

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

Requirement #: **Int.B.**

Requirement Revision (significant change only):

**Definition of Specialty**

~~Ophthalmologists are physicians who specialize in comprehensive eye and vision care. Ophthalmologists prescribe glasses and contacts, provide treatment and manage prevention of medical disorders of the eye, and perform all types of eye surgery. Ophthalmologists have expertise in optics, visual physiology, and corrections of refractive errors; retina, vitreous, and uvea; neuro-ophthalmology; pediatric ophthalmology and strabismus; external disease and cornea; glaucoma, cataract, and anterior segment; oculoplastic surgery and orbital diseases; and ophthalmic pathology.~~

Ophthalmologists are physicians who provide patient-centered, medical, and surgical care to individuals across all ages presenting with disorders of the eye, adnexa, surrounding face, and visual system. The practice of ophthalmology encompasses the understanding of systemic diseases that interact with or manifest themselves within the eye and visual system.

Ophthalmologists apply their medical knowledge of optics to diagnose and treat refractive error both medically and surgically.

Ophthalmologists integrate patient history, physical examination, imaging, and laboratory data to diagnose and manage complex ophthalmic disease, collaborating with other medical specialties as necessary. Ophthalmologists manage patients holistically by also considering their psychosocial concerns. Ophthalmologists understand how systemic diseases affect the eye and visual system and how the social determinants of health impact ocular diseases. They identify barriers to care and communicate with patients to optimize, preserve, and protect visual function.

Ophthalmologists may elect to pursue additional graduate medical education, and specialize in the fields of cornea, glaucoma, neuro-ophthalmology, ophthalmic oncology, ophthalmic plastic and reconstructive surgery, pediatric ophthalmology, retina, uveitis, and other areas of focus.

Ophthalmologists are lifelong learners who stay current with advanced and emerging technologies. Ophthalmologists adapt both their knowledge and their clinical care to the evolving needs of their local, national, and global communities. They understand and manage the business of medicine to ensure high-value, cost-conscious care for their patients. They apply a data-driven approach to addressing the clinical problems of their patients and communities.

Ophthalmologists are leaders of effective eye care teams, optimizing relationships and supporting their own and their teams' well-being. They act ethically in all aspects of their professional and public lives. Ophthalmologists are culturally sensitive and demonstrate empathy for all patients. Ophthalmologists clearly explain medical information to educate patients and their caregivers. They advocate for the needs of their patients using shared decision-making to value the perspective of patients, patients' families, and other members of the health care team.

1. Describe the Review Committee's rationale for this revision:  
**Every 10 years, the ACGME Review Committees are required to evaluate the applicable specialty-specific Program Requirements for revision. In 2017, the ACGME re-envisioned the process by which this is done. The new process, which includes scenario-based strategic planning, called for rigorous and creative consideration about what the specialty will look like in the future prior to proposing any revisions, recognizing that the future is marked with significant uncertainty. Seven themes emerged from the scenario planning, focus groups, and stakeholder group efforts that provided a comprehensive look at the future and the practice of ophthalmology:**

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**

**The proposed definition of an ophthalmologist reflects those themes and the core functions and values of ophthalmology today and in the future.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The major revision of the definition of the specialty of ophthalmology defines the competencies and educational experiences needed to graduate residents who meet this more comprehensive definition of the specialty, with the goal of ensuring that all graduates are well prepared to meet the needs of their patients today and throughout their careers.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**This new definition has no direct impact on continuity of care but, as stated above, will support the development of programs that produce ophthalmologists who provide high-quality care to all patients.**
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?  
**No additional resources are required.**
5. How will the proposed revision impact other accredited programs?  
**No impact on other programs is anticipated.**

Requirement #: **I.B.5.**

Requirement Revision (significant change only):

~~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.~~ <sup>(Detail)</sup>

Participating sites should not require excessive travel without appropriate housing provisions, and when daily commuting is required, no more than one hour of travel time each way should be expected. <sup>(Detail)</sup>

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 at geographically distant sites, 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.

