

**American Society for Metabolic and Bariatric Surgery Integrated Health Compensation  
and Practice Pattern Survey, 2023 Results**

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## Abstract

**Background:** Multidisciplinary care is vital for the management and success of patients undergoing metabolic and bariatric surgery (MBS).

**Objective:** The American Society for Metabolic and Bariatric Surgery (ASMBS) distributed a web-based survey to Integrated Health (IH) members in 2023 that inquired about practice and compensation information for professionals in supporting roles in MBS.

**Setting:** Online survey.

**Methods:** Responses from 271 professionals working full-time were included in analysis.

Primary roles represented included: MBS coordinators/program managers (39.9%), advanced practice providers (APPs; 22.5%), registered dietitians (RDs; 14%), doctoral-level behavioral health (BH) specialists (13.7%), registered nurses (RNs; 5.2%), MBS clinical reviewers (MBSCR) (3.3%), and masters-level BH specialists (1.5%). The sample was predominantly female (96.3%), White (86.3%), working in an urban setting (67.9%), practicing for 10+ years (62%), and did not have a split role (i.e., working in two different roles; 74.2%).

**Results:** Variables including geographic region, years in practice, and having a split role had an impact on compensation. Having 10+ years in practice contributed to higher compensation for APPs, doctoral-level BH specialists, and RNs. Working a split role contributed to higher compensation for RDs. Regional differences, specifically practicing in the Western U.S., contributed to higher compensation for APPs, RNs, RDs, and MBS coordinators/program managers.

**Conclusions:** Data from this survey provide valuable insights regarding compensation and practice activities of IH professionals in MBS in the U.S. which can be used as a resource for

professionals and employers. Limitations of this study include a small sample size which contributed to lack of statistical power to examine all questions of interest.

*Keywords:* compensation, income, salary, professional practice, metabolic and bariatric surgery, integrated health

## **ASMBS Integrated Health Compensation and Practice Pattern Survey, 2023 Results**

The American Society for Metabolic and Bariatric Surgery (ASMBS) was created in 1983 by American surgeons to improve metabolic and bariatric surgery (MBS) medical education and support programs for surgeons and integrated health (IH) professionals.<sup>(1)</sup> Awareness of the critical input and support of the IH professionals in addition to surgeons has been recognized as an imperative component of MBS care.<sup>(2)</sup> MBS and weight loss are complex processes, especially for the emotional and personal well-being of the individual. Obesity is a chronic, multifactorial disease and treatment should address the different components at play, including nutrition, physical activity, and co-morbid medical conditions.<sup>(3)</sup> For this reason, and others, IH members play an essential role in MBS patient care.

In 1987, the first IH program was introduced at the annual ASMBS meeting, with only three IH members. Over the ensuing decades, IH membership has grown exponentially and now accounts for approximately one-third of society membership. IH Section members include registered dietitians (RDs), registered nurses (RNs), exercise physiologists, behavioral health (BH) clinicians, advanced practice providers (APPs, including nurse practitioners and physician assistants), physical therapists, pharmacists, and clinical reviewers.<sup>(1)</sup> Over the years, IH members have made substantial contributions to the MBS peer-reviewed literature and clinical pathways of care, all of which influence the management of MBS patients.

Despite the growth of MBS in recent decades, the field faces challenges related to staff retention and recruitment. Reasons for this include the high expense to replace any employee, especially ones with highly specialized skills, as well as frequent staff turnover being disruptive to the operations of the practice, continuity of patient care, and patient access to support from seasoned professionals. Other recruitment challenges include the specialized skill set required

and need for comprehensive training and education in MBS. Retention challenges include burnout, stress, unfavorable work-life balance, and issues around compensation and benefits. A well-informed, multifaceted approach is needed when addressing staff retention and recruitment issues. Implementing strategies for improvement, including support systems, career development opportunities, and competitive compensation and benefits could help attract and retain qualified professionals within MBS.

