

Application for an Area of Focused Practice

Overview

The ABMS Focused Practice designation recognizes areas of practice within currently recognized specialties and subspecialties that either evolve as specialists progress through their professional careers or emerge as medicine changes due to advances in medical practice. The areas of practice are typically more limited in scope than areas covered by subspecialty certification and do not have the extensive scientific, clinical, and organizational underpinnings of a subspecialty. A Focused Practice designation is not intended to be a form of certification, since it recognizes areas of focus within recognized specialties or subspecialties and is based upon clinical experience. Use of the designation is intended to recognize an evolution of practice relevant for continuing certification. Applicants should be required to furnish evidence (patient logs, clinical outcomes, publications, referral patterns, attestation by supervisors, etc.) of patient care in the area of focus.

NOTE: While an area of focused practice need not reflect the entirety (or even the majority) of a physician's practice, the application should indicate the proportion of practice required for diplomates to be eligible for the proposed designation.

Requests from a Member Board to designate an area of focused practice within a specialty or subspecialty will go through an approval process that is similar to that used for subspecialties as outlined in Article VII, Section 7.2 of the [Amended and Restated Corporate Bylaws of the American Board of Medical Specialties](#).

Criteria for Focused Practice Designation

1. The area of focused practice must have a sponsoring ABMS Member Board who defines the eligibility criteria and submits the application to the ABMS Committee on Certification (COCERT).
2. Eligible diplomates must be certified by the Member Board and have the relevant active primary or subspecialty certificate(s).
3. The Member Board specifies the clinical practice experience (both in terms of time and volume) beyond initial training required for eligibility. Formal fellowship training in the area of the designation may count toward the practice requirement.
4. The Member Board will be required to develop requirements, including a Board-based assessment for eligible diplomates.
5. The area of focused practice must have a continuing certification requirement that is determined and described by the Member Board. The continuing certification requirement may be fully tailored toward the area of focused practice.
6. It is possible for multiple boards to offer a designation in the same area of focused practice. However, because the focused practice designation is, in a sense, a modification to another certificate, each board must submit a separate application. To reduce the administrative effort

required, only one board need complete the full application; other boards wishing to use the designation need only complete an addendum.

Application for an Area of Focused Practice

NOTE: This document is provided for information and to assist in preparing your application. You must submit your application using the online form.

[Click here to complete the application online.](#)

Name of Sponsoring Board(s): American Board of Ophthalmology

Contact Persons:

George B. Bartley, MD (CEO); gbartley@mayo.edu

Beth Ann Comber (COO); bacomber@abop.org

Phone: 610-664-1175

1. Provide the name of the proposed area of focused practice:

Medical/Surgical Retina

2. Is this application a modification of an existing designation offered by another board? (Yes/No):

No

Answer yes if your board is applying to additionally offer an already existing designation

3. Are multiple boards requesting this designation? (yes/no):

No

If your answer to #2 is yes: If your board is applying to additionally offer an already existing designation, you may choose to accept the responses supplied in the previously approved application. If you accept those responses, you should use the addendum at the end of the form rather than completing the full application.

3a. Does your board wish to use the already supplied information for this focused practice designation and submit only an addendum? (yes/no)

3b. Have the cooperating Member Boards agreed on a single definition and clear set of criteria for the area of focused practice based on clinical experience? (y/n)

If yes, please describe the definition and criteria in the next question,

If no, please describe the differences and a rationale for the differences.

3c. Have the partner boards agreed to a Memorandum of Understanding (MOU) defining the roles that each board will play in the management of the focused practice designation if approved? This MOU should address the following elements:

- The role of each Board in determining eligibility, registering candidates, reporting scores to candidates, and updating ABMS records

- Resolution of conflicts between partner boards
- Administration of continuing certification
- Issuance of certificates
- Reporting of scores
- Development and administration of exam (e.g. plans for blueprint development, item development and review of test forms, standard setting, cut-score determination, psychometric analysis)

If yes, please upload a copy of the MOU. If no, please describe the roles for each board and provide a timeline for when an MOU will be finalized.

If your answer to 3 is yes: If multiple boards are interested in offering this designation and wish to collaboratively submit an application, please view the addendum found at the end this application. The administrative board should complete the core portion of the application. Each collaborating board should complete an addendum to describe board-specific modifications.

4. Briefly define and state the purpose of the proposed area of focused practice. (Include why the area is worthy of a Focused Practice designation based on the ABMS criteria for Focused Practice Designations)

This FPD is intended to advance the quality of clinical care, as well as foster education and research, in the field of ophthalmology that specializes in the medical and surgical treatment of retinal diseases. It differs from an ABMS-defined subspecialty in that ACGME-accredited fellowship training is not available and thus not mandatory for eligibility.

