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Statement of the AAMC on Recruitment and Retention of Physicians in the Veterans Health Services and Research Administration Presented to the U.S. House of Representatives committee on Veterans' Affairs Subcommittee on Hospitals and Health care. Presented by John J. Hutton, Jr., M.D. University of Cincinnati College of Medicine Cincinnati, Ohio

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STATEMENT

OF THE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

on

**Recruitment and Retention of Physicians in the
Veterans Health Services and Research Administration**

Presented to the

**U.S. House of Representatives
Committee on Veterans' Affairs
Subcommittee on Hospitals and Health Care**

Presented by

**John J. Hutton, Jr., M.D.
Dean
University of Cincinnati College of Medicine
Cincinnati, Ohio**

**Wednesday, October 25, 1989
334 Cannon House Office Building**



Association of American Medical Colleges / One Dupont Circle, N.W. / Washington, D.C. 20036 / (202) 828-0525

Mr. Chairman, Members of the Subcommittee:

My name is John Hutton, M.D. I serve as Dean of the University of Cincinnati College of Medicine. Today I am appearing on behalf of the Association of American Medical Colleges (AAMC). The AAMC serves as the national voice for the nation's 127 accredited medical schools, over 85 professional academic societies, and 435 major teaching hospitals. Seventy-seven of those 435 teaching hospitals are VA facilities; in addition, over 100 of the medical schools, including the University of Cincinnati, share an affiliation with one or more VA medical centers. Similarly, 134 of the VA's 172 hospitals are affiliated with a medical school. The AAMC understands and strongly supports the VA's medical care and research programs. On behalf of the AAMC, I am pleased to have the opportunity this morning to present my views about the Department of Veterans Affairs' (VA) ability to recruit and retain physicians.

As Dean, I cooperate in staffing our VA affiliate, the Cincinnati VAMC with physicians who can both care for patients and teach medicine. In recent years, this portion of my professional activities has become more challenging. It has become increasingly difficult to recruit new physicians as well as satisfy the needs and interests of current physicians. When we recruit for and with the VA, we demand quality. The veteran deserves care by high quality doctors and we insist that the best doctors teach our medical students and house staff. Over time the VA has lost increasing numbers of physicians to attrition and has not been able to attract the same number of physicians of similar caliber to meet the congressionally-mandated FTEE level. Fiscal constraints and deteriorating physical conditions have made the VA a less inviting environment in which to practice. The shortage of physicians when coupled with the shortage of money for supplies and equipment has lead medical

schools to question whether the VA medical centers can remain satisfactory places to train doctors.

In recent months, we have seen highly qualified physicians leave the Cincinnati VAMC for positions in the private sector because the VA financial disincentives were too great for them to continue their association with the VA. Those top quality physicians leaving have included a radiologist, a pathologist, and an orthopaedic surgeon. We have been unsuccessful in recruiting replacements for these individuals.

Similar scenarios can be found nationwide. For example, a West Coast VAMC has had a vacancy for a gastroenterologist (a specialist in stomach and intestinal diseases) for over one year and a vacancy for a cardiologist for six to eight months. Despite repeated advertisements and attempts by the university's Department of Medicine chairman to recruit nationally, the hospital does not expect to recruit a cardiologist before July, 1990.

Procedural-oriented specialists are the most difficult to recruit because they are paid less in the VA than in other types of practice. These absences have serious secondary effects. For example, without an anesthesiologist, it is difficult to recruit or retain the surgeons whose work requires such services; other physicians of internal medicine suffer without the support of a gastroenterologist. The end result, of course, is that the care of patients is compromised.

The reason for physician shortages in the VA is simple, VA compensation simply is not competitive. Physician pay in the VA has been at fixed levels for an inordinate period of time, frustrating the VA's attempts to attract physicians in critical specialty areas such as cardiology, gastroenterology, radiology.

thoracic surgery, orthopedics, urology, pathology, anesthesiology, vascular surgery, ENT, and ophthalmology.

To use the same West Coast VAMC previously mentioned as an example, a senior cardiologist based at the affiliated university earns 50 percent more than the comparable VA cardiologist. The differential is so extreme that individuals at the associate professor or professor level can no longer be recruited. I have with me today, and will submit for the record, a copy of the AAMC faculty salary survey. Because both the AAMC and the VA salary data are complicated, I will not take the time now for a detailed comparison. I will be happy to explain the differences during the question and answer period, if you are interested.

