

# Equal Pay for Equal Work in the Dean Suite: Addressing Occupational Gender Segregation and Compensation Inequities Among Medical School Leadership

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## Abstract

In 2022, the Association of American Medical Colleges published data from its annual Dean’s Office Staff Compensation and Dean’s Compensation Surveys in a new report addressing salary equity among medical school leadership. These data, disaggregated by gender and race/ethnicity, represent earnings of the senior most leaders in the dean suite and have historically been shared only with medical school Deans and principal business officers. The report shows that the highest-ranking decanal positions in U.S. medical schools are filled along the lines of traditional gender stereotypes

(with men in clinical affairs and research affairs deanships and women in admissions, diversity affairs, faculty affairs, and student affairs deanships) and that the roles held mostly by men carry grander titles (e.g., senior associate dean vs assistant dean) and significantly higher salaries than those typically held by women. Additionally, within the same decanal positions, women earn lower median compensation than men.

In this commentary, the authors describe limited advancement and lower compensation as foregone

conclusions for women in medicine and science due to a professional model that places a premium on activities traditionally pursued by men. They define and characterize the impact of this occupational gender segregation in the dean suite and offer a roadmap for an alternative value system that recognizes complementary leadership activities across the mission areas of academic medicine and ensures that the contributions of women in the profession are appropriately recognized, valued, and rewarded.

Over the past few years, the Association of American Medical Colleges (AAMC) has begun to analyze the vast array of faculty salary data it collects to identify pay inequities and to disseminate the results widely. Its 2019 and 2021 reports provided the first assessments of U.S. medical school faculty compensation data by gender and race/ethnicity.<sup>1,2</sup> These endeavors revealed a striking pay gap in our profession. The worst disparities occurred for women physician faculty, who earned 67 to 77 cents on the dollar compared with their White male colleagues. Furthermore, men consistently earned more than women of the same race/ethnicity. In 2022, the AAMC published its medical school leadership salary data by gender and race/ethnicity.<sup>3</sup> These data came from the annual Dean’s Office Staff

Compensation and Dean’s Compensation Surveys, reflect the earnings of individuals at the highest echelons of academic medicine, and have historically been shared only with medical school Deans and principal business officers (e.g., chief financial officers or vice deans of administration). With this public release, the AAMC continues to shine a light on salary inequity in academic medicine.

For years, the AAMC has been documenting women’s persistent lack of representation along the ladder of advancement in academic medicine.<sup>4</sup> Women’s career trajectory looks like a funnel, with fewer and fewer women the higher one goes in seniority and leadership.<sup>5–8</sup> Currently, only 28% of full professors, 22% of department chairs, and 22% of permanent medical school Deans are women.<sup>9</sup> Research reveals that these numbers have not improved much over the past 35 years and, in some instances, have gotten worse.<sup>10</sup> Health care’s corporate landscape looks similar to that of academic medicine, with women’s representation starting off strong among entry-level professionals and declining steadily as one approaches the C-suite.<sup>11,12</sup> Emerging evidence suggests

that women who do advance in health care leadership—on both the academic and business sides of the house—tend to do so in domains that are consultative, workforce oriented, and, in the case of academic medicine, learner focused, rather than in those concentrating on research or clinical operations.<sup>4,7,11–13</sup> Roles in these latter spheres (e.g., research associate dean, clinical affairs associate dean, chief operating officer) tend to be incubators for the Dean and CEO positions<sup>12,14,15</sup> and thus are also gateways to the compensation afforded these senior-most executives.

### Women’s Earning Potential in the Dean Suite

The AAMC’s leadership salary equity report,<sup>3</sup> which includes 2021 survey data from 143 of the 155 U.S. medical schools accredited by the Liaison Committee on Medical Education, provides critical detail on the gender composition of the senior most roles in medical school leadership and supports prior research<sup>4,7,13–15</sup> showing positions tend to fill along the lines of traditional gender stereotypes. Specifically, the report reveals that, for the most senior deans, 71% (65/92) of clinical affairs deans

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and 71% (90/126) of research affairs deans are men, whereas women occupy the majority of admissions, diversity affairs, faculty affairs, and student affairs deanships (see Table 1). Most striking (and concerning), the positions held mostly by men carry grander titles (e.g., senior associate dean vs assistant dean) and command substantially higher salaries than those typically held by women: Among the highest-ranking roles in the dean suite, 66% (62/94) of clinical affairs deanships and 70% (89/128) of research affairs deanships are at the senior associate dean level compared with only 7% (8/111) of admissions deanships, 35% (39/111) of diversity affairs deanships, 59% (71/120) of faculty affairs deanships, and 19% (23/122) of student affairs deanships. Moreover, the AAMC's analysis found that certain male-dominated domains, like clinical affairs, command average compensation that is hundreds of thousands of dollars per year more than that earned at the same administrative level in women-dominated arenas, like student affairs. (For comparison purposes, in the leadership salary equity report, the AAMC annualized and extrapolated all salary data to reflect compensation for full-time equivalent effort in the dean suite.)

