

Specialty Update: Ophthalmology

Thomas Hwang, MD, Chair, Review Committee for Ophthalmology

Laura Huth, MBA, Executive Director, Review Committee for Ophthalmology

*Shellie Bardgett, PhD, Associate Executive Director, Review Committee
for Ophthalmology*

Conflict of Interest Disclosure

Speakers:

Thomas Hwang, MD, Chair

Laura Huth, MBA, Executive Director

Shellie Bardgett, PhD, Associate Executive Director

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 Revisions of the Program Requirements for Ophthalmology and Ophthalmic Plastic and Reconstructive Surgery
- Annual Program Review
- Accreditation Data System (ADS)
- ACGME News
- Resources
- Open Dialogue with the Review Committee

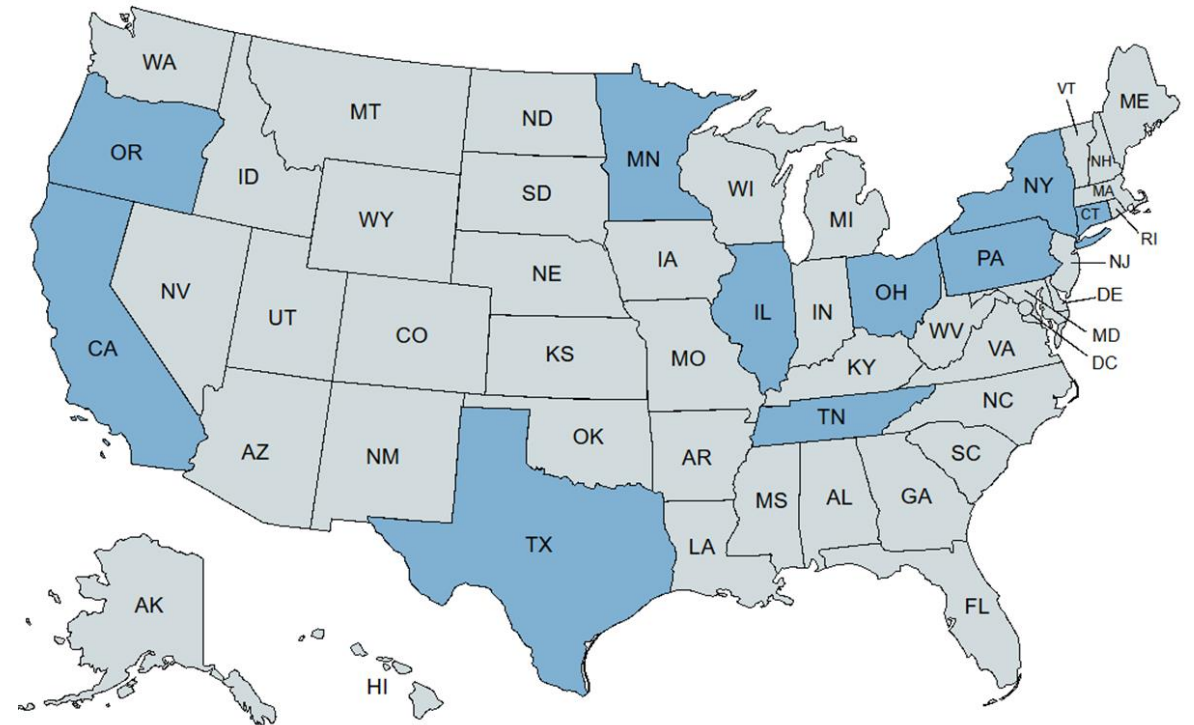
Review Committee (RC) – Who / What / When

Who: RC Membership

- **Four nominating organizations:** American Board of Ophthalmology (ABO), American Academy of Ophthalmology (AAO), American Medical Association (AMA), and American Osteopathic Association (AOA)
- **Twelve voting members** (including resident and public member)
- **Six-year terms** (except for resident member who serves two years)
- All volunteers

Program Directors, Chairs, Faculty, DIOs, Resident and Public Representation

Current Geographic Distribution



Who: RC Voting Members

Thomas Hwang, MD, *Chair*

Oregon Health and Science University

Grace Sun, MD, *Vice Chair*

Weill Cornell Medicine

Fitz Gerald Diala, MD, PhD, *Resident Member*

Vanderbilt University

Monica Douglas, MBA, MPH, *Public Member*

Esther Bowie, MD

Penn State University

Jessica Chow, MD

Yale University

Susan Culican, MD, PhD

University of Minnesota

Don Kikkawa, MD

University of California San Diego

Peter MacIntosh, MD

University of Illinois Chicago

Brian Mihok, DO

Kettering Health

Stacy Pineles, MD

University of California Los Angeles

Misha Syed, MD, MEHP

University of Texas Medical Branch Health

Who: Ex-Officio Attendees

George Bartley, MD
American Board of Ophthalmology



**AMERICAN BOARD OF
OPHTHALMOLOGY**

Craig Czyz, DO
American Osteopathic Association



AMERICAN OSTEOPATHIC ASSOCIATION

Who: RC Executive Committee

Thomas Hwang, MD
Chair

Grace Sun, MD
Vice Chair

Laura Huth, MBA
Executive Director

Shellie Bardgett, PhD
Associate Executive Director

Angel Mathis
Accreditation Administrator

What: Review Committees (RCs)

- The function of Review Committees is to set accreditation standards (i.e., requirements) and to provide peer evaluation of Sponsoring Institutions or residency and fellowship programs.
- The purpose of the evaluation is to assess whether a Sponsoring Institution or program is in substantial compliance with the applicable Institutional and/or Specialty Program Requirements, and to confer an accreditation status.

When: Review Committee Meetings

Three meetings per calendar year:
January, April, and August

Upcoming Meetings:

April 14-15, 2026 – agenda closed February 6

August 11, 2026 – agenda closes June 5*

January 14-15, 2027 – agenda closes October 31*

*Agenda closing date for new applications is earlier due to the need for a site visit

When: Review Committee Meetings

- Meeting agenda **closes about two months** before meeting
 - New program application deadlines are roughly six months before meeting, since a site visit is needed
- Permanent complement increase requests **must be submitted by the designated institutional official (DIO)** by the agenda closing date to make the next meeting



Programs by the Numbers

Ophthalmology Programs by Status

Accreditation Status	Count
Initial Accreditation	4
Initial Accreditation with Warning	0
Continued Accreditation without Outcomes	2
Continued Accreditation	119
Continued Accreditation with Warning	2
TOTAL	127

Ophthalmic Plastic and Reconstructive Surgery:

Four programs with Continued Accreditation



Review Committee News

Case Log Updates

- Glaucoma
 - Since 2024, glaucoma has **two** categories:
 - Minimally invasive glaucoma surgery (MIGS) — minimum of five (S only)
 - Tube shunts and trabeculectomy — minimum of five (S+A)
 - **Now subject to citation for 2025 graduates**

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 Reminders

Please read [Case Log Information](#) on the Ophthalmology Review Committee's Documents and Resources page:

The screenshot shows the 'Ophthalmology' section of a website. The header includes the title 'Ophthalmology' and a sub-header 'Specialties'. Below this is a navigation bar with links for 'Overview', 'Program Requirements and FAQs and Applications', 'Milestones', 'Documents and Resources', and 'Review Committee Members'. The main content area is titled 'Documents' and features a grid of document cards. A red arrow points to the card titled 'Ophthalmology Case Log Information'. Other cards include 'Block Diagram: Instructions for Ophthalmology Residency and Fellowship Programs', 'Case Log Statistical Reports', 'Requests for Changes in Resident/Fellow Complement', and 'Resident Member Solicitation'. There are also social media sharing icons (LinkedIn, X, Email, Print) and a 'Share This' label.

Ophthalmology

The documents and resources in this section are provided by the Review Committee for Ophthalmology for ACGME-accredited programs and those applying for accreditation.

Specialties

Overview Program Requirements and FAQs and Applications Milestones Documents and Resources Review Committee Members

Documents

Share This in X Email Print

- Block Diagram: Instructions for Ophthalmology Residency and Fellowship Programs
- Case Log Statistical Reports
- Ophthalmology Case Log Information
- Requests for Changes in Resident/Fellow Complement
- Resident Member Solicitation

Reminder: Ophthalmology-Specific Survey Questions

How confident are you that graduates of your program will be able to practice comprehensive ophthalmology independently at the completion of residency training?

- Not confident
- Somewhat confident
- Quite confident

Reminder: Ophthalmology-Specific Survey Questions

Considering all sites, how often do you consistently have access to the necessary equipment to perform your duties?

