



**Department of Health
& Human Services**

Health Workforce
Information Center (HWIC)

Utah Physician Survey



Proposed profession-specific survey tool for Doctor of Medicine (MD),
Doctor of Osteopathic Medicine (DO), & Podiatric Physician license
applications and renewals

Utah Health Workforce Advisory Council

Adopted: December 26, 2023

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Document background and overview

The Health Workforce Advisory Council (HWAC), with help from its Data Subcommittee and the Health Workforce Information Center (HWIC), developed the Utah Cross-Profession Minimum Data Set (UCPMDS). This list of survey questions is used to gather key information for health workforce planning throughout Utah. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed through a collaboration among seven national healthcare regulatory organizations. The UCPMDS was reviewed and approved by HWAC on March 15, 2023. The HWIC maintains and analyzes health workforce data and uses the UCPMDS as a foundational framework for collecting consistent, comparable information across time and health professions to support the HWAC in workforce monitoring and planning.

The UCPMDS serves as the foundational data system upon which this physician profession-specific tool was developed. For UCPMDS questions requiring profession-specific response options, the questions were customized to include response categories relevant to those in physician professions. These proposed response options were informed by historic workforce surveys conducted by the Utah Medical Education Council (UMEC) and developed and approved through voluntary committees of stakeholders with expertise in the respective professions.

Physician minimum data set (MDS) survey questions

UCPMDS questions with profession-specific response customizations

Sex

1. What is your sex?

[Single select]

- a. Male
- b. Female
- c. Prefer not to say

Race/ethnicity

2. What is your race? Mark one or more boxes.

[Multi-select]

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Middle Eastern or North African
- e. Native Hawaiian/Pacific Islander
- f. White
- g. Other race

3. Are you of Hispanic, Latina/o, or Spanish origin?

[Single select]

- a. No
- b. Yes

Qualifying education

4. What is your medical degree?

[Single select]

- a. MD
- b. DO
- c. DPM
- d. Other

Year completed qualifying education

5. What year did you complete medical school?
[Single select] [Drop-down list ranging from 1924 - 2028]

Qualifying education state

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)
[Single Select]
- a. [LIST OF U.S. STATES and territories]
 - b. Another country (not the United States)

Qualifying education country

7. In which city & country did you complete the education program or degree that first qualified you for this license?
-

Year completed residency

8. What year did you complete your residency training?
[Single select] [Drop-down list ranging from 1924 - 2028]
- a. Yes
 - b. No
 - c. Not applicable

Residency state

9. Where did you complete your residency training?
[Single Select]
- a. [LIST OF U.S. STATES and territories]
 - b. Another country (not the United States)

Residency country

10. In which city & country did you complete your residency training?
-

Employment status

11. What is your employment status?
[Single select]
- a. Actively working in a position that requires this license.
 - b. Actively working in a position in the field of medicine that does not require this license.
 - c. Actively working in a position in a field other than medicine.
 - d. Unemployed and seeking work that requires this license.
 - e. Unemployed and not seeking work that requires this license.
 - f. Volunteer work only.
 - g. Retired.
 - h. Other

Employment plans

12. What best describes your employment plans for the next 2 years?
[Single select]
- a. Continue as you are.
 - b. Increase hours in a field related to this license.
 - c. Decrease hours in a field related to this license.
 - d. Seek employment in a field unrelated to this license.
 - e. Seek alternative employment in a field related to this license, but decrease hours in patient care.
 - f. Retire
 - g. Unknown.

Employment hour change

13. If you indicated you plan to increase hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "Not applicable."
[Single select]
- a. 1–4 hours per week
 - b. 5–8 hours per week
 - c. 9–12 hours per week

- d. 13–16 hours per week
 - e. 17–20 hours per week
 - f. 21–24 hours per week
 - g. 25–28 hours per week
 - h. 29–32 hours per week
 - i. 33–36 hours per week
 - j. 37–40 hours per week
 - k. 41 or more hours per week
 - l. Not applicable
14. If you indicated that you plan to decrease hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select “Not applicable.”
[Single select]
- a. 1–4 hours per week
 - b. 5–8 hours per week
 - c. 9–12 hours per week
 - d. 13–16 hours per week
 - e. 17–20 hours per week
 - f. 21–24 hours per week
 - g. 25–28 hours per week
 - h. 29–32 hours per week
 - i. 33–36 hours per week
 - j. 37–40 hours per week
 - k. 41 or more hours per week
 - l. Not applicable

Telehealth

15. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless communications.

Of the hours per week spent in **direct patient care**, estimate the average number of hours per week delivering patient care **via telehealth**.

