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2024 New York Residency Training Outcomes:

Exploring the Results of the 2024 New York Resident Exit Survey

CHWS
Center for Health Workforce Studies

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August 2025

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PREFACE

This report summarizes the results of the Survey of Residents Completing Training in New York in 2024 (2024 Exit Survey) conducted by the Center for Health Workforce Studies (CHWS) in the spring and summer of 2024. 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 topic 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. These findings can reveal important physician workforce trends and assist with workforce planning initiatives in New York and across the country.

This report was prepared by CHWS staff, Sage Shirey, Jinman Pang, and David Armstrong. Funding for the 2024 Exit Survey and analysis was provided by the New York State Department of Health. For more information on the Exit Survey please visit: https://nygme.chwsny.org/.

Established in 1996, CHWS is an academic research center, based at the College of Integrated Health Sciences, University at Albany, State University of New York. The mission of CHWS is to provide timely, accurate information 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 operates 2 of 9 federally-funded health workforce research centers in the US, and 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 College of Integrated Health Sciences, University at Albany, State University of New York, or the New York State Department of Health.

August 2025

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REPORT SUMMARY

REPORT SUMMARY

This report summarizes the results of the 2024 Survey of Residents Completing Training in New York, conducted by the Center for Health Workforce Studies (CHWS) during the spring and summer of 2024. These findings can reveal important physician workforce trends and assist with workforce planning initiatives in New York and across the country. For more information on the survey please visit: https://nygme.chwsny.org/.

Demand

In 2024, the overall job market for new physicians was strong, but demand varied significantly across specialties.

- Multiple indicators pointed to strong demand in anesthesiology, hematology/oncology, adult psychiatry, gastroenterology, dermatology, child and adolescent psychiatry, and endocrinology and metabolism
- In contrast, demand was weaker for physicians specializing in general surgery, emergency medicine, physical medicine and rehabilitation, pathology, and orthopedics

In-State Retention

The percentage of physicians who remain in New York after completing their training has steadily increased over the past decade—from 45% in 2015 to 52% in 2024.

- Physicians who attended both a New York high school and a New York medical school had higher rates of in-state retention (76%)
- The most frequently cited reason for leaving New York was desire to be closer to family, reported by 32% of respondents

Underserved Areas

In 2024, relatively few newly-trained physicians intended to practice in rural areas or in federally designated health professional shortage areas (HPSAs).

- Only 4% indicated plans to practice in a rural area
- Just 16% reported they would be working in a HPSA

Gender Differences in Salary

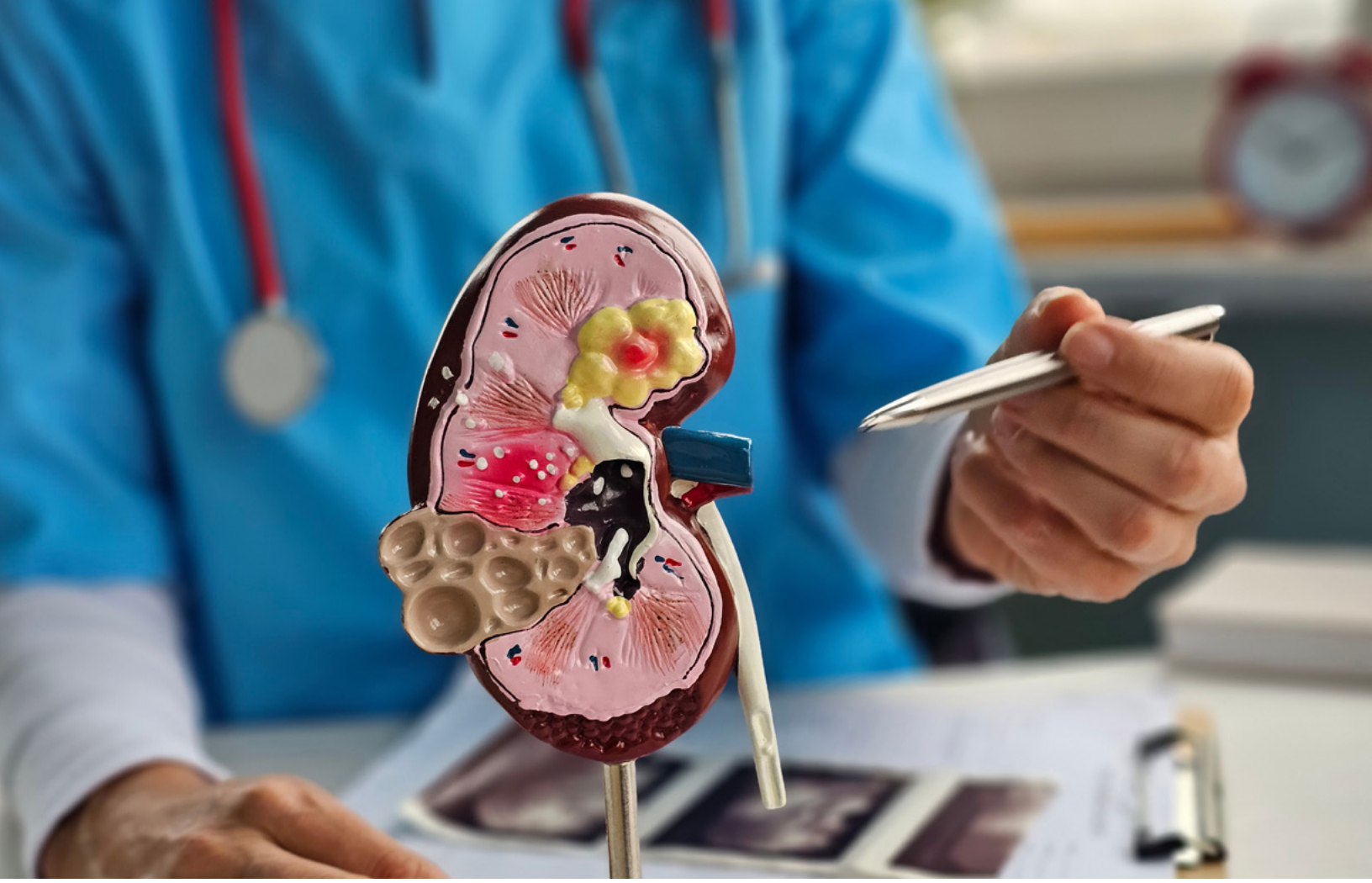
Between 2022 and 2024, the expected starting income for female physicians was $62,350 less than that of male physicians.

- In 20 of the 25 specialties examined, female physicians reported lower starting incomes compared to their male counterparts
- The only specialties where women expected to make more than men were endocrinology and metabolism, general surgery, orthopedics, pain management, and neurology

Diversity

There remains a significant gap between the racial/ethnic diversity of newly trained physicians and that of the United States (US) population.

- Among physicians completing training in New York, only 15% identified as underrepresented in medicine (URiMs), compared to 34% of the overall US population



TECHNICAL REPORT

BACKGROUND

The supply of physicians in the US has increased substantially over the past decade. The number of individuals earning a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree grew from 22,701 in 2013 to 28,541 in 2022.[1] In addition, a total of 38,941 physicians began a graduate medical education (GME) program in 2024.[2] However, research suggests that the US is likely to face a significant physician shortage in the near term. A recent study projected that while both the supply and demand for physicians will increase, demand is expected to grow at a much faster pace, primarily due to an aging population and overall population growth. As a result, the US could face a shortage of approximately 139,160 physicians by 2030.[3]

In contrast, the same study projected that New York State (NYS) will experience a surplus of 76 physicians per 100,000 population by 2030, the third-highest surplus nationally.[3] A key contributor to this projected surplus is the approximately $4.4 billion invested annually in GME in NYS.[4] This investment allows NYS to train more physicians than any other state. In 2023, 19,588 physicians completed training in NYS.[5] However, since roughly half of those trained in NYS GME programs relocate after completing their training, this production has important implications for the national physician workforce. As of 2022, 17% of all physicians in the US, including nearly 10% of those practicing in rural areas, were trained in New York.[4] Overall, these numbers emphasize NYS's essential role in developing the physician workforce both within the state and across the country.

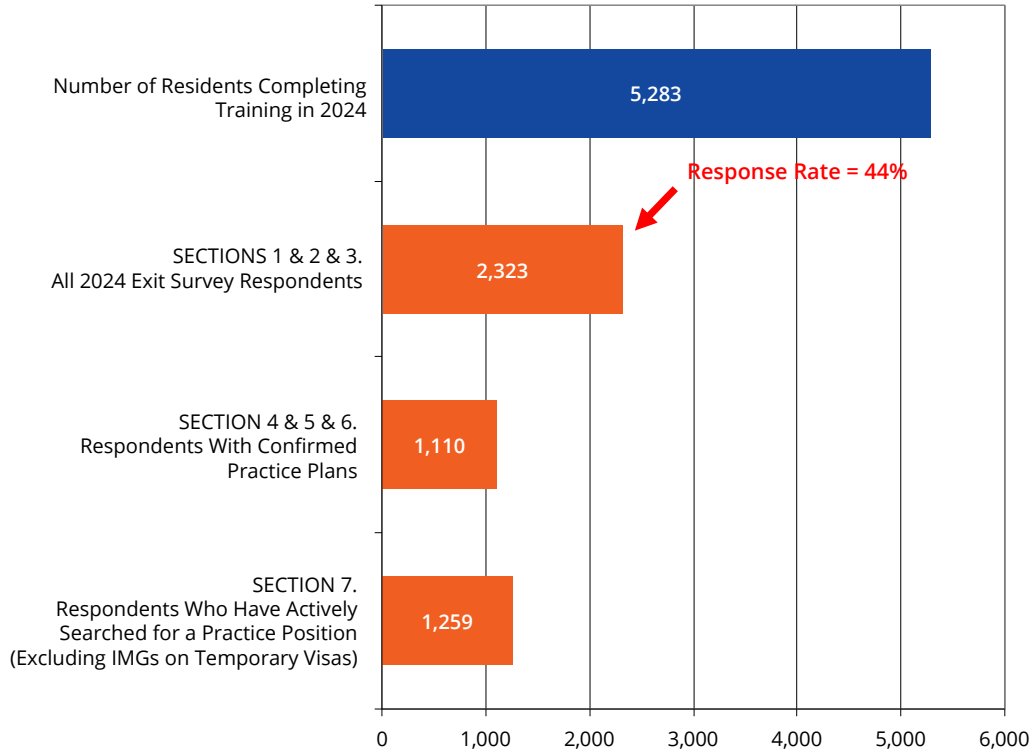
This report explores the findings from the 2024 Survey of Residents Completing Training in New York (Exit Survey), conducted by the Center for Health Workforce Studies (CHWS) during the spring and summer of 2024. This survey is administered annually with the cooperation and assistance of residency program directors and hospitals' GME administrators across the state. It is designed to assist the medical education community in NYS in their efforts to train physicians consistent with the needs of the state and the nation. Many of the questions on the Exit Survey are designed to assess the demand for new 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. In addition to examining physician demand, the Exit Survey explores several other important topics, including upcoming practice location, expected starting income, and diversity. For more information on the Exit Survey please visit: https://nygme.chwsny.org/.

METHODS

Each spring, CHWS distributes instructions for completing the Exit Survey to GME administrators at teaching hospitals across New York State. These instructions are then shared with individual residency and fellowship programs, where graduating physicians are asked to complete the survey in the weeks prior to finishing their program. In 2024, with the participation of teaching hospitals, a total of 2,323 of the estimated 5,283 physicians finishing a residency or fellowship training program completed the Exit Survey (44% response rate). Over the 24 years the survey has been conducted (1998-2003, 2005, 2007-2019, 2021-2024), 69,664 of 120,876 graduates have completed the survey (58% cumulative response rate).

Figure 1 illustrates the subgroups of respondents considered in each section of this report. Sections 1-3 of this report describe the characteristics of all survey respondents and outlines their planned activities following completion of their current training programs. Sections 4-6 describe 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 7 assesses the relative job market demand for new physicians by specialty by combining several indicators. 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 2024 Exit Survey instrument.

