DATA SNAPSHOT

Using cFTE and wRVU Data in an Analysis of Salary Equity Among Assistant Professor Physicians

July 2026

Introduction

Compensation equity is a smart business practice organizations can use to recruit, engage, and retain their faculty physician workforce. Any compensation equity study should start with a comprehensive collection of robust workforce data to accurately understand existing issues and inequities. Compensation inequities have been demonstrated consistently among medical professionals across academic and nonacademic settings for decades by various organizations such as the AAMC and Doximity.[1-4] These compensation equity analyses have also shed light on the complex nature of compensation in academic medicine, with nuances that need to be accounted for and included in a sophisticated analysis of compensation. Because of this complexity, it is important that equity analyses include various components and determinants of compensation, such as effort allocation and productivity measures.[5]

Since many national compensation studies do not have access to faculty effort allocation and productivity data, recently, the AAMC started collecting information on assigned clinical effort or clinical full-time equivalent (cFTE) and work relative value units (wRVUs). Using cFTE and wRVU data in compensation analyses is important for understanding equity in academic medicine because it provides a standardized way to assess physicians' actual clinical workload and what is earned from that workload. Without accurate cFTE data, compensation analyses may be distorted by variations in clinical effort, administrative responsibilities, part-time status, or other nonclinical effort such as teaching — factors that often disproportionately affect groups that are typically found to be paid inequitably. Inequities in physician compensation often arise when productivity metrics don't reflect actual effort provided to the institution or clinical enterprise; when roles such as teaching, leadership, or caregiving-related schedule adjustments go unrecognized or undervalued; or when pay structures unintentionally reward those with fewer external responsibilities.[6-8] Understanding the full scope of effort is essential since nonclinical contributions can reduce pay-earning potential but still benefit the institution.

This data snapshot provides the AAMC's inaugural analysis of clinical effort and productivity data by gender for assistant professors. It aims to deepen our understanding of inequities in compensation and the opportunities to earn pay in academic medicine. These data can help institutions better understand what existing structures and cultural misconceptions may be contributing to inequities that they can then address through future salary equity initiatives.

Methods

Data used in this analysis come from the fiscal year (FY) 2024 AAMC Faculty Salary Survey (FSS).[9] The FSS is an annual survey that collects compensation information about full-time faculty members at U.S. medical schools accredited by the Liaison Committee on Medical Education (LCME®). The survey is voluntary; however, most schools complete the survey each year. In FY 2024, 156 of 158 medical schools completed the survey for a 99% response rate. Additionally, the FY 2024 survey included records that represented approximately 63% of all full-time faculty members when compared to full-time faculty reported in the AAMC's Faculty Roster (n = 139,635/220,409).[10]

Compensation data collected in the FSS include fixed or contractual salary, bonus or incentive pay, and medical practice supplement. These are aggregated and reported as total compensation. In FY 2019, the survey also began collecting information about wRVUs. In FY 2021, the survey began collecting information about cFTE, being defined as values ranging from 0.00 through 1.00, reported to the nearest hundredth decimal place, that reflect an institution's own definition of cFTE. Definitions of cFTE vary across institutions. Some definitions include a set number of expected clinical sessions or hours worked per week or per year, others start with 1.00 FTE and then subtract time for work in other mission areas or set a cFTE value for time committed to patient care regardless of whether students or residents are present.

wRVUs are defined as the work that reflects the relative time and intensity associated with furnishing a Medicare Physician Fee Schedule service, which is consistent with the Centers for Medicare and Medicaid Services' definition

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of wRVUs. wRVU data were collected from multiple sources, including the Clinical Practice Solutions Center, outsourced entities, the institution itself, or a blended metric. Demographic information collected in the FSS includes degree type, academic rank, department or specialty, race and ethnicity, and gender.

For the purposes of this analysis, the sample included 25,420 faculty who were assistant professors with an MD or equivalent degree — excluding MD-PhD holders — in clinical departments for which gender, cFTE, and wRVU data were reported. Clinical departments and specialties were aggregated into 21 categories, excluding Anesthesiology, Community Health, Preventive Medicine, and Other Clinical Sciences, due to differences in departmental structure and specialty compensation methodology. cFTE values were grouped into four categories: 0.10-0.25, 0.26-0.50, 0.51-0.75, and 0.76-1.00. Descriptive statistics, t-tests, and Mann-Whitney U tests were conducted to compare results by gender and significant differences were identified as $P \leq .05$.

