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Trends in Demand for New Physicians, 2015-2019 A Summary of Demand Indicators for 34 Physician Specialties



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

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PREFACE

This report presents profiles for 34 specialties. Each specialty profile summarizes trends in 5 key areas related to physician supply and demand: starting income, job offers, having to change plans due to limited practice opportunities, relative demand, and numbers of graduates. Data on starting income, job offers, having to change plans, and relative demand are based on responses to the Resident Exit Survey in New York (for the years 2015 to 2019).

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Established in 1996, CHWS is an academic research organization, 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 policy making at local, regional, state, and national levels. Today, CHWS has established itself as a national leader in the field of health workforce studies.

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

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BACKGROUND

The Center for Health Workforce Studies (CHWS) conducts an annual survey of all physicians in New York completing a residency or fellowship training program (the Exit Survey). The goal is to provide the medical education community with useful information about the outcomes of training and the demand for new physicians. The survey instrument (Appendix C) 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 graduate medical education (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 questionnaire in the weeks prior to finishing their program. Completed questionnaires are returned to CHWS for data entry and analysis. In 2019, with the excellent participation of teaching hospitals, a total of 3,258 of the estimated 5,359 physicians finishing a residency or fellowship training program completed the Exit Survey (61% response rate). Over the 20 years the survey has been conducted (1998-2003, 2005, 2007-2019), 60,918 of 99,697 graduates have completed the survey (61% cumulative response rate).

This report presents profiles for 34 specialties. Each specialty profile summarizes trends in 5 key areas related to physician supply and demand: starting income, job offers, having to change plans due to limited practice opportunities, relative demand, and numbers of graduates. Data on starting income, job offers, having to change plans, and relative demand are based on responses to the Resident Exit Survey in New York (for the years 2015 to 2019). Data on GME graduates are from the annual medication issues of the *Journal of the American Medical Association (JAMA*), and summarize the numbers of residents (or fellows) completing allopathic GME training programs in the specialty in the US from 2010 to 2019.

Definitions of the 5 areas are as follows:

• *Starting income:* The median starting income of survey respondents with confirmed plans to enter patient care/clinical practive in the US following completion of their training program. Starting incomes to included respondents' base salaries plus their expected incentive/bonus income. Starting incomes in years 2015-2019 were adjusted for inflation to reflect 2019 dollars and are reported in \$1,000s.

- Job offers: The mean number of job offers for employment/practice positions of survey respondents who had actively searched for a practice position, excluding international medical graduates (IMGs) on temporary visas. Respondents with temporary citizenship status were excluded from this analysis because they were much more likely to experience difficulty in finding practice positions due to visa restrictions.
- *Having to change plans due to limited practice opportunities:* The percentage of respondents who had actively searched for a job (excluding IMGs on temporary visas) and who had to change their plans due to limited practice opportunities.
- **Relative demand:** Using several questions pertaining to the job market experiences and perceptions of survey respondents who had actively searched for a practice position (excluding IMGs on temporary visas), a composite score was computed to assign an overall rank (or relative demand score) for each specialty in each year that the survey was conducted. The percentages presented are the percentile rank of the specialty amongst all specialties in a given year. A percentile rank of 100% identifies the specialty highest in demand, and the lowest percentile rank would correspond to the specialty with the lowest relative demand score. Appendix A provides a detailed explanation of the methodology used to assess relative demand.
- *Numbers of graduates of allopathic GME training programs in the US:* The number of residents completing training was compiled to observe how the number of new entrants to the physician marketplace has changed over time.

Important Note:

For each specialty, the number of responses by year is listed at the bottom of the page in the report. Care should be taken when interpreting outcomes based on small samples because the measures may fluctuate greatly from year to year.

KEY FINDINGS

Demand for new physicians continues to be strong.

In 2019, more than 90% of physicians completing training and having searched for a job had received at least 1 job offer at the time they completed the Exit Survey and only 14% reported that they had to change plans due to limited practice opportunities. The median starting income of physicans was \$257,600, a 2% increase from 2018. Finally, new physicians' perceptions of both the regional and national job markets were positive in recent years.

There are important differences in the job market experiences of physicans in different specialties.

Although the overall marketplace appears relatively strong for new graduates, there exist important differences in demand for individual specialties. In New York, specialties experiencing the strongest and weakest relative demand were as follows:

- *Strongest relative demand:* family medicine, adult psychiatry, child and adolescent psychiatry, emergency medicine, and neurology.
 - O *Greatest change in income over last 5 years:* neurosurgery, internal medicine and pediatrics (combined), pulmonary disease, otolaryngology, and neurology.
 - *Most job offers:* dermatology, family medicine, general internal medicine, child and adolescent psychiatry, and adult psychiatry.
 - O *Lowest percentage of having to change plans:* adult psychiatry, family medicine, emergency medicine, neurosurgery, and urology.

^{*} Primary care specialties include family medicine, general internal medicine, general pediatrics, and internal medicine and pediatrics (combined).

