

MEMORANDUM

TO: Ophthalmology Program Directors and Coordinators

FROM: Andreas Lauer, MD, Chair, Review Committee for Ophthalmology
Kathleen Quinn-Leering, PhD, Executive Director, Review Committee for Ophthalmology

DATE: June 25, 2020

RE: Ophthalmology Program Requirements Effective July 1, 2021

What a ground shifting several months it has been. We are living and working with historic environmental and societal changes. Thank you for continuing to navigate your education program through these challenging times.

Over the coming year, ophthalmology programs will take steps to adapt to the revised Program Requirements for Graduate Medical Education in Ophthalmology effective July 1, 2021. As of that date, programs are required to use one of two educational formats as outlined in Program Requirements Int.C.1.-Int.C.1.b):

- Integrated ophthalmology format: 48 months of required education in the ophthalmology program
- Joint preliminary year/ophthalmology format: 12 months of education in a preliminary year program followed by 36 months in an ophthalmology program

In both formats, the PGY-1 year must include three months of ophthalmology.

The Committee recognizes some programs have minimal changes to make to meet the new program requirements and other programs are encountering challenges. The Committee is committed to providing support wherever a program is on this continuum. Although the program requirements for the PGY-1 year go into effect on July 1, 2021, citations related to implementation of this requirement will not be issued until July 1, 2023. In addition, the Committee has prepared this document to answer common questions. Questions are organized as follows:

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QUESTIONS

Establishment of an Integrated Ophthalmology or Joint Preliminary Year/Ophthalmology Format

How will a program inform the Committee they have chosen an integrated ophthalmology format or a joint preliminary year/ophthalmology format?

In Spring 2021, ophthalmology programs will be asked to inform the Committee via email of the chosen format. Programs implementing a joint preliminary year/ophthalmology format will also be asked to provide the Committee with the name and program number of the joint preliminary year program.

What should a program do if an integrated ophthalmology format or a joint preliminary year/ophthalmology format will not be implemented on July 1, 2021?

The Committee recognizes it may take time for programs to determine which format to use, develop plans for the chosen format, and implement those plans. When programs are asked in Spring 2021 to inform the Committee of the chosen format, the program should indicate plans are not finalized. Programs should keep the Committee apprised of progress using the “Major Changes and Other Updates” section in the Accreditation Data System (ADS) during the Annual Update. Citations will be issued beginning July 1, 2023.

What should a program do if it has been unable to implement either an integrated ophthalmology format or joint preliminary year/ophthalmology format by July 1, 2023?

Programs unable to implement an integrated ophthalmology format or a joint preliminary year/ophthalmology format by July 1, 2023 must request an exception from the Committee. This request must outline a) efforts made by the program and Sponsoring Institution to establish an integrated ophthalmology format or joint preliminary year/ophthalmology format, b) why the efforts failed, and c) an alternative plan for the preliminary year that will meet the spirit of the revised requirements effective July 1, 2021 to better prepare incoming PGY-2 residents for ophthalmology residency. The request should include program and Sponsoring Institution names and ACGME numbers as appropriate. The request must be signed by the program director and designated institutional official (DIO), and emailed to Associate Executive Director Tina Espina (tespina@acgme.org).

If a program has had to reduce the number of residents in each program year, is the program required to request a complement decrease?

Programs can choose to keep the currently approved complement or decrease the complement. Programs are not required to fill all spots in their approved complement, and it is acceptable for the number of residents enrolled in a program to be below the approved complement.

Programs that choose to maintain the currently approved complement are encouraged to provide a brief explanation in the “Major Changes and Other Updates” section of ADS during the Annual Update as to why there are fewer residents than the approved complement. This information will help the Committee understand why there is a discrepancy between approved and filled spots.

Programs that decide to reduce the approved complement should request a permanent complement decrease. See [Requests for Changes in Resident or Fellow Complement](#) for details.

Can a program change the chosen format in the future? For example, can a program that implements the joint preliminary year/ophthalmology format on July 1, 2021 decide in several years to use the integrated ophthalmology format?

