



# The Gender Pay Gap in Medicine: Current Efforts to Address an Age-Old Problem

YALDA JABBARPOUR, MD

The wage gap between male and female physicians has persisted for decades, despite evidence that women provide care equal to or better than their male counterparts.<sup>1,2</sup> In family medicine, women earn approximately 16% less than men after controlling for seniority and hours worked,<sup>3</sup> resulting in a difference of \$1.8 million over a 30-year career, according to one study.<sup>4</sup> While estimates of the pay gap's magnitude vary, two aspects remain consistent throughout the literature: 1) the gap exists, and 2) much of it is beyond the control of individual physicians. Still, there are some steps individual physicians can take, and we should understand the reasons behind the gap so we can advocate for systemic change.

## WHY THE GENDER WAGE GAP EXISTS

Research has identified several contributors to the gender wage gap. Women in family medicine are underrepresented in highly compensated practice settings, such as urgent care centers, and overrepresented in lower-paying settings, such as federally qualified health centers and academic institutions. Other contributors are related to practice patterns: Women often spend more time with each patient, which reduces the total number of patients they see per session.<sup>5</sup> In a system where compensation is often tied to relative value units (RVUs) generated, this impacts salaries.

But even after controlling for these factors, the gender wage gap persists, indicating that it is not solely driven by practice patterns, practice type, or location.<sup>6</sup>

Gender-based social constructs also play a role in the wage gap. The societal expectation that women are more empathetic or better communicators may influence their tendency to spend more time with patients, serve as educators, and work in safety-net settings serving vulnerable populations.<sup>7</sup> These same societal norms often place a disproportionate burden of household, child, and elder care on women, which can lead to reduced clinical hours or career interruptions and further impact earnings.

This begs the question: Should women adapt their practice styles to the current system, or should the system evolve? Given the evidence that women frequently deliver high-quality care and achieve higher patient satisfaction ratings, it is reasonable to argue that the system should adapt.

## EFFORTS TO ADDRESS THE WAGE GAP

Moving away from the fee-for-service model that rewards volume and instead adopting payment structures that reward value would help

**Why do women in family medicine earn approximately 16% less than men, and what can be done to narrow the gap?**

Given the evidence that women frequently deliver high-quality care, it is reasonable to argue that the system should adapt.

### ABOUT THE AUTHOR

Dr. Jabbarpour, a family physician, is vice president of science and clinical strategy at the American Academy of Family Physicians and director of the Robert Graham Center for Policy Studies in Washington, D.C. Author disclosure: no relevant financial relationships.

narrow the gender wage gap. Other potential reforms include reimbursement parity between Medicaid and private insurers to support higher wages in safety-net clinics. While progress has been made in some of these areas, significant work remains.

Achieving gender wage equity in family medicine will also require efforts at the individual and organizational level, such as the following:

**Tracking the evidence:** Change starts with measurement. The AAFP's Robert Graham Center has a portfolio of work dedicated to the gender wage gap, with more than a dozen projects, publications, and presentations available on the center's website.<sup>8</sup>

**Wage transparency:** Salary data empowers physicians to negotiate effectively and make informed decisions about employment. While many health systems assert that salaries are non-negotiable and determined by factors such as specialty, revenue generation, and seniority, physicians still have choices about where they work. Moreover, some health systems offer additional compensation opportunities such as bonuses or salary supplements for leadership roles. It is especially crucial for women to understand these options as they negotiate and advocate for their total

committees, which women disproportionately engage in.<sup>9</sup>

**Salary history bans:** Prospective employers often base salary offers on an applicant's past wages. Because female family physicians frequently start with lower salaries than their male counterparts for various reasons (including the differences in practice setting noted above), this can cause the pay gap to persist throughout their careers. Policies that prohibit health systems from considering salary history can mitigate these disparities and promote more equitable compensation.

**Academic promotion practices:** Many family physicians work in academic settings where faculty rank directly influences salary. However, extensive data shows that women tend to advance more slowly in rank than men.<sup>10</sup> Academic medical centers can address this disparity by revising promotion criteria to value contributions beyond grant funding, a metric that often favors men.<sup>11</sup> Additionally, they can ensure equitable representation of women on search committees and guarantee that leadership opportunities are widely advertised rather than privately offered to a select few.

**Mentorship:** Effective mentors can help women negotiate better salaries, identify career opportunities, and navigate systemic barriers. Physicians may find mentors within their institutions, but the AAFP also offers a directory of career coaches, many of whom are family physicians themselves (<https://www.aafp.org/family-physician/practice-and-career/managing-your-career/career-coaching-for-physicians.html>).

