6. Be thoughtful about public messaging and communication; avoid direct confrontations; focus on shared values, and tie in historical and cultural references whenever possible.

The ADFM DEI committee is developing a list of DEI-related resources intending to assist with carrying out the above recommendations. These resources also include links to partner organizations both inside and outside of family medicine doing work in this arena. One example is STFM's advocacy DEI toolkit. Additionally, the Academic Family Medicine Advocacy Committee (AFMAC) has released a statement on diversity and continues to explore ways of engaging at the grassroots level.

ADFM represents the leadership of academic family medicine through the faculty, residencies, fellowships, medical students, teaching practices, research and institutions represented in our 160+ departments.[3] As family physicians, we are more likely to include the social context of our patients, work in and learn from communities, and address subjects of inequities in our teaching of medical students and residents. We must exercise our unique leadership roles in family medicine and academic health centers to help member departments and other family medicine organizations drive their mission-driven goals, to support and innovate within their DEIA programs where allowed, and to do so in ways that are creative, bridge divisions, and make sustainable impacts.

Montgomery Douglas; Steven Zweig, MD, MSPF; Sam Elwood; Brian Park, MD, SPH; Christina Kelly, MD; Cleveland Piggott, MD, MPH; and Jehni Robinson, MD

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AFMRD Association of Family Medicine Residency Directors — From the Association of Family Medicine Residency Directors

Ann Fam Med 2025;23:86-88. https://doi.org/10.1370/afm.240601

2024 AFMRD SALARY SURVEY RESULTS AND TRENDS

The Association of Family Medicine Residency Directors (AFMRD) biannually conducts a Salary Survey of membership as a member benefit. The survey invites program directors (PDs) to report compensation considerations for themselves, associate program directors, core faculty, program coordinators/administrators, and behavioral health faculty. Full survey reports are available to AFMRD members on its website.

The most recent survey was open between February and April 2024 and circulated to 589 family medicine (FM) PDs in the United States with 201 (34.1%) respondents. Participants were also surveyed as to additional training or certifications, length of practice, and scope of practice, and 57.5% of respondents reported being graduates of AFMRD's National Institute for Program Director Development. Key demographics of PD respondents and their programs are listed in Table 1.

The mean, standard deviation, and median annual taxable income by role within program are summarized in Table 2. Mean PD income among respondents increased from $268,500 in 2021. Income varied by program type, region of the country, and years of PD experience. Additionally, while the proportion of respondents reporting clinical or educational incentives as a portion of their compensation increased from 45.1% in 2021 to 51.6% in 2024, the mean dollar amount varied. The mean dollar amount associated with clinical incentives decreased 31% in 2024 compared to 2021 while the mean dollar amount for educational incentives increased by 17%.

Program Director Considerations

The AFMRD Board of Directors noted trends in the 2024 report compared to 2021 that may warrant further study. First, unlike recent previous surveys, the 2024 survey did

Table 1. Program Director Demographics

Program sponsor	Count	Percent
Health care system (non-medical school–based)	138	68.7
Medical school	45	22.4
FQHC/Teaching health center	7	3.5
Military	1	0.5
Consortium	8	4.0
Other	2	1.0
Gender		
Male	105	52.2
Female	86	42.7
Choose not to disclose	10	4.9
Race/Ethnicity		
Asian	16	8.0
Black/African American	10	5.0
Hispanic/Latino/Spanish	6	3.0
Middle Eastern/North African	3	1.5
White	149	74.1
Choose not to disclose	17	8.5
Degree		
MD	152	78.8
DO	41	20.7

DO = doctor of osteopathic medicine; FQHC = Federally Qualified Health Center; MD = doctor of medicine. -LC

not demonstrate a significant difference in salary based on gender. Future surveys will be important to understand if this represents permanent closure of a pay gap.[1]

Second, the mean years of total reported PD experience decreased from 6.98 in 2021 to 6.08 years in 2024. AFMRD continues to study PD tenure, noting reasons for departure most often reflect pursuit of new positions within the same institution or moving aside to allow growth for new leaders.[2,3]

Next, Table 3 describes scope of practice for PDs compared to 2021. The proportion of PDs practicing in different areas of scope decreased overall, particularly in inpatient pediatrics and newborn nursery care. Recent revisions by the Accreditation Council for Graduate Medical Education (ACGME) adjusted the volume and type of care related to pregnancy, infants, and children care programs must offer to maintain accreditation.[4] Further assessment may determine whether the decrease in PD scope is related to sample demographics, ACGME revisions, health care systems characteristics, or other related factors.

