

Examination Report

July 2016 Refraction Certificate Examination



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1. Introduction

The 23rd Refraction Certificate examination was held 11 - 13 July 2016 in Glasgow. 64 candidates presented themselves for the examination. The examination consisted of a 12 station OSCE covering a range of skills required to assess visual acuity, refractive error and the prescription of spectacles.

Examination blueprint

The Refraction Certificate (RCert) is designed to assess the following learning outcomes from the Royal College of Ophthalmologists curriculum for ophthalmic specialist training (OST):

CA2	Vision
CA7	Motility
PM1	Management plan
PM14	Spectacles
PS2	Refraction
PS21	Hand hygiene
C1	Rapport
C2	Communication
C12	Records
BCS6	Optics
BCS14	Instrument technology
AER16	Time management

Examination Structure

The examination consists of 12 OSCE stations. Each station contributes a possible 15 marks to the overall total. The stations used for the examination were:

1. Cycloplegic Retinoscopy (CR1)
2. Cycloplegic Retinoscopy (CR2)
3. Subjective Refraction Cylinder (SRC)
4. Cycloplegic Retinoscopy (CR3)
5. Cycloplegic Retinoscopy (CR4)
6. Lens Neutralisation (LN)
7. Non Cycloplegic Retinoscopy (NCR1)
8. Non Cycloplegic Retinoscopy (NCR2)
9. Visual acuity and IPD measurement (VA)
10. Subjective Refraction Sphere (SRS)
11. Binocular balance (BB)
12. Near Addition (NA)

2. Summary

This is the 15th sitting of the refraction certificate with 12 OSCE stations. The reliability of the examination is less than that deemed “high” (Cronbach alpha 0.6).

The Hofstee method of standard setting was used to identify the pass mark for this examination, which was 70%. Previous Hofstee calculations have always been based upon a ‘standard’ set of parameters. Now that this method of standard setting has been approved by the GMC, the examiners provide an updated set of parameters based upon the difficulty of the examination in July.

The pass rate was high at 64% with a slightly higher pass rate in OST at 67%.

3. Standard setting

Candidates must be able to accurately assess visual acuity, measure refractive error and recommend an appropriate spectacle correction to pass the RCert. The pass mark is identified using the Hofstee method:

Hofstee method (see appendix 1 for details)

After the examination, examiners were asked to review the parameters for the standard setting based upon their judgment of the difficulty of the stations. The following values were used to set the pass mark:

The cumulative fail rate as a function of the pass mark and the co-ordinates derived from the four values above were plotted on a graph. The point where a line joining the two co-ordinates intersects the cumulative function curve is used to identify the pass mark.

1. The maximum credible pass mark for the examination 75%
2. The maximum credible pass rate for the examination 80%
3. The minimum credible pass mark for the examination 60%
4. The minimum credible pass rate for the examination 30%

4. Results (table 1)

Number of candidates	64	
Maximum possible mark	180	
Mean candidate mark	128	71%
Median candidate mark	130	72%
Standard deviation	19.4	11%
Highest candidate mark	170	96%
Lowest candidate mark	68	33%
Reliability	0.6	
Standard error of measurement (SEM)	12	7%
Hofstee pass mark	126/180	70%
Pass rate	41	64%
Pass rate in OST	28/42	67%

Distribution of marks (table 2)

Score	Distribution	Total
<51		0
51-60		0
61-70	/	1
71-80	///	3
81-90		0
91-100	//	2
101-110	////	4
111-120	/////	6
121-130	//// / / / / / / / / / /	17
131-140	//// / / / / / / / / / /	16
141-150	//// / / / / / / / / /	11
151-160	///	3
161-170	/	1
171-180		0
Total		64

/ Candidate failed / candidate passed

Statistics for each station (table 3)

		Mean	Median	Standard deviation	Minimum	Maximum
1	CR1	11.3	14	4.3	1	15
2	CR2	11.3	13	3.9	0	15
3	SRC	10.6	12	3.9	0	15
4	CR3	11.2	13	4	2	15
5	CR4	10.1	11.5	4.5	1	15
6	LN	11	12	3.4	2	15
7	NCR1	10	11	3.9	1	15
8	NCR2	9.5	9	4	2	15
9	VA	10.7	11	3.1	3	15
10	SRS	10.6	11	3.0	0	15

11	BB	9.8	10.5	3.6	0	15
12	NA	11.5	11	2.9	5	15

The relative weights for each skill in refraction (based upon the number of stations is:

Clinical skill	Number of stations	Contribution to total marks	Median mark
Retinoscopy	6	50%	12.3
Subjective	3	25%	11
Other	3	25%	12

Correlation between stations (table 4)