- *Weakest relative demand:* pathology, radiology, infectious disease, pediatric subspecialties, general surgery, and allergy and immunology.
 - O *Lowest change in income over last 5 years:* general surgery, urology, critical care medicine, infectious disease, and pediatric subspecialties.
 - O *Fewest job offers:* pathology, cardio-thoracic surgery, pediatric subspecialties, radiology, and allergy and immunology.
 - O *Highest percentage of having to change plans:* allergy and immunology, pathology, nephrology, critical care medicine, and infectiouse disease.

Specialty Profiles

Specialty: Family Medicine

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 92, 2016: n = 92, 2017: n = 117, 2018: n = 125, 2019: n = 112. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

2012

2013

2014

2015

2016

2017

2011

2018

2019

1,500 1,000 500 0

2010

Specialty: General Internal Medicine

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 219, 2016: n = 259, 2017: n = 254, 2018: n = 239, 2019: n = 238. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: General Pediatrics



Legend: 2015 2016 2017 2018 2019



Rank of General Pediatrics, 2015-2019









Number of responses: 2015: n = 87, 2016: n = 96, 2017: n = 115, 2018: n = 92, 2019: n = 111. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: IM & Peds (Combined)

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 16, 2016: n = 17, 2017: n = 8, 2018: n = 4, 2019: n = 6. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: *JAMA Medical Education Issues*, 2010-2019.

Specialty: Obstetrics/Gynecology



Legend: 2015 2016 2017 2018 2019



Trends in Having to Change Plans Due to Limited Practice Opportunities, 2015-2019*



Trends in Relative Demand* - Percentile Rank of Obstetrics/Gynecology, 2015-2019







Number of responses: 2015: n = 71, 2016: n = 85, 2017: n = 99, 2018: n = 89, 2019: n = 96. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Cardiology

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 41, 2016: n = 34, 2017: n = 36, 2018: n = 44, 2019: n = 52. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Critical Care Medicine



Legend: 2015 2016 2017 2018 2019













Number of responses: 2015: n = 9, 2016: n = 19, 2017: n = 11, 2018: n = 16, 2019: n = 21. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Endocrinology & Metabolism

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 20, 2016: n = 25, 2017: n = 25, 2018: n = 21, 2019: n = 27. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Gastroenterology



Legend: 2015 2016 2017 2018 2019









Trends in Relative Demand* - Percentile

Rank of Gastroenterology, 2015-2019

Gastroenterology

*Trends in Number of Graduates of Gastroenterology GME Programs in the US,** 2010-2019*



Number of responses: 2015: n = 31, 2016: n = 34, 2017: n = 29, 2018: n = 28, 2019: n = 24. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: *JAMA Medical Education Issues*, 2010-2019. Medicine Subspecialties

Specialty: Geriatrics

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 20, 2016: n = 18, 2017: n = 15, 2018: n = 14, 2019: n = 18. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.







Number of responses: 2015: n = 17, 2016: n = 38, 2017: n = 19, 2018: n = 36, 2019: n = 36. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Infectious Disease

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 12, 2016: n = 12, 2017: n = 17, 2018: n = 18, 2019: n = 13. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Nephrology



Legend: 2015 2016 2017 2018 2019



48% 49%

46%

Trends in Relative Demand* - Percentile

Rank of Nephrology, 2015-2019

Trends in Having to Change Plans Due to Limited Practice Opportunities, * 2015-2019



Trends in Number of Graduates of Nephrology GME Programs in the US, ** 2010-2019



Number of responses: 2015: n = 19, 2016: n = 18, 2017: n = 24, 2018: n = 22, 2019: n = 17. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Pulmonary Disease

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 15, 2016: n = 26, 2017: n = 21, 2018: n = 33, 2019: n = 26. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Rheumatology



Legend: 2015 2016 2017 2018 2019



48% 49%

Medicine Subspecialties

46%

Trends in Relative Demand* - Percentile

47%

46%

43%

Rank of Rheumatology, 2015-2019

38%

35%





Trends in Number of Graduates of Rheumatology GME Programs in the US, ** 2010-2019



Number of responses: 2015: n = 14, 2016: n = 15, 2017: n = 8, 2018: n = 10, 2019: n = 16. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: General Surgery

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 14, 2016: n = 15, 2017: n = 27, 2018: n = 15, 2019: n = 21. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Neurosurgery



Legend: 2015 2016 2017 2018 2019



62%

49% 49%

49% 48%

Surgical Subspecialties

46%







Trends in Number of Graduates of Neurosurgery GME Programs in the US, ** 2010-2019



Number of responses: 2015: n = 5, 2016: n = 6, 2017: n = 8, 2018: n = 8, 2019: n = 5. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Ophthalmology

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 3, 2016: n = 8, 2017: n = 10, 2018: n = 17, 2019: n = 13. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Orthopedic Surgery



Legend: 2015 2016 2017 2018 2019



49% 49%

49% 48%

Surgical Subspecialties

46%

Trends in Relative Demand* - Percentile

Rank of Orthopedic Surgery, 2015-2019

Trends in Having to Change Plans Due to Limited Practice Opportunities, 2015-2019*



*Trends in Number of Graduates of Orthopedic Surgery GME Programs in the US,** 2010-2019*



