



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Ophthalmic Plastic and Reconstructive Surgery
(Ophthalmology)**

Initial Approval:

1 **ACGME International Specialty Program Requirements for Graduate Medical Education**
2 **in Ophthalmic Plastic and Reconstructive Surgery**
3 **(Ophthalmology)**
4

5 **Int. Introduction**
6

7 *Background and Intent: Programs must achieve and maintain Foundational*
8 *Accreditation according to the ACGME-I Foundational Requirements prior to receiving*
9 *Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below*
10 *complement the ACGME-I Foundational Requirements. For each section, the*
11 *Advanced Specialty Requirements should be considered together with the*
12 *Foundational Requirements.*
13

14 **Int. I. Definition and Scope of the Specialty**
15

16 An ophthalmic plastic and reconstructive surgeon is an ophthalmologist who has
17 additional fellowship training to evaluate, diagnose, and treat problems involving
18 the eyelids, orbit, tear drainage system, and surrounding face. Ophthalmic plastic
19 and reconstructive surgeons assess patients and create treatment plans for
20 ophthalmic plastic/reconstructive surgery–related conditions; provide pre-operative
21 decision-making, surgery, and post-surgical follow-up care for their patients; and,
22 perform a wide range of medical, diagnostic, and surgical procedures, including
23 eyelid reconstruction, orbit surgery, tear drainage (lacrimal) surgery, periocular
24 tumors and repairs, and aesthetic/functional periocular procedures.

25
26 **Int. II. Duration of Education**
27

28 Int. II.A. The educational program in ophthalmic plastic and reconstructive surgery
29 must be 24 or 36 months in length.
30

31 **I. Institution**
32

33 **I.A. Sponsoring Institution**
34

35 I.A.1. The fellowship in ophthalmic plastic and reconstructive surgery must
36 function as an integral part of an ACGME-I-accredited residency in
37 ophthalmology.
38

39 **I.B. Participating Sites**
40

41 I.B.1. Assignment at participating sites must provide opportunities for continuity of
42 care.
43

44 **II. Program Personnel and Resources**
45

46 **II.A. Program Director**
47

48 II.A.1. The program director must have completed an ophthalmic plastic and
49 reconstructive surgery fellowship or have other qualifications that are
50 acceptable to the Review Committee-International.

- 51 II.A.1.a) The program director should have at least five years of experience
52 in ophthalmic plastic and reconstructive surgery.
53
- 54 II.A.2. The program director must have current clinical activity primarily in
55 ophthalmic plastic and reconstructive surgery.
56
- 57 II.A.3. The program director must demonstrate engagement in ongoing
58 research in the area of ophthalmic plastic and reconstructive surgery.
59
- 60 **II.B. Faculty**
61
- 62 II.B.1. In addition to the program director, there must be at least one ophthalmic
63 plastic and reconstructive surgeon core faculty member.
64
- 65 II.B.2. Faculty members in ophthalmic plastic and reconstructive surgery
66 should have completed an ophthalmic plastic and reconstructive surgery
67 fellowship.
68
- 69 II.B.3. There should be designated faculty members to supervise rotations in
70 the following areas:
71
- 72 II.B.3.a) craniofacial surgery;
73
- 74 II.B.3.b) dermatology;
75
- 76 II.B.3.c) neurological surgery;
77
- 78 II.B.3.d) neuro-ophthalmology;
79
- 80 II.B.3.e) neuroradiology;
81
- 82 II.B.3.f) ocular pathology;
83
- 84 II.B.3.g) otolaryngology; and,
85
- 86 II.B.3.h) plastic surgery.
87
- 88 **II.C. Other Program Personnel**
89
- 90 See International Foundational Requirements, Section II.C.
91
- 92 **II.D. Resources**
93
- 94 II.D.1. The outpatient areas at each participating site must have a minimum of
95 one fully equipped examining room for each fellow in the clinic.
96
- 97 II.D.2. The surgical facilities at each participating site must include at least one
98 operating facility appropriately equipped for ophthalmic plastic and
99 reconstructive surgery.
100
- 101 II.D.3. There must be inpatient facilities with access to sufficient space and
102 beds for patient care.

