

## RESOLUTION

Resolution: 101A.20

SUBJECT: Advancing Gender Equity

SUBMITTED BY: Medical Association of Atlanta and MAG Task Force on Diversity

REFERRED TO: Reference Committee A

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

3  
4 Whereas, Women physicians in academic medicine and in practice earn less than men even  
5 after adjustment for factors such as age, years of experience, specialty, reported work hours, clinical  
6 productivity, research productivity, and faculty rank<sup>1-5</sup>; and

7  
8 Whereas, A recently published analysis of salary differences at 24 US public medical schools found that  
9 the annual salaries of women physicians were \$19,879 (8%) lower than the salaries of male physicians;  
10 this difference persisted through all faculty ranks<sup>5</sup>; and

11  
12 Whereas, The American College of Physicians (ACP) recently published a position paper<sup>12</sup> titled  
13 “Achieving Gender Equity in Physician Compensation and Career Advancement,” clarifying the  
14 organization’s positions and recommendations regarding equal pay in medicine; and

15  
16 Whereas, Explicit gender biases in academic medicine has largely decreased since the passage of the  
17 Education Amendment to the Civil Rights Act (Title IX), however implicit biases persist and cultural  
18 stereotypes continue to disadvantage women in male dominated fields<sup>6-8</sup>; and

19  
20 Whereas, In 2015, while women comprised 34% of the active physician workforce in the United States,  
21 and an estimated 46% of all physicians-in-training as well as more than half of all medical students are  
22 women, much remains to be done to improve equity and parity among physician payment and to increase  
23 opportunities for promotion and leadership<sup>9</sup>;

24  
25 Whereas, Studies have historically found a payment disparity gap among male and female physicians  
26 within the same specialty<sup>10</sup>, and this payment disparity continues to exist in all specialties of medicine in  
27 2018<sup>11</sup>; and

28  
29 Whereas, at the AMA Annual meeting in 2018, Board of Trustees Report 27: Principles for Advancing  
30 Gender Equity in Medicine was adopted unanimously based on four resolutions from the prior meeting  
31 after considerable deliberation and input from stakeholders; and

32  
33 Whereas, MAG is the leading advocate for physicians in the state and has a mission to enhance patient  
34 care and the health of the public; and

1  
2 Whereas, MAG’s policy compendium does not provide guidance in regards to addressing these gender  
3 inequities; now therefore be it

4  
5 **RESOLVED, that the Medical Association of Georgia adopt the following Principles for Advancing**  
6 **Gender Equity in Medicine:**

7  
8 **MAG...**

9 **(1) declares it is opposed to any exploitation or discrimination in the workplace based on**  
10 **personal characteristics (i.e., gender);**

11 **(2) affirms the concept of equal rights for all physicians and that the concept of equality of**  
12 **rights under the law shall not be denied or abridged by the U.S. Government or any state on**  
13 **account of gender;**

14 **(3) endorses the principle of equal opportunity for employment and practice in the medical**  
15 **field;**

16 **(4) affirms its commitment to the full engagement of women in leadership roles and**  
17 **encourages vigorous efforts to recruit women into organized medicine, legislative advocacy,**  
18 **and professional medical organizations;**

19 **(5) acknowledges that mentorship and sponsorship are integral components of one’s career**  
20 **advancement and encourages physicians to engage in such activities;**

21 **(6) believes that compensation should be equitable and based on one’s demonstrable**  
22 **competencies and expertise and not based on personal characteristics;**

23 **(7) believes that the medical profession should work to eliminate harassment on the basis of**  
24 **gender and promote an environment that allows for equity in training, employment, and**  
25 **advancement;**

26 **(8) recognizes the importance of part-time work options, job sharing, flexible scheduling,**  
27 **re-entry, and contract negotiations as options for physicians to support work-life balance;**