5. Areas of focused practice typically fall under one of these areas. Describe which of the following this application addresses:
 - a. Evolving area of practice
 - b. Area of practice limited in scope or size
 - c. Specialized procedure(s)
 - i. If the area of focused practice is procedurally defined, describe how the procedure is of sufficient breadth and depth to significantly benefit patient care
 - ii. Describe how mastery of the procedure takes time, aptitude, and dedication beyond the training received for the underlying certificate

The focused practice designation for medical/surgical retina involves all three of the areas listed above. The field of retina has evolved considerably over the last 50 years. Major advances in imaging, surgical instrumentation, surgical techniques, pharmacotherapeutics, and the understanding of retinal pathophysiology have led to tremendous changes in the way retinal diseases are diagnosed and treated. The diagnosis of retinal disease has shifted from a clinical diagnosis based on the appearance of the retina to the use of retinal biomarkers with high-definition imaging and serum biomarkers including advanced genetic testing. Surgical management of retinal disease commonly involves the use of vitreoretinal equipment including advanced imaging systems to see and manipulate the delicate retinal

tissue, including placement of drugs under the retina. It is widely accepted that fellowship training is required to provide advanced retinal care.

Remarkable pharmacotherapeutic advances in retinal disease have occurred during the past 25 years. For example, the advent of anti-inflammatory and anti-VEGF agents (e.g., Lucentis (Ranibizumab), Eylea (Aflibercept), Vabysmo (Faricimab), Syfovre (Pegcetacoplan) and off-label Avastin (Bevacizumab)) have radically improved visual outcomes in patients with neovascular Age-Related Macular Degeneration (nAMD), Geographic Atrophy of the Retinal Pigment Epithelium (GARPE), Diabetic Macular Edema (DME), and Retinal Vein Occlusion (RVO). Research will continue to focus on drugs that are more durable and new delivery systems to reduce treatment burden for those with AMD and Diabetic Retinopathy (DR). In addition, there are promising signs for the future of stem cell and gene therapies. In fact, the first gene therapy in retina is already available and treats blindness from a form of retinitis pigmentosa by replacing a mutant RPE65 allele. As additional biomarkers are identified, personalized medicine will radically alter the treatment of retinal diseases. To keep current in a rapidly evolving field requires focused post-residency training, the accrual of relevant clinical experience to ensure effective treatment of patients, and lifelong learning.

6. Document the professional and scientific status of this area of focused practice by addressing (a) through (d) below.
 - a. Describe how the existence of a body of scientific medical knowledge underlying the proposed area of focused practice is, in large part, distinct from, or more detailed than that of other areas in which certification or focused practice are offered:

The American Board of Ophthalmology (ABO) does not offer subspecialty certification in any of the ophthalmic subspecialties that have well-established fellowship training programs. The American Academy of Ophthalmology (AAO) offers subspecialty courses in conjunction with its annual meeting and the 2-day course in retina is the most highly subscribed. The program for this subspecialty course is developed by representatives of the three major US retina organizations – The American Society of Retina Specialists, The Macula Society, and The Retina Society. These three societies also have their own annual scientific meetings that are instrumental in keeping members apprised of changes in the field. In addition, there are several peer-reviewed journals that focus exclusively on retina including the *Journal of Vitreoretinal Diseases*, *Ophthalmology Retina*, and *Retina*. The specialty has a separate taxonomy code that is used by many commercial insurers, and hospitals require specific credentialing for retina. Finally, there are approximately 100 retina fellowship programs in the United States, many of which voluntarily comply with standards of the Association of University Professors of Ophthalmology Fellowship Compliance Committee (AUPO FFC; See: Programs in Compliance at aupofcc.org). Finally, the ASRS requires member applicants to submit a completed fellows activity log that meets the standards established by AUPO/ASRS.

- b. Explain how this proposed area of focused practice addresses a distinct and well-defined patient population and care need:

Retina specialists treat conditions ranging from macular dystrophies and degeneration to macular holes to retinal detachment to cancers of the eye to ocular manifestations of systemic diseases such as diabetes mellitus. They also treat patients who have experienced severe eye trauma as well as children and adults with hereditary ocular diseases. Common conditions and diseases that retina specialists treat include the following:

Eleven million Americans have some form of age-related macular degeneration and another 4.1 million have diabetic retinopathy.

Additionally, patients who require surgical repair of the retina typically are referred to a retina specialist, as they are the only ones with appropriate training to perform procedures such as pars plana vitrectomy, scleral buckling, and posterior segment trauma repair. To repair the delicate tissue of the retina requires specific knowledge and surgical skill. Likewise, retina specialists are uniquely qualified to manage many complex conditions including DME and AMD. The increased number of drugs and availability of combination therapies requires highly specialized knowledge to manage these patients. Knowing when to stop and start therapy and how to select the most appropriate drug requires keeping up with science. It also requires the ability to evaluate and interpret complex imaging. Because these treatments carry high risk, retina specialists are trained in managing complications that may result. Patients with retinal diseases will benefit from knowing which ophthalmologists have additional training and expertise in medical and surgical retina.

- c. To provide COCERT with information about the group of diplomates concentrating their practice in the area of focused practice, indicate the following:
 - i. The current number of such physicians (along with the source(s) of the data):

The American Society of Retinal Specialists currently has 2360 US regular members (practicing retina specialists) and 290 US fellow-in-training members.

Source: [ASRS directory](https://www.asrs.org/find-a-specialist). <https://www.asrs.org/find-a-specialist>

- ii. The average annual increase in the number of such physicians in the past decade (along with the source(s) of the data):

Approximately 100 ophthalmologists per year graduate from an approved retina fellowship training program.

