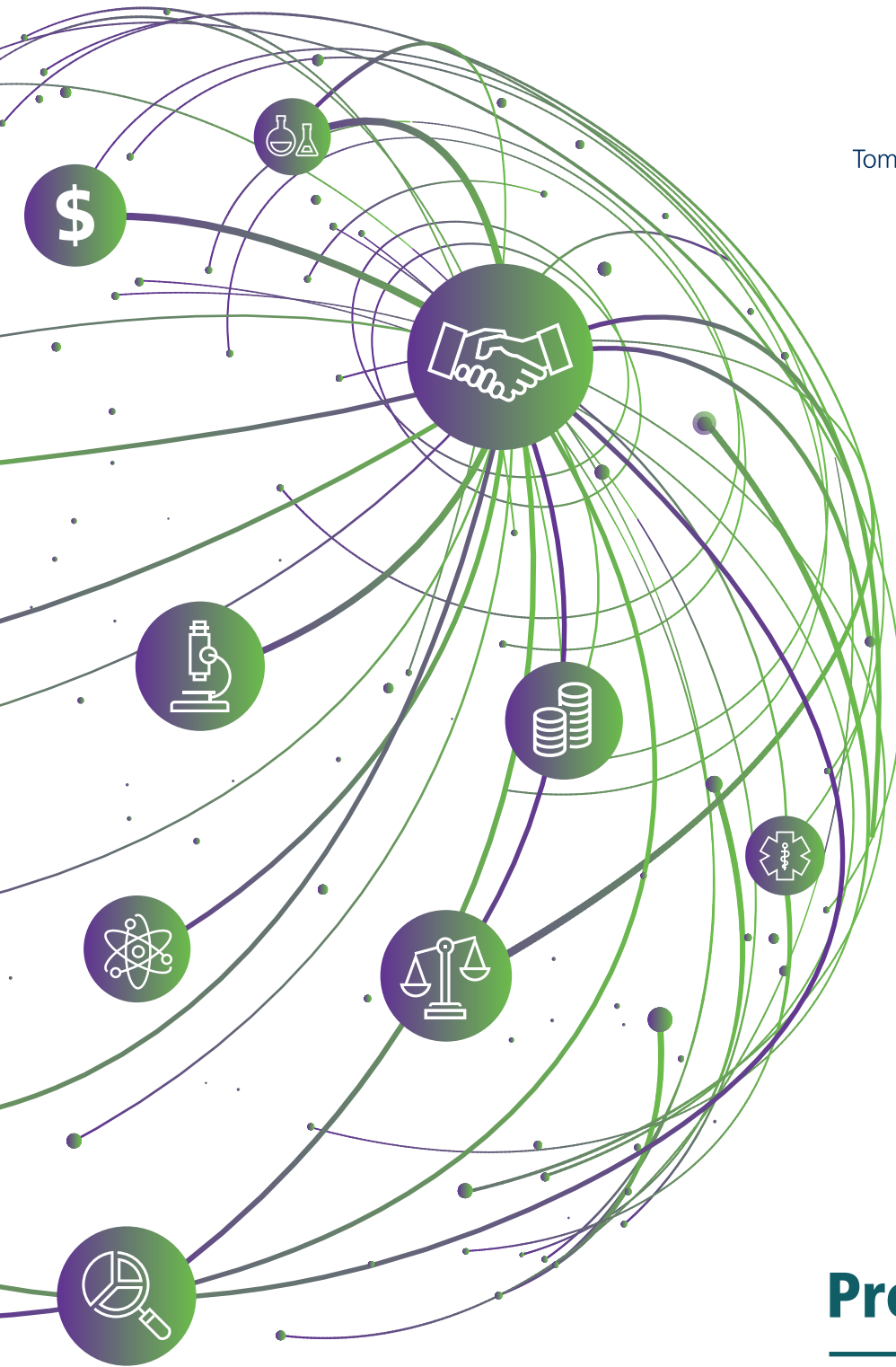




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Salary Equity at U.S. Medical Schools

2019

Association of
American Medical Colleges

Promising Practices

for Understanding and Addressing
Salary Equity at U.S. Medical Schools

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FOREWORD

Achieving salary equity in academic medicine is the right thing to do and the smart thing to do — yet it is a challenging task, requiring an institutional commitment to transparency, cross-campus collaboration, ongoing communication, dedicated resources, and enlightened leadership. There are few guides to assist institutions in this process.

On behalf of the Association of American Medical Colleges (AAMC), I am very pleased to present this monograph, *Promising Practices for Understanding and Addressing Salary Equity at U.S. Medical Schools*. This publication and the related online toolkit are valuable resources for medical school leaders and faculty to use in launching, revising, and sustaining local salary-equity studies and initiatives.

Promising Practices contains data from the annual AAMC Faculty Salary Report analyzed by gender. Analyses highlight national trends that medical schools may wish to investigate in their local studies. The publication also presents 11 institutional case studies and their promising practices to help medical schools develop local salary-equity initiatives.

This effort is the first of many by the AAMC to share national data, tools, and promising practices to help schools understand and achieve salary equity. It is our hope that this publication prompts conversation on your campus and spurs momentum to address this critical issue.

Sincerely,

John E. Prescott, MD

Chief Academic Officer, AAMC

EXECUTIVE SUMMARY

Beyond a moral imperative, there are tangible institutional benefits to addressing equity issues — including salary equity — and costs to ignoring them. Understanding and addressing salary equity in academic medicine is critical to attracting and retaining talented faculty in U.S. medical schools and fulfilling institutional missions. This publication addresses salary equity as one of many institutional efforts that make up an overall strategy to promote an equitable culture and climate. Failing to create equitable environments, of which salary-equity efforts are a part, can hamper institutional success through retention and recruitment costs, as well as through losses in research and clinical productivity.

Given their systemic nature, issues of equity are rarely solved easily or quickly. Studying and developing strategies to promote salary equity is especially challenging in academic medicine given the complex compensation plans and payments to faculty from multiple entities. In establishing salary equity as an institutional priority, medical schools will benefit from convening a diverse group of stakeholders, establishing methods to collect and analyze data systematically, allocating the financial resources needed to address inequities, and committing to an ongoing review of salaries. Effectively maintaining salary equity requires transparency, achievable by both expanding access to information about salaries and compensation and conducting mandated systematic reviews.

Promising Practices for Understanding and Addressing Salary Equity in U.S. Medical Schools offers institutional leaders both national compensation data by gender and promising practices to use in successfully implementing salary-equity initiatives at the local level. The presentation of AAMC Faculty Salary Survey data illuminates trends in the current state of faculty compensation by gender, rank, degree, and medical specialty. Although the AAMC study uses limited data to approach a complex topic, this publication is a useful first step in addressing salary-equity issues in academic medicine.

Major findings from the analysis illustrate that gaps in median total compensation exist for women faculty members across the majority of departments and specialties, and at almost every rank. In addition, across a large majority of medical schools, analysis of median total compensation indicates that women earn less than men. In examining trends over the past five years, gaps between men's and women's median total compensation show only small fluctuations. The trends can help inform institutions' local analyses, but they are only the starting point. Conducting local studies with sophisticated methodologies and a variety of institutional data ensures the greatest accuracy for salary-equity studies.

This publication also shares profiles of medical schools that have engaged in salary-equity studies over time. While each institution has unique approaches, organizational structures, faculty size, and geographic locations, lessons can be learned and adapted from the knowledge and experience of these institutions. These promising practices are presented across three core areas: conducting salary-equity studies, making financial adjustments, and communicating results with stakeholders.

In addition to describing how salary-equity studies are conducted and how the results are used to promote equitable compensation practices, this publication describes additional areas that medical schools should address such as hiring and advancement processes, flexible appointment policies, and childcare options, which are systemically connected to salary-equity issues. Adopting frameworks that consider salary equity within larger equity issues in the workplace broadly is paramount for U.S. medical schools. This publication is the first of many resources from the AAMC that will shed light on how to understand and address salary equity.

SUMMARY OF INSTITUTIONAL PROFILES

Summary profiles of the 11 U.S. medical schools featured in this publication are arranged below by year of first salary-equity study. Schools were identified through an iterative process. An open call was sent over the Group on Business Affairs (GBA) listserv asking for self-identified schools that were currently engaged in ongoing salary-equity work and able to share current practices. From this list, the AAMC chose the following 11 schools to interview given their diverse institutional characteristics.

FIRST
STUDY
1990



WASHINGTON UNIVERSITY IN ST. LOUIS SCHOOL OF MEDICINE has built, along with expertise from industry, extensive infrastructure for data and a robust study methodology, honed over time, to guide their analysis of equity. Key to the success of their salary-equity initiative, the school created a task force composed of a wide variety of institutional stakeholders, including rank-and-file faculty, to guide the study process and how to present the results to the institution.

FIRST
STUDY
1999



UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL has been studying salary equity since 1999, which means it has had more than 20 years of experience in building an equitable workplace. Notably, UTSW leverages expertise and partnerships from across the institution — from statistical experts, department chairs, dean's office leadership, and the Women in Science and Medicine Advisory Committee — to both examine salary equity and ensure that faculty are aware of the institution's efforts to support them.

FIRST
STUDY
2005



UNIVERSITY OF UTAH SCHOOL OF MEDICINE has a long-standing faculty salary-equity taskforce that convenes annually to review faculty salaries with department chairs. Faculty taskforce members have built subject matter expertise about the topic and relationships with departmental leadership, which allows them to understand and address the complexities of faculty compensation.

FIRST
STUDY
2005



UNIVERSITY OF CALIFORNIA, DAVIS, SCHOOL OF MEDICINE has built trust with faculty by developing transparent policies and practices for how the school implements its compensation plan. Department leaders and administrators have also developed new policies to consistently govern bonus and incentive payments, which were collectively approved by the institution and faculty to enhance equity within the culture.

FIRST
STUDY
2007



MEDICAL COLLEGE OF WISCONSIN has more than a decade of salary-equity experience and has carefully refined their process, communication, and collaboration over the years to create a dynamic system of checks and balances related to compensation. Grounded in a commitment to the fundamental principle of salary equity, the efforts include leaders who are actively driving the process, integrated collaboration across the campus, and a sophisticated understanding of how salary equity contributes to recruitment, retention, and organizational success.

**FIRST
STUDY
2007**
Yale SCHOOL OF MEDICINE

YALE SCHOOL OF MEDICINE has been engaged in salary studies for several years, refining their approach over time. Current practices include leveraging the support and skills of the Academic Analytics Office to create yearly faculty-compensation dashboards for each faculty member that are then individually reviewed and discussed by the dean and departmental leaders.

**FIRST
STUDY
2011**


UNIVERSITY OF COLORADO SCHOOL OF MEDICINE's departments of pediatrics, medicine, and surgery regularly engage in salary-equity efforts. Each department has developed a process that shares similar methods, accounts for nuances in the work of each specialty, and coordinates the salary review with the school's leadership.

**FIRST
STUDY
2011**


UNIVERSITY OF MINNESOTA MEDICAL SCHOOL's salary-equity efforts were an expansion of work previously done within the Department of Medicine and encouraged by the institution's Women in Medicine and Science (WIMS) group. The medical school formed an agreement with its practice plan in which the practice plan and the school conducted concurrent salary-equity studies using a shared methodology, with the practice plan using its own proprietary compensation data as the employer of the majority of clinical faculty.

**FIRST
STUDY
2013**


RUTGERS NEW JERSEY MEDICAL SCHOOL sees promoting equity as a core value and an essential factor in strategic decision-making, including salary setting. Dean's office leadership regularly engages in salary-equity reviews, both with new hires and as market changes occur in salaries across specialties. Recognizing the broader framework of equity, the medical school has also recently changed its promotion and tenure policies and is addressing the advancement of women faculty.

**FIRST
STUDY
2014**


UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, SCHOOL OF MEDICINE's offices of finance and academic affairs, in coordination with campus leadership, lead salary-equity efforts in coordination with department leaders and administrators. The SOM has developed a successful compensation workshop to bring together departmental stakeholders to understand, review, and adjust salaries as needed, which has helped create transparency and consistency in the compensation process.

**FIRST
STUDY
2017**


UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE recently began to study salary equity and has been refining its methodology to learn about local trends compared with trends in the national compensation data from the AAMC. Recognizing equity as critical to recruiting and retaining talented faculty, UFCOM has initiated a centralized process for reviewing all offers to ensure salary equity upon hiring.



01

**Understanding
Salary Equity**

Introduction

Salary inequities have been well-documented across a variety of fields over time, and women have continued to be compensated less than men in nearly all occupations (Hartmann et al. 2016). While less documented, persistent pay inequities for underrepresented minorities have been studied as well (Patten 2016). Understanding and addressing salary equity is critical within any field but particularly in medicine, given the role of physicians and scientists in the delivery of the nation's health care.

Promoting climates of equity, including equity in compensation, is paramount to continuing to attract professionals to careers in medicine and science. Ensuring salary equity at U.S. medical schools remains key to retention efforts both at the local level and within academic medicine broadly — faculty will remain where they feel they are being treated and compensated equitably. As described by PayScale leader Lydia Frank, “Equitable pay and promotion practices are not just good for employees, they can also have a serious impact on talent retention for both genders. Employees want to work for an organization that shares the same values” (Miller 2016). The projected shortage of health care professionals and the costs of faculty retention make salary equity a topic that academic medicine *can't* afford to ignore.

Studying and developing strategies to promote salary equity is complicated. Although within academic medicine salary equity has been studied some over the past 10 years, few studies have had access to national data for both basic science and clinical faculty. Further, academic medicine compensation is challenging to analyze, given multifactor compensation plans and payments to faculty from multiple entities. Understanding salary equity requires acknowledging the myriad areas where equity has yet to be achieved within academic medicine, of which salaries are only one part. To understand salary inequity, one must observe how other systemic inequities have also contributed to the problem. Understanding and addressing salary equity is a critical priority for medical schools, even though the complexity of the issue can be daunting.

Attending to and maintaining salary equity effectively requires transparency, by both expanding access to information about salaries and compensation and mandating systematic review. When compensation and compensation-setting practices are regularly reviewed and transparent, issues of equity can be more easily addressed and understood. Further, starting a dialogue with employees about compensation practices can help quell misconceptions that employees should be discouraged from or fear discussing their compensation with their supervisors (NWLC Promoting Pay Transparency 2018). Organizations stand to gain employee trust, engagement, and retention through increasing transparency around compensation practices.

By providing national data trends in the compensation of faculty in academic medicine, evidence from the literature, and promising practices from U.S. medical schools, this publication aims to create transparency in understanding and addressing salary equity in academic medicine. Leveraging the data trends and lessons learned presented here will support the success of schools as they undertake salary-equity initiatives at the local level.

What Does Salary Equity Mean?

When entering into full-time, salaried employment contracts, employees are offered a regularly occurring, fixed salary that they can assume will be similar to the fixed salaries of others with similar qualifications and performing similar work. Some individuals may negotiate for higher compensation or additional resources at the start of employment, and some may discuss opportunities for bonus or incentive pay when they enter into a contract. As individuals progress in their employment with an organization, they may be given a raise based on length of time at that organization, performance reviews, productivity, a promotion, or their ability to successfully negotiate a higher salary.

Salary equity does not mean that each individual gets paid the same amount regardless of their experience. It does not ignore superior performance of individual employees. *Salary equity refers to whether or not individuals have access to opportunities that allow them to earn and be paid similar compensation for comparable work, given shared qualifications — regardless of differences in individual characteristics such as gender, race, age, sexual orientation, religion, and disability.* As the 2018 NYC Commission on Gender Equity publication *Leveling the Playing Field: Best Practices for Gender Pay Equity in the Workplace* states, “Pay equity is equal pay for work of equal value — or a means of eliminating discrimination based on gender, color and ethnicity in the wage-setting system.”

“Salary equity refers to whether or not individuals have access to opportunities that allow them to earn and be paid similar compensation for comparable work, given shared qualifications — regardless of differences in individual characteristics such as gender, race, age, sexual orientation, religion, and disability.”

In ongoing reviews based on market comparisons or employee compensation comparisons, employers may discover inequities in compensation. Differences in compensation may be due to a variety of factors, so detailed studies of compensation are necessary to ensure equity. If employers discover that individuals or particular groups of individuals, such as women or people of color, are being paid less than comparable peers, it is critical to determine the extent of the impact and the source of the inequity. When salary inequities cannot be explained by qualifications, experience, or performance, bias or systemic issues of equity may be contributing factors.

Why Does Salary Equity Matter?

Ensuring salary equity isn't just the right thing to do, it's also the smart thing to do. Organizations have real reasons to care about salary equity, and equity practices broadly, beyond just a moral imperative — there are tangible organizational benefits to addressing equity issues and costs to ignoring them. Locally, institutions should be aware of how equity can affect their ability to recruit, retain, and keep engaged, talented faculty. Institutions that openly and proactively look to address and reduce systemic inequities demonstrate there is an organizational commitment to creating an equal and supportive workplace.

"Research has shown that employees who believe they are paid fairly are more engaged, less likely to quit, and experience less stress at work, feel healthier physically and emotionally and are more satisfied with their personal life. Finally, gender discrimination law suits are costly, cause lost productivity, destroy morale and damage business reputation" (NYC Commission on Gender Equity 2018).



Equity

Refers to the state of having unbiased systems and processes that allocate resources

Equality

Refers to the state of people experiencing equal access to resources, compensation and otherwise.

(See glossary for full definitions.)

Critical to this conversation is the notion that equity is not just a women's issue, or an issue only for marginalized people. Everyone benefits from organizational efforts to create equity in their cultures, systems, and policies. The Institute for Women's Policy Research advocates that "closing the wage gap is not a zero-sum game — gains for one gender do not require losses for the other," and yet, "for the gender wage gap to close, women's real wages must rise faster than men's, and as the economy becomes more productive, one would expect real wages to rise for both men and women" (IWPR 2018).

Equity refers to unbiased systems and processes, whereas *equality* refers to the state of people experiencing equal access to resources, compensation and otherwise. Addressing issues of equity is one step on the road to equality. When institutions achieve organizational equality, based on compensation and other factors, all employees readily have equal access to pay, resources, other institutional benefits, and opportunities broadly defined. Salary equity in academic medicine occurs when there is very little to no difference in pay and opportunities for pay or resources for faculty performing similar work in similar fields within a comparable peer group. When equity is the goal, any differences in pay between faculty members can be explained by reasonable factors. Recognizing the connection between equity and equality in the salary conversation is paramount.

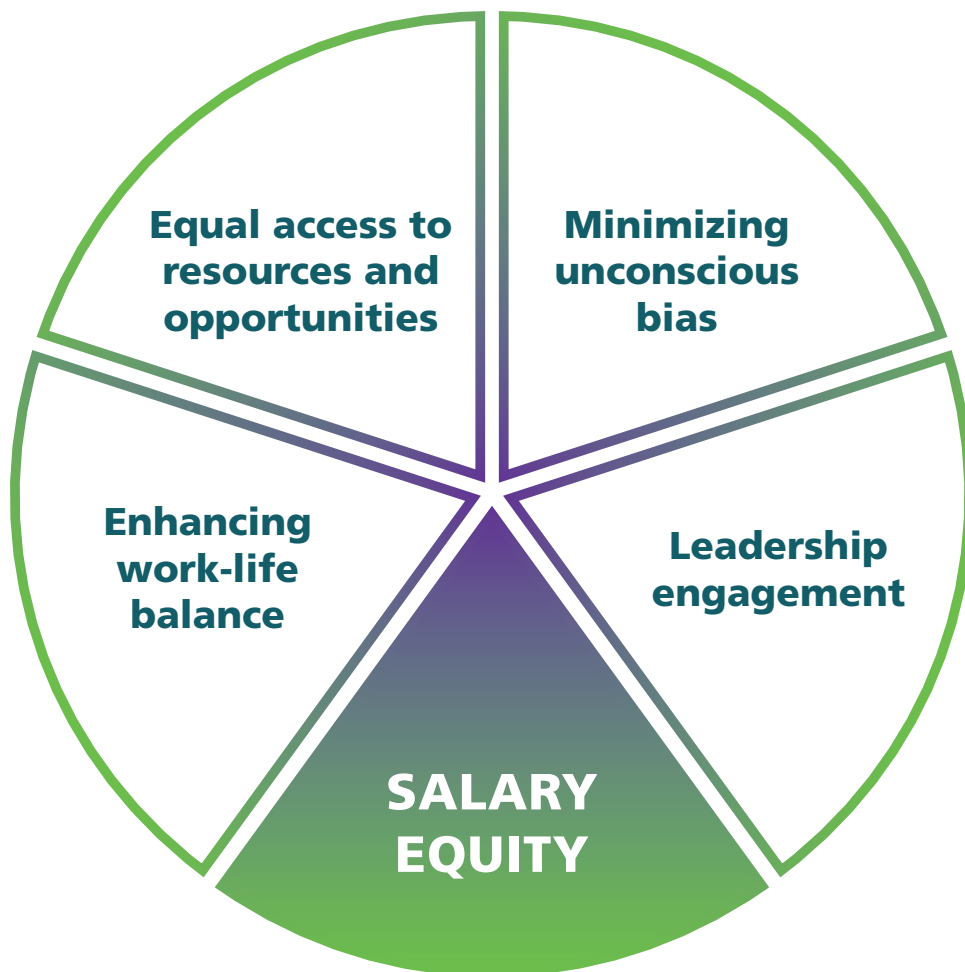
Salary-equity efforts should be part of a larger institutional effort to address systemic equity issues broadly. That effort requires reflecting on the diversity of one's workforce, institutional and departmental climate and culture, and implicit biases. For example, knowing the representation of women, minority race/ethnicity, and LGBT faculty; the pace of advancement; and the extent of inclusion within leadership ranks enhances understanding of compensation trends. Studies of faculty within academic medicine, and academia at large, have long documented barriers faced by faculty in underrepresented groups, including lack of support for — and slower time to — advancement, lack of

flexible workplace appointments for women within certain fields, and lack of sufficient mentorship or sponsorship (Travis 2013). Research has also shown that specific underrepresented groups experience the effects of implicit bias in grant acceptance and assignment to workplace activities that are non-revenue generating, such as teaching and institutional service (Wietsma 2014; Jagsi et al. 2011).

Cultural narratives, described below, pose additional threats to clearly distinguishing the root causes of salary differences because these narratives can be complicated by implicit bias. Thus, addressing salary equity is one interrelated component to an overall strategy for faculty equity within academic medicine. Westring et al. (2016) present an integrated framework of four organizational aspects conducive to gender equity, and salary equity can be considered a fifth element.

FIGURE 1:

Institutions may consider adopting this framework for gender equity:



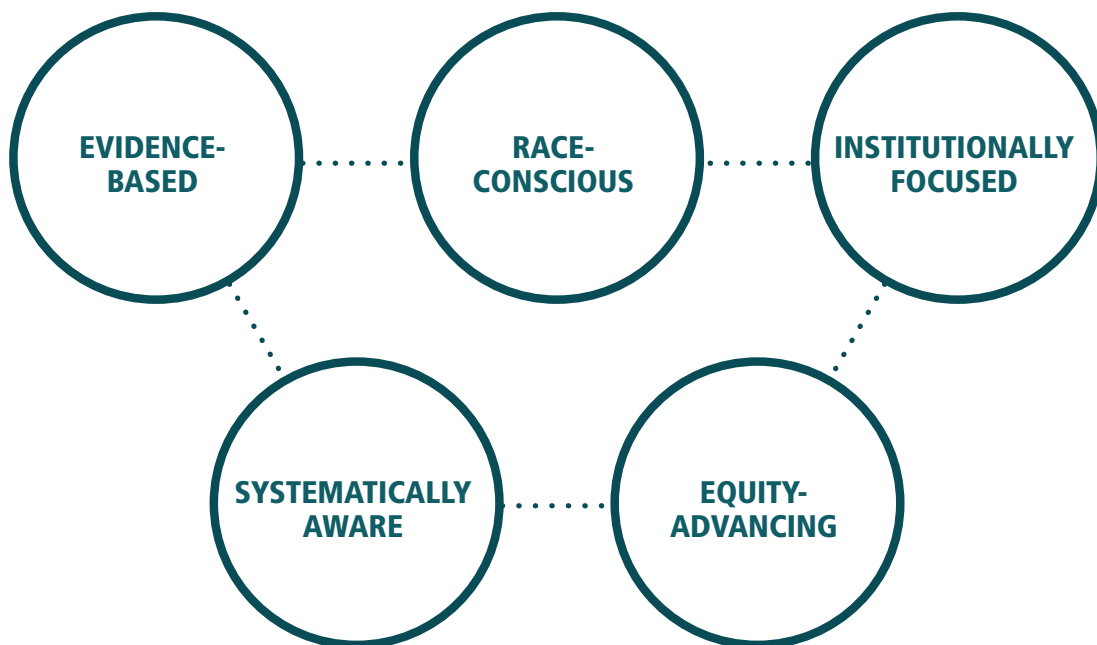
U.S. MEDICAL SCHOOL LEADERS PLANNING TO IMPLEMENT GENDER-EQUITY FRAMEWORKS, ESPECIALLY TO ADDRESS SALARY EQUITY, SHOULD CONSIDER TAKING THE FOLLOWING ACTIONS:

- Establish mandatory unconscious bias training for leaders and search committees. Bias training, especially for leaders responsible for hiring new faculty, can inform decisions about startup packages and initial salary offers.
- Examine trends in faculty recruitment, selection, and hiring to ensure a diverse pool of candidates and equitable processes (e.g., deidentified résumés, standardized interview questions). Having standardized processes for hiring and selection where faculty qualifications are equitably reviewed may not only build faculty diversity, but also eliminate initial differences that might be offered in rank and compensation.
- Ensure equitable distribution of duties and resources across faculty both at hiring and as part of performance evaluations. Some faculty may have higher pay because they have the opportunity to be more productive given their resources and assigned duties.
- Promote flexible workplace policies (e.g., parental leave, part-time appointments) and available resources (e.g., childcare, emergency dependent care) at both the institution and department levels.
- Assess trends in advancement of all faculty, including time to promotion and advancement success (e.g., specific groups of faculty taking longer to advance, barriers to advancement related to securing funding and publishing). Since pay is tied to faculty rank and promotion, ensuring that faculty are being promoted at equitable rates will help reduce possible inequities.
- Create a culture of mentorship and sponsorship for faculty at all ranks, recognizing that it is needed for advancement and for entry to leadership positions. Many faculty receive informal guidance on negotiating or asking for pay raises from mentors, so ensuring equal access to mentorship can help account for inequities in advice about compensation.
- Demonstrate institutional commitment from leadership that diversity, equity, and inclusion are shared values and drivers of success. Leaders who publicly prioritize gender-equity issues can build trust with faculty and ensure accountability for addressing equity within the workplace.
- Take an intersectional approach to data collection and program implementation that accounts for issues related to overlapping faculty identities. For example, in looking at mentorship or promotion trends among women of color, institutions may discover unique challenges and barriers that those faculty face.

