Trends in Demand for New Physicians, 2002 - 2008

A Summary of Demand Indicators for 35 Physician Specialties

May 2009

Center for Health Workforce Studies

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ACKNOWLEDGEMENTS

This report was prepared by David P. Armstrong and Gaetano J. Forte of the Center for Health Workforce Studies. The authors wish to acknowledge the editing efforts of Lyrysa Smith. Funding for the 2008 Resident Exit Survey and analysis was provided by the New York State Department of Health. The Center would like to express its appreciation to the GME administrators and directors at participating teaching hospitals for their efforts to ensure a high response rate to the Resident Exit Survey each year. Without their assistance this important data collection effort would not be possible.
BACKGROUND

The Center for Health Workforce Studies conducts an annual survey of all physicians completing a residency or fellowship training program in New York (the Resident Exit Survey). The survey instrument (see Appendix B) was developed by the Center in consultation with teaching hospitals in New York. The survey provides the medical education community with valuable information on outcomes of training and demand for new physicians in different specialties.

Each spring, the Center distributes the surveys to Graduate Medical Education (GME) directors and administrators at teaching hospitals in New York. In most cases, surveys are then forwarded to individual GME departments at each hospital which assume responsibility for having graduating residents and fellows fill out the surveys in the weeks prior to program completion. The surveys are then returned to the Center for data entry and analysis.

The year 2008 marked the ninth year of the survey. Through the excellent collaboration of teaching hospitals throughout the state, an aggregated total of 26,692 of the 42,399 graduates have completed the survey (63% response rate) for the nine years the survey has been conducted (1998, 1999, 2000, 2001, 2002, 2003, 2005, 2007, and 2008). In addition to New York, several other states (including California, Georgia, Minnesota, New Jersey, and Texas) have conducted similar surveys. Many of the questions on the Resident Exit Survey are designed to assess demand for physicians in general, and by specialty. In any given year, the Resident Exit Survey provides a snapshot of the physician marketplace at a specific point in time. By conducting the survey on a regular basis, trends may be observed which are useful in projecting future supply and demand.

This data book presents profiles for 35 specialties. Each specialty profile summarizes trends in five key areas related to physician supply and demand: starting income, job offers, having to change plans due to limited practice opportunities, relative demand, and numbers of graduates. Data on starting income, job offers, having to change plans, and relative demand are based on responses to the Resident Exit Survey in New York (for the years 2002 to 2008). Data on GME graduates are from the annual medical education issues of the Journal of the American Medical Association (JAMA) and summarize the numbers of residents (or fellows) completing allopathic GME training programs in the U.S. in the specialty from 1998 to 2007. Definitions of the five areas are as follows:

- **Starting income**: The median starting income of survey respondents with confirmed plans to enter patient care/clinical practice in the U.S. following completion of their training program. Starting incomes included respondents’ base salaries plus their expected incentive/bonus income. Furthermore, starting incomes were adjusted for inflation to reflect 2008 dollars and are reported in $1,000s.

- **Job offers**: The mean number of job offers for employment/practice positions of survey respondents who had actively searched for a practice position, excluding international medical graduates (IMGs) on temporary visas. Respondents with temporary citizenship status were excluded from this analysis because they were much more likely to experience difficulty in finding a practice positions due to visa restrictions.
Having to change plans due to limited practice opportunities: The percentage of respondents who had actively searched for a job (excluding IMGs on temporary visas) and who had to change their plans due to limited practice opportunities.

Relative demand: Using several questions pertaining to the job market experiences and perceptions of survey respondents who had actively searched for a practice position (excluding IMGs on temporary visas), a composite score was computed to assign an overall rank (or relative demand score) for each specialty in each year that the survey was conducted. The percentages presented are the percentile rank of the specialty amongst all specialties in a given year. A percentile rank of 100% identifies the specialty highest in demand, and the lowest percentile rank would correspond to the specialty with the lowest relative demand score. Appendix A provides a detailed explanation of the methodology used to assess relative demand.

Numbers of graduates of allopathic GME training programs in the U.S.: The AMA’s data on the number of residents completing training was compiled to observe how the number of new entrants to the physician marketplace has changed over time.

GENERAL RESULTS AND KEY FINDINGS

Overall the job market for new physicians appeared to be good. Analysis of trends in variables pertaining to the physician job market revealed that opportunities for physicians entering practice in most specialties have improved or remained stable over the period the Center has been conducting this survey.

In 2008, demand for primary care physicians (generalists) was comparable to non-primary care physicians (specialists) and for some indicators more favorable.* Primary care physicians were as likely as specialists to have to change plans due to limited practice opportunities. But primary care physicians received more job offers than specialists and their average annual increase in starting income between 2002 and 2008 was also higher.

There are important differences in the job market experiences and assessments for different specialties. Although the overall marketplace appears relatively good for new graduates, there exist important differences in demand for individual specialties. In New York specialties experiencing the strongest and weakest relative demand were:

- Strongest relative demand: dermatology, urology, gastroenterology, otolaryngology, neurology, adult psychiatry, and orthopedics.
- Weakest relative demand: plastic surgery, allergy and immunology, rheumatology, nephrology, thoracic surgery, pathology, and physical medicine and rehabilitation.

