



Resolution: Advancing Gender Equity in Medicine

Sponsors: Keith Callahan MD, MBA; Kara Stavros MD

Presented to: RIMS Board of Directors

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Note:

This resolution, along with the cited resources, was largely written by Julie K. Silver, MD, a physical medicine and rehabilitation specialist working at the Spaulding Rehabilitation Hospital in Foxboro, MA, and Michael Sinha, MD, JD, MPH, a Research Fellow at the Harvard-MIT Center for Regulatory Science. The authors would like to acknowledge the important contribution of Drs. Silver and Sinha.

Appropriate changes were made by Dr. Keith Callahan, Dr. Kara Stavros, and Dr. Eliza Chin, the lead sponsors, as part of an ongoing effort by the American Medical Women's Association, known as Revolution by Resolution, aimed at bringing gender equity resolutions to state and specialty medical societies.

Drs. Callahan and Stavros presented the original version of this resolution to the RIMS Board of Directors on September 17, 2019. The RIMS BOD approved it in concept and asked that it be adapted to the Rhode Island context so that it could be adopted as RIMS policy.

Accordingly, Drs. Stavros and Callahan presented a revised version to the RIMS Council for review and comment on October 7, 2019.

Presented here for consideration by the RIMS Board of Directors is a third version of the resolution, which has been further revised, updated, and adapted for potential adoption as policy of the Rhode Island Medical Society.

Diversity and Progress

Whereas, Workforce diversity is defined as the presence of people from many different backgrounds, and workforce inclusion represents how these individuals are able to equitably be promoted, compensated, and supported in their careers;¹ and

Whereas, Women physicians have documented gaps in compensation and career advancement at all levels, and these gaps widen over their career trajectory;² and

Whereas, The published literature has documented that progress for women physicians has been slower than would be anticipated given the growing numbers of women in medicine;³ and

Whereas, Traditional justifications for the lack of or slow progress for women in medicine have been refuted⁴ and there has been a shift away from focusing on the women themselves and towards addressing institutional and structural bias and other barriers;⁵ and

Whereas, There is a continuum of documented disparities for women in medicine, from micro- to macro-inequities,⁶ and it is theorized that a culture which supports pervasive micro-inequities provides opportunities for macro-inequities to flourish; and

Whereas, Workforce disparities for women physicians may negatively impact patients' ability to receive services and the quality of the services provided; and⁷

Whereas, Reports have documented gaps in medical societies' efforts to tackle workforce and patient health disparities⁸ and have called on them to more critically assess their efforts through metrics, outcomes and reporting methodology that is consistent with that used in evidence-based medicine;¹ and

Whereas, Physicians are working together in a grass roots effort to encourage their organizations to be better allies (e.g., national campaigns such as the Societies As Allies Campaign⁹ and the Be Ethical Campaign;¹⁰ and

¹ Silver JK, Slocum CS, Bank AM, et al. Where Are the Women? The Underrepresentation of Women Physicians Among Recognition Award Recipients From Medical Specialty Societies. *PM R*. 2017;9(8):804-815.

² Carr PL, Gunn CM, Kaplan SA, Raj A, Freund KM. Inadequate progress for women in academic medicine: findings from the National Faculty Study. *J Womens Health (Larchmt)*. 2015;24(3):190-199.

³ Helitzer DL, Newbill SL, Cardinali G, Morahan PS, Chang S, Magrane D. Changing the Culture of Academic Medicine: Critical Mass or Critical Actors? *J Womens Health (Larchmt)*. 2017;26(5):540-548.

⁴ Carnes M, Morrissey C, Geller SE. Women's health and women's leadership in academic medicine: hitting the same glass ceiling? *J Womens Health (Larchmt)*. 2008;17(9):1453-1462.

⁵ Lillemoe KD. Surgical Mentorship: A Great Tradition, But Can We Do Better for the Next Generation? *Ann Surg*. 2017;266(3):401-410.

⁶ Silver JK, Rowe M, Sinha MS, Molinares DM, Spector ND, Mukherjee D. Microinequities in Medicine. *PM R*. 2018 Oct;10(10):1106-1114.

⁷ <https://hbr.org/2018/08/how-discrimination-against-female-doctors-hurts-patients>

⁸ Peek ME, Wilson SC, Bussey-Jones J, et al. A study of national physician organizations' efforts to reduce racial and ethnic health disparities in the United States. *Acad Med*. 2012;87(6):694-700.

⁹ #SocietiesAsAllies - Twitter Search. 2018; Available at <https://twitter.com/search?q=%23SocietiesAsAllies&src=typd>.

