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Dear Colleagues,

Acknowledging the importance of affirming the core values and mission of the Association of University Professor of Ophthalmology (AUPO), we issue the following statement committing AUPO to a long-term goal of action to eliminate bias in program activities in education, research and clinical care for member departments individually as well as the AUPO as an organization. In addition, we are tasking member departments to reduce and ultimately eliminate health disparities in vision health and eye care. To move forward in achieving these goals, new steps are needed that promote mutual respect, equal opportunity, and equal protection under the law. Now is the time for an urgent focus on what academic ophthalmology departments are doing and should be doing to address racism and other forms of discrimination in patient care, learner education, evaluation and training (medical student, ophthalmology residency and fellowship training, and vision science graduate students) as well as faculty and staff hiring, retention and promotion.

STATEMENT

Mission: The AUPO's mission is to foster the development of academic departments of ophthalmology in order to serve our society through patient care, teaching and research. Essential to achieving our mission is to integrate the unique insights and contributions from all members of our profession, as well as society. We emphatically reject all forms of racism, bigotry, and brutality, and affirm dignity, justice, and respect for our patients, communities, and colleagues.

Commitment: The AUPO embraces a recent re-awakening to the importance of the primary underpinnings of the American system of governance and privilege – equal opportunity and equal protection under the law. Our voice joins with a multitude of our academic and professional sister organizations in calling for immediate, dramatic, effective, and sustained changes to promote justice and opportunity for all within our organizations, and in health and health care across our society.

First, we commit to actions going forward that will enhance awareness and assist departments in implementing effective means of addressing disparities within our departments, AUPO, as well as in our profession. This includes how we provide care for patients, educate learners of all types, conduct and develop research, and foster the careers of our faculty, staff, and learners. Our values are based on the tenets that all stakeholders should be treated equitably, and that opportunities should exist for all.

Second, we commit to supporting efforts to assess and then improve the disparities in vision health and vision care in our communities and society. The COVID-19 pandemic has highlighted the ongoing disparities in health, outcomes, and access to care among African and Native or indigenous Americans, LatinX, and those with fewer economic resources – issues that persist in vision and vision care. The very same issues of disparate access and outcomes in our society persist in eye

health and ophthalmic care.

Third, we recognize the critical importance and positive value our work holds in integrating the perspectives of individuals with diverse experiences, backgrounds, and expertise. This is particularly important as we seek to implement our actions and successfully attain our first 2 commitments. Thus, we will implement more effective actions and communication channels to include collaboration with other organizations across medicine and our society in order to obtain diverse perspectives and foster the mentoring, recruitment, and retention of those who can provide such perspectives.

CLINICAL CARE

While our safety net role is critical, we must work to eliminate all instances of different access to care, quality and levels/expertise of care that exist because of social status, race, or insurance type. In some of our clinical departments and institutions, clinical care delivery is differentiated primarily upon insurance type. Some of us have justified this economic and often racial divide to allow for resident training with its own “patient population,” which is most often comprised of the medically and socially underserved and is inherently racist. This must be re-examined, as it creates a “separate but equal” justification for providing care to fellow citizens and human beings. The acceptance of this system of differential care leaves an impression on learners and as a result, similar models are created in organizations which they join after training. The cycle must be broken. We must also work locally to prevent areas of medical care deserts in our respective communities.

MEDICAL EDUCATION

We cannot increase the diversity of ophthalmologists and vision research scientists unless we attain greater equity in access to medical education and graduate schools in academic centers. We should make every effort to engage our pediatric patients in learning and mentoring activities to stimulate interest in becoming physicians (hopefully ophthalmologists) and researchers. We need to be actively involved in creating opportunities to expose high school and college students to vision science, medicine, and the specialty of ophthalmology.

For those in medical school who are interested in pursuing ophthalmology as a profession, ophthalmology departments have access to and can participate in the Minority Ophthalmology Mentoring (MOM) program (www.aao.org/minority-mentoring) co-sponsored by the AUPO and the American Academy of Ophthalmology (AAO). This program has earned high survey marks from its participants but has yet to have a substantial impact on the number of people of color accepted into ophthalmology residency programs. Academic ophthalmology departments need to ensure that their offices of diversity and inclusion and pre-medical affinity groups know of this opportunity and actively support applicants. Our Medical Student Educators are well-acquainted with these opportunities and should be supported in their efforts by both the departmental and medical school leadership. One stated goal is to have a Diversity Champion in every academic eye department. The presence of broad racial and ethnic participation in the Student National Medical Association gatherings and minority student organizations can offer early mentorship to guide promising under-represented students into ophthalmology.

RESIDENT TRAINING

The SFMatch for ophthalmology, in conjunction with other medical organizations, is in evolution to reflect and respond to the current and future needs of the workforce by identifying and eliminating systemic racism and bias. Programs now are requested to provide reviews that do not have the historic, preferentially weighted bias of medical school status, USMLE score, or grades. USMLE step 1 scoring will become pass/fail next year, and this change is in alignment with our position that residency applicant evaluations should be conducted holistically. If adopted permanently, this year's virtual-only interview process put in place due to the pandemic will eliminate travel costs that discriminate against those applicants with less means. Additionally, residency program directors and their teams have been required to undergo specific interviewing and assessment training in topics such as implicit bias.

RESEARCH

The Minority Ophthalmology Mentoring program is extending its offerings to include numerous research and community projects in order to provide students from marginalized groups with opportunities to enhance their competitiveness for ophthalmology residency training positions. The long-standing Rabb-Venable Excellence in Research Scholars program of the National Medical Association (www.opthal-nma.org), which is underwritten by the National Eye Institute, also provides opportunities for showcasing and rewarding novel vision science research efforts of under-represented minorities. Every eye department should be actively promoting these efforts and participating in these programs and meetings. Population-based research in ocular health is an evolving area for funded research. Understanding the root causes of eye disease in communities will inform programs about care delivery based upon environmental and genetic predispositions for the populations they serve.

Many Ophthalmology departments hire and provide training for vision scientists who are currently also poorly represented by individuals from marginalized groups. Vision science is an area in which we should develop more pipeline programs and opportunities of early engagement with high school, college, and medical school students to increase exposure to vision science research, locally and in partnership with the Association for Research in Vision and Ophthalmology.

The AUPO remains fully attuned to the negative consequences of conscious, unconscious, and systemic racism. In years past, progress has been slow, but steady. However, this tempo is no longer acceptable. We must actively educate ourselves about these inequities - historically, in our communities, and nationally - as well as immediately identify and overcome all sources of bias and discrimination in our important academic and community missions. Let us utilize all of the tools that we have available or can develop to accomplish this goal. As your Board, we commit to make these efforts a priority, and to provide all of our member Departments with access to best practices and ideas in order to address these critical issues.

We ask you to help us by sharing your experiences, ideas, and efforts in change management.

With sincerity and resolve,

AUPO Board of Trustees