

# REPORT OF THE BOARD OF TRUSTEES

B of T Report 4-I-19

Subject: Involvement of Women in AMA Leadership, Recognition and Research Opportunities

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## PURPOSE

American Medical Association (AMA) Policy D-65.989(3), “Advancing Gender Equity in Medicine,” directs our AMA to “to 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 (HOD), 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. These findings will be used to provide regular reports to the HOD and make recommendations to support gender equity.” This informational report responds to this directive.

## BACKGROUND

In the United States, the number of women entering medicine is steadily increasing. Women represent more than one third (35.2%) of the active physician workforce,<sup>1</sup> nearly half (45.6%) of all physicians-in-training<sup>2</sup> and more than half (50.7%)<sup>3</sup> of all entering medical students in MD-granting medical schools. Despite the growing number of women in medicine, professional advancement among women physicians in the overall medical community continues to lag.

Professional advancement is associated with acknowledgment of one's work and contributions. Experiences, such as speaking engagements and participation in research teams, allow for recognition of achievements and contribute to professional growth. Various studies have indicated that female physicians generally do not receive major awards or recognitions at the same rate as their male counterparts and may even be excluded from certain professional opportunities (e.g., grand rounds).<sup>4</sup> A 2017 study by Silver et al found that female physicians are underrepresented among recognition award recipients by various medical societies.<sup>5</sup> Such differences in awareness and recognition of accomplishments may contribute to gender-based disparities in pay and promotion.

Accordingly, organizations that provide professional opportunities have a responsibility to ensure equitable participation. The AMA provides numerous opportunities for professional growth and leadership development for its members through committees, award programs and research opportunities. This informational report provides an overview of female AMA member involvement in enterprise-wide leadership, recognition and research opportunities.

## METHODOLOGY

A qualitative analysis on the engagement of female AMA members in various leadership opportunities was conducted. In February 2019, the staff of the AMA sections, councils and

1 advisory committee was invited to participate in an electronic survey to ascertain the number of  
2 women members who held leadership positions in the AMA as of year-end 2018. In addition, this  
3 survey included questions on plenary speaker invitations, recognition awards, and grant funding.  
4 Staff representing other units of the AMA were invited to participate in the survey so that  
5 additional information on speaker invitations, recognition awards, and grants could be collected. Of  
6 note, data on reference committee composition was extrapolated from the 2018 proceedings for the  
7 Annual and Interim Meetings of the AMA HOD.

8  
9 In addition, a review of the [Council on Long Range Planning and Development \(CLRPD\) Report](#)  
10 [1-A-19, "Demographic Characteristics of the House of Delegates and AMA Leadership,"](#) was  
11 conducted. Delegate and alternate delegate lists, which are maintained by the AMA Office of HOD  
12 Affairs and based on year-end 2018 delegation rosters provided by medical societies represented in  
13 the HOD, served as a primary data source for CLRPD Report 1. Another data source included  
14 rosters for the AMA councils as well as the governing councils of the AMA sections and advisory  
15 committee. Data on AMA members were taken from the year-end 2018 AMA Physician Masterfile  
16 after it was considered final.

## 17 18 RESULTS

19  
20 According to CLRPD Report 1-A-19, AMA membership was 35.7 percent female as of year-end  
21 2018. Thirty percent of the AMA Board of Trustees members were female. The HOD was  
22 comprised of 26.4 percent female Delegates and 33.2 percent female Alternate Delegates,  
23 respectively.

24  
25 In 2018, more than half (51.97%) of the leadership for the AMA sections, councils and advisory  
26 committee was female. Of note, the 2018 AMA Staff Survey on Inclusion of Female Members  
27 included the chair, vice-chair, delegate, alternate delegate, and speaker positions under leadership  
28 roles. For the AMA reference committees, the average percentage of female participants for the  
29 Annual and Interim meetings was 41.5 percent and 33 percent, respectively.

30  
31 Women received 79.1 percent (n = 53) of the AMA recognition awards in 2018. These awards  
32 included the Principal Investigator Leadership Award (55%), Excellence in Medicine Awards  
33 (40%), and Inspirational Physicians Recognition Program (now known as the Inspiration Award)  
34 (88.7%). As the Inspiration Award was created by the AMA Women Physicians Section (AMA-  
35 WPS) to recognize physicians who support the professional advancement of women in medicine,  
36 the overall percentages of female awardees are skewed.

37  
38 The AMA Foundation offers financial support to medical students through various scholarship  
39 programs. In 2018, the AMA Foundation awarded \$230,000 in scholarships, with 50 percent of the  
40 recipients being female.

