Florida Department of Health

2008 Florida Physician Workforce Annual Report

In Response to the Provisions of Section 381.4018, Florida Statutes

November 1, 2008

Florida Department of Health • 4052 Bald Cypress Way, Bin C15 • Tallahassee, FL 32399-1735

FLORIDA DEPARTMENT OF HEALTH

To: The Honorable Charlie Crist
The Honorable Ken Pruitt, Senate President
The Honorable Marco Rubio, House Speaker

In 2007, the Florida Legislature sought to adequately assess Florida's physician workforce and its impact on accessing quality care. In Senate Bill 770, authority was given to the department to create a physician workforce forecasting model, to develop and maintain a physician workforce data repository and to create a strategic plan that would incorporate key impact areas as they relate to physician workforce development. Building upon the momentum and foresight of esteemed members of the Florida House and Senate, I am proud to present this collaborative and comprehensive evaluation of Florida's physician workforce.

The Physician Workforce Survey was an important step towards collecting valid, reliable and continuous information, and will help serve policymakers and state leaders in addressing a number of important health access and quality of care issues. Yet, as a state, there is still much that can be done to support our diverse population's healthcare needs and long-term planning. In 2008, a Health Practitioner Workforce Ad Hoc Advisory Committee was appointed to conceptualize a strategic plan focused on three main target areas that influence the physician workforce in Florida: medical schools, graduate medical education (residency) and attracting and retaining physicians to practice in the state. The tireless efforts of this committee, and of the stakeholders at large, have propelled this project forward. The Council of Medical School Deans, the Florida Medical Association and Florida Osteopathic Medical Association, the Boards of Allopathic and Osteopathic Medicine, the members of the Graduate Medical Education Committee, the Florida Hospital Association, the Florida Justice Association and many others have come to the table with unrelenting and genuine interest in improving the quality and access to healthcare for Floridians by improving our ability to understand and forecast the physician workforce in the state.

As the State Surgeon General and Chairperson of this group, I would also like to thank the House and Senate committee staff, as well as my own department staff, including Deputy Secretary Kimberly Berfield and Program Administrator Jessica Swanson, whose guidance and tireless efforts brought SB 770 to fruition. Additionally, I would like to acknowledge the leadership of Governor Crist, whose commitment to healthcare and providing for the citizens of the State is a testament to his compassion and stewardship. I have the utmost respect for his vision for Florida, and feel that through this workforce project and beyond we will make great strides in making that vision a reality.

Thank you for allowing me, the other members of the Health Practitioner Workforce Ad Hoc Advisory Committee and all the governmental and non governmental stakeholders supporting this endeavor the opportunity to participate in this groundbreaking project.

Sincerely,
Ana M. Viamonte Ros, M.D., M.P.H.
Chairperson, Healthcare Practitioner Ad Hoc Committee
State Surgeon General, Florida Department of Health

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Preface

Pursuant to CS/CS/SB 770, codified in Section 381.4018, Florida Statutes (F.S.), the Department of Health is responsible for preparing an annual report on the physician workforce in Florida. This annual report is provided to the Governor, the President of the Senate, and to the Speaker of the House of Representatives on November 1st of each year. The report must address the following:

a) Analysis of the Physician Workforce Survey, determining by geographic area and specialty the number of physicians who:

a. Perform deliveries of children in Florida.
b. Read mammograms and perform breast-imaging-guided procedures in Florida.
c. Perform emergency care on an on-call basis for a hospital emergency department.
d. Plan to reduce or increase emergency on-call hours in a hospital emergency department.
e. Plan to relocate their allopathic or osteopathic practice outside the state.

Acknowledgments

The Department of Health extends a sincere thank you to those who give so generously of their time and talents to ensure the success of physician workforce planning in Florida.

Healthcare Practitioner Ad Hoc Committee:

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Executive Summary

The assessment and development of Florida's physician workforce came to fruition under the leadership of Governor Crist and the Florida House and Senate with the passage of CS/CS/SB 770 in 2007. The Florida legislature directed the Florida Department of Health (Department) to undertake a comprehensive and inclusive physician workforce planning project that would be the essential component in determining if there was an adequate and appropriate supply of well-trained physicians to meet the state's current and future healthcare needs. The Department was tasked, within existing resources and with the inclusion of interested governmental and non governmental stakeholders, to focus on key items as part of this legislation, including:

- **Developing a model and quantifying** the adequacy of the state's current and future physician workforce;
- **Developing and recommending strategies** and long-term strategic planning focused on medical school education, graduate medical education (residency) and attracting and retaining physicians in Florida;
- **Coordinating and enhancing** existing physician workforce activities;
- **Developing and implementing a mandatory physician workforce survey** to assess the geographic distribution and specialty mix of Florida physicians; and
- **The Department must report the Physician Workforce Survey findings** to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1st of each year.

In response to the principal tasks, the State Surgeon General created a Healthcare Practitioner Ad Hoc Committee which would provide the Florida Department of Health with expertise and guidance on technical and programmatic areas. The Ad Hoc Committee has met during a series of conference calls and face-to-face meetings during the past year to create survey questions, to discuss analysis of survey data and to engage in the development of an inclusive and comprehensive strategic plan.

The Healthcare Practitioner Ad Hoc Committee's accomplishments are considerable, and include:

- **The modification of the Physician Workforce Survey** to expand on key impact areas, such as emergency on-call issues and projected changes to a physician's scope of practice. The group also worked with response categories to make them mutually exclusive and exhaustive;
- **Data analysis of the survey,** including an extensive review of lifestyle and demographic issues as they impact the workforce;
- **Providing technical and programmatic expertise** to Department staff in implementing legislation;
- **Collaborating on issues and strategic planning items** as they impact Florida's physician workforce, to be reported in the Physician Workforce Strategic Plan in early 2009; and
- **Consensus on key recommendations** that the group would present to the Governor, State Surgeon General, Florida Legislature and other interested state policymakers and leaders.

The Department has also produced the first Physician Workforce Annual Report. This report is structured to provide an overview and history of statewide physician workforce efforts, discuss the progress on implementing CS/CS/SB 770, present the development of the next physician workforce survey, and finally to present the data from the 2008 physician workforce survey. The data analysis of the Physician Workforce Survey will be showcased as a snapshot in time of Florida's active, licensed physician workforce based on the 2008 Physician Workforce Survey. This survey is incorporated into Florida Administrative Code Chapter 64B-9.002, and is included as part of the online and paper physician licensure renewal process. This self-reported data represents 30,492

physicians who completed the survey as part of their licensure renewal cycle, including all osteopathic, and one-half of allopathic, physicians renewing their license this year.

A summary of findings from the Physician Workforce Survey and demographic information collected as part of the Practitioner Profile include:

- **Of the half of allopathic (n= 25,850, and all osteopathic (n=4,839),** physicians that renewed their medical licenses, 99% (n= 30,492) responded to the survey.
- **There were a total of 25, 654 allopathic and 4,838 osteopathic physicians completing the survey,** but only 71% (21,610) of the total indicated they were practicing in Florida and had an active practice address.
- **Of those 21,610 physicians currently practicing in Florida** and with an active practice address, 76.9% (n=16,595) were male.
- **Of those 21,610 physicians responding to the survey,** 78% (n=13,912) indicated that they were white/non Hispanic
- **Physicians aged 25–45 years (n= 7,738)** made up only 36% of the current workforce in Florida
- **Thirteen percent (n=2,765) of respondents indicate they will change the scope of their practice** (significantly reduce or leave practice) in the next 5 years.
- **Of those 21,610 physicians responding to the survey,** the top 4 specialties indicated were Family Medicine (15%; n= 3,125), Internal Medicine (13%; n=2,707), Medical Specialties (13%; n= 2,690) and Surgical Specialties (12%; n= 2,557).
- **Only 31% (n= 6,758) of the respondents indicate they take emergency calls** or work in an emergency department.

  Of the 31% taking emergency call or working in an emergency department, 78% (n=5,208) were specialty on-call and 22% (n= 1,431) were full-time emergency.

- **Of those taking emergency on-call hours,** 11% (n= 567) have reduced the number of hours in the last two years.
- **In the next two years, of the radiologists who responded** that they currently read mammograms or other breast imaging exams (n= 97) almost 18% indicated that they will decrease or discontinue performing the procedures.
- **Only 40% (n= 554) of those respondents practicing obstetric care** indicated they deliver babies.
- **Over 14% (n= 80) of respondents who provide obstetrics services** indicated they will discontinue providing obstetric care in the next two years.

Introduction

This report will discuss:

- **The history and progress** of healthcare workforce issues in Florida over the past decade;
- **The directives and status** of the components in CS/CS/SB 770;
- **The inception, development, and modification** of Florida's Physician Workforce Survey;
- **Initial findings** from the 2008 physician workforce survey; and
- **Development of a framework** for physician workforce strategic planning.

Overview and History of Physician Workforce Assessment and Development in Florida

On a state and national level the question of how best to assess physician workforce has been debated for years. Many stakeholders and experts in the field agree that any physician workforce planning has a multi-tiered focus, requiring an assessment of need and identified gaps throughout the process. Physician workforce forecasting relies upon a multitude of variables, such as state gross product, diversity of socioeconomic indicators and the diversity of race and age, and other factors that create a formula which predicts shortages or surpluses in the physician workforce. Physician workforce forecasting allows policymakers and healthcare leaders to strategically plan, implement policy and fund programs that support targeted areas that will impact the timely access to care. While the State of Florida is currently in a position to create a forecasting model and participate in advanced workforce planning, the data required to do so have not always been available. For over a decade lawmakers and stakeholders have considered proposals and studies related to physician workforce in an effort to define and discuss the various factors that contribute to the medical education system and physician workforce planning.

In 1999, General Appropriations Act allocated funds to Florida State University and the Chancellor of the State University System to sponsor an independent study of Florida's medical education system. MGT of America, Inc. (MGT) was commissioned to produce An Assessment of the Adequacy and Capacity of Florida's Medical Education System, which discussed the general aspects of medical education in Florida and the overall strategies and impacts of expanding capacity. The report includes information on:

- **The future** United States and Florida specific demand and supply of physicians,
- **An overview and assessment of medical education** in the United States and in Florida,
- **Strategies for expanding the capacity** of Florida's medical education system,
- **Criteria of evaluating strategies,**
- **Assessment of the impact of each strategy on accreditation,** access for under-represented populations, and the supply and distribution of physicians in Florida,
- **Impact of the cost** of each strategy,
- **Time to implement strategies,** and
- **The access to medical education** for Florida residents.

The assessment in this study focused on a particular model to forecast physician workforce aimed at replacing physicians leaving practice. The study found that increased demand for health care results from an increased ability of the people to purchase health care services and from the aging of the population. The study impacted future evaluations of the medical education pipeline in Florida and the ability to focus and create policy to support the development of the state's physician workforce.

An Assessment of the Adequacy and Capacity of Florida's Medical Education System also recommended:

- **Ensuring access to medical education** by under-represented populations including those from underserved rural and urban areas;
- **Increasing the production of primary care physicians** who understand the unique medical needs of Florida's elders;
- **Assessing the implications** of expanding the current Florida State University-University of Florida Program in Medical Sciences (PIMS) and adding other PIMS-like programs elsewhere in the state;
- **Addressing accreditation-related concerns;** and
- **Delineating the funding and time required** to achieve each programmatic recommendation.

In June of 2000, following the medical education system assessment document, HB 1121 passed and the Florida Legislature, in a direct effort to be responsive to community needs and the changes in Florida's population, granted approval to Florida State University (FSU) to create the FSU College of Medicine. The FSU College of Medicine was the first in Florida since 1979, and the first in the country in over two decades. HB 1121, became Chapter 2000-303, Laws of Florida and addresses the impact of having 67 regions in the state identified as rural communities coupled with the changing demands of a growing and aging population on the demand for more physicians. The FSU College of Medicine's focus became recruiting and training medical students in primary care, geriatric care, and rural medicine.

Medical education stakeholders continued discussion about the medical education continuum and what would have to be done in addition to expanding medical school capacity. While new or expanded medical school positions theoretically offered hundreds of qualified university applicants the opportunity to gain admission to a medical school, there was more that needed to be addressed, including pre medical education, ensuring adequate first year residency positions for graduating Florida medical students, exploring expanded residency capacity and addressing incentives to attract and retain physicians to practice in the state. Ultimately, there needed to be an comprehensive approach to evaluating the supply and demand of physician's to meet Florida's health care needs, an approach that addressed not just the pipeline into medical practice, but the role of the practice climate on active, licensed physicians by geographic distribution and specialty mix.

The Florida Senate Interim Project Report 2004-164, Review of Data on Physician Availability and Patient Access to Physician Services addressed inquiries on medical malpractice and the inadequacy of any official state-level data repository on physician practice or services raised during the 2003 legislative session. It was noted specifically in this report that "These data inadequacies also hinder the State's health workforce planning and education efforts." The report made nine recommendations, which included:

- **There are several inconsistencies in the law** relating to procedures for practitioner profiling which should be corrected.
- **Data collected as part of practitioner profiles** should be expanded to require physician applicants to:

  Identify any other address at which the physician conducts his or her practice;

  Indicate the percentage of time the physician practices in a board-certified specialty, if the physician is a board-certified specialist;

Indicate the practice area to which the physician limits his or her practice, if the physician is not a board-certified specialist;

Indicate the type of practice settings in which the physician practices;

Indicate whether the physician has retired and is not actively practicing his or her profession;

Indicate the number of hours per week in which the physician actively practices, if the physician is in active practice fewer than 40 hours per week;

Indicate the method by which the physician is in compliance with the financial responsibility requirements, including the type of coverage obtained, the amount of coverage maintained, and the name of the coverage provider, if applicable.

- **Require initial licensure and licensure renewal applications for physicians to be submitted electronically** through the Internet to facilitate the development of a statewide source of data on physician workforce supply.
- **Require practitioners to electronically submit, through the Internet, an update of information** required for the practitioner profiles, to facilitate the development of a statewide source of data on physician workforce supply.
- **Encourage the department and the appropriate boards** over physicians, as specific data needs are identified, to collaborate and work with stakeholders to make revisions to the procedures and information gathered during licensure and other regulatory activities to improve the use and sorting of data for the purpose of physician workforce supply planning.

In 2004, SB 1154 introduced by the Senate Appropriations Subcommittee on Health and Human Services and Senator Peaden, and HB 1075, by Representative Sullivan creating a Healthcare Practitioner Workforce Database was proposed. This legislation established the Florida Health Care Practitioner database, a central repository for continuous, reliable workforce information on 35 licensed health professions licensed under the DOH, Division of Medical Quality Assurance, which would be used to make informed programmatic and fiscal policy. Changes to the collection and update of licensure information were also included, with the overall intent to provide a streamlined licensure process and availability of a comprehensive data set. While SB 1154 and HB 1075 were ultimately not passed by the 2004 Legislature, these bills served to reinforce the concept that valid, ongoing information was essential to serve as a basis for informed healthcare policy and health practitioner workforce development in Florida.

The Board of Governors requested in March 2004 that the Council for Education Policy, Research and Improvement (CEPRI) "define the parameters of a model to be used to quantify the adequacy of the State's physician workforce; project the extent to which a physician shortage exists and to develop cost/benefit estimates of various alternatives to produce the required number of additional physicians including but not limited to: expanding the capacity of existing medical schools, creating new medical schools, expanding or creating new residency programs, and other incentive programs to attract physicians to Florida."

In November 2004, the Medical Education Needs Analysis was released by CEPRI. The CEPRI report remains a valuable document both with respect to identification of factors that can be used in physician forecasting and in the important discussion and policy recommendations regarding the development of Florida's physician workforce.

The report reiterates the lack of available data and questions the reliability or quality of existing data. However, parameters of a model are identified that could be used to create a means to forecast physician workforce. These supply and demand factors include:

- **Demographics** that focus on various features related to the overall physician population;
- **Physician practice status;**
- **Specialty of physicians;**

- **Place of education and training** of physicians;
- **Quality of care and safety of practice** (related to a concern over the large number of International Medical Graduates that Florida imports to meet its healthcare needs);
- **Service delivery concerns,** related largely to the effect of environmental restraints on service delivery and practice climate (malpractice insurance costs and geographic distribution of physicians);
- **Generational changes;**
- **Public perception;**
- **Population growth;**
- **Economic indicators;** and
- **The "Pipeline" into Medical Education** (pre medical education, medical education and graduate medical education).