103		
104	II.D.3.b)	Inpatient facilities should include an eye examination room with a slit lamp that is easily accessible to fellows.
105		
106		
107	II.D.4.	There must be appropriate oculoplastic examination equipment available to fellows at each site.
108		
109		
110	III. Fellow Appointment	
111		
112	III.A. Eligibility Criteria	
113		
114	II.A.1.	Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in ophthalmology, or an ophthalmology residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.
115		
116		
117		
118		
119	II.B. Number of Fellows	
120		
121		See International Foundational Requirements, Section III.B.
122		
123	III. Specialty-Specific Educational Program	
124		
125	III.A. ACGME-I Competencies	
126		
127	III.A.1.	The program must integrate the following ACGME-I Competencies into the curriculum.
128		
129		
130	III.A.1.a)	Professionalism
131		
132	IV.A.1.a).(1)	Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.
133		
134		
135	IV.A.1.b)	Patient Care and Procedural Skills
136		
137	IV.A.1.b).(1)	Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in:
138		
139		
140		
141		
142	IV.A.1.b).(1).(a)	evaluating, diagnosing, and determining a treatment plan for patients with ophthalmic plastic and reconstructive surgery-related problems;
143		
144		
145		
146	IV.A.1.b).(1).(b)	integrating information obtained from an accurate and appropriate patient history and examination;
147		
148		
149	IV.A.1.b).(1).(c)	selecting laboratory and imaging tests that are directed by the patient's history and physical examination; and,
150		
151		
152		
153	IV.A.1.b).(1).(d)	teaching ophthalmic plastic and reconstructive surgery to ophthalmology residents.
154		

155		
156	IV.A.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice, to include demonstrating competence in interpreting the results of diagnostic tests, including:
157		
158		
159		
160		
161	IV.A.1.b).(2).(i).	enucleation, evisceration, exenteration, and secondary implants of the orbit;
162		
163		
164	IV.A.1.b).(2).(ii)	anterior, lateral, medial, and superior orbitotomy for exploration, biopsy, and tumor removal; and orbital reconstruction for periorbital anomalies, to include trauma;
165		
166		
167		
168		
169	IV.A.1.b).(2).(iii)	management of eyelid malposition to include eyelid retraction, ectropion and entropion;
170		
171		
172	IV.A.1.b).(2).(iv)	blepharoptosis repair, to include anterior and posterior eyelid approaches and frontalis suspension;
173		
174		
175		
176	IV.A.1.b).(2).(v)	upper eyelid blepharoplasty (functional and aesthetic) and lower eyelid blepharoplasty;
177		
178		
179	IV.A.1.b).(2).(vi)	eye lid reconstruction following congenital defects, trauma, or tumor excision;
180		
181		
182	IV.A.1.b).(2).(vii)	repair and treatment of distichiasis and trichiasis (eyelid splitting procedures, mucous membrane grafts, electrolysis, and/or cryotherapy);
183		
184		
185		
186	IV.A.1.b).(2).(viii)	conjunctivoplasty;
187		
188	IV.A.1.b).(2).(vii)	trauma and laceration repairs;
189		
190	IV.A.1.b).(2).(vii)	rhytidectomy related to periorbital processes;
191		
192	IV.A.1.b).(2).(xvi)	dacryocystorhinostomy and other lacrimal procedures, to include external and endoscopic techniques;
193		
194		
195		
196	IV.A.1.b).(2)(xvii)	excision of tumors involving the periorbital and adjacent regions-benign and malignant;
197		
198		
199	IV.A.1.b).(2).(xviii)	facial flaps and grafts related to the management of periorbital processes;
200		
201		
202	IV.A.1.b).(2).(xvix)	management of upper face and brow conditions (e.g., brow ptosis repair);
203		
204		
205	IV.A.1.b).(2).(xvx)	nasal and sinus endoscopy, turbinectomy, and procedures related to the management of lacrimal
206		