Findings

This study included 25,420 full-time assistant professors with MD or equivalent degrees in select clinical departments, which represents 32% of full-time clinical assistant professors with MD or equivalent degrees (N = 78,821) at U.S. LCME-accredited medical schools in 2024, excluding faculty for whom gender data were not reported or who identified with "another gender identity."[10]

In examining faculty by reported cFTE, a larger percentage of men (67.5%) had a cFTE of 0.76-1.00 compared to women (55.9%). Conversely, a larger percentage of women (24.3%) had a cFTE of 0.56-0.75 compared to men (17.9%). Overall, men had a significantly higher mean cFTE than women cFTE (0.79 vs. 0.73) (Figures 1 and 2).
A larger percentage of men had a cFTE of 0.76-1.00 than women in all but two departments and specialties: Pathology and Radiation Oncology. Similarly, men had an overall higher mean cFTE than women in all but those two departments. The greatest mean differences in cFTE by gender were in Family Medicine and General Internal Medicine with men having a 0.09 greater mean cFTE than women (0.79 vs. 0.70 and 0.81 vs. 0.72, respectively) (Figures 1 and 2).

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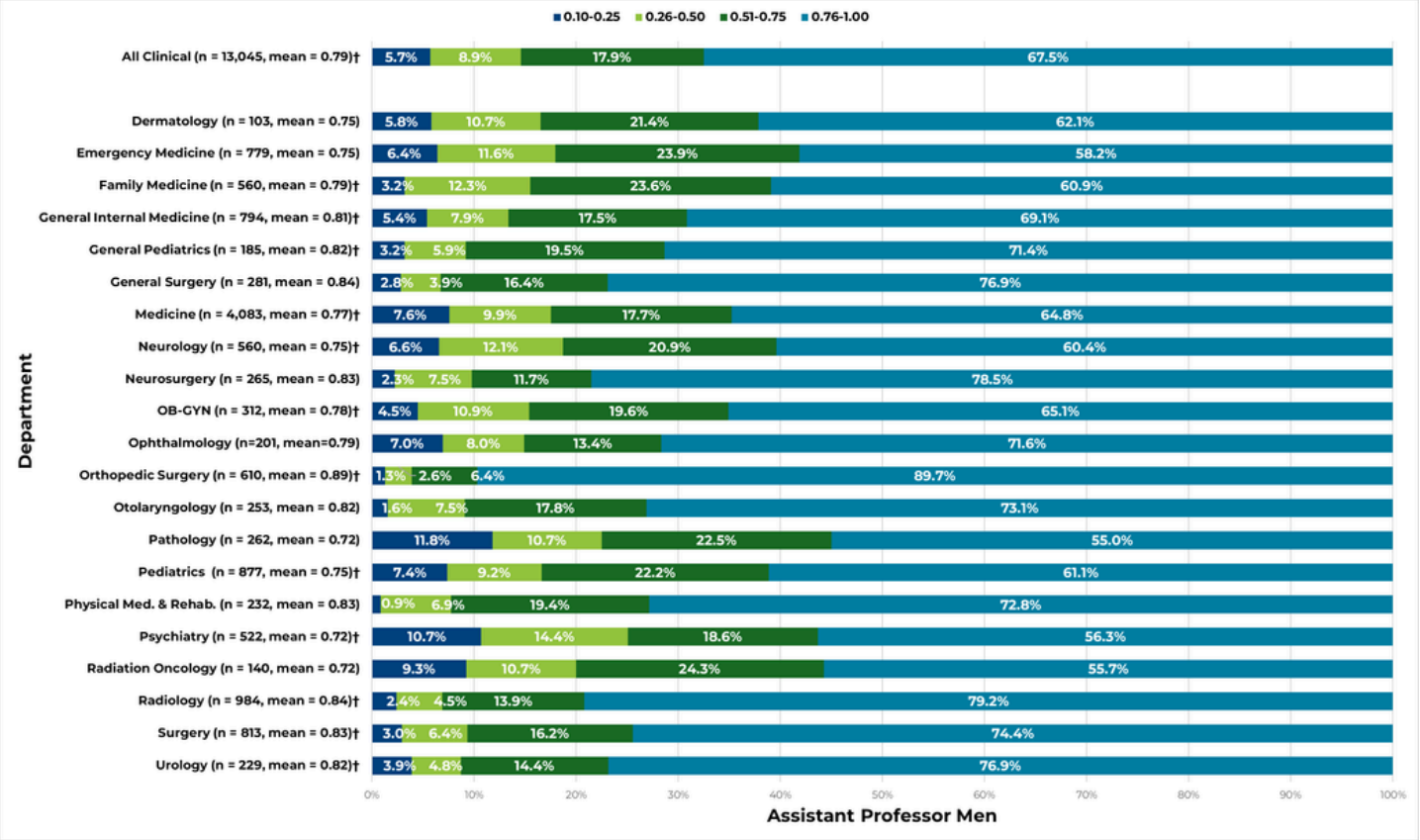

† Significant at P ≤ .05 in comparing men and women.
†† Some totals do not sum to 100% due to rounding.

