Compensation Equity for Female Physicians
(and everyone else)

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AMA House of Delegates Meeting
APS and Academic Medicine Caucus

Main points

- Compensation is complex, requires thoughtful analysis
- Bias can creep in unintentionally, at many points
- We don't have to get rid of all inequality – the goal is to understand it and make decisions that are transparent and consistent with explicit social contracts

JAMA Internal Medicine | Original Investigation

Sex Differences in Physician Salary in US Public Medical Schools

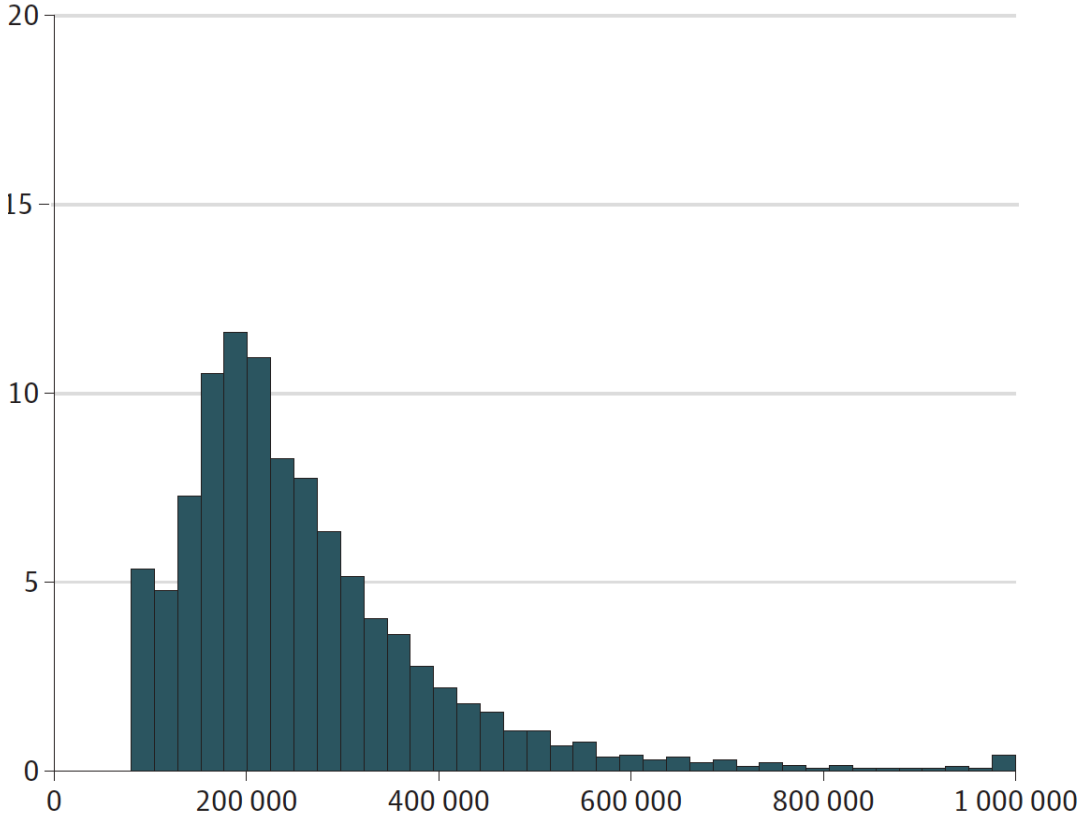
Anupam B. Jena, MD, PhD; Andrew R. Olenski, BS; Daniel M. Blumenthal, MD, MBA

