EXECUTIVE SUMMARY

American Medical Association (AMA) Policy D-65.989 (1), “Advancing Gender Equity in Medicine,” directs our AMA to “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.” This report responds to this directive by: 1) describing issues associated with gender bias; 2) summarizing AMA positions and recommendations to promote gender equity in medicine; and 3) providing instructive principles for state and specialty societies, academic medical centers and other entities that employ physicians.

Gender-based disparities in compensation and advancement are pervasive in all medical practice settings, specialties, and positions. Research findings have noted that significant differences in salary exist after accounting for age, experience, specialty, faculty rank, and measures of research productivity and clinical revenue.

The AMA recognizes that gender inequity in medicine is a complex issue that requires a multilayered approach. Promoting gender equity in medicine requires an acknowledgement of the underlying causes of gender based disparities, creation of policies and resources that will promote gender equity, and collaboration to improve the environment for women and the profession overall.

This report offers principles intended to provide guidance on various issues associated with gender inequities in medicine. This report further recommends the development of policies and processes by various organizations to address harassment and discrimination.
Subject: Advancing Gender Equity in Medicine

Presented by: Jack Resneck, Jr., MD, Chair

Referred to: Reference Committee F
(Greg Tarasidis, MD, Chair)

INTRODUCTION

American Medical Association (AMA) Policy D-65.989 (1), “Advancing Gender Equity in Medicine,” directs our AMA to “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.” This report responds to this directive.

AMA Policy D-65.989 was created following the adoption of Substitute Resolution 10-A-18, which was adopted in lieu of Resolution 10-A-18, “Advancing Gender Equity in Medicine;” Resolution 11-A-18, “Women Physician Workforce and Gender Gap in Earnings – Measures to Improve Equality;” Resolution 20-A-18, “Advancing the Goal of Equal Pay for Women in Medicine;” and Resolution 21-A-18, “Taking Steps to Advance Gender Equity in Medicine.” Testimony in support of these items before the reference committee acknowledged the problem of gender disparities in medicine and noted a need for study. Testimony also reflected the need for our AMA to set an example on this issue, by committing to pay equity for its employees.

This report: 1) describes issues associated with gender bias; 2) summarizes AMA positions and recommendations to promote gender equity in medicine; and 3) provides clarifying principles for state and specialty societies, academic medical centers and other entities that employ physicians.

BACKGROUND

Gender disparities in advancement and income are pervasive in medical practice settings, specialties, and positions. Significant differences in salary exist after accounting for age, experience, specialty, faculty rank, and measures of research productivity and clinical revenue. Advancement for women physicians has been slower than would be anticipated despite the growing number of women in medicine.

According to the U.S. Bureau of Labor Statistics, women earned about 82 percent of what men earned among full-time workers in all industries. The gender pay disparity is indicative of “how far our nation still has to go to ensure that women can participate fully and equally in our economy,” according to a report from the National Partnership for Women and Families.

Gender-based disparities in income and advancement are also prevalent in medicine. The 2018 Medscape Physician Compensation Report noted considerable gaps in pay, with female physicians
in primary care earning nearly 18 percent less ($36,000) than their male counterparts. Among
physicians the pay disparity was more pronounced with females earning 36.1 percent less
($95,000) than their male counterparts. This income disparity was consistent across all medical
specialties.\(^3\)

Ly, Seabury, and Jena conducted an analysis on income disparities among physicians, stratified by
race and gender. Study results identified a considerable pay gap among black and white male
physicians. The study also found that the income of black and white female physicians is “similar,
but significantly lower than the incomes of male physicians.”\(^4\)

In the United States, women represent more than one third (35.2\%) of the active physician
workforce,\(^5\) nearly half (45.6\%) of all physicians-in-training\(^6\) and more than half (50.7\%)\(^7\) of all
entering medical students in MD-granting medical schools. Although the number of women
entering the medical field has steadily increased, their proportion of leadership positions continues
to be small. In a 2015 survey, women physicians (n = 3,285) identified the leadership positions
they held as: medical director (35\%), practice owner (23\%), practice partner (13\%), CEO (3\%), and
CMO (3\%).\(^8\)

**Gender Disparities in Academic Medicine**

A study of 10,241 physicians in 24 U.S. public medical schools found the annual salaries of female
physicians were lower than those of male physicians, even after adjusting for “age, experience,
specialty, faculty rank, and measures of research productivity and clinical revenue.” This study
noted that “sex differences in salary were present at all faculty ranks and were largest among full
professors.” The average salary difference among male and female full professors was $33,620.
Further, the adjusted salaries of female full professors (averaging $250,971) were comparable to
those of male associate professors (averaging $247,212).\(^9\)

Another study compared faculty income at 24 medical schools over a 17-year period and found that
female physicians in academic medicine earned on average $20,000 less per year than their male
counterparts. That is to say, female physicians earned 90 cents for every dollar made by male
physicians.\(^10\) These findings adjusted for factors such as specialty, experience, and faculty rank.

