



ECVO Residents and Mentor Meeting

Saturday 04 June 2022, 12.00h – 13.00h

Salzburg congress, Room Mozart, Hybrid Meeting

Minutes

GF opened the meeting at 12.14.

She briefly introduced herself and the other members of the Education & Residency Committee:

Georgina Fricker (Chair), Ben Blacklock (co-Chair), Sylvia Djajadiningrat-Laanen (mentors' liaison), Franziska Matheis (residents' liaison), Antonella Rampazzo, Marti Cairo, Samuela Mazzucchelli, Ladina Walser-Reinhard, Aurelie Bourguet, Andrea Enache (joining June 2022).

She noted that Barbara Braus and Simon Pot from the exam committee will report on examinations and will answer all questions about the examinations.

GF described the activities of the Education & Residency Committee:

- Maintain and update Information Brochure; New edition to be published June 2022
- Assess applications for new RTPs
- Review online forms for each resident every year
- Support residents throughout training
- Support mentors throughout training; with a more proactive support
- They are planning to introduce more interactions through networking etc.
- Provide Certificates of Residency Training Completion

It was reported that there were currently 51 RTP spread over the world that the number of programmes has significantly increased of the past years and that the majority were located in the UK.

They then summarized the updates for June 2022 IB regarding the forms. It was noted that the forms have been given descriptive names now to make it clearer which one to use.

- Guidelines for RRTP and ARTP Applications (replaces form 1)
This form provides instructions to Programme Directors in completion of the Application Form.
- Application Form for Residency Training Programme (RRTP or ARTP) (replaces form 2 & 2b)
This form should be submitted when applying to the ERC for approval of a RTP (RRTP/ARTP).
- Programme Director's Statement (replaces form 3)
This form must be submitted to the ERC Chair within one month of initiation of the RTP. It should also be used during the course of a RTP to notify the ERC Chair of a change in Programme Director.
- Details of externally provided training should be provided in the relevant section of the Application form and include a description of nature, duration and the dates of the training offered.
- Any changes to the programme must be notified to and approved by the ERC in advance by submission of an updated Application Form and/or Programme Director's Statement (depending on the change).
- All emails should be sent to residency@ecvo.org.

GF continued to report on the updates for June 2022 IB regarding time on clinics:



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- At least 70% (25 months/107 weeks) of the RTP (consisting of a minimum total of 36 months including 'off clinics' and holiday) must be spent on a clinical ophthalmology service under the direction of a Supervisor.
- Eighty percent (80%) of this time must be under direct supervision.
- 'that time the Supervisor is physically present at the clinical facility (e.g. examination room, surgery room) during the training experience.'
- When the Resident is able to function independently, a Supervisor must provide at least the following supervision:
 - Appropriate case consultation.
 - Be in-house while the Resident is performing non-emergency surgery.
- Be available for consultation when the Resident is performing emergency surgery outside of office hours.

She then described the updates for the June 2022 IB regarding the time for scholarly activity as being:

- The minimum requirement for off clinic time is 15% of the duration of the RTP (equivalent to a minimum of 5.4 months/23 weeks of a 36-month RTP).
- **Literature review:** The Programme Director is required to provide for a combined total of 64 hours of journal club and book reading per year which must be performed by an approved supervisor within the training institution (DECVO/DACVO).
- Time allowed for holiday must not be used to fulfil minimum required time for scholarly activity

GF then reported on the updates for June 2022 IB regarding the presentations and explained that the committee had extended to ECVO, ACVO, IEOC or ARVO meetings:

- The Resident must deliver a minimum of one oral presentation and one poster presentation OR two oral presentations at ECVO, ACVO, IEOC or ARVO scientific meetings.
- In exceptional circumstances two poster presentations may be accepted. This will only be considered if one of the presentations was originally submitted as an oral presentation but has been considered more suitable as a poster presentation by the Scientific Committee.

