Exploring Salary Equity Among Medical School Leadership

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CONTENTS

Salary equity is one of many components of an institution's strategy to support diversity, equity, and inclusion. Research shows that employees who believe they are paid fairly are more engaged, are less likely to quit, experience less stress at work, feel healthier physically and emotionally, and are more satisfied with their personal life. Pay gaps between men and women have consistently been found in most industries, higher education broadly, and faculty within academic medicine specifically (Bichsel and McChesney 2017; Dandar et al. 2019).

A key component of addressing salary equity in academic medicine is examining compensation among senior medical school leaders across administrative offices, as well as among deans and other executive health care roles.

Analyzing demographic representation of people in roles in different administrative areas also provides information about the influence these roles may have on the institution overall, such as by reporting directly to the dean, and about the demographics of the people who occupy influential roles. It also provides information about the demographics of individuals by title, including whether any groups tend to have higher-ranking titles (e.g., senior associate/vice dean rather than associate or assistant dean). Numerous salary studies, including some conducted by the AAMC, have shown significant gender pay gaps across faculty levels, with gaps being largest at the highest ranks. And while gaps are generally closing in other industries, some studies indicate, they may, in fact, be widening within health care (Cook 2022; Williams 2022).

This report addresses these trends at the highest levels of academic medicine, and it is part of the AAMC's continued commitment to examining salary equity at U.S. medical schools. Building on past efforts, the report presents the first public analysis of AAMC data on compensation of U.S. medical school deans and dean's office leadership, the gender and racial/ethnic breakdown of this leadership, and their administrative titles. Several notable findings related to both the composition and compensation of dean's office roles and medical school deans emerged.

Among the dean's office staff leaders, the chief officers in Academic Affairs/Medical Education (82%), Research Affairs (69%), and Clinical Affairs (66%) had higher percentages of senior associate/vice dean leaders compared with Admissions (7%), Student Affairs (19%), and Diversity Affairs (35%), which had high percentages of associate dean leaders and were largely composed of women leaders. Across many administrative areas and levels, men had a higher median compensation than women. Due to the lack of racial and ethnic diversity across senior-most leadership, few compensation comparisons by race/ethnicity and gender were possible.

Among medical school deans, 44% had responsibility only for the medical school and 56% had responsibility for the medical school and for a faculty practice plan(s), other health profession schools, and/or a hospital/health system. Overall, a larger percentage of women and deans of color were responsible for the medical school only or the medical school and other health profession schools compared with their peers. Among deans not responsible for a faculty practice plan and/or hospital/health system, women and deans of color have a lower median compensation. Regardless of responsibilities, deans at community-based schools, public schools, schools accredited by the Liaison Committee on Medical Education (LCME®) during or after 2000, and schools with a lower research ranking had a lower median compensation than their counterparts at private schools, schools accredited by LCME before 2000, and schools with a higher research ranking.

The presence of systemic inequities was clear in this first analysis to understand the composition and compensation of administrative dean, or decanal, leadership in academic medicine. The information in this report provides much-needed data specific to academic medicine that describe these inequities, such as occupational gender segregation, and it identifies areas for intervention. Much more research is needed on demographic representation in leadership roles, the roles and responsibilities of the dean's office leadership, and factors that impact compensation at the highest levels.

The findings add to the broader conversation about salary equity in academic medicine and provide information schools can use in their own local analyses and efforts.

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Why Explore Equity in Leadership Compensation?

Salary equity is one of many components of an institution's strategy to support diversity, equity, and inclusion. In addition to helping build an equitable and inclusive workplace climate, salary equity contributes to an employee's overall livelihood, workplace satisfaction, and individual well-being. Research shows that employees who believe they are paid fairly are more engaged, less likely to quit, experience less stress at work, feel healthier physically and emotionally, and are more satisfied with their personal life (Dandar et al. 2019). Pay gaps between men and women have consistently been found in most industries, in higher education broadly, and among faculty within academic medicine specifically. A key aspect in addressing salary equity in academic medicine is examining compensation among senior medical school leadership across administrative offices and among deans and other executive health care leadership. Institutions that are fully dedicated to advancing equity will seek to assess equity at all levels of their organizations, including those at the highest levels of administration.

While assessing leadership compensation equity alone warrants exploration as a key component in building an equitable workplace, it also helps us understand the cultural narratives used to describe the overall pay gap in academic medicine and the leadership trajectories for women and people of color for two reasons. First, analyses of leadership compensation provide an opportunity to further deconstruct the persistent cultural narratives in academic medicine surrounding salary equity. For example, the oversimplified narrative that women "choose to earn less" by entering lower-paying specialties cannot necessarily be used to explain gaps in leadership compensation because decisions about who takes on administrative roles are generally not made primarily based on specialty choice or work-volume productivity. However, as we will describe in this report, an individual's past salary history, which is based on specialty and faculty rank, does, in many cases, continue to foster inequities when compensation for their leadership role is being set.

The cultural narrative that salary gaps can be explained by "personal choices" to work less due to caregiving responsibilities is a less likely possibility because women tend to be more mid- or senior-career at these leadership levels, so they may be less likely to have career-impacting caregiving responsibilities (although eldercare can still apply at this level). Further, many leadership positions may require additional work hours than jobs without administrative responsibilities. However, early-career pay inequities could affect pay in leadership roles later on, which could be averted if changes are made to current compensation models. A thorough investigation of leadership compensation is a critical part of the salary equity conversation because it can correct oversimplified cultural narratives.

Second, analyzing demographic representation of people in roles in different administrative areas also provides information about the influence these roles may have on the institution overall, such as by reporting directly to the dean, and about who occupies influential roles. It also provides information about the demographics of individuals by title, including whether any groups tend to have higher-ranking titles (e.g., senior associate/vice dean rather than associate or assistant dean). Seniority and prestige directly affect earning potential and must be looked at as part of leadership compensation analyses. For example, as described in the AAMC's report *State of Women in Academic Medicine 2018-2019: Exploring Pathways to Equity*, which examined the gender diversity of all decanal leaders across administrative functions, the largest proportions of women faculty at all administrative levels were in offices of diversity, equity, and inclusion; faculty affairs; and student affairs and admissions, roles frequently described as requiring "soft skills." Conversely, the smallest proportions of women were in offices of research and clinical or health affairs, roles often seen as requiring "hard skills" (Lautenberger and Dandar 2020).

These observations reflect the phenomenon known as occupational gender segregation (OGS), the tendency for men and women to cluster in different roles in the workplace based on gender stereotypes of their assumed areas of strength (Gross 1968).

This report's examination of senior-most leaders across the dean's office and medical school allows us to explore OGS at a new level in academic medicine, including its potential to affect pay and other types of role inequities and the value organizations assign to specific administrative functions.

As Claire Cain Miller of the New York Times remarked after reporting on a landmark occupational segregation study conducted by Asaf et al. in 2009, "Work done by women simply isn't valued as highly" — even when that work used to be done by men.

Asaf et al.'s study documented that as more and more women enter fields previously dominated by men, pay levels decline overall (Levanon et al. 2009). This phenomenon has occurred in academic medicine as faculty have aligned by gender within particular specialties (Pelley and Carnes 2020). Studying the gender representation of individuals across administrative functions in academic medicine is critical to ensuring that an increase in women entering senior leadership roles does not perpetuate OGS. If OGS can be detected at the executive leadership level, it is possible to conclude that although men have benefited for decades from higher salaries for similar roles, in the future, women may earn less.

This report's analysis of all the factors mentioned above is critical to the larger discussion of pay gaps and to achieving equity and inclusion.

What Do We Already Know About Leadership Compensation?

Compensation and representational inequities in decanal roles are not unique to academic medicine. Lack of diversity among higher education administrators has been demonstrated for decades. A 2017 study of higher education administrators found that in 2001, women earned about 77 cents on the dollar compared with men. That amount had risen slightly to about 80 cents in 2016, roughly mirroring the overall U.S. gender pay gap (Bichsel and McChesney 2017). Previous salary equity reports by the AAMC have shown substantial gender pay gaps among faculty, ranging from 72 to 96 cents on the dollar, depending on specialty and degree type (Dandar et al. 2019; Dandar and Lautenberger 2021).

Data about health care executives can also provide context for salary trends among medical school leadership. The American College for Healthcare Executives found in a recent report that "having attained approximately equal levels of education and experience, women healthcare executives in the 2017 study on average earned about $155,200, and men earned on average about $183,700. Thus, women earned 16% less overall than men" (ACHE 2022).

These studies have shown that gender salary gaps are widest at the top, which aligns with early findings from the AAMC 2019 report that first documented the salary gap between department chairs and faculty (Dandar and Lautenberger 2019). These and other recent reports also shed light on

whether the pay gap is changing. One recent analysis from 2021 found that while the executive gender pay gap is closing in other industries, in health care, it may actually be widening, and others have found that the gender salary gap among top executives at S&P 500 companies is now as large as it was in 2012 (Williams 2015; Cook 2022). Such gaps can have profound impacts over time. One recent meta-analysis showed that women physicians earn an estimated $2 million less than men physicians over a simulated 40-year career, even when accounting for hours worked, clinical revenue, practice type, and specialty (Whaley et al. 2021). Financial differences of this magnitude later in life can affect a person's livelihood, retirement planning, and retirement, especially if women must continue to work longer than their men counterparts.

Another key aspect of the salary equity conversation is how the demographic representational leadership gap in higher education affects salary inequities. According to a new report, *The Women's Power Gap at Elite Universities*, women occupy only 39% of national academic deanships, women make up only 10% of university system presidents, and universities with the most diverse leadership are public, rather than private, schools (Silbert et al. 2022). That report also found that 26% of men followed nontraditional paths to a university president role, whereas just 7% of women followed nontraditional paths to the presidency, suggesting men might have more leeway in the experiences they can have before entering the highest academic positions than women can have. Finally, the Silbert et al. report identified the impact OGS has had on decanal compensation, as deans in medical, business, or engineering — fields dominated by men — were paid more than deans of nursing, social sciences, and social work schools, roles more likely to be held by women.

These examples of both pay and representational role inequities across higher education and health care systems demonstrate the need for additional analyses specific to academic medicine. This report provides much-needed data about systemic inequities, such as OGS, and identifies areas for intervention.

Project Background

This report is part of the AAMC's continued commitment to examining salary equity at U.S. academic medical centers. While we have focused on compensation equity, analyses have also revealed gaps in diversity among specific roles. This publication presents a first look at AAMC data on compensation for U.S. medical school deans and dean's office leadership. In the past, the AAMC limited access to this information to deans and principal business officers (e.g., chief financial officers) but has now chosen to publish the data publicly to illustrate our continued commitment to transparency and equity in compensation. This report, and related online data tables, fill a historical gap in publicly available data about administrative leader compensation in academic medicine.

The AAMC recently added gender and race/ethnicity to its annual Survey on Compensation of the Dean's Office Staff (DOS) and Survey on Compensation of Medical School Deans (DCS) to examine salary equity among leadership roles. This report analyzes the compensation of senior leadership positions across the dean's office and the compensation of medical school deans by both person-level demographics and institution-level characteristics. Additionally, analyses examine the composition of senior-most leadership roles across medical schools, which provides insights into leadership diversity trends.

Previous reports have been limited in their ability to fully capture the intersectional identities of leaders in academic medicine. This report examines the gender, race/ethnicity, and titles of medical schools' senior-most administrative leadership and deans. In some cases, as detailed in the Methods section, data cannot be reported by multiple demographics across administrative areas due to small sample sizes. This limitation is a finding in and of itself and supports the proposition that more diverse leadership is needed at the highest rungs of academic medicine.

The AAMC established two volunteer constituent groups of medical school deans and principal business officers to guide this work. The groups met three times each to provide their insights on the following analysis and on the AAMC's broadening access to these data via public reports on a yearly basis moving forward.

As with our other compensation equity reports, we hope those who determine salaries use these much-needed data to support salary equity studies at the local level. These new data can help schools examine the composition and compensation of their own leadership teams and rectify inequities that may exist. People considering applying for senior-most leadership roles might also use the data to understand the scope of potential compensation given the role's responsibilities (e.g., compensation of deans who are also leaders of faculty practice plans and hospital/health systems versus compensation of deans responsible solely for the medical school). While there are limitations of this report, these analyses can be used to help provide institutional leaders with a guiding framework for setting compensation and as a launching point for continued discussions in the academic medicine community about leadership diversity and how to reward administrative leaders more equitably across all administrative areas.

Methods

The following section provides background information about the AAMC Survey on the Compensation of the Dean's Office Staff (DOS) and Survey on the Compensation of Medical School Deans (DCS), including an overview of the survey definitions, survey content, and information on the 2021 survey administrations. We present information from other AAMC data sources including the AAMC Organizational Characteristics Database, Council of Deans Records, and Women in Medicine and Science (WIMS) Benchmarking Survey, to provide additional context about medical school leadership structures and illustrate how the results compare with all U.S. medical schools. Lastly, we explain limitations of this analysis to help readers interpret the results.

AAMC Survey on the Compensation of the Dean's Office Staff

The DOS collects information about compensation and job responsibilities for chief officers (e.g., the senior-most leaders) at U.S. medical schools in eight administrative areas at the senior associate/vice dean, associate dean, and assistant dean levels. The eight administrative areas included in the survey are as follows, and their definitions can be found in Appendix 1.

- Academic Affairs/Medical Education
- Admissions Affairs
- Business Affairs
- Clinical Affairs
- Diversity Affairs
- Faculty Affairs
- Research Affairs
- Student Affairs

The DOS collects information about an individual's total compensation, defined as the sum of salary, deferred compensation, medical practice supplement, and bonus and incentive pay. Total compensation includes all sources of pay inside and outside the dean's office and it excludes the value of fringe benefits. The survey also collects information about an individual's dean's office compensation, which is a subset of total compensation and is the amount paid to an individual for their duties in the dean's office regardless of the source of the compensation. The AAMC reports annualized dean's office staff compensation statistics across administrative areas, calculated using the dean's office compensation and the percentage of time in the dean's office reported for each individual. Definitions for each component of compensation are in Appendix 2.

METHODS

The AAMC launches the DOS annually in July and reports findings in October. A medical school's principal business officer or their designee completes the DOS on behalf of their institution each year. We added gender to the FY 2020 DOS and race/ethnicity to the FY 2021 DOS , as we had already done with the AAMC Faculty Salary Survey. About 92% of U.S. medical schools (143/155) participated in the FY 2021 data collection. Of the 1,144 records submitted, 83% (951/1,144) had usable compensation data once the data were reviewed and verified. For this analysis, we display compensation information only when there were five or more people within a particular category and its comparison category had either zero or at least two people in it. To illustrate diversity across positions, we provide sample sizes for each comparison, including those with fewer than five people.

There are some limitations to consider in interpretating these data. Because the DOS only collects compensation data for senior-most leaders across administrative areas, the report's analysis cannot provide a full accounting of dean's office leadership structures across medical schools; there may have been additional assistant or associate dean positions under the senior-most leader, for example. Further, the survey's eight administrative categories may not reflect the full composition of senior leadership roles at each U.S. medical school. For example, some medical schools may have joint positions that cover two administrative areas, such as Student Affairs and Diversity Affairs. In cases where there are such joint positions, the survey instructions ask participants to report data for their area of primary responsibility.