Beyond the assistant professor level, the VA fails to offer an attractive compensation package. To their credit VA hospitals have generally been unwilling to sacrifice quality of physicians for affordability, nor should we suggest that they do so. The only solution is for the VA to find a way to meet the salary difference. In the broadest terms, for medical specialties there is a difference of \$20,000 to \$40,000 in annual salary between VA-based and university-based physicians, depending on the location and the individual's level of seniority and practice specialty. With slight variation based on geography, the VA remains competitive roughly through the assistant professor level for internists; for surgical specialties, VA salaries are not even in the ballpark with other practitioners.

Historically, the VA has played an important role in academic medicine. VA physicians share responsibilities similar to those of their university colleagues. For that reason, schools of medicine have attempted to ensure that VA and non-VA based faculty receive similar compensation packages. For

young physicians, the VA offers comparable salaries. However, as physicians progress in their career to the associate professor and professor level, VA salaries fail to be competitive. In the past, universities have devised means of supplementing VA salaries. As VA salaries fall further behind, there has been increasing pressure to continue and expand this practice in order to retain senior VA faculty. Because of the complexity of the arrangements, it is difficult to quantify the extent to which this occurs. However, I feel confident in saying that this is becoming a necessary practice that the medical school finds increasingly expensive and difficult to support.

With the increase of economic pressures on medical schools and the lowering of physician fees generally, we have less flexibility to continue to subsidize VA salaries. In the past, salary supplements to VA physicians were provided by taxing the income of their university colleagues. However, there is now less money for everyone. To offset the salary disparities and because of the inability to fill vacancies with permanent, full-time physicians, the Cincinnati VAMC has been forced to contract for certain services. This approach is tremendously expensive and constraining. Unfortunately, we are seeing a greater need to use contracts for certain services because the VA salaries for physicians in scarce medical specialties are far behind competitive rates.

Contracting for specialty services also limits the VA's financial flexibility because contract services must be paid for from operational dollars - rather than salary dollars. This administrative and accounting burden forces the VA to expend funds on salary that would otherwise purchase items such as general medical supplies, equipment, and prescription drugs.

Salary is not the only factor in compensation where the VA cannot meet the comparable package offered to most non-VA academic physicians. The VA, as part of the Federal government, offers a benefits package that is usually less generous than the university benefits package. This is true for public as well as private universities. I will mention a few specific, simple examples. First, Federal employees are required to pay a portion of their health insurance premium; most universities cover the full cost of the premium for individual coverage. Second, a Federal employee contributes to the Federal elective-based retirement savings plan, or the Thrift Savings Plan, with post-tax dollars; most universities and/or faculty practice corporations offer similar elective plans to which employees may contribute pre-tax dollars. Again, these differentials in compensation become more distinct as an individual's career progresses. Third, universities frequently provide tuition remission for the families of their full-time employees, a benefit not available in the VA. In addition, the medical school faculty who are employed by the faculty practice corporation enjoy a greater degree of support for professional enhancements. For instance, they are offered funds to purchase scholarly books and journals, to attend medical meetings, and for computer and technical support.

Young physicians join the VA clinical staff for a variety of reasons, two inter-related factors are of the great importance. As I develop this point, please keep in mind it is the young physician that the VA is financially best able to attract. First, affiliation of the VA with an academic medical center contributes to a stimulating intellectual environment and often offers access to the academic center's excellent physical and human resources. Second, the VA offers opportunities to practice medicine and conduct research in an institutional setting.

I would like to take a moment to highlight the importance of the VA research program. You are undoubtedly well aware of the benefits to veterans as result of opportunities to participate in research endeavors. In addition, research opportunities greatly facilitate the VA's ability to recruit and retain outstanding physicians. This function of the research program was perhaps best explained in testimony delivered to this Subcommittee on October 11 by Joseph Bates, M.D., Chief of Medical Services at the Little Rock VAMC. "VA staff positions [are] attractive [because of] the opportunity to be involved in clinical research and be associated with other like-minded clinicians. Absent the research program, the benefits of VA employment would be less competitive with those found in private practice or in university academic centers. The research program serves as the intellectual carrot that attracts some of our best and brightest physicians to treat veteran patients." I concur completely with Dr. Bates' statement.

