

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



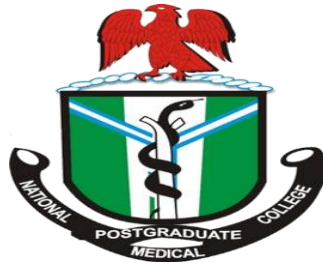
CURRICULUM FOR SUBSPECIALTY OF VITREO-
RETINA

FACULTY OF OPHTHALMOLOGY

APPROVED BY THE SENATE ON 1ST DECEMBER,
2022

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DR F. A. AROGUNDADE, MD FMCP
COLLEGE REGISTRAR



**NATIONAL POSTGRADUATE MEDICAL COLLEGE OF
NIGERIA**

FACULTY OF OPHTHALMOLOGY

TRAINING CURRICULUM

FOR

VITREO-RETINA SUBSPECIALTY

2022

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CHAPTER 1

PREAMBLE

1. Philosophy.

Vitreo- Retina (VR) is a vast sub-specialty. The goal of the fellowship includes producing a fellow with excellent medical and surgical retina exposure. The fellowship will also expose the candidate to teaching and educational development with an expectation for completion of research projects.

1.2 Introduction.

This 36-month subspecialist fellowship is intended to prepare candidates for a career as a vitreo-retinal ophthalmologist with knowledge and skills in the management and control of retinal eye diseases. The fellow should be confident to manage both Medical and Surgical retinal cases.

1.2.1 Medical Retina

Diabetic Retinopathy (DR)

The fellowship will emphasise training on diabetic retinopathy, this will form the basis for management of other retinal conditions such as sickle retinopathy, retinal vein occlusion, polypoidal choroidal vasculopathy (PCV) and age-related macular degeneration (AMD).

1.2.2 Surgical Retina

This Fellowship is designed to promote subspecialty competence, confidence, and efficiency in managing the full range of common surgical retinal cases in ophthalmology.

7. Vision.

To provide trained manpower in vitreo-retina ophthalmology that will meet the needs of regional and global population.

8. Mission.

To train vitreo-retinal ophthalmologists with knowledge and skills in the management and control of retinal diseases to address the gap of manpower shortage in the delivery of retinal services.

9. Aims and Objectives

9.1 To develop manpower for retinal diseases at the specialist level for the management and treatment of retinal diseases

9.2 To develop specialists skilled and knowledgeable in the practice of vitreo-retinal ophthalmology.

10. Expected Learning outcomes

At the end of the subspecialist training in vitreo-retinal ophthalmology, the trainee is expected to:

- 10.1 To build on the knowledge, skills, and competencies of the junior residency years and develop into an all-round competent vitreo-retinal specialist in Ophthalmology with generic core competencies including administrative, and medical education skills.
- 10.2 Be skilled in taking history and performing retinal examination geared towards making appropriate diagnoses.
- 10.3 Effectively and efficiently utilise diagnostic tools/services to make diagnoses, develop management plans, and manage common retinal conditions.

11. Training in vitreo-retinal specialist in ophthalmology

The training in vitreo-retinal ophthalmology shall take place in accredited training centres of the National Postgraduate College in Nigeria and any other place so designated.

12. Training Admission Requirements

- 12.1 Completion of a minimum of 24 months rotations in general ophthalmology at the Part I level of the National Postgraduate Medical College of Nigeria (NPMCN) or its equivalents
- 12.2 A pass at the Part I examinations of the NPMCN in ophthalmology or its equivalent

13. Mode of entry into the training programme

A written application to the Faculty of Ophthalmology of NPMCN for admission into the vitreo-retinal subspecialty in ophthalmology training programme by a candidate gainfully employed in an accredited center

14. Components of the training

The program aims to train ophthalmologists in the diagnosis and management of common diseases of the retina in the areas of clinical evaluation, use of various investigative procedures, medical treatment, surgical intervention, and research.