Although the AAMC has added administrative areas to the survey over the years, schools may have senior leaders in other positions not yet added, such as senior associate dean of strategic planning. In addition, this survey does not account for how long a person may have held a role (i.e., time in position) and its potential impact on compensation, and the analysis only includes what is considered to be usable compensation data, which means the data have to include all components of compensation and time dedicated to the dean's office.

For all these reasons, missing data does not necessarily mean there is no senior leader in the administrative area for a particular school.

While degree type and whether or not the individual was in a procedurally intensive specialty is included in this analysis, faculty rank and specialty (other than procedurally intensive specialties) were not collected for every participant, so they are not included.

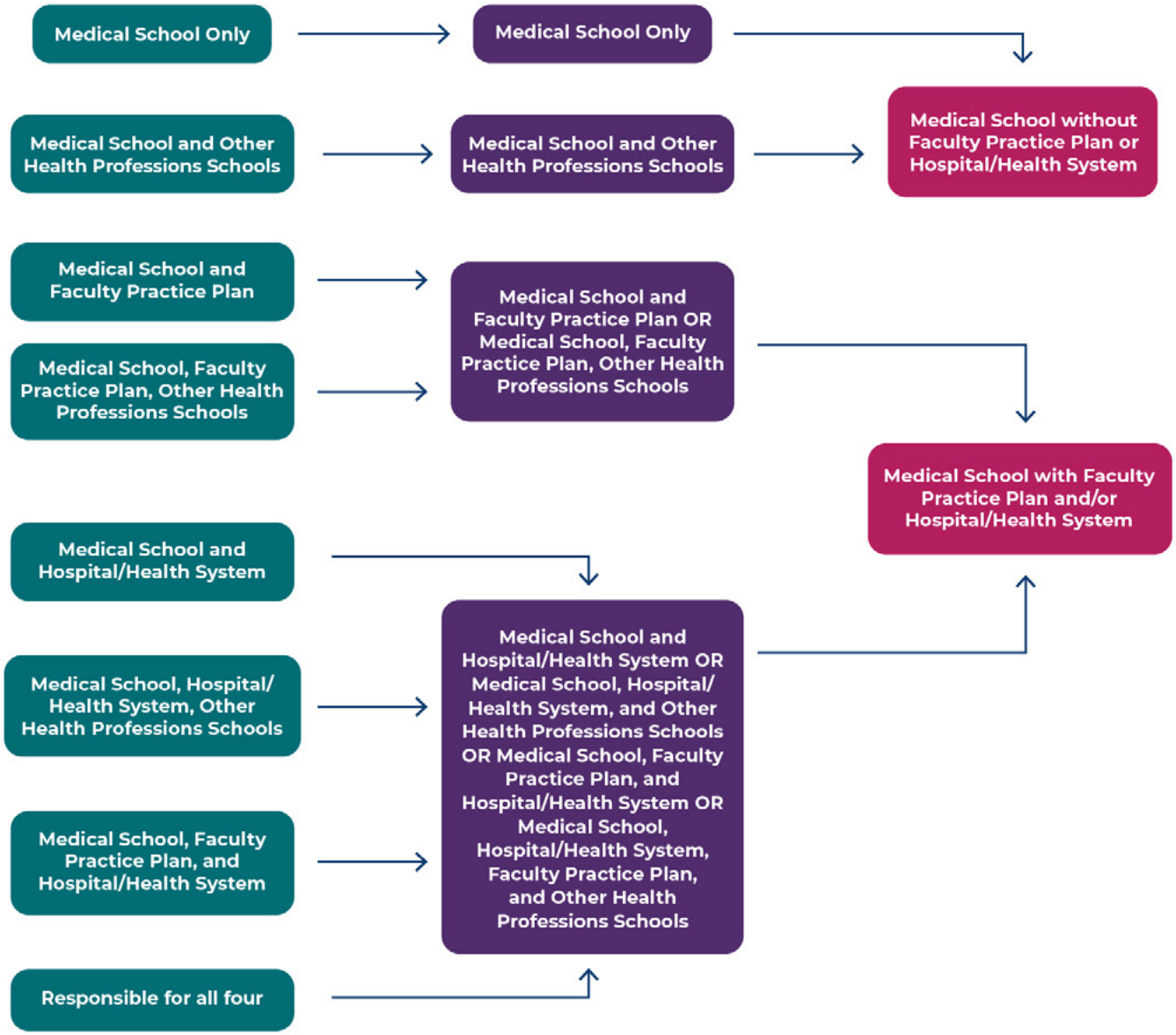
AAMC Survey on the Compensation of Medical School Deans

The DCS collects total compensation of U.S. medical school deans based on the dean's primary areas of leadership responsibility where they have final decision-making authority. In the survey, deans identify their responsibility for the following types of schools and clinical entities owned or affiliated with the medical school:

- Faculty practice plan(s).
- Other health professions schools or colleges (excluding programs or centers) (e.g., where the dean has other deans or similar leaders of health professions schools or colleges report to them).
- Hospital or health system (e.g., where the dean is the president, CEO, or equivalent leader).
- Medical school only.

Deans may have responsibility for one or more of these entities. Our analysis uses these leadership responsibilities to examine the range of positions held by medical school deans and the potential impact of their scope of responsibility on compensation. We present responsibility data using three different aggregations depending on the unit of analysis. For example, when presenting compensation data by gender, we use two responsibility categories for comparison to have a large enough sample for analysis. Conversely, when examining data across all deans, the samples are large enough that we can use four responsibility categories in our analysis. Figure 1 depicts our aggregation methods.

FIGURE 1.
Aggregation of leadership responsibilities among deans for this analysis.



The DCS defines total compensation as the sum of salary, deferred compensation, and employer retirement contributions. Total compensation was not derived for deans who did not report employer retirement contributions. The survey also collects data on additional income that deans may be paid, including from medical practice, consultation, lectures, publications, and merit bonuses, but the analysis does not include this additional income. Definitions of terms used in the survey for components of compensation can be found in Appendix 3.

The AAMC administers this survey each September and reports findings each March. We send the survey directly to every medical school dean to collect information about their responsibilities and compensation. Gender and race/ethnicity were added to the data collection during the 2021-2022 survey administration, as had been done previously with the DOS and the Faculty Salary Survey. About 79% of U.S. medical school deans (123/155) participated in the 2021-2022 data collection. For this survey, to protect participants' identities, compensation information is reported as long as there were five or more people across mutually exclusive groups. However, sample sizes are provided for each comparison, including for those with fewer than five people, to illustrate diversity across positions.

There are some limitations to consider in interpretating these data, too. As with the DOS, total compensation data reported represent only those individuals for whom all components of total compensation (not including additional income) were reported (89%; 109/123). The survey also does not account for the amount of time a dean has held their position, which could affect their level of compensation.

Other AAMC Data Sources

To better contextualize the data from the DOS for staff in all positions across the dean's office, data from the 2018-2019 AAMC Women in Medicine and Science (WIMS) Benchmarking Survey are also included. That survey collected data on the number and gender of all senior associate/vice deans, associate deans, and assistant deans across 11 administrative areas.

Although just 98 of the 154 schools at the time provided data to this survey (64%), it is still the largest collection of data about dean's office leadership positions. To better understand the demographic representation of the DCS, data from the AAMC Council of Deans Records, which reports person-level demographics for each medical school dean, and the AAMC Organizational Characteristics Database, which reports institutional characteristics on U.S. medical schools, are included in this report.

Definitions

Gender: We use the term "gender" to describe differences in faculty leaders who identify as men, women, or another gender identity. While the surveys included "other" as a response option, there were not sufficient data to report for these individuals. "Decline to answer" and "unknown" were also available responses for schools to use in identifying individuals' gender in the DOS and for the deans to describe themselves in the DCS. We recognize in our discussion of compensation equity that "gender" refers to an individual's internal sense of being a man, a woman, a combination of both, neither, or something else and of being masculine, feminine, a combination of both, neither, or something else.

People of color (POC) and faculty of color: We use these terms interchangeably to describe faculty leaders who identify as being in racial/ethnic categories other than "White" alone. We use those terms instead of "underrepresented in medicine" because we want to include groups that may not be underrepresented in medicine but nevertheless experience racial/ethnic marginalization, such as faculty identifying as Asian.

Underrepresented in medicine (URiM): Refers to racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population and, for the purposes of this report, that have been historically excluded from academic medicine. They currently include people who identify as African American and/or Black, Hispanic/Latino, Native American (that is, American Indians, Alaska Natives, and Native Hawaiians), Pacific Islander, and mainland Puerto Rican.

Results

This section presents findings of our analysis of compensation equity among medical school leadership.

Summary of Key Findings From the FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff

- Academic Affairs/Medical Education, Research Affairs, and Clinical Affairs had a larger percentage of senior associate/vice dean leaders compared with Admissions, Student Affairs, and Diversity Affairs, which had a larger percentage of associate dean leaders.
- Compared with other administrative areas, fewer Admission Affairs and Student Affairs leaders reported directly to the dean.
- More than 55% of leaders in Diversity Affairs, Student Affairs, Faculty Affairs, and Admissions Affairs were women. Research Affairs and Clinical Affairs had the smallest percentages of women leaders, at 28% and 29% respectively.
- Diversity Affairs was the administrative area with the most leaders who were people of color. The majority of leaders in all other areas were White.
- Across many administrative areas and levels, men had a higher median compensation than women.
- Due to the lack of racial and ethnic diversity at senior-most leadership levels, few compensation comparisons for race/ethnicity were possible.

Summary of Key Findings From the 2021-2022 AAMC Survey on the Compensation of Medical School Deans

- Of the survey respondents, 44% had responsibility only for the medical school, and 56% had responsibility for the medical school, the faculty practice plan, other health professions schools, and/or the hospital/health system.
- A larger percentage of women deans were leaders of community-based medical schools, private medical schools, and medical schools that were less research-intensive compared with men. Overall, a larger percentage of women deans were responsible for the medical school only or the medical school and other health professions schools compared with men.
- A larger percentage of deans of color were responsible for the medical school only or the medical school and other health professions schools compared with their White peers.
- Among those not responsible for a faculty practice plan and/or a hospital/health system, women and deans of color had a lower median compensation than their respective counterparts.
- Among those responsible for a faculty practice plan and/or a hospital/health system, women had a higher median compensation than men, and deans of color had a lower median compensation than White deans.
- Regardless of responsibilities, deans at community-based schools, public schools, schools accredited by the LCME during or after 2000, and schools that were less research-intensive had a lower median compensation than their respective counterparts.

TABLE 1. Trends in the Composition of Dean's Office Staff Positions by Gender Across All Administrative Levels According to the 2018-2019 AAMC Women in Medicine and Science (WIMS) Benchmarking Survey.

	Sr. Associate/Vice Dean % Women (number)	Associate Dean % Women (number)	Assistant Dean % Women (number)
Academic Affairs (faculty)	41% (n=68)	47% (n=45)	42% (n=31)
Clinical/Health Affairs (faculty)	16% (n=89)	33% (n=57)	40% (n=15)
Administrative Affairs (staff)	62% (n=26)	56% (n=18)	50% (n=24)
Business Affairs (staff)	41% (n=54)	52% (n=44)	60% (n=25)
Development/Alumni Relations (staff)	47% (n=15)	71% (n=7)	78% (n=9)
Diversity, Equity, Inclusion (faculty)	56% (n=32)	58% (n=45)	56% (n=34)
Faculty Affairs/Development (faculty)	61% (n=51)	61% (n=67)	59% (n=27)
Medical Education (faculty)	36% (n=115)	46% n=192)	53% (n=159)
Research Affairs (faculty)	26% (n=115)	39% (n=92)	34% (n=38)
Student Affairs/Admissions (faculty)	66% (n=32)	52% (n=99)	63% (n=107)
Other Leadership Areas (faculty)	38% (n=101)	46% (n=90)	45% (n=53)

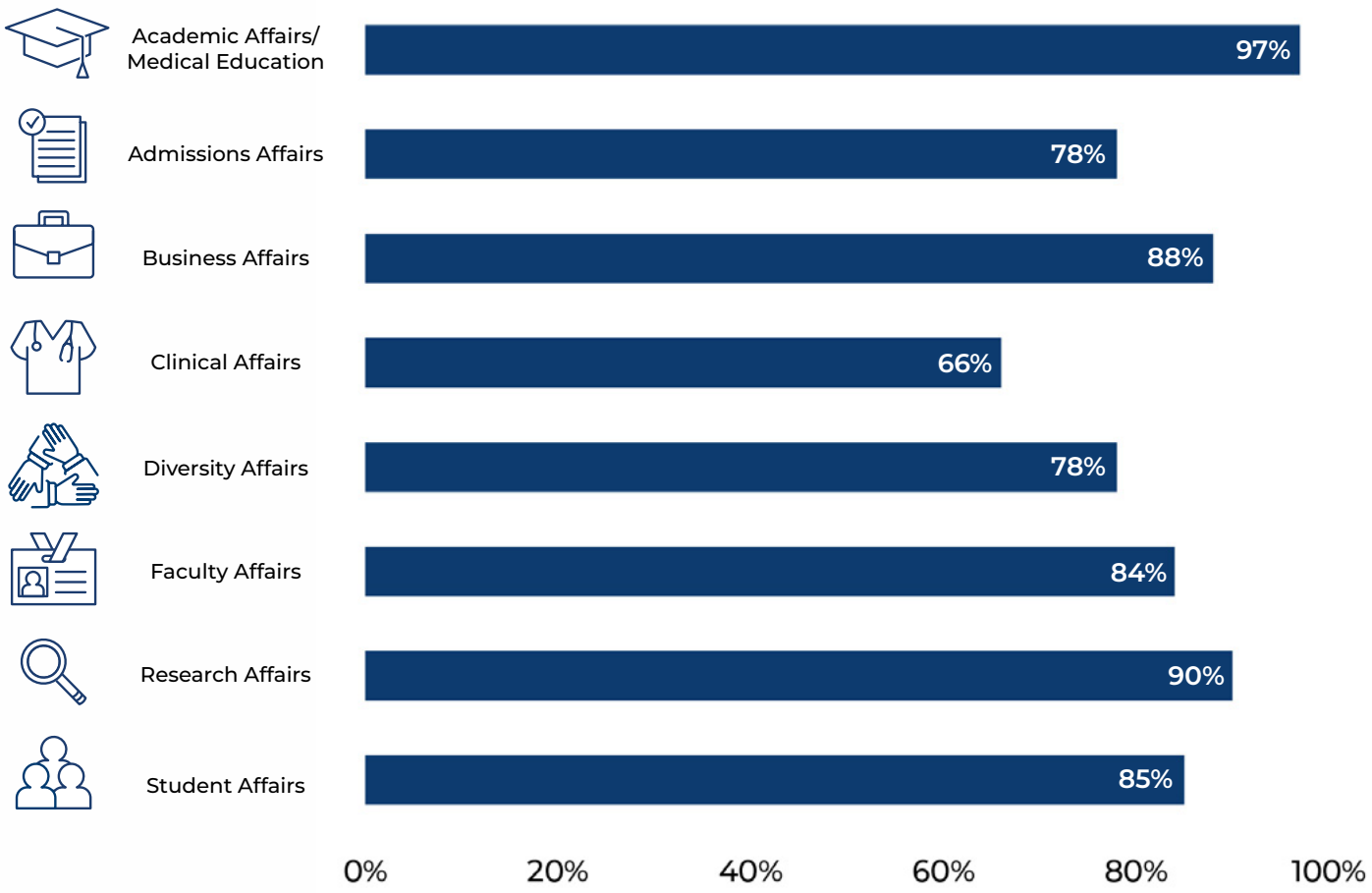
Source: 2018-2019 AAMC Women in Medicine and Science (WIMS) Benchmarking Survey.

