Utah’s podiatrist workforce report, 2026

September 29, 2026

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Executive summary

Utah's podiatric workforce demonstrates strong headcount stability, solid wage growth, and high job retention. However, the state faces key structural challenges, including constraints in direct patient care capacity, a lack of demographic diversity, heavy educational debt burdens, and a near-total dependence on out-of-state education pipelines.

According to Unemployment Insurance (UI) data, the count of active practicing podiatrists in Utah remained consistent, ranging between 162 and 167 providers from 2023 through 2025. A cumulative total of 215 unique active providers were identified between 2021 and 2025.

Only 37% of survey respondents operate at full-time equivalent (FTE) status, and just 17% are FTE in direct patient care. Approximately 43% of respondents specialize in surgical care.

Utah lacks an in-state podiatric medical school, leading to a total dependence on out-of-state or country recruiting with 41% graduating from California.

Approximately 92% of respondents carry educational debt. Nearly 54% owe over $180,000, with roughly 33% carrying balances between $240,000 and $280,000. The median annual wage for Utah podiatrists grew by approximately 25% from 2021 ($126,166) to 2025 ($157,399).

About 79% of respondents plan to maintain their current working hours over the next two years, 14% plan to increase hours, and only 2% plan to decrease hours.

Roughly half of responding podiatrists actively mentor or instruct students as preceptors.

The workforce consists predominantly of white males aged 35–44. Female representation among Utah podiatrists (11.1%) is significantly lower than the national average (27.3%). Only 4% of respondents identify as Hispanic.

Key findings

- Unemployment insurance data shows the number of podiatrists practicing in Utah has been stable with between 162 and 167 providers between 2023 and 2025.

- Only 37% of respondents are full-time equivalent (FTE) and 17% are FTE in direct patient care (DPC).

- Approximately 43% of respondents specialize in some sort of surgery.
- Most respondents are white males between the ages of 35 and 44 years old with only 4% identifying as Hispanic.
- About 99% of respondents earned their qualifying degree outside of Utah with 41% earning their degree from California.
- Nearly 54% of respondents have over $180,000 in educational debt with about 33% reporting to have between $240,000-$280,000.
- Roughly half of respondents precept.
- Wages from unemployment insurance data have increased approximately 25% from 2021-2025.
- Around 79% of respondents plan to continue working as they currently do while 14% plan to increase their hours and 2% plan to decrease their hours.

Introduction

The Utah Health Workforce Information Center (HWIC, https://hwic.utah.gov/) was created in 2022 through HB176 (https://le.utah.gov/~2022/bills/static/HB0176.html) and is a key entity in the state's efforts to gather and analyze healthcare workforce data. This legislation also established the Health Workforce Advisory Council (HWAC), which offers strategic guidance and oversight on policies and initiatives designed to strengthen the state's healthcare workforce across all sectors.

The Department of Professional Licensing (DOPL), responsible for licensing healthcare professionals in Utah, is now required to include optional workforce survey questions as part of the licensing process. These survey questions, known as the Utah Cross-Profession Minimum Data Set (UCPMDS), were developed by the HWAC in 2023. The surveys help inform decisions regarding workforce supply, employment trends and demand, and options for training and education. Data collected from the DOPL surveys will help the HWAC in health workforce planning and make data-driven recommendations for Utah.

The HWAC provides information and recommendations to support the growth and strengthening of Utah's health workforce. Chaired by Heather Borski, Assistant Deputy Commissioner, Community Health & Well-Being, of the Department of Health and Human Services, the Council includes fourteen additional members representing both state and private organizations.

Background

A podiatrist is "a doctor of podiatric medicine (DPM), a physician and surgeon who treats the foot, ankle, and related structures of the leg" (APMA, 2026). Podiatrists are required to "complete four years of undergraduate education, followed by four years of podiatric medical school and three years of hospital-based surgical residency training" (APMA, 2026). Training for podiatrists "is similar to that of other physicians" as they typically "complete fellowship training following their residency" (APMA, 2026). Podiatrists can focus on many fields or specialties, such as "surgery, sports medicine, wound care, pediatrics, and diabetic care" (APMA, 2026).

Utah podiatrist workforce in context

Table 1. Comparing Utah median to national median, 2024

Measure	National	Utah
Median wage	$152,800	$146,330

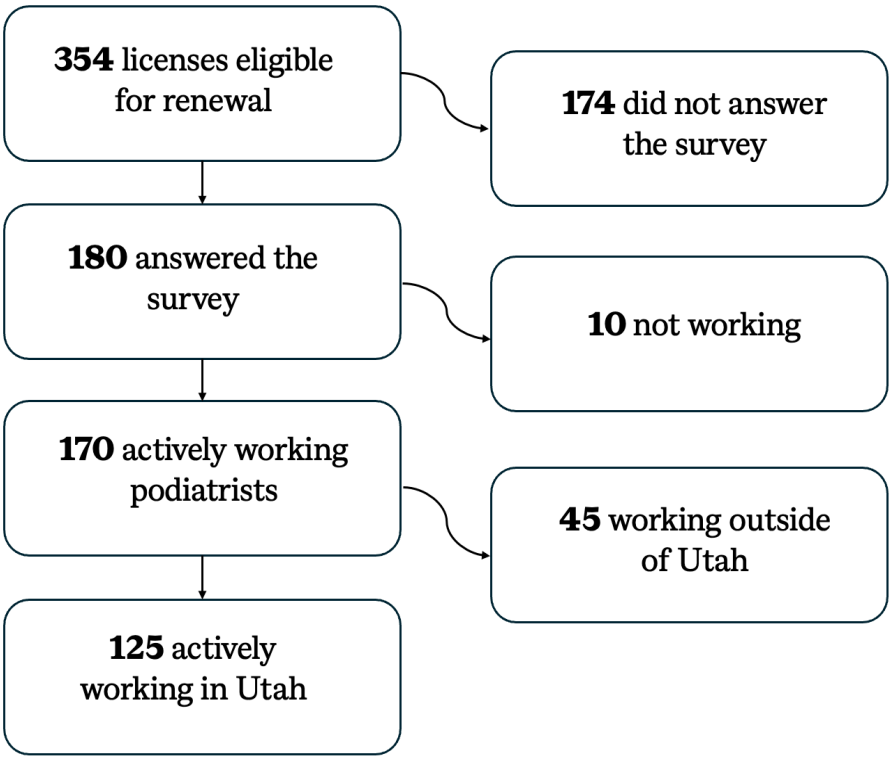
Measure	National	Utah
Employment per 100k population	3.1	4.8
Projected employment per 100k population	3.1	6.4
Median age	48.5	51.1
Female distribution	27.3%	11.1%

Department of Workforce Services, 2024; Data USA, 2024; Unemployment insurance data, 2024

Methods

DOPL Survey

Figure 1. DOPL survey population and respondents



DOPL survey responses data, 2024

All practitioners who were eligible for online renewal were offered the survey during their license renewal process and participation in the survey was voluntary. These types of sampling designs are often referred to as convenience samples or non-probability samples. Providers who chose to

respond to the survey may not be representative of the entire workforce. Therefore, the statistical analysis included in this report only represents individuals who participated in the survey and does not attempt to make inferences about the entire population. Comprehensive unit and item non-response rates are also provided to guide interpretation of the results (see Appendix A). Additional limitations that provide important context for subsequent report information will be included on an as-needed basis.

DOPL data preparation and analysis

Once the renewal period closes, DOPL sends a secure CSV file with all the responses to HWIC. Quality checks are performed, including how to evaluate duplicate respondent records, questions with multiple responses, and null-type values. Only data from respondents who replied to a question and provided a valid license number are included in the analysis. It was observed that invalid license numbers can introduce bias, as the missing data might represent a distinct group that could potentially skew results.

Podiatrists whose license expired during the previous two years were eligible for online renewal and were invited to participate in the survey. DOPL reported that 354 podiatrists were sent a renewal link and survey invitation. Of those, 180 responded to at least one survey question and provided a valid license number.

Other data sources

While the focus of this analysis is on the podiatrist DOPL survey, supplemental data are also used to help contextualize the survey results and provide deeper insights into the podiatrist workforce in Utah. The other data sources used in this report are Unemployment Insurance (UI), National Plan and Provider Enumeration System (NPPES), and IPEDS education data.

Unemployment Insurance data includes those with reported wages and shows that there were 215 providers during 2021-2025. UI analysis is based on data captured through the Utah Department of Workforce Services' Unemployment Insurance program. Employers pay unemployment taxes based on the wages earned by their employees. A data sharing agreement is in place that allows HWIC to request data for individuals found in healthcare workforce professional licenses.

Unemployment Insurance data has limitations. Notably, the data contains an industry code and employer name but does not specify geographic area, job title, or scope of work performed by the individual. The data indicates a provider was employed in a healthcare-related industry based on the North American Industry Classification System (NAICS) code, which all start with "62". In addition, self-employed healthcare workers like those in private practice do not report their wages since they

do not pay into the Utah unemployment insurance program. Also, the data does not include federal employees such as podiatrists working in Veterans Affairs or military installation clinics.

The NPPES serves as the national system designed to assign unique identifiers to health care providers and health plans who apply for a National Provider Identifier (NPI). NPIs are being used across the health care industry and government health care programs for billing purposes. Limitations include that most professionals who do not bill for services do not keep their information up to date or have not provided information at all.

Graduation counts and the number of programs come from the Integrated Postsecondary Education Data System (IPEDS) Graduates data. Data is available through the Urban Institute Education Data Portal (UIEDP) API directory: https://educationdata.urban.org/documentation/colleges.html#ipeds-awards-by6-digit-cip-code.

The Conference Board–Lightcast Help Wanted OnLine, provided by the Department of Workforce Services (DWS) tracks job postings. Data is received as needed to report on specific health workforce professions based on SOC (Standard Occupational Classification) codes.

