Whereas, The American Medical Association 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;¹ and

Whereas, In 2015, while women comprised 34% of the active physician workforce in the United States, and an estimated 46% of all physicians-in-training as well as more than half of all medical students are women, much remains to be done to improve equity and parity among physician payment and to increase opportunities for promotion and leadership;² and

Whereas, Studies have historically found a payment disparity gap among male and female physicians within the same specialty;³ and this payment disparity continues to exist in all specialties of medicine in 2018;⁴ and

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;⁵ 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;⁶ and

Whereas, Female physicians in early and mid-career may opt for flexibility in schedules in their child-bearing and child-rearing years; and

Whereas, The U.S. will face a significant shortage of physicians, fueled by population growth, an increase in the number of aging Americans, and retirement of practicing doctors, a shortage of between 40,800 and 104,900 physicians by 2030⁷, and the AMA has prioritized confronting this shortage in previous AMA House of Delegates meetings;⁸ and

Whereas, The city of Chicago can no longer ask about salary history on employment applications, part of a growing effort nationwide to improve pay equality between men and women;⁹ and

Whereas, On January 29, 2009 the Lilly Ledbetter Fair Pay Act was signed into law to reinforce the protection against pay discrimination under the Equal Pay Act of 1963 (EPA), which prohibits sex-based wage discrimination between men and women in the same establishment
who perform jobs that require substantially equal skill, effort, and responsibility under similar working conditions; therefore be it

RESOLVED, That our American Medical Association, together with the assistance of professional medical societies, create an awareness campaign to inform physicians about their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act (Directive to Take Action); and be it further

RESOLVED, That our AMA, together with the assistance of professional medical societies, help U.S. public medical schools and facilities create guidance for institutional transparency of compensation, regular gender-based pay audits, in order to narrow the gender inequity in pay and promotion (Directive to Take Action); and be it further

RESOLVED, That our AMA recommend to eliminate the question of prior salary information from job applications for physician recruitment in academic and private practice. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/02/18

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1 American Medical Association: [https://www.ama-assn.org/about/women-physicians-section-wps](https://www.ama-assn.org/about/women-physicians-section-wps)

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.

Citation: (BOT Rep. 19, A-08; Reaffirmed: CCB/CLRPD Rep. 4, A-13)

See also: E-9 5.5 Gender Discrimination in Medicine; Eliminating Questions Regarding Marital Status, Dependents, Plans for Marriage or Children, Sexual Orientation, Gender Identity, Age, Race, National Origin and Religion During the Residency and Fellowship Application Process H-310.919