Report from the UCSF Faculty Salary Equity Review Committee (FSER)
FY21-22

Executive Summary

The charge of the Faculty Salary Equity Review (FSER) Committee is to identify and address salary inequity by gender and underrepresented minority (URM) status. Prior reports are available on the UCSF Faculty and Academic Affairs website (http://tiny.ucsf.edu/salaryequity).

Prior to reconvening the Committee, a campus level statistical analysis of salaries was conducted using a methodology consistent with analyses developed over the past five cycles of review (beginning with the FY14-15 salaries). The analysis considers scheduled X and Y salary components for the coming 2021-22 fiscal year, and actual distributions of clinical incentive payments (Z) over the prior fiscal year, 2020-2021. The campus level regression analysis adjusted for the following variables: academic department, academic series, rank, step, and doctorate type. Notably, specialty and subspecialty information is not available in campus level data systems, thus these variables could not be included in the regression model.

Female/Male: A statistically significant imbalance in salary (X+Y) was found, with females receiving 4% lower salaries compared to males (with a confidence interval from 5.5% less to 2.4% less). There was no statistically significant imbalance by gender in the presence of a clinical incentive (Z) payment. However, among those who received a Z payment, a statistically significant imbalance in the Z amount was found, with females receiving a lower (35%) Z compared to males. There were no statistically significant imbalances by gender in the presence of accelerated academic advancements.

Female/Male Imbalances:

X+Y Salaries

- Overall: Women 4% lower
    - Dentistry: Women 13% lower
    - Medicine: Women 4% lower
    - Nursing: Not statistically significant
    - Pharmacy: Not statistically significant
    - Clinical Science vs. Basic Science Departments: Women 4% lower for clinical science departments; not statistically significant for basic science departments.

Clinical compensation for those receiving clinical incentives (Z):

- Overall: Women 35% lower clinical Z payments (when present)
    - Dentistry: Women 85% lower (with wide confidence intervals)
    - Medicine: Women 34% lower
    - Nursing: Insufficient data
    - Pharmacy: Insufficient data

URM/Non-URM Imbalances:

X+Y Salaries

- Overall: URM 3% lower
    - Dentistry: Not statistically significant
    - Medicine: URM 3% lower
    - Nursing: Not statistically significant
    - Pharmacy: Not statistically significant
    - Clinical Science vs. Basic Science departments: URM 3% lower for clinical science departments, not statistically significant for basic science departments.

Clinical compensation for those receiving clinical incentives (Z):

- Overall: Not statistically significant
    - Dentistry: Not statistically significant
    - Medicine: Not statistically significant
    - Nursing: Insufficient data
    - Pharmacy: Insufficient data

In addition to the above analyses, predicted salaries (X+Y) were calculated based on a model that included department, academic series, rank, step, and doctorate type. Residuals, defined as the ratio of the actual salary divided by the predicted salary, were generated for individuals. Men were overrepresented compared to women among those earning more than 140% of the model-predicted salary ("high outliers," approximately the top 5%) and among those earning less than 75% of the model-predicted salary ("low outliers," approximately the bottom 5%). When the high outliers were removed, the campus level finding of salary inequity by gender was no longer statistically significant. These data and results were distributed to each school for further analysis.

School Analyses

The Committee reviewed and evaluated the salary equity analysis reports of each school. After extensive analysis at the department level and matched-pair analyses, no inequities were identified by the Schools of Dentistry, Medicine, Nursing, or Pharmacy. Imbalances could not be identified as inequities when accounting for such granular factors as specialty/subspecialty, clinical compensation rates and practices, and demographic differences between groups with differing salary scales or compensation plans.

- The School of Dentistry identified imbalances in salary by gender. Subsequent department-level analyses were conducted and any differences were attributed to individualized methods of reimbursement. There were no overall differences in salary by URM status, and further examination of department-level imbalances found no inequities based on URM status.

- The School of Medicine has 28 different compensation plans and faculty compensation is set at the department level. Extensive analyses were conducted at the department level and accounted for additional variables such as specialty, subspecialty, unit and site compensation structures, and imbalances in gender or URM status among rank and field. Recognizing these distinctions, like-populations did not display salary inequities based on gender or URM status.

- The School of Nursing conducted a statistical analysis, and matched pair analysis for low outliers, high outliers, and all male and all URM faculty and found no inequity on the basis of gender or URM status. Differences were attributable to clinical practice rates, clinical activity, or individual grant productivity.

- Within the School of Pharmacy there were no statically significant findings for fully adjusted regression models concerning either gender or URM status. Matched pair analyses found no inequities related to gender or URM status, with differences attributable to legitimate business practices such as teaching awards, administrative roles, and receipt of grants.

Findings

The Faculty Salary Equity Review Committee and the four schools have conducted five detailed salary equity reviews since its initial charge in 2013. The FSER methodology has revealed consistent gender and URM imbalances across serial analyses. Upon detailed examination, imbalances are attributed to factors such as rank and step, specialty, practice environment, market forces, leadership roles, and clinical or grant productivity. However, such factors may represent elements of systemic bias that reinforce imbalance, despite earnest legitimate business practices. As examples, women or URM faculty members are underrepresented in certain specialties with higher compensation, and individuals with competing obligations outside of work may not take on additional clinical or grant-writing responsibilities. The current FSER methodology has been critical in identifying and examining gender and URM

compensation differences but does not readily account for societal and other influences that affect faculty access to higher compensation opportunities.

UCSF PRIDE values are greatly enhanced by teaching and mentoring activities with broad impact on students, staff, and faculty. Teaching and mentoring are fundamental to our core missions at UCSF—shaping current and subsequent generations of faculty members, including individuals subject to gender and URM compensation imbalance. University service similarly advances UCSF PRIDE values and affords improvements to academic infrastructure including enhanced equity in access to opportunity and compensation. Incentivizing such mission critical activities within compensation plans may expand faculty access to compensation opportunities.

Recommendations

The Committee recommendations include:

- Development of school- and department-level initiatives that broadly promote opportunities for additional or higher compensation equally among eligible faculty (i.e., raising awareness, transparency).
- As previously recommended by this committee, compensation plans should codify how negotiated Y salaries and incentive payments are determined.
- Ongoing examination of recruitment strategy to ensure equitable appointment of female and URM faculty members across all ranks. New male faculty appointments at the full professor outsize new female faculty appointments, though the reverse is true for new assistant rank appointments.
- Development of school- or department-level initiatives to develop compensation plan incentives for teaching and mentoring activities.
- Development of school- or department-level initiatives to similarly incentivize service related activities.
- Departments within individual schools consider similarly sharing their reports or their participation in the recurring Faculty Salary Equity Review to ensure that all faculty are aware of the deliberate intention to improve compensation equity and have the opportunity to participate or contribute.

Background

The first UC systemwide Faculty Salary Equity Review (FSER) was conducted in 2013 and was initiated by a mandate from then-UC President Mark Yudof. This action was in response to an Academic Senate report *Analysis of UC Pay Equity by Sex, and among Men, Ethnicity 2009-2010*. This analysis was exclusive of UCSF and the health sciences. Subsequently, campuses were charged with creating a FSER Committee "to determine methodology for the analysis, develop plans for addressing and reporting any pattern of discriminatory salary difference based on gender and/or race/ethnicity (if found), and ensure that any findings are transparent and accessible to the campus." The FY22 Faculty Salary Equity Review Committee Roster is attached as Appendix A.

UCSF issued its first FSER report in January 2015 covering FY 2013-14, and convened annually through FY 2019, when the Committee recommended conducting future analyses every other year. Due to pandemic-related limitations and the campus conversion to UC Path during 2020, the FSER review originally planned for the 2020-21 fiscal year was postponed to the 2021-22 fiscal year.

The four UCSF health professional schools have continued their work to examine evidence of inequities in faculty salaries by underrepresented minority status (URM, as currently defined by the Office of Diversity and Outreach) and by gender (female, male). The charge from the chancellor to the UCSF Faculty Salary Equity Review Committee is to review the reports submitted by the Schools and provide recommendations based on these reports; and if needed, consider changes to the analytic methodology and/or data capture with the goal of improving future analyses. Information on salary adjustments made in prior years can be found in the faculty salary equity reports on the Faculty and Academic Affairs website (http://tiny.ucsf.edu/salaryequity).

