

PHYSICIAN WORKFORCE SURVEY

Assessing Florida's current and future physician workforce is important. Section 381.4018, Florida Statutes requires that the Department of Health evaluate the geographic distribution and specialty mix of active Florida physicians through this survey. Your responses will be instrumental in shaping Florida's healthcare policies. Thank you for your time and effort in completing the questions below.

License Number: _____ Name: _____

D.O. M.D. (Please check one)

1. Are you currently enrolled in an internship, residency, or fellowship program?
- Yes
 - No

If you answered Yes to Question 1, complete questions 1.1 and 1.2 and then **STOP**.

1.1 Program Specialty? (Enter code from list provided) _____

1.2 Post-Graduate Year? (PGY-1 through PGY-7) _____

2. What is your primary specialty? _____ (Enter code from list provided)
Are you board certified in this specialty? Yes No

3. List any additional specialties and indicate if you are board certified in the additional specialty(ies):
(Enter code from list provided)

_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	<input type="radio"/> Yes	<input type="radio"/> No

4. In the last 12 months, how much time was spent in direct patient care in Florida?
- Did not provide direct patient care in Florida in the last 12 months (Go to Question 5)
 - 1% – 25%
 - 26% - 50%
 - 51% - 75%
 - 76% - 100%

Complete Question 5 if you answered Question 4 "Did not provide patient care in Florida in the last 12 months." Otherwise skip to Question 6.

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5. The main reason you answered Question 4 “Did not provide direct patient care in Florida in the last 12 months” is (choose only one):

- Never practiced medicine in Florida
- Retired
- My primary role is in administration, academic, or another non-patient care activity
- Expensive malpractice insurance rates
- Liability exposure
- Low Medicare/Medicaid reimbursement rates
- Low private health plan reimbursement rates
- I don't reside in Florida
- I don't currently reside in Florida but I'm planning to move to Florida:
 - In 1 – 2 years
 - In 3 – 4 years
 - In greater than 4 years
- I am licensed and actively practicing in another state. Please list the states that you hold licenses in:

6. Did you relocate to Florida within the past 5 years?

- Yes (Answer Question 6.1 and 6.2)
- No (Skip to question 7)

6.1 Are you now providing direct patient care in Florida?

- Yes
- No

6.2 What are the reasons you relocated to Florida?

- Compensation
- Family
- New employment opportunity
- Other, please explain: _____

Please answer the following questions regarding your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA (i.e., the practice in which you spend the majority of your time).

7. In what year did you begin practicing in your current main medical practice?* _____

8. County (Enter code from list provided) _____

9. ZIP Code _____

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10. Are you a full or part owner of your main medical practice?* (choose only one)

- Yes, I am a full or part owner
- No, I am an employee
- No, I am an independent contractor

11. Which of the following best describes your main medical practice?* (choose only one)

- Solo practice
- Single specialty group practice
- Multi-specialty group practice
- Faculty practice plan
- Hospital [Do not show if you answered “Yes, I am a full or part owner” in Question 10]
- Ambulatory surgery center
- Urgent care facility
- HMO/managed care organization [Do not show if you answered “Yes, I am a full or part owner” in Question 10]
- Medical school
- Other (please specify): _____

If you selected “No, I am an employee” in Question 10 and “Hospital” in Question 11, answer Question 12, otherwise continue to instructions for Question 13.

12. Are you employed directly by a hospital or are you employed by a practice that is owned by a hospital?* (choose only one):

- Directly by a hospital
- A practice that is owned by a hospital
- Don't know

If you selected “No, I am an independent contractor” in Question 10 and “Hospital” in Question 11, answer Question 13, otherwise continue to instructions for Question 14.

13. Is your contract directly with a hospital, or with a practice that is owned by a hospital?*

- Directly with a hospital
- A practice that is owned by a hospital
- Don't know

If you selected “Directly by a hospital” or “Don't know” in Question 12 OR “Directly with a hospital” or “Don't know” in Question 13, skip to Question 18.

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If you selected “A practice that is owned by a hospital” in Question 12 or “A practice that is owned by a hospital” in Question 13, answer Question 14, otherwise continue to instructions for Question 15.

14. Which of the following best describes that practice?* (choose only one)

- Single specialty group practice
- Multi-specialty group practice
- Faculty practice plan
- Ambulatory surgical center
- Urgent care facility
- Other (please specify): _____

If you selected “Faculty practice plan” in Question 11 or “Faculty practice plan” in Question 14, answer Question 15, otherwise continue to instructions for Question 16.

