

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

Due to the small number of changes, the full revised Program Requirements have not been posted on the Review and Comment page and the changes are noted only in this Impact Statement. Visit the link below to comment on the revision.

<https://forms.office.com/r/YJNpPuSSNi>

Requirement #: **III.B.2.**

Requirement Revision (significant change only):

III.B.2.            There must be a minimum of ~~two~~ one residents in each year of the program.  
(Core)

1. Describe the Review Committee's rationale for this revision:  
**The Committee recognized that requiring at least two residents per year may be a barrier to an institution starting a new ophthalmology program. The Committee noted that aside from one other surgical Review Committee, all others permit a complement of one resident per year. The Committee reviewed data from surgical specialties comparing programs with one versus two approved residents per year and there was no difference in program outcomes. The Committee concluded programs with one resident per year can provide a quality educational environment. Like all programs, programs with an approved complement of one per year will be expected to demonstrate substantial compliance with the program requirements to receive and maintain accreditation.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**No impact is anticipated.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No impact is anticipated.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**It is not anticipated additional resources will be necessary.**
5. How will the proposed revision impact other accredited programs?  
**No impact is anticipated.**

Requirement #: **IV.C.1.b**

Requirement Revision (significant change only):

Assignments at participating sites must be at least one month in length to ensure a quality educational experience, and must provide opportunities for continuity of care. <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**The Committee recognized that requiring at least one month for all assignments at participating sites may impede a program's ability to include in the curriculum short-term but valuable educational experiences. The revision offers flexibility with assignment length but maintains the expectation that all experiences provide residents with opportunities for continuity of care.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The proposed revision will improve resident education by giving programs the option to schedule short-term but valuable assignments at participating sites provided there are opportunities for continuity of care.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No impact is anticipated.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**It is not anticipated additional resources will be necessary.**
5. How will the proposed revision impact other accredited programs?  
**No impact is anticipated.**

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

Requirement Revision (significant change only):

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

IV.C.3.a) nine months of medical and/or surgical ~~broad~~ experience in ~~direct~~ patient care other than ophthalmology; and, <sup>(Core)</sup>

IV.C.3.a).(1) This experience must take place in diverse settings. <sup>(Core)</sup>

IV.C.3.a).(2) Residents must participate in the diagnosis and treatment of patients with varied diseases and conditions. <sup>(Core)</sup>

~~Specialty Specific Background and Intent: As noted in Int.C., the first year (PGY-1) must include direct patient care experiences. In the joint preliminary year/ophthalmology format, the preliminary year must be in a program that includes direct patient care experiences, for example, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, or surgery, or a transitional year program. In both formats it is expected that PGY-1 residents will experience a variety of settings, diseases, and conditions to provide~~

them with a solid foundation for their ophthalmology-focused education during the PGY-2-4. Examples of appropriate settings include inpatient wards, the emergency room, outpatient clinics, and the operating room.

6. Describe the Review Committee's rationale for this revision:  
**The Committee received questions about whether non-direct patient care educational experiences (e.g., neuroradiology) would meet the requirement for nine months of non-ophthalmology education during PGY-1. The Committee determined revisions were needed to convey these months can include some non-direct patient care rotations that provide valuable learning experiences.**
7. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The revisions may improve resident education if programs have been reluctant to include valuable, non-direct patient care rotations in the PGY-1 curriculum out of concern they would not meet the requirements.**
8. How will the proposed requirement or revision impact continuity of patient care?  
**No impact is anticipated.**
9. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**It is not anticipated additional resources will be necessary.**
10. How will the proposed revision impact other accredited programs?  
**The proposed revision may increase the number of learners on rotations that some programs may have not integrated into the PGY-1 curriculum such as radiology and pathology. It is not anticipated this will negatively impact the education of others given the small number of ophthalmology residents in each program and the educational benefits of interacting with residents in other specialties.**

Requirement #: **IV.C.6.-IV.C.10.**

Requirement Revision (significant change only):

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|-----------|---|
| IV.C.6.   | <del>Each resident must participate in gross and microscopic evaluation of specimens.</del> <small>(Core)</small>   |
| IV.C.6.a) | <del>Resident education in ophthalmic pathology must be directed by physician faculty members with demonstrated expertise in ophthalmic pathology.</del> <small>(Core)</small>                    |
| IV.C.7.   | Residents must record all of their surgical cases in the ACGME Case Log System. <small>(Core)</small>   |
| IV.C.7.a) | Each graduating resident must have performed and/or assisted in the minimum number of essential operative cases and case categories as established by the Review Committee. <small>(Core)</small> |

