



## 2021 AFMRD Salary Survey Worksheet

*Please make sure only ONE survey is completed per program. Use this sheet to gather information prior to completing the survey.*

### **Note these instructions when completing the actual survey:**

1. If you do not have one of the positions named (Associate Director, Behavioral Faculty, etc.), enter a zero (0). This data will be extracted and will not skew the results.
2. For answers that require numerical data, please enter whole numbers (numerals only). Do not use symbols, commas, or decimal points unless the directions instruct you to do so. Example: If you earn \$200,000, please enter: 200000
3. Salary amounts should be "per position," not a sum of multiple salaries.
4. If you have a partial FTE (e.g. behavioral health faculty), calculate what that salary would be for a 1.0 FTE.
5. Please use 2020 figures for all salary data.

### **Program Type:**

\_\_\_ Community based - Program is based in a community hospital; no medical school involved, or medical school does not pay any salaries and has no governance over the residency (i.e. no formal affiliation agreement).

\_\_\_ Community based & medical school affiliated - Program is based in a community or a community hospital, has a written affiliation agreement with a medical school (academic affiliation), but is funded and administered by the hospital or other sponsoring institution.

\_\_\_ Community based & medical school administered - Program is based in a community or a community hospital, has a written affiliation agreement with, and is administered by a medical school; medical school provides salaries and benefits.

\_\_\_ Medical school based - Program is based at, administered by, and funded by a medical school.

\_\_\_ Military Program

\_\_\_ Other: \_\_\_\_\_

**State:** \_\_\_\_\_

### **Describe your program sponsor:**

\_\_\_ Health Care System (non-medical school based; may be non-profit or for-profit)

\_\_\_ Medical School

\_\_\_ FQHC/Teaching Health Center

\_\_\_ Military

\_\_\_ Consortium

\_\_\_ Other: \_\_\_\_\_

**Total number of residents in your program:** \_\_\_\_\_

**Total number of FTE family medicine core faculty (including clinical, supervision, and dedicated faculty time) in your program as defined by the RC-FM and reported in WebADS:** \_\_\_\_\_

**Total Number of FTE family medicine faculty in your program:** \_\_\_\_\_

**Total number of paid part-time family medicine faculty in your program - not volunteers who precept on rotations or in the office:** \_\_\_\_\_

**Total number of paid part-time family medicine faculty in your program - not volunteers who precept on rotations or in the office:** \_\_\_\_\_

**Enter the number of FTEs for each specialty who are hired as faculty in your program, defined as paid by your department. Enter your answer as a decimal, e.g., 1.0, .5, etc. (This does not include those hired for call/shift coverage):**

\_\_\_ OB/GYN

\_\_\_ Internal Medicine

\_\_\_ Pediatrics

\_\_\_ Psychiatry

\_\_\_ Behavioral Health (non-physician)

\_\_\_ Pharm.D.

\_\_\_ Other \_\_\_\_\_

**Do you have community FPs guest precept in your office? Yes or No**

**In 2020, what hourly rate did you pay a family medicine guest attending to precept in your office?**

\_\_\_\_\_

**What do you pay outside physicians for call coverage? (Fill in all below that apply.)**

**Maternity call coverage (other than core faculty):**

Per hour \_\_\_\_\_

Per night \_\_\_\_\_

Per delivery \_\_\_\_\_

**Hospital call coverage (other than core faculty):**

Per hour \_\_\_\_\_

Per night \_\_\_\_\_

## Program Director Demographics:

### Gender:

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Choose not to Disclose

### Race:

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Choose not to Disclose

Age: \_\_\_\_\_

Degree: MD    DO    MBBS

Year you completed residency: \_\_\_\_\_

Graduate of NIPDD? Yes or No

Do you have a CAQ? Yes or No

If yes, in what fields? (Check all that apply)

- ☐ Adolescent Medicine
- ☐ Geriatric Medicine
- ☐ Hospice & Palliative Medicine
- ☐ Sleep Medicine
- ☐ Sports Medicine
- ☐ Pain Medicine

### Board certification:

- ☐ ABFM
- ☐ AOBFP
- ☐ ABFM & AOBFP

How long have you been a program director in your current position? (years) \_\_\_\_\_

