EBO-ESOPRS Subspecialty Exam

RECOMMENDATION LETTER

Recommendation Letter 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)

2) Have you spent a minimum of 5 years devoted mainly to the care of OLOA patients?
   ☐  Yes  ☐  No

3) Please indicate approximate % of volume (0 – 100) of patients for each category
   a. Oculoplastic _________
   b. Lacrimal _________
   c. Orbital _________
   d. Aesthetic _________

4) Do you participate in national/international teaching or research activities in the area of OLOA?
   ☐  Yes  ☐  No
   If “Yes”, please specify
5) Do you actively contribute to a national or international organisation/society providing continuing medical education in OLOA?
☐ Yes ☐ No
If “Yes”, please specify

6) Did you actively supervise the candidate during their training?
☐ Yes ☐ No

7) Did you provide periodical assessments/evaluations to the candidate during their training?
☐ Yes ☐ No

8) Was the candidate given written progress reports?
☐ Yes ☐ No

9) Have you checked and countersigned (ie validated) the candidate’s surgical log-book?
☐ Yes ☐ No
If “No”, who has?

10) Please indicate those aspects of the ICO Fellowship curriculum the Candidate HAS NOT COVERED during their Fellowship with you (see p7-18)

11) Please indicate any issues relating to the ethical and professional conduct of the candidate while training with you. If NONE, please state “None”
Institution?

12) Is your department of Ophthalmology part of an academic institution?
   ☐ Yes ☐ No

13) Is the Residency programme in Ophthalmology at your institution a minimum of 4 years?
   ☐ Yes ☐ No

   If “No”, please specify the number of months ____________

14) Did the candidate complete their residency in your institution?
   ☐ Yes ☐ No

   If “No”, please specify where: ___________________________________________

15) 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: ___________________________

16) 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

17) Does your institution provide adequate surgical facilities (operating microscope, nasal endoscope etc) for Fellowship training?
   ☐ Yes ☐ No

   If “NO”, please indicate what is lacking