Literature Review:
Pay Equity in Academic Medicine and STEM

July 2025

Table of Contents

Search Strategy

Could you do a full review on anything salary equity related in academic medicine since January 2024 to the present please? We're looking for anything in academic medicine, medicine, or STEMM related to pay equity, salary equity, compensation equity, salary gap, wage gap, gender pay gap, etc.

(gender OR sex OR women OR female OR male OR men) AND (medicine OR science OR STEM) AND (pay OR salary OR wage) AND (equity OR gap OR disparity) and "Salaries and Fringe Benefits"[Mesh]

"Salaries and Fringe Benefits"[Mesh]

Physicians, Women / economics

Physicians / economics

Academic Medicine

Acosta-Rodriguez, H., Futela, D., Khunte, M., Wintermark, M., Gandhi, D., Payabvash, S., & Malhotra, A. (2025). Financial Compensation of PhD Research Faculty in Academic Radiology: Trends and Disparities in the U.S. *Academic Radiology*. https://doi.org/10.1016/j.acra.2025.04.011 https://doi.org/10.1016/j.acra.2025.04.011 https://www.academicradiology.org/article/S1076-6332(25)00310-1/abstract
Rationale and ObjectivesThe trends in compensation for academic radiology research faculty have not been thoroughly examined.

Chauhan, D., DeYoung, J. K., Goodrich, E., Templeton, K., & Day, C. S. (2025). Gender-Based Disparities in Academic Orthopaedic Surgery Physician Compensation in 2023. *J Am Acad Orthop Surg*, *33*(10), e563-e571. https://doi.org/10.5435/jaaos-d-24-01256 https://www.ingentaconnect.com/content/wk/jos/2025/00000033/00000010/art00012;jsessionid=1g2iwohsvv706.x-ic-live-01
BACKGROUND: Orthopaedic surgery remains one of the least diverse specialties in medicine. Parity in opportunity and recognition are key factors in attracting and retaining a diverse group of individuals in the field. The primary purpose of this study was to assess gender-based discrepancies in total salary compensation by rank for academic orthopaedic surgery faculty. METHODS: Aggregate data were obtained from the Association of American Medical Colleges for fiscal year 2023. Mean compensation was compared for orthopaedic surgery faculty and total surgery faculty at all academic ranks based on gender and race. RESULTS: Men received markedly higher total compensation for all ranks except chair within orthopaedic surgery. At the instructor level, men earned an average annual income of $554,245 while women received $229,204, demonstrating a significant pay gap (P = 0.0019). At the assistant professor (men: $628,346; women: $475,857), associate professor (men: $732,381; women: $575,877), and professor (men: $743,822; women: $472,140) levels, there existed significant pay disparities (P < 0.0001 for all three academic levels, respectively). At the chief position, men earned an average of $1,185,873 annually while women received $596,270 (P = 0.0006). Aggregate data for other surgical specialties demonstrated similar results, with women receiving lower total compensation at all ranks compared with men. CONCLUSION: This analysis of the 2023 American Medical Colleges Faculty Salary Report demonstrates a notable pay differential between men and women in orthopaedic surgery and surgical specialties, in general, across multiple academic levels including instructor, assistant professor, associate professor, professor, and chief of division. Although there has been increasing awareness of gender-based compensation disparities within surgical specialties, particularly in orthopaedic surgery, these disparities are still clearly present.

Chen, H., Futela, D., Xie, V., Bahroo, L. B., Gandhi, D., & Malhotra, A. (2025). Gender Wage Gap Among Academic Neurologists: A Temporal Analysis From 2019 to 2023. *Neurology*, *104*(6), e213414. https://doi.org/10.1212/wnl.0000000000213414 https://www.neurology.org/doi/10.1212/WNL.0000000000213414?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub 0pubmed
OBJECTIVES: Despite efforts to reduce the gender wage gap, a 2019 survey of American Academy of Neurology members showed that a significant gender wage gap was still evident. This study aims to assess the gender wage gap from 2019 to 2023. METHODS: Data were obtained from the American Association of Medical Colleges (AAMC) Faculty Salary Report from 2019 to 2023. Compensations of full-time neurology faculty at medical schools were recorded by gender and stratified by academic rank. Mean salaries and gender wage gaps were trended over time, and statistical significance was tested using

linear regression models. RESULTS: From 2019 to 2023, the mean salary increased from $278 ,475 to $313 ,627 for men ($p < 0.001$) and $231, 863 to $269 ,870 for women ($p < 0.001$). The average gender wage gap was $46, 612 in 2019 and $43, 757 in 2023. Women made 90 cents-on-the-dollar compared with men at the same academic rank in 2019, which remained unchanged at 91 cents-on-the-dollar in 2023 ($p = 0.48$). DISCUSSION: Despite increases in academic neurology salaries for both men and women from 2019 to 2023, the gender wage gap remained unchanged.

Enofe, N., Tompkins, A., Cooke, D. T., Freeman, K., DiMaio, J. M., Merrill, W., & Erkmen, C. P. (2024). A Report of Salaries of Academic Cardiothoracic Surgeons Based on Race and Ethnicity. *Ann Thorac Surg*, *118*(3), 569-578. https://doi.org/10.1016/j.athoracsur.2024.03.044

BACKGROUND: Diversity in the physician workforce improves patient care, physician well-being, and innovation. Workforce diversity is dependent on fair compensation that is unbiased by race or ethnicity. The purpose of this study was to determine whether a disparity of representation and salary on the basis of race or ethnicity exists in academic cardiothoracic surgery. METHODS: Study investigators performed a cross-sectional analysis of data collected by the Accreditation Council of Graduate Medical Education (ACGME) and the Association of American Medical Colleges (AAMC) faculty data for US medical school faculty 2021 and 2022. Salary data were not available if an academic rank and race or ethnicity had fewer than 6 cardiothoracic surgeons. Study investigators performed a descriptive analysis of the number of faculty and compared median and mean salaries according to academic rank using a paired t test. RESULTS: Of the 758 academic cardiothoracic surgeons, 64.9% were White, 25.2% were Asian, 3.3% were Black or African American, 4.9% were Hispanic or Latino, and 1.7% were of other race or ethnicity. Cardiothoracic surgeons at the academic rank of professor were 74.6% White, 17.7% Asian, 3.4% Black or African American, 3.9% Hispanic or Latino, and 0.4% other races. Asian faculty earned 89% to 171%, Black or African American faculty earned 59% to 94%, and Hispanic or Latino faculty earned 84% to 165% of the median salary earned by White faculty. Black or African American faculty consistently and significantly ($P = .002$) earned lower median salaries compared with White faculty at each academic rank measured. CONCLUSIONS: The academic cardiothoracic surgery workforce lacks diversity, especially at the highest academic ranks. Salary equity among races or ethnicities is complex, requiring additional study. However, Black or African American cardiothoracic surgeons experience low representation and salary disparity at every academic rank measured.

Flores-Pérez, P. S., Futela, D., Rancu, A. L., Febre, D., Alperovich, M., & Malhotra, A. (2025). Academic Surgeon Financial Compensation in the US: Trends from 2017 to 2023. *Journal of the American College of Surgeons*.
https://journals.lww.com/journalacs/fulltext/9900/academic_surgeon_financial_compensation_in_the_us_.1319.aspx
https://journals.lww.com/journalacs/fulltext/9900/academic_surgeon_financial_compensation_in_the_us_.1319.aspx

Background: Academic surgeons play a dual role in healthcare by providing patient care and spearheading research and trainees' education, but non-surgical responsibilities are frequently uncompensated and undervalued. For faculty underrepresented in medicine, these issues may be compounded by additional expected mentorship and advocacy roles. Comprehensive analyses of academic surgeon compensation trends remain scarce; this study evaluated recent trends in academic surgeon compensation stratified by rank, sex, race/ethnicity, and subspecialty. Study Design: Total annual compensation from 2017-2023 for full-time surgery department faculty was collected from the American Association of Medical Colleges Faculty Salary Survey and analyzed according to rank, sex, and race/ethnicity identifiers and across 11 surgical subspecialties. Average salaries, wage gaps, and

changes across time were assessed. Results: The Faculty Salary Survey data for 2023 included 12,443 faculty in academic surgery departments. The average salary for surgery faculty weighed by rank had a 2.9% compounded growth rate from 2017-2023, with division chiefs having the greatest compound growth rate and associate professors having the lowest. After adjusting for rank, women consistently earned less than men. In 2023, Black/African American faculty earned less than White faculty, and Asian women faculty members experienced the largest wage gap compared to White men faculty. Conclusions: This study summarizes trends in academic surgeon compensation. It highlights the need for further research that identifies the root causes of disparities and informs interventions that address them, promoting the recruitment and retention of a skilled, diverse academic surgeon workforce.

Koo, A. B., Futela, D., Stogniy, S., Renedo, D., Sujijantarat, N., Elsamadicy, A. A., Amllay, A., Kanzler, M., Antonios, J., Hebert, R., Malhotra, A., & Matouk, C. C. (2025). Variations in Academic Neurosurgery Physician Compensation in the United States. *World Neurosurgery*, *198*, 124007. https://doi.org/https://doi.org/10.1016/j.wneu.2025.124007 https://www.sciencedirect.com/science/article/pii/S1878875025003638 https://www.sciencedirect.com/science/article/pii/S1878875025003638?via%3Dihub

Background The current trends in academic neurosurgery physician compensation are not well studied. The aim of this study was to investigate recent trends in U.S. academic neurosurgery faculty compensation by gender, race/ethnicity, and geographic region. Methods We performed a secondary analysis of the Association of American Medical Colleges Faculty Salary Survey, years 2017 to 2023. Financial compensation data for full-time academic faculty were stratified by rank, gender, and race/ethnicity. Results The 2023 Association of American Medical Colleges Faculty Salary Survey data included responses for 1383 faculty members in neurosurgery departments in U.S. medical schools. During the study period, median compensation increased for all ranks by 0.6 to 3.9% per year (approximately $20-24K per year for professor ranks, $30K per year for chiefs, and $33K per year for chairs). When comparing median annual compensation, male faculty members were compensated more than their female counterparts by 13 to 23% based on rank, with the difference in compensation for full professors narrowing in the last two years. Conclusions From 2017 to 2023, we found significant differences in salary compensation amongst academic neurosurgery faculty throughout the United States. Continued efforts to reduce salary inequities should be addressed as part of a broader effort to increase diversity and retention within the neurosurgical specialty.