Methodology

In each of the FSER reports, similar criteria have been used to generate school-level data for further analysis and there has been consistency in the core methodologies applied to these analyses. The faculty population subject to this review include appointees in the five series (Ladder Rank, Professor In Residence, Professor of Clinical X, Adjunct Professor, and Health Sciences Clinical Professor) at 75% time or greater (for confidence in annualization comparison), excluding those at the Instructor rank (temporary appointments that are not used consistently across the campus) and excluding those whose salaries are structured into X, Y and Z components (e.g., faculty paid partially or fully by the VA Medical Center, Howard Hughes Medical Institute, Gladstone Institute). Faculty associated with Benioff Children's Hospital Oakland are included in this review.

Compensation components in this review include the scheduled X+Y salaries for the current fiscal year (FY21-22) and the clinical compensation (Z) distributed over the prior fiscal year (FY20-21). Data on academic advancement and administrative stipends were also collected and distributed for additional analysis.

During each cycle the FSER Committee has identified means to improve the salary equity analyses going forward. Updates to the FY22 methodology included:

(1) excluding those hired after July 1 from the prior year's clinical payment (Z) analysis (as they have an incomplete FY earnings)
(2) including clinical compensation directly distributed from the Medical Center business unit outside of the campus (Health Sciences Compensation Plan) business unit.
(3) including faculty at the new Benioff Children's Hospital Oakland; and
(4) generating the compensation data as of October 26 rather than September 1 to accommodate the October academic salary scale adjustments as scheduled by UCOP. To give the schools advance time to begin their review, the subject population was identified September 28.

The transition to UC Path mid-2020 affected most campus personnel and compensation systems and new sources for the data for review were identified. A table of the data elements and their sources are attached as Appendix B.

Gender and race/ethnicity values were not transferred to the new personnel systems. Rather with the implementation of UC Path, at initial login all users were asked to self-identify their gender identity and ethnicity, allowing for multiple race values. Under the new schema, URM status is machine calculated based on the underlying values, and either gender or ethnicity may be expressed as "unknown" (including decline to state). At UCSF the working definition of an underrepresented minority (URM) is someone whose racial or ethnic makeup is from one of the following: African American/Black, Filipino, Hmong, Vietnamese, Hispanic/Latinx, Native American/Alaskan Native, Native Hawaiian/Other Pacific Islander, and Two or More Races when one or more of those are from the preceding racial categories.[1] These underrepresented categories are established as currently defined by the Office of Diversity and Outreach.

For the academic year 2021-22, a campus level analysis of salary was conducted and salary imbalances[2] by gender and URM status were identified. The campus level statistical analyses adjusted for the following variables: series, rank, step, type of doctorate(s), and department/school.

During the previous review cycle, the FSER Committee identified some extreme cases which skewed the results when comparing average or median salaries based on gender or URM status. Building on that experience, a campus level residuals analysis was again conducted to identify salary "outliers"– i.e., those whose salaries differed substantially from a model-predicted salary that included variables for series, rank, step, type of doctorate(s), and department/school. Predicted salaries (X+Y) were calculated based on a model accounting for these variables. Residuals, defined as the ratio of the actual salary divided by the predicted salary, were generated for individuals and provided to the schools for further analysis. "High outliers" are defined as those earning more than 140% of the model-predicted salary (closely resembling the top 5% of salaries). The results of this analysis again suggested that high outlier salaries were contributing substantially to the campus level imbalances.

The FSER Committee convened on December 13, 2021, to align the committee on charge, activities, and outcomes for the 2022 report as well as to review the residual analysis. The Committee requested that the schools examine the high outliers to assess select factors that might contribute to these above-predicted salaries. In addition, the schools were requested to provide information regarding "low outliers"—i.e., those who earned less than 75% of the predicted salary amount, which approximately represented the bottom 5% of salaries.

In addition to the individual high and low outliers contributing to salary imbalances by gender and URM status, during the FY 18-19 review, the School of Medicine identified clinical specialty as a contributing factor to salary imbalances. However, campus personnel and salary systems do not identify specific specialties among clinicians. Clinical specialties may differ substantially in terms of market competitive compensation, as well as in the demographics. For example, it is known that specialties with a predominance of women (e.g., pediatrics) tend to earn lower salaries than those with a predominance of men (e.g., orthopedic surgery). Unfortunately, specialty/subspecialty information are not available in extant campus data systems, thus those factors could not be included in the campus level regression analysis. Schools were encouraged to include specialty/subspecialty information in their analyses as appropriate and in alignment with their views on salary equity.

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[1] As established by the Office of Diversity and Outreach, https://diversity.ucsf.edu/URM-definition. Hmong is not an explicit option in UC Path at this time.

[2] The Committee uses the term "imbalance" rather than "inequity" until such time as any salary differences between groups cannot be explained by non-discriminatory legitimate business practices of the university or campus unit.

Part I. Overall Campus Analysis Results

Multiple representations of the data for both gender and URM status were generated. The findings for gender-based and URM status-based imbalances are presented in this report. Additional campus analyses tables are included in Appendix C. Unadjusted descriptive statistics are included in Appendix D. The campus level statistical analyses were adjusted for the variables series, rank, step, type of doctorate(s), and department/school. Specialty/subspecialty information are not available in campus data systems and could not be adjusted for in the campus level regression analysis.

Gender

1. Gender-based imbalances in X+Y payment ratios were identified at the campus level, within the School of Medicine, and within a campus level grouping of clinical departments. Overall, females are estimated to receive 96.0% that of males (4.0% less median salary) with a 95% confidence interval from 5.5% less to 2.4% less.

   Table 1. Adjusted Female/Male X+Y payment ratios

Adjusted ratios	Ratio	Confidence interval
Overall	0.96	(0.94, 0.98)
By School		
Dentistry	0.87	(0.79, 0.95)
Medicine	0.96	(0.95, 0.98)
Nursing	1.02	(0.88, 1.17)
Pharmacy	0.97	(0.86, 1.09)
Department Type		
Basic Science[3]	1.01	(0.95, 1.07)
Clinical	0.96	(0.94, 0.97)

2. No gender-based imbalance in the presence of a clinical incentive Z payment was identified. (Appendix C, Table 2).

3. Among faculty who received a Z payment, a statistically significant imbalance in the Z amount was identified, with females receiving a lower (35%) Z compared to males.

   Table 2. Adjusted Female/Male ratios in amount of a Z payment (if >0)

Adjusted ratios	Ratio	Confidence interval
Overall	0.65	(0.56, 0.75)
By School		
Dentistry	0.15	(0.04, 0.60)
Medicine	0.66	(0.57, 0.75)
Nursing	-	Insufficient data
Pharmacy	-	Insufficient data

4. There were no statistically significant imbalances by gender in accelerated academic advancements. (Appendix C, Table 4).

[3] Basic Science departments are: SOM: Anatomy, Biochemistry & Biophysics, Cellular & Molecular Pharmacology, Microbiology & Immunology; SOP: Bioengineering & Therapeutic Science, Pharmaceutical Chemistry; SOD: Cell & Tissue Biology. All other departments are considered Clinical departments.

URM Status

1. URM status based imbalances in X+Y payment ratios were identified at the campus level, within the School of Medicine, and within a campus level grouping of clinical departments. Overall, URM faculty are estimated to receive 96.7% that of non-URM (3.3% less median salary) with a 95% confidence interval from 5.5% less to 1.1% less.

   Table 3. Adjusted URM/non-URM X+Y payment ratios

Adjusted ratios	Ratio	Confidence interval
Overall	0.97	(0.95, 0.99)
By School		
Dentistry	0.98	(0.87, 1.11)
Medicine	0.97	(0.94, 0.99)
Nursing	0.96	(0.87, 1.06)
Pharmacy	1.00	(0.87, 1.15)
Department Type		
Basic Science[4]	0.99	(0.88, 1.10)
Clinical	0.97	(0.94, 0.99)

2. No imbalance in the presence or amount of a clinical incentive Z payment was identified based on URM/non-URM status (Appendix C, Tables 6 and 7).

3. No imbalance in accelerated advancement was identified based on URM/non-URM status (Appendix C, Table 8).

[4] Basic Science departments are: SOM: Anatomy, Biochemistry & Biophysics, Cellular & Molecular Pharmacology, Microbiology & Immunology; SOP: Bioengineering & Therapeutic Science, Pharmaceutical Chemistry; SOD: Cell & Tissue Biology. All other departments are considered Clinical departments.

