



School of Medicine

Faculty Salary Equity Review, 2022

Period covered: July 1, 2021 – June 30, 2022 for X+Y salary (FY22) and July 1, 2020-June 30, 2021 for clinical compensation (Z payments, FY21)

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At the conclusion of the most recent FSER analysis (2018-2019), Vice Deans Fuentes-Afflick and Chrisman communicated the goal of compensating administrative roles with Z payments, rather than the Y component of compensation, to leaders within the School. It is challenging to implement this structure because many administrative roles involve substantial professional effort and requiring leadership roles to be compensated using Z payments could create challenges with covering the X+Y components of compensation. To address this challenge, we plan to refine our recommendation and recommend that if a “premium rate” is used to compensate a leadership role, the additional compensation should be provided as Z compensation rather than X+Y. The Dean’s Office has successfully implemented a “premium rate” approach with respect to Vice Deans’ compensation and we plan to recommend that all departments use this approach.

To prepare for the FY23 Faculty Salary Equity Review process, the School of Medicine implemented several process improvements. Before the analytic phase began, the School distributed the faculty rosters to departments and invited their review. Through this verification process, several errors in demographic characteristics, professional effort, and annual compensation were identified and corrected. For faculty who had missing data for demographic characteristics, chairs were asked to encourage faculty to revise their reporting in UC PATH. Second, the School provided AAMC benchmark salary data to the departments as a compliment to UCSF payroll information in order to facilitate comparisons to a national benchmark.

In November 2021, Vice Deans Maye Chrisman, Elena Fuentes-Afflick, and FSER Coordinator Michelle Teng hosted two workshops for department chairs and chief administrative officers. The workshops provided an overview of the purpose of the FSER, the study methodology, and interpretation of results. Departments were informed that the School would consider requests for supplemental analyses, similar to previous FSER

analyses. Chairs and administrative leaders were encouraged to share the results with their faculty and solicit input, particularly for departments for which gender- and/or URM-based differences in compensation or incentive payments were identified.

Overview of SOM analyses, by gender and underrepresented in medicine (URM) status

X+Y compensation

In analyses of the entire School of Medicine, 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 of 23 departments had statistically significant gender-based differences in X+Y compensation and the median X+Y compensation was 5-21% lower for women than men. Four departments had statistically significant URM-based differences in X+Y compensation; the median X+Y compensation for URM faculty was 8-25% lower than non-URM faculty.

The departments undertook detailed analyses that included variables such as site, subspecialty designation, and K award status; after the additional analyses, there were no statistically significant gender-based differences in compensation that required correction.

Z payment (clinical incentive)

In analyses of the entire School, there were no gender- nor URM-based differences in the likelihood of receiving a Z payment. However, among faculty who received 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 for each department, four departments had 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 departments undertook detailed analyses that explained how Z payments are earned and disbursed. After review, there were no statistically significant gender-based differences that required correction.

Findings/salary adjustments made

Based on the departmental analyses, no corrections or adjustments were required.

High Salary 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 Salary 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.

Action items for coming year

The Dean's office will collaborate with departments on compensation for leadership roles. If a "premium rate" is used to compensate a leadership role, we recommend that the additional compensation should be provided as Z compensation rather than X+Y.

School of Medicine

In October 2021, Vice Provost Brian Alldredge initiated the UCSF Faculty Salary Equity Review. The School of Medicine's Analytic Team (Vice Dean Elena Fuentes-Afflick, Vice Dean Maye Chrisman, and FSER Coordinator Michelle Teng) collaborated with Professor Chuck McCulloch and Ms. Chengshi Jin to analyze the data.

The information in this report is a summary of the School of Medicine's school-wide analysis, a summary of results from a similar set of analyses undertaken for each department and more detailed analysis conducted by departments when a difference by gender and/or URM status was identified. In addition, using a predictive-salary model provided by the Vice Provost's Office, this report includes a narrative summary of individual faculty whose compensation was higher than predicted ("high outliers") and matched-pair analyses to understand compensation of individual faculty that was lower than predicted ("low outliers").

SCHOOL OF MEDICINE ANALYSES

The School of Medicine analyzed the X+Y compensation data for all faculty who met the inclusion criteria (appointed at 75-100% effort in FY22, $n=2,516$). The analyses of Z compensation were restricted to faculty members who had been hired on or before July 1, 2020, remained employed at UCSF when the data were extracted for the current study, and received a Z payment during FY21 ($n=1,679$).