Malhotra, A., Futela, D., Joshi, R., Khunte, M., Moily, N. S., Wu, X., Payabvash, S., Wintermark, M., & Gandhi, D. (2024). Academic Radiology Physician Financial Compensation in the United States: Trends and Distribution. *Radiology*, *313*(1), e241057. https://doi.org/10.1148/radiol.241057 https://pubs.rsna.org/doi/10.1148/radiol.241057?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub 0pubmed

Background The overall trends in academic radiology physician compensation are not well studied. Purpose To assess recent trends in academic radiology financial compensation and distribution based on rank, gender, race/ethnicity, and geography in U.S. medical schools. Materials and Methods This secondary analysis used deidentified data from the Association of American Medical Colleges (AAMC) Faculty Salary Report, which collects information for full-time faculty at U.S. medical schools. Financial compensation data for full-time academic radiology faculty was collected from 2017 to 2023, stratified by rank, gender, race/ethnicity, and geography. The faculty salary report includes median, 25th, and 75th percentile compensation values for each rank, which were used to analyze trends with linear regression. Median compensation values were used to compare groups based on gender,

race/ethnicity, and region. Results The AAMC Faculty Salary Report data for 2023 included responses for 5847 faculty members across all radiology departments, including 306 instructors, 2758 assistant professors, 1409 associate professors, 1004 full professors, 226 chiefs, and 144 chairs. On average, median faculty compensation increased by 2.6%-4.4% per year from 2017 to 2023, with the greatest increase (by 4.4% per year) at the instructor level and smaller increases (3.4%-2.6%) at the more senior ranks. Male faculty members were consistently compensated more than women at all ranks throughout the study period. The overall salary gap remained at 6% ($455 000 for women vs $483 000 for men) throughout the study period but increased numerically from $24 000 in 2019 to $28 000 in 2023. Black/African American faculty had a lower median compensation compared with White faculty (by 4% overall; $452 000 for Black/African American faculty vs $472 000 for White faculty) at all ranks except at professor rank. Instructor compensation in the Northeast region was substantially higher (by $278 000) than other regions, but this geographic differential did not exceed $35 000 at other ranks. Conclusion This study summarized the trends of full-time academic radiology faculty compensation and showed persistent salary inequities that should be addressed as part of a broader drive to increase diversity, equity, and inclusion. © RSNA, 2024 Supplemental material is available for this article.

Malhotra, A., Futela, D., Khunte, M., Ebrahimian, S., Lee, C., Wu, X., Payabvash, S., & Gandhi, D. (2024). Salary Equity in Academic Radiology Relative to Other Clinical Specialties. *Acad Radiol*, *31*(7), 2725-2727. https://doi.org/10.1016/j.acra.2024.05.012

BACKGROUND: Equity in faculty compensation in U.S. academic radiology physicians relative to other specialties is not well known. OBJECTIVE: The aim of this study is to assess salary equity in U.S. academic radiology physicians at different ranks relative to other clinical specialties. METHODS: The American Association of Medical Colleges (AAMC) Faculty Salary Survey was used to collect information for full-time faculty at U.S. medical schools. Financial compensation data were collected for 2023 for faculty with MD or equivalent degree in medical specialties, stratified by gender and rank. RESULTS: The AAMC Faculty Salary Survey data for 2023 included responses for 97,224 faculty members in clinical specialties, with 5847 faculty members in Radiology departments. In radiology, compared to men (n = 3839), the women faculty members (n = 1763) had a lower median faculty compensation by 6% at the rank of Assistant Professor, 3% for Associate Professors, 4% for Professors and 6% for Section Chief positions. Surgery had the highest difference in median compensation with 21%, 24%, 22% and 19% lower faculty compensation, respectively, for women faculty members at corresponding ranks. Pathology had the lowest percent difference (<1%) in median compensation for all professor ranks. Salary inequity in radiology was lower compared to most other specialties. From assistant to full professors, all other clinical specialties except Pathology and Psychiatry, had a greater salary inequity than Radiology. CONCLUSION: The salary inequity in academic radiology faculty is lower than most other specialties. Further efforts should be made to reduce salary inequities as broader efforts to provide a more diverse, equitable and inclusive environment. SUMMARY STATEMENT: Salary inequity in academic radiology faculty is lower than most other specialties.

Malhotra, A., Futela, D., Khunte, M., Moily, N. S., Wu, X., Payabvash, S., & Gandhi, D. (2024). Salary equity in academic medicine physicians. *Am J Med Sci*, *368*(2), 167-169. https://doi.org/10.1016/j.amjms.2024.05.009

Salary equity is integral to a comprehensive diversity, equity and inclusion strategy. Financial compensation for U.S. women physicians has historically been between 17 and 28% less than men at all career stages and across specialties.1 Proposed explanations have included possibilities that women make career and personal choices that impacts earning, and complexities involving compensation in academic medicine making it difficult to analyze and address salary inequity.1 However, there are

strong legal, financial and ethical reasons to address salary equity.2 The Association of American Medical Colleges (AAMC) faculty salary survey has been reporting faculty compensation by gender since 2019, and has advocated promising practices for addressing salary equity at U.S. medical schools.3 It is unclear if salary inequities persist. In this study, we sought to analyze the faculty compensation in different specialties across ranks from 2021 to 2023.

Malhotra, A., Futela, D., Khunte, M., Wu, X., Payabvash, S., Gandhi, D., & Jordan, J. E. (2024). Intersectionality and Faculty Compensation in Academic Radiology in U.S. *Acad Radiol*, *31*(12), 5228-5231. https://doi.org/10.1016/j.acra.2024.07.021

BACKGROUND: The impact of intersectionality on academic radiology physician compensation is not well known. PURPOSE: The aim of this study was to assess impact of intersectionality on academic radiology financial compensation, based on rank, gender and race/ethnicity in US medical schools. METHODS: Data were collected from the AAMC Faculty Salary Survey, which collects information for full-time faculty at U.S. medical schools. Financial compensation data for radiology faculty with MD or equivalent degree in diagnostic radiology (DR) as well as interventional radiology (IR) was collected for 2023, stratified by rank, gender, and race/ethnicity. RESULTS: The AAMC Faculty Salary Survey data for 2023 included responses for 683 IR (138 women, 545 men) and 2431 DR (862 women, 1569 men) faculty. Men had a higher median compensation than women at all ranks, for both IR and DR, except DR instructors. The gender pay gap was greater in IR faculty compared to DR faculty of the same rank. All intersectional groups among IR faculty reported a lower median compensation compared to White men of the same rank. All intersectional groups among DR faculty, except Asian Men, had a lower median compensation than White men of the same rank. Among IR faculty, Asian women assistant professors faced the greatest disparity in median compensation, down to $75 K (15%) lower than White men. Among DR faculty, Black/African American women assistant professors faced the greatest disparity on median compensation, down to $48 K (10.5%) lower than White men. CONCLUSION: The study results raise important concerns about impact of intersectionality on faculty compensation in radiology which needs further study and should be addressed as part of broader drive to increase diversity, equity, and inclusion in academic radiology.

Omoruyi, E. A., Brown, C. L., Orr, C. J., & Montez, K. (2024). Examining Full-Time Academic General Pediatric Faculty Compensation by Gender, Race, and Ethnicity: 2020-2021. *Acad Pediatr*, *24*(2), 309-317. https://doi.org/10.1016/j.acap.2023.05.017
https://pmc.ncbi.nlm.nih.gov/articles/PMC11177246/

OBJECTIVE: In medicine, women have lower lifetime earnings than men. To our knowledge, an in-depth examination of academic general pediatric faculty compensation by gender, race, and ethnicity has not been conducted. We aimed to 1) explore full-time academic general pediatric faculty salary differences by race and ethnicity; 2) explore these differences among all full-time pediatric faculty. METHODS: We performed a cross-sectional study using data on median full-time academic general pediatric faculty compensation for the academic year of 2020-2021 from the Association of American Medical Colleges Medical School Faculty Salary Survey report. Pearson's chi-square tests were used to evaluate the association of faculty rank with gender, race, ethnicity, and degree. We used hierarchical generalize linear models with a log link and a gamma distribution to model to assess the association of median salary with faculty race and ethnicity, adjusting for degree, rank, and gender. RESULTS: Men academic general pediatric faculty consistently had higher median salaries than women faculty even after adjusting for degree, rank, race, and ethnicity. Underrepresented in medicine academic general pediatric faculty had a lower median salary when compared to White faculty, and this was similar when adjusted for degree, rank, race, and ethnicity. CONCLUSIONS: Our results demonstrated broad

disparities in general academic pediatric compensation by both gender and race and ethnicity. Academic medical centers must identify, acknowledge, and address inequities in compensation models.

