Conflict of Interest Disclosure

Speaker(s):

Elliott Sohn, MD

Laura Huth, MBA

Emma Breibart-White, MALS

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

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Review Committee Membership

- **All volunteers**

- **Diversity valued (e.g., gender, geography, subspecialty)**

- **10 members nominated by ABO, AAO, AMA, and AOA (six-year term)**

- **One resident member (two-year term)**

- **One public member (six-year term)**

- **Two ex-officio members from ABO and AOA**

Review Committee Voting Members

Laura Green, MD, *Chair*
  Sinai Hospital of Baltimore
Elliott Sohn, MD, *Vice Chair*
  University of Iowa
Esther Bowie, MD **NEW!**
  Penn State University
Susan Culican, MD, PhD
  University of Minnesota
Thomas Hwang, MD
  Oregon Health & Science University

Don Kikkawa, MD
  University of California, San Diego
Alejandra Maíz, MD, *Resident Member*
  University of Michigan
Stacy Pineles, MD
  University of California, Los Angeles
Tara Uhler, MD
  Thomas Jefferson University

Review Committee Staff

Laura Huth, MBA **NEW!**
Executive Director

Emma Breibart-White, MALS
Associate Executive Director

Shellie Bardgett, MPH
Senior Accreditation Administrator

Angel Mathis NEW!
Accreditation Administrator

Review Committee Meetings

Three Meetings per Calendar Year

Upcoming Meetings

April 11-12, 2024

August 23, 2024*

January 16-17, 2025

*short virtual meeting to review permanent complement increase requests and any other pressing matters

acgme.org > Specialties > Ophthalmology (Scroll Down) > Review Committee Dates

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 agenda closing date to make the next meeting

Review Committee Meeting

Programs by the Numbers

Ophthalmology Programs

Accreditation Status	Count
Initial Accreditation	2
Initial Accreditation with Warning	3
Continued Accreditation without Outcomes	4
Continued Accreditation	113
Continued Accreditation with Warning	3
TOTAL	**125**

Ophthalmic Plastic and Reconstructive Surgery:
Four programs with Continued Accreditation

ACGME

Review Committee News

ACGME Surveys

- **Surveys open until April 7**
- **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

Resident Survey

- 2024: No changes to the ophthalmology-specific items

- 2025: Topics will be streamlined

  - Reduce burden

  - Improve data for programs and Review Committee

ACGME Resident Survey:
Items Often Rated Low

- Education in contact lenses, refractive surgery, and low vision

- 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)

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

Case Log Updates

- Glaucoma
  - Now **two** glaucoma categories
    - Minimally Invasive Glaucoma Surgery (MIGS) — minimum of 5 (S only)
    - Tube Shunts and Trabeculectomy — minimum of 5 (S+A)
  - Glaucoma minimums in effect for 2024 graduates; **enforced beginning with 2025 graduates**
- Entry of Case ID now optional

Case Log Updates

- Some CPT codes can be batch entered for a single day
  - Cataract (5)
  - YAG capsulotomy (5)
  - Laser trabeculoplasty (5)
  - Panretinal laser photocoagulation (5)
  - Intravitreal injection (10)

| 67028 | Intravitreal injection of a pharmacologic agent (separate procedure) **Min Cat:** INTRAVTRL INJ | Other Retinal | Vitreous tap/inject | ★ | Add |

Case Log Updates

- Definition of Assistant revised
    - To be recorded as "Assistant," the resident must serve as the first assistant to a faculty member performing the procedure or to another resident performing the procedure under faculty member supervision. **Residents may log Assistant if they observe a case through the microscope and are actively engaged in the case (e.g., observing the surgeon's hands, noting how the surgeon counsels the patient, studying how the surgeon keeps the patient stabilized).** Only one resident can claim credit as Assistant on a given procedure.

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 Documents and Resources page of the Ophthalmology section of the ACGME website.