The policy recommendations made in the CEPRI report include:

- **The Legislature should enact the Florida Health Care Practitioner Workforce Database,** as outlined in House Bill 1075 and Senate Bill 1154 from the 2004 Legislative Session. The database would serve as the official statewide source of valid, objective and reliable data on the physician workforce.
- **As more reliable data becomes available, state policymakers should develop a model** to quantify the adequacy of the state's physician workforce, taking into account the following factors: demographics, physician practice status, specialty, place of education and training, quality of care and safety of practice, service delivery conditions, generational changes, public perception, population growth, economic indicators, and issues of the "pipeline" into medical education.
- **To address the immediate and/or impending physician shortage** in the state, the State of Florida should first pursue a policy of creating and expanding medical residency positions in the state.
- **Given the federal funding limitations on the expansion and creation of residency positions,** the Legislature should provide direct state funding for the residency positions at a rate no less than half of the average estimated direct cost for residency training. Funding for residency positions should be targeted to areas of on-going critical need to the state.
- **The Legislature should provide funding** to the Florida Health Service Corps (381.0302, F.S.) and the Medical Education Reimbursement and Loan Repayment Program (1009.65, F.S.) as a means to immediately provide physicians to critically underserved areas.
- **The expansion of medical school capacity** should be pursued only after policies to immediately address a physician shortage have been implemented (increasing residency positions and funding scholarship and loan forgiveness programs).
- **When expansion of medical school capacity is pursued,** the option of expanding existing medical school capacity, establishing regional partnerships, and establishing new medical schools should be prioritized based on cost-efficiency.

The CEPRI report kept physician workforce issues on the radar of stakeholders and policymakers alike. With the documented need to collect additional data on active Florida physicians to address the current and future needs of the state, policymakers pushed forward with solutions to the perceived workforce shortage. The state addressed areas of medical school capacity when the University of Central Florida (UCF) and the Florida International University (FIU) submitted proposals to the Florida Board of Governors to establish Doctor of Medicine Degree Programs in 2005 and the Graduate Medical Education Committee focused on the need to expand or create new capacity in residency programs across the state.

At this time, The Florida Senate Committee on Health Care was again evaluating physician licensure and the impact to physician workforce. Senate Interim Project Report 2006-136, Review of Medical and Osteopathic Physician Licensure was published in October 2005. This was pursuant to Interim Project Report 2004-164 mentioned previously, and again addressed the need for a statewide reliable database. The practice environment in the state and the potential impact to licensed physicians was discussed, as

were the procedures for physician licensure and renewal. Licensure trends were identified in new applicants and current number of medical physicians active licenses. The information submitted as part of the initial licensure and licensure renewal process was again identified as a potential source of data that would establish a repository of information. The report recommended, in part, that:

- **The Department of Health, Division of Health Access and Tobacco, should be funded and charged to monitor,** evaluate and report on the supply and distribution of physicians using data that is already being collected. At a minimum, the division should develop a strategy to track and analyze, on an ongoing basis, the distribution of Florida-licensed physician by specialty and geographic location.
- **The Department of Health and the appropriate physician boards should collaborate and work with stakeholders,** as specific data needs are identified, to revise the information gathered during the licensure process to improve the usefulness of the data for purposes of physician workforce supply planning.

Physician workforce legislation was filed during the 2006 Legislative Session to reflect the recommendations of the interim report. SB 1410 was filed as a committee bill by the Senate Committee on Health Care, chaired by Senator Peaden; and HB 1093 was filed by Representative Altman. Although the substantive legislation, itself, was not passed by the Legislature during the 2006 session, the general appropriations bill, HB 5001, included proviso language and an appropriation of $210,000 from Specific Appropriations 633 and 635. This proviso language required the Department of Health to provide for collection and assessment of physician workforce data, as had been provided in the language of the substantive bills, SB 1410 and HB 1093.

Although this appropriation and the relative proviso language were vetoed by Governor Bush for fiscal reasons, the Office of the Governor, simultaneous to the veto of the appropriation, affirmed a commitment to ensuring that the state, within existing resources, initiate collection and analysis of physician workforce information so that Florida's relevant healthcare policies might be based on valid information. Through the leadership of the Governor, the Secretary of the Department of Health (subsequently re-titled as the Surgeon General), and the Board of Governors, in collaboration with other governmental and non governmental stakeholders, authority was granted for the Department of Health to work, within its existing resources, to develop and implement a voluntary physician workforce survey. The survey, which would serve as the beginning of Florida's ability to gather ongoing physician workforce information, was incorporated into the allopathic and osteopathic physician licensure renewal processes.

During the time frame of the 2006 Legislative Session, two other activities of importance to Florida's physician workforce were occurring. On March 23, 2006, pursuant to requests submitted by the University of Central Florida and Florida International University, the Florida Board of Governors passed and adopted a "Resolution With Regard to the Future of Medical Education in Florida." The resolution authorized the development of new medical schools at University of Central Florida and Florida International University. The resolution also recognized that Florida, as a growing and dynamic state, must be proactive in planning for the future healthcare of its citizens and found that the policy of the State, with respect to medical education, must be comprehensive in its approach. The Board acknowledged a commitment to Florida's existing medical schools; indicated that the creation of more medical residencies is a first and immediate priority for Florida's healthcare system and found that periodic adjustments should be made to ensure that residencies are in specialties that meet the needs of the population; and addressed the importance that Florida attract and retain new physicians, including access to those from underserved populations. The Board emphasized that the CEPRI Report should be a cornerstone and blueprint for addressing Florida's future healthcare needs in a manner that is comprehensive, logical, action-oriented, collaborative, and expectant of tangible commitments on the parts of the Legislature, the Board of Governors and the State University System. Shortly after adoption of the resolution by the Board of Governors, the 2006 Florida Legislature passed HB 1237, legislation

authorizing the initial development of new medical schools at University of Central Florida and Florida International University.

Also in 2006, the voluntary Physician Workforce Survey was produced by the Department in collaboration with stakeholders, and offered a new data source that reinvigorated legislative leaders to, again, introduce physician workforce legislation during the 2007 session. Success came in the passage of CS/CS/SB 770 by Senator Atwater (House companion bill HB 877 by Representative Homan). This influential legislation expanded upon the previous legislation by directing the Department of Health, not only to collect and analyze physician workforce data, but to also serve as a coordinating and strategic planning body to actively assess the state's current and future physician workforce needs and work with multiple stakeholders to develop strategies and alternatives to address current and projected physician workforce needs. The Department was further directed to serve as a state clearinghouse relative to the physician workforce and medical education continuum in Florida.

Upon passage of CS/CS/SB 770 by the Legislature, approval of the legislation by Governor Crist, and implementation of Florida's physician workforce initiative by the Department, Florida's policymakers would be in a position to shape policy with actual data and lay the groundwork for physician and overall healthcare practitioner planning that will be able to meet the needs of Florida's citizens.

Department of Health Implementation of CS/CS/SB 770

The Florida Legislature recognized that in order to plan for adequate and quality healthcare for all Floridians, there must be an understanding of the makeup and distribution of active, licensed physicians. To achieve the intent of CS/CS/SB 770, the Department, serving as a coordinating and strategic planning body and working with existing programs, was tasked with accomplishing the following:

- **Developing and implementing a survey** of Florida physicians to collect pertinent information as part of the licensure renewal process;
- **Monitoring, evaluating and reporting** on the supply and distribution of physicians in Florida, and maintaining a database with this statewide data;
- **Developing a model to quantify** the surplus or shortage of physicians in Florida;
- **Developing recommendations of strategies** focused on medical school and graduate medical education issues, and the attracting and retaining of physicians in Florida;
- **Serving as a liaison** with other states and federal agencies and programs;
- **Acting as a clearinghouse** for physician workforce information and the medical education continuum in Florida; and
- **Reporting each year** on the geographic distribution and specialty mix of physicians in Florida.

The Department of Health has had significant success in its initial coordination and implementation of CS/CS/SB 770, now, in part, codified as section 381.4018, Florida Statutes. In addition to coordinating governmental and non-governmental stakeholders, the Department has also been committed to maximizing its own internal activities and resources. In August 2007, Department leadership identified key internal programs involved in physician workforce issues and held internal meetings to draft an implementation plan. The Department's proactive implementation of Florida's physician workforce initiative has included

continuation and enhancement of departmental programmatic efforts already underway. Department programs include the Division of Medical Quality Assurance, Office of Health Professional Recruitment, Graduate Medical Education Committee, Community Hospital Education Council, J1-VISA program, Area Health Education Centers Network, Office of Rural Health, Local Health Councils, Medically Underserved Areas program, Volunteer Health Program, Office of Trauma, Bureau of Emergency Medical Services, and Office of Injury Prevention. Since the passage of CS/CS/SB 770, the Department has expanded its healthcare practitioner initiatives to the Office of Public Health Nursing, the Public Health Dental Program and has presented information to the Division of Family Health Services and County Health Departments to keep future lines of collaboration and communication open and transparent.

As previously discussed, the first Physician Workforce Questionnaire was developed as a voluntary effort in 2006 (Appendix I). The voluntary survey was developed through collaborative efforts of governmental and non-governmental stakeholders under the leadership and through the ongoing support of the Governor, Secretary of the Department of Health (now Surgeon General), the legislative sponsors of SB 1410 and HB 1093, and the Board of Governors. The voluntary survey "went live" during the October, 2006, allopathic physician licensure renewal cycle and was completed in January of 2007. A response rate of almost 90% for the voluntary survey was recorded. For purposes of clarity in this report, the voluntary physician survey data that was collected in late 2006 and early 2007 will be referred to as the 2007 physician data base.

The survey data was reviewed by a group of stakeholders at the Department, but the only comprehensive analysis was done by Dr. Robert Brooks and Dr. Nir Menachemi, published as the feature article "Florida's Physician Workforce: Preliminary Results from a Statewide Survey" in the Florida Medical Magazine (October, 2007). The analysis was the first attempt to dissect Florida's active licensed physicians by specialty mix, and identified several factors that would help reshape the mandatory survey and focus efforts of strategic planning .

That same year, in 2007, after the passage of CS/CS/SB 770, governmental and non-governmental stakeholders convened on a weekly basis for several months to modify the voluntary survey to become the mandatory survey, ensuring that it reflected the provisions of the underlying statute. Stakeholders reached consensus on a series of questions aimed at assessing the status of Florida's current physician workforce, including addressing the geographic location and specialty mix of licensed Florida physicians. Pursuant to CS/CS/SB 770, the survey also included specific questions on mammography, obstetrics and emergency on-call services. The Division of Medical Quality Assurance (MQA) incorporated the mandatory physician workforce survey into the allopathic and osteopathic physician licensure renewal processes. MQA has also adopted provisions regarding the disciplinary/citation process for physicians not completing the mandatory survey into administrative rule. Initial rules were filed and published in Florida Administrative Weekly in December, 2007. The rules were subsequently modified in July, 2008 (Appendix II). The 2008 Physician Workforce Survey went live October, 2007, and included one half of allopathic (n=25,850), and all osteopathic (n=4,839), physicians renewing their licenses during this cycle (Appendix III). For purposes of clarity, in this report, the mandatory physician survey data that was collected in late 2007 and early 2008 will be referred to as the 2008 physician data base.

Upon the Legislature's passage and Governor Crist's approval of CS/CS/SB 770, the State Surgeon General created a Healthcare Practitioner Workforce Ad Hoc Committee. The Ad Hoc Committee, created pursuant to section 20.43(6), Florida Statutes, was created to address survey data collection, analysis, and reporting; and the development of a framework for physician workforce strategic planning. The Ad Hoc Committee has worked diligently and inclusively with interested stakeholders to accomplish the key tasks outlined by the State Surgeon General, the first of which was to reevaluate the survey tool and recommend changes to the survey based on the identified needs in particular areas. The group made a number of suggestions relative to the physician workforce survey document, all of which were seriously considered by the Surgeon General and Department staff. The 2008–09 Physician Workforce Survey

document was noticed by the Department for rulemaking and published in the Florida Administrative Weekly on August 1, 2008 (Appendix IV). The modified survey recently went "live" as part of the 2008–2009 Physician Licensure Renewal process, and will be completed by January, 2009.

In order to maximize the efficiency and effectiveness of the survey document and subsequent analysis of Florida physician workforce information, the Department is utilizing the Department's own existing resources as much as pragmatically possible. The utilization of the survey document and Department resources, including the "practitioner profile", are expected to result in the collection of significant information and in the provision of an initial complete, exhaustive snapshot of Florida's workforce. In future years, as physician workforce information is further collected and analyzed, the Department should have the ability to also reflect trend information relative to Florida's physician workforce.

The Healthcare Practitioner Ad Hoc Committee has also addressed the development of a framework for strategic planning as required by CS/CS/SB 770. In order to meet the strategic planning directives of the legislation, the Ad Hoc Committee elected to concentrate on three key substantive areas: medical education and the medical school pipeline, graduate medical education and the attraction and retention of physicians in Florida. The development of a strategic planning framework continues to be a transparent and inclusive effort, drawing interest and support from an array of pubic and private entities and interests. The strategic planning efforts focus on objectives, which, when implemented, will meet the directives of CS/CS/SB 770 and will help ensure a sufficient future supply of physicians to provide needed medical care for Florida's citizens, and to meet the state's geographic, demographic, and physician specialty workforce needs. These Ad Hoc Committee objectives and framework for strategic planning include, but are not limited to:

- **Ensuring a sufficient supply of qualified medical school applicants** to meet the capacity and requirements of the state's allopathic and osteopathic medical schools.
- **Ensuring a high-quality medical education** in Florida's public and private, allopathic and osteopathic medical schools. Such medical education should be provided in a manner that recognizes the uniqueness of each medical school and in a manner that will provide a quantity, quality and diversity of graduates that are adequate to meet physician workforce needs.
- **Creating, expanding and maintaining sufficient graduate medical education** (GME) positions in the state. Considering funding alternatives, including the possibility of providing state funding for an increased number of GME positions in Florida that will be adequate to support the graduates of all of Florida's existing and new medical schools who elect to do GME in Florida. GME strategies and funding should be based on physician workforce information and should address the critical geographic, demographic and specialty needs of the state.
- **Attracting and retaining physicians** to care for Florida's citizens.

  Maximizing federal and state programs that use incentives to attract physicians to this state or retain physicians within the state. Strategies might include the use of programs such as the Florida Health Services Corps (s.381.0302, F.S.) and the Medical Education Reimbursement and Loan Repayment Program (s. 1009.65, F.S.) as a means to immediately provide physicians to critically underserved areas.

  Addressing matters related to practice environment that impact Florida's ability to recruit or retain needed practicing physicians.

The above items reflect the Ad Hoc Committee's initial framework for physician workforce strategic planning. A more complete and detailed strategic planning document is expected to be available in early 2009. As strategic planning is a living, ever-developing process, the expectation is that physician workforce strategic planning functions will be ongoing activities and will vary depending on the status of Florida's physician workforce, Florida's general population, and Florida's healthcare environment and system.

Data Analysis and Reporting

The Department of Health is reporting here on data from the 2008 mandatory physician workforce survey. This data represents one half of allopathic (n= 25,654), and all osteopathic (n= 4,838) physicians renewing their licenses. Based on the intent of CS/CS/SB 770, the Department of Health has worked to provide detailed information from the survey and the Physician Practitioner Profile, mandated in sections 456.039, 456.041, 456.043 & 456.045, F.S.

The following caveats and limits are made with regard to the survey data:

- **Physician licensure data will be provided annually.** "Point in time" verification will not be conducted.
- **Physician licensure data and the Physician Workforce Survey** are self-reported data.
- **The Department will work with stakeholders** to define relevant terms and parameters for reporting.
- **The first year of data evaluation** will produce an initial report that will benchmark physician licensure information by specialty and geographic location.
- **The Department will facilitate discussions and a strategic plan** with stakeholders based on the analysis of data from the Physician Workforce Survey.

2008 Florida Physician Workforce Survey: Key Findings and Limitations

The Physician Workforce Survey is a direct attempt to address the concern of policymakers and stakeholders regarding the availability of data needed to assess the adequacy of the physician workforce by geographic distribution and specialty mix. The survey is a compilation of questions asking specifics of a physician's practice status and projected changes to practice, coupled with demographic information from the statutorily mandated Practitioner Profile. These data create the basis for a centralized repository for a statewide health workforce data system that offers a source of valid data to make policy decisions that impact access to quality care for Floridians.

The reporting for this annual report includes the 2008 physician renewal cycle, which represents one-half of allopathic physicians (which renew every other year), and all osteopathic physicians licensed in Florida.

There was a separate voluntary survey conducted for the 2007 licensure renewal process that includes the other half of allopathic physicians. In order to be comparable to analysis that was conducted by Dr. Robert Brooks and Dr. Nir Menachemi on the 2007 voluntary survey data, some criteria were held constant for questions, but, based on the input of the Healthcare Practitioner Ad Hoc Committee, there was not an effort to combine the entire data set at this point (Brooks and Menachemi, 2007).

METHODS

Physician respondents were able to complete the 2008 survey by web-based response or by connecting to the survey and printing the paper format to return with the renewal document, or as a stand-alone document. Paper surveys were then entered into the web-based system for data analysis. The survey instrument itself was reworked from the original 2007 voluntary survey with input from physician workforce stakeholders, the Council of Medical School Deans, graduate medical education representatives, the Florida Medical Association and Florida Osteopathic Medical Association, the Florida Hospital Association, other governmental agencies, physician specialty groups including the Radiological Society and the Florida Society of Obstetrics and Gynecology, emergency physicians groups and many others. The survey consisted of 12 core questions, and a series of specialty questions, directed by statute, for physicians taking emergency call, radiologists and specialists in obstetrics/gynecology.

