

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

- Did not practice in Florida
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- 11-12

Complete the following questions and **STOP** if you answered Question 1 "Did not practice in Florida"

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 you plan to relocate to Florida?

- In 1-2 years
- In 3-4 years
- Do not plan to relocate

What is your primary specialty? (Enter code from list provided) _____

2. Are you currently enrolled in an internship, residency, or fellowship program?

- Yes
- No

Complete the following questions and **STOP** if you answered Question 2 "Yes"

Program Specialty? (Enter code from list provided) _____

Post-Graduate Year? (PGY-1 through PGY-7) _____

PHYSICIAN WORKFORCE SURVEY

PRIMARY FLORIDA PRACTICE LOCATION

3. County (Enter code from list provided) _____ 4. Zip Code _____

Of your total hours worked at this location in a week, how many hours do you spend on:

- 5. Patient Care _____
- 6. Administrative Matters _____
- 7. Research & Teaching _____

8. How many patients on average do you see per week at this location? _____

9. Which setting best describes your practice at this location?

- 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 Department
- 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 at this location, your employer is:

- A medical school or parent university
- A government agency
- A staff or group HMO
- Other

11. Primary Specialty at this location (Enter code from list provided) _____

12. Approximate percent of patient care at this location involving primary specialty _____

13. Alternate Specialty (1) at this location (Enter code from list provided) _____

14. Approximate percent of patient care at this location involving alternate specialty (1) _____

15. Alternate Specialty (2) at this location (Enter code from list provided) _____

16. Approximate percent of patient care at this location involving alternate specialty (2) _____

STOP

Continue on to Question 17 if you have one or more additional Florida practice locations

Skip ahead to Question 27 if you have no additional Florida practice locations

PHYSICIAN WORKFORCE SURVEY

SECOND FLORIDA PRACTICE LOCATION

17. County (Enter code from list provided) _____
18. Zip Code _____
19. Patient Care hours per week at this location _____
20. Average number of patients seen per week at this location _____
21. Primary Specialty at this location (Enter code from list provided) _____

THIRD FLORIDA PRACTICE LOCATION

22. County (Enter code from list provided) _____
23. Zip Code _____
24. Patient Care hours per week at this location _____
25. Average number of patients seen per week at this location _____
26. Primary Specialty at this location (Enter code from list provided) _____

PHYSICIAN WORKFORCE SURVEY

HOSPITAL CARE QUESTIONS

27. At how many individual hospitals do you have hospital privileges?
28. At how many individual hospitals do you provide on-call emergency room coverage?
29. How many total days per month do you take emergency call?
30. During the past 2 years, has the number of emergency on-call days:
- Increased
 - Decreased
 - Stayed the same
31. If you are decreasing your on-call days, what is the main reason?
- Retiring
 - Lifestyle Considerations
 - Liability Exposure
 - Private Health Plan Reimbursement Rates
 - Medicare/Medicaid Reimbursement Rates
 - Compensation
 - Malpractice Insurance Rates
 - Work in an Urgent Care Clinic
 - Other
32. At which type of verified trauma center do you take trauma call or attend to trauma patients?
- Do not take trauma call
 - Level I
 - Level II
 - Pediatric

SCOPE OF PRACTICE QUESTIONS

33. What is the main reason you are NOT currently accepting new Medicare patients in your practice?
- Not Applicable—Currently Accepting New Medicare Patients
 - Low Compensation
 - Billing Requirements
 - Too Much Paperwork
 - Practice At Full Capacity
 - Concerned About Fraud Issues
34. What is the main reason you are NOT currently accepting new Medicaid patients in your practice?
- Not Applicable—Currently Accepting New Medicaid Patients
 - Low Compensation
 - Billing Requirements
 - Too Much Paperwork
 - Practice At Full Capacity
 - Concerned About Fraud Issues

PHYSICIAN WORKFORCE SURVEY

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

- Yes
- No

36. If Yes, the main reason for retiring is (choose only one)

- Time to retire
- Compensation
- Family
- Liability exposure
- Private health plan reimbursement rates
- Medicare/Medicaid reimbursement rates
- Malpractice insurance rates
- Other