IV.C.7.b)	All residents must have equivalent educational opportunities. <sup>(Core)</sup>
IV.C.8.	<del>There must be formal teaching conferences.</del> <sup>(Core)</sup> <u>Basic and Clinical Sciences Education and Conferences</u>
IV.C.8.a)	<del>A minimum of six hours per month should be devoted to conferences (e.g., case presentations, grand rounds, journal club, morbidity and mortality, and quality improvement presentations) attended and precepted by faculty members, and attended by the majority of residents.</del> <sup>(Detail)</sup>
IV.C.9.	<del>PGY-1 residents should attend ophthalmology conferences when on ophthalmology rotations.</del> <sup>(Detail)</sup>
IV.C.9.a)	Residents must be educated in basic and clinical sciences through a structured and regularly-scheduled series of <u>didactic interactive sessions (in-person, virtual, synchronous, or asynchronous).</u> <sup>(Core)</sup>
IV.C.9.a).(1)	This series must include a minimum of 360 hours during the PGY-2-4. <sup>(Core)</sup>
IV.C.9.a).(2)	<del>Resident and faculty member attendance at didactic sessions must be documented.</del> <sup>(Core)</sup>
IV.C.9.a).(3)	Education in ophthalmic pathology must include conferences and/or study sets, <del>and</del> must cover the full spectrum of ophthalmic disease, <del>and</del> must be directed by <u>physician faculty members with demonstrated expertise in ophthalmic pathology.</u> <sup>(Core)</sup>
IV.C.9.b)	<u>In addition, a minimum of six hours per month must be devoted to conferences (e.g., case presentations, grand rounds, journal club, morbidity and mortality, and quality improvement presentations), conducted in-person or by synchronous video-conferencing, attended by faculty members, and attended by the majority of residents.</u> <sup>(Core)</sup>
IV.C.9.c)	<u>Residents should have documented didactic sessions in each of the following: advocacy, ethics, practice management, and social determinants of health.</u> <sup>(Core)</sup>
IV.C.9.d)	<u>Residents should have documented didactic sessions on harassment and implicit bias.</u> <sup>(Core)</sup>
IV.C.9.e)	<u>Resident and faculty member attendance at in-person or virtual educational sessions must be documented.</u> <sup>(Core)</sup>
IV.C.9.f)	PGY-1 residents should attend these sessions when on ophthalmology rotations. <sup>(Detail)</sup>
IV.C.10.	<del>Residents should have documented didactic sessions in each of the following: advocacy, ethics, practice management, and socio-economics.</del> <sup>(Detail)</sup>

1. Describe the Review Committee's rationale for this revision:  
**The revisions reflect the Committee's desire to update the didactic requirements to: (1) outline the acceptable use of technology; (2) provide flexibility in the educational format used to teach ophthalmic pathology; (3) more clearly outline the time required for basic/clinical science didactics and conferences; and (3) ensure residents receive education on health care disparities, harassment, and implicit bias.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The proposed requirements will improve resident education by ensuring the use of technology in didactic education enhances resident learning. It is also anticipated patient care will be improved through resident education on health disparities and implicit bias.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No impact is anticipated.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**It is not anticipated additional resources will be necessary.**
5. How will the proposed revision impact other accredited programs?  
**No impact is anticipated.**

Requirement #: **VI.A.2.c).(1).(b).(i)**

Requirement Revision (significant change only):

**[VI.A.2.c) Levels of Supervision To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: <sup>(Core)</sup>VI.A.2.c).(1) Direct Supervision:]**

**VI.A.2.c).(1).(b) the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. <sup>(Core)</sup>**

VI.A.2.c).(1).(b).(i) Telecommunication technology for direct supervision must be limited to ambulatory care and inpatient or emergency department consults, and must not be used for operative care. <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**The proposed revision specifies when telecommunication technology can be used for direct supervision of residents.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The proposed revision will ensure the use of telecommunication for direct supervision does not compromise patient safety.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No impact is anticipated.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**It is not anticipated additional resources will be necessary.**
5. How will the proposed revision impact other accredited programs?  
**No impact is anticipated.**