

## **PRESS RELEASE**

### **POSTGRADUATE MEDICAL JOURNAL**

#### **US female physicians reimbursed significantly less than male colleagues**

*Commonly held theories of why pay gap exists need to be revisited, say authors*

Female physicians are reimbursed significantly less than their male counterparts, even adjusting for how hard a physician works, their productivity and years of experience, finds a new study—one of the largest carried out in recent times—published in the online edition of ***Postgraduate Medical Journal***.

Female physicians were reimbursed around US \$18,677.23 less than their male colleagues in 2012, and were paid less across 13 specialities, especially nephrology, rheumatology, and pulmonary medicine.

Pay inequalities have been shown for decades, but many theories and studies have focused on analyses of data—usually obtained from surveys—that are susceptible to bias and/or not adjusted for other factors that may have influenced results.

This latest paper, by researchers from North Carolina, focused on objective and non-self-reported data from Medicare—the largest insurer of patients in the US—on over 3 million publicly available reimbursement claims received by male and female physicians across 13 medical specialities in 2012.

In the unadjusted analysis, the overall reimbursement differential for female physicians was US \$34,125.68 less than their male colleagues, and they earned less in 11 of the 13 specialities.

Furthermore, the study adjusted for factors that have been proposed to be the reasons for gender pay inequality: number of hours worked, productivity, and years of experience.

In the adjusted analysis, the overall reimbursement differential was US \$18,677.23 less for female physicians, compared to their male colleagues, and they earned less in 11 of the 13 specialities.

Nephrology displayed the largest gap with a US \$16,688.96 pay differential, followed by rheumatology (–US \$15 405.54), pulmonary medicine (–US \$11,017.79), and internal medicine (–US \$10 850.34). The narrowest gaps were found for haematology (–US \$10 115.08), medical oncology (–US \$3,970.50), and critical care (–US \$4,360.05).

Even though the study is unable to answer why female physicians are reimbursed less than their male counterparts, the findings show that “the commonly held theories of why monetary disparities exist need to be revisited,” say the authors.

As with any observational study, no firm conclusions can be drawn about cause and effect. The authors also point to some study limitations, but say the size and type of data analysed strengthens their results.

They also call for more study of other data sets, but say they have no reason to believe that the ensuing results would be any different.

Only then, they conclude, can we have “the most accurate understanding of the reimbursement inequity, and perhaps be guided towards a solution that can reverse this decades-old injustice.”

A second article published in *Postgraduate Medical Journal* shows that surgery remains an unpopular career choice for female junior doctors and medical students in the UK, mainly due to work-life balance issues, followed by few female surgical role models and some perceived sexual discrimination.

The authors say the results from the small survey—that involved 96 medical students and junior doctors at two UK hospitals in 2012—provides a snapshot of the main reasons why females are less likely to pursue a career in surgery, compared to their male colleagues.

In a linked editorial, Professor Fiona Karet Frankl from the University of Cambridge says that despite the small sample size, the results “add further colour to a much larger canvas” on problems with recruitment and retention of women across STEMM (science, technology, engineering, medicine and maths) subjects.

She explains that “there is no single factor that if fixed, would make gender imbalance disappear,” and stresses the importance of “senior male engagement with trying to effect cultural change.”

She recommends increasing flexibility or job-sharing, providing schemes to those with caring responsibilities, welcoming returners from career breaks, and supporting and mentoring women at mid-career level, the ‘leakiest’ stage.

Outreach activities, particularly to schools, can be important to lessen stereotyping at a much earlier stage, she adds.

**Journal:** *Postgraduate Medical Journal*

**Research paper 1:** Equal Work for Unequal Pay: The Gender Reimbursement Gap for Healthcare Providers in the United States doi 10.1136/postgradmedj-2016-134094

**Research paper 2:** Barriers to becoming a female surgeon and the influence of female surgical role models doi 10.1136/postgradmedj-2016-133273

**Editorial:** To be or not to be... doi 10.1136/postgradmedj-2016-134346