RESULTS

A total of 25,654 allopathic (84%) and 4,838 osteopathic (16%) physicians completed the 2008 survey. Of those who were allopathic physicians, only 18,335 physicians, (71.5%), indicated that they currently practice medicine at any time during the year in Florida and had a valid Florida practice address. Of those who were osteopathic physicians, 3,275 respondents, (67.7%), indicated that they currently practice in Florida and had a valid Florida practice address. The two groups were totaled together, and the analysis in this report includes 21,610 (71 %) physicians responding to the survey.

DEMOGRAPHICS

Of the 21,610 physicians (MDs and DOs) who responded to the 2008 Workforce Survey, Figure 1 shows that the State's physician workforce continues to be male-dominated (77%). Overall, the mean age of all respondents was 46 for female and 52 for male. Of the 18,335 allopathic physicians responding to the survey, the mean age was 52 for male and 47 for female. The mean age for the 3,275 osteopathic physicians responding was younger, at 49 for male, and 42, for female physicians (see **Figure 1-2**).

Figure I. Demographics: Gender Distribution (M.D. and D.O.)

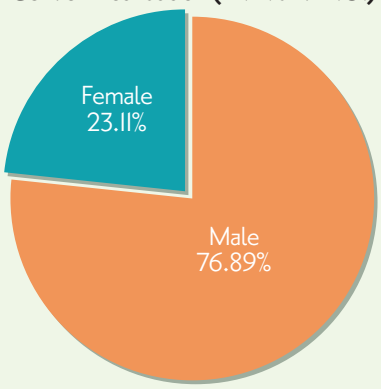
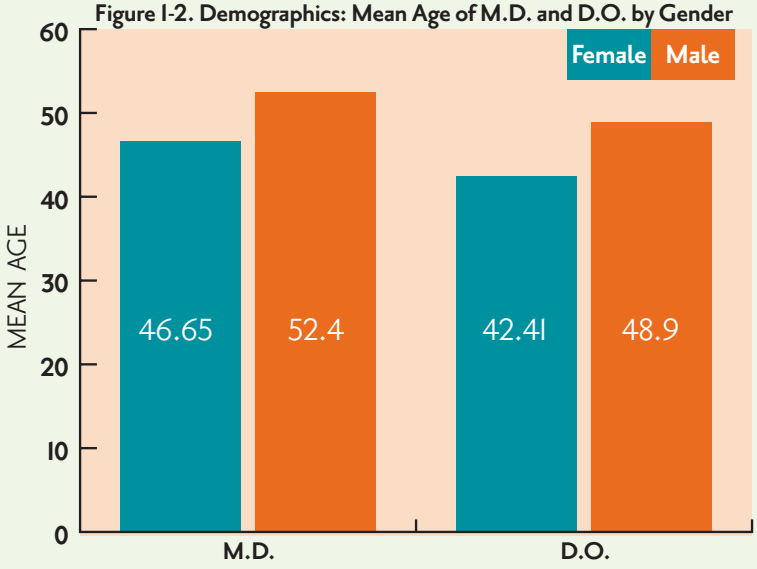


Figure I-2. Demographics: Mean Age of M.D. and D.O. by Gender



Physicians between the ages of 25 and 45 made up only 36 percent of the total workforce (see **Figure 2**). Based on the survey, more than 30 percent of the physicians were over the age of 55. The majority of the physicians were between 46 and 55 (33%). More than 34 percent of the male physicians were 56 or older, while approximately 16 percent of the female physicians were in the same age category.

Figure 3 shows the distribution of physicians by different ethnic groups. Approximately 67 percent of those who responded to this question stated they were White/Non-Hispanic. Fourteen percent of the respondents identified themselves by choosing the 'Other' category, followed by Asian/Pacific Islander, Black/Non-Hispanic, Hispanic, and American Indian/Alaskan Native.[1] Of note, 84 percent of the osteopathic physicians (DOs) were White/Non-Hispanic, compared to only 63.5 percent for allopathic physicians (MDs) (see **Figure 3-2**). Twelve percent of the allopathic physicians were Asian/Pacific Islander, while 5 percent of osteopathic physicians were in the same category. Both Black and Hispanic respondents accounted for 4.6 percent of the workforce among allopathic physicians. Among the osteopathic physicians, 3 percent were Black/Non-Hispanic, while only 1.7 percent represented Hispanic physicians.

Figure 2. Demographics: Age Distribution (M.D. and D.O.)

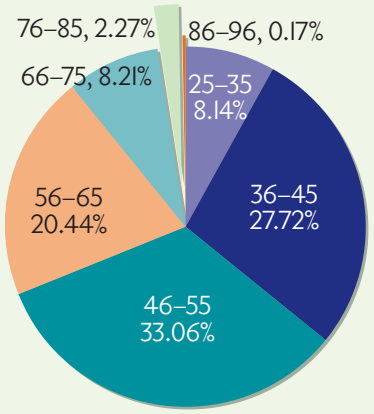


Figure 3. Demographics: Race/Ethnicity (M.D. and D.O.)

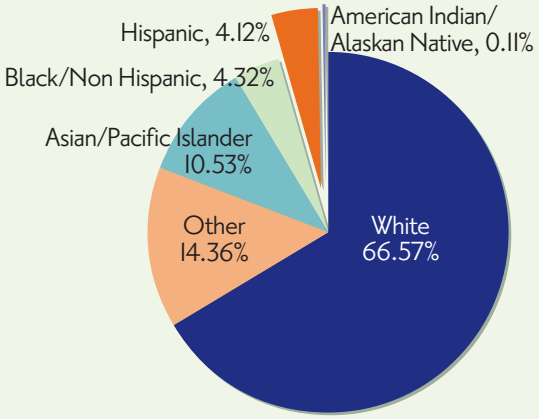
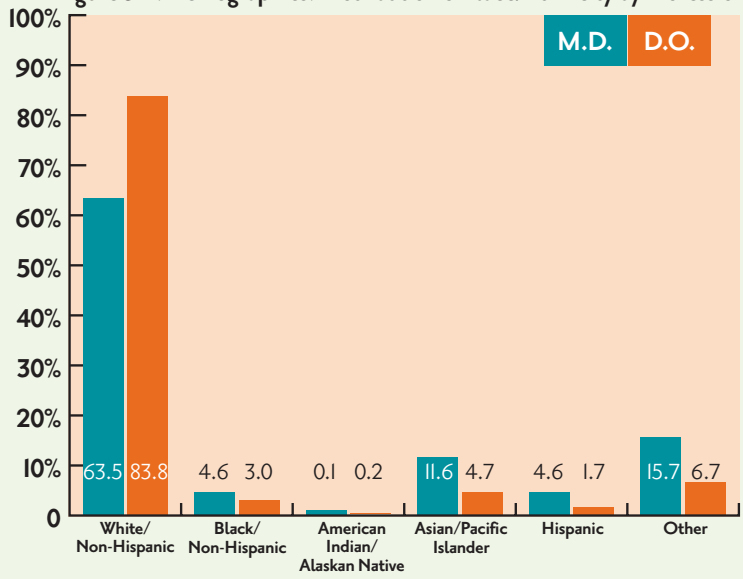


Figure 3-2. Demographics: Distribution of Race/Ethnicity by Profession



[1] Of the 21,610 respondents included in the sample, there were 622 missing cases and 89 cases that were 'Unknown.' Both the missing cases and the cases in the 'Unknown' category were treated as missing cases and therefore do not represent any part of the Figure 3.

PRACTICE STATUS[2]

The majority of physicians (97%; n= 20,752) responding to the survey work 9–12 months per year in Florida (see Figure 4). The vast majority of physicians who worked at least 9 months per year (data not shown) were White/Non-Hispanic (77.5%), followed by Asian/Pacific Islander (12.5%), Black/Non-Hispanic (5%), Hispanic (4.9%), and American Indian/Alaskan Native (.1%). Among those who worked at least 9 months, 77 percent were male physicians. Of note, the majority of those who practiced at least 9 months per year was in the 46–55 age bracket (33.5%), followed by 36–45 (28.1%) and 56–65 (20.3%), while about 30 percent was over the age of 56. In addition, 35.7 percent worked more than 40 hours, followed by 1–20 hours (35.5%) and 21–40 hours (28.7%).

Another indicator for the practice status is shown in **Figure 5**, where respondents were asked whether they were in a solo practice. Of the 21,610 respondents to the 2008 survey, 6,685 (31.3%) respondents indicated that they were in a solo practice. Of note, those who were in a solo practice were older than those who worked in other settings for both male and female (see **Figure 5-2**). The mean age of respondents who worked in a solo setting was 49 and 55, for female, and male, respectively, while the mean age for those who were in other settings other than a solo practice was 44, and 50, for female, and male, respectively.

Figure 4. Number of Practice Months Per Year (M.D. and D.O.)

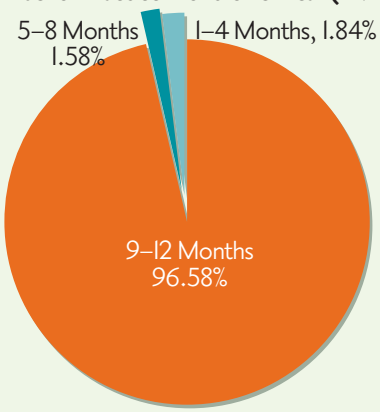


Figure 5. Solo Practice (M.D. and D.O.)

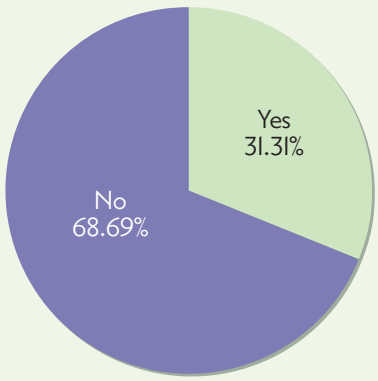
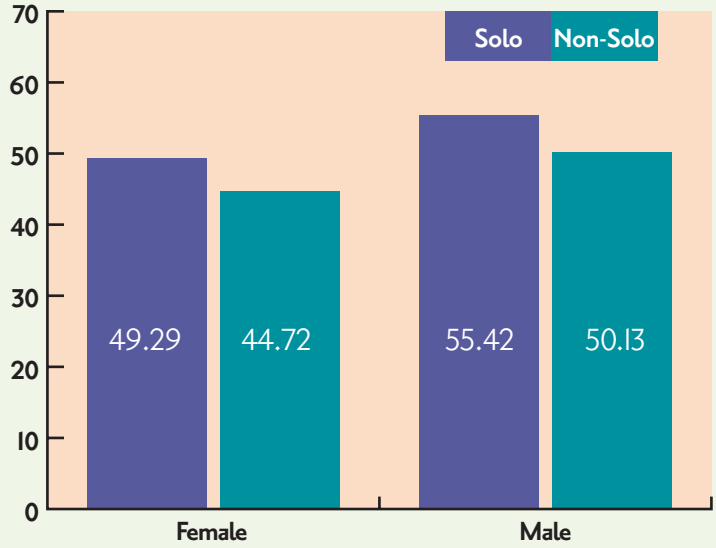


Figure 5-2. Mean Age of Physicians in Solo Practice vs. Non-Solo Practice



[2]Every table and figure shown is based on the combination of both allopathic physicians and osteopathic physicians combined, unless stated otherwise.

Figure 6 shows the distribution of Florida physicians by the practice settings where the majority of their time is spent. Statistics show that over 60 percent of the respondents indicated a private office setting as their main practice location, followed by hospital-inpatient (9.4%), other setting (7.2%), hospital other (6.1%), hospital emergency department (4.9%), and hospital—outpatient department/service (4.2%).

SPECIALTY MIX

Figure 7[3] shows the distribution of specialties. These were listed by the "primary" specialty that was reported by each respondent. (In a number of cases the physician respondent also listed "secondary" areas of specialization.) By frequency, family medicine (15%) was the largest represented group, followed by internal medicine (13%) and medical specialists (13%). Surgical specialists were not too far behind with 12.3 percent. The "other" category[4] was the fifth largest group represented with 6.8 percent, followed by anesthesiology (5.7%) and pediatrics (5.5%).

[3]The figure excluded a total of 842 missing cases.

[4] The majority of "Other" category represents cases where respondents' choice of the other category had either the single largest percentage of time or the largest sum of total percentage of time. For the purpose of study, if no specialty is distinguished to have the majority of percentage of hours, the case is treated as "Other" category. If the respondent selected two specialties and each specialty splits the percentage of hours evenly, then "Other" category is selected that best describes or represents his or her primary specialty. Also, if a respondent chose a specialty group and gave more than 81 percent of time or more and also chose the "Other" specialty category and gave the same 81 percent of time or more, for the purpose of study, the "Other" category is selected as that which best represents the respondent's primary specialty. In seemingly valid cases where a respondent indicated two distinct specialties with even percentage of hours per week, to be consistent with other measures, "Other" category is selected so as to not give edge to one or the other specialty.

Figure 6. Main Practice Settings by the Physicians

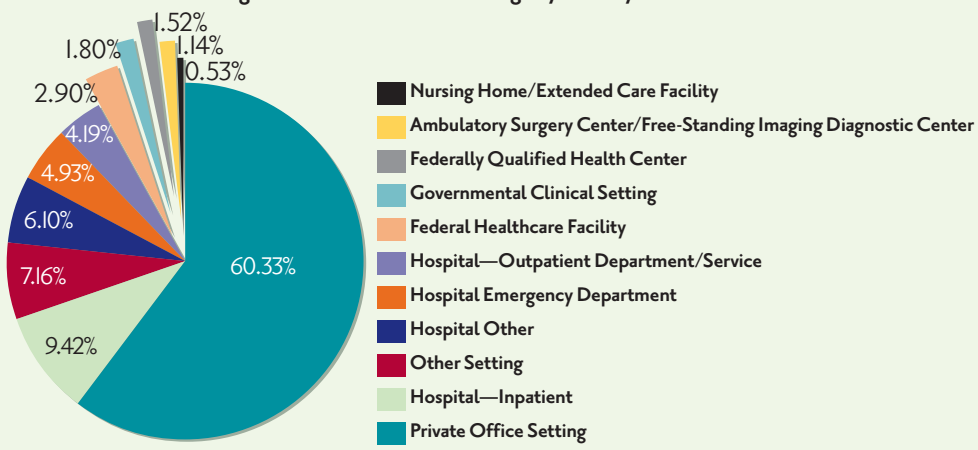


Figure 7. Distribution of Specialty (M.D. and D.O.)

