

28th April, 2022

Dear Colleague,

This is information concerning the COECSA Fellowship examination – FCOphth (ECSA).

I enclose copies of the current:

- Registration Information
- Examination Procedure
- Eligibility and Language Requirements
- Cheating
- Fees Structure
- Examination Structure
- Examination Timetable
- Application Form

Candidates must hold a MMed in Ophthalmology from a recognized university, primarily in the ECSA region.

Please note that candidates are required to submit certified copies of academic and registration certificates, in evidence of their eligibility to sit this examination. Academic certificates should be certified by the university issuing them.

The structure of this examination is based on the COECSA Fellowship curriculum available on the COECSA curriculum website.

The above information has been agreed by the COECSA Council and is subject to change at the discretion of the Council.

Yours sincerely

Dr. Muchai Gachago

COECSA Examination Chairperson

REGISTRATION INFORMATION

Regulations

The following notes on the regulations concerning applications for admission to the examinations are published for the guidance of candidates:

1. Completed application forms for the Fellowship examination must reach the COECSA Secretariat **no later than 5.00pm on the closing date, 20th May, 2022**, which is not less than **FORTY DAYS** before the exam is held. Late applications will not be considered.
2. The examination application form must be accompanied by **the examination fee and certification as is required by the regulations**. If you cannot supply all the relevant information **you must contact the COECSA Secretariat or supply a covering letter as to the reasons why**. All information must be sent **within 14 days after the application closing date**, if not before, otherwise the candidate **will be withdrawn** from the examination and forfeit their examination fee. Payments should be made to:

Account Name: Ophthalmologist COECSA
Account number: 0100000199944
Bank Name: Stanbic Bank
Branch Name: Upperhill Medical Centre Branch
Bank Address: Upperhill Medical Centre, Ralph Bunche Road, Nairobi
Swift Code: SBICKENX
Currency: USD

3. Upon receipt of applications and proof of payment, the COECSA Secretariat will send all candidates a written receipt of application. Detailed instructions including examination dates and centres will be dispatched to all candidates within ten days after the closing date.
4. Applicants wishing to withdraw or defer their examination must notify the COECSA Secretariat in writing by 4.00pm on the closing date for receipt of applications. Fees refund or transfer after this time will be subject to 20% administration fees.
5. If need be, applicants must apply for entry visas for the relevant country of examination in good time prior to the date of the examination. If a candidate is refused a visa after the closing date of receipt of applications, they will forfeit their examination fee. If written evidence of the refusal of a visa is provided, the COECSA Examination and Accreditation Committee will consider requests for candidates to defer their examination, subject to 20% administration charge.
6. Candidates unable to attend an examination will forfeit their examination fee. In exceptional circumstances, the COECSA Examination and Accreditation Committee will consider requests to defer a candidate's entry to the next examination sitting subject to receipt of written supplementary evidence (e.g. a medical certificate, a death certificate for a close family member) and subject to a 20% administration charge. Please note that lack of preparation is not considered a suitable reason to withdraw or transfer an examination entry.
7. All candidates will receive feedback regarding their individual performance in the examinations.
8. Results will be sent via email so please ensure that you enter your correct and active email address on registration. Results are only released upon approval of the College Senate.

EXAMINATION PROCEDURES

1. Clinical Examination

Candidates are expected to demonstrate a depth of knowledge and understanding expected of an independent specialist (consultant), not a sub-specialist in the field being tested.

Candidates are required to pass this examination to attain the COECSA Fellowship.

Structured Viva/Oral

The Structured Viva/oral consists of a series of strictly timed assessment 'stations', where various areas of competence are tested by examiners using an objective marking scheme. By writing questions in advance, and standardising the marking scheme, the reliability and validity of the examination is increased and more consistent standards for candidates are maintained.

Format of the Structured Viva

The Structured Viva will consist of a series of stations, each of which will be timed for precise periods of 10 minutes.

