

Income declined for many ObGyns from 2011 to 2012

📉 A recent survey reveals lackluster earnings in the specialty as a whole, although 26% of ObGyns reaped greater profits

Janelle Yates, Senior Editor

Most ObGyns saw their income decline or remain flat from 2011 to 2012, according to a survey from Medscape.¹ Thirty-five percent of ObGyns reported lower earnings than in the preceding year, and another 39% reported no change. Overall, the specialty earned 3% less than in the preceding year. For physicians as a whole, income also declined.

The survey was conducted in February 2012 among 24,216 US physicians across 25 specialties. It found that ObGyns earned a mean of \$220,000—a slight decline from the previous year. About 26% of ObGyns reported an *increase* in earnings, however. For physicians as a whole, 34% reported an increase in earnings over the past year.

Top earners among the 25 specialties represented in the survey were radiologists and orthopedic surgeons (both earning a mean of \$315,000), followed by cardiologists (\$314,000), anesthesiologists (\$309,000), and urologists (\$309,000). The lowest income was reported by internists (\$165,000), family physicians (\$158,000), and pediatricians (\$156,000).

Compensation for employed physicians comprised salary, any bonus, and profit-sharing contributions. For physicians in private practice, compensation consisted of earnings after the deduction of business expenses but before the payment of income tax. Compensation did not include income

for nonclinical activities, such as speaking engagements and expert witness testimony.

Other findings

Men made more than women. Among physicians as a whole, male practitioners earned approximately 40% more than female practitioners. In the ObGyn specialty, however, the gap was narrower: Men earned approximately 12% more than women (\$234,000 vs \$206,000).

Some regions of the United States were more lucrative. The most profitable region of the United States for ObGyns was the Great Lakes region (Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin), with physicians there reporting a mean income of \$245,000. Least profitable were the northeast and mid-Atlantic regions, with a mean income of \$205,000 and \$207,000, respectively.

ObGyns in private practice earned more. When income was broken down by practice setting, the single-specialty group was most profitable (mean income of \$242,000), followed by health care organizations (\$239,000), the multi-specialty group (\$233,000), solo practice (\$229,000), the hospital setting (\$194,000), academia (\$173,000), and outpatient clinic (\$154,000). **Some paradigms remained on the margins.** Only 1% of ObGyns reported working

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Female ObGyns earn less than their male counterparts but fare better than female physicians as a whole



ILLUSTRATION: STOCK ILLUSTRATION SOURCE

A survey of mid-career academic physician researchers shows that gender differences in salary exist even after adjusting for differences in specialty, institutional characteristics, academic productivity, academic rank, and work hours, according to a study published in the June 13 issue of the *Journal of the American Medical Association*.

To assess whether salaries differ by gender among a relatively homogeneous cohort of physician researchers, Reshma Jaggi, MD, DPhil, from the University of Michigan in Ann Arbor, and colleagues surveyed 1,729 physician recipients of the National Institutes of Health K08 and K23 career development awards from 2000 to 2003.

For the 800 physicians still practicing at US academic institutions, the researchers found the mean salary to be \$167,669 for women and \$200,433 for men. Even after adjusting for

variables, including specialty, academic rank, leadership positions, publications, and research time, male gender was associated with a significantly higher salary (+\$13,399; $P = .001$). Based on additional analysis, assuming women retained their other measured characteristics, the expected average salary if they were male would be \$12,194 higher than observed.

"Efforts to investigate the mechanisms by which these gender differences develop and ways to mitigate their effects merit continued attention, as these differences have not been eliminated through the passage of time alone and are difficult to justify," the authors write.

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in a concierge practice, 3% required cash only, 3% were part of an accountable care organization, and 5% planned to join or form an accountable care organization over the coming year.

Most ObGyns would choose another specialty. Although most ObGyns (55%) reported that they would choose medicine again as a career, only 37% said they would

choose the same specialty and 23% said they would choose the same practice setting.

For the full report, visit <http://www.medscape.com/features/slideshow/compensation/2012/public>. 📄

Reference

1. Physician compensation report 2012. <http://www.medscape.com/features/slideshow/compensation/2012/public>. Accessed June 20, 2012.

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