Requests for Changes in Resident or Fellow Complement
Review Committee for Ophthalmology

This Review Committee approves:

- Temporary increases in complement **over 90 days** in length
  - **Residency** programs must submit a request if the number of residents will exceed the approved **total** complement **or** the approved complement in a given **program year**.
    - For example, an integrated format program with a total complement of 12 (three residents per year) must request a temporary complement increase if there will be 13 or more residents total in the program **or** there will be more than three residents in a program year (e.g., PGY-1) **even if** the total complement will not exceed 12.
  - **Fellowship** programs must submit a request if the number of fellows will exceed the approval **total** complement.
- Permanent increases in complement
- Permanent decreases in complement

Note: Temporary increases in complement up to 90 days in length do **not** require submission of a request to the Review Committee.

Temporary Increase in Complement over 90 Days
A temporary increase in resident or fellow complement for more than 90 days in length must first be approved by the designated institutional official (DIO), after which approval must be requested from the Review Committee through the Accreditation Data System (ADS).

Educational rationale, institutional procedural volume, and proposed block diagram(s) must be submitted with the request.

- The educational rationale must explain why the temporary increase is being requested. Any missed minimums or concerning ACGME Survey results should be addressed.
- A downloadable Clinical Data Form to report the institutional procedural volume is available once the request is initiated in ADS. Carefully read the instructions on the form and ensure it is completed correctly.
  - If the temporary increase is due to resident/fellow remediation or a leave of absence, the Review Committee may not require institutional data. Contact the Senior Accreditation Administrator (email below) to ask if this data is needed.
- The proposed block diagram(s) must demonstrate how the requested increase will impact the curriculum over the period of the request. Block diagram instructions are available on the [Documents and Resources](#) tab of the Ophthalmology section on the ACGME website. If the program's block diagram will not change with the increase, submit the current block diagram, and explain in the educational rationale why there will be no change.

Ensure ADS provides the Review Committee with up-to-date program information. Review and update any citation responses and/or major changes, if applicable. Make any other necessary updates and confirm that an accurate and current block diagram is uploaded.

To initiate a temporary increase for more than 90 days in length, the program director must log into ADS and from the menu under the "**Program"** tab, select "Requests" > "Complement Change." The request will be electronically sent to the DIO for approval, as dictated by the Institutional Requirements. The DIO may approve the request, reject and delete the request, or reject and return the request for modifications. If the DIO approves the request, the information is submitted in ADS and forwarded to the Review Committee for consideration.

Temporary complement increase requests are typically reviewed within a month of submission. A Letter of Notification will inform the program of the Review Committee's decision.

Permanent Increase in Complement
A permanent increase in resident or fellow complement must first be approved by the Sponsoring Institution's Graduate Medical Education Committee (GMEC), after which approval must be requested from the Review Committee through ADS. Programs must hold a status of Continued Accreditation to be considered for a permanent complement increase. The Review Committee reviews permanent increase requests at its **scheduled meetings**. Programs considering a permanent complement increase are encouraged to check **meeting agenda closing dates** in the Ophthalmology section of the ACGME website and plan accordingly.

To be approved, the program must demonstrate a **sound justification** and the **necessary resources** (e.g., faculty, procedures). An educational rationale, institutional procedural volume, and proposed block diagram(s) must be submitted with the request.
- The educational rationale should include a description of how a permanent complement increase will **enhance** resident/fellow education. Any missed minimums or concerning ACGME Survey results should be addressed.
- A downloadable Clinical Data Form to report the institutional procedural volume is available once the request is initiated in ADS. Carefully read the instructions on the form and ensure it is completed correctly.
- The proposed block diagram must show the curriculum once all new spots are filled. Block diagram instructions are available on the Documents and Resources tab of the Ophthalmology section on the ACGME website. If the program's block diagram will not change with the increase, submit the current block diagram, and explain in the educational rationale why there will be no change.

Ensure ADS provides the Review Committee with up-to-date program information. Review and update any citation responses and/or major changes, if applicable. Make any other necessary updates and confirm that an accurate and current block diagram is uploaded.

Programs approved for a permanent complement increase are generally expected to roll out the increased complement on a year-by-year basis, i.e., adding only a PGY-1 resident each year. However, in some circumstances the Review Committee will allow a PGY-2 resident to also start the first year. Refer to Ophthalmology FAQs, which can be found on the Ophthalmology Specialty Page under Program Requirements, FAQs, and Applications, for more information.

To initiate a permanent change in the approved complement, the program director must log into ADS and from the menu under the "**Program"** tab, select "Requests" > "Complement Change." The request will be electronically sent to the DIO for approval, as dictated by the Institutional Requirements. The DIO may approve the request, reject and delete the request, or reject and return the request for modifications. If the DIO approves the request, the information is submitted in ADS and forwarded to the Review Committee for consideration.

Permanent complement increase requests received by the agenda closing date are reviewed at the next Review Committee meeting. Requests received after the agenda closing date will be considered at the subsequent meeting. A Letter of Notification will inform the program of the Review Committee's decision.

Permanent Decrease in Complement
A voluntary permanent decrease in resident or fellow complement must first be approved by the Sponsoring Institution's GMEC, after which approval must be requested from the Review Committee through ADS. The request in ADS should be made **after** the effective date of the decrease has passed.

An educational rationale, institutional procedural volume, and a proposed block diagram will be requested in ADS. Depending on the circumstances, the Review Committee may not require all this information. Contact the Senior Accreditation Administrator (email below) and inquire what must be included in the request.

To initiate a permanent decrease in the approved complement, the program director must log into ADS and from the menu under the "**Program"** tab, select "Requests" > "Complement Change." The request will be electronically sent to the DIO for approval, as dictated by the Institutional Requirements. The DIO may approve the request, reject and delete the request, or reject and return the request for modifications. If the DIO approves the request, the information is submitted in ADS and forwarded to the Review Committee for consideration.

A permanent complement decrease request is typically reviewed within a month of submission. A Letter of Notification will inform the program of the Review Committee's decision.

Email questions to Senior Accreditation Administrator Shellie Bardgett, MPH: sbardgett@acgme.org.