SES017
Specialty Update: Ophthalmology

Elliott Sohn, MD, Vice Chair, Review Committee for Ophthalmology
Laura Huth, MBA, Executive Director, ACGME
Emma Breibart-White, MALS, Associate Executive Director, ACGME
Conflict of Interest Disclosure

Speaker(s):

Elliott Sohn, MD
Laura Huth, MBA
Emma Breibart-White, MALS

Disclosure
None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
Talking Points

• Review Committee – Who/What/When
• Programs by the Numbers
• Review Committee News
• Major Revision of the Program Requirements for Ophthalmology
• Accreditation Data System (ADS) and Other Tips
• ACGME News
• Open Dialogue with the Review Committee
Review Committee – Who/What/When
Review Committee Membership

- All volunteers
- Diversity valued (e.g., gender, geography, subspecialty)
- 10 members nominated by ABO, AAO, AMA, and AOA (six-year term)
- One resident member (two-year term)
- One public member (six-year term)
- Two ex-officio members from ABO and AOA
Review Committee Voting Members

Laura Green, MD, Chair
  Sinai Hospital of Baltimore

Elliott Sohn, MD, Vice Chair
  University of Iowa

Esther Bowie, MD NEW!
  Penn State University

Susan Culican, MD, PhD
  University of Minnesota

Thomas Hwang, MD
  Oregon Health & Science University

Don Kikkawa, MD
  University of California, San Diego

Alejandra Maíz, MD, Resident Member
  University of Michigan

Stacy Pineles, MD
  University of California, Los Angeles

Tara Uhler, MD
  Thomas Jefferson University
Review Committee Staff

Laura Huth, MBA **NEW!**
Executive Director

Emma Breibart-White, MALS
Associate Executive Director

Shellie Bardgett, MPH
Senior Accreditation Administrator

Angel Mathis **NEW!**
Accreditation Administrator
Review Committee Meetings

Three Meetings per Calendar Year

Upcoming Meetings

April 11-12, 2024
August 23, 2024*
January 16-17, 2025

*short virtual meeting to review permanent complement increase requests and any other pressing matters

acgme.org > Specialties > Ophthalmology (Scroll Down) > Review Committee Dates
Review Committee Meetings Reminder

- Meeting agenda closes about **two months** before meeting
- **Permanent** complement increase requests must be submitted by the **designated institutional official (DIO)** by agenda closing date to make the next meeting
Programs by the Numbers
Ophthalmology Programs

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Count</th>
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<tr>
<td>Initial Accreditation</td>
<td>2</td>
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<tr>
<td>Initial Accreditation with Warning</td>
<td>3</td>
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<tr>
<td>Continued Accreditation without Outcomes</td>
<td>4</td>
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<tr>
<td>Continued Accreditation</td>
<td>113</td>
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<tr>
<td>Continued Accreditation with Warning</td>
<td>3</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>125</strong></td>
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</table>

**Ophthalmic Plastic and Reconstructive Surgery:**

Four programs with Continued Accreditation
ACGME Surveys

- **Surveys open until April 7**
- **No changes** to the survey process—program leadership will notify residents/fellows and faculty members about the survey via ADS
- Results available in early May
Resident Survey

• 2024: No changes to the ophthalmology-specific items
• 2025: Topics will be streamlined
  • Reduce burden
  • Improve data for programs and Review Committee
ACGME Resident Survey: Items Often Rated Low

- Education in contact lenses, refractive surgery, and low vision
- Instruction on physical and emotional well-being
- Access to confidential mental health treatment
- Faculty discussion of cost awareness in patient care decisions
- Participation in safety event investigation and analysis
- Work hours (especially 80 hours and one day free in seven)
Interested in seeing how your program compares to all ophthalmology programs on the **ophthalmology-specific** items?

