Specialty Update: Ophthalmology

Laura Green, MD

Chair

Kathleen Quinn-Leering, PhD

Executive Director

SES016

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#ACGME2023

2023 ACGME ANNUAL EDUCATIONAL CONFERENCE

FEBRUARY 23-25, 2023

NASHVILLE TENNESSEE

Conflict of Interest Disclosure

Speakers:

Laura Green, MD

Kathleen Quinn-Leering, PhD

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 health care products used by or on patients.

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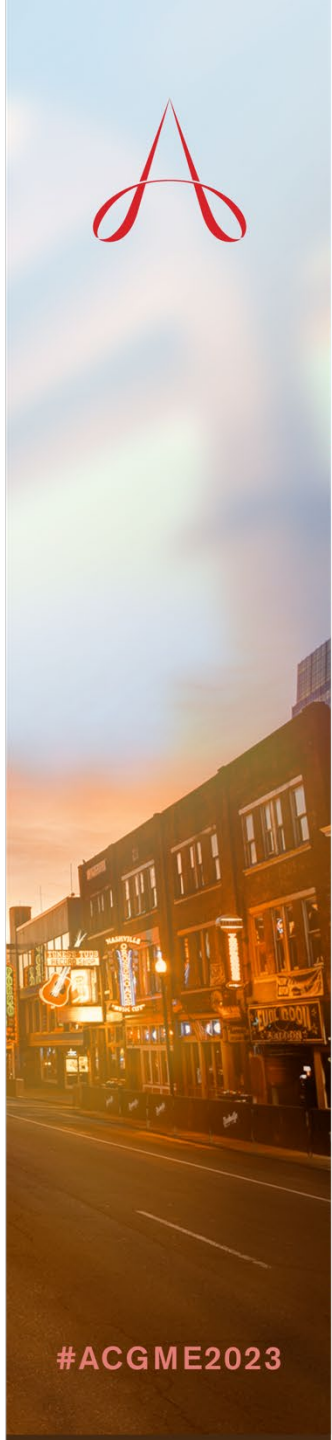

Topics

- Review Committee Members, Staff, and Meetings
- Review Committee News
- ADS Annual Update
- ACGME News
- Q&A

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RC Membership

- All volunteers
- Diversity valued (e.g., gender, geography, subspecialty)
- 10 members nominated by ABO, AAO, AMA & AOA (6-year term)
- 1 resident member (2-year term)
- 1 public member (6-year term)
- 2 ex-officio members from ABO and AOA

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RC Voting Members

Laura Green, MD (Chair)
Sinai Hospital of Baltimore
Elliott Sohn, MD (Vice Chair)
University of Iowa
Susan Culican, MD, PhD*
University of Minnesota
Monica Douglas, MBA (Public Member)
Thomas Hwang, MD*
Oregon Health and Science University
Leslie Jones, MD
Howard University
Don Kikkawa, MD
University of California San Diego
Alejandra Maíz, MD (Resident)*
University of Michigan
Stacy Pineles, MD
University of California Los Angeles
David Quillen, MD
Penn State University
Tara Uhler, MD
Thomas Jefferson University

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*New member

RC Staff

- Kathleen Quinn-Leering, PhD *Executive Director*
- Emma Breibart-White, MALS *Associate Executive Director*
- Shellie Bardgett, MPH *Accreditation Administrator*

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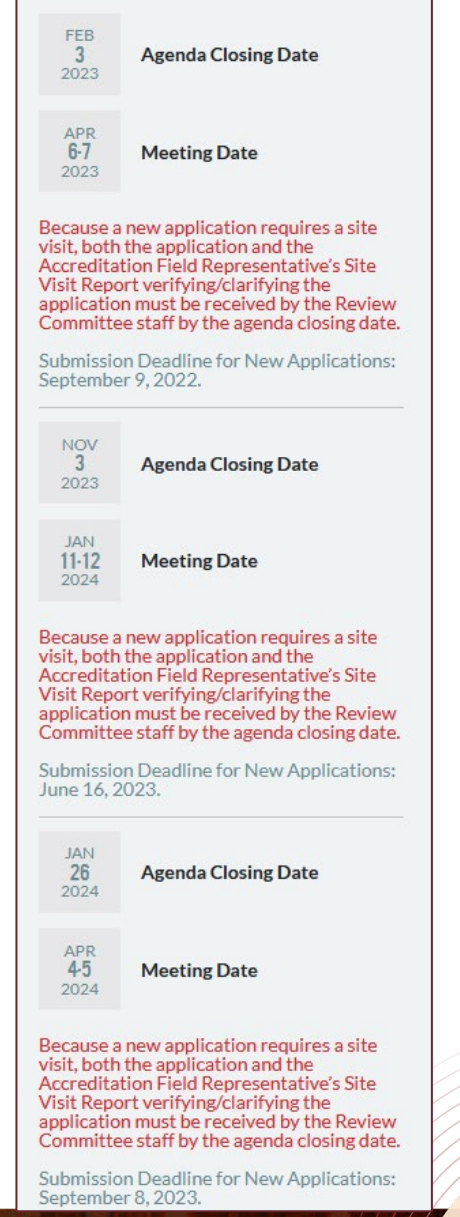
RC Meetings

- Meetings traditionally held in January and April
- Fall meeting **NEW!**
  - Primarily for permanent complement increases
- Agendas close ~2 months before meeting
- Upcoming meetings
  - April 6-7, 2023
  - August 9, 2023
  - January 11-12, 2024
  - April 4-5, 2024



FEB 3 2023 **Agenda Closing Date**

APR 6-7 2023 **Meeting Date**

Because a new application requires a site visit, both the application and the Accreditation Field Representative's Site Visit Report verifying/clarifying the application must be received by the Review Committee staff by the agenda closing date.

Submission Deadline for New Applications: September 9, 2022.

NOV 3 2023 **Agenda Closing Date**

JAN 11-12 2024 **Meeting Date**

Because a new application requires a site visit, both the application and the Accreditation Field Representative's Site Visit Report verifying/clarifying the application must be received by the Review Committee staff by the agenda closing date.

Submission Deadline for New Applications: June 16, 2023.

JAN 26 2024 **Agenda Closing Date**

APR 4-5 2024 **Meeting Date**

Because a new application requires a site visit, both the application and the Accreditation Field Representative's Site Visit Report verifying/clarifying the application must be received by the Review Committee staff by the agenda closing date.

