2023 Florida Physician Workforce Annual Report

November 1, 2023

Ron DeSantis
Governor

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Key Definitions

The following definitions explain certain terms used in this report.

Licensed Physicians/Active License: Physicians who are authorized to practice based on license status as of June 30, 2022, including those who may or may not be actively providing direct patient care. Only physicians with a license status of clear, clear/active, conditional/active, emergency restrictions/active, obligations/active, and probation/active are included.[1]

Physician Workforce Survey: The survey was completed by all medical doctors (allopathic and osteopathic) biennially during the Florida medical license renewal process.

Physicians Not Providing Direct Patient Care in Florida: Physicians holding a Florida medical license who took the survey and reported they provided no direct patient care in the last twelve months, physicians who reported they were medical residents, interns, or fellows, physicians with inactive licenses, physicians who did not answer enough survey questions to determine if they were practicing, physicians whose practice location is officially listed as "not practicing," physicians whose practice location is officially listed as "confidential" unless the survey response gives a county location, and physicians whose license status as of June 30, 2023, does not authorize them to practice (administrative suspension, delinquent, emergency suspension, inactive, military active, retired, suspended, temporary military active and voluntary withdrawal).

Physicians Providing Direct Patient Care in Florida: Licensed physicians holding a Florida medical license who completed the survey and reported providing direct patient care in the last twelve months and who were not classified as current medical residents, interns, or fellows.

Primary Care Physicians: Physicians indicating they practice general internal medicine (0500-0501), family medicine (0400-0405 and 0407-0408) or general pediatrics (1400-1401) as a primary practice specialty, as defined by the American Academy of Family Physicians.

Primary Specialty: The primary practice specialty reported by the physician.

[1] Official license definitions are at https://mqa-internet.doh.state.fl.us/MQASearchServices//LicStatus.html.

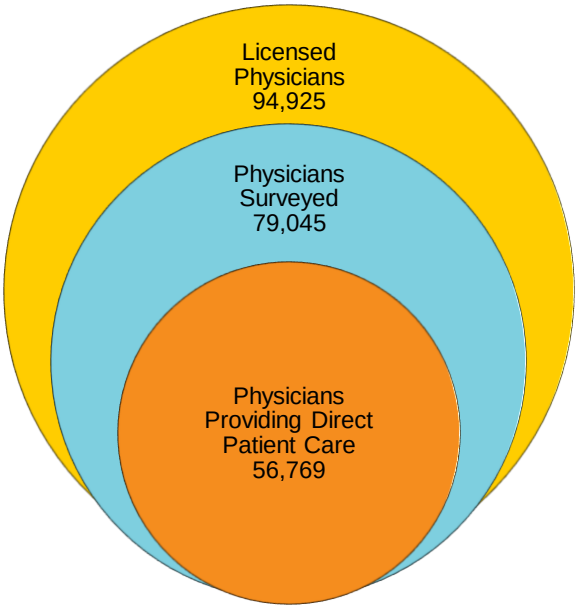
Executive Summary

The 2023 Physician Workforce Annual Report presents a summary of results from the physician workforce surveys completed between July 1, 2021, and June 30, 2023. Physicians are required to complete the survey as part of the biennial license renewal process; two years of survey responses represent most physicians licensed in Florida. Newly licensed physicians do not complete a survey. There were 14,465 newly licensed physicians within the biennial license renewal period who have not completed a survey yet. This annual physician report helps policymakers make informed decisions and create policies to address Florida's current physician workforce and future workforce needs along with access to care.

For the most recent renewal cycle, there were 94,925 total physicians with an active license in Florida.[2] Of these active physicians, 79,045, or 83.27% renewed their medical licenses from July 1, 2021–June 30, 2023, and responded to the workforce survey (Exhibit 1).

Of the physicians renewing their licenses and responding to the survey, 56,769 (71.82%) said they were providing direct patient care in Florida.[3] Except where otherwise noted, this report presents survey results and analyzes physicians providing direct patient care (59,769).

Exhibit 1: Florida Physicians



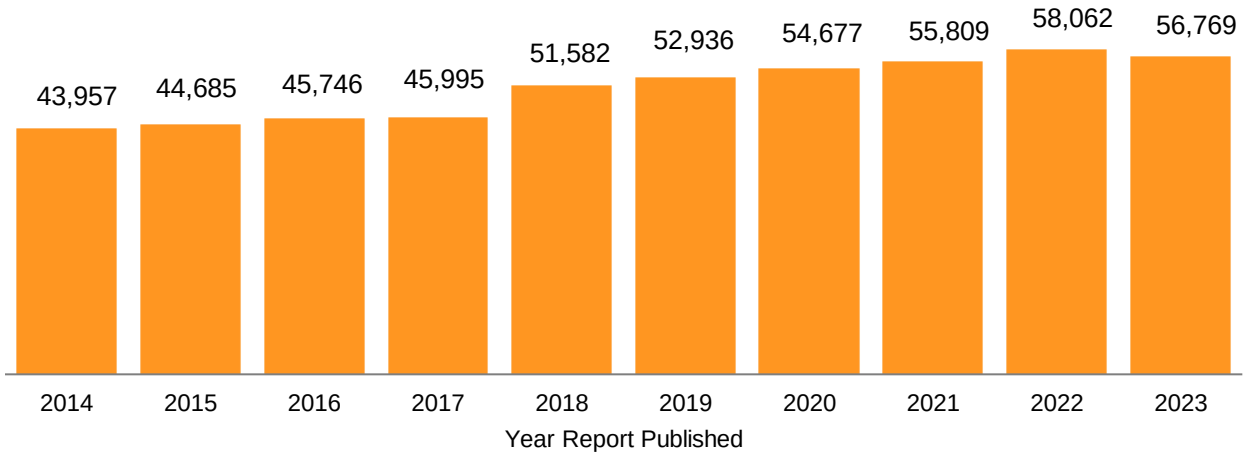
[2] Physicians who are authorized to practice based on license status as of June 30, 2023. Only physicians with a license status of clear, clear/active, conditional/active, emergency restrictions/active, obligations/active, and probation/active are included.
[3] There were 20,822 physicians who were classified as not providing direct patient care. Responses to their questions are in Appendix B.

Key findings include:

- Statewide, 35.82% of Florida's 67 counties have a per capita rate of 10 or fewer physicians per 10,000 population (page 6).
- Physicians providing direct patient care are generally concentrated in populous counties and within large, urban population centers. Survey results indicated that 98.11% of physicians work in urban counties while 1.89% work in Florida's 31 rural counties. In all of the rural counties, at least 20% of physicians are primary care providers. (See page 6 and Appendix D).
- Among physicians, 34.17% or 19,396 are age 60 and older (page 10).
- For physicians under age 40, the percentage of female physicians is 46.21% (page 11).
- The top three specialty groups for physicians providing direct patient care in Florida are internal medicine (28.11% or 15,724), family medicine (14.64% or 8,191), and pediatrics (7.89% or 4,413) (page 13).
- Primary care physicians account for 31.63% of physicians providing direct patient care (page 16).
- In Florida, 77.45% or 40,132 of physicians practice in an office setting and 20.17% or 10,451 practice in a hospital (page 18).
- Survey results indicate 75.28% of physicians report they accept patients with Medicare (page 30) and 64.13% of physicians report they accept patients with Medicaid (page 333).
- A total of 9.56% (5,429) of physicians providing direct patient care plan to retire in the next five years (page 35).
- Just over 2% (1,181) of physicians practice in Florida's rural counties (Appendix E).

Over the last ten years, the number of physicians who have indicated through the survey that they provide direct patient care in Florida has increased. However, there was a slight decrease between 2022 and 2023, as indicated in Exhibit 2 below.[4]

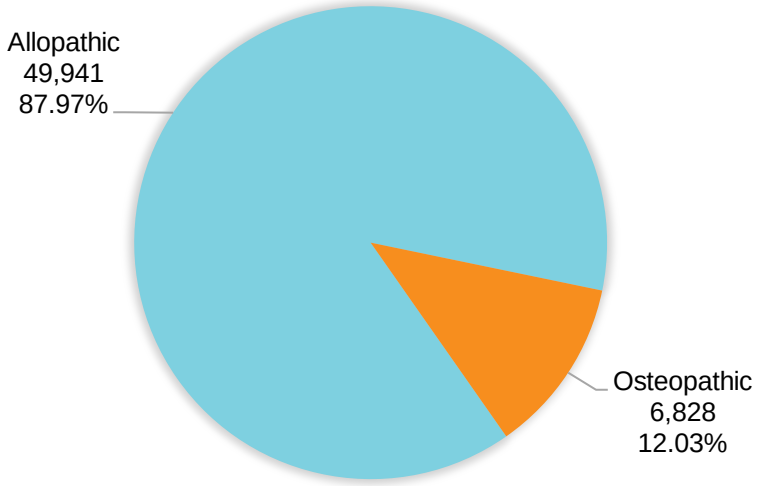
Exhibit 2: Physicians Providing Direct Patient Care in Florida for the Last Decade



[4] See Appendix D for information on changes in the number and percentages of physicians providing direct patient care by county.

Of the 56,769 physicians providing direct patient care who renewed a medical license during this survey cycle and responded to the workforce survey, 87.97% were allopathic physicians and 12.03% were osteopathic physicians (Exhibit 3).[5]

Exhibit 3: Physicians Providing Direct Patient Care by Physician Type
n = 56,769



[5] There were 4,165 physicians who answered the survey in the 7/1/2020—6/30/2022 licensing cycle whose license status changed such that they were no longer authorized to practice during the 7/1/2021—-6/30/2023 licensing cycle. Over 50% had a license status of either delinquent or voluntary relinquishment. In addition, there were 2,676 new survey respondents during the 7/1/2021—-6/30/2023 licensing cycle.

2023 Florida Physician Workforce Annual Report

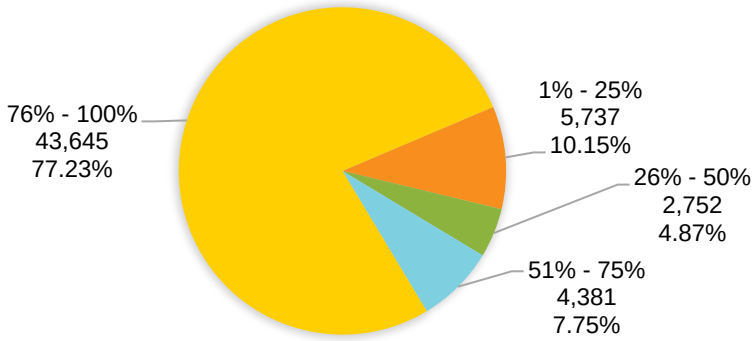
Introduction

The 2023 Physician Workforce Annual Report is based on responses to the Florida Physician Workforce Survey. The survey is part of the licensure renewal process for physicians and is administered by the Florida Department of Health (Department), Division of Medical Quality Assurance. Physicians must renew their licenses every other year. However, newly licensed physicians are not included in the analysis because the survey is only administered upon licensure renewal. In charts and graphs, "n" equals the number of question responses. The number of responses will equal the number of respondents for that survey question, except where multiple responses to a question are permitted. Unspecified values include those physicians not responding to a survey question.

A total of 94,925 physicians hold a license that allows them to actively work as physicians in Florida. Of these physicians, 79,045 (83%) renewed their medical license between July 1, 2021, and June 30, 2023, and responded to the workforce survey. Of those surveyed, 56,769 (72%) provide direct patient care.[6] Except where otherwise noted, this report presents survey results and analyzes physicians who provide direct patient care (59,769). These physicians are those who answered that they spent at least 1% of their time in direct patient care in Florida in the last 12 months, as shown in Exhibit 4.[7] Information on physicians who do not provide direct patient care can be found in Appendix E.

According to survey results over the last decade, the number of physicians providing direct patient care increased by 29.15%, from 43,957 in the 2014 report to 56,769 in 2023.

Exhibit 4: Physicians Providing Direct Patient Care as a Percentage of Their Time

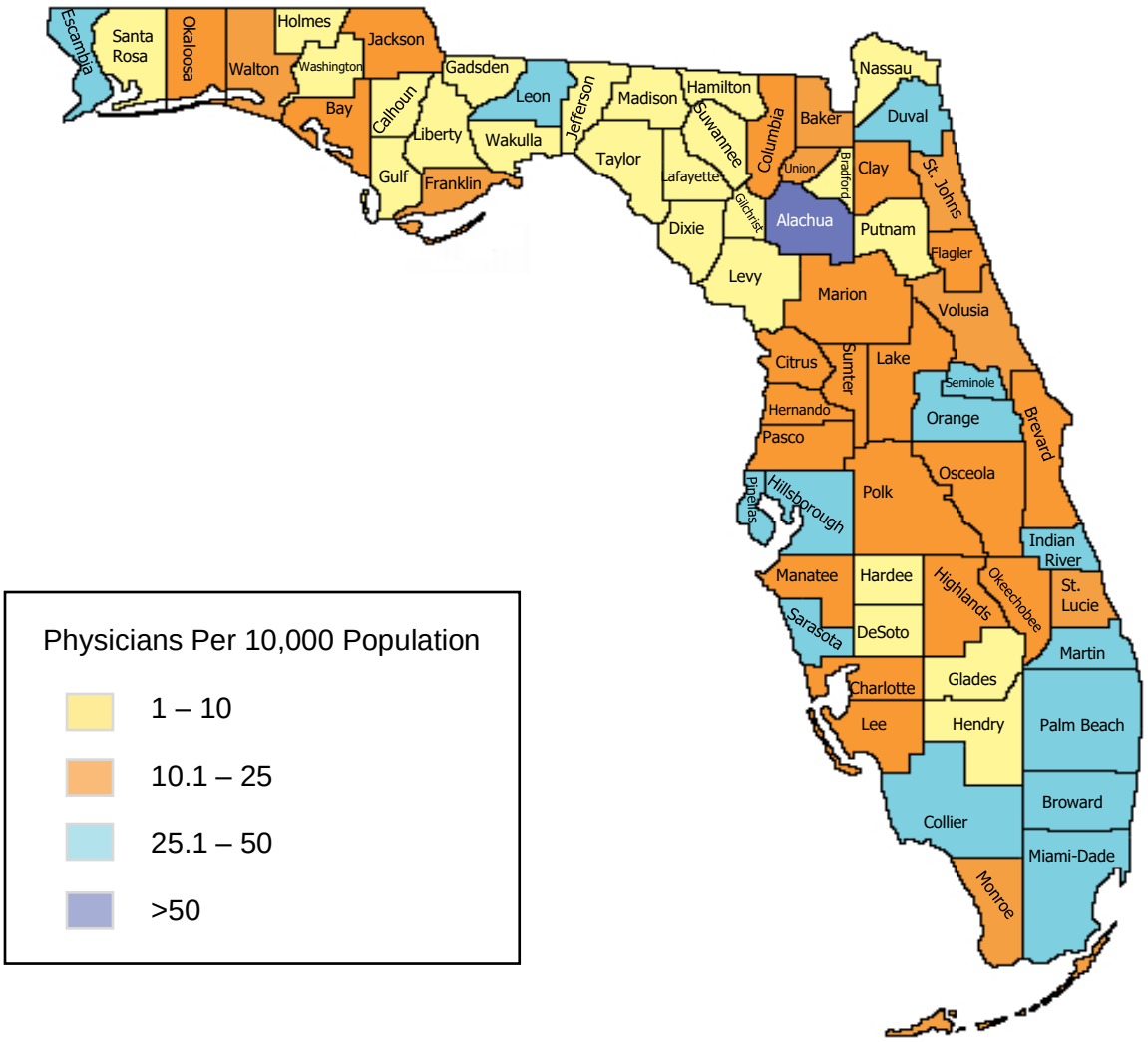


[6] While this report shows licensure survey renewal results over time, it is important to note that some results may be a product of differences in the pool of respondents from year to year.
[7] There were 254 (.45%) physicians who did not answer the question about providing direct patient care, however, based on their answers to the other survey questions, they were deemed to be providing direct patient care.

Physician Workforce per Capita by County

This map illustrates a per capita distribution of physicians providing direct patient care by county.[8] Miami-Dade, Broward, and Palm Beach counties together have almost one-third (31.36%) of all physicians providing direct patient care in Florida. Miami-Dade County alone has 13.98% of all physicians providing direct patient care.

Even though these are the three most populous counties, when looking at the per capita distribution of physicians shown on the map below, the counties of Alachua (59.4 physicians per 10,000 population), Seminole (42.2), Sarasota (39.9), Duval (33.7), Escambia (31.6), and Hillsborough (30.0) have the highest per capita rate.[9] There are 24 counties (35.82%) whose per capita rate is 10 or less.



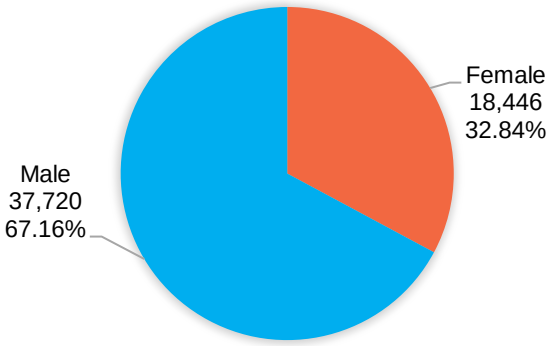
[8] There were 6,186 physicians whose survey response county did not match the county of their official practice location. Survey response counties were used on the map.
[9] Per Capita rate is equal to number of physicians divided by the population multiplied by 10,000.

Physician Workforce Demographics

Gender

Exhibit 5 provides a visual representation of the gender distribution of physicians providing direct patient care in Florida. Among physicians providing direct patient care (59,769) in the state, 67.16% are male, and 32.84% are female.

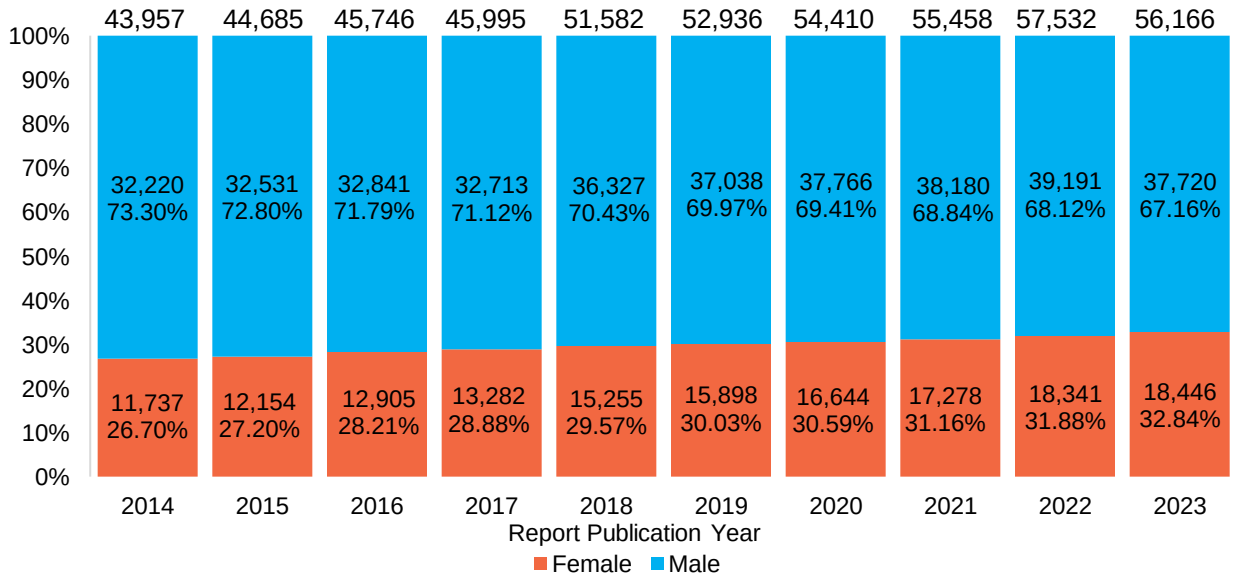
Exhibit 5: Physicians Providing Direct Patient Care by Gender
n = 56,166[10]



In 2014, female physicians accounted for 26.70% of the total practicing physicians, while this year, the percentage rose to 32.84%, as depicted in Exhibit 6. This trajectory demonstrates considerable growth (57.16%) in the number of female physicians, from 11,737 to 18,446.

In comparison, the number of male physicians experienced a comparatively smaller increase of 17.07%, going from 32,220 to 37,720.

Exhibit 6: Ten-Year Trend of Physicians Providing Direct Patient Care by Gender

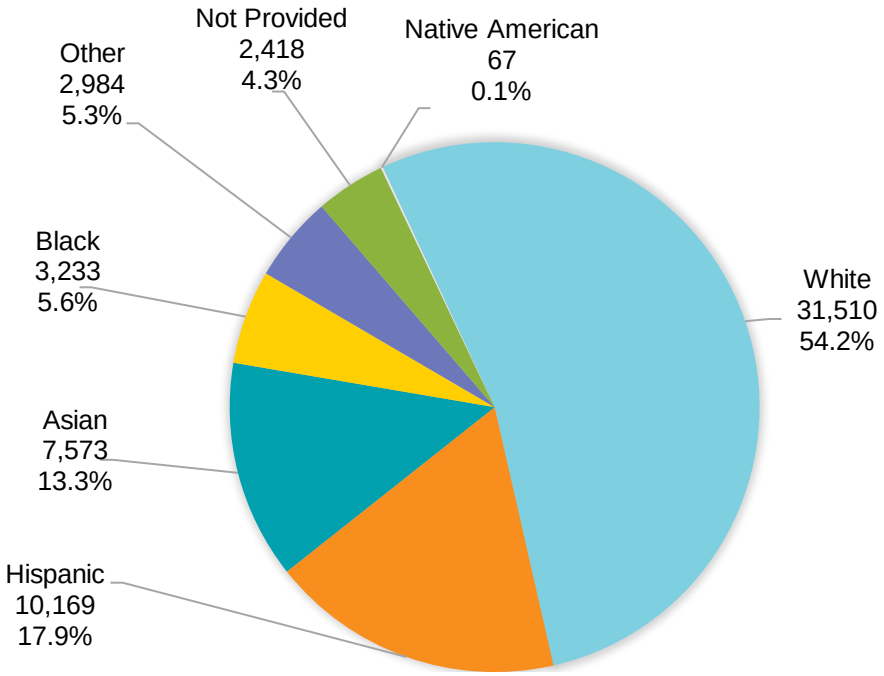


[10] 603 physicians providing direct patient care did not report their gender.

Race and Ethnicity

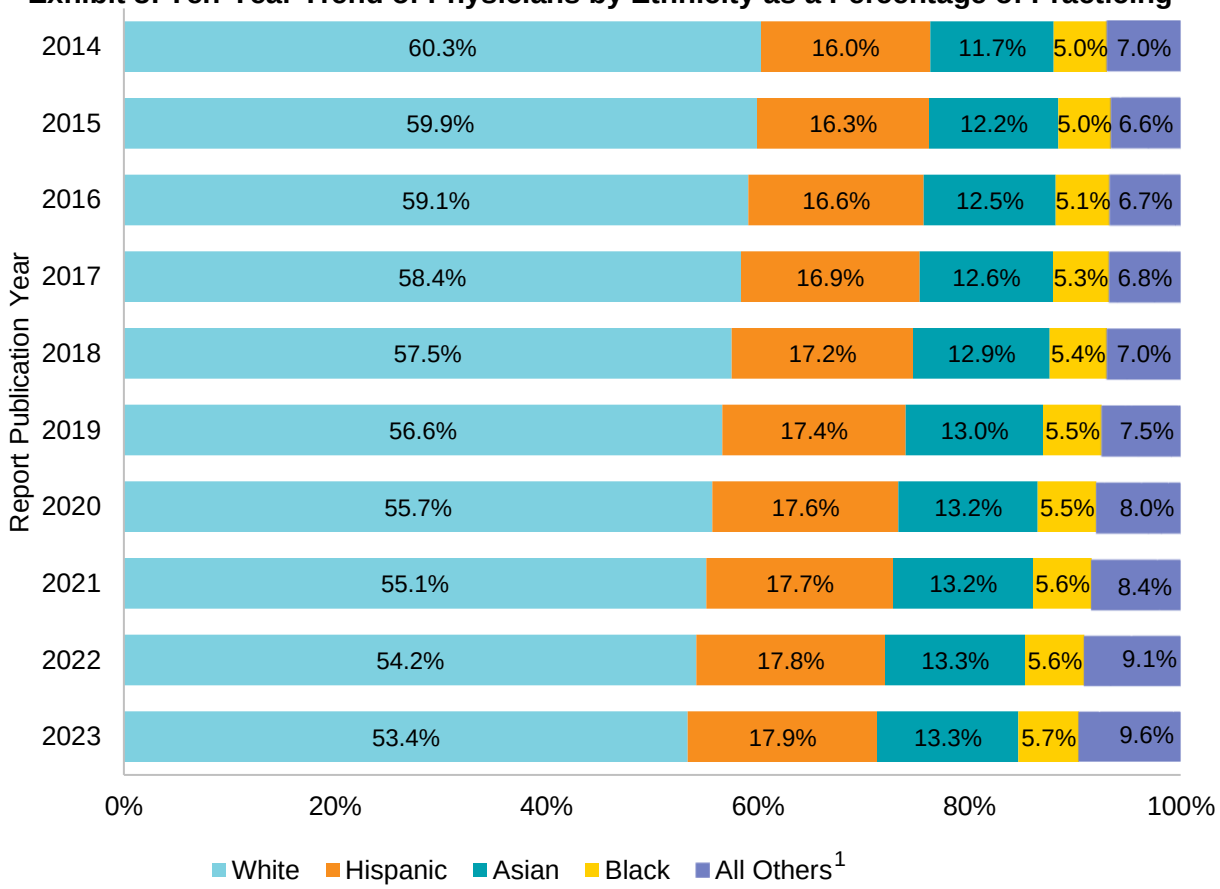
Exhibit 7 illustrates that slightly over half of Florida's physicians who provide direct patient care are white (53.37%), followed by 17.91% who identify as Hispanic, 13.34% as Asian, and 5.74% as Black.