Aggregate Program Data is available on the ADS Survey Reports page: Specialty > Page 3
Case Log Updates

- **Glaucoma**
  - Now **two** glaucoma categories
    - Minimally Invasive Glaucoma Surgery (MIGS) — minimum of 5 (S only)
    - Tube Shunts and Trabeculectomy — minimum of 5 (S+A)
    - Glaucoma minimums in effect for 2024 graduates; **enforced beginning with 2025 graduates**
  - Entry of Case ID now optional
Case Log Updates

- Some CPT codes can be batch entered for a single day
  - Cataract (5)
  - YAG capsulotomy (5)
  - Laser trabeculoplasty (5)
  - Panretinal laser photocoagulation (5)
  - Intravitreal injection (10)
Case Log Updates

• Definition of Assistant revised
  • To be recorded as "Assistant," the resident must serve as the first assistant to a faculty member performing the procedure or to another resident performing the procedure under faculty member supervision. Residents may log Assistant if they observe a case through the microscope and are actively engaged in the case (e.g., observing the surgeon’s hands, noting how the surgeon counsels the patient, studying how the surgeon keeps the patient stabilized). Only one resident can claim credit as Assistant on a given procedure.
Case Log Minimums

- Review Committee continues to review Case Log data to update and modernize minimums
- Categories where likely to see updates next
  - Cataracts
  - Intravitreal injections
- Ensure residents are regularly and accurately logging their experiences to help the Review Committee make data-driven decisions
Case Log Reminder

Please read **Case Log Information** on the Documents and Resources page of the Ophthalmology section of the ACGME website.
Faculty Qualifications

Faculty members educated and trained outside of the United States

- The Review Committee expects faculty members to participate in the American Board of Ophthalmology (ABO)’s Internationally Trained Ophthalmologists program **once eligible**
  - Review Committee understands this takes several years
  - Until certified, the Review Committee must approve such faculty members' qualifications
    - **Ophthalmology FAQs** have instructions on requesting Review Committee review of qualifications
    - If approved, the Review Committee will ask for an update from the program once the faculty member is eligible for ABO certification
Program Changes

• The following changes are submitted in ADS:
  • Complement
  • Program Director
  • Participating Site
    • Sites must be added if at least one month and a required experience for all residents/fellows
    • However, *can* add other sites and it helps Review Committee understand resident/fellow experience
  • **All** three changes require Review Committee approval!
Program Changes

• Review Committee carefully reviews all changes submitted in ADS to ensure they benefit resident/fellow education

• On behalf of the Review Committee staff: PLEASE enter all requested information completely and accurately

• Reach out to ADS@acgme.org with questions
Complement Increases

- Temporary complement increase request:
  - **Up to 90 days**: Do not need to submit request in ADS - **NEW**!
  - **Over 90 days**, submit if:
    - Residency: over approved total or within a year (e.g., PGY-3)
    - Fellowships: over total complement
Permanent Complement Increase Request

- Sound educational rationale: outline how increase will benefit resident/fellow education
- Sufficient patient/procedural volume both Case Log minimums met and institutional procedural data
- Favorable learning environment
- Use color to identify changes in proposed block diagram
- Detailed instructions available at acgme.org > Specialties > Ophthalmology > [Documents and Resources](#)
New Programs and Permanent Complement Increases

- If approved, the number of residents/fellows is expected to rollout **year by year** until the full complement is reached.
- The Review Committee considers requests for a first- and second-year resident or fellow to start the initial year of approval.
- Look at the FAQs!
- Questions? Contact Review Committee staff members.
Major Revision of the Program Requirements for Ophthalmology
Program Requirements for Ophthalmology

- Due for a major revision
- Every 10 years
The Challenge

Review Committee needs to set standards to prepare ophthalmologists for practice for the next 30 years while recognizing that the future is marked with significant uncertainty.
Shaping GME

• New process for Program Requirements revision
• Looks to the future of ophthalmology
• Includes variety of stakeholders
Shaping GME: Writing Group

