Gender disparities in GIM

SGIMBC AGM – December 2, 2023

Denise Jaworsky, MD, FRCPC

Photo:https://www.plansponsor.com/gender-inequality-in-retirement-savings-persists/

Objectives

- What I’m not going to talk about (but needs to be talked about)
  - Intersectionality
  - Non-binary gender identities
- Review the Doctors of BC policy statement on Gender Equity in the Medical Profession
- Understand the emerging evidence on gender pay gaps
- Review the gender data for our section
- Discuss gaps in data and next steps

Gender Pay Gap

The difference between what men and women earn for roughly equivalent work.

Example of gender gap

- Internal medicine residency directors[1]:
  - Average for males: $200,000-$225,000
  - Average for females: $175,000-$200,000
  - Still a gap after adjusting for factors such as program type, academic rank, tenure as program director

[1]Willett LL, Halvorsen AJ, McDonald FS, Chaudhry SI, Arora VM. Gender differences in salary of internal medicine residency directors: a national survey. Am J Med. 2015;128:659-65.

What contributes to the gender pay gap

- “hidden curriculum” – pushing women to lower paid specialties
- Referral bias
- Discrimination impacting contract negotiations, hiring, clinical care arrangements, scheduling
- Work hours due to societal expectations for domestic roles
- Lack of women in high-level leadership roles
- Billing codes with better renumeration for services performed by male physicians
  - Undervaluing of communication, counselling, longer appointments
- Non-clinical work

POLICY STATEMENT

doctors of bc

Gender Equity in the Medical Profession

Last updated: January 2023

"Doctors of BC recognizes gender inequity is a societal issue that shows up in medicine, where female physicians face bias and discrimination that can negatively impact income, career advancement, health and well-being, job satisfaction, and contribute to burnout."

Recognition of:

- Gender bias leading women to be discouraged from higher paying specialities
- Lack of representation of women in leadership

Commitment to:

- Use fee data to assist Sections and Societies to measuring the gender pay gap and identifying potential solutions to prevent and/or resolve it

ANALYSIS HEALTH SERVICES

Closing the gender pay gap in Canadian medicine

Michelle Cohen MD, Tara Kiran MD MSc

Cite as: *CMAJ* 2020 August 31;192:E1011-7. doi: 10.1503/cmaj.200375

- Women:
  - <35% of physicians among 10 specialties with the highest income
  - 47-62% of physicians in the 3 specialties with the lowest income
- IM in Ontario (gross FFS)
  - Male >1.2 income relative to female

