

Among physicians, men make more than women. How do we change that?

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It's striking and familiar. A new report finds women physicians across all races and ethnicities earn less than their male counterparts. In fact, women physicians earn between 67 cents and 77 cents on the dollar

compared to white men physicians.

This new data, which comes from the Association of American Medical Colleges, reinforces that academic [medicine](#) must find a better approach to how they pay physicians, write Amy S. Gottlieb, M.D., and Reshma Jagsi, M.D., D.Phil., in a *New England Journal of Medicine* perspective that lays out potential strategies to close the [gender pay gap](#) in academic medicine.

"The way we pay physicians in this country is a process in desperate need of improvement. Within our traditional way of compensating physicians, the structure is really a crucible in which all the forces that diminish women's professional value within our institutions converge," said Gottlieb, chief faculty development officer at Baystate Health and associate dean for faculty affairs at UMass Chan Medical School-Baystate.

It's a novel approach to considering the problem: understand the drivers beneath the standards for determining a physician's pay and how they contribute to this persistent salary inequity, then create a new paradigm that's aligned with institutional values and contributions from both genders.

"We need to reframe the conversation," said Jagsi, director of the Center for Bioethics and Social Sciences in Medicine at the University of Michigan.

"When you consider the primary factors that influence a [physician's](#) salary, women are disadvantaged on every front. This model expects women to have privileges they often lack but that their male colleagues typically take for granted—access to support staff and clinical space, adequate sponsorship and opportunities to take on leadership positions. At the same time, the traditional approach to pay undervalues the types

of service disproportionately expected from women," she added.

The authors recommend institutions begin by conducting salary audits, looking in particular at hiring and promotions. Salary recommendations above or below a standard amount could be brought to a compensation board for approval, a process that would ensure no one is overpaid or underpaid.

In addition, realigning productivity-based metrics to include quality of care or institutional service would recognize important contributions where [women](#) often succeed. The authors also recommend unconscious-bias training for anyone involved in recruitment, hiring, evaluation, promotion and [salary](#) setting.

"Institutions have to start somewhere and do something. Getting the data, tracking the data, reflecting on what is in their compensation methodology that could be leading to these inequities would be a great first step," Gottlieb said.

More information: Amy S. Gottlieb et al, Closing the Gender Pay Gap in Medicine, *New England Journal of Medicine* (2021). [DOI: 10.1056/NEJMp2114955](https://doi.org/10.1056/NEJMp2114955)

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