Figure 1. Mean cFTE by department or specialty for assistant professor men.††

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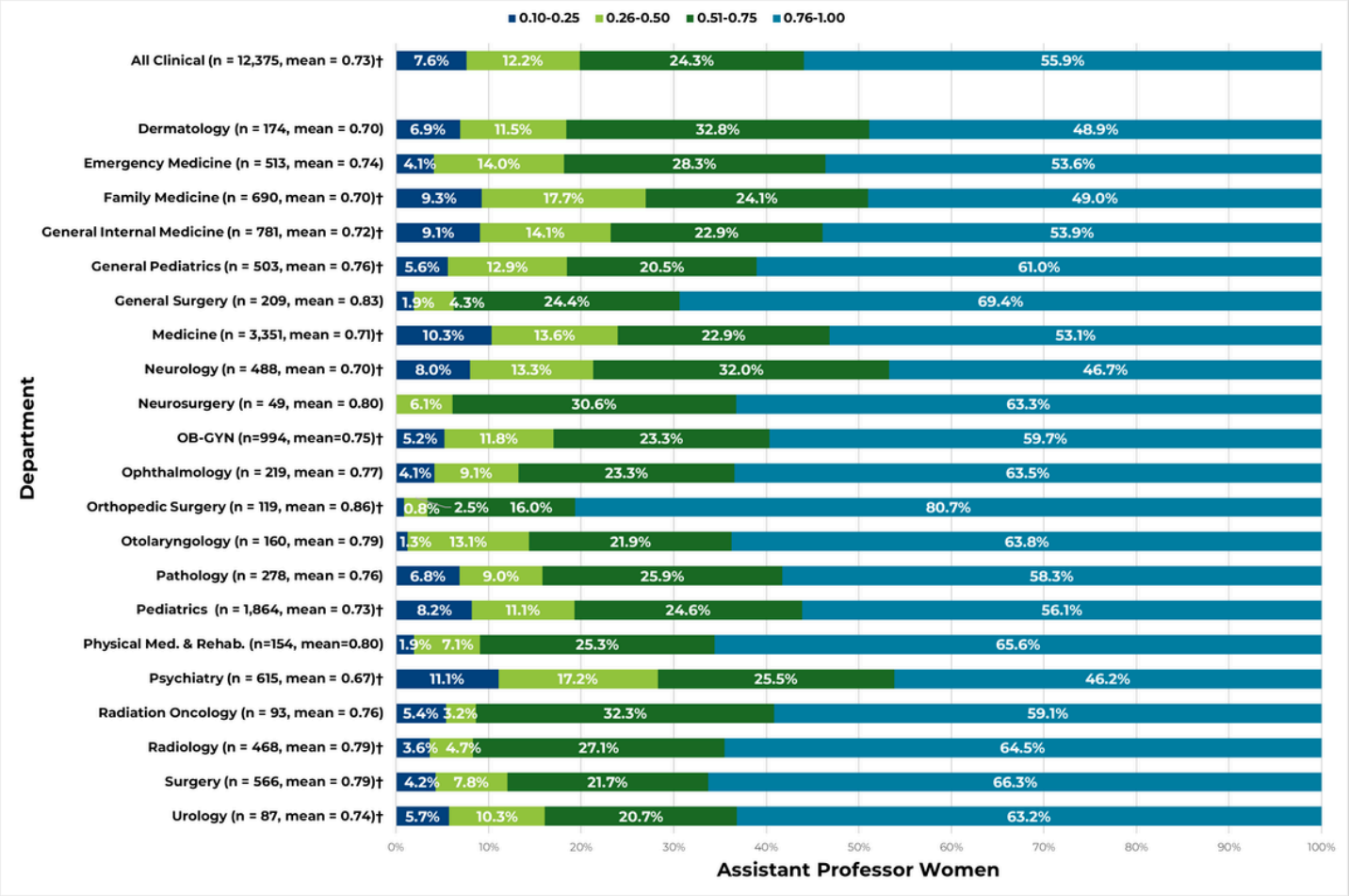

† Significant at P ≤ .05 in comparing men and women.
†† Some totals do not sum to 100% due to rounding.

