



## ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY FELLOWSHIP COMPLIANCE COMMITTEE

### Program Requirements for Fellowship Education in Oculofacial Plastic Surgery (OPS)

#### I. Introduction

Fellowship programs in Oculofacial Plastic Surgery (OPS) train post-graduate physicians to become competent in the functional and aesthetic care of disorders of the eyelids, lacrimal system, orbits, and face as defined by the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). OPS Fellowship programs must demonstrate strong educational principles, comprehensive clinical and surgical training, and research experience.

#### A. Definition of Terms

- a. AAO - American Academy of Ophthalmology
- b. ABO – American Board of Ophthalmology
- c. ASOPRS – American Society of Ophthalmic Plastic and Reconstructive Surgery
- d. ASOPRSCoder – Electronic Platform used by Fellows to log procedures and surgical cases
- e. AUPO – Association of University Professors of Ophthalmology
- f. AUPO FCC - AUPO Fellowship Compliance Committee
- g. AUPO FCC in compliance – Designation for OPS programs in compliance with all requirements and policies
- h. AUPO FCC in compliance but monitored – Designation for OPS programs being closely monitored by OPS Subspecialty Managers to correct issues that may result in being not in compliance.
- i. AUPO FCC not in compliance – Designation for OPS programs not in compliance with all requirements and policies; these programs must reapply for AUPO FCC compliance.
- j. AUPO FCC OPS Subspecialty Managers (OPS Managers) – Two (2) persons appointed by ASOPRS to sit on the AUPO FCC. The Subspecialty Managers will be the Fellowship Education Director and the Immediate Past Fellowship Education Director.
- k. Fellow– Trainee in a Fellowship training program
- l. OPS – Oculofacial Plastic Surgery
- m. PD – Program Director of Fellowship training program
- n. PTO – Paid Time Off
- o. RCPSC – Royal College of Physicians and Surgeons of Canada

#### B. Definition and Scope of OPS Fellowship Programs

- a. OPS Fellowship Programs are full spectrum training programs that encompass functional, reconstructive, and aesthetic OPS. These programs will promote the development of interpersonal, interdisciplinary and academic skills to produce accomplished physicians and surgeons who, upon completion of training, possess the skills consistent with the standards set forth by ASOPRS for the AUPO FCC.
- b. OPS Fellowship Programs are Program Director-based (not institutional-based). Each training program will be under the direction of a single Program Director (PD). The AUPO FCC shall designate and monitor the PD, in accordance with the recommendations of the ASOPRS appointed AUPO FCC OPS Subspecialty Managers, as well the memorandum of agreement and other documents describing the relationship between ASOPRS and the AUPO FCC.
- c. Each program is expected to uphold the ethical standards of medicine and provide training for the Fellow to become a practicing oculofacial plastic surgeon. In addition, completion of training will allow the opportunity to apply for membership in ASOPRS by the pathway defined by ASOPRS.

### **C. Duration of Training**

- a. OPS Fellowship Programs must be twenty-four (24) months in duration including reasonable time away from duties.

### **D. Applicant Eligibility Requirements**

- a. OPS Fellowship applicants must be enrolled in or have satisfactorily completed an ACGME-accredited ophthalmology residency program or an RCPSC-accredited ophthalmology residency program and be eligible to take the American Board of Ophthalmology (ABO) certifying examination, or already be ABO-certified and participating in Maintenance of Certification or certified by the RCPSC – Royal College of Physicians and Surgeons of Canada.
- b. Applicant eligibility exceptions can only be granted with approval of the AUPO FCC, based on the recommendations of the AUPO FCC OPS Subspecialty Managers.

### **E. ASOPRS-sponsored OPS SFMatch**

- a. All applicants and programs must use the ASOPRS-sponsored OPS SFMatch. Failure to match through the ASOPRS-sponsored OPS SFMatch may result in the program being designated as AUPO FCC not in compliance.

## **II. Program Definition and Requirements**

### **A. Definition of AUPO FCC In Compliance OPS Fellowship Training Program Directors**

- a. OPS Fellowship Training Programs will be directed by a single Program Director (PD). This PD will have full authority and accountability for program.
- b. PD is determined by the AUPO FCC based on the recommendation of the AUPO FCC OPS Subspecialty Managers.
- c. PD must be in active clinical and surgical practice of OPS.
- d. If a PD elects to no longer serve as a PD, the program will cease to be AUPO FCC in compliance. The position of PD can only be determined by the AUPO FCC; any institution to which the PD has an affiliation, or other employer of the PD, has no authority to substitute or seek to assign or reassign responsibilities associated with the position. The institution or other employer of the PD cannot retain the program, and a new program application must be made.
- e. When a PD elects to no longer serve as a PD, they should make every effort to complete the training of the current and/or matched Fellow. For circumstances where this is not possible, see section on Transfers, Relocations, Holds, and Retirement.
- f. PD is fully responsible to direct and supervise the Fellow's clinical, surgical, research and didactic curriculum.
- g. Fellow must spend at least twenty-five (25) percent of their time with the PD.
- h. PD is responsible for submitting all information required by the AUPO FCC and any additional information required by ASOPRS.
- i. PD must agree to comply with AUPO charters, policies, rules, and regulations, and with ASOPRS Bylaws, charters, policies, rules, regulations, and all guidelines set forth in this document.