Number of responses: 2015: n = 35, 2016: n = 50, 2017: n = 40, 2018: n = 42, 2019: n = 50. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Otolaryngology

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 6, 2016: n = 4, 2017: n = 7, 2018: n = 10, 2019: n = 7. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Cardio-Thoracic Surgery



*Trends in Number of Graduates of Cardio-Thoracic Surgery GME Programs in the US,** 2010-2019*



Number of responses: 2015: n = 3, 2016: n = 2, 2017: n = 6, 2018: n = 6, 2019: n = 10. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019. Legend: 2015 2016 2017 2018 2019

Specialty: Urology

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 10, 2016: n = 13, 2017: n = 12, 2018: n = 16, 2019: n = 16. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Anesthesiology





Number of responses: 2015: n = 28, 2016: n = 44, 2017: n = 73, 2018: n = 62, 2019: n = 45. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Legend: 2015 2016 2017 2018 2019

Specialty: Pain Management

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 16, 2016: n = 22, 2017: n = 22, 2018: n = 11, 2019: n = 17. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: *JAMA Medical Education Issues*, 2010-2019.

Specialty: Pathology



Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 22, 2016: n = 18, 2017: n = 20, 2018: n = 39, 2019: n = 27. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Radiology

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 35, 2016: n = 51, 2017: n = 43, 2018: n = 56, 2019: n = 52. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Adult Psychiatry



Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 38, 2016: n = 58, 2017: n = 49, 2018: n = 61, 2019: n = 45. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Child & Adolescent Psychiatry

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 20, 2016: n = 31, 2017: n = 28, 2018: n = 38, 2019: n = 28. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Allergy & Immunology



Legend: 2015 2016 2017 2018 2019



Rank of Allergy & Immunology, 2015-2019





Trends in Number of Graduates of Allergy & Immunology GME Programs in the US, ** 2010-2019



Number of responses: 2015: n = 6, 2016: n = 9, 2017: n = 11, 2018: n = 12, 2019: n = 18. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Dermatology

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 14, 2016: n = 18, 2017: n = 23, 2018: n = 28, 2019: n = 28. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.





Number of responses: 2015: n = 138, 2016: n = 135, 2017: n = 126, 2018: n = 131, 2019: n = 125. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Neurology

Legend: 2015 2016 2017 2018 2019



Number of responses: 2015: n = 22, 2016: n = 18, 2017: n = 14, 2018: n = 21, 2019: n = 20. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Specialty: Pediatric Subspecialties



Number of responses: 2015: n = 56, 2016: n = 58, 2017: n = 70, 2018: n = 62, 2019: n = 54. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Legend: 2015 2016 2017 2018 2019



Trends in Number of Graduates of Physical Medicine & Rehabilitation GME Programs in the US, ** 2010-2019



Number of responses: 2015: n = 15, 2016: n = 21, 2017: n = 27, 2018: n = 18, 2019: n = 23. *Source: CHWS, Survey of Residents Completing Training in New York, 2015-2019. **Source: JAMA Medical Education Issues, 2010-2019.

Appendix A

METHODOLOGY USED TO MEASURE RELATIVE DEMAND

The Resident Exit Survey cannot be used to determine *absolute* demand for new physicians in different specialties (ie, it cannot be used to determine the number of physicians necessary to serve a given population). However, by analyzing several questions pertaining to job market experiences and perceptions of new physicians and comparing responses over time, in different geographical locations, and between specialties, it is possible to assess whether respondents from certain specialties or in certain locations are finding more or fewer practice opportunities (ie, it measures *relative* demand).

The implication is that while a specialty, such as pathology, may be in low demand relative to other specialties in an absolute sense, there may still be good opportunities for pathologists, but not as good or as many as another specialist that is seeing higher demand (such as child and adolescent psychiatry). In addition, it is not possible to measure the magnitude of the difference in demand between different specialties. So, if the percentile rank of general internal medicine in New York in 2019 was 82% (ie, general internal medicine had a relative rank equal to or better than 82% of the 34 specialties that were ranked), and the percentile rank of nephrology was 38%, this does not imply that demand for general internal medicine was more than twice as strong as for nephrology. The scale is at the ordinal level of measurement.

To measure demand for a given year, a composite score was computed by taking the median of the ranks (ie, where each specialty stood relative to all 34 specialties) scored by each specialty on each of the demand indicators for data from the previous 4 years of the survey. Data from more recent years of the survey received a greater weight than data from earlier years. For example, when calculating the demand score for 2019, data from 2019 were weighted .40, data from 2018 were weighted .30, data from 2017 were weighted .20, and data from 2016 were weighted .10. The following variables were used as indicators of demand:

- 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' mean Likert score summarizing their assessment of the regional job market
- Respondents' mean Likert score summarizing their assessment of the national job market
- Trend (ie, average annual change) in median starting income

None of these indicators used alone will provide a perfect picture of demand. However, considered together, they provide a good picture of relative demand by specialty. There was a high degree of correlation between the "percentage of respondents with difficulty finding a satisfactory practice position" variable and the "percentage of respondents having to change plans due to limited practice opportunities" variable (ie, a respondent reporting "difficulty..." was much more likely to also report "having to change plans..."). There was also a high degree of correlation between respondents' assessments of the "regional job market" and the "national job market." To compensate for these observed correlations, the "job offers" variable and the "trends in starting income" variable were each double weighted in computing a composite demand score.