¹⁰ Silver JK. Be Ethical: A Call to Healthcare Leaders: Ending Workforce Disparities is an Ethical Imperative. Sept 2018. Available at <http://sheleadshealthcare.com/wp-content/uploads/2018/09/Be-Ethical-Campaign.pdf>.

Unequal Pay

Whereas, Recent studies have demonstrated that there are persistent pay disparities for women physicians that begin early in their careers and across practice settings^{11,12}, specialties and positions^{13,14} —with the gaps more pronounced for mid- and late-career women; and

Whereas, Gender pay disparities exist even when other factors are accounted for^{12,14,15}, including differences in age, years of experience, specialty, reported work hours, clinical productivity, research productivity, and faculty rank; and

Whereas, Gaps in compensation between men and women physicians widen over the physician's career trajectory, particularly for women with intersectionality (those who also identify with other underrepresented groups);¹⁶ 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;⁹ and

Whereas, The 2018 Medscape Physician Compensation Report¹⁷ found that male primary care physicians earned almost 18% more than their female counterparts, and among specialists, that gap widened to about 36%; and

Whereas, Studies have historically found a payment disparity gap among male and female physicians within the same specialty,^{18,19} and this payment disparity continues to exist in all specialties of medicine in 2018;^{20,21} and

¹¹ Jena AB, Olenski AR, Blumenthal DM. Sex Differences in Physician Salary in US Public Medical Schools. *JAMA Intern Med.* 2016 Sep 1;176(9):1294-304.

¹² Sanfey H, Crandall M, Shaughnessy E, Stein SL, Cochran A, Parangi S, Laronga C. Strategies for Identifying and Closing the Gender Salary Gap in Surgery. *J Am Coll Surg.* 2017 Aug;225(2):333-338.

¹³ Willett LL, Halvorsen AJ, McDonald FS, Chaudhry SI, Arora VM. Gender differences in salary of internal medicine residency directors: a national survey. *Am J Med.* 2015 Jun;128(6):659-65.

¹⁴ Jagsi R, Griffith KA, Stewart A, et al. Gender differences in the salaries of physician researchers. *JAMA* 2012;307: 2410e2417.

¹⁵ Ly DP, Seabury SA, Jena AB. Differences in incomes of physicians in the United States by race and sex: observational study. *BMJ.* 2016;353:i2923.

¹⁶ Carr PL, Gunn CM, Kaplan SA, Raj A, Freund KM. Inadequate progress for women in academic medicine: findings from the National Faculty Study. *J Womens Health (Larchmt).* 2015;24(3):190-199.

¹⁷ Kane L. Medscape Physician Compensation Report 2018. Available at: <https://www.medscape.com/slideshow/2018-compensation-overview-6009667>.

¹⁸ MEDSCAPE 2016 Physician Compensation Report: <https://www.medscape.com/features/slideshow/compensation/2016/public/overview>

¹⁹ MEDSCAPE 2017 Physician Compensation Report: www.medscape.com/slideshow/compensation-2017-overview-6008547

²⁰ MEDSCAPE 2018 Physician Compensation Report: <https://www.medscape.com/slideshow/2018-compensation-overview-6009667>

²¹ Doximity: Second Annual Physician Compensation Report. March 2018 https://www.doximity.com/press_releases/national_research_study_finds_large_gaps_in_us_physician_compensation

Whereas, Among cohorts of equal training and experience, adjusting for variables including workhours, calls, vacation, gender, academic versus non-academic practice, women held less advanced academic positions, earning significantly less compensation ten years after graduation;²² and

Whereas Significant differences in salary also exist among male and female physicians with faculty appointments at U.S. public medical schools, even after accounting for age, experience, specialty faculty rank, and measures of research productivity and clinical revenue;¹¹ and

Whereas, the Lilly Ledbetter Fair Pay Act took effect in 2009, restoring protection against pay discrimination that had been undermined by a recent U.S. Supreme Court decision;²³ and

Whereas, the Rhode Island General Laws 28-6-18 provides that (a) No employer shall discriminate in the payment of wages as between the sexes or shall pay any female in his or her employ salary or wage rates less than the rates paid to male employees for equal work or work on the same operations. **[source:**
<http://webserver.rilin.state.ri.us/Statutes/TITLE28/28-6/28-6-18.HTM>]

ORGANIZATIONAL EFFORTS

Whereas, The National Institutes of Health (NIH) has speaker guidelines that focus on the inclusion of women in medicine at scientific conferences²⁴ and publishes workforce inclusion metrics for women in medicine such as grant funding,²⁵ this has not been the practice of medical societies; and

Whereas, The Association of Academic Psychiatrists (AAP) is the first medical society to report in a medical journal its gender inclusion metrics and provide a plan to achieve equitable inclusion in the future;²⁶ and

Whereas, The American College of Physicians (ACP) recently published a position paper²⁷ titled “Achieving Gender Equity in Physician Compensation and Career Advancement,” clarifying the organization’s positions and recommendations regarding gender equity in medicine; and

²² Singh A, Sastri S, Burke C. Do Gender Disparities Persist in Gastroenterology after Ten Years of Practice? *Am J Gastroenterol*. Vol. 103, pages1589–1595 (2008)

²³ <https://nwlc.org/resources/lilly-ledbetter-fair-pay-act/>

²⁴ National Institutes of Health. *Guidelines for Inclusion of Women, Minorities, and Persons with Disabilities in NIH-Supported Conference Grants*. 2003. NOT-OD-03-066.