Yes. The program would need to inform the Committee via email of the change in format. The change must occur at the beginning of an academic year.

Application Process

What changes related to the Match do programs need to make?

The Match process is outside the purview of the Committee. Program staff members may want to contact or review the websites of the following organizations: [SF Match](#), [National Resident Matching Program](#) (NRMP), and [Electronic Residency Application Service](#) (ERAS).

If asked, what advice should ophthalmology program directors give to medical students interested in ophthalmology who do not match?

While the recruitment and match process are outside the purview of the Committee, there are considerations related to program accreditation that may inform the question. As of July 1, 2021, the ophthalmology program will determine where the PGY-1 year will occur. The PGY-1 year will either take place in an ophthalmology program (integrated ophthalmology format) or in a preliminary year program at the same Sponsoring Institution as the ophthalmology program or one approved by the Committee (joint preliminary year/ophthalmology format).

For the next two to three years, some ophthalmology programs may not have implemented their chosen format yet. In these cases, the program may be willing to accept a resident who previously completed a preliminary year elsewhere. The resident would need to meet the PGY-1 requirements prior to starting the PGY-2 year. As with all transfers, the program director determines the amount of credit to give for previous education. See below for information on resident transfers.

Integrated Ophthalmology Format

Do integrated programs need to request a complement increase for the additional residents?

No. In the spring of 2021, ophthalmology programs will be asked to inform the Committee via email of the chosen format. Other than responding to this request, the program does not need to take any other action for this complement change. The additional educational year will be added in ADS toward the end of June 2021 during the rollover to the new academic year. Once added, ADS will show four approved years. The approved complement for Year 1 (PGY-1) will be based on the approved complements for the other years. The approved total complement will increase accordingly. For example, a program with a current approved complement of 2-2-2 for a total of six will become 2-2-2-2 for a total of 8.

How does a program using the integrated ophthalmology format inform GME Track to indicate that the program is four years long?

GME Track is outside the purview of the Committee. Programs may want to contact the GME Track help desk at gmetrack@aamc.org.

During the 2021 ADS Annual Update, what program years should be chosen in the resident roster for the PGY-3 and PGY-4 residents?

The PGY-3 residents should be Program Year 3 and PGY-4 residents should be Program Year 4. PGY-3 and PGY-4 residents will “skip” a program year during this transition to an integrated program. For example, PGY-2 residents were in Program Year 1 during the 2020-2021 academic year but will be in Program Year 3 as PGY-3s in the 2021-2022 academic year.

Which faculty members from non-ophthalmology rotations during the PGY-1 year should be added to the Faculty Roster in ADS?

The Committee recommends adding one faculty member involved in ophthalmology resident education into the Faculty Roster from each non-ophthalmology department in which the residents rotate. The faculty member may be the program director of the residency program in which ophthalmology residents are rotating, the site director, or another faculty member who is involved in the delivery of educational content to the residents. Programs can also add other faculty members. The program director can choose to designate non-ophthalmology faculty as core or non-core faculty members. As a reminder, the scholarly activity for *all* faculty members on the Faculty Roster must be entered into ADS. All *core* faculty members will be asked to complete the annual ACGME Faculty Survey.

For example:

An integrated ophthalmology program assigns residents to nine months in the internal medicine department. The ophthalmology program adds the internal medicine residency program director to the Faculty Roster as a faculty member. The program director determines this individual is a non-core faculty member because the involvement in the ophthalmology program does not meet the definition of a core faculty member as outlined in Program Requirement II.B.4.

Does the Block Diagram need to include PGY-1 through PGY-4?

Yes. The block diagram completed for the 2021 ADS Annual Update and going forward must include all four years.

How should programs using the integrated ophthalmology format complete the Milestones evaluation for PGY-1 residents?

Programs using the integrated ophthalmology format will be required to complete the Milestones assessment for PGY-1 residents. Clinical Competency Committees (CCCs) will use the information gathered from the ophthalmology and non-ophthalmology rotations to assess resident performance. CCCs have the option of indicating “Not Yet Assessable” for Patient Care and Medical Knowledge subcompetencies if there is insufficient information to assess resident performance. The other four subcompetencies should have been assessed during resident rotations and those sections of the Milestones must be completed.