The clinical training involves fellows working in rotation through the outpatient clinics, investigation rooms, wards, and operating theatre.

The subspecialty training prepares candidates for a professional career as a vitreo-retinal specialist with the ability to manage retinal diseases independently.

The major components of the Vitreo-retinal Ophthalmology Subspecialty shall be:

- 14.1 **Clinical exposure** will combine outpatient, inpatient and surgical experience. The trainee assumes increasing responsibility for patient care, under the supervision of faculty members responsible for the cases in the respective subspecialties. They learn to perform common surgeries independently and follow up these surgical cases. In addition to receiving clinical training from faculty, the fellow is required to participate actively in research, presentations, publications and in training of other ophthalmic residents and medical students in the institution.
- 14.2 **Research exposure** will require these trainees to engage in basic, clinical, epidemiological, or clinical research and/or clinical trials and descriptive retrospective studies and develop an in-depth working knowledge of the current scientific literature of medical and surgical advances. They are expected to participate in relevant meetings/courses within and outside the National College, as well as those hosted by community, National or International Ophthalmology societies. Trainees are also expected to participate in any on-going research projects within their training institution in a basic or clinical field related to their area of interest. Time is allotted appropriately for this experience, and its value is enhanced by careful supervision, availability of laboratory facilities, and access to technical assistance.
- 14.3 **Teaching** exposure ensures that teaching is an integral part of the fellowship experience. The trainee is expected to be an instructor for other resident ophthalmologists, optometrists, medical students and other allied ophthalmic personnel in the training institution. The trainees are expected to presents cases at Grand Rounds and participate as instructors or lecturer at educational activities in the training institutions through practical and didactic presentations, and improve their techniques of examinations and interpretation of ancillary tests.
- 14.4 **Community retinal ophthalmology** exposure will be facilitated by involvement in the community activities of the training institution. Screening for retinal diseases such as diabetic retinopathy and retinopathy of prematurity.

15. Duration of training

The training duration in Vitreo retinal Ophthalmology shall be for a minimum of 36 months for a regular resident or as may be decided by the Faculty or the College for other qualifications.

16. Rotations

The approved rotations will be in the specified subspecialties described below.

- i. Cornea and anterior segment (3 months)
- ii. Glaucoma (3 months)
- iii. Paediatric Ophthalmology & strabismus (3 months)
- iv. Public and Community eye health (3 months)

CHAPTER 2

DOCTOR OF MEDICINE (MD) DEGREE IN OPHTHALMOLOGY (OPTIONAL)

Admission into this MD degree programme is only for medical doctors with MBBS or MBChB degree and are already admitted into residency training programme in Ophthalmology and registered as an associate fellow of the National Postgraduate Medical College of Nigeria and is strictly by:

- i. Having passed Primary FMCoph Fellowship Examination or Exemption from Primary Examination of NPMCN
- ii. Having passed Part I FMCoph Fellowship Examination of NPMCN
- iii. Candidate must be registered as an Associate Fellow of NPMCN
- iv. The duration of the MD is minimum of 6 semesters post Part I in an accredited training Institution.
- v. Defense for MD thesis will be conducted by examiners in the Faculty of Ophthalmology as appointed by the National Postgraduate Medical College of Nigeria (NPMCN)

Philosophy

Candidates will focus on the creation of new and innovative knowledge. The MD degree is primarily for individuals with goals in ophthalmology **Research or Teaching**.

The NPMCN Senate oversees the MD degree programmes and its requirements, which entail coursework and independent research. Generally, the programme is for resident doctors undergoing residency training in the Faculty of Ophthalmology, NPMCN and other sister Colleges as approved by the Senate of NPMCN. It consists of course work during residency training in accredited residency training institutions during junior residency training period and first 2 years of senior residency training period in ophthalmology and independent research during the senior residency training period in ophthalmology.

The NPMCN MD degree programme ensures that Residents have a breadth and depth of knowledge in a particular discipline or area and candidate's ability to conduct research is assessed by the preparation of a written thesis.