**Negotiation skills:** Women may benefit from training in negotiation techniques to advocate for themselves in salary discussions, bonus allocations, and leadership opportunities. The AAFP has many resources to help physicians with negotiation skills, including a course specifically designed to address gender equity.<sup>12</sup>

## MORE WORK TO DO

The gender wage gap in medicine is a multifaceted issue rooted in systemic and social

Effective mentors can help women negotiate better salaries, identify career opportunities, and navigate systemic barriers.

compensation. Although health systems typically publish salary ranges, they are often broad and provide limited practical guidance. Tools like the AAFP's Career Benchmark Dashboard (<https://www.aafp.org/worth>) allow family physicians to share and compare salary information, facilitating better career choices. More organizations could also be encouraged to provide financial incentives for nonclinical activities, such as volunteering to be on

Send comments to [fpm@afp.org](mailto:fpm@afp.org), or add your comments to the article online.

factors. While individual efforts such as mentorship and negotiation skills can help narrow the gap one physician at a time, true equity will require systemic change in how physicians are paid. Transforming the health care reimbursement system to reward value over volume and to pay for nonclinical contributions such as teaching would not only narrow gender wage disparities but also improve the quality of care. Achieving gender wage equity is therefore not just a matter of fairness; it is an investment in the future of health care. **FPM**

1. Dahrouge S, Seale E, Hogg W, et al. A comprehensive assessment of family physician gender and quality of care: a cross-sectional analysis in Ontario, Canada. *Med Care*. 2016;54(3):277-286.
2. Reid RO, Friedberg MW, Adams JL, McGlynn EA, Mehrotra A. Associations between physician characteristics and quality of care. *Arch Intern Med*. 2010;170(16):1442-1449.
3. Jabbarpour Y, Wendling A, Taylor M, Bazemore A, Eden A, Chung Y. Family medicine's gender pay gap. *J Am Board Fam Med*. 2022;35(1):7-8.
4. Walter G, Siddiqi A, Huffstetler A. Female family physicians may earn \$1.8 million less than male peers over a lifetime. *Am Fam Physician*. 2023;108(4):346-347.
5. Ganguli I, Sheridan B, Gray J, Chernew M, Rosenthal MB, Neprash H. Physician work hours and the gender

pay gap — evidence from primary care. *N Engl J Med*. 2020;383(14):1349-1357.

6. Sanders K, Jabbarpour Y, Phillips J, Fleischer S, Peterson LE. The gender wage gap among early-career family physicians. *J Am Board Fam Med*. 2024;37(2):270-278.

7. Roter DL, Hall JA. Physician gender and patient-centered communication: a critical review of empirical research. *Annu Rev Public Health*. 2004;25:497-519.

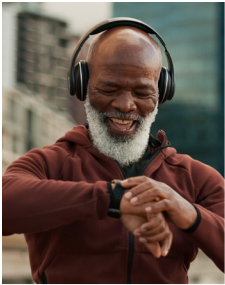
8. Sustaining Women in Medicine. Robert Graham Center. Accessed Jan. 10, 2025. <https://www.graham-center.org/content/brand/rgc/publications-reports/publications/articles/sustaining-women-in-medicine.html>

9. Armijo PR, Silver JK, Larson AR, Asante P, Shillcutt S. Citizenship tasks and women physicians: additional woman tax in academic medicine? *J Womens Health*. 2021;30(7):935-943.

10. The State of Women in Academic Medicine 2023-2024: Progressing Toward Equity. Association of American Medical Colleges. Accessed March 27, 2025. <https://www.aamc.org/data-reports/data/state-women-academic-medicine-2023-2024-progressing-toward-equity>

11. Murphy M, Callander JK, Dohan D, Grandis JR. Women's experiences of promotion and tenure in academic medicine and potential implications for gender disparities in career advancement: a qualitative analysis. *JAMA Netw Open*. 2021;4(9):e2125843.

12. Negotiation Skills for Physicians [Video Series]. AAFP. Accessed Jan. 10, 2025. <https://www.aafp.org/family-physician/practice-and-career/managing-your-practice/business-of-medicine-for-physicians/negotiation-skills-for-physicians.html>



# AAFP Podcasts Now Available



**Inside Family Medicine**  
Listen for the latest in your family medicine specialty.



**American Family Physician**  
Get your clinical updates on the go.



**Revista Médica**  
Entérate de lo más actual en medicina basada en la evidencia.