Will PGY-1 residents in programs using the integrated ophthalmology format be able to log ophthalmic and other procedures in the Case Log System as of July 1, 2021?

Yes. PGY-1 residents in programs using the integrated ophthalmology format will have a Case Log System ID and password assigned and emailed to them when they are first entered into the program's ADS Resident Roster.

Will PGY-1 residents in a program using the integrated ophthalmology format be able to log their cases when rotating to other surgical specialties?

Yes, however the only cases they are required to log are those related to ophthalmology.

If residents choose to log non-ophthalmic procedures for their own purposes, the non-ophthalmology rotation program director or coordinator may be able to provide a list of common CPT codes for that specialty to facilitate logging. Programs can add an attending surgeon who is not on the Faculty Roster into the Case Log System as a "Case Log Attending." Go to: **Case Logs > Attendings > + Add**. Residents can also use the generic "Attending, Other." If this option is not available, it likely needs to be re-activated in ADS. Go to: **Case Logs > Attendings > Change active drop-down to inactive > Click "Edit" next to the attending physician's name > Select "Yes" for Case Logs active > Save**. If "Attending, Other" is not listed as an active or inactive attending, email ADS@acgme.org and request it be added.

During this transition period, can the PGY-2 residents who start on July 1, 2021 back-enter their PGY-1 cases into the ophthalmology Case Log?

Yes. This group of residents can track their ophthalmology cases during PGY-1 and then back-enter them into the ophthalmology Case Log after they start the PGY-2 year. Back-entering PGY-1 procedures is not required by the Committee. Programs planning to have residents back-enter cases are encouraged to use a secure and HIPAA-compliant mechanism for residents to track cases during PGY-1.

When PGY-2 residents back-enter cases, they can enter a date prior to the resident start date into the Case Log. They should choose "1" for the Case Year.

During this transition period, can a program using an integrated ophthalmology format adjust the program years in the Case Log System for the PGY-3 and PGY-4 residents so it does not appear that they are missing a year of logging cases?

Residents have the ability to make this change in the Case Log System. Within the Case Log: Quick Links > Update Case Year > choose desired date range and updated year > Update. After clicking "Update," the resident will get a message indicating how many cases were updated. Program directors and coordinators cannot make this adjustment.

Joint Preliminary Year/Ophthalmology Format

Can a program establish a joint relationship with more than one preliminary year program?

Programs are encouraged to implement the joint ophthalmology/preliminary year format with one preliminary year program. If this is not possible, it is acceptable to use two or more preliminary programs.

How should a program request an exception to the requirement that the PGY-1 year be completed in an ACGME-accredited preliminary year program sponsored by the same institution that sponsors the ophthalmology residency program [PR III.A.2.c)]?

The Committee will consider requests for exceptions to the requirement that the preliminary year experience occur within the same Sponsoring Institution as the ophthalmology program. Such a request must explain a) why the preliminary year experience cannot take place at the Sponsoring Institution; b) as appropriate, the efforts made by the program and Sponsoring Institution to establish a preliminary year at the Sponsoring Institution and why the efforts failed; and c) an alternative plan for the preliminary year that will meet the spirit of the revised requirements (effective July 1, 2021) to better prepare incoming PGY-2 residents for ophthalmology residency. The names and ACGME numbers of the proposed joint preliminary year program(s) and that program's Sponsoring Institution as well as the distance between the programs must be included. The request must be signed by the program director and DIO, and emailed to Associate Executive Director Tina Espina (tespina@acgme.org).

In the Faculty Roster in ADS, should a program using a joint preliminary year/ophthalmology format list non-ophthalmology faculty members who teach residents during the preliminary year?

No. Non-ophthalmology faculty members who teach residents during the preliminary year should not be listed in the Faculty Roster. Programs using the joint preliminary year/ophthalmology format should include in the Faculty Roster only faculty members who teach residents during the PGY-2 through PGY-4 years.

Does the block diagram uploaded into ADS need to include the PGY-1 curriculum?

