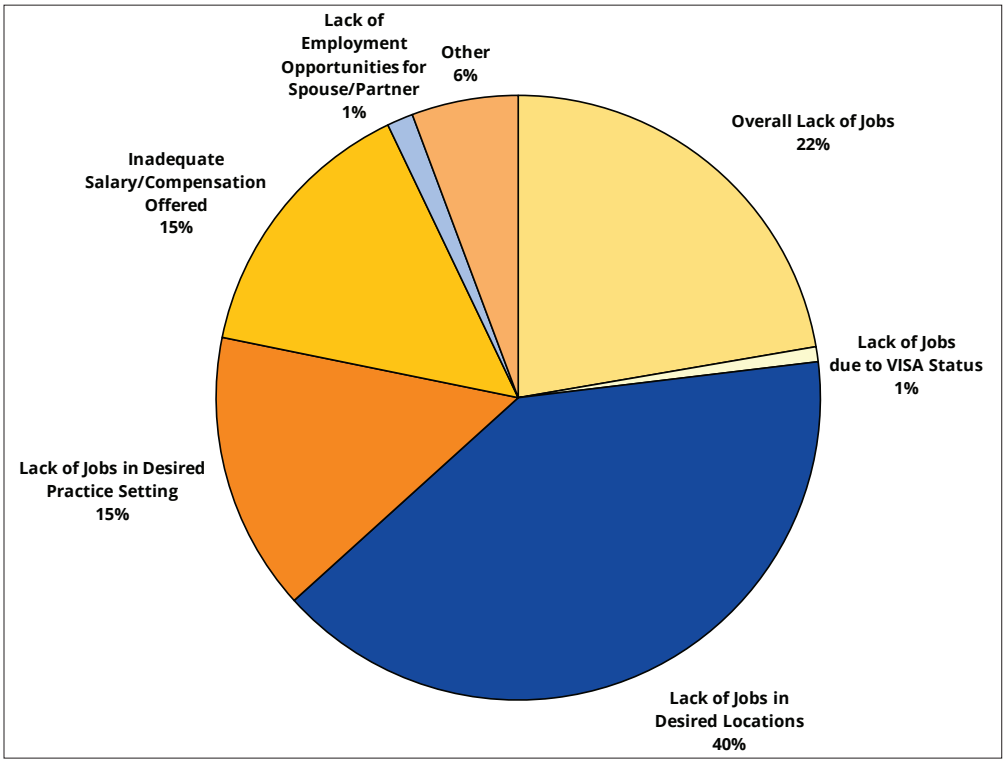


Figure 4.3. Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

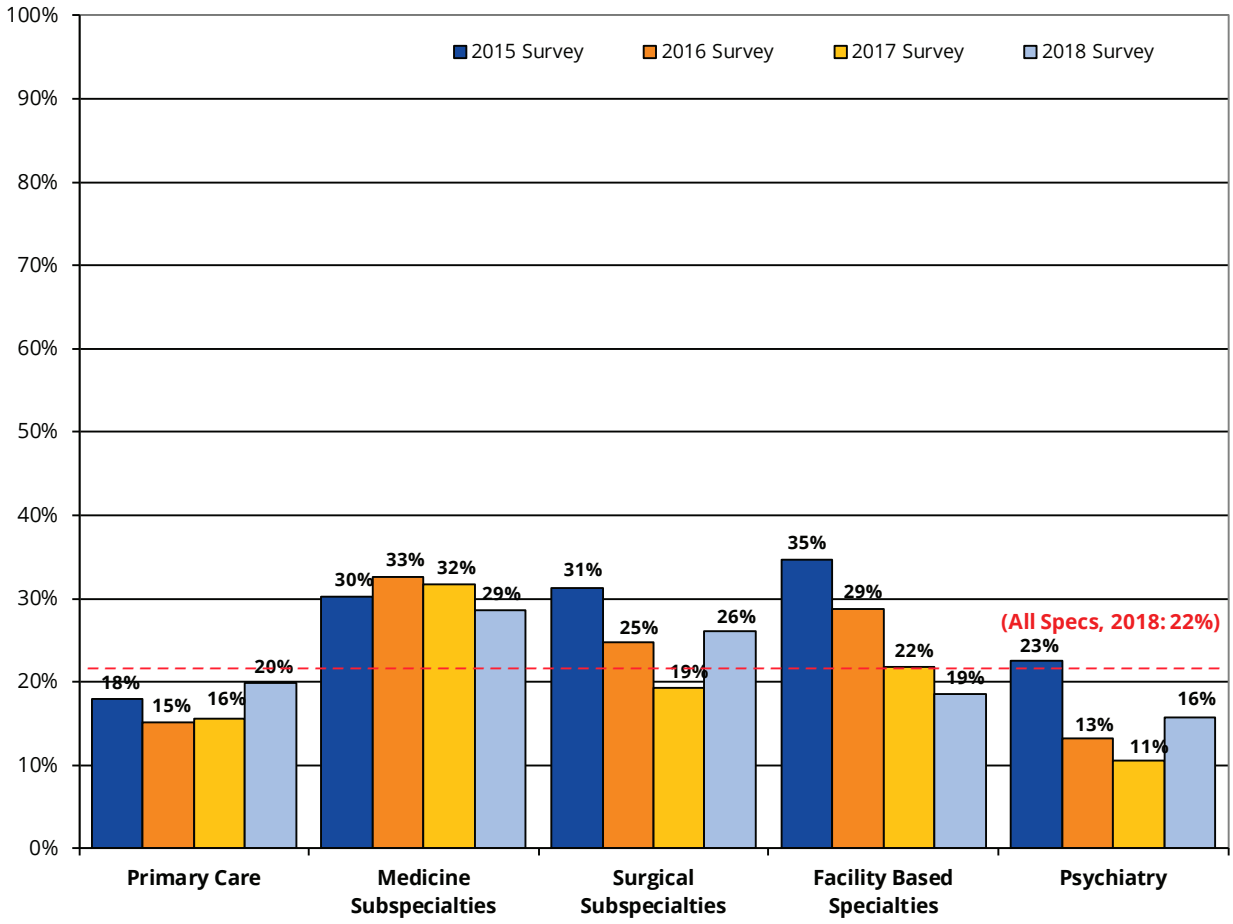


Figure 4.4. Rank of Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty (for 2018 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

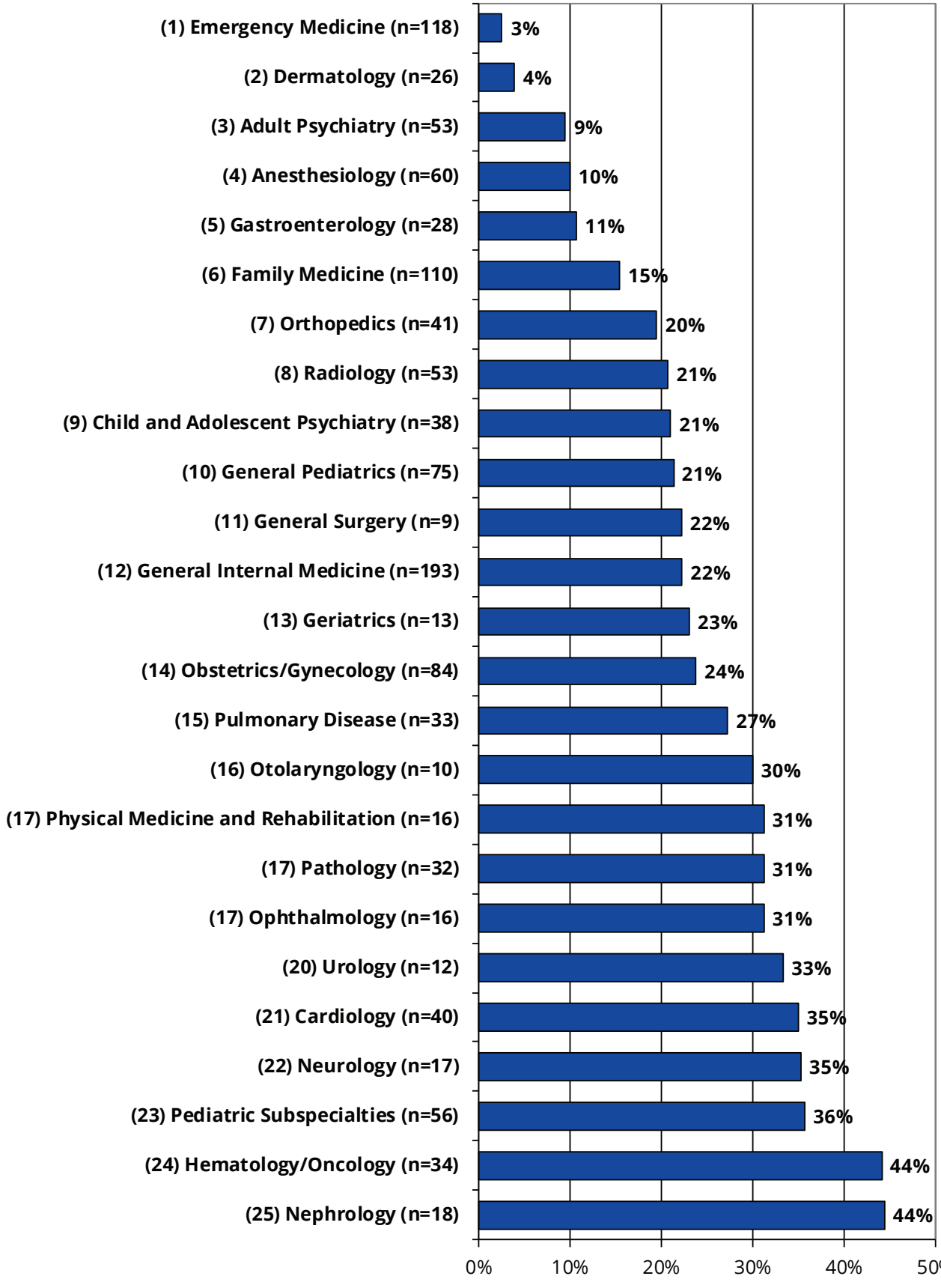


Table 4.2. Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (of Respondents who have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	2018 Respondents	RANK (of 25)	Aggregated Respondents: 2017 and 2018	RANK (of 25)	Aggregated Respondents: 2015 - 2018	RANK (of 25)
Primary Care	**20%**	N/A	**18%**	N/A	**17%**	N/A
Family Medicine	15%	6	14%	5	16%	5
General Internal Medicine	22%	12	18%	10	17%	6
General Pediatrics	21%	10	22%	12	22%	9
Obstetrics/Gynecology	**24%**	14	**23%**	14	**24%**	16
Medicine Subspecialties	**29%**	N/A	**30%**	N/A	**31%**	N/A
Cardiology	35%	21	37%	23	34%	20
Gastroenterology	11%	5	16%	8	22%	12
Geriatrics	23%	13	16%	7	23%	15
Hematology/Oncology	44%	24	37%	22	34%	21
Nephrology	44%	25	43%	25	44%	24
Pulmonary Disease	27%	15	23%	13	22%	11
General Surgery	**22%**	11	**24%**	16	**23%**	14
Surgical Subspecialties	**26%**	N/A	**23%**	N/A	**25%**	N/A
Ophthalmology	31%	17	26%	18	21%	8
Orthopedics	20%	7	19%	11	26%	17
Otolaryngology	30%	16	18%	9	19%	7
Urology	33%	20	30%	20	27%	18
Facility Based	**19%**	N/A	**20%**	N/A	**25%**	N/A
Anesthesiology	10%	4	9%	3	10%	2
Pathology	31%	17	38%	24	47%	25
Radiology	21%	8	24%	15	33%	19
Psychiatry	**16%**	N/A	**13%**	N/A	**15%**	N/A
Adult Psychiatry	9%	3	10%	4	11%	3
Child and Adolescent Psych	21%	9	15%	6	22%	9
Other	**20%**	N/A	**20%**	N/A	**22%**	N/A
Dermatology	4%	2	8%	2	12%	4
Emergency Medicine	3%	1	8%	1	8%	1
Neurology	35%	22	26%	17	22%	13
Pediatric Subspecialties	36%	23	31%	21	35%	22
Physical Medicine and Rehab	31%	17	28%	19	39%	23
Total (All Specialties)	**22%**	N/A	**21%**	N/A	**22%**	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 Changing 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