[Single select] [Drop-down list ranging from 0 hours per week or “Not applicable” -41+]

Patient characteristics

16. Please indicate the population groups to which you provide clinical services. Please check all that apply.

[Multi select]

- a. Newborns
- b. Children (ages 2–10)
- c. Adolescents (ages 11–19)
- d. Adults (ages 20–64)
- e. Geriatrics (ages 65 and older)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals experiencing homelessness
- k. Individuals who speak a language other than English
- l. Medicaid beneficiaries
- m. Medicare beneficiaries
- n. Sliding fee scale
- o. Uninsured individuals
- p. Privately insured individuals
- q. Not applicable
- r. None of the above

Specialty

17. Which of the following best describes your primary specialty/field/area of practice, in which you spend most of your professional time?

- a. No Specific Area or Practice/Not applicable
- b. Addiction Medicine
- c. Allergy & Immunology
- d. Anesthesiology – General
- e. Anesthesiology – Pain Management
- f. Anesthesiology – Other subspecialties
- g. Cardiology
- h. Critical Care Medicine
- i. Dermatology

- j. Emergency Medicine
- k. Endocrinology
- l. Family Medicine – General
- m. Family Medicine – Geriatrics
- n. Family Medicine – High Risk OB
- o. Family Medicine – Sports Medicine
- p. Gastroenterology
- q. Hematology/Oncology
- r. Hospice and Palliative Medicine
- s. Hospitalist – Internal Medicine
- t. Hospitalist – Pediatrics
- u. Hyperbaric Medicine
- v. Infectious Diseases
- w. Internal Medicine – General
- x. Internal Medicine – Pediatrics
- y. Internal Medicine – Other subspecialties
- z. Medical Genetics
- aa. Nephrology
- bb. Neurology
- cc. Nuclear Medicine
- dd. Obesity Medicine
- ee. Obstetrics/Gynecology – General
- ff. Obstetrics/Gynecology - Subspecialties
- gg. Occupational Health
- hh. Ophthalmology
- ii. Otolaryngology
- jj. Pathology – General
- kk. Pathology subspecialties
- ll. Pediatrics – General
- mm. Pediatrics – subspecialties
- nn. Physical Medicine and Rehabilitation
- oo. Preventive Medicine/Public Health
- pp. Primary Care
- qq. Psychiatry – General
- rr. Psychiatry – Child and Adolescent

- ss. Psychiatry – Other subspecialties
- tt. Pulmonology
- uu. Radiology – Diagnostic
- vv. Radiology – Therapeutic/Radiation Oncology
- ww. Radiology – Interventional
- xx. Rheumatology
- yy. Sleep Medicine
- zz. Surgery – Cardiothoracic/Thoracic
- aaa. Surgery – Colon and Rectal
- bbb. Surgery – General
- ccc. Surgery – Orthopedic
- ddd. Surgery – Neurological
- eee. Surgery – Plastic
- fff. Surgery – Vascular
- ggg. Surgery – Other subspecialties
- hhh. Urgent Care Medicine
- iii. Urology
- jjj. Other

Secondary Specialty

18. Which of the following best describes your secondary specialty/field/area of practice, in which you spend most of your professional time?
 - a. No Specific Area or Practice/Not applicable
 - b. Addiction Medicine
 - c. Allergy & Immunology
 - d. Anesthesiology – General
 - e. Anesthesiology – Pain Management
 - f. Anesthesiology – Other subspecialties
 - g. Cardiology
 - h. Critical Care Medicine
 - i. Dermatology
 - j. Emergency Medicine
 - k. Endocrinology
 - l. Family Medicine – General
 - m. Family Medicine – Geriatrics

- n. Family Medicine – High Risk OB
- o. Family Medicine – Sports Medicine
- p. Gastroenterology
- q. Hematology/Oncology
- r. Hospice and Palliative Medicine
- s. Hospitalist – Internal Medicine
- t. Hospitalist – Pediatrics
- u. Hyperbaric Medicine
- v. Infectious Diseases
- w. Internal Medicine – General
- x. Internal Medicine – Pediatrics
- y. Internal Medicine – Other subspecialties
- z. Medical Genetics
- aa. Nephrology
- bb. Neurology
- cc. Nuclear Medicine
- dd. Obesity Medicine
- ee. OB/GYN – General
- ff. OB/GYN - Subspecialties
- gg. Occupational Health
- hh. Ophthalmology
- ii. Otolaryngology
- jj. Pathology – General
- kk. Pathology subspecialties
- ll. Pediatrics – General
- mm. Pediatrics – subspecialties
- nn. Physical Medicine and Rehabilitation
- oo. Preventive Medicine/Public Health
- pp. Primary Care
- qq. Psychiatry – General
- rr. Psychiatry – Child and Adolescent
- ss. Psychiatry – Other subspecialties
- tt. Pulmonology
- uu. Radiology – Diagnostic
- vv. Radiology – Therapeutic/Radiation Oncology