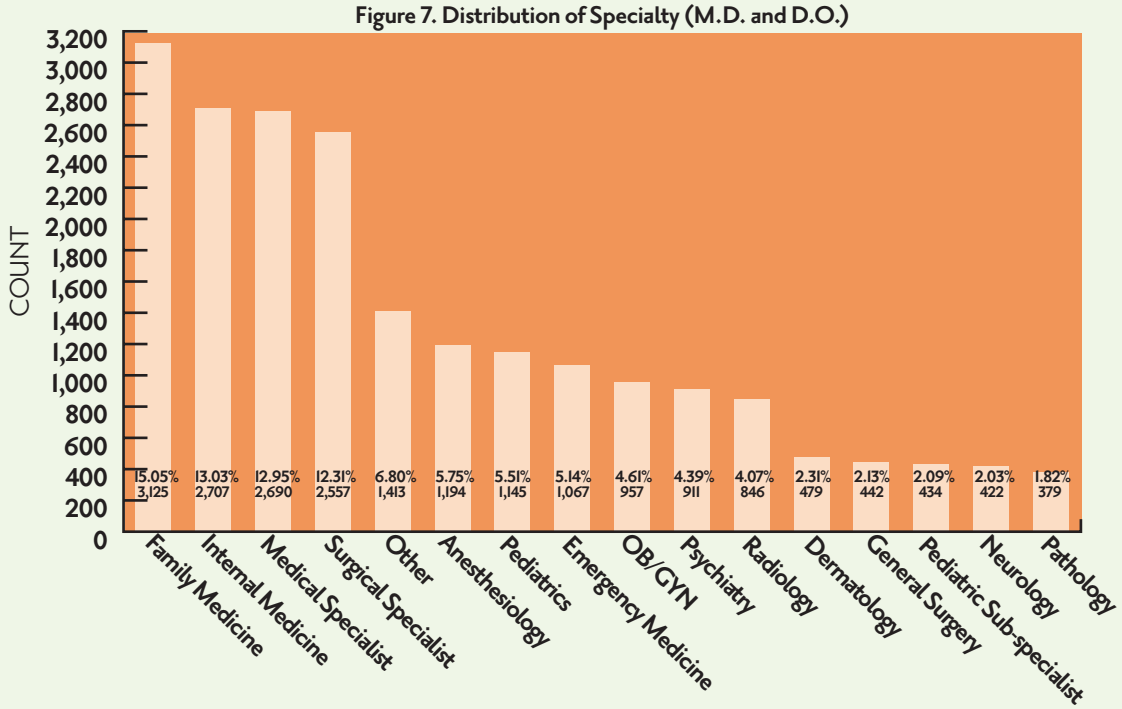


Table 1. Distribution of Specialties by Gender (MDs and DOs)

SPECIALTY		GENDER		TOTAL
		FEMALE	MALE	
Family Medicine	Count	858	2,260	3,118
	Percent within Primary Specialty	27.5%	72.5%	100%
	Percent within Gender	17.9%	14.2%	15.0%
Internal Medicine	Count	773	1,934	2,707
	Percent within Primary Specialty	28.6%	71.4%	100%
	Percent within Gender	16.1%	12.1%	13.1%
Pediatrics	Count	614	531	1,145
	Percent within Primary Specialty	53.6%	46.4%	100%
	Percent within Gender	12.8%	3.3%	5.5%
Pediatric Subspecialist	Count	151	283	434
	Percent within Primary Specialty	34.8%	65.2%	100%
	Percent within Gender	3.2%	1.8%	2.1%
OB/GYN	Count	349	607	956
	Percent within Primary Specialty	36.5%	63.5%	100%
	Percent within Gender	7.3%	3.8%	4.6%
Medical Specialist	Count	367	2,321	2,688
	Percent within Primary Specialty	13.7%	86.3%	100%
	Percent within Gender	7.7%	14.5%	13.0%
General Surgery	Count	35	406	441
	Percent within Primary Specialty	7.9%	92.1%	100%
	Percent within Gender	0.7%	2.5%	2.1%
Surgical Specialist	Count	191	2,363	2,554
	Percent within Primary Specialty	7.5%	92.5%	100%
	Percent within Gender	4.0%	14.8%	12.3%
Psychiatry	Count	293	618	911
	Percent within Primary Specialty	32.2%	67.8%	100%
	Percent within Gender	6.1%	3.9%	4.4%
Radiology	Count	132	713	845
	Percent within Primary Specialty	15.6%	84.4%	100%
	Percent within Gender	2.8%	4.5%	4.1%
Emergency Medicine	Count	202	865	1,067
	Percent within Primary Specialty	18.9%	81.1%	100%
	Percent within Gender	4.2%	5.4%	5.1%
Pathology	Count	114	265	379
	Percent within Primary Specialty	30.1%	69.9%	100%
	Percent within Gender	2.4%	1.7%	1.8%
Dermatology	Count	142	336	478
	Percent within Primary Specialty	29.7%	70.3%	100%
	Percent within Gender	3.0%	2.1%	2.3%
Neurology	Count	67	355	422
	Percent within Primary Specialty	15.9%	84.1%	100%
	Percent within Gender	1.4%	2.2%	2.0%
Anesthesiology	Count	217	973	1,190
	Percent within Primary Specialty	18.2%	81.8%	100%
	Percent within Gender	4.5%	6.1%	5.7%
Other	Count	284	1,124	1,408
	Percent within Primary Specialty	20.2%	79.8%	100%
	Percent within Gender	5.9%	7.0%	6.8%
Total	Count	4,789	15,954	20,743
	Percent within Primary Specialty	23.1%	76.9%	100%
	Percent within Gender	100%	100%	100%

Table I-2. Distribution of Specialties by Profession

SPECIALTY		PROFESSION CODE		TOTAL
		M.D.	D.O.	
Family Medicine	Count	2,002	1,123	3,125
	Percent within the Specialty	64.1%	35.9%	100%
	Percent within the Profession	11.4%	35.3%	15.0%
Internal Medicine	Count	2,400	307	2,707
	Percent within the Specialty	88.7%	11.3%	100%
	Percent within the Profession	13.6%	9.7%	13.0%
Pediatrics	Count	1,067	78	1,145
	Percent within the Specialty	93.2%	6.8%	100%
	Percent within the Profession	6.1%	2.5%	5.5%
Pediatric Subspecialist	Count	411	23	434
	Percent within the Specialty	94.7%	5.3%	100%
	Percent within the Profession	2.3%	0.7%	2.1%
OB/GYN	Count	854	103	957
	Percent within the Specialty	89.2%	10.8%	100%
	Percent within the Profession	4.9%	3.2%	4.6%
Medical Specialist	Count	2,498	192	2,690
	Percent within the Specialty	92.9%	7.1%	100%
	Percent within the Profession	14.2%	6.0%	13.0%
General Surgery	Count	397	45	442
	Percent within the Specialty	89.8%	10.2%	100%
	Percent within the Profession	2.3%	1.4%	2.1%
Surgical Specialist	Count	2,320	237	2,557
	Percent within the Specialty	90.7%	9.3%	100%
	Percent within the Profession	13.2%	7.5%	12.3%
Psychiatry	Count	837	74	911
	Percent within the Specialty	91.9%	8.1%	100%
	Percent within the Profession	4.8%	2.3%	4.4%
Radiology	Count	774	72	846
	Percent within the Specialty	91.5%	8.5%	100.0%
	Percent within the Profession	4.4%	2.3%	4.1%
Emergency Medicine	Count	731	336	1,067
	Percent within the Specialty	68.5%	31.5%	100%
	Percent within the Profession	4.2%	10.6%	5.1%
Pathology	Count	361	18	379
	Percent within the Specialty	95.3%	4.7%	100%
	Percent within the Profession	2.1%	0.6%	1.8%
Dermatology	Count	380	99	479
	Percent within the Specialty	79.3%	20.7%	100%
	Percent within the Profession	2.2%	3.1%	2.3%
Neurology	Count	371	51	422
	Percent within the Specialty	87.9%	12.1%	100%
	Percent within the Profession	2.1%	1.6%	2.0%
Anesthesiology	Count	1,042	152	1,194
	Percent within the Specialty	87.3%	12.7%	100%
	Percent within the Profession	5.9%	4.8%	5.7%
Other	Count	1,146	267	1,413
	Percent within the Specialty	81.1%	18.9%	100%
	Percent within the Profession	6.5%	8.4%	6.8%
Total	Count	17,591	3,177	20,768
	Percent within the Specialty	84.7%	15.3%	100%
	Percent within the Profession	100%	100%	100%

Table 1[5] shows the distribution of specialties by gender. Male physicians were more frequent in the majority of specialties, except for pediatrics where male physicians accounted for 46.4 percent of all respondents. Specialties where males represented an overwhelming majority of respondents were general surgery (92.1%) and surgical specialist (92.5%). The top five specialties for women based on the frequency of responses were pediatrics (53.6%), OB/GYN (36.5%), pediatric sub-specialist (34.8%), psychiatry (32.2%), and pathology (30.1%).

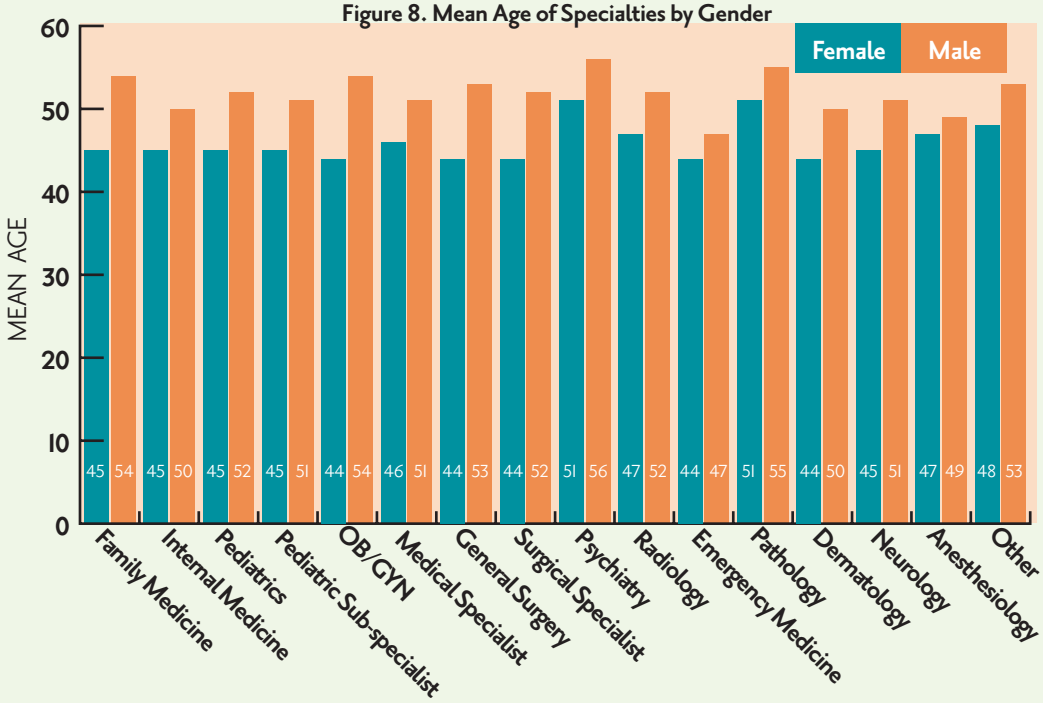
As **Table 1** shows, the top five specialties by female physicians were family medicine (17.9%), internal medicine (16.1%), pediatrics (12.8%), medical specialist (7.7%), and OB/GYN (7.3%). The top five specialties by male physicians were surgical specialist (14.8%), medical specialist (14.5%), family medicine (14.2%), internal medicine (12.1%), and other (7%).

When broken down by profession, the top five specialties for allopathic physicians were medical specialist (14.2%), internal medicine (13.6%), surgical specialist (13.2%), family medicine (11.4%), and other (6.5%) (see **Table 1-2**).[6] As for the osteopathic physicians, the most represented group was family medicine (35.3%), followed by emergency medicine (10.6%), internal medicine (9.7%), other (8.4%), and surgical specialist (7.5%). Of note, male physicians were an average five years older than female physicians in most of the primary specialties (see **Figure 8**).

Table 2[7] shows the distribution of specialties by age category. The top three specialties (excluding other [12.1 percent]), where the 67–96 age category represented at least 10 percent within each specialty were: psychiatry (18.7%), family medicine (13.7%), and general surgery (12%). The majority of specialties were in the 46–66 age bracket (54.8%), followed by those in the 24–45 age bracket (36.1%) and those in the 67–96 age bracket (9%).

When broken down by the age categories, the top five specialties in the 25–45 age bracket were internal medicine (15.4%), family medicine (14.3%), medical specialist (12.6%), surgical specialist (11.4%), and emergency medicine (7.1%). Among those between 46 and 66, the top five specialties included family medicine (14.2%), medical specialist (14%), surgical specialist (12.4%), internal medicine (12.2%), and other (7.2%). Only 1.1 percent and 1.9 percent of those in the 25–45 age bracket specialized in pathology, and neurology, respectively. Of those in the 67–96 age bracket, the top five specialties included family medicine (22.8%), surgical specialist (15.4%), psychiatry (9.1%), other (9.1%), and internal medicine (8.9%). **Table 2-2** shows the distribution for allopathic physicians only.[8]

Figure 8. Mean Age of Specialties by Gender



[5]There were a total of 867 missing cases for age category, which reduced the total sample size of 21,610 down to 20,743 for the gender breakdown.

[6]There were 842 missing cases for Table 1-2.

[7]There were 869 missing cases for age, which reduced the total sample size from 21,610 down to 20,741 for the age breakdown.

[8]There were 765 missing cases.

Table 2. Distribution of Specialties by Age Category (MDs and DOs)

SPECIALTY		AGE CATEGORY			TOTAL
		25–45	46–66	67–96	
Family Medicine	Count	1,073	1,618	426	3,117
	Percent within Primary Specialty	34.4%	51.9%	13.7%	100%
	Percent within Age Category	14.3%	14.2%	22.8%	15.0%
Internal Medicine	Count	1,153	1,388	166	2,707
	Percent within Primary Specialty	42.6%	51.3%	6.1%	100%
	Percent within Age Category	15.4%	12.2%	8.9%	13.1%
Pediatrics	Count	475	605	65	1,145
	Percent within Primary Specialty	41.5%	52.8%	5.7%	100%
	Percent within Age Category	6.3%	5.3%	3.5%	5.5%
Pediatric Subspecialist	Count	149	266	19	434
	Percent within Primary Specialty	34.3%	61.3%	4.4%	100%
	Percent within Age Category	2.0%	2.3%	1.0%	2.1%
OB/GYN	Count	349	516	91	956
	Percent within Primary Specialty	36.5%	54.0%	9.5%	100%
	Percent within Age Category	4.7%	4.5%	4.9%	4.6%
Medical Specialist	Count	941	1,591	156	2,688
	Percent within Primary Specialty	35.0%	59.2%	5.8%	100%
	Percent within Age Category	12.6%	14.0%	8.3%	13.0%
General Surgery	Count	148	240	53	441
	Percent within Primary Specialty	33.6%	54.4%	12.0%	100%
	Percent within Age Category	2.0%	2.1%	2.8%	2.1%
Surgical Specialist	Count	857	1,409	288	2,554
	Percent within Primary Specialty	33.6%	55.2%	11.3%	100%
	Percent within Age Category	11.4%	12.4%	15.4%	12.3%
Psychiatry	Count	226	515	170	911
	Percent within Primary Specialty	24.8%	56.5%	18.7%	100%
	Percent within Age Category	3.0%	4.5%	9.1%	4.4%
Radiology	Count	286	471	88	845
	Percent within Primary Specialty	33.8%	55.7%	10.4%	100%
	Percent within Age Category	3.8%	4.1%	4.7%	4.1%
Emergency Medicine	Count	536	512	18	1,066
	Percent within Primary Specialty	50.3%	48.0%	1.7%	100%
	Percent within Age Category	7.1%	4.5%	1.0%	5.1%
Pathology	Count	81	258	40	379
	Percent within Primary Specialty	21.4%	68.1%	10.6%	100%
	Percent within Age Category	1.1%	2.3%	2.1%	1.8%
Dermatology	Count	202	248	28	478
	Percent within Primary Specialty	42.3%	51.9%	5.9%	100%
	Percent within Age Category	2.7%	2.2%	1.5%	2.3%
Neurology	Count	146	249	27	422
	Percent within Primary Specialty	34.6%	59.0%	6.4%	100%
	Percent within Age Category	1.9%	2.2%	1.4%	2.0%
Anesthesiology	Count	452	674	64	1,190
	Percent within Primary Specialty	38.0%	56.6%	5.4%	100%
	Percent within Age Category	6.0%	5.9%	3.4%	5.7%
Other	Count	423	815	170	1,408
	Percent within Primary Specialty	30.0%	57.9%	12.1%	100%
	Percent within Age Category	5.6%	7.2%	9.1%	6.8%
Total	Count	7,497	11,375	1,869	20,741
	Percent within Primary Specialty	36.1%	54.8%	9.0%	100%
	Percent within Age Category	100%	100%	100%	100%

Table 2-2. Distribution of Specialties by Age Category (MDs Only)

SPECIALTY		AGE CATEGORY			TOTAL
		25–45	46–66	67–96	
Family Medicine	Count	610	1,071	316	1,997
	Percent within Primary Specialty	30.5%	53.6%	15.8%	100%
	Percent within Age Category	10.2%	10.8%	19.0%	11.4%
Internal Medicine	Count	969	1,277	154	2,400
	Percent within Primary Specialty	40.4%	53.2%	6.4%	100%
	Percent within Age Category	16.3%	12.8%	9.2%	13.7%
Pediatrics	Count	424	578	65	1,067
	Percent within Primary Specialty	39.7%	54.2%	6.1%	100%
	Percent within Age Category	7.1%	5.8%	3.9%	6.1%
Pediatric Subspecialist	Count	132	260	19	411
	Percent within Primary Specialty	32.1%	63.3%	4.6%	100%
	Percent within Age Category	2.2%	2.6%	1.1%	2.3%
OB/GYN	Count	293	472	88	853
	Percent within Primary Specialty	34.3%	55.3%	10.3%	100%
	Percent within Age Category	4.9%	4.7%	5.3%	4.9%
Medical Specialist	Count	850	1,498	148	2,496
	Percent within Primary Specialty	34.1%	60.0%	5.9%	100%
	Percent within Age Category	14.3%	15.1%	8.9%	14.2%
General Surgery	Count	122	225	49	396
	Percent within Primary Specialty	30.8%	56.8%	12.4%	100%
	Percent within Age Category	2.0%	2.3%	2.9%	2.3%
Surgical Specialist	Count	747	1,297	274	2,318
	Percent within Primary Specialty	32.2%	56.0%	11.8%	100%
	Percent within Age Category	12.6%	13.0%	16.4%	13.2%
Psychiatry	Count	191	480	166	837
	Percent within Primary Specialty	22.8%	57.3%	19.8%	100%
	Percent within Age Category	3.2%	4.8%	10.0%	4.8%
Radiology	Count	259	441	73	773
	Percent within Primary Specialty	33.5%	57.1%	9.4%	100%
	Percent within Age Category	4.4%	4.4%	4.4%	4.4%
Emergency Medicine	Count	325	387	18	730
	Percent within Primary Specialty	44.5%	53.0%	2.5%	100%
	Percent within Age Category	5.5%	3.9%	1.1%	4.2%
Pathology	Count	78	244	39	361
	Percent within Primary Specialty	21.6%	67.6%	10.8%	100%
	Percent within Age Category	1.3%	2.5%	2.3%	2.1%
Dermatology	Count	141	213	25	379
	Percent within Primary Specialty	37.2%	56.2%	6.6%	100%
	Percent within Age Category	2.4%	2.1%	1.5%	2.2%
Neurology	Count	115	229	27	371
	Percent within Primary Specialty	31.0%	61.7%	7.3%	100%
	Percent within Age Category	1.9%	2.3%	1.6%	2.1%
Anesthesiology	Count	378	600	60	1,038
	Percent within Primary Specialty	36.4%	57.8%	5.8%	100%
	Percent within Age Category	6.4%	6.0%	3.6%	5.9%
Other	Count	318	680	145	1,143
	Percent within Primary Specialty	27.8%	59.5%	12.7%	100%
	Percent within Age Category	5.3%	6.8%	8.7%	6.5%
Total	Count	5,952	9,952	1,666	17,570
	Percent within Primary Specialty	33.9%	56.6%	9.5%	100%
	Percent within Age Category	100%	100%	100%	100%

