

ASTS Workforce Survey

Dear Transplant Program Director,

The ASTS is asking for your indispensable participation in this important survey seeking to obtain a national headcount of abdominal transplant surgeons, a description of their training and current practice patterns in different transplant programs, and an assessment of changes in workforce needs based on program projections.

As program director, you will be asked questions about your program, yourself, each of your current surgeons, and future surgeons. Depending on how your transplant center is structured, one or more program directors may need to respond to this survey. To prevent duplicate entries in the surgeons' headcount, the first 5 questions will select which program directors at your transplant center will respond to the survey.

Completing the main questionnaire takes about 8 minutes and each additional surgeon takes no more than 2 minutes. Please have ready specific information about your surgeons before starting the survey (see attached surgeon profile card questions).

In appreciation for your time and dedication to this survey, the ASTS will forward you the final report on the status of the transplant surgeons' workforce.

Thank you,

The Membership and Workforce committee.

* 1. UNOS region of your Transplant Center

* 2. Identify your current Transplant Center by UNOS name.

* 3. Confirm your name and position as Program Director (abdominal transplant surgeon).

Name

Position

* 4. Each Transplant Center may have more than one abdominal transplant surgeon serving as Program Director. How many Program Directors are in your Transplant Center?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6

5. If the different abdominal transplant programs at your transplant center share some or all transplant surgeons, we ask you that only one program director responds to this survey in representation of all abdominal transplant surgeons in order to avoid duplicate entries on surgeons' headcount. Please **choose one** of the following options:

Liver

Kidney

Pancreas

Intestine

Different abdominal transplant programs at this center share some or all transplant surgeons and I am the only program director responding to this survey (even if other program directors exist). I am responding for the following programs:

☐☐☐☐

There are independent abdominal transplant programs at this center with different transplant surgeons involved. Please indicate the different programs you will respond for:

☐☐☐☐

If another PD will respond separately to this survey, please indicate the programs he/she is responding for:

☐☐☐☐

Other (specify if only responding for pediatric programs, Liver/kidney/intestine)

ASTS Workforce Survey

* 6. Activities performed under the transplant programs you are responding for (check all applicable):

	Yes	No
Adult Liver transplant	<input type="radio"/>	<input type="radio"/>
Adult Kidney transplant	<input type="radio"/>	<input type="radio"/>
Pediatric liver transplant	<input type="radio"/>	<input type="radio"/>
Pediatric kidney transplant	<input type="radio"/>	<input type="radio"/>
Pancreas transplant	<input type="radio"/>	<input type="radio"/>
Intestinal transplant and intestinal rehabilitation (Peds & Adults)	<input type="radio"/>	<input type="radio"/>
Living kidney donors	<input type="radio"/>	<input type="radio"/>
Living liver donors	<input type="radio"/>	<input type="radio"/>
HPB surgery	<input type="radio"/>	<input type="radio"/>
Dialysis access surgery	<input type="radio"/>	<input type="radio"/>
General surgery (other than HPB, Dialysis access, Living donors)	<input type="radio"/>	<input type="radio"/>
Pediatric surgery (non-transplant)	<input type="radio"/>	<input type="radio"/>

* 7. Program/s size. Indicate the average annual volume over the last 3 years:

Adult Liver transplant

Adult Kidney transplant

Pediatric liver transplant

Pediatric kidney transplant

Pancreas transplant

Intestinal transplant and intestinal rehabilitation (Peds & Adults)

Living kidney donors

Living liver donors

HPB surgery

Dialysis access surgery

General surgery (other than HPB, Dialysis access, Living donors)

Pediatric surgery (non-transplant)

* 8. Indicate the total number of transplant surgeons working for the program/s you are responding for (Including yourself and other PDs not responding to the survey). (Definition of Transplant Surgeon: Surgeon that has received specific training in organ transplantation and has been appointed and credentialed at your transplant center with privileges to perform organ transplant procedures with primary role...)

* 9. Please indicate the total number of non-transplant surgeons performing surgeries for the transplant center. (i.e. urologist/MIS surgeon performing donor nephrectomies, vascular surgeon/general surgeon performing dialysis access, general surgeon/urologist performing organ procurements or actively assisting transplant procedures). Exclude transplant fellows or trainees.

Please answer 0 if there are none.

Transplant Surgeon A Profile Card

In this section, we will be asking questions on other surgeons in your program. Please have all of their information available to expedite the survey process.

For each transplant surgeon you are responding for (including yourself), complete the following profile card for Transplant Surgeon A

*** 10. Profile for Transplant Surgeon A:**

Age

First year of practice in Transplant

Estimated remaining years practicing transplantation

Days on primary call for organ transplant in a month

*** 11. Gender**

☐ Female

☐ Male

*** 12. Residency background (check all applicable):**

☐ General Surgery (US-Can)

☐ General Surgery (Other country)

☐ Urology (US-Can)

☐ Urology (Other country)

☐ Fellowship-trained pediatric surgeon

Other (please specify)

* 13. Transplant Training (check all applicable):

	Yes	No
ASTS- fellowship	<input type="radio"/>	<input type="radio"/>
Other transplant training (US-Can)	<input type="radio"/>	<input type="radio"/>
Transplant training (Other country)	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 14. Society Memberships