There is a high degree of correlation in the relative demand for different individual specialties between different states. Despite the differences that exist between New York and other states, including the number and specialty mix of the physician supply, the demographic characteristics

* Primary care (or generalists) specialties include family medicine, general internal medicine, general pediatrics, and internal medicine and pediatrics (combined).
of the populations, and the health care delivery systems, the relative demand for physicians in New York by specialty is very similar to other states.

**IMPORTANT NOTES**

For each specialty the number of responses by year is listed at the bottom of the page in the report. Care should be taken when interpreting outcomes based on small samples. The measures of the five key areas presented in this report may fluctuate from year to year.
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Specialty: Pediatrics-General


Trends in Median Starting Income*, 2002 - 2008 (in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received**, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Pediatrics-General, 2002 - 2008


**Source: JAMA Medical Education Issues, 1999 - 2008.

Trends in Demand for New Physicians, 2002 - 2008
**Specialty: IM & Peds (Combined)**


**Source:** CHWS, Survey of Residents Completing Training in New York, 2002 - 2008.

**Source:** JAMA Medical Education Issues, 1999 - 2008.

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**Trends in Median Starting Income*, 2002 - 2008**

<table>
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<td>$141,000</td>
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<td>$145,000</td>
<td>$142,000</td>
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<td>2007</td>
<td>$156,000</td>
<td>$148,000</td>
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**Trends in Mean Number of Job Offers Received*, 2002 - 2008**

<table>
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<th>IM &amp; Peds (Combined)</th>
<th>Primary Care</th>
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<tbody>
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<td>2002</td>
<td>2.2</td>
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<td>2003</td>
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<td>2.8</td>
<td>2.7</td>
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<td>2007</td>
<td>3.0</td>
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**Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008**

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<td>0%</td>
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<tr>
<td>2003</td>
<td>5%</td>
<td>8%</td>
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<tr>
<td>2005</td>
<td>10%</td>
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<td>2007</td>
<td>15%</td>
<td>23%</td>
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**Trends in Relative Demand* - Percentile Rank of IM & Peds (Combined), 2002 - 2008**

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<tr>
<td>2005</td>
<td>60%</td>
<td>51%</td>
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<tr>
<td>2007</td>
<td>46%</td>
<td>46%</td>
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**Trends in Number of Graduates of Allopathic IM & Peds (Combined) GME Programs in the U.S.**, 1998 - 2007

<table>
<thead>
<tr>
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<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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<td>Graduates</td>
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<td>362</td>
<td>358</td>
<td>340</td>
<td>309</td>
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</table>


**Source:** JAMA Medical Education Issues, 1999 - 2008.

---

**Trends in Demand for New Physicians, 2002 - 2008**
Trends in Demand for New Physicians, 2002 - 2008

**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Cardiology


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Critical Care Medicine

**Trends in Median Starting Income**, 2002 - 2008 (in $1,000s of 2008 dollars)

<table>
<thead>
<tr>
<th>Year</th>
<th>Critical Care Medicine</th>
<th>Medicine Subspecialties</th>
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<tr>
<td>2002</td>
<td>$191</td>
<td>$185</td>
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<td>2003</td>
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<td>2005</td>
<td>$175</td>
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<td>2007</td>
<td>$194</td>
<td>$190</td>
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<td>2008</td>
<td>$190</td>
<td>$180</td>
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**Trends in Mean Number of Job Offers Received**, 2002 - 2008

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<td>5.3</td>
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<td>2008</td>
<td>4.0</td>
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**Trends in Having to Change Plans Due to Limited Practice Opportunities**, 2002 - 2008

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<td>2002</td>
<td>0%</td>
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<tr>
<td>2003</td>
<td>33%</td>
<td>18%</td>
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<td>2005</td>
<td>22%</td>
<td>13%</td>
</tr>
<tr>
<td>2007</td>
<td>19%</td>
<td>21%</td>
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<tr>
<td>2008</td>
<td>21%</td>
<td>19%</td>
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**Trends in Relative Demand - Percentile Rank of Critical Care Medicine**, 2002 - 2008

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<tr>
<td>2002</td>
<td>37%</td>
<td>60%</td>
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<td>2003</td>
<td>60%</td>
<td>51%</td>
</tr>
<tr>
<td>2005</td>
<td>57%</td>
<td>60%</td>
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<tr>
<td>2007</td>
<td>49%</td>
<td>54%</td>
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<table>
<thead>
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<th>Year</th>
<th>Critical Care Medicine</th>
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<tr>
<td>1998</td>
<td>98</td>
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<tr>
<td>1999</td>
<td>87</td>
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<td>2000</td>
<td>91</td>
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<tr>
<td>2006</td>
<td>98</td>
</tr>
<tr>
<td>2007</td>
<td>69</td>
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</table>


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Endocrinology


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Gastroenterology

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Having to Change Plans Due to
Limited Practice Opportunities*, 2002 - 2008

Trends in Number of Graduates of Allopathic Gastroenterology

Trends in Mean Number of Job Offers
Received*, 2002 - 2008

Trends in Relative Demand* - Percentile
Rank of Gastroenterology, 2002 - 2008

Trends in Median Starting Income*

Trends in Mean Number of Job Offers Received*

Trends in Having to Change Plans Due to
Limited Practice Opportunities*

Trends in Relative Demand - Percentile
Rank of Gastroenterology

Trends in Number of Graduates of Allopathic Gastroenterology
GME Programs in the U.S.

