



ASSESSMENT OF A SPECIALIST- INTERNATIONAL MEDICAL GRADUATE

Reference Request

The doctor named on this form has applied for recognition as a specialist ophthalmologist in Australia and has given your name as a referee. In order for the College to have clear information about this applicant please complete this document giving as much detail as possible.

Instructions for completion

Please mark the appropriate boxes throughout the form:

- If you are confident that the named applicant satisfies that mentioned in **Column A** then mark **YES** in **Column B**
- If you know they do not then mark **NO** in **Column B**
- If you do not know then mark **DON'T KNOW** in **Column C**
- If you feel able to add additional comments then please do so.

NAME OF APPLICANT:

REFEREE NAME:

How long have you known the applicant?

.....

What has been your professional relationship (if any) with the applicant?

(eg: colleague, employer, teacher etc)

.....

.....

Do you have a personal relationship with the applicant, and if so, what is this relationship?

(eg: family member, partner, school friend etc)

.....

.....

Do you have a financial relationship with the applicant?

.....

.....

APPLICANT'S SPECIALIST TRAINING

Please comment against each area

| <p>A</p> <p>Stages of supervised training and assessment required of an Australian trainee following basic medical training, and details of on-going CPD/CME</p> | <p>B</p> <p>Based on personal knowledge or experience has the applicant completed the activity stated in column A</p> <p><u>State:</u> "Yes" or "No"</p> | <p>C</p> <p>Comments</p> <p>OR</p> <p><u>State:</u></p> <p>"I don't know"</p> |
|--|---|--|
| <p>Official certification that applicant can practice as an independent specialist ophthalmologist</p> | | |
| <p>Participation by applicant in Continuing Professional Development/ Continuing Medical Education</p> | | |
| <p>Research activities</p> | | |

Applicant's CLINICAL Experience

This table refers to your understanding of the applicant's knowledge and experience in the listed field of ophthalmology.

Please comment against each area

| <p style="text-align: center;">A</p> <p style="text-align: center;">Broad clinical areas of practice for Australian specialists</p> | <p style="text-align: center;">B</p> <p style="text-align: center;">Based on your personal knowledge or observation, has the applicant sufficient training and experience in the area specified in Column A to practice independently</p> <p style="text-align: center;"><u>State:</u> "Yes" or "No"</p> | <p style="text-align: center;">C</p> <p style="text-align: center;">Comments</p> <p style="text-align: center;">OR</p> <p style="text-align: center;"><u>State:</u></p> <p style="text-align: center;">"I don't know"</p> |
|---|---|--|
| <p>Cornea and external eye disease</p> | | |
| <p>Cataract and lens</p> | | |
| <p>Clinical refraction</p> | | |
| <p>Refractive surgery</p> | | |
| <p>Neuro-ophthalmology</p> | | |

| <p style="text-align: center;">A</p> <p style="text-align: center;">Broad clinical areas of practice for Australian specialists</p> | <p style="text-align: center;">B</p> <p style="text-align: center;">Based on your personal knowledge or observation, has the applicant sufficient training and experience in the area specified in Column A to practice independently State: "Yes" or "No"</p> | <p style="text-align: center;">C</p> <p style="text-align: center;">Comments OR State: "I don't know"</p> |
|---|--|---|
| <p>Oculoplastics</p> | | |
| <p>Paediatrics</p> | | |
| <p>Glaucoma</p> | | |
| <p>Ocular motility</p> | | |
| <p>Vitreoretinal</p> | | |
| <p>Ocular inflammation</p> | | |

Applicant's SURGICAL Competence

This table refers to your knowledge of the applicant's surgical experience and competence in the indicated procedure.