Note: The data include corrections made since *The State of Women in Academic Medicine 2018-2019: Exploring Pathways to Equity* was published in 2020.

KEY TAKEAWAY

The AAMC 2018-2019 WIMS Benchmarking Survey found that men held a large percentage of senior associate/vice dean roles within clinical/health affairs, medical education, and research affairs compared with other administrative areas such as administrative affairs, diversity, equity, and inclusion affairs, faculty affairs/development, student affairs/admissions, and administrative affairs, where women held a large percentage of senior associate/vice dean roles.

FIGURE 2. Percentage of schools reporting senior-most leaders across each administrative area of the FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff (DOS).



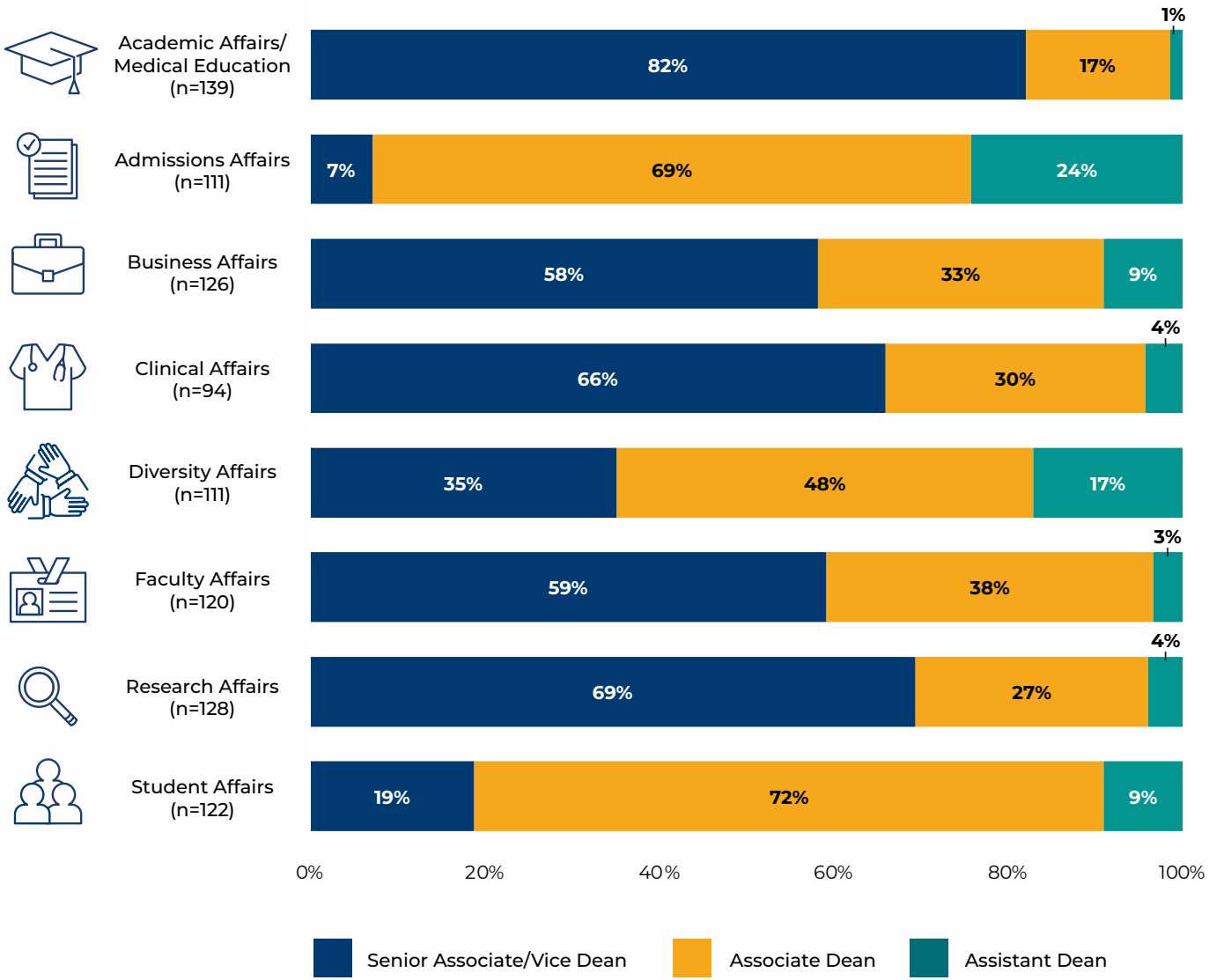
Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

Note: The denominator for this figure is 143, the total number of medical schools that participated in the FY 2021 DOS.

KEY TAKEAWAY

Almost every school that participated in the DOS reported data for a leader in Academic Affairs/Medical Education, yet only 66% of participating schools reported data for a leader in Clinical Affairs.

FIGURE 3. Percentage of senior-most leaders at each administrative level across each administrative area of the DOS.

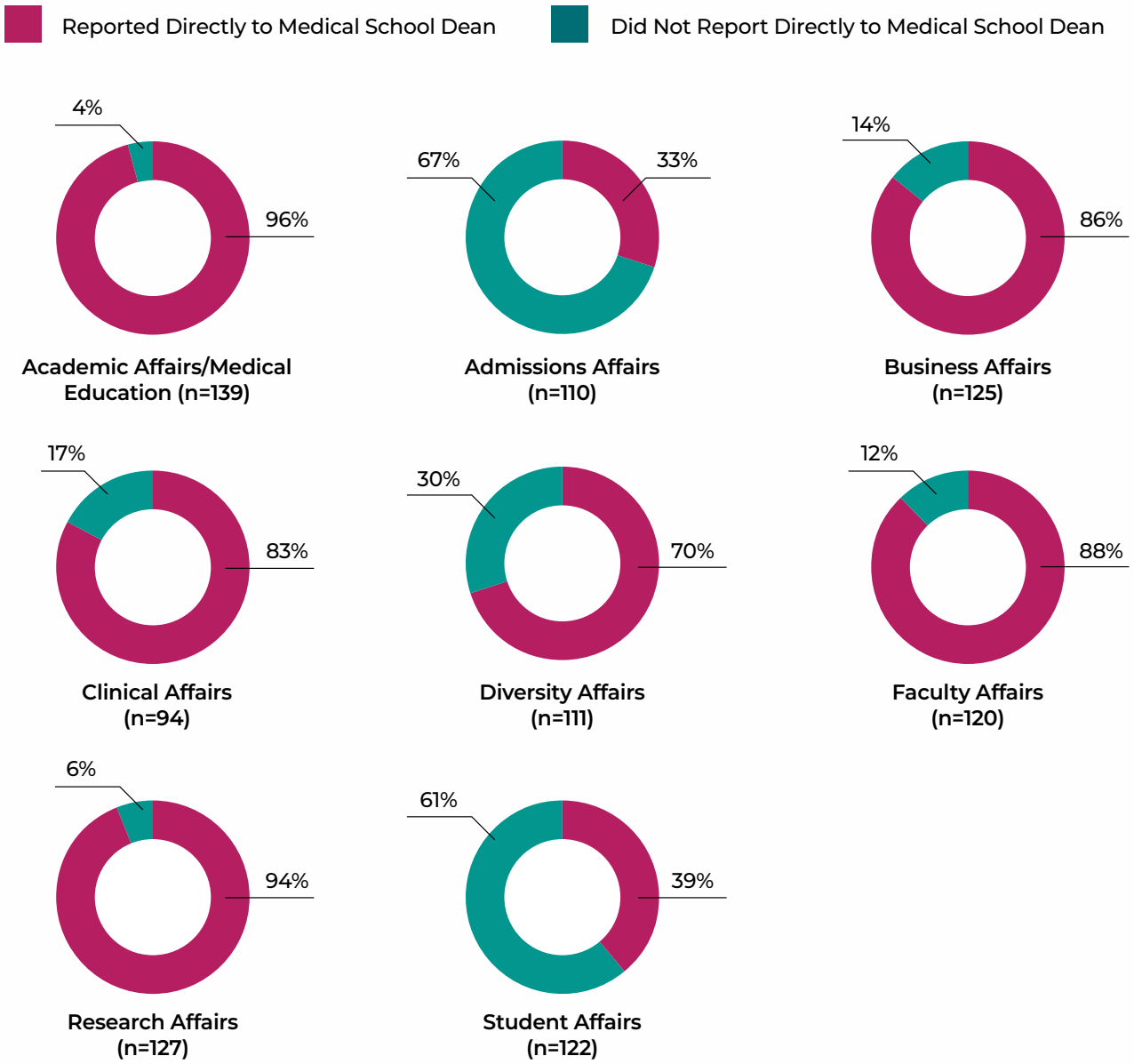


Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

KEY TAKEAWAY

As reported in the DOS, the proportions of senior associate/vice dean positions were larger within Academic Affairs/Medical Education (82%), Research Affairs (69%), and Clinical Affairs (66%) than within Admissions Affairs (7%) and Student Affairs (19%), which had the smallest proportions of senior associate/vice dean positions as the senior-most leaders at their medical schools.

FIGURE 4. Percentage of senior leaders who reported directly to the medical school dean by DOS administrative area.



Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

KEY TAKEAWAY

Across administrative areas, Admissions Affairs (33%) and Student Affairs (39%) had the lowest percentages of senior-most leaders reporting directly to the medical school dean.

TABLE 2. Areas of Full and/or Shared Job Responsibility for Leaders in Each Administrative Area and Administrative Level, Including Mean and Median Percentage of Time Dedicated to Dean's Office Role

	Sr. Associate/ Vice Dean	Associate Dean	Assistant Dean	Operational Responsibilities: Areas of full or shared responsibility as reported by 50% or more of institutions
	Mean vs. Median % Time Dedicated to Role (n)	Mean vs. Median % Time Dedicated to Role (n)	Mean vs. Median % Time Dedicated to Role (n)	
Academic Affairs/Medical Education	87% vs. 95% (n=114)	83% vs.90% (n=23)	(n=2)	· Admissions processes · Communications management · Curriculum management · General administration · Leadership development · Student programs
Admissions Affairs (n=111)	81% vs. 88% (n=8)	64% vs.60% (n=76)	85% vs. 100% (n=27)	· Admissions · Student programs
Business Affairs (n=126)	88% vs. 100% (n=73)	95% vs. 100% (n=41)	98% vs. 100% (n=12)	· Communications management · Facilities management · Financial management · General administration · Human resources · Information systems management · Leadership development · Research Administration
Clinical Affairs (n=94)	67% vs. 75% (n=62)	56% vs. 50% (n=28)	(n=4)	· Communications management · General administration · Hospital-based administration · Leadership development · Practice plan administration
Diversity Affairs (n=111)	67% vs. 70% (n=39)	58% vs. 50% (n=53)	69% vs. 81% (n=19)	· Admissions processes · Communications management · Leadership development · Student programs
Faculty Affairs (n=120)	73% vs. 80% (n=71)	66% vs. 70% (n=45)	(n=4)	· General administration · Human resources · Leadership development
Research Affairs (n=128)	65% vs. 70% (n=89)	55% vs. 50% (n=34)	62% vs. 50% (n=5)	· Facilities management · General administration · Leadership development · Research administration
Student Affairs (n=122)	91% vs. 100% (n=23)	80% vs. 80% (n=88)	83% vs. 100% (n=11)	· Admissions processes · Leadership development · Student programs

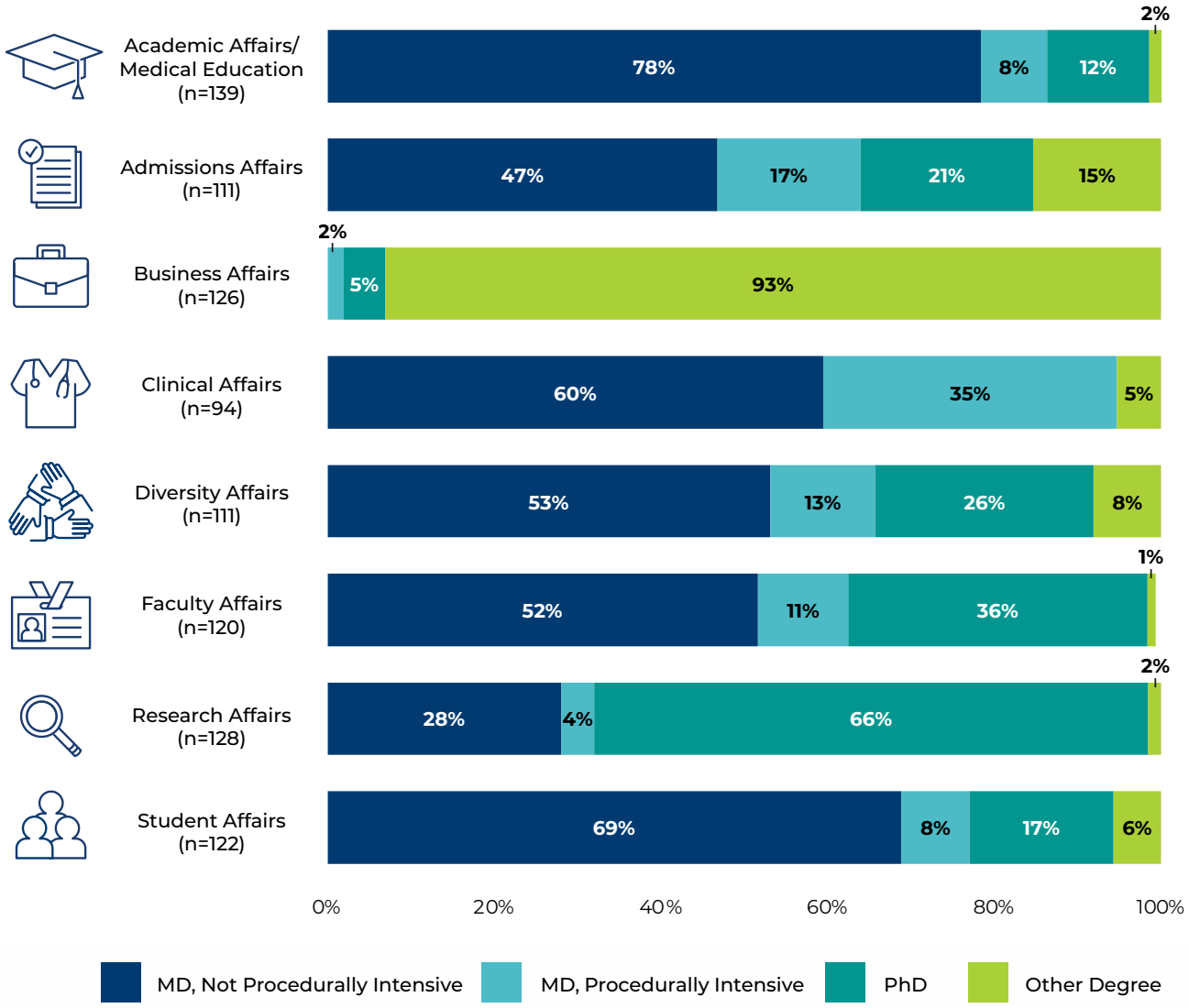
Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

Note: Please see Appendix 4 for definitions of each job responsibility.