Exhibit 7: Physicians by Ethnicity



Moreover, there has been a consistent increase in the percentage of Hispanic, Asian, and Black physicians in Florida in the last decade, as depicted in Exhibit 8. In the 2014 report, racial and ethnic minority physicians accounted for 39.70% of all physicians. However, this percentage has risen to 46.63% this year, indicating a considerable increase in representation.

Exhibit 8: Ten-Year Trend of Physicians by Ethnicity as a Percentage of Practicing[11]



[1] The category "All Others" includes those who selected Native American, Other, or did not provide an ethnicity.

In the last ten years, survey results reflect the following changes regarding physicians providing direct patient care:

- The number of Black physicians increased from 2,154 to 3,258 (51.25%).
- The number of Asian physicians increased from 5,143 to 7,573 (47.25%).
- The number of Hispanic physicians increased from 7,033 to 10,169 (44.59%).
- The number of Native American physicians increased from 40 to 67 (67.50%).
- The number of white physicians increased from 26,506 to 30,300 (14.31%).

[11] The data for 2022–23 adds to 99.9% due to rounding. To see the exact numbers, go to Exhibit 3 on page 7. Rounding to only one decimal place due to lack of space and historical numbers

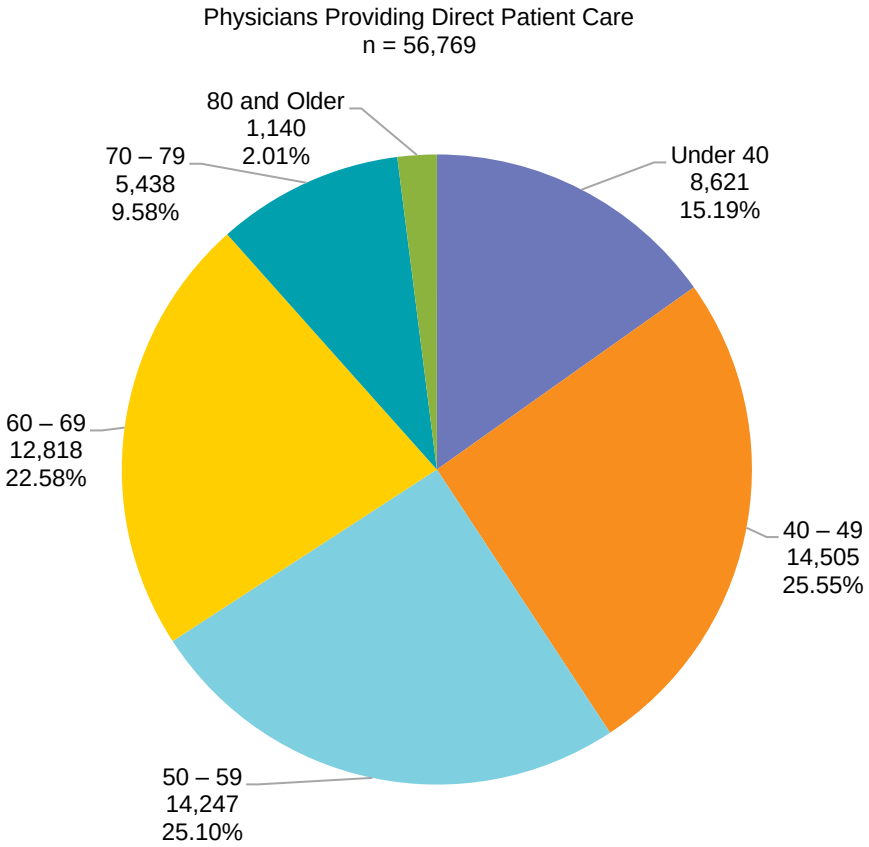
Age

The average age of Florida's physicians providing direct patient care is 53 years old. The age of physicians providing direct patient care ranged from 24 to 96 years old.

A portion of physicians (19.69%) continue to provide direct patient care, working beyond the age of 66. Furthermore, of physicians providing direct patient care, 34.17% (19,396) are aged 60 years and older, while 25.10% (14,247) fall between the ages of 50 and 59. The number of Florida physicians aged 60 years and older is more than double the number of physicians under the age of 40.

Exhibit 9 presents a side-by-side comparison across age ranges for physicians providing direct patient care.

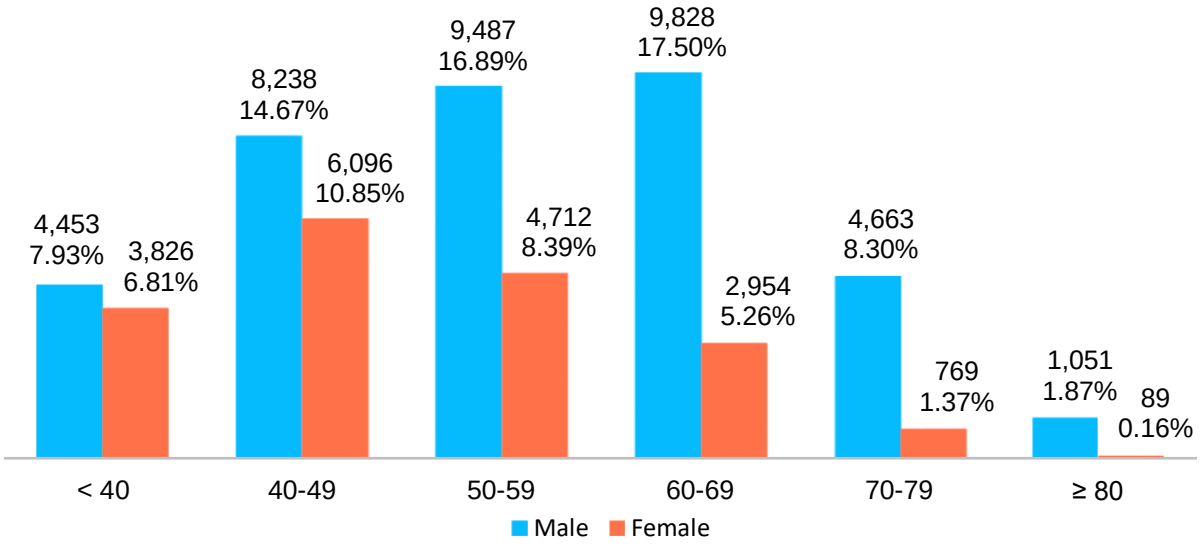
Exhibit 9: Physicians by Age Group[12]



[12] Physicians providing direct patient care add up to 100.01% due to rounding.

For female physicians, the numbers of and respective percentages of those providing direct patient care increase until the age of 49, but then start to decrease, as illustrated in Exhibit 10.

Exhibit 10: Physicians Providing Direct Patient Care by Gender and Age Group
n = 56,166[13]

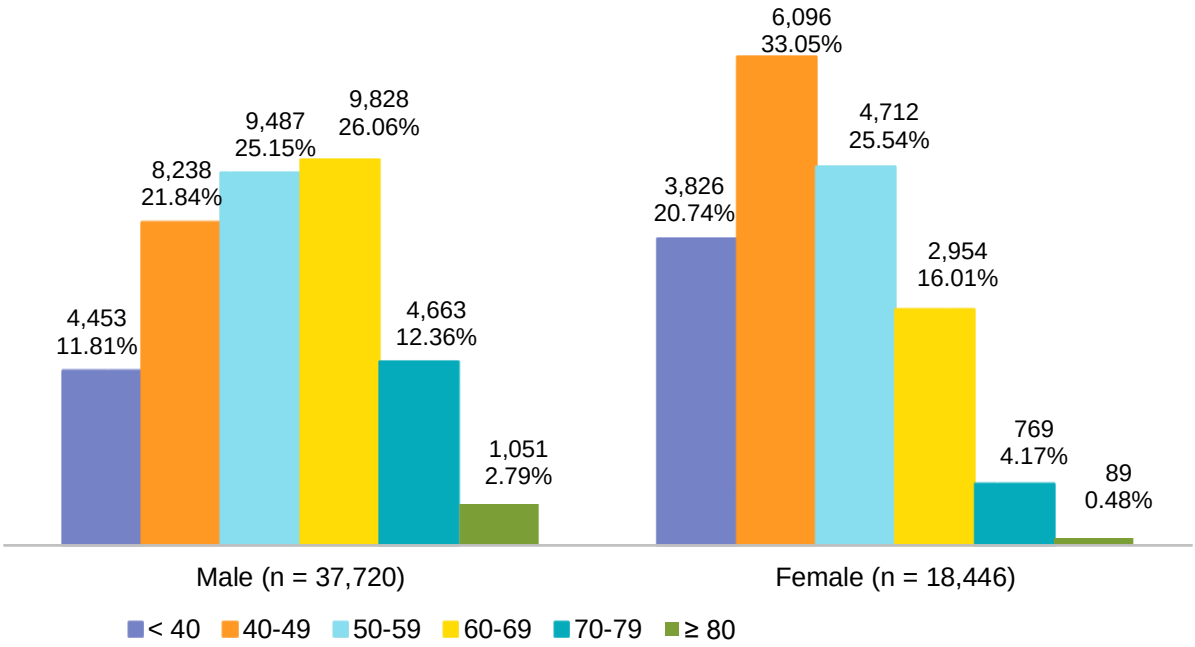


Female physicians under age 50 constitute over half of the female physicians (53.79%) while the percentage of male physicians under age 50 constitutes just over one-third of male physicians (33.65%), as depicted in Exhibit 11.

Over six times as many male physicians continue providing direct patient care beyond age 70 compared to their female counterparts (5,714 vs. 858, respectively).

[13] There were 603 physicians who did not report their gender.

Exhibit 11: Physicians Providing Direct Patient Care by Gender in Each Age Group
n = 56,166



Over the past decade, there has been an increase of 57.32% in female physicians providing direct patient care in Florida based on survey results. Additional information is provided below.

- The percentage of female physicians younger than 40 years old is approximately 20%.
- About one-third of female physicians are between 40 to 49 years old.
- The number of female physicians in the age group of 50–59 years old has increased to 4,712.

Practice Characteristics of Physicians Providing Direct Patient Care

Primary Specialty

The top three specialty groups according to the licensure survey responses—internal medicine, family medicine, and pediatrics—collectively account for slightly over half of the physician workforce.[14] Exhibit 12 presents the distribution of physicians by specialties at the physician's primary office location.[15]

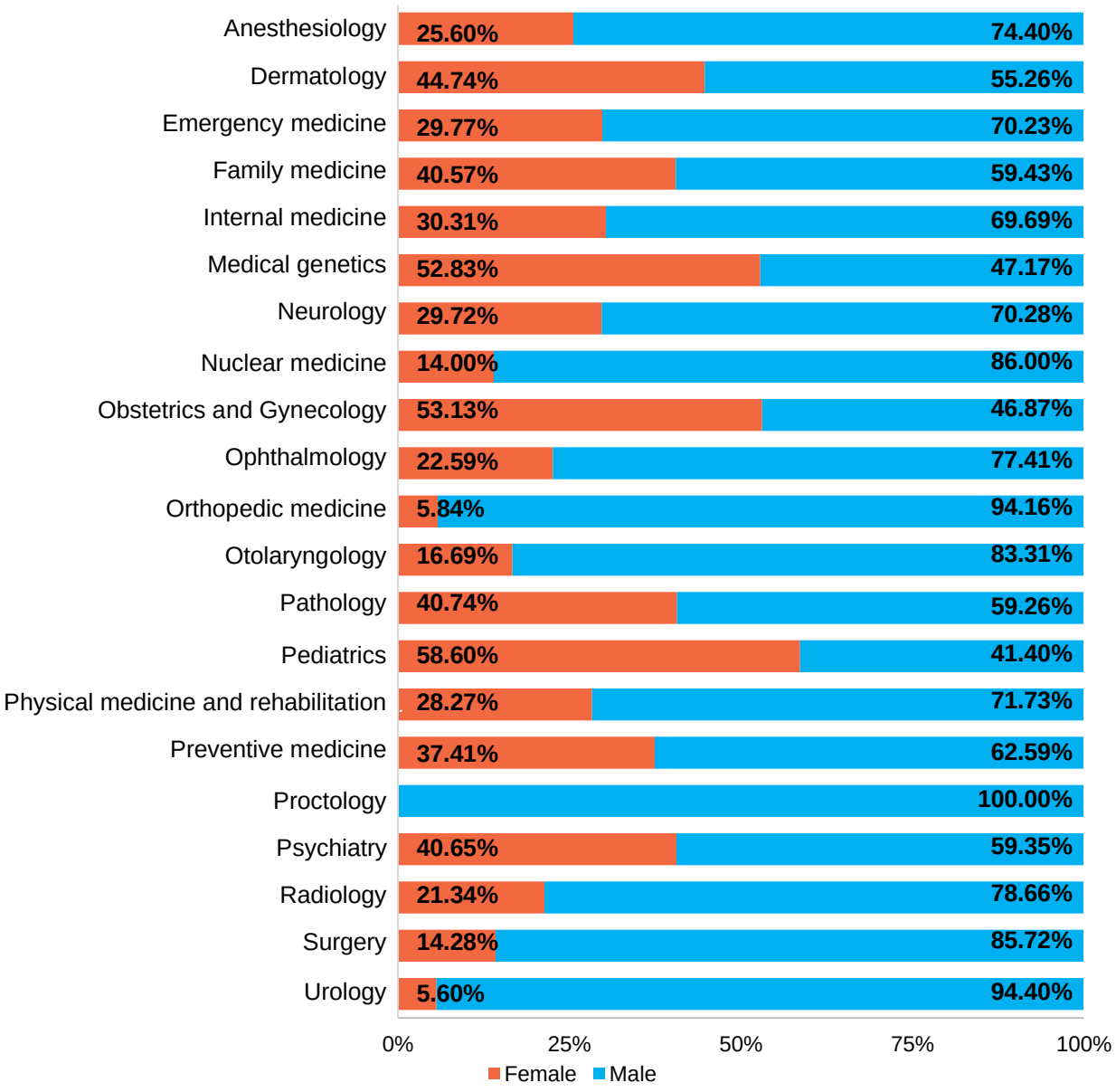
Exhibit 12: Physicians by Primary Specialty

Primary Specialty	Number	Percentage
Internal Medicine	15,724	28.11%
Family Medicine	8,191	14.64%
Pediatrics	4,413	7.89%
Surgery	4,300	7.69%
Emergency Medicine	3,507	6.27%
Anesthesiology	3,387	6.05%
Radiology	3,145	5.62%
Obstetrics and Gynecology	2,556	4.57%
Psychiatry	2,420	4.33%
Neurology	1,418	2.53%
Ophthalmology	1,297	2.32%
Orthopedic Medicine	1,152	2.06%
Dermatology	1,129	2.02%
Pathology	926	1.66%
Physical Medicine and Rehabilitation	757	1.35%
Otolaryngology	723	1.29%
Urology	488	0.87%
Preventive Medicine	299	0.53%
Medical Genetics	55	0.10%
Nuclear Medicine	50	0.09%
Proctology	1	0.01%
TOTAL	**55,938**	**100%**

[14] For more detailed information on physician specialty by county, please refer to Appendix E.
[15] This table does not include the 831 physicians who did not answer this question.

As indicated in Exhibit 13, female physicians comprise greater than 50% of those in pediatrics (58.60%), obstetrics and gynecology (53.13%), and medical genetics (52.83%). Proctology (100% - 1 individual), urology (94.40%), and orthopedic specialties (94.16%) have the highest percentages of male physicians compared to their female counterparts.

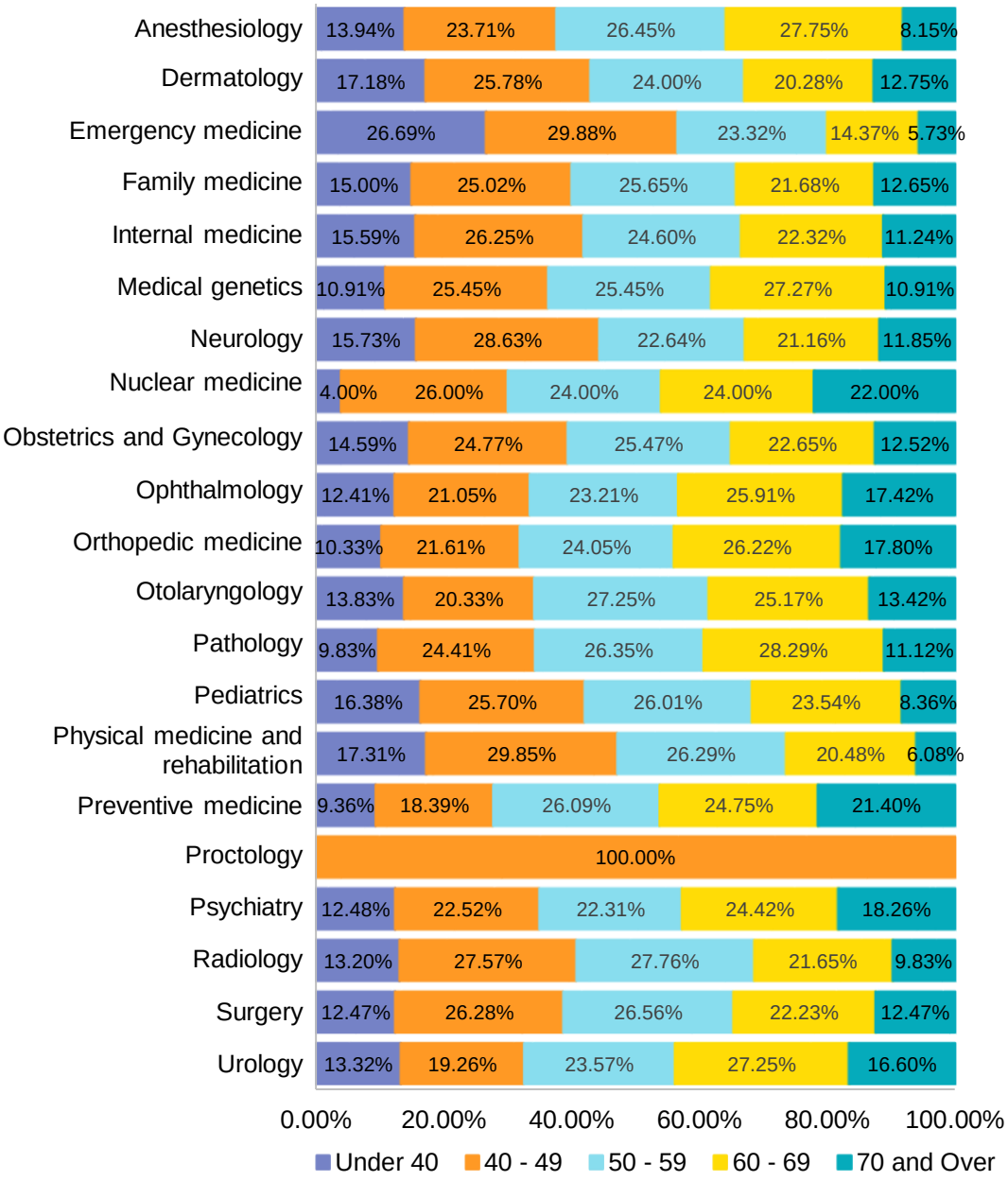
Exhibit 13: Physicians by Specialty and Gender



Physicians under the age of 40 comprise the largest component of practitioners in emergency medicine (26.69%), physical medicine and rehabilitation (17.31%), dermatology (17.18%), and pediatrics (16.38%), as depicted in Exhibit 14. Physicians aged 60 or older comprise more than 40% of practitioners in six medical specialties: preventive medicine (46.15%), nuclear medicine

(46.00%), orthopedic medicine (44.02%), urology (43.85%), ophthalmology (43.33%), and psychiatry (42.68%).

Exhibit 14: Physicians by Specialty and Age[16]



Other key findings included the following:

- In responding to the licensure survey, less than 1% of physicians providing direct patient care indicated an intention to change their specialty within the next five years.

[16] Due to rounding some specialties add to 99.99% or 100.01%.

- The most frequently cited reasons for considering a change fell within a broad other category that included burnout, disillusionment, quality of life and stress (39.74%), compensation (25.9%), and family (20.51%).

Primary Care

Primary care physicians encompass those physicians providing direct patient care and practicing in the fields of general internal medicine, family medicine, and general pediatrics.[17] However, they constitute less than one-third of the physician workforce, specifically 31.63% or 17,692 physicians.[18] Among primary care physicians, a substantial proportion, 44.52%, specialize in family medicine, as depicted in Exhibit 15.

Exhibit 15: Primary Care Physicians
n = 17,692

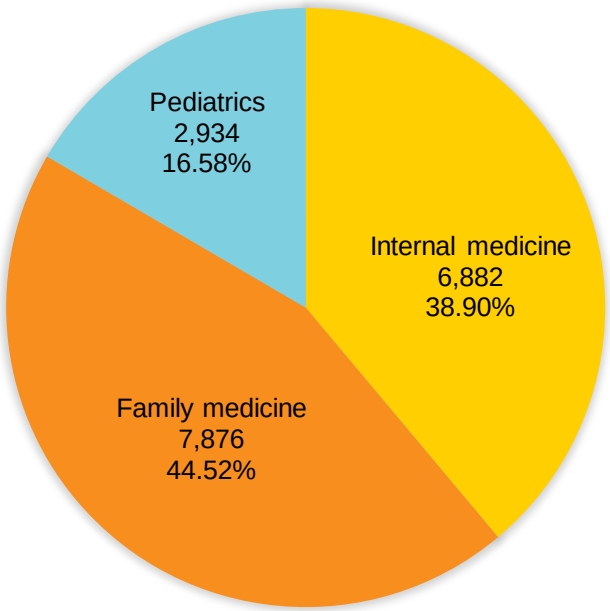
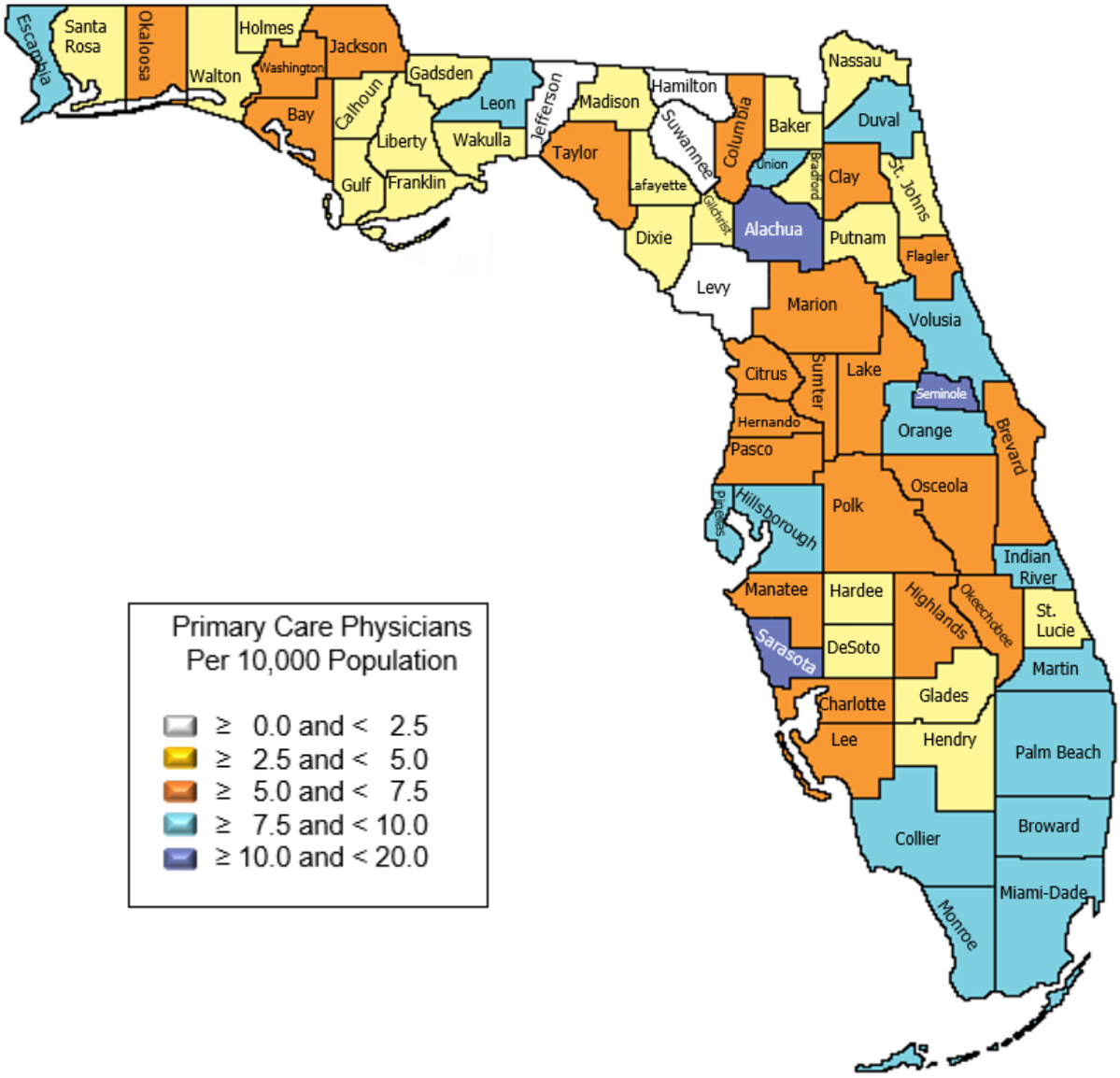


Exhibit 16 shows the variation in primary care physician availability across Florida counties where the average number of primary care physicians statewide is 7.7 per 10,000 population.[19,20] These counties demonstrate a relatively higher concentration of primary care physicians compared to the statewide average. Based on the provided information, the counties

[17] Results for general internal medicine are based on respondents who selected 3 of the 22 internal medicine subspecialty codes (0500-0501 and 0509). Family medicine includes subspecialty codes (0400–0405 and 0407–0408). Pediatrics includes subspecialty codes (1400-1401).
[18] Only 55,938 physicians providing direct patient care answered the question about their specialty.
[19] There were 7,278 physicians whose survey response county did not match the county of their official practice location. Survey response counties were used on the map.
[20] Population data from the Office of Economic and Demographic Research, April 1, 2022 Florida County Population Estimates (www.edr.state.fl.us/Content/population-demographics/data/index-floridaproducts.cfm)

with the highest number of primary care physicians per 10,000 population are Seminole (17.3), Alachua (12.7), and Sarasota (12.4).