In 2018, an IH compensation survey was created and administered to ASMBS IH members to assess compensation and practice patterns within MBS and findings were published in *Bariatric Times*.<sup>(4)</sup> A total of 282 IH members responded to the 2018 survey, with most respondents being RNs. Limitations of this compensation study were low response rate and lack of representation by the entire range of IH disciplines. Additionally, this survey included non-surgeon physicians (15.2% response rate) who are no longer part of the ASMBS IH Section.<sup>(4)</sup>

In 2023, an updated survey was developed with the goal of gathering data on compensation and practice patterns of the IH Section of ASMBS. The survey was initiated to align with the recent update of a similar survey conducted among ASMBS surgeon members.<sup>(5)</sup>

## **Method**

### **Survey Development**

The ASMBS IH Membership Committee reviewed previous compensation surveys, including the 2018 ASMBS IH Compensation Survey,<sup>(4)</sup> the 2023 ASMBS Surgeon Compensation and Practice Style Survey,<sup>(5)</sup> and an independent survey developed for MBS coordinators, to develop the current ASMBS IH Compensation survey. Acknowledging the prevalence of IH members with dual roles, a question addressing this aspect was incorporated. After review and approval by the ASMBS IH Executive Council, the survey was distributed using Survey Monkey. See Appendix for the full survey.

ASMBS emailed the survey link to all 1250 IH members, and promoted on IH social media platforms. Additionally, during the 2023 Annual ASMBS Conference, QR codes linking to the survey were presented on postcards, signage, and projected slides and announced throughout the event. The survey was open from June 12, 2023, to August 7, 2023. The survey was anonymous.

### **Statistical Analysis**

Survey data was downloaded from Survey Monkey into Microsoft Excel. Some variable categories were consolidated to facilitate analysis. Survey data was then imported into IBM SPSS Statistics (version 28) for analysis. Distribution was analyzed graphically. Summary statistics were generated for each sub-group of IH member type. Surveys were excluded if the respondent worked part-time or did not complete the survey.

Relationships between continuous and dichotomous variables were compared using t-tests. Those between continuous and categorical variables (>2 groups) were compared using one-way ANOVA. A  $p$ -value of  $<0.05$  was considered statistically significant.

## **Results**

### **Response Rate**

A total of 364 responses were received, which represents about 29% of total IH membership. Given that access to the survey was possible through QR codes, newsletters, and social media, it is impossible to calculate what fraction of people who were given the opportunity to take the survey did so. Responses that were incomplete or indicated part-time employment were excluded from analysis. Responses from 271 professionals working full-time were included in final data analysis. There were no demographic differences between completers and non-completers of the survey.

We attempted to examine the distribution of practice roles within the entire ASMBS IH membership to compare to the current sample of survey respondents; however, the practice role variable was not standardized across ASMBS membership databases and thus comparison was not possible. The present survey had representation from most disciplines of ASMBS IH membership with the exceptions of pharmacy, exercise physiology, and physical therapy.

### **Characteristics of Sample**

The primary roles represented in the final sample included: MBS coordinators/program managers (n=108, 39.9%), APPs (n=61, 22.5%), RDs (n=38, 14%), doctoral-level BH specialists (n=37, 13.7%), RNs (n=14, 5.2%), MBS clinical reviewers (MBSCRs; n=9, 3.3%), and masters-level BH specialists (n=4, 1.5%). Gender breakdown was 96.3% women (n=261) and 3.7% men (n=10). Racial and ethnic breakdown of participants was as follows: 86.3% White (n=234), 4.4% Hispanic/Latinx (n=12), 3.3% Black (n=9), 3% Asian (n=8), and 3% other/multi-race/not specified (n=8). In terms of age, 12.9% were between ages 24-34 years, 38% were between ages 35-44 years, 25.1% were between ages 45-54 years, 20.7% were between ages 55-64 years, 3% were between ages 65-74 years, and one participant preferred not to respond. Most participants

work in an urban setting (67.9%), followed by rural setting (21%), suburban setting (6.6%), and mixed/other/telehealth only setting (3.3%). Participants work in different geographic regions across the U.S., including the South (45%), Midwest (23.2%), Northeast (15.5%), and West (15.5%). The total years practicing variable was condensed to two responses: practicing for 10 years or fewer (38% of sample) and practicing for more than 10 years (62% of sample). Interestingly, when examining years practicing in MBS specifically, 63.5% of respondents indicated 10 years or fewer compared to 35.4% reporting more than 10 years. In terms of percentage of time dedicated to MBS in one's current role, most of the sample indicated that >80% of their time was dedicated to MBS (78.6%), followed by 51-80% of their time (11.4%), 21-50% of their time (6.6%), and <20% of their time (3%).

