Compensation Equity for Female Physicians
(and everyone else)

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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
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
Gender Differences in the Salaries of Physician Researchers

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.
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