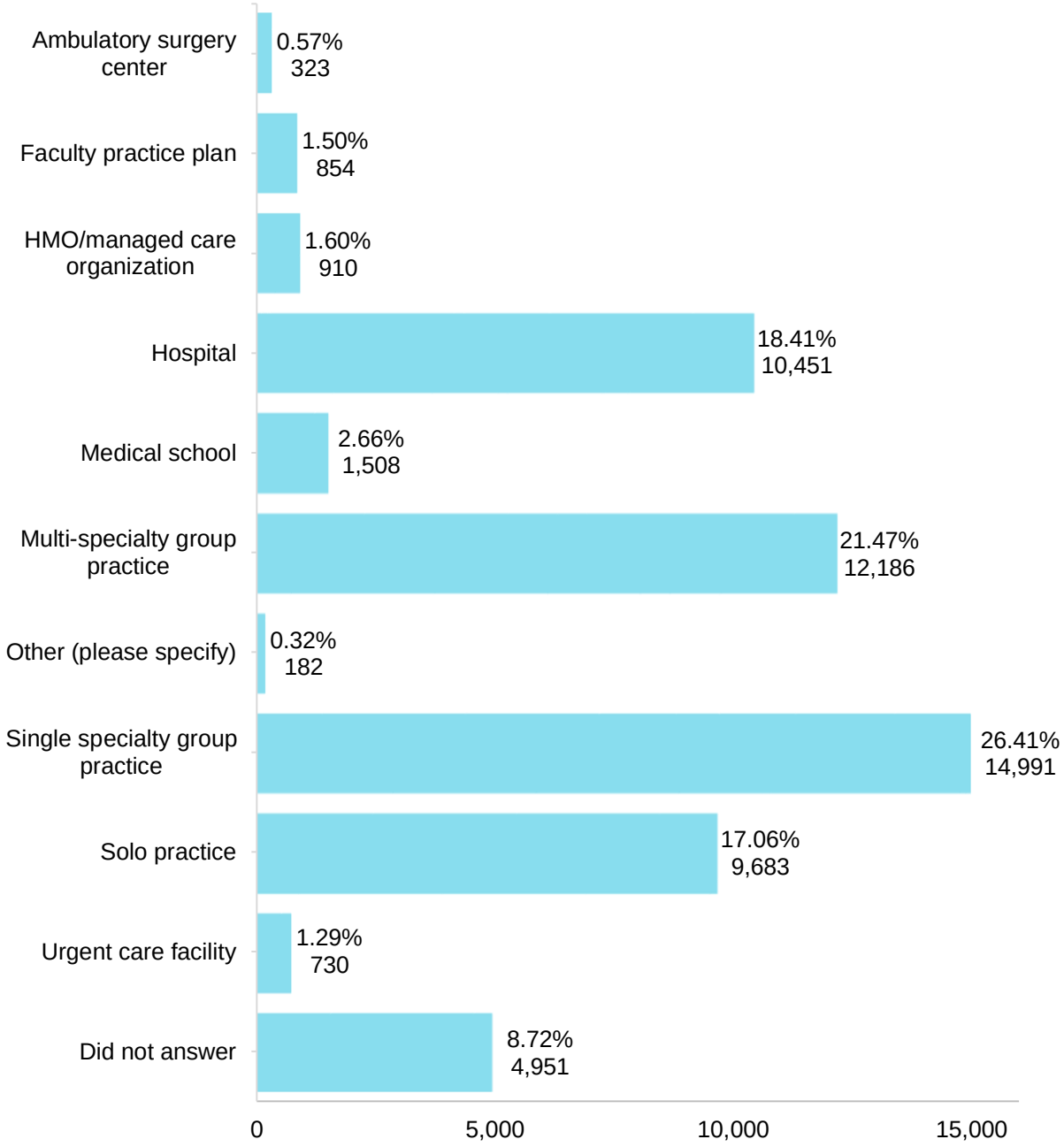
Exhibit 16: Primary Care Physicians by County per 10,000 population



Practice Setting

For those who answered the survey, the four most common practice settings for physicians are single-specialty group practice, multi-specialty group practice, hospital, and solo practice (see Exhibit 17).

Exhibit 17: Physicians by Practice Setting
n = 56,769[21]



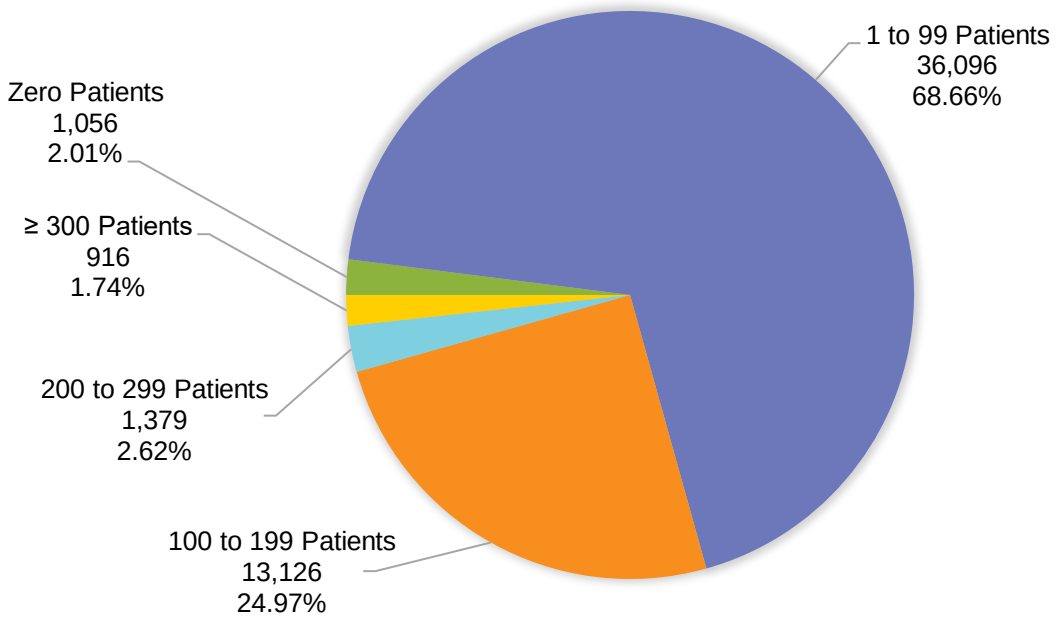
[21] Due to rounding, percentages add to 100.01%.

The survey asked physicians what year they began practicing at their present location. Responses ranged from 1953 to 2023. More than half (54.00%) had started practicing at their current location within the last ten years. Of those who responded to the survey, 27.53% of physicians offering direct patient care had begun practice at their present location within the past five years. Between 2020 and 2021, 16.84% of physicians reported starting at their current location.

Practice Hours

Exhibit 18 illustrates responses from physicians regarding the average number of patients they attend every week.[22] Physicians reported a weekly range of 1 to 299 patients, with the average number of patients seen being 69.

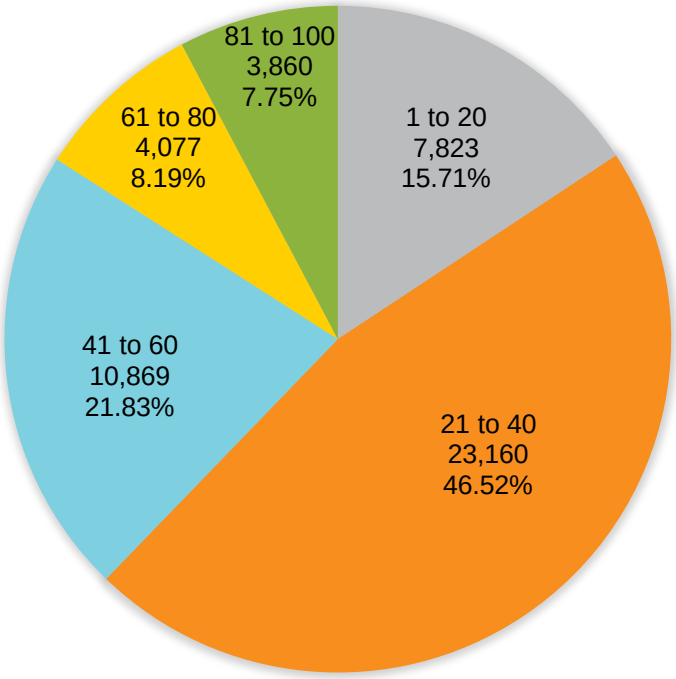
Exhibit 18: Average Number of Patients per Week at Primary Practice Location
n = 52,573



[22] There were 4,196 physicians who did not respond (7.39%). The physicians who responded with ≥300 patients had 259 responses with 300, and the values went up to 9,999,999 patients seen weekly. A physician seeing 300 patients per week would have to see 42.86 patients per day, seven days per week. A physician seeing 200 patients per week would have to see 28.57 patients per day, seven days per week.

As depicted in Exhibit 19, 84.06% (41,852) of responding physicians dedicate 60 hours or less per week to direct patient care, with the average being 43 hours per week of direct patient care.

Exhibit 19: Weekly Hours Spent Providing Direct Patient Care
n = 49,789



Of the 46,744 physicians who responded to questions about their hours, 91.31% stated that they spend between one and 20 hours on administrative matters, with an average of two hours.

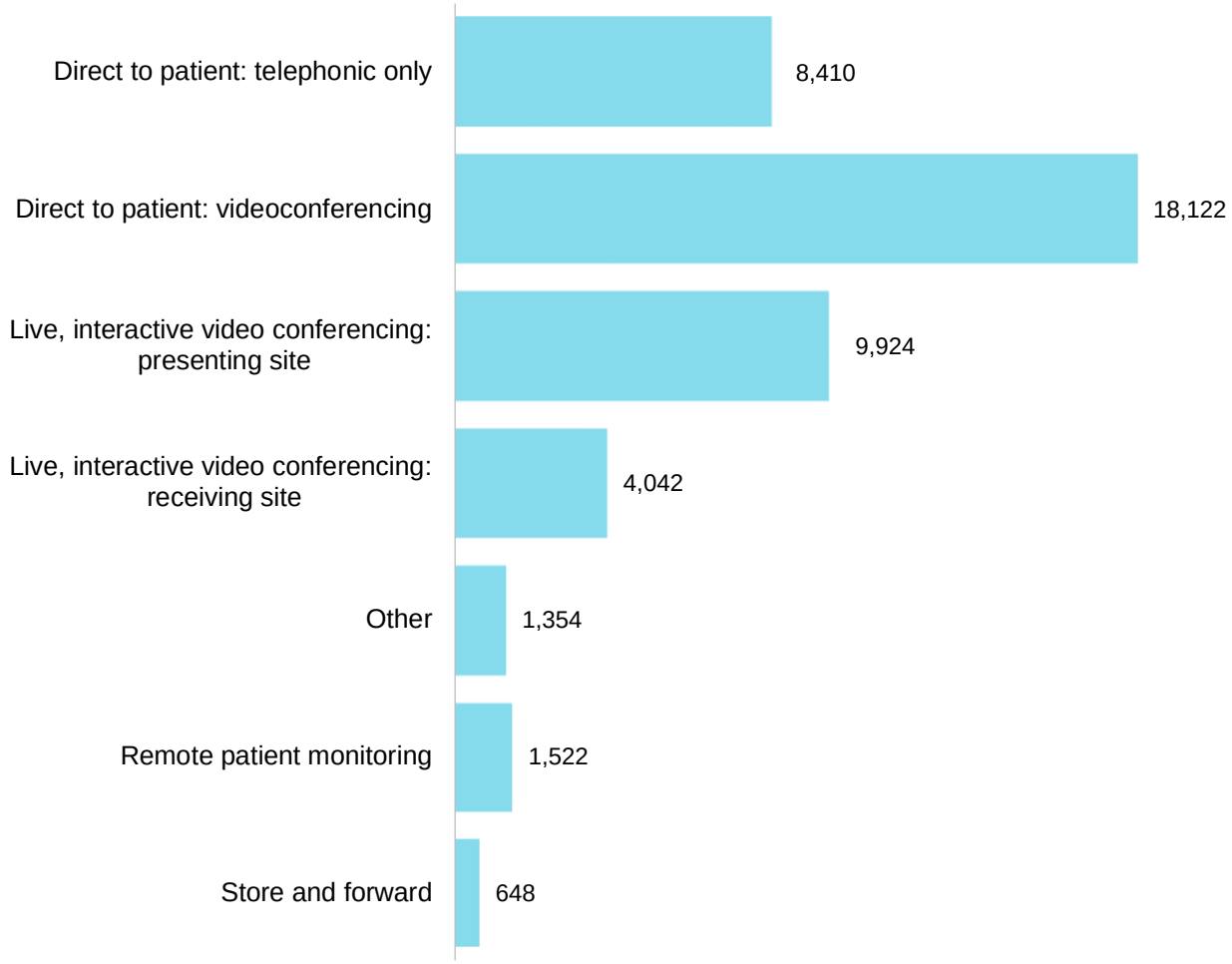
Out of the 38,829 physicians who disclosed the hours they allocated to research and teaching, 92.83% reported spending between one and 20 hours on research and teaching endeavors, with an average for all respondents of seven hours.

Telemedicine

Among all physicians providing direct patient care, 52.22% indicated that they offer telemedicine services.

Exhibit 20 illustrates the various types of telemedicine delivery systems used; direct video conferencing contact with patients was the most reported method, 41.17%. For the 29,616 physicians who selected a delivery method, they chose a total of 44,022 delivery methods.[23] Thus, physicians used more than one delivery method, with an average of 1.48 different telemedicine delivery methods reported.

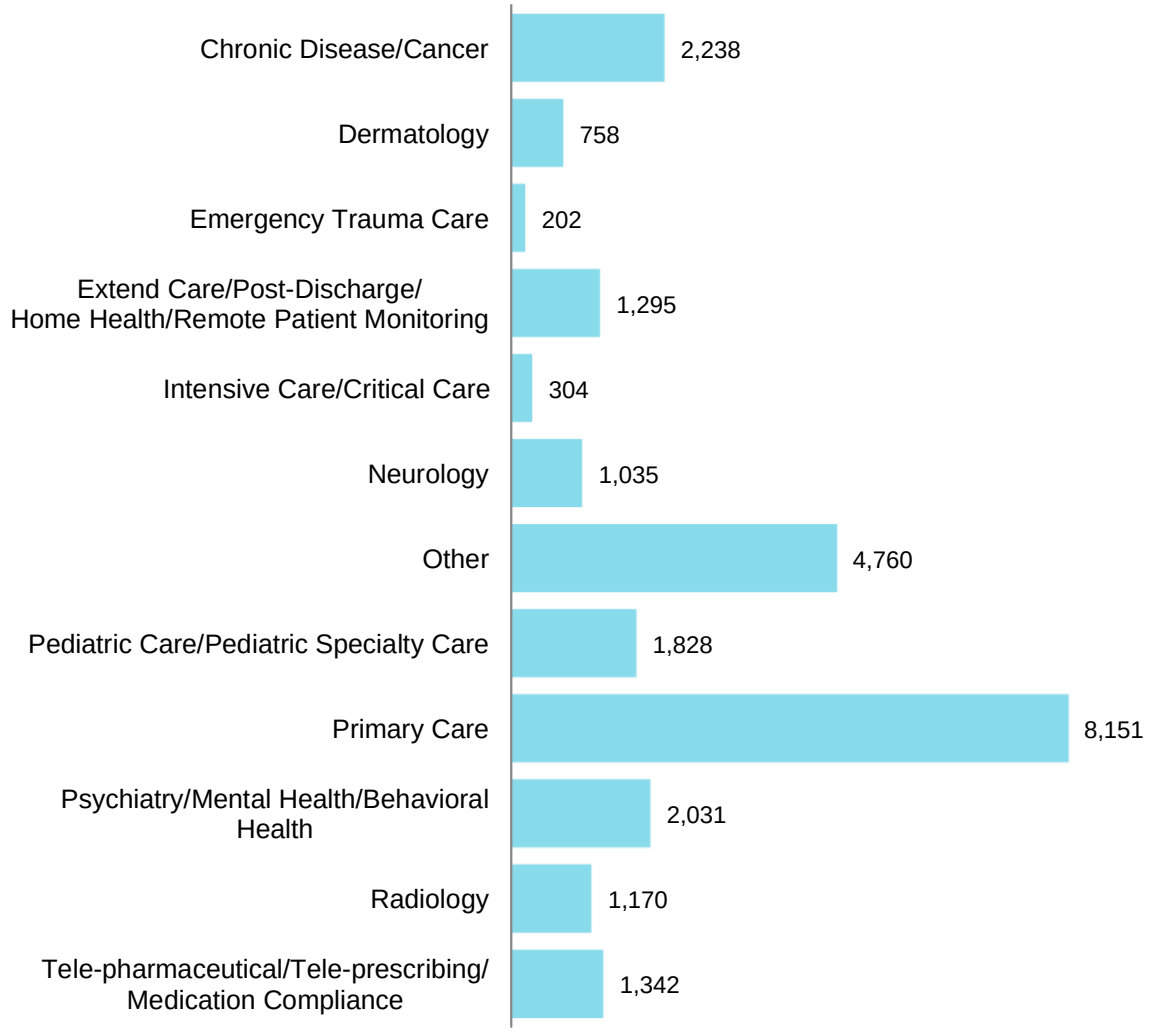
Exhibit 20: Telemedicine Delivery Systems
n = 44,022



[23] Of the 50,631 physicians who responded, 20,985 responded that they did not provide telemedicine.

Physicians were asked about the different types of patients they provide telemedicine services to, irrespective of the physician's specialty.[24] These responses were not dependent on the previous question, and 9,166 physicians answered this question without answering the previous question on delivery method. There were 20,481 physicians, 36.08% of all physicians providing direct patient care, who responded about the different types of patient care they provide via telemedicine services. Based on survey responses from these 20,481 physicians, the most selected patient care types were primary care patients, other patients, and chronic disease/cancer patients (see Exhibit 21). Since physicians could choose more than one type of patient care, these physicians averaged 1.23 different types of telemedicine patient care.

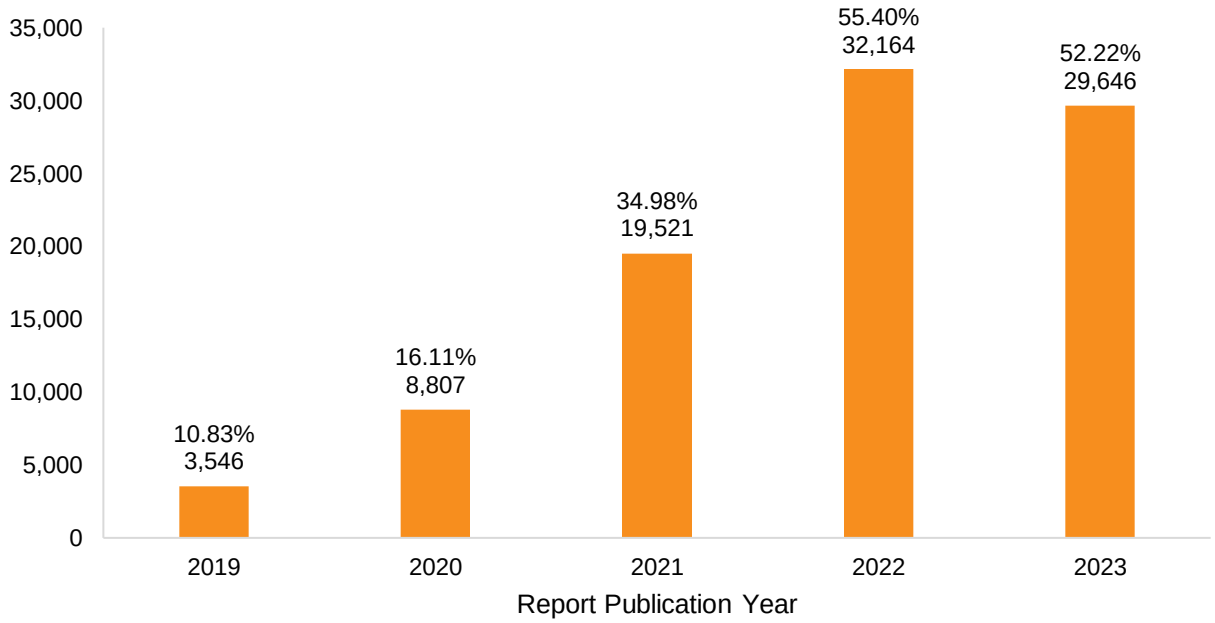
Exhibit 21: Telemedicine Types of Patient Care
n = 25,114



[24] Physicians were able to choose more than one response: 20,481 physicians made 25,114 choices. There were 347 physicians who chose None.

As presented in Exhibit 22, the percentage of physicians offering telemedicine services experienced substantial growth, rising from 10.83% of respondents in 2019 (when telehealth questions were first introduced) to 55.40% in 2022, with a slight decline to 52.22% in 2023. The adoption of telemedicine services has seen large growth, as the percentage of physicians providing telemedicine tripled from 2020 to 2023.

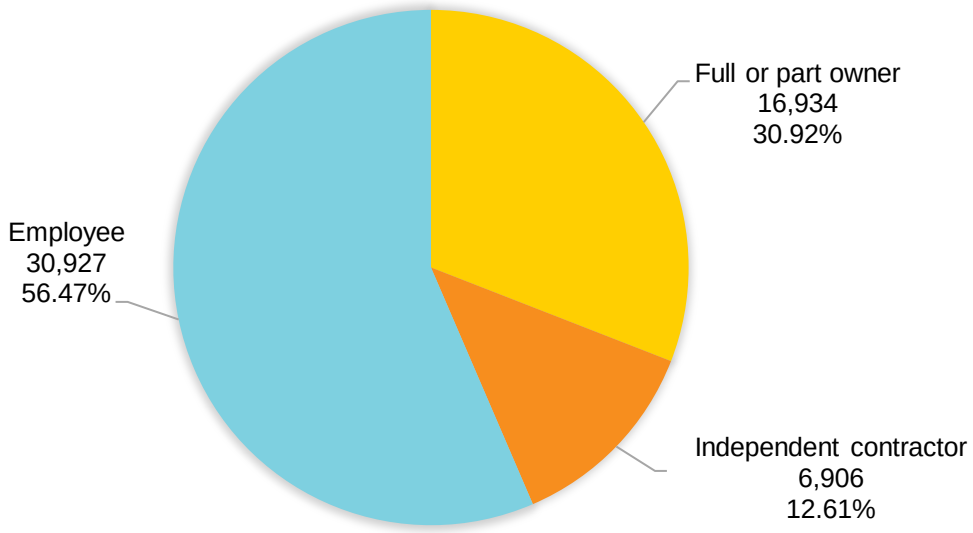
Exhibit 22: Four-Year Trend of Physicians Who Provide Telemedicine – 2019 to 2023



Practice Ownership

As illustrated in Exhibit 23, of the physicians responding to questions about the ownership structure of the practice where they work, over half (56.47%) identified themselves as employees.

Exhibit 23: Physician Employment Ownership
n = 54,767



Among the 7,987 physicians who reported being employed by a hospital, they were further asked about the nature of their employment. The responses were as follows:

- 59.01% of physicians (4,713) reported being directly employed by the hospital.
- 20.96% of physicians (1,674) stated that their practice is owned by a hospital.
- 20.03% of physicians (1,600) indicated that they did not know the ownership status of their practice.

Additionally, out of the 1,737 physicians who identified themselves as independent contractors working in a hospital. Of these physicians:

- 39.55% (687) reported contracting directly with the hospital.
- 15.89% (276) mentioned contracting with a practice owned by the hospital.
- The remaining 44.56% (774) stated that they did not know the contracting arrangement.

Among the 1,559 physicians who reported their practice is owned by a hospital:

- Almost 90% of them reported working in a group practice.
- Specifically, 47.02% (733) stated they work in a multi-specialty group practice.
- 42.53% (663) reported working in a single specialty group practice.

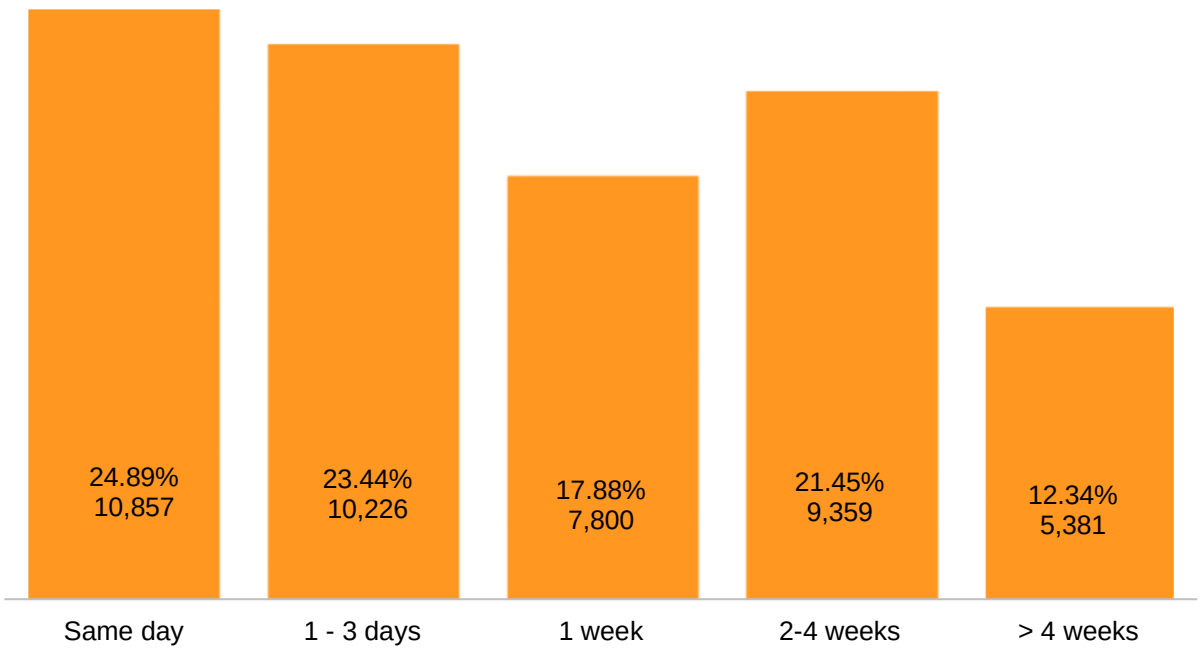
Among the physicians who reported working for a faculty practice plan, a considerable majority (70.37%), reported working in a multi-specialty group. The remaining 29.63% stated that they work in a single specialty practice within the faculty practice plan.

