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# 2020 Physician Compensation Report

Fourth Annual Study

October 2020

#### Introduction

The COVID-19 pandemic has touched every facet of American life, but has especially impacted the nation's healthcare system. Many hospitals and private medical practices have seen steep declines in billings, as the pandemic has resulted in an enormous wave of delayed or canceled elective medical procedures and treatments [1]. In response, many hospitals have had to resort to pay cuts as well as furloughs of administrators and healthcare professionals [2] alike. Given the important role of healthcare providers during a healthcare crisis, it's paradoxical that medical institutions would be among the most severely impacted by the financial fallout of the pandemic.

Our findings show that average pay for doctors increased by a nominal 1.5% in this year's report, which is relatively flat when compared to the up to 4% increases shown in previous years. Moreover, when compared against the 2019 headline inflation rate of 2.3% [3], as measured by the Consumer Price Index (CPI), physicians on average experienced a decline in real income over the calendar year.

This is striking given that healthcare prices continue to be one of the fastest rising components of the CPI. So while healthcare prices are rising faster for patients, these price changes do not translate into increased compensation for medical professionals. In addition, our data showed that the gender wage gap was 28% this year. Female doctors currently earn on average \$116,289

less than their male counterparts. The persistent gap is surprising considering the progress we saw in last year's study when the pay gap narrowed to 25.2%. It's likely that the widening gender pay gap represents another financial consequence of the pandemic. This is a troubling trend economists have previously reported on in other industry sectors. [4]

Our annual Physician Compensation Report is part of a continuing project here at Doximity and draws on a repository of data spanning six years and includes survey responses from over 135,000 licensed U.S. doctors. This is one of the largest data sets of compensation data available in the United States.

Our overarching goal is to track the data over a multi-year timeframe, and share these results to assist stakeholders in understanding employment trends taking shape in the healthcare system, as well as to assist individual doctors by providing them with information that can help them make important career decisions. As such, we track data at the MSA-level, across medical specialties and different employment types.

With more than 70% of all U.S. doctors as members, Doximity is the largest professional medical network and is uniquely positioned to perform this analysis.



#### Physician Compensation - Tepid Growth in 2020

Compensation for U.S. doctors grew 1.5% on average between 2019 and 2020. Medical practices of all sizes have been negatively impacted by the pandemic. It's been widely reported since March, 2020 that hospitals and private medical practices have seen steep declines in revenue due to delayed or canceled elective medical procedures and treatments [1]. While we do not have visibility into the compensation agreements between physicians and individual healthcare systems, it's possible that this trend has also impacted physician compensation growth.



#### Metro areas with the HIGHEST compensation for physicians 2020

- 1. Milwaukee, WI \$430,274
- 2. Atlanta, GA \$428,244
- 3. Jacksonville, FL \$427,090
- 4. Buffalo, NY \$407,070
- 5. Orlando, FL \$406,587
- 6. Raleigh, NC \$406,365
- 7. Charlotte, NC \$404,285
- 8. Minneapolis, MN \$401,978
- 9. Riverside, CA \$397,005
- 10. Dallas, TX \$396,184

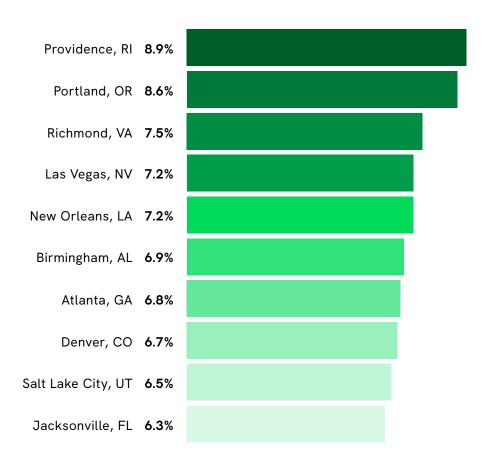
#### Metro areas with the LOWEST compensation for physicians 2020

