

PHYSICIAN WORKFORCE SURVEY

We recognize the importance of assessing Florida's current and future physician workforce. Section 381.4018, Florida Statutes requires that the Department of Health evaluate the geographic distribution and specialty mix of active Florida Physicians through this survey. Your responses will be instrumental in shaping Florida's healthcare policies. Your time and effort in completing the questions below is appreciated.

License Number _____ **Name** _____
D.O. ____ **M.D.** ____ **(Please check one)**

1. Do you practice medicine at any time during the year in Florida?
- Yes. If yes, please proceed to question 2.
- No. If No,
- 1a. The main reason you have a Florida license, but don't practice medicine is (choose only one)
- Retired
- Malpractice Insurance Rates
- Liability Exposure
- Medicare/Medicaid Reimbursement Rates
- Private Health Plan Reimbursement Rates
- Planning to move to Florida
- Do not maintain a full-time residence in Florida
- Other
- 1b. Do you plan to relocate to Florida?
- In 1-2 years
- In 3-4 years
- Do not plan to relocate
- 1c. My specialty is: _____
(Please use drop down menu of specialty choices)

If you DO NOT practice medicine or otherwise work as a physician in Florida, you are now finished with the survey. Thank you.

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2. How many months did you practice in Florida in the last 12 months?

- 1-2 months 7-8 months
 3-4 months 9-10 months
 5-6 months 11-12 months

3. List your primary specialty of your current clinical practice and its total hours per week.

Numeric Code	Specialty Area (<i>Please use specialty list provided</i>)	0-10 Hrs Per Week	11-20 Hrs Per Week	21-29 Hrs Per Week	30-39 Hrs Per Week	40-49 Hrs Per Week	50 or More Hrs Per Week

4. List any other specialty of your current clinical practice and total hours associated with each specialty per week.

Numeric Code	Specialty Area (<i>Please use specialty list provided</i>)	0-10 Hrs Per Week	11-20 Hrs Per Week	21-29 Hrs Per Week	30-39 Hrs Per Week	40-49 Hrs Per Week	50 or More Hrs Per Week

5. Please list your *primary* work location by county (Please use county list provided).

Numeric Code	County Name	0-10 Hrs Per Week	11-20 Hrs Per Week	21-29 Hrs Per Week	30-39 Hrs Per Week	40-49 Hrs Per Week	50 or More Hrs Per Week

6. Please list any other work locations by county (Please use county list provided).

Numeric Code	County Name	0-10 Hrs Per Week	11-20 Hrs Per Week	21-29 Hrs Per Week	30-39 Hrs Per Week	40-49 Hrs Per Week	50 or More Hrs Per Week

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7. Of your total hours worked in a week, how many hours do you spend on:

a. Patient care (office and hospital)

- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-54
- 55-60
- 61 or more

b. Administrative Matters

- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-54
- 55-60
- 61 or more

c. Research and Teaching

- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-54
- 55-60
- 61 or more

8. How many patients on average do you see per week (office and hospital)?

- 0-25
- 26-50
- 51-75
- 76-100
- 101-125
- 126-150
- 151-175
- 176-200
- 201 or more

9. Which setting best describes where the **majority** of your practice occurs? (*Choose only one*)

- Office Practice-Solo Practice
- Office Practice-Group Practice – Single specialty
- Office Practice-Group Practice – Multi-specialty
- Hospital – Hospital Based Physician (Non-Emergency)
- Hospital – Other
- Hospital – Hospitalist
- Hospital – Outpatient Dept
- Hospital Emergency Room
- County Health Department
- Urgent Care Center
- Nursing Home/Extended Care Facility
- Volunteer Free Clinic
- Federally Qualified Health Center
- Ambulatory Surgery Center
- Other

10. If you are an employed physician, is your employer:

- Medical School or Parent University
- Government Agency
- Staff or Group HMO
- Other

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11. Are you currently enrolled in an internship, residency, or fellowship program?
 Yes _____ (Specialty) _____ (Year-PGY1, 2, 3,4, 5, 6, or 7)
 No
12. What was your total debt at the time of graduation from medical school?
 No Debt
 Less than \$25,000
 More than \$25,000, but less than \$50,000
 More than \$50,000, but less than \$75,000
 More than \$75,000, but less than \$100,000
 More than \$100,000, but less than \$125,000
 More than \$125,000, but less than \$150,000
 \$150,000 or more

If you are CURRENTLY enrolled in an internship, residency or fellowship program, please stop here. Thank you for your time in completing this survey.

13. Do you have hospital privileges?
 Yes
 No
- 13a. If yes, at how many individual hospitals do you have hospital privileges?
 1
 2
 3
 4 or more
- 13b. If no, is the decision to not have hospital privileges voluntary?
 Yes
 No
14. Do you provide on-call emergency room coverage (NOT Emergency Department Physician)?
 Yes
 No
 If no,
 14 a. The main reason I do not provide on-call coverage is (choose only one):
- | | |
|--|---|
| <input type="radio"/> Exempt by hospital by-laws | <input type="radio"/> Malpractice Insurance |
| <input type="radio"/> Emergency Department Physician | <input type="radio"/> Liability Exposure |
| <input type="radio"/> Retired | <input type="radio"/> Compensation |
| <input type="radio"/> Lifestyle Considerations | <input type="radio"/> Other |

Thank you, please move to question 15.

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If yes:

14 b. At how many individual hospitals do you provide on-call emergency room coverage?

- 1
- 2
- 3
- 4 or more

14 c. How many total days per month do you take emergency call?

- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- 11 or more

14 d. During the past 2 years, has the number of emergency on-call days

- Increased
- Decreased
- Stayed the same

14 e. If you are decreasing your on-call days, what is the main reason?

- | | |
|---|---|
| <input type="radio"/> Retiring | <input type="radio"/> Compensation |
| <input type="radio"/> Lifestyle Considerations | <input type="radio"/> Malpractice Insurance Rates |
| <input type="radio"/> Liability Exposure | <input type="radio"/> Work in an Urgent Care Clinic |
| <input type="radio"/> Private Health Plan Reimbursement Rates | <input type="radio"/> Other |
| <input type="radio"/> Medicare/Medicaid Reimbursement Rates | |

15. Do you take trauma call, or attend to trauma patients, at a verified trauma center?

Yes

a. If yes, which type?

- Level I
- Level II
- Pediatric
- More than one of the above

No.

16. Are you currently accepting new Medicare patients in your practice?

Yes

No

16a. If no, what is the main reason you are not accepting new Medicare patients?

- Low Compensation
- Billing Requirements
- Too Much Paperwork
- Practice is at full capacity
- Concerned about Fraud Issues

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17. Are you currently accepting new Medicaid patients in your practice?

Yes

No

17 a. If no, what is the main reason you are not accepting new Medicaid patients?

Low Compensation

Billing Requirements

Too Much Paperwork

Practice is at full capacity

Concerned about Fraud Issues

18. Do you plan to retire in the next 5 years?

No

Yes

18 a. If yes, the main reason for retiring (Check only one):

Time to retire

Compensation

Family

Liability Exposure

Private Health Plan Reimbursement Rates

Medicare/Medicaid Reimbursement Rates

Malpractice Insurance Rates

Other

18 b. If yes, do you plan to have a limited license for volunteering?

yes

no

19. Do you plan to move to work in another state in the next 5 years?

No

Yes _____ (Drop Down State or Out of Country)

19 a. If yes, the main reason for moving to work in another state:

Family

Compensation

Liability Exposure

Malpractice Insurance Rates

Medicare/Medicaid Reimbursement Rates

Private Health Plan Reimbursement Rates

Looking for a change

Education / training in another state

Other

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20. Do you plan to change your specialty in the next 5 years?

Yes _____(Drop Down Specialty List for Your New Specialty)

No

20a. If yes, the main reason for changing your specialty:

Family

Malpractice Insurance Rates

Liability Exposure

Medicare/Medicaid Reimbursement Rates

Private Health Plan Reimbursement Rates

Compensation

Education / training in another state

Potential for Higher Compensation

Other

Please review the following list of specialties and answer the questions associated with what you have indicated to be your primary specialty (question 3) and any additional specialty (question 4) of your current clinical practice. If you have indicated a specialty without associated questions, please stop here. Thank you for completing the survey.

Thank you for completing the survey.

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If yes, in which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|---|--|
| <input type="radio"/> Internal Medicine | <input type="radio"/> Heart Failure & Transplant |
| <input type="radio"/> General Cardiology | <input type="radio"/> Nuclear Cardiologist |
| <input type="radio"/> Interventional Cardiology | <input type="radio"/> Pediatric Cardiology |
| <input type="radio"/> ECHO | <input type="radio"/> Vascular Medicine |
| <input type="radio"/> Electrophysiology | <input type="radio"/> MR/CT Cardiologist |
| <input type="radio"/> All of the Above | |

ENDOCRINOLOGY

Did you do a post-residency Endocrinology fellowship?

- No
 Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|---|---|
| <input type="radio"/> Internal Medicine | <input type="radio"/> Thyroid Disease |
| <input type="radio"/> Adult Endocrinology | <input type="radio"/> Pediatric Endocrinology |
| <input type="radio"/> Diabetes Mellitus | <input type="radio"/> All of the Above |

GASTROENTEROLOGY

Did you do a post-residency Gastroenterology fellowship?

- No
 Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|---|---|
| <input type="radio"/> Internal Medicine | <input type="radio"/> Hepatology |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Pediatrics |
| <input type="radio"/> ERCP | <input type="radio"/> Endoscopic Ultrasound |
| <input type="radio"/> All of the Above | |

GENETICS

Did you do a post-residency Genetics fellowship?

- No
 Yes In which (Please choose one)
 Clinical Genetics
 Biochemical Genetics
 Molecular Genetics
 Cytogenetics
 Other

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If yes, in which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|--|--|
| <input type="radio"/> Prenatal Genetics | <input type="radio"/> Chromosome Disorders |
| <input type="radio"/> Adult Genetics | <input type="radio"/> Neuromuscular Disorders |
| <input type="radio"/> Cancer Genetics | <input type="radio"/> Developmental Delay/Autism |
| <input type="radio"/> Biochemical Genetics | <input type="radio"/> Dysmorphology |
| <input type="radio"/> Molecular Genetics (190) | <input type="radio"/> Cytogenetics |
| <input type="radio"/> Internal Medicine | <input type="radio"/> Pediatrics |
| <input type="radio"/> All of the Above | |

GERIATRICS

Did you do a post-residency Geriatrics fellowship?

- No
 Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|--|---|
| <input type="radio"/> Internal Medicine | <input type="radio"/> Family Medicine |
| <input type="radio"/> Geriatric consultation | <input type="radio"/> Nursing home care |
| <input type="radio"/> Geriatric primary care | <input type="radio"/> All of the Above |

HEMATOLOGY

Did you do a post-residency Hematology fellowship?