The research program is an invaluable tool in recruitment and retention. The opportunity to conduct research serves as an incentive to attract and retain bright physicians who provide top quality patient care. VA investigators are well schooled in the latest advances in medicine and surgery. This knowledge improves the clinical care provided to veterans.

The importance of VA research funding, particularly in this climate of budget constraints, cannot be over-emphasized. The payoffs that result from this relatively small, but highly leveraged amount of money, are tremendous. The VA literally cannot afford to lose this precious resource, for fear of losing other more important resources, meaning high quality and dedicated professional personnel. At the same time, I urge Congress and the VA to study the physician pay issue and work to develop a system that more competitively compensates VA employees.

Thank you for the opportunity to testify this morning. I will be happy to answer questions or expand and clarify my remarks.

TABLE 9
Compensation of Full-Time Faculty in Private and Public U.S. Medical Schools
Faculty with M.D. Degree—All Regions, September 1988
 (percentile and mean values in thousands of dollars)

BASIC SCIENCE DEPTS	INSTRUCTOR		ASSIST PROFESSOR		ASSOC PROFESSOR		PROFESSOR		CHAIRMAN					
	20th 50th 80th	COUNT MEAN	20th 50th 80th	27 36 64 MEAN	14 39.9	20th 50th 80th	44 55 68 MEAN	20 54.5	20th 50th 80th	69 76 90 MEAN	73	20th 50th 80th	89 106 135 MEAN	COUNT 27 108 108 0
ANATOMY	20th 50th 80th	1 COUNT MEAN	20th 50th 80th	27 36 64 MEAN	14 39.9	20th 50th 80th	44 55 68 MEAN	20 54.5	20th 50th 80th	69 76 90 MEAN	73	20th 50th 80th	89 106 135 MEAN	COUNT 27 108 108 0
BIOCHEMISTRY	20th 50th 80th	2 COUNT MEAN	20th 50th 80th	32 43 95 MEAN	4 53.0	20th 50th 80th	47 55 63 MEAN	9 54.2	20th 50th 80th	70 81 109 MEAN	34 85.4	20th 50th 80th	87 109 138 MEAN	COUNT 13 113 8
MICROBIOLOGY	20th 50th 80th	3 COUNT MEAN	20th 50th 80th	48 54 69 MEAN	11 57.3	20th 50th 80th	45 58 75 MEAN	11 59.4	20th 50th 80th	63 82 102 MEAN	49 84.7	20th 50th 80th	101 114 138 MEAN	COUNT 26 119 0
PHARMACOLOGY	20th 50th 80th	4 COUNT MEAN	20th 50th 80th	39 42 66 MEAN	12 48.4	20th 50th 80th	50 54 69 MEAN	17 60.8	20th 50th 80th	63 81 101 MEAN	101 80.7	20th 50th 80th	89 108 127 MEAN	COUNT 35 109 2
PHYSIOLOGY	20th 50th 80th	2 COUNT MEAN	20th 50th 80th	38 47 50 MEAN	17 47.3	20th 50th 80th	48 57 72 MEAN	26 59.2	20th 50th 80th	69 83 101 MEAN	117 86.6	20th 50th 80th	102 111 129 MEAN	COUNT 34 114 114.2
OTHER BASIC	20th 50th 80th	6 COUNT MEAN	20th 50th 80th	35 44 63 MEAN	23 49.6	20th 50th 80th	55 73 88 MEAN	23 73.4	20th 50th 80th	71 92 116 MEAN	60 96.9	20th 50th 80th	99 117 149 MEAN	COUNT 31 120 5
TOTAL BASIC	20th 50th 80th	18 COUNT MEAN	20th 50th 80th	35 45 64 MEAN	81 48.5	20th 50th 80th	49 58 75 MEAN	106 61.2	20th 50th 80th	88 101 131 MEAN	434 85.2	20th 50th 80th	96 111 131 MEAN	COUNT 166 111 114.0

NOTE: This table excludes data for faculty whose total compensation is unknown.

