



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

Standards for Ophthalmology Training Networks and Posts

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Purpose of this document

1. This document is authorised by the College as a provisional statement for consultation with ophthalmology training networks, hospital and health systems, Private Practice, government agencies, College Fellows and others involved in the education of ophthalmology specialists in Australia and New Zealand. It describes the College's standards for hospital-based networks and Private Practice, which provide training in specialist ophthalmology, and for each rotational post within those networks. The College expects training hospitals and practices within networks to understand and meet these standards and thus qualify for the College's accreditation of training posts within the networks.
2. The College would like Commonwealth, State and New Zealand health and hospital agencies formally to recognise the College's standards, and undertake to implement them in cooperative partnership with the College. In preparation for formal recognition, the College:
 - a) authorises individuals and bodies involved in ophthalmology training to use these standards to deliver ophthalmology training
 - b) invites individuals and bodies to provide comments, suggestions and feedback to the College on any aspect of these standards.

Goal of the Vocational Training Program

3. The objective is to produce a specialist ophthalmologist who, on completion of training, is equipped to undertake safe, unsupervised, comprehensive, general ophthalmology practice. The seven key roles of the ophthalmologist underpinning selection, training and assessment are: ophthalmic expert and clinical decision maker, communicator, collaborator, manager, health advocate, scholar, and professional.

Scope of Practice and Training

4. The College has identified 11 clinical areas of ophthalmology, and has prepared curriculum performance standards for each clinical area: glaucoma, cornea, cataract and lens, neuro-ophthalmology, ocular inflammation, ocular motility, oculoplastics, clinical refraction, paediatric ophthalmology, vitreo retinal, and refractive surgery. These curriculum standards underpin all training and assessment. Thus, each network providing ophthalmology training needs to be able to provide, to each trainee moving through rotational posts in the network, supervised training and experience that cover all of these clinical areas.

Training Networks and Posts

5. A training network (or scheme) is usually based in a major metropolitan hospital. There will be individual training posts within that hospital, and other training posts in other hospitals and (sometimes) in private practices. Any training post needs to be part of a training network. (There are some stand-alone posts for final year trainees, but these are not dealt with in this document). In Australia, the existing networks are:
 - a) The Victoria Network
 - b) The Sydney Eye Hospital, NSW Network
 - c) The Prince of Wales Hospital, NSW Network
 - d) The Queensland Network
 - e) The South Australia Network
 - f) The Western Australia Network

6. In New Zealand, the existing networks are:

- a) Northern
- b) Southern

Responsibilities of the College

7. The College is responsible to:

- a) establish standards for ophthalmology training networks and posts (including posts in private settings), in consultation with health agencies and hospital systems
- b) make the standards publicly available
- c) inspect networks and posts to determine performance against the standards
- d) accredit posts that meet the standards
- e) give conditional accreditation where appropriate, and encourage hospitals to meet the conditions necessary for accreditation
- f) withhold or withdraw accreditation, and encourage hospitals to rectify deficiencies
- g) inform “jurisdictions” (government health agencies) of posts that are accreditable, and that require sustained funding in order to be utilised for training.

Responsibilities of Health Agencies and Hospital Systems

8. Health agencies and hospital systems are responsible to:

- a) provide the resources and infrastructure necessary to meet the service demands for eye care in clinics and theatres
- b) acknowledge that the provision of service and training are complementary, in order to meet both the short-term expectations of patients and the medium term expectations of the community for a trained specialist ophthalmology workforce
- c) in training hospitals, provide sustained funding to enable trainees to be appointed to posts that the College considers capable of accreditation for training
- d) in training hospitals, promote and sustain a culture of teaching, training, learning and research, by providing supplementary resources (including time) for these activities to be efficient and effective
- e) understand and apply the College's standards for networks and posts
- f) cooperate with the College in inspections of networks and posts
- g) rectify deficiencies in networks and posts reported by inspectors.

Australian Medical Council (AMC) Standards and Medical Council of NZ (MCNZ) Standards

9. In its “Standards and Procedures” for the accreditation of specialist medical education and training and professional development programs, the AMC sets out three broad standards for the accreditation of hospitals and/or training positions:

- a) the training organisation specifies the clinical experience, infrastructure and educational support required of the accredited hospital and/or training position, and implements clear processes to determine whether these requirements are met

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- b) the training organisation's accreditation requirements cover: clinical experience, structured educational programs, infrastructure supports such as library, journals and other learning facilities, continuing medical education sessions accessible to inform trainees, dedicated time for teaching and training, and opportunities for teaching and training in the work environment
 - c) the accreditation standards of the training organisation are publicly available.
10. The complete accreditation requirements of the AMC and MCNZ are available at www.amc.org.au.