- Thirteen percent (13%) of respondents reported having to change their plans due to limited practice opportunities in 2018.
- The specialties with the highest percentage of respondents who had to change plans due to limited practice opportunities in 2018 were: geriatrics (33%), physical medicine and rehabilitation (31%), and pathology (28%).
- The specialties with the lowest percentage of respondents who had to change plans due to limited practice opportunities in 2018 were: general surgery (0%), dermatology (0%), and family medicine (3%).
- 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 2017 and 2018 surveys) were: pathology (31%), nephrology (28%), and physical medicine and rehabilitation (24%).
- 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 2017 and 2018 surveys) were: family medicine (3%), emergency medicine (3%), and dermatology (4%).
- The specialties with the highest percentage of respondents who had to change plans over the last 4 years of the survey were: nephrology (36%), pathology (33%), and physical medicine and rehabilitation (25%).
- The specialties with the lowest percentage of respondents who had to change plans over the last 4 years of the survey were: emergency medicine (4%), family medicine (4%), and adult psychiatry (6%).

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)

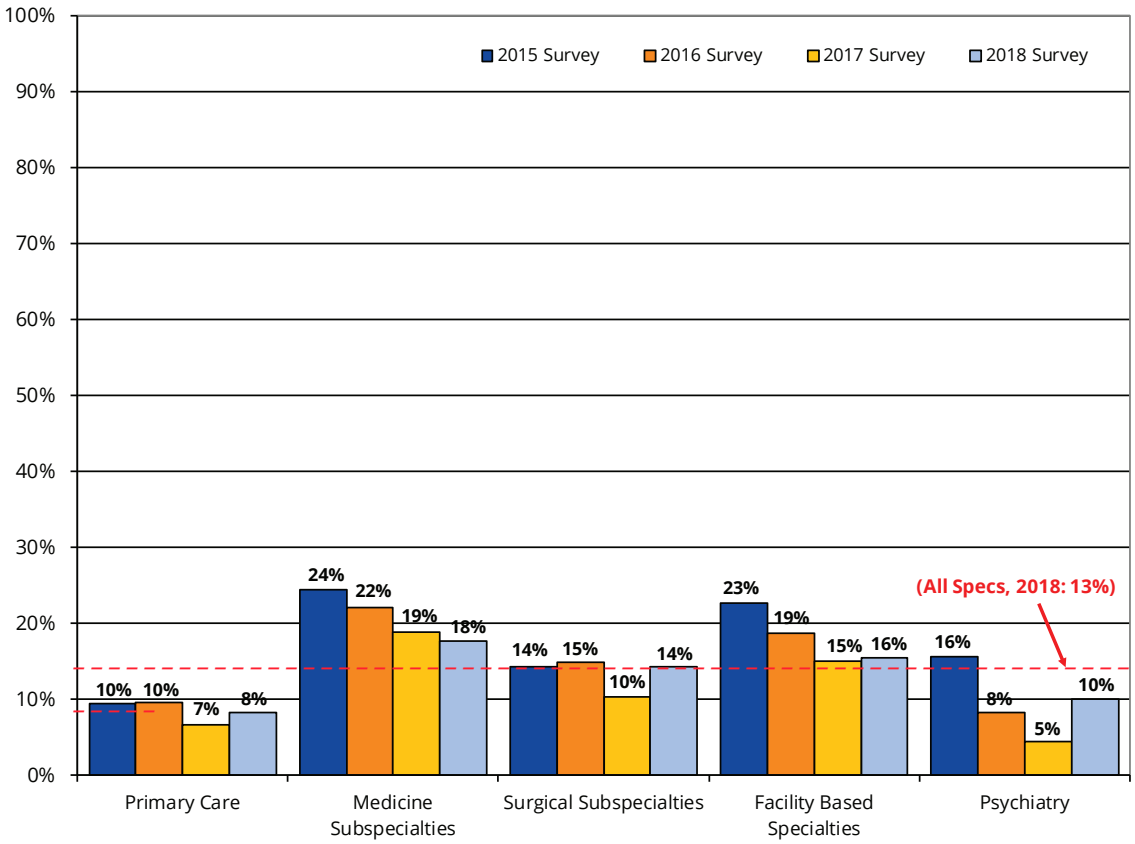


Figure 4.6. Rank of Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty (for 2018 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

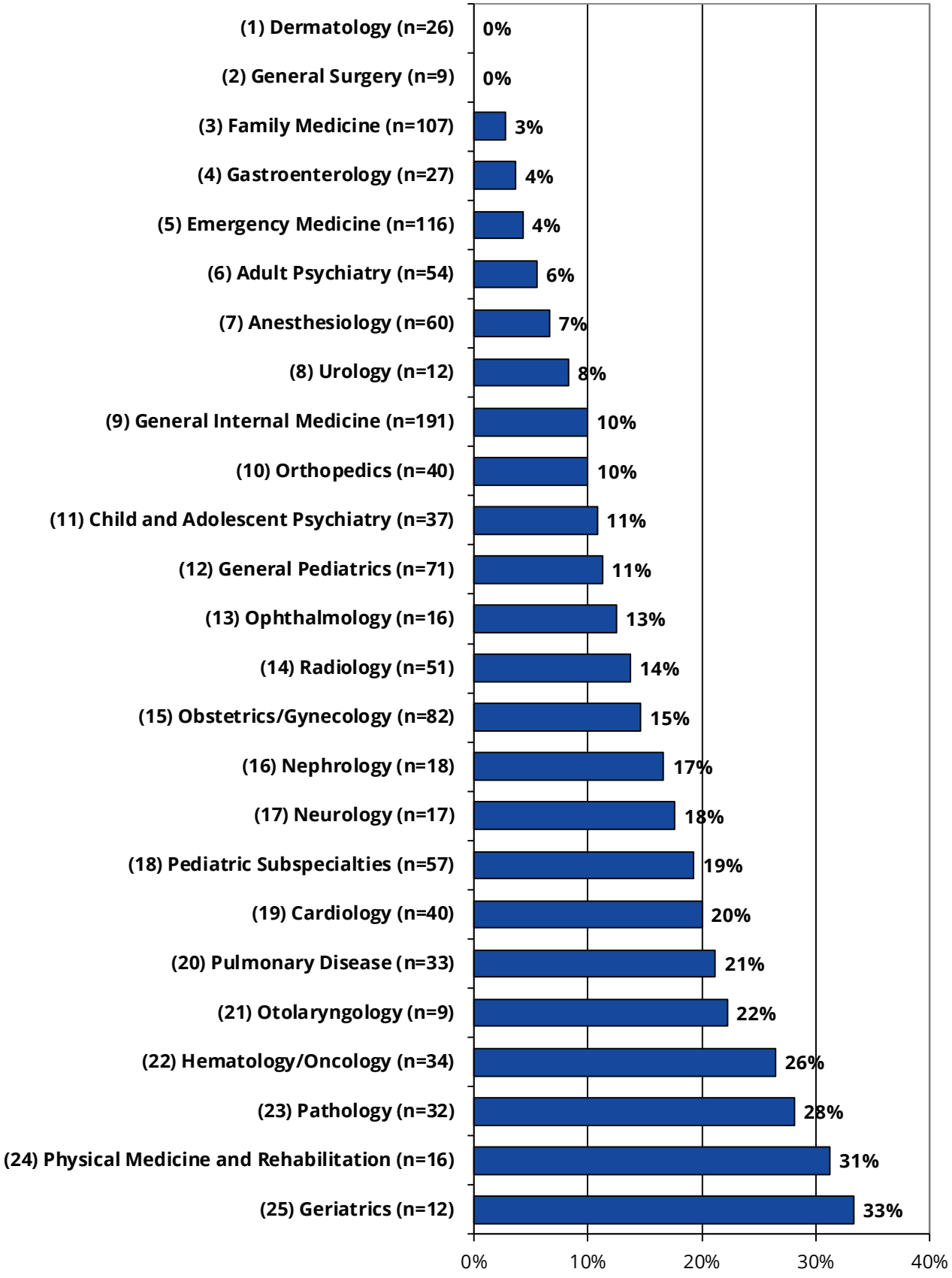


Table 4.3. Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2018 Respondents	RANK (of 25)	Aggregated Respondents: 2017 and 2018	RANK (of 25)	Aggregated Respondents: 2015 - 2018	RANK (of 25)
Primary Care	**8%**	N/A	**7%**	N/A	**8%**	N/A
Family Medicine	3%	3	3%	1	4%	2
General Internal Medicine	10%	9	9%	10	10%	8
General Pediatrics	11%	12	9%	11	10%	7
Obstetrics/Gynecology	**15%**	15	**14%**	16	**15%**	15
Medicine Subspecialties	**18%**	N/A	**18%**	N/A	**21%**	N/A
Cardiology	20%	19	23%	22	24%	21
Gastroenterology	4%	4	9%	11	14%	14
Geriatrics	33%	25	17%	18	20%	19
Hematology/Oncology	27%	22	21%	21	18%	18
Nephrology	17%	16	28%	24	36%	25
Pulmonary Disease	21%	20	17%	19	16%	17
General Surgery	**0%**	1	**6%**	6	**15%**	16
Surgical Subspecialties	**14%**	N/A	**12%**	N/A	**13%**	N/A
Ophthalmology	13%	13	13%	13	12%	10
Orthopedics	10%	10	8%	9	12%	13
Otolaryngology	22%	21	13%	13	8%	5
Urology	8%	8	4%	4	12%	11
Facility Based	**16%**	N/A	**15%**	N/A	**18%**	N/A
Anesthesiology	7%	7	6%	7	8%	6
Pathology	28%	23	31%	25	33%	24
Radiology	14%	14	15%	17	23%	20
Psychiatry	**10%**	N/A	**8%**	N/A	**9%**	N/A
Adult Psychiatry	6%	6	5%	5	6%	3
Child and Adolescent Psych	11%	11	7%	8	12%	12
Other	**14%**	N/A	**13%**	N/A	**14%**	N/A
Dermatology	0%	1	4%	3	8%	4
Emergency Medicine	4%	5	3%	2	4%	1
Neurology	18%	17	13%	15	11%	9
Pediatric Subspecialties	19%	18	20%	20	24%	22
Physical Medicine and Rehab	31%	24	24%	23	25%	23
Total (All Specialties)	**13%**	N/A	**12%**	N/A	**14%**	N/A

4.4 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 this section of the report.

