Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Definition of Graduate Medical Education Fellowship is advanced graduate medical residency program for physicians who de practice. Fellowship-trained physicians s subspecialty care, which may also includ community resource for expertise in their new knowledge into practice, and educat physicians. Graduate medical education group of physicians brings to medical ca inclusive and psychologically safe learning
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education 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.		Fellows who have completed residency a in their core specialty. The prior medical fellows distinguish them from physicians care of patients within the subspecialty is faculty supervision and conditional indep serve as role models of excellence, comp professionalism, and scholarship. The fel knowledge, patient care skills, and expert area of practice. Fellowship is an intensiv clinical and didactic education that focus of patients. Fellowship education is often intellectually demanding, and occurs in a environments committed to graduate med being of patients, residents, fellows, facu members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fel fellows' skills as physician-scientists. Wh knowledge within medicine is not exclusi physicians, the fellowship experience exp pursue hypothesis-driven scientific inqui the medical literature and patient care. Be expertise achieved, fellows develop ment infrastructure that promotes collaborative
Int.B.	Definition of Subspecialty The goal of fellowship education in ophthalmic plastic and reconstructive surgery is to complement the basic knowledge gained in the ophthalmology residency program and to provide greater exposure to a variety of diseases and ophthalmic		<b>Definition of Subspecialty</b> The goal of fellowship education in ophthalm surgery is to complement the basic knowled residency program and to provide greater ex ophthalmic plastic and reconstructive proced

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cal education beyond a core desire to enter more specialized serve the public by providing ude core medical care, acting as a eir field, creating and integrating ating future generations of n values the strength that a diverse care, and the importance of ning environments.

v are able to practice autonomously al experience and expertise of ns entering residency. The fellow's v is undertaken with appropriate lependence. Faculty members mpassion, cultural sensitivity, fellow develops deep medical ertise applicable to their focused sive program of subspecialty uses on the multidisciplinary care en physically, emotionally, and a variety of clinical learning medical education and the wellculty members, students, and all

fellowship programs advance While the ability to create new usive to fellowship-educated expands a physician's abilities to uiry that results in contributions to Beyond the clinical subspecialty entored relationships built on an ive research.

Imic plastic and reconstructive edge gained in the ophthalmology exposure to a variety of diseases and edures.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	Length of Educational Program		Length of Educational Program
Int.C.	The length of the educational program must be 24 months of full-time education. (Core)	4.1.	The length of the educational program must (Core)
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate		Sponsoring Institution The Sponsoring Institution is the organiz ultimate financial and academic responsi
I.A.	medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	medical education consistent with the Ad When the Sponsoring Institution is not a most commonly utilized site of clinical ad primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>	1.1.	The program must be sponsored by one Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization pro or educational assignments/rotations for
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Sponso primary clinical site. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agreen and each participating site that governs t program and the participating site provid
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least every
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the design (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinical le at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must be on by the program director, who is accounta site, in collaboration with the program di
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit any ac participating sites routinely providing an for all fellows, of one month full time equ ACGME's Accreditation Data System (AD

anguage
st be 24 months of full-time education.
ization or entity that assumes the sibility for a program of graduate ACGME Institutional Requirements.
a rotation site for the program, the activity for the program is the
e ACGME-accredited Sponsoring
roviding educational experiences or fellows.
soring Institution, must designate a
ement (PLA) between the program s the relationship between the iding a required assignment. (Core)
y 10 years. (Core)
gnated institutional official (DIO).
learning and working environment
one faculty member, designated table for fellow education for that director. (Core)
additions or deletions of n educational experience, required juivalent (FTE) or more through the LDS). (Core)

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Roman Numeral Requirement Number	Requirement Language	Requirement Number	
Requirement Number		Number	Requirement Language
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present) fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)
I.D.	Resources	1.8.	Resources The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)
I.D.1.a)	Clinic The outpatient area of each participating site must have a minimum of one fully equipped examining room for each fellow in the clinic. There must be access to current diagnostic equipment. (Core)	1.8.a.	Clinic The outpatient area of each participating site must have a minimum of one fully equipped examining room for each fellow in the clinic. There must be access to current diagnostic equipment. (Core)
I.D.1.b)	Operating Facilities The surgical facilities at each participating site must include at least one operating facility appropriately equipped for ophthalmic plastic and reconstructive surgery. (Core)	1.8.b.	Operating Facilities The surgical facilities at each participating site must include at least one operating facility appropriately equipped for ophthalmic plastic and reconstructive surgery. (Core)
I.D.1.c)	Inpatient Facilities There must be inpatient facilities with access to sufficient space and beds for patient care. An eye examination room with a slit lamp should be easily accessible to fellows. (Core)	1.8.c.	Inpatient Facilities There must be inpatient facilities with access to sufficient space and beds for patient care. An eye examination room with a slit lamp should be easily accessible to fellows. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)		1.9.b.	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)
I.D.2.c)		1.9.c.	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropriate to the participating site; and, (Core)

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I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disabili Sponsoring Institution's policy. (Core)
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to subsp appropriate reference material in print or include access to electronic medical liter capabilities. (Core)
I.E. II.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core) Personnel	1.11. Section 2	Other Learners and Health Care Personne The presence of other learners and other but not limited to residents from other pre and advanced practice providers, must ne appointed fellows' education. (Core)
II.A.	Program Director	2.1.	Program Director There must be one faculty member appoi authority and accountability for the overa with all applicable program requirements
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member appoi authority and accountability for the overa with all applicable program requirements
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate Me (GMEC) must approve a change in progra program director's licensure and clinical
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director res (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicable, must be provided with support adequate based upon its size and configuration. (C
II.A.2.a)	At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.1 FTE for administration of the program. (Core)	2.3.a.	At a minimum, the program director must be dedicated minimum of 0.1 FTE for administra
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director: The program director must possess subs qualifications acceptable to the Review C
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess subs qualifications acceptable to the Review C

ilities consistent with the

ospecialty-specific and other or electronic format. This must erature databases with full text

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er health care personnel, including programs, subspecialty fellows, t not negatively impact the

pointed as program director with erall program, including compliance hts. (Core)

pointed as program director with erall program, including compliance hts. (Core)

Medical Education Committee gram director and must verify the al appointment. (Core)

resides with the Review Committee.

e, the program's leadership team, te for administration of the program (Core)

be provided with support equal to a stration of the program. (Core)

bspecialty expertise and / Committee. (Core)

bspecialty expertise and Committee. (Core)

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	must include current certification in the subspecialty for which they are the program director by the American Board of Ophthalmology or by the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess curr subspecialty for which they are the progr Board of Ophthalmology or by the Americ Ophthalmology and Otolaryngology – Head qualifications that are acceptable to the F
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program Requirements board of the American Board of Mercertifying board of the American Osteopathic there is no ABMS or AOA board that offers of the there is no ABMS or AOA board that offers of the there is no ABMS or AOA board that offers of the there is no ABMS or AOA board that offers of the there is no ABMS or AOA board that offers of the there is no ABMS or AOA board that offers of the
II.A.3.c)	must include completion of an ophthalmic plastic and reconstructive surgery fellowship; (Core)	2.4.b.	The program director must have completed reconstructive surgery fellowship. (Core)
II.A.3.c).(1)	If the program director completed a one-year ophthalmic plastic and reconstructive surgery fellowship, there must be a core faculty member who completed a two-year ophthalmic plastic and reconstructive surgery fellowship, or have qualifications that are acceptable to the Review Committee. (Core)	2.4.b.1.	If the program director completed a one-yea reconstructive surgery fellowship, there mus completed a two-year ophthalmic plastic and or have qualifications that are acceptable to
II.A.3.d)	must include at least three years clinical experience in ophthalmic plastic and reconstructive surgery following completion of an ophthalmic plastic and reconstructive surgery fellowship; (Core)	2.4.c.	The program director must have at least thre ophthalmic plastic and reconstructive surger ophthalmic plastic and reconstructive surger
II.A.3.e)	must include clinical practice consisting predominantly of ophthalmic plastic and reconstructive surgery; and, (Core)	2.4.d.	The program director must have clinical prac ophthalmic plastic and reconstructive surger
II.A.3.f)	must include engagement in ongoing research in the area of ophthalmic plastic and reconstructive surgery as demonstrated by regular publications in peer- reviewed journals and/or presentations of research material at national meetings. (Core)	2.4.e.	The program director must demonstrate engarea of ophthalmic plastic and reconstructive regular publications in peer-reviewed journa material at national meetings. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have respons accountability for: administration and op activity; fellow recruitment and selection fellows, and disciplinary action; supervis education in the context of patient care. (
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role mod
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and co consistent with the needs of the commun Sponsoring Institution, and the mission(s
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer an environment conducive to educating the Competency domains. (Core)

