



2025

Salary Survey
Findings



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SURVEY DETAILS

Purpose

The findings cited in this report are based on a survey sponsored by American College of Emergency Physicians (ACEP). The purpose of this research project was to provide members and the industry information on compensation and benefits in the industry, as well as profiles across demographic measures.

Method

The survey sample of 61,117 included current and previous members of ACEP believed to be currently working at the time of sample selection.

The survey and invitations to participate were designed jointly by ACEP and Readex. Development and hosting of the web-based survey, data collection, and cleaning/tabulation of the results were handled by Readex.

On April 22, 2025, ACEP emailed all sample members asking for participation in the study via a unique link included in the email.

Reminder emails were sent by ACEP on May 6 and May 15 to those who had not yet responded.

SURVEY DETAILS (Continued)

Response

The survey was closed for tabulation on May 20, 2025 with 1,774 total responses—an 3% response rate.

To accurately represent the audience of interest, many results are based on the 1,649 individuals who indicated they were currently employed in emergency medicine within the US in 2024 and had worked in emergency medicine for one year or more—representing 93% of the total population.

The margin of error (maximum sampling error for percentages at the 95% confidence level) based on all 1,774 responses is ± 2.3 percentage points. Most tables are based on the 1,649 respondents who indicated they were currently employed in emergency medicine within the US in 2024 and had worked in emergency medicine for one year or more, with a corresponding margin of error of ± 2.4 . Compensation data is reported as average base pay per clinical hour based upon 1,613 responses answering, with a corresponding margin of error of ± 2.4 .

Margins of error for percentages based on subsets of the total sample will be higher.

As with any research, the results should be interpreted with the potential of non-response bias in mind. It is unknown how those who responded to the survey may differ from those who did not. In general, the higher the response rate, the more likely results are to accurately represent the population of interest.

Percentages may not add to 100 for single answer questions due to rounding and/or non-response.

This report was prepared by Readex in accordance with accepted research standards and practices.

ABOUT READEX RESEARCH

We are an internationally recognized independent survey research company founded in 1947 conducted mainly traditional mail surveys. Today, in addition to our mail survey business, our focus has expanded to include a robust platform for online data collection. We are a full-service research firm—from questionnaire and process design through data collection and reporting. We serve a wide variety of clients including media corporations, associations, corporate clients and other survey research firms.

Services offered cover a wide range objectives and topics:

- Advertising Effectiveness
- Brand Awareness
- Content Audits
- Customer Surveys
- Data and Reporting Services
- Mail Surveys
- Member Surveys
- Product Mailing services
- Reader Profile
- Salary and Benefits
- Sponsored Research
- State of the Industry

You can view information on all of these by visiting us at www.readexresearch.com

HOW TO READ/USE THE SUMMARY STATISTICS

This page provides a guide to understand the statistics provided for the compensation data presented in this report.

The following question text was shown to respondents:

In 2024, what was your average base pay per clinical hour worked at your primary emergency department (rounded to the nearest dollar)?

To provide accurate and updated information on compensation in the industry, this information is reported as **Hourly Clinical Base Pay**.

Respondents were also asked to report typically scheduled hours and amounts received in bonuses, profit-sharing or partner distributions in 2024 from their primary emergency medicine employer.

The following questions were shown to respondents:

How many scheduled hours was your typical emergency department shift in 2024?

In addition to base pay, how much did you receive in bonuses, profit-sharing or partner distributions in 2024 from your primary emergency medicine employer? *(fill in a number, if none, enter 0)*

These data were combined with their estimated annualized salary to provide a broader picture of annual compensation—reported here as **Estimated Total Clinical Compensation**.

Below are definitions of the statistical terms used in this report:

- **base:** the number of qualified respondents included in the analysis of results.
- **25th percentile:** marks where 25% of the reported values are lower than the figure given and 75% are higher.
- **50th percentile (median):** the value that lies at the middle of a distribution; 50% of the values are above it and 50% are below.
- **75th percentile:** marks where 75% of the reported values are lower than the figure given and 25% are higher.

In this report, hourly clinical base pay and estimated total clinical compensation for positions are reported at the 25th percentile, 50th percentile (median), and 75th percentile.

For this study, respondents were asked about their primary role in emergency medicine among a list of seven different roles: Emergency Physician (Clinical), EM Academic/Faculty, ED Director/Medical Director, Administrator, EMS Medical Director, Researcher, General Medical Officer, and other if no other role applied.

FINDINGS: Employment Status

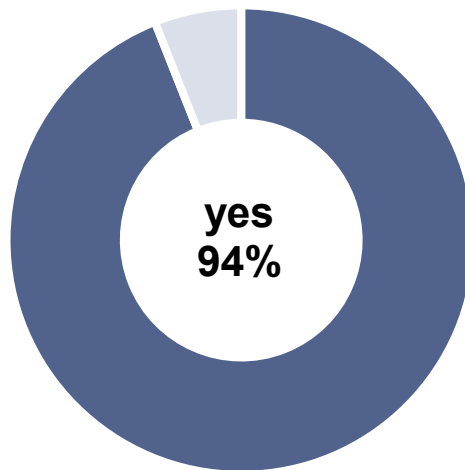
Out of all respondents invited to the survey, 94% reported that they worked as an emergency medicine physician within the United States in 2024.

Among these physicians, nearly all are employed, with the majority being employed in a permanent/long-term position—either full (86%) or part time (6%).

Proportion That Worked as an Emergency Medicine Physician Within the United States

In 2024, did you work as an emergency medicine physician within the United States?

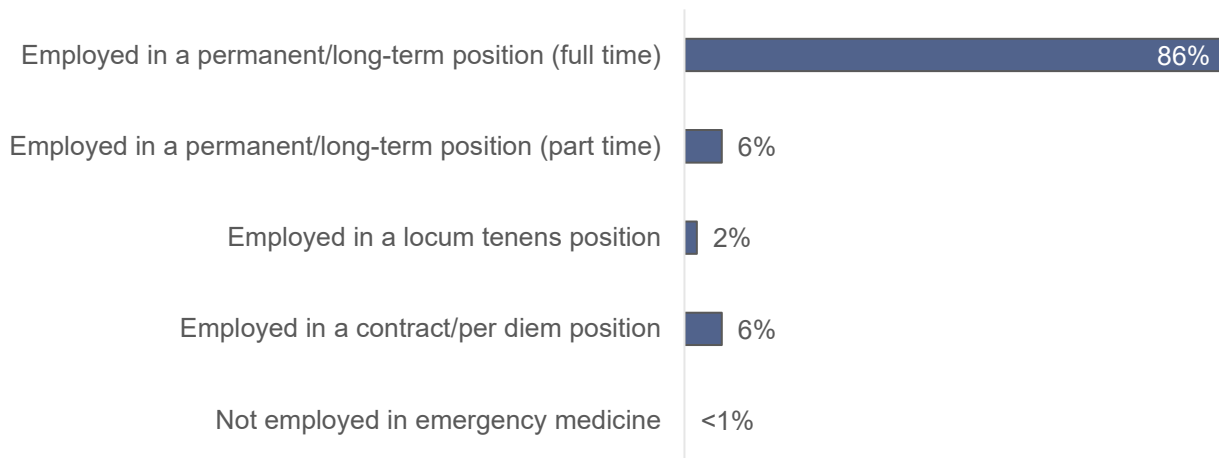
base: all 1,744 respondents



Emergency Medicine Employment Status

In 2024, what was your employment status in emergency medicine?

base: 1,674 employed as an emergency medicine physician within the US in 2024



The typical (median) tenure among respondents working in emergency medicine is 11 years. One in four (26%) have been working in the field for 20 years or more.

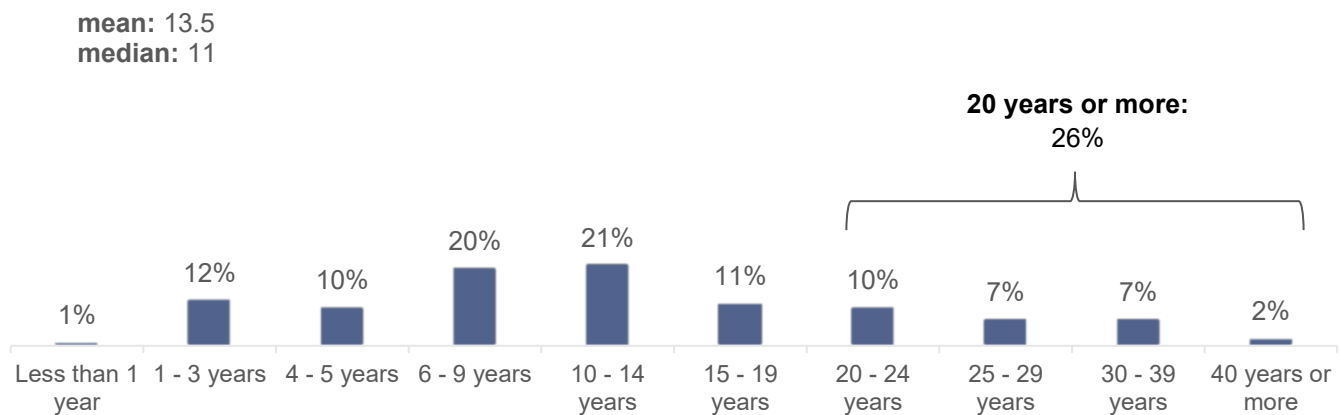
Few (1%) have been working in the field for less than one year. As the current survey focuses heavily on questions about the industry, these individuals were thanked for their time and excluded from the rest of the survey.

The remainder of the report focuses specifically on respondents who were employed in emergency medicine within the United States for at least a year as of December 31, 2024—referred to as “qualified respondents.”

Emergency Medicine Tenure

How long have you been working in emergency medicine as of December 31st, 2024?

base: 1,666 respondents who were employed in emergency medicine within the United States in 2024 (fill-in answers)



Seven in ten respondents (71%) are male. Respondents are typically 43 years old.

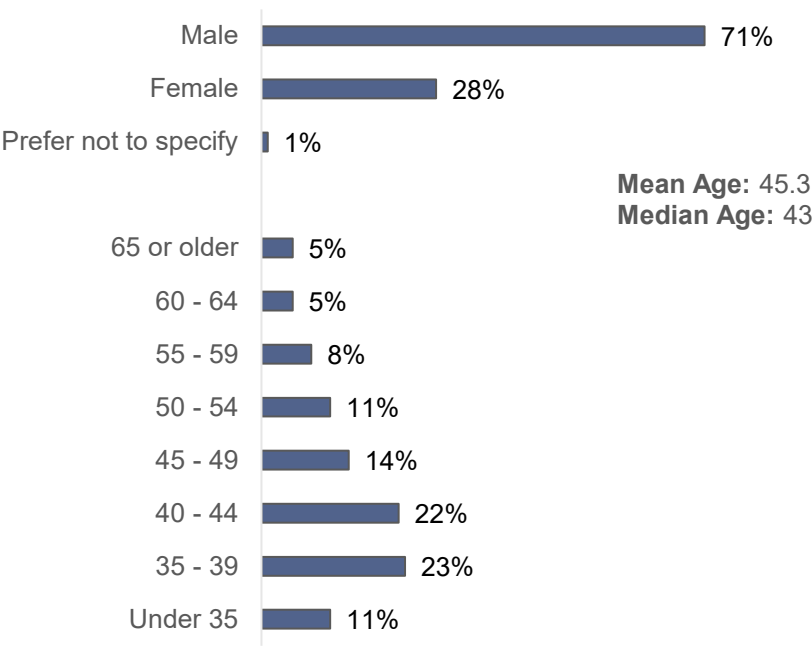
Gender and Age

What is your gender?

base: 1,544 respondents who consented to demographic questions

What is your age?

base: 1,544 respondents who consented to demographic questions (fill-in answers)

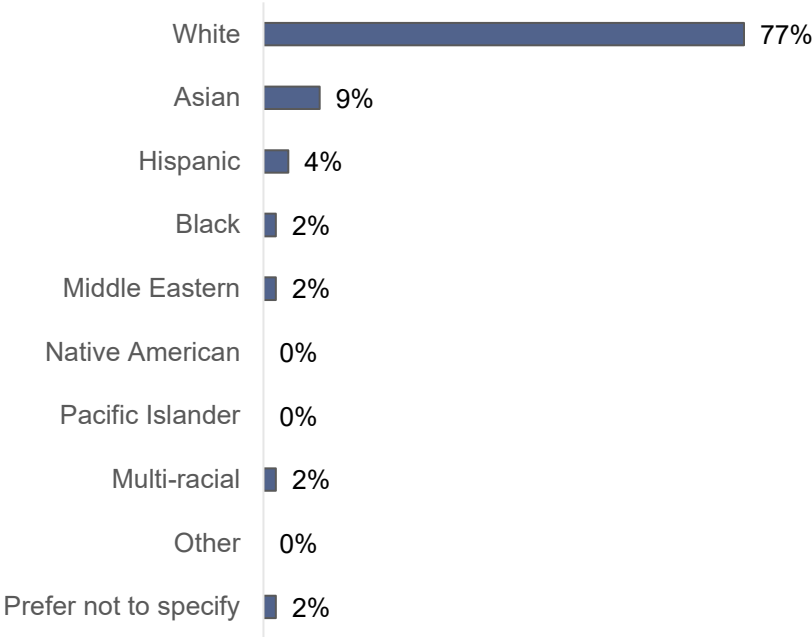


The majority of respondents (77%) identify as White.

Race/Ethnicity

What is your race/ethnicity?

base: 1,544 respondents who consented to demographic questions

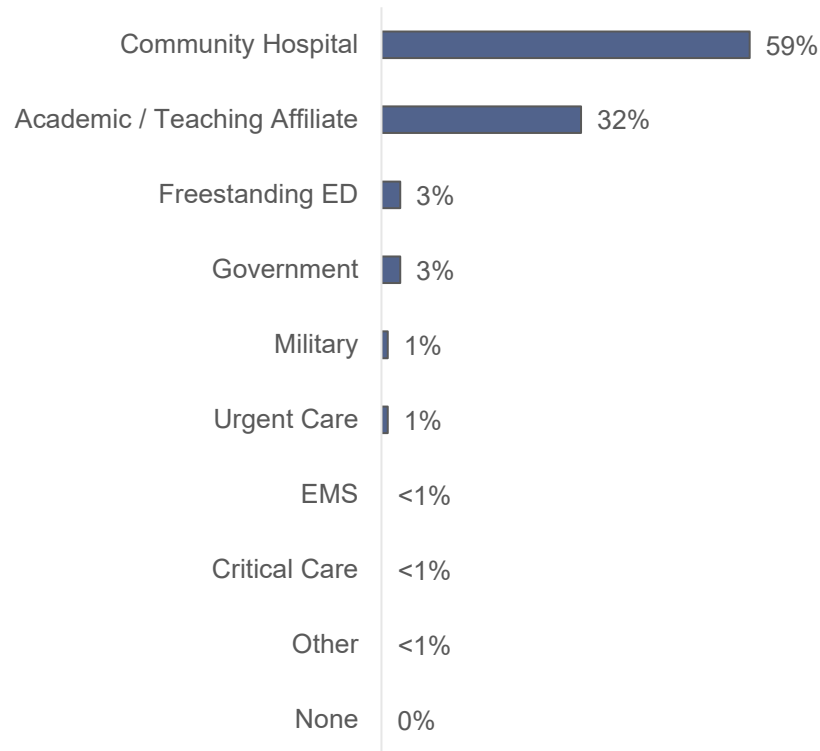


A majority of respondents (59%) describe their primary work site as a community hospital, while nearly one-third (32%) report working at an academic or teaching-affiliated hospital. No other work site type was identified by more than 3% of respondents.

