

## Introduction

The fellowship in minimally invasive gynecologic surgery (FMIGS) is growing over the past several years, currently located at 45 hospital sites.<sup>1</sup> This study examines the clinical responsibilities and compensation of graduates from FMIGS. Fellows are doing post residency training for 2-3 years to become expert surgeons of complex gynecologic disease.<sup>2</sup> Since there are no requirement of FMIGS training in order to conduct laparoscopic and robotic surgery, there is a question as to the current responsibilities and compensation of FMIGS graduates. Since FMIGS has not become a board certified field it is not assessed in annual reports conducted by American Medical College or the Group Management Association. Prior report published by Dassel et al in 2015 assessed the rates of salary for graduates in 2013 and showed average salary and practice locations followed by a study by Shiber et al in 2020 looking at graduates from 2009-2018.<sup>4,5</sup> As future applicants pursue training in FMIGS, it is important to have clear understanding of future job prospects in the field.

1. AAGL Fellowship Program. [aagl.org/service/fellowships](https://www.aagl.org/service/fellowships) Accessed December 2019.  
2. Definition of MIGS Surgeon. <https://www.aagl.org/service/fellowships/definition-of-a-migs-surgeon/> Accessed December 2019.  
3. About AAGL. Laparoscopists AAoG. Definition of MIGS Surgeon. <https://www.aagl.org/service/fellowships/definition-of-a-migs-surgeon/> Accessed December 2019.  
4. Dassel, MW, Daw, MA, Adelman, MR, Bardsley, TR, Kim, J, Zurawin, RK. Compensation Among Graduated Fellowship in Minimally Invasive Gynecologic Surgery Fellows. *Journal of Minimally Invasive Gynecology*. March 2015. 22(3)469-474.  
5. Shiber, LD, Meng, Y, Adedayo, P, Dassel, M. Current trends in compensation for fellowship in Minimally Invasive Gynecologic Surgery Graduates: A 6-year follow-up

## Methods

This is an IRB approved study that administered a HIPAA compliant questionnaire to graduates of FMIGS through the American Association of Gynecologic Laparoscopists (AAGL) listserv. Statistical analysis was performed using SPSS software.

## Results

Demographics			
		N	n(%)
Gender	Female	125	77.2%
	Male	34	21.0%
	Other	3	1.9%
Race	White	106	64.2%
	Hispanic	22	13.3%
	Asian	21	12.7%
	Black	10	6.1%
	Asian Indian	10	6.1%
	Other	12	7.2%

Table 1. Demographics survey respondents.

Clinical Practice			
		N	n(%)
Only FMIGS/GYN		133	79.6%
	Generalist	29	17.4%
<50% OB		17	65.0%
	OB in office	20	12.0%
Call shifts	<5/month	96	57.5%
	>5/month	44	26.3%

Table 2. Clinical Responsibilities.