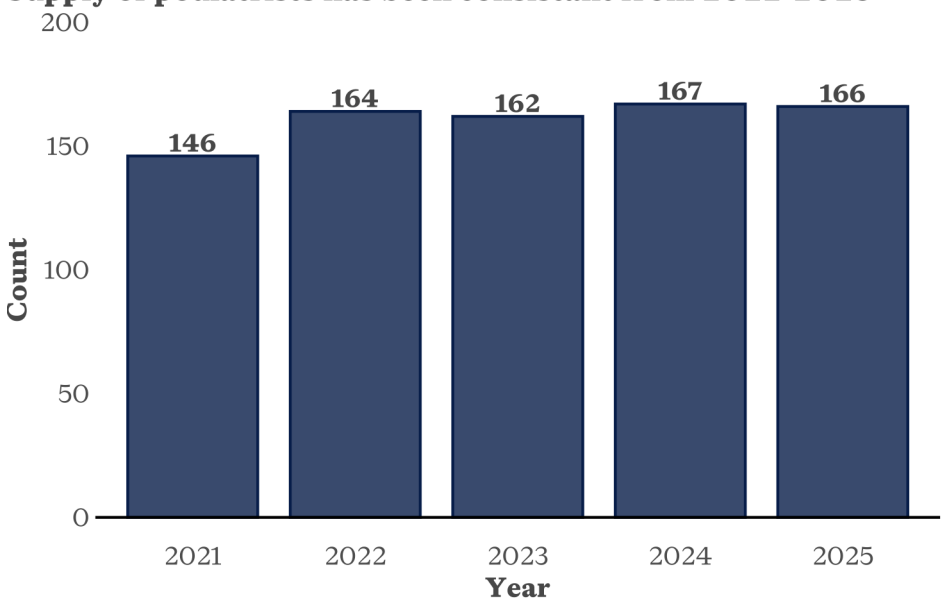
Caution should be exercised when interpreting **all** 2020 data. The COVID-19 pandemic caused significant disruptions in healthcare staffing, hiring patterns, and workforce demand that may not reflect typical trends.

Results

Licensed and active workforce

Podiatrists renewing their licenses and those whose license expired within the previous two years were invited to participate in a voluntary survey upon renewal of their license. DOPL reports that 354 providers were sent a renewal link and survey invitation. Of those, 180 responded to at least one survey question and provided a valid license number that matched provider licenses from DOPL's database view, representing a response rate of 51%.

Figure 2. Count of providers from UI data

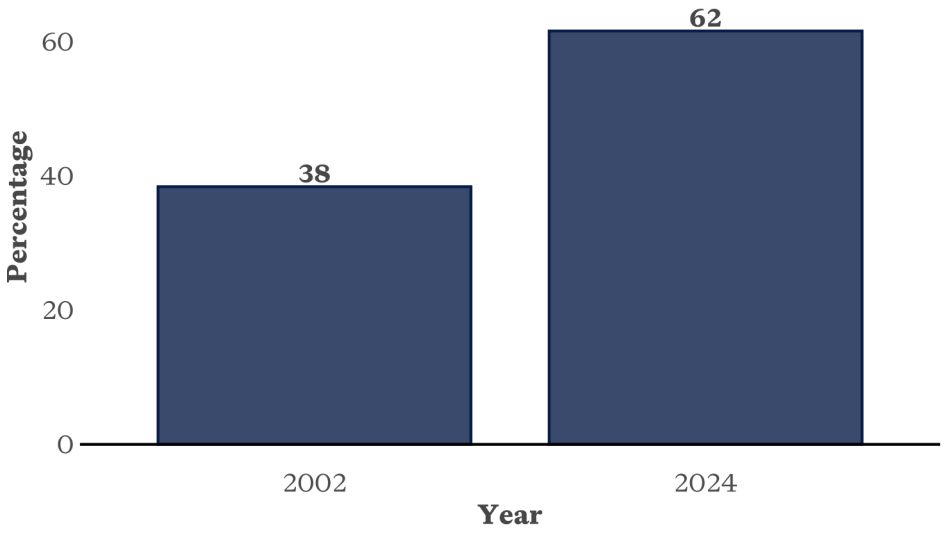


Unemployment insurance data, 2025

Unemployment insurance (UI) data is an excellent source to approximate the count of providers actively providing services in Utah. UI provides temporary income to workers who lose their jobs through no fault of their own. Contributions are collected from Utah employers through the state unemployment program to exclusively pay benefits to unemployed workers. UI data is collected primarily through employer quarterly wage reports. To ensure only valid providers were counted, only providers with an active license from DOPL data matching those in UI data are included. The results show there were 215 providers between 2021 and 2025.

Figure 3. Response rate by survey

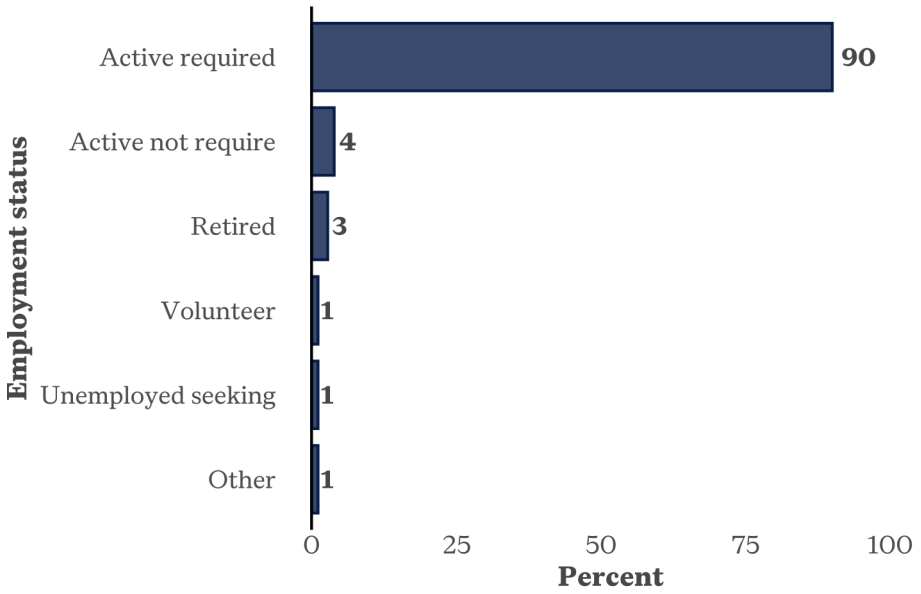
Improved response rate from the previous survey



DOPL survey responses data, 2024

Figure 4. Employment status

90% are active in a position requiring licensure



DOPL survey responses data, 2024

Response options were modified for the presentation of the chart. What is displayed as “Active require” appeared on the survey as “Actively working in a position that requires this license”. “Active not require” appeared on the survey as “Actively working in a position in the field of medicine that

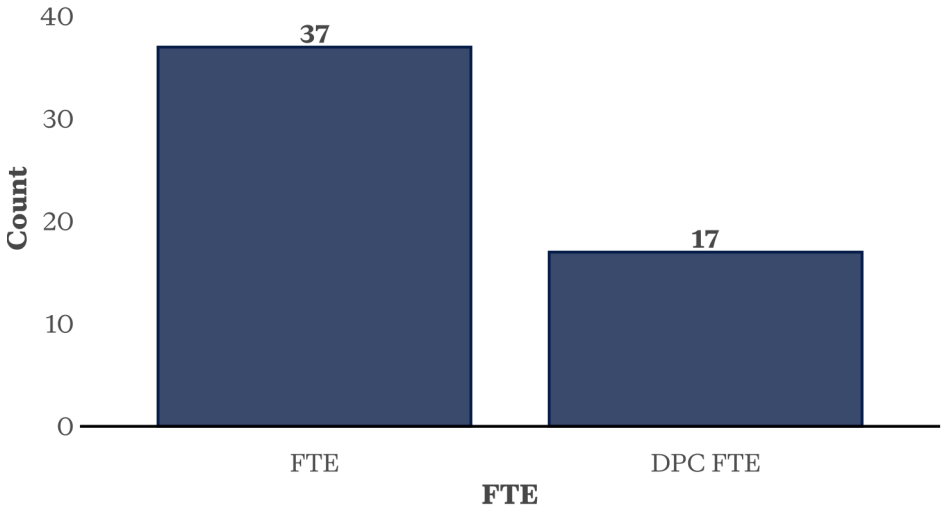
does not require this license". "Unemployed seeking" appeared on the survey as "Unemployed and seeking work that requires this license". "Volunteer" appeared on the survey as "Volunteer work only". "Unemployed not seeking" appeared on the survey as "Unemployed and not seeking work that requires this license".

Full-time equivalence (FTE) and direct patient care

FTE stands for full-time equivalent and DPC stands for direct patient care. Full-time equivalence is calculated based on the respondent working 37+ hours a week. This was indicated on the survey as one of two options: "37-40 hours a week" or "41+ hours a week." Direct patient care (DPC) is recorded in the same way, allowing us to see how many podiatrists are working full time versus how many podiatrists are working full time in DPC.

Figure 5. Full-time equivalence & direct patient care

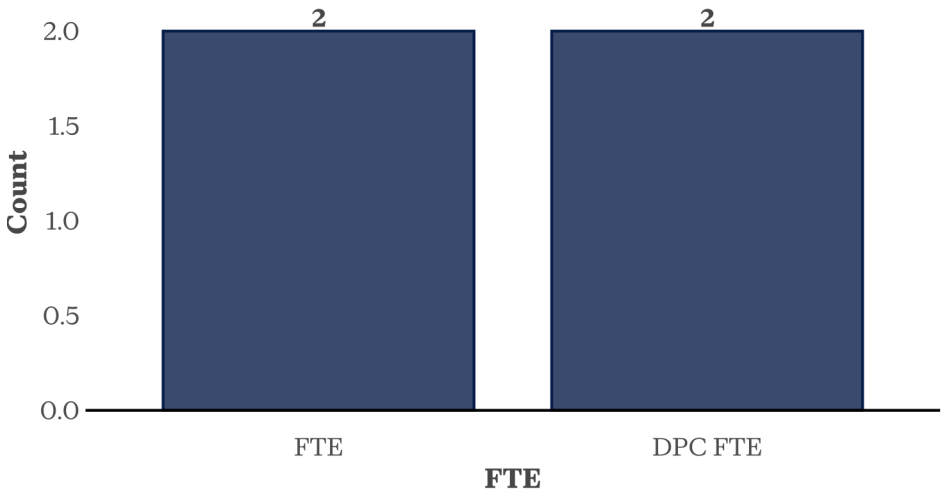
Most respondents are not full-time in direct patient care