rrent certification in the gram director by the American ican Osteopathic Board of id and Neck Surgery, or subspecialty e Review Committee. (Core)

equirements deem certification by a Medical Specialties (ABMS) or a hic Association (AOA) acceptable, s certification in this subspecialty] ed an ophthalmic plastic and

ear ophthalmic plastic and ust be a core faculty member who and reconstructive surgery fellowship, to the Review Committee. (Core)

nree years clinical experience in Jery following completion of an Jery fellowship. (Core)

ractice consisting predominantly of jery. (Core)

ngagement in ongoing research in the ive surgery as demonstrated by nals and/or presentations of research

nsibility, authority, and operations; teaching and scholarly on, evaluation, and promotion of vision of fellows; and fellow e. (Core)

# odel of professionalism. (Core)

conduct the program in a fashion unity, the mission(s) of the n(s) of the program. (Core) and maintain a learning ne fellows in each of the ACGME

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II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the auth physicians and non-physicians as faculty sites, including the designation of core fa develop and oversee a process to evalua (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the auth supervising interactions and/or learning the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit accurate required and requested by the DIO, GME
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a lear which fellows have the opportunity to rai and provide feedback in a confidential m of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the pr Sponsoring Institution's policies and pro and due process, including when action not to promote, or renew the appointmen
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the pr Sponsoring Institution's policies and pro discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a no restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document ver fellows within 30 days of completion of o (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide verified education upon the fellow's request, with

Ithority to approve or remove Ity members at all participating faculty members, and must uate candidates prior to approval.

thority to remove fellows from g environments that do not meet

urate and complete information IEC, and ACGME. (Core)

earning and working environment in raise concerns, report mistreatment, manner as appropriate, without fear

program's compliance with the rocedures related to grievances n is taken to suspend or dismiss, ent of a fellow. (Core)

program's compliance with the rocedures on employment and non-

non-competition guarantee or

verification of education for all or departure from the program.

ification of an individual fellow's ithin 30 days. (Core)

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	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational eler education – faculty members teach fello Faculty members provide an important k and become practice ready, ensuring the quality of care. They are role models for by demonstrating compassion, commitm patient care, professionalism, and a ded Faculty members experience the pride a development of future colleagues. The o the opportunity to teach and model exer scholarly approach to patient care, facul medical education system, improve the population.
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	Faculty members ensure that patients refrom a specialist in the field. They recog the patients, fellows, community, and in- provide appropriate levels of supervision Faculty members create an effective lead professional manner and attending to the themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of fac instruct and supervise all fellows. (Core
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role models o
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate con equitable, high-quality, cost-effective, pa
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a st fellows, including devoting sufficient tim fulfill their supervisory and teaching res
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and menvironment conducive to educating fell
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly particip discussions, rounds, journal clubs, and
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty de their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropriate hold appropriate institutional appointme

ement of graduate medical lows how to care for patients. t bridge allowing fellows to grow that patients receive the highest or future generations of physicians itment to excellence in teaching and edication to lifelong learning. and joy of fostering the growth and care they provide is enhanced by emplary behavior. By employing a culty members, through the graduate e health of the individual and the

receive the level of care expected ognize and respond to the needs of institution. Faculty members ion to promote patient safety. earning environment by acting in a the well-being of the fellows and

aculty members with competence to re)

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strong interest in the education of ime to the educational program to esponsibilities. (Core)

maintain an educational ellows. (Core)

ipate in organized clinical d conferences. (Core)

development designed to enhance

te qualifications in their field and nents. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropriate hold appropriate institutional appointmen
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	<ul> <li>have current certification in the subspecialty by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, or possess qualifications judged acceptable to the Review Committee. (Core)</li> <li>[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable,</li> </ul>		Subspecialty Physician Faculty Members Subspecialty physician faculty members the subspecialty by the American Board Osteopathic Board of Ophthalmology and Surgery, or possess qualifications judged Committee. (Core) [Note that while the Common Program Requirements board of the American Board of Me certifying board of the American Osteopathic
	there is no ABMS or AOA board that offers certification in this subspecialty] Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9. 2.9.a.	there is no ABMS or AOA board that offers of Any other specialty physician faculty me certification in their specialty by the appr Medical Specialties (ABMS) member boar Association (AOA) certifying board, or po acceptable to the Review Committee. (Co
	Faculty members in ophthalmic plastic and reconstructive surgery should have completed an ophthalmic plastic and reconstructive surgery fellowship; they may have part-time or voluntary faculty appointments. (Detail)	2.9.b.	Faculty members in ophthalmic plastic and r completed an ophthalmic plastic and recons have part-time or voluntary faculty appointm
	There should be designated faculty members from the specialties of otolaryngology, procedural dermatology, craniofacial surgery, plastic surgery, neuroradiology, ocular pathology, and neurology to supervise rotations in these specialties. (Detail)	2.9.c.	There should be designated faculty member otolaryngology, procedural dermatology, cra neuroradiology, ocular pathology, and neuro specialties. (Detail)
	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a signif supervision of fellows and must devote a effort to fellow education and/or administ of their activities, teach, evaluate, and pro fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the ann (Core)
II.B.4.b)	In addition to the program director, there must be at least one ophthalmic plastic and reconstructive surgery fellowship-educated core faculty member. (Core)	2.10.b.	In addition to the program director, there mu and reconstructive surgery fellowship-educa
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator. (C
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator. (C

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te qualifications in their field and lents. (Core)

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rs must have current certification in d of Ophthalmology or the American d Otolaryngology – Head and Neck ed acceptable to the Review

equirements deem certification by a Medical Specialties (ABMS) or a hic Association (AOA) acceptable, s certification in this subspecialty]

nembers must have current propriate American Board of oard or American Osteopathic possess qualifications judged Core)

d reconstructive surgery should have nstructive surgery fellowship; they may tments. (Detail)

bers from the specialties of craniofacial surgery, plastic surgery, urology to supervise rotations in these

nificant role in the education and a significant portion of their entire istration, and must, as a component provide formative feedback to

nnual ACGME Faculty Survey.

nust be at least one ophthalmic plastic cated core faculty member. (Core)

(Core)

(Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be provid support adequate for administration of th and configuration. (Core)
II.C.2.a)	The program coordinator must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.11.b.	The program coordinator must be provided minimum of 0.2 FTE for administration of the
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its Spo ensure the availability of necessary perso administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		Eligibility Requirements – Fellowship Pro All required clinical education for entry in programs must be completed in an ACGI an AOA-approved residency program, a p International (ACGME-I) Advanced Specia College of Physicians and Surgeons of C College of Family Physicians of Canada ( program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive verific level of competence in the required field CanMEDS Milestones evaluations from the
III.A.1.b)	Fellows entering ophthalmic plastic and reconstructive surgery fellowships must have satisfactorily completed an ophthalmology residency program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Fellows entering ophthalmic plastic and record have satisfactorily completed an ophthalmol the requirements in 3.2. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Ophthalmology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Ophthalmology exception to the fellowship eligibility req
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship progra qualified international graduate applicant eligibility requirements listed in 3.2, but v additional qualifications and conditions:
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director and for the applicant's suitability to enter the pro- review of the summative evaluations of the (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's ex GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission f (ECFMG) certification. (Core)

ided with dedicated time and the program based upon its size

d with support equal to a dedicated the program. (Core)