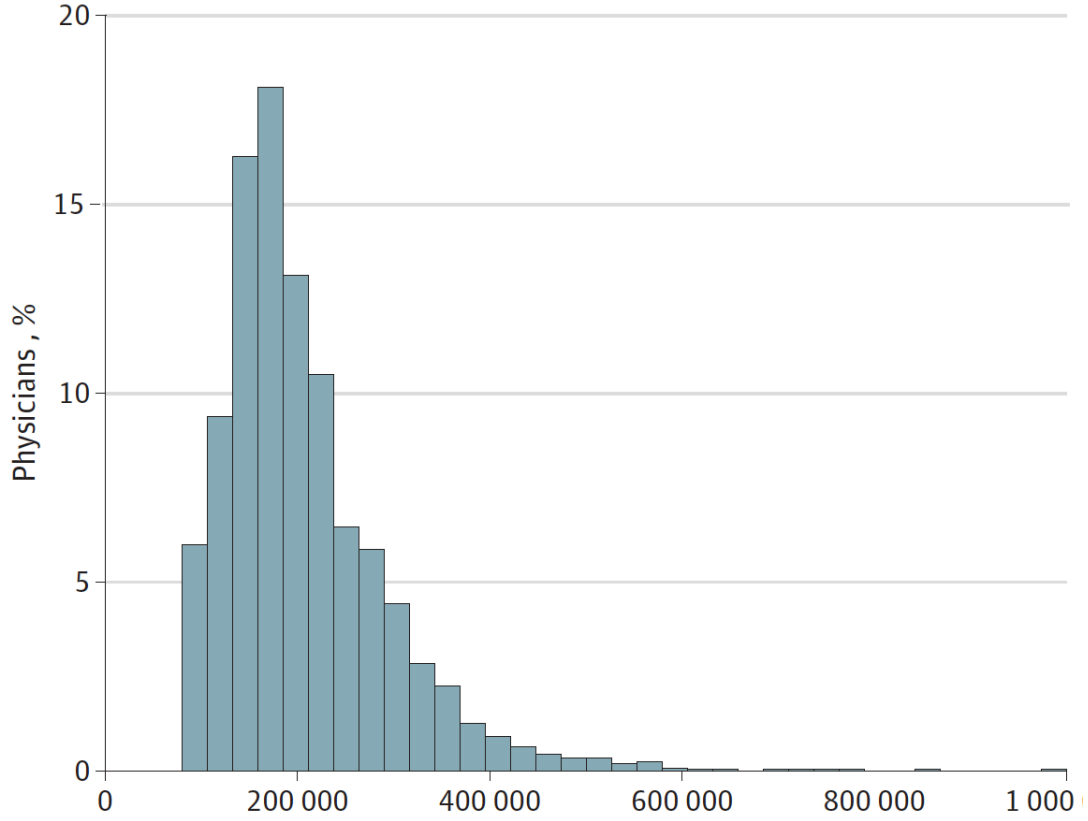
Adjusted for many things

- Age
- Years since residency
- Faculty rank
- Specialty
- NIH funding
- Clinical trial

- Publication count
- Top 20 medical school
- Clinical productivity
- Medical school–level fixed effects

