

International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Specialty ACGME-I

Advanced Specialty Requirements for: **Ophthalmic Plastic and Reconstructive Surgery**

Proposed Effective Date: **15 September 2026**

Comments are currently being solicited on Programs Requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new Program Requirements.

The Review Committee-International will use the comments provided to determine final Program Requirements, which will be posted on the ACGME-I website.

Requirement	Line Number	Rationale
<p>I.A.1. The fellowship in ophthalmic plastic and reconstructive surgery must function as an integral part of an ACGME-I-accredited residency in ophthalmology.</p>	<p>35-37</p>	<p>The intent of the requirement is that there be a working, synergistic relationship between the residency and fellowship leadership that enhances each program. The program directors of the residency and fellowship should seek interactions that will enhance understanding of the requirements, implement the competency-based education program in a coordinated manner across the programs, and ensure that consideration is given to the potential impact of changes in one program on the other.</p>
<p>II.A.1. The program director must have completed an ophthalmic plastic and reconstructive surgery fellowship or have qualifications that are acceptable to the Review Committee-International. a) The program director should have at least five years of experience in ophthalmic plastic and reconstructive surgery</p>	<p>48-52</p>	<p>The Review Committee-International understands that the program director may not have completed a fellowship in ophthalmic plastic and reconstructive surgery. When judging qualifications, the committee will consider the program director's current practice and the length of time practicing in ophthalmic plastic and reconstructive surgery. The committee will also consider the length and type of the program director's faculty experience and scholarly activity in the subspecialty.</p> <p>Because programs will likely have a small number of fellows at any given time, they are expected to use a mentorship-based</p>

		model in which the program director has fewer administrative responsibilities and can devote more time to direct fellow education. In this setting, five years of experience was considered a more appropriate minimum than the three years required in Foundational Requirement II.A.6.a).
II.B.2. Faculty members in ophthalmic plastic and reconstructive surgery should have completed an ophthalmic plastic and reconstructive surgery fellowship.	65-67	Faculty members may not have completed a fellowship in ophthalmic plastic and reconstructive surgery. When appointing faculty members, the program should consider individuals' clinical practice, length of time practicing in ophthalmic plastic and reconstructive surgery, scholarly activity in ophthalmic plastic and reconstructive surgery, and teaching potential.
II.B.3. There should be designated faculty members to supervise rotations in the following areas: a) craniofacial surgery; b) dermatology; c) neurological surgery; d) neuro-ophthalmology; e) neuroradiology; f) ocular pathology; g) otolaryngology; and h) plastic surgery.	69-86	These medical specialists will provide fellows with a breadth of education in ophthalmic plastic and reconstructive surgery and help ensure comprehensive patient care. Consultants can be located at the primary clinical site or at a participating site that provides a required rotation.
IV.B.2. Fellows must participate in a minimum of 80 hours of didactic instruction, including seminars, lectures, approved basic science courses, and hands-on skill courses of which at least 40 hours must be in person.	321-324	Didactic instruction must be planned to complement clinical experience and provide an opportunity for fellows to develop the ACGME-I Medical Knowledge competencies. The requirements include the minimum number of didactic hours and acknowledge that at least half of the didactic instruction includes on-site, in-person sessions. Programs must develop the didactic schedule to meet the needs of fellows within the practice setting.
IV.C.4. Fellows must record all surgical cases in the ACGME-I Case Log System a) 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 International	377-383	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. Attainment of minimum cases does not signify achievement of competence in any procedure. Most importantly, meeting the minimum requirements for procedures does not replace or negate the requirement that, upon a resident's completion of the program, the program director must verify

		that the fellow has demonstrated sufficient competence to enter practice without direct supervision.
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