An additional 11,068 physicians reported not working for a hospital, faculty practice plan, or as a sole practitioner. Of this physician group, 70.46% stated that their practice is owned by one or more physicians within the practice.

Practice Wait Times

In responding to the question about new patient appointment typical wait times, just over three-quarters of the physicians (76.84% or 43,623 individuals) said they are currently accepting new patients. These physicians provided information regarding the wait time for new patient appointments, as shown in Exhibit 24. Slightly under one-quarter of the physicians (23.16%) either stated that they are not taking new patients (19.50%) or did not respond to the question about wait times (3.66%).

Exhibit 24: New Patient Appointment Wait Times
n = 43,623



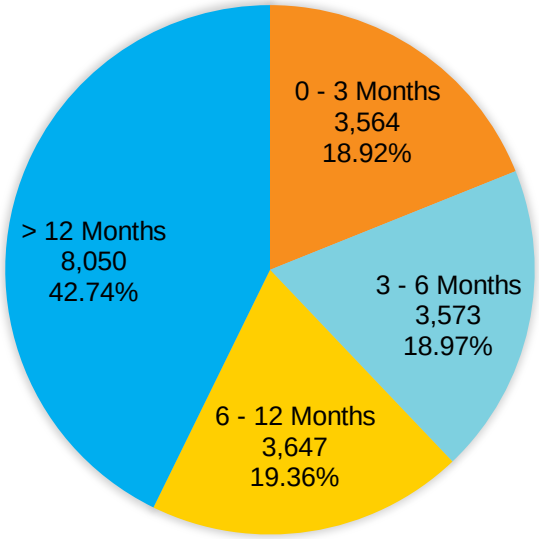
Practice New Recruitment

Among the physicians who provide direct patient care, approximately one-third (34.30%) reported that they are actively involved in the recruitment process for a new physician in their respective specialty, and almost half (42.74%) reported that the recruitment process has taken over a year (Exhibit 25).

The top three factors that physicians identified as limiting (lengthening) their recruitment efforts are described below.

- 31.96% of physicians reported difficulty in finding adequately qualified candidates in their specialty.
- 29.85% of physicians reported that meeting salary/financial requirements for new hires poses a challenge in recruitment.
- 17.46% of physicians reported that location appears to be a limiting factor in their efforts to recruit new physicians, suggesting that certain locations may be less desirable.

Exhibit 25: New Physician Recruitment Time
n = 18,834[25]



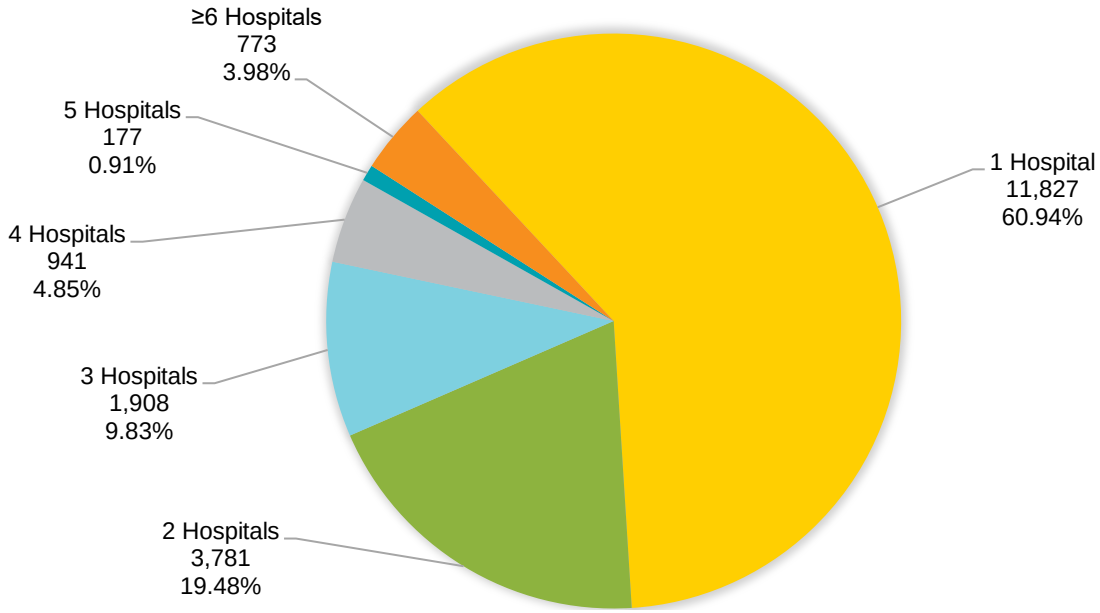
[25] Due to rounding, the total percentage is 99.99%.

Hospital Practice

Among all responding physicians involved in providing patient care, nearly half (45.52%) reported that they offer hospital services or have on-call duties. Of the 25,839 physicians who reported providing hospital services or fulfilling on-call duties, over 75% (19,407) provide on-call emergency room (ER) coverage.[26]

Among the physicians who provide on-call ER coverage, 60.94% reported that they offer this service at only one hospital (Exhibit 26).

Exhibit 26: On-Call Emergency Room Coverage
n = 19,407[27]

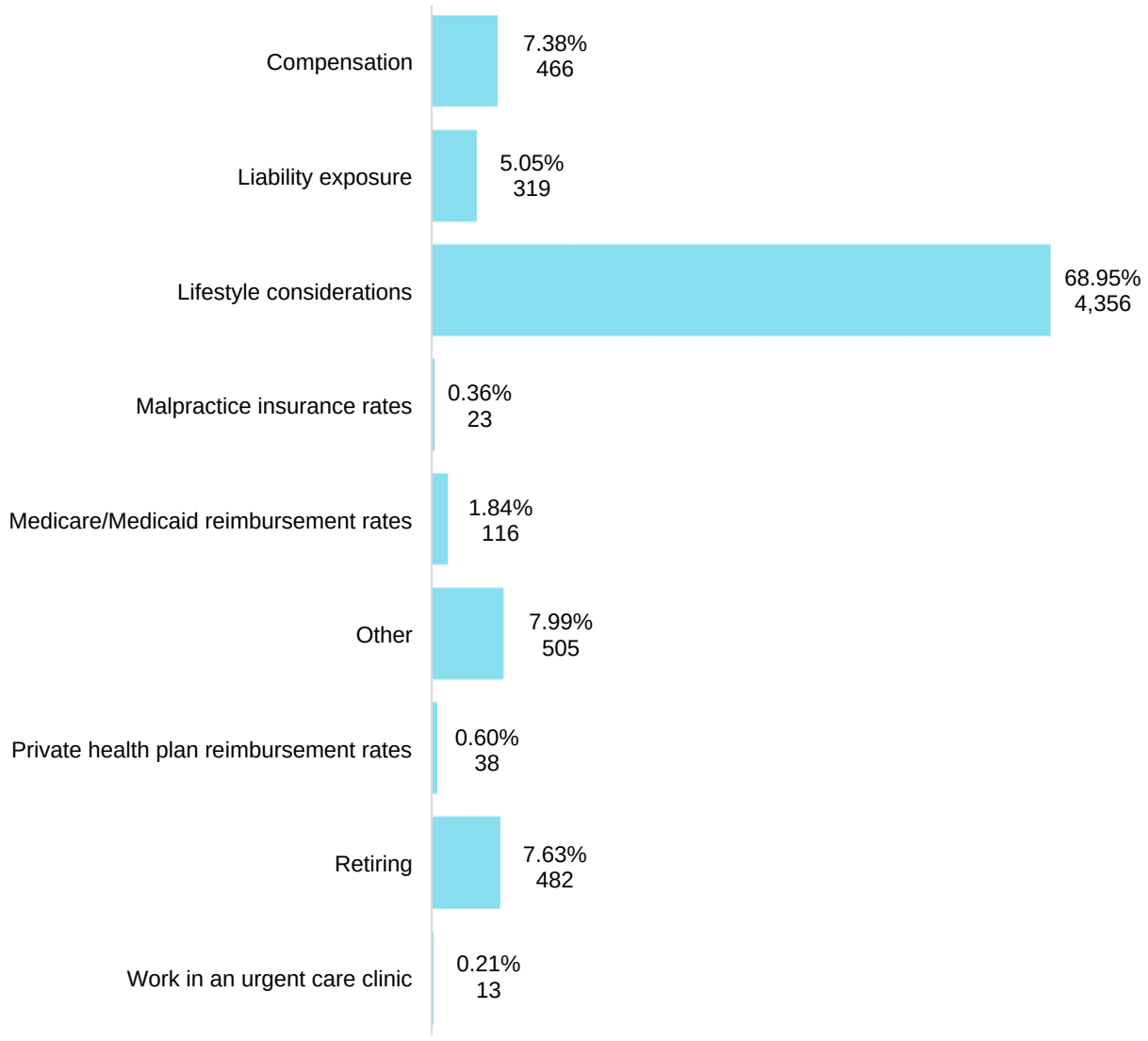


[26] Of the 27,153 who stated they provide hospital and on-call services, 5,047 stated they provided on-call emergency room coverage at zero hospitals and 1,092 did not respond to this question. The response of zero hospitals was interpreted as the physician provides services to patients in a hospital but does not provide on-call emergency room coverage.
[27] Due to rounding, the pie chart totals 99.99%.

Among the 19,407 physicians who provide on-call ER coverage, a majority (56.24% or 10,914 individuals) stated that they are not decreasing their on-call days.

For those physicians who reported a decrease in their on-call ER coverage, lifestyle considerations were the most cited reason for the change. Lifestyle considerations refer to factors such as work-life balance, personal commitments, or the desire for more flexible schedules. As depicted in Exhibit 27, lifestyle considerations were mentioned by 68.95% of the physicians who reduced their on-call days.

Exhibit 27: Physicians Decreasing On-Call Emergency Room Coverage
n = 6,318[28]

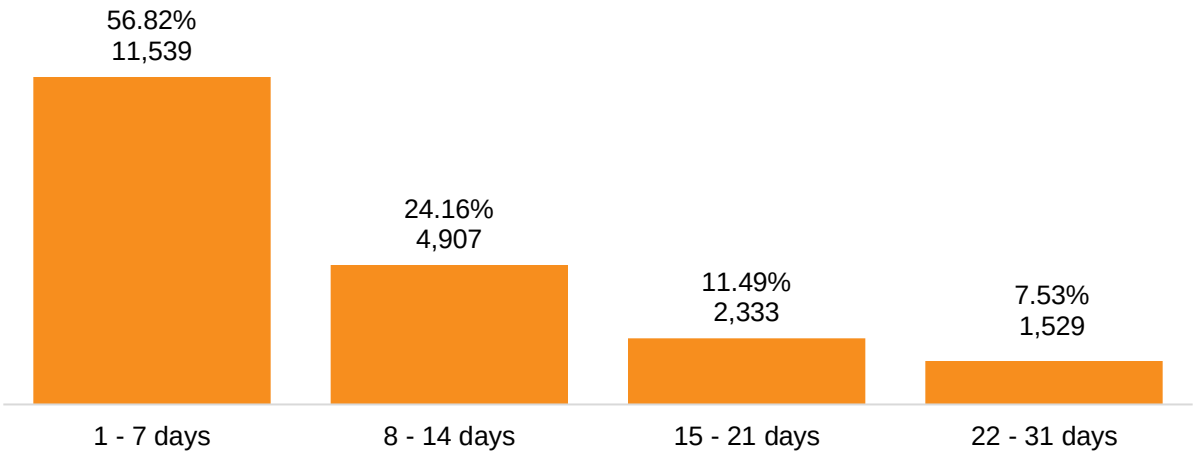


[28] Percentages add to 100.01% due to rounding.

For physicians who responded to the survey about the average total number of days per month they took emergency calls over the past year, the greatest percentage (13.82%) reported seven days. The average was four days.

These findings are presented in Exhibit 28 and provide an overview of the distribution of responses regarding the number of days per month physicians dedicated to emergency calls.

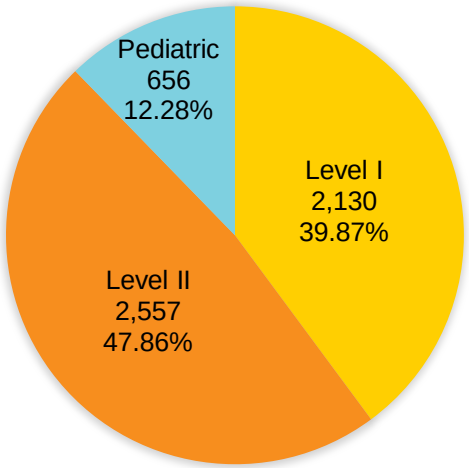
Exhibit 28: Days Physicians Take Emergency Calls
n = 20,308



Among physicians who practice at a hospital, a considerable majority of them (78.41%) do not provide services at trauma centers or attend to trauma patients.

Out of the subset of physicians (5,343) who do provide services at trauma centers or attend to trauma patients, a notable proportion of them, approximately 87.73%, work at either a Level I or Level II trauma center, as indicated in Exhibit 29.

Exhibit 29: Physicians at Trauma Centers
n = 5,343[29]

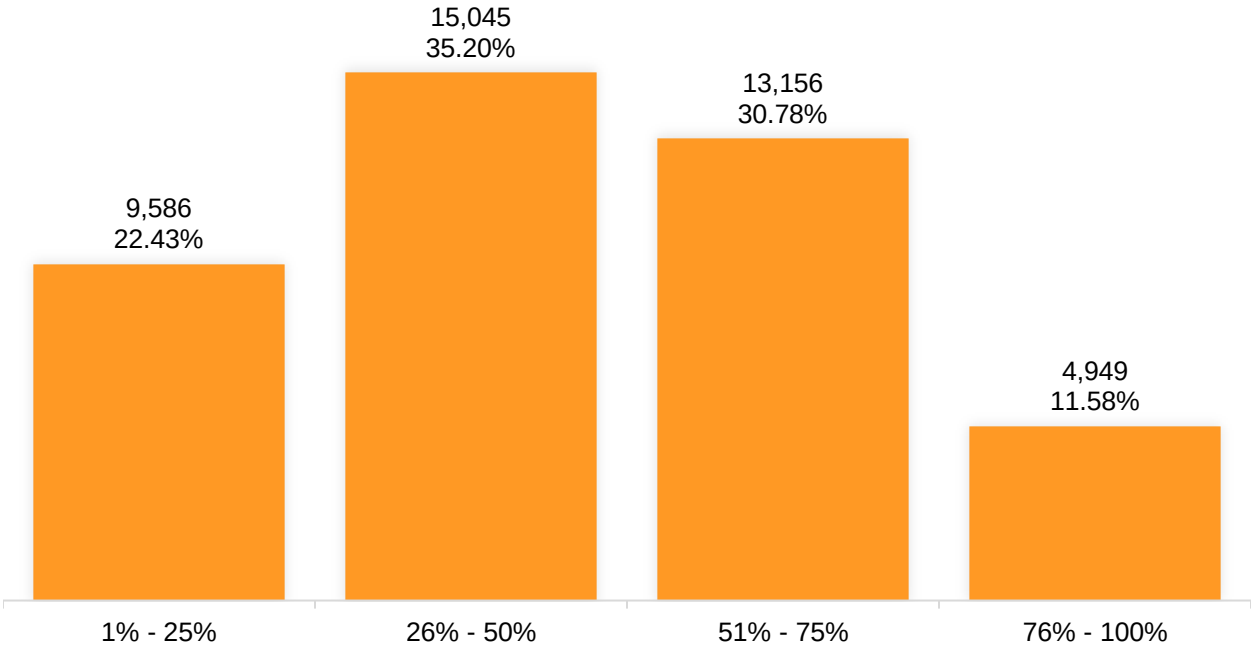


[29] Due to rounding, the pie chart totals 100.01%.

Medicare Patients

Regarding physicians' acceptance of Medicare patients, approximately 75.28% of physicians providing direct patient care stated that they accept Medicare in their practice. Out of the 42,736 physicians who provided information about the percentage of their practice's patients with Medicare, approximately two-thirds (28,201) reported that between 26% and 75% of their practice consisted of Medicare beneficiaries (Exhibit 30).

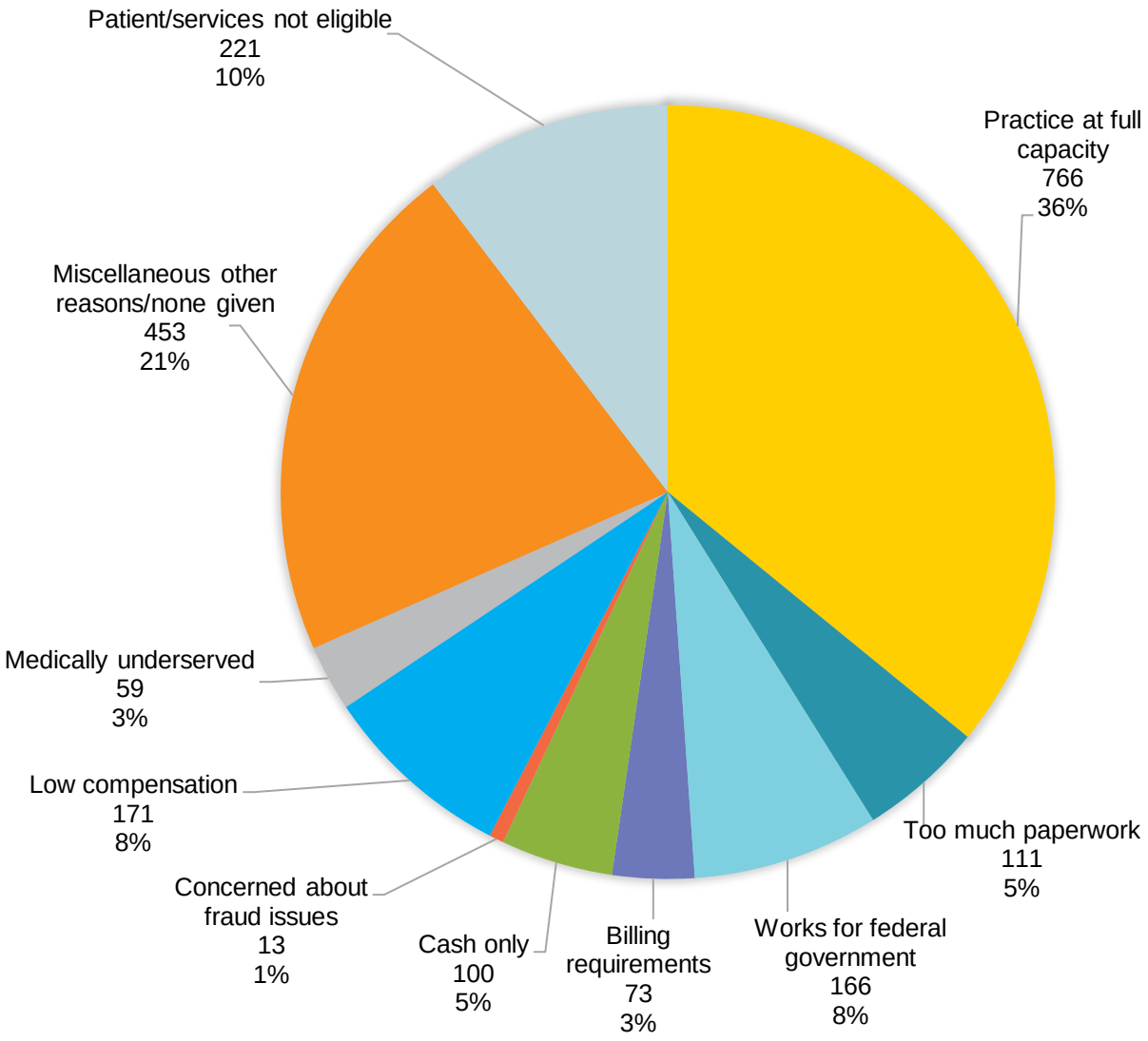
Exhibit 30: Patients with Medicare as a Percentage of Practice
n = 42,736[30]



[30] Due to rounding, the pie chart only adds to 99.99%.

The survey data show that most physicians who accept Medicare (96.96% or 41,435 physicians) reported that they do accept new patients with Medicare into their practice. Among the remaining 2,236 physicians who stated they do not accept new Medicare patients, the most common reason cited was that their practice is already at full capacity (Exhibit 31).

Exhibit 31: Why Physicians Are Not Accepting New Patients with Medicare
n = 2,133



For physicians who see patients with Medicare, 97.31% stated that they do not limit their practice in any way for these patients. However, a small number of providers expressed that they were "limiting the number of new Medicare patients" (43.13% of those with limitations) while others answered an open-ended "other" (52.73% of those with limitations). The "other" category allowed physicians to list specific reasons why they were limiting their practice, and the four most common responses were:

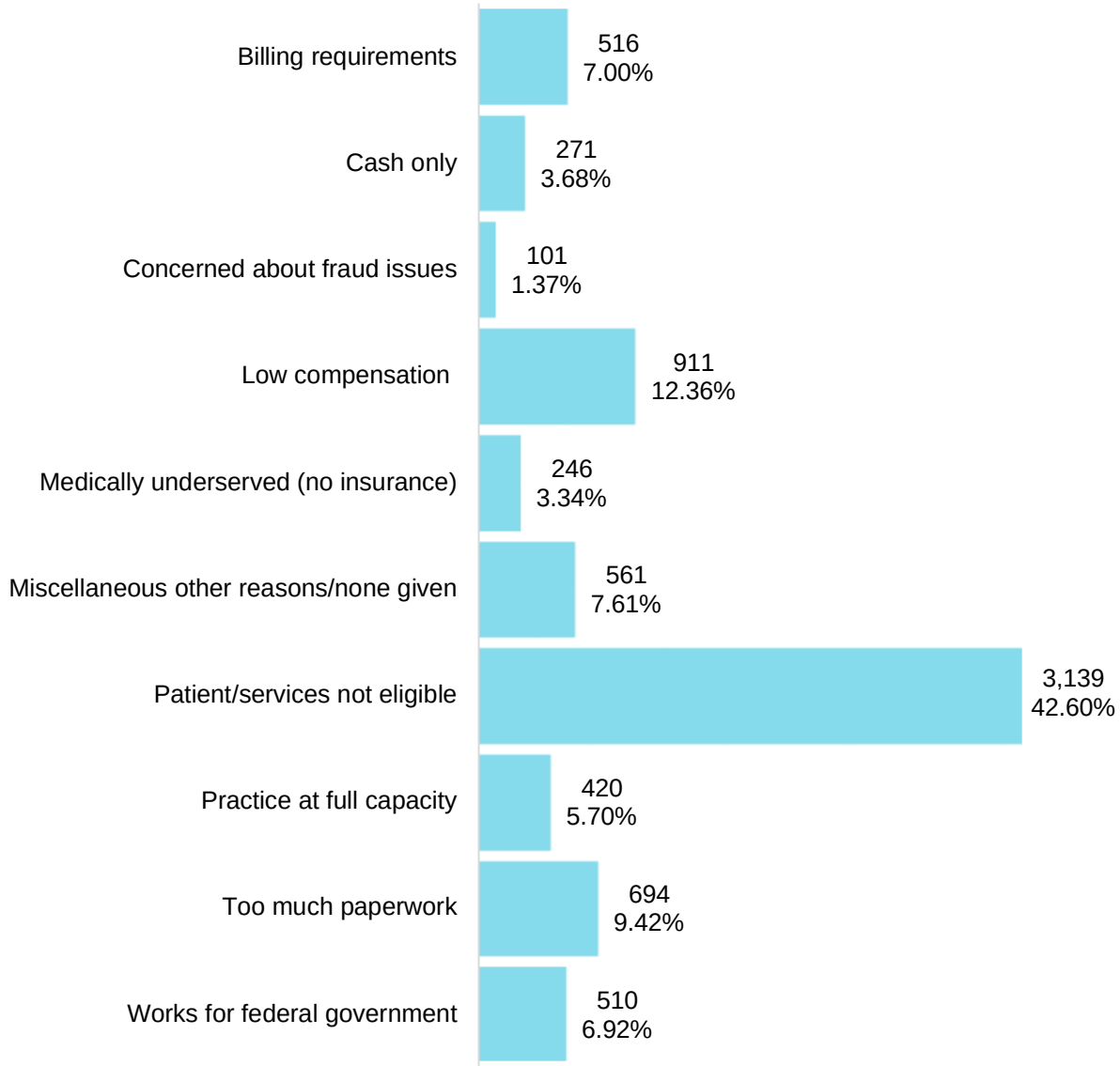
- Limited to certain Medicare Advantage/HMO plans

- Limited to fee-for-service Medicare
- Limited to patients transitioning to Medicare from private plans
- Limited to specific services

These limitations are exceptions within the majority of physicians who see Medicare patients and choose not to place any restrictions on their practice for these patients.

Approximately 24.72% of physicians do not see patients with Medicare. The main reason for not accepting Medicare is that the patients or the services provided are not eligible for Medicare reimbursement (42.60%), as shown in Exhibit 32.

