Highlights

- More physicians in rural counties have plans to retire and/or reduce patient care hours in the next 12 months than physicians in urban counties.
- Central New York has the highest percentage of physicians with plans to retire in the next 12 months, while New York City and Long Island have the lowest.
- General surgeons and ob/gyns are more likely to report plans to retire and/or reduce patient care hours in the next 12 months compared to other specialties.

Key Findings

More physicians in rural counties* have plans to retire and/or reduce patient care hours in the next 12 months than physicians in urban counties.

New York physicians practicing in rural counties were 57% more likely to have plans to retire than physicians practicing in urban counties (2.5% compared to 1.6%). Physicians in rural counties were also more likely to have plans to reduce patient care hours compared to physicians in urban counties (10.0% compared to 8.8%).

Central New York has the highest percentage of physicians with plans to retire in the next 12 months, while New York City and Long Island have the lowest.

The Central New York region had the highest percentage of physicians with plans to retire in the next 12 months (2.3%) and New York City had the lowest (1.5%). The following regions had higher percentages of physicians with plans to retire in the next 12 months compared to the state average: Western New York, Southern Tier, Hudson Valley, North Country, and Capital District. The Mohawk Valley region had the highest percentage of physicians with plans to reduce patient care hours in the next 12 months (11.3%) and the Capital District had the lowest (8.1%).

Physicians working in solo practice are more than twice as likely to report plans to retire compared to physicians employed by hospitals or in group practices.

Among physicians working in solo practices, 2.4% reported plans to retire in the next 12 months and 13.7% had plans to reduce patient care hours in the next 12 months. In contrast, 1.1% of physicians working in hospitals and in group practice settings reported plans to retire and 6.6% had plans to reduce patient care hours.

* Counties with populations of less than 200,000 are considered rural and New York Department of Labor regions are used above.
General surgeons and ob/gyns are more likely to report plans to retire and/or reduce patient care hours in the next 12 months compared to other specialties.

Four percent (4.0%) of general surgeons and 2.6% of ob/gyns reported plans to retire in the next 12 months. About 16% of general surgeons and almost 14% of ob/gyns had plans to reduce patient care hours in the next 12 months. Among primary care physicians, 1.8% reported plans to retire in the next 12 months, and 9.7% had plans to reduce patient care hours in the next 12 months.

**Male physicians are more likely to have plans to retire and/or reduce patient care hours than female physicians.**

Male physicians were 42% more likely to report plans to retire in the next 12 months than their female counterparts (1.9 compared to 1.1%). They were also 34% more likely to have plans to reduce patient care hours than female physicians (10.0% compared to 6.6%). These differences were partially explained by the fact that, on average, male physicians were six years older than female physicians.

**Despite being older, White (non-Hispanic) physicians are less likely to report plans to retire and/or reduce patient care hours in the next 12 months than physicians in other racial/ethnic groups.**

Among White (non-Hispanic) physicians, 1.5% reported plans to retire in the next 12 months and 7.6% reported plans to reduce patient care hours in the next 12 months. In comparison, 1.6% of underrepresented minority physicians (Black/African American, Hispanic/Latino, American Indian/Alaska Native) had plans to retire in the next 12 months and 11.7% had plans to reduce patient care hours in the next 12 months.

### Conclusion

It is increasingly important to understand the effects of aging on the New York physician workforce. More physicians practicing in rural counties as well as more of those who practice general surgery and ob/gyn have plans to retire in the next 12 months compared to their counterparts in other parts of the state and in other specialties. These patterns have broad implications for state and local stakeholders and policy makers as physician workforce capacity may be growing or shrinking at different rates in certain parts of the state and in certain specialties. It is essential to take these patterns into account in developing strategies to assure an adequate supply of physicians in New York.