15. Is that faculty practice plan single or multi-specialty?*

- Single specialty
- Multi-specialty

If you selected “Single Specialty”, “Multi-Specialty”, “Ambulatory Surgical Center”, “Urgent Care Facility”, or “Other” in Question 11, answer Question 16, otherwise skip to instructions for Question 17.

16. Which of the following best describes the ownership of your practice?* (choose only one)

- Wholly owned by one or more physicians in the practice
- Wholly owned by an HMO/Managed care organization [Do not show if you answered “Yes, I am a full or part owner” in Question 10]
- Jointly owned between physicians in the practice and a hospital or hospital system
- Wholly owned by a hospital or hospital system [Do not show if you answered “Yes, I am a full or part owner” in Question 10]
- Wholly owned by a not-for-profit foundation
- Other: (please specify) _____

If you selected “Solo practice” in Question 11, skip to Question 18, otherwise answer Question 17.

17. Including yourself, how many physicians are in your practice? Please include all of your practice locations/sites in your answer. _____

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Of your total hours worked at your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA in a week, how many hours do you spend on:

- 18. Patient Care _____
- 19. Administrative Matters _____
- 20. Research & Teaching _____
- 21. Other _____

22. What percentage of your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA is:

Inpatient (includes emergency centers attached to hospitals): _____ %

Outpatient (includes nursing homes, urgent care centers, free-standing emergency centers, etc.): _____ %

Total should equal 100%

23. How many patients on average do you see per week in your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA? _____

24. If you are taking new patients, what is the typical wait time for a new patient appointment in your CURRENT MAIN MEDICAL PRACTICE IN FLORIDA? (choose only one)

- Same day
- 1-3 days
- 1 week
- 2-4 weeks
- > 4 weeks
- N/A (not taking new patients)

HOSPITAL CARE QUESTIONS

If you selected "Hospital" in Question 11 OR you provide any hospital services or on-call duties, answer Questions 25 through 29, otherwise skip to Question 30.

25. At how many individual hospitals do you provide on-call emergency room coverage? _____

26. On average over the past year, how many total days per month do you take emergency calls?

27. At which type of verified trauma center do you take trauma calls or attend to trauma patients?
(choose only one)

- Do not take trauma calls
- Level I
- Level II
- Pediatric

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28. If you are decreasing your on-call days, what is the main reason? (choose only one)

- Retiring
- Lifestyle considerations
- Liability exposure
- Private health plan reimbursement rates
- Medicare/Medicaid reimbursement rates
- Compensation
- Malpractice insurance rates
- Work in an urgent care clinic
- N/A (not decreasing on-call days)
- Other

29. Do you primarily provide patient care as:

- | | | |
|-------------------|---------------------------|--------------------------|
| Hospitalist | <input type="radio"/> Yes | <input type="radio"/> No |
| Intensivist | <input type="radio"/> Yes | <input type="radio"/> No |
| Laborist | <input type="radio"/> Yes | <input type="radio"/> No |
| None of the above | <input type="radio"/> | |

Medicare/Medicaid Participation

30. What percentage of your practice includes patients on Medicare?

- I do not take patients on Medicare (Answer Question 31, otherwise skip to Question 32)
- 1% – 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%
- Other, please specify: _____

31. What is the main reason you do not take patients on Medicare? (Answer and then skip to Question 34)

- Low compensation
- Billing requirements
- Too much paperwork
- Practice at full capacity
- Concerned about fraud issues
- Other, please describe: _____

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32. Do you accept new patients on Medicare into your practice

- Yes
- No

If No, what is the main reason you are NOT currently accepting new patients on Medicare in your practice?

- Low compensation
- Billing requirements
- Too much paperwork
- Practice at full capacity
- Concerned about fraud issues
- Other, please describe: _____

33. Do you limit your practice in any way for patients on Medicare?

- Yes
- No

If yes, how? (choose only one)

- Limit number of new Medicare patients
- I am dismissing current Medicare patients
- Other, please describe: _____

34. What percentage of your practice includes patients on Medicaid or Medicaid HMO plans?

- I do not accept patients on Medicaid. (Answer Question 35, otherwise skip to Question 36)
- 1% – 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%
- Other, please specify: _____

35. What is the main reason you do not accept patients on Medicaid? (Answer and then skip to Question 38)

- Low compensation
- Billing requirements
- Too much paperwork
- Practice at full capacity
- Concerned about fraud issues
- Other, please describe: _____

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36. Do you accept new patients on Medicaid into your practice?

