

# 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?

Yes. If yes, please proceed to the question 2.

No. If No,

a. The main reason you have a Florida license and don't practice medicine is (choose only one)

- Retired
- Liability
- Reimbursement
- Planning to move to Florida
- Do not maintain a full-time residence in Florida
- Other

b. Do you plan to relocate to Florida?

- In 1-2 years
- In 3-4 years
- 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?

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

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

a. Patient care (office and hospital)

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

b. Administrative Matters

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

c. Research and Teaching

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

4. How many patients do you see per week?

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

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

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

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

- Medical School or Parent University
- Government Agency
- Staff or Group HMO
- None of the Above

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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?

- Yes \_\_\_\_\_ (Specialty) \_\_\_\_\_ (Year) (please use list of specialties provided)  
 No

8. What was your total debt at the time of graduation from medical school?

- No Debt  
 Less than \$25,000  
 More than \$25,000, but less than \$50,000  
 More than \$50,000, but less than \$75,000  
 More than \$75,000, but less than \$100,000  
 More than \$100,000, but less than \$125,000  
 More than \$125,000, but less than \$150,000  
 \$150,000 or more

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

9. Did you complete a post residency or sub specialty fellowship?

- Yes \_\_\_\_\_ (Specialty) \_\_\_\_\_ (Year) (please use list of specialties provided)  
 No

10. Do you have hospital privileges?

- Yes  
 No

a. If yes, at how many individual hospitals?

- 1  
 2  
 3  
 4 or more

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

If yes, are you:

- Full Time. Please move to question 12.
- On-Call Specialty. Please answer the following questions:

a. At how many individual hospitals?

- 1
- 2
- 3
- 4 or more

b. How many days per month do you take emergency call?

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

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

- Increased
- Decreased
- Stayed the same

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

a. If yes, which type?

- Level I
- Level II
- Pediatric

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

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

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

Yes

No

a. If yes, the main reason for retiring:

Time to retire

Family

Medical liability risks and/or associated costs

Reimbursement

Looking for a change

Other

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

Yes

No

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

Family

Medical liability risks and/or associated costs

Reimbursement

Looking for a change

Education / training in another state

Other

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

Yes

No

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

Family

Medical liability risks and/or associated costs

Reimbursement

Looking for a change

Education / training in another state

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?

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

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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?

Yes Year \_\_\_\_\_

No

Recertified? Year \_\_\_\_\_

20. Are you subspecialty certified?

Yes Year \_\_\_\_\_

No

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

Yes Year (\_\_\_\_\_)

No

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

Mammography

General Radiology

GI Radiology

Nuclear Medicine

Neuroradiology

Cardiothoracic Radiology

GU Radiology

Musculoskeletal Radiology

Pediatric Radiology

Interventional Radiology

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

Read screening mammograms?  Yes  No

Read diagnostic mammograms and sonograms?  Yes  No

Read breast MRI's  Yes  No

Read MRI guided core biopsies?  Yes  No

Perform ultrasound & stereotactic guided core biopsies?  Yes  No

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

Liability

Reimbursement

Too stressful

Too much regulation

Not interested

Other

23. Do you consider yourself a pediatric radiologist?

Yes

No. Please move to question 25.

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- a. If you consider yourself a pediatric radiologist, do you practice:
- Musculoskeletal
  - Neuroradiology
  - Nuclear Medicine
  - Interventional Radiology
  - General
24. Check your type of work location (one or more)
- Hospital
  - Stand alone Imaging Center
  - Hospital-based Imaging Center
  - Off site (Internet-based) Radiology
  - Multispecialty Group Imaging Center
  - Other
25. Do you use an outside service (Teleradiology)?
- Yes
  - No
- a. If yes, which services do you use (one or more):
- Day coverage
  - In-state physicians
  - Night coverage
  - Out-of-state physicians
  - Subspecialty consultations
  - Out-of-country physicians
  - Other
26. Do you treat under-insured patients?
- Yes
  - No
27. Do you treat uninsured patients?
- Yes
  - No
28. Are you a radiation oncologist?
- Yes
  - No. Please stop here. Thank you for your time and effort to complete this survey.
- a. If yes, are you certified by the American Board of Therapeutic Radiology?
- Yes
  - No

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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?
- Yes
  - No (if no, please stop here).
30. How many routine deliveries do you perform per month?
- None
  - Low, < 10 per month
  - Medium, < 10-30 per month
  - High, >30 per month
31. How many high risk deliveries do you perform per month?
- None
  - Low, < 10 per month
  - Medium, < 10-30 per month
  - High, >30 per month
32. How many C-Sections do you perform per month?
- None
  - Low, < 10 per month
  - Medium, < 10-30 per month
  - High, >30 per month
33. How many emergency room deliveries do you perform 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
34. How many assists or consultative services do you perform per month?
- None
  - Low, < 10 per month
  - Medium, < 10-30 per month
  - High, >30 per month
35. 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**

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

# **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**