Frequently Asked Questions: Ophthalmology
Review Committee for Ophthalmology
ACGME
(FAQs related to Ophthalmology Program Requirements effective July 1, 2020)

Question	Answer
Introduction	
How much leave time can a resident have during the educational program? *[Program Requirement: Int.C.]*	The Review Committee does not have requirements related to resident leave time. Programs must have leave policies consistent with the policies of their Sponsoring Institution and the applicable board [(American Board of Ophthalmology (ABO) or American Osteopathic Board of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOBOO-HNS)]. If a resident's educational program must be extended, the program should update the resident's completion date in the ACGME's Accreditation Data System (ADS). In addition, a temporary complement increase for the additional education period may need to be requested. See "Requests for Changes in Resident/Fellow Complement" available on the Documents and Resources page of the Ophthalmology section of the ACGME website. A temporary increase in resident complement for up to one month does not require approval of the Review Committee.
What should a program do if an integrated ophthalmology format or joint preliminary year/ophthalmology format will not be implemented by July 1, 2021? *[Program Requirements: Int.C.1.-Int.C.1.b)]*	Instructions are outlined in the "Review Committee Memo: Ophthalmology Program Requirements Effective July 1, 2021," available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
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? *[Program Requirements: Int.C.1.-Int.C.1.b)]*	Instructions are outlined in the "Review Committee Memo: Ophthalmology Program Requirements Effective July 1, 2021" available on the Documents and Resources page of the Ophthalmology section of the ACGME website.

Oversight	
What is considered diagnostic equipment? *[Program Requirement: I.D.1.a).(1)]*	In all locations where patients are seen, standard diagnostic equipment would include devices to measure visual acuity and obtain refractive data, slit lamps, direct and indirect ophthalmoscopes, and appropriate diagnostic instruments (including lenses). Ophthalmic photography, echography, optical coherence tomography, fundus angiography, visual field testing, and biometry must be easily available when treating patients. In pediatric or adult clinics where eye motility is assessed, prisms and tests to measure binocular function (e.g., Titmus, Worth 4 dot) must be present. Less commonly used tests, such as visual evoked potential systems (VEP), electroretinography (ERG), electrooculography (EOG), should be available at least on-site for program use.
Personnel	
Under what circumstances does the Committee need to review the qualifications of a program director or faculty member who is not certified in ophthalmology by the ABO or AOBOO-HNS? *[Program Requirements: II.A.3.b) and II.B.3.b).(1)]*	Programs are expected to submit a request for a proposed program director or faculty member: • whose certification is from a country outside of the United States o Note: Faculty members trained outside of the United States are expected to participate in the ABO's Internationally Trained Ophthalmologists program once eligible. • who is not certified by the ABO or AOBOO-HNS and does not plan on becoming certified by the ABO or AOBOO-HNS in the near future • who has lapsed ABO or AOBOO-HNS certification. A request is *not* needed for: • a faculty member who recently completed ophthalmology education and training in the United States and has not yet received ABO or AOBOO-HNS certification. Programs should enter "ABMS Board Eligible" or "AOA Board Eligible" for certification in the Faculty Roster. • non-ophthalmologist faculty members who are board certified in their (sub)specialty.
How should a program request the Committee's consideration of the qualifications of a proposed program director or faculty member who is not certified in ophthalmology by the ABO or AOBOO?	The program must submit a letter of support to the Review Committee, signed by the program director and the DIO. A CV for the faculty member must be attached. Email the letter to the Review Committee's Accreditation Administrator, contact information for whom can be found in the Ophthalmology section of the ACGME website. If the Review Committee approves the request, programs should note the approval in

[Program Requirements: II.A.3.b) and II.B.3.b).(1)]	the ADS Faculty Roster's Specialty Certification section under "Explain Equivalent Qualifications for Review Committee Consideration."
Resident Appointments	
How should a program request an exception to the requirement that the PGY-1 be completed in an ACGME-accredited preliminary year program sponsored by the same institution that sponsors the ophthalmology residency program? *[Program Requirement: III.A.2.c)]*	Instructions are outlined in the "Review Committee Memo: Ophthalmology Program Requirements Effective July 1, 2021," available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
How does a program initiate a complement increase request? *[Program Requirement: III.B.1.]*	See "Requests for Changes in Resident/Fellow Complement" available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
Educational Program	
How can programs document how the Core Competencies of professionalism, practice-based learning and improvement, interpersonal and communication skills, and systems-based practices are taught? *[Program Requirements: IV.B.1.a)-IV.B.1.a).(1).(g) and IV.B.1.d)-IV.B.1.f).(2)]*	There are no specific requirements with respect to documentation. However, the Committee does expect a program to be able to demonstrate to an Accreditation Field Representative the ways in which the program teaches professionalism, practice-based learning and improvement, interpersonal and communication skills, and systems-based practices. **Examples** *Professionalism* • Document timely written feedback to residents on their professionalism, including routine multi-source assessment. • Document structured learning activities for promoting professional behavior in the context of everyday practice. • Document policies regarding lapses in professionalism. • Document remediation activities for improvement in professionalism. *Practice-based Learning and Improvement*