Work Site

Which of the following best describes your primary work site?

base: all 1,649 respondents

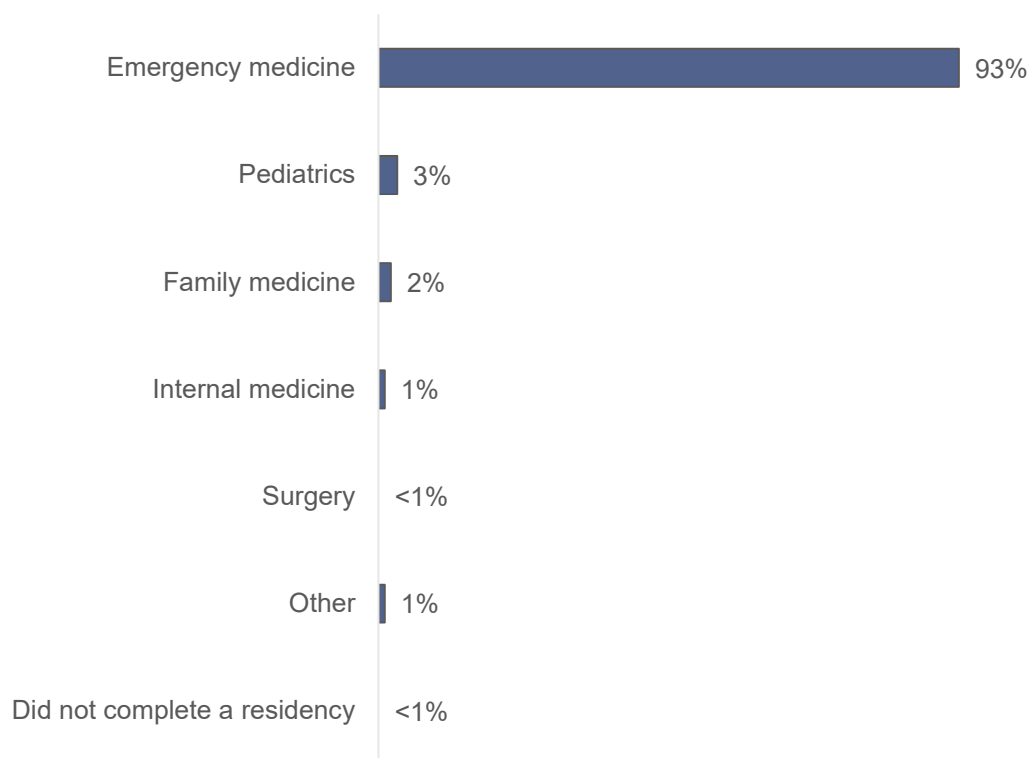


Nearly all (93%) qualified respondents—those employed as emergency medicine physicians in the U.S. in 2024—completed an emergency medicine residency. For simplicity, this group is referred to as 'respondents' throughout the remainder of this report.

Type of Residency Completed

Which of the following types of residency did you complete?

base: 1,649 qualified respondents



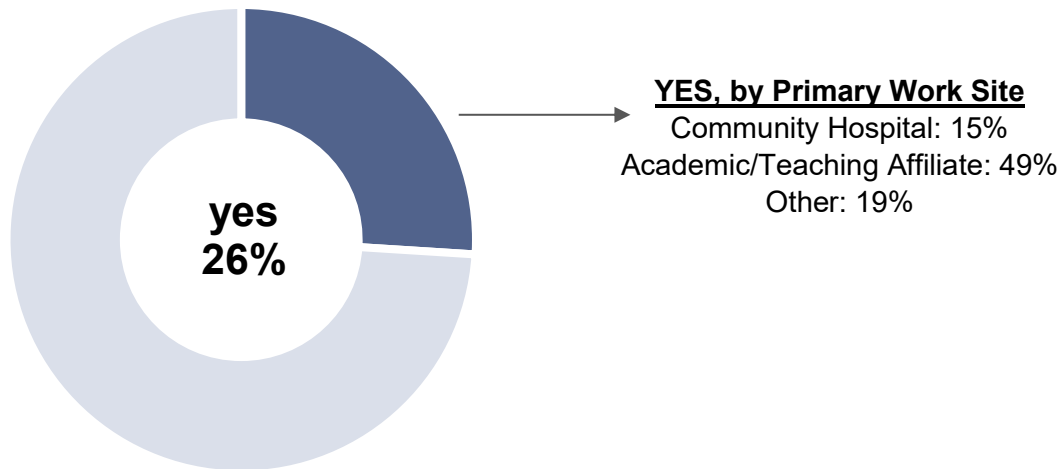
One in four respondents (26%) have completed a fellowship in addition to their residency. Those who work at an academic/teaching affiliate worksite are more likely to have completed a fellowship than those at a community hospital.

Among those who completed a fellowship, nearly one in six specialized in either pediatric emergency medicine or ultrasound (17% each). Other fellowships completed include emergency medical services (13%), critical care (8%), administration (7%), education (6%), and others.

Proportion That Completed a Fellowship

Did you complete a fellowship (in addition to residency)?

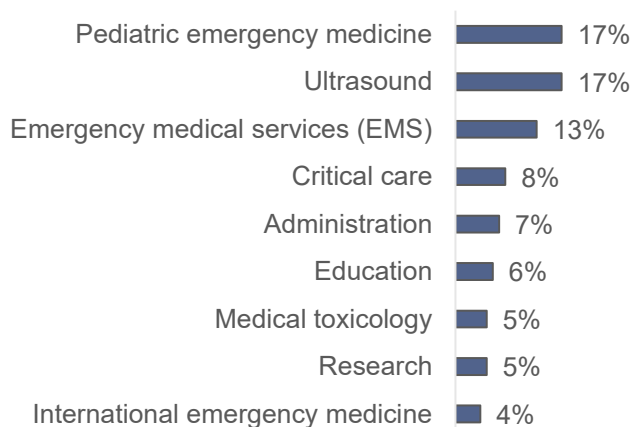
base: all 1,649 respondents, those in each category



Type of Fellowship Completed

What type of fellowship did you complete?

base: 431 respondents who completed a fellowship



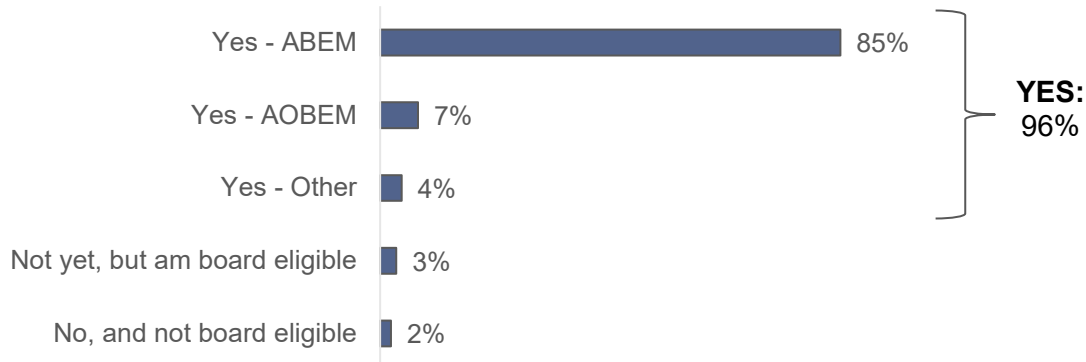
Categories with fewer than 4% response not shown.

Nearly all respondents (96%) are board-certified in emergency medicine, with 85% certified by ABEM. Additionally, one in five respondents (19%) are board-certified in a subspecialty. The subspecialties listed vary greatly with no single specialty representing more than 6% of respondents.

Proportion That Are Board-Certified In Emergency Medicine

Are you board-certified in emergency medicine?

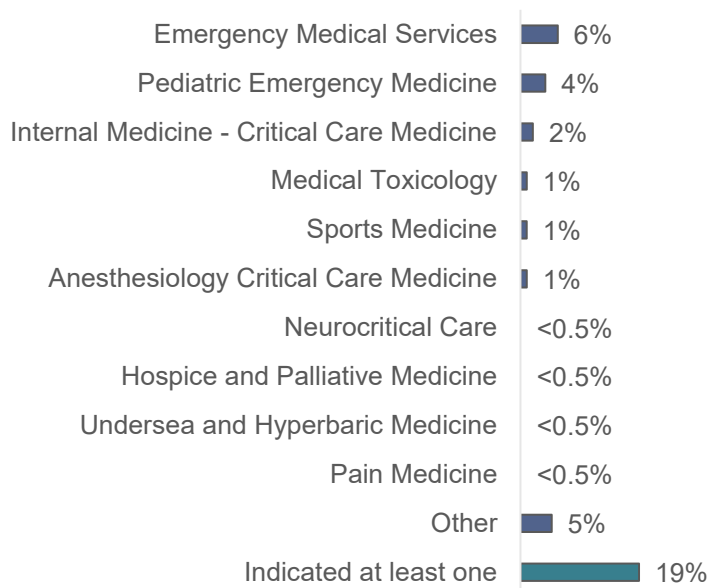
base: all 1,649 respondents



Board-Certified Subspecialties

In which of the following subspecialties are you board-certified, if any?

base: all 1,649 respondents (multiple answers)



FINDINGS: Professional Profile

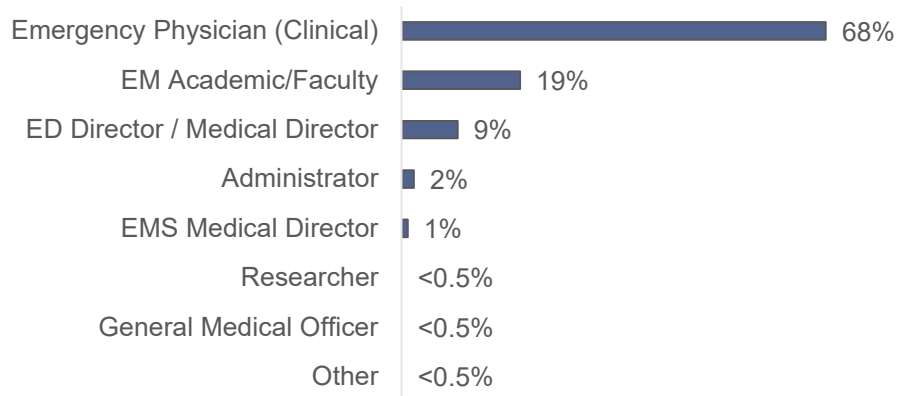
Two in three respondents (68%) have a primary role as a clinical emergency physician. Other primary roles reported include EM academic/faculty (19%) and ED Director / Medical Director (9%). No other roles accounted for more than 2% of responses.

Those who primarily work in a community hospital are more likely to be a clinical emergency physician than those who work in an academic teaching affiliate—who are more likely to be an EM academic/faculty.

Primary Role

What is your primary role in emergency medicine?

base: all 1,649 respondents



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
Emergency Physician (Clinical)	86%	33%	76%
EM Academic/Faculty	2%	53%	5%
ED Director / Medical Director	10%	7%	9%
Administrator	1%	3%	4%
EMS Medical Director	1%	2%	3%
Researcher	0%	1%	0%
General Medical Officer	0%	0%	0%
Other	0%	1%	3%

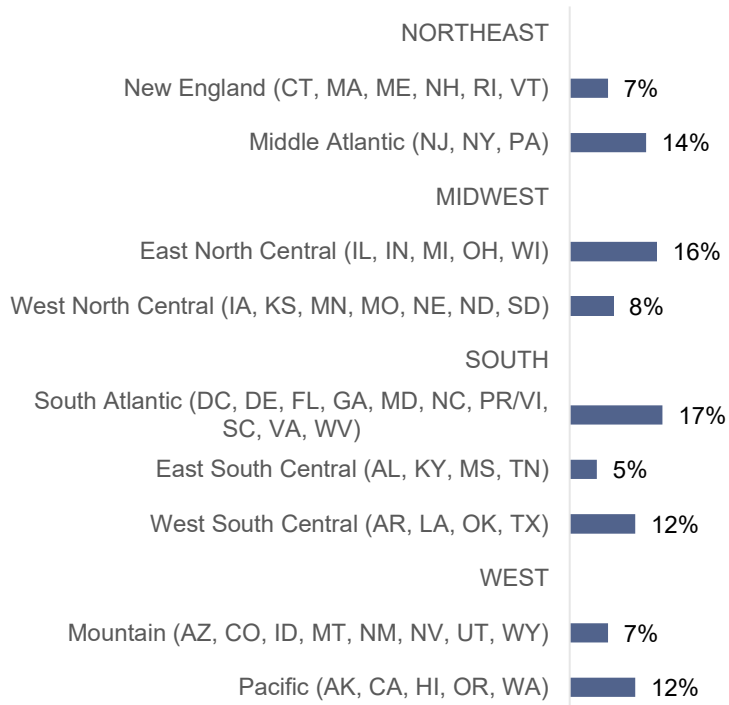


Respondents reported their primary work site is located in varied regions across the United States, with no one region accounting for more than 17% of respondents. The most commonly reported primary work site is the South Atlantic region (17%), followed by East North Central (16%) and Middle Atlantic (14%).

Primary Work Site Region

In which state is your primary emergency medicine work site located?

base: all 1,649 respondents



FINDINGS: Professional Profile

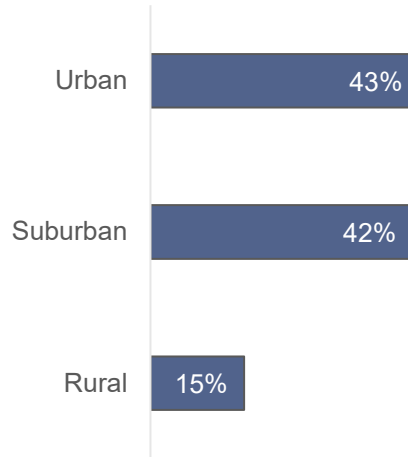
Respondents most commonly described their primary work setting as urban (43%) or suburban (42%), with 15% reporting a rural setting.

Those working at an academic/teaching affiliate are more likely than others to work in an urban setting.

Work Setting

Which of these best describes your primary work setting?

base: all 1,649 respondents



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
Urban	29%	71%	39%
Suburban	50%	26%	43%
Rural	21%	3%	18%



= 10% - 29%



= 30% - 49%



= 50%+

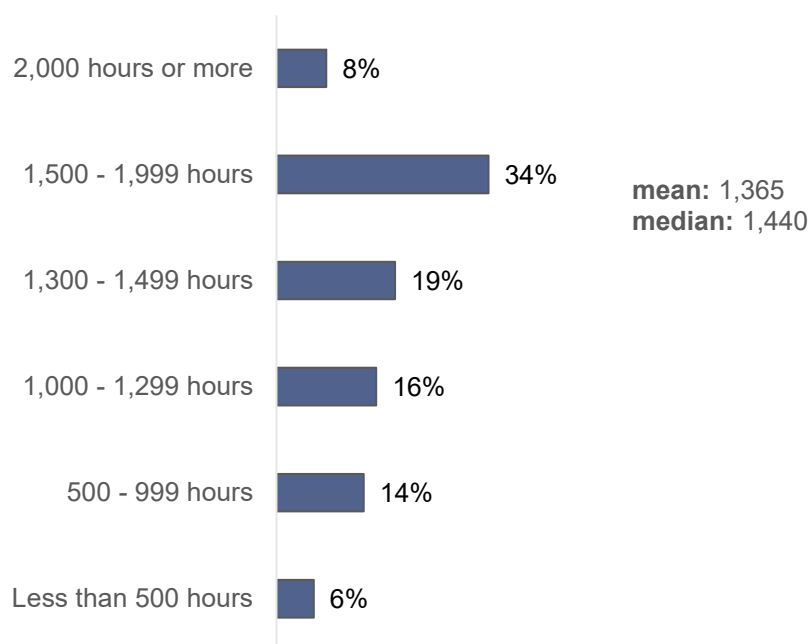
In an effort to calculate estimated total clinical compensation, respondents were asked how many hours they worked in an emergency department in 2024. Respondents reported working a typical (median) 1,440 hours in the emergency department in 2024, with 8% reporting 2,000 hours or more.

Respondents working in community hospitals reported a higher number of emergency department hours in 2024 compared to those at academic/teaching-affiliated sites.

Hours Worked in an Emergency Department in 2024

In 2024, approximately how many hours did you work in an emergency department?

base: all 1,649 respondents (fill-in answers)



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
mean	1,476	1,140	1,415
median	1,500	1,198	1,500



= 1,250 – 1,499



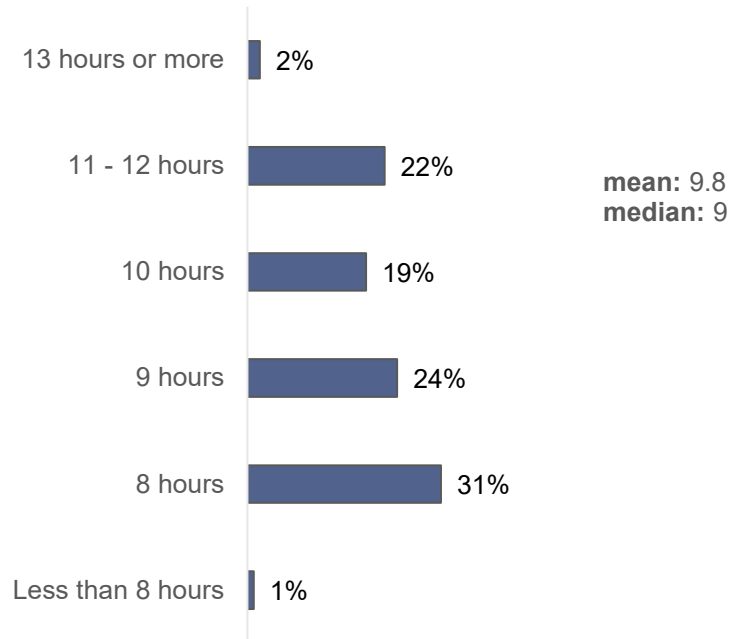
= 1,500%+

Respondents reported that a typical (median) emergency department shift in 2024 was 9 hours long.