	CR1	CR2	SRC	CR3	CR4	LN	NCR1	NCR2	VA	SRS	BB
CR1											
CR2	0.5										
SRC	0.1	0.0									
CR3	0.0	0.0	0.0								
CR4	0.0	0.1	0.1	0.7							
LN	0.1	0.3	0.1	0.1	0.2						
NCR1	0.4	0.0	0.2	-0.1	-0.1	0.1					
NCR2	0.4	0.1	0.0	0.0	0.0	0.1	0.5				
VA	0.4	0.1	0.1	0.1	0.0	0.0	0.1	0.1			
SRS	0.1	0.0	0.1	0.1	0.3	0.0	0.0	0.1	0.2		
BB	0.1	0.0	0.2	0.1	0.2	-0.1	0.0	0.2	0.1	0.7	
NA	-0.2	0.0	0.0	0.0	0.3	0.0	0.0	-0.1	0.0	0.1	0.1

Median correlation between the cycloplegic refraction (CR) stations = 0.0

- There was good correlation between CR3 and CR4
- There was some correlation between CR1 and CR2
- There was very little correlation between CR2 and CR4
- There was no correlation between CR1 and CR3 and CR4 and CR2 and CR3

Correlation between non-cycloplegic refraction stations = 0.5

Best correlation between Binocular balance and subjective refraction of the sphere and between CR3 and CR4

Poorest correlation between visual acuity and cycloplegic refraction 1

Correlation between each station and the total score (table 5)

CR1	CR2	SRC	CR3	CR4	LN	NCR1	NCR2	VA	SRS	BB	NA
0.6	0.4	0.4	0.4	0.6	0.4	0.4	0.5	0.4	0.5	0.5	0.2

5. Breakdown of results

Breakdown of results by training (table 6)

	Failed	Passed	Total
In OST	14	28	42
Not in OST	9	13	22
Total	23	41	64

Breakdown of results by deanery (table 7)

Deanery	Failed	Passed	Total
East Midlands	0	0	0
East of England	1	1	2
East of Scotland	0	1	1
KSS	1	2	3
London	7	3	10
Mersey	0	2	2
North Scotland	0	2	2
North West	1	0	1
Northern	0	1	1
Northern Ireland	0	1	1
Oxford	0	0	0
Peninsula	1	1	2
Severn	0	0	0
South East Scotland	0	1	1
Wales	2	1	3
Wessex	0	2	2
West Midlands	0	5	5
West Scotland	0	1	1
Yorkshire	1	4	5
Total	14	28	42

Breakdown of results by stage of training (table 8)

Stage (includes FTSTA)	Failed	Passed	Total
ST1	1	4	5
ST2	10	16	26
ST3	3	8	11
ST4	0	0	0
Total	14	28	42

Breakdown of results by number of previous attempts (table 9)

Attempts	Failed	Passed	Total
1 (First)	15	27	42
2	7	10	17
3	1	4	5
4	0	0	0
Any resit	8	14	22
Total	23	41	64

6. Comparison to previous examinations (table 10)

Date	Candidates	Pass mark	Pass rate	Pass rate in OST	% Candidates in OST	Reliability	SEM	Hofstee pass mark
Mar 10	43	69%	47%	58%	67%	0.6	9 (9%)	68%
July 10	47	75%	53%	60%	70%	0.6	8 (8%)	72%
Nov 10	53	74%	42%	44%	68%	0.6	7 (7%)	71%
Apr 11	57	71%	35%	47%	63%	0.6	6 (6%)	67%
July 11	41	67%	66%	72%	71%	0.4	6 (6%)	71%
Nov 11	69	65%	71%	75%	70%	0.6	8 (8%)	68%
Mar 12	54	73%	54%	66%	57%	0.6	8 (8%)	72%
July 12	44	71%	59%	67%	64%	0.5	9 (9%)	71%
Dec 12*	71	69%	75%	77%	55%	0.6	11(6%)	72%
Apr 13	64	74%	61%	64%	64%	0.8	11(6%)	74%
July 13	42	72%	74%	90%	48%	0.7	10(6%)	74%
Dec 13	75	72%	67%	76%	65%	0.7	10(6%)	71%
Apr 14	56	73%	84%	89%	66%	0.6	9.5(5%)	75%
July 14	34	74%	62%	55%	65%	0.4	11 (6%)	74%
Dec 14*	63	71%	68%	77%	68%	0.6	12 (7%)	71%
Apr 15*	57	77%	65%	73%	65%	0.4	11 (7%)	77%
June 15*	33	69%	58%	n/a^	0%	0.73	10 (6%)	69%
July 15*	31	66%	58%	55%	65%	0.65	9.4(5%)	66%
Jan 16*	70	70%	60%	60%	81%	0.8	10 (6%)	70%
Mar 16*	57	77%	81%	83%	70%	0.9	7.7 (4%)	77%
Jun 16*	23	70%	57%	n/a^	0%	0.7	11 (6%)	70%
July 16*	64	70%	64%	67%	67%	0.6	12 (7%)	70%

* Hofstee pass mark used for these examinations

^ Examination held in Kuching

Performance of candidate by deanery for all examinations to date, where deanery is known (table 11)