Source: [ASRS directory](https://www.asrs.org). <https://www.asrs.org>

- iii. The current geographic distribution of this group of physicians, its projected spread in the next five (5) years, and an explanation of how you arrived at this projection:

Retina specialists practice in all 50 states, the District of Columbia, and Puerto Rico. Distribution and spread among the states roughly parallel the general population, with somewhat greater than proportionate representation in California and Florida.

- 7. Identify the existing national societies that have a significant interest in the proposed area of focused practice. Additionally, indicate the size and scope of the societies, along with the source(s) of the data:

The American Society of Retina Specialists (ASRS) is the organization with a principal interest in this AFP. The ASRS currently has 2360 US regular members (practicing retina specialists) and 290 US fellow-in-training members.

Source: [ASRS directory](https://www.asrs.org/find-a-specialist). <https://www.asrs.org/find-a-specialist>

- i. Indicate the distribution of academic degrees held by their members, along with the source(s) of the data:

Eligibility for voting membership is limited to physicians (MD, DO) who are certified by the American Board of Ophthalmology, have successfully completed fellowship training, and (starting in 2016) submitted an activity log meeting the minimum standards established at the time. Among membership criteria are commitments to the practice, research, and teaching of retina. A large proportion of members have full-time, part-time, or voluntary academic appointments.

- ii. Indicate the relationship of the national societies' membership with the proposed focused practice designation:

The majority of US members of the ASRS membership would be eligible to apply for the proposed focused practice designation.

- iii. Please describe whether and how your board has interacted with the key societies and stakeholders in developing this proposed designation:

The ABO has worked closely with the American Society of Retinal Specialists to develop this application.

- 8. Describe how the cognitive knowledge, clinical and interpersonal skills, professional attitudes, and practical experience of diplomates in this area of focused practice will be distinct from diplomates in other specialties, subspecialties, and areas of focused practice in terms of:

- a. **Scope of practice**
This FPD involves adult and pediatric ophthalmologic patients with retinal diseases.
- b. **Body of knowledge and skills:**
Intensive training and clinical experience in the management of retinal diseases/disorders are needed to achieve the most favorable outcomes.

PROCEDURES – SURGICAL

Pars Plana Vitrectomy
Membrane Peel
Internal Limiting Membrane Peel
Endo Laser
Air-Fluid Exchange
Silicone Oil Placement and Removal
Scleral Buckle
Pars Plana Lensectomy by Phacofragmentation
Cryoretinopexy
Vitreous Tap/Injection
Chorioretinal biopsy

Procedures – Lasers

Retinal Laser (Macular, Peripheral)
Choroidal Laser
Photodynamic therapy

Procedures – Clinical

Fluorescein and Indocyanine Green Angiography
Ultrasonography
Intravitreal Injections

Academic Learning

Didactic
Lecture

Fellow’s Presentations/Teaching

Conference + Course/Meeting + Visiting Professor (combined)
Journal

- c. **Clinical competence:**

Retina is distinct from general ophthalmology, other ophthalmic areas of concentration, and non-ophthalmic specialties and subspecialties. It involves a unique knowledge and skill set that includes elements found in other fields, but no other single discipline fully satisfies the requirements of the FPD. This designation

provides a public benefit by optimizing outcomes for patients within this FPD's domain.

9. For (a) through (f) below, project the need for and the effect of the proposed new area of focused practice on existing patterns of certification or other areas of focused practice. Please indicate how you arrived at your response.

a. Indicate whether there is any overlap between this area of focused practice and existing subspecialty certifications or other areas of focused practice.

Not applicable, as there are no subspecialty certifications or FPDs in ophthalmology.

b. Outline plans for evaluation of the impact of the proposed area of focused practice on your own programs of specialty and subspecialty certification and any other areas of focused practice:

For the ABO and ophthalmology, this FPD will facilitate standardization of post-residency training and qualifications and will promote more focused Continuing Certification. These measures will improve the recognition of qualified retinal specialists by the public and the profession.

c. Outline plans for evaluation of the impact of the proposed area of focused practice on other Member Boards' programs of specialty and subspecialty certification and any other areas of focused practice:

Medical/surgical retina does not overlap with any non-ophthalmic specialties and subspecialties.

d. Outline the impact of the proposed area of focused practice on practice, both existing and long-term, specifically:

i. Access to care (please include your rationale):

A positive impact of the proposed FPD on patient care is anticipated. Access, quality, and coordination of care will be enhanced if physicians, patients, and administrative gatekeepers readily recognize specialists with the necessary training and expertise.

ii. Quality and coordination of care (please include your rationale):

Ease of identifying the appropriate specialists for given clinical problems will provide a public benefit by facilitating navigation through the health care system. These positive effects would increase over time as recognition of the FPD grows.

iii. Benefits to the public (please include your rationale):

Immediate and long-term costs will likely decrease with more efficient

delivery of focused care. Early access to appropriately trained providers can reduce the number of intermediate referrals and consultations. Initial definitive management by surgeons with the necessary skill set can reduce costly re-operations.

