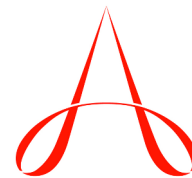


RRC NEWS

OPHTHALMOLOGY



ACGME

Accreditation Council for Graduate Medical Education

JULY 2011

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FAREWELL AND WELCOME

Dr. James Orcutt completed his term on the Review Committee on June 30, 2011. An appointee of the American Board of Ophthalmology, Dr. Orcutt has served on the Committee for the last six years. He has taken on special projects and his knowledge of the VA systems was extremely helpful. His wisdom and knowledge will be missed by all. We wish him well in all of his future endeavors.

The Committee is happy to welcome new member Dr. Claude Cowan, whose term commenced July 1. Dr. Cowan is on the clinical staff at the Washington, DC Veterans Affairs Medical Center, and is a clinical professor of ophthalmology at Georgetown and George Washington University Medical Centers. His clinical interests are retinal vascular diseases, especially diabetic retinopathy, and sarcoidosis. The Committee looks forward to working with Dr. Cowan.

COUNTING RETINAL LASERS

At this time, intravitreal injections will not be counted as retina lasers, because these are not laser procedures. Since residents are doing more and more intravitreal injections, however, the Committee will continue to review these numbers without consequence, and may apply a minimum to this category in the future. The existing minimum of 25 applies only to retina lasers and does not include intravitreal injections. The Committee continues to work with the ACGME to develop logical minimum requirements and additional changes will likely occur in the future.

HOW TO LOG KERATOREFRACTIVE SURGERY

The "Definition of a Surgeon" clearly states that if a resident performs both sides of a bilateral procedure (e.g., a bilateral medial rectus muscle recession), it counts as only one procedure. However, in the case of keratorefractive surgery, where acting as an "assistant" is also counted, there has been some confusion about whether a resident who assists for both

MEETING AND AGENDA CLOSING DATES

MEETING: NOVEMBER 17-18, 2011

AGENDA CLOSING: SEPTEMBER 8, 2011

MEETING: MAY 3-4, 2012

AGENDA CLOSING: FEBRUARY 23, 2012

NOTIFICATION DEADLINES

5 DAYS AFTER MEETING:

E-MAIL NOTIFICATION OF REVIEW STATUS/
CYCLE LENGTH AUTOMATICALLY SENT TO
PROGRAM DIRECTOR AND DIO.

60 DAYS AFTER MEETING:

E-MAIL ALERT SENT STATING THAT LETTER
OF NOTIFICATION IS POSTED IN ADS.

*UNTIL THE OFFICIAL LETTER IS POSTED IN ADS,
REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT
PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR
SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.*

sides of a bilateral LASIK procedure should count it as one case or two? Further, how should the resident log the case if a different resident assists for each side of a bilateral case?

The new minimum for keratorefractive surgery is six (surgeon plus assistant), and Retina/Vitreous is 10 (surgeon plus assistant). As noted on the "[Surgeon Definition](#)" posted on the Review Committee [web page](#) on the [ACGME website](#), involvement in the pre-operative assessment and the post-operative management of the patient is an important element of the participation. Only the first assistant may record a procedure as assistant. A resident may only record a case as assistant if he or she is first assistant to: 1) a faculty member performing the procedure; or, 2) another resident performing the procedure under faculty supervision. For keratorefractive surgery, a resident may observe the bilateral procedure, but this should be counted as a single case. This is consistent with the criteria listed on the "Surgeon Definition" link above. If one resident observes one side of a bilateral refractive surgery and another resident observes the other side of the procedure, this cannot be counted as an assistant case for each of the two residents; however one resident may log this as an assistant case. Questions about this subject should be directed to Review Committee Vice Chair Maria Aaron, MD at maria.aaron@emory.edu.

MEETING STATISTICS

Review Committee for Ophthalmology Accreditation Action Data May 2011			
Confirmed Adverse Actions	Probation		2
	Continued Probation		1
Non-Adverse Actions	Continued Accreditation		12
Increase Complement Requests	With full review (site visit)	Denied/Deferred	2
	Separate from full review	Denied/Deferred	1
Site Visit Cycles	1 year		3
	2 years		2
	3 years		3
	4 years		5
	5 years		2
Number of Programs Reviewed			19
Number of Programs in Specialty			117
Number of Approved/Filled Positions			1434/1428

MOST COMMON CITATIONS

For the period between May 1, 2010 and May 1, 2011, the most common citations received by programs are as follows:

- 1. Program Director/Responsibilities/Equivalent Educational Experiences for All Residents:** (Program Requirement II.A.4.p.) The program director must ensure that all residents have equivalent educational experiences.
- 2. Faculty/Qualifications/Specialty Certification:** (Common Program Requirement II.B.2.) The physician faculty must have current certification in the specialty by the American Board of Ophthalmology, or possess qualifications acceptable to the Review Committee.
- 3. Educational Program/Curriculum/Resident Experiences/Minimum Operative Procedure Numbers:** (Program Requirement IV.A.5.a).(5.) Residents must perform and assist at a sufficient number of surgeries to become skilled as comprehensive ophthalmic surgeons. While the total number of operative procedures to be performed is not specified, the Review Committee will consider a minimum number of key procedures as acceptable (*the minimum numbers are listed on the Review Committee's web page on the ACGME website at http://www.acgme.org/acWebsite/RRC_240/240_Minimums_Operative_Table_.pdf*)

THE BASICS OF ACCREDITATION FOR NEW PROGRAM COORDINATORS

On October 10, 2011 there will be a one-day intensive workshop to help new program coordinators understand the basics concerning ACGME accreditation of residency programs in ophthalmology.

This interactive workshop is designed for individuals who assist program directors in the administration of residency/fellowship programs and are new to the accreditation process. The information given in this workshop is very introductory; it is not designed for seasoned coordinators. **Participants must have less than two years of experience in the position of program coordinator to attend.** The ACGME reserves the right to cancel your registration if you have more than two years of experience in the role of a program coordinator.

More information, including registration, is available [here](#).

Questions about the workshop can be submitted to: Coordinatorworkshops@acgme.org.

Save the Date: 2012 ACGME Annual Educational Conference

March 1-4, 2012

Walt Disney World Swan and Dolphin
Orlando, Florida

more information to follow

We'd like to know how we're doing.

The ACGME's Department of Accreditation Committees has been working to improve newsletter content. Please e-mail the editor (mschwab@acgme.org) with feedback on articles in recent issues.

Were they useful? interesting? informative? what are we missing? what would make them better?

RRC News provides timely and current Review Committee and Specialty Updates, as well as general ACGME information and explanations of its systems, policies, and procedures. It also serves as a vehicle for communication between the Review Committee and its constituents.

Please contact the editor with suggestions or comments about this newsletter: mschwab@acgme.org.

Newsletters are typically available following a Review Committee meeting, between once and three times per year.