37. If Yes, do you plan to have a limited license for volunteering?

- Yes
- No

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

- Yes
- No

39. If Yes, the main reason for moving to work in another state is (choose only one)

- Family
- Compensation
- Liability exposure
- Malpractice insurance rates
- Private health plan reimbursement rates
- Medicare/Medicaid reimbursement rates
- Looking for a change
- Education/training in another state
- Other

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

- Yes
- No

41. If Yes, the main reason for changing your specialty is (choose only one)

- Family
- Malpractice insurance rates
- Liability exposure
- Private health plan reimbursement rates
- Medicare/Medicaid reimbursement rates
- Compensation
- Education/training in another state
- Potential for higher compensation
- Other

PHYSICIAN WORKFORCE SURVEY

Attestation Statement

The attestation of the physician named on Survey Page 1 is required by Florida law , confirming that: “The information provided is true and accurate to the best of my knowledge and the submission does not contain any knowingly false information.”

Signature: _____

Date: _____

PHYSICIAN WORKFORCE SURVEY

Specialty Questions

Please review the following list of specialties and answer the questions associated with your primary specialty (Question 11) at your primary practice location. If you have indicated a specialty without associated questions, please stop here. Thank you for completing the survey.

GENERAL INTERNAL MEDICINE

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

- Internal Medicine
- Pediatrics Care
- Geriatrics
- In-Hospital Care
- Women's Health
- All of the Above

ALLERGY / IMMUNOLOGY

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

- Internal Medicine
- Allergic Skin Disease
- Adult Asthma
- Immune Deficiency
- Childhood Asthma
- Food/Insect/Drug Allergy
- Allergic Rhinitis
- All of the Above

CARDIOVASCULAR DISEASE

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

- Internal Medicine
- Heart Failure & Transplant
- General Cardiology
- Nuclear Cardiology
- Interventional Cardiology
- Pediatric Cardiology
- ECHO
- Vascular Medicine
- Electrophysiology
- MR/CT Cardiologist
- All of the Above

ENDOCRINOLOGY

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

- Internal Medicine
- Thyroid Disease
- Adult Endocrinology
- Pediatric Endocrinology
- Diabetes Mellitus
- All of the Above

GASTROENTEROLOGY

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

- Internal Medicine
- Hepatology
- Gastroenterology
- Pediatrics
- ERCP
- Endoscopic Ultrasound
- All of the Above

GENETICS

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

- Prenatal Genetics
- Chromosome Disorders
- Adult Genetics
- Neuromuscular Disorders
- Cancer Genetics
- Developmental Delay/Autism
- Biochemical Genetics
- Dysmorphology
- Molecular Genetics
- Cytogenetics
- Internal Medicine
- Pediatrics
- All of the Above

PHYSICIAN WORKFORCE SURVEY

Specialty Questions

GERIATRICS

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

- Internal Medicine
- Geriatric Consultation
- Geriatric Primary Care
- Family Medicine
- Nursing Home Care
- All of the Above

HEMATOLOGY

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

- Internal Medicine
- Oncology
- All of the Above
- Hemophilia Diseases
- Hematology

ONCOLOGY

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

- Internal Medicine
- Hematology
- All of the Above
- Hemophilia Diseases
- Oncology

HEMATOLOGY & ONCOLOGY

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

- Oncology
- Hematology
- Hemophilia Diseases
- All of the Above

INFECTIOUS DISEASE

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

- Internal Medicine
- Adult Infectious Diseases
- HIV/AIDS
- General Pediatrics
- Pediatric Infectious Diseases
- All of the Above

NEPHROLOGY

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

- Internal Medicine
- Renal Transplantation
- ICU Nephrology
- Interventional Nephrology
- All of the Above
- Pediatric Nephrology
- Dialysis Patient Care
- Dialysis Unit Administration
- Adult Nephrology

PULMONARY DISEASE

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

- Internal Medicine
- Sleep Medicine
- All of the Above
- Critical Care / ICU
- Pulmonary Outpatient

CRITICAL CARE MEDICINE

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

- ICU
- Trauma Unit
- Burn Unit
- All of the Above

PHYSICIAN WORKFORCE SURVEY

Specialty Questions

RHEUMATOLOGY

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

- Internal Medicine
- Pediatric Rheumatology
- All of the Above
- Clinical Research
- Adult Rheumatology