KEY TAKEAWAY

Senior associate/vice deans in Academic Affairs/Medical Education (95%), Business Affairs (100%), and Student Affairs (100%) reported the highest median percentages of time dedicated to their dean's office role. The most-cited job responsibility (area of operational responsibility) across administrative areas was leadership development. More than 50% of medical schools reported leadership development as a job responsibility across seven of the eight administrative areas.

FIGURE 5. Senior-most leaders across each administrative area by degree type.

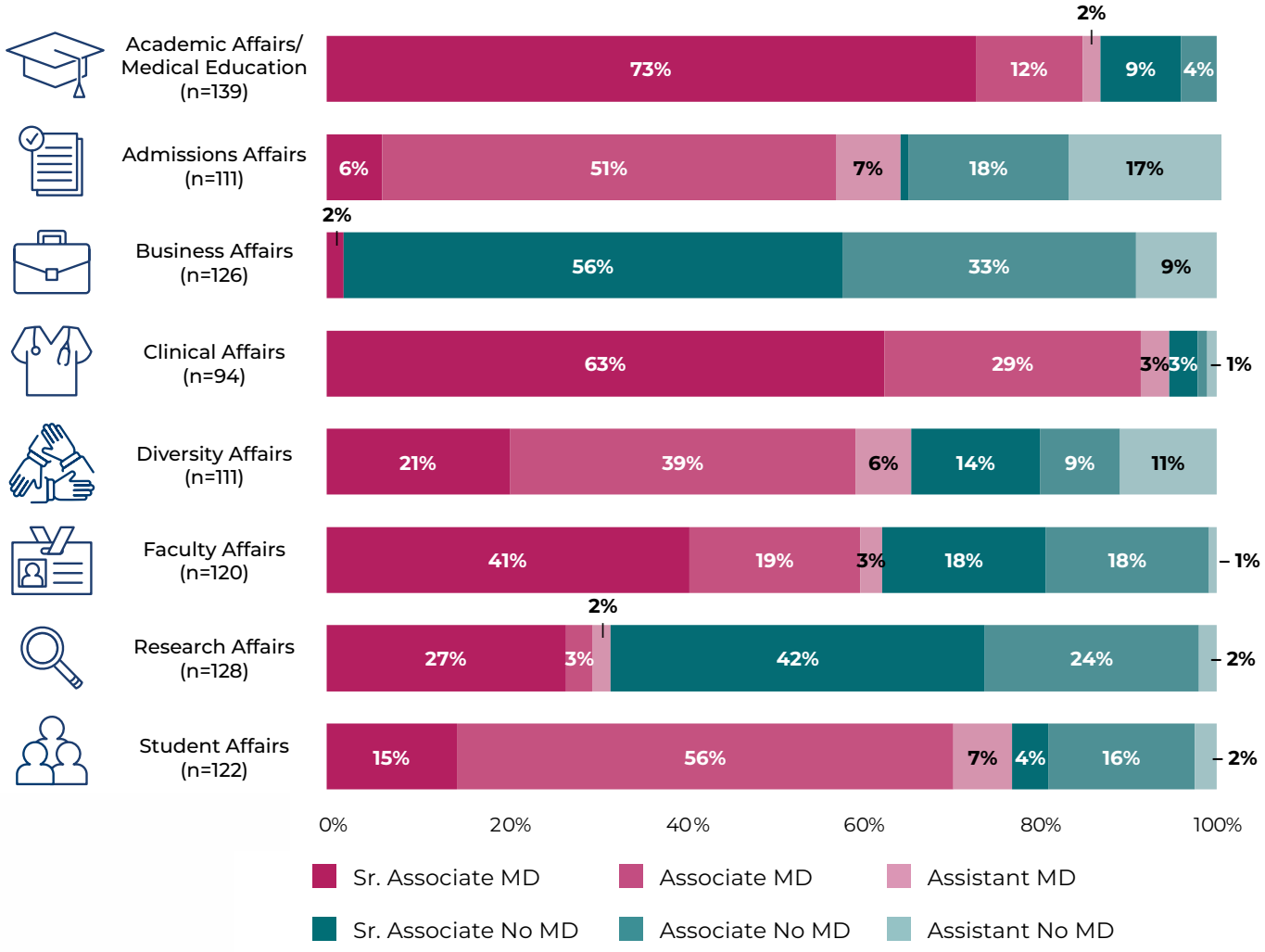


Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

KEY TAKEAWAY

Clinical Affairs is the administrative area with the largest proportion (35%) of leaders with an MD degree in a procedurally intensive specialty (e.g., cardiothoracic surgery).

FIGURE 6. Senior-most leaders across each administrative area by administrative level and aggregated degree type.

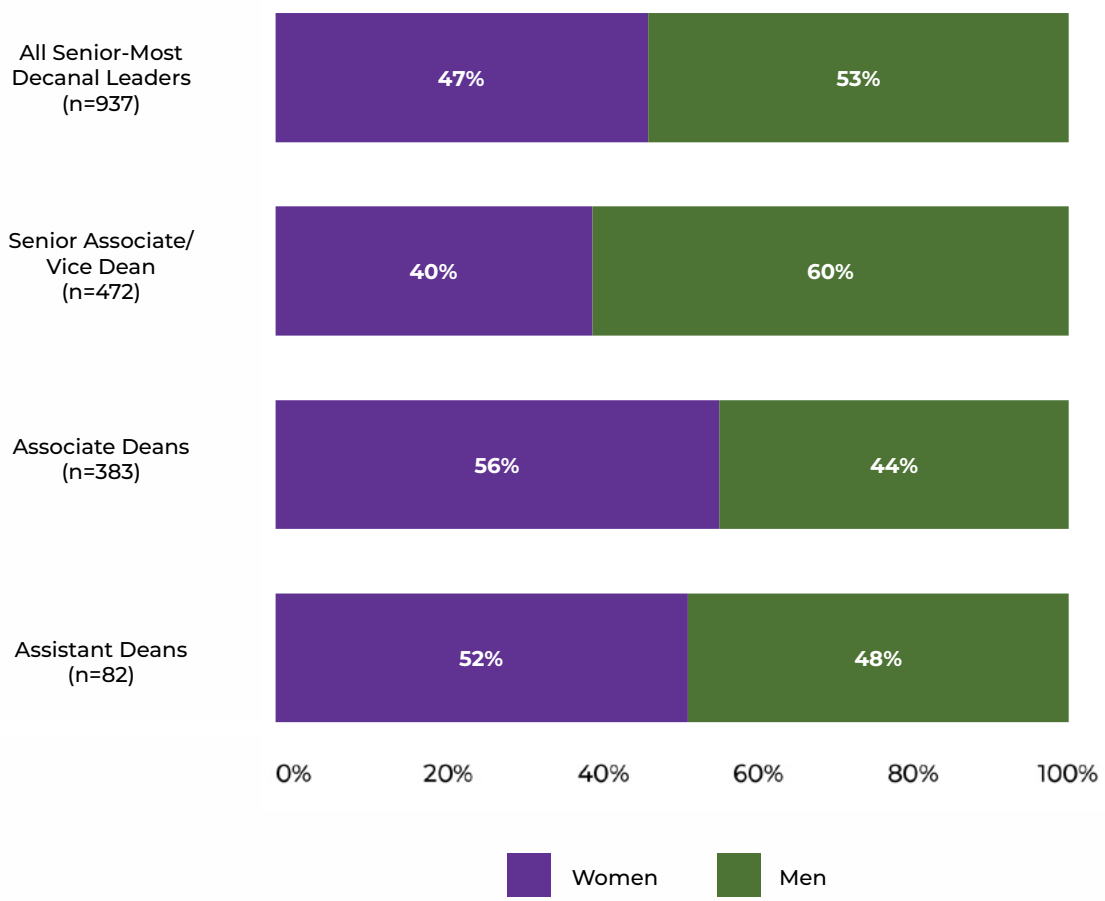


Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

KEY TAKEAWAY

Clinical Affairs (95%), Academic Affairs/Medical Education (87%), and Student Affairs (78%) were mostly led by people with an MD degree. A large majority of leaders in Research Affairs (68%) and Business Affairs (98%) had PhD or other non-MD degrees.

FIGURE 7. Senior-most leaders by administrative level and gender.



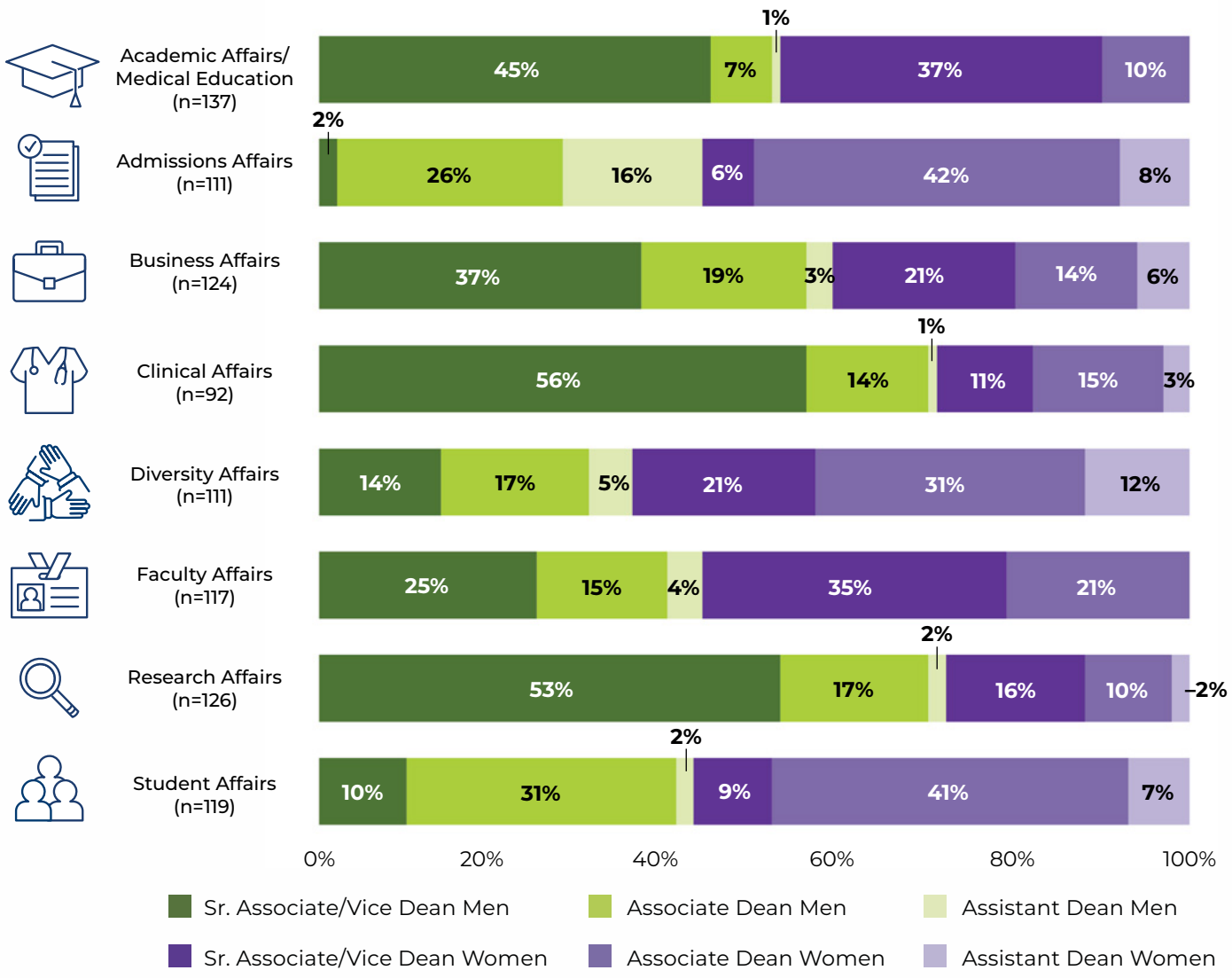
Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

Note: People categorized as having MD degrees included those in both nonprocedurally intensive and procedurally intensive specialties and those with MD-PhD degrees.

KEY TAKEAWAY

Although women were near parity with men among senior-most leaders, making up 47% of those leaders across administrative areas, they were least represented at the senior associate/vice dean level (40%).

FIGURE 8. Senior-most leaders across each administrative area by administrative level and gender.

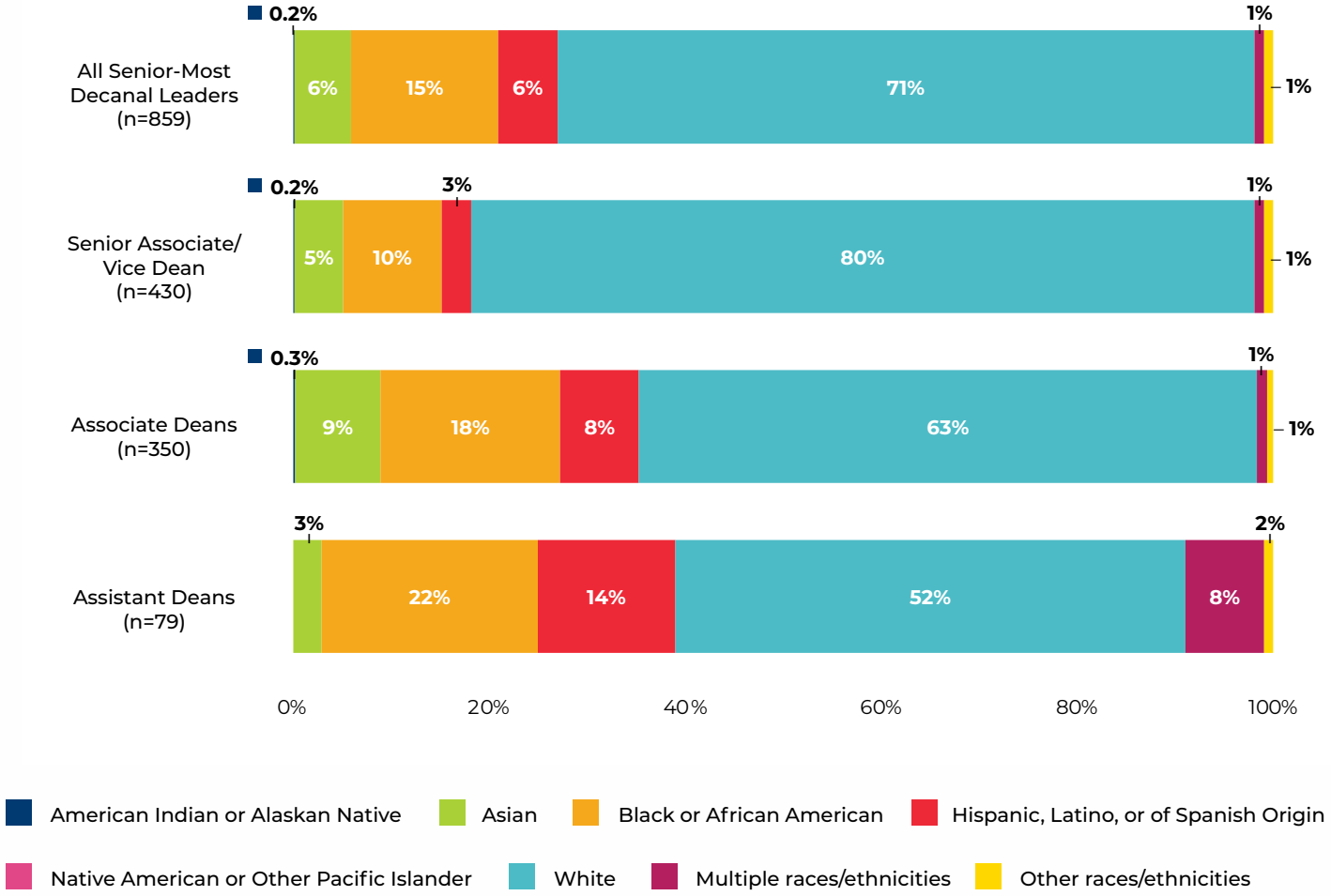


Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

KEY TAKEAWAY

Diversity Affairs (64%) and Student Affairs (57%) had the largest proportions of women leaders, and Research Affairs (28%) and Clinical Affairs (29%) had the smallest and, thus, were primarily led by men.