**Source: JAMA Medical Education Issues, 1999 - 2008.

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Geriatrics, 2002 - 2008


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Hematology/Oncology

**Trends in Median Starting Income**, 2002 - 2008 (in $1,000s of 2008 dollars)

**Trends in Number of Graduates of Allopathic Hematology/Oncology GME Programs in the U.S.**, 1998 - 2007

**Trends in Mean Number of Job Offers Received**, 2002 - 2008

**Trends in Having to Change Plans Due to Limited Practice Opportunities**, 2002 - 2008

**Trends in Relative Demand** - Percentile Rank of Hematology/Oncology, 2002 - 2008


**Source:** JAMA Medical Education Issues, 1999 - 2008.

*Trends in Demand for New Physicians, 2002 - 2008.*
Specialty: Infectious Disease


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Nephrology


Trends in Median Starting Income*, 2002 - 2008 (in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Nephrology, 2002 - 2008

Trends in Median Starting Income*

Trends in Mean Number of Job Offers Received*

Trends in Having to Change Plans Due to Limited Practice Opportunities*

Trends in Relative Demand - Percentile Rank of Nephrology


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Pulmonary Disease

Trends in Median Starting Income*, 2002 - 2008

Trends in Number of Graduates of Allopathic Pulmonary Disease GME Programs in the U.S.**, 1998 - 2007


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Rheumatology


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Surgery-General


Trends in Median Starting Income*, 2002 - 2008 (in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Surgery-General, 2002 - 2008

Trends in Median Starting Income*, 2002 - 2008 (in $1,000s of 2008 dollars)

Specialty: Surgery-General

**Source: JAMA Medical Education Issues, 1999 - 2008.
Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Neurosurgery, 2002 - 2008


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Ophthalmology

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received**, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Ophthalmology, 2002 - 2008


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Orthopedic Surgery


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Otolaryngology


**Source: JAMA Medical Education Issues, 1999 - 2008.

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Otolaryngology, 2002 - 2008


**Source: JAMA Medical Education Issues, 1999 - 2008.

Trends in Demand for New Physicians, 2002 - 2008
Specialty: Plastic Surgery

### Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

<table>
<thead>
<tr>
<th>Year</th>
<th>Plastic Surgery</th>
<th>Surgical Subspecialties</th>
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<tbody>
<tr>
<td>2002</td>
<td>$193,000</td>
<td>$232,000</td>
</tr>
<tr>
<td>2003</td>
<td>$160,000</td>
<td>$213,000</td>
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<td>2005</td>
<td>$214,000</td>
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<td>2007</td>
<td>$247,000</td>
<td>$246,000</td>
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### Trends in Mean Number of Job Offers Received*, 2002 - 2008

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<tr>
<td>2002</td>
<td>1.6</td>
<td>2.0</td>
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<td>2003</td>
<td>3.8</td>
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<td>2005</td>
<td>1.9</td>
<td>4.4</td>
</tr>
<tr>
<td>2007</td>
<td>3.9</td>
<td>4.1</td>
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### Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

<table>
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<th>Plastic Surgery</th>
<th>Surgical Subspecialties</th>
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<tbody>
<tr>
<td>2002</td>
<td>40%</td>
<td>40%</td>
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<tr>
<td>2003</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>2005</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>2007</td>
<td>16%</td>
<td>12%</td>
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### Trends in Relative Demand* - Percentile Rank of Plastic Surgery, 2002 - 2008

<table>
<thead>
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<th>Plastic Surgery</th>
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<tbody>
<tr>
<td>2002</td>
<td>46%</td>
<td>47%</td>
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<tr>
<td>2003</td>
<td>48%</td>
<td>47%</td>
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<tr>
<td>2005</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>2007</td>
<td>3%</td>
<td>6%</td>
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<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
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<td>2006</td>
<td>198</td>
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<tr>
<td>2007</td>
<td>198</td>
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</tbody>
</table>


**Source: JAMA Medical Education Issues, 1999 - 2008.
**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Anesthesiology-General


**Source: JAMA Medical Education Issues, 1999 - 2008.

Trends in Demand for New Physicians, 2002 - 2008
Specialty: Pain Management

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Pain Management, 2002 - 2008


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Pathology


**Source: JAMA Medical Education Issues, 1999 - 2008.

Trends in Median Starting Income*, 2002 - 2008 (in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Pathology, 2002 - 2008

Trends in Number of Graduates of Allopathic Pathology GME Programs in the U.S.**, 1998 - 2007


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Radiology


**Source: JAMA Medical Education Issues, 1999 - 2008.


Trends in Median Starting Income*, 2002 - 2008 (in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Radiology, 2002 - 2008
Specialty: Psychiatry-Adult

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received**, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Psychiatry-Adult, 2002 - 2008


**Source: JAMA Medical Education Issues, 1999 - 2008.


**Source: JAMA Medical Education Issues, 1999 - 2008.

Trends in Median Starting Income*, 2002 - 2008 (in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Psychiatry-Child & Adolescent, 2002 - 2008