- e. Explain the effects, if known, of the proposed area of focused practice on:
 - i. Immediate costs to the healthcare system and their relationship to the probable benefits (please indicate your methodology):

Immediate costs will likely decrease with more efficient delivery of focused care. Early access to appropriately trained providers can reduce the number of intermediate referrals and consultations. Initial definitive management by surgeons with the necessary skill set can reduce costly re-operations.

- ii. Long-term costs to the healthcare system and their relationship to the probable benefits (please indicate your methodology):

Long-term costs will likely decrease with more efficient delivery of focused care. Early access to appropriately trained providers can reduce the number of intermediate referrals and consultations. Initial definitive management by surgeons with the necessary skill set can reduce costly re-operations.

- f. Explain the effects if this area of focused practice is not approved:

The field of retina will continue to offer patients care within its focused domain. However, confusion among the public and the profession in identifying qualified providers will persist.

- 10. Outline the eligibility criteria required of candidates in the proposed area of focused practice, as it pertains to the following:

- a. Describe how the eligibility criteria for the designation are consistent with the ABMS criteria for FPD.

This should be clear from information provided elsewhere in this application.

- b. What specialty and/or subspecialty certificate(s) will a diplomate be required to hold and maintain in order to be eligible for this area of focused practice?

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- c. Clinical practice experience (both in terms of time and patient volume) in the area of focused practice, beyond initial training. Include how much of the average physician's practice and patient volume will be devoted to the area of focused practice:

- i. How will your board establish that candidates are meeting the experience requirement?

Pathways for application

- i. Completion of a formal fellowship in medical/surgical retina that conforms to the requirements of the Association of University Professors of Ophthalmology's Fellowship Compliance Committee (AUPO FCC) or the American Society of Retina Specialists (for those fellowships that pre-dated oversight by the AUPO FCC).
 - ii. At least one year of post-fellowship clinical practice in medical/surgical retina.
 - iii. Case logs demonstrating the minimum standards required by the AUPO and ASRS. See Appendix A.
 - iv. For current ABO-certified ophthalmologists specializing in retina, options to apply for the FPD would depend on membership in the ASRS and their current ABO status.
 - a. For those certified before 1992 (the year when the ABO transitioned to a Maintenance of Certification/Continuing Certification program), documentation of fellowship training.
 - b. For those certified between 1992 and 2016, when an activity log was not required by the AUPO FCC and ASRS, up-to-date in Continuing Certification.
 - c. For those members who were ABO-certified after 2016, up-to-date in Continuing Certification and an activity log.

The American Board of Ophthalmology ultimately will be responsible for determining if an applicant is eligible for the Focused Practice Designation.

- d. Additional qualifications (if any): none
 - v. Which board-based assessments will be required prior to awarding this focused practice designation? (Check all that apply)

- Examination
 - Written
 - Oral/practical
 - Other (Please specify)
 - Participation in a registry
 - Submission and review of case lists
 - Review of patient charts
 - Other (please specify): As outlined above.

- a. Please describe the rationale behind the method(s) used in the assessment process:

Cognitive assessment will assess medical knowledge and judgment. The activity log review will assess depth and breadth of clinical experience.

- vi. Outline the continuing certification (CC) program planned for this focused practice designation. Please include how the CC program will relate to CC requirements for your diplomates' underlying certificate(s). Will the diplomate be required to pass multiple assessments in order to maintain both the underlying certificate and the designation?

Diplomates, including those who currently hold non-time-limited certificates from the ABO will be required to participate in CC. Diplomates currently have the option of selecting subspecialty-specific content in the ABO's longitudinal assessment program, Quarterly Questions®. Such content can qualify for maintenance of the FPD.

- a. If your board is planning to accept multiple options for assessment of knowledge, judgment, and skills for the designation, describe each: N/A
- b. How will your board monitor that diplomates continue to practice in the area of practice?

After initially earning the FPD, diplomates will be required to attest that their practice remains focused on the care of patients with retinal disorders.

- vii. Indicate how the utility of the proposed area of focused practice will be evaluated periodically by your board (every three to five years) to assure that the area of focused practice remains viable and useful:

The FPD will be evaluated 3 years after its establishment to ensure that its intended goals have been accomplished. This likely will include surveys of those who hold the FPD as well as input from the major retina subspecialty societies, the AAO, and the AUPO. If satisfactory, re-evaluation will occur at 5-year intervals.

- viii. Provide an anticipated timeline for when your Board will first accept applications from candidates, and when your board plans to begin issuing this designation.

Assuming endorsement by COCERT and ABMS in 2024, applications could be received in 2025 with a written examination administered later that year or in early 2026.

- ix. List key stakeholder groups from which COCERT may wish to solicit comments on the proposed area of focused practice:

Key stakeholders in the designation of this AFP by the ABO include the public, retina specialists, and ophthalmologists-at-large who may overlap at the margins of the FPD. Suggested organizations for comment include ASRS, the Retina Society, the Macula Society,

and the AAO.