Scheduled Hours in a Typical Emergency Department Shift

How many scheduled hours was your typical emergency department shift in 2024?

base: all 1,649 respondents (fill-in answers)



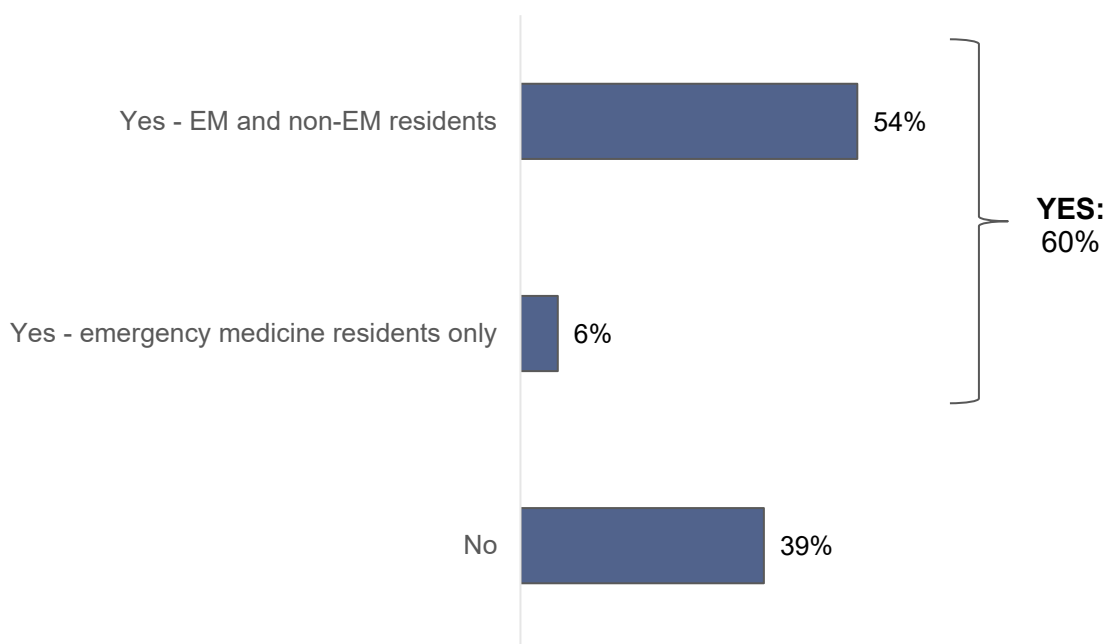
Three in five respondents (60%) are expected to supervise residents: with most (54%) expected to supervise EM and non-EM residents and only 6% expected to supervise EM residents only.

While nearly all respondents at academic or teaching affiliate hospitals (97%) are expected to supervise residents, fewer than half (44%) of those at community hospitals have this responsibility.

Proportion Expected to Supervise Residents

Are you expected to supervise residents?

base: all 1,649 respondents



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
yes	44%	97%	43%
no	56%	3%	57%

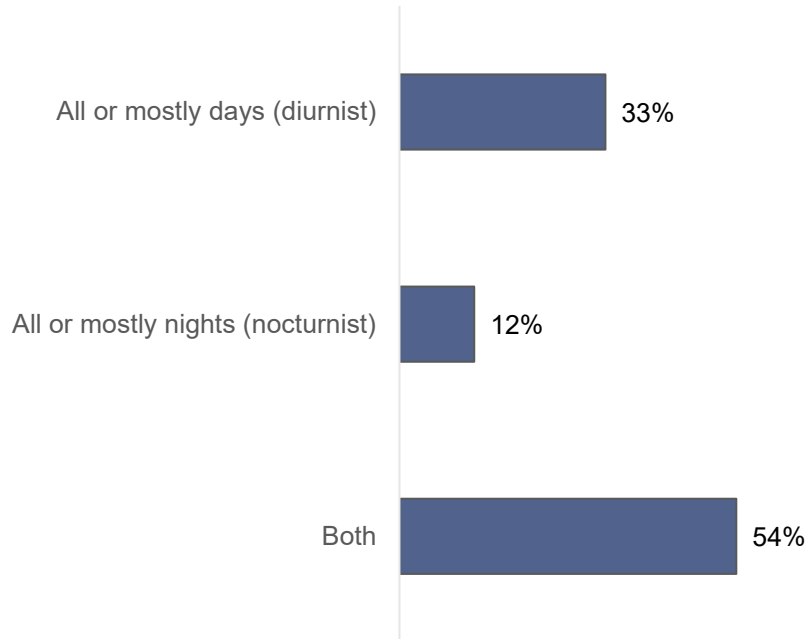


More than half of respondents (54%) report that they work both day and night shifts. One in three (33%) report that they work all or mostly day shifts (diurnist).

Type of Shifts Worked

What type of shifts do you work?

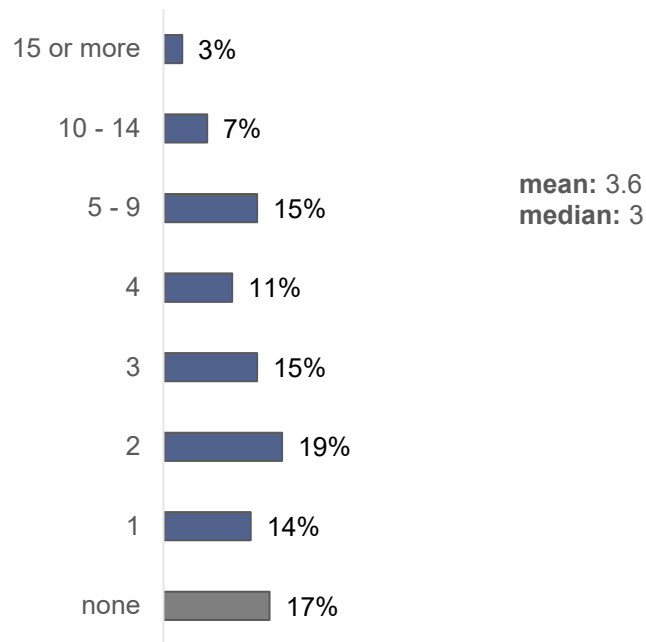
base: all 1,649 respondents



In a typical month in 2024, the median number of overnight emergency department shifts worked was three. About one in six respondents (17%) reported having no overnight shifts in a typical month.

Number of Emergency Department Shifts in a Month: Overnights

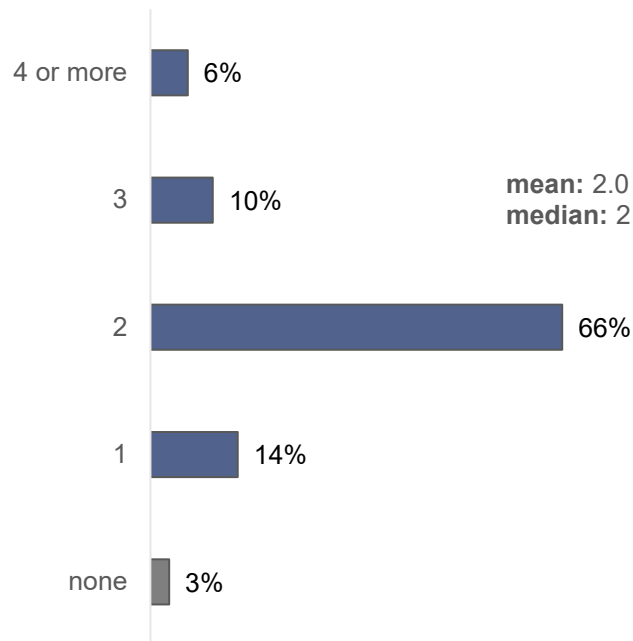
On average in 2024, how many of your emergency department shifts were overnights in a typical month?
base: all 1,649 respondents (fill-in responses)



In a typical month in 2024, the median number of weekend shifts worked by respondents was two.

Number of Emergency Department Shifts in a Month: Weekends

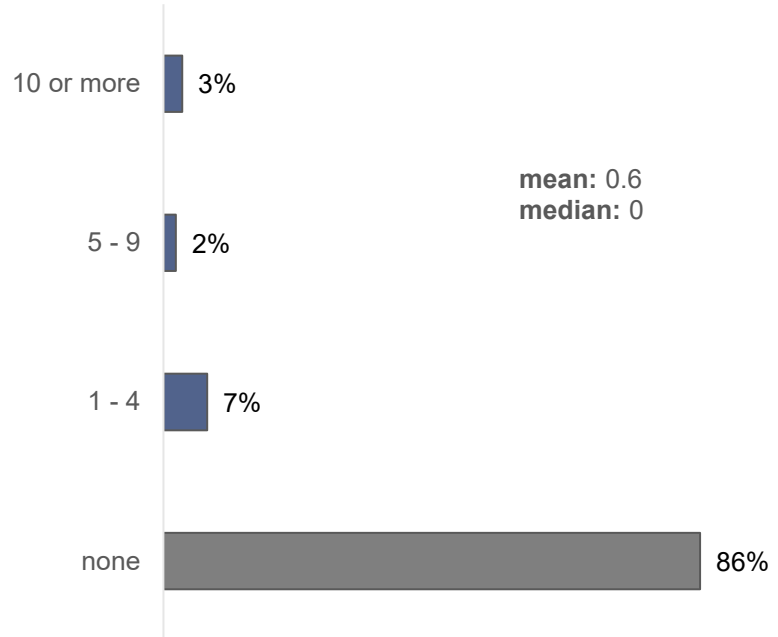
On average in 2024, how many weekends did you work in a typical month?
base: all 1,649 respondents (fill-in answers)



A majority of respondents (86%) report that in an average month in 2024, they had no shifts in a pediatrics only emergency department.

Number of Emergency Department Shifts in a Month: Pediatrics

On average in 2024, how many of your emergency department shifts were in a pediatrics only emergency department per month?
base: all 1,649 respondents (fill-in answers)



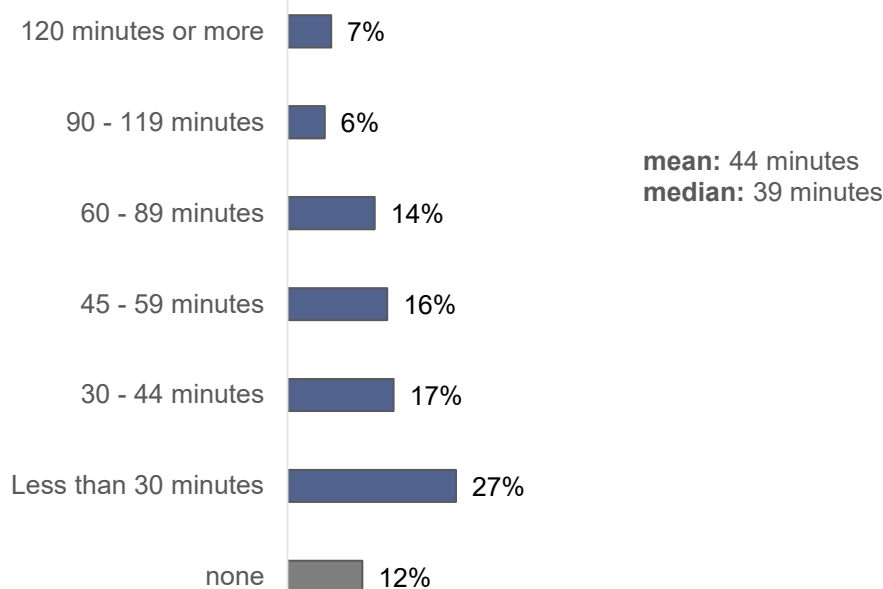
The median time spent on uncompensated charting or additional clinical work after a scheduled shift in 2024 was 39 minutes.

Those who work at an academic/teaching affiliate tend to spend more uncompensated time charting or doing additional clinical work after a typical shift.

Uncompensated Time Spent Charting/Doing Additional Clinical Work at End of Scheduled Shift

On average in 2024, how much uncompensated time did you spend charting or doing additional clinical work after the end of a typical scheduled shift?

base: all 1,649 respondents



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
mean	42	51	33
median	36	46	24

= 30 - 39

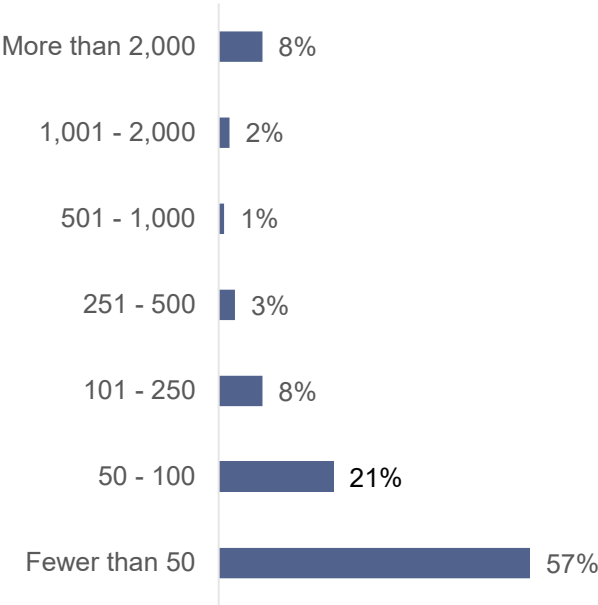
= 40 - 49

= 50+

More than half of respondents (57%) report that their group had fewer than 50 physicians.

Physicians in Group

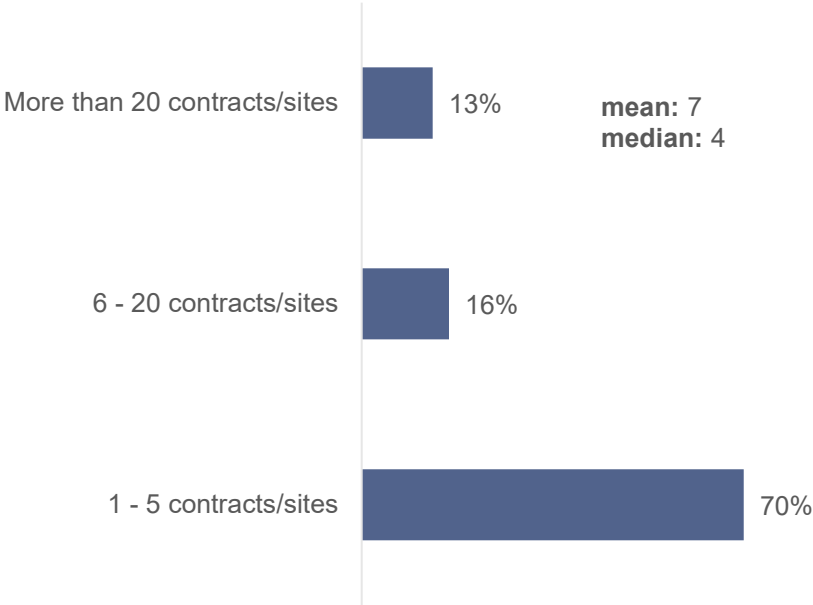
How many physicians are in your group?
base: all 1,649 respondents



Respondents report that the typical number of contracts/sites staffed by their group is four. Over one in ten (13%) staff more than 20.

Contracts/Sites Staffed

How many contracts/sites does your group staff?
base: all 1,649 respondents

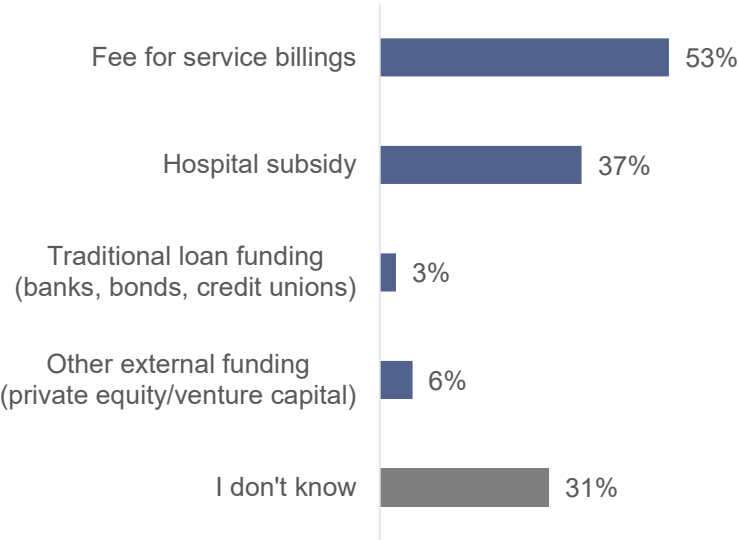


Half of employers/groups (53%) are funded by fee for service billings, with over one in three (37%) supported by hospital subsidies. Notably, 31% of respondents were unsure about their group's funding source.

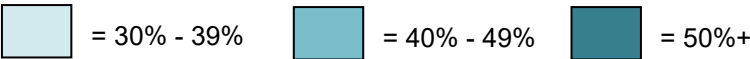
Those working at community hospitals were slightly more likely to be funded by fee-for-service billings, whereas respondents at academic or teaching affiliates were more likely to be supported by hospital subsidies.