The AAMC's analysis also uncovered that, among the highest-ranking decanal positions, 94% (120/127\*) of research affairs deans report directly to the Dean, while only 39% (47/122) of student affairs deans and 33% (36/110\*) of admissions

deans do so. In addition to driving compensation, titles reflect institutional hierarchy and influence. Reporting privileges imply seniority and confer visibility and power to impact change as a member of an institution's executive leadership team. Proximity to the Dean allows one's contributions to be readily recognized and rewarded.

Lastly, mirroring what the AAMC previously demonstrated among rank-and-file faculty salaries in academic medicine,<sup>1,2</sup> the leadership salary equity report<sup>3</sup> reveals that within-role gender disparities also exist among the most senior positions in the dean suite. In almost every decanal role, women earn lower median compensation than men and, in the majority of cases, White leaders have higher median compensation than their colleagues of color. (Unfortunately, due to insufficient numbers resulting from a general lack of diversity among the highest-ranking roles in U.S. medical school leadership, the AAMC was able to report very few compensation comparisons by gender and race/ethnicity.)

### Career Advancement and Compensation in Academic Medicine

The data in the AAMC's leadership salary equity report<sup>3</sup> suggest that limited advancement and lower

\*This denominator differs slightly from the total n listed in Table 1 because 1 fewer respondent answered this survey question.

compensation are foregone conclusions for women in medicine and science due to a professional model that places a premium on roles and activities traditionally pursued by men. Changing such a paradigm will require understanding the phenomenon known as occupational gender segregation and initiating focused efforts to mitigate its impact.

Occupational gender segregation refers to the tendency for men and women to cluster in different roles in the workplace.<sup>16</sup> In the U.S. labor market as a whole, a loss of prestige and a decline in earnings have been shown to occur after a large number of women enter a field or occupation.<sup>17</sup> For example, educated women in the United States historically were confined to choosing careers as teachers, nurses, or secretaries, while men held the majority of positions as professors, doctors, and executives.<sup>18</sup> Over time, changes in government policy and social norms led to greater diversification of fields.<sup>19</sup> The enactment of Title IX of the Education Amendments of 1972 prohibited institutions of higher education, including medical schools, from discriminating against women in admissions, hiring, and promotions processes. Antiquated notions that women lack the necessary aptitude or fortitude to perform in demanding professions like medicine may have abated, but gender stereotypes persist.<sup>20-25</sup> Women in the workplace and in society writ large are still expected

**Table 1**  
**Highest-Ranking Roles in the Dean Suite by Gender, Senior Associate Dean Status, and Median Compensation<sup>a</sup>**

Administrative area (no.)	% (no.) men in highest-ranking roles	% (no.) women in highest-ranking roles	% (no.) senior associate dean titles	Men MD senior associate dean median compensation (no.)	Women MD senior associate dean median compensation (no.)
Academic affairs/ medical education (139)	53% (73)	47% (64)	82% (114)	\$410K (53)	\$375K (46)
Admissions affairs (111)	44% (49)	56% (62)	7% (8)	N/A (2)	\$322K (5)
Clinical affairs (94)	71% (65)	29% (27)	66% (62)	\$644K (49)	\$411K (9)
Diversity affairs (111)	37% (41)	63% (70)	35% (39)	\$400K (11)	\$359K (12)
Faculty affairs (120)	44% (51)	56% (66)	59% (71)	\$448K (21)	\$371K (27)
Research affairs (128)	71% (90)	29% (36)	70% (89)	\$455K (30)	N/A (4)
Student affairs (122)	43% (51)	57% (68)	19% (23)	\$301K (10)	\$295K (8)

<sup>a</sup>Annualized Dean's Office Compensation is 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). Not all medical schools reported gender for each administrative area and thus row totals by gender may not equal the administrative area total. All data are from the Association of American Medical Colleges *Exploring Salary Equity Among Medical School Leadership* report.<sup>3</sup> Due to rounding differences, some percentages in this table may vary by 1% compared to those that appear in this report.

to demonstrate communal behaviors such as being agreeable, caretaking, and focused on others. They encounter at best surprise and at worst overt hostility when deviating from these expectations to demonstrate the agentic traits (being decisive, assertive, independent) that are typically associated with men and traditionally rewarded with compensation, influence, and authority.<sup>26</sup>