TABLE 9 (cont.)
Compensation of Full-Time Faculty in Private and Public U.S. Medical Schools
Faculty with M.D. Degree—All Regions, September 1988
 (percentile and mean values in thousands of dollars)

CLINICAL SCI DEPTS	INSTRUCTOR	ASSIST PROFESSOR	ASSOC PROFESSOR	PROFESSOR	CHAIRMAN
ANESTHESIOLOGY	20th 59 COUNT 229	20th 99 COUNT 982	20th 123 COUNT 331	20th 140 COUNT 220	20th 173 COUNT 72
	50th 95 MEAN 91.8	50th 114 MEAN 118.1	50th 138 MEAN 144.8	50th 154 MEAN 158.4	50th 206 MEAN 211.5
	80th 118 MEAN 91.8	80th 135 MEAN 118.1	80th 165 MEAN 144.8	80th 178 MEAN 158.4	80th 236 MEAN 211.5
COMMUNITY HEALTH	20th 39 COUNT 7	20th 60 COUNT 43	20th 70 COUNT 22	20th 72 COUNT 45	20th 87 COUNT 16
	50th 52 MEAN 51.3	50th 82 MEAN 93.8	50th 81 MEAN 92.4	50th 91 MEAN 94.1	50th 130 MEAN 121.8
	80th 65 MEAN 51.3	80th 133 MEAN 93.8	80th 120 MEAN 92.4	80th 118 MEAN 94.1	80th 151 MEAN 121.8
DERMATOLOGY	20th 33 COUNT 5	20th 60 COUNT 116	20th 80 COUNT 74	20th 102 COUNT 58	20th 120 COUNT 40
	50th 50 MEAN 47.4	50th 77 MEAN 84.8	50th 101 MEAN 119.1	50th 117 MEAN 131.0	50th 153 MEAN 165.5
	80th 60 MEAN 47.4	80th 107 MEAN 84.8	80th 150 MEAN 119.1	80th 151 MEAN 131.0	80th 208 MEAN 165.5
FAMILY PRACTICE	20th 45 COUNT 52	20th 60 COUNT 464	20th 75 COUNT 201	20th 89 COUNT 71	20th 114 COUNT 69
	50th 58 MEAN 57.3	50th 71 MEAN 72.0	50th 88 MEAN 89.9	50th 102 MEAN 103.6	50th 131 MEAN 129.2
	80th 65 MEAN 57.3	80th 83 MEAN 72.0	80th 103 MEAN 89.9	80th 123 MEAN 103.6	80th 147 MEAN 129.2
MEDICINE	20th 38 COUNT 448	20th 62 COUNT 2517	20th 80 COUNT 1692	20th 96 COUNT 1947	20th 137 COUNT 116
	50th 50 MEAN 52.1	50th 73 MEAN 77.5	50th 93 MEAN 98.5	50th 113 MEAN 118.1	50th 165 MEAN 171.6
	80th 66 MEAN 52.1	80th 88 MEAN 77.5	80th 114 MEAN 98.5	80th 138 MEAN 118.1	80th 200 MEAN 171.6
EMERGENCY MEDICINE	20th 63 COUNT 33	20th 74 COUNT 156	20th 90 COUNT 58	20th 101 COUNT 9	20th 115 COUNT 12
	50th 74 MEAN 74.8	50th 87 MEAN 87.6	50th 112 MEAN 112.6	50th 118 MEAN 126.0	50th 139 MEAN 146.1