FIGURE 9. Senior-most leaders by administrative level and race/ethnicity.

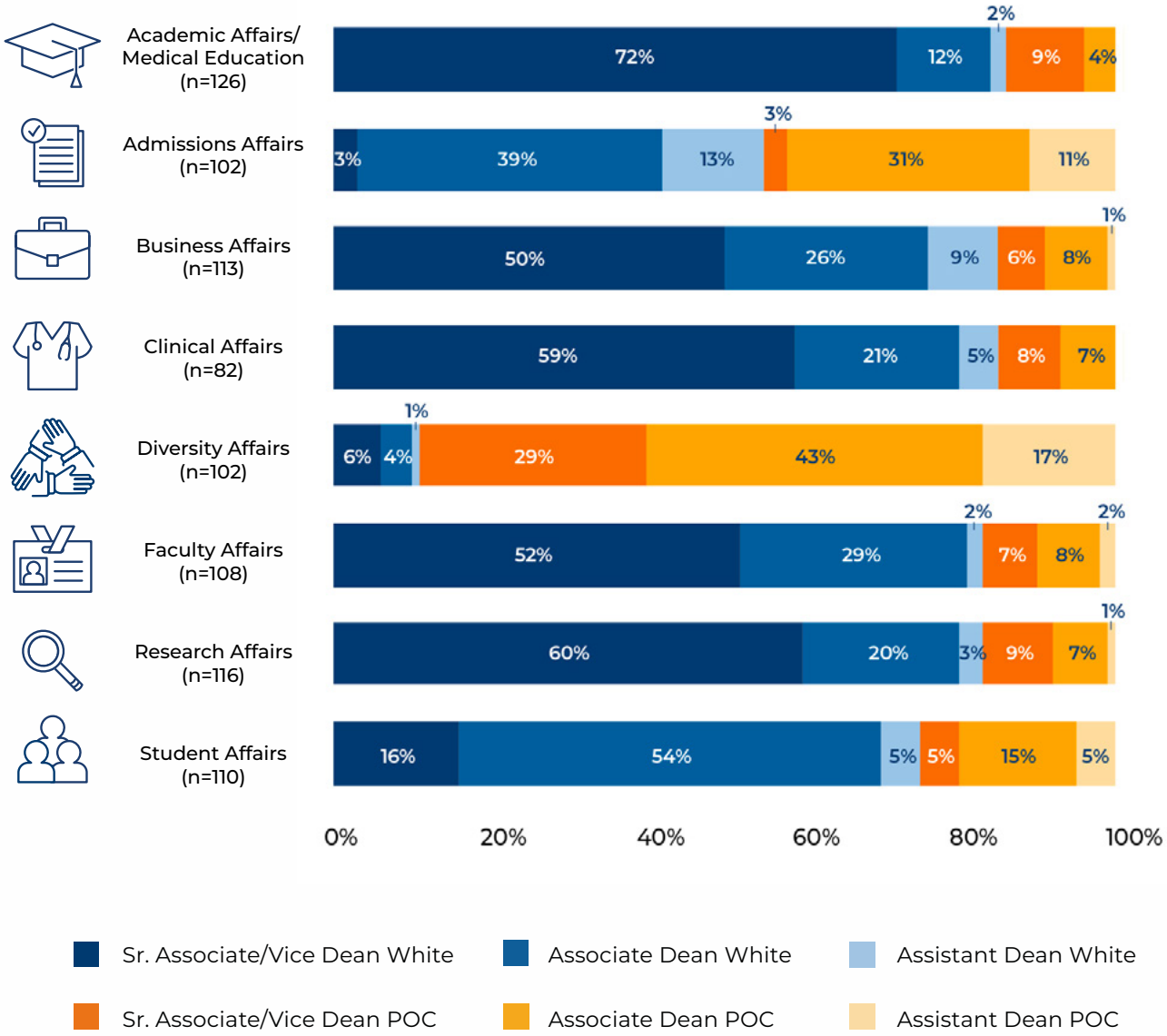


Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

KEY TAKEAWAY

About 71% of all senior-most leaders across all administrative areas were White, and 81% of leaders at the senior associate/ vice dean level were White. However, across all senior-most leaders, Black or African American leaders were more highly represented (15%) than those of other race/ ethnicities underrepresented in medicine or than leaders who were Asian (6%).

FIGURE 10. Senior-most leaders across each administrative area by administrative level and race/ethnicity.



Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

KEY TAKEAWAY

Diversity Affairs (89%) was the administrative area with the most leaders who were people of color. The majority of leaders in all other areas were White.

FIGURE 11. Median annualized dean's office compensation by administrative area, administrative level, and MD-degree status, rounded to the nearest $1,000, as of FY 2021.

Leader with MD

Leader with no MD

	Sr. Associate/ Vice Dean MD	Sr. Associate/ Vice Dean No MD	Associate Dean MD	Associate Dean No MD	Assistant Dean MD	Assistant Dean No MD
Academic Affairs/Medical Education (n=139)	$386K (n=101)	$288K (n=13)	$309K (n=17)	$233K (n=6)	(n=2)	(n=0)
Admissions Affairs (n=111)	(n=7)	(n=1)	$295K (n=56)	$202K (n=20)	$286K (n=8)	$125K (n=19)
Business Affairs (n=126)	(n=2)	$350K (n=71)	(n=0)	$235K (n=41)	(n=0)	$153K (n=12)
Clinical Affairs (n=94)	$600K (n=59)	(n=3)	(n=27)	(n=1)	(n=3)	(n=1)
Diversity Affairs (n=111)	$366K (n=23)	$247K (n=16)	$260K (n=43)	$179K (n=10)	$186K (n=7)	$158K (n=12)
Faculty Affairs (n=120)	$395K (n=49)	$301K (n=22)	$344K (n=23)	$241K (n=22)	(n=3)	(n=1)
Research Affairs (n=128)	$460K (n=35)	$357K (n=54)	(n=4)	$250K (n=30)	(n=2)	(n=3)
Student Affairs (n=122)	$296K (n=18)	$213K (n=5)	$273K (n=68)	$202K (n=20)	$252K (n=8)	(n=3)

Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

Note: We display compensation information only when there were at least five people within a particular category and when its comparison category had either zero or at least two people in it.

KEY TAKEAWAY

In most cases, leaders with an MD degree across each administrative area and level had a higher median compensation than leaders without an MD.

FIGURE 12. Median annualized dean's office compensation for leaders with an MD degree (except where noted) by administrative area, administrative level, and gender, rounded to the nearest $1,000, as of FY 2021.

Men
Women

	Sr. Associate/ Vice Dean Men	Sr. Associate/ Vice Dean Women	Associate Dean Men	Associate Dean Women	Assistant Dean Men	Assistant Dean Women
Academic Affairs/Medical Education (n=118)	$410K (n= 53)	$375K (n=46)	$348K (n=6)	$276K (n=11)	(n=2)	(n=0)
Admissions Affairs (n=71)	(n=2)	$322K (n=5)	$268K (n=20)	$298K (n=36)	(n=7)	(n=1)
Business Affairs (n=115)	$350K (n= 42)	$350K (n= 25)	$235K (n=21)	$219K (n=16)	(n=4)	$145K (n=7)
Clinical Affairs (n=87)	$644K (n=49)	$411K (n=9)	$527K (n=12)	$319K (n=14)	(n=1)	(n=2)
Diversity Affairs (n=73)	$400K (n=11)	$359K (n=12)	$350K (n=17)	$253K (n=26)	(n=2)	$186K (n=5)
Faculty Affairs (n=73)	$448K (n=21)	$371K (n=27)	$446K (n=10)	$310K (n=12)	(n=3)	(n=0)
Research Affairs (n=40)	$455K (n=30)	(n=4)	(n=3)	(n=1)	(n=0)	(n=2)
Student Affairs (n=92)	$301K (n=10)	$295K (n=8)	$279K (n=27)	$266K (n=40)	(n=2)	$237K (n=5)

Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

Note: We display compensation information only when there were at least five people within a particular category and when its comparison category had either zero or at least two people in it.

KEY TAKEAWAY

Across most administrative areas and levels, men leaders with an MD degree had a higher median compensation than their women counterparts. However, women associate deans in Admissions Affairs had a higher median compensation than men, and salaries were equitable by gender among senior associate/vice deans in Business Affairs.

FIGURE 13. Median annualized dean's office compensation for leaders with a PhD degree by administrative area, administrative level, and gender, rounded to the nearest $1,000, as of FY 2021.

Men
Women

	Sr. Associate/ Vice Dean Men	Sr. Associate/ Vice Dean Women	Associate Dean Men	Associate Dean Women	Assistant Dean Men	Assistant Dean Women
Academic Affairs/Medical Education (n=17)	$307K (n=9)	(n=3)	(n=3)	(n=2)	(n=0)	(n=0)
Admissions Affairs (n=23)	(n=0)	(n=1)	$211K (n=6)	$211K (n=6)	$132K (n=6)	(n=4)
Business Affairs (n=7)	(n=2)	(n=1)	(n=2)	(n=2)	(n=0)	(n=0)
Clinical Affairs (n=0)	(n=0)	(n=0)	(n=0)	(n=0)	(n=0)	(n=0)
Diversity Affairs (n=29)	(n=4)	$255K (n=9)	(n=1)	(n=6)	(n=3)	$166K (n=6)
Faculty Affairs (n=43)	$294K (n=9)	$301K (n=13)	$248K (n=8)	$233K (n=12)	(n=1)	(n=0)
Research Affairs (n=84)	$357K (n=36)	$373K (n=16)	$261K (n=18)	$241K (n=12)	(n=1)	(n=1)
Student Affairs (n=21)	(n=2)	(n=3)	$191K (n=9)	$203K (n=7)	(n=0)	(n=0)

Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

Note: We display compensation information only when there were at least five people within a particular category and when its comparison category had either zero or at least two people in it.

KEY TAKEAWAY

While many leaders across the dean's office hold MDs, some leaders in Faculty Affairs, Research Affairs, Diversity Affairs, and Student Affairs have PhDs instead. In examining compensation across leaders in Faculty Affairs and Research Affairs, women at the senior associate/vice dean level had a higher median compensation than men, and women at the associate dean level had a lower median compensation than men.

FIGURE 14. Median annualized dean's office compensation for leaders with an MD degree (except where noted) by administrative area, administrative level, and race/ethnicity, rounded to the nearest $1,000, as of FY 2021.

White
People of Color

	Sr. Associate/ Vice Dean White	Sr. Associate/ Vice Dean People of Color	Associate Dean White	Associate Dean People of Color	Assistant Dean White	Assistant Dean People of Color
Academic Affairs/Medical Education (n=108)	$381K (n=79)	$411K (n=12)	$340K (n=11)	(n=4)	(n=2)	(n=0)
Admissions Affairs (n=66)	(n=3)	(n=3)	$272K (n=27)	$300K (n=26)	(n=4)	(n=3)
Business Affairs (Other Degree) (n=104)	$346K (n=52)	$363K (n=6)	$231K (n=28)	$202K (n=7)	(n=10)	(n=1)
Clinical Affairs (n=77)	$600K (n=45)	$607K (n=7)	$443K (n=16)	$334K (n=6)	(n=3)	(n=0)
Diversity Affairs (n=68)	(n=4)	$345K (n=18)	(n=2)	$260K (n=38)	(n=0)	$181K (n=6)
Faculty Affairs (n=68)	$398K (n=38)	$465K (n=6)	$344K (n=17)	(n=4)	(n=1)	(n=2)
Research Affairs (PhD)(n=77)	$363K (n=42)	$389K (n=5)	$250K (n=21)	$250K (n=7)	(n=2)	(n=0)
Research Affairs (n=37)	$460K (n=27)	$481K (n=5)	(n=2)	(n=1)	(n=1)	(n=1)
Student Affairs (n=85)	$294K (n=16)	(n=2)	$277K (n=46)	$275K (n=13)	(n=3)	$216K (n=5)

Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

Note: We display compensation information only when there were at least five people within a particular category and when its comparison category had either zero or at least two people in it.

KEY TAKEAWAY

Because there were so few leaders of color, interpreting comparisons of compensation by race/ethnicity can be challenging. At the senior associate/vice dean level, in areas where the sample size was at least five, leaders of color had a higher median compensation than their White counterparts in every case. At the associate dean level, leaders in Business Affairs, Clinical Affairs, and Student Affairs who were White had a higher median compensation than their counterparts.

FIGURE 15. Median annualized dean's office compensation for leaders with an MD degree (except where noted) by administrative area, administrative level, gender, and race/ethnicity, rounded to the nearest $1,000, as of FY 2021.

WOMEN

White
People of Color

	Sr. Associate/ Vice Dean White	Sr. Associate/ Vice Dean People of Color	Associate Dean White	Associate Dean People of Color	Assistant Dean White	Assistant Dean People of Color
Academic Affairs/Medical Education	$374K (n=36)	$398K (n=5)	$267K (n=5)	(n=4)	(n=0)	(n=0)
Admissions Affairs	(n=2)	(n=2)	$259K (n=17)	$305K (n=17)	(n=0)	(n=1)
Business Affairs (Other Degree)	(n=17)	(n=1)	$257K (n=10)	$202K (n=6)	(n=6)	(n=1)
Clinical Affairs	(n=7)	(n=0)	$256K (n=7)	(n=4)	(n=2)	(n=0)
Diversity Affairs	(n=3)	$308K (n=8)	(n=0)	(n=24)	(n=0)	(n=5)
Faculty Affairs	$364K (n=20)	(n=3)	$310K (n=10)	(n=2)	(n=0)	(n=0)
Research Affairs	$365K (n=13)	(n=2)	(n=4)	$205K (n=6)	(n=1)	(n=0)
Student Affairs	(n=7)	(n=1)	$273K (n=23)	$265K (n=9)	(n=3)	(n=2)

Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

Note: We display compensation information only when there were at least five people within a particular category and when its comparison category had either zero or at least two people in it.

