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# Exploring Faculty Salary Equity at U.S. Medical Schools by Gender and Race/Ethnicity

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# Exploring Faculty Salary Equity at U.S. Medical Schools by Gender and Race/Ethnicity

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## EXECUTIVE SUMMARY

Beyond the moral imperative to address equity issues, including salary equity, there are tangible institutional benefits to doing so — and costs to ignoring those issues. 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 serves as a continuation of the 2019 *Promising Practices for Understanding and Addressing Faculty Salary Equity at U.S. Medical Schools* report by further exploring salary equity as one of many institutional efforts that make up an overall strategy to promote an equitable culture and climate.

The 2021 *Exploring Faculty Salary Equity at U.S. Medical Schools by Gender and Race/Ethnicity* report offers national compensation data by both gender and, for the first time, race/ethnicity to support institutions in successfully implementing salary equity initiatives at the local level. This new analysis of compensation by gender and race/ethnicity recognizes how critical it is for institutions to use multiple variables in their analyses to get accurate results and identify areas of inequity. The presentation of AAMC Faculty Salary Survey data illuminates trends in the current state of faculty compensation by gender, race/ethnicity, rank, degree, and medical specialty. Although the AAMC collects data about only some of the variables needed to explore this complex topic, this complement to the 2019 report is a useful first step in addressing salary equity issues in academic medicine.

Major findings from this report show that in most cases, White men were paid a higher median compensation than men of other races/ethnicities and women of all races/ethnicities. Further, of faculty of the same race/ethnicity, men had a higher median compensation than women in most cases, indicating that gender is the primary factor driving compensation inequities. There was much variation in compensation equity trends among departments/specialties, degree types, and races/ethnicities, so data are best examined carefully. In addition, no trends were observed where individuals of one race/ethnicity consistently made less than all other races/ethnicities — that is, people of one race/ethnicity did not always make less than others. Even among the departments/specialties with the most faculty of color, such as OB/GYN, gaps in compensation by gender and race/ethnicity existed.

The 2019 report provided extensive information about salary equity research, how salary equity studies are conducted, and how the results are used to promote equitable compensation practices through case studies, and this report does not reproduce that information. Instead, it provides new analyses by including race/ethnicity along with gender and describes additional areas that are systemically connected to salary equity that medical schools should address, such as hiring and advancement processes, flexible appointment policies, and child care options. Adopting frameworks that consider salary equity within larger equity issues in the workplace is paramount for U.S. medical schools. This publication is one AAMC resource of many to come that support U.S. medical schools in understanding and addressing salary equity.

# INTRODUCTION

Addressing salary equity has tangible institutional benefits, such as improved organizational performance and higher employee engagement, in addition to fulfilling the moral imperative of promoting equity issues (Hunt et al. 2018; Noland et al. 2016). Ignoring those issues has costs. Understanding and addressing salary equity in academic medicine is critical to attracting and retaining talented, diverse faculty in U.S. medical schools and fulfilling institutional missions.

Salary equity is a key component of an overall approach to equity and should be considered one element in a comprehensive diversity, equity, and inclusion strategy. Efforts to address salary inequities must be faced now and head on, as the Institute for Women's Policy Research (IWPR) notes: "It will take 40 years -- or until 2059 -- for women to finally reach pay parity. For women of color, the rate of change is even slower: Hispanic women will have to wait until 2224 and Black women until 2130 for equal pay" (IWPR 2021). This assumes the current rates of change do not slow down, which means redoubling salary equity efforts, according to ample evidence from a 2018 IWPR study, among others cited in this report. Moreover, the disruptions of the pandemic are likely to greatly affect salary and other equity issues, and institutions cannot afford to lose focus on equity goals. U.S. women physicians continue to make between 17% and 28% less than men at all career stages and across specialties, even at the beginning of their careers as they leave residency, when controlling for specialty, practice location, and productivity (CHWSNY 2018; Doximity 2019; Lo Sasso et al. 2020; MGMA 2017).

Insisting on equal pay for equal work is a moral imperative, as is not devaluing the work of people who have been historically marginalized. Not addressing salary inequities means they add up financially over the years, which impacts retirement savings and choices later in life. Disparities in salaries can also affect the ability to repay student and other kinds of debt.





**COMPONENTS OF PAY: Compensation in academic medicine is generally composed of fixed/contractual salary, bonus/incentive pay, and medical practice supplements.**

Dual narratives continue to inhibit addressing salary inequity, one institutional and one cultural: (1) compensation in academic medicine is too complex to analyze overall and when comparing institutions and (2) women and other marginalized people choose to earn less through their career and personal choices. Both narratives persist as justifications for institutions not to address or study their own compensation practices. There are serious legal and financial risks to not addressing salary equity, though, in addition to the ethical reasons (Gottlieb 2021). Not only are employees more likely to feel engaged when their organization addresses salary equity, but they are more likely to stay at their institution (Miller 2016).

Institutions should combat cultural narratives about marginalized people, particularly women, such as they choose to work less than others, negotiate less

than others, or enter lower-paying specialties. These narratives can be countered with research about how women are segregated by departments and specialties in academic medicine and about the effects of societies' expectations around caregiving, as well as about how people from some marginalized groups are penalized for negotiating (Bowles 2007; Jaggi 2012; Levine, 2013; Pollart 2015; Sarfaty et al. 2007). Salary equity cannot be addressed without acknowledging cultural norms and misconceptions that oversimplify inequity issues. Consistent findings of salary inequity across industries and over time show that academic medicine is not an exception — and while there are unique and complex components to both pay and the nature of work in academic medicine, these are not reasons to ignore salary inequity.

When developing or revising compensation plans or when setting individual compensation, organizations should consider the complex array of forces, including biases, that may lead to inequitable compensation. They should establish clear criteria for determining base salary, incentives and bonuses, and administrative supplements for leadership roles. Leaders in academic medicine should review aspects of workload that may affect an individual's ability to generate revenue that are outside their control, such as procedural volume, on-call duty and coverage scheduling, billing practices, and payer mix. Department chairs and division chiefs can work to ensure equity in distribution of duties and schedules, both at initial hiring and as part of annual performance reviews, so all faculty have opportunities to generate similar compensation within a given specialty, division, or department, as appropriate (Desai et al. 2016).

One tangible way institutions can demonstrate their commitment to diversity, equity, and inclusion is to directly address the systemic biases of racism, sexism, and other institutional oppressions that affect individual compensation and rewards. Academic medicine — and the nation writ large — have been working toward making progress in being willing to recognize and call out the systemic barriers and disadvantages of certain communities. Addressing salary equity is a concrete way to acknowledge and begin to correct historical disadvantages. For many, this progress is new and evolving, and many are still grappling with how to right these wrongs. Taking concrete steps toward equity and inclusion, such as making salaries equitable, can be considered a first step toward an overall approach to diversity, equity, and inclusion.

**1** | A Look Back at the 2019 *Promising Practices for Understanding and Addressing Salary Equity at U.S. Medical Schools* Report



As part of efforts to assist institutions in understanding and addressing salary equity, the AAMC published a report in 2019 of the first analysis of AAMC compensation data by gender (Dandar et al. 2019). Major findings of that analysis were that gaps existed in compensation for women faculty across the majority of departments and specialties at almost every rank and persisted over time.

- Gaps in median total compensation existed for women in basic and clinical science departments/specialties but were generally larger for women in clinical science.
- Women were paid between \$0.72 and \$0.96 per \$1.00 paid to men across different departments/specialties.
- Gaps in median total compensation still existed in departments/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.
- Regardless of 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 from FY 2013 to FY 2017.

One major takeaway from the 2019 report was that it could not include race/ethnicity data due to the AAMC's data-collection processes at that time. This led to the decision to start collecting compensation data by race/ethnicity in 2020. This report, a complement to the 2019 *Promising Practices for Understanding and Addressing Faculty Salary Equity at U.S. Medical Schools* report, displays the first analysis of these data.



## 2 | Studying Salary Equity by Gender and Race/Ethnicity



## Analyzing compensation by gender and race/ethnicity is critically important for several reasons.

First, compensation methodology is complex, so to be sound, analyses must consider as many potentially relevant variables as possible. Analyses of compensation that use large, aggregate categories are vulnerable to misinterpretation because of the likelihood that dissimilar individuals will be compared and outliers who would be eliminated with a narrower analysis will be included. Second, equity analyses that do not disaggregate by various identity factors may overlook the many nuanced aspects of compensation disparities. While general compensation trends can be analyzed by gender alone, this approach perpetuates the idea of “women” and “men” as monolithic groups, each with equal experiences and disadvantages, and it limits gender to binary categories. Instead, analyzing data broken out by gender and race/ethnicity makes it possible to identify the unique stories that show how sexism, racism, homophobia, ageism, and other oppressions can compound in individuals with multiple marginalized identities — a phenomenon known as intersectionality (Crenshaw 1989) — and can result in compensation disparities.

Finally, disaggregating data by race/ethnicity can help uncover additional equity issues occurring within particular specialties and departments, ranks, and degree types. By disaggregating data across multiple variables, researchers can uncover representational diversity issues, such as severely underrepresented groups, and their potential impact on pay disparities. Identifying these underlying issues can help focus future diversity and equity efforts with these groups, including salary equity, and is a secondary outcome of this study. Additionally, institutions should consider demographic variables in their own local studies beyond just gender and race/ethnicity, such as age and LGBTQ+ status.

Large studies across occupations show there are consistent gaps in compensation between women and men, which are more pronounced for women of color. In one study using Equal Employment Opportunity Commission (EEOC) data, not only were gaps identified, but they were shown to be narrower in states where major gender equality initiatives had been implemented (Reese 2019). In the IWPR’s recent national study, *The Gender Wage Gap by Occupation, Race and Ethnicity 2020*, researchers reported that across fields,

the occupation with the worst gender earnings ratio (average women's pay divided by average men's pay) was Medical Scientists, at just 65.2% (IWPR 2020). The researchers also found that "women of each of the largest racial and ethnic groups earn less than White men and also earn less than men of the same racial and ethnic group." Looking even more closely at pay specific to medicine, Medscape's 2020 Female Physician Compensation Report found that men consistently received greater compensation than women across all racial groups. However, the specific discrepancies in compensation varied across racial groups. In addition, the researchers found that White women

receive more compensation than women of any other race. These national studies show it is critical to study gaps in compensation with intersectionality in mind to identify trends and specific problem areas that need to be addressed.

Certain very real systemic issues affect our general analyses of compensation equity by gender and race/ethnicity. While researchers, including the authors of this and the 2019 report, make their best attempt to account for all contributing variables in analyses, persistent trends complicate these studies. Occupational segregation, a physician and scientist workforce historically composed mostly of men,

and workplace biases complicate our abilities to analyze pay in a purely objective way. For example, implicit and explicit cultural expectations funnel women into certain specialties, which results in women not only being overrepresented in lower-paid specialties but also being paid less within those specialties (Gottlieb 2021). These examples of very real phenomena underscore the need for institutions to conduct their own analyses, disaggregate data across multiple variables, and compare faculty in clearly similar cohorts.



### 3 | How to Use This Report and Key Terms

## HOW TO USE THIS REPORT

This report should be used as a complement to the 2019 *Promising Practices for Understanding and Addressing Faculty Salary Equity at U.S. Medical Schools* report. That report reviewed in depth the factors contributing to salary inequities in academic medicine and science, including the cultural narratives that perpetuate inequities and the methodological issues undergirding compensation plans specific to academic medicine. So, much of the background information about salary equity is not reproduced here. One key takeaway from the 2019 report was that institutions need to conduct their own salary equity studies using local and institution-specific data and variables, such as their own leadership positions and types of institutional service. Readers should use this report, which provides the AAMC's first-ever national analysis of compensation data by race/ethnicity, in tandem with the promising practices identified in the 2019 report to understand how to initiate, continue, and improve their salary equity efforts locally.

## KEY TERMS

**faculty of color:** Faculty who identify as American Indian or Alaskan Native; Asian; Black or African American; Hispanic, Latino, or of Spanish origin; Native Hawaiian or Other Pacific Islander; and Multiple Races/Ethnicities. Some of these groups are not necessarily underrepresented in medicine.

**faculty underrepresented in medicine (URiM):** Faculty who identify as being from groups that are less represented in medicine than in the general population and that have historically been excluded from academic medicine.

**MD, MD-PhD, PhD:** Used in this publication to indicate the following degree types as collected by the Faculty Salary Survey. "MD" is used for faculty with an MD or MD-equivalent degree (e.g., DO, MBChB, MBBS, DMD, DDS) but no PhD or other doctoral degree. "MD-PhD" is used for faculty with an MD or equivalent degree as well as a PhD or other doctoral degree, regardless of whether the degrees were earned simultaneously. "PhD" is used for faculty with a PhD or other doctoral degree (e.g., EdD, DSW) but no MD or MD-equivalent degree.





**men, women:** Used in this publication for a binary definition of gender because the AAMC Faculty Salary Survey has historically collected only two gender options: male and female. In an effort to be more inclusive within this publication, the AAMC Faculty Salary Survey data for “male” are displayed as “men” and “female” as “women.” In recognizing that presenting gender as a binary variable is not fully inclusive, the AAMC will collect three gender options — man, woman, and other — in the 2021 AAMC Faculty Salary Survey.

**salary, compensation, pay:** Used interchangeably in this publication to mean total compensation, defined by the AAMC as the sum of fixed/contractual salary, bonus/incentive pay, medical practice supplement, and uncontrolled outside earnings. Some salary studies look only at “base pay,” which is just one of the many possible components of pay.

**White, white:** Debate about whether to capitalize “white” as a racial category is ongoing. The AAMC’s current policy is to capitalize it and continues to evolve.

**women of color:** Used to indicate a sense of solidarity among those who identify as women with multiple, layered racial/ethnic identities that intersect with each other, derived from shared experiences, history, social relations, and structures of power.

## 4 | Background on the AAMC Faculty Salary Survey and Analysis



## WHAT IS THE FACULTY SALARY SURVEY?

The AAMC Faculty Salary Survey (FSS) is administered to accredited U.S. medical schools every year to collect compensation data for full-time faculty in six positions: instructor, assistant, associate and full professor, chief, and chair, as well as information on degree type, gender, race/ethnicity, and department/specialty.



## 2020 AAMC FACULTY SALARY SURVEY

- All LCME®-accredited U.S. medical schools are invited to participate in the FSS, and participation is voluntary. The survey collects compensation data for the previous fiscal year — in this case, FY 2020. Of the 155 schools invited to participate in the 2020 survey, 154 participated (a 99% response rate).
- The FSS began collecting data about gender in the 2012-2013 survey cycle and about race/ethnicity in the 2019-2020 survey cycle. This analysis gives a snapshot of median total compensation across faculty groups using this initial collection of race/ethnicity data.
- The FSS does not currently collect data on years in rank or allocation of effort. Additionally, because of confidentiality requirements, FSS data cannot be linked to other individual-level data collections, such as the AAMC Faculty Roster, that report additional faculty characteristics that institutions may wish to include in their local salary studies.
- 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). For 2020, full-time faculty included in the AAMC Faculty Salary Report represented 66% of the total counts of full-time faculty reported in the AAMC Faculty Roster (n = 122,732/186,311) (AAMC 2020).
- Participating schools did not report gender and race/ethnicity for all individuals. Records that did not include both variables were excluded from this analysis. So, the final analytical sample represents 55% of full-time faculty for which both gender and race/ethnicity were reported compared with a Dec. 31, 2019, snapshot of the Faculty Roster (n = 98,406/179,479) (AAMC 2020).
- Respondents reported fixed/contractual salary, bonus/incentive pay, medical practice supplement, and uncontrolled outside earnings rounded to the nearest thousand for each full-time faculty member. The AAMC Faculty Salary Report includes statistics for total compensation, which is calculated as the sum of these four compensation fields collected by the survey. These data do not include the cost of benefits.
- Department/specialty categories were aggregated specifically for this analysis and do not necessarily reflect the aggregation the AAMC Faculty Salary Report uses.

## METHODS

- This analysis leverages all available demographic variables from the FSS, including race/ethnicity, gender, rank, degree type, and department/specialty. Data presented use at least three variables for analysis to provide sufficient context for comparing faculty groups.
- The FSS data displayed in the figures correspond with data in the appendix tables, where counts are provided for each faculty

group regardless of whether their compensation data could be used for analysis. When reviewing figures, readers should use the information in the tables to identify where faculty counts were fewer than 10 and to understand how small sample sizes affect the results.

- This analysis uses comparisons of median total compensation in dollar amounts and cents on the dollar in figures about compensation. Some figures display all professor ranks aggregated, and others display ranks separately. The aggregation of assistant, associate, and full professor intentionally excludes leadership ranks and instructor data because including them could skew results. This aggregation was also used in the 2019 report.
- For graphics displaying cents on the dollar, the reference category of \$1.00 represents the compensation of White men. White men are historically the most represented and advantaged group in academic medicine and make up the majority of faculty and leadership. Using White men as a reference point is not intended to signal this group as a standard-bearer or to encourage intergroup comparisons.
- Data from the AAMC Faculty Roster provide context for the FSS data sample and highlight the diversity of all full-time faculty. Faculty Roster data illustrate faculty diversity within specific departments and trends in faculty hiring, advancements, and departures within academic medicine. When interpreting compensation data, being cognizant of these trends is important since they underscore factors contributing to salary inequities, including the lack of faculty diversity, occupational segregation, and promotion inequities.

## ANALYSIS AND INTERPRETATION CONSIDERATIONS

- This study uses all the race/ethnicity categories collected in the FSS, listed below. Survey respondents were able to report multiple race/ethnicity categories for faculty records. Records that indicated multiple race/ethnicity categories were mapped to Multiple Race - Hispanic or Multiple Race - Non-Hispanic. No records were aggregated into combined race/ethnicity categories to address small sample sizes (e.g., URiM faculty from categories with smaller counts were not aggregated into a larger category). The race/ethnicity categories used in the analysis are:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic, Latino, or of Spanish origin
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Multiple Race - Hispanic
- Multiple Race - Non-Hispanic

- Figures display results when 10 or more faculty were reported for a given category. The appendix tables show all faculty counts, including for fewer than 10 faculty.
- In many cases, data cannot be reported across all rank categories due to small sample sizes (reflecting issues related to lack of diversity).
- Race/ethnicity categories are intentionally not aggregated when sample sizes were fewer than 10 because that would further erase the unique experiences of those already small groups.
- Data are not weighted to account for differences in sample size.

- Small sample sizes of some URiM groups can make it difficult to compare those groups with White faculty, especially without data about variables such as time in rank and allocation of effort that are not collected in the FSS, and data may appear skewed.
- Reporting race/ethnicity at the department/specialty level is difficult without aggregating some departments/specialties due to the small numbers of URiM faculty within those specialties (e.g., Surgical Subspecialties).
- It is difficult to interpret data for faculty who are categorized as “Other” without having written responses to clarify their race/ethnicity.



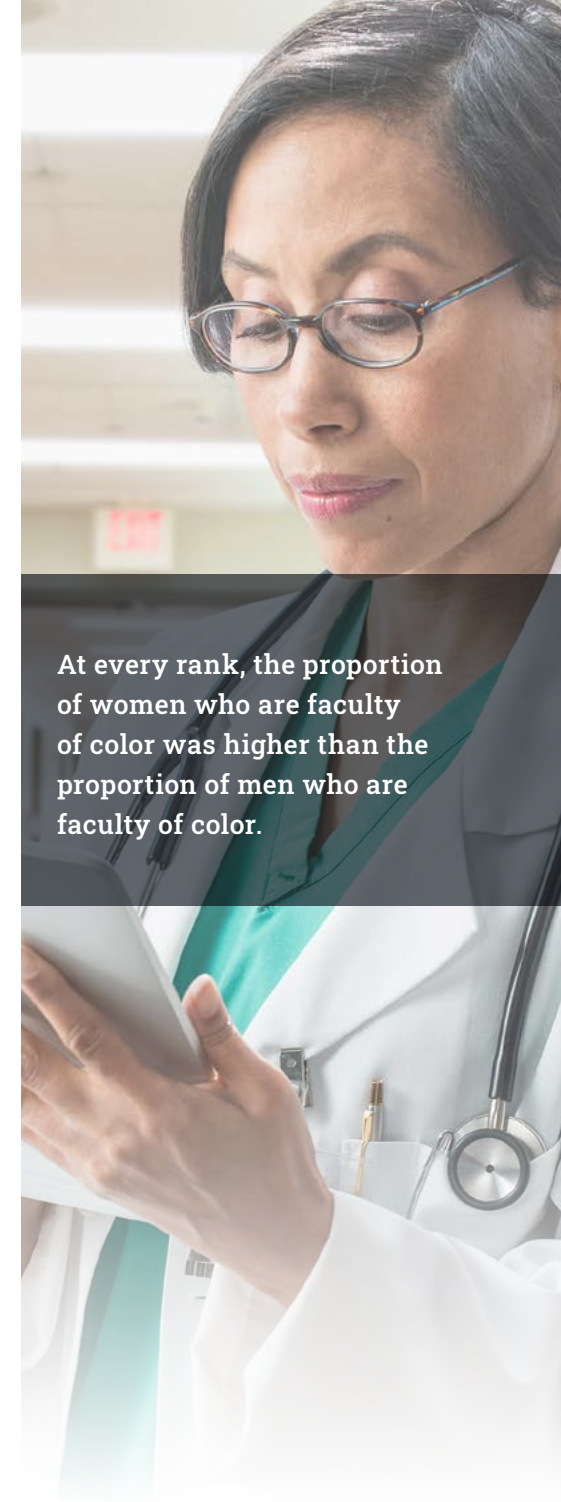
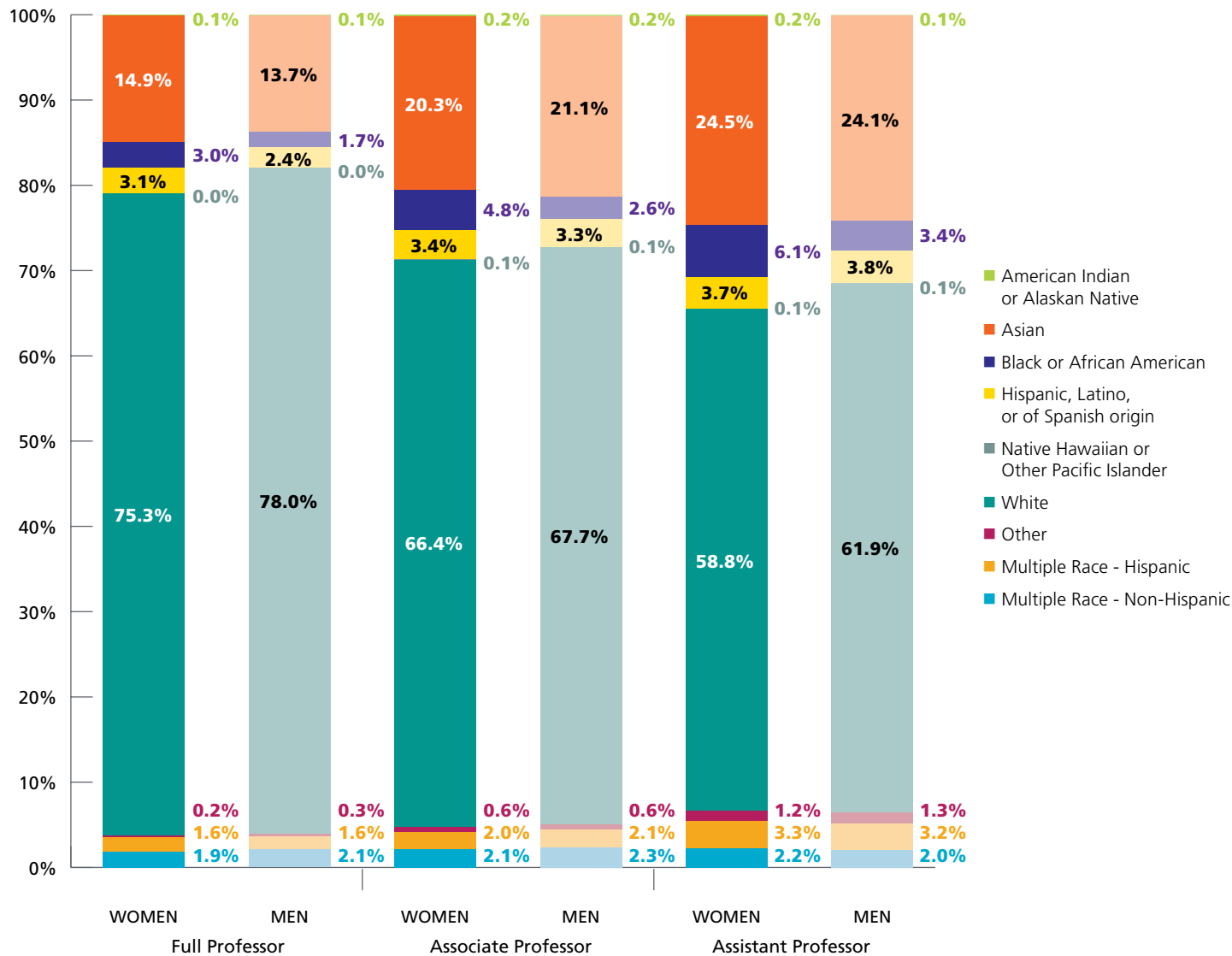
## 5 | Findings of the 2020 Faculty Salary Equity Analysis

## SUMMARY OF KEY FINDINGS

- In most cases, White men were paid a higher median compensation than men of other races and women of all races/ethnicities.
- Gender was the primary factor driving compensation inequities; men consistently made more than women of the same race/ethnicity.
- Although Asian faculty are not considered underrepresented in medicine (URiM), in many cases, pay inequities existed for these faculty when compared with White men.
- In some instances, faculty of color had higher median compensation than White men. This tended to occur when the faculty of color sample was small.
- No trends were observed where individuals of one race/ethnicity consistently made less than all other race/ethnicities.
- While in a number of cases White women were paid a higher median compensation than women of other races/ethnicities, there was some variation in trends among departments/specialties.
- Even at the most detailed level of comparison among clinical science assistant professors with MD degrees, gaps in salary existed by gender and race/ethnicity.
- Even among the departments/specialties with the most faculty of color, such as OB/GYN, gaps in compensation by gender and race/ethnicity existed.



**FIGURE 1. Full-time U.S. medical school faculty by race/ethnicity, gender, and rank, 2019.**

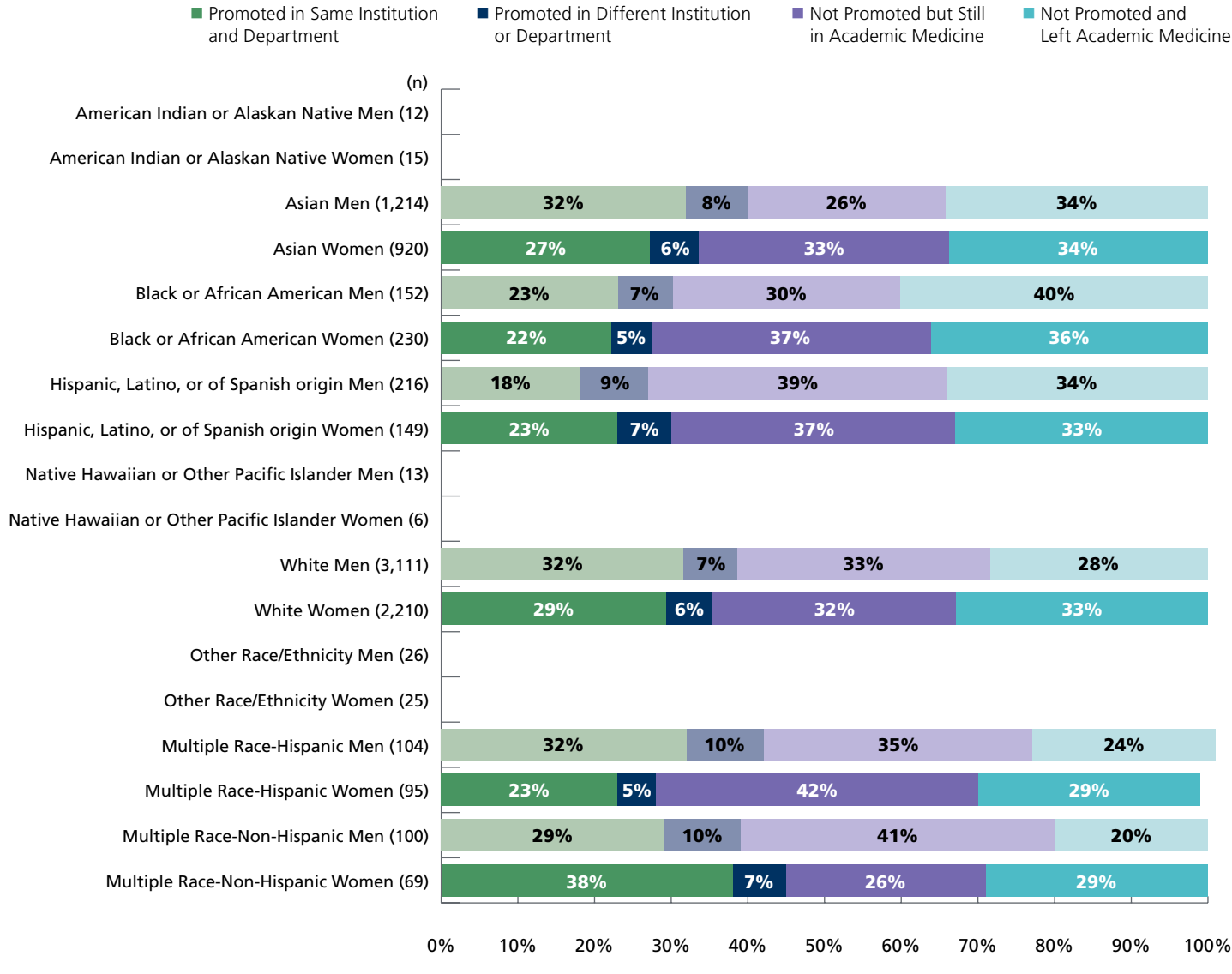


At every rank, the proportion of women who are faculty of color is higher than the proportion of men who are faculty of color.

