



AUPO
FELLOWSHIP
COMPLIANCE
COMMITTEE

ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY
FELLOWSHIP COMPLIANCE COMMITTEE

Program Requirements for Fellowship Education in Pediatric Ophthalmology and Strabismus

I. Introduction

It is important that most eye problems presenting in childhood be corrected as early as feasible. Failure to correct these problems at an appropriate time early in life may result in permanent visual deficits, eye muscle disorders, and possibly legal blindness. This early attention to a child's ocular problems should permit him or her to have optimal vision and binocularity (use of both eyes together) in adulthood. We believe that it is in the public interest that ophthalmologists who deal exclusively or principally with children be optimally trained to diagnose and treat disorders of the child's eye. As members of the largest North American organization of ophthalmologists who deal exclusively or principally with eye disease in children and eye muscle problems in adults and children, The American Association for Pediatric Ophthalmology and Strabismus (AAPO&S) in cooperation with The Association of University Professors in Ophthalmology Fellowship Compliance Committee (AUPO FCC) wishes to assure that all future members of this organization are properly trained in pediatric ophthalmology and strabismus by satisfactorily completing an appropriate post-residency fellowship training program.

In furtherance of this objective, we propose that;

- A. All fellowship programs must comply with the requirements listed below.
- B. Upon satisfactory completion of a fellowship training program, an individual will receive certification from the training program.
- C. All fellowship programs are subject to periodic review to assure their continued compliance to the requirements listed below.

Therefore, to attempt to assure the highest quality of ophthalmic care for the children of North America by ophthalmologists optimally trained in pediatric ophthalmology and strabismus, we propose the following requirements for appropriate post-residency fellowship training:

II. Qualifications

A. Qualifications of the applicant:

1. The applicant must have satisfactorily completed a residency program in ophthalmology.

B. Qualifications of the program:

1. The training program must be based at an institution that is affiliated with an approved ophthalmology residency program. This institution shall be known as the parent institution.
2. The institution must be associated with a general pediatric training program.
3. All programs will be approved for a fixed number of positions to be initially determined by the AUPO Fellowship Compliance Committee. The number of fellowship positions offered will depend on the adequacy of the clinical volume, number of faculty, and other resources.
4. All of a program's AUPO compliant clinical positions must be offered through the San Francisco Fellowship Matching Program (SF-FMP) but the fellow who fills the position does not necessarily have to be eligible for unrestricted AAPO&S membership. Exceptions to this can be made *after* approval by the AUPO FCC on a case-by-case basis. The AUPO-FCC must be notified at the time of initial application of any non-clinical fellowship positions.
5. The fellowship program must receive a letter of support from the chairman and/or program director of the parent department of ophthalmology.

C. Qualifications of the faculty:

1. The primary faculty of the program must include at least one voting member of AAPO&S and at least one AAPO&S eligible member. The AAPO&S eligible faculty member must apply for membership in a period of time not to exceed two years from the time they became faculty for the fellowship program. The program director shall have had at least five years of clinical experience following his/her fellowship training, and hold a current appointment in the ophthalmology department of the parent institution. In addition, to serve as a program director the faculty member must have been at the site of that program for at least 2 1/2 years unless there is a current fellowship in place, in which case they can assume directorship immediately.

2. The program director must be engaged in ongoing research in the field of pediatric ophthalmology demonstrated by regular publications in refereed journals and/or presentation of research material at national meetings, and/or appointments to national or international committees in this specialty and should be a recognized as experts in the field of pediatric ophthalmology.
3. The program director must be a voting member of AAPO&S whose practice conforms to the minimum requirements for a Member as set forth in section 4.03 of the AAPO&S Bylaws (currently 75% pediatric ophthalmology or strabismus).
4. In addition to the program director, the fellow(s) must have the opportunity to work at least 20 % of the time (e.g. one day/week, etc.) with the other AAPO&S faculty members in the program and this should be reflected in the weekly/monthly schedule.

III. Duration and Location of Fellowship Training Program

- A. A minimum of 12 months training is required including appropriate short periods for vacation or special assignments.
- B. Prior to entry in the program, each fellow must be notified of the required length of the program, policies for vacation, duties, stipends and other forms of support.
- C. At least 50% (6 months) of the fellow's time must be spent at the parent institution or at one of the hospitals or sites which are part of the parent institution.
- D. If some of the 12 months experience is to be spent away from the parent institution, verification and documentation of such training is the responsibility of the program director.

IV. Duties of the Program Director

- A. Maintain an active clinical service in pediatric ophthalmology and/or strabismus at the parent institution.
- B. Periodically assess the fellows by means of adequate documentation and make adjustments for areas of deficiency.
- C. Personally supervise the administration and implementation of these fellowship requirements.