Part II. Residual Analysis Results

Predicted salary (X+Y) was calculated based on a model that included department, faculty series, rank, step, and doctorate type. Residuals were defined as the ratio of the actual salary divided by the predicted salary, so that values less than 1 are salaries less than what was predicted based on the model, and values greater than 1 are salaries greater than predicted. Figure 1 shows a box-and-whisker plot of the residuals by gender. In such a plot the shaded rectangle represents the 25th percentile, median, and 75th percentile with horizontal lines, and the dots represent outliers. Figure 1 shows that men are over represented among both low and high extreme residuals but especially in salaries that are notably higher than predicted. When the top 5% of salaries were removed, the campus level salary inequity by gender was no longer significant. Figure 2 demonstrates similar results on the basis of URM status.

Figure 1: X+Y Ratio Residuals by Gender

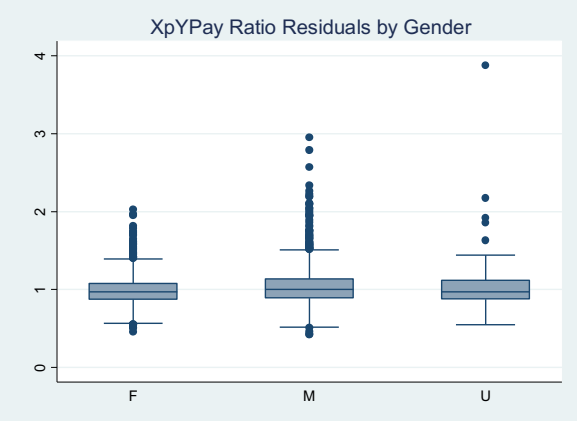
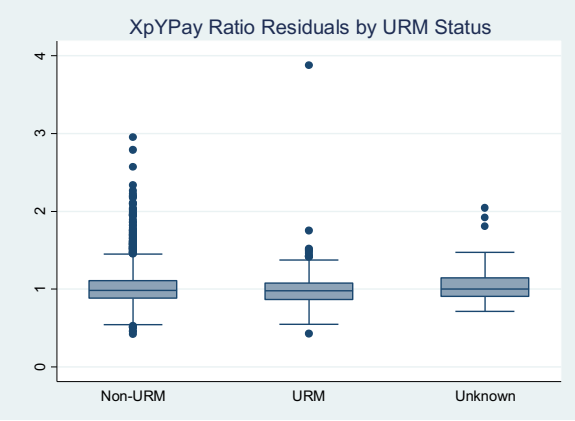


Figure 2: X+Y Ratio Residuals by URM Status



The Committee requested that the schools provide additional analysis on the high and low outliers. "High outliers" are defined as those earning more than 140% of the model-predicted salary, which closely approximates the top 5% of salaries. "Low outliers" are defined as those earning less than 75% of the model-predicted salary. For those identified as high and low outliers, the Committee asked the schools/departments to provide the following:

1. For low outliers, a matched pair analysis.
2. For high outliers *with a leadership role and whose salary is set at school or department level:*
    a. Salary justification
    b. Description of the leadership role that confers a salary advantage
    c. For leadership appointments effective 07/01/18 or later, confirmation that the faculty member was appointed to the leadership role following a search process.
3. For high outliers *whose salary is set outside the school or department:*
    a. Salary determination method and/or context
    b. For leadership appointments effective 07/01/18 or later, report if the faculty member was appointed to the leadership role following a search process
4. For remaining high outliers: a matched pair analysis.

Units (i.e., departments or divisions) of 50 or more faculty were charged with conducting a statistical analysis for overall salary imbalance in X+Y and clinical Z compensation by gender and by URM status.[5] When imbalances were identified, the units were requested to provide additional data and/or analyses to assess whether the imbalances represent inequities. Units of less than 50 faculty were encouraged, but not required, to conduct additional statistical analysis as appropriate.

[5] The School of Medicine has 11 departments with >50 faculty included in the FSER analysis. The Schools of Dentistry, Nursing, and Pharmacy have no units with >50 faculty.

Part III. School-Level Analyses and Results

The following section summarizes the formal reports from the four schools. Each school's complete report is posted on the *Salary Equity* area of the Faculty and Academic Affairs website (http://tiny.ucsf.edu/salaryequity). Direct links are embedded below.

A. School of Dentistry (full report, see also http://tiny.ucsf.edu/salaryequity)

The School of Dentistry log transformed X+Y salary using linear regression models to compare salaries between females and males and between URM and non-URM faculty, where the five covariates were included as fixed effects to explore potential differences by series, rank, step, degree type, and department. Only a small number of faculty members received clinical Z payments and clinical income was not considered in the matched pair analyses. Compensation for clinical activity within the School of Dentistry is usually included in the Y component. Details regarding the Z analysis are included in the full linked report.

The equity analysis for the School of Dentistry included 80 faculty:

Male	Female	Non-URM	URM	Total
44 (55%)	36 (45%)	65 (21.25%)	15 (18.75%)	80

The URM and non-URM pairs were matched on series, rank, step, degree type and department. When there was no match found, pairs were matched on series, rank, and step only. Finally, the school examined the three faculty identified as high outliers (making >140% or the model-predicted salary) and the five faculty identified as low outliers (making <75% of the predicted salary).

X+Y Compensation

The regression analysis suggested statistically significant differences in X+Y salaries based on gender. There were no significant differences based on URM status:

	X+Y Salary Ratio	95% Confidence Interval
Female/Male	0.8265	(0.7694, 0.9272)
Non-URM/URM	0.9712	(0.8468, 1.1139)

The School of Dentistry features four departments: Cell and Tissue Biology, Oral and Maxillofacial Surgery, Orofacial Sciences, and Preventive and Restorative Dental Sciences. The school conducted matched pair analyses for gender and URM status within each department for all faculty in the review set. Pairs were matched as closely as possible but often differences in the X or Y salary were attributed to differences in step. Beyond the expected differences due to rank and/or step, the school reported specific dissimilarities in individual grant and clinical productivity (or absence of either) which accounted for the variation in total compensation.

Department	Male	Female	Non-URM	URM	Total
Cell and Tissue Biology	7	6	0	0	13
Oral and Maxillofacial Surgery	9	3	9	3	12
Orofacial Sciences	12	13	21	4	25
Preventive and Restorative Dental Sciences	16	14	22	8	30

After the matched pair analysis the school did not identify any salary imbalances which required correction. Specific legitimate business practices were cited for the differences identified.

- Within Cell and Tissue Biology, grant productivity was the primary driver of imbalances (aside from differences in step), with some faculty choosing to have a lower Y in order to increase funding for their research laboratories.

- Within Oral and Maxillofacial Surgery, the primary drivers of imbalances were variations in surgical specialty (versus general dentistry and other market forces), external organization affiliations, and differences in patient care revenue.
- In Orofacial Sciences, the primary factors were grant productivity and market forces for clinical specialty.
- Preventive and Restorative Dental Sciences reported differences in grant productivity, leadership roles, and market forces for different clinical specialties.

Specific details to each matched pair are presented in the full school report.

Residual Analysis, High and Low Outliers
The School of Dentistry identified three faculty as "high outliers" (earning >140% of model-predicted salary). All three were non-URM males.

Outlier	Reason for higher than predicted salary
1	Clinical practice is within a high-salary SOM department where their compensation is consistent with others in the practice, while also receiving compensation for a division leadership role.
2	Faculty member has held three division chief positions, and is currently the director of a high-profile institute.
3	Higher compensation is due to successful grant activity including NIH R01 grants which cover the X and Y.

The school accepted these explanations for higher salaries and made no adjustments.

The School of Dentistry identified five faculty who are considered "low outliers," earning less than 75% of the predicted model.

Male	Female	Non-URM	URM	Total
2	3	4	1	5

Outlier	Reason for lower than predicted salary
1 & 2	These two faculty are general dentists within a surgical department. Their clinical revenue cannot support a larger salary.
3	Faculty member is a pediatric specialist who has had a productive faculty practice with operating room activity. Their salary had been funded by clinical revenue but lowered when activity and compensation structure changed to non-clinically supported salary.
4	Limited grant funding that limited total compensation.
5	The faculty member is a new a prosthodontist at the Assistant rank. Salaries for prosthodontists are the same across the department with opportunities for additional compensation for leadership and clinical activity. The department is covering the X and Y for the first two years while the faculty member develops their faculty practice.

The school accepted these explanations and made no adjustments.

