

**Summary and Impact of Major Program Requirement Revisions  
Program Requirements for Graduate Medical Education in Ophthalmology**

The Residency Review Committee for Ophthalmology is proposing a major revision of the Program Requirements with an effective date of July 1, 2011. The purpose of this proposed revision is to match the intent of the outcomes project and base fellowship training on the competencies, rather than the curriculum or process. At the same time, the RC's goal continues to be to protect the trainees and the faculty members and to ensure resources necessary to support programs. There were editorial changes made to the requirements as well. These changes are not expected to have any impact on programs and were done to enhance clarity. These edits have not been itemized.

Below are the major revisions to the requirements and their impact on education.

Line Number(s): 21-24

Requirement Revision (major revisions only): Introduction A

A residency in ophthalmology is an educational experience designed to develop clinical diagnostic, therapeutic and surgical skills as a comprehensive ophthalmologist. Each resident is given progressive responsibility for patient care and safety.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clearly giving more opportunity for progressive learning should benefit the resident and ultimately the patients.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**

The proposed change simplifies the current description of a training program. Many of the elements of the previous program requirements have been moved to alternate places within the program requirements. There is no new impact from the current Program Requirement.

Line Number(s): 124-125

Requirement Revision (major revisions only): I.B.7.a)

A rotation to a foreign country must be no longer than one month in length.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **The change was simply using the word "must" instead of "should." Therefore, this has no impact on any of the categories.**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other

services; addition of faculty; financial impact); **N/A**

5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): 127-129

Requirement Revision (major revisions only): I.B.7.c)

Surgical procedures completed during the foreign rotation must not be counted toward meeting the required minimal number of procedures.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **Quality of supervision could potentially be less during these rotations.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **Continuity of care is often very limited in these instances.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **There may be in impact on programs who are currently depending on surgical numbers generated during foreign rotations to meet minimum operative requirements.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **See number four.**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 172-174

Requirement Revision (major revisions only): II.A.3.e)

(the program director) at least three years of experience in the specialty following completion of his or her most recent graduate medical education experience.

Describe, as appropriate, how the revision

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **an experienced clinician, administrator and scholar should improve the oversight of the program. An experienced clinician, administrator and scholar is a more appropriate candidate for be designated as the program director.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 348-350

Requirement Revision (major revisions only): II.B.2.a)

The faculty must have subspecialty expertise across a broad range of ophthalmic disciplines, including contact lens, cornea, glaucoma, neuro-ophthalmology, ophthalmic plastic and reconstructive surgery, pediatric ophthalmology and strabismus, refractive surgery, retina, and visual rehabilitation.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Faculty with education in every specialty offers expertise that should be available to every resident and ultimately will impact the care residents provide to patients.**
- 2) improves the quality of resident education; **taking out the requirement for fellowship training, will allow more potential exposure and opportunity for residents to be trained by staff with sub-specialty expertise but not formal training.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **Increasing subspecialty expertise could increase the variety and opportunity to see patients with sub-specialty specific problems.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **Programs without a full complement of subspecialty physicians will have to recruit appropriate faculty members.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **May increase the volume and breadth of patient pathology.**
- 6) impacts residency education in other specialties. **May enhance multidisciplinary interaction and activity.**

Line Number(s): 453-464

Requirement Revision (major revisions only): III.A.1.a) - III.A.1.c)

III.A.1.a) The PG1-year must be in one of the following specialties: emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery or the transitional year.

III.A.1.b) During the PG1-year the resident must have primary responsibilities for patient care.

III.A.1.c) A summative evaluation of the resident must accompany entry into the ophthalmology program.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **maintains for providing a consistent fundamental patient care experience, and the beginning ophthalmology resident will have had significant prior responsibility for patient care, and has experience with systems based practice.**
- 2) improves the quality of resident education; **Ensures a good foundation upon which residents can manage complicated multisystem presentations.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing

care; **The resident understands the issues involved with the multidisciplinary management of patients.**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **No impact.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **Improves the resident experience across subspecialties.**

Line Number(s): 521-524

Requirement Revision (major revisions only): IV.A.3.a).(1)

A minimum of six hours per month must be devoted to case presentation conferences (e.g., Grand Rounds, Continuous Quality Improvement, Morbidity and Mortality) attended by several faculty and a majority of residents.

Describe, as appropriate, how the revision

- 1) impacts the quality and safety of patient care; **by ensuring a larger number of faculty are present, this should improve the quality of resident education.**
- 2) improves the quality of resident education; **see number 1.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **More discussion on difficult cases which may allow for improved management and ongoing care.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 530-532

Requirement Revision (major revisions only): IV.A.3.b).(1)

This series must include a minimum of 360 hours during the 36 month education program with 200 hours of this total being intramural.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Yes, didactic lectures are important for medical education competency and are representative of programmatic commitment to curriculum.**
- 2) improves the quality of resident education; **Yes, more lectures improve quality of education across the spectrum of competencies.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **Yes, lectures can include continuity of care content.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **Not a change as all programs have didactic lectures.**

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **No**
- 6) impacts residency education in other specialties. **Enhances education in other specialties if they choose to participate.**

Line Number(s): 537-545

Requirement Revision (major revisions only): IV.A.3.b).(3) - IV.A.3.b).(4)

Topics must include cataract surgery, contact lenses, cornea and external disease, eyelid abnormalities, glaucoma, neuro-ophthalmology, ocular trauma, optics and general fraction, orbital disease and ophthalmic plastic surgery, pathology, pediatric ophthalmology and strabismus, systemic disease consults, uveitis, visual rehabilitation, and refractive surgery, and vitreo-retinal diseases.

Residents must have documented didactic sessions in each of the following: advocacy, ethics, practice management, and socio-economics.