CHAPTER 3

DETAILS OF THE CURRICULUM OF THE FELLOWSHIP IN VITREO-RETINA SUBSPECIALTY

3.1 Course description

The course introduces the students to advanced vitreo-retinal disorders. It covers:

3.2 Expected competences

1. To be able to describe the retinal anatomy and physiology and their applications in clinical practice.
2. To understand the pathogenesis of retinal vascular diseases with emphasis on diabetic retinopathy and retinal vascular occlusions with principles of management.
3. To understand the pathogenesis of various types of retinal detachment and principles of management of each type.
4. To be able to describe the vitreomacular interface and associated diseases, and understand the principles of management.
5. To be able to understand the principles of laser treatment and application in retinal diseases.
6. To understand the mechanisms of posterior segment trauma and principles of management.
7. To understand the pathogenesis of degenerative posterior segment diseases, and the principles of management.
8. To understand the pathogenesis of congenital/ inherited) posterior segment diseases and the principles of management.
9. To understand the principles of retinal imaging, angiography electrophysiology studies, applications, and interpretations.
10. To be able to perform common vitreo-retinal surgeries such intravitreal injections, scleral buckle and vitrectomy.

3.3 Course titles

- i) Retinal Anatomy and Physiology
- ii) Retinal vascular diseases
- iii) Retinal detachment
- iv) Vitreo-macular diseases
- v) Lasers and its application in retinal diseases
- vi) Traumatic posterior segment diseases
- vii) Degenerative posterior segment diseases
- viii) Inherited posterior segment diseases
- ix) Retinal Imaging including angiography
- x) Vitreo-retinal Surgery

3.4 Course content

- i) Retinal Anatomy and Physiology: Embryology of the retina, Gross anatomy and microscopic/histology of the retina layers, visual pathway, physiology of vision
- ii) Retinal vascular diseases, diabetic retinopathy, retinal vascular occlusions, sickle retinopathy, retinopathy of prematurity, retinal vasculitis, vascular tumors and aneurisms. Principles of management of these diseases.
- iii) Retinal detachment: types, pathogenesis, precursors, principles of management of rhegmatogenous; identification of breaks, sealing with cryo and laser, buckles, vitrectomy, gas tamponade, complications of surgery. Tractional, Exudative and combined mechanism retinal detachment.
- iv) Vitreomacular interface and diseases: anatomy of the interface, OCT imaging, vitreo macular traction; macular holes, principles of management
- v) Lasers: types, green, yellow, red lasers; principles of use and applications of laser; indications, contraindications; complications.
- vi) Posterior segment trauma: blunt (close versus open globe); commotio, retina tears, intraocular foreign bodies, vitreous hemorrhage, retinal detachment, endophthalmitis; principles of management.
- vii) Degenerative posterior segment disease: Pathologic myopia, Age related macular degeneration, polypoidal vasculopathy and principles of management.
- viii) Inherited/ congenital posterior segment disease: stargardts, retinitis pigmentosa, dystrophies; and principles of management.
- ix) Retina imaging: Fundus photography, autofluorescence, Fluorescein and Indocyanine angiography, OCT Scan, OCT angiography, A and B ultrasound Scan, Electrophysiology studies, setting up and usage; Telemedicine. Merits and demerits of the various imaging systems.
- x) Vitreo-retinal surgeries: Principles of intravitreal injections, scleral buckle and vitrectomy. Cataract surgery post buckle and vitrectomy surgeries. Step by step procedures, anesthesia, instrumentation, planning for surgery, indications, contraindications, equipment, theater plan, sterilization, disinfection, consumables and maintenance of equipment.

