ACGME Program Requirements for Graduate Medical Education
in Ophthalmology
Summary and Impact of Focused Requirement Revisions

Requirement #: Int.C.-Int.C.1.b)

Requirement Revision (significant change only):

Int.C. Accredited residencies in ophthalmology must provide at least 36 months of education. Education in ophthalmology must include 12 months of preliminary clinical experiences during the PGY-1, for a total of 48 months of residency education. The educational program in ophthalmology must be 36 months in length. *(Core)*

Int.C.1. Education in ophthalmology must be provided in one of two formats:

Int.C.1.a) Integrated ophthalmology format: All 48 months of education are under the authority and direction of the ophthalmology program director. *(Core)*

Int.C.1.b) Joint preliminary year/ophthalmology format: This includes a preliminary year of graduate medical education followed by 36 months in an ophthalmology program. *(Core)*

1. Describe the Review Committee’s rationale for this revision:

   Establishing a more formal relationship between the PGY-1 and the PGY-2-4 will improve resident education by increasing program director involvement in the PGY-1 curriculum and ensuring the PGY-1 educational experience provides a strong foundation for the rest of a resident’s education. The Committee determined this can be achieved through an integrated ophthalmology format or a joint preliminary year/ophthalmology format. Programs can choose the option that works better in their setting.

   The PGY-1 education is comprised of the same curricular requirements in both formats. See Program Requirements IV.C.3.-IV.C.3.a).(2).a). The PGY-1 will take place at the same Sponsoring Institution in both formats (see PR III.A.2.b)). The ophthalmology program director is involved in setting the PGY-1 curriculum in both formats, although the degree of involvement in the day-to-day PGY-1 experience is more significant in the integrated program format. See PR IV.C.3.b) for the requirements related to program director involvement in the joint preliminary year/ophthalmology format.

   The Committee is aware that the creation of an integrated ophthalmology format or a joint preliminary year/ophthalmology format takes time. Should this proposed revision be approved by the ACGME Board of Directors, the Committee will establish a period after the effective date of implementation during which citations will not be issued if a program has not yet established an integrated ophthalmology format or a joint preliminary year/ophthalmology format. The period will be of sufficient length to allow programs to make the necessary arrangements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Resident education will improve because program directors will be able to design (in integrated programs) or impact (in joint preliminary year/ophthalmology programs) the PGY-1 educational experience. This will ensure a strong PGY-1 curriculum that prepares residents for ophthalmology-focused education during the PGY-2-4. This, in turn, will improve patient care and safety. In addition, through residency education occurring in a single setting, residents will not be required to readjust to a new institution at the conclusion of the PGY-1, with the attendant efficiencies in practice and reduction of stresses associated with such moves. This will have a positive effect on resident well-being, and in turn improve resident education, patient safety, and patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   Residents will have more opportunities for longitudinal patient care for patients with chronic conditions. In addition, residents will be better prepared to care for more complex ophthalmology patients during the PGY-2-4.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   A number of programs have already established joint programs at their institution and there will be little to no impact on resources for these programs. Other programs will need to identify funding for the PGY-1 slots and collaborate with one or more approved programs that provide direct patient care for the PGY-1. For joint preliminary year/ophthalmology programs, it is likely that a number of institutions have existing preliminary slots that could be used by ophthalmology PGY-1 residents, and thus additional slots would not be needed.

   Program directors will need additional dedicated time for the program to direct the PGY-1 (integrated program option) or collaborate with another program director regarding the PGY-1 curriculum (joint preliminary year/ophthalmology program option). Program coordinators will also need additional time to devote to the program.

   Although additional ophthalmology faculty members will likely not be needed, current faculty members will have the additional responsibilities for teaching and assessing PGY-1 residents.

5. How will the proposed revision impact other accredited programs?
   Ophthalmology programs will need to make arrangements with a program that provides direct patient care experiences at their Sponsoring Institution (e.g., internal medicine, surgery) for the ophthalmology PGY-1 residents.

   Programs that currently provide a preliminary year for ophthalmology residents who then go to other institutions for their categorical program will no longer have these residents in their program.

