Specialty Update: Ophthalmology
SES013

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Vice Chair, Review Committee for Ophthalmology

Kathleen Quinn-Leering, PhD
Executive Director, Review Committee for Ophthalmology

ACGME Annual Educational Conference March 2, 2018

#ACGME2018
Disclosures

- Fiduciary
  - Lauer: Volunteer for ACGME
  - Quinn-Leering: Full-time employee of ACGME
- Financial
  - None
Topics

- The Review Committee (RC)
- Single Accreditation System Update
- Accreditation Process Review
- Ophthalmology RC Accreditation Update
- Ophthalmology RC News
- Reminders and Tips
- Q & A
The Review Committee (RC)
# Department of Accreditation Services

<table>
<thead>
<tr>
<th>Hospital-Based Accreditation</th>
<th>Medical Accreditation</th>
<th>Surgical Accreditation</th>
<th>Osteopathic Accreditation</th>
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<td><strong>Louis Ling, MD</strong></td>
<td><strong>Mary Lieh-Lai, MD</strong></td>
<td><strong>John Potts, MD</strong></td>
<td><strong>Lorenzo Pence, DO</strong></td>
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<td>Anesthesiology</td>
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<td>Colon &amp; Rectal Surgery</td>
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<td><strong>Urology</strong></td>
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RC Membership

• All volunteers
• 10 members nominated by ABO, AAO, AMA & AOA (6 year term)
• 1 resident member (2 year term)
• 1 public member (6 year term) NEW!
• 1 ex-officio member from ABO
RC Membership

• Diverse
  • Specialty and Subspecialty
  • Gender
  • Race/ethnicity
  • Geography
2017-2018 RC Voting Members

- Joel Schuman, MD (Chair)
  New York University
- Andreas Lauer, MD (Vice Chair)
  Oregon Health Science University
- Ferhina Ali, MD, MPH
  Wills Eye Hospital
- Sophia Chung, MD
  St. Louis University
- Craig Czyz, DO
  Ohio University
- Natalie Kerr, MD
  University of Tennessee
- Assumpta Madu, MD, MBA, PharmD
  New York University
- Shahzad Mian, MD
  University of Michigan
- David Quillen, MD
  Penn State University
- Bhavna Sheth, MD, MBA
  Medical College of Wisconsin
- Laura Wayman, MD
  Vanderbilt University
RC Responsibilities

- Propose new and revised program requirements
- Accredit new programs
- Review programs annually
- Review programs undergoing 10-year review
- Create & revise case logs; establish minimums
- Review complement change requests
- Follow up on resident/fellow complaints
- Provide guidance to programs on requirements
RC Meetings

• Two meetings a year
  • January and April
• Each meeting includes two components
  • Program review
  • Business
RC Staff

• Kathleen Quinn-Leering, PhD, Executive Director
• Jenny Campbell, MA, Associate Executive Director
• Monica Moore, Accreditation Administrator
• John R. Potts, III, MD, Sr. Vice President, Surgical Accreditation
Single Accreditation System Update
Single Accreditation System

• Single Accreditation System began in 2014

• Osteopathic-accredited programs must achieve Initial Accreditation by June 30, 2020

• In Ophthalmology
  • 2 program with Initial Accreditation
  • 5 programs applied but have not yet achieved Initial Accreditation
  • Approximately 4 programs have not applied yet
Accreditation Process Review
Accreditation Process

Application for ACGME Accreditation

Initial Accreditation (1-2 yrs)

Continued Accreditation (option: Without Outcomes)

Initial Accreditation with Warning (up to 2 yrs)

Continued Accreditation (option: Without Outcomes)

Continued Accreditation with Warning

Probationary Accreditation (2 yrs max)

Withdrawal of Accreditation

Site Visit

Following Year & Subsequent Yrs

New!
Programs with Initial Accreditation
Programs with Initial Accreditation

Site visit in 1-2 years from effective accreditation date

Approximate Date in Accreditation Data System (ADS)
Site Visit and RC Review

- Once notified of site visit, update information in ADS
  - ADS online questions
  - Attachments, including the Specialty Specific Application
- Half-day site visit (format similar to first site visit)
- At next meeting, RC reviews information in ADS and site visitor report
- Program notified of outcome
  - Email soon after with accreditation status
  - Letter of Notification within 60 days (includes details, e.g., citations)
Site Visit Resources on acgme.org
Programs That Have Achieved Continued Accreditation
Programs that have achieved Continued Accreditation
RC Annual Review

