

2019 Council Resolution 17: Pay Transparency

Council Action: AMENDED AND ADOPTED

Board Action: ADOPTED

Status: Completed

SUBMITTED BY: Wisconsin Chapter ACEP
American Association of Women Emergency Physicians Section
Quality Improvement and Patient Safety Section
Sarah Hoper, MD, JD, FACEP
Diversity, Inclusion and Health Equity Section

Purpose:

Develop a policy statement in favor of physician salary and benefit package transparency.

Fiscal Impact:

Budgeted committee and staff resources for development and distribution of policy statements.

WHEREAS, Men in academic emergency medicine make 18% more than women[1]; and

WHEREAS, In 2019, Doximity reports that male physicians make \$1.25 for every \$1 female physicians earn and this equates to \$90,490 less compensation for the average female physician; and

WHEREAS, Female specialists make 23% less than their male counterparts and female primary care physicians make 15% less than their male counterparts[2]; and

WHEREAS, A 2016 study showed female physicians make \$18,677 less than their male counterparts even after adjusting for how hard a physician works, their productivity, and years of experience[3]; and

WHEREAS, Women are viewed as less likable when they negotiate [4]; and

WHEREAS, Women are less likely to get a raise than men when they ask for a raise[5]; and

WHEREAS, The U.S. Bureau of Labor Statistics estimates the national gender gap across industries and occupations is 19%, in other words, women are taking home .81 cents on the dollar[6]; and

WHEREAS, Minorities also suffer from the pay gap; and

WHEREAS, According the US Department of Labor in April 2019, the median weekly earnings for black men are 74.7% of the median for white men and the median earnings for hispanic men are 70.5% of the median for white men, and black women's median earnings are 85.8% of white women, and earnings for Hispanic women are 76.4% of white women[7]; and

WHEREAS, A 2013 study has shown that workers are more productive when salary is transparent[8]; and

WHEREAS, pay transparency can make employers aware of implicit bias in payment structures, allow employees to know their fair value, and give employees a basis for negotiation; therefore be it

RESOLVED, That ACEP develop a policy statement in favor of physician salary and benefit package transparency.

This resolution calls for ACEP to develop a policy statement in favor of physician salary and benefit package transparency.

Women currently are paid less than men in many fields, including emergency medicine. The pay gap in emergency medicine has remained the same for the past four years, even though wages increased in the industry as a whole. A recent report from Doximity² found that male physicians still earn roughly \$1.25 for every \$1 paid to female physicians.

Pay transparency – where employees know what each of their colleagues make – could be a tool to close the pay gap. Several companies from different fields have started to make pay information available publicly; some have even gone so far as to publish this information, while others are simply encouraging colleagues to discuss pay rates among themselves. According to a [2016 study](#), pay transparency can lead to higher rates of employee productivity and satisfaction. In some states, it can be [illegal for colleagues](#) to discuss salaries and compensation. Several states have passed [laws](#) banning employers from penalizing workers for discussing their salary with colleagues.

There are several factors that contribute to pay inequality. [Conscious and unconscious biases](#) can result in lower pay for women, specifically minority women. There is an assumption that women will [leave the workforce to raise children](#), and this assumption is reflected in pay. Women are also less likely than men to [negotiate](#) their salaries, which can lead to a legacy of lower pay and poorer benefits. Research indicates that women are more likely to be [penalized](#) than men for negotiating salary and benefits, which also contributes to a legacy of lower pay.

ACEP policy statements “[Non-Discrimination and Harassment](#)” and “[Workforce Diversity in Health Care Settings](#)” do not address pay transparency specifically, but the Workforce Diversity policy statement affirms that “hospitals and emergency physicians should work together to promote staffing of hospitals and their emergency departments with qualified individuals of diverse race, ethnicity, sex (including gender, gender identity, sexual orientation, pregnancy, marital status), nationality, religion, age, ability or disability, or other characteristics that do not otherwise preclude an individual emergency physician from providing equitable, competent patient care.” The policy also states that “attaining diversity with well qualified physicians in emergency medicine that reflects our multicultural society is a desirable goal.” The Non-Discrimination policy statement affirms that ACEP opposes all forms of discrimination based on “race, age, religion, creed, color, ancestry, citizenship, national or ethnic origin, language preference, immigration status, disability, medical condition, military or veteran status, social or socioeconomic status or condition, sex, gender identity or expression, sexual orientation, or any other classification protected by local, state or federal law.”