Highlights

- The average number of job offers received by respondents in 2018 was 3.50.
- Respondents in the following specialties received the most job offers in 2018: family medicine (4.63), dermatology (4.52), and general internal medicine (4.48).
- Respondents in the following specialties received the fewest job offers in 2018: pathology (1.65), otolaryngology (1.90), and ophthalmology (2.00).
- The following specialties received the most job offers for the last 2 years of the survey (2017 and 2018 aggregated): dermatology (5.09), general internal medicine (4.59), and family medicine (4.39).
- The following specialties received the fewest job offers for the last 2 years of the survey (2017 and 2018 aggregated): pathology (1.58), ophthalmology (1.92), and pediatric subspecialties (2.39).
- The following specialties experienced the greatest annual increases in job offers received over the past 4 years (2015-2018): radiology (+16%), anesthesiology (+14%), and pathology (+10%).
- The following specialties experienced the greatest annual declines in job offers received over the past 4 years (2015-2018): otolaryngology (-8%), physical medicine and rehabilitation (-4%), and adult psychiatry (-3%).

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)

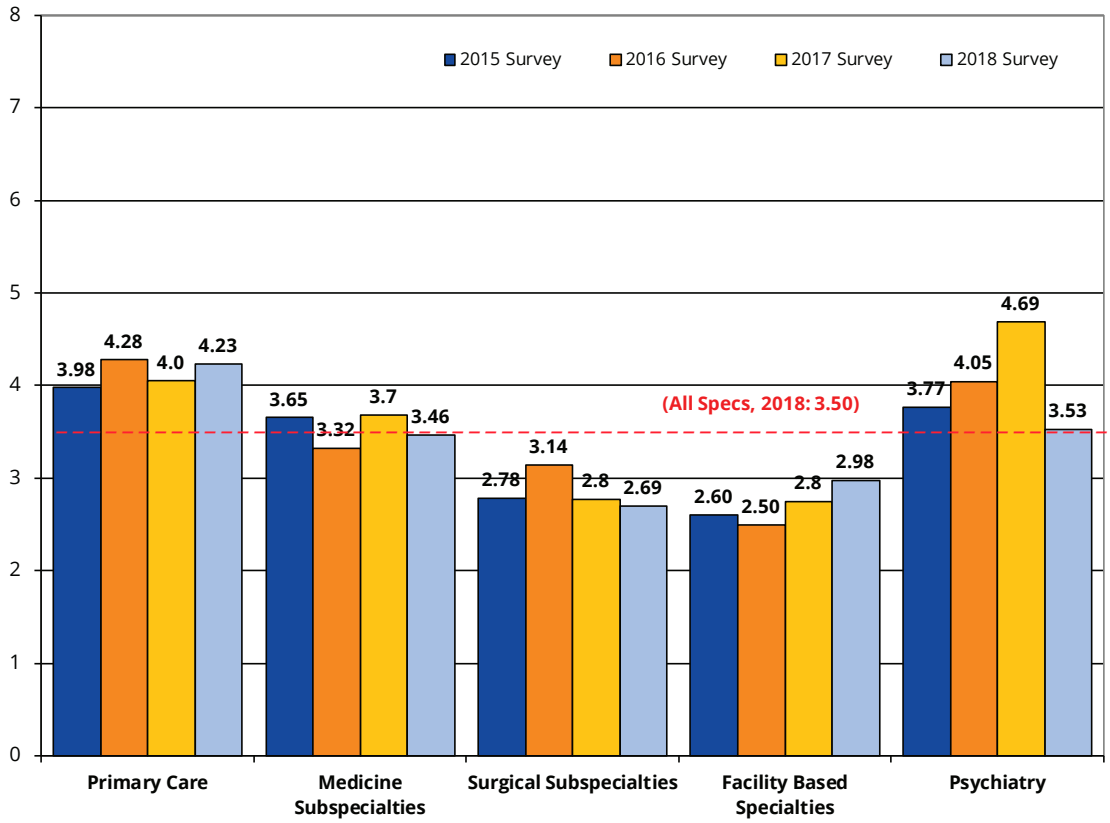


Figure 4.8. Rank of Mean Number of Job Offers Received by Specialty (for 2018 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

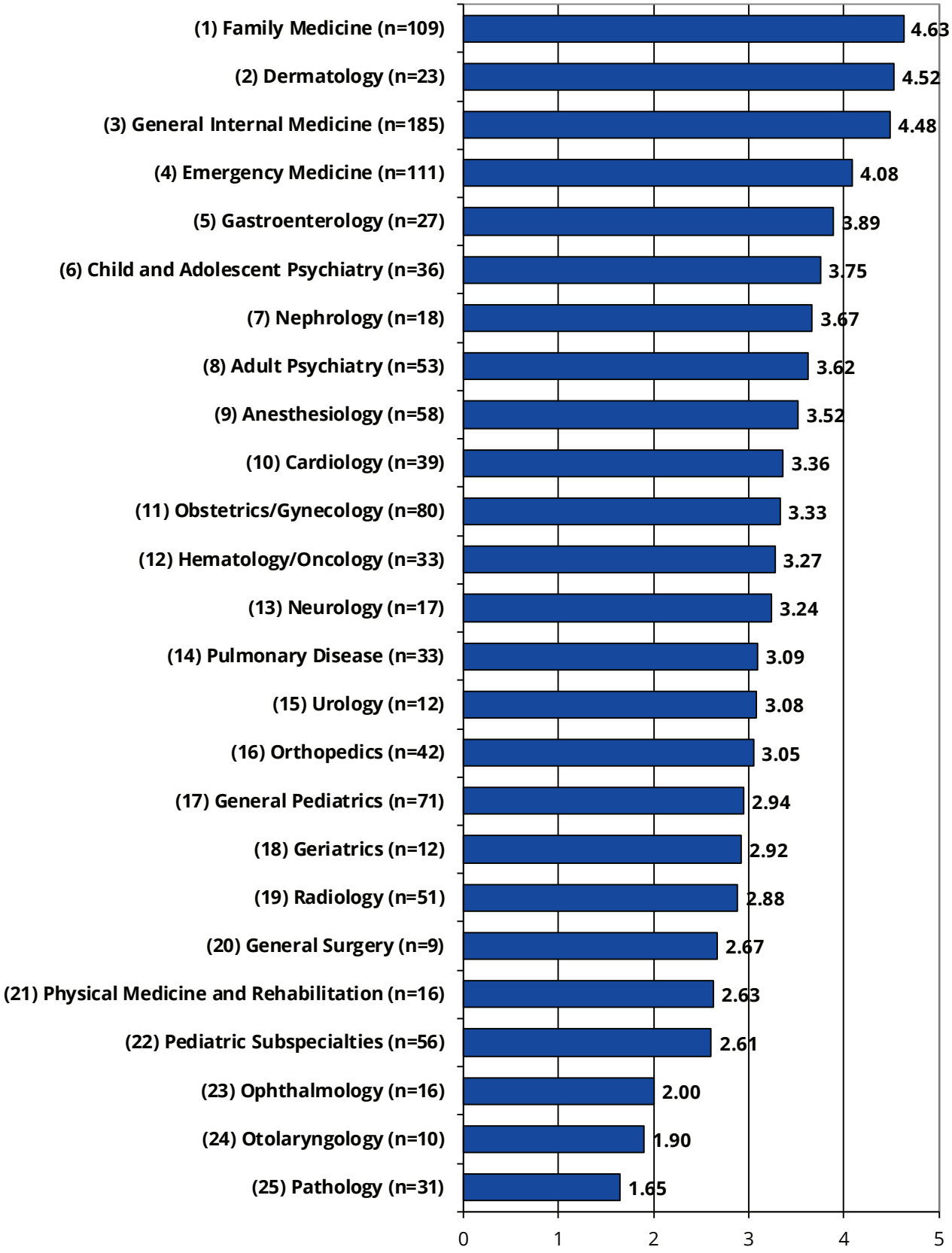


Table 4.4. Mean Number of Offers of Employment/Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2018 Respondents	RANK (of 25)	Aggregated Respondents: 2017 and 2018	RANK (of 25)	Trend (Average Annual Change: 2014 to 2018)	RANK (of 25)
Primary Care	**4.23**	N/A	**4.13**	N/A	**0%**	N/A
Family Medicine	4.63	1	4.39	3	3%	13
General Internal Medicine	4.48	3	4.59	2	-1%	22
General Pediatrics	2.94	17	2.70	20	3%	14
Obstetrics/Gynecology	**3.33**	11	**3.33**	12	**5%**	8
Medicine Subspecialties	**3.46**	N/A	**3.56**	N/A	**2%**	N/A
Cardiology	3.36	10	3.47	10	8%	5
Gastroenterology	3.89	5	3.91	7	0%	21
Geriatrics	2.92	18	3.08	16	5%	7
Hematology/Oncology	3.27	12	3.27	14	4%	10
Nephrology	3.67	7	3.45	11	7%	6
Pulmonary Disease	3.09	14	3.73	8	1%	16
General Surgery	**2.67**	20	**3.03**	17	**1%**	20
Surgical Subspecialties	**2.69**	N/A	**2.73**	N/A	**-1%**	N/A
Ophthalmology	2.00	23	1.92	24	4%	9
Orthopedics	3.05	16	2.61	22	8%	4
Otolaryngology	1.90	24	3.00	18	-8%	25
Urology	3.08	15	3.30	13	2%	15
Facility Based	**2.98**	N/A	**2.87**	N/A	**11%**	N/A
Anesthesiology	3.52	9	3.15	15	14%	2
Pathology	1.65	25	1.58	25	10%	3
Radiology	2.88	19	2.73	19	16%	1
Psychiatry	**3.53**	N/A	**4.03**	N/A	**-2%**	N/A
Adult Psychiatry	3.62	8	4.33	4	-3%	23
Child and Adolescent Psych	3.75	6	3.95	6	4%	11
Other	**3.43**	N/A	**3.48**	N/A	**1%**	N/A
Dermatology	4.52	2	5.09	1	1%	17
Emergency Medicine	4.08	4	4.23	5	1%	18
Neurology	3.24	13	3.52	9	1%	19
Pediatric Subspecialties	2.61	22	2.39	23	4%	12
Physical Medicine and Rehab	2.63	21	2.69	21	-4%	24
Total (All Specialties)	**3.51**	N/A	**3.56**	N/A	**1%**	N/A

4.5 Perceptions of the Regional Job Market

Table 4.5 presents respondents' perceptions of the regional job market for their specialty (ie, within 50 miles of the site at which they trained). 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 2018 of +1.10.
- Respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.73), child and adolescent psychiatry (+1.69), and emergency medicine (+1.64).
- Respondents in the following specialties reported the least positive views of the regional job market: pathology (-0.06), nephrology (+0.44), and cardiology (+0.46).
- Over the past 2 years (2017-2018), respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.76), child and adolescent psychiatry (+1.70), and family medicine (+1.64).
- Over the past 2 years (2017-2018), respondents in the following specialties reported the least positive views of the regional job market: pathology (+0.10), nephrology (+0.31), and pediatric subspecialties (+0.39).
- Over the past 4 years (2015-2018), respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.70), family medicine (+1.62), and child and adolescent psychiatry (+1.60).
- Over the past 4 years (2015-2018), respondents in the following specialties reported the least positive views of the regional job market: pathology (-0.14), pediatric subspecialties (+0.18), and radiology (+0.36).

