



This may be the first time you have taken an assessment in this style so we have written this guidance to help you prepare for what to expect on the day.

Completing MECs Part 1

It is compulsory to have successfully completed the MECs Part 1 section before sitting the MECs Part 2 practical examination. The MECs Part 1 section can be completed at any time before the day of the practical examination. You will be required to bring along a copy of your MECs Part 1 certificate with you, either in electronic or paper format, to prove this has been completed. You will not be allowed to sit the MECs Part 2 assessment without proof of completing the MECs Part 1 section.

[Download the regulations that govern the Minor Eye Conditions \(MECs\) Part II practical assessment here.](#)

Format

The MECs Part 2 examination consists of 5 short tasks, known as stations. Every station lasts for 5 minutes and you will do each one in turn. You will also have one minute to read some instructions outside each station.

This format of the examination is used to ensure a standardised and controlled assessment of practical skills for all candidates. The assessment is designed to sample and revalidate the core competency practical skills and knowledge required to deliver a Minor Eye Conditions Service.

Content

During the MECs Part 2 examination, the content of the station may be drawn from any of the conditions covered in the MECs Part I syllabus. A summary of the conditions and areas from Part I is listed below:

1. **AMD Part 1 - dry and wet** – diagnosis, management, advantage of OCT, treatment/ prevention (including AREDS).
2. **Dry Eye in Optometric Practice** - types and management – MGD/Evaporative.
3. **Flashes and Floaters** – migraine / retinal tears / retinoschisis / vitreous degeneration / other floaters.
4. **Sudden Loss of Vision** - CRVO / BRVO / CRAO / BRAO / temporal arteritis / amaurosis fugax / AION / Optic neuritis / ERM / Macular hole / CMO.
5. **The Red Eye** – entropion/ ectropion/ trichiasis/ chalazion/ hordeolum/ blepharitis/ conjunctivitis/ AAU/ HSV/ episcleritis/ ACAG.
6. **The Cornea and Corneal Foreign Bodies** - marginal keratitis / keratitis – microbial vs inflammation / trauma and FB removal.

The examiners are looking for evidence that you understand the theory behind these conditions and can apply it in a practical clinical setting.

The examination is designed to assess a range of skills, drawn from the MECS Part I conditions. A station may test one or a combination of these conditions. Stations are organised into four categories designed to assess the following skills.

- a) Indirect ophthalmoscopy
- b) Communication
- c) Data interpretation
- d) Referral – either telephone or written

The MECs Part 2 circuit is comprised of five stations:

- 1 x indirect ophthalmoscopy station
- 1 x communication station
- 2 x data interpretation stations
- 1 x referral station

We know that these tasks may take longer than 5 minutes in real life but the stations have been designed so that you can demonstrate your competence in the clinical scenario in 5 minutes. The detailed information on each station type on the next page includes examples to guide you on the types of scenarios you might encounter. You should remember, however, that you could be assessed on any condition from the MECS Part 1 syllabus and the list is not exhaustive

How to prepare

The MECs Part 2 examination assesses a sample of the clinical knowledge and skills covered in the MECs Part 1 lectures. You must show the examiners that you can apply your knowledge in a practical, clinical setting and perform a sample of tasks competently. You will be expected to undertake any procedures confidently and competently, so ensure you have practised so that your technique is correct and that you can detect and know how to act upon significant signs. Remember that all stations only last five minutes, so you should practise performing tasks covering the range of station skills and related to the conditions covered in Part 1 in five minute windows

Station Format

Each station has four components (or three if there is no patient present):

- a. Examiner instructions
- b. Candidate instructions
- c. Actor instructions
- d. Equipment list

You will only see the candidate instructions. A sample MECs station, with all components including a completed mark sheet, is in Annex A.

If you have never taken a station examination before, you might find it useful to look at the briefing video for candidates for the College's Scheme for Registration Final Assessment pages of the [College website](#). Although the Final Assessment is a larger OSCE examination, the principles and procedures underlying it are the same as the MECs Part 2 assessment.