Way Employer/Group is Funded

How is your employer/group funded?
base: all 1,649 respondents (multiple answers)



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
Fee for service billings	58%	48%	35%
Hospital subsidy	31%	48%	30%
Traditional loan funding (banks, bonds, credit unions)	3%	2%	3%
Other external funding (private equity/venture capital)	8%	3%	8%

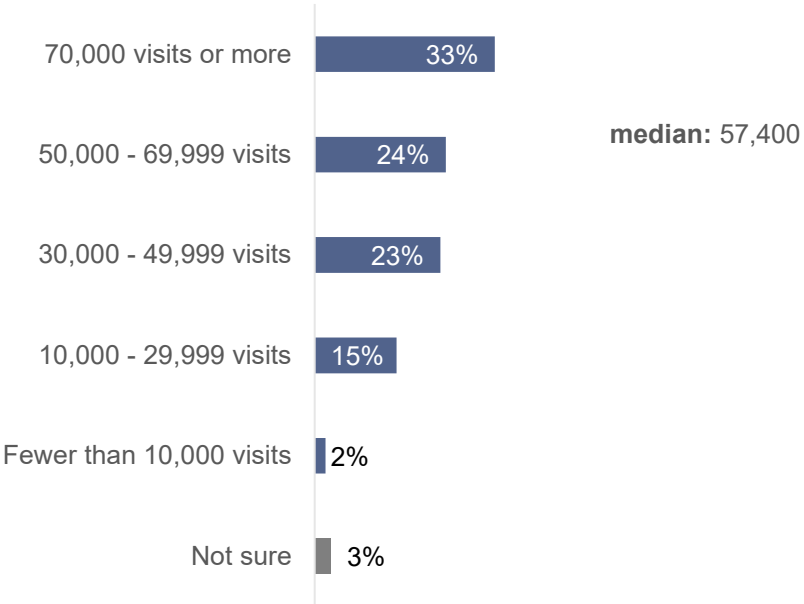


Respondents reported that their primary work location saw a typical (median) volume of approximately 57,400 patients in 2024.

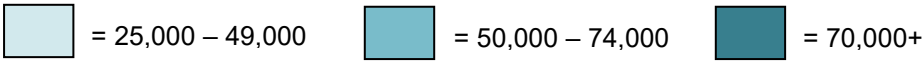
Those who work at an academic/teaching affiliate saw more patients in 2024 than those at community hospitals.

Patient Visits

In 2024, what was the approximate number of patient visits seen by your primary work location?
base: all 1,649 respondents



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
median	49,700	70,000	27,100



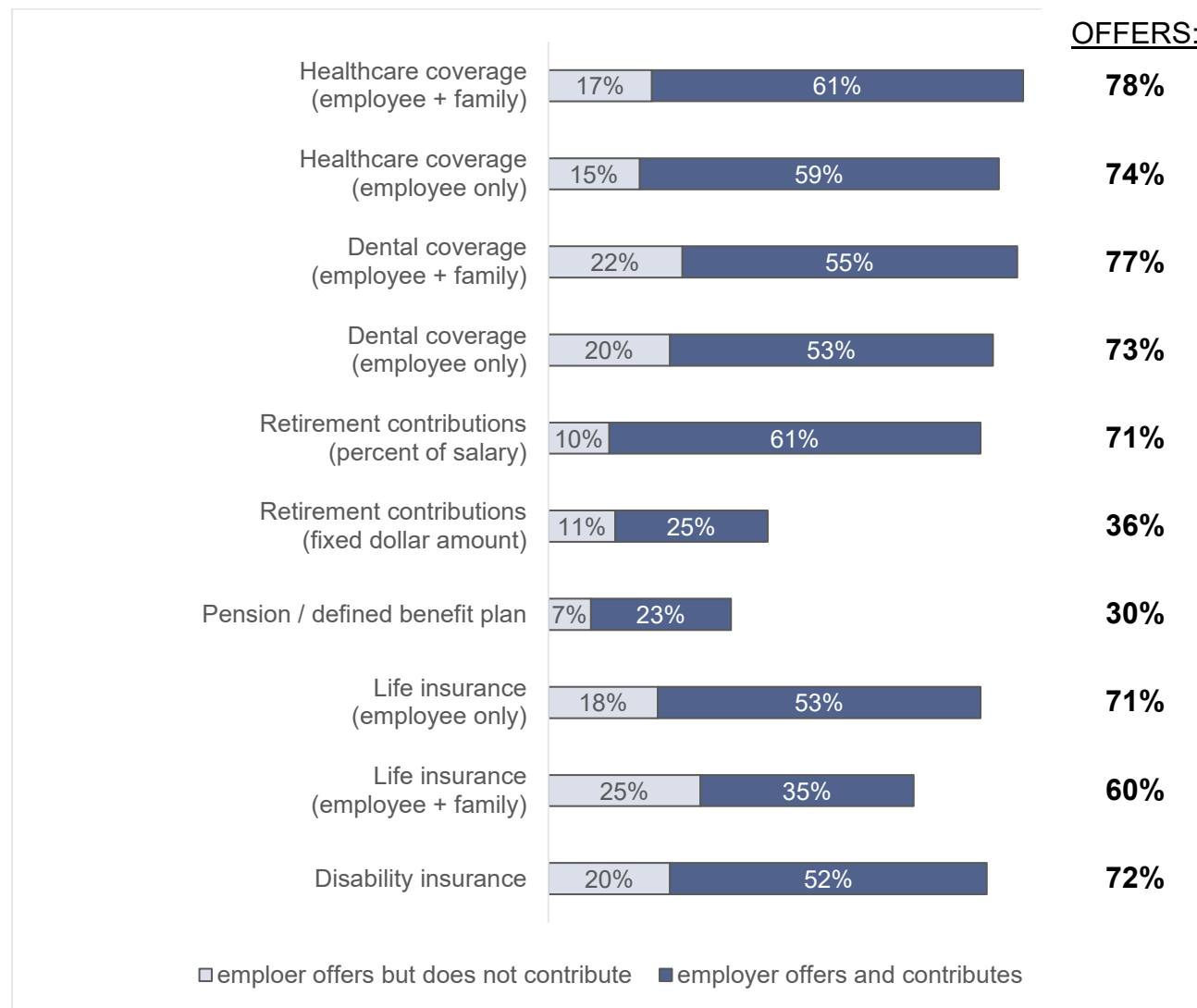
FINDINGS: Compensation and Benefits

Primary emergency medicine employers offer and contribute to various benefits. For example, 78% of employers offer healthcare coverage to employees and their families, with 61% both offering coverage and contributing toward its cost. Three in four (74%) offer healthcare coverage to employees only, with 59% offering and contributing.

Benefits Offered/Contributed to by Employer

Which of the following benefits does your primary emergency medicine employer offer/contribute to?

base: all 1,649 respondents



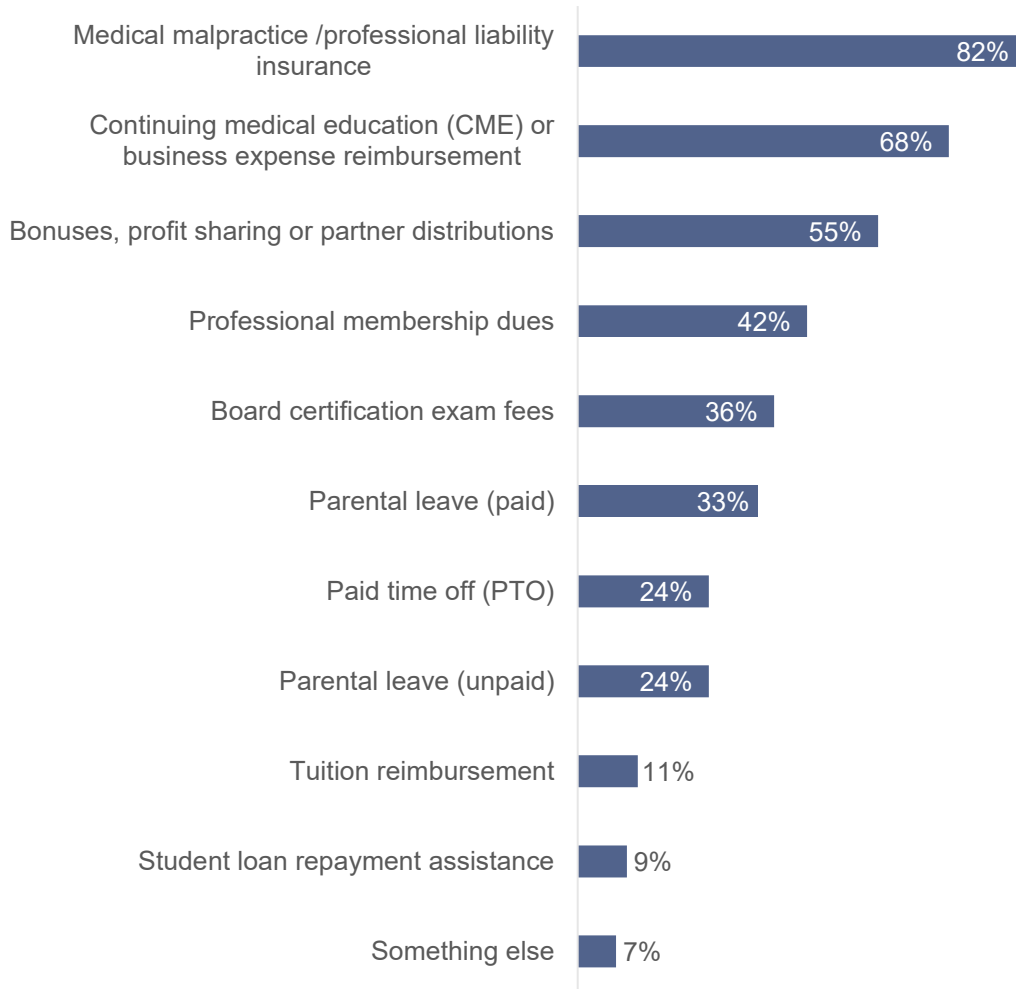
FINDINGS: Compensation and Benefits

Primary emergency medicine employers also offer other benefits. For example, 82% offer medical malpractice / professional liability insurance, 68% offer continuing medical education (CME) or business expense reimbursement, and 55% offer bonuses, profit sharing, or partner distributions.

Other Benefits Offered by Employer

Which other benefits does your primary emergency medicine employer offer?

base: all 1,649 respondents (multiple answers)



FINDINGS: Compensation and Benefits

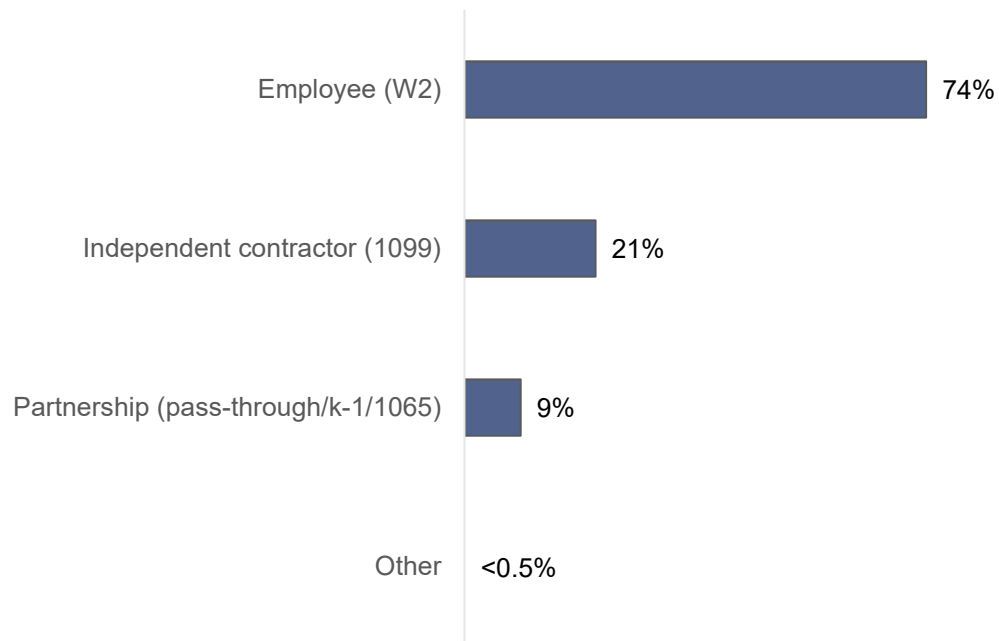
When asked about their base compensation structure at their primary emergency medicine clinical job, the majority of respondents (74%) said they're employees (W2). Another 21% identified as independent contractors (1099), while 9% reported working in a partnership model (such as pass-through entities or receiving K-1/1065 forms).

Workplace setting makes a big difference. Nearly everyone (93%) at academic/teaching affiliates is a W2 employee. At community hospitals, the breakdown shifts: 64% are employees (W2), 28% are independent contractors (1099), and 12% are in partnerships.

Base Compensation Structure

How is your base compensation structured at your primary emergency medicine clinical job?

base: all 1,649 respondents (multiple answers)



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
Employee (W2)	64%	93%	68%
Independent contractor (1099)	28%	6%	29%
Partnership (pass-through/k-1/1065)	12%	2%	7%
Other	<0.5%	<0.5%	2%



FINDINGS: Compensation and Benefits

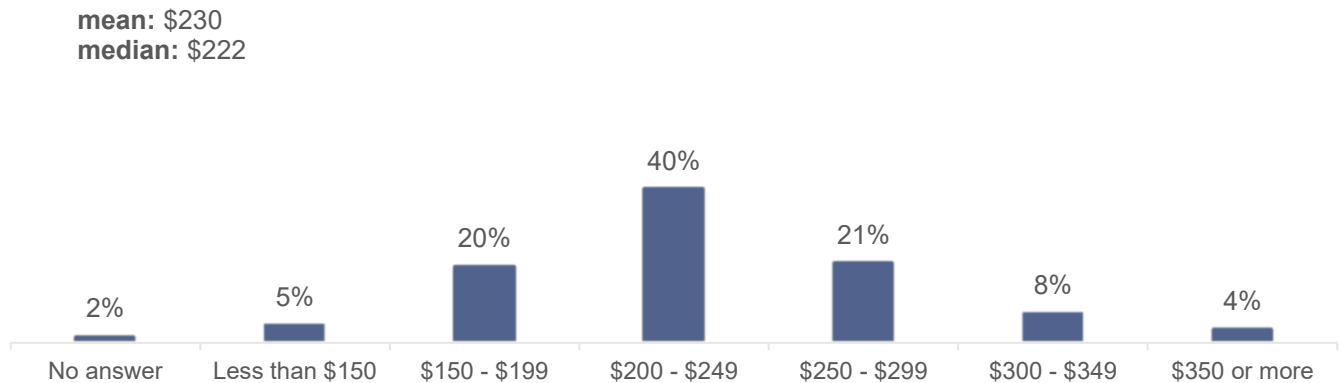
Two in five respondents (40%) report earning between \$200 and \$249 per clinical hour at their primary emergency department. Higher earners are relatively rare with only 4% reporting they make \$350 or more per hour. The median hourly base pay is \$222, meaning half of respondents earn more and half earn less.

To understand the breadth of compensation, it is helpful to know that at the 25th percentile a respondent is paid \$195 per hour (that is, 25% of respondents are paid less than that amount) and that at the 75th percentile a respondent is paid \$259 per hour (that is, 75% are paid more than that amount).