Strategic Plan Reference:

Goal 1 Improve the Delivery System for Acute Care

Objective A – Promote/advocate for efficient, sustainable, and fulfilling clinical practice environments

Goal 2 Enhance Membership Value and Member Engagement

Objective G – Promote/facilitate diversity and inclusion and cultural sensitivity within emergency medicine

Prior Council Action:

Substitute Resolution 41(05) Sexual Orientation Non-Discrimination adopted. The resolution directed that ACEP oppose all forms of discrimination against patients and oppose employment discrimination in emergency medicine.

Prior Board Action:

June 2018, approved the revised policy statement “[Non-Discrimination and Harassment](#),” revised and approved with the current title April 2012; originally approved October 2005 with the title “Non-Discrimination.”

November 2017, approved the revised policy statement “[Workforce Diversity in Health Care Settings](#),” reaffirmed

June 2013 and October 2007; originally approved October 2001.

Substitute resolution 41(05) Sexual Orientation Non-Discrimination adopted.

Council Action:

Reference Committee A recommended that Amended Resolution 17(19) be adopted.

RESOLVED, That ACEP develop a policy statement in favor of physician salary and benefit package **equity and** transparency.

The Council adopted Amended Resolution 17(19) on October 25, 2019.

Testimony:

There was strong support for this resolution and testimony was unanimously in favor of adoption. An amendment was proposed to address equity and approximately 60% of those present were in favor. It was noted that implementation of the policy should avoid violating any antitrust laws.

Board Action:

The Board of Directors adopted Amended Resolution 17(19) on October 29, 2019.

RESOLVED, That ACEP develop a policy statement in favor of physician salary and benefit package equity and transparency.

References:

[1] Wiler JL, Rounds K, McGowan, Baird J. Continuation of Gender Disparities in Pay Among Academic Emergency Medicine Physicians. *Acad Emerg Med* 2019;26:286-92.
<https://onlinelibrary.wiley.com/doi/pdf/10.1111/acem.13694>

[2] Doximity 2019 Annual Physician Compensation Report: 3rd annual study. March 2019.
https://s3.amazonaws.com/s3.doximity.com/press/doximity_third_annual_physician_compensation_report_round_4.pdf

[3] Desai T, Ali S, Fang X, Thompson W, Jawa P, Vachharajani T. Equal work for unequal pay: the gender reimbursement gap for healthcare providers in the United States. *Postgraduate Medical Journal*, 2016; postgradmedj-2016-134094 DOI: [10.1136/postgradmedj-2016-134094](https://doi.org/10.1136/postgradmedj-2016-134094)

[4] Amanatullah ET, Morris MW. Negotiating gender roles: gender differences in assertive negotiating are mediate by women's fear of backlash and attenuated when negotiating on behalf of others. *J Pers Soc Psychol*. 2010 Feb; 98(2):256-67

[5] Artz B, Goodall A, Oswald A. Do Women Ask? *Industrial Relations: A Journal of Economy and Society*. Vol 57 Issue 4.

[6] <https://www.bls.gov/opub/ted/2019/women-had-higher-median-earnings-than-men-in-relatively-few-occupations-in-2018.htm>

[7] <https://www.bls.gov/news.release/pdf/wkyeng.pdf>

[8] Huet-Vaughn E. Striving for Status: A Field Experiment on Relative Earnings and Labor Supply.
http://econgrads.berkeley.edu/emilianohuet-vaughn/files/2012/11/JMP_e.pdf

Implementation Action:

The Emergency Medicine Practice Committee developed the policy statement "[Emergency Physician Compensation Transparency](#)" and it was approved by the Board in October 2020.

Background Information Prepared by: Mandie Mims

Reviewed by: Gary R Katz, MD, MBA, FACEP
John Gerard McManus, Jr, MD, FACEP
Dean Wilkerson, JD, MBA, CAE