Figure 4.9. Perceptions of the Regional Job Market (for 2018 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

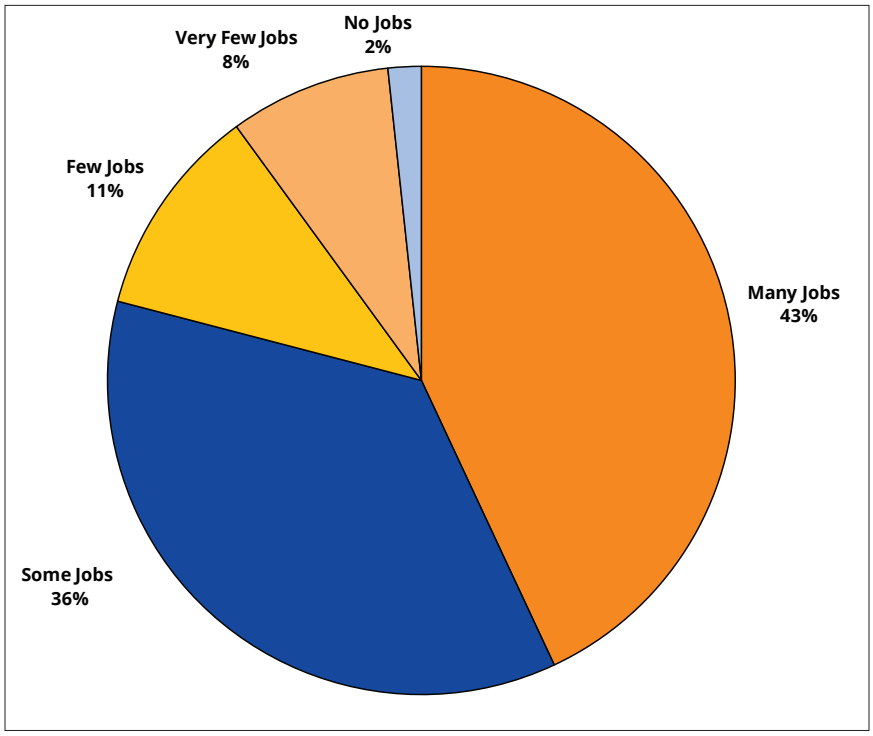


Figure 4.10. Mean Likert Scores for Perceptions of the Regional Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

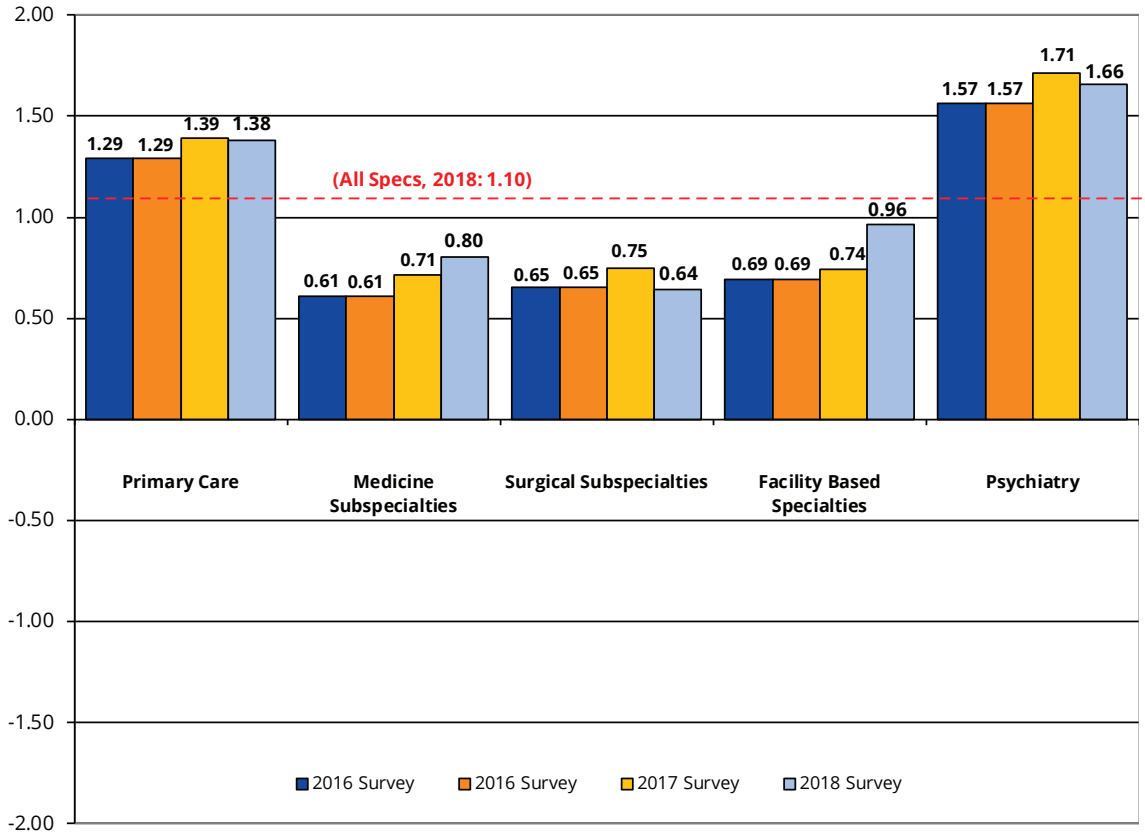


Figure 4.11. Rank of Likert Scores for Perceptions of the Regional Job Market by Specialty Group (for 2018 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