While much of the salary-equity conversation has focused on the differences between the gender-binary categories of women and men, it is important to acknowledge and use an intersectional approach to salary equity — and equity issues broadly. Many national studies looking at salary equity have only compared women with men; greater attention should be paid to potential salary inequities by other demographic variables, such as race/ethnicity and sexual orientation, as well as gender identity. For example, as reported by the American College of Physicians (2017), the *MedScape Physician Compensation Report 2017* noted that differences in physician salaries mirrored the overall U.S. population, with women and minority physicians making less than white men. The report emphasized that “the interaction of multiple personal characteristics can have a compounding effect on the compensation disparity.” Institutions in academic medicine actively engaged in salary-equity efforts, including those captured in this publication, intentionally conduct their studies using an intersectional lens.

FIGURE 2:

In addition to applying a gender-equity framework, institutions should leverage additional broad frameworks for institutional equity. One such framework from the University of Southern California’s Center for Urban Education (2018) encourages institutions to adopt “equity-mindedness” where their practices are:



What Does the Literature Tell Us About Salary Equity in the U.S.?

Understanding faculty compensation in academic medicine requires considering U.S. workforce trends and acknowledging faculty roles as postsecondary educators in U.S. higher education and their roles as researchers and physicians in academia and in the U.S. economy overall. This section presents literature about each of these roles to show how complex addressing salary equity can be at U.S. medical schools.

First, national studies of the U.S. workforce confirm that women receive less compensation than men (U.S. Department of Labor 2015). This difference persists despite the presence of factors that should predict higher compensation, such as that women receive college and advanced degrees at higher rates than men, make up almost half the workforce, and are at equal rates as sole or co-breadwinners within U.S. families. The Institute for Women's Policy Research (IWPR) notes that median annual earnings for full-time women in the workforce was 80.5% of men's in 2017 (2018). The impact of this inequity is widespread, and, as IWPR notes, "It will take 41 years or until 2059 for women to finally reach pay parity — with the rate of change being even slower for women of color."

**"It will take 41 years or until 2059 for women to
finally reach pay parity — with the rate of change
being even slower for women of color."**

While the wage gap has been slowly closing for white women compared with white men, some studies show it is continuing to widen for women of color. U.S. Census data show that the wage gap in 2017 for black women grew to 39 cents and for Latina women, 47 cents, when compared with white men (NWLC Resources on Poverty Income 2018). These inequities have profound economic impacts. IWPR states that compounded over time, "equal pay would cut the poverty among working women and their families by more than half and contribute \$513 billion to the national economy" (IWPR 2019).

Research has also found gender-based salary gaps across U.S. higher education. According to the U.S. Census Bureau, in March 2015, women who were postsecondary teachers earned 85% of men's salaries, while 2018 data from the American Association of University Professors (AAUP) indicate that women faculty at doctoral-granting institutions made 92% of men's salaries (UT System Office of Strategic Initiatives 2015; AAUP, personal communication, Oct. 29, 2018). Across science-related careers in the U.S. economy and using U.S. Census Data from 2015, Bloomberg News reported that of the top 20 best-paid STEM occupations, women made up 20% of the workforce and were paid 89 cents on the dollar compared with men (Busso 2017). Studies of U.S. physicians across practice settings, including academia, document even greater disparities in salary by gender.

In examining U.S. physician compensation, Doximity (2018) reported that in 2017, women earned 28% less than men and found no specialty or location in the top 50 U.S. metro areas where women earned more than men. Further, the Medical Group Management Association (MGMA) Physician Compensation and Production Survey found similar findings of disparities among men and women across all specialties. For example, men physicians in primary care were reported making 17% more than women and 37% more in specialty care (MGMA 2017). Finally, studies have indicated that gaps in salaries between men and women physicians are evident even at the beginning of their careers, as they leave residency, even when controlling for specialty, practice location, and productivity (Lo Sasso et al. 2011; CHWSNY 2018). Studies continue to show discrepancies between the salaries of men and women faculty in academic

“Gaps in salaries between men and women physicians are evident even at the beginning of their careers, as they leave residency, even when controlling for specialty, practice location, and productivity.”

medicine, who dedicate effort to fulfilling roles as educators, researchers, and physicians. For example, a 2016 study of full-time faculty reported that even after adjusting for variables related to rank and experience, women earned 90% of men’s compensation (Freund et al. 2016). Large, multi-institutional studies of academic physicians, such as those Jena et al. conducted in 2016 in 24 institutions, continue to find pay gaps by gender that could not be explained by differences among individual experience and productivity or differences in the institutions themselves (2016). Among early-career physician-researchers, Jagsi et al. found similar trends, where differences were apparent that “could not be fully explained by specialty, academic rank, work hours, or even spousal employment” (2013). Among those who primarily serve as researchers in academic medicine, a 2015 study by Sege et al. found that women basic science researchers received lower startup support than men colleagues, which included salaries, research technicians, supplies, and equipment. Although studies have documented that while grant applications from women and men are accepted at similar rates, women tend to submit fewer applications than men and request less funding than men colleagues, which affects their overall salary support (Waisbren et al. 2008; Price 2018).

Salary inequities by gender can widen and add up financially over the years, which has a direct impact on retirement funds. This disparity in salaries can also have an impact on repayment of student debt, the levels of which are similar for women and men as they leave medical school (Youngclaus and Fresno 2013). Therefore, salary equity should be considered a primary factor in setting salaries at the start of one’s career, as well as throughout one’s career progression.

Defining Compensation Within Academic Medicine

Compensation models for academic medicine are complex, given the wide variety of funding sources and organizations that contribute to compensation. Many compensation models within academic medicine are organized around three components of pay, often referred to as X, Y, and Z, where X is a base salary driven by academic appointment or fixed by the institution; Y is a negotiated portion of the salary, normally driven by resources brought in or garnered by the faculty member; and Z is an incentive or bonus, driven by an incentive plan.

All faculty have a base salary when they are appointed, and it is typically the most secure component of their salary (X). Many base salaries are set by the institution according to academic rank and type of appointment — for example, basic science faculty versus clinical faculty.

The primary difference between compensation models for basic science faculty, with core responsibilities in teaching and research, and clinical faculty, who have added responsibilities for patient care, is the sources available for salary. All faculty have the opportunity to obtain education and research funds, including from their institutionally funded base salary but primarily from federally funded research, industry-sponsored research, and philanthropies. However, clinical faculty can also get clinical funding from patient care and hospital responsibilities. The ability to generate revenue by obtaining a grant for research or working in the clinic allows a faculty member to negotiate a salary (Y) beyond the base salary.

Many compensation plans also incorporate goal-driven incentives or bonuses that faculty can receive as part of their total compensation (Z). Basic science faculty do not normally have a Z component, primarily because most of the funding for basic scientists is awarded through grants and there is no discretionary funding source to pay a bonus. Clinical faculty generate clinical dollars that can be factored in for a bonus payment. Physician faculty incentive payments may be given depending on whether the amount of revenue generated by a physician exceeds budgetary benchmarks or contributes to value-based productivity in the clinics (that is, they reduce clinic operational costs or increase the number of appointments within a given time period).

While fixed and contractual portions of compensation are often paid for by the institution and reflect a faculty member's time in educational, administrative, and institutional service activities, the funds for this portion of pay don't always have a natural funds flow and come from clinical revenues or institutional discretionary funds. Medical school funds flow models often direct clinical revenues from either the institution or partnering clinical organizations to pass through the institutional budget to fund fixed components of faculty compensation for both basic scientists and clinicians.



X

Is a base salary driven by academic appointment or fixed by the institution.

+

Y

Is a negotiated portion of the salary, normally driven by resources brought in or garnered by the faculty member.

+

Z

Is an incentive or bonus, driven by an incentive plan.

Understanding Cultural Narratives Associated With Salary Equity in U.S. Medical Schools

Given the complex makeup of salaries in academic medicine, several cultural narratives have emerged to explain compensation gaps. While elements of these narratives are presented in research, they offer oversimplified reasons for or solutions to compensation gaps. Understanding these narratives is essential to fully grasping the data in context and focusing solutions on the right problem areas. For example, at first glance, data in academic medicine show, as with other fields across the U.S. economy, that a larger proportion of women continue to enter lower-paying fields than men, and women are less likely than men to enter high-paying men-dominated fields, a phenomenon known as occupational segregation. Hegewisch and Hartmann's 2014 report on the subject noted that "the link between occupational segregation and the gender wage gap makes occupational segregation relevant to the economic security of women and their families." Further, women faculty may negotiate less often than men faculty, resulting in lower starting salaries or other forms of pay, and child- or eldercare obligations may prevent women in academic medicine from taking on additional duties, such as on-call hours, that result in additional pay beyond their fixed salary.

The following cultural narratives are often offered as explanations for pay inequities in academic medicine, but they are simplified and incomplete, perpetuating a misunderstanding of these issues. Presenting evidence that counters these narratives can help illuminate the complexities of these institutional and social challenges.

Narrative 1: "Women Choose to Enter Low-Paying Specialties"

An often-cited reason for the pay gap in academic medicine is that women choose to go into lower-paying specialties, such as OB-GYN, pediatrics, and family medicine. When you look across all specialties and their salaries, women are clustered in the lower-paying end of the spectrum, with men at the higher end. This narrative should be adjusted to recognize the real pressures that women medical students encounter in their early years of training. In their 2005 article, Stratton et al. noted that in a survey of more than 1,300 medical students, women overwhelmingly reported that gender discrimination and harassment influenced their specialty choice. While there are many reasons behind students' choice of specialty, women may be counseled into certain specialties that match stereotypical gender roles or may consider specialties with more women to be more culturally attractive. Evidence suggests that women may be heavily influenced by mentors, faculty, and student advisors to go into certain specialties. As described by Stratton et al. (2005) and Levine et al. (2013), women's specialty choice may be greatly influenced both by perceiving gender discrimination in certain fields and by receiving biased mentoring and advice directly from faculty based on gender stereotypes about which specialties are "better for women." Further, scholars on the topic offer an alternative to consider: whether "women do not choose but rather are encouraged to occupy lower-paid specialties" or do "*those specialties pay less partly because they are dominated by women*" (Jagsi et al. 2012). Given that specialty is a key factor in understanding differences in salary within academic medicine, the representation of women, or lack thereof, within highly paid specialties should be taken into consideration.

Narrative 2: “Women Don’t Negotiate”

One of the most common narratives about why women make less money than men is that they don’t negotiate as much or as well as men do. Research supports this explanation and has found reasons for why it happens. Women report less comfort with negotiating because they don’t want to be labeled as aggressive or unlikeable, and a number of studies document that negotiating has a negative impact on women’s careers (Sarfaty et al. 2007; Bowles 2007). This evidence is important because women’s success in the workplace is often linked directly to their perceived “likeability,” as opposed to their performance or competence.

“Women report less comfort with negotiating because they don’t want to be labeled as aggressive or unlikeable, and a number of studies document that negotiating has a negative impact on women’s careers.”

In addition, women might not be made aware by mentors or supervisors of what components of their compensation are negotiable, such as resources and allocation of effort. Sambuco et al. noted in their 2013 study of junior researchers that women faculty felt unprepared to successfully negotiate and describe what may be implicit assumptions about women and negotiation in the academic medicine workplace. Sarfaty et al. also noted that based on their interviews with faculty across 11 medical schools, women perceive challenges with negotiation in institutional climates (2007). Given that negotiated pay and resources (e.g., administrative assistance, space, equipment) are key components of compensation for faculty in academic medicine, it is paramount that negotiation skills for women be bolstered and, more importantly, that implicit biases and cultural narratives around negotiation begin to change (Noguchi 2015).

Narrative 3: “Women Choose to Work Less”

Another narrative for pay differentials between men and women within academic medicine is that women “choose to work less” so that they are available for family-related responsibilities, which in terms of clinicians, especially, may result in less pay. The operative word in this narrative is “choose.” While for some this could be true, and research shows that women work fewer total hours, this explanation is fraught with several issues — primarily that it assumes that all women have caregiving responsibilities and, perhaps most important, that a decision not to work and provide family care is, in fact, an active choice for all women. Central to this issue is who defines women’s “choice” with regard to time spent in work activities and what social norms exist that constrain women’s career decisions. While for many women this is an active choice, it is important to acknowledge the social normative expectation that women want to be — and are — chiefly responsible for caregiving in families.

These constraints contribute to the perception, often among men, of choices that are not in fact choices. This narrative reinforces the cultural narrative that only women provide caregiving, when men may also participate or act as primary caregivers. Further, while it may be that “with mothers potentially more likely to sacrifice pay for unobserved job characteristics such as flexibility and fathers potentially more likely to wish to earn more to support their families,” Jagsi et al. reported, “parental status did not impact the priorities and values of men or women in their study of academic physicians” and “even women without children had lower pay than men” (2012). While women may work fewer hours at various points in their careers due to child-rearing or family care, they may also be spending their time in activities that are not as financially productive, such as teaching or administrative and institutional service duties.

DesRoches et al. (2010) explained that even among full professors, women reported spending less time in research and more time dedicated to professional administrative roles than men, which in fact expanded the hours they worked. In addition to full-time appointments, women are more likely than men to work part-time or take short-term leave for family-care responsibilities (Pollart et al. 2015). Freund and colleagues’ longitudinal study illustrates, however, that even for women who took short-term leaves of absence (median of six months) or part-time status (median of three years), their salaries suffered substantial financial losses over a 17-year period when compared with those who did not take leave or part-time appointments (Freund et al. 2016). Authors of that study suggest that this trend in compensation for women may be due in part to the biased perception that leaves of absence and part-time appointments are expressions of lack of commitment or productivity. Lastly, as Jane Miller, COO at Gallup, says, “while men say they work more hours at their jobs than women do, these findings do not suggest that men work harder than women” (Miller 2016).

Moving Beyond Simplified Narratives for a Complex Issue

The alternative arguments to the narratives presented here are not suggesting that women do not or cannot make their own informed career decisions, but rather that the social and cultural pressures are significant for women learners as well as faculty and should be carefully considered in salary-equity efforts. The three cultural narratives above are just some of the ways pay inequities are explained, and often justified, in academic medicine. Institutions can benefit from facilitating focused conversations in each of these areas with their faculty and leaders to better understand the context of factors that might affect faculty salaries and identify pain points and potential solutions. Institutional leaders should strive to collect data, both quantitative and qualitative, through surveys and focus groups to understand how these cultural narratives affect faculty and perceptions of compensation, work productivity, and overall contributions to the institution. Addressing these complicated cultural narratives can help faculty feel heard, supported, and confident that unique challenges related to gender bias can be addressed.

“Women’s specialty choice may be greatly influenced both by perceiving gender discrimination in certain fields and by receiving biased mentoring and advice directly from faculty based on gender stereotypes about which specialties are ‘better for women.’”



02

**Conducting Salary-
Equity Studies**

Core Components of Salary-Equity Studies

Salary-equity studies may be completed in different contexts, whether as part of a yearly or multiyear compensation review for market adjustments or a specific effort dedicated to examining salaries by faculty demographics to ensure bias is not present. Regardless of the impetus or context for a study, successful ones require collaboration with several institutional stakeholders including, but not limited to, the dean, dean's office leaders (e.g., human resources, legal, finance, faculty affairs, diversity affairs), department chairs, and department administrators. Institutions will often also establish a compensation or salary-equity task force with these stakeholders, as well as ensure that faculty are involved from the faculty senate, women in medicine and science programs, diversity champions groups, and, importantly, the rank and file. Finally, while this publication primarily describes efforts led across institutions, some department chairs within institutions facilitate efforts at the departmental level as well.

While some institutions may conduct studies using consultants, many leverage faculty and staff with statistical, data analytics, or financial backgrounds within their institution to analyze and report on salary data. One of the largest challenges, given the multiple sources of income for academic medicine faculty, is gathering the myriad data points needed for a salary analysis.

COMMON VARIABLES USED IN SALARY-EQUITY STUDIES



INSTITUTIONS SHOULD CONSIDER USING VARIABLES ACROSS VARIOUS COMPONENTS OF COMPENSATION INCLUDING:

- Total compensation, base or fixed contractual salary, bonus or incentive pay, medical practice supplement, administrative pay supplement, and other sources of income.



INSTITUTIONS SHOULD CONSIDER USING VARIABLES ACROSS VARIOUS FACULTY DEMOGRAPHIC CATEGORIES INCLUDING:

- Specialty, gender, race/ethnicity, terminal degree, additional degrees and certifications, rank, age, time in rank, time since graduation, time at institution, indicators of administrative positions, board certification, related value units (RVUs), and grant funds, among other available descriptors of personal diversity, productivity, quality, and performance.

Institutions should incorporate salary benchmarks from the AAMC, MGMA, or medical specialty and scientific societies into their analyses. Regression models are commonly used for analyzing these data. Some studies also use a pair-wise analysis to match faculty of similar qualifications for comparison. Institutions may also choose to segment data based on those whose faculty might be outliers in terms of compensation (e.g., below the 25th percentile) and to examine the differences between actual and predicted salaries. Alternatively, institutions may choose to examine each faculty member individually.

In addition to examining the quantitative data, discussions between departmental leaders and school leaders are necessary for understanding any observed inequities. As institutions profiled in this publication have found, objective conversations about a faculty member's responsibilities (workload) and ongoing job performance are key in salary setting and equity adjustments. Lastly, salary studies should be conducted on a regular basis (e.g., annually) to ensure ongoing equity.

Understanding the State of Faculty Salary Equity Across U.S. Medical Schools

To help people understand salary-equity trends, the AAMC, a frequently used source of national data, shares national trends from three sources: a 2018 snapshot of the AAMC Faculty Roster, data from 2017-2018 administrations of the AAMC StandPoint Faculty Engagement Survey, and data from the AAMC Faculty Salary Survey from 2013 through 2017. This section presents data about faculty advancement by gender, faculty perceptions of the workplace by gender, and faculty compensation by gender. The compensation data from the Faculty Salary Survey presented here help reveal trends that institutions can use to examine the state of their own faculty salary equity, but the trends should not be considered a complete analysis of salary equity. These compensation data include only what the AAMC currently collects: data about full-time faculty by gender, rank, degree, and department and specialty.

As described in the case studies and suggestions for action in this publication, when medical schools conduct salary studies locally, they should include a wide variety of individual faculty data, such as race/ethnicity, time in rank, and productivity measures. When analyzing the intersection of these variables, institutions can often glean a more nuanced understanding of salary trends that is not apparent when data are analyzed only in the aggregate.

For examining national trends, this analysis focuses on total compensation as the unit of analysis, since not all institutions are able to submit their Faculty Salary Survey compensation data by separate compensation components. Therefore, institutions may wish not only to analyze total compensation for their own faculty, but assess equity among separate compensation components, such as fixed pay, incentive or bonus pay, and medical practice supplements.

This presentation of AAMC data seeks to address the following questions related to salary equity:

- **What is the current state of faculty compensation when examined by gender, department and specialty, rank, and degree?**
- **What can be observed when examining faculty compensation by gender across institutions?**
- **What has faculty compensation by gender looked like over the past five years?**
- **What can be observed about trends in faculty advancement and perceptions of institutional climate that may help us understand compensation analyses?**

Background on the AAMC Faculty Salary Survey and Analysis

- The annual AAMC Faculty Salary Survey (FSS) began collecting data about gender in the 2012-2013 survey cycle. The FSS does not currently collect data on race/ethnicity, years in rank, part-time status, or productivity. Because of confidentiality requirements, FSS data cannot be linked to other individual-level data collections that report additional faculty characteristics that institutions may wish to include in local salary studies (e.g., the AAMC Faculty Roster).
- All LCME®-accredited U.S. medical schools are invited to participate in the Faculty Salary Survey. Participation is voluntary. In each of the five years of this analysis, at least 99% of schools participated every year.
- The FSS asks schools to submit data on faculty who are considered full-time for LCME reporting purposes (including faculty at the medical school and clinical affiliates). About 70% of the total counts of full-time faculty in other AAMC data collections are counted in the FSS each year.
- Gender was not reported for all individuals by participating schools. About 10% of faculty records every year did not include gender data and were excluded from this analysis.
- This analysis uses “total compensation,” which is the sum of fixed/contractual salary, bonus/incentive pay, medical practice supplement, and uncontrolled outside earnings. Data do not include the cost of benefits and are rounded to the nearest thousand dollars.
- Data used in the analysis from FY 2013 through FY 2017 are not from the same faculty at the same schools each year. Rather, the analysis gives a snapshot of the national median compensation in each year across a five-year period. Amounts were converted into 2017 constant dollars for the analysis.
- Department and specialty categories were aggregated specifically for this analysis and do not necessarily reflect the aggregation the AAMC Faculty Salary Report uses.

Limitations of the National Faculty Salary Data and Recommendations for Local Use

- This study is a first step in identifying national trends but should not be considered a complete analysis of salary equity. It may help institutions identify where there is a need to conduct equity studies locally.
- The national data set does not include numerous variables related to compensation, such as time in rank and productivity. These types of data may be available at your institution and could be incorporated into a comprehensive equity study.
- The national data currently only include gender data. Institutional analyses of salary equity may be able to include additional demographic variables, such as race/ethnicity, and investigate the intersections of those variables and salary trends.
- To show national trends, this analysis focuses on total compensation, since not all institutions are able to submit their Faculty Salary Survey compensation data in separate compensation components. Therefore, institutions may wish not only to analyze total compensation for their own faculty, but also to assess equity among separate compensation components, such as fixed/contractual salary, bonus/incentive pay, and medical practice supplements.
- To better understand faculty salaries, institutions should use a large range of variables to assess equity and conduct regression analyses to find out whether significant differences exist among demographic groups, in addition to discussing how individual salaries are set with department chairs and other key stakeholders.
- Achieving sustainable salary equity across an institution needs to be done by including numerous institutional factors, such as faculty diversity, trends in advancement, family-friendly policies available to all faculty, nontraditional options for earning, and institutional climate and culture.

