

Is your salary equitable?

A guide for individual faculty



GWIMS Toolkit

Chances are ...

- You are making less than non-hispanic male colleagues
- In Massachusetts: (equalpayma.com)
 - 82¢ on the dollar if you are Caucasian
 - 81¢ if Asian
 - 61¢ if Native American
 - 61¢ if African American
 - 52¢ if Latina

Chances are ...

- You are making less than your non-hispanic male colleagues
- In 2016, the average gender pay gap in individual states ranged from 70 to 89 cents
<https://nwlc.org/resources/wage-gap-state-state/>
- Pay gaps are generally larger for Latinas, Native, Black and Asian women than for non-hispanic white women.

Scope of toolkit

- Salary elements
- Determining your market value
- Negotiating for salary
- Advancing equity in your local institution

What factors might be considered in setting salary

- Years in training/post training
- Academic rank
- Salary in the field of expertise
 - Interventional vs cognitive specialties
- Regional differences
- Clinical work and associated RVUs
- Teaching roles
- Administrative roles

You may hear of $x+y+z$

- X generally = base salary
 - May be determined by field, rank, experience
- Y may be negotiated, based on
 - Productivity on teaching, scholarly activity, clinical activity, research, and service.
- Z generally = incentive, bonus
 - RVUs, other revenue generated

Clinical compensation

- Often defined as RVUs
 - Penalties if you don't meet RVUs?
 - Bonus if you exceed RVUs?
 - Based on billing or collections?
 - Expectations for first year(s)?

Education Compensation

- Paid to your department or to you directly?
 - If department, then what?
- How does rate compare to clinical rate?
 - Often undercompensated
- May vary by learner
 - GME compensation
 - Medical school compensation
 - Some may be uncompensated
- Are there education RVUs?

Compensation for administration

- Paid to your department or to you directly?
- How does rate compare to clinical rate?
 - May be under or over clinical comp.
- Are there metrics that will impact comp?

Compensation for research

- Is there a ceiling of compensation?
- How might you be compensated if on leave?
- How will you manage grants if your salary increases and you have less grant money for other needs?
- What is the institutional policy on grants that do not include indirect costs?
- How does your department manage funding gaps?
- What are your institution's requirements for % salary coverage by grants?

Your market value



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Determining your market value

- Is there data from your institution?
- Consider accessing data from:
 - AAMC
 - MGMA
 - Doximity
 - Salary.com (less likely to be relevant...)
 - VA (if a VA employee)
 - State data if you are in a public school
- Be clear on your value to the institution

AAMC Faculty Salary Survey Data

- Collects information for full-time faculty at U.S. medical schools regardless of source of income.
- Data are reported by the institution on behalf of faculty. Faculty are classified by department of primary appointment.
- The majority of medical schools participate each year (99-100% across the past five years), providing compensation data on average of 70% of all full-time faculty.

AAMC Faculty Salary Survey Data

- Available for purchase as online or paper publication.
- Standard tables display total compensation by rank, department/specialty, degree, and type of medical school (public/private, region).
- Dean's office may have access to custom report generators or special reports with additional data.
- For additional information on promotion and retention by gender, visit <https://www.aamc.org/data/facultyroster>.

Accessing AAMC Benchmarks

AAMC Faculty Salary Report

The annual AAMC Faculty Salary Report displays total compensation of full-time medical school faculty broken out by rank, degree, department/specialty, school ownership, and region. The online report and printed publication are available for purchase through the AAMC Store with discounted member pricing. As the individuals responsible for participating in the survey, deans, Principal Business Officers, and their designees receive complimentary access to the full report, as well as online custom report benchmarking tools, at <https://services.aamc.org/fssreports>.

Contact fss@aamc.org with questions about this report.

MGMA Data

Medical Group Management Association (MGMA) represents more than 12,500 organizations of all sizes, types, structures and specialties in the United States.

