

**ACGME Program Requirements for Graduate Medical Education
in Ophthalmic Plastic and Reconstructive Surgery
Summary and Impact of Major Requirement Revisions**

Requirement #: **Removal of 2.4.b.1. with 2.4.b. updated for clarity**

Requirement Revision (significant change only):

2.4.b. The program director must have completed an ACGME-accredited ophthalmic plastic and reconstructive surgery fellowship or an ophthalmic plastic and reconstructive surgery fellowship at least 24 months in length or qualifications acceptable to the Review Committee. (Core)

~~**2.4.b.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)**~~

1. Describe the Review Committee's rationale for this revision:
The Review Committee revised this requirement to reflect current training pathways and accreditation structures within ophthalmic plastic and reconstructive surgery. The prior language addressed circumstances that are no longer representative of the existing program director workforce and created unnecessary complexity without a corresponding educational or accreditation benefit.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This revision supports fellow education by aligning program leadership qualifications with current ophthalmic plastic and reconstructive surgery training models. Program directors who have completed fellowship consistent with contemporary duration and scope are well positioned to oversee curricula, assess fellow progress, and ensure appropriate procedural experience.
3. How will the proposed requirement or revision impact continuity of patient care?
The Review Committee does not anticipate that this revision will have an impact on continuity of patient care. The change does not alter clinical staffing models, supervisory structures, or patient assignment practices and it reflects qualifications already held by current program directors in ACGME-accredited programs.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
This revision is not expected to require additional institutional resources. The updated requirement reflects existing program director qualifications and does not necessitate changes to faculty composition, clinical services, or financial support.
5. How will the proposed revision impact other accredited programs?
The Review Committee does not anticipate that this revision will impact other ACGME-accredited programs. The revised language is specific to ophthalmic plastic

and reconstructive surgery fellowships and is intended to clarify, rather than expand, expectations for program director qualifications.

Requirement #: **2.4.c.**

Requirement Revision (significant change only):

2.4.c. The program director must have at least ~~three~~ five years clinical experience in ophthalmic plastic and reconstructive surgery following completion of an ophthalmic plastic and reconstructive surgery fellowship. (Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee revised this requirement to ensure that program directors possess sufficient post-fellowship clinical experience to effectively lead an ophthalmic plastic and reconstructive surgery fellowship program. While the prior three-year threshold provided a minimum foundation, the Committee determined that additional independent practice experience better supports the full scope of responsibilities associated with program leadership.

Program directors are responsible not only for clinical oversight, but also for curriculum design, faculty engagement, fellow assessment, and compliance with accreditation requirements. Increasing the required post-fellowship clinical experience to five years reflects the Committee's judgment regarding the level of professional maturity and breadth of experience necessary to carry out these duties effectively.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The revision is expected to enhance fellow education by ensuring that program directors bring a deeper reservoir of clinical experience, judgment, and perspective to their educational leadership role. Additional years of independent practice support more robust mentorship, nuanced assessment of fellow progression, and informed decision-making regarding case complexity and graduated responsibility.

From a patient safety and patient care quality standpoint, experienced clinical leadership contributes to appropriate supervision models, sound clinical judgment, and educational environments that reinforce safe, high-quality patient care practices.
3. How will the proposed requirement or revision impact continuity of patient care?
The Review Committee does not anticipate that this revision will have an impact on continuity of patient care. The requirement applies only to program director appointments and does not alter current clinical operations, staffing models, or patient assignment structures.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
This revision is not expected to require additional institutional resources. The updated experience affects eligibility for the program director's role but does not necessitate changes to facilities, faculty complement, clinical services, or financial

support. Institutions retain flexibility in succession planning and faculty development to support future leadership transitions. There are currently no program directors in ACGME-accredited ophthalmic plastic and reconstructive surgery fellowships that do not meet the proposed post-graduate clinical experience revision.

5. How will the proposed revision impact other accredited programs?

The Review Committee does not anticipate that this revision will impact other ACGME-accredited programs. The requirement is specific to ophthalmic plastic and reconstructive surgery fellowships and does not modify expectations for program leadership in other specialties or subspecialties.

