Frequently Asked Questions: Ophthalmology
Review Committee for Ophthalmology
ACGME
(FAQs related to Ophthalmology Program Requirements effective July 1, 2025)

Question	Answer
Introduction	
How much leave time can a resident have during the educational program? *[Program Requirement: 4.1.]*	The Review Committee does not have requirements related to resident leave time. The Institutional Requirements, available on the Institutional Review Committee page, address requirements related to vacation and leaves of absence. Programs must have leave policies consistent with the policies of their Sponsoring Institution and the applicable board (American Board of Ophthalmology (ABO) or American Osteopathic Board of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOBOO-HNS). If a resident's educational program must be extended, the program should update the resident's completion date in the ACGME's Accreditation Data System (ADS). In addition, a temporary complement increase for the additional education period may need to be requested. See "Requests for Changes in Resident/Fellow Complement" available on the Documents and Resources page of the Ophthalmology section of the ACGME website. A temporary increase in resident complement for up to one month does not require approval of the Review Committee.
During the PGY-1, is it acceptable for most of a resident's leave time (e.g., vacation, parental leave) to be scheduled during the resident's ophthalmology experience? *[Program Requirements: 4.1., 4.11.a.-4.11.b., 5.1.d.]*	A program's PGY-1 block diagram must include three months of ophthalmology and nine months of patient care experience other than ophthalmology. There are no program requirements regarding resident leave time during the scheduled rotations. Parameters for leave are made by the Sponsoring Institution and program. Should evaluations indicate that an extended leave has had a detrimental effect on a resident's performance, the program director, with input from Clinical Competency Committee, is responsible for developing an individualized learning plan for the resident. To ensure due process, it is essential that the program follow Sponsoring Institution policies and procedures.

Can a program's format be changed from a joint preliminary year/ophthalmology format to an integrated ophthalmology format or vice versa? *[Program Requirement: 4.1.a.]*	Yes. The program needs to inform the Review Committee by June 1st for a format change to begin with the upcoming academic year. Email the format update to the Review Committee's Accreditation Administrator, contact information for whom can be found in the Ophthalmology section of the ACGME website
Can a resident transfer into an ophthalmology program at the PGY-2 level if the resident completed the PGY-1 year in an unaffiliated preliminary year program? *[Program Requirements: 4.1.a., 3.3.a.1., and 3.5.]*	The Review Committee's expectation is that ophthalmology residents will complete the PGY-1 within an integrated ophthalmology program or in an ophthalmology program's joint preliminary year program. Residents are expected to have met the PGY-1 curricular requirements in an ACGME-accredited program prior to starting the PGY-2. See Ophthalmology program requirements 4.11.a.- 4.11.b.1. for the PGY-1 curricular requirements. A program accepting a transfer resident lacking a required PGY-1 experience can provide this experience in an ACGME-accredited program prior to advancing the resident to PGY-2. Education and training time would be extended accordingly. As of July 1, 2023, a resident not completing the PGY-1 within the ophthalmology program or in a joint preliminary year program, or not completing all PGY-1 requirements prior to starting PGY-2, will put a program at risk of receiving a citation or Area for Improvement (AFI) for non-compliance with the Program Requirements for Ophthalmology. Programs may provide the committee with a rationale for non-compliance with the PGY-1 requirements during the ADS Annual Update in the "Major Changes and Other Updates" section. The committee will take the program's explanation into consideration when the program is next reviewed. Programs with questions regarding resident transfers are encouraged to contact the Review Committee's executive director, contact information for whom can be found in the Ophthalmology section of the ACGME website.

