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The Gender Pay Gap in Ophthalmology

On Equal Pay Day, social media feeds highlighted the well-known statistic that women in America make \$.82 for every \$1.00 that men make, a wage gap that is even higher for women of color.¹ In medicine, the gender wage gap continues to persist, and according to Doximity's *2020 Physician Compensation Report*, it increased significantly during the pandemic.² The wage gap is larger in some specialties, including ENT, orthopedic surgery, and OB/GYN, and smaller in others, including ophthalmology. In *Ophthalmology*, Jia et al. report a 10.3% (\$27,273.89) pay gap in starting salaries for our specialty.³

Why is the overall gender pay gap so persistent? Many articles, papers, and opinions explain or dismiss the wage gap as related to personal choice—and just as many argue that society pays women unfairly for equal work. Similar arguments about its root causes have dogged the discussion of gender pay inequalities in medicine.

What are the typical explanations for the gender pay gap in ophthalmology? A common one asserts that compensation is lower overall for women because they are less productive. It's also been shown that women tend to choose lower paying subspecialties, are more likely than men to choose academic medicine over private practice, and may be less effective than men at negotiating. The complex array of factors contributing to the compensation gap in medicine underscores the importance of well-structured, methodical research.

With regard to productivity, previous studies have shown that female ophthalmologists see fewer patients overall and submit fewer charges to Medicare.^{4,5} These studies are single-variate analyses of the CMS database and don't account for subspecialty choice, practice type, or career stage. As women account for 25% of Academy membership overall, and 40% of ophthalmology residents are women, a larger proportion of female ophthalmologists in the CMS database are early in their careers and still building a practice. The *Ophthalmology* study³ addresses the productivity issue by analyzing first year salary data. Lama Al-Aswad, the corresponding author on the paper, explains that “looking at first-year salary and bonus data is an elegant way to address the productivity issue because it is independent of RVUs or collected revenue.”

While male and female ophthalmologists are equally

likely to pursue fellowship training, male ophthalmologists are more likely to choose more highly paid subspecialties, especially vitreoretinal surgery. This study controlled for subspecialty choice as an independent case match variable and still found a significant pay gap (\$30,726.51). And as for the choice of academics over private practice, there was a small difference in first-year salaries between the two, yet the gender wage gap persisted when controlling for most factors, including practice type as a matched variable.

Finally, with regard to negotiating skills, some studies report that women are less likely to negotiate, whereas others report that women are equally likely to negotiate but are less successful at raising their salaries. This is a challenging factor to study and calls for more research.

There's much that's encouraging in ophthalmology. Our gender-pay gap is smaller than in most surgical specialties, though we need more well-designed research to analyze its root causes. Furthermore, there are many examples of salary structures that are independent of conscious or unconscious gender bias. For example, military medicine has a well-defined salary structure, and some ophthalmology practices compensate solely on a percentage of RVUs billed or revenue collected. The principle is that ophthalmologists—men and women—have varied interests, motivations, career arcs, and work patterns, and the goal is to honor these differences independent of gender.



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1 www.bls.gov/opub/reports/womens-databook/2019/home.htm.

2 2020 Physician Compensation Report; www.doximity.com/about/research. Accessed Jan. 25, 2021.

3 Jia J et al. *Ophthalmology*. Published online Nov. 25, 2020.

4 Reddy AK et al. *JAMA Ophthalmol*. 2017;135(9):1006.

5 Ahmad S et al. *Am J Ophthalmol*. 2020;214:32-39.