Total program director experience (years) \_\_\_\_\_

What is your current scope of practice? (Check all that apply):

- ☐ Hospital care, including ICU care
- ☐ Hospital care, excluding ICU care
- ☐ Maternity care, including deliveries
- ☐ Operative obstetrics

☐ Newborn nursery care  
☐ Inpatient pediatrics  
☐ Nursing home  
☐ Osteopathic manipulation  
☐ Other: \_\_\_\_\_

### **Program Leadership Salary and Benefits:**

**For the program director, what was the total taxable income in 2020?** \_\_\_\_\_

**Is a portion of the program director's compensation based on clinical and/or educational incentives?**  
Yes or No

**If yes for clinical incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

**If yes for educational incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

**For the associate program director position, what was the total taxable income in 2020?**

\_\_\_\_\_

**Is a portion of the associate director's compensation based on clinical and/or educational incentives?**  
Yes or No

**If yes for clinical incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

**If yes for educational incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

**For the medical director (oversight of clinical services), what was the total taxable income in 2020?**

\_\_\_\_\_

**Is a portion of the medical director's compensation based on clinical and/or educational incentives?**  
Yes or No

**If yes for clinical incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_Dollar amount

**If yes for educational incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_Percentage

\_\_\_\_\_Dollar amount

**For the rural training track site director (if applicable), what was the total taxable income in 2020?**

\_\_\_\_\_

**Is a portion of the rural training track site director's compensation based on clinical and/or educational incentives (if not applicable, answer "no")? Yes or No**

**If yes for clinical incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_Percentage

\_\_\_\_\_Dollar amount

**If yes for educational incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_Percentage

\_\_\_\_\_Dollar amount

**For the director of osteopathic education (if applicable), what was the total taxable income in 2020?**

\_\_\_\_\_

**Is a portion of the director of osteopathic education's compensation based on clinical and/or educational incentives (if not applicable, answer "no")? Yes or No**

**If yes for clinical incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_Percentage

\_\_\_\_\_Dollar amount

**If yes for educational incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_Percentage

\_\_\_\_\_Dollar amount

**Program Director Benefits:**

**Health Insurance:** Yes or No

**Dental Insurance:** Yes or No

**Vision Insurance:** Yes or No

**Life Insurance:** Yes or No

**Short-term Disability Insurance:** Yes or No

**Long-term Disability Insurance:** Yes or No

**Pension Plan (traditional):** Yes or No

**Employer Contribution to 401K or 403B:** Yes or No

**Employer Contribution to 457 or Other Deferred Compensation Program:** Yes or No

**Paid-time-off (vacation & sick combined) annually:** Yes or No **Days per year:** \_\_\_\_\_

**Time off for personal CME annually:** Yes or No **Days per year:** \_\_\_\_\_

**Additional time off for program CME (RLS, STFM, etc.) annually:** Yes or No **Days per year:** \_\_\_\_\_

**Personal CME funding annually:** Yes or No **\$ Amount:** \_\_\_\_\_

**Additional program CME funding (RLS, STFM, etc.) annually:** Yes No Unlimited  
**\$ Amount:** \_\_\_\_\_

### **Faculty Salaries:**

Full-time FP Core Faculty defined as:

- Sharing telephone call
- Outpatient only practice
- No inpatient, no maternity

**Total Taxable Income Base/Beginning 2020 Salary, 1.0 FTE** \_\_\_\_\_

**Total Taxable Income Maximum Salary 2020 (of current faculty), 1.0 FTE** \_\_\_\_\_

**For a full-time FP Core Faculty who do outpatient care only (defined as sharing call and outpatient practice), is a portion of this compensation based on clinical and/or educational incentives?**

Yes No N/A

**If yes for clinical incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

**If yes for educational incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

**Full-time FP Core Faculty + inpatient care**

**Total Taxable Income Base/Beginning 2020 Salary, 1.0 FTE** \_\_\_\_\_

**Total Taxable Income Maximum Salary 2020 (of current faculty), 1.0 FTE** \_\_\_\_\_

**For full-time FP Core Faculty + inpatient care, is a portion of this compensation based on clinical and/or educational incentives?**