Figure 2. Mean cFTE by department or specialty for assistant professor women.††

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Looking at assistant professor faculty with a mean cFTE of 0.51-0.75, both men and women have a mean cFTE of 0.65, yet women have significantly lower mean wRVUs (4,033 vs. 4,968) and a lower median compensation than men ($269,000 vs. $309,000). In many cases, men and women do not have large differences in cFTE, but in 13 of 21 departments, women have a significantly lower mean wRVUs than men, and in 10 departments, women have a significantly lower median compensation. Regardless of whether the difference was significant, women had lower mean wRVUs than men in all but one department (General Surgery) and a lower median compensation than men in every department (Table 1).

Table 1. Mean cFTE, Mean wRVU, and Median Compensation by Gender and Department/Specialty for Assistant Professor Faculty With a cFTE of 0.51-0.75

Department cFTE 0.51-0.75	N size	Mean cFTE	Mean wRVU	Median compensation (in thousands)
All clinical	Men (2,336)	0.65	4,968	$309
	Women (3,002)	0.65	**4,033***	**$269***
Dermatology	Men (22)	0.67	6,737	$408
	Women (57)	0.65	6,120	$390
Emergency Medicine	Men (186)	0.64	5,485	$332
	Women (145)	0.65	**4,992***	$321
Family Medicine	Men (132)	0.66	3,714	$239
	Women (166)	0.64	3,514	$237
General Internal Medicine	Men (139)	0.65	3,577	$258
	Women (179)	0.65	3,258	**$237***
General Pediatrics	Men (36)	0.65	3,961	$227
	Women (103)	0.65	**3,087***	**$198***
General Surgery	Men (46)	0.67	5,713	$413
	Women (51)	0.67	5,751	$375
Medicine	Men (723)	0.65	4,578	$300
	Women (768)	0.65	**3,560***	**$266***

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Neurology	Men (117)	0.66	3,722	$269
	Women (156)	0.65	**3,315***	**$244***
Neurosurgery	Men (31)	0.65	8,080	$702
	Women (15)	0.69	**5,314***	$585
OB-GYN	Men (61)	0.65	5,857	$374
	Women (232)	0.65	5,296	**$322***
Ophthalmology	Men (27)	0.66	7,118	$359
	Women (51)	0.66	5,878	**$295***
Orthopedic Surgery	Men (39)	0.67	7,470	$636
	Women (19)	0.67	**5,458***	**$497***
Otolaryngology	Men (45)	0.65	6,735	$384
	Women (35)	0.64	**5,322***	$365
Pathology	Men (59)	0.66	4,933	$274
	Women (72)	0.67	**4,136***	**$259***
Pediatrics	Men (195)	0.65	3,464	$245
	Women (459)	0.65	3,229	**$222***
Physical Medicine and Rehabilitation	Men (45)	0.67	4,654	$262
	Women (39)	0.67	**3,310***	$252
Psychiatry	Men (97)	0.65	2,844	$266
	Women (157)	0.64	**2,462***	$253
Radiation Oncology	Men (34)	0.66	8,674	$427
	Women (30)	0.66	7,611	$413

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Radiology	Men (137)	0.66	7,567	$458
	Women (127)	0.65	**6,636***	$446
Surgery	Men (132)	0.67	6,818	$477
	Women (123)	0.67	**5,353***	**$422***
Urology	Men (33)	0.64	6,675	$432
	Women (18)	0.64	**4,520***	$415

* Significant at P ≤ .05 in comparing men and women. Significance testing was not conducted on mean cFTE.

Among assistant professor faculty with a cFTE of 0.76-1.00, women had significantly lower mean wRVUs (5,125 vs. 6,612) and median compensation than men ($294,000 vs. $364,000). In particular, women had significantly lower mean wRVUs in 16 departments and a significantly lower median compensation in 18 departments. Regardless of whether the difference was significant, women had lower mean wRVUs in all but one department (General Pediatrics) and a lower median compensation in all but one department (Radiation Oncology) (Table 2).

