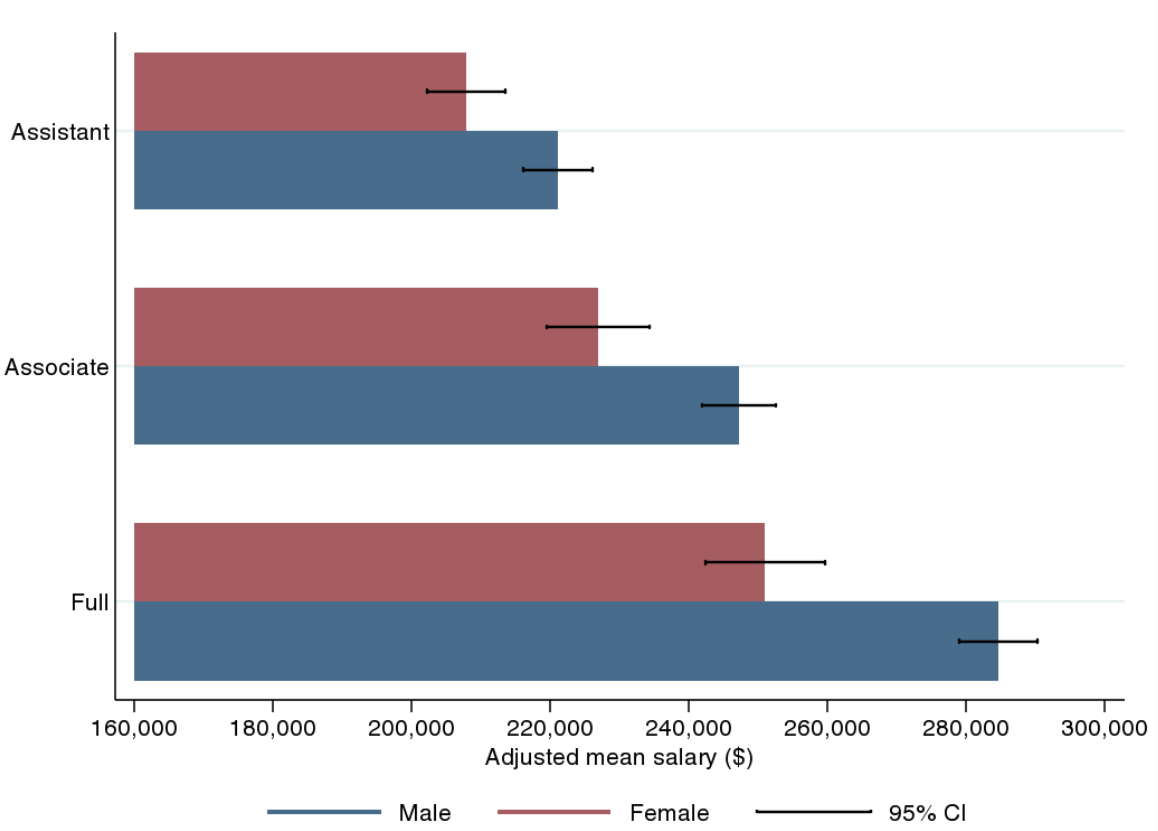
ONLINE SUPPLEMENT

eFIGURE 1 – Sex differences in salary according to faculty rank



Notes: Faculty rank-specific sex differences in salary were estimated using a multivariable linear regression of salary as a function of age, years of experience, sex (interacted with faculty rank), NIH funding, publication count (total as well first or last authored publications), clinical trial participation, and Medicare payments.

eTABLE 1 – Sensitivity analyses

	Adjusted Salary ($)		
	Male	**Female**	**Difference (95% CI)**
Different Sample Constructions			
Physicians self-registered with Doximity	255,825	233,843	21,982 (15,073-28,890)
Physicians with NIH Funding	268,165	245,666	22,499 (9,465-35,533)
Physicians in top three quartiles of earners within specialty and institution	287,492	259,244	28,248 (22,927-33,568)
Different Model Assumptions			
Physician years of experience as categorical variable	247,082	227,396	19,686 (15,153-24,218)
NIH grants and clinical trials included as count rather than binary variables	247,747	227,218	20,129 (15,507-24,751)
By Census Region			
Midwest	213,568	200,168	4,541 (-6,322-15,404)
South	243,920	222,116	16,044 (8,994-23,093)
West	270,404	230,989	33,042 (25,171-40,913)

Notes: eTable 1 presents the results of several sensitivity analyses. First, to address the potential impact of data inaccuracies in our measures of research productivity, we re-estimated the earnings model among registered physician members who themselves provide information in their own Doximity profiles. Second, although we used Medicare reimbursements as a proxy for clinical revenue and effort, it is possible that physicians on different faculty tracks (e.g., clinical vs research) or with varying work hours (e.g., full vs part time) may be compensated differently, which could confound sex differences in faculty rank. We therefore analyzed sex differences in earnings among faculty with NIH funding, who we assumed were more likely to be full-time researchers. Moreover, to further address this issue, we re-estimated our earnings model excluding the bottom 25% of earners in each specialty and institution (therefore, restricting sample to those in the top three quartiles of earnings within specialty and institution) to limit the sample to those physicians more likely be in full time rather than part time positions Third, we assessed the sensitivity of adjusted sex differences in earnings to models which included years since residency as a categorical variable (rather than continuous, to allow for non-linear effects of experience on earnings) and which included counts of NIH grants and clinical trials as opposed to binary indicators for each. **eTable 1** also reports the absolute adjusted difference in salary between male and female physicians according to each three Census regions in which schools were located (Midwest, South, and West).