Please comment against each area

| | A Areas of surgical competence | B Based on your personal knowledge or observation, has the applicant sufficient experience in the area specified in Column A to operate independently? State: "Yes" or "No" | C Comments OR <u>State:</u> "I don't know" |
|-----------------|---|--|---|
| Cataract | Orbital and periocular anaesthetics | | |
| | Cataract extraction using phacoemulsification and IOL implantation | | |
| | Management of capsule rupture, including vitrectomy and alternative IOL placement | | |
| Glaucoma | Laser iridotomy and trabeculoplasty | | |
| | Trabeculectomy including the use of releasable sutures and antimetabolites | | |

| | <p style="text-align: center;">A Areas of surgical competence</p> | <p style="text-align: center;">B Based on your personal knowledge or observation, has the applicant sufficient experience in the area specified in Column A to operate independently? State: "Yes" or "No"</p> | <p style="text-align: center;">C Comments OR State: "I don't know"</p> |
|----------------------|--|---|---|
| | <p>Combined cataract and glaucoma surgery</p> | | |
| <p>Cornea</p> | <p>Corneal scraping and biopsy for microbiological evaluation</p> | | |
| | <p>Excision of pterygium including the use of conjunctival autograft and flaps</p> | | |
| | <p>Suturing of corneal and scleral lacerations</p> | | |
| | <p>Application of glue and contact lenses for corneal perforations</p> | | |
| | <p>Tarsorrhaphy for corneal disease</p> | | |

| | <p style="text-align: center;">A Areas of surgical competence</p> | <p style="text-align: center;">B Based on your personal knowledge or observation, has the applicant sufficient experience in the area specified in Column A to operate independently? State: "Yes" or "No"</p> | <p style="text-align: center;">C Comments OR State: "I don't know"</p> |
|----------------------|--|---|---|
| | Electrolysis and cryotherapy in the treatment of trichiasis | | |
| Oculoplastics | Repair of ectropion and entropion including use of skin grafts | | |
| | Repair of involuntional ptosis | | |
| | Perform simple eyelid and periorbital reconstruction including wedge resection lateral canthal advancement flaps and free grafts | | |
| | Nasolacrimal probing and syringing | | |
| | Repair of lid lacerations | | |

| | <p style="text-align: center;">A Areas of surgical competence</p> | <p style="text-align: center;">B Based on your personal knowledge or observation, has the applicant sufficient experience in the area specified in Column A to operate independently? State: "Yes" or "No"</p> | <p style="text-align: center;">C Comments OR State: "I don't know"</p> |
|------------------------|--|---|---|
| | Basic evisceration and enucleation | | |
| | DCR | | |
| Ocular Motility | Resection and recession of rectus muscles | | |
| | Use of adjustable sutures in recession of recti | | |
| | Inferior oblique surgery | | |
| Vitreo-retinal | Argon laser pan retinal photocoagulation (PRP) | | |
| | Focal argon laser photocoagulation of peripheral retinal lesions | | |

| | <p style="text-align: center;">A Areas of surgical competence</p> | <p style="text-align: center;">B Based on your personal knowledge or observation, has the applicant sufficient experience in the area specified in Column A to operate independently? State: "Yes" or "No"</p> | <p style="text-align: center;">C Comments OR State: "I don't know"</p> |
|--|--|---|---|
| | <p>Perform intravitreal injection of different agents (steroids, anti-VEGF therapies) to manage neovascular AMD, DME or other vascular retinopathies</p> | | |
| | <p>Recognise symptoms and signs suggesting endophthalmitis following intravitreal therapy, and perform tap and inject procedures to manage suspected endophthalmitis</p> | | |
| | <p>Repair of retinal detachment by extra-ocular methods</p> | | |
| | <p>Repair of retinal detachment by intra-ocular methods</p> | | |

APPLICANT'S CURRENT PRACTICE

Please give a brief description of the hospital, clinic or practice where the applicant currently practices (if known)

| | |
|---|--|
| Number of ophthalmologists on the staff | |
| Number of trainees | |
| Number of clinics each week | |
| Number of operating lists each week | |

Applicant's current pattern of practice

| | |
|--|--|
| Number of outpatient clinics/sessions per week | |
| Average number of patients seen per clinic | |
| Number of operating sessions per week | |
| Average number of major cases per session | |
| Number of teaching sessions per week | |
| Other key regular professional activities | |

Please answer:

How much supervision would this applicant require to run an ophthalmic clinic successfully?