207		and periorbital processes; and,
208		
209	IV.A.1.b).(2).(xvxi)	using neuromodulators, soft tissue fillers, other
210		technologies (e.g., laser, light-based, and
211		mechanical treatments) and/or
212		chemical/pharmaceutical agents for the
213		management of contour and skin quality
214		abnormalities (functional and aesthetic).
215		
216	IV.A.1.c)	Medical Knowledge
217		
218	IV.A.1.c).(1)	Fellows must demonstrate knowledge of established and
219		evolving biomedical clinical, epidemiological, and social-
220		behavioral sciences, as well as the application of this
221		knowledge to patient care. Fellows must demonstrate
222		knowledge of:
223		
224	IV.A.1.c).(1).(a)	anatomy and physiology of the orbit, eyelids,
225		lacrimal system, nose, sinuses, and head and neck
226		as it relates to the orbits and adnexa;
227		
228	IV.A.1.c).(1).(b)	common orbital problems of children, including
229		congenital anomalies, cellulitis, benign and
230		malignant tumors, and orbital inflammations;
231		
232	IV.A.1.c).(1).(c)	common orbital disorders of adults, including orbital
233		cellulitis, orbital inflammatory disease, thyroid
234		orbitopathy, vasculitis, congenital tumors, vascular
235		tumors, neural tumors, lacrimal gland tumors, fibro-
236		osseus tumors, histiocytic diseases, lymphoid
237		tumors, metastatic tumors, trauma, anophthalmic
238		socket problems, and skull base disease;
239		
240	IV.A.1.c).(1).(d)	the eyelid, including congenital syndromes,
241		inflammation, trauma, ectropion, entropion,
242		trichiasis, blepharoptosis, eyelid retraction,
243		dermatochalasis, blepharochalasis, eyelid tumors,
244		blepharospasm, facial nerve palsy, eyebrow,
245		midface and lower face function, and aesthetics;
246		
247	IV.A.1.c).(1).(e)	the lacrimal system, including congenital tearing,
248		acquired tearing, and trauma;
249		
250	IV.A.1.c).(1).(f)	ocular surface pathology, including cicatricial
251		processes affecting the bulbar and palpebral
252		conjunctiva, management of corneal and
253		conjunctival exposure, and relationship of the lids,
254		mid-face, and brow to ocular exposure;
255		
256	IV.A.1.c).(1).(f)	regional anatomy, including graft sites frequently
257		used, such as cranial bone, ear, nose, temporal
258		area, mouth and neck, abdomen, buttocks, legs,

259		supraclavicular area, and arm;
260		
261	IV.A.1.c).(1).(g)	fundamentals of ocular and orbital anatomy, chemistry, physiology, microbiology, immunology, and wound healing;
262		
263		
264		
265	IV.A.1.c).(1).(h)	histology and pathology to interpret ocular, cutaneous, and periocular pathology and dermatopathology;
266		
267		
268		
269	IV.A.1.c).(1).(i)	diagnostic and therapeutic procedures with comprehensive examination of the eyelids and periorbital region;
270		
271		
272		
273	IV.A.1.c).(1).(j)	examination of the lacrimal system, and nasal exam with speculum and endoscope;
274		
275		
276	IV.A.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 involuntional changes on lower eyelid position, assessment of the face for the harmonious aesthetic units, and evaluation of the inter-relationships of each;
277		
278		
279		
280		
281		
282		
283		
284		
285		
286	IV.A.1.c).(1).(l)	examination and measurement of orbital structures and functions; and,
287		
288		
289	IV.A.1.c).(1).(m)	the principles of plain films, computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound imaging relating to the head and neck with particular emphasis on the orbit.
290		
291		
292		
293		
294	IV.A.1.d)	Practice-Based Learning and Improvement
295		
296	IV.A.1.d).(1)	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.
297		
298		
299		
300		
301	IV.A.1.e)	Interpersonal and Communication Skills
302		
303	IV.A.1.e).(1)	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients' families, and health professionals.
304		
305		
306		
307		
308	IV.A.1.f)	Systems-Based Practice

