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2022 New York Residency Training Outcomes: A Summary of Responses to the 2022 New York Resident Exit Survey

CHWS
Center for Health Workforce Studies

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March 2023

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PREFACE

This report summarizes the results of the Survey of Residents Completing Training in New York in 2022 (2022 Exit Survey) conducted by the Center for Health Workforce Studies (CHWS) in the spring and summer of 2022. 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 questions covering the following general topical areas: residents' demographic and background characteristics, residents' post-graduation plans, characteristics of post-graduation employment (for residents with confirmed practice plans), 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, Jinman Pang and David Armstrong, with layout design by Trish Galvin. Funding for the 2022 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 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 2022, with the participation of teaching hospitals, a total of 2,301 of the estimated 5,421 physicians finishing a residency or fellowship training program completed the Exit Survey (42% response rate). Over the 22 years the survey has been conducted (1998-2003, 2005, 2007-2019, 2021-2022), 65,367 of 110,387 graduates have completed the survey (59% 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 2022 was stronger than the job market in 2021.

Based on the responses to several questions used to measure demand, there were more opportunities for New York's graduating physicians in 2022 compared to 2021.

- Ninety-three percent (93%) 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 percent (20%) of respondents reported difficulty finding a satisfactory practice position; 27% of them contributed their difficulty to an overall lack of jobs and 34% contributed their difficulty to a lack of jobs in desired locations.
- Thirteen percent (13%) of respondents indicated that they had to change plans due to limited job opportunities.
- The median starting income of respondents was $282,900, a 2% increase from 2021.

Demand for physicians in primary care specialties* was comparable to demand for physicians in other specialties according to most indicators.

- Physicians in primary care specialties were somewhat more likely than physicians in other specialties to report difficulty finding a satisfactory practice position (21% vs 20%) and having to change plans due to limited opportunities (15% vs 12%).
- Physicians in primary care specialties had a more favorable view of the regional job market (1.24 vs 1.06) and national job market (1.70 vs 1.53) (based on a scale of +2.00, indicating "Many Jobs" to -2.00, indicating "No Jobs").
- Physicians in primary care specialties received a similar number of job offers compared to physicians in other specialties (mean of 3.21 vs 3.22).

There were important differences in the demand for individual specialties.

- Based on a variety of indicators,† the demand for physicians in urology, adult psychiatry, dermatology, family medicine, and gastroenterology was strongest.
- Physicians in general surgery, pathology, emergency medicine, and pediatric subspecialties experienced the weakest demand relative to other specialties.

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

† 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.

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

- Forty-six percent (46%) of new physicians were female, approximately the same as the US population.
- Sixteen percent (16%) of physicians completing training in New York were underrepresented minorities (URMs).‡ In comparison, 33% of the US population are URMs.

Fifty-one percent (51%) of the physicians completing training in New York planned to enter patient care/clinical practice. Forty-one percent (41%) of respondents reported plans to subspecialize or pursue additional training.

Almost half (48%) 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 (25%), better salary offered outside New York (13%), better jobs in desired location outside New York (9%), other reason (9%), overall lack of jobs in NY (9%), and better jobs in desired practice setting outside New York (9%).

Few physicians reported plans to practice in underserved areas.

- Nineteen percent (19%) of respondents indicated that they would be practicing in a federally designated Health Professional Shortage Area (HPSA).
- Only 4% of physicians completing training in New York reported plans to practice in a rural area.

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

GENERAL RESULTS

Characteristics of 2022 Respondents

- Forty-six (46%) of survey respondents were women.
  - The specialties with the most women were: obstetrics/gynecology (84%), endocrinology and metabolism (77%), general pediatrics (68%), and pediatric subspecialties (68%).
- Underrepresented minorities (URMs) comprised 16% of all respondents.
  - The specialties with the most URMs were: pain management (33%), obstetrics/gynecology (26%), pediatric subspecialties (24%), and family medicine (22%).
- Twenty-seven percent (27%) of respondents were New Yorkers.[§]
  - Forty-five percent (45%) of respondents were from other states and 24% were from other countries (not including Canada).
- Thirty-six percent (36%) of respondents were foreign IMGs.
  - The specialties with the highest concentrations of foreign IMGs were: nephrology (77%), infectious disease (65%), and pathology (62%).
  - The specialties with the fewest foreign IMGs included urology (0%), dermatology (4%), and emergency medicine (5%).
- Sixteen percent (16%) of respondents were IMGs on temporary visas.
  - The specialties with the highest concentrations of IMGs on temporary visas were: pulmonary disease (37%), nephrology (32%), general internal medicine (30%), and pediatric subspecialties (28%).
  - Pain management (0%) and anesthesiology (0%) had no temporary visa holders.
- The median education debt of respondents (US citizens only) was $194,000.
  - Specialties with the highest median education debt were infectious disease ($321,300), family medicine ($319,650), and nephrology ($256,600).
  - Cardiology, dermatology, and hematology/oncology were the specialties with the lowest education debt.

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

Planned Activities After Completion of Current Training Program

- Fifty-one percent (51%) of all respondents reported plans to enter patient care practice following completion of their current training program.
    - Of these, 92% had confirmed practice plans (ie, they had accepted an offer for a job/ practice position) when they completed the survey.
- Forty-one percent (41%) 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-eight percent (48%) of respondents with confirmed plans reported plans to enter practice in New York.
    - The vast majority of these respondents (89%) reported confirmed plans to remain in the same region they had trained.
- In-state retention of physicians was highest in the following specialties: adult psychiatry (75%), family medicine (67%), and pain management (60%).
- In-state retention of physicians was lowest in the following specialties: general surgery (17%), urology (20%), and pathology (25%).
- Respondents who graduated from a high school and a medical school in New York were the most likely (76%) 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 (25%), better salary outside New York (13%), better jobs in desired locations outside New York (9%), other reason (9%), overall lack of jobs in NY (9%), and better jobs in desired practice setting outside NY (9%).
- SIx percent (6%) 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 (0%), or the cost of starting a practice in New York (0%).
- Thirty-two percent (32%) of respondents reported plans to practice in inner-city locations, while only 4% were going to rural locations.
- Respondents in the following specialties were most likely to report plans to enter practice in inner city locations: pediatric subspecialties (49%), adult psychiatry (41%), hematology/oncology (39%), and general internal medicine (35%).

- Nineteen percent (19%) of respondents reported that they would be practicing in a federally designated HPSA.
- The respondents most likely to report plans to practice in HPSAs were in the specialties of pulmonary disease (40%), child and adolescent psychiatry (37%), and general surgery (33%).
    - Fifty-three percent (53%) of respondents reported plans to practice in hospitals.
        - Of these respondents, 55% reported plans to practice inpatient settings, 27% in ambulatory care settings within the hospital, and 18% in emergency departments.
- Forty (40%) 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 ($429,400), gastroenterology ($428,000), and anesthesiology ($412,300).
- General pediatrics had the lowest median starting income of all specialties ($198,350).
    - Other specialties with low reported starting incomes included pediatric subspecialties ($216,050) and infectious disease ($221,150).
- Most specialties experienced moderate growth in starting incomes from 2017 to 2022.
- General pediatrics (+9%), nephrology (+8%), urology (+8%), pathology (+8%), dermatology (+7%), obstetrics/gynecology (+7%), and physical medicine and rehabilitation (+7%) experienced the strongest growth in income between 2017 and 2022.
- Emergency medicine (-1%) was the only specialty that experienced a negative income growth during this time period. Orthopedics (0%) and dermatology (0%) were the specialties 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 of 43.0 hours per week in patient care/clinical practice activities.
- Respondents in the following specialties reported expectations to work the highest patient care/clinical practice hours per week: anesthesiology (51.5 hours), cardiology (50.9 hours), and general surgery (50.5 hours).
- Respondents in the following specialties reported expectations to work the fewest patient care/clinical practice hours per week: pathology (34.2 hours), adult psychiatry (34.7 hours), and emergency medicine (35.0 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 percent (20%) 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 (34%) and an overall lack of jobs (27%), followed by inadequate salary/compensation offered (19%), and lack of jobs in desired practice setting (15%).
- The specialties with the highest percentage of respondents having difficulty finding a satisfactory practice position in 2022 were: pain management (44%), general surgery (36%), and nephrology (33%).
- The specialties with the lowest percentage of respondents having difficulty finding a satisfactory practice position in 2022 were: urology (0%), adult psychiatry (4%), hematology/oncology (4%), and radiology (5%).
- Thirteen percent (13%) of respondents reported having to change their plans due to limited practice opportunities in 2022.
- The specialties with the highest percentage of respondents who had to change plans due to limited practice opportunities in 2022 were: general surgery (27%), neurology (25%), nephrology (22%), and pulmonary disease (22%).
- The specialties with the lowest percentage of respondents who had to change plans due to limited practice opportunities in 2022 were: adult psychiatry (0%), urology (0%), infectious disease (0%), hematology/oncology (4%), and radiology (5%).

- The average number of job offers received by respondents was 3.2.
    - Respondents in the following specialties received the most job offers: gastroenterology (5.21), urology (5.20), and child and adolescent Psychiatry (4.94).
    - Respondents in the following specialties received the fewest job offers: general surgery (2.00), orthopedics (2.07), and emergency medicine (2.22).

Assessment of the Job Market for New Physicians

- Overall, respondents viewed the regional job market positively, 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 (+1.81), child and adolescent psychiatry (+1.75), and anesthesiology (+1.70).
    - Respondents in the following specialties had the least positive views of the regional job market: general surgery (-0.33), pediatric subspecialties (+0.25), and emergency medicine (+0.63).
- Respondents assessed the national job market job market (+1.57) more positively than the regional job market (+1.10).
    - Respondents in the following specialties reported the most positive views of the national job market: adult psychiatry (+1.96), child and adolescent psychiatry (+1.94), and infectious disease (+1.91).
    - Respondents in the following specialties reported the least positive views of the national job market: general surgery (+0.44), emergency medicine (+0.86), and pediatric subspecialties (+1.00).
- Demand for physicians in primary care specialties was comparable to the demand for physicians in other specialties.
    - Physicians in primary care specialties were somewhat more likely than physicians in other specialties to report difficulty finding satisfactory practice positions (21% and 20%, respectively) and having to change plans due to limited practice opportunities (15% and 12%, respectively).
    - Physicians in primary care specialties received a similar number of job offers to physicians in other specialties (mean of 3.21 and 3.22 respectively).
    - Physicians in primary care specialties had a more positive view than physicians in other specialties of the regional job market (average score of 1.24 vs 1.06, respectively) and national job market (1.70 vs 1.53).

- The average annual increase in median starting income from 2017 to 2022 was 2% for primary care physicians and 4% for other physicians.

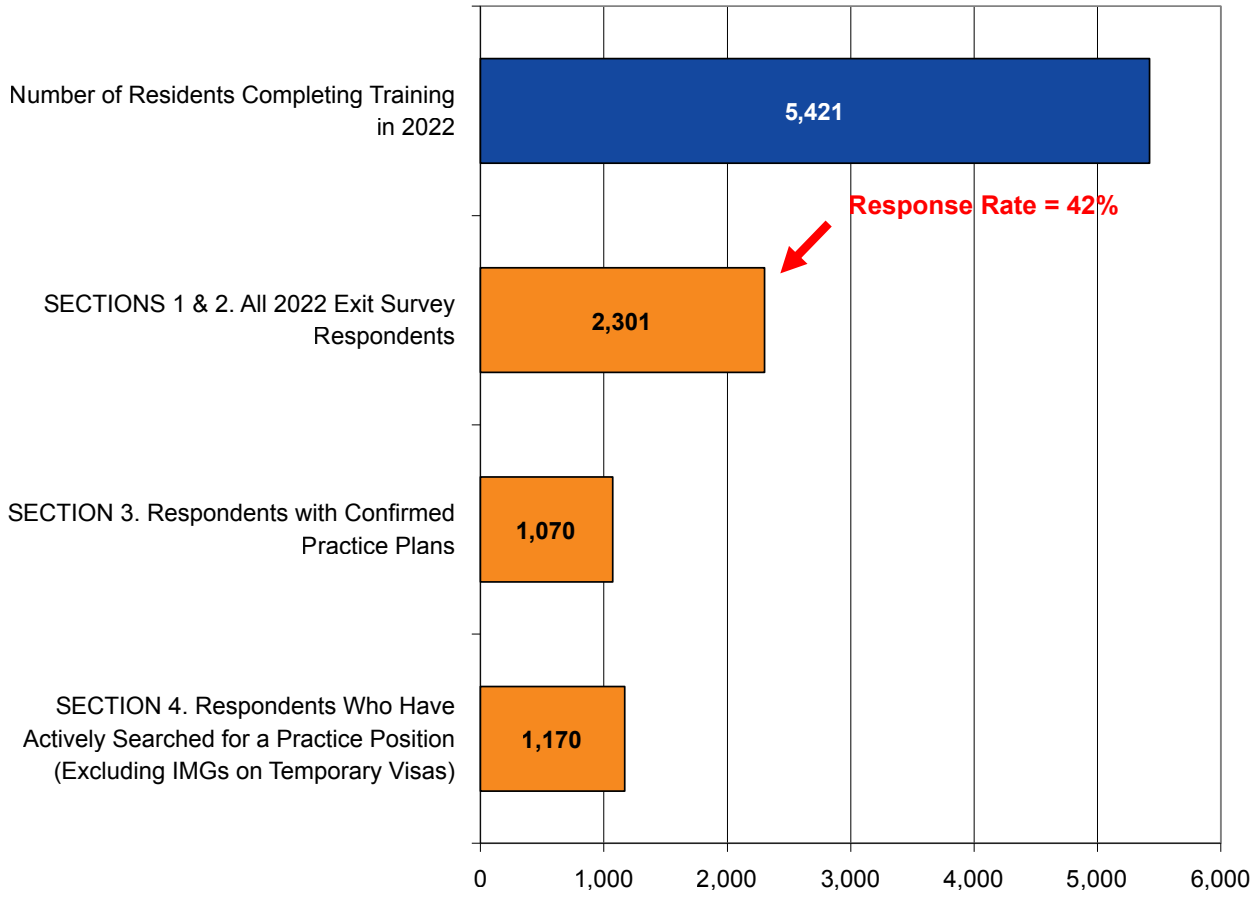
- Based on an aggregation of all demand indicators from the last 4 years of the survey, demand for physicians was strongest in the following specialties: urology, adult psychiatry, dermatology, family medicine, and gastroenterology.
- Demand for physicians was weakest in the following specialties: general surgery, pathology, emergency medicine, and pediatric subspecialties.

TECHNICAL REPORT

SUBGROUPS OF RESPONDENTS

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 2,301 of the estimated 5,421 residents who completed training in 2022 (42% 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 2022 Exit Survey instrument.

FIGURE 1. 2022 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 2022 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

- Forty-six percent (46%) of survey respondents were women.
  - The specialties with the most women were: obstetrics/gynecology (84%), endocrinology and metabolism (77%), and general pediatrics (68%), and pediatric subspecialties (68%).
  - The specialties with the fewest women were: orthopedics (13%), radiology (20%), and pain management (22%).
- Underrepresented minorities (URMs)* comprised 16% of respondents in 2022.
  - The specialties with the most URMs were: pain management (33%), obstetrics/gynecology (26%), and pediatric subspecialties (24%).
  - The specialties with the fewest URMs were: neurology (8%), gastroenterology (10%), adult psychiatry (10%), and orthopedics (10%).
- Twenty-seven percent (27%) of respondents were New Yorkers.†
  - Forty-five percent (45%) of respondents were from other states and 24% were from other countries (not including Canada).
- Thirty-six percent (36%) of 2022 respondents were foreign IMGs.
  - The specialties with the highest concentrations of foreign IMGs were: nephrology (77%), infectious disease (65%), pathology (62%), and general internal medicine (62%).
  - The specialties with the fewest foreign IMGs included urology (0%), dermatology (4%), and emergency medicine (5%).
- Sixteen percent (16%) of respondents were IMGs on temporary visas.
  - The specialties with the highest concentrations of IMGs on temporary visas were: pulmonary disease (37%), nephrology (32%), general internal (30%), and pediatric subspecialties (28%).
  - The specialties with the fewest temporary visa holders were: pain management (0%), anesthesiology (0%), emergency medicine (1%), radiology (1%), and obstetrics/gynecology (2%).

* 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 2022 Exit Survey Respondents)

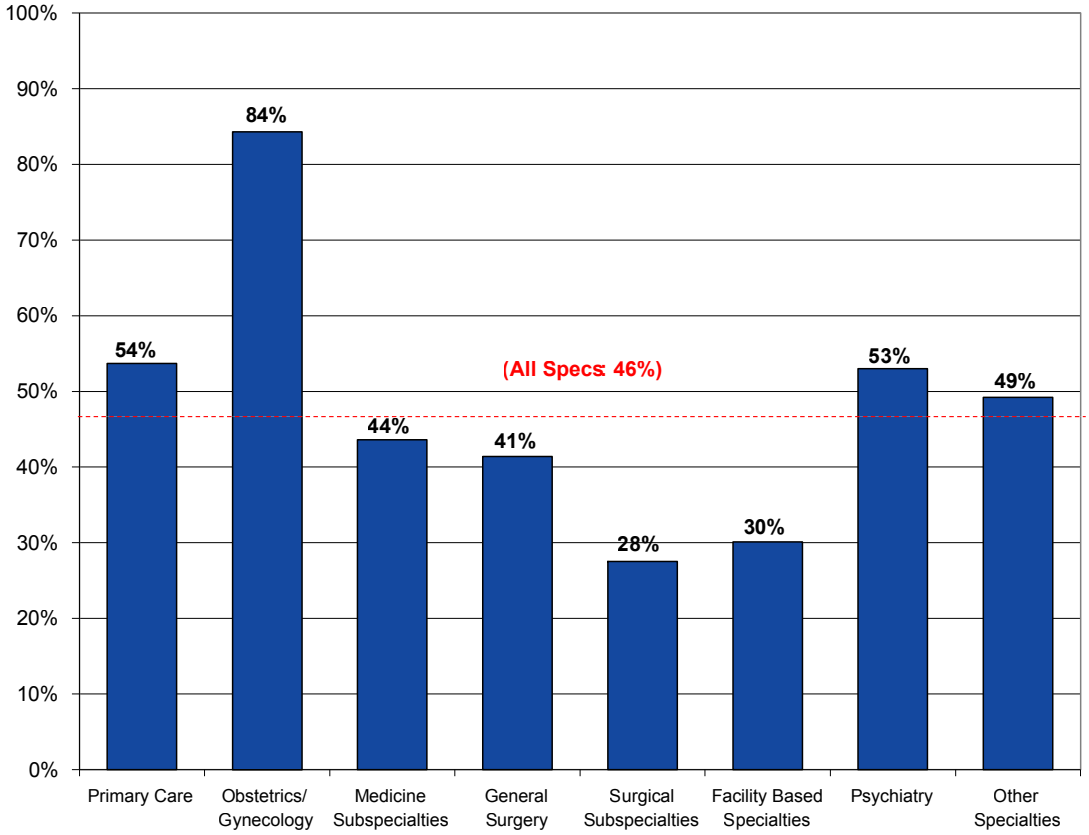


FIGURE 1.2. Percentage of Underrepresented Minorities by Specialty Group (All 2022 Exit Survey Respondents)

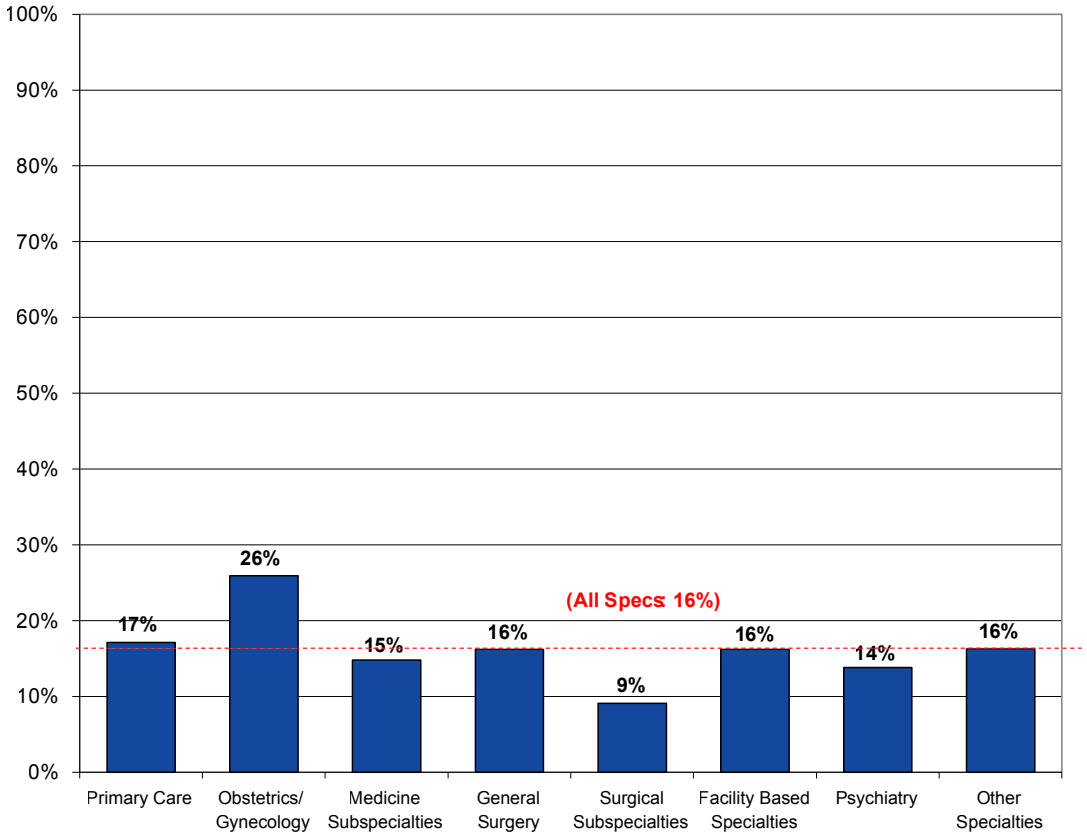


FIGURE 1.3. Location of High School Attended (All 2022 Exit Survey Respondents)

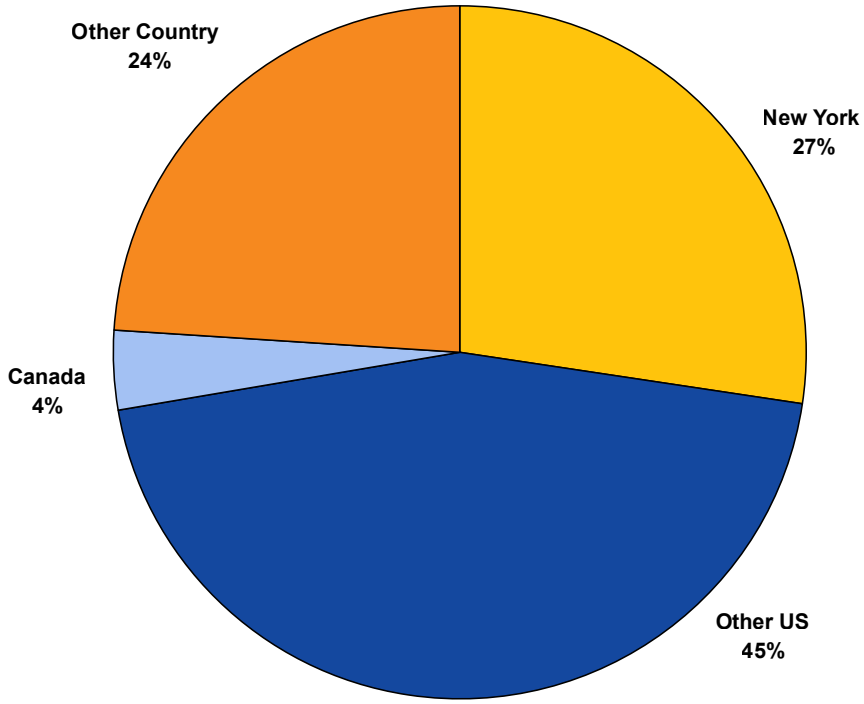


FIGURE 1.4. Location of Medical School and Citizenship Status (All 2022 Exit Survey Respondents)

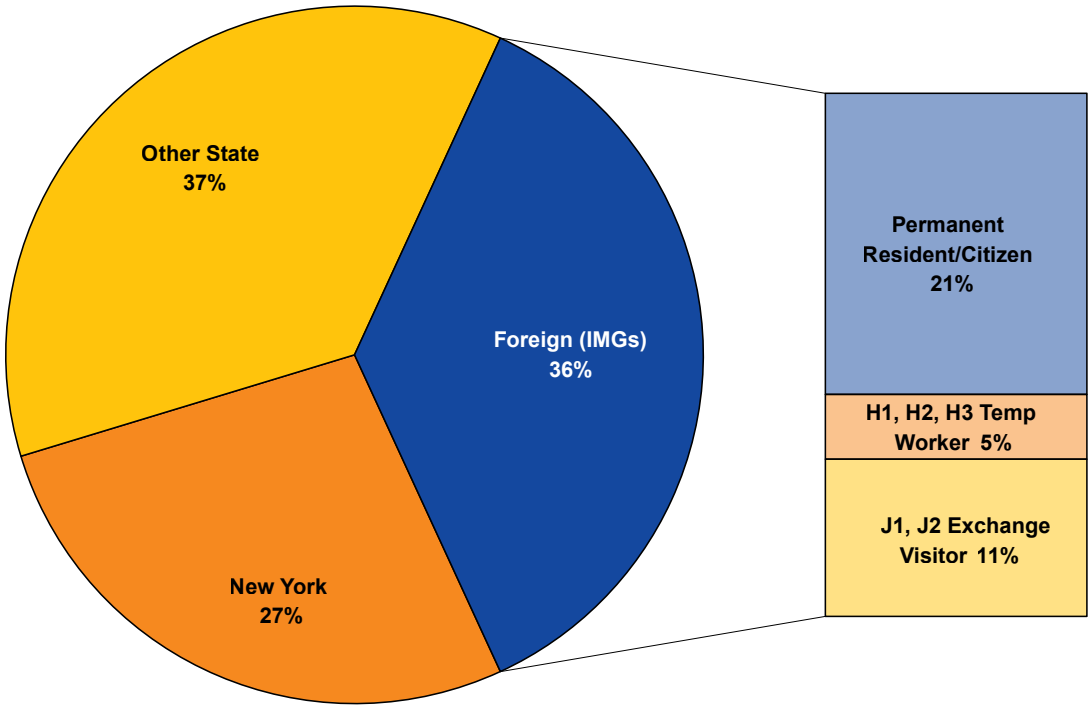


TABLE 1.1. Background Characteristics by Specialty (All 2022 Exit Survey Respondents)

Specialty	Number of Resp (N)[a]	% Female	% URM[b]	% New Yorkers[c]	% IMG[d]	% Temp Visa Holders[e]
Primary Care	**691**	**54%**	**17%**	**28%**	**54%**	**24%**
Family Medicine	83	55%	22%	48%	39%	12%
General Internal Medicine	451	43%	15%	22%	62%	30%
General Pediatrics	148	68%	21%	35%	42%	15%
Obstetrics/Gynecology	**85**	**84%**	**26%**	**27%**	**11%**	**2%**
Medicine Subspecialties	**345**	**44%**	**15%**	**28%**	**52%**	**21%**
Cardiology	69	27%	11%	29%	52%	17%
Endocrinology & Metabolism	26	77%	19%	27%	50%	12%
Gastroenterology	33	52%	10%	34%	44%	9%
Hematology/Oncology	34	47%	18%	35%	53%	24%
Infectious Disease	23	57%	22%	35%	65%	26%
Nephrology	22	32%	14%	23%	77%	32%
Pulmonary Disease	41	24%	13%	22%	49%	37%
General Surgery	**72**	**41%**	**16%**	**21%**	**23%**	**10%**
Surgical Subspecialties	**206**	**28%**	**9%**	**26%**	**11%**	**5%**
Orthopedics	62	13%	10%	28%	7%	5%
Urology	18	24%	12%	28%	0%	6%
Facility Based	**316**	**30%**	**16%**	**22%**	**26%**	**8%**
Anesthesiology	110	30%	21%	24%	11%	0%
Pain Management	18	22%	33%	17%	17%	0%
Pathology	69	46%	13%	15%	62%	25%
Radiology	86	20%	15%	28%	14%	1%
Psychiatry	**154**	**53%**	**14%**	**28%**	**36%**	**15%**
Adult Psychiatry	96	50%	10%	33%	30%	8%
Child and Adolescent Psych	30	62%	21%	21%	52%	24%
Other	**432**	**49%**	**16%**	**31%**	**21%**	**11%**
Dermatology	26	65%	12%	23%	4%	4%
Emergency Medicine	151	33%	15%	33%	5%	1%
Neurology	61	44%	8%	25%	27%	18%
Pediatric Subspecialties	72	68%	24%	22%	49%	28%
Physical Medicine and Rehab	34	50%	18%	35%	9%	3%
All Specialties, 2022 (2021)	**2,301 (2,148)**	**46% (48%)**	**16% (16%)**	**27% (29%)**	**36% (35%)**	**16% (16%)**

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

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

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

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

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

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 2022 respondents was $194,000.
  - Specialties with the highest median education debt were infectious disease ($321,300), family medicine ($319,650), and nephrology ($256,600).
  - The specialties with median education debt of less than $50,000 were cardiology ($0), and dermatology ($10,800).

