

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 05.2019-02
(A-20)**

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Subject: Advancing Gender Equity in Medicine

Referred to: Medical Legal Council

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

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.

1 Whereas, there is a continuum of documented disparities for women in medicine,
2 from micro- to macro-inequities,⁶ and it is theorized that a culture which supports
3 pervasive micro-inequities provides opportunities for macro-inequities to flourish; and
4

5 Whereas, workforce disparities for women physicians may negatively impact
6 patients' ability to receive services and the quality of the services provided; and⁷
7

8 Whereas, reports have documented gaps in medical societies' efforts to tackle
9 workforce and patient health disparities⁸ and have called on them to more critically
10 assess their efforts through metrics, outcomes and reporting methodology that is
11 consistent with that used in evidence-based medicine;¹ and
12

13 Whereas, physicians are working together in a grass roots effort to encourage
14 their organizations to be better allies (e.g., national campaigns such as the Societies As
15 Allies Campaign⁹ and the Be Ethical Campaign;¹⁰ and
16

17 **Unequal Pay**

18

19 Whereas, recent studies have demonstrated that there are persistent pay
20 disparities for women physicians that begin early in their careers and across practice
21 settings^{11,12}, specialties and positions^{13,14} – with the gaps more pronounced for mid-
22 and late-career women; and
23

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

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://sheleadshhealthcare.com/wp-content/uploads/2018/09/Be-Ethical-Campaign.pdf>.

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.

1 Whereas, gaps in compensation between men and women physicians widen over
2 the physician’s career trajectory, particularly for women with intersectionality (those
3 who also identify with other underrepresented groups);¹⁶ and
4

5 Whereas, a recently published analysis of salary differences at 24 US public
6 medical schools found that the annual salaries of female physicians were \$19,879 (8%)
7 lower than the salaries of male physicians; this difference persisted through all faculty
8 ranks;⁹ and
9

10 Whereas, the 2018 Medscape Physician Compensation Report¹⁷ found that male
11 primary care physicians earned almost 18% more than their female counterparts, and
12 among specialists, that gap widened to about 36%; and
13

14 Whereas, Chicago can no longer ask about salary history on employment
15 applications, part of a growing effort nationwide to improve pay equality between men
16 and women;¹⁸ and
17

18 Whereas, studies have historically found a payment disparity gap among male
19 and female physicians within the same specialty,^{19,20} and this payment disparity
20 continues to exist in all specialties of medicine in 2018;^{21,22} and
21

22 Whereas, among cohorts of equal training and experience, adjusting for
23 variables including workhours, calls, vacation, gender, academic versus non-academic
24 practice, women held less advanced academic positions, earning significantly less
25 compensation ten years after graduation;²³ and
26

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

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 Chicago Tribune: “Emanuel moves to boost gender pay equity.” April 12, 2018.

¹⁹ MEDSCAPE 2016 Physician Compensation Report: <https://www.medscape.com/features/slideshow/compensation/2016/public/overview>

²⁰ MEDSCAPE 2017 Physician Compensation Report: www.medscape.com/slideshow/compensation-2017-overview-6008547

²¹ MEDSCAPE 2018 Physician Compensation Report: <https://www.medscape.com/slideshow/2018-compensation-overview-6009667>

²² Doximity: Second Annual Physician Compensation Report. March 2018
https://www.doximity.com/press_releases/national_research_study_finds_large_gaps_in_us_physician_compensation

²³ 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)

1 Whereas, the Lilly Ledbetter Fair Pay Act took effect in 2009, restoring
2 protection against pay discrimination that had been undermined by a recent U.S.
3 Supreme Court decision;²⁴ and

4
5 **Organizational Efforts**

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7 Whereas, the National Institutes of Health (NIH) has speaker guidelines that
8 focus on the inclusion of women in medicine at scientific conferences²⁵ and publishes
9 workforce inclusion metrics for women in medicine such as grant funding,²⁶ this has
10 not been the practice of medical societies; and

11
12 Whereas, the Association of Academic Physiatrists (AAP) is the first medical
13 society to report in a medical journal its gender inclusion metrics and provide a plan to
14 achieve equitable inclusion in the future;²⁷ and