Submission Deadline for New Applications: September 8, 2023.

acgme.org > Specialties > Ophthalmology > bottom right

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Ophthalmology Programs

Accreditation Status	Count
Initial Accreditation	3
Initial Accreditation with Warning	2
Continued Accreditation without Outcomes	3
Continued Accreditation	116
Continued Accreditation with Warning	1
TOTAL	**125**

Ophthalmic Plastic and Reconstructive Surgery:
Four programs with Continued Accreditation

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Review Committee News

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New PGY-1 Year Requirements

Integrated and Joint Formats

2022-2023 Academic Year

Format	Number of Programs
Integrated	49
Joint	75
Other	1*
Total	**125**

*Joint format planned for 2023-2024 AY

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Integrated and Joint Formats

- Starting July 1, 2023, a citation may be issued if
  - A program has not established an integrated or joint format
  - Block diagram does not show compliance with PGY-1 requirements

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PGY-1 Block Diagram Examples: Insufficient Information

PGY1	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 10	Block 11	Block 12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 3	Site 3	Site 3	Site 3
Rotation Name	Ophth 1			Ophth 2						Ophth 3		
% Outpt	100%			100%						100%		
% Research	0			0						0		

Internship (PGY-1)

Block	1	2
Institution	Site 1	Site 1
Rotation Name	Ophthalmology Intern	Internal Medicine
% Outpatient	100%	58%
% Inpatient	0%	42%
% Research	0%	0%

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PGY-1 Block Diagram Example: Sufficient Information

PGY-1												
Block	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Site	1	1	1	1	1	1	1	1	1	1	2	3
Rotation Name	Internal Medicine	Internal Medicine	Pulmonary & Critical Care	Infectious Disease	Rheumatology	Endocrinology	Comprehensive Ophthalmology	Comprehensive Ophthalmology	Comprehensive Ophthalmology	General Surgery	Neurology	Dermatology
% Outpatient	10%	10%	80%	80%	80%	80%	90%	90%	90%	50%	80%	100%
% Research	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

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Resident Transfers at the PGY-2 Level

- RC's expectation is that residents will complete the PGY-1 year within an ophthalmology program (integrated format) or affiliated preliminary year program (joint format)
- As of July 1, 2023, a PGY-2 resident transferring into a program who did not complete the PGY-1 year this way or did not complete the PGY-1 requirements puts a program at risk of a citation or area for improvement (AFI)
    - If a program accepts such a resident, they may provide a rationale in the "Major Changes and Other Updates" section

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Resident Transfers at the PGY-2 Level

- Residents lacking required PGY-1 experience **can** gain this experience in an ACGME-accredited program **prior** to advancing to PGY-2
  - Training time extended accordingly
- Contact RC staff with questions

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Non-clinical Activities During PGY-1

- Dedicated **research** time may take place **only** during the three months of ophthalmology
- The nine months of required non-ophthalmology experience must be comprised of clinical rotations
  - Relevant non-clinical experiences **may be** integrated into the clinical rotations
  - However, **most** resident time must be in clinical activities

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Non-clinical Activities During PGY-1

- During the nine months of non-ophthalmology clinical rotations
  - Acceptable non-clinical activity examples: online population health certification course, hospital-sponsored quality improvement longitudinal course, residents as teachers workshop
  - The non-clinical activities cannot be specific to ophthalmology or dedicated research time

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Program Changes

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/fellow
    - However, *can* add other sites and it helps RC understand resident experience
- **All** three changes require RC approval!

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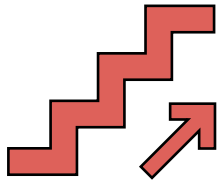
New Programs and Permanent Complement Increases

- If approved, the number of residents is expected to rollout **year by year** until the full complement is reached in four years
- In some circumstances, the Committee will consider a second-year resident start the first year of approval—see Ophthalmology FAQs or contact RC staff
- Reminder: Complement increase information available at acgme.org > Specialties > Ophthalmology> Documents and Resources



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Program Changes

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

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Ophthalmology Case Log

Ophthalmology Case Log

- The Case Log System is used by the RC to
  - To assess the breadth and depth of a program's procedural training
  - To understand residents' experiences
- Minimums
  - Represent what the RC believes to be an acceptable minimal experience
  - Not a final target number
  - Achievement does not signify competence
  - Programs are considered compliant with procedural requirements if all graduating residents achieve the minimum number in each category

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Brief History of the Ophthalmology Case Log

- The minimums were set in 2006 at the 20th percentile
- The RC has periodically reviewed the minimums and so far, has determined they remain appropriate
- A few minimums are low because the RC expects residents to have **familiarity** with some subspecialty procedures
- Similar reasoning was used for including the assistant role towards the minimum in the keratoplasty, keratorefractive surgery, and retinal vitreous categories

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Ophthalmology Case Log: Where are we now?

- In recent years, an RC Case Log Subcommittee has conducted a thorough review of the system
  - Oculoplastics and orbit area reorganized
  - More than 240 additional CPT codes now being tracked, with approximately 50 giving credit towards a minimum
  - New area “Examination/clinical procedures/testing” created—logging is *optional*
  - Updated Case Log Information posted on the ACGME website
- A goal is to have more complete data regarding residents’ experiences to ensure the RC can make data-driven decisions

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Ophthalmology Case Log: Where are we now?

- The subcommittee has also held on-going discussions about MIGS, with the following steps taken:
  - Communication to programs regarding how to log MIGS cases and a reminder that residents should log all glaucoma experiences
  - New CPT Codes 66989, 66991, and 0671T give credit to the glaucoma-filtering and shunting minimum
    - (66989 and 66991 also give credit to cataract minimum)

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Ophthalmology Case Log: Looking Ahead

- RC discussing updating the minimums
  - Gathered feedback at 2023 AUPO meeting
  - Review of graduate Case Log data
  - Consideration of relevant literature
- If changes made, likely effective with the 2024-2025 AY

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Major Revision of the Ophthalmology Program Requirements

Program Requirements Major Revision

- Per ACGME policy, program requirements must be reviewed every 10 years
- ACGME has instituted a new approach to major revisions
  - The RC and specialty community are asked to rigorously and creatively think about the future of health care and the specialty
  - Range of perspectives included in the process

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Program Requirements Major Revision

- Internal Medicine and Family Medicine have completed their major revision of the Program Requirements
- Pediatrics, General Surgery, Vascular Surgery, Colorectal Surgery, and Emergency Medicine are at different points in the process
- **Ophthalmology's time has come!**

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Program Requirements Major Revision

Process includes:

- Two-day scenario planning workshop
  - Ophthalmologists, residents, other healthcare providers, public
  - Scheduled for May 2023
- One-day stakeholder summit
- Interviews with residents, patients and “influencers”
- Literature review
- A writing group will use gathered information as a foundation for revising the Ophthalmology Program Requirements

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Program Requirements Major Revision

- Feedback requested from the community at two points
  - Draft definition of an ophthalmologist and themes that emerged from workshop, interviews, etc. *(likely late in 2023)*
  - Proposed revisions to the Ophthalmology Program Requirements *(likely summer 2024)*
- Documents will be posted on the ACGME website for review and comment
- Anticipated effective date is July 1, 2025

The RC values and needs your input!

