

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: #  
(A-18)

Introduced by: American College of Cardiology

Subject: Gender Equity in Compensation and Professional Advancement

Referred to: Reference Committee  
(\_\_\_\_\_, Chair)

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Whereas, Recent data demonstrate that significant differences in salary and compensation exist between male and female physicians, despite improvements in explicit gender discrimination<sup>1-5</sup>; and

Whereas, Women physicians in academic medicine and in practice earn less than men even after adjustment for factors such as age, years of experience, specialty, reported work hours, clinical productivity, research productivity, and faculty rank<sup>1-5</sup>; and

Whereas, A recently published analysis of salary differences at 24 US public medical schools found that the annual salaries of female physicians were \$19,879 (8%) lower than the salaries of male physicians; this difference persisted through all faculty ranks<sup>5</sup>; and

Whereas, This gender compensation gap is likely to only widen over the course of a woman's career; and

Whereas, Explicit gender bias in academic medicine has largely decreased since the passage of the Education Amendment to the Civil Rights Act (Title IX), however implicit biases persist and cultural stereotypes continue to disadvantage women in male dominated fields<sup>6-8</sup>; therefore, be it

RESOLVED, That our American Medical Association advocate for institutional and departmental policies that promote transparency in defining the criteria for initial and subsequent physician compensation; and be it further

RESOLVED, That our American Medical Association advocate for equal base pay based on objective criteria; and be it further

RESOLVED, That our American Medical Association advocate for implicit bias and compensation determination training for those in positions to determine salary and bonuses, with a focus on how subtle differences in the evaluation of male and female physicians may impede compensation and career advancement; and be it further

RESOLVED, That our American Medical Association encourage a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians; and be it further

RESOLVED, That our American Medical Association establish educational programs to help empower all genders to negotiate equitable compensation.

- <sup>1</sup>Association of Women Surgeons. Association of Women Surgeons Statement on Gender Salary Equity. Available at: [www.womensurgeons.org/](http://www.womensurgeons.org/). Accessed 2/14/18/
- <sup>2</sup>American College of Physicians. Position Statement on Compensation Equity and Transparency in the Field of Medicine. [https://www.acponline.org/acp\\_policy/policies/compensation\\_equity\\_and\\_transparency\\_position\\_statement\\_2017.pdf](https://www.acponline.org/acp_policy/policies/compensation_equity_and_transparency_position_statement_2017.pdf) accessed 2/15/18.
- <sup>3</sup>American College of Physicians. Research on Compensation Equity and Transparency in the Field of Medicine. [https://www.acponline.org/system/files/documents/newsroom/research\\_on\\_compensation\\_equity\\_and\\_transparency\\_in\\_the\\_field\\_of\\_medicine\\_2017.pdf](https://www.acponline.org/system/files/documents/newsroom/research_on_compensation_equity_and_transparency_in_the_field_of_medicine_2017.pdf) accessed 2/15/18.
- <sup>4</sup>Jagsi R, Biga C, Poppas A, et al. Work Activities and Compensation of Male and Female Cardiologists. *J Am Coll Cardiol*. 2016;67(5):529-541
- <sup>5</sup>Jena, AB; et al. Sex Differences in Physician Salary in US Public Medical Schools. *JAMA Intern Med*. 2016;176(9):1294-1304
- <sup>6</sup>Yedidia, MJ, et al. Why aren't there more women leaders in academic medicine? The views of clinical department chairs. *Acad Med*. 2001; 76(5): 453-465
- <sup>7</sup>Carnes, M. Why Is John More Likely to Become Department Chair than Jennifer? *Transactions of The American Clinical and Climatological Association*, Vol. 126, 2015
- <sup>8</sup>Eagly, AH; et al. Role congruity theory of prejudice toward female leaders. *Psychol Rev* 2002; 109(3):573.

## RELEVANT AMA POLICY

### Gender Disparities in Physician Income and Advancement D-200.981

Our AMA:

- (1) encourages medical associations and other relevant organizations to study **gender** differences in income and advancement trends, by specialty, experience, work hours and other practice characteristics, and develop programs to address disparities where they exist;
- (2) supports physicians in making informed decisions on work-life balance issues through the continued development of informational resources on issues such as part-time work options, job sharing, flexible scheduling, reentry, and contract negotiations;
- (3) urges medical schools, hospitals, group practices and other physician employers to institute and monitor transparency in pay levels in order to identify and eliminate **gender** bias and promote **gender equity** throughout the profession;
- (4) will collect and publicize information on best practices in academic medicine and non-academic medicine that foster **gender** parity in the profession; and
- (5) will provide training on leadership development, contract and salary negotiations and career advancement strategies, to combat **gender** disparities as a member benefit.