X+Y compensation (FY22) -- The results for the School of Medicine demonstrated that female faculty members received median X+Y compensation that was 4% lower than their male counterparts.

For underrepresented faculty members in the School of Medicine, URM faculty received median X+Y compensation that was 4% lower than their non-

URM counterparts.

Z payment (FY21) -- There were no gender- or URM-based differences in the likelihood of receiving a Z payment (clinical incentive payment).

Amount of Z payment (FY21): Among faculty who received a Z payment during FY21, the median amount received by female faculty members was 33% less than the median amount received by male faculty members.

To analyze faculty salary equity issues within the School of Medicine, it is important to understand that each department has a compensation plan. Consequently, department-specific analysis of compensation is critical to identify and address salary equity issues.

Key issues include:

- Faculty are paid on different salary scales, depending on their department. Within the School of Medicine, the salary scales 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 setting higher salaries for junior faculty, without as much increase with academic rank.
- With respect to incentive payments, departments vary in their strategy. Some departments use clinical incentive payments as a larger component of annual compensation than others, due to differences in the nature of their clinical work. Finally, market- competitive compensation varies widely for different specialties.
- Most departments adjust compensation based on the availability of sources of funding.

For the School of Medicine, the annual Faculty Salary Equity Review continues to be an effective means of analyzing compensation issues and identifying areas of concern. Departmental leaders were actively engaged in the analytic and review process and committed to the goal of identifying and addressing imbalances. The Dean's Office encouraged all departments to be transparent about compensation practices and will continue to support departmental leaders in our collective efforts to promote equity across gender and URM groups.

DEPARTMENTAL ANALYSES

The School's Analytic Team conducted a set of analyses for each department that followed the same analytic approach used for the school-wide analyses. The Department Chair and Chief Administrative Officer were asked to review the findings, invited to conduct additional analyses, and asked to propose solutions in case of a gender- or URM-based difference that remained unexplained.

During November 2021, Vice Deans Chrisman and Fuentes-Afflick and FSER

Director Michelle Teng hosted two workshops for Chairs and Chief Administrative Officers Directors to review the analyses and answer questions; nearly all departments participated in the workshops.

- X+Y compensation:
 - Gender: Overall, we identified statistically significant gender-based differences in FY22 X+Y compensation within six departments.
 - URM: We identified significant URM-based differences in X+Y compensation within four departments.
 - During 2019, we identified gender-based differences in X+Y compensation among nine departments and URM-based differences among four departments. Thus, the findings in 2021 were slightly improved, relative to 2019.
- Z payments:
 - We did not identify statistically significant gender- or URM-based differences in the likelihood of receiving a Z payment during FY21.
 - The current findings are similar to the 2019 report, when we did not identify statistically significant differences in the likelihood of receiving a Z payment according to gender or URM status in any department.
- Amount of Z payments:
 - Among faculty who received a Z payment, we identified a statistically significant gender-based difference in the amount of Z payment within four departments.
 - Among faculty who received a Z payment, we did not identify any significant URM-based differences in the amount of Z payments.
 - During 2019, we identified statistically significant, gender-based differences in the amount of Z payments within two departments and a statistically significant URM-based difference within one department.

Each department provided a thoughtful analysis of their FSER results and emphasized their commitment to ongoing review in order to minimize the risk of gender- or URM-based differences in compensation.

According to the Chair and Chief Administrative Officer, each department has or will share their results with faculty members, usually in the form of a presentation during a faculty meeting.

Please note: For the purpose of this analysis, the five laboratory-based basic science departments (Anatomy, Biochemistry and Biophysics, Cellular and Molecular Pharmacology, Microbiology and Immunology, Physiology) were analyzed 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.

This summary report details the responses from the twelve departments that demonstrated a significant difference in fixed compensation or incentive payments.