- Never
- Almost Never
- Sometimes
- Often
- Always

Reminder: Ophthalmology-Specific Survey Questions

Considering all sources and modes of learning assigned by the program (e.g., asynchronous, didactics, courses, clinical, simulations, virtual, regional, etc.), please rate the overall quality of your training in the following areas:

- Very Poor
- Poor
- Good
- Excellent
- N/A unable to evaluate or not applicable to my year of training.

Lid, orbital disease and oculoplastic surgery	
Neuro-ophthalmology	
Cornea and external disease	
Cataract surgery	
Vitreoretinal diseases	
Pediatric ophthalmology and strabismus	
Glaucoma	
Pathology	
Uveitis	
Optics, refraction, contact lens, low vision	
Ocular trauma	
Refractive surgery	
Ethics	
Social determinants of health	
Business and economics of healthcare (e.g., billing, coding, insurance, contracts)	
Advocacy	
Critical assessment of literature/new technologies	

Resident Survey

- 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

2024-2025 ACGME Resident/Fellow Survey - page 6
240 Ophthalmology - Aggregated Program Data
Specialty Specific Questions

Survey taken: February 2025 - April 2025
Programs Surveyed 126
Residents Responded 1724 / 1789
Response Rate 96%

	Not confident	Somewhat confident	Quite confident
How confident are you that graduates of your program will be able to practice comprehensive ophthalmology independently at the completion of residency training?	0.6%	5.6%	93.7%

	Never	Almost Never	Sometimes	Often	Always
Considering all sites, how often do you consistently have access to the necessary equipment to perform your duties?	0.2%	0.3%	4.2%	34.3%	61.0%

Resident/Fellow and Faculty Survey Reports

Choose an **Academic Year** and **Program** then click **View Reports**. If available, you will see a **Reports** button for the listed survey type. Report data is aggregated by program, specialty and the nation as a whole. If your program did not participate for the selected academic year, or the report type was not yet being generated, they may be unavailable. Data in downloadable Excel format started to become available in the 2015-2016 academic year.

These reports are confidential and not for external distribution or publication.

Academic Year: 2022-2023
Program: 15 - Ophthalmology
View Reports

Report Type - Aggregated by Program	Resident/Fellow	Faculty
Resident/Fellow and Faculty Survey	Reports	Reports
Well-being Survey	Program [PDF] Program [Excel] Specialty [PDF] Specialty [Excel] National	Reports

Major Revisions of the Program Requirements for Ophthalmology and Ophthalmic Plastic and Reconstructive Surgery

Major Revisions of the Program Requirements for Ophthalmology

- Ophthalmology Review Committee underwent major revisions of the Program Requirements – process occurs every 10 years.
- Updated requirements were reviewed and approved by the Board of Directors and will be **in effect July 1, 2026**.
- **New Requirements** posted on ACGME website:

ACGME.org > Specialties > Ophthalmology > Program Requirements and FAQs and Applications

Program Leadership Administrative Time

Old Requirements:

2.4

The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

2.4.a

At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program.

New Requirement:

2.4.b

Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)

Number of Approved Resident Positions	Minimum Support Required (FTE)
1-8	0.2
9-16	0.3
17- 24	0.4
25-32	0.5
33 or more	0.6

Program Coordinator FTE

Old Requirement:
II.C.2.a)

The program coordinator must be provided with support equal to a dedicated minimum of 0.5 FTE for administration of the program.^(Core)

New Requirement:
2.12.b.

At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program:^(Core)

Number of Approved Resident Positions	Minimum FTE
1-8	0.5
9-16	0.8
17- 24	1.0
25-32	1.2
33 or more	1.4

PGY-1 Requirements

**Old Requirement:
4.11.a; 4.11.b**

In both the integrated and joint preliminary year/ophthalmology formats, the PGY-1 must include three months of experience in ophthalmology. (Core)

In both the integrated and joint preliminary year/ophthalmology formats, the PGY-1 must include nine months of medical and/or surgical experience in patient care other than ophthalmology. (Core)

**New Requirement:
4.11.d**

**PGY-1
In both the integrated and joint preliminary year/ophthalmology formats, the PGY-1 must consist of:**

At a minimum, three months of patient care experience in ophthalmology; and, at a minimum eight months of patient care experience outside of ophthalmology. (Core)

Core Faculty Members

Old Requirement:
II.B.4.b) – II.B.4.e

In addition to the program director, there must be at least two other core faculty members. ^(Core)

New Requirement:
2.11.b – 2.11.c

In addition to the program director, there must be a minimum of one core faculty member for every five residents. ^(Core) **Core faculty members must spend a minimum of one half day per week on average on resident education, including clinical and non-clinical time.** ^(Core)

Specialty-Specific Background and Intent: The core faculty members devote significant time to resident education, reflected by active engagement in activities such as application review; curriculum development; educational committee participation; clinic supervision and debrief; surgical education, including preoperative and postoperative debrief; wet lab and simulation instruction; departmental lectures and conferences; and mentorship.

Participating Site Distance

Old Requirement:

I.B.5.

Participating sites should not be so distant from the Sponsoring Institution or primary clinical site as to make it difficult for residents to regularly attend conferences.
(Detail)

New Requirement:

1.6.a.

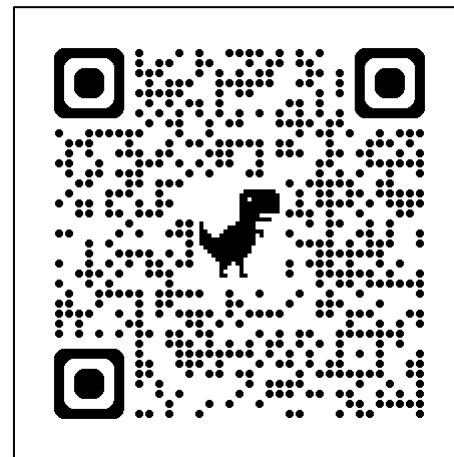
Participating sites should not require excessive travel without appropriate housing provisions. (Detail)

Specialty-Specific Background and Intent: Rotations at distant sites that significantly augment residents' overall educational experience may be offered by programs. When the program requires rotations that necessitate commuting to a geographically distant site three or more days per week, it is the program's responsibility to ensure that residents are not unduly burdened by travel to these sites and that the educational justification is well documented. Elective rotations are not subject to these requirements.

Major Revisions of the Program Requirements for Ophthalmic Plastic and Reconstructive Surgery

- The Ophthalmic Plastic and Reconstructive Surgery (OPRS) Fellowship Program Requirements are currently undergoing major revisions.
- **45-day** public comment period **now open** until March 6, 2026!

Scan to open impact statement and review and comment form!



OPRS Writing Group

Don Kikkawa, MD, *RC Member*

University of California San Diego

Thomas Hwang, MD, *RC Chair*

Oregon Health and Science University

Peter MacIntosh, MD, *RC Member*

University of Illinois Chicago

Evan Black, MD, *Program Director*

Detroit Medical Center/Wayne State University

John Nguyen, MD, *Program Director*

West Virginia University

Jill Foster, MD

American Society of Ophthalmic Plastic
& Reconstructive Surgery (ASOPRS)

