Introduction and Objective

As the role of the general surgery program director has evolved over the past several decades from an additional duty of the surgical chair to its own unique entity, there has come a need for a defined job description as well as salary information. This led to the initial salary survey produced by Hoey et al. in 2007 that assessed the responsibilities and compensation packages of the average United States surgical program director. The study revealed considerable variability in the pay and required duties of the respondents. Furthermore, the initial analysis revealed that more than a third of the current program directors were not satisfied with their compensation, and that nearly half of them were making less than the average general surgeon despite being held to similar clinical measures.

Surprisingly, nearly 13 years later, there continues to be a lack of data regarding the salary and specific roles of a surgical program director. Recent revised reports on medical school faculty salaries and physician compensation failed to address the topic, continuing to release information about surgeons’ pay but not program directors. As mentioned in the first report, the information void, among other factors, prevents these directors from proper salary negotiations and potentially, fair compensation for their work. This study aimed to reassess the salary, duties and responsibilities, contract arrangements, and benefits of current allopathic U.S. program directors.

Methods

IRB approved questionnaires were mailed out electronically to all U.S. allopathic program directors who were instructed to complete the survey and return it. Confidentiality was maintained at all times. Individual survey results were reviewed and processed by the research coordinator. Descriptive statistics were calculated along with Chi-Square Tests and Fisher Exact Tests to determine any statistically significant associations.

Results

Surveys were distributed to 267 US allopathic surgical program directors. 172 returned their surveys for a response rate of 64%. Of the respondents, 72% were male and 75% were Caucasian. The mean age was 47 years old with a range of 35-73. More than half (56%) were hospital employed, nearly 20% more than in 2007. While the number of university employed PDs remained the same, the number of PDs in private practice decreased from 16% to 4%. (Figure 1)

The amount of time spent specifically on PD duties varied considerably. 75% of the surveyed PDs dedicated less than half of their time on PD duties. In fact, 20% spent less than 25% on PD duties. Most program directors (65%) had other significant administrative roles in addition to their clinical duties.

Similar to 2007, PD compensation varied considerably. (Figure 2). As one might expect, total compensation did increase. In 2007, 33% of PDs made > $400,000; that percentage increase to 63% in 2018. 40% of the PD’s in 2018 received a stipend for being a PD; similar to 2007, those PDs in private practice made considerably more.

Overall, 70% of PD’s felt satisfied or very satisfied with their roles and responsibilities. Only 25% felt satisfied with their compensation.

Conclusions

There continues to be significant variability in the duties and compensation of US surgical program directors. Unlike 2007, the employment model has changed with a significant increase in the number of hospital employed program directors. This mirrors the national trend with most surgeons transitioning to this model. Despite ACGME rules and regulations, many program directors with dedicated time to run their residency.

Since 2007 the compensation piece has significantly changed. Currently, >60% make at least $400,000/yr. The number receiving a stipend for being a program director has decreased since 2007. Those program directors in private practice continue to lead the way with the highest stipends.

Overall, the majority of program directors surveyed are satisfied with their roles and responsibilities. However, only 25% are satisfied with their overall compensation. With limited data on this topic, this paper is essential to help guide surgical program directors with their contract negotiations.

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References