Table 1 summarizes the rank of each specialty (ranked among 34 specialties) on each demand indicator. The variables are:

- Difficulty: Rank of each specialty based on the percentage of respondents reporting difficulty finding a satisfactory practice position → eg, the specialty with the lowest percentage of respondents reporting difficulty (Neurosurgery) ranked #1 and the specialty with the highest percentage of respondents reporting difficulty (Nephrology) ranked #34.
- Change Plans: Rank of each specialty based on the percentage of respondents that had to change plans due to practice opportunities → eg, the specialty with the lowest percentage of respondents having to change plans (Adult Psychiatry) ranked #1 and the specialty with the highest percentage of respondents reporting difficulty (Allergy and Immunology) ranked #34.
- Job Offers: Rank of each specialty in terms of the mean number of job offers received by respondents (this variable was double weighted in computing the overall demand score) → eg, the specialty with the most job offers (Dermatology) ranked #1 and the specialty with the fewest job offers (Pathology) ranked #34.
- Regional Market: Rank of each specialty in terms of the mean Likert score summarizing respondents' assessments of the regional job market for their specialty → eg, the specialty with the most positive assessment of the regional job market (Adult Psychiatry) ranked #1 and the specialty with the least positive assessment of the regional job market (Cardio-thoracic Surgery) ranked #34.
- National Market: Rank of each specialty in terms of the mean Likert score summarizing respondents' assessments of the national job market for their specialty → eg, the specialty with the most positive assessment of the national job market (Adult Psychiatry) ranked #1 and the specialty with the least positive assessment of the national job market (Allergy and Immunology) ranked #34.

Income Trend: Rank of each specialty in terms the average annual change (or trend) in median starting income levels of respondents from each specialty → eg, the specialty with the strongest trend in median starting income (Neurosurgery) ranked #1 and the specialty with the weakest trend in median starting income (General Surgery ranked #34.

		Change	Job	Regional	National	Income	Median	Overall	Percentile
Specialty	Difficulty	Plans	Offers ^a	Market	Market	Trends ^a	Rank	Rank	Rank ^b
Family Medicine	6	2	2	3	4	11	3.5	1	100%
General Internal Medicine	8	14	3	9	7	20	8.5	7	82%
General Pediatrics	18	15	28	10	15	19	18.5	18	50%
Internal Medicine and	Λ	77	14	10	20	n	12 5	14	C20/
Pediatrics (Combined)	4	27	14	13	20	2	13.5	14	62%
Ob/Gyn	14	17	17	11	13	10	13.5	14	62%
Cardiology	23	21	18	26	28	13	19.5	20	44%
Critical Care Med	26	31	12	21	11	32	23.5	26	26%
Endocrinology and	22	12	10	12	24	7	11.0	٥	76%
Metabolism	55	L)	10	12	24	/	11.0	9	7070
Gastroenterology	13	6	7	14	9	24	11.0	9	76%
Geriatrics	11	23	22	15	22	22	22.0	23	35%
Hematology/Oncology	21	28	15	24	18	26	22.5	24	32%
Infectious Disease	27	30	26	25	30	31	28.5	31	12%
Nephrology	34	32	6	29	32	14	21.5	22	38%
Pulmonary Disease	16	18	11	18	12	3	11.5	11	71%
Rheumatology	22	19	19	17	19	15	19.0	19	47%
General Surgery	28	20	27	30	14	34	27.5	30	15%
Neurosurgery	1	4	24	23	23	1	13.5	14	62%
Ophthalmology	20	16	29	28	21	17	20.5	21	41%
Orthopedic	15	11	25	20	25	29	25.0	27	24%
Otolaryngology	9	10	20	8	8	4	8.5	7	82%
Cardio-Thoracic Surg	25	22	33	34	26	6	25.5	28	21%
Urology	12	5	13	19	10	33	13.0	13	65%
Anesthesiology	5	7	21	6	17	12	12.0	12	68%
Pain Management	30	25	9	22	27	8	15.5	17	53%
Pathology	32	33	34	33	33	9	33.0	34	3%
Radiology	19	24	31	27	29	27	27.0	29	18%
Adult Psychiatry	3	1	5	1	1	16	4.0	2	97%
Child and Adolescent	7	q	Л	2	2	21	55	З	94%
Psychiatry	,	5	-	2	2	21	5.5	5	5470
Allergy and Immunology	31	34	30	32	34	18	30.5	32	9%
Dermatology	10	12	1	5	6	25	8.0	6	85%
Emergency Medicine	2	3	8	4	3	28	6.0	4	91%
Neurology	17	8	16	7	5	5	7.5	5	88%
Pediatric Subspecialties	29	29	32	31	31	30	30.5	32	9%
Physical Medicine and Rehabilitation	24	26	23	16	16	23	23.0	25	29%

Table 1. Summary of Ranks and Demand Indicators

^a The job offers variable and the income trend variable were each double weighted in computing the median rank.