Average Base Pay Per Clinical Hour

In 2024, what was your average base pay per clinical hour worked at your primary emergency department (rounded to the nearest dollar)?

base: all 1,649 respondents answering (fill-in answers)



Hourly Clinical Base Pay

base: 1,613 respondents providing an answer to hourly clinical base pay answering (fill-in answers)

	Hourly Clinical Base Pay			
	base	25 th percentile	50 th percentile	75 th percentile
All Respondents	1613	\$195	\$222	\$259

FINDINGS: Compensation and Benefits

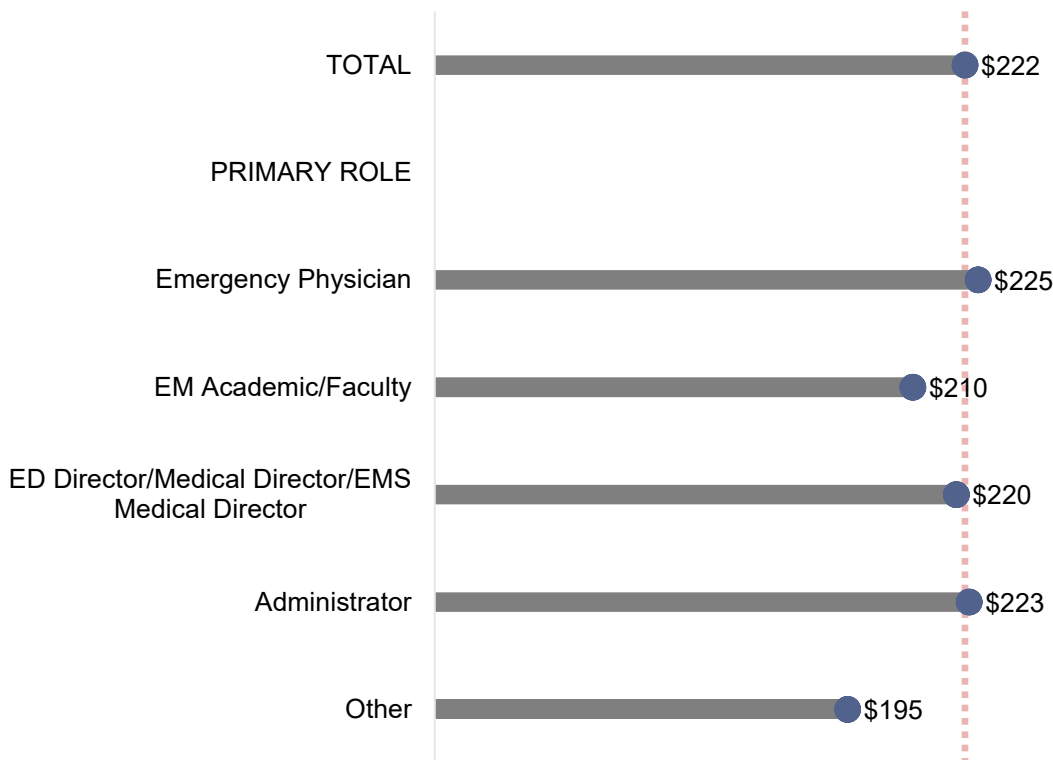
Compensation was also analyzed by key demographic variables—detailed salary tables were provided to ACEP separately.

The median hourly clinical base pay varies slightly depending on primary role in emergency medicine with Emergency Physicians reporting the highest typical pay (\$225) and EM Academic/Faculty reporting the lowest (\$210).

When interpreting compensation data, it is also important to pay attention to the base number of respondents per primary role (that is, total number of individuals who responded for a given role). This information is presented in detail in the salary tables. For primary role, most respondents hold the role of Emergency Physician. Other positions have far fewer responses (for example, Administrator) and therefore should be interpreted with more caution as there is a lower confidence that they accurately represent the population of interest.

Median Hourly Clinical Base Pay: Primary Role

base: 1,613 respondents providing an answer to hourly clinical base pay answering (fill-in answers), those in each segment

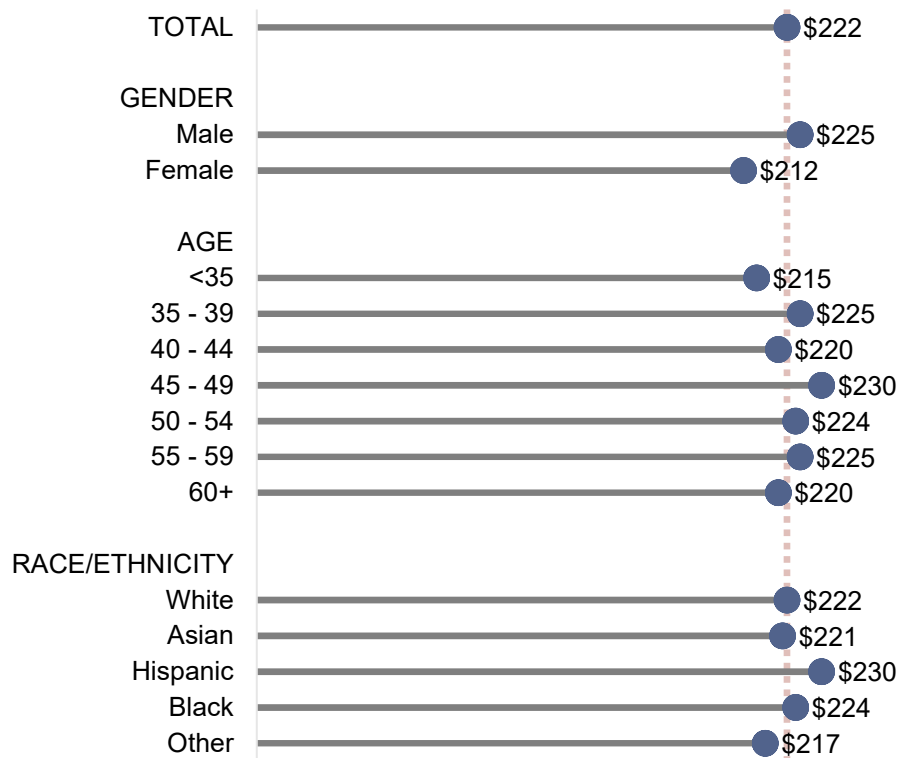


FINDINGS: Compensation and Benefits

The median hourly clinical base pay varies only slightly based on personal demographics such as gender, age and race/ethnicity. For example, male respondents typically make \$13 more per hour than the female respondents do. While there are some differences seen by age, no clear trend is shown in the data. Hispanic respondents typically make more than those in all other race/ethnicity categories.

Median Hourly Clinical Base Pay: Personal Profile

base: 1,613 respondents providing an answer to hourly clinical base pay answering (fill-in answers), those in each segment

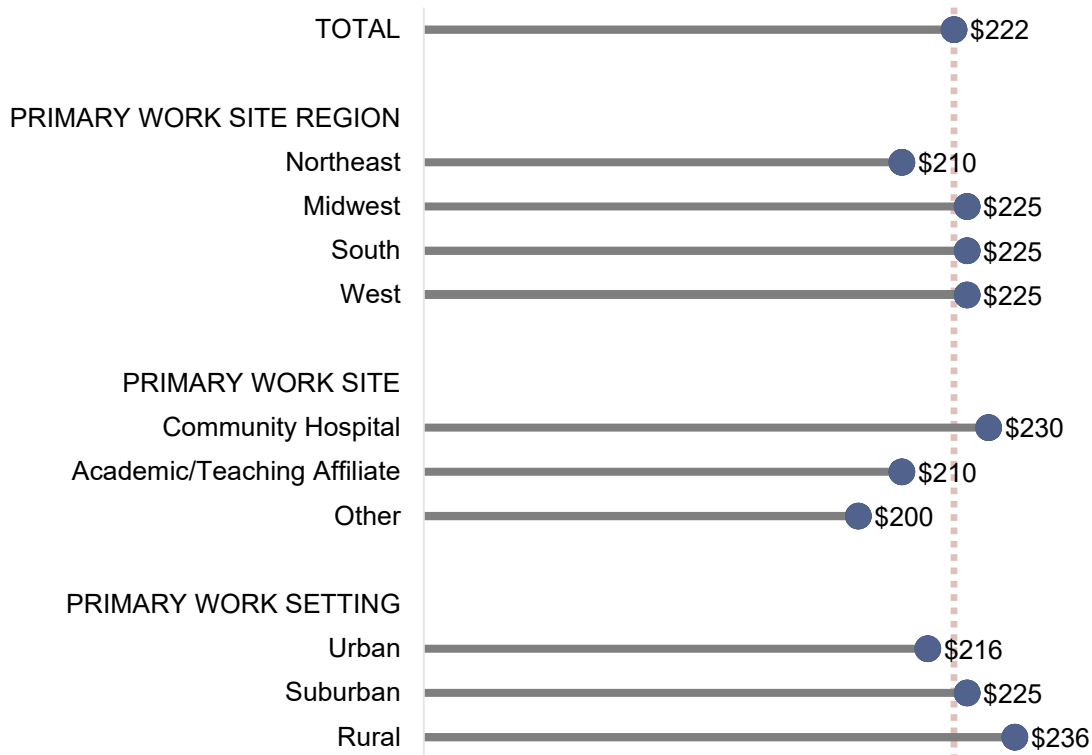


FINDINGS: Compensation and Benefits

The median hourly clinical base pay also shows some variations based on professional characteristics. For example, those primarily working at a site in the Northeast typically make \$15 less per hour than those in other regions. Those working at a community hospital make more than those working at an academic/teaching affiliate. And finally, those working in rural regions report making more than those working in suburban areas, who in-turn make more than those working in urban areas.

Median Hourly Clinical Base Pay: Professional Profile

base: 1,613 respondents providing an answer to hourly clinical base pay answering (fill-in answers), those in each segment

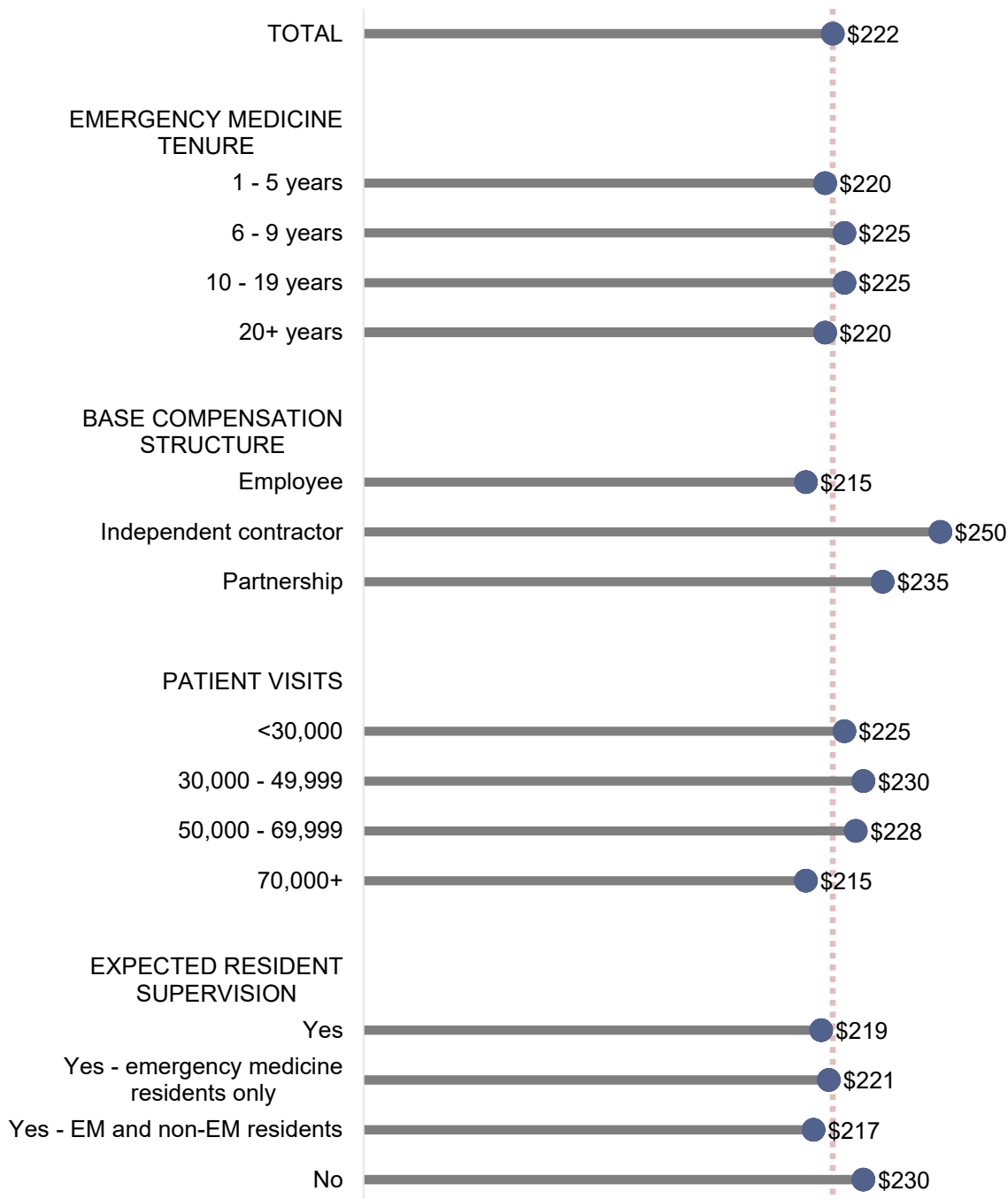


FINDINGS: Compensation and Benefits

Median hourly clinical base pay remains fairly consistent regardless of a physician's tenure, patient volume, or whether they supervise residents. However, base compensation structure does seem to make a difference—independent contractors (1099) earn \$15 more per hour than those in partnerships (pass-through/K-1/1065), and they make \$35 more per hour than employees (W2).

Median Hourly Clinical Base Pay: Professional Profile (Continued)

base: 1,613 respondents providing an answer to hourly clinical base pay answering (fill-in answers), those in each segment



FINDINGS: Compensation and Benefits

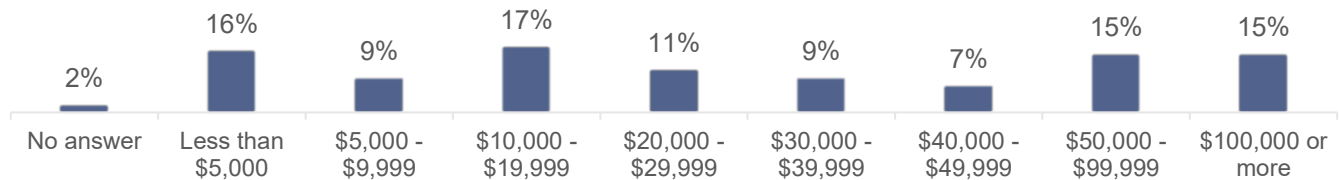
For those whose employers offer bonuses, profit-sharing, or partner distributions, the typical (median) payout is \$25,000. But there is wide variation—on the high end, 15% of respondents reported receiving \$100,000 or more; on the low end, 16% received less than \$5,000.

Amount of Bonuses/Profit-Sharing/Partner Distributions Received

In addition to base pay, how much did you receive in bonuses, profit-sharing, or partner distributions in 2024 from your primary emergency medicine employer?

base: 905 respondents whose employer offers bonuses, profit sharing, or partner distributions (fill-in answers)

mean: \$49,600
median: \$25,000



FINDINGS: Compensation and Benefits

To get a clearer picture of compensation, we combined the estimated annualized base salary (calculated by multiplying clinical hours by average hourly pay at their primary emergency department) with bonuses, profit-sharing, or partner distributions received in 2024.

Using this method, the typical (median) total clinical compensation comes to \$330,000.

There is significant variation across the field. At the 25th percentile, total compensation is \$248,400—meaning 25% earn less than this. At the 75th percentile, compensation reaches \$432,000—with 25% earning more.

Estimated Total Clinical Compensation*

How many scheduled hours was your typical emergency department shift in 2024?

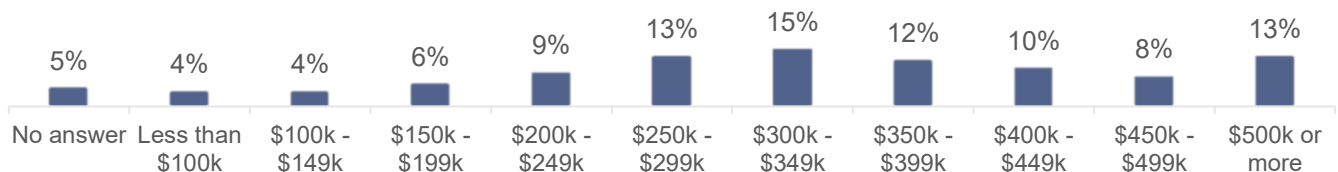
In 2024, what was your average base pay per clinical hour worked at your primary emergency department (rounded to the nearest dollar)?

In addition to base pay, how much did you receive in bonuses, profit-sharing, or partner distributions in 2024 from your primary emergency medicine employer?