1. Describe the Review Committee's rationale for this revision:  
**As described in the Specialty-Specific Background and Intent, programs may offer rotations at distant sites that substantially enhance the residents' overall educational experience. When a program mandates rotations at geographically remote locations, it is the program's responsibility to ensure that residents are not excessively burdened by travel and that the educational rationale is thoroughly documented.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The requirement should ensure that the residents do not need to travel to geographically remote locations to satisfy core curriculum elements, eliminating the potential stress of driving for long periods of time, housing needs, etc.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**Continuity of patient care should improve, as residents will have a greater opportunity to care for patients continually if they are not required to travel long distances for their care.**
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?  
**This may necessitate additional institutional resources for programs that use geographically distant sites.**
5. How will the proposed revision impact other accredited programs?  
**The requirement should not have any impact on other programs.**

Requirement #: **II.A.2.b)**

Requirement Revision (significant change only):

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>

1. Describe the Review Committee's rationale for this revision:  
**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.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**Ensuring sufficient protected time for program leadership based on the size the residency can enhance the overall quality and effectiveness of resident education while promoting a more supportive and organized learning environment.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No direct impact on continuity of patient care 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?  
**Sponsoring Institutions of larger ophthalmology programs will need to provide for the greater FTE as outlined to ensure appropriate support to the program.**
5. How will the proposed revision impact other accredited programs?  
**No impact on other programs is anticipated.**

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

Requirement Revision (significant change only):

~~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). <sup>(Core)</sup>

Core faculty members must spend a minimum of one day per week on average on resident education, inclusive of clinical and non-clinical time. <sup>(Core)</sup>

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.

1. Describe the Review Committee's rationale for this revision:  
**As described in the Specialty-Specific Background and Intent, core faculty members invest significant time in resident education. In order to ensure adequate teaching, supervision, and evaluation of the residents' academic progress, the Review Committee has revised the minimum requirement for the number of core faculty members based on program size and rotations. Consistency in faculty supervision and working with the residents is necessary for professional growth and identity formation.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**These revisions are designed to improve the quality and consistency of resident education by enhancing faculty member involvement and supervision.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**These revisions aim to ensure that patient care remains stable and of high quality, as faculty oversight becomes more uniform and frequent across various sites. This balance between education and patient care ultimately benefits both residents and the patients they serve.**
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?  
**The requirement for a minimum of one core faculty member for every five residents, as well as having at least one core faculty member at each site offering a month or more of required ophthalmology rotations, may lead to the need to hire additional core faculty members. This would be particularly necessary for programs with multiple participating sites or larger resident cohorts.**  
  
**The increased focus on faculty involvement in various educational activities, such as clinic supervision, surgical education, and mentorship, may call for ongoing faculty development programs. Ensuring that core faculty members are well equipped to meet the educational needs of residents may require workshops, training in teaching methodologies, or simulation-based learning approaches.**
5. How will the proposed revision impact other accredited programs?  
**No impact on other programs is anticipated.**

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

Requirement Revision (significant change only):

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

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

<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>

1. Describe the Review Committee's rationale for this revision:  
**The Review Committee has revised the program coordinator FTE requirements to be more in alignment with other surgical specialties.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**Administrative support that is commensurate with the number of residents in the program ensures that the program can administer its educational goals without any undue burden on the residents or faculty members. Dedicated and professional support of the program allows for residents to focus on patient care.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**Residents and faculty members will have more time for patient care responsibilities when sufficient administrative support is ensured.**
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?  
**Sponsoring Institutions of larger ophthalmology programs will need to provide for the greater FTE as outlined to ensure appropriate support to the program.**
5. How will the proposed revision impact other accredited programs?  
**Sponsoring Institutions that have program coordinators who oversee multiple programs may have to adjust their FTE based on the new requirements.**

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

Requirement Revision (significant change only):

