

# The 2010 New Jersey Resident Exit Survey Final Report

## Why the exodus? Who is staying?



**A Report by:  
The New Jersey Council of Teaching Hospitals**

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## Message from the New Jersey Council of Teaching Hospital's Leadership

The past three years of data from the New Jersey's Resident Exit Survey has brought focused attention on the state's graduating physician retention rates by many stakeholders. This year's 82% response rate made the message even more profound and concerning, New Jersey continues to lag behind national averages of close to 50% retention rate for physician's remaining in-state to set up their clinical practice. In 2010, only 37% of New Jersey's graduating physicians have committed to establishing their practice in-state. Although improved from the 2009 rate of 32%, it is still disheartening. Over the next ten years this means over 400 fewer primary care physicians above and beyond the projected shortfall of 1,006 projected in the 2009 *New Jersey Physician Workforce Report*.

As Accountable Care Organizations and Medical Homes are being viewed as the upcoming new models of care, New Jersey's ability to be at the forefront of this change will be challenged, since primary care physicians are the core providers within these models. Now more than ever the governor's office, the health commissioners, the legislators, the medical education community and teaching hospitals must come together to aggressively address our state's healthcare, medical education and physician practice environments. In the 2009 *New Jersey Physician Workforce Report*, the task force documented the need in Goal III to "align the goals and incentives between medial education stakeholders: medical schools, teaching hospitals and the State of New Jersey," by establishing an on-going strategic planning process between these entities. Based on the results of this 2010 Resident Exit Survey, this forum and planning session is needed more than ever.

The matrix below outlines some of the key issues identified by the graduating physicians and medical education leadership that need to be addressed through a unified effort by all parties.

<b>Reasons for Choosing to Leave New Jersey</b>	
<b>Factors:</b>	<b>Key Stakeholders: (L) Lead, (O) Other</b>
Better salaries/compensation offered by other states	State of New Jersey (L): DOBI, DHS Managed care companies (O) Medical Leadership (O) Teaching Hospitals (O)
High cost of living	State of New Jersey (L): Governor's Office, Legislators
High state business taxes	State of New Jersey (L): Legislator's, Governor's Office League of Municipalities' (O) Chamber of Commerce (O)
Better jobs in desired practice settings	Medical Leadership (L) Teaching Hospitals (O)
Cost of medical malpractice	State of New Jersey (L): Legislators Medical Leadership (O) Hospitals (O)
Uncertain stability of hospitals and health care environment	State of New Jersey (L): DHSS, Legislators, Governor's Office Hospitals (O) Medical Leadership (O)
Financial cuts to medical education and other programmatic factors impacting quality of teaching programs	Medical Education Community (L) State of New Jersey (L) Teaching Hospitals (O)

On a positive note, many of the above stakeholders have demonstrated their interest in improving New Jersey's retention rate and the physician work environment-at-large. In 2010, nine bills were introduced in the Assembly and Senate outlining solutions for some of the above factors. Additionally, Governor Christie proposed a \$30 million dollar increase in the FY 2012 state budget for GME funding allowing all 40 teaching hospitals to receive financial support, versus only 24 teaching hospitals in the previous year. Moreover, in May 2011 the governor signed into law reforms to reduce business taxes and simplify regulations for small businesses.

Results from this study paired with the data and information from the New Jersey Physician Workforce and the Economic Impact Reports are critical to continuing to raise awareness, further dialog and ultimately craft solution-oriented action plans for this retention dilemma.

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## EXECUTIVE SUMMARY

The primary goal of the Resident Exit Survey is to understand all the factors graduating physicians weigh as they decide where to establish their medical practice or to pursue additional training. Each year's data and the multiple year trends are compiled to inform New Jersey's legislators, policymakers, commissioners and the medical education community on their "success" in retaining and building the physician supply for the state's current and future physician workforce needs. To achieve this goal, this report provides these stakeholders information on the nationwide demand for new physicians, the most important factors influencing their decision-making as they establish their medical practice, and their perceptions of New Jersey's physician practice environment, including the well-being of the state's healthcare and medical education infrastructure. Funding for this analysis was provided by the New Jersey Council of Teaching Hospitals.

This year's 82% response rate makes the 2010 data even more compelling and sobering. New Jersey is still challenged in retaining physicians post graduation. Sixty-three percent (63 percent) of respondents of the New Jersey Resident Exit Survey had confirmed plans to leave New Jersey upon completion of training to practice medicine in another state. While this is slightly below the out-migration rate in 2009 (68 percent) and it still remains well above the 47% out-migration rates of other states.

When the 667 (82%) survey respondents' answers are extrapolated to include a view of 100% or 816 graduating physicians behaviors, of the physicians going directly into clinical practice, the data show New Jersey faces a potential loss of 197 physicians (134 primary care physicians and 63 specialists) as they choose to leave the state post graduation. This outmigration not only negatively impacts the access of health services for New Jersey citizens, but it also becomes a financial loss for New Jersey's economy. Losing 134 primary care physicians could mean the annual loss of \$134 million in direct future revenue and over \$202 million in total revenue. For specialists, the direct and total future losses, respectively, would be \$189 million and \$283.5 million annually.<sup>1</sup>

Additionally, over 250<sup>2</sup> physicians in the 2010 graduating class are continuing their education and entering a sub-specialty training program. Sixty eight percent (68 percent) of these individuals leave New Jersey for this specialty training. They cite the following reasons for their departure:

- 1) Overall lack of training opportunities in New Jersey,
- 2) Better training opportunities in desired practice settings outside of New Jersey,
- 3) Better salary and compensation offered outside the State.

<sup>1</sup> The potential financial loss is estimated by using the multiplier effect, which captures secondary impacts or benefits to an economy from indirect (business) and induced (household) spending. It embraces the notion that the economic impact of a physician extends beyond the individuals they hire and the salaries they pay. The direct economic impact of a primary care physician is estimated at \$1,000,000/year and (upon applying an economic income multiplier of 1.505909 from IMPLAN) the annual total economic impact is \$1,505,909. For a specialist physician, the direct impact is \$3,000,000/year and the annual total economic impact is \$4,517,727. This means that the deficit of a single primary care or specialist physician can depress a community's economy by \$1.5 million or \$4.5 million, respectively

<sup>2</sup> Based on 82% response rate extrapolated to 100%

Unfortunately, only 10 percent plan on returning to New Jersey to establish their practice post training.

Once again, the 2010 Resident Exit Survey Final Report includes an overview of responses from the 91 pediatric residents who completed the survey. These responses are found in Appendix D. Like last year, the results were disheartening. Seventy-seven percent (77%) of the residents pursuing additional training left New Jersey to pursue subspecialty education. Only one pediatric resident was considering returning to the state to establish his or her practice. Moreover, of residents with confirmed plans in patient care, only 33% were establishing their practice in New Jersey, down from 47% last year.

It is imperative to weigh the findings of this 2010 Resident Exit Survey and the multi-faceted recommendations in the 2009 *New Jersey Physician Workforce Report* to implement retention and recruitment programs over the next 12 to 18 months.

The New Jersey Council of Teaching Hospitals, with the assistance of its Academic Affairs Council and cooperative efforts of the 40 teaching hospitals throughout the state, conducted a survey of all physicians in New Jersey completing a residency or fellowship training program in June of 2010. The goal is to (1) provide the medical education community and health policy stakeholders with useful information on how and why physicians make choices to move directly into clinical practice in or out of State or to further their education and become a specialist in a particular field and then to (2) merge this information and data with other physician workforce data sources to determine future physicians supply challenges. While some minor revisions were made to this year's survey questions, the survey instrument (Appendix B) largely mirrored the 2009 and 2008 survey instruments.<sup>3</sup>

For the second year, the 2010 Exit Survey was primarily made available to residents and fellows through an online format. A total of 667 of the estimated 816 physicians completing a residency or fellowship training program in New Jersey completed the 2010 Exit Survey (82% response rate), which is a substantial increase from the response rates in 2009 (67%) and in 2008 (41%). In 2008, only a paper format was used.

Continuing the survey process begun last year, program directors were asked if they would like the introductory letter and survey tool to be sent directly to the graduating residents and fellows requesting participation in the Resident Exit Survey. To accomplish this task, the New Jersey Council of Teaching Hospitals first requested from all residency program directors (of both allopathic and osteopathic programs) email addresses for graduating resident and fellows allowing the invitation to be processed electronically. The response from the program directors was generally positive, and included either: 1) supplying the email addresses; 2) refusing to supply the email addresses, but requesting either a survey link with template invitation or a paper copy of the survey so that they could handle the invitation and completion process directly<sup>4</sup>; or 3) not responding at all.

This year, 17 program directors (9 percent) replied to the initial request for resident email addresses, of those only four allopathic program directors (3 percent) wanted the residents contacted directly; resulting in 84 electronic surveys sent directly to individual residents. Hard copy surveys were mailed to 16 allopathic and osteopathic programs, representing 159 residents/fellows. One hundred and seven (107) or 67 percent completed the hard copy survey. The overall participation and support by program directors was much higher to the 2010 Resident Exit Survey process than in 2009.

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<sup>3</sup> The 2008 survey was developed by the Center for Health Workforce Studies at the University of Albany, State University of New York.

<sup>4</sup> All program director eventually received a survey link and template invitation that could sent to residents and fellows.

Survey results were compiled by Winning Strategies ITS and analyzed by the New Jersey Council of Teaching Hospitals. The results presented in this report are broken down by specialty group (primary care physicians/generalists relative to non-primary care physicians/specialists) where possible, and when appropriate, comparisons with results from the 2009 and 2008 Exit Surveys are made. Because slight modifications were made to the specialty mappings last year (Appendix C), specialty group comparisons could not be made between 2008 and the 2010 and 2009 surveys. The change included: 1) expanding the definition of primary care to include geriatrics as well as obstetrics and gynecology and 2) making pediatric subspecialties a separate category by pulling it from “other” internal medicine specialties.

Due to these changes as well as the relative infancy of the current survey format, results for individual specialties also could not be summarized; however, as the survey is conducted annually, data from multiple years can be pooled for individual specialties. Moreover, as data are collected over time, insightful analysis will be able to track trends in many of the indicators of demand included in the survey.

Finally, where appropriate, findings from the Exit Survey were linked to the 2009 *New Jersey Physician Workforce Report*, which found that New Jersey currently faces considerable shortages in family medicine, geriatrics and pediatric sub-specialties. By 2020, there is a projected shortfall of over 2,800 additional physicians beyond the current physician graduate medical education production pipeline representing a 12% gap in the physician supply versus the likely population demand for services. The shortage consists of approximately 1,000 primary care physicians and 1,800 specialists. Specific strategies offered by the Task Force and the supportive actions have continued to be the focus of the Council’s advocacy and education efforts. Several milestones were achieved in 2010 and early 2011. They include:

<i>New Jersey Physician Workforce Task Force Goals</i>	<i>Recent Actions</i>
<b>Goal I:</b> Creating or designating an organization (“Center for Medical and Health Workforce Planning”) to continuously monitor, forecast, predict, and refine recommendations to ensure an adequate and well-dispersed supply of physicians and advanced practice practitioners for New Jersey.	<ul style="list-style-type: none"> <li>• Board of Medical Examiners will gather “scope of practice” data in 2011 re-licensure process</li> <li>• Bill introduced requiring DHSS to coordinate physician workforce data</li> <li>• Bill requires DHSS Commissioner to assess the mechanism for increasing the number of teaching hospitals in New Jersey</li> </ul>
<b>Goal II:</b> Expanding retention and recruitment initiatives to encourage physicians to enter, remain in, or return to practice in New Jersey.	<ul style="list-style-type: none"> <li>• Bill introduced allowing a “tax holiday” for first \$200,000 earned by new physicians</li> <li>• Four bills introduced beginning to address medical malpractice reform</li> <li>• Bill to expand the State’s Loan Redemption Program to cover certain physician specialists</li> <li>• Bill signed into law reducing taxes and regulation on small businesses</li> </ul>
<b>Goal III:</b> Aligning goals and incentives between the medical education stakeholders: medical schools, teaching hospitals, and the State of New	N/A

Jersey.	
<b>Goal IV:</b> Enhancing state funding for medical education and post-graduate physician residency programs.	<ul style="list-style-type: none"> <li>Fiscal Years 2012 proposed budget increases GME funding to \$90 million and provides financial support to 100% of the teaching hospitals</li> </ul>
<b>Goal V:</b> Pursuing federal reforms to address systemic problems in GME funding mechanisms, administrative processes, and regulatory oversight.	<ul style="list-style-type: none"> <li>Preserved 32 resident slots to be retained in New Jersey, post closing of two teaching hospitals. Historically, these slots would have been taken back by Health and Human Services. The New Jersey Council of Teaching Hospitals was the key advocacy force behind the statutory changes included in the 2010 Affordable Care Act.</li> </ul>

## KEY FINDINGS

Despite a slight increase in retention in 2010, New Jersey is still challenged in retaining physicians compared to other states. Outmigration continues to threaten the adequacy of our current and future physician workforce.

- *Thirty-seven percent (37%) or 85 out of 228 of respondents with confirmed plans were entering practice in New Jersey in 2010, compared to 32% in 2009 and 47% in 2008.* This is below the national average (47%) and the retention rates of New York (46%) and Pennsylvania (42%).<sup>5</sup>
- Of all the respondents who are leaving the state/country to continue their training (148 out of 217), only 10% plan to return to New Jersey upon completion of additional residency or fellowship training.
- Out of the total respondents, 489 graduating physicians knew whether they are staying in New Jersey or moving to another State, either to establish their new medical practice or to pursue additional training. Sixty-four percent (64%) or 313 have chosen to leave New Jersey. Only 21 hope to return after their specialty training to establish their medical practice.
- The primary reason for leaving New Jersey was better salary/compensation offered by other States (18%). When asked to list the multiple criterion weighed when making this decision, multiple economic issues were given, including: New Jersey's cost of living (62%), better salary/compensation offered outside New Jersey (60%), state taxes (51%), better jobs in desired locations outside New Jersey (49%), better jobs in desired practice settings outside New Jersey (47%), cost of malpractice insurance in New Jersey (39%), and climate (37%).
- Natives of New Jersey, regardless of their medical school location, were by far the most likely to report plans to practice in the state after completing training. Sixty-seven percent (67%) of individuals who grew up in New Jersey planned to practice there (compared to 67% in 2009). Of those who also went to medical school in New Jersey, 79% planned to stay in the state.
- Sixty-two percent (62%) of respondents had confirmed practice plans in another state.

**Figure A: Retention Rates by Location of Primary Activity After Completion of Current Training Program (All 2010 Exit Survey Respondents)**

Overview of Retention Rates, 2010	Next Location							
	New Jersey		Other State		Other Country		Undecided	
	#	%	#	%	#	%	#	%
Respondents Headed Into Patient Care/ Clinical Practice (n=323)	123	38%	166	51%	1	0%	33	10%
Respondents Headed Into Additional Subspecialty Training (n=217)	53	24%	147	68%	1	1%	16	7%
Respondents With Other/Undecided Plans (n=80)	37	46%	24	30%	0	0%	19	24%
Respondents With Confirmed Plans to Enter Patient Care/Clinical Practice (n=228)	85	37%	141	62%	0	0%	2	1%

<sup>5</sup> AAMC. 2009 State Physician Workforce Data Book. Physicians retained from GME.

**New physicians, both males and females, seem to be looking for a more balanced lifestyle characterized by controlled practice settings and fewer work hours.**

- Forty-four percent (44%) of respondents were entering practice in hospitals, compared to 40% in 2009 and 35% in 2008. Both men (49% in 2010 and 44% in 2009) and women (40% in 2010 and 37% in 2009) contributed to this movement.
- Thirty-five percent (35%) of respondents were entering group practices, down from 42% in 2009 and 48% in 2008. Male respondents in group settings decreased from 44% in 2009 to 34% in 2010 while the rate for females dropped from 40% 2009 to 36% in 2010.
- Both female and male respondents expected mainly to work between 40-49 hours per week. However, both groups were also increasingly interested in working less than 40 hours per week.
  - *Males:* 31% planned to work less than 40 hours per week (compared to 15% in 2009) and 33% of males expected to work 50 or more hours per week (compared to 41% in 2009).
  - *Females:* 44% planned to work less than 40 hours per week (compared to 37% in 2009) and 23% of females expected to work 50 or more hours per week (compared to 21% in 2009).
- A good financial package was most often cited as the top consideration in identifying a practice opportunity by respondents who were actively conducting a job search (30%). However, 28% ranked geographic location/lifestyle the most important consideration followed by adequate call/coverage/personal time (17%).

**New Jersey relies heavily on other states and countries to train needed physicians.**

- Thirty-nine percent (39%) of respondents graduated high school in another state (33% in 2009) and 36% of survey respondents graduated high school in another country (44% in 2009).
- Twenty-seven percent (27%) of respondents (27% in 2009) attended medical school in another state and 55% were international medical school graduates (59% in 2009). Twenty-nine percent (29%) of these IMG respondents graduated from a medical school in the Caribbean.

**Most IMG respondents are U.S. citizens or have permanent U.S. citizenship. Nearly one-third attended a medical school in the Caribbean.**

- Seventy-one percent (71%) of IMGs were native-born U.S. (20%), naturalized U.S. (27%), or a permanent resident (23%).
- Of the 29% of IMGs from Caribbean medical schools, 85% graduated high school in the U.S. and 22% of the U.S. graduates were from New Jersey.

**New Jersey's physician workforce is diverse.**

- Fifty-two percent (52%) of respondents were female, compared to 49% in 2010 and 45% in 2008. According to the American Medical Association Web site, the percentage of female residents is 44%.<sup>6</sup>
- A majority (62%) of respondents reported a non-white or Hispanic racial/ethnic background.
- The percentage of underrepresented minorities was 14%, which is slightly down from past years (17% in 2009 to 15% in 2008).<sup>7</sup>

<sup>6</sup> In 2005, female residents totaled 47,059 and the total number of physicians in residency training was 106,012. [www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/women-physicians-congress/statistics-history/table-4-women-residents-specialty-2005.shtml](http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/women-physicians-congress/statistics-history/table-4-women-residents-specialty-2005.shtml) Accessed November 12, 2010.

<sup>7</sup> Underrepresented minority includes Black/African American, Hispanic/Latino, and/or American Indian/Alaska Native.

**The job market for new physicians remains strong, although a bit more challenging.**

- Eight percent (8%) of those who actively searched for a practice position did not receive a job offer, compared to 3% in 2009.
- A majority of respondents (61%) felt they did not have difficulty finding a satisfactory practice position. However, the number of those who experienced difficulty increased from 27% to 37% between 2009 and 2010. Nearly one-third (32%) of respondents attributed their difficulty to an overall lack of jobs and almost another third (32%) cited lack of jobs in desired locations.
- Fifty-nine percent (59%) of respondents expected their base salary during the first year of practice to be \$160,000 or more, and generally report being satisfied with their anticipated salary/compensation.
- Respondents' views of regional and national job markets were positive, however, with slight declines since last year. Respondents with a positive assessment of practice opportunities in New Jersey declined from 75% in 2009 to 58% in 2010. Positive views of the national job market declined from 94% in 2009 to 84% this year.

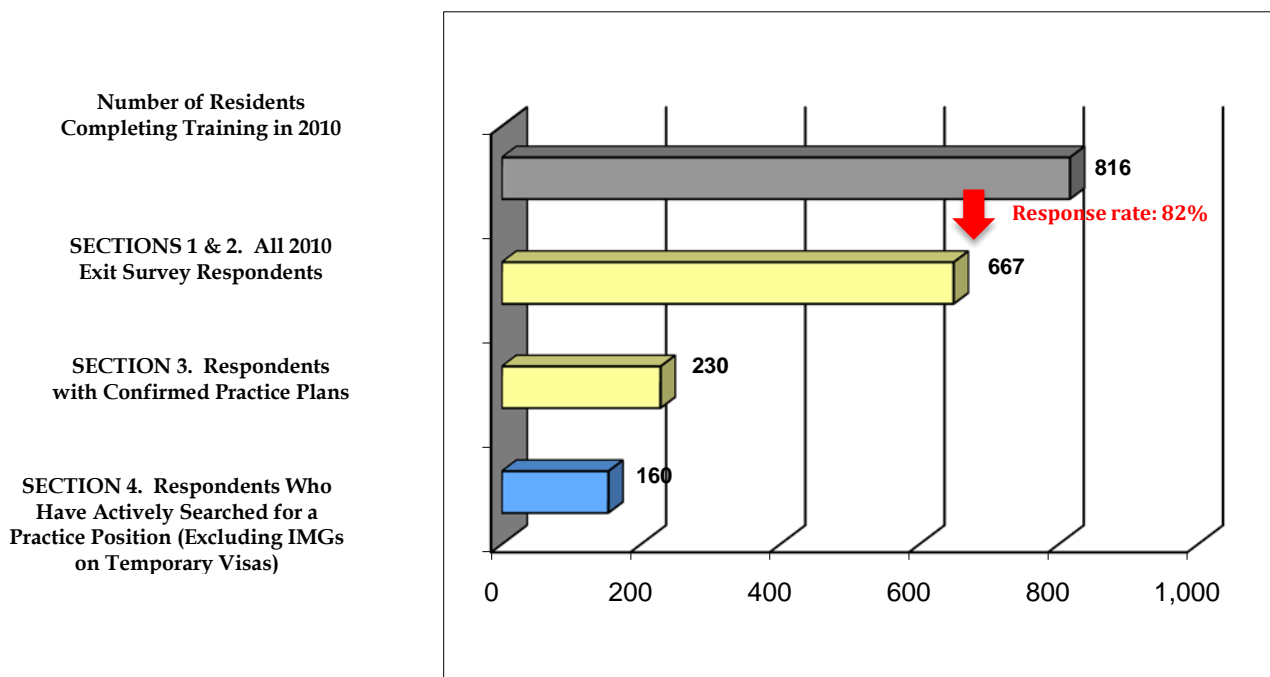
**Suburban practice locations are increasingly popular, while inner city and rural locations lose ground.**

- Forty-six percent (46%) of respondents described their upcoming practice position to be located in a suburban setting, up from 44% last year.
- Sixteen percent (16%) of respondents were headed to an inner-city location (down from 18% in 2009 and 22% in 2008).
- Eight percent (8%) of respondents were headed to a rural location (down from 9% in 2009 and up from 3% in 2008).

## SUBGROUPS OF RESPONDENTS USED IN EACH SECTION OF REPORT

Figure 1 illustrates the subgroups of respondents considered in each section of this report. The survey was completed by 667 of the estimated 816 residents who completed training in 2010 (an 82% response rate). Sections 1 and 2 of this report contain background characteristics of all survey respondents and outlines of their planned activities following completion of their current training programs. Section 3 pertains to respondents who are entering patient care/clinical practice and had confirmed practice plans (i.e., they had accepted a job offer or will be self-employed) at the time they completed the survey. Section 4 summarizes the responses to several questions used to measure demand and relate respondents' experiences in searching for practice positions. This section excludes respondents who had not yet searched for a practice position and IMGs on temporary visas because these individuals experienced greater difficulty due to their visa status. Appendix A presents response rates by specialty and region, and illustrates how specialties are grouped in this report. Appendix B is the 2010 Exit Survey instrument. Appendix C contains the specialty mapping used for the Exit Survey.

**Figure B. 2010 Exit Survey Response Rate and Subgroups Used for Each Section of this Report**



### A. Characteristics of All Respondents

Section 1.A shows background characteristics of all Exit Survey respondents in 2010. This information is presented because these variables are known to be associated with several outcome variables of interest. For example, IMGs, particularly those on temporary visas, were much more likely to report difficulty finding a satisfactory practice position. Thus, the proportion of IMGs in each specialty group confounded (i.e., biased) the results when making comparisons across specialty groups.