Nita Bhat, MD, *Fellow*

University of Louisville

Annual Program Review

Annual Program Review

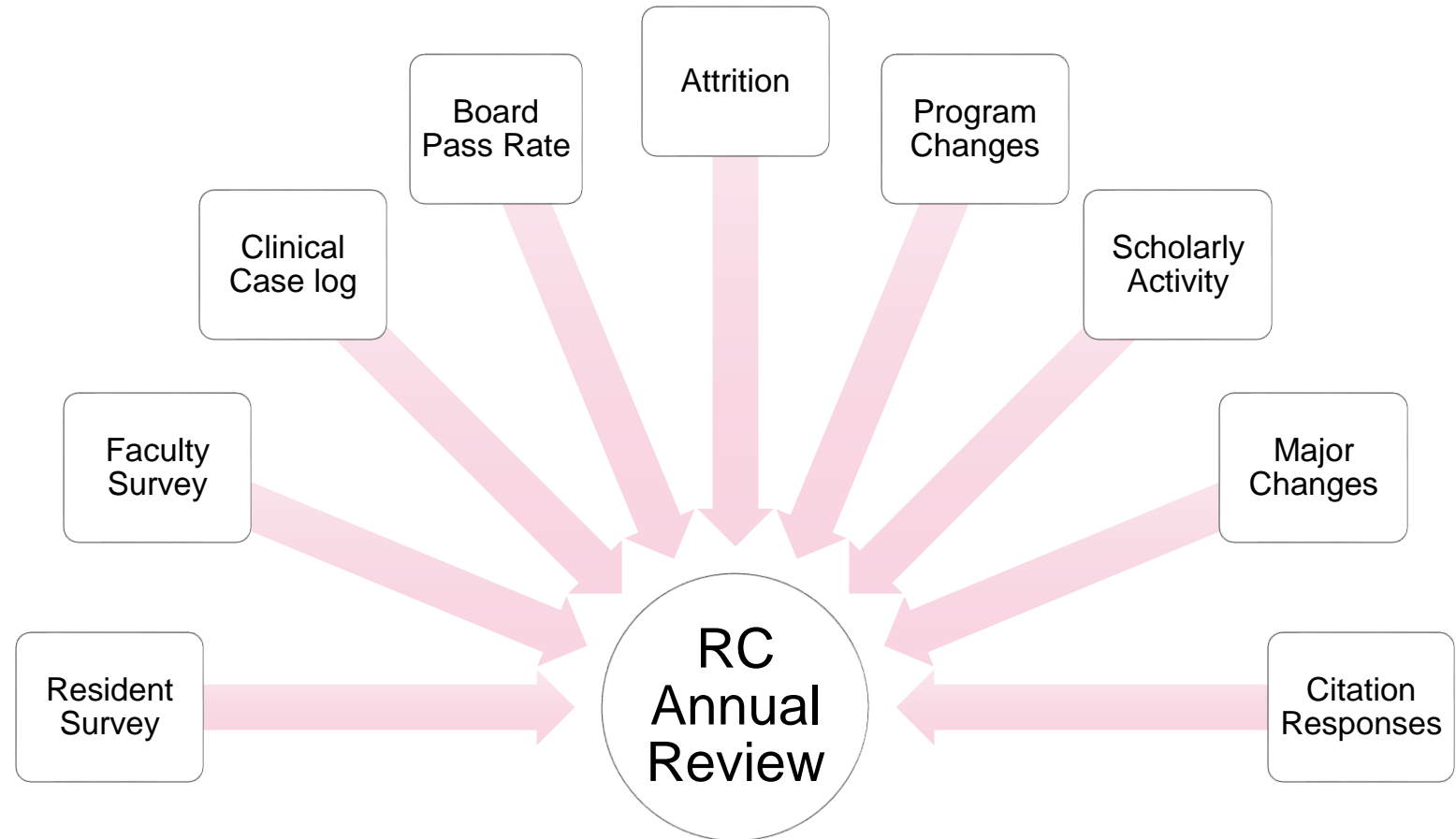


Why Continuous Accreditation?

- Helps to identify programs with potential compliance issues earlier
- Allows us to use screening tools to identify outliers
- Programs that flag as outliers undergo further review
 - *Which data element was flagged?*
 - *Was this data element flagged multiple years?*
 - *Are multiple data elements flagged?*
 - *Does the program describe improvement plans?*

Annual Program Review

January - September:
Program data gathered
and stored in ADS



What is Substantial Compliance?

- Not perfection, not all or nothing
- The RC aims to be consistent, but we believe that human judgment and peer-review are necessary to make this determination.
- The RC gets input from various perspectives.
- We need your help in getting the best information possible.

Citations and AFIs

- **Citation:** Failure to substantially comply with accreditation standard—*always linked to a program requirement*
- **Area for Improvement or AFI:**
 - Area of concern, concerning trend, tip and/or “heads up” about issue that could turn into a citation
 - Not necessarily linked to a requirement

What is a Citation?

- It is a formal documentation that the program has not provided evidence of substantial compliance with the requirements.
- It is not a punishment, a warning, or a probation.
- By issuing a citation, RC is asking for a written response from the program explaining the situation with a plan to improve it.

What are we trying to achieve with a citation?

- A citation points to specific areas that needs to be improved to be in substantial compliance with requirements.
- We hope it gives programs the leverage to get needed resources and make changes that will improve the educational and teaching environment as well as patient care.

If a citation is not an adverse action, what is?

- When a program does not address citations in a good-faith effort to provide quality patient care in a good learning environment, RC can take steps toward withdrawal of accreditation.
- Adverse actions are accreditation withheld, probation, and withdrawal of accreditation
- We are lucky to be working with this ophthalmology community where these actions are rarely necessary.

Responding to citations



Audience: physician GME leaders who do not know your program or institution



Be clear, concise, and frank



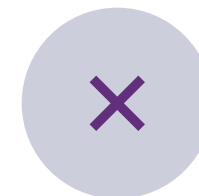
Outline implemented action plans



Demonstrate that you have gotten to the root of the non-compliant area



Describe outcomes (e.g., survey trending up, Case Log minimums met)



If goals not met, explain why and outline next steps

Responding to citations

- Follow this QR code for a course on citation responses from ACGME

[https://dl.acgme.org/courses/
responding-to-citations](https://dl.acgme.org/courses/responding-to-citations)



What is an Area for Improvement (AFI)?

- An AFI points to an area of concern that does not rise to the definition of citation: “not in substantial compliance with requirements”
- We do not require but welcome responses in Major Changes from programs for an AFI.
- We hope that an AFI can also be used as an impetus to improve programs and resources.

Common Citations and Areas for Improvement (AFIs)

- Graduate achievement of the minimum procedural requirements
- Board exam performance
- Block diagram
- Program director responsibilities
- Faculty responsibilities
- Faculty professionalism
- Service to education imbalance
- Feedback/evaluations

Major Changes and Other Updates

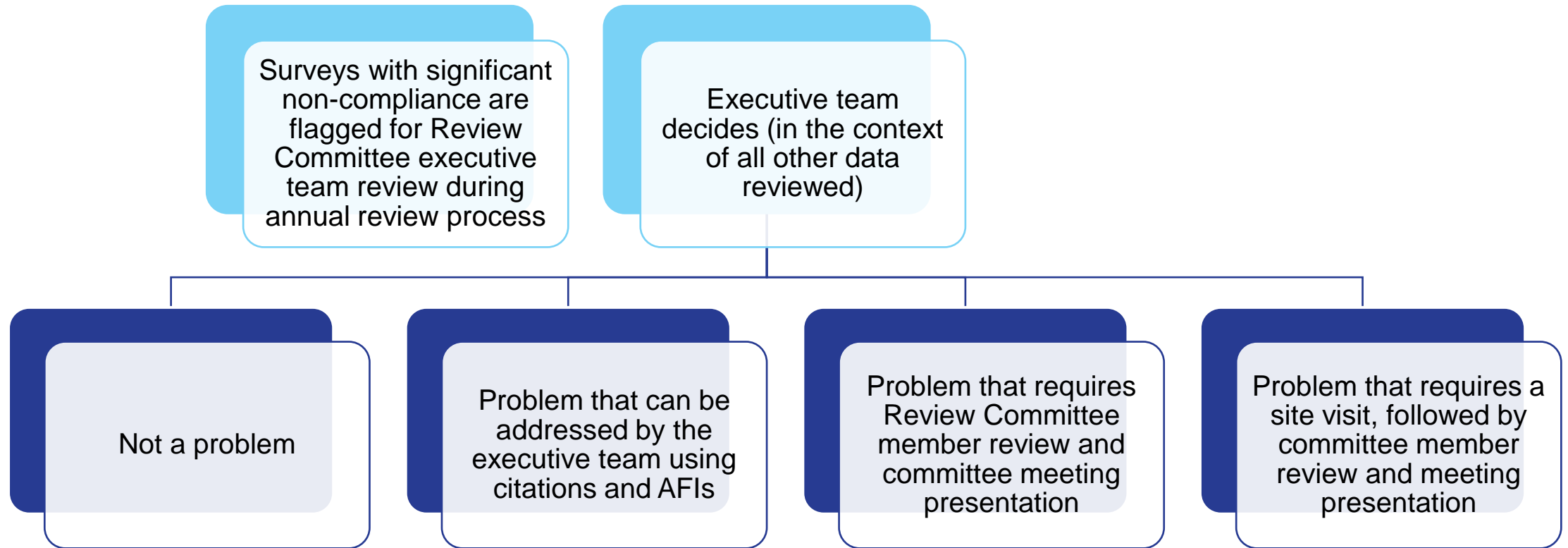
Communicate with the Review Committee about:

- Low ACGME Resident/Fellow and/or Faculty Survey ratings
- How the program has addressed any Areas for Improvement (AFIs)
- Issues with clinical volume and how the program is addressing
- Program changes (e.g., rotations, faculty)
- Program innovations
- Impact of federal rulings/state laws

ACGME Surveys

- Resident/Fellow and Faculty Surveys open **until April 10, 2026**
- No changes to the survey process—program leadership will notify residents/fellows and faculty members about the survey via ADS
- Results available in May
- Small programs receive a multi-year report a few weeks later
 - Reminder for small programs, if the survey response is small ($n < 4$) the Committee looks at Multi-Year Survey results
- **Reminder:** 70% response rate required

What does the Review Committee do with your surveys?