03

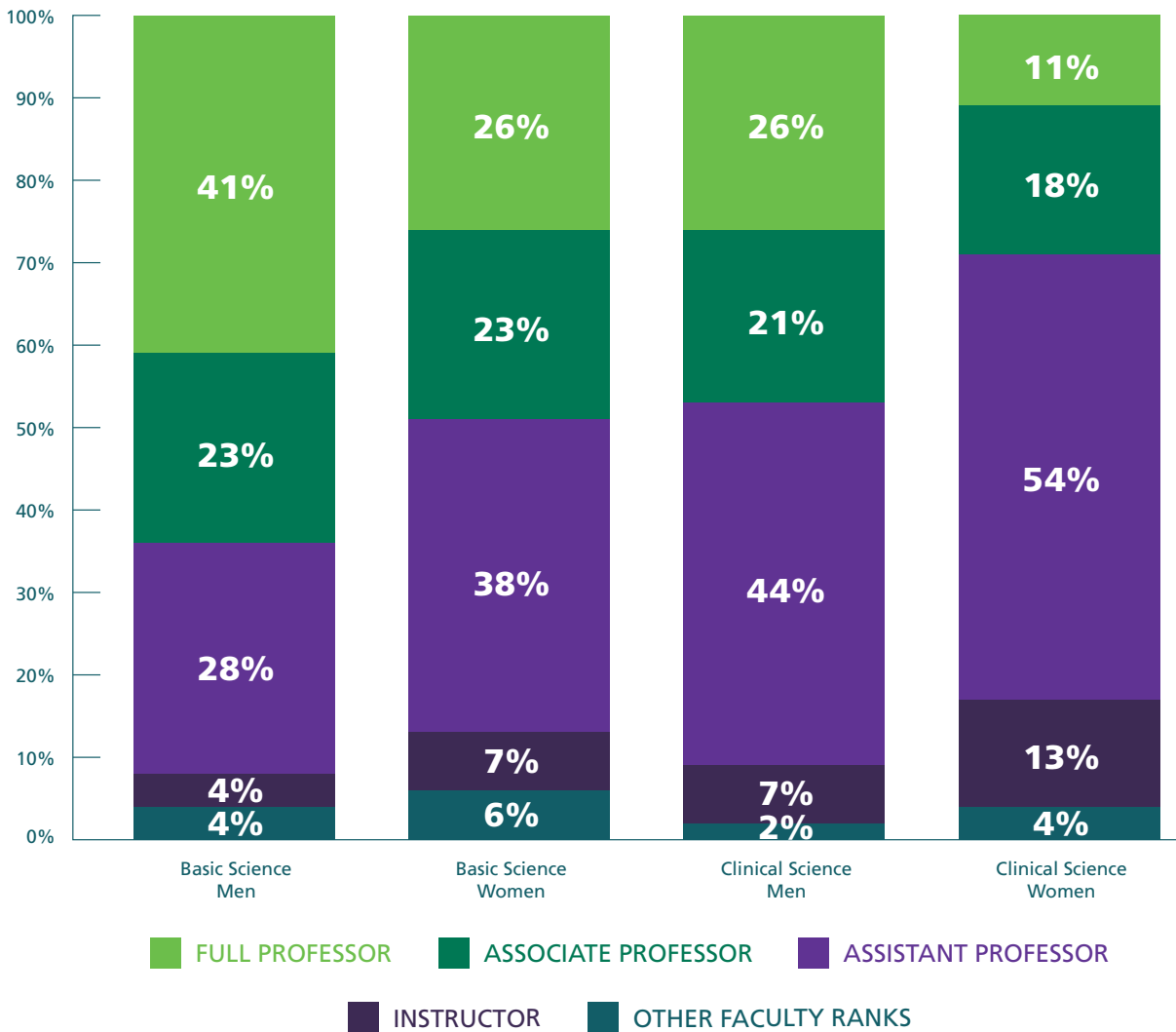
Presenting AAMC Salary-Equity Data

THIS SECTION IS COLOR- AND SYMBOL-CODED BY DATA SOURCE:

- Snapshot of the AAMC Faculty Roster.
- ▲ AAMC StandPoint Faculty Engagement Survey.
- FY 2017 AAMC Faculty Salary Survey.

Women Across Faculty Ranks

FIGURE 3: FULL-TIME FACULTY BY DEPARTMENT TYPE, RANK, AND GENDER AT ALL U.S. MEDICAL SCHOOLS



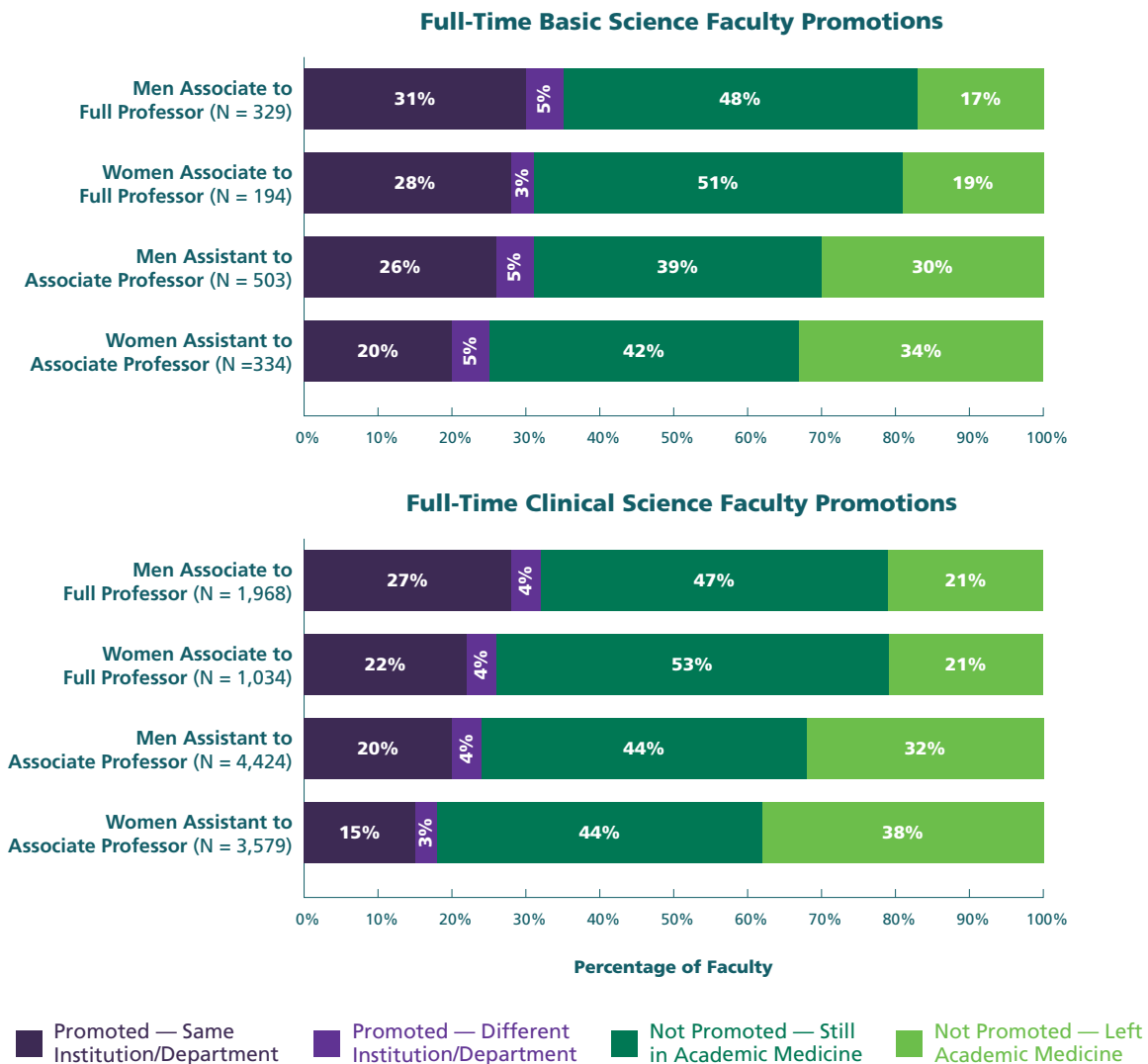
KEY TAKEAWAY

Women made up a smaller percentage of full-time faculty at higher ranks than men.

Source: Dec. 31, 2018, snapshot of the AAMC Faculty Roster. (n=175,037)

Women's Advancement

FIGURE 4: SEVEN-YEAR PROMOTION OUTCOMES FOR FULL-TIME FIRST-TIME ASSISTANT PROFESSORS AND FIRST-TIME ASSOCIATE PROFESSORS IN ACADEMIC YEAR 2008-2009



KEY TAKEAWAY

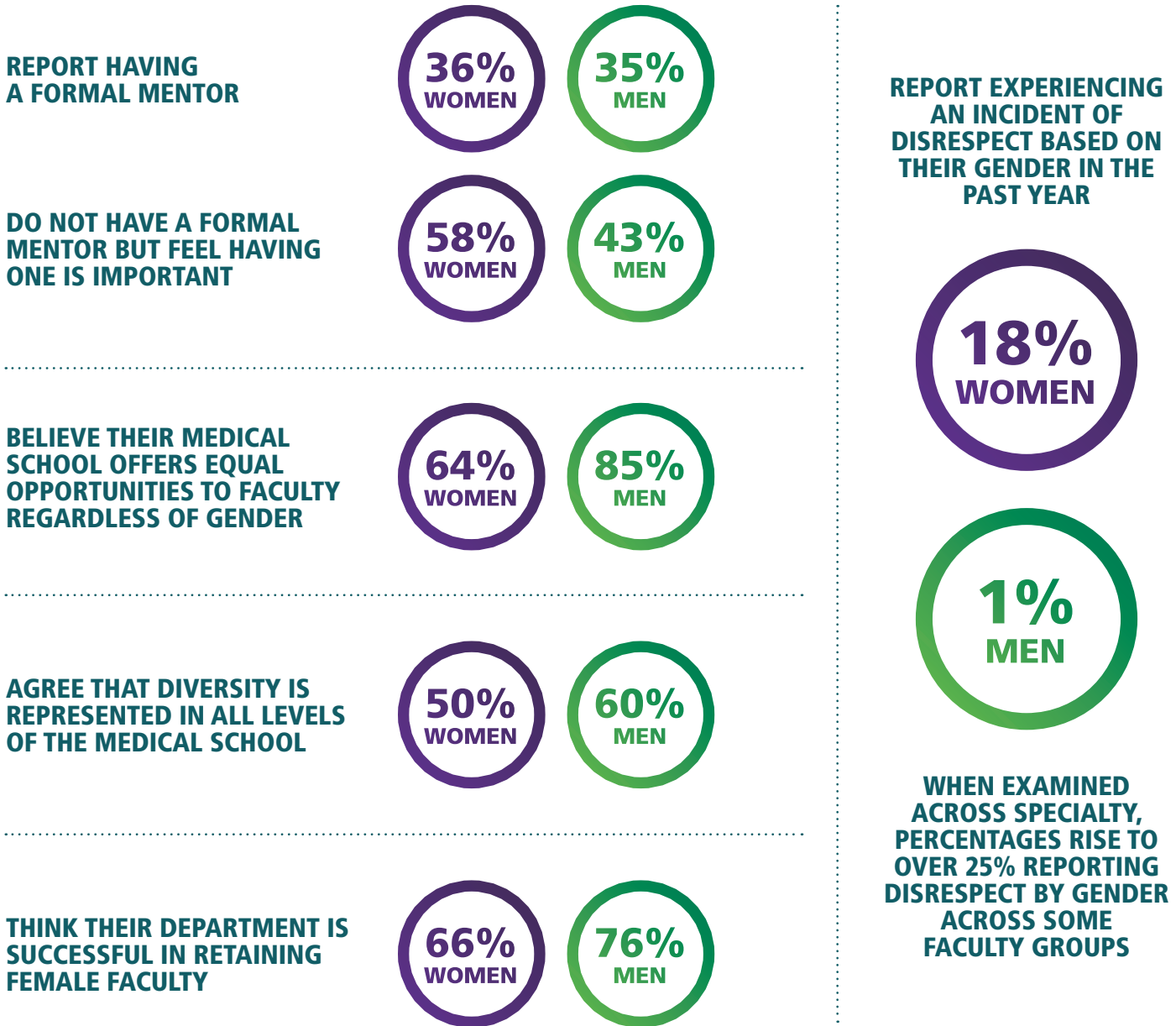
The percentage of full-time women faculty who advanced in rank during a seven-year period was smaller than that for men during the same period.

■ Source: Dec. 31, 2018, snapshot of the AAMC Faculty Roster.

Note: Each full-time faculty member whose initial assistant professor appointment or initial associate professor appointment began at any point from July 1, 2008, through June 30, 2009, was tracked for seven years to determine promotion outcomes. The total number of faculty in each initial cohort is in parentheses above. Percentages may not sum to 100% due to rounding.

Women’s Perceptions of the Workplace

FIGURE 5: WORKPLACE ENGAGEMENT AND CULTURE



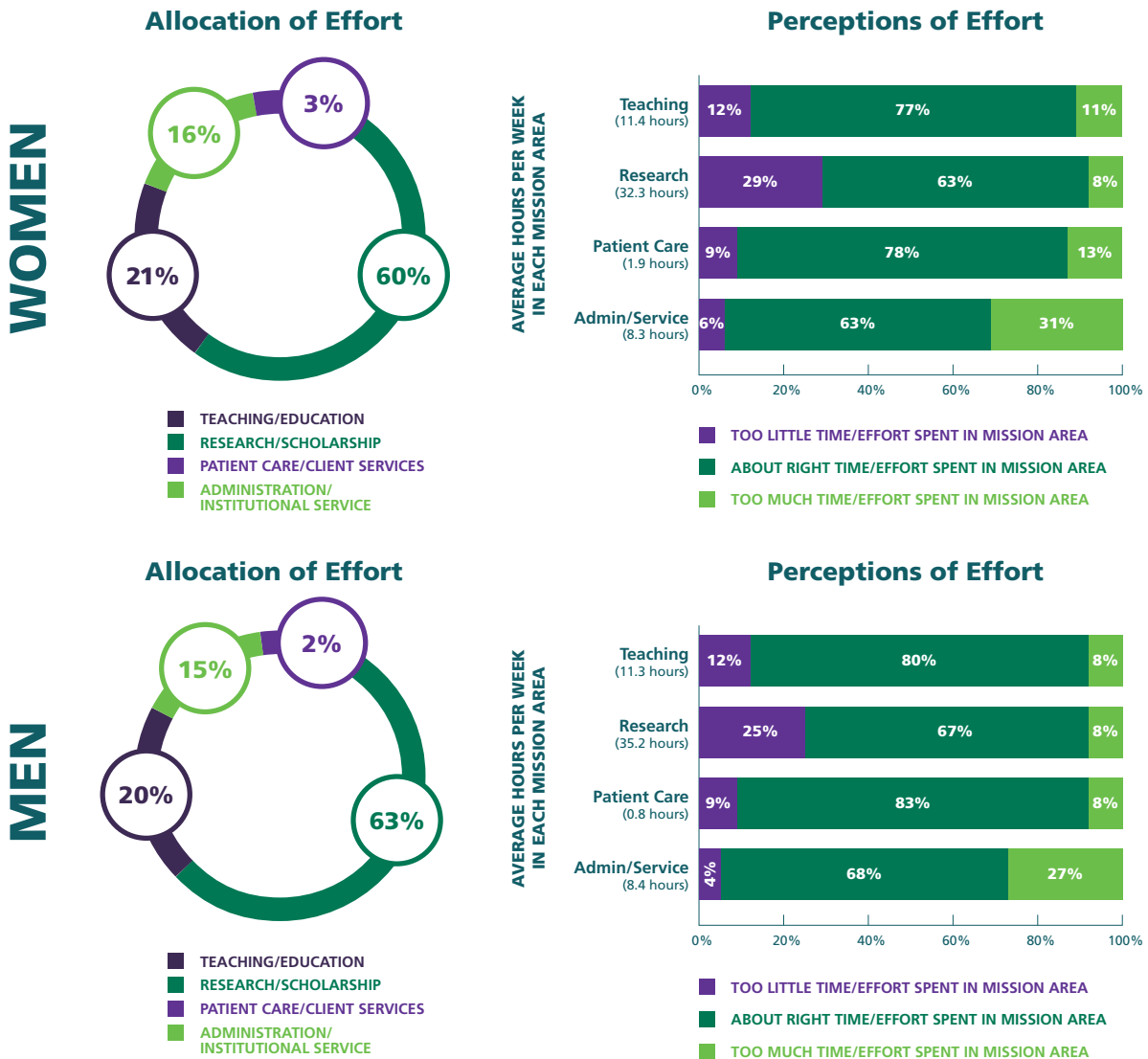
KEY TAKEAWAY

A smaller percentage of women faculty than men faculty perceived that there were equitable opportunities for all faculty regardless of gender at their medical schools.

▲ Source: Data are from the AAMC StandPoint Faculty Engagement Survey collected between August 2015 and August 2018 across 29 institutions and representing 20,123 faculty respondents.

Women's Perceptions of the Workplace

FIGURE 6: ALLOCATION AND PERCEPTIONS OF EFFORT: FULL-TIME BASIC SCIENCE FACULTY



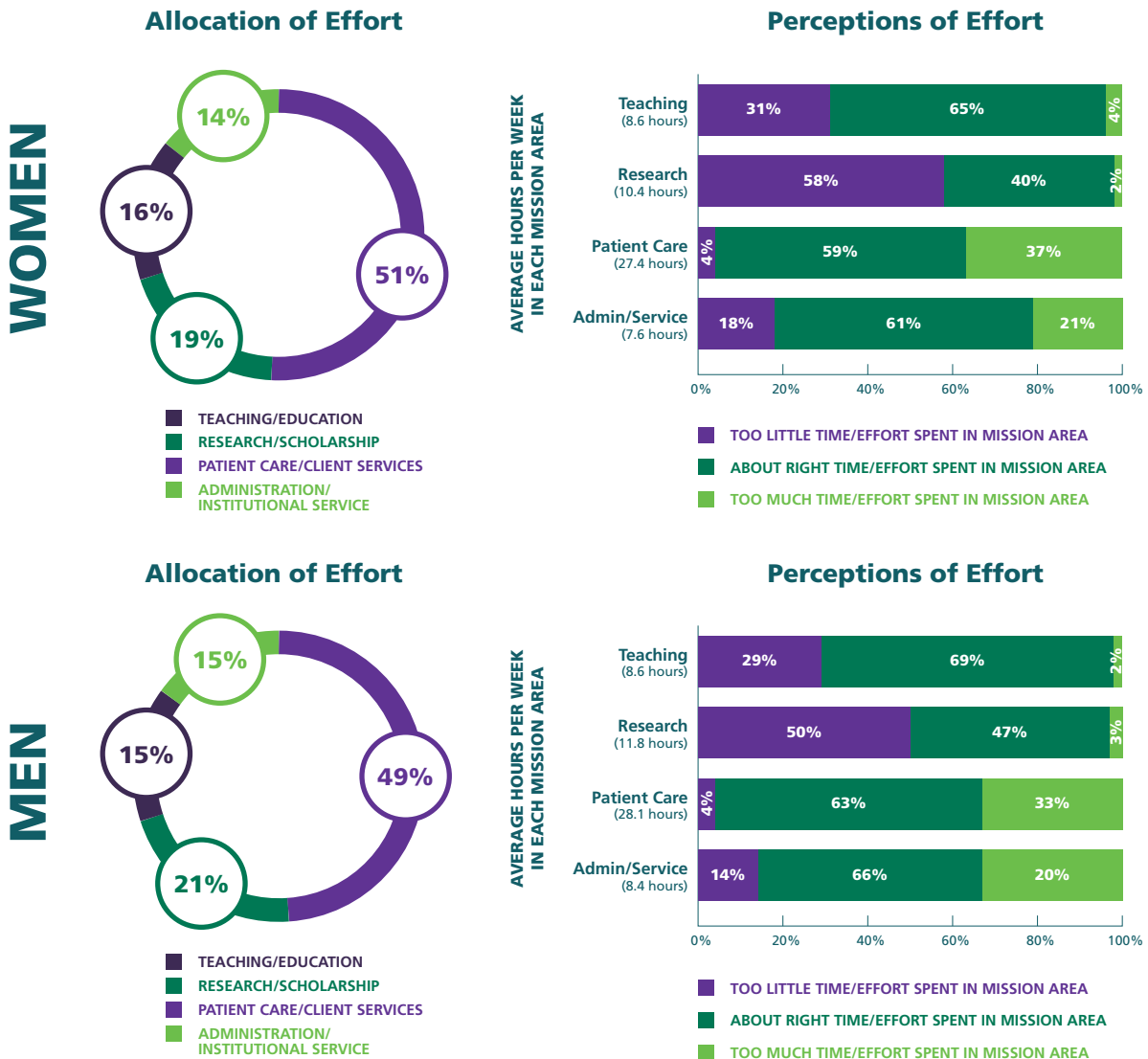
KEY TAKEAWAY

The number of working hours for an average week reported by full-time women faculty was similar to that reported by men, with two hours per week fewer among women basic science faculty.

▲ Source: Data are from the AAMC StandPoint Faculty Engagement Survey collected between August 2015 and August 2018 across 29 institutions and representing 20,123 faculty respondents.

Women's Perceptions of the Workplace

FIGURE 7: ALLOCATION AND PERCEPTIONS OF EFFORT: FULL-TIME CLINICAL SCIENCE FACULTY



KEY TAKEAWAY

The number of working hours for an average week reported by full-time women faculty was similar to that reported by men, with three hours per week fewer among women clinical science faculty.

▲ Source: Data are from the AAMC StandPoint Faculty Engagement Survey collected between August 2015 and August 2018 across 29 institutions and representing 20,123 faculty respondents.

Faculty Representation

FIGURE 8: SAMPLE REPRESENTATION FOR FY 2017 FACULTY SALARY SURVEY DATA ANALYSIS



KEY TAKEAWAY

Similar percentages of full-time faculty were reported in the Faculty Roster and the Faculty Salary Survey in 2017 when compared by gender and department type.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=96,848)

■ Source: 2017 snapshot of the AAMC Faculty Roster. (n=169,011)

Note: Data reflect only full-time faculty reported in professor, associate, assistant, and instructor ranks from both data sources.

TABLE 1:

PERCENTAGE OF WOMEN REPORTED IN FY 2017 FACULTY SALARY SURVEY BY DEPT./SPECIALTY

DEPARTMENT CATEGORY	INSTRUCTOR	ASST. PROF.	ASSOC. PROF.	PROFESSOR	CHIEF	CHAIR
Anatomy	47%	47%	33%	28%	**	17%
Biochemistry	47%	32%	30%	21%	**	14%
Genetics	34%	41%	32%	30%	**	**
Microbiology	59%	42%	34%	23%	**	17%
Molecular and Cell. Biology	48%	38%	35%	30%	**	28%
Neurosciences	48%	37%	30%	24%	**	17%
Pharmacology	38%	36%	34%	21%	**	18%
Physiology	35%	41%	29%	22%	**	13%
Other Basic Sciences	55%	47%	45%	33%	37%	25%
BASIC SCIENCE SUBTOTAL	46%	41%	35%	26%	35%	19%
Anesthesiology	40%	39%	31%	21%	16%	11%
Dermatology	52%	58%	56%	31%	44%	30%
Emergency Medicine	47%	37%	28%	18%	13%	15%
Family Medicine	51%	56%	48%	35%	35%	29%
Medicine	48%	44%	36%	24%	22%	14%
Neurology	48%	46%	40%	21%	20%	9%
OB/GYN	80%	72%	56%	36%	34%	32%
Ophthalmology	54%	44%	37%	22%	31%	13%
Otolaryngology	52%	36%	26%	19%	18%	**
Pathology	56%	50%	42%	32%	25%	20%
Pediatrics	66%	62%	51%	36%	37%	21%
Phys. Med. and Rehab.	54%	51%	50%	37%	**	25%
Psychiatry	60%	59%	48%	34%	21%	20%
Radiology	37%	32%	26%	20%	22%	17%
Surgery	30%	27%	19%	13%	9%	3%
Other Clinical Sciences	56%	56%	52%	41%	28%	49%
CLINICAL SCIENCE SUBTOTAL	49%	47%	38%	26%	24%	16%

KEY TAKEAWAY

Among full-time faculty at higher ranks, women made up a lower percentage than men.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=102,110)

Note: “***” Indicates that fewer than five women faculty were reported. This table displays the percentage of women from the sample where gender is known, thus excluding “unknown” and “decline to answer” values.

Comparisons of Faculty Compensation by Gender

FIGURE 9:

FY 2017 DISTRIBUTION OF MEN'S AND WOMEN'S MEDIAN COMPENSATION

WHO IS PAID LESS?