Omoruyi, E. A., Brown, C. L., Orr, C. J., & Montez, K. (2024). Examining Full-Time Academic General Pediatric Faculty Compensation by Gender, Race, and Ethnicity: 2020–2021. *Academic Pediatrics*, *24*(2), 309-317. https://doi.org/https://doi.org/10.1016/j.acap.2023.05.017 https://www.sciencedirect.com/science/article/pii/S1876285923002000 https://pmc.ncbi.nlm.nih.gov/articles/PMC11177246/

Objective In medicine, women have lower lifetime earnings than men. To our knowledge, an in-depth examination of academic general pediatric faculty compensation by gender, race, and ethnicity has not been conducted. We aimed to 1) explore full-time academic general pediatric faculty salary differences by race and ethnicity; 2) explore these differences among all full-time pediatric faculty. Methods We performed a cross-sectional study using data on median full-time academic general pediatric faculty compensation for the academic year of 2020–2021 from the Association of American Medical Colleges Medical School Faculty Salary Survey report. Pearson's chi-square tests were used to evaluate the association of faculty rank with gender, race, ethnicity, and degree. We used hierarchical generalize linear models with a log link and a gamma distribution to model to assess the association of median salary with faculty race and ethnicity, adjusting for degree, rank, and gender. Results Men academic general pediatric faculty consistently had higher median salaries than women faculty even after adjusting for degree, rank, race, and ethnicity. Underrepresented in medicine academic general pediatric faculty had a lower median salary when compared to White faculty, and this was similar when adjusted for degree, rank, race, and ethnicity. Conclusions Our results demonstrated broad disparities in general academic pediatric compensation by both gender and race and ethnicity. Academic medical centers must identify, acknowledge, and address inequities in compensation models.

Owda, D., Mensah, M. O., Yang, D., Canavan, M. E., Gross, C. P., & Chaudhry, S. I. (2025). Salary Differences by Gender, Race, and Ethnicity Among Assistant Professors at US Medical Schools. *JAMA Netw Open*, *8*(5), e259583. https://doi.org/10.1001/jamanetworkopen.2025.9583 https://watermark.silverchair.com/owda_2025_oi_250348_1746646911.50574.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAzAwggMsBgkqhkiG9w0BBwagggMdMIIDGQIBADCCAxIGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMD3rJcGDJYWUltIPYAgEQgIIC470VYk_Ee5opkOi3CbPeFno-TahLw-_bVrKIuWlfQQjmXaa9qPqFM56uOl18o8qGy3DWlOZq5GZ17XHmsP0jmV5CE6rdh41OdREe6jf_SrIUlKltlhGQyaGnT-ftx5vx4W_guotZkhTWcBvhd1kwl3LgCk8WWYnO1jP_2RMqr_8iyDVdmOdCH4wyi2XDCh7DyhriQ5VOR55nSy6y66490FArZhdQhWiPxGyzRpwzFBZnmloTjMIDn9HR-C1h5YksNPfwItCXl4wTUKaFENEsBoPswyDc4Sup8lHsDdL_nwmSJewbwWdMcvGXpjGuF1H581QU79TQ4bjmMxt_g_ONGlGkl_gM0GSqzaWa4_bd1oglap8gFfKSuFQNjJQKL3m1i8jfJxrGpABY2WQrBNCxOXBSdFxS4x3or1CDBAr3L2DYhGj3bSXUYwryxZG0jXGJMUuuCoI577U4vRv3luYsqE6cUeblhN_0T6xIN3r4-f05usEDUhw5Yp65_QoJ75en147awW4bI2HnI07ZdisgtyrZvWto46_8f_sNSz7rfw1GJG9Gi169HgGQHcBeC0KV-CCXpY1BrsEcX3YSwA3rhWqS2F3RrdeZU7TOge4rKxOfEqAcOus8WuXLfVOyXT87tSXXmrWdud-PugMzL-NqTirv2i6IUc341W6AOEoss2fSmjXXX3mAhVe14z1m0OgDnYVp-oZaJiq6gETayDxsGxUtRD2c6MlwwJQ9miMrfQjcntHhcCup2kd4zdmF4_NMP5ehYAdLTGp4INqKCwcwkxNmmjFss1U5Z_v1y-Mc6uSsT5JibpkUlFG7n2dgNOtKCWMSKnvCfihx-RHRCewXLX0y9FzXEDRSyyD1EhvWdOBxtSsPyWOHQzWbip9V5PJ-

ulo8lf5Uobun5f8mfpLs_NgwwCYw2BqeNOECrXDGWH2KRzVw5QRfmzYVImvTSry0KG1YsPIV-FR8FPbevRU4pCsK8eg

IMPORTANCE: Salary inequities by gender are well documented in medicine, but there is limited understanding of racial and ethnic disparities or how these intersect with gender across clinical specialties. OBJECTIVE: To determine whether salaries for assistant professors at US medical schools differ by gender, race and ethnicity, and gender-race-ethnicity intersections across clinical specialties. DESIGN, SETTING, AND PARTICIPANTS: This cross-sectional study of medical school assistant professor faculty salary data assessed 19 clinical specialties by gender, race and ethnicity, and gender-race-ethnicity intersections. Aggregated data were obtained from the Association of American Medical Colleges Faculty Salary Report for 2022 to 2023 for assistant professors at 153 US medical schools. EXPOSURES: Gender, race and ethnicity, and gender-race-ethnicity. MAIN OUTCOMES AND MEASURES: Median annual salary and salary ratios were calculated for assistant professors across gender, race and ethnicity, and at their intersections for the 2022-2023 academic year. Salary ratios compared women with men, Asian and underrepresented in medicine (URIM) faculty to White faculty, and various gender-race-ethnicity subgroups to White men. RESULTS: In this cross-sectional study of 45 906 assistant professor faculty members from 19 clinical specialties in 2022 and 2023, there were 23 538 (51%) men and 22 368 (49%) women, with a racial and ethnic composition of 10 294 (27%) Asian, 4543 (12%) URIM, and 23 781 (62%) White. Across all specialties, women (median annual salary, $266 450; salary ratio, $0.81:$1.00) earned less than men (annual median salary, $330 000). Asian (median annual salary, $291 360; salary ratio, $0.97:$1.00) and URIM (median annual salary, $278 010; salary ratio, $0.93:$1.00) physicians were paid less than White physicians (median annual salary, $300 000). Intersectional analyses showed that URIM women were paid the least (median annual salary, $259 570; salary ratio, $0.78:$1.00) compared with White men (median annual salary, $333 800). CONCLUSIONS AND RELEVANCE: This cross-sectional study of assistant professor faculty across 19 clinical specialties found salary disparities, with Asian and URIM, both men and women, receiving lower pay than White men. These findings suggest the need to address salary inequities in academia using an intersectional approach that considers both gender and race and ethnicity.

Shah, R., Tyagi, S., Futela, D., Malhotra, A., & Judson, B. L. (2025). Financial Compensation of Academic Otolaryngologists in the United States: Trends and Distribution. *Laryngoscope*, *135*(4), 1367-1371. https://doi.org/10.1002/lary.31909 https://onlinelibrary.wiley.com/doi/10.1002/lary.31909

OBJECTIVES: The aim of this study was to assess recent trends in financial compensation in the field of academic otolaryngology, and distribution based on rank, sex, race/ethnicity, and geographical regions in academic medical centers. METHODS: The AAMC Faculty Salary Survey was used, which collects information for full-time faculty at US academic centers. Financial compensation data for otolaryngology faculty with MD or equivalent degree were collected from 2017 to 2023, stratified by rank, gender, race/ethnicity, and geographical region. RESULTS: The AAMC Faculty Salary Survey data for 2023 included responses for 1641 faculty members from academic otolaryngology departments. Median faculty compensation increased on an average 0.58%-2.81% per year from 2017 to 2023, with the greatest increase at the senior ranks and smaller increases at the Instructor rank. Male faculty members were consistently compensated more than women at all ranks throughout the study period, and the salary gap increased at the higher academic ranks. Black/African American faculty had a lower median compensation compared to White faculty at all ranks. Faculty members in the northeast region had the highest median compensation at all ranks. CONCLUSION: This study summarizes the trends of otolaryngology faculty compensation and shows persistent salary inequities at academic medical centers in the United States. LEVEL OF EVIDENCE: NA Laryngoscope, 135:1367-1371, 2025.

Silvestre, J., LaPorte, D. M., Daley, D. N., Daly, C. A., & Van Heest, A. (2025). Gender Differences in Salary Compensation for Academic Hand Surgery Faculty at US Medical Schools. *J Hand Surg Am*, *50*(6), 663-669. https://doi.org/10.1016/j.jhsa.2025.02.014 https://www.jhandsurg.org/article/S0363-5023(25)00095-4/abstract

PURPOSE: This study investigated gender differences in salary compensation for hand surgery faculty at US medical schools. METHODS: Salary compensation benchmarks were analyzed from 154 US medical schools in the 2023 American Association of Medical Colleges Faculty Salary Survey. Median salaries were extracted for assistant professors, associate professors, and full professors. Net present value (NPV) calculations were used to determine the impact of gender on total salary compensation assuming different academic scenarios including promotion timelines and career longevity. RESULTS: Compensation data were available for 157 full-time academic hand surgeons, and 34 were women (22%). There were 70 assistant professors (45%), 49 associate professors (31%), and 38 full professors (24%). Most faculty were men across academic ranks (range, 70% to 88%). Gender differences in annual salary compensation were greatest at the assistant professor level. Women hand surgeons earned less than men hand surgeons at each academic rank including at assistant professor ($432,500, 74% of salaries of men), associate professor ($587,439, 89% of salaries of men), and full professor ($567,230, 82% of salaries of men). Gender differences in annual salary translated to a NPV difference of $2.0 to $2.6 million in lifetime salary compensation. CONCLUSIONS: Gender differences in salary exist across academic ranks for hand surgery faculty at US medical schools. These differences are highest among assistant professors. More investigation is needed to determine reasons for these differences and create strategies that promote gender equity in academic hand surgery. CLINICAL RELEVANCE: Promoting gender diversity, inclusion, and equity is a strategic imperative held by multiple professional societies in academic surgery. Understanding reasons for gender differences in salary compensation may lead to strategies that promote gender equity in hand surgery.

