The Rheumatology Gender Pay Gap

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It has been increasingly recognized that despite Canadian female physicians doing the same clinical work as their male counterparts, they are systemically paid less.[1] Why is this the case, when fee-for-service billing codes are the same for everyone? In British Columbia, we sought to identify some of the root causes for this inequity amongst rheumatologists.[2]

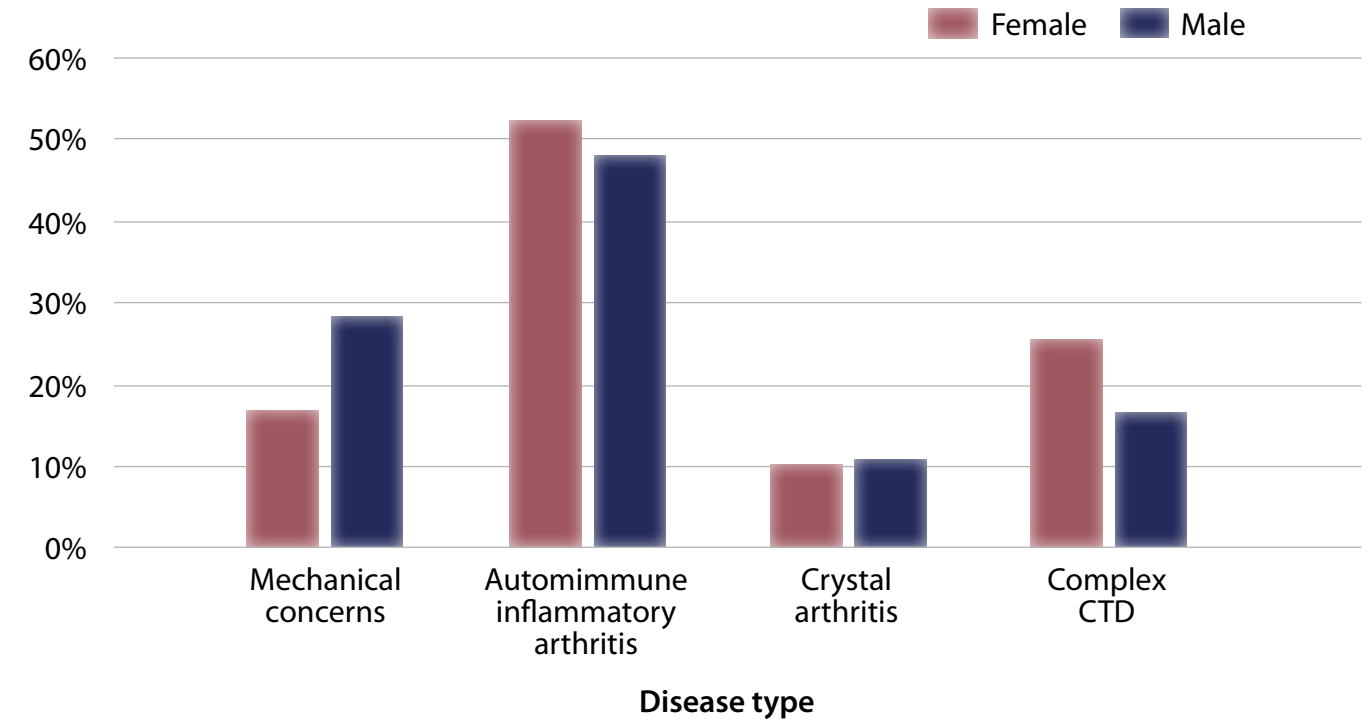
A survey was designed by the Division of Rheumatology Equity Committee at the University of British Columbia. We conducted a cross-sectional study where this anonymized survey was sent out to members of the British Columbia Society of Rheumatologists (BCSR). We heard from 49 rheumatologists across the province, capturing two thirds of all practising members. In terms of remuneration, gross fee-for-service billings were reported and did not account for overhead, which can be quite variable and substantial, up to 48.6%.[3]

We found that, on average, men and women worked nearly identical hours per week (42.5 and 42.6 hours respectively). However, 71% of women earned less than $400,000 annually, compared to only 33.5% of men. Medical Services Plan (MSP) data echoed this gap: between 2018 and 2022, women rheumatologists earned 31.2% less in terms of gross earnings.[4]

What is behind this disparity? One key factor appears to be how time is spent. Women reported spending more time on each initial consultation—50.4 minutes versus 40.8 minutes for men. Women also saw a higher frequency of complex connective tissue disease patients and fewer patients with mechanical concerns. (Figure 1).[2]

Figure 1.

Prevalence of diseases in patient population reported by self-survey of rheumatologists, 2022-2023.



CTD = complex connective tissue disease.

In BC, most physicians and rheumatologists specifically are compensated in a fee-for-service model. This disincentivizes care for complex and time-consuming patients. Historically, the predominant belief was that female physician remuneration is lower as women work fewer hours in order to fulfill other roles, such as parental responsibilities. However, this is not the case, as our study highlights that female and male rheumatologists are working the same weekly hours. There are nuanced factors therefore contributing to these pay disparities, including longer time spent on consultations, greater frequency of patients with complex disease, and other patient-specific factors where higher numbers of patients with psychosocial vulnerabilities are referred to female physicians.[5] A counterargument to this is that male physicians are seeing increased numbers of patients overall, given their shorter consult time length. In a system already burdened with long specialist wait times, it is important to also balance this consideration.

In contrast to sociocultural or biological factors, the structuring of medical benefit schedules is a modifiable factor under the jurisdiction of government bodies and provincial medical associations. One such way that the BC Medical Service Commission has already helped to address this inequity is by increasing the compensation for complex consults (>53 minutes). Exploring alternative payment models—like the recently introduced Longitudinal Family Physician Payment Model—could be another step toward fairer compensation.

We all have a role in recognizing the different ways that women and men practise medicine, but this is only the beginning. It is time we ensure those differences are equally valued.

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