309
310 IV.A.1.f).(1) Fellows must demonstrate an awareness of and
311 responsiveness to the larger context and system of
312 health care, including the social determinates of health,
313 as well as the ability to call effectively on other resources
314 in the system to produce optimal care.

315
316 **IV.B. Regularly Scheduled Educational Activities**

317
318 IV.B.1. Fellows must prepare and present teaching conferences and participate
319 in the teaching of fellows, residents, and/or medical students.

320
321 IV.B.2. Fellows must participate in a minimum of 80 hours of didactic
322 instruction, including seminars, lectures, approved basic science
323 courses, and hands-on skill courses, of which at least 40 hours must be
324 in person.

325
326 IV.B.2.a) Fellows must attend regularly scheduled case presentation
327 conferences and prepare and present a minimum of two case
328 presentations per year.

329
330 IV.B.2.b) Fellows should attend grand rounds and actively participate in
331 case presentation conferences and discussions of patients with
332 ophthalmic plastic and reconstructive surgery.

333
334 IV.B.2.c) Fellows should attend didactic lectures on ophthalmic plastic and
335 reconstructive surgery topics given by faculty members during
336 the program, including at least six lecture hours per year.

337
338 IV.B.2.c).(i) Fellows should prepare and present a minimum of two
339 didactic lectures per year on the diagnosis/treatment of
340 entities afflicting the eyelids, tear system, orbit, or face,
341 to be presented to faculty members, other fellows, and
342 residents.

343
344 IV.B.2.d) Fellows, along with the members of the ophthalmic plastic and
345 reconstructive surgery faculty, should actively participate in a
346 journal club where fellows and faculty members present and
347 critically discuss selections from the current literature.

348
349 IV.B.3. Fellows must have instruction in ethics related to patient care and
350 human and animal research.

351
352 IV.B.4. Fellows must participate in one orbital dissection during their 24-month
353 program.

354
355 IV.B.5. Fellows must learn the fundamentals of cosmetic surgery and its
356 complications with emphasis on brows and mid-face, as well as grafts
357 and implants.

358
359 IV.B.6. Fellows must learn the team approach to orbital and periorbital trauma.

360
361 **IV.C. Clinical Experiences**

- 362
363 IV.C.1. Fellows must directly evaluate and provide diagnosis and treatment
364 plans for a minimum of 1,200 patient encounters per year during the
365 course of the program.
- 366 IV.C.1.a) These patients must have ophthalmic plastic and reconstructive
367 surgery-related problems.
368
- 369 IV.C.2. Fellows must document a minimum of 300 operative procedures in an
370 operating room or equivalent facility, plus 150 minor office-based
371 procedures, such as biopsies and incision/curettage.
372
- 373 IV.C.3. Fellows must actively participate in pre-operative decision making and
374 subsequent operative procedures, as well as post-surgical care and
375 follow-up evaluation of their patients.
376
- 377 IV.C.4. Fellows must record all surgical cases in the ACGME-I Case Log
378 System.
379
- 380 IV.C.4.a) Each graduating fellow must have performed and/or assisted in
381 the minimum number of essential operative cases and case
382 categories as established by the Review Committee-
383 International.
384
- 385 IV.C.5. Fellows must participate in clinical experiences in related
386 specialties/subspecialties, such as neuro-ophthalmology,
387 otolaryngology, plastic surgery, and procedural dermatology, , , to
388 understand interdisciplinary care and treatment of oculofacial and orbital
389 disease.
390
- 391 IV.C.6. Fellows must participate in multidisciplinary experiences with exposure
392 to craniofacial surgery, dermatology, neurological surgery, neuro-
393 ophthalmology, oncology, oral and maxillofacial surgery, otolaryngology,
394 pathology, plastic surgery, and radiology.
395
- 396 IV.C.7. Programs must provide a team-oriented learning environment for patient
397 care that incorporates both outpatient and inpatient exposure. The team
398 may include faculty members and residents in ophthalmology; referring
399 physicians; consultant physicians in dermatology, neurological surgery,
400 otolaryngology, pathology, and plastic surgery; laboratory and
401 administrative staff members; medical students; nurses; and
402 technicians; among others.
403
- 404 IV.C.8. Fellows should conduct 10 hours of pathology slide review with clinical
405 correlation.
406
- 407 **IV.C. Scholarly Activity**
408
- 409 IV.D.1. Fellows' Scholarly Activity
410
- 411 IV.D.1.a) Fellows must participate in scholarly activity.
412