College Standards for Training Site Facilities

11. The following facilities are **essential** to be available in, or close to, the ophthalmic clinic or outpatients department:
- a) Fluorescein and other angiographies
 - b) Photocoagulation/Argon laser
 - c) NdYAG laser
 - d) Ultrasound: A scan
 - e) Automated visual field test
 - f) Internet access and computer facilities
 - g) Emergency/Casualty
 - h) OCT
12. The following facilities are **desirable** to be available in, or close to, the ophthalmic clinic or outpatients department:
- a) Contact lens fitting
 - b) Access to electrophysiology
 - c) Ultrasound: B scan
 - d) Ocular pathology
 - f) Corneal topography
 - g) Refractive laser
13. The following facilities are **essential** to be available in the operating theatre:
- a) Operating microscope, with assistant's scope
 - b) Camera, TV monitor and video recorder
 - c) Video facilities
 - d) Sufficient instrument trays
 - e) Phacoemulsification equipment
 - f) Vitrectomy equipment
14. The following facilities are **desirable** to be available in the operating theatre:
- a) Dedicated theatre
 - b) Dedicated theatre staff
 - c) Cryosurgical equipment

College Standards for Teaching and Learning Facilities

15. The following facilities and arrangements are essential:
 - a) Teaching programs including didactic lectures, clinical-pathological conferences and journal clubs.
 - b) Exposure to clinical research methods e.g. clinical trials, case reports
 - d) Access to pathology and micro-biology and biochemistry departments
 - e) Access to library of ophthalmic texts and journals in either print or electronic form and literature search facilities
 - f) A base location for trainees
 - g) Routine radiological investigations with access to CT & MRI scanning
16. The following facilities and arrangements are desirable:
 - a) Close liaison with other disciplines including neurology, neuro-surgery, plastic and facio-maxillary surgery, endocrinology
 - b) Presentation and publishing of papers by trainees
 - c) Teleconference/video facilities for teaching lectures

College Standards for Supervisor/Trainee Arrangements

17. A training post must have a minimum of three specialist FRANZCO consultants, or as approved by QEC a consultant from another Australian medical college, all of whom have a commitment to ophthalmic training. For every additional trainee, an additional consultant is required. Thus, four consultants are required for two trainees, five consultants for three trainees. Supervisor commitment must be demonstrated by the time spent supervising the trainee. This is verified by the formal roster document and by trainee feedback. The full time equivalent participation of consultants must be sufficient to meet the standard in paragraph 18 below.
18. It is the responsibility of the Term Supervisor to be accountable for the training arrangements and assessment reports, and thus to exercise judgement in identifying the clinical tutors who are qualified to train the trainees.

College Standards for Supervision of Trainees

19. The **minimum requirement** for any post providing surgical training in any network is to provide each trainee with four supervised clinics and two supervised theatre sessions per week. Training and experience in laser is to be additional to this minimum requirement. It is recommended/stipulated that each trainee must have weekly contact with their Term Supervisor.
20. A **supervised clinic** is one in which the trainee and the consultant work with patients, either in tandem or in close proximity, to enable them to discuss cases and maximise training opportunities as they present.
21. If a trainee does not need to be closely supervised in clinic, as assessed by the supervising consultant, a trainee may be regarded as 'supervised' provided at least one consultant is present in the same building as the clinic and is available to attend the clinic at any time required by the trainee during the session. For FFA/injection/laser clinics, these sessions will only be accepted as 'supervised' sessions if the trainee is actively supervised and the consultant is present for the duration of each clinic with each patient.

22. A **supervised theatre session** is one in which
- a) the trainee and the consultant are present together in theatre, without a Fellow or another trainee present
 - b) the trainee implements procedures in accordance with a plan discussed beforehand taking into account the circumstances of each patient, and the trainee's surgical skills as previously demonstrated in a skills laboratory, or on patients with a consultant in attendance
23. If a trainee does not need to be closely supervised in theatre, as assessed by the supervising consultant, a trainee in theatre may be considered to be 'supervised' provided at least one consultant is within the theatre complex, in theatre apparel, available to scrub and to attend theatre at any time during the session.
24. A **trainee in the first two years of training** is to be closely supervised
- a) to ensure patient safety
 - b) to enable the supervisor to monitor the developing competence of the trainee
 - c) to enable the supervisor to proactively identify any deficiencies in the trainee's performance as early as possible, and implement a suitable remediation process.