Basic Science

FINDING

The Basic Science departments (Anatomy, Biochemistry and Biophysics, Cellular and Molecular Pharmacology, Microbiology and Immunology, and Physiology) reported that the median X+Y compensation for female faculty members was 7% lower than males. This difference was a slight improvement relative to the 13% difference documented during 2019.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The departments described their salary-setting practices and undertook a detailed review according to department, rank, and step. 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 none of the highly ranked faculty members are women. When the most highly ranked faculty were removed, the gender-based difference was reduced to 4.8%. Additional gender-based considerations include one male faculty member who has clinical responsibilities, which are associated with higher compensation, and several female faculty members in the Adjunct series who were recently hired. In general, ladder rank and in residence faculty members in basic science departments receive higher compensation to reflect the broader scope of their faculty roles.

Each basic science department sets 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), equity with ORUs for jointly recruited faculty members, and equity with clinical departments for jointly recruited basic science faculty who have clinical duties. In addition, individual faculty members are allowed to lower their compensation in order to preserve research funding for other purposes, such as general laboratory expenses.

Dean's Office Decision:

We accept the departments' analyses and agree that the gender-based difference in X+Y compensation is related to factors such as faculty rank, step, and scope of responsibilities.

No further action is required.

Laboratory Medicine

FINDING

In the Department of Laboratory Medicine, the median X+Y compensation for underrepresented faculty members was 25% lower than for non-underrepresented faculty.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The department analyzed the data and identified two errors in URM status designation. Two faculty members were incorrectly identified as URM, including one individual who has experienced difficulty securing extramural funding and whose

compensation is limited, based on insufficient funding.

The Dean’s office evaluated the corrected compensation data for the URM and non-URM comparator faculty and did not identify a systematic difference in compensation when rank, step, and role were considered. The data are not presented due to the limited number of URM faculty within the department and the risk of inadvertent disclosure.

Dean’s Office Decision:

We accept the department’s finding that there was no evidence of a URM-based difference in X+Y compensation after removing faculty who were erroneously identified as URM. We encourage the department to correct the racial/ethnic designation within the data sources.

No further action is required.

Medicine

FINDINGS

In the Department of Medicine, 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).

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The department conducted additional analyses and included two variables that are correlated with compensation: leadership role and 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 (P=0.08). However, the gender-based difference in the amount of Z compensation persisted (P=0.003).

The department analyzed Z compensation and provided additional contextual information: “MD Z payments have grown disproportionately since the FY19 FSER due to an increase in internal moonlighting compared to clinical incentives. More so than clinical incentives, moonlighting payments have gone disproportionately to men, as illustrated in the table below.”

FY22 FSER	Clinical Incentives	Moonlighting and Other Z	Covid Moonlighting
M	\$2,620,662	\$3,693,520	\$1,168,134
F	\$2,193,719	\$2,532,265	\$841,206
TOTAL	\$4,814,381	\$6,225,785	\$2,009,341

FY19 FSER	Clinical Incentives	Moonlighting and Other Z
M	\$2,527,361	\$1,821,929
F	\$1,556,275	\$1,018,161
TOTAL	\$4,083,635	\$2,840,090

Department Chair Bob Wachter explained “As a matter of practice and principle across DOM, 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.”

OUTCOME

Based on the additional analyses undertaken by the department, there was no longer a statistically significant difference in X+Y compensation by gender.

The gender-based differences in Z payments are largely related to the recent changes in moonlighting opportunities, which are partially related to the pandemic, which has heavily impacted the department.

Dean’s Office Decision:

We accept the department’s finding that there was no longer a gender-based difference in X+Y compensation after adjusting for leadership roles and K award status.

We accept the department’s analysis of Z payments, which do not demonstrate a systematic gender-based difference in the opportunity to earn incentives. The department underscored the fact that opportunities to earn clinical incentives are offered to all faculty in a gender-neutral fashion but there is a gender-based difference in uptake and, subsequently, compensation.

No further action is required.

Neurological Surgery

FINDING

In the Department of Neurological Surgery, among faculty who received a Z (incentive) payment, the median amount received by women was 96% lower than the amount received by men.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The department provided additional information to address the gender-based difference in Z payments. The department roster includes five female surgeons; three female faculty work at network sites, where they receive year-end bonuses “when available.” Two female surgeons are based at Parnassus. One of the Parnassus-based surgeons works in a “niche specialty” and receives a high X+Y salary, which limits her opportunity to earn Z payments. The second Parnassus-based female surgeon recently completed her third year on a flat salary and is now eligible to earn Z payments.