DOPL survey responses data (primary practice), 2024

Figure 6. Secondary practice full-time equivalence & direct patient care

Very few work FTE or FTE DPC at a secondary practice

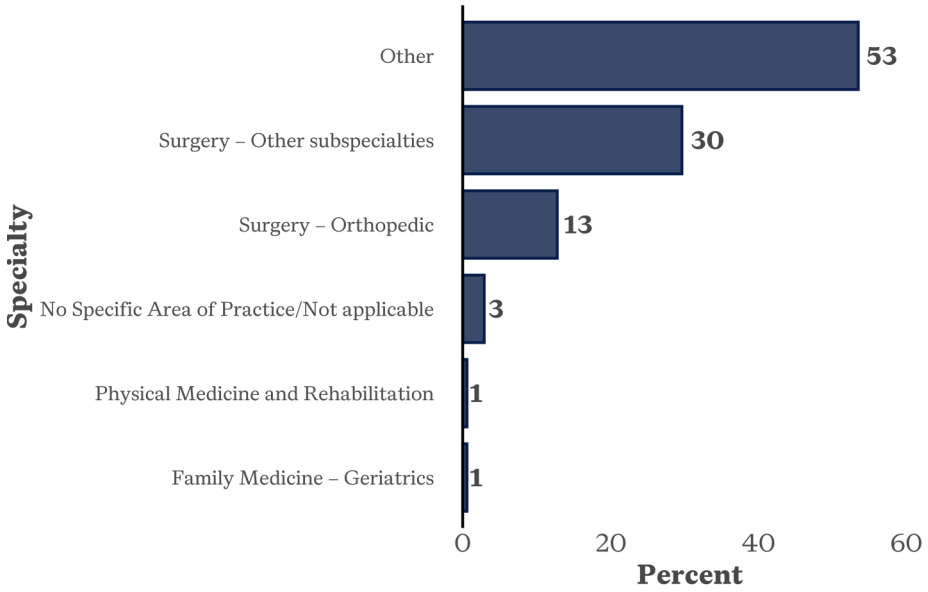


DOPL survey responses data (secondary practice), 2024

Specialty

Figure 7. Primary specialty

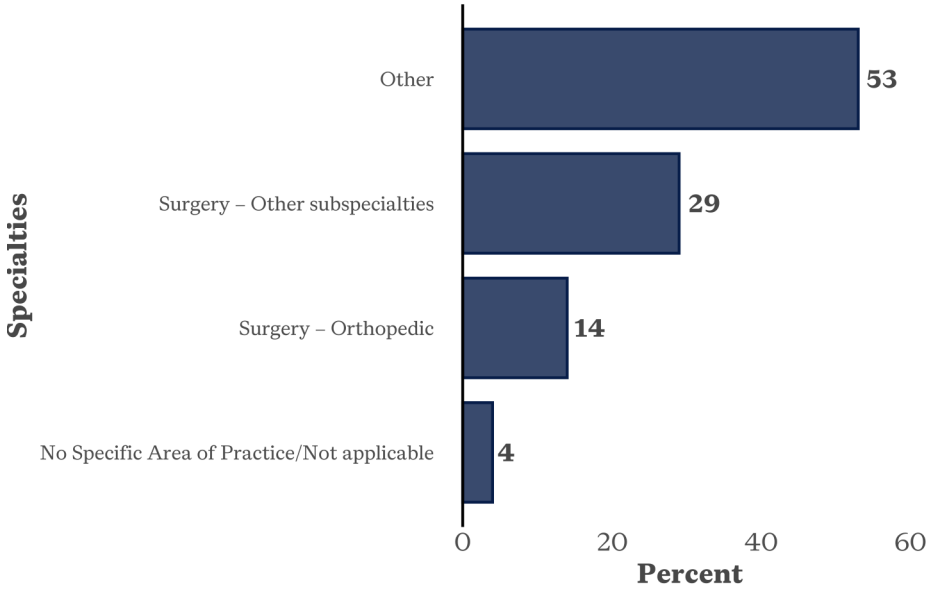
43% primary specialty is surgery-related



DOPL survey responses data, 2024

Figure 8. Primary specialty FTE

43% FTE primary specialty is surgery-related



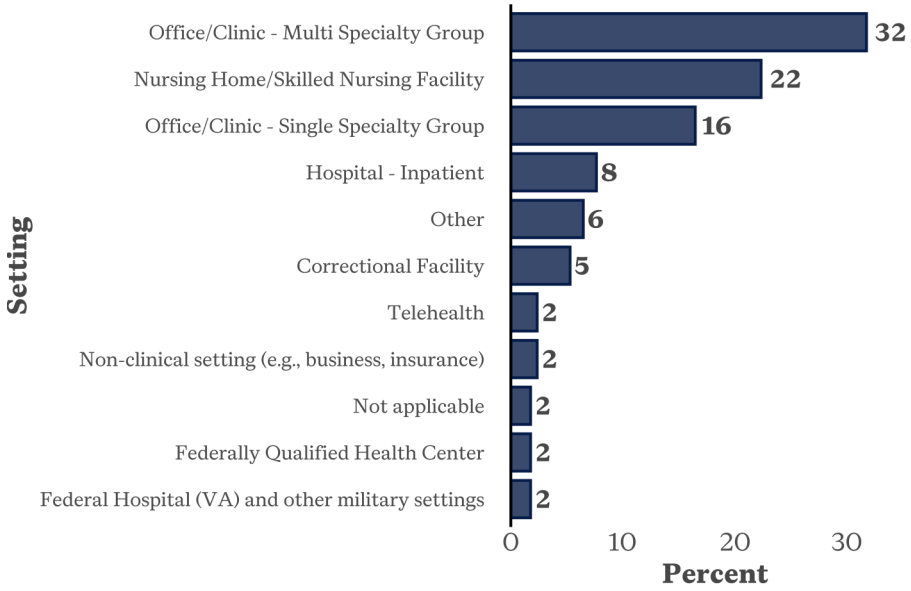
DOPL survey responses data, 2024

Practice characteristics

This section includes practitioner survey response information on practices where they provide services, such as setting type and geographic distribution

Figure 9. Primary practice setting

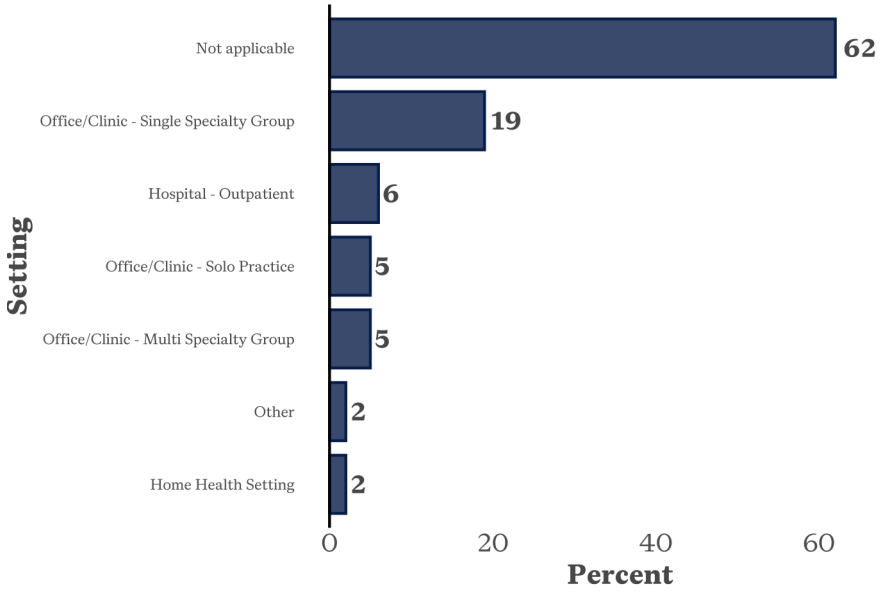
Multi specialty group clinic is the most common



DOPL survey responses data, 2024

Figure 10. Seconday practice setting

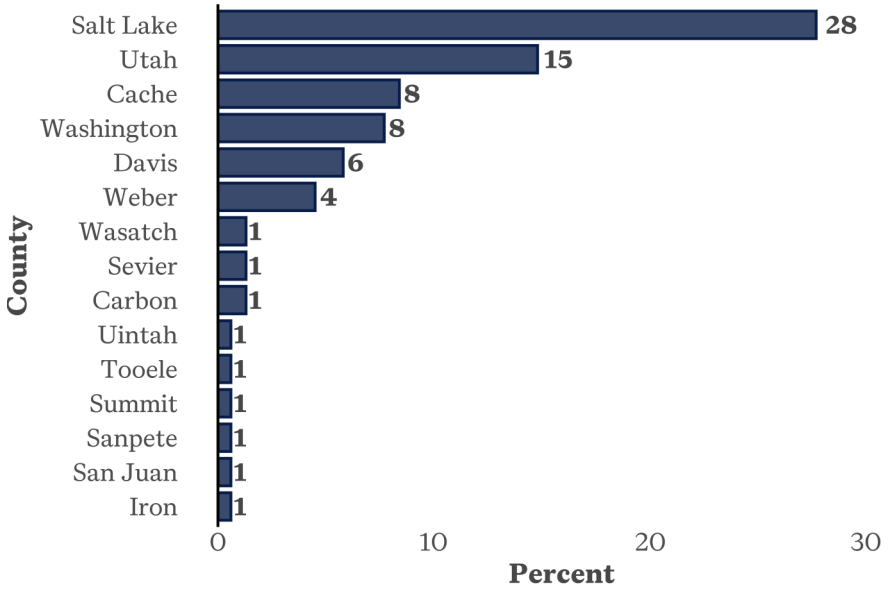
Most do not have a secondary practice setting



DOPL survey responses data, 2024

Figure 11. Primary practice location

Urban counties are the most common



DOPL survey responses data, 2024

Table 2. Comparing county providers per 100k residents

County name	Podiatrists per 100k residents
Cache	9
Carbon	10
Davis	2
Iron	1
Salt Lake	3
San Juan	7
Sanpete	3
Sevier	9
Summit	2
Tooele	1
Uintah	3

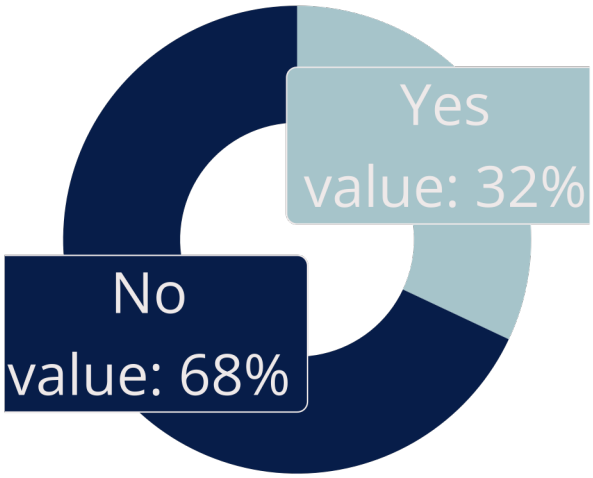
County name	Podiatrists per 100k residents
Utah	3
Wasatch	5
Washington	6
Weber	3

DOPL survey responses data, 2024

Table 2 shows providers per 100,000 residents by county excluding counties without any providers. All but five Utah counties are considered rural. However, about 75% of the state's estimated population lives in those five counties, and those counties will generally be disproportionately represented by counts. While this is necessary to get an understanding of the state's distribution of providers, it is limited in terms of controlling for the population. The "Providers per 100k population" map uses the ratio of responding providers to county population rather than the percentage of responding providers for the value to better account for differences in population. While geographic features like distance and terrain still need to be considered, this additional statistic can better represent providers in relation to the relevant patient population.