15
16 Whereas, the American College of Physicians (ACP) recently published a
17 position paper²⁸ titled “Achieving Gender Equity in Physician Compensation and
18 Career Advancement,” clarifying the organization’s positions and recommendations
19 regarding gender equity in medicine; and

20
21 Whereas, the Association of Women Surgeons (AWS) recently published a
22 position paper¹⁰ titled “Strategies for Identifying and Closing the Gender Salary Gap in
23 Surgery”; and

24
25 Whereas, the National Academies of Science, Engineering, and Medicine
26 (NASEM) published a report in 2004, “Achieving XXcellence in Science: Role of
27 Professional Societies in Advancing Women in Science;”²⁹ and

28
29 Whereas, the NASEM published a report in 2018, “Sexual Harassment of
30 Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and
31 Medicine;”³⁰ and

²⁴ <https://nwlc.org/resources/lilly-ledbetter-fair-pay-act/>

²⁵ National Institutes of Health. *Guidelines for Inclusion of Women, Minorities, and Persons with Disabilities in NIH-Supported Conference Grants*. 2003. NOT-OD-03-066.

²⁶ 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.

²⁷ Silver JK, Cuccurullo S, Ambrose AF, et al. Association of Academic Physiatrists women’s task force report. *Am J Phys Med Rehabil*. 2018;(accepted and in press).

²⁸ 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.

²⁹ <https://www.nap.edu/catalog/10964/achieving-xxcellence-in-science-role-of-professional-societies-in-advancing>

³⁰ <http://sites.nationalacademies.org/shstudy/index.htm>

1 Whereas, the National Institutes of Health has formally apologized for its failure
2 to address sexual harassment in science and is taking steps to address it,³¹ and

3
4 Whereas, Salesforce, an American cloud computing company, recently
5 undertook regular assessments and adjusted salaries accordingly in order to close pay
6 gaps among employees based on gender and ethnicity,³² with companies like Adobe,
7 Apple, Facebook, Intel, and Starbucks following suit,³³ and

8
9 Whereas, medical societies have unique opportunities to support
10 underrepresented physician members with career enhancing opportunities,³⁴ and

11
12 Whereas, women physicians have been underrepresented for medical society-
13 affiliated career enhancing opportunities including, but not limited to, presidential
14 leadership,³⁵ journal editorial boards,³⁶ conference speakers,³⁷ and recognition awards
15 which are directly linked to promotion and part of the formal criteria for promotion at
16 most academic institutions; and

17
18 **The American Medical Association (AMA)**

19
20 Whereas, the AMA and AMA's Women Physicians Section have made
21 concerted efforts to highlight the disparity of physician payment by gender in the United
22 States today, and to increase the influence of women physicians in leadership roles in
23 medicine,³⁸ and

24
25 Whereas, the AMA Women Physicians Section supports a number of important
26 initiatives, including Women in Medicine Month, the Women in Medicine Symposium,
27 and the Joan F. Giambalvo Fund for the Advancement of Women; and

³¹ NIH apologizes for its failure to address sexual harassment in science. STAT. <https://www.statnews.com/2019/02/28/nih-sexual-harassment-science/>

³² 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/>.

³³ How These Major Companies Are Getting Equal Pay Right. Available at <http://fortune.com/2018/04/09/equal-pay-companies-starbucks-apple/>.

³⁴ 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.

³⁵ 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.

³⁶ 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.

³⁷ 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.

³⁸ American Medical Association: <https://www.ama-assn.org/about/women-physicians-section-wps>

1 Whereas, AMA policy H-525.992 supports “the full involvement of women in
2 leadership roles throughout the federation, and encourages all components of the
3 federation to vigorously continue their efforts to recruit women members into organized
4 medicine;” and AMA policy D-200.981 notes that the organization “will collect and
5 publicize information on best practices in academic medicine and non-academic
6 medicine that foster gender parity in the profession;”
7

8 Whereas, the AMA had strong existing policy on equal pay in medicine prior to
9 June 2018,³⁹ including (1) further “study [of] gender differences in income and
10 advancement trends, by specialty, experience, work hours and other practice
11 characteristics,” (2) “develop[ment of] programs to address disparities where they
12 exist,” (3) “urg[ing] medical schools, hospitals, group practices and other physician
13 employers to institute and monitor transparency in pay levels in order to identify and
14 eliminate gender bias and promote gender equity throughout the profession,” (4)
15 “collect[ing] and publiciz[ing] information on best practices in academic medicine and
16 non-academic medicine that foster gender parity in the profession, and (5) provid[ing]
17 training on leadership development, contract and salary negotiations and career
18 advancement strategies, to combat gender disparities as a member benefit;” and
19

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

³⁹ AMA Policy Finder. Gender Disparities in Physician Income and Advancement, D-200.981.