#### A. Demographic Characteristics

##### Highlights

- ❖ Fifty-two percent (52%) of survey respondents were female, up from 49% in 2009 and 45% in 2008. Females represented the majority of respondents in primary care specialties (55%), internal medicine specialties (51%), and psychiatry (90%).
- ❖ Surgical subspecialties and facility-based specialties had the fewest females (32% and 41%, respectively).
- ❖ A majority (62%) of exiting residents and fellows reported a non-white or Hispanic racial and ethnic background. The distribution of race and ethnicity was: 45% Asian, 38% White, 8% Black or African American, 7% Hispanic or Latino, and 1% Other. Two percent (2%) described themselves as being two or more races.
- ❖ The percentage of underrepresented minorities (URMs)<sup>8</sup> decreased from 17% to 14% between 2009 and 2010. The URM rate in New York was also 14%. Pediatric subspecialties (33%) and psychiatry (30%) had the most URMs. Facility-based specialties had the fewest URMs (3%).
- ❖ Twenty-five percent (25%) of respondents attended New Jersey high schools, which is up slightly from 23% last year. The percent of respondents from New Jersey high schools is an indicator of how many respondents grew up in New Jersey. Thirty-six percent (36%) of respondents were from other countries (including Canada), down from 44% last year. Thirty-nine percent (39%) were from other states, up from 33% in 2009, including 12% from New York and 5% from Pennsylvania.

##### Physician Workforce Observations

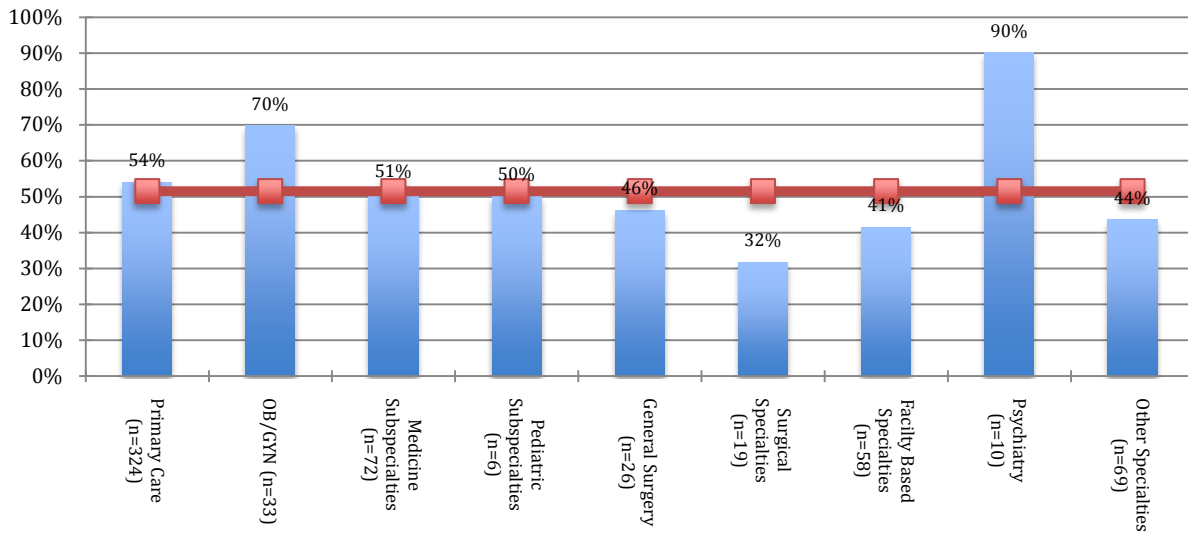
- *Female Physicians.* The increasing percentage of female physicians in New Jersey, largely in primary care specialties, is in line with national trends. Compared to male colleagues, female physicians tend to work fewer hours per week and are less likely to practice in non-metropolitan areas. Future implications for New Jersey's workforce therefore may include decreased productivity, presence in rural areas, and supply of female providers in other traditionally female health care professions, such as nursing. It will be important for New Jersey to find innovative care models and teams to more effectively utilize women in the workforce (e.g., part-time jobs, flexible schedules, etc.).
- *Minority Physicians.* In recent reports, various news outlets have reported an increase in minority students entering U.S. medical schools. Studies have shown that minority physicians have a greater propensity to choose primary care specialties, practice in HPSAs, and to serve uninsured and Medicaid patients. Thus, New Jersey's large number of minority physicians could help reduce geographic imbalances in physician supply and improve supply in areas with vulnerable populations.
- *New Jersey Natives.* Literature suggests that being born and growing up in the same state are strong

<sup>8</sup> In this report, underrepresented minority includes respondents who indicated that they were Black/African American, Hispanic/Latino, and/or American Indian/Alaska Native.

predictors of a student staying in-state to establish clinical practice. These predictors become stronger if the person stays in-state for medical school and residency. New Jersey will need to focus on identifying, targeting, and enrolling students in medical school and residency who grew up in the state and therefore who will be more likely remain in the state, paying particular attention to individuals from underserved regions and/or counties.

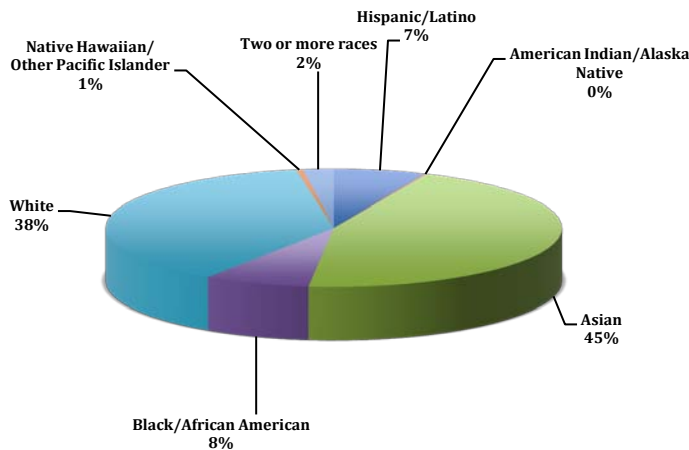
**Figure 1.1: Percent of Respondents who are Female by Specialty Group (All 2010 Exit Survey Respondents)**

*Females All Specialties: 52%*



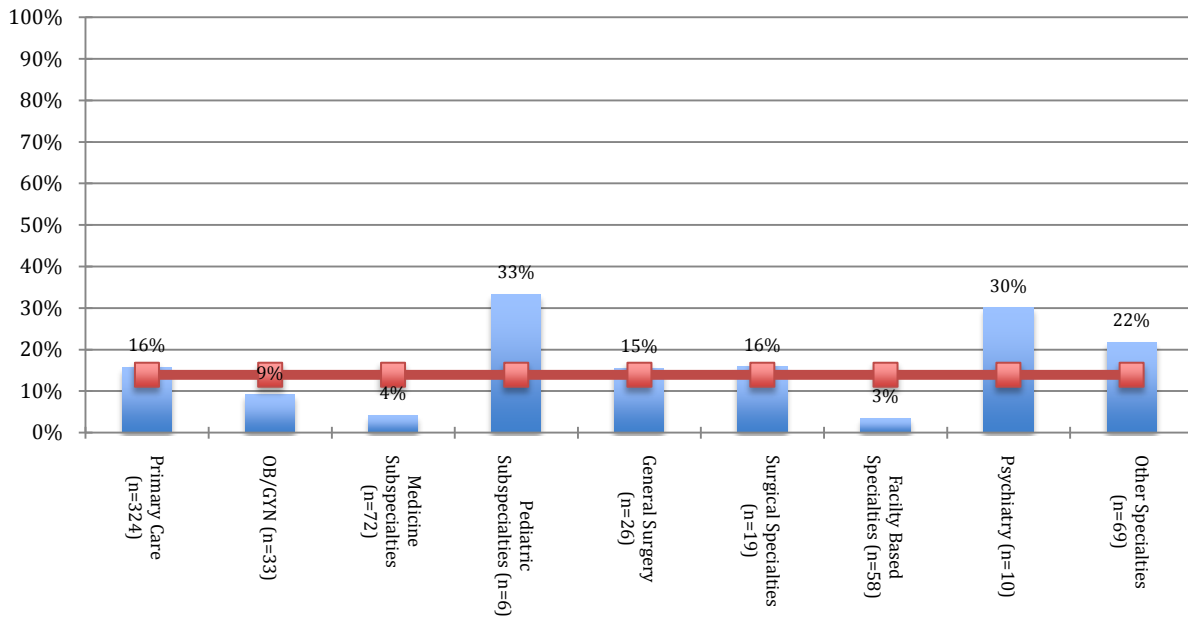
**Figure 1.2: Race/Ethnicity of Respondents (All 2010 Exit Survey Respondents)**

(N=643)

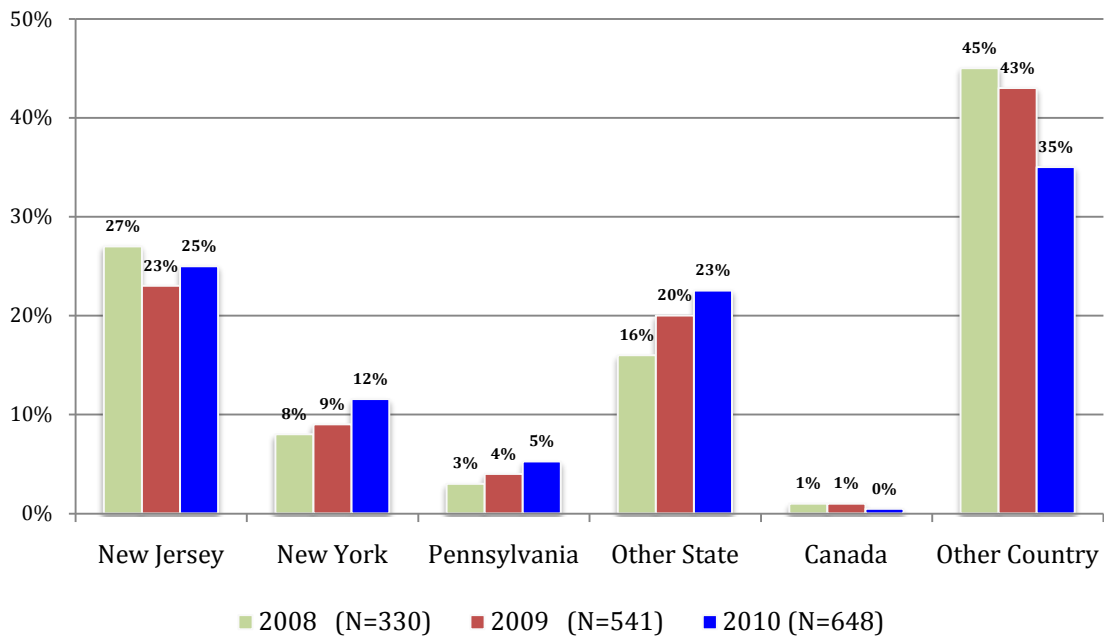


**Figure 1.3: Percent of Respondents who are Underrepresented Minorities by Specialty Group (All 2010 Exit Survey Respondents)**

*URMs All Specialties: 14%*



**Figure 1.4: Residence Upon Graduation From High School (All 2010 Exit Survey Respondents)**



## B. Type and Location of Medical School

Section 1.B summarizes the medical school type and location of survey respondents and looks closely at those who graduated from a medical school in another country, or international medical school graduates (IMGs).

### Highlights

- ❖ Eighty percent (80%) of respondents attended an allopathic medical school.
- ❖ The percentage of respondents graduating from a New Jersey medical school rose from 14% in 2009 to 18% in 2010. The graduates were divided among the three New Jersey schools as follows: 7% New Jersey Medical School; 6% New Jersey School of Osteopathic Medicine; 5% Robert Wood Johnson Medical School.
- ❖ Similar to last year, 27% of survey respondents attended medical school in another state.
- ❖ The majority of respondents graduated from a medical school located in another country (55%), which is slightly lower than last year's percentage (59%), but higher than the national average of resident/fellow IMGs (28%).<sup>9</sup>
- ❖ Twenty-nine percent (29%) of IMGs graduated from a medical school in the Caribbean (or 16% of the total respondents).
  - Eighty-five percent (85%) of Caribbean medical school graduates graduated high school in the U.S. and 22% were New Jersey high school graduates.
  - Ninety-four percent (94%) of Caribbean medical school graduates are native born U.S., naturalized U.S., or a permanent U.S. resident.

### IMG Characteristics

- ❖ Compared to USMGs, IMGs represented the majority in primary care specialties (72%), including obstetrics and gynecology.
- ❖ Within the IMG population, there is clearly a pull toward primary care specialties (77%), with the breakdown being 42% internal medicine, 17% general pediatrics, 12% family medicine and 7% obstetrics and gynecology.
- ❖ Specialties with the fewest IMGs included surgery specialties (.3%), psychiatry (.3%) and pediatric subspecialties (1%).
- ❖ While many IMG respondents indicated that they resided in another country at high school graduation, 71% hold a citizenship status of native born U.S., naturalized U.S., or permanent resident. Within this subset of IMGs, 74% were completing a primary care specialty.

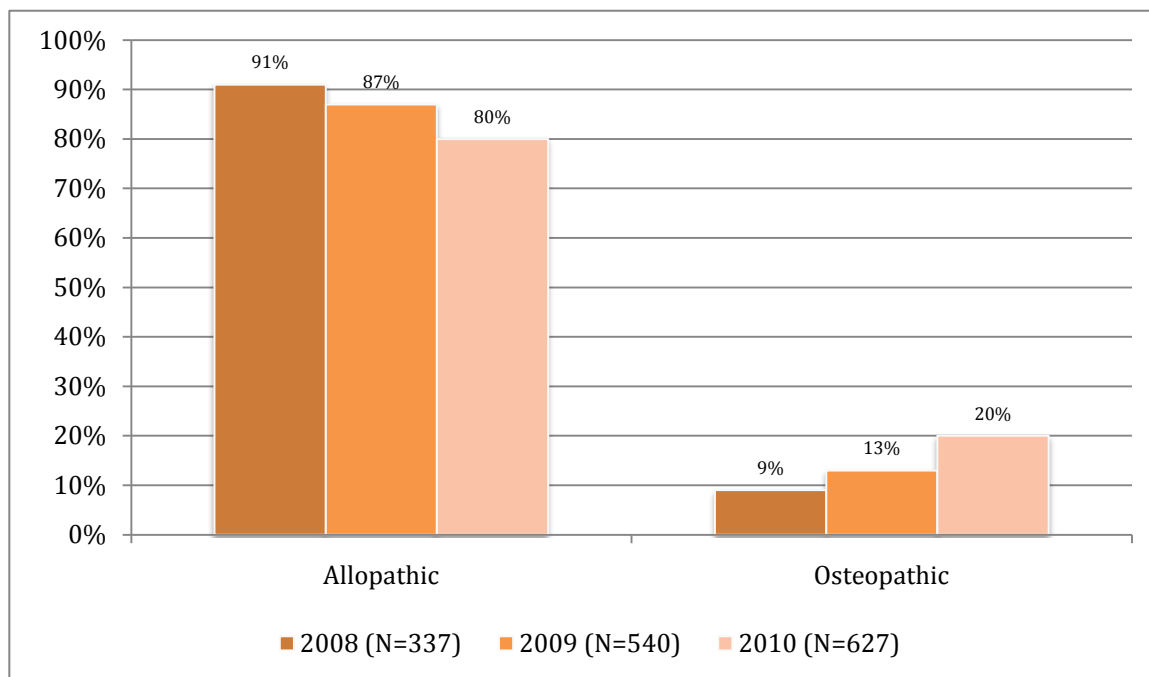
#### Physician Workforce Observations

- *IMGs.* With successful retention strategies, IMGs can help ease physician shortages by boosting physician supply, especially in primary care specialties. Retention strategies to consider include 1) targeting the large group of IMGs who are not on temporary visas and 2) supporting the foreign health professionals, particularly those who already live in the state, and minimizing barriers they may face related to immigration, licensure, language, etc. Moreover, some hospitals have explored recruiting foreign doctors living in the U.S. and fast tracking them to careers as registered nurses in an attempt to

<sup>9</sup> Association of American Medical Colleges. 2009 State Physician Workforce Data Book.

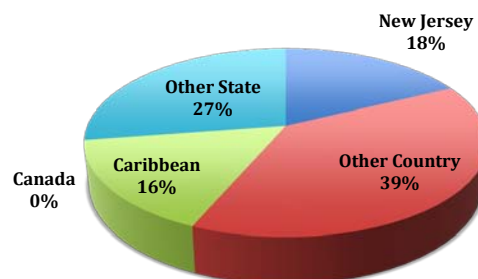
address nursing shortages. Concerns related to IMGs include the brain drain phenomenon (i.e., depleting poor nations of physician resources) and the quality of IMGs' medical education and their ability to function as physicians in the U.S. However, a recent study evaluating the quality of care provided by IMGs found that IMGs who were not U.S. citizens had significantly lower mortality rates than patients cared for by doctors who graduated from U.S. medical schools or who were U.S. citizens and received their degrees abroad. Moreover, the rates of disciplinary actions for IMG physicians, similar to all physicians overall, are low. Research also shows that IMGs, compared to U.S. medical graduates, more often serve a safety net function by caring for uninsured and indigent populations in inner city and rural areas.

**Figure 1.5: Type of Medical Education (All 2010 Exit Survey Respondents)**



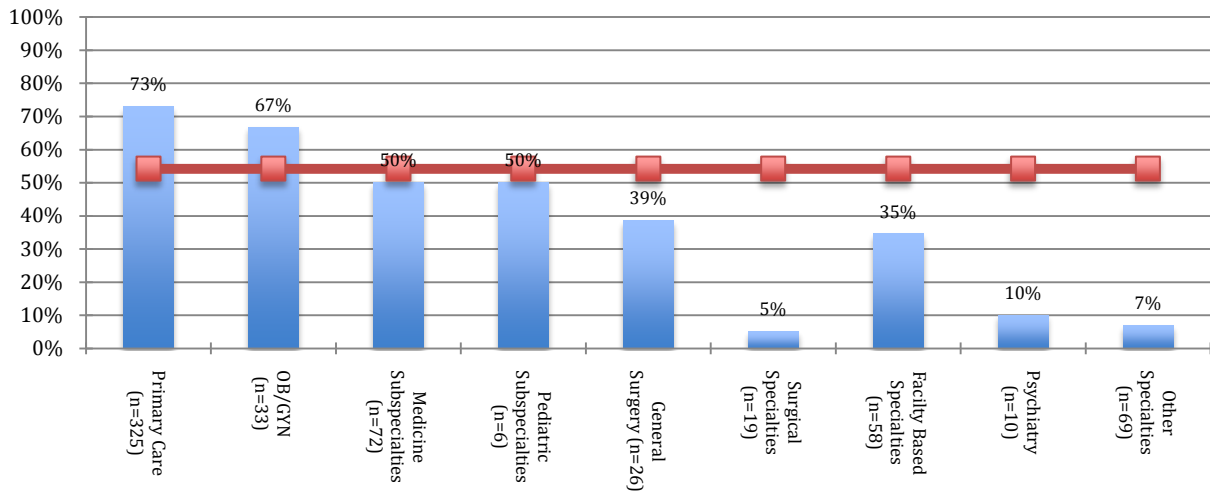
**Figure 1.6: Location of Medical School (All 2010 Exit Survey Respondents)**

(N=631)



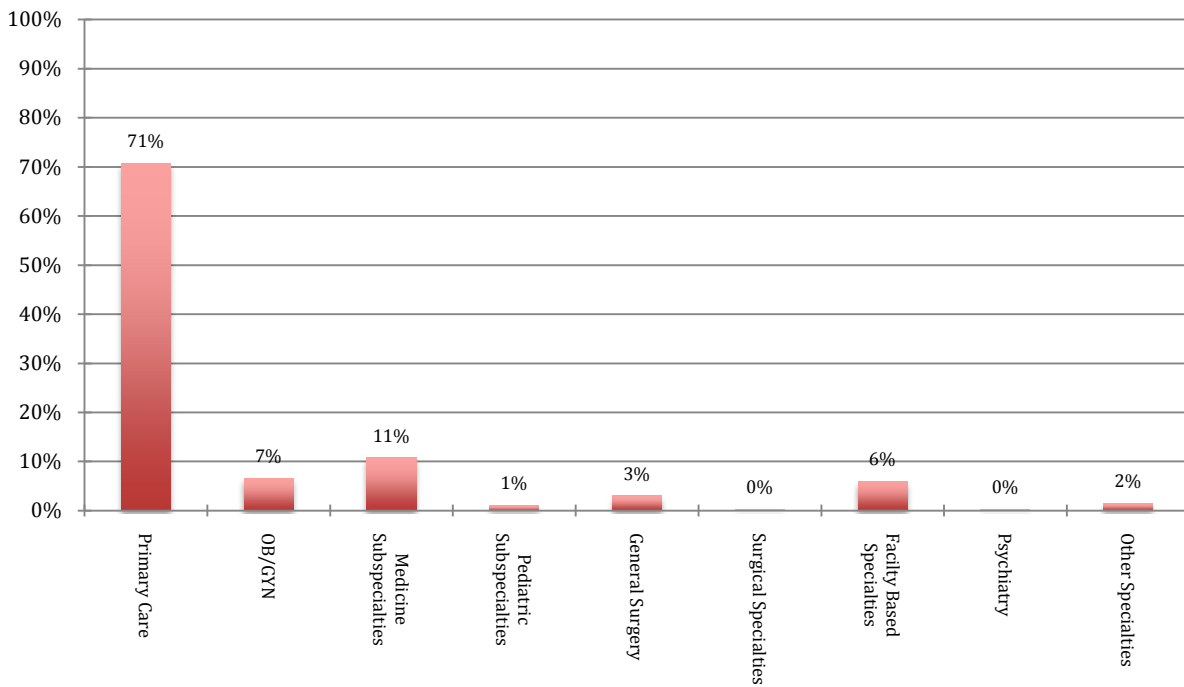
**Figure 1.7: Percent of Respondents who are IMGs by Specialty Group (All 2010 Exit Survey Respondents)**

*IMGs All Specialties: 54%*

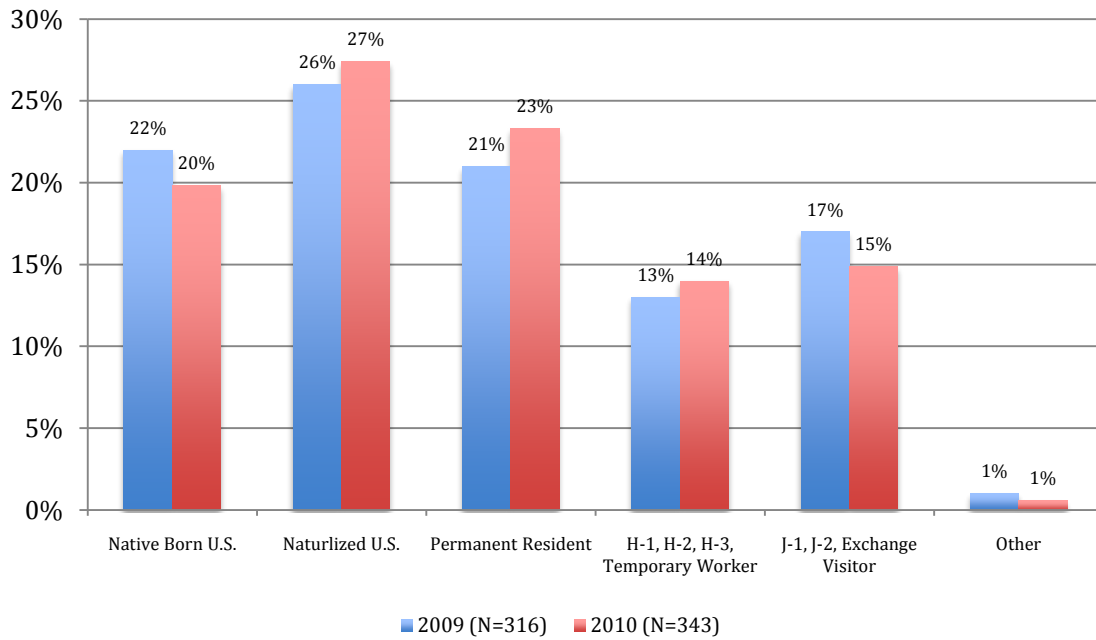


**Figure 1.8: Specialty Mix of International Medical Graduates (for 2010 Exit Survey Respondents who Graduated from a Medical School in Another Country)**

*(N=335)*

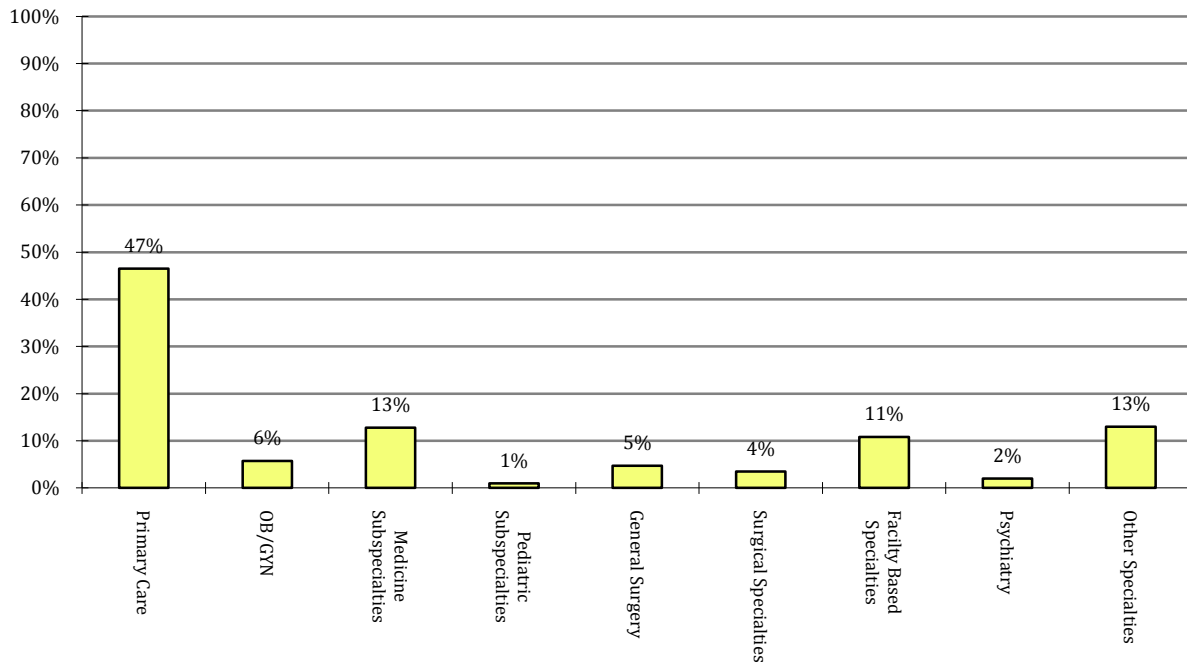


**Figure 1.9: Citizen Status of International Medical Graduates (for 2010 Exit Survey Respondents who Graduated from a Medical School in Another Country)**



**Figure 1.10: Specialty Mix of Respondents who are Native Born, Naturalized U.S., and a Permanent Resident (for 2010 Exit Survey Respondents who Graduated from a Medical School in Another Country)**

(N=508)



## C. Educational Debt (of Respondents who are U.S. Citizens)

This section provides descriptive statistics for respondents' educational debt. Only respondents who were U.S. citizens are included, because non-U.S. citizens often have their medical educations paid for by the governments of their home countries.

