

## OBSERVATION: BRIEF RESEARCH REPORT

**Compensation Disparities by Gender in Internal Medicine**

**Background:** Despite progress toward gender diversity in the U.S. physician workforce, disparities in compensation and career advancement persist. Studies document that women earn substantially less than men after adjustment for specialty, hours worked, experience, and practice characteristics (1–3). Recent data on physician compensation by gender in internal medicine could help explain and address disparities within this specialty.

**Objective:** To describe physician compensation by gender among U.S. American College of Physicians (ACP) internists.

**Methods:** We performed a cross-sectional survey of a nationally representative panel of ACP nonstudent members in the United States. Women make up 37% of ACP membership. The survey was sent to the Internal Medicine Insider Research Panel, which comprises ACP members who have agreed to participate in ACP research surveys and earn points that may be redeemed for gift cards. The ACP invites 1% of its members to participate in the panel through stratified random sampling by ACP membership class (i.e., Associate [open to residents and fellows], Member, Fellow, and Master), which is based on professional status and membership characteristics.

The ACP Research Center developed the survey (**Supplement** [available at [www.annals.org](http://www.annals.org)]), which was reviewed and tested for understandability. Survey questions gathered physician reports on their compensation and demographic and employment characteristics. Compensation was determined by asking, "What is your estimated annual income from your professional activities before taxes? (For employees, please include salary, bonus, and profit sharing contributions. For owners, please include earnings after tax-deductible business expenses but before income tax)." The survey was e-mailed to 784 practicing physician panel members on 4 December 2017, and recipients had 44 days to respond.

We used SPSS, version 25 (IBM), to produce descriptive statistics comparing income by gender. We reported medians and interquartile ranges to more accurately reflect typical income. Averages could be disproportionately influenced by extremes.

**Results:** Respondents (56.3% response rate) were representative of ACP's U.S. practicing physician members (**Table 1**). Most (91%) reported working full-time ( $\geq 35$  hours per week), and the analyses of income include only this group.

**Table 2** summarizes annual income by key physician and employment characteristics for the 374 full-time internists for whom complete data were available. Overall, the median annual salary for men was \$50 000 higher than that for women (\$250 000 vs. \$200 000, respectively), indicating that women earned 80 cents for every dollar earned by men.

Gender differences in salary were evident across many demographic and employment indicators (**Table 2**). Women earned less than men in every internal medicine specialty, ranging from a differential of \$29 000 for internal medicine

**Table 1.** Comparison of Survey Respondents With ACP U.S. Practicing Physician Members\*

Variable	Respondents, %	ACP Members, %
Female	34	30
White	58	63
Specialty		
General internal medicine	55	54
Hospital medicine	17	12
Subspecialty	28	34
Employee (vs. practice owner)	73	76†

ACP = American College of Physicians.

\* ACP membership data based on ACP member census responses unless otherwise indicated.

† Estimate derived from a 2017 ACP U.S. member survey.

specialists to \$45 000 for subspecialists. Of note, the income differential between men and women was higher among physicians who were practice owners than for employees (\$72 500 vs. \$43 000, respectively), suggesting that women who own their practice are paying themselves less than men who do so. The income gap between men and women was larger for older physicians but did not differ by physician-reported race. Income disparities varied across professional settings, with the most pronounced discrepancy between men and women occurring in solo practices (\$70 000) and the smallest in government settings (\$30 000). The income difference by gender was \$37 500 for physicians who spend most of their time in face-to-face direct patient care and \$52 500 for those in administration.

The income gap varied by employment status of the respondent's spouse but not by the respondent's marital status (**Table 2**). Male physicians earned \$50 000 more than female physicians when their spouse was employed full-time but only \$20 000 more when their spouse was employed part-time. Gender differences in salary were the same regardless of whether the respondent was a parent.

**Discussion:** We found that female internists earn less than men regardless of whether they are generalists, hospitalists, or subspecialists. Many factors have been cited as causes of this inequity, including choice of occupation, time taken away from work because of family obligations, gender discrimination, and productivity levels. Our study and others have documented that inequities exist even within groups of physicians with similar professional and employment characteristics.

