

Specialty Update: Ophthalmology

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Conflict of Interest Disclosure

Speaker(s):

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Disclosure

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

Talking Points

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

Review Committee – Who/What/When

Who: Review Committee Membership

- All volunteers
- Diversity valued (e.g., gender, geography, subspecialty)
- 10 members nominated by American Board of Ophthalmology (ABO), American Academy of Ophthalmology (AAO), American Medical Association (AMA), and American Osteopathic Association (AOA) (six-year term)
- 1 resident member (two-year term)
- 1 public member (six-year term)
- 2 ex-officio members from ABO (1) and AOA (1)



Who: Review Committee Voting Members

Laura Green, MD, FACS *Chair*

Sinai Hospital of Baltimore

Thomas Hwang, MD, *Vice Chair*

Oregon Health & Science University

Esther Bowie, MD

Penn State University

Susan Culican, MD, PhD

University of Minnesota

Fitz Gerald Diala, MD, PhD *Resident Member*

Vanderbilt University

Monica Douglas, MBA, MPH *Public Member*

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

Elliott Sohn, MD

University of Iowa

Grace Sun, MD

Weill Cornell

Who: Review Committee Executive Committee

Laura Green, MD,
FACS
Chair

Thomas Hwang, MD
Vice Chair

Laura Huth, MBA
Executive Director

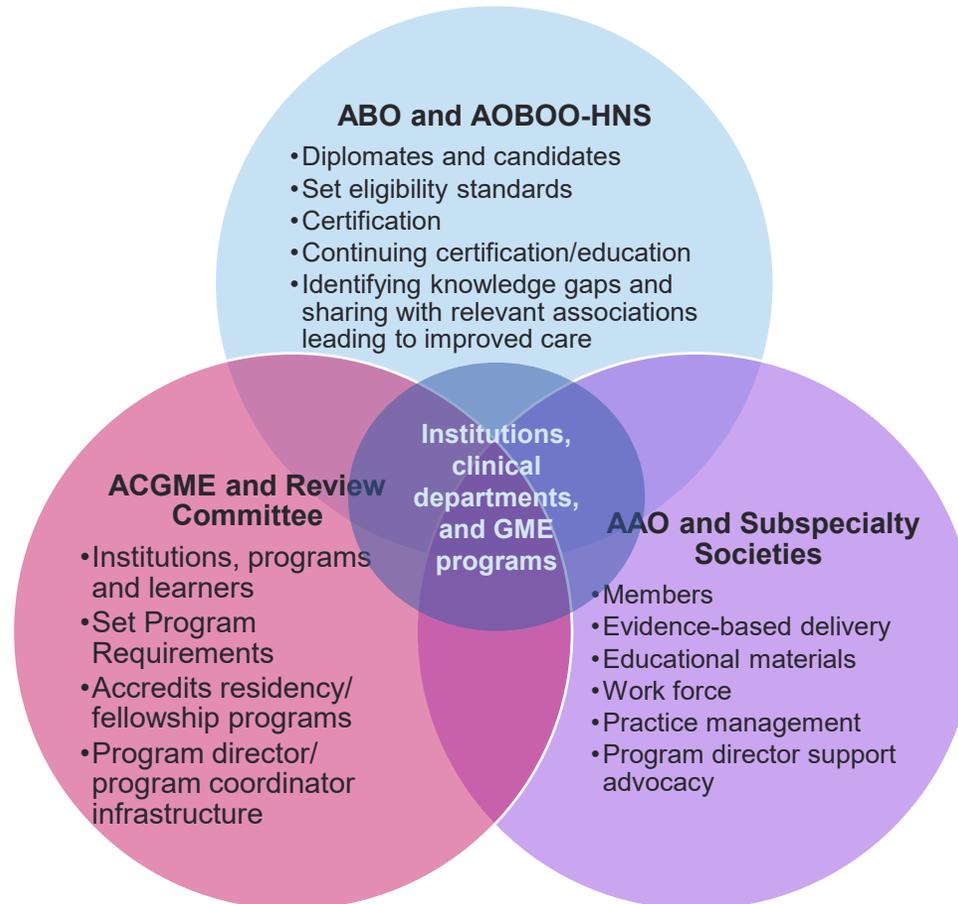
Shellie Bardgett, MPH
Associate Executive
Director

Angel Mathis
Accreditation
Administrator

What: Review Committees

- 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-specific Program Requirements, and to confer an accreditation status.