How can programs utilize the survey?

- Waiting for the results may be too late
- Use the survey crosswalk to help residents understand what the survey is asking
- Encourage open and honest communication to get to the root of resident concerns that may or may not be identified via the survey

ACGME Survey Crosswalk



[Submit a request](#)

[Help Center](#) > [Resident/Fellow Survey](#) > [Resident/Fellow Survey Questions, Content Areas and Common Program Requirements Crosswalk](#)

Articles in this section

Sample of Resident/Fellow Survey Questions

Resident/Fellow Survey/Common Program Requirements Crosswalk

Resident/Fellow Survey/Common Program Requirements Crosswalk

1 day ago · Updated

[Print This Article](#)

Refer to the following document for a crosswalk of how the Resident/Fellow Survey is related to the Common Program Requirements.

[Resident Survey/Common Program Requirements Crosswalk](#)

[Resident Survey Common Program Requirements Crosswalk.pdf](#)

100 KB · [Download](#)

ACGME Survey Crosswalk

Resident Survey/Common Program Requirements Crosswalk Last updated September 5, 2025

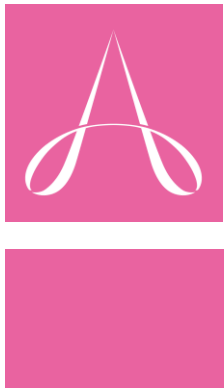
SURVEY REPORT DESCRIPTION	COMMON PROGRAM REQUIREMENT(S)
Resources	
Education compromised by non-physician obligations	6.12.a. The learning objectives of the program must be accomplished without excessive reliance on residents to fulfill non-physician obligations. <small>(Core)</small>
Impact of other learners	1.10. Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. <small>(Core)</small>
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	4.10. Curriculum Structure The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. <small>(Core)</small>
Faculty members discuss cost awareness in patient care decisions	4.9.e. Residents must demonstrate competence in incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate. <small>(Core)</small>
Time to interact with patients	4.10. Curriculum Structure The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. <small>(Core)</small>
Protected time to participate in structured learning activities	4.11. Didactic and Clinical Experiences Residents must be provided with protected time to participate in core didactic activities. <small>(Core)</small>
Able to access confidential mental health counseling or treatment	6.13.c.1. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. <small>(Core)</small> 6.13.e. [The responsibility of the program, in partnership with the Sponsoring Institution, must include:] providing access to confidential, affordable mental

How can programs utilize the survey results?

- Review results with Program Evaluation Committee (PEC)
- Program should still do “internal” survey
- Review areas of concern with residents
 - Try to identify source of problem
- Solicit specific improvement suggestions
- Use the “Major Changes” section to proactively communicate how you are addressing poor survey results
- Poor Resident/Fellow Survey results alone will not cause the Review Committee to withdraw accreditation

Accreditation Data System (ADS)

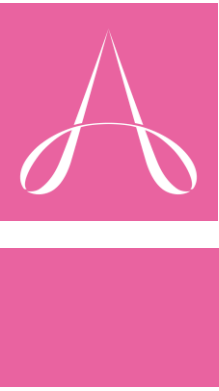
Why is the information entered
in ADS so important?



ADS informs the RC about whether a program...

#ACGME2026

- has qualified faculty members
- has sites that provide appropriate learning opportunities
- meets educational experience requirements
- has residents/fellows who meet eligibility requirements
- is making changes to improve the program
- provides opportunities for scholarly activity
- complies with work hour requirements
- has the approved number of residents/fellows
- and so on...



ADS allows for communication with the RC through...

#ACGME2026



- information about the program (e.g., faculty, sites)
- resident/fellow information
- responses to citations
- resident/fellow procedural experience (Case Logs)
- changes (e.g., complement, program director)

ADS Annual Update

- 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 committee that may be used during the annual program review
- The ACGME continues efforts to make the update easier to complete

Annual Update FAQ:

Should programs provide information about *last year* or *this year*?

Previous Academic Year

Faculty Scholarly Activity
Resident Scholarly Activity

Current Academic Year

Faculty Information
Resident/Fellow information
Sites/Block Diagram
Program resources/curriculum and
evaluation methods questions

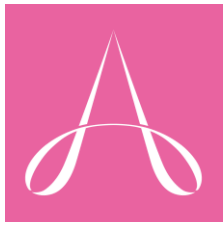
Major Changes and Other Updates
Citations Responses

Scholarly Activity

- Goal: An environment of inquiry that advances a scholarly approach to patient care
- **Faculty** 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
- **Residents** must participate in scholarly activities

Faculty Scholarly Activity Update

- Faculty Scholarly Activity information will now be collected via two program level questions.
- No more PMID input on ADS.
- Consistent with an expansive view of what scholarly activity means (not just PMIDs).
- New applications will still be required to enter all faculty scholarly activity

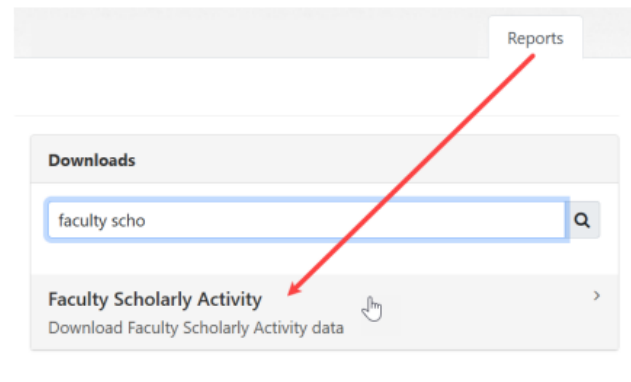
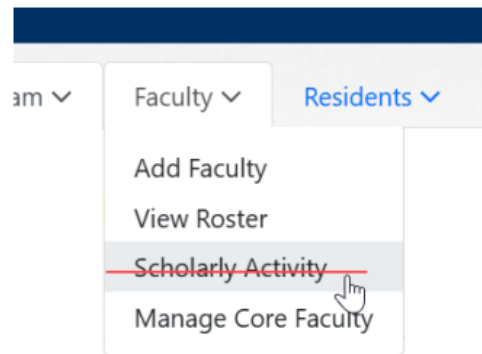


Faculty Scholarly Activity Update (ADS)

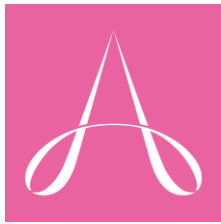


Faculty Scholarly Activity ***REMOVED SECTION***

This section of the Annual Update has been removed for all accredited programs. Instead, there are two new questions related to programs' overall faculty scholarly activity. These questions are enumerated later in this document in green. New program applications are still required to complete faculty scholarly activity data entry but are not required to respond to the new questions.



Previous year Faculty Scholarly Activity reports have been moved to the "Faculty Scholarly Activity" download option on the "Reports" tab.



Faculty Scholarly Activity Update (ADS)



Faculty Development ***NEW SECTION***

Question	Response Option(s)	Response Type	Audience
Check all domains in which your faculty members demonstrated accomplishments in scholarly activity in the past academic year:	<ul style="list-style-type: none">○ Research in basic science, education, translational science, patient care, or population health○ Peer-reviewed grants○ Quality Improvement and/or patient safety initiatives○ Systematic reviews, meta-analysis, review articles, chapters in medical textbooks, or case reports○ Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials○ Contribution to professional committees, educational organizations, or editorial boards○ Innovations in education○ Other: Describe	Multi-select w/ one write-in option	Accredited Programs
Check all methods used to disseminate faculty scholarly activity within and external to the program in the past academic year:	<ul style="list-style-type: none">○ Peer-reviewed publications○ Grand rounds○ Posters○ Workshops○ Quality improvement presentations○ Podium presentations○ Grant leadership○ Non-peer-reviewed print/electronic resources, articles, or publications○ Book chapters○ Textbooks○ Webinars○ Service on professional committees○ Serving as a journal reviewer, journal editorial board member, or editor○ Other: Describe	Multi-select w/ one write-in option	Accredited Programs

Additional Annual Update Changes

Faculty Hours ***REMOVED HOURS***

Individual hours are no longer being collected for faculty members in any program. This includes both those collected by individual activities and in total.