	80th 88 MEAN 74.8	80th 100 MEAN 87.6	80th 128 MEAN 112.6	80th 139 MEAN 126.0	80th 186 MEAN 146.1
NEUROLOGY	20th 37 COUNT 42	20th 60 COUNT 340	20th 80 COUNT 217	20th 98 COUNT 233	20th 133 COUNT 70
	50th 46 MEAN 46.6	50th 73 MEAN 77.0	50th 93 MEAN 98.5	50th 113 MEAN 115.9	50th 167 MEAN 163.5
	80th 55 MEAN 46.6	80th 90 MEAN 77.0	80th 111 MEAN 98.5	80th 134 MEAN 115.9	80th 186 MEAN 163.5
OBS-GYNECOLOGY	20th 32 COUNT 136	20th 80 COUNT 483	20th 102 COUNT 300	20th 117 COUNT 268	20th 153 COUNT 89
	50th 50 MEAN 58.1	50th 96 MEAN 104.3	50th 123 MEAN 133.0	50th 139 MEAN 146.8	50th 186 MEAN 186.1
	80th 78 MEAN 58.1	80th 125 MEAN 104.3	80th 155 MEAN 133.0	80th 169 MEAN 146.8	80th 220 MEAN 186.1
OPHTHALMOLOGY	20th 24 COUNT 34	20th 85 COUNT 199	20th 108 COUNT 115	20th 120 COUNT 132	20th 182 COUNT 60
	50th 41 MEAN 45.0	50th 105 MEAN 109.8	50th 143 MEAN 155.2	50th 156 MEAN 169.5	50th 204 MEAN 228.2
	80th 60 MEAN 45.0	80th 138 MEAN 109.8	80th 196 MEAN 155.2	80th 200 MEAN 169.5	80th 295 MEAN 228.2
OTOLARYNGOLOGY	20th 33 COUNT 18	20th 89 COUNT 114	20th 112 COUNT 70	20th 130 COUNT 69	20th 178 COUNT 37
	50th 40 MEAN 53.2	50th 110 MEAN 114.0	50th 143 MEAN 142.7	50th 167 MEAN 169.8	50th 213 MEAN 232.4
	80th 79 MEAN 53.2	80th 136 MEAN 114.0	80th 172 MEAN 142.7	80th 204 MEAN 169.8	80th 271 MEAN 232.4
PATHOLOGY	20th 40 COUNT 48	20th 61 COUNT 485	20th 80 COUNT 448	20th 94 COUNT 583	20th 128 COUNT 87
	50th 49 MEAN 52.6	50th 73 MEAN 74.0	50th 93 MEAN 94.7	50th 114 MEAN 116.0	50th 153 MEAN 154.2
	80th 68 MEAN 52.6	80th 86 MEAN 74.0	80th 108 MEAN 94.7	80th 137 MEAN 116.0	80th 176 MEAN 154.2
PEDIATRICS	20th 31 COUNT 180	20th 56 COUNT 1191	20th 71 COUNT 878	20th 89 COUNT 747	20th 125 COUNT 87
	50th 46 MEAN 45.8	50th 66 MEAN 68.8	50th 84 MEAN 87.5	50th 103 MEAN 107.0	50th 147 MEAN 150.2
	80th 58 MEAN 45.8	80th 78 MEAN 68.8	80th 100 MEAN 87.5	80th 124 MEAN 107.0	80th 175 MEAN 150.2