Requirement #: I.A.1.a)
### 1.A.1.a)

More than fifty percent of the required clinical and didactic educational experiences must occur at the sponsoring institution or at the primary clinical site. *(Detail)*

<table>
<thead>
<tr>
<th>Requirement #: I.D.1.d)</th>
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<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
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<td>I.D.1.d) A Surgical skills development resource(s), including (a wet lab, or simulators) must be available. <em>(Core)</em></td>
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1. Describe the Review Committee’s rationale for this revision:

   The Committee felt this requirement should be removed to allow programs to maximize available learning opportunities at training sites. In addition, technology has increased the choices for delivery of didactic education and the traditional lecture room is no longer the only option. Moreover, the requirement could be interpreted in different ways given the variety of Sponsoring Institutions structures (e.g., teaching hospital, consortium, academic medical center); given this, it did not provide a clear standard.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   Resident education will improve as programs can take advantage of the best learning opportunities for their residents regardless of the location.

3. How will the proposed requirement or revision impact continuity of patient care?

   If programs decrease clinical time at the primary site, continuity of patient care may be negatively impacted at that site. On the other hand, if time at other sites is increased, continuity of care at those sites will improve.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

   N/A

5. How will the proposed revision impact other accredited programs?

   N/A

Resident education will improve as programs can take advantage of the best learning opportunities for their residents regardless of the location.

If programs decrease clinical time at the primary site, continuity of patient care may be negatively impacted at that site. On the other hand, if time at other sites is increased, continuity of care at those sites will improve.

Resident education will be improved as the requirement will ensure all residents receive training in a wet lab. Improved surgical skills will positively impact patient care/safety.

N/A
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Most, if not all, programs have a wet lab. However, if a program does not currently have a wet lab, it will need to add this resource.

5. How will the proposed revision impact other accredited programs?
   N/A

### Requirement #: II.A.3.c).(1)

#### Requirement Revision (significant change only):

<table>
<thead>
<tr>
<th>II.A.3.c).(1)</th>
<th>The program director must be a member of the staff at the Sponsoring Institution, primary clinical site, or a participating site acceptable to the Review Committee. (Core)</th>
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</thead>
</table>

1. Describe the Review Committee's rationale for this revision:
   The Committee revised the requirement to allow for the different ways that Sponsoring Institutions are structured (e.g., teaching hospital, consortium, academic medical center). In some situations, program faculty members are not staff members at the primary clinical site and/or the Sponsoring Institution, and programs would now be able to ask the Committee to consider a program director who is a staff member at another participating site.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Resident education will improve as programs will have greater flexibility in choosing the program director. Programs can choose the individual who is best suited for the role.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   N/A

5. How will the proposed revision impact other accredited programs?
   N/A

### Requirement #: II.B.4.c)

#### Requirement Revision (significant change only):

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<th>II.B.4.c)</th>
<th>In addition to the program director, there must be at least two other core faculty members. (Core)</th>
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</table>

1. Describe the Review Committee's rationale for this revision:
The revised Common Program Requirements require the Review Committee to specify the minimum number of core faculty members and/or the core faculty-resident ratio.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirement will ensure there are at least two faculty members who play a significant role in the program.

3. How will the proposed requirement or revision impact continuity of patient care?
N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
This revision is unlikely to require additional resources as programs generally have at least two faculty members who would be considered core faculty.

5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: III.A.2.b)-III.A.2.c).(4)

Requirement Revision (significant change only):

| III.A.2.b | Residents entering a joint preliminary year/ophthalmology format program should have completed 12 months of preliminary clinical education in an ACGME-accredited program sponsored by the same institution that sponsors ophthalmology residency program. (Core) |
| III.A.2.c | Prior to appointment in the program, all residents must have successfully completed a post-graduate clinical year (PGY-1) in a program that satisfies III.A.2. (Core) |

Specialty-specific Background and Intent: While the Review Committee expects the preliminary year will occur in a program sponsored by the ophthalmology program’s Sponsoring Institution, it is recognized that in some instances this may not be possible. In such situations, the Review Committee will consider requests from programs seeking to utilize a program at a different ACGME-accredited Sponsoring Institution.

| III.A.2.c).(1) | The preliminary year must be in a program that includes direct patient care experience, for example, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, or surgery, or a transitional year program and must include the experiences detailed in IV.C.3.- IV.C.3.a).(2).(a). |
| III.A.2.c).(2) | The PGY-1 must be in one of the following specialties: emergency medicine, family medicine, internal medicine, |
neurology, obstetrics and gynecology, pediatrics, surgery, or transitional year. (Core)

III.A.2.c).(3) The program director must obtain a summative evaluation of each resident’s PGY-1 education upon that resident’s entry into the program. (Core)

III.A.2.c).(4) Prior to appointment in the program, each resident must be notified in writing of the required program length. (Detail)

1. Describe the Review Committee’s rationale for this revision:

PR III.A.2.b) specifies that the preliminary year is only required in the joint preliminary year/ophthalmology format and must take place at the same Sponsoring Institution. The Committee believes having the preliminary year at the same Sponsoring Institution will increase program director involvement in the PGY-1 curriculum and ensure the PGY-1 educational experience provides a strong foundation for the rest of a resident’s education.

