

A state-by-state breakdown of the striking gender gap in doctors' pay

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Hugh Macknight/PA Wire/AP

If you're a doctor in Charlotte, N.C., you're ideally situated to benefit from the highest pay in the health care business. There's just one catch: If you want that big money, you can't be a woman.

That's because the city also has the biggest gender wage gap in the nation. Female physicians in Charlotte make an average of 33 percent less than their male counterparts, a difference of \$125,000 per year, according to a new report (https://www.doximity.com/careers/compensation_report?_csrf_attempted=yes)¹ by the social media site Doximity.

The report tracks medicine's pay disparities by geography. It reveals that pay for female doctors varies widely, though one thing remains consistent — women are always paid significantly less than men.

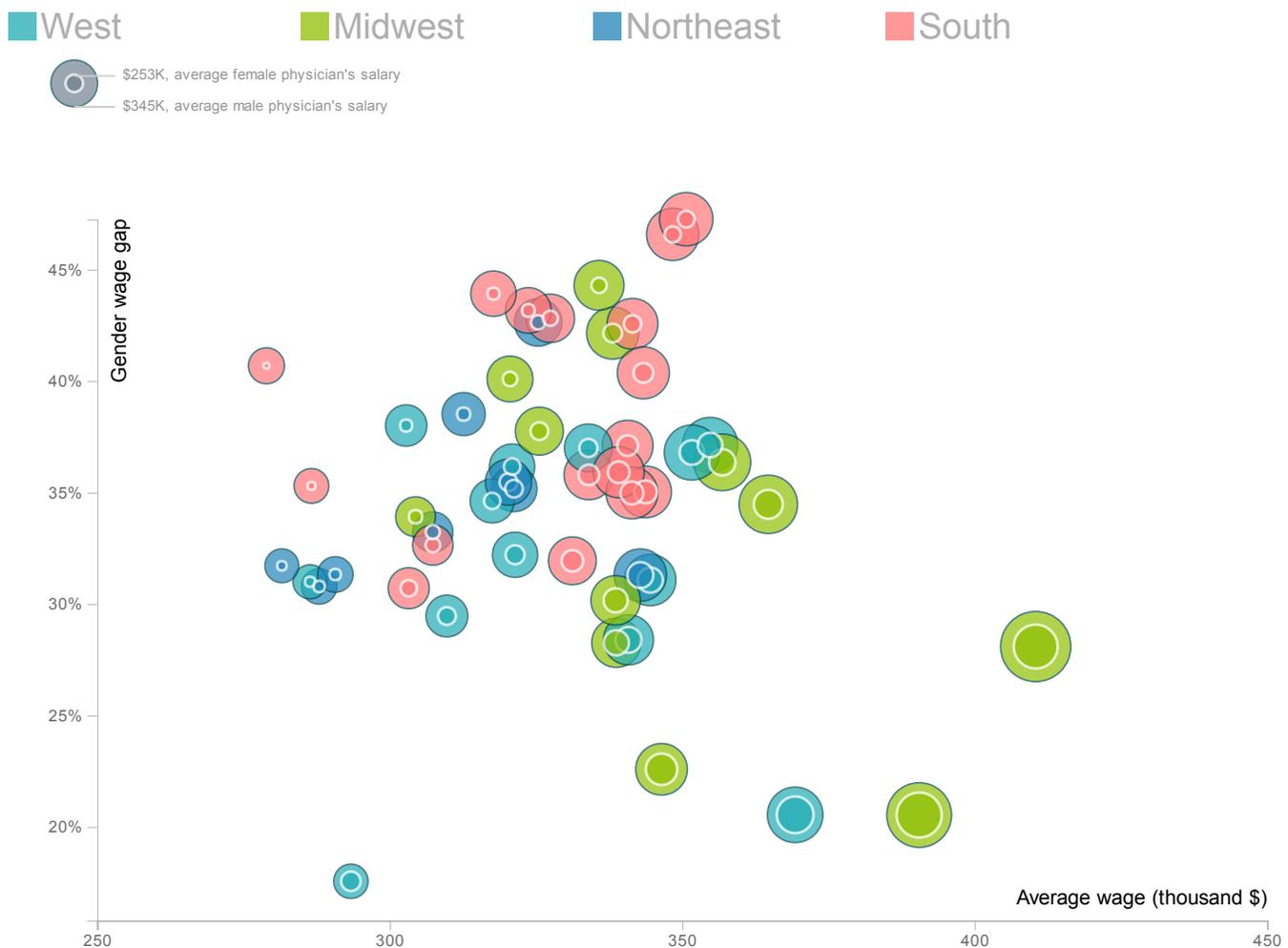
Among the report's findings:

