POLICY BRIEF

Lifetime Impact of the Gender Wage Gap in Family Medicine

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The gender wage gap in early-career family medicine results in female physicians earning nearly $32,000 less annually than their male counterparts, with significant lifetime financial impacts. Modeling this disparity over a 25-, 30-, and 35-year career reveals that, without interventions, female physicians could accumulate $2.0 to $4.4 million less than male physicians, underscoring the need for systemic changes to address gender-based pay inequities in the medical profession. (J Am Board Fam Med 2025;38:373–374.)

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The gap in annual compensation between female and male physicians is a well-documented problem.[1] Recent estimates in family medicine suggest that just 3 years after residency training, female physicians earn nearly $32,000 less per year than their male counterparts, even after controlling for key factors such as hours worked and subspecialty.[2] The estimated lifetime financial impact of the annual wage gap has received less attention in the literature.

Using data from the 2017 to 2020 waves of the American Board of Family Medicine National Graduate Survey (n = 8,457),[2] we modeled the impact of disparities in earnings across a 25-, 30-, and 35-year career. For this analysis, we assume that the gender wage gap of $31,804 for recent graduates remains fixed over a physician's career. As seen in Figure 1, the dotted line represents the accumulated impact of the pay gap if invested annually at a historically moderate rate of return (ie, 7%),[3] whereas the solid line shows the accumulated impact of the uninvested pay gap (eg, if the funds were spent annually).

This figure demonstrates the effects of the annual wage gap under 2 scenarios: (1) merely summing the wage gap for each year over a career without recognizing the earning potential of lost income and (2) compounding annual wages lost at a relatively moderate rate of return. By the end of a 25-year career, even if the annual difference in earnings is not invested, a female family physician's wealth accumulation could trail that of a male family physician by nearly $800,000, but this figure could feasibly be over $2.0 million if the difference is invested. Carrying this analysis out to the end of a 30- or 35-year career, this difference could expand to as much as $1.0 and $1.1 million, respectively, if left uninvested, and $3.0, and $4.4 million, respectively, if invested. While individual use of earnings and resulting returns will vary, failing to recognize the lost opportunity of investing these funds grossly understates the potential lifetime impact of the gender wage gap.

The estimated trajectory of financial disparity in this analysis emphasizes how short-term differences in income can compound and become substantial differences in wealth over time. Previous studies have shown that factors that are under the direct control of the physician herself, such as hours worked, principal practice activity, or subspecialty chosen do not completely explain the gap suggesting that there are systemic inequities that are contributing.[4] For example, research has demonstrated that the current payment systems in the United States, which is productivity based, does not favor the work patterns of female physicians who tend to spend more time with their patients.[5] Other studies

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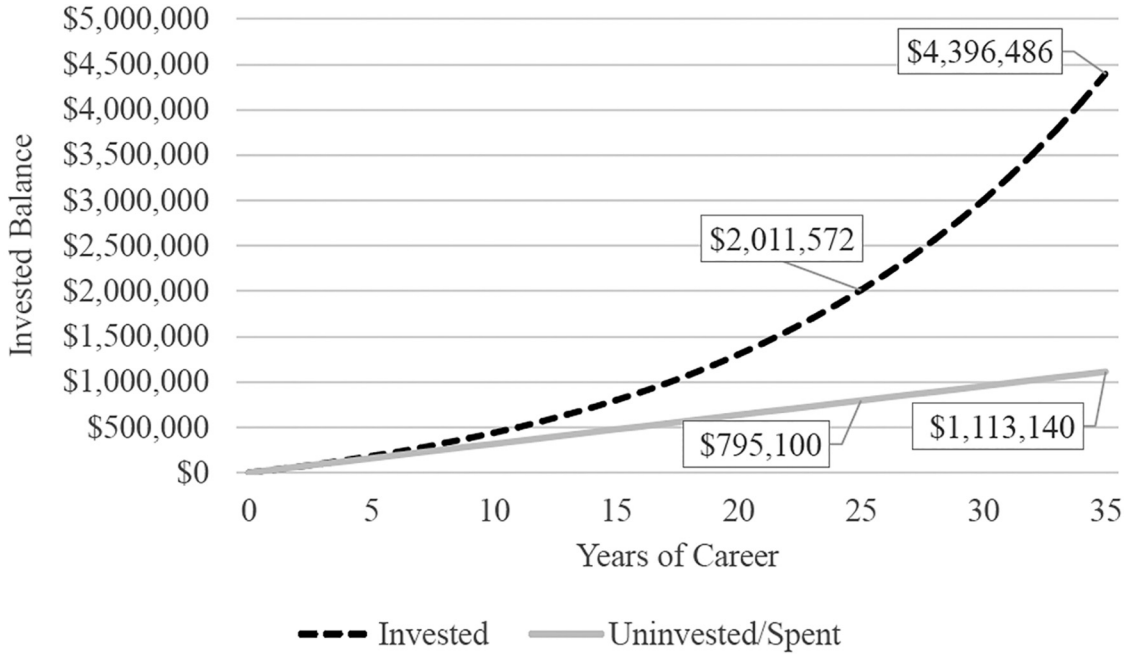
Figure 1. Estimation of the lifetime impact of earning differences between male and female family physicians.



demonstrate that while negotiation is important, women can be unfairly penalized for negotiating.[6] Together these factors highlight the need for systemic interventions to address gender-based pay inequities.[2] Policy makers should consider equal pay legislation, transparency in salary structures, career support programs, educational campaigns, monitoring, and continuous evaluation. Addressing these policy recommendations is imperative not only for the fairness and equity of compensation among medical professionals but also for the overall health and sustainability of the health care system.

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