^b The percentile rank is the percentage of all 34 specialties with a median demand rank equal to or lower than each specialty.

The following example illustrates how the demand score was calculated for Family Medicine in New York in 2019:

Median Rank_{FM} = median (difficulty, change plans, job offers, job offers, regional market, national market, income trends, income trends)

Median Rank_{FM} = median (6, 2, 2, 2, 3, 4, 11, 11)

Median Rank_{FM} = 3.5

With a median rank of 3.5, Family Medicine ranked 1st out of 34 specialties.

The *percentile rank* is computed as:

%rank_{FM} = { 1 – (RankFM / #Specs) + (1 / #Specs) }

"#Specs" = the number of specialties being ranked

In New York in 2019, there were 34 specialties being ranked, so the percentile rank of Family Medicine is:

%rank_{FM} = { 1 - (1 / 34) + (1 / 34) } = **100%**.

Appendix B

SPECIALTY COMPARISON GROUPS

Specialty	Comparison Group ^a
Family Medicine	Primary Care
General Internal Medicine	Primary Care
General Pediatrics	Primary Care
Internal Medicine and Pediatrics (Combined)	Primary Care
Obstetrics/Gynecology	Non-Primary Care
Cardiology	Medicine Subspecialties
Critical Care Medicine	Medicine Subspecialties
Endocrinology and Metabolism	Medicine Subspecialties
Gastroenterology	Medicine Subspecialties
Geriatrics	Medicine Subspecialties
Hematology/Oncology	Medicine Subspecialties
Infectious Disease	Medicine Subspecialties
Nephrology	Medicine Subspecialties
Pulmonary Disease	Medicine Subspecialties
Rheumatology	Medicine Subspecialties
General Surgery	Non-Primary Care
Neurosurgery	Surgical Subspecialties
Ophthalmology	Surgical Subspecialties
Orthopedic Surgery	Surgical Subspecialties
Otolaryngology	Surgical Subspecialties
Cardio-Thoracic Surgery	Surgical Subspecialties
Urology	Surgical Subspecialties
Anesthesiology	Non-Primary Care
Pain Management	Non-Primary Care
Pathology	Non-Primary Care
Radiology	Non-Primary Care
Adult Psychiatry	Non-Primary Care
Child and Adolescent Psychiatry	Non-Primary Care
Allergy and Immunology	Non-Primary Care
Dermatology	Non-Primary Care
Emergency Medicine	Non-Primary Care
Neurology	Non-Primary Care
Pediatric Subspecialties	Non-Primary Care
Physical Medicine and Rehabilitation	Non-Primary Care

^a In each specialty profile, statistics for the specialty are presented next to the average of all specialties in the group to which the specialty belongs (ie, the comparison group). As an example, the starting median of family practice is compared to the median starting income of all primary care. Likewise, the relative demand (or percentile rank) of cardiology is compared against the average percentile rank of all medicine subspecialties. Appendix C