Unexplained $19,878 difference in salary





Original Contribution

FREE

June 13, 2012

Gender Differences in the Salaries of Physician Researchers

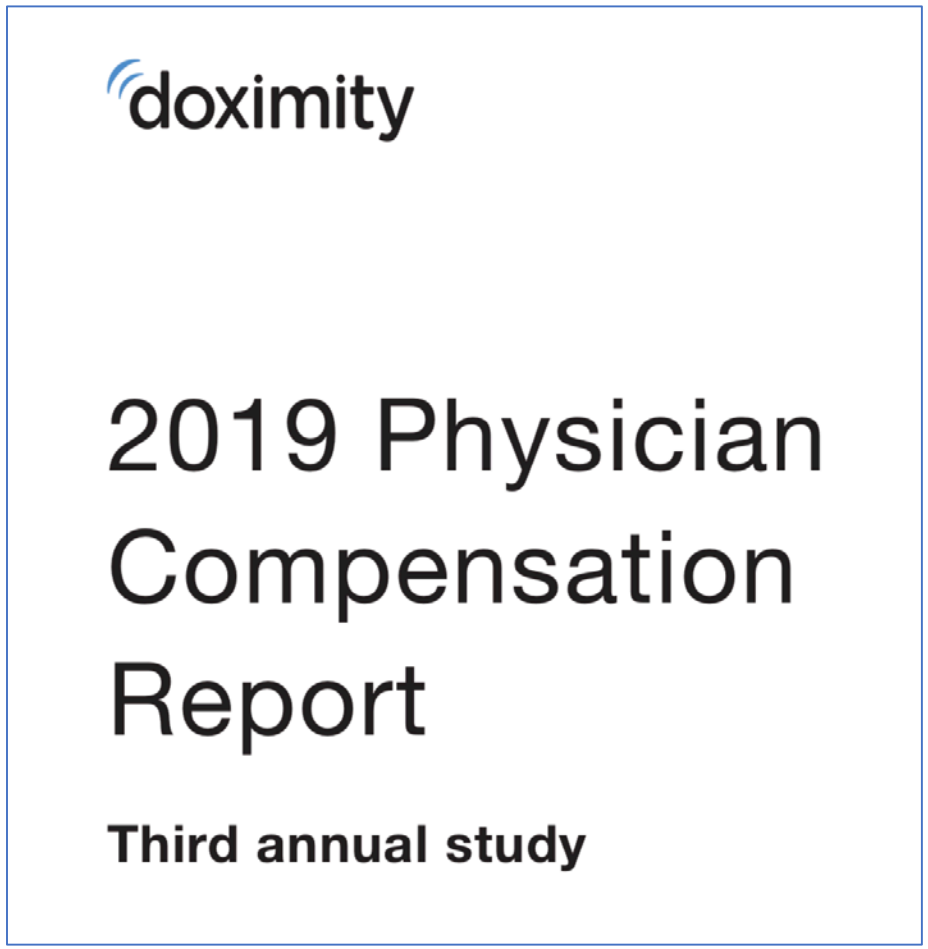
Reshma Jagsi, MD, DPhil; Kent A. Griffith, MS; Abigail Stewart, PhD; et al

» Author Affiliations | Article Information

JAMA. 2012;307(22):2410-2417. doi:10.1001/jama.2012.6183

Unexplained $13,399 difference in salary

Gender
Age
Race
Marital status
Parental status
Additional graduate degree
Rank
Leadership
Specialty nature
Specialty pay level
Current institution type
Current institution region
Current institution NIH funding rank group
Whether the respondent had changed institutions
K award type
Years since K award
K award funding institute
Receipt of R01 or greater than $1 million in grants
Publications
Work hours
Percentage of time spent in research



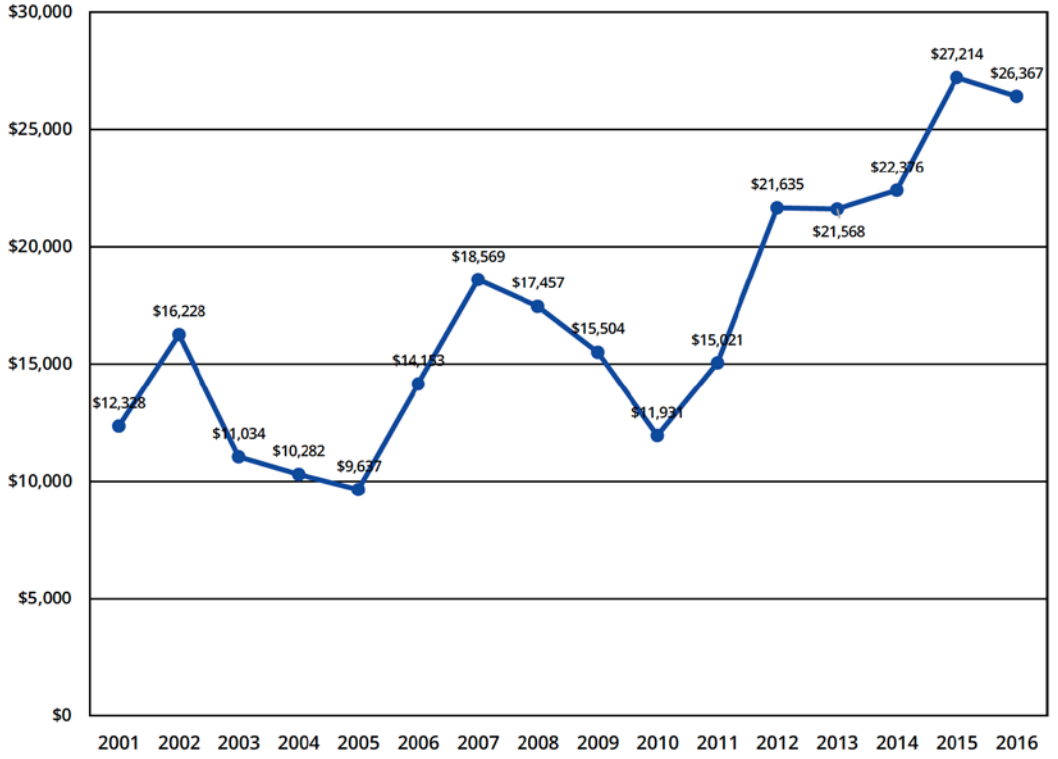
Female physicians earned $90,490 less, on average, than male physicians

