ACGME Program Requirements for Graduate Medical Education
in Ophthalmic Plastic and Reconstructive Surgery
Summary and Impact of Focused Requirement Revisions

Requirement #: II.A.2.-II.A.2.a)

Requirement Revision (significant change only):

II.A.2. The program director must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

II.A.2.a) The program director must be provided with at least one hour per week of protected time to conduct the administrative responsibilities of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Committee concluded that one hour per week (i.e., one half-day per month) is sufficient for program director administrative activities (e.g., evaluation activities, curriculum development) given that programs typically have only one fellow.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This may improve fellow education by providing program directors with protected time each month to devote to administrative activities.

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?
   At some institutions, this may represent an increase in financial support for the program director.

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

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

Requirement Revision (significant change only):

[Qualifications of the program director:]

II.A.3.a).(1) must include completion of a two-year ophthalmic plastic and reconstructive surgery fellowship, or qualifications that are acceptable to the Review Committee; (Core)

II.A.3.a).(1).(a) If the program director completed a one-year ophthalmic plastic and reconstructive surgery fellowship, there must be a core faculty member who completed a two-year ophthalmic plastic and reconstructive surgery fellowship, or have qualifications that are acceptable to the Review Committee. (Core)
1. Describe the Review Committee’s rationale for this revision: The revision ensures there is at least one faculty member with significant involvement in the program who has completed a two-year fellowship program. Two-year fellowships are accredited by the ACGME and/or the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) and provide a standardized and comprehensive educational experience. The Committee will consider other qualifications if a program cannot meet this requirement.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The proposed requirement may improve fellow education by ensuring there is a faculty member significantly involved in the program who completed an ACGME-accredited or ASOPRS-approved fellowship.

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? The changes should not require additional institutional resources. It is likely programs already have at least one faculty member who is significantly involved in the program who completed a two-year fellowship, as ASOPRS-approved fellowships have been in place since the mid-nineteen-nineties. If not, the Committee will consider other qualifications, such as completion of a one-year fellowship and experience.

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

Requirement #: II.B.3.b).(2)

Requirement Revision (significant change only):

II.B.3.b).(2) Faculty members in ophthalmic plastic and reconstructive surgery should have completed an ophthalmic plastic and reconstructive surgery fellowship at least one year of post-fellowship clinical experience in ophthalmic plastic and reconstructive surgery; they may have part-time or voluntary faculty appointments.

1. Describe the Review Committee’s rationale for this revision: The Committee determined that individuals should be able to serve as faculty members once they complete a fellowship.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The proposed requirement will improve fellow education as individuals will be able to serve as faculty members immediately upon completion of a fellowship.

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

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<th>Requirement #: IV.C.1.a)-IV.C.1.c)</th>
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<tbody>
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<td>Requirement Revision (significant change only):</td>
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<td><strong>IV.C.1.a)</strong> Fellows must participate in pre-operative decision making and subsequent operative procedures, as well as post-surgical care and follow-up evaluation of their patients. <em>(Core)</em></td>
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<td><strong>IV.C.1.b)</strong> The program must prepare and distribute a written policy describing fellow responsibility for the care of patients, and faculty members' responsibilities for supervision. <em>(Detail)</em></td>
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<td><strong>IV.C.1.c)</strong> Assignments at participating sites must provide opportunities for continuity of care. <em>(Detail)</em></td>
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1. Describe the Review Committee’s rationale for this revision:
   The proposed requirements are similar to those in the ACGME Program Requirements for Graduate Medical Education in Ophthalmology to foster consistency across ophthalmology residencies and fellowships. The Committee believes written documentation of fellow and faculty member responsibilities will ensure expectations are clear to all parties. Further, the proposed requirements emphasize the importance of fellows having educational experiences that include all aspects of patient care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   While fellowship educational experiences are likely already characterized by sufficient time with faculty members and continuity of care experiences, the requirement reinforces the importance of these factors and helps ensure fellows are prepared to provide safe and high quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   The proposed requirements ensure fellows will experience continuity of patient care.

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 not already in place, the program director will need to create a written policy describing fellow responsibilities for the care of patients, and faculty member responsibilities for supervision.
5. How will the proposed revision impact other accredited programs?
N/A