Source: Dec. 31, 2019, snapshot of the AAMC Faculty Roster as of Dec. 31, 2020.

Note: This figure excludes faculty with missing race/ethnicity (n = 4,490). Dark shading, women; light shading, men. [REFER TO TABLE A.1 FOR SAMPLE SIZES.](#)

**FIGURE 2. Ten-year outcomes for full-time, first-time assistant professors promoted to associate professor in academic year 2009-2010 by race/ethnicity and gender at all U.S. medical schools.**

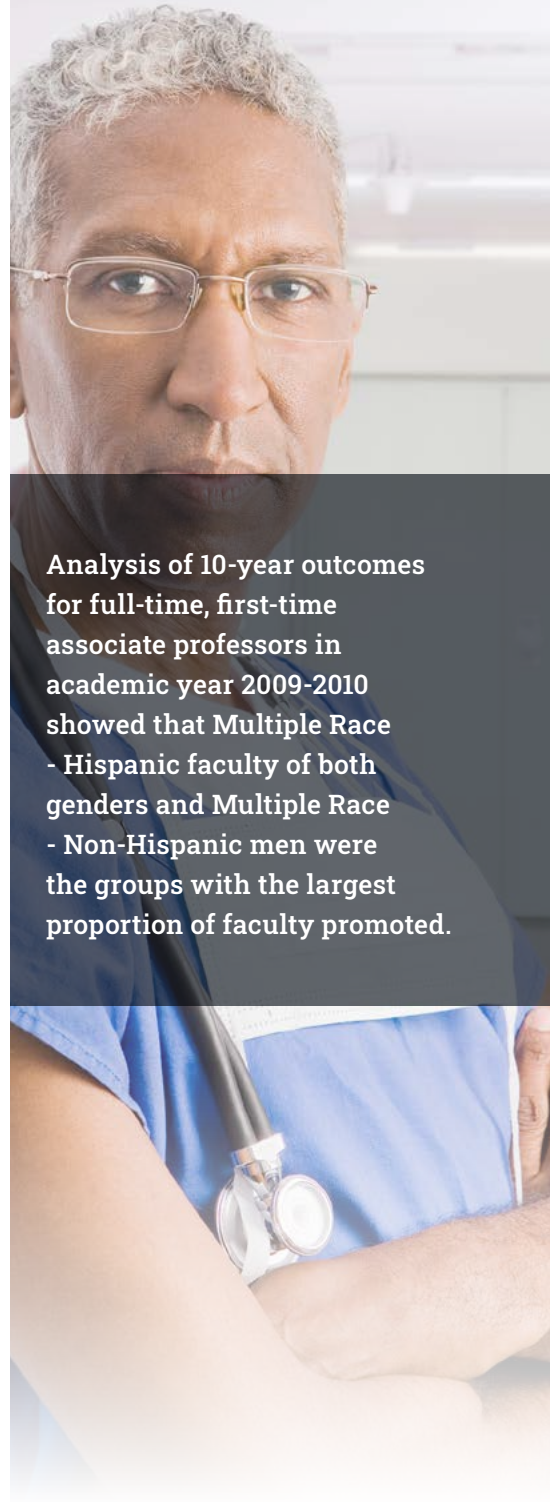
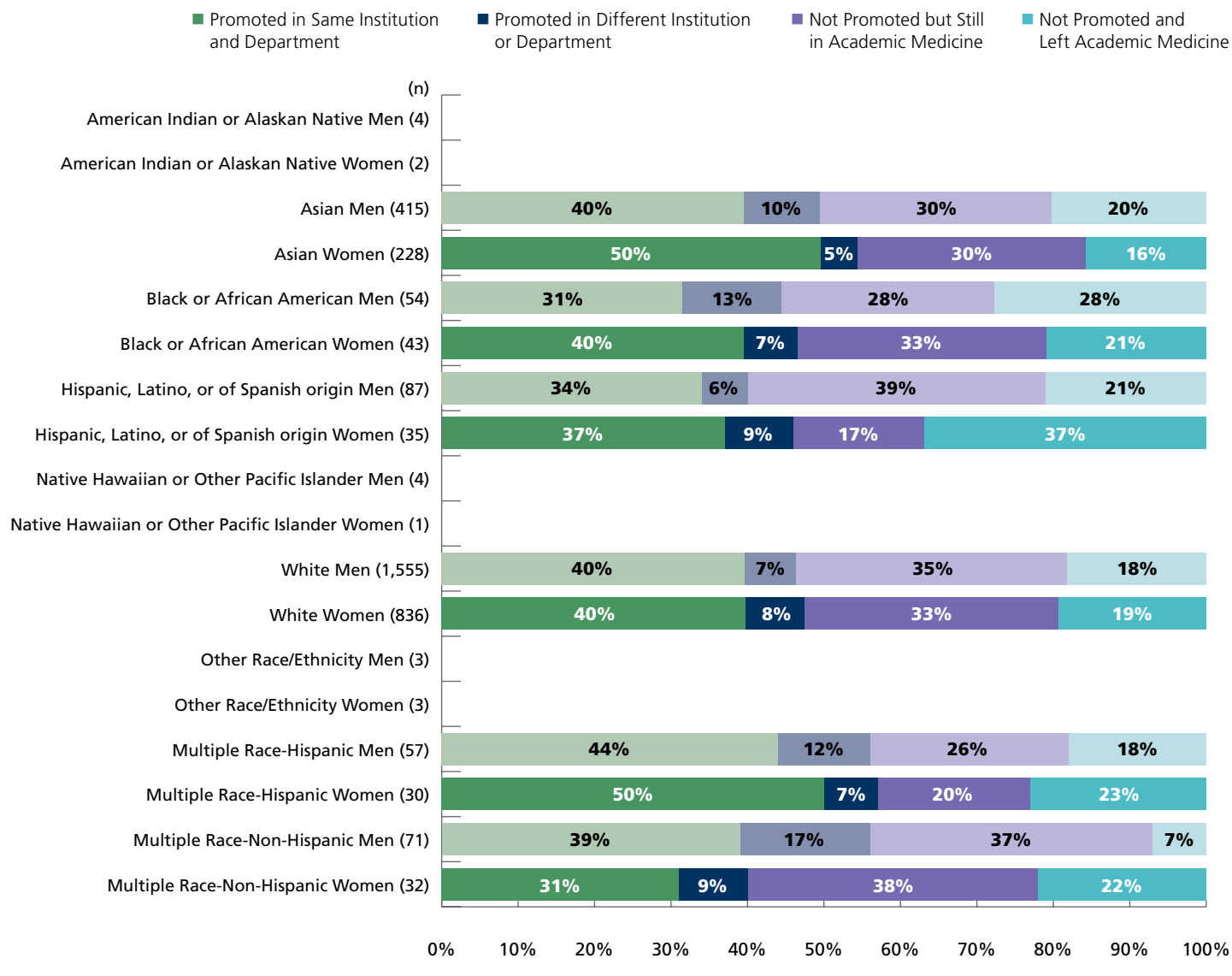


Analysis of 10-year outcomes for full-time, first-time assistant professors in academic year 2009-2010 showed that Black or African American women and Hispanic, Latino, or of Spanish origin men had the lowest proportions of faculty promoted compared with faculty of other races/ethnicities. Black or African American men had the highest proportions of faculty leaving academic medicine compared with faculty of other races/ethnicities.

Source: May 31, 2021, snapshot of the AAMC Faculty Roster as of June 4, 2021.

Note: This figure excludes data for faculty with missing gender data (n = 12) and missing race/ethnicity data (n = 481). Faculty groups with fewer than 30 individuals were redacted. Every faculty member whose very first assistant professor appointment began during academic year 2009-2010 was tracked for 10 years to determine promotion outcomes. Dark shading, women; light shading, men. [REFER TO TABLE A.2 FOR SAMPLE SIZES.](#)

**FIGURE 3. Ten-year outcomes for full-time, first-time associate professors promoted to full professor in academic year 2009-2010 by race/ethnicity and gender at all U.S. medical schools.**



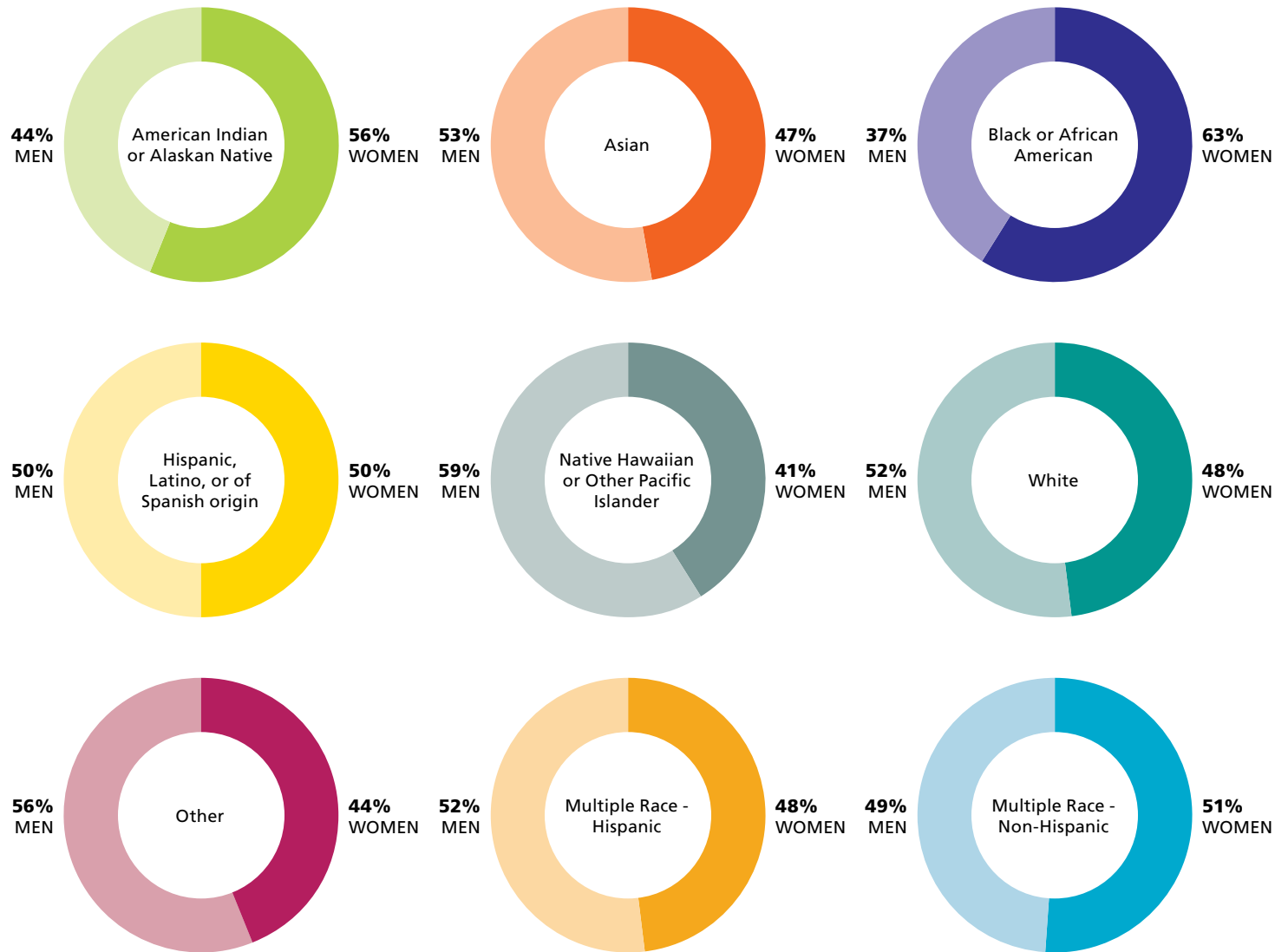
Analysis of 10-year outcomes for full-time, first-time associate professors in academic year 2009-2010 showed that Multiple Race - Hispanic faculty of both genders and Multiple Race - Non-Hispanic men were the groups with the largest proportion of faculty promoted.

Source: May 31, 2021, snapshot of the AAMC Faculty Roster as of June 4, 2021.

Note: This figure excludes data for faculty with missing gender data (n = 5) and missing race/ethnicity data (n = 111). Faculty groups with fewer than 30 individuals were redacted. Every faculty member whose very first associate professor appointment began during academic year 2009-2010 was tracked for 10 years to determine promotion outcomes. Dark shading, women; light shading, men. [REFER TO TABLE A.3 FOR SAMPLE SIZES.](#)



**FIGURE 4.** Average full-time faculty new hires by race/ethnicity and gender, academic years 2016-2017 through 2019-2020.

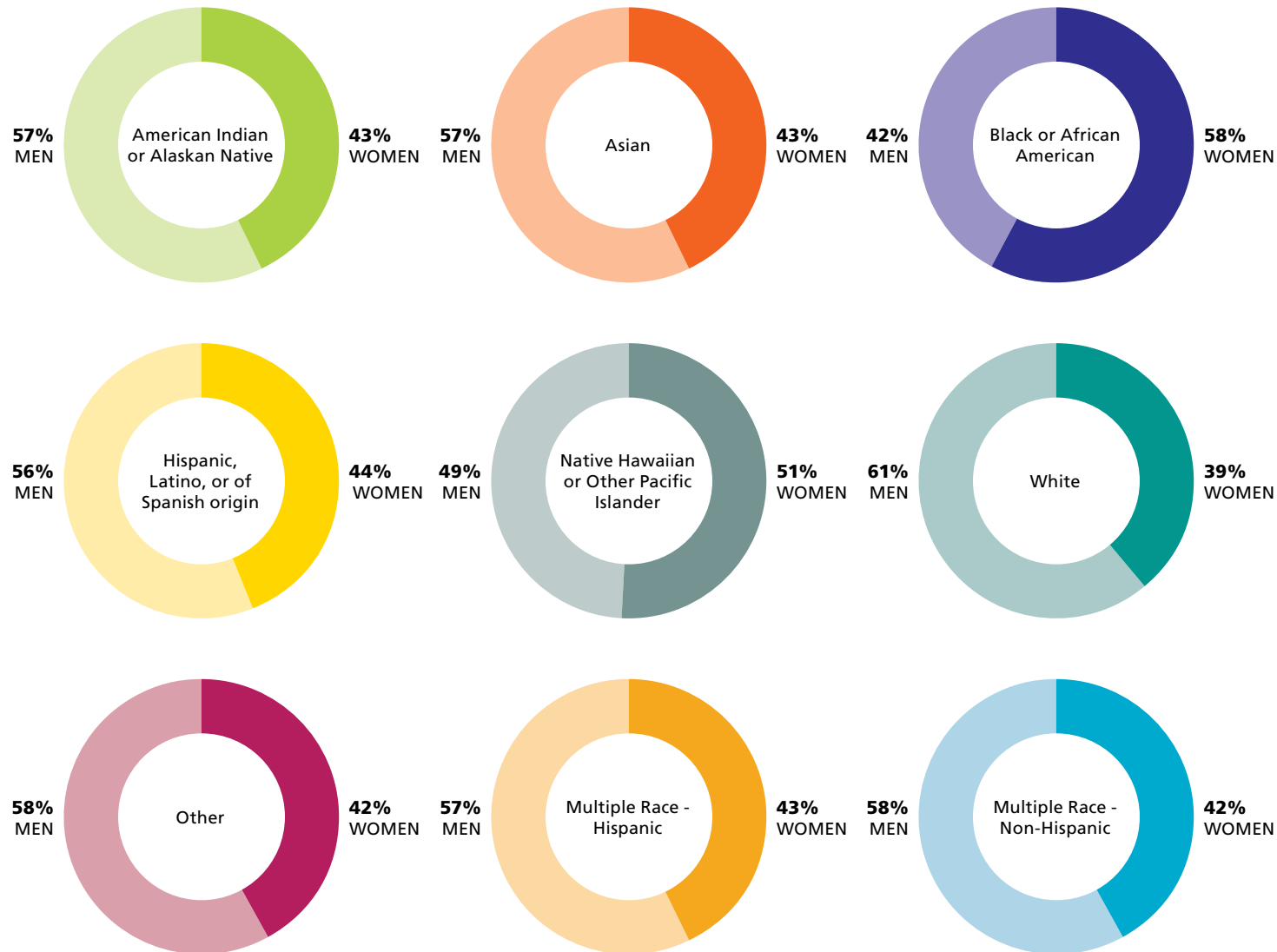


Analysis of the average number of full-time faculty new hires by race/ethnicity per academic year over a four-year period showed that new hires for Black or African American faculty had the highest proportion of women (63%) compared with other race/ethnicity groups. New hires for Native Hawaiian or Other Pacific Islander faculty had the lowest proportion of women (41%) compared with other race/ethnicity groups.

Source: May 31, 2021, snapshot of the AAMC Faculty Roster as of June 4, 2021.

Note: This figure excludes faculty with missing gender data (n = 88). These data do not include newly hired faculty at medical schools that received accreditation after June 30, 2016. Dark shading, women; light shading, men. [REFER TO TABLE A.4 FOR SAMPLE SIZES.](#)

**FIGURE 5.** Average full-time faculty departures by race/ethnicity and gender, academic years 2016-2017 through 2019-2020.



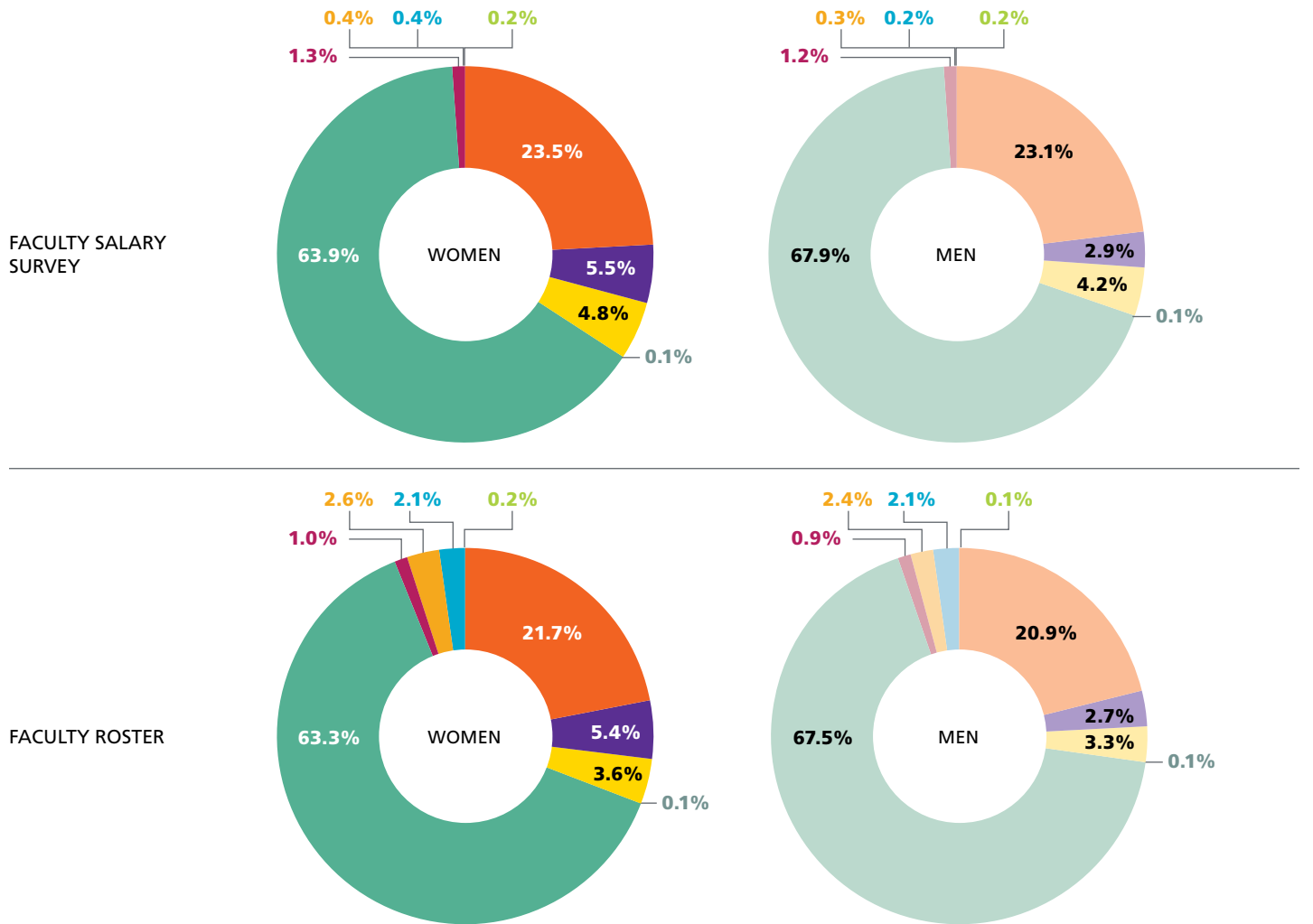
Analysis of the average number of full-time faculty departures by race/ethnicity per academic year over a four-year period shows that departures for Black or African American faculty had the highest proportion of women (58%) compared with other race/ethnicity groups. Departures for White faculty had the lowest proportion of women (39%) compared with other race/ethnicity groups.

Source: May 31, 2021, snapshot of the AAMC Faculty Roster as of June 4, 2021.

Note: This figure excludes faculty with missing gender data (n = 195). These data do not include newly hired faculty at medical schools that received accreditation after June 30, 2016. Dark shading, women; light shading, men. [REFER TO TABLE A.4 FOR SAMPLE SIZES.](#)

**FIGURE 6.** Comparing the AAMC Faculty Salary Survey Sample with the AAMC Faculty Roster by race/ethnicity and gender.

■ American Indian or Alaskan Native    
 ■ Asian    
 ■ Black or African American    
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander    
 ■ White    
 ■ Other    
■ Multiple Race - Hispanic    
■ Multiple Race - Non-Hispanic

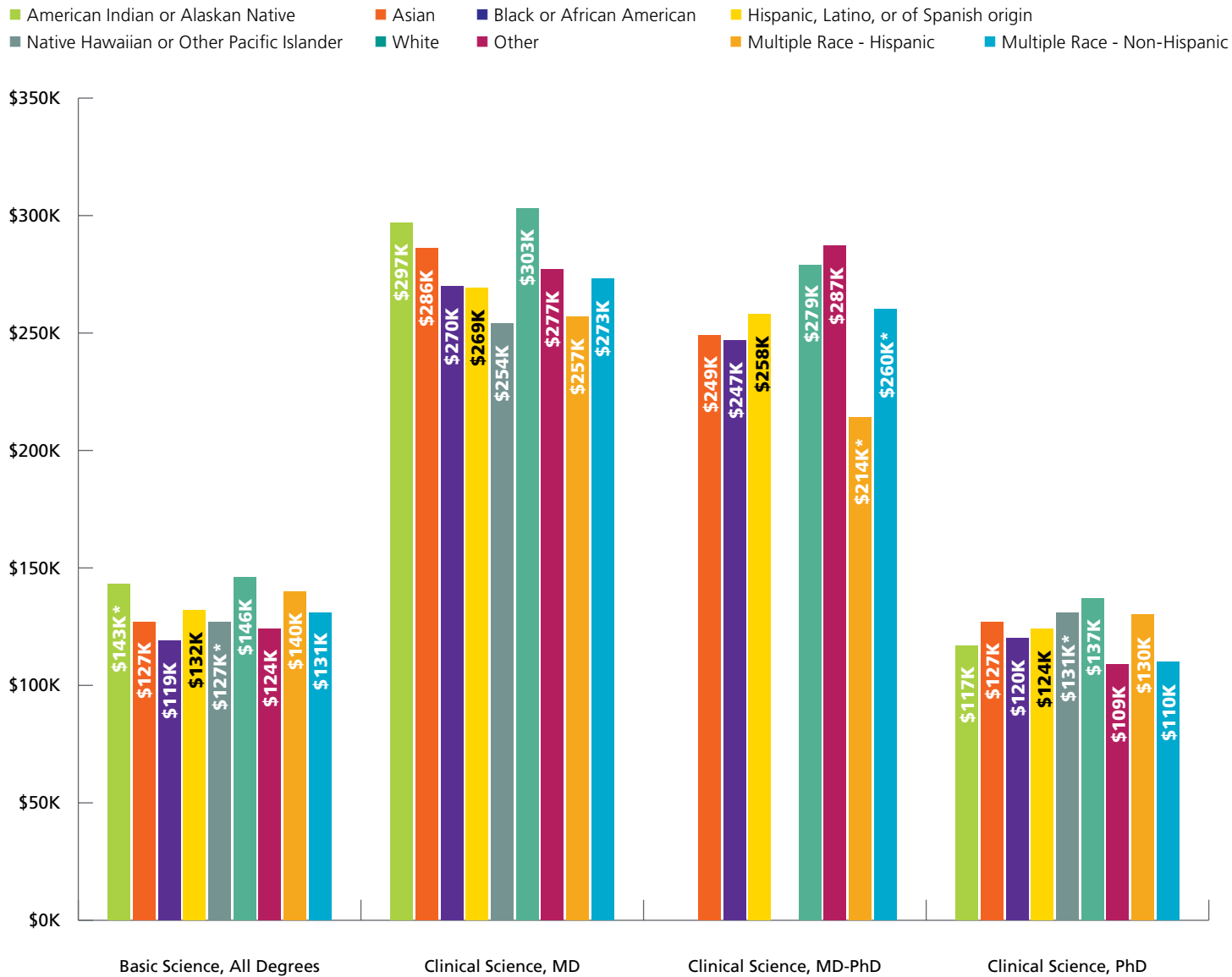


The Faculty Salary Survey data for this study had roughly the same racial and ethnic diversity as reported in the Faculty Roster. However, the Faculty Salary Survey sample had slightly more Asian and Hispanic, Latino, or of Spanish origin faculty and slightly fewer faculty of multiple races/ethnicities than the Faculty Roster reported.

Sources: Dec. 31, 2019, snapshot of the AAMC Faculty Roster as of Dec. 31, 2020, and FY 2020 AAMC Faculty Salary Survey.

Note: The Faculty Roster data in this figure exclude faculty with missing gender data (n = 101) and faculty with missing race/ethnicity data (n = 6,731). Dark shading, women; light shading, men. [REFER TO TABLE A.5 FOR SAMPLE SIZES.](#)

**FIGURE 7. Median compensation for faculty by race/ethnicity, degree, and department type.**



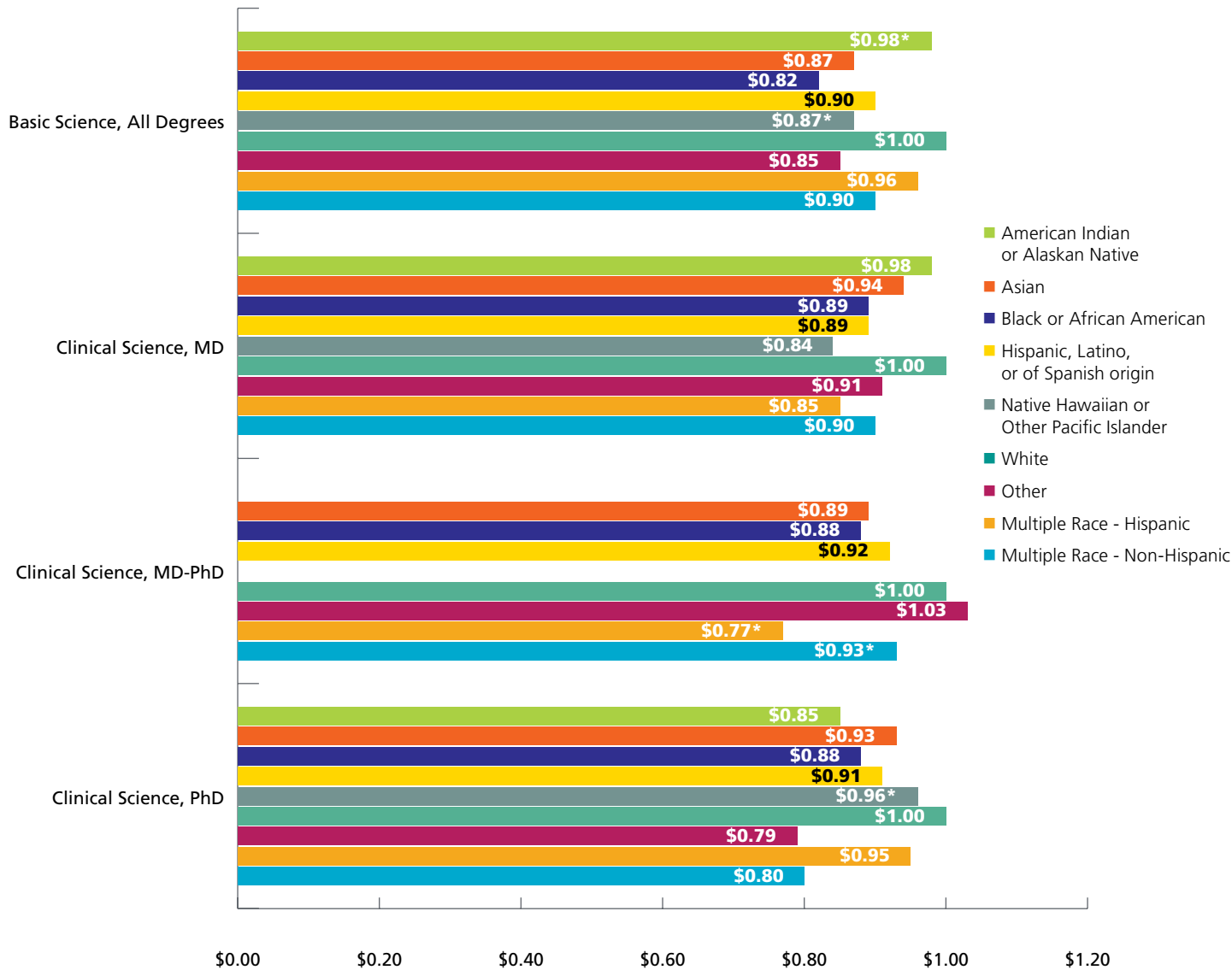
Across all faculty ranks, except those in clinical science departments/specialties with MD-PhD degrees, White faculty had a higher median compensation than faculty of any other race/ethnicity.