Deanery	Total passes	Total candidates	Pass rate %
East of Scotland	9	10	90
Oxford	8	9	89
North Scotland	8	9	89
KSS	15	17	88
South East Scotland	14	17	82
Mersey	26	32	81
Northern	16	21	76
North West	24	33	73
London	105	146	72
Yorkshire	37	52	71
Wessex	16	23	70
West Scotland	18	26	69
East Midlands	20	29	69
West Midlands	42	61	69
Severn	13	20	65
Northern Ireland	9	14	64
East of England	23	36	64
Wales	16	31	52
Peninsula	10	30	33
Total	429	616	70

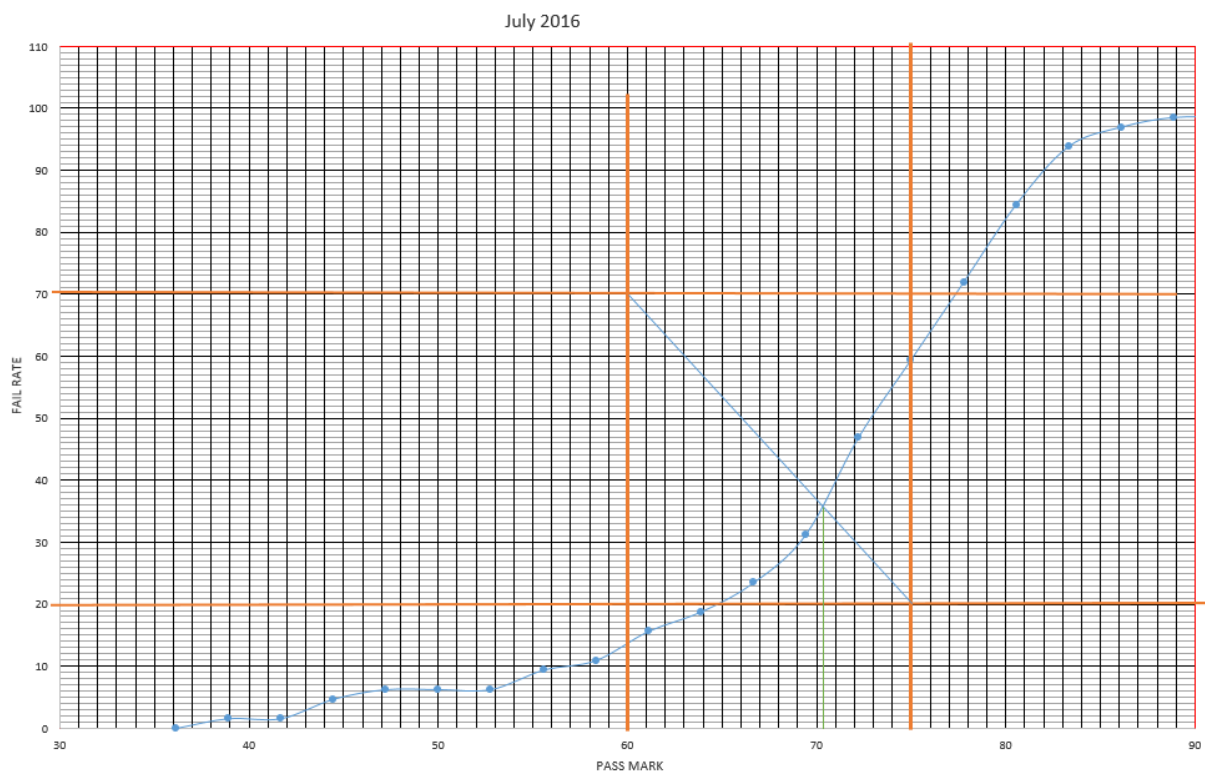
Appendix 1 Hofstee method for standard setting

Hofstee method

In advance of the examination, members of the College's Examinations Committee were asked to nominate the values for the following:

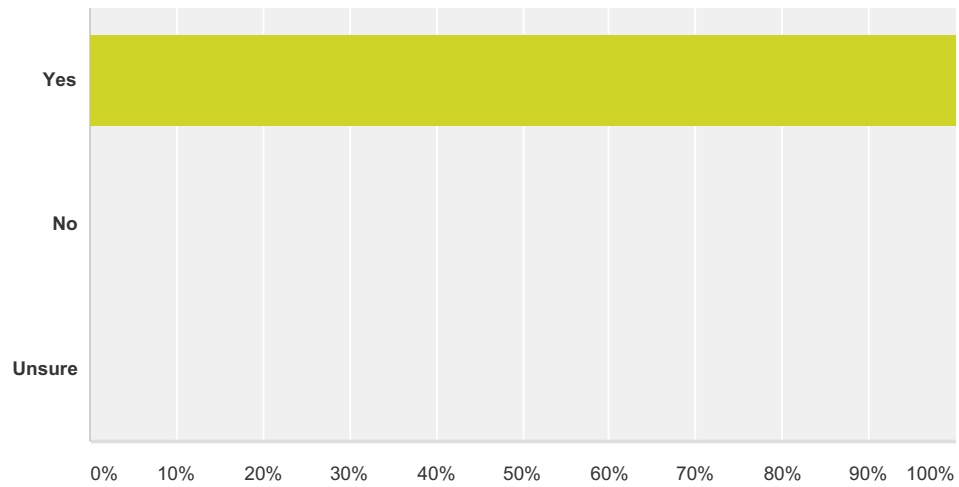
5. The maximum credible pass mark for the examination 75%
6. The maximum credible pass rate for the examination 80%
7. The minimum credible pass mark for the examination 60%
8. The minimum credible pass rate for the examination 30%

The cumulative fail rate as a function of the pass mark and the co-ordinates derived from the four values above were plotted on a graph. The point where a line joining the two co-ordinates intersects the cumulative function curve is used to identify the pass mark.



