Practice patterns, satisfaction, and demographics of reproductive endocrinologists: results of the 2014 Society for Reproductive Endocrinology and Infertility Workforce Survey

Kurt T. Barnhart, M.D., M.S.C.E.,[a] Steven T. Nakajima, M.D.,[b] Elizabeth Puscheck, M.D.,[c] Thomas M. Price, M.D.,[d] Valerie L. Baker, M.D.,[b] and James Segars, M.D.[e]

[a] Division of Reproductive Endocrinology and Infertility, University of Pennsylvania Medical Center, Philadelphia, Pennsylvania; [b] Division of Reproductive Endocrinology and Infertility, Stanford University School of Medicine, Stanford, California; [c] Department of Obstetrics and Gynecology, Wayne State University, Detroit, Michigan; [d] Division of Reproductive Endocrinology and Infertility, Duke University, Durham, North Carolina; and [e] Department of Gynecology and Obstetrics, Johns Hopkins University, Baltimore, Maryland

Objective: To identify the current and future state of the practice of reproductive medicine.
Design: Cross-sectional survey.
Setting: Not applicable.
Patient(s): None.
Intervention(s): Not applicable.
Main Outcome Measure(s): The survey included 57 questions designed to assess practice patterns/metrics and professional satisfaction and morale.
Result(s): A total of 336/1,100 (31%) responded, and they were 38% women, 61% men, and 76% Caucasian, with a mean age of 54. Respondents averaged 2.3 jobs and averaged 53 hours of work per week: 44% work in academia and 50% in private groups. Average practice size was 5.5, with an average of 470 fresh IVF cycles performed per year. Percent effort included 63% infertility, 10% endocrinology, 10% surgery, and 9% research. Respondents performed an average of 13 major surgeries, 69 minor surgeries, and 128 oocyte retrievals per year. A total of 60% were salaried, and 40% were equity partners. Compensation was highly skewed. Greater than 84% had a positive morale and had a positive view of the future, and 92% would again choose REI as a career. The most satisfying areas of employment were patient interactions, intellectual stimulation, interactions with colleagues, and work schedule. The least satisfying areas were work schedule and financial compensation. Training was felt to be too focused on female factor infertility and basic research with insufficient training on embryology, genetics, male factor infertility, and clinical research. In the next 5 years, 57% suggested that the need for specialists would stay the same, while 20% predicted a decrease. A total of 58% felt we are training the correct number of fellows (37% felt we are training a surplus). Compared with academia, those in private practice reported higher compensation, less major surgery, more IVF, less endocrinology, and less research. Men worked more hours,

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Reprint requests: Kurt T. Barnhart, M.D., M.S.C.E., Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University of Pennsylvania Medical Center, 3701 Market Street, Suite 800, Philadelphia, Pennsylvania 19104 (E-mail: Kbarnhart@obgyn.upenn.edu).

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conducted more surgery and IVF cycles, and had higher compensation than women. Morale was similar across age, gender, practice type, and geography.
Conclusion(s): Our subspecialty has an extremely high morale. We are a middle-aged subspecialty with disparate compensation and a focused practice. Some respondents sense a need for a change in our training, and most anticipate only mild growth in our field. (Fertil Steril® 2016;105:1281–6. ©2016 by American Society for Reproductive Medicine.)
Key Words: Reproductive endocrinology, infertility, satisfaction

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Reproductive endocrinologists are trained as obstetrician-gynecologists with advanced education, research, and professional skills in reproductive endocrinology and infertility (REI). The Society for Reproductive Endocrinology and Infertility (SREI) is a professional society for specialty-trained physicians who practice reproductive medicine. SREI membership requires certification by the American Board of Obstetrics and Gynecology (ABOG) in both obstetrics and gynecology and the subspecialty of REI. Members of SREI are dedicated to providing excellence in reproductive health through research, education, and the care of our patients.

REI became a subspecialty of obstetrics and gynecology (ob/gyn), with a 2-year postresidency fellowship, in the early 1970s and changed to a 3-year fellowship in the 1990s. The charter for SREI was started in 1983, with Leon Speroff, M.D., presiding as inaugural president and with 160 members. Currently there are approximately 1,300 ABOG-certified reproductive endocrinologists in the United States. SREI membership in 2015 was 834 members, with more than 200 associate members.