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people.

[REFER TO TABLE A.6 FOR SAMPLE SIZES.](#)

**FIGURE 8.** Median compensation in cents on the dollar for faculty compared with White faculty by race/ethnicity, degree, and department type.



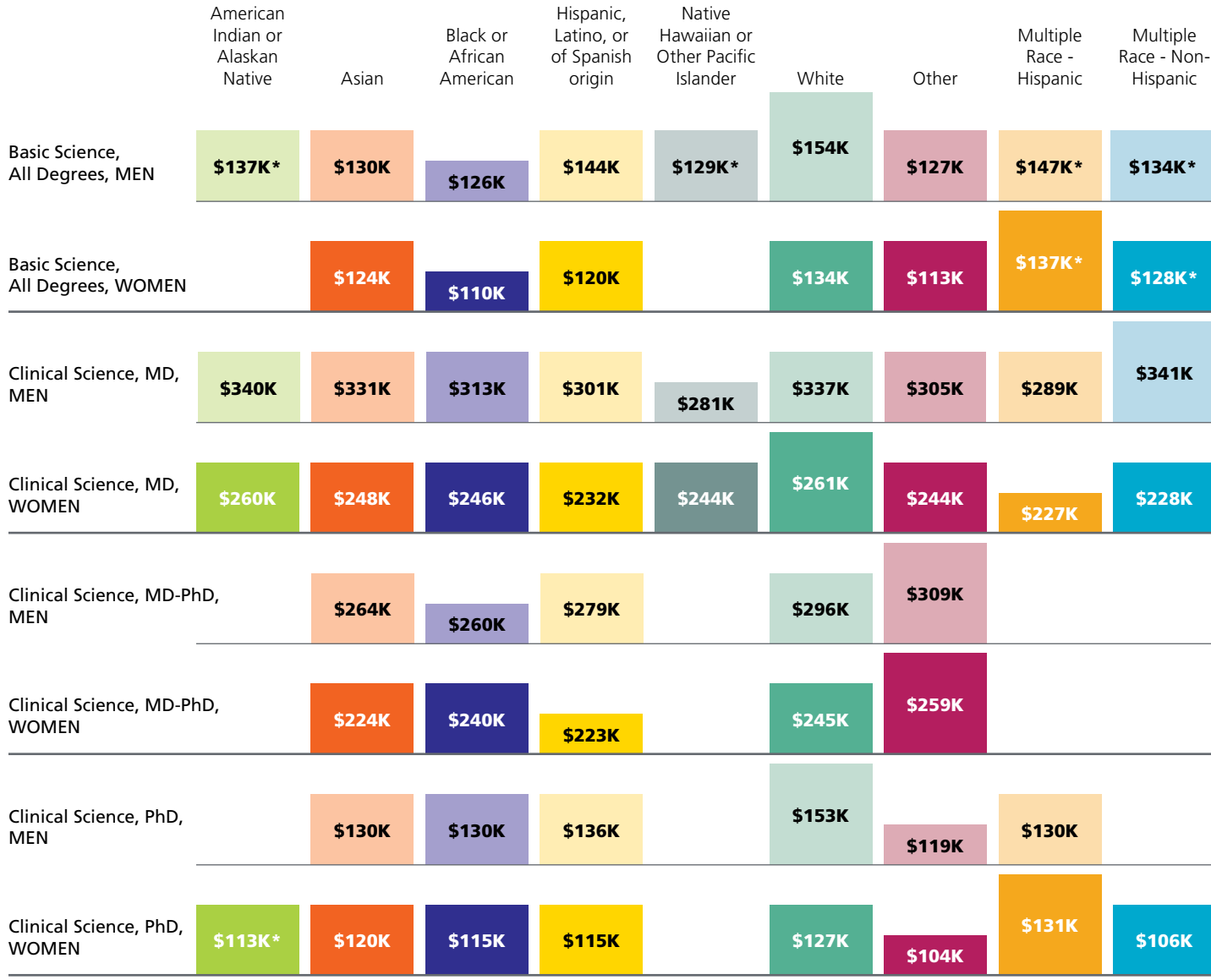
Clinical science faculty with MD-PhD degrees of Other races/ethnicities (not specified) was the only group with a compensation greater than that of White faculty, reported as being paid \$1.03 to every \$1.00 paid to White faculty.

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people.

[REFER TO TABLE A.6 FOR SAMPLE SIZES.](#)

**FIGURE 9. Median compensation for faculty by race/ethnicity, gender, degree, and department type.**



Source: FY 2020 AAMC Faculty Salary Survey.

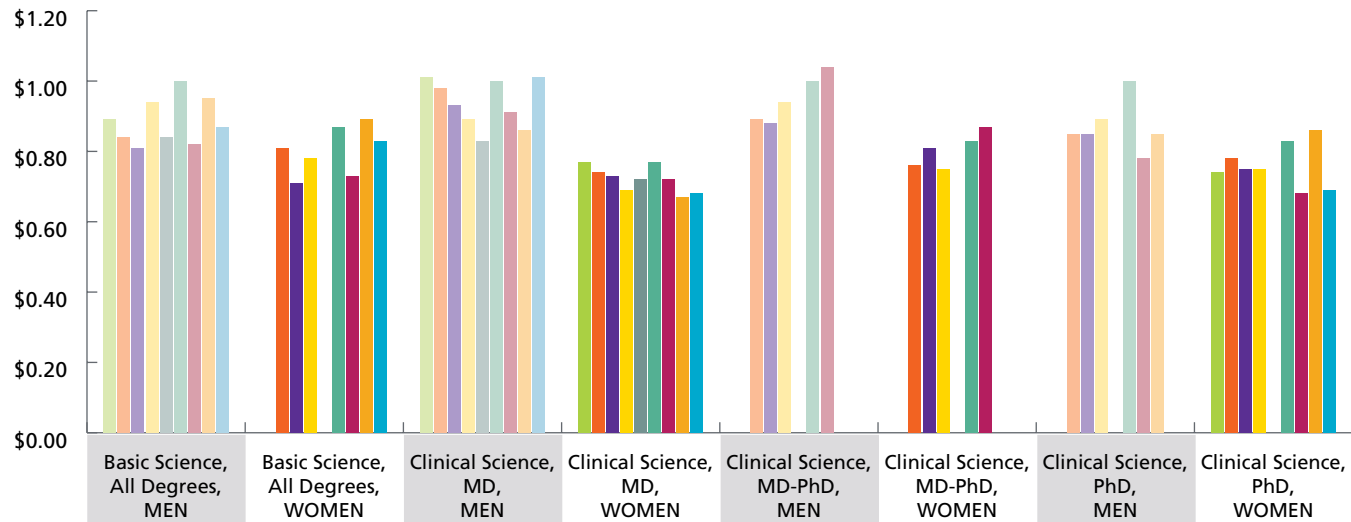
Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. In each row, the lowest dollar amount is in the smallest box, and the highest dollar amount is in the largest box. Dark shading, women; light shading, men. [REFER TO TABLE A.7 FOR SAMPLE SIZES.](#)



Even at the highest levels of aggregation, there were not enough data to report faculty across all races and ethnicities, particularly among Native Hawaiian or Other Pacific Islander faculty and American Indian or Alaskan Native faculty.

**FIGURE 10. Median compensation in cents on the dollar for faculty compared with White men by race/ethnicity, gender, degree, and department type.**

■ American Indian or Alaskan Native   
 ■ Asian   
 ■ Black or African American   
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander   
 ■ White   
 ■ Other   
 ■ Multiple Race - Hispanic   
 ■ Multiple Race - Non-Hispanic



	Basic Science, All Degrees, MEN	Basic Science, All Degrees, WOMEN	Clinical Science, MD, MEN	Clinical Science, MD, WOMEN	Clinical Science, MD-PhD, MEN	Clinical Science, MD-PhD, WOMEN	Clinical Science, PhD, MEN	Clinical Science, PhD, WOMEN
American Indian or Alaskan Native	\$0.89*		\$1.01	\$0.77				\$0.74*
Asian	\$0.84	\$0.81	\$0.98	\$0.74	\$0.89	\$0.76	\$0.85	\$0.78
Black or African American	\$0.81	\$0.71	\$0.93	\$0.73	\$0.88	\$0.81	\$0.85	\$0.75
Hispanic, Latino, or of Spanish origin	\$0.94	\$0.78	\$0.89	\$0.69	\$0.94	\$0.75	\$0.89	\$0.75
Native Hawaiian or Other Pacific Islander	\$0.84*		\$0.83	\$0.72				
White	\$1.00	\$0.87	\$1.00	\$0.77	\$1.00	\$0.83	\$1.00	\$0.83
Other	\$0.82	\$0.73	\$0.91	\$0.72	\$1.04	\$0.87	\$0.78	\$0.68
Multiple Race - Hispanic	\$0.95*	\$0.89*	\$0.86	\$0.67			\$0.85	\$0.86
Multiple Race - Non-Hispanic	\$0.87*	\$0.83*	\$1.01	\$0.68				\$0.69

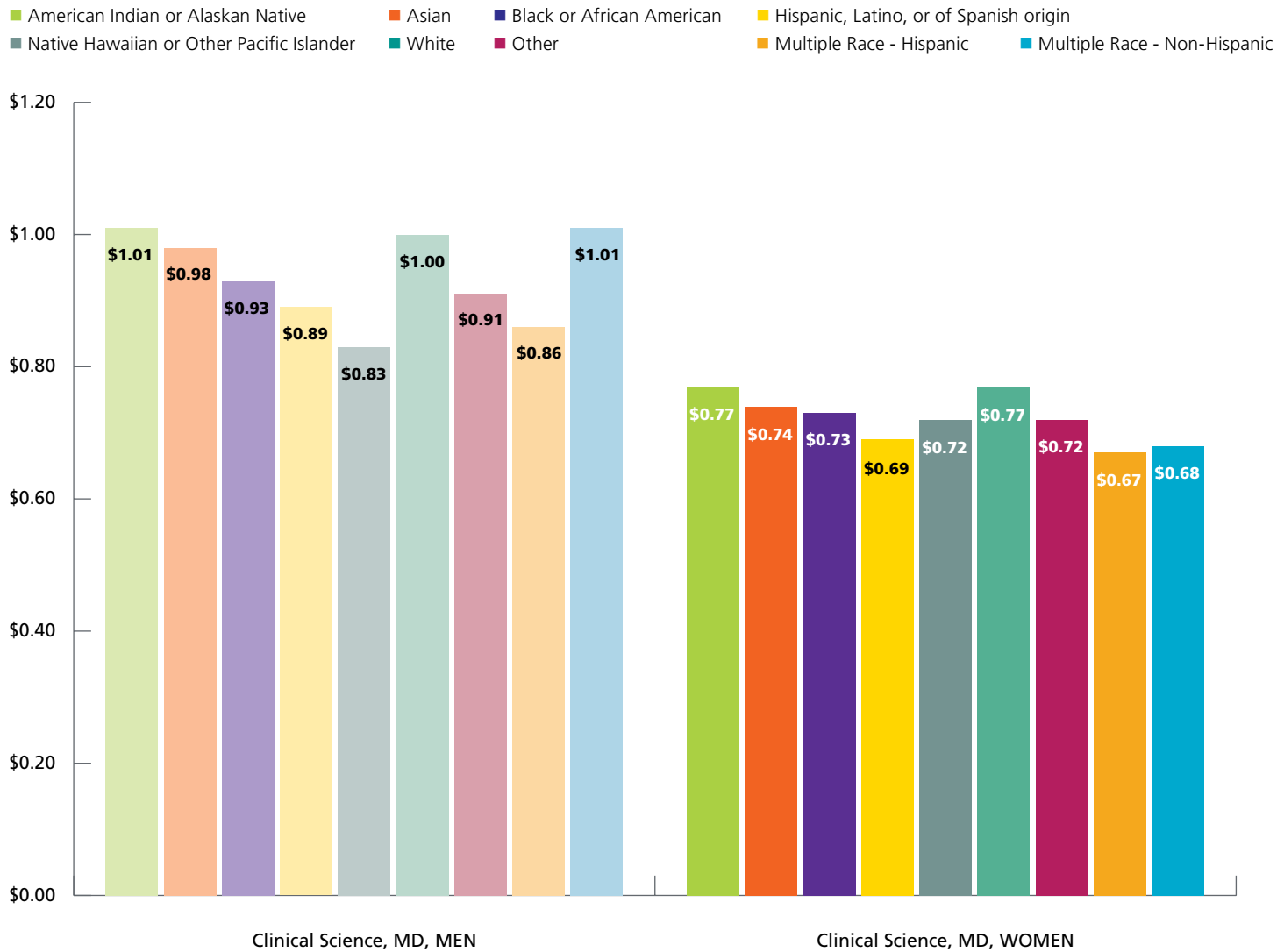
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. Dark shading, women; light shading, men. [REFER TO TABLE A.7 FOR SAMPLE SIZES.](#)



The biggest gaps in compensation for men and women faculty across races/ethnicities were among those with MD degrees in clinical science departments/specialties.

**FIGURE 11. Median compensation in cents on the dollar for faculty with MD degrees in clinical science departments/specialties compared with White men by race/ethnicity and gender, grouped by gender.**



Among faculty in clinical science departments/specialties with MD degrees, women across races and ethnicities were paid between \$0.67 and \$0.77 per \$1.00 compared with White men. Compared with White men, men of all other races and ethnicities were paid between \$0.83 and \$1.01 per \$1.00.

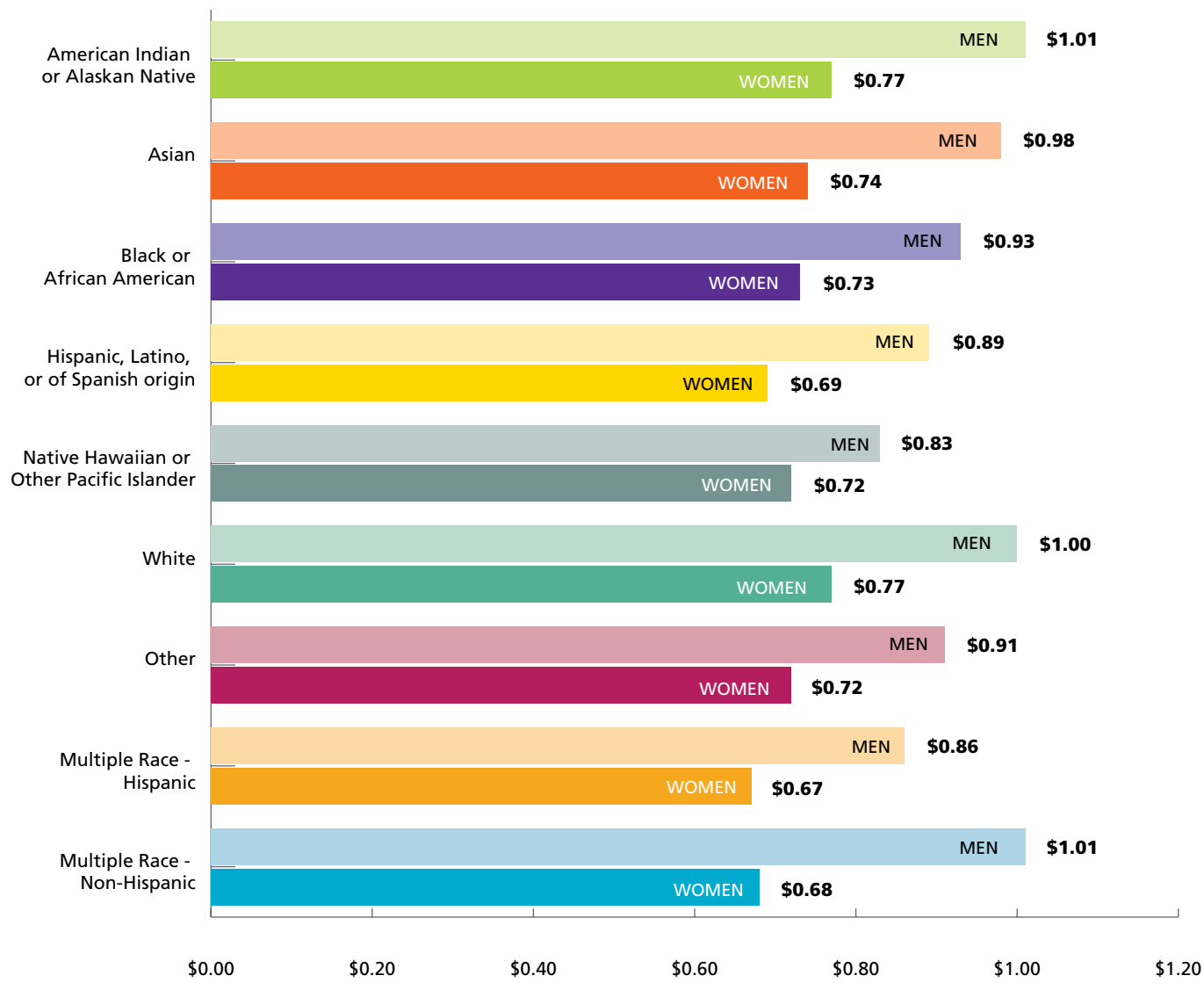
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. Dark shading, women; light shading, men.

[REFER TO TABLE A.7 FOR SAMPLE SIZES.](#)



**FIGURE 12.** Median compensation in cents on the dollar for faculty with MD degrees in clinical science departments/specialties compared with White men by race/ethnicity and gender, grouped by race/ethnicity.



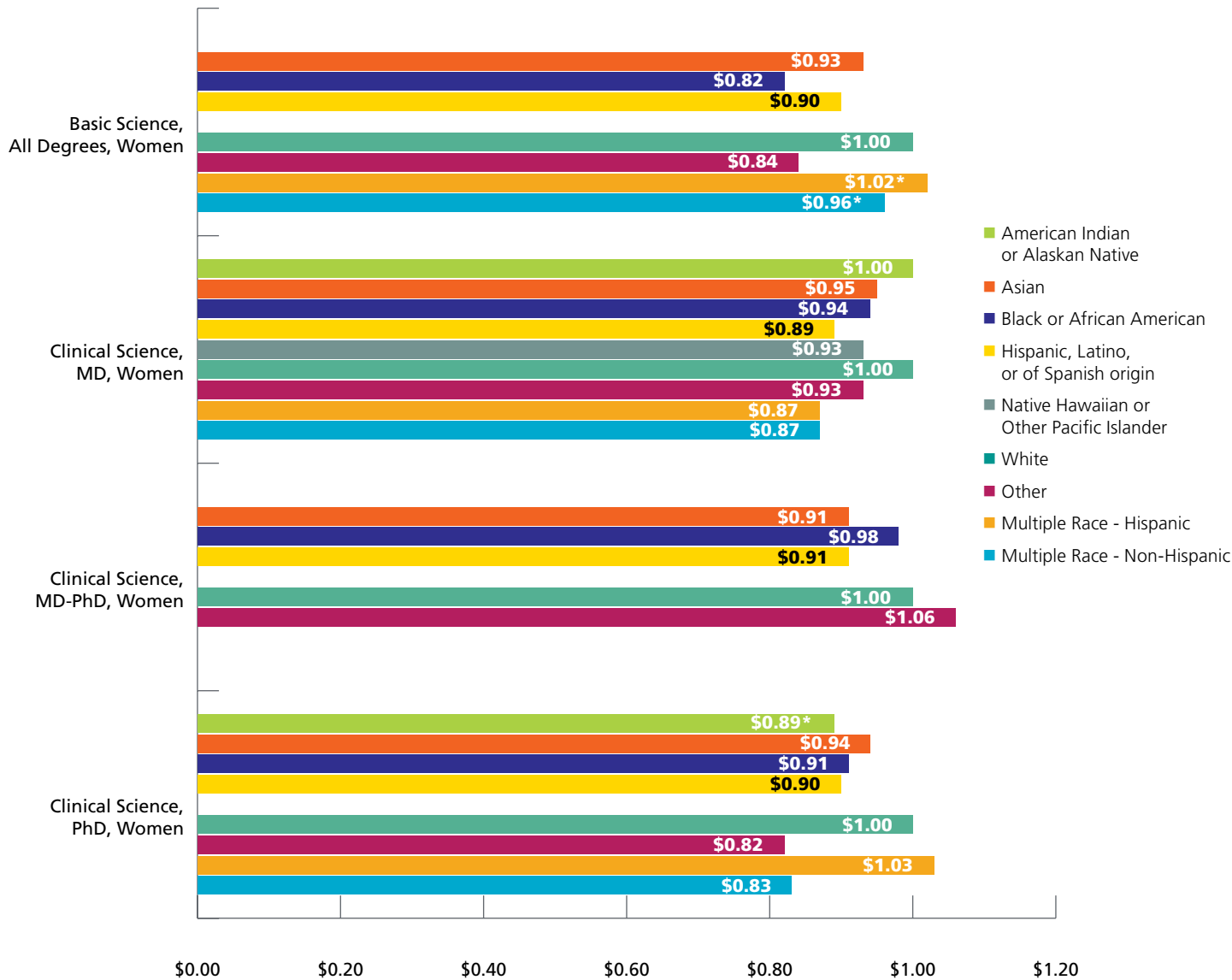
Among clinical science faculty with MD degrees, men were paid more than women of the same race/ethnicity.

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. Dark shading, women; light shading, men.

[REFER TO TABLE A.7 FOR SAMPLE SIZES.](#)

**FIGURE 13.** Median compensation in cents on the dollar for women faculty compared with White women by race/ethnicity, gender, degree, and department type.



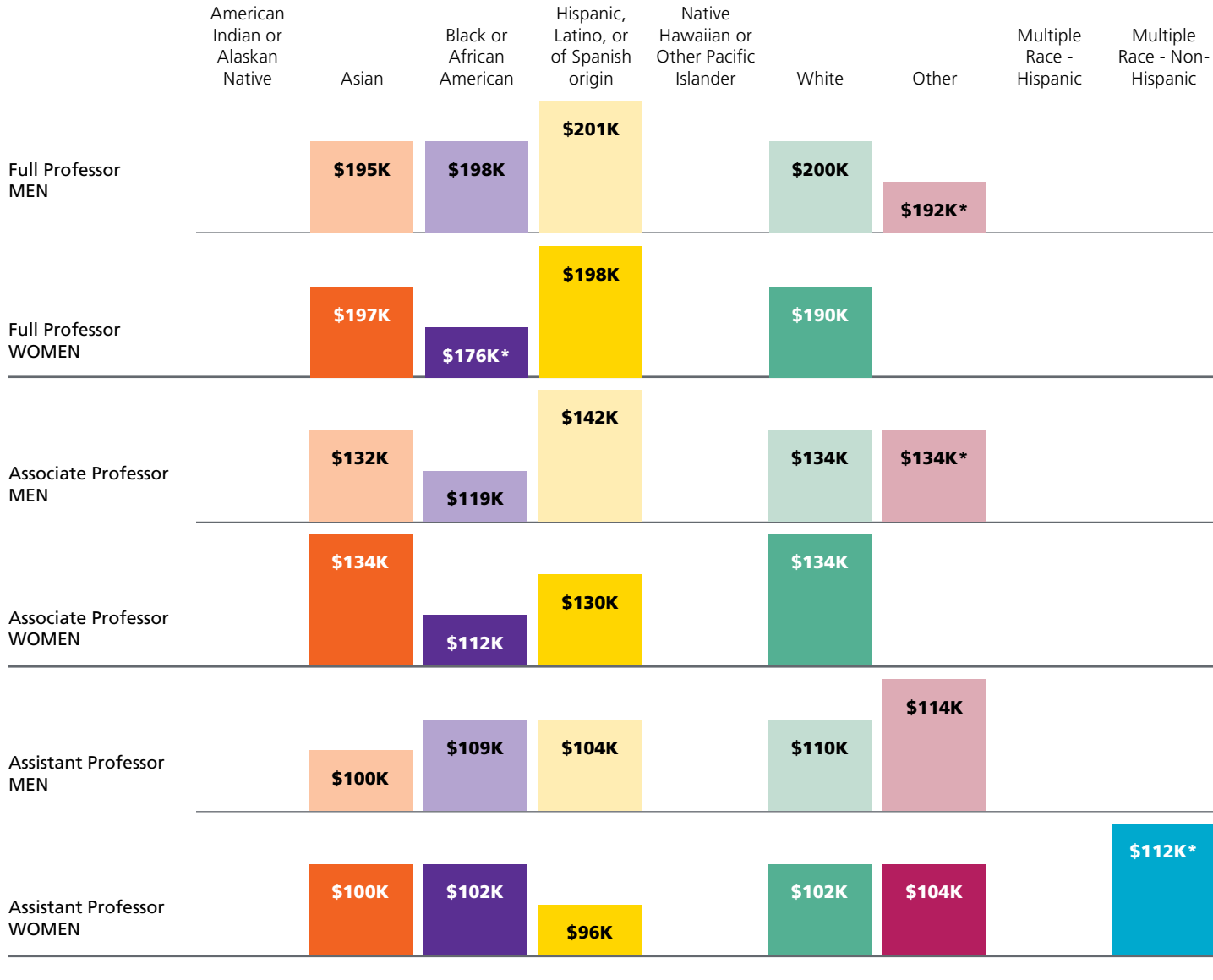
Comparing the total compensation of women across racial and ethnic groups showed, in most cases, White women were paid more than women of color.

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people.