- No
 Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|---|---|
| <input type="radio"/> Internal Medicine | <input type="radio"/> Hemophilia diseases |
| <input type="radio"/> Oncology | <input type="radio"/> Hematology |
| <input type="radio"/> All of the Above | |

ONCOLOGY

Did you do a post-residency Oncology fellowship?

- No
 Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|---|---|
| <input type="radio"/> Internal Medicine | <input type="radio"/> Hemophilia diseases |
| <input type="radio"/> Hematology | <input type="radio"/> Oncology |
| <input type="radio"/> All of the Above | |

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HEMATOLOGY & ONCOLOGY

Did you do a post-residency fellowship in Hematology & Oncology?

No

Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

Oncology

Hemophilia diseases

Hematology

All of the Above

INFECTIOUS DISEASE

Did you do a post-residency Infectious Disease fellowship?

No

Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

Internal Medicine

General Pediatrics

Adult Infectious Diseases

Pediatric Infectious Diseases

HIV/AIDS

All of the Above

NEPHROLOGY

Did you do a post-residency Nephrology fellowship?

No

Yes , In (Please choose one)

Adult Nephrology

Pediatric Nephrology

Renal Transplantation

ICU Nephrology

Interventional Nephrology

Dialysis Patient Care

In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

Internal Medicine

Pediatric Nephrology

Renal Transplantation

Dialysis Patient Care

ICU Nephrology

Dialysis Unit Administration

Interventional Nephrology

Adult Nephrology

All of the Above

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PULMONARY DISEASE

Did you do a post-residency Pulmonary fellowship?

No

Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

Internal Medicine

Critical Care / ICU

Sleep Medicine

Pulmonary outpatient

All of the Above

CRITICAL CARE MEDICINE

Did you do a post-residency Critical Care fellowship?

No

Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

ICU

Your primary specialty

Burn unit

Trauma unit

All of the Above

RHEUMATOLOGY

Did you do a post-residency Rheumatology fellowship?

No

Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

Internal Medicine

Clinical Research

Pediatric Rheumatology

Adult Rheumatology

All of the Above

SPORTS MEDICINE

Did you do a post-residency Sports Medicine fellowship?

No

Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

Internal Medicine

Sports Medicine

Family Medicine

All of the Above

SLEEP MEDICINE

DH MQA 1119, 08/09

License Number _____

Rule Number 64B-9.002

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In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|---|---|
| <input type="radio"/> General Dermatology | <input type="radio"/> Dermatopathology |
| <input type="radio"/> Skin Cancer Surgery | <input type="radio"/> Pediatric Dermatology |
| <input type="radio"/> Moh's Surgery | <input type="radio"/> Cosmetic Dermatology |
| <input type="radio"/> All of the Above | |

Do you see inpatient Hospital Consults?

- Yes
 No
-

NEUROLOGY

Did you do a post-residency fellowship?

- No
 Yes, In which area:
 Electrophysiology
 Rehabilitation
 EEG
 Stroke
 Sleep
 Other

In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|--|--|
| <input type="radio"/> Adult Neurology | <input type="radio"/> Clinical neurophysiology |
| <input type="radio"/> Pediatric Neurology | <input type="radio"/> Neuromuscular medicine |
| <input type="radio"/> Hospital based neurology (no office) | <input type="radio"/> Neuromuscular disabilities |
| <input type="radio"/> Primarily office-based/some hospital | <input type="radio"/> Pain medicine |
| <input type="radio"/> Primarily hospital-based/some office | <input type="radio"/> Academic practice |
| <input type="radio"/> Sleep medicine | <input type="radio"/> All of the Above |
-

PHYSICAL MEDICINE

Did you do a post residency fellowship?

- No
 Yes In which area:
 Pain Medicine Pediatric Rehabilitation
 Spinal Cord Medicine Sports Medicine
 Hospice & Palliative Medicine Other
 Neuromuscular Medicine Other

In which state? _____ (Please use state menu)

PHYSICIAN WORKFORCE SURVEY

Check the circles if you will see a particular category of patient

- | | |
|--|--|
| <input type="radio"/> Adult Rehabilitation | <input type="radio"/> Pediatric Rehabilitation |
| <input type="radio"/> Electrodiagnosis | <input type="radio"/> Sports Medicine |
| <input type="radio"/> Pain Medicine | <input type="radio"/> Research |
| <input type="radio"/> Teaching | <input type="radio"/> Other |
| <input type="radio"/> All of the Above | |
-

PSYCHIATRY

Did you do a post-residency fellowship?

- No
- Yes, In which area:
- Geriatrics
 - Addictions
 - Forensics
 - Child and Adolescents
 - Other

In which state? _____ (Please use state menu)

Do you admit, consult or treat patients at a hospital?

- No
- Yes

Do you admit, consult or treat patients at a residential treatment program?

- No
- Yes

Check the circles if you will see a particular category of patient

- | | |
|--|---------------------------------|
| <input type="radio"/> Geriatrics | <input type="radio"/> Forensics |
| <input type="radio"/> Addictions | <input type="radio"/> Children |
| <input type="radio"/> All of the Above | |
-

PAIN MEDICINE

Did you do a post-residency fellowship in Pain Medicine?

- No
- Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|---|--|
| <input type="radio"/> Interventional treatment | <input type="radio"/> Medical management |
| <input type="radio"/> Legal work / review cases | <input type="radio"/> Auto cases |
| <input type="radio"/> Hospital consults | <input type="radio"/> Primary specialty |
| <input type="radio"/> All of the Above | |

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GENERAL SURGERY

Did you do a post-residency fellowship?

