



Helpful Instructions:

- 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. Do not use symbols, commas, or decimal points.
- 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.

* 1. What is your 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.
- Community based & medical school affiliated - Program is based in 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 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 (please explain)

* 2. In which state are you located?

▼

* 3. 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
- Other (please explain)

* 4. Total number of residents in your program:

* 5. Total number of FTE family medicine core faculty in your program as defined by the RC-FM and reported in Web ADS:

6. Total Number of FTE family medicine faculty in your program (you may choose not to answer):

Male

Female

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

8. Total number of paid part-time family medicine faculty in your program - not volunteers who precept on rotations or in the office (you may choose not to answer):

Male

Female

9. 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

10. If "Other" for the previous question (# of FTEs/specialty), please define here:

* 11. Do you have community FPs guest precept in your office?

Yes No

12. What hourly rate do 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.)

13. Maternity call coverage (other than core faculty):

Per hour

Per night

Per delivery

14. Hospital call coverage (other than core faculty):

Per hour

Per night



Program Director Demographics:

* 15. Gender:

- Male
 Female
 Choose not to answer

16. Age (optional):

* 17. Degree:

- MD DO

* 18. Year you completed residency:

* 19. Graduate of NIPDD?

- Yes
 No

20. Do you have a CAQ? (If no, skip to question 22)

- Yes
 No

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

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

* 22. Board certification:

- ABFM AOBFP ABFM & AOBFP

* 23. How long have you been a program director **in your current position?** (years)

* 24. Total program director experience (years):

* 25. 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
- Nursing home
- Other (please describe)



Program Leadership Salary and Benefits:

* 26. For the program director, what is the total taxable income?

* 27. Is a portion of the program director's compensation based on clinical and/or educational incentives? (If your answer is no, skip to question 30.)

Yes No

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

Percentage

Dollar amount

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

Percentage

Dollar amount

* 30. For the associate program director position, what is the total taxable income?

* 31. Is a portion of the associate director's compensation based on clinical and/or educational incentives? (If your answer is no, skip to question 34)

Yes No

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

Percentage

Dollar amount

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

Percentage

Dollar amount

34. For the medical director (oversight of clinical services), what is the total taxable income?

* 35. Is a portion of the medical director's compensation based on clinical and/or educational incentives? (If your answer is no, skip to question 38.)

Yes No

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

Percentage

Dollar amount

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

Percentage

Dollar amount



*** 38. Program Director Benefits:**

	Yes	No
Health Insurance	<input type="radio"/>	<input type="radio"/>
Dental Insurance	<input type="radio"/>	<input type="radio"/>
Vision Insurance	<input type="radio"/>	<input type="radio"/>
Life Insurance	<input type="radio"/>	<input type="radio"/>
Short-term Disability Insurance	<input type="radio"/>	<input type="radio"/>
Long-term Disability Insurance	<input type="radio"/>	<input type="radio"/>
Pension Plan (traditional)	<input type="radio"/>	<input type="radio"/>
Employer Contribution to 401K or 403B	<input type="radio"/>	<input type="radio"/>
Employer Contribution to 457 or Other Deferred Compensation Program	<input type="radio"/>	<input type="radio"/>

*** 39. Paid-time-off (vacation & sick combined) annually**

Yes No

Days/year

*** 40. Time off for personal CME annually**

Yes No

Days/year

* 41. Additional time off for program CME (PDW, STFM, etc.) annually

Yes No Unlimited

Days/year

* 42. Personal CME funding annually

Yes No

\$ amount

* 43. Additional program CME funding (PDW, STFM, etc.) annually

Yes No Unlimited

\$ amount



Faculty Salaries:

* 44. Full-time FP Core Faculty defined as:

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

Total Taxable Income

Base/Beginning Salary,

1.0 FTE

Total Taxable Income

Maximum Salary (of

current faculty), 1.0 FTE

* 45. For a full-time FP Core Faculty (defined as sharing call and outpatient practice), is a portion of this compensation based on clinical and/or educational incentives? (If your answer is no or N/A, skip to question 48.)

Yes No N/A

46. If yes for clinical incentives, please enter a dollar amountor a percentage.

Percentage

Dollar amount

47. If yes for educational incentives, please enter a dollar amountor a percentage.

Percentage

Dollar amount

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

Total Taxable Income

Base/Beginning Salary,

1.0 FTE

Total Taxable Income

Maximum Salary (of

current faculty), 1.0 FTE

* 49. For Full-time FP Core Faculty + inpatient care, is a portion of this compensation based on clinical and/or educational incentives? (If your answer is no or N/A, skip to question 52.)

Yes No N/A

50. If yes for clinical incentives, please enter a dollar amountor a percentage.

Percentage

Dollar amount

51. If yes for educational incentives, please enter a dollar amountor a percentage.

Percentage

Dollar amount

* 52. Full-time FP Core Faculty + Maternity

Total Taxable Income
Base/Beginning Salary,
1.0 FTE

Total Taxable Income
Maximum Salary (of
current faculty), 1.0 FTE

* 53. For Full-time FP Core Faculty + Maternity, is a portion of this compensation based on clinical and/or educational incentives? (If your answer is no or N/A, skip to question 56.)

Yes No N/A

54. If yes for clinical incentives, please enter a dollar amountor a percentage.

Percentage

Dollar amount

55. If yes for educational incentives, please enter a dollar amountor a percentage.

Percentage

Dollar amount

* 56. Full-time FP Core Faculty + inpatient care + Maternity

Total Taxable Income

Base/Beginning Salary,
1.0 FTE

Total Taxable Income

Maximum Salary (of
current faculty), 1.0 FTE

* 57. For Full-time FP Core Faculty + inpatient care + Maternity, is a portion of this compensation based on clinical and/or educational incentives? (If your answer is no or N/A, skip to question 60.)

Yes No N/A

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

Percentage

Dollar amount

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

Percentage

Dollar amount

60. What is the total taxable income for 1.0 FTE Behavioral Health faculty, **PhD level**?

61. What is the total taxable income for 1.0 FTE Behavioral Health faculty, **non-PhD level**?

62. What is the total taxable income for 1.0 FTE PharmD faculty?

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

	Yes	No
Health Insurance	<input type="radio"/>	<input type="radio"/>
Dental Insurance	<input type="radio"/>	<input type="radio"/>
Vision Insurance	<input type="radio"/>	<input type="radio"/>
Life Insurance	<input type="radio"/>	<input type="radio"/>
Short-term Disability Insurance	<input type="radio"/>	<input type="radio"/>
Long-term Disability Insurance	<input type="radio"/>	<input type="radio"/>
Employer contribution to 401K or 403B	<input type="radio"/>	<input type="radio"/>
Pension Plan (traditional)	<input type="radio"/>	<input type="radio"/>
Employer Contribution to 457 or Other Deferred Compensation Plan	<input type="radio"/>	<input type="radio"/>

* 64. Paid-time-off (vacation & sick combined) annually

Yes No

Days/year

* 65. Time off for personal CME annually

Yes No

Days/year

* 66. Time off for program CME if offered in addition to personal CME (PDW, RPS, STFM, etc.) annually

Yes No

Days/year

* 67. Personal CME funding annually

Yes No

\$ amount

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

Yes No

\$ amount