1/3 OF MEN

ARE PAID \$200K OR LESS



1/2 OF WOMEN

ARE PAID \$200K OR LESS



KEY TAKEAWAY

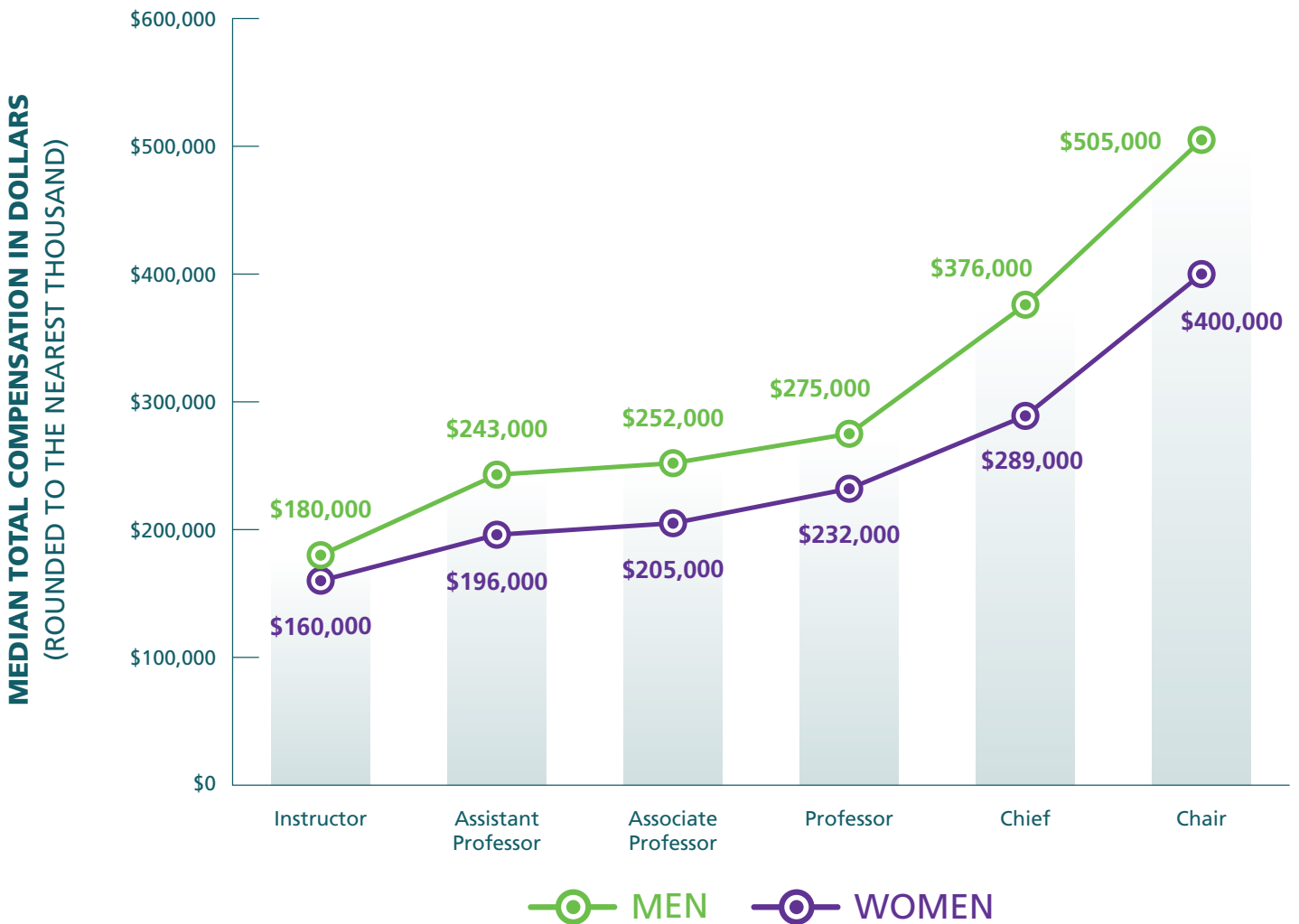
Among faculty, 33% of men were paid \$200,000 or less, while 49% of women were paid \$200,000 or less.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=90,383)

Note: Analysis excludes chairs, chiefs, and instructors.

Comparisons of Faculty Compensation by Gender

FIGURE 10: FY 2017 MEDIAN COMPENSATION BY GENDER AND RANK



KEY TAKEAWAY

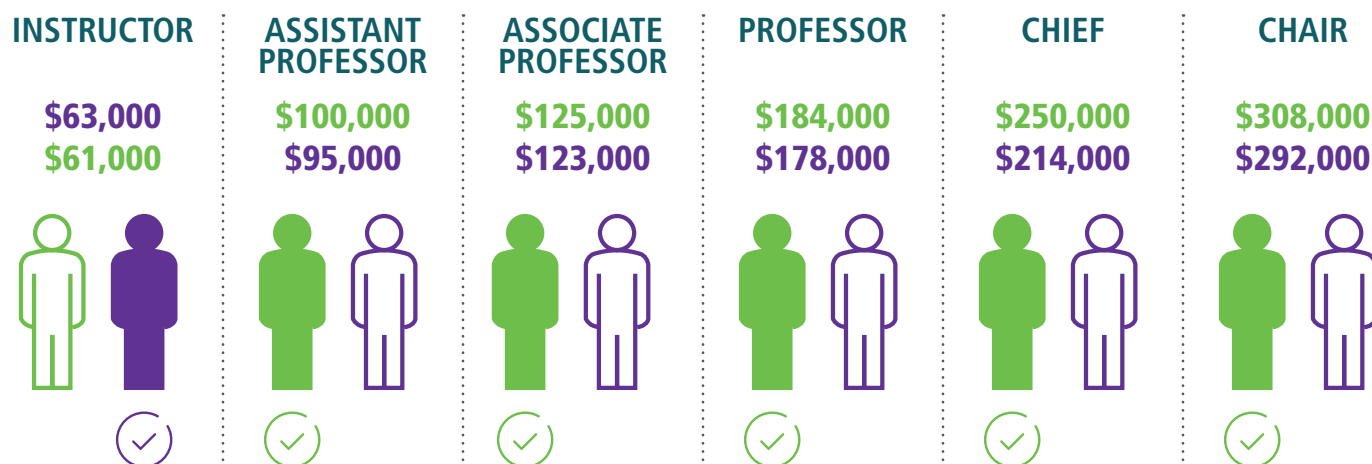
In aggregate, median total compensation for men was greater than for women at every rank.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=102,110)

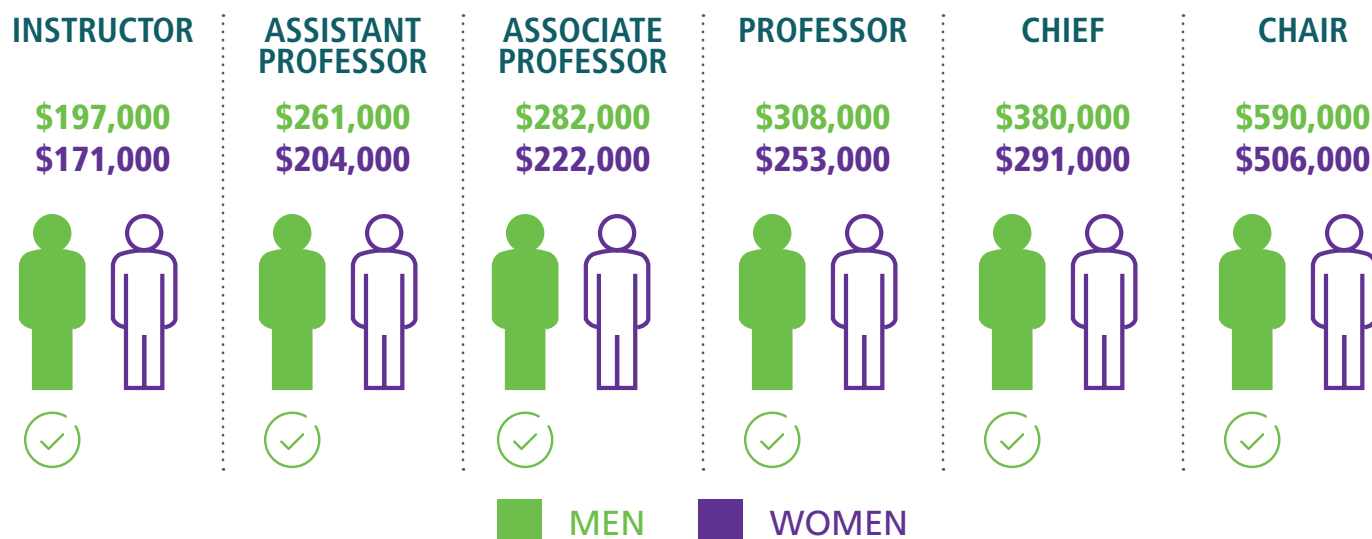
Comparisons of Faculty Compensation by Gender

FIGURE 11: FY 2017 MEDIAN COMPENSATION BY GENDER, RANK, AND DEPARTMENT TYPE

WHO IS PAID MORE: BASIC SCIENCE



WHO IS PAID MORE: CLINICAL SCIENCE



KEY TAKEAWAY

Gaps in median total compensation existed for women in basic and clinical science departments but were generally larger for women in clinical science.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=102,110)

Comparisons of Faculty Compensation by Gender

FIGURE 12: FY 2017 MEDIAN COMPENSATION IN CENTS ON THE DOLLAR FOR WOMEN BY DEPARTMENT TYPE AND DEGREE



KEY TAKEAWAY

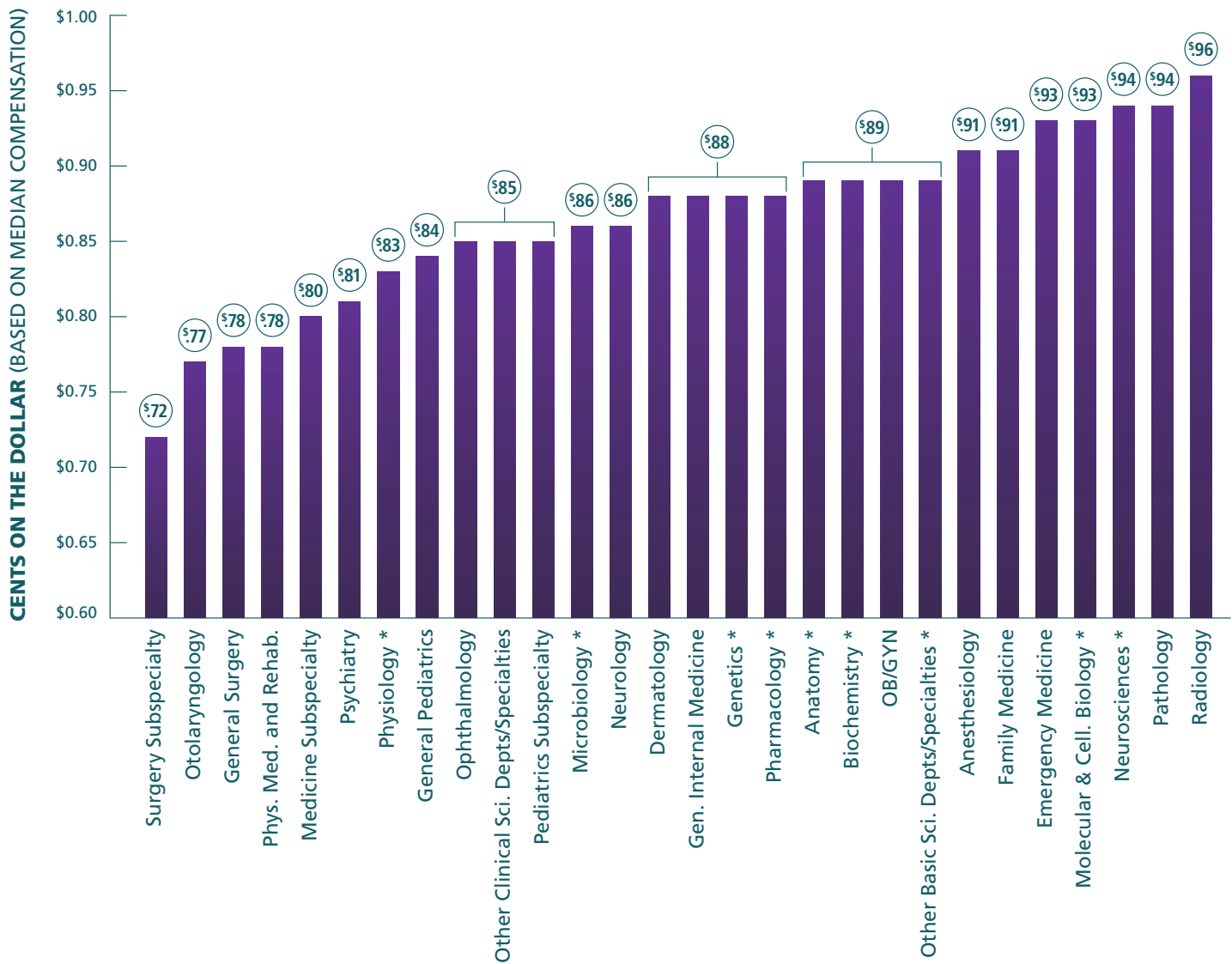
Women were paid between \$0.76 and \$0.90 per \$1.00 paid to men across department and degree types.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=90,383)

Note: Analysis excludes chairs, chiefs, and instructors.

Comparisons of Faculty Compensation by Gender

FIGURE 13: FY 2017 MEDIAN COMPENSATION IN CENTS ON THE DOLLAR FOR WOMEN BY DEPARTMENT AND SPECIALTY



KEY TAKEAWAY

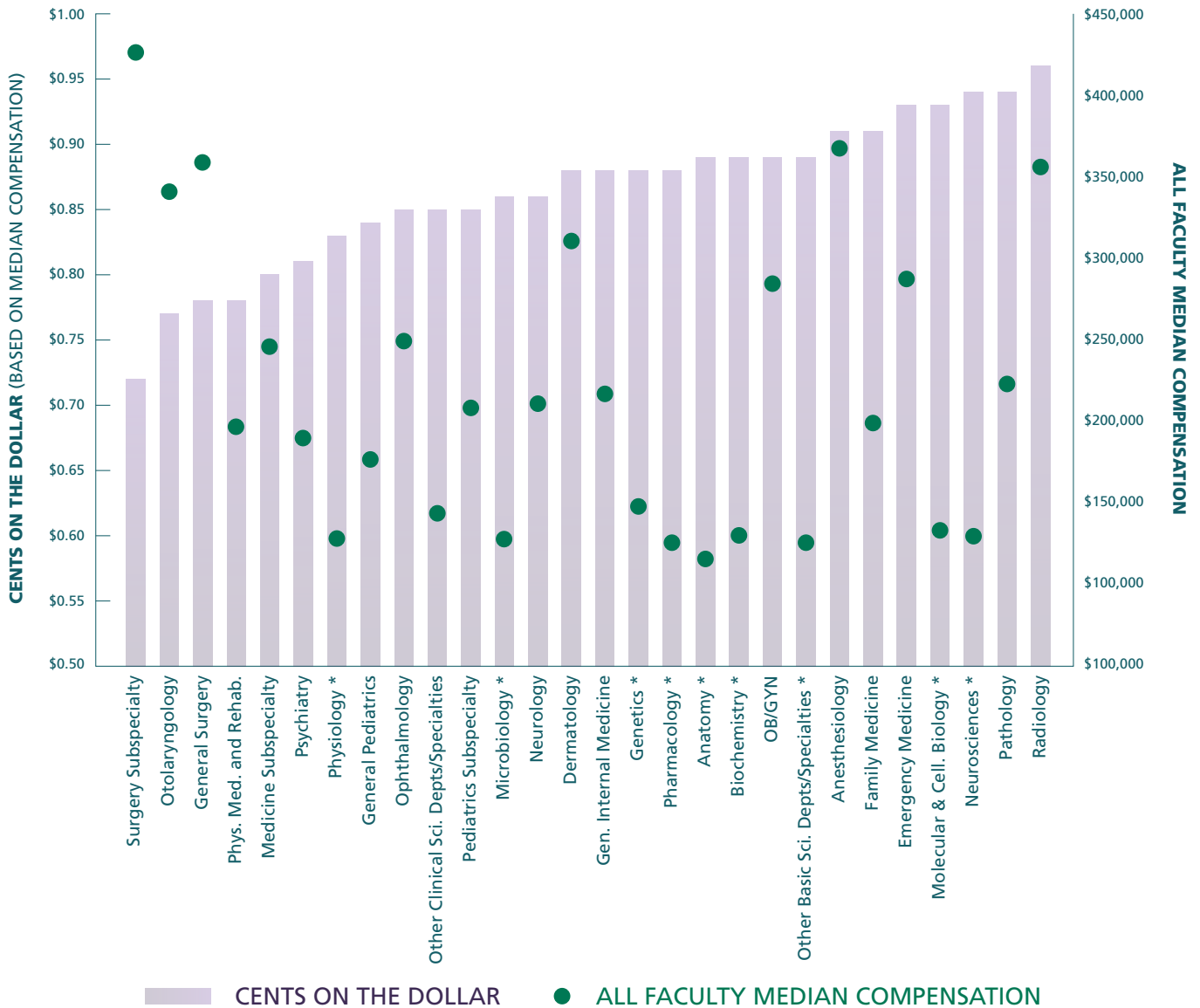
Women were paid between \$0.72 and \$0.96 per \$1.00 paid to men across different departments and specialties.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=90,383)

Note: Analysis excludes chairs, chiefs, and instructors. "*" indicates basic science departments/specialties.

Comparisons of Faculty Compensation by Gender

FIGURE 14: FY 2017 ALL FACULTY MEDIAN COMPENSATION AND CENTS ON THE DOLLAR FOR WOMEN BY DEPARTMENT AND SPECIALTY



KEY TAKEAWAY

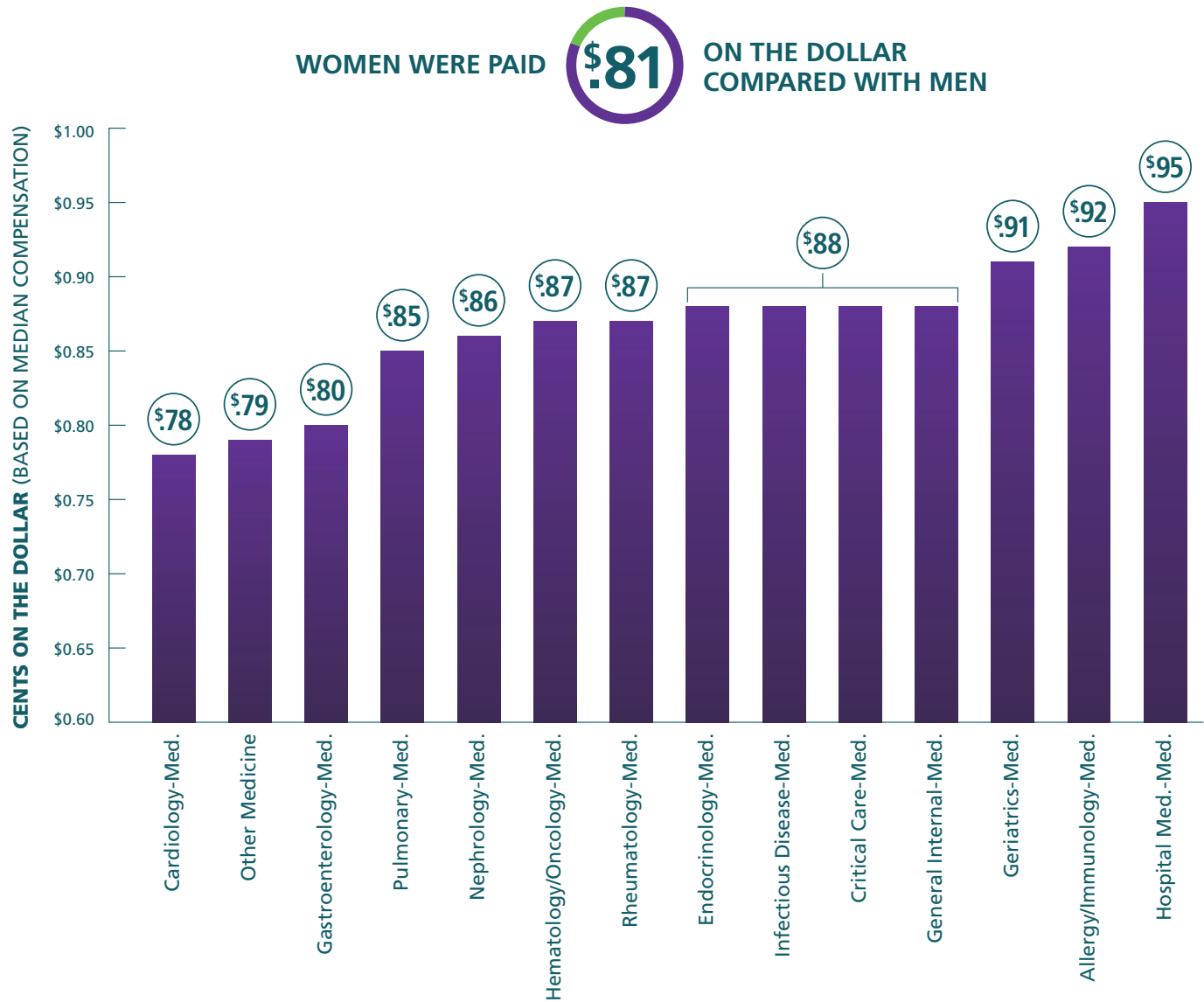
Across many of the highest-paying departments and specialties, women were paid less than men.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=90,383)

Note: "*" Indicates basic science departments/specialties. Analysis excludes chairs, chiefs, and instructors.

Comparisons of Faculty Compensation by Gender

FIGURE 15: FY 2017 MEDIAN COMPENSATION IN CENTS ON THE DOLLAR FOR WOMEN BY MEDICINE SPECIALTY



KEY TAKEAWAY

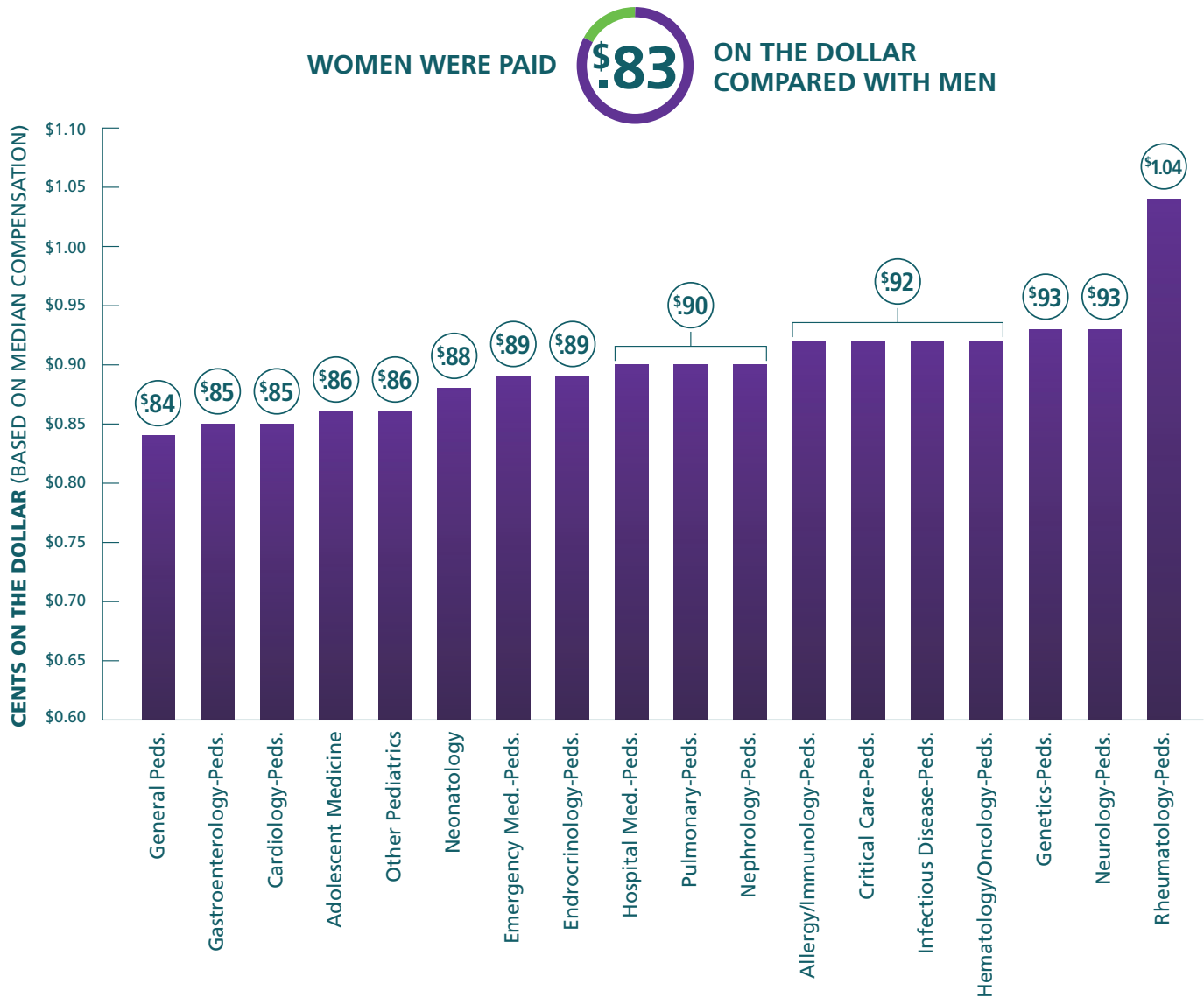
Across all medicine departments and specialties, women were paid \$0.81 per \$1.00 paid to men.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=20,985)

Note: Analysis excludes chairs, chiefs, and instructors.