3.5 Vitreo-retinal diseases

i. Cognitive Skills

1. Knowledge of applied anatomy and physiology relevant to the vitreous and retina.
2. Knowledge of retinal examination methods /ancillary investigations and interpretation of findings i.e. Fluorescein/Indocyanine Green angiography ,optical coherence tomography, fundus autofluorescence, ultrasonography, electrophysiological tests
3. Knowledge of pathologic processes that affect the choroid, retina or vitreous: retinal vascular diseases such as diabetic retinopathy and retinal vascular occlusions. Retinal detachment, Vitreo-macular disease, Traumatic post segment disease, Degenerative post segment disease, Inherited post segment disease.
4. Describe the principles of medical and surgical management of vitreoretinal disorders. This will include knowledge of the principles, methods and complications of intravitreal

injections, laser photocoagulation, photodynamic therapy. Scleral buckle and Vitrectomy Surgeries. Cataract surgery in post scleral buckle and vitrectomy eyes.

5. Knowledge of data from all the major international and local clinical trials in the management of vitreoretinal disorders such as the Early Treatment of Diabetic Retinopathy Study (ETDRS), DCRNet, ANCHOR/ MARINA, etc.

ii. Clinical/Technical/Surgical skills

1. To evaluate, recognise, and manage all common vitreo-retinal conditions: retinal vascular diseases such as diabetic retinopathy and retinal vascular occlusions. Retinal detachment, vitreo-macular disease, traumatic post segment disease, degenerative post segment disease and inherited post segment disease.
2. Competence in using all the retinal examination methods and techniques (indirect ophthalmoscopy with scleral indentation, 78/90D exam, with retinal charting with colour codes) must be clearly demonstrated.
3. To evaluate and treat the etiologically more complex or uncommon retinal diseases
4. Competence in intravitreal injection administrations
5. Competence in all the examination and diagnostic procedures(including fundus photo, FFA, OCT, Ultrasonography and electrophysiological procedures) in clinical practice
6. To perform retinal laser therapy, cryotherapy, pars plana vitrectomy and scleral buckling.
7. To conduct research relevant to vitreo-retinal diseases

Table 1: Disposition and duration of postings in Vitreo-retinal Ophthalmology Training

Programme

S/N	Course code	Courses	Duration (months)	Contact academic time (hrs/wk = Total hrs)	Contact Clinical/ Surgical time (hrs/wk = Total hrs)	Credit units
1	OPH 926	Cornea and anterior segment senior posting	3	4(48)	35(420)	12.5
2	OPH 927	Glaucoma senior posting	3	4(48)	35(420)	12.5
3	OPH 930	Paediatric ophthalmology and Strabismus senior posting	3	4(48)	35(420)	12.5
4	OPH 931	Public and Community eye health senior posting	3	4(48)	35(420)	12.5
5		Medical and Surgical Vitreo-retina Subspecialty	24	4(384)	35(3,360)	100
		TOTAL				150

Table 2: Core Vitreo-retinal subspecialty proposed courses with codes

S/N	Course code	Courses	Duration (months)	Contact academic time (hrs/wk = Total hrs)	Contact Clinical/ Surgical time (hrs/wk = Total hrs)	Credit units
1	OPH 988	Vitreo retinal Anatomy and Physiology	2	4(32)	35(280)	8.3
2	OPH 989	Principles of management of retinal vascular diseases	3	4(48)	35(420)	12.5
3	OPH 990	Principles of management of retinal detachment	4	4(64)	35(560)	16.7
4	OPH 991	Management of Posterior Segment Trauma	3	4(48)	35(420)	12.5
5	OPH 992	Inherited and degenerative vitreo retinal diseases	3	4(48)	35(420)	12.5
6	OPH 993	Management of Vitreo retinal interface diseases	3	4(48)	35(420)	12.5
7	OPH 994	Imaging in Vitreo retinal Surgery	3	4(48)	35(420)	12.5
8	OPH 995	Principles and applications of Lasers in Vitreo retinal	3	4(48)	35(420)	12.5
		TOTAL	24			100

MANDATORY COURSES:

(a) College-based courses:

Course code	Course	Duration (months)	Contact academic time in hours	-	Credit units
PMC 901	Advanced Trauma Life Support (ATLS)	1 week	30		2
PMC 951	Research Methodology in Medicine Course	1 week	30	-	2
PMC 952	Health Resources management Course	1 week	30	-	2
PMC 953	Ethics in Clinical Practice	1 week	30		2
	TOTAL				8

(b) Faculty-based courses:

OPH 936	Clinical ophthalmology Revision course	2 week +3 days hands-on	30(45)	18 hours	2
OPH 937	Advanced Community ophthalmology course	1 week +4 days hands-on	30	24 ours	3

ADDITIONAL COURSES:

- i. **OPH 998 Seminars (6 credit nits)**
- ii. **OPH 999 Thesis/Dissertation: (12 credit units)**

All Senior Residents in Vitreo-retina subspecialty are to rotate 3-monthly through OPH 926, 927, 930 and 931 making 48 credit units. The subspecialty core posting of 24 months account for additional 100 credit units. The mandatory College courses account for 8 credit units and Faculty ones account for additional 5 units as shown in the table above. With Seminars and Dissertation/Thesis having additional 18 units. **So, the total credit units for this senior Residency is $48 + 100 + 8+5 +18 = 179$ credit units.**

CHAPTER 4

CERTIFYING EXAMINATION OF THE COLLEGE

4.1 Application for College Certifying Examinations

The Fellowship Examinations are held twice a year in March/April/May and September/October/November. A call for application is published in at least one of the National Daily newspapers and College website in December and June for the March/May and September/November examinations respectively.

Candidates are advised to watch out for and comply with the examination application requirements as outlined in these advertisements.

4.2 Examination and formative Assessment format

4.2.1 Mode of formative assessment:

Continuous assessment activities recorded and scored in the purposive specialty log books.

One essay on a relevant vitreo retinal ophthalmology topic every 3 months (minimum of 6)

4.3 Eligibility for final examination

4.3.1 Training for the stipulated minimum duration

4.3.2 A logbook indicating that the needed training has taken place

4.3.3 Submission of a dissertation in a relevant vitreo retinal topic of public health significance. The proposal must have been approved at least 12 months before the Fellowship examinations date. One of the supervisors must meet the requirement for accreditation of a training centre

4.3.4 An attestation from a trainer in vitreo retinal ophthalmology that the trainee has met all the training requirements approved by the Faculty

4.4 Assessment methods for MD Degree

These will include practical exercises, assignments and tests, Formative assessment, Summative assessment, Thesis presentation and thesis defence examination will be administered at the end of the course.

This thesis defence will take place at least 6 months before the Part II Final for FMCoph.

4.5 Part II Fellowship Examination

The Part II Examinations is designed to complete the assessment of professional competence in ophthalmology before the award of the Fellowship in Ophthalmology (FMCoph). Candidates are eligible to write the examination at least by the 36th month of senior residency training.

4.5.1 Dissertation Proposal Preparation and approval: The dissertation proposal should have at least 2 supervisors one of whom must be a Fellow of the Faculty and agree to critically supervise the design, collection of data, analysis of data and general write up of the dissertation. Submit written attestations by the supervisors indicating their willingness to supervise the project for the dissertation

The criteria to qualify as a supervisor is as the prevailing approval by the Faculty and the College. The proposal should be considered in a departmental seminar and approved by the department before sending to the ethical review board.

Approval from the relevant institutional review board or ethical approval for the study should be obtained before registration of the dissertation proposal with the College.

Exams shall be done not earlier than 12 months after proposal for dissertation has been approved by the College

The format for the Proposal and the Dissertation book is as in the main Faculty Curriculum and as approved by the College.