In addition to salary disparities, leadership disparities exist as well, with female physicians
underrepresented in the higher ranks of medical school faculty. Although women accounted for
41.3\% of full-time medical school faculty in 2018, they made up only 25\% of tenured
faculty (of all ranks) and only 24.6\% of full professors and 37.5\% of associate
professors.\(^11,12\) Female physicians were also underrepresented in leadership positions at medical
schools. Eighteen percent of department chairs (permanent and interim)\(^13\) and eighteen percent of
deans (permanent and interim) were women.\(^14\)

**DISCUSSION**

Despite the increasing number of women physicians, gender-based differences in compensation
and advancement exist in the medical profession. Researchers have cited factors such as specialty,
experience, productivity, and work status as the reasons for these disparities. However, study
results indicate that gender disparities persist even when controlling for age, specialty and practice
characteristics. The following issues, which are often associated with gender inequities in
medicine, have been highlighted for discussion.
Gender Bias and Discrimination

Women in medicine frequently encounter implicit and overt forms of gender bias as well as discrimination throughout their training and careers. Gender bias and discrimination can have a harmful effect on the professional experiences of women and impact opportunities for advancement such as promotions, grant awards, and manuscript acceptance. The formation of productive relationships with colleagues and mentors is often hindered by gender bias and discrimination. Study findings and anecdotal accounts have cited that women physicians are more likely to be disrespected by colleagues, held to a higher standard than male peers, introduced by their first names instead of professional titles, and excluded from events such as grand rounds.15

Adesoye, Mangurian, Choo, et al. conducted a study of physician mothers to assess their experiences with workplace discrimination. More than three quarters (77.9%) of the respondents stated that they experienced some form of discrimination. Of those respondents, 66.3 percent reported gender discrimination and 35.8 percent reported maternal discrimination, which is defined as self-reported discrimination based on pregnancy, maternity leave or breastfeeding. Almost ninety percent (89.6%) of respondents who reported maternal discrimination noted that it was based on pregnancy or maternity leave. Nearly 48.4 percent of these respondents believed the discrimination was tied to breastfeeding. Those reporting maternal discrimination cited they experienced disrespectful treatment by nursing or other support staff, exclusion from administrative decision making, and gender disparities in salary and benefits.16

Implicit bias, explicit bias, stereotype threat and unconscious self-bias have implications for women as they may influence decisions on hiring, promotion, and compensation. Women may experience higher social costs for engaging in job negotiations and are less likely to negotiate.17 Further, statistical discrimination is often associated with the stereotype that “women are less productive during childbearing years” and contributes to beliefs that women are less likely to aspire to leadership positions or assume roles with higher pay (e.g., undesirable call shifts).18

Mentorship and Sponsorship Opportunities

Women in medicine continue to be underrepresented in leadership positions. It has been noted that guidance and support from mentors and sponsors can positively impact career advancement. Mentorship and sponsorship can also mitigate the professional isolation that can undermine one’s sense of confidence and belonging. However, there is a key distinction between mentorship and sponsorship. Mentors can work at any level in the organization and are selected based on expertise. Sponsors have a position of power that enables them to have significant influence on advancement decisions.

According to Ibarra et al., women tend to be “over-mentored but under-sponsored.”19 Although sponsorship has been positively associated with career advancement, women are typically sponsored less frequently than men. Hewlett et al. found that 13 percent of women had sponsors compared to 19 percent of men.20 Similar to mentorship, there was a difference in outcomes for women and men. For example, an analysis of the National Institutes of Health (NIH) grant recipients found that sponsorship was correlated with success. Seventy-two percent of men and 59 percent of women who reported sponsorship were successful in obtaining an NIH grant compared to 57.7 percent of men and 44.8 percent of women who did not report sponsorship.21

Research findings have shown that mentorship and sponsorship outcomes vary for women and men, with women lagging on career advancement metrics. This may, in part, be attributed to men and women having different experiences with mentors. A study of graduates from top business
schools found that men were more likely to be mentored by someone from senior executive level
positions (62% of men compared to 52% of women). After a two-year follow-up, it was found that
men earned $9,260 more than women annually and were promoted 15 percent more often.22

