

ABSTRACT

Purpose of Study: Health equity is increasingly recognized as an important consideration in health workforce planning. One key to achieving health equity is to have a health workforce that reflects the population it serves. This study explores trends in the percentage of women and underrepresented minorities (URMs: Black/African Americans, Hispanic/Latinos, and American Indians) completing a graduate medical education (GME) program in New York State by specialty since 1998. The impact of gender and race/ethnicity on practice location is also examined.

Methods: The primary data source for this study was the New York Resident Exit Survey. This annual survey of physicians completing residency or fellowship training in New York has been conducted in collaboration with teaching hospitals in the state since 1998. New York annually trains more than 18,000 physicians and each year more than 5,000 physicians complete a training program. Residents and fellows are asked to take the survey in the months leading up to their completion of training. The annual response rate is more than 60%. The survey collects extensive information on new physicians' demographic and education characteristics, post-training plans, and job market experiences.

Key Findings: Between 1998 and 2019, the percentage of women completing a GME program in New York increased from 36% to 48%. In comparison, the percentage of URMs completing a training program during this time period only changed from 13% to 14%. While the percentage of women completing training is now close to their representation in the state population, the percentage of URMs remains far below their population value (approximately 38%). Women and URMs also tended to be concentrated in primary care specialties and psychiatry. They were less represented in higher paying specialties (eg, surgical subspecialties). It should also be noted that URMs were much more likely to practice in health professional shortage areas (HPSAs) than non-URMs.

Implications: The aim of health equity is to ensure that everyone can be as healthy as possible, and an important component to achieving this goal is to have a diverse and knowledgeable health workforce. While gender diversity of physicians has increased over time, racial/ethnic diversity has not, and until the health workforce better reflects the population it will be difficult to achieve health equity.

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INTRODUCTION

- Health equity is increasingly recognized as an important consideration in health workforce planning
- One key to achieving health equity is to have a health workforce that reflects the population it serves
- This study explores:
 - Trends in the percentage of women and underrepresented minorities (URMs: Black/African Americans, Hispanic/Latinos, and American Indians) completing a graduate medical education (GME) program in New York State by specialty since 1998
 - Impacts of gender and race/ethnicity on practice location