Exhibit 32: Reasons That Physicians Do Not Accept Medicare
n = 7,369

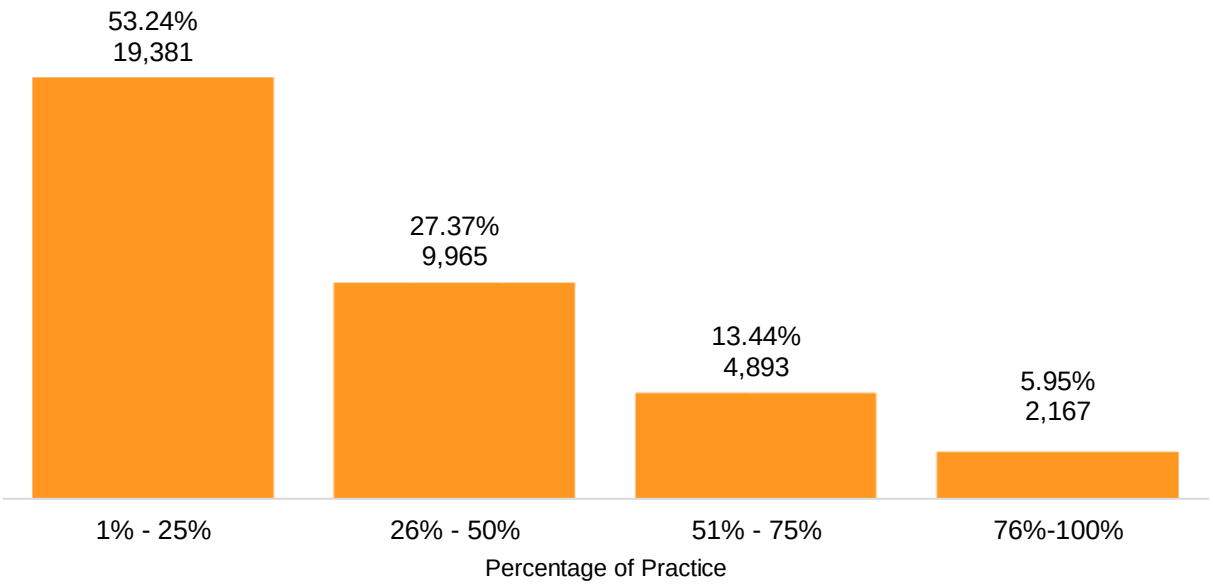


Medicaid Patients

The percentage of Florida physicians providing direct patient care who accept patients with Medicaid is 64.13% (36,406). The percentage of these physicians who reported accepting new patients with Medicaid is 94.71% (34,479).

Out of the 36,406 physicians who reported serving Medicaid patients, just over half (53.24%) indicated that these Medicaid patients make up less than 25% of their overall patient panel (Exhibit 33). This means that for more than half of the physicians who see Medicaid patients, the proportion of Medicaid beneficiaries in their practice is relatively small, comprising less than a quarter of their total patient population.[31]

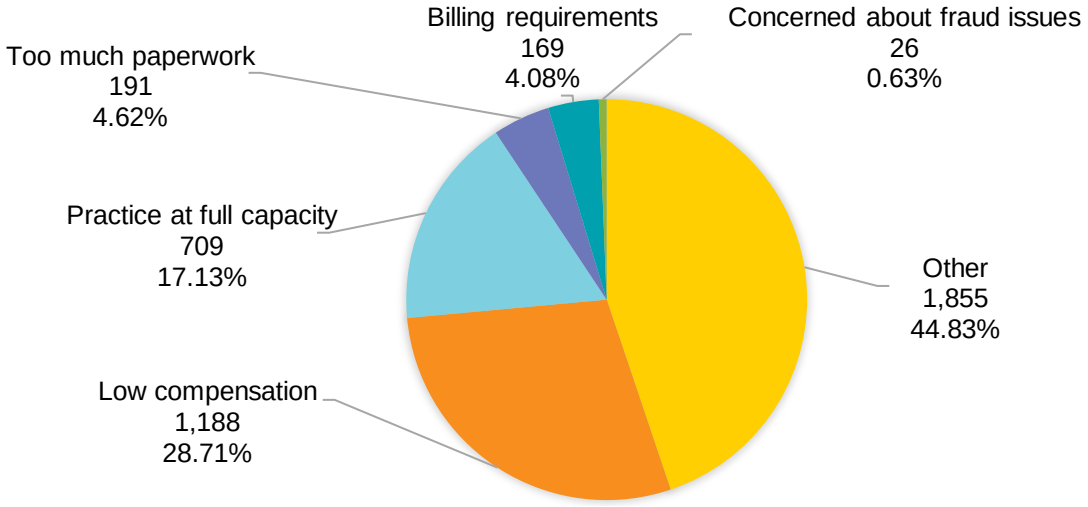
Exhibit 33: Patients with Medicaid as a Percentage of Practice
n = 36,406



[31] These percentages do not include those who chose "Other, please specify" as their response.

For physicians who reported that they do not accept *new* Medicaid patients also referenced "low compensation" as the most common reason, which was cited by 28.71% of the respondents, as shown in Exhibit 34.

Exhibit 34: Reasons Why Physicians Who Have Patients With Medicaid Do Not Accept New Patients With Medicaid
n = 4,138



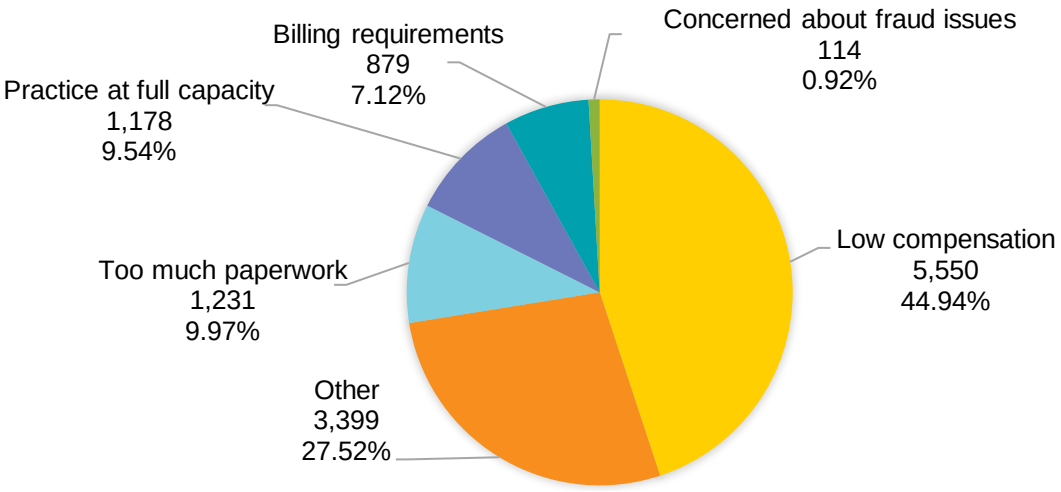
Among the physicians who see patients on Medicaid, the majority (92.48%) stated that they do not limit their practice in any way for these patients. However, for the small percentage who do have limitations, the two main reasons provided were "low compensation" (28.71%) and "other" (44.83%).

The "other" category included several specific reasons that physicians chose for limiting their practice for patients on Medicaid, and the five most common ones were:

- They only see patients from certain Medicaid Health Maintenance Organization (HMO) plans.
- They only see patients with fee-for-service Medicaid.
- They only see patients with Medicaid as secondary insurance.
- They only see patients who are referred from an emergency room or other physicians.
- They only see new Medicaid patients for specific services.

As presented in Exhibit 35, the primary reason cited by physicians who are not accepting Medicaid patients is "low compensation," which was the response selected by 44.94% of the respondents.

Exhibit 35: Reasons Why Physicians Do Not Accept Medicaid
n = 12,351[32]



Physicians Planning to Retire

Approximately 10% or 5,429 of all physicians providing direct patient care are planning to retire within the next five years.

The 1983 changes to Social Security resulted in a gradual increase in the full retirement age from 65 to 67, depending on birth year.[33] Based on licensure survey responses, the average age at which Florida physicians plan to retire is 68.

Almost one-quarter (23.75%) of physicians providing direct patient care become eligible to retire during their 66th year. However, most physicians providing direct patient care, around three-quarters, are not eligible for Social Security retirement until age 67 (born in 1960 or later). There are 2,317 licensed physicians who will be eligible for Social Security retirement in 2027, given the gradual increase in the full retirement age.

By the end of 2027, if all currently licensed physicians who were eligible to retire did retire, there would be a decrease of 27,042 (34.21%) licensed physicians. Likewise, by the end of 2027, if all current physicians providing direct patient care who were eligible for Social Security retired, there would be 15,854 (27.93%) fewer physicians providing direct patient care.

[32] Pie chart adds to 100.01% due to rounding.
[33] https://www.ssa.gov/history/1983amend.html

Exhibit 36 displays the percentage of physicians, by specialty, who are planning to retire within the next five years.[34] Among physicians planning to retire, 25.11% specialize in internal medicine. Medical genetics has the highest percentage (14.55%) of physicians within their specialty planning on retiring.

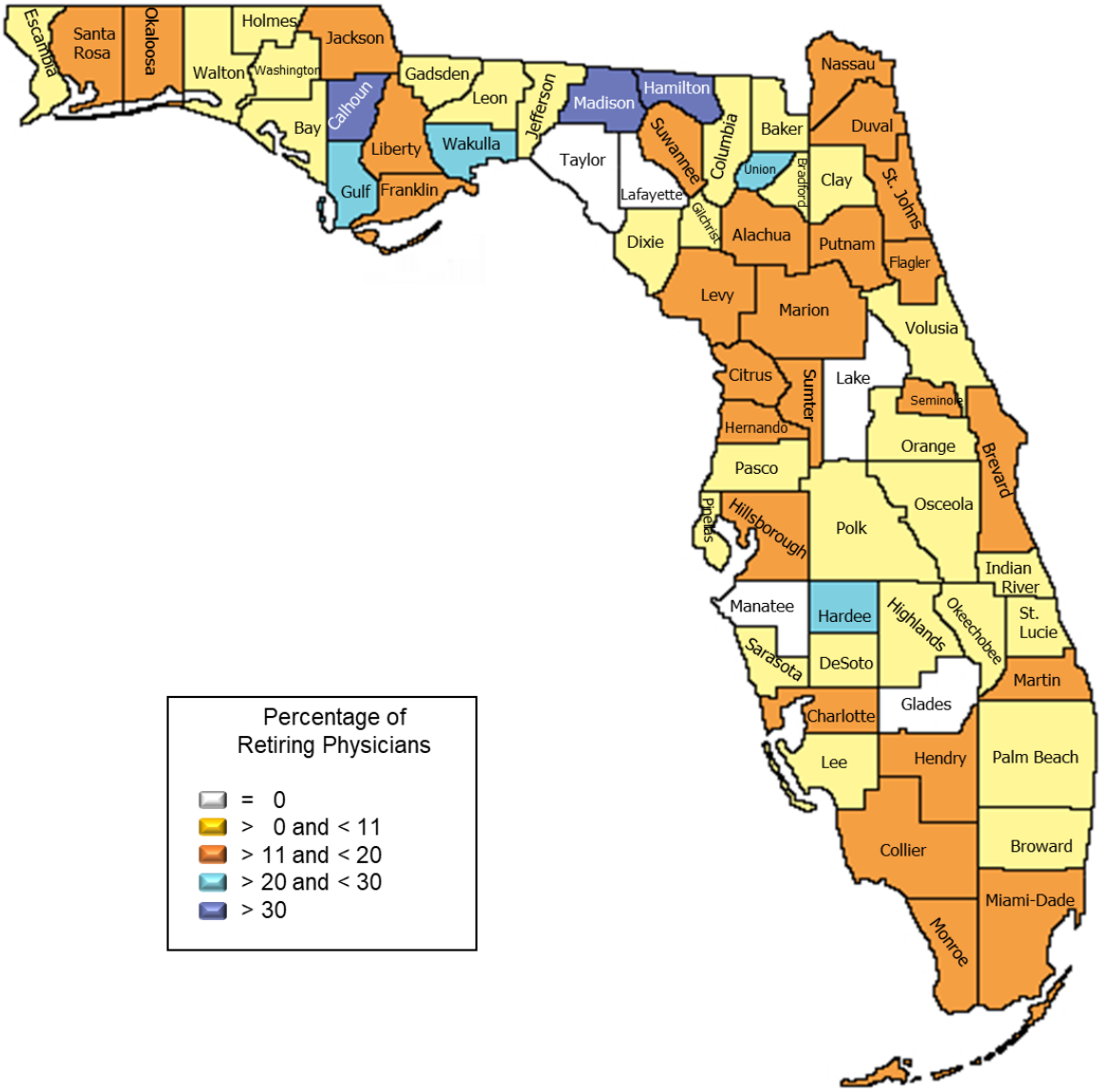
Exhibit 36: Percentage of Physicians in Each Specialty Planning to Retire in the Next Five Years

Specialty	Number Planning on Retiring	Percent Planning on Retiring (specialty / total retiring)	All Physicians by Specialty	Percentage of All Physicians in Specialty Planning on Retiring (retiring / total in specialty)
Anesthesiology	435	8.33%	3,387	12.84%
Dermatology	85	1.72%	1,129	7.53%
Emergency medicine	297	5.81%	3,507	8.47%
Family medicine	786	14.43%	8,191	9.60%
Internal medicine	1,358	25.11%	15,724	8.64%
Medical genetics	8	0.11%	55	14.55%
Neurology	113	2.15%	1,418	7.97%
Nuclear medicine	5	0.16%	50	10.00%
Obstetrics and Gynecology	298	5.43%	2,556	11.66%
Ophthalmology	124	2.50%	1,297	9.56%
Orthopedic medicine	134	2.44%	1,152	11.63%
Otolaryngology	83	1.58%	723	11.48%
Pathology	101	2.21%	926	10.91%
Pediatrics	421	7.55%	4,413	9.54%
Physical medicine and rehabilitation	37	0.62%	757	4.89%
Preventive medicine	37	0.81%	299	12.37%
Proctology	0	0.00%	1	0.00%
Psychiatry	257	4.92%	2,420	10.62%
Radiology	281	5.11%	3,145	8.93%
Surgery	413	7.79%	4,300	9.60%
Urology	59	1.21%	488	12.09%
Total	**5,332**	**100.00%**	**55,938**	**9.53%**

[34] There were 97 physicians who plan to retire who did not list a specialty. The total percentage planning on retiring by specialty adds up to 99.99% due to decimal place rounding.

Exhibit 37 visually represents the percentage of physicians providing direct patient care in each county who reported their plans to retire.[35]

Exhibit 37: Physicians Planning to Retire in the Next Five Years
n = 5,332



Based on the data, there are four counties where at least one-quarter of the physicians plan to retire within the next five years–Calhoun (33.33% or 3 out of 9), Glades (28.57% or 2 out of 7), Gulf (35.71% or 5 out of 14), and Liberty (33.33% or 1 out of 3).

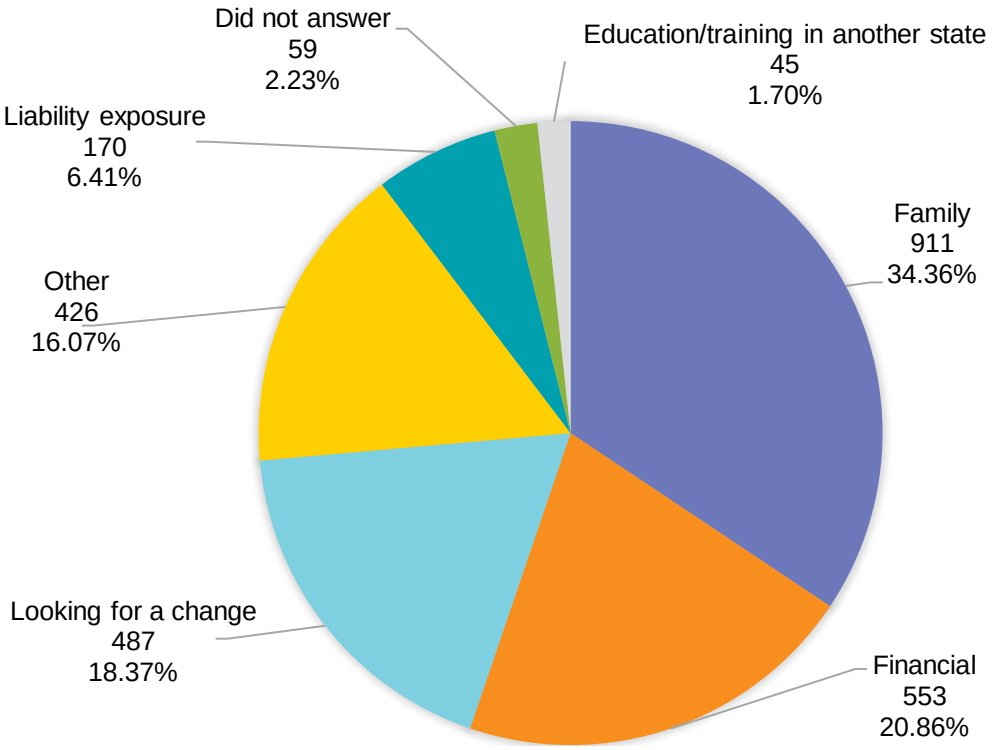
[35] There were 7,278 physicians whose survey response county did not match the county of their official practice location. The survey responses were used to create this map.

Physicians Planning to Relocate

Approximately 4.67% (2,651) of physicians responded that they plan to relocate outside of Florida within the next five years. According to the findings presented in Exhibit 38, the primary reasons given for relocation are as follows:

- Family (34.36%)
- Financial (20.86%)
- Looking for a change (18.37%)

Exhibit 38: Physician Relocation Reasons
n = 2,651

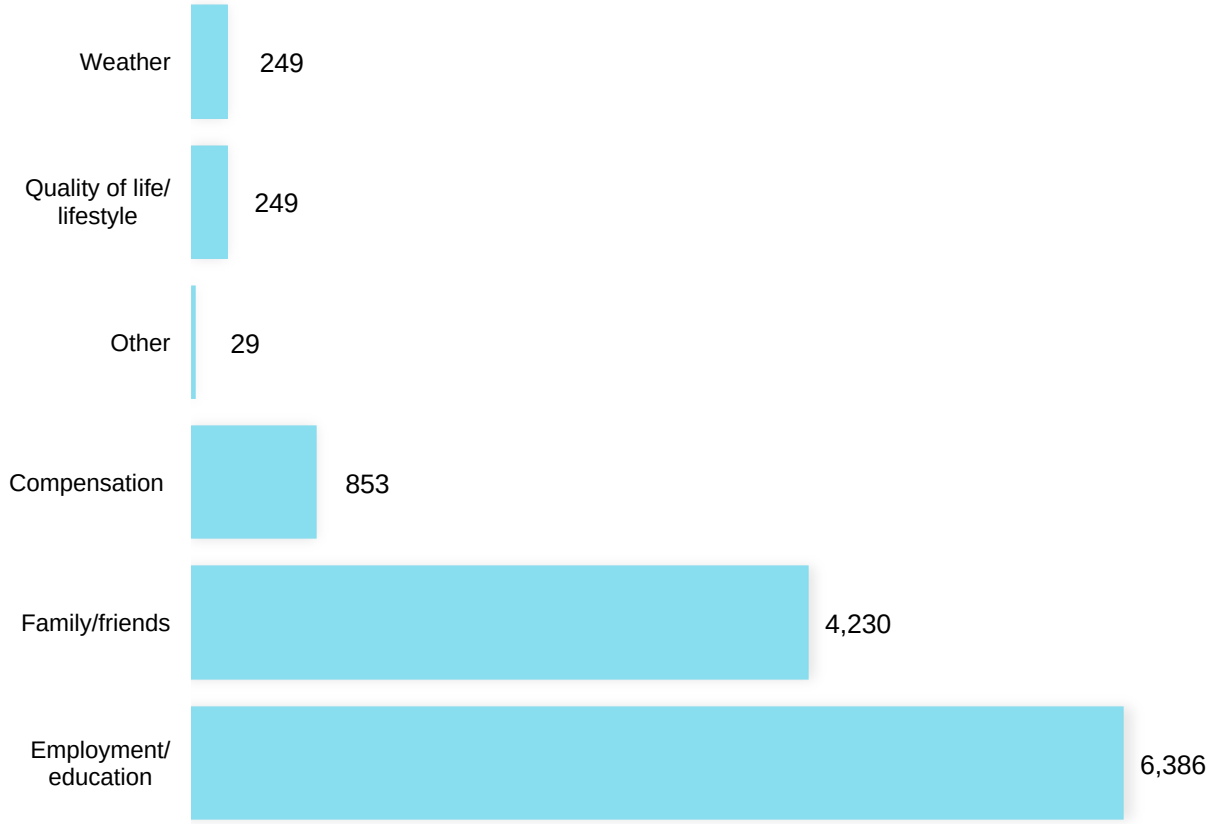


Out of the 2,651 physicians who expressed their intention to relocate out of state within the next five years, 2,618 of them also provided information about their specialty. Among these respondents, the five specialties with the highest number of physicians planning to relocate are:

- Internal medicine (24.45% or 640)
- Family medicine (13.90% or 364)
- Emergency medicine (10.92% or 286)
- Surgery (8.48% or 222)
- Anesthesiology (7.98% or 209)

According to the survey, approximately 16.97% (11,996) of physicians providing direct patient care reported relocating to Florida within the last five years. Among physicians who relocated to Florida, slightly more than half stated that their move was motivated by either employment opportunities or educational reasons (Exhibit 39).

Exhibit 39: Reasons Physicians Relocated to Florida
n = 11,996[36]



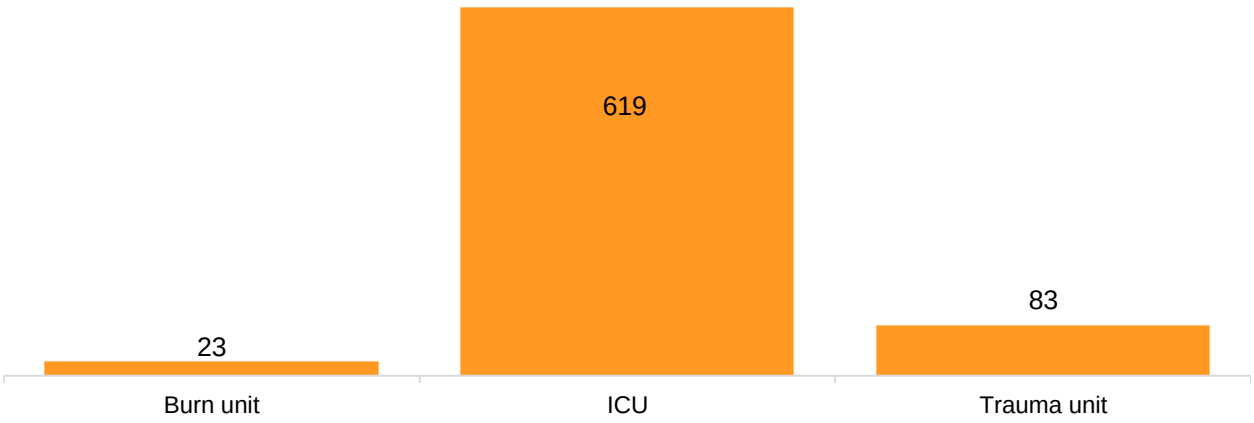
[36] Physicians were able to choose more than one reason.

Specialty Specific Information

Critical Care Medicine

Of 764 physicians whose primary specialty was critical care medicine, 637 physicians (83.38%) responded to the survey about the setting where they care for patients.[37] Among these respondents, 85.38% reported that they see patients in the intensive care unit (ICU) (Exhibit 40).

Exhibit 40: Critical Care Physicians by Critical Care Medicine Setting
n = 725[38]



Of the 620 physicians who responded about the critical care medicine settings where they work, 619 physicians (99.84%) reported seeing patients in an ICU. For most of these physicians (86.29%), the ICU is the sole location where they provide patient care, while for a handful of others, it is one of several locations where they practice, as indicated in Exhibit 41.[39]

Exhibit 41: Category of Patients by Location Selections

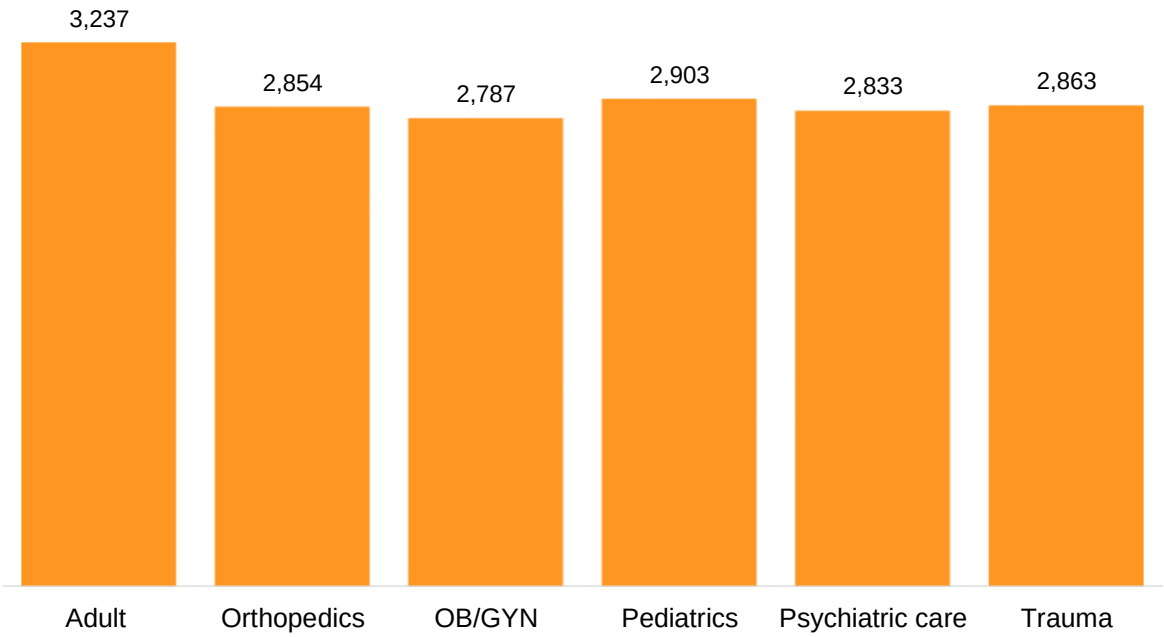
Patient Location	Number of Physicians	Percentage of Physicians
ICU only	535	86.29%
ICU and trauma unit	61	9.84%
Burn unit, ICU, and trauma unit	21	3.39%
Burn unit and ICU	2	0.32%
Trauma unit only	1	0.16%
TOTAL	**620**	**100.00%**

[37] There were 17 physicians who responded with not applicable.
[38] Physicians were able to choose more than one response.
[39] The actual total percentage is 99.99 due to rounding.