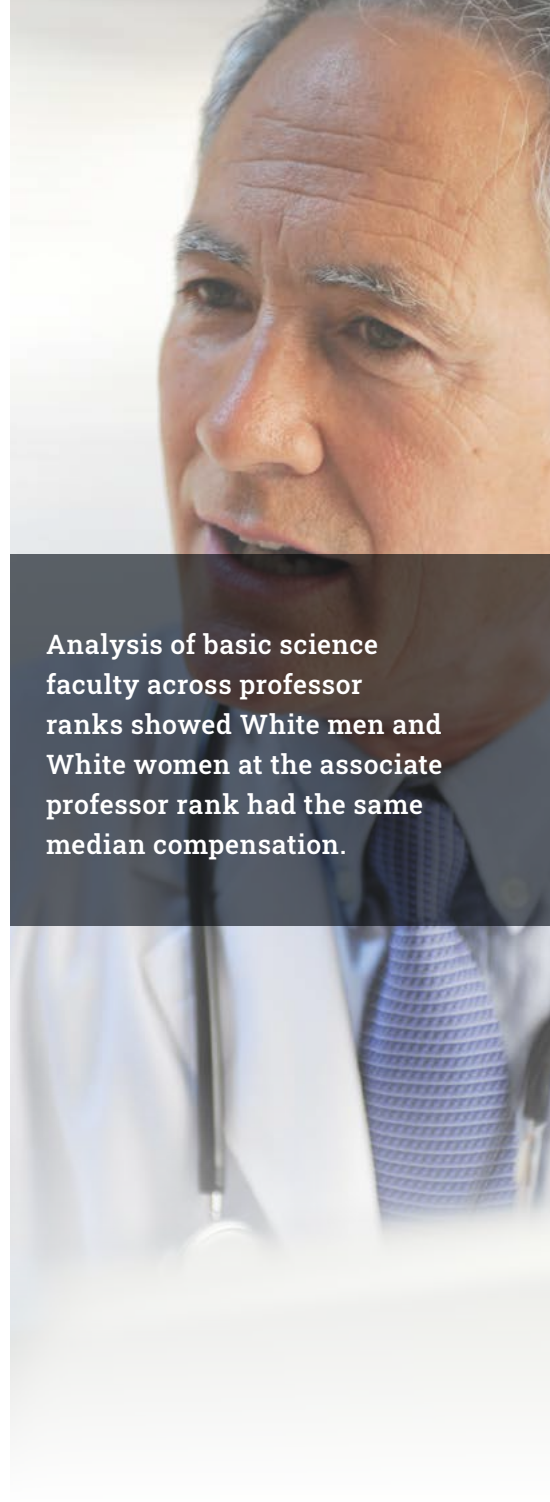
[REFER TO TABLE A.7 FOR SAMPLE SIZES.](#)

**FIGURE 14. Median compensation for basic science faculty by race/ethnicity, gender, and rank.**



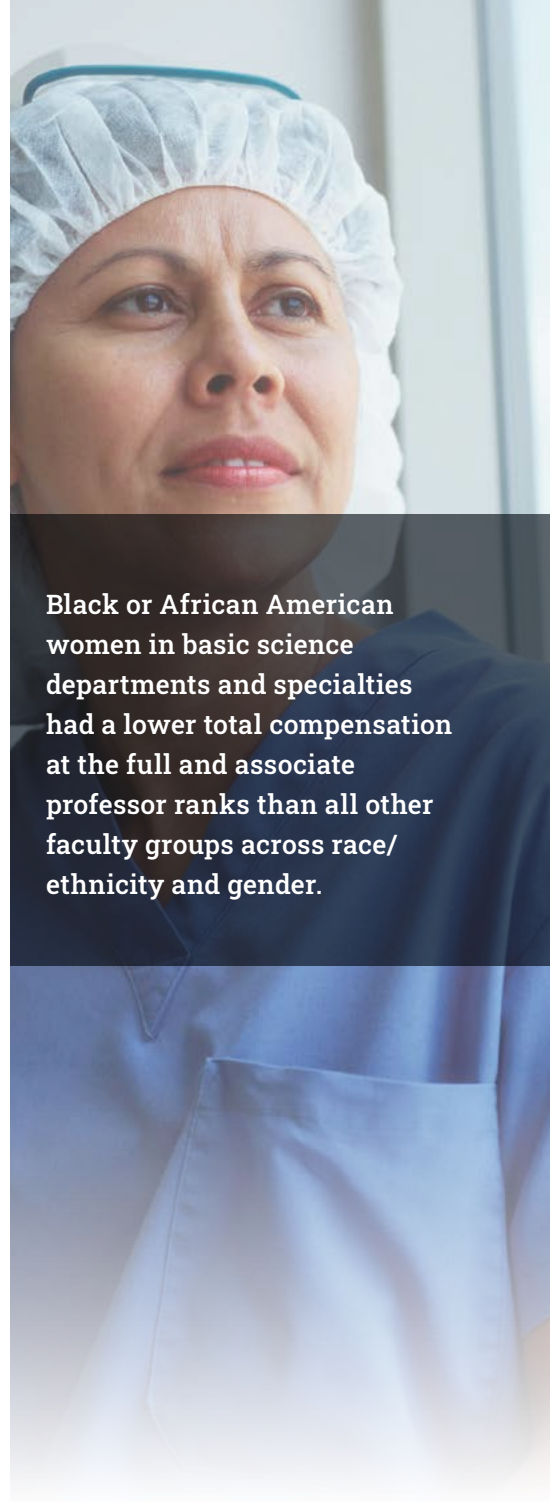
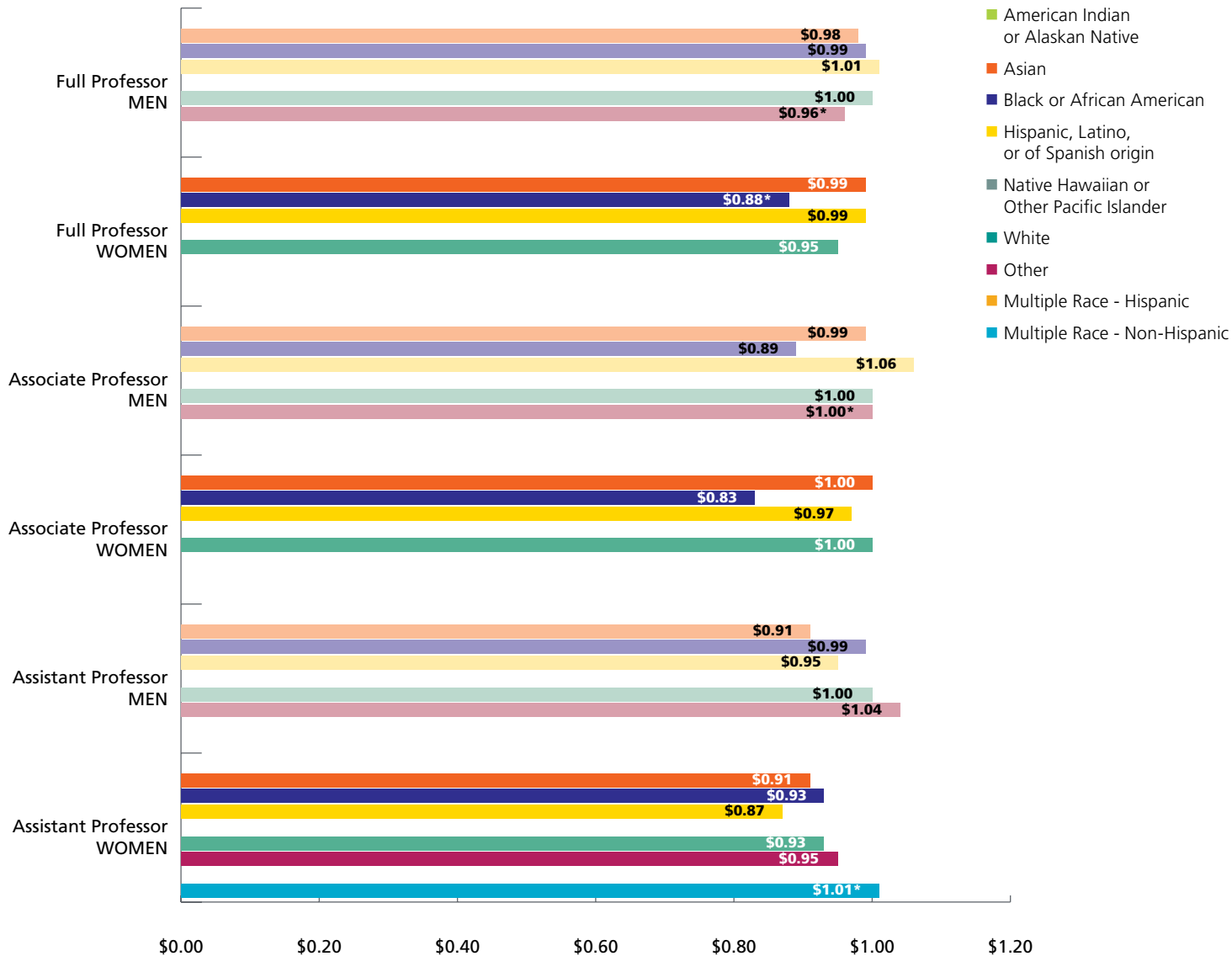
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. In each row, the lowest dollar amount is in the smallest box, and the highest dollar amount is in the largest box. Dark shading, women; light shading, men. [REFER TO TABLE A.8 FOR SAMPLE SIZES.](#)



Analysis of basic science faculty across professor ranks showed White men and White women at the associate professor rank had the same median compensation.

**FIGURE 15.** Median compensation in cents on the dollar for basic science faculty compared with White men by race/ethnicity, gender, and rank.



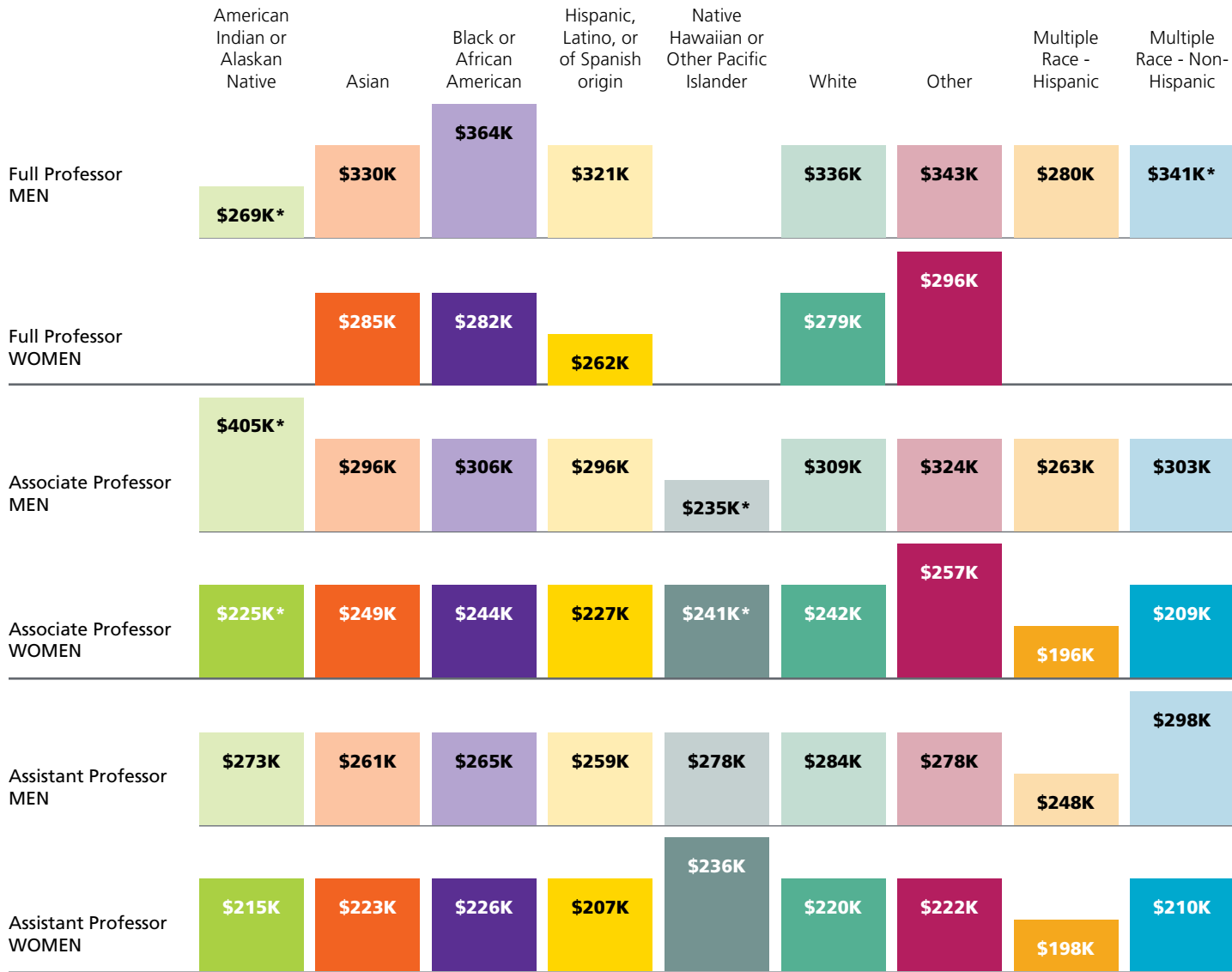
**Black or African American women in basic science departments and specialties had a lower total compensation at the full and associate professor ranks than all other faculty groups across race/ethnicity and gender.**

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. Dark shading, women; light shading, men.

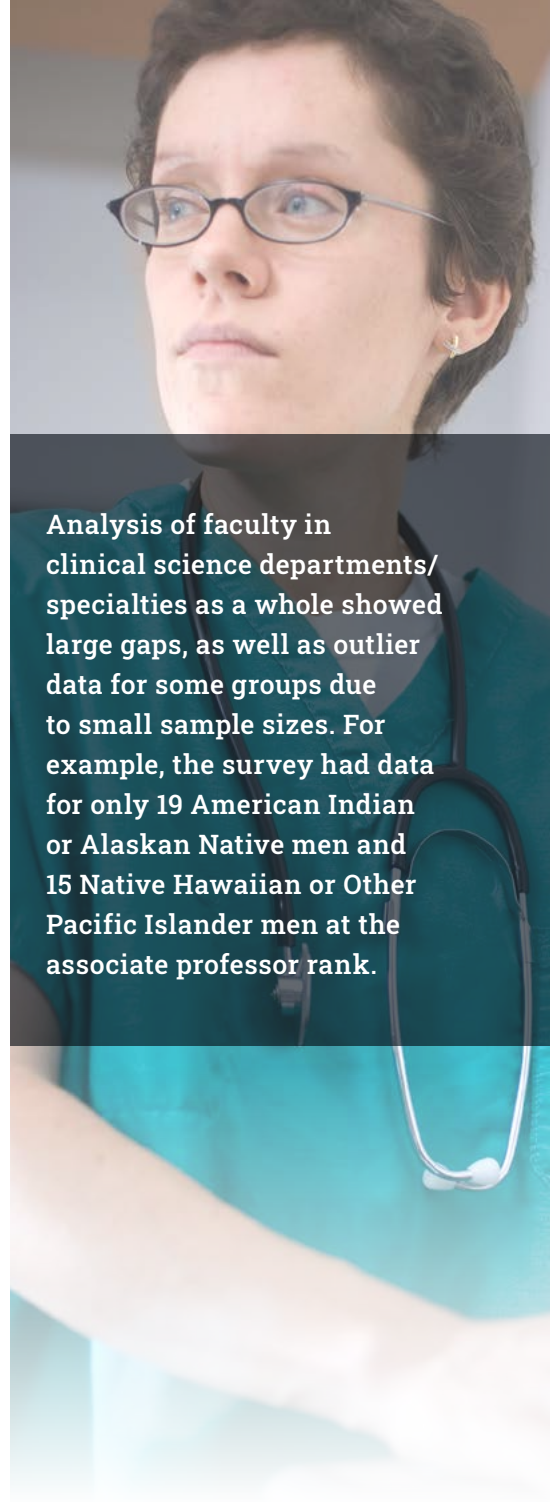
[REFER TO TABLE A.8 FOR SAMPLE SIZES.](#)

**FIGURE 16. Median compensation for all clinical science faculty by race/ethnicity, gender, and rank.**



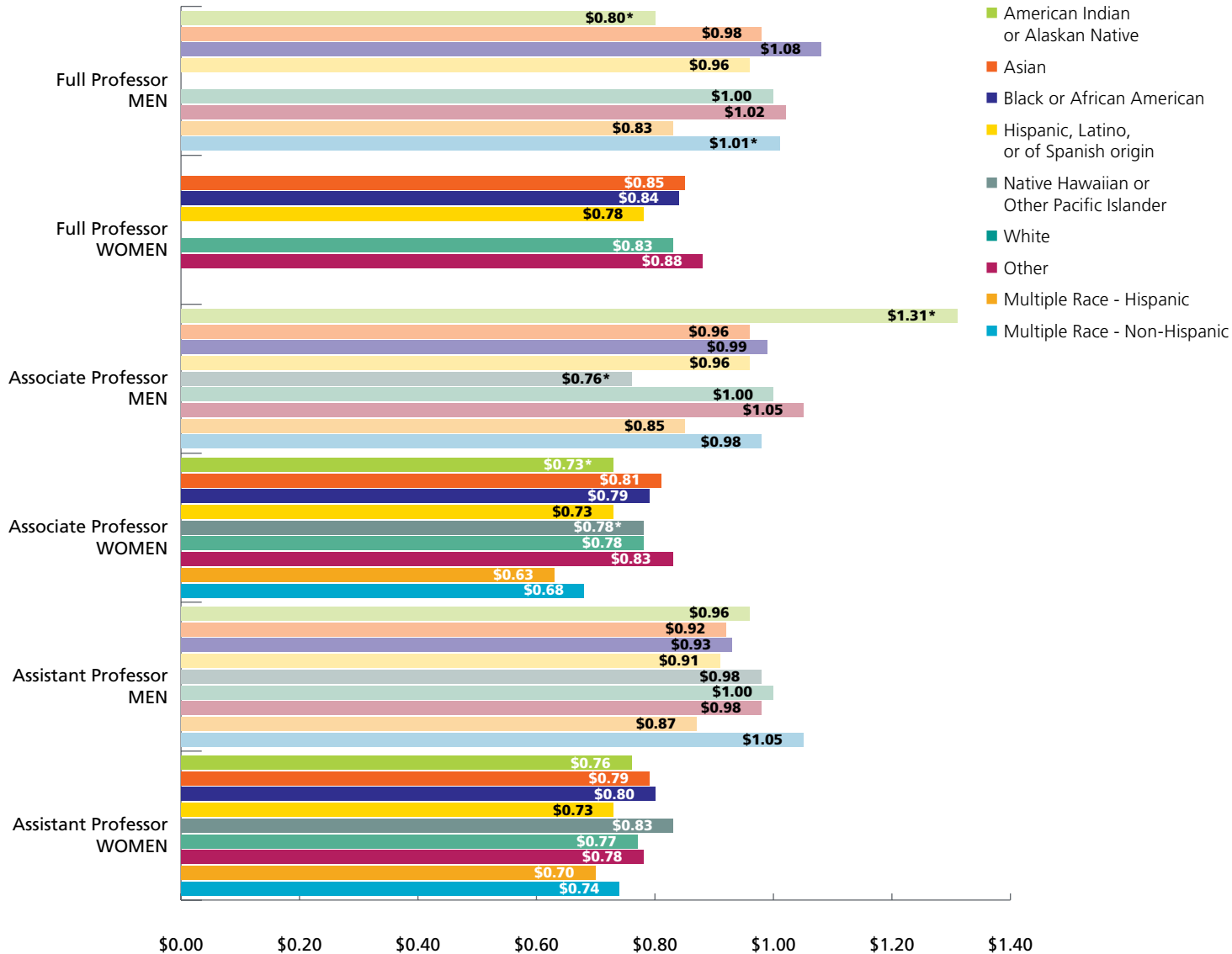
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. In each row, the lowest dollar amount is in the smallest box, and the highest dollar amount is in the largest box. Dark shading, women; light shading, men. [REFER TO TABLE A.9 FOR SAMPLE SIZES.](#)



Analysis of faculty in clinical science departments/specialties as a whole showed large gaps, as well as outlier data for some groups due to small sample sizes. For example, the survey had data for only 19 American Indian or Alaskan Native men and 15 Native Hawaiian or Other Pacific Islander men at the associate professor rank.

**FIGURE 17. Median compensation in cents on the dollar for all clinical science faculty compared with White men by race/ethnicity, gender, and rank.**



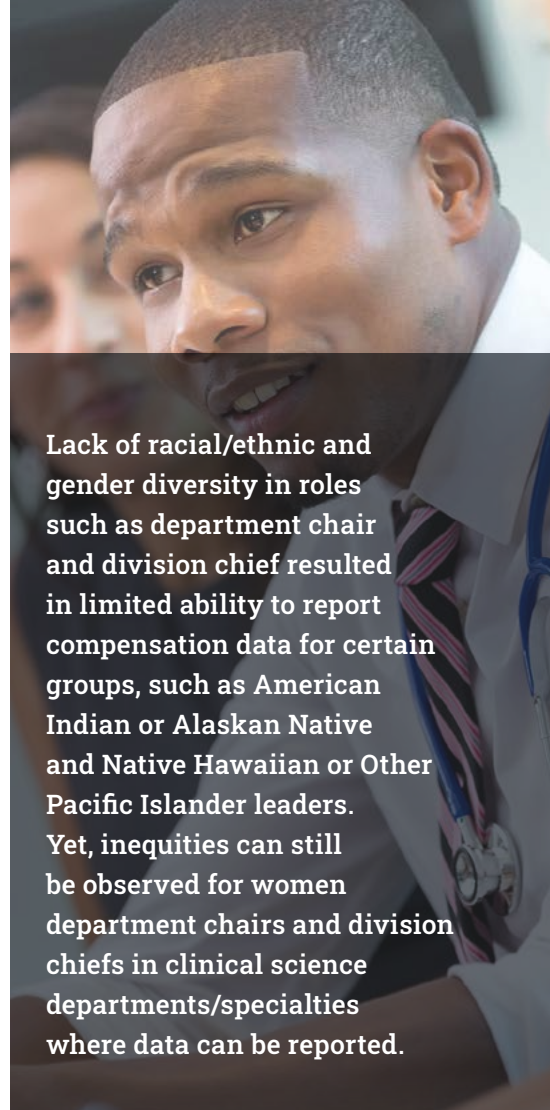
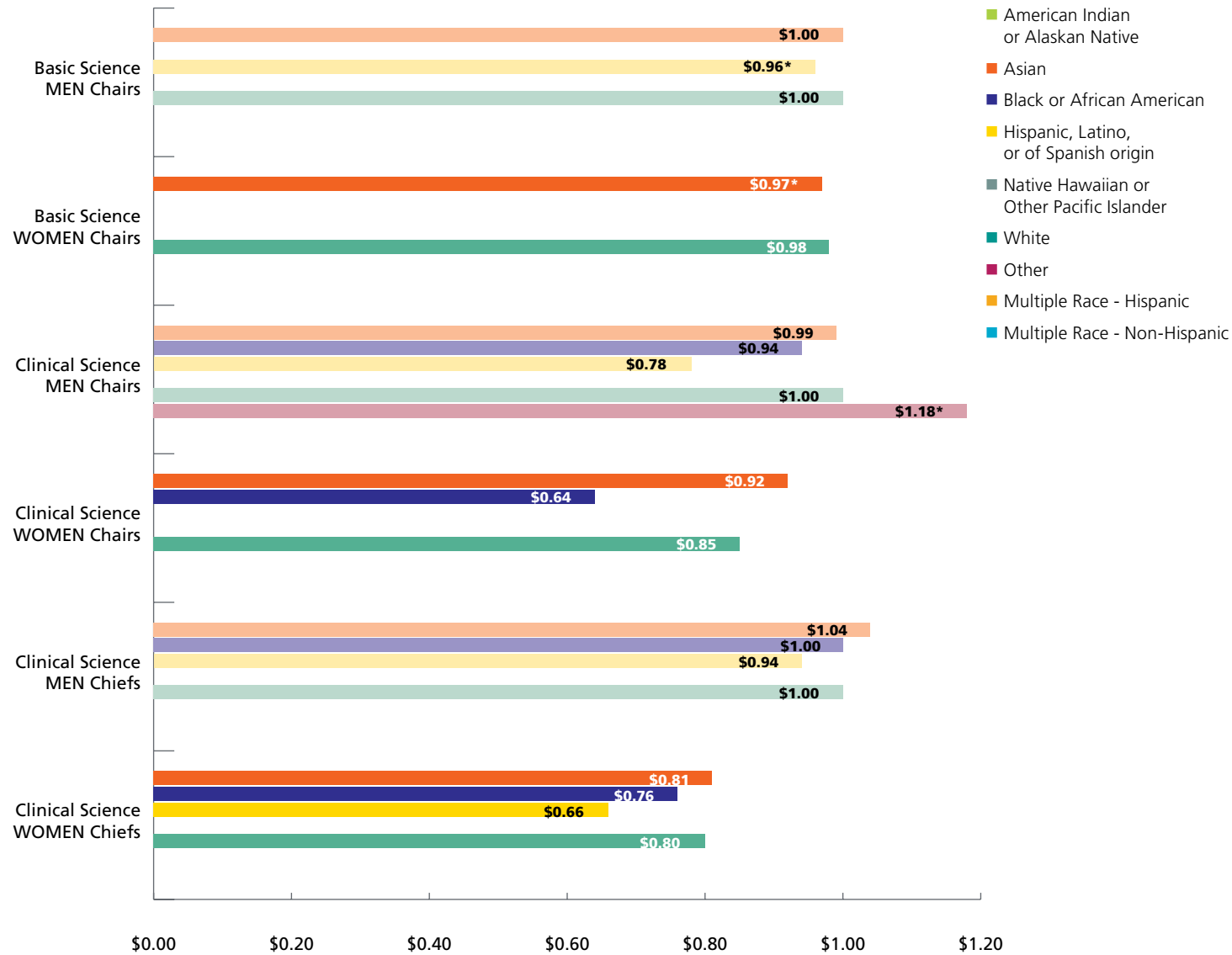
Within the same race/ethnicity and rank, women in clinical science departments/specialties had a lower total compensation than men, except among Native Hawaiian or Other Pacific Islander faculty at the associate professor rank.

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. Dark shading, women; light shading, men.

[REFER TO TABLE A.9 FOR SAMPLE SIZES.](#)

**FIGURE 18.** Median compensation in cents on the dollar for leadership compared with White men by race/ethnicity, gender, and role.



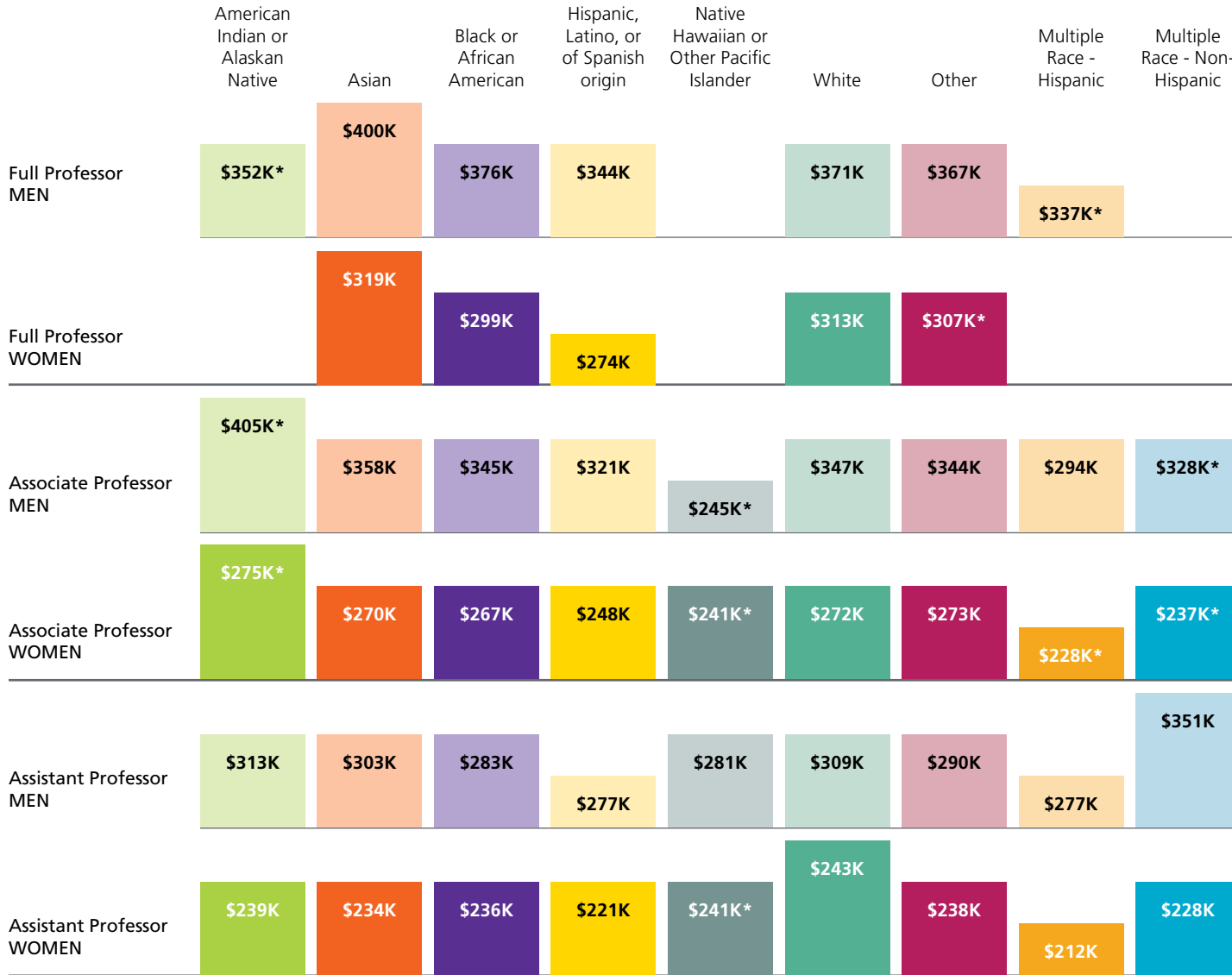
Lack of racial/ethnic and gender diversity in roles such as department chair and division chief resulted in limited ability to report compensation data for certain groups, such as American Indian or Alaskan Native and Native Hawaiian or Other Pacific Islander leaders. Yet, inequities can still be observed for women department chairs and division chiefs in clinical science departments/specialties where data can be reported.

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. Dark shading, women; light shading, men.

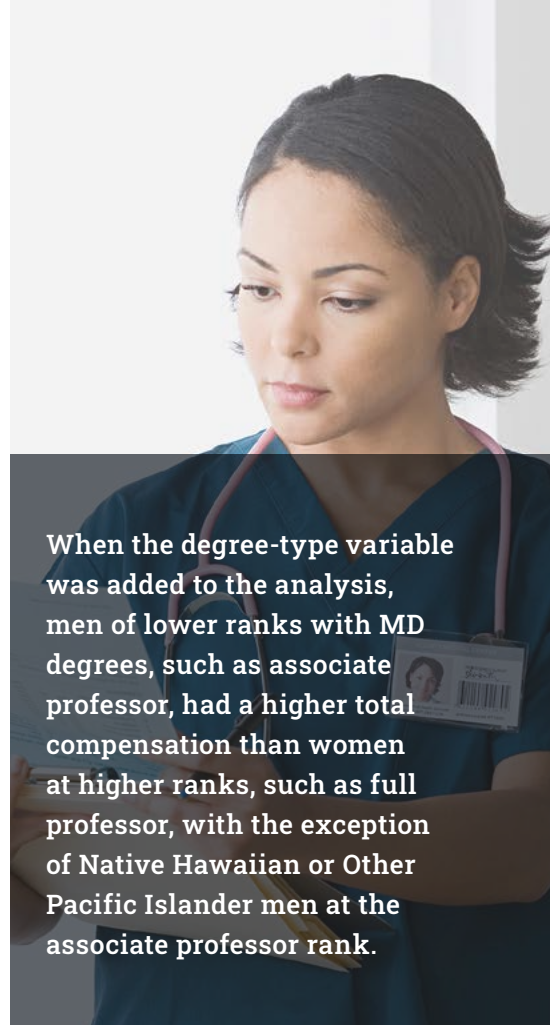
[REFER TO TABLE A.10 FOR SAMPLE SIZES.](#)

**FIGURE 19. Median compensation for clinical science MD faculty by race/ethnicity, gender, and rank.**



Source: FY 2020 AAMC Faculty Salary Survey.

