

ACC issues principles for overcoming compensation, opportunity inequity

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The American College of Cardiology today published its first health policy statement on cardiologist compensation and opportunity equity, recognizing that both are critical to the health and future of the cardiovascular workforce and achieving ACC's mission to transform cardiovascular care and improve heart health. The document is the first in a new series of ACC workforce health policy documents and will serve as guidance for clinicians and administrators to advance the profession toward the goals of fairness, including minimizing and reducing disparities, and improved patient care.

"With this <u>policy statement</u>, the ACC intends to provide a clear set of principles related to equity in <u>compensation</u> and opportunity in the professional cardiovascular workplace along with the associated underlying considerations," said Pamela S. Douglas, MD, the Ursula Geller Professor for Research in Cardiovascular Diseases at Duke University and chair of the writing committee. "The ACC has developed 17 principles for achieving equity in compensation and opportunity, beginning with the firm declaration that the College believes that cardiologist compensation should be equitable and fair for equivalent work."

Despite laws prohibiting discrimination in compensation, the <u>medical</u> <u>field</u>, including cardiology, continues to struggle with equitable compensation and opportunity. Women and underrepresented minorities are often paid less than their white, <u>male counterparts</u> in almost every industry, and the annual salary gap between female and male



cardiologists amounts to more than \$1 million over the course of a career.

Inequities in compensation and opportunity are often cited as causes of burnout, a common problem among physicians that can lead to problems with the quality of <u>patient care</u>. The College has recently recognized a need to develop a more strongly inclusive culture to address the lack of diversity among cardiologists, and lack of equal compensation has also been noted as contributing to the low number of female medical graduates pursuing careers in cardiology. Increasing the number of underrepresented minority <u>health</u> professionals in the field is an important step in improving the cultural competence of the health care system.

According to these ACC principles, cardiologist compensation should be objectively determined by a modeled systems approach that is prospectively developed and based on consensus principles, which in turn are fully aligned with an organization's or practice's business strategy, mission and core values. These principles may be used by organizations and practices of any size and are adaptable to a range of strategic goals.

Equity cannot be fully ensured without considering other factors that may affect compensation directly or indirectly, including career advancement; quality and quantity of clinical, administrative and research support; clinic/lab/procedure space and time; work environment; and access to resources. The document groups these factors broadly under "opportunity" and considers them prerequisites to ensuring compensation equity.

"Compensation and opportunity equity are critical components of a fair and professional work environment, Douglas said. "No compensation plan can provide fairness unless there is also equal opportunity to



maximize performance and advancement. The ACC believes that adherence to these principles will improve the performance and satisfaction of the cardiovascular workforce, enhance team-based care and ultimately benefit patient and <u>population health</u>."

The 2019 ACC Health Policy Statement on Cardiologist Compensation and Opportunity Equity will publish online today in the *Journal of the American College of Cardiology*.

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