

# Practice patterns, satisfaction, and demographics of reproductive endocrinologists: results of the 2014 Society for Reproductive Endocrinology and Infertility Workforce Survey

Kurt T. Barnhart, M.D., M.S.C.E.,<sup>a</sup> Steven T. Nakajima, M.D.,<sup>b</sup> Elizabeth Puscheck, M.D.,<sup>c</sup> Thomas M. Price, M.D.,<sup>d</sup> Valerie L. Baker, M.D.,<sup>b</sup> and James Segars, M.D.<sup>e</sup>

<sup>a</sup> Division of Reproductive Endocrinology and Infertility, University of Pennsylvania Medical Center, Philadelphia, Pennsylvania; <sup>b</sup> Division of Reproductive Endocrinology and Infertility, Stanford University School of Medicine, Stanford, California; <sup>c</sup> Department of Obstetrics and Gynecology, Wayne State University, Detroit, Michigan; <sup>d</sup> Division of Reproductive Endocrinology and Infertility, Duke University, Durham, North Carolina; and <sup>e</sup> Department of Gynecology and Obstetrics, Johns Hopkins University, Baltimore, Maryland

**Objective:** To identify the current and future state of the practice of reproductive medicine.

**Design:** Cross-sectional survey.

**Setting:** Not applicable.

**Patient(s):** None.

**Intervention(s):** Not applicable.

**Main Outcome Measure(s):** The survey included 57 questions designed to assess practice patterns/metrics and professional satisfaction and morale.

**Result(s):** A total of 336/1,100 (31%) responded, and they were 38% women, 61% men, and 76% Caucasian, with a mean age of 54. Respondents averaged 2.3 jobs and averaged 53 hours of work per week: 44% work in academia and 50% in private groups. Average practice size was 5.5, with an average of 470 fresh IVF cycles performed per year. Percent effort included 63% infertility, 10% endocrinology, 10% surgery, and 9% research. Respondents performed an average of 13 major surgeries, 69 minor surgeries, and 128 oocyte retrievals per year. A total of 60% were salaried, and 40% were equity partners. Compensation was highly skewed. Greater than 84% had a positive morale and had a positive view of the future, and 92% would again choose REI as a career. The most satisfying areas of employment were patient interactions, intellectual stimulation, interactions with colleagues, and work schedule. The least satisfying areas were work schedule and financial compensation. Training was felt to be too focused on female factor infertility and basic research with insufficient training on embryology, genetics, male factor infertility, and clinical research. In the next 5 years, 57% suggested that the need for specialists would stay the same, while 20% predicted a decrease. A total of 58% felt we are training the correct number of fellows (37% felt we are training a surplus). Compared with academia, those in private practice reported higher compensation, less major surgery, more IVF, less endocrinology, and less research. Men worked more hours,

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Reprint requests: Kurt T. Barnhart, M.D., M.S.C.E., Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University of Pennsylvania Medical Center, 3701 Market Street, Suite 800, Philadelphia, Pennsylvania 19104 (E-mail: [Kbarnhart@obgyn.upenn.edu](mailto:Kbarnhart@obgyn.upenn.edu)).

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conducted more surgery and IVF cycles, and had higher compensation than women. Morale was similar across age, gender, practice type, and geography.

**Conclusion(s):** Our subspecialty has an extremely high morale. We are a middle-aged subspecialty with disparate compensation and a focused practice. Some respondents sense a need for a change in our training, and most anticipate only mild growth in our field. (Fertil Steril® 2016;105:1281–6. ©2016 by American Society for Reproductive Medicine.)

**Key Words:** Reproductive endocrinology, infertility, satisfaction

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**R**eproductive endocrinologists are trained as obstetrician-gynecologists with advanced education, research, and professional skills in reproductive endocrinology and infertility (REI). The Society for Reproductive Endocrinology and Infertility (SREI) is a professional society for specialty-trained physicians who practice reproductive medicine. SREI membership requires certification by the American Board of Obstetrics and Gynecology (ABOG) in both obstetrics and gynecology and the subspecialty of REI. Members of SREI are dedicated to providing excellence in reproductive health through research, education, and the care of our patients.

REI became a subspecialty of obstetrics and gynecology (ob/gyn), with a 2-year postresidency fellowship, in the early 1970s and changed to a 3-year fellowship in the 1990s. The charter for SREI was started in 1983, with Leon Speroff, M.D., presiding as inaugural president and with 160 members. Currently there are approximately 1,300 ABOG-certified reproductive endocrinologists in the United States. SREI membership in 2015 was 834 members, with more than 200 associate members.

The vision of SREI is to promote excellence in reproductive health and science. The mission of the SREI is to serve a leadership role in REI by promoting excellence in patient care; fostering the training and career development of students, residents, associates, members, and affiliates; developing new initiatives in basic and clinical research; and supporting ethical practice and advocacy for the subspecialty.

The SREI set out to identify the current and future state of the practice of reproductive medicine by obtaining information from SREI members to provide insight into the field of reproductive medicine and guide decision making for training and practice. The SREI membership was queried regarding factors including professional trends, practice pattern, practice type and size, anticipated outlook of practice, job satisfaction, compensation, and demographic information.

## MATERIALS AND METHODS

The SREI conducted an online survey to clarify the current climate and practice of reproductive medicine. The survey was conducted by Professional Testing Corporation. The survey included 57 questions designed to assess three main topics: practice patterns and metrics, professional satisfaction and morale, and demographics. Invitations to

participate in the survey were sent via e-mail to 1,100 certified REIs with membership in SREI or the American Society for Reproductive Medicine (ASRM). Two reminders were emailed. This survey was exempt from Institutional Review Board approval as it was anonymous and voluntary. The survey was initially sent in October 2013 and was closed to enrollment in February 2014. Incentives included \$50 gift cards for the first 100 participants and a drawing for three electronic tablets. The results of the survey were presented to the SREI Board and to the board of the ASRM.

## RESULTS

### Demographics

A total of 336 respondents (31%) participated in the survey. Respondents included 128 females (38%) and 208 males (62%), ranging from 34 to 90 years of age, with an average age of 53.6 years (SD = 9.29). The majority of respondents were Caucasian, with participants selecting the following response options for ethnicity: 256 (76%) Caucasian, 29 (9%) Asian, 20 (6%) other, 19 (6%) Hispanic, 9 (3%) African American, 1 (0.3%) Native American, and 2 (0.6%) Pacific Islander.

Completion dates for REI fellowship ranged from 1960 to 2013, with 175 (52%) before 1994, 84 (25%) from 1994 to 2003, and 77 (23%) from 2004 to 2013. The year in which respondents passed their REI oral board examinations ranged from 1963 to 2013, including: 119 (35%) before 1994, 110 (33%) from 1994 to 2003, and 98 (31%) from 2004 to 2013. Respondents reported practicing in 42 states, with 39 (12%) in California and one (0.3%) to 22 (7%) practicing in the other 41 states.

### Practice Patterns

Respondents have been practicing reproductive medicine for a range of 1–48 years, with an average of 20 years (SD = 9.7). More specifically, 84 (25%) participants have been practicing for 1–12 years, 140 (42%) individuals have been in practice for 13–24 years, and 112 (33%) participants have been practicing reproductive medicine for 25 or more years. With respect to the practice type, 124 (44%) respondents work in academia, 21 (7%) work in a conglomerate or hospital-owned practice, 140 (50%) work in a private group practice, and 51 (15%) individuals own solo practices. Since

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