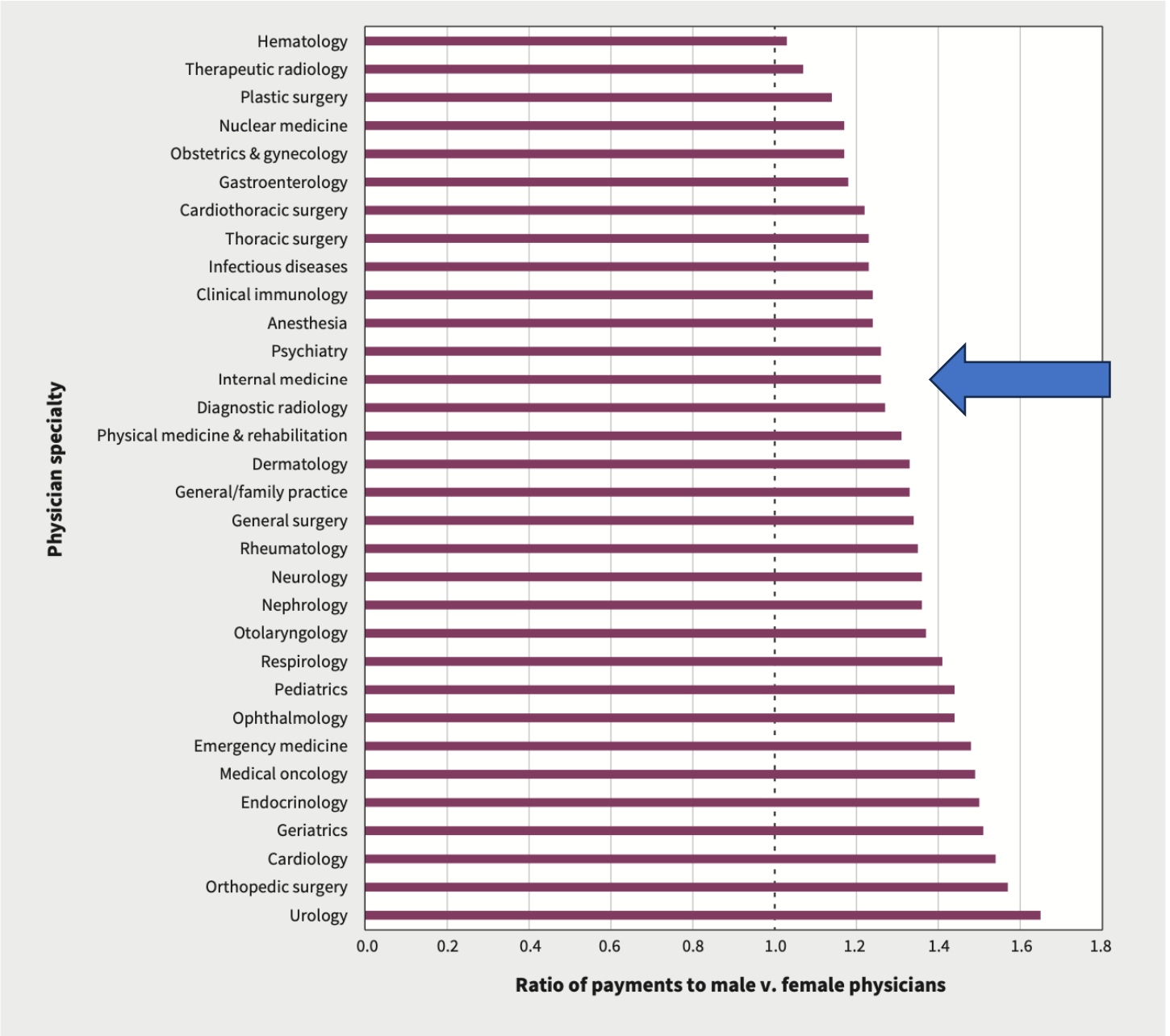


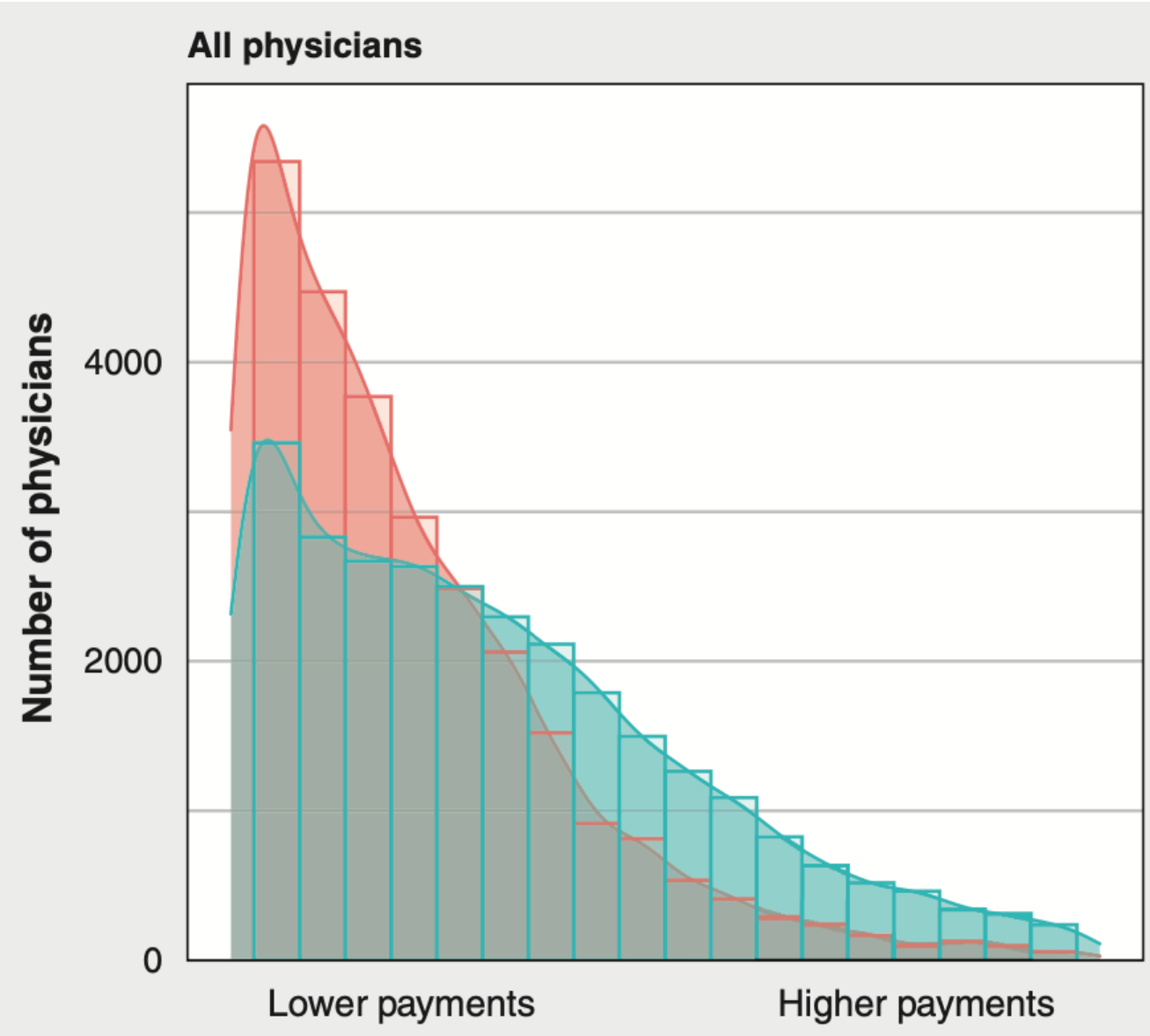
Figure 2: Ratio of average gross fee-for-service payments to male versus female physicians in Ontario in 2016 by specialty. Only physicians billing more than $100 000 in payments are included in the analysis. A ratio of 1.0 denotes equality in gross fee-for-service payments between male and female physicians; a ratio greater than 1.0 denotes higher payments to males versus females. Data and analysis provided by Dr. Boris Kralj, Faculty of Social Sciences, McMaster University, based on Ontario Health Insurance Plan fee-for-service payments in 2016.