Compensation data from 121,000 providers– one of the largest datasets available

Reports data by academic vs non-academic, specialties, region, practice size, work RVU, new hires and more

Accessible to members (i.e. physician organization) but may be hard to find in your organization

Too expensive for individual purchase

MGMA Data

Pros

- Also provides practice operational data, management and staff compensation, practice cost and revenue data
- More suitable for private practice or hybrid academic-private practice

Cons

Does not provide data on

- Gender differences in physician compensation
- Gender gaps by specialty
- Differences in compensation by academic rank
- Compensation for basic science faculty

Doximity

- April 2018 **Physician Compensation Report**
 - Gender disparity worsening
 - Average \$105,000 less for women
- Must provide your own data to access
- Data on
 - geographic regions
 - Specialty



VA Salaries

- Office of Human Resources Management (OHRM) provides the Title 38 **Pay Schedules** and publishes annual **Pay Tables** that provide ranges for physician compensation based on **base** and **locality** pay and published for state, specialty and assignment.

VA Market Pay Review

Occurs every 2 years and takes into account:

- Level of experience in the specialty/assignment;
- The need for the specialty at the facility;
- Appropriate health care labor market for the specialty/assignment;
- Board certifications;
- Accomplishments in the specialty/assignment;
- Prior experience of the physician as an employee of the VHA;
- Consideration of unique circumstances, qualifications or credentials the individual possesses; unique skills and competencies for the specialty/assignment that is essential to recruit and retain:
- Equivalent specialty/assignments that are hard to find or in high demand within the local health care labor market;
- The availability and quality of the physician in the specialty/assignment

VA Tiers

- Tier 1 Base Pay and Market Pay typically well-defined by each facility. Will include factors of board certification/women's health provider designation/etc
- Tier 2 example would be Section Chief
- Tier 3 example would be Service Chief or Associate Chief of Staff
- Market Pay Review Panels compare everyone with adjustments to compensate for gaps

VA pay scales

Final Approved Pay Ranges for Physicians and Dentists Effective January 8, 2017

Pay Table 1	Specialty/Assignment	Pay Table 2	Specialty/Assignment
Tier 1: \$101,967 - 225,000 Tier 2: \$110,000 - 234,000 Tier 3: \$120,000 - 262,000	Endocrinology Endodontics General Practice – Dentistry Geriatrics Infectious Diseases Internal Medicine / Primary Care / Family Practice Palliative Care Periodontics Preventive Medicine Prosthodontics Rheumatology All other specialties or assignments not requiring a specific specialty training or certification	Tier 1: \$101,967 - 264,000 Tier 2: \$115,000 - 292,000 Tier 3: \$130,000 - 320,000	Allergy and Immunology Hospitalist Nephrology Neurology Pathology PM&R / SCI Psychiatry
Pay Table 3	Specialty/Assignment	Pay Table 4	Specialty/Assignment
Tier 1: \$101,967 - 348,000 Tier 2: \$120,000 - 365,000 Tier 3: \$135,000 - 385,000	Anesthesiology Pain Management Cardiology (Non-Invasive) Emergency Medicine Gynecology Hematology – Oncology Nuclear Medicine Ophthalmology Oral Surgery Pulmonary	Tier 1: \$101,967 - 400,000 Tier 2: \$125,000 - 400,000	Anesthesiology Cardiology (Invasive/Non-Interventional) Cardio-Thoracic Surgery Critical Care Dermatology Dermatology MOHS Gastroenterology General Surgery Interventional Cardiology Interventional Radiology Neurosurgery Orthopedic Surgery Otolaryngology Plastic Surgery Radiology (Diagnostic) Radiation Oncology Urology Vascular Surgery
Pay Table 5	Specialty/Assignment	Pay Table 6	Specialty/Assignment
Tier 1: \$150,000 - 309,000 Tier 2: \$145,000 - 289,000 Tier 3: \$140,000 - 270,000	VHA Chiefs of Staff – Tier assignments are based on published facility complexity level Tier 1 – Complexity Levels 1a & 1b Tier 2 – Complexity Levels 1c & 2 Tier 3 – Complexity Level 3, facilities with no designated level, Deputy Chiefs of Staff at Complexity Levels 1a and 1b	Tier 1: \$145,000 - 265,000 Tier 2: \$145,000 - 245,000 Tier 3: \$130,000 - 235,000	Tier 1 – Principal Deputy; other Deputy Under Secretaries for Health; Chief Officers; Network Directors; Medical Center Directors; Network Chief Medical Officers Tier 2 – Executive Directors; other Assistant Under Secretaries for Health; VACO Chief Consultants; National Directors; National Program Managers Tier 3 – All VACO physicians or dentists not otherwise defined