Requirement #: **4.11.k.-4.11.k.1.**

Requirement Revision (significant change only):

4.11.k. Fellows must record all of their surgical cases in the ACGME Case Log System. (Core); 4.11.k.1. Each graduating fellow must have performed and/or assisted in the minimum number of essential operative cases and case categories as established by the Review Committee. (Core)

1. Describe the Review Committee's rationale for this revision:

The Review Committee undertook this revision to ensure that the Program Requirements continue to reflect the current scope, complexity, and expectations of training in ophthalmic plastic and reconstructive surgery. As the specialty has evolved, the Committee identified the need for greater clarity and consistency in educational expectations across programs, particularly with respect to operative experience.

The introduction of defined Case Log minimums is intended to establish a transparent baseline for procedural exposure while preserving program-level flexibility in how educational experiences are structured and delivered. This revision supports equitable standards across programs and reinforces the Committee's responsibility to promote high-quality, outcomes-oriented fellowship education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The proposed addition of the requirement is expected to strengthen fellow education by clearly articulating minimum experiential expectations necessary for surgical procedure proficiency. Defined Case Log minimums provide fellows, faculty members, and programs with a shared understanding of procedural exposure goals, supporting intentional curriculum design and ongoing formative assessment, and also sets expectations for volume requirements for programs.

From a patient safety and patient care quality perspective, ensuring adequate procedural volume during fellowship supports graduated responsibility, appropriate supervision, and readiness for independent practice. This approach aligns with the Review Committee's broader commitment to accrediting programs that are training physicians who are prepared to deliver safe, effective, and high-quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
The Review Committee does not anticipate that this revision will impact continuity of patient care. The Case Log minimums are designed to be achievable within existing clinical workflows and are not intended to incentivize unnecessary procedures or disrupt established care models.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
This revision is not expected to require additional institutional resources. The Review Committee anticipates that the defined Case Log minimums can be met within the clinical volume, faculty expertise, and educational infrastructure currently present at accredited programs. Programs that already provide comprehensive exposure to the breadth of ophthalmic plastic and reconstructive surgery procedures should be well positioned to comply without changes to facilities, staffing, or financial support.
5. How will the proposed revision impact other accredited programs?
The Review Committee does not anticipate that this revision will have a direct impact on other ACGME-accredited programs. The proposed requirements are specific to ophthalmic plastic and reconstructive surgery fellowships and are designed to align with, rather than alter, existing expectations for interdisciplinary collaboration and shared clinical environments.

Requirement #: **4.16.**

Requirement Revision (significant change only):

Independent Practice

Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.

4.16. If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year.

(Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee added this requirement to formally incorporate existing ACGME Common Program Requirement language regarding fellow participation in independent practice. While independent practice during fellowship has been an established and accepted component of training in ophthalmic plastic and reconstructive surgery, it was not previously articulated in the subspecialty-specific Program Requirements.

This revision clarifies expectations by explicitly acknowledging the practice while establishing defined parameters that promote consistency, transparency, and appropriate educational oversight across programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Formal inclusion of this requirement supports fellow education by clearly defining the conditions under which independent practice may occur, ensuring that such experiences remain complementary to the educational mission of the fellowship.

From a patient safety and patient care quality perspective, the requirement provides guardrails that support appropriate supervision, accountability, and alignment with fellows' level of training and competence.
3. How will the proposed requirement or revision impact continuity of patient care?
The Review Committee does not anticipate that this revision will negatively impact continuity of patient care. The requirement reflects current practice patterns and introduces standardized limits rather than new clinical expectations. Programs retain discretion to integrate independent practice experiences in a manner that support continuity of care and team-based clinical models.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
This revision is not expected to require additional institutional resources. It does not mandate independent practice, nor does it require changes to facilities, staffing, or financial arrangements. Instead, it provides a clear framework for programs that already permit this activity.
5. How will the proposed revision impact other accredited programs?
The Review Committee does not anticipate that this revision will impact other ACGME-accredited programs. The language aligns the Program Requirements for Ophthalmic Plastic and Reconstructive Surgery and does not introduce new expectations beyond those already applicable across specialties and subspecialties.