What: Teamwork Makes the Dream Work!



When: Review Committee Meetings

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

Upcoming Meetings:

April 29, 2025 – agenda closed February 14
August 11, 2025* – agenda closes May 30
January 15-16, 2026 – agenda closes November 7

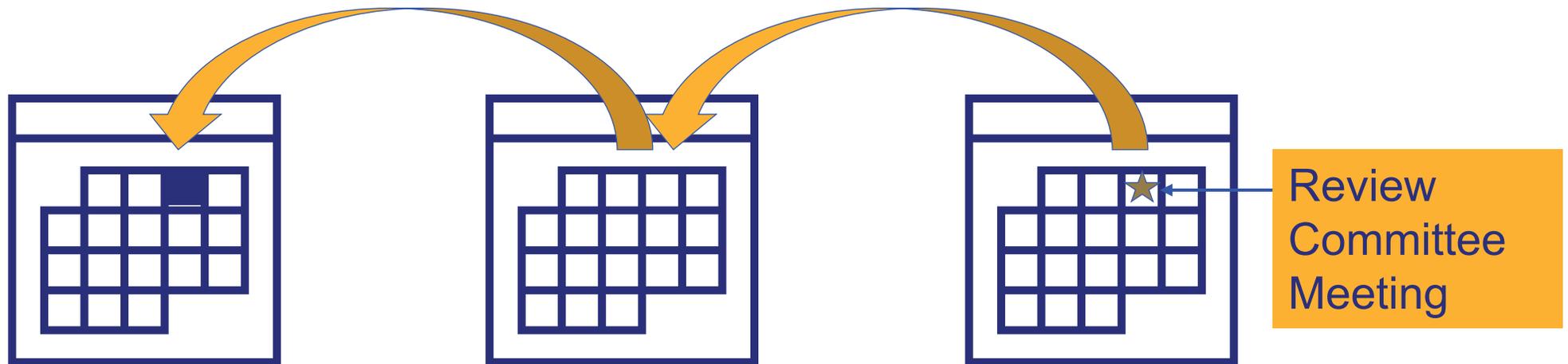
Upcoming Events



****permanent complement increases and any other pressing matters***

When: Review Committee Meetings Reminder

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





Programs by the Numbers

Ophthalmology Programs

Accreditation Status	Count
Initial Accreditation	4
Initial Accreditation with Warning	0
Continued Accreditation without Outcomes	4
Continued Accreditation	117
Continued Accreditation with Warning	1
TOTAL	126

Ophthalmic Plastic and Reconstructive Surgery:

Four programs with Continued Accreditation



Review Committee News

ACGME Surveys

- **Resident/Fellow and Faculty Surveys open until April 4, 2025**
- **No changes** to the survey process—program leadership will notify residents/fellows and faculty members about the survey via ADS
- Results available in early May
 - Small programs receive a multi-year report a few weeks later

Resident Survey

- 2025: Updates to ophthalmology-specific survey items
 - Reduce burden
 - Improve data for programs and Review Committee

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

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

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	



ACGME Resident Survey: Items Often Rated Low

- Education in contact lenses, refractive surgery, and low vision
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Instruction on physical and emotional well-being
- Access to confidential mental health treatment
- Faculty discussion of cost awareness in patient care decisions
- Participation in safety event investigation and analysis
- Work hours (especially 80 hours and one day free in seven)
- Satisfied with faculty members' feedback

ACGME Resident Survey: Understanding Compliance

- Survey results are not normally distributed
- ACGME data gurus developed compliance to allow for better comparison to other ophthalmology programs and to national aggregates
- The ACGME sets compliance norms so you can compare your program to these expectations
- In general, the committee is concerned if compliance is trending down OR below 75 percent