TABLE 9 (cont.)
Compensation of Full-Time Faculty in Private and Public U.S. Medical Schools
Faculty with M.D. Degree—All Regions, September 1988
 (percentile and mean values in thousands of dollars)

CLINICAL SCI DEPTS	INSTRUCTOR	ASSIST PROFESSOR	ASSOC PROFESSOR	PROFESSOR	CHAIRMAN
PHYSICAL MED&REHAB	20th 49 COUNT 50th 68 80th 83 MEAN 67.1	20th 75 COUNT 50th 85 80th 108 MEAN 91.1	20th 90 COUNT 50th 104 80th 128 MEAN 111.8	20th 112 COUNT 50th 133 80th 145 MEAN 133.9	20th 128 COUNT 50th 151 80th 182 MEAN 164.3
PREVENTIVE MEDICINE	20th 49 COUNT 50th 61 80th 70 MEAN 59.7	20th 51 COUNT 50th 68 80th 130 MEAN 79.0	20th 60 COUNT 50th 70 80th 106 MEAN 79.3	20th 77 COUNT 50th 96 80th 124 MEAN 97.0	20th 88 COUNT 50th 105 80th 124 MEAN 107.2
PSYCHIATRY	20th 54 COUNT 50th 68 80th 80 MEAN 67.0	20th 80 COUNT 50th 74 80th 89 MEAN 75.8	20th 77 COUNT 50th 90 80th 106 MEAN 92.0	20th 94 COUNT 50th 113 80th 136 MEAN 115.6	20th 129 COUNT 50th 153 80th 181 MEAN 159.4
RADIOLOGY	20th 38 COUNT 50th 63 80th 85 MEAN 62.2	20th 86 COUNT 50th 104 80th 128 MEAN 108.9	20th 110 COUNT 50th 131 80th 161 MEAN 135.3	20th 135 COUNT 50th 161 80th 189 MEAN 162.9	20th 184 COUNT 50th 212 80th 251 MEAN 220.8
GENERAL SURGERY	20th 40 COUNT 50th 98 80th 172 MEAN 104.4	20th 80 COUNT 50th 114 80th 140 MEAN 119.4	20th 111 COUNT 50th 145 80th 200 MEAN 153.5	20th 131 COUNT 50th 173 80th 218 MEAN 183.9	20th 168 COUNT 50th 227 80th 273 MEAN 224.9
NEUROSURGERY	20th 53 COUNT 50th 98 80th 172 MEAN 104.4	20th 100 COUNT 50th 114 80th 140 MEAN 119.4	20th 129 COUNT 50th 160 80th 208 MEAN 175.8	20th 155 COUNT 50th 204 80th 240 MEAN 211.0	20th 203 COUNT 50th 249 80th 321 MEAN 260.8
ORTHOPEDIC SURGERY	20th 37 COUNT 50th 64 80th 108 MEAN 71.4	20th 102 COUNT 50th 132 80th 181 MEAN 147.3	20th 131 COUNT 50th 157 80th 213 MEAN 178.2	20th 148 COUNT 50th 177 80th 226 MEAN 195.8	20th 190 COUNT 50th 230 80th 318 MEAN 264.9
PLASTIC SURGERY	20th 33 COUNT 50th 40 80th 70 MEAN 46.8	20th 100 COUNT 50th 121 80th 175 MEAN 144.0	20th 127 COUNT 50th 180 80th 250 MEAN 183.6	20th 156 COUNT 50th 209 80th 276 MEAN 214.3	20th 212 COUNT 50th 280 80th 347 MEAN 280.7
THOR & CARDIOV SURG	20th 40 COUNT 50th 70 80th 101 MEAN 68.3	20th 117 COUNT 50th 150 80th 200 MEAN 175.5	20th 161 COUNT 50th 210 80th 322 MEAN 264.4	20th 150 COUNT 50th 234 80th 325 MEAN 258.3	20th 268 COUNT 50th 286 80th 469 MEAN 344.0
UROLOGY	20th 45 COUNT 50th 83 80th 107 MEAN 80.7	20th 85 COUNT 50th 113 80th 151 MEAN 120.4	20th 108 COUNT 50th 155 80th 186 MEAN 149.4	20th 140 COUNT 50th 171 80th 208 MEAN 177.0	20th 163 COUNT 50th 213 80th 270 MEAN 213.6
OTHER CLINICAL	20th 45 COUNT 50th 68 80th 85 MEAN 64.8	20th 64 COUNT 50th 77 80th 103 MEAN 83.8	20th 86 COUNT 50th 106 80th 126 MEAN 109.3	20th 106 COUNT 50th 128 80th 146 MEAN 131.4	20th 112 COUNT 50th 143 80th 174 MEAN 150.1
TOTAL CLINICAL	20th 39 COUNT 50th 57 80th 80 MEAN 61.7	20th 65 COUNT 50th 82 80th 114 MEAN 91.1	20th 80 COUNT 50th 100 80th 138 MEAN 112.6	20th 98 COUNT 50th 123 80th 162 MEAN 134.1	20th 136 COUNT 50th 175 80th 228 MEAN 186.4

TABLE 9 (cont.)
Compensation of Full-Time Faculty in Private and Public U.S. Medical Schools
Faculty with M.D. Degree—All Regions, September 1988
 (percentile and mean values in thousands of dollars)