Trends in Median Starting Income*, 2002 - 2008 (in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Psychiatry-Child & Adolescent, 2002 - 2008
Specialty: Allergy & Immunology

Trends in Number of Graduates of Allopathic Allergy & Immunology GME Programs in the U.S.*, 1998 - 2007

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Allergy & Immunology, 2002 - 2008

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile Rank of Allergy & Immunology, 2002 - 2008


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Dermatology

**Trends in Median Starting Income**, 2002 - 2008 (in $1,000s of 2008 dollars)

**Trends in Mean Number of Job Offers Received**, 2002 - 2008

**Trends in Having to Change Plans Due to Limited Practice Opportunities**, 2002 - 2008

**Trends in Relative Demand** - Percentile Rank of Dermatology, 2002 - 2008


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Emergency Medicine

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to
Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile
Rank of Emergency Medicine, 2002 - 2008

Trends in Number of Graduates of Allopathic Emergency Medicine


**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Neurology

Trends in Median Starting Income*, 2002 - 2008
(in $1,000s of 2008 dollars)

Trends in Number of Graduates of Allopathic Neurology

Trends in Mean Number of Job Offers Received*, 2002 - 2008

Trends in Having to Change Plans Due to
Limited Practice Opportunities*, 2002 - 2008

Trends in Relative Demand* - Percentile
Rank of Neurology, 2002 - 2008

Trends in Median Starting Income:
- 2002: $150
- 2003: $191
- 2005: $187
- 2007: $201
- 2008: $207

Trends in Median Starting Income:
- 2002: $145
- 2003: $151
- 2005: $190
- 2007: $201
- 2008: $207

Trends in Mean Number of Job Offers Received:
- 2002: 4.3
- 2003: 3.9
- 2005: 3.3
- 2007: 3.6

Trends in Having to Change Plans Due to
Limited Practice Opportunities:
- 2002: 17%
- 2003: 16%
- 2005: 15%
- 2007: 16%

Trends in Relative Demand - Percentile
Rank of Neurology:
- 2002: 66%
- 2003: 69%
- 2005: 80%
- 2007: 89%

**Source: JAMA Medical Education Issues, 1999 - 2008.
Specialty: Pediatric Subspecialties

**Trends in Median Starting Income**, 2002 - 2008
*(in $1,000s of 2008 dollars)*


**Source:** JAMA Medical Education Issues, 1999 - 2008.

**Trends in Mean Number of Job Offers Received**, 2002 - 2008

**Legend:**
- [ ] 2002
- [ ] 2003
- [ ] 2005
- [ ] 2007
- [ ] 2008

**Trends in Having to Change Plans Due to Limited Practice Opportunities**, 2002 - 2008

**Trends in Relative Demand** - Percentile
**Rank of Pediatric Subspecialties, 2002 - 2008**


**Source:** JAMA Medical Education Issues, 1999 - 2008.
Specialty: Physical Medicine & Rehabilitation

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**Trends in Median Starting Income**, 2002 - 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>Median Income</th>
</tr>
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<tbody>
<tr>
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<td>2005</td>
<td>$154,000</td>
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<td>2007</td>
<td>$207,000</td>
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</table>

**Trends in Mean Number of Job Offers Received**, 2002 - 2008

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<thead>
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<th>Mean Job Offers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
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<tr>
<td>2003</td>
<td>3.8</td>
</tr>
<tr>
<td>2005</td>
<td>2.8</td>
</tr>
<tr>
<td>2007</td>
<td>4.3</td>
</tr>
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</table>

**Trends in Having to Change Plans Due to Limited Practice Opportunities**, 2002 - 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>29%</td>
</tr>
<tr>
<td>2003</td>
<td>32%</td>
</tr>
<tr>
<td>2005</td>
<td>18%</td>
</tr>
<tr>
<td>2007</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Trends in Relative Demand - Percentile Rank of Physical Medicine & Rehabilitation**, 2002 - 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>56%</td>
</tr>
<tr>
<td>2003</td>
<td>55%</td>
</tr>
<tr>
<td>2005</td>
<td>55%</td>
</tr>
<tr>
<td>2007</td>
<td>53%</td>
</tr>
<tr>
<td>2008</td>
<td>52%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Year</th>
<th>Graduates</th>
</tr>
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<tbody>
<tr>
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<tr>
<td>1999</td>
<td>366</td>
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<tr>
<td>2000</td>
<td>339</td>
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<td>2001</td>
<td>352</td>
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<tr>
<td>2002</td>
<td>339</td>
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<tr>
<td>2003</td>
<td>363</td>
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<td>2004</td>
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<td>2005</td>
<td>360</td>
</tr>
<tr>
<td>2006</td>
<td>387</td>
</tr>
<tr>
<td>2007</td>
<td>363</td>
</tr>
</tbody>
</table>

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**Source:** JAMA Medical Education Issues, 1999 - 2008.

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**Source:** JAMA Medical Education Issues, 1999 - 2008.