Surveys and Additional Information

- Surveys are just one source of data that the committee considers
- Other sources are used to triangulate the information in the surveys, including:
 - Major changes
 - Site Visit Reports (when available)
 - Case Log data
 - Board pass rate data
 - Responses to citations

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

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: 2400121015 - Ophthalmology View Reports

Report Type - Aggregated by Program	Resident/Fellow	Faculty
Resident/Fellow and Faculty Survey	Reports	Reports
Well-being Survey	Reports	Reports

Specialty [PDF]
Specialty [Excel]
Specialty [PDF] (highlighted)
Specialty [Excel]
National

2022-2023 ACGME Resident/Fellow Survey - page 6
240 Ophthalmology - Aggregated Program Data
Survey taken: February 2023 - April 2023
Residents Responded: 1463

Specialty Specific Questions

NA: Unable to evaluate or not applicable for my year of training
1: Absent or weekly inadequate
2: Weak and barely adequate
3: Some weak spots but overall adequate
4: Strong with a few minor deficiencies
5: Excellent across the board

Rate the overall quality of your training in each of the following areas:	Didactics					Clinical								
	1	2	3	4	5	NA	Avg.	1	2	3	4	5	NA	Avg.
Lit, orbital disease and oculoplastic surgery	1.2%	3.3%	10.2%	23.6%	61.3%	0.5%	4.4	1.4%	2.7%	8.1%	20.4%	65.8%	1.6%	4.5
Neuro-ophthalmology	1.0%	2.3%	7.0%	19.4%	70.1%	0.2%	4.6	1.2%	2.1%	6.6%	18.3%	69.5%	2.4%	4.6
Cornea and external disease	1.2%	4.2%	11.6%	23.9%	58.4%	0.5%	4.3	1.2%	3.6%	11.4%	22.8%	58.4%	2.5%	4.4
Cataract surgery	1.7%	3.4%	9.6%	20.4%	60.8%	4.1%	4.4	0.8%	2.3%	6.0%	15.2%	67.9%	7.8%	4.6
Vitreo-retinal diseases	0.6%	1.7%	6.1%	20.6%	68.9%	0.5%	4.6	0.4%	1.9%	6.2%	19.9%	70.2%	1.6%	4.6
Pediatric ophthalmology and strabismus	1.4%	2.0%	10.5%	22.3%	61.9%	1.4%	4.4	1.0%	1.1%	7.5%	20.0%	65.0%	5.3%	4.6
Glaucoma	0.7%	2.4%	9.2%	22.0%	65.2%	0.5%	4.5	0.6%	2.0%	7.9%	19.5%	68.0%	1.9%	4.6
Pathology	2.6%	5.4%	13.9%	19.6%	57.9%	0.6%	4.3	5.1%	6.4%	14.4%	16.6%	44.8%	12.9%	4.0
Eye and systemic disease	1.6%	2.7%	12.4%	22.1%	59.7%	1.4%	4.4	0.6%	1.4%	9.4%	22.3%	63.6%	2.7%	4.5
Uveitis	1.4%	3.0%	10.1%	21.8%	63.0%	0.3%	4.4	1.0%	2.3%	9.2%	23.0%	63.1%	1.6%	4.5
Optics and general refraction	6.4%	9.3%	16.9%	23.4%	43.4%	0.5%	3.9	4.4%	7.8%	18.7%	24.3%	42.1%	2.7%	3.9
Ocular trauma	1.0%	2.8%	10.1%	21.5%	63.8%	0.9%	4.5	0.4%	1.1%	5.1%	16.1%	76.9%	0.4%	4.7
Contact lenses	8.9%	10.5%	19.7%	23.9%	34.3%	3.7%	3.7	8.6%	12.1%	20.2%	19.2%	31.5%	8.4%	3.8
Low vision	6.2%	7.7%	20.0%	21.8%	40.3%	4.0%	3.9	6.3%	8.8%	19.1%	19.5%	39.3%	7.0%	3.8
Refractive surgery	6.6%	8.3%	18.5%	20.9%	41.5%	4.2%	3.9	7.9%	10.8%	17.2%	18.6%	36.2%	9.3%	3.7

Rate the overall quality of your training in medical ethics and socio-economic issues.