FIGURE 1.5. Median Education Debt (in $1,000s) by Specialty and Race/Ethnicity (All 2022 Exit Survey Respondents, US Citizens Only)

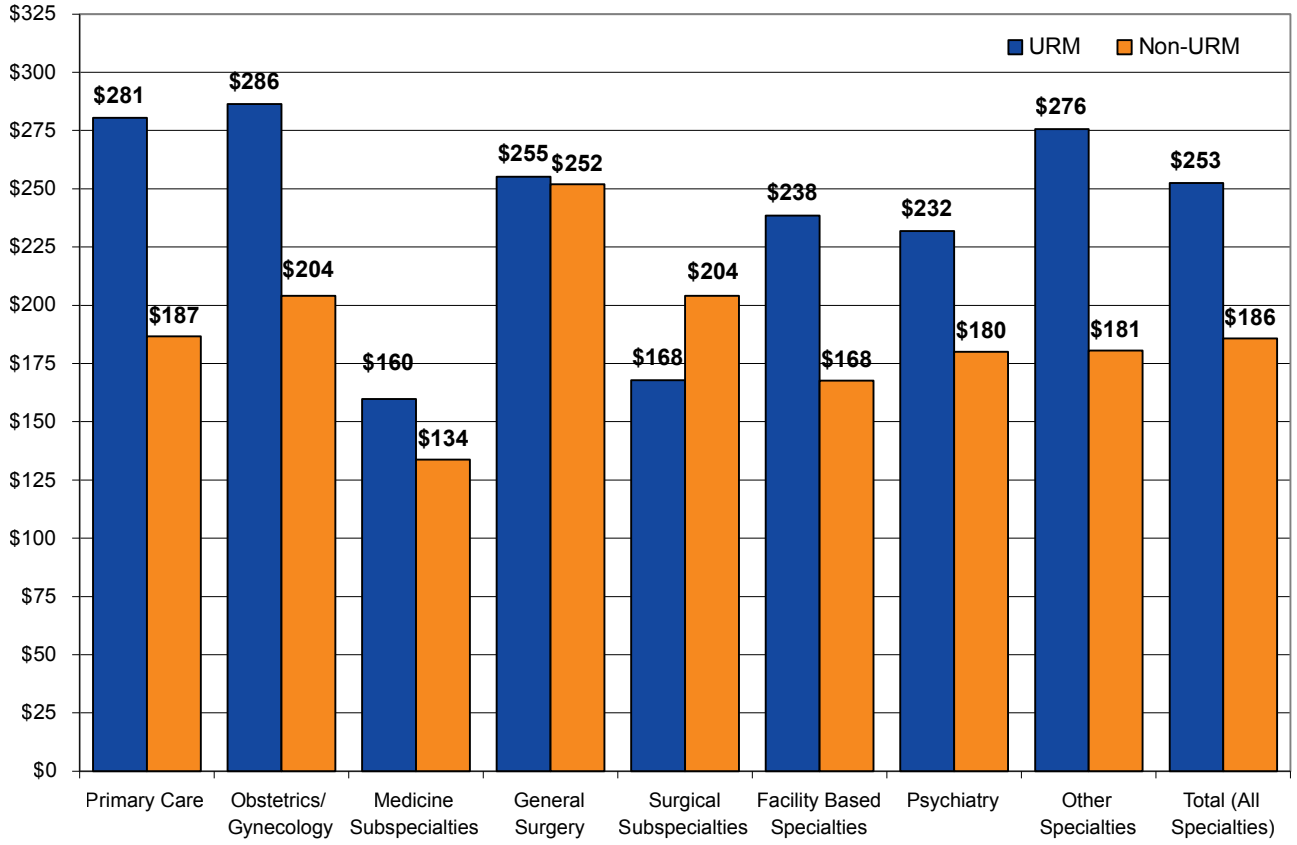


TABLE 1.2. Education Debt by Specialty (All 2022 Exit Survey Respondents, US Citizens Only)

Specialty	N	MEAN	RANK[a] (of 25)	MEDIAN	RANK (of 25)
Primary Care	**435**	**$189,356**	N/A	**$193,100**	N/A
Family Medicine	59	$259,885	1	$319,650	2
General Internal Medicine	225	$164,787	21	$148,600	21
General Pediatrics	116	$199,906	13	$208,800	13
Obstetrics/Gynecology	**75**	**$197,647**	14	**$233,900**	8
Medicine Subspecialties	**231**	**$168,042**	N/A	**$145,600**	N/A
Cardiology	38	$115,104	24	$0	25
Endocrinology & Metabolism	19	$151,431	23	$144,650	22
Gastroenterology	25	$185,676	16	$186,400	17
Hematology/Oncology	10	$153,304	22	$93,150	23
Infectious Disease	30	$236,918	4	$321,300	1
Nephrology	13	$201,131	12	$256,600	3
Pulmonary Disease	23	$244,895	2	$241,900	6
General Surgery	**60**	**$239,253**	3	**$253,600**	4
Surgical Subspecialties	**184**	**$194,876**	N/A	**$204,050**	N/A
Orthopedics	67	$205,305	9	$187,200	15
Urology	18	$208,453	8	$228,900	9
Facility Based	**263**	**$178,650**	N/A	**$177,000**	N/A
Anesthesiology	79	$183,790	17	$186,700	16
Pain Management	18	$236,022	5	$248,400	5
Pathology	40	$175,705	18	$191,550	14
Radiology	80	$173,241	19	$151,100	20
Psychiatry	**121**	**$195,439**	N/A	**$192,700**	N/A
Adult Psychiatry	76	$192,979	15	$183,500	19
Child and Adolescent Psych	21	$209,086	7	$225,900	11
Other	**339**	**$186,563**	N/A	**$201,600**	N/A
Dermatology	23	$100,871	25	$10,800	24
Emergency Medicine	123	$201,831	10	$235,300	7
Neurology	48	$167,016	20	$185,400	18
Pediatric Subspecialties	42	$220,732	6	$215,800	12
Physical Medicine and Rehab	36	$201,434	11	$228,800	10
Total (All Specialties)	**1,708**	**$187,413**	N/A	**$194,000**	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, 53% of respondents indicated that they were married, and of those who were married, 34.3% were married to another physician.
  - The specialties with the most married respondents were pulmonary disease (73%), orthopedics (72%), gastroenterology (72%), and cardiology (68%).
  - The specialties with the fewest married respondents were anesthesiology (41%), emergency medicine (42%), and general surgery (43%).
- Twenty-seven percent (27%) of respondents reported that they had dependent children.
  - The specialties with the most respondents with dependent children respondents were urology (59%), endocrinology and metabolism (50%), hematology/oncology (47%), and gastroenterology (47%).
  - The specialties with the fewest respondents with dependent children were dermatology (4%), emergency medicine (15%), and adult psychiatry (16%).

FIGURE 1.6. Percentage of Respondents Who Were Married, by Specialty Group (All 2022 Exit Survey Respondents)

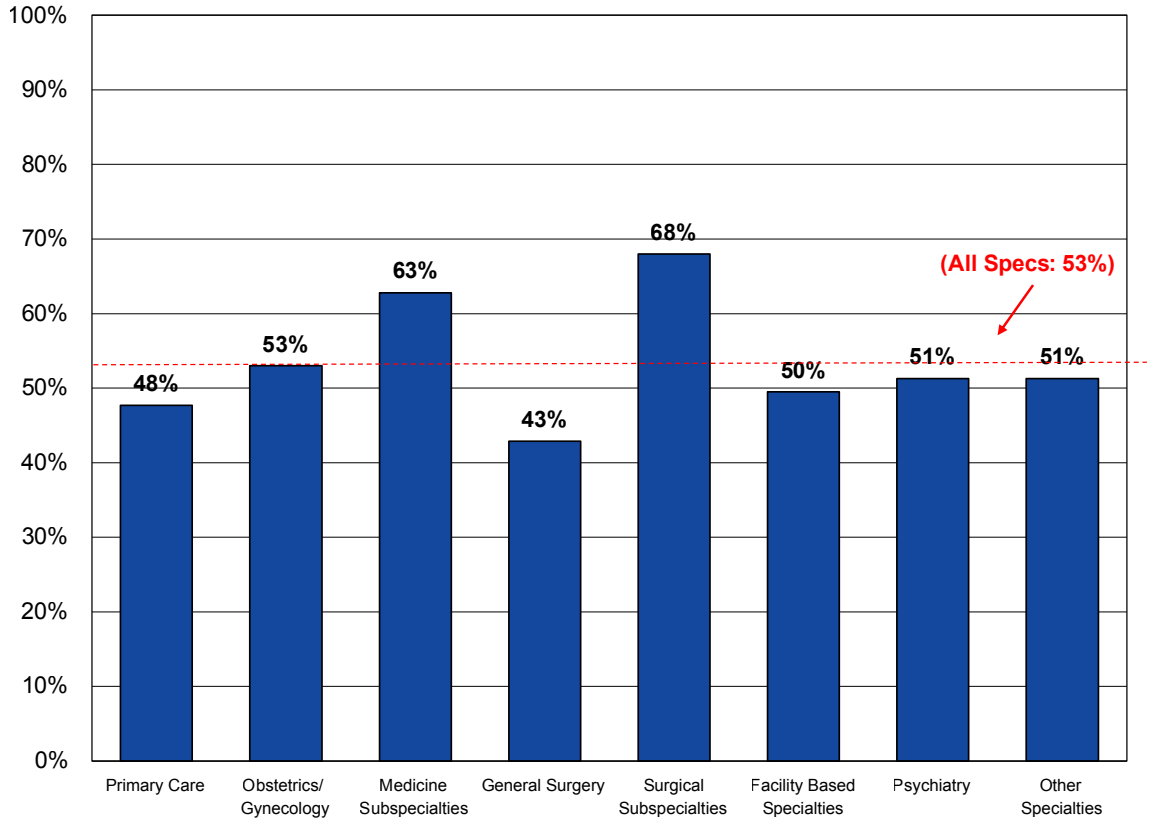


FIGURE 1.7. Percentage of Respondents With Dependent Children by Specialty Group (All 2022 Exit Survey Respondents)

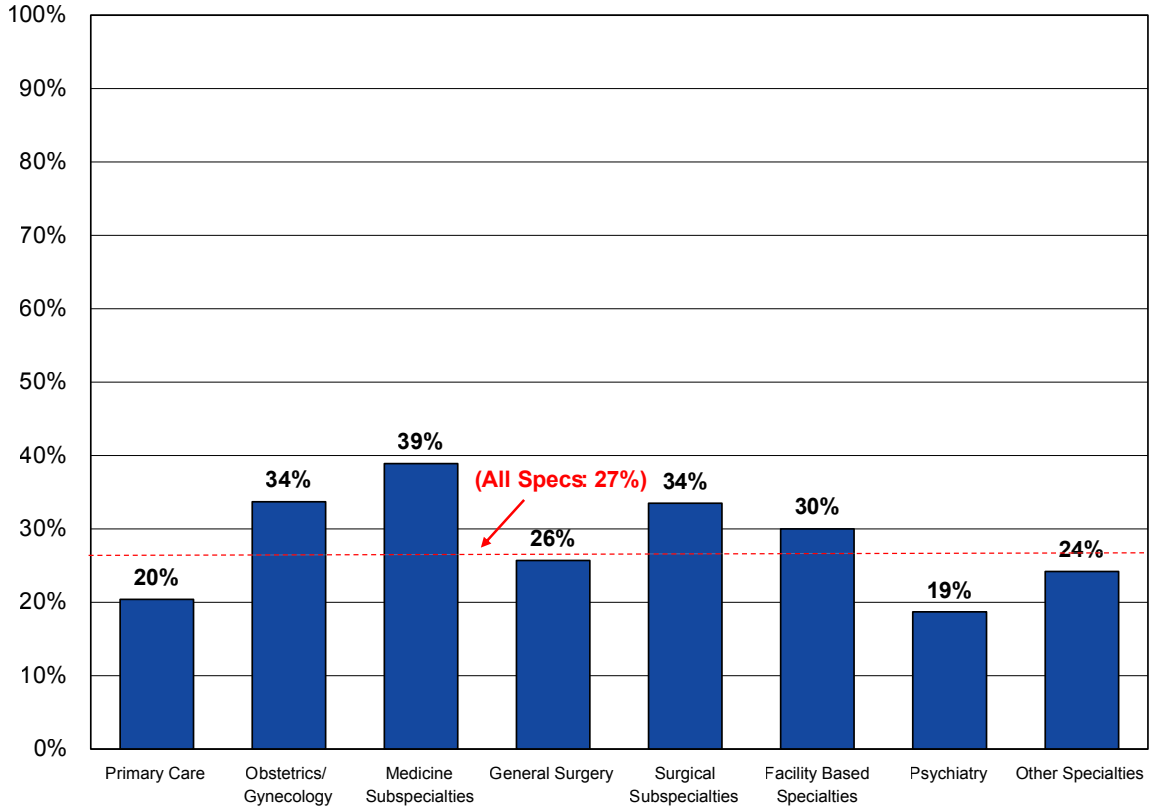


TABLE 1.3. Marital Status and Dependent Children (All 2022 Exit Survey Respondents)

Specialty	% Married	% Who Had Dependent Children
Primary Care	**48%**	**20%**
Family Medicine	53%	23%
General Internal Medicine	48%	20%
General Pediatrics	46%	20%
Obstetrics/Gynecology	**53%**	**34%**
Medicine Subspecialties	**63%**	**39%**
Cardiology	68%	39%
Endocrinology & Metabolism	62%	50%
Gastroenterology	72%	47%
Hematology/Oncology	65%	47%
Infectious Disease	65%	30%
Nephrology	64%	46%
Pulmonary Disease	73%	38%
General Surgery	**43%**	**26%**
Surgical Subspecialties	**68%**	**34%**
Orthopedics	72%	33%
Urology	59%	59%
Facility Based	**50%**	**30%**
Anesthesiology	41%	17%
Pain Management	50%	33%
Pathology	57%	44%
Radiology	54%	40%
Psychiatry	**51%**	**19%**
Adult Psychiatry	47%	16%
Child and Adolescent Psych	55%	28%
Other	**51%**	**24%**
Dermatology	54%	4%
Emergency Medicine	42%	15%
Neurology	62%	30%
Pediatric Subspecialties	56%	33%
Physical Medicine and Rehab	56%	30%
All Specialties, 2022 (2021)	**53% (54%)**	**27% (27%)**

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-one percent (51%) of respondents reported plans to enter patient care following comple-tion of their current training program.
    - Of these, 92% had confirmed practice plans (ie, they had accepted an offer for a job/ practice position) at the time they completed the survey.
- Forty-one percent (41%) of respondents reported plans to subspecialize or pursue further training.
- The remainder reported plans to: work as chief residents (2%), enter a teaching/research position (2%), or engage in other activities (4%).
- Respondents in the following specialties most frequently reported plans to enter patient care/clinical practice: pain management (88%), endocrinology and metabolism (85%), and child and adolescent psychiatry (83%).
- Respondents in the following specialties most frequently reported plans to subspecialize or continue training: general surgery (78%), urology (72%), and orthopedics (70%).
- Respondents in the following specialties most frequently reported plans to take positions as chief residents: general internal medicine (5%), general pediatrics (4%), orthopedics (2%), and pathology (2%).
- Respondents in the following specialties most frequently reported plans to enter teaching or research positions: hematology/oncology (9%), pain management (6%), radiology (6%), and pulmonary disease (5%).

FIGURE 2.1. Primary Activity After Completion of Current Training Program (All 2022 Exit Survey Respondents)

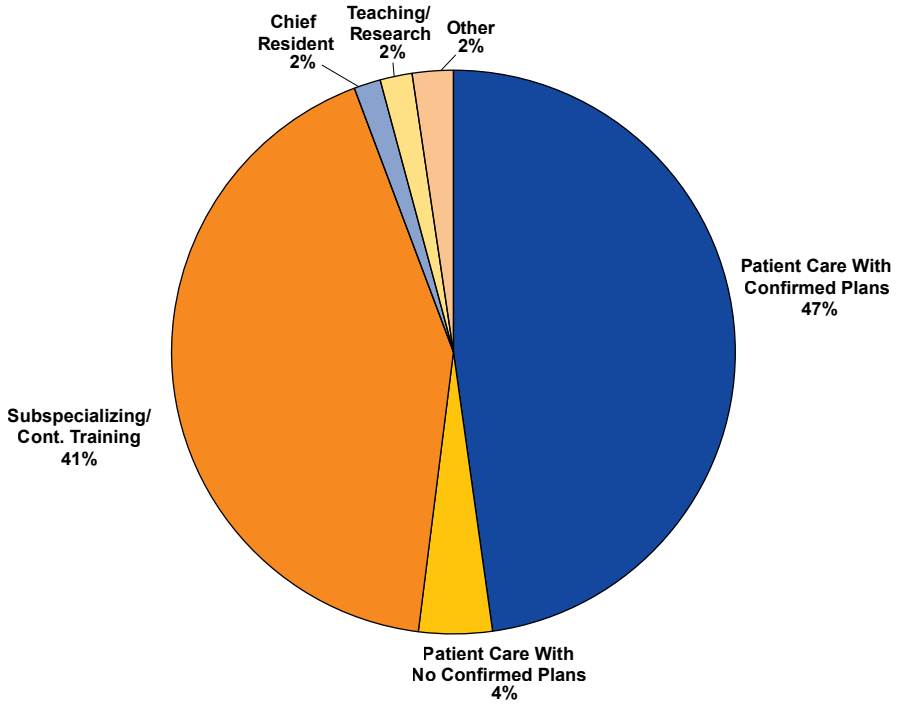


FIGURE 2.2. Percentage of Respondents Entering Patient Care by Specialty Group (All 2022 Exit Survey Respondents)

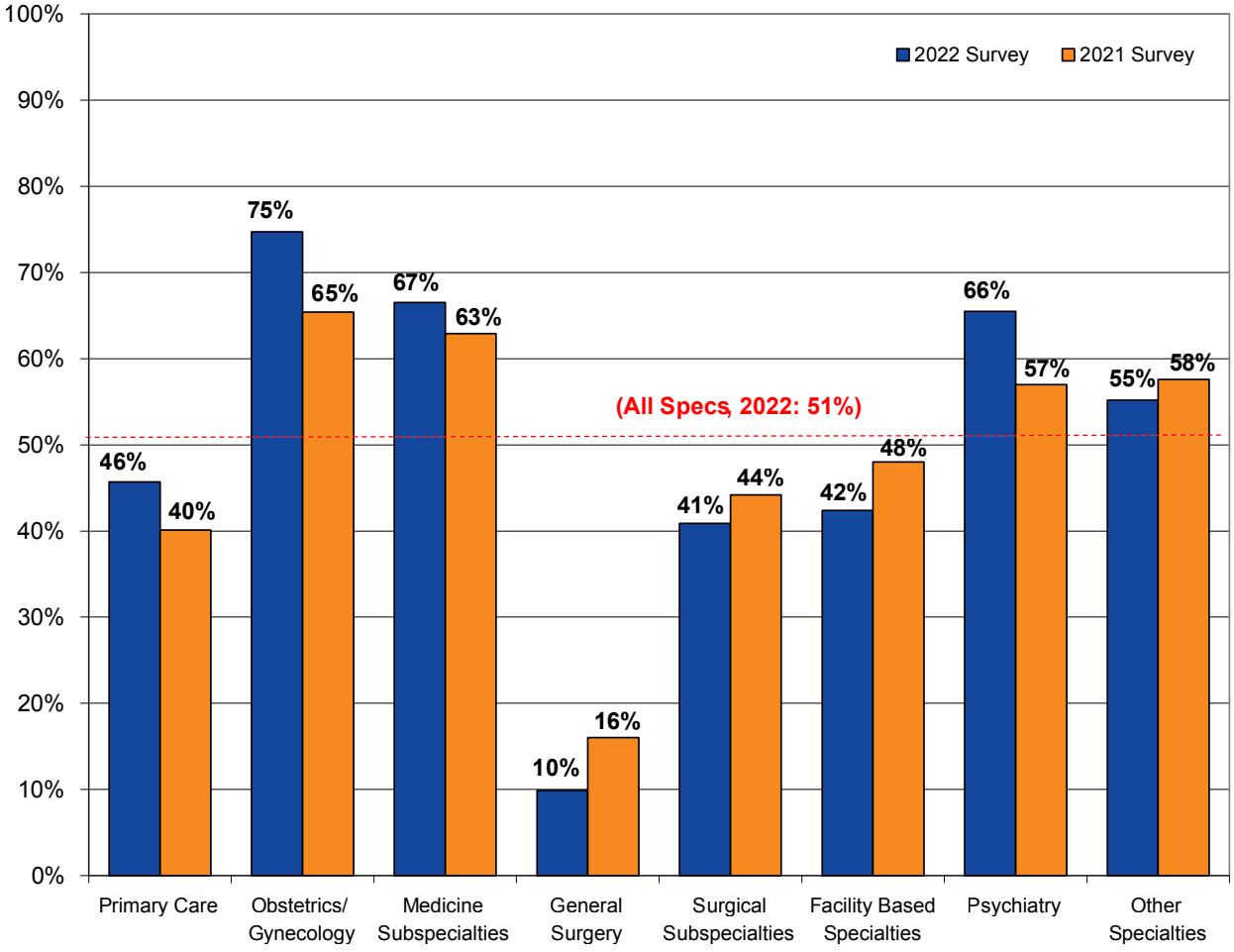


FIGURE 2.3. Rank of Percentage Entering Patient Care by Specialty (All 2022 Exit Survey Respondents)

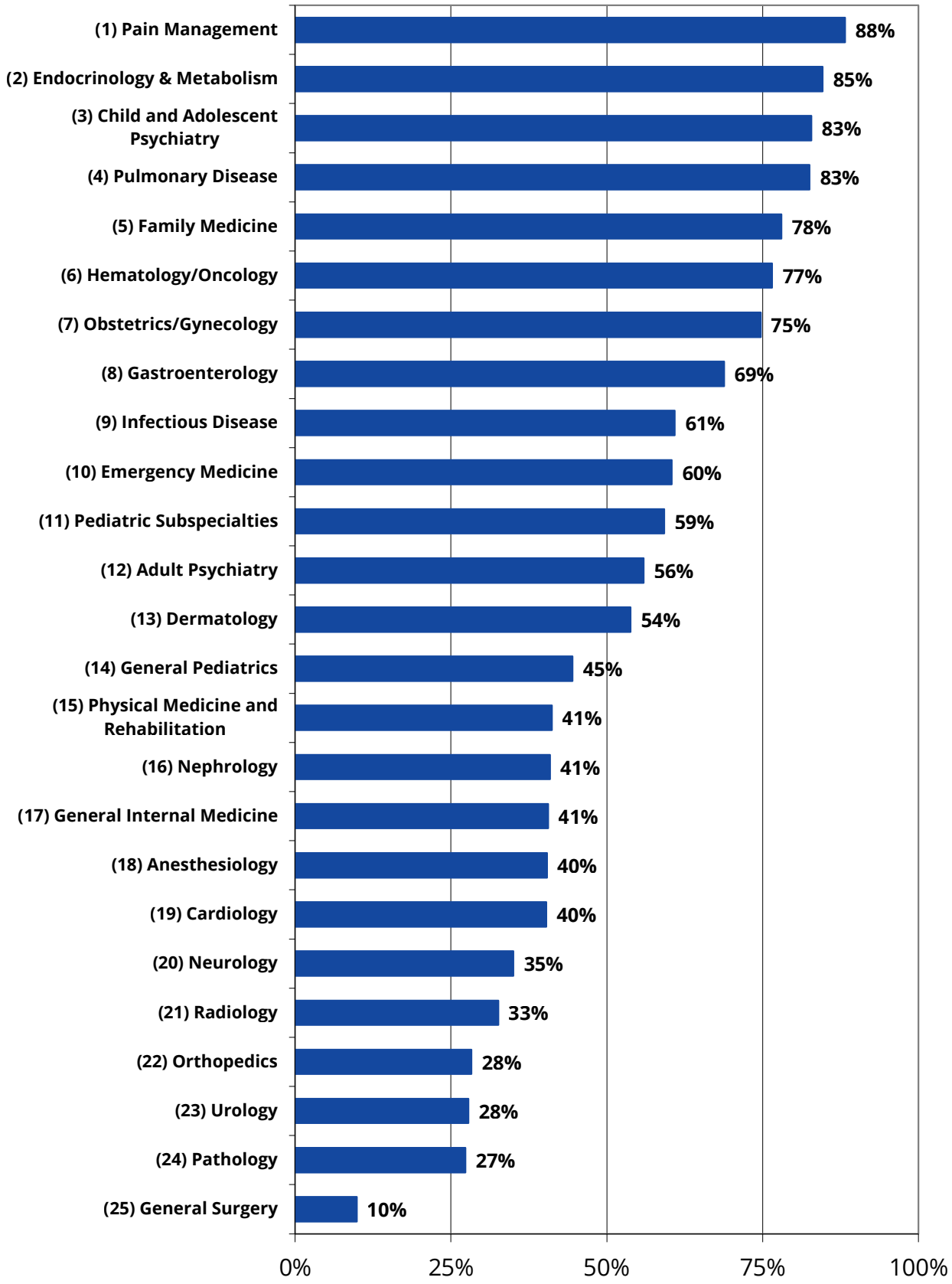


TABLE 2.1. Primary Activity After Completion of Current Training Program by Specialty (All 2022 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**46%**	**44%**	**4%**	**1%**	**6%**
Family Medicine	78%	13%	1%	0%	7%
General Internal Medicine	41%	48%	5%	1%	6%
General Pediatrics	45%	49%	4%	0%	3%
Obstetrics/Gynecology	**75%**	**24%**	**0%**	**0%**	**1%**
Medicine Subspecialties	**67%**	**25%**	**0%**	**3%**	**5%**
Cardiology	40%	54%	0%	3%	3%
Endocrinology & Metabolism	85%	12%	0%	0%	4%
Gastroenterology	69%	22%	0%	3%	6%
Hematology/Oncology	77%	15%	0%	9%	0%
Infectious Disease	61%	26%	0%	4%	9%
Nephrology	41%	41%	0%	0%	18%
Pulmonary Disease	83%	10%	0%	5%	3%
General Surgery	**10%**	**78%**	**0%**	**4%**	**9%**
Surgical Subspecialties	**41%**	**55%**	**2%**	**1%**	**2%**
Orthopedics	28%	70%	2%	0%	0%
Urology	28%	72%	0%	0%	0%
Facility Based	**42%**	**51%**	**0%**	**3%**	**4%**
Anesthesiology	40%	57%	0%	0%	3%
Pain Management	88%	6%	0%	6%	0%
Pathology	27%	59%	2%	3%	9%
Radiology	33%	59%	0%	6%	2%
Psychiatry	**66%**	**29%**	**0%**	**2%**	**3%**
Adult Psychiatry	56%	40%	0%	1%	3%
Child and Adolescent Psych	83%	10%	0%	3%	3%
Other	**55%**	**38%**	**0%**	**3%**	**4%**
Dermatology	54%	39%	0%	4%	4%
Emergency Medicine	60%	38%	0%	1%	1%
Neurology	35%	65%	0%	0%	0%
Pediatric Subspecialties	59%	28%	0%	3%	10%
Physical Medicine and Rehab	41%	59%	0%	0%	0%
All Specialties, 2022 (2021)	**51% (49%)**	**41% (41%)**	**2% (3%)**	**2% (2%)**	**4% (6%)**

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 1,070 respondents reported confirmed practice plans. Two percent (2%) of these respondents reported confirmed plans to leave the US. Physicians with plans to leave the US have been excluded from all other subsections within Section 3.