The vision of SREI is to promote excellence in reproductive health and science. The mission of the SREI is to serve a leadership role in REI by promoting excellence in patient care; fostering the training and career development of students, residents, associates, members, and affiliates; developing new initiatives in basic and clinical research; and supporting ethical practice and advocacy for the subspecialty.

The SREI set out to identify the current and future state of the practice of reproductive medicine by obtaining information from SREI members to provide insight into the field of reproductive medicine and guide decision making for training and practice. The SREI membership was queried regarding factors including professional trends, practice pattern, practice type and size, anticipated outlook of practice, job satisfaction, compensation, and demographic information.

MATERIALS AND METHODS

The SREI conducted an online survey to clarify the current climate and practice of reproductive medicine. The survey was conducted by Professional Testing Corporation. The survey included 57 questions designed to assess three main topics: practice patterns and metrics, professional satisfaction and morale, and demographics. Invitations to participate in the survey were sent via e-mail to 1,100 certified REIs with membership in SREI or the American Society for Reproductive Medicine (ASRM). Two reminders were emailed. This survey was exempt from Institutional Review Board approval as it was anonymous and voluntary. The survey was initially sent in October 2013 and was closed to enrollment in February 2014. Incentives included $50 gift cards for the first 100 participants and a drawing for three electronic tablets. The results of the survey were presented to the SREI Board and to the board of the ASRM.

RESULTS

Demographics

A total of 336 respondents (31%) participated in the survey. Respondents included 128 females (38%) and 208 males (62%), ranging from 34 to 90 years of age, with an average age of 53.6 years (SD = 9.29). The majority of respondents were Caucasian, with participants selecting the following response options for ethnicity: 256 (76%) Caucasian, 29 (9%) Asian, 20 (6%) other, 19 (6%) Hispanic, 9 (3%) African American, 1 (0.3%) Native American, and 2 (0.6%) Pacific Islander.

Completion dates for REI fellowship ranged from 1960 to 2013, with 175 (52%) before 1994, 84 (25%) from 1994 to 2003, and 77 (23%) from 2004 to 2013. The year in which respondents passed their REI oral board examinations ranged from 1963 to 2013, including: 119 (35%) before 1994, 110 (33%) from 1994 to –2003, and 98 (31%) from 2004 to 2013. Respondents reported practicing in 42 states, with 39 (12%) in California and one (0.3%) to 22 (7%) practicing in the other 41 states.

Practice Patterns

Respondents have been practicing reproductive medicine for a range of 1–48 years, with an average of 20 years (SD = 9.7). More specifically, 84 (25%) participants have been practicing for 1–12 years, 140 (42%) individuals have been in practice for 13–24 years, and 112 (33%) participants have been practicing reproductive medicine for 25 or more years. With respect to the practice type, 124 (44%) respondents work in academia, 21 (7%) work in a conglomerate or hospital-owned practice, 140 (50%) work in a private group practice, and 51 (15%) individuals own solo practices. Since

completing their fellowships, participants have averaged 2.3 jobs (SD = 1.4); with a range of one to 10 jobs.

On average, per year, 95 (28%) survey participants reported working with one to three fellows in REI, 10 (3%) confirmed working with four to nine fellows, and 231 (69%) indicated that they do not work with any fellows. Additionally, respondents reported that on average, per year, they work with seven (SD = 8) residents in ob/gyn and 12 (SD = 21) medical students. A total of 86% of respondents did not have any exposure to fellows in training, and 28% did not have any exposure to residents in ob/gyn.

Practice Focus and Size

With respect to classifying the focus of one's practice, 293 (87.2%) participants identified reproductive medicine only and 43 (12.8%) indicated multiple specialties. Respondents report devoting the majority of their time practicing infertility, moderate time on endocrinology and surgery, and very little practice of gynecology and preventive health (Table 1). The number of fresh IVF cycles completed by a respondent's practice during the past 12 months ranged from 0 to 8,000, with an average of 479.46 (SD = 816.15) cycles.