1	2	3	4	5	NA	Avg.
1.1%	3.6%	15.6%	27.5%	52.2%	4.3	



Case Log Updates

- Glaucoma
 - Reminder - now **two** glaucoma categories
 - Minimally invasive glaucoma surgery (MIGS) — minimum of five (S only)
 - Tube shunts and trabeculectomy — minimum of five (S+A)
 - Glaucoma minimums in effect for 2024 graduates; **subject to citation for 2025 graduates**
- Entry of Case ID now optional

Case Log Minimums

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

Case Log Reminder

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

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

Documents

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- 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

Faculty Qualifications

Faculty members trained outside of the United States

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

Program Changes

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

Program Changes

- Review Committee carefully reviews all changes submitted in ADS to ensure they benefit resident/fellow education
- On behalf of the Review Committee staff: **PLEASE** enter **all** requested information **completely** and **accurately**
- Reach out to ADS@acgme.org with questions

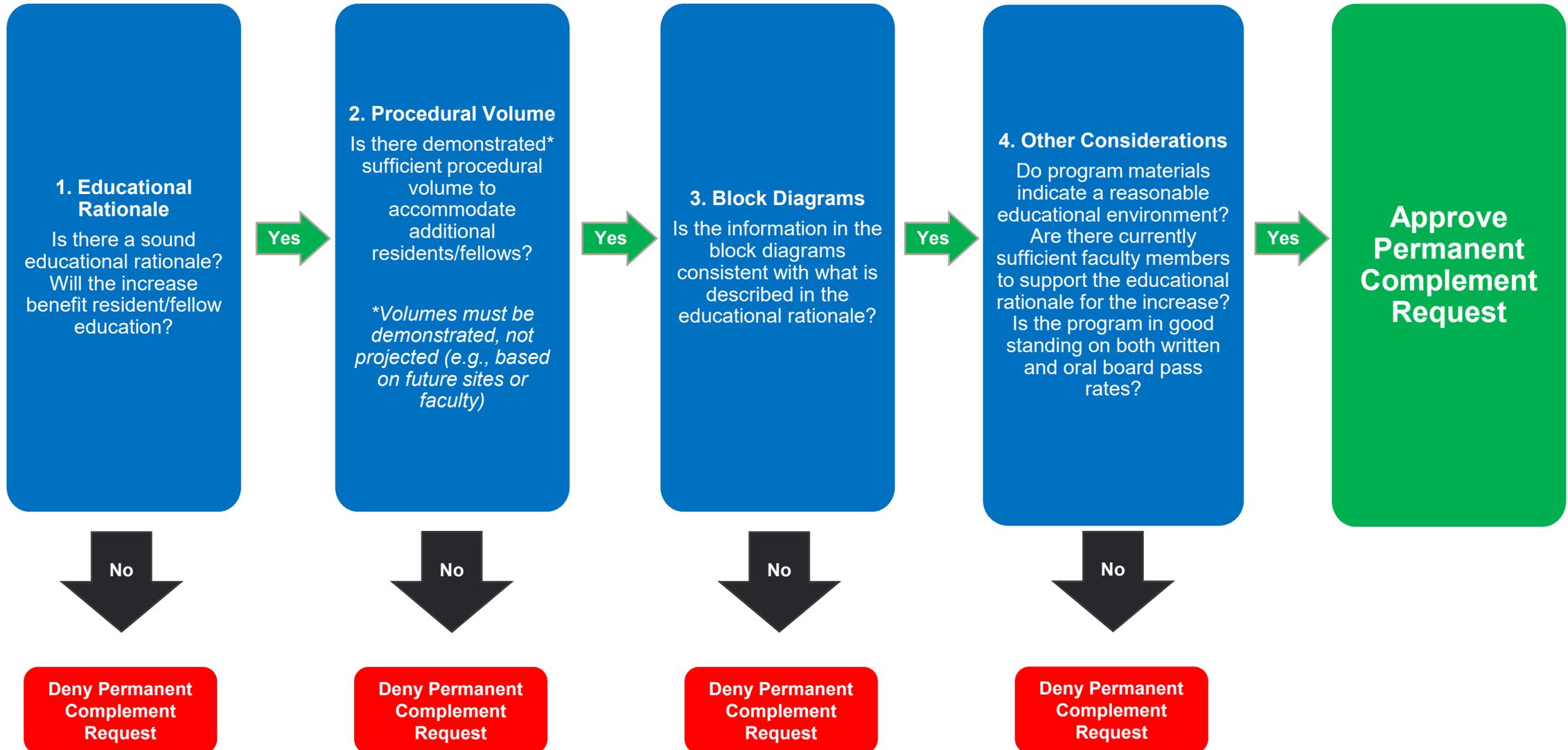
Complement Increases

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

Permanent Complement Increases

- Sound educational rationale: outline how increase will benefit learner education
- Sufficient patient/procedural volume; both Case Log minimums met and institution procedure data
- Favorable learning environment
- Use color to identify changes in proposed block diagram
- Updated complement increase instructions (and tips!) available at [acgme.org](https://www.acgme.org) > Specialties > Ophthalmology > [Documents and Resources](#)

Permanent Complement Increase Request Flowchart



New Programs and Permanent Complement Increases

- If approved, the number of residents/fellows is expected to roll out **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

On the Horizon

- 66250 CPT Code
 - Tracks incorrectly to Cornea
 - Should track to tubes and trabs
 - Will announce via ACGME *e-Communication* when updated
- FAQs for R38
 - Mentored Research Pathway in Residency (R38)



Major Revision of the Program Requirements for Ophthalmology

Program Requirements

ACGME Program Requirements for Graduate Medical Education in Ophthalmology

Common Program Requirements (Residency) are in BOLD

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophic statements are not program requirements and are therefore not citable.

Introduction

Int.A. *Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, professionalism, and scholarship.*

Graduate medical education transforms medical students into physician scholars who care for the patient, family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many years later.

Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Graduate medical education values the strength that a diverse group of physicians brings to medical care.

Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.

- Due for a major revision
- Every 10 years

The Challenge

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

Shaping GME: Writing Group

Laura Green, MD, *Chair*

Sinai Hospital of Baltimore

Boyd Buser, DO

ACGME Board of Directors

Susan Culican, MD, PhD

University of Minnesota

Monica Douglas, MBA, *Public Member*

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University of Michigan

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Weill Cornell Medicine

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Laura Green

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O'Rese Knight

Zachary Koretz

Rachel Lieberman

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Alejandra Maiz

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Julius Oatts

Sarah Page

Stacey Pineles

Jessica Randolph

Rachel Simpson

Sam Snyder

Grace Sun

Robert Swan

Nick Volpe

Fasika Woreta

Shaping GME: Other Activities

- Literature review
- Medical market research firm
 - One-on-one interviews with patients, practice leaders, and young ophthalmologists (YOs)
- Presentation by ACGME Chief Diversity, Equity, and Inclusion Officer Dr. William McDade
- Learned how Program Requirements can promote equity in learning environments and help reduce health care inequities
- AAO presentation and dialogue
- Feedback Summit

Feedback Summit Participants

Aishat Adebayo
Jane Bailey
Esther Bowie
Boyd Buser
Keith Carter
Michael Chiang
Kathy Colby
Oscar Cruz
Susan Culican
Craig Czyz
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Steve Feldon
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Fasika Woreta
Terri Young



Future Ophthalmology Residency Education and Training Themes

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

Summary of Proposed Revisions

- Definition of specialty
- Participating site distance
- Program leadership administrative time
- Core faculty members
- Program coordinator FTE
- PGY-1 requirements
- Team leadership, documentation, and communication
- Synchronous conferences
- Review of individualized learning plans

Program Leadership Administrative Time

- To achieve successful graduate medical education, individuals serving as education and administrative leaders of residency programs, as well as those significantly engaged in the education, supervision, evaluation, and mentoring of residents, must have sufficient dedicated professional time to perform the vital activities required to sustain an accredited program.
- Ensuring sufficient protected time for program leadership based on the size of the residency program can enhance the overall quality and effectiveness of resident education while promoting a more supportive and organized learning environment.