Faculty Qualifications

Faculty members educated and trained outside of the United States

- The Review Committee expects faculty members to participate in the American Board of Ophthalmology (ABO)'s Internationally Trained Ophthalmologists program **once eligible**

  - Review Committee understands this takes several years

- Until certified, the Review Committee must approve such faculty members' qualifications

  - Ophthalmology FAQs have instructions on requesting Review Committee review of qualifications

  - If approved, the Review 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 Review 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 - **NEW!**
  - **Over 90 days**, submit if:
    - Residency: over approved total or within a year (e.g., PGY-3)
    - Fellowships: over total complement

Permanent Complement Increase Request

- Sound educational rationale: outline how increase will benefit resident/fellow education

- Sufficient patient/procedural volume both Case Log minimums met and institutional procedural data

- Favorable learning environment

- Use color to identify changes in proposed block diagram

- Detailed instructions available at acgme.org > Specialties > Ophthalmology > Documents and Resources

New Programs and Permanent Complement Increases

- If approved, the number of residents/fellows is expected to rollout **year by year** until the full complement is reached

- The Review Committee considers requests for a first- and second-year resident or fellow to start the initial year of approval

- Look at the FAQs!

- Questions? Contact Review Committee staff members

Program Requirements for Ophthalmology

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 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

- New process for Program Requirements revision
- Looks to the future of ophthalmology
- Includes variety of stakeholders

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*
Thomas Hwang, MD
  Oregon Health & Science University

Don Kikkawa, MD
  University of California, San Diego
Alejandra Maíz, MD, *Resident Member*
  University of Michigan
Grace Sun, MD
  Weill Cornell Medicine
Fasika Woreta, MD, MPH
  Johns Hopkins University

Shaping GME: Scenario Planning

- 35 ophthalmologists and others (residents, non-ophthalmology physicians)

- Grouped into four "alternative future worlds"

- Identified common strategies for providing high-quality ophthalmology care across two or more future worlds

Scenario Planning Participants

Ehlahhe Afkhamnejad

George Bartley

Charline Boente

Renee Bovelle

Cesar Briceno

Ninita Brown

Boyd Buser

Kimberly Crowder

Susan Culican

Monica Douglas

Kenneth Epley

Gabriella Espinoza

Roya Garakani

Laura Green

Thomas Hwang

Leslie Jones

Jaffar Khan

Don Kikkawa

O'Rese Knight

Zachary Koretz

Rachel Lieberman

Jennifer Lindsey

Alejandra Maiz

Heather McPhillips

Shahzad Mian

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 held one-on-one interviews with:

  - Channel influencers

  - Early career ophthalmologists

  - Patients with recent eye care experiences

- Presentation by Dr. William McDade, ACGME chief diversity, equity, and inclusion officer

  - Learned how Program Requirements can promote equity in learning environments and help reduce health care inequities

- American Academy of Ophthalmology (AAO) presentation and dialogue

Shaping GME: Bringing Together What was Learned

- Using all this information, Writing Group drafted:
  - **Proposed definition** of an ophthalmologist
  - Future of ophthalmology education **themes**

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

1. The Learning Process

This theme concentrates on aspects of the educational methods, environment, and structures that will allow ophthalmologists to thrive in the future.

Ophthalmology residency programs will:

- Provide rigorous training and assessment of competencies in all domains in comprehensive ophthalmology.

- Programs may provide individualized flexibility for exploration of subspecialty focus, including medical or surgical emphasis.

- Support time-variable training and personal needs of the resident.

- Partner with residents to create self-directed learning plans, including virtual and asynchronous education, that continuously incorporate constructive feedback.

- Provide training for core faculty members to achieve competence in teaching.

- Provide dedicated time for core faculty members to teach and foster supportive learning environments for residents from diverse backgrounds.

- Create strong mentorship programs for residents and faculty members.

2. Patient Care and Outcomes

This theme relates to areas of focus and concentration that will allow for the best quality evidence-based health care.

Ophthalmology residency programs will:

- Deliver training in health care improvement science and data analytics to enhance population health, continuity of care, patient safety, and practice outcomes.

- Provide longitudinal training to improve empathy and communication with patients and their families/caregivers, including how to have difficult conversations, disclose serious diagnoses, respond to emotions, and navigate discussions regarding poor or unexpected surgical outcomes.

3. Emerging Technologies

This theme conveys the effect of applying new tools in the educational environment to ensure that learners are prepared to practice in state-of-the-art facilities.

Ophthalmology residency programs will:

- Provide training in the utilization and critical evaluation of emerging technologies, including:
    - telemedicine, electronic health records, and the use of data standards;
    - benefits, limitations, and ethical implications of artificial intelligence; and,
    - application of biostatistics/informatics and implementation of science and cybersecurity.
- Provide the education and resources for residents to develop the skills necessary to implement novel therapies during their residency and beyond.