28 **(9) believes that transparency in compensation and promotion criteria is necessary to**  
29 **promote gender equity and academic medical centers, medical schools, hospitals, group**  
30 **practices and other physician employers should consequently conduct periodic reviews of**  
31 **compensation and promotion rates by gender and examine protocols for advancement to**  
32 **determine whether the criteria are discriminatory; and**

33 **(10) believes that medical schools, institutions and professional associations should**  
34 **encourage women to pursue diverse careers and fellowships in medicine and provide**  
35 **training on leadership development, contract and salary negotiations, and career**  
36 **advancement strategies that include an analysis of the influence of gender bias and**  
37 **discrimination in these skill areas.**

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**AMA Policy:**

**Principles for Advancing Gender Equity in Medicine H-65.961**

Principles for Advancing Gender Equity in Medicine:

Our AMA:

1. declares it is opposed to any exploitation and discrimination in the workplace based on personal characteristics (i.e., gender);
2. affirms the concept of equal rights for all physicians and that the concept of equality of rights under the law shall not be denied or abridged by the U.S. Government or by any state on account of gender;
3. endorses the principle of equal opportunity of employment and practice in the medical field;
4. affirms its commitment to the full involvement of women in leadership roles throughout the federation, and encourages all components of the federation to vigorously continue their efforts to recruit women members into organized medicine;
5. acknowledges that mentorship and sponsorship are integral components of one's career advancement, and encourages physicians to engage in such activities;
6. declares that compensation should be equitable and based on demonstrated competencies/expertise and not based on personal characteristics;
7. recognizes the importance of part-time work options, job sharing, flexible scheduling, re-entry, and contract negotiations as options for physicians to support work-life balance;
8. affirms that transparency in pay scale and promotion criteria is necessary to promote gender equity, and as such academic medical centers, medical schools, hospitals, group practices and other physician employers should conduct periodic reviews of compensation and promotion rates by gender and evaluate protocols for advancement to determine whether the criteria are discriminatory; and
9. affirms that medical schools, institutions and professional associations should provide training on leadership development, contract and salary negotiations and career advancement strategies that include an analysis of the influence of gender in these skill areas.

Our AMA encourages: (1) state and specialty societies, academic medical centers, medical schools, hospitals, group practices and other physician employers to adopt the AMA Principles for Advancing Gender Equity in Medicine; and (2) academic medical centers, medical schools, hospitals, group practices and other physician employers to: (a) adopt policies that prohibit harassment, discrimination and retaliation; (b) provide anti-harassment training; and (c) prescribe disciplinary and/or corrective action should violation of such policies occur.

**MAG Policy**

None

**References:**

AMA House of Delegates, Resolution 010 (A-18)

AMA House of Delegates, Resolution 011 (A-18)

AMA House of Delegates, Resolution 020 (A-18)

AMA House of Delegates, Resolution 021 (A-18)

AMA BOT Report 27 (A-19)

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<http://annals.org/aim/fullarticle/2678630/achieving-gender-equity-physician-compensation-career-advancement-position-paper-american>
10. MEDSCAPE 2017 Physician Compensation Report: [www.medscape.com/slideshow/compensation-2017-overview-6008547](http://www.medscape.com/slideshow/compensation-2017-overview-6008547); MEDSCAPE 2016 Physician Compensation Report: <https://www.medscape.com/features/slideshow/compensation/2016/public/overview>;
11. MEDSCAPE 2018 Physician Compensation Report: <https://www.medscape.com/slideshow/2018-compensation-overview-6009667>; Doximity: Second Annual Physician Compensation Report. March 2018  
[https://www.doximity.com/press\\_releases/national\\_research\\_study\\_finds\\_large\\_gaps\\_in\\_us\\_physician\\_compensation](https://www.doximity.com/press_releases/national_research_study_finds_large_gaps_in_us_physician_compensation)
12. Butkus R, Serchen J, Moyer DV, Bornstein SS, Hingle ST. Achieving Gender Equity in Physician Compensation and Career Advancement: A Position Paper of the American College of Physicians. *Ann Int Med*. 2018.