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Trends in Demand for New Physicians, 2002 - 2008

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35
APPENDIX A. Methodology Used to Measure Relative Demand
The Resident Exit Survey cannot be used to determine absolute demand for new physicians in different specialties (i.e., it cannot be used to determine the number of physicians necessary to serve a given population). However, by analyzing several questions pertaining to the job market experiences and perceptions of new physicians and comparing responses over time, in different geographical locations, and between specialties, it is possible to assess whether respondents from certain specialties or in certain locations are finding more or fewer practice opportunities (i.e., it measures relative demand).

The implication is that while a specialty, such as pathology, may be in low demand relative to other specialties in an absolute sense, there may still be good opportunities for pathologists, but not as good or as many as another specialty that is seeing higher demand (such as child and adolescent psychiatry). In addition, it is not possible to measure the magnitude of the difference in demand between different specialties. So, if the percentile rank of family medicine in New York in 2008 is 66% (i.e., family medicine had a relative rank equal to or better than 66% of the 35 specialties that were ranked), and the percentile rank of pediatrics-general was 34%, this does not imply that demand for family medicine was almost twice as strong as for pediatrics-general. The scale is only ordinal.

To measure demand by specialty and develop a ranking of specialties based on demand, a composite demand score was computed by taking a weighted average of the ranks (i.e., where each specialty stood among all specialties) scored by each specialty on each variable used to measure demand (or demand indicator). The following variables were used as indicators of demand:

- percentage of respondents having difficulty finding a satisfactory practice position;
- percentage of respondents having to change plans due to limited practice opportunities;
- mean number of job offers received by respondents;
- respondents’ mean Likert score summarizing their assessment of the regional job market;
- respondents’ mean Likert score summarizing their assessment of the national job market; and
- trend (i.e., average annual change) in median starting income.

None of these indicators used alone will provide a perfect picture of demand. However, considered together, they provide a good picture of relative demand by specialty. There is a high degree of correlation between the “percentage of respondents with difficulty finding a satisfactory practice position” variable and the “percentage of respondents having to change plans due to limited practice opportunities” variable (i.e., a respondent reporting “difficulty…” was much more likely to also report “having to change plans…”). There is also a high degree of correlation between respondents’ assessments of the “regional job market” and the “national job market.” For this reason, the “job offers” variable and the “trends in starting income” variable were each double weighted in computing a composite demand score.
The table on the next page summarizes the rank of each specialty (ranked among 35 specialties) on each demand indicator. The variables are:

- **diff**: rank of each specialty based on the percentage of respondents reporting difficulty finding a satisfactory practice position. e.g., the specialty with the lowest percentage of respondents reporting difficulty (emergency medicine) ranked #1 and the specialty with the highest percentage of respondents reporting difficulty (allergy and immunology) ranked #35.

- **chpln**: rank of each specialty based on the percentage of respondents that had to change plans due to practice opportunities. e.g., the specialty with the lowest percentage of respondents having to change plans (emergency medicine) ranked #1 and the specialty with the highest percentage of respondents reporting difficulty (plastic surgery) ranked #35.

- **offrs**: rank of each specialty in terms of the mean number of job offers received by respondents. This variable was double weighted in computing the overall demand score. e.g., the specialty with the most job offers (gastroenterology) ranked #1 and the specialty with the fewest job offers (pathology) ranked #35.

- **reg_mrkt**: rank of each specialty in terms of the mean Likert score summarizing respondents’ assessments of the regional job market for their specialty. e.g., the specialty with the most positive assessment of the regional job market (child and adolescent psychiatry) ranked #1 and the specialty with the least positive assessment of the regional job market (plastic surgery) ranked #35.

- **nat_mrkt**: rank of each specialty in terms of the mean Likert score summarizing respondents’ assessments of the national job market for their specialty. e.g., the specialty with the most positive assessment of the national job market (child and adolescent psychiatry) ranked #1 and the specialty with the least positive assessment of the national job market (thoracic surgery) ranked #35.

- **inc_trnd**: rank of each specialty in terms the average annual change (or trend) in median starting income levels of respondents from each specialty. e.g., the specialty with the strongest trend in median starting income (plastic surgery) ranked #1 and the specialty with the least positive assessment of the national job market (ophthalmology) ranked #35.
SUMMARY OF RANKS ON DEMAND INDICATORS