4. Leadership

This theme addresses that as leaders of the eye care team, ophthalmologists need formal leadership training and training in interdisciplinary teams and teaming.

Ophthalmology residency programs will:

- Provide structured training in leadership and communication within inter- and intra-professional teams (that may include technicians, orthoptists, optometrists, nurses, physician assistants, and other professionals) in a variety of practice settings and contexts, including high-volume care.

5. Well-Being

This theme addresses the recognition that physician well-being is integral to ensuring access to physicians for all patients.

Ophthalmology residency programs will:

- Support a culture of well-being for faculty members and residents.

- Provide instruction to faculty members and residents on how to access and utilize

- institutional well-being and mental-health resources.

- Foster strategies that promote resilience when receiving and incorporating feedback from multiple sources.

- Balance the flexibility of asynchronous and virtual experiences with the well-being benefits of in person shared experiences of residents.

6. Working in Systems

This theme underscores that ophthalmologists do not work alone; they practice in complex health care systems and teams.

Ophthalmology residency programs will:

- Train residents to be strong advocates for their patients and profession during interactions with institutions, payors, and governmental entities.

- Provide residents with didactic education and clinical experience in systemically promoting safety and efficiency in surgical and clinical care, including accurate documentation.

- Provide clinical experience with increasing patient volume and complexity to prepare for independent practice.

- Provide residents with resources to learn about policy development, ethics, health care economics, waste reduction, and the business of medicine, including practice management, entrepreneurship, payment policy, and personal finance.

- Emphasize values that promote patient and societal needs over individual practitioner autonomy.

7. Addressing the Community

This theme addresses that it is imperative that ophthalmologists are prepared to practice in a diversifying society wherein they will be able to meet the needs of all patients.

Ophthalmology residency programs will:

- Provide experience working in diverse practice contexts, including academic and community settings to gain knowledge of care delivery models.

- Engage with the local community to provide equitable access to care.

- Ensure that faculty members serve as role models for care of vulnerable patient populations.

- Collaborate with surrounding communities to engage in providing exposure to ophthalmology with the goal of diversifying the ophthalmology workforce and understanding the communities within which ophthalmologists provide care.

Shaping GME: Themes and Insights

- Proposed definition and themes posted for public comment (deadline was January 3, 2024)
- 39 comments
- **Thank you for the feedback!**

Shaping GME: Stakeholder Summit

- Stakeholder Summit held on January 13, 2024
- Goal: Gain additional insight on key issues identified through previous work
- Topics
  - Procedural education and training
  - PGY-1 experience
  - Business of medicine/health economics
  - Competency-based medical education (CBME) and length of education and training
  - Scholarly activity and quality improvement
  - Communication

Stakeholder Summit Participants

Aishat Adebayo

Jane Bailey

Esther Bowie

Boyd Buser

Keith Carter

Michael Chiang

Kathy Colby

Oscar Cruz

Susan Culican

Craig Czyz

Monica Douglas

Dale Fajardo

Ambar Faridi

Steve Feldon

Sid Gicheru

Ravi Goel

Anju Goyal

Laura Green

Katherine Hu

Thomas Hwang

Don Kikkawa

Alice Lorch

Alejandra Maiz

Susan Minnieweather

Daniel Moore

Jeff Pettey

Saras Ramanathan

Evan Silverstein

Grace Sun

Andrea Tooley

Linda Tsai

Tara Uhler

Basil Williams

Jules Winokur

Fasika Woreta

Terri Young

What Comes Next?

Timeline	Activity
Spring/Summer 2024	• Program Requirements for Ophthalmology revised • Proposed revisions posted for review and comment (45 days)
Early Fall 2024	• Comments reviewed • Review Committee finalizes proposed revisions
Late Fall 2024	• ACGME Board of Directors subcommittee reviews revisions and community feedback • May ask for further revisions
February 2025	• ACGME Board of Directors reviews and approves revisions
July 1, 2025	• Program Requirements effective date

Final Reminder

- 45-day review and comment period in a few months
- Announced in the ACGME's *e-Communication*
  - If you do not receive this weekly update, email: acgmecommunications@acgme.org
  - acgme.org > Programs and Institutions > Review and Comment > scroll down **OR** search "Review and Comment" > scroll down
- **We welcome your feedback!**