# oonsoring Institution, must jointly rsonnel for the effective

### rograms

v into ACGME-accredited fellowship GME-accredited residency program, a program with ACGME scialty Accreditation, or a Royal f Canada (RCPSC)-accredited or a (CFPC)-accredited residency

# ification of each entering fellow's Id using ACGME, ACGME-I, or I the core residency program. (Core)

constructive surgery fellowships must nology residency program that satisfies

# ogy will allow the following equirements:

ram may accept an exceptionally int who does not satisfy the t who does meet all of the following s: (Core)

fellowship selection committee of rogram, based on prior training and f training in the core specialty; and,

exceptional qualifications by the

for Foreign Medical Graduates

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III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks	3.2.b.2.	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)
	Fellow Complement		
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)
	Fellow Transfers		
III.C.	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the following educational components:
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to	4.2.b.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their	4.2.c.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyond direct patient care; and, (Core)

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IV.A.4.a) IV.A.5.	formal educational activities that promote patient safety-related goals,	4.11. 4.2.e.	Curriculum Organization and Fellow Experiences Fellows must be provided with protected didactic activities. (Core) formal educational activities that promote tools, and techniques. (Core)
			ACGME Competencies The Competencies provide a conceptual required domains for a trusted physician These Competencies are core to the prace the specifics are further defined by each trajectories in each of the Competencies Milestones for each subspecialty. The for subspecialty-specific patient care and mo
IV.B.	-	[None]	refining the other competencies acquired
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGME C
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professionalism Fellows must demonstrate a commitment adherence to ethical principles. (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patient c centered, compassionate, equitable, app treatment of health problems and the pro
IV.B.1.b).(1).(a)	Fellows must directly evaluate, and provide diagnosis and treatment plans, for a minimum of 1,200 patient encounters per year during the course of education. These patients must have ophthalmic plastic and reconstructive surgery related problems. The fellow must be able to demonstrate that the history and examination were accurate and appropriate, the use of laboratory and imaging tests was directed by the history and physical examination, and that the differential diagnosis and management were appropriate; and, (Core)	4.4.a.	Fellows must directly evaluate, and provide of minimum of 1,200 patient encounters per ye These patients must have ophthalmic plastic problems. The fellow must be able to demon examination were accurate and appropriate, tests was directed by the history and physica differential diagnosis and management were
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in teaching ophthalmic plastic and	4.4.b.	Fellows must demonstrate competence in te reconstructive surgery to ophthalmology res
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural Skill Fellows must be able to perform all medic procedures considered essential for the a
IV.B.1.b).(2).(a).	Fellows must demonstrate competence in the following procedures:	[None]	

# anguage periences – Didactic and Clinical ed time to participate in core ote patient safety-related goals, al framework describing the an to enter autonomous practice. actice of all physicians, although h subspecialty. The developmental es are articulated through the focus in fellowship is on medical knowledge, as well as ed in residency. Competencies into the curriculum. sm ent to professionalism and an care that is patient- and familypropriate, and effective for the romotion of health. (Core) e diagnosis and treatment plans, for a year during the course of education. stic and reconstructive surgery related onstrate that the history and te, the use of laboratory and imaging ical examination, and that the ere appropriate. (Core) teaching ophthalmic plastic and esidents. (Core) ills dical, diagnostic, and surgical e area of practice. (Core)

# Ophthalmic Plastic and Reconstructive Surgery Crosswalk

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
IV.B.1.b).(2).(a).(i)	enucleation, evisceration, exenteration, and secondary implants of the orbit; (Core)	4.5.a.	Fellows must demonstrate competence in enucleation, evisceration, exenteration, and secondary implants of the orbit. (Core)
IV.B.1.b).(2).(a).(ii)	orbitotomy for exploration, biopsy, and tumor removal; anterior, lateral, medial and superior and orbital reconstruction for periorbital anomalies, including trauma; (Core)	4.5.b.	Fellows must demonstrate competence in orbitotomy for exploration, biopsy, and tumor removal; anterior, lateral, medial and superior and orbital reconstruction for periorbital anomalies, including trauma. (Core)
IV.B.1.b).(2).(a).(iii)	eyelid retraction repair; (Core)	4.5.c.	Fellows must demonstrate competence in eyelid retraction repair. (Core)
IV.B.1.b).(2).(a).(iv)	blepharoptosis repair; (Core)	4.5.d.	Fellows must demonstrate competence in blepharoptosis repair. (Core)
IV.B.1.b).(2).(a).(v)	ectropion and entropion repair; (Core)	4.5.e.	Fellows must demonstrate competence in ectropion and entropion repair. (Core)
IV.B.1.b).(2).(a).(vi)	blepharoplasty (upper and lower eyelids, functional and aesthetic); (Core)	4.5.f.	Fellows must demonstrate competence in blepharoplasty (upper and lower eyelids, functional and aesthetic). (Core)
IV.B.1.b).(2).(a).(vii)	eyelid reconstruction (following congenital defects, trauma or tumor excision); (Core)	4.5.g.	Fellows must demonstrate competence in eye lid reconstruction (following congenital defects, trauma or tumor excision). (Core)
IV.B.1.b).(2).(a).(viii)		4.5.h.	Fellows must demonstrate competence in repair or treatment of trichiasis (lid split, mucous membrane graft). (Core)
IV.B.1.b).(2).(a).(ix)		4.5.i.	Fellows must demonstrate competence in conjunctivoplasty. (Core)
IV.B.1.b).(2).(a).(x)	trauma and laceration repairs; (Core)	4.5.j.	Fellows must demonstrate competence in trauma and laceration repairs. (Core)
IV.B.1.b).(2).(a).(xi)	rhytidectomy related to periorbital processes; (Core)	4.5.k.	Fellows must demonstrate competence in rhytidectomy related to periorbital processes. (Core)
IV.B.1.b).(2).(a).(xii)	dacryocystorhinostomy and other lacrimal procedures; (Core)	4.5.I.	Fellows must demonstrate competence in dacryocystorhinostomy and other lacrimal procedures. (Core)
IV.B.1.b).(2).(a).(xiii)	excision of tumors involving the periorbital and adjacent regions-benign and malignant; (Core)	4.5.m.	Fellows must demonstrate competence in excision of tumors involving the periorbital and adjacent regions-benign and malignant. (Core)
IV.B.1.b).(2).(a).(xiv)	facial flaps and grafts related to the management of periorbital processes; (Core)	4.5.n.	Fellows must demonstrate competence in facial flaps and grafts related to the management of periorbital processes. (Core)
IV.B.1.b).(2).(a).(xv)	management of upper face and brow conditions (e.g. brow ptosis repair); (Core)	4.5.0.	Fellows must demonstrate competence in management of upper face and brow conditions (e.g. brow ptosis repair). (Core)
IV.B.1.b).(2).(a).(xvi)	nasal and sinus endoscopy, partial inferior turbinectomy, and procedures related to the management of lacrimal and periorbital processes; and, (Core)	4.5.p.	Fellows must demonstrate competence in nasal and sinus endoscopy, partial inferior turbinectomy, and procedures related to the management of lacrimal and periorbital processes. (Core)
IV.B.1.b).(2).(a).(xvii)	use of neuromodulators (botulinum toxin), dermal fillers, other technologies (e.g. laser) and chemical/pharmaceutical agents for the management of contour and skin quality abnormalities (functional and aesthetic).	4.5.q.	Fellows must demonstrate competence in use of neuromodulators (botulinum toxin), dermal fillers, other technologies (e.g. laser) and chemical/pharmaceutical agents for the management of contour and skin quality abnormalities (functional and aesthetic). (Core)
IV.B.1.c)		4.6.	ACGME Competencies – Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of:	[None]	
IV.B.1.c).(1).(a)	anatomy and physiology of the orbit, eyelids, lacrimal system, nose, sinuses, and head and neck as it relates to the orbits and adnexa; (Core)	4.6.a.	Fellows must demonstrate knowledge of anatomy and physiology of the orbit, eyelids, lacrimal system, nose, sinuses, and head and neck as it relates to the orbits and adnexa. (Core)
IV.B.1.c).(1).(b)	orbit; (Core)	4.6.b.	Fellows must demonstrate knowledge of orbit, including: (Core)