4.5.2 Components of the Part II Fellowship Examinations

The Part II Fellowship Examinations shall consist of:

- a) A comprehensive oral examination on the candidate's dissertation. The "Dissertation orals" shall focus on the candidate's accomplishment of those objectives of the dissertation earlier stated in this handbook.
 - b) An oral examination (VIVA VOCE) consisting of two sections:
 - i) General Ophthalmology where the candidate is expected to meet a set of at least two examiners to answer THREE questions in general ophthalmology over a 30-minute period
 - ii) Vitreo-retina subspecialty: where the candidate is expected to meet a set of at least two sub-specialists to answer SIX questions in the sub specialty over a 60-minute period
- The ORALS (VIVA VOCE) will cover the following components:

Principles of Ophthalmology- 10

Medical, Tropical and Surgical Ophthalmology including pathology in candidates
Subspecialty area (vitreo-retina) -70

Community Ophthalmology -10

Management and other soft Skills- 10

Oral (Viva Voce)

The purpose of Viva Voce is to cover as wide a field as possible with the candidate. Each candidate is subjected to forty-five minutes oral examinations dealing with principles of surgery, pre-and post-operative management, surgical pathology, diagnostic modalities and operative surgery mostly directed at the subspecialty of interest.

The Standard setting method for Orals - Borderline group method should be used to obtain the pass score.

4.6 Classification of Examination Results

To pass the examination, a candidate must:

- a) Have his/her dissertation accepted at *P* or *P+* level. **OR Passed MD Thesis defense at least 6 months earlier.**
 - b) Pass the Orals which is the Viva Voce
 - c) Conditions for Provisional Pass, Referral in Orals, Referral in Dissertation and Fail
- i) A candidate whose dissertation needs some significant corrections, i.e. *P-* level pass, but who had passed Orals shall have a Provisional Pass.
 - i) The corrections of the dissertation shall be made within three months and must be satisfactorily vetted by one of the examiners before it can be accepted. Once accepted, the provisional pass is converted to a full pass by the College
 - ii) A candidate who has his/her dissertation accepted as *P* or *P+* level but fails in Orals shall be referred in the Orals only.
 - iii) A candidate who scores a *P*-level pass in the Dissertation and fails the Orals shall be deemed referred in Orals with Provisional Pass in Dissertation.
 - iv) The candidate would be required to make the corrections in the book within 3 months after the exams and if satisfactory to the examiners, will be expected to repeat only the Orals. However, if the dissertation remains unacceptable to the examiners, the candidate would be required to sit both the dissertation and the Orals.
 - v) A candidate, having passed the Orals but whose dissertation needs major restructuring, i.e. *P-I* level, shall be referred in the Dissertation only.
 - vi) A candidate whose dissertation needs major restructuring, i.e. *P-I* level and also failed the Orals is deemed to have failed the entire exam.
- Pass: means a pass or provisional pass in dissertation and a pass in Oral examinations

4.7 Publication of the Results

The results of the Fellowship examinations in Ophthalmology are published by the College Registrar on approval by the Senate.

4.8 Correspondence

The National Postgraduate Medical College of Nigeria or the Faculty of Ophthalmology does not normally enter into correspondence or discussion in respect of the details of a candidate's performance in the examination.

4.9 Designation of Fellowship in vitreo-retinal ophthalmology

The designation of a fellowship in Vitreo- retinal Ophthalmology of the College shall be: FMCOph (Vitreo-Retina).

CHAPTER 5

ACCREDITATION OF TRAINING INSTITUTIONS GUIDELINES

5.1 Training institution eligibility criteria

- 5.1.1 Shall meet the requirements of the Faculty of Ophthalmology of NPMCN training requirements in Vitreo retinal ophthalmology
- 5.1.2 Facility and equipment: in-hospital radiology, microbiology and ophthalmic histology services with the requisite manpower
- 5.1.3 Accredited vitreo retinal ophthalmology services
- 16.1.1 Manpower: at least one vitreo- retinal ophthalmologist with a minimum of 10 years post fellowship and minimum of 5 years practising vitreo retinal ophthalmology.
- 16.1.2 Case load:
- 16.1.3 Minimum surgery- watch, assist and do
- 16.1.4 Clinic load of a minimum 20 patients per week per trainee
- 16.1.5 A sufficient case load of 30 patients per week