### **Compensation Findings**

Total 2022 annual compensation data for ASMBS IH members, displayed separately by primary role, are presented in Table 1. Responses are reported at a national level rather than by geographic location.

#### ***Subgroup Analyses***

**Geographic Region.** One-way ANOVA tests were performed within each primary role group to evaluate the relationship between geographic region and compensation. Geographic region had a significant influence, with practicing in the Western U.S., being associated with higher compensation for APPs, RNs, RDs, and MBS coordinators/program managers (see Table 2).

For APPs, ANOVA was significant at the 0.05 level,  $F(3,57) = 5.74, p = 0.002$ . A post-hoc Tukey HSD test indicated mean compensation of APPs who practice in the West was significantly higher than that of the APPs in the South ( $p = 0.003$ ) and Midwest ( $p = 0.004$ ), but



not in the Northeast ( $p = 0.893$ ). APP compensation was higher in the Northeast compared to the South ( $p = 0.008$ ) and Midwest ( $p = 0.007$ ). There were no significant differences between the mean compensation of APPs who practice in the Midwest versus the South ( $p = 0.637$ ).

For RNs, ANOVA was significant at the 0.05 level,  $F(2,11) = 7.16$ ,  $p = 0.01$ . A post-hoc Tukey HSD test indicated mean compensation of RNs in the West was significantly higher than RNs in the South ( $p = 0.005$ ) and Northeast ( $p = 0.008$ ). However, there were no significant differences between the mean compensation of RNs who practice in the South versus the Northeast ( $p = 0.946$ ).

For RDs, ANOVA was significant at the 0.05 level,  $F(3,34) = 5.49$ ,  $p = 0.003$ . A post hoc Tukey HSD test indicated mean compensation of RDs in the West was significantly higher than that of RDs in the South ( $p = <0.001$ ) and Midwest ( $p = 0.011$ ), but not in the Northeast ( $p = 0.12$ ). RD compensation was higher in the Northeast compared to the South ( $p = 0.034$ ). There were no significant differences between the mean compensation of RDs in the Midwest versus the South ( $p = 0.184$ ) or the Northeast ( $p = 0.334$ ).

For MBS coordinators/program managers, ANOVA was significant at the 0.05 level,  $F(3,103) = 6.14$ ,  $p < 0.001$ . A post-hoc Tukey HSD test indicated mean compensation of MBS coordinators/program managers in the West was significantly higher compared to those in the South ( $p < 0.001$ ) and Midwest ( $p = 0.001$ ), but not in the Northeast ( $p = 0.344$ ). Compensation for MBS coordinators/program managers was higher in the Northeast compared to the South ( $p = 0.012$ ) and Midwest ( $p = 0.019$ ). There were no significant differences between mean compensation of MBS coordinators/program managers who practice in the Midwest versus the South ( $p = 0.871$ ).

For doctoral-level and masters-level BH specialists, ANOVA results were not statistically significant at the 0.05 level,  $F(3,32) = 1.16, p = 0.342$ , and  $F(2,1) = 0.28, p = 0.800$ , respectively.

**Total Years in Practice.** Independent-samples  $t$ -tests were performed within each primary role group to evaluate the relationship between total years in practice (i.e.,  $\leq 10$  years or  $> 10$  years) and compensation. The results of these  $t$ -tests were significant at the 0.05 level for APPs,  $t(59) = -3.35, p = 0.001$ , doctoral-level BH specialists,  $t(35) = -2.67, p = 0.012$ , and RNs,  $t(12) = -2.34, p = 0.037$ . Specifically, practicing more than 10 years, compared to having 10 or less years in practice, was associated with a higher compensation for APPs, doctoral-level BH specialists, and RNs. Primary role compensation data by total years in practice are presented in Table 3.