Q1 Were you treated in a courteous manner by the examiners in this examination?

Answered: 36 Skipped: 0

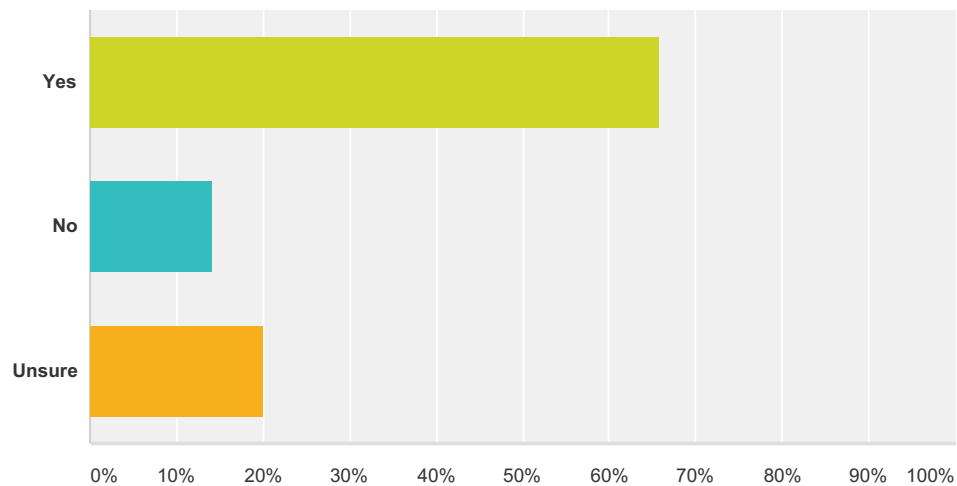


Answer Choices	Responses	
Yes	100.00%	36
No	0.00%	0
Unsure	0.00%	0
Total		36

#	Comments	Date
1	Examiners were all very courteous and helpful.	7/30/2016 4:03 PM
2	All examiners are very courteous and ensured I was familiar with the setting before I started.	7/19/2016 11:13 AM
3	One of the examiners asked me what I was doing while I was still examining the patient in the subjective refraction station, and this wasted some time during the actual station and was quite stressful, as my time became quite tight, especially as I wasn't given extra time at the end to make up for that. This examiner also kept the answer sheet with him until the end of the station, then gave it to me after time was up, and this was stressful, confusing and inaccurate, as the amount of time I was given when he allowed me was entirely at his discretion and I'm not sure how he calculated that	7/18/2016 11:12 AM

Q2 Were the patients you were asked to examine appropriate for the examination?