ADS and Other Tips

Annual Program Review

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

January - September

Review Committee Executive Committee Review

November

Review Committee Review and Decision

January or April meeting

Program Notification
Post meeting

Review Committee is here

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 Review Committee that may be used during the annual program review
- ACGME continues efforts to make the Annual Update easier to complete

Block Diagrams - Required

Block Diagrams

- **Representation** of program's rotation schedule
  - **Not** actual residents' schedules

- Ophthalmology-specific Block Diagram Instructions on the 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.
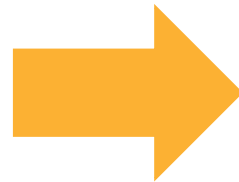
Scholarly Activity

- **Goal:** An environment of inquiry that advances a scholarly approach to patient care

- **Faculty members** 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

  - There must be some PMIDs over a five-year period

- **Residents** must participate in scholarly activities

Faculty Roster/Scholarly Activity

- If a **new** faculty member is listed in another roster at the institution, you can copy most of their information into your program's Faculty Roster in ADS

- Faculty members' scholarly activity can be copied from another program by using the "Copy" tool

Faculty Scholarly Activity

Faculty Certification

- American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA) faculty certification data is now **automatically** populated in faculty profiles

- Programs are expected to review certification information and make corrections if needed

- **Manual** entry available for faculty members who recently completed residency/fellowship ("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_

Supervision Policy

- Review Committee continues to see outdated supervision levels in Supervision Policies
- **Current** ACGME supervision levels outlined in Program Requirements VI.A.2.b).(1)-(3)
  - Direct Supervision definition revised and includes supervision via telecommunication technology
  - Indirect Supervision is no longer divided into "with direct supervision immediately available" and "with direct supervision available"
- Review program's Supervision Policy and update if needed

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

Major Changes and Other Updates

Don't be afraid to air your program's dirty laundry!

Common Citations/AFIs

- Graduate achievement of the minimum procedural requirements

- Board exam performance

- From the Resident Survey:

  - Faculty interest in resident education

  - Education compromised by non-physician obligations

  - Process for dealing with problems/concerns

  - Health care disparities education

Responding to Citations

- Keep in mind the audience: physician GME leader who does not know your institution

- Be clear, concise and frank

- Demonstrate that you have gotten to the root of the 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

ACGME News

ACGME Updates

- **Common Program Requirements** undergoing scheduled review
  - Reassessment of all aspects of the requirements, including but not limited to program director, coordinator, and faculty member time
  - Section VI (Well-Being, Work Hours, Professionalism, Culture of Safety, etc.)

ACGME Updates

- **Site Visits**
  - 10-Year Accreditation Site Visits officially discontinued
  - ACGME announced two percent of programs randomly chosen to undergo a site visit each year - **NEW!**
    - Only programs beyond the Initial Accreditation period
    - Chosen programs receive a Letter of Notification with an approximate date
      - Initial group of programs received notification in January
    - Site visits assess compliance with all Program Requirements

ACGME Updates

- **Site Visits**
  - Virtual versus in-person site visit format
    - ~25% are in person
  - In-person site visits for complex visits (e.g., complaint, probation)
  - Other in-person site visits randomly chosen
  - Site visit letter announcement identifies format

Competency-Based Medical Education (CBME)

- ABMS and ACGME have co-hosted four meetings to discuss CBME

- Representatives from Review Committee, American Board of Ophthalmology, and AOA

- Working on action plan for each specialty

CBME

What can programs do now?

- Evaluate your program for trust and psychological safety

- Reframe residency assessment from "grading to "tool to achieve learner goals"

- Ensure rich in-the-moment feedback is happening between teacher and learner

- Capture some of this feedback if you can into the assessment system

- Use your semi-annual meetings to regroup with learners on their progress and delineate next steps

Medically Underserved Areas and Populations (MUAP)

- The ACGME seeks nominations for resident and senior clinical executive leader (e.g., chief executive officers, chief medical officers, chief nursing officers) representatives on the MUA/P Advisory Group