SUBSPECIALTIES	INSTRUCTOR	ASSIST PROFESSOR	ASSOC PROFESSOR	PROFESSOR	CHAIRMAN
CARDIOLOGY	20th 34 COUNT 38	20th 70 COUNT 326	20th 93 COUNT 223	20th 103 COUNT 216	20th 153 COUNT 9
	50th 50 MEAN 52.7	50th 83 MEAN 92.4	50th 108 MEAN 119.2	50th 121 MEAN 133.8	50th 169 MEAN 169.8
	80th 71 MEAN 55.8	80th 115 MEAN 85.2	80th 145 MEAN 105.8	80th 159 MEAN 121.5	80th 188 MEAN 151.3
GASTROENTEROLOGY	20th 30 COUNT 19	20th 70 COUNT 145	20th 86 COUNT 110	20th 100 COUNT 131	20th 132 COUNT 9
	50th 60 MEAN 55.8	50th 79 MEAN 85.2	50th 101 MEAN 105.8	50th 121 MEAN 121.5	50th 155 MEAN 151.3
	80th 75 MEAN 55.8	80th 95 MEAN 85.2	80th 129 MEAN 105.8	80th 142 MEAN 121.5	80th 170 MEAN 151.3
OTHER MEDICINE	20th 36 COUNT 198	20th 62 COUNT 1187	20th 80 COUNT 789	20th 96 COUNT 927	20th 134 COUNT 62
	50th 48 MEAN 48.6	50th 71 MEAN 75.7	50th 91 MEAN 94.0	50th 112 MEAN 115.5	50th 164 MEAN 169.4
	80th 60 MEAN 48.6	80th 85 MEAN 75.7	80th 105 MEAN 94.0	80th 133 MEAN 115.5	80th 200 MEAN 169.4
NEONATOLOGY	20th 47 COUNT 9	20th 62 COUNT 109	20th 83 COUNT 78	20th 86 COUNT 64	20th 108 COUNT 8
	50th 50 MEAN 57.0	50th 74 MEAN 79.9	50th 96 MEAN 109.8	50th 112 MEAN 116.5	50th 158 MEAN 150.5
	80th 76 MEAN 57.0	80th 90 MEAN 79.9	80th 120 MEAN 109.8	80th 132 MEAN 116.5	80th 186 MEAN 150.5
PEDIATRIC CARDIOLOG	20th 35 COUNT 4	20th 63 COUNT 55	20th 72 COUNT 57	20th 95 COUNT 55	20th 127 COUNT 6
	50th 59 MEAN 60.3	50th 69 MEAN 70.4	50th 88 MEAN 89.9	50th 118 MEAN 118.7	50th 149 MEAN 154.7
	80th 88 MEAN 60.3	80th 76 MEAN 70.4	80th 107 MEAN 89.9	80th 140 MEAN 118.7	80th 190 MEAN 154.7
OTHER PEDIATRICS	20th 38 COUNT 84	20th 58 COUNT 484	20th 70 COUNT 364	20th 89 COUNT 335	20th 123 COUNT 37
	50th 45 MEAN 45.5	50th 68 MEAN 68.8	50th 82 MEAN 83.5	50th 100 MEAN 103.0	50th 145 MEAN 145.5
	80th 53 MEAN 45.5	80th 78 MEAN 68.8	80th 94 MEAN 83.5	80th 117 MEAN 103.0	80th 157 MEAN 145.5
DIAGNOSTIC RADIIOL.	20th 30 COUNT 37	20th 86 COUNT 267	20th 107 COUNT 177	20th 134 COUNT 185	20th 175 COUNT 27
	50th 45 MEAN 54.8	50th 104 MEAN 107.9	50th 131 MEAN 132.7	50th 152 MEAN 157.2	50th 200 MEAN 206.3
	80th 80 MEAN 54.8	80th 127 MEAN 107.9	80th 160 MEAN 132.7	80th 181 MEAN 157.2	80th 238 MEAN 206.3
THERAPEUTIC RADIIOL.	20th 63 COUNT 20	20th 95 COUNT 103	20th 110 COUNT 40	20th 139 COUNT 29	20th 183 COUNT 29
	50th 87 MEAN 90.4	50th 113 MEAN 119.8	50th 131 MEAN 138.8	50th 173 MEAN 174.8	50th 216 MEAN 226.6
	80th 110 MEAN 90.4	80th 142 MEAN 119.8	80th 166 MEAN 138.8	80th 203 MEAN 174.8	80th 272 MEAN 226.6