Answered: 35 Skipped: 1



Answer Choices	Responses	
Yes	65.71%	23
No	14.29%	5
Unsure	20.00%	7
Total		35

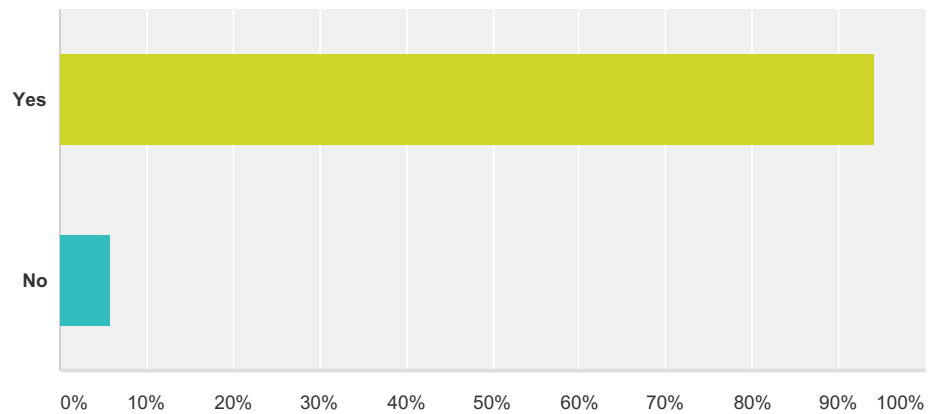
#	Comments	Date
1	The patient in the Trial fitting and VA check station seemed confused and unnecessarily slow with her responses. I understand that in a 'real' life setting we will encounter confused patients or non native speakers, but to give such a patient in a time trial station is unacceptable.	7/31/2016 3:35 PM
2	I found the non-cycloplegic retinoscopy station at the Glasgow exam on the morning of 12th July 2016 inappropriate as the patient had really small pupils and it was not possible for the room to be sufficiently darkened. I understand all candidates go through the same exam conditions but i can't help but feel that it would have been discouraging for those starting the exam on that station.	7/30/2016 4:03 PM
3	For the trial frame fitting and visual acuity station the patients english was limited. She struggled to follow instructions. She read the LogMar chart in a haphazard way (I feel in trying to be helpful however making it difficult to assess her acuity in a timely manner). I therefore failed to finish the station. I do not feel she was appropriate for a time pressured examination station. Examination sat 11.40 13th July	7/21/2016 9:36 PM
4	The Non-Cycloplegic retinoscopy patient had minute pupils and a high refractive error - very difficult! The visual acuity/trial frame/BVD patient had a very strong accent - difficult to hear what she was saying when reading visual acuity chart. Otherwise all very good.	7/21/2016 8:06 PM
5	One of the patients in the subjective cylinder station was quite unreliable when giving answers (asking for more +ve lenses which actually gave her worse vision when looking at the chart).	7/20/2016 7:06 PM
6	One of the patients that I had to exam had very limited spoken English and found following instructions difficult. This made the examination very slow, in a time limited situation. I felt this was not appropriate for the examination	7/19/2016 10:09 PM
7	One patient was quite elderly and was visibly tired during the retinoscopy station at the end of the day.	7/19/2016 11:13 AM
8	Patient for the non-cycloplegic refraction was an elderly high myope. I noted he did not seem to focus into the distance, despite repeated instructions to do so and his pupils were quite unreactive. I gather other candidates also had the same problem, from speaking to them after the exam.	7/18/2016 4:27 PM
9	The lady doing the VA assessment station was abit slow and unsure in answering questions. This unfortunately ate into my time! Also, the gentleman in the non-cycloplegic refraction kept looking away and off target.	7/18/2016 1:38 PM
10	Several patients who appeared to have quite large prescriptions i.e could not see 6/60 letter unaided. More difficult therefore to keep to time	7/18/2016 1:36 PM

Refraction Certificate 11-13 July 2016 CANDIDATE FEEDBACK OSCE stations

11	Subjective cylinder patient was vague in answers	7/18/2016 11:36 AM
12	I had a concern about a patient during trial fitting/va station . She didn't follow instructions given and got a bit muddled which resulted in time delaying of achieving objectives during that station. This caused a lot of personal stress due to the time pressured constraints of the task set.	7/18/2016 11:18 AM
13	One patient seemed to be also an invigilator/examiner, so she gave me instructions at the end, which was confusing	7/18/2016 11:12 AM
14	All except the non cycloplegic ret station - patient with lens opacities.	7/18/2016 10:54 AM

Q3 Was the OSCE well organised overall?