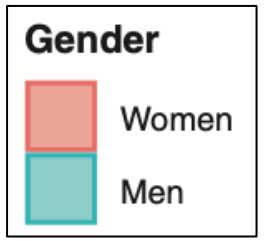
Research

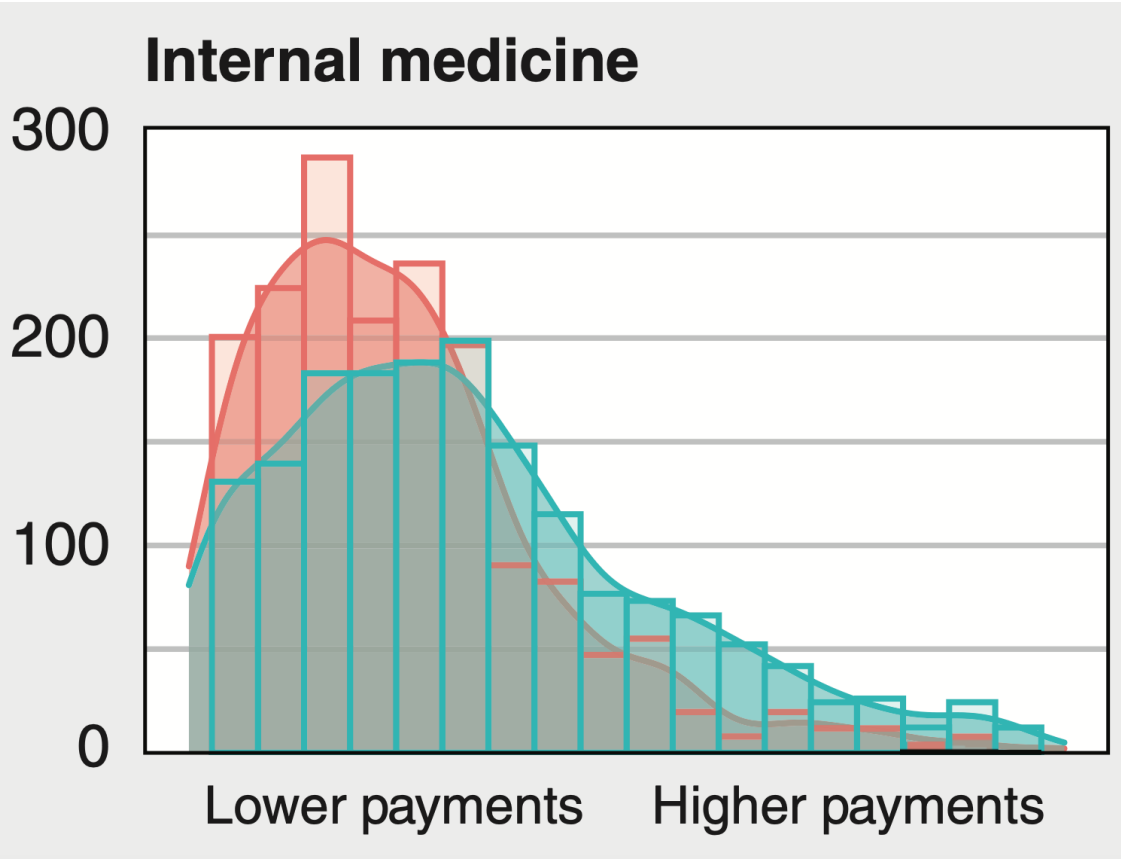
Gender-based differences in physician payments within the fee-for-service system in Ontario: a retrospective, cross-sectional study