5.2 UNIFORM CRITERIA/GUIDE FOR ACCREDITATION

The Senate of National Postgraduate Medical College of Nigeria at its meeting of 3rd December 2015 approved Uniform Criteria /Guidelines for Accreditation of Training Institutions as follows:

BASIS

The College recognizes that the training of specialist requires

1. Qualified and experienced personnel
2. Appropriate infrastructure
3. A well-structured training programme that recognizes modern trends of training and assessments
4. Opportunities and evidence of acquisition of skills
5. Access to up-to-date information
6. Regular feedback and evaluation from trainers and trainees

PHILOSOPHY: The process must be:-

➤ Fair

Done when the institution is ready

➤ Transparent

What is being assessed and persons assessing is known to all

➤ Objective

Minimal bias in the choice of the accreditors – usually not from the institution or affiliates

➤ Instructive

Feedback given to heads of Institutions

➤ Monitored

Reaccreditation done after a clearly defined period – 5 years (Full), 2 years (Partial)

DEFINITIONS AND WEIGHTING

MANDATORY REQUIREMENT.

16.1.5.1.1.1.1 Qualified personnel

The College approved that the basic qualification for training is the Fellowship of College (by examination or election but not honorary). The individual must have had at least 5 years' experience working in a training institution and must be financially up-to-date. It is also expedient that departments in Institutions should have a good mix of the College training in the country so that trainees will have the maximum benefits of current rules and regulations governing their training. Weighting should be 15% of total accreditation score

16.1.5.1.1.1.2 Appropriate Infrastructure

This is a major pillar without which training cannot take place. What is appropriate will be defined by faculties. But facilities must be well constructed and maintained with the basic amenities

a. Light

b. Water

c. Waste disposal

Available and with adequate backup. These includes

a. Wards

b. Out patients clinic

c. Laboratories

d. Theatres

e. Radiological suites, etc

The weighting shall be a minimum of 10% of total accreditation scores. This can be sub-divided into core infrastructure (5%) and support infrastructure (5%)

3 Equipment

The College noted that equipment is an essential component in the acquisition of skills and competence. The minimum equipment needs will be determined by faculties and the procedure/log book will be necessary in assessing this component. The weighting shall be a minimum of 20% of total accreditation score.

4. Structured training programme:

The College has approved curricula and required competencies that trainees are expected to acquire. It is expected that institutions have a well-publicized (every trainee should have it in writing) structured programme which faithfully implemented and evaluated by a departmental residency committee. This programme must be seen by the accreditation team. Weighting should be 15% of total accreditation score.

5. Opportunities/ Evidence of skill acquisition

In recognition that our profession is an apprenticeship, all trainees must be provided with the opportunities of acquiring the necessary skills to be competent as a specialist. Records of such must be seen. This includes a procedure registrar, theater list and log book. Weighting should be 15% of total accreditation score.

DESIRABLE REQUIREMENT

6. Access to new information

This is a crucial element in making our trainees lifelong learners. It is therefore expected that there should be institutional support for trainees to attend updates, revisions, conference and seminars. It is also expedient that trainees acquire the skills at making presentation at departmental meetings and other scientific or professional. The library and the internet are veritable sources of information and it is expected that training institutions have such facilities accessible to the trainees. Evidence of all these must be seen. Weighting should be 15% of total accreditation score

7. Regular feedback and evaluation:

Evaluation is an important aspect of training. It is recognized that assessment can be formative /continuous or summative. The College traditionally have carried out summative examinations at the end of each part. However, training requires regular feedback from trainers to trainees and vice versa. Mentorship builds on the concept of regular evaluation, feedback, appropriate

guidance and counseling of trainees. A good training programme must have these inbuilt and faithfully carried out. Weighting should be 10% of total accreditation score.