Answered: 34 Skipped: 2

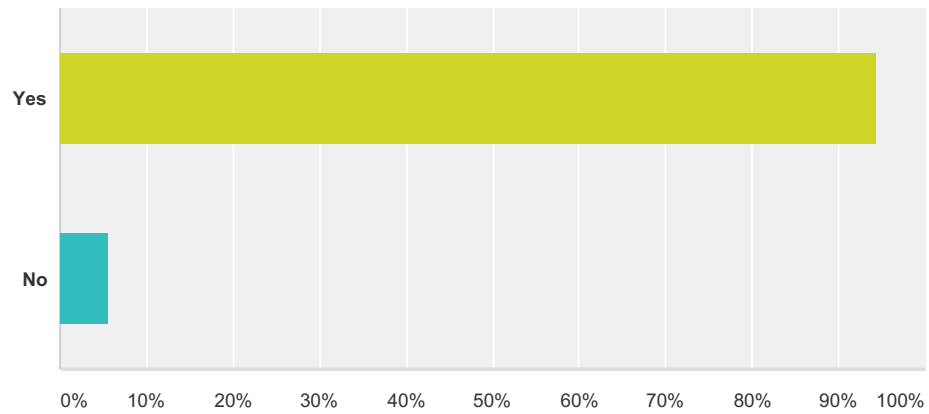


Answer Choices	Responses
Yes	94.12% 32
No	5.88% 2
Total	34

#	Comments	Date
1	In the refining the sphere/near add station, the room setup was disadvantageous to the candidate. The examination sheets were held by the examiner who was sitting at the other end of the room, so I could not write my answers down as I went along. I had to prompt the examiner to give me the paper so I could write my answers down. In other stations the sheets are laid out next to the patients. This exam is more a time trial rather than an assessment of knowledge, and these little things waste precious seconds.	7/31/2016 3:35 PM
2	I HAVE MY RESERVATIONS. I WOULD ADDRESS THEM IN THE FOLLOWING SECTIONS PLEASE.	7/20/2016 6:30 AM
3	Overall yes. HOWEVER. In the focimetry substation although the candidate instructions specified that we had the option of using the focimeter or lens neutralisation the examiner appeared taken aback that I requested to perform hand-neutralisation and he asked whether or not I could use a focimeter to which I replied yes but I preferred to perform hand-neutralisation. When I asked where I could draw a target he instructed that I draw this on the patient information sheet which meant that it was considerably above eye level making it difficult to perform. Furthermore when I asked the examiner about prisms to neutralise there were only a few prisms in the trial set and did not follow a progressive numerical order meaning I potentially did not have the correct lens to neutralise the prism. I felt that this probably meant that I was at a disadvantage due to the unpreparedness for candidates to request this method of ascertaining a spectacle prescription and unfortunately may have lost crucial marks.	7/18/2016 7:23 PM
4	I feel that the OSCE was well organised overall, however, I did find difficulty with the organisation of one of my stations. I found that in all the stations the lenses were the same with the same colour coding. I found that in one of the stations, the sphere refinement, the lens set that was presented to me was completely different. This was off putting. When I asked the examiner which side was plus and which was minus (they were not labelled) he simply asked me to pick up the lenses and work it out for myself by looking at the image formed from the lens. I felt this was a little off putting. The aim of the station was sphere refinement, a station that is traditionally difficult to complete on time. Having the same lenses throughout the exam, or at least having them labelled, would have allowed me to better focus on the task that was set for me.	7/18/2016 11:04 AM

Q4 Were you given clear instructions about the OSCE?

Answered: 36 Skipped: 0

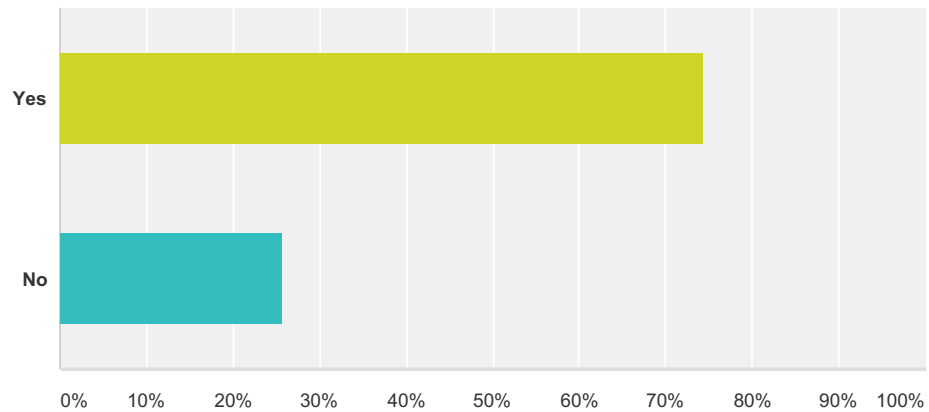


Answer Choices	Responses
Yes	94.44% 34
No	5.56% 2
Total	36

#	Comments	Date
1	Overall yes. However, in the refining the sphere station, the examiner asked me to use the metal trial frame which i was not familiar with. Looking back I should have insisted on using the trial frame I was familiar with (oculus plastic). It turned out to be a disastrous decision, as I struggled to fit the metal frame and wasted time.	7/31/2016 3:35 PM
2	While being examined at the cycloplegic retinoscopy + cylinder refinement station, I had completed the first part of the station way ahead of time. Nevertheless, I was not allowed by the examiner to proceed to the subsequent part unless indicated. Therefore, as I was waiting to begin, the examiner failed to indicate to me that time had already started. He had only realised this when one of the assistants informed him that it was okay to start. As a result, I have lost valuable time and was unable to complete the station. I am really disappointed to have not been given the allocated time. I worry that this might have an effect on my examination outcome.	7/30/2016 4:03 PM
3	Yes. Each room was well labelled and the respective sample mark sheets were posted outside before we started in each room.	7/19/2016 11:13 AM

Q5 Did you feel that the OSCE was a fair assessment of your knowledge?