Laura Green, MD, Chair
Sinai Hospital of Baltimore

Boyd Buser, DO
ACGME Board of Directors

Susan Culican, MD, PhD
University of Minnesota

Monica Douglas, MBA, Public Member

Thomas Hwang, MD
Oregon Health & Science University

Don Kikkawa, MD
University of California, San Diego

Alejandra Maiz, MD, Resident Member
University of Michigan

Grace Sun, MD
Weill Cornell Medicine

Fasika Woreta, MD, MPH
Johns Hopkins University
Shaping GME: Scenario Planning

• 35 ophthalmologists and others (residents, non-ophthalmology physicians)
• Grouped into four “alternative future worlds”
• Identified common strategies for providing high-quality ophthalmology care across two or more future worlds
## Scenario Planning Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Ehlahhe Afkhamnejad</td>
<td>Roya Garakani</td>
<td>Shahzad Mian</td>
</tr>
<tr>
<td>George Bartley</td>
<td>Laura Green</td>
<td>Julius Oatts</td>
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<td>Charline Boente</td>
<td>Thomas Hwang</td>
<td>Sarah Page</td>
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<td>Renee Bovelle</td>
<td>Leslie Jones</td>
<td>Stacey Pineles</td>
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<td>Cesar Briceno</td>
<td>Jaffar Khan</td>
<td>Jessica Randolph</td>
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<td>Ninita Brown</td>
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<td>Boyd Buser</td>
<td>O’Rese Knight</td>
<td>Sam Snyder</td>
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<td>Kimberly Crowder</td>
<td>Zachary Koretz</td>
<td>Grace Sun</td>
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<td>Susan Culican</td>
<td>Rachel Lieberman</td>
<td>Robert Swan</td>
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<td>Monica Douglas</td>
<td>Jennifer Lindsey</td>
<td>Nick Volpe</td>
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<td>Kenneth Epley</td>
<td>Alejandra Maiz</td>
<td>Fasika Woreta</td>
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<tr>
<td>Gabriella Espinoza</td>
<td>Heather McPhillips</td>
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Shaping GME: Other Activities

• Literature Review
• Medical market research firm held one-on-one interviews with:
  • Channel influencers
  • Early career ophthalmologists
  • Patients with recent eye care experiences
• Presentation by Dr. William McDade, ACGME chief diversity, equity, and inclusion officer
  • Learned how Program Requirements can promote equity in learning environments and help reduce health care inequities
• American Academy of Ophthalmology (AAO) presentation and dialogue
Shaping GME: Bringing Together What was Learned

• Using all this information, Writing Group drafted:
  • Proposed definition of an ophthalmologist
  • Future of ophthalmology education themes
Future Ophthalmology Residency Education and Training Themes

1. The Learning Process
2. Patient Care and Outcomes
3. Emerging Technologies
4. Leadership
5. Well-Being
6. Working in Systems
7. Addressing the Community
1. The Learning Process

This theme concentrates on aspects of the educational methods, environment, and structures that will allow ophthalmologists to thrive in the future.

Ophthalmology residency programs will:

• Provide rigorous training and assessment of competencies in all domains in comprehensive ophthalmology.

• Programs may provide individualized flexibility for exploration of subspecialty focus, including medical or surgical emphasis.

• Support time-variable training and personal needs of the resident.

• Partner with residents to create self-directed learning plans, including virtual and asynchronous education, that continuously incorporate constructive feedback.

• Provide training for core faculty members to achieve competence in teaching.

• Provide dedicated time for core faculty members to teach and foster supportive learning environments for residents from diverse backgrounds.

• Create strong mentorship programs for residents and faculty members.
2. Patient Care and Outcomes

_This theme relates to areas of focus and concentration that will allow for the best quality evidence-based health care._

Ophthalmology residency programs will:

- Deliver training in health care improvement science and data analytics to enhance population health, continuity of care, patient safety, and practice outcomes.
- Provide longitudinal training to improve empathy and communication with patients and their families/caregivers, including how to have difficult conversations, disclose serious diagnoses, respond to emotions, and navigate discussions regarding poor or unexpected surgical outcomes.
3. Emerging Technologies

This theme conveys the effect of applying new tools in the educational environment to ensure that learners are prepared to practice in state-of-the-art facilities.