Please tick ONE box:

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | Minimal support and supervision |
| <input type="checkbox"/> | Moderate support and supervision |
| <input type="checkbox"/> | High level of support and supervision |

ASSESSMENT OF THE KEY ROLES OF AN OPHTHALMOLOGIST

Please comment against each area

| <p style="text-align: center;">KEY ROLE</p> <p>The following key roles are those expected of a practicing ophthalmologist in Australia.</p> | <p>After reading the description please comment, to the best of your knowledge, on the applicant's performance against each role</p> |
|---|---|
| <p>Professional - Ophthalmologists have a unique societal role as professionals with a distinct body of knowledge, skills, and attitudes dedicated to the maintenance and improvement of eye health in the community. Ophthalmologists are committed to excellence in clinical care and ethical conduct, and to ongoing mastery of ophthalmology.</p> | |
| <p>Scholar - Ophthalmologists engage in a lifelong pursuit to master their domain of professional expertise. They recognise the need to be continually learning, and model this for others. Through their scholarly activities, they contribute to the appraisal, collection, and understanding of health-care knowledge, and facilitate the education of their students, patients and others.</p> | |
| <p>Communicator - To provide humane, high-quality care, ophthalmologists establish effective relationships with patients, medical practitioners and other health professionals. Communication skills are essential for the functioning of an ophthalmologist and are needed for obtaining information from, and conveying information to, patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns and expectations about their illnesses, and for assessing factors that have an impact on a patient's eye health.</p> | |
| <p>Collaborator - Ophthalmologists work with others who are appropriately involved in the care of individuals or groups of patients. Thus, ophthalmologists must be able to collaborate with patients and multidisciplinary team of health professionals to provide optimal patient-care, education and research.</p> | |

| <p style="text-align: center;">KEY ROLE</p> <p>The following key roles are those expected of a practicing ophthalmologist in Australia.</p> | <p>After reading the description please comment, to the best of your knowledge, on the applicant's performance against each role</p> |
|---|---|
| <p>Manager - Ophthalmologists function as managers when they make daily practice decisions involving resources, coworkers, tasks, policies, and their personal lives. They do this in the settings of individual patient-care, practice organisations, and in the broader context of the healthcare system. Thus, ophthalmologists should be able to prioritize and execute tasks through teamwork and make systematic decisions when allocating finite health-care resources. Ophthalmologists take on positions of leadership in the context of professional organisations and the health-care system.</p> | |
| <p>Health Advocate - Ophthalmologists recognize the importance of advocacy activities in responding to the challenges represented by the socio-economic, environmental, and biological factors that determine the health of patients and society. They view advocacy as an essential component of health promotion that occurs at the level of the individual patient, the practice population, and the community. Health advocacy is appropriately expressed both by the individual and collective responses of ophthalmologists in influencing public health policy.</p> | |

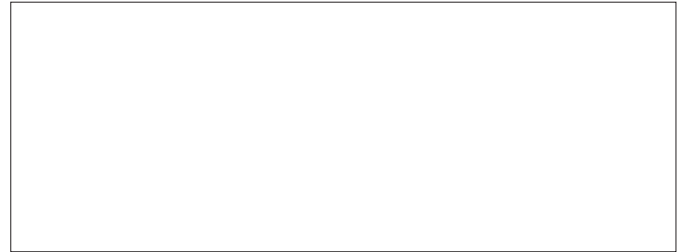
Any other comments:

THE FOLLOWING INFORMATION IS ESSENTIAL TO VALIDATE THIS REFERENCE

Name of referee (please print clearly):

Referee's job position (please place your stamp in the box below if possible):

.....



Referee's professional postal address:

.....

.....

.....

Referee's email address:

.....

Signature:

Date:

We thank you for your help in completing this reference.

Please submit this form completed to: img@ranzco.edu

Or, via post to:

Coordinator, International Medical Graduates & Area of Need

The Royal Australian and New Zealand College of Ophthalmologists

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AUSTRALIA