Answered: 35 Skipped: 1

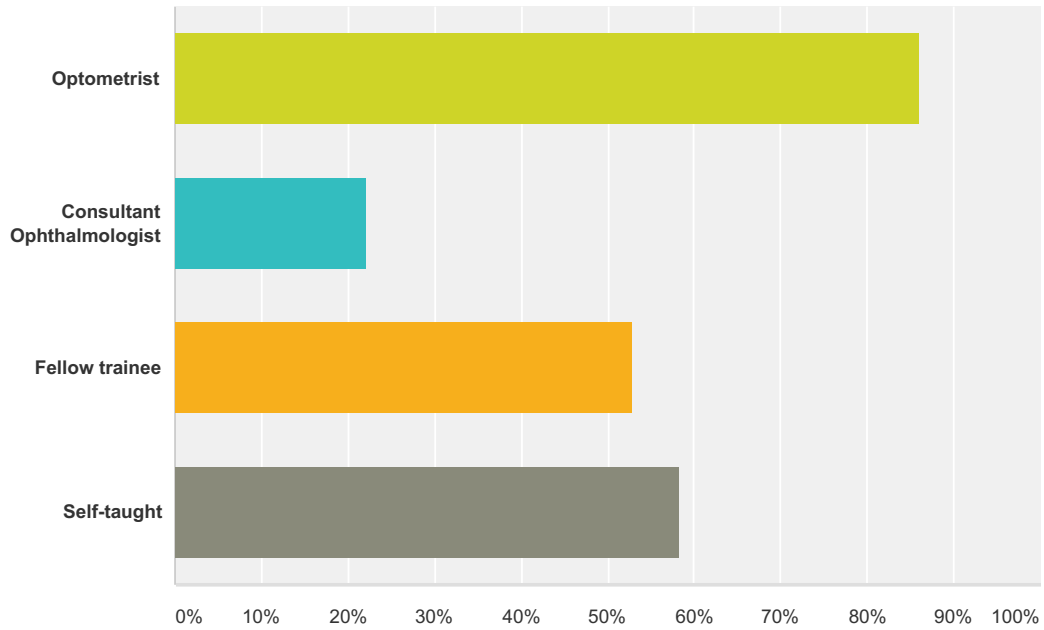


Answer Choices	Responses	
Yes	74.29%	26
No	25.71%	9
Total		35

#	Comments	Date
1	Other than the retinoscopy stations, the exam is far too time constrained. There needs to be a standardised method of how to complete the near add station. Different books/courses/optometrists give different advice. The college should look into this station again.	7/31/2016 3:35 PM
2	Please refer to comments for question 4	7/30/2016 4:03 PM
3	artificial situation - in a real life situation you would never just declare the result for a non-cyclo ret patient without ever checking the V/A and subjective refinement. also when do you ever close one eye to read??!	7/21/2016 2:14 PM
4	I feel refraction would be better assessed by complete examination of a patient from start to finish rather than in stages as is currently addressed	7/20/2016 4:44 PM
5	The time given at Station 12 (near add) is too short for the amount of explanation and writing required. It is not a fair assessment of how one would normally check a patient's near add prescription.	7/19/2016 11:13 AM
6	I feel the osce's are unrealistic as the time frame for each station is only 5mins. A more realistic approach would be full retractions to fully assess candidates competency	7/18/2016 1:38 PM
7	time restrictions force rushed work and do not represent true clinical practice	7/18/2016 11:46 AM
8	In one station, I confused the positive and minus lenses as they were colour coded differently to most sets. This meant I did not demonstrate my skill in sphere refinement and binocular balance.	7/18/2016 10:43 AM

Q6 Who helped you to develop competence in refraction? (Please select the answer as appropriate)

Answered: 36 Skipped: 0



Answer Choices	Responses
Optometrist	86.11% 31
Consultant Ophthalmologist	22.22% 8
Fellow trainee	52.78% 19
Self-taught	58.33% 21
Total Respondents: 36	

#	Other (please specify)	Date
1	Course	7/21/2016 8:06 PM
2	AVAILABLE LITERATURE	7/20/2016 6:30 AM
3	optom and course	7/18/2016 11:36 AM

Q7 Approximately how many complete refractions (retinoscopy + subjective modification) did you carry out in your preparation for the examination?

Answered: 34 Skipped: 2

#	Responses	Date
1	Didn't count!	7/31/2016 10:26 PM
2	likely over 100	7/31/2016 3:35 PM
3	>100	7/30/2016 4:03 PM
4	100	7/30/2016 8:49 AM
5	>100 retinoscopies and about 50 subjective refractions	7/28/2016 10:50 PM
6	40	7/21/2016 9:36 PM
7	At least 600 (plus another 50 for previous attempt at exam)	7/21/2016 8:06 PM
8	50-80	7/21/2016 2:14 PM
9	30	7/21/2016 11:12 AM
10	40	7/20/2016 8:03 PM
11	80	7/20/2016 7:06 PM
12	30	7/20/2016 4:44 PM
13	100+	7/20/2016 6:30 AM
14	5	7/19/2016 11:08 PM
15	80	7/19/2016 10:09 PM
16	>50	7/19/2016 11:13 AM
17	50	7/18/2016 7:58 PM
18	40	7/18/2016 7:23 PM
19	70	7/18/2016 6:26 PM
20	>100	7/18/2016 6:14 PM
21	70	7/18/2016 4:27 PM
22	40	7/18/2016 2:07 PM
23	Unsure-usually completed either retinoscopy or subjective refraction	7/18/2016 1:36 PM
24	40 to 50	7/18/2016 11:46 AM
25	100	7/18/2016 11:45 AM
26	17	7/18/2016 11:36 AM
27	20-30	7/18/2016 11:18 AM
28	40-50	7/18/2016 11:12 AM
29	120	7/18/2016 11:04 AM
30	50	7/18/2016 10:54 AM
31	80 to 100	7/18/2016 10:43 AM
32	80	7/18/2016 10:43 AM
33	70	7/18/2016 10:37 AM
34	50	7/18/2016 10:35 AM

Q8 Please provide any other advice that you would like to share with future candidates.