KEY TAKEAWAY

Although small sample sizes prevented meaningful compensation comparisons, this figure shows the lack of racial and ethnic diversity among senior-most leaders in many administrative areas.

FIGURE 15. Median annualized dean's office compensation for leaders with an MD degree (except where noted) by administrative area, administrative level, gender, and race/ethnicity, rounded to the nearest $1,000, as of FY 2021.

MEN

White
People of Color

	Sr. Associate/ Vice Dean White	Sr. Associate/ Vice Dean People of Color	Associate Dean White	Associate Dean People of Color	Assistant Dean White	Assistant Dean People of Color
Academic Affairs/Medical Education	$400K (n=43)	$436K (n=7)	(n=6)	(n=0)	(n=2)	(n=0)
Admissions Affairs	(n=1)	(n=1)	$335K (n=10)	$261K (n=9)	(n=4)	(n=2)
Business Affairs (Other Degree)	$342K (n=35)	$361K (n=5)	(n=18)	(n=1)	(n=4)	(n=0)
Clinical Affairs	$662K (n=38)	$607K (n=7)	$532K (n=8)	(n=2)	(n=1)	(n=0)
Diversity Affairs	(n=1)	(n=10)	(n=2)	$352K (n=14)	(n=0)	(n=1)
Faculty Affairs	$448K (n=17)	(n=3)	$435K (n=7)	(n=2)	(n=1)	(n=2)
Research Affairs	$360K (n=29)	(n=3)	(n=17)	(n=1)	(n=1)	(n=0)
Student Affairs	(n=9)	(n=1)	$279K (n=22)	(n=4)	(n=0)	(n=2)

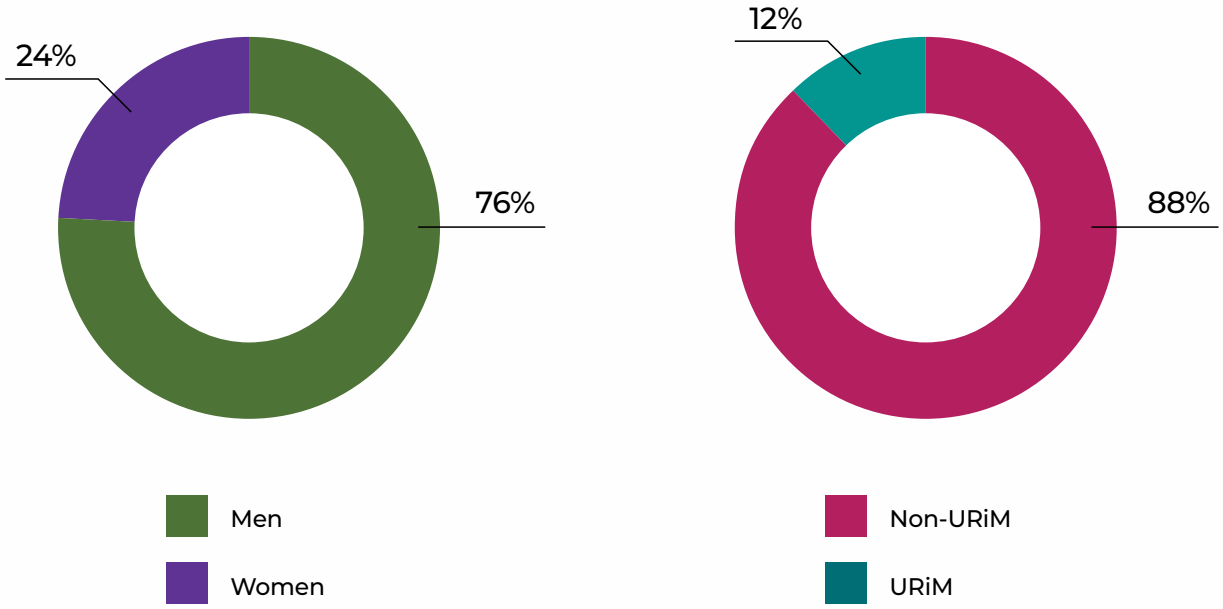
Source: FY 2021 AAMC Survey on the Compensation of the Dean's Office Staff.

Note: We display compensation information only when there were at least five people within a particular category and when its comparison category had either zero or at least two people in it.

KEY TAKEAWAY

Although small sample sizes prevented meaningful compensation comparisons, this figure shows the lack of racial and ethnic diversity among senior-most leaders in many administrative areas.

FIGURES 16A AND 16B. All medical school deans by (a) gender and (b) race/ethnicity according to a Dec. 31, 2021, snapshot of the AAMC Council of Deans Records.



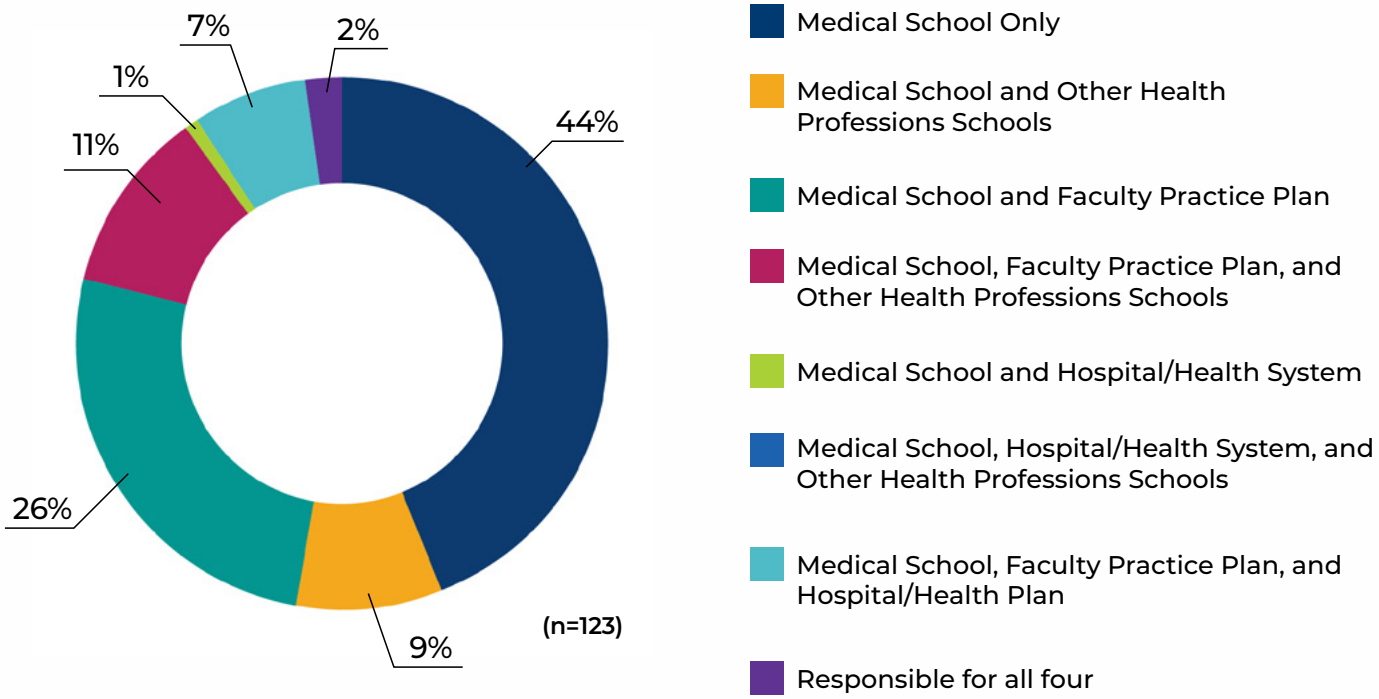
Source: Dec. 31, 2021, snapshot of the Council of Deans Records as of January 2022.
https://www.aamc.org/data-reports/faculty-institutions/interactive-data/https/wwwaamcorg/data-reports/faculty-institutions/interactive-data/us-medical-school-deans-trends.

Note: There were 154 medical school deans at 155 medical schools as of Dec. 31, 2021; one dean was the leader of two medical schools (Rutgers New Jersey Medical School and Rutgers Robert Wood Johnson Medical School). While race and ethnicity are reported in other figures as "White" and "people of color," the AAMC reports Council of Deans data on the race/ethnicity of deans as "URiM" and "non-URiM."

KEY TAKEAWAY

As of Dec. 31, 2021, 24% of U.S. medical school deans were women, the same proportion of 2021 DCS respondents who were women. Similarly, 12% of deans identified as URiM, the same proportion of deans who identified as URiM in the DCS.

FIGURE 17. Responsibilities of medical school deans.



Source: 2021-2022 AAMC Survey on the Compensation of Medical School Deans.

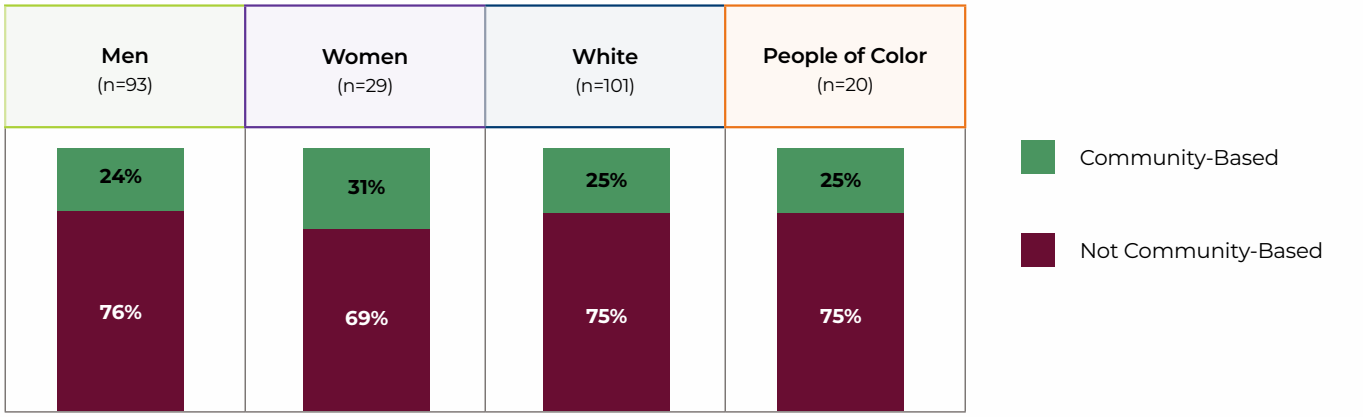
KEY TAKEAWAY

Almost half (44%) of U.S. medical school deans reported being responsible solely for the medical school, while 37% reported responsibility for the medical school and a faculty practice plan or for the medical school, a faculty practice plan, and other health professions schools.

FIGURES 18A-18E. Demographics of the medical school deans who responded to the DCS.

18A: Responsibilities by Gender and Race/Ethnicity

18B: Community-Based School Status by Gender and Race/Ethnicity



Source: 2021-2022 AAMC Survey on the Compensation of Medical School Deans.

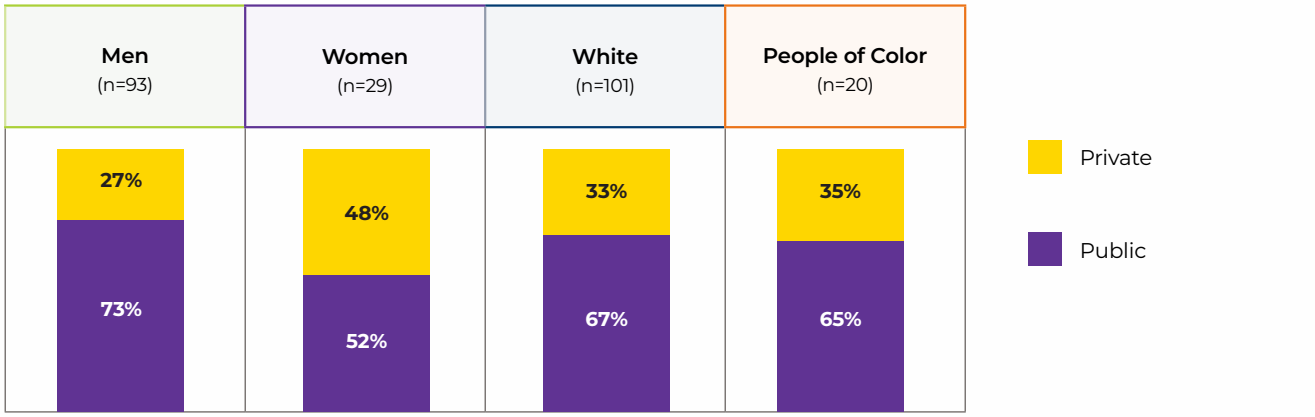
KEY TAKEAWAY

About 70% of deans of color and 62% of women were responsible solely for the medical school or the medical school and other health professions schools (i.e., medical schools without a faculty practice plan or hospital/health system) compared with 49% of White deans and 49% of men. Percentages of women at community-based schools, private schools, schools of lower research rankings (i.e., ranked 75-148), and schools accredited during or after 2000 were higher compared with men. There were few differences between deans identifying as White and those identifying as people of color across these other institutional characteristics.

FIGURES 18A-18E. Demographics of the medical school deans who responded to the DCS.

18C: Research Rank by Gender and Race/Ethnicity

18D: Ownership Type by Gender and Race/Ethnicity



Source: 2021-2022 AAMC Survey on the Compensation of Medical School Deans.

KEY TAKEAWAY

About 70% of deans of color and 62% of women were responsible solely for the medical school or the medical school and other health professions schools (i.e., medical schools without a faculty practice plan or hospital/health system) compared with 49% of White deans and 49% of men. Percentages of women at community-based schools, private schools, schools of lower research rankings (i.e., ranked 75-148), and schools accredited during or after 2000 were higher compared with men. There were few differences between deans identifying as White and those identifying as people of color across these other institutional characteristics.

FIGURES 18A-18E. Demographics of the medical school deans who responded to the DCS.

18E: Accreditation Year by Gender and Race/Ethnicity

Source: 2021-2022 AAMC Survey on the Compensation of Medical School Deans.

KEY TAKEAWAY

About 70% of deans of color and 62% of women were responsible solely for the medical school or the medical school and other health professions schools (i.e., medical schools without a faculty practice plan or hospital/health system) compared with 49% of White deans and 49% of men. Percentages of women at community-based schools, private schools, schools of lower research rankings (i.e., ranked 75-148), and schools accredited during or after 2000 were higher compared with men. There were few differences between deans identifying as White and those identifying as people of color across these other institutional characteristics.

FIGURES 19A AND 19B. Median total compensation of medical school deans by job responsibility type, rounded to the nearest $1,000, as of Sept. 1, 2021.