Advancement
No significant differences in accelerated advancement by gender or URM status were found.

Action Plan for the School of Dentistry
- Enact the plan completed in 2021 to standardize the process for providing stipends school-wide. The plan includes an annual letter that includes duties and compensation amount with an appointment period of one year.

- Review the method for determining Y and Z income within each department compensation plan and work towards establishing consistency across the school.
- Monitor patterns, even if not statistically significant, of advancement rates based URM status and salary differences between gender and URM statuses.

B. School of Medicine (full report, see also http://tiny.ucsf.edu/salaryequity)
To analyze faculty salary equity within the School of Medicine, it is important to understand that each department has its own compensation plan and/or compensation distribution options. Consequently, department-specific analysis of compensation is critical to identify and address salary equity issues.

Key issues include:
- Within the School of Medicine, faculty members are paid on salary scales which range from 3 to 7.
- Departments employ varying approaches to setting compensation. For example, some departments increase compensation as rank and step increase, while other departments prioritize higher initial salaries for junior faculty.
- Departments vary in their approach to clinical incentive payments. Considering differences in the nature of individuals' clinical work, some departments use clinical incentive payments as a larger component of annual compensation than others. Furthermore, market-competitive compensation varies widely across specialties and subspecialties.
- Most departments adjust compensation based on the availability of funding sources.

X+Y Compensation
Considering the School of Medicine as a whole, the median X+Y compensation for female faculty was 4% lower than the median X+Y compensation for male faculty members. The median X+Y compensation for URM faculty was 4% lower than the median X+Y compensation for non-URM faculty.

When the data were analyzed for each department, six departments reported statistically significant gender-based differences in median X+Y compensation (5-21% lower for women). Four departments reported statistically significant URM-based differences in median X+Y compensation (8-25% lower for URM faculty.

Each department performed a detailed review of their results and some conducted additional analyses which included variables such as site, subspecialty designation, and K award status; once these distinctions were considered, there were no significant gender-based differences in compensation that required correction.

Clinical Z Compensation
Considering the school as a whole, the analysis did not identify any gender- or URM-based differences in the likelihood of receiving a Z payment. However, among faculty members who received clinical Z payments, the median amount received by women was 33% lower than the median amount received by men. There was no URM-based difference in the median amount of Z payments.

When the data were analyzed by department, four departments reported significant gender-based differences in the amount of Z payments received. For these departments, the median amount of Z payments for women was 42-96% less than the amount received by men.

The four departments conducted thorough analyses (including adjustments for specialty/subspeciality and rank) which detailed how Z payments are earned and differences in the programmatic mechanisms of clinical compensation. The department-specific analyses identified no significant gender-based differences which required correction.

Analyses by Department
The School of Medicine analyzed the five laboratory-based basic science departments (Anatomy, Biochemistry and Biophysics, Cellular and Molecular Pharmacology, Microbiology and Immunology, Physiology) as a single group. Bioengineering and Therapeutic Sciences, a joint department of the Schools of Medicine and Pharmacy, is included in the School of Pharmacy's report.

The following sections summarize the findings for specific departments for which gender and/or URM-based differences were identified. Detailed notations are presented in the full School of Medicine report published online.

- **Basic Science Departments**

The primary explanation for the gender-based difference in fixed compensation is related to the fact that there are 15 highly ranked male basic science faculty (Step 9 and Above Scale) but no highly ranked female faculty members. In general, basic science departments set target X+Y compensation as a multiplier of X but the multipliers differ by department and by rank. Variability in X+Y compensation is largely determined by availability of funding (primarily extramural research funding) or based on equity with ORUs or clinical departments, for basic science faculty who have clinical duties.

- **Laboratory Medicine**

Overall, the median X+Y compensation for URM faculty members was 25% lower than for non-URM faculty. Upon investigation, it was noted that two faculty are incorrectly identified as URM in their personnel record and one of these faculty members has a lower salary due to lack of extramural funding.

- **Medicine**

Overall, the median X+Y compensation for female faculty members was 5% lower than for men, largely unchanged from the 7% difference reported in 2019. Similarly, female faculty members who received Z payments received a median amount that was 42% lower than men, unchanged from the previous report (41% lower).

The Department of Medicine conducted additional analyses which identified the following variables as correlated with differences in compensation:

- Compensation for leadership roles
- K award status

In revised analyses of X+Y compensation that adjusted for all core variables as well as major leadership roles and K award status, there was no longer a statistically significant difference according to gender. The gender-based difference in the amount of clinical Z compensation persisted.

Further analyses identified a significant increase in internal "moonlighting" during the pandemic, a mechanism by which faculty can generate additional clinical income beyond the usual clinical incentive schedules. The opportunities for moonlighting service are offered across the eligible population regardless of gender or URM status. However, the majority of those who volunteered were non-URM males. Department Chair Bob Wachter explained "As a matter of practice and principle across [the Department of Medicine], moonlighting opportunities are available to all faculty on a gender-neutral basis. While we recognize that there may well be wider societal factors enabling our male faculty to volunteer more for these assignments, these factors are not within our control."

- **Neurological Surgery**

Among faculty who received a Z payment, the median amount received by women was 96% lower than the amount received by men. However, of the five (5) female neurosurgeons, two work in a niche specialty and receive a high X+Y salary instead of clinical Z payments, one receives a fixed salary supported by the department for the first three years while the practice grows (a standard practice), and two are employed at network sites, where they are eligible for annual payment of clinical incentives. All

practices are standard for the site or clinical practice, regardless of gender, and no inequities were identified.

- **Neurology**

Overall, among faculty who received a clinical Z payment, the median amount received by women was 61% lower than the amount received by men. The department defined the three sources of clinical income Z payments:

1) RVU overages that are returned to the faculty member when they exceed their RVU target;
2) additional incentives, based on divisional-specific plans, and
3) unique clinical situations (e.g. telemedicine coverage for outside hospitals).

The department analyzed each type of Z payment and concluded that the majority of the gender-based differences in payment were attributable to the RVU overage type of Z payment.

Beginning July 2021, the RVU payments for faculty who practice in the outpatient setting and non-procedural clinical areas will increase and the department anticipates that "many more providers will exceed their RVU targets and generate higher Z payments this year."

- **Obstetrics, Gynecology & Reproductive Sciences**

The campus and school analyses did not account for subspecialties or clinical practices for the 104 faculty within OBGYN & RS. The department conducted additional analyses and recategorized faculty into four groups, based on training and role:

1) Certified nurse midwives,
2) Generalist physicians,
3) Subspecialty physicians, and
4) PhD researchers.

A revised regression model with this methodological refinement reported no statistical differences in compensation by either gender or URM status.

- **Ophthalmology**

In the regression model, the median X+Y compensation for female faculty members was 13% lower than male faculty members. Department salaries are set by benchmarks derived from an annual survey of ophthalmology departments around the country as well as a department plan which increases salary based upon increases in rank and step. Therefore, the most senior faculty can default to a higher salary, regardless of productivity. To address equity issues, the department has recently established a policy that after the rank of Full professor, Step 5, the salary is based on productivity rather than benchmarks.

The ranks within the department feature a gender imbalance—

- Assistant Rank: 64% female
- Associate Rank: 83% female
- Full Rank: 38% female

Furthermore, men represent the four most senior faculty and the two most productive faculty members, resulting in an imbalance of median income according to gender but not after accounting for rank and grant productivity.

- **Orthopaedics**

While in the aggregate there appeared to be an imbalance of X+Y salaries by gender, this did not consider the 14 subspecialities, whose average median salaries range from $170,000 to $777,500. The department analyzed the faculty composition of each subspecialty by gender and reported that the majority of the lower-paying subspecialities were predominately female, while the higher-compensated subspecialties are less than 50% female, with no female faculty in the three highest-compensated subspecialities. Within each subspecialty, the compensation is equitable among women and men. The

choice of subspeciality is considered self-selecting and may warrant more conscious mentoring for career tracks of rising faculty.

- **Pediatrics**

During FY21, the department undertook a comprehensive review of faculty salaries and implemented an approach to compensation that will achieve the goal of reaching the AAAP (Association of Administrators in Academic Pediatrics) median for all faculty. The department also appointed a Faculty Compensation Committee that will advise the Chair on compensation issues.