Table 3. Distribution of Specialties by Race (MDs and DOs)

		RACE						TOTAL
		WHITE/ NON-HISPANIC	BLACK/ NON-HISPANIC	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN/ PACIFIC ISLANDER	HISPANIC	OTHER	
Family Medicine	Count	2,012	179	5	278	83	475	3,032
	Percent within Primary Specialty	66.4%	5.9%	0.2%	9.2%	2.7%	15.7%	100%
	Percent within Race	15.1%	20.6%	22.7%	13.2%	10.1%	16.3%	15.1%
Internal Medicine	Count	1,359	157	3	488	153	465	2,625
	Percent within Primary Specialty	51.8%	6.0%	0.1%	18.6%	5.8%	17.7%	100%
	Percent within Race	10.2%	18.1%	13.6%	23.1%	18.6%	16.0%	13.1%
Pediatrics	Count	565	75	0	145	54	262	1,101
	Percent within Primary Specialty	51.3%	6.8%	0.0%	13.2%	4.9%	23.8%	100%
	Percent within Race	4.2%	8.7%	0.0%	6.9%	6.6%	9.0%	5.5%
Pediatric Subspecialist	Count	239	11	0	46	24	102	422
	Percent within Primary Specialty	56.6%	2.6%	0.0%	10.9%	5.7%	24.2%	100%
	Percent within Race	1.8%	1.3%	0.0%	2.2%	2.9%	3.5%	2.1%
OB/GYN	Count	644	81	0	45	23	135	928
	Percent within Primary Specialty	69.4%	8.7%	0.0%	4.8%	2.5%	14.5%	100%
	Percent within Race	4.8%	9.3%	0.0%	2.1%	2.8%	4.6%	4.6%
Medical Specialist	Count	1,602	69	1	370	173	390	2,605
	Percent within Primary Specialty	61.5%	2.6%	0.0%	14.2%	6.6%	15.0%	100%
	Percent within Race	12.0%	8.0%	4.5%	17.5%	21.0%	13.4%	13.0%
General Surgery	Count	317	21	0	29	18	40	425
	Percent within Primary Specialty	74.6%	4.9%	0.0%	6.8%	4.2%	9.4%	100%
	Percent within Race	2.4%	2.4%	0.0%	1.4%	2.2%	1.4%	2.1%
Surgical Specialist	Count	2,009	54	2	137	68	210	2,480
	Percent within Primary Specialty	81.0%	2.2%	0.1%	5.5%	2.7%	8.5%	100%
	Percent within Race	15.0%	6.2%	9.1%	6.5%	8.3%	7.2%	12.3%
Psychiatry	Count	537	33	2	111	27	168	878
	Percent within Primary Specialty	61.2%	3.8%	0.2%	12.6%	3.1%	19.1%	100%
	Percent within Race	4.0%	3.8%	9.1%	5.3%	3.3%	5.8%	4.4%
Radiology	Count	661	11	0	50	26	72	820
	Percent within Primary Specialty	80.6%	1.3%	0.0%	6.1%	3.2%	8.8%	100%
	Percent within Race	4.9%	1.3%	0.0%	2.4%	3.2%	2.5%	4.1%
Emergency Medicine	Count	785	44	0	76	28	111	1,044
	Percent within Primary Specialty	75.2%	4.2%	0.0%	7.3%	2.7%	10.6%	100%
	Percent within Race	5.9%	5.1%	0.0%	3.6%	3.4%	3.8%	5.2%
Pathology	Count	252	10	1	44	16	44	367
	Percent within Primary Specialty	68.7%	2.7%	0.3%	12.0%	4.4%	12.0%	100%
	Percent within Race	1.9%	1.2%	4.5%	2.1%	1.9%	1.5%	1.8%
Dermatology	Count	374	12	4	26	9	41	466
	Percent within Primary Specialty	80.3%	2.6%	0.9%	5.6%	1.9%	8.8%	100%
	Percent within Race	2.8%	1.4%	18.2%	1.2%	1.1%	1.4%	2.3%
Neurology	Count	259	8	0	43	19	78	407
	Percent within Primary Specialty	63.6%	2.0%	0.0%	10.6%	4.7%	19.2%	100%
	Percent within Race	1.9%	0.9%	0.0%	2.0%	2.3%	2.7%	2.0%
Anesthesiology	Count	787	48	1	106	50	150	1,142
	Percent within Primary Specialty	68.9%	4.2%	0.1%	9.3%	4.4%	13.1%	100%
	Percent within Race	5.9%	5.5%	4.5%	5.0%	6.1%	5.2%	5.7%
Other	Count	960	54	3	120	52	165	1,354
	Percent within Primary Specialty	70.9%	4.0%	0.2%	8.9%	3.8%	12.2%	100%
	Percent within Race	7.2%	6.2%	13.6%	5.7%	6.3%	5.7%	6.7%
Total	Count	13,362	867	22	2,114	823	2,908	20,096
	Percent within Primary Specialty	66.5%	4.3%	0.1%	10.5%	4.1%	14.5%	100%
	Percent within Race	100%	100%	100%	100%	100%	100%	100%

Table 3 shows the distribution of specialties by race.[9] White males accounted for 66.5 percent of the respondents for for all specialties combined, followed by Asian/Pacific Islander (10.5%), Black/Non-Hispanic (4.3%), Hispanic (4.1%), and American Indian/Alaskan Native (0.1%).

Table 4 shows the distribution of primary specialties in top 10 counties by population.

Table 4. Distribution of Specialties by Top 10 Florida Counties by Population (MDs and DOs)

SPECIALTY		COUNTY										TOTAL
		BREVARD	BROWARD	DADE	DUVAL	HILLS-BOROUGH	LEE	ORANGE	PALM BEACH	PINELLAS	POLK	
Family Medicine	Count	80	305	436	198	163	99	198	168	225	74	1,946
	Percent	14.1%	14.6%	13.9%	15.6%	10.5%	16.0%	16.1%	9.2%	16.4%	14.9%	13.8%
Internal Medicine	Count	75	260	398	122	203	74	124	297	202	77	1,832
	Percent	13.2%	12.4%	12.7%	9.6%	13.1%	12.0%	10.1%	16.3%	14.7%	15.5%	12.9%
Pediatrics	Count	24	120	213	64	102	29	94	84	64	26	820
	Percent	4.2%	5.7%	6.8%	5.1%	6.6%	4.7%	7.6%	4.6%	4.7%	5.2%	5.8%
Pediatric Subspecialist	Count	4	65	110	32	31	16	35	25	51	2	371
	Percent	0.7%	3.1%	3.5%	2.5%	2.0%	2.6%	2.8%	1.4%	3.7%	0.4%	2.6%
OB/GYN	Count	27	108	140	62	85	32	65	83	39	32	673
	Percent	4.7%	5.2%	4.5%	4.9%	5.5%	5.2%	5.3%	4.6%	2.8%	6.4%	4.8%
Medical Specialist	Count	72	253	395	188	196	74	156	255	183	55	1,827
	Percent	12.7%	12.1%	12.6%	14.8%	12.7%	12.0%	12.7%	14.0%	13.3%	11.1%	12.9%
General Surgery	Count	11	43	56	26	33	8	25	31	25	18	276
	Percent	1.9%	2.1%	1.8%	2.1%	2.1%	1.3%	2.0%	1.7%	1.8%	3.6%	2.0%
Surgical Specialist	Count	63	247	378	139	196	104	131	256	174	61	1,749
	Percent	11.1%	11.8%	12.1%	11.0%	12.7%	16.9%	10.6%	14.1%	12.7%	12.3%	12.4%
Psychiatry	Count	25	74	188	43	77	27	48	76	42	15	615
	Percent	4.4%	3.5%	6.0%	3.4%	5.0%	4.4%	3.9%	4.2%	3.1%	3.0%	4.3%
Radiology	Count	29	72	123	61	68	22	57	74	52	27	585
	Percent	5.1%	3.4%	3.9%	4.8%	4.4%	3.6%	4.6%	4.1%	3.8%	5.4%	4.1%
Emergency Medicine	Count	30	139	118	80	62	35	70	77	75	29	715
	Percent	5.3%	6.6%	3.8%	6.3%	4.0%	5.7%	5.7%	4.2%	5.5%	5.8%	5.1%
Pathology	Count	10	29	62	15	49	8	38	35	28	4	278
	Percent	1.8%	1.4%	2.0%	1.2%	3.2%	1.3%	3.1%	1.9%	2.0%	0.8%	2.0%
Dermatology	Count	12	72	64	16	29	14	12	68	30	12	329
	Percent	2.1%	3.4%	2.0%	1.3%	1.9%	2.3%	1.0%	3.7%	2.2%	2.4%	2.3%
Neurology	Count	15	35	58	29	40	11	20	40	31	9	288
	Percent	2.6%	1.7%	1.9%	2.3%	2.6%	1.8%	1.6%	2.2%	2.3%	1.8%	2.0%
Anesthesiology	Count	45	145	161	107	95	22	84	105	69	26	859
	Percent	7.9%	6.9%	5.1%	8.4%	6.1%	3.6%	6.8%	5.8%	5.0%	5.2%	6.1%
Other	Count	47	128	233	85	120	42	74	144	84	30	987
	Percent	8.3%	6.1%	7.4%	6.7%	7.7%	6.8%	6.0%	7.9%	6.1%	6.0%	7.0%
Total	Count	569	2,095	3,133	1,267	1,549	617	1,231	1,818	1,374	497	14,150
	Percent	100%	100%	100%	100%	100%	100.0%	100%	100%	100%	100%	100%

[9]There were a total of 1,514 missing cases regarding both specialties and race.

SCOPE OF PRACTICE

Almost 87 percent of the respondents indicated that they do not plan to retire or relocate outside of the State of Florida within the next five years.

Thirteen percent (n=2,765) of all respondents stated that they intend to retire or reduce the scope of this practice within the next five years. Among female respondents, only 9.3 percent indicated that they plan to retire or relocate outside of the State of Florida within the next five years, compared to 14.2 % of male respondents (data not shown). **Figure 9** shows that among those who are either planning to retire or relocate outside of Florida, 15.7 percent are in the 25–45 age bracket. The majority of the respondents stating that they intend to retire or reduce practice (55.1%) were in the 46–65 age bracket.

As **Figure 10** indicates, the top reasons for changing the scope of practice were: liability (27.4%), reimbursement (24.4%), lifestyle considerations (20.5%), regulatory and administrative burden (12.1%), other (10.8%), and retirement (4.9%) issues.

Figure 9. Distribution of Physicians Planning to Retire or Reduce the Scope of Practice Within the Next Five Years by Age Category

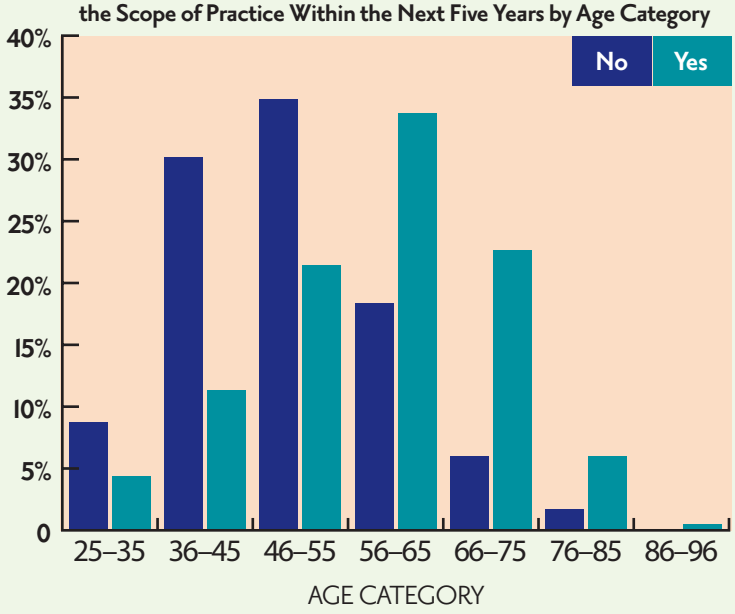
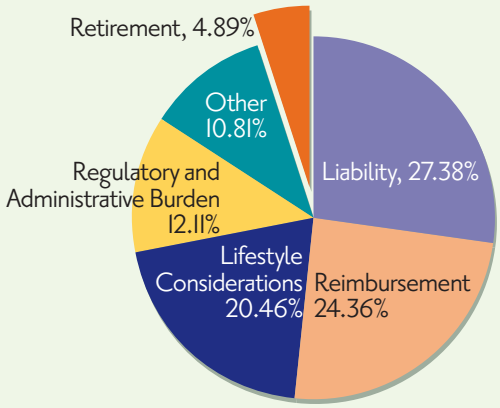


Figure 10. Top Reasons for Changing the Scope of Practice in the Last Two Years



The top three reasons seemed to differ by gender. While the top choice for male was liability (28.4%), followed by reimbursement (24.8%), and lifestyle considerations (18.9%), the top choice for female physicians was lifestyle considerations (26.4%), followed by liability (23.6%), and reimbursement (22.8%) (see **Figure 11**).

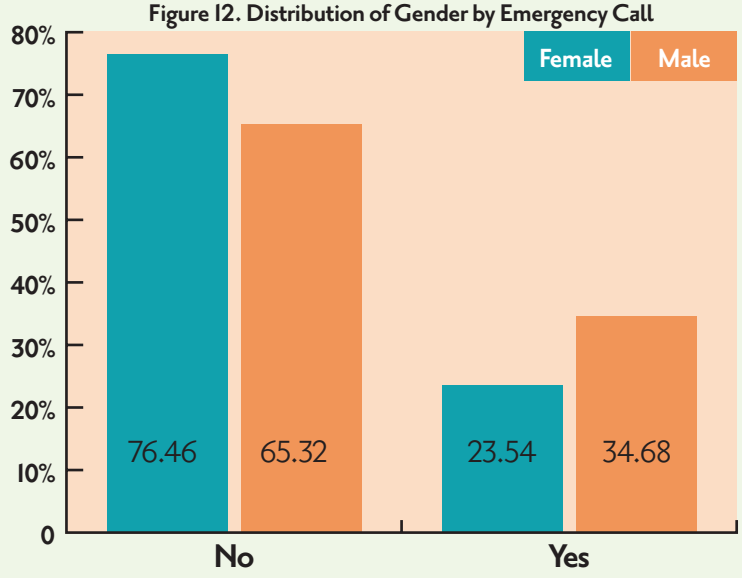
EMERGENCY CALL

A total of 6,758 physicians (32.1%) responded to this question and indicated that they provide clinical care in a hospital emergency department, with 22 percent of those (n= 1,431) indicating that they work full-time in an emergency department.[10] Analyzed by gender, only 23.5 percent of females were working emergency on-call hours or in emergency departments, compared to 34.7 percent of males (see **Figure 12**).

Of the 6,758 physicians responding to this question, who take emergency call or otherwise work clinically in a hospital emergency department, 78.4 percent (5,208) took emergency call on the basis of on-call specialty, while the remaining 21.6 percent performed this duty full time.

Figure 11. Top Reasons for Changing the Scope of Practice by Gender

Figure 12. Distribution of Gender by Emergency Call



[10]The percentage is based on the 6,639 physicians who indicated either on-call specialty or full-time, excluding 110 missing cases.

As **Figure 13** shows, the majority (52.9%; n= 2,826) of those taking emergency call stated that they are doing so in just one hospital. Also, 40% (n= 2,124) of the respondents performed emergency call only 1–4 days per month (see **Figure 14**). Of note, the majority (52.8%) of female physicians took emergency call from 1–4 days per month, followed by 5–9 (29.6%), and 10 or more (17.6%). Male physicians took emergency call 1–4 days per month (38%), 5–9 days per month (38%), or 10 or more days per month (23.5%).