Zamir Merali MD, Armaan K. Malhotra MD, Michael Balas BHSc, Gianni R. Lorello BSc MD MSc, Alana Flexman MD, Tara Kiran MD MSc, Christopher D. Witiw MD MSc

■ Cite as: *CMAJ* 2021 October 18;193:E1584-91. doi: 10.1503/cmaj.210437







CMAJ 2021 October 18;193:E1584-91. doi: 10.1503/cmaj.210437

Table 3:

Annual difference: $80,124

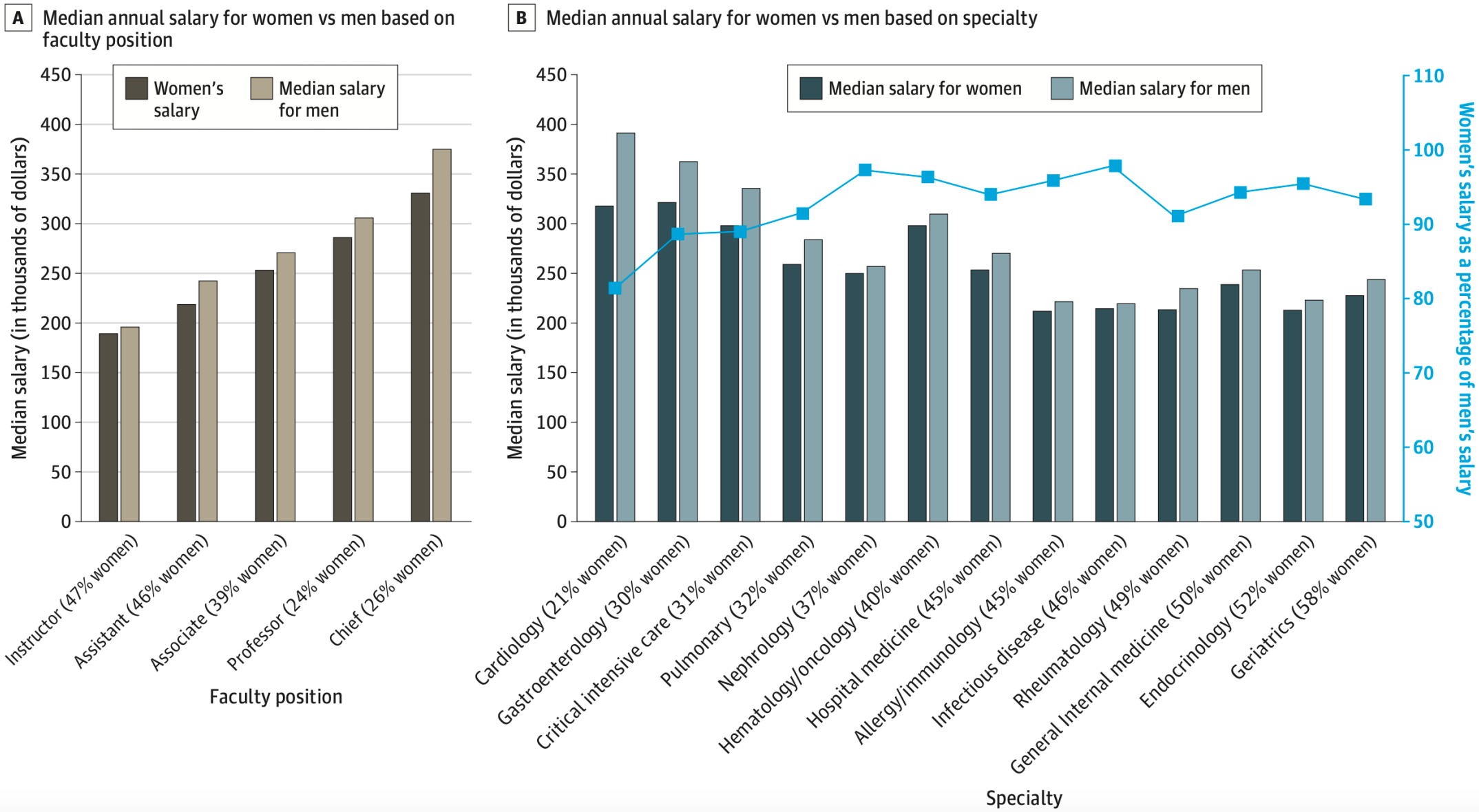
Absolute and relative difference in adjusted total annual claims, adjusted for covariates within each specialty group