Highlights

- Forty-eight percent (48%) of respondents with confirmed plans reported plans to enter practice in New York.
    - The vast majority of these respondents (89%) reported confirmed plans to remain in the same region they had trained.
- In-state retention of physicians was highest in the following specialties: adult psychiatry (73%), pain management (60%), and family medicine (59%).
- In-state retention of physicians was lowest in the following specialties: urology (0%), general surgery (0%), pathology (19%), and physical medicine and rehabilitation (25%).
- Respondents who graduated from a high school and a medical school in New York were the most likely to report confirmed plans to practice in New York after completing training (76%).
- 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 (25%), better salary outside New York (13%), better jobs in desired locations outside New York (9%), other reason (9%), overall lack of jobs in NY (9%), and better jobs in desired practice setting outside NY (9%).
- Six percent (6%) 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 the cost of starting a practice in New York (0%), the cost of malpractice insurance in New York (0%), taxes in New York (2%), climate/weather in NY (2%), or better job for spouse/partner outside NY (3%).

FIGURE 3.1. Location of Upcoming Practice (for 2022 Respondents With Confirmed Practice Plans)

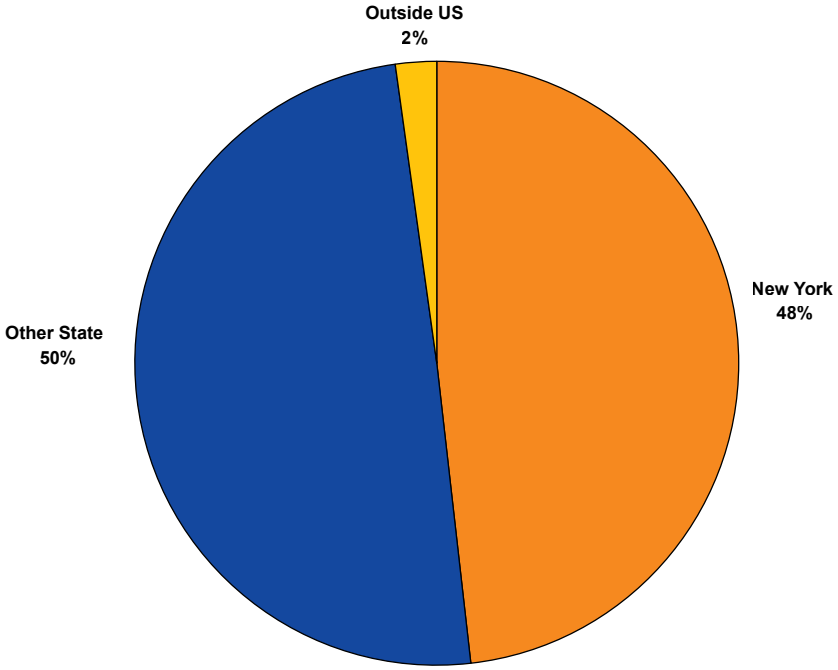


FIGURE 3.2. Percentage Entering Practice in New York by Specialty Group (for Respondents With Confirmed Practice Plans)

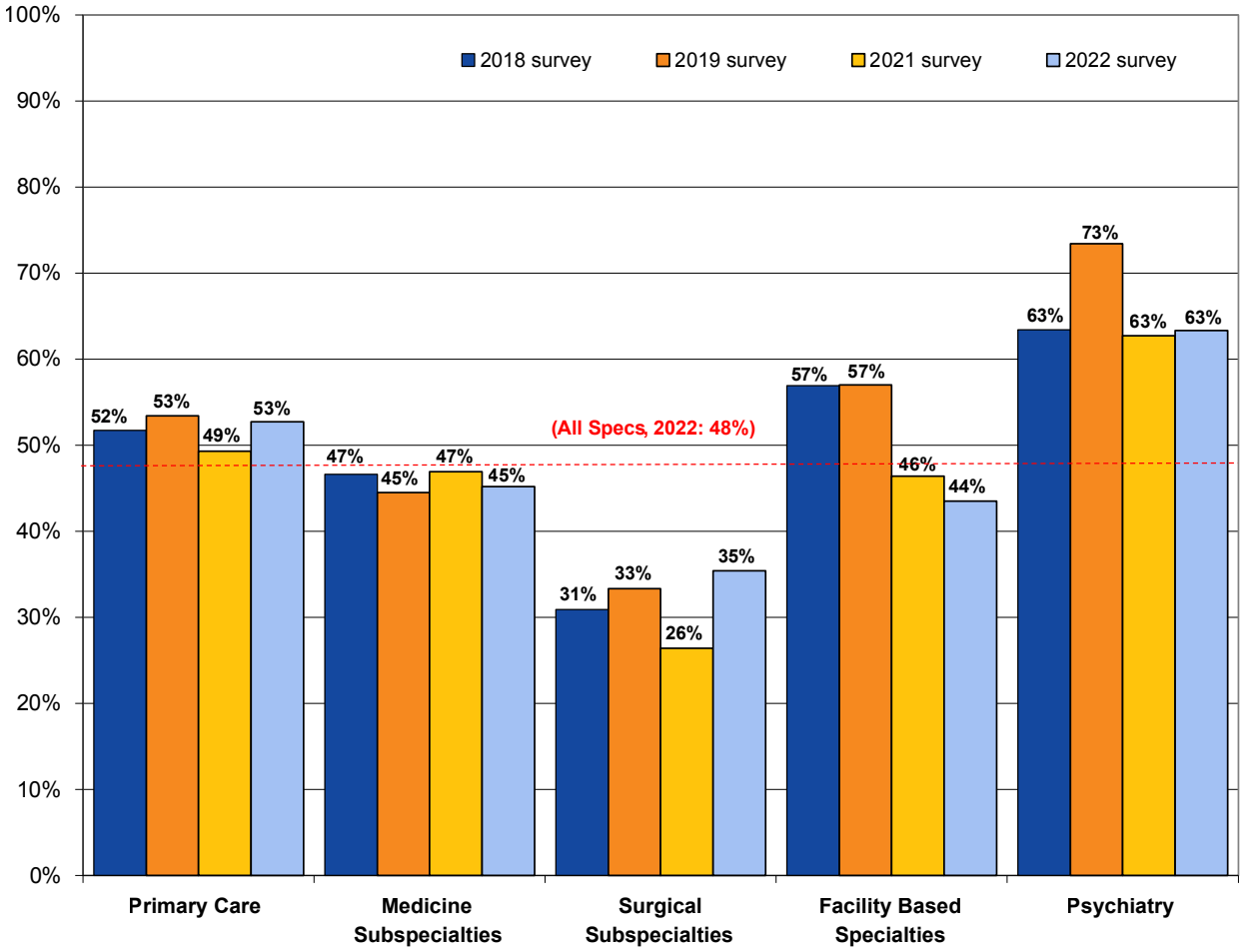


TABLE 3.1. Number of Respondents With Confirmed Practice Plans and Location of Upcoming Practice (for 2022 Respondents With Confirmed Practice Plans)

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	**278**	**47%**	**6%**	**46%**	**2%**
Family Medicine	54	59%	7%	26%	7%
General Internal Medicine	165	42%	7%	51%	1%
General Pediatrics	57	47%	2%	51%	0%
Obstetrics/Gynecology	**58**	**41%**	**5%**	**50%**	**3%**
Medicine Subspecialties	**218**	**42%**	**3%**	**53%**	**2%**
Cardiology	25	36%	0%	64%	0%
Endocrinology & Metabolism	20	47%	11%	37%	5%
Gastroenterology	21	43%	5%	52%	0%
Hematology/Oncology	29	31%	10%	55%	3%
Infectious Disease	14	50%	0%	50%	0%
Nephrology	9	44%	0%	56%	0%
Pulmonary Disease	32	34%	0%	63%	3%
General Surgery	**6**	**0%**	**17%**	**83%**	**0%**
Surgical Subspecialties	**79**	**25%**	**10%**	**60%**	**5%**
Orthopedics	16	31%	13%	50%	6%
Urology	5	0%	20%	60%	20%
Facility Based	**124**	**39%**	**5%**	**55%**	**2%**
Anesthesiology	42	41%	2%	57%	0%
Pain Management	15	60%	0%	40%	0%
Pathology	16	19%	6%	69%	6%
Radiology	27	41%	11%	48%	0%
Psychiatry	**90**	**61%**	**2%**	**34%**	**2%**
Adult Psychiatry	48	73%	2%	25%	0%
Child and Adolescent Psych	22	50%	5%	41%	5%
Other	**217**	**42%**	**6%**	**50%**	**2%**
Dermatology	12	33%	0%	67%	0%
Emergency Medicine	89	46%	8%	46%	0%
Neurology	19	26%	11%	58%	5%
Pediatric Subspecialties	41	46%	5%	44%	5%
Physical Medicine and Rehab	12	25%	17%	58%	0%
All Specialties, 2021 (2021)	**1,070 (1,517)**	**43% (41%)**	**5% (6%)**	**50% (52%)**	**2% (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 2022 Respondents With Confirmed Practice Plans)

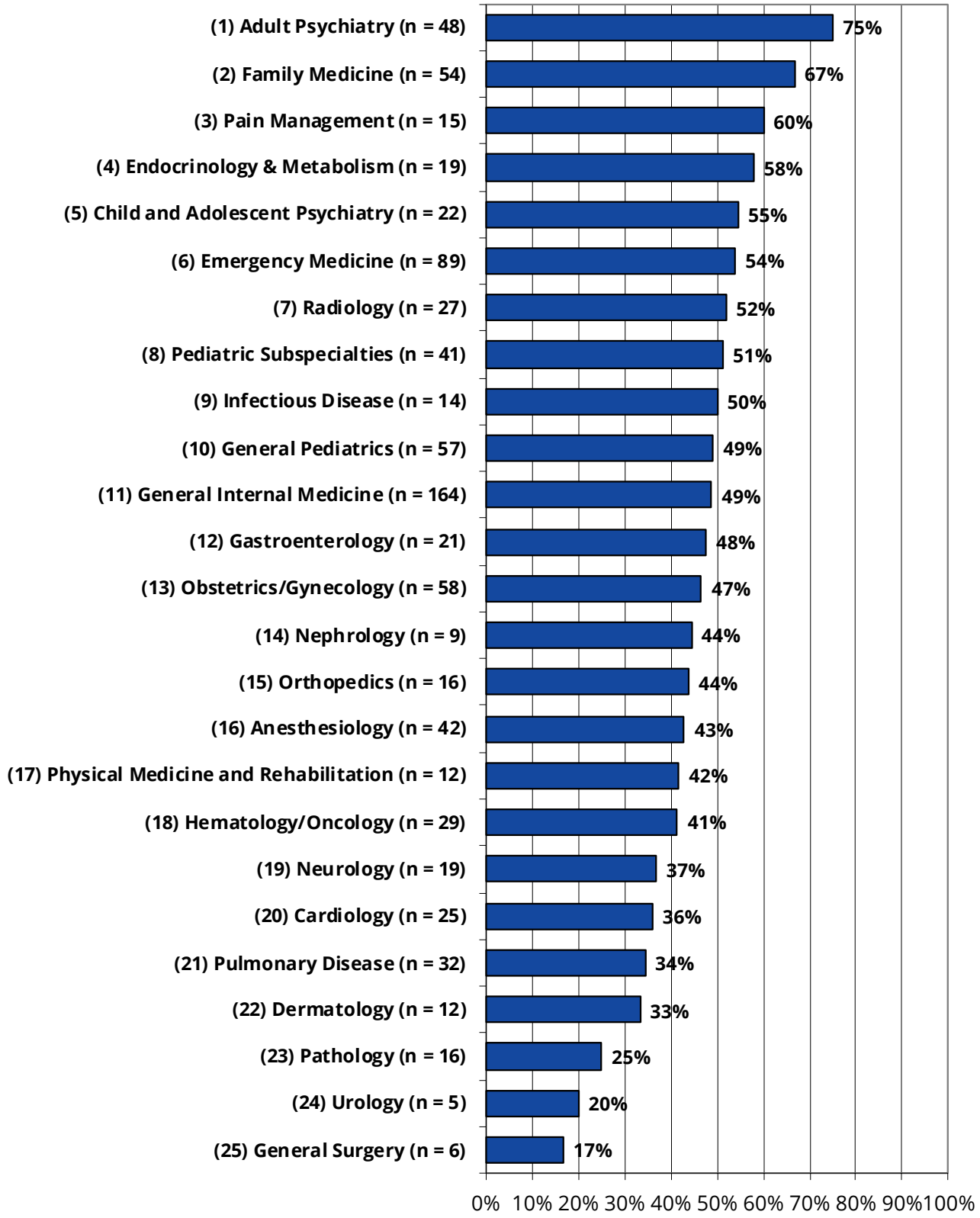


FIGURE 3.4. Percentage With Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2022 Respondents With Confirmed Practice Plans)

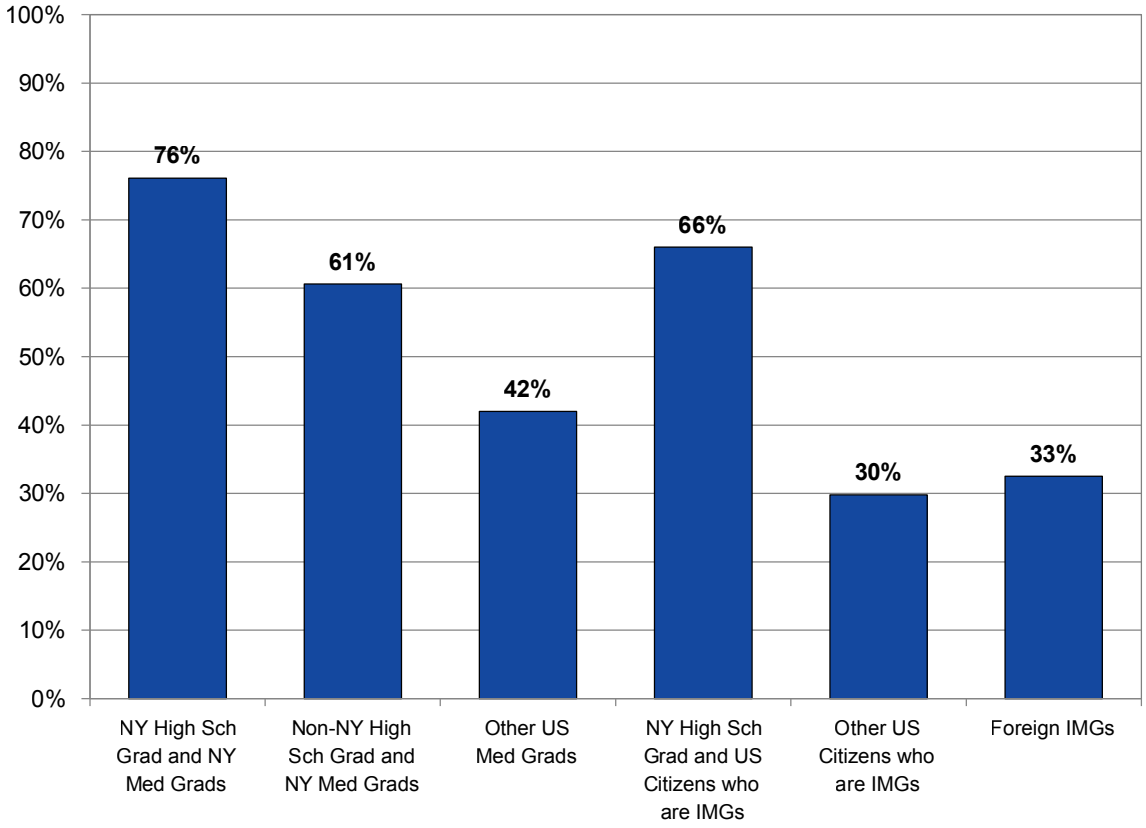
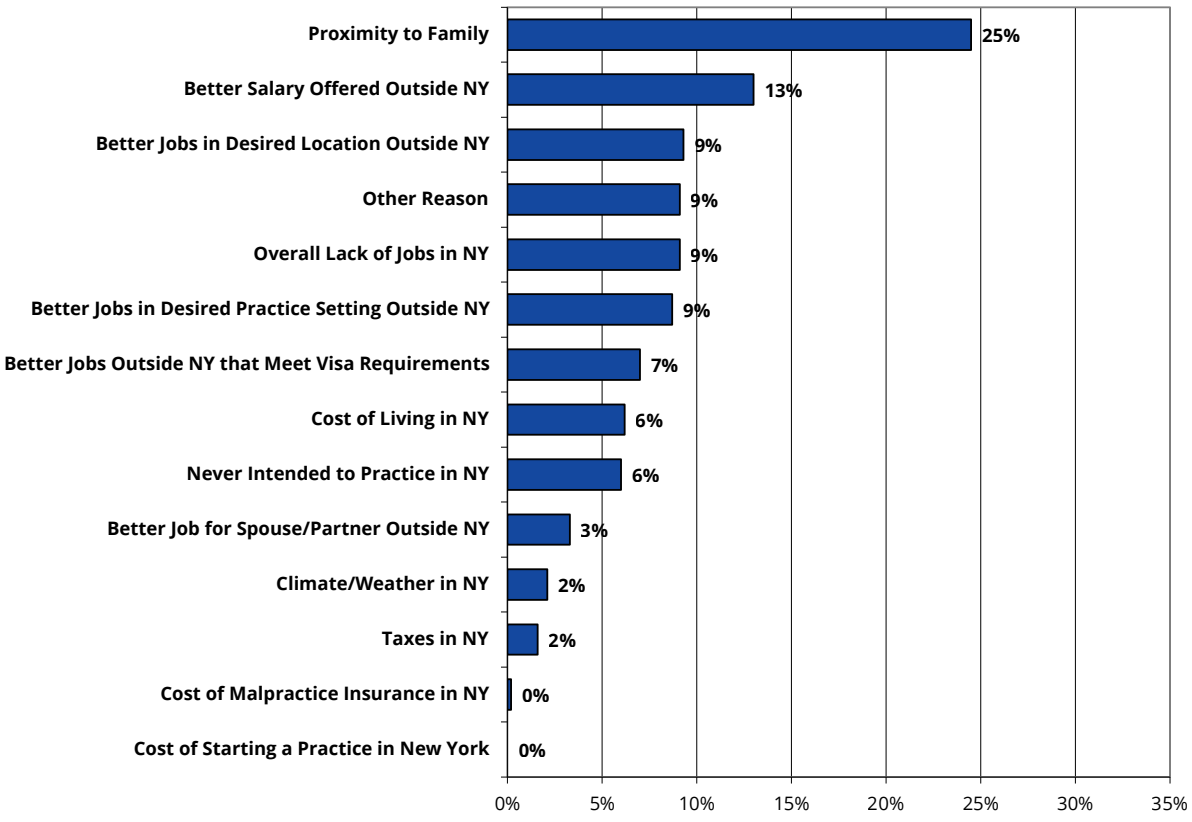


FIGURE 3.5. Principal Reason for Practicing Outside New York (for 2022 Respondents With Confirmed Practice Plans)



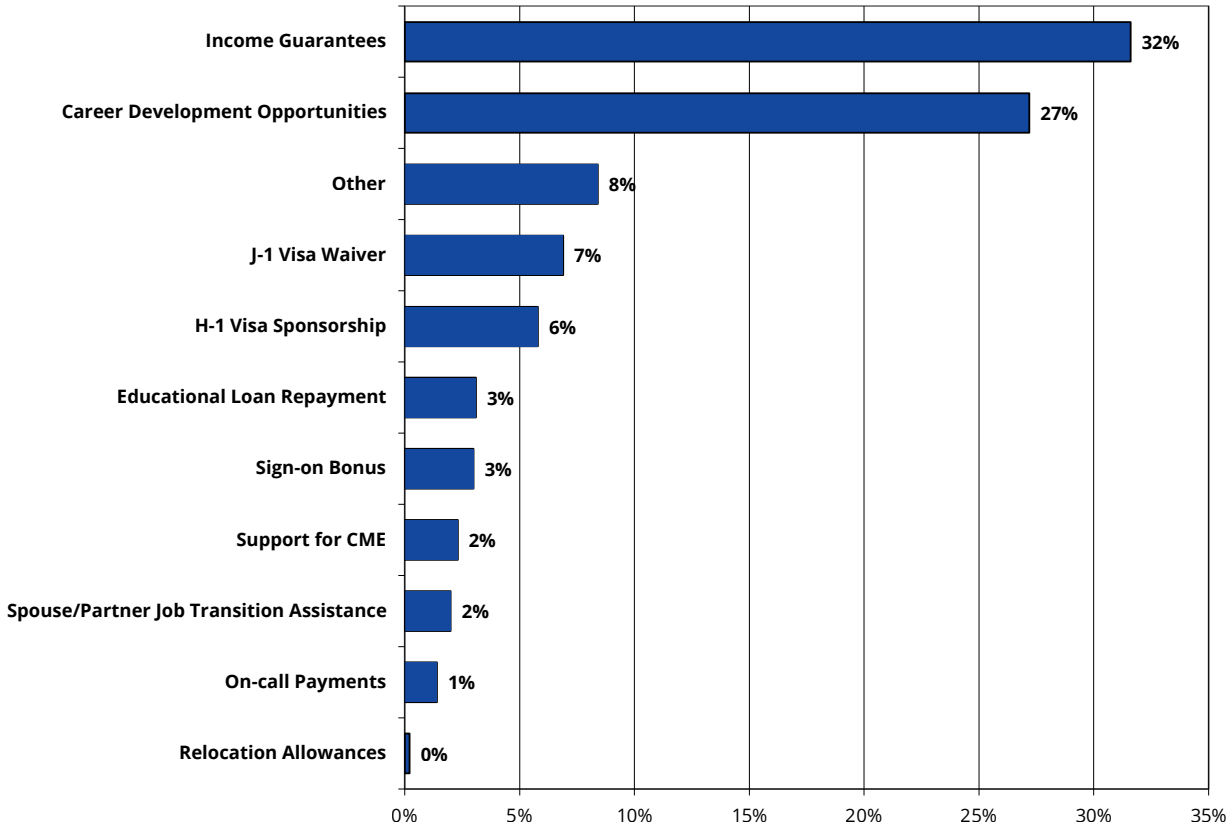
3.2 Recruitment Incentives

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 2 most influential incentives for accepting a practice position reported by respondents were income guarantees (32%) and career development opportunities (27%).
    - The next most influential incentive was other reason, reported by 8% of respondents, followed by J-1 visa waiver (7%), and H-1 visa sponsorship (6%).
- Less than 3% of respondents indicated that support for continuing medical education (2%), spouse/partner job transition assistance (2%), on-call payments (1%), or relocation allowances (0%) was the most influential incentive.