- Yes
- No

If No, what is the main reason you are NOT currently accepting new patients on Medicaid in your practice (choose only one)?

- Low compensation
- Billing requirements
- Too much paperwork
- Practice at full capacity
- Concerned about fraud issues
- Other, please describe: _____

37. Do you limit your practice in any way for patients on Medicaid or Medicaid HMO plans?

- Yes
- No

If Yes, how? (choose only one)

- Limit number of new Medicaid patients
- I am dismissing current Medicaid patients
- Other, please describe: _____

Planned Changes in Practice

38. Do you plan to stop providing direct patient care in Florida sometime within the next 5 years?

- Yes
- No (Skip to Question 40)
- N/A (Skip to Question 40)

39. If Yes, your main reason for stopping providing direct patient care is (choose only one)

- Planned retirement date approaching
- Compensation
- Family
- Liability exposure
- Private health plan reimbursement rates
- Medicare/Medicaid reimbursement rates
- Malpractice insurance rates
- Plan to practice medicine in other states via tele-medicine
- Other, please describe: _____

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

- Yes
- No (skip to Question 42)

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41. If Yes, the main reason for moving to work in another state is (choose only one)

- Family
- Compensation
- Liability exposure
- Malpractice insurance rates
- Private health plan reimbursement rates
- Medicare/Medicaid reimbursement rates
- Looking for a change
- Education/training in another state
- Other, please describe: _____

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

- Yes
- No (skip to Question 44)

43. If Yes, the main reason for changing your specialty is (choose only one)

- Compensation
- Family
- Liability exposure
- Malpractice insurance rates
- Medicare/Medicaid reimbursement rates
- Private health plan reimbursement rates
- Other, please describe _____

44. What type of telemedicine delivery system do you use in your private office or group practice setting? Select all that apply.

- None (I do not provide telemedicine services) (Skip to Question 46)
- Live, interactive video conferencing - presenting site
- Live, interactive video conferencing - receiving site
- Store and forward
- Remote patient monitoring
- Direct to patient – videoconferencing
- Direct to patient – telephonic only
- Other, please describe _____

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45. For what types of patient care do you utilize telemedicine in your private office or group practice setting? Select all that apply.
- None (I do not provide telemedicine services)
 - Radiology
 - Neurology
 - Psychiatry/Mental Health/Behavioral Health
 - Dermatology
 - Intensive Care/Critical Care
 - Primary Care
 - Pediatric Care/Pediatric Specialty Care
 - Extend Care/Post-Discharge/Home Health/Remote Patient Monitoring
 - Emergency Trauma Care
 - Tele-pharmaceutical/Tele-prescribing/Medication Compliance
 - Chronic Disease/Cancer
 - Other, please describe _____
46. Are you/your employer actively recruiting for a new physician in your specialty?
- Yes
 - No (Skip to Question 49)
47. If yes to Question 46, how long have you been recruiting?
- 0-3 months
 - 3-6 months
 - 6-12 months
 - > 12 months
48. If yes to Question 46, select the most important factor limiting your recruitment:
- Salary/financial requirements for new hire
 - Recruiting to my location
 - Finding adequately qualified candidate in my specialty
 - Finding any candidate in my specialty
 - Unwillingness of insurance networks to credential a new associate
 - Communication skills in English
 - Florida professional liability climate
 - Other, please describe _____

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49. Is your CURRENT MAIN MEDICAL PRACTICE located in a designated Health Professional Shortage Area (HPSA)? *[Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons.]* <https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>
- Yes
 - No (Skip to Attestation and Specialty questions)
 - Unsure (Skip to Attestation and Specialty questions)
50. With your CURRENT MAIN MEDICAL PRACTICE located in a HPSA, are you familiar with Federal and state programs available to help recruit physicians to work in a HPSA?
- Yes (If Yes, indicate which programs you are familiar with)
 - National Health Service Corps scholarship and loan repayment
 - Nurse Corps loan repayment
 - Rural health clinic certification
 - Florida Area of Critical Need facility designation
 - Medicare bonus payments for practices in Geographic HPSAs
 - None of the above
 - All of the above
 - Other (please designate): _____
 - No
 - Unsure

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Attestation Statement

The attestation of the physician named on Survey Page 1 is required by Florida law, confirming that: "The information provided is true and accurate to the best of my knowledge and the submission does not contain any knowingly false information."

Signature: _____ Date: _____

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Specialty Questions

Please review the following list of specialties and answer the questions associated with your primary specialty (Question 2) at your primary practice location. If you have indicated a specialty without associated questions, please stop here. Thank you for completing the survey.