Strengths of our study include data on various personal and professional factors and the inclusion of a nationally representative sample of internists. Despite a 56.3% response rate, respondents seemed to be representative of ACP members. Limitations of our study include using data on reported rather than actual income and the findings' uncertain generalizability to internists who are not ACP members and to other medical specialties. With women making up more than one third of the active U.S. physician workforce, an estimated 46% of all physicians in training, and more than one half of all medical students, inequities in compensation must be understood and eliminated (4, 5).

**Table 2. Median Annual Salary, by Physician and Employment Characteristics\***

<b>Characteristic</b>	<b>Total (n = 374 [100%])</b>	<b>Women (n = 120 [32%])</b>	<b>Men (n = 254 [68%])</b>
<b>Median annual income (IQR), \$</b>	227 500 (185 750-280 000)	200 000 (168 500-247 500)	250 000 (200 000-300 000)
<b>Specialty</b>			
General internal medicine			
Respondents, %	52	62	48
Median salary (IQR), \$	200 000 (165 000-250 000)	191 000 (150 000-225 000)	220 000 (180 000-255 000)
Hospital medicine			
Respondents, %	22	19	23
Median salary (IQR), \$	250 000 (220 000-300 000)	220 000 (184 000-250 000)	258 500 (223 750-300 000)
Subspecialty			
Respondents, %	26	19	30
Median salary (IQR), \$	252 500 (200 000-392 500)	230 000 (175 000-260 000)	275 000 (220 000-410 000)
<b>Employment status</b>			
Employee			
Respondents, %	74	84	69
Median salary (IQR), \$	225 000 (190 000-270 000)	202 000 (175 000-242 500)	245 000 (200 000-287 500)
Owner			
Respondents, %	26	16	31
Median salary (IQR), \$	200 000 (150 000-300 000)	167 500 (118 750-210 000)	240 000 (160 000-312 500)
<b>Age group</b>			
≤39 y			
Respondents, %	23	26	22
Median salary (IQR), \$	212 500 (184 750-257 750)	200 000 (175 000-220 000)	235 000 (200 000-280 000)
40-55 y			
Respondents, %	41	49	38
Median salary (IQR), \$	240 000 (197 500-296 250)	210 000 (165 000-250 000)	250 000 (206 000-310 000)
≥56 y			
Respondents, %	36	25	41
Median salary (IQR), \$	235 000 (182 500-295 000)	197 500 (166 000-250 000)	250 000 (190 000-309 000)
Missing, n	0	0	1
<b>Race</b>			
White			
Respondents, %	62	63	62
Median salary (IQR), \$	222 000 (184 500-275 500)	200 000 (175 000-240 000)	247 500 (200 000-309 250)
Other			
Respondents, %	38	37	38
Median salary (IQR), \$	240 000 (188 000-290 000)	200 000 (160 000-250 000)	250 000 (200 000-300 000)
<b>Primary professional setting</b>			
Solo practice			
Respondents, %	12	6	14
Median salary (IQR), \$	200 000 (120 000-250 000)	130 000 (120 000-233 000)	200 000 (125 000-250 000)
Group practice			
Respondents, %	32	30	34
Median salary (IQR), \$	230 000 (185 000-300 000)	197 500 (152 500-247 500)	250 000 (200 000-322 500)
Medical school or university-affiliated hospital or clinic			
Respondents, %	24	28	22
Median salary (IQR), \$	225 000 (183 000-275 000)	196 000 (173 750-242 500)	250 000 (200 000-329 000)
Community or non-university-affiliated hospital or clinic			
Respondents, %	19	21	19
Median salary (IQR), \$	250 000 (205 000-300 000)	220 000 (185 500-250 000)	260 000 (240 000-320 000)
Federal, state, or local government hospital or clinic			
Respondents, %	9	9	8
Median salary (IQR), \$	212 500 (189 500-248 750)	200 000 (180 000-215 000)	230 000 (200 000-250 000)
Other			
Respondents, %	4	6	3
Median salary (IQR), \$	250 000 (204 000-290 000)	215 000 (200 000-250 000)	250 000 (216 250-290 000)

