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Original Article

Compensation Among Graduated Fellowship in Minimally Invasive Gynecologic Surgery Fellows

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ABSTRACT **Study Objective:** The Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) is a postresidency fellowship developed with the mission to train the next generation of minimally invasive gynecologic surgeons. The need for surgeons trained in this field has increased, yet there remains a paucity of information regarding the compensation of these specialized surgeons.

Design: A survey was sent via e-mail to FMIGS graduates (N = 221) using an online survey tool; it was sent twice more to increase the response rate between July and December 2013. The survey collected information on current and starting salaries and benefits as well as academic rank, location, practice type, and practice breadth. Comparisons were analyzed using multivariable linear regression models (Canadian Task Force Classification II-2).

Setting: E-mail–based survey.

Patients: Graduates of the FMIGS.

Interventions: A single survey sent 3 times.

Measurements and Main Results: Of 221 graduates surveyed, 164 responded (response rate = 74%). Sixty-one percent of respondents (n = 100) were from academic institutions, and the remainder were from private practice (n = 64). Of all respondents, 27 (16.5%) reported less than 1 year of postfellowship experience and had a median starting salary of $216 399 (range, $106 834–$542 930). Survey respondents were on average 3.3 years (range, 0–14) out of fellowship with a median salary of $238 198 (range, $108 200–$993 765). Academic surgeons (average experience = 3.4 years) earned $208 743 (range, $106 834–$542 930) compared with private practice surgeons (average experience = 3.2 years) who earned $233 020 (range, $115 000–$454 448).

Conclusion: Salaries and compensation benefits of graduates of the FMIGS are varied. This information is very relevant to those attempting to hire or become employed as gynecologic surgical specialists. Journal of Minimally Invasive Gynecology (2015) 22, 469–474 © 2015 AAGL. All rights reserved.

Keywords: Compensation; Fellow; Fellowship; Fellowship in Minimally Invasive Gynecologic Surgery; Salary

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The Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) has its origins in advanced reproductive surgery and, in its original form, was developed to address inadequate resident training in modern endoscopy. Reproductive surgeons served as the original preceptors for the Society for Reproductive Surgery (SRS) fellowship. In the years that followed, similar fellowships were established that focused on the particular interests of each site's

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preceptor. These fellowships were without standardization or affiliation with a major society. In 2001, the American Association of Gynecologic Laparoscopists (AAGL) and SRS collaborated to establish the first FMIGS programs, standardizing the curriculum and the requirements for research [1]. Of the 44 current FMIGS sites, all are now 2-year commitments. Fellowship programs were previously either 1 or 2 years in duration. The mission of fellowship training as defined by the FMIGS is to serve as a "scholarly and surgical resource for the community … to care for patients with complex gynecologic disease, and manage complications of minimally invasive techniques [2]."

The Association of American Medical Colleges (AAMC) publishes an annual report on medical school faculty salaries using data from a Web-based survey, which is completed by all accredited US medical schools. Similarly, the Medical Group Management Association publishes an annual report separating private practice and academic compensations and production. These reports include data on board-certified subspecialties, including gynecologic oncology, maternal fetal medicine, and reproductive endocrinology [3]. Minimally invasive gynecologic surgery, like the Fellowship in Family Planning, is not a board-certified subspecialty and thus has not been included in these reports.

In a study that compared overall physician salary compensation in obstetrics and gynecology to inflation over a 9-year period from 2001 to 2009, a net 3.5% increase was noted. Although salaries increased overall in each specialty, the growth was lowest in general obstetrics and gynecology followed by reproductive endocrinology/infertility and was not statistically different from the inflation rate. Salaries were consistently highest among faculty in gynecologic oncology followed by maternal-fetal medicine [4]. The financial loss of doing a fellowship is not guaranteed to be recouped in subsequent years and may require a higher than average salary to render the additional training financially neutral. A study of female pelvic medicine and reconstructive pelvic surgery graduates found that an annual income that was 16% to 31% higher than that of a general obstetrician/gynecologist was required to offset the financial opportunity cost ($400 000–$600 000) of fellowship training [5]. Now that the FMIGS is 2 years, rather than 1, the question of equitable salary compensation for fellowship training becomes increasingly relevant. The objectives of this study were to investigate the starting and current compensation of FMIGS graduates based on different practice types, locations, and years of experience.

Materials and Methods

To maximize the response rate, administrators of the FMIGS sent a survey to all fellowship graduates on 3 separate occasions between July and December 2013. SurveyGizmo (Boulder, CO) was used to produce and distribute the survey, and it was managed and executed by the FMIGS fellowship manager. To confirm that there were not multiple responses from a single individual, respondent data were cross-referenced using demographic data, and no duplicate responses were present.

The survey consisted of items designed to determine general employment type, practice details, and compensation (Appendix 1, available at http://jmig.org). Survey participants were asked about practice model (academic vs private), practice location, initial starting rank (if academic), and practice focus (minimally invasive surgery [MIS] only vs gynecology only vs obstetrics/gynecology [OB/GYN] generalist). Regarding practice details, survey participants were asked about practice location, which was grouped into 5 groups: 1 international region and 4 US regions. Finally, survey participants were asked about current salary, starting salary, benefits, and compensation model. Starting and current salaries were inflation adjusted using the consumer price index obtained from the US Department of Labor, Bureau of Labor Statistics. Salary observations were converted to 2013 dollars to control for inflation and cost of living. Median values were used for total compensation because they are generally more consistent over long periods of time, are less affected by extreme values, and reflect industry standard use by the Medical Group Management Association (MGMA) and AAMC.

We used descriptive statistics to examine demographics by region, practice type, service type offered, years of experience for starting salary, and salary currently earned. Multivariable linear regression models (a separate model for each dependent variable) were then used to evaluate the effects of region, service type offered, and practice type. Means were used for these models. The effect of years of experience was examined additionally in the current salary model. The current salary regression model also controlled for starting salary. The model fit was assessed using residual plots. Log transformations were used in both the starting salary and current salary model to improve the model fit.

Data were collected by the AAGL and FMIGS for use by the fellowship in establishing a database of fellow salaries. This database contains no personal identifiers. Information was secured on password-protected computers only. The Institutional Review Board at the University of Utah granted analysis of these data institutional review board exempt status.

Results

Surveys were sent to all of the 221 physicians who graduated from FMIGS fellowships; 164 surveys were returned for a response rate of 74%. There were respondents from 8 countries including Israel, Lebanon, Oman, Saudi Arabia, South Africa, United Kingdom (1 each), Canada (4), and the United States (152). Ninety-three percent of the responses were from physicians practicing in the United States. US respondents were separated into 4 regions for analysis (Fig. 1). FMIGS graduate respondents tended to be mostly in academics (i.e., nontenure track assistant professors with 3 or fewer years of experience) (Table 1). The current median salary (inflation adjusted to 2013 US dollars) of all responding FMIGS graduates is $238 198 (range, $108 200–$993 765) (Fig. 2). The median starting salary of FMIGS surgeons was reported as $216 399 (range, $106 834–$542 930) (Fig. 3). The median starting salaries of the most recent graduating FMIGS fellows (postfellowship experience 0-1 years; n = 55) was $200 000 (range, $115