CRITICAL CARE MEDICINE

51. Indicate which category of patient you see: (Select all that apply)

- ICU
- Trauma Unit
- Burn Unit
- N/A

OB-GYN

52. Do you deliver babies?

- Yes
- No

53. How many routine deliveries do you perform per month?

- None
- 1 - 10 per month
- 11 - 20 per month
- 21 - 30 per month
- 31 or more per month

54. How many high-risk deliveries do you perform per month?

- None
- 1 - 10 per month
- 11 - 20 per month
- 21 - 30 per month
- 31 or more per month

55. How many C-sections do you perform per month?

- None
- 1 - 10 per month
- 11 - 20 per month
- 21 - 30 per month
- 31 or more per month

56. How many unassigned/drop-in deliveries do you perform per month for patients having minimal or no "known" prenatal care?

- None
- 1 - 10 per month
- 11 - 20 per month
- 21 - 30 per month
- 31 or more per month

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57. How many delivery assists or consultative services do you perform per month?

- None
- 1 - 10 per month
- 11 - 20 per month
- 21 - 30 per month
- 31 or more per month

58. Are you planning to discontinue doing obstetric care for any reason in the next two years?

- Yes
- No

Answer if “Yes” selected in Question 58, otherwise skip to Question 60.

59. Check all reasons that apply:

- Retiring
- High medical malpractice litigation
- Government reimbursement rates
- Planning to move out of state
- Cost of professional insurance
- Liability exposure
- Private health plan reimbursement rates
- Do not maintain a full-time residence in Florida
- Other (please specify) _____

60. Are you protected by the NICA program?

- Yes
- No

Answer if “No” selected in Question 60.

61. What is the most important reason (pick only one)

- Too costly
- I don't know anything about the program
- Inadequate Protection
- Other (please specify) _____

RADIOLOGY

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

- Mammography
- GI Radiology
- Neuroradiology
- GU Radiology
- Pediatric Radiology
- General Radiology
- Nuclear Medicine
- Cardiothoracic Radiology
- Musculoskeletal Radiology
- Interventional Radiology
- N/A

Answer Questions 61-65 if “Mammography” was selected in Question 62, otherwise skip to Question 68.

Do you:

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63. Read screening mammograms?

- Yes
- No

64. Read diagnostic mammograms and sonograms?

- Yes
- No

65. Read breast MRI's?

- Yes
- No

66. Perform MRI guided core biopsies?

- Yes
- No

67. Perform ultrasound and stereotactic guided core biopsies?

- Yes
- No

Answer Question 68 if “Mammography” was not selected in Question 62, otherwise skip to Question 69.

68. Please choose the most important reason why you do not see mammography patients.

- Mammography is not performed in my practice setting
- Other members of my practice/organization perform this function
- Low private health plan reimbursement rates
- Low government reimbursement rates
- High cost of professional insurance
- Liability exposure
- Other (please specify) _____

69. Do you consider yourself a pediatric radiologist?

- Yes
- No

Answer if “Yes” was selected in Question 69, otherwise skip to 71.

70. Do you practice (check all that apply):

- Musculoskeletal
- Nuclear Medicine
- General
- Neuroradiology
- Interventional Radiology

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71. Identify your type of work location (check all that apply):

- Hospital
- Stand-alone imaging center
- Hospital-based imaging center
- Off-site (Internet-Based) radiology
- Multispecialty group imaging center
- Other (please specify) _____

72. Are you a radiation oncologist?

- Yes
- No

Answer if “Yes” was selected in Question 72.

73. Check the circles if you see patients in the following categories or with the conditions listed (check all that apply):

- Adult
- Pediatrics
- HDR Implants
- IMRT
- Brachytherapy (LDR)
- SRS/SRT (defined as 1-5 fractions, each fraction greater than or equal to 800cGY)
- All of the above
- N/A

EMERGENCY MEDICINE

74. Choose the patients you see in the following categories (check all that apply):

- Adult
- Pediatrics
- OB / GYN
- Trauma
- Psychiatric Care
- General Orthopedics
- N/A

***** END OF SURVEY *****

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Appendix A: List of Specialties

01 Anesthesiology

- 0100 Adult General
- 0101 Pediatric General
- 0102 Addiction Medicine
- 0103 Critical Care Medicine
- 0104 Hospice & Palliative Medicine
- 0105 Pain Medicine