The total number of physicians working at each practice ranged from one to 50, with an average of 5.5 (SD = 6.2). However, 235 (70%) reported a practice with five or fewer physicians. Respondents noted that on average each practice had two (SD = 4) physician's assistants, nurse practitioners, and/or nurse midwives.

Individual Practice Volume

The average number of hours worked per week is 52.8 (SD = 14.2; range, 1–120), with 311 (93%) respondents working full time and 25 (7%) working part time. During the preceding 12 months, respondents performed an average of 12.65 inpatient (major) surgeries (SD = 27.9) and 69.42 outpatient (minor) surgeries (SD = 73.1). Respondents reported a range from 0 to 1,000 fresh IVF cycles completed in the preceding 12 months, with an average of 128 (SD = 140) cycles per individual.

Professional Satisfaction and Morale

With regard to professional morale, 145 (43%) respondents reported feeling very positive and 137 (41%) indicated feeling somewhat positive, while only 49 (14%) expressed somewhat negative feelings and five (2%) reported very negative feelings. When asked to assess the professional morale of colleagues in REI, 200 (60%) individuals selected somewhat positive feelings and 61 (18%) reported very positive feelings, whereas 72 (21%) indicated somewhat negative feelings and three (1%) reported very negative feelings. With respect to the current state of REI, 159 (47%) respondents expressed somewhat positive feelings and 118 (35%) reported feeling very positive, while 50 (15%) indicated somewhat negative feelings and nine (3%) reported feeling very negative. When asked about the future of reproductive medicine, 167 (50%) participants expressed somewhat positive feelings and 113 (34%) reported feeling very positive, while 45 (13%) indicated somewhat negative feelings and 11 (3%) reported feeling very negative. Additionally, given the opportunity to redo their careers, 308 (92%) of respondents would still select reproductive medicine and 267 (80%) would recommend reproductive medicine as a career to their children or other young people. Even with the opportunity to retire, 248 (74%) individuals would continue to work in reproductive medicine. With respect to work climate, respondents endorsed overlapping aspects of reproductive medicine as their sources of greatest satisfaction and dissatisfaction (Table 2).

Compensation

The estimated total annual compensation, including salary and bonuses, for respondents ranges from $0 to $3.5 million, with an average of $401,512.60 (SD = $371,489.9) and 165 (49%) individuals reporting values between $250,001 and $500,000. Respondents included 203 (60%) salaried and 133 (39%) nonsalaried professionals, with 147 (44%) identified as equity partners. Individuals who are not equity partners include 27 (8%) respondents who expect to make partner within 10 years, with an average of 2.5 years (SD = 2.2), and 13 (4%) who have declined an offer to be an equity partner.

In addition, some respondents provide consultation services outside of their practices, including 88 (26.19%) to

TABLE 1

Average percentage of time devoted to area of practice.

Area of practice	% (SD)
Infertility	63.0 (25.12)
Endocrinology	9.5 (8.99)
Reproductive surgery	9.9 (9.92)
Research	8.6 (14.13)
Gynecology	5.2 (8.49)
Preventative health	2.3 (4.83)

Barnhart. SREI workforce study. Fertil Steril 2016.

TABLE 2

Responses regarding job satisfaction and dissatisfaction.

Question/answer	n (%)[a]
What do you find *most* satisfying about the practice of reproductive medicine?	
Patient interactions	314 (95)
Intellectual stimulation	283 (84)
Interaction with colleagues	206 (61)
Work schedule	148 (44)
Financial compensation	136 (40)
Professional prestige	112 (33)
What do you find *least* satisfying about the practice of reproductive medicine?	
Work schedule	116 (35)
Financial compensation	97 (29)
Professional prestige	29 (9)
Patient interactions	28 (9)
Interaction with colleagues	27 (8)
Intellectual stimulation	12 (4)
Other	35 (10)

[a] Percentage is of total respondents. Respondents can answer more than one category.

Barnhart. SREI workforce study. Fertil Steril 2016.

industry, 77 (22.92%) to legal, 35 (10.42%) to business enterprise, and 34 (10.12%) to other recipients. Individuals who provide consultation services outside of their practices reported additional compensation ranging from $0 to $300,000, with an average of $9,318 (SD = 27,591).