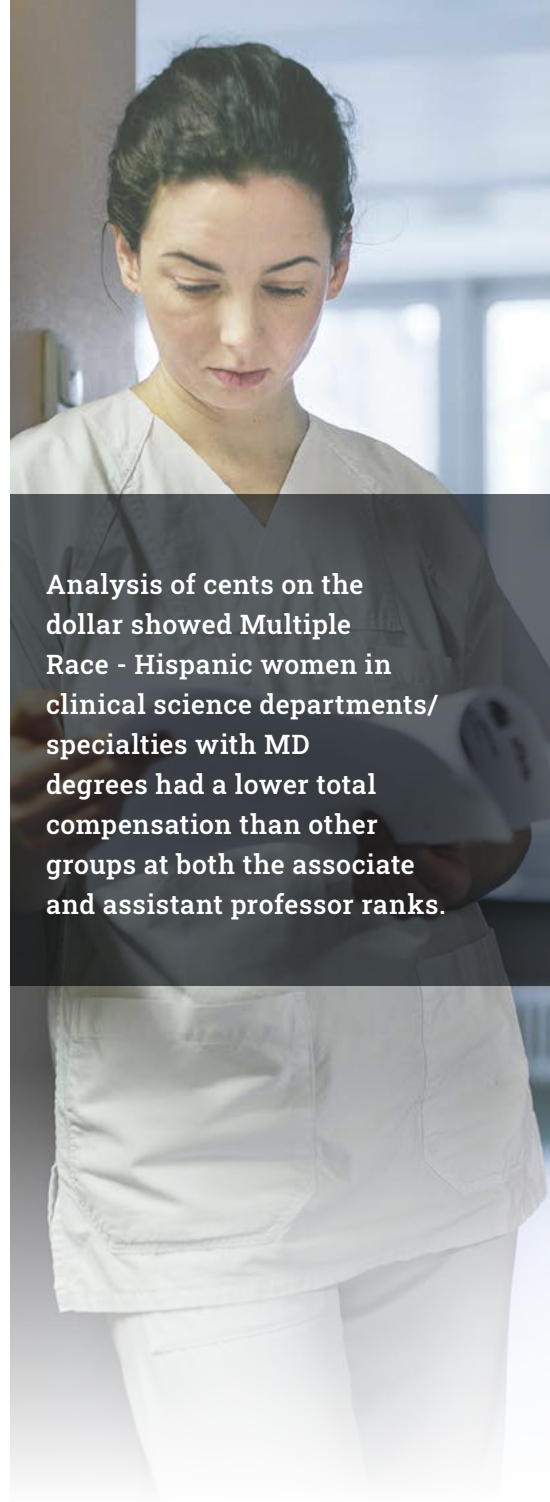
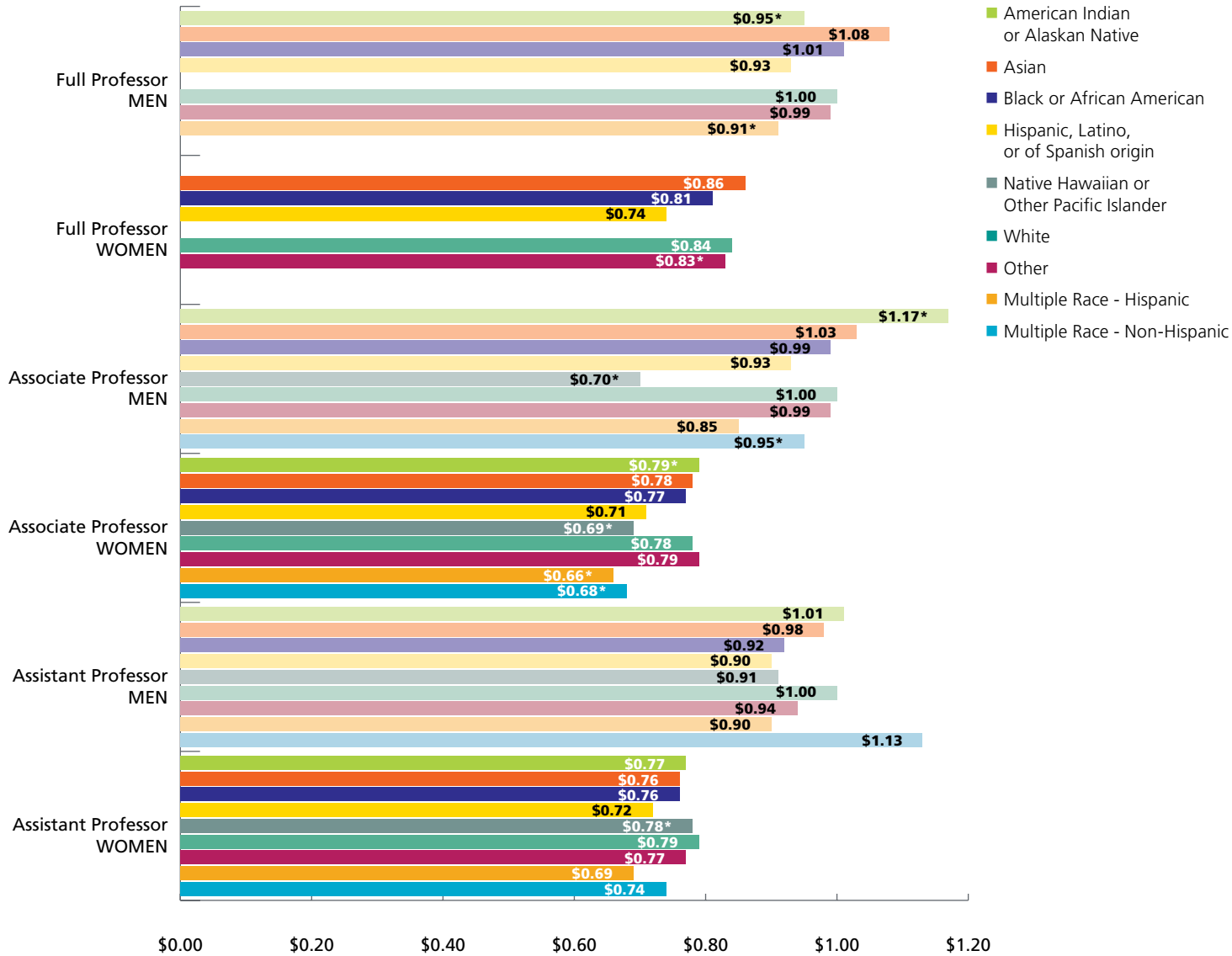
Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. In each row, the lowest dollar amount is in the smallest box, and the highest dollar amount is in the largest box. Dark shading, women; light shading, men. [REFER TO TABLE A.11 FOR SAMPLE SIZES.](#)



When the degree-type variable was added to the analysis, men of lower ranks with MD degrees, such as associate professor, had a higher total compensation than women at higher ranks, such as full professor, with the exception of Native Hawaiian or Other Pacific Islander men at the associate professor rank.



**FIGURE 20.** Median compensation in cents on the dollar for clinical science MD faculty compared with White men by race/ethnicity, gender, and rank.



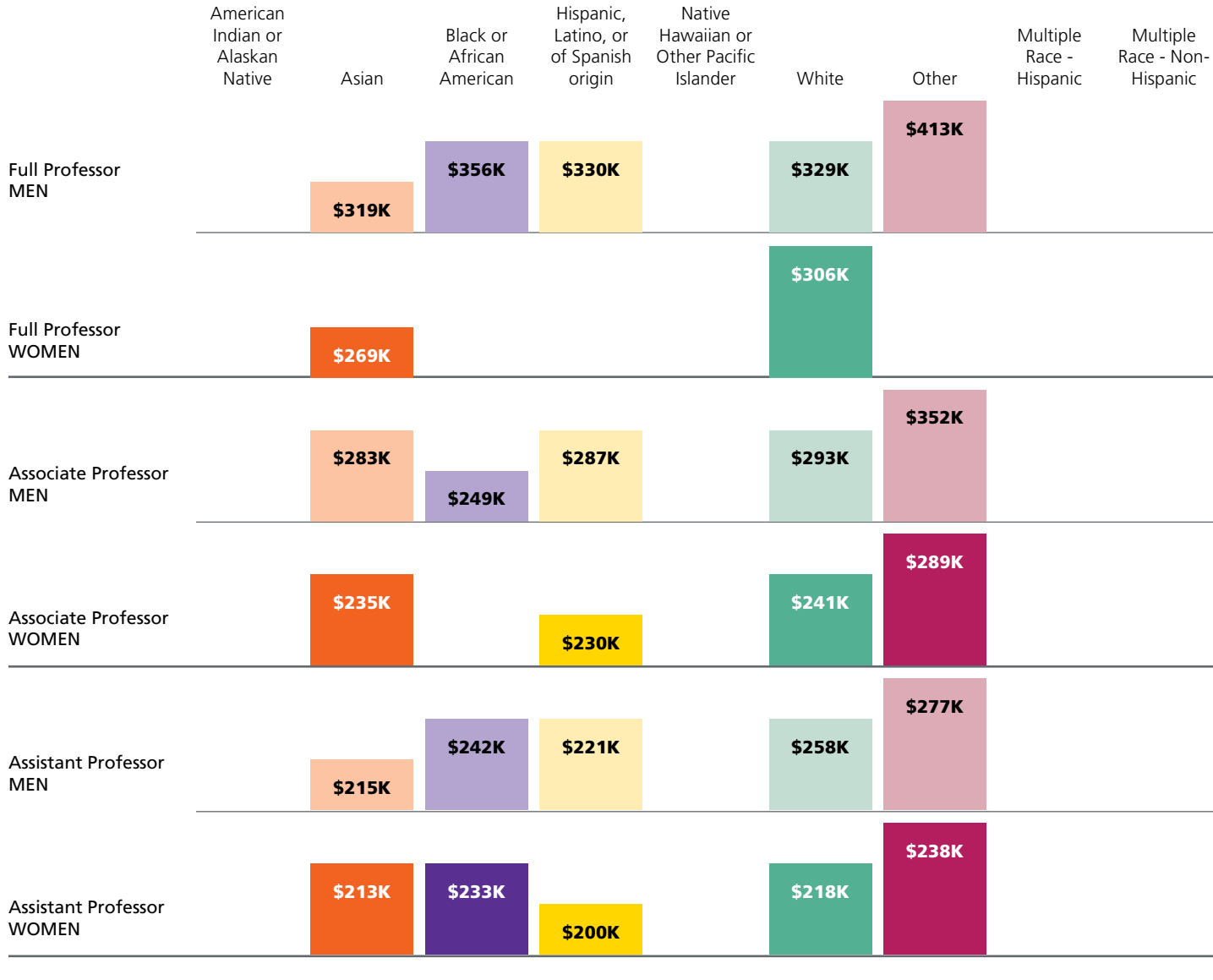
Analysis of cents on the dollar showed Multiple Race - Hispanic women in clinical science departments/specialties with MD degrees had a lower total compensation than other groups at both the associate and assistant professor ranks.

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. Dark shading, women; light shading, men.

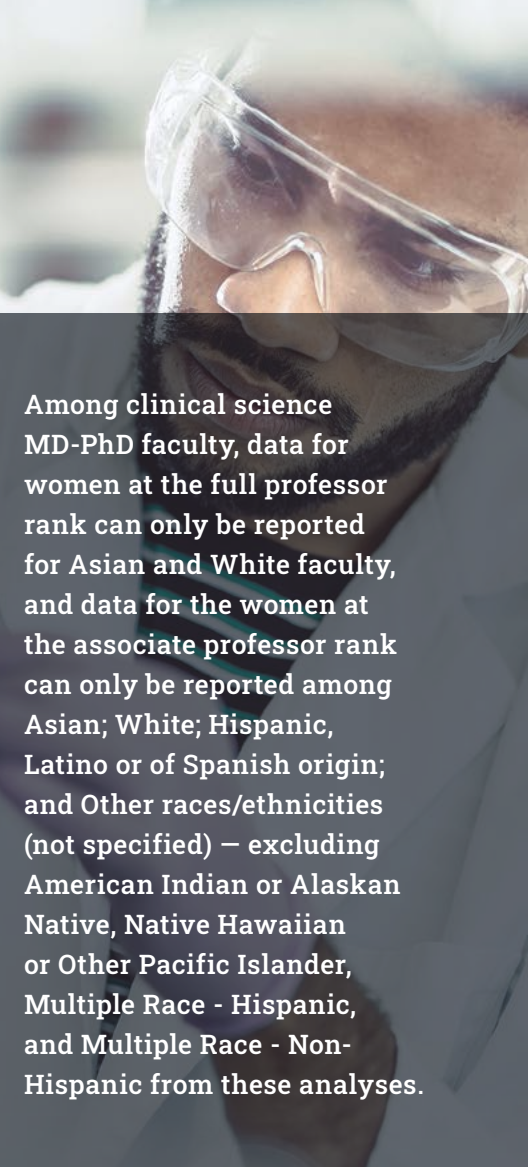
[REFER TO TABLE A.11 FOR SAMPLE SIZES.](#)

**FIGURE 21. Median compensation for clinical science MD-PhD faculty by race/ethnicity, gender, and rank.**



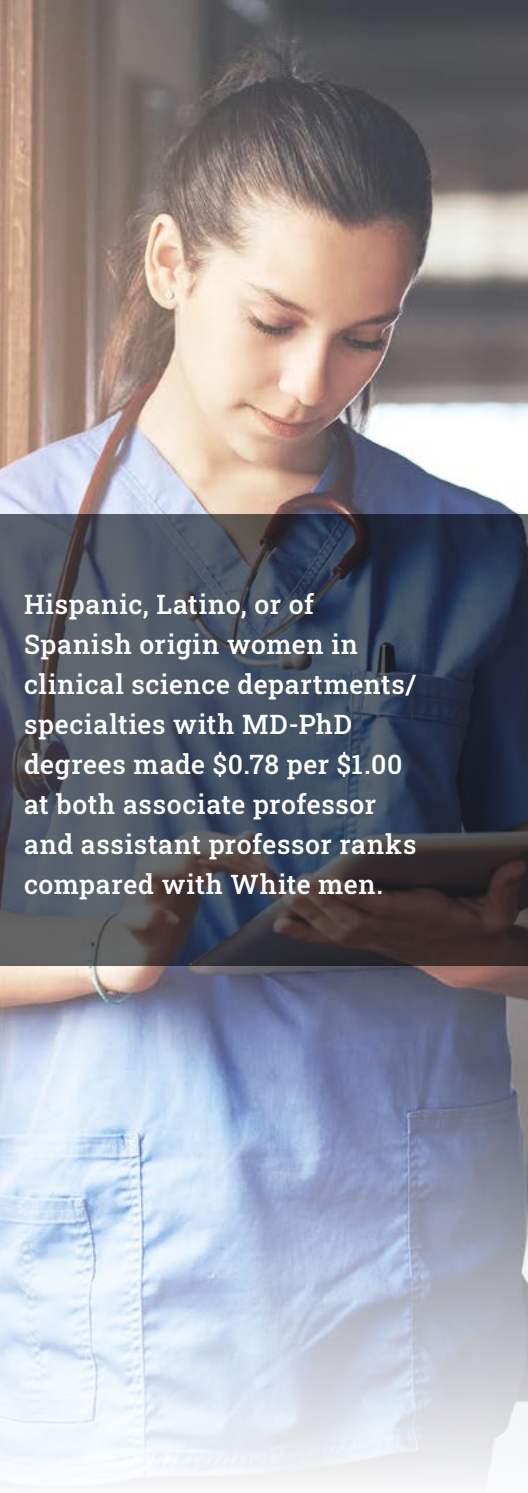
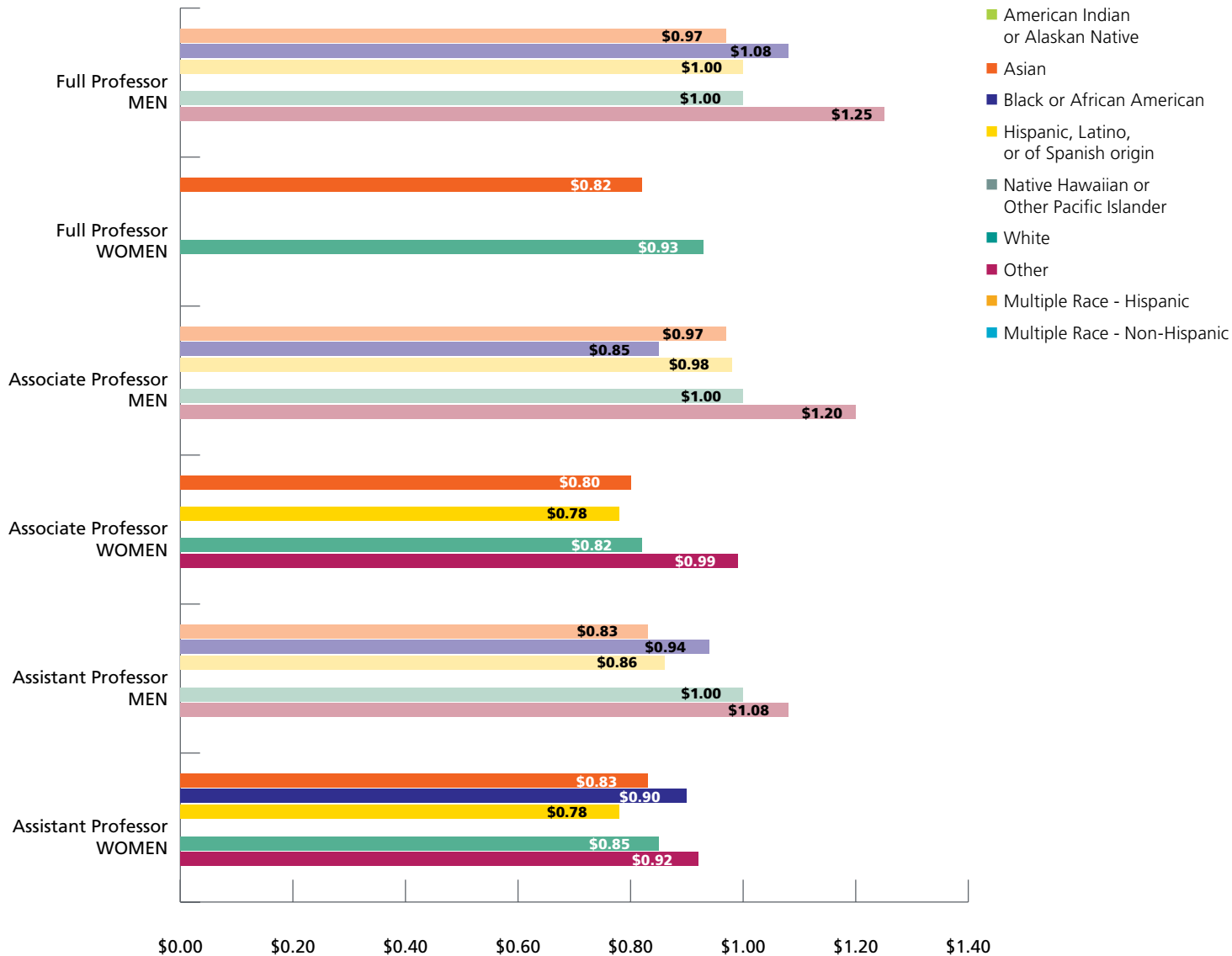
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. In each row, the lowest dollar amount is in the smallest box, and the highest dollar amount is in the largest box. Dark shading, women; light shading, men. [REFER TO TABLE A.12 FOR SAMPLE SIZES.](#)



Among clinical science MD-PhD faculty, data for women at the full professor rank can only be reported for Asian and White faculty, and data for the women at the associate professor rank can only be reported among Asian; White; Hispanic, Latino or of Spanish origin; and Other races/ethnicities (not specified) – excluding American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Multiple Race - Hispanic, and Multiple Race - Non-Hispanic from these analyses.

**FIGURE 22.** Median compensation in cents on the dollar for clinical science MD-PhD faculty compared with White men by race/ethnicity, gender, and rank.



Hispanic, Latino, or of Spanish origin women in clinical science departments/specialties with MD-PhD degrees made \$0.78 per \$1.00 at both associate professor and assistant professor ranks compared with White men.

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. Dark shading, women; light shading, men. [REFER TO TABLE A.12 FOR SAMPLE SIZES.](#)

**FIGURE 23.** Median compensation for clinical science PhD faculty by race/ethnicity, gender, and rank.



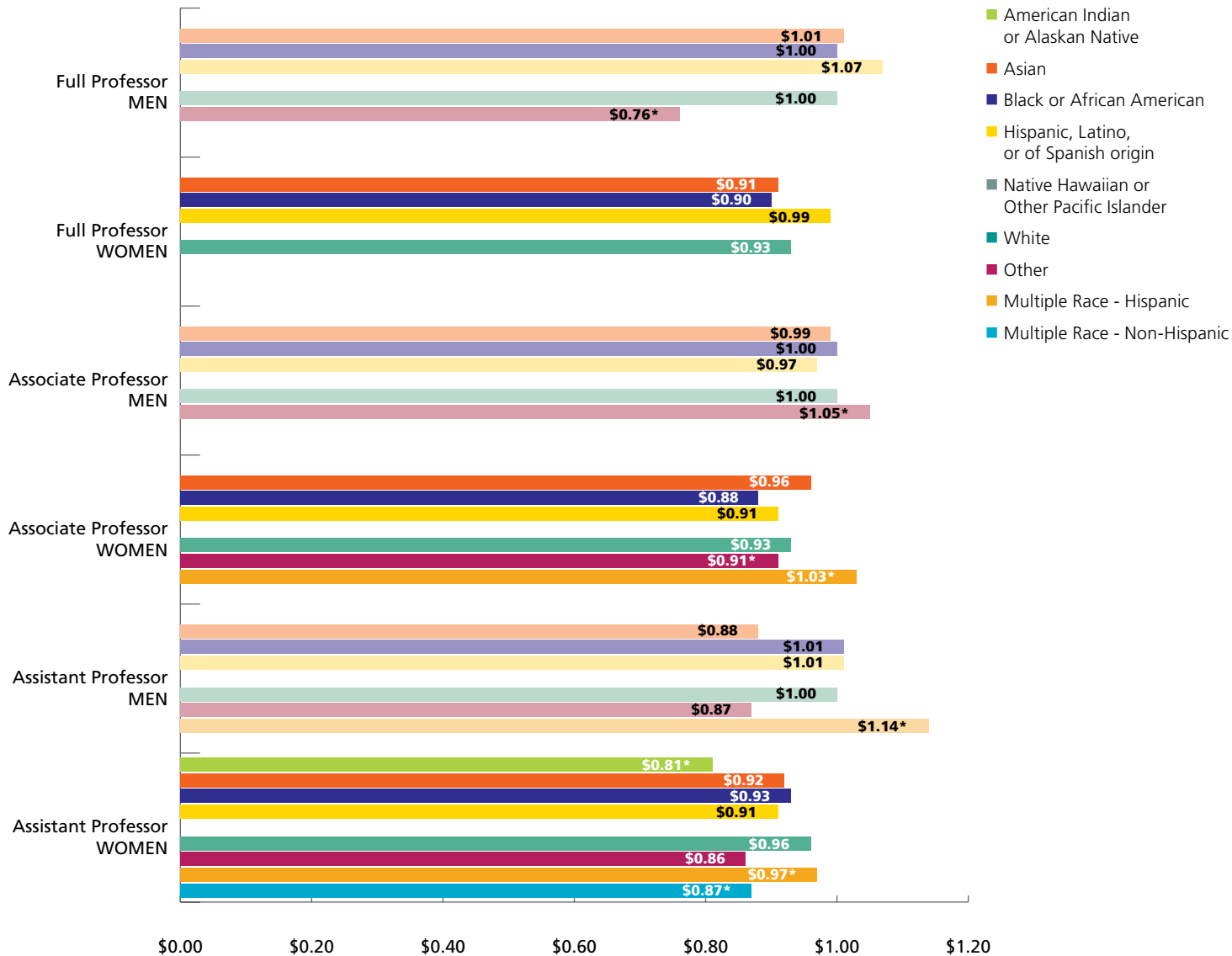
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. In each row, the lowest dollar amount is in the smallest box, and the highest dollar amount is in the largest box. Dark shading, women; light shading, men. [REFER TO TABLE A.13 FOR SAMPLE SIZES.](#)



Among clinical science faculty with PhD or other doctoral degrees, gaps in compensation were smaller than they were for clinical science faculty with MD degrees. However, gaps did exist for both men and women of color.

**FIGURE 24.** Median compensation in cents on the dollar for clinical science PhD faculty compared with White men by race/ethnicity, gender, and rank.



Analysis of cents on the dollar showed that among clinical science PhD faculty, compensation gaps were smaller for men across races/ethnicities and ranks with a few exceptions (e.g., Asian assistant professor men), and the gaps ranged between \$0.81 and \$1.03 per \$1.00 for women.

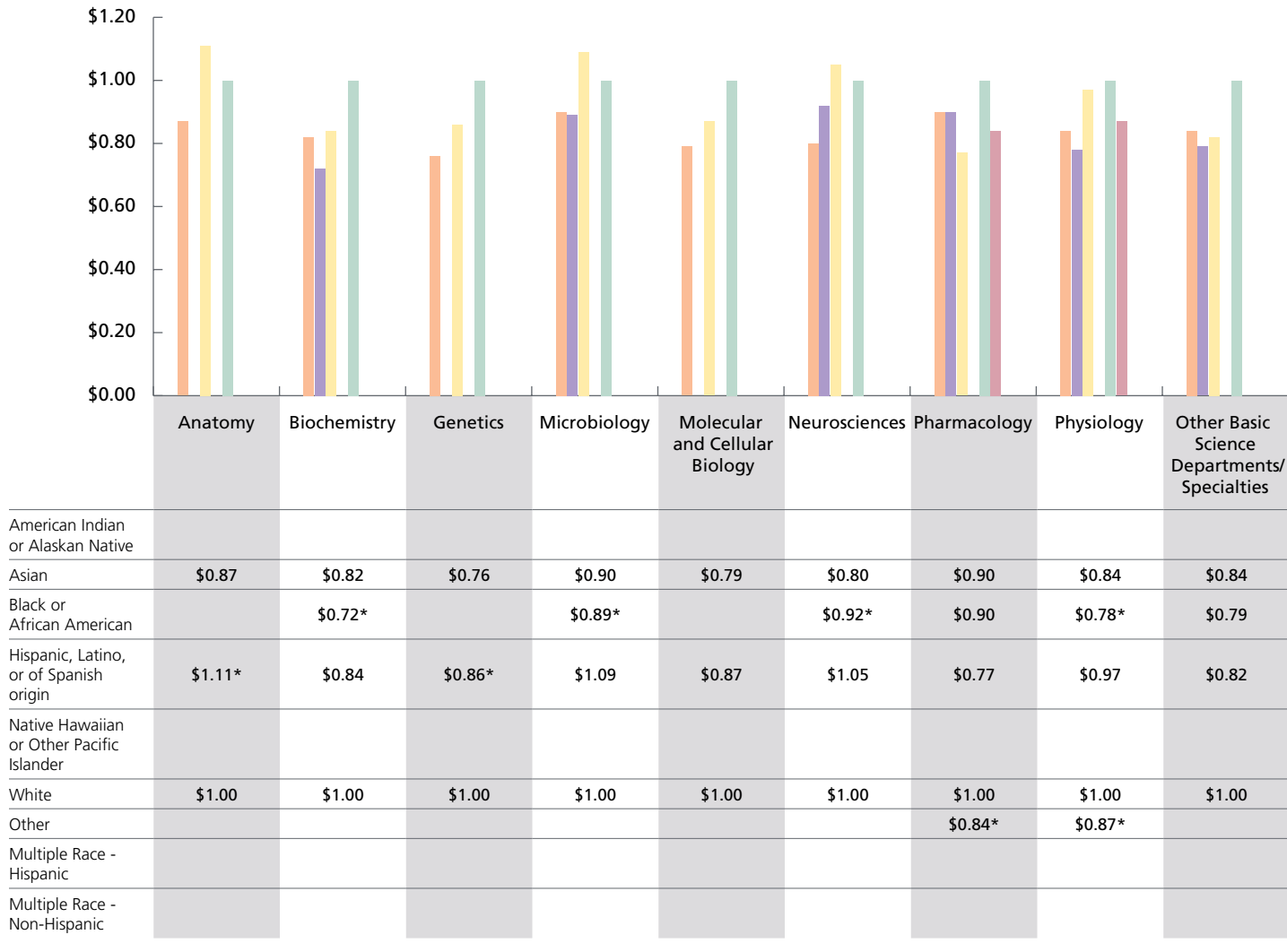
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. Dark shading, women; light shading, men.

[REFER TO TABLE A.13 FOR SAMPLE SIZES.](#)

**FIGURE 25. Median compensation in cents on the dollar for men faculty compared with White men by race/ethnicity and basic science department/specialty.**

■ American Indian or Alaskan Native   
 ■ Asian   
 ■ Black or African American   
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander   
 ■ White   
 ■ Other   
 ■ Multiple Race - Hispanic   
 ■ Multiple Race - Non-Hispanic



Compensation data were highly variable among men faculty within basic science departments/specialties. The lowest reported compensation was among Black or African American men in Biochemistry, at \$0.72.

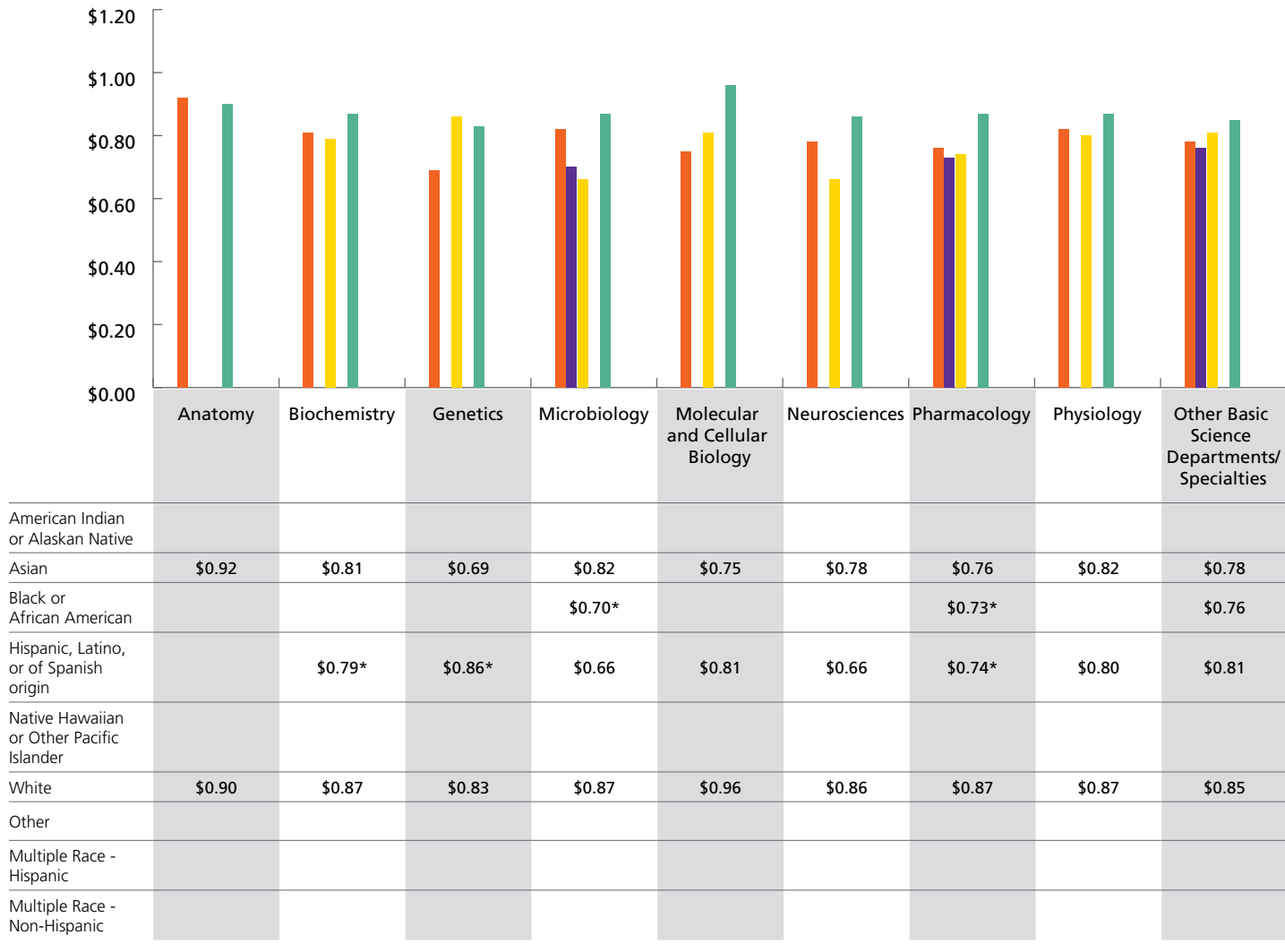
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people.