Comparisons of Faculty Compensation by Gender

FIGURE 16: FY 2017 MEDIAN COMPENSATION IN CENTS ON THE DOLLAR FOR WOMEN BY PEDIATRIC SPECIALTY



KEY TAKEAWAY

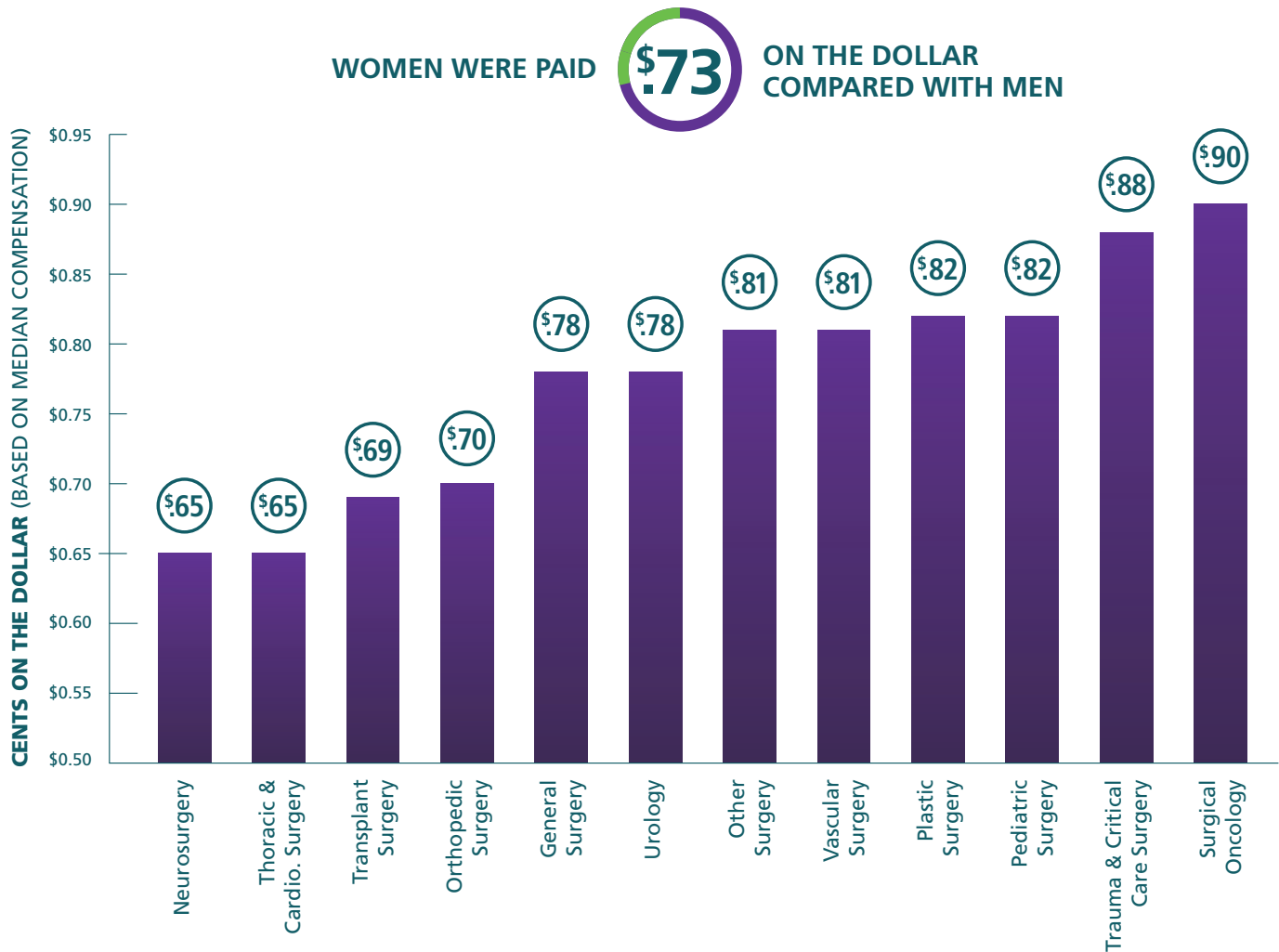
Across all pediatric departments and specialties, women were paid \$0.83 per \$1.00 paid to men.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=11,400)

Note: Analysis excludes chairs, chiefs, and instructors.

Comparisons of Faculty Compensation by Gender

FIGURE 17: FY 2017 MEDIAN COMPENSATION IN CENTS ON THE DOLLAR FOR WOMEN BY SURGICAL SPECIALTY



KEY TAKEAWAY

Across all surgical departments and specialties, women were paid \$0.73 per \$1.00 paid to men.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=9,476)

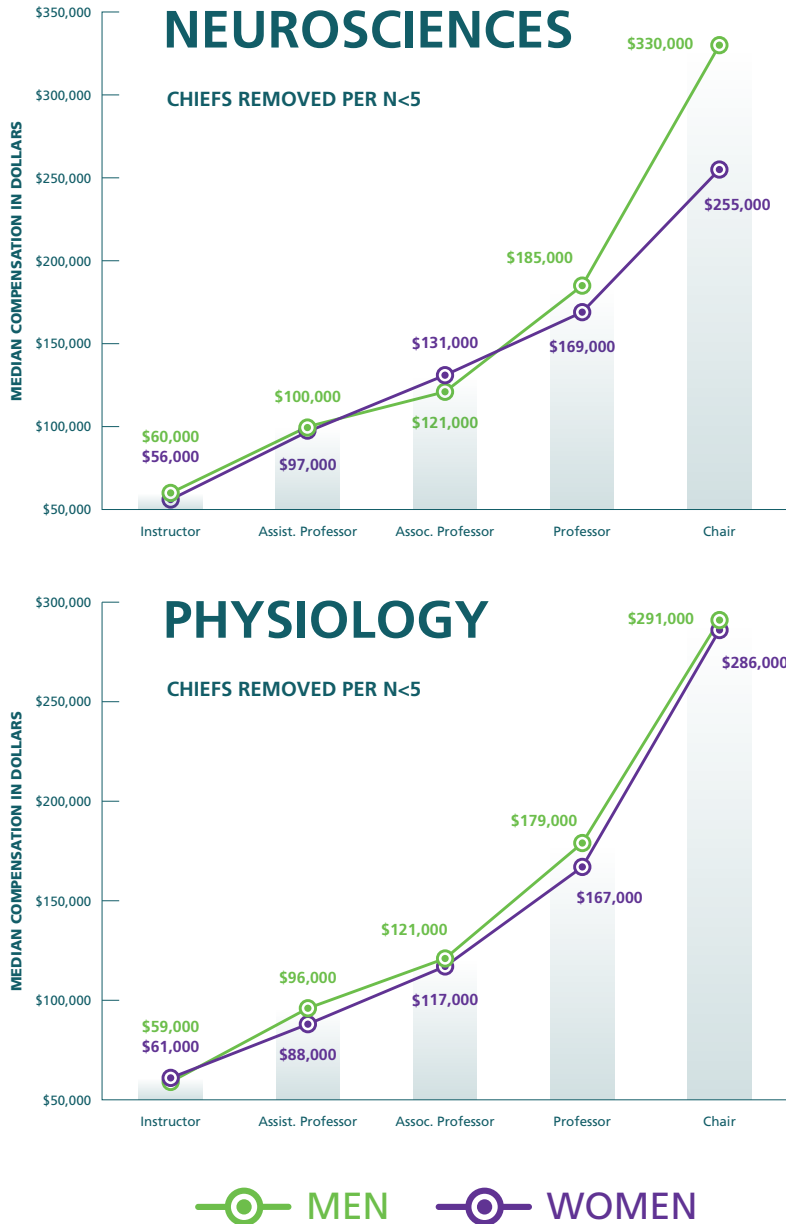
Note: Analysis excludes chairs, chiefs, and instructors.

Comparisons of Faculty Compensation by Gender

**FIGURES
18-19:**

FY 2017 MEDIAN COMPENSATION BY GENDER, RANK, AND SELECT DEPARTMENTS AND SPECIALTIES

Graphs compare basic science departments with the largest and smallest differences between men's and women's compensation.



KEY TAKEAWAY

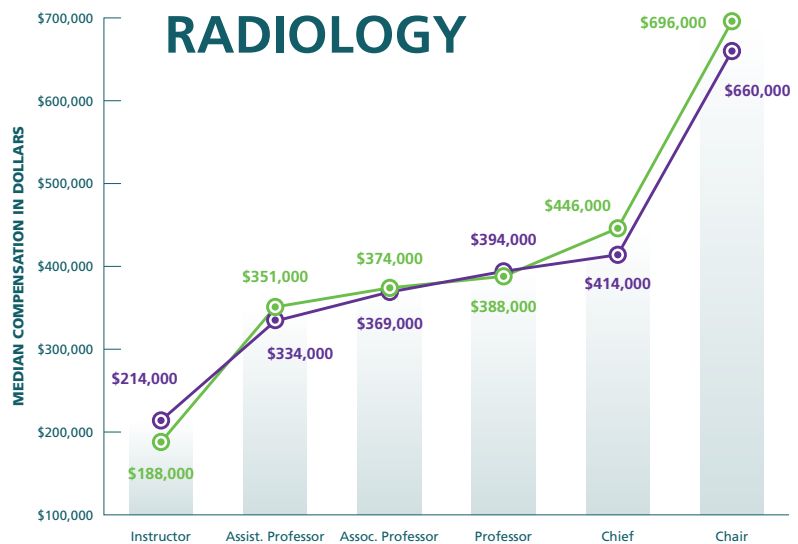
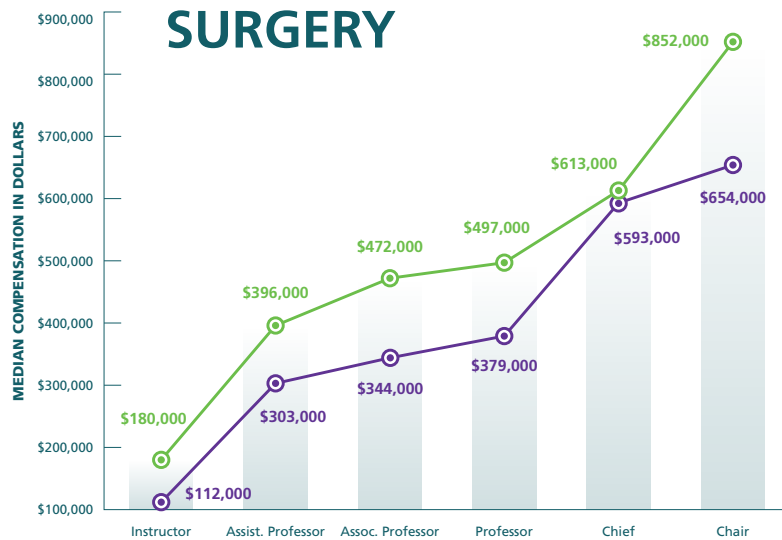
Differences in median total compensation for men and women varied greatly by department and specialty.

● Source: FY 2017 AAMC Faculty Salary Survey. Neurosciences (n=1,139), Physiology (n=1,330)

Comparisons of Faculty Compensation by Gender

FIGURES 20-21: FY 2017 MEDIAN COMPENSATION BY GENDER, RANK, AND SELECT DEPARTMENTS AND SPECIALTIES

Graphs compare clinical science departments with the largest and smallest differences between men's and women's compensation.



 MEN  WOMEN

KEY TAKEAWAY

Differences in median total compensation for men and women varied greatly by department and specialty.

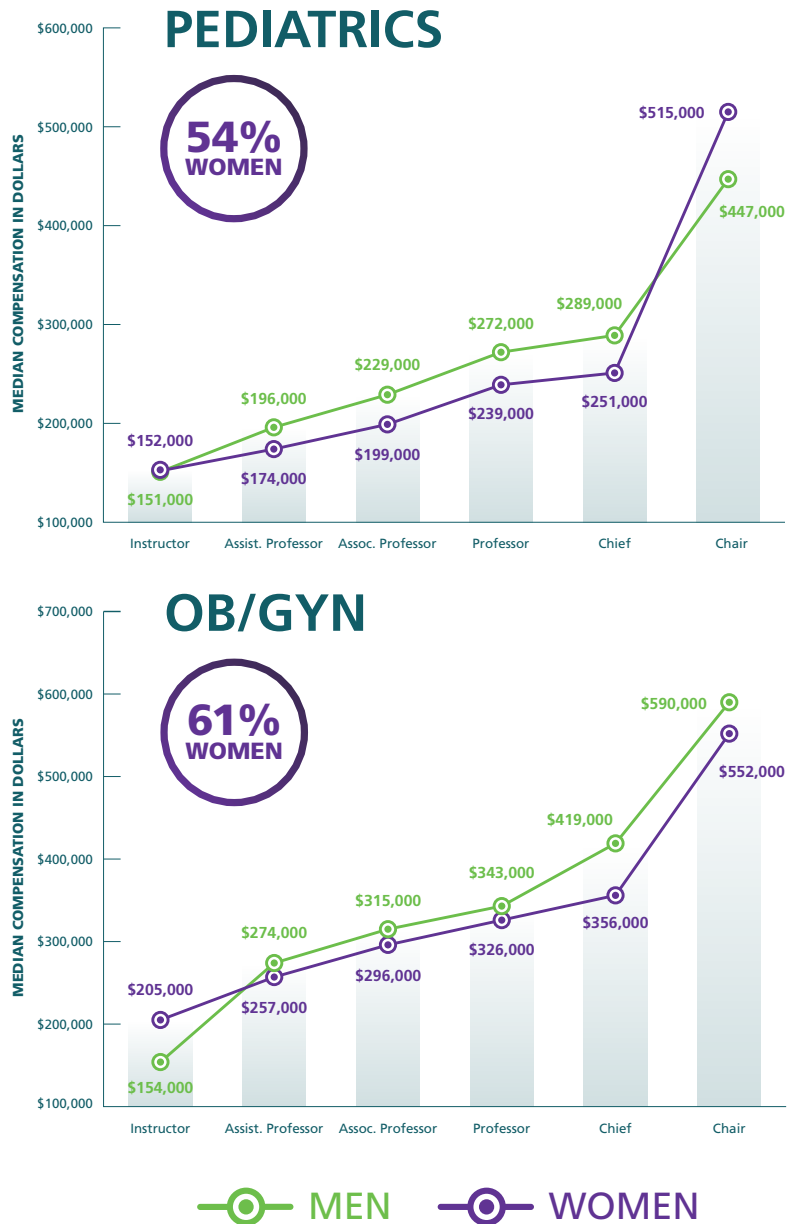
● Source: FY 2017 AAMC Faculty Salary Survey. Surgery (n=10,779), Radiology (n=6,487)

Comparisons of Faculty Compensation by Gender

**FIGURES
22-23:**

FY 2017 MEDIAN COMPENSATION BY GENDER, RANK, AND SELECT DEPARTMENTS AND SPECIALTIES

Graphs compare two departments where there is a higher percentage of women faculty than men.



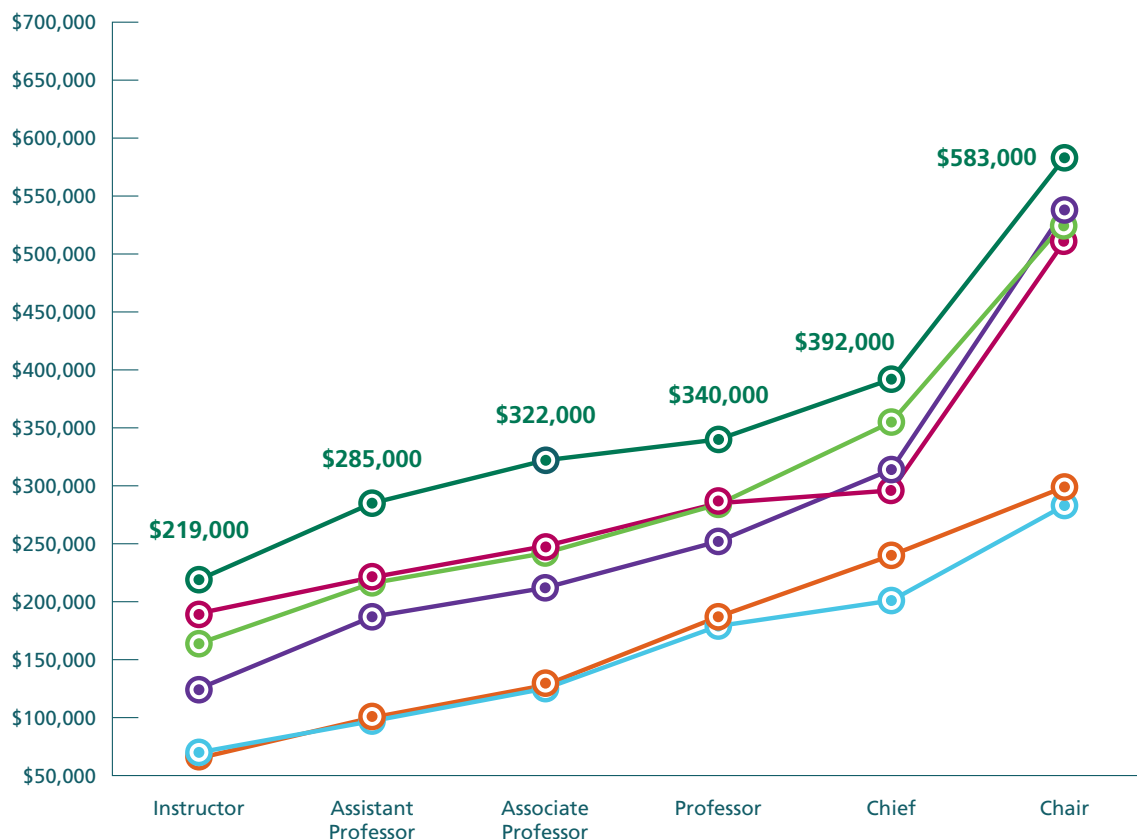
KEY TAKEAWAY

Gaps in median total compensation still existed in departments and specialties where women were more represented.

● Source: FY 2017 AAMC Faculty Salary Survey. Pediatrics (n=12,846), OB/GYN (n=3,475)

Comparisons of Faculty Compensation by Gender

FIGURE 24: FY 2017 MEDIAN COMPENSATION BY GENDER, RANK, AND DEGREE



**TABLE 2:
FY 2017 TOTAL COMPENSATION BY GENDER, RANK, AND DEGREE**

 MD MEN	\$219,000	\$285,000	\$322,000	\$340,000	\$392,000	\$583,000
 MD WOMEN	\$190,000	\$221,000	\$248,000	\$285,000	\$296,000	\$511,000
 MD-PHD MEN	\$164,000	\$216,000	\$242,000	\$284,000	\$355,000	\$527,000
 MD-PHD WOMEN	\$125,000	\$187,000	\$212,000	\$252,000	\$314,000	\$538,000
 PHD MEN	\$65,000	\$100,000	\$128,000	\$187,000	\$240,000	\$299,000
 PHD WOMEN	\$70,000	\$97,000	\$125,000	\$179,000	\$201,000	\$283,000

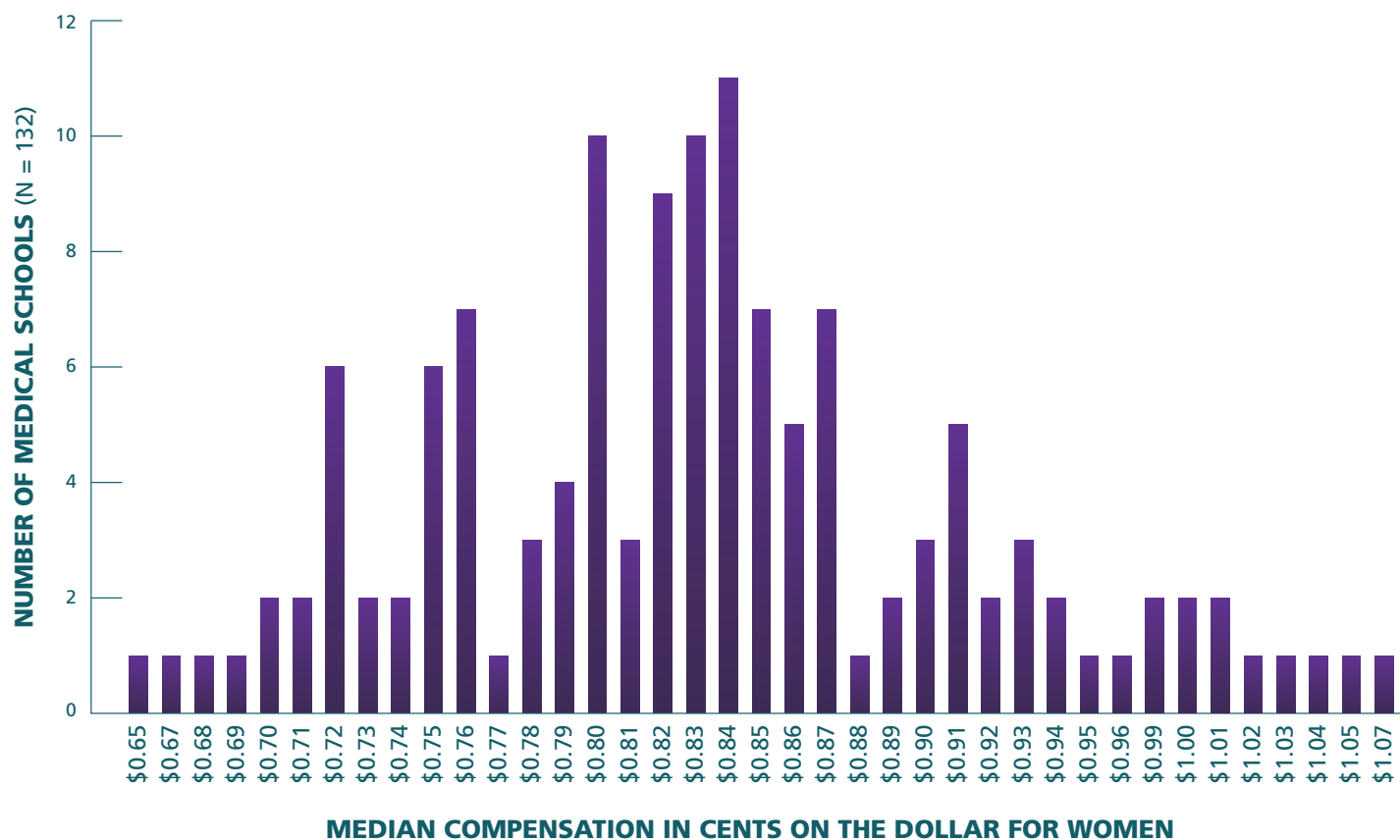
KEY TAKEAWAY

The greatest differences in median total compensation between men and women were for faculty with an MD or equivalent degree.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=102,110)

Comparisons of Faculty Compensation by Gender

FIGURE 25: FY 2017 MEDIAN COMPENSATION IN CENTS ON THE DOLLAR FOR WOMEN ACROSS MEDICAL SCHOOLS



KEY TAKEAWAY

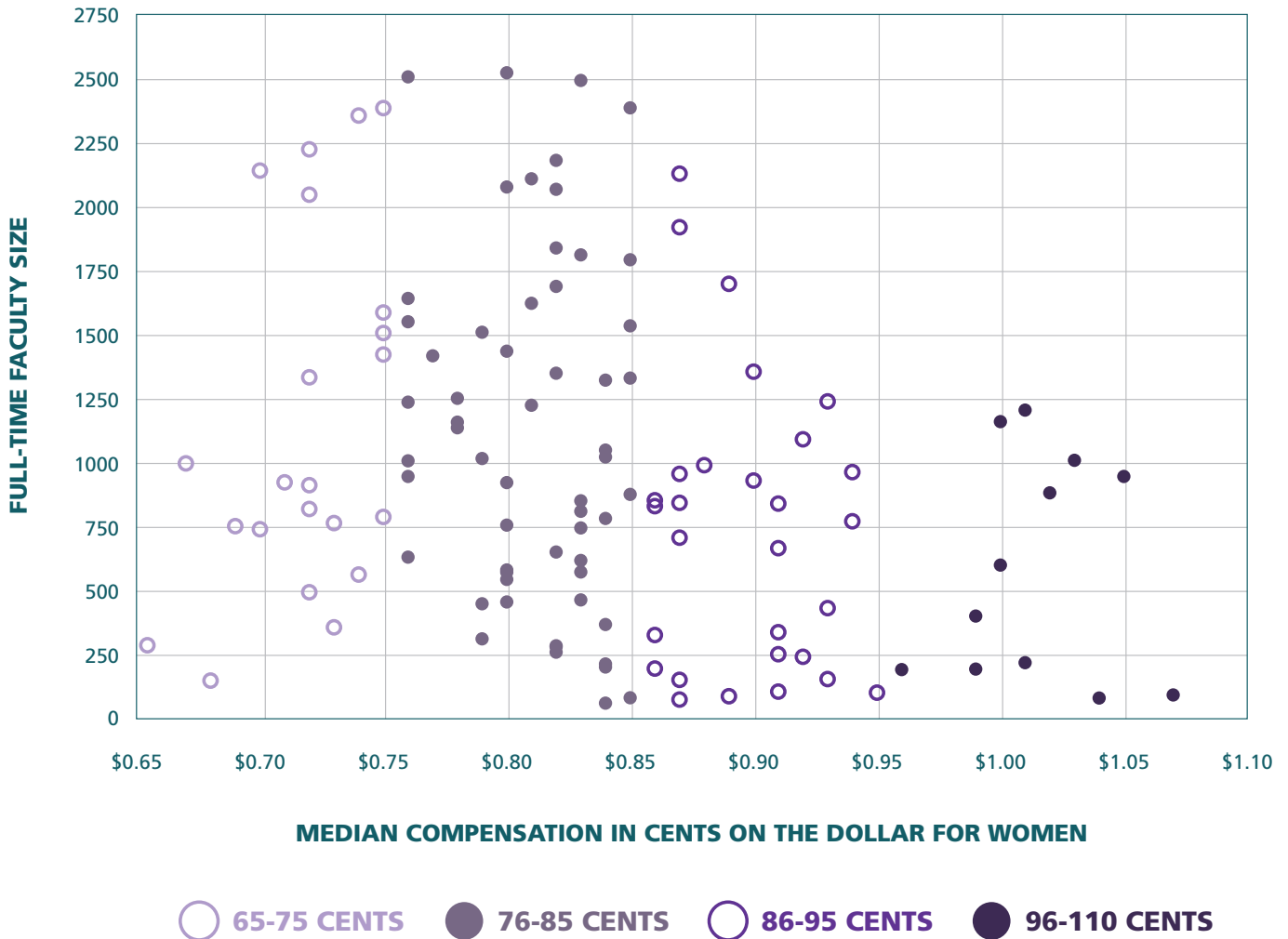
Across a large majority of medical schools, analysis of median total compensation indicated that women were paid less than men.