SPORTS MEDICINE

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

- Internal Medicine
- Family Medicine
- Sports Medicine
- All of the Above

SLEEP MEDICINE

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

- Internal Medicine
- Sleep Medicine
- All of the Above
- Pulmonary Medicine
- Neurology

FAMILY MEDICINE

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

- Office (Outpatient) Care only; No Hospital
- Office and Hospital Care
- Adolescent Medicine >12y/o
- Pediatrics 2 to 12y/o
- Infants Care <2y/o
- Delivery
- Prenatal Services
- Cosmetic (Laser Procedures, Botox, etc.)
- All of the Above
- Geriatrics
- Sports Medicine
- HIV Primary Care
- Immunizations
- Colonoscopy
- Sigmoidoscopy
- Stress Testing
- Auto Injury (PIP)

DERMATOLOGY

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

- General Dermatology
- Skin Cancer Surgery
- Moh's Surgery
- All of the Above
- Dermatopathology
- Pediatric Dermatology
- Cosmetic Dermatology

NEUROLOGY

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

- Adult Neurology
- Pediatric Neurology
- Hospital Based Neurology (No Office)
- Primarily Office-Based / Some Hospital
- Primarily Hospital-Based / Some Office
- Sleep Medicine
- Clinical Neurophysiology
- Neuromuscular Medicine
- Neuromuscular Disabilities
- Pain Medicine
- Academic Practice
- All of the Above

PHYSICIAN WORKFORCE SURVEY

Specialty Questions

PHYSICAL MEDICINE

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

- Adult Rehabilitation
- Electrodiagnosis
- Pain Medicine
- Teaching
- All of the Above
- Pediatric Rehabilitation
- Sports Medicine
- Research
- Other

PSYCHIATRY

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

- Geriatrics
- Addictions
- All of the Above
- Forensics
- Children

PAIN MEDICINE

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

- Interventional Treatment
- Legal Work / Review Cases
- Hospital Consults
- Medical Management
- Auto Cases
- All of the Above

GENERAL SURGERY

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

- Trauma
- Breast Cancer
- Gynecologic Surgery
- Colon & Rectal Surgery
- All of the Above
- Vascular Surgery
- Pediatric Surgery
- Hand Surgery
- Critical Care Medicine

CARDIAC / THORACIC SURGERY

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

- Adult Hearts
- Pediatric Hearts
- Transplantation
- All of the Above
- Thoracic Surgery
- Vascular Surgery
- General Surgery

COLON & RECTAL SURGERY

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

- Anal & Perianal Disease
- Inflammatory Bowel Disease
- All of the Above
- Colon and Rectal Cancer
- Constipation and Motility Disorders

PHYSICIAN WORKFORCE SURVEY

Specialty Questions

HAND SURGERY

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

- Trauma
- Microvascular
- Reconstructive
- All of the Above

NEUROLOGICAL SURGERY

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

- General Neurosurgery
- Trauma
- Brain Tumor
- Cerebrovascular
- Pediatric Neurosurgery
- All of the Above
- Spinal Surgery
- Peripheral Nerve
- Pain / Functional
- Radiosurgery
- Endovascular

OPHTHALMOLOGY

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

- General Ophthalmology
- Cornea-External Diseases
- Retinal Diseases
- Glaucoma
- Pediatrics-Strabismus
- Neuro-Ophthalmology
- Ophthalmic Plastic Surgery
- All of the Above

ORTHOPEDIC SURGERY

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

- General Orthopedics
- Adult Reconstruction
- Sports Medicine
- Trauma
- Pediatrics
- All of the Above
- Hand
- Shoulder / Elbow
- Ankle / Foot
- Oncology
- Spine

OTOLARYNGOLOGY

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

- General Otolaryngology
- Pediatric Otolaryngology
- Otology, Neurotology, Skull Base Surgery
- Head and Neck Cancer Surgery
- All of the Above
- General Otology
- Rhinology
- Laryngology / Voice
- Facial Plastics

If you take ER call, do you take:

- ER Call for General Otolaryngology Yes No
- ER Call for Pediatric Otolaryngology Yes No
- ER Call for Maxillofacial Trauma Yes No

PHYSICIAN WORKFORCE SURVEY

Specialty Questions

PEDIATRIC SURGERY

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)
- Children (age 6-12 years)
- Adolescents (age >12 years)
- Adult General Surgery
- All of the Above

PLASTIC SURGERY

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

- Trauma / Burns
- Hand / Microsurgery
- Reconstructive
- All of the Above
- Maxillofacial
- Aesthetic / Breast
- Pediatric / Craniofacial

If you take ER call, do you take call for:

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

UROLOGY

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
- Robotic Surgery
- Male Incontinence Surgery
- All of the Above
- Radical Prostatectomy
- Penile Prosthesis
- Female Incontinence/Pelvic Floor Reconstruction Surgery

Do you use physician extenders?

- No
- Yes

Are you employed by a hospital?

- No
- Yes

Do you accept Medicaid?

- No
- Yes

VASCULAR SURGERY

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

- General Surgery
- Mesenteric Bypass
- Carotid Stents
- All of the Above
- Aorta Endografts
- Renal Artery Stents
- Peripheral Angiograms

PHYSICIAN WORKFORCE SURVEY

Specialty Questions

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

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

If Yes, check all reasons that apply:

- Retired
- Medical Malpractice Litigation
- Government Reimbursement Rates
- Planning To Move Out Of State
- Other
- Cost of Professional Insurance
- Liability Exposure
- Private Health Plan Reimbursement Rates
- Do Not Maintain A Full-Time Residence In Florida

Are you protected by the NICA program?

- Yes
- No

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

Specialty Questions

PEDIATRICS

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

- | | |
|--|---|
| <input type="radio"/> Hospital Practice | <input type="radio"/> Office Practice |
| <input type="radio"/> Neonatology | <input type="radio"/> Public Health |
| <input type="radio"/> Pediatric Intensivist | <input type="radio"/> Medical School Teaching |
| <input type="radio"/> Pediatric Hospitalist | <input type="radio"/> Administrative Medicine |
| <input type="radio"/> Pediatric Emergency Care | <input type="radio"/> 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?

- No
- Yes
- Enter 4-digit year _____

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

- No
- Yes
- Enter 4-digit year _____

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 | |

If you indicated 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 |

PHYSICIAN WORKFORCE SURVEY

Specialty Questions

RADIOLOGY (continued)

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

- Family
- Medical Malpractice Litigation
- Government Reimbursement Rates
- Looking For a Change
- Potential For Higher Compensation
- Cost of Professional Insurance
- Liability Exposure
- Private Health Plan Reimbursement Rates
- Education / Training in Another State
- Other

Do you consider yourself a pediatric radiologist?

- No
- Yes

If Yes, do you practice (check all that apply):

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

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

- Hospital
- Hospital-Based Imaging Center
- Multispecialty Group Imaging Center
- Stand Alone Imaging Center
- Off-Site (Internet-Based) Radiology
- Other

Do you use an outside service (Teleradiology)?

- Yes
- No

If Yes, which services do you use (check all that apply):

- Day Coverage
- In-State Physicians
- Subspecialty Consultations
- Other
- Night Coverage
- Out-Of-State Physicians
- Out-Of-Country Physicians

Do you treat under-insured patients?

- Yes
- No

Do you treat uninsured patients?

- Yes
- No

Are you a radiation oncologist?

- Yes
- No

If Yes, are you certified by the American Board of Therapeutic Radiology?