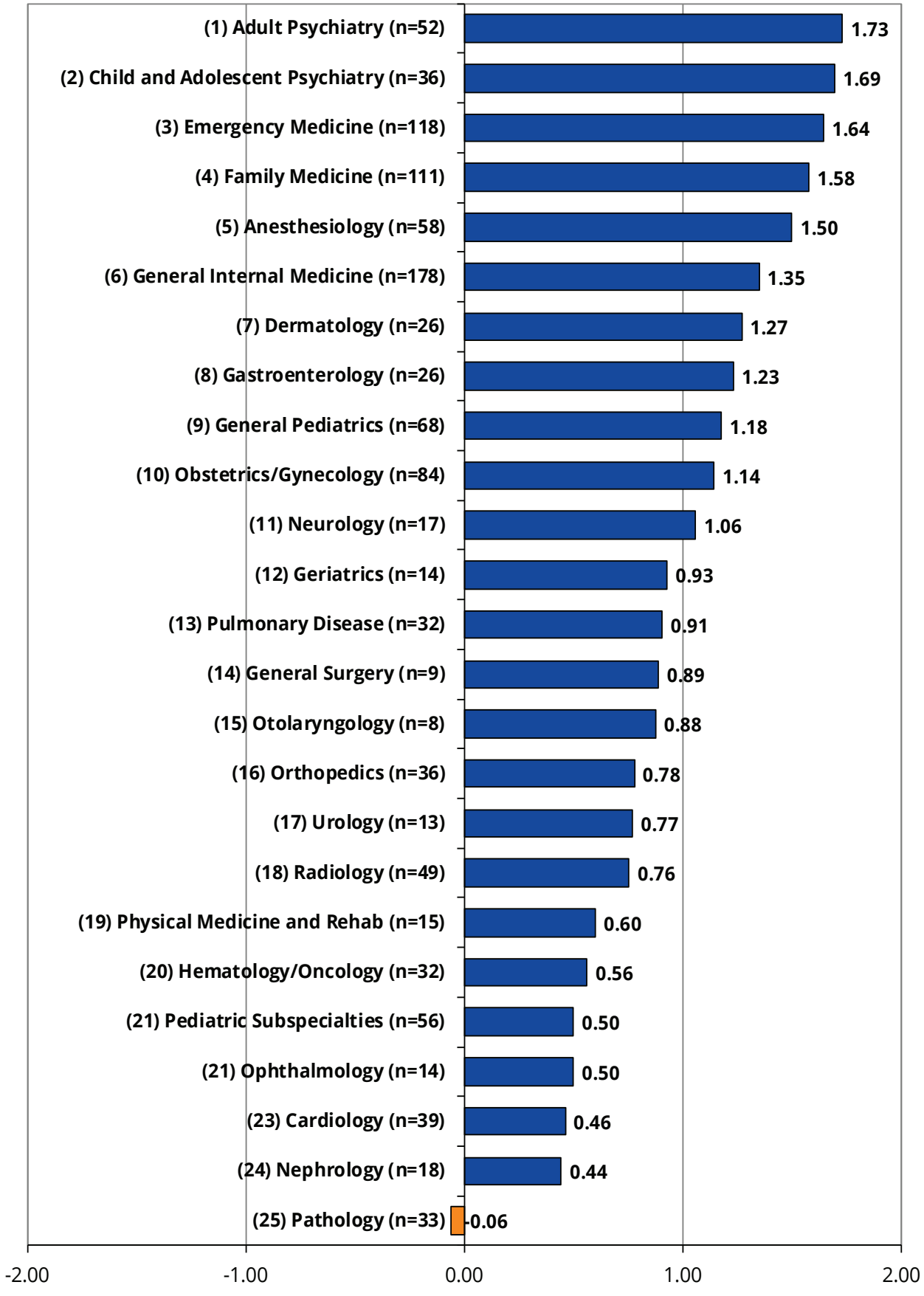


Table 4.5. Likert Scores for Perceptions of the Regional Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2018 Respondents	RANK (of 25)	Aggregated Respondents: 2017 and 2018	RANK (of 25)	Aggregated Respondents: 2015 - 2018	RANK (of 25)
Primary Care	**1.38**	N/A	**1.39**	N/A	**1.35**	N/A
Family Medicine	1.58	4	1.64	3	1.62	2
General Internal Medicine	1.35	6	1.38	6	1.29	6
General Pediatrics	1.18	9	1.10	13	1.16	10
Obstetrics/Gynecology	**1.14**	10	**1.14**	10	**1.12**	12
Medicine Subspecialties	**0.80**	N/A	**0.76**	N/A	**0.70**	N/A
Cardiology	0.46	23	0.55	20	0.49	20
Gastroenterology	1.23	8	1.24	8	1.13	11
Geriatrics	0.93	12	1.15	9	1.03	14
Hematology/Oncology	0.56	20	0.40	22	0.46	21
Nephrology	0.44	24	0.31	24	0.37	22
Pulmonary Disease	0.91	13	0.82	17	0.61	19
General Surgery	**0.89**	14	**0.87**	15	**0.74**	17
Surgical Subspecialties	**0.64**	N/A	**0.69**	N/A	**0.66**	N/A
Ophthalmology	0.50	21	0.57	19	0.76	16
Orthopedics	0.78	16	0.82	18	0.62	18
Otolaryngology	0.88	15	1.13	11	1.20	8
Urology	0.77	17	1.00	14	1.05	13
Facility Based	**0.96**	N/A	**0.86**	N/A	**0.71**	N/A
Anesthesiology	1.50	5	1.39	5	1.29	7
Pathology	-0.06	25	0.10	25	-0.14	25
Radiology	0.76	18	0.51	21	0.36	23
Psychiatry	**1.66**	N/A	**1.68**	N/A	**1.61**	N/A
Adult Psychiatry	1.73	1	1.76	1	1.70	1
Child and Adolescent Psych	1.69	2	1.70	2	1.60	3
Other	**1.09**	N/A	**1.08**	N/A	**0.99**	N/A
Dermatology	1.27	7	1.37	7	1.32	5
Emergency Medicine	1.64	3	1.63	4	1.56	4
Neurology	1.06	11	1.13	11	1.18	9
Pediatric Subspecialties	0.50	21	0.39	23	0.18	24
Physical Medicine and Rehab	0.60	19	0.85	16	0.83	15
Total (All Specialties)	**1.10**	N/A	**1.09**	N/A	**1.03**	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-three percent (73%) reported that there were "Many Jobs" in their specialty, and less than 3% reported that there were either "Very Few Jobs" or "No Jobs."
- Respondents assessed the national job market (average score of +1.65) more positively than the regional job market (average score of +1.10).
- Respondents in the following specialties reported the most positive views of the national job market: child and adolescent psychiatry (+1.97), adult psychiatry (+1.94), and emergency medicine (+1.93).
- Respondents in the following specialties reported the least positive views of the national job market: pathology (+0.81), nephrology (+0.95), and pediatric subspecialties (+1.30).
- Over the past 2 years (2017-2018), respondents in the following specialties reported the most positive views of the national job market: child and adolescent psychiatry (+1.97), emergency medicine (+1.95), and adult psychiatry (+1.93).
- Over the past 2 years (2017-2018), respondents in the following specialties reported the least positive views of the national job market: pathology (+0.86), nephrology (+0.98), and pediatric subspecialties (+1.17).
- Over the past 4 years (2015-2018), respondents in the following specialties reported the most positive views of the national job market: adult psychiatry (+1.93), family medicine (+1.92), and emergency medicine (+1.92).
- Over the past 4 years (2015-2018), respondents in the following specialties reported the least positive views of the national job market: pathology (+0.63), nephrology (+1.03), and radiology (+1.04).

Figure 4.12. Perceptions of the National Job Market (for 2018 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

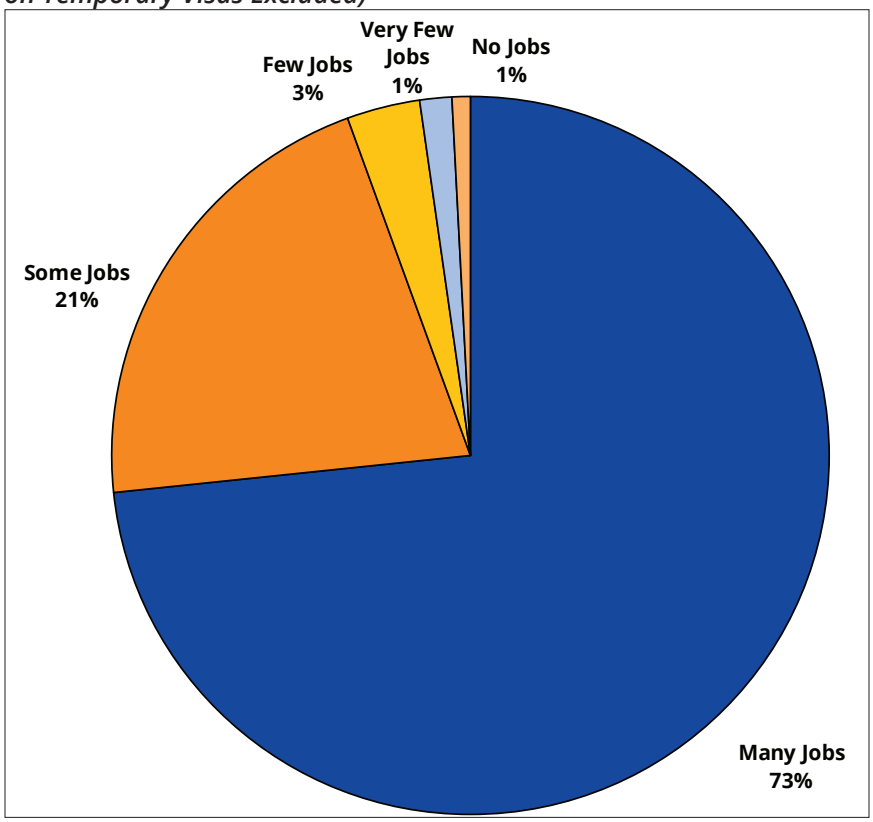


Figure 4.13. Mean Likert Scores for Perceptions of the National Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

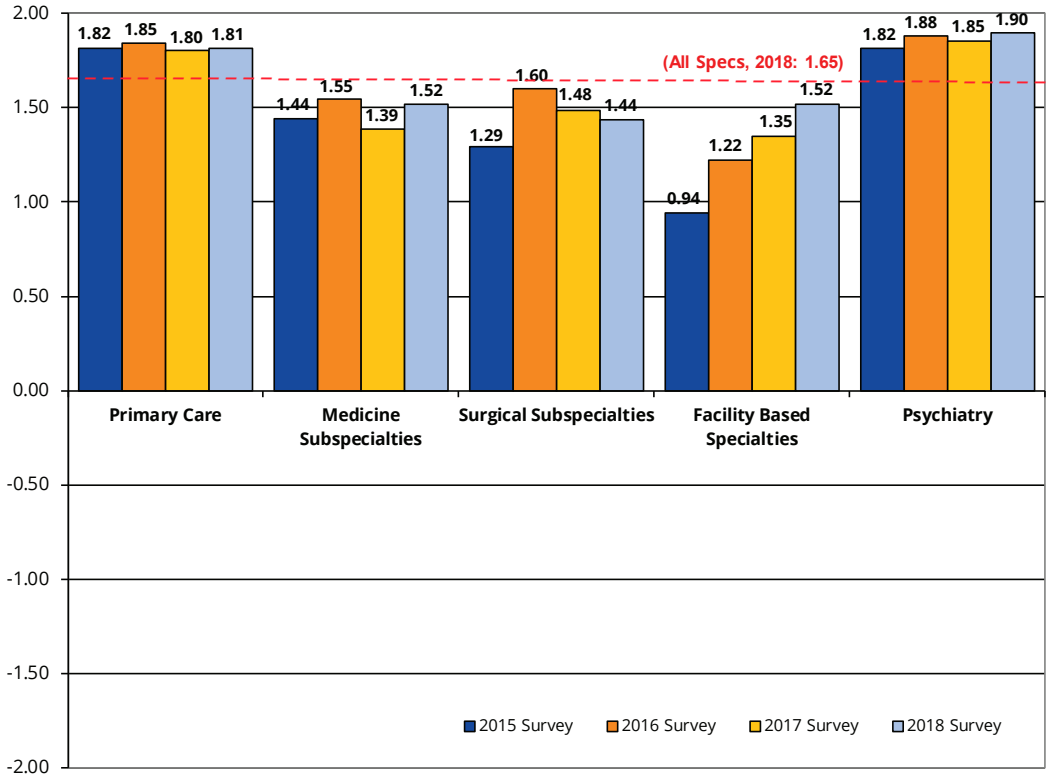


Figure 4.14. Rank of Likert Scores for Perceptions of the National Job Market by Specialty (for 2018 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