Eleven percent (n= 567 out of a total of n= 5,179 answering this question) of those taking emergency call hours have decreased the number of hours of emergency call in the last two years (data not shown).

Figure 13. Number of Hospitals Where Respondents Take Emergency Call

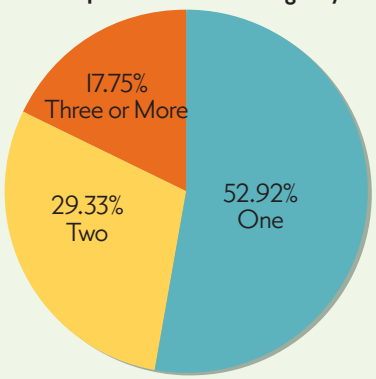
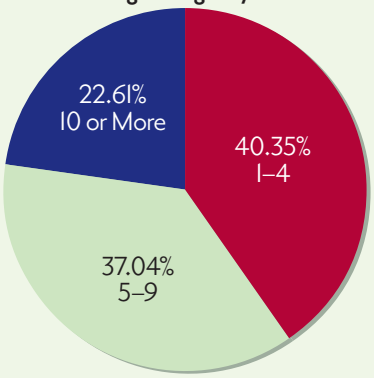
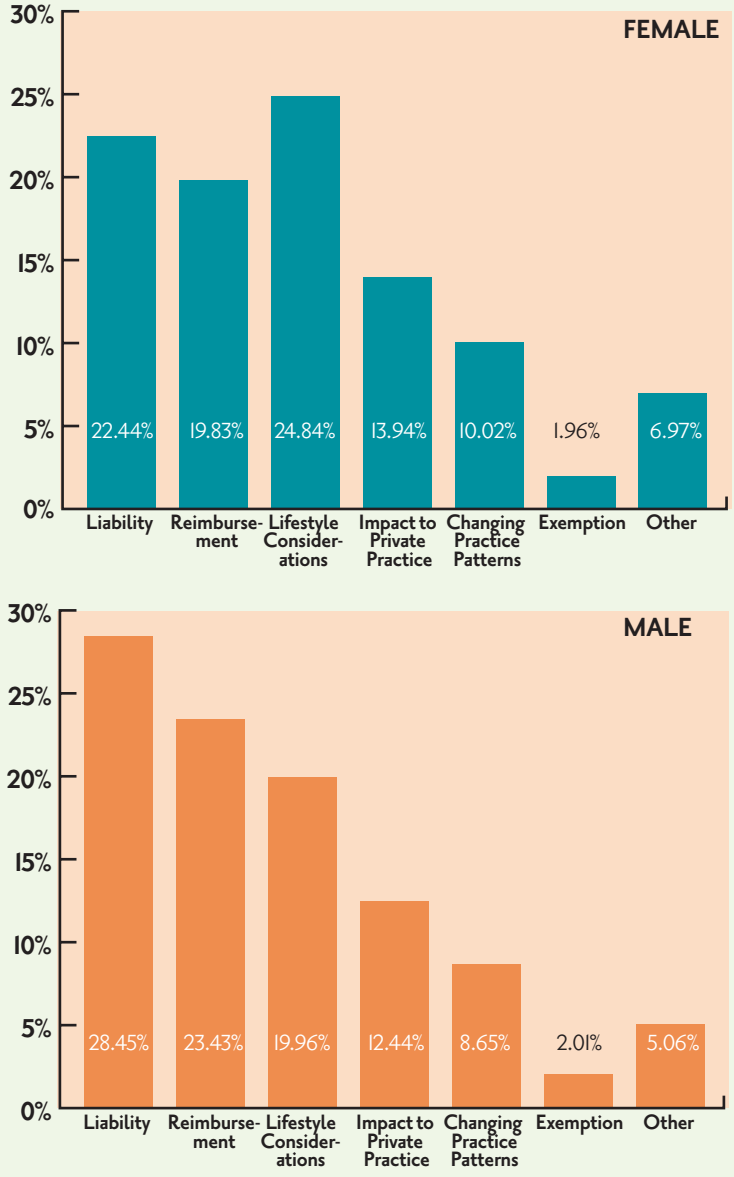


Figure 14. Number of Days Per Month Taking Emergency Call



The top reasons were liability, reimbursement, and life considerations, although the order of importance varied by gender (see **Figure 15**).

Figure 15. Top Reasons for Decreasing Emergency Call by Gender



RADIOLOGICAL SERVICES

CS/CS/SB 770 had clear intent to address identified health access questions, one of which focused on the reading of mammography. Twenty-seven percent (n= 489) of those respondents that perform radiological services indicated that they read mammograms or other breast imaging services.[11] Of note, 83 percent of those who indicated that they read mammograms or other breast imaging exams were male physicians (data not shown).

Based on the 1,312 respondents who provide radiological services but do not read mammograms or other breast imaging exams, the "other reasons" category represents a 60% majority (**see Figure 16**). Of the identifiable reasons, liability (24.6%) was the top reason for not reading mammograms or other breast imaging exams.

Only 49 percent (n= 232) of radiologists who read mammograms or other breast imaging exams indicated that they performed both ultrasound and stereotactic guided core biopsies; additionally, only 48.8 percent read breast MRIs (data not shown). In **Figure 17**, 17.6 percent (n= 230) of those radiologists reading mammograms or other breast imaging exams indicated that they will either decrease or discontinue the number of mammograms read.

OBSTETRIC SERVICES

Of the respondents who provide obstetric services (n=1,387), only 40% (n= 554) indicated that they deliver babies (a total of approximately 540 doctors for this survey cycle). Of those routine deliveries, 62% of respondents deliver between 10–30 babies per month. Almost 70% of respondents indicated less than 10 high risk deliveries per month and less than 10 Cesarean Section deliveries per month (data not shown). Thirteen percent of respondents plan to discontinue obstetric care in the next two years, many of whom are less than 65 years of age (**see Figure 18**).

Figure 16. Top Reasons for Not Reading Mammograms or Other Breast Imaging Exams

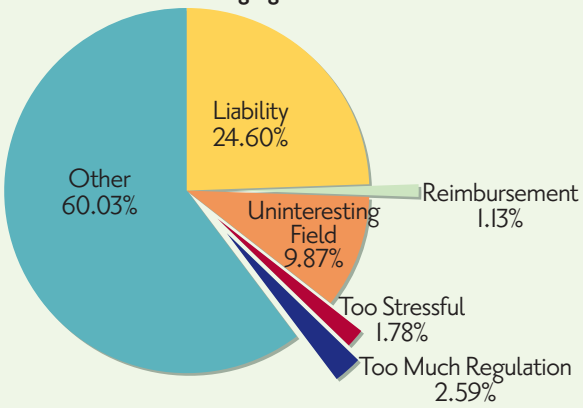


Figure 17. The Number of Mammograms Read in the Next Two Years

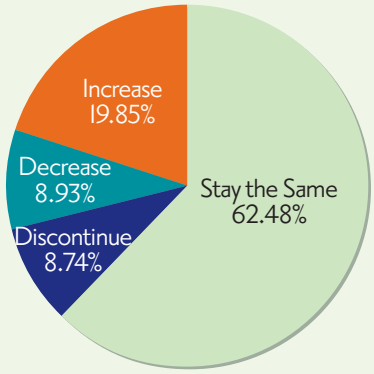
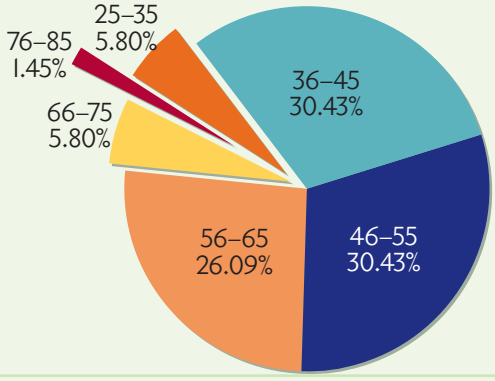


Figure 18. Obstetricians Who Plan to Discontinue Obstetric Care in the Next Two Years



[11]The total number of physicians who perform radiological services is determined on the basis of total number of respondents who indicated that they either read or do not read mammograms or other breast imaging exams. It is assumed that those who responded to this question provide radiological services regardless of whether they read mammograms or other breast imaging exams. There were a total of 1,801 respondents who responded to this question.

Discussion and Summation

The development of the Physician Workforce Survey was a direct attempt to address the concern of available data needed to assess the adequacy of the physician workforce, specifically by geographic distribution and specialty mix. The survey is a compilation of questions asking specifics of a physician's practice status and intended changes. Coupled with demographic data from the Department of Health's Practitioner Profile, these data create the basis for a centralized repository for a statewide health workforce data system that offers a source of valid data to make policy decisions. Yet, this project and process is fluid, and, with the support of the state's governmental and non governmental stakeholders, will continue to make specific and significant progress in refining questions and delving deeper into the available data on the physician workforce and its practice patterns. The first reporting for this 2008 survey data is intended to provide baseline numbers and begin establishing parameters for a model that, in future years, will yield enough information to establish physician practice patterns, allow better forecasting of health care service delivery, and provide the basis for future policy decisions by state policy makers.

DEMOGRAPHICS AND FLORIDA'S POPULATION

Any reporting on the physician workforce is built upon the demographic features of the active, licensed physician population. Survey data indicate that only 7,738 of physicians responding to this survey are aged 25–45. Clearly, the age of Florida physicians will impact both the anticipated changes to scopes of practice, but also to hours worked per week, and months worked per year. This becomes particularly relevant when analyzed by reported specialty, and by response to whether the physician accepts emergency call.

Another important factor is the growing number of women in medical schools and residency programs. National studies by the American Medical Association and American Association of Medical Colleges indicate that younger female physicians tend to see fewer patients, and work fewer hours per week, than their male counterparts until they reach a certain age, then the trend reverses. Also of importance in discussing gender are the specialty areas that women are choosing, and, again, the impact to the scope of their practice and willingness to take emergency call.

Generational issues are also of great importance to predicting the adequacy of the state's physician workforce. Regardless of gender, the survey results indicated that, for the current respondents, lifestyle considerations and liability were the top two reasons why physicians between the age of 25 and 35 changed the scope of their practice in the last two years.

Lifestyle changes can be precipitated by a number of variables but, for the younger age cohort, practice decisions are often based on medical debt considerations and hours worked per week. These issues can influence the decision to go into a certain specialty or to take emergency call. Generational issues often can influence limiting work hours or pursuing other careers or practice opportunities in rural or urban areas.

PHYSICIAN PRACTICE STATUS

Although the American Association of Medical Colleges reports that Florida ranks 15th nationally in the number of active physicians per 100,000 population, these national level data do not take in to account many factors that determine actively practicing physician numbers. As the current survey attempts to better define the number of licensed physicians who are actively practicing medicine in Florida, of interest is that only 73% indicate that they practice in Florida at any time per year. When this figure is combined with information on the other one-half of allopathic physicians in the state, it will likely form a

much more accurate picture of the true number of practicing physicians who are actively delivering patient care in this state. Further work on determining the number of hours worked, and number of actual patients seen per week, by specialty and geographic region, will establish a much better picture of workforce activity and needs in the state.

SPECIALTY

Data has been very limited on the specialty mix of Florida physicians, and the 2008 Physician Workforce Survey attempted to address the actual clinical practice of licensed, active physicians by their main specialty. Combined with geographic and demographic data, this information can portray a more accurate picture of potential shortages or access to care issues. Future analysis, combined with national trends and indicators, can aid in the strategic planning of the medical education continuum, including better preparation of future applicants to medical school, the quality of the medical school education experience, the development of residency programs to produce physicians needed by Florida's citizens, and focusing incentives to attract and retain physician in key geographic specialty areas.

PHYSICIAN EDUCATION AND TRAINING

Only 1.8% of those responding to the survey are residents or fellows in training in Florida. Overall, Florida has 3,458 residents in training and 2,632 students currently in medical school. The medical education continuum has received a great deal of attention in attracting and retaining physicians in Florida. Of note, of the active physicians in the Department of Health's Physician Practitioner Profile), approximately 15% were trained in a Florida medical school, and almost 24% participated in a residency in Florida.

All IMGs must take a U.S. medical residency training in an approved program and must pass certain language and skill competency tests to practice. IMGs are an important component of the physician workforce, but the overall policy of filling needed positions and practices by utilizing physicians who are often from resource-poor countries often with a physician scarcity of their own, needs to be evaluated in a more formal process.

SERVICE DELIVERY CONCERNS

Additional concerns impact the state's physician workforce, including the current practice environment for physicians. In Florida, there is concern over several issues, including: malpractice insurance and liability costs, reimbursement rates, administrative burdens, and the impact of Amendment 8, approved in November 2004 (as codified in Article X, Section 26 of the State Constitution), to prohibit a medical license for those physicians with repeated medical malpractice findings. These service delivery concerns may hinder the recruitment of doctors to Florida based on real or perceived influence of the severity of the medical liability climate in Florida. The Physician Workforce Survey will be combined with the financial disclosure information as part of physician licensure renewal in the next (2009) report to start to address the degree to which liability coverage and malpractice claims influences practice by specialty and location.

Additional work will be required to determine the extent to which the physician workforce data indicate gaps in coverage for special populations and geographical regions within the state. Survey data indicate, for example, that, of those responding; only 3% of physicians list their primary practice location in a rural county. When evaluated by age, gender and specialty, combined with data on health professional shortage areas and medically underserved areas, there is an area of concern for protecting the health care and access to care for rural communities. Additional analysis needs to be conducted to further understand the impact of physician coverage on rural and underserved communities.

In summary, the creation and implementation of the Physician Workforce Survey has laid a firm foundation for the Department and the multi-disciplinary stakeholders working on this project to assess and target policies and programs aimed at bolstering Florida's physician workforce in specific areas of specialty and geographic need. A separate strategic planning document will be forthcoming and will initially focus on medical education, graduate medical education and attracting and retaining physicians in Florida, but may be used as the blueprint for nursing, dental health and other allied health professions, aimed at supporting access to quality and appropriate care for all Floridians.

Appendix I—2006 Voluntary Physician Workforce Survey

PHYSICIAN WORKFORCE QUESTIONNAIRE

The items below relate to very important questions regarding Florida's current and future physician workforce. Your responses will be instrumental in shaping Florida's health care and physician workforce policies. Secretary of the Department of Health, M. Rony François, M.D., M.S.P.H., Ph.D., and the Council of Florida Medical School Deans, Florida Graduate Medical Education Committee, Florida Medical Association and Florida Osteopathic Medical Association appreciate your time and effort in responding to the eight questions below.

Name: *FirstName MI. LastName* **License Number:** *ME 123456789*

1. Do you practice medicine at any time during the year in Florida?
   Note: If you check 'No' then please stop here. ◯Yes ◯No
2. How many months/year do you practice medicine in Florida?
   ◯1-4 Months ◯5-8 Months ◯9-12 Months
3. In what Florida counties do you practice?(may select up to 5 counties)
   Please note - County Names and Numeric Codes are listed on the **back side of the form.**
   Please print or type County Names and Numeric Codes below.

	County Name	Numeric Code	1-20 Hrs/Wk	21-40 Hrs/Wk	More than 40 Hrs/Wk
a.			◯	◯	◯
b.			◯	◯	◯
c.			◯	◯	◯
d.			◯	◯	◯
e.			◯	◯	◯

4. Is more than twenty percent (20%) of your practice non-clinical? (i.e. research, teaching, administration)
   ◯Yes ◯No
5. Are you a resident or fellow?
   ◯Yes ◯No
6. What is the primary specialty area(s) of your current clinical practice?(may select up to 5 different areas)
   Please note - Specialty Areas and Numeric Codes are listed on the **back side of the form.**
   Please print or type Specialty Areas and Numeric Codes below.

