



2024 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: September 26, 2023
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Utah Department of
Health & Human
Services

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Document background and overview

The Utah Cross-Profession Minimum Data Set (UCPMDS) is a set of core questions covering the highest-priority data elements that are considered the minimum necessary for the Utah Health Workforce Advisory Council (HWAC), health workforce planning. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed as a collaboration between 7 national healthcare regulatory organizations. The UCPMDS was reviewed and approved by the Utah Health Workforce Advisory Council on March 15, 2023.

The UCPMDS serves as a foundational data system upon which this physician profession-specific tool is being developed. For UCPMDS questions that required profession-specific response adjustments, customized options relevant to those in physician professions have been incorporated. These proposed response options were pulled from historic workforce surveys from the Utah Medical Education Council (UMEC), which were developed and approved by voluntary committees of stakeholders familiar with the professions.

Physician minimum data set (MDS) survey recommendations

UCPMDS Questions with profession-specific response customizations

Sex

1. What is your sex?
[Single select]
 - a. Male
 - b. Female
 - c. Prefer not to answer

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. Native Hawaiian/Pacific Islander
 - e. White
 - f. Other race
3. Are you of Hispanic or Latino origin?
[Single select]
 - a. No
 - b. Yes
4. What is your medical degree?
[Single select]
 - a. MD
 - b. DO
 - c. Doctor of Podiatric Medicine

- d. Other

Year completed qualifying education

- 5. What year did you complete medical school? (YYYY)
[Open field text]

Where completed education

- 6. Where did you complete medical school?
[Single select]
 - a. [List of United States and Territories]
 - b. Another country (not U.S.)

Residency

- 7. Where did you complete your residency training?
[Single select]
 - a. [List of United States and Territories]
 - b. Another country (not U.S.)
- 8. What year did you complete your residency training? (YYYY)
[Open field text]

Employment status

- 9. 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

Future employment plans

10. What best describes your employment plans for the next 2 years?

[Single select]

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license
- c. Seek employment in a field unrelated to this license
- d. Seek alternative employment in a field related to this license, but reduce hours in patient care
- e. Retire
- f. Continue as you are
- g. Unknown

11. If you indicated you plan to **increase** or **decrease** hours in a field related to this license in Q11, 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. 0 hours per week
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week
- m. Not applicable

Telehealth

12. 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 landline 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]

- a. 0 hours per week/ not applicable
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

Patient characteristics

13. 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
- e. Geriatrics (ages 65+)
- 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. None of the above

Specialty

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

[Single select]

- | | | | |
|----|--|-----|--|
| a. | No Specific area of practice/ not applicable | v. | Infectious diseases |
| b. | Addiction medicine | w. | Internal medicine—general |
| c. | Allergy and immunology | x. | Internal medicine—pediatrics |
| d. | Anesthesiology—general | y. | Internal medicine—other subspecialties |
| e. | Anesthesiology—pain management | z. | Medical genetics |
| f. | Anesthesiology—other subspecialties | aa. | Nephrology |
| g. | Cardiology | bb. | Neurology |
| h. | Critical care medicine | cc. | Nuclear medicine |
| i. | Dermatology | dd. | Obesity medicine |
| j. | Emergency medicine | ee. | Ob/gyn—general |
| k. | Endocrinology | ff. | Ob/gyn subspecialties |
| l. | Family medicine—general | gg. | Ophthalmology |
| m. | Family medicine—geriatrics | hh. | Otolaryngology |
| n. | Family medicine—high risk obstetrician | ii. | Pathology—general |
| o. | Family medicine—sports medicine | jj. | Pathology subspecialties |
| p. | Gastroenterology | kk. | Pediatrics—general |
| q. | Hematology/oncology | ll. | Pediatrics subspecialties |
| r. | Hospice and palliative medicine | mm. | Physical medicine and rehabilitation |
| s. | Hospitalist—internal medicine | nn. | Primary care |
| t. | Hospitalist—pediatrics | oo. | Preventive medicine/public health |
| u. | Hyperbaric medicine | pp. | Occupational health |
| | | qq. | Psychiatry—general |
| | | rr. | Psychiatry—child and adolescent |

- | | |
|--|------------------------------------|
| ss. Psychiatry—other subspecialties | aaa. Surgery—colon and rectal |
| tt. Pulmonology | bbb. Surgery—general |
| uu. Radiology—diagnostic | ccc. Surgery—orthopedic |
| vv. Radiology—therapeutic/
radiation oncology | ddd. Surgery—neurological |
| ww. Radiology—interventional | eee. Surgery—plastic |
| xx. Rheumatology | fff. Surgery—vascular |
| yy. Sleep medicine | ggg. Surgery —other subspecialties |
| zz. Surgery—cardiothoracic/
thoracic | hhh. Urgent care medicine |
| | iii. Urology |
| | jjj. Other |

15. Which of the following best describes the **secondary** specialty/field/area of practice in which you spend most of your professional time?