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RC Reflections and Recommendations

Issues of Most Concern to the RC

- Insufficient procedural experience (Graduate Case Log Report)
- Deficiencies in didactic and/or clinical education (Ophthalmology-specific Resident Survey items)
- Unprofessional behavior (Resident and Faculty Surveys)
- Work hours, service/education balance (Resident and Faculty Surveys)
- Poor Board exam performance (ABO and AOBOO-HNS Report)

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2022 Surveys: Areas in Need of Attention

- Resident participation in real and/or simulated patient safety investigation and analysis
- Resident and faculty involvement in recruiting and retaining diverse residents
- Resident understanding of work hours rules (e.g., several averaged over four weeks)
- Health care disparities education
- Sleep and fatigue education
- Integrating cost awareness into patient care decisions

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Quality Metrics and Benchmarks

- Residents and faculty members must receive patient care data to review practice patterns and/or outcomes [CPR VI.A.1.b).(2).(a)]
- Data does **not** need to be faculty- or resident-specific—it can be at the service, department, or site level
- A program site likely has existing data that can be used to meet this requirement and foster practice improvement
- Data examples: Surgical complications, post-operative infections, return to the operating room, needle stick injuries

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Letter of Notification

RC sharing general information, updates, and tips under “Other Comments”

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents: 20
Residents per Level: 5 - 5 - 5 - 5
Effective Date: 01/12/2023

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations.

OTHER COMMENTS

The Review Committee for Ophthalmology would like to inform all programs of the following items regarding diversity, patient safety/quality improvement, fatigue mitigation, the block diagram, ACGME Surveys, and FAQs:

Diversity: Programs are reminded to involve residents and faculty members in the program’s diversity efforts. The Committee uses the Resident and Faculty Surveys’ Diversity and Inclusion domain to help determine program compliance in this area.

Patient Safety/Quality Improvement: The 2022 Resident and Faculty Surveys indicated an area of improvement for many programs is providing residents with opportunities to participate in real and/or simulated patient safety investigations including analyses and implementation of actions. Experiential learning is essential to developing competence in patient safety investigations. Examples of activities include Root Cause Analyses and M&M conferences that include identifying and implementing solutions.

Fatigue Mitigation Education: The 2022 Resident Survey also identified fatigue mitigation

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Helpful RC Resources

- Ophthalmology Program Requirement FAQS **UPDATED!**
- Ophthalmology Case Log Information
- Other helpful materials and links available on the RC's Documents and Resources page

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ADS Annual Update

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Annual Program Review

Data Collection
(e.g., surveys, board exam, ADS Annual Update)

January-September

RC Executive Committee Review

November

RC Review & Decision

January or April meeting

RC is here

Program Notification

Post meeting

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 RC that may be used during the annual program review
- ACGME continues efforts to make the update easier to complete

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Faculty Certification

- As of the current academic year, ABMS and AOA faculty certification data is **automatically** populated in faculty profiles
- Programs are expected to review certification information and make corrections if needed
- **Manual** entry available for faculty who recently completed training (“board eligible”), missing, incorrect, or other certification data
  - TIP: If incorrect certification information, check NPI number using the “Search National Provider ID” link in ADS

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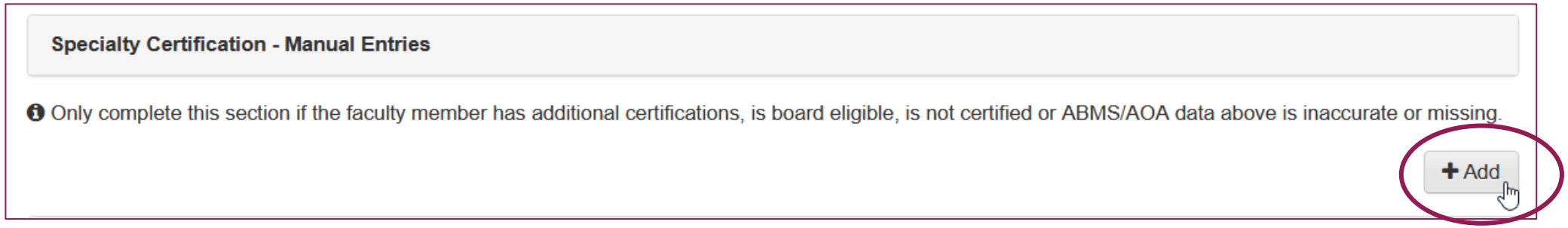
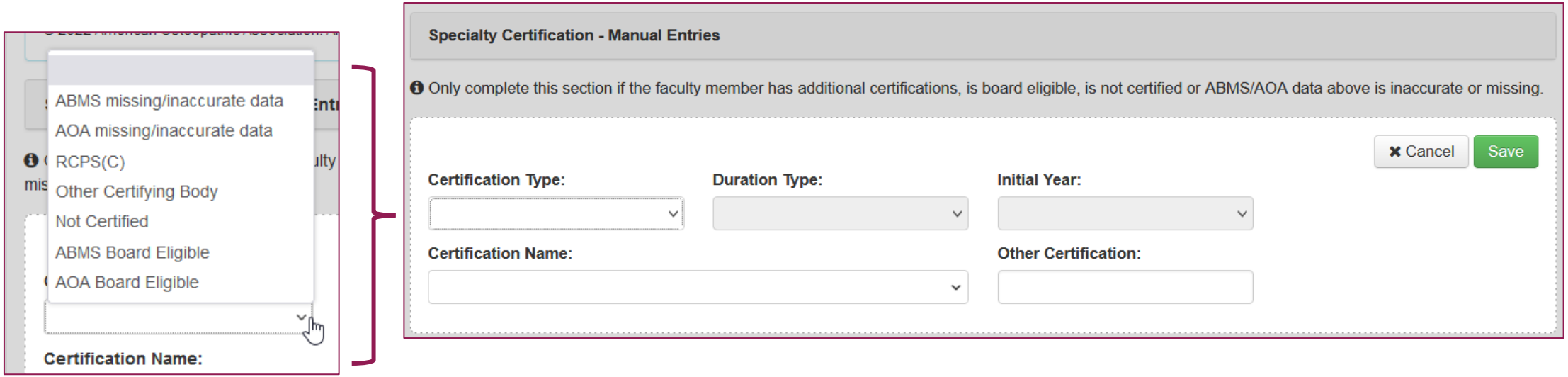
Faculty Certification: Manual Entry





Faculty Certification Reminder

- Faculty **not** certified by ABO or AOBOO-HNS (and did not recently complete training) **must** have their qualifications reviewed by the RC
- Ophthalmologists not certified by ABO or AOBOO-HNS and who trained outside of the United States are expected to participate in ABO's Internationally Trained Ophthalmologists program once eligible
- See Ophthalmology FAQs for more information

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Faculty Scholarly Activity

- Scholarly activity must be entered for **all** faculty members listed on the faculty roster
  - *TIP: To lessen data entry burden, review faculty roster instructions to see if number of faculty can be reduced*
  - *TIP: Faculty scholarly activity can be copied from another program IF a record is available to copy*