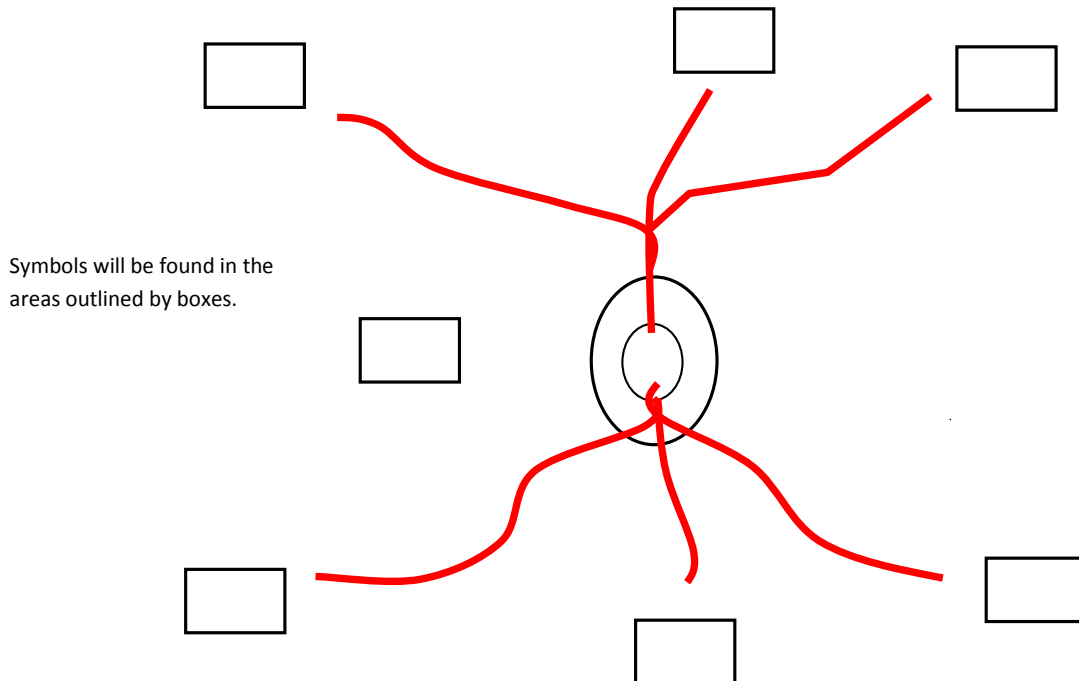
The stations

Indirect ophthalmoscopy

You will be required to demonstrate your ability to perform indirect ophthalmoscopy. For this station you will be asked to identify a set of symbols on the back of a model eye. You will usually be asked to use one of the following models of slit lamp in this station (although the College reserves the right to use another model if these are not available):

- a. Topcon manual slit lamp (SL-D4 series)
- b. Topcon digital slit lamp (SL-D701 series) with a digital camera and video screen

The College will also provide a variety of Volk lenses for you to use. You will be asked to set up the slit lamp and identify and record the macular symbol as well as either the three superior or inferior symbols of one eye in the correct orientation and location. You will be asked to record the symbols on the candidate sheet provided (which will look like the example below)



NB You are expected to interpret your findings and record the symbols in their actual location on the fundus and not the location you see them directly through the Volk lens. You are able to move the eye within normal anatomical limits but do not have to pretend the manikin is a real patient.

Communication

You will be observed interacting with the patient, a patient's relative or a fellow health professional (who will always be played by an actor). Examples of what you may be required to do include:

- a. Explain how a condition will be treated
- b. Explain a diagnosis
- c. Decide on appropriate management with a patient
- d. Break bad news

Although communication skills are the main skill being tested in this station, you will be marked on your communication skills in all stations involving a patient. The types of issues the examiners will be assessing are:

1. Relating to the Patient

- Introduces self to patient
- Is polite, considerate and respectful
- Acknowledges the patient's concerns and is empathetic, if applicable

2. Explaining and Advising

- Gives correct information in a way the patient can understand.
- Makes the patient aware of the appropriate options available, if applicable
- Involves the patient fully in decisions about care, if applicable
- Summarises and checks the patient has understood
- Reassures appropriately

3. Listening and Questioning

- Uses appropriate questioning techniques (open/closed/probing)
- Listens to and explores the patient's response(s)
- Checks they have understood the patient's symptoms and concerns

4. Fluency of Performance

- Logical
- Confident
- Professional

These stations are designed to test both what you say and **how** you say it. Therefore, communicating incorrect information well or communicating correct information poorly will both be penalised.