Table 2. Residency Program Taxable Income (US Dollars) in 2024 by Role

Role	n	Mean	SD	Median
Program director	187	$288,073	$64,343	$280,000
Associate program director	157	$252,062	$44,821	$250,000
Medical director	126	$247,191	$71,241	$250,000
Rural training track site director	17	$212,598	$99,123	$237,000
Director of osteopathic education	40	$217,834	$73,177	$239,325
Full-time core faculty – outpatient only base/beginning	125	$224,876	$36,225	$225,000
Full-time core faculty + inpatient base/beginning	134	$230,540	$36,485	$230,000
Full-time core faculty + maternity base/beginning	97	$235,113	$37,756	$235,000
Full-time core faculty + inpatient + maternity base/beginning	91	$234,505	$34,958	$233,000
Behavioral health faculty, PhD level	69	$124,317	$32,516	$125,000
Behavioral health faculty, non-PhD level	35	$110,315	$49,638	$100,000
PharmD faculty	26	$124,147	$29,904	$120,000
Coordinator	139	$69,212	$23,105	$64,000

Table 3. Scope of Practice Comparisons from 2024 to 2021

Scope of practice	2024 Count (%)	2021 Count (%)	Difference, %
Hospital care including ICU care	69 (34.3%)	62 (37.1%)	-2.8
Hospital care, excluding ICU care	69 (34.3%)	70 (41.9%)	-7.6
Maternity care, including deliveries	51 (25.4%)	50 (29.9%)	-4.5
Operative obstetrics	3 (1.5%)	4 (2.4%)	-0.9%
Newborn nursery care	102 (50.7%)	104 (62.3%)	-11.6%
Inpatient pediatrics	60 (29.9%)	77 (46.1%)	-16.2%
Nursing home	52 (25.9%)	59 (35.3%)	-9.4%
Osteopathic manipulation	35 (17.4%)	26 (15.6%)	+ 1.8%

ICU = intensive care unit.

Faculty Considerations

Recent revisions by the ACGME also adjusted the amount of time programs must protect for faculty and curricular areas to maintain accreditation.[4] The mean total number of full-time family medicine core faculty decreased by 6% (7.37 in 2024 compared to 7.85 in 2024), while the mean total number of paid part-time family medicine faculty increased by 28% (4.16 in 2024 compared to 3.26 in 2021). Whether this reflects cost-savings measures by institutions, work-life preferences by faculty candidates, an impact of revisions to program requirements for accreditation, sample characteristics, or other factors may be determined by further study.[5,6] Regardless, the ratio of full-time to part-time faculty is an important trend to monitor in graduate medical education.

Program Considerations

More respondents reported sponsorship by health care system (non-medical school based) in 2024 (68.7% compared to 3% identifying in 2021). Fewer respondents reported FQHC/Teaching Health Center (THCs) (3.5% compared to 20.2% in 2021). Whether this represents a difference in sample demographics or a shift in the landscape of program funding will be important to monitor. The tenuous nature of GME THC funding may further impact those programs' ability to respond to the salary survey. Stabilization of THC funding remains an important advocacy opportunity.[7]

One potential factor to consider in future surveys is geographic setting, such as urban, suburban, rural, and frontier. The mean salary reported for rural training track site directors decreased in 2024 ($212,598) from 2021 ($247,487). With many policymakers currently prioritizing access to rural health care and funding streams for rural graduate medical education (GME) programming, a salary gap could disincentivize qualified site directors.