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). <sup>(Core)</sup>

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).<sup>(Core)</sup>

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

1. Describe the Review Committee's rationale for this revision:  
**By allowing one month of customizable experience in any specialty, including non-clinical areas, the new requirements open the door for programs to introduce innovative educational approaches. Programs can develop rotations that focus on areas such as leadership, quality improvement, health policy, or technology in ophthalmology, encouraging a holistic approach to training that goes beyond the traditional clinical experience. This fosters creativity in curriculum design and equips residents with a broader skill set relevant to the evolving landscape of health care and utilizing the unique local resources different programs may offer.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The addition of one month of clinical or non-clinical experience in any specialty, including ophthalmology, introduces flexibility into the curriculum. Programs can use this month to offer innovative, tailored learning experiences, such as focused research projects, global health initiatives, or exposure to subspecialties that complement the resident's interests. This flexibility allows programs to innovate based on their unique strengths and resources, giving residents the opportunity to pursue specialized learning paths.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No direct impact on continuity of patient care 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?  
**No additional resources are required.**
5. How will the proposed revision impact other accredited programs?  
**No negative impact on other programs is anticipated.**

Requirement #: **IV.B.1.e).(3) – IV.B.1.e).(6)**

Requirement Revision (significant change only):

Residents must demonstrate the ability to effectively lead interprofessional teams that include ophthalmic technicians and support staff. Team leadership includes identifying and

communicating goals for the team (e.g., leading a procedural time out or clinical huddle, quality improvement initiative) and implementing feedback to improve the function of the team. (Outcome)

Residents must adhere to best practices for the use of electronic health records (EHRs) and understand the principles of effective documentation (accurate, clear, concise, and patient-centered). (Outcome)

Residents must demonstrate the ability to effectively and empathetically discuss unexpected diagnoses and procedural or surgical complications with patients and/or their caregivers. (Outcome)

Residents must demonstrate competence in addressing difficult patient situations, such as harassment or mistreatment by patients or their families. (Outcome)

1. Describe the Review Committee's rationale for this revision:  
**Ophthalmologists should have exceptional communication skills to better serve the needs of their patients. Ophthalmologists are required to interact and build relationships with patients, patients' families, care teams, etc., and must develop the requisite skills to perform these tasks. Communication needs to be culturally sensitive, individualized, and conducted through a variety of modalities. It is essential that programs emphasize ethics, professionalism, and cultural sensitivity in all interactions.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**Developing better relationships with patients and patients' families, while emphasizing ethics, professionalism, and culturally sensitive care in all interactions, will not only strengthen relationships, but also contribute positively to patient care and safety.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**There should be no negative impact on continuity of care.**
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?  
**Programs may need to invest in educational resources and curricula around difficult conversations, advocacy, and cultural sensitivity while ensuring that faculty members are provided adequate resources to role model these for residents.**
5. How will the proposed revision impact other accredited programs?  
**No impact on other programs is anticipated.**

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

Requirement Revision (significant change only):

~~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 y synchronous video-

conferencing, virtually, attended by faculty members, and ~~attended~~ by the majority of residents.  
(Core)

1. Describe the Review Committee's rationale for this revision:  
**Changing the minimum requirements for synchronous conferences from six to four hours per month provides programs with greater flexibility, fosters innovation in educational methods, and promotes more individualized learning experiences.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The Review Committee anticipates that this change will lead to a more effective, engaging, and adaptive educational environment for resident learners that utilizes various combinations of synchronous and asynchronous learning modalities and simulation.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No direct impact on continuity of care 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?  
**No additional resources should be required.**
5. How will the proposed revision impact other accredited programs?  
**No impact on other programs is anticipated.**

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

Requirement Revision (significant change only):

**[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)

1. Describe the Review Committee's rationale for this revision:  
**Consistent review of the individualized learning plan helps track the resident's progress toward meeting educational milestones and goals. This process creates accountability for both the resident and faculty members, ensuring that objectives are met within a specified time frame. This process also teaches the resident how to become a self-directed learner.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The individualized learning plan serves as a tool for long-term career development. By continuously reviewing and adjusting the plan, residents can be better prepared for transitions between PGY levels and different stages of their career, such as moving from residency to fellowship or independent practice.**

3. How will the proposed requirement or revision impact continuity of patient care?  
**No direct impact on continuity of care 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?  
**No additional resources should be required.**
5. How will the proposed revision impact other accredited programs?  
**No impact on other programs is anticipated.**