Programs choosing the joint preliminary year/ophthalmology format may collaborate with any preliminary year program at their Sponsoring Institution that provides direct patient care experiences. The examples listed in the requirement mirror those acceptable to the American Board of Ophthalmology. The Committee recognizes there may be programs that are unable to establish a suitable arrangement with a preliminary year program at their Sponsoring Institution. Thus, programs can ask the Review Committee for permission to have the PGY-1 experience take place at another Sponsoring Institution should that provide the best resident educational experience.

PR III.A.2.c).(3) is not needed as it is covered in Common Program Requirement III.C.

PR III.A.2.c).(4) is not needed as Institutional Requirement IV.B.2.b) requires that residents be informed of the duration of appointment as part of the resident contract/agreement of appointment.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Resident education will improve because program directors in a joint preliminary year/ophthalmology program will be able to help shape the PGY-1 educational experience. This will ensure a strong PGY-1 curriculum that prepares residents for ophthalmology-focused education during the PGY-2-4. This, in turn, will improve patient care and safety. In addition, through residency education occurring at a single setting, residents will not be required to readjust to a new institution at the conclusion of PGY-1, with the attendant efficiencies in practice and reduction of stresses associated with such moves. This will have a positive effect on resident well-being, and thus improve resident education, patient safety, and patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?

Residents will have more opportunities for longitudinal care for patients with chronic conditions. In addition, residents will be better prepared to care for more complex ophthalmology patients during the PGY-2-4.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

A number of programs have already established joint programs at their institution and there will be little to no impact on resources for these programs. Other programs will need to identify funding for the PGY-1 slots and collaborate with one or more approved programs that provide direct patient care for the PGY-1. It is likely that a number of institutions have existing preliminary slots that could be used by ophthalmology PGY-1 residents, and thus additional slots would not be needed.

Program directors of joint preliminary year/ophthalmology programs will need additional dedicated time to collaborate with the preliminary year program director. Program coordinators will also need additional time to devote to the program.

Although additional ophthalmology faculty members will likely not be needed, current faculty members will have additional responsibilities of teaching and assessing PGY-1 residents when on ophthalmology rotations.

5. How will the proposed revision impact other accredited programs?

Ophthalmology programs that choose the joint preliminary year/ophthalmology program option will need to make arrangements with a program that provides direct patient care experiences at their Sponsoring Institution (e.g., internal medicine, surgery) for the ophthalmology PGY-1 residents.

Programs that currently provide preliminary year education for ophthalmology residents who then go to other institutions for categorical training will no longer have these residents in their program.

### Requirement #: IV.C.3-IV.C.3.a).(2)

Requirement Revision (significant change only):

IV.C.3. In both the integrated and joint preliminary year/ophthalmology formats, the PGY-1 must be comprised of direct patient care experiences and must include:

- **IV.C.3.a) a minimum of six months of broad experience in direct patient care. (Core)**
- **IV.C.3.a).(1) This experience must take place in diverse settings. (Core)**
- **IV.C.3.a).(2) Residents must participate in the diagnosis and treatment of patients with varied diseases and conditions. (Core)**

Specialty-Specific Background and Intent: As noted in Int.C., the first year (PGY-1) must include direct patient care experiences. In the joint preliminary year/ophthalmology format, the preliminary year must be in a program that includes direct patient care experiences, for example, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, or surgery, or a transitional year program. In both formats it is expected that PGY-1 residents will experience a variety of settings, diseases, and conditions to provide...
them with a solid foundation for their ophthalmology-focused education during the PGY-2-4. Examples of appropriate settings include inpatient wards, the emergency room, outpatient clinics, and the operating room.

three months of experience in ophthalmology. (Core)

Ophthalmology rotations must take place in the same Sponsoring Institution as the ophthalmology program or at a site acceptable to the Review Committee. (Core)

For the joint preliminary year/ophthalmology format, the educational program for the preliminary year must be developed by the program director of the preliminary year program with the input and approval of the respective ophthalmology program director. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The requirements outline the essential aspects of the PGY-1 which will provide a strong foundation for the PGY-2-4 ophthalmology-focused years. During the PGY-1, residents must provide direct patient care in a variety of settings to gain a well-rounded understanding of the common diseases and conditions they will encounter in ophthalmology patients.

