

## Ophthalmology Foundation International Guidelines for Eye Care Services

Accreditation is a review process that determines if eye care services meet defined standards of quality. When an institution is accredited, it means that the eye care services have been evaluated and judged to meet the standards of the profession.

The process of accreditation typically comprises a four-step cycle:

1. The institution completes a self-assessment questionnaire.
2. The Ophthalmology Foundation reviews the self-assessment and conducts a site visit to verify the self-study.
3. The Ophthalmology Foundation's Accreditation Committee reviews the self-assessment and the site visit report to assure accreditation standards are met.
4. The accreditation process repeats at regular intervals.

The OF Eye Service Accreditation Guidelines were developed by adapting a template created by the World Federation for Medical Education (WFME) after reviewing existing accreditation models. Areas were defined as:

- [1. Mission and Values](#)
- [2. Structure](#)
- [3. Organization](#)
- [4. Assessment](#)
- [5. Providers](#)
- [6. Resources](#)
- [7. Quality Improvement](#)
- [8. Governance and Administration](#)

There are links throughout the document that provide "Explanation of Terms" (Appendix C).

## 1. MISSION and VALUES

### 1.1 MISSION

#### Standards:

The program must:

1. State the [mission](#) of the eye care service.
2. Make the mission [publicly](#) known to the health sector it serves.
3. Base the mission on:
  - a. Consideration of the health needs of the [community](#) or society.
  - b. The needs of the health care delivery system.
  - c. Other aspects of social [accountability](#), as appropriate.
4. Ensure improvement of patient care that is appropriate, effective, [compassionate](#) and safe in dealing with health problems and promotion of health, including a patient-centered approach.

### 1.2 PROFESSIONALISM & PROFESSIONAL AUTONOMY

#### Standards

The program must:

1. Have written standards of professionalism and ethics.
2. Have a mechanism to assess professionalism (e.g. patient satisfaction surveys)

## 2. STRUCTURE

#### Standards

1. Describe the [overall structure](#) of the eye care services including facilities.

## 3. ORGANIZATION

#### Standards

1. Define responsibility and authority for organizing, coordinating, managing and evaluating the service.
2. Include in the planning of the service appropriate representation of principal as well as other stakeholders.

## 4. ASSESSMENT

#### Standards

The program must:

1. Formulate and implement a policy for assessment of eye care quality including providers and allied ophthalmic personnel.
2. Define and state the principles, purposes, methods, practices and periodicity for assessment.
3. Use examiners external to the training program (e.g. Accreditation).

## 5. PROVIDERS

### 5.1 RECRUITMENT AND SELECTION POLICY

#### Standards

1. Formulate and implement a [recruitment and selection](#) policy that specifies:
  - a. The expertise required, criteria for clinical expertise.
  - b. Their responsibilities.
2. In its selection policy take into account the mission of the program and the needs of the healthcare system.

### 5.2 Expertise

#### Standards

1. Providers should possess the expertise to address all eye care conditions.
2. Anesthesia providers meet professional standards.
3. Providers must show evidence of continuing education to ensure knowledge and skills are current.
4. Standards for continuing medical education should be established.

## 6. RESOURCES

### 6.1 [PHYSICAL FACILITIES](#)

#### Standards

1. Offer
  - a. Access to up-to-date professional literature.
  - b. Relevant laboratory and radiology services and results are available in a timely fashion.
  - c. Adequate information and communication technology.
  - d. Equipment for providing comprehensive eye care ([APPENDIX B](#))
  - e. Regularly update the physical facilities and equipment regarding their appropriateness and quality.

### 6.2 INFORMATION TECHNOLOGY

#### Standards

1. Ensure access to web-based or other electronic media.
2. Use information and communication technology in an [effective, safe and ethical](#) manner to communicate with colleagues and access relevant patient data and health care information systems.
3. Assure patient confidentiality is maintained whenever electronic communication is used.

## 7. QUALITY IMPROVEMENT

### 7.1 MECHANISM FOR [SERVICE EVALUATION](#)

#### Standards

1. Routinely [monitor](#).
2. Establish and apply a mechanism for service evaluation.
3. Ensure that relevant results of evaluation influence the program.
4. Involve principal stakeholders in evaluation.
5. Make the process and results of evaluation transparent to principal as well as other stakeholders.

### 7.2 PATIENT SAFETY

#### Standards

1. The service should have a policy addressing issues of doctor error and patient safety.
2. There should be a mechanism to identify risks to patient safety.
3. Time-out policy for procedures.
4. Informed consent is obtained before procedures
5. A process of patient education and follow-up instructions.
6. A formal program for quality and patient safety exists.
7. A mechanism to address sentinel and other adverse effects.

## 8. GOVERNANCE AND ADMINISTRATION

### 8.1 [LEADERSHIP](#)

#### Standards

1. [Evaluate the leadership/staff](#) at defined intervals with respect to:
  - a. The mission of the program.
  - b. The acquired outcomes of the program.

### 8.2 BUDGET AND RESOURCE ALLOCATION

#### Standards

1. Define responsibility and authority for managing the [budgets](#) of the service.
2. Allocate the resources necessary for the implementation of the service

### 8.3 ADMINISTRATION AND MANAGEMENT

#### Standards

1. Have an [administrative and professional](#) staff that is appropriate to:
  - a. Support implementation of the service.
  - b. Ensure good [management](#) and resource deployment.
  - c. Assure appropriate provider credentials.
2. Ensure that management submits itself to [regular review](#) to achieve quality improvement.