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

14
15 Whereas, The Illinois State Medical Society does not have comparable policies
16 to the AMA on these important topics; therefore, be it

17
18 RESOLVED, that the Illinois State Medical Society draft and disseminate a
19 report detailing its positions and recommendations for gender equity in medicine,
20 including clarifying principles for state and specialty societies, academic medical
21 centers and other entities that employ physicians, to be submitted immediately to the
22 Board of Trustees, followed by submission to the House for consideration at the 2020
23 Annual Meeting; and be it further

24
25 RESOLVED, that the Illinois State Medical Society: (a) advocate for
26 institutional, departmental and practice policies that promote transparency in defining
27 the criteria for initial and subsequent physician compensation; (b) advocate for pay
28 structures based on objective, gender-neutral objective criteria; (c) encourage a
29 specified approach, sufficient to identify gender disparity, to oversight of compensation
30 models, metrics, and actual total compensation for all employed physicians; and (d)
31 advocate for training to identify and mitigate implicit bias in compensation
32 determination for those in positions to determine salary and bonuses, with a focus on
33 how subtle differences in the further evaluation of physicians of different genders may
34 impede compensation and career advancement; and be it further

35
36 RESOLVED, that the Illinois State Medical Society recommend as immediate
37 actions to reduce gender bias (a) eliminate of the question of prior salary information
38 from job applications for physician recruitment in academic and private practice; (b)
39 inform physicians about their rights under the Lilly Ledbetter Fair Pay Act and Equal
40 Pay Act; (c) establish educational programs to help empower all genders to negotiate
41 equitable compensation; (d) work with relevant stakeholders to host a workshop on the
42 role of medical societies in advancing women in medicine, with co-development and
43 broad dissemination of a report based on workshop findings; and (e) create guidance

1 for medical schools and health care facilities for institutional transparency of
2 compensation, and regular gender-based pay audits; and be it further

3
4 RESOLVED, that the Illinois State Medical Society collect and analyze
5 comprehensive demographic data and produce a study on the inclusion of women
6 members including, but not limited to, membership, representation in the House of
7 Delegates, reference committee makeup, and leadership positions within our Illinois
8 State Medical Society, including the Board of Trustees, Councils and Section
9 governance, plenary speaker invitations, recognition awards, and grant funding, and
10 disseminate such findings in regular reports to the House of Delegates, beginning at A-
11 19 and continuing yearly thereafter, with recommendations to support ongoing gender
12 equity efforts; and be it further

13
14 RESOLVED, that the Illinois State Medical Society commit to pay equity across
15 the organization.

16
17
18 *Editor's Note: This resolution, along with the cited resources, was largely written by*
19 *Dr. Julie Silver and Dr. Michael Sinha, and the authors would like to acknowledge their*
20 *important contribution. Appropriate changes were made by Dr. Shikha Jain, the lead*
21 *sponsor, as part of an ongoing effort by the American Medical Women's Association,*
22 *known as Revolution by Resolution, aimed at bringing gender equity resolutions to state*
23 *and specialty medical societies.*

Fiscal Note:

Existing ISMS policy related to this issue:

ISMS advocates for the establishment of best practices that remove any gender bias from the review and adjudication of grant applications and submissions for publication in peer-reviewed journals, including removing names and gender identity from the applications or submissions during the review process. (ISMS Annual Meeting; 2019)

Board of Trustees approved creation of an ISMS Ad Hoc Women Physicians Committee. (BOT - OCT 2018)

Board of Trustees approved and agreed to support activities to recruit and retain women at the student, resident and full member levels. Such activities include the distribution of a survey to women members and non-members regarding their attitudes toward organized medicine and interest in a women physicians' forum. (BOT 1996-JUN)