The stations are set out as follows:

- Station 1: Patient management, investigations and data interpretation
- Station 2: Patient management, investigations and data interpretation
- Station 3: Patient management, investigations and data interpretation
- Station 4: Attitudes, ethics and responsibilities, Audit, research and evidence-based practice
- Station 5: Community eye health; Health promotion and disease prevention
- Station 6: Communication

Patient management, investigations and data interpretation:

Case-based discussion **may** involve cases which are infrequently seen but essential to manage by all ophthalmologists and unlikely to be represented in the OSCE examination. It **may** include the following:

- Suspected child abuse
- Endophthalmitis
- Ocular Trauma
- Intraocular and orbital neoplasia
- Neurological emergencies
- Ocular emergencies
- Complex cases
- Interpretation of biometry
- Ocular and neuro-imaging
- Electrophysiology
- Working with uncertainty Etc.

Attitudes, ethics and responsibilities, Audit, research and evidence based practice

Case-based discussion **may** include the following:

- Medical ethics
- Consent
- Confidentiality
- Duties of a doctor
- Appraisal and revalidation
- Management of complaints
- Critical incident reporting
- Poor performance in a colleague
- Principles of audit and research
- Use of published evidence
- Published clinical guidelines Etc

Community eye health; Health promotion and disease prevention

Case-based discussion **may** include the following:

- Screening for ophthalmic disease
- Prevention of cross infection
- Hospital acquired infection
- Drug side effects
- Etc

Candidates are advised to read and familiarize themselves with:

Good Medical Practice documents

Strategic papers e.g.: –

1. Endophthalmitis Vitrectomy Study
2. ARMD studies e.g. – AREDS, TAP, MPS
3. Glaucoma studies e.g. – OHTS, EMGT, AGS, GLTFS, CIGTSD, FFSS
4. Herpetic eye disease studies
5. Diabetes studies – ETDRS, DRS, DRVS, UKPDS
6. Anti VEGF studies
7. Vein occlusion studies e.g. – BVOS, CVOS
8. Etc

Conduct of the Examination

1. Examiners remain at the same station throughout the examination. Examiners will have read and discussed the Structured Viva questions in advance of each cycle. The candidates in each of the sessions will not have the opportunity to meet each other. They have also been requested not to pass information to other candidates until the examination is complete.
2. The timekeeper will announce the commencement of the station and the candidate will enter. The examiners will begin the questions, ensuring strict adherence to the pre-agreed questions to ensure the same information is requested of each candidate. At the end of the 10-minute session the timekeeper will signal the end of the station.
3. **However**, it is possible that the structured questions may be completed prior to the end of allotted time. Under these circumstances the viva will terminate ahead of schedule and the candidate will be informed that the viva station is complete and will

be asked to leave that station. The candidate should then wait outside that station until asked to leave by the timekeeper. The candidate will leave the station and be directed to the next station. 5 minutes will be allowed for changeover and for examiners to independently complete the mark sheet

Timetable

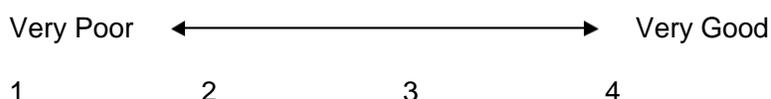
A detailed timetable shall be provided with the rotation details.

At each station, the examiner will remind the candidate of the time available and the signals used to indicate the timing. It is vital that the timing of the station is strictly adhered to.

The mark sheets:

The examiners will receive the mark sheet for every candidate at their station in their examining room. As each candidate presents for examination their candidate number should be checked against the mark sheets to verify the identity of the candidate.

12 mark sheets in total will be completed for each candidate by the examiners i.e. two examiners per station, 6 stations. Each Structured Viva is divided into four marking sections to be judged on a 4 point Likert scale as follows:



Marking guidance for each Viva section is provided within the structured question.

In awarding marks for the candidates, examiners should remember that candidates are expected to demonstrate competence at the standard of an independent practitioner (newly appointed consultant).

For all candidates, detailed notes will be made on the reverse of the mark sheet so that constructive feedback can be forwarded to the candidate. This will include the type of cases and questions asked. Feedback will be given under the headings “satisfactory performance” and “unsatisfactory performance”. Examiners will be aware that candidates will be provided with a feedback.