- Clinical Case log
- Board Pass Rate
- Attrition
- Faculty Survey
- Program Change
- Resident Survey
- Scholarly Activity

RC Annual Review
RC Annual Review

- The RC Executive Committee examines
  - Programs that do not meet one or more of the RC’s established thresholds
  - Programs with existing citations
  - Programs with statuses of Continued Accreditation without Outcomes, Continued Accreditation with Warning, or Probation
Which programs does the RC Executive Committee NOT examine?

Programs that have all of the following:

- Meet/exceed the RC’s established thresholds
- No current citations
- Continued Accreditation status
When does the RC request clarifying information or ask for a site visit?

When additional information is needed to render an accreditation decision.
RC REVIEW

- Most programs have no significant issues and are placed on a special agenda.
- Remaining programs:
  - Each program assigned to two RC members for in-depth review.
  - Program discussed at an RC meeting to render an accreditation decision.
- All programs notified of accreditation decision:
  - Email soon after with accreditation status.
  - Letter of Notification (LoN) within 60 days --includes details.
Deep dive into the program every 10 years
Programs that have achieved Continued Accreditation

- Continued Accreditation
- RC Annual Review
- RC Annual Review
- RC Annual Review
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- RC Annual Review

Clarifying Information Requested
Focused Site Visit
Self-Study and 10 Year Site Visit

- Ophthalmology self-studies have begun!
- Programs notified 6-7 months before self-study due
- Core residency and fellowship undergo process together

Dates in ADS

Last Site Visit Date: August 07, 2012
Date of Next Site Visit (Approximate): No Information Currently Present
Self Study Due Date (Approximate): December 01, 2022
10 Year Site Visit (Approximate): June 01, 2024
Self-Study

• Program conducts comprehensive evaluation of program
• Program completes & upload a Self-Study Summary
  • Summary does *not* include agreed upon action items
10 Year Site Visit

• ~ 2 years after self-study
• 90 day notice
• Once Site Visit is announced, program:
  • Updates information in ADS as needed
  • Completes self-study related documents and upload in ADS
  • Gathers documents for Site Visitor to review (e.g., training files, goals & objectives, policies)
10 Year Site Visit

- Site Visitor will:
  - Review compliance through meetings & documents review
  - Review the self-study process
- **RC** will assess compliance with requirements & render accreditation decision
- **Department of Field Activities** will share feedback on self-study process
See acgme.org for resources

Keep in mind:
Self-Study & 10 Year Site Visit process evolving as ACGME learns what works best for programs and the RCs.
In sum. . .

Once a program achieves continued accreditation, the RC will review the program each academic year.

The review may be:

- An annual review of program data (*may involve clarifying information or a site visit*)

OR

- A 10 Year Site Visit review
Ophthalmology RC Accreditation Update
## Accreditation Statuses (as of 3/1/18)

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Count</th>
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<tr>
<td>Initial Accreditation</td>
<td>2</td>
</tr>
<tr>
<td>Continued Accreditation</td>
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</tr>
<tr>
<td>Continued Accreditation with Warning</td>
<td>4</td>
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<tr>
<td>Probation</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
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</table>
Residency Stats

• 1502 Approved positions
• 1464 Filled positions
• 92% of residents from US LCME Medical Schools*
• 41% of residents are female*
• 10 residents left program early*
• 3.7 is average number of participating sites (SD=1.6)*
• 6.4 years is mean program director tenure (median=4.8)*

*2016-2017 Academic Year
Ophthalmic Plastic and Reconstructive Surgery

- 4 fellowships with Continued Accreditation
- 5 fellows
Common Citations and Areas for Improvement (AFIs)
Common Ophthalmology Citations

• Procedural experience
  • Meeting minimums *zero tolerance*
  • Program Director oversight
• Faculty dedication to program and teaching (e.g., interest, quality of instruction, creating environment of inquiry)
Common Ophthalmology AFIs

• Graduated supervision
• Didactic/Clinical education in specific areas (e.g., low vision, pathology)
• Evaluation process (e.g., confidentiality of evaluations, using evaluations to improve program)
• Process for dealing with resident concerns/ability to raise concerns without fear
Case Logs NEW!