Emergency Medicine

Of the 3,432 physicians who reported emergency medicine as their primary specialty, they described their patients as evenly distributed across six specialties. Exhibit 42 illustrates the responses across these specialties.

Exhibit 42: Emergency Medicine Physicians by All Patient Types
n = 17,477[40]



- 72.95% or 2,470 physicians reported providing care in all six specialties.
- 6.26% or 212 physicians reported exclusively treating only adult patients.
- 5.20% or 176 physicians reported treating patients from all types except pediatrics.

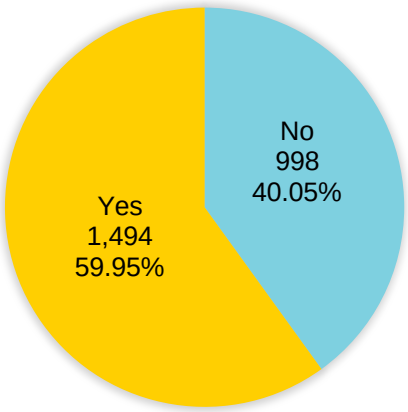
[40] Physicians were able to choose more than one response: 3,432 physicians made 17,477 choices.

Obstetrics and Gynecology

Out of the 2,556 physicians who reported their primary specialty as obstetrics and gynecology (OB/GYN), 2,492 physicians (97.50%) responded to the specialty questions.

When asked if they deliver babies as part of their practice, 59.95% of the OB/GYN physicians who participated in the survey confirmed that they do (Exhibit 43).

Exhibit 43: OB/GYNs Who Perform Deliveries
n = 2,492

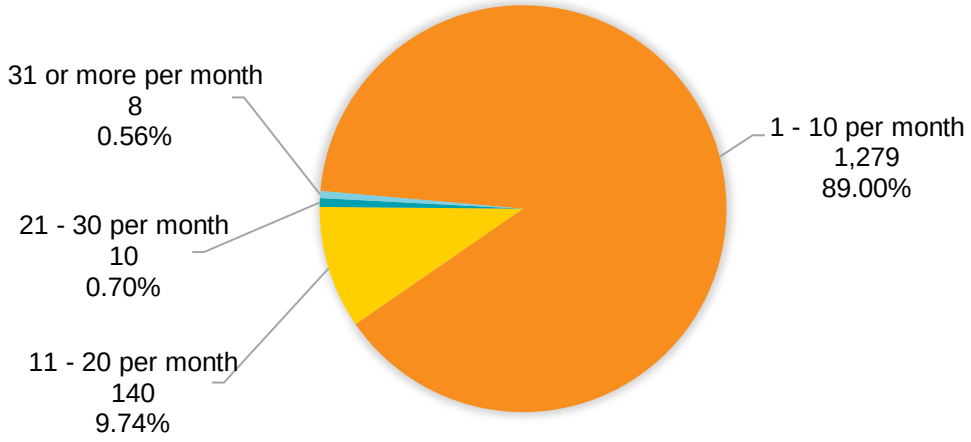


- 79.55% of OB/GYNs reported performing between one and 20 routine deliveries per month.
- 88.37% of obstetricians reported that they handle between one and 20 high-risk deliveries per month.
- 49.46% of obstetricians reported that they handle unassigned/drop-in deliveries for patients with minimal or no known prenatal care,
    - 84.84% responded that they handle between one and 10 of these unassigned/drop-in deliveries per month.

Almost all obstetricians providing direct patient care in Florida (96.18% or 1,437) reported performing cesarean sections (C-sections).

Out of the 1,437 obstetricians providing direct patient care, 89.00% (1,279 obstetricians) responded that they perform an average of between one and 10 C-sections per month (Exhibit 44).

Exhibit 44: Physician Average Number of C-Sections Performed Per Month
n = 1,437



As illustrated in Exhibit 45, just over 20% of obstetricians responded that they are planning to discontinue providing obstetric care within the next two years.

Exhibit 45: OB/GYNs Planning to Discontinue Obstetric Care
n = 2,340

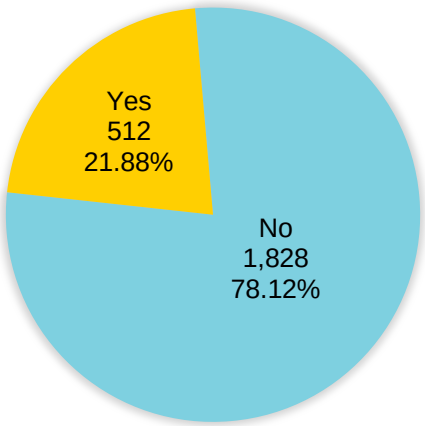
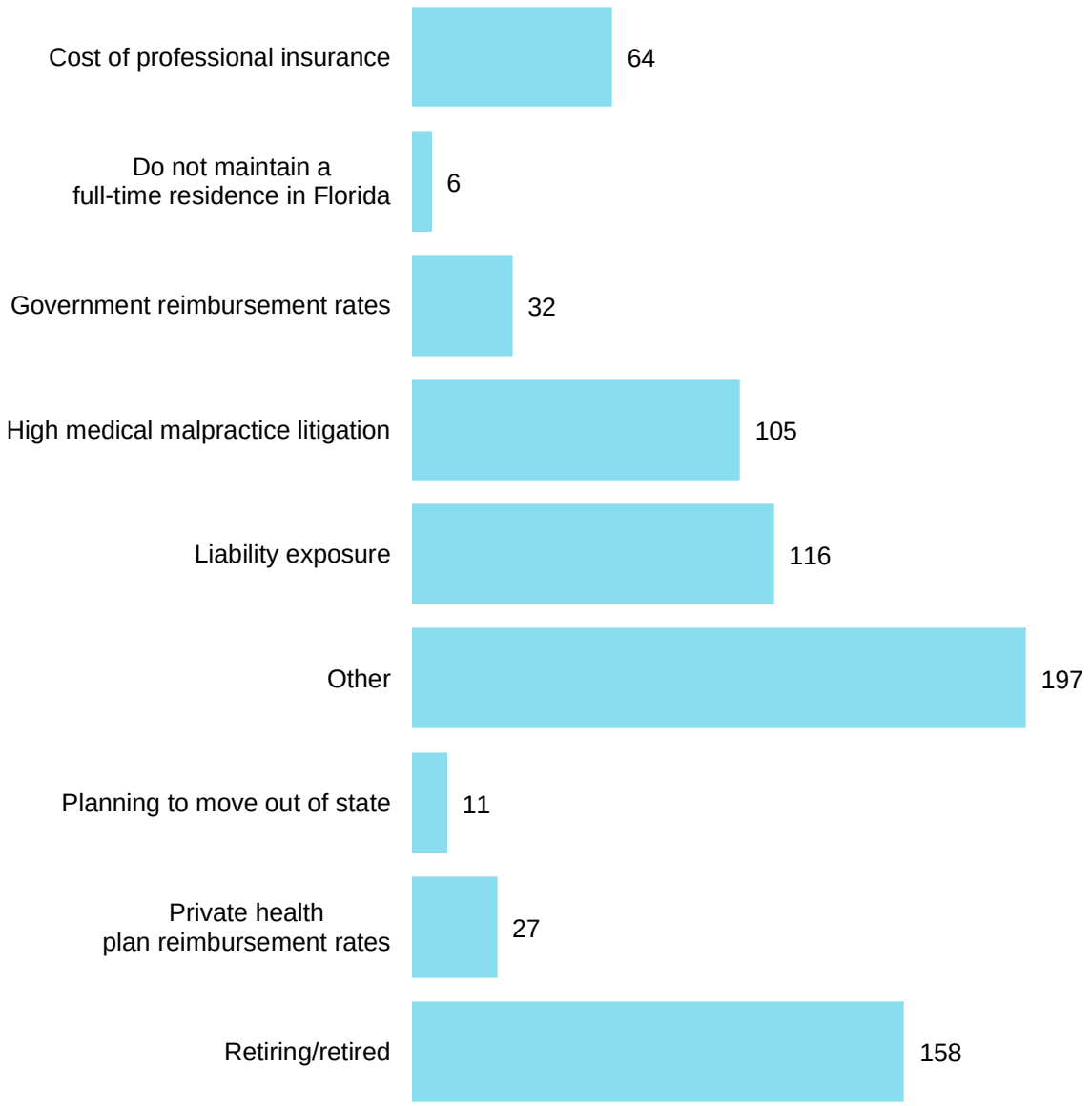


Exhibit 46 depicts the reasons given by the 512 physicians who plan to discontinue obstetric care. The most frequently selected reasons pertained to retirement, liability exposure, high medical malpractice litigation, and other.[41] The most common explanation for the response of other was providing gynecologic services only.

Exhibit 46: Reasons Why Physicians are Discontinuing Obstetric Care
n = 716



[41] Physicians were able to choose more than one response.

Radiology

Of the 3,145 physicians who reported radiology as a specialty 2,597 reported their work locations/practice settings. The three most common practice settings were hospitals, stand-alone imaging centers, and off-site radiology centers, as shown in Exhibit 47. Radiologists could select more than one location, so the 2,597 radiologists averaged 1.58 locations.

Exhibit 47: Radiology Practice Settings
n = 4,095

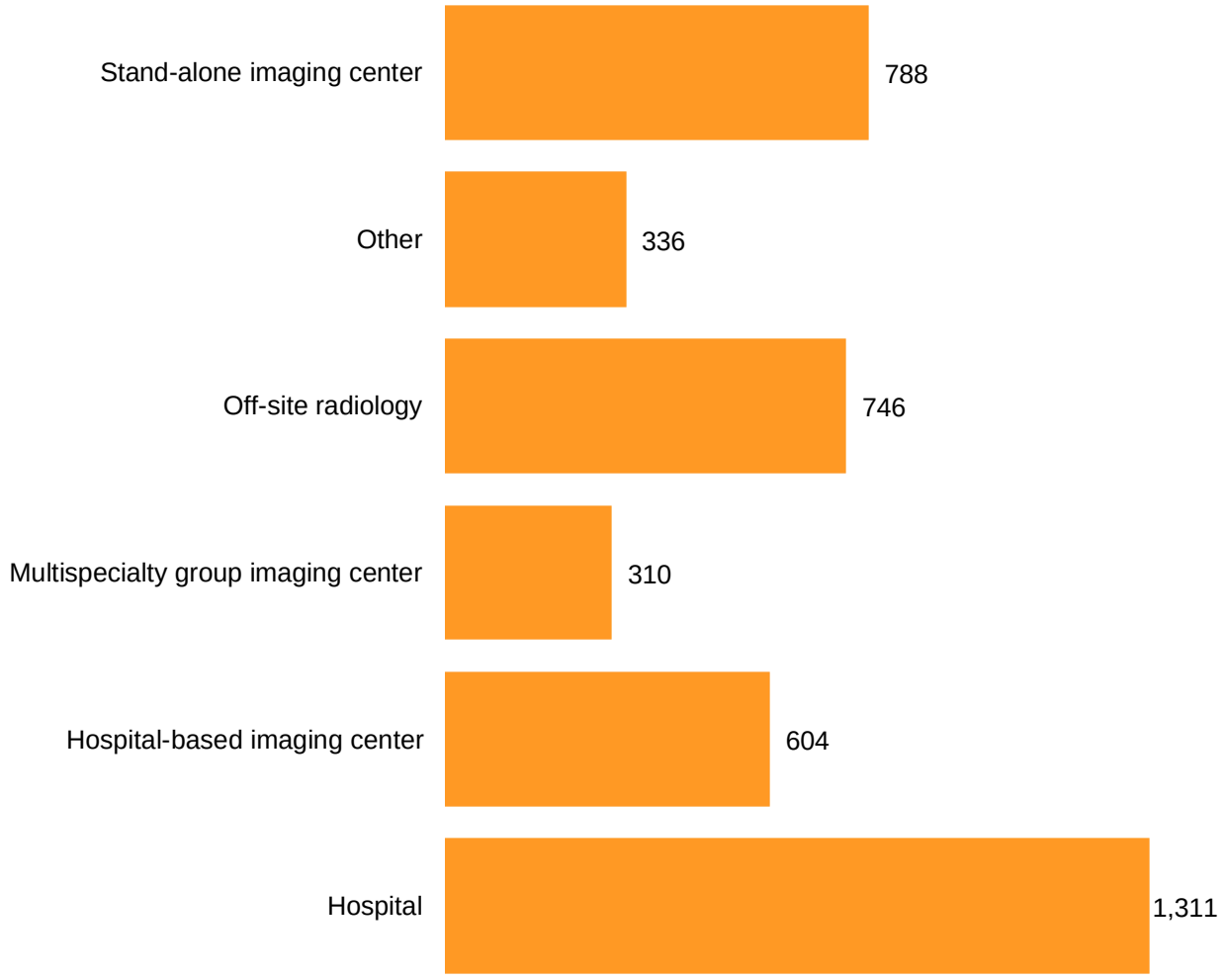
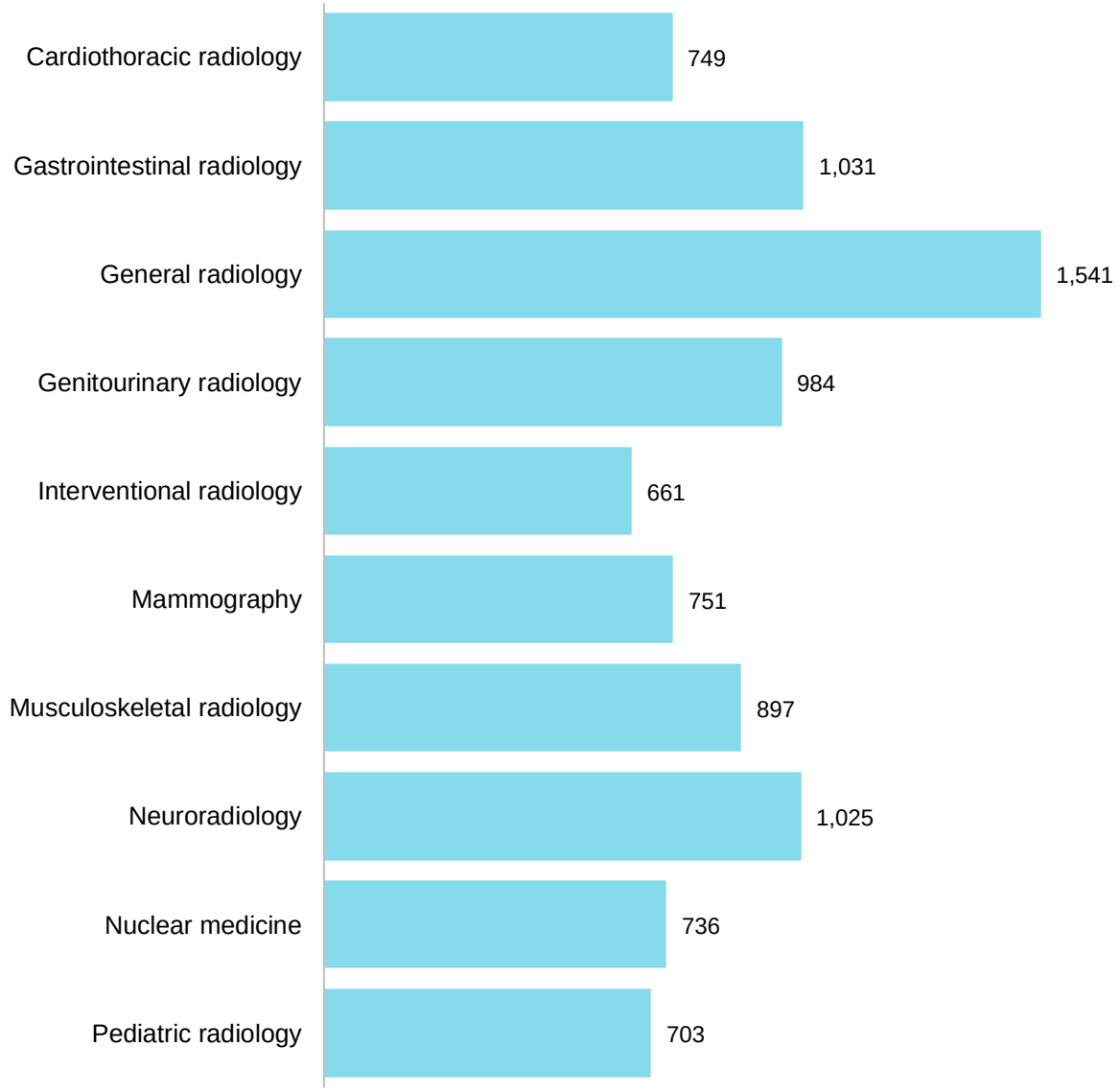


Exhibit 48 presents responses from 82.58% (2,597) of radiologists to the question about the various types of patients they see. The top five patient types were general radiology patients, gastrointestinal radiology patients, neuroradiology patients, genitourinary radiology patients, and cardiothoracic radiology patients. The 2,597 radiologists chose 9,078 patient types, which averages to 3.5 patient types per radiologist.

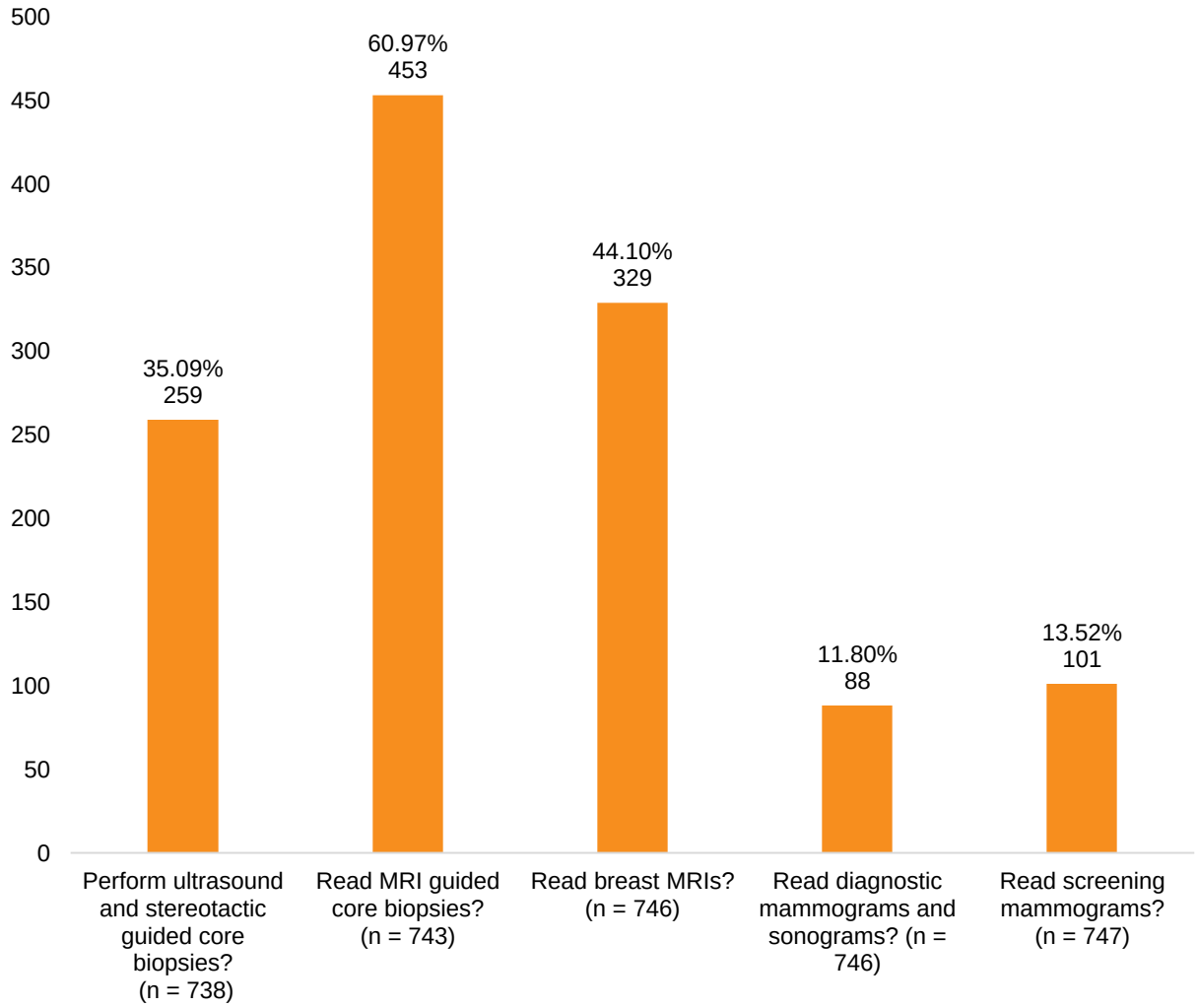
Exhibit 48: Radiology Patient Types
n = 9,078



Radiologists who included mammography as part of their practice were asked five additional questions about specific procedures (Exhibit 49).

Exhibit 49: Mammography and Related Radiological Procedures

Of the 751 radiologists who indicated that mammography is a part of their practice, they were asked if they:



Physician Workforce Advisory Council

The Physician Workforce Advisory Council (Council) is established in section 381.4018, Florida Statutes, and is charged with advising the State Surgeon General and the Florida Department of Health about current and future physician workforce needs in the state. As shown in the table below, the Council comprises medical and academic stakeholders, and serves as a coordinating and strategic planning body to assess the state's physician workforce needs.

Physician Workforce Advisory Council Membership

Council Member	Name
State Surgeon General – Council Chair	Joseph A. Ladapo, MD, PhD
A designee from the Department who is a physician licensed under Chapter 458 or Chapter 459 and recommended by the State Surgeon General.	Ulyee Choe, DO
An individual who is affiliated with the Science Students Together Reaching Instructional Diversity and Excellence program and recommended by the area health education center network.	Anthony Speights, MD
An individual recommended by the Council of Florida Medical School Deans representing a college of allopathic medicine.	Cuc Mai, MD
An individual recommended by the Council of Florida Medical School Deans representing a college of osteopathic medicine.	Mark Sandhouse, DO
An in**dividual** recommended by the Florida Hospital Association, representing a hospital that is licensed under Chapter 395, Florida Statutes, has an accredited graduate medical education program and is not a statutory teaching hospital.	Danielle Drummond, MS
An individual representing a statutory teaching hospital as defined in section 408.07 and recommended by the Safety Net Hospital Alliance.	Gino Santorio, MPA
An individual recommended by the Florida Medical Association representing a primary care specialty.	Corey Howard, MD
An individual recommended by the Florida Medical Association representing a nonprimary care specialty.	Michael Patete, MD
An individual recommended by the Florida Osteopathic Medical Association representing a primary care specialty.	Linda Delo, DO
An individual recommended by the Florida Osteopathic Medical Association representing a nonprimary care specialty.	Brett Scotch, DO
An individual who is a program director of an accredited graduate medical education program representing a program accredited by the Accreditation Council for Graduate Medical Education.	Nathan Falk, MD
An individual who is a program director of an accredited graduate medical education program representing a program that is accredited by the American Osteopathic Association.	Peter Cohen, DO

An individual recommended by the Florida Association of Community Health Centers representing a federally qualified health center located in a rural area as defined in section 381.0406(2)(a).	Debra Andree, MD
An individual recommended by the Florida Academy of Family Physicians.	Jennifer Keehbauch, MD
An individual recommended by the Florida Alliance for Health Professions Diversity.	Joedrecka Brown Speights, MD
The Chancellor of the State University System or his or her designee.	Emily Sikes
A layperson member as determined by the State Surgeon General.	Steven Bennett, MA

The Council continues to monitor the status of Graduate Medical Education (GME) programs in Florida. GME programs and residency programs are an important component of Florida's physician workforce. In 2013, the Florida Legislature created the Statewide Medicaid Residency Program, and in 2015 they created the GME Startup Bonus Program to provide resources for educating and training physicians in specialties that are in a statewide supply-and-demand deficit. The 2023 Florida Legislature appropriated a total of $430.9 million to these programs.[42]

Physician Workforce Advisory Council Strategic Planning

To assist the Department, the Council is focused on what is needed in the future to ensure that Florida's physician workforce will meet the needs of its citizens and provide a continuum of care across all medical disciplines. As such, the Council will be reviewing information, policies, and programs to develop a comprehensive strategic plan that ensures a qualified and adequate workforce of specialty and general medical education qualified physicians to meet the state's needs.

As part of the strategic planning process, the Council's working group will provide the Department with a framework to use as a foundation for a strategic plan to build a robust and sustainable physician workforce. In light of the ongoing strategic planning process, the Council has decided to maintain the existing recommendations from the prior report, which will be updated following the completion of the strategic planning phase.

[42] 2023-24 Florida General Appropriations Act (GAA). State Allocation (SA) 202. Special Categories. Graduate Medical Education.

Physician Workforce Advisory Council Recommendations

Ongoing Recommendations

1. The Council recommends that the Department collaborate with the Council of Florida Medical School Deans to 1) develop student diversity pipeline best practices, based on successful measures in practices throughout the state and nation, for use as a resource by Florida medical schools when implementing, improving or measuring the impact of their pipeline programs, 2) develop and maintain a comprehensive database of current Graduate Medical Education (GME) residency positions in Florida to aid in determining the current and projected areas of need that can be addressed by creating or expanding GME programs, and 3) develop strategies and maintain metrics to assess the impact of the new GME programs on the physician workforce.

2. The Council recommends that the Department explore strategies for the recruitment and retention of residents and fellows for Florida's training programs. These strategies should include information regarding the opportunities and benefits of training and practice in Florida for allopathic and osteopathic medical students.

   Further, the Council recommends that the Legislature direct the Agency for Health Care Administration to seek resident physician specialty board pass-rate data by program of the sponsoring institutions. These data will allow for comparisons between GME programs and the exchange of best practices to have the best GME residency programs in the U.S.

3. The Council recommends that the Department enhance collaboration with the Health Resources and Services Administration (HRSA) through continued promotion of the National Health Service Corps Loan Repayment Program via partnerships with the Florida Association of Community Health Centers, rural hospital outpatient practices, federally qualified health centers, community health centers and the colleges of medicine.