<table>
<thead>
<tr>
<th>Specialty</th>
<th>diff</th>
<th>ch_pln</th>
<th>offers*</th>
<th>reg_mrkt</th>
<th>nat_mrkt</th>
<th>inc_trnd*</th>
<th>Median Rank</th>
<th>Overall Rank</th>
<th>Percentile Rank**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>22</td>
<td>19</td>
<td>10</td>
<td>13</td>
<td>9</td>
<td>15</td>
<td>14.0</td>
<td>13.0</td>
<td>66%</td>
</tr>
<tr>
<td>Internal Med-General</td>
<td>23</td>
<td>18</td>
<td>8</td>
<td>20</td>
<td>13</td>
<td>11</td>
<td>12.0</td>
<td>8.0</td>
<td>80%</td>
</tr>
<tr>
<td>Pediatrics-General</td>
<td>16</td>
<td>11</td>
<td>31</td>
<td>23</td>
<td>23</td>
<td>24</td>
<td>23.5</td>
<td>24.0</td>
<td>34%</td>
</tr>
<tr>
<td>IM &amp; Peds (Comb)</td>
<td>17</td>
<td>14</td>
<td>28</td>
<td>16</td>
<td>25</td>
<td>6</td>
<td>16.5</td>
<td>18.0</td>
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<tr>
<td>Ob/Gyn</td>
<td>15</td>
<td>10</td>
<td>14</td>
<td>17</td>
<td>22</td>
<td>22</td>
<td>16.0</td>
<td>16.0</td>
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<td>12</td>
<td>5</td>
<td>14</td>
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<td>13.0</td>
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</tr>
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<td>18</td>
<td>12</td>
<td>15</td>
<td>10</td>
<td>16.0</td>
<td>16.0</td>
<td>57%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>24</td>
<td>26</td>
<td>17</td>
<td>10</td>
<td>7</td>
<td>29</td>
<td>20.5</td>
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<td>4</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>4.0</td>
<td>3.0</td>
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</tr>
<tr>
<td>Geriatrics</td>
<td>31</td>
<td>25</td>
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<td>25</td>
<td>29</td>
<td>28</td>
<td>26.5</td>
<td>27.0</td>
<td>26%</td>
</tr>
<tr>
<td>Hematology/Onc</td>
<td>19</td>
<td>16</td>
<td>13</td>
<td>15</td>
<td>5</td>
<td>9</td>
<td>13.0</td>
<td>11.0</td>
<td>71%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>26</td>
<td>33</td>
<td>26</td>
<td>33</td>
<td>31</td>
<td>23</td>
<td>26.0</td>
<td>26.0</td>
<td>29%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>32</td>
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<td>29</td>
<td>32</td>
<td>19</td>
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<td>31.0</td>
<td>14%</td>
</tr>
<tr>
<td>Pulmonary Disease</td>
<td>11</td>
<td>13</td>
<td>4</td>
<td>19</td>
<td>12</td>
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</tr>
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<td>18</td>
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<td>32.0</td>
<td>33.0</td>
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</tr>
<tr>
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<td>22</td>
<td>22</td>
<td>20</td>
<td>8</td>
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<td>22.0</td>
<td>40%</td>
</tr>
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<td>21</td>
<td>21</td>
<td>8</td>
<td>10</td>
<td>32</td>
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<td>22.0</td>
<td>40%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>27</td>
<td>8</td>
<td>25</td>
<td>26</td>
<td>30</td>
<td>35</td>
<td>26.5</td>
<td>27.0</td>
<td>26%</td>
</tr>
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<td>7</td>
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<td>6.0</td>
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</tr>
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<td>34</td>
<td>35</td>
<td>25</td>
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<td>9</td>
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<td>14</td>
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<td>24</td>
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<td>35</td>
<td>30</td>
<td>33</td>
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<td>30.0</td>
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<td>11.0</td>
<td>6.0</td>
<td>86%</td>
</tr>
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<td>Psych-Child &amp; Adol</td>
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<td>15</td>
<td>1</td>
<td>1</td>
<td>21</td>
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<td>14.0</td>
<td>63%</td>
</tr>
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<td>Allergy &amp; Immun</td>
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<td>32</td>
<td>33</td>
<td>29</td>
<td>32</td>
<td>16</td>
<td>32.0</td>
<td>33.0</td>
<td>9%</td>
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<td>Dermatology</td>
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<td>2</td>
<td>3</td>
<td>2</td>
<td>33</td>
<td>3.0</td>
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<td>100%</td>
</tr>
<tr>
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<td>1</td>
<td>20</td>
<td>5</td>
<td>11</td>
<td>27</td>
<td>15.5</td>
<td>15.0</td>
<td>60%</td>
</tr>
<tr>
<td>Neurology</td>
<td>7</td>
<td>6</td>
<td>24</td>
<td>11</td>
<td>16</td>
<td>7</td>
<td>9.0</td>
<td>5.0</td>
<td>89%</td>
</tr>
<tr>
<td>Pediatric Subspecs</td>
<td>14</td>
<td>22</td>
<td>27</td>
<td>28</td>
<td>26</td>
<td>17</td>
<td>24.0</td>
<td>25.0</td>
<td>31%</td>
</tr>
<tr>
<td>Phys Med &amp; Rehab</td>
<td>30</td>
<td>28</td>
<td>30</td>
<td>27</td>
<td>27</td>
<td>19</td>
<td>27.5</td>
<td>29.0</td>
<td>20%</td>
</tr>
</tbody>
</table>

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

**The percentile rank is the percentage of all 35 specialties with a median demand rank equal to or lower than each specialty.