She referred again to the online forms and noted that the webmaster was about to make the following updates:

- Altering the online forms to allow entry at the top of the form and avoid scrolling through 200+ procedures first
- HED section – don't forget you can log clinical cases with HED here. Practice inputting in forms to increase familiarity
- Removing requirement to perform intrascleral prostheses this is no longer being considered as being ethical. That is therefore no requirement anymore.
- When presenting in another language please translate title into English before inputting

GF handed over to Simon Pot (SP), who introduced the members of the Examination Committee. He noted that there were new committee members and that some had resigned from the committee.

Simon Pot (Co-chair) Barbara Braus (Co-chair), Ernst Otto Ropstad, Sebastian Monclin, Marta Leiva, Roser Tetras and Katrin Voelter.

SP referred to the new electronic theoretical exam format and summarized that it was held online for the past two years. He pointed out that they are planning to keep the online format for the future.



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He pointed out that some examination sites will be offered and that alternatively, Residents can organise their own setup with individual invigilation by an EBVS Diplomate. He summarized the key information and advantages of the online theoretical exam as follows:

- Decentralized, held in March/April
- Examsoft program: user friendly, interface explained prior to exam, ample time to familiarize SP briefly explained how ExamSoft worked and noted that a mock exam will be made available and a Q&A session will take place some weeks before the examination.
- Facilitates examination analysis and helps the exam committee to have a balanced examination.
- Failed candidates receive a longitudinal report about their performance to identify weak areas
- Reformatting of slide questions to fit ExamSoft format

Whilst showing examples, SP explained that from now on slide sample questions can be in different formats, such as:

- MCQ-type questions
For some: more than one correct answer: labeled '(mark all boxes that apply)'
- Open questions: few words answers
- Selection questions
- With MCQ-type 'mark all boxes that apply' questions regarding how to fill in the ECVO Scheme

He reminded the Residents to properly read all questions and explained how the questions are scored:

- 200 MCQs, all worth 0.5 points (Note from SP: In MCQ section always only one correct answer) Scoring is via the Angoff method, considered as being the best method. Answers are weighted according to the question: "what is the probability that a 'minimally acceptable' candidate will answer this item correctly?'.(see below) This is how the pass rate is set.
- 100 slide Qs: all worth 1 point
- Difficulty of all individual Qs weighed by all members of the exam committee via Angoff scoring
- All Qs with a large Angoff score variation are discussed
- Results pooled to represent the minimally acceptable score.

SP then briefly described the MCQ and slide marking scheme (Angoff):

He explained that once the pass rate is set, they put the results of the candidates in the scheme and everybody above passes and below failed. The committee is then able to adjust the pass rate. e.g., put it up - always to the advantage of the candidates. They explained that the committee can choose between three standard deviations. BB added that the candidates are still anonymized during this process. Only when the final pass rate is decided and the process is closed, the candidates will be identified.

SP then explained that Candidate feedback can be easily gathered through ExamSoft. He reported that the note from the candidate is uploaded with the exam in an anonymized way . He added that candidates can also make notes for themselves, which are not uploaded.

SP pointed out that the feedback:

- Is evaluated by the chairs and is taken seriously



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- Is discussed in the exam committee if it affects scoring or validity of the question or answer
- That the scoring was adjusted as a result: (if something was unclear e.g. or if proven to be an additional correct answer
 - Some additional answers accepted
 - 1-2 questions disqualified: to be rewritten or discarded
- There will be NO direct response to queries raised.

SP then referred to the practical part of the exam and explained what was new.

He reminded that the practical examination consists of three parts: (remain three stations)

1. Ocular examination
2. Intraocular/Microsurgery
3. Adnexal surgery

He noted that for the ocular examination it was now 1 complete examination of 1 animal (background: ethical reasons, increasing number of candidates)

For the Microsurgery he noted that it can also include corneal surgery (clinically relevant procedures). Regarding the scoring he explained that:

- The minimum to pass a station is now 6.5/10 points; He explained that before the scoring system was different: A combined score across all three stations of 20/30 meant that the candidate had passed the examination. All single stations needed a minimum score of 4 out of 10. He explained that now the minimum per station is 6.5/10. Scores below 6.5/10 cannot be compensated by high scores in other stations.
- However, candidates only need to repeat failed stations, and not the entire practical examination, like in the past.