### Highlights

- ❖ In 2010, 73% of respondents (U.S. citizens only) carried some level of educational debt. As illustrated in Figure 1.11, 57% of physicians had educational debt totaling \$100,000 or more and 29% had educational debt of \$200,000 or more, which is just below national levels. The 2010 AAMC Graduate Questionnaire found that 30% of graduates (both public and private schools) had educational loans of \$200,000 or more.
- ❖ Non-primary care physicians report higher levels of debt than primary care physicians. Sixty-two percent (62%) of non-primary care physicians and 51% of primary care physicians had debt levels of \$100,000 or more. Moreover, 20% of non-primary care physicians reported having no debt compared to 34% of primary care physicians.
- ❖ Sixty percent (60%) of males and 54% of females had educational debt levels of \$100,000 or more. Last year females had higher debt levels than males at the same level.
- ❖ Sixty-nine percent (69%) of URMs and 54% of non-URMs had educational debt of \$100,000 or more.

### *Specialty groups:*

- ❖ Sixty-six percent (66%) of primary care physicians, including obstetrics and gynecology, reported having debt while 34% had no debt at all.
- ❖ Specialties reporting the most debt of \$100,000 and over include general surgery (88%), "other" specialties (73%), and surgical specialties (67%).
- ❖ Specialties reporting the least amount of debt (under \$100,000) include pediatric subspecialties (80%), medicine specialties (52%), and primary care (49%).

### **Physician Workforce Observations**

- Since indebtedness seems to be a big factor in specialty choice (having a negative impact on medical residents choosing less lucrative primary care specialties) it is encouraging that the primary care physicians are carrying lighter debt loads than their non-primary care counterparts. Expanding its current loan redemption program to target specialties with the most significant shortages will be an important strategy for New Jersey. In addition, building awareness will be critical to improving in-state retention. **Eighty-two (82%) of survey respondents indicated that they did not know about New Jersey's loan repayment program.**

**Figure 1.11 Amount of Debt by Debt Category and by Primary Care Physicians versus Non-Primary Care Physicians (for 2010 Exit Survey Respondents who are Native Born, Naturalized U.S., and a Permanent Resident)**

Amount of Debt	Primary Care Respondents* (n=264)		Non-Primary Care Respondents (n=263)		Total Respondents (n=527)		National Average of Public/Private School Grads (AAMC)
	#	%	#	%	#	%	%
\$100,000 or more	135	51%	163	62%	298	57%	78%
\$150,000 or more	110	42%	123	47%	233	44%	59%
\$200,000 or more	77	29%	75	29%	152	29%	30%
\$250,000 or more	42	16%	38	15%	80	15%	13%
Graduates with Education Debt	175	66%	210	80%	385	73%	86%

\* Includes OB/GYN

**Figure 1.12: Amount of Debt by Debt Category within Specialty Groups (for 2010 Exit Survey Respondents who are Native Born, Naturalized U.S., and a Permanent Resident)**

Amount of Debt	Primary Care	Medicine Specialties	Pediatric Sub-specialties	General Surgery	Surgical Specialties	Psych	Facility Based Specialties	Other	All Specialties Combined
None	34%	33%	40%	4%	22%	20%	24%	11%	27%
\$1 - \$99,999	15%	19%	40%	8%	11%	20%	16%	17%	16%
\$100,000 - \$199,999	22%	33%	-	46%	56%	20%	36%	32%	28%
\$200,000- \$249,999	13%	8%	-	8%	-	10%	11%	27%	14%
Over \$250,000	16%	6%	20%	33%	11%	30%	13%	14%	15%

## SECTION II

### Planned Activities After Completion of Current Training Program (All Respondents)

Section II summarizes the planned primary activity of all survey respondents following completion of their current training program. Respondents were given the following choices: patient care/clinical practice, subspecializing/continuing training, chief residency, teaching/research, and other. Respondents who indicated they were entering patient care/clinical practice were asked if they had actively searched for a job and if they had secured a position. Only those respondents who had accepted a job offer were included in the subgroup “Patient Care with Confirmed Practice Plans” studied in Section 3 of this report.

#### Highlights

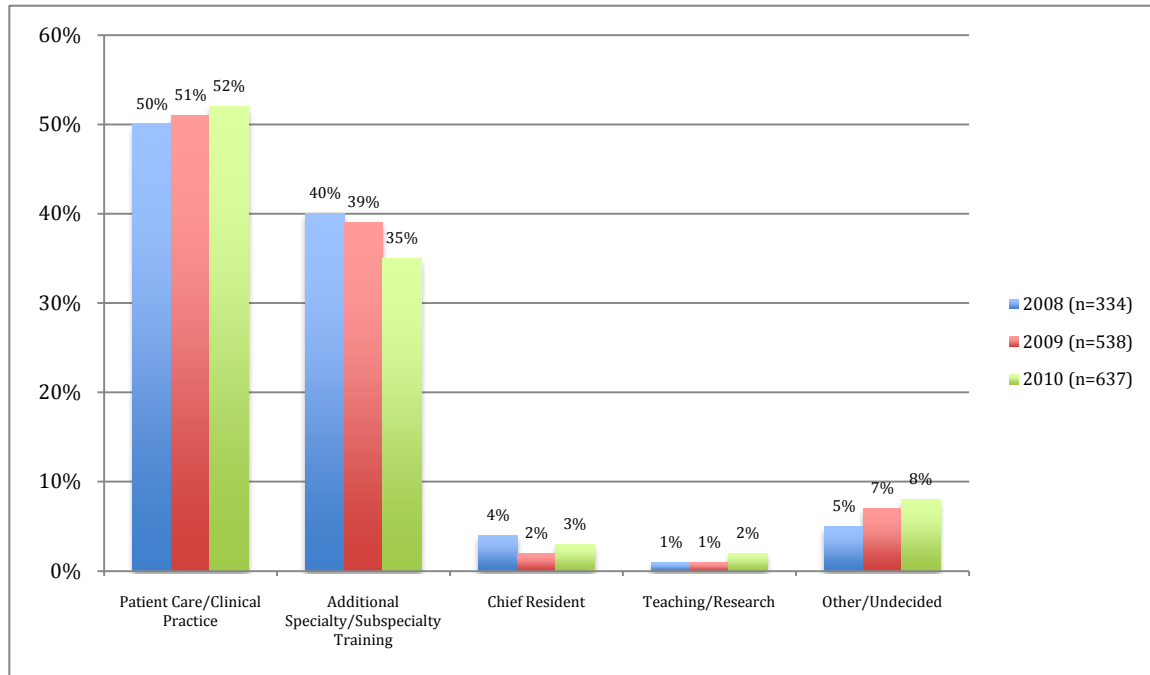
- ❖ The percentage of respondents planning to enter patient care following completion of their current training program increased slightly from 51% in 2009 to 52% in 2010.
  - Of these, 78% had confirmed practice plans in 2010, also up from last year (76%).
  - Of these, 52% planned to leave the state/country upon completion of the training program and 38% planned to stay in New Jersey.
- ❖ Thirty-five percent (35%) of respondents planned to pursue additional subspecialty training compared to 39% in 2009 and 40% in 2008. Of these, 68% planned to leave the state/country upon completion of the training program, and 10% planned to return to New Jersey once training was complete.
- ❖ Three percent (3%) of all respondents planned to work as chief residents, 2% planned to enter teaching/research, and 8% had “other” or “undecided” plans or had temporarily left medicine.
- ❖ Specialties with the highest proportions of respondents planning to enter patient care/clinical practice include “other” specialties (71%), pediatric subspecialties (67%), internal medicine specialties (65%), and psychiatry (60%). General surgery (12%) had the fewest respondents entering patient care.
- ❖ Specialties with the highest subspecialization rates for New Jersey residents were general surgery (69%), surgical specialties (68%), and facility based specialties (67%).
- ❖ When all residents were asked to describe their experiences finding an advanced training position, 27% indicated they found a desirable position in New Jersey (compared to 23% in 2009 and 28% in 2008) and 27% also thought there were better positions outside the state (compared to 43% in 2009 and 40% in 2008).

#### Physician Workforce Observations

- With respect to neighboring states and the nation as a whole, New Jersey lags behind in its capacity to train physicians in both undergraduate and graduate medical education. Attracting more students and expanding the number of desirable training positions in the state will involve increasing medical school capacity, adequately funding and increasing graduate medical training positions, addressing student medical education debt levels through targeted programs, and improving the practice environment in order to retain or attract physicians to establish practice in New Jersey.
- Converting a non-teaching hospital into a new teaching institution is one mechanism to expand resident slots and receive Medicare funding (at least for the first 3 years). The Council is analyzing which New

Jersey hospitals may have the interest and resources (faculty, adequate population, facilities and fiscal stability) to support a new family medicine, geriatric or internal medicine residency program.

**Figure 2.1: Primary Activity After Completion of Current Training Program (All 2010 Exit Survey Respondents)**

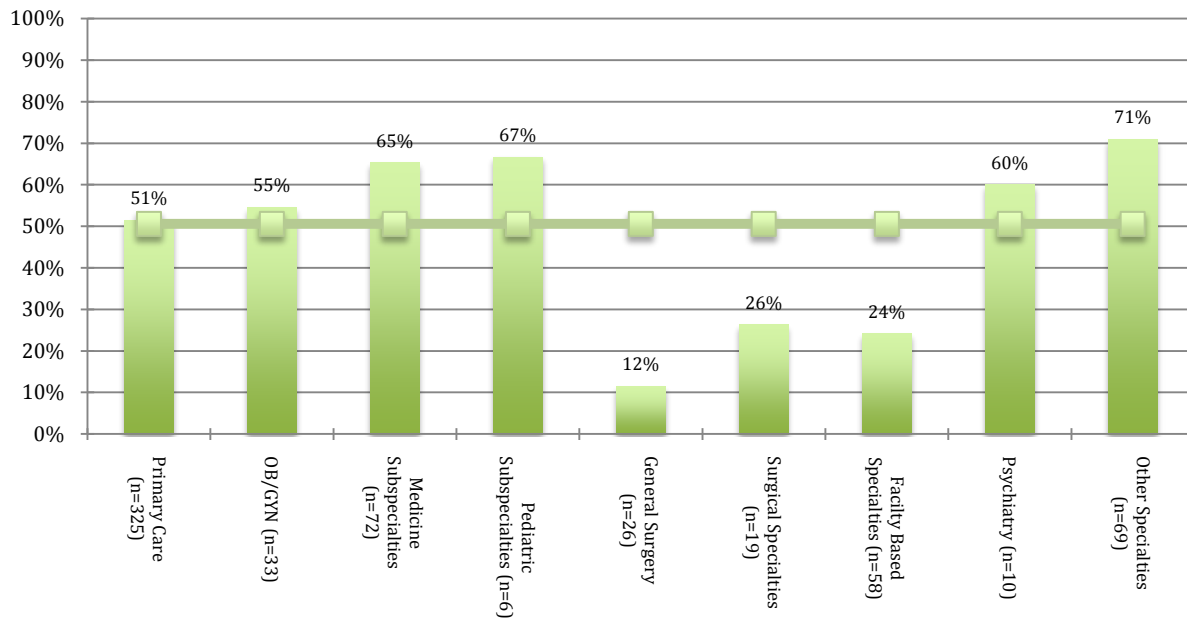


**Figure 2.2: Location of Primary Activity After Completion of Current Training Program (All 2010 Exit Survey Respondents)**

	New Jersey		Other State		Other Country		Undecided	
	#	%	#	%	#	%	#	%
<b>Patient Care/ Clinical Practice (N=323)</b>	123	38%	166	51%	1	0%	33	10%
<b>Additional Subspecialty Training or Fellowship (N=217)</b>	53	24%	147	68%	1	1%	16	7%
<b>All Other Categories (i.e., Chief Resident, Teaching/Research, and Other/Undecided (N=80)</b>	37	46%	24	30%	0	0%	19	24%

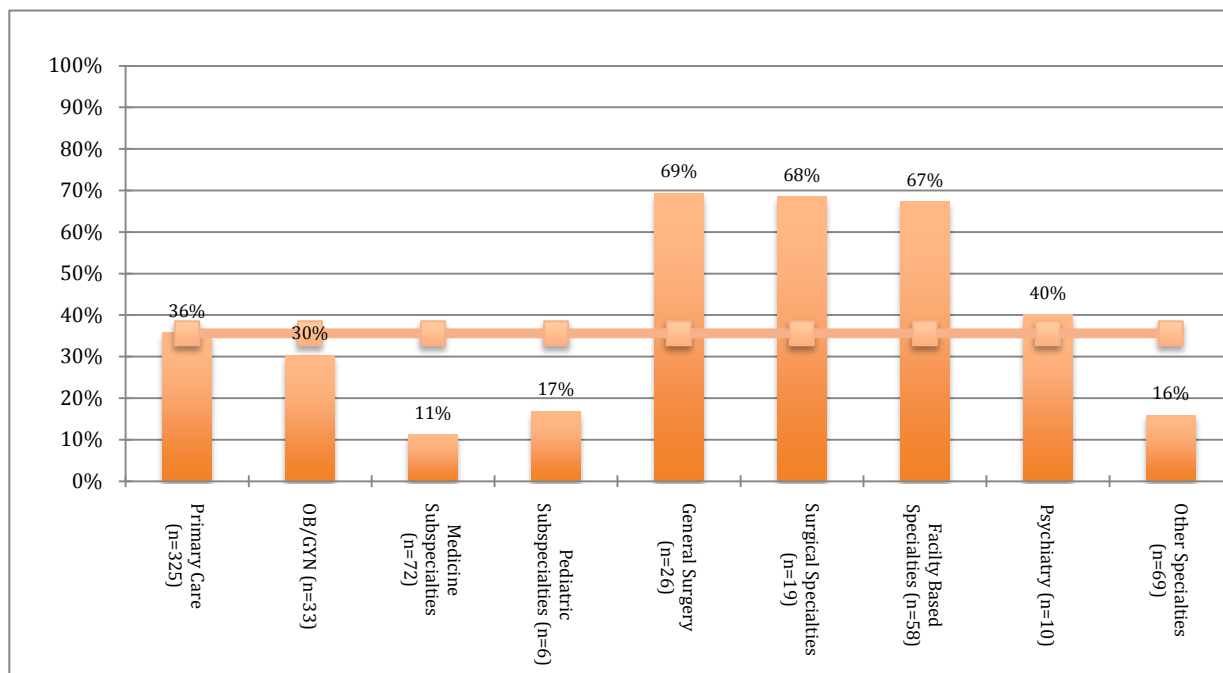
**Figure 2.3: Percent of Respondents Planning to Enter Patient Care/Clinical Practice by Specialty Group (All 2010 Exit Survey Respondents)**

*All Specialties: 51%*



**Figure 2.4: Percent of Respondents Subspecializing/Continuing Training by Specialty Group (All 2010 Exit Survey Respondents)**

*All Specialties: 36%*



### Practice Plans of Respondents with Confirmed Plans to Enter Patient Care/Clinical Practice

This section summarizes several characteristics of the practice plans of survey respondents *with confirmed plans to enter patient care/clinical practice*. The term “primary care specialties”, which is used throughout this section, includes physicians in the following specialties: family medicine, general internal medicine, general internal medicine/pediatrics, geriatrics, obstetrics and gynecology (including sub-specialists), and general pediatrics.

#### A. Practice Location

Section 3.A illustrates the practice location of respondents with confirmed practice plans with emphasis on those planning to stay in New Jersey. Also summarized is the principal reason for respondents deciding to practice outside New Jersey.

#### Highlights

- ❖ Thirty-seven percent (37%) of respondents with confirmed plans were entering practice in New Jersey. Compared to previous years, this retention rate is slightly above 2009 (32%) and below 2008 (47%). It is also below the retention rates from graduate medical education for the U.S. (47%), New York (46%) and Pennsylvania (42%).<sup>10</sup>
- ❖ Sixty-two percent (62%) of respondents with confirmed practice plans will be located in another state, down from 68% in 2009.
- ❖ No respondents had confirmed practice plans in another country.

#### *Characteristics of physicians planning to stay in New Jersey*

- ❖ Thirty-five percent (35%) of respondents with confirmed plans to enter practice in New Jersey were remaining in the same city or county as their training while 39% were staying in the same region in which they trained.
- ❖ Of physicians indicating a New Jersey practice location, 44% were headed into primary care specialties followed by 24% into internal medicine specialties, and 18% into “other” specialties (particularly emergency medicine).
- ❖ Thirty-four percent (34%) of physicians planning to practice in New Jersey attended a New Jersey medical school, compared to 27% last year.
- ❖ Residency programs with the highest percentage of residents staying in New Jersey included: UMDNJ-Robert Wood Johnson Medical School (32%), UMDNJ/SOM/Kennedy Memorial Hospital (14%), UMDNJ-New Jersey Medical School (8%) and Newark Beth Israel Medical Center (7%).

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<sup>10</sup> Association of American Medical Colleges. 2009 State Physician Workforce Data Book. Physicians retained from GME.

- ❖ *Natives of New Jersey, regardless of where they went medical school were by far the most likely to report plans to practice in New Jersey after completing training.* In 2010, 67% of individuals who grew up in New Jersey planned to practice in New Jersey compared to only 27% of non-natives. New Jersey natives who also went to medical school in the state were even more likely to practice in the state (79%).

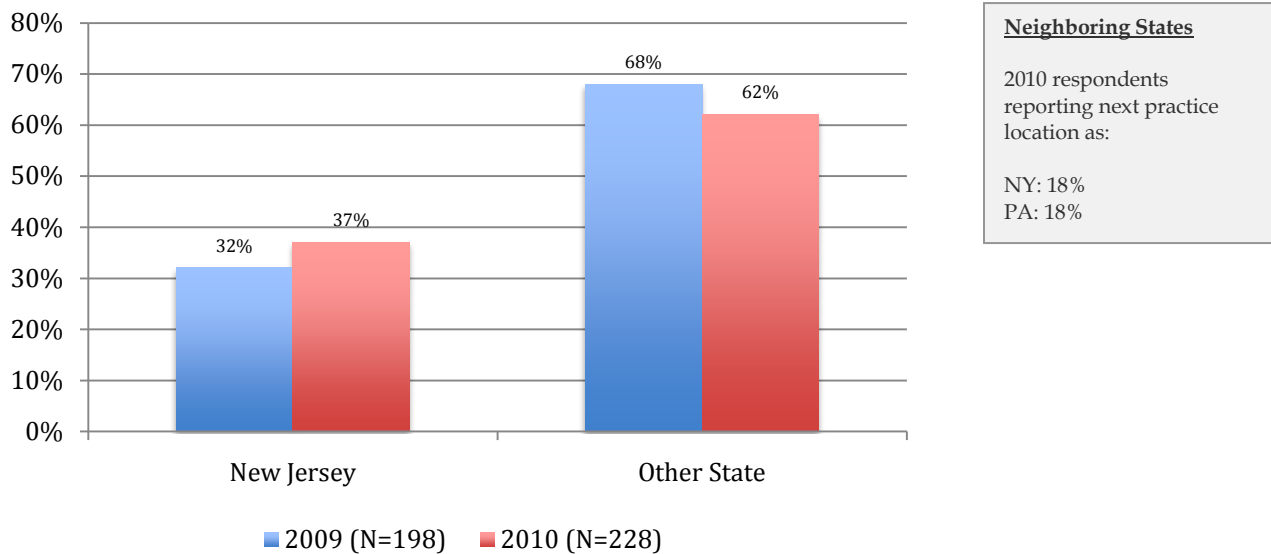
#### *Characteristics of physicians planning to leave New Jersey*

- ❖ When respondents who were planning to practice outside of New Jersey were asked their main reason for leaving, the most common reasons were, similar to last year, better salary/compensation offered outside New Jersey (18%), proximity to family (16%), and better jobs in desired locations outside New Jersey (15%).
- ❖ When all reasons for leaving the state were considered, answers most commonly given by respondents included the cost of living in New Jersey (62%), better salary/compensation offered outside New Jersey (60%), state taxes (51%), better jobs in desired locations outside (49%), New Jersey better jobs in desired practice settings outside New Jersey (47%), cost of malpractice insurance in New Jersey (39%), and climate (37%).
- ❖ Sixty-nine percent (69%) of primary care physicians left New Jersey to begin practicing in another state after completing training.

