



## 2020 Development Survey Part II - Staff Compensation

### Introduction

Welcome to the 2020 AAMC Development Survey Part II - Staff Compensation. The data from the AAMC Development Survey will be used in a national database. Maintained by the AAMC since 1999, this database is for use by medical school deans, teaching hospital CEOs, or their designees at member institutions to assess integral components of a successful development program and to make effective decisions on the deployment of organizational resources.

Part II of the survey collects compensation information of key development staff. Part I of the survey collects information about private support, development staff, and fundraising/development costs.

Participation in the survey is voluntary. You can decide not to participate or to discontinue your participation at any time without penalty. However, only those institutions that participate in the survey will have access to the full results when they are available in August 2021. The expected time to complete this survey is about two hours. Once your data is compiled, the survey should take approximately half an hour to complete. **The deadline for completing the survey is March 15, 2021.**

### Data Confidentiality Policy

The salary data collected for individual positions at an identified institution is classified by the AAMC as confidential. Confidential data are data that may not be released outside of the AAMC with individual or institutional identification, except with permission. Individuals may grant AAMC permission to release confidential data that describe themselves. An authorized representative of an AAMC member institution may grant AAMC permission to release confidential data that describe his or her institution.

All other survey data are classified as restricted. Restricted data are data that may not be published with identification but may be disclosed to external parties with management approval. These data will be released with institutional identification to survey participants but will not be made available to the public.

Contact information you provide when filling out this survey will be used to contact you if we have a question about your response(s). Contact information will also be included in the data file provided to participating institutions.

Data will be stored for multiple years in order to provide you and your institution with the most comprehensive analysis. Your responses will be securely stored by the AAMC with appropriate access controls to limit exposure of your data to those with a need to know.

### Risks/Benefits

This data collection is considered to be minimal risk. While the AAMC has taken extensive measures to ensure the security of the data and the confidentiality of the responses, if the compensation data provided in response to Part II of the survey were made public in an individually identifiable way, it could prove embarrassing or harmful to individuals or institutions. If the restricted data provided in response to Part I of the survey were made public, it is expected to have a limited adverse effect on individuals and institutions. Institutionally-identified data will only be shared with participating institutions. Institutions that are given access to restricted information may not publish or share it with others.

Participating institutions will receive access to all institution-level responses to Part I of the survey, as well as aggregated compensation data from Part II of the survey.

## Contact Information

This data collection has been reviewed according to AAMC policies and procedures. If you have any questions or concerns about your rights as a participant in this survey, please contact the AAMC Human Subjects Protection Program at [humansubjects@aamc.org](mailto:humansubjects@aamc.org). If you have any technical questions on the survey, please contact survey staff at [developmentsurvey@aamc.org](mailto:developmentsurvey@aamc.org).

By clicking the "Next" button, you acknowledge that you have read the above statement and understand the risks and benefits of participation and would like to continue.





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You may wish to print this page for your reference.

### Survey Instructions and General Information

#### **Answering Questions Not Applicable to your Institution**

If a question is not applicable to your institution, please enter "NA" for not applicable, or leave the field blank. Only insert a zero ("0") if it represents an actual value or numeric response.

#### **Numerical Columns**

Note that totals and subtotals for numerical columns will be calculated automatically.

#### **Submitting Your Survey**

After completing the survey, please remember to print a copy of your survey responses for your records.

### Survey Glossary

*Terms and definitions used in the AAMC Annual Development Survey generally have been drawn from and are, when appropriate for AAMC institutions, consistent with the current CASE reporting standards.*

#### **Institution Type Classification**

*Survey participant institutions are classified according to institutional type. The categories of institutional type relate to an institution's development program defined for the purpose of survey analyses. The following are categories of institutional type:*

- **Medical School** — development program is separate from the development program(s) of its primary teaching hospital(s).
- **Teaching Hospital** — development program is separate from that of the medical school.
- **Joint Program** — development program is integrated and conducted jointly for the benefit of both the medical school and the medical school's primary teaching hospital(s).

#### **Compensation of Key Development Staff**

- **Salary** — reported as the base compensation of the staff member.
- **Other Compensation** — can include incentive bonuses, car or car allowances, personal private club memberships, and educational tuition discounts/waivers. (Do not include retirement and medical/hospital and life insurance benefits in this section.)



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### Survey Contact and Institution Type

Our records indicate that you are associated with . This is the institution name which will be included in the Development Survey Reporting Tool. If this is not correct, please contact [developmentsurvey@aamc.org](mailto:developmentsurvey@aamc.org) before completing the survey.

**Survey Completed By:**

*This individual will serve as the primary contact for survey follow-up*

\*First Name:

\*Last Name:

\*Title:

\*Phone:

\*Email:

**\*Is the survey contact listed above the Chief Development Officer (CDO)?**

*If no, please enter the CDO information below.*

Yes

No

**Chief Development Officer (CDO) Information:**

First Name:

Last Name:

Title:

Phone:

Email:

**\*Institution Type:**

*Please select the structure that best fits your institution's development program. If you have multiple development programs under different leadership, please select the category that best describes your primary fundraising operation.*

- Medical School Only:** Development program is separate from hospital.
- Teaching Hospital Only:** development program is separate from medical school. This could include, for example, children's hospitals, rehabilitation hospitals, psychiatric hospitals, cancer specialty centers/hospitals, "stand-alone" hospitals that have separate foundations or programs, etc.
- Joint Program:** Development program is integrated and conducted jointly for benefit of both the medical school and the teaching hospital.

As a reminder, in previous years, your institution indicated for institution type. In addition, please ensure that the institution type entered for Part I and Part II are the same.

\*Indicates required field.





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### Institutional Description

Our records indicate that you are associated with .

**Medical School Information:**

Medical School Name

Medical School City

Medical School State

**Teaching Hospital Information:**

Teaching Hospital Name

Teaching Hospital City

Teaching Hospital State

Please list any other teaching hospitals represented in the survey data.





## 2020 Development Survey Part II - Staff Compensation

### Compensation of Key Development Staff

Provide the FY 2019-2020 compensation information for key development staff. **If there is more than one employee, please provide the median salary.** Please provide number of individuals represented in the median in the last column; please do not report FTEs.

**Salary** — reported as the base compensation of the staff member.

**Other Compensation** — can include incentive bonuses, car or car allowances, personal private club memberships, and educational tuition discounts/waivers. (Do not include retirement and medical/hospital and life insurance benefits in this section.)

#### Compensation

Position	Salary (\$)	Other Compensation (\$)	Please describe Other	Total (\$)	Number of Individuals Represented
Chief Advancement Officer or Chief Development Officer	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Vice President for Development	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Associate or Assistant Vice President	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Director of Development	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Department, Institute, or Unit Development Officer	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Director of Major Gifts*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Major Gifts Officer(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Director of Annual Giving*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Director of Planned Giving*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Director of Corporate and Foundation Giving*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Director of Advancement or Development Communications*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Director or Manager of Development Operations or Advancement Services*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Director of Special Events*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>
Director of Alumni Relations*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			<input type="text"/>

\*Director position responsibilities include supervision of program and/or staff.









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### Thank you

Please estimate how much time it took for your institution to complete the survey. Please report as whole numbers.

Hour(s)

Minutes

Please share any thoughts that you have about this survey.

Please click the "Submit Survey" button at the bottom of this page to submit this survey. After clicking this button, you will see a complete listing of the responses you entered.