02 Dermatology

- 0200 Dermatology, General
- 0201 Dermatological Immunology
- 0202 Dermatopathology
- 0203 MOHS Micrographic Surgery
- 0204 Pediatric Dermatology

03 Emergency Medicine

- 0300 Emergency Medicine, General
- 0301 Emergency Medical Services
- 0302 Hospice & Palliative Medicine
- 0303 Medical Toxicology
- 0304 Pediatric Emergency Medicine
- 0305 Sports Medicine
- 0306 Undersea & Hyperbaric Medicine

04 Family Medicine

- 0400 Family Medicine, General
- 0401 Addiction Medicine
- 0402 Adolescent Medicine
- 0403 Geriatric Medicine
- 0404 HIV Medicine
- 0405 Hospice & Palliative Medicine
- 0406 Hospitalist
- 0407 Sleep Medicine
- 0408 Sports Medicine

05 Internal Medicine

- 0500 Internal Medicine, General
- 0501 Addiction Medicine
- 0502 Allergy & Immunology
- 0503 Advanced Heart Failure & Transplant Cardiology
- 0504 Cardiology
- 0505 Clinical Cardiac Electrophysiology
- 0506 Critical Care Medicine
- 0507 Endocrinology
- 0508 Gastroenterology
- 0509 Geriatric Medicine

0510 Hematology

- 0511 Hematology & Oncology
- 0512 HIV Medicine
- 0513 Hospice & Palliative Medicine
- 0514 Hospitalist
- 0515 Infectious Disease
- 0516 Intensivist
- 0517 Interventional Cardiology
- 0518 Oncology
- 0519 Nephrology
- 0520 Pulmonary Disease
- 0521 Rheumatology
- 0522 Sleep Medicine
- 0523 Sports Medicine
- 0524 Transplant Hepatology
- 0524 Undersea & Hyperbaric Medicine

06 Medical Genetics

- 0600 Medical Genetics, General
- 0601 Clinical Biochemical Genetics
- 0602 Clinical Cytogenetics
- 0603 Clinical Molecular Genetics
- 0604 Medical Biochemical Genetics
- 0605 Molecular Genetic Pathology

07 Neurology

- 0700 Neurology, General
- 0701 Addiction Medicine
- 0702 Clinical Neurophysiology
- 0703 Epilepsy
- 0704 Hospice & Palliative Medicine
- 0705 Neurodevelopmental Disabilities
- 0706 Neuromuscular Medicine
- 0707 Pain Medicine
- 0708 Pediatric Neurology
- 0709 Sleep Medicine
- 0710 Vascular Neurology

08 Nuclear Medicine

- 0800 Nuclear Medicine, General
- 0801 Nuclear Cardiology
- 0802 Nuclear Imaging & Therapy
- 0803 Nuclear Radiology
- 0804 In Vivo & In Vitro Nuclear Medicine

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Appendix A: List of Specialties

09 Obstetrics & Gynecology

- 0900 Obstetrics & Gynecology, General
- 0901 Critical Care Medicine
- 0902 Gynecologic Oncology
- 0903 Hospice & Palliative Medicine
- 0904 Laborist
- 0905 Maternal & Fetal Medicine
- 0906 Reproductive Endocrinology
- 0907 Urogynecology

10 Ophthalmology

- 1000 Ophthalmology, General

11 Orthopedic Medicine

- 1100 Orthopedic Medicine, General
- 1101 Hand Surgery
- 1102 Orthopedic Sports Medicine
- 1103 Orthopedic Surgery

12 Otolaryngology

- 1200 Otolaryngology, General
- 1201 Neurotology
- 1202 Pediatric Otolaryngology
- 1203 Facial Plastic Surgery
- 1204 Otolaryngic Allergy
- 1205 Sleep Medicine

13 Pathology

- 1300 Pathology, General
- 1301 Anatomic Pathology
- 1302 Blood Banking & Transfusion Medicine
- 1303 Chemical Pathology
- 1304 Clinical Pathology
- 1305 Cytopathology
- 1306 Dermatopathology
- 1307 Hematologic Pathology
- 1308 Immunopathology
- 1309 Medical Microbiology
- 1310 Molecular Genetic Pathology
- 1311 Neuropathology
- 1312 Pediatric Pathology

14 Pediatrics

- 1400 Pediatrics, General
- 1401 Adolescent Medicine
- 1402 Child Abuse Pediatrics
- 1403 Developmental & Behavioral Pediatrics