[REFER TO TABLE A.14 FOR SAMPLE SIZES.](#)

**FIGURE 26. Median compensation in cents on the dollar for women faculty compared with White men by race/ethnicity and basic science department/specialty.**

■ American Indian or Alaskan Native    
 ■ Asian    
 ■ Black or African American    
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander    
■ White    
■ Other    
■ Multiple Race - Hispanic    
■ Multiple Race - Non-Hispanic



Compensation data among women faculty within basic science departments/specialties also varied greatly. Hispanic, Latino, or of Spanish origin women in both Microbiology and Neurosciences reported the lowest compensation among the departments/specialties, at \$0.66.

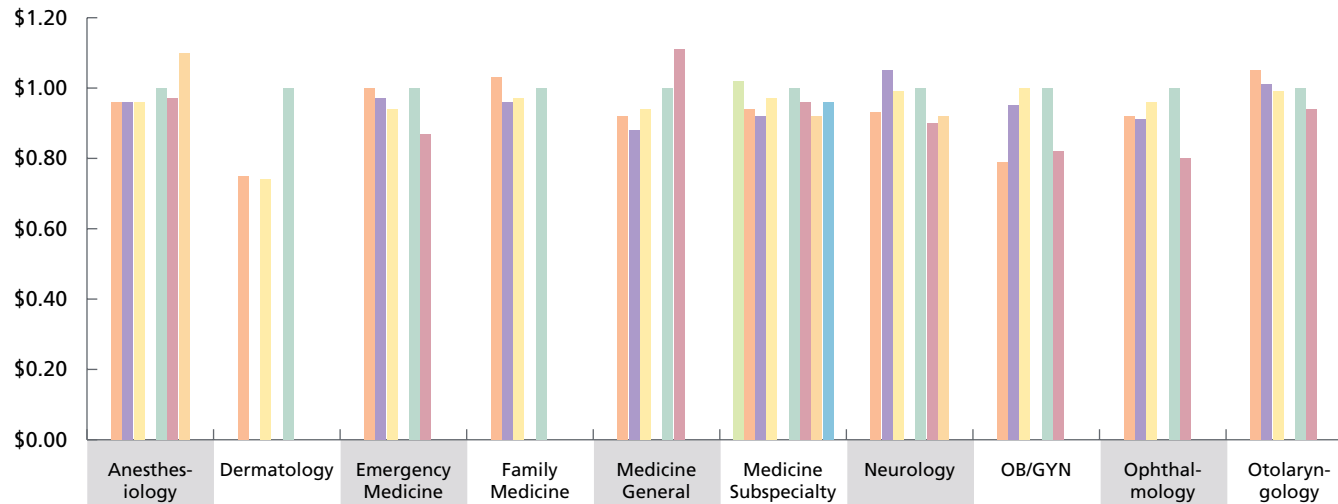
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people.

[REFER TO TABLE A.14 FOR SAMPLE SIZES.](#)

**FIGURE 27A. Median compensation in cents on the dollar for men faculty compared with White men by race/ethnicity and clinical science department/specialty: Anesthesiology through Otolaryngology.**

■ American Indian or Alaskan Native   
 ■ Asian   
 ■ Black or African American   
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander   
 ■ White   
 ■ Other   
 ■ Multiple Race - Hispanic   
 ■ Multiple Race - Non-Hispanic

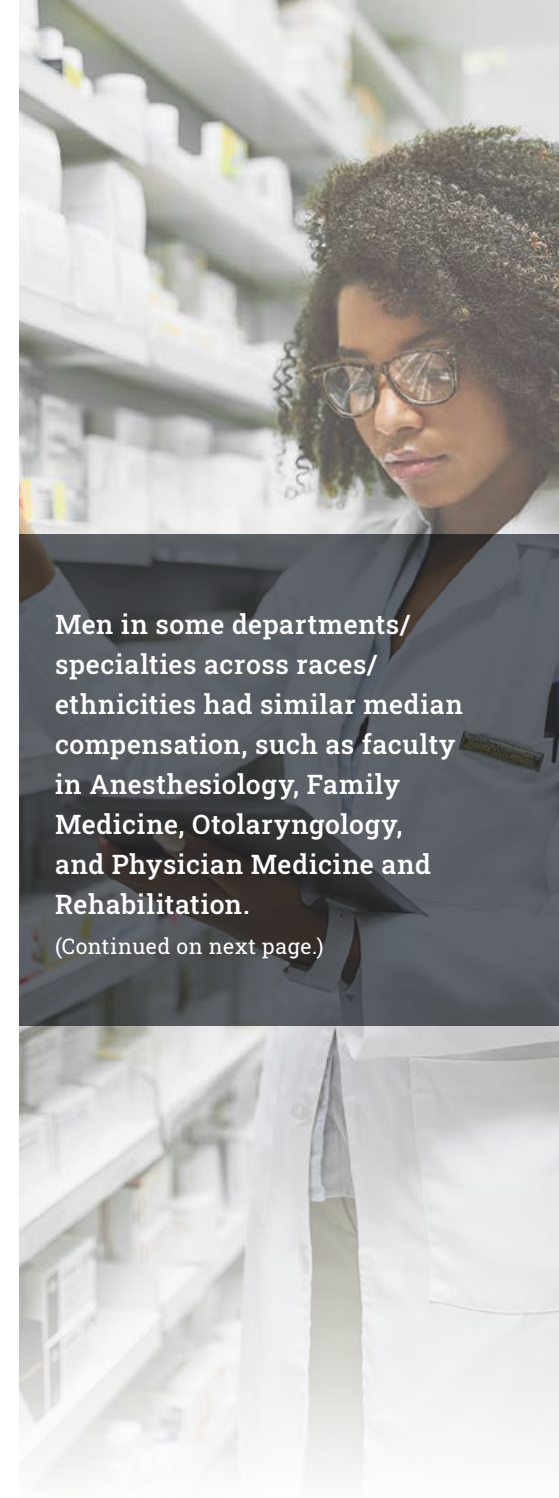


	Anesthesiology	Dermatology	Emergency Medicine	Family Medicine	Medicine General	Medicine Subspecialty	Neurology	OB/GYN	Ophthalmology	Otolaryngology
American Indian or Alaskan Native						\$1.02*				
Asian	\$0.96	\$0.75	\$1.00	\$1.03	\$0.92	\$0.94	\$0.93	\$0.79	\$0.92	\$1.05
Black or African American	\$0.96		\$0.97	\$0.96	\$0.88	\$0.92	\$1.05	\$0.95	\$0.91*	\$1.01*
Hispanic, Latino, or of Spanish origin	\$0.96	\$0.74*	\$0.94	\$0.97	\$0.94	\$0.97	\$0.99	\$1.00	\$0.96	\$0.99
Native Hawaiian or Other Pacific Islander										
White	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00
Other	\$0.97		\$0.87*		\$1.11*	\$0.96	\$0.90	\$0.82*	\$0.80*	\$0.94*
Multiple Race - Hispanic	\$1.10*					\$0.92	\$0.92*			
Multiple Race - Non-Hispanic						\$0.96*				

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people.

[REFER TO TABLE A.15 FOR SAMPLE SIZES.](#)



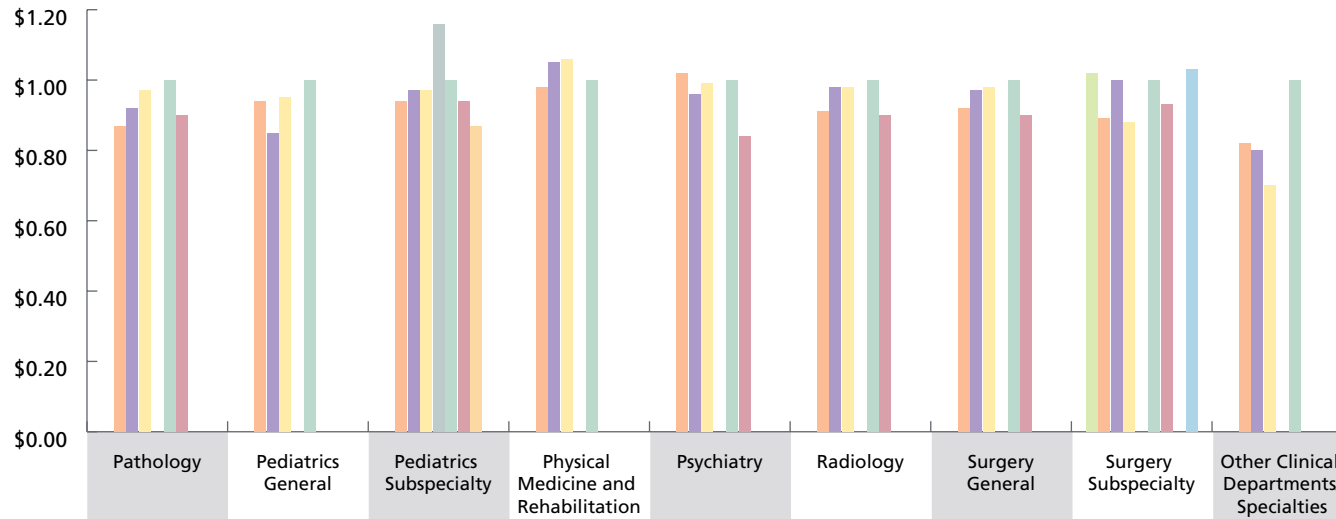
Men in some departments/specialties across races/ethnicities had similar median compensation, such as faculty in Anesthesiology, Family Medicine, Otolaryngology, and Physician Medicine and Rehabilitation.

(Continued on next page.)



**FIGURE 27B. Median compensation in cents on the dollar for men faculty compared with White men by race/ethnicity and clinical science department/specialty: Pathology through Surgery and Other.**

■ American Indian or Alaskan Native   
 ■ Asian   
 ■ Black or African American   
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander   
 ■ White   
 ■ Other   
 ■ Multiple Race - Hispanic   
 ■ Multiple Race - Non-Hispanic

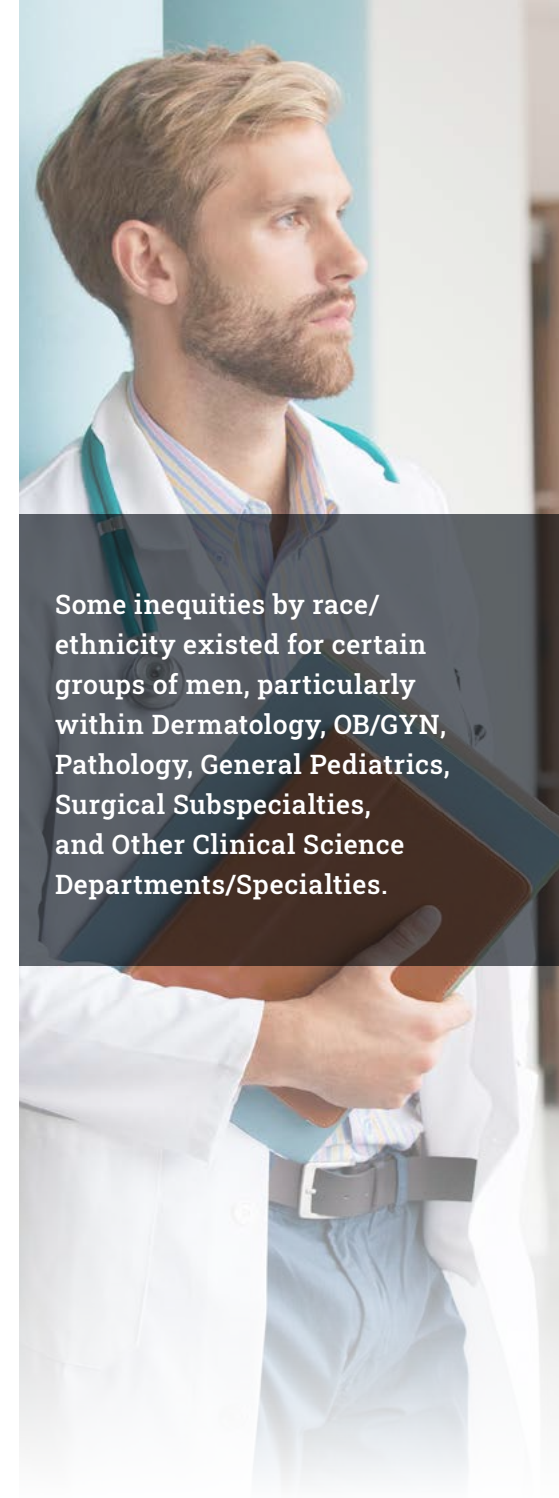


	Pathology	Pediatrics General	Pediatrics Subspecialty	Physical Medicine and Rehabilitation	Psychiatry	Radiology	Surgery General	Surgery Subspecialty	Other Clinical Departments/Specialties
American Indian or Alaskan Native								\$1.02*	
Asian	\$0.87	\$0.94	\$0.94	\$0.98	\$1.02	\$0.91	\$0.92	\$0.89	\$0.82
Black or African American	\$0.92	\$0.85	\$0.97	\$1.05*	\$0.96	\$0.98	\$0.97	\$1.00	\$0.80
Hispanic, Latino, or of Spanish origin	\$0.97	\$0.95	\$0.97	\$1.06*	\$0.99	\$0.98	\$0.98	\$0.88	\$0.70
Native Hawaiian or Other Pacific Islander			\$1.16*						
White	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00
Other	\$0.90		\$0.94		\$0.84	\$0.90	\$0.90*	\$0.93	
Multiple Race - Hispanic			\$0.87*						
Multiple Race - Non-Hispanic								\$1.03*	

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people.

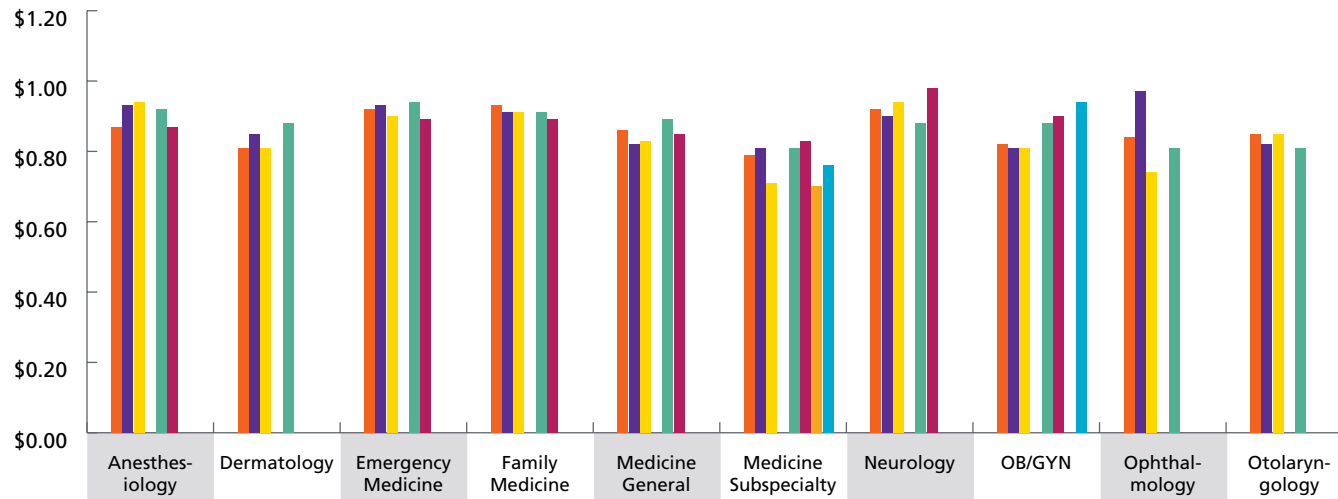
[REFER TO TABLE A.15 FOR SAMPLE SIZES.](#)



Some inequities by race/ethnicity existed for certain groups of men, particularly within Dermatology, OB/GYN, Pathology, General Pediatrics, Surgical Subspecialties, and Other Clinical Science Departments/Specialties.

**FIGURE 28A. Median compensation in cents on the dollar for women faculty compared with White men by race/ethnicity and clinical science department/specialty: Anesthesiology through Otolaryngology.**

■ American Indian or Alaskan Native    
 ■ Asian    
 ■ Black or African American    
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander    
 ■ White    
 ■ Other    
 ■ Multiple Race - Hispanic    
 ■ Multiple Race - Non-Hispanic



	Anesthesiology	Dermatology	Emergency Medicine	Family Medicine	Medicine General	Medicine Subspecialty	Neurology	OB/GYN	Ophthalmology	Otolaryngology
American Indian or Alaskan Native										
Asian	\$0.87	\$0.81	\$0.92	\$0.93	\$0.86	\$0.79	\$0.92	\$0.82	\$0.84	\$0.85
Black or African American	\$0.93	\$0.85	\$0.93	\$0.91	\$0.82	\$0.81	\$0.90	\$0.81	\$0.97	\$0.82*
Hispanic, Latino, or of Spanish origin	\$0.94	\$0.81*	\$0.90	\$0.91	\$0.83	\$0.71	\$0.94	\$0.81	\$0.74	\$0.85*
Native Hawaiian or Other Pacific Islander										
White	\$0.92	\$0.88	\$0.94	\$0.91	\$0.89	\$0.81	\$0.88	\$0.88	\$0.81	\$0.81
Other	\$0.87*		\$0.89*	\$0.89*	\$0.85*	\$0.83	\$0.98*	\$0.90		
Multiple Race - Hispanic						\$0.70				
Multiple Race - Non-Hispanic						\$0.76*		\$0.94*		

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals.\*Sample size 10-19 people.

[REFER TO TABLE A.15 FOR SAMPLE SIZES.](#)

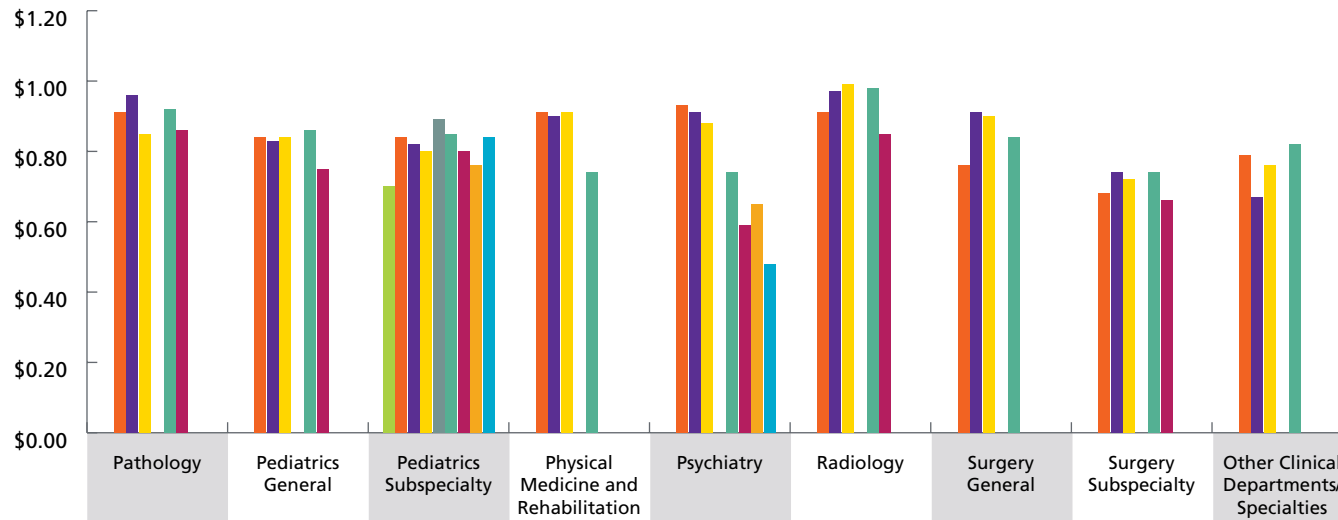


There was great variation in compensation trends among women clinical science faculty. In some departments/specialties, White women had a higher total compensation, and in others, a lower compensation than their counterparts.

(Continued on next page.)

**FIGURE 28B. Median compensation in cents on the dollar for women faculty compared with White men by race/ethnicity and clinical science department/specialty: Pathology through Surgery and Other.**

■ American Indian or Alaskan Native    
 ■ Asian    
 ■ Black or African American    
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander    
 ■ White    
 ■ Other    
■ Multiple Race - Hispanic    
■ Multiple Race - Non-Hispanic



Race/Ethnicity	Pathology	Pediatrics General	Pediatrics Subspecialty	Physical Medicine and Rehabilitation	Psychiatry	Radiology	Surgery General	Surgery Subspecialty	Other Clinical Departments/Specialties
American Indian or Alaskan Native			\$0.70*						
Asian	\$0.91	\$0.84	\$0.84	\$0.91	\$0.93	\$0.91	\$0.76	\$0.68	\$0.79
Black or African American	\$0.96	\$0.83	\$0.82	\$0.90	\$0.91	\$0.97	\$0.91	\$0.74	\$0.67
Hispanic, Latino, or of Spanish origin	\$0.85	\$0.84	\$0.80	\$0.91*	\$0.88	\$0.99	\$0.90*	\$0.72	\$0.76
Native Hawaiian or Other Pacific Islander			\$0.89*						
White	\$0.92	\$0.86	\$0.85	\$0.74	\$0.74	\$0.98	\$0.84	\$0.74	\$0.82
Other	\$0.86	\$0.75*	\$0.80		\$0.59	\$0.85*		\$0.66	
Multiple Race - Hispanic			\$0.76		\$0.65*				
Multiple Race - Non-Hispanic			\$0.84*		\$0.48*				

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people.

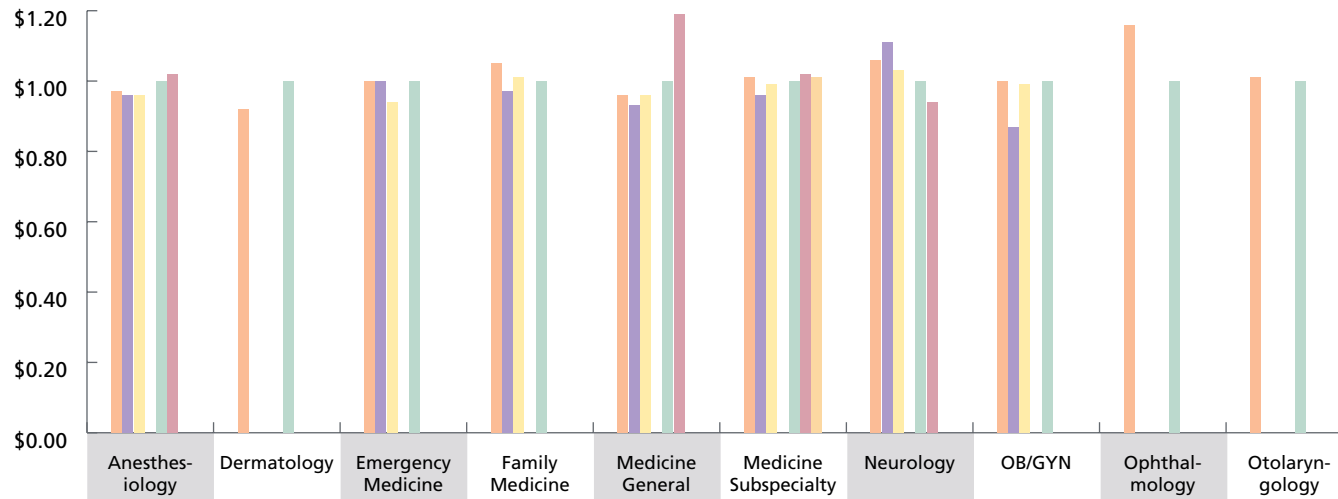
[REFER TO TABLE A.15 FOR SAMPLE SIZES.](#)



Compensation across clinical science departments/specialties for all women faculty ranged from \$0.48 to \$0.99 per \$1.00, with Radiology being the specialty with the highest levels of equity.

**FIGURE 29A. Median compensation in cents on the dollar for men assistant professors with MD degrees compared with White men by race/ethnicity and clinical science department/specialty: Anesthesiology through Otolaryngology.**

■ American Indian or Alaskan Native    
 ■ Asian    
 ■ Black or African American    
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander    
■ White    
■ Other    
■ Multiple Race - Hispanic    
■ Multiple Race - Non-Hispanic



	Anesthesiology	Dermatology	Emergency Medicine	Family Medicine	Medicine General	Medicine Subspecialty	Neurology	OB/GYN	Ophthalmology	Otolaryngology
American Indian or Alaskan Native										
Asian	\$0.97	\$0.92	\$1.00	\$1.05	\$0.96	\$1.01	\$1.06	\$1.00	\$1.16	\$1.01
Black or African American	\$0.96		\$1.00	\$0.97	\$0.93	\$0.96	\$1.11	\$0.87		
Hispanic, Latino, or of Spanish origin	\$0.96		\$0.94	\$1.01	\$0.96	\$0.99	\$1.03	\$0.99		
Native Hawaiian or Other Pacific Islander										
White	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00
Other	\$1.02*				\$1.19*	\$1.02	\$0.94*			
Multiple Race - Hispanic						\$1.01*				
Multiple Race - Non-Hispanic										

Source: FY 2020 AAMC Faculty Salary Survey.