FIGURE 1. 2024 Exit Survey Response Rates and Subgroups



FINDINGS SECTION 1: BACKGROUND CHARACTERISTICS OF NEW PHYSICIANS

This section presents the demographic and educational background of new physicians, including gender, underrepresented in medicine (URiM)* status, medical school location, and citizenship status. These factors are highlighted because they are associated with important health workforce outcomes. For example, IMGs were more likely than US medical graduates (USMGs) to report challenges in securing a satisfactory practice position (see Section 7). As such, the proportion of IMGs within each specialty is a critical consideration when evaluating and comparing outcomes across specialties.

Gender

Medicine has historically been a male-dominated profession. However, over the past 4 decades (1978–2019), the proportion of women in the profession has increased substantially, growing from 24% to 51% and achieving near parity with men.[6] In 2023, women accounted for 47% of graduating physicians in NY, which is comparable to their share in the general population.[7] In 2024, that figure increased to 51%. The specialties with the highest proportion of women were obstetrics/gynecology (90%), pediatric subspecialties (86%), and general pediatrics (81%). In contrast, surgical subspecialties on average had the lowest representation of women (28%) **(Figure1.1)**.

Underrepresented in Medicine

Research has consistently shown that healthcare providers sharing a similar racial and cultural background with their patients can lead to better health outcomes[8] and increased use of healthcare services.[9] Many studies also indicate that URiM physicians are more likely to practice in underserved areas.[10,11] However, data from the Association of American Medical Colleges (AAMC) for the 2018–2019 academic year reveal that URiM medical graduates remain underrepresented relative to their share of the US population.[12] For example, Black physicians comprised only about 6% of medical graduates, despite representing approximately 14% of the general population. Similarly, Latino physicians made up just 5% of graduates compared to 19% of Latinos in the general population.[12]

In NYS, only 15% of physicians who completed their training in 2023 were URiMs, even though individuals from URiM groups make up 34% of the state's population.[7] This proportion remained unchanged in 2024. Among specialties, infectious disease had the highest proportion of URiMs (29%) while hematology/oncology had the lowest (13%) **(Figure 1.2)**. It is also notable that the proportion of new physicians who were URiMs in 2014 was also 15%, indicating that NYS has made little progress in improving URiM representation within the physician workforce over the past decade.[7]

* URiMs include Blacks/African Americans, Hispanic/Latinos, and American Indians.

Location of Medical School and Citizenship Status

IMGs play a vital role in the US physician workforce. Research shows that IMGs who speak the same language as their patients contribute to improved patient access, and that IMGs are more likely to practice in rural and underserved areas.[10] Currently, IMGs comprise approximately 25% of the physician workforce nationwide.[13] In NYS, IMGs represented 31% of graduating physicians in 2023 and 29% in 2024.[7] By comparison, in 2024, 30% of new physicians had graduated from a medical school within NYS, while 41% had trained in other US states **(Figure 1.3)**. Among specialties, pathology had the highest proportion of IMGs (76%), whereas obstetrics/gynecology and dermatology had the lowest, each at just 4%.

Despite their substantial contributions, IMGs face numerous challenges in becoming licensed physicians in the US. These include securing certification from the Educational Commission for Foreign Medical Graduates (ECFMG) and obtaining a visa.[13] In NYS, 16% of new IMG physicians in 2024 were permanent residents, 3% were H-1, H-2, or H-3 temporary workers, and 9% were J-1 or J-2 exchange visitors **(Figure 1.3)**. Generally, physicians on temporary visas are required to work in a federally designated shortage area to remain in the US after completing training. The specialties with the highest proportions of temporary visa holders in 2024 were pulmonary disease (28%), pathology (28%), and child and adolescent psychiatry (28%).

FIGURE 1.1. Percentage of Females by Specialty Group (All 2024 Exit Survey Respondents)

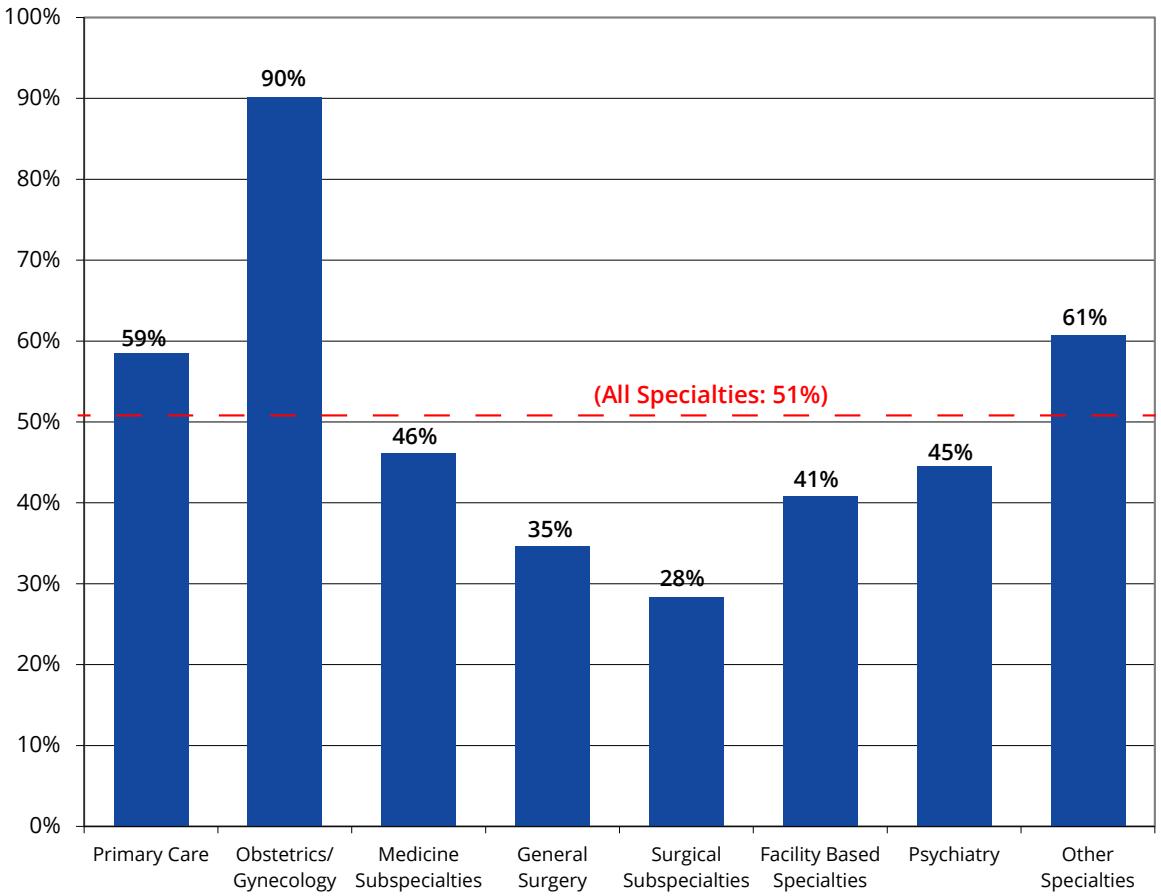


FIGURE 1.2. Percentage of Underrepresented in Medicine by Specialty Group (All 2024 Exit Survey Respondents)

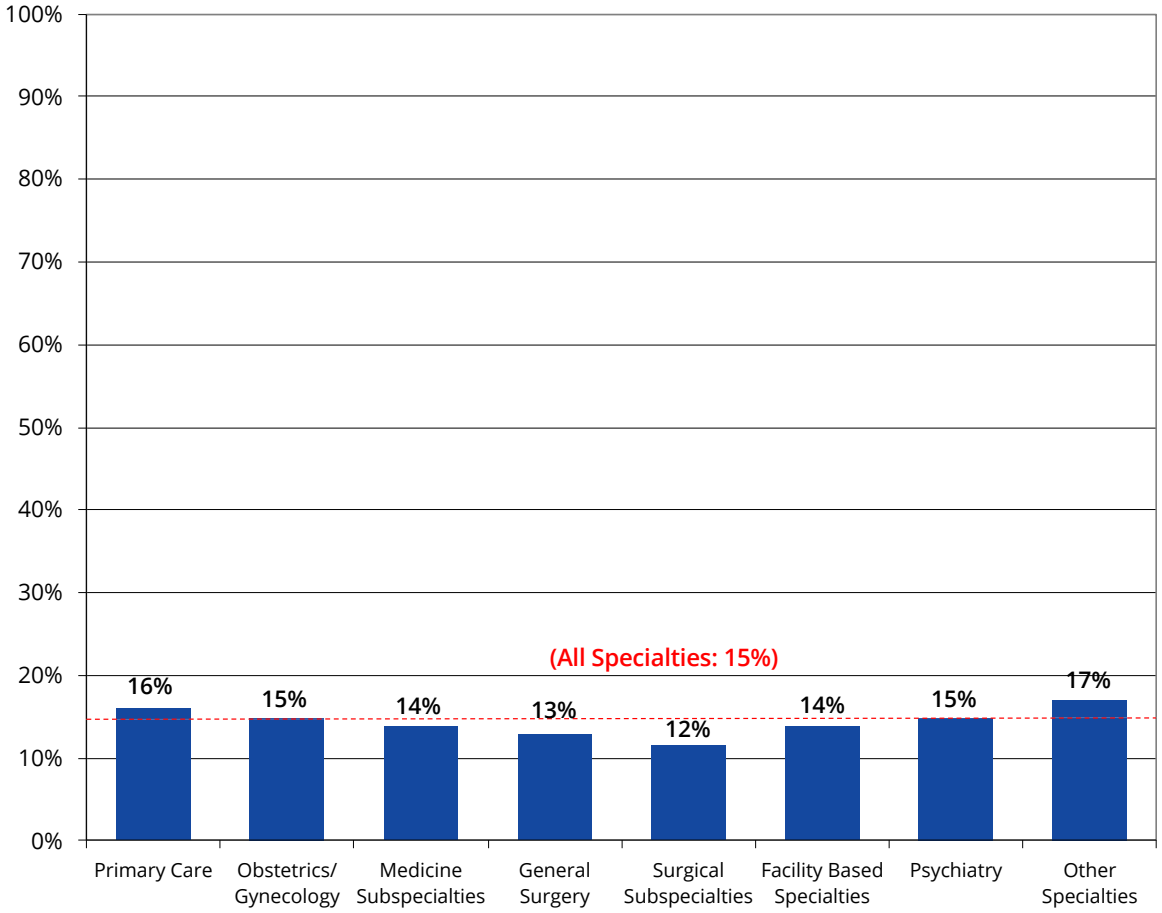


FIGURE 1.3. Location of Medical School and Citizenship Status (All 2024 Exit Survey Respondents)

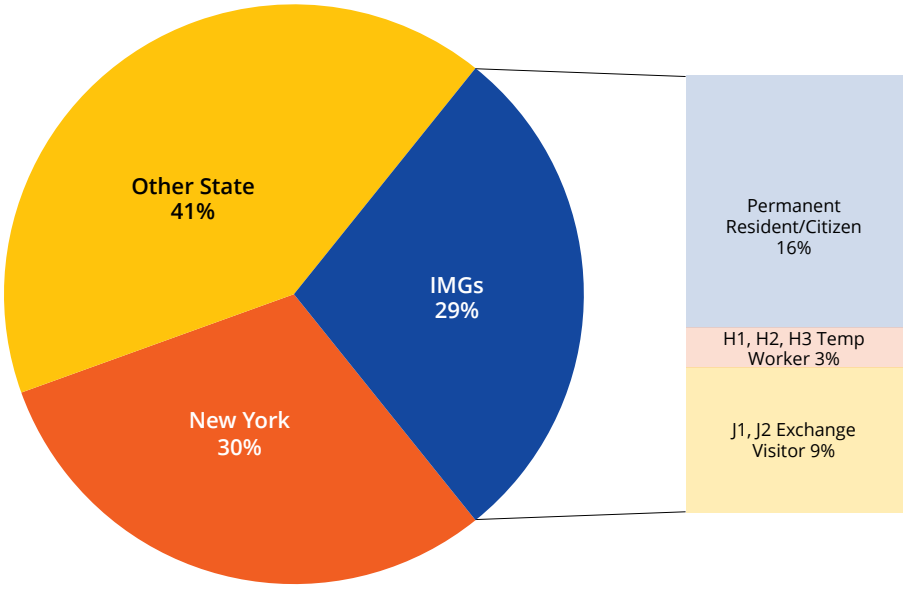


TABLE 1.1. Background Characteristics by Specialty (All 2024 Exit Survey Respondents)

