

and patient partners. Canada rotates the presidency of NAPCRG with the United States every other year. It has elected nonphysician primary care researchers as often as physician-researchers, a distribution of leadership that the United States has not achieved! Canada supports diversity in primary care research, full stop.

As the spectrum of translational research has gained respect in the United States, the National Institutes of Health created the National Center for Advancing Translational Sciences (NCATS). At the same time, the PCOR Trust Fund established the Patient-Centered Outcomes Research Institute. Both intended to augment primary care research. NCATS comfortably places primary care research in the T2-T4 spectrum of translational science and research (Figure 1). What our Canadian colleagues put into practice 30 years ago became codified in the US research structure in 2011! We learn from each other, our multidisciplinary rigor, and the full perspectives involved in improving global health. NAPCRG has been more robust because of our foundational international partnership.

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Ann Fam Med 2022;20:284-285. <https://doi.org/10.1370/afm.2835>

A DESCRIPTION OF THE 2021 AFMRD SALARY SURVEY AND NEXT STEPS

The Association of Family Medicine Residency Directors (AFMRD) biannually conducts a Salary Survey of membership as a member benefit. The survey asks program directors (PDs) to report total taxable annual income for themselves, associate program directors, core faculty, program coordinators/administrators, and behavioral health faculty. Full survey reports are available to AFMRD members online in its PD Toolbox.

Table 1. Program Director Demographics

	Count	Percent
Program sponsor		
Health care system (non-medical school based)	5	3.0
Medical school	114	67.9
FQHC/Teaching health center	34	20.2
Military	9	5.4
Consortium	1	0.6
Other	5	3.0
Gender		
Male	81	48.5
Female	86	51.5
Race		
White	142	85
Black	6	3.6
Asian	12	7.2
Chose not to disclose	7	4.2
Degree		
MD	136	81.4
DO	30	18.0
MBBS	1	0.6

The most recent survey was conducted between September and October of 2021 and circulated to 587 PDs in the United States with 168 (28.6%) responding. Key demographics of PD participants and their programs are listed in Table 1. Additionally, the mean age of PDs was reported 49.9 years and mean total years of PD experience as 6.98 (minimum <1 year, maximum 36 years). Participants were also surveyed as to additional training or certifications, length of practice and scope of practice. The mean, standard deviation, and median annual taxable income per role are summarized in Table 2.

In reviewing results of the 2021 survey, the AFMRD Board of Directors noted a significant difference between male and female PDs with males reporting higher compensation on average ($P = 0.009$) (Table 3).

Increasing attention has been directed toward salary equity among physicians, including in academic medicine, in recent years. Gender appears to be the primary driving confounder in salary inequity at all levels. Among US medical school faculty, women earn \$0.72 to \$0.96 for every dollar earned by men peers of the same race/ethnicity.¹ Gender inequity also exists amongst internal medicine residency faculty and is most pronounced in subspecialties with procedural components.² Even after controlling for subspecialty, as well as academic rank and age, differences in salary by gender persist among internal medicine program directors.³ At the clinical department chair level in US medical schools, women earn \$0.88 for every dollar received by men counterparts.⁴

Table 2. Residency Program Taxable Income (US Dollars) in 2020 by Role

Role	n	Mean	Standard Deviation	Median
Program Director	163	279,400	66,129	268,500
Associate Program Director	154	241,628	67,992	236,145
Medical Director	109	234,660	47,751	240,000
Rural Training Track Site Director	11	247,487	37,035	250,000
Director of Osteopathic Education	44	236,794	35,567	228,655
Full-time core faculty—outpatient only base/beginning	104	208,147	41,176	208,000
Full-time core faculty + inpatient base/beginning	133	212,441	35,889	210,000
Full-time core faculty + maternity base/beginning	93	216,860	36,066	218,750
Full-time core faculty + inpatient + maternity base/beginning	106	215,136	32,486	218,000
Behavioral health faculty, PhD level	80	123,592	26,646	120,000
Behavioral health faculty, non-PhD level	39	92,994	33,532	90,000
PharmD faculty	31	136,459	61,265	125,000
Coordinator salary	152	61,405	23,219	57,464.50

Table 3. 2020 Program Director Taxable Income (US Dollars) Comparison

Sample Size	Mean	Standard Deviation	Median
Total n = 163	279,400	66,129	268,500
Male	293,296	81,188	280,000
Female	266,331	44,547	264,526

Recently published data from the American Board of Family Medicine's New Graduate Survey Data suggests that, within 3 years of graduation from residency, women family physicians report earning 16% less than men who graduated the same year.⁵ Little data has been published around compensation equity specific to family medicine graduate medical educators and leaders.

Initial analysis of the AFMRD Salary Survey showed a statistically significant difference in 2020 total taxable income with respondents identifying as male PDs earning more than identifying females. This is consistent with published literature showing gender disparities in salaries.^{3,4,5} Compensation methods of family medicine PDs are admittedly complex and variable by program. The initial survey analysis did not allow for deeper study of potential confounders to salary, such as geographic region, program type, sponsor, or size, nor for a variety of program director identity factors, years of experience, or scope of practice.

Leaders in academic family medicine need to be aware that sex differences in salary exist in the specialty as a first step toward change. A next step may be to develop a formal hypothesis around gender equity in compensation of PDs

and conduct a cross-sectional analysis that controls for potential confounding factors to determine if compensation inequity by gender exists. Cross-sectional analysis could also include past or future AFMRD Salary Surveys to evaluate historical trends or, where disparity exists, future progress toward equity.

Acknowledgments: The authors extend appreciation to Tom Wasser for assistance with analysis.

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Ann Fam Med 2022;20:285-286. <https://doi.org/10.1370/afm.2833>

FAMILY MEDICINE WELCOMES LARGEST CLASS OF RESIDENTS EVER

Despite COVID-19 pandemic-related issues that limited medical students' in-person exposure to family medicine rotations, hindered family medicine interest group activities, and kept most residency recruitment efforts in a virtual format, National Resident Matching Program Main Residency Match results released on 2022 Match Day, March 18, indicated continued growth for family medicine.

Family medicine programs filled 4,470 positions in the main Match, 23 fewer than last year, for a fill rate of 90.6%.