



ECVO Residents and Mentor Meeting

Saturday 20 May 2023, 12.00 – 13.00

Rodos Palace, Hybrid Meeting

Residents and Mentor Meeting

GF opened the meeting at 11:20, welcoming all those attending onsite and remotely. She explained that after the end of the R&M Meeting, the mentors would move to another room, and the residents would stay in the room for the residents-only meeting.

1. Introduction to the ERC

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

She reported that currently there are a total of ten people on the committee.

Georgina Fricker GF (**Chair**), Ben Blacklock BB (**co-Chair**), Sylvia Djajadiningrat-Laanen SDL (**mentors' liaison**), Franziska Matheis FM (**residents' liaison**), Antonella Rampazzo AR, Marti Cairo MC, Samuela Mazzucchelli SM, Ladina Walser-Reinhard LWR, Aurelie Bourguet AB, Andra Enache AE

She thanked Sylvia Djajadiningrat-Laanen for her long-term committee membership as she was due to leave shortly.

GF then described the activities of the Education & Residency Committee:

- Maintain and update Information Brochure. The committee updated the IB last year and published a new version in December 2022. She emphasized that they had amended the surgery list slightly.
- Assessing the applications of new RTPs.
- Review of online forms of each resident every year
- Support residents throughout training,
- Support mentors throughout training,
- Provide Certificates of Residency Training Completion
- The chair was a member of the ACVO BSC planning committee.

GF noted that there were currently 46 RTPs of which 20 are in the UK, 5 in Italy, 5 in Spain, 3 in France, 3 in Germany, 2 in Switzerland, 2 in The Netherlands, 2 in Israel, 1 in Austria, 1 in Belgium, 1 in the US and 1 in Australia.

2. Process of application

GF referred to the application process: She suggested the Residents follow the steps listed here below and make sure they:

- read the instructions in IB 2022 available on the ECVO website.
- get the Credentials approved before submission (at least 90 days before the planned start of the residency).

She noted that there would be an updated application form to replace Form 2 and that there should be one application per resident, not one per RTP.



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She clarified that once the review was completed and found to be in order, a certificate of RTP approval for that individual will be issued.

She explained that the online forms are only set up once the resident submits their photograph and biography to the communications committee.

She noted that the Programme director's statement (formerly form 3) should be returned to the ERC within 30 days of residency commencing.

GF then showed the section on the ECVO website, where the Residents can find all important information.

She advised everyone to:

- 'Save and continue later' repeatedly whilst working.
- Only have forms open on one device at a time.
- When locking forms please check you have received a confirmatory ECVO email when locking the forms.
- use your work email for the form system.

She added that there were full guides available for residents and mentors on the ECVO website in the Residents' section.

3. Surgical logging

GF noted that recently there were a few queries she wanted to address:

- Cadaver logs are allowed, but only on the form system if there is an asterix next to the procedure. The best approach is to keep an Excel file but make sure that there is adequate supervision of cadaver procedures. She noted that there were submissions where procedures on cadavers were logged as supervised by people not being their supervisors. She reminded everyone to please do these procedures under the supervision of the supervisors listed on the general form. If deficient in some procedure in the last year, contact the committee and they will help to find a solution.
- She reminded everyone that only Diplomate supervised surgery is to be logged.
- Level 1 doesn't need to be scrubbed in but does need to observe the whole procedure with interactive discussion.
- Planned audit and update of surgical requirements – the committee is conscious that an update is needed so they plan to perform an audit of the procedure numbers over the next year and add new procedures deemed relevant or important as well as remove those procedures no longer commonly performed (e.g., ICLE, orbital drainage, eyelid reconstruction).
- She noted that DBD is not surgery! They do not want to see these logged.

She showed an example of the log to give an idea of what information should be logged. She reminded it is not necessary to log each step of the individual procedure and to better check back to the IB in case of uncertainty.



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4. HED logging

Referring to the HED forms, she reminded everyone to read the instructions in IB 2022 available on the ECVO website.

She also referred to the Sham forms and noted that a PDF of the HED form was available to the supervisors on the ECVO website within the ECVO Manual Chapter 4. She noted that these can be downloaded and can be used for practice either by printing or annotating PDFs.

She noted that 15 official tests per year are expected and that 50 cases are strongly recommended.

5. Presenting Abstracts

She noted that it was required to present abstracts in person at the selected congress. She emphasized that if a resident must present remotely, to please contact the committee beforehand. She added that if extenuating circumstances occur that prevent travel, this can be raised with the ERC and will be considered on an individual basis.

6. Resident and Mentor liaisons

GF explained that Franzi and Sylvia contact mentors and residents within the first 6 months of the residency. She invited everyone to reach out to them with any issues or questions.

