

DAVID W. PARKE II, MD

at the Academy's Helm

Accepting the role of the Academy's executive vice president (EVP)—basically its chief executive officer—is a dramatic, career-altering, life-changing decision. For David W. Parke II, MD, the motivating factor was simple: He had to look no further than his son, who currently is an ophthalmology resident at the Bascom Palmer Eye Institute in Miami.

"I wanted my son's career to be as rewarding as mine has been in the sense of opportunities for professional growth and clinical excellence," said Dr. Parke. "I knew that the EVP job would allow me to make a real difference in the future of ophthalmology. Indeed, in the past few years, I have come to the critical realization that our profession desperately needs a single organization that can serve as its voice—its voice to the public, to professional colleagues, to policy makers, to regulators and, ultimately, its voice to the entire global community. And the Academy is that organization."

On April 1, Dr. Parke took the helm of the Academy, where he is in the position to help lead the field through the inevitable challenges of the 21st century. He takes the reins from H. Dunbar Hoskins Jr., MD, who has led the Academy since 1993. "Dr. Parke has been involved in the Academy for 20 years and has been a leader in ophthalmology throughout that time," Dr. Hoskins noted. "He understands the Academy in depth and is a superb choice for EVP."



Starting this month, the Academy has a new chief executive officer. Meet David Parke, the incoming executive vice president.

SETTING THE FOUNDATION

Dr. Parke was born into an eye care family. His grandfather was an optometrist, and his father, David W. Parke Sr., MD, is an ophthalmologist who served as chief of ophthalmology at Meriden-Wallingford Hospital (now MidState Medical Center) in central Connecticut for 27 years. Dr. Parke Sr. then devoted his "retirement years" to promot-

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Dean McGee. Dr. Parke with students at Dean McGee Eye Institute in Oklahoma City, where he served as chairman for 17 years before becoming the Academy's executive vice president.

training under the mentorship of department chairman Dan B. Jones, MD. Dr. Parke said his mentor "is an incisive thinker, a great organizational leader and a wonderful clinician," and he credits Dr. Jones for exposing him to the strategic, operational and financial sides of medical organizations. Later, on the Baylor faculty, Dr. Parke was residency training director and its sole, full-time vitreoretinal surgeon and was on call every day around the clock for nine years.

Dr. Jones' support played a key role in Dr. Parke's decision to join the University of Oklahoma as chairman of ophthalmology. "When I told Dr. Jones I was thinking about taking the position at Oklahoma in 1991, he encouraged me and served as a critical transition resource," Dr. Parke said.

ACADEMIC SUCCESS AT OKLAHOMA

Dr. Jones said that he has "always been amazed at how much Dr. Parke accomplished at Oklahoma. He has the unique capability of bringing everyone together, from the board to the university to the community."

Dr. Parke recalled, "The opportunity was perfect for me. I wanted a program that was embedded in an entrepreneurial environment. The Dean McGee

On the Board. Dr. Parke joined the Academy's board in 2000 as a trustee-at-large (circled) and went on to serve as senior secretary for Ophthalmic Practice and, in 2008, as the Academy's president.

ing low vision rehabilitation as associate clinical professor at Yale University.

Dr. Parke II is a graduate of Phillips Exeter Academy, Stanford University and an Alpha Omega Alpha graduate of the Baylor College of Medicine, where he also completed his residency

Eye Institute is actually a separate nonprofit organization closely affiliated with the medical school."

After Dr. Parke became chairman, the program grew from eight to 38 faculty members and from 40,000 patient visits per year to 150,000. In addition, when Dr. Parke arrived, the school had no research grants, and today it ranks among the top 15 programs in NIH vision research funding.

FROM OKLAHOMA CITY TO SAN FRANCISCO

After this successful 17-year experience, Dr. Parke said he is ready for the "next major phase of my own personal development," accepting the position as the Academy's EVP. Dr. Jones said Dr. Parke "is an excellent choice. He intimately knows the mission of the Academy, especially in education, advocacy and practice management."

