

**Submission Id:** 5106

**Title**

*Examining the Gender Pay Gap in Primary Care: A Scoping Review*

**Priority 1 (Research Category)**

Systematic review, meta-analysis, or scoping review

**Presenters**

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**Abstract**

Context: A previous systematic review of the gender pay gap in medicine found that female physicians earn less over the course of their career than their male counterparts. However, less is known about the gender pay gap in primary care. We conducted a scoping review of the gender pay gap literature specific to primary care specialties in the United States. Objective:

To identify reasons and solutions to mitigate the gender pay gap in primary care. Study Design and Analysis: We conducted a scoping review of literature on the gender pay gap in primary care using PRISMA guidelines. We included original research articles in the US, from all years, using keywords and database specific subject headings. We controlled for factors such as location, race, age, and hours worked to determine the full extent of the gender wage gap in primary care. Abstracts were screened by two blinded reviewers, the remaining full text articles were also screened by two reviewers. Setting or Dataset: The databases searched included MEDLINE (Ovid), Embase (Ovid), Web of Science Core Collection, ABI/INFORM (ProQuest), and Gender Studies Database (EBSCOhost). Population Studied: Participants included female and male physicians in primary care specialties, defined as: general practice, family medicine, internal medicine, pediatrics, and geriatrics. The physicians worked in urban, suburban, rural, and academic settings. Intervention/Instrument:

Various characteristics of primary care physicians were controlled for in data analysis. Outcome Measures: The primary outcome is reasons for the gender pay gap in primary care. The secondary outcome is proposed solutions to the gender pay gap. Results:

41 articles met inclusion criteria and were included in the final sample. Reasons identified for the gender wage gap included discrimination/bias and lack of opportunities for advancement. Possible solutions include greater transparency in hiring, promotion, and salary, regular salary auditing/reporting, value based payment models, and reducing bias/discrimination. Conclusions: The gender wage gap in primary care persists despite controlling for numerous variables. Leaders of academic institutions, medical schools, and medical practices should strive for equitable hiring processes, as well as conduct salary

audits to mitigate the gap. Results from this scoping review can be applied to individual institutions to address the gap and female physicians and researchers looking to negotiate pay.