Telehealth services

Figure 12. Teleheath services
Most do not offer telehealth



DOPL survey responses data, 2024

The ratio for responding podiatrist providers' working hours versus hours spent providing telehealth services was found to be **31:2**. This means that responding podiatrists who provide telehealth services work an average of around 31 hours per week and provide an average of 2 hours of telehealth a week. Note that these are averages due to the responses being provided in a range format (i.e. "21-24 hours worked a week", etc.)

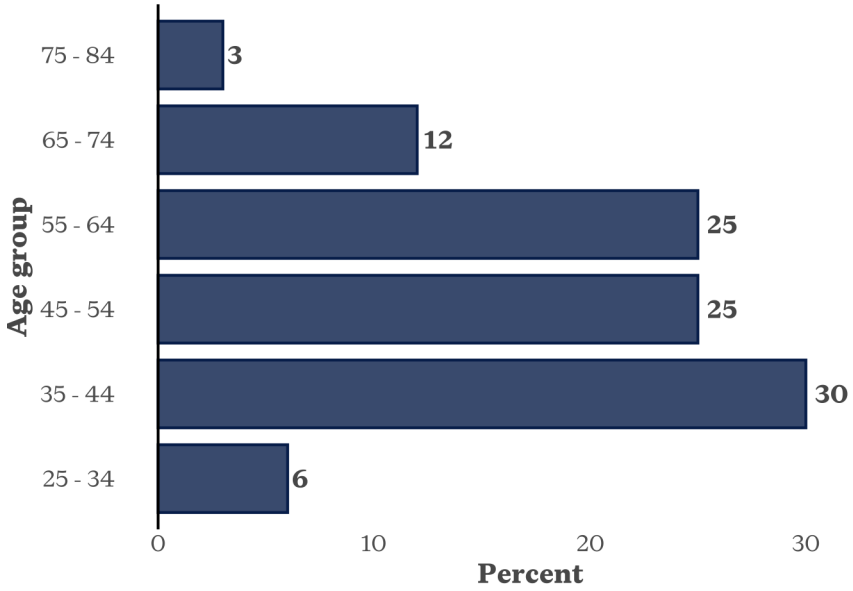
Demographics

The following section includes practitioner survey response information on demographic information such as age, race/ethnicity, and sex.

Age

Figure 13. Age of respondents

Most are 35 - 44 years old



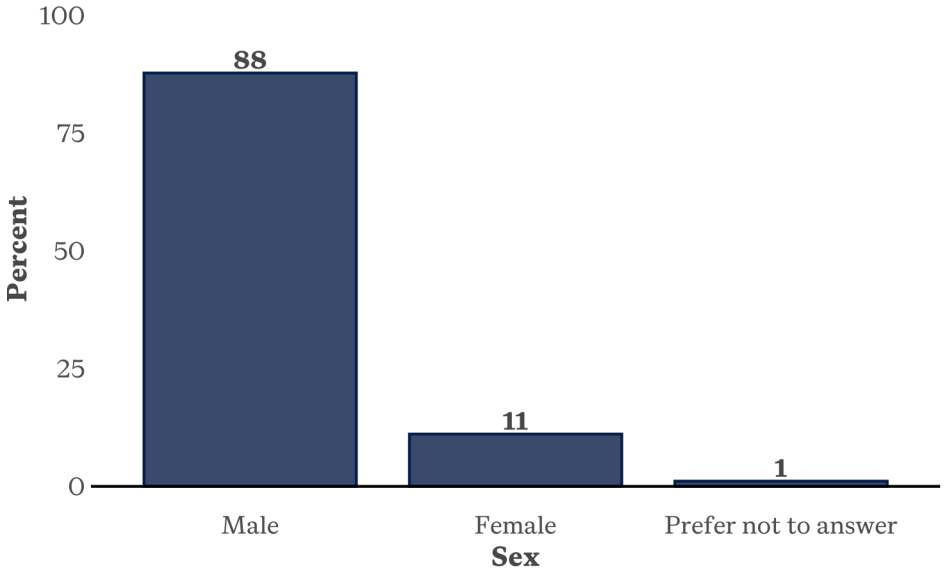
DOPL survey responses data, 2024

Age data comes from DOPL and not from the survey data. Age is calculated by determining whether the individual's birth date preceded the date the survey became available. The median age of survey respondents is 51 years old.

Sex

Figure 14. Sex of respondents

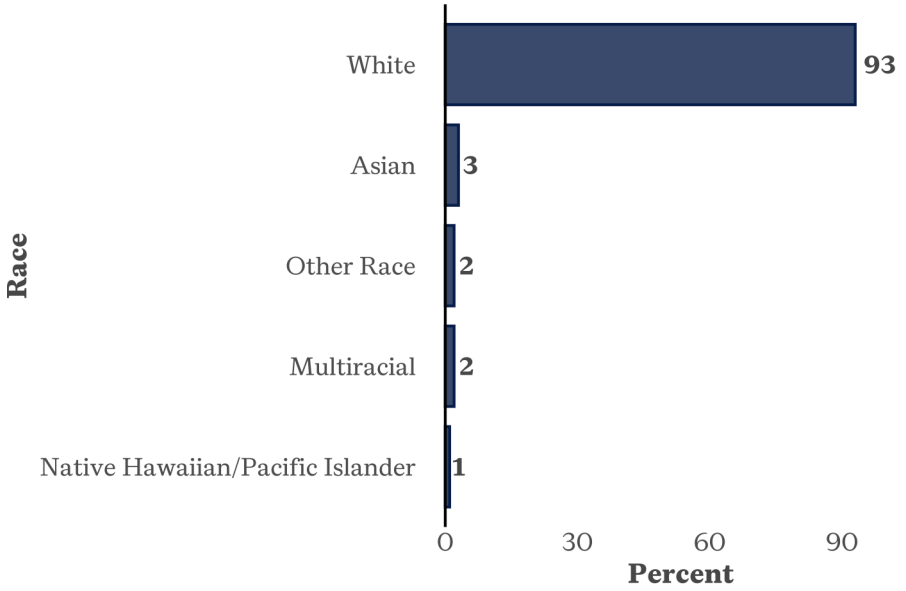
88% are male



DOPL survey responses data, 2024

Figure 15. Race of respondents

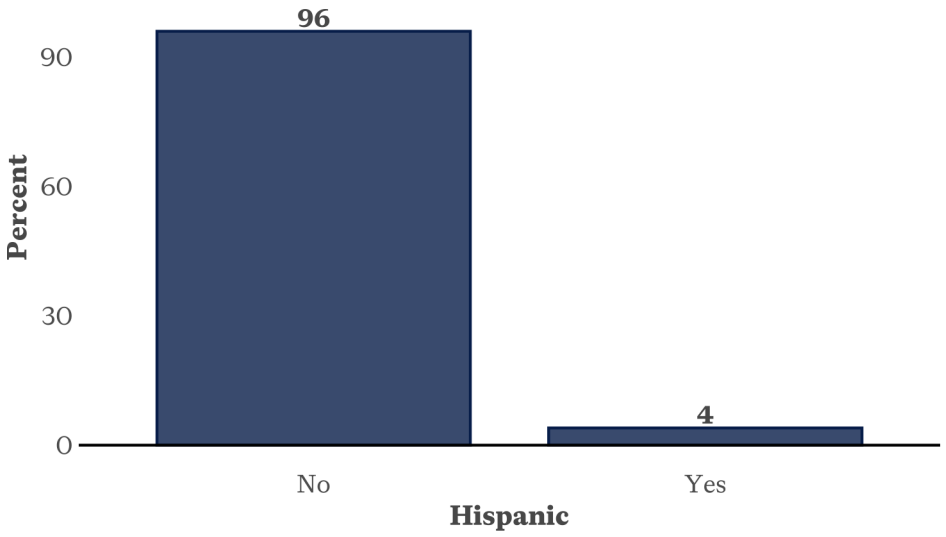
93% are white



DOPL survey responses data, 2024

Figure 16. Ethnicity of respondents

4% are Hispanic



DOPL survey responses data, 2024

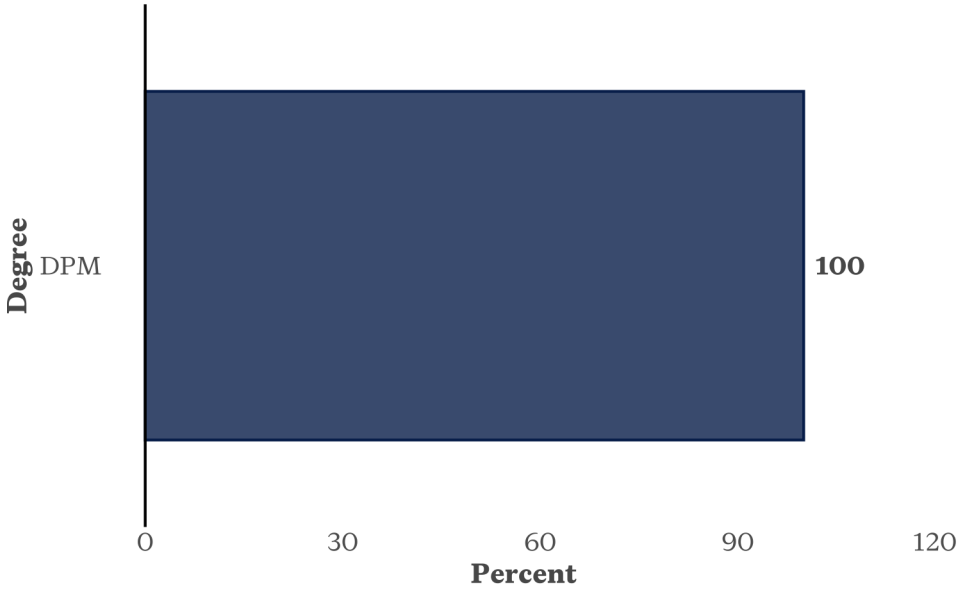
"Multiracial" did not appear as a response option but was created for this report by counting respondents who selected multiple racial options.

Education

This section includes practitioner survey response information on education information, including qualifying education and highest education.