- No
- Yes, In which area:
- Vascular
 - Pediatric
 - Hand
 - Colon & Rectal
 - Critical Care
 - Other

In which state? _____ (Please use the state menu)

Check the circles if you will see a particular category of patient

- | | |
|--|--|
| <input type="radio"/> Trauma | <input type="radio"/> Vascular Surgery |
| <input type="radio"/> Breast cancer | <input type="radio"/> Pediatric Surgery |
| <input type="radio"/> Gynecologic Surgery | <input type="radio"/> Hand Surgery |
| <input type="radio"/> Colon & Rectal Surgery | <input type="radio"/> Critical Care Medicine |
| <input type="radio"/> All of the Above | |

CARDIAC / THORACIC SURGERY

Are you board certified in Cardiothoracic Surgery?

- No
- Yes _____ (enter 4-digit year)

Did you do a post-residency fellowship?

- No
- Yes , In which area?
- Pediatrics
 - Transplantation
 - Other

In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|--|--|
| <input type="radio"/> Adult hearts | <input type="radio"/> Thoracic Surgery |
| <input type="radio"/> Pediatric hearts | <input type="radio"/> Vascular Surgery |
| <input type="radio"/> Transplantation | <input type="radio"/> General Surgery |
| <input type="radio"/> All of the Above | |
-

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COLON & RECTAL SURGERY

Did you do a post-residency fellowship in Colon & Rectal Surgery?

No

Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

Anal & perianal disease

Colon and rectal cancer

Inflammatory bowel disease

Constipation and motility disorders

All of the above

HAND SURGERY

Did you do a post-residency fellowship in Hand Surgery?

No

Yes In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

Trauma

Reconstructive

Microvascular

All of the above

Do you take call for replantation surgery? Yes No

NEUROLOGICAL SURGERY

Did you do a post-residency fellowship?

No

Yes, In which area:

Spine

Cerebrovascular

Pediatric

Tumor

Functional

Other

In which state? _____ (Please use state menu)

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Check the circles if you will see a particular category of patient

- | | |
|--|---|
| <input type="radio"/> General Neurosurgery | <input type="radio"/> Spinal Surgery |
| <input type="radio"/> Trauma | <input type="radio"/> Peripheral Nerve |
| <input type="radio"/> Brain Tumor | <input type="radio"/> Pain / Functional |
| <input type="radio"/> Cerebrovascular | <input type="radio"/> Radiosurgery |
| <input type="radio"/> Pediatric Neurosurgery | <input type="radio"/> Endovascular |
| <input type="radio"/> All of the above | |
-

OPHTHALMOLOGY

Did you do a post-residency fellowship?

- No
- Yes In which area?
- Retina
 - Cataract
 - Cornea
 - Glaucoma
 - Pediatric
 - Plastic
 - Other

Check the circles if you will see a particular category of patient

- | | |
|---|--|
| <input type="radio"/> General Ophthalmology | <input type="radio"/> Pediatrics-Strabismus |
| <input type="radio"/> Cornea- External Diseases | <input type="radio"/> Neuro-Ophthalmology |
| <input type="radio"/> Retinal Diseases | <input type="radio"/> Ophthalmic Plastic Surgery |
| <input type="radio"/> Glaucoma | <input type="radio"/> All of the above |
-

ORTHOPEDIC SURGERY

Did you do a post-residency fellowship?

- No
- Yes, In which area?
- | | |
|--------------------------------------|--------------------------------------|
| <input type="radio"/> Reconstructive | <input type="radio"/> Oncology |
| <input type="radio"/> Sports | <input type="radio"/> Spine |
| <input type="radio"/> Trauma | <input type="radio"/> Ankle/Foot |
| <input type="radio"/> Pediatrics | <input type="radio"/> Shoulder/Elbow |
| <input type="radio"/> Hand | <input type="radio"/> Other |

In which state? _____ (Please use state menu, page 35)

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Check the circles if you will see a particular category of patient

- | | |
|--|--------------------------------------|
| <input type="radio"/> General Orthopedics | <input type="radio"/> Hand |
| <input type="radio"/> Adult reconstruction | <input type="radio"/> Shoulder/elbow |
| <input type="radio"/> Sports Medicine | <input type="radio"/> Ankle/foot |
| <input type="radio"/> Trauma | <input type="radio"/> Oncology |
| <input type="radio"/> Pediatrics | <input type="radio"/> Spine |
| <input type="radio"/> All of the above | |
-

OTOLARYNGOLOGY

Did you do a post-residency fellowship?

- No
- Yes, in which area?
- Pediatrics
 - Plastic
 - Cancer
 - Otology
 - Oncology
 - Other

In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|--|---|
| <input type="radio"/> General Otolaryngology | <input type="radio"/> General Otology |
| <input type="radio"/> Pediatric Otolaryngology | <input type="radio"/> Rhinology |
| <input type="radio"/> Otology, Neurotology, Skull Base surgery | <input type="radio"/> Laryngology/Voice |
| <input type="radio"/> Head and Neck Cancer Surgery | <input type="radio"/> Facial Plastics |
| <input type="radio"/> All of the above | |

If you take ER call, do you take:

- | | | |
|--------------------------------------|---------------------------|--------------------------|
| ER Call for General Otolaryngology | <input type="radio"/> Yes | <input type="radio"/> No |
| ER Call for Pediatric Otolaryngology | <input type="radio"/> Yes | <input type="radio"/> No |
| ER Call for Maxillofacial trauma | <input type="radio"/> Yes | <input type="radio"/> No |
-

PEDIATRIC SURGERY

Did you do a post-residency fellowship in Pediatric Surgery?