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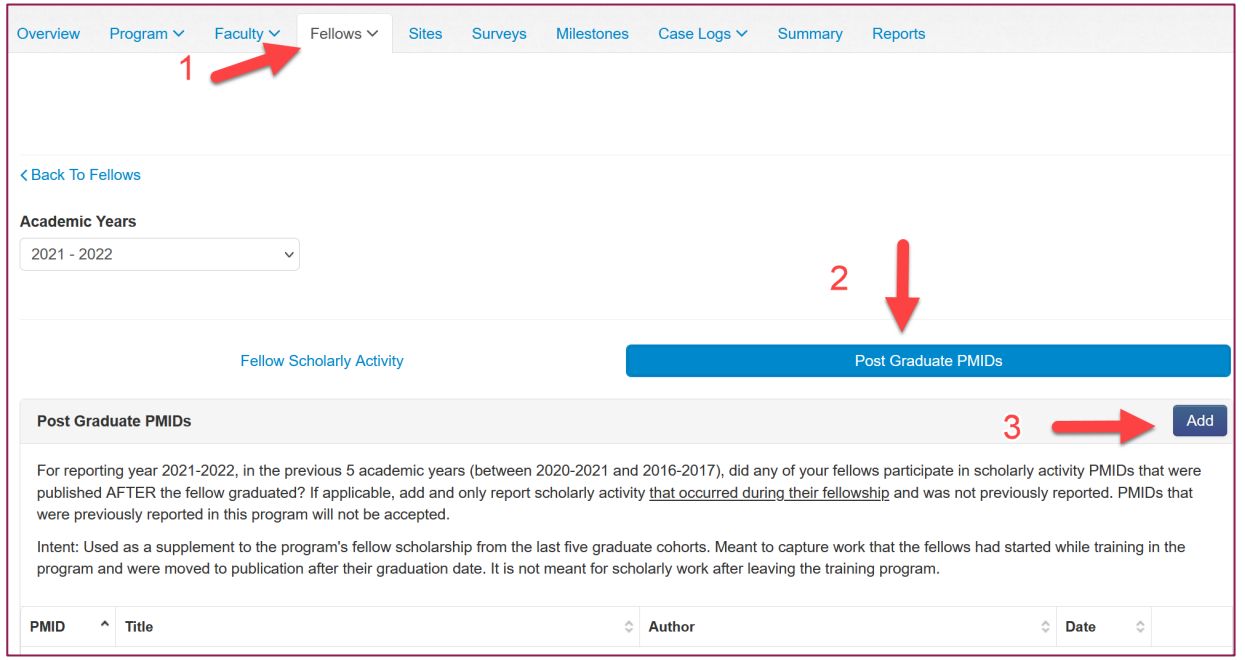
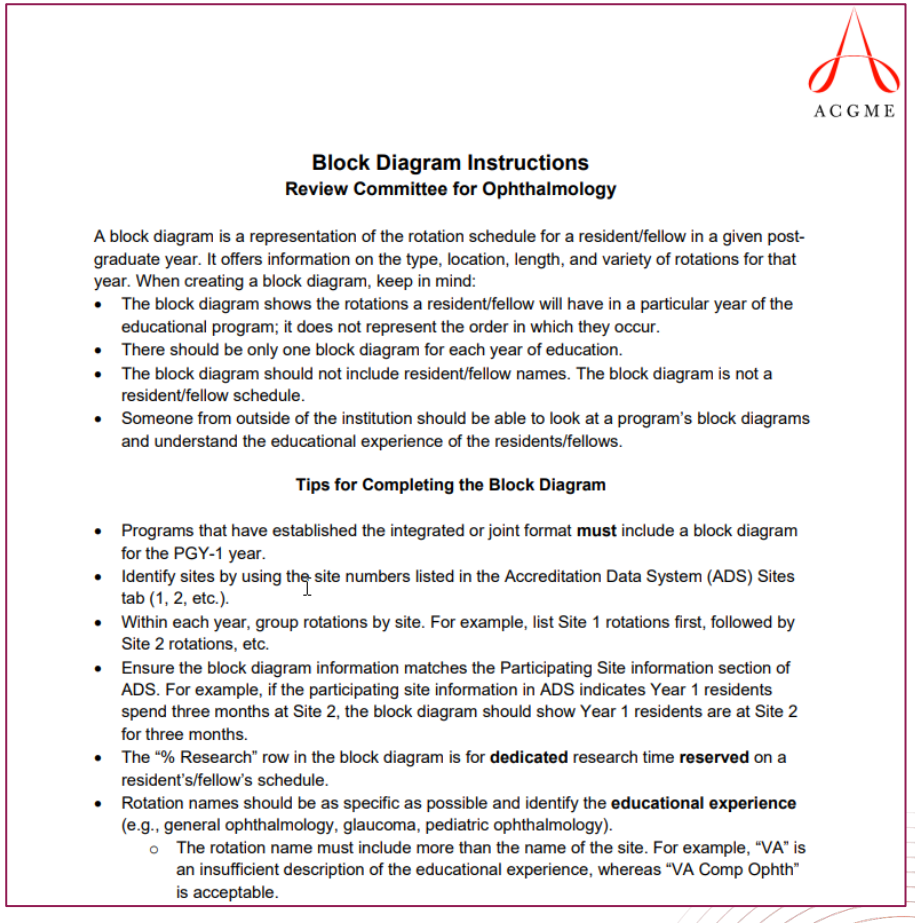
Fellow Publications

Fellow publications **after** graduation can be reported in the ADS Annual Update – must be based on work during fellowship



Block Diagrams

- **Representation** of program's rotation schedule
  - **Not** actual residents' schedules
- Ophthalmology-specific Block Diagram Instructions on ACGME website



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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.

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Did somebody say
Major Changes and Other Updates?

Major Changes and Other Updates

Use **Major Changes and Other Updates** to communicate to the RC about:

- Low ACGME Survey ratings
- How the program has addressed any Areas for Improvement
- Program changes (rotations, faculty)
- Innovations
- *TIP: Keep a running document during the year of program highlights, changes, and challenges*

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Major Changes and Other Updates

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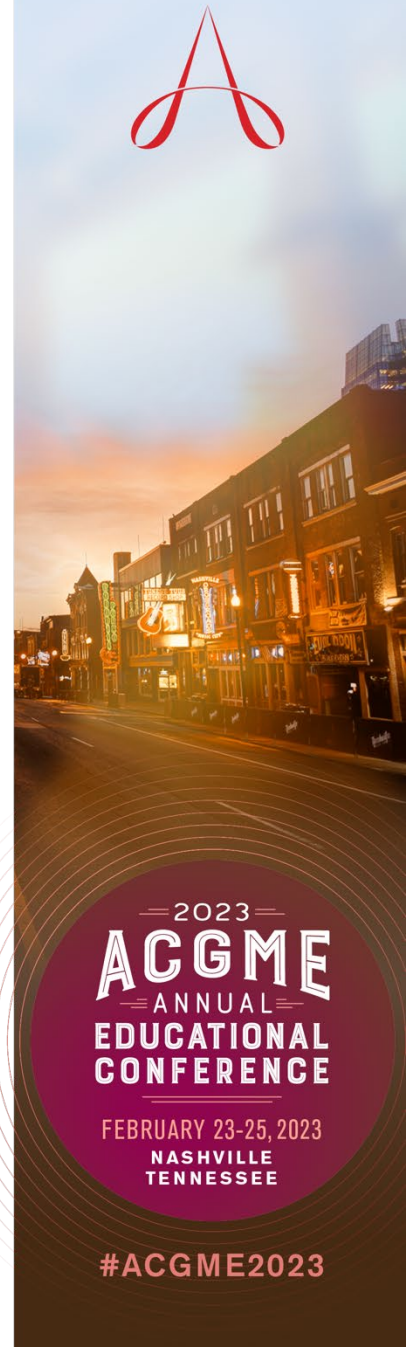
Responding to Citations

- Be clear and concise
- Demonstrate understanding of non-compliant area
- Outline implemented action plan
- Describe verifiable outcomes (e.g., survey trending up, minimums met)
    - If goals not met, explain why and outline next steps



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ADS Annual Update

Bottom Line:

Provide the RC with complete and accurate information about your program's compliance with the Program Requirements!

