



COMPENSATION

The bottom line

Are physician compensation systems—even fee-for-service—putting women doctors at a disadvantage?

BY EMILY HUGHES

Among academic physicians in the U.S., gender differences in salary are striking. After adjusting for factors such as age, experience and specialty, a study published in *JAMA Internal Medicine* in September 2016 showed that among 10,241 physicians, women on average made \$19,878 less per year than men.

In Canada, the data are sparse on the gender wage gap for physicians. It is difficult to calculate because many physicians, in addition to fee for service, receive compensation from non-clinical activities. That proportion varies according to factors such as specialty, job title and location.

"Physicians, particularly those in academic health systems, are paid through different mechanisms and it isn't possible to determine salaries for individual physicians without directly asking each of them," said Dr. Sharon Straus, a geriatrician and vice-chair of equity, mentorship and diversity in the department of medicine at the University of Toronto. Dr. Straus is exploring ways to compare physician salaries to understand if there are any gender disparities. Given that funding models for physician compensation in Canada are different than in the U.S., it is unclear if the pay gap is as dramatic.

However, in our survey, 34% of men and 70% of women agreed that "female physicians are compensated less than male physicians." And 85% of all physicians strongly agreed that "male and female physicians should be compensated equitably."

Dr. Reena Pattani, a general internist at St. Michael's Hospital in Toronto, said a gender wage gap will likely relate more to academic centres where physicians rely to a greater extent on base supports, grants and stipends. "It's the non-clinical aspects of medicine where compensation is contingent on other factors," she said. "So, for example, I do 60% to 70% clinical so I receive a stipend partly from the university and partly from the hospital to undertake the other (non-clinical) activities." Many physicians rely on funding from external bodies for salary support. "If you are a researcher and you are only doing 20% clinical work you are going to need much more base support than a clinician teacher who is doing 60% to 70% clinical work."

Indeed, a gender disparity exists in Canada in terms of grant funding: According to a study in *CMAJ Open* (May 10, 2016), grant applications to the Canadian Institutes of Health Research were more likely to be funded when they came from males rather than females. It seems unlikely the CIHR's review committees would purposefully discriminate against female researchers. Can the discrepancy, in part, be explained by biases entrenched in the grant application process?

"If you are taking a parental leave (and when you come back from that leave) you submit a grant (application), is there a penalty for not having published two to five papers in the prior year as a demonstration of productivity? Perhaps," Dr. Pattani said. "If you don't have a track record of securing grants then the next year you are going to be less competitive."

In our survey, in response to the statement "If male physicians in Canada receive higher financial compensation than female physicians, on the whole it is because of choices that female physicians make," 66% of men agreed and 49% of women agreed. When the data were split by workplace setting—academic versus community—the majority of respondents who practised in the community (63%) agreed with the statement. In contrast, the majority of the respondents who practised in academic centres (60%) disagreed with the statement.

Community physicians, in general, rely more on fee for service for their income. Dr. Naseer Baig, a staff anesthesiologist at Trillium Health Partners in Mississauga, Ont., weighed in: "I have no doubt that in other businesses there are inequities in terms of what females make. I think medicine is the great equalizer—the OHIP fee code does not discriminate on the basis of gender. You get paid a certain amount for doing a case. Females have just as much opportunity to do those cases. It doesn't discriminate at all. I don't think there's any issues with inequities (in compensation) of females in medicine."

Others do not see it this way. "It's tough to attribute these things to choices," said Dr. Pattani, who works in an academic centre. "Is this a system where people are opting

out or is it a system that's been designed so that people are pushed out because of all of the hidden biases that we all possess but are not aware of?" Expanding further, she noted, "Regardless of family structures it's often the case that women share a disproportionate amount of the workload in child and elder care. You can't consider that to be choice; it's something that is structural that we need to be thinking of on a broader level than just our individual profession."

Dr. Lesley Barron, a general surgeon in Georgetown, Ont., cited differences in the ways female physicians practise as a reason they may still

make less from fee for service. "Even the fee-for-service system of payment, which on the surface seems completely fair, disadvantages women," Dr. Barron said. "Most female physicians I speak to do feel that patients make a lot more demands on their time than (they do on) their male counterparts. . . . And of course in a fee-for-service system that puts you behind as a female. Taking longer to explain things to patients, letting them ask you about more than one problem. . . . As a surgeon, getting grilled by patients about how old you are, how

long you've been in practice, how many of a certain procedure you've done, etc. This undoubtedly happens to females more than males.

"Once I spent 20 minutes with a lady talking to her at the end of an appointment about parenting a difficult teenager. Not really my job, as I was supposed to be addressing her surgical problem, but she didn't feel she could bring it up with her male GP who was always rushing through appointments and it was obviously upsetting her."

Dr. Harriet Train, a general practitioner in north Toronto, said a difference in compensation ultimately comes down to a choice in practice style. "I know that everybody is concerned that women doctors make less than men, but that's because we practise differently, and it's a choice we make. I've seen women who practise 'men's style' and they make more."

Better outcomes

But what if, as studies are now suggesting, women's style of practice actually leads to better patient outcomes than "men's style"?

In a February 2017 paper in *JAMA Internal Medicine*, for example, researchers at Harvard University found that elderly hospitalized patients treated by female internists had lower mortality and readmissions than those cared for by male internists. The researchers speculated this could be related to differences in practice patterns, and they noted other studies have shown female physicians are more likely to adhere to clinical guidelines, provide preventive care more often, use more patient-centred communication and provide more psychosocial counselling than do male physicians.

"The truth is that these are things that we should be striving for in every care provider," Dr. Pattani said. "It really begs the question as to whether we should be addressing this in our training environment. How do we make sure that everybody who is working in every discipline has these (traits) irrespective of gender rather than viewing them as inherently gendered traits?"

But a further problem is the lack of financial incentives to reward such a style of practice. As Dr. Katie Forfar, a rural family physician in Beachburg Ont., put it, the billing schedule "rewards doctors for seeing or rostering many, many patients, with no or paltry incentives to good outcomes, short wait times, prevention and screening."

Changing the system isn't going to be easy, according to Dr. Frank Warsh, an investigating coroner and retired family physician in London, Ont. "It can be solved, but it will depend on how strong a consensus can be built among FPs and between FPs and specialists. Any deal on money will necessarily make for winners and losers." MP



Dr. Reena Pattani
general internist

GENDER EQUITY SURVEY

COMPENSATION

Male and female doctors and doctors-in-training had quite different levels of agreement and disagreement with various statements about compensation:



MALE

FEMALE

"Female physicians in Canada are compensated less than male physicians."

34% Agree

70% Agree

"If male physicians in Canada receive higher financial compensation than female physicians, on the whole it is because of choices that female physicians make."

66% Agree

49% Agree

But both male and female doctors agree things should be fair. In our survey, **85% of all doctors strongly agreed with the statement: "Male and female physicians in Canada should be compensated equitably."**