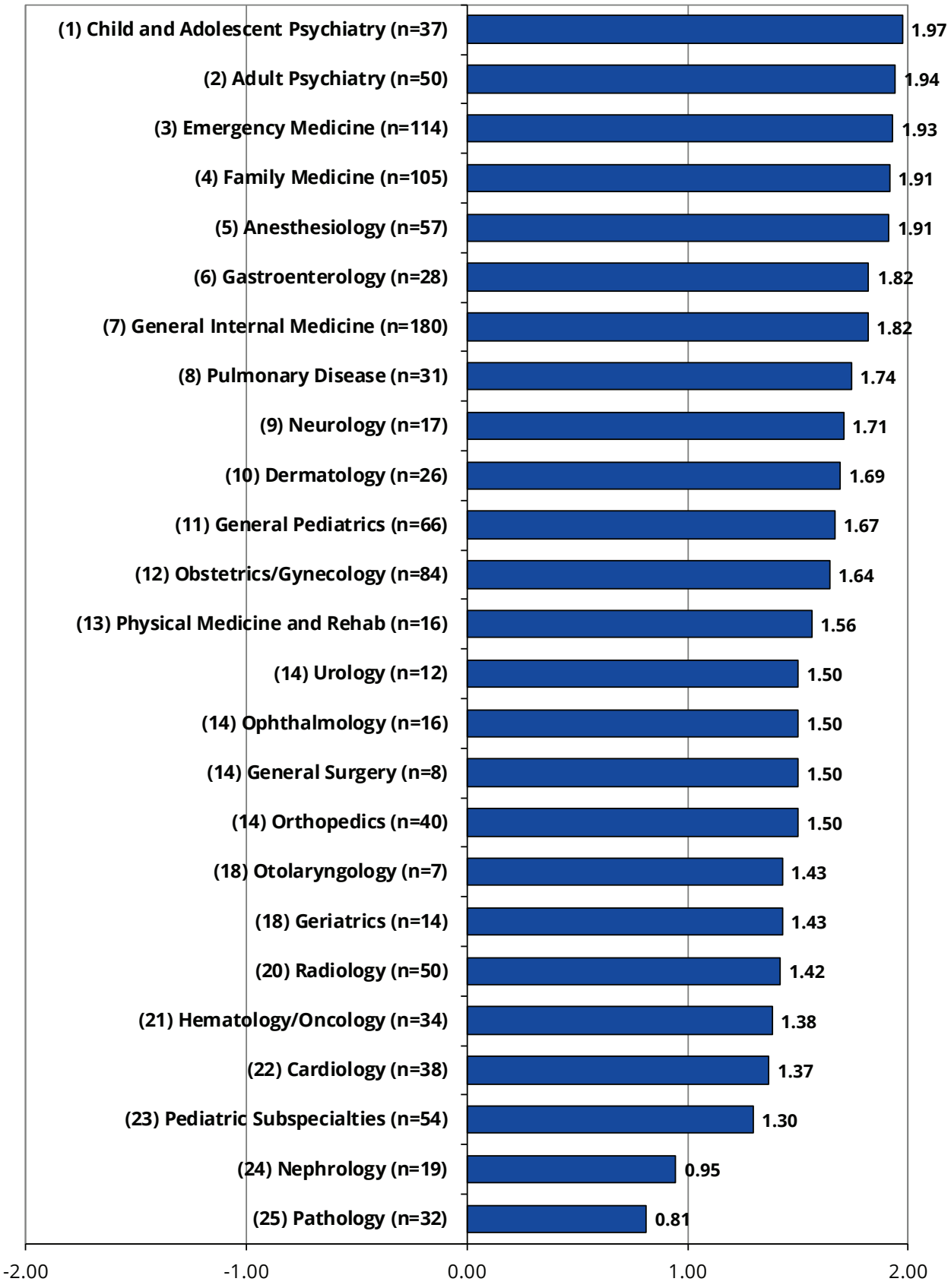


Table 4.6. Mean Likert Scores for Perceptions of the National Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2018 Respondents	RANK (of 25)	Aggregated Respondents: 2017 and 2018	RANK (of 25)	Aggregated Respondents: 2015 - 2018	RANK (of 25)
Primary Care	**1.81**	N/A	**1.81**	N/A	**1.82**	N/A
Family Medicine	1.91	4	1.93	4	1.92	2
General Internal Medicine	1.82	7	1.81	5	1.84	5
General Pediatrics	1.67	11	1.66	14	1.68	13
Obstetrics/Gynecology	**1.64**	12	**1.70**	13	**1.68**	12
Medicine Subspecialties	**1.52**	N/A	**1.46**	N/A	**1.48**	N/A
Cardiology	1.37	22	1.27	22	1.24	21
Gastroenterology	1.82	6	1.74	10	1.72	10
Geriatrics	1.43	18	1.56	17	1.61	17
Hematology/Oncology	1.38	21	1.48	20	1.62	16
Nephrology	0.95	24	0.98	24	1.03	24
Pulmonary Disease	1.74	8	1.75	8	1.77	8
General Surgery	**1.50**	14	**1.74**	9	**1.80**	7
Surgical Subspecialties	**1.44**	N/A	**1.46**	N/A	**1.46**	N/A
Ophthalmology	1.50	14	1.52	18	1.61	18
Orthopedics	1.50	14	1.49	19	1.45	20
Otolaryngology	1.43	18	1.71	11	1.63	15
Urology	1.50	14	1.65	15	1.71	11
Facility Based	**1.52**	N/A	**1.44**	N/A	**1.29**	N/A
Anesthesiology	1.91	5	1.76	7	1.64	14
Pathology	0.81	25	0.86	25	0.63	25
Radiology	1.42	20	1.27	21	1.04	23
Psychiatry	**1.90**	N/A	**1.88**	N/A	**1.87**	N/A
Adult Psychiatry	1.94	2	1.93	3	1.93	1
Child and Adolescent Psych	1.97	1	1.97	1	1.88	4
Other	**1.64**	N/A	**1.64**	N/A	**1.62**	N/A
Dermatology	1.69	10	1.80	6	1.77	9
Emergency Medicine	1.93	3	1.95	2	1.92	3
Neurology	1.71	9	1.71	12	1.83	6
Pediatric Subspecialties	1.30	23	1.17	23	1.12	22
Physical Medicine and Rehab	1.56	13	1.62	16	1.58	19
Total (All Specialties)	**1.65**	N/A	**1.64**	N/A	**1.63**	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 2018 respondents, for all respondents from the last 2 surveys (2017 and 2018), and the average annual change (ie, trend) in median starting income from the last 4 surveys (2015-2018). 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 2018 respondents was $253,150.
  - Median starting income in 2018 was 5% higher than in 2017.
  - The average annual increase in income for new physicians from 2015 to 2018 was 5%.

- Most specialties experienced moderate to strong growth in starting incomes from 2015 to 2018.
  - The following specialties experienced the largest annual increases in income between 2015 and 2018: physical medicine and rehabilitation (13%), ophthalmology (11%), and general pediatrics (8%).

- The following specialties experienced the least growth in starting income during this time period: urology (0%), radiology (1%), nephrology (1%), and general surgery (1%).

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

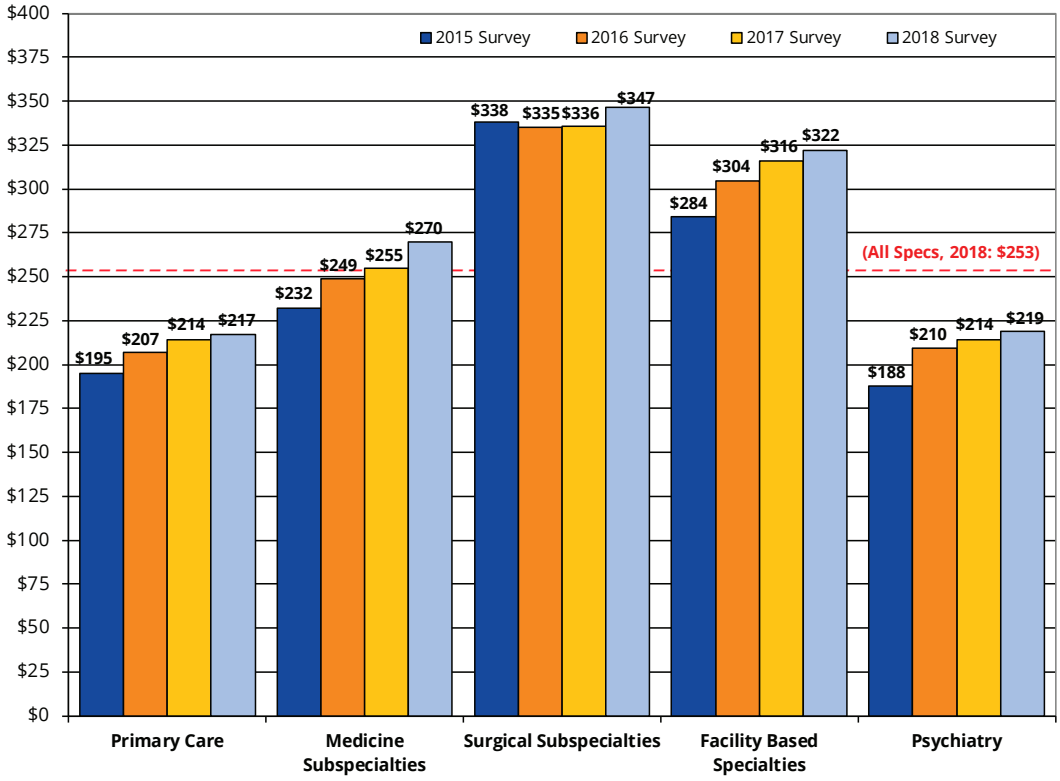


Figure 4.16. Trends in Median Starting Income (in $1,000s) Among Physicians in Primary Care specialties and Physicians in Non-Primary Care Specialties (for Respondents With Confirmed Practice Plans)

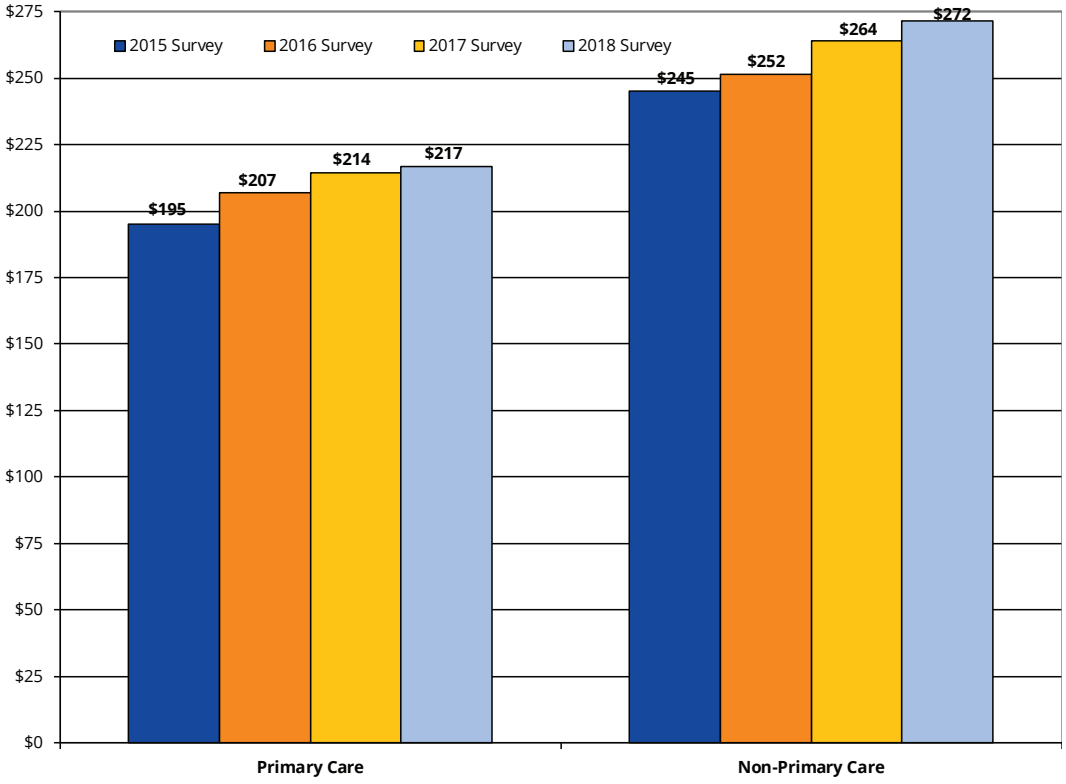


Figure 4.17. Rank of Average Percent Change in Median Starting Income (from 2015 to 2018) by Specialty (for Respondents With Confirmed Practice Plans)