FIGURE 3.6. Most Influential Incentive Received for Accepting a Practice Position (for 2022 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-two percent (32%) of respondents reported confirmed plans to enter practice in inner-city locations, while only 4% had plans to practice in rural locations.
- Respondents in the following specialties were the most likely to report plans to enter practice in inner city locations: pediatric subspecialties (49%), adult psychiatry (41%), and hematology/oncology (39%).
- Respondents in the following specialties were the most likely to report plans to enter practice in rural areas: general surgery (17%), neurology (11%), and pathology (7%).
- Nineteen percent (19%) 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: pulmonary disease (40%), child and adolescent psychiatry (37%), and general surgery (33%).
- IMGs who are permanent residents or citizens were slighty more likely to report plans to enter practice in HPSAs than were USMGs (19% compared to 18%, 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 2022 Respondents From Primary Care Specialties With Confirmed Practice Plans)

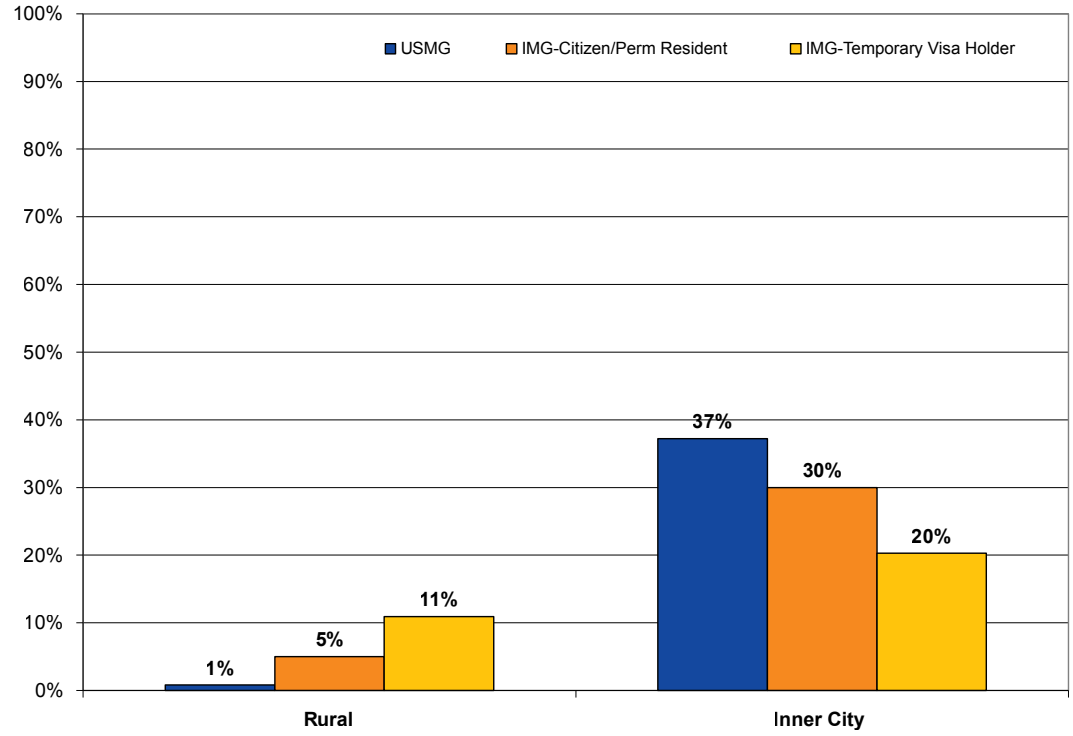


FIGURE 3.8. Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship Status (for Respondents From Primary Care Specialties With Confirmed Practice Plans)

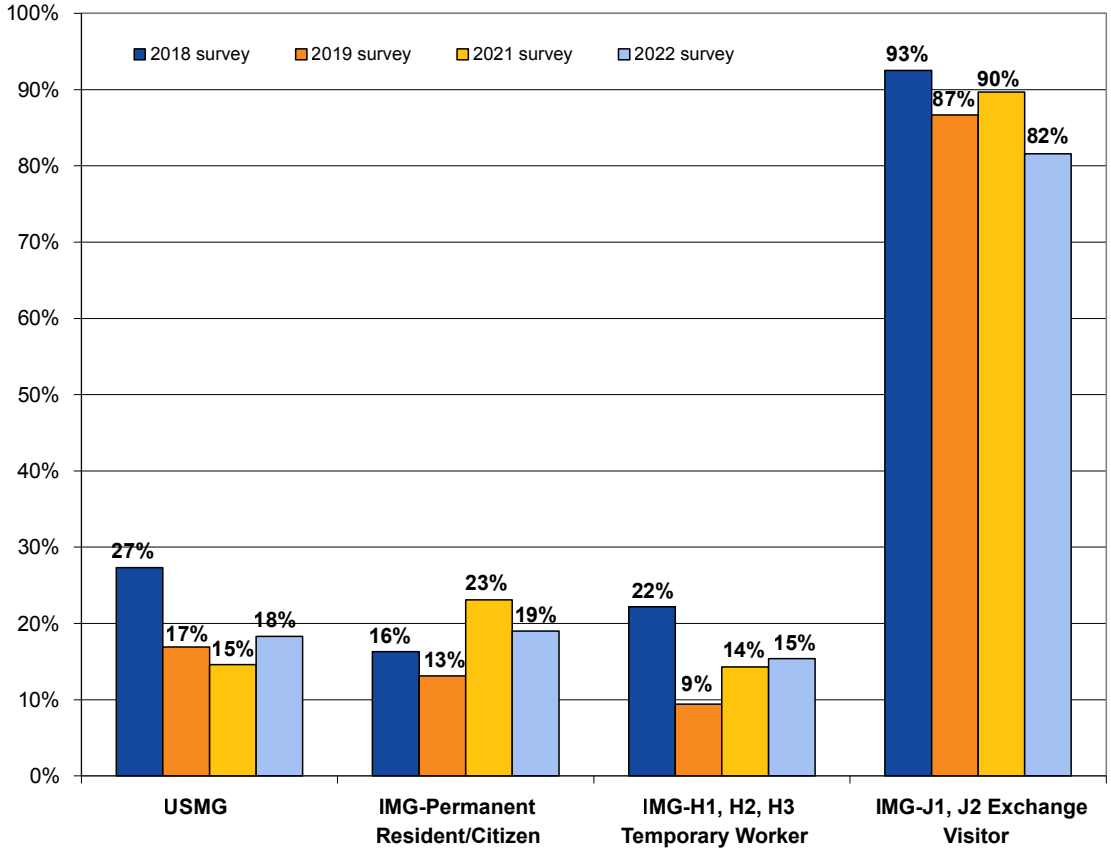


TABLE 3.2. Demographics of Practice Location (for 2022 Respondents With Confirmed Practice Plans)

Specialty	DEMOGRAPHICS					% Practicing in a Federal HPSA[a]
	Inner City	Other Area in Major City	Suburban	Small City	Rural	
Primary Care	**31%**	**17%**	**36%**	**11%**	**5%**	**28%**
Family Medicine	28%	14%	46%	8%	4%	30%
General Internal Medicine	35%	17%	31%	13%	5%	28%
General Pediatrics	24%	22%	42%	9%	4%	26%
Obstetrics/Gynecology	**31%**	**18%**	**36%**	**9%**	**6%**	**18%**
Medicine Subspecialties	**31%**	**23%**	**36%**	**7%**	**3%**	**18%**
Cardiology	30%	26%	44%	0%	0%	17%
Endocrinology & Metabolism	17%	28%	56%	0%	0%	11%
Gastroenterology	14%	24%	52%	10%	0%	0%
Hematology/Oncology	39%	14%	29%	11%	7%	14%
Infectious Disease	21%	29%	43%	7%	0%	14%
Nephrology	22%	33%	33%	11%	0%	22%
Pulmonary Disease	30%	17%	33%	13%	7%	40%
General Surgery	**33%**	**0%**	**0%**	**50%**	**17%**	**33%**
Surgical Subspecialties	**27%**	**27%**	**34%**	**8%**	**4%**	**10%**
Orthopedics	20%	27%	33%	13%	7%	7%
Urology	0%	50%	50%	0%	0%	25%
Facility Based	**23%**	**31%**	**34%**	**10%**	**2%**	**8%**
Anesthesiology	33%	28%	33%	8%	0%	10%
Pain Management	20%	33%	40%	7%	0%	0%
Pathology	14%	14%	21%	43%	7%	13%
Radiology	19%	35%	39%	4%	4%	4%
Psychiatry	**41%**	**26%**	**27%**	**3%**	**4%**	**16%**
Adult Psychiatry	41%	32%	25%	0%	2%	5%
Child and Adolescent Psych	26%	26%	37%	5%	5%	37%
Other	**37%**	**21%**	**29%**	**8%**	**5%**	**18%**
Dermatology	17%	25%	50%	8%	0%	8%
Emergency Medicine	35%	28%	28%	7%	2%	9%
Neurology	28%	17%	44%	0%	11%	25%
Pediatric Subspecialties	49%	26%	15%	8%	3%	28%
Physical Medicine and Rehab	18%	9%	46%	27%	0%	9%
All Specialties, 2022 (2021)	**32% (33%)**	**22% (20%)**	**34% (35%)**	**9% (9%)**	**4% (3%)**	**19% (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 percent (40%) 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.
  - Surgical subspecialties (5.4%) and neurology (6%) were the only specialties in which more than 5% planned to enter solo practice.
- Fifty-three percent (53%) of respondents reported plans to practice in hospitals.
  - Of these respondents, 55% reported plans to practice in inpatient settings, 27% in ambulatory care settings within the hospital, and 18% in emergency departments.

FIGURE 3.9. Upcoming Principal Practice Setting (for 2022 Respondents With Confirmed Practice Plans)

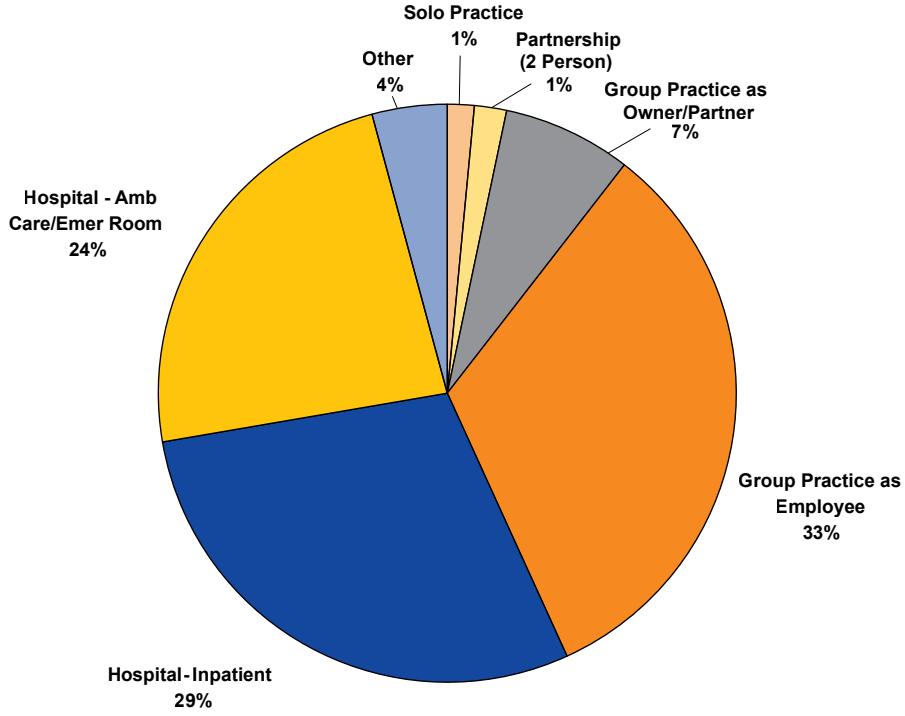


FIGURE 3.10. Upcoming Principal Practice Setting (for Respondents With Confirmed Practice Plans)

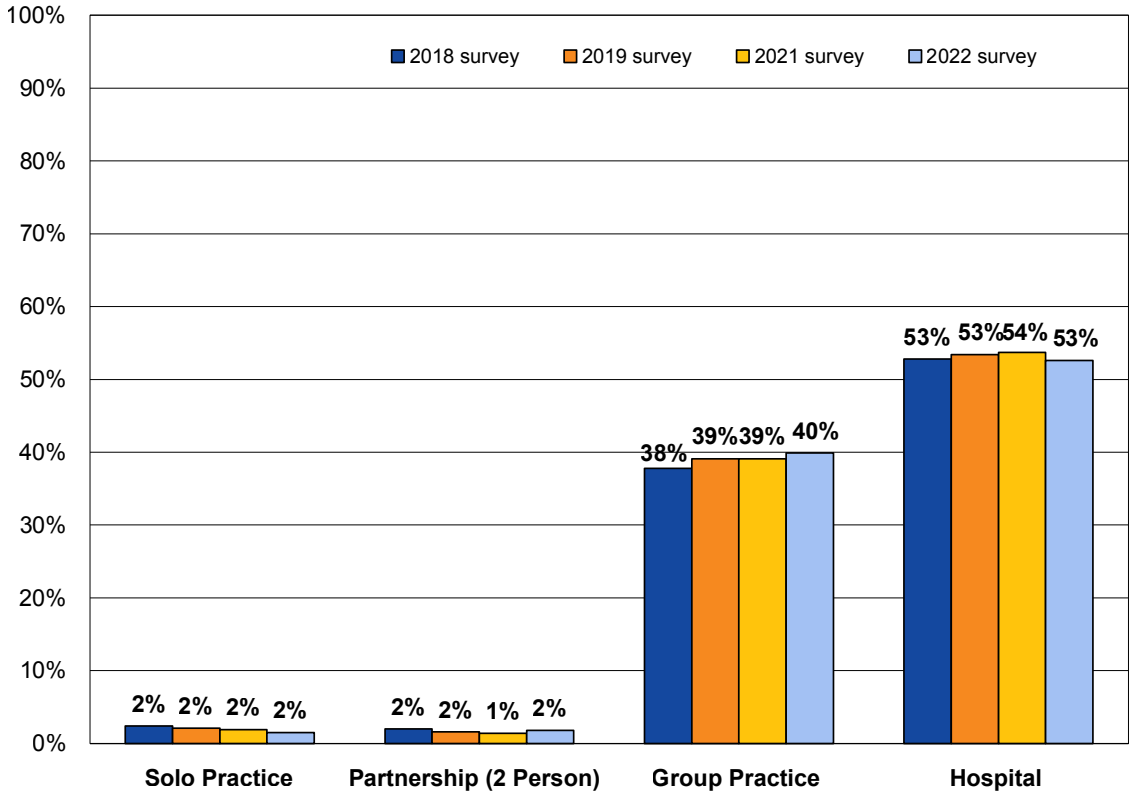


TABLE 3.3. Upcoming Principal Practice Setting by Specialty (for 2022 Respondents With Confirmed Practice Plans)

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	**0%**	**0%**	**4%**	**30%**	**46%**	**12%**	**0%**	**7%**
Family Medicine	0%	0%	2%	60%	6%	15%	0%	17%
General Internal Medicine	1%	1%	3%	14%	70%	9%	0%	3%
General Pediatrics	0%	0%	7%	49%	15%	18%	2%	9%
Obstetrics/Gynecology	**2%**	**7%**	**7%**	**52%**	**15%**	**11%**	**0%**	**6%**
Medicine Subspecialties	**1%**	**2%**	**10%**	**28%**	**34%**	**23%**	**0%**	**2%**
Cardiology	5%	0%	14%	59%	9%	9%	0%	5%
Endocrinology & Metabolism	0%	0%	13%	25%	0%	63%	0%	0%
Gastroenterology	0%	5%	24%	33%	10%	29%	0%	0%
Hematology/Oncology	0%	0%	14%	36%	7%	39%	0%	4%
Infectious Disease	0%	0%	7%	7%	71%	14%	0%	0%
Nephrology	0%	11%	22%	56%	11%	0%	0%	0%
Pulmonary Disease	0%	0%	0%	29%	61%	7%	0%	3%
General Surgery	**0%**	**0%**	**17%**	**50%**	**17%**	**17%**	**0%**	**0%**
Surgical Subspecialties	**5%**	**5%**	**16%**	**49%**	**15%**	**8%**	**0%**	**1%**
Orthopedics	0%	0%	27%	53%	7%	13%	0%	0%
Urology	0%	0%	25%	25%	0%	50%	0%	0%
Facility Based	**0%**	**2%**	**10%**	**50%**	**30%**	**6%**	**1%**	**1%**
Anesthesiology	0%	3%	8%	60%	30%	0%	0%	0%
Pain Management	0%	0%	14%	64%	14%	7%	0%	0%
Pathology	0%	0%	7%	53%	33%	0%	0%	7%
Radiology	0%	4%	8%	44%	20%	20%	4%	0%
Psychiatry	**1%**	**1%**	**2%**	**27%**	**18%**	**26%**	**12%**	**12%**
Adult Psychiatry	2%	0%	0%	27%	13%	33%	13%	11%
Child and Adolescent Psych	0%	5%	0%	30%	10%	20%	20%	15%
Other	**3%**	**1%**	**5%**	**22%**	**17%**	**11%**	**40%**	**2%**
Dermatology	0%	0%	17%	67%	0%	17%	0%	0%
Emergency Medicine	1%	0%	2%	13%	0%	0%	84%	0%
Neurology	6%	0%	6%	24%	35%	29%	0%	0%
Pediatric Subspecialties	0%	0%	5%	13%	36%	23%	21%	3%
Physical Medicine and Rehab	0%	0%	0%	55%	27%	0%	0%	18%
All Specialties, 2022	**2%**	**2%**	**7%**	**33%**	**29%**	**14%**	**9%**	**4%**
(All Specialties, 2021)	**(2%)**	**(1%)**	**(6%)**	**(33%)**	**(27%)**	**(18%)**	**(9%)**	**(4%)**

3.5 Expected Starting Income

Table 3.4 presents descriptive statistics for respondents' expected income in their first year of practice. Each individual's starting income was computed by summing their base salary and their expected additional/ incentive income. The number of respondents (N) is provided as some specialties had a relatively small number of respondents. Finally, specialties are ranked in descending order (ie, 1 is highest, 25 is lowest) by both mean and median expected starting incomes.

Highlights

- In 2022, the mean expected starting salary for new physicians was $295,769 and the median expected starting salary for new physicians was $282,900.
- 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 ($429,400), gastroenterology ($428,000), and anesthesiology ($412,300).
- General pediatrics had the lowest median starting income of all specialties ($198,350).
    - Other specialties with the lower starting incomes included pediatric subspecialties ($216,050) and infectious disease ($221,150).

FIGURE 3.11. Expected Starting Income (in $1,000s) by Specialty Group (for 2022 Respondents With Confirmed Practice Plans)

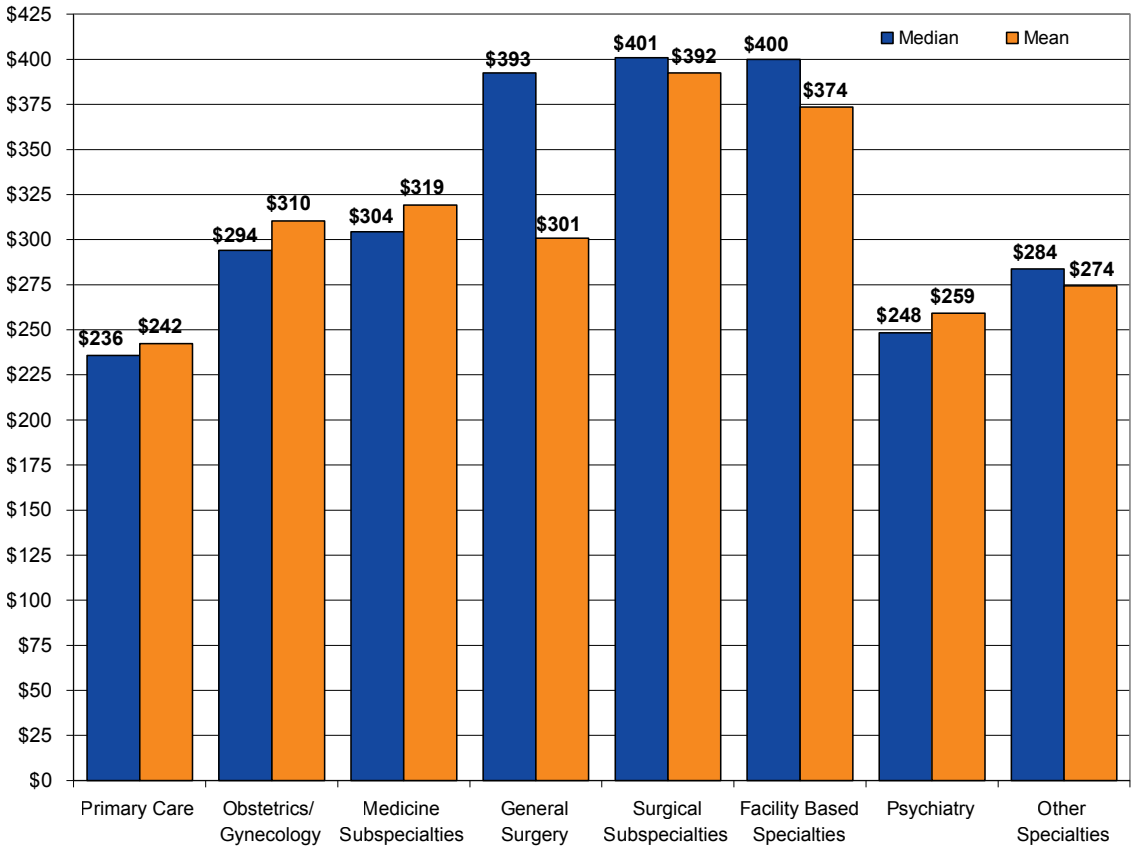


FIGURE 3.12. Distribution of Starting Income Among Primary Care and Non-Primary Care Physicians (for 2022 Respondents With Confirmed Practice Plans)

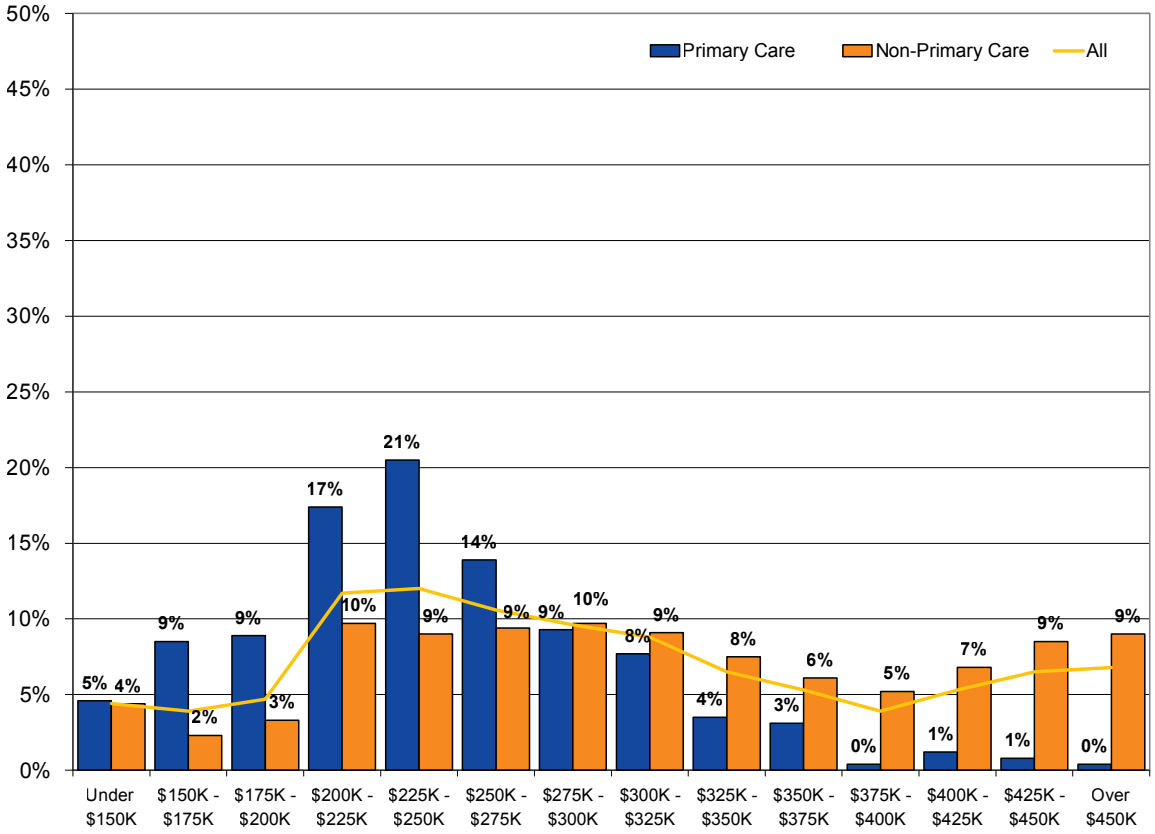


FIGURE 3.13. Rank of Median Starting Income (in $1,000s) by Specialty (for 2022 Respondents With Confirmed Practice Plans)

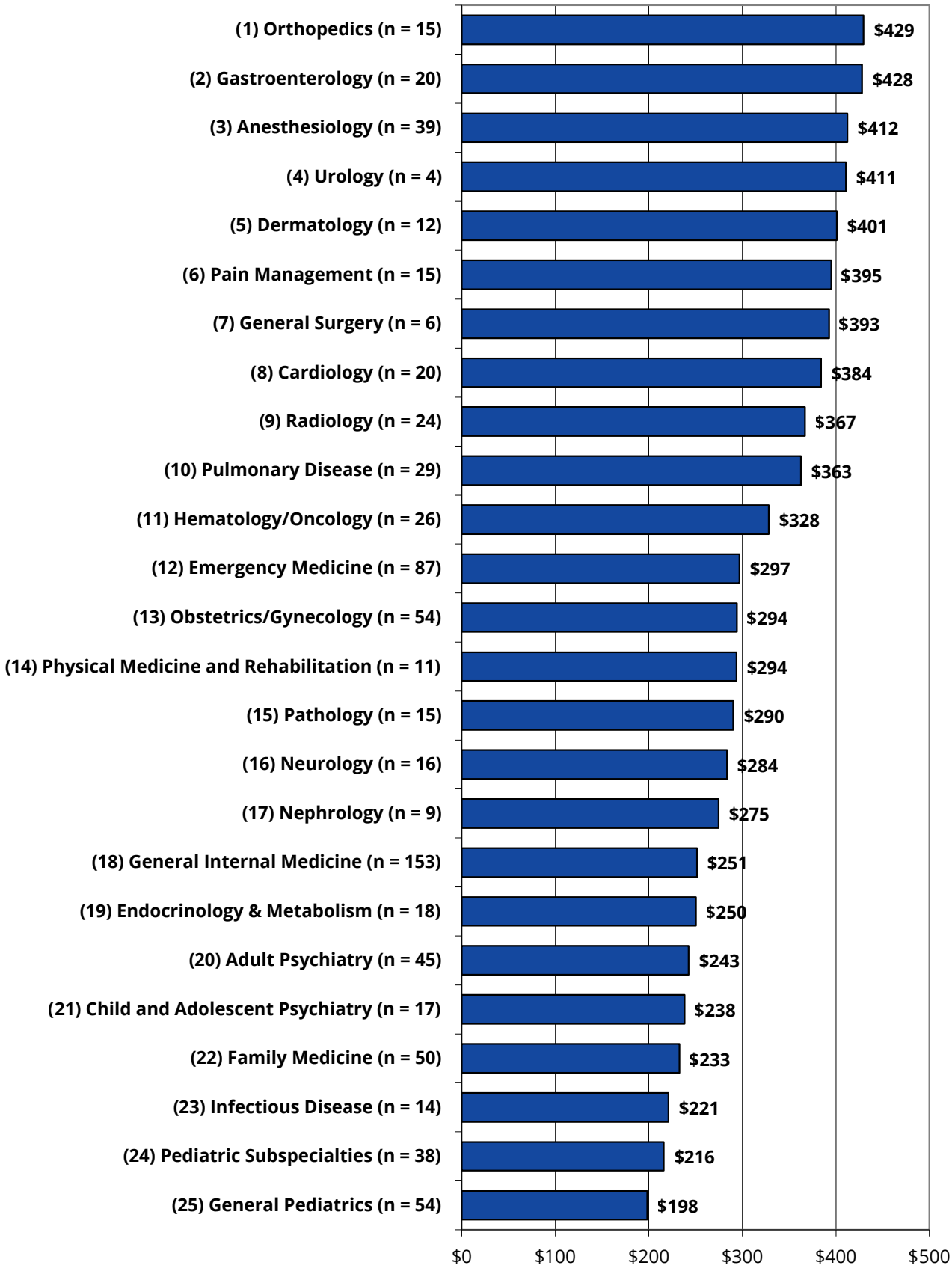


TABLE 3.4. Expected Starting Income by Specialty (for 2022 Respondents With Confirmed Practice Plans)

Specialty	N	MEAN	RANK (of 25)	MEDIAN	RANK (of 25)
Primary Care	**259**	**$242,415**	N/A	**$235,800**	N/A
Family Medicine	39	$240,210	22	$232,650	22
General Internal Medicine	94	$257,353	18	$251,400	18
General Pediatrics	57	$204,835	25	$198,350	25
Obstetrics/Gynecology	**54**	**$310,446**	11	**$294,050**	13
Medicine Subspecialties	**202**	**$319,220**	N/A	**$304,350**	N/A
Cardiology	12	$379,780	7	$384,000	8
Endocrinology & Metabolism	18	$243,856	21	$250,300	19
Gastroenterology	15	$415,480	2	$428,000	2
Hematology/Oncology	8	$336,169	10	$328,150	11
Infectious Disease	28	$231,386	23	$221,150	23
Nephrology	8	$244,756	20	$274,500	17
Pulmonary Disease	23	$338,893	9	$362,700	10
General Surgery	**6**	**$300,783**	12	**$392,500**	7
Surgical Subspecialties	**69**	**$392,386**	N/A	**$401,000**	N/A
Orthopedics	12	$440,347	1	$429,400	1
Urology	5	$406,075	3	$410,550	4
Facility Based	**115**	**$373,556**	N/A	**$400,000**	N/A
Anesthesiology	27	$392,300	5	$412,300	3
Pain Management	16	$387,493	6	$394,900	6
Pathology	18	$280,147	16	$290,300	15
Radiology	34	$374,488	8	$367,000	9
Psychiatry	**80**	**$259,104**	N/A	**$248,400**	N/A
Adult Psychiatry	31	$259,809	17	$242,700	20
Child and Adolescent Psych	18	$250,241	19	$238,300	21
Other	**206**	**$274,312**	N/A	**$283,750**	N/A
Dermatology	13	$395,767	4	$400,850	5
Emergency Medicine	72	$294,909	14	$296,700	12
Neurology	21	$297,375	13	$283,600	16
Pediatric Subspecialties	38	$227,774	24	$216,050	24
Physical Medicine and Rehab	13	$285,527	15	$293,700	14
Total (All Specialties)	**991**	**$295,769**	N/A	**$282,900**	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. 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 2021 and 2022 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 43.0 hours per week in patient care/clinical practice activities.
- Female respondents expected to work 6% fewer patient care hours than male respondents (41.8 hours per week compared to 44.2 hours per week, respectively).
    - This gender difference was greatest in pathology, with female respondents expecting to work 9.7 fewer patient hours per week than male respondents.
    - Female respondents reported expectations to work more hours than males in some specialties including: general surgery (5.9 hours per week), endocrinology and metabolism (4.1 hours per week), and pediatric subspecialties (3.2 hours per week).
- Respondents in the following individual specialties reported expectations to work the highest patient care/clinical practice hours per week: anesthesiology (51.5 hours), cardiology (50.9 hours), and general surgery (50.5 hours).
- Respondents in the following specialties reported expectations to work the fewest patient care/clinical practice hours per week: pathology (34.2 hours), adult psychiatry (34.7 hours), and emergency medicine (35.0 hours).