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ACGME News

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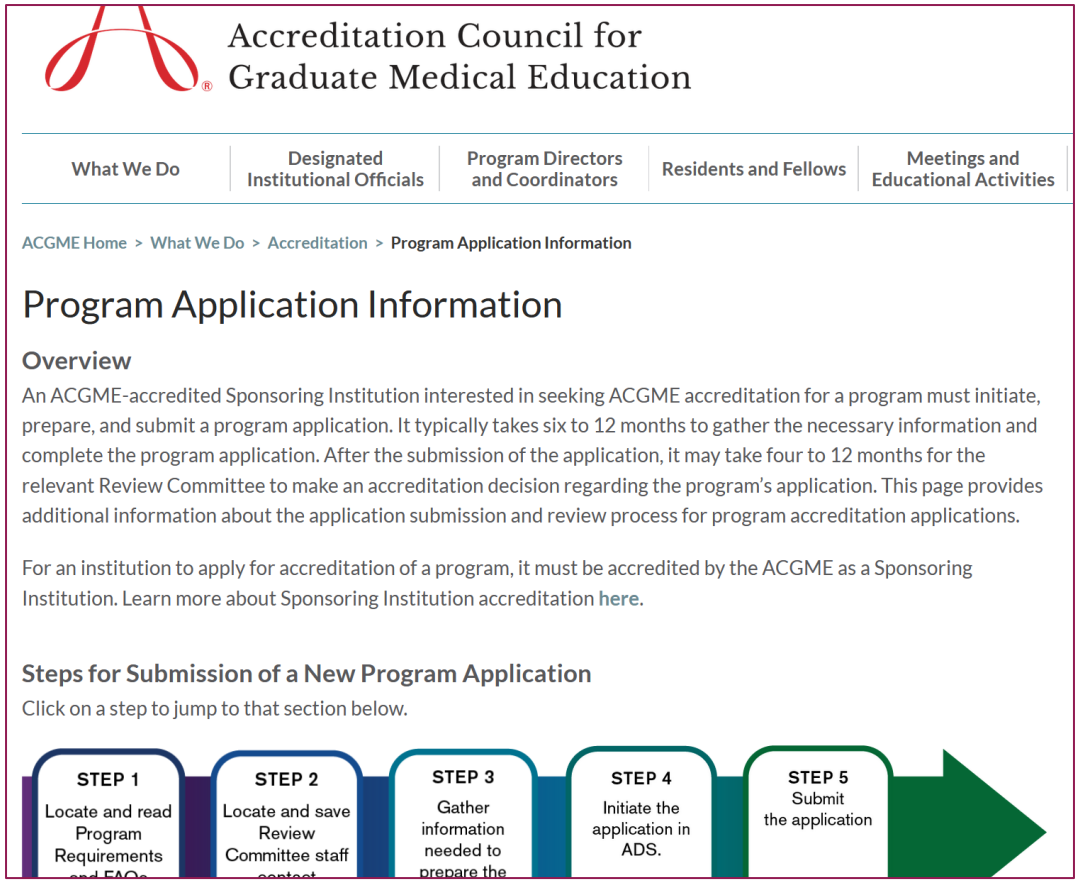
Applications

New application resource!

acgme.org > What We Do > Program Application Information



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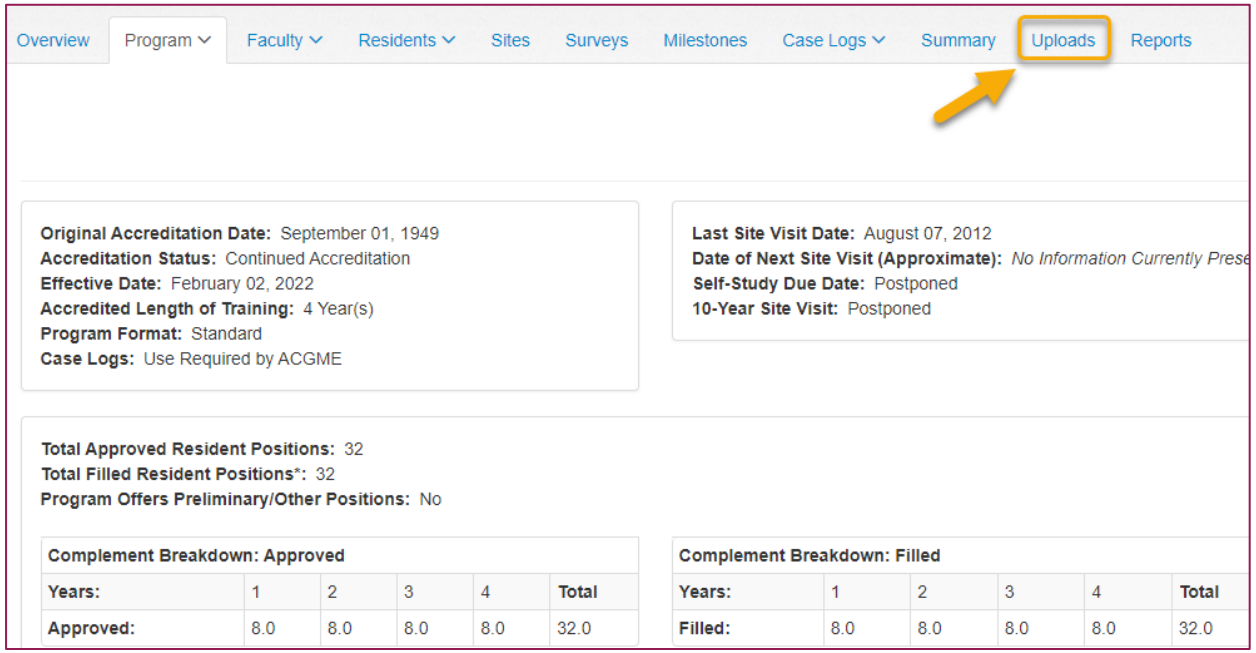
New “Upload” Tab in ADS



For program uploads

- Documents requested by a field representative
- Requests from the RC (e.g., Progress Report)