To be completed for areas of focused practice for which formalized training is currently available to meet some of the requirements for clinical experience and patient volume:

- x. Provide the following information for those training programs that have a primary educational effort devoted to the proposed area of focused practice, along with their geographic locations and the source(s) of the data:
 - a. Please list the names of training programs in the proposed area of focused practice:

Fellowship Programs
Acuity Eye Group
Associated Retinal Consultants (University of Arizona)
Augusta University
Austin Retina Associates
Bascom Palmer Eye Institute
Boston University School of Medicine
Byers Eye Institute (Stanford University)
Casey Eye Institute (Oregon Health and Science University)
Charles Retina Institute
Chicagoland Retinal Consultants, LLC
Cincinnati Eye Institute / University of Cincinnati
Cleveland Clinic, Cole Eye Institute
Columbia University College of Physicians and Surgeons
Cullen Baylor College of Medicine
Dean McGee Eye Institute (University of Oklahoma)
Duke University Eye Center
Emory University
Henry Ford Hospital

Houston Methodist Hospital
Indiana University, Glick Eye Institute
Jamaica Hospital Medical Center
Johns Hopkins University
Kresge Eye Institute (Wayne State University)
Lahey Health
Loma Linda University College of Medicine
Louisiana State University Health Sciences Center
Massachusetts Eye and Ear Infirmary/Harvard University
Mayo Clinic
MEETH Ophthalmology (Manhattan Eye, Ear, & Throat Hospital)
Murray Ocular Oncology and Retina
New England Eye Center, Tufts Medical Center
New York Eye & Ear Infirmary
New York Medical College
New Jersey Retina
Northwestern University
NYU School of Medicine
Oakland University William Beaumont School of Medicine
Ohio State University Eye and Ear Institute
Oschner Clinical
Pritzker University of Chicago
Retina Associates/Cook County Hospital
Retina Consultants of Alabama Vitreoretinal Disease and Surgery Fellowship

Retina Consultants of Minnesota
Retina Consultants, LTD
Retina Specialists of Alabama, LLC Vitreoretinal Surgical Fellowship Program (University of Alabama)
Retinal Consultants, Albany Medical College, Lions Eye Institute
Rush University
Rutgers University Medical School
Scheie Eye Institute, University of Pennsylvania
Sierra Eye Associates
SUNY-Downstate Medical Center
The Eye Institute (Medical College of Wisconsin)
The Retina Group of Washington (Georgetown University)
The Retina Institute, St. Louis
The University of Iowa
UCLA Stein Eye & Doheny Institutes
University of North Carolina, Chapel Hill
University of Pittsburgh Eye & Ear
University Hospital, Cleveland Medical Center (Case Western)
University of Arkansas for Medical Sciences
University of California Davis Eye Center
University of California San Francisco
University of California, Irvine
University of California, San Diego
University of Central Florida
University of Colorado

University of Florida (Gainesville)
University of Florida (Shands)
University of Illinois at Chicago, Eye and Ear Infirmary
University of Kentucky
University of Louisville
University of Massachusetts School of Medicine
University of Michigan, Kellogg Eye Center
University of Minnesota
University of Mississippi Medical Center
University of Missouri Columbia
University of Missouri, Kansas City
University of Montreal
University of Nebraska Medical Center
University of Rochester (Flaum Eye Institute)
University of Southern California
University of South Florida
University of Tennessee
University of Texas John McGovern Medical School
University of Texas Southwestern Medical Center
University of Texas, Rio Grande Valley
University of Utah (Moran Eye Center)
University of Virginia
University of Washington Eye Institute (Seattle)
University of Washington, Stanford
University of Wisconsin - Madison

University of Texas Health San Antonio
Vanderbilt Eye Institute
Vitreoretinal Fellowship Program at California Pacific Medical Center (CPMC)
Wake Forest University School of Medicine
Washington University-St. Louis
Weill Cornell Medical College/New York Presbyterian Hospital
West Virginia University Eye Institute
Wills Eye Hospital / Mid Atlantic Retina
Wolfe Eye Clinic
Yale University Department of Ophthalmology

- b. Indicate the total number of trainee positions available currently (along with the source(s) of the data): As above, approximately 290. Source: [ASRS directory](https://www.asrs.org). <https://www.asrs.org>
- c. Provide the number of trainees completing the training annually (along with the source(s) of the data): As above, approximately 100/year. Source: ASRS directory. <https://www.asrs.org>
- d. Organization(s) providing accreditation or oversight for training programs (Please submit evidence that they have the willingness, capability, and resources to conduct the review of these programs): As above, the AUPO Fellowship Compliance Committee (aupofcc.org)

xi. How much additional clinical experience is required beyond training?

One year of clinical practice in the AFP beyond completion of a formal fellowship in retina that conforms to AUPO/ASRS program requirements in effect at the time of training.

NOTE: When submitting this application, please attach the following items:

- ✓ Copy of proposed application form for the candidates for this focused practice designation
- ✓ A written statement indicating concurrence or specific grounds for objection from each board having expressed related interests in the same field

- ✓ Written comments on the proposed area of focused practice from at least one (1) public stakeholder group

- ✓ An example of how diplomates will be recognized for this focused practice designation (both for the diplomate's own record, and for credentialers and the public).
 - The acknowledgment that a diplomate has received a focused practice designation may be in the form of a letter or an email, or a notation on a diplomate's online public record.