- D. Certify the satisfactory completion of the course of training by the fellow at the end of the training program.
- E. Inform the chair of the AUPO-FCC within 30 days of any substantive change in the program (such as but not limited to: change in program director, loss of faculty, change in location).
- F. Inform their accepted applicants of the deadlines for application to AAPO&S as members-in-training and regular (post-fellowship) membership. In programs with both “approved” and non-“approved” positions, inform their accepted applicants of AAPO&S positions they are eligible for.
- G. Distribute to all *applicants* to the program an “information sheet” (to be supplied by AUPO FCC) that will include information about “approved” programs and their relationship to AAPO&S membership, a list of AUPO compliant programs, etc, and any other information deemed appropriate by the AUPO FCC.

V. Required Characteristics of the Program

- A. Medical liability coverage must be provided to the fellow by the program during his/her training.
- B. The medical and surgical care provided by the fellow during his/her training must be supervised.
- C. A journal club specific to the pediatric ophthalmology/strabismus program must be held at least six times per annum.
- D. Fellows must have ready access to a major medical library and facilities for electronic retrieval of information from medical databases.
- E. The fellow is required to prepare and present teaching conferences and participate in the teaching of residents and/or medical students.
- F. The fellow should be involved in the ongoing research activities of the department.
- G. The teaching program must include:
 - 1. An ongoing program of study of the pertinent literature, guided by the faculty.
 - 2. Informal and formal didactic teaching as well as access to pertinent reading materials.
 - 3. The provision of appropriate clinical material, i.e., patients for examination, evaluation, treatment, and discussion.
- H. The program must include teaching (including lectures, conferences, or informal sessions) in at least the following subject areas:

1. Strabismus
 - a. Anatomy, physiology, neuroanatomy
 - b. Sensory adaptation and testing
 - c. Amblyopia diagnosis and treatment
 - d. Refraction management
 - e. Esodeviations and Exodeviations
 - f. Vertical and incomitant strabismus
 - g. Ophthalmoplegic syndromes
 - h. Surgery; primary and complex
 - i. Botulinum toxin,
 - j. Nystagmus – Evaluation and management

2. Pediatric Ophthalmology
 - a. Vision development in infancy and childhood
 - b. Embryological basis of conditions relative to pediatric ophthalmology
 - c. Neonatal ophthalmology including retinopathy of prematurity
 - d. Genetics, inborn errors of metabolism, and syndromes involving the eye
 - e. Electrodiagnostic testing
 - f. Ocular manifestations of systemic disease in children
 - g. Vision and learning; dyslexia
 - h. Vision screening
 - i. Treating the visually handicapped child; low vision management
 - j. Pediatric ocular trauma
 - k. Pediatric ocular tumors
 - l. Ultrasound, CT scan and MRI in pediatric ophthalmology
 - m. Ethical considerations specific to pediatric ophthalmology

3. Areas of the following as related to pediatric ophthalmology and vision development
 - a. External ocular disease
 - b. Lacrimal disorders
 - c. Lid disorders
 - d. Corneal disorders
 - e. Uveal disorders
 - f. Lens disorders
 - g. Pediatric glaucoma; primary and secondary
 - h. Retina and vitreous
 - i. Neuro-ophthalmology

I. Surgery

1. Surgical training is required in this surgical sub-specialty.
2. The fellow must serve as the primary surgeon in a minimum of 75 major surgical cases. Fifty of these cases must be strabismus on which the fellow serves as the primary surgeon as defined below and must be done under the direct supervision of an AAPO&S member or attending with equivalent qualifications. Examinations under anesthesia do not qualify as major cases. A strabismus surgical case in which the fellow qualifies as a primary surgeon is defined as a case in which the fellow has done at least one or more complete muscles on a patient. A fellow cannot serve as both a primary surgeon and a first assistant for the same surgical case.

J. Re-approval of a fellowship program is contingent upon having a fellow in training for at least one of the years covered by the triennial review. (A program that does not have a fellow for the three consecutive years of the triennial review period, must reapply as a new program.)

VI. Documentation and Verification

A. Documentation and verification of the program's activities is required annually and must include the following:

1. A surgical log must be kept by the fellow and reviewed by the program director. The director must keep a summary of the year's surgical experience. The log must include diagnosis, surgery performed, and whether the fellow is first assistant or primary surgeon.
2. A list of conferences/lectures given by the fellow.
3. A list of journal club subjects.
4. A list of submitted/published papers and papers/research projects presented at national meetings by members of the department including fellows.
5. Representative weekly schedule (multiple schedules, if changes in schedule occur significantly during the year). This must include descriptions of each activity center, how the fellow functions within that activity, and the staffing or mechanism of supervision.
6. The program director must provide a written, final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and

independently. This final evaluation must be part of the fellow's permanent record maintained by the institution.

7. Compliance of the program and submission of the exit survey by fellows are program requirements. Documentation and verification of this material will be collected and evaluated by the AUPO FCC.