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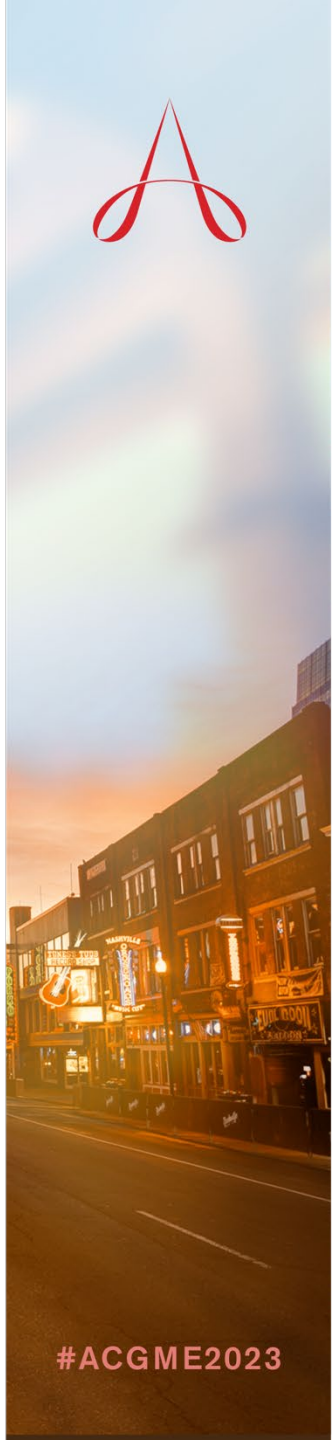
ACGME Surveys

- Surveys opened **February 13, 2023 for 8 weeks**
- This year, programs remain responsible for notifying and reminding residents/fellows and faculty to complete survey
- Starting in **2024**, likely that **ACGME** will **notify** residents/fellows and faculty when the survey opens



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Self-Studies and 10-Year Site Visits

- Self-study and 10-year site visit process re-design still underway
- *What should programs do for now?* Continue to conduct and document high quality annual program evaluations

Stay tuned!

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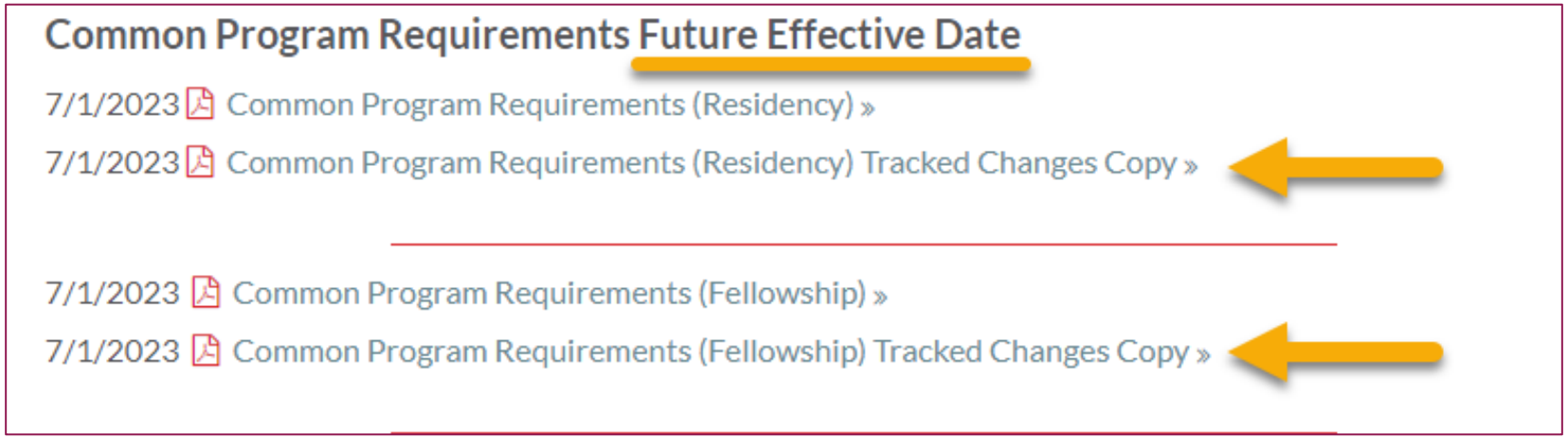
Common Program Requirements

Revised **Common** Program Requirements (CPRs) in effect July 1, **2023**

- Number of CPRs reduced
- A few revisions may impact programs, e.g., annual program evaluation requirements significantly reduced
- Review revisions on acgme.org > What We Do > Common Program Requirements
    - *TIP: Review Tracked Changes Copy*



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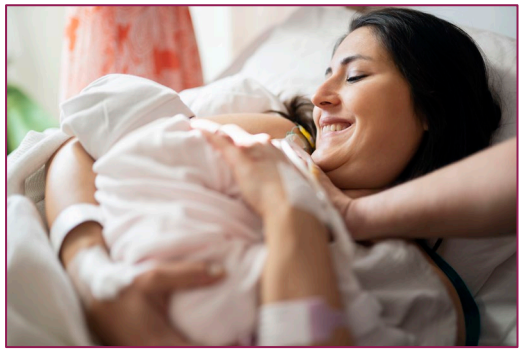
Resident/Fellow Leaves of Absence



Effective July 1, 2022, the Institutional Requirements require Sponsoring Institutions to provide residents and fellows with at least six weeks of paid medical/parental/ caregiver leave

- Look to the Sponsoring Institution and Boards for guidance
- RC **requires** a resident/fellow to be in program for a minimum amount of time from start to finish
- RC **does not** have requirements about leaves or vacations
    - *No need to contact the RC about a leave*