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IV.B.1.c).(1).(b).(i)	common orbital problems of children, including: congenital anomalies, cellulitis, benign and malignant tumors, and orbital inflammations; (Core)	4.6.b.1.	common orbital problems of children, includ benign and malignant tumors, and orbital inf
IV.B.1.c).(1).(b).(ii)	common orbital disorders of adults including orbital cellulitis, thyroid orbitopathy, and pseudotumor, vasculitis, congenital tumors, vascular tumors, neural tumors, lacrimal gland tumors, fibro-osseus tumors, histiocytic diseases, lymphoid tumors, metastatic tumors, trauma, anophthalmic socket problems, and skull base disease; (Core)	4.6.b.2.	common orbital disorders of adults including and pseudotumor, vasculitis, congenital tum lacrimal gland tumors, fibro-osseus tumors, tumors, metastatic tumors, trauma, anophth base disease. (Core)
IV.B.1.c).(1).(c)	eyelid , including congenital syndromes, inflammation, trauma, ectropion, entropion, trichiasis, blepharoptosis, eyelid retraction, dermatochalasis, blepharochalasis, eyelid tumors, blepharospasm, facial nerve palsy, eyebrow, midface and lower face function, and aesthetics; (Core)	4.6.c.	Fellows must demonstrate knowledge of eye inflammation, trauma, ectropion, entropion, retraction, dermatochalasis, blepharochalas facial nerve palsy, eyebrow, midface and low (Core)
IV.B.1.c).(1).(d)	lacrimal system, including congenital tearing, acquired tearing, and trauma; (Core)	4.6.d.	Fellows must demonstrate knowledge of lac tearing, acquired tearing, and trauma. (Core
IV.B.1.c).(1).(e)	ocular surface pathology, including cicatricial processes affecting the bulbar and palpebral conjunctiva, management of corneal and conjunctival exposure, and relationship of the lids, mid-face and brow to ocular exposure; (Core)	4.6.e.	Fellows must demonstrate knowledge of ocu cicatricial processes affecting the bulbar and management of corneal and conjunctival ex mid-face and brow to ocular exposure. (Core
IV.B.1.c).(1).(f)	regional anatomy, including graft sites frequently used such as cranial bone, ear, nose, temporal area, mouth and neck, abdomen, buttocks, legs, supraclavicular area, and arm; (Core)	4.6.f.	Fellows must demonstrate knowledge of reg frequently used such as cranial bone, ear, n neck, abdomen, buttocks, legs, supraclavicu
IV.B.1.c).(1).(g)	fundamentals of ocular and orbital anatomy, chemistry, physiology, microbiology, immunology, and wound healing; (Core)	4.6.g.	Fellows must demonstrate knowledge of fur anatomy, chemistry, physiology, microbiolog (Core)
IV.B.1.c).(1).(h)	histology and pathology to interpret ocular, cutaneous, and periocular pathology and dermatopathology. This should include ten hours of pathology slide review with clinical correlation; (Core)	4.6.h.	Fellows must demonstrate knowledge of his ocular, cutaneous, and periocular pathology include ten hours of pathology slide review v
IV.B.1.c).(1).(i)	diagnostic and therapeutic procedures with comprehensive examination of the eyelids and periorbital region; (Core)	4.6.i.	Fellows must demonstrate knowledge of dia with comprehensive examination of the eyel
IV.B.1.c).(1).(j)	examination of the lacrimal system, and nasal exam with speculum and endoscope; (Core)	4.6.j.	Fellows must demonstrate knowledge of exa and nasal exam with speculum and endosco
IV.B.1.c).(1).(k)	examination of the eyebrow and face, including assessment of the eyebrow position for brow ptosis, paralysis, and its relation to upper eyelid dermatochalasis, for facial paralysis and evaluation of the effects of mid-face cicatricial, paralytic and involutional changes on lower eyelid position. Also an assessment of the face for the harmonious aesthetic units and evaluation of the inter-relationships of each; (Core)	4.6.k.	Fellows must demonstrate knowledge of exa including assessment of the eyebrow position relation to upper eyelid dermatochalasis, for the effects of mid-face cicatricial, paralytic a eyelid position. Also an assessment of the fa units and evaluation of the inter-relationship
IV.B.1.c).(1).(I)	examination and measurement of orbital structures and functions; and, (Core)	4.6.I.	Fellows must demonstrate knowledge of exa orbital structures and functions. (Core)
IV.B.1.c).(1).(m)	the principles of plain films, CT, MRI, and ultrasound imaging relating to the head and neck with particular emphasis on the orbit. (Core)	4.6.m.	Fellows must demonstrate knowledge of the and ultrasound imaging relating to the head on the orbit. (Core)

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iding congenital anomalies, cellulitis, nflammations. (Core)

ng orbital cellulitis, thyroid orbitopathy, imors, vascular tumors, neural tumors, s, histiocytic diseases, lymphoid thalmic socket problems, and skull

eyelid, including congenital syndromes, n, trichiasis, blepharoptosis, eyelid asis, eyelid tumors, blepharospasm, lower face function, and aesthetics.

acrimal system, including congenital re)

ocular surface pathology, including and palpebral conjunctiva, exposure, and relationship of the lids, ore)

egional anatomy, including graft sites nose, temporal area, mouth and icular area, and arm. (Core)

undamentals of ocular and orbital ogy, immunology, and wound healing.

nistology and pathology to interpret gy and dermatopathology. This should v with clinical correlation. (Core)

liagnostic and therapeutic procedures elids and periorbital region. (Core) examination of the lacrimal system, cope. (Core)

examination of the eyebrow and face, tion for brow ptosis, paralysis, and its for facial paralysis and evaluation of and involutional changes on lower face for the harmonious aesthetic lips of each. (Core)

examination and measurement of

he principles of plain films, CT, MRI, ad and neck with particular emphasis

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IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Based Fellows must demonstrate the ability to i of patients, to appraise and assimilate so continuously improve patient care based lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersonal an Fellows must demonstrate interpersonal result in the effective exchange of inform patients, their families, and health profes
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Based Fellows must demonstrate an awareness larger context and system of health care, social determinants of health, as well as other resources to provide optimal health
			4.10. Curriculum Organization and Fellow Structure The curriculum must be structured to op experiences, the length of the experience These educational experiences include a patient care responsibilities, clinical teac events. (Core)
			4.11. Curriculum Organization and Fellow Clinical Experiences Fellows must be provided with protected didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fellow The program must provide instruction an management if applicable for the subspe the signs of substance use disorder. (Co

ed Learning and Improvement o investigate and evaluate their care scientific evidence, and to ed on constant self-evaluation and

and Communication Skills al and communication skills that mation and collaboration with essionals. (Core)

ed Practice ss of and responsiveness to the re, including the structural and s the ability to call effectively on lth care. (Core)

ow Experiences – Curriculum

optimize fellow educational ices, and the supervisory continuity. an appropriate blend of supervised aching, and didactic educational

ow Experiences – Didactic and

ed time to participate in core

ow Experiences – Pain Management and experience in pain pecialty, including recognition of Core)