   Further, the Council recommends exploring supplemental incentive strategies to retain physicians with previously satisfied loan obligations.

4. The Council recommends that the Department explore partnerships to assist with the identification and evaluation of forecasting models to project future physician and subspecialty needs in Florida and guide policy recommendations to the Florida Legislature. These efforts should focus on strategies to retain family medicine and internal medicine residency graduates in the state of Florida.

5. The Council recommends that the Department conduct an environmental review of partner and stakeholder strategic planning efforts to identify core planning objectives and potential

opportunities for the alignment of these efforts across the organizations represented by the Council.

6. The Council recommends that the Florida Legislature expand funding of the Florida Reimbursement Assistance for Medical Education (FRAME) program for student loan reimbursement to $10 million per year to recruit and retain physicians and residents who can fill specific gaps in location and subspecialty in Florida.

   Further, the Council recommends that the Florida Legislature provide the opportunity for the FRAME program to seek partnerships and funding from federal and private sectors (e,g., HMOs, pharmaceutical companies, and hospitals).

7. Physicians in practice and health care providers (including graduate and undergraduate medical educators) in Florida are encouraged to complete implicit bias training to 1) assist with culturally responsive workforce development, 2) promote a more inclusive work environment and 3) foster a high-quality health care provision environment for diverse populations to address health disparities.

   Further, the Council recommends the Department explore the identification, sharing, and monitoring of disparity-related data resources to identify gaps in health outcomes and access to care. This would aid in prioritizing workforce development, distribution, and funding that would improve health outcomes and access to high-quality care.

8. The Council encourages training programs to educate graduating residents and fellows on the business of medicine and the potential options for practice post-graduation including, but not limited to, academic medicine, solo or small group practice, large group practice, and public health opportunities.

9. The Council recommends that the Department work with stakeholders to develop questions for the Physician Workforce Survey that measure how physician burnout has impacted physician practices.

   Further, the Council recommends that the Florida Legislature direct the Florida Department of Children and Families to create a 24/7 crisis hotline for all physicians who are struggling with mental health concerns.

10. Advocate for Health and Human Services (HHS) to pursue expansion of the Conrad 30, Exchange Visitor, and Southeast Crescent Regional Commission J-1 visa programs through the U.S. Legislature.

Further, the Council recommends that the Department educate potential employers about the Area of Critical Need designation in Florida and the opportunity for recruiting physicians to expand the workforce available with this designation.

11. The Council recommends that the Agency for Health Care Administration fully implement section 409.967(2)(a), Florida Statutes, and impose appropriate fines or other sanctions on those Medicaid managed care plans whose physician payment rates do not equal or exceed Medicare rates for similar services.

12. The Council recommends that the Department explore strategies and partnerships to address physician and health workforce wellness, particularly those found in the National Academy of Medicine National Plan for Health Workforce Well-being priority areas of positive work and learning environments and culture; measurement, assessment, strategies, and research of well-being; mental health and stigma; compliance, regulatory and policy barriers for health workers' daily work; effective technology tools (e.g., “wellness” lines); effects of COVID-19 on the health workforce; and, recruitment of the next generation.

Appendix A: Department Programs to Support Physician Workforce Development

The Department administers four programs that support the physician workforce in Florida: the State Primary Care Office, the Florida Reimbursement Assistance for Medical Education (FRAME) program, the Office of Rural Health, and the Volunteer Health Care Provider Program.

The State Primary Care Office

The goal of the State Primary Care Office is to attract and retain physicians to work in Health Professional Shortage Areas (HPSAs). As of July 26, 2023, Florida has 669 designated HPSAs: 253 primary care, 200 mental health, and 216 dental health. By HPSA type, there are:

- 231 population-based HPSAs
  - 109 primary care
  - 53 mental health
  - 69 dental health
- 155 state correctional institutions HPSAs
  - 50 primary care
  - 52 mental health
  - 53 dental health
- 162 Federally Qualified Health Center (FQHC) and FQHC Look-alike HPSAs
  - 54 primary care
  - 54 mental health
  - 54 dental health
- 15 Indian Health Service, Tribal Health, and Urban Indian Health Organizations HPSAs
  - 5 primary care
  - 5 mental health
  - 5 dental health
- 105 Rural Health Clinics HPSAs
  - 35 primary care
  - 35 mental health
  - 35 dental health
- 1 State Mental Health Hospital – Mental Health

As of July 26, 2023, there are 749 approved National Health Service Corps (NHSC) sites, with 119 of those sites having program participants. In addition, 48 NHSC sites have at least one position open that they would like to fill. There are 607 participants in NHSC programs, with 101 of them physicians (16.64%). Of these, 78 participate in the NHSC loan repayment program in

medically underserved areas in Florida (77.23%) and 23 physicians are NHSC Scholars (22.77%). Of the 101 current physician participants, 12 are working in a federally defined rural area and eight are working in a Florida-defined rural county. There are a total of 13 physicians who are practicing in a rural area, either HRSA-defined, or Florida-defined.[43]

Of the 101 current physician participants:

- 74.26% are allopathic and 25.74% are osteopathic.
- 85.15% work in an FQHC, 3.96% work in private practice, 3.96% work in a Community Mental Health Center, 2.97% work in a Community Outpatient Facility, 2.97% work in a Certified Rural Health Clinic (RHC), and 0.99% work in a mobile unit.
- 37.62% are family practice physicians, 35.64% are pediatricians, 13.86% are psychiatrists, 7.92% are obstetricians/gynecologists, and 4.96% are internal medicine physicians.

The State Conrad 30 Waiver Program is established in the federal statute that allows each state to sponsor up to 30 physicians annually who want to waive the requirement of their J-1 Visa that they have to leave the country before they are eligible to return under an H1-B Visa. There are currently 90 physicians under the Conrad 30 Visa Waiver program in Florida.

The National Interest Waiver provides a method for foreign physicians working under an H1-B Visa to apply for legal permanent status (green card) by practicing in an underserved area for five years. There are currently 59 physicians who are working in Florida using the National Interest Waiver.

The U.S. Department of Health and Human Services (HHS) Exchange Waiver program is for foreign physicians to practice in Florida; these primary care physicians are required to practice in underserved areas for three years. There are currently 87 physicians practicing in Florida who have this Visa Waiver sponsorship.

A new sponsorship program for a J-1 Visa Waiver has begun within the last year. It is run by the Southeast Crescent Regional Commission. Five physicians requested a sponsorship support letter in the last year.

Florida Reimbursement Assistance for Medical Education (FRAME)

As outlined in section 1009.65, Florida Statutes, the goal of the Florida Reimbursement Assistance for Medical Education (FRAME) program is to encourage qualified medical professionals to practice in underserved locations of the state, by providing annual payments

[43] The HRSA-defined rural areas are in the counties of Columbia (.5), Monroe (2), Okeechobee (2), Palm Beach (3), Putnam (1), Suwannee (1.5) Taylor (1), and Wakulla (1). The Florida-defined rural counties are Columbia (.5), Franklin (1), Gadsden (1), Okeechobee (2), Putnam (1), Suwannee (1.5), and Taylor (1).

intended to offset the loans and educational expenses incurred by students for studies leading to medical or nursing degrees, advanced practice registered nurse licensure, or physician assistant licensure.

During the 2022–23 state fiscal year (SFY) over 9,000 accounts were created in the FRAME*works* portal resulting in 3,702 submitted applications.

- Approximately 38.2% of the total applications started were accepted representing $40.8 million in applied-for awards. Current funding ($16 million) will provide awards for 39.2% of accepted applications.
- An initial prioritization (scoring) analysis suggests that, of the 2,774 accepted applications, the Department will be able to provide approximately 1,100 awards with current funding. Based on the preliminary allocation methodology results, $11 million will be awarded in quartile one (full funding within award limit) and the remaining $5 million will be expended in quartile two (85% of potential award limit).

The Office of Rural Health

The Department's Office of Rural Health (Office) provides statewide assistance on rural health issues and assists in developing and sustaining systems of care in rural communities. The Office operates the National Rural Recruitment and Retention Network (3RNet) for the state of Florida. The 3RNet is a national, federally supported web-based program that assists states in matching health professionals with available practice, or job opportunities, in both urban and rural HPSAs. Facilities using 3RNet include county health departments, FQHCs, rural hospitals, behavioral health centers, emergency medical services (EMS), and rural health clinics. From July 1, 2022, through June 30, 2023, there were 209 jobs added or updated, 918 health professionals logged in to view jobs, 8,871 health professionals referred to employers through the site, and 260,688 views of 3RNet job openings.

The Office also supports Project ECHO (Extension for Community Health Care Outcomes) in Florida. Project ECHO is a guided practice model that increases workforce capacity to provide best-practice specialty care and reduce health disparities. Project ECHO is designed around case-based learning and mentorship. Sessions are led by expert teams using interactive videoconferencing to conduct virtual clinics with community providers. With Project ECHO, primary care doctors, nurses, and other clinicians learn to provide specialty care to patients in their communities. The Office partners with the University of Florida Diabetes Institute (UFDI) to host Project ECHO Diabetes for our rural providers. The UFDI ECHO Diabetes program offers tele-ECHO sessions with continuing medical education credits for participating providers, real-

time support with complex medical decision-making and access to an online repository of diabetes resources and recorded sessions. UFDI has completed eleven ECHO sessions in the past year.

In addition, the Office also manages the Small Rural Hospital Improvement Program grant (SHIP grant), which provides funds to rural hospitals with 49 or fewer beds to implement quality improvement activities. The Office awarded funding to eligible small rural hospitals in 2023 for quality reporting, process improvements, and telehealth equipment and training.

The Office has also leveraged specific funding from the Medicare Rural Hospital Flexibility (Flex) grant to provide educational opportunities regarding Rural Emergency Hospitals (REHs). The funding was provided to assist small rural hospitals and rural health stakeholders to become educated about converting or establishing an REH for eligible rural facilities. Outreach and education to transition to an REH model allows these facilities to consider specific strategies to maintain the financial and operational stability of the hospital, improve health outcomes, and support rural health stakeholders. The content included the latest information on REH regulations, compliance requirements, Centers for Medicare and Medicaid Services conditions of participation, eligibility criteria, and operational models.

The Volunteer Health Care Provider Program

The Volunteer Health Care Provider Program improves access to medical care for uninsured and underserved low-income residents by allowing licensed health care professionals to become agents of the state. In exchange for the medical services that professionals donate to financially eligible clients referred to them by the Department’s agents and employees, participating medical professionals are protected by state sovereign immunity. There are currently 10,043 health care professionals serving in the Volunteer Health Care Provider Program.

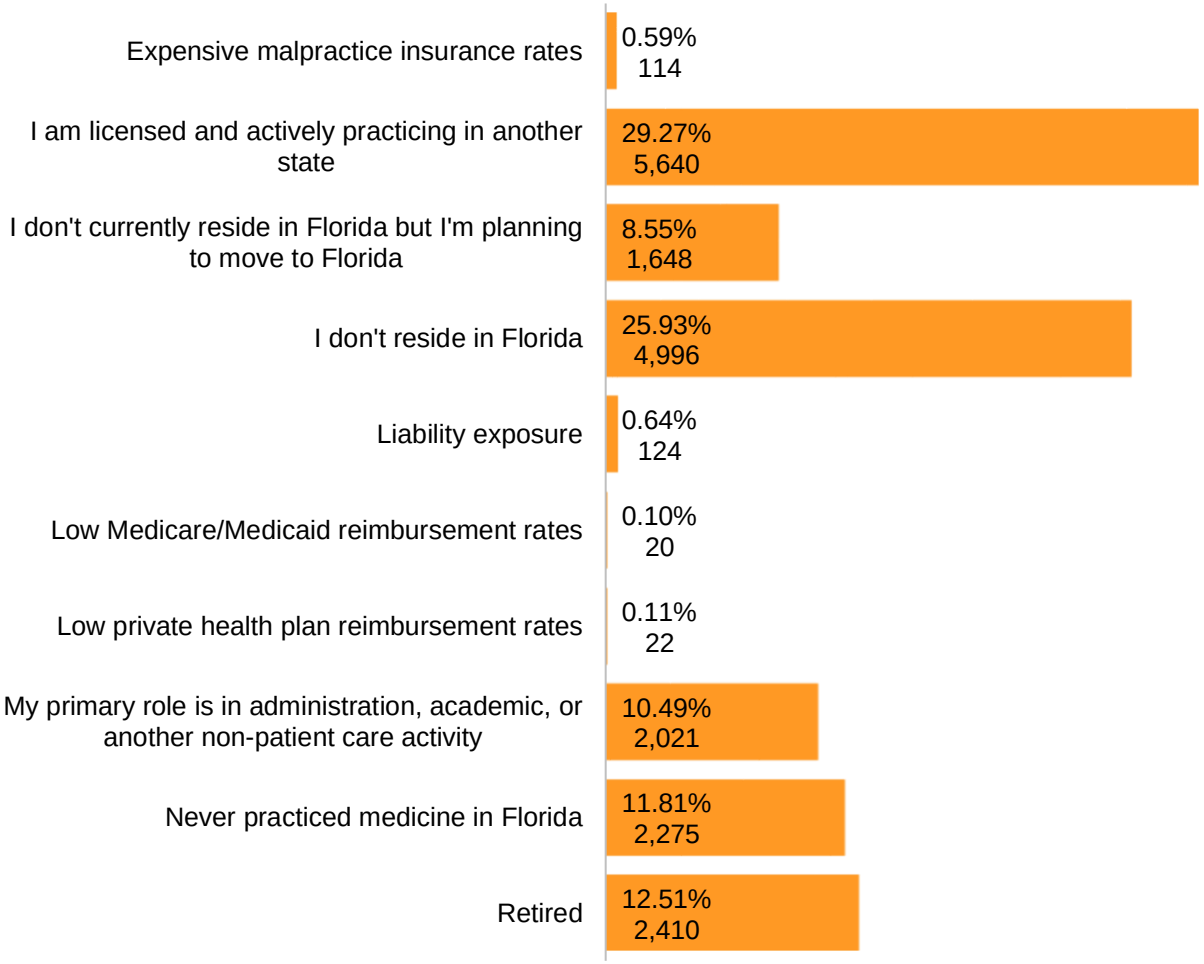
Appendix B: Physicians Not Providing Direct Patient Care in Florida

Understanding the reasons licensed physicians did not provide direct patient care in Florida in the last 12 months is useful when considering physician attraction and retention initiatives.

Out of the 79,045 physicians who are licensed and participated in the survey, 20,822 physicians, which represents 26.34% of the total respondents, were classified as not providing direct patient care in Florida.[44]

The most common reasons reported by physicians for having a Florida license but not practicing medicine in the state were that they were in another state (75.56%), retired (12.51%) or worked in administration, academia, or provided non-direct patient care, as shown in Exhibit 50.[45]

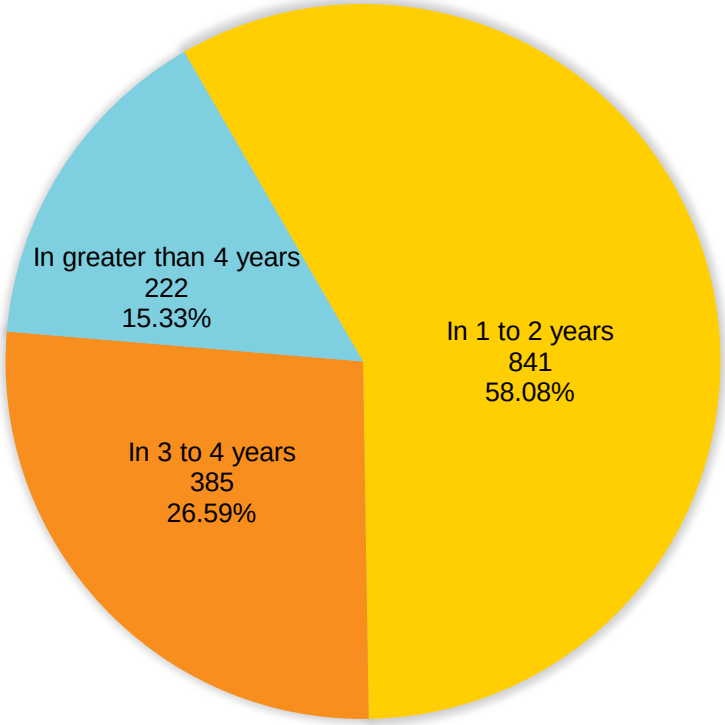
Exhibit 50: Why Licensed Physicians Are Not Providing Direct Patient Care
n = 19,270



[44] See physician definitions on page 2.
[45] 1,552 physicians did not have a reason listed.

The physicians who reported that they do not live in Florida, but plan to move here soon, were asked about their time frame in relocating to Florida. Exhibit 51 shows the time frames in which physicians are planning on relocating.

Exhibit 51: Time Frame for When Physicians Plan to Relocate to Florida
n = 1,448[46]



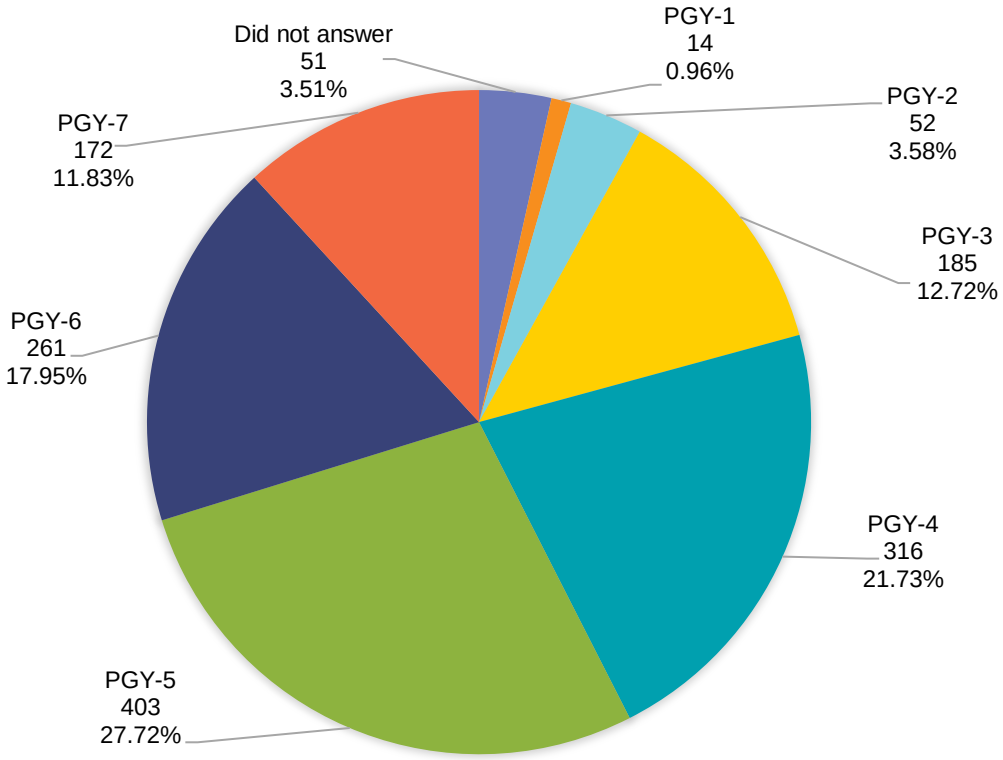
[46] There were 200 physicians who did not choose a time frame in which they were planning on moving.

Appendix C: Pipeline - Internship, Residency, and Fellowship Programs

Of the 79,045 physicians who renewed their licenses, 1,454 reported being enrolled in an internship, residency, or fellowship program. Because they were in an education/training program and under supervision, these physicians were classified as not providing direct patient care.

Out of these physicians, an impressive 96.49% responded by indicating their post-graduate program year. This high response rate in Exhibit 52 provides valuable data on the distribution of physicians at different stages of their post-graduate education, allowing for a better understanding of the progression of health care professionals during their training and development.

Exhibit 52: Physicians Enrolled in Internship, Residency, and Fellowship Programs by Program Year
n = 1,454



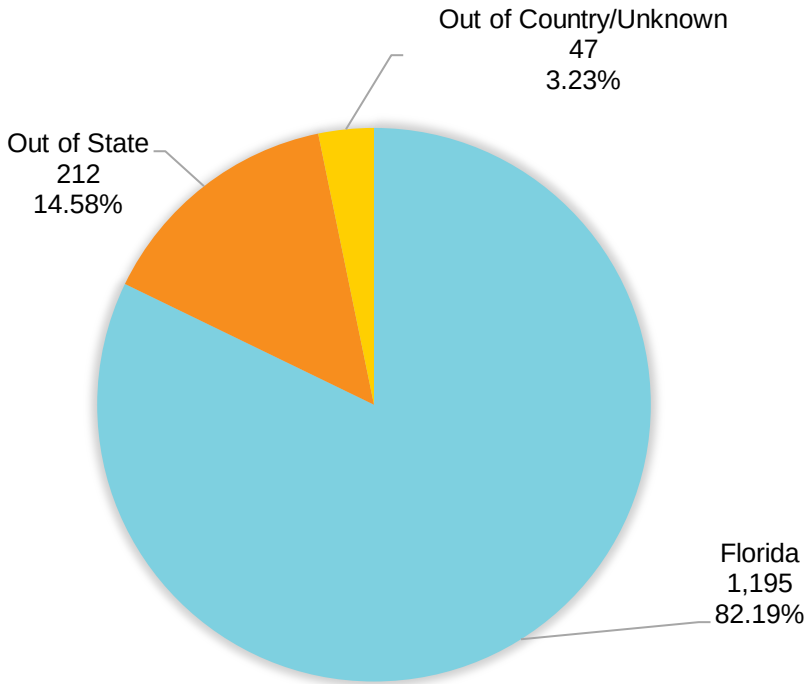
The five most common specialties of physicians who were enrolled in an internship, residency, or fellowship program in any state or country and had a valid Florida medical license were internal medicine (33.01%), pediatrics (10.18%), radiology (8.18%), surgery (8.12%), and family medicine (7.70%). All specialties except proctology had at least one physician represented.

When looking at specialties by state, all of the specialties were represented in Florida except proctology and nuclear medicine.[47] For physicians who were enrolled in an internship, residency, or fellowship program in Florida, the five most common specialties were internal medicine (34.14%), pediatrics (10.21%), radiology (8.28%), surgery (8.03%), and family medicine (7.87%).

For physicians who were enrolled in an internship, residency, or fellowship program out of state or country but had a Florida medical license, the five most common specialties were internal medicine (28.63%), pediatrics (11.11%), surgery (9.40%), radiology (8.55%), and psychiatry (7.69%).

The location of physicians who were enrolled in an internship, residency, or fellowship program is primarily in Florida (82.19%), as shown in Exhibit 53. Physicians who are enrolled in an internship, residency, or fellowship program outside of Florida are most often located in New York (14.62%), Texas (14.15%), California (8.96%), and Ohio (5.19%). All of the other 29 states where physicians are located have less than 5% of physicians in an internship, residency, or fellowship program.

Exhibit 53: Locations of Physicians Enrolled in Internship, Residency, and Fellowship Programs
n = 1,454



[47] Since interns, residents, and fellows do not answer a question in the survey about where they are located, their license practice location state is used.

Appendix D: Physicians Providing Direct Patient Care by County, 2014–2023

Tables D-1 and D-2 show a history of physicians providing direct patient care by county for the last decade.[48]

Tables D-1: Number of Physicians Providing Direct Patient Care by County by Year

* Rural Counties per section 381.0406, Florida Statutes

County	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alachua	1,370	1,426	1,443	1,429	1,615	1,666	1,707	1,754	1,778	1,709
Baker*	42	38	37	39	46	40	37	36	37	38
Bay	380	380	395	400	424	418	420	403	415	398
Bradford*	23	21	24	25	21	20	26	27	24	19
Brevard	1,240	1,231	1,260	1,254	1,333	1,377	1,371	1,377	1,408	1,369
Broward	4,209	4,269	4,346	4,342	4,767	4,878	5,008	5,124	5,287	5,117
Calhoun*	9	9	8	8	11	10	10	10	11	9
Charlotte	348	338	348	332	361	376	399	398	391	372
Citrus	238	249	245	225	258	259	259	270	255	252
Clay	283	285	315	322	349	368	340	340	356	349
Collier	823	819	829	835	954	998	1,069	1,117	1121	1,069
Columbia*	136	139	144	137	142	143	142	134	130	110
Desoto*	31	31	27	25	25	26	28	26	30	27
Dixie*	10	12	11	15	13	5	8	8	7	8
Duval	2,707	2,762	2,828	2,851	3,093	3,199	3,343	3,451	3,561	3,486
Escambia	841	878	885	881	952	981	1,030	1,027	1066	1,041
Flagler*	121	129	139	139	150	144	142	140	165	161
Franklin*	15	14	10	8	12	13	15	18	13	14
Gadsden*	40	40	39	35	34	29	35	35	32	28
Gilchrist*	8	8	5	7	6	5	4	5	8	6
Glades*	8	7	7	8	6	5	3	3	6	7
Gulf	16	18	15	13	19	21	23	23	18	14
Hamilton*	7	7	5	4	3	6	9	6	3	5
Hardee*	13	13	14	12	9	10	10	9	9	11
Hendry*	23	24	25	25	33	30	29	28	27	27
Hernando	300	300	313	324	334	325	349	372	384	354

[48] There were 6,696 physicians whose current survey response county did not match the county of their official practice location. Survey response counties were used in the table.