● Source: FY 2017 AAMC Faculty Salary Survey. (n=90,259 across 132 medical schools)

Note: Thirteen outlier institutions were removed: 8 schools did not provide gender data for the FSS; 2 schools above and below the endpoints were removed; and 3 schools with less than 50 FT faculty, per the 2017 snapshot of the Faculty Roster, were removed. Median cents on the dollar amounts, per the FSS, exclude chairs, chiefs, and instructors. Full-time faculty counts in the Faculty Roster include faculty at professor, associate, assistant, instructor, and other ranks.

Comparisons of Faculty Compensation by Gender

FIGURE 26: FY 2017 MEDIAN COMPENSATION IN CENTS ON THE DOLLAR FOR WOMEN BY FULL-TIME FACULTY SIZE ACROSS MEDICAL SCHOOLS



KEY TAKEAWAY

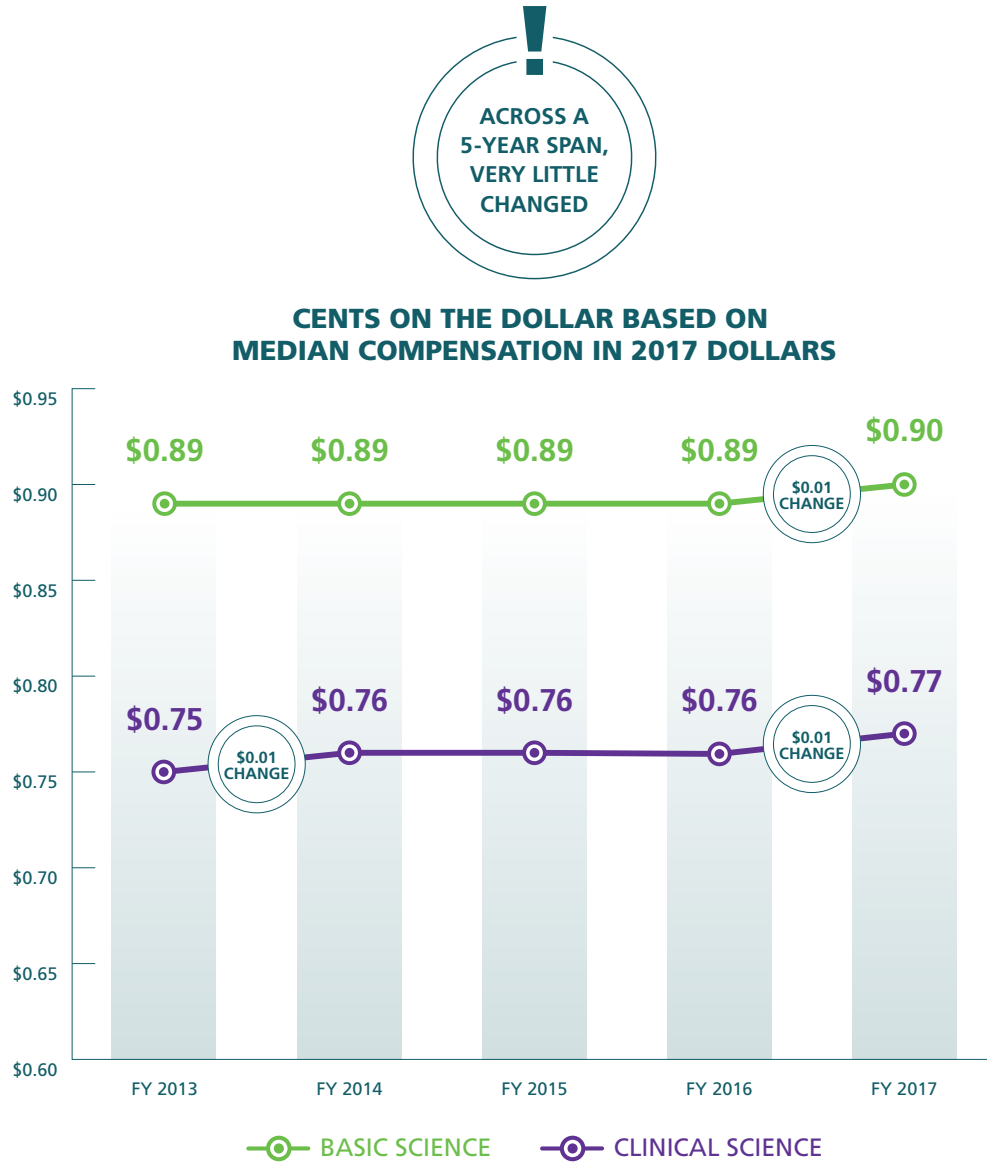
Regardless of full-time faculty size, across a large majority of medical schools, men had a higher median total compensation than women.

● Source: FY 2017 AAMC Faculty Salary Survey. (n =72,578 across 121 medical schools)

Note: Twenty-four outlier institutions were removed: 8 schools did not provide gender data for the FSS; 2 schools above and below the endpoints were removed; and 14 schools with less than 50 FT faculty or more than 2,700 faculty, per the 2017 snapshot of the Faculty Roster, were removed. Median cents-on-the-dollar amounts, per the FSS, exclude chairs, chiefs, and instructors. Full-time faculty counts in the Faculty Roster include faculty at professor, associate, assistant, instructor, and other ranks.

Comparisons of Faculty Compensation by Gender

FIGURE 27: YEARLY SNAPSHOT OF MEDIAN COMPENSATION IN CENTS ON THE DOLLAR FOR WOMEN BY DEPARTMENT TYPE FROM FY 2013 TO FY 2017



KEY TAKEAWAY

Analysis of the gaps between men’s and women’s median total compensation showed few changes throughout the five-year period.

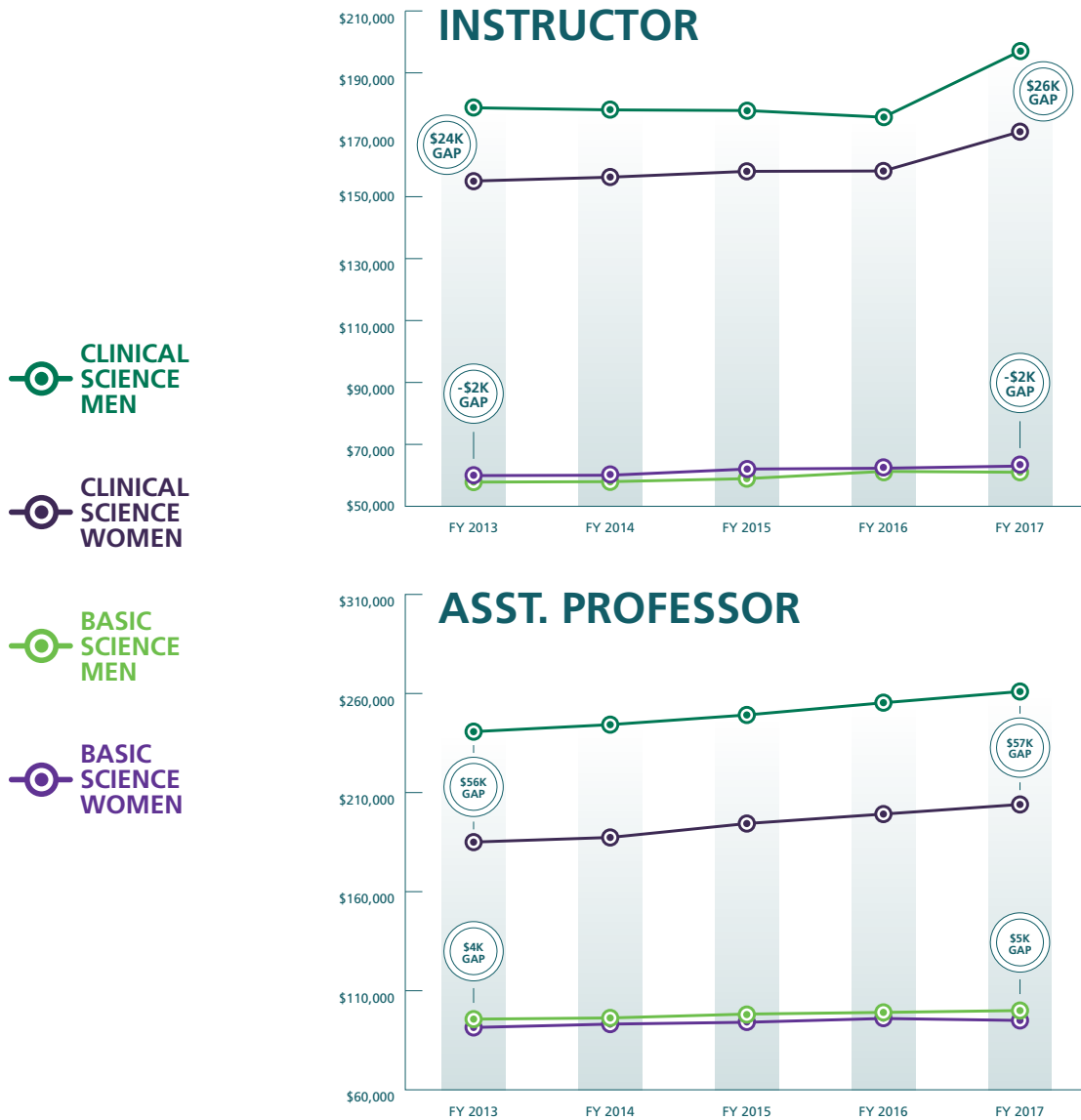
● Source: FY 2013-2017 AAMC Faculty Salary Survey. (FY 2013 n=82,473; FY 2014 n=85,774; FY 2015 n=87,798; FY 2016 n=87,426; FY 2017 n=90,383)

Note: Analysis excludes chairs, chiefs, and instructors.

Comparisons of Faculty Compensation by Gender

**FIGURES
28-29:**

YEARLY SNAPSHOT OF MEDIAN COMPENSATION BY GENDER AND RANK IN 2017 DOLLARS



KEY TAKEAWAY

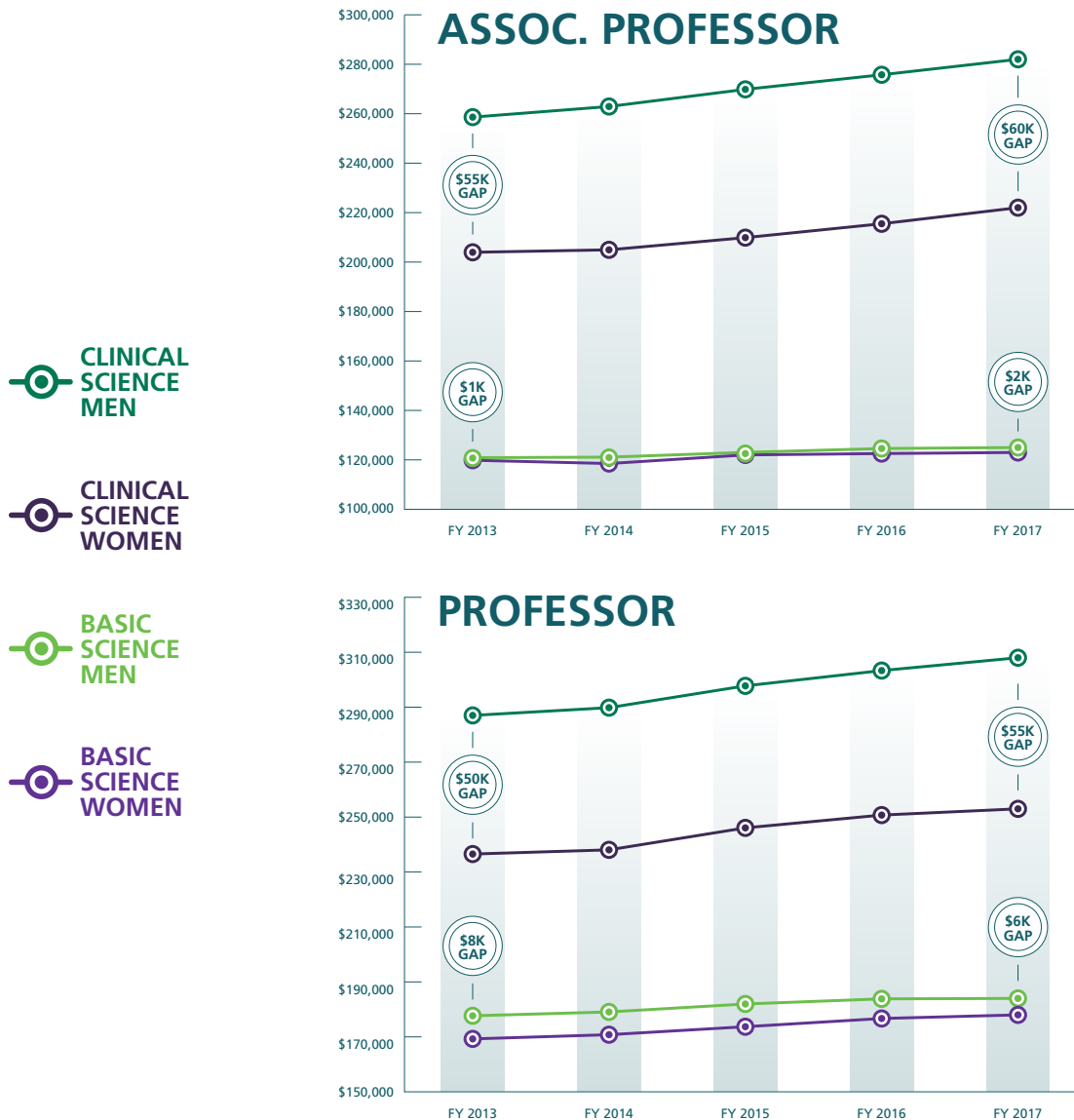
Gaps in median total compensation for women and men were present across each rank over the five-year period, except for women basic science instructors.

● Source: FY 2013-2017 AAMC Faculty Salary Survey. Instructor (FY 2013 n=6,236; FY 2014 n=6,376; FY 2015 n=6,065; FY 2016 n=5,678; FY 2017 n=6,465), Assistant Professor (FY 2013 n=40,719; FY 2014 n=42,839; FY 2015 n=43,856; FY 2016 n=43,571; FY 2017 n=45,667)

Note: Analysis excludes chairs, chiefs, and instructors.

Comparisons of Faculty Compensation by Gender

FIGURES 30-31: YEARLY SNAPSHOT OF MEDIAN COMPENSATION BY GENDER AND RANK IN 2017 DOLLARS



KEY TAKEAWAY

Gaps in median total compensation for women and men were present across each rank over the five-year period, except for women basic science instructors.

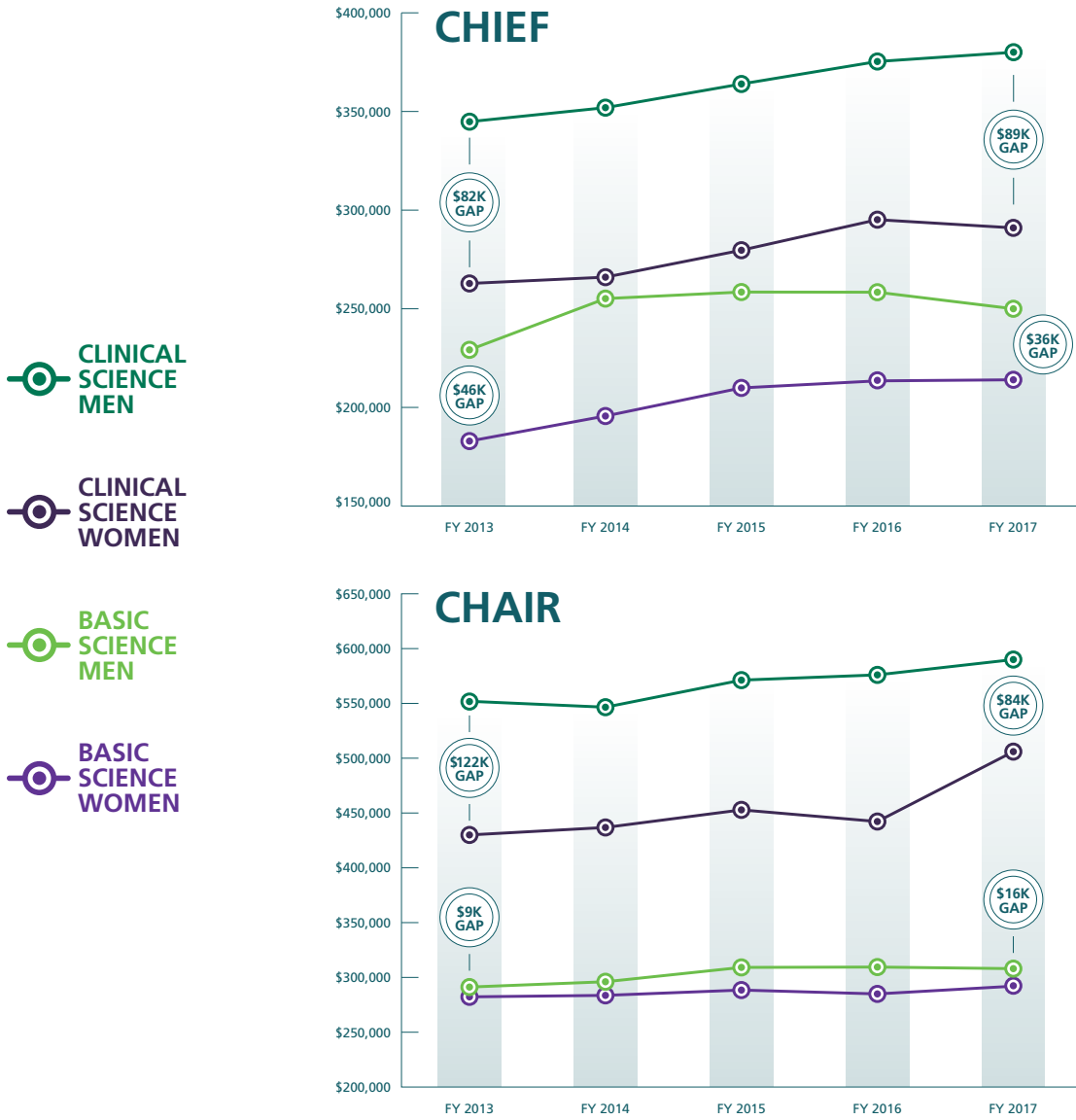
Source: FY 2013-2017 AAMC Faculty Salary Survey. Associate Professor (FY 2013 n=20,923; FY 2014 n=21,617; FY 2015 n=22,220; FY 2016 n=22,064; FY 2017 n=22,928), Professor (FY 2013 n=20,831; FY 2014 n=21,318; FY 2015 n=21,722; FY 2016 n=21,791; FY 2017 n=21,788)

Note: Analysis excludes chairs, chiefs, and instructors.

Comparisons of Faculty Compensation by Gender

**FIGURES
32-33:**

YEARLY SNAPSHOT OF MEDIAN COMPENSATION BY GENDER AND RANK IN 2017 DOLLARS



KEY TAKEAWAY

Gaps in median total compensation for women and men were present across each rank over the five-year period, except for women basic science instructors.

● Source: FY 2013-2017 AAMC Faculty Salary Survey. Chief (FY 2013 n=2,804; FY 2014 n=2,724; FY 2015 n=2,833; FY 2016 n=2,996; FY 2017 n=3,002), Chair (FY 2013 n=2,237; FY 2014 n=2,364; FY 2015 n=2,228; FY 2016 n=2,235; FY 2017 n=2,260)

Note: Analysis excludes chairs, chiefs, and instructors.

Summary of Key Takeaways



According to a 2018 snapshot of the Faculty Roster:

- Women made up a smaller percentage of full-time faculty at higher ranks than men.
- The percentage of full-time women faculty who advanced in rank during a seven-year period was smaller than that for men during the same period.

According to a 2017-2018 analysis of the StandPoint Faculty Engagement Survey:

- A smaller percentage of women faculty than men faculty perceived that there were equitable opportunities for all faculty regardless of gender at their medical schools.
- A smaller percentage of women faculty agreed that their department is successful in retaining women faculty.
- A higher percentage of women faculty reported experiencing incidents of disrespect based on their gender.
- The number of working hours for an average week reported by full-time women faculty was similar to that reported by men, with two hours per week fewer among women basic science faculty.
- The number of working hours for an average week reported by full-time women faculty was similar to that reported by men, with three hours per week fewer among women clinical science faculty.

Descriptive, unadjusted analyses of the FY 2017 Faculty Salary Survey data indicated that across full-time faculty:

- Similar percentages of full-time faculty were reported in the Faculty Roster and the Faculty Salary Survey in 2017 when compared by gender and department type.
- Among full-time faculty at higher ranks, women made up a lower percentage than men.
- Among faculty, 33% of men were paid \$200,000 or less, while 49% of women were paid \$200,000 or less.
- In aggregate, median total compensation for men was greater than for women at every rank.
- Gaps in median total compensation existed for women in basic and clinical science departments but were generally larger for women in clinical science.
- Women were paid between \$0.76 and \$0.90 per \$1.00 paid to men across department and degree types.
- Differences in median total compensation for men and women varied greatly by department and specialty.
- Women were paid between \$0.72 and \$0.96 per \$1.00 paid to men across different departments and specialties.
- Across many of the highest-paying departments and specialties, women were paid less than men.
- Across all medicine departments and specialties, women were paid \$0.81 per \$1.00 paid to men.
- Across all pediatric departments and specialties, women were paid \$0.83 per \$1.00 paid to men.
- Across all surgical departments and specialties, women were paid \$0.73 per \$1.00 paid to men.
- Gaps in median total compensation still existed in departments and specialties where women were more represented.
- The greatest differences in median total compensation between men and women were for faculty with an MD or equivalent degree.
- Across a large majority of medical schools, analysis of median total compensation indicated that women were paid less than men.
- Regardless of full-time faculty size, across a large majority of medical schools, men had a higher median total compensation than women.
- Analysis of the gaps between men's and women's median total compensation showed few changes throughout the five-year period.
- Gaps in median total compensation for women and men were present across each rank over the five-year period, except for women basic science instructors.



04

**Implementing
Strategies to Address
Salary Equity**

Introduction to Institutional Profiles

Determining which steps to take to begin addressing salary equity takes careful planning and substantial investment of both time and resources. Institutions should consider modeling their approaches after their peers' successful experiences with launching salary-equity initiatives. This section presents promising practices from 11 institutions that have been engaged in salary-equity studies and implemented strategies to promote ongoing equity in compensation.

The profiles are based on interviews with institutional leaders in human resources, diversity, finance, and faculty affairs, as well as with department chairs and administrators. The profiles are organized chronologically, by the year of first salary-equity study conducted at the institution, to highlight the development of approaches to this issue over time and that this issue requires ongoing review and investment. Even though each institution has unique approaches, organizational structures, faculty size, and geographic locations, lessons can be learned and adapted from their knowledge and experience. These institutional profiles provide promising practices in three core areas: conducting salary-equity studies, making financial adjustments, and communicating results with stakeholders. The promising practices in these core areas not only contribute to overall salary-equity efforts, but they help teach faculty critical knowledge related to compensation and equip leaders with strategies to use when they address these complex issues with faculty.





WASHINGTON UNIVERSITY IN ST. LOUIS SCHOOL OF MEDICINE

FIRST STUDY: 1990

It Takes Dedicated Effort to Develop Data Systems

Washington University School of Medicine (WUSM) began its salary-equity process in 1990 using a mixture of data and expertise from people within the university and outside consultants. The recent study of 2016 salary data represents the sixth WUSM faculty pay equity study since 1990. The school first began using an outside consultant for the data analysis in 2004. The latest study, in 2016, was even more nuanced and sophisticated than past studies. “There were three parts to our most recent salary study: market analysis, gender analysis, and use of external consultants,” says Mary Corcoran, assistant vice chancellor and assistant dean for finance.

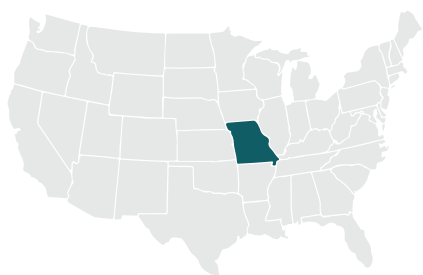
The market analysis used local and industry-level benchmarks for each faculty group. For the gender-study component, Wash U created a “data lake” that pulled data from a variety of sources so that they could, for example, connect data on RVUs, publications, billings, grants, space, and AAMC benchmarks in addition to traditional variables such as gender, specialty, race, years in rank, and faculty track. Using a data-lake approach allows them to build on the analysis over time as well. The third component was an independent, external consultant team that understood the context for the analysis and had the time to clean and transform the data to improve accuracy and reliability. Further, WUSM leadership has believed since 2003-2004 that an external group would lend legitimacy to the process by not being part of the institution.