Stratification of Data

A summary of individual practice pattern, morale, and compensation, stratified by practice type, gender, years in practice, and region of the country, is presented in Table 3. Statistical analysis was not performed as there was no a priori hypothesis and the numbers in each stratum are relatively small.

Future of Work Force

The average age of anticipated retirement is 68 years (SD = 5), with respondents practicing full time expecting to continue for an average of 12 years (SD = 8), while those working part time plan to do so for an average of 4 years (SD = 5). Respondents indicated that the number of physicians working in their practices who plan to retire in the next 5 years range from 0 to 7, with an average of one (SD = 1) physician.

In the next 5 years, 164 (49%) respondents believe that the number of partners in their practice will increase, 146 (44%) survey participants expect the number of partners to remain the same, and 26 (8%) individuals anticipate a decrease in the number of partners. Furthermore, participants reported that their practices plan to hire 0 to 10 physicians, with an average of one (SD = 1) new physician in the next 5 years. Practices plan to hire between 0 and 10 physician's assistants, nurse practitioners, and/or nurse midwives, with an average of one (SD = 1) new hire. The majority of respondents reported that their practices do not intend to hire physician's assistants, nurse practitioners, and/or nurse midwives instead of physicians (272; 81%).

Looking forward, in the next 5 years, 191 (57%) respondents anticipate that the need for specialists in REI will remain the same, 68 (20%) forecast a decrease, and 77 (23%) expect an increase. When asked to classify the number of fellows trained in reproductive medicine, 193 (57%) participants selected adequate, while 123 (37%) chose a surplus, and only 20 (6%) indicated a shortage.

Training

Respondents were also asked to assess the amount of time spent during fellowship training on 22 areas of reproductive medicine. Given response choices of insufficient, adequate, and surplus, the majority of individuals reported adequate training in 20 areas of reproductive medicine and insufficient training in embryology and genetics. A comprehensive summary of respondents' assessments is presented in Table 4.

DISCUSSION

REI is a relatively young medical subspecialty, with its inception in the 1970s. At that time the focus of training and practice was reproductive disorders with an endocrine basis for the

TABLE 3

Practice patterns stratified by practice type, year in practice, gender, and location of practice.

Breakdown of those surveyed	Hours worked/week	Percentage of practice devoted to infertility	Average no. of major surgeries/year	Average no. of minor surgeries/year	Average no. of IVF cycles/year	Percentage of practice devoted to research	Estimated total annual compensation, $	Percentage who are salaried	Percentage with a positive personal morale	Percentage with a positive morale about future of the field
Overall	53	63	13	69	128	9	402,000	60	85	85
Academic	56	48	16	57	91	17	313,000	93	75	86
Private practice	50	74	10	77	154	3	465,000	37	83	82
Men	54	62	15	73	137	8	435,000	56	82	80
Women	51	63	8	63	113	9	348,000	66	88	88
<12 y of practice	53	68	9	74	137	9	381,000	70	87	90
13–24 y of practice	53	67	13	70	140	7	350,000	56	85	83
>25 y of practice	51	54	14	65	106	10	380,000	58	78	80
Central	51	58	16	73	132	9	379,000	68	86	85
North	54	61	12	65	137	9	388,000	70	81	76
Pacific	53	71	8	52	159	7	412,000	55	93	89
Southern	53	65	8	75	104	9	360,000	55	82	79

Barnhart. SREI workforce study. Fertil Steril 2016.

TABLE 4

Assessment of time spent during fellowship training on areas of reproductive medicine.