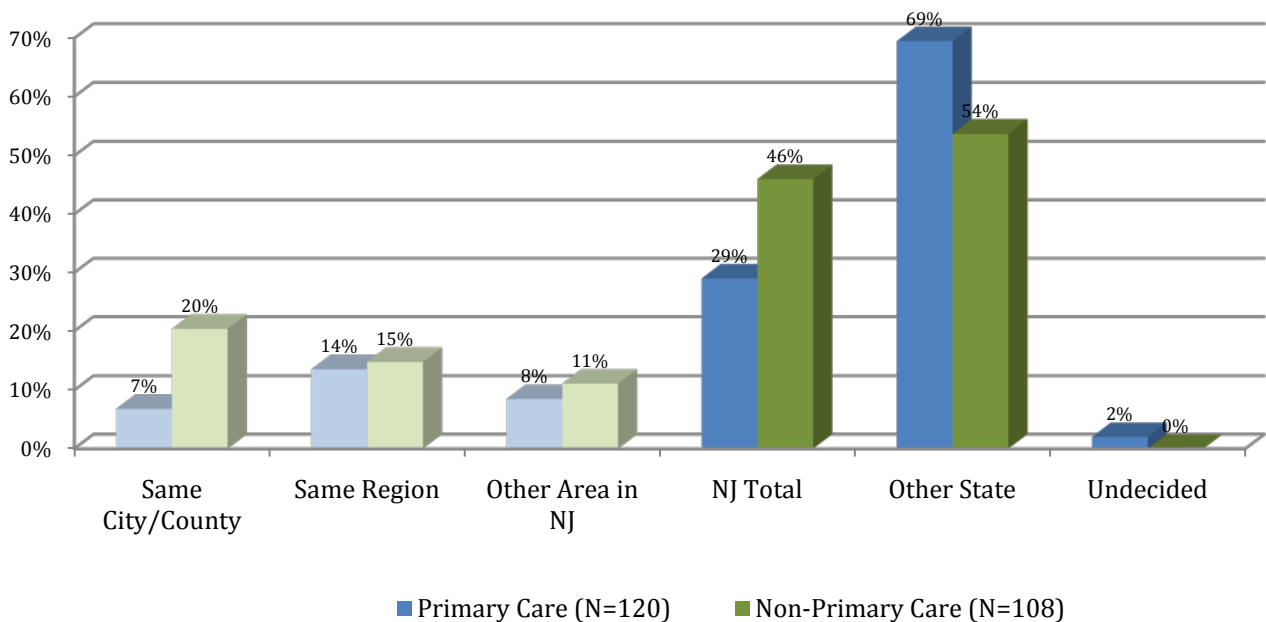
#### **Physician Workforce Observations**

- Improved retention is a critical component to New Jersey's multi-faceted strategic action plan to properly manage physician supply, and it will be important to refine current enrollment criteria giving preference to physicians most likely to remain in the state (i.e., those who attended a New Jersey medical school or who were born or grew up in the state).
- According to Kaiser State Health Facts, New Jersey's Medicaid fees are 58% of the national average. Medicaid fees relative to Medicare fees are only 37%, which is the lowest of any state. Low physician reimbursement rates for managed care and other payors is likely contributing to New Jersey's seemingly uncompetitive position with respect to salary/compensation. Moreover, physician revenue will likely become increasingly tied to Medicare and Medicaid policies and reimbursement formulas as the population ages and as health care reform expands eligibility for public coverage.
- Strategies to enhance retention include expanding New Jersey's current loan redemption program to target specialties with the most significant shortages; developing a recruitment Internet site; creating a fellowship training fund; establishing programs (e.g., tax forgiveness, practice subsidy, mortgage assistance, IT grants, etc.) to help physicians wanting to establish clinical practice in the state; improving New Jersey's physician practice environment through efforts such as reducing burdensome regulations, improving the small business environment, increasing Medicaid reimbursement rates and reforming insurance and medical malpractice practices; and expanding pipeline programs (K-12) to help motivate and prepare New Jersey residents for medical careers.

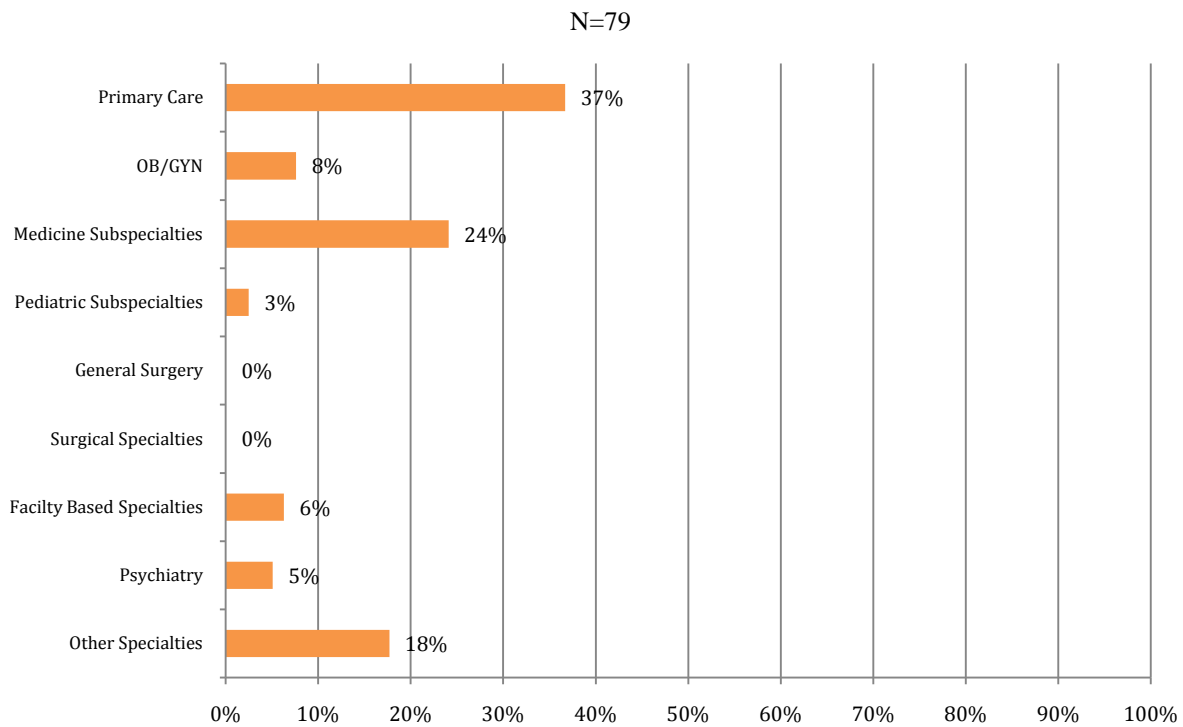
**Figure 3.1: Location of Upcoming Practice (for 2010 Respondents with Confirmed Practice Plans)**



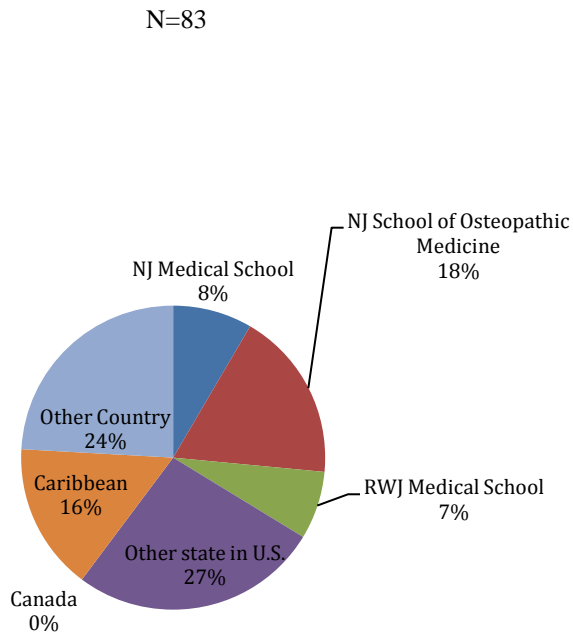
**Figure 3.2: Location of Upcoming Practice by Specialty Group (for 2010 Respondents with Confirmed Practice Plans)**



**Figure 3.3: Specialty Mix of Respondents with Practice Plans in New Jersey (for 2010 Respondents with Confirmed Practice Plans in New Jersey)**



**Figure 3.4. Medical School of Respondents (for 2010 Respondents with Confirmed Practice Plans in New Jersey)**

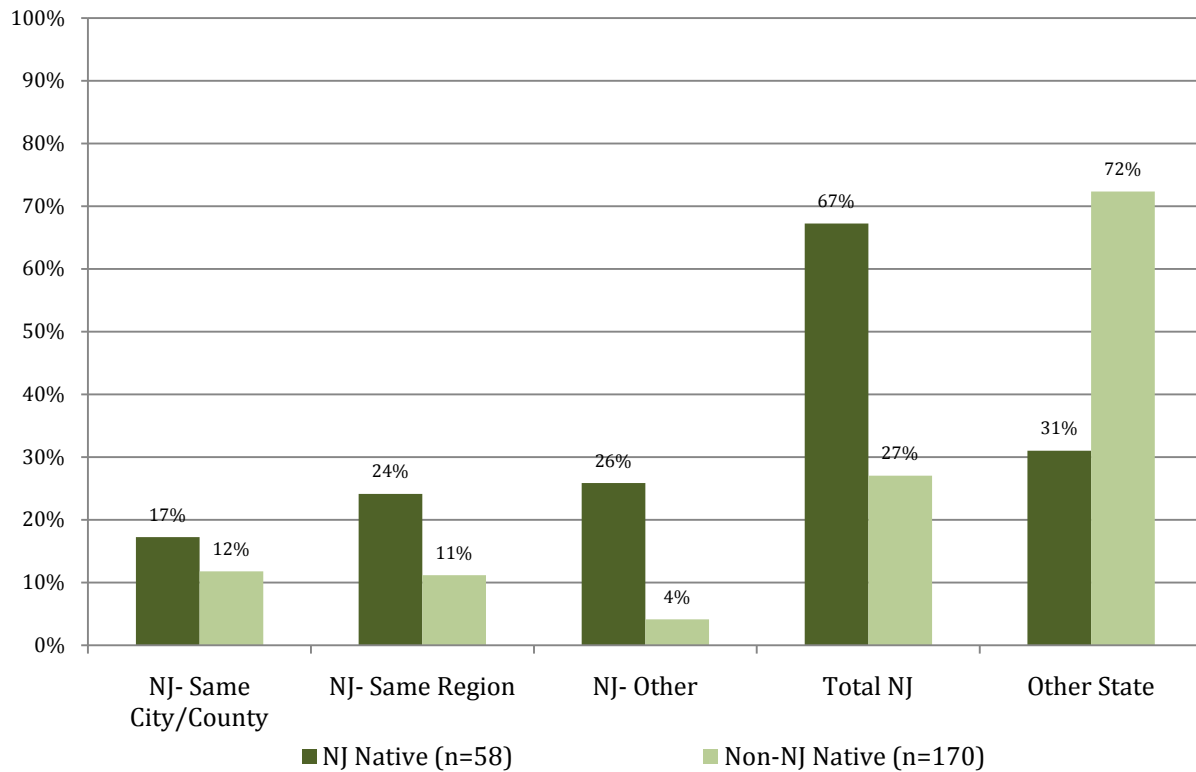


**Figure 3.5: Top Residency Programs for Respondents Staying in New Jersey (for 2010 Respondents with Confirmed Practice Plans in New Jersey)**

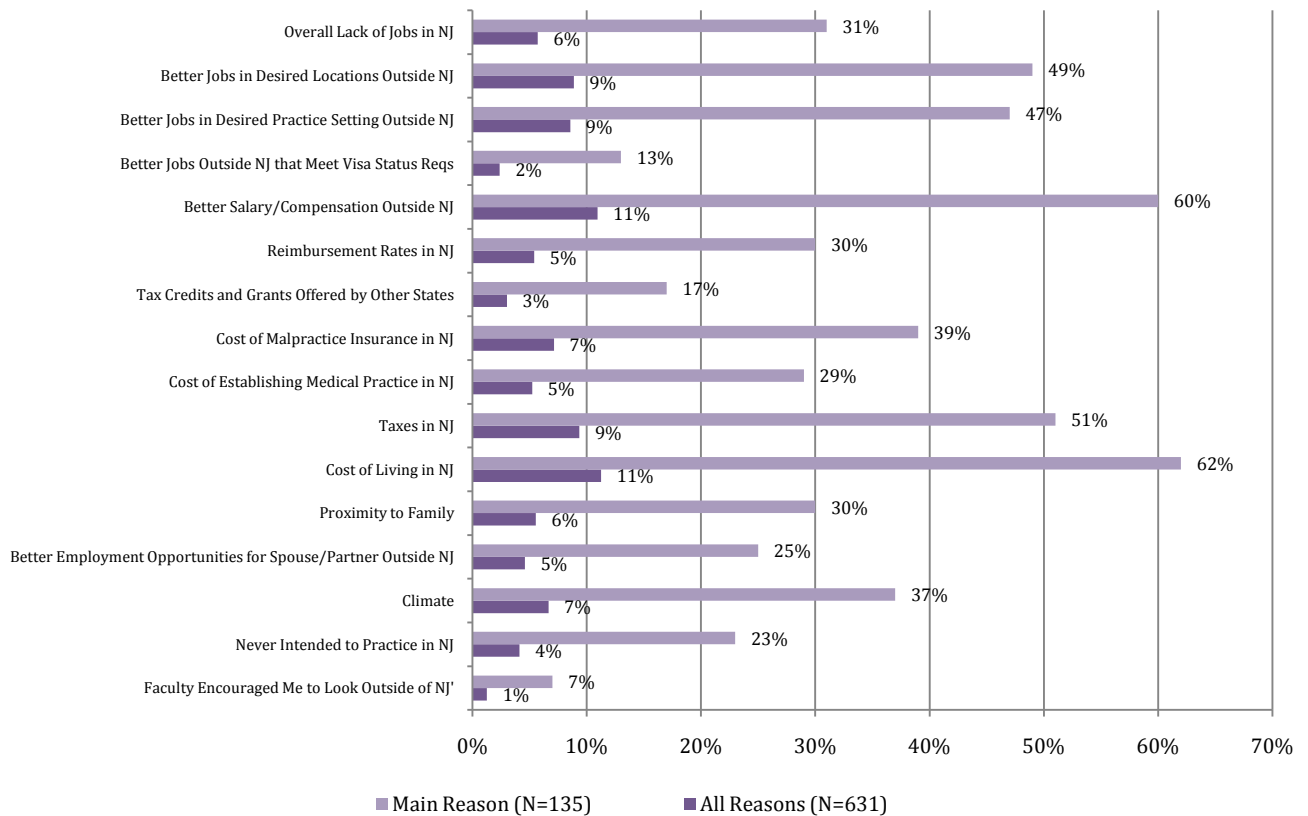
Residency Program (N=85)	#	%
UMDNJ-Robert Wood Johnson Medical School	27	32%
UMDNJ/SOM/Kennedy Memorial Hospital/Our Lady of Lourdes*	12	14%
UMDNJ-New Jersey Medical School	7	8%
Newark Beth Israel Medical Center	6	7%
Mount Sinai School of Medicine	4	5%
St. Barnabas Medical Center	4	5%

\*Osteopathic program

**Figure 3.6: Location of Practice Plans for New Jersey Natives versus Non-New Jersey Natives (for 2010 Respondents with Confirmed Practice Plans)**



**Figure 3.7: Principal Reason for Practicing Outside New Jersey (for 2010 Respondents with Confirmed Practice Plans)**



**Figure 3.8: Snapshot of Respondents with Practice Plans in New Jersey Compared to Respondents with Practice Plans Outside the State (for 2010 Respondents with Confirmed Practice Plans)**

	Staying in NJ			Leaving NJ		
	#	%	n	#	%	n
% Female	44	52%	85	68	47%	144
% NJ High School	39	46%	85	20	14%	145
% IMG	33	40%	83	80	57%	141
% NJ Medical School	28	34%	83	8	6%	141
<i>NJ Medical School</i>	7	8%	83	4	3%	141
<i>NJ School of Osteopathic Medicine</i>	15	18%	83	1	1%	141
<i>RWJ Medical School</i>	6	7%	83	3	2%	141
% Primary Care	35	44%	79	85	60%	141
% HPSA	5	6%	85	33	23%	144
% Inner City	13	16%	83	22	15%	143
% Rural	1	1%	83	17	12%	143
% with No Educational Debt ( <i>U.S. Citizens Only</i> )	15	19%	79	36	32%	112
% with Educational Debt of \$100,000 or more ( <i>U.S. Citizens Only</i> )	49	59%	79	64	57%	112
% with Expected Base Salary \$120,000 or more (Year 1)	55	68%	81	129	93%	138

## B. Demographics of Practice Location

Section 3.B summarizes the responses to two questions relating to the demographics of the respondent's upcoming practice location. The first question asks about the demographics of the principal practice location and the second question asks respondents if they were entering practice in a federally designated Health Professional Shortage Area (HPSA).<sup>11</sup> Regarding HPSAs, citizenship status had a strong influence on an individual's likelihood of practicing in a HPSA. IMGs with J-1 and J-2 exchange visas are required to practice in an underserved area or return to their native country. Therefore, specialties with a high proportion of temporary visa holders, like general internal medicine and pediatrics, typically have a high proportion of respondents entering HPSAs. In addition, it should be noted that (as is true with all data presented in this report) these numbers are based on self-reporting by respondents and a large percentage said they did not know whether their upcoming practice fell within a HPSA.

### Highlights

- ❖ Sixteen percent (16%) of respondents, down from 18% in 2009 and 22% in 2008, reported entering practice in inner-city locations and only 8%, down from 2009 (9%) and up from 2008 (3%), were going to rural locations. Seventeen percent (17%) of respondents indicated that they would be practicing in a HPSA, down from 19% in 2009 and up from 13% in 2008.
- ❖ Respondents in primary care specialties were less likely than non-primary care physicians to practice in the inner city (11% versus 20%). However, they were more likely to practice in rural areas than non-primary care physicians (13% versus 3%).

### Who is entering a HPSA?

- ❖ Twenty-five percent (25%) of primary care respondents were entering a HPSA, compared to only 7% of non-primary care physicians.
- ❖ Twenty six percent (26%) of IMGs and 8% of USMGs were to be practicing in a HPSA. Looking only at respondents in only the primary care specialties, IMGs with temporary visas were the most likely to enter a HPSA (48%) compared to IMGs with permanent citizenship and USMGs (21% and 13%, respectively).

### Physician Workforce Observations

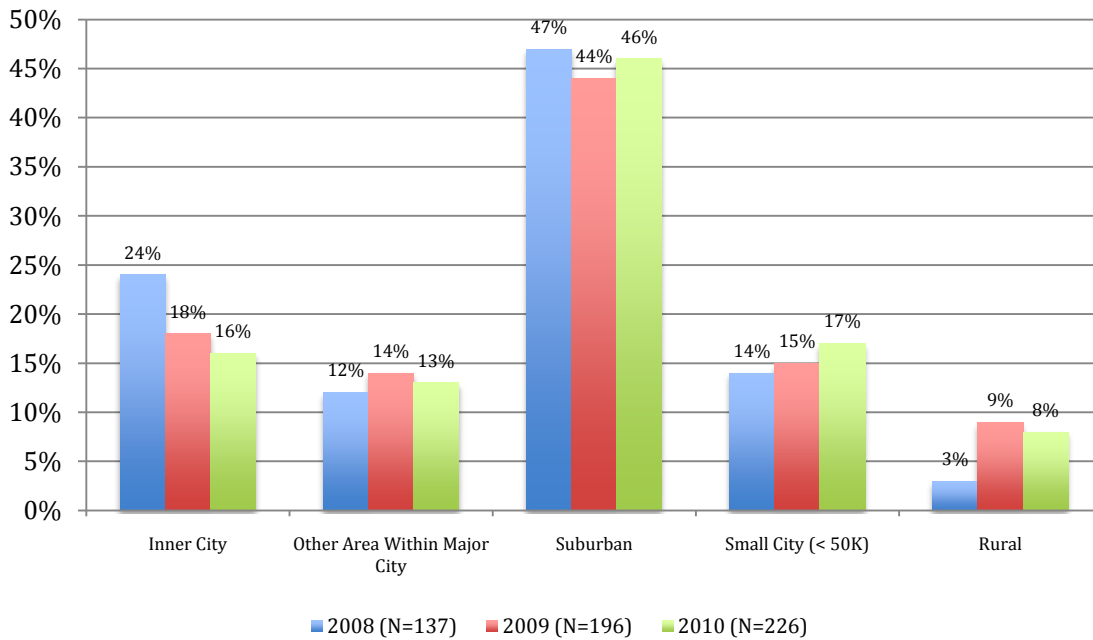
- *Rural Locations.* The upward trend of primary care physicians entering practice in rural locations is encouraging for New Jersey and efforts to achieve an adequate, well-distributed physician supply. Access to care remains a major burden for Americans in rural areas and many believe there will be an extreme need in upcoming years for physicians in rural areas to meet increased demands for health services created by the aging population and federal health reforms (i.e., universal coverage). New Jersey is no exception. While it's largely considered an urban state by federal definitions, nearly 6% of its population resides in rural areas according to the U.S. Census Bureau. In addition, a workforce analysis found that primary care physicians in the state were poorly distributed, especially in southern counties. The following characteristics make someone more likely to practice medicine in a rural area: attending a medical school in a rural area, having a career in family medicine, being born in a rural county, and participating in NHSC loan repayment.<sup>12</sup>

<sup>11</sup> HPSA designation is one factor used to determine eligibility for a number of programs that improve access to health care, such as the National Health Service Corps, Exchange Visitor Program and Conrad State 30 Program. Medicare also makes bonus payments to primary medical care physicians and psychiatrists working in designated HPSAs.

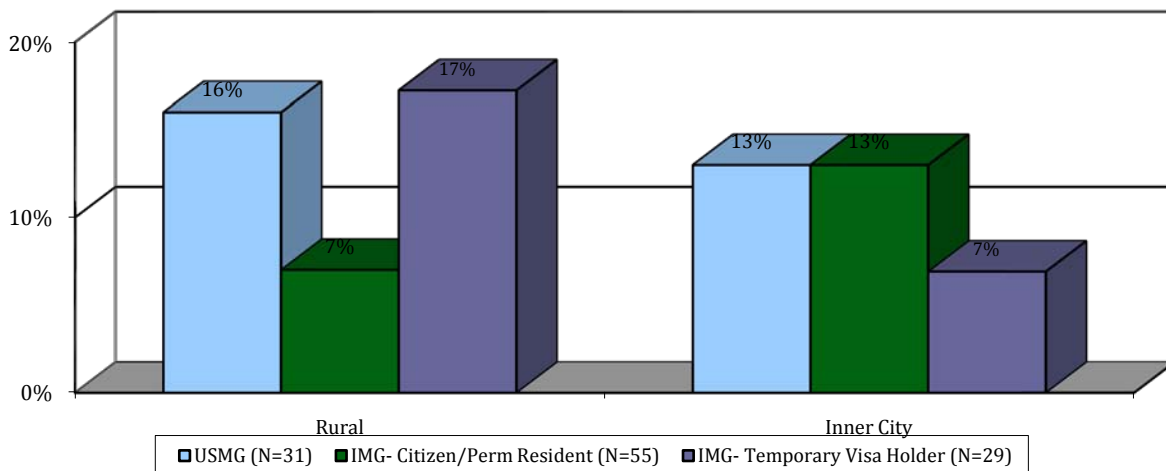
<sup>12</sup> The Robert Graham Center: Policy Studies in Family Medicine and Primary Care. What Influences Medical Student & Resident Choices? 2009

- *HPSAs.* New Jersey currently lacks HPSA designations; however as of summer of 2011, New Jersey will have new data quantifying “scope of practice” information on licensed physicians. It is believed this new data merged with AMA master file data will assist in codifying New Jersey underserved areas and HPSA designations. This year, HRSA formed a committee to review criteria for the designation of HPSAs and work toward a revised, more coordinated HPSA designation methodology and procedure. It will be important to monitor the progress of this group to ensure that New Jersey’s areas of need and underservice are deemed HPSAs.