Walter, S., & Murrell, D. F. (2024). Gender equity in academic dermatology: Problems aplenty, yet paths ahead. *J Eur Acad Dermatol Venereol*, *38*(8), 1504-1513. https://doi.org/10.1111/jdv.20027 https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/jdv.20027?download=true

Efforts to achieve gender equity of health professionals should be a priority in all fields of medicine, including academic dermatology. This review aimed, first, to summarize available evidence about the status of gender equity in various domains of academic dermatology-headship positions, salary, editor and editorial board appointments, publications, conference presentations, receipt of research grants and academic prizes-second, to identify challenges to achieving gender equity and, third, to articulate the components of a multifaceted strategy for gender parity. A variety of databases were searched. Manual searching of reference lists and searching of grey literature were also undertaken. It was found that, despite improvements in some domains, the gender inequity persists in all of the above-mentioned areas of academic dermatology. Challenges to achieve gender parity include time in pregnancy, disproportionate participation in childrearing and domestic tasks compared with men, suboptimal legislation in many jurisdictions for parenting and childcare leave, and unconscious biases about women. Elements of a multipronged approach include strengthening women's dermatology societies that advocate for women in academia; celebrating the careers of distinguished female academic dermatologists; mentoring; promoting leadership courses; striving for a greater representation of women among editors-in-chief, authors, and conference presenters, among others; seeking better pay, leave conditions and other work entitlements; conducting high-quality research about gender inequity in academic dermatology; imposing sanctions for violations of gender equity; supporting dermatologists' health; and learning from the experience of other fields of academic medicine.

Medicine

Chen, A. S., Droessler, J. T., Leet, J., Schneider, B., Teramoto, M., Abdullah, N. M., Fogarty, A. E., & McCormick, Z. L. (2025). Physician compensation rates and gender disparities in interventional spine and pain practices: Insights from a Spine Intervention society survey study. *Interventional Pain Medicine*, *4*(2), 100583. https://doi.org/https://doi.org/10.1016/j.inpm.2025.100583 https://www.sciencedirect.com/science/article/pii/S2772594425000445 https://pmc.ncbi.nlm.nih.gov/articles/PMC12032310/
Summary of background data Physician compensation in the U.S. varies widely across specialties. Little is known about compensation patterns among U.S. interventional pain and spine physicians. Understanding these disparities is essential to address inequities and inform career decisions for physicians. Objectives This study aimed to assess the compensation landscape of U.S. interventional pain and spine physicians, identify key factors influencing compensation, and investigate the role of gender and practice experience in shaping salary outcomes. Methods A survey was conducted among members of the International Pain and Spine Interventional Society (IPSIS), focusing on demographics, clinical practice characteristics, and compensation details. A Poisson regression model was used to identify predictors of physician compensation. Results Survey respondents were primarily specialized in physical medicine and rehabilitation (PM&R) (76.1 %) and had completed fellowship training (84.8 %). Compensation ranged widely, with most physicians earning between $250,000 and $450,000. Four main predictors of compensation were identified: years in practice, compensation model, gender, and first job salary. Physicians with 3–20 years in practice (vs. 0–2 years) and higher first job salaries earned significantly more, while female physicians earned 29 % less than their male counterparts. Discussion/conclusion This study highlights notable trends in compensation among U.S. interventional pain and spine physicians, with years of practice and first job salary as significant predictors. Female gender was associated with a 29 % lower income compared to male counterparts. These findings suggest the need for further exploration into the factors that drive compensation in this field and for initiatives aimed at addressing gender disparities to ensure more equitable compensation.

Chowdhury, D., Bansal, N., Ansong, A., Baker Smith, C., Bauser-Heaton, H., Choueiter, N., Co-Vu, J., Elliott, P. B., Fuller, S., Jain, S. S., Jone, P. N., Johnson, J. N., Karamlou, T., Kipps, A. K., Laraja, K., Lopez, K. N., Rasheed, M., Ronai, C., Sachdeva, R.,…Williams, R. (2024). Mind the Gap! Working Toward Gender Equity in Pediatric and Congenital Heart Disease: Present and Future. *J Am Heart Assoc*, *13*(9), e032837. https://doi.org/10.1161/jaha.123.032837 https://www.ahajournals.org/doi/pdf/10.1161/JAHA.123.032837?download=true
Evidence from medicine and other fields has shown that gender diversity results in better decision making and outcomes. The incoming workforce of congenital heart specialists (especially in pediatric cardiology) appears to be more gender balanced, but past studies have shown many inequities. Gender-associated differences in leadership positions, opportunities presented for academic advancement, and recognition for academic contributions to the field persist. In addition, compensation packages remain disparate if evaluated based on gender with equivalent experience and expertise. This review explores these inequities and has suggested individual and institutional changes that could be made to recruit and retain women, monitor the climate of the institution, and identify and eliminate bias in areas like salary and promotions.

Forster, C. S., Polak, C. A., Chen, C., Kim, J. L., Allan, J. M., Gold, J. M., Ruch-Ross, H. S., Fromme, H. B., Huang, B., & Schondelmeyer, A. C. (2024). Association Between Gender and Salary Among Pediatric Hospital Medicine Physicians. *Hosp Pediatr*, *14*(7), 507-513.

https://doi.org/10.1542/hpeds.2023-007567 https://watermark.silverchair.com/hpeds.2023-007567.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAzwwggM4BgkqhkiG9w0BBwagggMpMIIDJQIBADCCAx4GCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMOBgGJz8URWXp_B7NAgEQgIIC75gZUm8WCZ7MM8vnSXjX-RmPUtlumoBJ2SA5hJ28EqjELz3oNWIrcs7Xw744_Oh0fAahQTrd1cvzpaoZQPuN0DUF3oRDGy2F7G_OPH7Y3PrVqETB2QCEoPhKzrURchfNq3uJEtKx2p-S6c4ujaf1qANzJCa1KgDW8ts52rbBBkZO1ii7urcsvkeqwaNlc1gNyXXiGFA88akgmsNWsWN1m4q48FMKkej1wCM9cGn4cKsstKY-YaYVpaWsY2jajNCiln0mT-4yO1r1uQH4xs6A5ja3FZA6wfbzA5_tFoimpDFSdaHG1-9vnZGmFUtwpBmNlpyyJXgcv6at7vhMayGLzX_QusIgc8utsV13XgczCJTmYzexhP8LbSHELN5HVOw28S4DXGrG1Pn2k-ds6OuNgaVJaIwbR4NdufsZ4Uyi0ey6LKprtpoaaSEK7Pk3zTQ8s2cyAjX3wNCO1DDS_L1TbTOExIcg9-30cbgp99vwPXPBK6DXAykZ_0QSw7-w1-F-TFQeZJLsc0BB3NH53jBP2CfmaE7smcZ2RNXJ9nM1fXfVQgHWIJGlQH32668QgCTlp-B-XDszxnahDivVu3R7pwKAHnYlVvXORFY161T8ul3YRNTYMt76jTKQ-8F6XVRHLZoSDhKgPMLmMyCG-t1h8A7EI0qHX2EoGaFOO0byljeQrwIhmM_-m6d4rl0sLIeEkIuMD58kTR6b3Oi8e2-Jm17-D7cCmwhdmk6wv2bDUrLhdFiGj_5jEKlmv2Jb-R-bkAbbyUY8ps0nwSeUtNO897JQVsaB5y1ZQ89vm-VkZkAMf7VqYjMKjBv5P_sLsdcTWJ6DUx9F-_E9-wXGC0ZI_fJgGoicQeu8lbBFFrM-niEkHvtfrzp1aHyUtrUZbHj7vJlpPIvw3_dsu9UTmkVagY-a4h1ccUlTRrU4PvHWS5VimUc8_II99URUbkTsNQgyv5VsfpWoYyhjnQEPAQAsuqhVVnf0k1cXxtz0pVm4Y78

OBJECTIVES: Gender-based disparities in salary exist in multiple fields of medicine. However, there is limited data examining gender inequities in salary in pediatric hospital medicine (PHM). Our primary objective was to assess whether gender-based salary differences exist in PHM. The secondary objective was to assess if, among women, the differences in salary varied on the basis of leadership positions or self-identified race and ethnicity. METHODS: We conducted a survey-based, cross-sectional study of pediatric hospitalists in December 2021. Our primary outcomes were base and total salary, adjusted for the reported number of average weekly work hours. We performed subanalyses by presence of a leadership position, as well as race. We used a weighted t test using inverse probability weighting to compare the outcomes between genders. RESULTS: A total of 559 eligible people responded to our survey (51.0%). After propensity score weighting, women's mean base salary was 87.7% of men's base (95% confidence interval [CI] 79.8%-96.4%, P < .01), and women's total salary was 85.6% of men's total (95% CI 73.2%-100.0%, P = .05) salary. On subgroup analysis of respondents with a leadership position, women's total salary was 80.6% of men's total salary (95% CI 68.7%-94.4%, P < .01). Although women who identified as white had base salaries that were 86.6% of white men's base salary (95% CI 78.5%-95.5%, P < .01), there was no gender-based difference noted between respondents that identified as nonwhite (88.4% [69.9%-111.7%] for base salary, 80.3% [57.2% to 112.7%]). CONCLUSIONS: Gender-based discrepancies in salary exists in PHM, which were increased among those with leadership roles. Continued work and advocacy are required to achieve salary equity within PHM.

