Career prospects and professional landscape after advanced endoscopy fellowship training: a survey assessing graduates from 2009 to 2013

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Background and Aims: The advanced endoscopy (AE) fellowship is a popular career track for graduating gastroenterology fellows. The number of fellows completing AE fellowships and the number of programs offering this training have increased in the past 5 years. Despite this, we suspect that the number of AE attending (staff physician) positions have decreased (relative to the number of fellows graduating), raising concerns regarding AE job market saturation. Our aim was to survey practicing gastroenterology physicians who completed an AE fellowship within the past 5 years regarding their current professional status.

Methods: A 16-question survey was distributed using Research Electronic Data Capture by e-mail to practicing gastroenterologists who completed an AE fellowship between 2009 and 2013. The survey questions elicited information regarding demographics, professional status, and additional information.

Results: A total of 96 invitations were distributed via e-mail. Forty-one of 96 respondents (43%) replied to the survey. Approximately half of the respondents were employed in an academic practice, with the remainder in private practice (56% and 44%, respectively). Nearly half (46%) of the respondents found it "difficult" to find an AE position after training. Thirty-nine percent of private-practice endoscopists were performing > 200 ERCPs/year, whereas 65% were doing so in academic settings ($P = .09$). Fifty-six percent of respondents were in small practices (0 to 1 partner), with a significantly smaller group size in private versus academic practice (72% versus 43%, $P = .021$). Seventy-eight percent of respondents believed the AE job market was saturated; most responded that the AE job market was saturated in both academic and private practice (44%), whereas 34% believed the job market was saturated in academics only. Most respondents (73%) who were training AE fellows found it difficult to place them in AE attending positions. Respondents from academic practice found it significantly more difficult to balance work and personal life compared with those in private practice (87% versus 33%, respectively; $P = .0004$).

Conclusion: This index survey highlights the trends related to the current state of the post-AE fellowship professional landscape. Further evaluation and discussion are needed to address these evolving issues in professional practice in the field of gastroenterology. (Gastrointest Endosc 2016;84:266-71.)

Abbreviations: AE, advanced endoscopy; ASGE, American Society for Gastrointestinal Endoscopy.

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Advanced endoscopy (AE) practice has become a popular career choice for graduating gastroenterology fellows.[1] Relatively few 3-year gastroenterology fellowship programs in the United States provide trainees with adequate AE training, leading to an increased number of gastroenterology fellows seeking additional formal training in AE.[2] The growth of AE as a career choice has been demonstrated by the growing number of AE fellowships in the United States.[1] In the year 2000 there were 10 AE fellowship training positions in the United States; currently, there are more than 100 such programs nationally.[3] According to the American Society for Gastrointestinal Endoscopy (ASGE), in just a 3-year period (2012 to 2014) the number of AE fellowship training programs has increased from 51 to 58. Currently, 58 training programs participate in the ASGE AE fellowship match, with nearly the same number of non-ASGE-recognized programs that exist outside the match. According to ASGE reports, from 2012 to 2014 the number of applicants participating in the ASGE AE fellowship match has increased nearly 20% (from 91 to 108 applicants). Some of the motivating factors resulting in the rise of AE fellowship applicants include increased variety/complexity of interventional procedures (compared with performing only EGD/colonoscopy in general gastroenterology practice), exposure to mentors in the field, and the perceived demand for the AE skill set.[1]

An additional year dedicated to learning ERCP, diagnostic and therapeutic EUS, enteral stenting, small bowel enteroscopy, and EMR is warranted given the technically demanding skill set required to perform these complex endoscopic procedures.[4] However, with a rising number of trainees pursuing AE fellowships and a growing number of programs offering this training, the subsequent increase in AE fellowship graduates has led to a concern for job market saturation. Although there have been studies dedicated to assessing the motivating factors influencing the decision to pursue an additional AE fellowship year, there are no known studies assessing the post-fellowship job market and professional status of AE fellowship–trained physicians.[1]

Despite the increase in the number of applicants, available positions, and training programs, we suspect the number of AE attending positions after training has decreased (relative to the number of graduating trainees), raising current and future concerns regarding job market saturation. The aim of this study was to survey practicing gastroenterology physicians who completed additional formal AE fellowship training within the past 5 years to assess their current professional status and the post-fellowship career landscape.

METHODS

Survey participants

This study was approved by the University of Rochester Medical Center's Institutional Review Board. A 16-question survey was distributed using the Research Electronic Data Capture system by e-mail to practicing gastroenterologists who had completed an additional 1 to 2 years of AE fellowship training and had graduated between the years 2009 and 2013. E-mail addresses were provided by selective program directors from the 58 ASGE AE fellowship match participating programs. A total of 96 e-mail addresses of AE trainees who had graduated from 2009 to 2013 were obtained. An e-mail invitation was sent to these 96 physicians to participate in the study, with a subsequent e-mail invitation sent on a weekly basis to nonresponders for a total of 4 weeks. A link to the study information letter was embedded in the online survey. Subject completion of the survey served as their consent to participate.

Online survey details

The survey questions elicited information regarding demographics, current employment/AE practice (academic versus private practice), degree of difficulty obtaining a therapeutic endoscopy job after AE fellowship, and additional information regarding the post-AE job opportunity landscape as experienced by recent graduates (Table 1). All questions were multiple-choice, single-best-answer type format, with a final comment space at the end of the survey for respondents to offer additional information and feedback.

Statistical analysis

Research Electronic Data Capture was used to tally the results. All responses were then downloaded and imported into Windows Excel to compute the appropriate descriptive statistics. Univariate analyses were performed using JMP 11.0.0 statistical software (JMP, Cary, NC, USA). The Pearson χ^2 test was used to calculate P value, and $P < .05$ was considered to be statistically significant.

RESULTS

Forty-one of 96 respondents (43%) replied to the survey. Fifty-six percent (23/41) were employed in academic practice, with 44% (18/41) in private practice. Most respondents were 1 to 3 years post-fellowship (80%, 33/41), with a male predominance (90%, 37/41). Nearly half of the survey respondents (46%, 19/41) found it difficult to find an AE position after fellowship.

Ninety-eight percent (40/41) of those trained in EUS and ERCP were practicing both procedures in their practices. Of those performing both EUS and ERCP, 73% (30/41) were performing more than 200 EUS procedures a year and 54% (22/41) were performing more than 200 ERCP procedures a year. Despite this, only 39% of private therapeutic endoscopists (7/18) were performing more than 200 ERCPs a year compared with 65% (15/23) of physicians in academics ($P = .09$).

Fifty-six percent of respondents (23/41) were practicing AE in small practices (0 to 1 partner), with a significantly smaller group size in private versus academic practice