- No
- Yes In which state? _____ (Please use state menu)

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Check the circles if you will see a particular category of patient

- Neonatal (age 0-30 days, or admitted to NICU, regardless of age)
 Infants (age 0-1 year)
 Toddlers (age 1-5 years) Adolescents (age >12 years)
 Children (age 6-12 years) Adult General Surgery
 All of the above

PLASTIC SURGERY

Are you board certified in Plastic Surgery?

- No
 Yes _____ (enter 4-digit year)

Did you do a post-residency fellowship?

- No
 Yes, in which area?
 Pediatric
 Craniofacial
 Aesthetic
 Hand
 Burns

In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- Trauma/burns Maxillofacial
 Hand/Microsurgery Aesthetic/Breast
 Reconstructive Pediatric/Craniofacial
 All of the above

If you take ER call, do you take call for

- Hand Surgery Yes No
 Maxillofacial trauma Yes No
 General Plastic Surgery Yes No

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UROLOGY

Did you do a post-residency fellowship?

- No
- Yes, in which area?
 - pediatrics
 - oncology

In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- Adult Urology patients Pediatric Urology patients

Check any of the procedures you will perform:

- radical cystectomy
- radical prostatectomy
- robotic surgery
- penile prosthesis
- male incontinence surgery
- female incontinence/pelvic floor reconstruction surgery
- All of the above

Do you use physician extenders?

- No
- Yes

Are you employed by a hospital?

- No
- Yes

Do you accept Medicaid?

- No
- Yes

VASCULAR SURGERY

Did you do a post-residency fellowship in Vascular Surgery?

- No
- Yes In which state? _____ (Please use state menu)

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Check the circles if you will see a particular category of patient

- | | |
|---|---|
| <input type="radio"/> General Surgery | <input type="radio"/> Aorta endografts |
| <input type="radio"/> Mesenteric bypass | <input type="radio"/> Renal artery stents |
| <input type="radio"/> Carotid stents | <input type="radio"/> Peripheral angiograms |
| <input type="radio"/> All of the above | |

OB-GYN

Do you deliver babies?

- No
 Yes

How many routine deliveries do you perform per month?

- None
 1 - 10 per month
 11 – 20 per month
 21 – 30 per month
 31 or more per month

How many high risk deliveries do you perform per month?

- None
 1 - 10 per month
 11 – 20 per month
 21 – 30 per month
 31 or more per month

How many C-Sections do you perform per month?

- None
 1 - 10 per month
 11 – 20 per month
 21 – 30 per month
 31 or more per month

How many emergency room deliveries do you perform per month for patients having minimal or no “known” prenatal care?

- None
 1 - 10 per month
 11 – 20 per month
 21 – 30 per month
 31 or more per month

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How many assists or consultative services do you perform per month?

- None
- 1 - 10 per month
- 11 – 20 per month
- 21 – 30 per month
- 31 or more per month

Are you planning to discontinue doing obstetric care for any reason in the next two years?

- Yes
- No
 - a. If yes, check all reasons that apply:
 - Retired
 - Cost of Professional Insurance
 - Medical Malpractice Litigation
 - Liability Exposure
 - Government Reimbursement Rates
 - Private Health Plan Reimbursement Rates
 - Planning to move out-of-state
 - Do not maintain a full-time residence in Florida
 - Other

Are you protected by the NICA program?

- Yes
- No
 - a. If no, what is the most important reason (pick only one)
 - Too costly
 - Inadequate protection
 - I don't know anything about the program
 - Other

PHYSICIAN WORKFORCE SURVEY

PEDIATRICS

Did you do a post-residency fellowship?

No

Yes, in which area?

Adolescent

Pediatric critical care medicine

Pediatric emergency medicine

Pediatric cardiology

Pediatric endocrinology

Pediatric hematology/oncology

Pediatric infectious diseases

Developmental-Behavioral Pediatrics

Neonatal-perinatal medicine

Pediatric pulmonology

Pediatric nephrology

Pediatric rheumatology

Pediatric gastroenterology

Pediatric sports medicine

Other

In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

Hospital Practice

Office Practice

Neonatology

Public Health

Pediatric Intensivist

Medical School Teaching

Pediatric Hospitalist

Administrative Medicine

Pediatric Emergency Care

All of the above

Are you working full time? Yes No

If No, is this a personal choice? Yes No

Is this due to limited employment opportunity in your location? Yes No

RADIOLOGY

Are you board certified?

No

Yes _____ (enter 4-digit year)

Recertified? _____ (enter 4-digit year)

Are you subspecialty certified?

Yes _____ (enter 4-digit year)

No

Do you have CAQ (Certificate of Added Qualifications) Recertification?