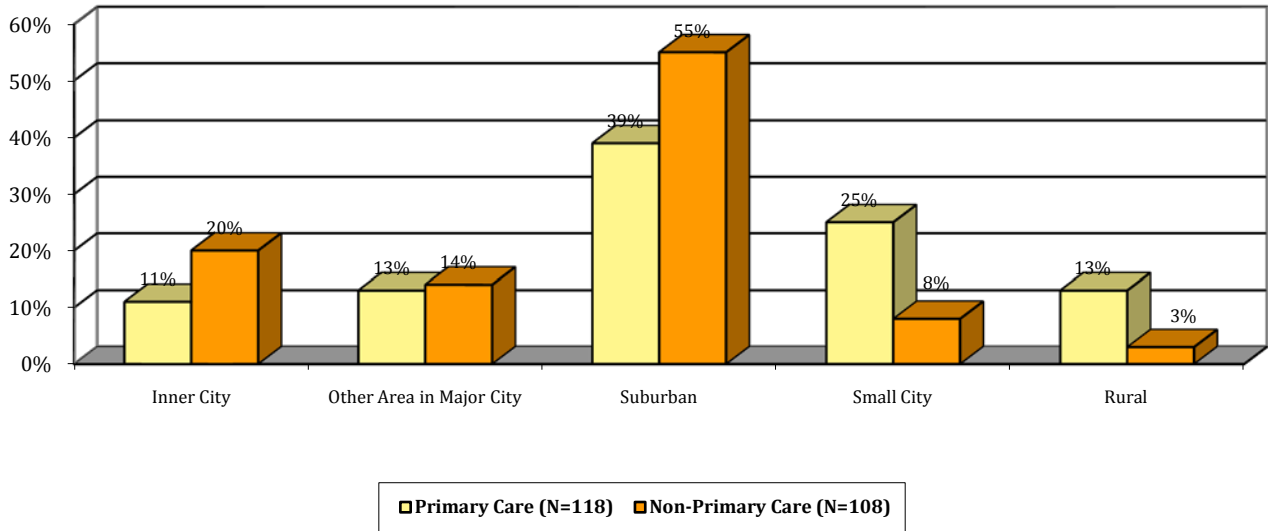
**Figure 3.9: Practice Area Demographics, 2008-2010 (For Respondents with Confirmed Practice Plans)**



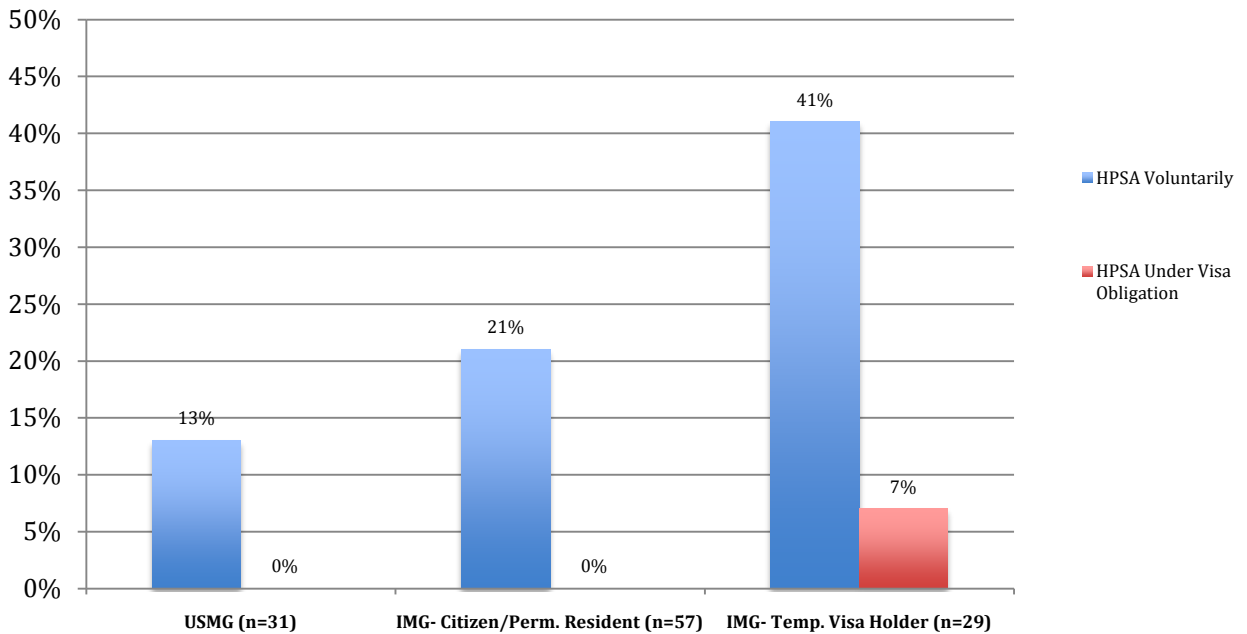
**Figure 3.10: Percent of Respondents Entering Practice in Rural and Inner-City Areas by Location of Medical School and Citizenship Status (for 2010 Respondents from Primary Care with Confirmed Practice Plans)**



**Figure 3.11: Demographics of Practice Location by Specialty Group (for 2010 Respondents with Confirmed Practice Plans)**



**Figure 3.12: Percent of Respondents Entering Practice in a Federal HPSA by Location of Medical School and Citizenship (for 2010 Respondents from Primary Care with Confirmed Practice Plans)**



## C. Principal Practice Setting

Figure 3.13 shows the practice setting of respondents' upcoming principal practice. The "other" category includes freestanding health center or clinic, nursing home, and other. Another question asked respondents about the level of ownership they would have in their upcoming practice. Responses to this question are summarized in Figure 3.16.

### Highlights

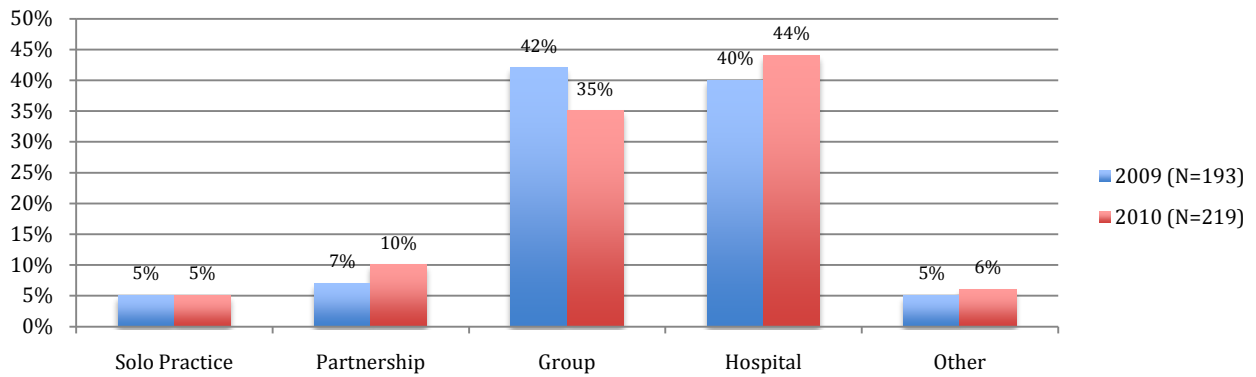
- ❖ Thirty-five percent (35%) of respondents were entering group practices, and nearly all (96%) of these individuals were going into groups as employees (although 52% may have option to become partner in the future).
- ❖ The percentage of male respondents headed into group settings decreased from 44% in 2009 to 34% in 2010 while the rate for females dropped from 40% in 2009 to 36% in 2010.
- ❖ The majority of respondents (59%) said they would be employees in their upcoming practices with no level of ownership (Figure 3.16). Twenty-nine percent (29%) said they may have the option to become an owner or partner at some point in the future. Seven percent (7%) of respondents said they would be owners or partners with capital invested and a financial stake in their upcoming practices.
- ❖ Only 5% of all respondents were planning to enter solo practice.
- ❖ Forty-four percent (44%) of respondents were entering practice in hospitals. The inpatient care setting (24%) was the most common, followed by emergency room (11%) and ambulatory care (9%) settings. Both men (49% in 2010 and 44% in 2009) and women (40% in 2010 and 37% in 2009) contributed to this movement toward hospital employment.

#### Physician Workforce Observations

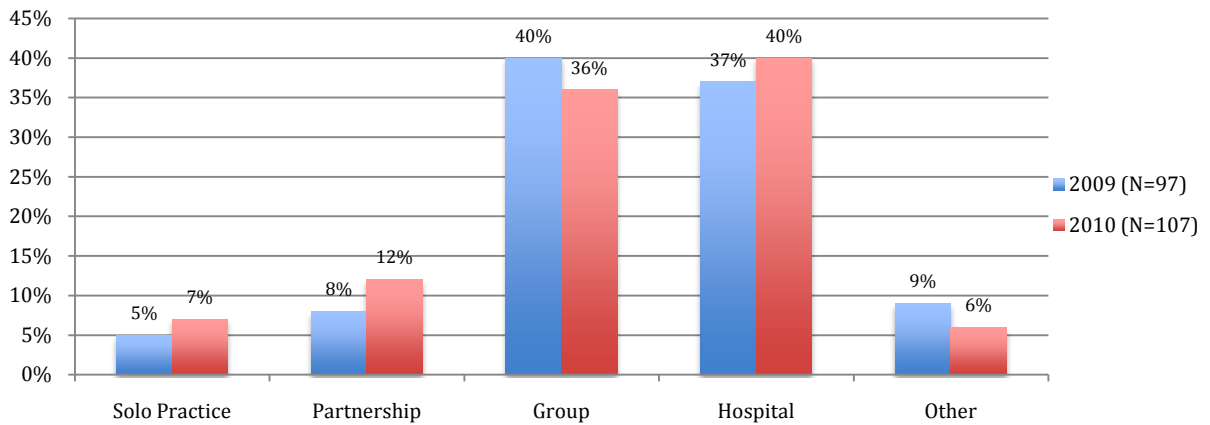
- As demonstrated in the Exit Survey results and in national survey findings, physician recruits seem most interested in practicing in a medical group or hospital setting. The most recent Medical Group Management Survey found more than half (65%) of established physicians were placed in hospital-owned practices and almost half (49%) of physicians hired out of residency or fellowship were placed within hospital-owned practices. The shift toward hospital employment can be tied to the needs of both doctors who are looking for reliable, salaried income and more regular work hours as well as hospitals who are seeking to position themselves for new methods of payment, including an emerging model known as accountable-care organizations.<sup>13</sup>
- New Jersey's prevalence of one and two physician practices is a distinct disincentive for many new physicians.

<sup>13</sup> MGMA. Physician Placement Starting Salary Survey: 2010 Survey Based on 2009 Data.

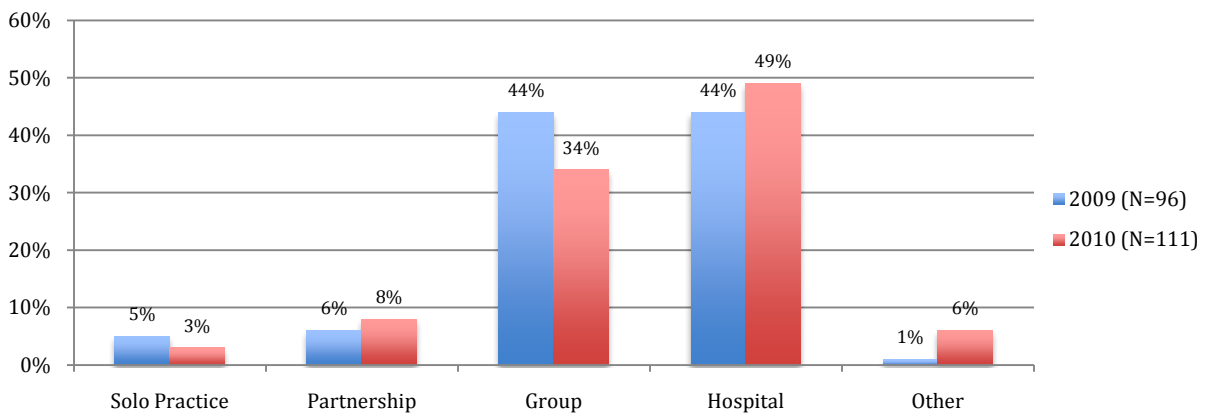
**Figure 3.13: Practice Setting of Respondents' Upcoming Principal Practice (for 2010 Respondents with Confirmed Practice Plans)**



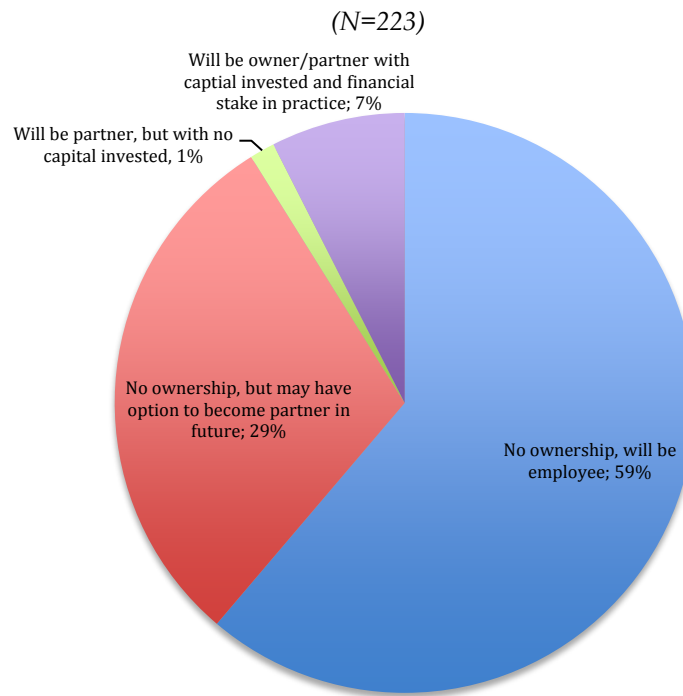
**Figure 3.14: Practice Setting of Respondents' Upcoming Principal Practice (for 2010 Female Respondents with Confirmed Practice Plans)**



**Figure 3.15 Practice Setting of Respondents' Upcoming Principal Practice (for 2010 Male Respondents with Confirmed Practice Plans)**



**Figure 3.16: Respondents' Level of Ownership in Upcoming Principal Practice (for 2010 Respondents with Confirmed Practice Plans)**



## D. Expected Starting Income

Section 3.D presents descriptive statistics for respondents' expected income in their first year of practice, which consists of their base salary and any expected additional or incentive income.

### Highlights

- ❖ Residents generally report being satisfied with their anticipated salary/compensation.
- ❖ Fifty-nine percent (59%) of respondents expected their base salary during the first year of practice to be \$160,000 or more.
- ❖ The expected base salary of non-primary care physicians was generally higher compared to that of primary care physicians. However, primary care physicians were more likely to receive additional or incentive income.
- ❖ Sixty-three percent (63%) of primary care physicians reported an expected base salary in the range of \$120,000 to \$199,999, compared to 71% in 2009, and 20% reported a base salary of \$200,000 or greater, compared to 15% in 2009. The most common base salary range chosen in the survey by primary care physicians was \$140,000 to \$159,000 (23%) and the most common additional or incentive income was in the \$20,000 to \$24,999 range (18%).
- ❖ Twenty-nine percent (29%) of non-primary care physicians reported an expected base salary in the range of \$120,000 to \$199,999, compared to 42% in 2009, and 56% reported a base salary of \$200,000 or greater, compared to 53% in 2009. The most common base salary range chosen in the survey by non-primary care physicians was \$240,000 to \$259,999 (15%) and most did not expect to receive additional income.

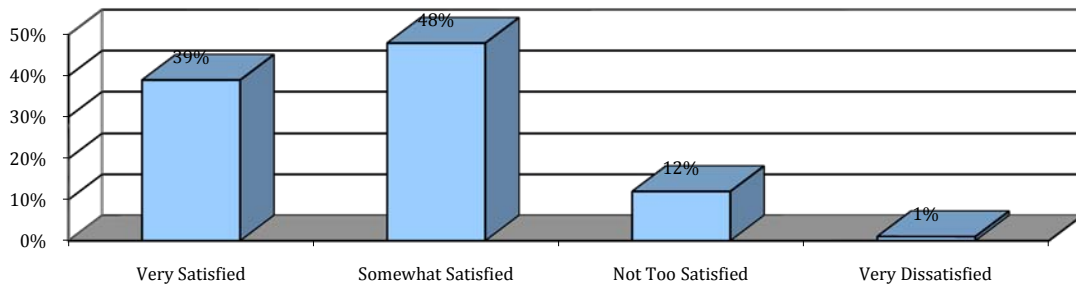
#### Physician Workforce Observations

- A recent study found that wages varied substantially across physician specialties and were the lowest for primary care specialties. In light of decreased medical student interest in primary care, these findings suggest the need for payment reform aimed at increasing incomes or reducing work hours for primary care.<sup>14</sup>
- Research shows that physicians respond to financial incentives regarding 1) the decision to enter medicine as a profession, 2) choice of medical specialty, 3) practice location, 4) number of hours working to provide patient care, and 5) decision when to retire. As mentioned, increasing reliance on the Medicare and Medicaid programs as a source of income could have a depressing effect on physician earnings in the future.

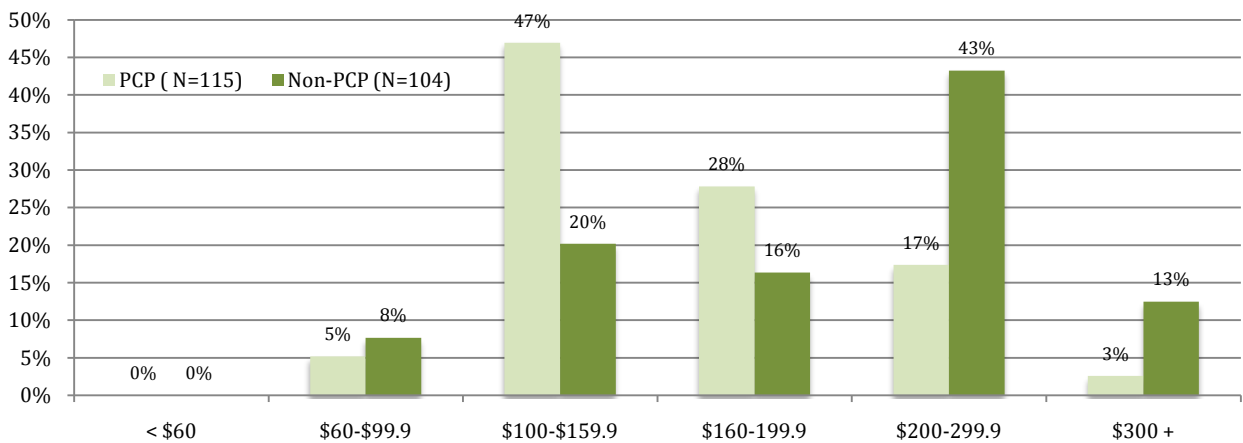
<sup>14</sup> Leigh JP, et al. Physician Wages Across Specialties. Archives of Internal Medicine. 2010;170(19):1728-1734.

**Figure 3.17: Level of Satisfaction with Salary/Compensation (for 2010 Respondents with Confirmed Practice Plans)**

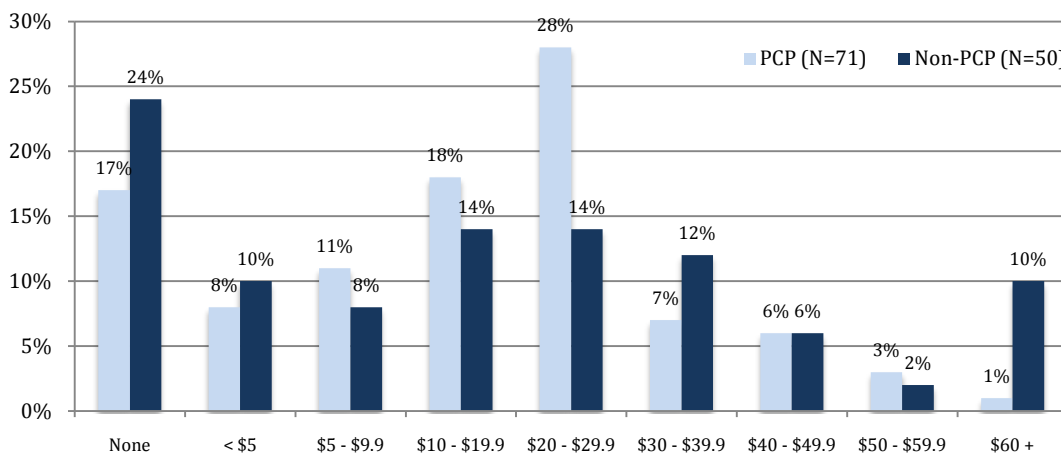
(N=226)



**Figure 3.18: Distribution of Starting Income (in \$1,000s) Among Primary Care Versus Non-Primary Care Physicians (for 2010 Respondents with Confirmed Practice Plans)**



**Figure 3.19: Descriptive Statistics for Additional Incentive Income (in \$1,000s) Among Primary Care Versus Non-Primary Care Physicians (for 2010 Respondents with Confirmed Practice Plans)**



## E. Expected Weekly Number of Patient Care/Clinical Practice Hours

Respondents were asked about the number of hours per week they expected to spend in patient care/clinical practice activities in their upcoming practice position. While the new physicians may not have known exactly how many hours they would be working, they were able to estimate within the 10-hour intervals provided as choices on the survey. It is important to know how many hours respondents anticipate they will work in their upcoming practices because this variable has an impact on issues related to workforce planning and compensation.

This section presents data on the number of hours per week respondents expected to be spending in patient care/clinical practice activities. Gender has been found to be a significant factor in predicting the number of hours an individual will be working with females averaging fewer hours than males. Therefore, it is important to control for this factor in making comparisons across specialty groups.

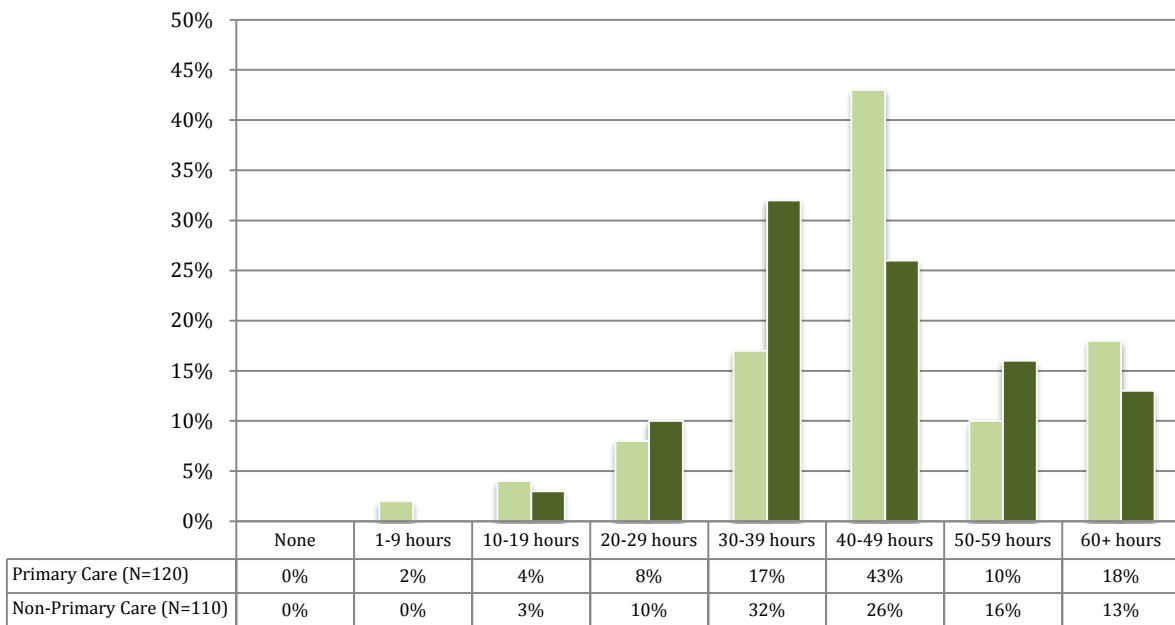
### Highlights

- ❖ Overall, respondents expected to spend in the range of 40-49 hours per week in patient care/clinical practice activities.
- ❖ While both female and male physicians expected to mainly work between 40-49 hours per week, females expected to work fewer patient care hours than males overall. Interestingly, however, both genders were increasingly moving toward working less than 40 hours per week.
  - *Males:* Thirty-three (33%) of males expected to work 50 or more hours per week (compared to 41% in 2009) and 31% planned to work less than 40 hours per week (compared to 15% in 2009).
  - *Females:* Twenty-three (23%) of females expected to work 50 or more hours per week (compared to 21% in 2009) and 44% planned to work less than 40 hours per week (compared to 37% in 2009).
- ❖ For the second year in a row, primary care physicians expected to work more hours than non-primary care physicians. Seventy percent (70%) of primary care respondents expected to work 40 or more hours per week compared to 55% of non-primary care physicians.
- This disparity was especially great for female primary care physicians. Sixty-seven percent (67%) of female primary care physicians expected to work 40 or more hours versus 43% of female non-primary care physicians.