Answered: 15 Skipped: 21

#	Responses	Date
1	Understand theory, attend course, and practise, practise, practise!	7/30/2016 4:03 PM
2	focused preparation for all stations of the OSCE, not just retinoscopy	7/30/2016 8:49 AM
3	good luck and practice	7/28/2016 10:50 PM
4	Practice with focimeter and hand neutralisation with a large number and variety of glasses - helps understanding overall and improves efficiency of calculating and writing out prescription. Go to community optometrists to practice as this setting most closely resembles examination.	7/21/2016 8:06 PM
5	Time management is key to passing OSCE stations.	7/21/2016 11:12 AM
6	Practice as much as possible Practice in timed conditions with sample mark sheets	7/20/2016 4:44 PM
7	BRING YOUR OWN FLIPPERS AS THE EXAMINATION CENTRES DONOT PROVIDE THEM.	7/20/2016 6:30 AM
8	Practice to time.	7/19/2016 11:13 AM
9	Practice under timed and pressurised conditions, this is a big factor in performance	7/18/2016 7:23 PM
10	Practice retinoscopy on different types of patients	7/18/2016 4:27 PM
11	Practice under time pressure	7/18/2016 2:07 PM
12	More time for stations and better selection of patients.	7/18/2016 1:38 PM
13	practice and in different rooms with different lenses	7/18/2016 11:36 AM
14	Practice, practice and practice	7/18/2016 11:18 AM
15	Practice and try to attend a practical refraction course	7/18/2016 10:54 AM

Q9 Please write any other comments you have about the Refraction Certificate Exam below.

Answered: 11 Skipped: 25

#	Responses	Date
1	the examination is structured well, it tests the core concepts of refraction but as an ophthalmologist i felt that one or two questions were irrelevant as we do not usually prescribe the spectacles, but opticians do.	7/30/2016 8:49 AM
2	The station "subjective refraction and binocular balance" on the 11/7/16 the 1345 station, the examiner (I think [REDACTED]) refused to give the answer sheets until the end of the station in contrast to the other stations where the sheets were available throughout the station. This resulted in confusion and wasting valuable time from other station as I was forced to end my station early so I can write all the answers in the sheets. I think this should be looked at and taken into consideration for those candidates who had him as an examiner.	7/28/2016 10:50 PM
3	Allow more time for focimeter and binocular balance stations	7/21/2016 8:06 PM
4	completely artificial exam - does not test true ability to refract. in a real life situation you would never ask the patient to read near print with just one eye or to perform a non cyclo ret on a patient only without doing subjective refraction on the patient. Also - focimeter station is obsolete now as no eye clinic uses the manual foci meter anymore. please consider changing the exam format to the old style format where you do a ret on a patient and refine it subjectively instead of ONLY refining sphere in 5 mins and ONLY refining cyl in 5 mins or ONLY doing a non cyclo ret in 10 minutes	7/21/2016 2:14 PM
5	It would be nice for RCOphth to run their own Refraction Revision course as this is not taught formally in hospital.	7/21/2016 11:12 AM
6	Timing is the key issue. The focimeter was unfamiliar which makes it quite unsettling. Examiners generally friendly. Quite a lot of time between stations which was awkward at times.	7/20/2016 8:03 PM
7	1. I WOULD REQUEST THE COLLEGE TO KINDLY PROVIDE FLIPPERS TO THE CANDIDATES AS SOME CANDIDATES ARE TRAVELING FROM ABROAD AND NOT EVERYONE CAN AFFORD TO HAVE THEM THEMSELVES. FLIPPERS SAVE A LOT OF TIME AND ARE ALSO A SOLUTION TO PROVIDE +/- 0.25/0.50 LENSES BINOCULARLY TO PATIENTS EVEN IF ANY OF THE ABOVE MENTIONED LENSES ARE SET IN THE TRIAL FRAME AS A MID-LEVEL REFRACTION CORRECTION. I EXPERIENCED SIMILAR PROBLEM. SINCE CALEDONIAN UNIVERSITY WAS AN OPTOMETRY COLLEGE, I WAS HOPING TO HAVE FLIPPERS THERE. 2. THE COLLEGE SHOULD ENSURE THAT FOR NON-CYCLO RETS, THERE IS A GREEN TARGET AVAILABLE TO CANDIDATES TO RELAX THE ACCOMMODATION OF THE PATIENTS BEING EXAMINED. THE NON-RET STATION DIDNOT HAVE ANY GREEN TARGET AVAILABLE.	7/20/2016 6:30 AM
8	Can examiners please be familiar with the station they are invigilating and pay attention to what the candidate is doing. One examiner asked me if I had performed +1 blur back test for both eyes, despite doing this in front of them only 10 seconds previously!!	7/18/2016 4:27 PM
9	well organised, speedily finished, appropriate level of knowledge tested	7/18/2016 11:36 AM
10	Examiners were so lovely and provided a lot of calm to the proceedings. Only criticism would be my experience of patient who didn't instructions despite re- explaining. So I would urge that patients do try their best to follow instructions as it helps with flow of exam	7/18/2016 11:18 AM
11	Remind examiners to provide work sheet. I had to ask for my work sheet at 2 stations after I had finished examining	7/18/2016 10:54 AM