Yes _____ (enter 4-digit year)

No

PHYSICIAN WORKFORCE SURVEY

Do you see a particular category of patients? (Choose all that apply)

- | | |
|---|---|
| <input type="radio"/> Mammography | <input type="radio"/> General Radiology |
| <input type="radio"/> GI Radiology | <input type="radio"/> Nuclear Medicine |
| <input type="radio"/> Neuroradiology | <input type="radio"/> Cardiothoracic Radiology |
| <input type="radio"/> GU Radiology | <input type="radio"/> Musculoskeletal Radiology |
| <input type="radio"/> Pediatric Radiology | <input type="radio"/> Interventional Radiology |
| <input type="radio"/> All of the above | |

a. If you checked that mammography is part of your practice do you:

- | | | |
|---|---------------------------|--------------------------|
| Read screening mammograms? | <input type="radio"/> Yes | <input type="radio"/> No |
| Read diagnostic mammograms and sonograms? | <input type="radio"/> Yes | <input type="radio"/> No |
| Read breast MRI's | <input type="radio"/> Yes | <input type="radio"/> No |
| Read MRI guided core biopsies? | <input type="radio"/> Yes | <input type="radio"/> No |
| Perform ultrasound & stereotactic guided core biopsies? | <input type="radio"/> Yes | <input type="radio"/> No |

b. If mammography is not part of your clinical practice, please choose the most important reason why not:

- Family
- Cost of Professional Insurance
- Medical Malpractice Litigation
- Liability Exposure
- Government Reimbursement Rates
- Private Health Plan Reimbursement Rates
- Looking for a change
- Education / training in another state
- Potential for Higher Compensation
- Other

Do you consider yourself a pediatric radiologist?

- No
- Yes

a. If yes, do you practice (check all that apply):

- Musculoskeletal
- Neuroradiology
- Nuclear Medicine
- Interventional Radiology
- General

PHYSICIAN WORKFORCE SURVEY

Check your type of work location (check all that apply)

- Hospital
- Stand alone Imaging Center
- Hospital-based Imaging Center
- Off site (Internet-based) Radiology
- Multispecialty Group Imaging Center
- Other

Do you use an outside service (Teleradiology)?

- Yes
- No

a. If yes, which services do you use (check all that apply):

- Day coverage
- Night coverage
- In-state physicians
- Out-of-state physicians
- Subspecialty consultations
- Out-of-country physicians
- Other

Do you treat under-insured patients?

- Yes
- No

Do you treat uninsured patients?

- Yes
- No

Are you a radiation oncologist?

- Yes
- No. Please stop here. Thank you for your time and effort to complete this survey.
- a. If yes, are you certified by the American Board of Therapeutic Radiology?
 - Yes
 - No

RADIOLOGY ONCOLOGY

Are you board certified in Radiology?

- No
- Yes _____ (enter 4-digit year)

PHYSICIAN WORKFORCE SURVEY

Did you do a post-residency fellowship in Radiologic Oncology?

No

Yes In which state? _____ (Please use state menu)

Are you subspecialty certified?

No

Yes _____ (enter 4-digit year)

Check the circles if you will see a particular category of patient

Adult

HDR Implants

Pediatrics

IMRT

brachytherapy(LDR)

SRS/SRT (defined as 1-5 fractions, each fraction greater than or equal to 800cGY)

All of the above

ANESTHESIA

Did you do a post-residency fellowship?

No

Yes, in which area?

Cardiac

Pediatric

Critical Care

Trauma

Pain Management

Other

In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

General Anesthesiology

Trauma Anesthesiology

Obstetrical Anesthesiology

Critical Care Medicine

Cardiac Anesthesiology

Postoperative pain

Pediatric Anesthesiology

Pain Medicine

All of the above

PHYSICIAN WORKFORCE SURVEY

PATHOLOGY

Did you do a post-residency fellowship?

- No
- Yes, in which area?
- Blood banking/transfusion medicine
 - Chemical pathology
 - Cytopathology
 - Forensic Pathology
 - Hematology medical Microbiology
 - Neuropathology
 - Pediatric Pathology
 - Selective Pathology
 - Dermatopathology
 - Molecular Genetic Pathology

In which state? _____ (Please use state menu)

Check the circles if you will see a particular category of patient

- | | |
|--|--|
| <input type="radio"/> Chemical Pathology | <input type="radio"/> Medical Microbiology |
| <input type="radio"/> Molecular Genetic Pathology | <input type="radio"/> Cytopathology |
| <input type="radio"/> Neuropathology | <input type="radio"/> Dermatopathology |
| <input type="radio"/> Forensic Pathology | <input type="radio"/> Pediatric Pathology |
| <input type="radio"/> Hematology | <input type="radio"/> Surgical Pathology |
| <input type="radio"/> Blood Banking/Transfusion Medicine | <input type="radio"/> All of the above |

EMERGENCY MEDICINE

Did you do a post-residency fellowship?

- No
- Yes, in which area?
- EMS
 - Administration
 - Research
 - Toxicology
 - Pediatric
 - Trauma
 - Other

In which state? _____ (Please use state menu)

PHYSICIAN WORKFORCE SURVEY

Check the circles if you will see a particular category of patient

- | | |
|--|---|
| <input type="radio"/> Adult Care | <input type="radio"/> Trauma |
| <input type="radio"/> OB / GYN | <input type="radio"/> Psychiatric Care |
| <input type="radio"/> Pediatrics | <input type="radio"/> General Orthopedics |
| <input type="radio"/> All of the above | |

Do you work in a Level I Trauma Center?

- Yes
 No

Do you work in a Level II Trauma Center?