Qualifying education

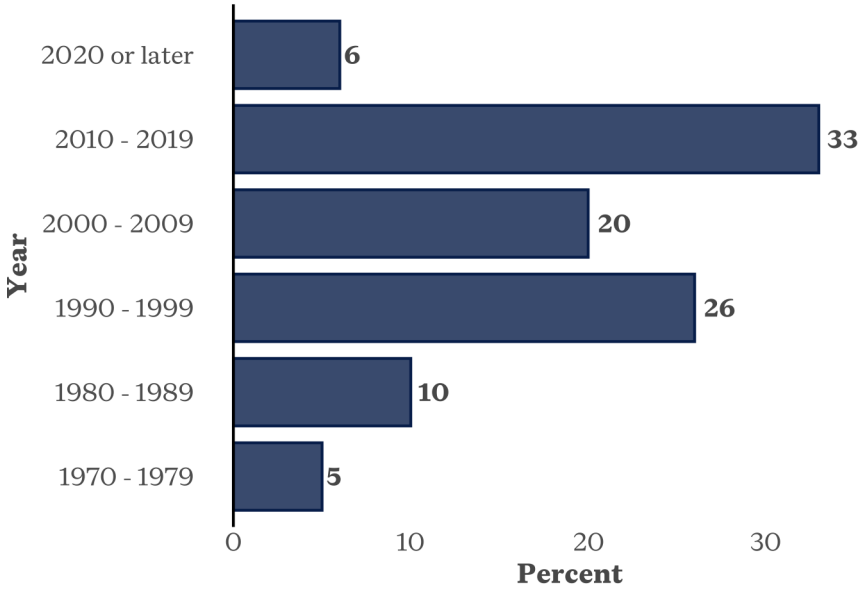
Figure 17. Qualifying education
All repondents earned a DPM



DOPL survey responses data, 2024

Figure 18. Year of qualifying degree

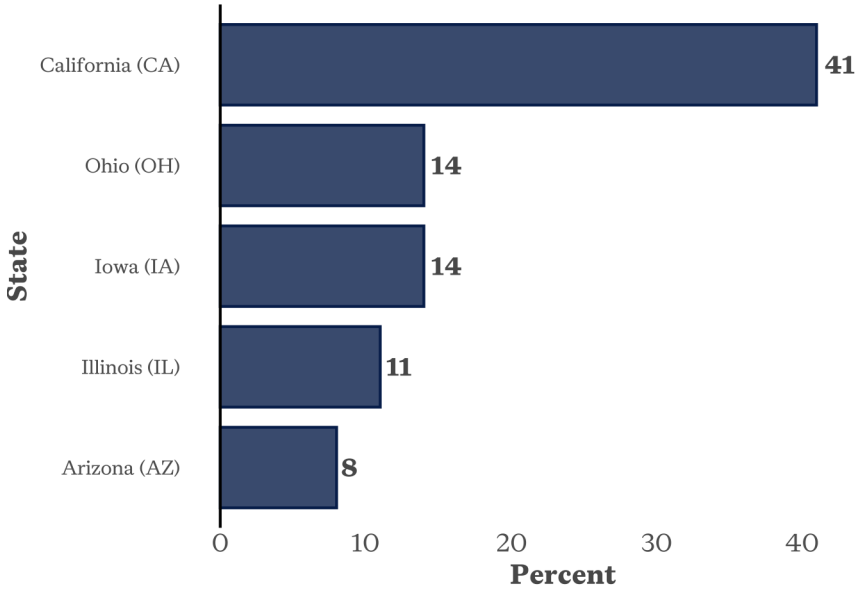
Most graduated during 2010 - 2019



DOPL survey responses data, 2024

Figure 19. Qualifying degree location

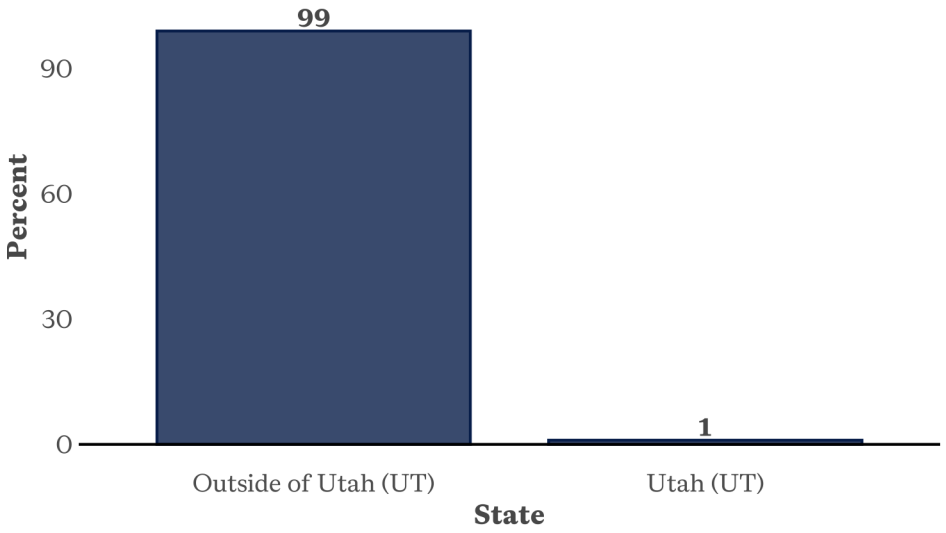
41% earned their degree in California



DOPL survey responses data, 2024

Figure 20. Inside/outside Utah

99% earned their degree outside Utah



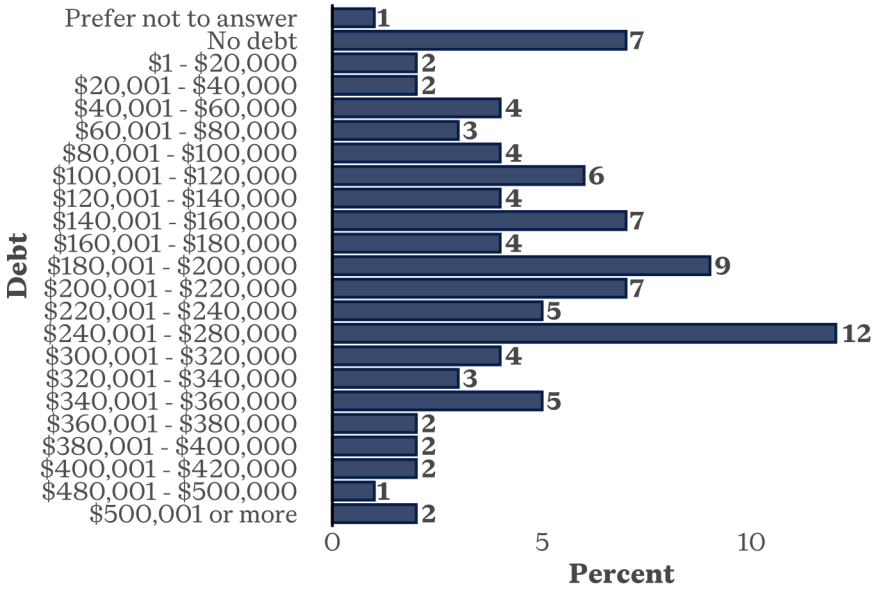
DOPL survey responses data, 2024

Education debt

This section includes practitioner survey response information on educational debt.

Figure 21. Educational debt

33% of respondents have $240,000 or more



DOPL survey responses data, 2024

Approximately 92% of respondents report having educational debt, and about 33% or respondents carry balances of $240,000 or more.

Table 3. Educational debt by age group

Debt	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84
$1 - $20,000	0	0	3	0	12	25
$20,001 - $40,000	0	0	0	0	12	25
$40,001 - $60,000	0	0	3	5	18	25
$60,001 - $80,000	0	5	0	2	12	0
$80,001 - $100,000	0	0	3	8	18	0
$100,001 - $120,000	0	0	6	12	12	0
$120,001 - $140,000	0	2	0	8	6	25
$140,001 - $160,000	0	5	14	12	0	0
$160,001 - $180,000	14	0	8	8	0	0
$180,001 - $200,000	14	16	8	8	6	0

Debt	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84
$200,001 - $220,000	0	5	8	12	6	0
$220,001 - $240,000	0	7	3	10	0	0
$240,001 - $280,000	29	12	19	12	0	0
$280,000 - $300,000	0	0	0	0	0	0
$300,001 - $320,000	14	12	3	0	0	0
$320,001 - $340,000	29	5	3	0	0	0
$340,001 - $360,000	0	12	6	2	0	0
$360,001 - $380,000	0	5	3	0	0	0
$380,001 - $400,000	0	7	3	0	0	0
$400,001 - $420,000	0	5	3	0	0	0
$420,001 - $440,000	0	0	0	0	0	0
$440,001 - $460,000	0	0	0	0	0	0
$460,001 - $480,000	0	0	0	0	0	0
$480,001 - $500,000	0	0	3	0	0	0
$500,001 or more	0	5	3	0	0	0

DOPL survey responses data, 2024

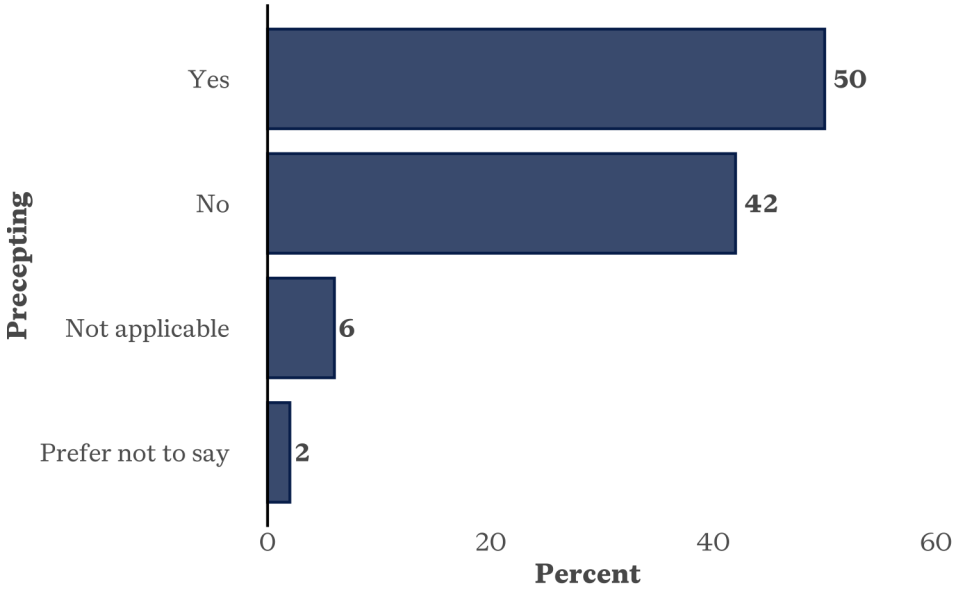
Employment characteristics

This section includes practitioner survey response information on their employment such as specialty, role, telehealth hours, precepting status, and patient types.