We anticipate that recognition of the FPD will occur via a notation on the diplomate's online profile, both on the ABO's website and the ABMS website.

Minimum Retina Standards

PROCEDURES – SURGICAL (# Performed)

Pars Plana Vitrectomy (100)

Membrane Peel (25)

ILM Peel (20)

Endo Laser (25)

Air Fluid Exchange (20)

Silicone Oil Infusion (10)

Silicone Oil Removal (10)

Scleral Buckle (20)

Pars Plana Lensectomy Phacoemulsification (10)

Cryoretinopexy (20)

Vitreous Tap/Injection (5)

PROCEDURES - LASER (# Performed)

Please note: If macular laser is not available, the other laser categories can be higher to serve as a substitution.

Laser Retinopexy for Retinal Breaks, Lattice Degeneration, and Localized Retinal Detachment (30)

Macular Laser including Photodynamic Therapy (PDT) (25)

Peripheral/Sectoral/PRP (20)

PROCEDURES - CLINICAL (# Performed)

Fluorescein Angiography/ICG (100)

Ultrasound (30)

Intravitreal Injections (50)

Appendix A

ACADEMIC LEARNING (# Hours Spent)

Didactic (100)

Lecture (20)

FELLOW'S PRESENTATIONS/TEACHING (# Presented)

Conference (regional/national) + Course/Meeting (local) + Visiting Professor (present at a minimum of 3)

Journal Club (participate in at least 8)

Rounds (present at a minimum of 4)

American Board of Ophthalmology Focused Practice Designation in Medical/Surgical Retina

Eligibility and Application

Overview

Certification by the American Board of Ophthalmology (ABO) provides assurance to the public and the medical profession that a diplomate has successfully completed the necessary educational program(s) and an evaluation designed to assess the knowledge, experience, and skills required for the delivery of high standards of patient care in ophthalmology.

The ABO now offers a Focused Practice Designation (FPD) in Medical/Surgical Retina. An FPD is an [ABMS credential](#) that recognizes diplomates who have focused their practice on one aspect of a given field of medicine or surgery. The ABO has collaborated with the American Society of Retina Specialists (ASRS) to define the standards of practice, participation, and knowledge that are required to be identified as a medical/surgical retina specialist. The Medical/Surgical Retina FPD can be achieved through a combination of fellowship training, clinical practice, and successful completion of a written multiple choice examination.

The primary purpose of the Medical/Surgical Retina FPD is to serve patients seeking care for retinal disease by recognizing diplomates with specialized training and experience in this subspecialty.

Eligibility

The following criteria must be met for an applicant to sit for the Medical/Surgical Retina FPD examination:

- **Certification/Continuous Certification:** Be certified by the American Board of Ophthalmology and participating in the ABO Continuing Certification program.
- **Training and Experience:**
 - Completion of a formal fellowship in retina that conforms to the requirements of the Association of University Professors of Ophthalmology's Fellowship Compliance Committee (AUPO FCC) or the American Society of Retina Specialists (for those fellowships that pre-dated oversight by the AUPO FCC). The ABO will consider fellowships that do not meet these criteria on a case-by-case basis.
 - At least one year of clinical practice beyond completion of a formal fellowship in retina that conforms to AUPO/ASRS program requirements in effect at the time of training. This requires submission of a case log demonstrating the minimum standards required by the AUPO and ASRS (Appendix A). ASRS membership will be accepted as meeting this requirement for diplomates who became ASRS members in 2017 and thereafter. All other applicants must submit a case log from their most recent full year of practice.
 - Medical License: Hold an unrestricted license to practice medicine in the U.S. or Canada as specified in the ABO's Rules and Regulations.

Application Process and Instructions

Diplomates who meet the above eligibility requirements may access the application through their diplomate status page on the ABO website (abop.org). The completed application and supporting documentation must be received by the ABO by 5:00 pm Eastern Time no later than (TBD). A non-refundable fee of (\$TBD) must accompany the application. Following application approval, diplomates may submit payment of (\$TBD) for the written examination and schedule a testing center location. Applications and fees must be received and processed electronically.

Please note, all diplomates with a Medical/Surgical Retina FPD must maintain their ABO certification through participation in the ABO Continuing Certification program, including completion of the Quarterly Questions in Medical or Surgical Retina.

Contact/Biographical Information:

First Name
Middle Name
Last Name
Suffix (optional)
Gender
Date of Birth
Citizenship
Home Mailing Address
Preferred Contact Address (if different from Home Mailing Address)
Telephone Number
Telephone Type (Business, Home, Mobile)
Email Address

Medical School Education

If you attended more than one medical school, provide information for each institution:

Medical School Name
Medical School Mailing Address
Start Date
Completion Date
Degree Type (M.D. or D.O.)
Upload medical school diploma

Fellowship Training

If you attended more than one fellowship program, provide information for each program.