Specialty	Difference in total annual claims between men and women[*]		
	Absolute difference, $ (95% CI)	Payments to women as a percentage of payments to men, % (95% CI)	*p* value[†]
Ophthalmology	328 061 (204 327 to 451 796)	59 (30 to 88)	< 0.001
Cardiology	257 459 (185 579 to 329 339)	61 (29 to 93)	< 0.001
Diagnostic radiology	182 785 (133 319 to 232 251)	64 (32 to 96)	< 0.001
Orthopedic surgery	178 076 (108 451 to 247 702)	52 (32 to 71)	< 0.001
Medical subspecialty	153 546 (129 812 to 177 281)	58 (42 to 74)	< 0.001
Surgical subspecialty	138 806 (91 439 to 186 173)	72 (53 to 90)	< 0.001
General surgery	125 177 (86 482 to 163 872)	66 (55 to 77)	< 0.001
Anesthesiology	101 450 (77 700 to 125 201)	72 (58 to 87)	< 0.001
Pediatrics	86 110 (62 601 to 109 619)	66 (39 to 93)	< 0.001
Neurology	81 103 (40 343 to 121 863)	71 (63 to 80)	< 0.001
Internal medicine	80124 (53 371 to 106 876)	77 (63 to 91)	< 0.001
Family and general practice	72 767 (66 883 to 78 650)	57 (55 to 60)	< 0.001
Emergency medicine	65 970 (−5325 to 137 264)	46 (11 to 124)	0.7
Obstetrics and gynecology	62 167 (29 274 to 95 060)	83 (69 to 97)	0.003
Psychiatry	58 803 (45 772 to 71 833)	76 (65 to 86)	< 0.001

Note: CI = confidence interval.

CMAJ 2021 October 18;193:E1584-91. doi: 10.1503/cmaj.210437

Figure 1. Gender-Based Salary and Representation Disparities in Internal Medicine in 2018 to 2019



Wang T, Douglas PS and Reza N. Gender Gaps in Salary and Representation in Academic Internal Medicine Specialties in the US. JAMA Internal Medicine. 2021. 181(9)

