

01. Title: Diversity in Ophthalmology: A Decade-Long Review of Gender, Racial, and Ethnic Representation Among Residents (2014–2024).

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Background: Diversity in ophthalmology is essential to improving patient outcomes and advancing healthcare equity. Ophthalmology provides essential medical and surgical care across a broad clinical population, addressing conditions that affect vision, quality of life, and access to care. However, ophthalmology continues to demonstrate persistent gender, racial, and ethnic disparities among trainees. This study examines gender, racial, and ethnic representation among ophthalmology residents in ACGME-accredited programs over the past decade.

Methods: Data were collected from the Accreditation Council for Graduate Medical Education (ACGME) Data Resource Books for academic years 2014–2015 through 2023–2024. Self-reported gender and race/ethnicity distributions were extracted. Descriptive statistics were used to analyze trends. Underrepresented in medicine (URM) status was defined as Hispanic/Latino, Black/African American, American Indian/Alaskan Native, and Native Hawaiian/Pacific Islander.

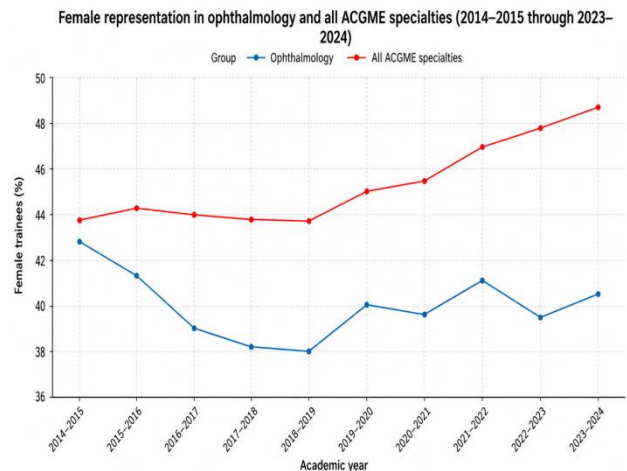
Results: Among 15,7483 ophthalmology residents over ten years, 40.8% were female, 58.6% male, and 0.47% did not report gender. Racial/ethnic breakdown included White 50.0%, Asian 26.8%, Hispanic/Latino 5.1%, Black/African American 2.8%, American Indian/Alaskan Native <0.1%, Native Hawaiian/Pacific Islander <0.1%, Multiple Race 1.6%, Other 4.1%, and Unknown 9.2%. Female representation increased modestly over the decade, while underrepresented minority (URM) representation remained stagnant.

Conclusions: Despite national diversity efforts, ophthalmology residency programs continue to demonstrate gender and racial/ethnic disparities. URM participation has shown little improvement despite targeted pipeline efforts. Black/African American and Hispanic representation combined remain below 8% mirroring trends seen across many competitive specialties. Structural barriers including access to research opportunities and exposure to ophthalmology during medical school likely perpetuate these inequities. Addressing these gaps requires sustained, structured mentorship programs, early exposure initiatives, and inclusive recruitment strategies to reflect the diverse patient populations ophthalmologists serve.

Key Words: Diversity, Equity, Inclusion, Ophthalmology, Ethnic and Racial Minorities.

Figures or Tables:

Figure 1. Female representation in ophthalmology and all ACGME-accredited residency and fellowship programs, academic years 2014–2015 through 2023–2024. Lines show the annual percentage of trainees who were female in each group. Ophthalmology remained below the broader ACGME trainee population throughout the study period.



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