College Standards for Trainees' Surgical Experience

25. The College has prepared three tables of surgical procedures (see **Attachment**), drawn from the curriculum standards for each clinical area:
- Table 1: Surgical procedures that trainees must be able to perform autonomously by the end of training
 - Table 2: Surgical procedures with which trainees should have assisted, and of which have good practical knowledge, by the end of training
 - Table 3: Surgical procedures of which trainees must have some understanding by the end of training
26. It is essential that the rotation plan for each trainee over years one to four provides appropriate experience in each clinical area, and provides the surgical training experiences as set out in the above tables.

Microsurgical skills laboratory (wetlab) in each network

- 26A Each network should have at least one microsurgical skills laboratory that is readily available to trainees. For this purpose the following items are specified:
- a) The room should be of adequate size to contain:
 - At least one bench
 - One operating microscope with observer piece
 - Small refrigerator (not necessary if only non-animal eyes are used)
 - Lockable cupboard for instruments etc.
 - At least 2 and preferably 3 mobile chairs
 - 2 or 3 people
 - b) The room should have:
 - Good lighting
 - Adequate power points
 - Temperature control and/or ventilation

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- c) Contents of the room should include:
 - Operating microscope as above
 - Chairs as above
 - Adequate instruments, sutures, viscoelastic etc
 - A log book for registration of session
 - Phaco machine
 - Suitable eye holder
 - Ideally a video with a monitor and video recorder

The trainee's readiness for surgery

- 26B Supervisors should arrange for each new trainee to attend theatre as soon as practicable to become familiar with theatre business, technique, culture and protocol of ophthalmic theatres. Supervisors should identify each trainee who has had no microsurgical experience and arrange a supervised program of laboratory experience for the trainee. Supervisors may use the College's "Theatre Performance Assessment" form to record a trainee's wet lab experience and performance. The supervisor will make a judgment on the readiness of each trainee to perform procedures on patients, and the degree of supervision required in theatre. A supervisor of a term that is light in surgery should include in the "Intentions for the Term" an arrangement for the trainee to maintain surgical skills in a wet lab. Similar arrangements should be made by the Director of Training for any trainee for whom there is a significant break in continuity of surgical exposure. To assist with adequate surgical exposure, it is strongly recommended that Accredited Training Posts are filled by 1st – 4th year trainees, and not 5th year trainees.
27. It is difficult to specify the minimum number of times that a trainee needs to take a particular surgical procedure to completion, in order for the trainee to be regarded as competent in that procedure. Under normal experience, the trainee by the end of year two should have performed a minimum of fifty supervised intra-ocular procedures.

College Standards for Trainees' Clinical Experience

28. Over the four years in a training network, the trainee is to receive supervised training and experience, and be assessed, according to the College's curriculum standards in each of the clinical areas set out in paragraph 4 above.
29. The trainee is to be involved in a minimum of four supervised outpatient clinics each week. Trainees are to be involved in the management of ophthalmic casualties, probably by way of an emergency roster. Trainees should be involved in clinical audit, and also in teaching at postgraduate and undergraduate levels where possible.

Factors Specific to a Post

30. There can be factors that might require or allow specific adjustment to the way in which a particular post is considered to meet the standards set out above, for example:
- a) a post with particular attributes, such as exposure to indigenous eye care, might be accredited even if some other standards are not met
 - b) some posts will be suitable for a trainee in years one and two, but not for a trainee in years three and four, and vice versa
 - c) a post might offer surgical experience that would be satisfactory for a rotation period of 3-4 months, but not for a period of 6 months or longer.

List of all Surgical Procedures Contained in RANZCO's Clinical Curriculum Performance Standards

Preamble

This document brings together surgical procedures contained in the College's curriculum performance standards for clinical areas. It has been extensively peer reviewed and is valid at November 2015.

The College expects that all training networks in Australia and New Zealand will be able to provide supervised training experiences in the procedures listed, appropriate to the table in which each procedure appears. In cases where appropriate training in a procedure is unlikely to be available, the director of training should seek advice from the Censor in Chief.

The Tables

Tables 1, 2 and 3 bring together all of the surgical procedures that are contained in the College's clinical curriculum performance standards.