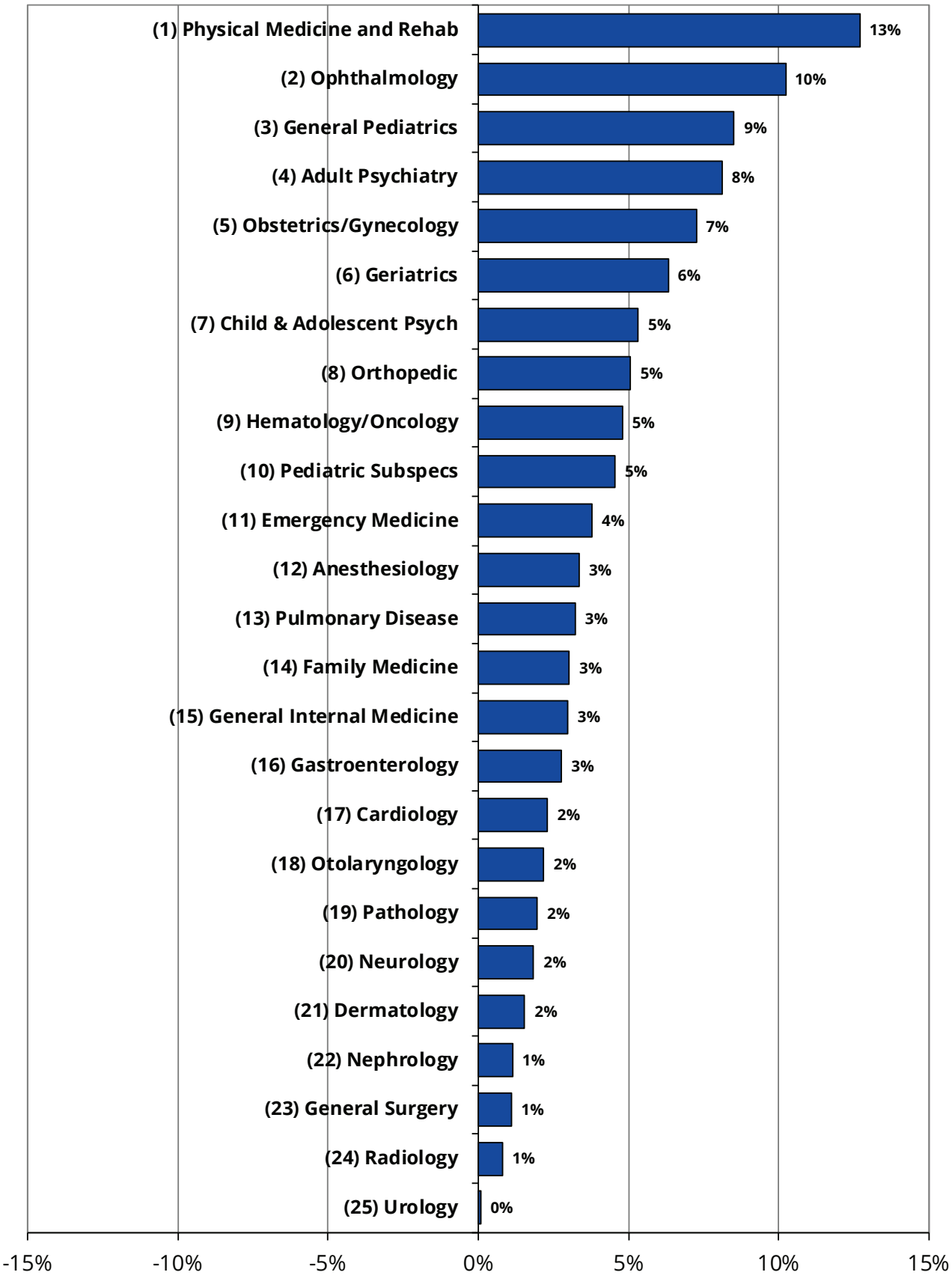


Table 4.7. Median Expected Starting Income by Specialty (for Respondents With Confirmed Practice Plans)

Specialty	2018 Respondents	RANK (of 25)	Aggregated Respondents: 2017 and 2018	RANK (of 25)	Trend (Average Annual Change: 2014 to 2018)	RANK (of 25)
Primary Care	**$216,900**	N/A	**$216,800**	N/A	**3%**	N/A
Family Medicine	$216,000	19	$214,300	20	3%	14
General Internal Medicine	$229,200	15	$232,250	16	3%	16
General Pediatrics	$181,800	25	$159,900	25	8%	3
Obstetrics/Gynecology	**$251,950**	14	**$238,450**	15	**7%**	5
Medicine Subspecialties	**$269,900**	N/A	**$265,450**	N/A	**3%**	N/A
Cardiology	$325,700	5	$320,300	5	2%	18
Gastroenterology	$304,100	8	$315,050	7	3%	15
Geriatrics	$207,000	22	$196,500	23	6%	6
Hematology/Oncology	$297,600	10	$300,550	11	5%	9
Nephrology	$185,100	24	$195,300	24	1%	23
Pulmonary Disease	$293,600	11	$303,350	9	3%	12
General Surgery	**$337,400**	2	**$337,400**	2	**1%**	22
Surgical Subspecialties	**$346,500**	N/A	**$334,900**	N/A	**3%**	N/A
Ophthalmology	$229,200	15	$229,200	17	11%	2
Orthopedics	$393,700	1	$387,300	1	5%	8
Otolaryngology	$269,100	13	$291,850	12	2%	17
Urology	$322,400	6	$318,500	6	0%	25
Facility Based	**$321,700**	N/A	**$317,550**	N/A	**3%**	N/A
Anesthesiology	$336,300	3	$334,400	3	3%	13
Pathology	$215,300	20	$216,600	19	2%	19
Radiology	$321,100	7	$313,400	8	1%	24
Psychiatry	**$219,000**	N/A	**$216,150**	N/A	**6%**	N/A
Adult Psychiatry	$223,200	17	$224,550	18	8%	4
Child and Adolescent Psych	$213,200	21	$212,500	21	5%	7
Other	**$259,600**	N/A	**$255,150**	N/A	**5%**	N/A
Dermatology	$334,400	4	$334,400	3	2%	21
Emergency Medicine	$298,200	9	$302,000	10	4%	11
Neurology	$223,200	17	$248,900	14	2%	20
Pediatric Subspecialties	$203,300	23	$202,400	22	5%	10
Physical Medicine and Rehab	$272,600	12	$259,700	13	13%	1
Total (All Specialties)	**$253,150**	N/A	**$248,250**	N/A	**5%**	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 (2015-2018). 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 2018, data from 2018 were weighted by a factor of 0.40, data from 2017 were weighted by a factor of 0.30, data from 2016 were weighted by a factor of 0.20, and data from 2015 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.

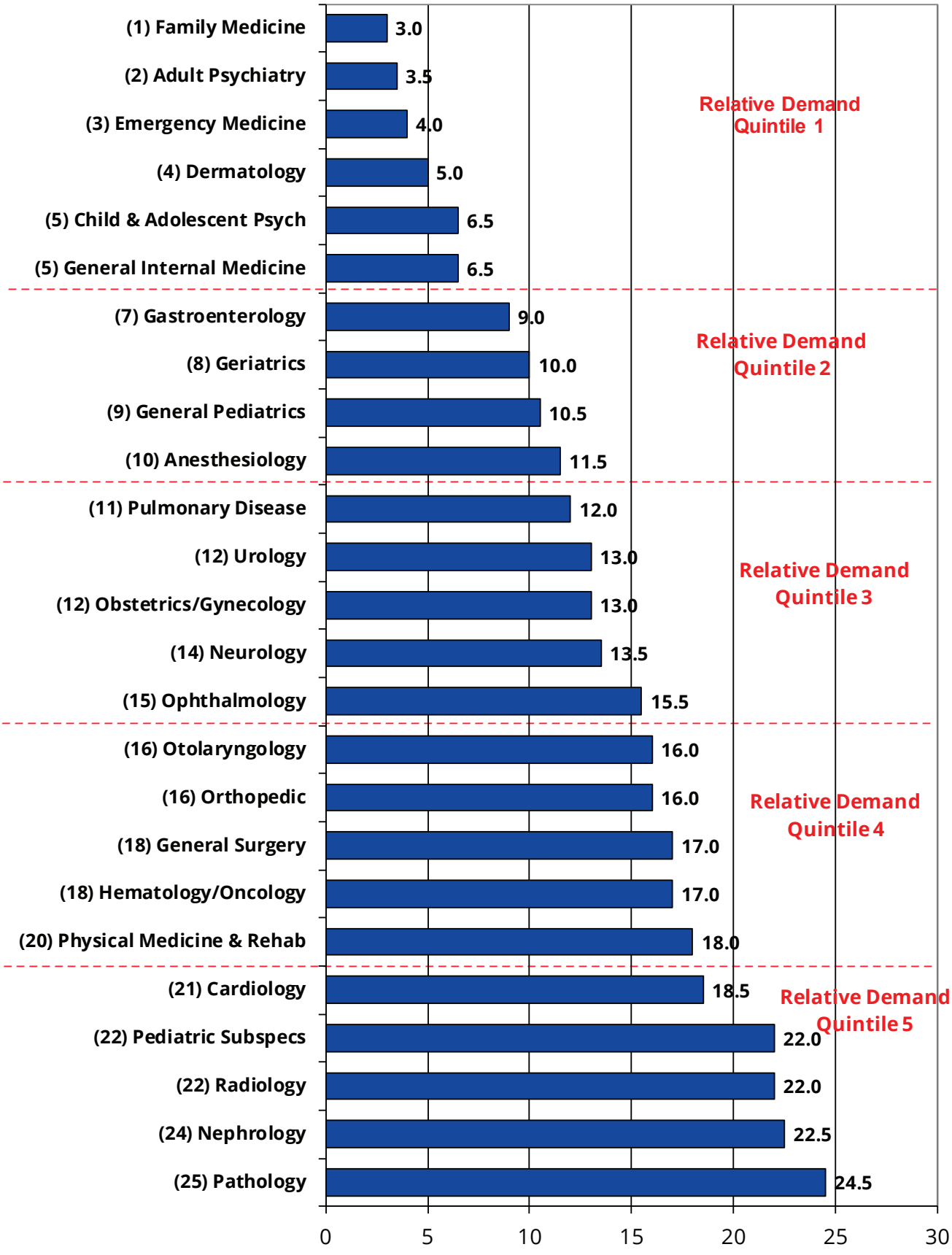
Note that the composite measure does not reflect absolute demand for new physicians (ie, determine the appropriate number of physicians necessary to serve a given population). Instead, it reflects the demand for each specialty relative to other specialties. Figure 4.18 is a plot of the composite relative demand score for each specialty.

Highlights

- In 2018, family medicine (average rank of 3.0 out of 25), adult psychiatry (3.5), emergency medicine (4.0), dermatology (5.0), child and adolescent psychiatry (6.5), and general internal medicine (6.5) experienced strongest demand.