The screenshot displays two versions of a 'Faculty Hours' form. The left version shows a detailed breakdown of hours per week for various activities, while the right version shows a single input field for the average hours per week. A large, semi-transparent 'REMOVED' watermark is overlaid across the center of the image.

Activity	Hours
Clinical supervision of residents	28
Administration of the program	8
Research/scholarly activity with residents	2
Didactics/teaching with residents	2
Total hours devoted to this program:	40

Average Hours Per Week Devoted To Educational Program: 30

Block Diagrams

- **Representation** of program's rotation schedule
 - **Not** actual residents' schedules
- Ophthalmology-specific **Block Diagram Instructions** on ACGME website
- Program's block diagram **must** include PGY-1
 - Both integrated **and** joint format programs
 - Include and label **all** PGY-1 rotations
- **Coming soon...** updated block diagram instructions!

Block Diagram Instructions

Review Committee for Ophthalmology

A block diagram is a representation of the rotation schedule for a resident/fellow in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. When creating a block diagram, keep in mind:

- The block diagram shows the rotations a resident/fellow will have in a particular year of the educational program; it does not represent the order in which they occur.
- There should be only one block diagram for each year of education.
- The block diagram should not include resident/fellow names. The block diagram is not a resident/fellow schedule.
- Someone from outside of the institution should be able to look at a program's block diagrams and understand the educational experience of the residents/fellows.

Tips for Completing the Block Diagram

- Programs that have established the integrated or joint format **must** include a block diagram for the PGY-1 year.
- Identify sites by using the site numbers listed in the Accreditation Data System (ADS) Sites tab (1, 2, etc.).
- Within each year, group rotations by site. For example, list Site 1 rotations first, followed by Site 2 rotations, etc.
- Ensure the block diagram information matches the Participating Site information section of ADS. For example, if the participating site information in ADS indicates Year 1 residents spend three months at Site 2, the block diagram should show Year 1 residents are at Site 2 for three months.
- The "% Research" row in the block diagram is for **dedicated** research time **reserved** on a resident's/fellow's schedule.
- Rotation names should be as specific as possible and identify the **educational experience** (e.g., general ophthalmology, glaucoma, pediatric ophthalmology).
 - The rotation name must include more than the name of the site. For example, "VA" is an insufficient description of the educational experience, whereas "VA Comp Ophth" is acceptable.

Other Annual Updates in ADS

- Beginning of Academic Year:
 - Ensure graduate Case Logs are complete before the archive date
 - Update for new academic year
- November-December:
 - Milestones evaluations of residents/fellows
- February-April:
 - Monitor completion of Resident/Fellow and Faculty Surveys
 - Results usually posted in May
- End of Academic Year:
 - Milestones evaluations of residents/fellows
 - “rollover”— prepared for next academic year

ADS – not just for the Annual Update(s)

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 the committee understand resident/fellow experience

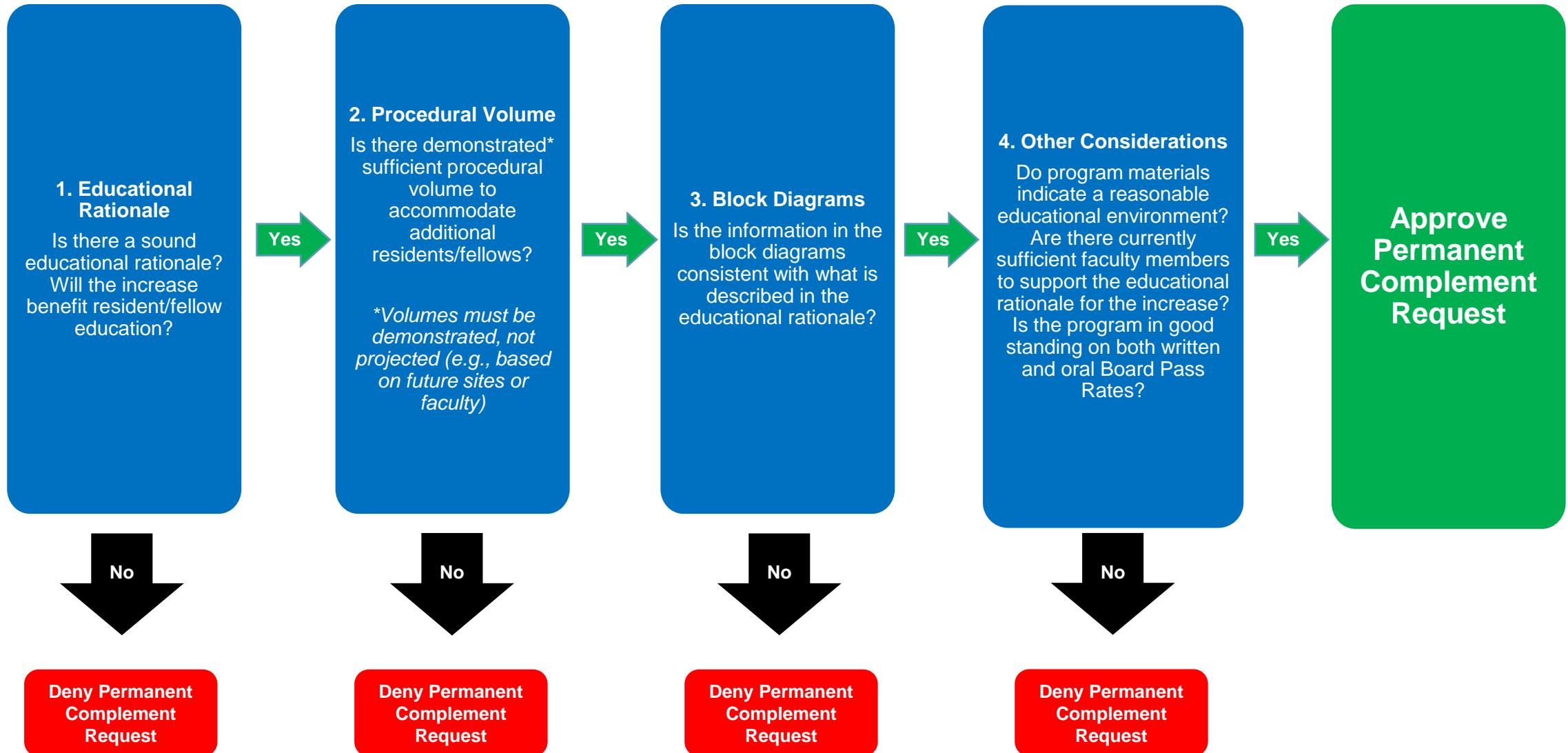
Temporary Complement Increases

- **Up to 90 days:** Do not need to submit request in ADS
- **Over 90 days,** submit if:
 - Residency: over approved total or within a year (e.g., PGY-3)
 - Fellowships: over total complement
- Requests should be time-limited and special circumstances
- Start Date is the date in which you will be over complement
- End Date is the expectation graduation date or end of that individual's training
- FAQ: If your program is taking a transfer at the PGY-2 level, they must have completed the three months of ophthalmology in the PGY-1 year before advancing to PGY-2.