FIGURE 3.14. Rank of Expected Weekly Patient Care/Clinical Practice Hours by Specialty (2021 and 2022 Respondents With Confirmed Practice Plans)

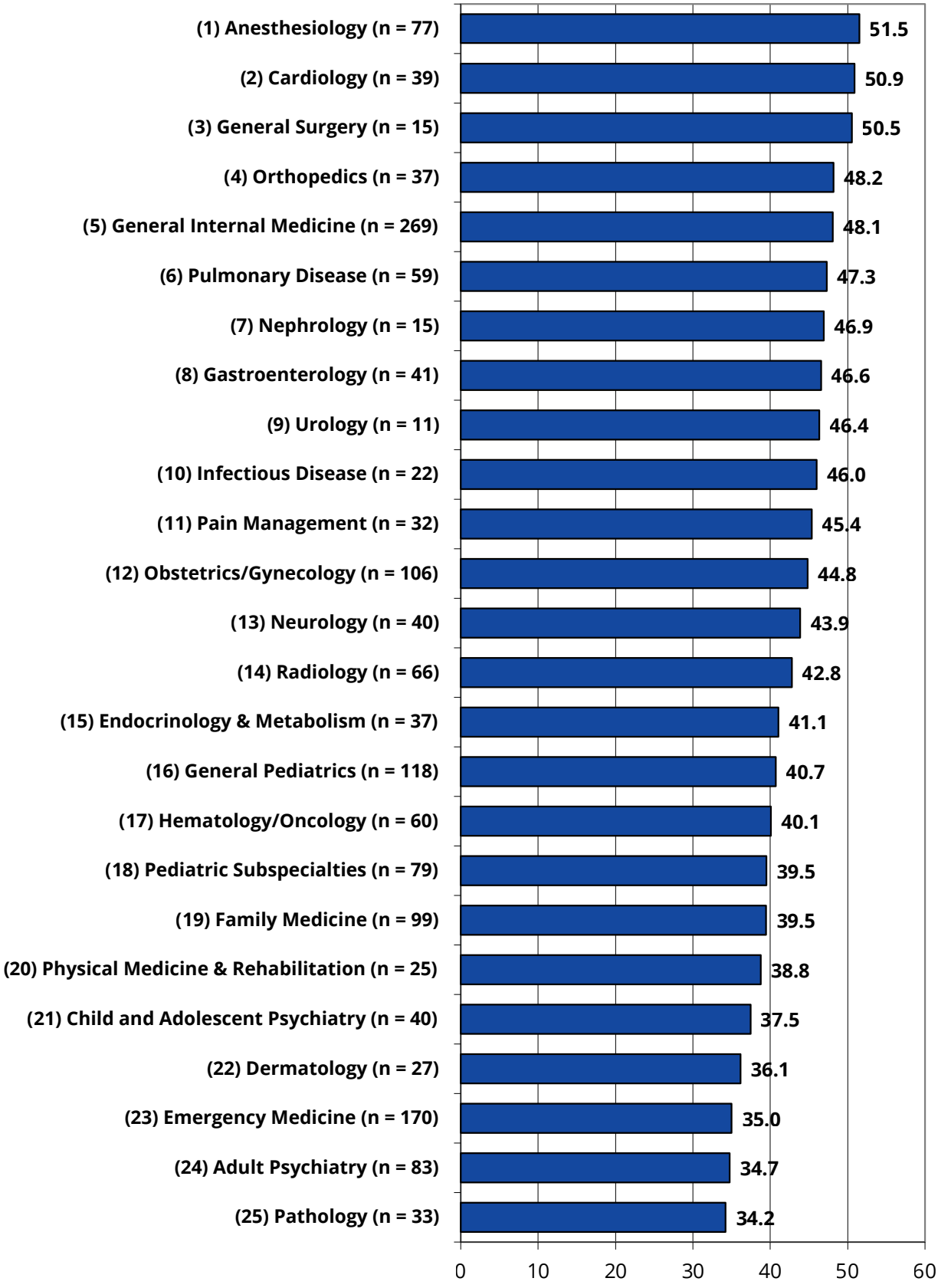


TABLE 3.5. Expected Weekly Patient Care/Clinical Practice Hours by Gender[a] (2021 and 2022) Respondents With Confirmed Practice Plans)

Specialty	Male Respondents	Female Respondents	All Respondents
Primary Care	**46.1**	**43.1**	**44.5**
Family Medicine	39.4	39.6	39.5
General Internal Medicine	49.0	47.0	48.1
General Pediatrics	40.4	40.9	40.7
Obstetrics/Gynecology	**45.0**	**44.9**	**44.8**
Medicine Subspecialties	**46.0**	**43.7**	**44.8**
Cardiology	50.9	50.9	50.9
Endocrinology & Metabolism	37.9	42.0	41.1
Gastroenterology	46.2	47.0	46.6
Hematology/Oncology	38.8	41.6	40.1
Infectious Disease	50.4	43.5	46.0
Nephrology	49.9	44.4	46.9
Pulmonary Disease	48.3	45.5	47.3
General Surgery	**47.8**	**53.7**	**50.5**
Surgical Subspecialties	**48.0**	**48.5**	**48.1**
Orthopedics	48.7	45.3	48.2
Urology	46.4	***	46.4
Facility Based	**47.2**	**42.6**	**45.7**
Anesthesiology	53.3	50.2	51.5
Pain Management	44.5	47.7	45.4
Pathology	37.5	27.7	34.2
Radiology	44.8	36.6	42.8
Psychiatry	**38.2**	**36.4**	**36.9**
Adult Psychiatry	35.8	33.7	34.7
Child and Adolescent Psych	40.5	37.4	37.5
Other	**37.3**	**37.5**	**37.4**
Dermatology	36.9	35.8	36.1
Emergency Medicine	35.1	34.9	35.0
Neurology	44.5	43.4	43.9
Pediatric Subspecialties	37.5	40.7	39.5
Physical Medicine and Rehab	41.3	36.8	38.8
All Specialties, 2022	**44.2**	**41.8**	**43.0**

[a] Patient care/clinical practice hours has been stratified by gender in any specialty with enough respondents to do so. If the number of respondents is less than 5, the hours worked are shown as ***. The data presented in this table are for respondents to both the 2021 and 2022 surveys. Patient care/clinical practice hours has been stratified by gender because females expected to work fewer hours than males.

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 Health Professional Shortage Area (HPSA) or continue graduate medical training. Figure 4.1 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 2022 survey, 2) the aggregated total of all respondents for the 2021 and 2022 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 3.50) and weekend duties (score of 3.47) was most important, followed by length of each workday (score of 3.32), and predictable start and end time each workday (3.24).

TABLE 4.1. Mean Likert Scores for Importance of Control Over Certain Job Characteristics by Specialty (for 2022 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	**3.21**	**3.28**	**3.55**	**3.51**
Family Medicine	3.44	3.46	3.78	3.74
General Internal Medicine	3.20	3.26	3.49	3.42
General Pediatrics	3.03	3.16	3.49	3.47
Obstetrics/Gynecology	**3.06**	**3.08**	**3.37**	**3.46**
Medicine Subspecialties	**3.36**	**3.41**	**3.60**	**3.55**
Cardiology	3.50	3.46	3.54	3.58
Endocrinology & Metabolism	3.53	3.63	3.71	3.75
Gastroenterology	3.55	3.60	3.75	3.75
Hematology/Oncology	3.42	3.38	3.58	3.50
Infectious Disease	3.46	3.46	3.77	3.69
Nephrology	3.30	3.20	3.50	3.30
Pulmonary Disease	3.11	3.17	3.56	3.39
General Surgery	**3.00**	**2.91**	**3.45**	**3.45**
Surgical Subspecialties	**3.18**	**3.19**	**3.40**	**3.42**
Orthopedics	3.12	3.19	3.23	3.27
Urology	2.83	2.83	3.50	3.67
Facility Based	**3.33**	**3.40**	**3.55**	**3.57**
Anesthesiology	3.28	3.35	3.55	3.67
Pain Management	3.50	3.63	3.87	3.81
Pathology	3.21	3.29	3.14	3.07
Radiology	3.36	3.41	3.64	3.55
Psychiatry	**3.58**	**3.55**	**3.83**	**3.82**
Adult Psychiatry	3.52	3.54	3.83	3.77
Child and Adolescent Psych	3.63	3.53	3.79	3.84
Other	**3.06**	**3.32**	**3.30**	**3.23**
Dermatology	3.73	3.80	3.93	3.93
Emergency Medicine	2.88	3.26	3.06	2.96
Neurology	3.20	3.47	3.53	3.47
Pediatric Subspecialties	3.28	3.38	3.38	3.38
Physical Medicine and Rehab	3.38	3.46	3.62	3.46
All Specialties, 2022 (2021)	**3.24 (3.18)**	**3.32 (3.27)**	**3.50 (3.48)**	**3.48 (3.47)**

4.2 Difficulty Finding a Satisfactory Practice Position

Table 4.2 shows the percent of respondents who reported difficulty finding a satisfactory practice position. As noted above, this table summarizes the responses for the 2022 survey, the aggregated total of responses for 2021 and 2022, and the aggregated responses for the last 4 years of the survey.

Highlights

- Twenty percent (20%) of respondents reported difficulty finding a satisfactory position in 2022.
- The most often cited main reason for difficulty finding a satisfactory practice position was lack of jobs in desired locations (34%), followed by an overall lack of jobs (27%), and inadequate salary/compensation offered (19%).
- The specialties with the highest percentage of respondents having difficulty finding a satisfactory practice position in 2022 were: pain management (44%), general surgery (36%), and nephrology (33%).
- The specialties with the lowest percentage of respondents having difficulty finding a satisfactory practice position in 2022 were: urology (0%), adult psychiatry (4%), hematology/oncology (4%), and radiology (5%).
- The specialties with the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 2 years of the survey (2021 and 2022 aggregated) were: pain management (47%), emergency medicine (45%), and physical medicine and rehabilitation (43%).
- The specialties with the highest percentage of respondents reporting difficulty finding a satisfactory position for the last 4 years of the survey were: nephrology (43%), pain management (40%), and endocrinology and metabolism (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 2022 Respondents Who Had Searched for a Job)

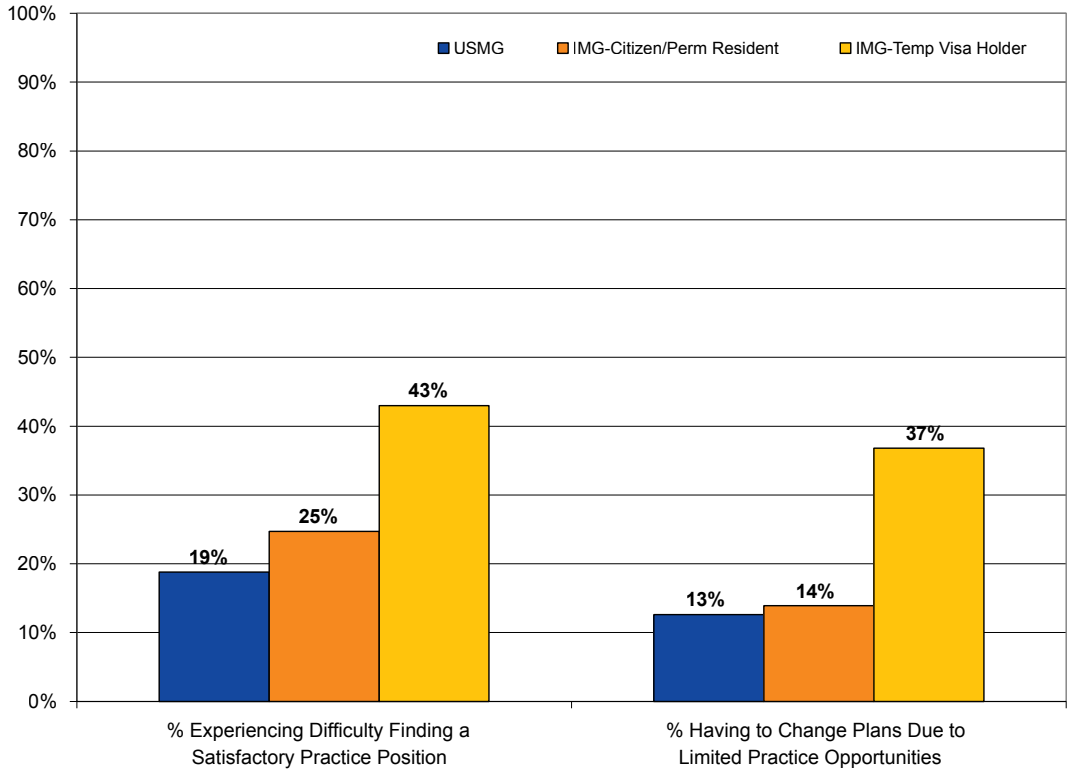


FIGURE 4.2. Main Reason for Difficulty Finding a Satisfactory Practice Position (for 2022 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

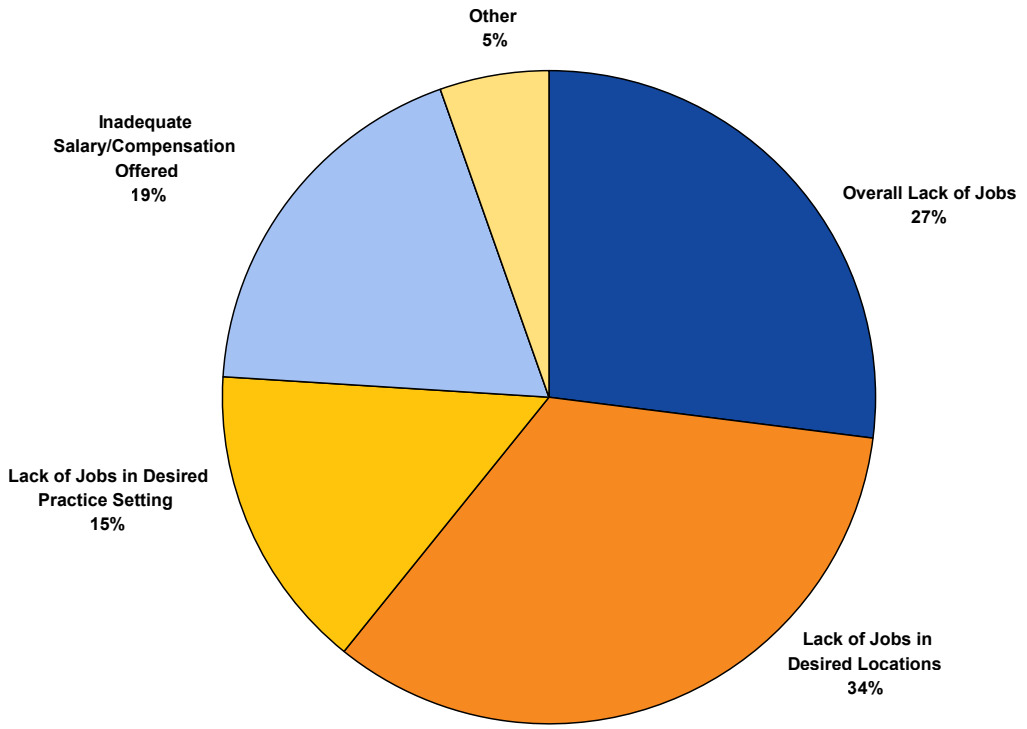


FIGURE 4.3. Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

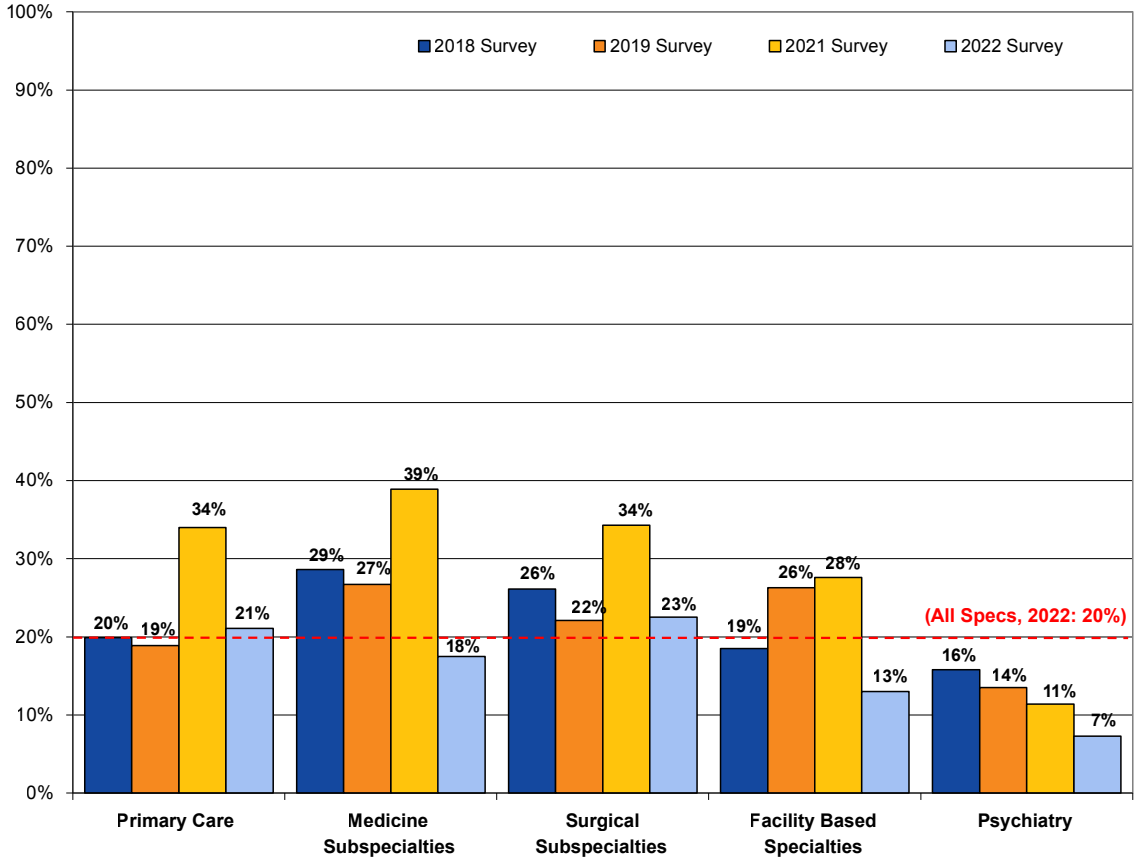


FIGURE 4.4. Rank of Percentage Having Difficulty Finding a Satisfactory Practice Position by Specialty (for 2022 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

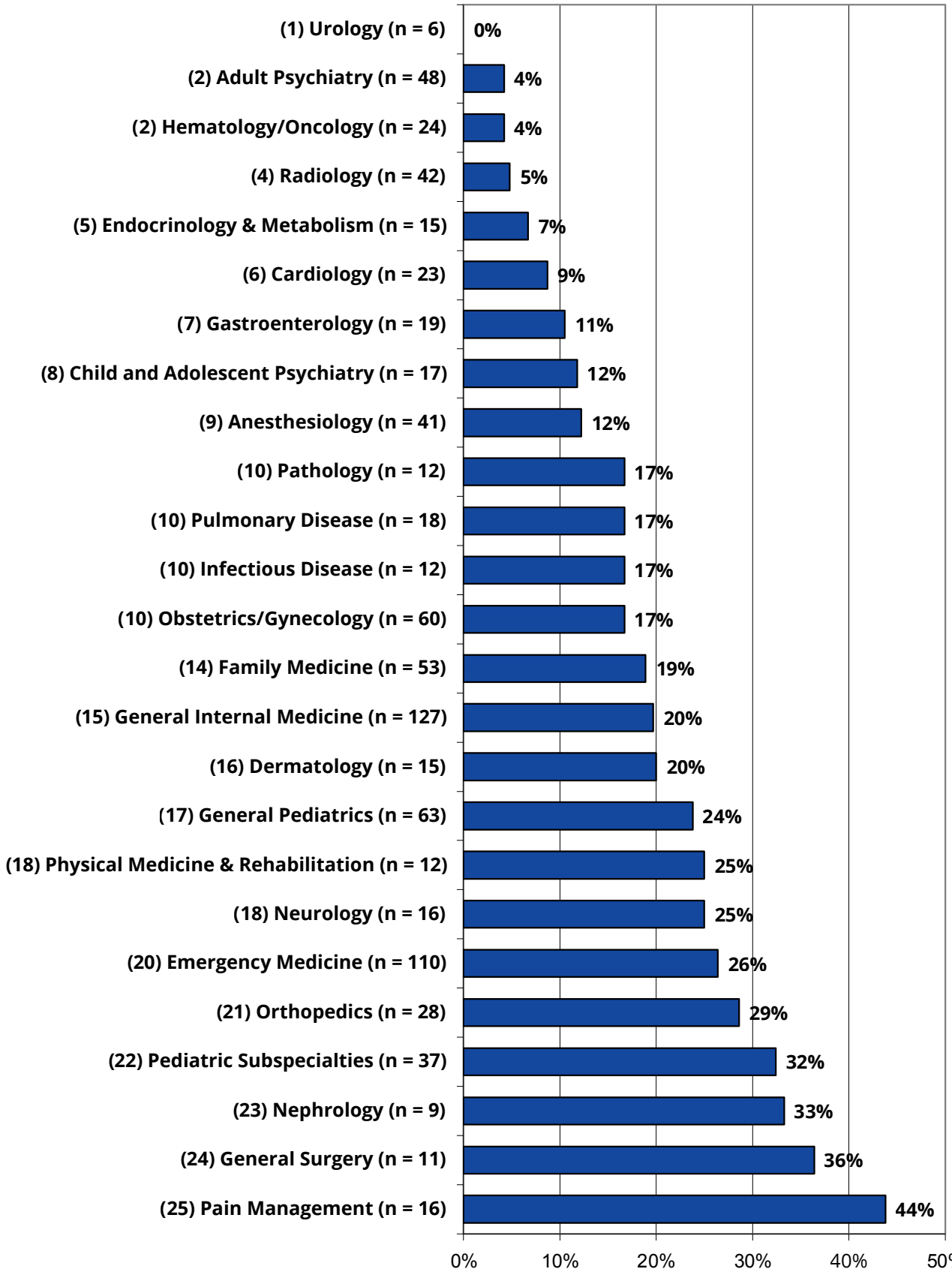


TABLE 4.2. Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position (of Respondents Who Have Searched for a Job, IMGs on Temp Visas Excluded)

Specialty	2022 Respondents	RANK (of 25)	Aggregated Respondents: 2021 and 2022	RANK (of 25)	Aggregated Respondents: 2018-2022	RANK (of 25)
Primary Care	**21%**	N/A	**27%**	N/A	**22%**	N/A
Family Medicine	19%	14	28%	15	18%	6
General Internal Medicine	20%	15	25%	12	22%	10
General Pediatrics	24%	17	27%	14	25%	16
Obstetrics/Gynecology	**16%**	10	**17%**	6	**19%**	7
Medicine Subspecialties	**18%**	N/A	**28%**	N/A	**28%**	N/A
Cardiology	9%	6	20%	8	23%	11
Endocrinology & Metabolism	7%	5	30%	17	39%	23
Gastroenterology	11%	7	13%	5	16%	4
Hematology/Oncology	4%	2	22%	9	25%	15
Infectious Disease	17%	10	22%	11	23%	12
Nephrology	33%	23	33%	18	43%	25
Pulmonary Disease	17%	10	34%	19	29%	18
General Surgery	**36%**	24	**38%**	21	**36%**	20
Surgical Subspecialties	**23%**	N/A	**29%**	N/A	**26%**	N/A
Orthopedics	29%	21	29%	16	24%	14
Urology	0%	1	0%	1	15%	3
Facility Based	**13%**	N/A	**20%**	N/A	**21%**	N/A
Anesthesiology	12%	9	11%	3	12%	2
Pain Management	44%	25	47%	25	40%	24
Pathology	17%	10	37%	20	37%	22
Radiology	5%	4	18%	7	20%	9
Psychiatry	**7%**	N/A	**9%**	N/A	**13%**	N/A
Adult Psychiatry	4%	2	6%	2	8%	1
Child and Adolescent Psych	12%	8	12%	4	16%	5
Other	**28%**	N/A	**39%**	N/A	**28%**	N/A
Dermatology	20%	16	22%	10	20%	8
Emergency Medicine	26%	20	45%	24	24%	13
Neurology	25%	18	26%	13	26%	17
Pediatric Subspecialties	32%	22	39%	22	36%	21
Physical Medicine and Rehab	25%	18	43%	23	33%	19
Total (All Specialties)	**20%**	N/A	**27%**	N/A	**24%**	N/A

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 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 2022.
- The specialties with the highest percentage of respondents who had to change plans due to limited practice opportunities in 2022 were: general surgery (27%), neurology (25%), nephrology (22%), and pulmonary disease (22%).
- The specialties with the lowest percentage of respondents who had to change plans due to limited practice opportunities in 2022 were: adult psychiatry (0%), infectious disease (0%), urology (0%), hematology/oncology (4%), and radiology (5%).
- The specialties with the highest percentage of respondents who had to change their plans due to limited practice opportunities over the last 2 years (aggregated results from the 2021 and 2022 surveys) were: physical medicine and rehabilitation (32%), pulmonary disease (32%), emergency medicine (29%), and general surgery (25%).
- 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 2021 and 2022 surveys) were: infectious disease (0%), urology (0%), adult psychiatry (2%), and anesthesiology (6%).
- The specialties with the highest percentage of respondents who had to change plans over the last 4 years of the survey were: physical medicine and rehabilitation (26%), pathology (26%), nephrology (24%), and pulmonary disease (22%).
- The specialties with the lowest percentage of respondents who had to change plans over the last 4 years of the survey were: adult psychiatry (3%), urology (5%), anesthesiology (7%), and gastroenterology (7%).