**Working a Split Role.** Independent-samples  $t$ -tests were performed within each primary role group to evaluate the relationship between working a split role (e.g., serving as a RD and a MBS coordinator/program manager) and compensation. A total of 70 survey respondents (25.8%) indicated working a split role. The result of this  $t$ -test was significant at the 0.05 level for RDs,  $t(36) = 2.63, p = 0.012$ . Specifically, the nine RDs who work a split role ( $M = \$85,667$ ,  $SD = \$11,295$ ) reported higher compensation compared to the 29 RDs who did not work a split role ( $M = \$70,730$ ,  $SD = \$15,738$ ).

**Gender.** There was a small number of males ( $n=10$ ) in the sample which negatively impacted statistical power to detect gender effects; thus, gender analyses and findings were unrevealing towards national trends.

### **Comparison of 2023 to 2018 Survey Results**

Results from the 2023 and 2018 surveys were compared via reviewing them, rather than using statistical comparisons, as the variables were not standardized across two surveys,

particularly the primary role variable, with the 2018 survey lacking representation of the full spectrum of IH disciplines. Although not all variables were directly comparable, comparing results from the two surveys revealed notable trends at several data points. Strong similarities included the final sample size (n=282; although only n=238 reported yearly salary data), proportion of female respondents (>90%), and proportion of IH professionals reporting >80% of their occupational time being dedicated to MBS (roughly 80%). The distribution of primary roles of respondents between surveys was different. First, the 2018 survey did not include MBS coordinators/program managers as a primary role option. The 2018 survey consisted mostly of RNs (38%), followed by equal sample sizes of RDs and APPs (23% each; the latter of which was assessed separately by advanced practice nurses and physician assistants), then BH specialists (7%), and 8% of the sample identified as other/unknown/bariatrician/pharmacist (the latter two of which were not represented in the present survey). The compensation of each discipline appears to have increased from 2018 to 2023, although the two surveys did not include the same primary role groups, preventing comparisons between some categories. RNs and APPs demonstrated larger mean compensation increases compared to doctoral-level BH specialists and RDs, but MBSCRs demonstrated the highest mean compensation increase, at nearly 50% (33% for median compensation rate). Although statistics related to salary growth in nursing since the COVID-19 pandemic are not currently available, it may at least partly account for the variations within rates of comparative growth among disciplines.

## Discussion

The present survey analyzed responses from 271 full-time ASMBS IH professionals. The sample was mostly white females working in an urban setting and in practice for more than ten years. Working a split role was associated with higher compensation for RDs only. Working in the Western U.S. was associated with higher compensation for most disciplines. As could be expected, being in practice for more than 10 years was associated with higher compensation than being in practice for 10 or less years. The sample size of male respondents for this survey was too small to adequately analyze any gender differences.

This survey allows professionals and organizations to objectively compare payment structures between regions and measure compensation growth over time by comparing current averages to the results obtained in the 2018 survey. Addressing disparities in compensation and benefits packages has the potential to increase retention and recruitment through the judicious use of these benchmarked industry standards. The data can inform strategic decision-making regarding resource allocation, bonus structures, and equitable salary adjustments. This is particularly critical as the role of IH professionals in MBS programs has been recognized for its tangible impact on patient outcomes.<sup>(6)</sup> The interdisciplinary team approach to comprehensive MBS programs is imperative as healthcare providers work collaboratively with patients to optimize health and maximize progress in their short- and long-term journeys. This makes attracting and retaining seasoned, dedicated clinicians of paramount importance.

The present survey is the largest to date survey of MBS IH providers' compensation and practice data. The last survey was administered in 2018 and a large majority of the respondents were RNs (38%) and bariatricians (15%), the latter of which are no longer included as a sub-group of IH. The present survey collected data from updated IH role categories, including MBS

coordinators/program managers, APPs, RDs, doctoral-level BH specialists, RNs, MBS clinical reviewers, and masters-level BH specialists. The present survey provides the most up-to-date compensation data for IH professionals in MBS to utilize when negotiating with employers regarding compensation and benefits.