Communicate Results From Committee to Faculty

To guide the work, WUSM uses a steering committee that refines the analyses and cultivates buy-in to the process. Directed by faculty affairs and finance leadership, this 23-member task force is composed of representatives from the Faculty Council, the Academic Women’s Network, the Faculty Diversity Committee, the Gender Equity Committee, the Office of General Counsel, top administrative leaders, and department and program leaders, in addition to rank-and-file faculty. Together, they review results and make suggestions to improve the analysis and department-level reports. Diana Gray, MD, associate dean for faculty affairs, says inclusion of a wide variety of voices from across the institution has built engagement in the process.

Next, the results are presented to the Executive Faculty, composed of the dean’s office cabinet and the department chairs. This communication strategy helps educate leaders and nurture an environment where key leaders could ask important questions about the process and analysis, thus enabling broad buy-in. “We don’t hide anything,” says Dean David Perlmutter, MD. “I think that does raise confidence among the faculty.” Through a deep review of the data, starting with raw figures and moving on to the adjusted statistical analysis, leaders have also been able to identify other issues that affect faculty compensation. For example, the study revealed that differences in compensation were often driven by amounts of incentive pay. Additionally, the studies have helped reveal a need to have more women in senior faculty ranks and leadership.

To communicate the results, the key study leaders present findings in many faculty forums, including department meetings, WUSM Faculty Council, the Academic Women’s Network, and the University Faculty Senate. The findings and interpretation of the study are also presented in faculty town halls and posted on the Faculty Affairs website. “This demonstrates to the faculty that we are taking these things seriously, and we’re looking at all of these gender-related issues, and ... they know we’re willing to stake our reputation on it and do something about differentials if they’re found,” says Gray. “I think that really engenders trust and a feeling of inclusion in the workforce here.”



Ownership
Private

Region
Central

Location
St. Louis, MO

Faculty Count
2,165

Practice Plan
Legal Structure
Owned by the University or School of Medicine

“
This demonstrates to the faculty that we are taking these things seriously ... that really engenders trust and a feeling of inclusion in the workforce here.
”

UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL

FIRST STUDY: 1999

A Long Study History Creates Precision

The University of Texas, Southwestern Medical School (UTSW) has a long history of studying salary equity, having conducted an annual salary study since 1999 at the direction of the dean. It continues to adapt the study methodology as the institution grows and changes in faculty composition and department structure. UTSW's study includes close to 30 variables, including typical factors such as department, grant and RVU productivity, and demographic information, and is also combined with AAMC benchmarks.

Joan Reisch, PhD, a professor and statistical expert at UTSW who developed the methodology, uses three different models to study salaries of clinicians, nonclinical faculty within clinical departments, and basic scientists. The dean's office has partnered with Reisch over the years to create a truly collaborative approach to refining the methodology and incorporating it into their annual salary-setting process. Cameron Slocum, MBA, vice president and chief operating officer for academic affairs, says finding an expert outside the dean's office to conduct the study has lent credibility to the salary-equity efforts. In 2017, the dean appointed a Salary Equity Committee that was chaired by Sharon Reimold, MD, internal medicine vice chair for clinical operations and faculty development, to provide additional oversight of the process.

More Information Sources Help Determine What Is Equitable

At UTSW, setting faculty compensation involves more than just setting salary and requires taking a mixed-method approach. "We're looking at other factors that help us gauge the rest of the story — you need multiple sources of data," says Slocum. The dean's office discusses the results with department chairs and division chiefs, recognizing there are parts of a faculty member's effort and performance that can't be captured in a statistical model.

To address any potential gaps, departments are equipped with the study results and comparable AAMC data so they can closely review the compensation of all faculty who are below or above the predicted compensation ranges. The dean's office meets with department chairs and requests a written rationale for each faculty salary that is below the predicted amount. The dean's office then works with department chairs to adjust salaries on a case-by-case basis, documenting the reasons for the proposed adjustments.

UTSW recognizes that the needs and cultures of each department are different, so it allows departments to take an individualized approach to improving equity. For example, in the Department of Pediatrics, where they found significant gender differences in pay, the department established a new office to address these gaps and other gender-related issues. Reimold says, "Our focus is to narrow the gap, and we hope our interventions will lead to closing those gender-based differences."

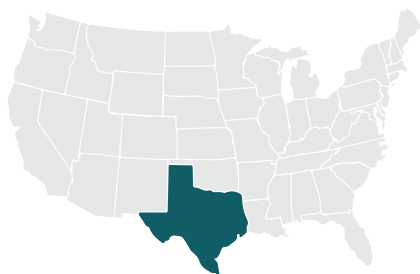
Communication of Equity Drives a Positive Climate

The study team has presented and communicated the results broadly to leadership groups, the faculty senate, and division and department chair groups, as well as women and diversity committees. For example, this year, the school's Women in Science and Medicine Advisory Committee (WISMAC) and the Office of Women's Careers, as key stakeholders in gender-equity work, jointly hosted a reception where a summary of the report about salary equity was publicly shared. A broad communication strategy has also led to increased two-way communication between faculty and department chairs, giving faculty an opportunity to ask questions and giving chairs a chance to further share information about what goes into salary, promotion, and tenure decisions. Overall, the leadership feels the faculty has reacted positively to knowing that an annual effort is in place to address equity issues.

Finally, one of the important pieces of UTSW's approach is looking beyond just salary itself to key aspects of the climate and culture. Changes have been made to the practice plan appointments to allow for more part-time positions, on-site childcare, and "stop the clock" options to extend promotion and tenure processes for faculty who take parental leave. The salary-equity work also carries over into other department-by-department activities, such as bias training and openly advertising for committee or leadership positions. Helen Yin, PhD, director for the Office of Women's Careers, advises other institutions to "just start the process and refine it over the years," emphasizing the importance of taking the first step to address salary equity.

UTSouthwestern
Medical Center

The future of medicine, today.



Ownership
Public

Region
Southern

Location
Dallas, TX

Faculty Count
2,460

Practice Plan
Legal Structure
**Owned by the
University or School
of Medicine**

“
Our focus is to narrow the gap, and we hope our interventions will lead to closing those gender-based differences.
”

UNIVERSITY OF UTAH SCHOOL OF MEDICINE

FIRST STUDY: 2005

Take the Time to Get It Right

The University of Utah School of Medicine has a long-standing approach to salary-equity studies, dating back 13 years. In 2005, a salary-equity committee was formed and initially used a pair-wise analysis to examine salaries based on gender, department, division, rank, and degree. As the committee looked deeper into the differences over time, it discovered that for some faculty, other variables needed to be included. Cynthia Best, associate dean for finance, says, "It took a few years to get the right variables for a carefully crafted approach." Now the medical school uses a regression analysis, conducted by a statistician at the university, that includes rank, starting rank, degree, length of time at the institution, track, RVUs, publications, grants, FTE status, and details about the department pay plan. The regression analysis yields a predicted salary. The committee looks at 10-year trends and uses AAMC data as benchmarks, paying close attention to reviewing faculty members whose compensation is below the 25th percentile.

Spur Departments to Make Change

Salary equity is addressed specifically in the annual budgeting process, which includes review by and presentations to the School of Medicine (SOM) Executive Committee, composed of department chairs and institutional leaders. The Executive Committee and the Salary Equity Committee review summary information, and chairs must justify vast differences in salary. Financial remedies are left to the department to figure out from their revenue streams. The dean and the Salary Equity Committee work with specific departments to correct compensation issues and walk through variables that are easily quantified and influencing factors, such as faculty performance, that aren't part of the regression analysis. Dean Michael Good, MD, sums up the Utah process this way: "What makes this work is a systematic approach to a complex subject, through an iterative continuous-improvement process."

Additionally, the Office of Faculty Affairs reviews all new-faculty offer letters to make sure they align with salary-equity guidelines. This individual-level review illuminates any salary compression that might be occurring for long-standing faculty members and is addressed in the next study cycle. Peter Jensen, MD, co-chair of the Salary Equity Committee and chair of pathology, says, "More than half of the talent is female, and we need to make, and keep, a level playing field to recruit and retain our women faculty."

Contextualize Systematic Issues That Affect Salary Equity

The study leaders note that, understandably, the biggest salary gaps are in departments that have a heavy clinical productivity model and that a common explanation for salary gaps is that women “decide” to take less call. However, Jensen notes, “You never know if that’s totally true because there could be inequities in access to activities that would be more highly compensated.” Breaking down this often-used explanation, Utah realized through their years of analysis that clinical-setting differences were affecting compensation. So, they worked to increase access to work in specific practice settings that could lead to opportunities for increased hours and compensation.

The institution is also grappling with salary compression because it is a state institution and must compete with other institutions nationally. Salary compression, a concern for many schools, can lead to salaries being lower than current salary benchmarks for faculty who have been at the institution for many years. To address this issue, Utah is looking at ways to be flexible in setting salaries and has unique compensation plans for different departments to use in addressing starting salaries. Finally, the school recognizes that other institutional changes can help address inequities. Robert Fujinami, PhD, associate dean for academic affairs, says, “The School of Medicine was the first to institute across the university a paid parental leave policy that is fully supported by department chairs and has been overall very successful.” Efforts like these, in addition to a “stop the clock” tenure policy, signal that the Utah School of Medicine will continue to succeed in addressing barriers to equity.



Ownership
Public

Region
Western

Location
Salt Lake City, UT

Faculty Count
1,820

Practice Plan
Legal Structure
Owned by the University or School of Medicine

“
What makes this work is a systematic approach to a complex subject, through an iterative continuous-improvement process.
”

UNIVERSITY OF CALIFORNIA, DAVIS, SCHOOL OF MEDICINE

FIRST STUDY: 2005

Moving From a Mandate to a Defined System

The University of California, Davis, as part of the UC system, was tasked in 2012 by the Office of the President to conduct a salary-equity study, as well as to develop local strategies and policies to implement a newly initiated Health Sciences Compensation Plan. At the campus level, UC Davis began this work in 2014 by tasking the standing Compensation Advisory Committee, which contains a taskforce on salary equity, through the Office of Academic Affairs, to lead study efforts. Initial studies across the campus, including one conducted for the School of Medicine (SOM), were conducted for variables such as gender, ethnicity, department, rank, academic series, decade of hire, and time since terminal degree. Studies continue yearly, with a particular focus on auditing faculty salaries determined to be outliers when compared with peer groups' salaries. Colleen E. Clancy, PhD, associate vice chancellor for academic personnel, notes, "It is important that we don't develop committees, policies, or procedures on anecdote but on data, to identify where the true problems are so we can put our energy where issues need to be solved."

Open Voting Creates Checks and Balances

As part of the implementation of the Health Sciences Compensation Plan at UC Davis SOM, each department is responsible for having defined compensation rules that detail how compensation is determined, factoring in each faculty member's efforts at the departmental level and clinical and other productivity (e.g., RVUs and patient-based revenues). Further, financial administrators within departments were tasked with developing standard operating procedures for administering bonus pay for faculty. These operating procedures were then reviewed by the dean's office and finance personnel for consistency across the institution.

All faculty vote on the compensation plan annually at the department level. Clancy says, "This transparency at the department level provides checks and balances so all faculty can see what the plan is and where they individually stand." After each annual analysis, reports of the study, in addition to the institution's formal response and action steps, are published online publicly and communicated to faculty by the dean. Edward Callahan, PhD, associate vice chancellor emeritus for academic personnel, says, "We did not find significant differences between our 2005 study compared to our 2014 study, which had become more sophisticated in the analysis over time. [This] was reassuring to us, that the processes we had in place were keeping salaries fairly equitable."

Coordinating Key Stakeholders Has Benefits

When asked what lessons they would share with institutions new to salary-equity work, UC Davis leadership emphasized the importance of a coordinated effort. To facilitate successful salary-equity review efforts and execution of the compensation plan, UC Davis coordinates the process through the Academic Affairs Office, Office of Diversity Equity and Inclusion, Executive Leadership Team, and both the Academic Senate and the Academic Federation. Involving the Academic Senate in particular has helped build trust in the process and overall faculty morale because instead of leaving equity adjustments up to the dean’s discretion, the senate centrally votes on overall university equity adjustments. The study leaders are looking at opening an on-site childcare facility and are co-chairing a task force to make family leave policies gender neutral so that caregiving is viewed as a parental issue, rather than as a women’s issue.

UC Davis leaders reiterated that conducting analyses of salary data strengthens schools because they then have information to help them make decisions based on facts rather than on anecdotes or subjective information. In summary, Philip Kass, vice provost for academic affairs, noted that conducting salary-equity reviews has had an impact on faculty retention. He says, “Our equity process discourages people from seeking outside offers because we continue to reduce our biases by using the data.”



Ownership
Public

Region
Western

Location
Sacramento, CA

Faculty Count
828

Practice Plan
Legal Structure
Owned by the University or School of Medicine

“
It is important that we don’t develop committees, policies, or procedures on anecdote but on data, to identify where the true problems are so we can put our energy where issues need to be solved.
”

MEDICAL COLLEGE OF WISCONSIN

FIRST STUDY: 2007

Philosophy Grounds the Refining Process

Propelled by questions from the Women’s Faculty Council (now the Council for Women’s Advocacy) about what the institution was doing to ensure salary equity, the Medical College of Wisconsin (MCW) began its salary-equity efforts in 2007. MCW leadership committed to undertaking this work, and to steer the process, they needed to develop a comprehensive compensation philosophy. Although it took 18 months to develop that philosophy, department chairs and faculty came on board as leadership found ways to reliably measure difficult dimensions such as administrative roles and peer-group equity. Vice President for Corporate Compliance and Risk Management Dan Wickeham describes the stages of this process, when “MCW

- Embraced a philosophy that examining salary equity is the ‘right thing to do,’
- Established a governance structure and engaged leadership (Institutional Compensation Committee (ICC)),
- Created governance policies,
- Sought buy-in from department chairs and faculty, which aided in dispelling misconceptions and misinformation,
- Worked on messaging and building a communications strategy,
- Refined the study methodology,
- Evolved the school compensation plan and policies, and
- Adopted a regular process that is endorsed by all.”

Kimara Ellefson, senior director of talent strategy and faculty affairs, says, “All this work has helped move the compensation conversation out of the black box — [to] where faculty are feeling more understanding than before of how compensation has been determined — and increase a sense of awareness and control about how they’re being compensated.” The MCW Institutional Compensation Committee that now oversees this effort has broad membership from the Dean’s Executive Committee, Faculty Affairs Office, the Center for the Advancement of Women Science and Medicine (AWSM), and the Council for Women’s Advocacy. “Our leadership’s motto is transparency. We have tremendous leadership support at the highest levels ... having that executive leadership is absolutely critical to the culture in making this work,” says Dan Wickeham.

Addressing Salary Equity Is a Coordinated Ongoing Process

At MCW, coordination of stakeholder involvement has resulted in a successful “multi-iteration process that happens all year so that there are policies and guidelines for when faculty are hired and an overall governance process on compensation,” says Kevin Eide, senior director for compensation, benefits, and human resources analytics. For example, beginning in 2012, MCW worked with department chairs to establish a methodology for benchmarking faculty compensation that can be used to outline baseline expectations and characteristics for faculty compensation at each level by quartiles. These standards guide departments in the hiring process so that inequities can be avoided early.

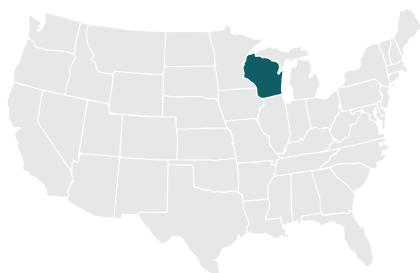
SECTION 04: IMPLEMENTING STRATEGIES TO ADDRESS SALARY EQUITY

Additionally, the Compensation Team, made of up of representatives from Compensation Services, Corporate Compliance, and Business Intelligence, provides data from internal and external sources and a compensation consulting report to chairs, which empowers them in the salary-equity process. Wickeham says, “Now the departments have real-time access to their compensation data, and they can track it from a management perspective.”

After establishing their initial process after numerous annual iterations, leadership reflected that the percentage of faculty then needing salary adjustments was much lower than they expected. Recognizing this, the institution now conducts a gender and underrepresented minority (URM) salary-equity study every two years, and every year, it conducts a fair market value analysis, looking at faculty whose salaries are over the 75th and 90th percentiles or under the 25th percentile, to identify anyone whose salary is either lagging or over the benchmark. Chairs can then use this information when they submit salary recommendations to the Compensation Team for review.

Salary Equity Affects Climate and Recruitment

Endorsed by the Council for Women’s Advocacy, AWSM, and other groups, MCW’s overall approach has been to implement policies to support additional career needs, such as dependent care for emergency situations when physicians are on call. Efforts to implement policies for faculty and staff that are supportive, equitable, and flexible are increasing, though they are not formally connected with compensation-equity initiatives. “Our philosophy at MCW is about prospectively doing the right thing, and not doing this as a reaction to a lawsuit or issue, for example. It’s about treating everyone equitably ... the people are our institution,” says Christina Runge, PhD, associate provost of faculty affairs. MCW also sees concrete work in this area as a recruitment strategy for new hires, a benefit to an institution looking to attract new and diverse talent.



Ownership
Private

Region
Central

Location
Milwaukee, WI

Faculty Count
1,561

Practice Plan
Legal Structure
Owned by the University or School of Medicine

“
Our leadership’s motto is transparency. We have tremendous leadership support at the highest levels...having that executive leadership is absolutely critical to the culture in making this work.
”

YALE SCHOOL OF MEDICINE

FIRST STUDY: 2007

Clear Compensation Philosophies Are Essential for Success

Yale has a clear compensation philosophy that defines its commitment to equity for all faculty across gender, race, specialty, rank, experience, and other variables. Each public discussion of the topic begins with the following statement: “We are committed to creating an environment where every faculty member is fully confident that their compensation level has been fairly and reasonably determined.” Yale leadership recognizes that compensation review is not a “one-and-done” process and has committed to annual compensation reviews. The school has also begun to closely review compensation equity during the faculty recruitment and hiring process to ensure that initial compensation is set at an appropriate level to ensure internal equity.

Dedicated Personnel Support Drives Robust Analysis

Yale has engaged in analyzing compensation equity for more than 20 years, allowing the school to assess institutional trends and to refine its approach over time. Yale employs a regression formula, with separate models for basic science departments, clinical department MD faculty, and clinical department PhD faculty accounting for standard variables such as rank, academic degree, years of experience, specialty, and subspecialty and including clinical and research productivity measures. The regression model uses the AAMC percentile reports on faculty rank in each specialty as an external comparison point. Although the regression model captures many key variables, it lacks less-tangible metrics such as quality, citizenship, efforts related to the educational mission, and many other diverse institutional contributions. Historically, the review of faculty-compensation results focused on outliers in the model and compensation changes, rather than on the level of compensation.

Beginning in 2015, Yale leadership undertook a new, holistic review process to engage institutional leadership in a more meaningful way to assess fairness and equity in compensation. As part of individual faculty member dashboards, Yale now also includes many of the qualities that were not easily quantifiable and thus could not be incorporated into the regression analysis, such as work quality, institutional citizenship, leadership responsibilities, and contribution to the educational mission — all key contextual factors when discussing individual faculty development and salary setting. Race and ethnicity data are also reviewed. This comprehensive process is now used annually to evaluate the compensation of each of the 1,900 faculty members.

To support this review process, Yale invested in an internal team with three staff in the School of Medicine’s Academic Analytics Office who assemble data and provide senior administration with department-level dashboards and benchmarked reports for each faculty member.

Commit to Investing Time in Each Faculty Member

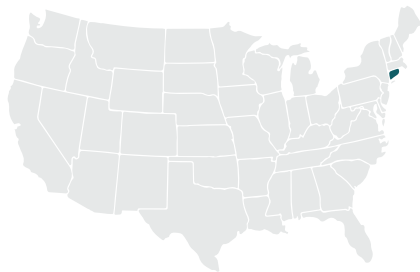
What is unique about Yale’s approach to compensation equity is that the dean and deputy deans of finance, diversity and inclusion, and academic and faculty affairs meet annually with each department chair, section chief, and department administrator, as applicable, to review and discuss the compensation of each faculty member. Discussion focuses on whether or not a faculty member’s compensation is equitable within each department or division. In addition to discussing compensation, this group discusses career development and the path to promotional advancement of each faculty member.

In parallel, Yale developed an innovative personal compensation benchmarking statement that is attached to each faculty member’s annual salary letter. The individualized compensation benchmarking statements illustrate the components of a faculty member’s compensation and how the total compensation compares with national AAMC benchmarks and with a peer group of colleagues at Yale.

Faculty with questions are encouraged to discuss their compensation with their chair or chief. These conversations also provide the opportunity to discuss expectations for faculty advancement. Members of the dean’s office are available to respond to any individual faculty member’s request to review their results or to ask further questions.

Finally, at the conclusion of the annual process, there is a town hall meeting where the dean presents the results of the annual review process, which brings a deep level of transparency and public accountability to setting faculty compensation. Consistent with Yale’s philosophy, this process is intended to communicate to the faculty that leadership cares, is correcting any salary inequity for both men and women faculty, and is transparent.

Yale SCHOOL OF MEDICINE



Ownership
Private

Region
Northeast

Location
New Haven, CT

Faculty Count
3,406

Practice Plan
Legal Structure
**Owned by the
University or School
of Medicine**

“
We are committed to creating an environment where every faculty member is fully confident that their compensation level has been fairly and reasonably determined.
”

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

FIRST STUDY: 2011

Department and Division Efforts Led the Way

In 2011, the Department of Pediatrics (DOP) at the University of Colorado School of Medicine began its equity study by looking broadly at salary, promotion, career development, and other indicators of equity throughout the department. The results showed systematic differences that were not huge but certainly meaningful. In 2018, using a larger set of variables and benchmarking data from the Association of Administrators in Academic Pediatrics (AAAP), the DOP conducted a more robust multivariate analysis and created models specifically for advanced practice providers (APPs) and DO, MD, and PhD faculty. “You have to be constantly vigilant and do it on a regular basis, even if you think you’re in a good place. What we’re doing is both informed by the culture but it’s also a product of how the culture is changing, because our faculty are changing,” says Stephen Daniels, MD, PhD, chair of pediatrics.

The Department of Medicine (DOM) also began to evaluate salary equity in 2011. “We were working with section heads to address it previously, but there just wasn’t a burning platform [for it],” says David Schwartz, MD, chair of medicine, who led the charge to launch a new study in 2013. Within the 2013 study, the DOM compared salaries with AAMC benchmarks and learned that nearly 40% of both women and men were below benchmarks, with the greatest disparities for women at the assistant and associate professor ranks. Given these findings, the department recommended adjustments to address inequities and continues to examine department faculty salaries every six months.

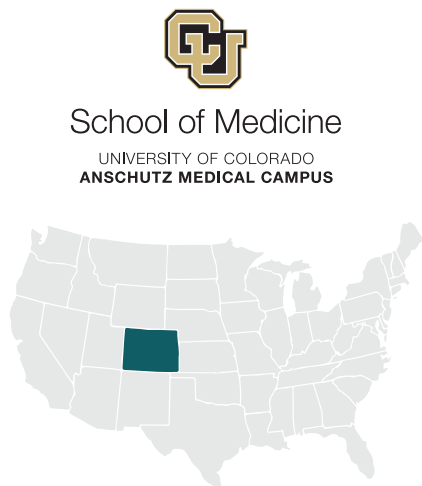
The coordination of the DOM study and subsequent action steps was successful because department leaders recognized that initial low salaries were likely not intentional, but rather the result of implicit bias, differences in negotiation approaches, and too little guidance in how to set salaries. So, to build on the progress of the initial study, Schwartz commissioned a Strategic Initiative on Gender Equity led by Margaret Wierman, MD, in which more than 160 faculty participated in “World Café” focus groups to prioritize and implement processes to change culture in the DOM. The top initiative was salary transparency and equity. The Program to Advance Gender Equity (PAGE) involves an ongoing group of at least 50 faculty members working on processes to improve compensation equity and gender equity within the department.

Additional efforts to study salary equity continue to spread across the institution. The Department of Surgery, which has recently had tremendous growth and several new leaders, has also begun examining compensation. Particularly within surgery, where incentive payments make up a great deal of total compensation, an analysis was needed of incentive payments and pay mix. The department now looks at compensation on a regular basis, every four to six months, and adjusts as necessary. The department has experienced significant growth in APPs, and with this growth, the department has worked closely with hospital partners to access benchmark data. Over a two-year period from July 1, 2014, to June 30, 2016, all APPs were moved to a benchmark-based compensation system, and all new hires since July 1, 2016, have been brought in using that system. All APPs are reevaluated against benchmarks annually.

Communication Strengthens Culture and Conversations

This past year, Marisha Burden, MD, inaugural head of the Division of Hospital Medicine in 2017, decided to open up involvement in the effort to all faculty within her division. Burden says, “Any time you open the door on transparency, you have to start addressing faculty mistrust of the work. When people saw the efforts were sincere and that anybody could be involved, it helped dispel those beliefs.” Faculty in the DOM meet with an administrator to review salary reports to see where they fall in the department, which encourages transparency and open conversation. Wierman, of DOM’s PAGE, says, “Academic medicine’s culture is changing, and figuring out the best way to communicate with everyone and being flexible is critical in a big organization.”