Total score is 100% or 100 points

TABLE 7: ACCREDITATION TABLE OF REQUIREMENTS AND GRADING

No	Requirement	Inadequate 0	Partially Adequate 7.5	Full Adequate 15
1.	Qualified and experienced personnel a. Prescribed number (full time/Part time b. prescribed trainers: trainees ratio c. support personnel (15 Points)			
2.	Appropriate infrastructure a. basic: water, light, sewage etc b. core departments presents c. support departments presents (10 Points)			
3	Equipment a. core equipment b. support equipment (20 Points)			
4	Well-structured training programme a. seen by all b. content (lectures, tutorial , bedside sessions) (15 Points)			
5	Opportunities/ Evidence of skill acquisition a. Procedure Register b. Theater List c. Log Book (15 Points)			
6	Access to new information(15 point) a. library b. Internet (15 Points)			
7	Regular feedback and evaluation (10 Point)			
8	TOTAL			

- | | | |
|---------|---|-------------------------------------|
| < 0=49 | (Scores less than 50%) | - Accreditation Denied |
| ≥50-74 | (Scores equals to 50% and Less than 75%) | - Partial Accreditation for 2 years |
| >75-100 | (Scores equals or greater than 75% and above) | - Full Accreditation for 5 years |

2. Effectiveness/function/role of visiting Consultants

- i. A visiting Consultant should have a minimum of 5 years post Fellowship experience.
- ii. No training should take place in any institution without permanent consultants on ground.
- iii. There must be documented evidence of activities of a visiting Consultant that residents are being supervised by him/her.
- iv. For the purpose of accreditation the full time equivalent should be as follows:

2 visiting Consultants to 1 Full time Consultant.

3. Period of Accreditation

- i. Partial accreditation should last for 2 years. Within the period of the Partial accreditation, one monitoring visit should be made to the institution.
- ii. Full accreditation should last for 5 years. Within the period of the Full accreditation, two monitoring visits should be made to the institution.

4. Effective Date of Accreditation

The effective date for existing accreditation should be with effect from the date of visitation, irrespective of the time the Senate approves the report.

The effective date for new accreditation should be from the date of Senate approval.

5. Trainers/trainee ratio

The ratio of Residents to consultants should be minimum of 3:1 or Maximum 4:1. That is, One (1) Senior Registrar and Two (2) Registrars OR Two (2) Senior Registrars and Two (2) Registrars to one Consultant.

6. The number of Consultants is not the sole determinant for accreditation status, either as partial or full.

Every other criteria are taken into account to arrive at the verdict of either Partial or Full accreditation.

For any re-accreditation visit, the report of the previous accreditation visit should be made available to the current nominated panel member, to enable them to compare notes and ensure that progress is being made.

5.3 SUMMARY OF ACCREDITATION VISIT:

Should accompany the accreditation report and in formats approved by the College and the Faculty and contained in the main Faculty Curriculum

APPENDIX

LITERATURE AND STUDIES FOR REVIEW INCLUDE

GENERAL REFERENCES (BOOKS)

Branch Vein Occlusion Studies (BVOS)

Macular Photocoagulation Study (MPS)

Age-Related Eye Disease Study (AREDS)

Verteporfin in Photodynamic Therapy (VIP) Study

Treatment of Age-Related Macular Degeneration with Photodynamic Therapy (TAP)

Silicone (oil) Study

The Submacular Surgery Trials (SST)

The Multicenter Trial of Cryotherapy for Retinopathy of

Prematurity (CRYO-ROP)

Central Vein Occlusion Studies (CVOS)

Diabetes Control and Complications Trial (DCCT)

Diabetic Retinopathy Study (DRS)

Early Treatment Diabetic Retinopathy Study (ETDRS)

Randomized Trial of Acetazolamide for Uveitis-Associated Cystoid Macular Edema

Collaborative Ocular Melanoma Study (COMS)