- 1. San Antonio, TX \$329,475
- 2. Virginia Beach, VA \$331,952
- 3. Boston, MA \$347,894
- 4. Baltimore, MD \$348,389
- 5. Washington D.C. \$351,572
- 6. Denver, CO \$352,073
- 7. Philadelphia, PA \$354,788
- 8. Memphis, TN \$356,875
- 9. Louisville, KY \$360,609
- 10. Providence, RI \$365,807



#### **Highest Compensation Growth by MSAs**

This year, Providence topped the list for the highest growth rate in the country, increasing by 8.9%

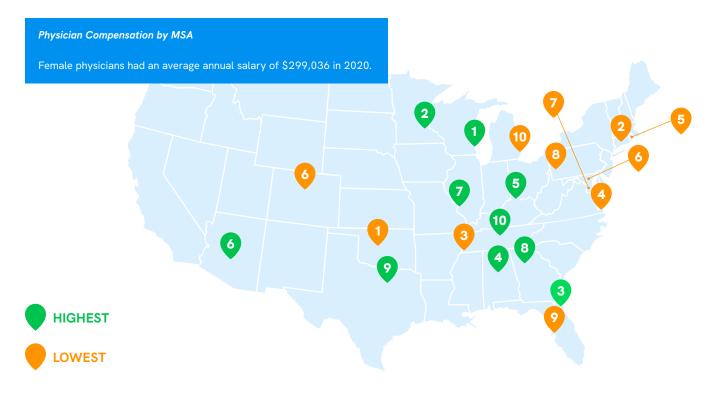






#### The Gender Wage Gap

This year's data found that the wage gap between male and female physicians was 28%, with male doctors earning over \$116,000 more annually than their female counterparts. This is a change from last year's study, in which the gender pay gap had narrowed to 25.2%. This trend has been found in other industry sectors [4], wherein the economic dislocations resulting from COVID-19 seems to have slowed progress in narrowing the wage gap.



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#### Metro areas where female physicians were paid the HIGHEST average annual salary

- 1. Milwaukee, WI \$363,717
- 2. Minneapolis, MN \$354,160
- 3. Jacksonville, FL \$350,418
- 4. Birmingham, AL \$334,327
- 5. Cincinnati, OH \$334,208
- 6. Phoenix, AZ \$325,834
- 7. St. Louis, MO \$324,657
- 8. Atlanta, GA \$323,785
- 9. Dallas, TX \$321,698
- 10. Nashville, TN \$318,890

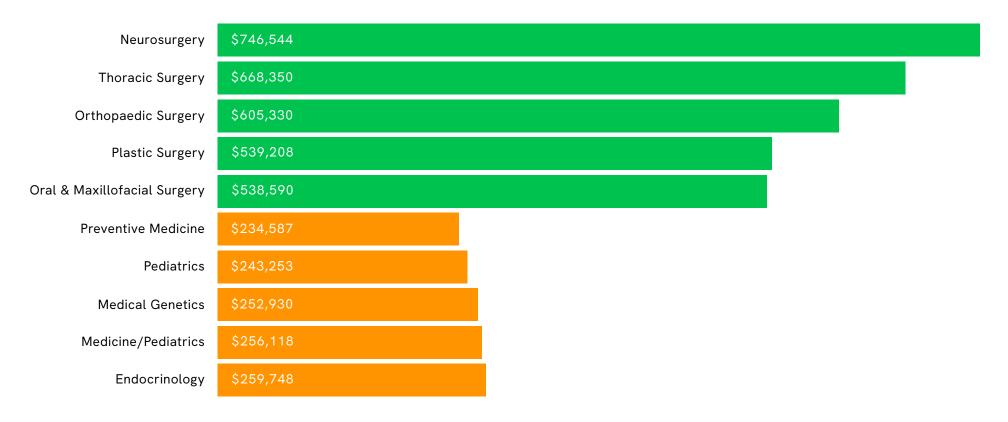
#### Metro areas where female physicians were paid the **LOWEST** average annual salary