These three tables indicate the level of mastery to be attained by trainees by the end of their training:

- procedures that trainees must be able to perform autonomously are listed in Table 1, and are rated *** in the clinical curriculum performance standards;
- procedures with which trainees should have assisted, and of which have good practical knowledge are listed in Table 2, and are rated ** in the clinical curriculum performance standards;
- procedures of which trainees must have some understanding are listed in Table 3, and are rated * in the clinical curriculum performance standards.

Use of This Document

The College requires directors of training, term supervisors, clinical tutors and trainees to use these tables to plan and track training and assessment.

Table 1 – Surgical procedures that Trainees must be able to perform autonomously (*)**

<i>Curriculum Performance Standard</i>	<i>Procedure</i>	<i>Reference in Curriculum Performance Standards</i>
Cataract	Perform accurate ocular biometry to assess corneal curvature (keratometry), anterior chamber depth, lens thickness and axial length	CT 2.10.1
	Perform and interpret B scan ultrasonography	CT 2.10.8
	Perform and interpret fluorescein angiography	CT 2.11.1
	Perform phaco-emulsification	CT 4.5.1
	Perform regional anaesthesia: peribulbar / sub-Tenon block	CT 4.9.1
	Perform regional anaesthesia: topical anaesthesia	CT 4.9.1
	Perform cataract surgery	CT 4.10
	Design wound placement and creation taking into account pre-existing astigmatism	CT 4.10.1
	Select viscoelastic device suitable for surgical need	CT 4.10.2
	Maintain anterior chamber with use of viscoelastic device	CT 4.10.3
	Perform anterior capsulotomy with regard to the intraocular lens to be implanted, pupil size, cataract type and method of nuclear removal	CT 4.10.4
	Perform adequate hydro-dissection and hydro-delineation to ensure adequate lens mobility within the capsule when required	CT 4.10.5
	Perform lens disassembly and removal by desired technique	CT 4.10.6
	Perform cortical removal and clean up with irrigator-aspirator	CT 4.10.7
	Modify wound to appropriate lens size and insert lens with and without the use of a viscoelastic device	CT 4.10.8
	Appropriately rotate toric IOLs to the planned meridian having identified this meridian prior to surgery	CT 4.10.9
	Remove viscoelastic agent	CT 4.10.10
	Check wound integrity	CT 4.10.11
	Suture wound if indicated	CT 4.10.12

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	Perform further incisional surgery to correct pre-existing astigmatism	CT 4.10.13
	Administer antibiotic and/or anti inflammatory prophylactic treatment	CT 4.10.14
Cornea	Perform corneal scraping and culture	CE 2.7.1
	Perform surgery to manage external eye and corneal conditions	CE 4.5
	Perform electrolysis for the treatment of trichiasis	CE 4.5.3
	Perform excision of pterygium and pinguecula including conjunctival autograft	CE 4.5.5
	Suture corneal lacerations	CE 4.5.6
	Glue corneal perforation and apply corneal bandage lens	CE 4.5.7
	Use epithelial debridement or bandage contact lens to aid in epithelial healing	CE 4.5.8
Glaucoma	Perform laser trabeculoplasty	GL 4.8.1
	Perform peripheral iridotomy using YAG and argon lasers	GL 4.8.2
	Perform panretinal photocoagulation using a laser for the management of glaucoma	GL 4.8.3
	Perform trabeculectomy including the use of antimetabolites and releasable sutures	GL 4.9.2
	Perform lens / cataract surgery as treatment for angle closure (glaucoma)	GL 4.9.3
	Perform combined glaucoma and cataract surgery	GL 4.9.4
	Perform a peripheral iridectomy	GL 4.9.5
	Identify and manage intraoperative complications of glaucoma surgery	GL 4.9.7
	Assist with or observe glaucoma drainage (tube) device insertion	GL 4.9.8
	Assist with or observe goniotomy or trabeculotomy	GL 4.9.9
	Assist with or observe EUA for follow-up of infantile glaucoma	GL 4.9.10
	Perform sub-conjunctival injection of 5-fluorouracil or steroids	GL 4.10.2
	Perform suturelysis	GL 4.10.3
	Inject visco-elastic into the anterior chamber	GL 4.10.5
Neuro	Perform temporal artery biopsy	NO 4.5.1

