

sis in this period that adjusted for these factors did not.¹ Recent studies suggest, however, that gender differences in earnings still exist even after adjustment for these factors.²

While it is important to study gender differences in earnings after accounting for factors such as specialty choice and practice type, it is equally important to understand overall unadjusted gender differences in earnings. This is because specialty and practice choices may be due to not only preferences of female physicians but also unequal opportunities. For example, are unadjusted earnings differences between male and female physicians due to a preference of female physicians for lower-paying specialties (eg, pediatrics or primary care) or do female physicians have less opportunity to enter higher paying specialties despite having similar preferences as male physicians? The etiology of the persistent gender gap in physician earnings is unknown and merits further consideration.

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Invited Commentary

Persistent Earnings Inequities for Female Physicians: Still the Same Old Story

Twenty-four years ago, as a new associate professor of medicine, I was appointed to the Chancellor's Advisory Committee on the Status of Women of my university (University of California, San Francisco) and simultaneously made chair of its Faculty Issues subcommittee. The committee's energetic chair assigned to my subcommittee the task of performing a salary equity study across our 4 health professions schools.

We chose a conservative design, identifying matched pairs of faculty members, a man and a woman, in the same department, who had achieved tenure within just a few years of each other. Our reasoning was that by focusing on faculty members who were by academic definition successful, having achieved tenure, we could eliminate arguments about differences in ambition, talent, and personal circumstances as explanations for discrepancies between the members of the pairs.

We compared the pairs with respect to current salary and the rate at which each had proceeded up the academic ladder. We defined a salary difference of less than 15% as trivial, although over a career it is not a trivial difference. By this conservative definition, a modest majority of our pairs were receiving equitable pay. However, a substantial minority of pairs showed salary disparities of greater than 15%, and in virtually every instance, the disadvantaged party was the woman.

Pay discrepancies between men and women for the same work has remained a pervasive and refractory problem. In this issue of *JAMA Internal Medicine*, Seabury and colleagues¹ demonstrate this yet again. After adjusting for hours worked, the authors found that between 2006 and 2010, male physicians earned a third more than their female counterparts. At \$56 019 per year, the difference is consequential; multiplied over a 30- or 40-year professional lifetime, it is huge. Why does this continue to happen?

Various explanatory factors have been invoked to account for earnings differences across sexes in medicine. Often the income differential is represented as consequent to the choices women make. Women are considerably more likely than men to work part-time and, even among physicians working full-time, women work slightly fewer hours per week than men. In outpatient settings, women may take slightly longer per patient than male clinicians. Furthermore, women choose different specialties than men, although these differences are abating with time. In the graduating class of 2012, of high-earning specialties, women entered dermatology at the same rate as men, while substantially more men chose anesthesia. Men selected diagnostic radiology at more than twice the rate of women, while 8 times as many male than female medical students selected orthopedic surgery.² However, there is evidence that a preference for different specialties does not account for the earnings gap. Our salary equity study compared faculty members with the same degree in the same department; using much more powerful methods, Lo Sasso and colleagues³ found a systematic salary advantage across specialties as recently trained physicians entered practice in New York State.