Gallahue, F. E., Ling, L. J., Quigley, L., Dowling Evans, D., Salsberg, E., Suter, R. E., & Marco, C. A. (2024). Association of Gender and Personal Choices with Salaries of New Emergency Medicine Graduates. *West J Emerg Med*, *25*(5), 800-808. https://doi.org/10.5811/westjem.33606 https://escholarship.org/content/qt3kk4d7qg/qt3kk4d7qg.pdf

OBJECTIVE: The medical literature has demonstrated disparities and variability in physician salaries and, specifically, emergency physician (EP) salaries. We sought to investigate individual physician

characteristics, including sex and educational background, together with individual preferences of graduating EPs, and their association with the salary of their first job. METHODS: The American College of Emergency Physicians and the George Washington University Mullan Institute surveyed 2019 graduating EPs. The survey included respondents' demographic and educational background, post-training job characteristics and location, hospital characteristics, importance of different personal priorities, and starting salaries. We performed a multivariable regression analysis to determine how salaries were associated with job types and individuals' characteristics. RESULTS: We sent surveys to 2,192 graduating residents in 2019. Of these, 487 (22.2%) responded, and 270 (55.4%) accepted first-time clinical jobs and included salary data (12.3% of all surveys sent). Male sex, osteopathic training, and full-time work were significantly associated with higher salary. Men and women prioritized different factors in their job search. Women were more likely to consider such factors as parental leave policy, proximity to family, desired practice setting, type of hospital, and desired location as important. Salary/compensation was considered very important by 51.8% of men and 29.6% of women. Men's median salary was $30,000 more than women's (p = 0.01, 95% CI +$6,929 -+$53,071), a significant pay differential. CONCLUSION: Salaries of graduating emergency medicine residents are associated with the resident's sex and degree type: doctor of osteopathic medicine or doctor of allopathic medicine. Multiple factors may contribute to men having higher salaries than women, and some of this difference reflects different priorities in their job search. Women were more likely to consider job conditions and setting to be more important, while men considered salary and compensation more important.

Ganguli, I., Daley, N. E., Polt, L., DiGennaro, V., & Kornitzer, B. (2025). Gender Differences in Primary Care Physician Earnings and Outcomes Under Medicare Advantage Value-Based Payment. *JAMA Health Forum*, *6*(5), e252001-e252001. https://doi.org/10.1001/jamahealthforum.2025.2001 https://doi.org/10.1001/jamahealthforum.2025.2001 https://watermark.silverchair.com/ganguli_2025_ld_250023_1748893201.11746.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAzQwggMwBgkqhkiG9w0BBwagggMhMIIDHQIBADCCAxYGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMnBgnsscEl8X4J1R6AgEQgIIC55Y7z9ECaN4TGNAJV5u-xGRAtHOusfcpT0UiE0BreiAsNQ89DqX9x8cbuJAPK7BqxyL8764aKqurEazwrgsb4jlmiFalfHtUUIFBpWc3hw6TZAT64PF5nY96yJY3V3fYLu11WhyibbdP0iboTJKkz6eIngUU2X5llC19R9sbXVyKZLzTDz29cDX92gKrRkPm_guEstPUAw0GyAbKATDDJZh-0DDTDu6j11Zi3Ku8CIAh7mY5Yt13tbTNo2hDp2ybs-ddKkOfVtsV6LTF0SaQin1BwO0OLbYzDhBTxHscjBVZTUiI5c6wAvdwh7L-Ho5xK-eN5saVSi7NulQi8AcSgOvfa8uIVnNUE6M1f7iRkykp30IiLnXxhsDB-apa2aSyC_OQmnsHOTV4nLGopvNtyEkXAQdB16REKaiZuG2SOKvsX6j4vkgcisbi-4UvbYjI8_zkRcXOgEeqJc78ViwjucWARLjECDyWQ9tFB5OissOcYzh6f4gdKDJHv5wKJIF2teeU-utHJjY5gZu0Fl0zNDZWwlfJDCwVG66actVigo_oTwdFTKBTKjYD2xjdrX0sIcLsGprI05ICoxWuZKmAQ7F00eg7CNXLYrK8NEIV5Wr5VBsy_R8jTGfFXnEInDO7TWG38S24G83TGkyZatWUPNqJxlvdw7xUXe40KIhWAWAUag_jmyYg8cxxEh0WfeIDh9wGlCUQH0qh2l6hzS50H7LLp8XxlITXaUQUjXTZR4cpd0zW5S88qWUD5XP_Lfzy3ZsLwLZWUAZSHf2ANX57QarLT2tzyolHu-UkQAep-kSGspjyg4o4eAjLtZzGkDjz4QwUFvQd9zTpx-Uru2u9UfRBU-WXX1hupJIeoaOkQj3XOS75dqcLBGorqaC-59LCXRGmECPumUxSyS2S22mbjmNW9nY4YqL5Cxss1TRHeHmhX7QGDOe6VIaif2-k622aNr1EvhKEUqN-swsK8Qv3ntJ08T1ZWhTr

Gong, Q., & Hu, X. (2024). Gender composition in the work environment and physicians' income from Medicare Part B fee-for-service payments: evidence from longitudinal data. *Human Resources for Health*, *22*(1), 81. https://doi.org/10.1186/s12960-024-00962-5 https://doi.org/10.1186/s12960-024-00962-5
https://human-resources-health.biomedcentral.com/counter/pdf/10.1186/s12960-024-00962-5.pdf
Despite the rising representation of women in the physician workforce, gender-based income disparities persist. In this study, we explore the role of representation of women in the work environment in physicians' income from Medicare Part B fee-for-service payments and the income gender gap.

Ibrahim, A. A., Vasavada, P., & Mohamed, I. (2025). "Equal pay for equal work": Exploring the gender pay gap in radiology. *Curr Probl Diagn Radiol*, *54*(1), 115-120.
https://doi.org/10.1067/j.cpradiol.2024.10.015
https://www.sciencedirect.com/science/article/pii/S0363018824001919?via%3Dihub
Among the enduring disparities confronting the United States is the gender pay gap. Women experience lower wages than their male peers in nearly every major occupation, including medicine, and this further underscores how gender-based inequities within the practice of radiology are wide regarding pay, promotion opportunities, and leadership representation in diagnostic and interventional radiology. This review article analyzes the historical and current data for the gender pay gap in radiology relative to other medical specialties, as well as the influence of other intersecting factors, such as race or ethnicity. The manuscript identifies key root causes of the pay discrepancies, including underrepresentation of women in leadership positions, deeply held biases, stereotypes, and inequities in promotion practices. Several strategies have been explored to tackle these challenges, encompassing enhancing pay transparency, reinforcing the commitments of institutions to pay equity, and advocating for systemic changes.

Iqbal, J., & Ali Al Farhan, M. H. (2025). Critical appraisal of '"Charge what you think you're worth": a qualitative study exploring the gender pay gap in medicine and the role of price transparency'. *Internal Medicine Journal*, *55*(7), 1218-1219. https://doi.org/https://doi.org/10.1111/imj.70109
https://doi.org/10.1111/imj.70109
https://onlinelibrary.wiley.com/doi/10.1111/imj.70109

Jabbarpour, Y. (2025). The Gender Pay Gap in Medicine: Current Efforts to Address an Age-Old Problem. *Family Practice Management*, *32*(3), 5-7.
https://www.aafp.org/pubs/fpm/issues/2025/0500/gender-pay-gap.html
https://www.aafp.org/pubs/fpm/issues/2025/0500/gender-pay-gap.html
The wage gap between male and female physicians has persisted for decades, despite evidence that women provide care equal to or better than their male counterparts.1, 2 In family medicine, women earn approximately 16% less than men after controlling for seniority and hours worked,3 resulting in a difference of $1.8 million over a 30-year career, according to one study.4 While estimates of the pay gap's magnitude vary, two aspects remain consistent throughout the literature: 1) the gap exists, and 2) much of it is beyond the control of individual physicians. Still, there are some steps individual physicians can take, and we should understand the reasons behind the gap so we can advocate for systemic change. © 2025, American Academy of Family Physicians. All rights reserved.

Jiang, H., Adwer, L. M., Beninato, T., Fitzpatrick, B. J., Dougherty, C. E., & Santamaria-Barria, J. A. (2025). Cross-Sectional Study Gender Pay Gap in Industry General Payments to U.S. General and

Fellowship-Trained Surgeons. *J Surg Res*, *306*, 457-464. https://doi.org/10.1016/j.jss.2025.01.001 https://www.journalofsurgicalresearch.com/article/S0022-4804(25)00001-0/abstract
INTRODUCTION: Gender disparities exist in nonresearch industry payments to U.S. physicians, but detailed analyses specific to surgeons are limited. This study aims to investigate the gender pay gap in industry general nonresearch payments made to U.S. general and fellowship-trained surgeons between 2016 and 2022. METHODS: Data on industry payments to U.S. surgeons were collected from the open payments database. General and fellowship-trained surgeons were included. Gender prediction was conducted using an artificial intelligence tool. Payment type, amount, and company were summarized. Gender differences were compared. RESULTS: Between 2016 and 2022, the medical and device industry made 1,998,110 payments totaling $739,264,940 to U.S. general and fellowship-trained surgeons. The median payment was $31, primarily for food and beverages. Surgeons receiving over $5000 annually accounted for $634,530,579 (86%). Most payments were device-related (92%). Intuitive ($199M), Medtronic ($57M), and Boston Scientific ($46M) were the top-paying companies. California received the highest payments ($90M). Payments peaked in 2019 before falling due to the COVID-19 pandemic. Men were paid significantly more than women, with an average $16,509 annual pay gap favoring men ($P < 0.001$). In 2019, the industry paid men $44,025 on average, compared to $16,677 for women. CONCLUSIONS: Among U.S. general and fellowship-trained surgeons, there is a gender pay gap in industry general payments, where males receive higher compensation for nonresearch-related reasons. Understanding the factors contributing to this disparity, such as differential access to industry opportunities and potential biases in compensation negotiations, is crucial for promoting equity in industry relationships.