Dean’s Office Decision:

We accept the department’s analyses and interpretation, that the gender-based differences in the amount of Z payments is related to site-based differences in compensation, subspecialty designation, and junior faculty status.

No further action is required.

Neurology

FINDING

In the Department of Neurology, among faculty who received a Z (incentive) payment, the median amount received by women was 61% lower than the amount received by men.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The department provided information about the three sources of 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 (telemedicine coverage for outside hospitals, eg). 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 payment. Department Chair Andy Josephson explained that the divisional-specific plans are reviewed and approved by the Neurology Leadership Council, which minimizes the likelihood of a systematic bias, and the faculty members who participate in the “unique clinical situations” consist of equal proportions of women and men.

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.”

Dean’s Office Decision:

We accept the department’s analyses and interpretation, that the gender-based differences in the amount of Z payments is related to differences in RVU compensation but do not reflect a systematic gender-based bias in compensation.

No further action is required.

Obstetrics, Gynecology and Reproductive

FINDING

In the Department of Obstetrics, Gynecology and Reproductive Sciences, the median X+Y compensation for underrepresented faculty members was 11% lower than non-URM faculty, a slight improvement over the 20% difference documented in 2019.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The department provided additional information about their 104 faculty members, whose roles can be categorized according to degree type and responsibility. The proportion of female faculty ranges from 67% (combination doctorate) to 100% (certified nurse midwives) and from 15% URM (clinical doctorate) to 39% URM (certified nurse midwives).

The department re-categorized the faculty into four groups, based on training and role: certified nurse midwives, generalist physicians, subspecialty physicians, and PhD researchers. With this methodologic refinement and including the other standard variables in the multiple regression model, the department ran a revised regression model and found that there was no longer a statistically significant difference in X+Y compensation for URM

status (P=0.48) nor gender (P=0.53).

Dean's Office Decision:

We accept the department's finding that there was no longer a URM-based difference in X+Y compensation after adding a refined categorization of faculty role/responsibilities to the other variables in the regression model.

No further action is required.

Ophthalmology

FINDING

In the Department of Ophthalmology, the median X+Y compensation for female faculty members was 13% lower than male faculty members.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The Department provided a detailed explanation of their approach to setting salary, which is "set by benchmarks derived from an annual survey of ophthalmology departments around the country." The department explained that they utilize a "system that increases salary based upon tenure" and that "the most senior faculty will default to extremely high salary regardless of productivity. To counter that, we established a policy such that after Prof 5, salary [is] based on earnings/productivity, not benchmarks."

From the perspective of rank, however, the proportion of female faculty is higher at assistant (64%) and associate (83%) ranks than professor rank (38%). Moreover, the four most senior faculty in the department are all men and include the two most clinically productive surgeons in the department.

Finally, the department removed two highly compensated individuals (department chair and medical director) and recomputed the average salary in order to demonstrate the impact of the department's unique salary-setting structure at the highest ranks:

Rank	Female	Male
Assistant	240,714	263,750
Associate	322,000	300,000
Full	375,490	418,333

Dean's Office Decision:

We accept the department's analyses that the gender-based difference in X+Y compensation was related to the differential gender distribution by rank, which was not adequately encompassed within the regression model. Given the department's approach to setting salary at the highest rank, which relies on productivity rather than a strict rank-based methodology, the statistically significant finding does not constitute a systematic, gender-based difference.

No further action is required.