Oversight	
What is considered to be diagnostic equipment? *[Program Requirement: 1.8.a.1.]*	In all ophthalmology clinics where patients are seen, standard diagnostic equipment would include devices to measure visual acuity and obtain refractive data, slit lamps, direct and indirect ophthalmoscopes, and appropriate diagnostic instruments (including lenses). The committee's expectation is that ophthalmic photography, echography, optical coherence tomography, fundus angiography, visual field testing, and biometry are easily available when treating patients, and that in pediatric or adult clinics where eye motility is assessed, prisms and tests to measure binocular function (e.g., Titmus, Worth 4-dot) are present. Less commonly used tests, such as visual evoked potential systems (VEP), electroretinography (ERG), and electrooculography (EOG), should be available regionally for program use.
Personnel	
Do programs need to review program director and faculty member certification information that is automatically provided in ADS? *[Program Requirements: 2.5.a. and 2.10.]*	Yes, programs are expected to review faculty member certification information for accuracy during the ADS Annual Update and when a new faculty member is entered into ADS. If an error is identified, programs should correct this in the faculty roster (Specialty Certification – Manual Entries > +Add > enter correct certification information and an explanation in "Explain Equivalent Qualifications for Review Committee Consideration (or missing information)").
Under what circumstances does the committee need to review the qualifications of a program director or faculty member who is not certified in ophthalmology by the ABO or AOBOO-HNS? *[Program Requirements: 2.5.a. and 2.10.]*	Programs are expected to submit a request for a *proposed* program director or faculty member: • whose certification is from a country outside of the United States, ○ Note: Faculty members trained outside of the United States are expected to participate in the ABO's Internationally Trained Ophthalmologists program once eligible. • who is not certified by the ABO or AOBOO-HNS and does not plan on becoming certified by the ABO or AOBOO-HNS in the near future, or, • who has lapsed ABO or AOBOO-HNS certification. A request is *not* needed for: • a faculty member who recently completed an ACGME-accredited ophthalmology residency program and has not yet received ABO or AOBOO-HNS certification, or, ○ Note: Programs should enter "ABMS Board Eligible" or "AOA Board Eligible" in the ADS Faculty Roster (Specialty Certification – Manual Entries > +Add). • non-ophthalmologist faculty members who are board certified in their

	subspecialty or subspecialty.
How should a program request the committee's consideration of the qualifications of a proposed program director or faculty member who is not certified in ophthalmology by the ABO or AOBOO-HNS? *[Program Requirements: 2.5.a. and 2.5.a.1.]*	The program must submit a letter of support to the Review Committee, signed by the program director and the designated institutional official (DIO). A CV for the faculty member must be attached. Email the letter to the Review Committee's accreditation administrator, contact information for whom can be found in the Ophthalmology section of the ACGME website. If the Review Committee approves the request, programs should note this in the ADS Faculty Roster (Specialty Certification – Manual Entries > +Add > enter certification information > indicate Review Committee approval under "Explain Equivalent Qualifications for Review Committee Consideration (or missing information)").
Should non-ophthalmology faculty members who teach PGY-1 residents be entered in the ADS Faculty Roster? *[Program Requirement: 2.7.]*	It depends on the program's format: • In the joint preliminary year/ophthalmology format, non-ophthalmology faculty members who teach residents during the preliminary year should *not* be included in the Faculty Roster. The Faculty Roster should include only faculty members who teach residents during the PGY-2 through PGY-4 levels. • In the integrated ophthalmology format, the Review Committee recommends adding one faculty member involved in ophthalmology resident education into the Faculty Roster from each non-ophthalmology department in which the residents rotate. The faculty member may be the program director of the residency program in which ophthalmology residents are rotating, the site director, or another faculty member who is involved in the delivery of educational content to the residents. Programs can choose to add other faculty members. It is recommended that the program director designate non-ophthalmology faculty members as non-core. Non-core faculty members will not be asked to complete the annual ACGME Faculty Survey. The scholarly activity for these faculty members can be copied from their primary programs. Note that the copy feature is only enabled if a record is available in another program.
Are non-physician faculty members permitted to supervise residents? *[Program Requirements: 2.7., 2.10., 6.5.]*	Supervision of residents must be by a physician faculty member with current certification in the specialty by ABO or AOBOO-HNS or who possesses qualifications judged acceptable to the Review Committee. Non-physician faculty members are permitted to educate residents, and can offer valuable education in areas such as low vision, contact lens, and refraction; however,

	this must not be construed as permitting clinical supervision of patient care performed by residents by non-physician faculty members.
Resident Appointments	
How should a program request an exception to the requirement that the PGY-1 be completed in an ACGME-accredited preliminary year program sponsored by the same institution that sponsors the ophthalmology residency program? *[Program Requirement: 3.3.a.1.]*	The program must submit a request to the Review Committee that explains: a) why the preliminary year experience cannot take place at the Sponsoring Institution; b) as appropriate, the efforts made by the program and Sponsoring Institution to establish a preliminary year at the Sponsoring Institution and why the efforts failed; and c) an alternative plan for the preliminary year that will meet the spirit of the requirements (effective July 1, 2021) to better prepare incoming PGY-2 residents for ophthalmology residency. The names and ACGME 10-digit numbers of the proposed joint preliminary year program(s) and that program's Sponsoring Institution, as well as the distance between the programs, must be included. The request must be signed by the program director and DIO, and emailed to the Review Committee's accreditation administrator, contact information for whom can be found in the Ophthalmology section of the ACGME website.
Can a new program with a status of Initial Accreditation or a program with a recently approved permanent complement increase have both PGY-1 and PGY-2 residents start the first year? *[Program Requirement: 3.4.]*	In general, programs are expected to roll out the approved complement on a year-by-year basis. That is, adding only PGY-1 residents each year. This approach allows programs to implement their plans in manageable stages and ensures a resident does not transfer from an established program to a new one, leaving the established program with an unexpected open position. The Review Committee will consider allowing a PGY-2 resident to start the first year of accreditation or of a complement increase. A PGY-2 resident must meet all of the PGY-1 curricular requirements prior to beginning the PGY-2 year, including three months of ophthalmology. Programs interested in having a PGY-2 resident start the first year of accreditation or complement increase are advised to contact the Review Committee's executive director to discuss options and the next steps. The executive director's contact information can be found in the Ophthalmology section of the ACGME website.
How can a program initiate a complement increase request? *[Program Requirement: 3.4.a.]*	See "Requests for Changes in Resident/Fellow Complement," available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
Educational Program	

