From the executive suite to the front lines of the COVID-19 response, women physicians continue to make significant progress in medicine, both professionally and personally. And yet persistent and troubling disparities remain that keep us on unequal footing with our male colleagues.

Even when our experience is equal to or exceeds that of a man, women physicians are routinely paid less for the same work and responsibilities. Women have fewer leadership roles in organized medicine as well as academia. All too frequently, women are passed over for tenure at major academic institutions. We have far fewer bylines in academic journals and often face bias—either implicit or explicit—that keeps us from advancing in our careers at the same pace as men.

As our profession celebrates September as Women in Medicine Month, we should seize the opportunity it affords to measure how far we have traveled toward gender equality in medicine—and how painfully distant that destination remains.

On one hand, women have never enjoyed more influence and representation within the American Medical Association. Our Women Physicians Section now represents more than 90,000 AMA member physicians, and I am honored to be the third consecutive woman to become AMA president—an important milestone for both our organization and organized medicine.

Additionally, our AMA continues to advocate for policies and initiatives to advance women’s health and widen our influence in decision-making, policy formulation and leadership.

This year’s theme for Women in Medicine Month—“Advancing Equity, Creating Change”—is personified by the newest recipients of the AMA’s Joan F. Giambalvo Fund for the Advancement of Women research grant program. Their work will advance opportunities for presenting scholarly work by women researchers, and also create a virtual online negotiation workshop for women physicians and trainees to help close gender-related gaps in pay, position and perks.

This year’s theme is also reflected in the burgeoning ranks of women enrolled in medical school, the
increasing percentage of women faculty members, and by the growing number of women physicians practicing across our nation.

But I know that even as we have come so far in so many ways, so much more remains to be accomplished in the areas of gender-based pay equity, gender imbalances in certain specialties and subspecialties, and a lack of institutional support for women who are both physicians and mothers.

A study published in *JAMA Network Open* last fall highlighted the importance that scheduling flexibility, the availability of on-site child care, having facilities and time set aside without penalty for breast pumping, ongoing support for physician mothers returning to work, and expanded paid leave all have for reducing negative experiences for physician moms.

This last issue is a personal one for me. Having worked in private practice as the mother of two small children, I am thoroughly familiar with the obstacles women physicians must sometimes overcome to maintain equal footing with our male peers. I had my first child the day after I finished my general pediatric residency, without the benefit of any maternity leave to fall back upon. I had my second son after I finished my allergy/immunology fellowship, and the timing there was aligned with my board certification process.

My ability to scratch out my own maternity leave was essential, but would have been so much easier if established maternity/parental leave policies had been put in place back then.

Some needed changes are on the way. For example, the American Board of Medical Specialties has adopted a parental, caregiver or medical leave policy that takes effect in July 2021. Under the new policy, all ABMS member boards with training programs that extend two years or longer must provide residents and fellows with up to six weeks away, without requiring a training extension. This certainly would have helped me tremendously when I was completing my training.

Even so, the overall situation has not improved nearly as much as you might expect. The sad fact is that the U.S. ranks near the bottom of world rankings in providing paid family leave to new parents. A study conducted by the Pew Research Institute last year found that the U.S. was the only nation among 41 countries that does not mandate any paid leave for new parents.

Women in Medicine Month is an ideal time for us to reflect on this wide disparity and its impact on working parents in health care and other walks of life. Our AMA is examining the effects of the Family and Medical Leave Act on physicians in a broad range of practice environments. We are also helping state medical societies work with their lawmakers to establish and promote paid parental leave policies. In addition, we are pushing for federal tax incentives to support early child care, and encouraging employers to begin offering paid parental leave or expand paid leave already in place.

These are just a few of the steps we are taking to address a growing need. Now that women represent more than half of all U.S. medical students, the need for paid leave and other
accommodations for new physician moms and dads grows greater by the day. Recognizing the obstacles women physicians face are the first step in overcoming them—and hastening the arrival of true gender equity in organized medicine.