- Nominations open until March 17, 2024

- For more information: MUA/P Advisory Group

The ACGME's Digital Transformation

- The ACGME is actively working on a multi-year digital transformation project

- Improve ADS

- Establish a Modern Data Estate to improve analytics capabilities

- Create infrastructure for an outcomes-based accreditation model
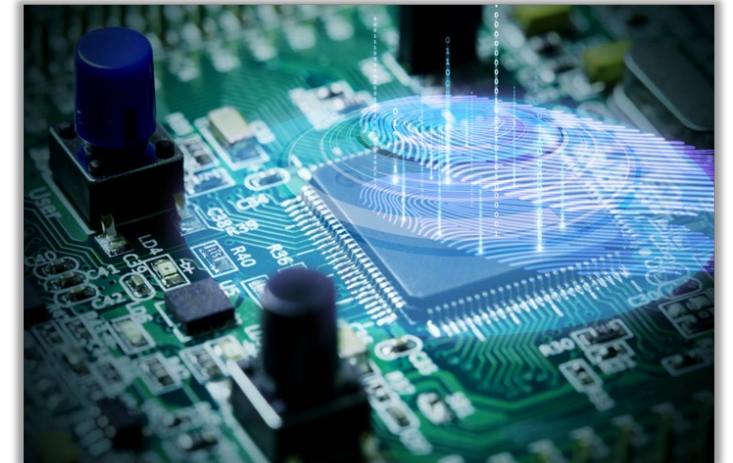
STAY TUNED!

Learn at ACGME Resources

- Diversity, Equity, and Inclusion Resources - *ACGME Equity Matters*®

  - CME Learning Path (modules structured for self-paced CME)

  - Equity Practice Toolkit

- ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation - **NEW!**

- 13 modules for creating custom workshops

  - 50 videos in a growing training library

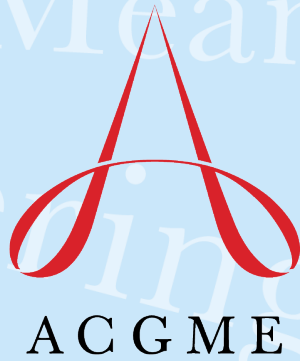 - Six workshops curated by ACGME experts

dl.acgme.org

ACGME Updates

Dr. Nasca stepping down January 1, 2025

- Dr. Nasca served as ACGME President and Chief Executive Officer for 17 years

- He will transition to leading the new ACGME Center for Professionalism and the Future of Medicine

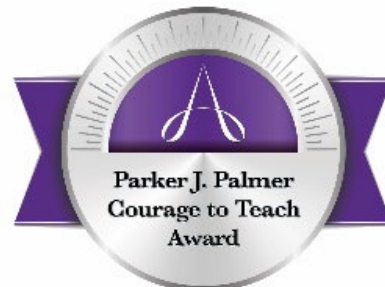- National search underway for a new President and CEO
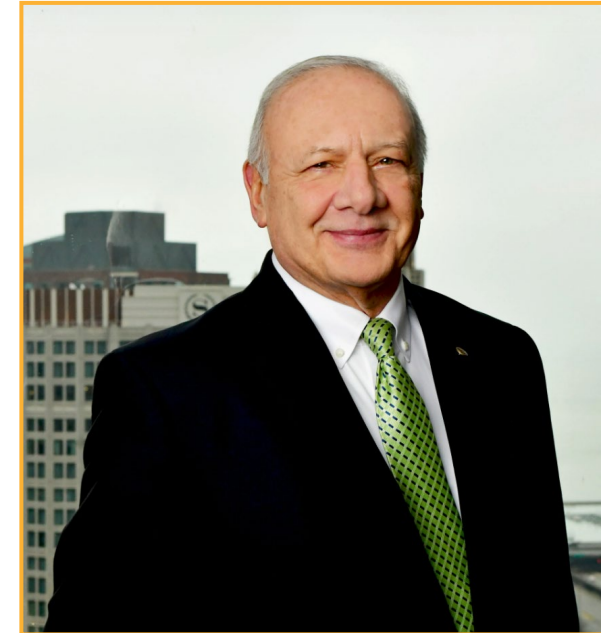
ACGME | BACK TO BEDSIDE

- **Funding opportunity** for resident/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024

The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline:
Wednesday, March 27, 2024

For additional information and to download nomination materials:
https://www.acgme.org/initiatives/awards/

Where to Go for Help?

Review Committee Staff
Ophthalmology section of website > Contact and Support
- 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 – *technical support*

Field Activities Staff
fieldrepresentatives@acgme.org
- Site Visit
- Self-Study

Thank You!