

3 misconceptions about what drives medicine's gender pay gap

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Female physicians earn significantly less than their male counterparts. The reasons for this are numerous and layered. The same can be said of potential remedies.

For the medical students who will soon shape medicine's future, rectifying the gender pay disparity requires understanding.

Let's take a look at some common misconceptions surrounding the wage gap.

Misconception: Specialty choice is the driving cause. On the surface, it may seem as though the breakdown of specialty choice by gender can shed some light on the gender wage gap among physicians.

Among the top specialty choices of female residents, only dermatology, with an annual average compensation of \$392,000, ranks in the top 10 highest-paying specialties, according to 2018 survey data from Medscape.

There are, however, significant pay disparities by gender within medical specialties. According to that 2018 report, male specialists made \$358,000 annually on average. That figure is 36 percent higher than the \$263,000 average salary among female specialists.

The numbers are less lopsided in primary care, but a stark difference remains—men in those fields make on average \$239,000, 18 percent more than women who earn \$203,000 on average.

Misconception: It’s all about hours, experience. Even taking into account extenuating factors doesn’t entirely explain medicine’s gender wage gap. A study of U.S. public medical schools, published in *JAMA Internal Medicine*, found “significant sex differences in salary exist even after accounting for age, experience, specialty, faculty rank, and measures of research productivity and clinical revenue.”

That study, which analyzed gender differences in academic physician salary among 10,241 physicians in 24 public medical schools, found that the salary differences were more pronounced at the highest faculty levels with the adjusted salaries of female full professors (averaging \$250,971) registering as comparable to those of male associate professors (averaging \$247,212).

Misconception: Men take on more tasks to land big pay. There is a thought that because of a variety of gender-role factors, men may be more likely to pursue career opportunities—undesirable call shifts, administrative commitments or leadership roles—that lead to higher pay in the long run.

This notion, highlighted by Vineet M. Arora, MD, in a commentary that was published alongside the *JAMA Internal Medicine* study, has also been debunked. Dr. Arora noted a 2015 study of gender pay disparities among hospitalists. The research found that women were more likely to be working night shifts despite having lower salaries.

The AMA has policy to address the gender disparities in physician income. Most recently, at the 2018 AMA Annual Meeting, the Association’s House of Delegates agreed to push for pay structures based on objective, gender-neutral criteria, while simultaneously promoting greater transparency in compensation processes and mitigating implicit bias.

AMA President Barbara L. McAneny, MD, addressed the topic in a column, “Challenging gender bias in the house of medicine.”

Thirty percent of the AMA Board of Trustees are women, including Dr. McAneny and AMA President-elect Patrice A. Harris, MD.