- ww. Radiology – Interventional
- xx. Rheumatology
- yy. Sleep Medicine
- zz. Surgery – Cardiothoracic/Thoracic
- aaa. Surgery – Colon and Rectal
- bbb. Surgery – General
- ccc. Surgery – Orthopedic
- ddd. Surgery – Neurological
- eee. Surgery – Plastic
- fff. Surgery – Vascular
- ggg. Surgery – Other subspecialties
- hhh. Urgent Care Medicine
- iii. Urology
- jjj. Other

Primary practice location

19. What is your primary practice location? Leave blank if not applicable
- a. Address _____
 - b. Address 2 _____
 - c. City _____
 - d. State _____
 - e. Postal code _____
 - f. Country/Region _____

Primary practice arrangement

20. Which of the following best describes your current employment arrangement at your principal practice location?
- [Multi Select]
- a. Self-employed/consultant
 - b. Salaried
 - c. Hourly
 - d. Temporary employment/locum tenens
 - e. Other
 - f. Not applicable

Primary practice position role or title

21. Please identify the role or title(s) that most closely corresponds to your primary employment/practice type.

[Multi Select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Researcher
- e. Other
- f. Not applicable

Primary practice setting type

22. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "Not applicable."

[Single select]

- a. Not applicable
- b. Academic institution
- c. Ambulatory Care Center
- d. Certified Rural Health Clinic
- e. Correctional Facility
- f. Federal Hospital (VA) and other military settings
- g. Federally Qualified Health Center
- h. Home Health Setting
- i. Hospice Care
- j. Hospital – Emergency Department
- k. Hospital - Inpatient
- l. Hospital - Outpatient
- m. Medical School
- n. Non-clinical setting (e.g., business, insurance)
- o. Nursing Home/Skilled Nursing Facility
- p. Office/Clinic - Multi Specialty Group
- q. Office/Clinic - Single Specialty Group
- r. Office/Clinic - Solo Practice
- s. Psychiatric/Mental Health Facility
- t. Research Laboratory
- u. Spa/Aesthetic/Weight Loss Clinic

- v. State or Local Health Department
- w. Substance Abuse Facility
- x. Telehealth
- y. University/College Student Health Facility
- z. Volunteer in a Free Clinic/Other Volunteer Setting
- aa. Telehealth
- bb. Other

Primary practice hours

23. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “Not applicable.” Does not include time on call.
[Single select] [Drop-down list ranging from 0 hours per week or “Not applicable” – 41+]

Primary practice hours/week in direct patient care

24. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select not applicable. [Single select] [Drop-down list ranging from 0 hours per week or “Not applicable” – 41+]

Secondary practice

25. In addition to your primary practice location, do you work at any other practice locations?
- a. Yes
 - b. No
 - c. Not applicable

Secondary practice location

26. What is your secondary practice location?
- a. Address _____
 - b. Address 2 _____
 - c. City _____
 - d. State _____
 - e. Postal code _____
 - f. Country/Region _____

Secondary practice arrangement

27. Which of the following best describes your current employment arrangement at your secondary practice location?
[Multi Select]

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. Other
- f. Not applicable

Secondary practice role or title

28. Please identify the roles or titles that most closely correspond to your secondary employment/practice type.

[Multi Select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Researcher
- e. Other
- f. Not applicable

Secondary practice setting type

29. Which of the following best describes the practice setting at your secondary practice location? If this does not apply, please select “Not applicable.”

[Single select]

- a. Not applicable
- b. Academic institution
- c. Ambulatory Care Center
- d. Certified Rural Health Clinic
- e. Correctional Facility
- f. Federal Hospital (VA) and other military settings
- g. Federally Qualified Health Center
- h. Home Health Setting
- i. Hospice Care
- j. Hospital – Emergency Department
- k. Hospital - Inpatient
- l. Hospital - Outpatient
- m. Medical School
- n. Non-clinical setting (e.g., business, insurance)

- o. Nursing Home/Skilled Nursing Facility
- p. Office/Clinic - Multi Specialty Group
- q. Office/Clinic - Single Specialty Group
- r. Office/Clinic - Solo Practice
- s. Psychiatric/Mental Health Facility
- t. Research Laboratory
- u. Spa/Aesthetic/Weight Loss Clinic
- v. State or Local Health Department
- w. Substance Abuse Facility
- x. University/College Student Health Facility
- y. Volunteer in a Free Clinic/Other Volunteer Setting
- z. Telehealth
- aa. Other