- Yes
 No

County Names and Numeric Codes

11 ALACHUA	34 HAMILTON	57 OKEECHOBEE
12 BAKER	35 HARDEE	58 ORANGE
13 BAY	36 HENDRY	59 OSCEOLA
14 BRADFORD	37 HERNANDO	60 PALM BEACH
15 BREVARD	38 HIGHLANDS	61 PASCO
16 BROWARD	39 HILLSBOROUGH	62 PINELLAS
17 CALHOUN	40 HOLMES	63 POLK
18 CHARLOTTE	41 INDIAN RIVER	64 PUTNAM
19 CITRUS	42 JACKSON	65 ST.JOHN
20 CLAY	43 JEFFERSON	66 ST.LUCIE
21 COLLIER	44 LAFAYETTE	67 SANTA ROSA
22 COLUMBIA	45 LAKE	68 SARASOTA
23 DADE	46 LEE	69 SEMINOLE
24 DESOTO	47 LEON	70 SUMTER
25 DIXIE	48 LEVY	71 SUWANNEE
26 DUVAL	49 LIBERTY	72 TAYLOR
27 ESCAMBIA	50 MADISON	73 UNION
28 FLAGLER	51 MANATEE	74 VOLUSIA
29 FRANKLIN	52 MARION	75 WAKULLA
30 GADSDEN	53 MARTIN	76 WALTON
31 GILCHRIST	54 MONROE	77 WASHINGTON
32 GLADES	55 NASSAU	78 UNKNOWN
33 GULF	56 OKALOOSA	79 OUT OF STATE

50 States and District of Columbia

11 Alabama	43 New York
12 Alaska	44 North Carolina
13 Arizona	45 North Dakota
14 Arkansas	46 Ohio
15 California	47 Oklahoma
16 Colorado	48 Oregon
17 Connecticut	49 Pennsylvania
18 Delaware	50 Rhode Island
19 District of Columbia	51 South Carolina
20 Florida	52 South Dakota
21 Georgia	53 Tennessee
22 Hawaii	54 Texas
23 Idaho	55 Utah
24 Illinois	56 Vermont
25 Indiana	57 Virginia
26 Iowa	58 Washington
27 Kansas	59 West Virginia
28 Kentucky	60 Wisconsin
29 Louisiana	61 Wyoming
30 Maine	62 Out Of Country
31 Maryland	
32 Massachusetts	
33 Michigan	
34 Minnesota	
35 Mississippi	
36 Missouri	
37 Montana	
38 Nebraska	
39 Nevada	
40 New Hampshire	
41 New Jersey	
42 New Mexico	

List of Specialties

020 ALLERGY AND IMMUNOLOGY

040 ANESTHESIOLOGY

- 041 ADULT CARDIOTHORACIC ANESTHESIOLOGY
- 045 CRITICAL CARE MEDICINE
- 048 PAIN MEDICINE
- 042 PEDIATRIC ANESTHESIOLOGY
- 043 HOSPICE AND PALLIATIVE MEDICINE

060 COLON AND RECTAL SURGERY

080 DERMATOLOGY

- 100 DERMATOPATHOLOGY
- 081 PROCEDURAL DERMATOLOGY
- 082 PEDIATRIC DERMATOLOGY

110 EMERGENCY MEDICINE

- 111 HOSPICE AND PALLIATIVE MEDICINE
- 112 MEDICAL TOXICOLOGY
- 113 PEDIATRIC EMERGENCY MEDICINE
- 114 SPORTS MEDICINE
- 115 UNDERSEA AND HYPERBARIC MEDICINE

120 FAMILY MEDICINE

- 125 GERIATRIC MEDICINE
- 127 SPORTS MEDICINE
- 128 SLEEP MEDICINE
- 129 HOSPICE AND PALLIATIVE MEDICINE
- 130 ADOLESCENT MEDICINE

140 INTERNAL MEDICINE

- 141 CARDIOVASCULAR DISEASE
- 154 CLINICAL CARDIAC ELECTROPHYSIOLOGY
- 142 CRITICAL CARE MEDICINE
- 143 ENDOCRINOLOGY, DIABETES, AND METABOLISM
- 144 GASTROENTEROLOGY
- 151 GERIATRIC MEDICINE
- 145 HEMATOLOGY
- 155 HEMATOLOGY AND ONCOLOGY
- 146 INFECTIOUS DISEASE
- 152 INTERVENTIONAL CARDIOLOGY
- 148 NEPHROLOGY
- 147 ONCOLOGY
- 149 PULMONARY DISEASE
- 156 PULMONARY DISEASE AND CRITICAL CARE MEDICINE
- 150 RHEUMATOLOGY
- 157 SPORTS MEDICINE
- 158 TRANSPLANT HEPATOLOGY
- 520 SLEEP MEDICINE
- 153 ADOLESCENT MEDICINE
- 159 HOSPICE AND PALLIATIVE MEDICINE
- 521 MEDICAL ONCOLOGY

130 MEDICAL GENETICS

- 190 MOLECULAR GENETIC PATHOLOGY
- 191 MEDICAL BIOCHEMICAL GENETICS

160 NEUROLOGICAL SURGERY

- 163 ENDOVASCULAR SURGICAL NEURORADIOLOGY

180 NEUROLOGY

- 185 CHILD NEUROLOGY
- 187 CLINICAL NEUROPHYSIOLOGY
- 183 NEUROMUSCULAR MEDICINE
- 186 NEURODEVELOPMENTAL DISABILITIES
- 181 PAIN MEDICINE
- 188 VASCULAR NEUROLOGY