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IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Fellow Exp The curriculum must be structured to op experiences, the length of the experience These educational experiences include a patient care responsibilities, clinical teac events. (Core)
IV.C.1.a)	Fellows must participate in pre-operative decision making and subsequent operative procedures, as well as post-surgical care and follow-up evaluation of their patients. (Core)	4.10.a.	Fellows must participate in pre-operative de operative procedures, as well as post-surgio their patients. (Core)
IV.C.1.b)	The program must prepare and distribute a written policy describing fellow responsibility for the care of patients and faculty members' responsibilities for supervision. (Detail)	4.10.b.	The program must prepare and distribute a responsibility for the care of patients and fac supervision. (Detail)
IV.C.1.c)	Assignments at participating sites must provide opportunities for continuity of care. (Detail)	4.10.c.	Assignments at participating sites must prov care. (Detail)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow Exp The program must provide instruction an management if applicable for the subspe the signs of substance use disorder. (Co
IV.C.3.	Fellows must prepare and present teaching conferences and participate in the teaching of fellows, residents and/or medical students. (Core)	4.11.a.	Fellows must prepare and present teaching teaching of fellows, residents and/or medica
IV.C.4.	The fellow must participate in a minimum of 80 hours of didactic instruction, including seminars, lectures, approved basic science courses, and hands-on skilled courses of which at least 40 hours must be intramural. These should include the following: (Core)	4.11.b.	The fellow must participate in a minimum of including seminars, lectures, approved basic skilled courses of which at least 40 hours m
IV.C.4.a)	attendance at grand rounds: the fellow should actively participate in case presentation conferences and discussions of patients with ophthalmic plastic and reconstructive surgery; (Detail)	4.11.b.1.	These should include attendance at grand re participate in case presentation conferences ophthalmic plastic and reconstructive surger
IV.C.4.b)	mandatory attendance at regularly scheduled case presentation conferences: the fellow must prepare and present a minimum of two case presentations per year; (Detail)	4.11.b.2.	These should include mandatory attendance presentation conferences: the fellow must p two case presentations per year. (Detail)
IV.C.4.c)	attendance at lectures on ophthalmic plastic and reconstructive surgery topics given by the faculty during the fellowship teaching program, including at least six lecture hours per year. The fellow should prepare and present a minimum of two didactic lectures per year on the diagnosis/treatment of entities afflicting the eyelids, tear system, orbit, or face, to be presented to faculty members, other fellows, and residents; (Detail)	4.11.b.3.	These should include attendance at lectures reconstructive surgery topics given by the fa program, including at least six lecture hours and present a minimum of two didactic lecture diagnosis/treatment of entities afflicting the of be presented to faculty members, other fello
IV.C.4.d)	active participation, along with the members of the ophthalmic plastic and reconstructive surgery faculty, in a journal club where fellows and faculty members present and critically discuss selections from the current literature; (Detail)	4.11.b.4.	These should include active participation, al ophthalmic plastic and reconstructive surger fellows and faculty members present and cr current literature. (Detail)

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xperiences – Curriculum Structure optimize fellow educational nces, and the supervisory continuity e an appropriate blend of supervised eaching, and didactic educational
decision making and subsequent gical care and follow-up evaluation of
a written policy describing fellow faculty members' responsibilities for
rovide opportunities for continuity of
xperiences – Pain Management
and experience in pain pecialty, including recognition of
and experience in pain
and experience in pain pecialty, including recognition of Core) ng conferences and participate in the
and experience in pain pecialty, including recognition of Core) ng conferences and participate in the ical students. (Core) of 80 hours of didactic instruction, asic science courses, and hands-on
and experience in pain pecialty, including recognition of Core) ng conferences and participate in the ical students. (Core) of 80 hours of didactic instruction, asic science courses, and hands-on must be intramural. (Core) d rounds: the fellow should actively ces and discussions of patients with

e eyelids, tear system, orbit, or face, to llows, and residents. (Detail)

along with the members of the gery faculty, in a journal club where critically discuss selections from the

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IV.C.4.e)	attendance at, and preparation of case presentation for, at least one ophthalmic plastic and reconstructive surgery visiting professor conference per two years; and, (Detail)	4.11.b.5.	These should include attendance at, and pre least one ophthalmic plastic and reconstruct conference per two years. (Detail)
IV.C.4.f)	attendance and participation in at least two courses devoted to ophthalmic plastic and reconstructive surgery, tumor resection, lacrimal disease, or cosmetic surgery. (Detail)	4.11.b.6.	These should include attendance and partici devoted to ophthalmic plastic and reconstruc lacrimal disease, or cosmetic surgery. (Deta
IV.C.5.	Fellows must have instruction in ethics related to patient care and human and animal research. (Core)	4.11.c.	Fellows must have instruction in ethics relate animal research. (Core)
IV.C.6.	Fellows must have instruction in the use of information technology for study of reference material, including electronic searching and retrieval of relevant articles, monographs, and abstracts. (Detail)	4.11.d.	Fellows must have instruction in the use of in reference material, including electronic searce articles, monographs, and abstracts. (Detail)
IV.C.7.	Fellows must participate in one orbital dissection during their 24-month program. (Core)	4.11.e.	Fellows must participate in one orbital dissed (Core)
IV.C.8.	Fellows must learn the fundamentals of cosmetic surgery and its complications with emphasis on brows and mid-face, as well as alloplastic inserts. (Core)	4.11.f.	Fellows must learn the fundamentals of cosr with emphasis on brows and mid-face, as we
IV.C.9.	Fellows must learn the team approach to orbital and periorbital trauma. (Core)	4.11.g.	Fellows must learn the team approach to orb
	Patient Care Curriculum		
IV.C.10.	Fellows:	[None]	
IV.C.10.a)	must document a minimum number of 300 operative procedures in an operating room or equivalent facility, plus 150 minor office-based procedures, such as biopsies and incision/curettage; (Core)	4.11.h.	Patient Care Curriculum Fellows must document a minimum number operating room or equivalent facility, plus 15 such as biopsies and incision/curettage. (Co
IV.C.10.b)	must document in the ACGME Case Log system a sufficient number and distribution of complex cases for Surgeon (fellow as the primary surgeon) and Assistant (fellow as the first assistant), as determined by the Review Committee, for the achievement of adequate operative skill and surgical judgment; (Core)	4.11.i.	Fellows must document in the ACGME Case and distribution of complex cases for Surgeo and Assistant (fellow as the first assistant), a Committee, for the achievement of adequate judgment. (Core)
IV.C.10.c)	must actively participate in the preoperative and postoperative management of surgical cases in which they are part of the surgical team; and, (Core)	4.11.j.	Fellows must actively participate in the preop management of surgical cases in which they (Core)
IV.C.10.d)	must participate in planned rotations to procedural dermatology, otolaryngology, neuro-ophthalmology and plastic surgery in order to understand how other specialties approach the management of diseases of the head and neck that directly affect the management of ocular and periocular disease, with a set of measurable goals and objectives to be attained at the end of each rotation. (Core)	4.11.k.	Fellows must participate in planned rotations otolaryngology, neuro-ophthalmology and pla how other specialties approach the manager neck that directly affect the management of a set of measurable goals and objectives to rotation. (Core)

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preparation of case presentation for, at a local structure surgery visiting professor

ticipation in at least two courses ructive surgery, tumor resection, etail)

ated to patient care and human and

f information technology for study of arching and retrieval of relevant ail)

section during their 24-month program.

osmetic surgery and its complications well as alloplastic inserts. (Core)

orbital and periorbital trauma. (Core)

er of 300 operative procedures in an 150 minor office-based procedures, Core)

ase Log system a sufficient number jeon (fellow as the primary surgeon) ), as determined by the Review ate operative skill and surgical

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ons to procedural dermatology, plastic surgery in order to understand gement of diseases of the head and of ocular and periocular disease, with to be attained at the end of each

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	Scholarship		
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science. The scientist who cares for patients. This req evaluate the literature, appropriately ass practice lifelong learning. The program a environment that fosters the acquisition participation in scholarly activities as de Program Requirements. Scholarly activities integration, application, and teaching.
IV.D.	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity of the programs prepare physicians for a varies scientists, and educators. It is expected will reflect its mission(s) and aims, and the serves. For example, some programs mate activity on quality improvement, populate other programs might choose to utilize the research as the focus for scholarship.
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evidence consistent with its mission(s) and aims.
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evidence consistent with its mission(s) and aims.
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its Spor adequate resources to facilitate fellow an scholarly activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, programs accomplishments in at least three of the •Research in basic science, education, th or population health •Peer-reviewed grants •Quality improvement and/or patient safe •Systematic reviews, meta-analyses, revi textbooks, or case reports •Creation of curricula, evaluation tools, of electronic educational materials •Contribution to professional committees editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	<ul> <li>Innovations in education</li> </ul>