41  
42 Through programs such as the Accelerating Change in Medical Education Innovation Grant  
43 Program and the Joan F. Giambalvo Fund for the Advancement of Women, the AMA awarded 30  
44 grants totaling \$290,000 in 2018. Seventy percent of these grant recipients were female. In  
45 addition, more than seventy percent (73.7%) of the principal investigators were female. It is  
46 important to note that AMA-WPS, along with the AMA Foundation, established the Joan F.  
47 Giambalvo Fund for the Advancement of Women to promote the progress of women in the medical  
48 profession, and to strengthen the ability to identify and address the needs of women physicians and  
49 medical students.

1 The overall number of plenary speaker invitations for meetings in 2018 was not captured precisely.  
2 However, survey responses indicated that 42 speaker invitations were extended to women, with  
3 97.6 percent (n = 41) of those invitations being accepted.

4  
5 Additional results from the 2018 AMA Staff Survey on Inclusion of Female Members can be found  
6 in Appendix A of this report.

## 7 8 CONCLUSION

9  
10 The rate of participation in AMA leadership and involvement opportunities by female members is  
11 comparable to the percentage for AMA membership, with considerable representation among the  
12 leadership of the AMA sections, councils and advisory committee. Although the AMA has made  
13 great strides in increasing the number of women leaders, there is still work to be done. For  
14 example, the current percentage of female AMA delegates is only 26.4 percent whereas AMA  
15 membership is 35.7 percent female.

16  
17 Also, females are well represented among scholarship and grant recipients. These study findings  
18 demonstrate that female AMA members are actively involved in AMA professional activities. Of  
19 note, AMA membership is not a requirement for the recipients of the Joan F. Giambalvo Award for  
20 the Advancement of Women, AMA Foundation scholarships and the Inspiration Award.

21  
22 As part of the AMA's commitment to advancing gender equity in medicine, trends pertaining to the  
23 involvement of women in the AMA will be monitored on a routine basis. In accordance with AMA  
24 Policy G-600.035, "The Demographics of the House of Delegates," successful initiatives and best  
25 practices to promote diversity within state and specialty society delegations, along with statistical  
26 data, will be shared through regular reports to the AMA House of Delegates. The most current  
27 update on these initiatives can be found in the "Promoting Diversity Among Delegations" section  
28 of CLRPD Report 1-A-19, "Demographic Characteristics of the House of Delegates and AMA  
29 Leadership." This portion of the CLRPD report provides a regular overview of efforts to promote  
30 diversity that have been implemented by various state and specialty societies. Examples include  
31 details on initiatives such as task forces, efforts to recruit women and minorities, and minority  
32 mentorship programs.

## REFERENCES

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# APPENDIX A: RESPONSES FROM 2018 AMA STAFF SURVEY ON INCLUSION OF FEMALE MEMBERS

Table 1: 2018 AMA Sections, Councils and Advisory Committee

Committee Name	Number of Committee Members	Percentage of Female Committee Members	Percentage of Female Members Holding Committee Leadership Positions <sup>1</sup>
Academic Physicians Section	9	33%	11%
Advisory Committee on LGBTQ Issues	7	28.6%	0%
Integrated Physician Practice Section	8	25%	12.5%
International Medical Graduates Section	8	25%	12.5%
Medical Student Section	8	75%	75%
Minority Affairs Section	9	66.7%	33%
Organized Medical Staff Section	7	14.3%	14.3%
Resident and Fellow Section	8	37.5%	37.5%
Senior Physicians Section	7	28.6%	28.6%
Women Physicians Section	8	100%	50%
Young Physicians Section	7	85.7%	42.9%
Council on Constitution and Bylaws	10	70%	40%
Council on Ethical and Judicial Affairs	9	33%	11%
Council on Legislation	12	50%	16.7%
Council on Long Range Planning and Development	10	20%	20%
Council on Medical Education	12	58.3%	33%
Council on Medical Service	12	58.3%	41.7%
Council on Science and Public Health	12	41.7%	8.3%
OVERALL	279	51.97%	22.58%

Table 2: AMA Reference Committees

2018 Annual Meeting Reference Committees	Female Members
Reference Committee on Amendments to Constitution and Bylaws	16.6%
Reference Committee A (Medical Service)	57.1%
Reference Committee B (Legislation)	14.3%
Reference Committee C (Medical Education)	57.1%
Reference Committee D (Public Health)	66.7%
Reference Committee E (Science and Technology)	33.3%
Reference Committee F (AMA Governance and Finance)	57.1%
Reference Committee G (Medical Practice)	28.6%

2018 Interim Meeting Reference Committees	Female Members
Reference Committee on Amendments to Constitution and Bylaws	28.6%
Reference Committee B (Legislation)	14.3%
Reference Committee C (Medical Education)	42.9%
Reference Committee F (AMA Governance and Finance)	57.1%
Reference Committee J (Advocacy related to medical service, medical practice, insurance and related topics)	28.6%
Reference Committee K (Advocacy related to science and public health)	28.6%

<sup>1</sup> For the purposes of this report, leadership positions within the AMA Sections, Councils and Advisory Committee are defined as Chair, Vice-Chair/Chair-elect, Delegate, Alternate Delegate, and Speaker.