The following example illustrates how the demand score was calculated for family medicine in New York in 2008:

Median RankFP = median (diff, ch_pln, offers, offers, reg_mrkt, nat_mrkt, inc_trnd, inc_trnd)

Median RankFP = median (22, 19, 10, 10, 13, 9, 15, 15)

Median RankFP = 14.0***

***With a median rank of 14.0, family medicine ranked 13 out of 35 specialties. The percentile rank is computed as:

\[ \text{%rank}_{FP} = \{ 1 - (\text{Rank}_{FP} / \#specs) + (1 / \#specs) \} \]

where “\#specs” is the number of specialties being ranked. In New York in 2008, there were 35 specialties being ranked, so the percentile rank of family medicine is:

\[ \text{%rank}_{FP} = \{ 1 - (13 / 35) + (1 / 35) \} \approx 66\% . \]
APPENDIX B. Specialty Comparison Groups
## SPECIALTY COMPARISON GROUPS

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Comparison Group*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Internal Medicine-General</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Pediatrics-General</td>
<td>Primary Care</td>
</tr>
<tr>
<td>IM &amp; Peds (Combined)</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Pulmonary Disease</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Medicine Subspecialties</td>
</tr>
<tr>
<td>Surgery-General</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Surgical Subspecialties</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Surgical Subspecialties</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>Surgical Subspecialties</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Surgical Subspecialties</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>Surgical Subspecialties</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>Surgical Subspecialties</td>
</tr>
<tr>
<td>Urology</td>
<td>Surgical Subspecialties</td>
</tr>
<tr>
<td>Anesthesiology-General</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Pain Management</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Pathology</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Radiology</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Psychiatry-Adult</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Psychiatry-Child &amp; Adolescent</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Allergy &amp; Immunology</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Neurology</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Pediatric Subspecialties</td>
<td>Non-Primary Care</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
<td>Non-Primary Care</td>
</tr>
</tbody>
</table>

*In each specialty profile, statistics for the specialty are presented next to the average of all specialties in the group to which the specialty belongs (i.e., the comparison group). As an example, the starting median of family practice is compared to the median starting income of all primary care. Likewise, the relative demand (or percentile rank) of cardiology is compared against the average percentile rank of all medicine subspecialties.
APPENDIX C. 2008 NY Resident Exit Survey Instrument
### A. BACKGROUND

<table>
<thead>
<tr>
<th>1. Gender:</th>
<th>Male □ Female □</th>
</tr>
</thead>
</table>

| 2. Age: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

<table>
<thead>
<tr>
<th>3. Citizenship Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Born U.S. □</td>
</tr>
<tr>
<td>Naturalized U.S. □</td>
</tr>
<tr>
<td>Permanent Resident □</td>
</tr>
<tr>
<td>H-1, H-2, H-3 □</td>
</tr>
<tr>
<td>J-1, J-2 Exchange Visitor □</td>
</tr>
<tr>
<td>Other □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Are you of Hispanic/Latino origin?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. What is your race?</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native □</td>
</tr>
<tr>
<td>Asian or Pacific Islander □</td>
</tr>
<tr>
<td>Black/African-American □</td>
</tr>
<tr>
<td>White □ Other □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. At the end of your current year of training, how many total years of post-graduate training will you have completed in the U.S.?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 □ 2 □ 3 □ 4 □ 5 □ 6 or more □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Type of Medical Education:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allopathic (M.D.) □</td>
</tr>
<tr>
<td>Osteopathic (D.O.) □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Medical School Attended:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York (if yes, complete below) □</td>
</tr>
<tr>
<td>Other state in the U.S. □</td>
</tr>
<tr>
<td>Canada □ Other Country □</td>
</tr>
<tr>
<td>Specify if in NY:</td>
</tr>
<tr>
<td>Albany Medical College □</td>
</tr>
<tr>
<td>Albert Einstein (Yeshiva) □</td>
</tr>
<tr>
<td>Columbia University College of Phys and Surg □</td>
</tr>
<tr>
<td>Cornell University Medical College □</td>
</tr>
<tr>
<td>Mt. Sinai School of Medicine □</td>
</tr>
<tr>
<td>New York College of Osteopathic Medicine □</td>
</tr>
<tr>
<td>New York Medical College (Valhalla) □</td>
</tr>
<tr>
<td>New York University □</td>
</tr>
<tr>
<td>SUNY at Brooklyn □</td>
</tr>
<tr>
<td>SUNY at Buffalo □</td>
</tr>
<tr>
<td>SUNY at Stony Brook □</td>
</tr>
<tr>
<td>SUNY at Syracuse □</td>
</tr>
<tr>
<td>University of Rochester □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. What is your current level of educational debt?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None □ Less than $25,000 □ $25,000–$49,999 □ $50,000–$74,999 □ $75,000–$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 and over □</td>
</tr>
</tbody>
</table>

---

**Survey of Residents Completing Training in NY in 2008**

Center for Health Workforce Studies
University at Albany, School of Public Health
7 University Place
Rensselaer, NY 12144-3458

This questionnaire should be completed by all physicians completing a residency/fellowship training program in New York in 2008 (excluding preliminary training positions).

Please do not write in this area.
10. What do you expect to be doing after completion of your current training program?

**Primary Activity** (mark only one)
- 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

11. Specialty you are COMPLETING in 2008 (select 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 Anesthesiology 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: ___________

C. FUTURE PLANS

12. In your upcoming position, how many hours per week do you expect to spend in each of the following activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>1-9</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Patient Care</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Research</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Teaching</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Administration</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Community Service</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

13. Where is the location of your primary activity after completing your current training position?
- Same City/County as Current Training
- Same Region within New York—but Different City/County
- Other Area within New York
- Other State
- Outside of U.S.
- Don’t know yet

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

A. Why are you subspecializing/continuing training? (mark all that apply)
- To further your medical education
- Unable to find a job you are happy with
- Unable to find any job
- To stay in the U.S. (i.e., due to visa status)
- Other (specify: ___________
- Question does not apply

B. If you are leaving the state to continue your training, do you plan to return to NY to practice when your training is complete?
- Yes
- No
- Question does not apply
- Don’t know yet

15. Do you have an obligation or visa requirement to work in a federally designated Health Professional Shortage Area?
- Yes
- No

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

A. Have you actively searched for a job?
- Yes
- No, not yet (Skip to 16C)
- No, I will be self-employed (Skip to 16C)
If you have accepted a position in Patient Care/Clinical Practice please answer the following questions, if not, skip to Question 25.