Both examiners will score the candidate independently and not discuss the assessment until their mark sheets have been fully completed.

At the end of the examination the mark sheets for each station will be collected and checked for completeness by the Examinations Head.

Objective structured clinical examination (OSCE)

Introduction:

The OSCE consists of a series of strictly timed assessment ‘stations’, where various areas of competence are tested by examiners using an objective marking scheme in order to increase the reliability and validity of the examination. The main objective of the OSCE is to assess **clinical examination**. Discussion of further investigation and management will be somewhat restricted by time constraints and is tested in greater depth in the Structured Viva component of the exam.

Structure of the OSCE

The clinical examination will consist of a series of stations, each of which will be timed for precise periods of 15 minutes.

The stations are set out as follows:

- Station 1: Anterior segment
- Station 2: Glaucoma
- Station 3: Posterior segment
- Station 4: Paediatrics and Squints
- Station 5: Orbit and Oculoplastics
- Station 6: Refraction
- Station 7: General Medicine and Neurology.

Two examiners will be present at each station for the duration of the cycle. The examination will take the form of short cases.

The pairing of examiners and allocation to stations will be arranged by the Examinations Head.

The candidate will be examined on two patients per station. Only one of the examiners may be a sub-specialist in that particular discipline. The other should either be a general ophthalmologist or a sub-specialist in another discipline other than the one being examined.

The start and finish of each station is controlled by a timekeeper and clearly signalled. However it is the duty of the examiners to maintain careful timekeeping and they will not over-run the time allocation for each station.

Conduct of the Multi-station objective structured clinical examination (OSCE)

Examiners will have examined and discussed the patients in advance of each cycle.

The candidate will remain standing beside the station until the timekeeper announces the commencement of the station. One examiner will take the candidate to the station, introduce himself / herself and the fellow examiner and instruct the candidate on the task required for the first patient. This should involve giving the candidate a brief clinical scenario/history and asking the candidate to examine the patient appropriately. After examination of the patient, the candidate will be asked to describe his/her findings and there will follow a short discussion on the investigation and management of the clinical problem. The second examiner should take the candidate to the second patient and ask the candidate to examine them. This will be repeated, as appropriate, for the number of patients in the station.

Examiners will ensure that candidates observe appropriate hand hygiene throughout the station

At the end of the 15 minute session the timekeeper will signal the end of the station. The candidate will leave the station and be directed to the next station. 5 minutes will be allowed for changeover and for examiners to independently complete the mark sheets.

The candidates will not have the opportunity to meet each other and have been requested not to pass information to other candidates until the examination is complete.

Timetable

Examiners are allocated time to assess the patients prior to each examining session.

Examiners are asked to examine **all** the patients who have been allocated to their station before the start of each cycle in order to standardise the examination as much as possible.

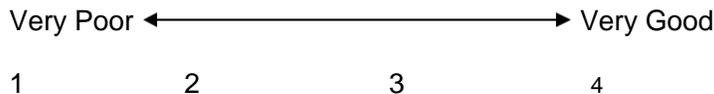
At each station, the examiner will remind the candidate of the time available and the signals used to indicate the timing. It is vital that the timing of the station is strictly adhered to. The candidate will receive their full allocated period of 15 minutes for each station, even if this means that there are periods of silence or waiting, candidates should remain at the station.

Method of Assessment for the OSCE

The mark sheets:

Examiners will receive the mark sheet for every candidate, at their station in their examining room. As each candidate presents for examination their candidate number will be checked against the mark sheets to verify the identity of the candidate.

Each aspect of the OSCE station is judged on 4 point a Likert scale as follows:



For each station examiners are asked to reach a judgment for both of the following elements:

- Examination
- Diagnosis and Management

This will generate 2 marks per element per patient, which will count towards the final overall score.