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Table 2 –Continued

Characteristic	Total (n = 374 [100%])	Women (n = 120 [32%])	Men (n = 254 [68%])
<b>Professional activity in which most of time is spent</b>			
Face-to-face direct patient care			
Respondents, %	79	79	79
Median salary (IQR), \$	220 000 (183 250–269 500)	200 000 (166 500–240 000)	237 500 (200 000–300 000)
Administration			
Respondents, %	17	17	17
Median salary (IQR), \$	250 000 (222 000–304 000)	222 500 (191 500–297 250)	275 000 (245 000–337 500)
Medical teaching			
Respondents, %	2	2	2
Median salary (IQR), \$	245 000 (137 778–336 750)	205 000 (180 000–205 000)	284 500 (73 333–392 250)
Research			
Respondents, %	2	1	2
Median salary (IQR), \$	275 000 (186 250–371 250)	175 000 (175 000–175 000)	350 000 (195 000–372 500)
Other			
Respondents, %	1	2	0
Median salary (IQR), \$	215 000 (118 000–215 000)	166 500 (118 000–166 500)	350 000 (350 000–350 000)
Missing, n	24	13	11
<b>Currently married or partnered</b>			
Yes			
Respondents, %	89	82	92
Median salary (IQR), \$	230 500 (186 750–280 000)	200 000 (169 500–250 000)	250 000 (200 000–300 000)
No			
Respondents, %	11	18	8
Median salary (IQR), \$	217 500 (174 000–268 750)	197 500 (165 750–223 250)	250 000 (206 250–315 000)
<b>Spouse employment status</b>			
Full-time			
Respondents, %	52	75	42
Median salary (IQR), \$	220 000 (180 000–260 000)	200 000 (160 000–227 500)	250 000 (200 000–300 000)
Part-time			
Respondents, %	14	7	17
Median salary (IQR), \$	237 500 (200 000–302 250)	220 000 (210 000–250 000)	240 000 (200 000–315 000)
Retired			
Respondents, %	7	8	6
Median salary (IQR), \$	250 000 (180 000–272 000)	255 000 (205 000–284 500)	220 000 (160 000–272 000)
Neither employed nor retired			
Respondents, %	24	6	31
Median salary (IQR), \$	250 000 (200 000–326 250)	245 000 (190 750–318 750)	253 000 (200 000–328 750)
Other			
Respondents, %	4	4	4
Median salary (IQR), \$	220 000 (175 000–250 000)	175 000 (80 000–232 500)	235 000 (203 000–337 500)
Total respondents, n	332	98	234
<b>Parent</b>			
Yes			
Respondents, %	77	66	82
Median salary (IQR), \$	230 500 (185 750–280 000)	200 000 (165 000–250 000)	250 000 (200 000–300 000)
No			
Respondents, %	23	34	18
Median salary (IQR), \$	222 500 (186 250–278 750)	200 000 (177 500–245 000)	250 000 (200 000–333 000)

IQR = interquartile range.

\* There are no missing data unless otherwise indicated. Percentages may not sum to 100 due to rounding.

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**References**

- Jena AB, Olenski AR, Blumenthal DM. Sex differences in physician salary in US public medical schools. *JAMA Intern Med.* 2016;176:1294-304. [PMID: 27400435] doi:10.1001/jamainternmed.2016.3284

## LETTERS

2. Ly DP, Seabury SA, Jena AB. Differences in incomes of physicians in the United States by race and sex: observational study. *BMJ*. 2016;353:i2923. [PMID: 27268490] doi:10.1136/bmj.i2923
3. Jagsi R, Griffith KA, Stewart A, Sambuco D, DeCastro R, Ubel PA. Gender differences in the salaries of physician researchers. *JAMA*. 2012;307:2410-7. [PMID: 22692173] doi:10.1001/jama.2012.6183
4. Association of American Medical Colleges. 2016 Physician Specialty Data Report: Executive Summary. Washington, DC: Association of American Medical Colleges; 2016. Accessed at [www.aamc.org/download/471786/data/2016physicianspecialtydatareportexecutivesummary.pdf](http://www.aamc.org/download/471786/data/2016physicianspecialtydatareportexecutivesummary.pdf) on 22 December 2017.
5. Association of American Medical Colleges. Matriculating Student Questionnaire: 2017 All Schools Summary Report. Washington, DC: Association of American Medical Colleges; 18 December 2017. Accessed at [www.aamc.org/download/485324/data/msq2017report.pdf](http://www.aamc.org/download/485324/data/msq2017report.pdf) on 29 January 2018.