Specialty	Number of Resp (N)[a]	% Female	% URiM[b]	% IMG[c]	% Temp Visa Holders[d]
Primary Care	**644**	**59%**	**16%**	**37%**	**17%**
Family Medicine	86	64%	11%	35%	11%
General Internal Medicine	404	50%	17%	41%	20%
General Pediatrics	139	81%	17%	30%	14%
Obstetrics/Gynecology	**91**	**90%**	**15%**	**4%**	**1%**
Medicine Subspecialties	**399**	**46%**	**14%**	**44%**	**17%**
Cardiology	68	29%	13%	40%	16%
Critical Care Medicine	34	41%	18%	50%	12%
Endocrinology & Metabolism	26	73%	15%	35%	8%
Gastroenterology	39	49%	21%	26%	13%
Hematology/Oncology	37	46%	3%	38%	11%
Infectious Disease	21	48%	29%	57%	24%
Pulmonary Disease	37	46%	20%	53%	28%
General Surgery	**81**	**35%**	**13%**	**24%**	**6%**
Surgical Subspecialties	**237**	**28%**	**12%**	**9%**	**4%**
Ophthalmology	44	32%	17%	11%	2%
Orthopedics	67	13%	18%	5%	2%
Facility Based	**341**	**41%**	**14%**	**26%**	**8%**
Anesthesiology	110	38%	18%	7%	1%
Pain Management	20	15%	20%	20%	0%
Pathology	70	59%	12%	76%	28%
Radiology	114	35%	13%	18%	4%
Psychiatry	**137**	**45%**	**15%**	**31%**	**19%**
Adult Psychiatry	89	40%	15%	27%	15%
Child and Adolescent Psych	18	56%	11%	39%	28%
Other	**393**	**61%**	**17%**	**19%**	**9%**
Dermatology	26	50%	15%	4%	4%
Emergency Medicine	135	52%	20%	8%	2%
Neurology	72	61%	20%	22%	11%
Pediatric Subspecialties	79	86%	15%	39%	22%
Physical Medicine and Rehab	42	45%	13%	17%	7%
All Specialties, 2024 (2023)	**2,323 (2,000)**	**51% (47%)**	**15% (15%)**	**29% (31%)**	**12% (13%)**

[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 in medicine (URiM) includes Blacks/African Americans, Hispanics/Latinos, and American Indians.

[c] IMG = International Medical Graduate.

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

FINDINGS SECTION 2: EDUCATIONAL DEBT

Research has shown that educational debt significantly influences medical students' career decisions. Higher debt levels are associated with placing greater emphasis on income when selecting a specialty,[14] having higher minimum salary expectations,[15] and being less likely to practice in an underserved area.[10] Nationally, 83% of students in graduate medical education reported debt, with those in family medicine being the most likely to have debt (89%).[16] This section provides descriptive statistics on educational debt among new physicians, broken down by specialty and race/ethnicity. The analysis is limited to US citizens, as non-citizens frequently receive financial assistance for medical education from their countries of origin. To ensure sufficient sample sizes for meaningful comparison, data from 3 survey years (2022–2024) were combined.

Among Exit Survey respondents between 2022 and 2024, the mean level of debt was $180,335. Family medicine continued to have the highest level of debt ($246,624) while cardiology had the lowest ($111,071). Debt levels for physicians in NYS continue to be high and present a significant barrier for aspiring physicians.

Evidence also indicates that debt burdens are disproportionately higher for URiM physicians. For example, one study found that Blacks and Hispanics were more likely to report medical educational debt than Whites.[16] The same study also found that educational debt differed significantly between racial groups even when adjusting for other demographic factors and residency program characteristics.[16] In NYS, between 2022 and 2024, the mean educational debt for new URiM physicians was $30,394 higher than it was for non-URiM physicians. For example, in physical medicine and rehabilitation, URiM physicians reported an average debt that was $173,638 higher than their non-URiM peers, while in infectious disease, URiM debt was $92,280 lower. Among primary care specialties, URiM physicians carried an average of $31,317 more in debt than non-URiMs. Overall, these disparities underscore the persistent financial challenges faced by URiM physicians.

TABLE 2.1. Mean Educational Debt by Specialty and Race/Ethnicity (2022-2024 Exit Survey Respondents, US Citizens Only)

Specialty	URiM	Non-URiM	Difference [a]	All
Primary Care	**$209,018**	**$177,701**	**$31,317**	**$182,679**
Family Medicine	$299,447	$235,925	$63,522	$246,624
General Internal Medicine	$171,696	$154,298	$17,398	$156,790
General Pediatrics	$231,785	$204,016	$27,768	$209,065
Obstetrics/Gynecology	**$260,033**	**$171,080**	**$88,953**	**$188,717**
Medicine Subspecialties	**$139,386**	**$153,688**	**-$14,302**	**$151,717**
Cardiology	$78,106	$116,165	-$38,060	$111,071
Critical Care Medicine	$150,800	$203,876	-$53,076	$194,145
Endocrinology & Metabolism	$141,944	$139,795	$2,149	$140,182
Gastroenterology	$198,810	$143,014	$55,796	$150,355
Hematology/Oncology	$99,450	$156,033	-$56,583	$150,966
Infectious Disease	$92,217	$184,497	-$92,280	$168,677
Pulmonary Disease	$182,708	$195,389	-$12,681	$193,360
General Surgery	**$210,819**	**$212,928**	**-$2,110**	**$212,573**
Surgical Subspecialties	**$172,342**	**$192,387**	**-$20,046**	**$190,105**
Ophthalmology	$158,792	$157,524	$1,268	$157,691
Orthopedics	$147,268	$190,496	-$43,228	$184,285
Facility Based	**$212,355**	**$172,722**	**$39,634**	**$178,776**
Anesthesiology	$188,931	$185,558	$3,373	$186,137
Pain Management	$180,267	$187,210	-$6,943	$185,608
Pathology	$220,035	$135,819	$84,216	$149,325
Radiology	$253,058	$172,951	$80,107	$183,197
Psychiatry	**$190,457**	**$185,533**	**$4,924**	**$186,269**
Adult Psychiatry	$182,576	$189,973	-$7,397	$188,883
Child and Adolescent Psych	$248,927	$155,568	$93,359	$174,240
Other	**$246,872**	**$172,836**	**$74,035**	**$183,501**
Dermatology	$201,071	$118,842	$82,230	$128,126
Emergency Medicine	$251,372	$195,529	$55,843	$203,813
Neurology	$173,161	$168,509	$4,652	$169,050
Pediatric Subspecialties	$259,352	$175,711	$83,640	$190,767
Physical Medicine and Rehab	$326,823	$153,185	$173,638	$176,218
All Specialties, 2022-2024	**$206,214**	**$175,819**	**$30,394**	**$180,335**

[a] A positive difference implies that URiMs have more education debt than Non-URiMs (Difference = URiM - Non-URiM).

FINDINGS SECTION 3: PLANNED ACTIVITIES AFTER COMPLETION OF CURRENT TRAINING PROGRAM

In 2024, 53% of new physicians in New York State reported plans to enter patient care and/or clinical practice immediately after completing their training. Another 40% intended to subspecialize or pursue additional training, while 2% planned to take on a chief residency role, and 1% anticipated engaging in teaching or research.

Planned activities varied significantly by specialty. In some fields, further training is often a necessary step toward career goals, while in others, graduates are more likely to enter the workforce directly. For example, 95% of new pain management physicians and 91% of those in critical care medicine planned to begin clinical practice immediately. In contrast, a majority of physicians in general surgery (77%) and orthopedics (71%) indicated plans to subspecialize or continue training. Among new primary care physicians, 74% of family medicine physicians planned to enter patient care, while less than half of general pediatricians (42%) and only 32% of general internal medicine physicians reported similar plans.

FIGURE 3.1. Primary Activity After Completion of Current Training Program (All 2024 Exit Survey Respondents)

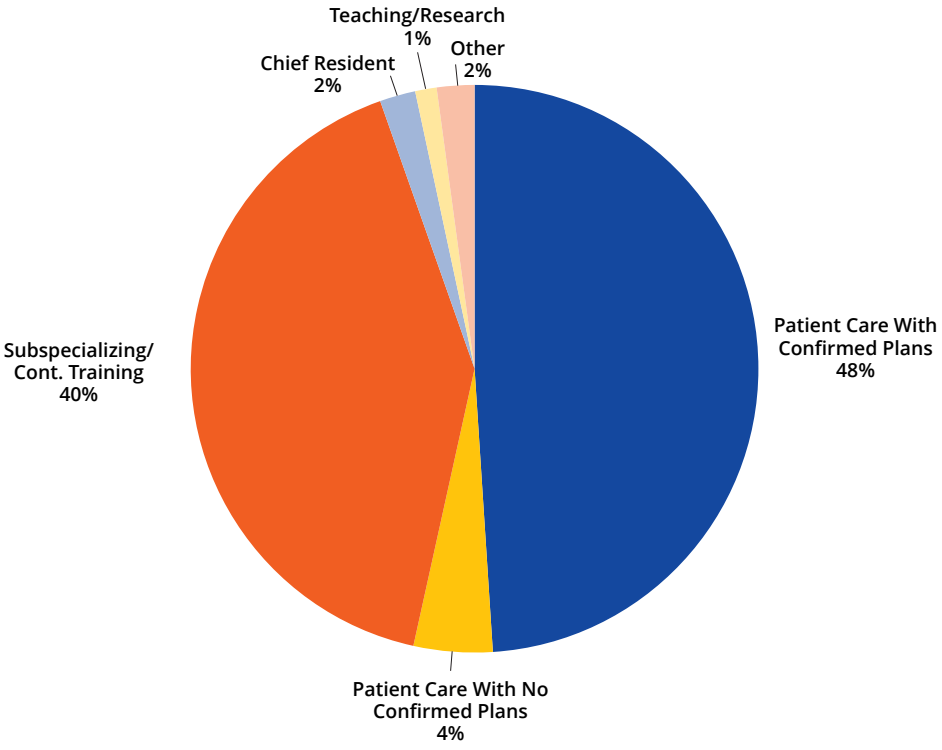


FIGURE 3.2. Rank of Percentage Entering Patient Care by Specialty (All 2024 Exit Survey Respondents)