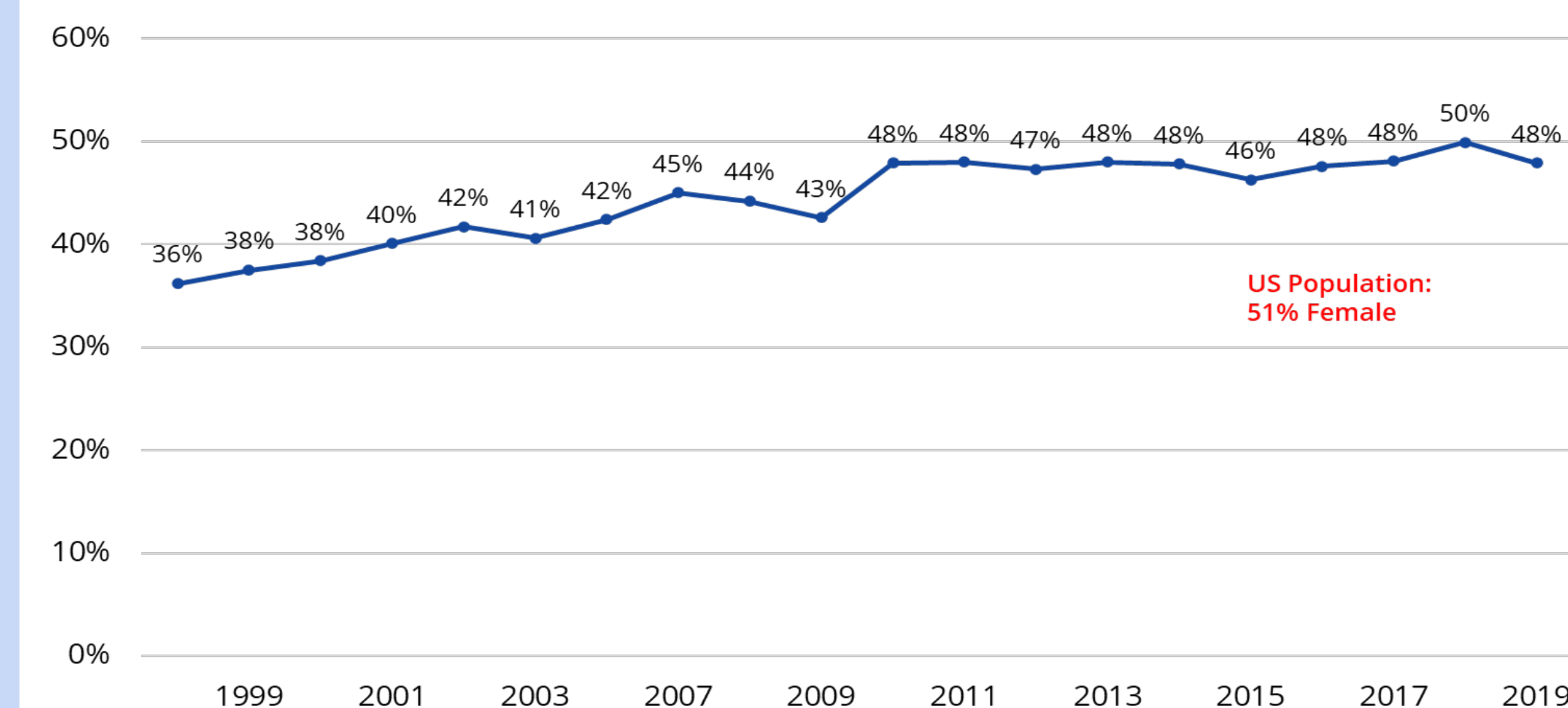
METHODS

- Primary data source: New York Resident Exit Survey
 - Annual survey of physicians completing residency or fellowship training in New York
 - Conducted in collaboration with teaching hospitals in the state since 1998
 - New York annually trains >18,000 physicians and >5,000 physicians complete a training program each year
- Residents and fellows are asked to take the survey in the months leading up to their completion of training (annual response rate >60% [n = 60,918])

RESULTS

- The percentage of female physicians completing training in New York has increased over time

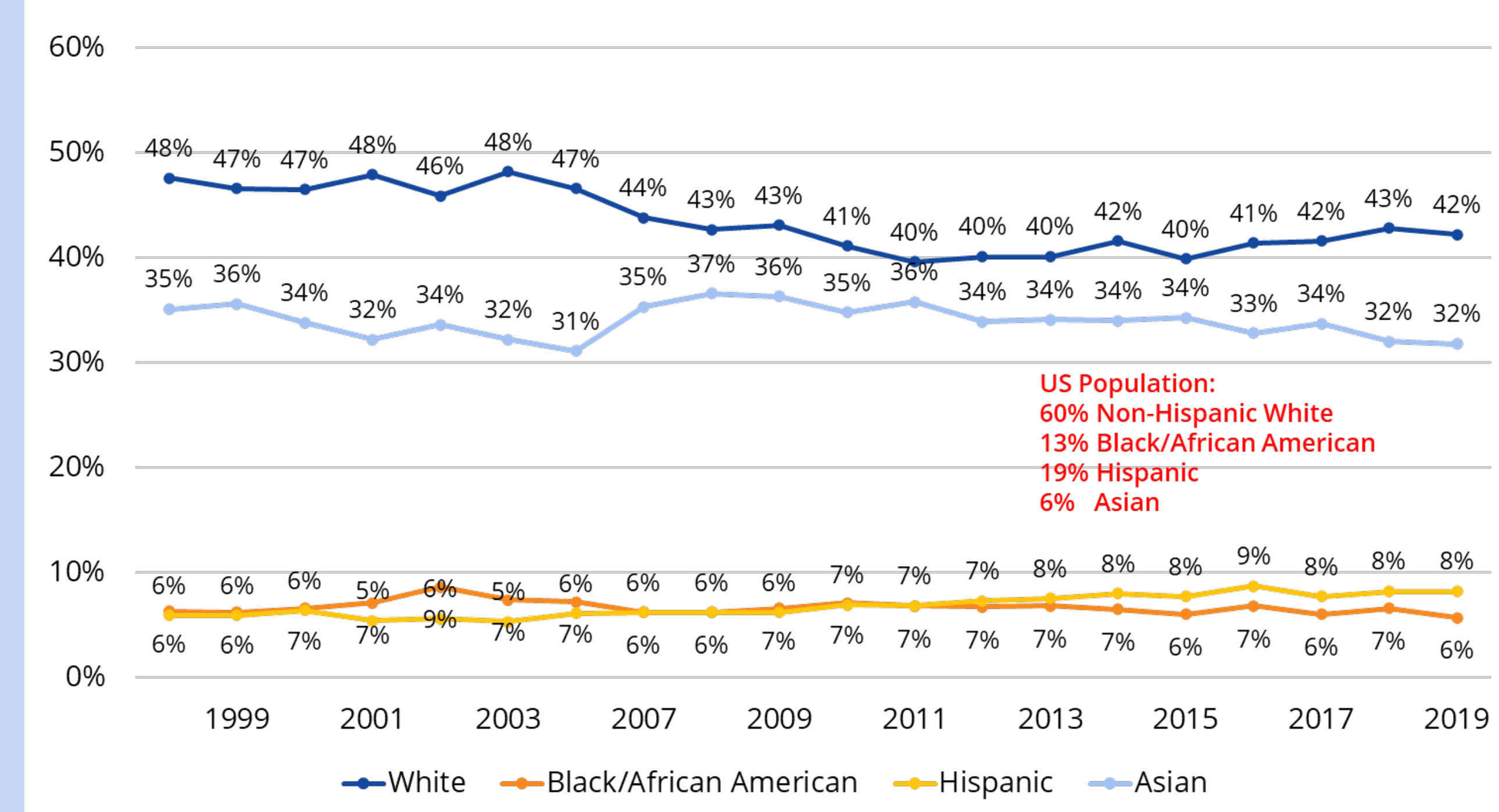
Figure 1. Percentage of Female Physicians Completing Training in New York, 1998-2019