Making the whole process transparent provided the momentum for change, especially at the level of the Diversity and Inclusion Office. Shanta Zimmer, MD, associate dean for diversity and inclusion, notes that observing the process of the individual departments helps her address individual faculty who come to her office with questions or grievances about their salaries. “The transparency removes the barriers from talking and asking about it,” says Zimmer, and “highlights the need for an automatic process so that resolving issues is not in the hands of individuals who have different skills, needs, or abilities.” Transparency of the data, benchmarking methods, and salary-review conversations have already had an impact on the culture.



Ownership
Public

Region
Western

Location
Aurora, CO

Faculty Count
4,163

Practice Plan
Legal Structure
Separate Not-for-Profit Corporation

“
What we’re doing is both informed by the culture but it’s also a product of how the culture is changing, because our faculty are changing.
”

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

FIRST STUDY FOR THE DEPARTMENT OF MEDICINE: 2011 FIRST STUDY FOR THE SCHOOL OF MEDICINE: 2016

Women and Department of Medicine Push School Effort

The Minnesota Department of Medicine (DOM) started its first salary-equity study in 2011. One year later, in 2012, the university provost called for all colleges to conduct salary-equity studies. In 2015, the School of Medicine (SOM) started a Women in Leadership (WIL) committee, which made 18 recommendations, including a medical school salary-equity study. To start the effort off on the right foot, SOM study leaders consulted the in-house experts, including the DOM group. The school easily adapted the DOM's study design and methods and benefitted from the lessons learned and refinements made by the dedicated DOM effort.

Precision in Three Unique Studies — Managing Separate Legal Entities

The University of Minnesota DOM conducted its first salary study for FY 2011 and has conducted one every year since. “The reason we did it every year is: I think there’s pretty good evidence that doing a one-time fix for inequities that are found is not adequate for sustaining equal salaries for men and women,” says Anne Joseph, MD, MPH, vice chair of the DOM Office of Faculty Affairs and Diversity. Both the DOM and the SOM collaborate with the finance director and the Biostatistical Design and Analysis Center, which process the data and create the reports. The DOM has seen an overall reduction in inequities over time.

The SOM did its first salary-equity study for FY 2016. What makes Minnesota’s SOM effort challenging is that their faculty practice plan is a separate legal entity from the medical school. This means the faculty are compensated from more than one source, so part of the faculty paycheck is subject to data-privacy regulations — a setback for the study. Initially, this meant the study had to proceed without any practice plan faculty, that is, it included only faculty in basic science departments. However, “it really wasn’t hard [to get practice plan leadership buy-in] because the leaders of the practice plan shared that same sentiment of support,” says Michele Morrissey, director of human resources. “What we struggled with was just how to get it done.”

The medical school continued to work collaboratively with the practice plan leadership and shared the study methods with them. By 2016, the practice plan leadership joined the effort by conducting their own analogous study. Now, Minnesota does three separate studies annually: (1) basic science faculty, (2) clinical faculty paid through the practice plan, and (3) nonclinical research faculty in the clinical departments.

Ongoing Lessons Improve the Formula

Minnesota’s Department of Medicine has gone to great lengths to improve the analytical methods of its salary-equity study and to collect data about a larger set of variables over time, and an in-house biostatistics center did a lot of the heavy data lifting. Some of the variables that have been incorporated into the now schoolwide study include H index for publications, grant expenditures, and four different categories of leadership involvement.

Leaders at Minnesota have learned some important lessons from their efforts over the past seven years. In looking back, both the DOM and SOM found that the first year of the study was truly the most challenging because it was difficult to find and adequately clean the data across several systems. For example, they looked for objective sources of data (e.g., from American Board of Internal Medicine boards) and for alternatives to reviewing individual CVs to find important information such as leadership appointments and contributions. The 2017 study calculated an adjusted salary that accounted for these additional variables. Working with organizational partners across their institution to get the right data has also been critical to success. Finally, the study leaders emphasized that just starting the process — even knowing you may find inequities — is important. Joseph says, “At the beginning, there is always fear about what the studies are going to show. But people are more vulnerable if you don’t look than if you do look; it’s what you do after you look that really counts.”



Ownership
Public

Region
Central

Location
Minneapolis, MN

Faculty Count
2,106

Practice Plan
Legal Structure
Separate Not-for-Profit Corporation

“
At the beginning, there is always fear about what the studies are going to show. But people are more vulnerable if you don’t look than if you do look; it’s what you do after you look that really counts.
”

RUTGERS NEW JERSEY MEDICAL SCHOOL

FIRST STUDY: 2013

Set the Tone From the Top

“The single most important thing is to set the tone from the top,” says Associate Dean and Chief Financial Officer David Roe, Rutgers New Jersey Medical School (NJMS). At Rutgers NJMS, the dean’s office and department chairs are dedicated to fostering salary equity at their institution. Salary equity is central to the way NJMS treats faculty from the time they walk in the door through the full span of their NJMS career. Roe further reinforces this commitment by demonstrating the leadership priority it has — “in every decision that we make about hiring, about promotion, and about salary setting, and I think that’s the single most important thing.” For Rutgers NJMS, salary equity is an extension of the institution’s larger commitment to health equity and social justice, as leadership strives to promote equity not only through care and education, but also in institutional policies and practices.

Review Continuously

Although Rutgers NJMS has conducted formal studies in the past, the school favors an approach of ongoing review as part of their normal operating procedures. Dean’s office leaders, including deans for clinical and research operations, the CFO, and the executive vice dean, meet regularly to look at department chairs’ requests for proposed salaries for new hires and overall salary trends. When studying salary-equity trends, NJMS examines variables such as rank, degree, gender, race/ethnicity, and tenure status, in addition to clinical productivity measures and administrative stipends, where appropriate.

As a unionized faculty environment, the faculty union has a role in compensation. Setting a new hire’s compensation triggers a review of other salaries in that individual’s department. It’s important for NJMS to do this review because it must stay competitive and both attract and retain talent. With each new hire through each faculty review, “we really try to adhere to our operating principles to show we are fair and transparent,” says Anne Mosenthal, MD, chair of surgery. Further, Roe says that the institution and chairs recognize the importance of their role in ensuring accountability for equity. Cognizant of salary-equity issues that can often occur by gender and race, according to Maria Soto-Greene, MD, executive vice dean at NJMS, “We don’t leave salary negotiation to the individual, to make sure they are fairly paid.”

Use a Coordinated Approach to Advancing Equity

Rutgers NJMS sees addressing salary equity as a piece of their overall strategy to advance equity within the workplace culture, recognizing the interconnectedness of systems that contribute to inequity. For example, Rutgers NJMS participates in the university system’s OASIS programs that empower women faculty with leadership and negotiation skills. Additionally, promotion and tenure processes were recently revised to create new tracks that foster faculty success in advancement through focused and well-defined criteria. This deliberate attention to promotion and tenure has helped enhance a positive culture. As Soto-Greene explains, “These tracks allow for holistic review of faculty, valuing their many clinical, research, and educational accomplishments.”

Faculty at the institution have been widely trained on bias, the science of bias, and the impact of microaggressions as a strategy for promoting awareness and culture change. NJMS leaders believe that having a multifaceted approach to addressing equity, including salary equity, is their best strategy for promoting faculty and institutional success.



Ownership
Public

Region
Northeast

Location
Newark, NJ

Faculty Count
647

Practice Plan
Legal Structure
Separate Not-for-Profit Corporation

“
We don’t leave salary negotiation to the individual, to make sure they are fairly paid.
”

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, SCHOOL OF MEDICINE

FIRST STUDY: 2014

Equity Study Was Mandated by the State University System

In 2012, the president of the University of California (UC) mandated that each UC campus conduct a faculty salary-equity study, thus initiating the Faculty Salary Equity Review (FSER) process. Each campus was tasked with designing and implementing a salary study.

At UCSF, each of the four health professions schools prepares a report that is aggregated into a campus-level report, which is submitted to the UC Office of the President to ensure systemwide access and transparency. The UCSF vice provost for academic affairs oversees the annual salary-equity review effort and chairs the FSER Committee. In the School of Medicine, the FSER Committee is run by executive leaders from finance and academic affairs and works in close coordination with the Office of Diversity and Outreach. Impressively, the entire salary-equity review cycle, from analysis to report, including review and presentation to leadership, takes about four months.

The initial study in 2014 was conducted at the campus level and used easily obtainable data to establish the base compensation level for every position, including academic series, rank, time in rank, degree, gender, and race/ethnicity. UCSF SOM's annual salary studies now also include a further disaggregation of subgroups within departments, using AAMC benchmarks for context, as well as more detailed measures of negotiated pay and clinical incentives. Leaders from both the finance and academic affairs offices conduct the analysis, with the assistance of a statistician, and produce reports for each department chair, who may conduct additional analyses.

When salary imbalances are found, the department must provide an explanation or correct the imbalance within each annual cycle and report actions taken to the SOM's FSER Committee. The committee has encouraged chairs to share the findings with their faculty, and, for greater transparency, the final report, which contains results from across UCSF schools, is posted on the UCSF-campus Academic Affairs website.

Overcoming the Initial Hurdle Leads to Other Equity Reviews

After the initial study, overcoming suspicions about the findings, maintaining faculty awareness, and refining the methodology were challenges worth addressing. "I would say that the initial hurdle seems to be around just the skepticism of the analysis," says Maye Chrisman, vice dean of administration and finance. This is why the SOM mandates that all chairs and department managers attend an FSER workshop, where they can learn about the process, what is required to correct or justify their salary imbalances, and share information about departmental compensation-setting practices. The study leaders recognize that it is important to identify ahead of time who is responsible for responding to

faculty questions and ensuring that there is a safe way for faculty to voice concerns. Through attending the required educational workshops, study leaders note, departmental leaders feel more empowered when dealing with the compensation system and analyzing equity reports. Additionally, the school has spent considerable time to ensure data integrity and a good study design. As Elena Fuentes-Afflick, MD, MPH, vice dean for academic affairs and faculty development, notes, “Time invested in exact methodology is time well spent.”

Attention to Broader Equity Issues and Advice for Getting Started

Studying salary equity has also prompted a deeper analysis of systems that may lead to inequities and stimulate change. For example, leaders are revisiting policies and practices related to family leave, dedicated research time, faculty administrative assistance, and space allocation. Other equity efforts have included examining how institutional committees select their members. Revisiting the practice of basing selection on institutional role or title is critical because many of those roles are not yet held by women or underrepresented minority faculty. “When we are working in silos, we don’t always see our blind spots,” says Renee Navarro, MD, PharmD, vice chancellor of diversity and outreach. “As a result, we developed an overall approach to salary-equity studies that is collaborative and inclusive with representation across the school, campus, and executive leadership team.”

The team at UCSF SOM shares two pieces of advice for others undertaking this kind of work. First, “Give as much time as you can. It’s going to take longer than you think,” says Fuentes-Afflick. Second, “Be courageous and just do it,” says Navarro. “It is about who you are as an institution and who you want to be.”



Ownership
Public

Region
Western

Location
San Francisco, CA

Faulty Count
2,566

Practice Plan
Legal Structure
Owned by the University or School of Medicine

“
Be courageous and just do it. It is about who you are as an institution and who you want to be.
”

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE

FIRST STUDY: 2017

Start With Basic Data and Move to More Specificity

The University of Florida College of Medicine (UFCOM) began its salary-equity study using a small set of variables (e.g., gender, rank, and clinical or research faculty) to explore differences between women and men in mean and median compensation. “We initially were just trying to see what data we had and what data can we get reliably off our information systems with the intent of helping our department chairs manage their units,” says Jeremy Sibiski, executive director for finance and administration. The leadership quickly realized that to better understand their results, they needed more data to see trends and nuances that could explain the differences, as well as an outside perspective.

As UFCOM developed salary-equity formulas for the 2018 study, it created separate models for clinical and research faculty so that revenue specific to clinical and research productivity could be incorporated (e.g., RVUs, grant funds and salary). Other data were added as well, including department information, employment status (full-time and an adjusted part-time salary for equal comparison), years at the institution, years in rank, years since terminal degree, faculty track, and age. To anchor the results in a larger context, they added AAMC salary percentiles, as opposed to pure dollar amounts, for each specialty. “Using the AAMC data helps us to normalize beyond ourselves,” says Marian Limacher, MD, senior associate dean for faculty affairs and professional development. “It helps us contend with issues of specialty choice and rank.” As they advance in years of experience in conducting these studies locally, UFCOM wants to pull in more information from other on-campus data sources, such as years in residency training, and continue a deeper analysis of compensation components, such as bonus and incentive pay.

Results Inform Ongoing Recruitment Processes

The results are shared first with the COM executive committee, composed of senior associate deans and department chairs, so that committee members can share the information with their faculty. In cases where inequities are found, department chairs are tasked with finding the money to fund the adjustments. The results are also circulated to the Compensation Committee, a standing committee that evaluates policy and proposes revisions as issues come up.

One of the most important aspects of this process is how it affects the recruitment and retention of faculty at the department level. By becoming more data driven and transparent about compensation setting, UFCOM can demonstrate fairness in hiring new faculty while paying attention to long-serving faculty. As a result of its salary-equity efforts thus far, UFCOM now reviews all offers internally through a central process before they are extended to applicants. As Sibiski says, “We need to be competitive and innovative to recruit top talent to the university, so having an inclusive, fair, and transparent way of rewarding work effort is key to that. Having compensation and productivity in alignment helps us better achieve our organizational goals to retain current and recruit new talent.”

Consider Actions Beyond Compensation

Pursuing salary equity leads to other areas of impact for both women and underrepresented minority faculty members. Conversations are now underway at the COM about policies related to issues such as childcare and eldercare, mentoring programs, promotion and tenure criteria, and having equal access to leadership opportunities. Ultimately, by seeking to understand the other workplace issues that may affect compensation, the COM is showing that it is truly committed to addressing salary inequities, which builds trust with faculty. Incorporating diversity and inclusion into the data process itself is also key. Donna Parker, MD, associate dean in the Office of Diversity and Health Equity, offers this advice for any institution starting a salary-equity study: “Be as inclusive as possible from the beginning. If you have the data — gender, race and ethnicity, sexual orientation, etcetera — use it.” Overall, the study leaders are aiming for sustainable, broad equity and fairness through a regular and systematic process.



Ownership
Public

Region
Southern

Location
Gainesville, FL

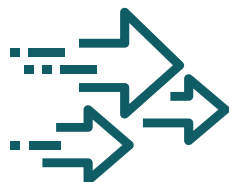
Faculty Count
1,729

Practice Plan
Legal Structure
Separate Not-for-Profit Corporation

“
We need to be competitive and innovative to recruit top talent to the university, so having an inclusive, fair, and transparent way of rewarding work effort is key to that.
”

Actions to Address Salary Equity

Common across all institutions featured in this publication was the sentiment that institutions new to examining salary equity just need to make the commitment to take the first steps. Below are suggestions for a few actions your institution can take to kick-start your salary-equity initiative.



First Steps to Take:

- **Establish consensus and commitment among institutional leadership about dedicating effort and resources to understand and address salary equity locally.**
- **Scan the environment to assess whether other efforts are already underway to address salary equity in pockets of the institution or to address gender equity more broadly.**
- **Announce salary equity as an institutional strategic priority to the campus community to demonstrate leadership commitment.**
- **Convene a group of diverse stakeholders across ranks and mission areas to begin exploring the topic.**
- **Identify the various sources of compensation and personnel data that might be available to your institution for local salary-equity analyses.**
- **Conduct informational sessions for faculty and leaders on compensation plans to ensure that there is a consistent foundational understanding of compensation practices at your institution.**

Promising Practices from Profile Schools for Local Implementation

Once your institution has committed to examining salary equity, creating a plan to design a methodology and conduct a salary study, address financial adjustments, and communicate with key stakeholders is critical to success. The section below presents the promising practices shared by institutions in this publication across each of these key areas to help you succeed in conducting your own salary-equity study.

Conducting Salary-Equity Studies



- Create a compensation or equity committee responsible for designing, reviewing, and managing the study overall, composed of diverse members across leadership offices and faculty ranks for maximum feedback and buy-in. Include members beyond the dean’s office and chairs, from human resources, business leadership units, leaders in diversity and women in medicine and science, as well as section chiefs and junior- to mid-level emerging leaders. This diversity will strengthen your study and illuminate issues early on.
- Allocate planning time, acknowledging that an initial study may take up to a year to design; gain buy-in from institutional leadership, faculty, staff, and stakeholders; and collect and analyze the data.
- Commit to doing salary-equity studies regularly — this cannot be a one-and-done process. Inequities resurface as you lose and gain employees, so it is important to stay vigilant about doing this process regularly.
- Strategically define your methodology and peer groups. This process is iterative and may take a few years to refine. Seek feedback from institutional groups and committees that can inform the process.
- Have a dedicated statistician or financial analyst to work on the analysis. Consider using the expertise of colleagues in biostatistics, social sciences, offices of institutional research, or business intelligence units. Alternatively, determine whether using a consultant is right for your institution. Consider the climate of your organization and whether hiring a consultant would improve the process or not.
- Consider which variables should be included given your institutional context and availability of data for aggregation. Variables to consider, used by our highlighted institutions, include gender, race/ethnicity, age, degree, rank, years in rank, full vs. part-time appointment, years since graduation, years at institution, faculty track, administrative roles, tenure, research productivity (grants and publications), clinical productivity (RVUs and billings), clinical setting, measures of teaching and educational activities and quality, and involvement in institutional service. You may want to ask contributors how they measure — or if they include as a variable — “good citizenship” too.
- Identify potentially vulnerable faculty, disaggregate your data as much as possible, and use as much demographic data as available in your analyses.
- Consider creating separate methodologies for clinical and research faculty, given the differences in how their compensation is funded.

SECTION 04: IMPLEMENTING STRATEGIES TO ADDRESS SALARY EQUITY

- If your institution is not ready for a full study, consider starting by creating a process with an individual department, defining a methodology, and generating buy-in.
- Combine AAMC data and other national salary benchmarks with your own institution's data for a more robust understanding of your compensation structure.
- Focus attention on any faculty who might be outliers in compensation, such as those under the 25th percentile.
- Engage department chairs and division chiefs in transparent conversations about the findings to understand the context in which salaries were previously determined.

Financial Strategies



- Consider developing an overarching compensation philosophy that clearly articulates the components of pay, the process by which faculty earn specific compensation, and the principles and values that underpin your institution's actions in setting compensation.
- Coordinate standardized salary-setting practices across your institution to ensure consistency and accountability, thus ensuring compensation equity.
- Host educational sessions about basic compensation information to educate faculty about how their salaries are derived from your institution's compensation plan.
- Empower your chairs to take ownership of the process as part of their regular chair responsibilities by equipping them with data and supporting tools with which to address issues (e.g., faculty dashboards, sample communication language).
- Determine whether funds used to correct inequities will come from a central institutional budget or individual departmental budgets, and engage chairs early in this process to get buy-in.
- Consider salary-equity adjustments part of your overall annual budgeting process. Allocate money annually in departmental budgets for potential inequity corrections.
- Explore having someone within the dean's office review offer letters for new faculty to ensure that they align with salary-equity guidelines, as well as reviewing other nonsalary resources for which faculty may or may not negotiate (e.g., startup funds, lab space, administrative staff).
- As you make policy and salary adjustments, keep other organizational partners part of the process, including leaders at practice plan locations, clinical affiliates, parent universities, and faculty union representatives.
- Explore other resource inequities that aren't necessarily a part of the annual salary. Adjusting for inequities in lab space, administrative support, dedicated research time, and leadership opportunities are other factors that may affect compensation later in a faculty member's career.

Stakeholder Communication Strategies



- Communication from leadership, especially the dean and department chairs, is critical to the success of your study — from start to finish. It will help faculty know that leaders see the value salary equity brings to the institution's culture.
- Design a cascading and multileveled communication plan that makes sense for your institution. Consider initial presentations of the study and findings to dean's office-level administrators or an executive committee, then to chairs and section chiefs, women and minority diversity committees, the faculty senate, and governance committees.
- Provide opportunities for faculty to engage with leadership in open communication through town halls, faculty senate meetings, grand rounds, and department meetings. Give faculty multiple ways and opportunities to engage in dialogue, ask questions, and learn about institutional plans for moving forward.
- Publish a report that is widely available to faculty, regardless of the results. Being transparent about the process and findings develops trust among faculty.
- Designate an individual or small group that can be seen as trusted experts to address the faculty's questions about salary setting and equity studies at the institution level.
- Consider announcing your efforts to address salary equity even beyond just your institution – regular institutional processes of equity analyses are attractive to potential new faculty and leadership that seek institutions with a public commitment to equity.
- Set expectations for and empower both faculty and departmental leaders to have open discussions about salary setting at least once annually.
- Connect salary-equity efforts to other equity efforts at your institution for a more complete approach to diversity, inclusion, and equity for women and minorities.
- Use the momentum from your salary-equity study to look at other systemic inequities, such as who is in leadership positions and how quickly faculty get promoted. Using your study results and other AAMC data, you can address both tangible issues and faculty perceptions of inequities.

Strategies for Sustaining Salary Equity in the Context of Gender Equity

Institutions can start their journey by employing any of the strategies above. However, the solution to salary equity is far from simple, and many factors contribute to creating and sustaining equity. Exploring salary equity should be approached within the larger context of an institution's effort to address gender and equity issues broadly. Therefore, medical schools should not only conduct data-driven studies, but they should examine their culture, policies, and practices that may contribute to systemic inequities. Below are several suggestions that institutions can consider for promoting equity in the workplace:

- Centralize oversight for strategic planning and diversity programming within the dean's office to support departmental-level accountability for equity initiatives.
- Establish a Women in Medicine and Science Committee or group that works in tandem with diversity and inclusion efforts to explore nuances in how to support all women faculty.
- Track the representation of women across units, in leadership roles, and among new hires to assess the impact of equity initiatives.
- Audit hiring practices and examine hiring data to determine the diversity and representation of new faculty and staff coming to your institution.
- Conduct mandatory unconscious bias workshops with leaders and search committees.
- Develop mentorship workshops and networking opportunities to promote professional development for women.
- Explore the underlying challenges that may contribute to certain groups of faculty who may "choose" career flexibility over increased salary or bonuses through call pay, and implement solutions that increase opportunities to participate, such as childcare options.
- Provide all employees with gender-neutral parental leave policies, tenure-clock extensions, childcare options, and lactation rooms to promote work-life balance for new parents.
- Provide departmental leaders with on-demand salary benchmarking, and allow individual faculty members to bring equity requests to their chair or a dedicated expert within the dean's office.
- Host skill-building negotiation workshops in tandem with education for departmental leaders about combating biases against women who do negotiate.

CONCLUSION

Salary equity, especially in academic medicine, is complicated and difficult to understand, but it's critical to address. The role salary equity plays in an institution's overall integrated approach to creating a climate of diversity, equity, and inclusion is evident. There is a wealth of literature describing how diversity and inclusion contribute to overall performance of an organization, and addressing salary-equity issues is just one way an institution can isolate systemic barriers to an equitable climate. Institutions can begin locally by looking at their own data, systems, and practices. Any effort to begin the self-evaluation process, at any level, is a step in the right direction. When faculty and staff see their institution and its leaders being transparent and attempting to address inequities, their sense of trust with the organization increases — trust that has a real impact on recruitment, retention, and engagement of your workforce. The salary-equity process is a journey, and institutions can benefit from taking a first step on the path to equity and organization excellence.

GLOSSARY

AAMC total compensation: Compensation figures represent total compensation in thousands of dollars, rounded to the nearest thousand. Total compensation includes fixed/contractual salary, bonus/incentive pay, medical practice supplement, and uncontrolled outside earnings. Total compensation excludes benefits.

compensation or pay: All earnings of an employee including salary, overtime pay, bonuses, stock options, profit sharing, bonus plans, life insurance, vacation and holiday pay, reimbursement for travel expenses, and benefits. (From the EEOC at eoc.gov/laws/types/equalcompensation.cfm.)

compensation philosophy: Provides overall direction for how you intend to use your compensation budget, based on a set of principles and values that are important to your business; a mission statement for your compensation plan. (From PayScale at payscale.com/compensation-today/2009/09/compensation-philosophy.)

equality: Equal enjoyment by all of socially valued goods, opportunities, resources, and rewards; the “state of being equal” in rights and opportunities. (From the UNPF at unfpa.org/resources/frequently-asked-questions-about-gender-equality.)

equity: Ensuring impartiality, fairness, and an unbiased and unprejudiced approach or method of providing resources and opportunities. (From the UNPF at unfpa.org/resources/frequently-asked-questions-about-gender-equality.)

intersectionality: The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. (Crenshaw 1989)

occupational segregation: The distribution of workers across and within occupations based on demographic characteristics, most often gender. (Bergmann 1981)

organizational climate: Can be understood as a subset or manifestation of culture, regarding employees’ evaluation of their work environment including structures, processes, and events. (Schneider and Snyder 1975)

organizational culture: A pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (Schein 2004)

salary: One component of overall pay or compensation received by employees that is predetermined (or fixed) and delivered on a regular basis. (From the EEOC at eoc.gov/laws/types/equalcompensation.cfm.)

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