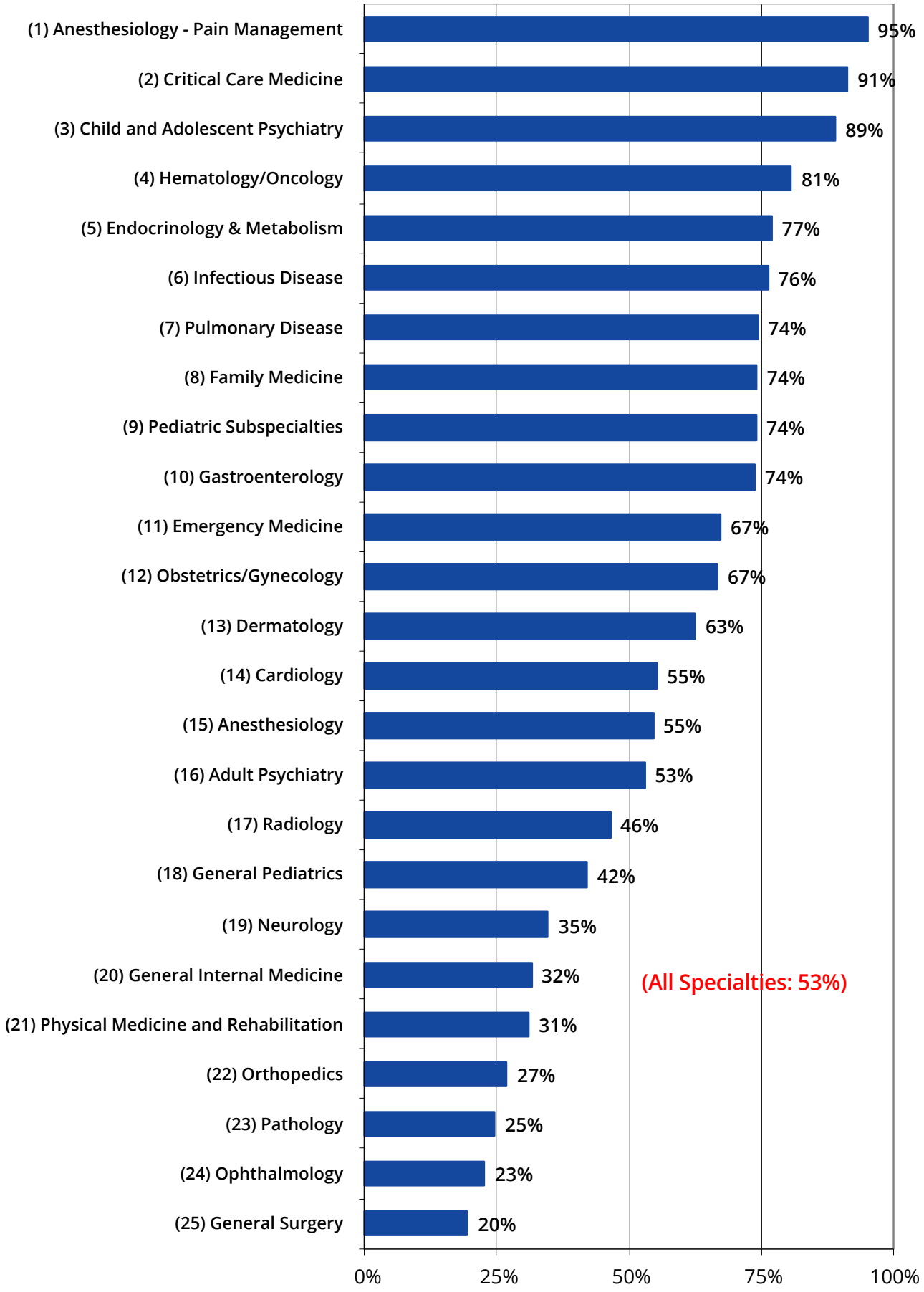


TABLE 3.1. Primary Activity After Completion of Current Training Program by Specialty (All 2024 Exit Survey Respondents)

Specialty	Patient Care/ Clinical Practice	Subspecializing/ Cont. Training	Chief Resident	Teaching/ Research	Other
Primary Care	**39%**	**49%**	**6%**	**1%**	**5%**
Family Medicine	74%	15%	4%	1%	6%
General Internal Medicine	32%	58%	5%	1%	5%
General Pediatrics	42%	43%	9%	1%	5%
Obstetrics/Gynecology	**67%**	**33%**	**0%**	**0%**	**0%**
Medicine Subspecialties	**71%**	**20%**	**1%**	**3%**	**5%**
Cardiology	55%	36%	2%	3%	5%
Critical Care Medicine	91%	0%	3%	3%	3%
Endocrinology & Metabolism	77%	12%	0%	0%	12%
Gastroenterology	74%	21%	3%	0%	3%
Hematology/Oncology	81%	8%	0%	6%	6%
Infectious Disease	76%	14%	0%	5%	5%
Pulmonary Disease	74%	20%	0%	3%	3%
General Surgery	**20%**	**71%**	**0%**	**4%**	**5%**
Surgical Subspecialties	**45%**	**53%**	**0%**	**0%**	**2%**
Ophthalmology	23%	77%	0%	0%	0%
Orthopedics	27%	70%	2%	0%	2%
Facility Based	**51%**	**44%**	**1%**	**0%**	**4%**
Anesthesiology	55%	45%	0%	0%	1%
Pain Management	95%	5%	0%	0%	0%
Pathology	25%	62%	0%	1%	12%
Radiology	46%	48%	1%	0%	5%
Psychiatry	**65%**	**28%**	**1%**	**2%**	**5%**
Adult Psychiatry	53%	40%	1%	2%	3%
Child and Adolescent Psych	89%	0%	0%	0%	11%
Other	**60%**	**36%**	**0%**	**2%**	**2%**
Dermatology	63%	29%	0%	4%	4%
Emergency Medicine	67%	31%	0%	1%	1%
Neurology	35%	64%	0%	0%	1%
Pediatric Subspecialties	74%	23%	0%	1%	1%
Physical Medicine and Rehab	31%	62%	0%	2%	5%
All Specialties, 2024 (2023)	**53% (53%)**	**40% (39%)**	**2% (2%)**	**1% (1%)**	**4% (4%)**

FINDINGS SECTION 4: IN-STATE RETENTION OF NEW PHYSICIANS ENTERING PATIENT CARE

Physicians from a variety of states and countries come to NYS for GME training (see Section 1) and many of them choose to leave the state once they have completed their program. As a result, understanding the in-state retention of new physicians is essential for accurately assessing both the current and future supply of physicians in NYS.

The in-state retention of physicians completing training in NYS has gradually increased over the past decade from 45% in 2015 to 52% in 2024. Despite this upward trend, nearly half of newly trained physicians still choose to leave the state. The most frequently cited reason for leaving was to be closer to family (32%), followed by higher salaries offered outside NYS (15%), better job opportunities in desired locations (12%), and the high cost of living in NYS (9%) **(Figure 4.4)**.

In-state retention varied based on a variety of factors such as high school location, medical school location, citizenship status, and specialty. Physicians who completed both high school and medical school in New York had the highest in-state retention (76%), followed closely by US citizen IMGs who also graduated from a New York high school (73%). In contrast, non-citizen IMGs (37%) and IMGs who did not attend high school in NY (41%) were far less likely to remain in the state **(Figure 4.3)**. Certain specialties like adult psychiatry (77%), physical medicine and rehabilitation (75%), and family medicine (74%) had high levels of in-state retention while other specialties like orthopedics (17%) and pulmonary disease (28%) were much less likely to remain in NYS **(Figure 4.2)**. This suggests that career opportunities in NYS vary by specialty and that new physicians in certain specialties are more likely to leave the state to pursue better job opportunities in those specialties.

FIGURE 4.1. In-State Retention of Physicians Completing Training in New York (2015-2024 Respondents With Confirmed Practice Plans)

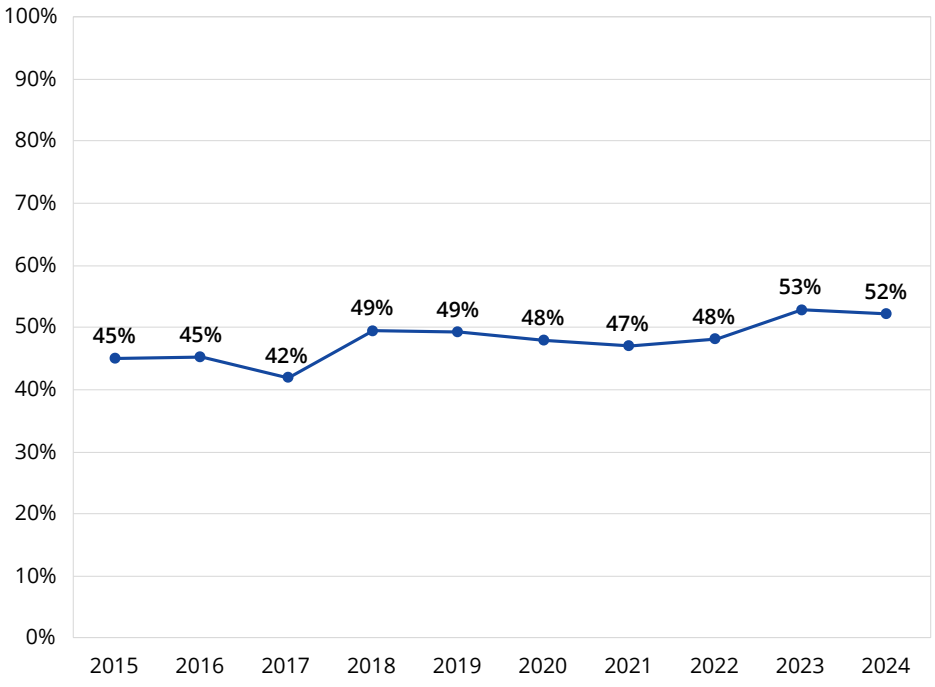


FIGURE 4.2. Rank of In-State Retention Rates by Specialty (for 2024 Respondents With Confirmed Practice Plans)

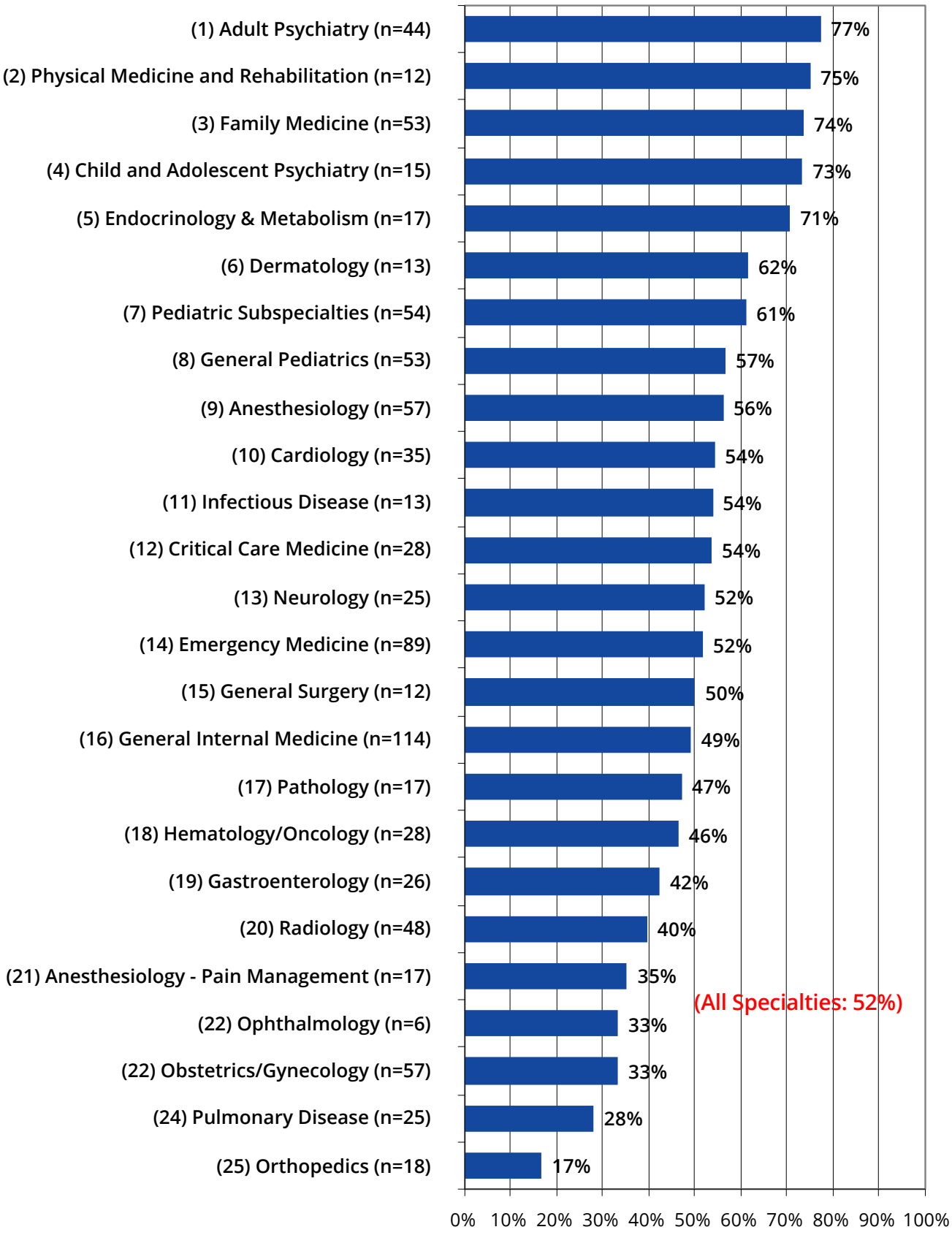


FIGURE 4.3. Percentage With Confirmed Practice Plans in New York by Location of High School, Location of Medical School, and Citizenship Status (for 2024 Respondents With Confirmed Practice Plans)