*Sum of estimated annualized salary (approximate hours worked in emergency department multiplied by average base pay per clinical hour at primary emergency department) and bonuses/profit-sharing/partner distributions received in 2024.

base: all 1,649 respondents (fill-in answers)

mean: \$342,400
median: \$330,000



Estimated Total Clinical Compensation

base: 1,561 respondents where estimated total clinical compensation could be calculated (fill-in answers)

Estimated Total Clinical Compensation				
	base	25 th percentile	50 th percentile	75 th percentile
All Respondents	1561	\$248,400	\$330,000	\$432,000

FINDINGS: Compensation and Benefits

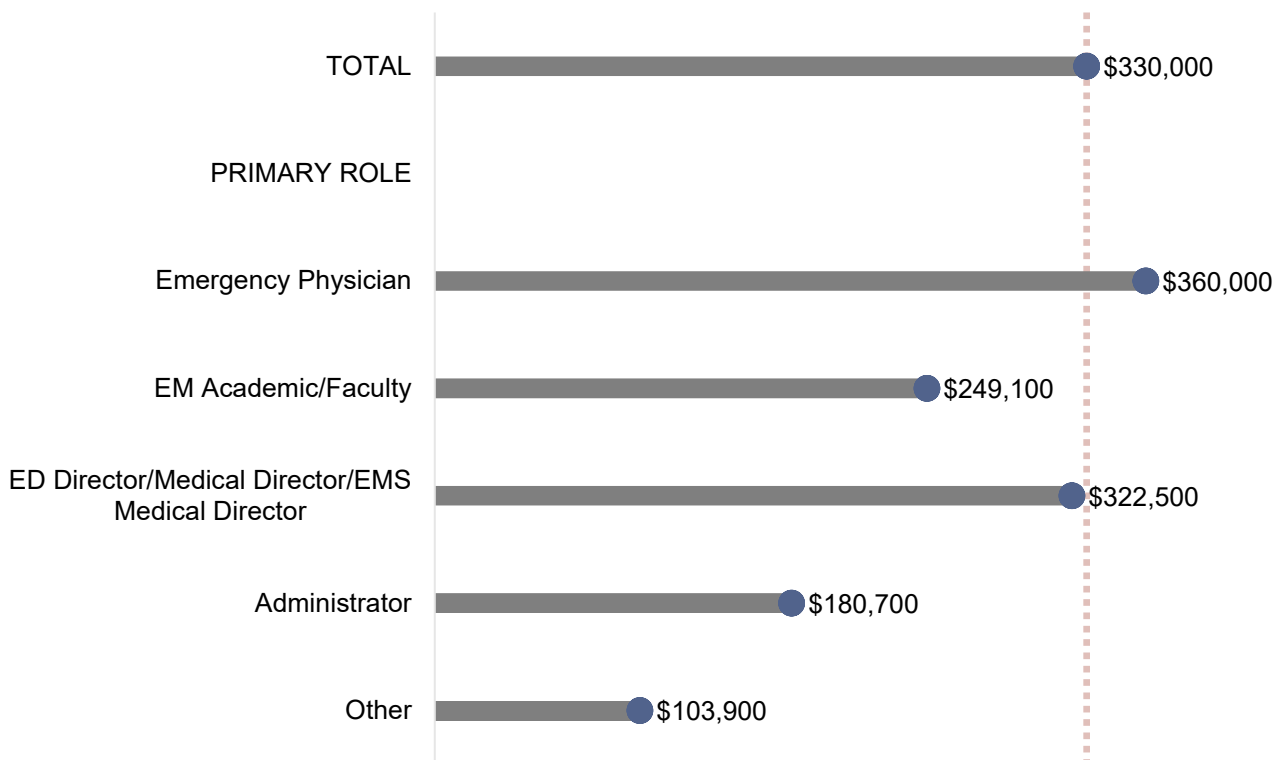
Estimated total clinical compensation was also analyzed by key demographic variables—detailed salary tables were provided to ACEP separately.

Similar to hourly clinical base pay, total clinical compensation varies slightly depending on primary role in emergency medicine with Emergency Physicians reporting the highest compensation (\$360,000). While EM Academic/Faculty reporting lower compensation (\$249,100), unlike base pay, Administrators report the lowest total clinical compensation (\$180,700).

When interpreting compensation data, it is also important to pay attention to the base number of respondents per primary role (that is, total number of individuals who responded for a given role). This information is presented in detail in the salary tables. For primary role, most respondents hold the role of Emergency Physician. Other positions have far fewer responses (for example, Administrator) and therefore should be interpreted with more caution as there is a lower confidence that they accurately represent the population of interest.

Median Total Clinical Compensation: Primary Role

base: 1,561 respondents where estimated total clinical compensation could be calculated (fill-in answers), those in each segment

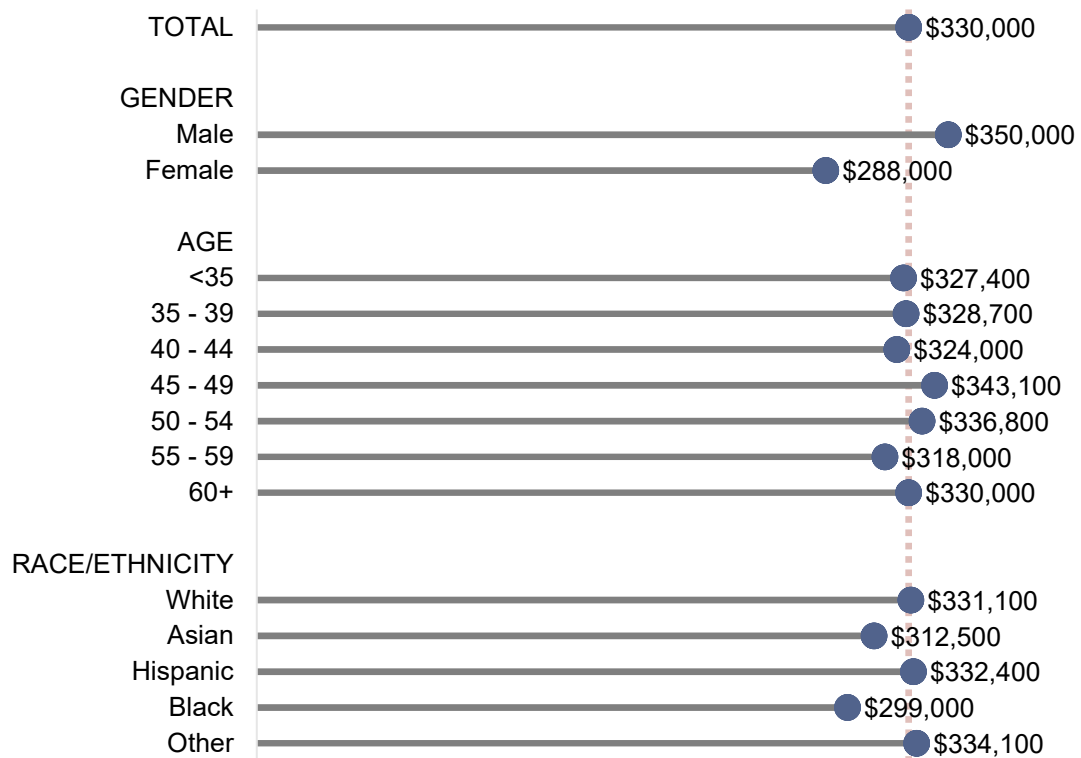


FINDINGS: Compensation and Benefits

Men report a higher median compensation than women (\$350,000 vs \$288,000, respectively). Asian and Black respondents tend to have a lower compensation (\$312,500 and \$299,000, respectively) than White and Hispanic respondents (\$331,100 and \$332,400, respectively). Age does not appear to have much of an overall impact on total clinical compensation.

Median Total Clinical Compensation: Personal Profile

base: 1,561 respondents where estimated total clinical compensation could be calculated (fill-in answers), those in each segment



FINDINGS: Compensation and Benefits

As with base pay, a respondent's professional profile has an impact on their total clinical compensation.

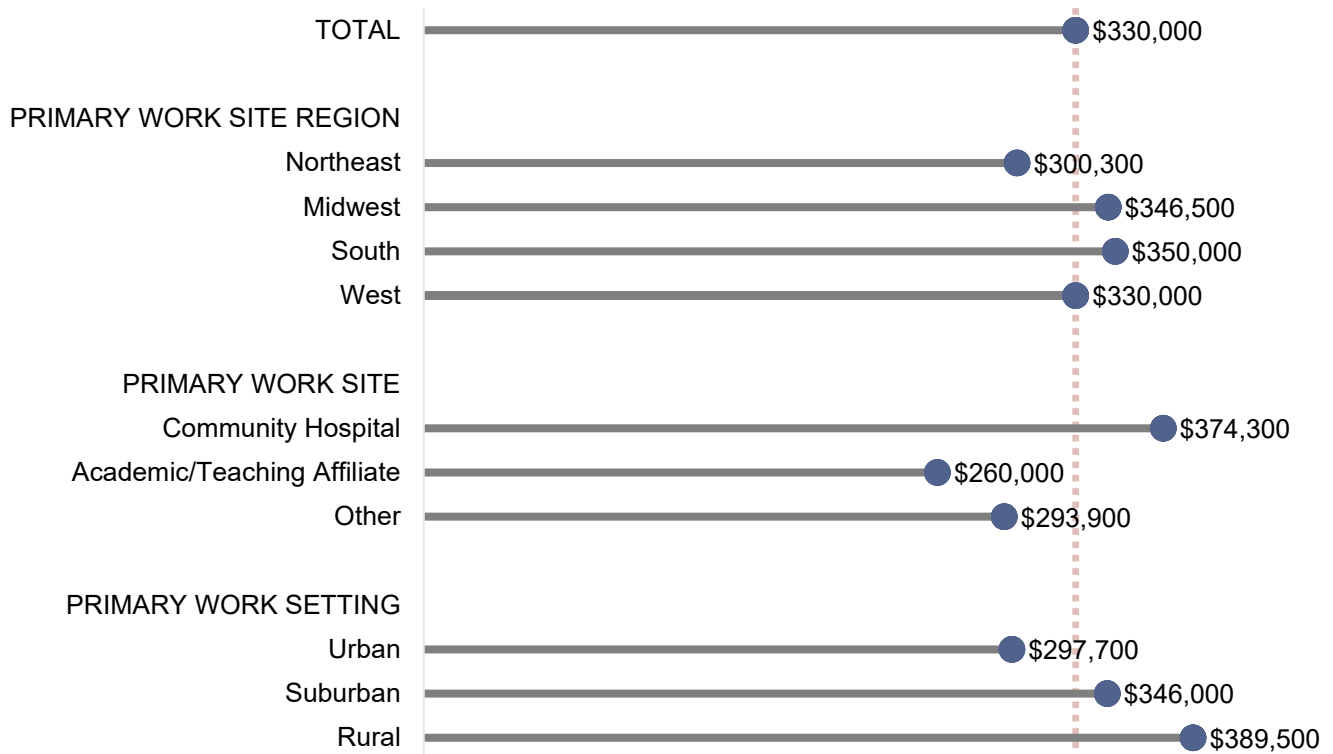
Respondents in the South and Midwest report the highest total clinical compensation (\$350,00 and \$346,500, respectively). Those in the West make less at \$330,000 and those in Northeast make the least at \$300,300.

Respondents working at a community hospital typically make \$114,300 more per year in total clinical compensation than those at an academic/teaching affiliate.

Rural respondents typically make \$43,500 more than suburban respondents and \$91,800 more than urban respondents.

Median Total Clinical Compensation: Professional Profile

base: 1,561 respondents where estimated total clinical compensation could be calculated (fill-in answers), those in each segment



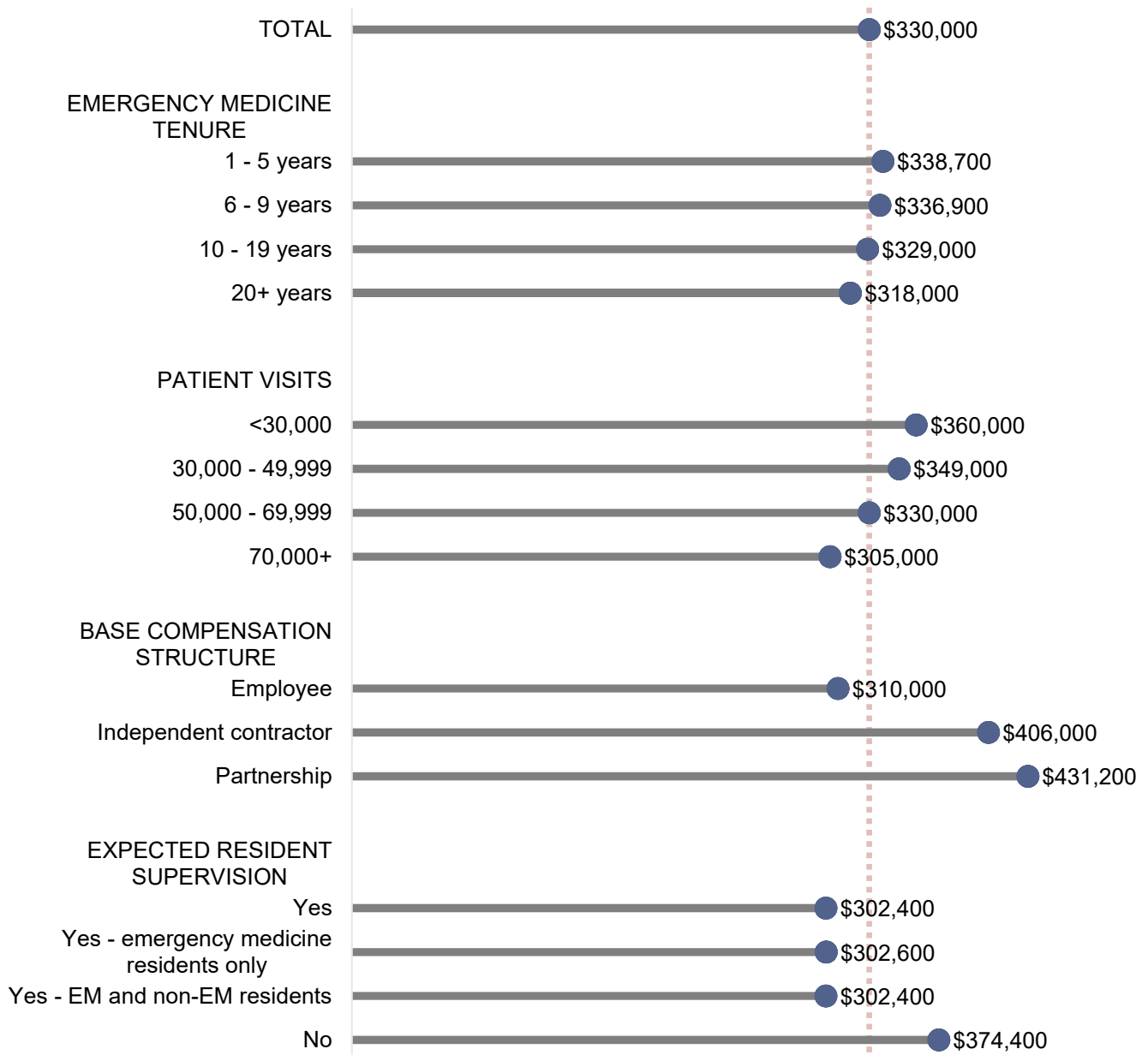
FINDINGS: Compensation and Benefits

Similar to base pay, total clinical compensation does not differ much based on tenure. Unlike base pay, there are differences in compensation shown for number of patient visits, base compensation structure, and the expectation that respondents supervise residents.

Total clinical compensation has an inverse relationship with patient visits, with those at facilities who see the fewest patients making the most annually. Base compensation structure impacts total clinical compensation with those in a partnership (pass-through/k-1/1065) making the most at \$431,200, independent contractors (1099) making \$406,000 and those categorized as employees (W2) making the least at \$310,000. Those without resident supervisory expectations make more than those who are expected to supervise residents.

Median Total Clinical Compensation: Professional Profile (Continued)

base: 1,561 respondents where estimated total clinical compensation could be calculated (fill-in answers), those in each segment



FINDINGS: Compensation and Benefits

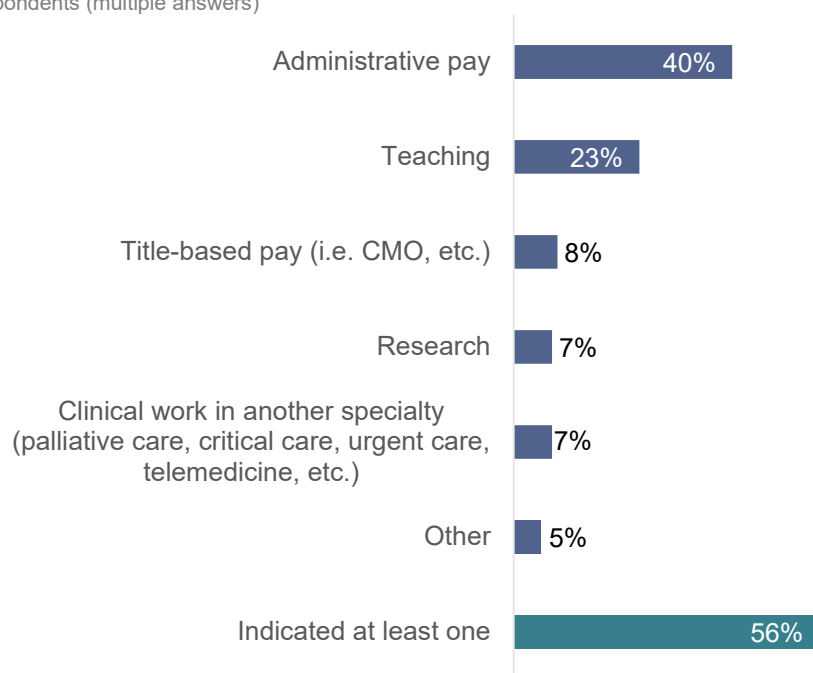
More than half of respondents (56%) reported that their employer offered at least one medically related revenue source beyond emergency medicine clinical work in 2024. The most common sources were administrative pay (40%) and teaching (23%).