- 1. Oklahoma City, OK \$238,797
- 2. Hartford, CT \$239,897
- 3. Memphis, TN \$246,531
- 4. Virginia Beach, VA \$256,678
- 5. Providence, RI \$262,595
- 6. Baltimore, MD \$263,611
- 7. Washington DC \$270,209
- 8. Pittsburgh, PA \$273,195
- 9. Tampa, FL \$274,240
- 10. Detroit, MI \$275,980

#### **Specialty Compensation**

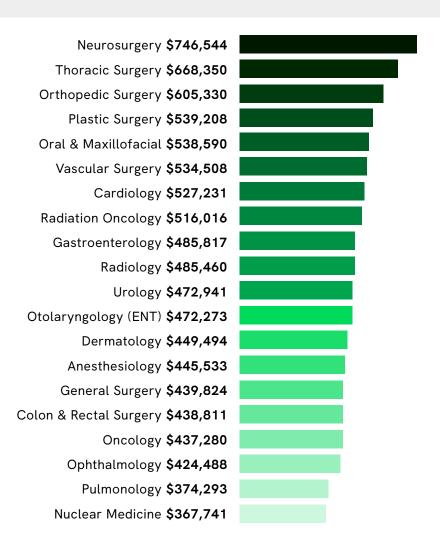
Medical specialties that require more advanced training and longer medical residencies, such as surgeons, show significantly higher annual salaries when compared to the national average compensation of \$383,340 in 2020.

#### The specialties with the HIGHEST and LOWEST average annual compensation:



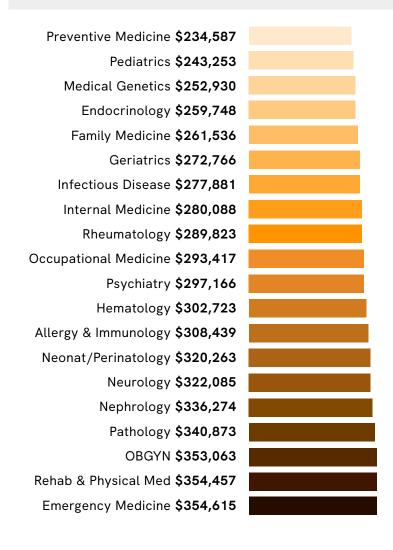


The 20 specialties with the HIGHEST average annual compensation.



### **Key Findings**

The 20 specialties with the **LOWEST** average annual compensation.





### **Specialty Compensation Growth**

While compensation plateaued in 2020, some medical specialties did experience gains.

Doctors specializing in vascular surgery, geriatrics, and emergency medicine are seeing some of the largest increases, growing compensation by nearly 5% this year. It's possible the pandemic has generated more demand in these areas, impacting pay for specialists who treat high-risk patients such as those with severe respiratory complications, those 65 years and older, and patients presenting at the emergency room.

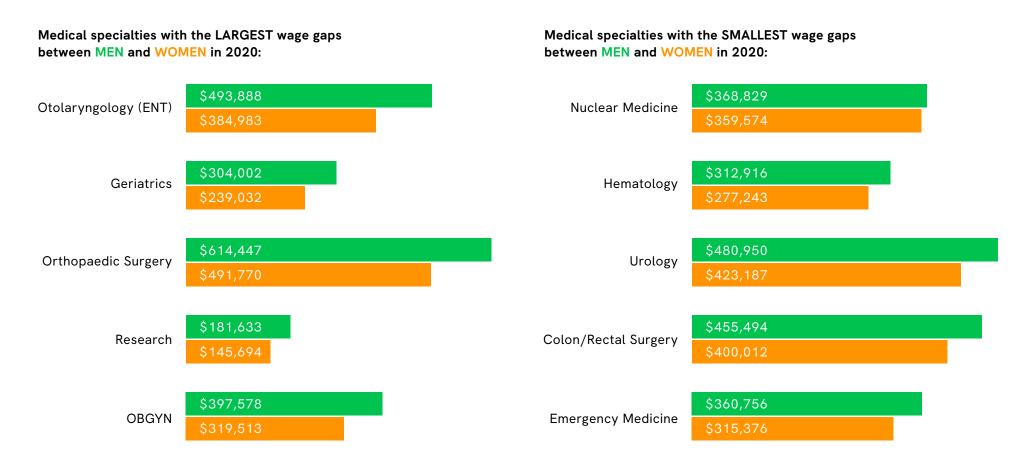
The top 10 specialties with the largest increase in average annual compensation:

Specialty	2019 Average Compensation	2020 Average Compensation	% Change
Vascular Surgery	\$509,335	\$534,508	4.9%
Physical Medicine/Rehab	\$338,554	\$354,457	4.7%
Geriatrics	\$260,732	\$272,766	4.6%
Genetics	\$242,276	\$252,930	4.4%
Emergency Medicine	\$339,868	\$354,615	4.3%
Oncology	\$420,174	\$437,280	4.1%
Cardiology	\$507,471	\$527,231	3.9%
Plastic Surgery	\$520,138	\$539,208	3.7%
Nephrology	\$324,949	\$336,274	3.5%
Pathology	\$329,435	\$340,873	3.5%



#### The Gender Wage Gap in Medical Specialties

When examining the gender wage gap by specialty, the data showed there are no medical specialties in which women earned the same or more than men in 2020.





### Compensation Varied by Employment Type

Compensation varies widely by sector, with single specialty, solo practice, and multi-specialty groups ranking the highest in annual average compensation, while academic and government positions rank lowest.

Practice Type	2019 Average Compensation	2020 Average Compensation	% Change
Multi-specialty Group	\$392,778	\$408,901	4.1%
Health Maintenance Org	\$356,178	\$370,235	3.9%
Industry / Pharmaceutical	\$373,483	\$387,601	3.8%
Health System / IDN / ACO	\$372,119	\$381,984	2.7%
Single Specialty Group	\$415,635	\$425,341	2.3%
Urgent Care Center / Chain	\$239,401	\$244,464	2.1%
Solo Practice	\$390,524	\$396,913	1.6%
Academic	\$333,341	\$337,298	1.2%
Hospital	\$375,742	\$380,003	1.1%
Government	\$251,314	\$252,809	0.6%



### Methodology

Doximity's study is drawn from self-reported compensation surveys completed in 2019 and 2020 by approximately 44,000 full-time, licensed U.S. physicians who practice at least 40 hours per week. Responses were mapped across metropolitan statistical areas, and the top 50 were ranked by the number of respondents in the data.

To control for differences in specialty, geography, and other provider-specific factors that might influence spending, we estimated a multivariate regression with fixed effects for provider specialty and MSA. We also controlled for how long each provider has practiced medicine and their self-reported average hours worked per week. This regression was estimated using a generalized linear model with a log link and gamma distribution. For the geographic and specialty rankings, we used the predicted values from this regression.

### **About Doximity**

Doximity connects physicians and clinicians to make them more successful and productive. It is the largest professional medical network, with over 70 percent of all U.S. physicians as members. The network enables medical professionals to communicate with colleagues and patients and to share their perspectives on the latest health care trends and research. Doximity is based in San Francisco and was created by the founders of Epocrates and Rock Health.

To learn more, visit www.doximity.com.



#### **Sources**

[1] ITIJ, US hospitals losing around \$50 billion a month due to Covid-19. May 4, 2020. https://www.itij.com/latest/news/us-hospitals-losing-around-50-billion-month-due-covid-19

[2] San Jose Mercury News, Coronavirus: 14,000 Stanford Health Care workers hit with furloughs, pay cuts. April 24, 2020. https://www.mercurynews.com/2020/04/27/coronavirus-14000-stanford-health-care-workers-hit-with-furloughs-pay-cuts/

[3] U.S. Bureau of Labor Statistics, Consumer Price Index: 2019 in review. January 16, 2020. https://www.bls.gov/opub/ted/2020/consumer-price-index-2019-in-review.htm

[4] New York Times, Pandemic Will 'Take Our Women 10 Years Back' in the Workplace. September 26, 2020. https://www.nytimes.com/2020/09/26/world/covid-women-childcare-equality.html