### **B. Program Site Requirements**

- a. The approved program site may be private practice, university, institutional, or military based.
- b. PD must have sufficient time and financial support for the educational and administrative responsibilities to the program.
- c. The clinical areas of each participating site must have fully equipped examining rooms and access to current diagnostic equipment.
- d. The program's surgical facilities must have at least one (1) operating facility appropriately equipped for OPS.
- e. There must be access to patients at inpatient facilities to allow for tertiary care. (e.g., trauma, consults, complex multidisciplinary cases).

- f. Fellow must have ready access to specialty-specific reference materials as well as those in relevant disciplines. Electronic medical literature databases with search capabilities should be available.
- g. Minimum salary appropriate to geographic area, health insurance, PTO (recommend at least two weeks per year, and designated duty-free time or according to institutional policy) and medical malpractice insurance with tail coverage must be provided.
- h. Fellow must have access to photographic equipment with HIPAA compliant, secure, protected electronic storage for patient photographs.

### **C. Program Clinical Requirements**

- a. Program must be able to provide a wide breadth of experience in clinical disorders of the eyelids, lacrimal system, orbit, and face in both functional and aesthetic realms.
- b. Program must be able to provide a multidisciplinary experience e.g., exposure to otolaryngology-head and neck surgery, dermatology, craniofacial surgery, plastic surgery, neuro-ophthalmology, neurosurgery, oncology, oral maxillofacial surgery, pathology, and radiology. The multidisciplinary experience must include direct contact for the Fellow with the attendings and trainees of the various disciplines. Shared clinical or surgical cases and informal or formal rotations may satisfy this requirement.

### **D. Program Didactic Requirements**

- a. Fellow must participate in a minimum of eighty (80) hours of didactic instruction, including seminars, lectures, approved basic science courses, hands-on skills transfer courses, and clinical pathology correlation over the course of twenty-four (24) months. These should include the following:
  - 1. Attendance at grand rounds: the Fellow should actively participate in case presentation conferences and discussions of OPS cases.
  - 2. Attendance at regularly scheduled case presentation conferences: the Fellow must prepare and present a minimum of two (2) case presentations per year.
  - 3. Attendance at lectures on OPS topics given by the Faculty during the Fellowship teaching program, including at least six (6) lecture hours per year.
  - 4. The Fellow must prepare and present a minimum of two (2) didactic lectures per year on the diagnosis/treatment of entities affecting the eyelids, lacrimal system, orbit or face for presentation.
  - 5. Attendance and participation in at least two (2) courses or meetings devoted to OPS.
  - 6. Attendance at one (1) facial/orbital dissection course
  - 7. Attendance at at least three (3) journal clubs per year focused on OPS.

### **E. Program Surgical Requirements**

- a. Limited rotation in other related subspecialties such as neurosurgery, plastic surgery, otolaryngology-head and neck surgery, facial plastic surgery, dermatology, or other overlapping disciplines is encouraged.
- b. Fellow must actively participate in the preoperative and postoperative management of surgical cases in which they are part of the surgical team.
- c. Surgical Case Volume:
  - 1. Participating in seven hundred and fifty (750) oculofacial plastic surgical procedures over the twenty-four (24) month Fellowship training period. A surgical procedure on one (1) eyelid is equivalent to one (1) surgical procedure. In cases in which the Fellow performs a procedure on each eyelid of the same patient, this is equivalent to two (2) surgical procedures.
  - 2. The minimum number of surgical cases in which the Fellow performs at least fifty (50) percent of the entire case shall be no less than three hundred (300) over a two-year, twenty-four (24) month period (at least one hundred and fifty (150) per year). Cases should be distributed according to the OPS Program requirements.
  - 3. In addition to the minimum required seven hundred and fifty (750), the Fellow must perform at least one hundred and fifty (150) minor procedures, such as biopsies and incision/curettage.
  - 4. See Appendix for specific case volume requirements.

## **F. Program Research Requirements**

- a. PD and Faculty must emphasize and teach the principles of ethical and humane treatment of patients and research subjects in accordance with the Code of Ethics of the American Academy of Ophthalmology and the World Medical Association's ethical principles for medical research involving human subjects outlined in the Declaration of Helsinki as amended in 2013.
- b. All human research is subject to the Federal Policy for the Protection of Human Subjects or 'Common Rule' (Title 45 CFR Chapter 46) that outlines the basic provisions for IRBs, informed consent, and Assurances of Compliance.
- c. Research funding may be obtained by grant application or direct funding from the institution or PD. If the research is being conducted during the twenty-four (24) month period of training, research costs will be the responsibility of the Program and will not fall on the Fellow. This includes fees associated with IRB approvals, presentation expenses, or other related fees.
- d. Program must have availability of clinical and/or laboratory research facilities.
- e. Research activities may include participation in clinical trials, prospective and retrospective studies, case reports, and basic science research.
- f. Fellow must actively participate, with the OPS Faculty, in a quarterly journal club where the Fellow and Faculty present and critically discuss selections from the current literature relevant to OPS.
- g. Fellow must be a lead author of at least one (1) original manuscript pertaining to OPS submitted for peer-reviewed publication.
- h. Fellow must complete a research project within the discipline of OPS as the primary investigator that will serve as the required thesis for membership.