Ophthalmology residency programs will:

- Provide training in the utilization and critical evaluation of emerging technologies, including:
  - telemedicine, electronic health records, and the use of data standards;
  - benefits, limitations, and ethical implications of artificial intelligence; and,
  - application of biostatistics/informatics and implementation of science and cybersecurity.

- Provide the education and resources for residents to develop the skills necessary to implement novel therapies during their residency and beyond.
4. Leadership

_This theme addresses that as leaders of the eye care team, ophthalmologists need formal leadership training and training in interdisciplinary teams and teaming._

Ophthalmology residency programs will:

- Provide structured training in leadership and communication within inter- and intra-professional teams (that may include technicians, orthoptists, optometrists, nurses, physician assistants, and other professionals) in a variety of practice settings and contexts, including high-volume care.
5. Well-Being

This theme addresses the recognition that physician well-being is integral to ensuring access to physicians for all patients.

Ophthalmology residency programs will:

• Support a culture of well-being for faculty members and residents.
• Provide instruction to faculty members and residents on how to access and utilize institutional well-being and mental-health resources.
• Foster strategies that promote resilience when receiving and incorporating feedback from multiple sources.
• Balance the flexibility of asynchronous and virtual experiences with the well-being benefits of in person shared experiences of residents.
6. Working in Systems

This theme underscores that ophthalmologists do not work alone; they practice in complex health care systems and teams.

Ophthalmology residency programs will:

• Train residents to be strong advocates for their patients and profession during interactions with institutions, payors, and governmental entities.

• Provide residents with didactic education and clinical experience in systemically promoting safety and efficiency in surgical and clinical care, including accurate documentation.

• Provide clinical experience with increasing patient volume and complexity to prepare for independent practice.

• Provide residents with resources to learn about policy development, ethics, health care economics, waste reduction, and the business of medicine, including practice management, entrepreneurship, payment policy, and personal finance.

• Emphasize values that promote patient and societal needs over individual practitioner autonomy.
7. Addressing the Community

*This theme addresses that it is imperative that ophthalmologists are prepared to practice in a diversifying society wherein they will be able to meet the needs of all patients.*

Ophthalmology residency programs will:

- Provide experience working in diverse practice contexts, including academic and community settings to gain knowledge of care delivery models.
- Engage with the local community to provide equitable access to care.
- Ensure that faculty members serve as role models for care of vulnerable patient populations.
- Collaborate with surrounding communities to engage in providing exposure to ophthalmology with the goal of diversifying the ophthalmology workforce and understanding the communities within which ophthalmologists provide care.
Shaping GME: Themes and Insights

• Proposed definition and themes posted for public comment (deadline was January 3, 2024)
• 39 comments
• Thank you for the feedback!
Shaping GME: Stakeholder Summit

- Stakeholder Summit held on January 13, 2024
- Goal: Gain additional insight on key issues identified through previous work
- Topics
  - Procedural education and training
  - PGY-1 experience
  - Business of medicine/health economics
  - Competency-based medical education (CBME) and length of education and training
  - Scholarly activity and quality improvement
  - Communication
Stakeholder Summit Participants

Aishat Adebayo
Jane Bailey
Esther Bowie
Boyd Buser
Keith Carter
Michael Chiang
Kathy Colby
Oscar Cruz
Susan Culican
Craig Czyz
Monica Douglas
Dale Fajardo
Ambar Faridi
Steve Feldon
Sid Gicheru
Ravi Goel
Anju Goyal
Laura Green
Katherine Hu
Thomas Hwang
Don Kikkawa
Alice Lorch
Alejandra Maiz
Susan Minnieweather
Daniel Moore
Jeff Pettey
Saras Ramanathan
Evan Silverstein
Grace Sun
Andrea Tooley
Linda Tsai
Tara Uhler
Basil Williams
Jules Winokur
Fasika Woreta
Terri Young
# What Comes Next?