Table 2. Mean cFTE, Mean wRVU, and Median Compensation by Gender and Department/Specialty for Assistant Professor Faculty With a cFTE of 0.76-1.00

Department cFTE 0.76-1.00	N size	Mean cFTE	Mean wRVU	Median compensation (in thousands)
All clinical	Men (8,805)	0.93	6,612	$364
	Women (6,921)	0.92	**5,125***	**$294***
Dermatology	Men (64)	0.90	9,459	$459
	Women (85)	0.88	8,065	**$400***
Emergency Medicine	Men (453)	0.92	6,885	$334
	Women (275)	0.92	6,535	**$325***
Family Medicine	Men (341)	0.95	5,352	$279
	Women (338)	0.94	**4,764***	**$250***
General Internal Medicine	Men (549)	0.94	5,045	$305
	Women (421)	0.93	**4,420***	**$260***

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General Pediatrics	Men (132)	0.93	4,262	$242
	Women (307)	0.93	4,331	**$223***
General Surgery	Men (216)	0.93	7,373	$459
	Women (145)	0.93	**5,769***	**$390***
Medicine	Men (2,644)	0.93	5,867	$335
	Women (1,781)	0.92	**4,526***	**$290***
Neurology	Men (338)	0.91	4,284	$295
	Women (228)	0.90	**4,011***	**$265***
Neurosurgery	Men (208)	0.91	10,361	$750
	Women (31)	0.88	**6,962***	$704
OB-GYN	Men (203)	0.92	6,837	$368
	Women (593)	0.90	**6,156***	**$335***
Ophthalmology	Men (144)	0.91	8,725	$347
	Women (139)	0.91	**7,121***	**$307***
Orthopedic Surgery	Men (547)	0.93	10,129	$611
	Women (96)	0.92	**7,102***	**$496***
Otolaryngology	Men (185)	0.92	8,721	$436
	Women (102)	0.92	**6,694***	**$390***
Pathology	Men (144)	0.92	5,573	$288
	Women (162)	0.92	5,326	$278
Pediatrics	Men (536)	0.91	4,529	$253
	Women (1046)	0.91	**4,182***	**$238***

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Physical Medicine and Rehabilitation	Men (169)	0.92	5,753	$315
	Women (101)	0.91	**4,692***	**$264***
Psychiatry	Men (294)	0.93	3,414	$278
	Women (284)	0.91	3,182	**$262***
Radiation Oncology	Men (78)	0.89	10,085	$439
	Women (55)	0.89	**8,568***	$445
Radiology	Men (779)	0.92	8,849	$482
	Women (302)	0.91	**8,268***	**$459***
Surgery	Men (605)	0.93	7,416	$481
	Women (375)	0.91	**5,912***	**$425***
Urology	Men (176)	0.92	8,275	$460
	Women (55)	0.89	**6,419***	**$419***

* Significant at P ≤ .05 in comparing men and women. Significance testing was not conducted on mean cFTE.

Conclusion

While these data are an initial look at cFTE and wRVU trends, this data snapshot offers evidence to refute long-standing cultural narratives that pay inequities are largely due to differences in how much men and women faculty physicians work. Although these data do have some methodological limitations (e.g., the wRVU data are not normalized), these findings illustrate significant differences by gender in wRVUs and median compensation, even when cFTE allocations are similar. It should also be noted that this analysis only examines salary equity among assistant professors, who typically have a smaller gender pay gap than other faculty ranks, where we might see even greater inequities across all ranks.

These data also provide myriad insights that leaders in academic medicine can use when strengthening their fair pay practices. Institutions should include cFTE and wRVU data alongside demographic data in their compensation equity analyses to better understand differences that may exist among their physician faculty. In doing so, institutions can better understand where faculty direct their effort and how nonclinical contributions that benefit the institution, such as teaching or leadership, may reduce cFTE allocations and wRVU generation, ultimately limiting pay-earning potential. Including cFTE and wRVU data in compensation equity efforts should be part of an institution's comprehensive approach to achieving fair pay.[11]

These results also support existing research that documents — that while working similar hours to men — women bill at lower rates, are reimbursed less, spend more time on patient care, and spend more time on tasks that are not remunerated (such as logging electronic medical records, responding to patient messages, spending more time with patients in exams, etc.).[12,13] Further, research indicates that men may be more frequently assigned more highly reimbursed procedures and thus generate more wRVUs than women.[14] One area that institutions should carefully monitor, as this study suggests, is compensation among early-career faculty physicians coming out of residency. Because these faculty likely have similar experience and role expectations, institutions can make a large impact on ensuring compensation equity by working to reduce inequities for junior faculty at the start of their careers.[15-17]

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Lastly, these results demonstrate that more data are required to truly understand the state of compensation equity and, more broadly, to understand how faculty are contributing to the institution in meaningful ways that benefit their patients. Nevertheless, by anchoring compensation analyses to clinical effort and productivity metrics, organizations can explore inequities that might otherwise remain invisible, support fair comparisons across specialties and roles, and build transparent systems that reward work equitably.

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