FIGURE 4.5. Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

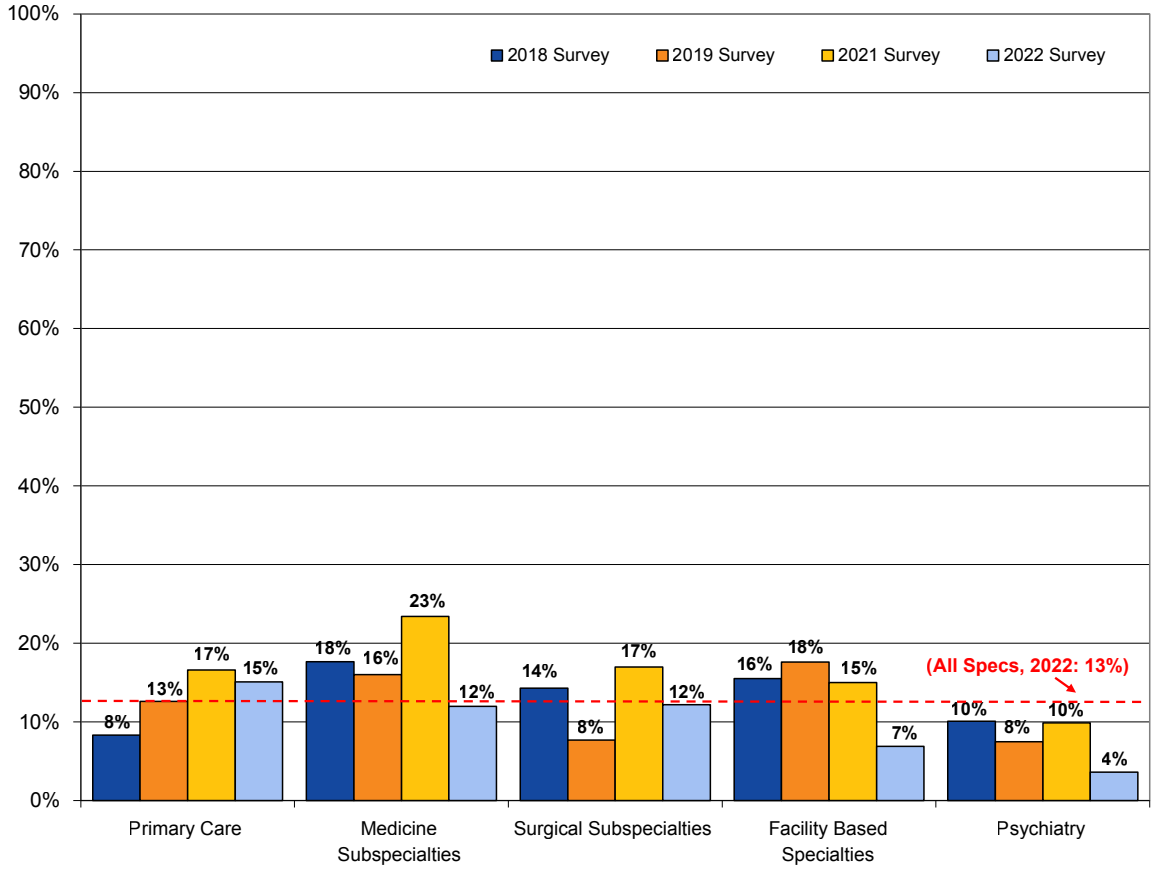


FIGURE 4.6. Rank of Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty (for 2022 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

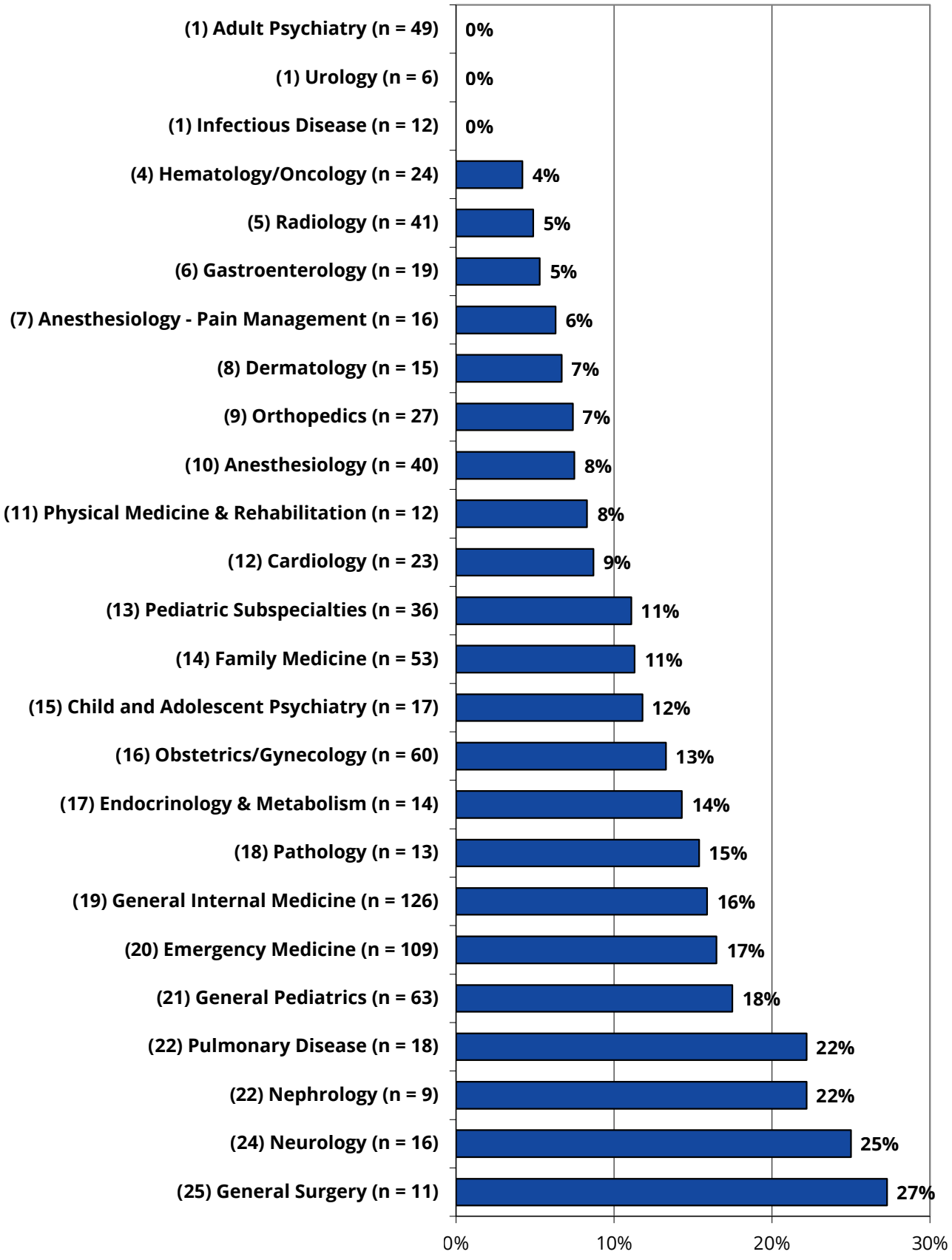


TABLE 4.3. Percentage Having to Change Plans Due to Limited Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2022 Respondents	RANK (of 25)	Aggregated Respondents: 2021 and 2022	RANK (of 25)	Aggregated Respondents: 2018-2022	RANK (of 25)
Primary Care	**15%**	N/A	**16%**	N/A	**12%**	N/A
Family Medicine	11%	14	12%	9	8%	5
General Internal Medicine	16%	19	17%	15	14%	10
General Pediatrics	18%	21	17%	14	15%	14
Obstetrics/Gynecology	**13%**	16	**12%**	10	**13%**	9
Medicine Subspecialties	**12%**	N/A	**17%**	N/A	**17%**	N/A
Cardiology	9%	12	20%	20	15%	16
Endocrinology & Metabolism	14%	17	19%	17	14%	13
Gastroenterology	5%	6	11%	7	7%	4
Hematology/Oncology	4%	4	10%	6	18%	19
Infectious Disease	0%	1	0%	1	15%	15
Nephrology	22%	22	22%	21	24%	23
Pulmonary Disease	22%	22	32%	24	22%	22
General Surgery	**27%**	25	**25%**	22	**20%**	21
Surgical Subspecialties	**12%**	N/A	**15%**	N/A	**13%**	N/A
Orthopedics	7%	9	13%	11	10%	7
Urology	0%	1	0%	1	5%	2
Facility Based	**7%**	N/A	**11%**	N/A	**14%**	N/A
Anesthesiology	8%	10	6%	4	7%	3
Pain Management	6%	7	16%	13	15%	17
Pathology	15%	18	19%	18	26%	24
Radiology	5%	5	11%	8	14%	12
Psychiatry	**4%**	N/A	**7%**	N/A	**8%**	N/A
Adult Psychiatry	0%	1	2%	3	3%	1
Child and Adolescent Psych	12%	15	15%	12	12%	8
Other	**17%**	N/A	**25%**	N/A	**19%**	N/A
Dermatology	7%	8	9%	5	8%	6
Emergency Medicine	17%	20	29%	23	17%	18
Neurology	25%	24	18%	16	14%	11
Pediatric Subspecialties	11%	13	19%	18	20%	20
Physical Medicine and Rehab	8%	11	32%	25	26%	25
Total (All Specialties)	**13%**	N/A	**16%**	N/A	**15%**	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 2022 was 3.22.
- Respondents in the following specialties received the most job offers in 2022: gastroenterology (5.21), urology (5.20), and child and adolescent psychiatry (4.94).
- Respondents in the following specialties received the fewest job offers in 2022: general surgery (2.00), orthopedics (2.07), and emergency medicine (2.22).
- The following specialties received the most job offers for the last 2 years of the survey (2021 and 2022 aggregated): gastroenterology (4.66), urology (4.58), and nephrology (4.41).
- The following specialties received the fewest job offers for the last 2 years of the survey (2021 and 2022 aggregated): pathology (1.90), emergency medicine (1.91), and general surgery (2.10).
- The following specialties experienced the greatest annual increases in job offers received over the past 5 years (2017-2019, 2021-2022): pathology (+15%), child and adolescent psychiatry (+14%), and infectious disease (+13%).
- The following specialties experienced the greatest annual declines in job offers received over the past 5 years (2017-2019, 2021-2022): general surgery (-10%), pulmonary disease (-10%), emergency medicine (-9%), and adult psychiatry (-6%).

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)

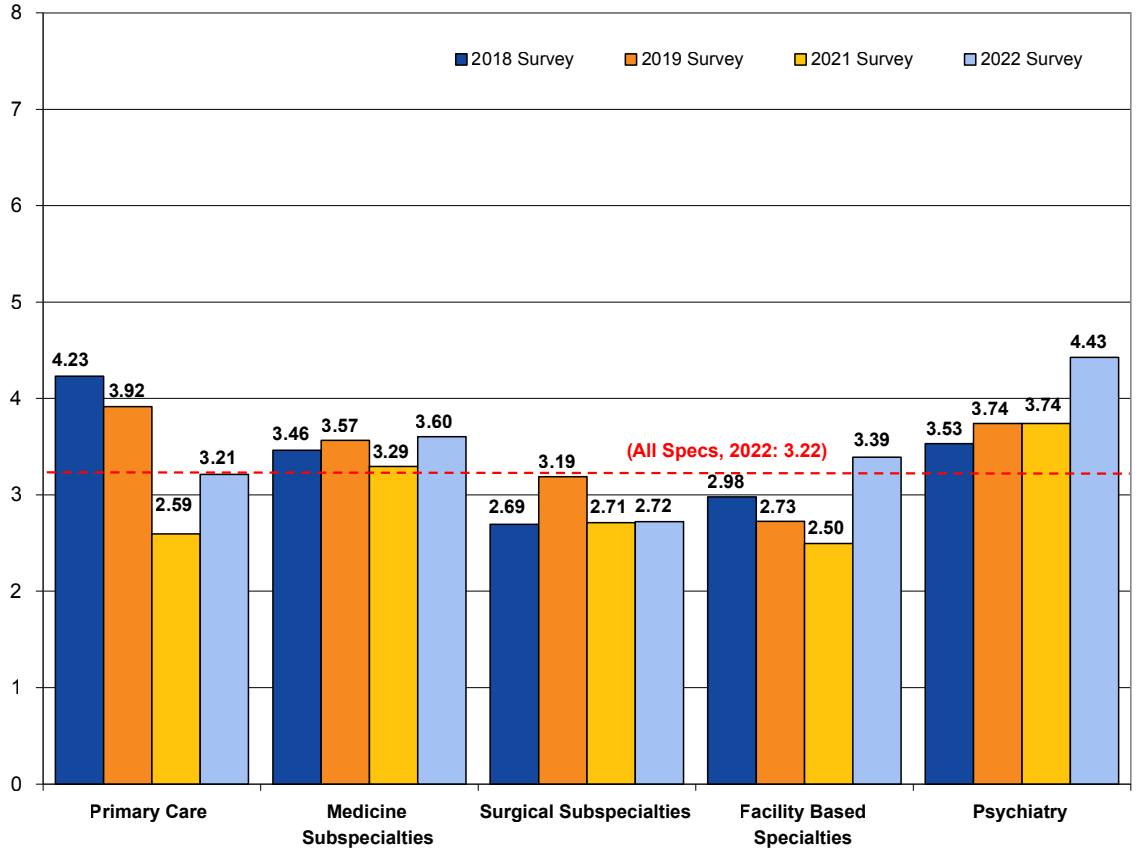


FIGURE 4.8. Rank of Mean Number of Job Offers Received by Specialty (for 2022 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

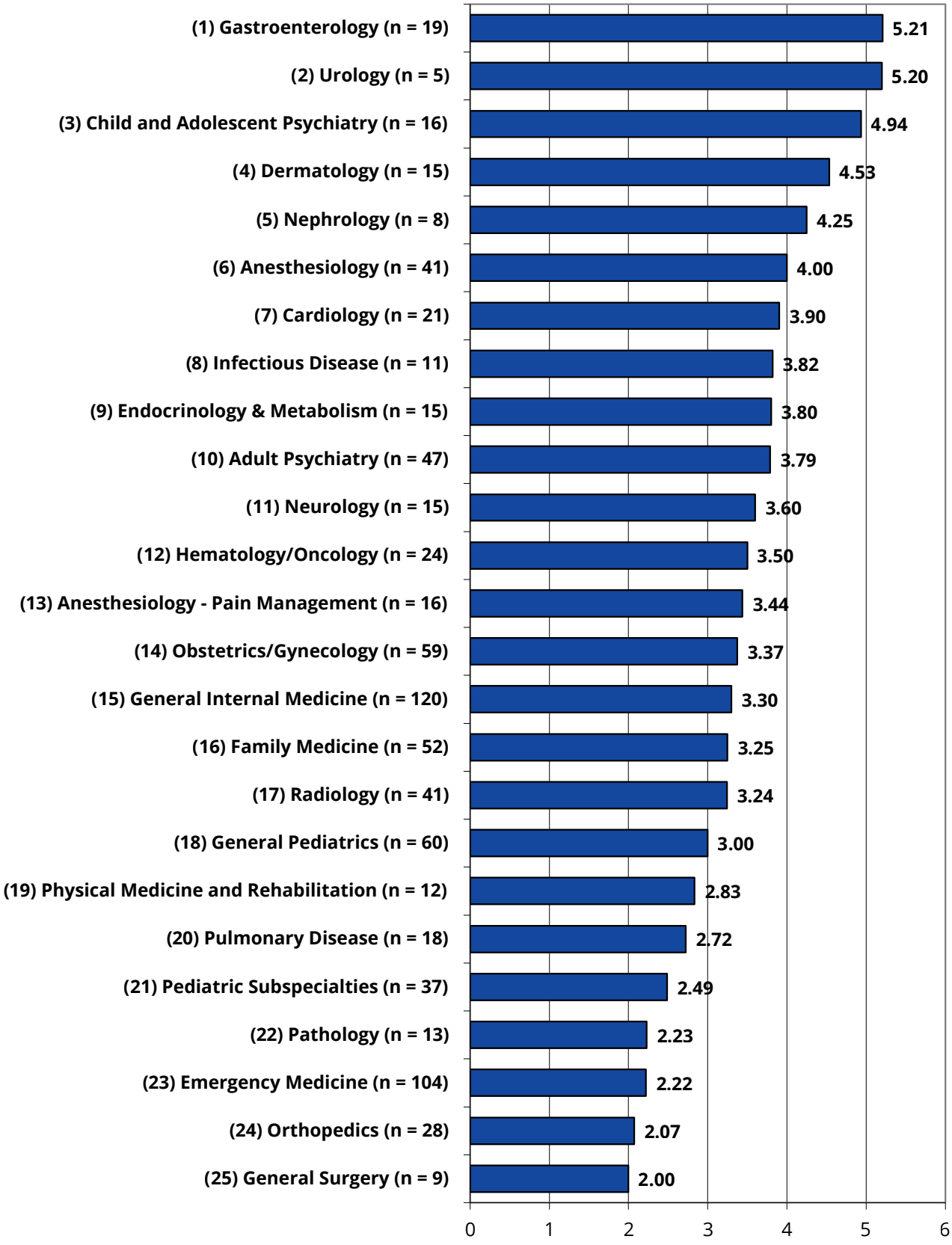


TABLE 4.4. Mean Number of Offers of Employment/Practice Opportunities by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

Specialty	2022 Respondents	RANK (of 25)	Aggregated Respondents: 2021 and 2022	RANK (of 25)	Trend (Average Annual Change: 2017 to 2022)	RANK (of 25)
Primary Care	**3.21**	N/A	**2.94**	N/A	**-3%**	N/A
Family Medicine	3.25	16	3.38	14	-5%	21
General Internal Medicine	3.30	15	2.93	17	-4%	19
General Pediatrics	3.00	18	2.62	19	6%	9
Obstetrics/Gynecology	**3.37**	14	**3.67**	9	**1%**	15
Medicine Subspecialties	**3.60**	N/A	**3.46**	N/A	**0%**	N/A
Cardiology	3.90	7	3.57	11	3%	12
Endocrinology & Metabolism	3.80	9	3.44	12	-3%	18
Gastroenterology	5.21	1	4.66	1	8%	8
Hematology/Oncology	3.50	12	3.24	15	3%	13
Infectious Disease	3.82	8	3.76	7	13%	3
Nephrology	4.25	5	4.41	3	9%	7
Pulmonary Disease	2.72	20	3.05	16	-10%	24
General Surgery	**2.00**	25	**2.10**	23	**-10%**	25
Surgical Subspecialties	**2.72**	N/A	**2.72**	N/A	**0%**	N/A
Orthopedics	2.07	24	2.37	22	2%	14
Urology	5.20	2	4.58	2	11%	5
Facility Based	**3.39**	N/A	**2.96**	N/A	**7%**	N/A
Anesthesiology	4.00	6	3.77	6	10%	6
Pain Management	3.44	13	3.39	13	-3%	17
Pathology	2.23	22	1.90	25	15%	1
Radiology	3.24	17	2.58	20	12%	4
Psychiatry	**4.43**	N/A	**4.11**	N/A	**0%**	N/A
Adult Psychiatry	3.79	10	3.94	5	-6%	22
Child and Adolescent Psych	4.94	3	3.72	8	14%	2
Other	**2.62**	N/A	**2.47**	N/A	**-6%**	N/A
Dermatology	4.53	4	4.36	4	-5%	20
Emergency Medicine	2.22	23	1.91	24	-9%	23
Neurology	3.60	11	3.59	10	-1%	16
Pediatric Subspecialties	2.49	21	2.47	21	3%	11
Physical Medicine and Rehab	2.83	19	2.69	18	4%	10
Total (All Specialties)	**3.22**	N/A	**3.03**	N/A	**-2%**	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 2022 of +1.10.
- Respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.81), child and adolescent psychiatry (+1.75), and anesthesiology (+1.70).
- Respondents in the following specialties reported the least positive views of the regional job market: general surgery (-0.33), pediatric subspecialties (+0.25), and emergency medicine (+0.63).
- Over the past 2 years (2021, 2022), respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.80), anesthesiology (+1.69), and child and adolescent psychiatry (+1.61).
- Over the past 2 years (2021, 2022), respondents in the following specialties reported the least positive views of the regional job market: general surgery (-0.45), emergency medicine (0.10), and pediatric subspecialties (+0.18).
- Over the past 4 years (2018-2019, 2021-2022), respondents in the following specialties reported the most positive views of the regional job market: adult psychiatry (+1.80), child and adolescent psychiatry (+1.67), and anesthesiology (+1.55).
- Over the past 4 years (2018-2019, 2021-2022), respondents in the following specialties reported the least positive views of the regional job market: general surgery (0.00), pediatric subspecialties (+0.29), and pathology (+0.33).

FIGURE 4.9. Perceptions of the Regional Job Market (for 2022 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

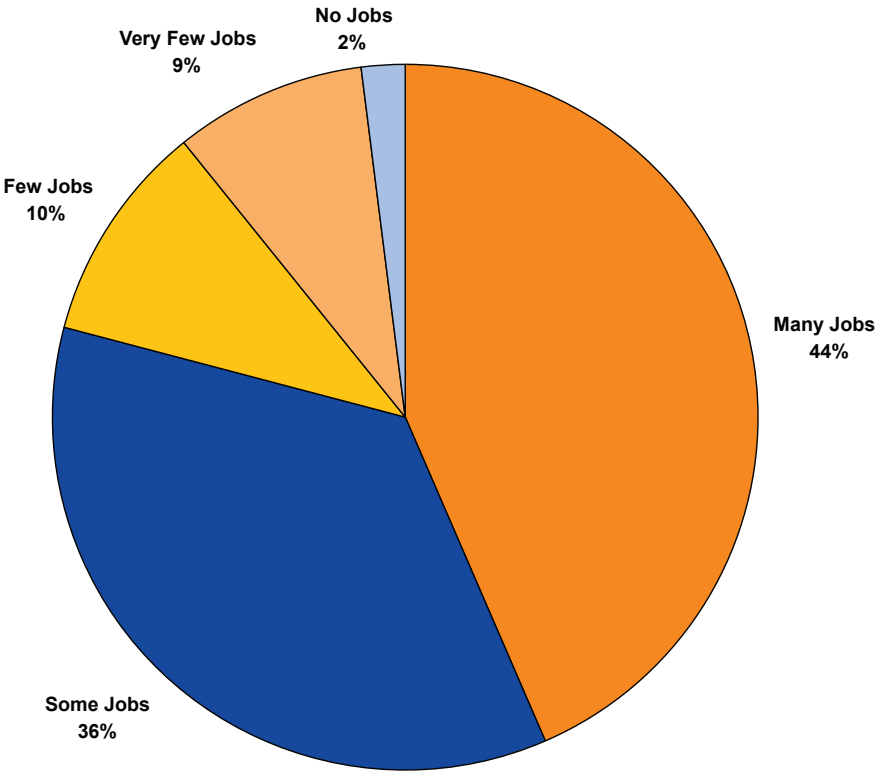


FIGURE 4.10. Mean Likert Scores for Perceptions of the Regional Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

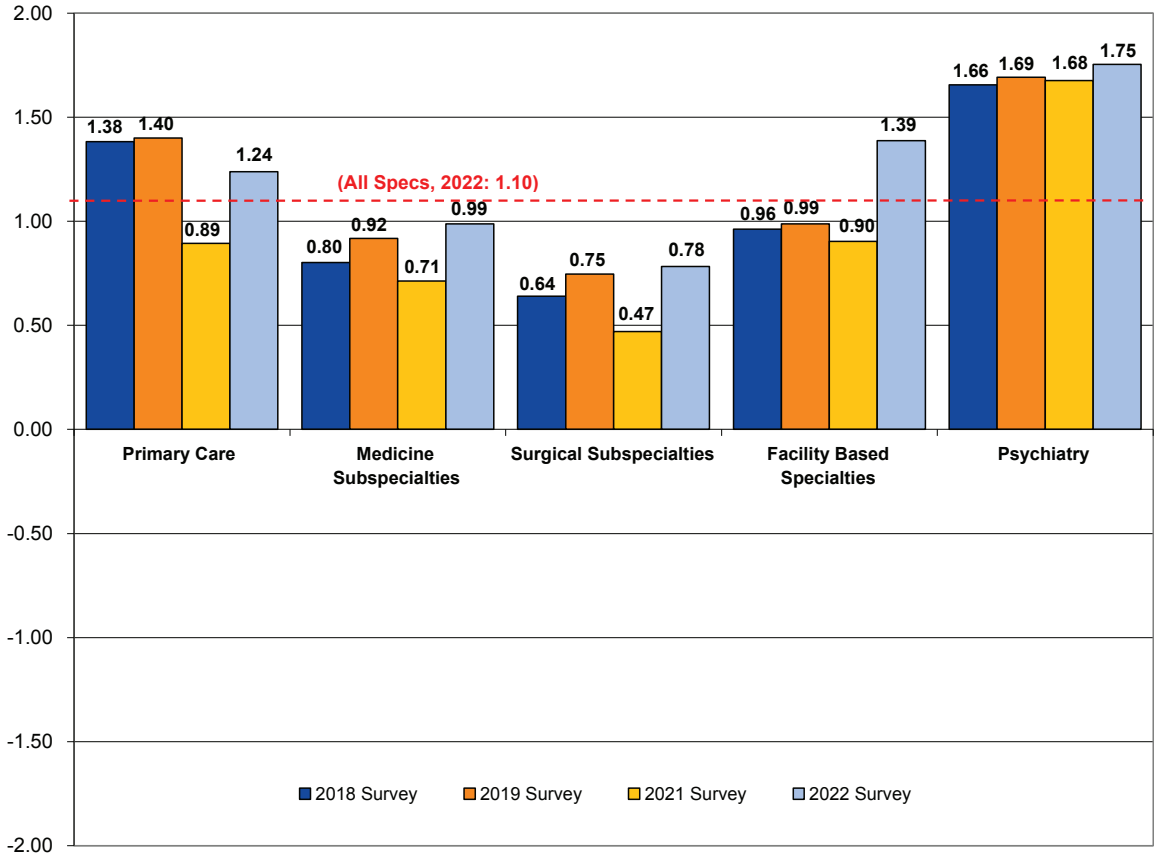


FIGURE 4.11. Rank of Likert Scores for Perceptions of the Regional Job Market by Specialty Group (for 2022 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

