**EBO-ESOPRS Subspecialty Exam**

**TRAINER RECOMMENDATION FORM**

Recommendation Form for:

Candidate name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by the main Faculty member responsible for oculoplastic / lacrimal / orbital / aesthetic Fellowship training

**Details of Trainer responsible for Candidate’s Fellowship training**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degrees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate below your qualifications and expertise in the training of oculoplastic, lacrimal, orbital and aesthetic conditions (OLOA), including details of any Fellowship undertaken
2. Have you spent a minimum of 5 years devoted mainly to the care of OLOA patients?

Yes  No

1. Please indicate approximate % of volume (0 – 100) of patients for each category
   1. Oculoplastic \_\_\_\_\_\_\_\_\_\_
   2. Lacrimal \_\_\_\_\_\_\_\_\_\_
   3. Orbital \_\_\_\_\_\_\_\_\_\_
   4. Aesthetic \_\_\_\_\_\_\_\_\_\_
2. Do you participate in national/international teaching or research activities in the area of OLOA?

Yes  No

If “Yes”, please specify

1. Do you actively contribute to a national or international organisation/society providing continuing medical education in OLOA?

Yes  No

If “Yes”, please specify

1. Did you actively supervise the candidate during their training?

Yes  No

If “No”, please specify who did

1. Did you provide periodical assessments/evaluations to the candidate during their training?

Yes  No

1. Was the candidate given written progress reports?

Yes  No

If “Yes”, please specify how often (eg. 3 monthly, twice yearly, yearly)

1. Have you checked and countersigned (ie validated) the candidate’s surgical log-book?

Yes  No

If “No”, please specify who has?

1. Please indicate those aspects of the ICO Fellowship curriculum the Candidate HAS NOT COVERED during their Fellowship with you ([see p7-18 in this document](http://www.ebo-online.org/wp-content/uploads/ICOsubspecialty-curriculum-oculoplastic-and-facial-surgery.pdf))
2. Please indicate any issues relating to the ethical and professional conduct of the candidate while training with you. If NONE, please state “None”

**Details of Institution**

1. Is your department of Ophthalmology part of an academic institution?

Yes  No

If “Yes”, please specify which

1. Is the Residency programme in Ophthalmology at your institution a minimum of 4 years?

Yes  No

If “No”, please specify the number of months \_\_\_\_\_\_\_\_\_\_\_\_

1. Did the candidate complete their residency in your institution?

Yes  No

If “No”, please specify where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the candidate complete a minimum of 12 months Fellowship in OLOA in your institution?

Yes  No

Please indicate start and end date

Start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In addition to basic ophthalmic equipment, does your institution provide current diagnostic equipment adequate for Fellowship training in OLOA / or have easy access to this, eg Imaging (X-ray/CT/PET CT/MRI), Ultrasound, Pathology (blood screening tests, histology, Mohs micrographic surgery), multi-disciplinary team review?

Yes  No

If “No”, please indicate what is lacking

1. Does your institution provide adequate surgical facilities (operating microscope, nasal endoscope etc) for Fellowship training?

Yes  No

If “NO”, please indicate what is lacking