County	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Highlands*	190	197	195	189	195	194	192	189	203	198
Hillsborough	3,356	3,470	3,611	3,696	4,041	4,167	4,362	4,464	4,675	4,565
Holmes*	16	16	13	11	16	16	15	18	14	12
Indian River	369	371	379	370	425	430	447	447	467	465
Jackson*	60	57	52	47	52	49	55	54	53	49
Jefferson*	6	8	8	6	7	5	7	7	3	3
Lafayette*	4	4	2	2	3	1	1	1	2	4
Lake	618	642	684	671	704	705	734	743	784	756
Lee	1,254	1,275	1,336	1,332	1,483	1,506	1,571	1,615	1,706	1,701
Leon	661	632	656	667	750	764	782	797	815	784
Levy*	15	15	15	15	14	13	15	13	12	14
Liberty*	0	1	2	1	2	2	2	3	4	3
Madison*	10	8	9	8	9	10	7	9	7	8
Manatee	592	591	611	631	689	693	717	733	754	735
Marion	593	618	601	598	680	684	689	697	722	677
Martin	358	367	388	398	443	443	469	477	483	477
Miami-Dade	6,535	6,648	6,697	6,726	7,313	7,407	7,583	7,803	7,935	7,615
Monroe	171	180	180	181	187	186	183	175	193	174
Nassau*	85	83	80	76	76	87	81	87	98	95
Okaloosa	412	414	419	430	460	454	463	465	483	478
Okeechobee*	57	56	49	58	61	55	61	61	57	51
Orange	2,808	2,844	2,977	3,079	3,473	3,660	3,924	4,111	4,316	4,289
Osceola	454	477	515	530	650	625	655	715	726	707
Palm Beach	3,710	3,804	3,919	3,901	4,262	4,241	4,227	4,360	4,511	4,352
Pasco	820	824	828	835	923	922	958	974	1024	1,016
Pinellas	2,555	2,568	2,620	2,613	2,874	2,878	2,970	2,996	3,062	2,995
Polk	941	945	975	1,001	1,121	1,090	1,092	1,116	1179	1,152
Putnam*	107	97	84	88	98	97	91	89	74	72
Santa Rosa	174	165	172	171	193	195	201	201	218	217
Sarasota	1,074	1,092	1,119	1,126	1,267	1,284	1,347	1,385	1,457	1,400
Seminole	666	660	687	712	774	793	827	846	857	830
St. Johns	327	339	347	338	385	400	424	439	476	473
St. Lucie	414	426	428	410	447	474	507	512	547	522

County	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Sumter	123	126	148	161	188	187	183	196	200	200
Suwannee*	22	17	22	28	25	25	21	16	15	18
Taylor*	16	17	20	22	18	16	20	18	15	16
Union*	14	13	22	25	26	26	23	22	18	18
Volusia	1,015	1,051	1,049	1,040	1,140	1,122	1,158	1,192	1,232	1,180
Wakulla*	9	10	9	8	9	7	11	12	10	10
Walton*	87	91	89	89	94	92	99	104	120	122
Washington*	18	19	12	10	14	13	12	12	13	18
State Totals[49]	**43,957**	**44,685**	**45,746**	**45,995**	**50,561**	**51,370**	**53,002**	**54,315**	**56,082**	**54,471**

[49] Beginning with the 2018 report, the state totals here are less than the totals listed in the Executive Summary on page iii due to data compilation changes where survey responses were used instead of the county of their official practice location.

Table D-2: Annual Percentage Increase or Decrease by County

County	2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023	2014 to 2023
Alachua	4.1%	1.2%	-1.0%	13.0%	3.2%	2.5%	2.8%	1.4%	-3.88%	24.74%
Baker*	-9.5%	-2.6%	5.4%	17.9%	-13.0%	-7.5%	-2.7%	2.8%	2.70%	-9.52%
Bay	0.0%	3.9%	1.3%	6.0%	-1.4%	0.5%	-4.0%	3.0%	-4.10%	4.74%
Bradford*	-8.7%	14.3%	4.2%	-16.0%	-4.8%	30.0%	3.8%	-11.1%	-20.83%	-17.39%
Brevard	-0.7%	2.4%	-0.5%	6.3%	3.3%	-0.4%	0.4%	2.3%	-2.77%	10.40%
Broward	1.4%	1.8%	-0.1%	9.8%	2.3%	2.7%	2.3%	3.2%	-3.22%	21.57%
Calhoun*	0.0%	-11.1%	0.0%	37.5%	-9.1%	0.0%	0.0%	10.0%	-18.18%	0.00%
Charlotte	-2.9%	3.0%	-4.6%	8.7%	4.2%	6.1%	-0.3%	-1.8%	-4.86%	6.90%
Citrus	4.6%	-1.6%	-8.2%	14.7%	0.4%	0.0%	4.2%	-5.6%	-1.18%	5.88%
Clay	0.7%	10.5%	2.2%	8.4%	5.4%	-7.6%	0.0%	4.7%	-1.97%	23.32%
Collier	-0.5%	1.2%	0.7%	14.3%	4.6%	7.1%	4.5%	0.4%	-4.64%	29.89%
Columbia*	2.2%	3.6%	-4.9%	3.6%	0.7%	-0.7%	-5.6%	-3.0%	-15.38%	-19.12%
Desoto*	0.0%	-12.9%	-7.4%	0.0%	4.0%	7.7%	-7.1%	15.4%	-10.00%	-12.90%
Dixie*	20.0%	-8.3%	36.4%	-13.3%	-61.5%	60.0%	0.0%	-12.5%	14.29%	-20.00%
Duval	2.0%	2.4%	0.8%	8.5%	3.4%	4.5%	3.2%	3.2%	-2.11%	28.78%
Escambia	4.4%	0.8%	-0.5%	8.1%	3.0%	5.0%	-0.3%	3.8%	-2.35%	23.78%
Flagler*	6.6%	7.8%	0.0%	7.9%	-4.0%	-1.4%	-1.4%	17.9%	-2.42%	33.06%
Franklin*	-6.7%	-28.6%	-20.0%	50.0%	8.3%	15.4%	20.0%	-27.8%	7.69%	-6.67%
Gadsden*	0.0%	-2.5%	-10.3%	-2.9%	-14.7%	20.7%	0.0%	-8.6%	-12.50%	-30.00%
Gilchrist*	0.0%	-37.5%	40.0%	-14.3%	-16.7%	-20.0%	25.0%	60.0%	-25.00%	-25.00%
Glades*	-12.5%	0.0%	14.3%	-25.0%	-16.7%	-40.0%	0.0%	100.0%	16.67%	-12.50%
Gulf	12.5%	-16.7%	-13.3%	46.2%	10.5%	9.5%	0.0%	-21.7%	-22.22%	-12.50%
Hamilton*	0.0%	-28.6%	-20.0%	-25.0%	100.0%	50.0%	-33.3%	-50.0%	66.67%	-28.57%
Hardee*	0.0%	7.7%	-14.3%	-25.0%	11.1%	0.0%	-10.0%	0.0%	22.22%	-15.38%
Hendry*	4.3%	4.2%	0.0%	32.0%	-9.1%	-3.3%	-3.4%	-3.6%	0.00%	17.39%
Hernando	0.0%	4.3%	3.5%	3.1%	-2.7%	7.4%	6.6%	3.2%	-7.81%	18.00%
Highlands*	3.7%	-1.0%	-3.1%	3.2%	-0.5%	-1.0%	-1.6%	7.4%	-2.46%	4.21%
Hillsborough	3.4%	4.1%	2.4%	9.3%	3.1%	4.7%	2.3%	4.7%	-2.35%	36.03%
Holmes*	0.0%	-18.8%	-15.4%	45.5%	0.0%	-6.3%	20.0%	-22.2%	-14.29%	-25.00%
Indian River	0.5%	2.2%	-2.4%	14.9%	1.2%	4.0%	0.0%	4.5%	-0.43%	26.02%
Jackson*	-5.0%	-8.8%	-9.6%	10.6%	-5.8%	12.2%	-1.8%	-1.9%	-7.55%	-18.33%
Jefferson*	33.3%	0.0%	-25.0%	16.7%	-28.6%	40.0%	0.0%	-57.1%	0.00%	-50.00%
Lafayette*	0.0%	-50.0%	0.0%	50.0%	-66.7%	0.0%	0.0%	100.0%	100.00 %	0.00%
Lake	3.9%	6.5%	-1.9%	4.9%	0.1%	4.1%	1.2%	5.5%	-3.57%	22.33%

County	2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023	2014 to 2023
Lee	1.7%	4.8%	-0.3%	11.3%	1.6%	4.3%	2.8%	5.6%	-0.29%	35.65%
Leon	-4.4%	3.8%	1.7%	12.4%	1.9%	2.4%	1.9%	2.3%	-3.80%	18.61%
Levy*	0.0%	0.0%	0.0%	-6.7%	-7.1%	15.4%	-13.3%	-7.7%	16.67%	-6.67%
Liberty*	100.0%	100.0%	-50.0%	100.0%	0.0%	0.0%	50.0%	33.3%	-25.00%	300.00%
Madison*	-20.0%	12.5%	-11.1%	12.5%	11.1%	-30.0%	28.6%	-22.2%	14.29%	-20.00%
Manatee	-0.2%	3.4%	3.3%	9.2%	0.6%	3.5%	2.2%	2.9%	-2.52%	24.16%
Marion	4.2%	-2.8%	-0.5%	13.7%	0.6%	0.7%	1.2%	3.6%	-6.23%	14.17%
Martin	2.5%	5.7%	2.6%	11.3%	0.0%	5.9%	1.7%	1.3%	-1.24%	33.24%
Miami-Dade	1.7%	0.7%	0.4%	8.7%	1.3%	2.4%	2.9%	1.7%	-4.03%	16.53%
Monroe	5.3%	0.0%	0.6%	3.3%	-0.5%	-1.6%	-4.4%	10.3%	-9.84%	1.75%
Nassau*	-2.4%	-3.6%	-5.0%	0.0%	14.5%	-6.9%	7.4%	12.6%	-3.06%	11.76%
Okaloosa	0.5%	1.2%	2.6%	7.0%	-1.3%	2.0%	0.4%	3.9%	-1.04%	16.02%
Okeechobee*	-1.8%	-12.5%	18.4%	5.2%	-9.8%	10.9%	0.0%	-6.6%	-10.53%	-10.53%
Orange	1.3%	4.7%	3.4%	12.8%	5.4%	7.2%	4.8%	5.0%	-0.63%	52.74%
Osceola	5.1%	8.0%	2.9%	22.6%	-3.8%	4.8%	9.2%	1.5%	-2.62%	55.73%
Palm Beach	2.5%	3.0%	-0.5%	9.3%	-0.5%	-0.3%	3.1%	3.5%	-3.52%	17.30%
Pasco	0.5%	0.5%	0.8%	10.5%	-0.1%	3.9%	1.7%	5.1%	-0.78%	23.90%
Pinellas	0.5%	2.0%	-0.3%	10.0%	0.1%	3.2%	0.9%	2.2%	-2.19%	17.22%
Polk	0.4%	3.2%	2.7%	12.0%	-2.8%	0.2%	2.2%	5.6%	-2.29%	22.42%
Putnam*	-9.3%	-13.4%	4.8%	11.4%	-1.0%	-6.2%	-2.2%	-16.9%	-2.70%	-32.71%
Santa Rosa	-5.2%	4.2%	-0.6%	12.9%	1.0%	3.1%	0.0%	8.5%	-0.46%	24.71%
Sarasota	1.7%	2.5%	0.6%	12.5%	1.3%	4.9%	2.8%	5.2%	-3.91%	30.35%
Seminole	-0.9%	4.1%	3.6%	8.7%	2.5%	4.3%	2.3%	1.3%	-3.15%	24.62%
St. Johns	3.7%	2.4%	-2.6%	13.9%	3.9%	6.0%	3.5%	8.4%	-0.63%	44.65%
St. Lucie	2.9%	0.5%	-4.2%	9.0%	6.0%	7.0%	1.0%	6.8%	-4.57%	26.09%
Sumter	2.4%	17.5%	8.8%	16.8%	-0.5%	-2.1%	7.1%	2.0%	0.00%	62.60%
Suwannee*	-22.7%	29.4%	27.3%	-10.7%	0.0%	-16.0%	-23.8%	-6.3%	20.00%	-18.18%
Taylor*	6.3%	17.6%	10.0%	-18.2%	-11.1%	25.0%	-10.0%	-16.7%	6.67%	0.00%
Union*	-7.1%	69.2%	13.6%	4.0%	0.0%	-11.5%	-4.3%	-18.2%	0.00%	28.57%
Volusia	3.5%	-0.2%	-0.9%	9.6%	-1.6%	3.2%	2.9%	3.4%	-4.22%	16.26%
Wakulla*	11.1%	-10.0%	-11.1%	12.5%	-22.2%	57.1%	9.1%	-16.7%	0.00%	11.11%
Walton*	4.6%	-2.2%	0.0%	5.6%	-2.1%	7.6%	5.1%	15.4%	1.67%	40.23%
Washington*	5.6%	-36.8%	-16.7%	40.0%	-7.1%	-7.7%	0.0%	8.3%	38.46%	0.00%
Statewide	**1.7%**	**2.4%**	**0.5%**	**9.9%**	**1.6%**	**3.2%**	**2.5%**	**3.3%**	**-2.87%**	**23.92%**

Appendix E: Specialty Group Counts by County

This table represents a count of physicians by county and specialty.

Specialty	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun
Anesthesiology	146	0	26	1	79	330	0
Dermatology	23	1	9	0	30	115	0
Emergency Medicine	105	5	31	1	81	288	2
Family Medicine	173	11	56	6	202	634	3
Internal Medicine	431	5	105	1	406	1,446	3
Medical Genetics	7	0	0	0	0	5	0
Neurology	62	0	11	1	51	117	0
Nuclear Medicine	3	0	0	0	2	4	0
Obstetrics and Gynecology	64	0	19	2	57	282	0
Ophthalmology	33	0	7	0	31	111	0
Orthopedic Medicine	17	1	12	1	33	110	0
Otolaryngology	29	0	5	0	22	54	1
Pathology	53	0	2	0	16	80	0
Pediatrics	164	0	22	2	75	431	0
Physical Medicine and Rehabilitation	23	1	1	0	24	83	0
Preventive Medicine	4	0	1	1	12	25	0
Proctology	0	0	0	0	0	1	0
Psychiatry	91	12	23	1	48	212	0
Radiology	110	2	14	0	78	244	0
Surgery	136	0	38	1	88	429	0
Urology	15	0	7	0	14	51	0
No Specialty Listed	20	0	9	1	20	65	0
TOTAL	**1,709**	**38**	**398**	**19**	**1,369**	**5,117**	**9**

Specialty	Charlotte	Citrus	Clay	Collier	Columbia	Desoto	Dixie
Anesthesiology	18	12	26	54	7	1	0
Dermatology	9	6	3	38	1	0	0
Emergency Medicine	25	13	20	70	6	0	0
Family Medicine	65	50	74	155	32	6	4
Internal Medicine	100	84	109	322	29	7	3
Medical Genetics	0	0	0	0	0	0	0
Neurology	8	6	8	22	2	0	0
Nuclear Medicine	0	0	0	2	0	1	0
Obstetrics and Gynecology	8	9	13	39	1	1	0
Ophthalmology	16	8	9	27	3	0	0
Orthopedic Medicine	12	4	4	29	0	0	0
Otolaryngology	3	2	7	19	0	0	0
Pathology	8	4	1	13	0	0	0
Pediatrics	14	9	28	49	7	5	0
Physical Medicine and Rehabilitation	4	1	3	17	4	0	0
Preventive Medicine	0	1	1	8	0	1	0
Proctology	0	0	0	0	0	0	0
Psychiatry	15	4	9	39	4	3	0
Radiology	22	9	5	65	4	0	0
Surgery	35	18	24	80	6	2	0
Urology	4	5	4	8	1	0	0
No Specialty Listed	6	7	1	13	3	0	1
TOTAL	**372**	**252**	**349**	**1,069**	**110**	**27**	**8**

Specialty	Duval	Escambia	Flagler	Franklin	Gadsden	Gilchrist	Glades
Anesthesiology	243	76	6	1	0	0	0
Dermatology	43	14	2	0	0	0	0
Emergency Medicine	279	91	14	2	2	0	0
Family Medicine	424	142	44	4	9	5	2
Internal Medicine	946	235	50	3	5	0	1
Medical Genetics	6	0	0	0	0	0	0
Neurology	111	20	3	0	0	0	0
Nuclear Medicine	5	1	0	0	0	0	0
Obstetrics and Gynecology	167	59	5	3	0	0	0
Ophthalmology	67	21	4	0	0	0	0
Orthopedic Medicine	64	25	6	0	0	0	0
Otolaryngology	45	20	2	0	0	0	0
Pathology	70	18	0	0	0	0	0
Pediatrics	288	97	3	0	0	0	1
Physical Medicine and Rehabilitation	51	13	2	0	0	0	0
Preventive Medicine	17	7	0	0	2	0	0
Proctology	0	0	0	0	0	0	0
Psychiatry	122	41	4	0	9	1	2
Radiology	216	44	4	1	0	0	0
Surgery	258	99	9	0	0	0	0
Urology	27	9	2	0	0	0	0
No Specialty Listed	37	9	1	0	1	0	1
TOTAL	**3,486**	**1,041**	**161**	**14**	**28**	**6**	**7**

Specialty	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough
Anesthesiology	1	0	0	3	20	10	269
Dermatology	0	1	0	0	4	4	78
Emergency Medicine	2	1	1	3	25	23	283
Family Medicine	3	0	5	10	69	30	492
Internal Medicine	3	1	2	3	121	66	1,327
Medical Genetics	0	0	0	0	0	0	5
Neurology	0	0	0	0	3	2	120
Nuclear Medicine	0	0	0	0	0	0	5
Obstetrics and Gynecology	0	0	0	0	10	9	215
Ophthalmology	0	0	0	0	8	3	85
Orthopedic Medicine	0	0	0	0	5	9	64
Otolaryngology	0	0	0	0	3	1	64
Pathology	0	0	0	0	2	2	137
Pediatrics	2	0	1	4	17	10	377
Physical Medicine and Rehabilitation	0	0	0	0	5	1	65
Preventive Medicine	1	0	0	0	0	1	26
Proctology	0	0	0	0	0	0	0
Psychiatry	0	0	0	0	13	3	213
Radiology	0	1	0	2	16	8	260
Surgery	2	1	0	2	21	11	395
Urology	0	0	0	0	3	5	26
No Specialty Listed	0	0	2	0	9	0	59
TOTAL	**14**	**5**	**11**	**27**	**354**	**198**	**4,565**

Specialty	Holmes	Indian River	Jackson	Jefferson	Lafayette	Lake	Lee
Anesthesiology	0	31	0	0	0	39	95
Dermatology	0	9	0	0	0	18	34
Emergency Medicine	0	22	3	0	0	41	89
Family Medicine	5	59	13	1	1	149	237
Internal Medicine	2	153	10	0	1	254	467
Medical Genetics	0	0	0	0	0	0	0
Neurology	0	10	1	1	0	11	99
Nuclear Medicine	0	0	0	0	0	0	2
Obstetrics and Gynecology	0	10	1	0	0	29	67
Ophthalmology	0	22	2	0	0	19	58
Orthopedic Medicine	0	12	1	0	0	17	42
Otolaryngology	0	8	1	0	0	8	26
Pathology	0	9	0	1	1	15	31
Pediatrics	0	25	5	0	0	37	125
Physical Medicine and Rehabilitation	0	8	0	0	0	10	23
Preventive Medicine	0	1	0	0	0	4	3
Proctology	0	0	0	0	0	0	0
Psychiatry	1	23	1	0	0	19	61
Radiology	0	19	5	0	1	34	80
Surgery	3	35	4	0	0	37	125
Urology	0	4	1	0	0	9	14
No Specialty Listed	1	5	1	0	0	6	23
TOTAL	**12**	**465**	**49**	**3**	**4**	**756**	**1,701**

Specialty	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin
Anesthesiology	37	0	0	1	40	38	26
Dermatology	10	0	0	0	18	13	14
Emergency Medicine	52	1	0	0	44	52	30
Family Medicine	162	4	2	4	135	119	65
Internal Medicine	176	4	1	3	215	218	135
Medical Genetics	1	0	0	0	0	0	0
Neurology	20	0	0	0	13	10	12
Nuclear Medicine	3	0	0	0	0	0	0
Obstetrics and Gynecology	39	0	0	0	39	23	23
Ophthalmology	19	0	0	0	27	18	17
Orthopedic Medicine	24	0	0	0	20	6	19
Otolaryngology	5	0	0	0	11	6	8
Pathology	11	1	0	0	9	4	5
Pediatrics	48	3	0	0	33	37	17
Physical Medicine and Rehabilitation	5	1	0	0	14	10	8
Preventive Medicine	6	0	0	0	4	6	1
Proctology	0	0	0	0	0	0	0
Psychiatry	36	0	0	0	28	26	18
Radiology	59	0	0	0	21	21	27
Surgery	49	0	0	0	51	51	40
Urology	10	0	0	0	7	8	6
No Specialty Listed	12	0	0	0	6	11	6
TOTAL	**784**	**14**	**3**	**8**	**735**	**677**	**477**

Specialty	Miami-Dade	Monroe	Nassau	Okaloosa	Okeechobee	Orange	Osceola
Anesthesiology	470	7	10	39	1	279	18
Dermatology	152	3	1	10	1	42	5
Emergency Medicine	380	22	7	43	1	256	70
Family Medicine	1,032	37	30	75	10	594	161
Internal Medicine	2,114	37	16	95	18	1,121	185
Medical Genetics	15	0	0	0	0	9	0
Neurology	187	4	2	7	0	74	11
Nuclear Medicine	7	0	0	0	0	3	0
Obstetrics and Gynecology	368	8	1	23	2	248	51
Ophthalmology	175	2	2	15	0	56	5
Orthopedic Medicine	114	10	2	20	2	74	13
Otolaryngology	90	3	2	7	0	39	9
Pathology	106	3	0	5	2	56	4
Pediatrics	727	8	6	34	4	544	50
Physical Medicine and Rehabilitation	85	2	2	4	0	54	11
Preventive Medicine	29	3	2	3	1	20	12
Proctology	0	0	0	0	0	0	0
Psychiatry	385	5	3	17	0	159	23
Radiology	367	3	4	21	2	248	17
Surgery	617	11	4	47	3	332	39
Urology	54	4	0	3	2	37	7
No Specialty Listed	141	2	1	10	2	44	16
TOTAL	**7,615**	**174**	**95**	**478**	**51**	**4,289**	**707**

Specialty	Palm Beach	Pasco	Pinellas	Polk	Putnam	St. Johns	St. Lucie
Anesthesiology	287	55	186	62	0	31	27
Dermatology	148	20	72	22	0	15	5
Emergency Medicine	216	66	160	83	6	24	43
Family Medicine	409	169	466	194	18	111	81
Internal Medicine	1,255	327	841	330	26	108	126
Medical Genetics	2	0	3	0	0	1	0
Neurology	117	12	60	27	1	8	16
Nuclear Medicine	1	0	4	1	0	0	0
Obstetrics and Gynecology	217	35	106	50	5	18	24
Ophthalmology	139	27	81	34	1	14	6
Orthopedic Medicine	137	21	51	19	2	10	16
Otolaryngology	81	10	40	15	0	4	10
Pathology	56	6	46	14	0	5	7
Pediatrics	310	67	271	69	3	31	49
Physical Medicine and Rehabilitation	65	15	39	8	1	4	7
Preventive Medicine	26	7	15	6	0	3	3
Proctology	0	0	0	0	0	0	0
Psychiatry	206	52	133	44	1	20	20
Radiology	218	30	144	73	2	25	23
Surgery	351	72	219	77	4	30	49
Urology	40	10	25	11	0	2	3
No Specialty Listed	71	15	33	13	2	9	7
TOTAL	**4,352**	**1,016**	**2,995**	**1,152**	**72**	**473**	**522**

Specialty	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union
Anesthesiology	7	87	29	3	1	2	1
Dermatology	3	46	23	8	0	0	0
Emergency Medicine	23	80	54	8	6	2	1
Family Medicine	58	191	170	42	6	6	11
Internal Medicine	40	437	236	80	2	3	2
Medical Genetics	0	0	0	0	0	0	0
Neurology	4	29	16	4	0	0	0
Nuclear Medicine	0	1	0	0	1	0	0
Obstetrics and Gynecology	7	70	39	4	0	0	0
Ophthalmology	0	43	21	4	0	0	0
Orthopedic Medicine	16	46	13	2	0	0	0
Otolaryngology	0	22	6	4	0	0	0
Pathology	1	15	6	3	0	0	0
Pediatrics	25	57	73	2	1	3	0
Physical Medicine and Rehabilitation	4	26	13	2	0	0	0
Preventive Medicine	3	4	3	1	0	0	0
Proctology	0	0	0	0	0	0	0
Psychiatry	4	54	33	3	1	0	1
Radiology	7	51	30	18	0	0	0
Surgery	10	113	49	4	0	0	2
Urology	0	11	8	5	0	0	0
No Specialty Listed	5	17	8	3	0	0	0
TOTAL	**217**	**1,400**	**830**	**200**	**18**	**16**	**18**

Specialty	Volusia	Wakulla	Walton	Washington	Out of State	No County	TOTAL
Anesthesiology	57	0	12	1	44	35	**3,387**
Dermatology	20	0	2	0	21	13	**1,129**
Emergency Medicine	95	0	14	1	110	29	**3,507**
Family Medicine	279	7	18	12	256	82	**8,191**
Internal Medicine	319	2	31	2	286	232	**15,724**
Medical Genetics	0	0	0	0	1	0	**55**
Neurology	19	0	1	0	75	20	**1,418**
Nuclear Medicine	0	0	0	0	3	1	**50**
Obstetrics and Gynecology	36	0	8	0	23	19	**2,556**
Ophthalmology	30	0	0	0	12	15	**1,297**
Orthopedic Medicine	23	0	1	0	16	7	**1,152**
Otolaryngology	12	0	3	1	7	8	**723**
Pathology	14	0	0	0	71	13	**926**
Pediatrics	44	0	12	0	47	40	**4,413**
Physical Medicine and Rehabilitation	21	0	0	0	9	8	**757**
Preventive Medicine	5	0	1	0	16	3	**299**
Proctology	0	0	0	0	0	0	**1**
Psychiatry	34	1	5	0	106	28	**2,420**
Radiology	60	0	5	0	263	162	**3,145**
Surgery	91	0	9	1	65	51	**4,300**
Urology	12	0	0	0	6	8	**488**
No Specialty Listed	9	0	0	0	25	62	**831**
TOTAL	**1,180**	**10**	**122**	**18**	**1,462**	**836**	**56,769**