	Yes	No
Active ASTS member?	<input type="radio"/>	<input type="radio"/>
FACS?	<input type="radio"/>	<input type="radio"/>

* 15. Activities for Transplant Surgeon A (check all applicable):

	Yes	No
Deceased Donor Organ Procurement	<input type="radio"/>	<input type="radio"/>
Adult Liver transplant	<input type="radio"/>	<input type="radio"/>
Adult Kidney transplant	<input type="radio"/>	<input type="radio"/>
Pediatric Liver transplant	<input type="radio"/>	<input type="radio"/>
Pediatric Kidney transplant	<input type="radio"/>	<input type="radio"/>
Pancreas transplant	<input type="radio"/>	<input type="radio"/>
Intestinal transplant and intestinal rehabilitation (Peds & Adult)	<input type="radio"/>	<input type="radio"/>
Living Kidney donors	<input type="radio"/>	<input type="radio"/>
Living Liver donors	<input type="radio"/>	<input type="radio"/>
HPB surgery	<input type="radio"/>	<input type="radio"/>
Dialysis access surgery	<input type="radio"/>	<input type="radio"/>
General surgery (other than HPB, Dialysis access, Living donors)	<input type="radio"/>	<input type="radio"/>
Pediatric surgery (non-transplant)	<input type="radio"/>	<input type="radio"/>
Administrative role	<input type="radio"/>	<input type="radio"/>
Leadership role in transplant center	<input type="radio"/>	<input type="radio"/>
Leadership role institutional non-transplant	<input type="radio"/>	<input type="radio"/>
Leadership role extra-institutional	<input type="radio"/>	<input type="radio"/>

* 16. Does transplant surgeon A conduct research?

☐ Yes

☐ No

Transplant Surgeon A End

* 17. If yes, what type? (Check all applicable)

- ☐ Clinical
- ☐ Translational
- ☐ Basic
- ☐ Principal investigator of funded research (government, private, pharma, other)

* 18. Thank you for completing the profile card for Transplant Surgeon A.

Do you have another Transplant Surgeon you need to complete a profile card for?

- ☐ Yes
- ☐ No

Staffing/Future Tx Surgeon Questions

* 19. Do you think the program/s you are responding for are properly staffed with Transplant Surgeons?

- ☐ Under-staffed
- ☐ Just right
- ☐ Over-staffed

* 20. Do you anticipate any transplant surgeon leaving the program within the next 3 years? (i.e. retirement, other reason)

* 21. How many new transplant surgeons do you estimate will be recruited over the next 3 years in the program/s you are responding for?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5+
- ☐ Do not know

Future Transplant Surgeon A Profile Card

For each FUTURE transplant surgeon you are responding for, complete the following profile card for FUTURE Transplant Surgeon A

* 22. Profile card Future Transplant Surgeon A

	Junior	Mid-level	Senior
Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 23. Residency background

- ☐ General Surgery (US-Can)
- ☐ General Surgery (Other country)
- ☐ Urology (US-Can)
- ☐ Urology (Other country)

Other (please specify)

* 24. Transplant Training

- ☐ ASTS- fellowship
- ☐ Other transplant training (US-Can)
- ☐ Transplant training (Other country)

Other (please specify)

25. Days on primary call for organ transplant in a month

* 26. Activities for Future Transplant Surgeon A (Please check all applicable):

	Yes	No
Deceased Donor Organ Procurement	<input type="radio"/>	<input type="radio"/>
Adult Liver transplant	<input type="radio"/>	<input type="radio"/>
Adult Kidney transplant	<input type="radio"/>	<input type="radio"/>
Pediatric Liver transplant	<input type="radio"/>	<input type="radio"/>
Pediatric Kidney transplant	<input type="radio"/>	<input type="radio"/>
Pancreas transplant	<input type="radio"/>	<input type="radio"/>
Intestinal transplant and intestinal rehabilitation (Peds & Adult)	<input type="radio"/>	<input type="radio"/>
Living Kidney donors	<input type="radio"/>	<input type="radio"/>
Living Liver donors	<input type="radio"/>	<input type="radio"/>
HPB surgery	<input type="radio"/>	<input type="radio"/>
Dialysis access surgery	<input type="radio"/>	<input type="radio"/>
General surgery (other than HPB, Dialysis access, Living donors)	<input type="radio"/>	<input type="radio"/>
Pediatric surgery (non-transplant)	<input type="radio"/>	<input type="radio"/>
Administrative role	<input type="radio"/>	<input type="radio"/>
Leadership role in transplant center	<input type="radio"/>	<input type="radio"/>
Leadership role institutional non-transplant	<input type="radio"/>	<input type="radio"/>
Leadership role extra-institutional Administrative role	<input type="radio"/>	<input type="radio"/>

* 27. Will the Future Transplant Surgeon A conduct research?

- ☐ Yes
- ☐ No

Future Tx Surgeon A End

* 28. If yes, what type? (Check all applicable)

- ☐ Clinical
- ☐ Translational
- ☐ Basic
- ☐ Principal investigator of funded research (government, private, pharma, other)

* 29. Thank you for completing the profile card for Future Transplant Surgeon A.

Do you have another Future Transplant Surgeon you need to complete a profile card for?

- ☐ Yes
- ☐ No