Overall, female physicians earned $1 for every $1.25 male physicians earned

CHWS
Center for Health Workforce Studies

RESEARCH BRIEF
January 2018

Figure 1. Gender Differences in Physician Income in 2016 Dollars, 2001-2016



Source: Center for Health Workforce Studies, New York Resident Exit Survey, 2001-2016

Things compensation **explicitly** differs by in an academic setting

- Specialty
- Degree / field
- % FTE
- Academic rank
- Leadership roles
- {High desirability recruit}

Things compensation might be affected by **unintentionally**

- Gender
- Race / ethnicity
- Sexual orientation
- Country of origin / primary language
- Marital status
- Parenthood status

Things that **might** be influencing compensation

- Clinical productivity (RVUs)
- Actual clinical hours worked (overtime, etc.)
- Types of hours worked (weekends, call, ward vs clinic)
- Research or other grants
- Academic productivity
- Service productivity
- Patient satisfaction metrics
- Advanced degrees
- Family or sick leave

Components of Compensation

- Base salary
- Starting bonuses
- Clinical bonuses
- Academic bonuses
- Discretionary funds & resources
- Role buy-down

Components of Compensation

- **Base salary**
- Starting bonuses
- Clinical bonuses
- Academic bonuses
- Discretionary funds & resources
- Role buy-down

- Highly prone to inequity if not standardized
- Should be independent of prior salary or will perpetuate inequity
- Consider:
  - How annual % increases are allocated
  - **How family leave may affect annual % increases**
  - Time to promotion

Components of Compensation

- Base salary
- **Starting bonuses**
- Clinical bonuses
- Academic bonuses
- Discretionary funds & resources
- Role buy-down

- Moving expenses
- Research or program **"start up" packages** that accelerate productivity
- Open to negotiation means open to bias

Components of Compensation

- Base salary
- Starting bonuses
- **Clinical bonuses**
- Academic bonuses
- Discretionary funds & resources
- Role buy-down

- RVU-based = fair? (not necessarily)
- Variable calculators
- Variable access to higher RVUs: patient allocation, shift allocation, site allocation
- Patient satisfaction scores are biased

Components of Compensation

- Base salary
- Starting bonuses
- Clinical bonuses
- **Academic bonuses**
- Discretionary funds & resources
- Role buy-down

- Complex, value of activities can be subjective
- "Housekeeping" work tends to be gendered and undervalued
- Consider steep differentials in inclusion and opportunity

Components of Compensation

- Base salary
- Starting bonuses
- Clinical bonuses
- Academic bonuses
- **Discretionary funds & resources**
- Role buy-down

- Includes seed funds, administrative support, professional allowance, publication fees
- Another "hidden" resource that can affect clinical productivity, quality of work, time spent at work, service and scholarly output

Components of Compensation

- Base salary
- Starting bonuses
- Clinical bonuses
- Academic bonuses
- Discretionary funds & resources
- **Role buy-down**

- Large potential for inequity, can "explain away" pay differential and essentially adjust for bias
- Consider:
  - Examining models with and without this variable
  - Stratify model, examine within-group pay gap among leaders

Solutions

- Standardize salaries
- Benchmark against AAMC or other regional data
- Do not ask for salary history when hiring
- Do not penalize for discussing salaries
- Transparency in all compensation decisions
- Salary audits

- Equity in things that impact compensation:
  - Clinical allocations
  - Promotion
  - Leadership positions
  - Buy down
  - Administrative support
- Avoid penalizing family leave