- Nationally, female physicians make an average of 26.5 percent, or \$91,000, less than men.
- Women are paid less in every city and every specialty. Female neurosurgeons are paid about \$90,000 less per year on average. In vascular surgery the pay gap is \$89,000 a year, and it's \$76,000 among cardiologists.
- In several cities, the pay gap is 30 percent or more, including Charlotte and Durham, N.C., Orlando, Fla., and Pittsburgh. Five other cities have a 29 percent gap.

The report also examines compensation more broadly, looking at variations in pay for foreign-trained doctors and primary care physicians, as well as differences in metropolitan areas that pay doctors the most and least.

Physicians' annual compensation versus gender wage gap by state

Hover over circles or squares to see details by US region or state.



STAT *Natalia Bronshtein* Source: Doximity (<https://www.doximity.com/>)²

Its data on the gender pay gap adds to a growing body of research (<https://www.med.upenn.edu/gastro/documents/Jenaetal.JAMA2016Salaries.pdf>)³ on the extent of those disparities. “I don’t know if we’ve known that it is this stark and exists across this many dimensions,” said Chris Whaley, lead author of the Doximity report and adjunct assistant professor at the University of California, Berkeley, School of Public Health.

He added: “There are obvious implications here in terms of being able to attract and retain high-quality physicians. More importantly, there’s an equity and fairness issue.”

The pervasiveness of the pay gap belies the importance of women to the future of the profession. A study by Harvard researchers recently showed that female physicians achieved better clinical outcomes (<https://www.statnews.com/2016/12/19/patients-female-physicians-live-longer/>)⁴ in Medicare patients. In addition, women account for about half of the graduates from US medical schools every year. In 2015, they outnumbered male graduates in several states, including Pennsylvania, Minnesota, Washington, and Missouri. Doximity’s findings are based on a survey of 36,000 physicians across the US. The researchers said they controlled for hours worked and other factors that might explain the variations in pay. The report does not examine the reasons for the pay gap.

Dr. Suzanne Harrison, president of the American Medical Women’s Association, said differences in pay begin early in female physicians’ careers and often grow wider during the course of their careers. Until the gender pay gap is closed, she said, the issue must be addressed during training, so that female physicians are better equipped to advocate for themselves when they are negotiating compensation and benefits on their first jobs.

“This is unfortunately still a very real problem,” said Harrison, a family medicine physician and professor at Florida State University College of Medicine. “Women are less comfortable negotiating right out of residency. They haven’t had the training to feel comfortable in that role of asking for more.”

The disparities they face apply to opportunities to conduct research, lead grand ground lectures (<https://www.statnews.com/2017/03/06/female-doctors-grand-rounds/>)⁵, and create the reputation and visibility needed to compete for promotions. Women also face additional barriers related to raising children and requiring additional flexibility in their work schedules.

Too often, Harrison said, that flexibility is incorrectly construed as a ding on productivity. “The assumption has been by many that if you’re at work fewer hours, that means you get less work done,” Harrison said. “But if you drill down, women tend to be very productive” when they’re at work.

She said eliminating the pay gap requires a systemic response. In addition to beefing up training for their doctors, health care organizations must examine their own pay inequities — across gender and race — and devise ways to address them. “It helps everyone to take the 10,000-foot view and really ask these questions: ‘Where are we providing opportunities? How do we train people to keep accurate account of their work and the value they bring to their institutions?’”

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