Orthopaedic Surgery

FINDING

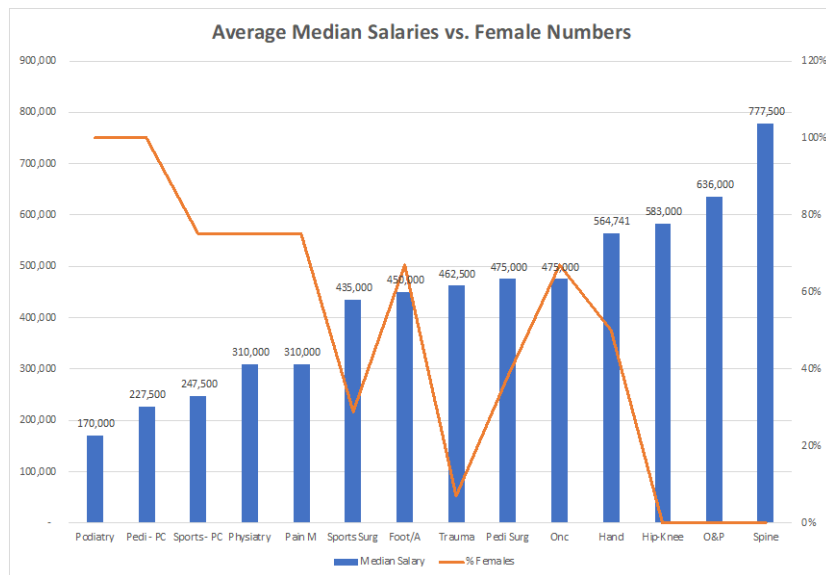
In the Department of Orthopaedic Surgery, the median X+Y compensation for female faculty members was 21% lower than male faculty members, a slight improvement from the 27% difference reported in 2019.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The Department of Orthopaedic Surgery reviewed the FSER dataset and conducted additional analyses by considering subspecialty, site, and wRVU data.

The department is comprised of 14 subspecialties and subspecialty designation is associated with compensation. In addition, the department can be categorized as surgeons and non-surgeons, a diverse group that includes physiatrists, podiatrists, and two primary care groups: pediatrics and sports medicine. The department uses salary benchmarks published by the Medical Group Management Association (MGMA) to set salary benchmarks for subspecialties and the UCSF Funds Flow system uses the same subspecialty categories. For faculty members who are based at Parnassus or Mission Bay, the department compensates clinical activities according to the number of wRVUs generated by each faculty member. At the ZSFG, clinical activities are based on the affiliation agreement with the City and County of San Francisco, which accounts for subspecialty and rank. Additional compensation is available for contributions in education, research, and leadership.

The department analyzed the gender distribution for each subspecialty and compared the median salary by the proportion of female faculty (figure). The proportion of female faculty was highest in the five subspecialties with the lowest median compensation (75-100% female), and there were no female faculty in the three most highly compensated subspecialties: spine, orthotics, and hip-knee.



The department compared the X+Y compensation within each subspecialty group and did not identify a gender-based difference in compensation.

OUTCOME

After considering subspecialty designation, site-based differences in compensation

and wRVU generation. there was no evidence of a systematic gender-based difference in X+Y compensation.

Dean's Office Decision:

We accept the department's finding that there was no evidence of a gender-based difference in X+Y compensation after adjusting for additional factors, principally subspecialty.

No further action is required.

Pediatrics

FINDINGS

In the Department of Pediatrics, the median X+Y compensation for female faculty members was 6% lower than male faculty members, a slight improvement from the 10% difference reported in 2019.

Among Pediatric faculty members who received a Z payment, the median amount received by women was 48% lower than the median amount received by men.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The department highlighted the implementation of benchmarks to set compensation, including AAMC, MGMA, and the AAAP (Association of Administrators in Academic Pediatrics). Regardless of benchmark, however, compensation is lowest for the following subspecialties: adolescent medicine, developmental medicine, general pediatrics, infectious disease, and genetics. These subspecialty groups represent 30% of all faculty, including 22% of all female faculty. On the other hand, the three most highly compensated subspecialties are cardiology, critical care, and neonatology, which represent 26% of all faculty but only 14% of female faculty. Based on these structural factors, subspecialty compensation and the gender distribution across subspecialties, the department attributed the 6% difference in X+Y compensation.

The proportion of female faculty varies significantly by Pediatric subspecialty. Among the seven subspecialty areas that are at the lowest end of the compensation spectrum, the proportion of female faculty ranged from 56-80%. Among the nine subspecialties in the middle portion of the compensation spectrum, the proportion of female faculty ranges from 0-100%. At the highest end of the spectrum there are three divisions: cardiology, critical care, and neonatology; the proportion of female faculty ranges from 13% (interventional cardiology) to 72% (neonatology).

Regarding the gender difference in the median amount of Z payments, the department reported that 83% of Z payments were disbursed to faculty within three divisions: critical care, hospital medicine, and neonatology. Within the divisions of critical care and neonatology, faculty members are expected to cover a specific number of nights and weekends and receive Z payments. However, faculty members are able to cover additional nights and receive additional compensation. Within the hospitalist division, Z payments are earned when faculty members cover gaps in care; these gaps are covered on a voluntary basis. As noted in the table below, there are striking gender-based differences in the amount of Z payments that were distributed to the three divisions that generate such payments.