How can programs document how the Core Competencies of professionalism, practice-based learning and improvement, interpersonal and communication skills, and systems-based practices are taught? *[Program Requirements: 4.3.- 4.3.g. and 4.7.- 4.9.h.]*	There are no specific requirements with respect to documentation. However, the committee does expect a program to be able to demonstrate to an Accreditation Field Representative the ways in which the program teaches professionalism, practice-based learning and improvement, interpersonal and communication skills, and systems-based practices. **Examples** *Professionalism* • Document timely written feedback to residents on their professionalism, including routine multi-source assessment. • Document structured learning activities for promoting professional behavior in the context of everyday practice. • Document policies regarding lapses in professionalism. • Document remediation activities for improvement in professionalism. *Practice-Based Learning and Improvement* • Document a structured process for resident reflection (e.g., a faculty advisor guides the resident in using feedback and evaluations to inform the self-assessment process). • Document structured evidence-based medicine activities, such as a journal club presentation or critical appraisal of a topic. • Document a full “plan-do-study-act” (PDSA) cycle in which residents actively participate with appropriate faculty member oversight. *Interpersonal and Communication Skills* • Document regular feedback from faculty members to residents on their communication strengths and areas in need of improvement. • Document feedback to residents on their communication style from non-faculty members, such as medical students and patients. • Document the ways in which residents work in interdisciplinary teams to care for patients. • Document a policy for the completion of comprehensive, timely, and legible medical records that includes monitoring, evaluation, and feedback to residents. *Systems-Based Practice*

	• Document opportunities residents have to learn to work effectively in diverse settings. • Document resident completion of a systems-based practice project, including the system improvements that resulted.
What does the Review Committee consider an "opportunity for continuity of care," and what are the expectations regarding its achievement? *[Program Requirement: 4.10.b.]*	Continuity of care comprises a variety of different concepts, each of which is enabled by residents' abilities to examine patients at multiple points along their disease or treatment course. For example, residents must have the opportunity to follow patients through pre-operative assessment, surgical intervention, and post-operative course. Residents must have the opportunity to follow patients at various points through the course of a disease process, both for acute conditions (e.g., conjunctivitis, cornea abrasions, hyphema), and chronic conditions (e.g., glaucoma, amblyopia), so that they may assess effects of medical or surgical interventions, as well as become familiar with the natural history of a disease. While a continuity clinic would provide these opportunities for residents, where this is not possible, rotations should be structured such that residents have the ability to participate in sustained patient follow-up.
Do programs using the joint preliminary year/ophthalmology format need to include the PGY-1 on the block diagram? *[Program Requirements: 4.11.a.- 4.11.b.]*	Yes. Both joint and integrated formats must include PGY-1 on the block diagram. See "Block Diagram: Instructions for Ophthalmology Residency and Fellowship Programs," available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
If a program has four-week rotations during the PGY-1, will 40 weeks of medical and/or surgical experience other than ophthalmology be considered to be in compliance with the requirement for nine months? *[Program Requirement: 4.11.a.]*	Yes. Programs that use four-week rotations will be considered to be in compliance if the time devoted to non-ophthalmology rotations is at least 39 weeks and no more than 40 weeks. The committee considers nine months to be equivalent to 39-40 weeks.
Can PGY-1 residents be assigned to a non-clinical activity during the required nine months of non-ophthalmology experience? *[Program Requirement: 4.11.a.]*	The nine months of required non-ophthalmology experience during PGY-1 must be composed of clinical rotations. Relevant non-clinical experiences may be integrated into the clinical rotations provided that most resident time is spent engaged in clinical activities. Examples of acceptable non-clinical activities include an online population health certification course, hospital-sponsored quality improvement longitudinal course,