## **G. Program Evaluation Requirements**

- a. PD must participate in internal and external evaluation of clinical and surgical exposure of the training program as outlined under the Evaluation section.
- b. Surgical Log Documentation (ASOPRSCoder)
  1. Fellow must document in ASOPRSCoder a sufficient number and distribution of cases for Surgeon (Fellow as primary surgeon) and Assistant (Fellow as first assistant). Cases should be recorded within one (1) month of the service. ASOPRSCoder will not allow registration of cases after (3) months have passed since they were performed.
  2. Fellow shall NOT document as having assisted in cases for which they were ONLY present as an observer in the operating room. However, the Fellow must track the observational cases separately from Primary and Assistant procedures, to effectively evaluate the training.
  3. PD must enroll to receive the monthly Fellow's surgical log report from the ASOPRSCoder and review it to ensure a sufficient number and distribution of cases for Surgeon (Fellow as the primary surgeon) and Assistant (Fellow as the first assistant).
- c. Clinical and Surgical Exposure: PD and Fellow must formally review clinical and surgical exposure and deficiencies at four (4) month intervals (three (3) times per year) to allow opportunity to adjust schedule and experiences.
- d. Program Evaluation: The PD, Faculty, and Fellow must evaluate the program through required surveys at the training midpoint (end of first year), and one (1) month prior to completion of training (exit survey).
- e. Post-Graduate Survey: Fellow is expected to complete a post-graduate survey at five (5) years in practice.

## **III. Program Director Qualifications, Requirements, and Responsibilities**

### **A. Program Director Qualifications and Requirements**

- a. PD must be an active Fellow Member of ASOPRS for at least five years, who has been practicing and teaching OPS post-training for a minimum of eight (8) years.
- b. PD must be a member in good standing of the American Academy of Ophthalmology (AAO) and a diplomate of the American Board of Ophthalmology (ABO) or Royal College of Physicians and Surgeons of Canada (RCPSC).
- c. PD must have an active affiliation with a graduate medical education institution.

- d. PD must agree to comply with AUPO charters, policies, rules, and regulations, and with ASOPRS Bylaws, charters, related policies, rules, regulations, and all guidelines set forth in this document.
- e. PD must have ongoing scholarly work/research in OPS as demonstrated by regular publications in peer-reviewed journals and/or presentations of research material at national/international meetings.
- f. PD fully leads and participates in the training of one OPS Fellow at a time and cannot participate in any other post graduate training program that conflicts with or undermines the AUPO FCC compliant OPS Fellowship.
- g. PD must arrange for the Fellow to spend twenty-five (25) percent of their time with the PD. PD must maintain a log of all Fellow activities including conferences, lectures, journal clubs, research activities, publications, meetings, both attended and/or presented. This log must be available for review by the AUPO FCC.

#### **B. Program Director Clinical Responsibilities**

- a. PD must provide oversight to ensure a surgical experience of at least seven hundred and fifty (750) OPS procedures or related procedures in the twenty-four (24) month training period. Specific information regarding types of surgery and minimum criteria are provided in the Appendix.
- b. PD must ensure the Fellow performs surgery as both primary and assistant surgeon and records the volume of their cases in both these roles using the ASOPRSCoder.
- c. PD must ensure the Fellow enters their operative procedures in the ASOPRSCoder monthly.
- d. PD must ensure the Fellow participates in the pre-operative and post-operative care of patients related to their OPS training.
- e. PD and Faculty must maintain an active presence in the clinical service of the Fellow.
- f. PD must provide attestation during exit evaluation that the Fellow directly evaluated and provided diagnosis and treatment plans for a minimum of 1,200 patient encounters per year.
- g. PD must NOT involve the Fellow in significant duties outside the realm of clinical, surgical and scholarly activities of OPS, nor use the Fellow as a physician or practice extender. It is understood the mere presence of the Fellow may “extend” the PD’s practice and productivity. It should also be understood that the sole purpose of the Fellowship is to train the candidate in the practice of OPS.

#### **C. Program Director Educational Responsibilities**

- a. PD must oversee and ensure the quality of didactic and clinical education at all sites that participate in the program. Specific information regarding medical knowledge is provided in the Appendix.
- b. Fellow is expected to attend local, regional, national, or international conferences relevant to OPS.
- c. PD is responsible for ensuring the Fellow completes the mandatory in-service examination administered by ASOPRS during each year of Fellowship training.
- d. PD must ensure the availability of necessary professional, technical and administrative personnel for the effective administration of the program.
- e. The presence of other learners in the program (including, but not limited to, residents or Fellows from other disciplines, research Fellows, and allied health professionals), must not interfere with the Fellow’s education.
- f. PD must report the presence of routine other learners during evaluations, with explanation that ensures no interference with the educational goals of the program.

#### **D. Program Director Research Responsibilities**

- a. PD must ensure Fellow performs a research project within the discipline of OPS as the primary investigator that will serve as the required thesis for membership.
- b. PD must ensure Fellow is the lead author of at least one (1) original manuscript pertaining to OPS submitted for peer-reviewed publication.
- c. PD is responsible for mentoring or providing a suitable Core Faculty mentor for Fellow’s research.
- d. The PD must oversee Fellow’s thesis project even if they are not the primary research mentor.
- e. PD should strongly encourage the Fellow to submit their thesis prior to finishing their Fellowship.