Additional medically related revenue sources differ slightly based on primary work. Those at an academic teaching affiliate were more likely to be offered at least one type in 2024.

Medically Related Revenue Sources Through Employer

In addition to emergency medicine clinical work, which of the following medically related revenue sources did you have in 2024 through your primary employer?

base: all 1,649 respondents (multiple answers)



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
Administrative pay	38%	46%	27%
Teaching	13%	45%	10%
Title-based pay (i.e. CMO, etc.)	5%	15%	10%
Research	1%	20%	3%
Clinical work in another specialty (palliative care, critical care, urgent care, telemedicine, etc.)	4%	12%	8%
Other	5%	4%	6%
Indicated at least one	50%	72%	44%

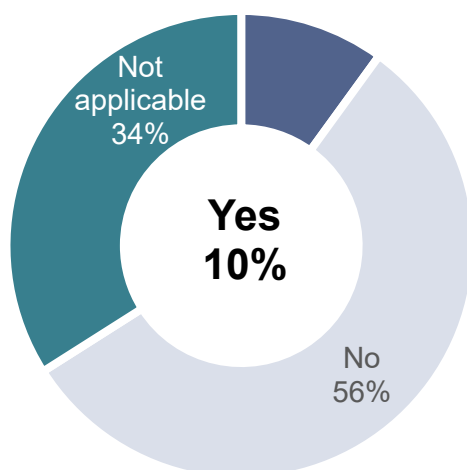


One in ten respondents (10%) are paid for being on call.

Proportion Whose Employer Pays For Being on Call

Does your primary emergency medicine employer pay you for being on call?

base: all 1,649 respondents



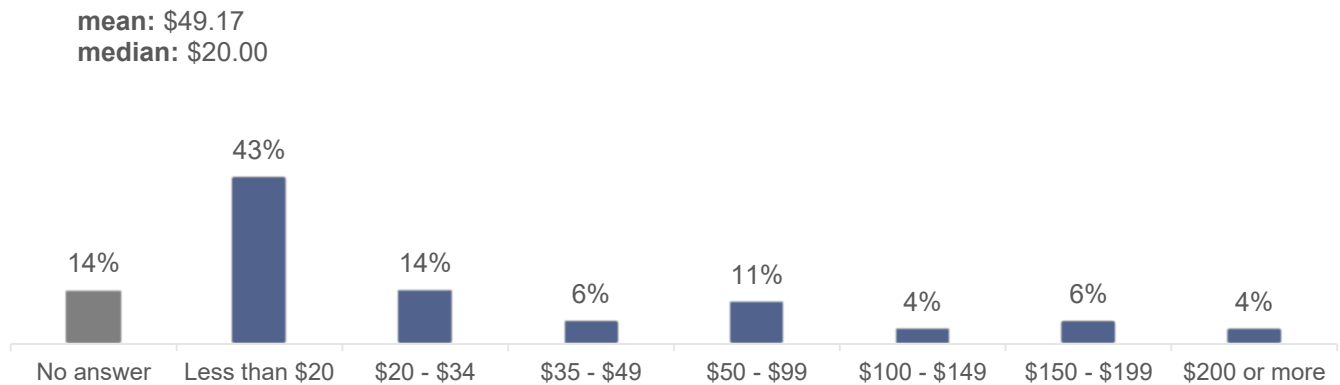
FINDINGS: Compensation and Benefits

Of those who are paid to be on call, the typical (median) on-call rate if they do not get called into work is \$20/hour. However, if they do get called into work, it is \$218/hour.

Average Hourly On-Call Rate: On Call But Not Actually Working

In 2024, what was your average hourly on-call rate for your primary emergency medicine employer?

base: 160 qualified respondents whose primary employer paid for being on call (fill-in answers)



Average Hourly On-Call Rate: On Call If Called Into Work

In 2024, what was your average hourly on-call rate for your primary emergency medicine employer?

base: 160 qualified respondents whose primary employer paid for being on call (fill-in answers)



FINDINGS: Compensation and Benefits

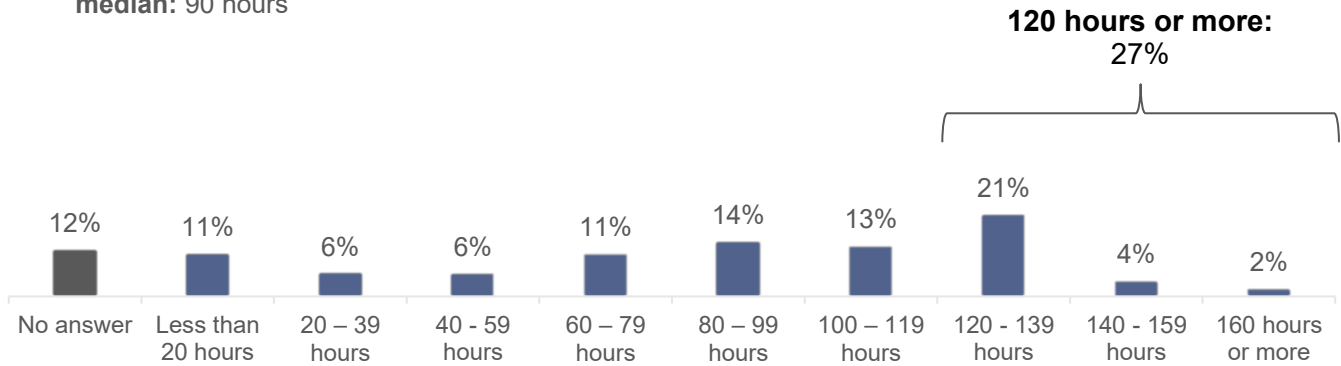
To be eligible for benefits, respondents must work a minimum number of clinical hours each month. While the median minimum is 90 clinical hours, one in four respondent (27%) reported needing to work 120 hours or more per month to qualify for benefits.

Minimum Number of Clinical Hours Worked Per Month to be Eligible for Benefits

What is the minimum number of clinical hours worked per month to be eligible for benefits by your primary emergency medicine employer?

base: all 1649 respondents (fill-in answers)

mean: 86 hours
median: 90 hours



FINDINGS: Compensation and Benefits

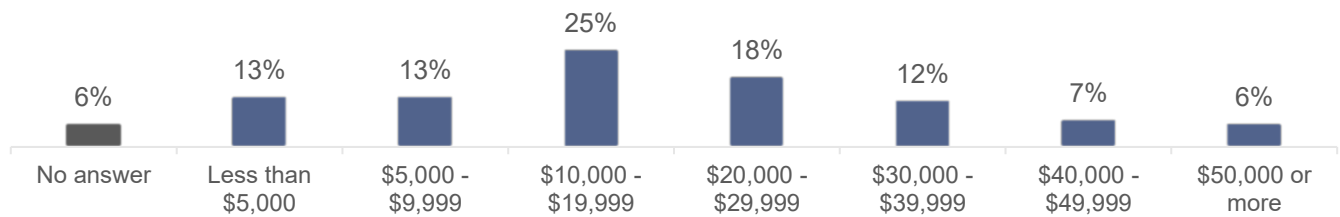
Among respondents whose employer offered and contributed to a retirement plan, the typical employer contribution in 2024 was \$17,300.

Amount of Employer's Approximate Contribution to Retirement

What was your primary emergency medicine employer's approximate contribution to your retirement in 2024?

base: 1,100 respondents whose employer offers and contributes to retirement (fill-in answers)

mean: \$21,900
median: \$17,300



FINDINGS: Compensation and Benefits

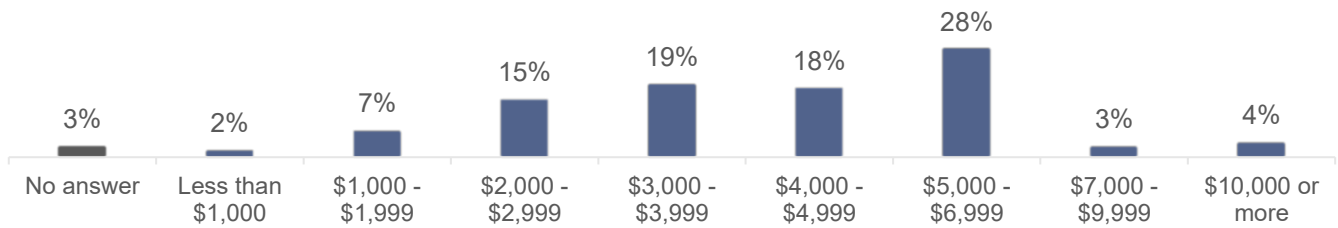
Among respondents whose employer offered continuing medical education (CME) support, the typical employer contribution in 2024—regardless of whether it was used—was \$4,000.

Amount of CME/Business Expense Reimbursement Offered

How much did your primary emergency medicine employer offer for continuing medical education (CME) or business expense reimbursement in 2024 (whether you used it or not)?

base: 1,124 respondents whose employer offers CME or business expense reimbursement (fill-in answers)

mean: \$4,200
median: \$4,000



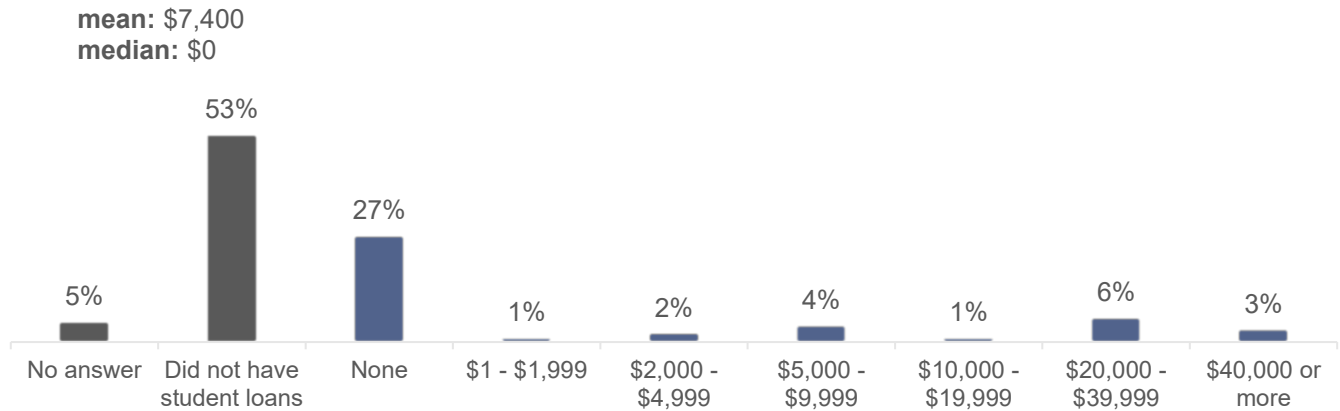
FINDINGS: Compensation and Benefits

Among respondents whose employer offers student loan repayment assistance, more than half (53%) reported that they didn't have student loans and a quarter (27%) said that their employer did not repay any of their loans in 2024.

Amount of Student Loans Repaid

How much, if any, of your student loans did your primary emergency medicine employer repay in 2024?

base: 154 respondents whose employer offers student loan repayment assistance (fill-in answers)



FINDINGS: Compensation and Benefits

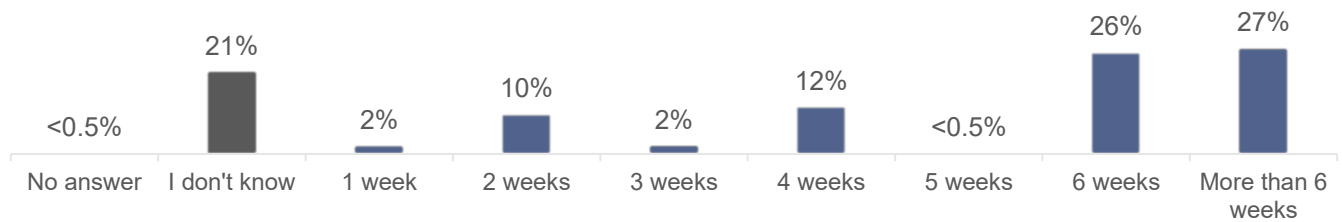
Among respondents whose employer offers paid parental leave, the typical amount of leave offered in 2024 was 7 weeks.

Weeks of Paid Parental Leave Offered

How many weeks of paid parental leave does your primary emergency medicine employer offer to its physicians?

base: 552 respondents whose employer offers paid parental leave (fill-in answers)

mean: *
median: 7 weeks



**Due to the high proportion of respondents answering in the top category, the sample mean cannot be meaningfully calculated.*

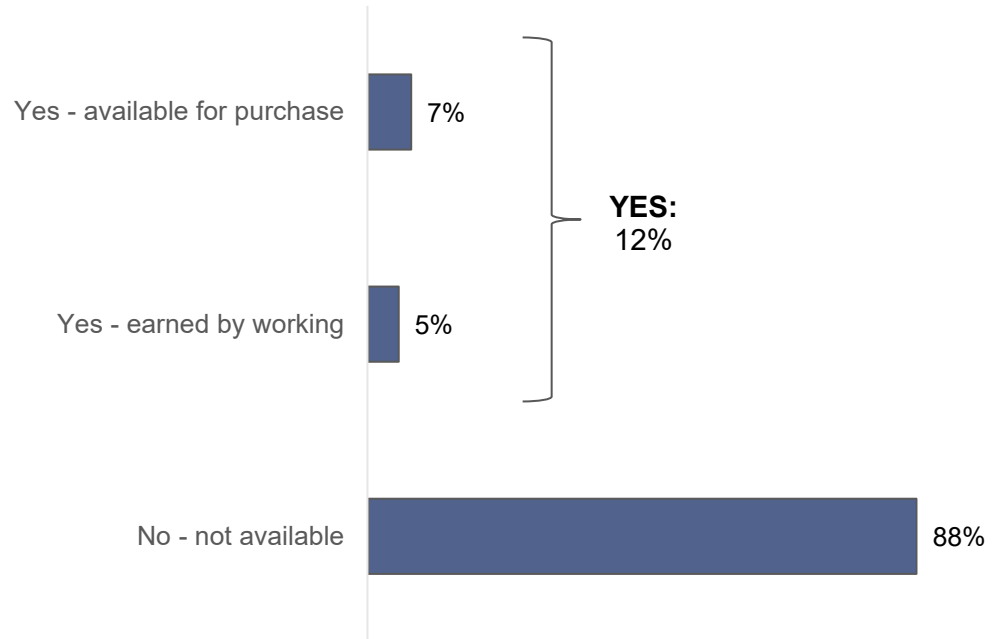
FINDINGS: Compensation and Benefits

One in ten respondents (12%) reported that their employer offers stock or stock options in the company. Of these, 7% offer stock for purchase, while 5% provide it as an earned work incentive.

Proportion Whose Employer Offers Stock/Stock Options

Does your primary emergency medicine employer offer stock or stock options in the company?

base: all 1,649 respondents



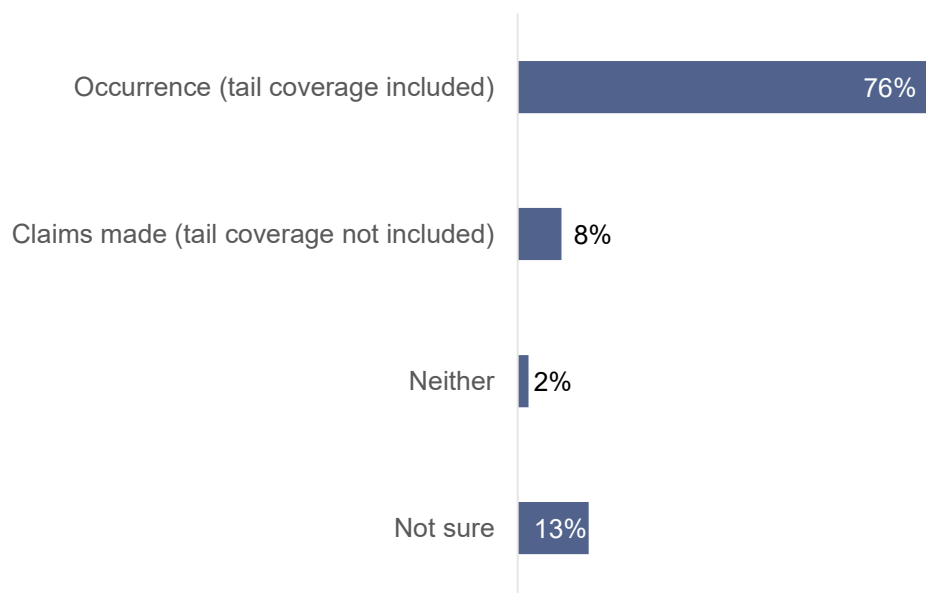
FINDINGS: Compensation and Benefits

Three in four respondents (76%) reported that their employer offers occurrence-based malpractice insurance, which includes tail coverage. In contrast, only 8% said their employer offers claims-made malpractice insurance, which does not include tail coverage.