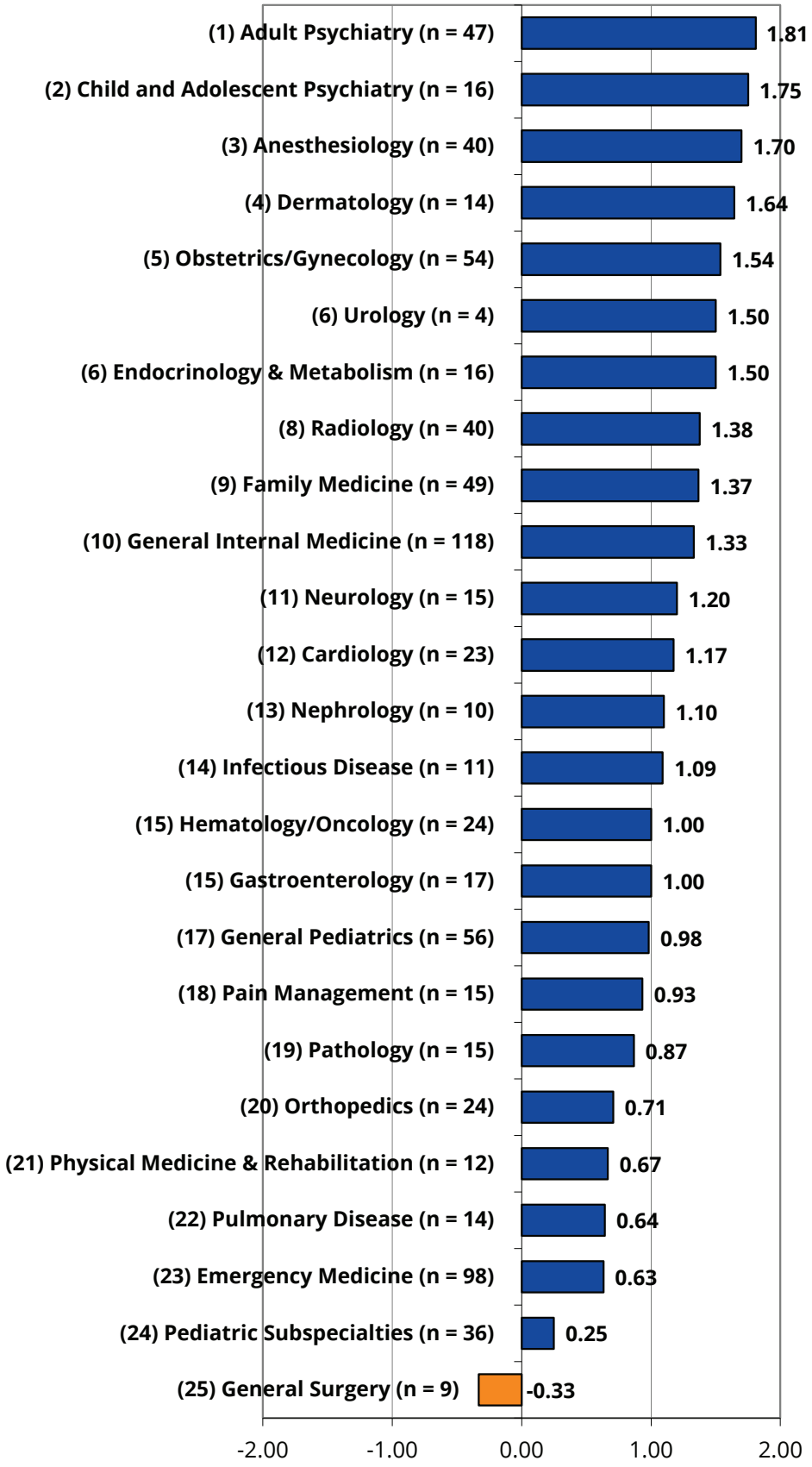


TABLE 4.5. Likert Scores for Perceptions of the Regional Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2022 Respondents	RANK (of 25)	Aggregated Respondents: 2021 and 2022	RANK (of 25)	Aggregated Respondents: 2018-2022	RANK (of 25)
Primary Care	**1.24**	N/A	**1.09**	N/A	**1.28**	N/A
Family Medicine	1.37	9	1.31	7	1.52	4
General Internal Medicine	1.33	10	1.09	11	1.24	7
General Pediatrics	0.98	17	0.93	14	1.13	10
Obstetrics/Gynecology	**1.54**	5	**1.32**	6	**1.26**	6
Medicine Subspecialties	**0.99**	N/A	**0.86**	N/A	**0.86**	N/A
Cardiology	1.17	12	1.03	12	0.77	18
Endocrinology & Metabolism	1.50	6	1.21	8	1.20	8
Gastroenterology	1.00	15	1.11	10	1.13	11
Hematology/Oncology	1.00	15	0.80	17	0.81	17
Infectious Disease	1.09	14	1.12	9	0.89	15
Nephrology	1.10	13	0.68	19	0.66	22
Pulmonary Disease	0.64	22	0.41	21	0.77	19
General Surgery	**-0.33**	25	**-0.45**	25	**0.00**	25
Surgical Subspecialties	**0.78**	N/A	**0.62**	N/A	**0.66**	N/A
Orthopedics	0.71	20	0.64	20	0.77	20
Urology	1.50	6	1.45	4	0.92	14
Facility Based	**1.39**	N/A	**1.15**	N/A	**1.05**	N/A
Anesthesiology	1.70	3	1.69	2	1.55	3
Pain Management	0.93	18	0.90	15	0.95	12
Pathology	0.87	19	0.74	18	0.33	23
Radiology	1.38	8	0.86	16	0.82	16
Psychiatry	**1.75**	N/A	**1.72**	N/A	**1.69**	N/A
Adult Psychiatry	1.81	1	1.80	1	1.80	1
Child and Adolescent Psych	1.75	2	1.61	3	1.67	2
Other	**0.69**	N/A	**0.37**	N/A	**0.80**	N/A
Dermatology	1.64	4	1.39	5	1.39	5
Emergency Medicine	0.63	23	0.10	24	0.92	13
Neurology	1.20	11	0.97	13	1.17	9
Pediatric Subspecialties	0.25	24	0.18	23	0.29	24
Physical Medicine and Rehab	0.67	21	0.33	22	0.67	21
Total (All Specialties)	**1.10**	N/A	**0.90**	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 percent (70%) reported that there were "Many Jobs" in their specialty, and 1% reported that there were "No Jobs."
- Respondents assessed the national job market (average score of +1.57) 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: adult psychiatry (+1.96), child and adolescent psychiatry (+1.94), and infectious disease (+1.91).
- Respondents in the following specialties reported the least positive views of the national job market: general surgery (+0.44), emergency medicine (+0.86), pediatric subspecialties (1.00).
- Over the past 2 years (2021, 2022), respondents in the following specialties reported the most positive views of the national job market: adult psychiatry (+1.95), child and adolescent psychiatry (+1.94), and endocrinology and metabolism (+1.87).
- Over the past 2 years (2021, 2022), respondents in the following specialties reported the least positive views of the national job market: emergency medicine (+0.46), general surgery (0.65), and pediatric subspecialties (+0.98).
- Over the past 4 years (2018-2019, 2021-2022), respondents in the following specialties reported the most positive views of the national job market: adult psychiatry (+1.96), child and adolescent psychiatry (+1.95), and family medicine (+1.88).
- Over the past 4 years (2018-2019, 2021-2022), respondents in the following specialties reported the least positive views of the national job market: pediatric subspecialties (+1.08), pathology (+1.11), and nephrology (+1.13).

FIGURE 4.12. Perceptions of the National Job Market (for 2022 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

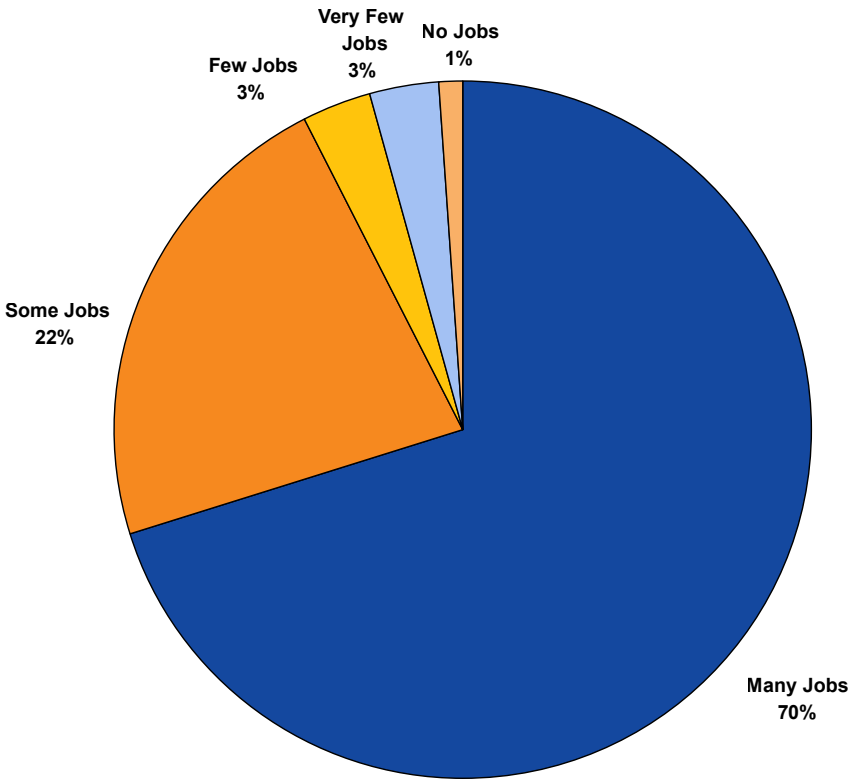


FIGURE 4.13. Mean Likert Scores for Perceptions of the National Job Market by Specialty Group (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

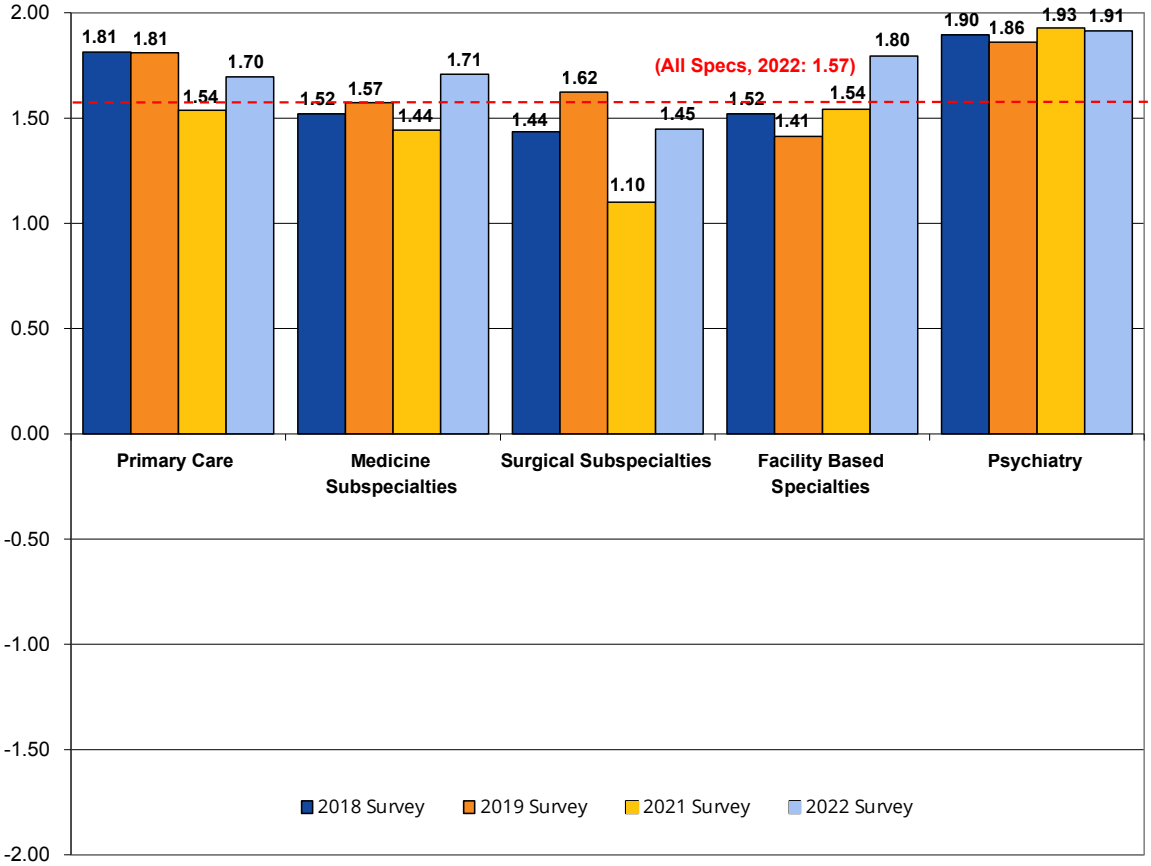


FIGURE 4.14. Rank of Likert Scores for Perceptions of the National Job Market by Specialty (for 2022 Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)

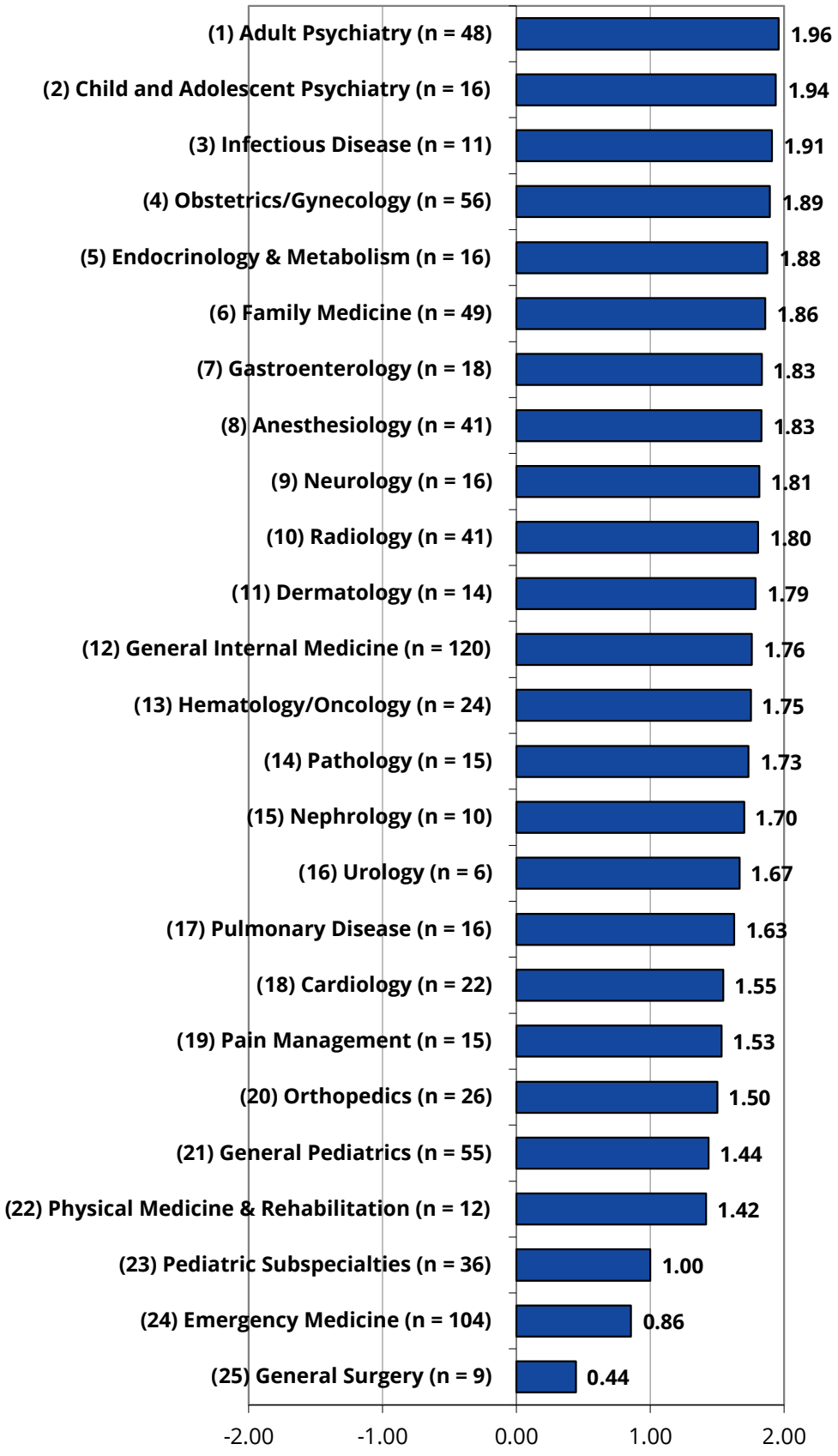


TABLE 4.6. Mean Likert Scores for Perceptions of the National Job Market by Specialty (for Respondents Who Had Searched for a Job, IMGs on Temporary Visas Excluded)[a]

Specialty	2022 Respondents	RANK (of 25)	Aggregated Respondents: 2021 and 2022	RANK (of 25)	Aggregated Respondents: 2018-2022	RANK (of 25)
Primary Care	**1.70**	N/A	**1.63**	N/A	**1.75**	N/A
Family Medicine	1.86	6	1.81	5	1.88	3
General Internal Medicine	1.76	12	1.63	13	1.75	8
General Pediatrics	1.44	21	1.49	18	1.60	14
Obstetrics/Gynecology	**1.89**	4	**1.73**	8	**1.72**	10
Medicine Subspecialties	**1.71**	N/A	**1.58**	N/A	**1.56**	N/A
Cardiology	1.55	18	1.56	14	1.51	17
Endocrinology & Metabolism	1.88	5	1.87	3	1.66	11
Gastroenterology	1.83	7	1.70	11	1.78	5
Hematology/Oncology	1.75	13	1.64	12	1.62	12
Infectious Disease	1.91	3	1.76	7	1.52	16
Nephrology	1.70	15	1.17	21	1.13	23
Pulmonary Disease	1.63	17	1.43	19	1.61	13
General Surgery	**0.44**	25	**0.65**	24	**1.16**	22
Surgical Subspecialties	**1.45**	N/A	**1.27**	N/A	**1.42**	N/A
Orthopedics	1.50	20	1.36	20	1.45	19
Urology	1.67	16	1.77	6	1.73	9
Facility Based	**1.80**	N/A	**1.67**	N/A	**1.56**	N/A
Anesthesiology	1.83	8	1.86	4	1.78	6
Pain Management	1.53	19	1.50	16	1.53	15
Pathology	1.73	14	1.50	16	1.11	24
Radiology	1.80	10	1.55	15	1.49	18
Psychiatry	**1.91**	N/A	**1.92**	N/A	**1.90**	N/A
Adult Psychiatry	1.96	1	1.95	1	1.96	1
Child and Adolescent Psych	1.94	2	1.94	2	1.95	2
Other	**1.08**	N/A	**0.88**	N/A	**1.32**	N/A
Dermatology	1.79	11	1.71	10	1.76	7
Emergency Medicine	0.86	24	0.46	25	1.24	21
Neurology	1.81	9	1.73	9	1.78	4
Pediatric Subspecialties	1.00	23	0.98	23	1.08	25
Physical Medicine and Rehab	1.42	22	1.14	22	1.44	20
Total (All Specialties)	**1.57**	N/A	**1.44**	N/A	**1.57**	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 2022 respondents, for all respondents from the last 2 surveys (2021 and 2022), and the average annual change (ie, trend) in median starting income from the last 5 surveys (2017-2019, 2021-2022). 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 2022 respondents was $282,900.
    - Median starting income in 2022 was 2% higher than in 2021.
    - The average annual increase in income for new physicians from 2017 to 2022 was 4%.
- Most specialties experienced moderate growth in starting incomes from 2017 to 2022.
- The following specialties experienced the largest annual increases in income between 2017 and 2022: nephrology (9%), general pediatrics (8%), urology (8%), and pathology (8%).
- The following specialties experienced the least growth in starting income during this time period: emergency medicine (-1%), adult psychiatry (2%), general internal medicine (2%), hematology/oncology (2%), and neurology (2%).

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

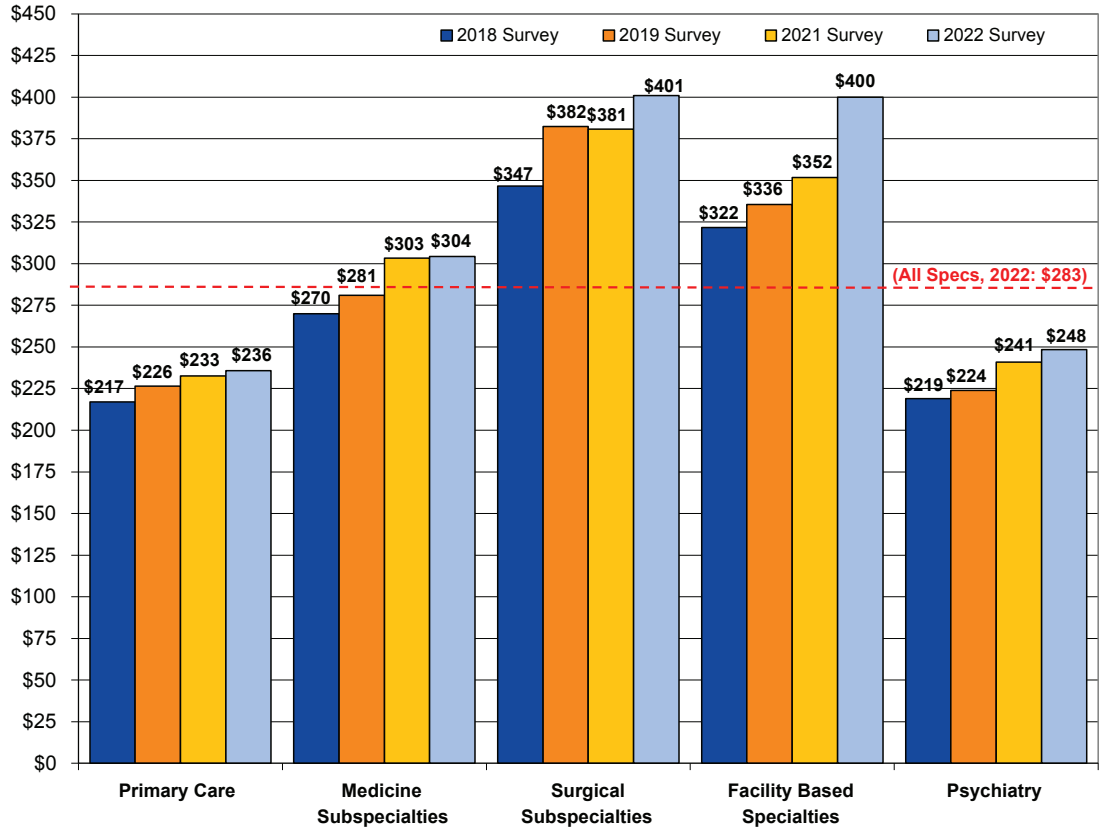


FIGURE 4.16. Trends in Median Starting Income (in $1,000s) Among Physicians in Primary Care Specialties and Physicians in Non-Primary Care Specialties (for Respondents With Confirmed Practice Plans)

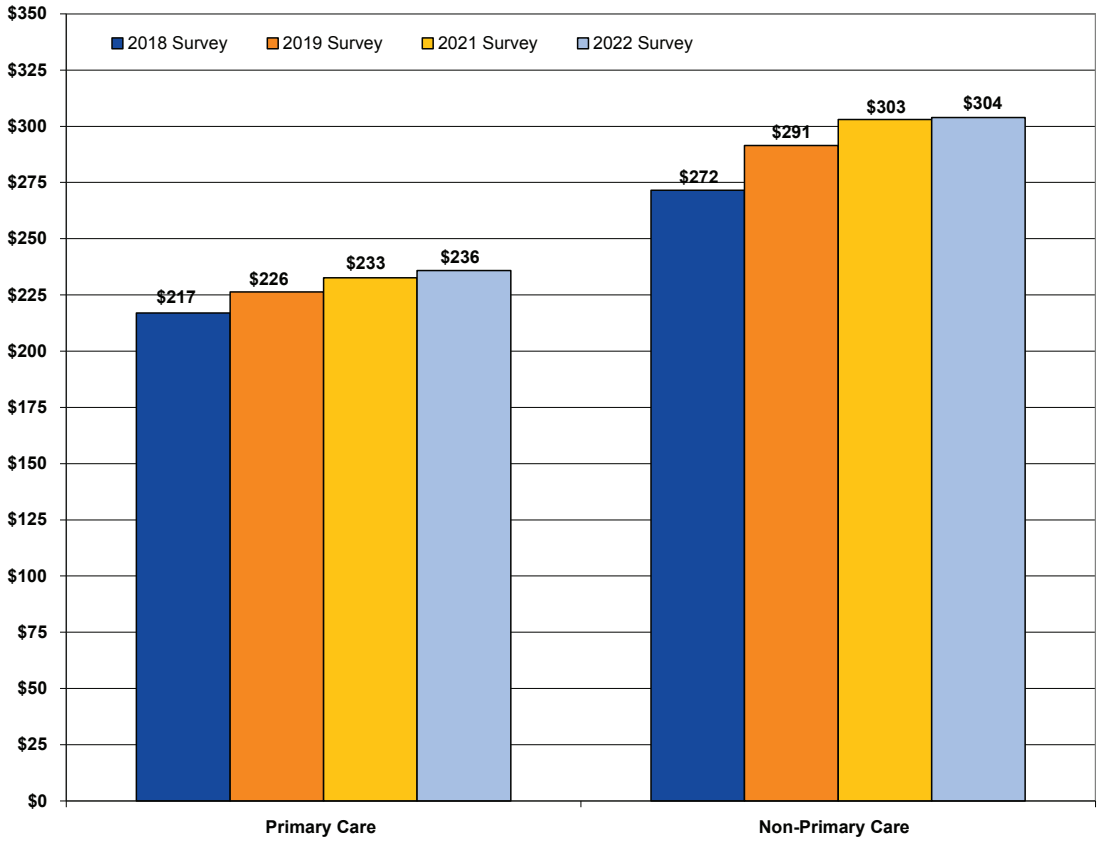


FIGURE 4.17. Rank of Average Percent Change in Median Starting Income (from 2017 to 2022) by Specialty (for Respondents With Confirmed Practice Plans)

