

## Newsletter

### Residency Review Committee for Ophthalmology June 2002

#### COMMON PROGRAM REQUIREMENTS

The "Common Program Requirements" document was developed by the ACGME with two major goals:

- to identify the generally accepted accreditation criteria common to all ACGME programs
- to streamline the program requirements and prevent unnecessary duplication of accreditation criteria

The document was extensively vetted through all 28 R.R.C.'s, members of the ACGME appointing organizations, and the ACGME Board of Directors. Following agreement by these groups, the document was approved at the February 2002 ACGME meeting **with an implementation date of July 1, 2003.**

#### **How are these standards different?**

They are not different. As you review the Common Requirements you will see that the Program Requirements for Surgery have these same criteria. Some of the language may be slightly different, but the interpretation is the same.

#### **How will the document be implemented?**

Each of the current program requirements for all specialties will be edited and duplicate language deleted from their specialty-specific requirements by July 1, 2003.

#### **Why was this project widely supported?**

Criticisms of the accreditation process have been acknowledged by the ACGME and this is one of several projects to lighten the burden of everyone involved in accreditation. The most common reasons follow: Inconsistency and duplication of accreditation criteria across related specialties although the ACGME requires each R.R.C. to use a common outline and language, notable inconsistencies developed as each set of Requirements was revised and updated. These Common Requirements pinpoint the central, shared, and minimum elements of accreditation that each R.R.C. will use as the minimum language in its evaluation processes. An R.R.C. may have additional stipulations that are more stringent than the minimal language.

#### *Supporting commonalities across the specialties*

Common standards for all specialties build upon the shared educational criteria among specialties, rather than emphasizing the differences. Developing common criteria will help the institutions sponsoring graduate medical education to develop projects among and across specialties at the local level. A cross-specialty evaluation process can be developed to discern differences among the specialties.

#### *Improving research capabilities*

A common document will help the ACGME and others to perform research across specialties. At this time, such projects are difficult because document consistency is lacking and data cannot easily be retrieved.  
Administrative issues

The Common Requirements will relieve excessive duplication of effort, decrease staff work at both the program and institutional level, and decrease costs in multiple venues. Programs and institutions have indicated support because they comment unfavorably about excessive duplication of effort when preparing for a site visit.

Of course, we will be updating you as the project proceeds.

#### **New CPT Codes**

New CPT codes approved for this year will be added to the ACGME database July 1, 2002.

**Accredited Programs Scheduled for Annual Update**

It is mandatory for all accredited programs to annually update information with the ACGME Web Accreditation Data System. Every program director should have a username and password as well as a Program Director's Manual, which will enable you to perform the update. The online procedure consists of two steps: updating and verifying program related information, and entering information for all residents who are or were actively enrolled in your program as July 1, 2001. There are no restrictions or limitations to its use.

**Duty Hours**

ACGME 's proposed requirements for resident duty hours are available for review and comment. The entire document and information on how to comment is located on the ACGME website at [www.acgme.org](http://www.acgme.org). For an executive summary, read lines 21-61. If one is interested in the consequences to residencies and sponsoring organizations for failure to comply with regulations, read lines 290-327. Policies related to moonlighting can be found on lines 175-180. The date for proposed implementation is July 1, 2003.

**General Competencies**

ACGME has established a chat room for ophthalmology program directors to discuss the implementation of the general competencies and share information. This chat room is available to Ophthalmology program directors only. You received an email indicating how to access the chat room. You can access the chat room by going to the Ophthalmology Program Requirements and clicking on the chat room at the ACGME website.

There is an addendum to the PIF that addresses the competencies and asks how they residents are being evaluated in relation to the competencies. This is a special addendum to the existing PIF and is available for downloading. Please note that it must be used starting July 1, 2002.

Program directors will be asked to describe the manner in which the program is designed to include education in the competency areas and the progress made in developing a plan for assessing resident performance throughout the program.