Kabangu, J.-L. K., Hernandez, A., Graham, D., Dugan, J. E., & Eden, S. V. (2025). Gender disparities in industry payments to neurosurgeons: a comprehensive analysis of Centers for Medicare & Medicaid Services Open Payments data (2016–2022). *Journal of Neurosurgery*, *142*(5), 1476-1483. https://doi.org/https://doi.org/10.3171/2024.8.JNS24792 https://thejns.org/view/journals/j-neurosurg/142/5/article-p1476.xml
https://thejns.org/abstract/journals/j-neurosurg/142/5/article-p1476.xml

Koempel, A., Filippi, M. K., Byrd, M., Bazemore, E., Siddiqi, A., & Jabbarpour, Y. (2024). How Early Career Family Medicine Women Physicians Negotiate Their First Job After Residency. *J Am Board Fam Med*, *37*(4), 690-697. https://doi.org/10.3122/jabfm.2023.230473R1 https://www.jabfm.org/content/jabfp/37/4/690.full.pdf
BACKGROUND: Nested within a growing body of evidence of a gender pay gap in medicine are more alarming recent findings from family medicine: a gender pay gap of 16% can be detected at a very early career stage. This article explores qualitative evidence of women's experiences negotiating for their first job out of residency to ascertain women's engagement with and approach to the negotiation process. METHODS: We recruited family physicians who graduated residency in 2019 and responded to the American Board of Family Medicine 2022 graduate survey. We developed a semistructured interview guide following a modified life history approach to uncover women's experiences through the transitory stages from residency to workforce. A qualitative researcher used Zoom to interview 19 geographically and racially diverse early career women physicians. Interviews were transcribed verbatim and analyzed using NVivo software following an Inductive Content Analysis approach. RESULTS: Three main themes emerged from the data. First, salary was found to be nonnegotiable, exemplified by participants' inability to change initial salary offers. Second, the role of peer support throughout residency and early career was crucial to uncovering and rectifying salary inequity. Third, a pay expectation gap was

identified among women from minority and low-income households. CONCLUSION: To rectify the gender pay gap in medicine, a systems-level approach is required. This can be achieved through various levels of interventions: societally expanding the use of and removing the stigma around parental leave, recognizing the importance of contributions not currently valued by productivity-based payment models, examining assumptions about leadership; and institutionally moving away from fee-for-service systems, encouraging flexible schedules, increasing salary transparency, and improving advancement transparency.

Krischak, M. K., Nam, C. S., Luckenbaugh, A. N., & Herrel, L. A. (2025). Gender equity in oncology: Progress, challenges, and the path forward in urologic oncology and oncologic specialties. *Cancer*, *131*(1), e35690. https://doi.org/https://doi.org/10.1002/cncr.35690 https://doi.org/10.1002/cncr.35690 https://acsjournals.onlinelibrary.wiley.com/doi/pdfdirect/10.1002/cncr.35690?download=true Abstract Women now comprise over 50% of medical school graduates and over one-third of practicing physicians in the United States. Despite this progress, significant barriers to career advancement and leadership persist, particularly in male-dominated fields like urology and oncology. Women physicians are linked to improved patient outcomes and are critical to addressing the projected physician shortage, which is expected to be exaggerated in oncology specialties. This review highlights progress, challenges, and future directions for gender equity in urology, urologic oncology, and oncology subspecialties. Urology and urologic oncology have seen growth in female representation, whereas radiation oncology remains stagnant, and medical oncology has reached near gender parity among trainees. However, leadership roles across all these fields continue to reflect gender inequities. Key barriers include the gender pay gap, insufficient maternal leave policies, workplace harassment, and lack of mentorship and sponsorship for women physicians. Moving forward, efforts to advance gender equity must include transparent pay structures, supportive maternal leave, and robust antiharassment policies. Promoting women in leadership and fostering mentorship are also essential to retaining and advancing women in these fields. By addressing these issues, the health care community can progress toward gender equity, strengthen the physician workforce, and improve patient outcomes. Institutional and national advocacy is crucial for creating an equitable and effective medical community.

Lutnick, E., Chen, I., Kovacs, A., Hartman, G., Bousleiman, J., Nader, N. D., & Ablove, R. (2025). Gender disparities in payment among orthopedic surgeons: An analysis of medicare provider utilization and payment data. *Current Orthopaedic Practice*, *36*(3). https://journals.lww.com/c-orthopaedicpractice/fulltext/2025/05000/gender_disparities_in_payment_among_orthopedic.5.aspx https://journals.lww.com/c-orthopaedicpractice/fulltext/2025/05000/gender_disparities_in_payment_among_orthopedic.5.aspx Background: This study aimed to determine if the disparity in pay described between male and female orthopedic surgeons extends to a payment per service model. Methods: Public data from the Centers for Medicare & Medicaid Services was accessed for orthopedic surgeons from 2019-2020. Credentials were documented from public websites. The number of services provided and payment amounts were compared across states, and between genders of provider. Multivariable linear regression models were used to determine predictors of total payments. Results: Women make up 5.88% orthopedic surgeons through CMS. Male providers had a higher average number of HCPCS codes, Medicare patients, total submitted charges, and total payment amounts. The total Medicare payment and total drug Medicare payment were significantly higher for male providers. However, when adjusted for payment per service, there was no significant difference between genders. Additional graduate degrees, and the state, and RUCA code of the provider’s practice were significant predictors of amount paid per service; having a Doctor of Medicine versus any other medical degree was not. There was no significant difference in

payment per service between male and female orthopedic surgeons. Nevertheless, major gender disparities exist for women in orthopedic surgery impacting their income when compared to their male counterparts. Conclusion: The problem of the gendered wage gap in orthopedics does not lie with payment per-service compensation protocols themselves, but in other factors that affect female orthopedic surgeons' ability to provide services. These findings support a call for pay transparency and objective criteria to inform and modify salaries.

Malhotra, A., Lee, C., Khunte, M., Futela, D., Moily, R., Payabvash, S., Gandhi, D., & Wintermark, M. (2025). Gender Differences in Medicare Practice and Payment of Neuroradiologists. *American Journal of Neuroradiology*, *46*(6), 1093. https://doi.org/10.3174/ajnr.A8633
http://www.ajnr.org/content/46/6/1093.abstract
https://www.ajnr.org/content/46/6/1093.long
BACKGROUND AND PURPOSE: Female neuroradiologists in clinical practice are outnumbered by their male counterparts. However, it is unknown whether there are differences in practice patterns and Medicare billing and payment between female and male neuroradiologists. Our aim was to compare representation, practice range, clinical productivity, and Medicare payments for female and male neuroradiologists.MATERIALS AND METHODS: A retrospective cross-sectional study of Medicare provider and service data was conducted. Male and female neuroradiologists who received Medicare payments from 2017 to 2021 and the services rendered were analyzed. Primary outcome was gender representation, mean payments received from Medicare, charges submitted, and codes billed. T tests and Mann-Whitney U tests were used to determine differences in payment and practice volume between male and female radiologists.RESULTS: From 2017 to 2021, there were a total of 2701 neuroradiologists, of whom 526 (19.5%) were female, with a higher proportion of women in academic than nonacademic neuroradiology practice (23.3% versus 15.6%, respectively). On average, female neuroradiologists charged less (mean, standard error [SE], $642,489 [$14,756] versus $738,416 [$7800]; P < .001) and were paid less by Medicare (mean [SE], $92,834 [$1877] versus $113,495 [$1044]; P < .001) compared with their male counterparts. By contrast, female neuroradiologists had a higher payment-per-service ratio (mean [SE], 0.232 [0.001] versus 0.208 [0.0003]; P < .001). Women billed fewer median total services (1802; interquartile range [IQR], 925–4726] versus 2461 [IQR, 1268–5781]; P < .001), served fewer median beneficiaries (1232 [IQR, 705–1963] versus 1697 [IQR, 990–2682]; P < .001), and billed fewer median unique codes (19 [IQR, 13–26] versus 23 [IQR, 17–33]; P < .001). Temporal analysis of data across the 5-year study period showed that men consistently received higher payments than women, though the difference in mean Medicare charge (P = .03), mean Medicare payment (P = .04), and median number of services provided (P = .04) between the 2 cohorts is decreasing.CONCLUSIONS: Female neuroradiologists were underrepresented, charged less, and received less overall payment compared with their male counterparts. Female neuroradiologists provided a smaller range and number of services, and a greater proportion of female neuroradiologists billed for higher-paying services. Further studies are needed to assess differences in part-time work and subspecialty representation to determine their impact.CMSCenters for Medicare & Medicaid ServicesIQRinterquartile rangeNITOSNeiman Imaging Types of ServicesSEstandard errorwRVUwork relative value unit

McKenna, J. (2024). A Gender Gap That Defies Explanation: Medscape Female Physician Compensation Report 2024. *Medscape*. https://www.medscape.com/slideshow/2024-female-docs-compensation-6017608 https://www.medscape.com/slideshow/2024-female-docs-compensation-6017608

Munir, M. M., Dillhoff, M., Tsai, S., Collins, C., Dedhia, P., & Pawlik, T. M. (2024). Gender-Based Variations in Medicare Reimbursements Among Different Surgical Subspecialties. *JAMA Surgery*, *159*(9), 1060-1070. https://doi.org/10.1001/jamasurg.2024.2298
https://doi.org/10.1001/jamasurg.2024.2298
https://jamanetwork.com/journals/jamasurgery/fullarticle/2821588
Gender inequities and limited representation are an obstacle to surgical workforce diversification. There has been limited examination of gender-based disparities in billing practices among surgeons.To evaluate variations in practice metrics and billing practices among female and male surgeons and identify factors associated with gender disparities in Medicare reimbursements.This retrospective cross-sectional study used publicly available Medicare Fee-for-Service Provider Utilization and Payment data from January to December 31, 2021, to identify demographics, annual services provided, and financial payments and charges for general surgeons, surgical oncologists, and colorectal surgeons. Data were analyzed from November 2023 to February 2024.The primary exposure of interest was surgeon gender (ie, female or male).The annual total submitted charges and payments submitted in 2021 by female and male surgeons were assessed. Additionally, the total number and types of services provided each year and the number of beneficiaries treated were examined. Multivariable linear regression models were used to evaluate the association of surgeon gender with payments, number of services, and beneficiaries.A total of 20 549 general surgeons (5036 [24.5%] female; 15 513 [75.5%] male), 1065 surgical oncologists (450 [42.3%] female; 615 [57.7%] male), and 1601 colorectal surgeons (432 [27.0%] female; 1169 [73.0%] male) were included. Across all surgical subspecialties, female surgeons billed fewer mean (SE) Medicare charges (general surgeons: 30.1% difference; $224 934.80 [$3846.97] vs $321 868.50 [$3933.57]; surgical oncologists: 27.5% difference; $277 901.70 [$22 857.37] vs $382 882.90 [$19 566.06]; colorectal surgeons: 21.7% difference; $274 091.70 [$10 468.48] vs $350 146.10 [$8741.66]; all P < .001) and received significantly lower mean (SE) reimbursements (general surgeons: 29.0% difference; $51 787.61 [$917.91] vs $72 903.12 [$890.35]; surgical oncologists: 23.6% difference; $57 945.18 [$3853.28] vs $75 778.22 [$2622.75]; colorectal surgeons: 24.5% difference; $63 117.01 [$2248.10] vs $83 598.53 [$1934.77]; all P < .001). On multivariable analysis, a reimbursement gap remained across all 3 surgical subspecialties (general surgeons: –$14 963.46 [95% CI, –$18 822.27 to –$11 104.64] [P < .001]; surgical oncologists: –$8354.69 [95% CI, –$15 018.12 to –$1691.25] [P = .01]; colorectal surgeons: –$4346.73 [95% CI, –$7660.15 to –$1033.32] [P = .01]).In this cross-sectional study, there was considerable gender-based variation in practice patterns and reimbursement among different surgical subspecialties serving the Medicare population. Differences in mean payment per service were associated with variations in billing and coding strategies among female and male surgeons.