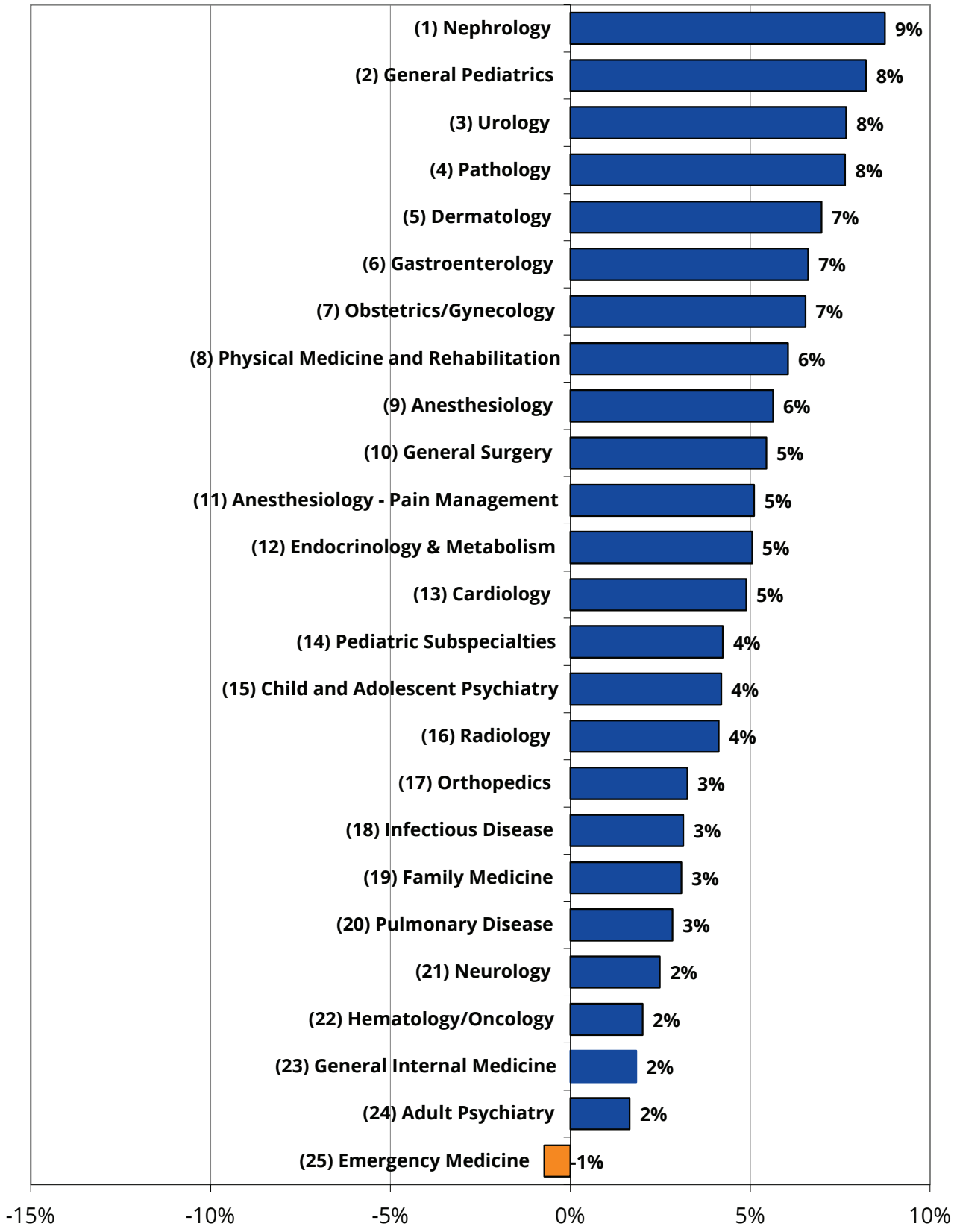


TABLE 4.7. Median Expected Starting Income by Specialty (for Respondents With Confirmed Practice Plans)

Specialty	2022 Respondents	RANK (of 25)	Aggregated Respondents: 2021 and 2022	RANK (of 25)	Trend (Average Annual Change: 2017 to 2022)	RANK (of 25)
Primary Care	**$235,800**	N/A	**$233,500**	N/A	**2%**	N/A
Family Medicine	$232,650	22	$232,800	22	3%	19
General Internal Medicine	$251,400	18	$248,300	17	2%	23
General Pediatrics	$198,350	25	$196,500	25	8%	2
Obstetrics/Gynecology	**$294,050**	13	**$286,900**	13	**7%**	7
Medicine Subspecialties	**$304,350**	N/A	**$303,600**	N/A	**5%**	N/A
Cardiology	$384,000	8	$359,600	8	5%	13
Endocrinology & Metabolism	$250,300	19	$245,600	18	5%	12
Gastroenterology	$428,000	2	$400,000	3	7%	6
Hematology/Oncology	$328,150	11	$320,200	10	2%	22
Infectious Disease	$221,150	23	$216,850	24	3%	19
Nephrology	$274,500	17	$244,000	19	9%	1
Pulmonary Disease	$362,700	10	$362,700	7	3%	20
General Surgery	**$392,500**	7	**$314,500**	11	**5%**	10
Surgical Subspecialties	**$401,000**	N/A	**$387,600**	N/A	**5%**	N/A
Orthopedics	$429,400	1	$420,400	1	3%	17
Urology	$410,550	4	$387,600	4	8%	3
Facility Based	**$400,000**	N/A	**$366,900**	N/A	**6%**	N/A
Anesthesiology	$412,300	3	$400,600	2	6%	9
Pain Management	$394,900	6	$369,500	5	5%	11
Pathology	$290,300	15	$235,300	21	8%	4
Radiology	$367,000	9	$366,750	6	4%	16
Psychiatry	**$248,400**	N/A	**$242,800**	N/A	**4%**	N/A
Adult Psychiatry	$242,700	20	$237,900	20	2%	24
Child and Adolescent Psych	$238,300	21	$253,700	16	4%	15
Other	**$283,750**	N/A	**$274,650**	N/A	**3%**	N/A
Dermatology	$400,850	5	$330,350	9	7%	5
Emergency Medicine	$296,700	12	$297,400	12	-1%	25
Neurology	$283,600	16	$284,800	14	2%	21
Pediatric Subspecialties	$216,050	24	$218,750	23	4%	14
Physical Medicine and Rehab	$293,700	14	$268,950	15	6%	8
Total (All Specialties)	**$282,900**	N/A	**$278,700**	N/A	**4%**	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 (2018-2019, 2021-2022). 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 2022, data from 2022 were weighted by a factor of 0.40, data from 2021 were weighted by a factor of 0.30, data from 2019 were weighted by a factor of 0.20, and data from 2018 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

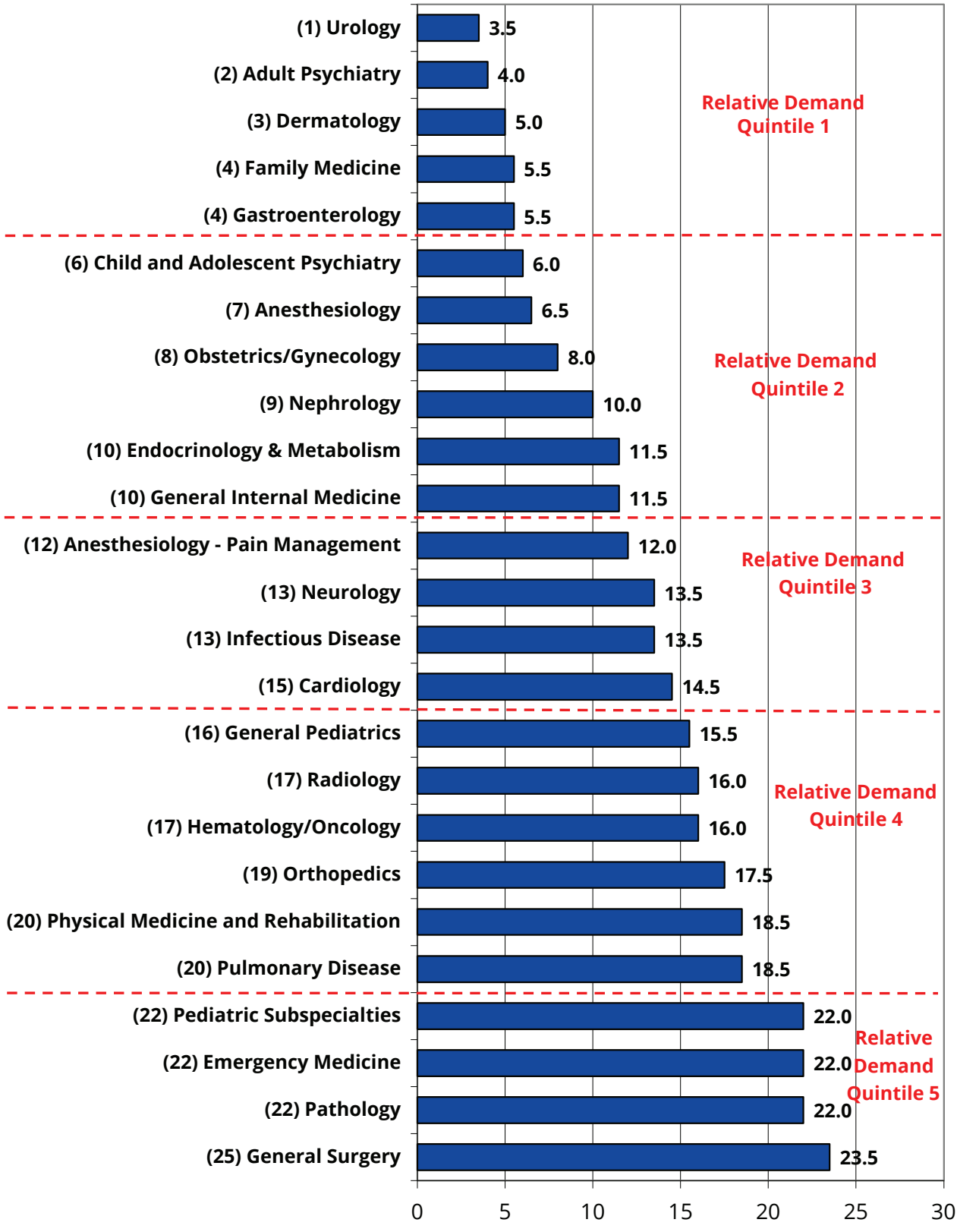
Each of these indicators is an imperfect measure of demand. However, combined, they provide a composite picture of relative demand by specialty. There is a high degree of correlation between the percent of respondents having difficulty indicator and the percent of respondents having to change plans indicator (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 2 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 2022, urology (average rank of 3.5 out of 25), adult psychiatry (4.0), dermatology (5.0), family medicine (5.5), and gastroenterology (5.5) experienced the strongest demand.
- The job market for general surgery (23.5), pathology (22.0), emergency medicine (22.0), and pediatric subspecialties (22.0) were 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. 2022 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	**319**	**136**	**43%**	**1,676**	**554**	**33%**	**1,995**	**690**	**35%**
Family Medicine	95	42	44%	136	41	30%	231	83	36%
Internal Medicine-General	147	64	44%	1,155	386	33%	1,302	450	35%
Pediatrics-General	60	24	40%	380	124	33%	440	148	34%
IM & Peds (Combined)	17	6	35%	5	3	60%	22	9	41%
Obstetrics/Gynecology	**33**	**13**	**39%**	**141**	**56**	**40%**	**174**	**69**	**40%**
Internal Medicine Specialties	**119**	**39**	**33%**	**641**	**306**	**48%**	**760**	**345**	**45%**
Cardiology	43	9	21%	169	60	36%	212	69	33%
Gastroenterology	10	4	40%	62	29	47%	72	33	46%
Geriatrics	8	3	38%	51	13	25%	59	16	27%
Hematology/Oncology	10	7	70%	63	27	43%	73	34	47%
Nephrology	7	4	57%	54	18	33%	61	22	36%
Pulmonary Disease	14	4	29%	62	37	60%	76	41	54%
Other IM Specialties	27	8	30%	180	122	68%	207	130	63%
Critical Care Medicine	*2*	*0*	*0%*	*39*	*29*	*74%*	*41*	*29*	*71%*
Endocrinology & Metab.	*11*	*3*	*27%*	*32*	*23*	*72%*	*43*	*26*	*60%*
Infectious Disease	*7*	*4*	*57%*	*43*	*19*	*44%*	*50*	*23*	*46%*
Rheumatology	*6*	*0*	*0%*	*26*	*11*	*42%*	*32*	*11*	*34%*
Other IM Subspecialties	*1*	*1*	*100%*	*40*	*40*	*100%*	*41*	*41*	*100%*
Surgery (General)	**29**	**13**	**45%**	**146**	**59**	**40%**	**175**	**72**	**41%**
Surgery (Subspecialties)	**101**	**39**	**39%**	**328**	**167**	**51%**	**429**	**206**	**48%**
Ophthalmology	13	4	31%	58	30	52%	71	34	48%
Orthopedics	32	12	38%	130	50	38%	162	62	38%
Otolaryngology	9	4	44%	29	14	48%	38	18	47%
Urology	11	4	36%	29	14	48%	40	18	45%
Other Surgical Subspecs	36	15	42%	82	59	72%	118	74	63%
Neurosurgery	*7*	*3*	*43%*	*11*	*4*	*36%*	*18*	*7*	*39%*
Plastic Surgery	*4*	*1*	*25%*	*15*	*11*	*73%*	*19*	*12*	*63%*
Thoracic Surgery	*3*	*1*	*33%*	*12*	*4*	*33%*	*15*	*5*	*33%*
All Other Surg Subspecs	*22*	*10*	*45%*	*44*	*40*	*91%*	*66*	*50*	*76%*

TABLE A-1. 2022 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	**118**	**39**	**33%**	**550**	**277**	**50%**	**668**	**316**	**47%**
Anesthesiology-General	43	15	35%	164	95	58%	207	110	53%
Pain Management	10	4	40%	27	14	52%	37	18	49%
Other Anes Subspecs	6	2	33%	51	31	61%	57	33	58%
Pathology	24	12	50%	115	57	50%	139	69	50%
Pathology (General)	*14*	*8*	*57%*	*51*	*33*	*65%*	*65*	*41*	*63%*
Pathology Subspecialties	*10*	*4*	*40%*	*64*	*24*	*38%*	*74*	*28*	*38%*
Radiology	35	6	17%	193	80	41%	228	86	38%
Radiology (Diagnostic)	*30*	*3*	*10%*	*168*	*69*	*41%*	*198*	*72*	*36%*
Radiology (Therapeutic)	*5*	*3*	*60%*	*21*	*10*	*48%*	*26*	*13*	*50%*
Nuclear Medicine	*0*	*0*	*0%*	*4*	*1*	*25%*	*4*	*1*	*25%*
Psychiatry	**35**	**15**	**43%**	**307**	**139**	**45%**	**342**	**154**	**45%**
Psychiatry (General)	19	7	37%	175	89	51%	194	96	49%
Child & Adolescent Psych	8	5	63%	59	25	42%	67	30	45%
Other Psych Subspecs	8	3	38%	73	25	34%	81	28	35%
Other	**153**	**75**	**49%**	**725**	**371**	**51%**	**878**	**446**	**51%**
Dermatology	4	0	0%	54	26	48%	58	26	45%
Emergency Medicine	54	27	50%	234	124	53%	288	151	52%
Neurology	35	9	26%	129	52	40%	164	61	37%
Pediatric Specialties	27	15	56%	120	57	48%	147	72	49%
Physical Medicine & Rehab	10	5	50%	81	29	36%	91	34	37%
Other	23	19	83%	107	83	78%	130	102	78%
Allergy & Immunology	*5*	*3*	*60%*	*15*	*7*	*47%*	*20*	*10*	*50%*
Preventive Medicine	*1*	*0*	*0%*	*13*	*5*	*38%*	*14*	*5*	*36%*
All Other	*17*	*16*	*94%*	*79*	*71*	*90%*	*96*	*87*	*91%*
Total (All Specialties)	**907**	**369**	**41%**	**4,514**	**1,929**	**43%**	**5,421**	**2,301**	**42%**

[a] Specialties shaded in grey are not broken out in this report because of the small number of respondents. Instead their numbers have been aggregated into groups as shown in this table.

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

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

APPENDIX B

SURVEY OF RESIDENTS COMPLETING TRAINING IN NY IN 2022

YOUR INFORMATION

1. ACGME Residency Program Number:

   Format: XXX-XX- _____ XX-XXX _____

2. Last Name _____

   First Name _____

3. Main hospital at which you did your training:

- ○ Albany Medical Center
- ○ Arnot Ogden Medical Center
- ○ Bronx-Lebanon Hospital Center
- ○ Brookdale University Hospital and Medical Center
- ○ Brooklyn Hospital Center
- ○ Buffalo GMDE Consortium
- ○ Coney Island Hospital
- ○ Creedmoor Psychiatric Center
- ○ Ellis Hospital
- ○ Flushing Hospital Medical Center
- ○ Garnet Health Medical Center
- ○ Good Samaritan Hospital Medical Center
- ○ Harlem Hospital Center
- ○ Hospital for Special Surgery
- ○ Icahn School of Medicine at Mount Sinai
- ○ IFH Harlem Residency in Family Medicine
- ○ Jacobi Medical Center
- ○ Jamaica Hospital Medical Center
- ○ Kingsbrook Jewish Medical Center
- ○ Laser and Skin Surgery Center of New York
- ○ Lenox Hill Hospital
- ○ Lincoln Medical and Mental Health Center
- ○ Maimonides Medical Center
- ○ Mary Imogene Bassett Hospital
- ○ Memorial-Sloan Kettering Cancer Center
- ○ Metropolitan Hospital Center
- ○ Mid-Hudson Family Health Services/Kingston Hospital
- ○ Montefiore Medical Center/Albert Einstein College of Medicine
- ○ Montefiore New Rochelle
- ○ Mount Sinai South Nassau
- ○ Nassau University Medical Center
- ○ New York Blood Center
- ○ New York City Department of Health and Mental Hygiene
- ○ New York Hospital Queens
- ○ New York Presbyterian Brooklyn Methodist Hospital
- ○ New York Presbyterian Hospital-Columbia Campus
- ○ New York Presbyterian Hospital-Cornell Campus
- ○ New York Presbyterian Hospital-Westchester Division
- ○ New York University Langone Medical Center
- ○ Northwell Health - Forest Hills
- ○ Northwell Health - Glen Cove
- ○ Northwell Health - North Shore-LIJ
- ○ Northwell Health - Plainview
- ○ Northwell Health - Southside
- ○ NYU Winthrop Hospital
- ○ Office of Chief Medical Examiner-City of New York
- ○ Richmond University Medical Center
- ○ Rochester General Hospital

- ○ St. Barnabas Hospital
- ○ St. Elizabeth's Medical Center
- ○ St. John's Episcopal Hospital, South Shore
- ○ St. Joseph's Hospital Health Center
- ○ St. Joseph's Medical Center
- ○ Staten Island University Hospital
- ○ Strong Memorial Hospital of the University of Rochester
- ○ SUNY Health Science Center at Brooklyn
- ○ SUNY Health Science Center at Stony Brook
- ○ SUNY Health Science Center at Syracuse
- ○ The Mount Vernon Hospital
- ○ UHS Wilson Medical Center
- ○ Westchester Medical Center
- ○ Woodhull Medical and Mental Health Center
- ○ Wyckoff Heights Medical Center
- ○ Other: _____

BACKGROUND

4. Gender
   - ○ Female
   - ○ Male
   - ○ Nonbinary
   - ○ Prefer not to disclose
   - ○ Prefer to self-describe: _____
5. Age _____
6. Citizenship Status
   - ○ Native born US
   - ○ Naturalized US
   - ○ Permanent resident
   - ○ H-1, H-2, H-3 Temporary worker
   - ○ J-1, J-2 Exchange visitor
7. Are you of Hispanic/Latino origin?
   - ○ Yes
   - ○ No
8. What is your race? (Mark all that apply)
   - ○ American Indian/Alaska Native
   - ○ Asian or Pacific Islander
   - ○ Black/African American
   - ○ White
   - ○ Other
9. Which best describes your current relationship status?
   - ○ Now Married
   - ○ In Long-term Relationship
   - ○ Divorced/Separated/Widowed (skip to Question 11)
   - ○ Never Married/Single (skip to Question 11)
10. Is your partner also a physician?
    - ○ Yes
    - ○ No
    - ○ Question does not apply

11. Do you have any dependent children?

- ○ Yes
- ○ No

12. Where did you live when you graduated from high school?

- ○ New York
- ○ Other US state
- ○ Canada
- ○ Other country

MEDICAL EDUCATION AND TRAINING

13. 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

14. Type of Medical Education:

- ○ Allopathic (MD)
- ○ Osteopathic (DO)

15. Medical School Attended:

- ○ New York (If yes, complete Question 16)
- ○ Other state in the US (If yes, skip to Question 17)
- ○ Canada (If yes, skip to Question 17)
- ○ Other country (If yes, skip to Question 17)

16. Specify NY Medical School:

- ○ Albany Medical College
- ○ Albert Einstein College of Medicine of Yeshiva University
- ○ Columbia University 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 (Valhalla)
- ○ NYIT College of Osteopathic Medicine
- ○ New York University School of Medicine
- ○ Stony Brook University Medical Center School of Medicine, SUNY
- ○ SUNY Downstate Medical Center College of Medicine
- ○ Touro College of Osteopathic Medicine
- ○ University at Buffalo School of Medicine & Biomedical Sciences, SUNY
- ○ University of Rochester School of Medicine & Dentistry
- ○ Upstate Medical University, SUNY
- ○ Weill Cornell Medical College

17. What is your current level of educational 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

18. Specialty you are COMPLETING in 2022 (Mark only one):

- ○ Allergy and Immunology
- ○ Anesthesiology (General)
- ○ Anesthesiology - Pain Management
- ○ Other Anesthesiology Subspecialty–Specify: _____
- ○ Dermatology
- ○ Emergency Medicine
- ○ Family Medicine
- ○ Internal Medicine (General)
- ○ Cardiology
- ○ Critical Care Medicine
- ○ Endocrinology and Metabolism
- ○ Gastroenterology
- ○ Geriatrics
- ○ Hematology/Oncology
- ○ Infectious Disease
- ○ Nephrology
- ○ Pulmonary Disease/CCM
- ○ Rheumatology
- ○ Other Internal Medicine Subspecialty–Specify: _____
- ○ Internal Medicine and Pediatrics (Combined)
- ○ Neurology
- ○ Nuclear Medicine
- ○ Obstetrics and Gynecology (General)
- ○ Obstetrics and Gynecology (Subspecialty)-Specify: _____

19. 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

FUTURE PLANS

20. If you are going on for additional training/fellowship, please answer the following:

A. Why are you sub-specializing/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

21. Are you joining a medical school as a faculty member?

- ○ Yes
- ○ No

22. 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	○	○	○	○	○	○	○	○
Training	○	○	○	○	○	○	○	○
Administration	○	○	○	○	○	○	○	○
Volunteering/ Community service	○	○	○	○	○	○	○	○

23. 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 US state
- ○ Outside the US
- ○ Don't know yet

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

○ Yes

○ No

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

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

26. How important is it for you to have the following in a practice opportunity?

	Not important at all	Of little importance	Important	Very important
Workplace safety protocols, including access to personal protective equipment (PPE)	○	○	○	○
Support for my mental health and emotional well-being	○	○	○	○
An operations plan for emergency situations, such as pandemics, natural disasters, and the like	○	○	○	○

If you are planning to enter or have considered entering patient care/clinical practice:

27. Have you actively searched for a job?

- ○ Yes
- ○ No, I will be self-employed
- ○ No, not yet

28. Have you been offered a job?

- ○ Yes, and I have accepted an offer
- ○ No, but I have not actively searched yet (skip to Question 41)
- ○ Yes, but I declined the offer(s) and am still searching (skip to Question 41)
- ○ No, I have not yet been offered a practice position (skip to Question 41)

PRACTICE PLANS

If you have accepted a position in patient care/clinical practice, please answer the following questions. If not, skip to Question 41.

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

	Principal Setting	Secondary Setting
	Mark only one	Mark all that apply
Solo practice	○	○
Partnership (2 people)	○	○
Group practice (owner/partner)	○	○
Group practice (employee)	○	○
Hospital–Inpatient	○	○
Hospital–Ambulatory care	○	○
Hospital–Emergency room	○	○
Freestanding health center or clinic	○	○
Nursing home	○	○
Other (Complete Below)	○	○

Other (Specify): _____

30. 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.

Zip Code _____

City/Town _____

State _____

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

○ Yes

○ No

○ I don't know

32. If you are *not* going to practice in New York, please indicate the reasons why. In the left column, indicate all of the reasons why (mark all that apply). In the right column, indicate the main reason why (mark only one).

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

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

○ 1
○ 2
○ 3
○ 4
○ 5 or more

34. 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

35. 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
	Mark all that apply	Mark only one (2)
H-1 visa sponsorship	○	○
J-1 visa waiver	○	○
Sign-on bonus	○	○
Income guarantees	○	○
On-call payments	○	○
Relocation allowances	○	○
Spouse/Partner job transition assistance	○	○
Support for maintenance of certification and continuing medical education	○	○
Career development opportunities	○	○
Educational loan repayment	○	○
Other, specify: _____	○	○
None	○	○

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

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

37. Expected gross income during first year of practice:

Base Salary/Income

- ○ Less than $99,999
- ○ $100,000-$124,999
- ○ $125,000-$149,999
- ○ $150,000-$174,999
- ○ $175,000-$199,999
- ○ $200,000-$224,999
- ○ $225,000-$249,999
- ○ $250,000-$274,999
- ○ $275,000-$299,999
- ○ $300,000-$324,999
- ○ $325,000-$349,999
- ○ $350,000-$374,999
- ○ $375,000-$399,999
- ○ $400,000 and over, please specify: _____

38. Expected gross income during first year of practice: Anticipated Additional Incentive Income

- ○ None
- ○ Less than $5,000
- ○ $5,000-$9,999
- ○ $10,000-$14,999
- ○ $15,000-$19,999
- ○ $20,000-$24,999
- ○ $25,000-$29,999
- ○ $30,000-$34,999
- ○ $35,000-$39,999
- ○ $40,000-$44,999
- ○ $45,000-$49,999
- ○ $50,000-$54,999
- ○ $55,000-$59,999
- ○ $60,000 and over, please specify: _____

39. For the practice position you accepted, did you accept the first salary or did you negotiate salary?

- ○ Accepted first offer
- ○ Negotiated salary

40. What is your level of satisfaction with your salary/compensation?

- ○ Very dissatisfied
- ○ Somewhat dissatisfied
- ○ Somewhat satisfied
- ○ Very satisfied

EXPERIENCE IN JOB MARKET

If you are going into patient care or have considered going into patient care, please complete the following.

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

- ○ Yes
- ○ No
- ○ Haven't looked yet (skip to Question 44)

42. What would you say was the main reason?

- ○ Overall lack of jobs/practice opportunities
- ○ Lack of jobs/practice opportunities that meet visa status requirements
- ○ Lack of jobs/practice opportunities in desired locations
- ○ Lack of jobs/practice opportunities in desired practice setting (eg, hospital, group practice, etc.)
- ○ Inadequate salary/compensation offered
- ○ Lack of employment opportunities for spouse/partner
- ○ Other (Specify): _____

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

- ○ Yes
- ○ No
- ○ Haven't looked yet

44. 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

45. What is your overall assessment of practice opportunities in your specialty, and within 50 miles of the site where you trained?

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

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

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

COVID-19 EXPERIENCE

The following questions relate to the COVID-19 pandemic.

47. As a result of the COVID-19 pandemic, I:

- ○ Considered extending my training
- ○ Considered pursuing a practice position with limited patient contact
- ○ Considered taking a leave of absence from training
- ○ Considered leaving medicine
- ○ Other (Specify): _____
- ○ Does not apply. I did not consider any of the above as a result of the COVID-19 pandemic

48. Did the COVID-19 pandemic impact your desire to practice in New York?

- ○ Yes, it increased my interest in practicing in New York
- ○ Yes, it decreased my interest in practicing in New York
- ○ No
- ○ I don't know

49. Was your search for a job affected by the COVID-19 pandemic?

- ○ Yes
- ○ No
- ○ I don't know

50. How was your search affected?

- ○ I delayed looking for a job
- ○ I reconsidered the location of potential practice opportunities
- ○ I reconsidered the setting(s) of potential practice opportunities
- ○ Other (Specify): _____

51. Did the COVID-19 pandemic impact your ability to find a job?

- ○ Yes
- ○ No
- ○ I don't know

52. How did the COVID-19 pandemic impact your ability to find a job?

- ○ It made the interview process more challenging
- ○ It limited the number of potential practice opportunities
- ○ I had less time available to find a job due to demands of my training program
- ○ I had a job offer rescinded
- ○ I turned down an offer to work in a place with high infection rates
- ○ Other (Specify): _____

Thank you for completing this important survey!

ABOUT THE AUTHORS

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Ms. Pang 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.

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