X+ Y: The department uses benchmarks including AAMC (American Association of Medical Colleges), MGMA (Medical Group Management Association), and the AAAP to set compensation. The lowest compensation benchmarks represent 30% of all faculty in the department and 22% of all female faculty, while the three most highly compensated subspecialties in Pediatrics are cardiology, critical care, and neonatology, which represent 26% of all faculty but only 14% of female faculty. The 6% gender difference in X+Y compensation in the aggregate analysis is considered attributable to the subspecialty compensation and the gender distribution across subspecialties.

Amount of Clinical Z:
Overall, among faculty members who received a Z payment, the median amount received by women was 48% lower than the amount received by men. However, three divisions accounted for 83% of these payments: Critical Care, Hospitalist, and Neonatology. Within these divisions faculty have the opportunity to cover additional shifts, nights, and weekends as an opportunity for additional clinical Z income. While these opportunities are available on a gender-neutral basis, there is a significant gender-based difference in uptake of voluntary opportunities to provide additional clinical coverage which results in a greater total compensation being distributed to males.

- **Physical Therapy**

In the 2019 review the median X+Y compensation was 15% higher for underrepresented faculty. During the current review cycle the median X+Y compensation for URM faculty members was 8% lower. The department sets initial compensation at a relatively low rate which increases with advancement and seniority. The department added six URM faculty members during this review cycle and these faculty are paid according to their rank and step, which is lower than the majority of the department. All recently hired faculty were equally subject to the standard salary-setting for new faculty, with no identifiable differences based on either gender or URM status.

- **Radiation Oncology**

In the 2019 review there were no salary differences according to URM status. During this review cycle the median X+Y compensation was 19% lower for URM faculty. This analysis is hampered by the very few URM faculty in the department. The lower FY22 X+Y compensation for these individuals is based on their current circumstances (one has limited extramural funding, another was recently hired and their compensation was set according to the standard for new faculty in the subspecialty). Across the department, no differences in compensation by either gender or URM status were identified.

- **Surgery**

In the 2019 review the median X+Y compensation was 18% lower for female faculty. During this review cycle, the median X+Y compensation was slightly improved to 14% lower.

The department analyses incorporated additional data regarding surgical subspecialty and rank. The two largest specialty divisions within the Department of Surgery are cardiothoracic surgery (with a high median X+Y) and surgical oncology (with a significantly lower median X+Y). However only 12% of the cardiothoracic surgeons are women as compared to 48% of the surgical oncologists. Within the two groups, the median X+Y for men and women are comparable.

Faculty at full Professor rank receive the highest compensation. However, within other subgroups of surgeons, including transplant, pediatric, vascular, plastic, trauma, and general surgery; there are very few female surgeons at full Professor rank and these can skew median income comparisons based on gender. For example, there are no female plastic or general surgeons at full Professor rank, and among the trauma surgeons, 75% of the female faculty are at the Assistant rank while all the male faculty are at the rank of Associate or full Professor.

Considering the gender imbalance in the surgical population of rank and subspeciality, no gender-based differences in salary were identified.

Residual Analysis, High and Low Outliers
The campus residual analysis identified 136 School of Medicine faculty with higher than 140% the predicted salary ("high outliers") and 141 faculty with less than 75% of the predicted salary values ("low outliers").

The statistical model applied to the campus analysis did not adjust for key factors that affect compensation specific to the more enterprise-diverse School of Medicine, such as market compensation rates for different subspecialties or funding generated by individual faculty. For the school analysis of high and low outliers from the campus model, department chairs and chief administrative officers were asked to provide additional information to explain the factors they considered when setting salary.

High Outliers
A total of 136 faculty were identified as high outliers. Half of all high outliers work in clinical subspecialties associated with high market-based compensation. One-third (35%) of high outliers hold a leadership role which contributes to their compensation. Among high outliers for whom a leadership role contributes to compensation, 79% were appointed through a search process.

Low Outliers
A total of 141 faculty were identified as low outliers. There are three major factors which contribute to low outlier salaries: 1) limited funding sources to support salary; 2) low market-based compensation; 3) departmental option to select a higher Z compensation rather than fixed (X+Y) compensation.

Summary of findings for the School of Medicine
After a careful review of department-level analysis which included variables not included in the school-wide analyses, there were no unexplained differences in fixed compensation (X+Y) nor clinical (Z) incentives. The outlier analyses identified contextual factors associated with compensation and there were no unexplained differences requiring corrective action. The analyses are helpful to inform the development of best practices and opportunities to improve transparency and affirm the School's commitment to equity.

C. Report of the School of Nursing (full report, from http://tiny.ucsf.edu/salaryequity)
Multiple linear regression analyses were conducted to test for imbalances in the log-transformed X+Y salary between URM and non-URM faculty members and between female and male faculty members. Coefficients from the regression analyses were back-transformed to obtain a ratio interpretation. The results are reported as unadjusted and adjusted estimates of the relative ratio and 95% confidence intervals (CI). Covariables included in the adjusted models were step, rank (Assistant, Associate, or Full), degree type (Research Doctorate, Clinical Doctorate, or Other), series (Ladder/In Residence, Clinical X/HS Clinical, or Adjunct), and department (Community Health Systems, Family Health Care Nursing, Physiological Nursing, or Social and Behavioral Sciences).

Residual analyses were conducted to determine the difference between actual X+Y salary and X+Y salary predicted by the statistical model. Low outliers were defined as individuals whose actual X+Y

salaries were lower than 75% of the predicted X+Y salary (standardized residual < 1.5). High outliers were defined as individuals whose actual X+Y salaries were higher than 140% of the predicted X+Y salary (standardized residual > 1.5).

The unadjusted and adjusted analyses, controlling for step, rank, degree type, series, and department, did not indicate a statistically significant imbalance in X+Y salary between male and female faculty members nor between URM and non-URM faculty members.

Residual Analysis, High and Low Outliers
Results of the campus residual analyses indicated that six (6) faculty members' X+Y salaries were below the predicted model, one (1) faculty member's X+Y salary was above the predicted model, and one (1) faculty member's clinical Z-payment was below the predicted model.

Outlier	Total N	URM Female (N)	Non-URM Female (N)	HS Clinical Series (N)	Clinical X Series (N)	Adjunct Series (N)
High X+Y	1	-	1	-	-	1
Low X+Y	6	1	5	5	1	-
High Z	-	-	-	-	-	-
Low Z	1	-	1	1	-	-

However, this analysis is limited by the relatively small total sample size of the SON faculty (N=92). The small proportion of male faculty members (9.8%, N=9), gender unidentified faculty members (5.4%, N=5), and URM faculty members (20.7%, N=19) limited the ability to detect statistically significant differences between male and female faculty members or between URM and non-URM faculty members.

In addition to investigating the individuals identified by the residual analyses, the School of Nursing conducted a matched pair analysis of all nine (9) male faculty and all 19 URM faculty in the salary review population.

Results of the outlier matched pair analysis:

Outlier	Attribution Findings
High X+Y (N=1)	Individually high grant productivity.
Low X+Y (N=6)	Differences in clinical practice hourly rates.
High Z (N=0)	N/A
Low Z (N=1)	Individually low clinical activity.

Gender and URM Matched Pair Analysis
In the matched pairs analyses, X+Y salary gaps between female and male faculty members or URM and non-URM faculty members the differences were attributed to clinical activity or grant productivity.

Although there was not a statistically significant difference based on gender, there was a flip in the adjusted female-to-male X+Y salary ratio this year compared to previous years, when the salary ratio was higher for the male faculty. For the second consecutive review, the adjusted URM-to-non-URM X+Y salary ratio was greater for the URM faculty compared to the non-URM faculty, although the difference was not statistically significant.

The School of Nursing noted several programs and processes which the school has developed over the past three years to ensure salary equity, transparency, accountability, and accessibility. In addition to these successful programs, the School of Nursing included in their report a nine-point action plan to fortify faculty salary equity and improve faculty development going forward.

D. Report of the School of Pharmacy (full report, from http://tiny.ucsf.edu/salaryequity)
The school conducted both a statistical analysis on adjusted variables and a residuals analysis which flagged individual faculty salaries (X + Y pay) that were either less than 75% or more than 140% of predicted. Additionally, a contingency table analysis of gender, URM status, degree classification, series, rank and step was prepared for each department. If an imbalance of 4% or greater was detected by median Y pay ratios, then a matched pair/set analysis was conducted on the basis of rank, series, step, and department. The URM faculty were described by series, rank, step, department, and doctorate type. An imbalance was assessed based on a comparison of co-variants. If an imbalance was identified, a clarification and justification for the negotiated salary was requested of the department chair.