- Yes
- No

PHYSICIAN WORKFORCE SURVEY

Specialty Questions

RADIOLOGY ONCOLOGY

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

- Adult
- Pediatrics
- Brachytherapy (LDR)
- All of the Above
- HDR Implants
- IMRT
- SRS/SRT *

* defined as 1-5 fractions, each fraction greater than or equal to 800cGY

ANESTHESIA

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

- General Anesthesiology
- Obstetrical Anesthesiology
- Cardiac Anesthesiology
- Pediatric Anesthesiology
- All of the Above
- Trauma Anesthesiology
- Critical Care Medicine
- Postoperative Pain
- Pain Medicine

PATHOLOGY

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

- Chemical Pathology
- Molecular Genetic Pathology
- Neuropathology
- Forensic Pathology
- Hematology
- Blood Banking / Transfusion Medicine
- Medical Microbiology
- Cytopathology
- Dermatopathology
- Pediatric Pathology
- Surgical Pathology
- All of the Above

EMERGENCY MEDICINE

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

- Adult Care
- OB / GYN
- Pediatrics
- All of the Above
- Trauma
- Psychiatric Care
- General Orthopedics

Do you work in a Level I Trauma Center?

- Yes
- No

Do you work in a Level II Trauma Center?

- Yes
- No

PHYSICIAN WORKFORCE SURVEY

Appendix A: List of Specialties

01 Anesthesiology

0100 Anesthesiology, General
0101 Addiction Medicine
0102 Critical Care Medicine
0103 Hospice & Palliative Medicine
0104 Pain Medicine

02 Dermatology

0200 Dermatology, General
0201 Dermatological Immunology
0202 Dermatopathology
0203 MOHS Micrographic Surgery
0204 Pediatric Dermatology

03 Emergency Medicine

0300 Emergency Medicine, General
0301 Emergency Medical Services
0302 Hospice & Palliative Medicine
0303 Medical Toxicology
0304 Pediatric Emergency Medicine
0305 Sports Medicine
0306 Undersea & Hyperbaric Medicine

04 Family Medicine

0400 Family Medicine, General
0401 Addiction Medicine
0402 Adolescent Medicine
0403 Geriatric Medicine
0404 Hospice & Palliative Medicine
0405 Sleep Medicine
0406 Sports Medicine

05 Internal Medicine

0500 Internal Medicine, General
0501 Addiction Medicine
0502 Allergy & Immunology
0503 Advanced Heart Failure &
Transplant Cardiology
0504 Cardiology
0505 Clinical Cardiac Electrophysiology
0506 Critical Care Medicine
0507 Endocrinology
0508 Gastroenterology
0509 Geriatric Medicine
0510 Hematology
0511 Hematology & Oncology
0512 Hospice & Palliative Medicine
0513 Infectious Disease
0514 Interventional Cardiology
0515 Oncology

0516 Nephrology
0517 Pulmonary Disease
0518 Rheumatology
0519 Sleep Medicine
0520 Sports Medicine
0521 Transplant Hepatology
0522 Undersea & Hyperbaric Medicine

06 Medical Genetics

0600 Medical Genetics, General
0601 Clinical Biochemical Genetics
0602 Clinical Cytogenetics
0603 Clinical Molecular Genetics
0604 Medical Biochemical Genetics
0605 Molecular Genetic Pathology

07 Neurology

0700 Neurology, General
0701 Addiction Medicine
0702 Clinical Neurophysiology
0703 Epilepsy
0704 Hospice & Palliative Medicine
0705 Neurodevelopmental Disabilities
0706 Neuromuscular Medicine
0707 Pain Medicine
0708 Pediatric Neurology
0709 Sleep Medicine
0710 Vascular Neurology

08 Nuclear Medicine

0800 Nuclear Medicine, General
0801 Nuclear Cardiology
0802 Nuclear Imaging & Therapy
0803 Nuclear Radiology
0804 In Vivo & In Vitro Nuclear Medicine

09 Obstetrics & Gynecology

0900 Obstetrics & Gynecology, General
0901 Critical Care Medicine
0902 Gynecologic Oncology
0903 Hospice & Palliative Medicine
0904 Maternal & Fetal Medicine
0905 Reproductive Endocrinology

10 Ophthalmology

1000 Ophthalmology, General

11 Orthopedic Medicine

1100 Orthopedic Medicine, General
1101 Hand Surgery
1102 Orthopedic Sports Medicine
1103 Orthopedic Surgery

PHYSICIAN WORKFORCE SURVEY

Appendix A: List of Specialties

12 Otolaryngology

- 1200 Otolaryngology, General
- 1201 Neurotology
- 1202 Pediatric Otolaryngology
- 1203 Facial Plastic Surgery
- 1204 Otolaryngic Allergy
- 1205 Sleep Medicine