	• Document a structured process for resident reflection (e.g., a faculty advisor guides the resident in using feedback and evaluations to inform the self-assessment process). • Document structured evidence-based medicine activities, such as a journal club presentation or critical appraisal of a topic. • Document a full "plan-do-study-act" (PDSA) cycle in which residents actively participate with appropriate faculty member oversight. *Interpersonal and Communication Skills* • Document regular feedback from faculty members to residents on their communication strengths and areas in need of improvement. • Document feedback to residents on their communication style from non-faculty members, such as medical students and patients. • Document the ways in which residents work in interdisciplinary teams to care for patients. • Document a policy for the completion of comprehensive, timely, and legible medical records that includes monitoring, evaluation, and feedback to residents. *Systems-based Practice* • Document opportunities residents have to learn to work effectively in diverse settings. • Document resident completion of a systems-based practice project, including the system improvements that resulted.
What does the Review Committee consider an "opportunity for continuity of care," and what are the expectations regarding its achievement? *[Program Requirements: IV.C.1.b)-IV.C.1.c)]*	Continuity of care comprises a variety of different concepts, each of which is enabled by residents' abilities to examine patients at multiple points along their disease or treatment course. For example, residents must have the opportunity to follow patients through pre-operative assessment, surgical intervention, and post-operative course. Residents must have the opportunity to follow patients at various points through the course of a disease process, both for acute conditions (e.g., conjunctivitis, cornea abrasions, hyphema), and chronic conditions (e.g., glaucoma, amblyopia), so that they may assess effects of medical or surgical interventions, as well as become familiar with the natural history of a disease. While a continuity of care clinic would provide these opportunities for residents, where this is not possible, rotations should be structured such that residents have the ability to participate in sustained patient follow-up.

Will a program receive a citation if PGY-1 residents do not have three months of ophthalmology? *[Program Requirement: IV.C.3.b)]*	The requirement for residents to have three months of ophthalmology during the PGY-1 is effective on July 1, 2021. The Committee recognizes that it may take time for programs to ensure all residents have three months of ophthalmology during the PGY-1. Citations will be issued on this requirement beginning July 1, 2023. For more information about the PGY-1 requirements, see the "Review Committee Memo: Ophthalmology Program Requirements Effective July 1, 2021"" available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
If a program has four-week rotations during the PGY-1, will 12 weeks of ophthalmology be considered compliant with the requirement? *[Program Requirement: IV.C.3.b)]*	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. The requirement for three months of ophthalmology during PGY-1 is effective as of July 1, 2021 and citations will not be issued on this requirement until July 1, 2023. For more information about the PGY-1 requirements, see the "Review Committee Memo: Ophthalmology Program Requirements Effective July 1, 2021" available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
How should a program request an exception to the requirement that the PGY-1 ophthalmology experience take place at the same Sponsoring Institution as the ophthalmology program? *[Program Requirement: IV.C.3.b).(1)]*	Instructions are outlined in the "Review Committee Memo: Ophthalmology Program Requirements Effective July 1, 2021," available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
What are the minimum procedural numbers? *[Program Requirements: IV.C.7.a)]*	Case Log information is available on the Documents and Resources page of the Ophthalmology section on the ACGME website.
Can online education count towards the required six hours per month devoted to conferences, the 360 hours of basic and clinical sciences, and/or the didactic sessions in advocacy, ethics, practice management and socio-economics? *[Program Requirements: IV.C.8.-IV.C.11.]*	Yes, online education can be used to meet the requirements for conferences and didactic sessions. The Committee recognizes that online education can take many forms. The Committee requires six hours per month be devoted to small group, interactive learning which is defined as "conferences" (e.g., case presentations, grand rounds, journal club, morbidity and mortality, and quality improvement presentations). These sessions must be attended and precepted by faculty members and attended by the