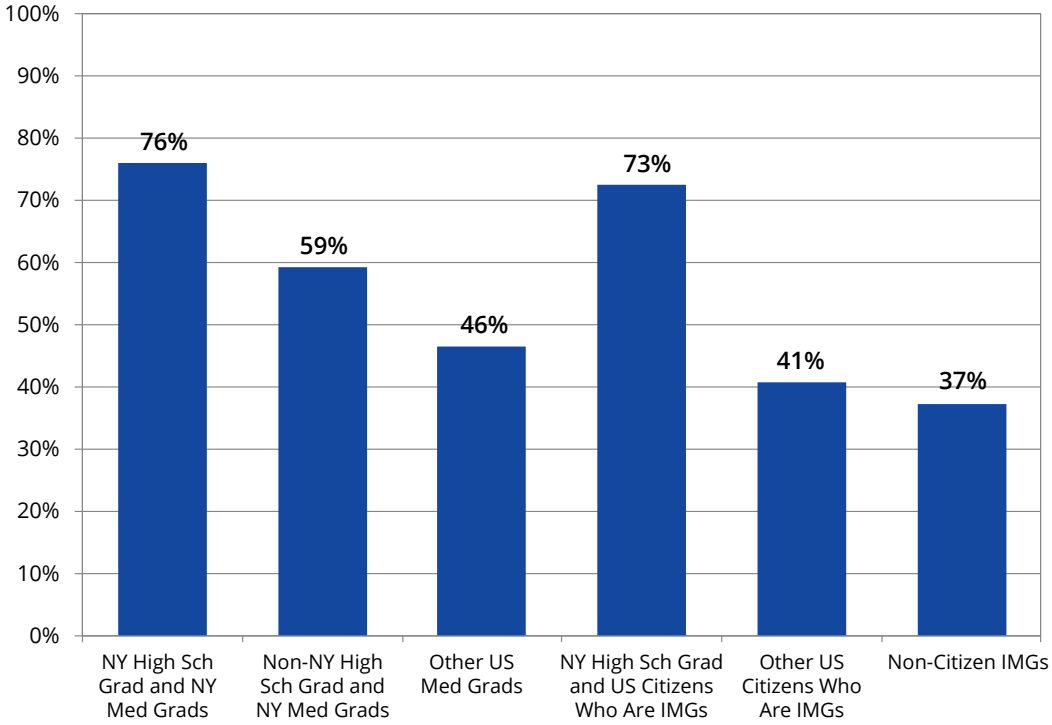
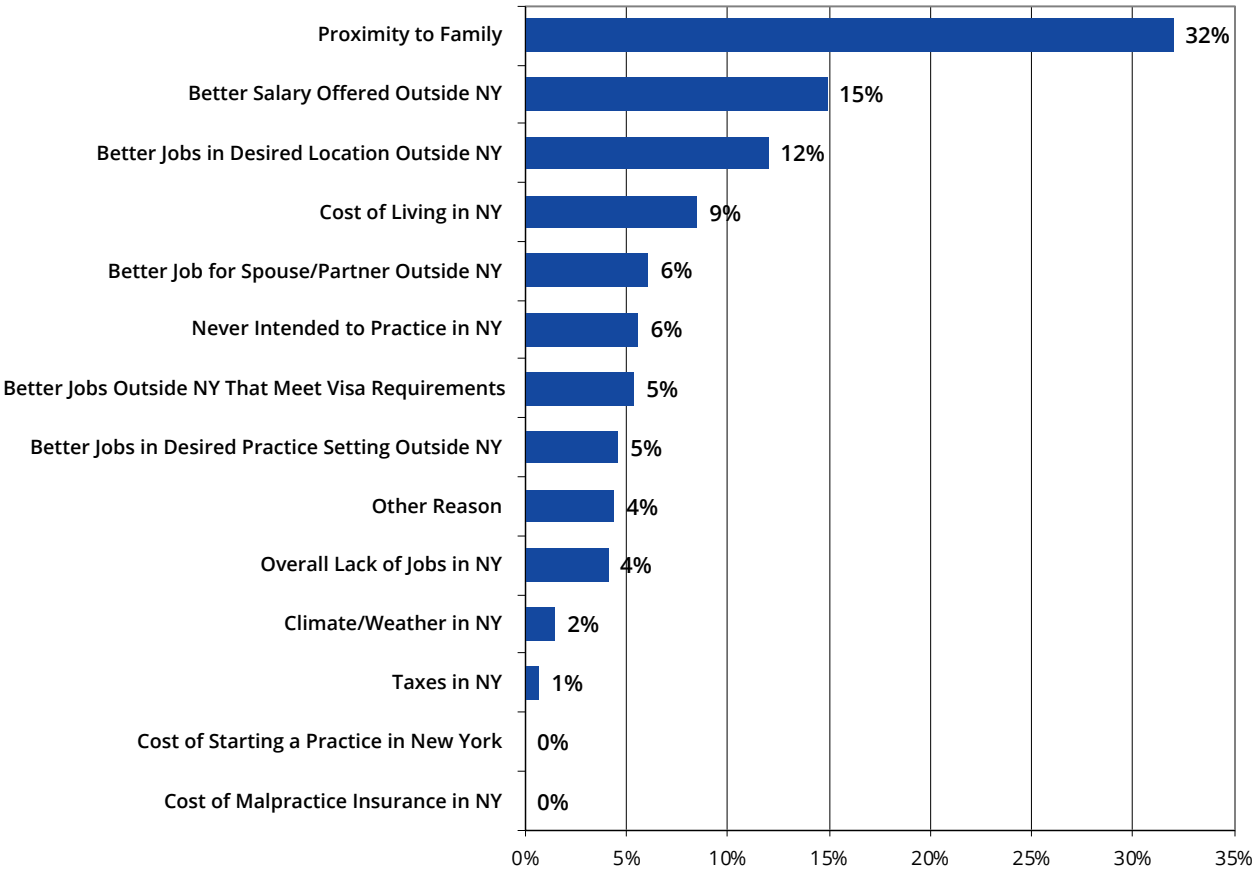


FIGURE 4.4. Principal Reason for Practicing Outside New York (for 2024 Respondents With Confirmed Practice Plans)



FINDINGS SECTION 5: PRACTICE LOCATION AND SETTING

This section describes the geographic location and principal practice setting of new physicians. It also examines the proportion of physicians entering practice in federally-designated HPSAs and those who begin their careers within the same health system where they completed their training.

Practice Location

The geographic maldistribution of healthcare providers continues to be a significant problem.[17] Numerous studies have shown that individuals living in rural areas utilize healthcare services less frequently[18] and experience worse health outcomes compared to those in urban areas.[19,20] Currently, 25% of the US population resides in a primary care HPSA.[21] Having an adequate and well-distributed supply of physicians is critical to improving health outcomes and providing equitable access to care in rural and underserved communities.[22,23] Despite the need, only 4% of graduating NYS physicians in 2023 reported plans to practice in a rural area and only 14% intended to practice in a HPSA.[7] In 2024, the percentage planning to work in rural areas remained the same, but the percentage planning to work in a HPSA increased slightly to 16%. It is important to note that these figures are based on self-reported data, and a substantial number of respondents "didn't know" if their upcoming practice was located in a HPSA.

Citizenship plays a significant role in determining whether a physician practices 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 **(Figure 5.2)**. As a result, IMGs with J-1, J-2 exchange, or visitor visas were the most likely to enter practice in a federal HPSA (92%) compared to 33% of IMGs with H-1, H-2, H-3, or temporary worker visas, 17% of US medical graduates, and 13% of IMGs who are permanent residents or citizens. IMGs with temporary visas were also more likely to practice in a rural area (25%) compared to IMGs who were citizens or permanent residents (6%) and US medical graduates (5%) **(Figure 5.1)**.

Practice location choices also varied by medical specialty **(Table 5.1)**. Family medicine (17%) and pulmonary disease (12%) had the highest percentage of respondents entering rural practice. Similarly, pulmonary disease (32%) and family medicine (28%) had the greatest share of respondents working in HPSAs.

FIGURE 5.1. Respondents Entering Practice in Rural and Inner-City Areas by Location of Medical School and Citizenship Status (for 2024 Respondents from Primary Care Specialties With Confirmed Practice Plans)

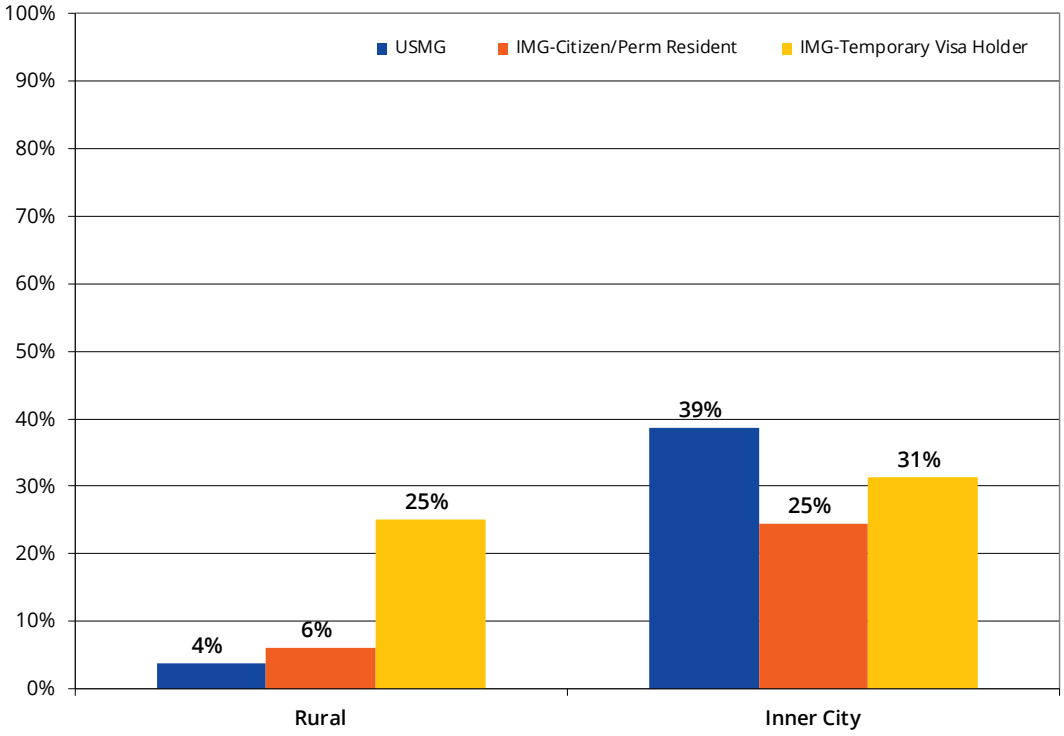


FIGURE 5.2. Percentage of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship Status (for Respondents from Primary Care Specialties With Confirmed Practice Plans)