Malpractice Insurance Offered by Employer

What kind of malpractice insurance is offered by your primary emergency medicine employer?

base: all 1,649 respondents



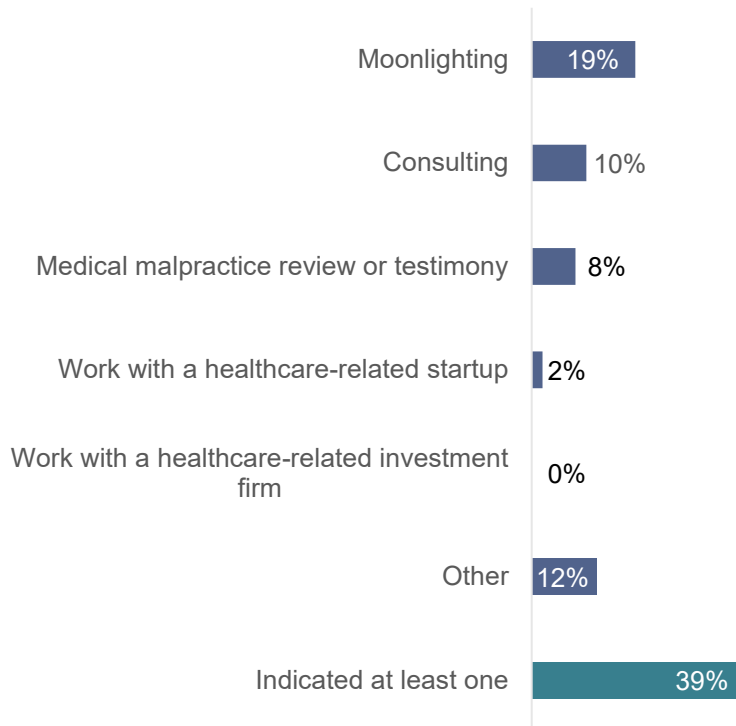
FINDINGS: Compensation and Benefits

More than one in three respondents (39%) earned additional medically related revenue in 2024 outside of their primary employment. The main source was moonlighting (19%), followed by consulting (10%) and medical malpractice review or testimony (8%), among other sources.

Additional Medically Related Revenue Sources Outside Primary Employment

Did you earn any additional medically related revenue sources in 2024 outside of your primary employment?

base: all 1,649 respondents (multiple answers)



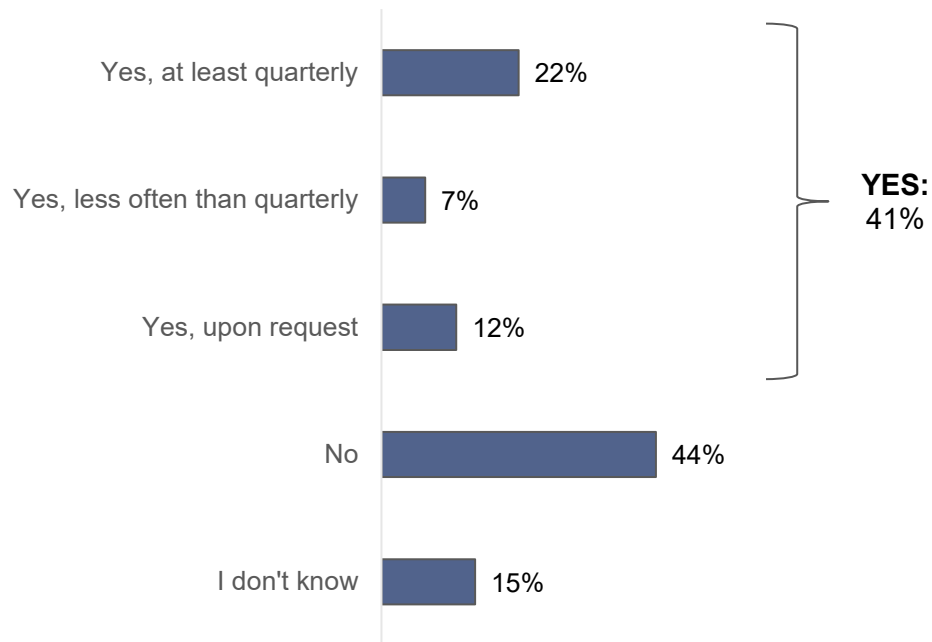
FINDINGS: Compensation and Benefits

41% of respondents say their employers/groups share information on physician billing/collections and administrative/overhead costs to all employed or contracted physicians. 22% do so at least quarterly, 7% provide it less often than quarterly, and 12% provide it upon request.

Proportion Whose Employer/Group Shares Information on Billing/Collections and Administrative/Overhead Costs to All Employed/Contracted Physicians

Does your employer/group share information on physician billing/collections and administrative/overhead costs to all employed or contracted physicians?

base: all 1,649 respondents

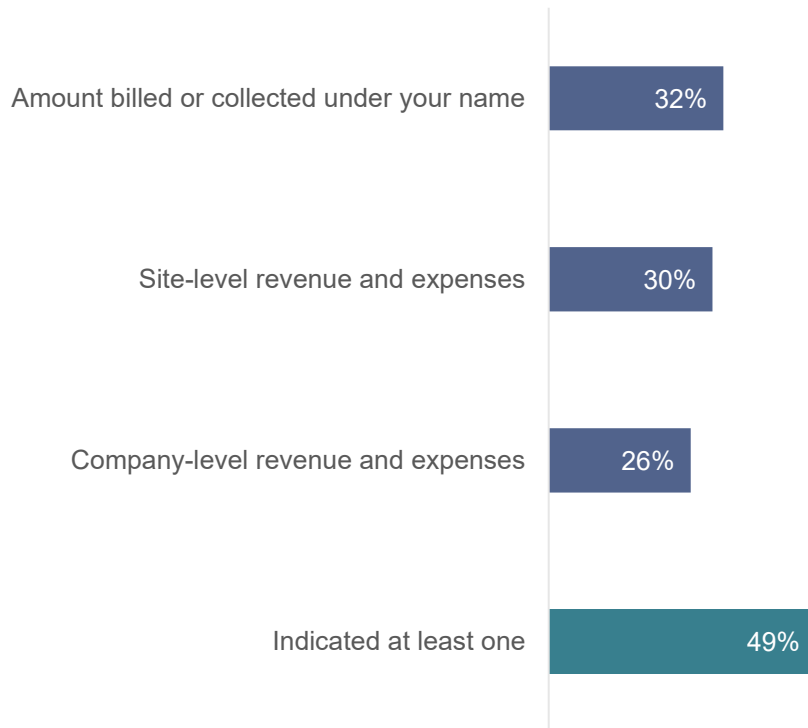


FINDINGS: Compensation and Benefits

Half of respondents (49%) have access to some type of their employer's financial information. 32% have access to the amount billed or collected under their name, 30% see site-level revenue and expenses, and 26% have access to company-level revenue and expenses.

Ability to Access Employer Financial Information

For your primary emergency medicine employer, which of the following financial information do you have access to?
base: all 1,649 respondents (multiple answers)



FINDINGS: Compensation and Benefits

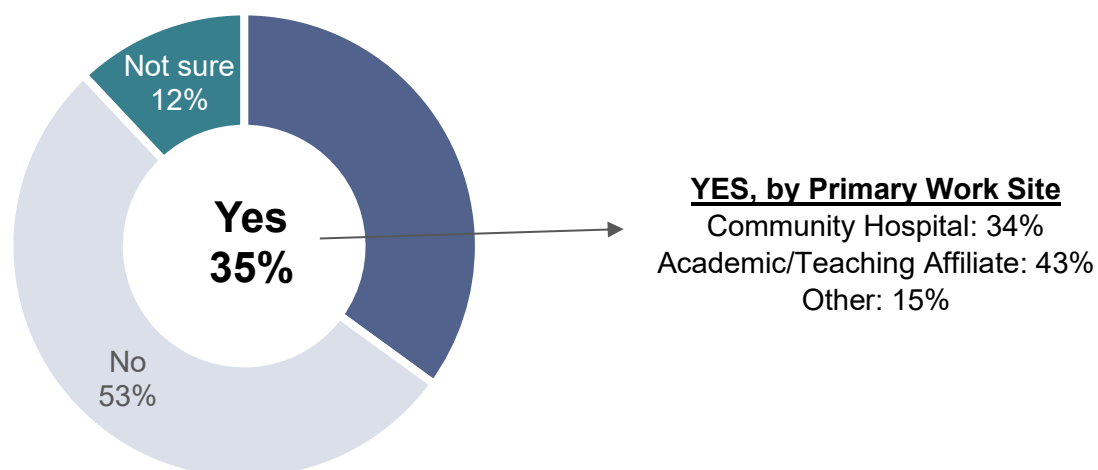
One in three respondents (35%) have a non-compete agreement included in their contract with their primary emergency medicine employer. 12% are not sure if they do or not.

Those who work at an academic/teaching affiliate are more likely than those at a community hospital to have a non-compete agreement.

Proportion Whose Contract Includes Non-Compete Agreement

Does your contract with your primary emergency medicine employer include a non-compete agreement?

base: all 1,649 respondents



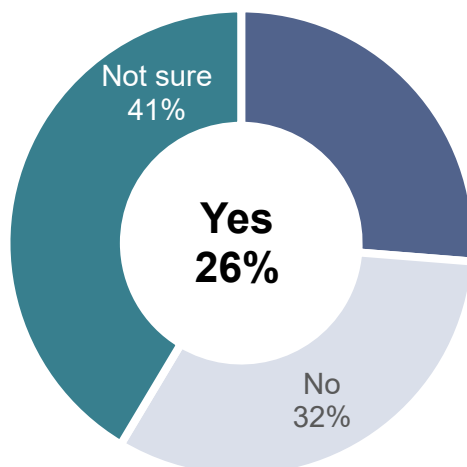
FINDINGS: Compensation and Benefits

One in four respondents (26%) have a non-interference clause in their contract with their primary emergency medicine employer. 41% are not sure if they do or not.

Proportion Whose Contract Includes Non-Interference Clause

Does your contract with your primary emergency medicine employer include a non-interference clause (these typically restrict former employees from disparaging the employer and/or trying to recruit customers or employees following the end of their contract)?

base: all 1,649 respondents



FINDINGS: Professional Satisfaction

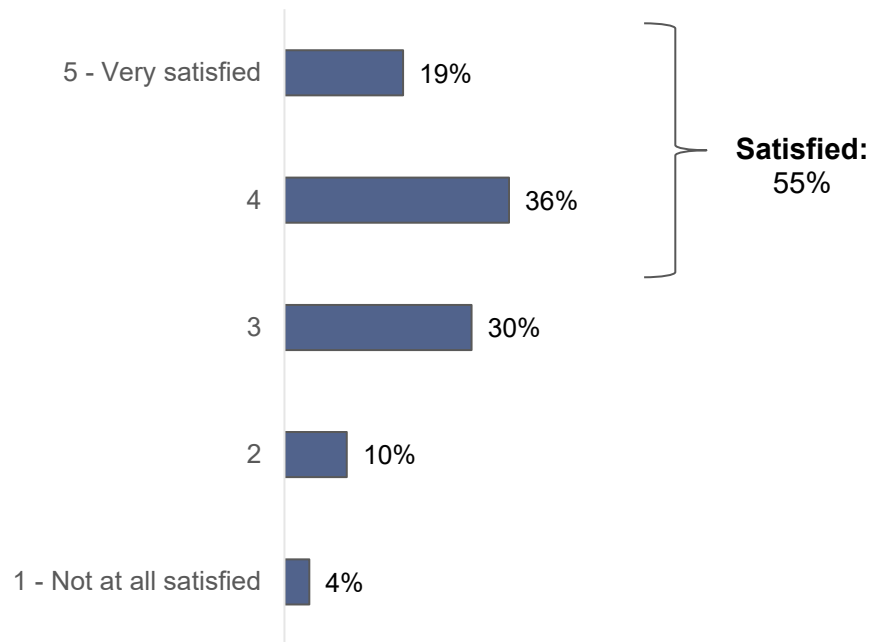
More than half of respondents (55%) are satisfied with their compensation from their primary emergency medicine employer.

Those who work at a community hospital are slightly more satisfied than those at an academic/teaching affiliate.


Satisfaction With Compensation

How satisfied are you with your compensation from your primary emergency medicine employer?

base: all 1,649 respondents



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
Satisfied	57%	52%	56%

 = 55%+

FINDINGS: Compensation and Benefits

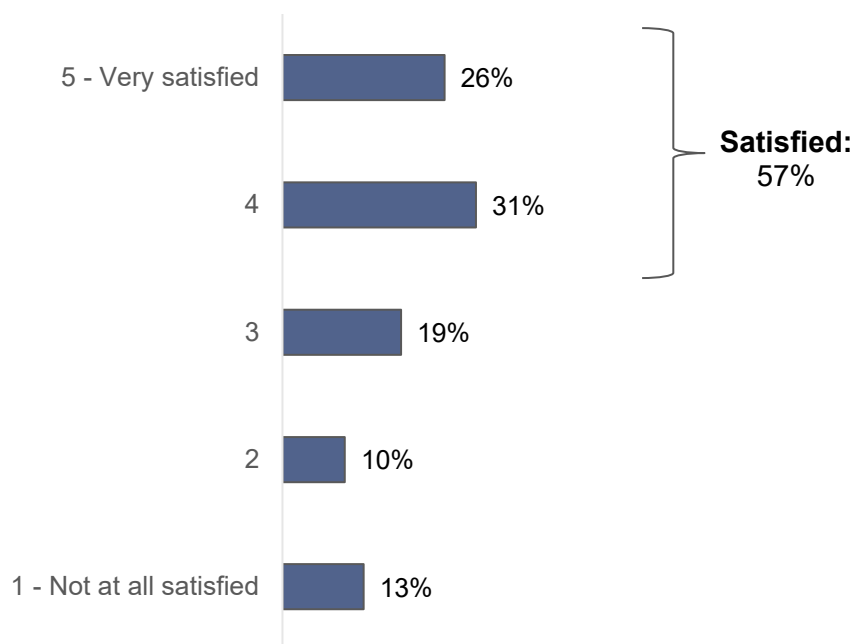
More than half of respondents (57%) are satisfied with their benefits from their primary emergency medicine employer.

Those who work at an academic/teaching affiliate are more satisfied than those at a community hospital.


Satisfaction With Benefits

How satisfied are you with your benefits from your primary emergency medicine employer?

base: all 1,649 respondents



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
Satisfied	50%	69%	61%

 = 60%+

FINDINGS: Compensation and Benefits

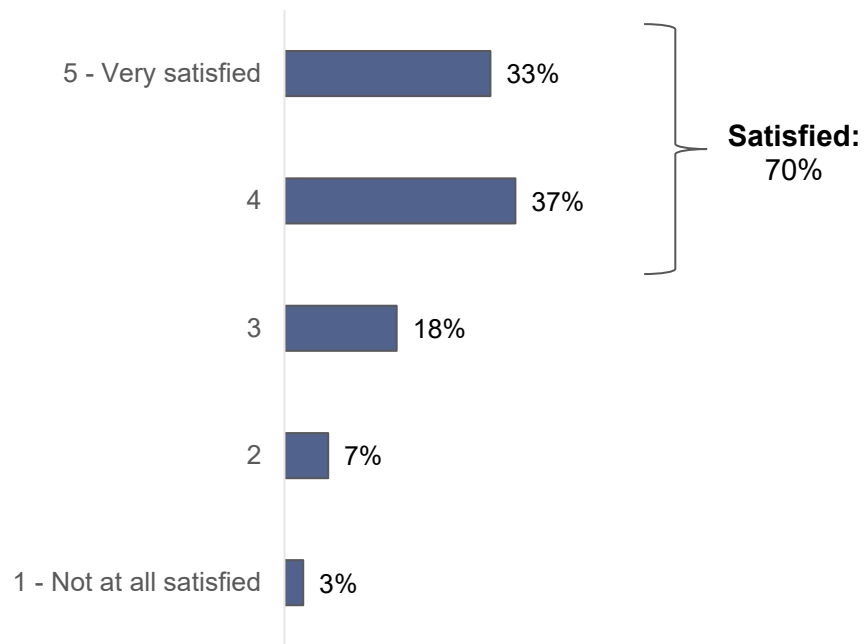
70% of respondents are satisfied with the level of physician autonomy in their current practice setting.

No real differences in satisfaction were seen between types of work sites.


Satisfaction With the Level of Physician Autonomy in Current Practice Setting

How satisfied are you with the level of physician autonomy in your current practice setting?

base: all 1,649 respondents



by PRIMARY WORK SITE	Community Hospital	Academic/ Teaching Affiliate	Other
Satisfied	70%	71%	68%

 = 70%+