Oshinowo, T. O., Rallo, M. S., Schirmer, C. M., & Chambless, L. B. (2024). Gender Differences in Medicare Practice and Payments to Neurosurgeons. *JAMA Surgery*, *159*(1), 35-42. https://doi.org/10.1001/jamasurg.2023.4988 https://doi.org/10.1001/jamasurg.2023.4988
https://jamanetwork.com/journals/jamasurgery/fullarticle/2810369
Despite efforts to promote diversity within the neurosurgical workforce, individuals from underrepresented groups face significant challenges.To compare practice metrics and earning potential between female and male neurosurgeons and investigate factors associated with gender disparity in Medicare reimbursement.This retrospective cross-sectional study used publicly accessible Medicare data on reimbursements to female and male neurosurgeons for procedural and evaluation and management services delivered in both inpatient and outpatient settings between January 1, 2013, and December 31, 2020. Data were analyzed from December 9, 2021, to December 5, 2022.The primary outcome was the

mean annual payments received and charges submitted by female and male neurosurgeons for services rendered between 2013 and 2020. Secondary outcomes included the total number and types of services rendered each year and the number of beneficiaries treated. Univariate and multivariable analyses quantified differences in payment, practice volume, and composition.A total of 6052 neurosurgeons (5540 men [91.54%]; 512 women [8.46%]) served the Medicare fee-for-service patient population. Female neurosurgeons billed for lesser Medicare charges (mean [SE], $395 851.62 [$19 449.39] vs $766 006.80 [$11 751.66]; P < .001) and were reimbursed substantially less (mean [SE], $69 520.89 [$2701.30] vs $124 324.64 [$1467.93]; P < .001). Multivariable regression controlling for practice volume metrics revealed a persistent reimbursement gap (−$24 885.29 [95% CI, −$27 964.72 to −$21 805.85]; P < .001). Females were reimbursed $24.61 less per service than males even after matching services by code (P = .02).This study found significant gender-based variation in practice patterns and reimbursement among neurosurgeons serving the Medicare fee-for-service population. Female surgeons were reimbursed less than male surgeons when both performed the same primary procedure. Lower mean reimbursement per service may represent divergence in billing and coding practices among females and males that could be the focus of future research or educational initiatives.

Ramkumar, P. N., Bernstein, J. A., Landy, D. C., DeMik, D. E., Deen, J. T., Olsen, R. J., & Cohen-Rosenblum, A. (2024). Determinants of Salary Variation and the Gender Pay Gap: A Survey of the American Association of Hip and Knee Surgeons (AAHKS) Surgeon Member Workforce. *Arthroplasty Today*, *30*. https://doi.org/10.1016/j.artd.2024.101554 https://doi.org/10.1016/j.artd.2024.101554
BackgroundThe increased emphasis on reimbursement, diversity, and burnout in hip and knee arthroplasty necessitates a foundational understanding of the surgeon workforce. The purpose of the study was to cross sectionally survey a representative sample of the AAHKS surgeon membership on the subject of salary, practice patterns, and demographic factors to establish a baseline framework for future advocacy efforts and initiatives.

Sanders, K., Jabbarpour, Y., & Bazemore, A. (2025). Lifetime Impact of the Gender Wage Gap in Family Medicine. *J Am Board Fam Med*, *38*(2), 373-374. https://doi.org/10.3122/jabfm.2024.240240R1 https://www.jabfm.org/content/jabfp/38/2/373.full.pdf
The gender wage gap in early-career family medicine results in female physicians earning nearly $32,000 less annually than their male counterparts, with significant lifetime financial impacts. Modeling this disparity over a 25-, 30-, and 35-year career reveals that, without interventions, female physicians could accumulate $2.0 to $4.4 million less than male physicians, underscoring the need for systemic changes to address gender-based pay inequities in the medical profession.

Sanders, K., Jabbarpour, Y., Phillips, J., Fleischer, S., & Peterson, L. E. (2024). The Gender Wage Gap Among Early-Career Family Physicians. *J Am Board Fam Med*, *37*(2), 270-278. https://doi.org/10.3122/jabfm.2023.230218R1 https://www.jabfm.org/content/jabfp/37/2/270.full.pdf
PURPOSE: Numerous studies have documented salary differences between male and female physicians. For many specialties, this wage gap has been explored by controlling for measurable factors that influence pay such as productivity, work-life balance, and practice patterns. In family medicine where practice activities differ widely between physicians, it is important to understand what measurable factors may be contributing to the gender wage gap, so that employers and policymakers and can address unjust disparities. METHODS: We used data from the 2017 to 2020 American Board of Family Medicine (ABFM) National Graduate Survey (NGS) which is administered to family physicians 3 years after residency (n = 8608; response rate = 63.9%, 56.2% female). The survey collects clinical income and practice patterns. Multiple linear regression analysis was performed, which included variables on

hours worked, degree type, principal professional activity, rural/urban, and region. RESULTS: Although early-career family physician incomes averaged $225,278, female respondents reported incomes that were $43,566 (17%) lower than those of male respondents (P = .001). Generally, female respondents tended toward lower-earning principal professional activities and US regions; worked fewer hours (2.9 per week); and tended to work more frequently in urban settings. However, in adjusted models, this gap in income only fell to $31,804 (13% lower than male respondents, P = .001). CONCLUSION: Even after controlling for measurable factors such as hours worked, degree type, principal professional activity, population density, and region, a significant wage gap persists. Interventions should be taken to eliminate gender bias in wage determinations for family physicians.

Stephens, E. H., Romano, J. C., Karamlou, T., Hayes, S. N., Bontrager, C. E., Overman, D. M., & Fuller, S. M. (2024). Working Toward Solutions for Gender Disparity: Implications of the 2022 Congenital Workforce Survey. *The Annals of Thoracic Surgery*, *117*(3), 497-500. https://doi.org/10.1016/j.athoracsur.2023.11.019 https://doi.org/10.1016/j.athoracsur.2023.11.019

Tompkins, A. K., Cooke, D. T., Backhus, L., DiMaio, J. M., Pereira, S. J., Antonoff, M., Merrill, W., & Erkmen, C. P. (2025). Intersection of Race and Gender in the Cardiothoracic Workforce: Study of Representation and Salary. *Ann Thorac Surg*, *119*(3), 687-696. https://doi.org/10.1016/j.athoracsur.2024.09.053

BACKGROUND: Cardiothoracic surgery lacks gender and racial/ethnic diversity. Recent studies have highlighted disparities based on gender and race/ethnicity among academic cardiothoracic surgeons. The impact of the intersection of these factors on representation and salary is unknown. METHODS: A cross-sectional analysis of Accreditation Council for Graduate Medical Education and Association of American Medical Colleges data was performed on the number of trainees and clinical faculty stratified by race/ethnicity and gender using $\chi(2)$ testing. RESULTS: The number of women and underrepresented minorities was low in cardiothoracic surgery compared with other specialties, with lowest representation at the intersection of race/ethnicity and gender. Among trainees, 8% were Asian, 2% were Black/African American , and 1.5% were Hispanic/Latina women. Among cardiothoracic faculty, 3.4% were Asian, 0.8% were Black/African American, and 0.4% were Hispanic/Latina women. Women in academic medicine, surgery, and cardiothoracic surgery earned 80%-87% the salary of men of equal academic rank. White assistant professors earned more than their colleagues (all clinical faculty, surgeons, and cardiothoracic surgeons), this difference was further compounded by gender. CONCLUSIONS: Salary disparities exist among cardiothoracic surgeons at the intersection of gender and race/ethnicity. Women experience salary disparity across all academic ranks and specialties. When considering the intersection of gender and race/ethnicity, gender is the predominant factor driving salary inequity.