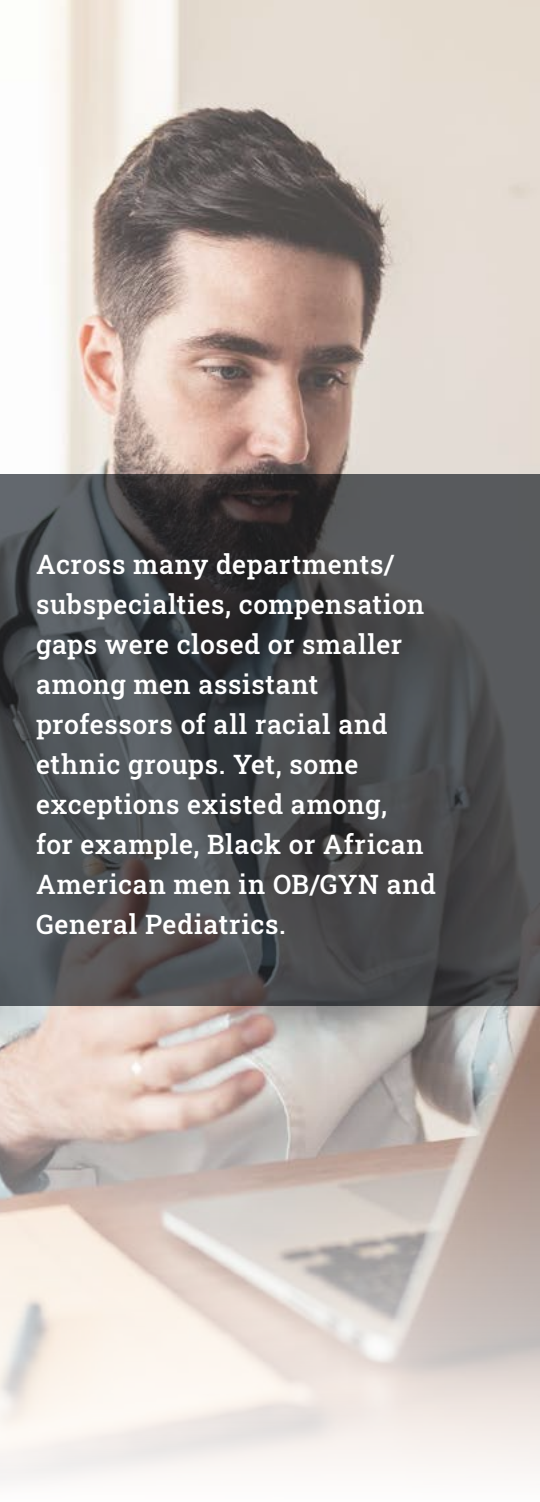
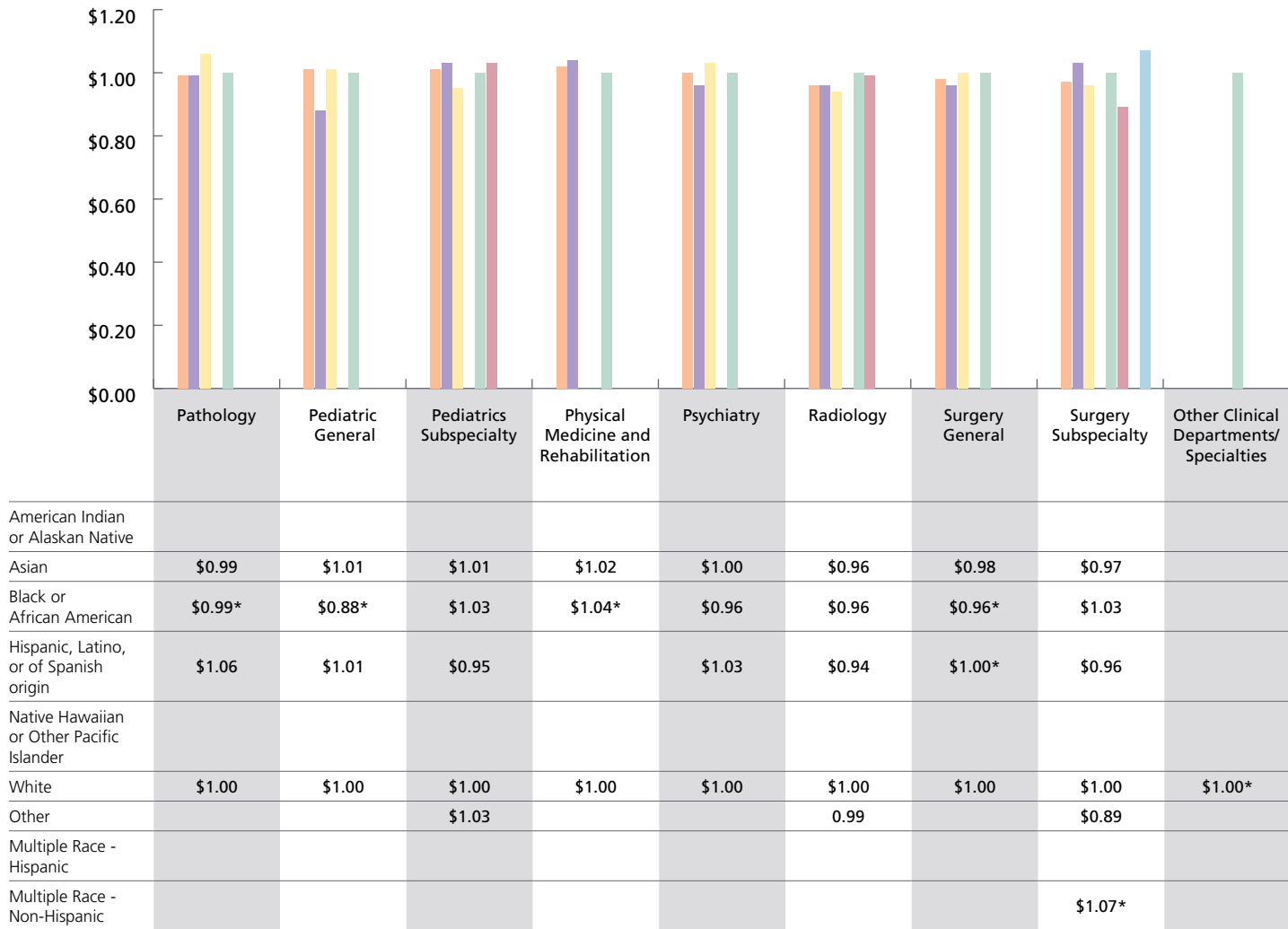
Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. [REFER TO TABLE A.16 FOR SAMPLE SIZES.](#)

Total median compensation of assistant professors was analyzed by race/ethnicity, gender, degree, and department/specialty to identify the most similar cohorts of individuals. Even at this level of analysis, gaps in compensation for men of color and for women across all races and ethnicities existed across some departments/specialties.

(Continued on next page.)

**FIGURE 29B. Median compensation in cents on the dollar for men assistant professors with MD degrees compared with White men by race/ethnicity and clinical science department/specialty: Pathology through Surgery and Other.**

■ American Indian or Alaskan Native    
 ■ Asian    
 ■ Black or African American    
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander    
 ■ White    
 ■ Other    
 ■ Multiple Race - Hispanic    
 ■ Multiple Race - Non-Hispanic



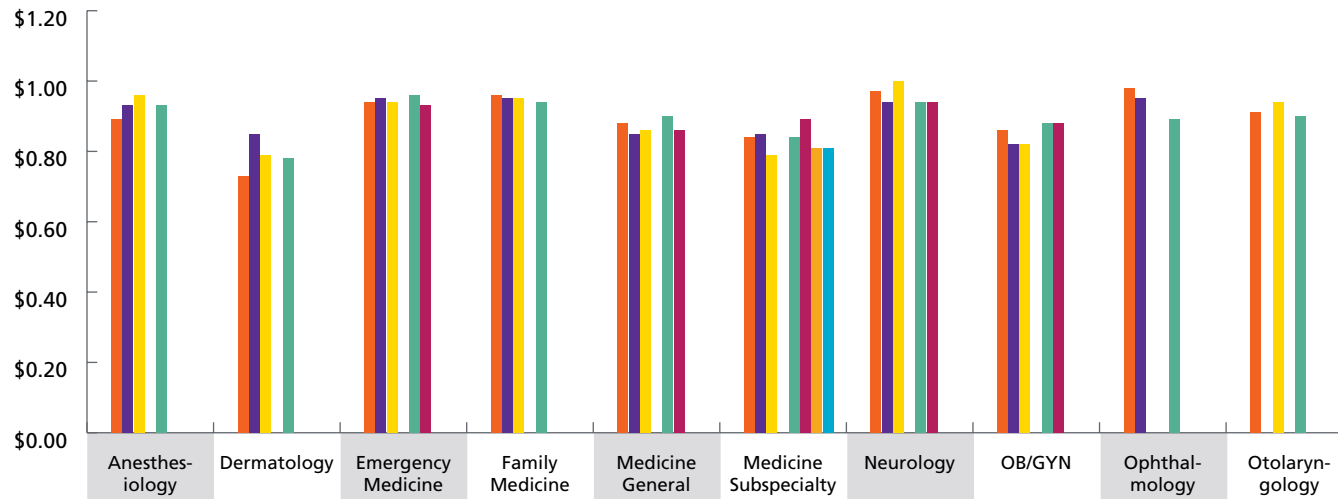
Across many departments/subspecialties, compensation gaps were closed or smaller among men assistant professors of all racial and ethnic groups. Yet, some exceptions existed among, for example, Black or African American men in OB/GYN and General Pediatrics.

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. [REFER TO TABLE A.16 FOR SAMPLE SIZES.](#)

**FIGURE 30A. Median compensation in cents on the dollar for women assistant professors with MD degrees compared with White men by race/ethnicity and clinical science department/specialty: Anesthesiology through Otolaryngology.**

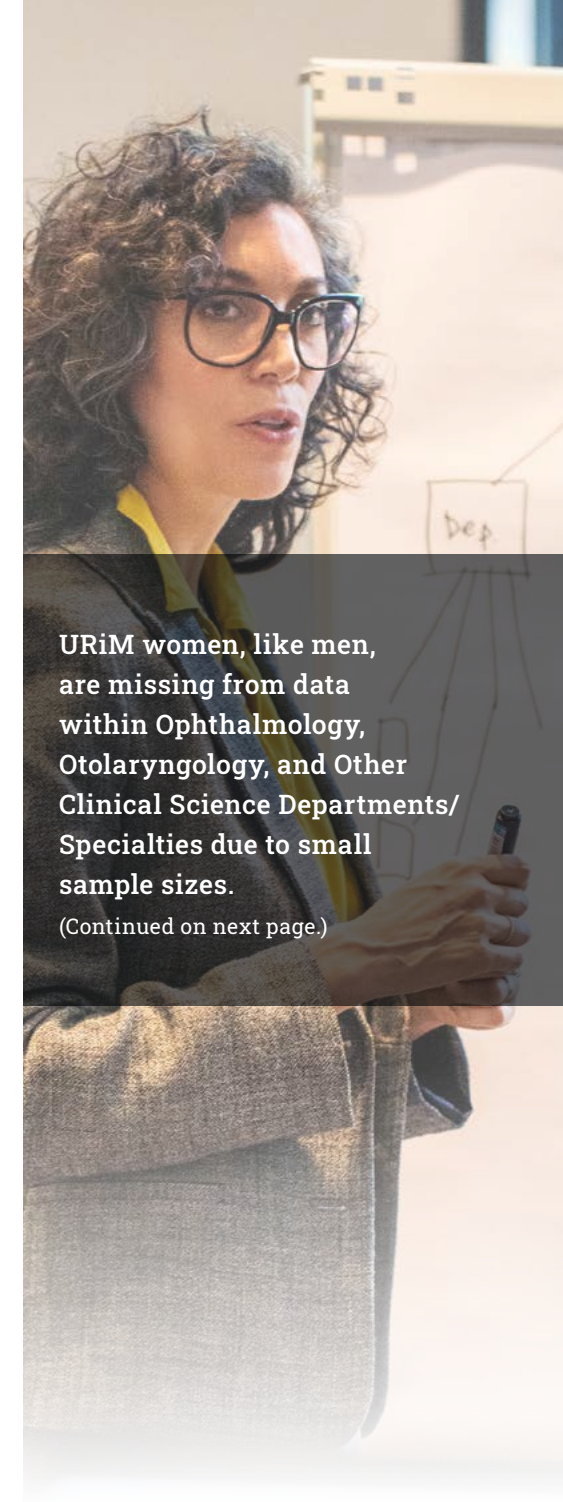
■ American Indian or Alaskan Native   
 ■ Asian   
 ■ Black or African American   
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander   
 ■ White   
 ■ Other   
 ■ Multiple Race - Hispanic   
 ■ Multiple Race - Non-Hispanic



	Anesthesiology	Dermatology	Emergency Medicine	Family Medicine	Medicine General	Medicine Subspecialty	Neurology	OB/GYN	Ophthalmology	Otolaryngology
American Indian or Alaskan Native										
Asian	\$0.89	\$0.73	\$0.94	\$0.96	\$0.88	\$0.84	\$0.97	\$0.86	\$0.98	\$0.91
Black or African American	\$0.93	\$0.85*	\$0.95	\$0.95	\$0.85	\$0.85	\$0.94	\$0.82	\$0.95*	
Hispanic, Latino, or of Spanish origin	\$0.96	\$0.79*	\$0.94	\$0.95	\$0.86	\$0.79	\$1.00	\$0.82		\$0.94*
Native Hawaiian or Other Pacific Islander										
White	\$0.93	\$0.78	\$0.96	\$0.94	\$0.90	\$0.84	\$0.94	\$0.88	\$0.89	\$0.90
Other			\$0.93*		\$0.86*	\$0.89	\$0.94*	\$0.88		
Multiple Race - Hispanic						\$0.81*				
Multiple Race - Non-Hispanic						\$0.81*				

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. [REFER TO TABLE A.16 FOR SAMPLE SIZES.](#)

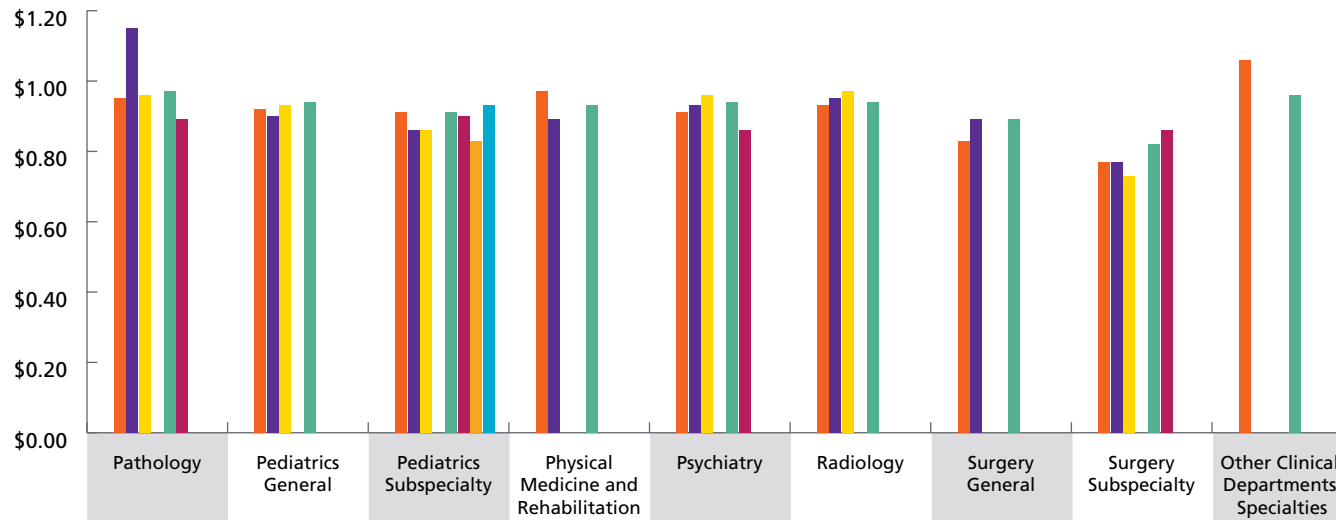


URiM women, like men, are missing from data within Ophthalmology, Otolaryngology, and Other Clinical Science Departments/Specialties due to small sample sizes.

(Continued on next page.)

**FIGURE 30B. Median compensation in cents on the dollar for women assistant professors with MD degrees compared with White men by race/ethnicity and clinical science department/specialty: Pathology through Surgery and Other.**

■ American Indian or Alaskan Native    
 ■ Asian    
 ■ Black or African American    
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander    
 ■ White    
 ■ Other    
 ■ Multiple Race - Hispanic    
 ■ Multiple Race - Non-Hispanic



	Pathology	Pediatrics General	Pediatrics Subspecialty	Physical Medicine and Rehabilitation	Psychiatry	Radiology	Surgery General	Surgery Subspecialty	Other Clinical Departments/Specialties
American Indian or Alaskan Native									
Asian	\$0.95	\$0.92	\$0.91	\$0.97	\$0.91	\$0.93	\$0.83	\$0.77	\$1.06*
Black or African American	\$1.15*	\$0.90	\$0.86	\$0.89*	\$0.93	\$0.95	\$0.89*	\$0.77	
Hispanic, Latino, or of Spanish origin	\$0.96	\$0.93	\$0.86		\$0.96	\$0.97		\$0.73	
Native Hawaiian or Other Pacific Islander									
White	\$0.97	\$0.94	\$0.91	\$0.93	\$0.94	\$0.94	\$0.89	\$0.82	\$0.96
Other	\$0.89*		\$0.90		\$0.86*			\$0.86	
Multiple Race - Hispanic			\$0.83*						
Multiple Race - Non-Hispanic			\$0.93*						

Source: FY 2020 AAMC Faculty Salary Survey.

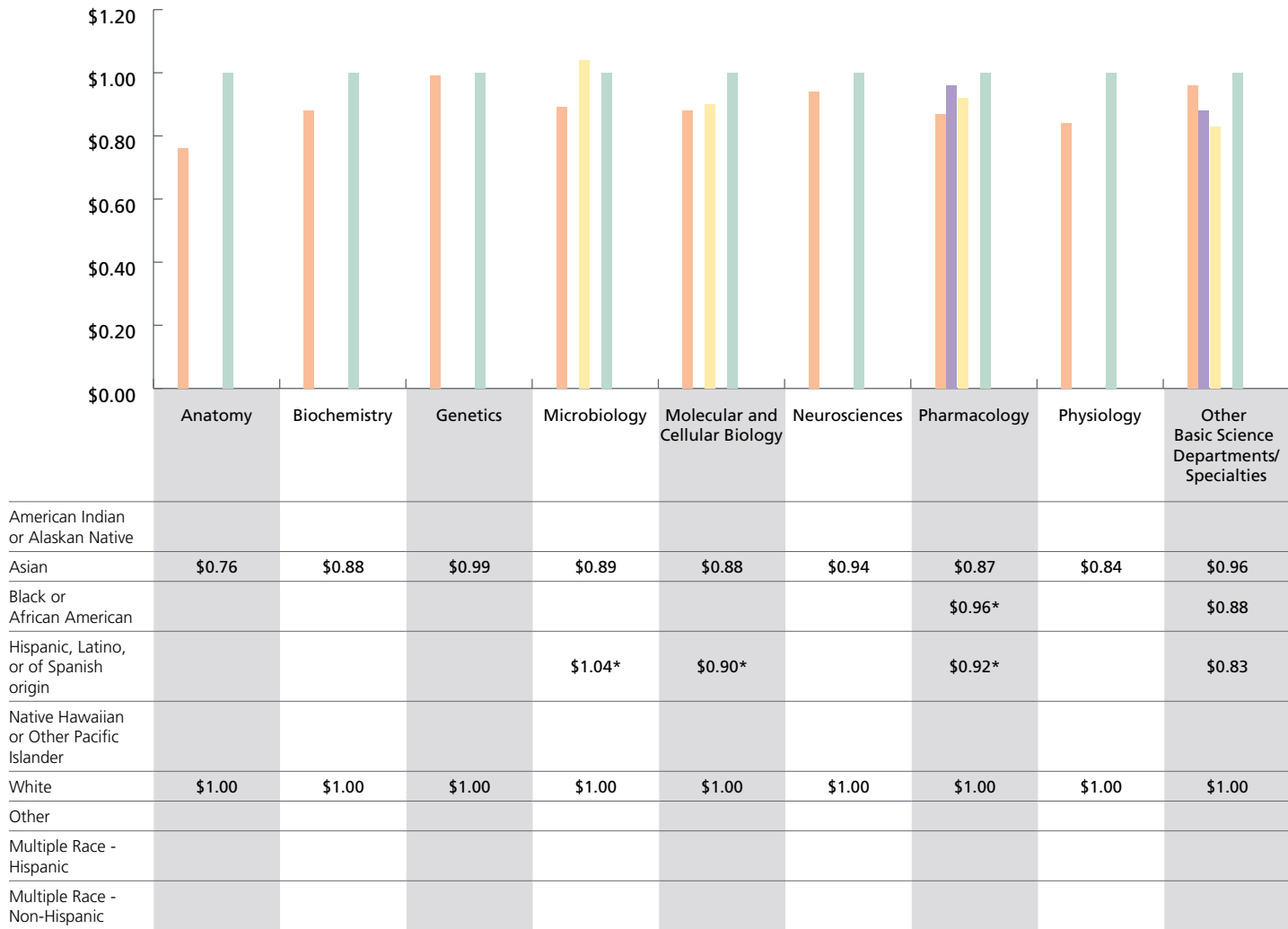
Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. [REFER TO TABLE A.16 FOR SAMPLE SIZES.](#)



As observed in previous studies, while there was a large representation of women in Pediatrics, compensation inequities still existed within the department/specialty. Even larger inequities were observed among women in Surgery, a field in which women are less represented.

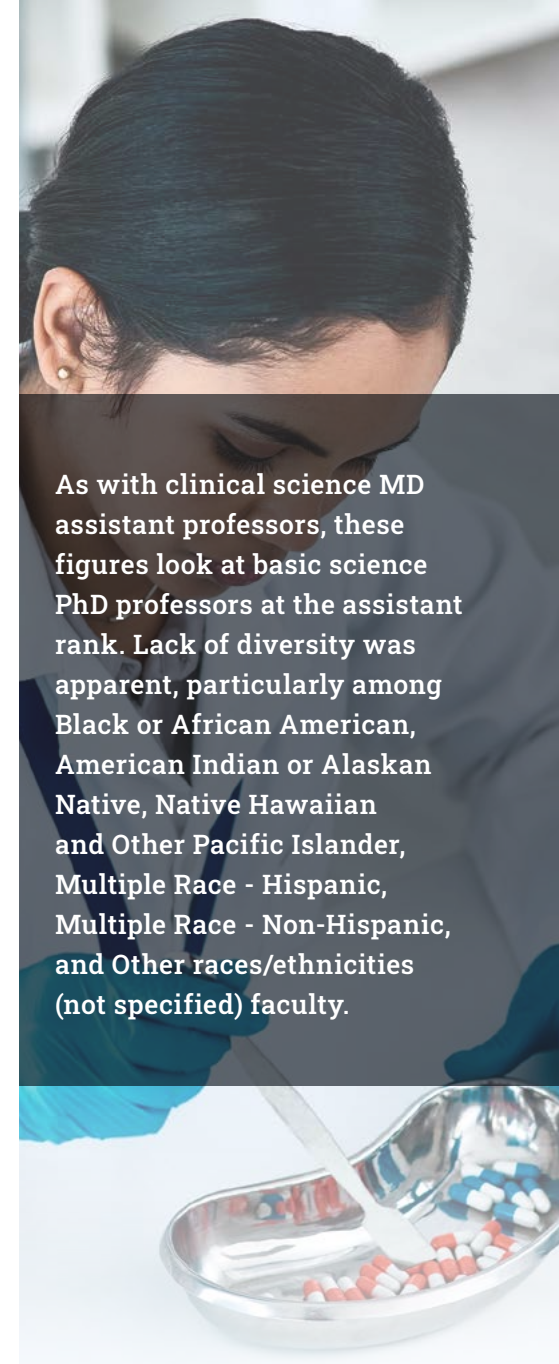
**FIGURE 31. Median compensation in cents on the dollar for men assistant professors with PhD degrees compared with White men by race/ethnicity and basic science department/specialty.**

■ American Indian or Alaskan Native    
 ■ Asian    
 ■ Black or African American    
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander    
 ■ White    
 ■ Other    
■ Multiple Race - Hispanic    
■ Multiple Race - Non-Hispanic



Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. [REFER TO TABLE A.17 FOR SAMPLE SIZES.](#)

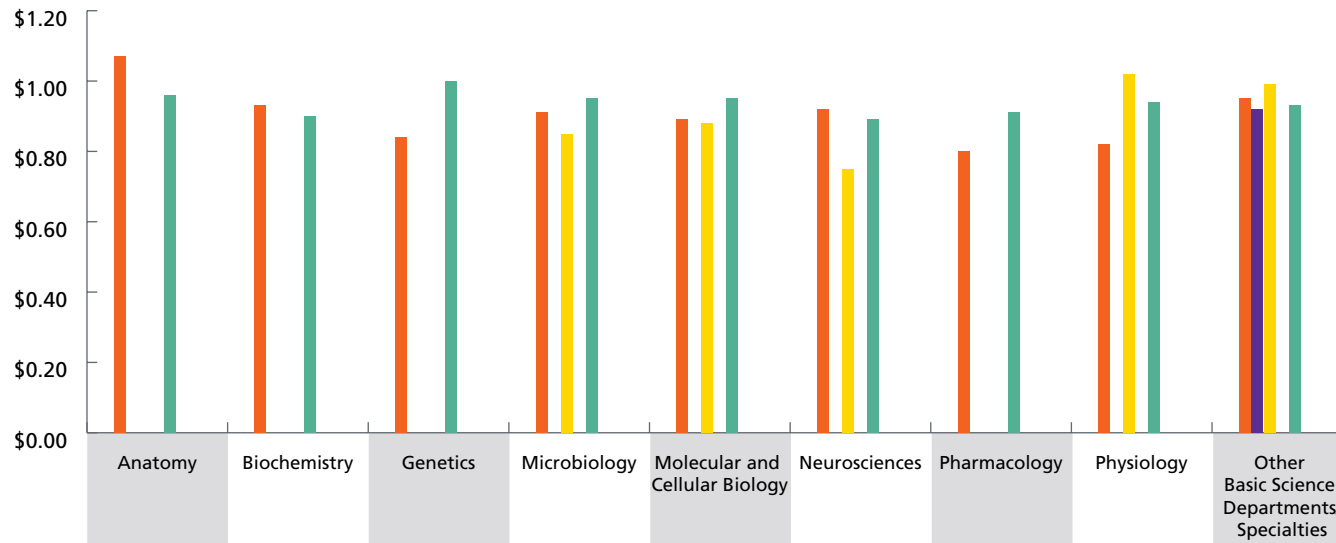


As with clinical science MD assistant professors, these figures look at basic science PhD professors at the assistant rank. Lack of diversity was apparent, particularly among Black or African American, American Indian or Alaskan Native, Native Hawaiian and Other Pacific Islander, Multiple Race - Hispanic, Multiple Race - Non-Hispanic, and Other races/ethnicities (not specified) faculty.



**FIGURE 32. Median compensation in cents on the dollar for women assistant professors with PhD degrees compared with White men by race/ethnicity and basic science department/specialty.**

■ American Indian or Alaskan Native    
 ■ Asian    
 ■ Black or African American    
 ■ Hispanic, Latino, or of Spanish origin  
■ Native Hawaiian or Other Pacific Islander    
 ■ White    
 ■ Other    
 ■ Multiple Race - Hispanic    
 ■ Multiple Race - Non-Hispanic



	Anatomy	Biochemistry	Genetics	Microbiology	Molecular and Cellular Biology	Neurosciences	Pharmacology	Physiology	Other Basic Science Departments/Specialties
American Indian or Alaskan Native									
Asian	\$1.07*	\$0.93	\$0.84	\$0.91	\$0.89	\$0.92	\$0.80	\$0.82	\$0.95
Black or African American									\$0.92
Hispanic, Latino, or of Spanish origin				\$0.85*	\$0.88*	\$0.75*		\$1.02*	\$0.99
Native Hawaiian or Other Pacific Islander									
White	\$0.96	\$0.90	\$1.00	\$0.95	\$0.95	\$0.89	\$0.91	\$0.94	\$0.93
Other									
Multiple Race - Hispanic									
Multiple Race - Non-Hispanic									

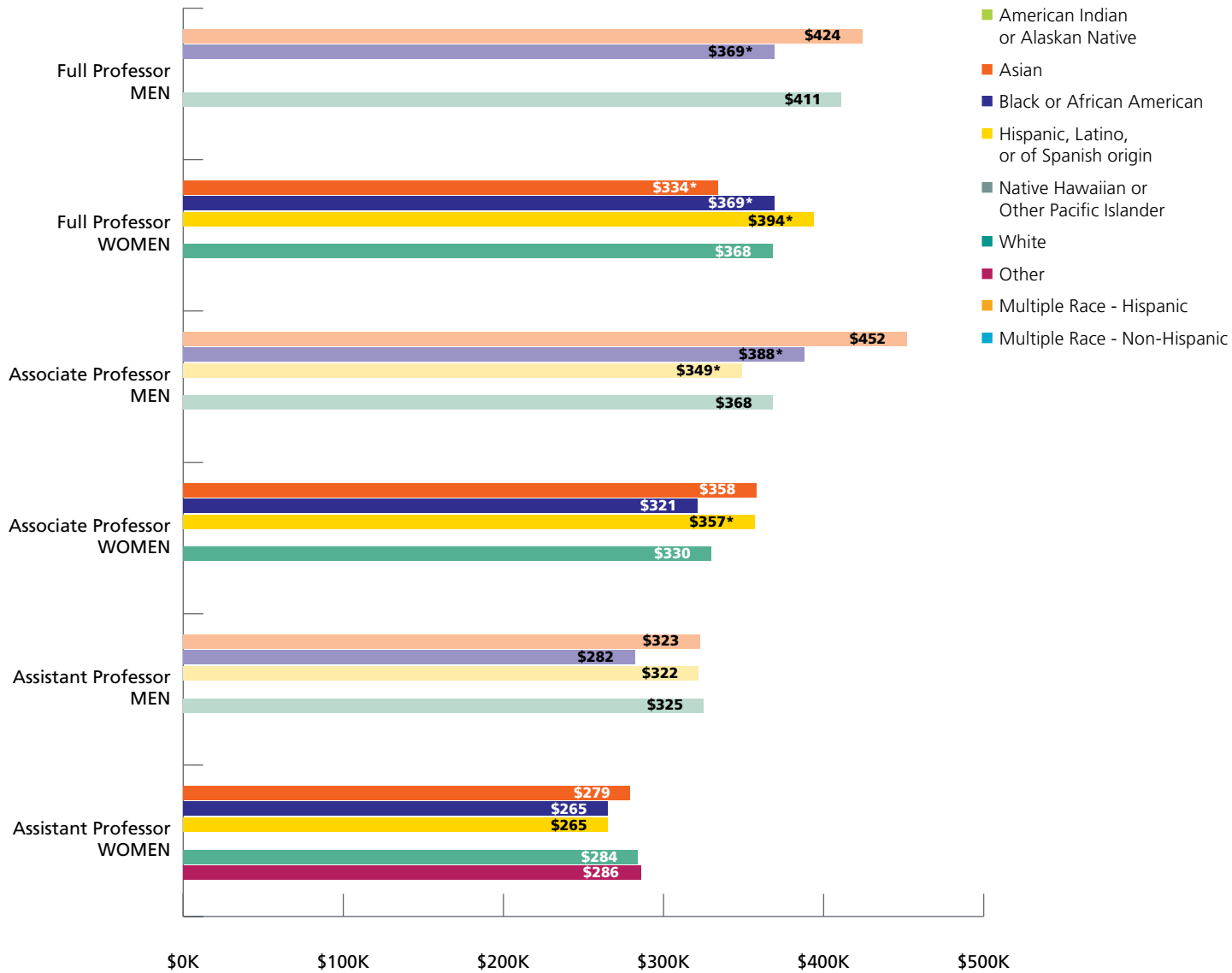
Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals. \*Sample size 10-19 people. [REFER TO TABLE A.17 FOR SAMPLE SIZES.](#)



Across a number of basic science departments/specialties, Asian men and women faculty had a lower total compensation than White faculty. In some instances, Asian women had a higher total compensation than Asian men.