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Activity</th>
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<tr>
<td>Spring/Summer 2024</td>
<td>• Program Requirements for Ophthalmology revised</td>
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<tr>
<td></td>
<td>• Proposed revisions posted for review and comment (45 days)</td>
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<tr>
<td>Early Fall 2024</td>
<td>• Comments reviewed</td>
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<td>• Review Committee finalizes proposed revisions</td>
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<td>Late Fall 2024</td>
<td>• ACGME Board of Directors subcommittee reviews revisions and community feedback</td>
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<td>• May ask for further revisions</td>
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<tr>
<td>February 2025</td>
<td>• ACGME Board of Directors reviews and approves revisions</td>
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<tr>
<td>July 1, 2025</td>
<td>• Program Requirements effective date</td>
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Final Reminder

• 45-day review and comment period in a few months
• Announced in the ACGME’s e-Communication
  • If you do not receive this weekly update, email: acgmecommunications@acgme.org
  • acgme.org > Programs and Institutions > Review and Comment > scroll down OR search “Review and Comment” > scroll down
• We welcome your feedback!
ADS and Other Tips
Annual Program Review

Data Collection (e.g., surveys, board exam, ADS Annual Update)

January - September

Review Committee Executive Committee Review

November

Review Committee Review and Decision

January or April meeting

Program Notification

Post meeting

Review Committee is here
• Late summer/early fall each year
• **Very** important to provide complete and accurate program information during the annual update
• The information entered provides key information to the Review Committee that may be used during the annual program review
• ACGME continues efforts to make the Annual Update easier to complete
Block Diagrams

- **Representation** of program’s rotation schedule
  - **Not** actual residents’ schedules

- Ophthalmology-specific **Block Diagram Instructions** on the ACGME website

- Program’s block diagram **must** include PGY-1
  - Both integrated *and* joint format programs
  - Include and label **all** PGY-1 rotations
Scholarly Activity

- **Goal**: An environment of inquiry that advances a scholarly approach to patient care
- **Faculty members** as a group must demonstrate scholarly activity
  - Variety of activities meet this requirement
    - Examples: grand rounds presentation, grant leadership, non-peer-reviewed resource, publication, book chapter, webinar, service on professional committee, journal reviewer
    - There must be some PMIDs over a five-year period
- **Residents** must participate in scholarly activities
Faculty Roster/Scholarly Activity

• If a **new** faculty member is listed in another roster at the institution, you can copy most of their information into your program’s Faculty Roster in ADS

• Faculty members' scholarly activity can be copied from another program by using the “Copy” tool
Faculty Scholarly Activity
Faculty Certification

- American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA) faculty certification data is now automatically populated in faculty profiles.
- Programs are expected to review certification information and make corrections if needed.
- Manual entry available for faculty members who recently completed residency/fellowship (“board eligible”), missing, incorrect, or other certification data.
  - **TIP:** If incorrect certification information, check NPI number using the “Search National Provider ID” link in ADS.
Supervision Policy

• Review Committee continues to see outdated supervision levels in Supervision Policies.

• **Current** ACGME supervision levels outlined in Program Requirements VI.A.2.b).(1)-(3)
  - Direct Supervision definition revised and includes supervision via telecommunication technology.
  - Indirect Supervision is no longer divided into “with direct supervision immediately available” and “with direct supervision available”.