NY RESIDENT EXIT SURVEY INSTRUMENT

Survey of Residents Completing Training in NY in 2019

	Center for Health Workforce Studies	University	at Alb	bany, Sc	hool of	f Publi	ic Hea	alth					
Marking Instructions	1 University Place / Suite 220 Rensselaer, NY 12144-3445												
black ink only.	ACGME Residency Program #]]			1	7
2. Do not use pens with	For Office Use					_			_				
ink that soaks through the paper.	This questionnaire should be c	completed by	y all p	hysiciar	is com	pleting	g a re	esiden	cy/fell	owship	2		
3. Make solid marks that	training program in Ne	ew York in 2	019 (e	excludin	g preli	minary	y trair	ning p	osition	ıs).			
fill the circle completely.	FIRST NAME -												
 Make no stray marks on this form. 													
5. Do not fold, tear, or mutilate this form.	LAST NAME -												
	Main Hospital at Which												
0000	You Did Your Training:												
INCORRECT	For each question mark or	nly one a	nsw	er unle	ess c	other	wise	e dire	ected	l <u>.</u>			
A. BACKGROUND		B. MED	ICAL	EDUC	ATIC	N AN		RAIN	ING	-			
1. Gender: O Male	e O Female 2. Age:	8. At th year the	he ei rsof US?	nd of y	your grad	curr uate	ent trai	year ining	of tr y will	ainin you l	ıg, h have	IOW B CC	many total ompleted in
3. Citizenship Status	:	0	1	0	2 (\cap :	3	0	4	0	5	0	6 or more
	S			Ŭ	-	<u> </u>		Ŭ		Č	5	Č	• • • • • • • •
	5 aidant	9. Тур	e of	Medic	al Ec	lucat	tion	:					
	Jaeni	0	Allo	opathio	c (M.I	D.)		0	Oste	eopat	thic	(D.(C.)
$\bigcirc 1-1 + 2 $ Evcha		10. Medical School Attended:											
U 0-1,0-2 EA010	nge visitor	\bigcirc New York (<i>if yes. complete below</i>) \bigcirc Canada											
4. A. Are you of Hispa	anic/Latino origin?		Oth	or US	etate					,	\overline{c}	ر ۱ ر	ther country
O Yes O	No				State	;							
B What is your ray		oh oh	ecn:	yπin opy M	NY:			~					
	;e ((Mark all that apply) an/Alaska Native	ŏ		any ivi	euro				Med	of Ve	e hi	va l	Iniversity
 Asian or Pacifi 	ic lelander	Albert Einstein College of Med of Yeshiva University							Juverany				
O Black/African	American							0115					
O White	Anonoun	Hofstra North Shore-I II School of Medicine							٢				
O Other		O Icahn School of Medicine at Mount Sinai								,			
•		Ō	Nev	w York	Mec	lical	Coll	ege					
5. A. Which best des	cribes your current relationship status?	0	NY	IT Coll	ege (of Os	steop	pathi	ic Me	dicir	ne		
O Married		0	NY	U Sch	ool o	f Me	dicir	ne					
O In Long-term F	Relationship	0	Sto	ny Bro	ok U	nive	rsity	Sch	ool o	of Me	dici	ne	
O Divorce/Separ	ated/Widowed (skip to Question 6)	O SUNY Downstate Medical Center											
O Never Married	I/Single (skip to Question 6)	0	Uni	iv at B	uffalc	Sch	nool	of M	edici	ne ar	nd B	liom	ned Sci, SUN
B. If currently mar	ried or in a long-term relationship, is	0	Ups	state N	/ledic	al U	nive	ersity	, SU	NY			
your partner als	so a physician?	0	Τοι	uro Co	llege	of O	Ostec	path	nic M	edici	ne		
	No O Question does not apply	0	Uni	versit	y of F	Roch	este	r Scl	hool	of Me	əd a	nd	Dentistry
•		0	We	ill Cor	nell	Aedi	cal (Colle	ege				
6. Do you have any de	ependent children?	11. WI	hat i	s vour	curi	ent	leve	lofe	educa	ation	ı del	ht?	
O Yes O N	10	0	Nor	ne ne	e an	•			0	\$20	0.0	00-§	\$249.999
7. Where did you live	when you graduated from high school?	İŏ	Les	ss thar	n \$ 50	0.000)		õ	\$25	0.0	00-9	\$299.999
O New York	O Canada	lõ	\$50).000-	\$99,9	999			õ	\$30	0,0	00-9	\$349.999
O Other US state	O Other country	Ō	\$10)0.000	-\$14	9.99	9		õ	\$35	0,00	00-\$	\$399,999
		ŏ	\$15	50,000	-\$19	9,99	9		Õ	\$40	0,00	30 e	and over
1		1					C	conti	nued		F	Page	<u>1</u>

12. S	pecialty you are COMPLETING in 2019 <i>(mark only <u>one</u>)</i> :	13. What do	you e	xpec	t to be	doing	after	compl	etion	of your	
0	Allergy and Immunology	current ti	rainir	ng pro	gram	?					
0	Anesthesiology (General)	O Patient	t care	/clinic	al pra	ctice (i	in non	-trainir	ng pos	ition)	
0	Anesthesiology-Pain Management	O Additio	onal s	ubspe	ecialty	trainin	n <mark>g or f</mark> e	ellowsł	nip		
0	Other Anesthesiology Subspecialty-specify below	(specif	fy spe	cialty)	:						
0	Dermatology	O Chief r	reside	ent							
0	Emergency Medicine	O Teachi	ing/re	searc	h (in r	non-tra	ining	positio	n)		
0	Family Medicine	O Tempo	orarily	out o	f med	icine					
0	Internal Medicine (General)	O Other ((spec	ify):							
0	Cardiology	O Undec	ided/	Don't	know	vet					
0	Critical Care Medicine										
0	Endocrinology and Metabolism	C. FUTURE PL	ANS								
0	Gastroenterology	14. If you are	e goin	g on f	or ad	ditiona	l train	ing/fel	lowsh	ip, plea	ise
0	Geriatrics	answer t	he fo	llowin	ıg:						
0	Hematology/Oncology	A. Why ar	re you	usub	specia	alizing/	contir	nuing t	raining	j ?	
0	Infectious Disease	(mark	all th	atap	piy)						
0	Nephrology	O To furt	her y	our m	edical	educa	ation				
0	Pulmonary Disease/CCM	I O Unable	e to fi	nd a jo	ob you	i are h	аррум	vith			
0	Rheumatology	O Unable	e to fi	nd <u>an</u>	y job						
0	Other Internal Medicine Subspecialty-specify below	O To stay	y in th	e US	(ie, du	ie to vi	sa stat	tus)			
Ō	Internal Medicine and Pediatrics (Combined)	O Other	(spec	;ify): _							
Õ	Neurology	O Always	s inte	nded	to sub	specia	lize				
Õ	Nuclear Medicine	O Questi	ion do	bes no	ot app	ly					
Ō	Obstetrics and Gynecology (General)										
0	OB/GYN (Subspecialty)-specify below	B. If you a	are le Irn to		NY to	contin	nue yo	ur traii ur trai	ning, d ning is	o you	olan Joto2
0	Pathology (General)			NI LO	pract		len yo	uruan	ning is	comp	iele :
0	Pathology (Subspecialty)-specify below							w yet		a hu	
0	Pediatrics (General)	U NO			C		estion	does	notap	biy	
0	Pediatrics (Subspecialty)-specify below	15. If you are	e <u>not</u> e	going	on for	additi	ional t	raining	g/fellov	vshipo	or
0	Physical Medicine and Rehabilitation	serving a	is a c	hief r	eside	nt, are	you jo	ining a	a medi	cal sc	hool
Ō	Preventive Medicine/Public Health/Occupational Med	as a facu	ulty m	embe	er?		_				
Õ	Psychiatry	O Yes		0	No		0	Questic	on doe	s not a	pply
Õ	Child and Adolescent Psychiatry	16 In your ur	ncom	ina n	nsition	how	many	hours	nor w	ook de	•
Õ	Other Psychiatry Subspecialty-specify below	you expe	ect to	spen	d in ea	ich of	the fol	lowing	activ	ties?	,
õ	Radiology (Diagnostic)			None	1-9	10-19	20-29	30-39	40-49	50-59	60+
õ	Radiology (Therapeutic)		aaro:	0	\sim	\sim		\frown		\sim	\mathbf{O}
õ	Surgery (General)	Direct patient c	sale.	U	0	<u> </u>	<u> </u>	0	0	<u> </u>	U
õ	Cardio-Thoracic Surgery	Research:		0	0	0	0	0	0	0	0
õ	Neurological Surgery			L							
õ		Teaching:		0	0	0	0	0	0	0	0
õ		Administration		0		\sim	\cap	\circ	\sim	\bigcirc	0
Ö		Aummistration		U	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
0		Volunteering/	nuio o :	0	0	0	0	0	0	0	0
	Flastic Surgery	community set	i vice:	<u></u>							;
	Other Surgical Subarastella and 10 h d	17. Where is	the l	ocatio	on of y	our pr	imary	activit	ty afte	r	
0	Other Surgical Subspeciality-specify below	completi	ng yo	ur cu	rrent	rainin	g posi	tion?			
0	Other-specify below	O Same	city/co	ounty	as cu	rrent tra	aining				
* f \/~	u chose an "Other" specialty category places	O Same	regio	n with	nin NY	, but di	fferen	t city/co	ounty		
ii yu	a chose an other specially calegory, please	Other a	area v	within	NY						