Permanent Complement Increases

- Sound educational rationale: outline how increase will benefit learner education
- Sufficient patient and institution procedural volume; both Case Log minimums met and institution procedure data
- Favorable learning environment
- Updated complement increase instructions (and tips!) available at [acgme.org > Specialties > Ophthalmology > Documents and Resources](https://www.acgme.org/Specialties/Ophthalmology/Documents-and-Resources)
- Reminder: permanent complement increase requests **must be submitted by the designated institutional official (DIO)** by the agenda closing date to make the next meeting

Permanent Complement Increase Request Flowchart



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 committee considers requests for a first- and second-year resident or fellow to start the initial year of approval
- Use the FAQs as a resource
- Questions? Contact Review Committee staff



ACGME News

Recent DEI Changes to ACGME Requirements

- Federal directives prohibit accrediting bodies from requiring or encouraging DEI activities
- ACGME was required to act immediately to ensure compliance, protect federal funding for Sponsoring Institutions, and maintain quality of care

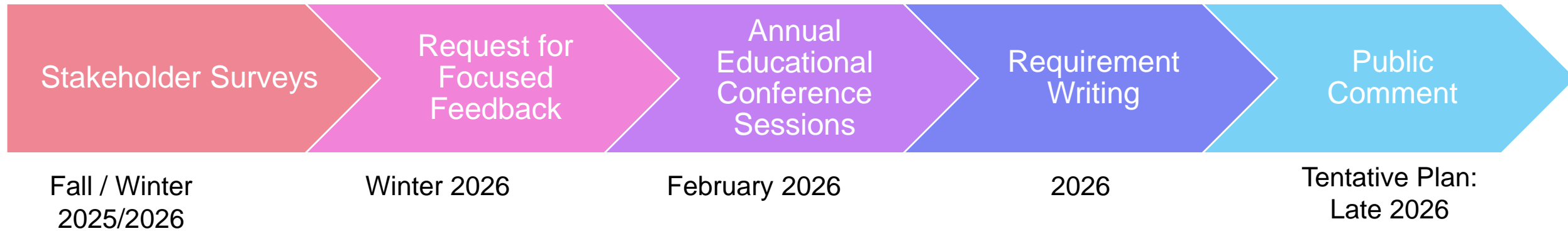
Randomly Selected Site Visits

- The ACGME will continue with randomly selected site visits.
 - Only programs beyond initial accreditation period that have not had a site visit in 9+ years
 - No more than 4 site visits per SI for the larger Sis
 - Chosen programs will receive a Letter of Notification with an approximate date
 - Site visits assess compliance with all program requirements
 - Prior to site visit date, programs will need to update ADS and upload some sample program documents
 - **3 Ophthalmology programs and 1 OPRS program selected for 2026**

Types of Site Visits

- Randomly Selected: programs a year are randomly selected for a site visit
- Data Driven: The RC may request a site visit when the information provided does not fully make sense or is inadequate to make accreditation decisions.
- Complaint: The RC may request a site visit for more information related to a formal complaint

Update: Projected Common Program Requirement Major Revision Timeline



Update: Projected Common Program Requirement Major Revision Timeline - Fellowships



Burden Reduction

- In service to ongoing burden reduction, the Common Program Requirements Task Force identified 10 requirements that are slated for deletion when the full set of new CPRs is posted for public comment in late 2026
- Given the time frame until the new CPRs are effective (likely in 2028), these 10 requirements are suspended effective February 7, 2026 (date of Board decision)

10 suspended requirements

- CPR 1.2 “The Review Committee may specify which other programs must be present at the primary clinical site”
- CPR 1.3.a. “The PLA must be renewed at least every 10 years”
- CPR 2.2.a. “Final approval of the program director resides with the Review Committee”

10 suspended requirements

- CPR 2.8.c “Faculty members must administer and maintain an educational environment conducive to educating residents”
- CPR 4.2.a “[The curriculum must contain the following educational components:] a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members”

10 suspended requirements

- CPR 4.2.e. “[The curriculum must contain the following educational components:] formal educational activities that promote patient safety-related goals, tools, and techniques”
- CPR 5.5.f. “The Program Evaluation Committee must evaluate the program’s mission and aims, strengths, areas for improvement, and threats”
- CPR 5.5.h. “The program must complete a Self-Study and submit it to the DIO. ”

10 suspended requirements

- CPR 6.24 “A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. ”
- CPR 6.24.a. “In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures”

Recent Requirement Revisions

Focused Revision to Common Program Requirements

Faculty qualifications

- Removes specialty-specific language that does not allow for alternate qualifications

Resident transfers

- Removes restrictions from specialty requirements that do not allow transfers

Coming in July 2026!

Frequently Asked Questions (FAQs) integration into Requirements documents

- As part of the ACGME's Digital Transformation and following the reformatting of all Requirements documents, FAQs will be integrated into the Requirements documents.
- All Common FAQs and specialty/subspecialty-specific FAQs will be available linked directly to specific requirements, where applicable.
- Except for FAQs already undergoing revision, **the content of the FAQs is not changing**, just their integration into requirements documents for ease of access.
- Revisions were also made to Resident/Fellow Transfers and Faculty Certification in many Program Requirements, effective July 1, 2026.

Frequently Asked Questions (FAQs) integration into Requirements documents



ACGME Program Requirements for Graduate Medical Education in Anesthesiology with FAQs

Revision Information

ACGME-approved interim revision September 3, 2025; effective September 3, 2025

ACGME-approved interim revision September 29, 2025; effective July 1, 2026

Definitions

For more information, see the [ACGME Glossary of Terms](#).

Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs with or applying for Osteopathic Recognition, the Osteopathic Recognition Requirements also apply (www.acgme.org/OsteopathicRecognition).

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Frequently Asked Questions (FAQs) integration into Requirements documents

1.2. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

1.2.a. The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)

[See FAQ in Appendix]

Anesthesiology with FAQs

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Page 4 of 64

7. Frequently Asked Questions: Anesthesiology

Review Committee for Anesthesiology

ACGME

Section 1: Oversight

Questions concerning *"The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)"* (1.2.a)

Q: How can affiliation with ACGME-accredited general surgery and internal medicine residency programs be demonstrated?

A: If the program's Sponsoring Institution does not sponsor ACGME-accredited residencies in both general surgery and internal medicine, affiliation can be demonstrated to the Review Committee as to the relationship between the programs through an affiliation agreement, program letter of agreement (PLA), or an explanation of how affiliation is demonstrated through the integration of resident education with each of the specialties.

Questions concerning *"Residents should not be required to rotate among multiple participating sites. (Detail)"* (1.6.a.1.a)

Q: Why should residents not be required to rotate among multiple participating sites?

A: The intent of this requirement is to ensure residents are not required to travel unnecessarily to hospitals or other clinical sites for education or training that could reasonably be provided locally by the Sponsoring Institution's affiliated sites. The Review Committee understands that some programs, such as those sponsored by institutions in rural areas based on a consortium model, will by necessity have residents rotate across three to four sites to achieve the required rotations. The focus of the requirement is to protect the residents from being used to meet the service needs of multiple hospitals/clinical operations.

Anesthesiology with FAQs

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Page 56 of 64

The logo for ACGME Cloud features a stylized red 'A' icon on the left, followed by the text 'ACGME Cloud' in a bold, red, sans-serif font. A thin horizontal line is positioned below the text.

ACGME Cloud

Reducing Burden | Reimagining GME

New ACGME Cloud features launching in April will offer:

- Unified User Experience – simplified, streamlined navigation across ACGME Cloud and the Accreditation Data System (ADS), including a user-friendly way to switch between products and an AI-powered smart search to find information in ADS and complete tasks.
- ACGME Cloud | Analytics Additions and Enhancements – additional dashboards for the annual Resident/Fellow and Faculty Surveys, operational dashboards, and Milestones dashboards.

Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall to learn more!

Contact Cloud@acgme.org with questions.



FUNDING OPPORTUNITY FOR RESIDENT AND FELLOW LEADERS



OPPORTUNITY DESCRIPTION

Resident- or fellow-developed and led projects to enhance meaning in clinical learning environments by fostering the physician-patient relationship



PROJECT ASSESSMENT CRITERIA

- Strengthens relationships with patients
- Sustainable
- Adaptable to other programs or contexts
- Innovative and cost-effective



PROJECT FUNDING

Additional travel stipend available to offset costs to attend Learning Collaborative meetings in Chicago, Illinois and the 2028 ACGME Annual Educational Conference in Orlando, Florida.