## REFERENCES

1. World Federation for Medical Education. Postgraduate Medical Education – WFME Global Standards for Quality Improvement of Medical Education: the 2023 Revision. Available at: [https://wfme.org/wp-content/uploads/2023/03/WFME-STANDARDS-FOR-POSTGRADUATE-MEDICAL-EDUCATION\\_2023.pdf](https://wfme.org/wp-content/uploads/2023/03/WFME-STANDARDS-FOR-POSTGRADUATE-MEDICAL-EDUCATION_2023.pdf). Last accessed: 3 November 2025.

## APPENDIX A

### Surgical Numbers

PROCEDURE	Annual number
Cataract (MSICS or Phaco)	
Glaucoma (trabeculectomy, Tube Shunt, MIGS)	
Strabismus (horizontal muscles)	
Oculoplastic (lid laceration, chalazion, entropion, ectropion, ptosis, lacrimal system)	
Laser - Yag Capsulotomy	
Laser - Trabeculoplasty	
Laser - Iridotomy	
Laser - Pan-retinal Photocoagulation	
Intravitreal injection	
Pterygium	
Globe trauma	
Corneal transplant	
Retinal Detachment	
Enucleation/Evisceration	
Conjunctival/Corneal Foreign Body	
Lid Tumor Biopsy	
Suture Removal	
Tarsorrhaphy	
Subconjunctival/Subtenon Injection	
Anesthetic blocks	

## APPENDIX B: Required Equipment

COMMON CLINICAL EQUIPMENT	
Distance visual acuity chart	Stereopsis test
Children's vision chart	Worth 4-dot
Color vision test	Retinoscope
Flashlight	Indirect ophthalmoscope
Trial lens set	Slit lamp biomicroscopy lens (90D, 78D, 66D, etc)
Trial frames	Indirect + laser lenses, ophthalmoscopy lens (20D, 30D)
Direct ophthalmoscope	Gonioscopy lens
Slit lamp (at least 1 with observer scope)	Forceps to remove foreign bodies or stitches
Tonometer	Fluorescein, Rose Bengal, lissamine green
Exophthalmometer	Punctum dilators
Prism bars/loose prism sets	Tonometer tips to replace and clean

SPECIALIZED CLINICAL EQUIPMENT	SURGICAL EQUIPMENT
Fundus camera	Anterior vitrectomy machine
OCT	Posterior vitrectomy machine
Computerized perimeter	Microsurgical instruments
B-Scan ultrasound	Observer viewer
A-Scan ultrasound	Autoclave
Keratometer	Table
Laser Argon	Chair
Laser Yag	Microscope with viewing arm or screen
Observer viewer in Lasers	

## APPENDIX C: Explanation of Terms

### 1. MISSION and VALUES

1 *Mission* provides the overarching frame to which all other aspects of the service must be related. The mission statement would include general and specific issues relevant to institutional, national, regional and, if relevant, global policy and health needs.

2 *Make the mission publicly known* means to make it known to the health sector as well as the general public.

- The *health sector* would include the health care delivery system, whether public or private, and medical research institutions.

3 Encompassing the *health needs of the community* would imply interaction with the local community, especially the health and health related sectors, and adjustment of the program to demonstrate attention to and knowledge about health problems of the community.

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4 *Social accountability* would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors.

5 *Compassionate care* would include awareness of patient and family aspects of matters related to irreversible disease outcomes.

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### 5. PROVIDERS

#### 5.1 RECRUITMENT AND SELECTION POLICY

6 *Recruitment and selection policy* would include ensuring a sufficient number of highly qualified clinicians, allied ophthalmic personnel and health to deliver service.

7 *Service functions* would include clinical duties in the health care delivery system as well as participation in governance and management.

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### 6. RESOURCES

#### 6.2 INFORMATION TECHNOLOGY

8 *Effective use of information and communication technology* would include use of computers, cell/mobile telephones, internal and external networks and other means, as well as coordination with library services. The use of information and communication technology may be part of education for evidence-based medicine and in preparing the trainees for continuing medical education and professional development.

- *Ethical use* refers to the challenges to both physician and patient privacy and confidentiality following the advancement of technology in medical education and health care. Appropriate safeguards would be included in relevant policy to promote the safety of physicians and patients while empowering them to use new tools. [\(BACK\)](#)

## 8. GOVERNANCE AND ADMINISTRATION

### 8.1 GOVERNANCE

9 *Governance* means the act and/or the structure of governing the service and the involved institutions. Governance is primarily concerned with policy making, the processes of establishing institutional and service policies and also with control of the implementation of the policies. The institutional and service policies would normally encompass decisions on the mission of the service, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relations.

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### 8.2 LEADERSHIP

10 *Leadership/staff* refers to the positions and persons within the governance and management structures being responsible for decisions on professional matters in service implementation and assessment.

11 *Evaluate the leadership/staff* could involve consultation of external reviewers.

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### 8.3 BUDGET AND RESOURCE ALLOCATION

12 *The budget* would depend on the budgetary practice in the country and would be linked to a transparent budgetary plan for the service.

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### 8.4 ADMINISTRATION AND MANAGEMENT

13 *Administrative and professional staff* in this document refers to the positions and persons within the governance and management structures being responsible for the administrative support to policy making and implementation of policies and plans and would - depending on the organizational structure of the administration - include head and staff, heads of financial administration, staff of the budget and accounting offices, and heads and staff of the departments for planning, personnel and IT.

14 *Management* means the act and/or the structure concerned primarily with the implementation of institutional and service policies including the economic and organizational implications, i.e. the actual allocation and use of resources in the service. Implementation of institutional and service policies would involve carrying into effect the policies and plans regarding mission, the service, staff recruitment and external relations.

15 *Internal program of quality assurance* would include consideration of the need for improvements and review of the management.

16 *Regular review* would be conducted by institutional organizations external to and independent of the provider (e.g. accreditation).