#### **E. Program Director Oversight of Faculty**

- a. PD must ensure appropriate Faculty supervision at all participating sites.
- b. Faculty at participating sites may not partake in a non-AUPO FCC compliant (or non-ACGME) OPS fellowship program.
- c. The PD must approve the continued participation of Faculty based on evaluation and performance review.
- d. It is recommended that the Fellow fills out an internal performance review of Faculty immediately after the completion of a rotation with the intention of maintaining quality oversight of supporting Faculty. These documents may be requested as part of AUPO FCC program review.

#### **F. Program Director Evaluation Responsibilities**

- a. The PD is responsible for ensuring all required evaluations are completed (see Evaluation section).

#### **G. Program Director Post Fellowship Responsibilities**

- a. PD must be familiar with ASOPRS Membership Guidelines and encourage and support the Fellow's ASOPRS membership application.

### **IV. Program Faculty**

#### **A. Definitions**

- a. Core Faculty: ASOPRS Fellow Members in good standing.
- b. Other Faculty: OPS surgeons who are not members of ASOPRS or board-certified physicians in other subspecialties including otolaryngology-head and neck surgery, dermatology, plastic surgery, neuro-ophthalmology, neuroradiology, neurology, neurosurgery, oral maxillofacial surgery and ocular pathology.
- c. Non-physician Faculty: Physician assistants, nurse practitioners, nurse injectors, ocularists, surgical technicians and/or estheticians that may interact and provide ancillary education to the Fellow.

#### **B. Core Faculty Requirements**

- a. Each program must have at least one (1) Core Faculty who is not the PD. Program Directors may serve as Core Faculty for AUPO FCC compliant OPS Programs that are not their own, but they may not be the sole Core Faculty for those programs. There must be at least one additional Core Faculty member who is not a Program Director to remain an AUPO FCC compliant OPS Program.
- b. OPS Faculty who are not ASOPRS Members in good standing are not recognized as Core Faculty.
- c. Core Faculty must have been in practice for at least three (3) years post Fellowship training.
- d. Core Faculty may have part-time or voluntary academic Faculty appointments.
- e. Core Faculty must possess current medical licensure, board certification and appropriate medical staff appointment.
- f. Core Faculty must agree to comply with AUPO charters, policies, rules, and regulations, and with ASOPRS Bylaws, charters, policies, rules, regulations, and all guidelines set forth in this document.
- g. Additions or changes to Core Faculty constitute a minor change in the program and must be communicated to the AUPO FCC following the process of Minor Change below.

#### **C. Core Faculty Responsibilities**

- a. Core Faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities as well as demonstrate a commitment to the education of the Fellow.
- b. Core Faculty must administer and maintain an educational environment conducive to educating a Fellow. This includes engagement of the Fellow during clinical sessions, allowing the Fellow to partake in surgery and function as the primary surgeon once competent to do so.
- c. Core Faculty must participate in organized clinical discussions, lectures, rounds, journal clubs and conferences on at least a quarterly basis.
- d. Core Faculty should demonstrate scholarship by one or more of the following:
  1. Peer reviewed funding
  2. Publication of original research or review articles in peer-reviewed journals, or chapters in textbooks

3. Publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings
4. Participation in national committees or educational organizations.
- e. Core Faculty should encourage and support the Fellow in scholarly activities.

#### **D. Other Faculty**

- a. Other Faculty may participate in the Fellowship training under the supervision of the PD.
- b. Other Faculty in other subspecialties are encouraged and recommended to participate in Fellowship training activities, including grand rounds, lectures, journal club, etc. under the supervision of the PD.

#### **E. Non-Physician Faculty**

- a. Non-Physician Faculty must have appropriate qualifications in their respective field, hold appropriate medical staff appointments and have current medical licensure.

### **V. Fellows**

#### **A. Eligibility Requirements**

- a. Fellowship applicants must have satisfactorily completed or be enrolled in an ACGME-accredited ophthalmology residency program or an RCPSC-accredited ophthalmology residency program and be eligible to take the ABO certifying examinations, or already be ABO-certified or RCPSC-certified.
- b. Exceptions to eligibility requirements are determined by the AUPO FCC based on the recommendations of the AUPO FCC OPS Subspecialty Managers.
- c. All applicants must use the ASOPRS-sponsored OPS SFMatch, through which the PD selects the Fellow.
- d. The timing of interviews and acceptance of applicants for Fellowship will be in accordance with schedules determined by ASOPRS.

#### **B. Medical Knowledge**

- a. Upon completion of the training program the Fellow must have knowledge of the specific areas listed in the Appendix. The Fellow will be evaluated with an in-service examination given in each year of Fellowship and as described in the evaluation section. Further evaluation may take place as determined by individual PDs.

#### **C. Procedure Proficiency (Patient care)**

- a. Fellows must accomplish proficiency in the procedures listed in the Appendix.
- b. Fellow must perform at least seven hundred and fifty (750) OPS procedures in the twenty-four (24) month training period.
- c. Fellow must enter all procedures into the ASOPRS sponsored surgical log system within one (1) month of the procedure. Procedures must be listed as primary, assistant, or observer.
- d. Surgical proficiency will be evaluated as described in the evaluation section.

#### **D. Clinical Proficiency (Patient Care)**

- a. Fellow must provide patient care that is compassionate, appropriate, and effective at a level suitable for an ASOPRS trained member.
- b. Fellow must directly evaluate and provide diagnosis and treatment plans for a minimum of 1,200 patient encounters per year. These patients must have an OPS related disease process.
- c. Fellow must demonstrate accurate and appropriate assessment of the history and examination.
- d. Fellow must use appropriate laboratory testing and imaging to form a differential diagnosis and management plan.
- e. Fellow must become proficient in the evaluation and management of OPS patients.