Precepting

Figure 22. Respondents precepting

50% of respondents precept



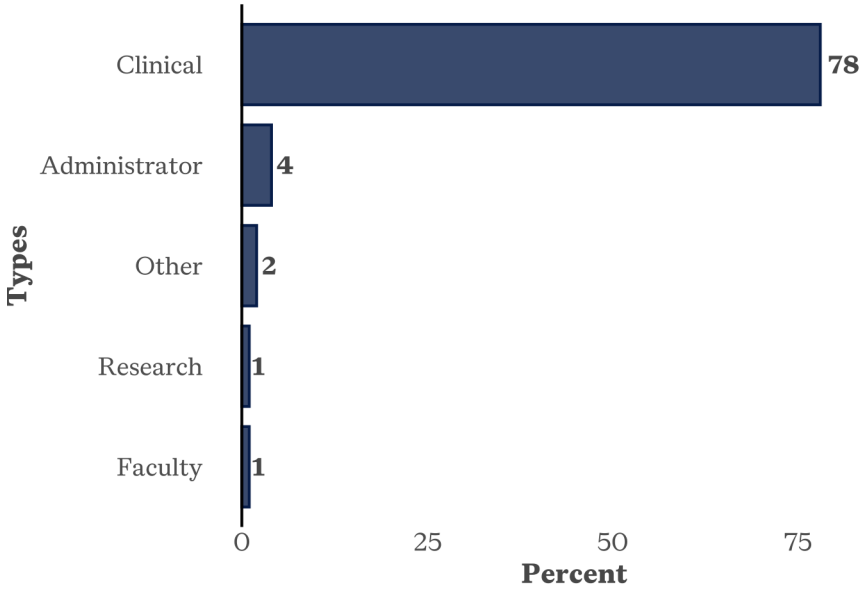
DOPL survey responses data, 2024

Precepting refers to podiatrist providers mentoring, teaching, or instructing a student or new staff member. The chart above illustrates the percentage of responding speech-language pathologists who act as preceptors, excluding respondents who selected “prefer not to say” and combining “not applicable” responses with “no.”

Role and employment type

Figure 23. Primary practice role

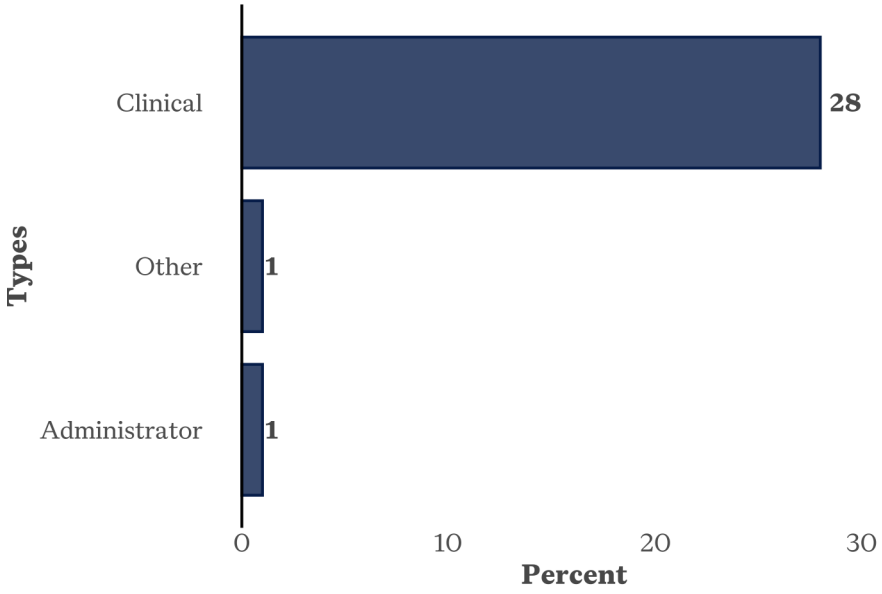
78% work in a clinical role



DOPL survey responses data, 2024

Figure 24. Secondary practice role

28% work in a clinical role



DOPL survey responses data, 2024

Income

Table 4. Median wage and counts

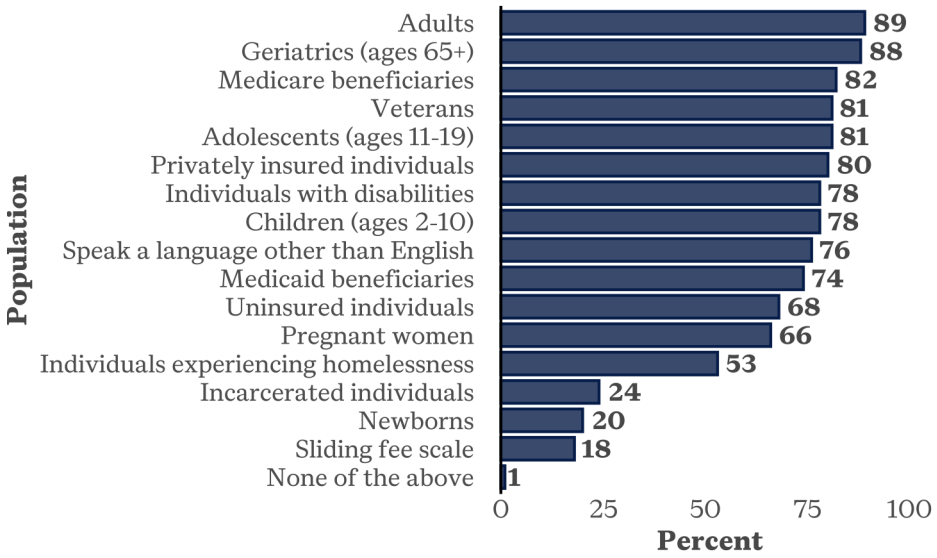
Year	Podiatrist count	Employer count	Total wages	Median wage
2021	146	100	$ 18,420,213	$ 126,165.84
2022	164	103	$ 20,757,725	$ 126,571.49
2023	162	107	$ 22,603,765	$ 139,529.41
2024	167	107	$ 25,043,015	$ 149,958.17
2025	166	103	$ 26,128,298	$ 157,399.39

Unemployment insurance data, 2025

Income data including employment and wages comes from matching podiatrist providers from DOPL data to unemployment insurance (UI) data from DWS. “Podiatrist Count” are of distinct podiatrist providers while “Employer Count” are of distinct employers of podiatrist providers. “Total wages” are the sum of podiatrist provider wages while “Median wage” represents the midpoint of podiatrist provider wages. The median podiatrist wage from UI data increased approximately 25% from 2021-2025.

Figure 25. Patient populations

Sliding fee scale patients are the least likely to be served



DOPL survey responses data, 2024

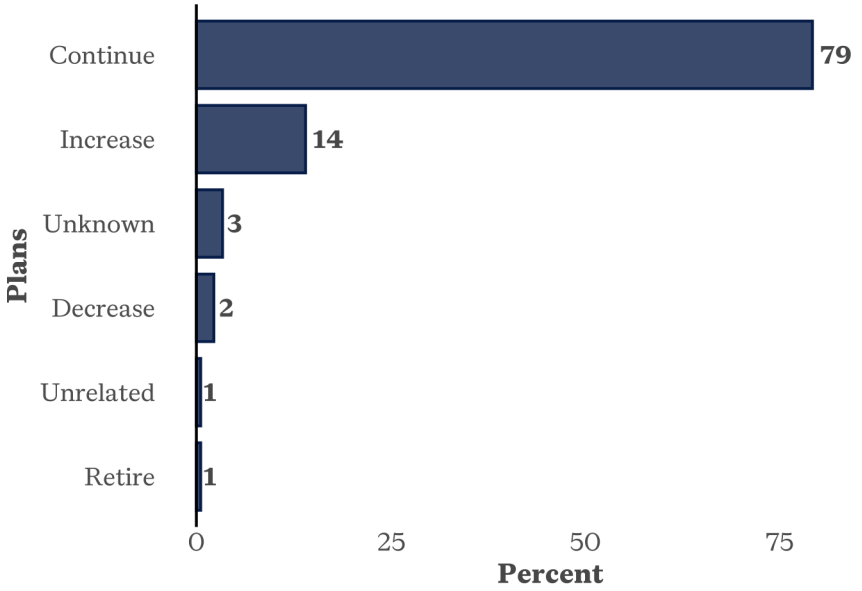
Future employment

This section includes practitioner survey response information on employment intentions, including employment plans for the next two years, anticipated changes in hours worked (change in FTE status), and projections.