FUNDING OPTIONS

- 1: up to \$10,000
- 2: up to \$5,000



**SCAN QR CODE
FOR MORE INFO**

**PROPOSALS DUE:
APRIL 20, 2026**

Resources



ACGME
ACCREDITED
GENERAL INTERNAL MEDICINE
RESIDENCY PROGRAMS

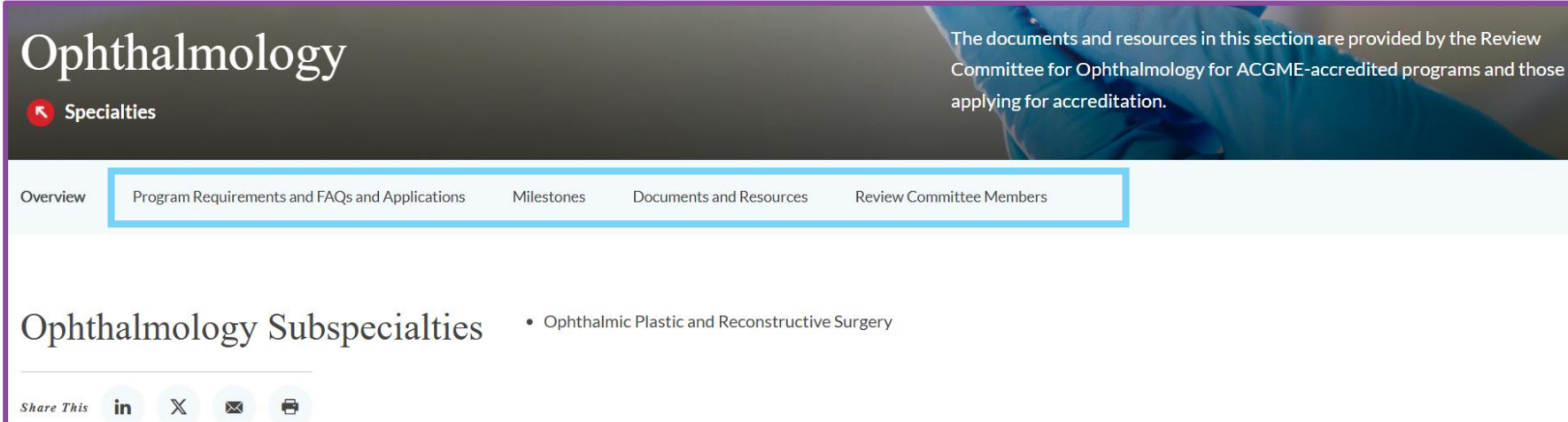
ACGME
ACCREDITED
GENERAL INTERNAL MEDICINE
RESIDENCY PROGRAMS

Read the ACGME's
weekly *e-Communication!*

Subscribe via

acgmecommunications@acgme.org

Review Committee Specific Resources



Ophthalmology

Specialties

The documents and resources in this section are provided by the Review Committee for Ophthalmology for ACGME-accredited programs and those applying for accreditation.

Overview | Program Requirements and FAQs and Applications | Milestones | Documents and Resources | Review Committee Members

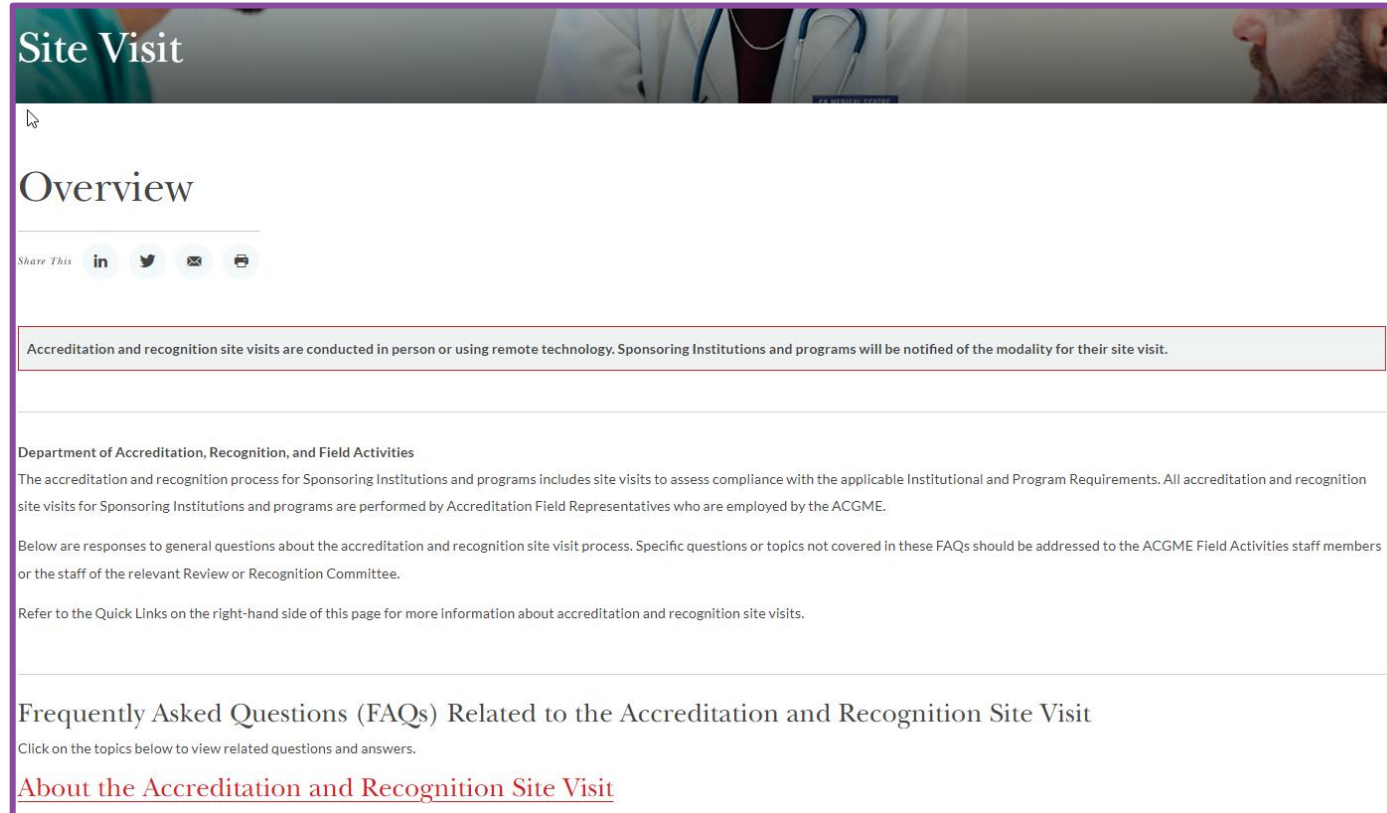
Ophthalmology Subspecialties • Ophthalmic Plastic and Reconstructive Surgery

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- **FAQs**
- **Block Diagram Instructions**
- **Case Log Instructions**
- **And more!**

Site Visit Resources

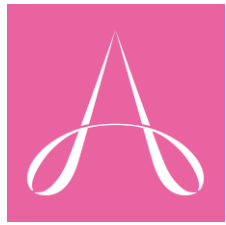
Available at acgme.org > Programs and Institutions > [Site Visit](#)



The screenshot shows the ACGME website page for Site Visits. At the top, there is a header with the text "Site Visit" and a background image of a doctor. Below the header is a section titled "Overview" with social media sharing icons for LinkedIn, Twitter, Email, and Print. A highlighted box contains the text: "Accreditation and recognition site visits are conducted in person or using remote technology. Sponsoring Institutions and programs will be notified of the modality for their site visit." Below this is a section titled "Department of Accreditation, Recognition, and Field Activities" with a paragraph explaining the accreditation process. Another paragraph states: "Below are responses to general questions about the accreditation and recognition site visit process. Specific questions or topics not covered in these FAQs should be addressed to the ACGME Field Activities staff members or the staff of the relevant Review or Recognition Committee." A final paragraph refers to Quick Links on the right side of the page. At the bottom, there is a section titled "Frequently Asked Questions (FAQs) Related to the Accreditation and Recognition Site Visit" with a sub-link: "About the Accreditation and Recognition Site Visit".

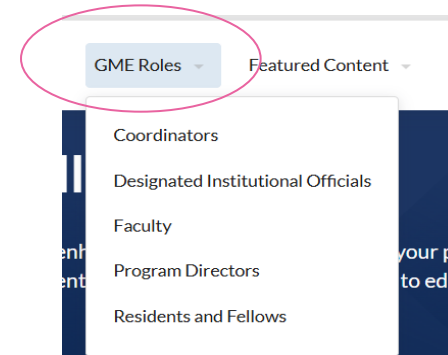
Guide to the Common Program Requirements

The screenshot shows the ACGME website interface. At the top, there is a navigation bar with links for About, News, Blog, e-Communication, Institution and Program Finder, JGME, Learn at ACGME, and ACGME International. Below this is the ACGME logo and a search bar. The main navigation menu includes: Programs and Institutions, Specialties, Residents and Fellows, Milestones, Improvement and Initiatives, and Education and Resources. The 'Education and Resources' menu item is circled in pink. Below the navigation, the 'Education and Resources' section is displayed, featuring a list of links: ACGME LINC, Annual Educational Conference, Guide to the Common Program Requirements, Continuing Education, Courses and Workshops, Renewal Retreats, Faculty Development, Journal of Graduate Medical Education, Opioid Use Disorder, and Summit on Medical Education in Nutrition. A pink arrow points to the 'Guide to the Common Program Requirements' link. To the right, there is a promotional banner for the 2026 ACGME Annual Educational Conference, 'Meaning in Medicine', held from February 19-21, 2026, in San Diego, California. Below the banner, a 'Learn More' button is visible.