	Specialty Area	Numeric Code	1-20%	21-40%	41-60%	61-80%	81-100%
a.			◯	◯	◯	◯	◯
b.			◯	◯	◯	◯	◯
c.			◯	◯	◯	◯	◯
d.			◯	◯	◯	◯	◯
e.			◯	◯	◯	◯	◯

7. Do you plan to retire, relocate outside of the state of Florida, or significantly reduce the scope of your practice within the next five years?
   ◯Yes ◯No
8. Do you currently take emergency call or otherwise work clinically in a hospital emergency department or provide for the immediate, acute care of trauma patients?
   ◯Yes ◯No

ME0123456789

County Names and Numeric Codes (Reference for question # 3)

11 ALACHUA	25 DIXIE	39 HILLSBOROUGH	53 MARTIN	67 SANTA ROSA
12 BAKER	26 DUVAL	40 HOLMES	54 MONROE	68 SARASOTA
13 BAY	27 ESCAMBIA	41 INDIAN RIVER	55 NASSAU	69 SEMINOLE
14 BRADFORD	28 FLAGLER	42 JACKSON	56 OKALOOSA	70 SUMTER
15 BREVARD	29 FRANKLIN	43 JEFFERSON	57 OKEECHOBEE	71 SUWANNEE
16 BROWARD	30 GADSDEN	44 LAFAYETTE	58 ORANGE	72 TAYLOR
17 CALHOUN	31 GILCHRIST	45 LAKE	59 OSCEOLA	73 UNION
18 CHARLOTTE	32 GLADES	46 LEE	60 PALM BEACH	74 VOLUSIA
19 CITRUS	33 GULF	47 LEON	61 PASCO	75 WAKULLA
20 CLAY	34 HAMILTON	48 LEVY	62 PINELLAS	76 WALTON
21 COLLIER	35 HARDEE	49 LIBERTY	63 POLK	77 WASHINGTON
22 COLUMBIA	36 HENDRY	50 MADISON	64 PUTNAM	78 UNKNOWN
23 DADE	37 HERNANDO	51 MANATEE	65 ST.JOHNS	79 OUT OF STATE
24 DESOTO	38 HIGHLANDS	52 MARION	66 ST.LUCIE	80 FOREIGN

Specialty Areas and Numeric Codes (Reference for question # 6)

000 NO CLINICAL PRACTICE	305 BLOOD BANKING/TRANSFUSION MEDICINE
020 ALLERGY AND IMMUNOLOGY	306 CHEMICAL PATHOLOGY
040 ANESTHESIOLOGY	307 CYTOPATHOLOGY
045 CRITICAL CARE MEDICINE	310 FORENSIC PATHOLOGY
048 PAIN MEDICINE	311 HEMATOLOGY
042 PEDIATRIC ANESTHESIOLOGY	314 MEDICAL MICROBIOLOGY
060 COLON AND RECTAL SURGERY	315 NEUROPATHOLOGY
080 DERMATOLOGY	316 PEDIATRIC PATHOLOGY
100 DERMATOPATHOLOGY	301 SELECTIVE PATHOLOGY
081 PROCEDURAL DERMATOLOGY	**320 PEDIATRICS**
110 EMERGENCY MEDICINE	321 ADOLESCENT MEDICINE
118 MEDICAL TOXICOLOGY	329 NEONATAL-PERINATAL MEDICINE
114 PEDIATRIC EMERGENCY MEDICINE	325 PEDIATRIC CARDIOLOGY
116 SPORTS MEDICINE	323 PEDIATRIC CRITICAL CARE MEDICINE
119 UNDERSEA AND HYPERBARIC MEDICINE	324 PEDIATRIC EMERGENCY MEDICINE
120 FAMILY MEDICINE	326 PEDIATRIC ENDOCRINOLOGY
125 GERIATRIC MEDICINE	332 PEDIATRIC GASTROENTEROLOGY
127 SPORTS MEDICINE	327 PEDIATRIC HEMATOLOGY/ONCOLOGY
140 INTERNAL MEDICINE	335 PEDIATRIC INFECTIOUS DISEASES
141 CARDIOVASCULAR DISEASE	328 PEDIATRIC NEPHROLOGY
154 CLINICAL CARDIAC ELECTROPHYSIOLOGY	330 PEDIATRIC PULMONOLOGY
142 CRITICAL CARE MEDICINE	331 PEDIATRIC RHEUMATOLOGY
143 ENDOCRINOLOGY, DIABETES, AND METABOLISM	333 PEDIATRIC SPORTS MEDICINE
144 GASTROENTEROLOGY	336 DEVELOPMENTAL-BEHAVIORAL PEDIATRICS
151 GERIATRIC MEDICINE	**340 PHYSICAL MEDICINE AND REHABILITATION**
145 HEMATOLOGY	341 PAIN MEDICINE
155 HEMATOLOGY AND ONCOLOGY	346 PEDIATRIC REHABILITATION
146 INFECTIOUS DISEASE	345 SPINAL CORD INJURY MEDICINE
152 INTERVENTIONAL CARDIOLOGY	**360 PLASTIC SURGERY**
148 NEPHROLOGY	361 CRANIOFACIAL CURGERY
147 ONCOLOGY	363 HAND SURGERY
149 PULMONARY DISEASE	**380 PREVENTIVE MEDICINE**
156 PULMONARY DISEASE AND CRITICAL CARE MEDICINE	399 MEDICAL TOXICOLOGY
150 RHEUMATOLOGY	398 UNDERSEA AND HYPERBARIC MEDICINE
157 SPORTS MEDICINE	**400 PSYCHIATRY**
130 MEDICAL GENETICS	401 ADDICTION PSYCHIATRY
190 MOLECULAR GENETIC PATHOLOGY	405 CHILD AND ADOLESCENT PSYCHIATRY
160 NEUROLOGICAL SURGERY	406 FORENSIC PSYCHIATRY
180 NEUROLOGY	407 GERIATRIC PSYCHIATRY
185 CHILD NEUROLOGY	402 PAIN MEDICINE
187 CLINICAL NEUROPHYSIOLOGY	409 PSYCHOSOMATIC MEDICINE
183 NEUROMUSCULAR MEDICINE	**420 RADIOLOGY DIAGNOSTIC**
186 NEURODEVELOPMENTAL DISABILITIES	421 ABDOMINAL RADIOLOGY
181 PAIN MEDICINE	429 CARDIOTHORACIC RADIOLOGY
188 VASCULAR NEUROLOGY	422 ENDOVASCULAR SURGICAL NEURORADIOLOGY
200 NUCLEAR MEDICINE	426 MUSCULOSKELETAL RADIOLOGY
220 OBSTETRICS AND GYNECOLOGY	423 NEURORADIOLOGY
240 OPHTHALMOLOGY	425 NUCLEAR RADIOLOGY
260 ORTHOPAEDIC SURGERY	424 PEDIATRIC RADIOLOGY
261 ADULT RECONSTRUCTIVE ORTHOPAEDICS	427 VASCULAR AND INTERVENTIONAL RADIOLOGY
262 FOOT AND ANKLE ORTHOPAEDICS	**430 RADIATION ONCOLOGY**
263 HAND SURGERY	**520 SLEEP MEDICINE**
270 MUSCULOSKELETAL ONCOLOGY	**440 SURGERY-GENERAL**
268 ORTHOPAEDIC SPORTS MEDICINE	443 HAND SURGERY
267 ORTHOPAEDIC SURGERY OF THE SPINE	445 PEDIATRIC SURGERY
269 ORTHOPAEDIC TRAUMA	442 SURGICAL CRITICAL CARE
265 PEDIATRIC ORTHOPAEDICS	450 VASCULAR SURGERY
280 OTOLARYNGOLOGY	**460 THORACIC SURGERY**
286 NEUROTOLOGY	**480 UROLOGY**
288 PEDIATRIC OTOLARYNGOLOGY	485 PEDIATRIC UROLOGY
300 PATHOLOGY-ANATOMIC AND CLINICAL	**999 OTHER**

Appendix II—Chapter 64B-9.002

64B-9.002 Physician Survey Procedures.

(1) At time of licensure renewal, each medical doctor and osteopathic physician who renews his or her license on line at www.FLHealthSource.com must fully complete on line all applicable portions of the physician workforce survey, form DH-MQA 1119, entitled Physician Workforce Survey, effective 07/08, which is incorporated herein by reference and also may be viewed at http://www.doh.state.fl.us/mqa/medical/index.html or at http://www.doh.state.fl.us/mqa/osteopath/index.html. The address where physicians who do not renew online are required to obtain, complete and submit a paper copy of the survey with their renewal is 4052 Bald Cypress Way, Bin #C10, Tallahassee, FL 32399.

(2) The nondisciplinary citation issued to a licensee for failing to complete the survey shall be sent by regular U.S. mail to the licensee's last address of record. The license renewal notice warning of the prohibition against renewal without first completing the survey shall be sent by regular U.S. mail to the licensee's last address of record, and the license shall not be renewed until the survey has been completed.

Specific Authority 458.3191(4), 459.0081(4) FS. Law Implemented 381.4018, 458.3191, 459.0081 FS. History–New 4-21-08, Amended 10-20-08.

Appendix III—2007 Mandatory Physician Workforce Survey

PHYSICIAN WORKFORCE SURVEY

Governor Charlie Crist, State Surgeon General Ana Viamonte Ros and the Florida Legislature recognize the importance of assessing Florida's current and future physician workforce. Critical legislation was passed last year that requires the Department of Health to evaluate the geographic distribution and specialty mix of active Florida physicians. Please refer to F.S. 381.4018 Physician workforce assessment and development. The questions in this physician workforce survey will be instrumental in shaping Florida's health care and physician workforce policies. Your time and effort in responding to the questions below is appreciated.

Instructions for completing the survey:

- Questions 1 - 12 apply to all physicians
- If you are an on-call specialist taking emergency call in an emergency department, please also answer questions 13 - 16
- If you provide only radiological services, please also answer questions 17 - 25
- If you provide obstetric services, please also answer questions 26 - 32

1. **Do you practice medicine at any time during the year in Florida?**
   - ○ Yes.
   - ○ No. Please stop here and review the Affirmation Statement on page 4.

2. **How many months per year do you practice in Florida?**
   - ○ 1-4 Months
   - ○ 5-8 Months
   - ○ 9-12 Months

3. **In what Florida County(ies) is your medical practice located? (May select up to 5 counties - See p. 5 for county codes) For each county selected: How many hours per week do you practice in each setting?**

County Name	Numeric Code	1-20 Hrs/Wk	21-40 Hrs/Wk	> 40 Hrs/Wk
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○

4. **Are you in a solo practice?**
   - ○ Yes
   - ○ No

5. **Which practice setting best describes where the majority of your time is spent? (Choose Only One)**
   - ○ Private Office Setting
   - ○ Federally Qualified Health Center
   - ○ Governmental Clinical Setting (for example: County Health Department)
   - ○ Federal Healthcare Facility (for example: military or VA)
   - ○ Hospital-Outpatient Department/Service
   - ○ Hospital-Inpatient
   - ○ Hospital Emergency Department
   - ○ Hospital Other (for example: hospital-based radiologist, pathologist, anesthesiologist or medical director)
   - ○ Nursing Home/Extended Care Facility
   - ○ Ambulatory Surgery Center/Free-Standing Imaging Diagnostic Center
   - ○ Other Setting

6. **Are you currently enrolled in an internship, residency program or fellowship program?**
   - ○ Yes
   - ○ No

7. **Does more than 20 percent of your practice include non clinical work (research, teaching, administration)?**
   - ○ Yes
   - ○ No

8. **List your primary specialty area, and any additional specialties, of your current clinical practice and the percentage of time you spend working in that area: (Select up to 5 Areas - See p. 6 for specialty codes)**

Specialty Area	Numeric Code	1-20%	21-40%	41-60%	61-80%	81-100%
		○	○	○	○	○
		○	○	○	○	○
		○	○	○	○	○
		○	○	○	○	○
		○	○	○	○	○

9. **Do you plan to retire, relocate outside of the State of Florida, or significantly reduce the scope of your practice within the next five years?**
   - ○ Yes
   - ○ No

10. **If you have changed the scope of your practice in the last two years, what are the reasons for the change (Choose All That Apply)?**
    - ○ Liability
    - ○ Reimbursement
    - ○ Regulatory and Administrative Burden
    - ○ Retirement
    - ○ Lifestyle Considerations, Other than Retirement
    - ○ Other

11. **Do you currently take emergency call or otherwise work clinically in a hospital emergency department or provide for the immediate, acute care of trauma patients?**
    - ○ Yes
    - ○ No
    - ○ Exempt Due to Medical Staff Bylaws

12. **If you take emergency call or otherwise work clinically in a hospital emergency department, are you**
    - ○ Full Time
    - ○ On-Call Specialty

For on-call specialists taking emergency call in an emergency department please answer questions 13 - 16

13. **At how many hospitals do you currently take emergency call?**
    - ○ One
    - ○ Two
    - ○ Three or greater

14. **How many days per month do you take call?**
    - ○ 1-4
    - ○ 5-9
    - ○ 10 or greater

15. **If you have taken hospital emergency department call during the past 2 years, has the number of emergency on-call hours that you work:**
    - ○ Increased
    - ○ Decreased
    - ○ Stayed the Same

16. **If you have decreased or plan to decrease or stop taking emergency department call, please check any reason that applies**
    - ○ Liability
    - ○ Reimbursement
    - ○ Lifestyle Considerations
    - ○ Impact to Private Practice
    - ○ Changing Practice Patterns
    - ○ Exemption
    - ○ Other

For physicians that provide only radiological services, please answer questions 17 - 25

17. **Do you read mammograms or other breast imaging exams?**
    - ○ Yes
    - ○ No

18. **If you do not read mammograms or other breast imaging exams, please choose the most important reason why:**
    - ○ Liability
    - ○ Reimbursement
    - ○ Uninteresting Field
    - ○ Too Stressful
    - ○ Too Much Regulation
    - ○ Other

If you read mammograms, please continue.
If you do not read mammograms, please skip to question 26.

19. **Do you read screening mammograms?**
    - ○ Yes
    - ○ No

20. **Do you read diagnostic mammograms and sonograms?**
    - ○ Yes
    - ○ No

21. **Do you perform BOTH ultrasound and stereotactic guided core biopsies?**
    - ○ Yes
    - ○ No

22. **Do you read breast MRIs?**
    - ○ Yes
    - ○ No

23. **Do you read breast MRIs AND perform MRI guided core biopsies?**
    - ○ Yes
    - ○ No

24. **In the next two years, will the number of mammograms you read change for any reason, including retirement:**
    - ○ Increase
    - ○ Decrease
    - ○ Stay the Same
    - ○ Discontinue

25. **Have you done a 6-month or greater breast imaging fellowship?**
    - ○ Yes
    - ○ No

For physicians that provide obstetric services only, please answer questions 26 - 32

26. **Do you deliver babies?**
    - ○ Yes
    - ○ No. Thank you for taking this survey. Please review the Affirmation Statement on page 4.

27. **How many routine deliveries per month?**
    - ○ None
    - ○ Low, < 10 per month
    - ○ Medium, 10-30 per month
    - ○ High, >30 per month

28. **How many high risk deliveries per month?**
    - ○ None
    - ○ Low, < 10 per month
    - ○ Medium, 10-30 per month
    - ○ High, >30 per month

29. **How many c-sections per month?**
    - ○ None
    - ○ Low, < 10 per month
    - ○ Medium, 10-30 per month
    - ○ High, >30 per month

30. **How many emergency room deliveries per month for patients having minimal or no "known" prenatal care?**
    - ○ None
    - ○ Low, < 10 per month
    - ○ Medium, 10-30 per month
    - ○ High, >30 per month

31. **How many assists or consultative services per month?**
    - ○ None
    - ○ Low, < 10 per month
    - ○ Medium, 10-30 per month
    - ○ High, >30 per month

32. **Are you planning to discontinue doing obstetric care for any reason, including retirement, in the next two years?**
    - ○ Yes
    - ○ No

STATEMENT:

I have completed the survey to the extent that it is applicable to me. This information provided is true and accurate to the best of my knowledge and the submission does not contain any knowingly false information.

Appendix III—2007 Mandatory Physician Workforce Survey

25. Have you done a 6-month or greater breast imaging fellowship?
- ◯ Yes
- ◯ No

For physicians that provide obstetric services only, please answer questions 26 - 32

26. Do you deliver babies?
- ◯ Yes
- ◯ No. Thank you for taking this survey. Please review the Affirmation Statement on page 4.

27. How many routine deliveries per month?
- ◯ None
- ◯ Low, < 10 per month
- ◯ Medium, 10-30 per month
- ◯ High, >30 per month

28. How many high risk deliveries per month?
- ◯ None
- ◯ Low, < 10 per month
- ◯ Medium, 10-30 per month
- ◯ High, >30 per month

29. How many c-sections per month?
- ◯ None
- ◯ Low, < 10 per month
- ◯ Medium, 10-30 per month
- ◯ High, >30 per month

30. How many emergency room deliveries per month for patients having minimal or no "known" prenatal care?
- ◯ None
- ◯ Low, < 10 per month
- ◯ Medium, 10-30 per month
- ◯ High, >30 per month

31. How many assists or consultative services per month?
- ◯ None
- ◯ Low, < 10 per month
- ◯ Medium, 10-30 per month
- ◯ High, >30 per month

32. Are you planning to discontinue doing obstetric care for any reason, including retirement, in the next two years?
- ◯ Yes
- ◯ No

STATEMENT:

I have completed the survey to the extent that it is applicable to me. This information provided is true and accurate to the best of my knowledge and the submission does not contain any knowingly false information.