The physician is a humanistic requires the ability to think critically, ssimilate new knowledge, and n and faculty must create an on of such skills through fellow defined in the subspecialty-specific vities may include discovery,

of fellowships and anticipates that riety of roles, including clinicians, ed that the program's scholarship d the needs of the community it may concentrate their scholarly lation health, and/or teaching, while e more classic forms of biomedical

nce of scholarly activities, s. (Core)

nce of scholarly activities, s. (Core)

oonsoring Institution, must allocate and faculty involvement in

ms must demonstrate ne following domains: (Core) , translational science, patient care,

afety initiatives eview articles, chapters in medical

didactic educational activities, or

ees, educational organizations, or

V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Evalua Faculty members must directly observe, feedback on fellow performance during e educational assignment. (Core)
IV.D.3.a).(4) <b>V.</b>	Each fellow must maintain a log of attendance at conferences, lectures given, journal clubs attended, involvement in research activities, publications, and meetings attended, to be reviewed by the program director during fellowship education. (Core) <b>Evaluation</b>	4.15.d. Section 5	Each fellow must maintain a log of attendan journal clubs attended, involvement in resea meetings attended, to be reviewed by the pr education. (Core) Section 5: Evaluation
IV.D.3.a).(3)	Each fellow should be a lead author of one peer-reviewed publication related to ophthalmic surgery during fellowship education. (Core)	4.15.c.	Each fellow should be a lead author of one ophthalmic surgery during fellowship educated
IV.D.3.a).(2)	Fellows should attend local and regional conferences relevant to ophthalmic plastic and reconstructive surgery. (Core)	4.15.b.	Fellows should attend local and regional con plastic and reconstructive surgery. (Core)
IV.D.3.a) IV.D.3.a).(1)	Fellows must participate in scholarly activity. (Core) Research activities should include participation in clinical trials, prospective and retrospective studies, case reports, and/or basic science research whenever feasible. (Core)	<b>4.15.</b> 4.15.a.	Fellow Scholarly Activity Fellows must participate in scholarly activity Research activities should include participat retrospective studies, case reports, and/or b feasible. (Core)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Fellows must participate in scholarly activity
IV.D.2.b).(1) IV.D.2.b).(2)	chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome) peer-reviewed publication. (Outcome)	4.14.a.1. 4.14.a.2.	chapters, textbooks, webinars, service o serving as a journal reviewer, journal edi (Outcome) peer-reviewed publication. (Outcome)
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book		faculty participation in grand rounds, pos improvement presentations, podium pres peer-reviewed print/electronic resources
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate dissemine and external to the program by the follow
IV.D.2.a)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education	4.14.	Faculty Scholarly Activity Among their scholarly activity, programs accomplishments in at least three of the •Research in basic science, education, tr or population health •Peer-reviewed grants •Quality improvement and/or patient safe •Systematic reviews, meta-analyses, revi textbooks, or case reports •Creation of curricula, evaluation tools, d electronic educational materials •Contribution to professional committees editorial boards •Innovations in education
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La

ms must demonstrate ne following domains: (Core) , translational science, patient care,

fety initiatives view articles, chapters in medical

didactic educational activities, or

es, educational organizations, or

nination of scholarly activity within owing methods:

oosters, workshops, quality resentations, grant leadership, nones, articles or publications, book on professional committees, or ditorial board member, or editor;

ity. (Core)

ity. (Core)

ation in clinical trials, prospective and basic science research whenever

conferences relevant to ophthalmic

e peer-reviewed publication related to cation. (Core)

ance at conferences, lectures given, earch activities, publications, and program director during fellowship

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e, evaluate, and frequently provide g each rotation or similar

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement La
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Evalua Faculty members must directly observe, feedback on fellow performance during o educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Evalua Faculty members must directly observe, feedback on fellow performance during e educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the c (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three must be documented at least every three
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as contin clinical responsibilities must be evaluate at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective p the Competencies and the subspecialty-s (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty mer other professional staff members); and, (
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical C synthesis of progressive fellow performa unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designee, w Competency Committee, must meet with documented semi-annual evaluation of p along the subspecialty-specific Mileston
V.A.1.d).(1).(a)	This review must ensure that fellows enter their operative procedures into the ACGME Case Log System at least semiannually. This documentation must include verification of the number of procedures in each category when the fellow has been the surgeon and the assistant surgeon. (Core)	5.1.c.1.	The review must ensure that fellows enter the ACGME Case Log System at least semiann include verification of the number of proceed fellow has been the surgeon and the assisted
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee, w Competency Committee, must assist fell learning plans to capitalize on their stren growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designee, w Competency Committee, must develop p progress, following institutional policies
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a summa that includes their readiness to progress applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performanc by the fellow. (Core)

# anguage ation e, evaluate, and frequently provide each rotation or similar ation , evaluate, and frequently provide each rotation or similar completion of the assignment. e months in duration, evaluation ee months. (Core) inuity clinic in the context of other ted at least every three months and performance evaluation based on -specific Milestones, and must: embers, peers, patients, self, and (Core) **Competency Committee for its** nance and improvement toward with input from the Clinical th and review with each fellow their performance, including progress nes. (Core) their operative procedures into the nnually. This documentation must dures in each category when the stant surgeon. (Core) with input from the Clinical llows in developing individualized engths and identify areas for with input from the Clinical

plans for fellows failing to es and procedures. (Core) mative evaluation of each fellow as to the next year of the program, if

nce must be accessible for review

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a fina completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a fina completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, an subspecialty-specific Case Logs, must b are able to engage in autonomous practi- program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become part of maintained by the institution, and must be fellow in accordance with institutional po
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the f knowledge, skills, and behaviors necess (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared with program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee must director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competency C members, at least one of whom is a core be faculty members from the same progr health professionals who have extensive program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee mus least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee mus progress on achievement of the subspec
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee must annual evaluations and advise the progra fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to eva performance as it relates to the educatio (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to eva performance as it relates to the education (Core)

# Language nal evaluation for each fellow upon nal evaluation for each fellow upon and when applicable the be used as tools to ensure fellows tice upon completion of the of the fellow's permanent record be accessible for review by the policy. (Core) e fellow has demonstrated the sary to enter autonomous practice. th the fellow upon completion of the st be appointed by the program Committee must include three re faculty member. Members must gram or other programs, or other ve contact and experience with the ust review all fellow evaluations at ust determine each fellow's ecialty-specific Milestones. (Core)

ust meet prior to the fellows' semigram director regarding each

valuate each faculty member's ional program at least annually.

valuate each faculty member's ional program at least annually.

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V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review of teaching abilities, engagement with the even in faculty development related to their skiperformance, professionalism, and schol
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, con fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluat program-wide faculty development plans.
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Proceedings of the Program director must appoint the Program of the Annual Program program's continuous improvement proceedings of the program
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Pr conduct and document the Annual Progra program's continuous improvement proc
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee must program faculty members, at least one of and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsil program's self-determined goals and program's
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsil ongoing program improvement, including based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsil current operating environment to identify opportunities, and threats as related to th (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee shou prior Annual Program Evaluation(s), aggr evaluations of the program, and other rela the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must and aims, strengths, areas for improvement
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includin distributed to and discussed with the felle teaching faculty, and be submitted to the
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self-St (Core)

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of the faculty member's clinical e educational program, participation skills as an educator, clinical iolarly activities. (Core)

onfidential evaluations by the

k on their evaluations at least

ations should be incorporated into ns. (Core)

Program Evaluation Committee to gram Evaluation as part of the ocess. (Core)

Program Evaluation Committee to gram Evaluation as part of the ocess. (Core)

ist be composed of at least two of whom is a core faculty member,

sibilities must include review of the rogress toward meeting them.

sibilities must include guiding ing development of new goals,

sibilities must include review of the ify strengths, challenges, the program's mission and aims.

ould consider the outcomes from gregate fellow and faculty written relevant data in its assessment of

est evaluate the program's mission ment, and threats. (Core)

ling the action plan, must be ellows and the members of the he DIO. (Core)

Study and submit it to the DIO.