James R. Tolbert III, chairman of the Dean McGee Eye Institute board of trustees, headed the search committee that hired Dr. Parke 17 years ago. He echoes Dr. Jones' sentiment about Dr. Parke's qualifications. "I think his leadership is exceptional, and he is a very thoughtful, analytical person with great communication skills," Mr. Tolbert said. "He has the unique ability to create a collegial environment."

Dr. Parke, who first joined an Academy committee as a resident, became a member of the Academy's board of trustees in 2000. As he steps into the EVP position, he has several issues on his agenda. The first involves the external challenges facing not only the Academy but also the profession of medicine. "We have a new administration in Washington, with the process and structure of health care delivery in transition, combined with issues of unsustainable costs and access," Dr. Parke noted. "We have difficult choices to make as a society, and it is critical that medicine has a very carefully articulated and strong voice in this debate. Otherwise, all of the key decisions will be made by other people with other agendas.

"From my perspective, an individual ophthal-



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mologist's voice will require a very strong Academy with a very carefully deliberated set of strategies and tactics. This is our first challenge," he said.

Globalization and ophthalmology represents the second major item on Dr. Parke's agenda. "The AAO will always be the American Academy of Ophthalmology, with its main focus on issues affecting ophthalmologists working in the United States. However, more and more of those issues, such as education, quality of care, advocacy and blindness prevention, are shared with our colleagues around the globe. One of the challenges for the Academy and ophthalmology will be effectively integrating ourselves on a global basis."

A third issue involves helping members deal with the tremendous information overload that is confronting the profession. "The Academy's role is clear," Dr. Parke said, "to serve the needs of its members in maintaining their skills and their competencies."

RIGHT MAN FOR THE JOB

Michael W. Brennan, MD, president of the Academy, said he was pleased with the number of excellent candidates for the EVP position. "While some organizations are run by executives, we require that our EVP be a physician with tremendous busi-



ness acumen," Dr. Brennan said. "David Parke had the right combination of qualifications and background in practice management, education and governmental affairs. We are fortunate to have a physician who is fluent in our history and our culture, respected at home and abroad. He also demonstrates clear vision for the dynamics and the challenges that will unfold. 2009 is a year of transition, and we have chosen the right leader for today and the future."

At Leisure.

Dr. Parke has a lifelong passion for fly-fishing.

The Search FOR A NEW EVP

Until now, the Academy had only two executive vice presidents (EVPs) since separating from the American Academy of Ophthalmology and Otolaryngology in 1979. During that time, the role of the EVP has become more complex and demanding, requiring a multiplicity of skills. In addition, the profession is facing historical changes in the health care system, and this requires the very best leadership for the Academy. The following describes the recent search for an EVP.

Search committee. The search process was initiated and coordinated by Michael W. Brennan, MD, and C. P. Wilkinson, MD, who, at the time, were the president-elect and immediate past-president, respectively. In selecting a search committee, they chose people who represented the various aspects of the membership and who were

familiar with the Academy and the demands of the EVP position. These included past presidents of the Academy and a past chairman of the Council, current Academy board members, a department chairman, a former medical school dean, two CEOs of major institutions and an executive search consultant.

Job description. A job description was developed, and requests for applications went out to the membership. To evaluate candidates, the group used a criteria matrix that focused on leadership, communication and decision-making skills, leadership development, management experience, international experience, educational and academic credentials, stature within the profession, ethics and integrity.

Conflict of interest. Personal relationships between the committee members and individual applicants were disclosed, and there was

agreement of complete confidentiality in discussions of candidates within the committee.

Application review. Once applications were received, the committee applied the criteria matrix and reviewed each application. The committee identified the three most qualified applicants.

Interviews. After interviewing the three finalists, the committee selected its nominee. It is a credit to the quality of leadership within ophthalmology that each of the candidates brought impressive skills and insights to their candidacy. On Nov. 9, the board of trustees unanimously approved the committee's nomination of David W. Parke II, MD.

—*Harry A. Zink, MD,*
Academy EVP Search
Committee chairman, and
Michael W. Brennan, MD,
2009 Academy president