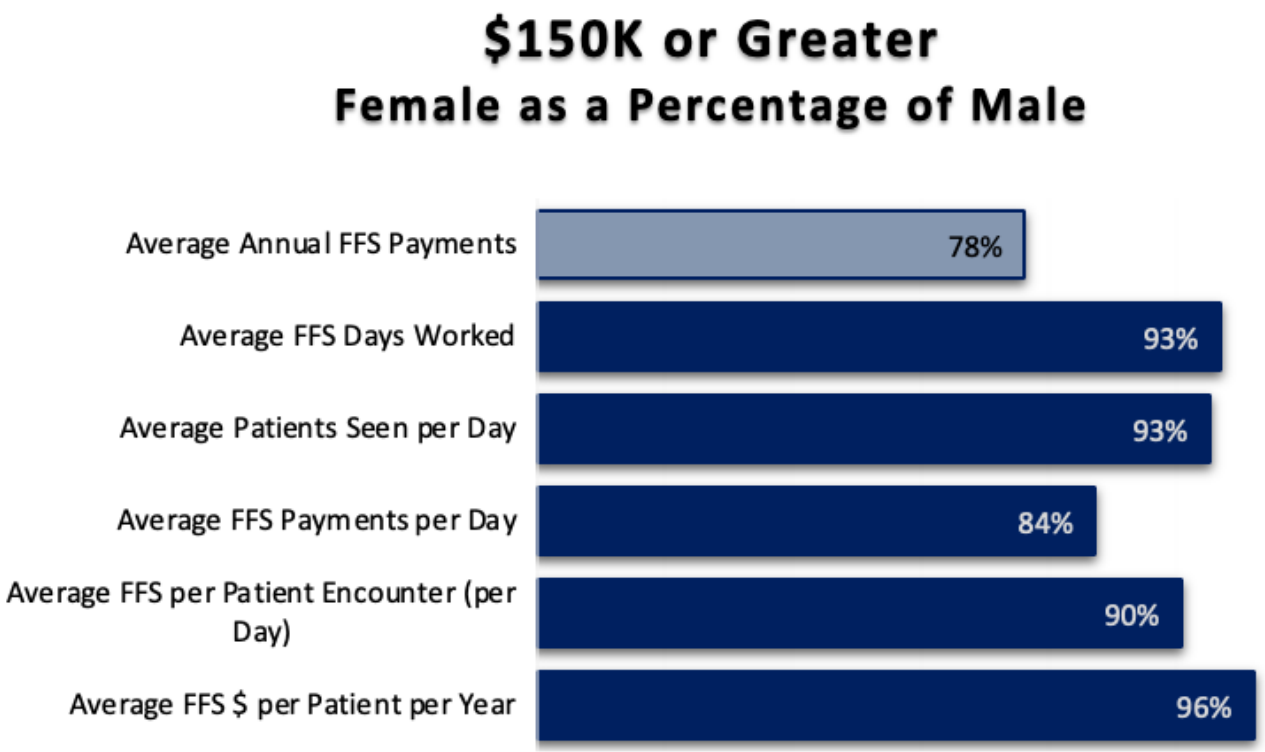
What about GIM in BC?

Data source: MSP billings, 2021-2022 Fiscal Year

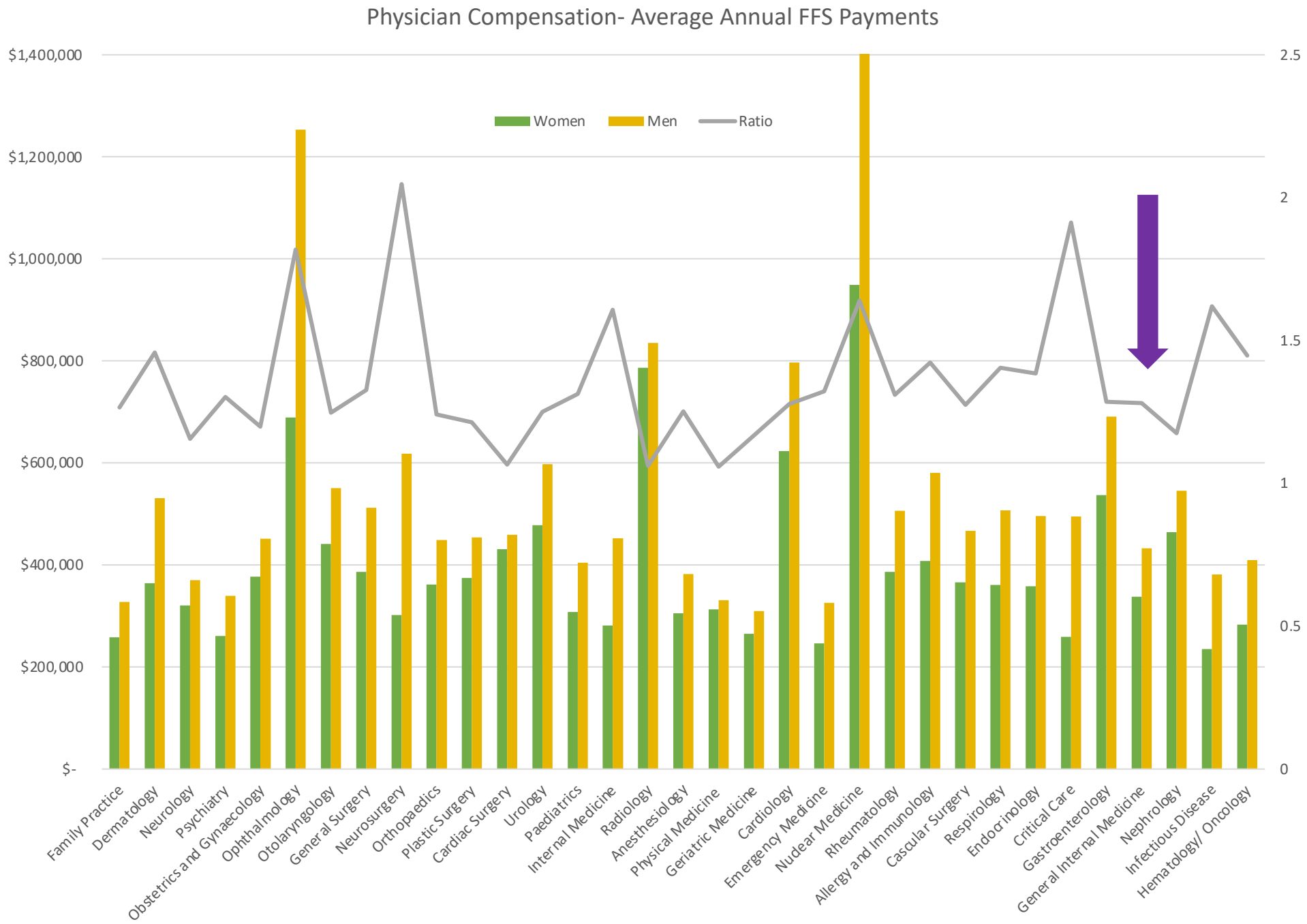
Provided by: Doctors of BC, MSP Claims File