County Names and Numeric Codes (Reference for question # 3)

11	ALACHUA	25	DIXIE	39	HILLSBOROUGH	53	MARTIN	67	SANTA ROSA
12	BAKER	26	DUVAL	40	HOLMES	54	MONROE	68	SARASOTA
13	BAY	27	ESCAMBIA	41	INDIAN RIVER	55	NASSAU	69	SEMINOLE
14	BRADFORD	28	FLAGLER	42	JACKSON	56	OKALOOSA	70	SUMTER
15	BREVARD	29	FRANKLIN	43	JEFFERSON	57	OKEECHOBEE	71	SUWANNEE
16	BROWARD	30	GADSDEN	44	LAFAYETTE	58	ORANGE	72	TAYLOR
17	CALHOUN	31	GILCHRIST	45	LAKE	59	OSCEOLA	73	UNION
18	CHARLOTTE	32	GLADES	46	LEE	60	PALM BEACH	74	VOLUSIA
19	CITRUS	33	GULF	47	LEON	61	PASCO	75	WAKULLA
20	CLAY	34	HAMILTON	48	LEVY	62	PINELLAS	76	WALTON
21	COLLIER	35	HARDEE	49	LIBERTY	63	POLK	77	WASHINGTON
22	COLUMBIA	36	HENDRY	50	MADISON	64	PUTNAM	78	UNKNOWN
23	DADE	37	HERNANDO	51	MANATEE	65	ST.JOHNS	79	OUT OF STATE
24	DESOTO	38	HIGHLANDS	52	MARION	66	ST.LUCIE	80	FOREIGN

See reverse side for specialty codes.

Specialty Areas and Numeric Codes (Reference for question # 8)

000	**NO CLINICAL PRACTICE**	305	BLOOD BANKING/TRANSFUSION MEDICINE
020	**ALLERGY AND IMMUNOLOGY**	306	CHEMICAL PATHOLOGY
040	**ANESTHESIOLOGY**	307	CYTOPATHOLOGY
045	CRITICAL CARE MEDICINE	310	FORENSIC PATHOLOGY
048	PAIN MEDICINE	311	HEMATOLOGY
042	PEDIATRIC ANESTHESIOLOGY	314	MEDICAL MICROBIOLOGY
060	**COLON AND RECTAL SURGERY**	315	NEUROPATHOLOGY
080	**DERMATOLOGY**	316	PEDIATRIC PATHOLOGY
100	DERMATOPATHOLOGY	301	SELECTIVE PATHOLOGY
081	PROCEDURAL DERMATOLOGY	**320**	**PEDIATRICS**
110	**EMERGENCY MEDICINE**	321	ADOLESCENT MEDICINE
118	MEDICAL TOXICOLOGY	329	NEONATAL-PERINATAL MEDICINE
114	PEDIATRIC EMERGENCY MEDICINE	325	PEDIATRIC CARDIOLOGY
116	SPORTS MEDICINE	323	PEDIATRIC CRITICAL CARE MEDICINE
119	UNDERSEA AND HYPERBARIC MEDICINE	324	PEDIATRIC EMERGENCY MEDICINE
120	**FAMILY MEDICINE**	326	PEDIATRIC ENDOCRINOLOGY
125	GERIATRIC MEDICINE	332	PEDIATRIC GASTROENTEROLOGY
127	SPORTS MEDICINE	327	PEDIATRIC HEMATOLOGY/ONCOLOGY
140	**INTERNAL MEDICINE**	335	PEDIATRIC INFECTIOUS DISEASES
141	CARDIOVASCULAR DISEASE	328	PEDIATRIC NEPHROLOGY
154	CLINICAL CARDIAC ELECTROPHYSIOLOGY	330	PEDIATRIC PULMONOLOGY
142	CRITICAL CARE MEDICINE	331	PEDIATRIC RHEUMATOLOGY
143	ENDOCRINOLOGY, DIABETES, AND METABOLISM	333	PEDIATRIC SPORTS MEDICINE
144	GASTROENTEROLOGY	336	DEVELOPMENTAL-BEHAVIORAL PEDIATRICS
151	GERIATRIC MEDICINE	**340**	**PHYSICAL MEDICINE AND REHABILITATION**
145	HEMATOLOGY	341	PAIN MEDICINE
155	HEMATOLOGY AND ONCOLOGY	346	PEDIATRIC REHABILITATION
146	INFECTIOUS DISEASE	345	SPINAL CORD INJURY MEDICINE
152	INTERVENTIONAL CARDIOLOGY	**360**	**PLASTIC SURGERY**
148	NEPHROLOGY	361	CRANIOFACIAL CURGERY
147	ONCOLOGY	363	HAND SURGERY
149	PULMONARY DISEASE	**380**	**PREVENTIVE MEDICINE**
156	PULMONARY DISEASE AND CRITICAL CARE MEDICINE	399	MEDICAL TOXICOLOGY
150	RHEUMATOLOGY	398	UNDERSEA AND HYPERBARIC MEDICINE
157	SPORTS MEDICINE	**400**	**PSYCHIATRY**
130	**MEDICAL GENETICS**	401	ADDICTION PSYCHIATRY
190	MOLECULAR GENETIC PATHOLOGY	405	CHILD AND ADOLESCENT PSYCHIATRY
160	**NEUROLOGICAL SURGERY**	406	FORENSIC PSYCHIATRY
180	**NEUROLOGY**	407	GERIATRIC PSYCHIATRY
185	CHILD NEUROLOGY	402	PAIN MEDICINE
187	CLINICAL NEUROPHYSIOLOGY	409	PSYCHOSOMATIC MEDICINE
183	NEUROMUSCULAR MEDICINE	**420**	**RADIOLOGY DIAGNOSTIC**
186	NEURODEVELOPMENTAL DISABILITIES	421	ABDOMINAL RADIOLOGY
181	PAIN MEDICINE	429	CARDIOTHORACIC RADIOLOGY
188	VASCULAR NEUROLOGY	422	ENDOVASCULAR SURGICAL NEURORADIOLOGY
200	**NUCLEAR MEDICINE**	426	MUSCULOSKELETAL RADIOLOGY
220	**OBSTETRICS AND GYNECOLOGY**	423	NEURORADIOLOGY
240	**OPHTHALMOLOGY**	425	NUCLEAR RADIOLOGY
260	**ORTHOPAEDIC SURGERY**	424	PEDIATRIC RADIOLOGY
261	ADULT RECONSTRUCTIVE ORTHOPAEDICS	427	VASCULAR AND INTERVENTIONAL RADIOLOGY
262	FOOT AND ANKLE ORTHOPAEDICS	**430**	**RADIATION ONCOLOGY**
263	HAND SURGERY	**520**	**SLEEP MEDICINE**
270	MUSCULOSKELETAL ONCOLOGY	**440**	**SURGERY-GENERAL**
268	ORTHOPAEDIC SPORTS MEDICINE	443	HAND SURGERY
267	ORTHOPAEDIC SURGERY OF THE SPINE	445	PEDIATRIC SURGERY
269	ORTHOPAEDIC TRAUMA	442	SURGICAL CRITICAL CARE
265	PEDIATRIC ORTHOPAEDICS	450	VASCULAR SURGERY
280	**OTOLARYNGOLOGY**	**460**	**THORACIC SURGERY**
286	NEUROTOLOGY	**480**	**UROLOGY**
288	PEDIATRIC OTOLARYNGOLOGY	485	PEDIATRIC UROLOGY
300	**PATHOLOGY-ANATOMIC AND CLINICAL**	**999**	**OTHER**

Appendix IV—2008 Mandatory Physician Workforce Survey

PHYSICIAN WORKFORCE SURVEY

Governor Charlie Crist, State Surgeon General Ana Viamonte Ros and the Florida Legislature 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**_____**Profession**_____

Instructions:

- Questions 1- 18 apply to all physicians
- Questions 19-28 apply to only physicians who provide radiological services
- Questions 29-35 apply to only physicians who provide obstetric services or deliver babies.

1. Do you practice medicine at any time during the year in Florida?
   O Yes. If yes, please proceed to the question 2.
   O No. If No,
   a. The main reason you have a Florida license and don't practice medicine is (choose only one)
   O Retired
   O Liability
   O Reimbursement
   O Planning to move to Florida
   O Do not maintain a full-time residence in Florida
   O Other

   b. Do you plan to relocate to Florida?
   O In 1-2 years
   O In 3-4 years
   O Do not plan to relocate

   c. My specialty is: _____
   (please use drop down menu of specialty choices-see page 10)

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

2. How many months did you practice in Florida in the last 12 months?
   O 1-2 months O 7-8 months
   O 3-4 months O 9-10 months
   O 5-6 months O 11-12 months

PHYSICIAN WORKFORCE SURVEY

3. Of your total hours worked in a week, what amount of time do you spend on:

a. Patient care (office and hospital)	b. Administrative Matters	c. Research and Teaching
O 0-5	O 0-5	O 0-5
O 6-10	O 6-10	O 6-10
O 11-15	O 11-15	O 11-15
O 16-20	O 16-20	O 16-20
O 21-25	O 21-25	O 21-25
O 26-30	O 26-30	O 26-30
O 31-35	O 31-35	O 31-35
O 36-40	O 36-40	O 36-40
O 41-45	O 41-45	O 41-45
O 46-50	O 46-50	O 46-50
O 51-54	O 51-54	O 51-54
O 55-60	O 55-60	O 55-60
O 61 or more	O 61 or more	O 61 or more

4. How many patients do you see per week?
   O 0-25 O 126-150
   O 26-50 O 151-175
   O 51-75 O 176-200
   O 76-100 O 201 or more
   O 101-125

5. Which setting best describes where the **majority** of your practice occurs? (*Choose only one*)
   O Office Practice-Solo Practice
   O Office Practice-Group Practice – Single specialty
   O Office Practice-Group Practice – Multi-specialty
   O Federally Qualified Community Health Center
   O Nursing Home / Extended Care Facility
   O Medical School or Parent University
   O Hospital – Hospital Based Physician (Non-Emergency)
   O Hospital – Other
   O Volunteer Free Clinic
   O County Health Department
   O Urgent Care Center
   O Ambulatory Surgery Center
   O Hospital Emergency Room
   O Hospital - Outpatient Dept
   O Hospital – Hospitalist
   O Other

   a. If you are an employed physician, is your employer:
   O Medical School or Parent University
   O Government Agency
   O Staff or Group HMO
   O None of the Above

PHYSICIAN WORKFORCE SURVEY

6. Please list your ***primary*** and ***other*** work locations by county (Please use county list provided-see page 9).

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

7. Are you currently enrolled in an internship, residency, or fellowship program?
   O Yes _____(Specialty) _____(Year) (please use list of specialties provided)
   O No

8. What was your total debt at the time of graduation from medical school?
   O No Debt
   O Less than $25,000
   O More than $25,000, but less than $50,000
   O More than $50,000, but less than $75,000
   O More than $75,000, but less than $100,000
   O More than $100,000, but less than $125,000
   O More than $125,000, but less than $150,000
   O $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.

9. Did you complete a post residency or sub specialty fellowship?
   O Yes _____(Specialty) _____(Year) (please use list of specialties provided)
   O No

10 . Do you have hospital privileges?
   O Yes □
   O No
   a. If yes, at how many individual hospitals?
   O 1
   O 2
   O 3
   O 4 or more

PHYSICIAN WORKFORCE SURVEY

11. Do you take emergency call or otherwise work clinically in a hospital emergency department?
   O Yes
   O No. (Please move to Question 12)
   O Exempt Due to Medical Staff By laws. (Please move to Question 12)

   If yes, are you:
   O Full Time. Please move to question 12.
   O On-Call Specialty. Please answer the following questions:

   a. At how many individual hospitals?
   O 1
   O 2
   O 3
   O 4 or more

   b. How many days per month do you take emergency call?
   O 1-2
   O 3-4
   O 5-6
   O 7-8
   O 9-10
   O 11 or more

   c. During the past 2 years, has the number of emergency on-call days
   O Increased
   O Decreased
   O Stayed the same

12. Do you take trauma call, or attend to trauma patients, at a verified trauma center?
   O Yes
   O No. If no, please move to question 13

   a. If yes, which type?
   O Level I
   O Level II
   O Pediatric

13. Are you currently accepting *new* patients covered by Medicare in your practice?
   O Yes O No

14. Are you currently accepting *new* patients covered by Medicaid in your practice?
   O Yes O No

Appendix IV—2008 Mandatory Physician Workforce Survey

PHYSICIAN WORKFORCE SURVEY

15. Do you plan to retire in the next 5 years?
O Yes
O No
a. If yes, the main reason for retiring:
O Time to retire
O Family
O Medical liability risks and/or associated costs
O Reimbursement
O Looking for a change
O Other

16. Do you plan to move to work in another state in the next 5 years?
O Yes
No
a. If yes, the main reason for moving to work in another state:
O Family
O Medical liability risks and/or associated costs
O Reimbursement
O Looking for a change
O Education / training in another state
O Other

17. Do you plan to change your specialty in the next 5 years?
O Yes
O No
a. If yes, the main reason for changing your specialty:
O Family
O Medical liability risks and/or associated costs
O Reimbursement
O Looking for a change
O Education / training in another state
O Other

18. List your primary specialty area of you current clinical practice, and any additional specialty areas of your current clinical practice and how many hours per week in each setting?

umeric ode	Specialty Area (*Please use specialty list provided-see page 10*)	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

PHYSICIAN WORKFORCE SURVEY

For physicians that provide radiological services, please answer questions 19-28.
If you provide obstetric services or deliver babies, please answer questions 29-35.
All other physicians please stop here. Thank you for your time and effort to complete this important workforce survey.

19. Are you board certified?
O Yes Year _____
O No
O Recertified? Year_____
20. Are you subspecialty certified?
O Yes Year_____
O No
21. Do you have CAQ (Certificate of Added Qualifications) Recertification?
O Yes Year (_____)
O No

22. Do you see a particular category of patients? (Choose all that apply)
O Mammography
O GI Radiology
O Neuroradiology
O GU Radiology
O Pediatric Radiology
O General Radiology
O Nuclear Medicine
O Cardiothoracic Radiology
O Musculoskeletal Radiology
O Interventional Radiology
a. If you checked that mammography is part of your practice do you:
Read screening mammograms? O Yes O No
Read diagnostic mammograms and sonograms? O Yes O No
Read breast MRI's O Yes O No
Read MRI guided core biopsies? O Yes O No
Perform ultrasound & stereotactic guided core biopsies? O Yes O No

b. If mammography is not part of your clinical practice, please choose the most important reason why not:
O Liability
O Reimbursement
O Too stressful
O Too much regulation
O Not interested
O Other

23. Do you consider yourself a pediatric radiologist?
O Yes
O No. Please move to question 25.

PHYSICIAN WORKFORCE SURVEY

a. If you consider yourself a pediatric radiologist, do you practice:
O Musculoskeletal
O Neuroradiology
O Nuclear Medicine
O Interventional Radiology
O General

24. Check your type of work location (one or more)
O Hospital
O Stand alone Imaging Center
O Hospital-based Imaging Center
O Off site (Internet-based) Radiology
O Multispecialty Group Imaging Center
O Other

25. Do you use an outside service (Teleradiology)?
O Yes
O No
a. If yes, which services do you use (one or more):
O Day coverage
O In-state physicians
O Night coverage
O Out-of-state physicians
O Subspecialty consultations
O Out-of-country physicians
O Other

26. Do you treat under-insured patients?
O Yes
O No

27. Do you treat uninsured patients?
O Yes
O No

28. Are you a radiation oncologist?
O Yes
O 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?
O Yes
O No

PHYSICIAN WORKFORCE SURVEY

If you are a physician providing radiological services, please stop here. Thank you for completing the survey.
For Physicians that provide obstetric services or deliver babies, please answer questions 29-35

29. Do you deliver babies?
O Yes
O No (if no, please stop here).
30. How many routine deliveries do you perform per month?
O None
O Low, < 10 per month
O Medium, < 10-30 per month
O High, >30 per month
31. How many high risk deliveries do you perform per month?
O None
O Low, < 10 per month
O Medium, < 10-30 per month
O High, >30 per month
32. How many C-Sections do you perform per month?
O None
O Low, < 10 per month
O Medium, < 10-30 per month
O High, >30 per month
33. How many emergency room deliveries do you perform per month for patients having minimal or no "known" prenatal care?
O None
O Low, < 10 per month
O Medium, < 10-30 per month
O High, >30 per month
34. How many assists or consultative services do you perform per month?
O None
O Low, < 10 per month
O Medium, < 10-30 per month
O High, >30 per month
35. Are you planning to discontinue doing obstetric care for any reason, including retirement, in the next two years?
O Yes
O No

STATEMENT:
I have completed the survey to the extent that it is applicable to me. This information provided is true and accurate to the best of my knowledge and the submission does not contain any knowingly false information.

Appendix IV—2008 Mandatory Physician Workforce Survey

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.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

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 □

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 □
- 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
  - 431 MEDICAL NUCLEAR PHYSICS
  - 432 DIAGNOSTIC RADIOLOGICAL PHYSICS
  - 433 HOSPICE AND PALLIATIVE MEDICINE
  - 434 GENERAL DIAGNOSTIC RADIOLOGY
  - 435 MAMMOGRAPHY
  - 436 PAIN MANAGEMENT
  - 437 THERAPEUTIC RADIOLOGICAL PHYSICS
- 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