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement La
V.C.3.	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	Board Certification One goal of ACGME-accredited education seek and achieve board certification. One the educational program is the ultimate pa The program director should encourage a take the certifying examination offered by of Medical Specialties (ABMS) member bo Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)		Board Certification For subspecialties in which the ABMS me certifying board offer(s) an annual written years, the program's aggregate pass rate for the first time must be higher than the b programs in that subspecialty. (Outcome)
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS me certifying board offer(s) a biennial written years, the program's aggregate pass rate for the first time must be higher than the b programs in that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)		For subspecialties in which the ABMS me certifying board offer(s) an annual oral ex the program's aggregate pass rate of thos first time must be higher than the bottom that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS me certifying board offer(s) a biennial oral ex- the program's aggregate pass rate of thos first time must be higher than the bottom that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5.6. – graduates over the time period specified i an 80 percent pass rate will have met this percentile rank of the program for pass ra (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cert cohort of board-eligible fellows that gradu

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ion is to educate physicians who ne measure of the effectiveness of pass rate.
e all eligible program graduates to by the applicable American Board board or American Osteopathic
member board and/or AOA en exam, in the preceding three ite of those taking the examination he bottom fifth percentile of ne)
member board and/or AOA en exam, in the preceding six ite of those taking the examination ie bottom fifth percentile of ne)
member board and/or AOA exam, in the preceding three years, nose taking the examination for the m fifth percentile of programs in
member board and/or AOA exam, in the preceding six years, nose taking the examination for the m fifth percentile of programs in
6. – 5.6.c., any program whose d in the requirement have achieved his requirement, no matter the rate in that subspecialty.
ertification status annually for the

duated seven years earlier. (Core)

# Ophthalmic Plastic and Reconstructive Surgery Crosswalk

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement La
	The Learning and Working Environment		Section 6: The Learning and Working En
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environment Fellowship education must occur in the o environment that emphasizes the followi
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of c fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of c today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of providi
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the stu members, and all members of the health
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuous is a willingness to transparently deal with t has formal mechanisms to assess the kn its personnel toward safety in order to id
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, and f patient safety systems and contribute to
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-up o unsafe conditions are pivotal mechanism and are essential for the success of any and experiential learning are essential to the ability to identify causes and institute changes to ameliorate patient safety vulu
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, and must know their responsibilities in repor unsafe conditions at the clinical site, inc (Core)

### Language

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e context of a learning and working wing principles:

care rendered to patients by

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*tudents, residents, fellows, faculty h care team* 

dentification of vulnerabilities and them. An effective organization knowledge, skills, and attitudes of identify areas for improvement.

I fellows must actively participate in to a culture of safety. (Core)

o of safety events, near misses, and sms for improving patient safety, y patient safety program. Feedback to developing true competence in ute sustainable systems-based ulnerabilities.

nd other clinical staff members orting patient safety events and icluding how to report such events.

Roman Numeral Requirement Number	Poquiromont Languago	Reformatted Requirement Number	
·	be provided with summary information of their institution's patient safety	6.2.a.	Requirement La Residents, fellows, faculty members, and must be provided with summary informa safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team member interprofessional clinical patient safety a such as root cause analyses or other act well as formulation and implementation o
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Fellows and faculty members must receive data on quality metrics and	[None]	Quality Metrics Access to data is essential to prioritizing and evaluating success of improvement Fellows and faculty members must recei
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient popu Supervision and Accountability Although the attending physician is ultin
			the patient, every physician shares in the for their efforts in the provision of care. I with their Sponsoring Institutions, define monitor a structured chain of responsibil relates to the supervision of all patient ca
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate me and effective care to patients; ensures ea skills, knowledge, and attitudes required practice of medicine; and establishes a f professional growth.
VI.A.2.a)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.		Supervision and Accountability Although the attending physician is ultin the patient, every physician shares in the for their efforts in the provision of care. I with their Sponsoring Institutions, define monitor a structured chain of responsibi relates to the supervision of all patient ca Supervision in the setting of graduate me and effective care to patients; ensures ea skills, knowledge, and attitudes required practice of medicine; and establishes a f professional growth.
VI.A.2.a)	Fellows and faculty members must inform each patient of their respective	6.5.	Fellows and faculty members must inform roles in that patient's care when providin information must be available to fellows, of the health care team, and patients. (Co

nd other clinical staff members nation of their institution's patient

bers in real and/or simulated and quality improvement activities, ctivities that include analysis, as n of actions. (Core)

ng activities for care improvement nt efforts.

eive data on quality metrics and oulations. (Core)

imately responsible for the care of the responsibility and accountability b. Effective programs, in partnership ne, widely communicate, and bility and accountability as it care.

medical education provides safe each fellow's development of the ed to enter the unsupervised foundation for continued

imately responsible for the care of the responsibility and accountability b. Effective programs, in partnership ne, widely communicate, and bility and accountability as it care.

medical education provides safe each fellow's development of the ed to enter the unsupervised a foundation for continued

orm each patient of their respective ling direct patient care. This s, faculty members, other members Core)

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement La
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must inform roles in that patient's care when providin information must be available to fellows, of the health care team, and patients. (Co
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the a place for all fellows is based on each fell as well as patient complexity and acuity. through a variety of methods, as appropr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow supervisio authority and responsibility, the program classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physically µ key portions of the patient interaction.
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physically µ key portions of the patient interaction.
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not providin or audio supervision but is immediately a guidance and is available to provide app
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available to procedures/encounters with feedback pr
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physical physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority an independence, and a supervisory role in fellow must be assigned by the program (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate each specific criteria, guided by the Milestone
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills	6.9.b.	Faculty members functioning as supervisions of care to fellows based on the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory ro in recognition of their progress toward ir of each patient and the skills of the indiv

orm each patient of their respective ling direct patient care. This s, faculty members, other members Core)

e appropriate level of supervision in ellow's level of training and ability, y. Supervision may be exercised priate to the situation. (Core)

sion while providing for graded Im must use the following

/ present with the fellow during the

/ present with the fellow during the

ding physical or concurrent visual y available to the fellow for ppropriate direct supervision.

*to provide review of* provided after care is delivered. al presence of a supervising

and responsibility, conditional n patient care delegated to each n director and faculty members.

ch fellow's abilities based on nes. (Core)

vising physicians must delegate e needs of the patient and the skills

role to junior fellows and residents independence, based on the needs ividual resident or fellow. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circum fellows must communicate with the supe
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of their circumstances under which the fellow is independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must b the knowledge and skills of each fellow a appropriate level of patient care authorit
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spon fellows and faculty members concerning responsibilities of physicians, including to be appropriately rested and fit to prov patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Spon fellows and faculty members concerning responsibilities of physicians, including to be appropriately rested and fit to prov patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program n excessive reliance on fellows to fulfill no
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program n care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program m the meaning that each fellow finds in the including protecting time with patients, p promoting progressive independence an professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership with provide a culture of professionalism that personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must demo personal role in the safety and welfare of including the ability to report unsafe con
	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students,		Programs, in partnership with their Spon a professional, equitable, respectful, and psychologically safe and that is free from forms of harassment, mistreatment, abus
VI.B.5.	fellows, faculty, and staff. (Core)	6.12.f.	fellows, faculty, and staff. (Core)