It should be noted that the relatively small number of faculty in the School of Pharmacy (83) and particularly the small number of faculty reviewed (73) impact the significance of statistical analysis, and in some cases there were no comparators for the matched pair analysis if N<3. The School of Pharmacy has three departments: Bioengineering and Therapeutic Sciences, Clinical Pharmacy, and Pharmaceutical Chemistry. The department chairs were surveyed about their outreach efforts or meetings with individual faculty to discuss Y salary for FY 2021-2022.

The demographics of the review population for the School of Pharmacy are not evenly distributed according to series and rank (over 50% are in the Ladder Rank series and over 77% are at the rank of full professor), which suggested a gender imbalance in the unadjusted median X+Y pay. However, an analysis that accounted for series and rank did not identify an imbalance in pay based on gender nor URM status. A review of historical academic advancement did not identify gender- nor URM-based differences.

School of Pharmacy Findings
There were no statistically significant differences in X+Y compensation between female/male and URM/non-URM faculty after adjusting for degree type, rank, step, and series. Residual and matched pair analysis supported a finding of no inequities. All gender imbalances at the department level were attributable to non-discriminatory, legitimate business practices.

In the fully adjusted regression models at the school level, there were no statically significant findings concerning gender or URM X+Y compensation.

Female/Male log X+Y Pay Ratio

	Odds ratio	Confidence interval
Fully Adjusted	0.97	(0.86, 1.09)

URM/non-URM log X + Y Pay Ratio

	Odds ratio	Confidence interval
Fully Adjusted	1.00	(0.87, 1.15)

Within the School of Pharmacy, the salary trajectories according to academic rank differs between clinical faculty and research faculty. Early career clinical pharmacy faculty receive augmented Y compensation to meet marketplace comparisons for practicing pharmacists and the Y compensation diminishes as rank increases and the combined X and X' and Y salary components reach parity with the marketplace. For research-based faculty, the Y component tends to peak at the associate professor rank commensurate with their grant funding and tends to decline at the rank of full professor.

Y Analysis
A school-wide review of *unadjusted* Median Y compensation was higher for males in the following ranks and series:

- Associate rank: Clinical X
- Full professor: Ladder Rank, In Residence, Clinical X Health Sciences Clinical

A matched pair analysis of faculty within similar steps revealed that all imbalances were explained by recruitment incentives, teaching awards or operational administrative responsibilities, which provided salary that was offset by extramural funding, and by achieving equity in total pay, X + X' + Y. All Y compensation was predominately based on receipt of grant funding and a matched pair analysis by step at the department level did not identify any inequities.

URM Faculty Analysis
In the School of Pharmacy review population (N=73), 10 faculty identify as underrepresented minorities.

Department	URM (N)
Bioengineering and Therapeutic Sciences	2
Clinical Pharmacy	7
Pharmaceutical Chemistry	1

A matched pair analysis identified differences based on series, rank, administrative role, or extramural grants. Two URM faculty had a lower Y compensation in a matched pair set due to a non-URM comparator who was the recipient of several significant teaching awards which augmented their Y compensation.

One faculty member in the Department of Bioengineering and Therapeutic Sciences was identified as a high outlier. This individual is at full professor rank, step 6 in the Ladder Rank series and unique as the only physician and combination doctorate and a participant in a *School of Medicine* Compensation Plan at a higher APU/scale.

Z Analysis
Non X or Y payments (i.e. Z) in the School of Pharmacy do not include clinical revenues and therefore there are not sufficient data for an analysis. The School of Pharmacy analyzed other data for Z stipend payments. On a school-wide level, women were more likely to receive a stipend payment than men; such stipends are predominately administrative stipends. All Z stipend payments followed the School of Pharmacy's stipend payment policy.

Residual Analysis, High and Low Outliers
There were two faculty identified in the residual analysis as 140% above the predicted salary values ("high outliers"), both in the department of Clinical Pharmacy. Both are female faculty, one Assistant Adjunct Professor and one full Professor of Clinical X. There was one male faculty identified in the residual analysis as less than 75% of the predicted salary values ("low outlier").

High Outliers:
1. Assistant Adjunct Professor: Y comparable to same rank, but the X+X' is at scale 3 and therefore exceeded the predicted salary in the residual analysis.
2. Professor of Clinical X: Additional compensation justified for their center Director role.

Low Outlier:
1. Associate Professor: Having both and MD and PhD impacted the predicted salary per the model. However, this faculty does not engage in a clinical service, is a basic researcher, and his salary level is equitable with other research faculty at the same rank.

School of Pharmacy Response: Actions and Guiding Principles

- The School of Pharmacy will continue faculty salary equity analyses focusing on:
    1. recruitment trends and gender comparisons based on new faculty recruits,
    2. turnover and retention pressures for existing faculty, and
    3. constraints and ability to acquire extramural grant funding.

- Each department will continue to employ transparent and well-reasoned processes for determining the negotiable Y component of faculty salaries and ensure equity is maintained among similar faculty when adjustments are made to Y compensation.

- The chairs of Bioengineering and Therapeutic Sciences and Pharmaceutical Chemistry have agreed to pursue a standardized and more consistent approach to salary setting. The guiding principles for salary setting are:
    1. fair and equitable;
    2. transparent and predictable;
    3. consistent with the School of Medicine and among the School of Pharmacy departments;
    4. and maintain financial security.

- It is recommended that all faculty be apprised of leadership opportunities at the school and department levels to optimize their academic advancement and have equitable access to augmented funding via stipend Z payments.

- The Department of Clinical Pharmacy, which includes a range of clinical and research faculty, shall administer an equity analysis for comparable faculty.

Part IV. Committee Review of School Reports and Actions

Each school conducted logistic regression analyses and provided individualized data to departments for further analysis. The Schools of Dentistry, Nursing, and Pharmacy conducted matched-pair (individual-level) analyses for X+Y salaries, matching on series, rank and step when possible. The School of Medicine provided individualized data to each department and requested further analysis for those departments for which there were statistically significant salary imbalances by gender or URM status. The Committee accepted the reports of each school and accepted their responses. No salary adjustments were applied.

School of Dentistry

Findings	School Response
A thorough matched pair analysis indicated no inequities on the basis of gender or URM status.	Enact the plan completed in 2021 to standardize the process for providing stipends school-wide. The plan includes an annual letter that includes duties and compensation amount with an appointment period of one year. Review the method for determining Y and Z income within each department compensation plan and work towards establishing consistency across the school. Monitor patterns, even if not statistically significant, of advancement rates based URM status and salary differences between gender and URM statuses.

School of Nursing

Findings	School Response
Through statistical and matched pair analyses, the school found no imbalances or inequities on the basis of gender or URM status. In the matched pair analysis of all male and URM faculty, salary differences could be directly attributable to individual clinical rates or grant productivity.	Refine the annual salary setting guidance with input from the Nursing Faculty Council, and broadly disseminate the guidelines to the faculty in a timely manner for the annual renewal process to ensure equity, transparency, accountability, accessibility, and clear communication. This is detailed in Appendix L of the School of Nursing Report. Highlights of the nine-point action plan include the new annual schoolwide, multiple-session, Faculty Development Series covering salary structure, salary setting and negotiation, annual APU review process, Health Sciences Compensation Plan, advancement pathways, and academic review. The school also recently created faculty development education modules about faculty compensation and advancement policies and procedures. This will be evaluated and updated in the coming year.

School of Medicine

Findings	School Response
After a careful review of department-level analyses which included variables not present in the school-wide review, there were no unexplained differences in fixed compensation (X+Y) and clinical (Z) incentives.	The school and department level analyses informed best practices and opportunities to improve transparency and commitment to equity. The outlier analyses helped identify contextual factors associated with compensation, which will be monitored at the department level.

School of Pharmacy

Findings	School Response
Through statistical and matched pair analyses, the school found no imbalances or inequities on the basis of gender or URM status.	The school will establish a set of actions and guiding principles for regular equity review. All faculty will be apprised of opportunities for additional compensation from administrative stipend functions.

Part VI. Evaluation of Methodology

As noted at the beginning of this report, with each cycle of review the Committee has identified means to improve the data capture process and analytic methodology. The transition to UC Path during mid-2020 affected most campus personnel and compensation systems. Since the previous sources for the data elements for this review were either modified or decommissioned with the implementation of UC Path, the FSER team needed to develop new methodology for accessing the necessary data elements. The sources used to identify the subject population, demographics, and salary components are presented in Appendix B.