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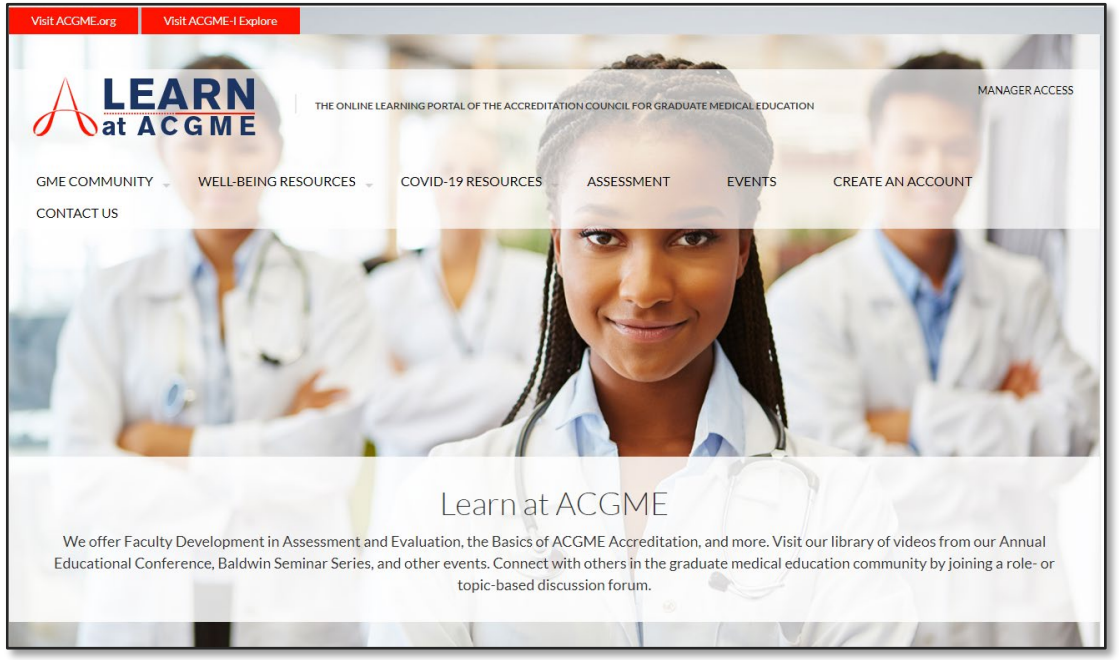
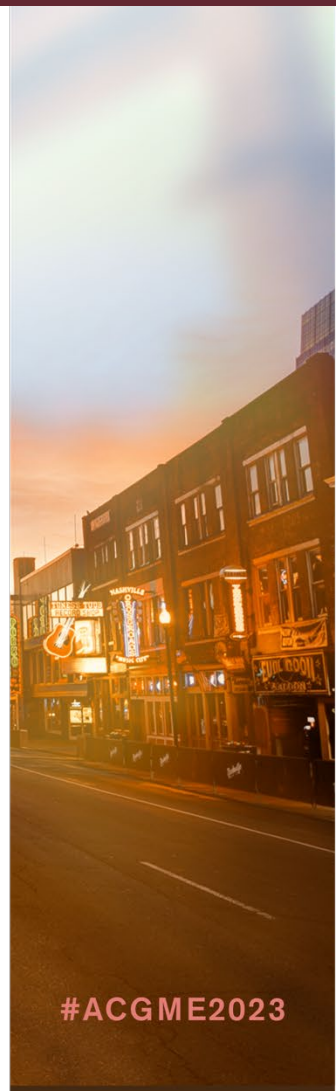
The ACGME's Online Learning Portal



Visit our learning portal at
dl.acgme.org

or scan the QR code below.

Have a question or need assistance? Contact
desupport@acgme.org



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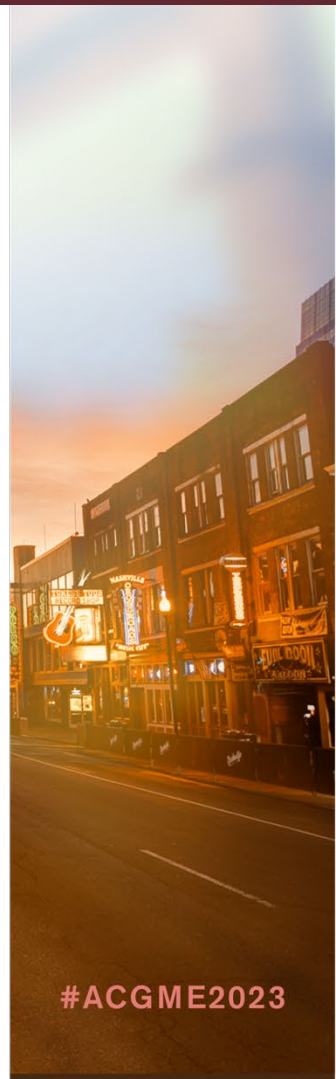
Self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

CME credit available!



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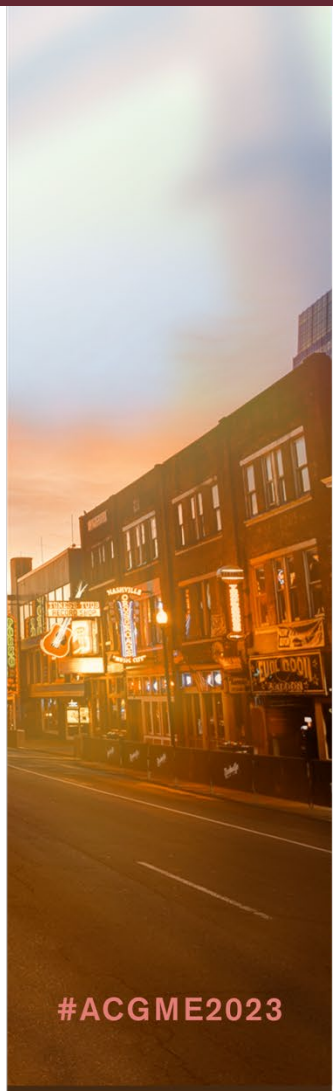
CBME
Competency-Based Medical Education

Faculty Development Courses

- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Multi-Source Feedback



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LEARN at ACGME

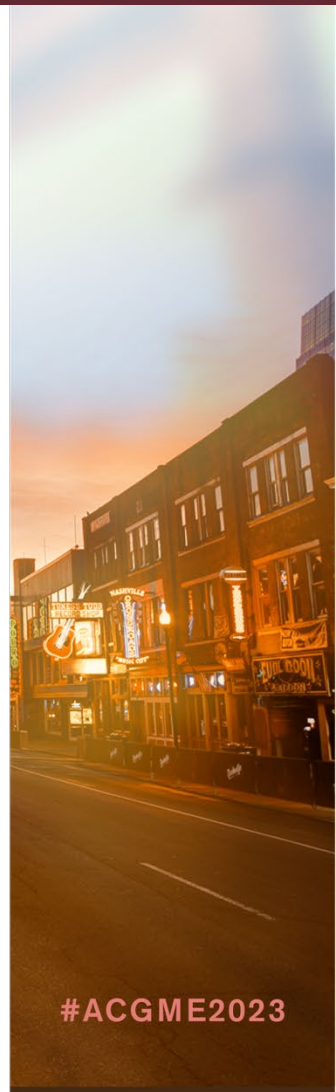
Live Event
Program Director Well-Being

An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being.

Join the event for an open discussion of challenges faced by program directors and potential solutions.

April 11, 2023

Registration required



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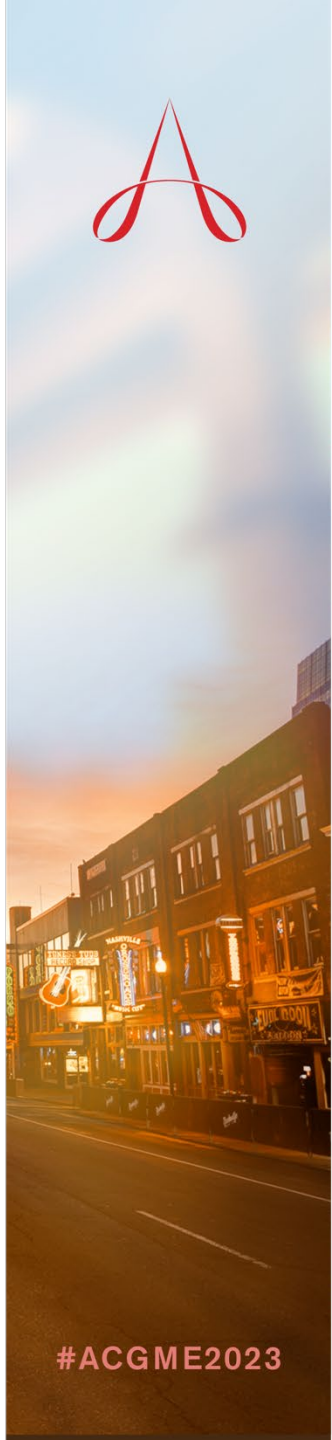
Milestones 2.0 Update

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews. Watch the Milestones Engagement page and the weekly ACGME Communications email!