Work-Life Balance

Many female physicians report work-life balance as a significant concern that may influence their
career choices. This may be reflected in the disproportionate number of women physicians who
choose part-time or reduced work hours to balance professional and personal life. In a recent
survey, 92 percent of young physicians noted that they believe it is important to have a balance
between work and personal responsibilities. However, only 65 percent felt they have achieved
work-life balance.23

While male physicians are increasingly expressing interest in flexible family leave and work
options, female physicians continue to bear primary responsibility for caregiving and may face
more challenges in aligning their career goals with family needs. Nearly a quarter (22%) of female
physicians reported working part-time compared to twelve percent of male physicians.24 Further, a
2017 study found that hours worked by women physicians with children remained statistically
lower when compared to women physicians without children.25

When professionals reach their mid-40s, many of them assume responsibility for eldercare, or
providing care for older relatives. According to a 2017 Bureau of Labor Statistics report, more than
twenty percent (21.4%) of adults between the ages of 45-54 and nearly a quarter (24.3%) of adults
between the ages of 55-64 provide care for an older relative. This same report notes that there are
currently 41.3 million adults that provide unpaid eldercare and the majority are women (56%).26

Increased Risk of Burnout

Burnout among physicians has been associated with adverse quality outcomes, diminished patient
satisfaction, increased job dissatisfaction, and reduction of work effort. More than half of U.S.
physicians are experiencing symptoms of burnout and the prevalence of burnout in physicians is
nearly two times greater than other professions. Similarly, the prevalence of burnout and
depression among medical students and residents is higher than individuals of similar age.27

Findings from a survey of more than 15,000 physicians from 29 specialties noted that 50 percent of
female physicians reported burnout, compared with 39 percent of their male peers.28 Many factors
contribute to burnout, including administrative burdens, challenges in working with electronic
health records, discrimination, lack of respect, and maintaining work-life balance.

In addition, the conflict between professional and personal responsibilities has been associated with
increasing burnout odds by 200 to 250 percent.29 Women are often disproportionately responsible
for childcare and family responsibilities. Further, maternal discrimination was associated with
higher self-reported burnout (45.9% burnout in those with maternal discrimination compared to
33.9% burnout in those without).30 Ultimately, it has been noted that “less pay combined with
physician burnout might lead to more female physicians leaving the profession.”31
CONCLUSION

The AMA recognizes that gender inequity in medicine is a complex issue that requires a detailed, multifaceted approach. Promoting gender equity in medicine requires an acknowledgement of the underlying causes of gender-based disparities, creation of policies and resources that will promote gender equity, and collaboration to improve the environment for women and the profession as a whole.

Factors such as specialty, experience, productivity, and work status have been attributed to gender-based disparities in compensation and professional advancement. However, researchers have found that these disparities persist even when studies control for age, specialty and practice characteristics. Remaining disparities are attributed to a degree of gender discrimination and gender bias that can have a deleterious effect on the professional experiences of women and impact opportunities for advancement.

The proposed AMA Principles for Advancing Gender Equity in Medicine were derived from a review of current AMA policies on gender disparities, women in medicine, and equal opportunity. These policies were consolidated to ensure that AMA policy on gender equity in medicine is consistent and accurate. The principles being proposed in recommendation 1 incorporate relevant portions of the three existing AMA policies that are recommended for rescission in recommendation 2. Appendix A provides a comparison of the proposed language and the original language that is being modified. Appendix B lists the full text of the polices recommended for rescission.

RECOMMENDATIONS

The AMA recognizes that gender inequity in medicine is a complex, pervasive issue that requires a multilayered approach. Accordingly, the Board recommends that the following be adopted and that the remainder of the report be filed.

1. That our American Medical Association adopt the following language as policy, “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. (New HOD Policy)

2. That our AMA rescind the following policies, as they have been incorporated into the 
“Principles for Advancing Gender Equity in Medicine”:

   b. H-525.992, “Women in Medicine”
   c. H-65.968, “Equal Opportunity” (Rescind HOD Policy)

this report has fulfilled the request for information on positions and recommendations 
regarding gender equity in medicine, including the development of clarifying principles. 
(Rescind HOD Policy)

4. That our AMA encourage 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. (Directive to Take Action)

5. That our AMA encourage 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. (Directive to Take 
Action)

6. That our AMA, modify Policy D-65.989, “Advancing Gender Equity in Medicine,” and 
continue to: (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. (Modify HOD Policy)
7. That our AMA amend AMA Policy G-600.035, “The Demographics of the House of Delegates,” to read as follows:

   a. A report on the demographics of our AMA House of Delegates will be issued annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty.