- The job market for pathology (24.5), nephrology (22.5), radiology (22.0), pediatric subspecialties (22.0), and cardiology (18.5) 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. 2018 Exit Survey Response Rates by Specialty[a] and Region[b,c]

	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
Specialty	**Grads**	**Returned**	**Resp Rate**	**Grads**	**Returned**	**Resp Rate**	**Grads**	**Returned**	**Resp Rate**
Primary Care	**236**	**184**	**78%**	**1,646**	**863**	**52%**	**1,882**	**1,050**	**56%**
Family Medicine	70	71	100%	143	96	67%	213	168	79%
Internal Medicine-General	112	87	78%	1,106	545	49%	1,218	634	52%
Pediatrics-General	42	24	57%	382	213	56%	424	237	56%
IM & Peds (Combined)	12	2	17%	15	9	60%	27	11	41%
Obstetrics/Gynecology	**23**	**21**	**91%**	**136**	**79**	**58%**	**159**	**131**	**63%**
Internal Medicine Specialties	**87**	**50**	**57%**	**619**	**412**	**67%**	**706**	**463**	**66%**
Cardiology	37	9	24%	173	83	48%	210	92	44%
Gastroenterology	8	6	75%	64	35	55%	72	41	57%
Geriatrics	4	5	100%	52	29	56%	56	34	61%
Hematology/Oncology	5	5	100%	63	51	81%	68	56	82%
Nephrology	5	1	20%	58	42	72%	63	43	68%
Pulmonary Disease	11	7	64%	62	41	66%	73	49	67%
Other IM Specialties	17	17	100%	147	131	89%	164	148	90%
Critical Care Medicine	*2*	*0*	*0%*	*34*	*22*	*65%*	*36*	*22*	*61%*
Endocrinology & Metab.	*6*	*4*	*67%*	*35*	*22*	*63%*	*41*	*26*	*63%*
Infectious Disease	*4*	*2*	*50%*	*44*	*23*	*52%*	*48*	*25*	*52%*
Rheumatology	*5*	*2*	*40%*	*24*	*14*	*58%*	*29*	*16*	*55%*
Other IM Subspecialties	*0*	*9*	*N/A*	*10*	*50*	*100%*	*10*	*59*	*100%*
Surgery (General)	**20**	**14**	**70%**	**131**	**85**	**65%**	**151**	**99**	**66%**
Surgery (Subspecialties)	**69**	**49**	**71%**	**342**	**219**	**64%**	**411**	**268**	**65%**
Ophthalmology	10	6	60%	63	42	67%	73	48	66%
Orthopedics	22	9	41%	135	72	53%	157	81	52%
Otolaryngology	8	6	75%	28	12	43%	36	18	50%
Urology	6	9	100%	30	24	80%	36	33	92%
Other Surgical Subspecs	23	19	83%	86	69	80%	109	88	81%
Neurosurgery	*7*	*4*	*57%*	*14*	*11*	*79%*	*21*	*15*	*71%*
Plastic Surgery	*3*	*1*	*33%*	*20*	*11*	*55%*	*23*	*12*	*52%*
Thoracic Surgery	*3*	*1*	*33%*	*13*	*10*	*77%*	*16*	*11*	*69%*
All Other Surg Subspecs	*10*	*13*	*100%*	*39*	*37*	*95%*	*49*	*50*	*100%*

Table A-1. 2018 Exit Survey Response Rates by Specialty[a] and Region[b,c] (Cont.)

Specialty	UPSTATE NY PROGRAMS			DOWNSTATE NY PROGRAMS			NEW YORK (TOTAL)		
	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate	Grads	Returned	Resp Rate
Facility Based	**96**	**36**	**38%**	**569**	**409**	**72%**	**665**	**445**	**67%**
Anesthesiology-General	35	14	40%	162	126	78%	197	140	71%
Pain Management	8	0	0%	22	12	55%	30	12	40%
Other Anes Subspecs	4	3	75%	48	40	83%	52	43	83%
Pathology	13	12	92%	134	93	69%	147	105	71%
Pathology (General)	*8*	*4*	*50%*	*67*	*38*	*57%*	*75*	*42*	*56%*
Pathology Subspecialties	*5*	*8*	*100%*	*67*	*55*	*82%*	*72*	*63*	*88%*
Radiology	36	7	19%	203	138	68%	239	145	61%
Radiology (Diagnostic)	*32*	*5*	*16%*	*174*	*114*	*66%*	*206*	*119*	*58%*
Radiology (Therapeutic)	*4*	*2*	*50%*	*21*	*19*	*90%*	*25*	*21*	*84%*
Nuclear Medicine	*0*	*0*	*N/A*	*8*	*5*	*63%*	*8*	*5*	*63%*
Psychiatry	**29**	**11**	**38%**	**303**	**211**	**70%**	**332**	**222**	**67%**
Psychiatry (General)	16	7	44%	170	121	71%	186	128	69%
Child & Adolescent Psych	5	4	80%	42	46	100%	47	50	106%
Other Psych Subspecs	8	0	0%	91	44	48%	99	44	44%
Other	**92**	**85**	**92%**	**644**	**524**	**81%**	**736**	**630**	**86%**
Dermatology	4	0	0%	68	44	65%	72	44	61%
Emergency Medicine	39	30	77%	206	123	60%	245	153	62%
Neurology	22	13	59%	123	56	46%	145	70	48%
Pediatric Specialties	13	11	85%	111	85	77%	124	97	78%
Physical Medicine & Rehab	9	2	22%	75	46	61%	84	48	57%
Other	5	29	100%	61	170	100%	66	218	100%
Allergy & Immunology	*3*	*7*	*100%*	*11*	*7*	*64%*	*14*	*14*	*100%*
Preventive Medicine	*1*	*0*	*0%*	*11*	*3*	*27%*	*12*	*3*	*25%*
All Other	*1*	*22*	*100%*	*39*	*160*	*100%*	*40*	*201*	*100%*
Total (All Specialties)	**652**	**451**	**69%**	**4,394**	**2,832**	**64%**	**5,283**	**3,308**	**63%**

[a] Specialties shaded in gold 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

2018 EXIT SURVEY INSTRUMENT

Survey of Residents Completing Training in NY in 2018

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

Marking Instructions

1. Use a pencil or blue or black ink only.
2. Do not use pens with ink that soaks through the paper.
3. Make solid marks that fill the circle completely.
4. Make no stray marks on this form.
5. 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 2018 (excluding preliminary training positions).

FIRST NAME —

LAST NAME —

Main Hospital at Which You Did Your Training: —

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

A. BACKGROUND

1. Gender: ○ Male ○ Female **2. Age:** ☐☐

3. Citizenship Status:
- ○ Native born US
- ○ Naturalized US
- ○ 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?
- ○ Married
- ○ in Long-term Relationship
- ○ Divorce/Separated/Widowed *(skip to Question 6)*
- ○ Never Married/Single *(skip to Question 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 US state ○ 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 US?
- ○ 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 US state ○ Other country

Specify if in NY:
- ○ Albany Medical College
- ○ Albert Einstein College of Med of Yeshiva University
- ○ Columbia College of Physicians and Surgeons
- ○ CUNY School of Medicine
- ○ Hofstra North Shore-LIJ School of Medicine
- ○ Icahn School of Medicine at Mount Sinai
- ○ New York Medical College
- ○ NYIT College of Osteopathic Medicine
- ○ NYU School of Medicine
- ○ Stony Brook University School of Medicine
- ○ SUNY Downstate Medical Center
- ○ Univ at Buffalo School of Medicine and Biomed Sci, SUNY
- ○ Upstate Medical University, SUNY
- ○ Touro College of Osteopathic Medicine
- ○ University of Rochester School of Med and Dentistry
- ○ Weill Cornell Medical College

11. What is your current level of education debt?
- ○ None
- ○ Less than $50,000
- ○ $50,000-$99,999
- ○ $100,000-$149,999
- ○ $150,000-$199,999
- ○ $200,000-$249,999
- ○ $250,000-$299,999
- ○ $300,000-$349,999
- ○ $350,000-$399,999
- ○ $400,000 and over

continue . . .

12. Specialty you are COMPLETING in 2018 *(mark only one)*:

- ○ Allergy and Immunology
- ○ Anesthesiology (General)
- ○ Anesthesiology-Pain Management
- ○ Other Anesthesiology Subspecialty-*specify below*
- ○ 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 below*
- ○ Internal Medicine and Pediatrics (Combined)
- ○ Neurology
- ○ Nuclear Medicine
- ○ Obstetrics and Gynecology (General)
- ○ OB/GYN (Subspecialty)-*specify below*
- ○ Pathology (General)
- ○ Pathology (Subspecialty)-*specify below*
- ○ Pediatrics (General)
- ○ Pediatrics (Subspecialty)-*specify below*
- ○ Physical Medicine and Rehabilitation
- ○ Preventive Medicine/Public Health/Occupational Med
- ○ Psychiatry
- ○ Child and Adolescent Psychiatry
- ○ Other Psychiatry Subspecialty-*specify below*
- ○ Radiology (Diagnostic)
- ○ Radiology (Therapeutic)
- ○ Surgery (General)
- ○ Cardio-Thoracic Surgery
- ○ Neurological Surgery
- ○ Ophthalmology
- ○ Orthopedic Surgery
- ○ Otolaryngology
- ○ Plastic Surgery
- ○ Urology
- ○ Other Surgical Subspecialty-*specify below*
- ○ Other-*specify below*

If you chose an "Other" specialty category, please specify:

_____

13. What do you expect to be doing after completion of your current training program?

- ○ 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 any job
- ○ To stay in the US (ie, 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. If you are not going on for additional training/fellowship or serving as a chief resident, are you joining a medical school as a faculty member?

○ Yes ○ No ○ Question does not apply

16. 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:	○	○	○	○	○	○	○	○

17. 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 US
- ○ Don't know yet

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

○ Yes ○ No

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

	Not at all important	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	○	○	○	○

20. 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 28)*

○ No, but I have not actively searched yet *(Skip to Question 28)*

○ No, I have not yet been offered a practice position *(Skip to Question 28)*

D. PRACTICE PLANS

If you have accepted a position in patient care/clinical practice, please answer the following questions, if not, skip to Question 28.

21. 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/clinic
○	○	Nursing home
○	○	Other-*specify below*

If you chose "Other", please specify:

_____

22. 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: ☐☐☐☐☐ State: ☐☐

City/Town: _____

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

○ Yes ○ No ○ I don't know

C. If you are *not* going to practice in NY, 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 Reasons *(mark all that apply)*	Main Reason *(mark only one)*
Practice Reasons		
Overall lack of jobs/practice opportunities in NY	○	○
Better jobs/practice opportunities in desired locations outside NY	○	○
Better jobs/practice opportunities in desired practice setting (eg, hospital, group practice, etc.) outside NY	○	○
Better jobs/practice opportunities outside NY that meet visa status requirements	○	○
Financial Reasons		
Better salary/compensation offered outside NY	○	○
Cost of malpractice insurance in NY	○	○
Cost of establishing a medical practice in NY	○	○
Taxes in NY	○	○
Cost of living in NY	○	○
Personal Reasons		
Proximity to family	○	○
Better employment opportunities for spouse/ partner outside NY	○	○
Climate (eg, weather)	○	○
Other Reasons		
Never intended to practice in NY	○	○
Other reason-*specify below*	○	○

If you chose "Other reason", please specify:

_____

continue . . .

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

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more

24. 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

25. 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/continuing med. education
○	○	Career development opportunities
○	○	Educational loan payment
○	○	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

26. Expected gross income during first year of practice:

Base Salary/Income	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

27. 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.)

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

○ Yes
○ No
○ Haven't looked yet *(skip to Question 31)*

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 requirement
○ Lack of job/practice opportunities in desired locations
○ Lack of job/practice opportunities in desired practice setting (eg, hospital, group practice, etc.)
○ Inadequate salary/compensation offered
○ Lack of employment opportunities for spouse/partner
○ Other-*specify*: _____

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

○ Yes
○ No
○ Haven't looked yet *(skip to Question 31)*

30. 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

31. 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

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

○ No jobs ○ Some jobs
○ Very few jobs ○ Many jobs
○ Few jobs ○ Unknown

THANK YOU FOR COMPLETING THIS IMPORTANT SURVEY.

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