- Resident Liaison: franziska.matheis@gmail.com
- Mentor Liaison: s.c.djajadiningrat@me.com
(Note: Samuela Mazzucchelli is the new mentor liaison)

7. Working hours and split within the residency

GF explained that the committee will not dictate the working hours of Residents, but the committee had looked into the following:

- On clinics/off-clinic times were reviewed and clarified in the IB 2022 update.
- The committee is aware that other disciplines have different splits.
- It is possible to apply for an extension.
- The committee is happy to advise residents and mentors within this.
- working hours are within the employment contracts, not dictated by the committee. If there are problems with having enough time for your publications, contact the committee. She added that the papers must be published or fully approved before credential submission, so 1st September. In circumstances in which the paper is on revision, the committee can wait until 15th November for final approval.

8. End of Residency

GF reminded that forms need to be locked by 1st August of the year before sitting the exam and that the examination application deadline is the 1st of December. She explained that the Residency requirements will need to be met on the 1st of August deadline, but that publications can still be pending.

9. Communicating changes in your residency programme to the ERC



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She asked the Residents to please communicate any changes in their residency programme to the ERC promptly and to submit an updated Application form (formerly form 2) as this will avoid delays.

GF asked the audience if there were any questions for the ERC.

There was one question from the chat:

Question 1: For those who do the BVA eye test rather than using the HED forms if these were acceptable for the HED log?

Answer 2: GF answered that if there are differences between the national scheme forms and HED forms the person logging it should be aware of it but otherwise this was fine.

There were no other questions and GF handed over to Simon Pot (Exam Committee co-chair).

10. Examination Committee Presentation

Simon Pot opened his presentation noting that he will try to keep it short and that he would remain in the Resident's meeting afterward to answer questions regarding the examinations.

He reported that the Exam Committee consisted of 7 members and that one new member was needed, as Marta Leiva left the committee after the 2023 theory exam. He announced that Ben Blacklock would join the committee.

He then referred to the format of the Theory exam and explained that it is an electronic examination taking place in March or April each year. He explained that the date of the exam will be fixed and announced at least 10 months ahead. This information will shortly be added to the website.

He explained that using the examination software ExamSoft facilitates the exam analysis and makes it possible for failed candidates to receive very detailed feedback shortly after the examination including a longitudinal report to identify areas of weakness. He noted that it is extremely user-friendly.

He reported that the ECVO website currently still shows the old questions, which will be replaced shortly. He added that the slide questions required some reformatting to fit the ExamSoft format.

He showed an example of a slide question in the original format and one in the new format and explained that there will be MCQ-type questions with more than one correct answer for some, but these will be labelled as e.g., "mark all boxes that apply".

He added that there can be open questions where a "few-word answer" will be required as well as selection or sorting questions. He showed some more sample questions.

In summary: the slide exam can contain different types of questions: e.g., MCQ questions that can have one or more than one correct answer, there can be open questions, there can be selection questions.

He then explained how questions are scored:

- 200 MCQs, all worth 0.5 points
- 100 slide Qs: all worth 1 point



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He explained that the difficulty of all individual Qs was weighed by all members of the exam committee via Angoff scoring. This means that for each question it is evaluated 'What is the probability that a 'minimally acceptable' candidate will answer this item correctly?'

He added that all questions with a large Angoff score variation are discussed and the results pooled to represent the overall minimally acceptable score for the entire examination.

He noted that one special feature of ExamSoft was that candidates can give anonymous feedback on questions in comments boxes which the committee will check afterward. He noted that last year and this year, some questions were taken out or several answers were allowed in other questions due to these comments. He noted that however, no direct responses to queries raised will be given.

He then referred to the practical examination and explained what was new.

He explained that the practical examination consists of three parts:

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

Regarding the Ocular examination, he explained that this was 1 complete examination of 1 animal (background: ethical reasons, number of candidates)

Referring to the Microsurgery he noted that this can also include corneal surgery.

He explained that a minimum of 6.5/10 points was required to pass a station and only failed stations need to be repeated. He added that it was not possible to compensate for low scores with high scores on other stations and that one can fail theoretical but sit same year practical exam.

He then referred to the exam dates for 2024 and announced the theory exam to take place on Tuesday, the 16th and Wednesday 17th of April 2024.

He reported that in 2023 there was a high number of candidates with some candidates having been examined late in the evening and consequently, the exam committee considers expanding the exam over three days in 2024.

SP asked if there were any questions.

Question 2: Will there be compensation for the time difference between surgical procedures during the exam?

Answer 2: SP clarified that it would not, as the given time should be sufficient for each part.

There were no other questions.

The Residents and Mentors meeting was closed at 13.02 pm and the mentors left the room.