17. Which best describes the type of Patient Care Practice you will be entering?

   Principal Practice Setting (mark only one)
   - Solo Practice
   - Partnership (2 person)
   - Group Practice
   - Hospital—Inpatient
   - Hospital—Ambulatory Care
   - Hospital—Emergency Room
   - Freestanding Health Center or Clinic
   - Nursing Home
   - Other: __________________________

   Secondary Practice Setting(s) (mark all that apply)
   - Residency program announcements/career fairs
   - Social networking/word of mouth
   - Other (specify): ______________________

18. What level of ownership will you have in your upcoming practice?
   - None, I will be an employee
   - None currently, but I may have the option to become a partner in the future
   - I will be a partner, but will not have any capital invested in the practice
   - I will be an owner/partner (i.e., will have capital invested and own a financial stake in the practice)

19. A. What is the zip code of the principal practice address where you will be working (if zip is unknown, please give city/town and state)?
   B. Is this principal practice address located in a federally designed Health Professional Shortage Area?
      - Yes
      - No
      - I don’t know

20. C. 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 25)
      - No, but I have not actively searched yet (Skip to Question 25)
      - No, I have not yet been offered a practice position (Skip to Question 25)

21. B. Which of the following approaches have you used in your job search? Which one did you find most effective?

   - Third party representation (recruitment agencies/headhunters, online or otherwise)
   - Independent search activity on the Internet (direct to employers)
   - Print/Traditional want ad responses (journals, newspapers, trade publications)
   - Residency program announcements/career fairs
   - Social networking/word of mouth
   - Other (specify): ______________________

22. C. If you are not going to practice in New York, please indicate the reasons why. In the first column indicate the main reason why (mark only one). In the second column indicate all of the reasons why (mark all that apply).

   Main Reason (mark only one)
   - 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
   - Better salary/compensation offered outside New York
   - Cost of malpractice insurance in New York
   - Cost of establishing a medical practice in New York
   - Cost of living in New York
   - Proximity to family
   - Better employment opportunities for spouse/partner outside New York
   - Climate
   - Never intended to practice in New York
   - Other reason: ______________________

   All Reasons (mark all that apply)
   - 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
   - Better salary/compensation offered outside New York
   - Cost of malpractice insurance in New York
   - Cost of establishing a medical practice in New York
   - Cost of living in New York
   - Proximity to family
   - Better employment opportunities for spouse/partner outside New York
   - Climate
   - Never intended to practice in New York
   - Other reason: ______________________
20. How many years do you expect to be at your principal practice?
- 1
- 2
- 3
- 4
- 5 or more

21. 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

22. Will you be participating in a loan forgiveness/repayment program while at this practice?
- Yes
- No

23. Expected Gross Income during first year of practice:
   A. Base Salary/Income
      - Less than $60,000
      - $60,000–$79,999
      - $80,000–$99,999
      - $100,000–$119,999
      - $120,000–$139,999
      - $140,000–$159,999
      - $160,000–$179,999
      - $180,000–$199,999
      - $200,000–$219,999
      - $220,000–$239,999
      - $240,000–$259,999
      - $260,000–$279,999
      - $280,000–$299,999
      - $300,000 and over
   B. 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

24. What is your level of satisfaction with your salary/compensation?
- Very Satisfied
- Somewhat Satisfied
- Not Too Satisfied
- Very Dissatisfied

25. A. Did you have difficulty finding a practice position you were satisfied with?
- Yes
- No
- Haven’t looked yet

B. If Yes, what would you say was the main reason? (mark only one)
- Overall lack of jobs/practice opportunities
- Lack of jobs/practice opportunities that meet visa status requirements
- Lack of jobs/practice opportunities in desired locations
- Lack of jobs/practice opportunities in desired practice setting (e.g., hospital, group practice, etc.)
- Inadequate salary/compensation offered
- Lack of employment opportunities for spouse/partner
- Other (specify): 

26. Did you have to change your plans because of limited practice opportunities?
- Yes
- No
- Haven’t looked yet

27. How many offers for employment/practice positions did you receive (excluding fellowships, chief residency, and other training positions)?
- None
- 1
- 2
- 3
- 4
- 5
- Over 10

28. What is your overall assessment of practice opportunities in your specialty, and within 50 miles of the site where you trained?
- Many Jobs
- Some Jobs
- Few Jobs
- Very Few Jobs
- No Jobs
- Unknown

29. What is your overall assessment of practice opportunities in your specialty nationally?
- Many Jobs
- Some Jobs
- Few Jobs
- Very Few Jobs
- No Jobs
- Unknown

THANK YOU FOR COMPLETING THIS IMPORTANT SURVEY.