Program Leadership Administrative Time

Old Requirement:

II.A.2.

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)

II.A.2.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.

Proposed New Requirement:

II.A.2.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 between the program director and one or more associate (or assistant) program directors. (Core)

<u>Number of Approved Resident Positions</u>	<u>Minimum support required (FTE)</u>
<u>1-8</u>	<u>0.2</u>
<u>9-16</u>	<u>0.3</u>
<u>17 - 24</u>	<u>0.4</u>
<u>25 - 32</u>	<u>0.5</u>
<u>33 or more</u>	<u>0.6</u>

Core Faculty Members

Requirement #: **II.B.4.b) – II.B.4.e)**

Requirement Revision:

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

In addition to the program director, there must be a minimum of one core faculty member for every five residents. (Core)

There should be a minimum of one core faculty member at each site that provides one month or more of required ophthalmology rotation(s). (Core)

Core faculty members must spend a minimum of one day per week on average on resident education, inclusive of 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 clinic supervision and debrief; surgical education, including preoperative and postoperative debrief; wet lab and simulation instruction; departmental lectures and conferences; and mentorship.

Program Coordinator FTE

Requirement #: **II.C.2.a)**

Requirement Revision:

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

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

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

PGY-1 Requirements

Requirement #: III.A.2.b) – III.A.2.b).(1); IV.C.4.b) – IV.C.4.b).(3)

Requirement Revision:

Residents entering a joint preliminary year/ophthalmology format program should have completed 12 months of preliminary clinical education in an ACGME-accredited program sponsored by the same institution that sponsors the ophthalmology residency program and that meets the requirements defined in IV.C.4.b) – IV.C.4.b).(3). (Core)

~~The preliminary year must be in a program that includes direct patient care experience, for example, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, or surgery, or a transitional year program, and must include the experiences detailed in IV.C.3.-IV.C.3.b).(1). (Core)~~

In both the integrated and joint preliminary year/ophthalmology formats, the PGY-1 must consist of: three months of patient care experience in ophthalmology; (Core) eight months of patient care experience outside of ophthalmology; (Core) one month that may consist of clinical or non-clinical experience in any specialty, including ophthalmology. (Detail)

Synchronous Conferences

Requirement #: **IV.C.8.b)**

Requirement Revision:

~~In addition, a~~ **A minimum of ~~six~~ four hours per month must be devoted to synchronous conferences (e.g., case presentations, grand rounds, journal clubs, morbidity and mortality, and quality improvement presentations), conducted in-person or ~~by synchronous video conferencing,~~ virtually, attended by faculty members, and ~~attended by the majority of residents.~~ (Core)**

Review of Individualized Learning Plans

Requirement #: **V.A.1.d).(2) – V.A.1.d.(2).(a)**

Requirement Revision:

[The program director or their designee, with input from the Clinical Competency Committee, must:]

assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)

These individualized learning plans should be reviewed and updated at a minimum at the semi-annual evaluation meetings. (Core)

Public Comment Period

- Public comment period was open from **October 7, 2024, to November 20, 2024.**
- Received nearly eight pages of comments from various sources, including program faculty members, program directors, program coordinators, DIOs, residents/fellows, medical students, and members of the public.
- Review Committee reviewed and responded to each comment.
- Please look for our responses soon.

What's Next?

Ophthalmology Major Revisions	Important Dates
Draft requirements due for initial review	Complete
45-day review and public comment begins	Complete
Review and comment period closes, ACGME Accreditation Standards Team sends compilation of comments to the Review Committee Executive Director	Complete
ACGME Board of Directors subcommittee reviews revisions and community feedback	March – April 2025
ACGME Board of Directors reviews and approves revisions	June 2025
Program Requirements Effective Date	July 1, 2026

ADS and Other Tips

Annual Program Review



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

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



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.