Limitations of this study include a small sample size relative to current ASMBS IH membership numbers. This contributed to challenges related to lack of statistical power to examine all questions of interest within the IH disciplines, and inconsistent sample sizes across the IH disciplines. Most of the sample was White women; thus, our findings may not be generalizable to men and to other racial or ethnic groups. Missing data was also a limitation – despite receiving a total of 364 responses, only 271 responses were fully complete and able to be used in analyses. The final sample of 271 respondents represents 22% of the current IH membership. Further, there was variation in response rates between disciplines. The IH discipline with greatest representation in the present survey was MBS coordinators/program managers at almost 40% - this compares to MBS coordinators/program managers accounting for about 30% of ASMBS IH membership. For some disciplines (i.e, masters-level BH specialists, MBSCRs), small sample sizes prevented examination of the relationship of some variables of interest with compensation.

### **Future Directions**

While it would be desirable to engage a more diverse sample in future compensation surveys, a more pressing future direction would be to review the current demographic mix of ASMBS IH membership itself, to understand the current state and future opportunities. For example, professionals identifying as men and non-White are underrepresented in ASMBS IH

membership, thus suggesting the importance of prioritizing recruiting a more diverse membership.

It will be imperative to continue to collect compensation and practice data at regular intervals (e.g., every five years) to examine changes and trends, keep MBS IH professionals informed of current benchmarks, and enable predictions regarding the future of our field. It will also be important to standardize survey data collection (both in terms of compensation and practice patterns as well as data regarding the makeup of ASMBS IH membership) so information can be accurately compared across time intervals. It will also be beneficial to determine any additional areas of interest to assess with future data collections as specific changes to the MBS field arise. For example, a recent change that has impacted MBS is the increased use of anti-obesity medications, which has resulted in an observable decrease in MBS volumes across the U.S. As a result, some MBS IH professionals may be shifting their practice to accommodate care of patients utilizing anti-obesity medications. This information would be valuable to measure to evaluate practice modifications over time.

Finally, an interesting finding was the discrepancy between the variables of total years practicing and years practicing specifically in MBS, both of which included two categories: 10 years or fewer and more than 10 years. Most respondents identified as senior professionals; however, most respondents also endorsed being fairly or moderately new to practicing in MBS specifically. This suggests IH professionals may be likely to shift to other specialties rather than staying in the MBS field, which may or may not be the case for surgeons. The 2023 ASMBS surgeon survey<sup>5</sup> only asked about total years in practice but found a more even split amongst participants – 47% endorsed practicing for 10 years or fewer and 53% endorsed practicing for more than 10 years. Possible modifiable factors that may be related to attrition of professionals

include inadequate compensation, low job satisfaction, and poor workplace culture. This is an important area to further explore to determine possible reasons for IH professionals leaving the field of MBS, so that ASMBS and MBS clinics can develop strategies to prioritize retention of crucial team members.

## **Conclusions**

This survey comprises the largest, most up-to-date dataset assessing MBS IH providers' compensation, which can be used as a resource for professionals and employers. Variables associated with compensation included geographic region, total years in practice, and working a split role. Limitations of this study include a small sample size which contributed to lack of statistical power to examine all questions of interest.



**Table 1**

*Total 2022 Annual Compensation Data for Integrated Health Members of the American Society for Metabolic and Bariatric Surgery, Displayed Separately by Primary Role*

<b>Primary Role</b>	<b>n</b>	<b>Mean (SD)</b>	<b>25th percentile</b>	<b>Median</b>	<b>75th percentile</b>
Doctoral-level BH specialists	37	\$124,827 (\$37,487)	\$107,237	\$117,000	\$137,000
Masters-level BH specialists	4	\$65,877 (\$32,655)	\$32,627	\$71,254	\$93,750
APPs	61	\$134,477 (\$22,762)	\$120,000	\$130,000	\$145,000
RNs	14	\$104,388 (\$33,352)	\$75,610	\$95,500	\$122,500
RDs / Certified clinical nutritionists	38	\$74,268 (\$16,014)	\$66,750	\$75,000	\$85,000
MBS coordinators / Program managers	108	\$91,607 (\$20,535)	\$80,000	\$90,000	\$103,000
MBSCRs	9	\$88,584 (\$24,008)	\$70,990	\$82,000	\$105,500

