Re: Early-Career Compensation Trends Among Family Physicians

To the Editor: We applaud the authors on their comparative analysis of income trends of family physicians nationwide, an important topic, well-timed amid the rising cost of living and skyrocketing debts across the primary care workforce.[1] With increasing shortage in primary care physicians, a key driver that may be exacerbating this shortage is the lower income of primary care specialties when compared with the earnings of subspecialists. The article further explains these trends, most notably, gender differences in compensation, but there seems to be opportunity to delve deeper into the data presented to gain a clearer picture as it pertains to both race and gender.

Secondary analysis of the data collected on race and ethnicity depicted a small but insignificant difference with White family physicians associated with higher income than Black or Asian family physicians. This is in contrast to findings from the existing literature cited by the authors, of the significant associations documented between race, ethnicity, and gender on income differences.[1] It is important to emphasize the limitation in the methods and analysis in this study: there was 1-year worth of missing data on race and ethnicity, survey questions on race/ethnicity were limited to a "select best" option, and this data were not included in the primary statistical analysis. Given the methodological limitations on how the data on race and ethnicity were collected and analyzed, the categorization of race/ethnicity and sampling size may not have been sufficient or accurate to detect a difference between race/ethnicity and income. Admittedly, research involving accurate categorization of race and ethnicity data has historically been cumbersome, inconsistent across institutions and systematically flawed.[2] Accurately capturing and categorizing race and ethnicity data are necessary to demonstrate the diversity in the field of family medicine. Although the workforce of family medicine is proudly and necessarily diverse, the article does not consider the intersectionality of race/ethnicity and gender, which hinders the external validity of these findings, given the reality of our diverse workforce.[3] In 2012, nearly half of underrepresented minorities (URM) in medicine practiced in primary care, although the proportion of URM in primary care compared with all primary care physicians remains low.[4,5] Nonetheless, with the ongoing institutional interest in promoting diversity, equity and inclusion, the diversity of the family physician workforce is increasing.[4,5] This highlights the importance of accurately depicting race and ethnic information as it will aid with the interpretation of findings relevant to the growing proportion of URM physicians.

In essence, we may not be capturing the true disparities of earned compensation or experiences of those with intersecting sociodemographic variables, such as Black or Latinx women family physicians practicing in rural area. This calls for conduction of more culturally rigorous research using methodology that considers the intersectionality of race and gender and its impact on income trends. We hope that future studies would help to assess additional contributory factors that may lead to the phenomenon of URM women faculty physicians, for example, receiving disproportionately less pay, and may be a nidus to investigate ways of mediating and preventing it from negatively impacting our current and future workforce.

Fareedat O. Oluyadi, MD, IBCLC
Arianne Cordon-Duran, MD, MPH
and Carl E. Lambert, Jr., MD, FAAFP
From the Department of Family Medicine, Charles R. Drew University of Medicine and Science (FOO); Department of Family Medicine, Jessie Trice Community Health System (ACD); Department of Family and Preventive Medicine, Rush Medical College (CEL)
E-mail: foluyadi590@gmail.com

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Re: Why Do Physicians Depart Their Practice? A Qualitative Study of Attrition in a Multispecialty Ambulatory Practice Network

To the Editor: We read with great interest the article from O'Connell and colleagues on drivers of departure for physicians from a multispecialty ambulatory practice.[1] Physician turnover can be attributed to both push and pull factors.[2] Push factors are typically negative that drive a person to leave their current position, and pull factors are typically attractive that pull toward a new opportunity. Authors used a qualitative methodology to assess determinants of physician attrition from their current practice. This was achieved by interviews that were analyzed to identify major domains for departure, including: the health care business model, practice characteristics/culture, and personal considerations.[1] Although a broad set of themes were revealed, the themes with negative connotations were isolation/burnout, corporatization of medicine, and the COVID-19 pandemic and inbox burden. An important contribution of this study is that it is not based