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

Major Changes and Other Updates

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

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

Program changes: rotations, faculty growth, brags

Program challenges: situation, actions taken, any results

Common Citations/ 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
- Evaluations



Responding to Citations

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





ACGME News



Assurance Site Visits

Updated Model for Site Visits for Programs on Continued Accreditation Statuses

- The ACGME has developed an updated sustainable model for improvement and assurance for its more than 11,000 accredited programs on Continued Accreditation statuses.
- In 2024, the ACGME conducted site visits for 149 programs on Continued Accreditation that have not had a site visit in approximately nine years or more.
- For 2025, the ACGME chose 200 programs for these randomly selected site visits and notifications were sent out in November with future approximate site visit target dates ranging from April to October 2025. **Two** ophthalmology programs were selected.

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Data-Driven Site Visits

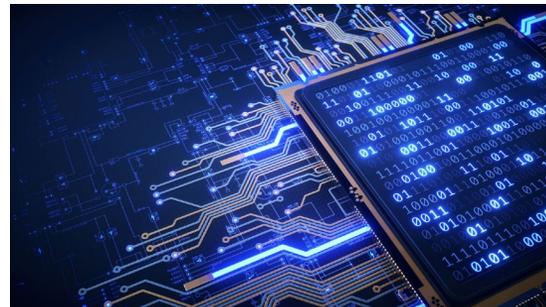
- Virtual or in-person site visit format
- In-person site visits for complex visits (e.g., complaint, probation)
- Site visit announcement letter identifies format
- Neither programs nor Review Committees can select the modality of the site visit





The ACGME's Digital Transformation

- ACGME actively working on a multi-year digital transformation project
- **ACGME Cloud – 2025**
- Establish a modern data estate to improve analytics capabilities
- Create infrastructure for an outcomes-based accreditation model





Coming Soon: Reformatted ACGME Requirements

As part of the ACGME's Digital Transformation, all Requirements documents are being reformatted.

- Common Program Requirements, Institutional Requirements, specialty/subspecialty-specific Program Requirements, and Recognition Requirements
- This is a first step that will ultimately facilitate additional benefits and features not previously available.
- Except for documents already undergoing revision, **the content of the requirements is not changing**, just the formatting and numbering structure.

Reformatted ACGME Requirements

- The reformatting includes a new numbering construct, eliminating the roman numeral outline structure. **It adopts the familiar structure of the *ACGME Manual of Policies and Procedures*.**
- The new format **consolidates standards, reducing the number of sub-levels within a requirement.**
- The ACGME will provide **crosswalk documents** mapping the old reference numbers to the new ones for each set of Requirements, and will update **Frequently Asked Questions (FAQs)** and other related documents, such as applications.

Timeline: Reformatted ACGME Requirements

- February 10, 2025: Reformatted Common Program Requirements (Residency and Fellowship versions); Institutional Requirements; most specialty-/subspecialty-specific Program Requirements; and associated crosswalk documents posted on [acgme.org](https://www.acgme.org)
- March 2025: Reformatted Common Program Requirements (One-Year Fellowship and Post-Doctoral Educational Program versions); remaining specialty-/subspecialty-specific Program Requirements; Recognition Requirements; and associated crosswalk and application documents posted on [acgme.org](https://www.acgme.org)
- In conjunction with academic year rollover (June 30/July 1, 2025): updated FAQ documents for reformatted Requirements; Selected Topics Across Requirements documents; and Faculty/Resident Survey Crosswalk documents posted on [acgme.org](https://www.acgme.org)



Common Program Requirements Revisions

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ACGME Process for Revisions



ACGME has a 3-year timeline



Board appointed the Task Force in the Fall



Task Force meets early 2025 with new CEO



Article defining goals, process, timeline in JGME



Commissioned papers* received – goal is to publish in 2025



AEC Session 2025

*Commissioned papers:

