

The Pay Transparency Self-Assessment



A joint self-assessment for physician leaders and their finance partners to complete together.

Pay transparency is no longer optional in the modern provider landscape. Enforcement activity under Stark Law and the False Claims Act emphasizes the importance of clear compensation documentation. In addition, state wage disclosure laws are expanding, and physicians and clinicians are asking harder questions about how their pay is built.

With the U.S. facing a projected shortage of up to 124,000 physicians by 2034 (Source: Association of American Medical Colleges), clearly communicating compensation can play an important role in retaining physicians. This self-assessment helps physician leaders and financial teams see where they have the information they need and where gaps still exist.

How to use this tool

This assessment has two identical copies: one for the physician leader and one for the finance or compensation leader.

- ☒ Complete your copy independently, based on your own experience.
- ☒ Compare answers and discuss where your ratings differ.
- ☒ Use the "Your next 90 days" table to turn your biggest gaps into owned, dated actions.

Scoring Key

1	2	3	4	5
Not in place.	Just starting.	Partially in place.	Mostly in place.	Fully in place, consistently.



Part 1: Physician Leader Self-Assessment

1. Compensation Structure & Documentation

Every physician's total pay (base, medical directorship, on-call, other stipends) lives in one current agreement, not scattered across side letters.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Compensation structures are applied consistently within a given role, and any exceptions are documented with a clear rationale.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. Fair Market Value & Compliance Rigor

Every arrangement, including medical directorships and on-call pay, has a current, documented FMV rationale we can produce on request.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Compliance, legal, and finance jointly sign off on new or renewed compensation arrangements before they take effect.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. Benchmarking Practices & Data Sources

We use current, reputable market survey data and can name which survey and percentile informed each role's pay.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Benchmarks are refreshed on a defined cycle, at least annually, rather than left in place indefinitely.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. Communication to Physicians

Every physician has discussed each part of their pay directly with us, including any "tucked in" directorship duties. They haven't just signed a contract.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Physicians can access their own compensation and productivity data without having to request it specially.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. Governance & Review Cadence

A cross-functional group (HR, finance, compliance, legal, physician leadership) reviews compensation structures on a regular schedule.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
We have checked our transparency practices against current pay transparency laws in every state where we operate within the past 12 months.	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Physician Leader subtotal (add all 10 scores, 50 possible)
_____ / 50



TIP

Physician leaders often score communication and governance lower than their finance and compliance partners expect. If your subtotal surprises you, that is the point. Bring it to your next compensation committee meeting before you file this away.

Part 2: Financial Partner Self-Assessment

1. Compensation Structure & Documentation

Every physician's total pay (base, medical directorship, on-call, other stipends) lives in one current agreement, not scattered across side letters.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5
Compensation structures are applied consistently within a given role, and any exceptions are documented with a clear rationale.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5

2. Fair Market Value & Compliance Rigor

Every arrangement, including medical directorships and on-call pay, has a current, documented FMV rationale we can produce on request.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5
Compliance, legal, and finance jointly sign off on new or renewed compensation arrangements before they take effect.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5

3. Benchmarking Practices & Data Sources

We use current, reputable market survey data and can name which survey and percentile informed each role's pay.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5
Benchmarks are refreshed on a defined cycle, at least annually, rather than left in place indefinitely.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5

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Every physician has discussed each part of their pay directly with us, including any "tucked in" directorship duties. They haven't just signed a contract.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5
Physicians can access their own compensation and productivity data without having to request it specially.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5

5. Governance & Review Cadence

A cross-functional group (HR, finance, compliance, legal, physician leadership) reviews compensation structures on a regular schedule.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5
We have checked our transparency practices against current pay transparency laws in every state where we operate within the past 12 months.	☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5

Financial Partner subtotal (add all 10 scores, 50 possible)
_____ / 50



Part 3: Bringing It Together

Compare your subtotals by discipline

Discipline	Physician Leader (/10)	Financial Partner (/10)	Gap
Compensation Structure & Documentation	_____	_____	_____
Fair Market Value & Compliance Rigor	_____	_____	_____
Benchmarking Practices & Data Sources	_____	_____	_____
Communication to Physicians	_____	_____	_____
Governance & Review Cadence	_____	_____	_____
Total	_____ /50	_____ /50	_____

What your total score means

Total Score	What it Signals
40 to 50	Transparent and Defensible You can back up your pay decisions with documentation and a paper trail your physicians already understand.
25 to 39	Emerging The foundation is there, but gaps in documentation, benchmarking, or communication leave you exposed.
Below 25	Opaque Risk Zone This is where compliance risk and physician trust erode fastest.

Part 4: Discuss It Together

1. Where did your scores differ by two points or more? What does that gap tell you about who has visibility into what?
2. Which discipline scored lowest across both copies? Is that a documentation problem, a communication problem, or both?
3. If a physician asked you today to explain their full compensation letter, could you do it without pulling three different documents?
4. What is one action either of you could take in the next 90 days to close your biggest gap?

Your next 90 days

Action	Owner	Target date



This self-assessment is intended to prompt internal discussion and doesn't constitute legal advice. Consult qualified counsel regarding your organization's compliance with applicable pay transparency laws, the Stark Law, and the Anti-Kickback Statute.

