

**Abstract Title: Recent Trends in Physician Plans to Retire or Significantly Reduce Patient Care Work Effort in New York State, 1999-2005**

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**OBJECTIVES**

The supply of physicians in the United States has steadily increased since the 1960s, but there is a concern that this situation will soon change. There is a growing consensus that the supply of physicians will soon be inadequate to provide healthcare services to the population. To date most efforts to assess the adequacy of the physician workforce in the US and to forecast future physician requirements have focused on the pipeline of new physicians, including medical school capacity and graduate medical training.

Surprisingly, little attention has been given to examining physician retirement rates which can have a significant impact on aggregate physician supply. Most forecasts of supply rely on historical retirement rates that may not be appropriate in the coming years. The growing number of women in medicine, the aging of the baby-boom generation of physicians, increased specialization and the changing role of physicians in health care are all likely to impact retirement rates. In order to assess the trends, antecedents, and characteristics of physician retirement, we examined physicians' reported intentions to retire and significantly reduce patient care hours.

**DESIGN/SETTING/PARTICIPANTS/OUTCOME MEASURES**

This study involved data analysis that examined trends and variations in physicians' reported intentions to retire and significantly reduce patient care hours. The data were drawn from an ongoing survey of all physicians licensed by the New York State Department of Education. Physicians receive the survey on a biennial basis as part of their licensure re-registration. The survey consists of a battery of questions eliciting information on respondents' sociodemographic characteristics, medical education and training, and practice patterns. In 1999, an item was added to the survey requesting information about the near future practice plans of physicians, including their intentions to retire from practice and significantly reduce the number of hours they spend in patient care in the coming 12 months. Variations in intentions to retire and significantly reduce patient care work effort were examined by a number of factors, including gender, race/ethnicity, age, specialty, and location of medical school.

## **MAIN OUTCOME MEASURE**

The two main outcome measures in this study were physicians' reported intentions to retire from practice in the next 12 months and their intentions to significantly reduce the number of hours they spend in patient care in the next 12 months. While we acknowledge that intentions to retire are not perfect indicators of actual behavior, variation and trends in short-term retirement intentions can be used to predict future retirement rates, or, at the very least, signal an impending change in those rates.

## **RESULTS**

Overall the percentage of physicians who plan to retire from patient care or reduce their patient care hours remained relatively constant between 1999 and 2005. In any given year, about 1.5% of physicians reported intentions to retire within 12 months and less than 6% reported intentions to reduce their patient care work effort within 12 months.

Male physicians were more likely than female physicians to report intentions to retire from practice and reduce patient care hours within 12 months. Both Asian/Pacific Islander and under-represented minority physicians were more likely than White, non-Hispanic physicians to report intentions to retire from practice and reduce the number of hours they spend in patient care within 12 months. Physicians who attended medical school in the United States were more likely than international medical graduates to report intentions to retire and reduce their patient care work effort. Finally, as one might expect, older physicians were more likely than younger physicians to report intentions to retire and reduce their patient care work effort within 12 months.

The medical specialties with physicians most likely to report intentions to retire from medical practice were Gynecology, General Surgery, General/Family Practice and Occupational Medicine. Those least likely were physicians in the specialties of Critical Care, Cardiovascular Disease, Rheumatology, and Emergency Medicine. For the most part, the medical specialties with physicians most likely to report intentions to retire in the next 12 months were also those most likely to report intentions to reduce their patient care hours. There were a couple exceptions: physicians in Neurosurgery and Obstetrics and Gynecology ranked among the top 5 specialties who reported intentions to reduce patient care time.

## **CONCLUSIONS**

There is clearly a need for more in-depth studies of physician retirement and near-term practice pattern changes. Our findings suggest that retirement may be more likely among specific groups of physicians defined by specialty, gender, race/ethnicity, location of medical school, and age. Further studies should attempt to correct for the confounding effects of these characteristics on physician retirement and patient care work effort reduction. Moreover, future studies should explore the relationship between intentions to retire and actual retirement and between intentions to reduce patient care hours and actual reduction in those hours in order to better evaluate the robustness of reported intentions as indicators or future behavior.

While some of the findings on the variations in reported intentions to retire and reduce patient care hours were expected (e.g., older physicians were more likely to report intentions to retire and/or significantly reduce patient care hours), others were unexpected and troublesome. That under-represented minority physicians were more likely to report both intentions to retire and reduce patient care hours at a time when relatively fewer under-represented minorities are entering the profession should be taken seriously. It suggests that efforts to diversify the physician workforce should be redoubled or we risk the progress already made in the past 30 years. On the other hand, as women become gain greater representation among younger physicians, concomitant with male physicians retiring at a greater rate, the physician workforce will continue to achieve higher levels of gender-diversification.

Finally, in terms of the overall supply of physicians, we do not find evidence of an increasing rate of intention to retire among physicians. What we do find is evidence that older physicians are more likely to report intentions to retire. Thus, as the large cohort of baby-boom generation physicians continues to age, the likelihood that they will retire will increase.