Two-year employment intentions

Figure 26. Two-year employment plans

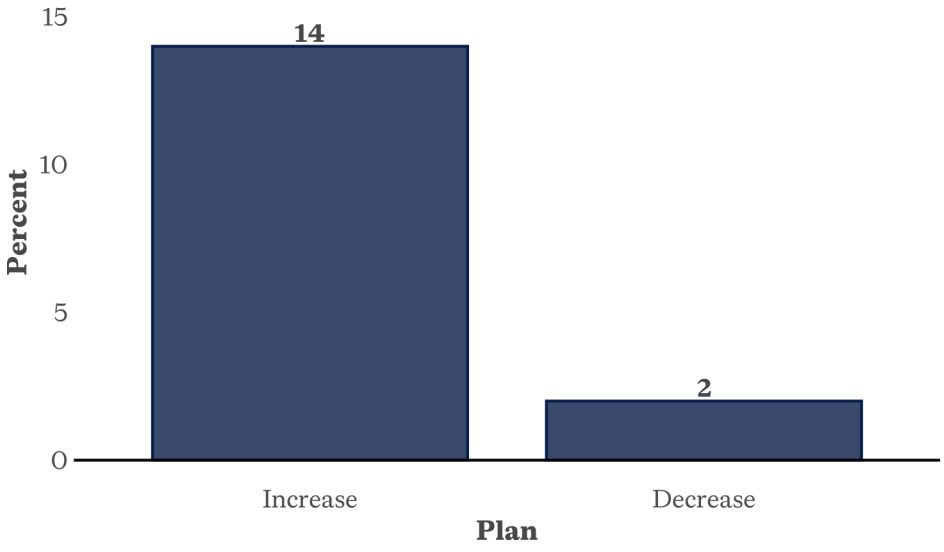
79% plan to continue with no change



DOPL survey responses data, 2024

Figure 27. Increase vs decrease hours

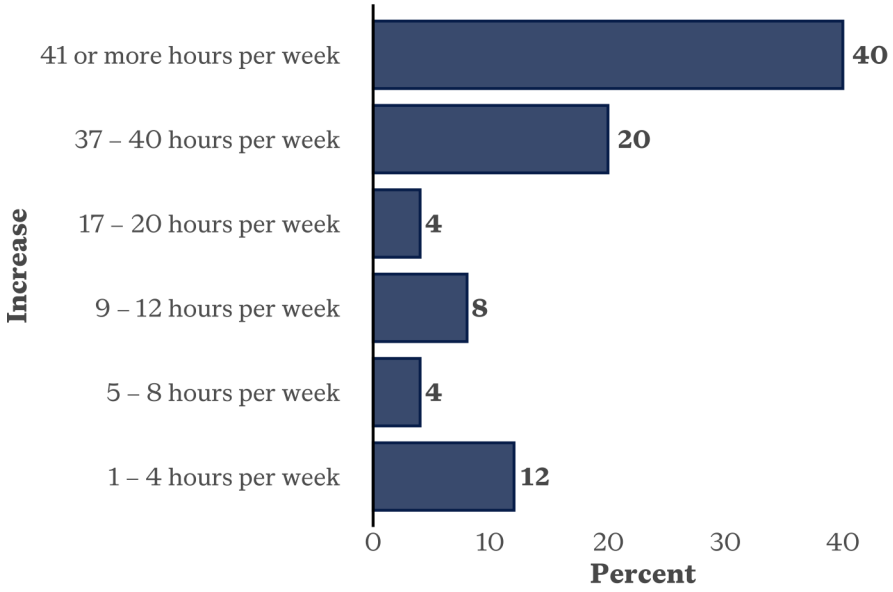
Only 2% plan to decrease their hours



DOPL survey responses data, 2024

Figure 28. Plan to increase hours

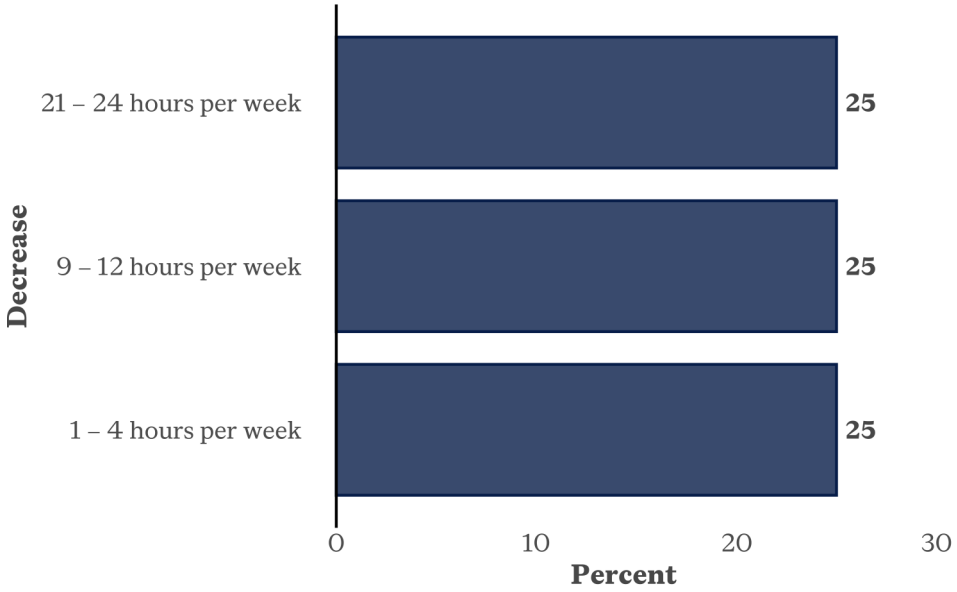
40% plan to work 41 or more hours per week



DOPL survey responses data, 2024

Figure 29. Decrease Hours Plans

All plan to work part-time



DOPL survey responses data, 2024

Table 5. % plan to increase hours by age

Hours	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74
1 – 4 hours per week	0	10	25	25	0
5 – 8 hours per week	0	0	25	0	0
9 – 12 hours per week	0	10	0	25	0
13 – 16 hours per week	0	0	0	0	0
17 – 20 hours per week	0	0	0	0	50
21 – 24 hours per week	0	0	0	0	0
25 – 28 hours per week	0	0	0	0	0
29 – 32 hours per week	0	0	0	0	0
33 – 36 hours per week	0	0	0	0	0
37 – 40 hours per week	0	0	50	50	50
41 or more hours per week	100	80	0	0	0

DOPL survey responses data, 2024

Table 6. % plan to decrease hours by age

Hours	45 - 54	65 - 74	75 - 84
1 – 4 hours per week	0	0	100
5 – 8 hours per week	0	0	0
9 – 12 hours per week	0	100	0
13 – 16 hours per week	0	0	0
17 – 20 hours per week	0	0	0
21 – 24 hours per week	100	0	0
25 – 28 hours per week	0	0	0
29 – 32 hours per week	0	0	0
33 – 36 hours per week	0	0	0
37 – 40 hours per week	0	0	0

Hours	45 - 54	65 - 74	75 - 84
41 or more hours per week	0	0	0

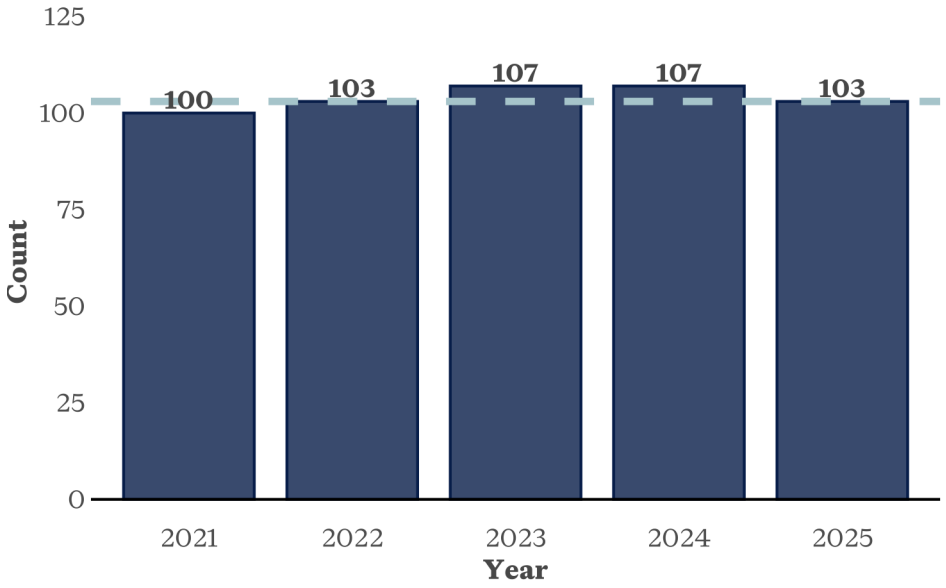
DOPL survey responses data, 2024

Workforce indicators

This section includes workforce indicators and job postings data.

Figure 30. Podiatrist counts from UI data

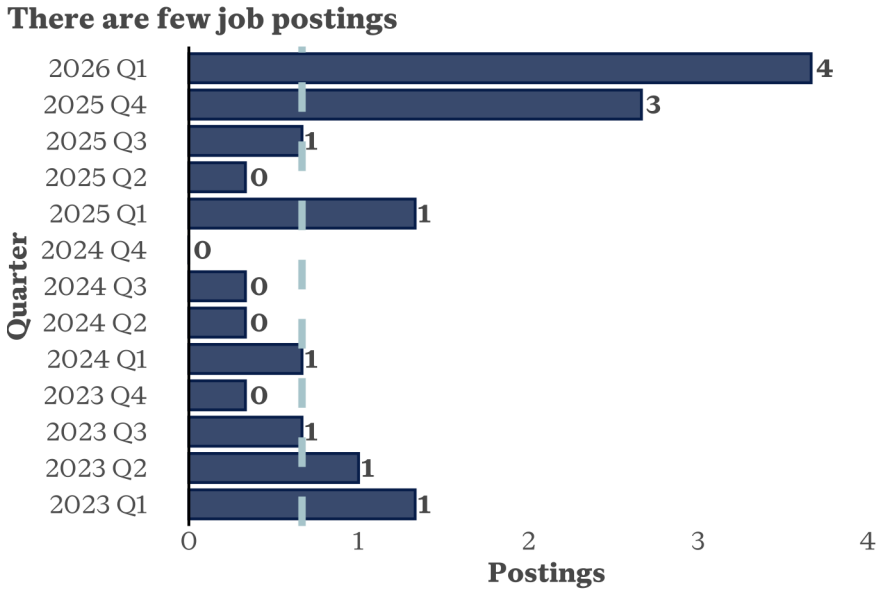
Counts have been steady



Unemployment insurance data, 2025

Job postings

Figure 31. Job postings from Conference Board–Lightcast Help Wanted OnLine



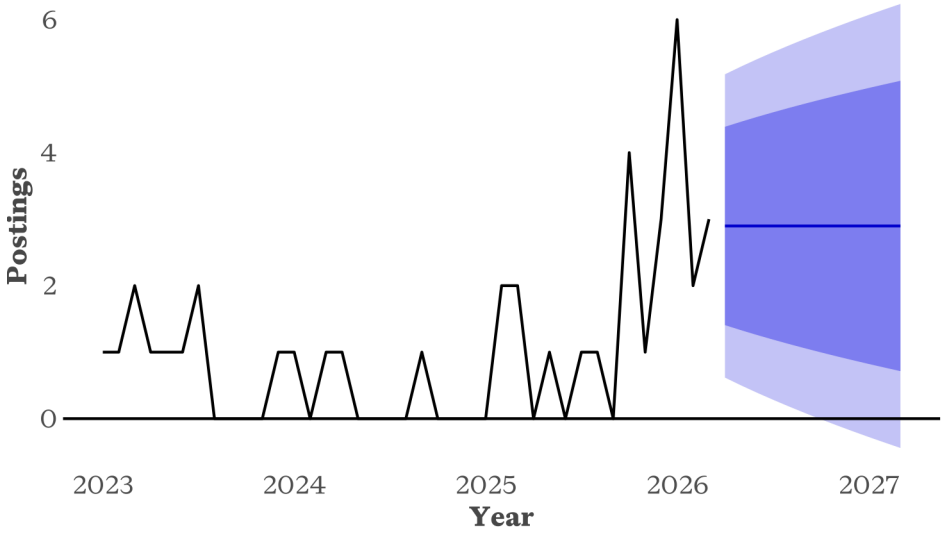
Conference Board–Lightcast Help Wanted OnLine data, 2026

Data comes from Conference Board–Lightcast Help Wanted OnLine data, provided by DWS using Standard Occupational Classification (SOC) codes. Job postings are received as monthly counts of unique listings. For the purposes of this report, those counts are used to calculate quarterly averages. Advertised wages represent averages specified in monthly job postings and are used for subsequent forecasting.

Averages or means are based on monthly distinct counts of job postings. Displaying mean values rather than cumulative counts was chosen to avoid potential inflation from duplicate listings. While the same job may be listed across multiple months, using the mean prevents overrepresenting duplicate postings.