Yes      No      N/A

**If yes for clinical incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

**If yes for educational incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

#### **Full-time FP Core Faculty + Maternity**

**Total Taxable Income Base/Beginning 2020 Salary, 1.0 FTE \_\_\_\_\_**

**Total Taxable Income Maximum Salary 2020 (of current faculty), 1.0 FTE \_\_\_\_\_**

**For full-time FP Core Faculty + inpatient care, is a portion of this compensation based on clinical and/or educational incentives?**

Yes      No      N/A

**If yes for clinical incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

**If yes for educational incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

#### **Full-time FP Core Faculty + inpatient care + Maternity**

**Total Taxable Income Base/Beginning 2020 Salary, 1.0 FTE \_\_\_\_\_**

**Total Taxable Income Maximum Salary 2020 (of current faculty), 1.0 FTE \_\_\_\_\_**

**For full-time FP Core Faculty + inpatient care, is a portion of this compensation based on clinical and/or educational incentives?**

Yes      No      N/A

**If yes for clinical incentives, please enter a dollar amount or a percentage.**

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

If yes for educational incentives, please enter a dollar amount or a percentage.

\_\_\_\_\_ Percentage

\_\_\_\_\_ Dollar amount

What was the total taxable income for 1.0 FTE Behavioral Health faculty, PhD level in 2020?

\_\_\_\_\_

What was the total taxable income for 1.0 FTE Behavioral Health faculty, non-PhD level in 2020?

\_\_\_\_\_

What was the total taxable income for 1.0 FTE PharmD faculty in 2020?

\_\_\_\_\_

**Faculty Benefits: benefits provided for full-time Family Medicine Faculty**

**Health Insurance:** Yes or No

**Dental Insurance:** Yes or No

**Vision Insurance:** Yes or No

**Life Insurance:** Yes or No

**Short-term Disability Insurance:** Yes or No

**Long-term Disability Insurance:** Yes or No

**Employer contribution to 401K or 403B:** Yes or No

**Pension Plan (traditional):** Yes or No

**Employer Contribution to 457 or Other Deferred Compensation Plan:** Yes or No

**Paid-time-off (vacation & sick combined) annually:** Yes or No **Days per year:** \_\_\_\_\_

**Time off for personal CME annually:** Yes or No **Days per year:** \_\_\_\_\_

**Time off for program CME if offered in addition to personal CME (RLS, STFM, etc.) annually:**

Yes or No **Days per year:** \_\_\_\_\_

**Personal CME funding annually:** Yes or No **2020 \$ Amount:** \_\_\_\_\_

**Program CME Funding if offered in addition to personal CME funds (RLS, STFM, etc.) annually**

Yes or No **2020 \$ Amount:** \_\_\_\_\_

### **Association of Family Medicine Administration (AFMA) Questions:**

What is the total program administrator/program coordinator FTE allocation dedicated to your residency program? (Please include all direct residency program support only. Do not include any clinic administrative support) \_\_\_\_\_

How many people make up the above FTE allocation? \_\_\_\_\_



**Pick your most senior coordinator to answer the following questions:**

**Is your coordinator full time or part time?**

☐ Full time

☐ Part time

**Is your program coordinator exempt or non-exempt?**

☐ Exempt

☐ Non-exempt

**What was your coordinator's annual salary in 2020?** \_\_\_\_\_

**What is your coordinator's current length of service?** \_\_\_\_\_

**What is your coordinator's highest level of education?** \_\_\_\_\_

**Is your coordinator a member of the Association of Family Medicine Administration (AFMA)?** Yes or No

**Is your coordinator TAGME certified? (TAGME = Training Administrators for Graduate Medical Education. TAGME is a certification available to administrative staff of residency programs.)**

Yes or No

**What level of financial support is provided to your coordinator for continuing education/conference attendance? Choose one of the following:**

☐ \$0.00 - \$999.00

☐ \$1,000.00-\$1,999.00

☐ \$2,000.00-\$2,999.00

☐ \$3,000.00++