---

**PROGRAM POLICY UPDATES****Regarding Operative Logs:**

Effective July 1, 2002, all accredited ophthalmology programs must use the ACGME operative log system. The system has 24-hour availability and will be PDA compatible by July. There is an annual \$25 licensing fee per resident. Therefore a program with 10 residents will be billed \$250 annually. Once the program is authorized to use the Palm version, a resident will have to log into the system on the Internet and click on the "handheld" tab. On this tab, there are instructions on how to download the necessary software to their hand held device. Each resident who uses the Palm application must have a handheld device with Palm OS 3.5 or higher and 2mb of memory available. Please contact the ACGME Help Desk at 312-464-5393 for a password if you do have one. More information is available at the Help Desk Kiosk on the website at [www.acgme.org](http://www.acgme.org).

**Regarding Increasing or Decreasing the Resident Complement:**

Due to an increase in the number of program requests for additional positions (temporary and permanent) outside of their regular review cycle, the R.R.C. agreed that guidelines, to change the resident complement, will be available on the ACGME website for your use. The guidelines should clarify the necessary information and the anticipated date for availability of the document is July 15, 2002.

**Regarding co-signatures for progress reports:**

If progress reports requested by the R.R.C. are not co-signed by the program director and the chair of the institutional GMEC, the report will be returned for the appropriate signatures and will not be reviewed by the R.R.C.

**Regarding Ophthalmology R.R.C. Resident Questionnaire:**

The resident questionnaire was reviewed at the most recent R.R.C. meeting and there was a decision not to revise it. This questionnaire is mailed to the program director prior to each site survey, who gives it to the chief resident for distribution. The chief must return it to ACGME in a timely fashion, so it can be reviewed prior to the

site visit.

### **Regarding Resident Transfer from Program to Program and Completion of Residency Training:**

The R.R.C. approved the use of the American Board of Ophthalmology's (ABO) Program Director's Checklist for Residents "Satisfactory Completion of Residency Training." In addition, an ABO form for "Interim Evaluation of Resident Changing Programs" was approved for residents who transfer programs. Please contact the ABO directly for additional information or to obtain the form (610.664.1175).

### **Regarding Minimum Operative Numbers Requirement for Glaucoma**

The Committee reviewed the current minimum number for glaucoma laser and filtering procedures. Results of a survey sample of program directors indicate the minimum numbers should remain the same. The R.R.C. therefore agreed to keep minimum requirements for glaucoma experience as follows:

*Laser: Class 1 = 5; Class 3 = 10*

*Filtering: Class 1 = 5; Class 3 = 10*

### **FUTURE MEETING DATES**

As a reminder: there is an established cut-off date for each meeting agenda. Please note the deadlines in the event you have submissions/requests/correspondence for future R.R.C. meetings:

Meeting of December 13-24, 2002  
*Agenda deadline: October 18, 2002*

Meeting of May 30-31, 2003  
*Agenda deadline: April 1, 2003*

### **CURRENT R.R.C. MEMBERS:**

Robert D. Yee, MD, Chair  
Susan H. Day, MD  
James L. Kinyoun MD  
Marlon Maus, MD  
Richard P. Mills, MD  
Christine C. Nelson, MD  
Susan M. Stenson, MD  
James S. Tiedman, MD  
Denis O' Day, MD  
Jeffery Padousis, MD (Resident)

### **FUTURE MEETING DATES OF THE R.R.C.**

May 31 - June 1, 2002  
December 13-14, 2002  
May 30-31, 2003  
December 12-13, 2003

### **ACGME R.R.C. STAFF**

Patricia Levenberg, Ph.D.,  
Executive Director  
(312.464.4687e-mail: [plevenberg@acgme.org](mailto:plevenberg@acgme.org))

Eileen Keane  
Senior Accreditation Administrator (312.464.4528 e-mail: [etk@acgme.org](mailto:etk@acgme.org))

Linda Roquet  
Senior Secretary  
(312.464.4686 - e-mail: [ljr@acgme.org](mailto:ljr@acgme.org))

---

**MAILING ADDRESS**

R.R.C. - Ophthalmology  
ACGME  
515 North State Street  
Suite 2000  
Chicago, IL 60610

We invite your comments:  
[plevenberg@acgme.org](mailto:plevenberg@acgme.org)

[www.ACGME.org](http://www.ACGME.org)

Copyright 2000-2004 ACGME  
[Legal Statements](#)