   b. As one means of encouraging greater awareness and responsiveness to diversity, our AMA will prepare and distribute a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and to our AMA physician membership every other year.

   c. Future reports on the demographic characteristics of the House of Delegates should, whenever possible, will identify and include information on successful initiatives and best practices to promote diversity within, particularly by age, state and specialty society delegations. (Modify Current HOD Policy)

Fiscal Note: Less than $5,000
REFERENCES


6. Ibid.


18. Ibid.


APPENDIX A: PROPOSED AMA POLICY: “PRINCIPLES FOR ADVANCING GENDER EQUITY” (WORKSHEET VERSION)

Note: The left column shows the proposed language for adoption; the right column shows the original language that is being modified and its policy number, if any.

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<th>Proposed language for adoption</th>
<th>Original language</th>
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<td><strong>Our AMA:</strong></td>
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<td>1. declares it is opposed to any exploitation and discrimination in the workplace based</td>
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<td>on personal characteristics (i.e., gender)</td>
<td>on gender; <strong>H-65.968</strong></td>
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<td>2. affirms the concept of equal rights for all physicians and that the concept of equality</td>
<td>(2) affirms 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; <strong>H-65.968</strong></td>
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<td>of rights under the law shall not be denied or abridged by the U.S. Government or by any</td>
<td>(3) affirms the concept of equal rights for men and women; <strong>H-65.968</strong></td>
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<td>state on account of gender;</td>
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<td>3. endorses the principle of equal opportunity of employment and practice in the medical</td>
<td>(4) endorses the principle of equal opportunity of employment and practice in the medical</td>
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<td>field;</td>
<td><strong>H-65.968</strong></td>
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<td>4. affirms its commitment to the full involvement of women in leadership roles throughout</td>
<td>Our AMA reaffirms its policy of 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; <strong>H-525.992</strong></td>
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<td>the federation, and encourages all components of the federation to vigorously continue their</td>
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<td>efforts to recruit women members into organized medicine;</td>
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<td>5. acknowledges that mentorship and sponsorship are integral components of one’s career</td>
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<td>advancement and encourages physicians to engage in such activities;</td>
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<td>6. declares that compensation should be equitable and based on comparable work at each</td>
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<td>career stage, demonstrated competencies/expertise and not based on personal characteristics;</td>
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<td>7. recognizes the importance of part-time work options, job sharing, flexible scheduling,</td>
<td>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; <strong>D-200.981</strong></td>
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<td>re-entry, and contract negotiations as options for physicians to support work-life balance;</td>
<td>(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; <strong>D-200.981</strong></td>
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<td>affirm 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</td>
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<td>8.</td>
<td>(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; <a href="#">D-200.981</a></td>
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<td>(4) will collect and publicize information on best practices in academic medicine and non-academic medicine that foster gender parity in the profession; <a href="#">D-200.981</a></td>
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<td>9.</td>
<td>affirm 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. and (5) will provide training on leadership development, contract and salary negotiations and career advancement strategies, to combat gender disparities as a member benefit. <a href="#">D-200.981</a></td>
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APPENDIX B: AMA POLICIES AND DIRECTIVES PROPOSED FOR RESCISSION

**Equal Opportunity H-65.968**
Our AMA: (1) declares it is opposed to any exploitation and discrimination in the workplace based on gender; (2) affirms the concept that 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) affirms the concept of equal rights for men and women; and (4) endorses the principle of equal opportunity of employment and practice in the medical field.

**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.

**Women in Medicine H-525.992**
Our AMA reaffirms its policy of 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.

**Advancing Gender Equity in Medicine D-65.989 (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.
## APPENDIX C: STATUS OF DIRECTIVES ASSOCIATED WITH AMA POLICY ADVANCING GENDER EQUITY IN MEDICINE D-65.989

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<th>Policy Language</th>
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<td>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.</td>
<td>AMA PolicyFinder was updated to include Advancing Gender Equity in Medicine D-65.989.</td>
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<td>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 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.</td>
<td>Programming will be developed for future AMA meetings.</td>
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<td>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.</td>
<td>A report with recommendations will be provided to the AMA House of Delegates at the 2019 Interim Meeting. This report will be based on data from the 1) Demographic Characteristics of the House of Delegates and AMA Leadership (CLRPD Report 1-A-19) and 2) results from an AMA staff survey used to collect information on committee composition, plenary speaker invitations, recognition awards, and grant funding.</td>
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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.

An evaluation of gender/demographic equity for pay practices in AMA’s internal workforce is underway.