Yes. Beginning with the 2021 ADS Annual Update, the block diagram must include the preliminary year so the Committee can ensure compliance with the PGY-1 requirements. If residents are in more than one preliminary year program, include the PGY-1 block diagrams for all programs.

How does a program using the joint preliminary year/ophthalmology format with a preliminary year in a general surgery program transfer the cases logged during the residents' general surgery year to the ophthalmology program when the resident becomes a PGY-2?

The ophthalmology program should request the transfer of logged cases from the general surgery Case Log to the ophthalmology Case Log from ADS staff members by emailing ADS@acgme.org. Before the request is made, make sure the resident is on the resident roster in the ophthalmology program. The request should include the general surgery program name/number, ophthalmology program name/number, and resident information.

How does a resident in a program using a joint preliminary/ophthalmology format with the preliminary year being in an internal medicine, transitional year, or other non-surgical program enter ophthalmology cases during PGY-1 into the ophthalmology Case Log?

Residents can manually track ophthalmology cases during PGY-1 and then back-enter them into their ophthalmology Case Log after they start PGY-2. Back-entering PGY-1 procedures is not required by the Committee. Programs that have residents back-enter cases are encouraged to use a secure and HIPAA-compliant mechanism for residents to track cases during PGY-1.

When PGY-2 residents back-enter cases, they can enter a date prior to the resident start date into the Case Log but will need to choose "1" for the Case Year for both cases that took place during PGY-1 and PGY-2.

When can PGY-2 residents start to include their PGY-1 cases in the ophthalmology Case Log?

Residents can back-enter their PGY-1 procedures into the Case Log starting with the 2021-2022 academic year. Back-entering PGY-1 procedures is not required by the Committee.

PGY-1 Curriculum Organization and Resident Experience

Is it acceptable to provide more or less than three months of ophthalmology during PGY-1?

No. Residents may have no more and no less than three months of ophthalmology. The Committee considers three months to be equivalent to 12-13 weeks.

If a program has 13 four-week rotations during PGY-1, will 12 weeks of ophthalmology be considered in compliance with the requirement?

Yes. Programs that use four-week rotations will be considered compliant with the requirement if the time devoted to ophthalmology is at least 12 weeks and no more than 13 weeks. The Committee considers three months to be equivalent to 12-13 weeks.

If a program has four-week rotations during PGY-1, can the program schedule four blocks (16 weeks) of ophthalmology?

No. The program can schedule three blocks (12 weeks). Alternatively, the program can schedule block and/or longitudinal rotations that equal three months (or 12-13 weeks).

If a program has four-week rotations during the PGY-1, will 40 weeks' broad experience in direct patient care be considered in compliance with the requirement for nine months?

Yes. Programs that use four-week rotations will be considered in compliance if the time devoted to broad experience in direct patient care is at least 39 weeks and no more than 40 weeks. The Committee considers nine months to be equivalent to 39-40 weeks.

Does the three months of ophthalmology during PGY-1 need to be in block rotations?

No. Programs have the flexibility to organize the required three months of ophthalmology in the manner best suited for resident education in their setting. Block rotations and/or longitudinal experiences (e.g., continuity clinic) are acceptable.

Can PGY-1 residents be scheduled for a longitudinal experience in ophthalmology (e.g., half-day clinic throughout the year) in addition to three months of block rotations?

No. Residents may have no more and no less than three months of ophthalmology. A program may schedule a longitudinal experience in ophthalmology, but the three months of ophthalmology must be reduced by an equivalent amount. The Committee considers three months to be equivalent to 12-13 weeks.

How should the program represent a longitudinal ophthalmology experience during PGY-1 on the block diagram?

Programs can show longitudinal experiences within each block and/or in an annotation below the block diagram. Whichever approach is taken, the block diagram must clearly demonstrate compliance with the requirement for three months of ophthalmology experience and nine months of broad experience in direct patient care during PGY-1.

Will a program receive a citation if PGY-1 residents do not have three months of ophthalmology?