	majority of residents. [PR IV.C.8.-IV.C.8.a)] This learning must be interactive with the ability for teachers and learners to ask questions and engage with each other in real time, either in person or by video conferencing technology. Residents must also be educated in basic and clinical sciences through a structured and regularly scheduled series of didactic sessions. This series must include a minimum of 360 hours during the PGY-2-4. [PR IV.C.10.-IV.C.10.a)] These didactic sessions are in addition to the six hours of interactive conferences per month. The basic and clinical science didactic sessions may use pooled resources from local, regional or national educational consortia, peer-reviewed online lectures, or interactive learning activities from regional or national medical societies. Resident and faculty member participation in these sessions must be documented. [PR IV.C.10.b)] In addition, residents should have documented didactic sessions in advocacy, ethics, practice management, and socioeconomics. [PR IV.C.11.] These elements are important to the development of physicians who are prepared to practice independently and advocate for their patients. Programs can develop their own educational materials for these topics, or can rely on state, regional, subspecialty, or national organizations to provide this education. This education may be provided in person, by video conferencing technology, or via online modules.
What exactly is meant by "advocacy" with regard to the requirement addressing residents' documented experience? *[Program Requirement: IV.C.11.]*	According to the American Academy of Ophthalmology (AAO) publication *The Profession of Ophthalmology*, advocacy is a duty of the physician and requires that he/she support, defend, and protect his/her patients and the profession. Advocacy can empower a physician to directly affect legislation, regulation, policy, and public and professional opinion on patient care, patient's rights, access to health care, research funding, scope of practice, liability issues, and device and medication development. Residency programs should provide didactic training in this area. Other formats through which residents may be exposed to advocacy include the AAO's Advocacy Day and Mid-Year Forum, local legislative meetings and events, FDA conferences, or observation or service on an Institutional Review Board or other committee that protects patients' rights.

Evaluation	
What resident evaluation methods should ophthalmology programs use? *[Program Requirement: V.A.1.c)]*	The Ophthalmology Milestones Supplemental Guide includes recommended tools for assessing each sub-competency. Programs are not expected to use all the tools listed. However, programs must utilize different methods to assess resident performance to provide residents with the feedback needed to identify strengths and areas in need of improvement. The Supplemental Guide is available on the Milestones page of the Ophthalmology section of the ACGME website.
The Learning and Working Environment	
What types of quality metrics and benchmarks should be provided to residents and faculty members? *[Program Requirement: VI.A.1.b).(2).(a)]*	A program's quality metrics and benchmarks should represent meaningful patient data that residents and faculty members can use to review practice patterns and/or outcomes. The goal is to improve patient care. Data may be at the level of the resident, faculty member, service, department, and/or site. Examples of data are surgical complications, post-operative infection, return to the operating room, and needle stick injuries. Programs are encouraged to contact institutional leadership to identify existing data that will foster practice improvement. In most cases, institutions are already collecting quality data that can be used to meet this requirement.
Can an optometrist, orthoptist, or ophthalmic technician supervise residents? *[Program Requirement: VI.A.2.a).(1)]*	Although the Review Committee believes that it is important for residents to acquire experience in leading and participating in health care teams, including those with non-physicians (e.g., optometrists, orthoptists, or ophthalmic technicians), supervision of all clinical care rendered by residents is the responsibility of physician faculty members. Non-physicians are not permitted to independently supervise residents. While the attending physician may delegate an appropriately-qualified non-physician to assist or teach a resident in a specific aspect of an eye exam (e.g., refraction, low vision, contact lens, orthoptics, and optics), the ultimate responsibility for resident supervision remains the responsibility of the attending physician.
Can the guidelines for assigning residents' clinical responsibilities be based on something other than PGY, such as resident competence? *[Program Requirements: VI.E.1.a)-VI.E.1.a).(1)]*	The guidelines must be based on PGY level. The guidelines outline general principles to guide resident education and patient care. PGY levels provide a commonly understood organizational structure. It is expected that when clinical assignments are given to an individual resident, the program director and faculty members will also consider other factors, such as demonstrated competence, unique patient needs, etc., to determine the appropriate level of resident autonomy and responsibility.

Other	
Where can a program find information about the Case Log System?	Resources are available on the Documents and Resources page of the Ophthalmology section of the ACGME website and in ADS (ADS > Case Log Tab > Reference Materials).
Where can a program find information about the PGY-1 requirements that go into effect on July 1, 2021?	See the "Review Committee Memo: Ophthalmology Program Requirements Effective July 1, 2021," available on the Documents and Resources page of the Ophthalmology section of the ACGME website.
Where can a program find information about a Common Program Requirement?	See the Common Program Requirements Frequently Asked Questions.
Where can a program find information about accreditation site visits?	See the Site Visit section of the ACGME website.