#### **E. Interpersonal and Communication Skills**

- a. Fellow must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

- b. Fellow must communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
- c. Fellow must communicate effectively with physicians, other health professionals, and health related agencies.
- d. Fellow must work effectively as a member or leader of a health care team or other professional group.
- e. Fellow must be able to communicate well in a consultative role to other physicians and health professionals.

#### **F. Professionalism**

- a. Fellow must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- b. Fellow is expected to demonstrate:
  - 1. Compassion, integrity, and respect for others.
  - 2. Responsiveness to patient needs that supersedes self-interest.
  - 3. Respect for patient privacy and autonomy.
  - 4. Accountability to patients, society, and the profession.
  - 5. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

#### **G. Practice Based Medicine**

- a. Fellow must be able to appraise and assimilate scientific evidence and to improve patient care based on continuous self-evaluation and resolute learning.

#### **H. Systems Based Practice**

- a. Fellow must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- b. Fellow is expected to:
  - 1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty.
  - 2. Coordinate patient care within the health care system relevant to their clinical specialty.
  - 3. Incorporate considerations of cost awareness and risk-benefit analysis in patient care.

### **VI. Evaluation**

#### **A. Evaluation of and by the Program Director**

- a. AUPO
  - 1. PD evaluation of Fellow, Faculty, and program at the training midpoint (June of first year of Fellowship).
  - 2. PD evaluation of Fellow, Faculty, and program one month prior to completion of training (exit evaluation).
  - 3. Program fellow information update, July of each year.
  - 4. PD biennial review information. Due August 1st following Fellow graduation.
- b. ASOPRS
  - 1. PD must ensure their Fellow takes the ASOPRS mandatory in-service exam in each year of fellowship.
  - 2. PD must enroll to receive monthly ASOPRSCoder surgical log updates from ASOPRS.
- c. Internal
  - 1. Evaluation records must be kept on file and produced if requested by the AUPO FCC.
  - 2. PD must evaluate the Fellow twice per year and provide to the Fellow a summary of the evaluation tools completed including evaluations from Core and other Faculty, in-service examination scores, didactic presentations, and current research review.



3. PD must have CORE and other Faculty evaluate the Fellow at least annually, preferably at the completion of rotation with the Fellow.
4. PD must have CORE Faculty evaluate the program structure at least annually.
5. PD must evaluate the program structure at least annually. This must include action items for improvement for deficient areas

#### **B. Evaluation of and by the Fellow**

- a. Fellow may address any concerns at any time during the Fellowship to the AUPO FCC.
- b. AUPO
  1. Fellow evaluation of PD, Faculty, and program at midpoint of training (June of first year of Fellowship).
  2. Fellow evaluation of PD, Faculty, and program one month prior to completion of training (exit evaluation).
- c. ASOPRS
  1. Fellow must take the in-service examination each year of training, given in the first quarter of the calendar year.
  2. Fellow must enter their procedures in the ASOPRSCoder monthly.
  3. Fellow must complete a 5-year post-graduate survey.
- d. Internal:
  1. Evaluation records must be kept on file and produced if requested by the AUPO FCC.
  2. Fellow must evaluate the CORE and all Faculty at least annually.
  3. Fellow must evaluate the program at least annually.
  4. PD and Fellow must meet at least twice per year to discuss progress of the Fellow, the case log from the ASOPRSCoder, the Faculty, and the program. The PD must keep a record of this meeting and its outcome.
  5. Fellow must perform self-evaluation as directed by the PD at least annually.

### **VII. Program Application, Review and Adjudication Process**

#### **A. Application/Transition**

- a. All existing ASOPRS-approved Fellowship programs are required to complete the AUPO FCC OPS program application once available. Applications must be completed by December 15, 2022, or those fellowships will no longer be ASOPRS-approved.
- b. In 2022, prospective PDs will apply using the ASOPRS online application (deadline June 1, 2022). PD applications will be reviewed by the Fellowship Application Workgroup and ASOPRS Board of Directors. If approved, the PD will start the AUPO FCC OPS application process.
- c. Beginning January 1, 2023, all new OPS program applications will be submitted through the AUPO FCC. The deadline for submission of New OPS program applications is May 1.

#### **B. New Program Approval (effective January 1, 2023)**

- a. PD applications will be electronically submitted to the AUPO FCC at [www.aupofcc.org](http://www.aupofcc.org). The deadline for submission is May 1st. The AUPO staff will review and request further information from the prospective PD if not complete. The PD must provide the requested information within 2 weeks. The AUPO Staff will provide the complete application to the OPS Managers for review and recommendation.
- b. The OPS Managers and related ASOPRS committees/work groups/task forces will review the application and recommend approval or not. The Fellowship Education Director will present the recommendation to the ASOPRS Board of Directors for vote.
- c. ASOPRS Board of Directors' decision will be presented by the OPS Managers to the AUPO FCC.
- d. AUPO FCC will vote whether to approve (or not) the program.
- e. Program will be notified of the decision by the AUPO FCC.
- f. Programs that are approved will commence within the timeline specified by the AUPO FCC.
- g. Programs that are not approved may appeal the decision in writing to the AUPO FCC by addressing specific areas of identified deficiency within 30 days of receiving notification of the AUPO initial decision.