RESULTS

- The percentage of URM physicians completing training in New York has not increased over time

Figure 2. Percentage of Physicians Completing Training in New York by Race/Ethnicity, 1998-2019



- Almost two-thirds of Black/African American physicians completing training in New York are female

Table 1. Percentage of Race/Ethnicity That Are Female, 2017-2019

Race/Ethnicity	Female
White	46%
Black/African American	63%
Hispanic	51%
Asian	51%
Total	49%

- There was a greater representation of Black/African Americans and Hispanics among Ob/Gyn physicians

Table 2. Specialty by Race/Ethnicity and Female, 2017-2019

Specialty	White	Black	Hispanic	Asian	Female
Primary Care	35%	7%	9%	36%	53%
Ob/Gyn	48%	14%	13%	21%	84%
IM Specialties	32%	5%	8%	38%	43%
General Surgery	54%	6%	8%	26%	38%
Surgical Specialties	60%	3%	6%	24%	27%
Facility Based	47%	5%	6%	33%	39%
Psychiatry	42%	6%	9%	30%	59%
Total	42%	6%	8%	32%	49%

Note: Facility based refers to anesthesiologists, pathologists, and radiologists.

RESULTS (cont.)

- Physicians were evenly distributed across practice locations by race/ethnicity and gender

Table 3. Practice Location by Race/Ethnicity and Female, 2017-2019

Location	White	Black	Hispanic	Asian	Female	Total
Inner City	30%	30%	34%	26%	30%	29%
Other Area Within a Major City	21%	20%	25%	21%	22%	21%
Suburban	32%	28%	25%	37%	32%	33%
Small City (Less Than 50k)	10%	14%	8%	10%	10%	11%
Rural	6%	8%	8%	6%	6%	7%
Total	100%	100%	100%	100%	100%	100%

- Black/African American and Hispanic physicians were more likely to practice in a health professional shortage area (HPSA)

Table 4. HPSA Practice Location and Obligation by Race/Ethnicity and Female, 2017-2019

HPSA	White	Black	Hispanic	Asian	Female	Total
Practice Location in HPSA	12%	28%	25%	17%	18%	17%
HPSA Obligation	4%	14%	15%	10%	10%	10%

CONCLUSIONS

- The aim of health equity is to ensure that everyone can be as healthy as possible, and an important component to achieving this goal is to have a diverse and knowledgeable health workforce
- Since 1998, the percentage of female physicians completing training in New York has increased
- The percentage of Black/African American and Hispanic physicians completing training has not increased since 1998
- More than 60% of Black/African American physicians were female
- Black/African Americans and Hispanics were overrepresented among Ob/Gyn physicians
- Black/African American and Hispanic physicians were more likely to practice in HPSAs