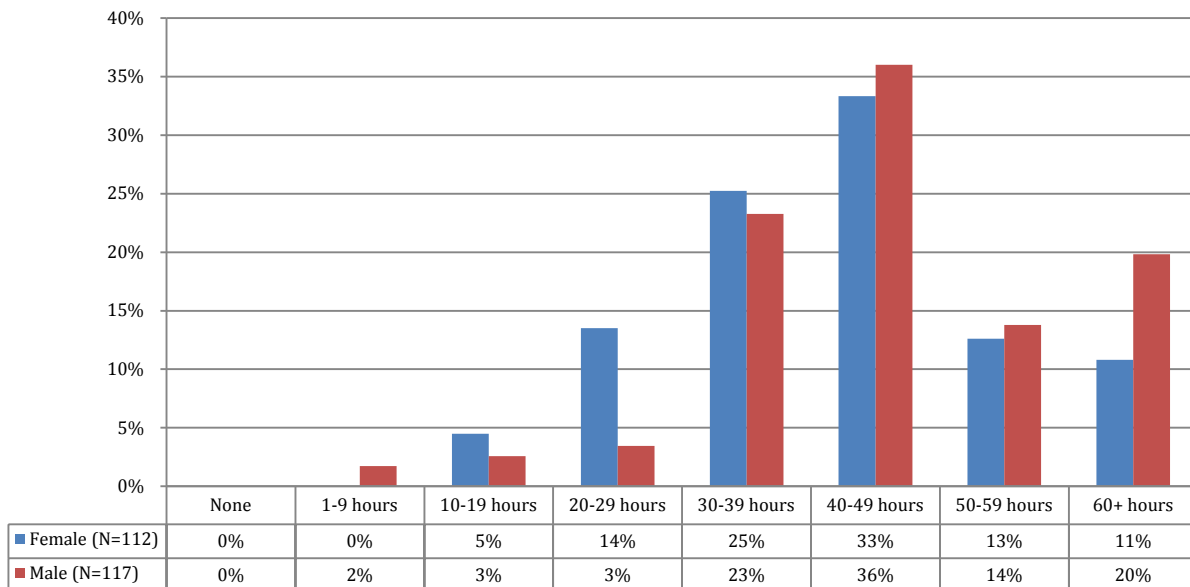
#### Physician Workforce Observations

- As mentioned, New Jersey will need to find innovative ways to utilize women in the workforce (e.g., part-time jobs, flexible schedules, etc.) in order to maximize physician supply. The propensity for female physicians to work fewer hours may negatively impact future workforce supply as well as contribute to insufficiencies in other traditionally female health care professions, like nursing.
- Research papers presented at the May 2011 AAMC Physician Workforce Research Conference reinforced the trends New Jersey has documented. Both male and female hours of work per week have decreased by 25% between the World War II physician workforce generations to the Gen X physician workforce generation. Additionally, it was shown that there is a direct correlation between income tax rates and physician work hours. “Each 5.5% point increase in top income tax rates reduces work hours by 1 hour per week.”

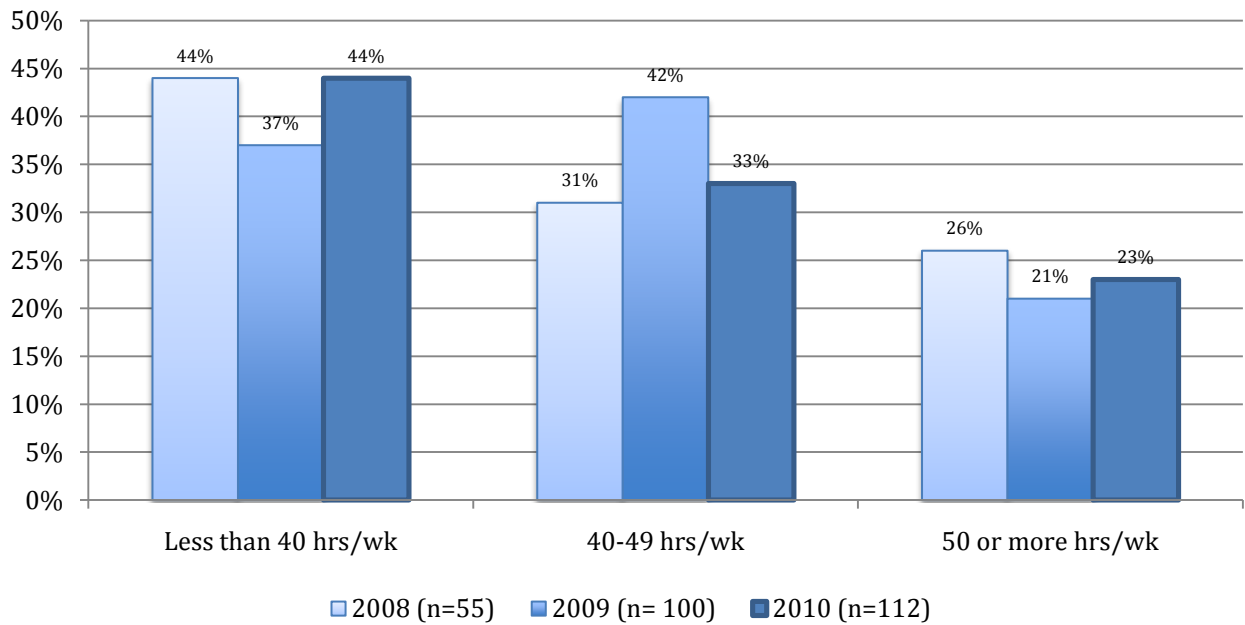
**Figure 3.20: Expected Weekly Patient Care/Clinical Practice Hours Among Primary Care Versus Non-Primary Care Physicians (for 2010 Respondents with Confirmed Practice Plans)**



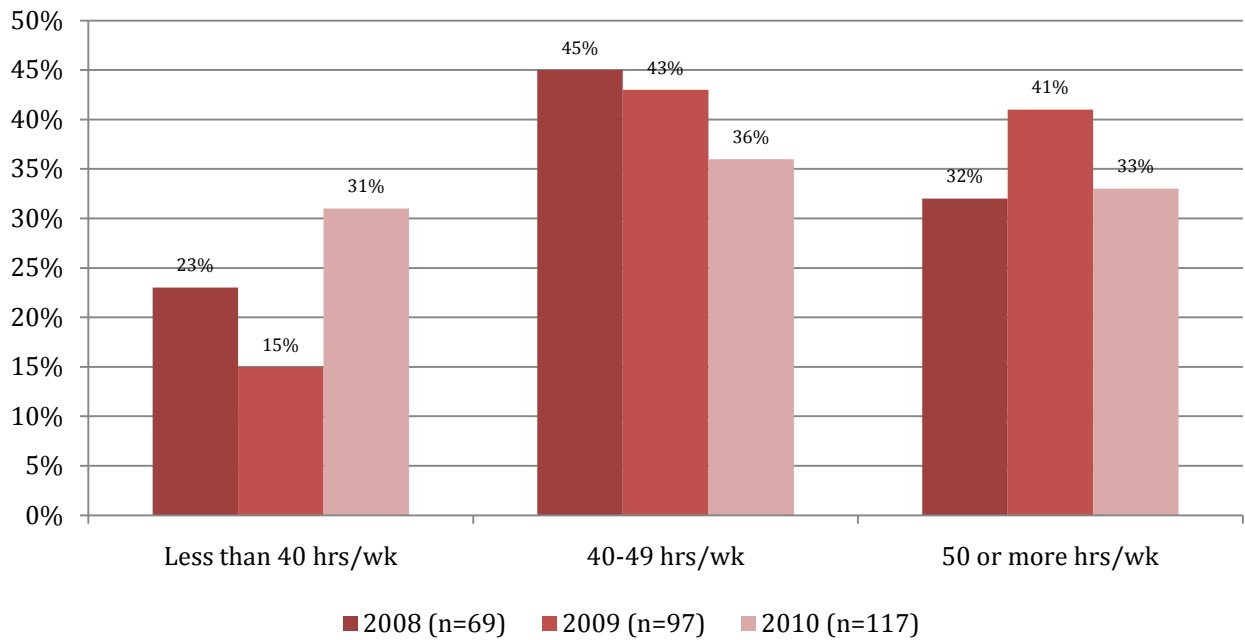
**Figure 3.21: Expected Weekly Patient Care/Clinical Practice Hours by Gender (for 2010 Respondents with Confirmed Practice Plans)**



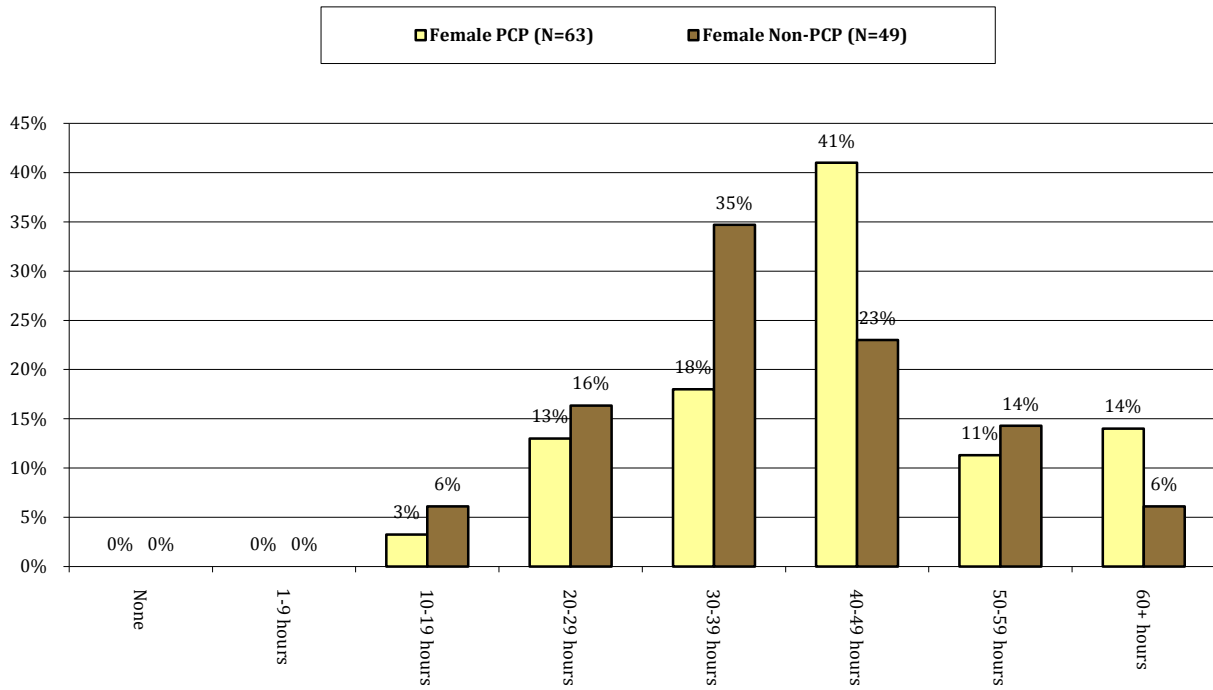
**Figure 3.22: Expected Weekly Patient Care/Clinical Practice Hours Among Female Physicians, 2008-2010 (for Female Respondents with Confirmed Practice Plans)**



**Figure 3.23: Expected Weekly Patient Care/Clinical Practice Hours Among Male Physicians, 2008-2010 (for 2010 Male Respondents with Confirmed Practice Plans)**



**Figure 3.24: Expected Weekly Patient Care/Clinical Practice Hours for Female Primary Care Versus Non-Primary Care Physicians (for 2010 Respondents who are Female and in Primary Care with Confirmed Practice Plans)**



### Experiences Searching for a Practice Position (IMGs on Temporary Visas Excluded)

Section IV summarizes the responses to several questions on residents' experiences in searching for a practice position and their general perceptions of the job market for their specialty. Those entering or considering entering patient care/clinical practice were asked to complete this part of the survey. The responses of IMGs on temporary visas were excluded from this section (except for Figures 4.1 and 4.2) because they had significantly more difficulty due to their visa status. Figure 4.2 illustrates the differences between temporary visa holders and other respondents in terms of the hardships they faced in finding a job. Respondents who indicated they had not yet actively searched for a practice position were also excluded.

#### A. Approaches Used in Job Search

Figure 4.1 displays all the approaches used by respondents in their job search and the approach they indicated was most effective. In calculating the percentages for approaches used, the total respondents per strategy were: third party representation (N=252), independent search activity online (N=244), print/traditional want ad responses (N=144), residency program announcements/career fairs (N=158), social networking (N=208), and other (N=8). There were 247 respondents to the question about the most effective job search approach.

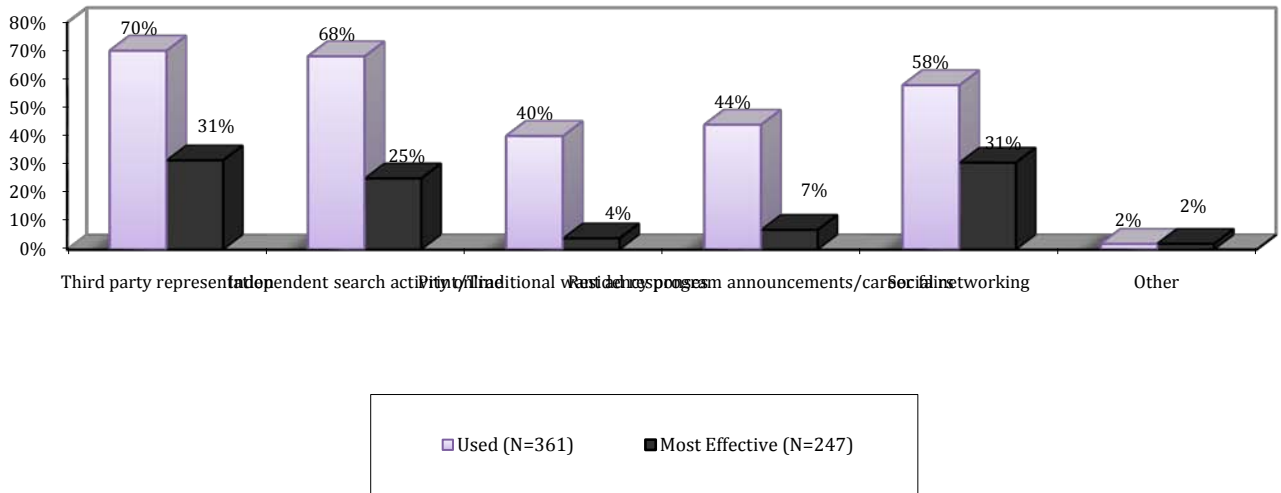
#### Highlights

- ❖ The majority of respondents used third party representation (70%), independent search activity online (68%), and social networking (58%) to search for a practice position. Third party representation (31%) and social networking (31%) were considered the most effective approaches to finding a job.

#### Physician Workforce Observations

- As more physicians utilize online job search strategies, New Jersey will need to align its recruitment and retention efforts accordingly. Appropriately, the New Jersey Physician Workforce Task Force recommended implementation of a physician recruitment Internet site to serve as a comprehensive resource center for job and resident/fellow opportunities.

**Figure 4.1: Approaches Used in Job Search (of 2010 Respondents who Searched for a Job)**



## B. Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position

Figure 4.2 illustrates the differences in job market experiences of respondents based on their citizenship status and location of medical school. In particular, IMGs on temporary visas experienced much more difficulty due to their visa status. Since IMGs on temporary visas were not evenly distributed among various specialties, their responses would confound (i.e., bias) the results when making comparisons across specialties. To eliminate this potential bias, IMGs on temporary visas were excluded from the data presented in the rest of this section.

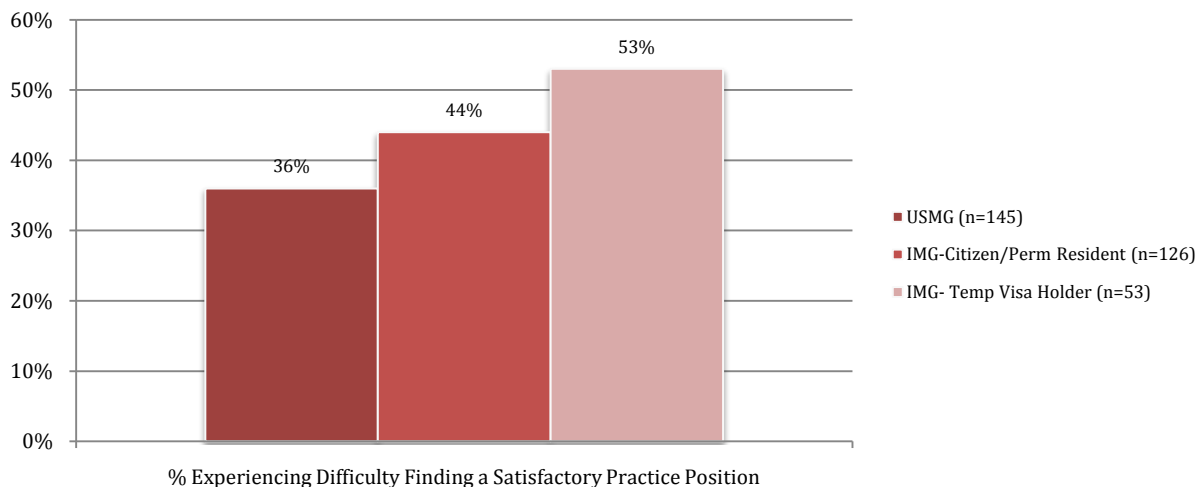
### Highlights

- ❖ Thirty-seven percent (37%) of respondents reported difficulty in finding a satisfactory position, compared to 27% in 2009 and 28% in 2008.
  - Physicians in non-primary care specialties had a slightly more difficult experience compared to those in primary care specialties (40% compared to 31%).
- ❖ The most often cited main reasons for difficulty finding a satisfactory practice position was overall lack of jobs (32%) and lack of jobs in desired locations (32%) followed by inadequate salary/compensation offered (17%).

#### Physician Workforce Observations

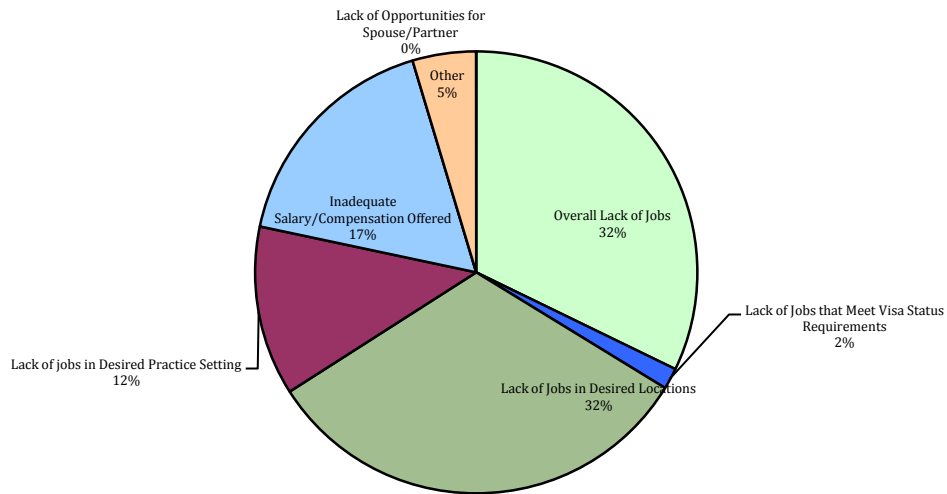
- The New Jersey Physician Workforce Task Force has recommended that an Office of Recruitment, which operates an Internet recruitment site, be established to better coordinate and advertise resident/fellowship, and practice position opportunities around the state.

**Figure 4.2: Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Location of Medical School and Citizenship Status (of 2010 Respondents who Searched for a Job)**

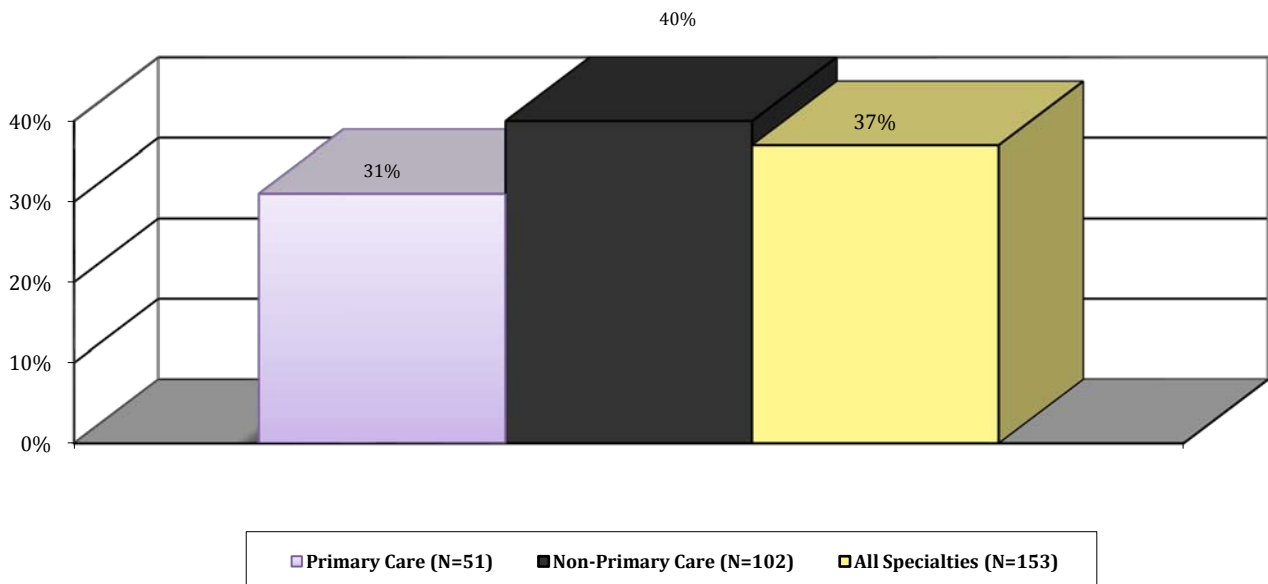


**Figure 4.3: Main Reason for Difficulty Finding a Satisfactory Practice Position (of 2010 Respondents who Reported Having Difficulty, IMGs on Temporary Visas Excluded)**

(N=65)



**Figure 4.4: Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (of 2010 Respondents who Searched for a Job, IMGs on Temporary Visas Excluded)**



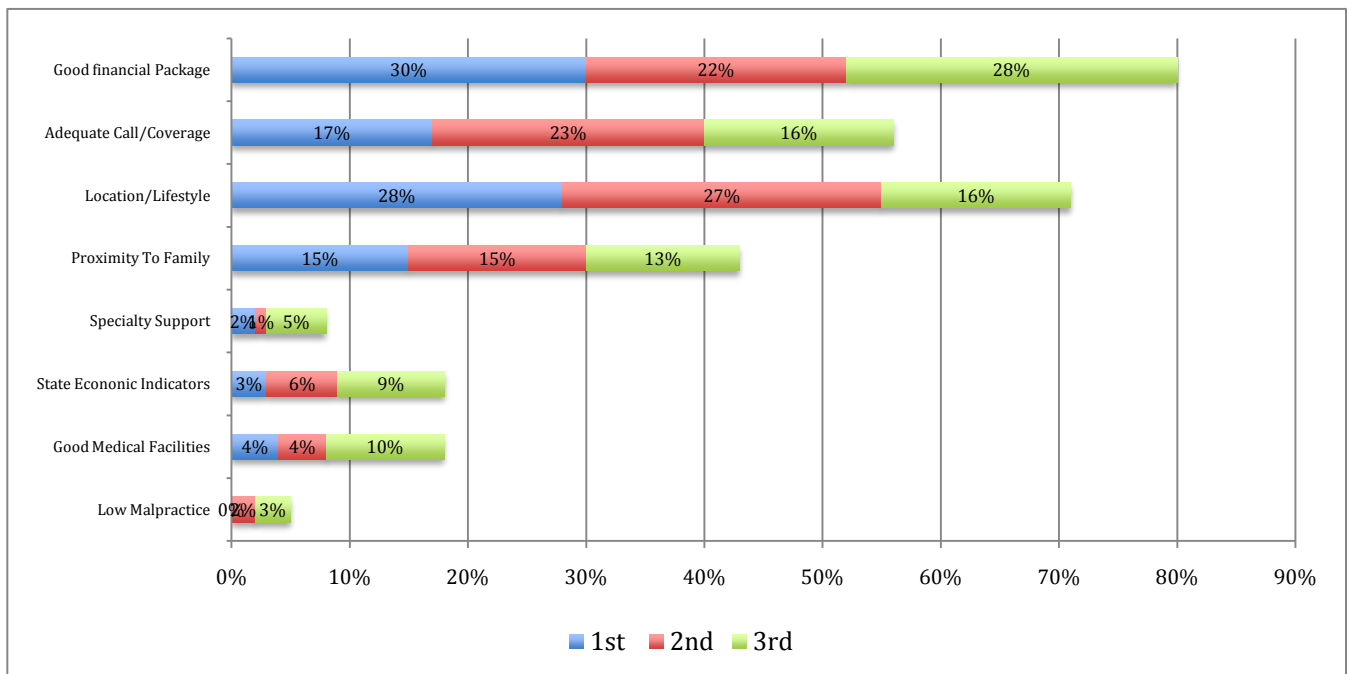
### C. Important Considerations in Identifying Practice Opportunities

Respondents were asked to rank their top three considerations in identifying practice opportunities from the following eight choices: good financial package, adequate call/coverage/personal time, geographic location/lifestyle, proximity to family, specialty support, economic indicators of state (e.g., cost of living, taxes, reimbursement), good medical facilities/equipment, and low malpractice area. Figure 4.5 shows how respondents ranked each consideration.