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Imstances and events in which pervising faculty member(s). (Core) air scope of authority, and the is permitted to act with conditional

be of sufficient duration to assess and to delegate to the fellow the ity and responsibility. (Core)

onsoring Institutions, must educate ng the professional and ethical g but not limited to their obligation ovide the care required by their

onsoring Institutions, must educate ng the professional and ethical g but not limited to their obligation ovide the care required by their

must be accomplished without non-physician obligations. (Core) must ensure manageable patient

must include efforts to enhance ne experience of being a physician, providing administrative support, and flexibility, and enhancing

ith the Sponsoring Institution, must at supports patient safety and

nonstrate an understanding of their of patients entrusted to their care, onditions and safety events. (Core)

onsoring Institutions, must provide nd civil environment that is om discrimination, sexual and other use, or coercion of students,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Spon process for education of fellows and fact behavior and a confidential process for r addressing such concerns. (Core)
	Well-Being		
	Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a		Well-Being Psychological, emotional, and physical w development of the competent, caring, and proactive attention to life inside and outs requires that physicians retain the joy in own real-life stresses. Self-care and resp members of the health care team are imp professionalism; they are also skills that nurtured in the context of other aspects of Fellows and faculty members are at risk Programs, in partnership with their Spon same responsibility to address well-being competence. Physicians and all members
VI.C.	clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	clinical learning environment models con prepares fellows with the skills and attitu their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in part Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity, a impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and add faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage op well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunity to and dental care appointments, including working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty member
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burnou disorders, suicidal ideation, or potential assist those who experience these condi
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in themse care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-scree
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affordal counseling, and treatment, including acc 24 hours a day, seven days a week. (Core

onsoring Institutions, should have a culty regarding unprofessional r reporting, investigating, and

I well-being are critical in the and resilient physician and require itside of medicine. Well-being in medicine while managing their sponsibility to support other nportant components of at must be modeled, learned, and s of fellowship training.

k for burnout and depression. onsoring Institutions, have the ing as other aspects of resident ers of the health care team share h other. A positive culture in a onstructive behaviors, and itudes needed to thrive throughout

artnership with the Sponsoring

and work compression that

ddressing the safety of fellows and

optimal fellow and faculty member

to attend medical, mental health, g those scheduled during their

ers in:

out, depression, and substance use Il for violence, including means to ditions; (Core)

selves and how to seek appropriate

eening. (Core)

lable mental health assessment, ccess to urgent and emergent care pre)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fellows including but not limited to fatigue, illnes medical, parental, or caregiver leave. Eac appropriate length of absence for fellows care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and pro- coverage of patient care and ensure cont
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented with consequences for the fellow who is or wa work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and fa the signs of fatigue and sleep deprivation fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and fa the signs of fatigue and sleep deprivation fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Spo adequate sleep facilities and safe transpo may be too fatigued to safely return hom
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fello patient safety, fellow ability, severity and illness/condition, and available support s
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an envi communication and promotes safe, inter the subspecialty and larger health system
VI.E.2.a)	Programs must provide a team-oriented learning environment for patient care which incorporates both outpatient and inpatient exposure. The team may include faculty members and residents in ophthalmology, referring physicians, consultant physicians in dermatology, neurological surgery, otolaryngology, pathology, and plastic surgery, laboratory and administrative staff members, medical students, nurses, and technicians, among others. (Core)	6.18.a.	Programs must provide a team-oriented lear which incorporates both outpatient and inpa include faculty members and residents in op consultant physicians in dermatology, neuro pathology, and plastic surgery, laboratory ar medical students, nurses, and technicians, a
VI.E.2.a).(1)	Education in effective communication among team members must be provided. (Detail)	6.18.a.1.	Education in effective communication among (Detail)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignme patient care, including their safety, freque

ws may be unable to attend work, ess, family emergencies, and ach program must allow an ws unable to perform their patient

rocedures in place to ensure ntinuity of patient care. (Core)

ithout fear of negative was unable to provide the clinical

faculty members in recognition of on, alertness management, and

faculty members in recognition of on, alertness management, and

oonsoring Institution, must ensure portation options for fellows who me. (Core)

llow must be based on PGY level, nd complexity of patient t services. (Core)

vironment that maximizes erprofessional, team-based care in em. (Core)

earning environment for patient care batient exposure. The team may ophthalmology, referring physicians, prological surgery, otolaryngology, and administrative staff members, a, among others. (Core)

ong team members must be provided.

nents to optimize transitions in juency, and structure. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement La
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assignme patient care, including their safety, frequ
	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both	0.40 -	Programs, in partnership with their Spon and monitor effective, structured hand-of
VI.E.3.b)	continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safety. (Co
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows are c team members in the hand-off process. (
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Spon an effective program structure that is con educational and clinical experience oppo opportunities for rest and personal activity
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educatio Clinical and educational work hours mus hours per week, averaged over a four-we house clinical and educational activities, and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work an Fellows should have eight hours off betw education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work an Fellows should have eight hours off betw education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours free after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minimu clinical work and required education (wh home call cannot be assigned on these fi
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education P Clinical and educational work periods for hours of continuous scheduled clinical a
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education P Clinical and educational work periods for hours of continuous scheduled clinical a
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time may b patient safety, such as providing effectiv education. Additional patient care respor a fellow during this time. (Core)

nents to optimize transitions in juency, and structure. (Core)

onsoring Institutions, must ensure off processes to facilitate both Core)

competent in communicating with . (Outcome)

onsoring Institutions, must design onfigured to provide fellows with portunities, as well as reasonable ivities.

ional Work per Week ust be limited to no more than 80 veek period, inclusive of all ins, clinical work done from home,

and Education tween scheduled clinical work and

and Education tween scheduled clinical work and

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num of one day in seven free of vhen averaged over four weeks). Ate free days. (Core)

Period Length for fellows must not exceed 24 assignments. (Core)

Period Length for fellows must not exceed 24 assignments. (Core)

v be used for activities related to ive transitions of care, and/or fellow onsibilities must not be assigned to

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requirement La
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Exce In rare circumstances, after handing off on their own initiative, may elect to rema the following circumstances: to continue severely ill or unstable patient; to give he of a patient or patient's family; or to atter (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)		Clinical and Educational Work Hour Exce In rare circumstances, after handing off on their own initiative, may elect to rema the following circumstances: to continue severely ill or unstable patient; to give h of a patient or patient's family; or to atte (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80 hour weekly limit. (Detail)	6.23.a.	These additional hours of care or educat 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Ophthalmology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	A Review Committee may grant rotation- percent or a maximum of 88 clinical and individual programs based on a sound e The Review Committee for Ophthalmology exceptions to the 80-hour limit to the fellows
, VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educational p with the fellow's fitness for work nor con
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educational p with the fellow's fitness for work nor con
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and ext the ACGME Glossary of Terms) must be maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the context seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house every third night (when averaged over a

ceptions

ff all other responsibilities, a fellow, nain or return to the clinical site in ue to provide care to a single humanistic attention to the needs tend unique educational events.

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ff all other responsibilities, a fellow, nain or return to the clinical site in ue to provide care to a single humanistic attention to the needs tend unique educational events.

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on-specific exceptions for up to 10 ad educational work hours to l educational rationale.

y will not consider requests for ws' work week.

ne ability of the fellow to achieve the al program, and must not interfere ompromise patient safety. (Core)

ne ability of the fellow to achieve the al program, and must not interfere ompromise patient safety. (Core)

external moonlighting (as defined in be counted toward the 80-hour

ext of the 80-hour and one-day-off-in-

se call no more frequently than a four-week period). (Core)

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Requirement Number	Requirement Language	Number	Requirement La
			At-Home Call
VI.F.8.	At-Home Call	6.28.	Time spent on patient care activities by f count toward the 80-hour maximum weel home call is not subject to the every-third the requirement for one day in seven free when averaged over four weeks. (Core)
			At-Home Call
	Time spent on patient care activities by fellows on at-home call must count		Time spent on patient care activities by f
	toward the 80-hour maximum weekly limit. The frequency of at-home call is		count toward the 80-hour maximum weel
	not subject to the every-third-night limitation, but must satisfy the		home call is not subject to the every-third
	requirement for one day in seven free of clinical work and education, when		the requirement for one day in seven free
VI.F.8.a)	averaged over four weeks. (Core)	6.28.	when averaged over four weeks. (Core)
	At-home call must not be so frequent or taxing as to preclude rest or		At-home call must not be so frequent or t
VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for each fellow

y fellows on at-home call must eekly limit. The frequency of atird-night limitation, but must satisfy ree of clinical work and education,

y fellows on at-home call must eekly limit. The frequency of athird-night limitation, but must satisfy ree of clinical work and education,

or taxing as to preclude rest or ow. (Core)