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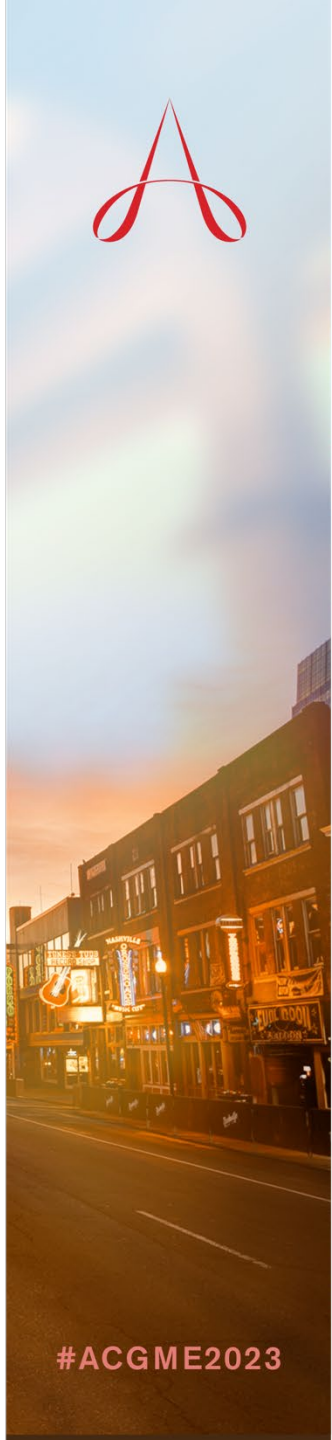
Milestones Resources

Resources are added and updated throughout the year

Current resources include:

- CCC Guidebook
- Assessment Guidebook
- DOCC and TEAM Assessment Tools
- Clinician Educator Milestones
- Resident and Fellow Guidebook



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Clinician Educator Milestones

- Joint effort of the ACGME, ACCME, AAMC, and AACOM
- Designed to help develop teaching skills
- **Not** an ACGME requirement
- Available at acgme.org > What We Do > Milestones > Resources

Universal Pillar 1: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback from learners and other input) to inform goals	Seeks performance data episodically, with adaptability and humility	Consistently solicits specific performance data, with adaptability and humility, including from learners, that leads to behavior change	Role models consistently seeking performance data with adaptability and humility and making positive behavior changes
Identifies the factors that contribute to gap(s) between expectations and actual performance	Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Challenges personal assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance	Coaches others on reflective practice
Actively seeks opportunities to improve	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it	Facilitates the design and implementation of learning plans for others
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				
Not Yet Completed Level 1 ☐				

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Where to go for help?

RC Staff

Ophthalmology section of website > Contact Us

- Program requirements
- Notification letters
- Complement requests
- Case Log content

Milestones Staff

milestones@acgme.org

- Milestones

ADS Staff

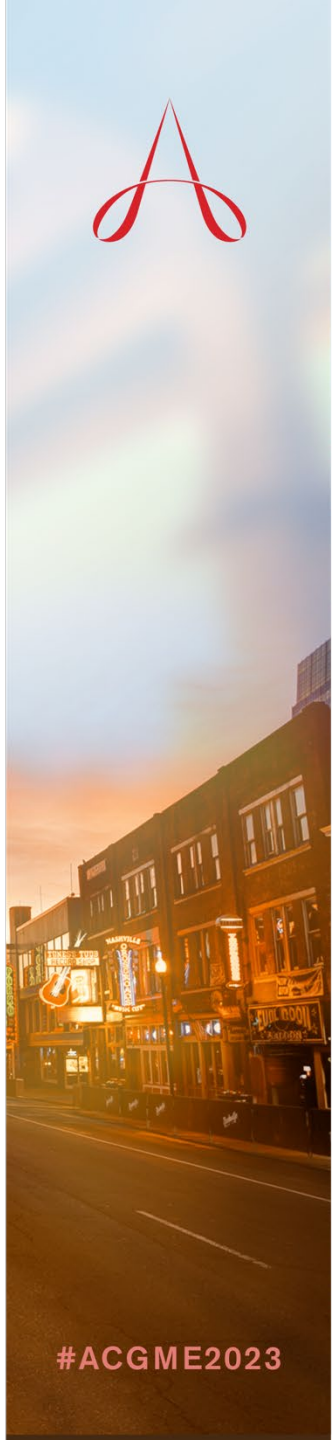
ADS@acgme.org

- ADS
- Surveys
- Case Log System

Field Activities Staff

fieldrepresentatives@acgme.org

- Site Visit
- Self-Study



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Questions?
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Complete the Evaluation for CME or Certificate of Completion!

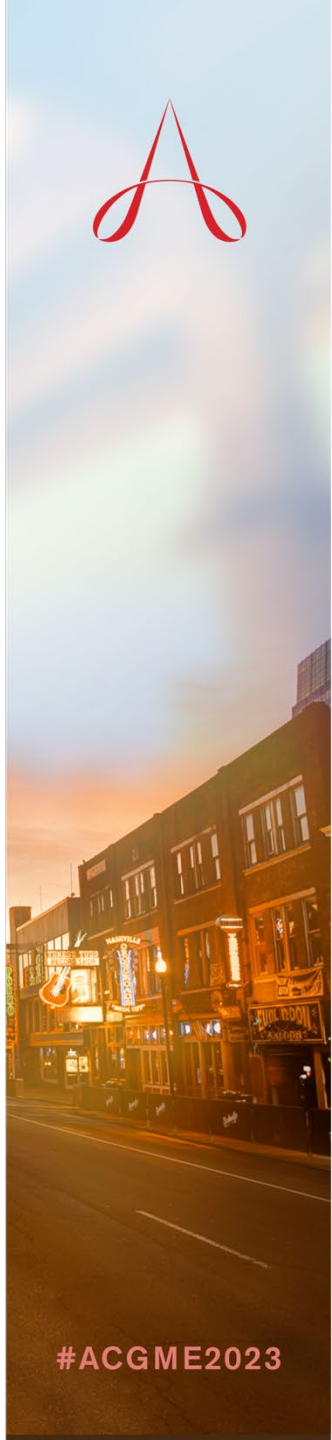
The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? cme@acgme.org



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Thank You

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