

## **Medscape's Annual Physician Compensation Report Reveals Significant Increases in Job Satisfaction**

Despite a workday filled with "too many rules and regulations" and hours spent on paperwork, nearly 8 in 10 U.S. physicians would choose medicine again as a career, according to the results of the 2017 Medscape Physician Compensation Report. Medscape's annual analysis of how compensation influences career considerations and satisfaction finds that the percentage of physicians who would opt for a career in medicine if they had a chance to do it over again (77%) is the largest increase since the survey was first conducted in 2010, and 13 points higher than in 2016.

Now in its 7<sup>th</sup> year, the report has been used by more than 400,000 physicians in the U.S. to assess information on salary, hours worked, time spent with patients, and what they find most rewarding -- and challenging -- about their jobs.

This year's survey finds that salaries average \$294,000 per year, with specialists earning about \$100,000 per year more than primary care doctors (\$316,000 vs \$217,000). Orthopedists are the highest paid, at \$489,000, and family physicians and pediatricians the lowest (\$209,000 and \$202,000, respectively). Most physicians saw their salaries increase in 2016, with plastic surgeons experiencing the biggest jump (24% to \$354,500). Pediatricians saw a decrease of 1%. Regardless of salary, 41% of primary care doctors and 33% of specialists feel they should earn more, with nearly one in five stating that they are working longer hours for less money.

"The increase in paperwork in the past five years is striking," said Michael Smith, M.D., medical director and chief medical editor, WebMD/Medscape. "In 2012, the majority of physicians (53%) spent between one and four hours per week on paperwork and administrative tasks. Today, nearly 40% report spending between 10 and 20 hours per week. It represents a major change in physicians' responsibilities."

Still, this year's report shows that physicians remain committed to their profession. More than half (53%) spend between 30 and 45 hours per week seeing patients, compared with 31% in 2012, and it's where physicians gain their greatest satisfaction and sense of purpose. More than 60% cite their patient relationships and their ability to find answers to their medical concerns as the most rewarding parts of the job.

### **Physicians Earn More in Small Cities, Rural Areas**

According to this year's report, doctors can find the highest earnings in the predominantly rural northern Great Plains, where the average income is \$317,000, and in the Great Lakes states (\$303,000), where small cities proliferate.

In the 2016 report, the northern Great Plains was also the highest-earning region, followed by the Southeast, where much of the population is also in small cities and rural areas. Doctors are in high demand in these areas, pushing up their income.

When adjusted for cost of living, rural doctors earn 12.7% more than doctors in other areas, according to a 2005 issue brief by the Center for Studying Health System Change. However, the study found that rural doctors work longer hours. Rural PCPs, for example, work 5 hours more per week than PCPs in other areas, the center reported.

Small cities have similar physician supply problems as rural areas. In March, Merritt Hawkins released a study on the demand for doctors in 15 selected small cities, including Evansville, Indiana; Dayton, Ohio; Savannah, Georgia; Odessa, Texas; Fort Smith, Arkansas; and Yakima, Washington. The study gauges demand by measuring the amount of time that new patients must wait to get an appointment. It found that the average wait time for these small cities is 32 days, or 33% longer than wait times in 15 large metro areas that Merritt Hawkins measures, which include Dallas, Boston, and Atlanta.

Lower-income regions in the Medscape survey, on the other hand, tended to have an abundance of doctors, such as much of California and the Washington, DC, New York, and Boston metro areas. The lowest-earning region of all this year was the Mid-Atlantic states, at \$282,000, followed by the West, at \$290,000. Last year, the lowest-paying region was the Northeast.

It's a longstanding axiom: When doctors are crowded into an urban area, demand for them drops and their income falls. However, Singleton says it's also becoming hard to find enough doctors for urban areas.

"In the past 3-4 years, there's been a significant increase of clients in urban areas," he says.

The Medicus Firm, a national physician recruiting firm based in Dallas, has similar findings. In a 2016 release, it stated that, for the first time, its placements in urban and metropolitan areas with populations of more than 500,000 outpaced those in mid-sized and rural communities.

### **Gender Disparities Remain, with Hint of Improvement**

Male physicians continue to make more money than female physicians, although the gap in pay is shrinking somewhat in primary care. Male primary care physicians made 15% more than women in 2016, compared with 20% more in 2012. The gap in specialty salaries has barely budged, with male specialists making 31% more than women, versus 33% more in 2012. However, the gap in salary is narrowing among younger physicians. While male physicians between ages 55-69 make 27% more than women, the gap shrinks to 18% in physicians under age 34.

### **Racial Disparities May Fuel Dissatisfaction**

African-American physicians earn 15% less than Caucasian physicians, (\$303,000 vs. \$262,000), according to the survey, and they are less likely to feel fairly compensated (57% of white physicians say their compensation is fair, versus 50% of black physicians and 49% of Hispanic/Latino physicians).

To view the full Medscape 2016 Physician Compensation Report, visit:

<http://www.medscape.com/viewarticle/878129?faf=1>

### **Medscape Survey Methods:**

The 2017 Medscape Physician Compensation Survey was completed by 19,200 physicians representing 26 specialty areas, including Medscape members and nonmembers. Respondents were invited to respond to the online survey. The margin of error for the survey was +/- 0.69% at a 95% confidence level.

**Source: Medscape**