   The Committee believes residents will benefit from a three-month introduction to ophthalmology. The experience will teach residents basic ophthalmology clinical and surgical skills to accelerate learning during the PGY-2. The PGY-1 ophthalmology experience will also provide residents with system knowledge which will help ensure a smooth transition to the PGY-2. Moreover, the time spent in ophthalmology during the PGY-1 will facilitate earlier bonds with peers, faculty members, and staff members, which again will help with the PGY-2 transition and, importantly, promote resident well-being.

   The requirements as written also ensure program graduates meet the American Board of Ophthalmology eligibility requirements to apply for board certification.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The initial year will better prepare residents for their educational program during the PGY-2-4. This, in turn, will improve patient care/safety and resident well-being.

3. How will the proposed requirement or revision impact continuity of patient care?
   Continuity of care will improve because residents will have the opportunity for longer term contact with ophthalmology patients. In addition, residents will be better prepared to care for ophthalmology patients during the PGY-2-4.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   A number of programs have already established joint programs at their institution and there will be little to no impact on resources for these programs. Other programs that need to establish an integrated or joint preliminary year/ophthalmology program may need to identify resident funding for the PGY-1.
Program directors will need additional dedicated time focused on the PGY-1 curriculum. Program coordinators will also need additional time to devote to the program.

Although additional ophthalmology faculty members will likely not be needed, current faculty members will have the additional responsibilities of teaching and assessing PGY-1 residents.

5. How will the proposed revision impact other accredited programs?

Programs that have an established joint preliminary year/ophthalmology program may need to make changes to the rotation schedule (e.g., increase ophthalmology rotations, diversify rotations). Programs with preliminary year slots that form a joint program with an ophthalmology program will need to adhere to these requirements for the PGY-1 curriculum. Some programs at an institution where the ophthalmology program chooses the integrated option will need to add ophthalmology PGY-1 residents to their rotation schedules.

Requirement #: IV.C.10.a)

Requirement Revision (significant change only):

IV.C.10.a) This series must include a minimum of 360 hours during the PGY-2-4 the 36-month education program, with 200 hours of this total taking place at the sponsoring institution. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The change will allow programs to maximize available learning opportunities.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Resident education will improve as programs can take advantage of the best learning opportunities for their residents regardless of the location.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   N/A

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: IV.C.12.-IV.C.12.b)

Requirement Revision (significant change only):

IV.C.12. Residents must have surgical skills instruction using surgical skills development resources, including, at a minimum: (Core)
### IV.C.12.a) wet lab microsurgical skills training; and \( ^{\text{(Core)}} \)

### IV.C.12.b) a structured simulation curriculum (e.g., computer-assisted instruction, dry lab, wet lab) with assessment. \( ^{\text{(Core)}} \)

1. Describe the Review Committee’s rationale for this revision:
   - PR IV.C.12.a) was added to ensure consistency with PR I.D.1.d) which requires each program have a wet lab. The Committee considers a wet lab to be an essential aspect of residency training.
   - PR IV.C.12.b) was added to ensure programs integrate the use of simulation into the curriculum in a structured manner that both teaches and assesses residents’ surgical skills development.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   - **Resident education will be improved as programs must have a wet lab and incorporate a structured surgical skills simulation experience into the curriculum that include both teaching and assessment. The benefits of these experiences to both resident education and patient care/safety are well documented.**

3. How will the proposed requirement or revision impact continuity of patient care?
   - N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   - If a program does not currently have a wet lab, it will need to add this resource and integrate it into the curriculum. If a program’s curriculum does not currently have a structured surgical skills simulation experience that includes teaching and assessment, this will need to be added.

5. How will the proposed revision impact other accredited programs?
   - N/A

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### Requirement #: V.A.1).(c).(4)

#### Requirement Revision (significant change only):  
V.A.1).(c).(4) use structured surgical simulation activities to assess resident performance. \( ^{\text{(Core)}} \)

1. Describe the Review Committee’s rationale for this revision:
   - The requirement was added to ensure consistency with PR IV.C.11.a).(2). Assessment must be part of a structured simulation activity to make the most of the learning opportunity and promote resident improvement.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   - Assessment ensures residents receive feedback to improve performance. This, in turn, improves patient care/safety.
3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   If a program’s curriculum does not currently include a structured surgical skills simulation experience that includes assessment, this component will need to be added.

5. How will the proposed revision impact other accredited programs?
   N/A