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Ocular-Motility	Perform recession surgery	OM 4.6.4
	Perform inferior oblique myectomy	OM 4.6.4
	Perform advancement surgery	OM 4.6.5
	Perform resection surgery	OM 4.6.5
Oculoplastics / Orbit	Perform emergency canthotomy / cantholysis	OP 4.7.2
	Perform techniques to correct ectropion	OP 4.7.3
	Perform techniques to correct involuntional type entropion	OP 4.7.4
	Perform techniques to correct involuntional ptosis	OP 4.7.5
	Perform simple eyelid and periorbital reconstruction including wedge resection lateral canthal advancement flaps and free grafts	OP 4.7.6
	Perform lateral tarsorrhaphy	OP 4.7.7
	Perform nasolacrimal probing and syringing	OP 4.7.8
	Perform punctal snip	OP 4.7.9
	Perform punctal occlusion	OP 4.7.10
	Perform tarsoconjunctival cautery	OP 4.7.11
	Perform simple evisceration and enucleation	OP 4.7.12
	Incise and curette tarsal cysts	OP 4.7.13
	Perform techniques to correct trichiasis including cryotherapy, electrolysis and radiofrequency follicle ablation	OP 4.7.14
	Perform eyelid biopsies	OP 4.7.15
	Perform bulbar conjunctival biopsy	OP 4.7.16
	Participate in enucleation with integrated orbital implant	OP 4.8.1
Ultrasound	Utilise B-scan ultrasound to determine the topographic nature of structures in the eye	OU 3.3
	Perform ophthalmic ultrasound on patients with vitreo-retinal disease	OU 4.2
Paediatric	Perform cycloablation for management of paediatric glaucoma	PO 5.3.1

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	Perform goniotomy for management of paediatric glaucoma	PO 5.3.1
	Perform implant surgery for management of paediatric glaucoma	PO 5.3.1
	Perform trabeculectomy for management of paediatric glaucoma	PO 5.3.1
	Perform trabeculotomy for management of paediatric glaucoma	PO 5.3.1
	Investigate uveitis via aqueous and vitreous sampling	PO 4.8.1
Ocular/Inflammatory	Demonstrate safe use of laser techniques in management of ocular inflammation	UV 4.6.2
	Use photocoagulation to manage commonly encountered ocular inflammatory conditions	UV 4.6.1
	Administer therapies for ocular inflammation using intravitreal injection	UV 4.7.1
Vitreoretinal	Demonstrate safe use of laser techniques in vitreoretinal management	VR 4.4.1
	Perform laser treatment to manage diabetic retinopathy, including focal and grid laser for threatened or actual DME, and panretinal laser for PDR	VR 4.4.2
	Perform intravitreal injection of different agents (steroids, anti-VEGF therapies) to manage neovascular AMD, DME or other vascular retinopathies	VR 4.4.3
	Perform tap and inject procedures to manage endophthalmitis following intravitreal therapy	VR 4.4.4
	Participate in vitrectomy and buckling procedures	VR 4.5.3

Table 2 – Surgical procedures with which trainees should have assisted, and of which have good practical knowledge ()**

<i>Curriculum Performance Standard</i>	<i>Procedure</i>	<i>Reference in Curriculum Performance Standards</i>
Cataract	Perform extra-capsular cataract extraction (ECCE)	CT 4.5.2
	Perform regional anaesthesia: retro-bulbar block	CT 4.9.2
	Perform facial nerve blocks	CT 4.9.3
Cornea	Provide appropriate surgical management of corneal and conjunctival tumours and neoplastic disease	CE 4.5.9
	Inject botulinum toxin to induce ptosis	CE 4.5.10
Ocular/Motility	Use adjustable sutures to correct strabismus where appropriate	OM 4.6.6
	Undertake transposition techniques to correct strabismus	OM 4.6.7
	Understand vertical rectus muscle techniques for hypotropia and hypertropia	OM 4.6.8
	Understand Anderson-Kestenbaum techniques to correct head posture in nystagmus	OM 4.6.9
Oculoplastics/Orbit	Perform techniques to correct cicatricial ectropion with full thickness skin graft	OP 4.7.17
	Repair lid lacerations including monocanalicular stenting	OP 4.7.18
	Perform functional upper lid reduction	OP 4.7.19
	Perform medial and lateral canthoplasty techniques	OP 4.7.20
	Perform direct eyebrow lift	OP 4.7.21
	Perform external DCR	OP 4.7.22
	Assist with or observe surgical treatment of cicatricial entropion	OP 4.8.2
	Assist with or observe surgical treatment of ptosis	OP 4.8.3
	Assist with or observe surgical treatment of neurogenic ptosis	OP 4.8.4
	Assist with or observe surgical treatment of myopathic ptosis	OP 4.8.5
	Assist with or observe posterior lamellar reconstruction with mucous membrane grafting	OP 4.8.6

