Determinants of Compensation for US Academic Physicians: Does Gender Matter?

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Introduction: Academic physician compensation remains opaque, despite its critical importance for negotiating equitable salaries. In particular, prior studies have suggested inequity between male and female physicians. We set out to broadly define determinants of compensation in US academic physicians focusing on gender.

Methods: We performed an online pilot survey using a convenience sample of US academic physicians in clinical practice recruited through social media. Survey questions focused on demographic information, practice environment, job requirements, compensation, and overall satisfaction. Respondents failing to provide information on gender (n=2), salary (n=43) or key compensation questions (n=7) were excluded. Predictors of total salary, defined as the sum of base salary plus bonuses, and satisfaction with position (range 0-100) were explored in a generalized regression model.

Results: 252 respondents met inclusion criteria for analysis of total salary. Of the respondents, 32.9% were female, 59.9% Caucasian, 35.7% were lecturers or assistant professors, 61.5% were associate professors or professors, 54.8% were employed in an urban setting, 44.9% performed major procedures, and 72.8% practiced in internal medicine or an internal medicine subspecialty. Median total salary was $270,000 (Interquartile range 208,000-348,500). After multivariable adjustment, female physicians made $45,512.56 less in total salary. Performing major procedures (p<0.001), living in a major urban area (p=0.034), and being a professor or associate professor (p<0.001) also predicted greater total salary (Table). Age and years since clinical training ended were significant predictors of total salary in a univariable but not a multivariable model. There were no significant regional differences in total salary and no significant interaction between gender and rank or between gender and performing major procedures. Median job satisfaction in 241 respondents was 77.0 (Interquartile range 64.0-86.0). In a multivariable model, only years since clinical training ended but not total salary or other covariates predicted physician satisfaction.

Conclusions: This pilot online study suggests gender disparities exist with respect to US academic physician compensation even after adjustment for demographics, practice environment, and job requirements. Further studies are needed to better define these disparities and to enhance transparency with respect to physician compensation.

	Coefficient	Standard Error	P-value
Female gender	-44,512.55	15,387.03	0.004
Age			
≤ 35	---	---	---
36-40	10,208.46	20,205.47	0.614
42-45	2,439.32	28,420.16	0.932
46-50	26,159.57	44,089.05	0.554
41-55	38,142.54	61,547.78	0.536
55-60	36,734.67	74,010.80	0.620
≥ 61	139,998.98	83,887.05	0.097
Race			
Caucasian	---	---	---
Non-Caucasian	1,005.89	15,596.14	0.949
Academic Rank			
Lecturer	-82,201.00	40,442.62	0.043
Assistant Professor	-30,600.60	32,424.62	0.346
Associate Professor	32,772.74	30,315.40	0.281
Professor	---	---	---
Performs Major Procedures	84,597.03	14,321.37	<0.001
Years Since End of Training			
≤ 5	---	---	---
6-10	15,347.16	21,740.13	0.481
11-15	57,119.67	36,475.62	0.119
≥ 16	7,165.04	50,692.29	0.888
Employment			
Part-Time	----	----	---
Full-Time	68,106.93	39,259.65	0.084
Area Type			
Major Urban	---	---	---
Urban, Suburban	-34,772.02	16,291.87	0.034
Region			
North Central, Great Lakes	---	---	---
Southwest, South Center	2,478.67	25,719.72	0.923
Northwest	-81,272.86	37,334.96	0.031
West (Inc. Hawaii and Alaska)	-47,166.44	35,467.58	0.185
Northeast, Mid-Atlantic	-26,620.81	19,868.99	0.182
Southeast	-6,909.64	22,910.4	0.763

Table: Multivariable analysis of total salary