- 413 IV.D.1.a) Each fellow must maintain a log of conferences attended,
 414 lectures given, journal clubs attended, involvement in research
 415 activities, publications, and meetings attended, to be reviewed by
 416 the program director.
 417
- 418 IV.D.1.a) Research activities should include participation in clinical trials,
 419 prospective and retrospective studies, case reports, and/or basic
 420 science research whenever feasible.
 421
- 422 IV.D.1.b) Fellows should attend local and regional conferences relevant to
 423 ophthalmic plastic and reconstructive surgery.
 424
- 425 IV.D.1.c) Each fellow should be a lead author of one peer-reviewed
 426 publication related to ophthalmic plastic and reconstructive
 427 surgery research performed during fellowship education.
 428
- 429 IV.D.2. Faculty Scholarly Activity
 430
 431 See International Foundational Requirements, Section IV.D.2.
 432
- 433 **V. Evaluation**
 434
- 435 **V.A. Fellow Evaluation**
 436
- 437 V.A.1. Each fellow's semi-annual evaluation must include review of operative
 438 procedures entered into ACGME-I Case Log System, including
 439 verification of the number of procedures in each category when the fellow
 440 has acted as Surgeon and Assistant Surgeon.
 441
- 442 **V.B. Clinical Competency Committee**
 443
 444 See International Foundational Requirements, Section V.B.
 445
- 446 **V.C. Faculty Evaluation**
 447
 448 See International Foundational Requirements, Section V.C.
 449
- 450 **V.D. Program evaluation and Improvement**
 451
 452 See International Foundational Requirements, Section V.D.
 453
- 454 **V.E. Program evaluation Committee**
 455
 456 See International Foundational Requirements, Section V.E.
 457
- 458 **VI. The Learning and Working Environment**
 459
- 460 **VI.A. Principles**
 461
 462 See International Foundational Requirements, Section VI.A.
 463
- 464 **VI.B. Patient Safety**

465		See International Foundational Requirements, Section VI.B.
466		
467		
468	VI.C.	Quality Improvement
469		
470		See International Foundational Requirements, Section VI.C.
471		
472	VI.D.	Supervision and Accountability
473		
474	VI.D.1.	The program must prepare and distribute a written policy describing
475		fellow responsibility for the care of patients and faculty members'
476		responsibilities for supervision.
477		
478	VI.E.	Professionalism
479		
480		See International Foundational Requirements, Section VI.E.
481		
482	VI.F.	Well-Being
483		
484		See International Foundational Requirements, Section VI.F.
485		
486	VI.G.	Fatigue
487		
488		See International Foundational Requirements, Section VI.G.
489		
490	VI.H.	Transitions of Care
491		
492		See International Foundational Requirements, Section VI.H.
493		
494	VI.I.	Clinical Experience and Education
495		
496		See International Foundational Requirements, Section VI.I.
497		
498	VI.J.	On-Call Activities
499		
500		See International Foundational Requirements, Section VI.J.