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	Assist with or observe orbital surgery	OP 4.8.7
	Assist with or observe eyelid recession	OP 4.8.8
	Assist with or observe intubation of nasolacrimal system	OP 4.8.9
	Assist with or observe anophthalmic socket reconstruction	OP 4.8.10
	Assist with or observe fitting of ocular prosthesis	OP 4.8.11
	Assist with or observe lacrimal gland surgery	OP 4.8.12
	Assist with or observe assessment of the weight of gold required for an upper eyelid weight	OP 4.8.13
	Assist with or observe insertion of eyelid weight for facial palsy	OP 4.8.14
Ultrasound	Utilise A-scan mode to determine the quantitative nature of structures in the eye	OU 3.4
	Utilise the three primary B-scan probe orientations to perform and report standardized examination of the globe	OU 3.6
	Perform ophthalmic ultrasound on patients with oncologic disease	OU 4.3
Paediatric	Perform cryotherapy for RB	PO 3.3.2
	Perform enucleation for RB	PO 3.3.3
	Perform laser surgery for RB	PO 3.3.2
	Perform intra-ocular lens implantation for management of cataract	PO 6.4.7
	Perform lensectomy for paediatric cataract	PO 6.4.7
	Perform vitrectomy for paediatric cataract	PO 6.4.7
	Perform intra-ocular lens implantation	PO 6.7.4
Refractive	Assist with or observe PRK	RS 3.1.1
	Assist with or observe LASEK	RS 3.1.1
	Assist with or observe LASIK	RS 3.1.1
	Assist with or observe incisional keratotomy	RS 3.1.1
	Assist with or observe corneal inlay	RS 3.1.1
	Assist with or observe intraocular refractive surgery for cataract extraction	RS 3.1.2
	Assist with or observe intraocular refractive surgery for clear lens extraction	RS 3.1.2

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	Assist with or observe intraocular refractive surgery for phakic IOL implantation	RS 3.1.2
Vitreoretinal	Use contact lens or indirect-laser delivery in performing laser treatment to seal retinal breaks	VR 4.4.6
	Manage cataract following vitrectomy surgery	VR 4.5.5
	Assist with removal of silicone oil from posterior chamber with or without cataract extraction	VR 4.5.6
	Perform cryopexy to seal retinal break/s with or without intravitreal gas injection	VR 4.5.8
	Assist with removal of segmental scleral buckle in buckle extrusion	VR 4.5.9

Table 3 – Surgical procedures of which trainees must have some understanding (*)

<i>Curriculum Performance Standard</i>	<i>Procedure</i>	<i>Reference in Curriculum Performance Standards</i>
Cataract	Perform intra-capsular cataract extraction (ICCE)	CT 4.5.3
Cornea	Assist with or observe stromal micropuncture	CE 4.5.15
	Assist with or observe cryotherapy for the treatment of trichiasis	CE 4.5.16
	Assist with or observe partial conjunctival flap procedure	CE 4.5.18
	Assist with or observe Gundersen conjunctival flap procedure	CE 4.5.19
	Assist with or observe the use of excimer laser phototherapeutic keratectomy (PTK) for disorders of the epithelium and anterior stroma	CE 4.5.20
Ocular Motility	Perform tenotomy	OM 4.6.4
	Perform marginal myotomy	OM 4.6.4
	Perform tucking	OM 4.6.5
Oculoplastics / Orbit	Assist with or observe endonasal DCR	OP 4.8.15
	Assist with or observe revision DCR	OP 4.8.16
	Assist with or observe repair of lid lacerations including bi-canalicular stenting	OP 4.8.17
	Assist with or observe cosmetic upper and lower lid reduction	OP 4.8.18
	Assist with or observe mid-face lift	OP 4.8.19
	Assist with or observe alternative techniques for eyebrow lift	OP 4.8.20
	Assist with or observe repair of orbital floor fractures following facial trauma	OP 4.8.21
	Assist with or observe complex orbital fractures	OP 4.8.22
	Assist with or observe skin resurfacing	OP 4.8.23
Vitreoretinal	Use vitreous biopsy to identify retinal lymphoma	VR 3.4.1
	Use fine needle biopsy to identify melanoma	VR 3.4.2
	Perform endolaser treatment during vitreous surgery	VR 4.4.7