13 Pathology

- 1300 Pathology, General
- 1301 Anatomic Pathology
- 1302 Blood Banking & Transfusion Medicine
- 1303 Chemical Pathology
- 1304 Clinical Pathology
- 1305 Cytopathology
- 1306 Dermatopathology
- 1307 Hematologic Pathology
- 1308 Immunopathology
- 1309 Medical Microbiology
- 1310 Molecular Genetic Pathology
- 1311 Neuropathology
- 1312 Pediatric Pathology

14 Pediatrics

- 1400 Pediatrics, General
- 1401 Adolescent Medicine
- 1402 Child Abuse Pediatrics
- 1403 Developmental & Behavioral Pediatrics
- 1404 Hospice & Palliative Medicine
- 1405 Neonatal & Perinatal Medicine
- 1406 Neurodevelopmental Disabilities
- 1407 Pediatric Allergy & Immunology
- 1408 Pediatric Cardiology
- 1409 Pediatric Critical Care Medicine
- 1410 Pediatric Dermatology
- 1411 Pediatric Emergency Medicine
- 1412 Pediatric Endocrinology
- 1413 Pediatric Gastroenterology
- 1414 Pediatric Hematology & Oncology
- 1415 Pediatric Infectious Diseases
- 1416 Pediatric Nephrology
- 1417 Pediatric Neurology
- 1418 Pediatric Otolaryngology
- 1419 Pediatric Pathology
- 1420 Pediatric Pulmonology
- 1421 Pediatric Radiology
- 1422 Pediatric Rehabilitation Medicine
- 1423 Pediatric Rheumatology
- 1424 Pediatric Transplant Hepatology

1425 Pediatric Urology

1426 Sleep Medicine

1427 Sports Medicine

15 Physical Medicine & Rehabilitation

- 1500 Physical Medicine & Rehabilitation, General
- 1501 Hospice & Palliative Medicine
- 1502 Neuromuscular Medicine
- 1503 Pain Medicine
- 1504 Pediatric Rehabilitation Medicine
- 1505 Spinal Cord Injury Medicine
- 1506 Sports Medicine

16 Preventive Medicine

- 1600 Preventive Medicine, General
- 1601 Aerospace Medicine
- 1602 Environmental Medicine
- 1603 Medical Toxicology
- 1604 Public Health
- 1605 Occupational Medicine
- 1606 Sports Medicine
- 1607 Undersea & Hyperbaric Medicine

17 Proctology

- 1700 Proctology, General

18 Psychiatry

- 1800 Psychiatry, General
- 1801 Addiction Medicine
- 1802 Adolescent Psychiatry
- 1803 Forensic Psychiatry
- 1804 Geriatric Psychiatry
- 1805 Hospice & Palliative Care
- 1806 Pain Medicine
- 1807 Pediatric Psychiatry
- 1808 Psychosomatic Medicine
- 1809 Sleep Medicine

19 Radiology

- 1900 Radiology, General
- 1901 Body Imaging
- 1902 Diagnostic Radiology
- 1903 Diagnostic Roentgenology
- 1904 Diagnostic Ultrasound
- 1905 Hospice & Palliative Medicine
- 1906 Neuroradiology
- 1907 Nuclear Radiology
- 1908 Pediatric Radiology
- 1909 Radiation Oncology
- 1910 Radiation Therapy
- 1911 Roentgenology
- 1912 Vascular & Interventional Radiology

PHYSICIAN WORKFORCE SURVEY

Appendix A: List of Specialties

20 Surgery

2000	Surgery, General
2001	Colon & Rectal Surgery
2002	Congenital Cardiac Surgery
2003	Hand Surgery
2004	Neurological Surgery
2005	Orthopedic Surgery
2006	Pediatric Surgery
2007	Plastic & Reconstructive Surgery
2008	Surgical Critical Care
2009	Thoracic Surgery
2010	Urological Surgery
2011	Vascular Surgery

21 Urology

2100	Urology, General
2101	Pediatric Urology

PHYSICIAN WORKFORCE SURVEY

Appendix B: List of Florida Counties

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. Johns
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