Area of reproductive medicine	Time spent during fellowship training, n (%)		
	Insufficient	Adequate	Surplus
Female fertility	11 (3.3)	273 (81.3)	52 (15.5)
Male fertility[a]	146 (43.5)	187 (55.7)	3 (0.9)
Reproductive surgery	46 (13.7)	257 (76.5)	33 (9.8)
Oocyte retrieval	66 (19.6)	223 (66.4)	47 (14.0)
Ultrasound	64 (19.1)	219 (65.2)	53 (15.8)
ET	130 (38.7)	187 (55.7)	19 (5.7)
IVF	61 (18.2)	236 (70.2)	39 (11.6)
Embryology[a]	189 (56.3)	140 (41.7)	7 (2.1)
Endocrinology	51 (15.2)	246 (73.2)	39 (11.6)
Basic research	53 (15.8)	198 (58.9)	85 (25.3)
Clinical research	65 (19.4)	246 (73.2)	25 (7.4)
Gynecology	20 (6.0)	301 (89.58)	15 (4.5)
Pediatrics/adolescent gynecology	131 (39.0)	192 (57.1)	13 (3.9)
Genetics[a]	193 (57.4)	137 (40.8)	6 (1.8)
Menopause	92 (27.4)	217 (64.6)	27 (8.0)
Pubertal development	93 (27.7)	230 (68.5)	13 (3.8)
Thyroid disease	78 (23.21)	246 (73.2)	12 (3.6)
Adrenal disease	119 (35.4)	201 (59.8)	16 (4.8)
Contraception	38 (11.3)	275 (81.9)	23 (6.9)
Endometriosis	16 (4.8)	280 (83.3)	40 (11.9)
Endocrinology of pregnancy	104 (31.0)	217 (64.6)	15 (4.6)
Androgen disorders	33 (9.8)	281 (83.6)	22 (6.5)

[a] Areas classified by >40% as having spent insufficient training during fellowship.

Barnhart. SREI workforce study. Fertil Steril 2016.

pathophysiology. As diagnosis and management of infertility has advanced, predominantly via the advent of assisted reproductive technologies, the field of REI has also dramatically changed. Much of this change has occurred during the practice lifetime of its members, and this field continues to evolve. This is the first workforce study of SREI members that was performed to objectively document practice patterns and morale and provide a possible vision of the future.

The practitioners of REI are middle aged and only moderately diverse, with relatively few minorities and women. The high average age of respondents may be a result of the fact that the survey was restricted to those who have completed both ABOG written and oral exams. The average age of men and women is similar to the mean age reported for general ob/gyn (men, 54; women, 50) reported by the American Congress of Obstetrics and Gynecology (ACOG) workforce survey (1). Women currently make up 50% of the general ob/gyn workforce, compared with 38% in REI. In both general ob/gyn and REI there are far fewer women than men over the age of 55. The gender and racial distribution of general ob/gyn (12% black, 12% Hispanic, 4% Asian) is similar to that of other medical subspecialties and more diverse than that reported in REI.

We practice in moderate-sized groups composed mostly of physicians. The majority of respondents (68%) do not practice with a fellow, and 28% have no exposure to residents in ob/gyn. The practice of REI is very specific, with almost two-thirds of time devoted to the diagnosis and management of infertility. A total of 88% practice reproductive medicine only, and less than 10% of the average time is spent on endocrinology or reproductive surgery. Very little time is spent practicing general gynecology or preventive medicine.

With some exceptions, we practice how we were trained. Identified deficiencies in training include the topics of male factor infertility, genetics, embryology, ET, and clinical research. The focused and evolving practice has led some to suggest that we are no longer practicing traditional gynecology (2) and that we need to expand training in nontraditional areas such as male physiology and infertility (3) and genetics (2, 4). Others are suggesting the predominant focus on infertility as a call to action to ensure we remain grounded in the discipline of ob/gyn (4–6).

IVF has become the mainstay of practice, with "average" practices conducting almost 500 fresh retrievals a year. However, large practices are skewing the average, as 50% of respondents state they work in a practice that performs less than 200 cycles a year. The number of cycles performed by the average respondent (n = 128) is also likely skewed to the right as there was a range of 1–1,000, and 60% of respondents commented that they personally conduct fewer than 100 cycles per year. There is also a wide variation in the number of surgical procedures performed each year. The average number of "major" cases performed per year is 13 (0–210), with 75% of respondents performing fewer than 10 a year. The average number of minor surgical cases is higher at 69 per year also, with a wide range (0–600). The average hours worked per week is similar to the 52-hour work week reported for general ob/gyn (ACOG).