Name of Program
Primary Preceptor
Associate Preceptors
Program Mailing Address

Start Date
Completion Date
Upload fellowship certificate

Experience

Applicants must have at least one year of clinical practice in medical/surgical retina beyond completion of a formal fellowship that conforms to AUPO/ASRS program requirements in effect at the time of training. ASRS membership will be accepted as meeting this requirement for diplomates who became ASRS members in 2017 and thereafter. All other applicants must submit a case log demonstrating the minimum standards required by the AUPO and ASRS (Appendix A) from the most recent full year of practice.

Current Practice Information

Full Name of Practice or Employer
Business Address
Business Website URL
Business Telephone Number
Owner/Supervisor during your employment with this practice (if applicable)
Dates of Employment (month/year to month/year)
Nature of Employment:

- Full-time
- Part-time
- Locum tenens
- Other:

If you work at more than one practice, please include the above information for each site. Please provide documentation of surgical privileges from each site at which you practice.

Case Log Submission – see Appendix A

Type of Patients Seen (by %)

- AMD (Dry and Wet)
- Diabetic Retinopathy
- Retinal Vein Occlusion
- Posterior Vitreous Detachment
- Retinal Detachment
- Macular Hole/Epiretinal Membrane/Vitreomacular Traction
- Retinopathy of Prematurity
- Other

Type of Patient Evaluations (by %)

- Comprehensive eye exam
- Follow-up exam
- Imaging study

- Pre-op visit
- Post-op visit

Number of Surgeries (by %) – calculated from case log

Type of Surgeries (by %) – calculated from case log

Number of Laser Procedures -- calculated from case log

Current Active and Unrestricted License(s) to Practice Medicine in the United States:

As specified in the ABO's Rules and Regulations, applicants must have a current valid and unrestricted license to practice in the United States. A license that permits practice only at a specific academic institution is not considered "unrestricted."

State

Medical License Number

Original Date of Issue

Expiration Date

Provide a copy of current license registration card (include expiration date).

If you have several licenses, please provide a list of the licenses you hold and provide the state, expiration date, and license number.

I attest that, as of the date of this application, I have an unrestricted medical license in the United States:

Yes

Have you ever had a medical license revoked, restricted, suspended, disciplined, placed on probation or been cited in any other manner by a licensing board?

Yes

No

If yes, please explain.

Attestation and Agreement

I attest to and abide by the following statements:

I am submitting this application and attachments to the American Board of Ophthalmology (ABO) to be eligible for a Medical/Surgical Focused Practice Designation.

I hereby attest that the information I have provided in this application and the attachments is true, complete, and accurate to the best of my knowledge.

I understand and agree that the ABO may request additional information and may independently confirm the information contained in the application and attachments.

I understand and agree that the ABO may request that other parties provide confidential information relating to my medical training, background, and other information.

I understand and agree that I will not, directly or indirectly, take any action against the ABO, any party affiliated with the ABO or any party that provides information to the ABO in conjunction with me submitting this application to the ABO or anything relating to this credential.

I understand and agree that if my application is not accepted by the ABO I have no right to appeal the ABO's decision to the ABO or in any other forum.

I will abide by the Rules and Regulations of the ABO as they are currently in effect and thereafter. I understand that the current ABO Rules and Regulations are available on the ABO website (abop.org).

I understand and agree that if this application is approved, I am responsible for successfully completing the Medical/Surgical Focused Practice Designation Written Examination and thereafter maintaining this designation by staying current with the ABO's Continuing Certification program.

I understand and agree that the non-refundable fee to apply for participation in this program is \$TBD which must be submitted when the application is submitted. If my application is approved, a fee of \$TBD for the Medical/Surgical Focused Practice Designation Written Examination will be assessed.

I understand and agree that (i) any misrepresentation in the application materials or any other document I submit to the ABO including but not limited to, the verification of my identity when I submit this application and when I participate in the additional ABO requirements, or (ii) any offer of financial benefit to a director, officer, employee, proctor, or other agent or representative of the ABO in order to obtain a right, privilege or benefit not usually granted by the ABO to similarly situated candidates, or (iii) any irregular behavior before, during or after the application process and participation in the additional requirements will constitute grounds for the ABO to bar me permanently from this and all future ABO activities and/or to take any other appropriate action, including legal action.

I hereby waive and release and shall indemnify and hold harmless the ABO and persons in their capacities as the ABO's directors, members, officers, committee members, employees, and agents from, against and with respect to any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorney's fees) alleged to have arisen from, out of, with respect to or in connection with any action which they, or any of them, take or fail to take as a

result of or in connection with this application, the Program or required activities conducted by the ABO.

I have read the ABO policy with respect to the Medical/Surgical Focused Practice Designation and this application, and I understand, agree to, and accept the obligations of the policies and the application.

I declare a dedication to provide ophthalmic services with compassion, respect for human dignity, and integrity.

By submitting this application electronically, I agree that this electronic form shall have the same legally binding effect as an original paper version.

Signature



Saving sight through research and education

September 27, 2023

To Whom It May Concern:

The American Macular Degeneration Foundation (AMDF) is pleased to join the American Society of Retina Specialists (ASRS) and the American Board of Ophthalmology (ABO) in supporting the Medical/Surgical Retina Focus Practice Designation (FPD) application.