	and a “residents as teachers” workshop. The non-clinical experience cannot be specific to ophthalmology or dedicated research time. Dedicated research time may take place during the three months of ophthalmology but not during the required nine months of non-ophthalmology.
If a program has four-week rotations during the PGY-1, will 12 weeks of ophthalmology be considered compliant with the requirement? *[Program Requirement: 4.11.b.]*	Yes. Programs that use four-week rotations will be considered compliant with the requirement if the time devoted to ophthalmology is at least 12 weeks and no more than 13 weeks.
Is it acceptable to provide more or less than three months of ophthalmology during PGY-1? *[Program Requirement: 4.11.b.]*	No. Residents may have no more and no less than three months of ophthalmology. The Review Committee considers three months to be equivalent to 12-13 weeks.
What experiences are acceptable for the three months of ophthalmology during PGY-1? *[Program Requirement: 4.11.b.]*	The ophthalmology experience during PGY-1 may be clinical and/or research. Clinical experiences must take place under the supervision of ophthalmology faculty members. Research experiences must be conducted under the mentorship of an ophthalmologist, a non-physician researcher, or a non-ophthalmology physician affiliated with the ophthalmology department of the Sponsoring Institution.
Can residents be scheduled on another service during a PGY-1 ophthalmology block rotation? *[Program Requirement: 4.11.b.]*	Programs have the flexibility to organize the required three months of ophthalmology in the manner best suited to their setting. As such, residents may be scheduled on another service during an ophthalmology block rotation. However, those missed hours must be scheduled in ophthalmology at another time.
Do the three months of ophthalmology during PGY-1 need to be in block rotations? *[Program Requirement: 4.11.b.]*	No. Programs have the flexibility to organize the required three months of ophthalmology in the manner best suited for resident education in their setting. Block rotations and/or longitudinal experiences (e.g., continuity clinic) are acceptable.
Can PGY-1 residents be scheduled for a longitudinal experience in ophthalmology (e.g., half-day clinic throughout the year) in addition to three months of block rotations?	No. Residents may have no more and no less than three months of ophthalmology. A program may schedule a longitudinal experience in ophthalmology, but the three months of ophthalmology must be reduced by an equivalent amount. The committee considers three months to be equivalent to 12-13 weeks.

[Program Requirement: 4.11.b.]	
How should the program represent a longitudinal ophthalmology experience during PGY-1 on the block diagram? *[Program Requirement: 4.11.b.]*	Programs can show longitudinal experiences within each block and/or in an annotation below the block diagram. Whichever approach is taken, the block diagram must clearly demonstrate compliance with the requirement for three months of ophthalmology experience and nine months of non-ophthalmology experience during PGY-1. See "Block Diagram: Instructions for Ophthalmology Residency and Fellowship Programs," available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
Should PGY-1 residents in a program using the integrated ophthalmology format record their cases in the ACGME Case Log System? *[Program Requirement: 4.11.e.]*	Yes; however, the only cases they are required to log are those related to ophthalmology. If residents choose to log non-ophthalmic procedures for their own purposes, the non-ophthalmology rotation program director or coordinator may be able to provide a list of common Current Procedural Terminology (CPT) codes for that specialty to facilitate logging. Programs can add an attending surgeon who is not on the Faculty Roster into the Case Log System as a "Case Log Attending." Go to: Case Logs > Attendings > + Add. Residents can also use the generic "Attending, Other." If this option is not available, it may need to be reactivated in ADS. Contact ADS@acgme.org if assistance is needed.
How does a resident in a program using a joint preliminary/ophthalmology format with the preliminary year in an internal medicine, transitional year, or other non-surgical program enter ophthalmology cases during PGY-1 into the ophthalmology Case Log? *[Program Requirement: 4.11.e.]*	Residents can manually track ophthalmology cases during PGY-1 and then back-enter them into their ophthalmology Case Log after they start PGY-2. Back-entering PGY-1 procedures is not required by the Review Committee. Programs that have residents back-enter cases are encouraged to use a secure and HIPAA-compliant mechanism for residents to track cases during PGY-1. When PGY-2 residents back-enter cases, they can enter a date prior to the resident start date into the Case Log but will need to choose "1" for the Case Year for cases that took place during both PGY-1 and PGY-2.
How does a program using the joint preliminary year/ophthalmology format with a preliminary year in a general surgery program transfer the cases logged during the residents' general surgery year to the ophthalmology program when the resident	The ophthalmology program should request the transfer of logged cases from the general surgery Case Log to the ophthalmology Case Log from ADS staff members by emailing ADS@acgme.org. Before the request is made, the program should make sure the resident is on the resident roster in the ophthalmology program. The request should include the general surgery program name/10-digit number, ophthalmology program name/10-digit number, and resident information.