It was asked if the candidates can fail the theoretical Exam but still sit the practical exam in the same year. SP confirmed that the theory results do not affect the eligibility to sit the practical examination.

SP then referred to the 2023 exam dates announced:

The Theoretical Examination

Tuesday, 18th April and Wednesday, 19th April 2023 (remotely/exam centres, online format)

The Practical Examination

Saturday, 17th June and Sunday, 18th June 2023 at the University of Liège.

He thanked Sebastien Monclin and his team for hosting the exam in 2023.

He closed his report in explaining that for the future, the announcement of exam dates and changes to the website information will be made as early as possible and the committee agreed it stick to the period of March/April for the theoretical exam, with exact dates to be announced at least 10 months in advance.

SP asked if there were any questions.



Q and A session:

Q1

I have a question about the new microsurgery part: is it the same as for the extraocular examination, like you have a problem which you can address with a surgery you see it fits or do you get like you have to do a CCT or a specific procedure?

A1: SP answered that it has not been decided on that level of detail but that it might be either.

Q2

James Oliver: The question is about the make up of the exam questions. As a college we are requested to train our Residents in Diagnostic Imaging and Pathology 36 hours over the course of the residency – how is this assessed during the examination, is there a proportion and also who are the best people to set these questions – does the exam committee ask specialists in these fields for exam questions?

A2

BB: Currently all Diplomates are sending questions in from within their own niche of speciality. The exam committee look at those and if there are not enough questions to cover a certain field then either the exam committee prepares questions or approaches other diplomates.
 SP added that the specific question was whether they invite Specialists from other Colleges to send in questions, right? James Oliver confirmed.
 SP answered that they have not contacted other colleges so far but have discussed it in the committee. He agreed it is a good point.

Q3 (chat question):

Can the own mentor invigilate his Resident?

A3

See question and answer 14

Q4 (chat question):

Are the changes in the Information Brochure applied immediately and for everybody, also older Residents?

A4

GF answered that the changes were applied immediately and are applicable to everybody as being advantageous to everyone.

Q5 (chat question):

Will the changes in the live animal Exam Session apply to this year’s practical examination?

A5

SP answered yes, all announced changes will be applied immediately.



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There was a comment on the possibility for candidates to provide feedback on questions in ExamSoft. "Please do not waste your time for this but use the time for your exam". It was added that that happened in the ACVO examinations that people run out of time.

SP agreed that this was a good point and added that there is no point in writing books and too many comments. The answer remains the answer.

BB added that candidates should also avoid commenting on discrepancies in the literature in the exam as this does not change the answer. She added that if the candidate feels that there is something wrong, please comment, but otherwise, save your time for the examination. If a question is specifically on paper A, it does not make sense to comment that there is also a paper B saying something different.

Comment:

HF commented that regarding the questions for more slots for Residents at the meetings, mentors and residents are encouraged to submit abstracts early in the RTP, and not postpone it until the third/final year, to maximise opportunities to present before. She also noted that more meetings are now acceptable for presentations.

Q6

HF asked about the intraocular-cornea procedures – could it be amix in one year, so some candidates can be asked to do an ECLE whilst others are asked to perform a corneal procedure?

A6

SP answered that this depends on the quality of the eyes for instance. If they have eyes not having the quality for the ECLE then they will ask for the corneal procedure. Yes, mix is possible.

Q7

HF asked if regarding the ECLE technique, is hydro dissection essential for the exam?

A7

SP advised that it should at least be mentioned.

Q8

HF asked exactly where should the lens loop/lens vectis should be placed during lens delivery for an ECLE?