FIGURE 19A

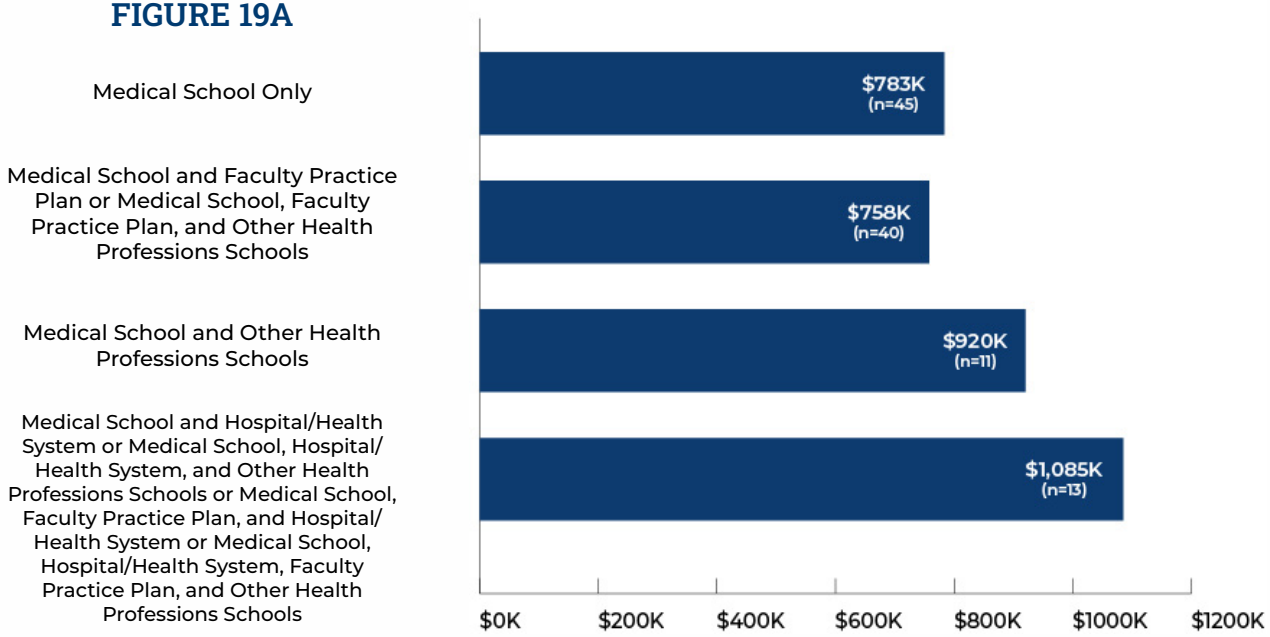
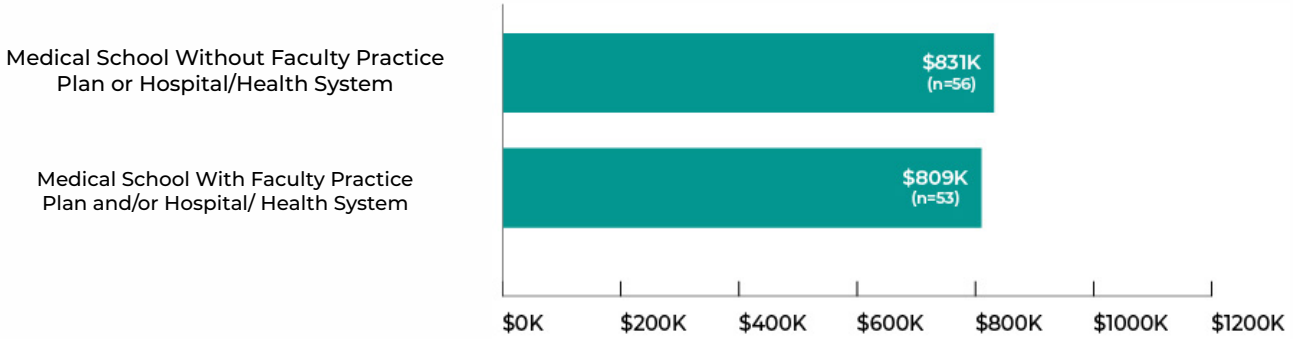


FIGURE 19B



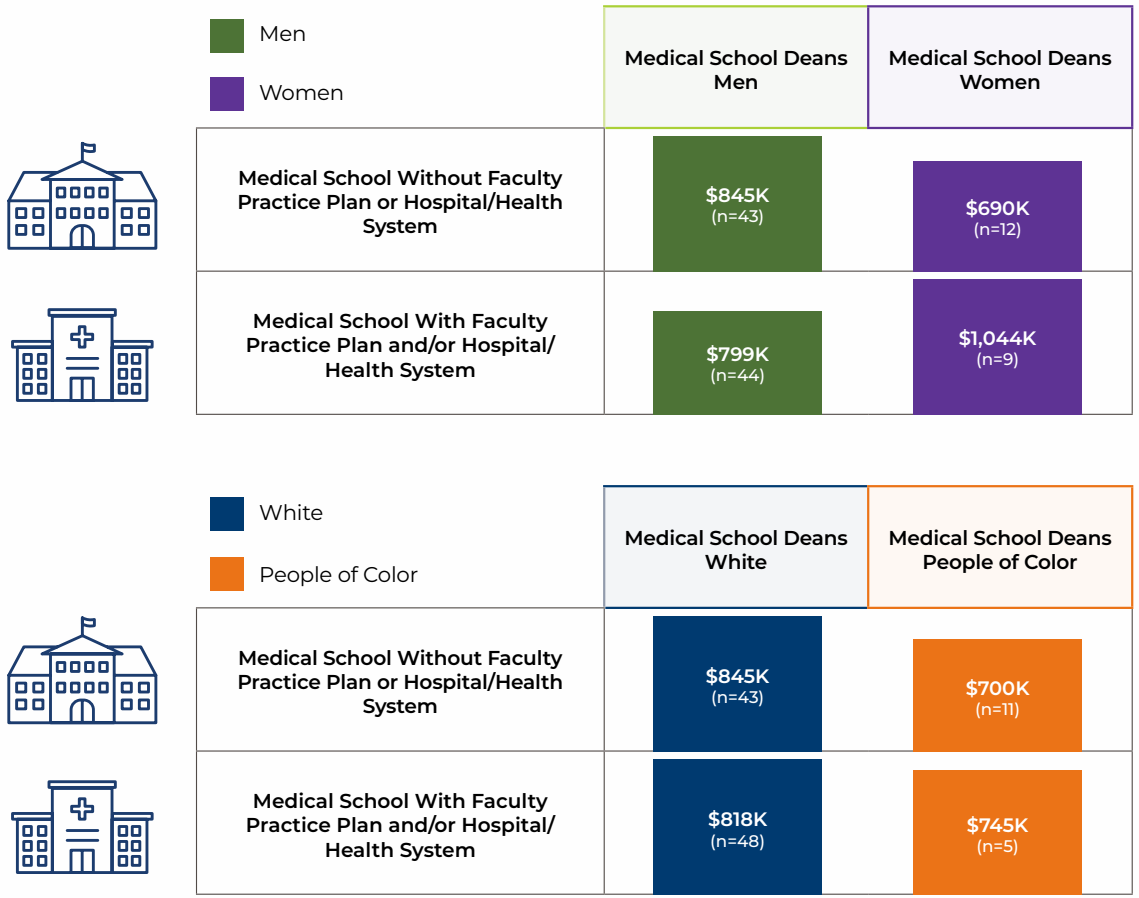
Source: 2021-2022 AAMC Survey on the Compensation of Medical School Deans.

Note: We display compensation information only when there were at least five people across mutually exclusive groups. "Medical School Without Faculty Practice Plan or Hospital/Health System" includes deans with responsibility for the medical school only and deans with responsibility for the medical school and at least one other health professions school. "Medical School With Faculty Practice Plan and/or Hospital/Health System" includes deans with responsibility for the faculty practice plan(s) and/or hospital/health system and deans who may have responsibility for other health professions schools or colleges in addition to the faculty practice plan(s) and/or hospital/health system.

KEY TAKEAWAY

Deans responsible for both the medical school and a faculty practice plan or for a medical school, a faculty practice plan, and other health professions schools had a lower median compensation than deans with other types of responsibilities.

FIGURE 20. Median total compensation of medical school deans by job responsibility type, gender, and race/ethnicity, rounded to the nearest $1,000, as of Sept. 1, 2021



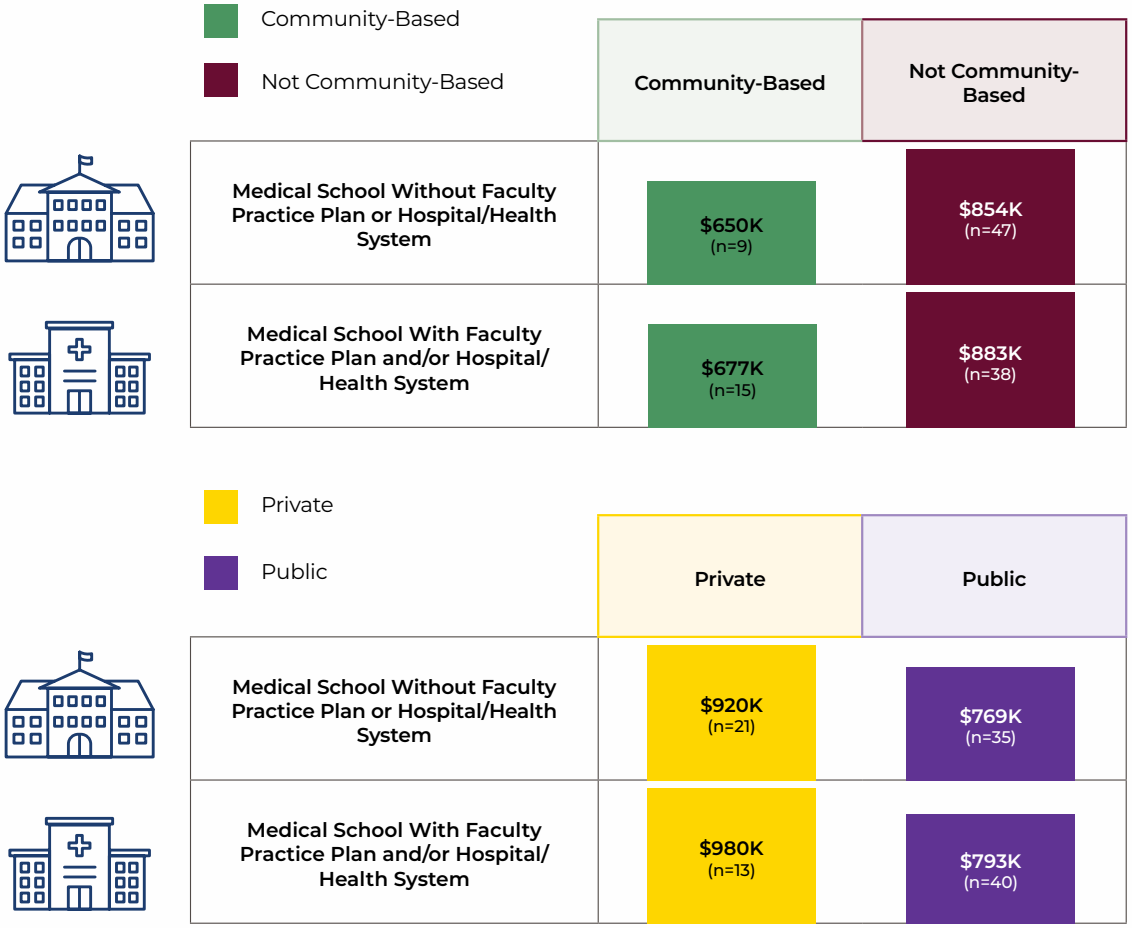
Source: 2021-2022 AAMC Survey on the Compensation of Medical School Deans.

Note: We display compensation information only when there were at least five people across mutually exclusive groups. "Medical School Without Faculty Practice Plan or Hospital/Health System" includes deans with responsibility for the medical school only and deans with responsibility for the medical school and at least one other health professions school. "Medical School With Faculty Practice Plan and/or Hospital/Health System" includes deans with responsibility for the faculty practice plan(s) and/or hospital/health system and deans who may have responsibility for other health professions schools or colleges in addition to the faculty practice plan(s) and/or hospital/health system.

KEY TAKEAWAY

Women not responsible for a faculty practice plan and/or a hospital/health system had a lower median compensation than men with similar responsibilities. However, they had a higher median compensation than men when responsible for a faculty practice plan and/or a hospital/health system. Deans of color had a lower median compensation than White deans regardless of their institutional responsibilities.

FIGURE 21. Median total compensation of medical school deans by responsibility type and institutional characteristics, rounded to the nearest $1,000, as of Sept. 1, 2021.



Source: 2021-2022 AAMC Survey on the Compensation of Medical School Deans.

Note: We display compensation information only when there were at least five people across mutually exclusive groups. "Medical School Without Faculty Practice Plan or Hospital/Health System" includes deans with responsibility for the medical school only and deans with responsibility for the medical school and at least one other health professions school. "Medical School With Faculty Practice Plan and/or Hospital/Health System" includes deans with responsibility for the faculty practice plan(s) and/or hospital/health system and deans who may have responsibility for other health professions schools or colleges in addition to the faculty practice plan(s) and/or hospital/health system.

KEY TAKEAWAY

Deans at community-based medical schools had a lower median compensation than their counterparts regardless of institutional responsibilities. Similarly, compared with deans at private schools, deans at public schools had a lower median compensation regardless of responsibilities.

FIGURE 22. Median total compensation of medical school deans by responsibility type, research ranking, and accreditation year, rounded to the nearest $1,000, as of Sept. 1, 2021.

Source: 2021-2022 AAMC Survey on the Compensation of Medical School Deans.

Note: We display compensation information only when there were at least five people across mutually exclusive groups. "Medical School Without Faculty Practice Plan or Hospital/Health System" includes deans with responsibility for the medical school only and deans with responsibility for the medical school and at least one other health professions school. "Medical School With Faculty Practice Plan and/or Hospital/Health System" includes deans with responsibility for the faculty practice plan(s) and/or hospital/health system and deans who may have responsibility for other health professions schools or colleges in addition to the faculty practice plan(s) and/or hospital/health system.

KEY TAKEAWAY

Deans at schools that are less research-intensive (ranked 75-148) had a lower median compensation than deans at research-intensive schools regardless of institutional responsibilities. Similarly, deans at medical schools accredited during or after the year 2000 had a lower median compensation than deans at medical schools accredited before 2000.

Discussion

Dean's Office Administrative Roles

This report's findings related to dean's office administrative roles illustrate that much more examination is needed of occupational gender segregation (OGS) in leadership positions, the roles and responsibilities of the dean's office leadership, and the unique factors that affect compensation at the highest levels.

The report sheds new light on certain aspects of OGS within academic medicine. As has been found in other gender-equity reports in academic medicine, we see a clear and persistent clustering of women in faculty, student, and diversity, equity, and inclusion (DEI) affairs – offices that may have fewer institutional resources and influence. This new analysis indicates that these clusters of women leaders also tend to have less prestigious or less senior titles and work in areas where lower proportions of senior leaders report directly to the dean, which likely leads to a further reduction in their potential influence and impact.

Similarly, these findings show low percentages of women in offices that drive much of the medical school's financial and reputational power: Clinical Affairs and Research Affairs. The dearth of women in these areas cannot go unremarked, and schools must conduct their own internal scans to determine what the barriers are to diversifying leadership in those areas. Women may be overly mentored into the faculty, student, and DEI affairs offices roles due to stereotypical associations of women in nurturing, supportive leadership roles and men in autonomous ones (Eagly and Johnson 1990; Van Engen and Willemsen 2004). Women may seek out those roles due to the high proportion of women in them, with little encouragement to enter more men-dominated leadership positions, such as clinical or research roles. One notable finding related to degree type is there were many more men than women with MDs in Research Affairs, and those men deans with MDs were paid more than men with PhDs and women with either degree.