For this Faculty Salary Equity Review, the data collection methodology was modified to exclude from the FY20-21 Z clinical compensation analysis those who were hired after July 1, 2020. Furthermore, the Z clinical compensation analysis was modified to include clinical payments distributed directly via the Medical Center business unit, in addition to the clinical compensation distributed via the Health Sciences Compensation Plan/Campus business units. Benioff Children's Hospital Oakland now appears as an affiliate designation in the population data source, but those faculty are not "paid by affiliate" and are included in the review population.

The October salary adjustments instituted by UCOP necessitated a delay in taking the faculty population snapshot and scheduled salary reporting.

For the campus level analyses, the Committee again relied on the statistical adjustment and regression analyses developed by Charles McCulloch, PhD, Professor of Biostatistics at UCSF and executive vice chair of the Department of Epidemiology and Biostatistics. The Committee has no recommendations to alter this model.

Part VII. Observations and Recommendations

The Committee notes that the recommendations suggested to the schools and to the review process at the conclusion of the 2019 review cycle (full report) were successfully implemented. From the analyses conducted for the FY 2021-22 Faculty Salary Equity Review and the experience gained over the previous cycles, the Committee has further observations and recommendations regarding salary equity and addressing disparity in compensation at UCSF.

The FSER methodology has revealed consistent gender and URM imbalances across serial analyses. Upon detailed examination, imbalances are attributed to factors such as rank and step, specialty, practice environment, market forces, leadership roles, and clinical or grant productivity. However, such factors may represent elements of systemic bias that reinforce imbalance, despite earnest legitimate business practices. As examples, women or URM faculty members are underrepresented in certain specialties with higher compensation, and individuals with competing obligations outside of work may not take on additional clinical or grant-writing responsibilities. The current FSER methodology has been critical in identifying and examining gender and URM compensation differences but does not readily account for societal and other influences that affect faculty access to higher compensation opportunities.

The Committee recommendations include:

1. Development of School and department level initiatives that broadly promote opportunities for additional or higher compensation equally among eligible faculty (i.e., raising awareness, transparency). Opportunities may include leadership or administrative roles, additional clinical opportunities, or novel incentive plans developed by a department/school. As previously recommended by this committee, compensation plans should codify how negotiated Y salaries and incentive payments are determined.

2. Ongoing examination of recruitment strategy to ensure equitable appointment of female and URM faculty members across all ranks. New male faculty appointments at the full professor outsize new female faculty appointments, though the reverse is true for assistant rank [Figures 1, 2, and 3 below*].

Figure 1: New UCSF Faculty at the Assistant rank by gender, 2014-2021

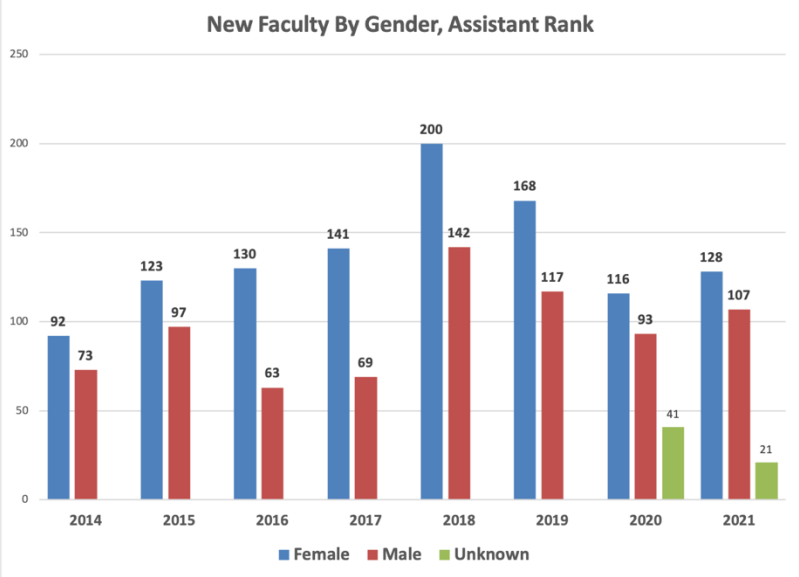


Figure 2: New UCSF Faculty at the Associate rank by gender, 2014-2021

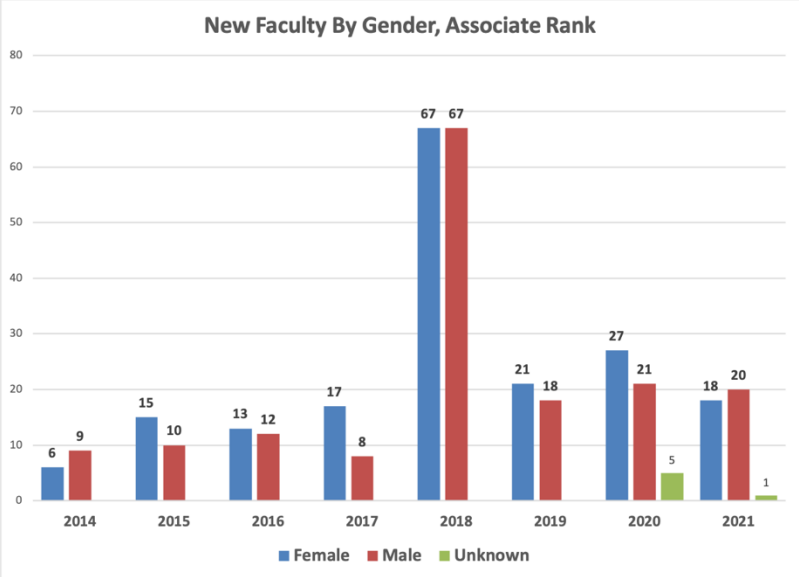
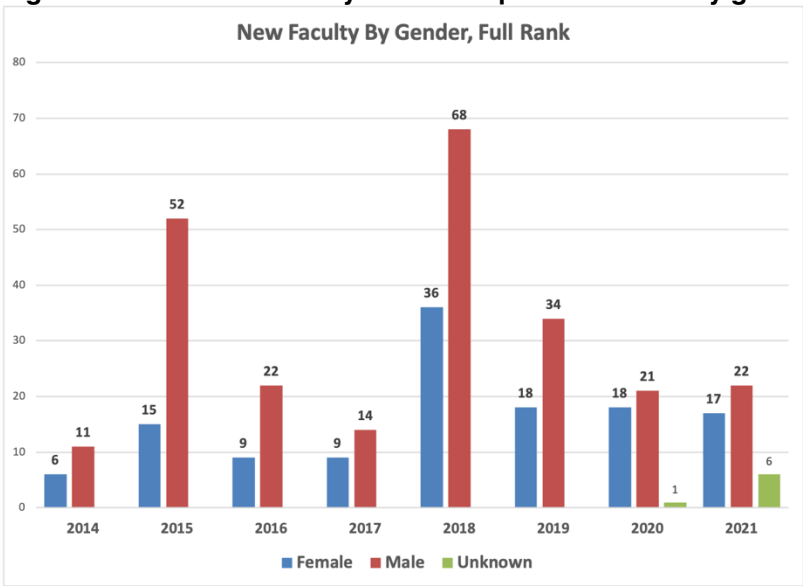


Figure 3: New UCSF Faculty at the Full professor rank by gender, 2014-2021



*Transgender identified persons are counted into their gender identity. Unknown includes absent values, declined to state, and non-binary faculty.

UCSF PRIDE values are greatly enhanced by teaching and mentoring activities with broad impact on students, staff, and faculty. Teaching and mentoring are fundamental to our core missions at UCSF—shaping current and subsequent generations of faculty members, including individuals subject to gender and URM compensation imbalance. University service similarly advances UCSF PRIDE values and affords improvements to academic infrastructure including enhanced equity in access to opportunity and compensation. Incentivizing such mission critical activities within compensation plans may expand faculty access to compensation opportunities.

The Committee recommendations include:

3. Development of school- or department-level initiatives to develop compensation plan incentives for teaching, mentoring, and contributions to diversity.
4. Development of school- or department-level initiatives to similarly incentive service related activities.
5. Report broadly on the impact of innovative compensation structures to equity in compensation.