Secondary practice hours

30. Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select “Not applicable.” Does not include time on call.
[Single select] [Drop-down list ranging from 0 hours per week or “Not applicable” – 41+]

Secondary practice hours in direct patient care

31. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select “Not applicable.”
[Single select] [Drop-down list ranging from 0 hours per week or “Not applicable” – 41+]

Tertiary practice location

32. In addition to your primary and secondary practice locations, do you work at any other practice locations?
- a. Yes
 - b. No
 - c. Not applicable

33. What is your tertiary practice location?

- a. Address _____
- b. Address 2 _____
- c. City _____
- d. State _____
- e. Postal code _____
- f. Country/Region _____

Tertiary practice arrangement

34. Which of the following best describes your current employment arrangement at your tertiary practice location?

[Multi Select]

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. Other
- f. Not applicable

Tertiary practice role or title

35. Please identify the roles or titles that most closely correspond to your tertiary employment/practice type.

[Multi Select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Researcher
- e. Other
- f. Not applicable

Tertiary practice setting type

36. Which of the following best describes the practice setting at your tertiary practice location? If this does not apply, please select "Not applicable."

[Single select]

- a. Not applicable

- b. Academic institution
- c. Ambulatory Care Center
- d. Certified Rural Health Clinic
- e. Correctional Facility
- f. Federal Hospital (VA) and other military settings
- g. Federally Qualified Health Center
- h. Home Health Setting
- i. Hospice Care
- j. Hospital – Emergency Department
- k. Hospital - Inpatient
- l. Hospital - Outpatient
- m. Medical School
- n. Non-clinical setting (e.g., business, insurance)
- o. Nursing Home/Skilled Nursing Facility
- p. Office/Clinic - Multi Specialty Group
- q. Office/Clinic - Single Specialty Group
- r. Office/Clinic - Solo Practice
- s. Psychiatric/Mental Health Facility
- t. Research Laboratory
- u. Spa/Aesthetic/Weight Loss Clinic
- v. State or Local Health Department
- w. Substance Abuse Facility
- x. University/College Student Health Facility
- y. Volunteer in a Free Clinic/Other Volunteer Setting
- z. Telehealth
- aa. Other

Tertiary practice hours

37. Estimate the average number of hours per week spent at your tertiary practice location.
If this does not apply, please select “Not applicable.” Does not include time on call.
[Single select] [Drop-down list ranging from 0 hours per week or “Not applicable” – 41+]

Tertiary practice hours in direct patient care

38. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your tertiary practice location. If this does not apply, please select “Not applicable.”
[Single select] [Drop-down list ranging from 0 hours per week or “Not applicable” – 41+]

Educational debt

39. Please indicate the total amount of educational debt you incurred for your medical training (exclude any non-educational debt).

[Single Select]

- a. No debt
- b. \$1–\$20,000
- c. \$20,001–\$40,000
- d. \$40,001–\$60,000
- e. \$60,001–\$80,000
- f. \$80,001–\$100,000
- g. \$100,001–\$120,000
- h. \$120,001–\$140,000
- i. \$140,001–\$160,000
- j. \$160,001–\$180,000
- k. \$180,001–\$200,000
- l. \$200,001–\$220,000
- m. \$220,001–\$240,000
- n. \$240,001–\$260,000
- o. \$260,001–\$280,000
- p. \$280,001–\$300,000
- q. \$300,001–\$320,000
- r. \$320,001–\$340,000
- s. \$340,001–\$360,000
- t. \$360,001–\$380,000
- u. \$380,001–\$400,000
- v. \$400,001–\$420,000
- w. \$420,001–\$440,000
- x. \$440,001–\$460,000
- y. \$460,001–\$480,000
- z. \$480,001–\$500,000
- aa. \$500,001 or more
- bb. Prefer not to answer

40. Please indicate the types of mentoring you have provided to students within the last two years.
[Single select]

- a. Not applicable
- b. Academic faculty (didactic teaching)
- c. Clinical faculty (medical students)
- d. Clinical faculty (residents)
- e. Clinical faculty (fellowship)
- f. Mentor/preceptor to medical students or residents
- g. Mentor/preceptor to other health professions students
- h. Prefer not to say

The End

Thank you for completing Utah's Health Workforce Advisory Council biennial survey. Your participation will help the Council fulfill its purpose of providing information and recommendations to assist in expanding and strengthening Utah's health professional workforce. When you click the arrow pointing right, you will be redirected to your license renewal page. From there, go to "Activity" and select "your started renewal form" and continue from there.