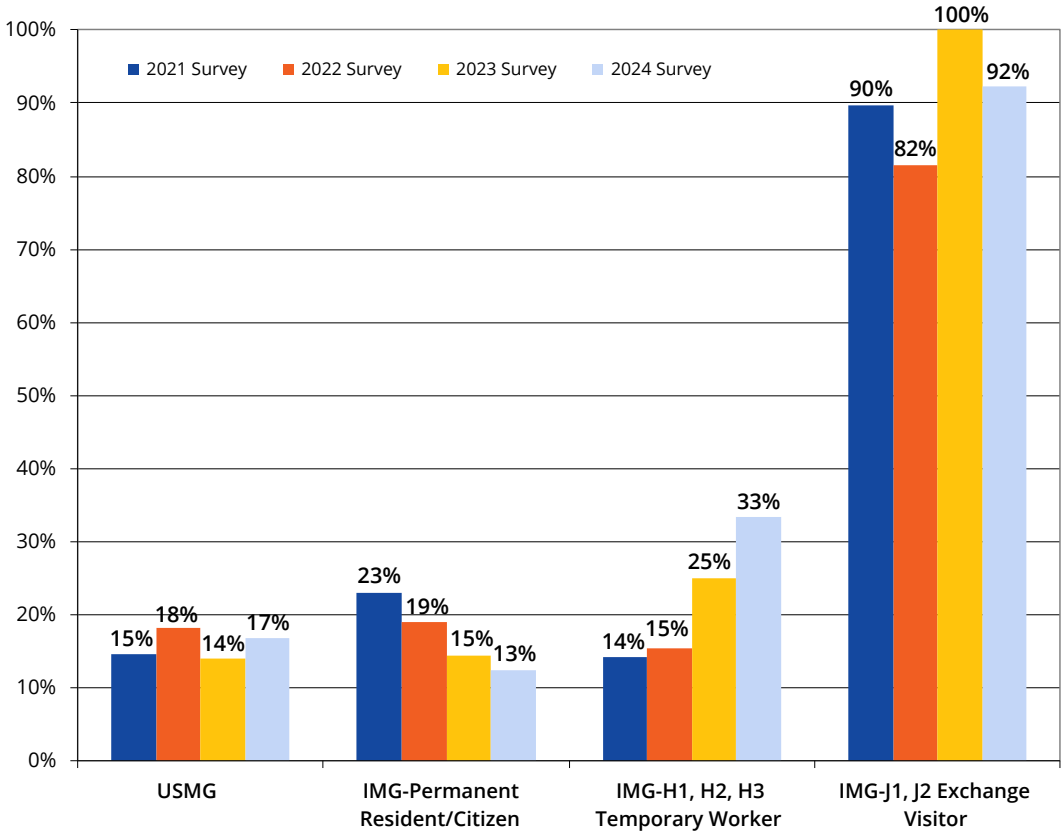


TABLE 5.1. Demographics of Practice Location (for 2024 Respondents With Confirmed Practice Plans)

	DEMOGRAPHICS					
Specialty	Inner City	Other Area in Major City	Suburban	Small City	Rural	% Practicing in a Federal HPSA[a]
Primary Care	**34%**	**16%**	**36%**	**6%**	**8%**	**26%**
Family Medicine	29%	14%	39%	2%	17%	28%
General Internal Medicine	33%	19%	32%	10%	6%	27%
General Pediatrics	39%	15%	42%	2%	2%	22%
Obstetrics/Gynecology	**27%**	**27%**	**31%**	**11%**	**4%**	**11%**
Medicine Subspecialties	**31%**	**26%**	**32%**	**7%**	**4%**	**17%**
Cardiology	18%	21%	50%	12%	0%	12%
Critical Care Medicine	32%	25%	25%	11%	7%	18%
Endocrinology & Metabolism	38%	44%	19%	0%	0%	12%
Gastroenterology	24%	32%	40%	4%	0%	15%
Hematology/Oncology	23%	31%	39%	8%	0%	7%
Infectious Disease	39%	15%	39%	8%	0%	0%
Pulmonary Disease	40%	12%	20%	16%	12%	32%
General Surgery	**25%**	**8%**	**33%**	**25%**	**8%**	**8%**
Surgical Subspecialties	**27%**	**27%**	**35%**	**8%**	**3%**	**8%**
Ophthalmology	67%	33%	0%	0%	0%	0%
Orthopedics	19%	13%	56%	13%	0%	0%
Facility Based	**28%**	**30%**	**35%**	**7%**	**1%**	**5%**
Anesthesiology	24%	35%	33%	7%	0%	6%
Pain Management	27%	7%	53%	13%	0%	0%
Pathology	53%	33%	7%	7%	0%	0%
Radiology	28%	32%	34%	2%	4%	9%
Psychiatry	**40%**	**22%**	**33%**	**4%**	**1%**	**20%**
Adult Psychiatry	38%	21%	36%	2%	2%	10%
Child and Adolescent Psych	43%	7%	43%	7%	0%	23%
Other	**36%**	**26%**	**28%**	**7%**	**2%**	**19%**
Dermatology	39%	15%	39%	8%	0%	0%
Emergency Medicine	35%	25%	33%	4%	4%	23%
Neurology	28%	32%	28%	8%	4%	13%
Pediatric Subspecialties	48%	19%	23%	10%	0%	28%
Physical Medicine and Rehab	50%	25%	17%	0%	8%	8%
All Specialties, 2024 (2023)	**32% (36%)**	**24% (20%)**	**33% (33%)**	**7% (7%)**	**4% (4%)**	**16% (14%)**

[a] HPSA = Health Professional Shortage Area.

Practice Setting

Table 5.2 summarizes the principal practice settings of new physicians' upcoming principal practices. The final column highlights the percentage of respondents who chose to remain within the same health system where they completed their training. Most new physicians planned to work in a hospital, with 30% entering inpatient settings and 28% opting for ambulatory care or emergency departments. Another 30% planned to join a group practice as employees, while a smaller portion (6%) intended to become owners or partners in a group practice. Few anticipated working in a partnership (1%) or solo practice (1%).

Practice setting preferences varied significantly by specialty. Physicians in emergency medicine (93%) and pediatric subspecialties (83%) were most likely to choose hospital-based roles. In contrast, those in general surgery (82%) and orthopedics (82%) were more inclined toward group practice settings. Overall, 26% of respondents reported accepting positions within the same health system where they had trained.

FIGURE 5.3. Upcoming Principal Practice Setting (for 2024 Respondents With Confirmed Practice Plans)

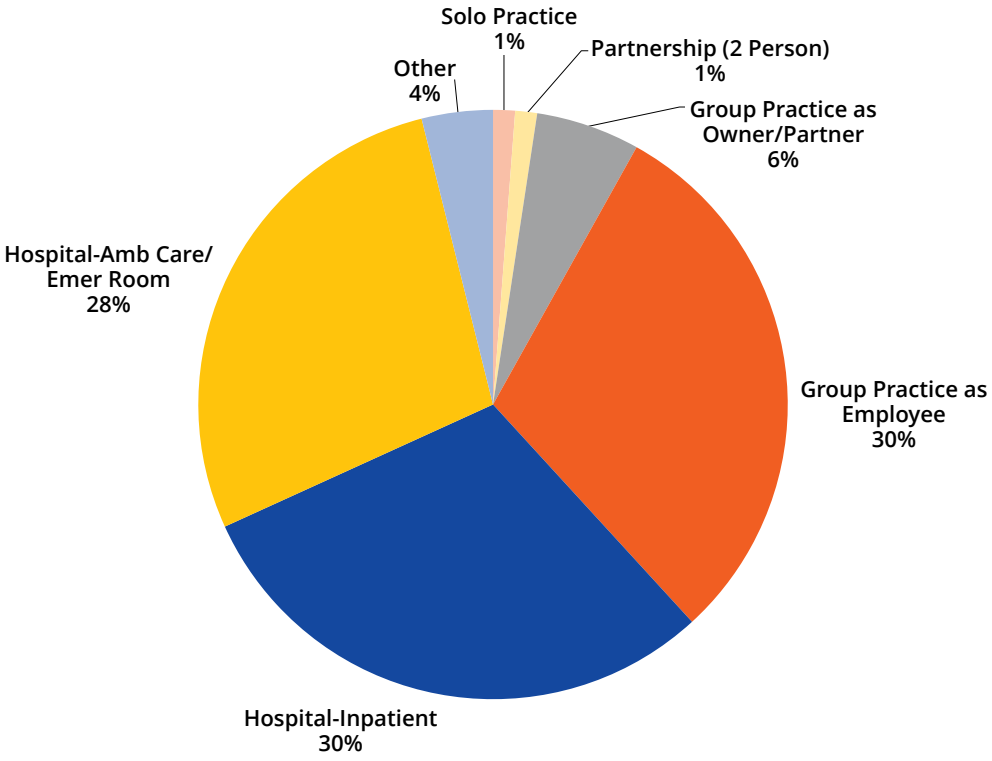


TABLE 5.2. Upcoming Principal Practice Setting by Specialty (for 2024 Respondents With Confirmed Practice Plans)

Specialty	Solo Practice	Partnership (2 Person)	GROUP PRACTICE: As Owner/ Partner	GROUP PRACTICE: As Employee	HOSPITAL: In-Patient	HOSPITAL: Amb. Care	HOSPITAL: Emer. Room	Same Health System
Primary Care	**1%**	**1%**	**6%**	**30%**	**38%**	**16%**	**1%**	**28%**
Family Medicine	0%	2%	8%	57%	6%	16%	0%	38%
General Internal Medicine	1%	1%	6%	15%	62%	11%	1%	26%
General Pediatrics	0%	2%	4%	39%	18%	28%	2%	25%
Obstetrics/Gynecology	**0%**	**0%**	**6%**	**64%**	**4%**	**26%**	**0%**	**12%**
Medicine Subspecialties	**1%**	**1%**	**4%**	**29%**	**36%**	**25%**	**1%**	**29%**
Cardiology	3%	3%	9%	41%	19%	25%	0%	21%
Critical Care Medicine	4%	0%	4%	11%	82%	0%	0%	43%
Endocrinology & Metabolism	6%	0%	0%	35%	0%	53%	0%	53%
Gastroenterology	0%	0%	12%	46%	8%	31%	0%	22%
Hematology/Oncology	0%	0%	7%	30%	4%	56%	0%	25%
Infectious Disease	0%	0%	0%	39%	62%	0%	0%	23%
Pulmonary Disease	0%	0%	4%	25%	63%	8%	0%	4%
General Surgery	**0%**	**0%**	**0%**	**82%**	**18%**	**0%**	**0%**	**25%**
Surgical Subspecialties	**2%**	**3%**	**9%**	**45%**	**18%**	**18%**	**0%**	**14%**
Ophthalmology	0%	0%	0%	50%	0%	33%	0%	0%
Orthopedics	0%	0%	13%	69%	13%	0%	0%	6%
Facility Based	**2%**	**1%**	**14%**	**34%**	**36%**	**7%**	**2%**	**22%**
Anesthesiology	4%	0%	11%	42%	42%	0%	0%	30%
Pain Management	0%	7%	13%	33%	27%	13%	0%	13%
Pathology	0%	0%	0%	39%	39%	0%	8%	19%
Radiology	2%	2%	26%	26%	21%	19%	4%	23%
Psychiatry	**4%**	**1%**	**1%**	**21%**	**28%**	**30%**	**8%**	**33%**
Adult Psychiatry	2%	0%	0%	19%	29%	33%	10%	34%
Child and Adolescent Psych	14%	7%	0%	21%	21%	21%	7%	21%
Other	**1%**	**1%**	**2%**	**14%**	**24%**	**18%**	**40%**	**28%**
Dermatology	8%	0%	8%	54%	0%	31%	0%	23%
Emergency Medicine	0%	0%	4%	4%	1%	0%	92%	24%
Neurology	0%	0%	4%	16%	36%	44%	0%	28%
Pediatric Subspecialties	0%	4%	0%	12%	52%	21%	10%	34%
Physical Medicine and Rehab	0%	0%	0%	18%	46%	27%	9%	42%
All Specialties, 2024	**1%**	**1%**	**6%**	**30%**	**30%**	**19%**	**9%**	**26%**
(All Specialties, 2023)	**2%**	**1%**	**6%**	**31%**	**32%**	**15%**	**10%**	**NA**

FINDINGS SECTION 6: EXPECTED STARTING INCOME

Expected starting income is a key indicator of both overall physician demand and the relative demand for specific specialties. This section provides descriptive statistics on expected starting income, broken down by gender. The income figures reflect both base salary and projected additional or incentive-based earnings. To ensure meaningful comparisons, data were pooled across 3 years to achieve a sufficiently large sample size. The analysis is limited to respondents who had either accepted a job offer or planned to enter self-employment, whether through solo practice or as part of a partnership.