Summary of billing data for physicians who billed over $150,000/yr

Annual difference: $94,851



Methodology	Gender Female	Male	% Difference Female to Male
Base Data			
# of Physicians	149	196	
Average Annual FFS Payments	**$ 257,435**	**$ 377,215**	**-31.8%**
Average FFS Days Worked	172	209	-17.7%
Average Patients Seen per Day	13	15	-9.2%
Average FFS Payments per Day	$ 1,498.50	$ 1,808.10	-17.1%
Average FFS per Patient Encounter (per Day)	$ 112.57	$ 123.35	-8.7%
Average FFS $ per Patient per Year	$ 234.21	$ 242.39	-3.4%
150K+			
# of Physicians	104	166	
Average Annual FFS Payments	**$ 337,933**	**$ 432,784**	**-21.9%**
Average FFS Days Worked	216	231	-6.6%
Average Patients Seen per Day	14.0	15.1	-7.4%
Average FFS Payments per Day	$ 1,565.70	$ 1,872.60	-16.4%
Average FFS per Patient Encounter (per Day)	$ 111.68	$ 123.63	-9.7%
Average FFS $ per Patient per Year	$ 232.38	$ 242.13	-4.0%
150plustrim			
# of Physicians	94	150	
Average Annual FFS Payments	**$ 296,701**	**$ 381,010**	**-22.1%**
Average FFS Days Worked	209	226	-7.6%
Average Patients Seen per Day	12.8	14.2	-9.8%
Average FFS Payments per Day	$ 1,420	$ 1,684	-15.7%
Average FFS per Patient Encounter (per Day)	$ 111.10	$ 118.92	-6.6%
Average FFS $ per Patient per Year	$ 222.42	$ 232.36	-4.3%


Physician Compensation- Average Annual FFS Payments
$1,400,000
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$-
2.5
2
1.5
1
0.5
0
Women
Men
Ratio
Family Practice
Dermatology
Neurology
Psychiatry
Obstetrics and Gynaecology
Ophthalmology
Otolaryngology
General Surgery
Neurosurgery
Orthopaedics
Plastic Surgery
Cardiac Surgery
Urology
Paediatrics
Internal Medicine
Radiology
Anesthesiology
Physical Medicine
Geriatric Medicine
Cardiology
Emergency Medicine
Nudear Medicine
Rheumatology
Allergy and Immunology
Cascular Surgery
Respirology
Endocrinology
Critical Care
Gastroenterology
General Internal Medicine
Nephrology
Infectious Disease
Hematology/ Oncology