- O Other area within NY
- O Other state

ł

l l

I

- O Outside the US
- O Don't know yet

specify:

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

O Yes O 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	0	0	0	0
Length of each workday	0	0	0	0
Frequency of overnight calls	0	0	0	0
Frequency of	0	0	0	0

- 20. If you are planning to enter or have considered entering patient care/clinical practice:
 - A. Have you actively searched for a job?
 - O Yes O No, not yet

O No, I will be self-employed

- B. Have you been offered a job?
- O Yes, and I have accepted an offer
- O Yes, but I declined the offer(s) and am still searching (Skip to Question 28)
- O No, but I have not actively searched yet (Skip to Question 28)
- O 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 <u>Practice Setting</u> (mark only one)	Secondary <u>Practice Setting(s)</u> (mark all that apply)	Cost of malpractice in NY
0	O Solo practice	Cost of establishing practice in NY
0	O Partnership (2 people)	Taxes in NY
0	Group practice (owner/partner)	Cost of living in NY
0	O Group practice (employee)	Proximity to family
0	O Hospital-Inpatient	Better employment opportunities for sp
0	O Hospital-Emergency room	partner outside NY
0	O Freestanding health center/clinic	Other Reasons
0	O Nursing home	Never intended to p
0	Other-specify below	Other reason-speci

*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?

O Yes O No O 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).

	<u>All Reasons</u> (mark all	Main Reason (mark only
Practice Reasons	тагарру)	one)
Overall lack of jobs/practice opportunities in NY	0	O
Better jobs/practice opportunities in desired locations outside NY	0	O
Better jobs/practice opportunities in desired practice setting (eg, hospital, group practice, etc.) outside NY	0	O
Better jobs/practice opportunities outside NY that meet visa status requirements	O	O
Financial Reasons		
Better salary/compensation offered outside NY	O	O
Cost of malpractice insurance in NY	O	O
Cost of establishing a medical practice in NY	0	O
Taxes in NY	O	O
Cost of living in NY	0	O
Personal Reasons		
Proximity to family	O	O
Better employment opportunities for spouse/ partner outside NY	0	O
Climate (eg, weather)	O	O
Other Reasons		
Never intended to practice in N	Y O	O
Other reason-specify below	O	O

*If you chose "Other reason," please specify:

23. How many years do you expect to be at your principal practice?						27. For the practice position you accepted, did you accept the first salary or did you negotiate salary?							
0	1 O 2 C) 3 O	4 (5 or more	0	Accepte	d first offer	0	Negotia	ted salary			
24. Wł wh	nich best describes t iich you will be pract	the demogratic ing?	aphics of	the area in	28. What is your level of satisfaction with your salary/compensation?								
0	Rural O Sn	nall city (pop	ulation le	ss than 50,000)	0	Very dis	satisfied	0	Somew	hat satisfied			
0	Suburban O Ot	her area wit	hin major	city	0	Somewl	nat dissatisfie	ed O	Very sat	tisfied			
0	Inner city							_					
25. A Bloose identify all of the incentives you received for				E EXPERIENCE IN JOB MARKET									
accepting this practice position (mark all that apply).						into patient care, please complete the following.)							
Please also indicate the most influential incentive in your						Did you h	ave difficulty	, finding	a practice	e position you			
(decision to accept th	nis practice	position	(mark only one).		were sat	isfied with?	Ū	•	. ,			
Incentiv	ves Most Influential				0	Yes		0	No				
Receiv	ed <u>incentive</u>				0	Haven't	looked yet (s	kip to Qu	lestion 31)			
0	H	I-1 visa spoi	nsorship		_								
0	J	-1 visa waiv	er		В.	If <u>Yes</u> , W	nat would yo nly one)	u say wa	as the ma	in reason?			
0	O S	Sign-on bonu	JS				ny one) bek of jobe /n	ractico o	pportupiti	00			
0	Ir	ncome guara	antees				iabs /practico		pponumi aitias that	mootvisa			
0	0 0	On-call paym	nents					opportui	nues inai	ineer visa			
0	O R	Relocation a	llowances	5			iob/practice c	nnortuni	tios in do	sired locations			
0	P	Partner job tr	ansition a	issistance			iobs/practice	opportui	aitios in d				
0	^S	Support for m	naintenan	ce of		sotting (on hospital	aroup pr	actice etc				
0	C C	ertification/	continuing	g med. education		Joodogu			ion offere	~) d			
0	O Career development opportunities					inadequ		impensar	ion oliere	u (
0	E	ducational I	loan payn	nent	Lack of employment opportunities for spouse/partner					pouse/partner			
0	O Other-specify:					Other-s	pecity:						
O O None				30. Did you have to change your plans because of limited									
B. I	f you received any in	centives, h	ow impor	tant were they	pra	actice op	portunities?						
i	in your decision to ac	ccept this p	ractice p	osition?	0	Yes		0	No				
0	Not at all important		0	Important	0	Haven't	looked yet (s	skip to Qı	uestion 31	()			
0	Of little importance		0	Very important	24 14		flara far nre	atian na	aitiana di				
26. Ex	pected gross income	e durina firs	t vear of	practice:	зт.⊓о (ех	w many o cluding f	fellowships,	chief res	idency, a	nd other			
		Antioinot			tra	ining pos	sitions)?						
<u>-</u>	Sase Salary/IIICOIIIe	Anticipati			0	None	O 1	O 2	C	3			
0	Less than \$99,999	0	None		0	4	O 5	O 6	-10 🤇	Over 10			
0	\$100,000-\$124,999	0	Less tha	ın \$5,000	22 WF	at is you		ocemon	t of pract	ico			
0	\$125,000-\$149,999	0	\$5,000-\$	\$9,999		portunitie	s in vour sp	ecialty, a	nd within	50 miles of			
0	\$150,000-\$174,999	0	\$10,000	-\$14,999	the	site wh	ere you train	ed?					
0	\$175,000-\$199,999	0	\$15,000	-\$19,999	0	No jobs		0 5	Some jobs	3			
0	\$200,000-\$224,999	0	\$20,000	-\$24,999	0	Very few	i jobs	ON	<i>l</i> any jobs				
0	\$225,000-\$249,999	0	\$25,000	-\$29,999	0	Few job	S	Οι	Jnknown				
0	\$250,000-\$274,999	0	\$30,000	-\$34,999						_			
0	\$275,000-\$299,999	0	\$35,000	-\$39,999	33. Wł	nat is you	r overall ass	essmen	t of pract	ice			
0	\$300,000-\$324,999	0	\$40,000	-\$44,999	op	portunitie	;s <u>iii your sp</u>		ationally				
0	\$325,000-\$349,999	0	\$45,000	-\$49,999	0	No jobs		O S	Some jobs	5			
0	\$350,000-\$374,999	0	\$50,000	-\$54,999		Very few	jobs	O N	<i>l</i> any jobs				
0	\$375,000-\$399,999	0	\$55,000	-\$59,999		Few job	S	Οι	Jnknown				
0	\$400,000 and over,	0	\$60,000	and over,									
	please specify:		please s	specify:	THANK	YOU FO	R COMPLETI	NG THIS	IMPORTA	NT SURVEY.			
	Page 4												

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About the Authors



Jinman Pang

Graduate Research Assistant, Center for Health Workforce Studies

Jinman conducts data analysis, updates federal data sources, and conducts literature reviews, among other tasks as needed. Ms. Pang specializes in health econometrics, applied microeconomics, data analysis, modeling, and forecasting.

David Armstrong, PhD

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Working for CHWS since 2003, Dr. Armstrong has an extensive background in conducting health workforce studies and has produced multiple reports on the health care workforce in New York and the US. He manages CHWS' annual New York Resident Exit Survey, which collects information about residents' demographic characteristics and post-graduation plans. Dr. Armstrong also is the director of the Health Workforce Technical Assistance Center, which provides assistance to individuals, organizations, and states engaged in health workforce planning.



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