- **Work Hours**
- **Rotational Transitions**
- **Time to Competence**



Competency-Based Medical Education (CBME)

- American Board of Medical Specialties (ABMS) and ACGME hosting their fourth symposium in May on CBME
- Representatives from Review Committee and ABO

Objectives:

- Recognize the role and importance of the five essential core components of CBME in GME.
- Identify the policy, financial, and administrative facilitators that have empowered spread and innovation in CBME, *and* those that inhibit the growth of CBME.
- Recommend changes in ACGME and ABMS policies and procedures that promote innovation and reduce or eliminate barriers to CBME.
- Working within and across specialties, create an action plan to support innovations and the widespread implementation of CBME.

Competency-Based Medical Education (CBME)

What can programs do now?

- Establish a **growth mindset** in your program
 - **Partner** with learners on their education
 - Assessment **with** (not to) learners
 - Create an individualized learning plan during semi-annual meetings with each resident
- Review program's assessment system to ensure the system provides
 - **Accurate** and **fair** performance data
 - **Meaningful** feedback to residents

Learn at ACGME Resources

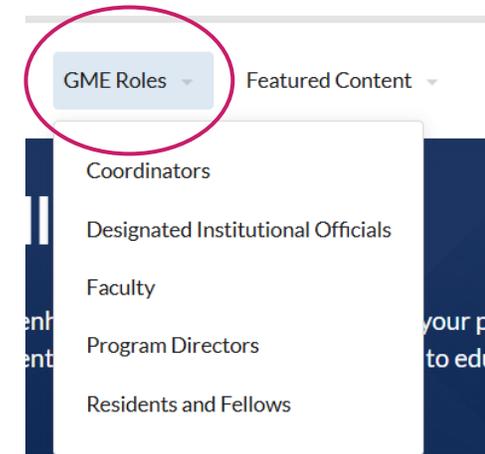
- FREE faculty development!!!
- Diversity, equity, and inclusion resources
 - CME learning path (modules structured for self-paced CME)
 - Equity Practice Toolkit
- ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation
- Other tools for workshops

dl.acgme.org



Resources for Program Directors and Program Coordinators

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



[dl.acgme.org](https://www.dl.acgme.org)

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 directors.



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 material.



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 patients.



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 well-being.

Program Directors

Featured Content



Program Coordinator Handbook

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



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 modules.



Coordinator Forum: The Empowered GME Coordinator

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



Coordinator Well-Being: A Time for Action

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

Program Coordinators



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Available Now

ACGME Language Equity in Health Care Toolkit

Focus

- defining **language equity** and describing the evidence linking the lack of language-appropriate care to health disparities, cost, and dissatisfaction
- reviewing **legal requirements** for providing language-appropriate health care services
- outlining a step-by-step approach to **collaborating with a qualified medical interpreter** for patient-centered care



Available Now

ACGME Self-Empowerment Workshop for Coordinators

Be on the lookout for ACGME *e-Communication* announcement

Focus

- acting as a **leader** in the coordinator role
- recognizing effective **networking** practices
- overcoming challenges to **professionalism**
- distinguishing between productive and unproductive strategies for promoting your **achievements**
- effectively navigating complex **interpersonal situations**



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Available Now

ACGME Program Coordinator Handbook Companion

Focus

- developing a comprehensive understanding of the coordinator role
- expanding knowledge of **accreditation processes** and **requirements to ensure compliance**
- improving skills to **support recruitment, orientation, and onboarding**, and other relevant tasks
- selecting appropriate **professional development** and **continuous growth** strategies



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Coming Soon

ACGME Coordinator's Guide to Effective Abstract Writing

Focus

- outlining the **structure of an abstract**
- assessing abstracts for their **adherence to accepted standards** and overall effectiveness
- discussing **issues that arise** when writing an abstract and developing **strategies to overcome them**
- exploring available resources and identifying those that are still needed to support abstract writing
- applying information about proper abstract structure and content to **compose a sample abstract**



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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**

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 Review Committee



Questions?



Thank you!