- Program directors and coordinators can view the Case Log System
- ADS>Case Logs Tab>Quick Links>“View Add Case”
- Only difference from resident case log is no submit button
  - Can enter information but cannot save
Proposed Revisions to Ophthalmology Requirements
Proposed Revisions

- Two Ophthalmology program formats
  - Integrated: Four years in same program
  - Joint Preliminary Year/Ophthalmology residency
    - Both programs must be in same Sponsoring Institution
      - Or alternative arrangement acceptable to the RC
    - Ophthalmology PD has input and approval of PGY1 educational program
Proposed Revisions

• In both formats, PGY1:
  • Minimum of 6 months of broad experience in direct patient care
  • At least 1 month Ophthalmology rotation (specifics under discussion)
Other Proposed Changes

• Related requirements revised to clarify what is required and when
  • For example: 360 hours of basic/clinical science didactics during PGY2-4

• Some requirements unrelated to PGY1 revised to clarify RC expectations
  • Changing some “detail” requirements to “core”
What about ADS?

*If proposed requirements approved:*

The Accreditation Data System (ADS) will have a 3 year and 4 year option
Next Steps

Proposed Ophthalmology Requirements Posted for Review and Comment on ACGME website

RC reviews comments and revises as needed

Reviewed by ACGME Board of Directors’ Committee on Requirements

Reviewed by ACGME Board of Directors

If approved, new requirements posted to website
When might new requirements go into effect?

July 1, 2019 or 2020
Keep eye out for Review and Comment period announced in weekly ACGME e-Communication
Revisions to the Common Program Requirements
Common Program Requirements

• Section VI: Revised and Effective July 1, 2017
  • Learning and Working Environment
  • No citations for most requirements related to patient safety, quality improvement, and well-being until 2019
  • Can receive an AFI
  • Programs should be working on addressing these requirements
Common Program Requirements

- Sections I-V: Proposed revision posted for Review and Comment
  - Institutions
  - Program Personnel and Resources
  - Resident/Fellow Appointments
  - Educational Program
  - Evaluation

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Highlights

• One set of requirements for residencies and one for fellowships
• Alignment with Institutional Requirements
• Almost all requirements categorized as “core”
• Philosophy, Background, Intent added throughout
• RC may further specify only where indicated
Highlights

• Specific requirements for program director and coordinator time
• “Core” faculty defined
• Changes to faculty scholarly activity expectations
• Residents to have individualized learning plans
• Tracking of written and oral board performance as well as resident certification rate
To comment: acgme.org

Deadline 3/22/18
Milestones
Milestones 2.0

• ACGME-wide project
• Goals
  • Easier to understand language
  • Easier to implement
  • Harmonization of language across specialties in Professionalism, Interpersonal & Communication Skills, Systems-based Practice, Practice-based Learning & Improvement

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Milestones 2.0

• Ophthalmology RC and ABO agreed that Ophthalmology will be an early participant

• Milestones 2.0 Committee formed
  • Representatives from RC, American Board of Ophthalmology, Program Director Council, Osteopathic organizations, residents, public, and volunteers
Milestones 2.0: What’s Next?

- Committee meetings in 2018
  - Milestones data will inform committee discussions
  - Focus on Medical Knowledge and Patient Care & Procedural Skills
  - Determine how to use/adapt the four harmonized competencies

- Proposed Milestones will be posted for comment and revisions made

- "Earliest" likely to see revised Milestones is 2019-20 Academic Year

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In the meantime. . .
Practical Tips for Milestones

• Share and discuss the pertinent Milestones set with residents and fellows at the beginning of the program.

• Have residents and fellows complete individualized learning plans, using the Milestones as an important guide.

• Consider having residents and fellows complete a self-assessment of their Milestones that they can compare and contrast, with a trusted advisor.

• Enable residents and fellows to seek out assessment from faculty members.
Why Can’t Milestones Be Used for Regular Evaluations?