- 1404 Hospice & Palliative Medicine
- 1405 Neonatal & Perinatal Medicine
- 1406 Neurodevelopmental Disabilities
- 1407 Pediatric Allergy & Immunology
- 1408 Pediatric Cardiology
- 1409 Pediatric Critical Care Medicine
- 1410 Pediatric Dermatology
- 1411 Pediatric Emergency Medicine
- 1412 Pediatric Endocrinology
- 1413 Pediatric Gastroenterology
- 1414 Pediatric Hematology & Oncology
- 1415 Pediatric Infectious Diseases
- 1416 Pediatric Nephrology
- 1417 Pediatric Neurology
- 1418 Pediatric Otolaryngology
- 1419 Pediatric Pathology
- 1420 Pediatric Pulmonology
- 1421 Pediatric Radiology
- 1422 Pediatric Rehabilitation Medicine
- 1423 Pediatric Rheumatology
- 1424 Pediatric Transplant Hepatology
- 1425 Pediatric Urology
- 1426 Sleep Medicine
- 1427 Sports Medicine

15 Physical Medicine & Rehabilitation

- 1500 Physical Medicine & Rehabilitation, General
- 1501 Hospice & Palliative Medicine
- 1502 Neuromuscular Medicine
- 1503 Pain Medicine
- 1504 Pediatric Rehabilitation Medicine
- 1505 Spinal Cord Injury Medicine
- 1506 Sports Medicine

16 Preventive Medicine

- 1600 Preventive Medicine, General
- 1601 Aerospace Medicine
- 1602 Environmental Medicine
- 1603 Medical Toxicology
- 1604 Public Health
- 1605 Occupational Medicine
- 1606 Sports Medicine
- 1607 Undersea & Hyperbaric Medicine

17 Proctology

- 1700 Proctology, General

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Appendix A: List of Specialties

18 Psychiatry

- 1800 Psychiatry, General
- 1801 Addiction Medicine
- 1802 Adolescent Psychiatry
- 1803 Forensic Psychiatry
- 1804 Geriatric Psychiatry
- 1805 Hospice & Palliative Care
- 1806 Pain Medicine
- 1807 Pediatric Psychiatry
- 1808 Psychosomatic Medicine
- 1809 Sleep Medicine

19 Radiology

- 1900 Radiology, General
- 1901 Body Imaging
- 1902 Diagnostic Radiology
- 1903 Diagnostic Roentgenology
- 1904 Diagnostic Ultrasound
- 1905 Hospice & Palliative Medicine
- 1906 Neuroradiology
- 1907 Nuclear Radiology
- 1908 Pediatric Radiology
- 1909 Radiation Oncology
- 1910 Radiation Therapy
- 1911 Roentgenology
- 1912 Vascular & Interventional Radiology

20 Surgery

- 2000 Surgery, General
- 2001 Colon & Rectal Surgery
- 2002 Congenital Cardiac Surgery
- 2003 Hand Surgery
- 2004 Neurological Surgery
- 2005 Orthopedic Surgery
- 2006 Pediatric Surgery
- 2007 Plastic & Reconstructive Surgery
- 2008 Surgical Critical Care
- 2009 Thoracic Surgery
- 2010 Urological Surgery
- 2011 Vascular Surgery

21 Urology

- 2100 Urology, General
- 2101 Pediatric Urology

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Appendix B: List of Florida Counties

11	Alachua	34	Hamilton	57	Okeechobee
12	Baker	35	Hardee	58	Orange
13	Bay	36	Hendry	59	Osceola
14	Bradford	37	Hernando	60	Palm Beach
15	Brevard	38	Highlands	61	Pasco
16	Broward	39	Hillsborough	62	Pinellas
17	Calhoun	40	Holmes	63	Polk
18	Charlotte	41	Indian River	64	Putnam
19	Citrus	42	Jackson	65	St. Johns
20	Clay	43	Jefferson	66	St. Lucie
21	Collier	44	Lafayette	67	Santa Rosa
22	Columbia	45	Lake	68	Sarasota
23	Dade	46	Lee	69	Seminole
24	Desoto	47	Leon	70	Sumter
25	Dixie	48	Levy	71	Suwannee
26	Duval	49	Liberty	72	Taylor
27	Escambia	50	Madison	73	Union
28	Flagler	51	Manatee	74	Volusia
29	Franklin	52	Marion	75	Wakulla
30	Gadsden	53	Martin	76	Walton
31	Gilchrist	54	Monroe	77	Washington
32	Glades	55	Nassau	78	Unknown
33	Gulf	56	Okaloosa	79	Out of State