		F		M
Critical Care	\$	68,801	\$	81,410
Neonatology	\$	25,908	\$	71,157
Hospitalist	\$	24,396	\$	39,033

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 median for all faculty. The department also appointed a Faculty Compensation Committee that will advise the Chair on compensation issues.

Dean's Office Decision:

We accept the department's analysis and agree that there is no evidence of a gender-based imbalance in X+Y compensation after considering the distribution of female faculty across subspecialties and market-driven compensation for each subspecialty.

Regarding the gender-based difference in median amount of Z payments, these differences reflect the gender distribution within the subspecialty and gender-based differences in uptake of voluntary opportunities to provide additional clinical coverage.

No further action is required.

Physical Therapy

FINDING

In the Department of Physical Therapy, the median amount of X+Y compensation for underrepresented faculty members was 8% lower than non-underrepresented faculty. These results are distinct from 2019, when the compensation was 13% higher for women than men and 15% higher for underrepresented faculty.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The department provided additional information and explained that they have six underrepresented faculty members, three of whom were hired during FY20. For newly hired faculty, the department's practice is to set compensation at a relatively low rate that increases with more seniority.

Dean's Office Decision:

We accept the department's assessment that the URM-based difference in X+Y compensation is related to the fact that half of their URM faculty were hired during FY20 and subject to the standard salary-setting for new faculty.

No further action is required.

Radiation Oncology

FINDING

In the Department of Radiation Oncology, the median X+Y compensation for

underrepresented faculty members was 19% lower than non-underrepresented faculty members. This is a new finding for the department; during 2019, there were no differences according to URM status.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The department provided supplemental information on the limited number of URM faculty members within their roster. Each URM faculty member has a distinct academic profile of responsibilities and compensation issues. For example, one faculty member has limited sources of support for compensation, which impacts the Y component. Another faculty member was recently hired and compensation was set in accordance with the expectations for newly hired faculty in their subspecialty area. The data are not presented in order to preserve confidentiality for the faculty members.

Dean's Office Decision:

We accept the department's assessment that the URM-based difference in X+Y compensation is related to the circumstances of each faculty member, including limited sources of funding support and recent hire date, all of which impact compensation. There is no evidence of a systematic bias related to URM status.

No further action is required.

Surgery

FINDING

In the Department of Surgery, the median X+Y compensation for female faculty members was 14% lower than male faculty members, slightly improved relative to the 18% difference reported in 2019.

ADDITIONAL ANALYSES PROVIDED BY THE DEPARTMENT

The department conducted additional analyses and incorporated information regarding surgical subspecialty and rank. Their analysis highlighted the impact of compensation by subspecialty and the difference in faculty rank across subspecialties.

The two largest specialty divisions in Surgery are cardiothoracic surgery and surgical oncology. Within the group of 17 cardiothoracic surgeons, only 12% (2) are women. However, the median salaries are similar between female (\$587,500) and male cardiothoracic surgeons (\$540,000). Within the group of 25 surgical oncologists, 48% (12) are female. The median compensation is similar for female (\$375,000) and male (\$360,000) surgical oncologists.

Within the subgroups of surgeons, including transplant, pediatric, vascular, plastic, trauma, and general surgery, there is a consistent pattern of very few surgeons at Professor rank, which is associated with the highest compensation. For example, within the group of Plastic and General surgeons, there are no women at Professor rank. Among the Trauma surgeons, 75% of female faculty are at assistant rank and all the male faculty are at associate or full rank.

Dean's Office Decision:

We accept the department's analysis and agree that there is no evidence of systematic gender-based differences in X+Y compensation after considering the effects of gender distribution across subspecialties and academic rank, with disproportionate recruitment of junior female faculty, who have not yet advanced to associate or full rank.

No further action is required.

OUTLIER ANALYSIS

The Vice Provost's Office prepared an analysis to calculate "predicted salary" (X+Y) based on department, academic series, rank, step and doctorate type. In this analysis, "high salary outliers" were defined as individuals whose salaries were in the top 5%, defined as 140% or more than the predicted salary (1.6 standard deviations) and "low salary outliers" were in the lowest 5%, defined as 75% or less than the predicted salary (1.4 standard deviations). In the School of Medicine, 136 faculty members were identified as high salary outliers and 141 faculty members were identified as low salary outliers.