• Review program’s Supervision Policy and update if needed.
Major Changes and Other Updates

Communicate to the Review Committee action plan and initial results regarding:

• Low ACGME Survey ratings
• Areas for Improvement (AFIs)
• Missed Case Log minimums

Program changes: rotations, faculty growth, brags
Program challenges: situation, actions taken, any results
Major Changes and Other Updates

Don’t be afraid to air your program’s dirty laundry!
Common Citations/AFIs

• Graduate achievement of the minimum procedural requirements
• Board exam performance
• From the Resident Survey:
  • Faculty interest in resident education
  • Education compromised by non-physician obligations
  • Process for dealing with problems/concerns
  • Health care disparities education
Responding to Citations

• Keep in mind the audience: physician GME leader who does not know your institution
• Be clear, concise and frank
• Demonstrate that you have gotten to the root of the non-compliant area
• Outline implemented action plan
• Describe verifiable outcomes (e.g., survey trending up, minimums met)
• If goals not met, explain why and outline next steps
ACGME Updates

- **Common Program Requirements** undergoing scheduled review
  - Reassessment of all aspects of the requirements, including but not limited to program director, coordinator, and faculty member time
  - Section VI (Well-Being, Work Hours, Professionalism, Culture of Safety, etc.)
ACGME Updates

• Site Visits
  • 10-Year Accreditation Site Visits officially discontinued
  • ACGME announced two percent of programs randomly chosen to undergo a site visit each year - **NEW!**
    • Only programs beyond the Initial Accreditation period
    • Chosen programs receive a Letter of Notification with an approximate date
      • Initial group of programs received notification in January
    • Site visits assess compliance with all Program Requirements
ACGME Updates

• Site Visits
  • Virtual versus in-person site visit format
    • ~25% are in person
  • In-person site visits for complex visits (e.g., complaint, probation)
  • Other in-person site visits randomly chosen
  • Site visit letter announcement identifies format
Competency-Based Medical Education (CBME)

- ABMS and ACGME have co-hosted four meetings to discuss CBME
- Representatives from Review Committee, American Board of Ophthalmology, and AOA
- Working on action plan for each specialty
What can programs do now?

- Evaluate your program for trust and psychological safety
- Reframe residency assessment from “grading to “tool to achieve learner goals”
- Ensure rich in-the-moment feedback is happening between teacher and learner
- Capture some of this feedback if you can into the assessment system
- Use your semi-annual meetings to regroup with learners on their progress and delineate next steps
Medically Underserved Areas and Populations (MUAP)

- The ACGME seeks nominations for resident and senior clinical executive leader (e.g., chief executive officers, chief medical officers, chief nursing officers) representatives on the MUA/P Advisory Group
- Nominations open until March 17, 2024
- For more information: MUA/P Advisory Group
The ACGME’s Digital Transformation

• The ACGME is actively working on a multi-year digital transformation project
• Improve ADS
• Establish a Modern Data Estate to improve analytics capabilities
• Create infrastructure for an outcomes-based accreditation model

STAY TUNED!
Learn at ACGME Resources

• Diversity, Equity, and Inclusion Resources - ACGME Equity Matters®
  • CME Learning Path (modules structured for self-paced CME)
  • Equity Practice Toolkit
• ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation - NEW!
• 13 modules for creating custom workshops
  • 50 videos in a growing training library
  • Six workshops curated by ACGME experts

dl.acgme.org
ACGME Updates

Dr. Nasca stepping down January 1, 2025

- Dr. Nasca served as ACGME President and Chief Executive Officer for 17 years
- He will transition to leading the new ACGME Center for Professionalism and the Future of Medicine
- National search underway for a new President and CEO
• **Funding opportunity** for resident/fellow-led teams
• Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

**DEADLINE:** APRIL 22, 2024
The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline: Wednesday, March 27, 2024

For additional information and to download nomination materials:
https://www.acgme.org/initiatives/awards/
Where to Go for Help?

Review Committee Staff
Ophthalmology section of website > Contact and Support
• Program Requirements
• Letters of Notification
• Complement requests
• Case Log content

Milestones Staff
milestones@acgme.org
• Milestones

ADS Staff
ADS@acgme.org
• ADS
• Surveys
• Case Log System – technical support

Field Activities Staff
fieldrepresentatives@acgme.org
• Site Visit
• Self-Study
Open Dialogue with the Review Committee
Thank You!