After hours FFS per physician

- Based on 104 women and 166 men
- Women - $16,273
- Men - $16,103

	Units of CCFPP per call out	
	Women	Men
Evening	4.4	4.0
Night	2.9	2.9
Weekend/stat	6.3	5.3

A closer look at some fee items

	Female	Per female	Male	Per male	Ratio
Stress Tests	$505,094	$4,857	$1,621,271	$9,767	2.01
Critical Care	$1,628,547	$15,659	$4,219,242	$25,417	1.62
Cardiac Diagnostics	$2,381,284	$22,897	$5,233,691	$31,528	1.38
After Hours Surcharges	$1,692,484	$16,274	$2,673,178	$16,103	0.99
Respiratory Diagnostics	$286,974	$2,759	$235,381	$1,418	0.51
Counselling	$11,824	$114	$12,323	$74	0.65
Group Medical Visits	$85,959	$827	$54,907	$331	0.40

Is it that women work less hours?

- Hourly earnings for female surgeons 24% lower than for male surgeons[1]
  - no differences in time taken by male and female surgeons to perform common procedures
  - female surgeons more commonly performed procedures with the lowest hourly earnings
- Primary care in BC[2]
  - Women make 36% less than men
  - Women worked 3.2 hours/week less
- Canadian Medical Association Physician Workforce Survey (2019)[3]:
  - women worked 4.7% fewer hours per week and 8.6% fewer hours on-call
  - adjusting for demographics and hours of work, female physicians earn about 9% less than male physicians
- Female physicians spend on average 2 more minutes more with a patient during an office visit than male physicians[4]
  - more focus on patient-centered communication, asking about psychosocial issues, counseling

[1]Dossa F, et al. Sex-Based Disparities in the Hourly Earnings of Surgeons in the Fee-for-Service System in Ontario, Canada. JAMA Surg. 2019 Dec 1;154(12):1134-1142.
[2]Hedden L, et al. In British Columbia, the supply of primary care physicians grew, but their rate of clinical activity declined. *Health Aff (Millwood)* 2017;36:190411.
[3]Boris K. Gender pay gap in Canadian medicine – yes, it's real. Toronto: Canadian Health Care Network; 2022. Available: https://www.canadianhealthcarenetwork.ca/gender-pay-gap-canadian -medicine-yes-its-real
[4]Roter DL, Hall JA, Aoki Y. Physician gender effects in medical communication: a meta-analytic review. JAMA. 2002;288:756-64.

Rheumatology Data – Dr. Mollie Carruthers

- Women work similar number of hours per week
- Women spend more time per consult with patients and see less patients per day

Gaps in Data

- Hours worked
- Time per patient
- Patient outcomes and satisfaction
- Patient expectations

Box 1: Actions various stakeholders can take to close the gender pay gap in Canadian medicine

Action	Stakeholder				
	Provincial/territorial governments	Professional associations	Faculties of medicine	Clinical leaders	Individual physicians
Provide transparent aggregate data stratified by gender and other demographic characteristics	Transparent reporting of physician payments		Transparent reporting of salary support and promotion of physicians within an institution	Transparent reporting of physician income within a practice plan	Ask for data stratified by gender and demographic characteristics
Provide antioppression training	Training for leadership and those on negotiation committees		Training for all faculty	Training for all clinical leaders	Act as role models by doing training
Maintain standard, fair and transparent hiring and promotion practices	E.g., for physician leadership roles	E.g., for committees and executive	E.g, for new hires, salary support and promotion		Advocate for open, advertised competitions with transparent process
Actively seek women for leadership roles	Gender representation on negotiation committees	Gender representation on negotiation committees, executive and board	• Gender representation on hiring committees • Actively seek and encourage female candidates		Actively mentor and sponsor women
Provide better maternity and parental leave programs	Improve maternity and parental benefit programs		Support colleagues who are taking maternity and parental leave		
Other	• Address disparities in fee codes for procedural and nonprocedural services and for surgical procedures for men v. women • Apply gender-based analysis to discussions of income relativity		• Expose and challenge the hidden curriculum, starting with faculty education • Apply a feminist critique to medical curricula	• Adopt standard and transparent starting salaries • Implement centralized, objective and transparent referral and triage systems	Support women by sharing household labour more equitably

CMAJ 2020 August 31;192:E10117. doi: 10.1503/cmaj.200375