- h. The OPS Managers will review the appeal within 30 days of receipt and render a decision based on the facts and circumstances. The OPS managers may consult the AUPO FCC in this process.
- i. The AUPO FCC will notify the prospective PD of the decision and the decision shall be final.
- j. Programs that are not approved after appeal must submit a new application.

### **C. Program Review**

- a. Each program is reviewed by the AUPO FCC biennially. Reviews are based on relevant data including, but not limited to, evaluations, ASOPRSCoder case volume, and in-service exam results. AUPO staff will compile all data and provide it to the OPS Managers.
- b. The AUPO FCC uses one of three (3) designations in program review:
  - 1. In compliance (no deficiencies);
  - 2. In compliance but monitored (deficiencies that must be addressed for improvement);
  - 3. Not in compliance (no longer AUPO FCC approved).
  - 4. The AUPO FCC can recommend immediate Not in Compliance status for severe violations of these requirements.
- c. PD must provide all information requested by the AUPO FCC or ASOPRS. Failure to do so will result in immediate Not in compliance status.
- d. The status of a program is determined by the OPS Managers in conjunction with the relevant ASOPRS committees/work groups/task forces.
- e. In Compliance 519 1. Programs found to be in compliance will be notified within 2 weeks of OPS Manager review.
- f. In Compliance but Monitored
  - 1. If the OPS Managers find potential compliance issues, the PD will be notified of the deficiency with the data on which the deficiency was determined. The PD will be asked to provide further information including an action plan to address the deficiencies. The PD must respond within 2 weeks of this request.
  - 2. PD response is reviewed by the OPS Managers and any applicable ASOPRS committees, work groups or task forces. Any remaining deficiencies are relayed to the AUPO FCC.
  - 3. Acceptance of the explanation and/or plan, and any further requests to rectify deficiencies are provided in written electronic notice by the AUPO FCC to the PD.
  - 4. The plan will remain on file with the AUPO FCC for use in the next review.
  - 5. Based on the recommendation of the OPS Managers, the AUPO FCC will issue a status of In Compliance, In Compliance but Monitored or Not in Compliance. The AUPO will notify the PD of this decision.
  - 6. In cases of Monitored Status, the PD must correct the identified deficiencies within one year.
  - 7. The OPS Managers will monitor the program for improvement and may request further information from the PD.
  - 8. Once the deficiencies are resolved, the status will be changed to In Compliance and the PD will be notified.
  - 9. Failure to correct the deficiencies by the next review will result in a status of Not In Compliance.
- g. Not in Compliance
  - 1. Programs not in compliance will receive written electronic notification from the AUPO FCC which will include the data on which the decision is based.
  - 2. Not in Compliance designation includes programs in compliance but monitored that failed to address deficiencies during the previous monitored cycle.
  - 3. PD has thirty (30) days to appeal the not in compliance designation, by written electronic notice and explanation to the AUPO FCC.
  - 4. An appeal of not in compliance designation is reviewed by the OPS Managers and any applicable ASOPRS committees/work groups/ task forces.
  - 5. The appealing PD will receive written electronic notice upholding the designation or outlining next steps from the AUPO FCC.

6. Programs found not in compliance will no longer be AUPO FCC or ASOPRS approved.
7. PDs found to be not in compliance who would like to reestablish their program must apply to the AUPO FCC as a new program.

## **VIII. Program Change, Transfer, Relocation, Hold, and Retirement**

PDs that anticipate a change in their medical practice, must immediately notify the AUPO FCC. Major changes should be communicated PRIOR to the change being implemented, when possible.

### **A. Change to an Existing Fellowship**

- a. The distinction between a minor and major change is made by the AUPO FCC.
- b. Minor Changes: The PD has discretion to make minor changes in the educational infrastructure, as appropriate, with no review needed. Minor changes may include, but are not limited to, a change in a subspecialty rotation, a change to Core Faculty, or comparable alteration. Minor changes should be documented on yearly program evaluation forms stating the reason for change and the positive and/or 565 negative outcome/effect.
- c. Major Changes: A major change is defined as an alteration of the foundation upon which the program was approved. Examples of a major change include, but are not limited to:
  1. PD changing practice setting or location (e.g. an alteration from private practice to full time employment or vice versa).
  2. PD changing practice due to illness or retirement.
  3. PD transferring primary teaching responsibilities to Core Faculty.
  4. PD relocating program either to another site within the same city or different county, state or province.
- d. A major change requires notification to the AUPO FCC. Major changes are reviewed by the AUPO FCC OPS Subspecialty Managers. The Fellowship may continue during this review period. After review, the AUPO FCC will determine the program's status (AUPO FCC in compliance, AUPO FCC in compliance but monitored, AUPO FCC not in compliance).

### **B. Transfer of a Fellow to another program and Rescue Programs**

- a. The AUPO FCC OPS Subspecialty Managers will communicate ASOPRS policies and procedures to the AUPO FCC if there is a need to utilize a temporary transfer or Rescue Program. Rescue Programs and Program Directors are approved by the ASOPRS Executive Committee upon recommendation of the Fellowship Education Director. A Rescue Program must be made up of a Program Director and at least one (1) Core Faculty for every one (1) fellow they train. The Rescue Program is not responsible for the new candidate's salary but is responsible for malpractice coverage.