becomes a PGY-2? *[Program Requirement: 4.11.e.]*	
What are the minimum procedural numbers? *[Program Requirement: 4.11.e.1.]*	Case Log information, including procedural categories and minimum numbers, is available in "Ophthalmology Case Log Information" on the Documents and Resources page of the Ophthalmology section of the ACGME website.
What is meant by "advocacy" with regard to the requirement for documented educational sessions? *[Program Requirement: 4.11.h.]*	According to the American Academy of Ophthalmology (AAO) publication *The Profession of Ophthalmology*, advocacy is a duty of physicians and requires that they support, defend, and protect their patients and the profession. Advocacy can empower a physician to directly affect legislation, regulation, policy, and public and professional opinion on patient care, patients' rights, access to health care, research funding, scope of practice, liability issues, and device and medication development. Residency programs should provide didactic training in this area. Other formats through which residents may be exposed to advocacy include the AAO's Advocacy Day and Mid-Year Forum, local legislative meetings and events, US Food and Drug Administration (FDA) conferences, or observation or service on an Institutional Review Board or other committee that protects patients' rights.
Can online education be used to educate residents about advocacy, ethics, practice management, social determinants of health, harassment, and implicit bias? *[Program Requirements: 4.11.h.- 4.11.i.]*	Yes, education on these topics can be delivered through in-person, virtual, synchronous, or asynchronous formats.

Evaluation	
What resident evaluation methods should ophthalmology programs use? *[Program Requirement: 5.1.b.]*	The Ophthalmology Milestones Supplemental Guide includes recommended tools for assessing each subcompetency. Programs are not expected to use all the tools listed. However, programs must utilize different methods to assess resident performance to provide residents with the feedback needed to identify strengths and areas in need of improvement. The Supplemental Guide is available on the Milestones page of the Ophthalmology section of the ACGME website.

How should programs using the integrated ophthalmology format complete the Milestones evaluation for PGY-1 residents? *[Program Requirement: 5.1.b.]*	Programs using the integrated ophthalmology format are required to complete the Milestones assessment for PGY-1 residents. Clinical Competency Committees (CCCs) will use the information gathered from the ophthalmology and non-ophthalmology rotations to assess resident performance. CCCs have the option of indicating "Not Yet Assessable" for Patient Care and Medical Knowledge subcompetencies if there is insufficient information to assess resident performance. The other four subcompetencies should have been assessed during resident rotations and those sections of the Milestones must be completed.
The Learning and Working Environment	
What types of quality metrics and benchmarks should be provided to residents and faculty members? *[Program Requirement: 6.4.]*	A program's quality metrics and benchmarks should represent meaningful patient data that residents and faculty members can use to review practice patterns and/or outcomes. The goal is to improve patient care. Data may be at the level of the resident, faculty member, service, department, and/or site. Examples of data are surgical complications, postoperative infection, return to the operating room, and needle stick injuries. Programs are encouraged to contact institutional leadership to identify existing data that will foster practice improvement. In most cases, institutions are already collecting quality data that can be used to meet this requirement.
Can an optometrist, orthoptist, or ophthalmic technician supervise residents? *[Program Requirement: 6.6.]*	Although the Review Committee believes that it is important for residents to acquire experience in leading and participating in health care teams, including those with non-physicians (e.g., optometrists, orthoptists, or ophthalmic technicians), supervision of all clinical care rendered by residents is the responsibility of physician faculty members. Non-physicians are not permitted to independently supervise residents. While the attending physician may delegate an appropriately qualified non-physician to assist or teach a resident in a specific aspect of an eye exam (e.g., refraction, low vision, contact lens, orthoptics, and optics), the ultimate responsibility for resident supervision remains with the attending physician.

Other	
Where can a program find information about the Case Log System?	Resources are available on the Documents and Resources page of the Ophthalmology section of the ACGME website and in ADS (ADS > Case Log Tab > Reference Materials).
Where can a program find information about ADS?	See the ADS Help Center or contact ADS@acgme.org.
Where can a program find information about a Common Program Requirement?	See the Common Program Requirements Frequently Asked Questions.
Where can a program find information about accreditation site visits?	See the Site Visit section of the ACGME website.