In conclusion, the AFMRD Salary Survey can be a powerful tool for family medicine residency leaders to understand trends in family medicine GME and for individual PDs to advocate within their institutional landscape.

Acknowledgements: The authors extend appreciation to Tom Wasser for assistance with analysis and to AFMRD members for responding to the survey.

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AAFP From the American Academy of Family Physicians

Ann Fam Med 2025;23:88. https://doi.org/10.1370/afm.240600

AAFP WILL ALWAYS BE AN AGENT OF TRUTH

The results of the 2024 US election and the policies shaped by those who have been elected will profoundly impact family medicine and the practice environment for all of us.

For more than 77 years, the AAFP has advanced our core values with all elected officials, including ensuring access to affordable care, promoting evidence-based medicine, safeguarding the patient-physician relationship, and prioritizing primary care as the foundation of the US health care system. We are committed to working with the incoming Congress and the Trump administration to build a health care system centered on comprehensive and continuous primary care.

Let me reassure you: The AAFP will always champion evidence-based medicine. Science, education, and advocacy guide our work because they are essential to the health and well-being of our communities. We will continue to advocate for evidence-based care and hold health care leaders accountable to these principles. On behalf of the Board of Directors, I promise you that the AAFP will be an agent of truth—always.

I know many of you are concerned about the growing national resistance to vaccines. Vaccines remain one of the most effective tools to prevent disease and save lives. As trusted partners, you play a vital role in educating your patients on the importance of vaccines. The AAFP is here to support members with resources and tools for informed conversations about vaccines and their profound impact on public health. As we continue to face declining rates of routine immunization and the heart of the winter respiratory illness season, I want to highlight a few of these resources:

- Patient education materials: We offer a variety of materials at **https://www.aafp.org/vaccines** to assist in patient discussions about vaccines, including fact sheets and infographics. You will also find resources on our patient-facing website, **https://familydoctor.org**, that can help your patients do their own research about vaccine safety and efficacy, including **https://familydoctor.org/vaccines/**.
- CME opportunities: To equip family physicians with tools to address vaccine hesitancy, we offer members free CME courses focused on boosting confidence in vaccines, including those for COVID-19 (**https://www.aafp.org/cme/all/covid-19/improving-pediatric-vaccination-rates.html**), pneumococcal disease (**https://www.aafp.org/cme/all/updates-to-acip-pneumococcal-recommendations.html**), and RSV (**https://www.aafp.org/cme/all/pulmonary-medicine/rsv-immunization-guidance-older-adults.html**).
- Advocacy initiatives: Advocacy comes in many forms. For the AAFP, it includes active collaboration with lawmakers to ensure vaccines remain accessible and affordable for all (**https://www.aafp.org/advocacy/advocacy-topics/prevention-public-health/vaccines-immunizations.html**), promoting health equity across our local communities, and behind-the-scenes meetings to educate leaders.
- Media outreach: The AAFP has an Immunization Resource Hub at **https://www.aafp.org/news/media-center/kits/immunization.html** for members of the media to use in their coverage of vaccination and immunization. Additionally, family physicians are trusted messengers of credible health information who are featured in countless media outlets, including *Fox News, Men's Health, NPR, The New York Times, Time, TODAY, WebMD, USA Today,* and *Woman's Day*.

Elections evoke a range of emotions. Each of us, shaped by our values and lived experiences, interprets election outcomes differently. Our family medicine community is diverse, representing a spectrum of political perspectives. What unites us is our shared commitment to family medicine, our patients, and the communities we serve. The AAFP is dedicated to supporting you in your clinical and professional work, regardless of the political landscape.

In a November 7 post at **https://www.aafp.org/news/blogs/aafp-voices/our-enduring-role.html**, I thanked you for serving your communities as the world changed around you. Today, I extend thanks again. Together, we remain a force for good — empowered by evidence, inspired by our mission, and steadfast in our commitment to health for all.

— AAFP President Jen Brull, MD, FAAFP