Abbreviation legend:

n = number of respondents

SD = standard deviation

BH = behavioral health

APPs = advanced practice providers (including nurse practitioners and physician assistants)

RNs = registered nurse

RDs = registered dietitians

MBS = metabolic and bariatric surgery

MBSCRs = metabolic and bariatric surgery clinical reviewers

**Table 2***Total 2022 Annual Compensation Data, Displayed Separately by Geographic Region within**Primary Roles*

<b>Geographic Region</b>	<b>n</b>	<b>Mean</b>	<b>SD</b>
<b>APPs</b>			
West	13	\$148,403	\$24,101
Northeast	11	\$147,272	\$27,918
South	25	\$126,886	\$17,579
Midwest	12	\$123,479	\$14,326
<b>RNs</b>			
West	3	\$150,667	\$34,948
Northeast	4	\$91,108	\$27,659
South	7	\$92,143	\$16,036
<b>RDs</b>			
West	6	\$91,543	\$6,882
Northeast	7	\$79,382	\$12,170
South	14	\$65,393	\$12,887
Midwest	11	\$72,886	\$17,626
<b>MBS coordinator / program manager</b>			
West	11	\$110,198	\$19,752
Northeast	13	\$102,692	\$25,207
South	59	\$87,676	\$17,033
Midwest	24	\$86,917	\$20,757

Abbreviation legend:  
n = number of respondents  
SD = standard deviation

APPs = advanced practice providers  
(including nurse practitioners and  
physician assistants)

RNs = registered nurses  
RDs = registered dietitians  
MBS = metabolic and bariatric surgery

**Table 3***Total 2022 Annual Compensation Data, Displayed Separately by Total Years in Practice within**Primary Roles*

<b>Time in practice</b>	<b>≤ 10 years</b>			<b>&gt; 10 years</b>			<b><i>p</i></b>
	<b>n</b>	<b>Mean</b>	<b>SD</b>	<b>n</b>	<b>Mean</b>	<b>SD</b>	
APPs	27	\$124,360	\$15,943	34	\$142,512	\$24,321	0.001
Doctoral-level BH specialists	17	\$108,353	\$21,418	20	\$138,830	\$42,744	0.012
RNs	8	\$88,804	\$15,243	6	\$125,167	\$40,745	0.037

Abbreviation legend:

n = number of respondents

SD = standard deviation

p = p-value

BH = behavioral health

## Appendix

### ASMBS IH Compensation and Practice Pattern Survey

#### **Do agree to participate?**

##### Answer Choices

Yes

No

#### **Age?**

##### Answer Choices

<24 years old

24-34 years old

35-44 years old

45-54 years old

55-64 years old

65-74 years old

>74 years old

Prefer not to answer

#### **What is your gender?**

##### Answer Choices

Male

Female

Non-binary/third gender

Prefer to self-describe

Transgender

Prefer not to answer

#### **What is your race/ethnicity? (select all that apply)**

##### Answer Choices

Asian

Asian Indian

Black or African American

Central American

Chinese

Cuban

Filipino

Hispanic or Latino or Spanish Origin of any race

Japanese

Korean

Mexican, Mexican American, Chicano

Native Hawaiian or other Pacific Islander

Other Asian (Pakistani, Cambodian, and Hmong, etc)

Other Caribbean

Puerto Rican

Some other race  
South American  
Spaniard  
Vietnamese  
White  
Prefer not to answer

**What state do you practice in? Drop down menu**

Answer Choices

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
District of Columbia (DC)  
Delaware  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma

Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming

**What type of practice setting location do you work in?**

Answer Choices

Rural

Urban

Other (please specify): *(Free text response)*

**What is your primary role?**

Answer Choices

Psychiatrist

Psychologist

Pharmacist

Physical Therapist

Physician Assistant

Clinical Nurse Specialist

Nurse Anesthetist

Nurse Practitioner

Registered Dietitian or Certified Clinical Nutritionist

Registered Nurse

Licensed Practical Nurse

Exercise Physiologist

Bariatric Coordinator

MBSCR

LCSW/LPCC

Other PhD level behavioral health provider

Other Master's level behavioral health provider

Other (please explain): *(Free text response)*

**Do you hold any special certifications (other than what is required to practice in your profession)?**

Answer Choices

Yes

No

**Please list additional certifications.**

Answer Choices

*(Free text response)*

**Do you get additional compensation as a result of your certifications?**

Answer Choices

Yes

No

**How much additional compensation do you receive as a result of your certification?**

Answer Choices

*(Free text response)*

**Does your employer provide reimbursement for your certifications?**

Answer Choices

Yes

No

**What are your roles within the practice? Select all that apply.**

Answer Choices

Clinical care

Data collection

Research

Administrative/non-clinical (list your admin role, i.e. program coordinator, data entry, etc.)

**Do you work a split role? (i.e. Coordinator and MBSCR)**

Answer Choices

Yes

No

**What are your different roles?**

Answer Choices

Role #1: *(Free text response)*

Role #2: *(Free text response)*

**How much of your time is spent in each role?**

Answer Choices

Role #1: *(Free text response)*

Role #2: *(Free text response)*

**Do you receive different compensation for each role?**

Answer Choices

Yes

No

**What is your annual pay rate for each role?**

Answer Choices

Role #1: *(Free text response)*

Role #2: *(Free text response)*

**Which of the following best describes your employment practice model? **Select all that apply.****

Answer Choices

Solo private practice

Single specialty group practice

Multi-specialty group practice

Academic Medical Center

Hospital Employee

Consult/Independent Practice

Veteran Hospital/Federal Setting

**How many total years have you been in practice?**

Answer Choices

<1 year

1-5 years

6-10 years

11-20 years

>20 years

**How many years have you been working specifically in metabolic and bariatric surgery?**

Answer Choices

*(Free text response)*

**What is your employment status?**

Answer Choices

Full time

Part time

**What percentage of your time is dedicated to metabolic and bariatric surgery?**

Answer Choices

<20%

21-50%

51-80%

>80%



**Of your time that is dedicated to metabolic and bariatric surgery, what is the percentage for: (total should equal 100%)**

Answer Choices

Clinical: *(Free text response)*

Administration: *(Free text response)*

Research: *(Free text response)*

Teaching: *(Free text response)*

**What was the amount of your total compensation for all of your professional duties in 2022?**

Answer Choices

*(Free text response)*

**Which of the following benefits are provided to you and paid for, at least in part, by your employer? Select all that apply.**

Answer Choices

Malpractice insurance

Continuing education

Profit Sharing

Medical insurance: Employee only

Medical insurance: Employee plus dependents

Disability insurance

Life insurance

Dental insurance

Vision insurance

Professional dues

ASMBS membership dues

Pension plan

401K/403B or Other Retirement Plan

**What is your practice's annual case volume?**

Answer Choices

<100

101-200

201-300

301-400

>400

N/A

**Do you take call?**

Answer Choices

N/A- Administrative only position

Yes

No

**Are you compensated for taking call?**

Answer Choices

Yes

No

**How much additional compensation do you receive for taking call?**

Answer Choices

*(Free text response)*

**Does your contract contain an incentive or productivity bonus?**

Answer Choices

Yes

No

**How much additional compensation do you receive as an incentive or productivity bonus?**

Answer Choices

*(Free text response)*

**If you do not receive continuing medical education (CME) funds, does your organization or employer provide funds to attend ASMBS conferences?**

Answer Choices

Yes

No

Does not apply

**Does your employer provide paid time off to attend conferences?**

Answer Choices

Yes, covered by department/organization.

No, I use PTO or other vacation time

Other, please explain: *(Free text response)*