In awarding marks, examiners will remember that **candidates are expected to demonstrate competence at the standard of an independent practitioner (newly appointed consultant).**

For all candidates detailed notes will be made on the reverse of the mark sheet so that constructive feedback can be availed to the candidate. This will include the type of cases and questions asked. Feedback will be given under the headings “satisfactory performance” and “unsatisfactory performance”. Examiners will be aware that candidates will be provided with a feedback.

Both examiners will score the candidate independently and not discuss the assessment until their mark sheets have been fully completed.

At the end of the examination the mark sheets for each station will be collected and checked for completeness by the Examinations Head.

Important Note:

Aggressive or inconsiderate behaviour, physical or verbal, by the candidate to a patient will invariably result in failure. If this occurs, the examiner will award a fail and provide clear comment on reverse of the mark sheet.

Overall Result

To pass the COECSA examination, candidates are required to pass all components (Structured Viva and OSCE).

On failing to pass the overall examination, candidates must re-sit the entire examination, even if a pass was previously achieved in any section.

Notification of Results

The candidates will receive their results from the Secretariat after they have been presented and accepted by the COECSA Examination Board. The candidates are advised not to contact any faculty member or examiner regarding their results.

Appeals

Appeals can be made to the COECSA Examination Board not later than 30 days after the date of results posting.

ELIGIBILITY AND LANGUAGE REQUIREMENTS

A medically qualified candidate will be eligible to sit the examination provided that he/she:

- a) Is a qualified Ophthalmologist having successfully completed the M.Med (Ophthalmology) degree or its equivalent from a recognized institution.

All examinations by the College of Ophthalmology of Eastern, Central and Southern Africa are conducted in English.

The following notes on the regulations concerning examinations are published for the guidance of candidates:

Clinical Examination procedures

Unless notified, candidates are **not permitted** to use calculators in any section of the examinations.

Candidates are forbidden to communicate in any way with, seek assistance from, give assistance to, or interfere with the work of other candidates or the examiners in the examination rooms or elsewhere during the period of the examination, or indulge in any other form of unfair practice.

Candidates are advised to read the Cheating Guidelines regarding examinations.

Candidates are not allowed to use mobile phones. All mobile phones **must be switched off and cannot be used as a method of time keeping**. Clear instructions will be given to candidates regarding the timing of the examination.

All candidates' Identification documents (I.D.) will be checked at the beginning of the examination and candidates will be required to sign a register for all examinations.

For clinical examinations, all candidates are required to present themselves in good time and are required to wear the provided name badges throughout the examination.

For clinical exams candidates must be appropriately dressed.

No candidate is allowed to leave the examination stations once the examination has commenced to avoid disruption to the cycles.

Candidates deciding to leave the examination station will not be permitted to re-enter the examination station.

Candidates wishing to go to the toilet must do so before the examination cycle begins.

No books, written material or electronic equipment are allowed on the candidate.

CHEATING

You may **not** take the following into the examination stations:

- Bags & Coats – these should be placed outside the examination area. We do **not** take responsibility for items left in the Examination area.
- Electrical equipment.
- All mobiles phones **must** be switched off
- Calculators, Alarms on watches/clocks **must** be turned off

NO CANDIDATE IS ALLOWED TO TALK, TO PASS INFORMATION TO, OR SIGNAL TO A CANDIDATE WHILST THE EXAMINATION IS IN PROGRESS.

It is a serious disciplinary offence to attempt to impersonate another candidate or to have another person impersonate you during any part of the examination/s.

Cheating, (whether attempted or successful) will be penalised very severely by the Examinations Committee of COECSA. The following are all considered as attempts on cheating:

Copying
Talking
Passing notes
Bribery
Unauthorised access to exam materials
Taking unauthorised material into the examination
Discussing clinical cases with candidates (if they themselves have not yet sat their clinical examination)
Claiming ignorance of any examination regulations
N.B. This list is not exhaustive

In the event of cheating (whether attempted or successful), the candidate may be disqualified from taking the examination for a number of years or be put forward to a disciplinary board that will make a final decision on the outcome.

EXAMINATION TIMETABLE

The timetable of examination will be shared with confirmed examination candidates 20 days before the examination.