[Single select]

- | | |
|---|---|
| a. No Specific area of practice/ not applicable | o. Family medicine—sports medicine |
| b. Addiction medicine | p. Gastroenterology |
| c. Allergy and immunology | q. Hematology/oncology |
| d. Anesthesiology—general | r. Hospice and palliative medicine |
| e. Anesthesiology—pain management | s. Hospitalist—internal medicine |
| f. Anesthesiology—other subspecialties | t. Hospitalist—pediatrics |
| g. Cardiology | u. Hyperbaric medicine |
| h. Critical care medicine | v. Infectious diseases |
| i. Dermatology | w. Internal medicine—general |
| j. Emergency medicine | x. Internal medicine—pediatrics |
| k. Endocrinology | y. Internal medicine—other subspecialties |
| l. Family medicine—general | z. Medical genetics |
| m. Family medicine—geriatrics | aa. Nephrology |
| n. Family medicine—high risk obstetrician | bb. Neurology |

- | | | | |
|-----|---|------|--|
| cc. | Nuclear medicine | tt. | Pulmonology |
| dd. | Obesity medicine | uu. | Radiology—diagnostic |
| ee. | Ob/gyn—general | vv. | Radiology—therapeutic/
radiation oncology |
| ff. | Ob/gyn subspecialties | ww. | Radiology—interventional |
| gg. | Ophthalmology | xx. | Rheumatology |
| hh. | Otolaryngology | yy. | Sleep medicine |
| ii. | Pathology—general | zz. | Surgery—cardiothoracic/
thoracic |
| jj. | Pathology subspecialties | aaa. | Surgery—colon and rectal |
| kk. | Pediatrics—general | bbb. | Surgery—general |
| ll. | Pediatrics subspecialties | ccc. | Surgery—orthopedic |
| mm. | Physical medicine and
rehabilitation | ddd. | Surgery—neurological |
| nn. | Primary care | eee. | Surgery—plastic |
| oo. | Preventive
medicine/public health | fff. | Surgery—vascular |
| pp. | Occupational health | ggg. | Surgery—other
subspecialties |
| qq. | Psychiatry—general | hhh. | Urgent care medicine |
| rr. | Psychiatry—child and
adolescent | iii. | Urology |
| ss. | Psychiatry—other
subspecialties | jjj. | Other |

Practice location - primary practice

16. In what state is your primary practice location? If this does not apply, please select “not applicable (N/A)”

[List of the United States and Territories and option for not applicable]

17. In what city is your primary practice location? If this does not apply, please indicate “not applicable (N/A)”

[Open text field]

18. What is the street address of your primary practice location? If this does not apply, please indicate “not applicable(N/A)”

[Open text field]

19. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate "not applicable (N/A)"

[Open text field]

Employment type/arrangement - primary practice

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

Position type/role - primary practice

21. Please identify the role/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

Setting type - primary practice

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. Academic institution
- b. Ambulatory surgical center

- c. Certified rural health clinic
- d. Correctional facility
- e. Federal hospital (va) and other military settings
- f. Federally qualified health center
- g. Home health setting
- h. Hospice care
- i. Hospital—emergency department
- j. Hospital—inpatient
- k. Hospital—outpatient
- l. Medical school
- m. Non-clinical setting (e.g., business, insurance)
- n. Nursing home/skilled nursing facility
- o. Office/clinic—multi specialty group
- p. Office/clinic—single specialty group
- q. Office/clinic—solo practice
- r. Psychiatric/mental health facility
- s. Research laboratory
- t. Spa/aesthetic/weight loss clinic
- u. State or local health department
- v. Substance abuse facility
- w. University/college student health facility
- x. Volunteer in a free clinic/other volunteer setting
- y. Telehealth
- z. Other
- aa. Not applicable

Hours/week - primary practice

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 outside of usual scheduled hours.**

[Single select]

- a. 0 hours per week/ not applicable
- b. 1–4 hours per week
- c. 5–8 hours per week

- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

Hours/week in direct patient care - primary practice

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]

- a. 0 hours per week/ not applicable
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

***note: questions 17-25 will need to be repeated for 3 practice locations: primary practice, secondary practice (questions 26-34), and tertiary practice (questions 35-43)**

Educational debt

Information captured by this does have clear policy relevance (inform discussion on state student loan repayment programs), even though the answer will not change every 2 years.

25. Please indicate the amount of total educational debt incurred for your medical training

[Single select]

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

Precepting

26. Have you mentored/precepted students within the last 2 years?

[Multi select]

- a. Yes
- b. No
- c. Prefer not to say
- d. Not applicable

27. Please indicate the types of mentoring you have provided to students within the last 2 years.

[Multi select]

- a. Academic faculty (didactic teaching)

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