Minimum annual rates of pay for Pay Tables 1 through 4 adjusted to reflect increase made to the Physician and Dentist Base and Longevity Pay Schedule effective Jan 8, 2017.

VA: Resources

<https://www.va.gov/ohrm/pay/>

<https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/>

<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/handbook-on-leave-and-workplace-flexibilities-for-childbirth-adoption-and-foster-care.pdf>

<https://www.va.gov/OHRM/Pay/2018/PhysicianDentist/PayTablesRev.pdf>

<https://www.va.gov/OHRM/Pay/2018/PhysicianDentist/PhysicianDentistBaseLongevityRates.pdf>
(Base/Longevity Table for US; basis for benefits like retirement)

State reports

- Likely available for public institutions if required by state law
 - sometimes referred to as “sunshine laws”
- May miss full picture if numerous pay sources
 - private foundation, VA, others
- May have only base pay and not “Y+Z”

Negotiating for Salary

Practice, practice, practice



GWIMS Toolkit

General principles on negotiation

- See GWIMS toolkit (AAMC to add link)
 - and First Jobs toolkit (AAMC to add link)
- More specific information follows...

Negotiating for salary in new job

- Market value
- Determine the lowest # you will accept
- Consider benefits beyond take home salary that might mitigate lower offer
 - CME and travel funds
 - Support (i.e. NP, research assistant) that will make you more productive
 - Moving expenses

More on negotiating for new job

- Ask what the prior incumbent was earning
- Don't divulge your current salary
 - This question may be illegal in your state/location
 - See mapayequity.com
- Practice your persuasive responses
- To your advantage to have >1 option
 - Interview broadly

Negotiating for a raise

- Identify which benchmark your institution uses (AAMC, MGMA, blend of both, other?)
- Summarize your value
 - Specific accomplishments
 - Changes in responsibility
 - Check and update your job description
 - Savings or revenue increases to department
 - Awards, recognition, etc.
- Frame as “we/us” not “me/I”

Moving your institution towards equity



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Moving your institution towards equity

- Share the national evidence on salary equity
- Share any state regulations
- Identify islands of best practice as allies and examples
- Organize through your local GWIMS group
 - Start a group if none exists (ref GWIMS toolkit)
- Organize through your national society
 - Is there a women's caucus? Society for women in

The evidence on salary equity



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The evidence on salary equity in academic medicine

- NY state graduates 2007-2008 male>female salaries most specialties (LoSasso et al., Health Affairs, 2011)
- US Census population survey 2006-2010 male-female gap 25% (Seabury et al, JAMA Int Med 2013)
- Doximity study public medical schools ~\$20,000 gap (Jena, JAMA Int Med 2016)
- Gap widening from 2000-2004 to 2010-2013; salaries lowest for black women (Ly et al, BMJ 2016)

More evidence

- Female 2000-2003 K award recipients earned ~\$13,4000 less than males (Jagsi et al., JAMA, 2012)
- Female internal medicine program directors earn less than male colleagues (Willett LL et al. Am J Med 2015)
- Female cardiologists earn less than male colleagues (Jagsi R et al. JACC 2017)
- Male radiologists earn less than women! (Kapoor N et al, AJR 2017)
- Data in emergency medicine mixed (Madsen TE et al, Acad Emerg Med 2017)



Tomorrow's Doctors, Tomorrow's Cures

Learn

Serve

Lead

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American Medical Colleges

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