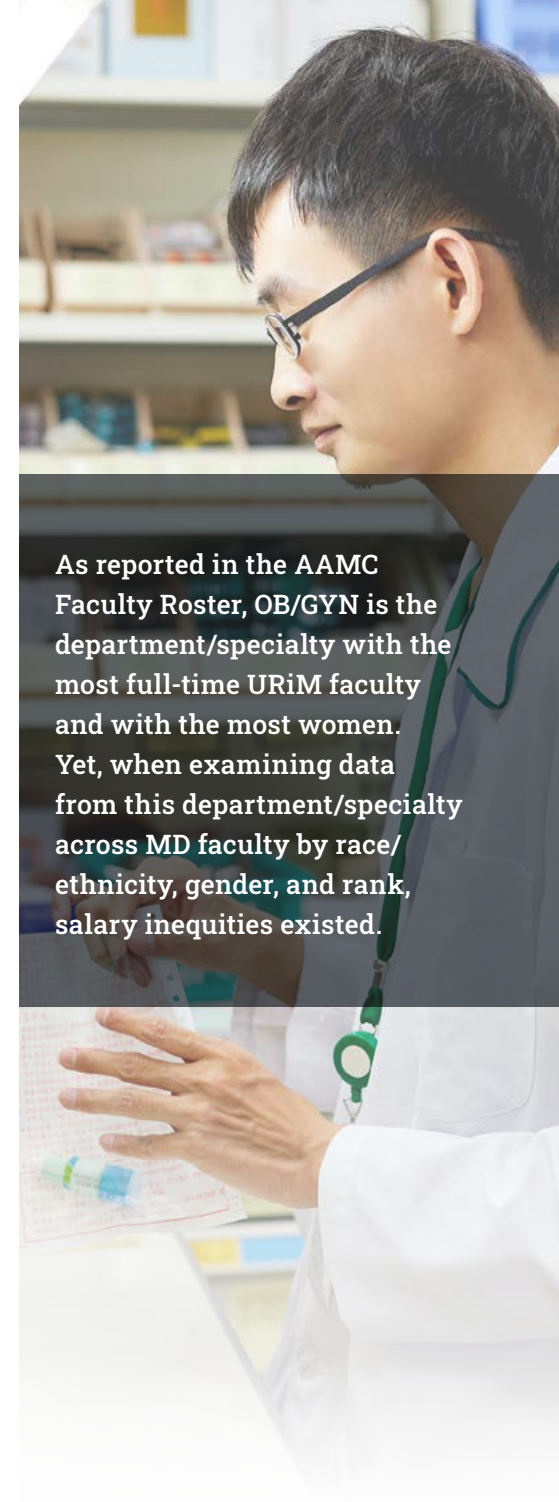
**FIGURE 33.** Median compensation for OB/GYN faculty with MD degrees by race/ethnicity, gender, and rank.



Source: FY 2020 AAMC Faculty Salary Survey.

Note: Data are not shown where groups had fewer than 10 individuals.\*Sample size 10-19 people. Dark shading, women; light shading, men.

[REFER TO TABLE A.18 FOR SAMPLE SIZES.](#)



As reported in the AAMC Faculty Roster, OB/GYN is the department/specialty with the most full-time URiM faculty and with the most women. Yet, when examining data from this department/specialty across MD faculty by race/ethnicity, gender, and rank, salary inequities existed.

## 6 | Discussion and Conclusion

The data presented here provide compelling insights and highlight the need for deeper examination into the nuanced stories and experiences contributing to salary inequities for faculty within academic medicine. These data reveal there are multiple intersectional phenomena that determine compensation and opportunities for pay in our organizations, not just one explanation for compensation trends and pay gaps. These phenomena happen when the complex components of how pay is determined meet the structural and systemic biases that affect those components.

While it remains clear that gender is a primary factor driving pay inequities overall, certain racial and ethnic groups are being paid less than their counterparts. Additionally, the incredibly small sample sizes for various racial and ethnic categories make some comparisons highly skewed or even impossible to calculate. The limitations of available data for factors such as allocation of effort and time in rank have been acknowledged, but the overarching limitation of the incredibly small numbers of racially and ethnically diverse faculty, such as American Indian or Alaskan Native and Native Hawaiian or Other Pacific Islander, speak to the need for greater faculty diversity efforts overall.

Finally, these data help underscore that salary inequity is not simply represented by a single dollar amount, but rather, is affected by interlocking systems of demographics, specialty choice, geographic location, institutional activities, opportunities for advancement, and systemic biases affecting these opportunities. This report, the first of many future efforts to refine and improve data collection, illustrates how important it is for institutions to collect, study, and address faculty salary data locally and with an eye toward multiple identity and professional factors. Through this process, and through the lens of salary equity, institutions can truly understand their climates of diversity, equity, and inclusion.



## FIRST STEPS ORGANIZATIONS CAN TAKE TO INITIATE A SALARY EQUITY EFFORT

- Establish consensus and commitment among institutional leadership about dedicating effort and resources to understanding and addressing 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 equity more broadly.
- Announce to the campus community that salary equity is an institutional strategic priority to demonstrate leadership commitment.
- Convene a group of diverse stakeholders across ranks and mission areas to begin exploring salary equity.
- Identify the various sources of compensation and personnel data (such as gender, race/ethnicity, and allocation of effort) available to your institution for local salary equity analyses.
- Conduct information sessions for faculty and leaders about compensation plans to ensure there is a consistent foundational understanding of compensation practices at your institution.

A full list of recommended practices around conducting analyses, financial strategies, and stakeholder communication is provided in the 2019 *Promising Practices for Understanding and Addressing Faculty Salary Equity at U.S. Medical Schools* report (Dandar et al. 2019).

While individual faculty may advocate for fair and equitable compensation, organizations play a greater role in closing pay gaps because they have the ability to assess, monitor, and, ultimately, achieve salary equity. Institutional leaders also have the power to create policies that sustain equitable compensation practices and to rectify biases in workplace expectations and structures that may unintentionally perpetuate pay inequities. In addition to conducting compensation audits rigorously and routinely, it is important that organizations adopt a holistic approach, as outlined below, that addresses the forces that potentially drive pay disparities by gender, race/ethnicity, and other identity factors (Gottlieb 2021).

## TOP 10 ORGANIZATIONAL ACTIONS FOR HOLISTICALLY ADDRESSING SALARY EQUITY

1. Establish diversity, equity, and inclusion as an organizational goal with oversight by senior leadership.
2. Task a multidisciplinary group of physicians, staff, and leaders with ongoing assessment and monitoring of salary equity and with identifying and addressing drivers of compensation disparities.
3. Track the representation of women and people from different races/ethnicities across units, in leadership roles, among new hires, and among academic and organizational promotions, and assess the impact of equity initiatives on these metrics.
4. Examine recruitment practices, and audit salary offers and startup packages to identify opportunities to improve pay equity through changing processes.
5. Conduct mandatory unconscious bias training with organizational leaders, in-house recruiters, academic promotion committees, and individuals who serve on job interview or external search committees.
6. Educate leaders about paying attention to situations where bias can emerge, such as during job negotiations, performance evaluations, and sponsorship.
7. Develop formal sponsorship programs and networking opportunities to promote professional advancement for faculty who are marginalized and underrepresented in medicine.
8. Explore underlying challenges to compensation and productivity that may result from increased domestic responsibilities (e.g., not being able to earn bonus pay for extra call, having inflexible work hours), and implement solutions that increase opportunities for all (e.g., allowing remote attendance at meetings and institutional support for caregiving).
9. Provide employees with gender-neutral parental leave and return-to-work policies to support the professional success of new parents.
10. Publicly report salary data and equity initiatives to close pay gaps. Track and share progress to enhance accountability and garner trust.

## 7 | Appendices

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**Table A.1. Counts of Full-Time Faculty by Race/Ethnicity, Gender, and Rank, as Shown in Figure 1**

Rank and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Full Professor</b>									
Men	30	3,908	489	699	10	22,265	85	449	598
Women	9	1,506	299	311	2	7,625	25	164	190
<b>Associate Professor</b>									
Men	43	4,760	582	732	15	15,209	144	462	526
Women	29	2,948	695	497	15	9,639	91	294	306
<b>Assistant Professor</b>									
Men	65	10,671	1,514	1,693	53	27,432	572	1,397	897
Women	69	9,852	2,464	1,469	27	23,668	472	1,308	896

Source: Dec. 31, 2019, snapshot of the AAMC Faculty Roster as of Dec. 31, 2020.

Note: This table excludes faculty with missing race/ethnicity (n = 4,490). [RETURN TO FIGURE 1.](#)



**Table A.2. Ten-Year Promotion Outcomes for Full-Time, First-time Assistant Professors in Academic Year 2009-2010 by Race/Ethnicity and Gender, as Shown in Figure 2**

Gender and Race/Ethnicity	Initial Cohort	Promoted Within 10 Years		Not Promoted Within 10 Years	
		Same Institution and Department	Different Institution or Department	Still in Academic Medicine	Left Academic Medicine
<b>Men</b>					
American Indian or Alaskan Native	12	2	1	2	7
Asian	1,214	387	99	313	415
Black or African American	152	35	11	45	61
Hispanic, Latino, or of Spanish origin	216	38	20	84	74
Native Hawaiian or Other Pacific Islander	13	4	0	4	5
White	3,111	983	219	1,024	885
Other	26	8	2	7	9
Multiple Race - Hispanic	104	33	10	36	25
Multiple Race - Non-Hispanic	100	29	10	41	20
<b>Women</b>					
American Indian or Alaskan Native	15	6	1	5	3
Asian	920	250	59	300	311
Black or African American	230	51	12	84	83
Hispanic, Latino, or of Spanish origin	149	35	10	55	49
Native Hawaiian or Other Pacific Islander	6	0	1	0	5
White	2,210	647	135	701	727
Other	25	7	1	5	12
Multiple Race - Hispanic	95	22	5	40	28
Multiple Race - Non-Hispanic	69	26	5	18	20

Source: May 31, 2021, snapshot of the AAMC Faculty Roster as of June 4, 2021.

Note: This table excludes faculty with missing gender data (n = 12) and missing race/ethnicity data (n = 481). Every faculty member whose very first assistant professor appointment began during academic year 2009-2010 was tracked for 10 years to determine promotion outcomes. [RETURN TO FIGURE 2.](#)

**Table A.3. Ten-Year Promotion Outcomes for Full-Time, First-time Associate Professors in Academic Year 2009-2010 by Race/Ethnicity and Gender, as Shown in Figure 3**

Gender and Race/Ethnicity	Initial Cohort	Promoted Within 10 Years		Not Promoted Within 10 Years	
		Same Institution and Department	Different Institution or Department	Still in Academic Medicine	Left Academic Medicine
<b>Men</b>					
American Indian or Alaskan Native	4	1	0	1	2
Asian	415	164	41	126	84
Black or African American	54	17	7	15	15
Hispanic, Latino, or of Spanish origin	87	30	5	34	18
Native Hawaiian or Other Pacific Islander	4	0	1	2	1
White	1,555	616	104	551	284
Other	3	1	1	1	0
Multiple Race - Hispanic	57	25	7	15	10
Multiple Race - Non-Hispanic	71	28	12	26	5
<b>Women</b>					
American Indian or Alaskan Native	2	0	0	0	2
Asian	228	113	11	68	36
Black or African American	43	17	3	14	9
Hispanic, Latino, or of Spanish origin	35	13	3	6	13
Native Hawaiian or Other Pacific Islander	1	0	0	0	1
White	836	332	64	278	162
Other	3	0	0	1	2
Multiple Race - Hispanic	30	15	2	6	7
Multiple Race - Non-Hispanic	32	10	3	12	7

Source: May 31, 2021, snapshot of the AAMC Faculty Roster as of June 4, 2021.

Note: This table excludes faculty with missing gender data (n = 5) and missing race/ethnicity data (n = 111). Every faculty member whose very first associate professor appointment began during academic year 2009-2010 was tracked for 10 years to determine promotion outcomes. [RETURN TO FIGURE 3.](#)

**Table A.4. Average Full-Time Faculty New Hires and Departures Per Year by Race/Ethnicity and Gender, Academic Years 2016-2017 Through 2019-2020, as Shown in Figures 4 and 5**

New Hires and Departures, Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic	Totals
<b>Average New Hires</b>										
Men	14.3	2,639.5	328.5	370.0	12.8	6,011.0	155.5	284.8	217.8	10,034.0
Women	18.0	2,323.8	562.0	370.0	8.8	5,456.8	122.0	264.5	222.5	9,348.3
<b>Total Average New Hires</b>	32.3	4,963.3	890.5	740.0	21.5	11,467.8	277.5	549.3	440.3	19,382.3
<b>Average Departures</b>										
Men	19.0	1,989.8	284.0	309.5	10.5	6,492.3	93.8	242.0	205.3	9,646.0
Women	14.3	1,523.5	385.8	239.5	10.8	4,219.8	67.3	180.5	147.5	6,788.8
<b>Total Average Departures</b>	33.3	3,513.3	669.8	549.0	21.3	10,712.0	161.0	422.5	352.8	16,434.8

Source: May 31, 2021 snapshot of the AAMC Faculty Roster as of June 4, 2021.

Note: This table excludes faculty with missing gender data (n = 88) among new hire counts and faculty with missing gender data (n = 195) among faculty departure counts. The table does not include newly hired or departed faculty at medical schools that received accreditation after June 30, 2016. [RETURN TO FIGURE 4.](#) [RETURN TO FIGURE 5.](#)

**Table A.5.** Counts for AAMC Faculty Salary Survey and Faculty Roster Samples by Race/Ethnicity and Gender, as Shown in Figure 6

Survey and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Faculty Salary Survey</b>									
Men	99	13,389	1,681	2,436	67	39,403	713	172	107
Women	79	9,493	2,202	1,932	52	25,762	528	149	142
<b>Faculty Roster</b>									
Men	147	21,628	2,815	3,468	101	69,903	905	2,460	2,183
Women	131	16,472	4,074	2,729	63	48,011	778	2,002	1,609

Sources: Dec. 31, 2019, snapshot of the AAMC Faculty Roster as of Dec. 31, 2020, and FY 2020 AAMC Faculty Salary Survey.

Note: The Faculty Roster data in this table exclude faculty with missing gender data (n = 101) and faculty with missing race/ethnicity data (n = 6,731). [RETURN TO FIGURE 6.](#)

**Table A.6.** Counts of Faculty by Race/Ethnicity, Degree, and Department Type, as Shown in Figures 7 and 8

Department Type, Degree	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
Basic Science, All Degrees	17	3,046	244	543	16	7,418	87	31	27
<b>Clinical Science</b>									
MD	110	13,130	2,754	2,749	79	39,303	667	193	155
MD-PhD	9	1,290	126	163	2	2,922	257	13	10
PhD	25	3,144	366	482	10	8,588	146	47	32

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. [RETURN TO FIGURE 7.](#) [RETURN TO FIGURE 8.](#)

**Table A.7. Counts of Faculty by Race/Ethnicity, Gender, Degree, and Department Type, as Shown in Figures 9-13**

Department Type, Degree, and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Basic Science, All Degrees</b>									
<b>Men</b>	11	2,021	134	321	11	4,795	58	17	13
<b>Women</b>	6	1,025	110	222	5	2,623	29	14	14
<b>Clinical Science, MD</b>									
<b>Men</b>	63	7,151	1,151	1,552	44	23,902	365	103	70
<b>Women</b>	47	5,979	1,603	1,197	35	15,401	302	90	85
<b>Clinical, MD-PhD</b>									
<b>Men</b>	6	861	72	107	2	2,067	179	8	7
<b>Women</b>	3	429	54	56	0	855	78	5	3
<b>Clinical Science, PhD</b>									
<b>Men</b>	9	2,013	141	208	4	4,249	65	20	9
<b>Women</b>	16	1,131	225	274	6	4,339	81	27	23

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. [RETURN TO FIGURE 9.](#) [RETURN TO FIGURE 10.](#) [RETURN TO FIGURE 11.](#) [RETURN TO FIGURE 12.](#) [RETURN TO FIGURE 13.](#)

**Table A.8.** Counts of Basic Science Faculty by Race/Ethnicity, Gender, and Rank, as Shown in Figures 14 and 15

Rank and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Full Professor</b>									
Men	2	611	31	115	3	2,360	10	5	4
Women	3	224	18	50	0	863	5	5	1
<b>Associate Professor</b>									
Men	6	596	41	102	4	1,268	15	5	3
Women	1	311	34	54	1	800	4	4	3
<b>Assistant Professor</b>									
Men	3	814	62	104	4	1,167	33	7	6
Women	2	490	58	118	4	960	20	5	10

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 14.](#) [RETURN TO FIGURE 15.](#)

**Table A.9. Counts of Clinical Science Faculty (All) by Race/Ethnicity, Gender, and Rank, as Shown in Figures 16 and 17**

Rank and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Full Professor</b>									
Men	17	1,980	239	394	9	9,262	74	22	10
Women	7	796	158	163	5	3,550	25	7	5
<b>Associate Professor</b>									
Men	19	2,726	335	481	15	8,022	143	31	23
Women	14	1,757	410	346	13	5,355	77	31	20
<b>Assistant Professor</b>									
Men	42	5,319	790	992	26	12,934	392	78	53
Women	45	4,986	1,314	1,018	23	11,690	359	84	86

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 16.](#) [RETURN TO FIGURE 17.](#)



**Table A.10.** Counts of Chairs and Chiefs by Race/Ethnicity, Gender, and Department Type, as Shown in Figure 18

Department Type, Role, and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Basic Science, Chairs</b>									
Men	0	51	9	15	0	327	0	2	0
Women	0	13	3	5	0	95	0	1	0
<b>Clinical Science, Chairs</b>									
Men	3	132	41	42	1	956	10	3	0
Women	0	26	26	6	0	209	1	0	1
<b>Clinical Science, Chiefs</b>									
Men	4	271	32	66	2	1,406	3	4	4
Women	1	113	34	37	1	581	2	5	4

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 18.](#)

**Table A.11. Counts of Clinical Science MD Faculty by Race/Ethnicity, Gender, and Rank, as Shown in Figures 19 and 20**

Rank and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Full Professor</b>									
Men	10	1,228	194	306	9	6,894	36	15	9
Women	4	542	119	117	4	2,378	13	5	4
<b>Associate Professor</b>									
Men	17	1,875	271	402	12	6,279	79	25	19
Women	10	1,307	343	257	13	3,930	38	18	14
<b>Assistant Professor</b>									
Men	36	4,048	686	844	23	10,729	250	63	42
Women	33	4,130	1,141	823	18	9,093	251	67	67

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 19.](#) [RETURN TO FIGURE 20.](#)

**Table A.12.** Counts of Clinical Science MD-PhD Faculty by Race/Ethnicity, Gender, and Rank, as Shown in Figures 21 and 22

Rank and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Full Professor</b>									
Men	2	261	21	36	0	816	28	2	1
Women	1	75	4	7	0	214	6	0	0
<b>Associate Professor</b>									
Men	2	281	21	31	1	569	50	3	2
Women	0	133	9	24	0	241	21	1	1
<b>Assistant Professor</b>									
Men	2	319	30	40	1	682	101	3	4
Women	2	221	41	25	0	400	51	4	2

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 21.](#) [RETURN TO FIGURE 22.](#)

**Table A.13.** Counts of Clinical Science PhD Faculty by Race/Ethnicity, Gender, and Rank, as Shown in Figures 23 and 24

Rank and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Full Professor</b>									
Men	5	491	24	52	0	1,552	10	5	0
Women	2	179	35	39	1	958	6	2	1
<b>Associate Professor</b>									
Men	0	570	43	48	2	1,174	14	3	2
Women	4	317	58	65	0	1,184	18	12	5
<b>Assistant Professor</b>									
Men	4	952	74	108	2	1,523	41	12	7
Women	10	635	132	170	5	2,197	57	13	17

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 23.](#) [RETURN TO FIGURE 24.](#)

**Table A.14.** Counts of Faculty by Race/Ethnicity, Gender, and Basic Science Department/Specialty, as Shown in Figures 25 and 26

Department/ Specialty and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Anatomy</b>									
Men	0	83	7	19	1	274	5	0	1
Women	0	42	5	9	0	194	5	0	0
<b>Biochemistry</b>									
Men	0	293	13	24	0	679	9	2	2
Women	0	98	9	15	0	240	3	0	1
<b>Genetics</b>									
Men	2	141	4	17	1	334	6	0	0
Women	2	99	3	13	0	200	2	2	1
<b>Microbiology</b>									
Men	2	229	19	41	2	628	8	2	2
Women	0	110	12	25	1	329	3	1	2
<b>Molecular</b>									
Men	2	219	3	36	2	494	0	1	1
Women	1	104	3	29	0	242	1	2	1
<b>Neurosciences</b>									
Men	0	163	10	50	0	506	1	1	2
Women	0	73	7	21	0	249	2	0	1
<b>Pharmacology</b>									
Men	1	256	21	31	0	543	10	5	1
Women	0	112	13	18	0	265	1	0	1
<b>Physiology</b>									
Men	0	173	11	43	0	465	11	1	0
Women	0	74	7	29	2	208	3	3	1
<b>Other Basic Science Departments/Specialties</b>									
Men	4	464	46	60	5	872	8	5	4
Women	3	313	51	63	2	696	9	6	6

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. [RETURN TO FIGURE 25.](#) [RETURN TO FIGURE 26.](#)

**Table A.15. Counts of Faculty by Race/Ethnicity, Gender, and Clinical Science Department/Specialty, as Shown in Figures 27 and 28**

Department/ Specialty and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Anesthesiology</b>									
Men	5	641	100	101	3	1,940	40	11	6
Women	6	357	113	52	1	932	14	6	6
<b>Dermatology</b>									
Men	0	92	5	10	2	266	4	1	1
Women	0	93	31	19	1	324	7	1	1
<b>Emergency Medicine</b>									
Men	3	204	61	68	3	1,466	13	2	8
Women	3	146	84	45	3	745	12	1	2
<b>Family Medicine</b>									
Men	6	144	61	82	2	923	8	2	1
Women	8	187	131	110	0	887	16	6	4
<b>Medicine General</b>									
Men	3	378	78	100	5	1,238	17	5	0
Women	2	450	133	90	1	1,092	18	6	4
<b>Medicine Subspecialty</b>									
Men	17	2,889	309	460	9	6,684	149	37	15
Women	9	2,137	303	275	4	3,599	100	21	18
<b>Neurology</b>									
Men	4	435	43	99	1	1,254	32	14	2
Women	1	326	49	54	1	835	16	6	7
<b>OB/GYN</b>									
Men	1	144	58	55	1	736	10	5	5
Women	5	304	197	85	4	1,345	33	6	11
<b>Ophthalmology</b>									
Men	0	228	14	25	1	620	18	3	5
Women	1	202	30	20	1	332	8	2	3
<b>Otolaryngology</b>									
Men	2	163	18	26	0	669	11	2	4
Women	0	85	11	19	1	269	5	2	3

Continued on next page

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. [RETURN TO FIGURE 27A.](#) [RETURN TO FIGURE 27B.](#) [RETURN TO FIGURE 28A.](#) [RETURN TO FIGURE 28B.](#)

**Table A.15. Counts of Faculty by Race/Ethnicity, Gender, and Clinical Science Department/Specialty, as Shown in Figures 27 and 28 (continued)**

Department/ Specialty and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Pathology</b>									
Men	6	558	54	102	1	1,346	31	6	2
Women	2	473	43	61	2	992	27	5	5
<b>Pediatrics General</b>									
Men	1	135	23	44	2	507	5	0	0
Women	4	207	105	100	1	881	14	3	4
<b>Pediatrics Subspecialty</b>									
Men	6	887	98	181	10	2,882	76	14	4
Women	11	1,129	246	268	10	3,367	82	21	16
<b>Psychiatry</b>									
Men	4	341	73	119	3	1,752	23	7	6
Women	5	349	149	153	3	2,045	41	11	13
<b>Physical Medicine and Rehabilitation</b>									
Men	0	76	18	14	1	303	6	3	1
Women	1	86	23	10	0	297	8	5	1
<b>Radiology</b>									
Men	8	1,161	70	111	1	2,427	60	7	5
Women	0	453	54	70	1	876	19	6	1
<b>Surgery General</b>									
Men	1	203	41	38	0	627	12	1	3
Women	0	98	29	13	1	265	4	2	1
<b>Surgery Subspecialty</b>									
Men	10	1,228	203	211	4	4,320	91	9	17
Women	4	352	92	54	0	1,204	34	5	7
<b>Other Clinical Science Departments/Specialties</b>									
Men	1	118	37	21	1	258	3	2	1
Women	4	105	59	29	6	308	3	7	4

Source: FY 2020 AAMC Faculty Salary Survey.

Note: Analysis excludes chairs, chiefs, and instructors. [RETURN TO FIGURE 27A.](#) [RETURN TO FIGURE 27B.](#) [RETURN TO FIGURE 28A.](#) [RETURN TO FIGURE 28B.](#)

**Table A.16. Counts of Assistant Professors With MD degree by Race/Ethnicity, Gender, and Clinical Science Department/Specialty, as Shown in Figures 29 and 30**

Department/ Specialty and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Anesthesiology</b>									
Men	3	360	60	60	1	993	18	4	4
Women	5	226	77	39	0	561	7	5	5
<b>Dermatology</b>									
Men	0	23	0	2	1	74	1	0	1
Women	0	50	18	10	0	157	4	0	1
<b>Emergency Medicine</b>									
Men	3	121	45	35	2	797	6	2	5
Women	3	109	60	28	3	481	10	1	2
<b>Family Medicine</b>									
Men	3	84	38	57	2	434	2	1	1
Women	5	127	91	75	0	456	5	4	3
<b>Medicine General</b>									
Men	0	224	53	54	3	564	11	4	0
Women	1	294	84	59	1	581	15	3	2
<b>Medicine Subspecialty</b>									
Men	8	1,306	169	209	5	2,276	50	18	6
Women	2	1,248	181	144	2	1,532	49	14	14
<b>Neurology</b>									
Men	2	172	24	36	1	329	16	4	0
Women	0	160	28	27	0	307	12	4	6
<b>OB/GYN</b>									
Men	1	37	29	26	1	260	3	3	1
Women	2	184	141	54	1	799	22	4	6
<b>Ophthalmology</b>									
Men	0	60	7	8	0	151	5	0	0
Women	1	87	19	6	1	116	6	0	2
<b>Otolaryngology</b>									
Men	0	57	7	9	0	222	4	2	1
Women	0	43	6	10	0	114	4	1	3

Continued on next page

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 29A.](#) [RETURN TO FIGURE 29B.](#) [RETURN TO FIGURE 30A.](#) [RETURN TO FIGURE 30B.](#)



**Table A.16. Counts of Assistant Professors With MD degree by Race/Ethnicity, Gender, and Clinical Science Department/Specialty, as Shown in Figures 29 and 30 (continued)**

Department/ Specialty and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Pathology</b>									
Men	2	74	14	27	0	231	9	2	1
Women	2	134	16	23	0	251	13	2	3
<b>Pediatrics General</b>									
Men	0	64	14	23	0	196	3	0	0
Women	1	131	71	62	0	451	9	1	3
<b>Pediatrics Subspecialty</b>									
Men	4	337	40	79	2	934	40	8	3
Women	5	676	154	145	6	1,598	50	16	10
<b>Psychiatry</b>									
Men	1	165	32	48	1	424	8	3	1
Women	1	173	62	61	2	467	13	2	5
<b>Physical Medicine and Rehabilitation</b>									
Men	0	44	13	5	1	137	4	2	0
Women	0	49	14	6	0	102	3	3	0
<b>Radiology</b>									
Men	3	389	37	44	1	899	29	3	5
Women	0	207	36	33	0	385	8	1	1
<b>Surgery General</b>									
Men	1	87	15	19	0	226	7	1	3
Women	0	52	19	8	0	147	1	2	0
<b>Surgery Subspecialty</b>									
Men	5	436	85	100	2	1,566	33	6	10
Women	4	168	59	27	0	562	20	4	1
<b>Other Clinical Science Departments/Specialties</b>									
Men	0	8	4	3	0	16	1	0	0
Women	1	12	5	6	2	26	0	0	0

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 29A.](#) [RETURN TO FIGURE 29B.](#) [RETURN TO FIGURE 30A.](#) [RETURN TO FIGURE 30B.](#)

**Table A.17. Counts of Assistant Professors With PhD degree by Race/Ethnicity, Gender, and Basic Science Department/Specialty, as Shown in Figures 31 and 32**

Department/ Specialty and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Anatomy</b>									
Men	0	23	4	4	0	59	1	0	0
Women	0	18	1	5	0	70	3	0	0
<b>Biochemistry</b>									
Men	0	106	6	7	0	142	6	1	2
Women	0	40	3	5	0	65	0	0	1
<b>Genetics</b>									
Men	1	64	0	6	0	82	3	0	0
Women	1	48	3	6	0	66	1	1	0
<b>Microbiology</b>									
Men	0	68	7	12	1	138	3	1	0
Women	0	42	5	12	0	122	3	0	0
<b>Molecular and Cellular Biology</b>									
Men	0	90	1	10	1	110	0	0	0
Women	0	44	0	14	0	61	0	0	1
<b>Neurosciences</b>									
Men	0	69	4	8	0	128	1	0	0
Women	0	36	3	11	0	85	2	0	1
<b>Pharmacology</b>									
Men	0	84	10	10	0	115	6	3	0
Women	0	44	5	9	0	95	0	0	1
<b>Physiology</b>									
Men	0	54	2	9	0	88	4	0	0
Women	0	28	7	10	1	63	2	2	1
<b>Other Basic Science Departments/Specialties</b>									
Men	1	186	22	23	2	235	4	0	3
Women	1	138	30	34	0	269	6	1	5

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 31.](#) [RETURN TO FIGURE 32.](#)

**Table A.18.** Counts of OB-GYN Faculty With MD Degrees by Race/Ethnicity, Gender, and Rank, as Shown in Figure 33

Rank and Gender	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race - Hispanic	Multiple Race - Non-Hispanic
<b>Full Professor</b>									
Men	0	25	13	7	0	207	1	1	0
Women	0	19	11	12	0	147	2	1	1
<b>Associate Professor</b>									
Men	0	20	15	16	0	168	2	1	1
Women	1	58	35	12	3	249	2	1	4
<b>Assistant Professor</b>									
Men	1	37	29	26	1	260	3	3	1
Women	2	184	141	54	1	799	22	4	6

Source: FY 2020 AAMC Faculty Salary Survey.

[RETURN TO FIGURE 33.](#)

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