Full Faculty Salary Equity Review reports and executive summaries are publicly available with references to the school level analyses on the Faculty and Academic Affairs web site at http://tiny.ucsf.edu/salaryequity. The Committee actively shares this information as a commitment to transparency.

Finally, the Committee recommends that

6. Departments within individual schools consider similarly sharing their reports or their participation in the recurring Faculty Salary Equity Review to ensure that all faculty are aware of the deliberate intention to improve compensation equity and have the opportunity to participate or contribute.

Appendix A: Faculty Salary Equity Review Committee Roster

Name	Academic / Administrative Titles	School/Affiliation
Brian Alldredge, PharmD, Chair	Vice Provost Academic Affairs Professor of Clinical Pharmacy	Office of Faculty & Academic Affairs School of Pharmacy
Robin Corelli, PharmD	Associate Dean for Academic Affairs, School of Pharmacy Professor of Clinical Pharmacy	Dean's Office, School of Pharmacy
Elena Fuentes-Afflick, MD, MPH	Vice Dean for Academic Affairs, School of Medicine Professor and Vice Chair of Pediatrics	Dean's Office, School of Medicine
David Glidden, PhD	Representative, Academic Senate Committee on Academic Personnel Professor, Epidemiology & Biostatistics	School of Medicine
Cathra Halabi, MD	Assistant Professor, Neurology UCSF Weill Institute for Neurosciences	School of Medicine
Wilson Hardcastle, MLIS	Academic Data Coordinator	Office of Faculty & Academic Affairs
Elizabeth (Beth) Harleman, MD	Representative, Academic Senate Committee on Equal Opportunity Professor, Medicine	School of Medicine
Thomas Kearney, PharmD	Associate Dean for Academic Affairs, School of Pharmacy Professor of Clinical Pharmacy	Dean's Office, School of Pharmacy
Emerald Light, MBA	Assistant Vice Provost for Academic Affairs	Office of Faculty & Academic Affairs
Irené Merry	Strategic Initiatives Program Manager	Office of Faculty & Academic Affairs
Renee Navarro, MD, PharmD	Vice Chancellor for Diversity and Outreach Professor of Clinical Anesthesia & Perioperative Care	Office of Diversity and Outreach School of Medicine
Elizabeth Rogers, MD	Representative, Academic Senate Committee on Faculty Welfare Associate Professor of Clinical Pediatrics	School of Medicine
George Taylor, DMD, MPH, DrPH	Associate Dean for Diversity and Inclusion, School of Dentistry Professor, Preventive & Restorative Dental Sciences	Dean's Office, School of Dentistry
Catherine Waters, RN, PhD, FAAN	Associate Dean for Academic Affairs, School of Nursing Professor, Community Health Systems	Dean's Office, School of Nursing

Appendix B: Updates to Data Sources

Data Element	Historical Source	2021 Source
Roster of population	Advance	Advance
Series, Rank, Step, Appointment Percent, School, Department, Employee IDs	Advance	Advance
Gender	PPS ODS	Path ODS, Now includes “Unknown”
URM Status	Derived from PPS ODS ethnicity	System-calculated value from Path ODS
Hire Date	PPS ODS	Path ODS
Degrees	PPS ODS	Hitachi Degree Tables
Annualized X and Y Salaries	MPM	Academic HR Compensation Report
Clinical Income (Z) FY20-21	Distribution of Payroll Expense (DPE): DOS code BYZ	DOS code BYZ is now Earn code HZC
Supplemental data as an opportunity for additional analysis:		
Stipends FY20-21	Distribution of Payroll Expense (DPE): DOS Codes BYN, STP, and ST1	DOS code BYN is now Earn code HZA. STP remains, ST1 eliminated.
Merits and Promotions	Advance	Advance
Leave of Absence	PPS ODS	Path ODS
Campus location	Campus Locator System	Hitachi CLS. Data remain incomplete.
2021 Request from the School of Medicine:		
Clinical Income (Z) paid by the Medical Center Business Unit	Health Sciences Compensation Plan faculty are paid via the plan through the schools’ accounting units. However, some faculty received clinical compensation from the Medical Center unit bypassing the campus business unit accounting.	Distribution of Payroll Expense (DPE): DOS code BYZ, from the Business Unit SFMED. The affected only a few faculty in the SOM.

Appendix C: Campus Adjusted Statistical Analysis Tables

Adjustments were applied based on the variables: series, rank, step, school, degree type, and department.

Table 1. Adjusted Female/Male X+Y payment ratio

Adjusted ratios	Ratio	Confidence interval
Overall	0.96	(0.94, 0.98)
By School		
Dentistry	0.87	(0.79, 0.95)
Medicine	0.96	(0.95, 0.98)
Nursing	1.02	(0.88, 1.17)
Pharmacy	0.97	(0.86, 1.09)
Department Type		
Basic Science[6]	1.01	(0.95, 1.07)
Clinical	0.96	(0.94, 0.97)

Table 2. Estimated Female/Male ratio for Presence of a Z payment with adjustment

Adjusted ratios	Odds ratio	Confidence interval
Overall	0.78	(0.60, 1.01)

Table 3. Estimated Female/Male ratio Amount of a Z payment (if >0) with adjustment

Adjusted ratios	Ratio	Confidence interval
Overall	0.65	(0.56, 0.75)
By School		
Dentistry	0.15	(0.04, 0.60)
Medicine	0.66	(0.57, 0.75)
Nursing	-	Insufficient data
Pharmacy	-	Insufficient data

Table 4. Estimated Female/Male ratio for Presence of an Acceleration with adjustment

Adjusted ratios	Odds ratio	Confidence interval
Overall	1.31	(0.94, 1.36)

Table 5. Adjusted URM/non-URM X+Y payment ratio

Adjusted ratios	Ratio	Confidence interval
Overall	0.97	(0.95, 0.99)
By School		
Dentistry	0.98	(0.87, 1.11)
Medicine	0.97	(0.94, 0.99)
Nursing	0.96	(0.87, 1.06)
Pharmacy	1.00	(0.87, 1.15)
Department Type		
Basic Science[6]	0.99	(0.88, 1.10)
Clinical	0.97	(0.94, 0.99)

[6] Basic Science departments are: SOM: Anatomy, Biochemistry & Biophysics, Cellular & Molecular Pharmacology, Microbiology & Immunology; SOP: Bioengineering & Therapeutic Science, Pharmaceutical Chemistry; SOD: Cell & Tissue Biology. All other departments are considered Clinical departments.

Table 6. Estimated URM/non-URM ratio for Presence of a Z payment with adjustment

Adjusted ratios	Odds ratio	Confidence interval
Overall	0.78	(0.54, 1.11)

Table 7. Estimated URM/non-URM ratio Amount of a Z payment (if >0) with adjustment

Adjusted ratios	Ratio	Confidence interval
Overall	0.89	(0.73, 1.08)

Table 8. Estimated URM/non-URM ratio for Presence of an Acceleration with adjustment

Adjusted ratios	Odds ratio	Confidence interval
Overall	0.95	(0.71, 1.28)

Appendix D: Descriptive Statistics X + Y

The faculty population subject to this review include appointees in the five series (Ladder Rank, Professor In Residence, Professor of Clinical X, Adjunct Professor, and Health Sciences Clinical Professor) at 75% time or greater (for confidence in annualization comparison), excluding those at the Instructor rank (temporary appointments) and excluding those whose salaries are not set by the campus (i.e. paid-by-affiliate). Faculty associated with Benioff Children's Hospital Oakland are included in this review. (N=2,801)

Salary components included in this review are the scheduled X and Y salaries for the new fiscal year (FY21-22), and the clinical compensation (Z) distributed over the prior fiscal year (FY20-21).

Table 1. Median X+Y salary by sex and rank (1000s)

Rank	Female	Male
Assistant	206	215
Associate	255	250
Full	263	316

Table 2. Median X+Y salary by sex and school (1000s)

School	Female	Male
Dentistry	185	236
Medicine	234	282
Nursing	149	138
Pharmacy	197	212

Table 3. Median X+Y salary by sex and department type (1000s)

Dept Type	Female	Male
Basic Science[7]	184	213
Clinical Science	229	284

[7] Basic Science departments are: SOM: Anatomy, Biochemistry & Biophysics, Cellular & Molecular Pharmacology, Microbiology & Immunology; SOP: Bioengineering & Therapeutic Science, Pharmaceutical Chemistry; SOD: Cell & Tissue Biology. All other departments are considered Clinical departments.