The median expected starting income for new physicians was $300,900 between 2022 and 2024. Anesthesiologists ($432,700) had the highest expected starting income while general pediatrics ($202,000) had the lowest **(Table 6.1)**. When grouped by specialty category, primary care had the lowest average expected starting income ($245,450) and general surgery had the highest ($419,500). The large disparity in expected starting incomes may influence career choices, leading fewer individuals to enter primary care and more to pursue higher-paying specialties.

Expected starting incomes also differed by gender, with new male physicians usually earning more than new female physicians. The mean expected starting income of female physicians was $62,350 lower than that of male physicians. In comparison, a systematic review of salary disparities between male and female physicians found that men made an average of $39,570 more than women.[24] The disparity in average expected starting incomes differed by specialty, but males almost always expected to make more than females. New female physicians had a lower average expected starting income in 20 out of the 25 specialties analyzed and 7 out of the 8 specialty groups. The specialty with the greatest disparity was dermatology, in which new female physicians expected to make an average of $55,650 less than their male counterparts. Endocrinology and metabolism, general surgery, orthopedics, pain management, and neurology were the only specialties in which females expected to make more than males. Additionally, endocrinology and metabolism, pathology, and general pediatrics were the only specialties for which the disparity in average expected starting incomes between the genders was less than $2,000.

Although there is strong evidence of a significant pay gap between male and female physician salaries, the underlying causes are unclear. One study that attempted to examine what factors impact this disparity found that specialty (46%), average amount of time spent in patient care (7%), number of job offers received (5%), and other factors explained a total of 61% of the variation in starting salaries between male and female physicians. However, 39% of the variation remained unexplained.[25] Regardless of the causes, it is clear that more work needs to be done to address the gender pay gap among physicians in NYS.

TABLE 6.1. Expected Starting Income by Specialty and Gender (for 2022-2024 Respondents With Confirmed Practice Plans)

Specialty	Female	Male	Difference[a]	All
Primary Care	**$234,700**	**$266,350**	**-$31,650**	**$245,450**
Family Medicine	$240,300	$267,000	-$26,700	$245,400
General Internal Medicine	$251,000	$270,400	-$19,400	$262,400
General Pediatrics	$201,500	$202,600	-$1,100	$202,000
Obstetrics/Gynecology	**$328,200**	**$334,100**	**-$5,900**	**$332,050**
Medicine Subspecialties	**$278,400**	**$371,200**	**-$92,800**	**$327,050**
Cardiology	$406,200	$424,000	-$17,800	$422,900
Critical Care Medicine	$341,200	$394,550	-$53,350	$379,800
Endocrinology & Metabolism	$248,550	$246,900	$1,650	$248,550
Gastroenterology	$409,150	$428,300	-$19,150	$417,150
Hematology/Oncology	$352,250	$381,000	-$28,750	$365,000
Infectious Disease	$222,900	$260,650	-$37,750	$239,350
Pulmonary Disease	$351,500	$369,100	-$17,600	$362,200
General Surgery	**$435,450**	**$417,700**	**$17,750**	**$419,500**
Surgical Subspecialties	**$385,800**	**$424,500**	**-$38,700**	**$414,850**
Ophthalmology	$328,000	$347,750	-$19,750	$338,200
Orthopedics	$438,000	$423,400	$14,600	$425,200
Facility Based	**$411,300**	**$424,200**	**-$12,900**	**$421,100**
Anesthesiology	$426,500	$433,950	-$7,450	$432,700
Pain Management	$430,500	$410,000	$20,500	$410,600
Pathology	$259,650	$260,650	-$1,000	$259,650
Radiology	$415,600	$426,100	-$10,500	$422,950
Psychiatry	**$261,500**	**$281,050**	**-$19,550**	**$267,900**
Adult Psychiatry	$258,850	$286,200	-$27,350	$267,550
Child and Adolescent Psych	$254,700	$273,800	-$19,100	$267,450
Other	**$266,450**	**$305,700**	**-$39,250**	**$288,900**
Dermatology	$365,600	$421,250	-$55,650	$392,100
Emergency Medicine	$298,850	$313,600	-$14,750	$306,600
Neurology	$293,500	$287,100	$6,400	$289,400
Pediatric Subspecialties	$229,500	$241,300	-$11,800	$235,200
Physical Medicine and Rehab	$268,100	$272,700	-$4,600	$269,450
All Specialties, 2022-2024	**$270,400**	**$332,750**	**-$62,350**	**$300,900**

[a] A negative difference implies that females have lower expected starting incomes than males (Difference = Female - Male).

FINDINGS SECTION 7: ASSESSMENT OF REALTIVE JOB MARKET DEMAND BY SPECIALITY

Understanding the demand for newly trained physicians is critical for informing policy decisions and guiding investments in GME. Aligning physician workforce supply with demand helps ensure that training capacity responds effectively to both current and emerging healthcare needs, mitigates geographic and specialty-specific shortages, and advances equitable access to care across diverse communities. In this section, multiple indicators are combined to create a relative job market demand score by specialty. The responses of IMGs on temporary visas were excluded from this section 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 HPSA or continue graduate medical training. Respondents who indicated they had not yet actively searched for a practice position have also been excluded from this section of the report.

To evaluate the demand for new physicians, a composite score was calculated based on the median rank of each specialty across several demand indicators. These ranks were derived from survey data collected between 2021 and 2024. More recent survey responses were weighted more heavily to reflect current trends: 2024 data were weighted by a factor of 0.40; 2023 data were weighted by a factor of 0.30; 2022 data were weighted by a factor of 0.20; and 2021 data were weighted by a factor of 0.10.

The following variables were used as indicators of demand in the calculations described above:

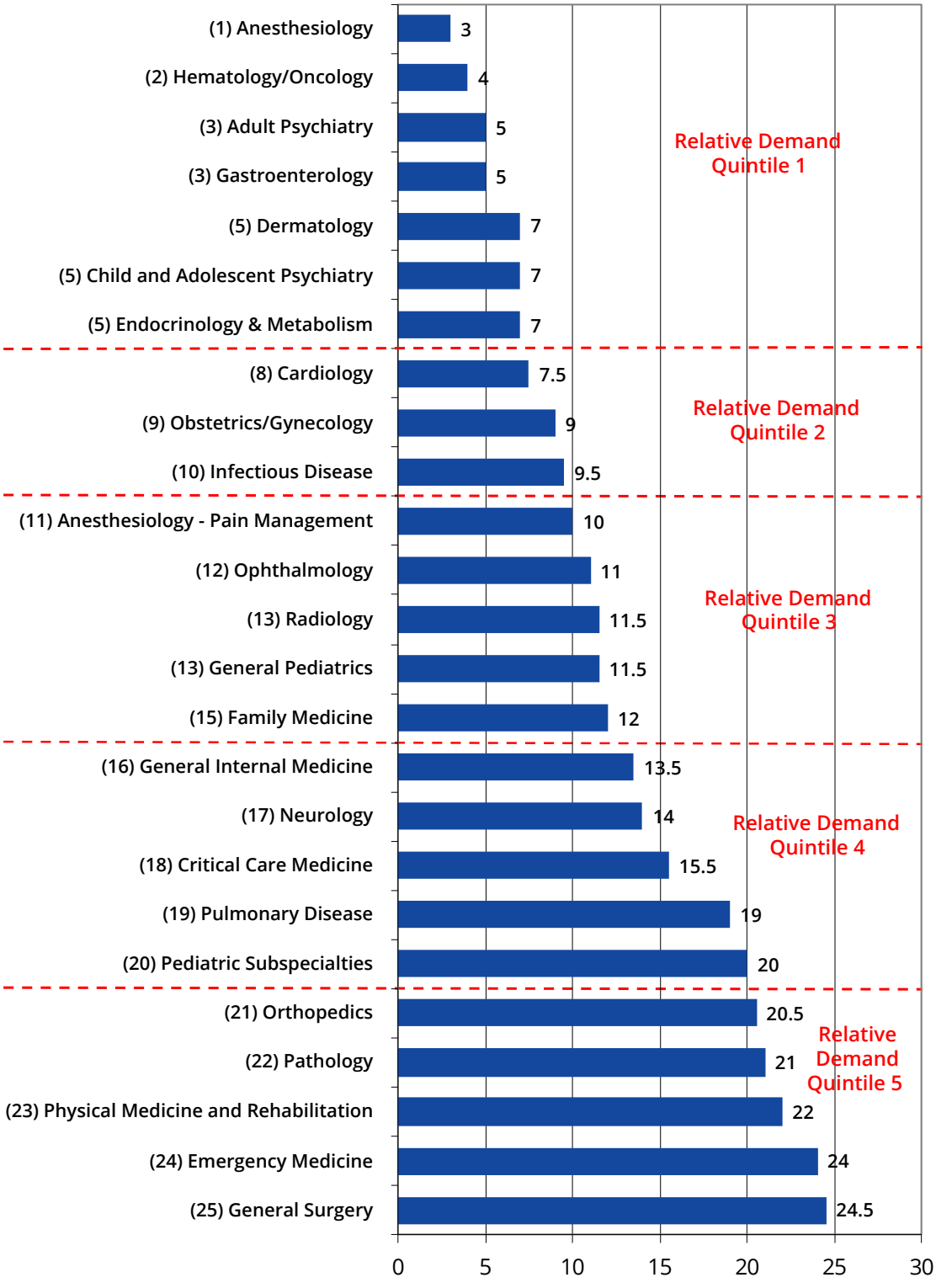
- Percentage of respondents having difficulty finding a satisfactory practice position
- Percentage of respondents having to change plans due to limited practice opportunities
- Mean number of job offers received by respondents
- Respondents' views of the regional job market in their specialty
- Respondents' views of the national job market in their specialty
- Trends in median starting income

While each indicator alone offers an incomplete view of demand, together they provide a more comprehensive picture of relative demand by specialty. Notably, there was a high degree of correlation between the percentage of respondents having difficulty finding a satisfactory practice position and the percentage of respondents having to change plans due to limited practice opportunities (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. To reduce redundancy from these correlations, greater weight was given to the number of job offers and starting income indicators in computing the final composite demand score.

It is important to note that this measure does not assess absolute physician demand (ie, the number of physicians required to meet population health needs). Rather, it reflects relative demand—how specialties compare to each other in the current job market. **Figure 7.1** displays the composite demand score for each specialty.

In 2024, the overall job market for new physicians was strong, but demand varied significantly across specialties. Physicians specializing in anesthesiology, hematology/oncology, adult psychiatry, gastroenterology, dermatology, child and adolescent psychiatry, and endocrinology and metabolism experienced the strongest demand. In contrast, demand was weaker for physicians specializing in general surgery, emergency medicine, physical medicine and rehabilitation, pathology, and orthopedics.

FIGURE 7.1. Assessment of Current Relative Demand by Specialty, Median Rank of Demand Related Variables



CONCLUSION

The 2024 New York Resident Exit Survey provides a comprehensive assessment of the evolving physician workforce in NYS and across the US. The results indicate sustained demand for newly trained physicians and an upward trend in in-state retention. At the same time, the survey highlights persistent challenges, notably the uneven geographic distribution of physicians and ongoing issues related to workforce equity and diversity. Addressing these concerns is essential to building a healthcare system that is both equitable and aligned with population health needs.