Male faculty represent a disproportionately large proportion of both high and low outliers in the SOM:

Sex	Low outliers	High outliers	All of SOM
Male	52%	65%	45%
Female	41%	26%	49%
Unknown	7%	9%	6%

On the other hand, URM faculty represent a disproportionate large proportion of low outliers in the SOM and a disproportionately low percent of high outliers:

URM status	Low outliers	High outliers	All of SOM
URM	16%	7%	12%
Non-URM	84%	88%	86%
Unknown	1%	5%	2%

Importantly, the statistical model prepared by the VPAA did not control for key factors that affect compensation, including market compensation rates for different subspecialties nor productivity / funding generated by individual faculty. Therefore, to better evaluate salary equity, department chairs and chief administrative officers were asked to provide additional information to explain the factors they considered when setting salary for the individuals who were identified as high and low outliers. The information was reviewed by Vice Dean Maye Chrisman and presented as a school-wide synopsis.

High salary outliers:

For the 136 SOM faculty members who were identified as having high outlier salaries, the major drivers of their higher-than-predicted salaries were:

- **Highly compensated clinical specialties.** Half of all high outlier faculty (n=69, 51%) are in clinical subspecialties that have a high market compensation rate relative to other subspecialties in their departments, as identified by salary benchmarks from the AAMC and other professional associations.
- **Leadership positions.** 47 (35%) of all high outlier faculty hold leadership roles and the leadership role contributed to a higher salary rate.
- **High productivity / funding.** 10 (7%) receive higher compensation due to higher clinical productivity or extramural funding.
- **Other factors.** The remaining 10 (7%) high outlier individuals were clinical faculty whose compensation was structured to have a higher fixed salary (X+Y) and lower incentive potential (Z) or individuals subject to data errors, in which salary rates were reported as higher than actual or a clinical doctorate was not correctly identified in the source dataset.

For the 47 individuals whose high outlier salaries were driven in part by leadership roles:

- **Decision makers.** 17 (36%) had salaries set by the Dean's Office (e.g., a department chair's salary is set by the Dean); 25 (53%) were set by department chairs or division chiefs, and 5 (11%) were set by decision makers outside of the School of Medicine.
- **Selection process.** More than three-quarters (n=37, 79%) were hired into their leadership roles through a competitive search process.
- **By sex:** 35 (74%) were male, 8 (17%) were female, and 4 (9%) were unknown sex. These results were similar to 2019.
- **By URM status:** 3 (6%) were URM, 42 (89%) were non-URM, and 2 (4%) were unknown URM status. These results were similar to 2019.

Low salary outliers:

For the 141 SOM faculty members who were identified as having low outlier salaries, the major drivers of their lower-than-predicted salaries were:

- **Salaries limited by funding sources.** 104 (74%) - this included faculty members with clinical doctorates who have limited or no clinical duties and included faculty whose salary was limited by available grant support.
- **Lower market-based compensation rates.** 24 (17%) - this included faculty who were in specialties where the market pay is lower than the department norm (e.g., non-procedural clinicians in surgical departments, non-MD clinicians).
- **Other factors.** The remaining 13 individuals (9%) were identified as faculty who opted for higher clinical incentives (Z) in lieu of higher salary (X+Y), their compensation was not captured in this analysis (e.g., VA clinical compensation) or issues with data accuracy.

For the 104 individuals whose salaries were limited by funding sources:

- **By sex:** 73 (52%) were male, 58 (41%) were female, and 10 (7%) were unknown sex.
- **By URM status:** 15 (14%) were URM, 88 (85%) were non-URM, and 1 (1%) were unknown URM status.

For the 24 individuals with lower market-based compensation rates:

- **By sex:** 6 (25%) were male, 17 (71%) were female, and 1 (4%) were unknown.
- **By URM status:** 7 (29%) were URM and 17 (71%) were non-URM.

Dean's Office Decision:

The high and low outlier analyses demonstrated differences that are explained by factors such as market-based compensation, productivity, limited funding sources, and data errors.

No further action is required.