The requirement for residents to have three months of ophthalmology during PGY-1 goes into effect July 1, 2021. The Committee recognizes it may take time for programs to ensure residents have three months of ophthalmology during PGY-1. Citations will be issued for this requirement beginning July 1, 2023.

How should a program request an exception to the requirement that the PGY-1 ophthalmology experience must take place at the same sponsoring institution as the ophthalmology program [PR IV.C.3.b).(1)]?

The Committee will consider requests for exceptions to the requirement that the PGY-1 ophthalmology experience take place at the same Sponsoring Institution as the ophthalmology program. Such a request must outline a) why the PGY-1 ophthalmology experience cannot take place at the same Sponsoring Institution as the ophthalmology program; (b) efforts made by the program and Sponsoring Institution to arrange a PGY-1 ophthalmology experience at the same Sponsoring Institution as the ophthalmology program and why the efforts failed; and c) an alternative plan for the PGY-1 ophthalmology experience that will meet the spirit of the revised requirements effective July 1, 2021 to better prepare incoming PGY-2 residents for ophthalmology residency. The request must identify the names and ACGME numbers of the ophthalmology program, the program's sponsoring institution, and, as appropriate, the proposed location(s) for the PGY-1 ophthalmology experience. The distance between the ophthalmology program and the proposed location(s) of the PGY-1 ophthalmology experience must be included. The request must be signed by the program director and DIO, and emailed to Associate Executive Director Tina Espina (tespina@acgme.org).

What experiences are acceptable for the three months for ophthalmology during PGY-1?

The ophthalmology experience during PGY-1 may be clinical and/or research. Clinical experiences must take place under the supervision of ophthalmology faculty members. Research experiences must be conducted under the mentorship of an ophthalmologist, a non-physician researcher, or non-ophthalmology physician affiliated with the ophthalmology department of the Sponsoring Institution.

Is it acceptable for all vacation time to be scheduled during the residents' ophthalmology experience during the PGY-1?

There are no program requirements regarding when residents are permitted to take vacation. Parameters for leave, including vacation, are made by the Sponsoring Institution and program.

Is it acceptable for residents to be scheduled on another service during a PGY-1 ophthalmology block rotation?

Programs have the flexibility to organize the required three months of ophthalmology in the manner best suited to their setting. As such, residents may be scheduled on another service during an ophthalmology block rotation. However, those missed hours must be scheduled in ophthalmology at another time.

Can a PGY-1 resident be scheduled on a non-clinical rotation (e.g., research, quality improvement elective) during the required nine months of broad experience in direct patient care?

No. All nine months of broad experience in direct patient care must be clinical.

Resident Transfers

How should a program handle a resident transferring into PGY-2 from a preliminary year program?

During the 2021-2022 academic year, these residents should be treated like all other PGY-2 residents starting an ophthalmology program. The requirements in effect during their PGY-1 were that all residents must have successfully completed a post-graduate clinical year (PGY-1) in one of the following specialties: emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery, or transitional year. If an incoming resident meets that requirement, the resident may begin as a PGY-2, provided the program director approves.

As of July 1, 2022, residents transferring into PGY-2 are expected to fulfill the new PGY-1 requirements prior to entering the PGY-2 year. The PGY-1 year must include nine months of broad experience in direct patient care and three months of experience in ophthalmology. See ACGME Program Requirements for Graduate Medical Education in Ophthalmology PR VI.C.3.-IV.C.3.b).(1) for details. The program director must determine how much credit to give the transferring resident based on previous education. If a full year of credit is not granted, the resident will need to complete missing rotations prior to starting the PGY-2 year.

For example:

A transferring resident had 12 months of direct patient care experience during the preliminary year. The program director gives the resident credit for the required nine months of direct patient care experience and assigns the resident to three months of ophthalmology as a PGY-1 prior to beginning PGY-2. The resident's program length

must be extended by three months to permit the resident to complete three full years of PGY-2-4.

Contact the Committee with questions about a specific resident transfer. Citations regarding the PGY-1 requirements will be issued beginning July 1, 2023.

Email other questions to Executive Director Kathleen Quinn-Leering, PhD: kquinn@acgme.org.