AMDF is a non-profit organization committed to the prevention, treatment, and cure of macular degeneration, and empowering those with AMD to live to the fullest. The AMDF offers hope and support to those with Age-related Macular Degeneration (AMD) and their families. We raise public awareness of the disease while supporting a national research agenda which makes allies of the scientific community, the government, and people and their families who are living with macular degeneration.


AMD and other retinal diseases are highly complex and require specialized treatment best provided by physicians with fellowship training, which is needed to provide advanced retinal care.

A Medical/Surgical Retina FPD will benefit AMD patients, and the public, by indicating that physicians who attain the FPD have met advanced training requirements and peer-established standards for medical knowledge, skills, and judgment, while also maintaining expertise in a rapidly evolving field.

The FPD will also help patients identify retina specialists and provide added assurance that their retina specialist is well-qualified.

In summary, AMDF fully supports the establishment of an FPD in Medical/Surgical Retina and believes it will benefit patients with AMD and other retinal conditions.

Sincerely,


Chip Goehring
President, Board of Trustees

P.O. Box 515, Northampton, MA 01061-0515 1.888.MACULAR (622-8527) www.macular.org amdf@macular.org

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Fellowship Compliance Committee



September 29, 2023

To: ABMS Committee on Certification

The purpose of this letter is to confirm that the Fellowship Compliance Committee of the Association of University Professors of Ophthalmology (aupofcc.org) stands ready to assess the standards of fellowship training relevant to the Medical/Surgical Retina Focused Practice Designation application from the American Board of Ophthalmology. Please let me know if additional information would be helpful.

Sincerely,

Hans E. Grossniklaus, MD
Chair, AUPO FCC Board of Managers

BrightFocus Foundation
22512 Gateway Center Drive
Clarksburg, MD 20871

September 28, 2023

To Whom It May Concern:

BrightFocus Foundation is happy to partner with the American Society of Retina Specialists (ASRS) and the American Board of Ophthalmology (ABO) in supporting the Medical/Surgical Retina Focus Practice Designation (FPD) application.

BrightFocus Foundation is at the forefront of brain and eye health, advancing early-stage, investigator-initiated research around the world. Our programs are designed to provide initial funding for highly innovative experimental research and curative ideas for Alzheimer's disease, macular degeneration, and glaucoma. Given our focus on accelerating groundbreaking research into the root causes of leading eye diseases and pioneering prevention strategies and treatments to end macular degeneration (AMD) in our lifetime, we are keenly aware that macular degeneration is an extremely complex condition and the specialized care provided by retina specialists can help patients preserve vision.

With macular degeneration patients in mind, we believe a medical/surgical retina FPD would benefit patients by ensuring that they can seek out the most qualified physicians who have completed advanced training and meet peer-established standards for medical knowledge, skills, and judgment, while also maintaining expertise in the field.

A medical/surgical retina FPD will also assist patients in finding retina specialists who are the most qualified to provide advanced retinal care and an extra layer of assurance that they will be cared for by a physician trained in the most up-to-date retina treatment pathways.

In conclusion, BrightFocus Foundation is happy to extend its support of the establishment of an FPD in Medical/Surgical Retina and believes it will benefit patients with AMD and other retinal conditions.

Sincerely,



Diana Campbell
Director of Strategic Partnerships



Preeti Subramanian, PhD
Director of Vision Science Programs



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September 29, 2023

Richard E. Hawkins, MD

President and CEO

American Board of Medical Specialties

353 North Clark Street

Suite 1400

Chicago, IL 60654

Dear Dr. Hawkins:

The Macula Society is pleased to support the Medical/Surgical Retina Focus Practice Designation (FPD) application being submitted to the American Board of Medical Specialties (ABMS) by the American Society of Retina Specialists and the American Board of Ophthalmology (ABO). Since ABO does not offer subspecialty certification, we believe the FPD will serve to inform patients that an ophthalmologist has not only met the training requirements and the peer-established standards for medical knowledge, skills, and judgment, but also is maintaining his or her expertise in retina.

The Macula Society was founded in 1977 to address the need for a forum to present and critique the rapidly expanding new research in retinal vascular and macular disease. The Society has evolved into one of the most prestigious retina-focused organizations in the world and virtually every major academic leader in retina is currently a member.

Retina is a rapidly evolving field and has achieved many significant breakthroughs over the last few decades. Major advances in pharmacotherapeutics, imaging, surgical techniques, and the understanding of retinal pathophysiology have led to tremendous changes in the way retinal diseases are diagnosed and treated. Fellowship training in retinal diseases along with the accrual of relevant clinical experience and lifelong learning is essential to ensure patients receive optimal care in this rapidly evolving field.

The FPD provides an important avenue to recognize retina as a distinct field under the umbrella of ophthalmology. Retina specialists treat a defined patient population that requires a unique knowledge and skill set. We agree that the public would benefit from the ABO assessing and certifying retina specialists who meet the established educational, training and professional requirements. The FPD also will assist comprehensive ophthalmologists to refer with confidence to a well-qualified retina specialist.

In closing, we believe retina meets the ABMS established criteria for an FPD. If you have any questions, please do not hesitate to contact me.

Sincerely,

Daniel F. Martin, MD

President, The Macula Society

DFM/amc