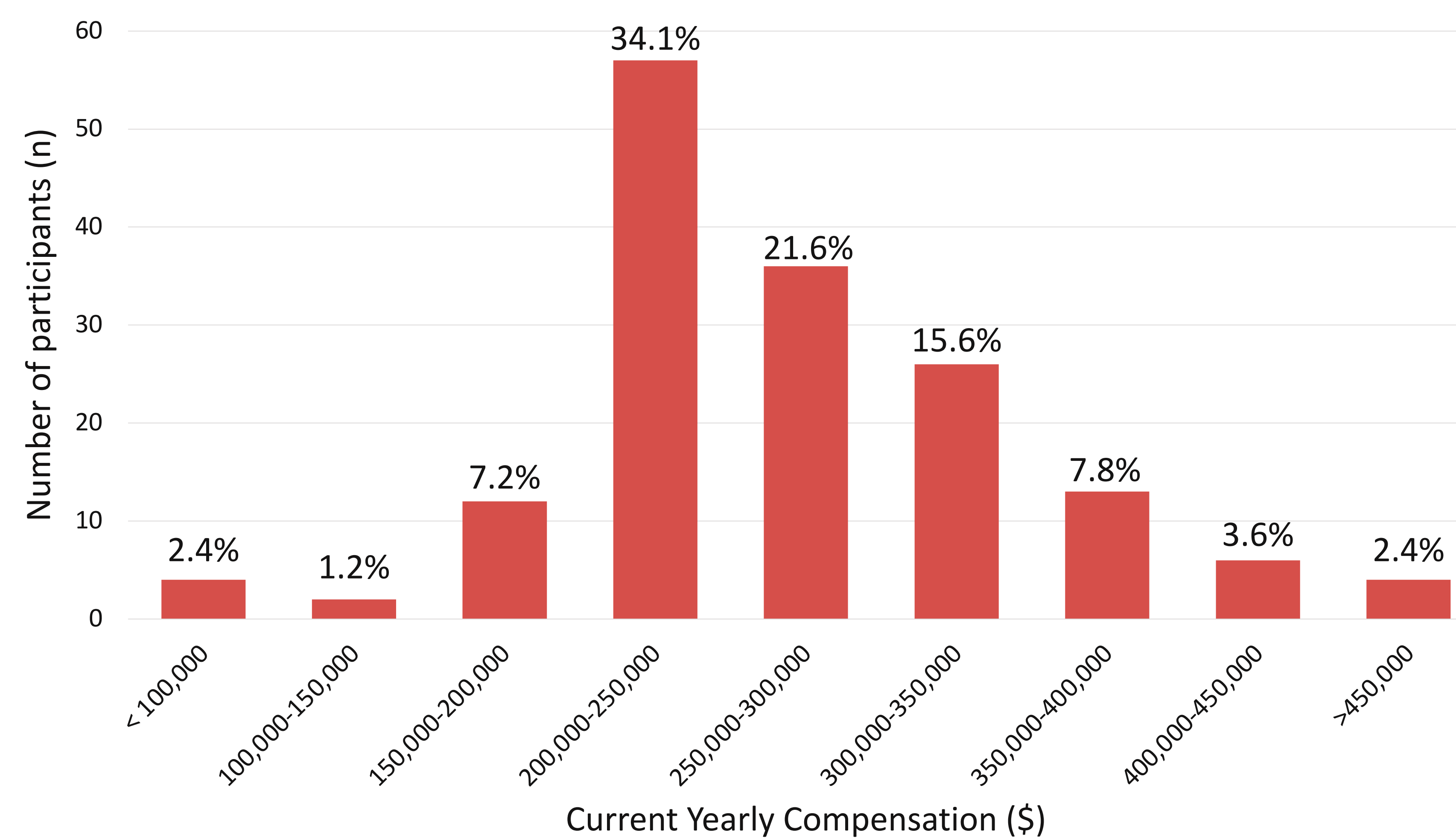


Figure 1. Current compensation of graduates.

## Results

- Response rates were 42.2% (n=169) and included 77.2% female (n=125), male 21.0% (n=34) and other 1.9% (n=3). Demographics included white 64.2% (n=106), Hispanic 13.3% (n=22), Asian 12.7% (n=21), Black 6.1% (n=10), Asian Indian 6.1% (n=10), and other 7.2% (n=12). Respondents represented practitioners in 34 different states.
- Graduation years ranged from 2001-2020, with most data collected from graduates within the last 5 years 58.8% (n=98).
- Average starting compensation was \$250,000-300,000 52.4% (n=88), with current salary tiered higher with 50% (n=85) earning >\$250,000.
- Practitioners who solely practice in FMIGS/Gynecology accounted for 79.6% (n=133), and those with a mixed obstetrics/gynecology practice for 17.4% (n=29) of graduates. Graduates who still practiced in an obstetrics/gynecology mixed practice, 65% (n=17) spent less than 50% of time in obstetrics. Only 12% (n=20) continued to see obstetrics patients in the office. For those with expected call shifts most were <5/month vs >5/month, 57.5% (n=96) vs 26.3% (n=44), respectively.
- Graduates had on average 3-10 job interviews at time of graduation, 48.5% (n=81). Most graduates started in academic medicine 67% (n=112) as compared to private medicine 31.7% (n=53).

## Conclusion

FMIGS is a competitive and growing subspecialty. There is a need to better define the expected clinical responsibilities of the graduating fellows in both the academic and the private setting.