#### Highlights

- ❖ Thirty percent (30%) of respondents ranked a good financial package as the most important consideration in identifying a practice opportunity followed by geographic location/lifestyle (28%), adequate call/coverage/personal time (17%), and proximity to family (15%).
- ❖ Male respondents considered a good financial package (38%) the most important consideration in identifying practice opportunities followed by geographic location/lifestyle (22%), adequate call/coverage/personal time (14%), and proximity to family (14%).
- ❖ Female respondents considered geographic location/lifestyle (63%) the most important consideration in identifying practice opportunities followed by a good financial package (23%), adequate call/coverage/personal time (20%), and proximity to family (18%).

**Figure 4.5: Respondents’ Top Three Considerations in Identifying Practice Opportunities (of 2010 Respondents who Searched for a Job, IMGs on Temporary Visas Excluded)**



## D. Number of Job Offers Received

Figure 4.6 shows the number of offers for employment/practice opportunities (i.e., job offers) received by respondents. This variable provides a good measure of demand because whereas other demand indicators (with the exception of income) may be influenced by respondents' expectations, the total of job offers provides a concrete number and is less subject to this bias.

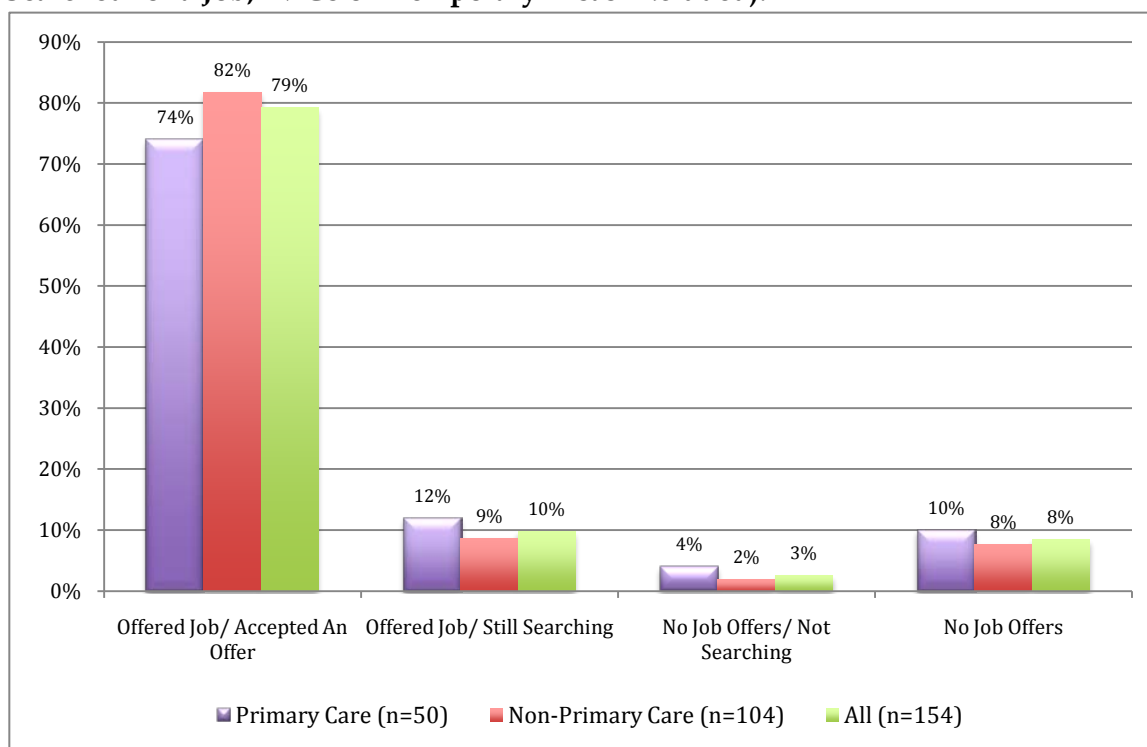
### Highlights

- ❖ Eighty-nine percent (89%) of respondents received at least one job offer for employment/practice positions. Seventy-nine percent (79%) were offered a job and accepted an offer while 10% were offered a job, but declined the offer and were still searching.
- ❖ Twenty-five percent (25%) of respondents received three offers and over half (55%) received three or more offers.

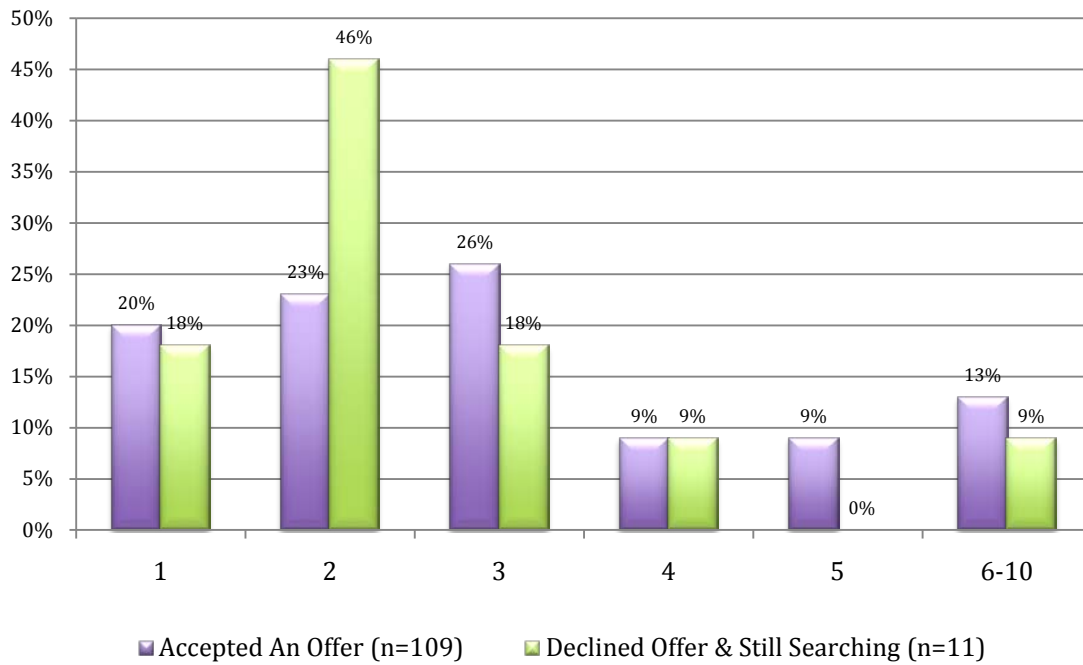
### *Non-primary care versus primary care*

- ❖ Ninety percent (90%) of non-primary care physicians received at least one job offer and 82% of these physicians accepted an offer. Of those accepting, 57% received 3 or more job offers.
- ❖ Eighty-six percent (86%) of primary care physicians received at least one job offer and 74% of these physicians accepted an offer. Of those accepting, 56% received 3 or more offers.

**Figure 4.6: Number Respondents Who Were Offered a Job (of 2010 Respondents who Searched for a Job, IMGs on Temporary Visas Excluded).**



**Figure 4.7: Number of Job Offers Received (of 2010 Respondents who Searched for a Job and Received a Job Offer, IMGs on Temporary Visas Excluded).**



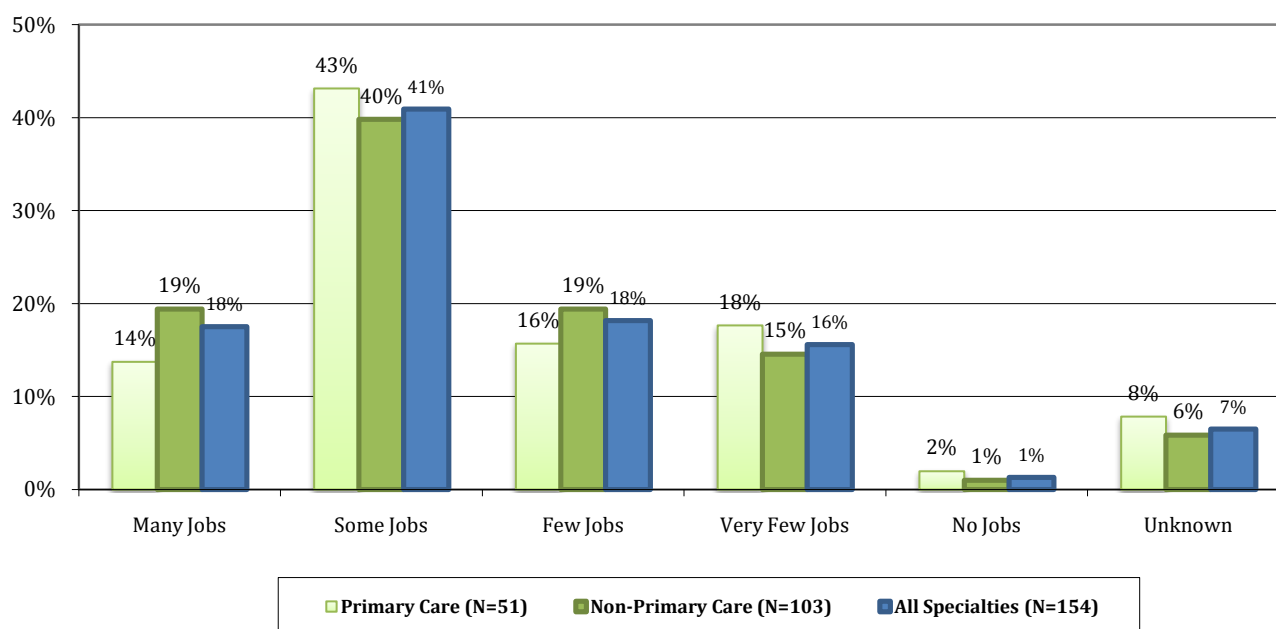
## E. Perceptions of the New Jersey Job Market

Figure 4.8 presents respondents' perceptions of the job market for their specialty group within New Jersey. Respondents were asked to give their assessment of the regional job market by choosing from a five-point scale ranging from Many Jobs to No Jobs.

### Highlights

- ❖ Since last year, respondents' view the regional job market declined. Fifty-eight percent (58%) thought there were many or some jobs for their specialty compared to 75% in 2009 and 76% in 2008.
- ❖ Non-primary care physicians had a more favorable view of the regional job market than did primary care physicians. Nineteen percent (19%) of non-primary care physicians felt there were many jobs in their specialty compared to 14% of primary care physicians.

**Figure 4.8: Respondents' Assessment of the New Jersey Job Market by Specialty Group (of 2010 Respondents who Searched for a Job, IMGs on Temporary Visas Excluded)**



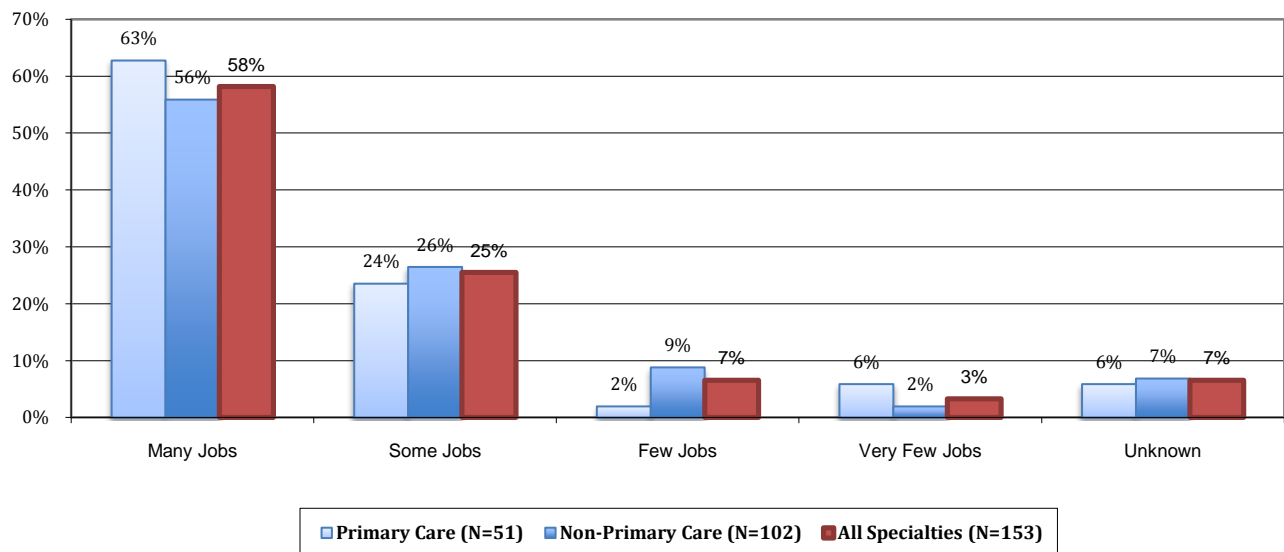
## F. Perceptions of the National Job Market

Figure 4.9 presents the perceptions of survey respondents concerning the national job market for their specialty. The response choices were the same as those used in Figure 4.8 (referring to the regional job market). As one might expect, there was a high degree of correlation between the respondent's view of the regional and the national job markets. Similar to the last two years, the national job market was viewed more positively than was the job market in New Jersey.

### Highlights

- ❖ Overall, respondents gave a very positive view of the national job market. Eighty-four percent (84%) of respondents thought there were many or some jobs for their specialty compared to 94% last year. Only 3% felt there were very few jobs.
- ❖ Contrary to the regional market outlook, primary care physicians had a more positive view of the national job market compared to non-primary care physicians. Sixty-three percent (63%) of primary care physicians felt there were many jobs in their specialty compared to 56% of non-primary care physicians.

**Figure 4.9: Respondents' Assessment of the National Job Market by Specialty Group (of 2010 Respondents who Searched for a Job, IMGs on Temporary Visas Excluded)**



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Norcini JJ, et al. Evaluating the Quality of Care Provided by Graduates of International Medical Schools. Health Affairs. August 2010 29:8

## Appendix A

**Table A-1: 2010 Exit Survey Response by Specialty and Report Section**

<u>Specialty</u>	<u>Sections 1 &amp; 2</u> Respondents	<u>Sections 3</u> Respondents	<u>Sections 4</u> Respondents
<b>Primary Care Specialties:</b>	<b>325</b>	<b>103</b>	<b>49</b>
Family Medicine	67	27	19
Internal Medicine (General)	174	48	15
Pediatrics (General)	77	25	10
Geriatrics	4	3	4
Internal Medicine/Pediatrics	3	0	1
<b>OBGYN</b>	<b>33</b>	<b>17</b>	<b>4</b>
Obstetrics & Gynecology (general)	31	16	4
Gynecology only	0	0	0
Obstetrics & Gynecology (subspecialty)	2	1	0
<b>Primary Care TOTAL</b>	<b>358</b>	<b>120</b>	<b>53</b>
<b>Pediatric Subspecialties</b>	<b>6</b>	<b>3</b>	<b>2</b>
<b>IM Specialties:</b>	<b>72</b>	<b>36</b>	<b>24</b>
Cardiology	14	4	4
Critical Care Medicine	1	1	1
Endocrinology & Metabolism	3	3	2
Gastroenterology	10	7	4
Hematology/Oncology	8	6	4
Infectious Disease	11	3	2
Nephrology	10	4	3
Pulmonary Disease	9	5	4
Rheumatology	2	2	0
Other Internal Medicine	4	1	0
<b>General Surgery</b>	<b>26</b>	<b>1</b>	<b>2</b>
<b>Surgery Specialties:</b>	<b>19</b>	<b>4</b>	<b>7</b>
Cardio-Thoracic Surgery	1	0	0
Neurosurgery	0	0	0
Ophthalmology	1	0	0
Orthopedics	8	0	3
Otolaryngology	2	0	0
Plastic Surgery	1	0	0
Urology	1	1	1
Other Surgery Specialties	5	3	3
<b>Facility Based:</b>	<b>58</b>	<b>12</b>	<b>11</b>
Anesthesiology	25	9	8
Anesthesiology- CCM	0	0	0
Anesthesiology- Pain Mgmt	0	0	0
Nuclear Medicine	0	0	0
Pathology (general)	11	0	0
Pathology (subspecialty)	3	0	0
Radiology (Diagnostic)	18	2	2
Radiology (Therapeutic)	1	1	1
<b>Psychiatry:</b>	<b>10</b>	<b>4</b>	<b>5</b>
Psychiatrists	9	4	5
Other Psychiatry Subspecialty	1	0	0
<b>Other:</b>	<b>69</b>	<b>40</b>	<b>47</b>
Allergy & Immunology	2	2	2
Dermatology	3	2	1
Emergency Medicine	24	22	20
Neurology	2	0	0
Physical Medicine & Rehab	2	1	1
Prev. Med./PH/Occ. Med.	3	2	3
Other	33	11	20
<b>Total*</b>	<b>618</b>	<b>220</b>	<b>151</b>

\* Totals do not match the subgroup totals in Figure 1 because not every respondent within the subgroup chose to answer the question in the survey that dealt with specialty being completed.

## **Appendix B: Survey Instrument**

## Appendix C

**Table C-1: 2010 Exit Survey Specialty Mappings**

<u>Survey Specialty</u>	<u>Specialty Group</u>	<u>Primary Care/Non-Primary Care</u>
Family Medicine	Primary Care	Primary Care
Internal Medicine (General)	Primary Care	Primary Care
Pediatrics (General)	Primary Care	Primary Care
Geriatrics	Primary Care	Primary Care
Internal Medicine/Pediatrics	Primary Care	Primary Care
Obstetrics & Gynecology (general)	Primary Care	Primary Care
Gynecology only	Primary Care	Primary Care
Obstetrics & Gynecology (subspecialty)	Primary Care	Primary Care
Pediatric (Subspecialties)	Pediatric (Subspecialties)	Non-Primary Care
Cardiology	Internal Medicine Specialties	Non-Primary Care
Critical Care Medicine	Internal Medicine Specialties	Non-Primary Care
Endocrinology & Metabolism	Internal Medicine Specialties	Non-Primary Care
Gastroenterology	Internal Medicine Specialties	Non-Primary Care
Hematology/Oncology	Internal Medicine Specialties	Non-Primary Care
Infectious Disease	Internal Medicine Specialties	Non-Primary Care
Nephrology	Internal Medicine Specialties	Non-Primary Care
Pulmonary Disease	Internal Medicine Specialties	Non-Primary Care
Rheumatology	Internal Medicine Specialties	Non-Primary Care
Other Internal Medicine	Internal Medicine Specialties	Non-Primary Care
Surgery (General)	Surgery (General)	Non-Primary Care
Cardio-Thoracic Surgery	Surgical (Subspecialties)	Non-Primary Care
Neurosurgery	Surgical (Subspecialties)	Non-Primary Care
Ophthalmology	Surgical (Subspecialties)	Non-Primary Care
Orthopedics	Surgical (Subspecialties)	Non-Primary Care
Otolaryngology	Surgical (Subspecialties)	Non-Primary Care
Plastic Surgery	Surgical (Subspecialties)	Non-Primary Care
Urology	Surgical (Subspecialties)	Non-Primary Care
Other Surgery Specialties	Surgical (Subspecialties)	Non-Primary Care
Anesthesiology	Facility Based	Non-Primary Care
Anesthesiology- Critical Care Medicine	Facility Based	Non-Primary Care
Anesthesiology- Pain Mgmt	Facility Based	Non-Primary Care
Other Anesthesiology Subspecialty	Facility Based	Non-Primary Care
Nuclear Medicine	Facility Based	Non-Primary Care
Pathology (general)	Facility Based	Non-Primary Care
Pathology (subspecialty)	Facility Based	Non-Primary Care
Radiology (Diagnostic)	Facility Based	Non-Primary Care
Radiology (Therapeutic)	Facility Based	Non-Primary Care
Psychiatrists	Psychiatry	Non-Primary Care
Other Psychiatry Subspecialty	Psychiatry	Non-Primary Care
Allergy & Immunology	Other	Non-Primary Care
Dermatology	Other	Non-Primary Care
Emergency Medicine	Other	Non-Primary Care
Neurology	Other	Non-Primary Care
Physical Medicine & Rehab	Other	Non-Primary Care
Prev. Med./Public Health/Occ. Med.	Other	Non-Primary Care
Other	Other	Non-Primary Care

## Appendix D: Survey Results of Pediatric and Pediatric Subspecialty Residents and Fellows

Appendix D profiles the survey responses from about 91 residents and fellows who were specializing in pediatrics or in a pediatric subspecialty representing the programs listed below. The topics covered in this Appendix mirror those in the main body of the report.

- UMDNJ-RWJ Medical School Program (24)
- Newark Beth Israel Medical Center Program (17)
- Atlantic Health Program (12)
- UMDNJ- New Jersey Medical School Program (12)
- Mount Sinai School of Medicine Program/St. Joseph's Regional Medical Center (8)
- St. Peter's University Hospital Program (6)
- Jersey Shore University Medical Center Program (5)
- Monmouth Medical Center Program (4)
- UMDNJ/SOM/Children's Regional Program (2)
- UMDNJ- Jersey Shore University Medical Center Program (1)

### Key Findings

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#### **Pediatric respondents are mostly female and pulled from other states and countries.**

- ❖ Two-thirds (67%) of respondents were female.
- ❖ Seventy-nine percent (79%) graduated high school in another state (37%) or country (42%) while the remaining respondents graduated from a high school in New Jersey (21%).
- ❖ Eighty-three percent (83%) attended medical school in another state (19%) or country (64%), with 19% coming from a medical school in the Caribbean. Of the IMGs, just over half (53%) were native born U.S., a U.S. citizen, or a permanent resident.

#### **The national job market for new pediatric physicians stayed strong while perceptions of the New Jersey job market declined.**

- ❖ Eighty-three percent (83%) of respondents entering patient care had confirmed practice plans.
- ❖ Seventy-two percent (72%) of respondents received at least one job offer.
- ❖ Pediatric respondents generally reported being satisfied with their anticipated salary/compensation.
- ❖ Twenty-eight percent (28%) of respondents, down from 39% last year, indicated some difficulty finding a satisfactory practice position, mainly due to inadequate salary/compensation.
- ❖ The overall view of the national market remained very positive with 83% responding that there seemed to be many or some jobs. However, the perception of the New Jersey job market declined from 94% in 2009 to 50% in 2010.

#### **Pediatric respondents are expecting to work fewer hours per week.**

- ❖ In 2009, 21% of respondents expected to work 30-39 hours per week while 58% expected to work 40-49 hours. In 2010, 40% anticipated working 30-39 hours and 30% estimated 40-49 hours.
- ❖ Male respondents seem to be driving this trend. Twenty-two percent (22%) of male respondents expected weekly work hours to total 40-49 hours per week (57% in 2009) while fifty-six percent (56%) expected to work 30-39 hours per week (14% in 2009).

#### **Debt and income levels improved slightly for pediatric physicians.**

- ❖ Fifty-five percent (55%) of respondents were carrying debt totaling \$100,000 or more, compared with 60% last year.
- ❖ The percentage of residents who expected their first-year base salary to be \$160,000 or more increased from 14% in 2009 to 25% in 2010.

## Retention rates declined.

- ❖ Thirty-three percent (33%) of respondents with confirmed plans were establishing their practice in New Jersey, compared to 47% in 2009. This percentage is below the national average (47%) and the retention rate of all respondents (37%).
- ❖ The main reason for leaving the state to practice was better salary/compensation offered outside the state. The most commonly given response for both the pediatric and total survey populations was New Jersey's cost of living.
- ❖ Thirty-seven percent (37%) of pediatric respondents had plans to pursue additional subspecialty training, and 77% of these physicians had plans to leave New Jersey.