Describe, as appropriate, how the revision:

- 1) Impacts the quality and safety of patient care; **Yes, specificity in content provides programs with guidance for inclusion in the curriculum and practice management, ethics, advocacy, and socio-economics specifically address quality and safety of patient care.**
- 2) improves the quality of resident education; **Yes, specificity is increased by individual content identification.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **Improves continuing care by incorporating content in practice management, ethics, advocacy, and socio-economics.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **Changes content but not structure of topics.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **No, didactic lecture only.**
- 6) impacts residency education in other specialties. **Yes, only if they choose to attend didactic lectures.**

Line Number(s): 550-551

Requirement Revision (major revisions only): IV.A.3.c)

Residents must have surgical skills instruction in a surgical skills development resource.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Yes, surgical skills development resource allows opportunities for deliberate practice without a live patient.**
- 2) improves the quality of resident education; **Yes, curriculum driven surgical skills development outside of live patient experience improves opportunities for learning and practice of skills and application of knowledge.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing

care; **No.**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **Yes, development of surgical skills development resource will require capital investment, faculty time, and curriculum creation.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **Yes, might decrease the required volume of live patients necessary to achieve surgical competence.**
- 6) impacts residency education in other specialties. **Yes, might allow cross training for microsurgical skill sets within a surgical simulator or other basic surgical skill set training paradigms for surgical specialists.**

Line Number(s): 609-644

Requirement Revision (major revisions only): IV.A.5.a).(6).(f).(i) - IV.A.5.a).(6).(f).(viii)

Must demonstrate competence in patient care including: evaluating and assessing preoperative ophthalmic and general medical indications for surgery and surgical skills benefit; intraoperative skills; managing systemic and ocular complications that may be associated with surgery and anesthesia; obtaining informed consent; performing ophthalmic procedures as primary surgeon, including:

IV.A.5.a).(6).(f).(i) cataract

IV.A.5.a).(6).(f).(ii) strabismus

IV.A.5.a).(6).(f).(iii) cornea (

IV.A.5.a).(6).(f).(iv) glaucoma

IV.A.5.a).(6).(f).(v) glaucoma laser

IV.A.5.a).(6).(f).(vi) retina/vitreous

IV.A.5.a).(6).(f).(vii) oculoplastics/orbit

IV.A.5.a).(6).(f).(viii) globe trauma

Providing acute and long-term postoperative care; and, using local and general anesthetics

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **A requirement for a minimum number of operative experiences is the first step to determining competency. The RC reviews the procedures yearly and determines a minimum number of procedures for 8 procedures. In addition, identifying all phases of patient care provides assurance that the resident will have a comprehensive ophthalmic experience.**
- 2) improves the quality of resident education; **the impact on residents is to identify a minimum number for resident education with the expectation that every program will be expected to meet the minimum.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing

care; **N/A**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **this expectation has been in existence and there will be no changes necessary in order to continue meeting the requirements.**
- 6) impacts residency education in other specialties. **N/A.**

Line Number(s): 781-791

Requirement Revision (major revisions only): IV.A.6.a).(1)

Residents must participate in a minimum of 3000-outpatient visits in which the resident performs a substantial portion of the examination with 1,000 of those under direct supervision.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Yes - requires direct supervision of resident clinical patient care.**
- 2) improves the quality of resident education; **Yes - requires direct supervision of resident clinical patient care by a faculty member.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **Yes - this requirement may necessitate the hiring of additional faculty.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 786-789

Requirement Revision (major revisions only): IV.A.6.a).(1).(a)

Direct faculty supervision must include examining the patient with the resident and discussing the management of the patient with the resident before the patient leaves the clinic.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Yes - requires direct supervision of resident clinical patient care.**
- 2) improves the quality of resident education; **Yes - requires direct supervision of resident clinical patient care by a faculty member.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **Yes - this requirement may necessitate the hiring of additional faculty.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s):791-800

Requirement Revision (major revisions only): IV.A.6.b) - IV.A.6.b).(2)

IV.A.6.b) Education in ophthalmic pathology must include conferences and/or study sets and must cover the full spectrum of ophthalmic disease.

IV.A.6.b).(1) Each resident must participate in grossing and microscopic evaluation of specimens they directly obtained.

IV.A.6.b).(2) Any physician faculty with demonstrated expertise in ophthalmic pathology must direct ophthalmic pathology education for residents.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Yes - residents will be involved in supervised pathologic evaluation of specimens from their own patients.**
- 2) improves the quality of resident education; **Yes - the full spectrum of ophthalmic disease will be reviewed from the perspective of ophthalmic pathology.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **Yes - may require the inclusion of a pathologist with demonstrated ophthalmic expertise.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **Yes - this may enhance the educational experience of pathology residents through exposure to ophthalmic pathology.**

Line Number(s): 855-857

Requirement Revision (major revisions only): V.A.1.b).(4).(a)

The program director should discuss this evaluation with the resident in person semiannually.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Yes - may enhance resident clinical interactions through feedback from the program director, faculty and staff.**
- 2) improves the quality of resident education; **Yes - ensures direct summative and formative feedback for the resident.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 945-947

Requirement Revision (major revisions only): V.C.4

At least 60% of the program's graduates from the preceding five years who take the American Board of Ophthalmology for ophthalmology for the first time must pass.

- 1) impacts the quality and safety of patient care; **By mandating that programs attain a minimum pass rate for their residents taking the boards, the RRC will ensure that programs are providing training opportunities for graduating residents to be competent in the care of patients.**
- 2) improves the quality of resident education; **The revision will help drive residency programs to create a training experience that leads to higher board pass rates, which should motivate programs to regularly review, adjust, and modify their curricula.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); **N/A**
- 6) impacts residency education in other specialties. **N/A**