Those who practice REI have exceptionally high job satisfaction. Approximately 85% (or more) of respondents have a positive view of their own professional morale and the morale of their colleagues. Respondents viewed the current and future state of reproductive medicine positively, would recommend this field to others, and would choose the same field again. This is much higher than the 34% of ob/gyn practitioners who reported satisfaction in their career (7). Moreover, a recent survey reported only 40%–53% of general ob/gyn practitioners would choose the same specialty again (8). It has been noted that ob/gyn is among subspecialties with a high percentage of dissatisfaction (along with otolaryngology, ophthalmology, orthopedic surgery, and internal medical). Medical specialties with high satisfaction are geriatric medicine, neonatal-perinatal medicine, dermatology, and pediatrics (7). The reasons for satisfaction are diverse and overlap with reasons for disaffection. A greater proportion of respondents who practice REI derive satisfaction from patient interaction and compassion than was reported by general ob/gyn (45% and 10%, respectively) (8).

We are well, but diversely, compensated, with a large SD that is skewed to the right. Assessment of compensation is fraught with inaccuracy owing to the manner a question is asked and the truthfulness of the response. The data presented are self-reported and reflect a question that addresses total annual compensation. The range of distribution is skewed as there are a small number of respondents who reported high compensation. The average compensation in this survey is higher than recently reported for general ob/gyn: $249,000

(8) and $294,000 in the American Medical Group Association of 2009 (1). REI salary estimates from other sources range from $318,000 (7) to $409,000 (1).

When data were stratified by subgroup, there were some qualitative differences noted. Those who classified themselves as working in an academic environment reported working more hours and having a higher percentage of time devoted to research, endocrinology, and surgery. Those who reported working in a private practice environment had a practice more focused on infertility, performed more cases of IVF, and were more highly compensated. Women reported performing fewer major and minor surgical cases and fewer fresh IVF cycles and received lower compensation. There were no major differences in practice patterns when stratified by years in practice. This may reflect the maturation of the field in general as opposed to new practice patterns for those more recently trained.

The demand for physicians is hard to determine and is sensitive to many factors. However, a workforce study from ACOG projected a shortage of obstetrician-gynecologists in the future. This is based on an increase in projected population over the next few decades and the need to keep a stable ratio of 27 ob/gyn practitioners per 100,000 adult women. It is also expected that the number of medical graduates pursuing residency will remain stable at 6/100,000, thus, training approximately 1,200 obstetrician gynecologists a year. The profession is stable in terms of growth, with planned hires only slightly higher than planned retirement. Currently REI represents 10% of the ob/gyn workforce.

The data from this survey suggest that most respondents anticipate that the field of REI will remain stable or decrease. The average number of physicians anticipated to be hired in the next 5 years (0.7 per year) is approximately equal to the number who plan to retire (0.6 per year). This number is also approximately equal to the number of graduating fellows over the next years (if the numbers of fellowship positions stay the same). The majority of respondents (57%) felt the number of fellows trained per year to be adequate but more felt there was a surplus (37%) of trained fellows as opposed to a shortage (6%). From this, it may be interpreted that REI is at replacement levels and is not growing. It may also reflect a very tight market for at least 5 years in certain geographic areas. These data do not reflect that there will be a shortage of REI nationwide.

Limitations of this survey include a relatively low response rate. One of the drawbacks of a purposely anonymous survey is that the reasons for not responding cannot be assessed. Response rates to workforce surveys are often low because we are busy or because of a fear of sharing personal information such as compensation. Additionally, data are self-reported and subject to some interpretation of definitions. For example, respondents self-categorized themselves to "academic" practice without a specific definition. Self-reported data may also be especially limiting when interpreting compensation. Some respondents commented that they did not want to report actual salary as it may unblind the survey. This survey was not to be analytical. The strata in subgroups of this survey are too small to perform meaningful statistical comparisons. Comparison of the data to other surveys should also be interpreted with caution as data may have been captured in different ways and were not contemporaneous. However, this survey can be used to evaluate our current workforce and practices, serve as a spring board to speculate about the future, and serve as a comparison for future data.

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