²⁵ Ginther DK, Kahn S, Schaffer WT. Gender, Race/Ethnicity, and National Institutes of Health R01 Research Awards: Is There Evidence of a Double Bind for Women of Color? *Acad Med*. 2016;91(8):1098-1107.

²⁶ Silver JK, Cuccurullo S, Ambrose AF, et al. Association of Academic Psychiatrists women’s task force report. *Am J Phys Med Rehabil*. 2018;(accepted and in press).

²⁷ 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.

Whereas, The Association of Women Surgeons (AWS) recently published a position paper¹⁰ titled “Strategies for Identifying and Closing the Gender Salary Gap in Surgery;” and

Whereas, The National Academies of Science, Engineering, and Medicine (NASEM) published a report in 2004, “Achieving XXcellence in Science: Role of Professional Societies in Advancing Women in Science;”²⁸ and

Whereas, The NASEM published a report in 2018, “Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine;”²⁹ and

Whereas, The National Institutes of Health has formally apologized for its failure to address sexual harassment in science and is taking steps to address it;³⁰ and

Whereas, Salesforce, an American cloud computing company, recently undertook regular assessments and adjusted salaries accordingly in order to close pay gaps among employees based on gender and ethnicity,³¹ with companies like Adobe, Apple, Facebook, Intel, and Starbucks following suit;³² and

Whereas, Medical societies have unique opportunities to support underrepresented physician members with career enhancing opportunities;³³ and

Whereas, Women physicians have been underrepresented for medical society-affiliated career enhancing opportunities including, but not limited to, presidential leadership,³⁴ journal editorial boards,³⁵ conference speakers,³⁶ and recognition awards which are directly linked to promotion and part of the formal criteria for promotion at most academic institutions and

Efforts of the American Medical Association (AMA)

²⁸ <https://www.nap.edu/catalog/10964/achieving-xxcellence-in-science-role-of-professional-societies-in-advancing>

²⁹ <http://sites.nationalacademies.org/shstudy/index.htm>

³⁰ NIH apologizes for its failure to address sexual harassment in science. STAT. <https://www.statnews.com/2019/02/28/nih-sexual-harassment-science/>

³¹ Salesforce Is Focused on Erasing the Gender Pay Gap. Available at <http://fortune.com/video/2018/04/13/salesforce-is-focused-on-erasing-the-gender-pay-gap/>.

³² How These Major Companies Are Getting Equal Pay Right. Available at <http://fortune.com/2018/04/09/equal-pay-companies-starbucks-apple/>.

³³ National Research Council. *Achieving XXcellence in Science: Role of Professional Societies in Advancing Women in Science: Proceedings of a Workshop*. Washington, DC: The National Academies Press; 2004.

³⁴ Silver JK, Ghalib R, Poorman JA, Al-Assi D, Parangi S, Bhargava H, Shillcutt SK. Analysis of gender equity in leadership of physician-focused medical specialty societies (2008-2017). *JAMA Intern Med*. 2019. Jan 7.

³⁵ Amrein K, Langmann A, Fahrleitner-Pammer A, Pieber TR, Zollner-Schwetz I. Women underrepresented on editorial boards of 60 major medical journals. *Gen Med*. 2011;8(6):378-387.

³⁶ Johnson CS, Smith PK, Wang C. Sage on the Stage: Women's Representation at an Academic Conference. *Pers Soc Psychol Bull*. 2017;43(4):493-507.

