

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 25-17

INTRODUCED BY: MedChi Medical Student Section

SUBJECT: Gender Discrimination in Income

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- 1 Whereas, Female physicians account for 30% of the workforce and 50% of all medical students;<sup>1</sup> and  
2
- 3 Whereas, According to a survey of over 36,000 licensed, full-time U.S. physicians who practice at least 40  
4 hours per week, the average national gender gap among physicians is 26.5 percent, with female physicians  
5 on average making \$91,284 less than the the average male physician, after factoring in all specialties  
6 examined and regional differences;<sup>7</sup>  
7
- 8 Whereas, Women physicians in academic medical institutions earn over \$19,000 less than their male  
9 counterparts after adjusting for years of experience, faculty rank, and specialty;<sup>2</sup> and  
10
- 11 Whereas, Medicare reimbursements for female healthcare providers are on average \$18,000 less than male  
12 healthcare providers across 13 different specialties;<sup>3</sup> and  
13
- 14 Whereas, The salary of a female who is a full time Professor is similar to that of a male who is a full time  
15 Associate Professor;<sup>2</sup> and  
16
- 17 Whereas, Approximately 40% of the unadjusted difference in mean salaries between men and women is  
18 unexplained;<sup>2</sup> and  
19
- 20 Whereas, The AMA (D-200.981), the American Medical Women’s Association and the American  
21 Association of Family Physicians recognize that gender pay gap is a concern;<sup>4, 5</sup> and  
22
- 23 Whereas, In the state of Maryland, the gender wage gap is 35%, worse than the national average of 26.5%,  
24 with male physician’s average salary being \$306,000, and female physician’s average salary being  
25 \$226,000, an \$80,000 difference;<sup>7</sup> and  
26
- 27 Whereas, Gender pay gaps are the most significant in southern states, Maryland included;<sup>7</sup> and  
28
- 29 Whereas, The AMA in 2013 reaffirmed policy to “encourage medical associations and other relevant  
30 organizations to study gender differences in income and advancement trends... and develop programs to  
31 address disparities where they exist” (D-200.981); and  
32
- 33 Whereas, The AMA policy also “urges medical schools, hospitals, group practices and other physician  
34 employers to institute and monitor transparency in pay levels in order to identify and eliminate gender bias  
35 and promote gender equity throughout the profession” (D-200.981); and  
36

1 Whereas, The criteria for Continuing Medical Education (CME) aims to change physicians' competence  
2 through providing strategies for action, or physician's' performance and patient outcomes, while also  
3 evaluating their own programs' effectiveness in achieving these goals;<sup>8</sup> and  
4

5 Resolved, That MedChi create programs to educate physicians, medical students and hospital  
6 administrators about gender-based income discrimination and how to combat it, via CME sessions,  
7 including specifically addressing training in leadership development, career advancement, and negotiating  
8 compensation and benefits.  
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11 Fiscal Note: Approximately \$25,000-50,000 to develop three online continuing medical education  
12 programs.

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14 References:

- 15  
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31 [https://s3.amazonaws.com/s3.doximity.com/careers/2017\\_physician\\_compensation\\_report.pdf](https://s3.amazonaws.com/s3.doximity.com/careers/2017_physician_compensation_report.pdf)
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35 **Relevant AMA Policy:**

36 **Gender Disparities in Physician Income and Advancement D-200.981**

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38 Our AMA: (1) encourages medical associations and other relevant organizations to study gender differences in income and  
39 advancement trends, by specialty, experience, work hours and other practice characteristics, and develop programs to address  
40 disparities where they exist; (2) supports physicians in making informed decisions on work-life balance issues through the  
41 continued development of informational resources on issues such as part-time work options, job sharing, flexible scheduling,  
42 reentry, and contract negotiations; (3) urges medical schools, hospitals, group practices and other physician employers to institute  
43 and monitor transparency in pay levels in order to identify and eliminate gender bias and promote gender equity throughout the  
44 profession; (4) will collect and publicize information on best practices in academic medicine and non academic medicine that  
45 foster gender parity in the profession; and (5) will provide training on leadership development, contract and salary negotiations  
46 and career advancement strategies, to combat gender disparities as a member benefit.  
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48 **NOTES**

49 Whereas, the gender pay gap for working women in Maryland is estimated to be approximately \$8,604;<sup>6</sup> and  
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52 At its meeting on September 23, 2017, the House of Delegates referred Resolution 25-17 to the Board of  
53 Trustees.