## Overall, there were many similarities between the responses from pediatric respondents and the total survey population. The key differences (i.e., pediatric vs. all respondents) included:

- ❖ Gender: As noted, 67% of pediatric respondents were female compared to 52% of all respondents.
- ❖ Out-migration: While the percentage of respondents planning to pursue additional training was similar (37% vs. 35%), 77% of pediatric respondents were planning to leave New Jersey to pursue additional training compared to 68% of all residents.
- ❖ Retention of New Jersey Natives and Medical School Graduates: Of respondents who were New Jersey natives and attended an in-state medical school, no pediatric residents had confirmed practice plans in the state compared to 79% all survey respondents.
- ❖ Practice Setting: A slightly higher percentage of pediatric respondents were entering group practices as employees (100% vs. 96%).
- ❖ Expected Base Salary: The expected first-year base salary was generally lower for pediatric respondents. Seventy-five percent (75%) of pediatric respondents expected to earn under \$160,000 compared to 41% of all respondents.
- ❖ Amount of Difficulty Finding Satisfactory Practice Position. Pediatric respondents had a slightly more difficult time finding satisfactory practice positions (28% vs. 37%).

## General Findings

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### I. Characteristics of All Pediatric Respondents

#### *Demographic Characteristics:*

- ❖ Sixty-seven percent (67%) of pediatric respondents were female.
- ❖ Seventy percent (70%) of respondents were native-born U.S., naturalized U.S. or a permanent resident.
- ❖ The percentage of underrepresented minorities (URMs)<sup>15</sup> was 17%. The breakdown of race ethnicity for pediatric residents and fellow was: Asian 44%, White 36%, Hispanic/Latino 11%, Black or African American 6%, Native Hawaiian or Other Pacific Islander 0%, and Other 3%.

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<sup>15</sup> In this report, underrepresented minority includes respondents who indicated that they were Black/African American, Hispanic/Latino, and/or American Indian/Alaska Native.

- ❖ Twenty-one percent (21%) of respondents attended New Jersey high schools. Forty-two percent (42%) of respondents were from other countries and another 37% were from other states, including 9% from New York and 4% from Pennsylvania.
- Fifty-three percent (53%) of those who attended a New Jersey high school were female.

***Type and Location of Medical School:***

- ❖ Ninety percent (90%) of respondents attended an allopathic medical school.
- ❖ The percentage of respondents graduating from a New Jersey medical school rose slightly from 11% in 2009 to 17% in 2010. The specific breakdown was 10% New Jersey Medical School; 4% Robert Wood Johnson Medical School; 2% New Jersey School of Osteopathic Medicine).
- ❖ Nineteen percent (19%) of pediatric respondents attended medical school in another state.
- ❖ Sixty-four percent (64%) graduated from a medical school located in another country compared to 61% last year. Nineteen percent (19%) were Caribbean medical schools, or 29% of the IMG population.
  - While many IMG respondents indicated that they resided in another country at high school graduation, 53% hold a citizenship status of native born U.S., naturalized U.S., or permanent resident.
  - Seventy percent (70%) of IMG respondents were female.

***Educational Debt (U.S. Citizens only):***

- ❖ Seventy-five percent (75%) of pediatric respondents carried some level of educational debt (72% in 2009).
  - Fifty-five percent (55%) of physicians had educational debt totaling \$100,000 or more. Thirty-three percent (33%) had educational debt of \$200,000 or more, which is above the national levels (30%).
- ❖ Fifty-one percent (51%) of females and 63% of males had educational debt levels of \$100,000 or more.
- ❖ URMs and non-URMs had similar debt levels. Fifty-six percent (56%) of URMs and 56% of non-URMs had educational debt of \$100,000 or more.

**II. Planned Activities After Completion of Current Training Program (All Pediatric Respondents)**

*Section II summarizes the planned primary activity of pediatric survey respondents following completion of their current training program. Respondents were given the following choices: patient care/clinical practice, subspecializing/continuing training, chief residency, teaching/research, and other. Respondents who indicated they were entering patient care/clinical practice were asked if they had actively searched for a job and if they had secured a position. Only those respondents who had accepted a job offer were included in the subgroup "Patient Care with Confirmed Practice Plans" studied in the next section.*

- ❖ The percentage of pediatric respondents planning to enter patient care following completion of their current training program was 43%, down from 57% last year. Of these, 83% (compared to 71% in 2009) had confirmed practice plans.

- ❖ Thirty-seven percent (37%) of respondents, compared to 30% in 2009, planned to pursue additional subspecialty training and 77% of these residents planned to leave the state/country upon completion of the training program. Only 3% (one respondent) planned to return to New Jersey once training was complete.
- ❖ Eight percent (8%) of all respondents planned to work as chief residents, 1% planned to enter teaching/research, and 11% had “other” or “undecided” plans.
- ❖ When all residents were asked to describe their experiences finding an advanced training position, 13% indicated they found a desirable position in New Jersey and 35% thought there were better positions outside the state.

### III. Practice Plans of Pediatric Respondents with Confirmed Plans in Patient Care/Clinical Practice

*This section summarizes several characteristics of the practice plans of pediatric survey respondents with confirmed plans to enter patient care/clinical practice.*

#### ***Practice Location:***

- ❖ Thirty-three percent (33%), or 10 respondents, had confirmed plans entering practice in New Jersey (47% in 2009). Of these, 90% were remaining in the same city, county, or region in which they trained.
- ❖ Sixty-three percent (63%) of those with confirmed practice plans will be located in another state.
- ❖ Three percent (3%), or one respondent, had confirmed practice plans in another country.

#### ***Characteristics of physicians planning to stay in New Jersey:***

- Twenty percent (20%) attended an in-state medical school (all from the New Jersey School of Osteopathic Medicine).
- Respondents with confirmed practice plans in New Jersey come from these residency programs:
  - UMDNJ-Robert Wood Johnson Medical School (30%)
  - UMDNJ/SOM/Children’s Regional (20%)
  - Monmouth Medical Center (10%)
  - Mount Sinai School of Medicine (10%)
  - Newark Beth Israel Medical Center (10%)
  - St. Peters University Hospital (10%)
  - UMDNJ-New Jersey Medical School (10%)
- *Respondents attending a New Jersey medical school, regardless of where they grew up, were most likely to report plans to practice in New Jersey after completing training. In 2010, 33% of individuals who grew up in New Jersey planned to practice in New Jersey (compared to 33% of non-natives). Fifty percent (50%) of individuals who attended a New Jersey medical school planned to practice in New Jersey (compared to 31% of those attending a medical school outside the state). Of respondents who attended a New Jersey high school and medical school, none were staying in the state.*
- Sixty percent (60%) were female.

### *Characteristics of physicians planning to leave New Jersey:*

- When respondents who were planning to practice outside of New Jersey were asked their main reason for leaving, the most common responses were overall lack of jobs/training opportunities in New Jersey (30%) and better salary/compensation offered outside New Jersey (35%) followed by proximity to family (15%). Five percent (5%) of the respondents indicated that they never intended to practice in New Jersey.
- When all reasons for leaving the state were considered, answers most commonly given by respondents, in addition to the main reasons listed above, included the cost of living in New Jersey (69%), better jobs in desired practice setting outside New Jersey (44%), better jobs in desired locations outside New Jersey (44%) and better salary/compensation offered outside New Jersey (44%).
- Seventy-four percent (74%) of pediatric respondents who planned to leave the state (either for another state or another country) were female.

### *Demographics of Practice Location:*

- ❖ Thirteen percent (13%) of respondents reported entering practice in inner-city locations and only 10% were going to rural locations. Thirty percent (30%) indicated that they would be practicing in a HPSA (20% under obligation to fulfill visa and 10% voluntarily).
- ❖ While seventy-eight percent (78%) of IMG respondents with temporary visas were entering HPSAs, IMGs with permanent citizenship were more likely to be entering HPSAs than were USMGs (11% and 8%, respectively).

### *Principal Practice Setting:*

- ❖ Compared to all respondents, pediatric respondents had a similar profile with respect to principal practice setting.
- ❖ One-third (33%) of respondents were entering group practices (compared to 41% in 2009), and all of these individuals were going into groups as employees (although 33% may have option to become partner in the future).
- ❖ The majority of respondents (71%) said they would be employees in their upcoming practices with no level of ownership. Twenty-five percent (25%) said they may have the option to become an owner or partner at some point in the future. No respondents indicated they would be owners or partners with capital invested and a financial stake in their upcoming practices.
- ❖ Seven percent (7%) of pediatric respondents were planning to enter solo practice.
- ❖ One-third (33%) of respondents were entering practice in hospitals. Inpatient care was the most common setting (13%), followed by the emergency room (10%) and ambulatory care (10%) settings.

### *Expected Starting Income:*

- ❖ Pediatric residents generally report being satisfied with their anticipated salary/compensation.
- ❖ Seventy-five percent (75%) of pediatric residents were expecting a base salary during the first year of medical practice to be under \$160,000, and 89% expected first-year base salary to be under \$180,000.

- ❖ Fifty percent (50%) of pediatric residents expected a base salary range of \$100,000 to \$139,999.

#### ***Expected Weekly Number of Patient Care/Clinical Practice Hours:***

- ❖ There was a decrease in the expected weekly hours respondents, both females and males, expected to spend in patient care/clinical practice. Last year, most pediatrics respondents expected to spend in the range of 40-49 hours per week in patient care/clinical practice activities (all 58%; males 57%; females 58%). This year, the most commonly chosen range by respondents dropped to 30-39 hours per week (all 40%; males 56%; females 35%).
- ❖ *Females:* Similar to last year, 15% of female physicians expected to work 50 or more hours per week. Sixty-three percent (65%) of females expected to work 30-49 hours per week and 20% expected to work in the range of 0-29 hours per week.
- ❖ *Males:* Twenty-two percent (22%) of male physicians expected to work 50 or more hours per week. Seventy-eight percent (78%) of males expected to work 30-49 hours per week and none expected to work in the range of 0-29 hours per week.

#### **IV. Experiences Searching for a Practice Position**

*This section summarizes pediatric responses to several questions on their experiences in searching for a practice position and their general perceptions of the job market. Only those entering patient care/clinical practice were asked to complete this part of the survey. To eliminate potential bias, the responses of IMGs on temporary visas were excluded from some subsections below (as noted) since they had significantly more difficulty due to their visa status. Respondents who indicated they had not yet actively searched for a practice position were also excluded.*

#### ***Approaches Used in Job Search:***<sup>16</sup>

- ❖ A majority of respondents used third party representation (65%) and independent search activity online (68%). Social networking (32%) and independent search activity online (32%) were considered the most effective approaches to finding a job among pediatric residents, followed by third party representation (26%).

#### ***Percentage of Respondents Having Difficulty Finding a Satisfactory Practice Position (excludes IMGs on temporary visas):***

- ❖ Twenty-eight percent (28%) of pediatric respondents reported difficulty in finding a satisfactory practice position.
- ❖ The main reason for difficulty finding a satisfactory practice position was inadequate salary/compensation offered.

#### ***Important Considerations in Identifying Practice Opportunities***

- ❖ Twenty-six percent (26%) of pediatric respondents ranked a good financial package as the most important consideration in identifying a practice opportunity, followed by adequate call coverage (21%), geographic location/lifestyle (16%) and proximity to family (16%).

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<sup>16</sup> This subsection shows all the approaches used by respondents in their job search and the approach they indicated was most effective. In calculating the percentages for approaches used, the total respondents per strategy were: third party representation (N=26), independent search activity online (N=27), print/traditional want ad responses (N=16), residency program announcements/career fairs (N=18), social networking (N=20), and other (N=1). There were 31 respondents to the question about the most effective job search approach.

*Number of Job Offers Received (excludes IMGs on temporary visas):*

- ❖ Down from last year, 72% of respondents received and accepted a job offer for employment/practice positions. Forty-three percent (43%) of these physicians received one offer while another 43% received 2 or 3 offers.

*Perceptions of the Regional and National Job Markets (excludes IMGs on temporary visas):*

- ❖ Compared to last year, respondents' view of the regional job market was less positive. Only 50% thought there were many or some jobs for their specialty within New Jersey (88% in 2009) and one-third (33%) indicated that there were few or very few jobs (8% in 2009).
- ❖ Overall, respondents gave a more positive view of the national job market. Eighty-three percent (83%) of respondents thought there were many or some jobs for their specialty, compared to 96% in 2009.

## Appendix E:

**Table E-1: Detailed Results for Pediatric Respondents & All Respondents, 2009-2010**

SECTION I: Characteristics of Respondents	Pediatric Respondents		All Respondents	
	2010	2009	2010	2009
<b>Demographics</b>				
<b>% Female</b>	67%	75%	52%	49%
<b>% Native-born U.S./Naturalized U.S./Permanent Resident</b>	70%	70%	84%	81%
<i>Ethnicity:</i>				
% White	36%	44%	38%	38%
% Asian	44%	39%	45%	41%
% Hispanic/Latino	11%	7%	7%	8%
% Black or African American	6%	5%	8%	9%
% Native Hawaiian or Other Pacific Islander	0%	1%	1%	1%
% Two or More Races	3%	4%	2%	3%
% URMs	17%	13%	14%	17%
<b>% from New Jersey High School</b>	21%	30%	25%	23%
% Females	53%	79%	51%	48%
<b>% from Other Countries:</b>	42%	43%	36%	44%
<b>% from Other States</b>	37%	27%	39%	33%
% from New York High School	9%	5%	12%	9%
% from Pennsylvania High School	4%	6%	5%	4%
<b>Medical School Characteristics</b>	2010	2009	2010	2009
<b>% Allopathic Medical School</b>	90%	84%	80%	87%
<b>% New Jersey Medical School</b>	17%	11%	18%	14%
<i>New Jersey Medical School</i>	10%	7%	7%	5%
<i>Robert Wood Johnson Medical School</i>	4%	2%	5%	5%
<i>New Jersey School of Osteopathic Medicine</i>	2%	2%	6%	4%
<b>% Medical School in Another State</b>	19%	28%	27%	27%
<b>% Medical School in Another Country</b>	64%	61%	55%	59%
% U.S. Native, Naturalized, or Permanent Resident	53%	51%	71%	69%
% from Caribbean Medical School	19%	N/A	29%	N/A
% Female	70%	70%	51%	47%
<b>Debt Characteristics (U.S. Citizens Only)</b>	2010	2009	2010	2009
<b>% Carrying Some Level of Debt</b>	75%	72%	73%	71%
<b>% Carrying Debt Totaling \$100,000 or More</b>	55%	60%	57%	52%
<b>% Carrying Debt Totaling \$200,000 or More</b>	33%	22%	29%	23%
<b>% Females Carrying Debt of \$100,000 or More</b>	51%	57%	54%	53%
<b>% Males Carrying Debt of \$100,000 or More</b>	63%	71%	60%	50%
<b>% URMs Carrying Debt of \$100,000 or More</b>	56%	50%	69%	53%
<b>% Non- URMs Carrying Debt of \$100,000 or More</b>	55%	61%	54%	52%

SECTION II: Planned Activities After Completion of Current Training Program	Pediatric Respondents		All Respondents	
	2010	2009	2010	2009
<b>% Planning to Enter Patient Care</b>	43%	57%	52%	51%
% With Confirmed Practice Plans	83%	70%	78%	76%

SECTION II: Planned Activities After Completion of Current Training Program	Pediatric Respondents		All Respondents	
	2010	2009	2010	2009
<b>% Planning to Pursue Additional Training</b>	<b>37%</b>	<b>30%</b>	<b>35%</b>	<b>39%</b>
<i>% Planning to Leave State/Country</i>	77%	100%	68%	70%
<i>% Planning to Return to New Jersey Once Training Complete</i>	3%	3%	10%	17%
<b>% Planning to Work as Chief Residents</b>	<b>8%</b>	<b>6%</b>	<b>3%</b>	<b>2%</b>
<b>% Planning to Work in Teaching/Research</b>	<b>1%</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>
<b>% With "Other" or "Undecided" Plans</b>	<b>11%</b>	<b>4%</b>	<b>8%</b>	<b>7%</b>

SECTION III: Practice Plans of Respondents with Confirmed Plans to Enter Patient Care	Pediatric Respondents		All Respondents	
	2010	2009	2010	2009
<b>Location of Respondents with Confirmed Plans in Patient Care</b>	<b>2010</b>	<b>2009</b>	<b>2010</b>	<b>2009</b>
<b>% With Confirmed Plans and Entering Practice in NJ</b>	<b>33%</b>	<b>47%</b>	<b>37%</b>	<b>32%</b>
<i>% Remaining in Same City/County As Training</i>	30%	33%	35%	27%
<i>% Remaining in Same Region As Training</i>	60%	39%	39%	38%
<i>% Who Attended NJ Medical School</i>	20%	28%	34%	27%
<i>% Female</i>	60%	78%	52%	57%
<b>% of NJ Natives With Confirmed Plans Who Will Practice in NJ</b>	<b>33%</b>	<b>92%</b>	<b>67%</b>	<b>67%</b>
<b>% of NJ Medical School Students With Confirmed Plans Who Will Practice in NJ</b>	<b>50%</b>	<b>83%</b>	<b>78%</b>	<b>65%</b>
<b>% of NJ Natives <u>and</u> NJ Medical School Students With Confirmed Practice Plans in NJ</b>	<b>0%</b>	<b>80%</b>	<b>79%</b>	<b>65%</b>
<b>% With Confirmed Plans Entering Practice in Another State</b>	<b>63%</b>	<b>53%</b>	<b>62%</b>	<b>68%</b>
<i>% Female</i>	60%	85%	48%	48%
<b>% With Confirmed Plans Entering Practice in Another Country</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<b>% With Confirmed Plans in Another State or Country</b>				
<i>Main Reason for Leaving NJ:</i>				
<i>% Citing Overall Lack of Jobs in NJ:</i>	30%	11%	13%	7%
<i>% Citing Better Salary/Compensation Offered Outside NJ:</i>	35%	6%	18%	21%
<i>% Citing Better Jobs Outside NJ That Meet Visa Status Requirements:</i>	0%	39%	9%	12%
<i>% Citing Proximity to Family:</i>	15%	22%	16%	22%
<i>% Citing Never Intended to Practice in NJ</i>	5%	6%	10%	6%
<i>Most Common Reasons for Leaving NJ:</i>				
<i>% Citing Cost of Living in NJ</i>	69%	57%	62%	56%
<i>% Citing Better Salary/Compensation Offered Outside NJ</i>	44%	50%	60%	64%
<b>Practice Location Demographics</b>	<b>2010</b>	<b>2009</b>	<b>2010</b>	<b>2009</b>
<b>% Entering Practice in Inner-City Locations</b>	<b>13%</b>	<b>26%</b>	<b>16%</b>	<b>18%</b>
<b>% Entering Practice in Rural Locations</b>	<b>10%</b>	<b>8%</b>	<b>8%</b>	<b>9%</b>
<b>% Entering Practice in a HPSA</b>	<b>30%</b>	<b>24%</b>	<b>17%</b>	<b>19%</b>
<b>Practice Setting and Ownership</b>	<b>2010</b>	<b>2009</b>	<b>2010</b>	<b>2009</b>
<b>% Entering Group Practice</b>	<b>33%</b>	<b>41%</b>	<b>35%</b>	<b>42%</b>
<i>% Going into Group as Employee</i>	100%	60%	96%	95%
<b>% Entering Solo Practice</b>	<b>7%</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>
<b>% Entering Practice in Hospitals</b>	<b>33%</b>	<b>41%</b>	<b>44%</b>	<b>40%</b>
<i>% Inpatient Care</i>	13%	22%	24%	26%
<i>% Emergency Rooms</i>	10%	11%	11%	9%
<i>% Ambulatory Care</i>	10%	8%	9%	5%
<b>% Becoming Employees with No Ownership</b>	<b>71%</b>	<b>66%</b>	<b>59%</b>	<b>61%</b>
<b>% Who May Have Option to Become Owner/Partner in Future</b>	<b>25%</b>	<b>32%</b>	<b>29%</b>	<b>34%</b>

SECTION III: Practice Plans of Respondents with Confirmed Plans to Enter Patient Care	Pediatric Respondents		All Respondents	
% Becoming Owner/Partner with Capital Invested & Financial Stake	0%	3%	7%	2%
<b>Expected Starting Income and Weekly Number of Practice Hours</b>	<b>2010</b>	<b>2009</b>	<b>2010</b>	<b>2009</b>
% Expecting Base Salary to be Under \$160,000 in First Year	75%	86%	41%	43%
% Expecting Base Salary to be \$160,000 or More in First Year	25%	14%	59%	57%
% Expecting Base Salary to be in the \$100,000- \$139,999 range in First Year	50%	60%	21%	15%
% Expecting to work 40-49 hours	30%	57%	35%	43%
% Females Expecting to work over 50 or more hours per week	15%	13%	23%	21%
% Males Expecting to work over 50 or more hours per week	22%	29%	33%	41%

SECTION IV: Experiences Searching for a Practice Position (IMGs on Temporary Visas Excluded)	Pediatric Respondents		All Respondents	
<b>All Approaches Used in Job Search (IMGs on temporary visas included)</b>	<b>2010</b>	<b>2009*</b>	<b>2010</b>	<b>2009</b>
% Using Third Party Representation	65%	67%	70%	70%
% Using Social Networking	50%	59%	58%	50%
% Using Independent Search Activity Online	68%	57%	68%	64%
% Using Residency Program Announcements/Career Fairs	45%	52%	44%	44%
<b>Most Effective Approaches Used in Job Search (IMGs on temporary visas included)</b>	<b>2010</b>	<b>2009*</b>	<b>2010</b>	<b>2009</b>
% Citing Third Party Representation	26%	33%	31%	38%
% Citing Independent Search Activity Online	32%	31%	25%	29%
% Citing Social Networking	32%	31%	31%	25%
<b>Amount of Difficulty Finding a Satisfactory Practice Position</b>	<b>2010</b>	<b>2009*</b>	<b>2010</b>	<b>2009</b>
% Who Had Difficulty Finding a Satisfactory Practice Position	28%	39%	37%	27%
% Citing Lack of Jobs in Desired Locations	20%	50%	32%	34%
% Citing Inadequate Salary/Compensation	80%	25%	17%	20%
% Citing Lack of Jobs in Desired Practice Setting	0%	13%	12%	20%
<b>Number of Job Offers</b>	<b>2010</b>	<b>2009*</b>	<b>2010</b>	<b>2009</b>
% Who Received at Least One Job Offer	72%	94%	89%	97%
% Who Received Two or Three Offers	43%	53%	50%	49%
<b>Perception of the Regional &amp; National Markets</b>	<b>2010</b>	<b>2009*</b>	<b>2010</b>	<b>2009</b>
% Who Viewed Regional Market Positively	50%	94%	58%	75%
% Who Viewed National Market Positively	83%	100%	84%	94%

\* The 2009 data listed above may differ slightly from percentages published in the 2009 report due to a slightly different filtering process that was applied to these data in the 2010 analysis.

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Figure 4.2 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position and Having to Change Plans Due to Limited Practice Opportunities by Location of Medical School and Citizenship Status (of 2010 Respondents who have Searched for a Job)

Figure 4.3 Main Reason for Difficulty Finding a Satisfactory Practice Position (of 2010 Respondents who Reported Having Difficulty, IMGs on Temporary Visas Excluded)

Figure 4.4 Percent of Respondents Having Difficulty Finding a Satisfactory Practice Position by Specialty Group (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Figure 4.5 Respondents' Top Three Considerations in Identifying Practice Opportunities (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded).

Figure 4.6 Number of Respondents Who Were Offered a Job (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded).

Figure 4.7 Number of Job Offers Received (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded).

Figure 4.8 Respondents' Assessment of the New Jersey Job Market by Specialty Group (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Figure 4.9 Respondents' Assessment of the National Job Market by Specialty Group (of 2010 Respondents who have Searched for a Job, IMGs on Temporary Visas Excluded)

Table A-1: 2010 Exit Survey Response by Specialty and Report Section

Table C-1: 2010 Exit Survey Specialty Mappings

Table E-1: Detailed Results for Pediatric Respondents & All Respondents