This report's data reflect the senior-most leader for each administrative function, which may be at any of the decanal levels. Some administrative areas had more associate deans as the senior-most leader than others, such as Diversity Affairs, Admissions Affairs, and Student Affairs. That may be due in part to organizational structures where, depending on the medical school, Admissions Affairs may report up through Student Affairs, and Student Affairs may or may not report up through Academic Affairs. It may also be that student-related diversity roles may be included within Student Affairs. Regardless, it is clear that there were fewer Student Affairs and Diversity Affairs roles at the senior associate/vice dean level. Yet, great efforts have been made over the past decade to create new DEI offices, and many more schools have them now than before. The question arises, who determines that a role will be at the senior associate/vice dean as opposed to associate dean level, especially if the person in that role still reports directly to the dean, and how is that determined? Data from this report suggest that deans should consider how assigning titles and reporting structures may be contributing to inequities.

The compensation analyses in this report also provide new insight into potential inequities in how salaries of administrative leaders are established. Many medical schools choose to "buy out" portions of an individual's salary to account for their time in the dean's office, depending on the amount of time the person dedicates to dean's office work versus responsibilities they may still have for teaching, research, and patient care within their academic department. Depending on the FTE allotted for their leadership position, one's salary for time spent in the dean's office can be a reflection of their salary for work outside their leadership role and, thus, can be a function of their academic rank and specialty. Further, certain administrative areas have more MD faculty in procedurally intensive specialties, like Clinical Affairs, which leads to higher compensation for those leaders. However, if a person is spending 90%-100% of their time

in their dean's office role, for example, it should be questioned why their specialty or previous salary history should so greatly affect their earning potential compared with other dean's office leaders.

We need to be asking this, too: Do we value a person's time in the dean's office the same, for example, as a physician's time in a procedurally intensive specialty and department?

While medical schools should continue to hire leaders from across specialties and pay salaries that incentivize individuals to serve in leadership roles, those setting compensation may consider alternate models and practices to determine compensation for dean's office work. For example, compensation could be determined by setting a consistent dollar amount for each position or by creating administrative stipends, instead of being based on buyouts of an individual's departmental time. Schools could also review whether the percentage of effort dedicated to positions at specific decanal levels is similar. For example, are associate dean roles across administrative areas assigned similar FTE allocations, and does the dean's office or departments equally reimburse time for all roles at that level?

Further, those responsible for determining compensation should consider establishing equity across administrative areas so that the pay for contributions to DEI leadership, for example, would be similar to the pay for contributions to medical education or research leadership.

Whether or not an individual is recruited from within their institution or from outside may also affect salary setting for leadership roles. For example, if a person is recruited from within, their faculty rank, time in rank, and specialty may affect their salary setting for leadership roles differently from the way those factors affect the salary of someone coming from outside the institution. For example, those who are recruited to serve as leaders at another institution may have more negotiating power than those recruited from within their current institution. However, while negotiation often plays a large role in setting administrative leadership compensation, it fraught with the potential for creating inequities and medical schools should

examine policies around individual negotiation as an area for improvement. Many studies have shown that when men negotiate or ask for more money, they are often rewarded for it, but when women ask or try to negotiate using exactly the same behavior, they are punished for not accepting the first offer and requesting more (Galinsky and Schweitzer 2015). Organizational strategies for combatting inequities, such as eliminating negotiations altogether and maintaining an equitable predetermined amount for leadership positions, are already becoming common in the business industry and could be considered within academic medicine (Noguchi 2015).

Much of the compensation data presented in this analysis related to race/ethnicity and to the cross-tabulation of gender and race/ethnicity are difficult to interpret due to very small sample sizes. For example, in some cases, leaders of color had a higher median compensation than their White counterparts. While mathematically correct, in some of these cases, that higher compensation for leaders of color may simply have been a function of a small sample being composed of MD faculty in procedurally intensive specialties. The data should be interpreted with these small sample sizes in mind. What this analysis squarely confirms, as documented in many other studies, is that continued diversification of leadership positions is needed.

Medical School Deans

This report also reveals new information about the roles, responsibilities, and representational composition of U.S. medical school deans. One notable finding was that more women deans and deans of color were responsible for the medical school only or for the medical school and other health professions schools than for the medical school, faculty practice plan(s), and/or a hospital/health system — which limits earning potential and leadership reach. It is important to acknowledge the lack of women and people of color in faculty practice plan and hospital/health system leadership roles. Are we starting to see a trend where, as leadership among medical school deans starts to diversify, power and responsibility shift up to other roles in different areas of the institution or health system? In other words, is the "leadership goal post" shifting? While data on this possible trend are still emerging, this report's findings may provide some evidence to support observations of power shifting up and out of certain traditional leadership positions that are now starting to diversify. Another possibility is that men may be more likely than women to hold department chair roles or Clinical Affairs leadership positions before they become deans, which may make it more likely that men will be selected for roles with hospital/health system responsibilities than women.

Many findings from this analysis require additional discussion and study. For example, deans who led medical schools and faculty practice plans or medical schools, faculty practice plans, and other health professions schools had a lower median compensation than deans who were solely responsible for

the medical school (Figure 19a). One would expect to find a correlation between roles with more responsibilities and increased compensation, as seen with the other two categories. However, those responsible only for the medical school and other health professions schools also had a higher median compensation.

Another finding requiring further study is understanding why deans at community-based schools, regardless of their responsibilities, had a lower median compensation than other leaders. Considering that many newly accredited schools are leveraging community-based models, how does their compensation reflect the values of academic medicine and the institutional structures we are creating?

One possible explanation is that community-based schools do not have integrated teaching hospitals (and, thus, perhaps fewer clinical dollars) and are typically less research-intensive, so perhaps less institutional funding may be available for their compensation. Another possibility is that gifts and endowments available to schools are based on how long they may have been operating and the funds readily available. Yet even those community-based school deans with responsibility for a faculty practice plan and/or a hospital/health system, where the medical school is generating some clinical revenue, make less than those who are not leading community-based medical schools.

The findings of this report highlight the need to collect more detailed information about compensation of all leadership positions within the dean's office (including directors and staff positions), commonly used compensation models for administrative roles, and additional representational diversity data. The findings make clear that we need to continue to increase diversity at the most senior leadership roles by gender, race/ethnicity, and other identities and encourage efforts to increase pay equity among all administrative areas.

Taking Action

This section provides reflection questions and action steps for those responsible for appointing and compensating medical school leaders. The questions should be used to guide discussion and evaluation of a school's potential inequities in its current leadership structure and compensation practices. The action steps offer a starting place from which schools can build on these discussions and foster equity among medical school leadership.

Reflecting on Current Institutional Policies for the Appointment and Compensation of Administrative Leaders

- What is the representation in each administrative area and decanal level — are there inequities?
- How do we assign administrative titles across administrative functions? Are there criteria to guide the assignment of senior-most leaders to senior associate versus associate dean roles?
- How do we determine leadership compensation? Is there an auditing or review process for leadership compensation across the dean's office?
- How has a person's salary history or negotiations driven salary setting in the past? What types of new processes could we establish to create equity across salaries of administrative functions when time dedicated to administrative roles is similar? Are there gendered differences in our school's reaction to negotiating?
- How do we mentor diverse individuals into various administrative leadership roles? Do we have training in place to mitigate biases that come up in the mentoring for these roles?
- What power and responsibilities does the medical school dean have, and are they less for deans who are women or racially/ethnically marginalized (e.g., do some medical school deans report to another, more senior leader)?
- Are there outside earnings or other potentials for earning for medical school deans that aren't captured in salary equity analyses but contribute to inequities?

Actions to Examine and Enact Equitable Processes for the Appointment and Compensation of Administrative Leaders

- Engage in discussions about how your organizational structure, leadership titles, and reporting structures can be viewed as a reflection of your school's values.
- Review and revise processes for determining how decanal titles are assigned and how the functions that report directly to the dean are described.
- Develop institutional goals and measurable strategies to diversify leadership.
- Analyze and publish data on the diversity of institutional leadership.
- Create pathway and professional development programs to facilitate future leadership diversity across all administrative areas in the dean's office.
- Investigate the impact individual negotiations may have contributed to inequities in both assignment of titles and salary setting, and consider eliminating negotiation.
- Evaluate components of leadership salaries and current models and practices for setting leadership salaries to ensure practices are applied consistently and to enhance equity.
- Commit to developing an ongoing and transparent process for reviewing leadership roles and compensation.
- Share information about leadership compensation with prospective candidates for administrative roles.
- Educate health care system and university leadership about the benchmarks for leadership compensation that are relevant to both dean's office leadership and the medical school dean's responsibilities.

Conclusion

In this first step toward understanding the composition and compensation of administrative leadership in academic medicine, clear themes of inequity in level and influence of leadership role, administrative area, and compensation emerged.

These data should be used as a springboard for discussions about equity in compensation and in organization structure at a given medical school, as opposed to, for example, using the data in individual negotiations. And while more sophisticated understandings of salary equity and leadership roles at the local institutional level are needed, compensation equity cannot be understood without also acknowledging the continued lack of compositional diversity. The discussion of diverse representation in leadership is important for many reasons, and its impact on the differences in compensation cannot go unnoticed. The academic medicine community needs to have conversations about how compensation is set for certain types of leadership roles and the reasons for such vast differences between them. And we must understand how to more effectively create equity among leadership roles within our organizational structures, including titles and reporting lines.

These analyses show that the representational diversity, administrative duties, and value our medical schools place on certain leadership roles have profound impacts on compensation overall and should be included in future discussions of leadership compensation equity. This report's findings demonstrate that the inequities found in rank-and-file faculty can also be found at the leadership level, providing yet another angle on the overall salary equity issue and additional data schools can use in their own local analyses and efforts.

Appendices

Appendix 1. Definitions of the Administrative Areas Used in the AAMC Survey on the Compensation of the Dean's Office Staff

- **Academic Affairs/Medical Education**: Undergraduate, resident, and continuing medical education; PhD/graduate basic science education, research in medical education, and curriculum affairs.
- **Admissions Affairs:** Management of the admissions office, the recruitment of applicants, the administration of the admissions and matriculation processes, the operation of the admissions committee, and the conduct of admissions legally and in concert with institutional policies relating to stakeholders within and outside the institution.
- **Business Affairs:** General institutional administration and finance, including faculty practice plan administration, human resources administration, information systems administration, financial management, research facilities management, managed-care development, government relations, and fundraising.
- **Clinical Affairs:** Oversight and coordination of clinical activity among affiliated hospitals and plans. Leaders in this administrative area need not be the medical director of a hospital or plan.
- **Diversity Affairs:** Institutional diversity and inclusion, including those activities related to students, staff, faculty, graduate medical education, and institutional culture and climate. Duties may include premedical and medical student, resident, staff, and faculty recruitment and retention; leadership and career development; mentoring; counseling; curriculum development; LCME diversity accreditation elements; and diversity strategic planning.
- **Faculty Affairs:** Appointment, promotion, and tenure oversight; faculty rewards and recognition; leadership and career development programs; mentoring programs; women in medicine activities; and faculty recruitment, retention, and diversity initiatives.
- **Research Affairs:** Research development, space allocation, grants administration, research training, institutional review boards, research subject recruitment, multidisciplinary centers, animal care, laboratory safety, hazardous waste management, postdoctoral arrangements, and scientific conduct.
- **Student Affairs:** Registration, financial aid, student diversity affairs, student records, student counseling, curriculum management, alumni affairs, and career services programs.

Appendix 2. Components of Compensation Used in the AAMC Survey on the Compensation of the Dean's Office Staff

- **annualized dean's office compensation:** Compensation extrapolated based on each individual's proportion of time in the dean's office — for example, an individual working half time in the dean's office for $100,000 would have an annualized dean's office compensation of twice that amount ($200,000). Only individuals who received some portion of their total compensation from the dean's office are included in this report.
- **bonus/incentive pay**: Income earned by an individual as a result of the achievement of specific performance goals by the individual, the department, or the institution.
- **dean's office compensation:** The amount paid to an individual for their duties in the dean's office regardless of the source of that compensation.
- **deferred compensation:** The annual amount set aside under a contractual agreement whereby a part of the compensation for services rendered in the current period would be paid in future years.
- **medical practice supplement:** Income that is not fixed at the beginning of the fiscal year but is directly tied to the amount of medical practice earnings during the year derived from an institutionally controlled or affiliated source.
- **salary:** Compensation that is annually fixed, regardless of source, by the institution and includes any employee retirement contributions through a salary reduction plan.
- **total compensation:** The sum of salary, deferred compensation, medical practice supplement, and bonus/incentive pay (i.e., all compensation in and outside the dean's office). Total compensation excludes the value of fringe benefits, such as health insurance and employer retirement contributions.

Appendix 3. Components of Compensation Used in the AAMC Survey on the Compensation of Medical School Deans

- **additional income:** Income that reflects earnings such as those from medical practice, consultation, lectures, publications, and merit bonuses. The figure includes earnings from the past fiscal year only.
- **deferred compensation:** The annual amount set aside under a contractual agreement whereby a part of the compensation for services rendered in the current period would be paid in future years. Deferred compensation does not include employee retirement contributions through salary reduction plans, which are considered part of salary.
- **employer retirement contributions:** Contributions paid by the employer (e.g., state pension, TIAA, 401(k), and other tax-deferred payments).
- **salary:** Compensation that is annually fixed, regardless of source, by the institution and includes any employee retirement contributions through a salary reduction plan.
- **total compensation:** The sum of salary, deferred compensation, and employer retirement contributions. Total compensation excludes deans who did not report employer retirement contributions.
- **total compensation plus additional income:** The sum of total compensation and additional income for deans with additional income.

Appendix 4. Areas of Job Responsibility Used in the AAMC Survey on the Compensation of the Dean's Office Staff

- **admissions process** (e.g., recruitment, application, interview, and matriculation procedures; admissions policy development)
- **communications management** (e.g., public relations, promoting strategic goals, internal communications, marketing)
- **curriculum management** (e.g., developing and implementing undergraduate, graduate, and continuing medical education curriculum; classroom tools)
- **facilities management** (e.g., operations and space allocation; planning, design and construction management)
- **financial management** (e.g., general accounting and budgeting, payroll, investment management, purchasing, financial planning and reporting, capital financing)
- **general administration** (e.g., planning, university or hospital relations, fundraising, legal services, strategic planning)
- **health sciences administration** (e.g., dental school, public health, school of nursing)
- **hospital-based administration** (e.g., budgeting, planning)
- **human resources** (e.g., compensation, employment, appointment, promotion)
- **information systems management** (e.g., mainframe operations, network operations, programming, systems acquisition and application management, systems design)
- **leadership development** (e.g., implement or direct student, faculty, and staff leadership development programs; promote faculty development; facilitate succession planning; assess culture and climate)
- **practice plan administration** (e.g., billing, managed-care contracts, marketing, ambulatory care management)
- **research administration** (e.g., grants and contract management, institutional review board (IRB), animal services, patents, joint ventures)
- **student programs** (e.g., financial aid, student affairs, student diversity)
- **other** (other responsibilities not listed)

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