STEM

Report: 2025 U.S. Life Sciences Salary Report. (2025).
https://www.biospace.com/job-trends/report-2025-u-s-life-sciences-salary-report
BioSpace's 2025 Salary Report explores the average salaries and salary trends of life sciences professionals.
Despite market constraints and uncertainty in an election year, life sciences salaries grew in 2024 at a higher rate than in previous years.
This report examines:
Average annual salaries and bonuses
Average earnings by title and discipline
Pay inequities, including the Gender Pay Gap and the Racial Wage Gap
Regional averages
Benefits and paid time off

Cimpian, J. R., & King, J. R. (2024). An institution-level analysis of gender gaps in STEM over time. *Science*, *386*(6724), 853-856. https://doi.org/10.1126/science.adr0787
https://doi.org/10.1126/science.adr0787
https://www.science.org/doi/10.1126/science.adr0787
Gender gaps in engineering and computer science narrow at math-selective schools and widen in others
Men considerably outnumber women in physics, engineering, and computer science (PECS) majors, with a recent male-to-female ratio of ~4:1, a stark contrast to the near parity in other science, technology, engineering, and mathematics (STEM) disciplines (1). This gender disparity in PECS carries wide-reaching implications for equity, innovation, and scientific advancement. Analyzing a near-census of >34 million bachelor?s degrees awarded in the US from 2002 to 2022, supplemented with two nationally representative datasets, we provide the first comprehensive study of the gender gap in PECS across higher-education institutions. Institutions serving students with higher math SAT scores have made greater strides in closing PECS gender gaps?both in initial recruitment and retention?whereas those serving students with lower math SAT scores are increasingly struggling. Our findings highlight institutions as strategic leverage points for targeted interventions, particularly to benefit women of color who remain underrepresented even where gender balance is improving.

Clark, J., & Zuccala, E. (2025). Gender pay gaps and inequity at science publishers. *PLOS Global Public Health*, *5*(6), e0004673. https://doi.org/10.1371/journal.pgph.0004673
https://doi.org/10.1371/journal.pgph.0004673
https://journals.plos.org/globalpublichealth/article/file?id=10.1371/journal.pgph.0004673&type=printable

Kim, L., Hofstra, B., & Galvez, S. M. (2024). A persistent gender pay gap among faculty in a public university system. *Sci Rep*, *14*(1), 22212. https://doi.org/10.1038/s41598-024-72871-5
https://www.nature.com/articles/s41598-024-72871-5.pdf
Despite movements towards gender parity within academia, women faculty continue to be paid less than men. While previous research has explained the gap using academic rank/seniority and productivity, existing findings are limited by either their examination of base pay or reliance on self-reported data. Here we extend the analysis beyond base pay, link faculty salary records of one public university system in the U.S. to the OpenAlex bibliometric database, and separately analyze the gender

pay gap in the base (grade) and other pay (off-grade). Using stepwise regression models, we find that faculty rank accounts for a significant gap in the base pay while performance-based variables such as H-index or specialization do not play a crucial role. For other pay, no variables stand out in explaining the substantial pay gap between women and men faculty. Our results suggest that a primary source of the remaining gender pay gap is the off-grade pay. Different policy approaches are required to reduce the gender pay gap depending on the specific type of salary being targeted.

Meoli, A., Piva, E., & Righi, H. (2024). Missing women in STEM occupations: The impact of university education on the gender gap in graduates' transition to work. *Research Policy*, *53*(8), 105072. https://doi.org/https://doi.org/10.1016/j.respol.2024.105072 https://www.sciencedirect.com/science/article/pii/S0048733324001215 https://www.sciencedirect.com/science/article/pii/S0048733324001215?via%3Dihub
This paper contributes to the literature on the drivers of the gender gap in STEM by focusing on a critical career juncture: the bridge between university study in STEM fields and work. We investigate the effect of selected characteristics of recent STEM graduates' university education on the difference between women and men in their likelihood of obtaining STEM occupations shortly after graduation. Using unique data on a large sample of graduates in male-dominated STEM fields, we show that a diversified university curriculum increases the likelihood of women graduates getting STEM occupations shortly after graduation, while it does not affect men. In contrast, doing internships during university studies and participating in study abroad programs reduce the likelihood of men graduates entering STEM occupations, but does not affect women. Additionally, students' graduation grades increase the probability of both women and men securing STEM occupations.

Other

Adamson, A., Borgen, A., & Arvisais-Anhalt, S. (2024). Why Gender Inequality Persists: What Nobel Prize-Winning Research on the Gender Pay Gap Can Teach Us in Pathology and Laboratory Medicine. *Clinical Chemistry*, *70*(4), 685-686. https://doi.org/10.1093/clinchem/hvad225
https://doi.org/10.1093/clinchem/hvad225
On October 9, 2023, The Royal Swedish Academy of Sciences awarded Claudia Goldin, PhD, the Nobel Memorial Prize in Economic Sciences for, "having advanced our understanding of women's labour market outcomes" (1). She is the third woman to receive the Nobel Prize in economics and the first woman to receive the award solo. Dr. Goldin's groundbreaking research has identified causes of the gender pay gap in the United States over the last 200 years by analyzing large, archival datasets, and uncovering misunderstandings of more common historical datasets. Dr. Goldin's exploration of why women continue to earn less than men is pivotal to understanding the persistent gender pay gap in the healthcare professions.

Kim, K. M., Narayan, A., Shah, N. R., & Milstein, A. (2025). Parenthood and Paychecks—The Gender Pay Gap in Medicine. *JAMA*, *333*(3), 201-202. https://doi.org/10.1001/jama.2024.22123
https://doi.org/10.1001/jama.2024.22123
https://jamanetwork.com/journals/jama/article-abstract/2825334
Claudia Goldin's Nobel Prize in October 2023 has brought renewed attention to the persistent earnings gap between men and women in the United States. Building on her foundational research, in this Viewpoint we explore recent evidence highlighting the gender pay gap in medicine, its relationship with motherhood, and opportunities for mitigating this inequity. The impact of parenthood on income—often referred to as the motherhood penalty for women and the fatherhood premium for men—reflects substantial and persistent disparities in earnings within the medical professions.

McClain, C. R. (2025). Too poor to science: How wealth determines who succeeds in STEM. *PLOS Biology*, *23*(6), e3003243. https://doi.org/10.1371/journal.pbio.3003243
https://doi.org/10.1371/journal.pbio.3003243
https://journals.plos.org/plosbiology/article/file?id=10.1371/journal.pbio.3003243&type=printable
From student to researcher, a career in science can come with a high price tag. This Perspective explores how persistent financial barriers limit who can succeed in science, revealing how wealth shapes opportunity in STEM, and proposes structural changes to support equity and inclusion.

Palladino, M. G., Roulet, A., & Stabile, M. (2025). Narrowing industry wage premiums and the decline in the gender wage gap. *Labour Economics*, *94*, 102693.
https://doi.org/https://doi.org/10.1016/j.labeco.2025.102693
https://www.sciencedirect.com/science/article/pii/S092753712500020X
https://www.sciencedirect.com/science/article/pii/S092753712500020X?via%3Dihub
The gender gap in firm wage premiums is well documented, but evidence on its evolution over time and its contribution to declining gender wage gaps remains mixed. Using comprehensive employer–employee data from France, we find that 20% of the reduction in the gender hourly wage gap between 2002 and 2019 can be attributed to a decline in the between-firm component of the gender gap in firm wage premiums. However, our analysis shows that this reduction is not driven by improvements in women's relative position in the firm wage premium ladder. We find no evidence that, conditional on workers' skills, women have become more likely to move into higher-paying firms or industries, or that newer cohorts of women are better represented in these segments. Instead, the narrowing is primarily

driven by broader changes in the distribution of firm wage premiums, specifically through a compression of industry-specific premium differentials. These findings highlight how structural changes in the economy can affect gender wage gaps even in the absence of changes in women's relative labor market position.

Patel, D., Patel, V. J., Clark, B., Thachil, R., Georgakas, J., Drobny, M. A. S., Marshall, A., & Gebhard, R. (2025). A Commitment to Gender Equity in Medicine: An American Medical Women's Association Position Paper. *Journal of Women's Health*, *34*(4), 451-457. https://doi.org/10.1089/jwh.2024.0958 https://doi.org/10.1089/jwh.2024.0958 https://www.liebertpub.com/doi/10.1089/jwh.2024.0958?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed
Background: The American Medical Women?s Association (AMWA) highlights the ongoing gender inequities in the medical profession, particularly in pay, leadership roles, workplace treatment, and work?life integration. Objective: To present evidence of gender disparities in medicine, analyze their root causes, and propose strategies for fostering a more equitable and inclusive environment. Findings: Despite progress, women physicians continue to face significant disparities, including lower salaries, underrepresentation in leadership roles, and discrimination. These issues are particularly pronounced among minority women and physician mothers. Recommendations: AMWA advocates for transparent pay structures, robust antidiscrimination policies, comprehensive support for physician mothers, and a shift toward work?life integration to ensure that all physicians can thrive professionally and contribute fully to patient care. Conclusion: By addressing these inequities, the medical profession can create an environment where all physicians thrive professionally and contribute fully to patient care.

Vafa, K., Athey, S., & Blei, D. M. (2025). Estimating wage disparities using foundation models. *Proc Natl Acad Sci U S A*, *122*(22), e2427298122. https://doi.org/10.1073/pnas.2427298122 https://www.pnas.org/doi/pdf/10.1073/pnas.2427298122
The rise of foundation models marks a paradigm shift in machine learning: instead of training specialized models from scratch, foundation models are trained on massive datasets before being adjusted or fine-tuned to make predictions on smaller datasets. Initially developed for text, foundation models have also excelled at making predictions about social science data. However, while many estimation problems in the social sciences use prediction as an intermediate step, they ultimately require different criteria for success. In this paper, we develop methods for fine-tuning foundation models to perform these estimation problems. We first characterize an omitted variable bias that can arise when a foundation model is fine-tuned in the standard way: to minimize predictive error. We then provide a set of conditions for fine-tuning under which estimates derived from a foundation model are [Formula: see text]-consistent. Based on this theory, we develop fine-tuning algorithms that empirically mitigate this omitted variable bias. To demonstrate our ideas, we study gender wage gap estimation. Classical methods for estimating the adjusted wage gap employ simple predictive models of wages, which can induce omitted variable bias because they condition on coarse summaries of career history. Instead, we use a custom-built foundation model, capturing a richer representation of career history. Using data from the Panel Study of Income Dynamics, we find that career history explains more of the gender wage gap than standard econometric models can measure, and we identify elements of career history that are omitted by standard models but are important for explaining the gap.