ACGME Online Learning

Learn at ACGME houses sections for each GME role, including program directors and coordinators



Featured Content

Learning Path for New Program Directors

This collection of courses focuses on the fundamental aspects of Program Directorship. These resources are curated specifically for new program direct...

Welcome to Program Director University

Onboarding can be daunting for new program directors, because to fulfill the role successfully, it is essential they learn a large amount of new mater...

Introductory Course for New Program Directors: Simulated Program Review

The goal of a program review is to help programs help their residents and fellows become skilled, compassionate physicians who optimally serve their p...

Program Director Well-Being: Finding a Path Forward (On-Demand Webinar)

The focus of this ACGME listening session was to create a space for program directors to hear from peers and share experiences regarding issues of wel...

Program Directors

Featured Content

Program Coordinator Handbook

Developed by the 2019-2023 Coordinator Advisory Group, the Program Coordinator Handbook serves as a guide fo...

Program Coordinator Handbook Companion: Paving Your Path to Success

The Program Coordinator Handbook Companion: Paving Your Path to Success is a collection of self-paced modul...

Coordinator Forum: The Empowered GME Coordinator

This presentation, recorded at the 2024 ACGME Annual Educational Conference Coordinator Forum, aims to...

Coordinator Well-Being: A Time for Action

Coordinators face significant challenges and demands in their jobs that may contribute to personal distress and reduced...

Program Coordinators



 Listening  Information  News  Collaboration

Register today! After registering you'll receive a confirmation with "Add to Calendar" option

Your monthly connection to ACGME updates and collaboration

- ✓ Stay informed on important updates and initiatives
- ✓ Engage in interactive activities
- ✓ Provide feedback and share ideas
- ✓ Visit the page on [acgme.org](https://www.acgme.org/education-and-resources/acgme-linc/) to view upcoming sessions and register: <https://www.acgme.org/education-and-resources/acgme-linc/>



[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)



Rural Track Program (RTP)

- Building capacity for GME can be challenging in rural communities, many of which are in medically underserved areas. GME partnerships between participating sites in urban, rural, and other settings play an important role in enhancing physician supply in workforce shortage areas.
- A **Rural Track Program (RTP)** is an ACGME-accredited program in which all or some residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area (any area outside of an urban Core-Based Statistical Area (CBSA)).
- The following processes are available to obtain ACGME RTP designation:
 - Expansion of an existing program with a permanent complement increase and identification of new rural site(s)
 - Application for a new program

Rural Track Program Designation

ACGME HOME > IMPROVEMENT AND INITIATIVES > MEDICALLY UNDERSERVED AREAS AND POPULATIONS > RURAL TRACK PROGRAM DESIGNATION

Overview

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ACGME Rural Track Program Designation

Building capacity for GME can be challenging in rural communities, many of which are in medically underserved areas. GME partnerships between participating sites in urban, rural, and other settings play an important role in enhancing physician supply in workforce shortage areas.

In alignment with Section II of the [MUA/P framework](#), the ACGME has developed processes addressing ACGME-accredited programs that seek to create “rural tracks” as defined in rules and regulations of the Centers for Medicare and Medicaid Services (CMS) in [42 CFR §413.79\(k\)](#). An ACGME Rural Track Program (RTP) is an ACGME-accredited program in which all or some residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area (any area outside of an urban Core-Based Statistical Area (CBSA)).

QUICK LINKS

[Medically Underserved Areas and Populations](#)



RESOURCES

[ACGME RTP Designation Request Instructions](#)

[ACGME RTP Designation Toolkit](#)

[ACGME RTP FAQ Guide](#)

[ACGME RTP Rotation Information Form](#)

[MUA/P Framework and ACGME RTP Designation Summary](#)

[Rural Track Regulation References](#)

[Selected Rural GME Publications and Resources](#)

CONTACT US:

Director, Medically Underserved Areas/Populations and GME

Laney McDougal, MS-HSM

muap@acgme.org

[312.755.7458](tel:312.755.7458)

Complaints and Concerns

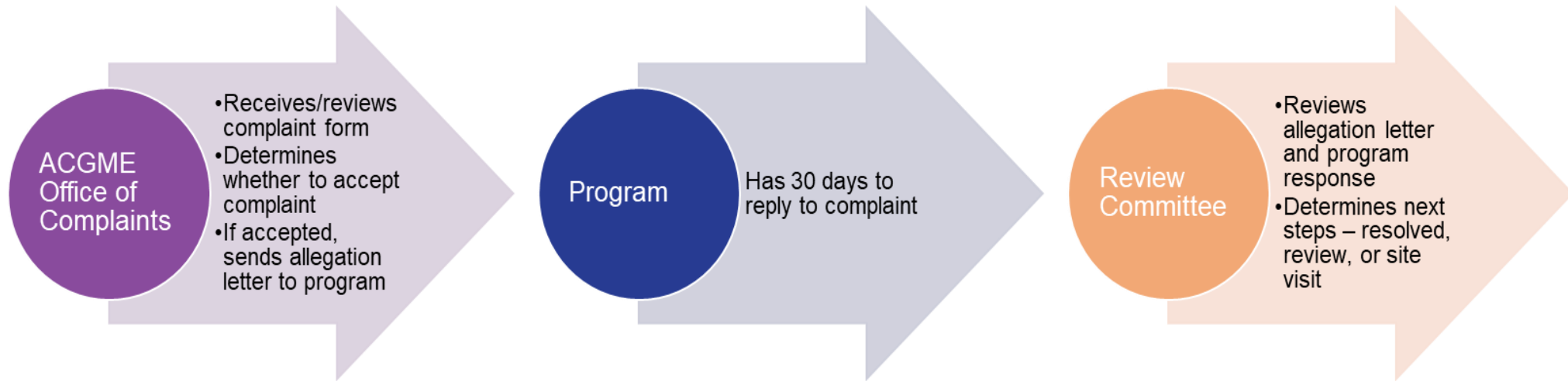
Office of the Ombudsperson

- Problem-solving mechanism
- Opportunity to anonymously report education and training-related issues
- Does not affect accreditation/recognition status
- Allegations/responses do not go to Review Committee
- May prompt internal inquiry/review
- ACGME staff listen and educate about resources available to resolve the concerns

Office of Complaints

- Confidential reporting
- Must allege lack of compliance with requirements
- If accepted as a complaint, will be reviewed by the Review Committee
- May prompt a site visit
- May impact accreditation/recognition status

Complaints Process



Where to go for help?

Review Committee Staff

lhuth@acgme.org

sbardgett@acgme.org

amathis@acgme.org

- Program Requirements
- Letters of Notification
- Complement requests
- Case Log **content**
- Application questions

Milestones Staff

milestones@acgme.org

- Milestones

ADS Staff

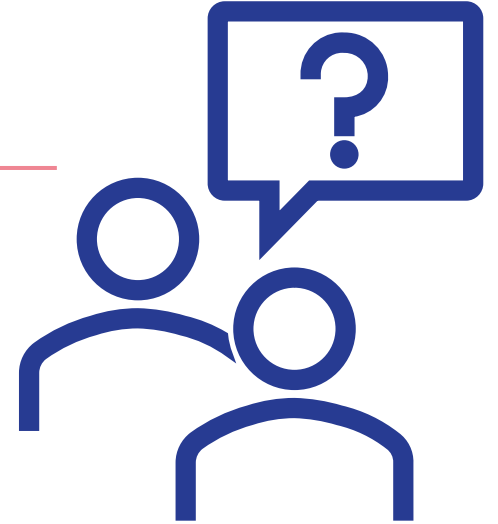
ADS@acgme.org

- ADS
- Surveys
- Case Log **system**

Field Activities Staff

fieldrepresentatives@acgme.org

- Site Visit
- Self-Study



Open Dialogue with the RC

Claim your CME today!

Complete the Evaluation for CME or Certificate of Completion!

The evaluation can be found in the Conference Mobile App and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 13, 2026

Questions? cme@acgme.org

The background features a tropical sunset scene with palm trees silhouetted against a warm, orange and pink sky. A large, solid blue rectangular box is centered on the page, containing the text "Thank you!".

Thank you!