

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.

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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%.

However, 16 more family medicine programs participated in the Match compared to a year ago, offering nearly 100 additional positions. That means that when the results of the Supplemental Offer and Acceptance Program (SOAP) are added to the total, it's likely that the 2022 class of family medicine residents will be the largest in the specialty's history.

"Given the challenges of the pandemic, the fact that the Match results were so close to last year's tells us family medicine is just as appealing to medical students as it ever has been," said Karen Mitchell, MD, the AAFP's Vice President of Medical Education. "Medical students' family medicine exposure was significantly limited, delayed, canceled or changed to virtual experiences the past 2 years, which hindered their ability to witness the interpersonal, face-to-face care that is at the core of family medicine. Students had fewer clinical opportunities to experience the breadth of family medicine and develop the depth of relationships with patients and preceptors. The Match results indicate the resilience of this class of students and reinforce my optimism about the future growth of family medicine as in-person clinical experiences resume."

It is anticipated the majority of the 465 family medicine slots unfilled in the main residency Match were filled through the SOAP. For perspective, 348 family medicine positions were available in the 2021 SOAP, and 340 filled.

Of the students and graduates who filled family medicine slots in the main Match:

- US seniors from allopathic medical schools accounted for 1,555 positions, down from 1,623 last year.
- US seniors from osteopathic medical schools accounted for 1,496 positions, up from 1,443.
- International medical graduates accounted for 1,237 positions (including 779 U.S. citizens), up from 1,225.

The number of family medicine positions in the NRMP Match grew for the 13th year in a row, and strengthening and expanding residency training programs remains a top priority for the AAFP. The Health Resources and Services Administration recently announced it would allocate \$19.2 million from the American Rescue Plan to fund 120 residents participating in the Teaching Health Center Graduate Medical Education (THCGME) program. With the AAFP's backing, the American Rescue Plan initially invested \$330 million in the THCGME program, which supports training primary care and dental residents in community-based care settings, in 2020.

"Family medicine is needed now more than ever," said Mitchell, who pointed out that the adaptability and broad practice scope of family physicians have allowed them to play critical roles in combating the pandemic, working in inpatient settings—including intensive care units—in addition to practicing ambulatory, frontline care, and playing important roles in COVID-19 testing and vaccination efforts. "More family physicians means better access to care and better health outcomes for patients."

Family medicine had enjoyed 12 consecutive years of growth and 10 consecutive years that an all-time record

number of students matched into family medicine in the NRMP Main Match before this year. The Association of American Medical Colleges projects a shortage of up to 48,000 primary care physicians by 2034.

"Amid a public health crisis and a population with diverse health care needs, we need more family physicians to curb the primary care shortage in the United States," said AAFP Senior Vice President of Education Margot Savoy, MD, MPH. "When a student matches into family medicine, we get closer to this goal and closer to ensuring accessible, affordable, and equitable care for our patients and the country."

Mitchell said family medicine aligns with students' growing passion for things like health equity, social justice, strong patient relationships, and versatility and adaptability in a career. She also noted that family physician preceptors are able to engage with students again, and the specialty needs more preceptors so students can experience the comprehensive nature of family medicine.

"As the number of face-to-face encounters rises again, it increases the opportunities for students to experience family medicine in its full breadth," Mitchell said.

Family medicine interest groups (FMIGs) also are becoming more active, creating more in-person opportunities for students to explore family medicine, learn about issues such as social determinants of health, and develop leadership skills. The AAFP supports the future family medicine workforce by offering free medical student membership and supporting a national network of FMIGs at medical schools.

AAFP President Sterling Ransone, MD, of Deltaville, Virginia, called family physicians "the backbone of care for patients of all ages and genders," and welcomed the new class to the specialty.

"We congratulate and applaud each of the students who matched into family medicine this year, a specialty that is critical to protecting public health," Ransone said. "Primary care is more important than ever, and we commend every student who has chosen to practice in this profession."

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AAFP News