

AMERICAN COLLEGE OF RHEUMATOLOGY
POSITION STATEMENT

SUBJECT: Women in Rheumatology
PRESENTED BY: Committee on Rheumatologic Care
FOR DISTRIBUTION TO: Members of the American College of Rheumatology
Association of Rheumatology Professionals
Medical Societies

POSITIONS:

- 1) The American College of Rheumatology (ACR) recognizes the unique challenges that women in the rheumatology workforce face and supports legislation and efforts that increase workforce participation and equity for all rheumatology professionals.
- 2) The ACR supports leadership distribution that reflects the gender distribution and diversity of rheumatology professionals across the United States.
- 3) The ACR supports an end to gender wage disparity through promoting salary range transparency.
- 4) The ACR supports paid family leave of twelve weeks and expansion of state-funded short-term disability programs to provide lost income not covered by the Family Medical Leave Act (FMLA).
- 5) The ACR recognizes the benefits of breastfeeding for maternal and infant health and recommends policies in hospital, private practice and academic institution employment contracts that support allowance for lactation holds in a private space of 30 minutes per half day for the duration of breastfeeding. This time should not count against any applicable productivity expectations for the employee.

BACKGROUND:

The American College of Rheumatology (ACR) and the Association of Rheumatology Professionals (ARP) recognize the increasing number of women joining the workforce in the specialty area of rheumatology. Reflecting the College's mission to "empower rheumatology professionals to excel in their specialty," the ACR/ARP supports policies that promote an equitable, inclusive, and rewarding

environment for all rheumatology professionals. Recognizing the unique challenges of women in the medical workforce, the ACR/ARP supports legislation and policies that promote women's workforce participation and equality. This includes advocating for salary transparency and parity, anti-gender discrimination practices, as well as equitable policies regarding paid family leave, pregnancy, and lactation. As the workforce evolves, we must ensure that opportunities for professional advancement and leadership roles are equitable while also protecting the health and financial well-being of rheumatology professionals.

Workplace Gender Equity Policies:

It is essential to protect the health, financial well-being, and career development of the existing workforce, while also striving to grow a new generation of diverse women trainees to support the future and advancement of the specialty and to represent the diverse population we treat. The American Medical Association (AMA) adopted the “Principles for Advancing Gender Equity in Medicine” in 2019 (updated in 2024) to address the complex issues of gender inequity in medicine and to provide recommendations for advancing gender equity. AMA principles include equal opportunity employment, equitable compensation, recognition of the value of part-time and re-entry options, and transparency in pay scale and promotion criteria (1). The ACR endorses the AMA’s policies and encourages rheumatology-affiliated state societies, academic medical centers, medical schools, group practices, and other physician employers and organizations to adopt the AMA principles for advancing gender equity in medicine.

The ACR acknowledges that wage gaps still exist for women in the United States, with discriminatory practices and lack of salary transparency as contributing factors. Promotions, salary support, and career development are critical for helping women stay in the field. Women working full-time, year-round, are paid 84% of what men are paid; therefore, the typical woman working full-time would need to work from January 1, 2023, until March 12, 2024, to make what the typical man working full-time made in 2023 (2). Research shows that salary range transparency and salary history bans (e.g., making it illegal to set hiring salary based on prior salary) shrink the wage gap (3). The ACR supports an end to practices of gender wage disparity and encourages transparency in salary ranges.

Promotions, salary support, and career development are critical for professional retention. The ACR supports the freedom for institutions to recruit and train a workforce that supports and reflects diversity of the patient population. Additionally, the ACR supports equal opportunities and transparent pathways for leadership within the College.

Paid Family Leave, Pregnancy & Lactation:

While every family is unique, traditionally women have shouldered the responsibility of child rearing and elder care (i.e., the sandwich generation). The challenge of balancing work responsibilities and

family care often places women at a disadvantage for career development. For these reasons, the ACR advocates for fair policies regarding paid leave and increased flexibility for caregivers.

Many other medical groups, including the American Medical Association (AMA), the American College of Obstetricians and Gynecologists (ACOG), the American College of Emergency Physicians (ACEP), and the American College of Radiology, have paved the way towards gender parity by adopting policies advocating for paid parental leave. In 2022, the AMA, ACEP, and the American College of Radiology supported twelve weeks of paid family/medical leave for physicians (4-7).

Per the Pregnancy Discrimination Act of 1978, it is illegal to discriminate against individuals choosing to become parents (8). Additionally, the Family Medical Leave Act (FMLA) mandates 12 weeks of protected unpaid leave, but the loss of income may create financial hardship (9). The availability of adequate maternity leave, as well as support during pregnancy, lactation, and early motherhood, is crucial for retaining women in the rheumatology workforce. Leave should also apply to those growing a family through adoption and surrogacy. The ACR supports a minimum of 12 weeks of paid parental or adoptive/surrogacy leave for medical trainees and employed full or part-time physicians and practitioners. To account for lost income not covered by FMLA, the ACR supports the expansion of state-funded short-term disability programs. While some states have passed legislation including financial protections (10), more needs to be done to support gender equity.

The ACR recognizes the many benefits of breastfeeding for maternal and infant health, such as disease reduction, antibody transference, reduction in postpartum depression, and a quicker return to pre-pregnancy healthy weight (11). The ACR supports providing ample time for physicians, trainees, advanced practice providers, and all women in rheumatology for lactation holds within their working schedules for the duration of time they are breastfeeding. This recommendation applies to work in various settings where rheumatology care is provided, including hospitals, private practices, and academic institutions. For clinicians compensated based on a productivity model, those who require lactation holds should not have time for lactation held against any productivity expectations.

CONCLUSION:

The ACR recognizes the unique challenges that face women as physicians or providers in the workforce, which may limit their ability to seek advancement in or be promoted to leadership positions in their respective workplaces. This is in disproportion to female representation within the broader rheumatology workforce. Actionable items such as promoting salary range transparency to end gender wage disparity, advocacy towards broader expansion of state-funded short-term disability insurance for maternity leave not covered by FMLA, and extensions to the current duration of paid family leave will provide needed support for women who choose to remain in the workforce while rearing young children. For rheumatology trainees and employees, workplace accommodations should include

protected time holds within the daily working schedule for lactation, with dedicated locations for lactation available to mothers for the duration of breastfeeding. The ACR supports women in the rheumatology workforce and strongly believes that the implementation of changes to address the challenges women face will provide us with the future leaders who will sustain and grow the rheumatology field.

References:

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