A key finding was the continued high demand for new physicians across a broad range of specialties. This was especially the case for physicians specializing in anesthesiology, hematology/oncology, adult psychiatry, gastroenterology, dermatology, child and adolescent psychiatry, and endocrinology and metabolism. This trend highlights the essential role of GME in responding to healthcare demand.

The in-state retention of physicians completing training in NYS has increased over the past decade. In 2024, more than half of graduates with confirmed practice plans decided to practice in the state. This trend suggests increased confidence in the state's healthcare labor market and indicates a favorable return on public investment in physician education for NYS. However, geographic disparities remain a concern. Very few new physicians plan to practice in rural communities or federally designated shortage areas, despite ongoing initiatives and federal programs aimed at addressing these issues.[10] Enhancing support for rural rotations,[26] expanding service scholarships, and improving infrastructure[22] in underserved regions will be essential to improving access to care in the future.

Equity and inclusion remain an area in need of urgent attention. The proportion of URiM graduates has stagnated at 15% over the past decade, indicating limited advancement toward a more diverse workforce. Moreover, persistent gender-based income disparities and the disproportionately high education debt carried by URiM physicians highlight barriers that can deter individuals from entering the profession. Addressing these challenges will require a multifaceted approach, including tuition support,[6,27] targeted mentorship,[28] and institutional efforts to promote inclusive admissions and training environments.[29]

Overall, the findings of the 2024 New York Resident Exit Survey underscore both notable progress and enduring challenges in shaping a physician workforce capable of meeting the healthcare needs of the state and nation. Sustained demand for new physicians and improving in-state retention reflect the strength of the state's GME system. However, the continued underrepresentation of minority groups, persistent income inequities, and uneven geographic distribution, particularly in underserved areas, indicate the need for targeted, data-informed interventions. As New York continues to lead in physician training, translating these insights into actionable policies will be critical to building a more equitable, accessible, and effective healthcare workforce.

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APPENDIX A

TABLE A-1. 2024 Exit Survey Response Rates by Specialty and Region

Specialty[a]	UPSTATE NY PROGRAMS[b] Grads	Returned	Resp Rate	DOWNSTATE NY PROGRAMS[c] Grads	Returned	Resp Rate	NEW YORK (TOTAL)[d] Grads	Returned	Resp Rate
Primary Care	**238**	**149**	**63%**	**1,687**	**492**	**29%**	**1,924**	**641**	**33%**
Family Medicine	69	51	74%	138	35	25%	207	86	42%
Internal Medicine-General	114	67	59%	1,170	334	29%	1,284	401	31%
Pediatrics-General	43	22	51%	373	117	31%	416	139	33%
IM & Peds (Combined)	12	9	75%	6	6	100%	17	15	88%
Obstetrics/Gynecology	**22**	**9**	**41%**	**136**	**56**	**41%**	**158**	**65**	**41%**
Internal Medicine Specialties	**113**	**55**	**49%**	**678**	**343**	**51%**	**785**	**398**	**51%**
Cardiology	39	10	26%	173	58	34%	212	68	32%
Critical Care Medicine	5	5	100%	39	29	74%	41	34	83%
Endocrinology & Metabolism	8	2	25%	32	24	75%	40	26	65%
Gastroenterology	8	5	63%	66	34	52%	74	39	53%
Hematology/Oncology	8	8	100%	61	29	48%	66	37	56%
Infectious Disease	5	1	20%	43	20	47%	48	21	44%
Pulmonary Disease	12	3	25%	67	34	51%	79	37	47%
Other IM Specialties	28	21	75%	197	115	58%	225	136	60%
Geriatrics	*7*	*5*	*71%*	*52*	*18*	*35%*	*59*	*23*	*39%*
Nephrology	*5*	*4*	*80%*	*52*	*20*	*38%*	*57*	*24*	*42%*
Rheumatology	*7*	*3*	*43%*	*26*	*10*	*38%*	*33*	*13*	*39%*
Other IM Subspecialties	*9*	*9*	*0%*	*67*	*67*	*100%*	*76*	*76*	*100%*
Surgery (General)	**19**	**14**	**74%**	**166**	**66**	**40%**	**185**	**80**	**43%**
Surgery (Subspecialties)	**72**	**41**	**57%**	**339**	**196**	**58%**	**411**	**237**	**58%**
Ophthalmology	10	5	50%	56	39	70%	66	44	67%
Orthopedics	22	13	59%	134	54	40%	156	67	43%
Other Surgical Subspecs	40	23	58%	149	103	69%	189	126	67%
Neurosurgery	*5*	*2*	*40%*	*13*	*7*	*54%*	*18*	*9*	*50%*
Otolaryngology	*7*	*4*	*57%*	*29*	*17*	*59%*	*36*	*21*	*58%*
Plastic Surgery	*4*	*3*	*75%*	*14*	*12*	*86%*	*18*	*15*	*83%*
Thoracic Surgery	*3*	*1*	*0%*	*12*	*4*	*33%*	*15*	*5*	*33%*
Urology	*8*	*3*	*38%*	*30*	*12*	*40%*	*38*	*15*	*39%*
All Other Surg Subspecs	*13*	*10*	*77%*	*51*	*51*	*100%*	*64*	*61*	*95%*

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

[b] Upstate NY includes all counties in the state with the exception of those categorized as Downstate NY.

[c] Downstate NY includes New York City, Long Island, and Westchester County.

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

TABLE A-1. 2024 Exit Survey Response Rates by Specialty and Region *(Cont.)*

Specialty[a]	UPSTATE NY PROGRAMS[b] Grads	Returned	Resp Rate	DOWNSTATE NY PROGRAMS[c] Grads	Returned	Resp Rate	NEW YORK (TOTAL)[d] Grads	Returned	Resp Rate
Facility Based	**101**	**52**	**51%**	**564**	**288**	**51%**	**661**	**340**	**51%**
Anesthesiology-General	32	16	50%	164	94	57%	196	110	56%
Pain Management	8	0	0%	27	20	74%	35	20	57%
Other Anes Subspecs	5	0	0%	52	27	52%	57	27	47%
Pathology	19	15	79%	119	54	45%	136	69	51%
Pathology (General)	*13*	*13*	*100%*	*51*	*29*	*57%*	*62*	*42*	*68%*
Pathology Subspecialties		*2*	*33%*	*68*	*25*	*37%*	*74*	*27*	*36%*
Radiology	37	21	57%	202	93	46%	237	114	48%
Radiology (Diagnostic)		*15*	*48%*	*175*	*77*	*44%*	*206*	*92*	*45%*
Radiology (Therapeutic)	*6*	*6*	*100%*	*21*	*11*	*52%*	*25*	*17*	*68%*
Nuclear Medicine	*0*	*0*	*0%*	*6*	*5*	*83%*	*6*	*5*	*83%*
Psychiatry	**27**	**15**	**56%**	**304**	**122**	**40%**	**330**	**137**	**42%**
Psychiatry (General)	13	7	54%	173	82	47%	186	89	48%
Child & Adolescent Psych	6	6	100%	58	12	21%	63	18	29%
Other Psych Subspecs	8	2	25%	73	28	38%	81	30	37%
Other	**115**	**81**	**70%**	**728**	**338**	**46%**	**829**	**419**	**51%**
Dermatology	7	7	100%	56	19	34%	60	26	43%
Emergency Medicine	40	24	60%	238	111	47%	278	135	49%
Neurology	27	17	63%	127	55	43%	154	72	47%
Pediatric Specialties	18	18	100%	114	61	54%	128	79	62%
Physical Medicine & Rehab	10	4	40%	77	38	49%	87	42	48%
Other	13	11	85%	116	54	47%	122	65	53%
Allergy & Immunology	*3*	*1*	*33%*	*15*	*8*	*53%*	*18*	*9*	*50%*
Preventive Medicine	*2*	*2*	*100%*	*13*	*1*	*8%*	*14*	*3*	*21%*
All Other	*8*	*8*	*100%*	*88*	*45*	*51%*	*90*	*53*	*59%*
Total (All Specialties)	**707**	**416**	**59%**	**4,602**	**1,901**	**41%**	**5,283**	**2,323**	**44%**

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

[b] Upstate NY includes all counties in the state with the exception of those categorized as Downstate NY.

[c] Downstate NY includes New York City, Long Island, and Westchester County.

[d] 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 2024

YOUR INFORMATION

1. ACGME Residency Program Number:

Format: XXX-XX-XX-XXX _____

Last Name _____

First Name _____

2. 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
- ○ 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 – Beth Israel
- ○ Mount Sinai – Morningside
- ○ Mount Sinai South Nassau
- ○ Mount Sinai West
- ○ 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
- ○ Univeristy of Buffalo Jacobs School of Medicine and Biomedical Sciences
- ○ Westchester Medical Center
- ○ Woodhull Medical and Mental Health Center
- ○ Wyckoff Heights Medical Center
- ○ Other: _____

BACKGROUND

3. Gender
   - ○ Female
   - ○ Male
   - ○ Nonbinary
   - ○ Prefer not to disclose
   - ○ Prefer to self-describe: _____
4. Age _____

5. Citizenship Status
   - ○ Native born US
   - ○ Naturalized US
   - ○ Permanent resident
   - ○ H-1, H-2, H-3 Temporary worker
   - ○ J-1, J-2 Exchange visitor

6. Are you of Hispanic/Latino origin?
   - ○ Yes
   - ○ No

7. What is your race? (Mark all that apply)
   - ○ American Indian/Alaska Native
   - ○ Asian
   - ○ Black/African American
   - ○ Native Hawaiian/Other Pacific Islander
   - ○ White
   - ○ Other

8. Which best describes your current relationship status?
   - ○ Now Married
   - ○ In Long-term Relationship
   - ○ Divorced/Separated/Widowed *(skip to Question 10)*
   - ○ Never Married/Single *(skip to Question 10)*

9. Is your partner also a physician?
   - ○ Yes
   - ○ No
   - ○ Question does not apply

10. Do you have any dependent children?
    - ○ Yes
    - ○ No

11. Where did you live when you graduated from high school?
    - ○ New York
    - ○ Other US state
    - ○ Canada
    - ○ Other country

MEDICAL EDUCATION AND TRAINING

12. 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

13. Type of Medical Education:
    - ○ Allopathic (MD)
    - ○ Osteopathic (DO)

14. Medical School Attended:

- ○ New York *(If yes, complete Question 15)*
- ○ Other state in the US *(If yes, skip to Question 16)*
- ○ Canada *(If yes, skip to Question 16)*
- ○ Other country *(If yes, skip to Question 16)*

15. 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

16. 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

17. Specialty you are COMPLETING in 2024 (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): _____

○ Pathology (General)

○ Pathology (Subspecialty) - (Specify):_____

○ Pediatrics (General)

○ Pediatrics Subspecialty - (Specify): _____

○ Physical Medicine and Rehabilitation

○ Preventive Medicine/Public Health/Occupational Medicine

○ Psychiatry

○ Child and Adolescent Psychiatry

○ Other Psychiatry Subspecialty - (Specify): _____

○ Radiology (Diagnostic)

○ Radiology (Therapeutic)

○ Surgery (General)

○ Cardio-Thoracic Surgery

○ Neurological Surgery

○ Ophthalmology

○ Orthopedic Surgery

○ Otolaryngology

○ Plastic Surgery

○ Urology

○ Other Surgical Subspecialty - (Specify):_____

○ Other - (Specify):_____

18. 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

19. 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

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

- ○ Yes
- ○ No

21. 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	○	○	○	○	○	○	○	○

22. 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

23. Is your primary position after completing your current training program in the same health system?

- ○ Yes
- ○ No

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

28. Have you been offered a job?

- ○ Yes, and I have accepted an offer
- ○ Yes, but I declined the offer(s) and am still searching *(skip to Question 41)*
- ○ No, but I have not actively searched yet *(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 (Mark only one)	Secondary Setting (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 (Mark all that apply)	Main Reason I'm Leaving NY (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 (eg, 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 (Mark all that apply)	Most Influential Incentive (Mark only one)
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: _____

38. 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)
- ○ 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

Thank you for completing this important survey!

About the Authors

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