• A repository for other assessments
• Not every Milestone can or should be evaluated on every rotation
• Not everything that should be evaluated is included in the Milestones
Milestone Resources

Milestones webpage (acgme.org>What We Do>Milestones)
Milestones FAQs
Clinical Competency Committee Guidebook UPDATED!
Milestones Guidebook
Milestones Guidebook for Residents and Fellows NEW!!
Milestones Annual Report 2017
Reminders & Tips
Complement Increase Requests

• Temporary increase requests < 90 days: educational rationale

• Temporary increase ≥ 90 days and Permanent increase requests: educational rationale, proposed block diagram and institutional procedural data
Complement Reminders

• Temporary are reviewed by RC Executive Committee and turn around is typically under 3 weeks

• Permanent are reviewed by full RC

• Requests are required for increase in a given year even if the program will not exceed total complement

• Clearly outline reasoning in educational rationale - ensure it will make sense to someone outside of the program
Supervision Policy

• There must be a **program-specific** policy

• Use ACGME classification terms (e.g., direct supervision) to describe progressive responsibility in each setting

• *Suggestion*: Include guidelines for circumstances and events when residents must communicate with faculty
Why does completing ADS correctly matter?
Information in ADS tells the RC if your program:

- Has qualified faculty
- Has residents who meet eligibility requirements
- Provides adequate procedural experience
- Provides residents and faculty with timely feedback
- Teaches residents about quality improvement
- Prepares residents to pass the board exams
- Provides opportunities for scholarly activity
Strong Citation Responses are. . .

- Accurate  
- Clear  
- Succinct
Major Changes

• Not just for major changes!

• Use this area to directly communicate to the RC

• Outline how program is addressing ANY area of concern (e.g., AFI, recent survey results, faculty attrition)
Faculty Roster

• ABO Certified = ABMS
• AOBOO-HNS Certified = AOA
• Over 10 years old? Cannot be Original.
  • Use Time Unlimited, Lapsed, Recertified, Maintenance of Certification (MOC) or Osteopathic Continuous Certification (OCC) New!
  • Use Recertified or MOC/OCC consistently
Faculty Roster

• If faculty member is not board certified (and not in the process), can ask RC to consider qualifications
  • Letter from program director and Designated Institutional Official (DIO) to RC with faculty CV (send to jcampbell@acgme.org)
Faculty Roster

• Use resources in ADS to complete roster correctly
• Reorder button puts the faculty in order by site and alphabetically
A good rule of thumb is that 70% of core faculty should have scholarly activity.
# Faculty Scholarly Activity

<table>
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<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters in Textbooks</th>
<th>Grant Leadership</th>
<th>Leadership or Peer-Review Role</th>
<th>Teaching Formal Courses</th>
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<tr>
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Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

**Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012**

**Number of chapters or textbooks published between 7/1/2011 and 6/30/2012**

**Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012**

**Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012**

Between 7/1/2011 and 6/30/2012, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participant's performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
Resident/Fellow Scholarly Activity

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<tr>
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**Pub Med Ids** (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.

Pub Med ID (PMID) is a unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

**Number of abstracts, posters, and presentations given at international, national, or regional meetings** between 7/1/2011 and 6/30/2012.

**Number of chapters or textbooks published** between 7/1/2011 and 6/30/2012.

**Participated in funded or non-funded basic science or clinical outcomes research project** between 7/1/2011 and 6/30/2012.

**Lecture, or presentation (such as grand rounds or case presentations)** of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012.

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Block Diagram

Strongly recommend following the instructions in ADS
Block Diagram

- It is a block diagram, *not the residents’ schedules*
- Use the same site numbers as on the Site Tab in ADS
  - Site information on Site Tab must be consistent with block diagram
- Include notes at bottom for site number/names, abbreviations, vacation, and any other helpful information
Remember. . .

The block diagram should be easily understood by someone who is not at your institution
Use the Handy Dandy Summary!

Approximate Date of Next Site Visit: No Information Currently Present
Self Study Date (Approximate): December 01, 2017

Program Summary

View Summary
Print Summary PDF
Whom to contact with questions?

**RC Staff**

- Program requirements
- Notification letters
- Complement requests
- Case Log content

[acgme.org](http://acgme.org)
Whom to contact with questions?

- ADS/Surveys/Case Log System:
  ADS@acgme.org or Tessa Banks at tbanks@acgme.org / 312-755-7443

- Site Visit or Self-Study:
  Fieldrepresentatives@acgme.org
Upcoming RC Meetings

- April 5-6, 2018
- January 3-4, 2019
- April 4-5, 2019
Questions?
Thank you!