



HEALTH POLICY ISSUE BRIEF

# Gender Pay Gap in Medicine

*This health policy issue brief helps family physicians and their care teams advocate for gender equity in compensation policies within their health systems and with legislators. It is an American Academy of Family Physicians position that physician compensation should be based on the quality and value of care, as well as the patient experience, rather than physician productivity. The AAFP also believes that salary, benefits and compensation package policies should foster equity and reflect the family physician's leadership of the care team.*

## Key Messages

- Female family physicians are estimated to earn \$1.84 million less than male family physicians throughout a 30-year career,<sup>1</sup> primarily due to gender bias.
- Compensation per patient visit should not vary based on the gender of the practicing physician. While female physicians spend more time with patients, document more diagnoses and make more orders than their male counterparts,<sup>2</sup> their pay does not reflect this. In fact, female physicians' attention to patients greatly contributes to the quality of care patients value.
- After accounting for many different factors, the most likely explanation for the persistence of the gender pay gap among physicians is gender bias.<sup>3</sup>

## UNDERPAID AND UNDERVALUED

Family physicians are underpaid relative to other physician specialists, who sometimes earn more than twice as much.<sup>4</sup> Moreover, female physicians start from a place of inequity relative to male physicians at the outset. The gender pay gap in medicine, like in many other professions, refers to the disparity in earnings between male and female physicians. Female physicians who are also mothers report experiencing discrimination due to their roles as mothers, contributing to burnout.<sup>3</sup> They also report experiencing psychological barriers like gender stereotyping.<sup>5</sup> Issues related to the gender pay gap have been persistent in medicine and continue despite advances in gender equality and increases in female representation in health care.

The average salaries of female primary care physicians are 19% lower than those of their male peers, according to the Medscape Physician

Compensation Report 2023.<sup>6</sup> When controlling for hours worked and experience, female family physicians earn 15-16% less per hour than their male counterparts only three years after residency when experience and seniority should be less likely to impact gender wage disparity.<sup>7</sup> Based on this hourly wage deficit and accounting for 2.9% annual inflation, a female physician is estimated to earn \$1.84 million less than her male peer throughout a 30-year career.<sup>1</sup> A gender wage gap persisted even after accounting for differences in physician demographics, career advancement, physician experience (years in practice), compensation model, personal preferences and practice location, meaning that the most likely explanation for the wage gap is gender bias.

## DISRUPTING HARMFUL NARRATIVES

All family physicians and members of the care team can play a role in disrupting the harmful narratives that reinforce assumptions about female physicians that contribute to gender bias. A significant assumption often made about the gender pay gap is that female physicians work fewer hours, yet data show that to be untrue<sup>2</sup>

**Reasons for the lack of gender pay parity, such as “women elect to work fewer hours” or “female physicians are less productive than their male peers,” are not supported by evidence.<sup>1</sup>**

One study examining national all-payer claims and electronic health record data found that while female primary care physicians generated slightly less revenue than male PCPs, the reason for the discrepancy was apparent. Female PCPs spend more time tracking the patient visit in the EHR,<sup>2,8</sup> and more importantly, they spend more time with patients documenting more diagnoses, placing more orders and spending more time counseling and employing shared decision-making during the visit.<sup>2</sup> Another study showed that female physicians engaged in significantly more patient-centered communication.<sup>9</sup> This included discussions that included partnership behaviors, positive talk, psychosocial counseling, asking questions and emotional support, which can often be non-compensated activities. It is important to note that although female physicians spend their time differently than males, time spent does not show a lack of efficiency<sup>9</sup> but does reflect a more patient-centered approach to medicine.

**On average, female physicians spend more time on<sup>8,9</sup>:**

**Face-to-face visits**

**Nonbillable services (e.g., counseling)**

**Non-face-to-face follow-up care**