Table 3: 2018 Recognition Awards

Award Name	Awards Granted	Female Awardees
Principal Investigator Leadership Award	11	55%
Excellence in Medicine	5	40%
Inspiration Award	51	88.7%
Total	67	79.1%

Table 4: 2018 Scholarship Funding

Scholarship Name	Number of Grants Awarded	Percentage of Female Recipients	Monetary Value
AMA Alliance Grassroots (Physicians of Tomorrow Scholarship Program)	3	100%	\$30,000
Cady/ New York Medical Society (Physicians of Tomorrow Scholarship Program)	2	100%	\$20,000
Chicago (Physicians of Tomorrow Scholarship Program)	4	25%	\$10,000
Dr. Richard Allen Williams and Genita Evangelista Johnson/Association of Black Cardiologists	1	0%	\$0
Herman E. Diskin Memorial Scholarship (Physicians of Tomorrow Scholarship Program)	1	0%	\$0
Ohio (Physicians of Tomorrow Scholarship Program)	2	100%	\$20,000
Underrepresented in Medicine Scholarship Program	15	40%	\$150,000
Total	28	50%	\$230,000

Table 5: 2018 Grant Funding

Grant Name	Number of Grants Awarded	Female Principal Investigators	Monetary Value
Accelerating Change in Medical Education Innovation Grant Program	13	61.5%	\$270,000
Joan F. Giambalvo Fund for the Advancement of Women	2	100%	\$20,000
Total	15	73.7%	\$290,000

APPENDIX B: Excerpt from CLRPD Report 1-A-19, Demographic Characteristics of the House of Delegates and AMA Leadership

Table 1. Basic Demographic Characteristics of AMA Leadership

	Delegates	Alternate Delegates	Board of Trustees	Councils and Leadership of Sections and Special Groups	AMA Members	All Physicians and Medical Students
Count	594	401	20	170	250,253	1,341,682
Mean Age (Years)	56.4	51.1	57.0	50.4	46.0	51.0
<b>Age distribution</b>						
Under Age 40	14.1%	22.7%	10.0%	32.9%↑	51.5%↑	29.7%
40-49 Years	10.4%	18.7%↑	15.0%	11.2%	9.7%	18.5%
50-59 Years	22.2%	23.9%	15.0%	15.3%	9.9%	17.4%
60-69 Years	34.5%	26.2%	55.0%	24.7%↓	10.8%	16.9%
70 or More	18.7%	8.5%	5.0%	15.9%	18.1%	17.5%
<b>Gender</b>						
Male	73.6%	66.8%↓	70.0%	53.5%↓	64.3%	64.8%
Female	26.4%	33.2%↑	30.0%	46.5%↑	35.7%	34.7%
Unknown	0.0%	0.0%	0.0%	0.0%	0.1%	0.5%
<b>Race/ethnicity</b>						
White, Non-Hispanic	70.2%↓	66.6%	70.0%	59.4%	52.7%↓	51.0%
Black, Non-Hispanic	5.1%	4.0%	15.0%	7.1%	4.6%	4.2%
Hispanic	2.9%	4.7%	0.0%	6.5%	5.5%	5.5%
Asian/Asian	9.1%	13.5%	5.0%	15.3%	14.6%	15.3%
Native American	0.2%	0.0%	0.0%	0.0%	0.3%	0.3%
Other	1.5%	1.0%	0.0%	1.2%	1.4%	1.4%
Unknown	11.1%	10.2%	10.0%	10.6%	20.8%↑	22.3%
<b>Education</b>						
US or Canada	93.3%	90.8%	95.0%	90.0%	82.6%	77.1%
IMG	6.7%	9.2%	5.0%	10.0%	17.4%	22.9%

## APPENDIX C: RELEVANT AMA POLICY

### [Advancing Gender Equity in Medicine D-65.989](#)

1. 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 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. 2. 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. 3. 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. 4. 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.

### [The Demographics of the House of Delegates G-600.035](#)

1. 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. 2. 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. 3. Future reports on the demographic characteristics of the House of Delegates should, whenever possible, identify and include information on successful initiatives and best practices to promote diversity within state and specialty society delegations.

### [Women in Organized Medicine H-525.998](#)

Our AMA: (1) reaffirms its policy advocating equal opportunities and opposing sex discrimination in the medical profession; (2) supports the concept of increased tax benefits for working parents; (3) (a) supports the concept of proper child care for families of working parents; (b) reaffirms its position on child care facilities in or near medical centers and hospitals; (c) encourages business and industry to establish employee child care centers on or near their premises when possible; and (d) encourages local medical societies to survey physicians to determine the interest in clearinghouse activities and in child care services during medical society meetings; and (4) reaffirms its policy supporting flexibly scheduled residencies and encourages increased availability of such programs.