### **C. Relocation**

- a. If the PD relocates, they must inform the AUPO FCC as early as possible.
- b. Every attempt should be made to complete training a current and/or matched Fellow.
- c. The PD must submit a new program application for the new location.

### **D. Retirement**

- a. The retiring PD should make every effort to complete training the current and/or matched Fellow.
- b. AUPO FCC programs cannot be transferred to a new PD. A new program application is required from a prospective PD.

## **IX. Administrative Policies and Special Circumstances**

### **A. Maternity/Paternity Leave**

- a. Programs must comply with state and federal leave laws, including FMLA, to the extent they apply.
- b. If the training duration has not been met, the PD, in conjunction with the ASOPRS Fellowship Education Director, will determine if the Fellow has the clinical experience and surgical volume to meet the standards

- of the twenty-four (24) month program and submit their recommendation for approval by the AUPO FCC.
- c. For a Fellow with insufficient experience/surgical volume due to extended absence, attempts should be made to allow for extension of the Fellowship if it will not detract from the training of the next Fellow. Funding for the extension should be addressed on an individual basis.
  - d. In extraordinary situations, a Rescue Program may be recommended.
  - e. Fellow requesting leave is subject to the policies of their employer. The policies will not supersede the AUPO FCC's decision on the sufficiency of the overall training.
  - f. PD must notify the AUPO FCC if a leave is prolonged such that it results in need for extension of training. The PD must inform the AUPO FCC of the plan to allow the Fellow to successfully complete their OPS Fellowship training.

#### **B. Medical Leave**

- a. Programs shall comply with state and federal leave laws, including FMLA, to the extent they apply.
- b. If the training duration has not been met, the PD, in conjunction with the ASOPRS Fellowship Education Director, will determine if the Fellow has the clinical experience and surgical volume to meet the standards of the twenty-four (24) month program and submit their recommendation for approval by the AUPO FCC.
- c. If additional time for training is necessary, the PD should work with the Fellow to make these arrangements.
- d. For a Fellow with insufficient experience/surgical volume due to extended absence, attempts should be made to allow for extension of the Fellowship if it will not detract from the training of the next Fellow. Funding for the extension should be addressed on an individual basis.
- e. In extraordinary situations, a Rescue Program may be recommended.
- f. Fellow requesting leave is subject to the policies of their employer. The policies will not supersede the AUPO FCC's decision on the sufficiency of the overall training.
- g. PD must notify the AUPO FCC if a leave is prolonged such that it results in need for extension of training. The PD must inform the AUPO FCC of the plan to allow the Fellow to successfully complete their OPS Fellowship training.

#### **C. Program Director Leave**

- a. AUPO FCC must be notified of the leave as early as possible.
- b. Fellow should be provided opportunities to spend increased time with Core Faculty.
- c. A temporary PD must be named who will take responsibility for oversight of the Fellowship.
- d. If the PD's leave results in an insufficient training experience for the Fellow, a Rescue Program may be implemented.

#### **D. Discrimination or Harassment**

- a. PD is responsible to ensure a Fellowship training and work environment that is free of discrimination and/or harassment and compliant with all local, state and federal workplace laws.
- b. If a program is in violation of any local, state or federal workplace laws, the Fellow or PD must contact the AUPO FCC.

### **Appendix**

#### **Addendum 1 - Medical Knowledge**

1. Anatomy and physiology of the eyelids, lacrimal system, orbit, face, nose, sinuses, and head and neck.
2. Disorders of the eyelid, including congenital syndromes, inflammation, trauma, ectropion, entropion, blepharoptosis, eyelid retraction, dermatochalasis, trichiasis, eyelid tumors, blepharospasm, facial nerve palsy, eyebrow, midface and lower face function.
3. Disorders of the lacrimal system, including congenital tearing, acquired tearing, and trauma.
4. Disorders of the orbit including congenital anomalies, infectious orbital cellulitis, inflammatory orbital disease, thyroid eye disease, benign and malignant orbital tumors, lacrimal gland tumors, metastatic tumors, vascular malformations, orbital trauma, skull base disease and anophthalmic socket disease.
5. Disorders of the ocular surface including cicatricial processes affecting the bulbar and palpebral

- conjunctiva; relationship of the eyelids and mid-face to ocular surface pathology.
6. Fundamentals of ocular, orbital, and facial anatomy, chemistry, physiology, microbiology, immunology, and wound healing; histology and pathology to interpret ocular, cutaneous, and periorbital pathology that includes clinical pathology correlation.
  7. Aesthetic facial anatomy and an understanding of molecular, cellular and tissue processes that contribute to facial aging.
  8. Examination of the eyelids, lacrimal system, orbit, face, nose, sinuses, and head and neck.
  9. Aesthetic assessment of the face, aesthetic units and their interrelationship.
  10. Assimilation of diagnostic and therapeutic procedures relevant to the assessment of disorders of the eyelids, lacrimal system, orbit, face, nose, sinuses, and head and neck.
  11. Interpretation of radiologic studies including plain films, CT, MRI, and ultrasound imaging relevant to the head and neck with particular emphasis on the orbit
  12. Use of information technology for study of reference material, including electronic searching and retrieval of relevant articles, monographs, and abstracts.