A8

SP advised it should be placed just outside the corneal wound, not inside the eye.

Q9

HF noted that to her understanding the residents follow the IB they start with, which is different to what was just said. Is it that changes in favour of resident are applied immediately, but changes there



are more difficult for resident are not applied?

A9

JO advised that this is correct, it is always in favour of the resident.

Q10 (chat question)

It was asked if candidates can use the same surgical instrument kit for the examination, or do they have to have an individual kit.

A10

BB and SP answered that candidates will have to bring their own kit. They explained that the committee tries to help where they can, to not empty the clinics, when three candidates take three kits, but with the increasing number of candidates it is logistically getting more and more difficult. Candidates are responsible for bringing their kits, the committee is trying to help but cannot guarantee it.

Q11

Regarding the scoring system for the slide exam it was asked if it is always one point per slide even if there were sub questions.

A11

BB answered that there can be 0.5 points awarded for correct answered sub questions, but each slide is awarded by one point, regardless how many sub questions are in it.

Q12 (chat question)

Do all Residents have to collect HED patients irrespective when their RTP started? A Resident asked if she had to include it or not even if she started before the regulation came into place and is finishing her training now.

A12

GF answered that the regulation was implemented in 2019, so almost all residents should fill it in by now and confirmed that it applies to the vast majority now. GF answered that she will not have to include it as probably being one of the lasts coming through with a start date before the implementation of this regulation.

Q13

With regards to Brexit and many RTP located in the UK, it was asked whether the ECVO will take measures (e.g., implement a working group) to investigate legal implications and to ensure that diversity and fairness is kept in ECVO as well as to keep opportunities open to people from everywhere.

A13

It was commented that it was potentially fairer now, as European schools are not prioritised anymore.



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TP commented that only people coming from EAEVE approved school were accepted and that the UK institutions might now not accept many schools after Brexit anymore.

It was commented via the chat that there are student visas available and that the RVC had no problems so far with employing people from abroad.

It was added that it might rather become a problem in private practice. There was another comment made that as an employee you need to become official sponsor of a person and apply for a visa which is time consuming but not difficult. It was added that the biggest hurdle was that the applicant would need to have level 7 English qualification in every component of the exam. For studying a degree, it is level 5, for working level 7. It was explained that this can be challenging for the applicants because they must have the qualification already when applying and, in many countries, they can only sit the examination for the English qualification twice a year.

TP noted that she wanted to support and thank the examination committee, for organising the examination, becoming very complex. The committee was also thanked that they announced the exam dates now so early. The ERC committee was thanked for changing the regulations to make everything much clearer now for the Residents.

SP is thanking all invigilators, organisers of the examination as well as the examiners.

Q14 (chat question, related to question Q3)

Can the mentor/supervisor invigilate (not examine) his own trainee during the theoretical examination.

A14

BB answered that this was possible during the pandemic but needs to be reviewed and might be changed.

SP explained that the invigilator is “only” taking care that there is quiet room, that there is no open book of ophthalmology next to the laptop etc. but that the actual invigilation is made by the ExamSoft system. The system confirms the candidates by comparing the person in front of the laptop with a photograph, it is recoding and storing the eye moves. He further explains that the system records incidents e.g., if the candidate is out of the screen for a certain time, if papers are being moved etc. He noted that afterwards, people from ExamSoft will go through the incident report and will provide it to the Exam Committee who will check it also, in case of a doubt, the onsite invigilators will be consulted.

Q15

Regarding the HED Log, it was asked if only dogs coming for a certificate can be included or if any clinical case that has a HED and a certificate is produced can be included in the log?

A15

GF confirmed that the latter was correct.

SP added that it is all written in the Information Brochure, minimum numbers of HED certificates etc.

GF noted that there were no other questions. She asked the mentors to please move next door for their meeting and asked the Residents to stay for the Residents only meeting.

She thanked everybody for attending and closed the meeting at 13.18.