Figure 32. Podiatrist job postings

Podiatrist job postings are projected to remain at early 2026 levels

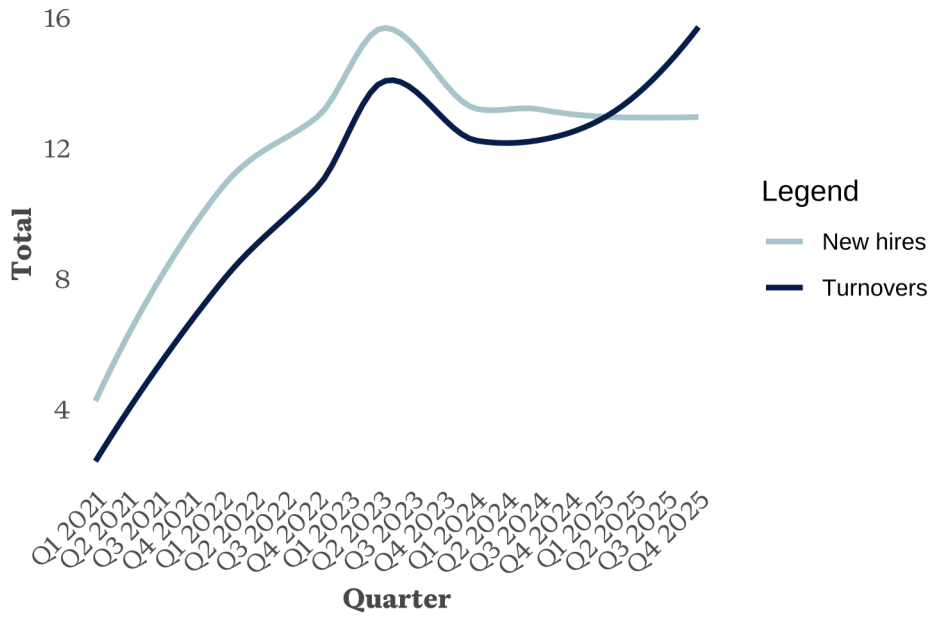


Conference Board–Lightcast Help Wanted OnLine data, 2026

Projections are done using an ARIMA model. The blue line is the averaged prediction over the next year, giving us the most likely scenario. Simulated predictions like these are healthy estimates of future projections, but they should not be taken as concrete truth as unpredictable factors are in play (COVID being a great example).

Figure 33. New hires and turnover

2025 turnover has outpaced new hires



Unemployment insurance data, 2025

Unemployment insurance data workforce activity

Unemployment insurance data is used to determine the general yearly trend of job growth and loss. Jobs "Added" are counts of new hires while "Loss" are counts of providers leaving a specific job or employment. The "Net" is simply the sum of the "Added" and "Loss" aggregates.

Table 7. UI activity

Year	Added	Loss	Net
2021	35	20	15
2022	45	35	10
2023	58	59	-1
2024	51	46	5
2025	52	56	-4

Unemployment insurance data, 2025

A major limitation to unemployment insurance data is that not all practitioners are captured in the data such as those working in a self-employed practice.

Table 8. Provider counts by NAICS settings from UI data

NAICS group	2021	2022	2023	2024	2025
Ambulatory Health Care Services	102	102	105	114	112
Hospitals	38	40	35	33	34

Unemployment insurance data, 2025

Discussion

At the national level, there is generally a deficiency in podiatrist providers (Yorath, 2025). Data from organizations like the National Center for Health Workforce Analysis (NCHWA) highlights a nationwide shortage of over 2,000 podiatrists, driven largely by declining enrollment in podiatry schools over the last decade. Because Utah does not have its own podiatric medical school, local practices must heavily recruit from out of state, competing against major medical centers and practices across the country (Yorath, 2025).

While more urban areas such as Salt Lake, Utah, and Davis counties seem to feature a relatively stable concentration of podiatric specialists, rural and frontier areas in Utah can face critical shortages (Meador, 2021). Podiatrists in rural counties are forced to adopt grueling schedules due to travel between multiple cities to see patients, carrying a significantly higher caseload of Medicare, Medicaid, and charity care patients (Meador, 2021). Also, more rural and frontier clinics typically have much tighter scheduling constraints, often leaving vulnerable populations with limited access to preventative care (Meador, 2021).

Over the last two decades, podiatric residency training has shifted aggressively toward surgery (McCord, 2023). While this has elevated the surgical capabilities of Utah podiatrists, it has also created a potential shortage of providers willing to focus on non-surgical, routine, and preventative foot care such as diabetic wound management and orthotics.

Utah's tight labor market can make hiring clinical support staff a challenge (Crabb, 2026). Practices face immense competition trying to hire and retain medical assistants, coordinators, and billing specialists, who can often find higher-paying, lower-stress positions in Utah's technology or commercial sectors (Crabb, 2026). The resulting staff shortages force podiatrists to absorb heavy administrative and documentation burdens, accelerating clinical burnout.

The economic reality of entering the field is becoming increasingly difficult to balance. The average podiatric medical graduate carries roughly $250,000 in student loan debt (Bertman, 2024). Approximately a third of survey respondents indicated they have $240,000 or more in student loan debt. When balanced against rising operational inflation, high hiring costs for staff, and decade-long stagnation in Medicare/private insurance reimbursement rates, starting or maintaining an independent private practice in Utah has become financially challenging.

Limitations

While these findings offer valuable insights, they should be interpreted in light of several limitations. The data are drawn from a voluntary survey administered during license renewal, with an average response rate of about 50%, which may not fully represent the entire podiatrist workforce. Because the survey is neither a complete census nor a statistically valid random sample, results generalized to all podiatrists in Utah must be interpreted with caution. Additionally, license counts from the DOPL include all individuals holding an active license but do not confirm whether the licensee is currently practicing, practicing in Utah, or working in a podiatrist role. All employment and demographic information are self-reported, which introduces the potential for misclassification, recall bias, and error. Finally, the data represents a single point in time and do not reflect changes in the workforce that may occur after data collection. Despite these limitations, the report offers a meaningful starting point for understanding Utah's podiatrist workforce.

The Conference Board–Lightcast Help Wanted OnLine job postings data, provided by DWS, does not easily equate into net job growth. Job postings may only be needed to replace staff turnover. Not all new hires are publicly posted and not all job postings lead to new hires. Some postings remain online long after hiring is complete. Companies may post jobs to build candidate pipelines or for market testing of recruitment and salary expectations. These can sometimes be referenced as "ghost jobs". The existence of ghost jobs is one reason many are cautious about using online job postings to estimate future employment growth. Many postings can make the labor market look stronger than actual hiring activity.

UI wage data provided by DWS includes quarterly gross earnings reported by employers operating in Utah and exclude self-employment and wages from federal agencies, religious organizations, some small non-profit organizations, and certain agricultural and domestic workers. UI data does not include hourly pay rates or total hours worked per quarter. Full-time and part-time analysis is cross-referenced from the workforce survey data.

Appendix A

DOPL supply survey

Questions were asked about the practitioners' Utah status, practice characteristics, demographics, employment plans, and patient population types. The survey can be found online at: https://ruralhealth.utah.gov/wp-content/uploads/Physician_-profession-specific-survey-HWAC-adopted-.pdf

Objectives

The HWAC has developed and adopted, with support from the Data Subcommittee, the Utah Cross-Profession Minimum Data Set (UCPMDS). UCPMDS is the underlying set of questions covering the highest priority data elements needed for health workforce planning throughout Utah.

Seven national healthcare regulatory organizations worked with Veritas Health Solutions, a consultant in health workforce data, policy, and planning, to create the UCPMDS. The UCPMDS intends to standardize certain information captured from various health professions to support within-profession and between-profession analyses to better inform health policies and strategies. UCPMDS serves as a fundamental data system, upon which individual profession-specific tools are being developed and implemented into the re-licensure process.

Profession-specific surveys are being created for all licensed health professions. They are optional and are being implemented into the application process through the Division of Professional Licensing.

Target population

All DOPL licensed podiatry-related licenses were included in the license renewal process. Podiatry-related license types include "Podiatric Physician" licenses.

Response rates

Observing the count of eligible practitioners provided by DOPL, the survey response rate was about 50.85%. The following item response rates are based on those who provided a valid license number and responded to at least one question rather than those who were eligible to receive the survey. These rates may be slightly higher than the response rates provided throughout the analysis as those excluded not applicable items.

Table 9. Survey item response rates

Number	Text	%
1	What is your sex?	100.0
2	What is your race? Mark one or more boxes.	99.4
3	Are you of Hispanic, Latina/o, or Spanish origin?	100.0
4	What is your medical degree?	100.0
5	What year did you complete medical school?	100.0
6	Where did you complete medical school?	100.0
7	What year did you complete your residency training?	96.1
8	Where did you complete your residency training?	96.7
9	What is your employment status?	99.4
10	What best describes your employment plans for the next 2 years?	98.9
11	If you previously indicated you plan to increase or decrease hours in a field related to this license in the next 2 years, please estimate the total number of hours per week you expect to work after the change. If this does not apply, please select not applicable.	15.6
12	Of the hours per week spent in direct patient care, estimate the average number of hours per week delivering patient care via telehealth.	98.3
13	Please indicate the population groups to which you provide clinical services. Please check all that apply.	97.8
14	Which of the following best describes the primary specialty/field/area of practice in which you spend most of your professional time?	95.6
15	Which of the following best describes your secondary specialty/field/area of practice?	92.2
16	What is your primary practice location? If this does not apply, please enter "N/A".	96.1
17	Which of the following best describes your current employment arrangement at your principal practice location?	97.2
18	Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.	97.2

Number	Text	%
19	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select “not applicable”.	97.2
20	Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select not applicable. Does not include time on call.	97.2
21	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select not applicable.	97.2
22	What is your Secondary Practice location? If this does not apply, please enter “N/A”.	83.9
23	Which of the following best describes your current employment arrangement at your secondary practice location?	71.7
24	Please identify the role/title(s) that most closely corresponds to your secondary employment/practice type.	72.2
25	Which of the following best describes the practice setting at your secondary practice location? If this does not apply, please select not applicable.	66.7
26	Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select not applicable. Does not include time on call.	63.9
27	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select not applicable.	63.9
28	What is your Tertiary Practice location? If this does not apply, please select “N/A”.	66.1
29	Which of the following best describes your current employment arrangement at your tertiary practice location?	62.2
30	Please identify the role/title(s) that most closely corresponds to your tertiary employment/practice type.	61.7
31	Which of the following best describes the practice setting at your tertiary practice location? If this does not apply, please select not applicable.	52.2

Number	Text	%
32	Estimate the average number of hours per week spent at your tertiary practice location. If this does not apply, please select not applicable. Does not include time on call.	52.2
33	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your tertiary practice location. If this does not apply, please select not applicable.	52.2
34	Please indicate the amount of total educational debt incurred for your medical training (excluding any non-education debt).	89.4
35	Have you mentored/precepted students within the last two years?	96.1
36	Please indicate the types of mentoring you have provided to students within the last two years.	92.8

DOPL survey responses data, 2024

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