Whereas, The AMA and AMA's Women Physicians Section have made concerted efforts to highlight the disparity of physician payment by gender in the United States today, and to increase the influence of women physicians in leadership roles in medicine;³⁷ and

Whereas, The AMA Women Physicians Section supports a number of important initiatives, including Women in Medicine Month, the Women in Medicine Symposium, and the Joan F. Giambalvo Fund for the Advancement of Women; and

Whereas, AMA policy H-525.992 supports "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;" and AMA policy D-200.981 notes that the organization "will collect and publicize information on best practices in academic medicine and non-academic medicine that foster gender parity in the profession;"

Whereas, the AMA had strong existing policy on equal pay in medicine prior to June 2018,³⁸ including (1) further "study [of] gender differences in income and advancement trends, by specialty, experience, work hours and other practice characteristics," (2) "develop[ment of] programs to address disparities where they exist," (3) "urg[ing] 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) "collect[ing] and publiciz[ing] information on best practices in academic medicine and non-academic medicine that foster gender parity in the profession, and (5) provid[ing] training on leadership development, contract and salary negotiations and career advancement strategies, to combat gender disparities as a member benefit;" and

Whereas, the AMA in June 2018 passed an even stronger and more comprehensive gender equity policy, "Advancing Gender Equity in Medicine" (D-65.989), which states that (1) Our AMA will draft and disseminate a report detailing its positions and recommendations for gender equity in medicine, including clarifying principles for state and specialty societies, academic medical centers and other entities that employ physicians, to be submitted to the House for consideration at the 2019 Annual Meeting; (2) Our AMA will: (a) advocate for institutional, departmental and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation; (b) advocate for pay structures based on objective, gender-neutral objective criteria; (c) encourage a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians; and (d) advocate for training to identify and mitigate implicit bias in compensation determination for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement; (3) Our AMA will recommend as immediate actions to reduce gender bias: (a) elimination of the question of prior salary information from job applications for physician recruitment in academic and private practice; (b) create an awareness campaign to inform physicians about their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act; (c) establish educational programs to help empower all genders to negotiate equitable compensation; (d) work with relevant stakeholders to host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report

³⁷ American Medical Association: <https://www.ama-assn.org/about/women-physicians-section-wps>

³⁸ AMA Policy Finder. Gender Disparities in Physician Income and Advancement, D-200.981.

based on workshop findings; and (e) create guidance for medical schools and health care facilities for institutional transparency of compensation, and regular gender-based pay audits; (4) Our AMA will collect and analyze comprehensive demographic data and produce a study on the inclusion of women members including, but not limited to, membership, representation in the House of Delegates, reference committee makeup, and leadership positions within our AMA, including the Board of Trustees, Councils and Section governance, plenary speaker invitations, recognition awards, and grant funding, and disseminate such findings in regular reports to the House of Delegates and making recommendations to support gender equity; and (5) Our AMA will commit to pay equity across the organization by asking our Board of Trustees to undertake routine assessments of salaries within and across the organization, while making the necessary adjustments to ensure equal pay for equal work;" and

Whereas, the AMA in June 2019 adopted Board of Trustees Report 27, which sets forth nine "Principles for Advancing Gender Equity in Medicine" while also incorporating, modifying, and superceding previous AMA policies in this area; and

Efforts of the Rhode Island Medical Society

Whereas, The Rhode Island Medical Society is committed to working toward selecting members for leadership positions who reflect the composition of practicing physicians in Rhode Island with regard such factors as gender, specialty, age, ethnicity, and other demographics; and

Whereas, The Rhode Island Medical Society strives to promote representation in its leadership and committees that reflects the Society's membership diversity and balance with regard to gender and other demographics; and

Whereas, RIMS is committed to working collaboratively with all major stakeholders toward equity for groups in the medical community in Rhode Island who may be underrepresented in positions of leadership; and

Whereas, The Rhode Island Medical Society is committed to promoting gender parity, equal pay, and advancement as a fundamental professional standard to ensure equal opportunity within the medical profession in Rhode Island; and

Whereas, The Rhode Island Medical Society has adopted the comprehensive gender equity policies of the AMA, specifically including the AMA's nine "Principles for Advancing Gender Equity in Medicine" and other recommendations as set forth in the AMA Board of Trustees Report 27, which was adopted as AMA policy by the AMA House of Delegates in June 2019 and is thus now also policy of the Rhode Island Medical Society; and

Whereas, Recommendation 4 of AMA Board of Trustees Report 27 of June 2019 directs the AMA "to encourage state and specialty societies . . . to adopt the AMA Principles for Advance Gender Equity in Medicine," now therefore be it

RESOLVED, That the Rhode Island Medical Society adopt the following as RIMS policy, "RIMS Principles for Advancing Gender Equity in Medicine" (patterned after the AMA and adapted to the Rhode Island context):

The Rhode Island Medical Society:

1. Declares it is opposed to any exploitation and discrimination in the workplace based on personal characteristics (e.g., 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 State of Rhode Island based on personal characteristics;
3. Endorses the principle of equal opportunity of employment and practice in the medical field;
4. Affirms its commitment to equity in the appointment, election, and promotion of women to employment and/or leadership roles in professional associations and in medical organizations of all kinds, and strongly encourages the recruitment of women 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, such being the case, 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.