Although women now constitute more than half of the medical students in the United States, occupational gender segregation has emerged at the specialty level.<sup>27</sup> Women trainees are directed toward relationship-oriented specialties like pediatrics and dissuaded from pursuing technical, procedural professions like orthopedics that command higher salaries.<sup>26,28–30</sup> Indeed, the vast majority of trainees in certain disciplines are now women, and, when specialties are dominated by women, compensation tends to be lower.<sup>31</sup>

The AAMC's leadership salary equity report identifies another context in which occupational gender segregation limits women's professional potential: the dean suite. Women in this sphere tend to hold positions in critically necessary but curiously undervalued areas—that is, in roles that involve developing, nurturing, and advocating for others, such as student affairs, faculty affairs, and diversity affairs. Research and clinical leadership positions are overwhelmingly held by men, despite the meaningful representation of women among the workforce in these domains, particularly in the clinical arena.<sup>32</sup>

Why does occupational gender segregation appear to have such a stronghold on academic medicine? In their 2022 *New England Journal of Medicine* perspective, Lombarts and Vergheze eloquently described how the construct of the medical professional has historically been based on a traditional male prototype, and they cautioned that this paradigm is destructive both to our current and future workforce and to our patients.<sup>33</sup> It is also a construct of our own making, and so we as a profession can and should do something about it. We must ask ourselves the following questions. Is a technical pursuit more valuable than a cognitive one? Is developing others less valuable than leading a clinical enterprise? Many endeavors—diverse

and complementary—are necessary to create and sustain a robust medical profession. In evaluating why we allocate stature and compensation to some activities and not to others, we must reflect on the interdependent nature of academic medicine's mission areas. Such an approach would surely lead to a reconsideration of longstanding practices that aggrandize certain pursuits and diminish others.

### Roadmap for an Alternative Value System

Women must have equal opportunity to pursue careers and executive leadership positions across all missions of academic medicine. According to the AAMC's 2018–2019 State of Women in Academic Medicine report,<sup>4</sup> women hold approximately half of the lower-level decanal roles but only a third of senior associate dean/vice dean positions and fewer than 1 in 5 top Dean positions, which command the highest compensation of all, as demonstrated in the AAMC's leadership salary equity report. By elucidating roles and hierarchy, the AAMC's new dean suite data help counter arguments that such paltry representation reflects an intact pipeline of women who only need more time to progress into the top deanships.

One step toward addressing existing disparities in the dean suite is to ensure transparency about professional hierarchies and reward schema so that women are fully aware of where positions track in the current paradigm. As a profession, we could also pay better attention to how women are counseled about careers in academic medicine and implement efforts to mitigate biases that encourage them to follow professional trajectories with less prestige and compensation. However, such an approach misses an important occasion to explore cultural context and rethink how contributions are valued and rewarded in our profession.<sup>26</sup>

The knowledge, skills, and experience necessary to provide robust executive leadership in each mission area of academic medicine are likely more similar than different. Thus, titles, reporting structures, and compensation should be comparable for leaders within the dean suite who have commensurate scopes of responsibility for

sustaining the academic mission. Since reward and recognition typically accrue from activities that generate income and/or institutional prestige, reevaluating existing practices will require acknowledging and embracing a holistic approach that values all contributors to revenue and reputation, rather than simply their most immediate drivers. For example, our inclination to view educational and faculty development endeavors as cost versus revenue generators potentially puts leaders in those domains at a disadvantage in terms of rank, compensation, and resources, when in reality the clinical and research machines could not function without the contributions of faculty and learners. Simply because relative value units and grant funding can be readily counted on the income side of a ledger does not mean that institutional sustainability and financial success derive exclusively from sponsor-funded or billable clinical activities. It is certainly easier to keep counting this way, but the measures we employ may not reflect the meaning we seek.<sup>34</sup>

Achieving gender equity in opportunity and compensation will require institutions to evaluate leadership representation, distribution of titles, and hierarchy of positions within their dean suite in this new context and to assess recruiting, hiring, succession planning, and compensation processes to uncover drivers of gender disparities.<sup>35</sup> Institutions should publicize their findings broadly to signal a shift in institutional culture and to communicate authentic commitment to continuous feedback and process improvement to achieve equity.<sup>35,36</sup> Last but not least, leaders, faculty, and staff involved in these efforts will need to explore and address their own unconscious biases so they can model desired behaviors and support meaningful culture change.

Ensuring equal pay for equal work is a complex task. The leadership salary equity report from the AAMC shines a light on a previously opaque area in academic medicine: the dean suite. In doing so, it reveals how far up the institutional hierarchy we have to go to eradicate the stereotypes and implicit biases that impugn our valuation of “equal work” and to ensure that the essential contributions of women within our profession are appropriately recognized, valued, and rewarded.

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