### **Addendum 2 – Procedures and Surgery**

1. Management of eyelid conditions: Blepharoplasty; lid retraction repair; blepharoptosis repair; ectropion and entropion repair; eyelid reconstruction for congenital defects, trauma or after tumor excision; fornix and ocular surface reconstruction; treatment of trichiasis; treatment of corneal and conjunctival exposure, botulinum toxin for blepharospasm, facial dystonia or hemifacial spasm; other related procedures.
2. Management of brow conditions: trans-blepharoplasty brow lift; direct brow lift; temporal brow lift; coronal brow lift; trichophytic brow lift; endoscopic brow lift; other related procedures.
3. Management of lacrimal drainage conditions: Lacrimal probing, irrigation, and stenting; nasal and sinus endoscopy; dacryocystorhinostomy; conjunctivo-dacryocystorhinostomy; turbinectomy; ethmoidectomy; other related procedures.
4. Management of orbital conditions: Orbitotomy for exploration, biopsy, and tumor removal; orbital decompression; orbital reconstruction for congenital defects, trauma or after tumor excision; orbital exenteration; other related procedures.
5. Management of the blind eye and anophthalmic socket: Enucleation; evisceration; secondary implants of the orbit; anophthalmic socket reconstruction; other related procedures.
6. Management facial contour and skin: botulinum toxin; dermal fillers; lipolysis; chemical peeling; dermal lasers; other related procedures.
7. Management of facial aesthetics and rejuvenation: Upper and lower eyelid blepharoplasty; endoscopic brow lift; midface lift; face lift; neck lift; facial implants; autologous fat transfer, liposuction; rhinoplasty; septoplasty; other related procedures.

### **Addendum 3 - Surgical Numbers Breakdown**

#### **A. Overview**

1. Surgical numbers are listed as minimums for primary surgeon role (>fifty (50) percent) and then as a total of primary and assistant roles for twenty four (24) categories. They presume using the ASOPRS rules that one side equals one case, and that multiple concomitant procedures on the same patient can be counted individually.
2. A minimum of 750 total surgical cases including 300 primary surgeon cases for each Fellow is required. The detailed list below breaks down the required distribution for the different types of OPS procedures; examples are illustrative, not exhaustive.
3. The minimum criteria in each category are guidelines to allow evaluation of breadth of OPS experience.
4. Most Fellows will have 2-3 times as many surgical cases as these minimum numbers, at least in most categories.

#### **B. Minimum Surgical Requirements for ASOPRS Fellowships**

1. Eyelid ptosis repair (all types): 50 primary, 70 total
2. Upper blepharoplasty (all types): 25 primary, 50 total
3. Lower blepharoplasty (all types): 5 primary, 25 total

4. Brow and forehead lift (all types): 15 primary, 25 total
5. Correction of eyelid malposition (eyelid retraction, ectropion, entropion, canthoplasty, canthopexy, tarsorrhaphy, correction of trichiasis, lid splitting with graft, lid loading): 50 primary, 75 total
6. Eyelid reconstruction (including flaps/graft, involving lid margin): 15 primary, 25 total
7. Periorbital & facial reconstruction (including flaps/grafts, not involving lid margin): 15 primary, 25 total
8. Eyelid and facial lesion excision/biopsy: 5 primary, 10 total
9. Ocular surface reconstruction (conjunctivoplasty, symblepharon repair, fornix reconstruction): 5 primary, 10 total
10. Graft harvesting (skin graft, hard palate, ear cartilage, dermis fat, fascia, free fat): 10 primary, 20 total
11. Upper system lacrimal surgery (plastic repair of canaliculi, punctoplasty): 5 primary, 10 total
12. Lower system lacrimal surgery (NLD probing, silicone intubation): 10 primary, 20 total
13. Lacrimal bypass surgery (DCR, CDCR): 10 primary, 20 total
14. Anophthalmic socket (enucleation, evisceration, secondary implant): 10 primary, 20 total
15. Orbitotomy without bone flap for mass/FB removal or biopsy: 10 primary, 25 total
16. Complex orbitotomy, (transcranial orbitotomy, lateral orbitotomy with bone flap, optic nerve sheath fenestration, orbital exenteration): 5 primary, 10 total
17. Orbital decompression with bone removal (thyroid, non-thyroid): 5 primary, 15 total
18. Orbital and facial fracture repair (blowout, medial wall, orbital rim, non-blow out orbital, ZMC, NOE, mandible fractures): 10 primary, 20 total
19. Orbital reconstruction secondary to trauma, craniofacial syndromes, tumor (telecanthus repair, correction of enophthalmos/orbital deformity, free flaps, post maxillectomy reconstruction): 5 primary, 10 total
20. Nose and paranasal sinus (endoscopy, turbinectomy, infraction of turbinate, rhinoplasty, septoplasty, sinusotomy, ethmoidectomy): 5 primary, 10 total
21. Aesthetic surgery of the head and neck (midface lift, lower facelift/necklift, liposuction, SMAS, deep plane, platysmaplasty, autologous fat injections, otoplasty, genioplasty): 5 primary, 25 total
22. Neurotoxin injections (functional, aesthetic): 10 primary, 25 total
23. Soft tissue fillers (synthetic, non-autologous): 10 primary, 25 total
24. Cutaneous treatments (laser and chemical peels; intense pulsed light treatments, radiofrequency, lipolysis: five (5) primary, ten (10) total

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