200 NUCLEAR MEDICINE

220 OBSTETRICS AND GYNECOLOGY

- 221 CRITICAL CARE MEDICINE
- 222 GYNECOLOGIC ONCOLOGY

223 HOSPICE AND PALLIATIVE MEDICINE

224 MATERNAL AND FETAL MEDICINE

225 REPRODUCTIVE ENDOCRINOLOGY / INFERTILITY

240 OPHTHALMOLOGY

260 ORTHOPAEDIC SURGERY

- 261 ADULT RECONSTRUCTIVE ORTHOPAEDICS
- 262 FOOT AND ANKLE ORTHOPAEDICS
- 263 HAND SURGERY
- 270 MUSCULOSKELETAL ONCOLOGY
- 268 ORTHOPAEDIC SPORTS MEDICINE
- 267 ORTHOPAEDIC SURGERY OF THE SPINE
- 269 ORTHOPAEDIC TRAUMA
- 265 PEDIATRIC ORTHOPAEDICS

280 OTOLARYNGOLOGY

- 286 NEUROTOLOGY
- 287 PLASTIC SURGERY WITHIN THE HEAD AND NECK
- 289 SLEEP MEDICINE
- 288 PEDIATRIC OTOLARYNGOLOGY

530 PAIN MEDICINE

300 PATHOLOGY-ANATOMIC AND CLINICAL

- 305 BLOOD BANKING/TRANSFUSION MEDICINE
- 306 CHEMICAL PATHOLOGY
- 307 CYTOPATHOLOGY
- 310 FORENSIC PATHOLOGY
- 311 HERMATOLOGY
- 314 MEDICAL MICROBIOLOGY
- 315 NEUROPATHOLOGY
- 316 PEDIATRIC PATHOLOGY
- 301 SURGICAL(SELECTIVE) PATHOLOGY
- 317 DERMATOPATHOLOGY
- 318 MOLECULAR GENETIC PATHOLOGY

320 PEDIATRICS

- 321 ADOLESCENT MEDICINE
- 329 NEONATAL-PERINATAL MEDICINE
- 325 PEDIATRIC CARDIOLOGY
- 323 PEDIATRIC CRITICAL CARE MEDICINE
- 324 PEDIATRIC EMERGENCY MEDICINE
- 326 PEDIATRIC ENDOCRINOLOGY
- 332 PEDIATRIC GASTROENTEROLOGY
- 327 PEDIATRIC HEMATOLOGY/ONCOLOGY
- 335 PEDIATRIC INFECTIOUS DISEASES
- 328 PEDIATRIC NEPHROLOGY
- 330 PEDIATRIC PULMONOLOGY
- 331 PEDIATRIC RHEUMATOLOGY
- 333 PEDIATRIC SPORTS MEDICINE
- 336 DEVELOPMENTAL- BEHAVIORAL PEDIATRICS
- 337 CHILD ABUSE PEDIATRICS
- 338 HOSPICE AND PALLIATIVE MEDICINE
- 339 MEDICAL TOXICOLOGY
- 334 NEURODEVELOPMENTAL DISABILITIES
- 522 SLEEP MEDICINE
- 523 PEDIATRIC TRANSPLANT HEPATOLOGY

340 PHYSICAL MEDICINE AND REHABILITATION

- 341 PAIN MEDICINE
- 346 PEDIATRIC REHABILITATION
- 345 SPINAL CORD INJURY MEDICINE
- 347 HOSPICE AND PALLIATIVE MEDICINE
- 348 NEUROMUSCULAR MEDICINE
- 349 SPORTS MEDICINE

360 PLASTIC SURGERY

- 361 CRANIOFACIAL SURGERY
- 363 HAND SURGERY
- 364 PLASTIC SURGERY WITHIN THE HEAD AND NECK

- 380 PREVENTIVE MEDICINE**
 - 399 MEDICAL TOXICOLOGY
 - 398 UNDERSEA AND HYPERBARIC MEDICINE
- 400 PSYCHIATRY**
 - 401 ADDICTION PSYCHIATRY
 - 405 CHILD AND ADOLESCENT PSYCHIATRY
 - 406 FORENSIC PSYCHIATRY
 - 407 GERIATRIC PSYCHIATRY
 - 402 PAIN MEDICINE
 - 409 PSYCHOSOMATIC MEDICINE
- 430 RADIATION ONCOLOGY**
- 420 RADIOLOGY DIAGNOSTIC**
 - 421 ABDOMINAL RADIOLOGY
 - 429 CARDIOTHORACIC RADIOLOGY
 - 422 ENDOVASCULAR SURGICAL
NEURORADIOLOGY
 - 426 MUSCULOSKELETAL RADIOLOGY
 - 423 NEURORADIOLOGY
 - 425 NUCLEAR RADIOLOGY
 - 424 PEDIATRIC RADIOLOGY
 - 427 VASCULAR AND INTERVENTIONAL
RADIOLOGY
 - 430 THERAPEUTIC RADIOLOGICAL PHYSICS
 - 431 MEDICAL NUCLEAR PHYSICS
 - 432 DIAGNOSTIC RADIOLOGICAL PHYSICS
 - 433 HOSPICE AND PALLIATIVE MEDICINE
 - 434 GENERAL DIAGNOSTIC RADIOLOGY
 - 435, MAMMOGRAPHY
 - 436 PAIN MANAGEMENT
- 520 SLEEP MEDICINE**
- 440 SURGERY-GENERAL**
 - 443 HAND SURGERY
 - 445 PEDIATRIC SURGERY
 - 442 SURGICAL CRITICAL CARE
 - 450 VASCULAR SURGERY
 - 451 HOSPICE AND PALLIATIVE MEDICINE
- 460 THORACIC SURGERY**
 - 466 CONGENITAL CARDIAC SURGERY
- 480 UROLOGY**
 - 485 PEDIATRIC UROLOGY
- 0 INTERNAL MEDICINE/PEDIATRICS**