On the next pages are additional performance indicators relating specifically to Communication objectives to give you an idea of what examiners are looking for in these stations:

	Indicators demonstrating competence	Indicators not demonstrating competence
Relating to the patient / Fluency	The candidate acknowledges any patient concerns and is empathetic but not patronising.	The candidate shows little or no empathy towards the patient and/or is patronising.
	The candidate reassures the patient where appropriate	The candidate does not reassure the patient or is overly reassuring when this is not appropriate
	The candidate is confident, fluent and logical	The candidate is unconfident and/or very hesitant and/or illogical to the point where the patient loses confidence in the practitioner
	The candidate displays positive body language and maintains good eye contact	The candidate displays negative body language
	The candidate is professional	The candidate is unprofessional/overly casual
	The candidate is polite	The candidate interrupts the patient
	The candidate introduces themselves	The candidate frightens and/or confuses the patient unnecessarily
Explaining and advising	The candidate makes the patient aware of all options available to them, if necessary	The candidate does not involve the patient in making decisions about their care
	The candidate speaks clearly	The candidate is unclear
	The candidate uses language the patient can understand	The candidate uses jargon so the patient cannot understand the information
	The candidate communicates correct information	The candidate communicates incorrect/unsafe information
	The candidate checks the patient has understood the information provided and clarifies the next steps the patient should take. The candidate summarises information for the patient to help them understand.	The candidate leaves the patient confused and unsure of the next steps
	The candidate is able to change their language and communication style to meet the needs of the patient	The candidate uses inappropriate language and communication style for the patient
Listening and questioning	The candidate asks relevant questions	The candidate asks lots of irrelevant questions
	The candidate questions the patient thoroughly using a range of different question types to discount other possible diagnoses	The candidate asks too narrow a range of questions to effectively discount other diagnoses
	The candidate is adaptable in their history taking and listens to the patient 's responses	The candidate does not listen to the patient or adapt their subsequent questions based on the previous answers of the patient

Data interpretation

There will be two of these stations in the circuit. In these stations, you will be required to interpret a variety of clinical data. These may include visual field plots, record cards, and results of clinical examinations and clinical signs (through photographs or videos). You may have to discuss your conclusions and diagnoses with a fellow health professional or with the patient or patient's parent (played by a professionally trained actor). You may also be given a set of data and asked to answer a series of questions on that data to an examiner. If this is the case you will be given the questions before you enter the station on the candidate instructions. The examiner will only ask you the questions printed on the candidate instructions and will not seek clarification or ask additional questions.

Referral

You will be provided with clinical information and will have to decide the appropriate referral speed and pathway for the patient.

Because the criteria for referrals are different in different parts of the country we will be using the following definitions for the purposes of the examination. These definitions will be placed in each station. You should use these terms during the exam as the examiner may not be familiar with referral criteria in your area.

Emergency	=	Same or next day
Urgent	=	Within one week
Routine	=	In due course

For further guidance on referrals, please see the College's Guidance for Professional Practice (knowledge, skills and performance section) which covers examining, managing and recording these patient interactions.

<http://guidance.college-optometrists.org/home/>

You may be asked to make a telephone referral. If this is the case, an actor will play the role of a fellow healthcare professional and will simulate the telephone conversation.

You may be asked, instead, to make a written referral. If so, you must complete a written referral using the College referral template. A copy of the referral template can be found on the next page.

In all referral stations, the quality of your spoken/written communication will also be assessed.

Referral/Notification Form

Patient Name:

Address:

Age:

GP:

Significant findings

Provisional diagnosis

Refer/notification to: (choose GP and/or Ophthalmology and specify the degree of urgency for each referral)

<input type="checkbox"/> GP Urgency: <input type="checkbox"/> Emergency (same or next day) <input type="checkbox"/> Urgent (within one week) <input type="checkbox"/> Routine (in due course)	<input type="checkbox"/> Ophthalmology Urgency: <input type="checkbox"/> Emergency (same or next day) <input type="checkbox"/> Urgent (within one week) <input type="checkbox"/> Routine (in due course)
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Requested course of action (if appropriate)

The examiner's role

Each station is marked by the same examiner all day to provide consistency. Each station will simulate a specific clinical task and examiners are provided with strict marking guidance. The examiner's role in the station is to be as objective and removed as possible, and, unlike in other examinations you may have sat, they will not play an active role in the examination itself. Most of the time, they will simply be observing you in the background and will not interact with you in any way. Although this at first may feel strange, examiners are very used to it so try to act as you would in practice. At the end of the station, if you have any time remaining, neither the examiner nor actor are allowed to interact with you so use this time to sit in silence and prepare for the next station.

The OSCE may be very different in format from previous assessments you may have taken. Some candidates find the change in assessment style tricky. To prepare for the format of the exam we recommend that you practise performing tasks linked to these conditions in five minute windows e.g. practise explaining the diagnosis to a colleague or timing yourself carrying out indirect ophthalmoscopy.

The passing standard

To pass the MECs Part 2 examination, you must pass 4 of the 5 stations, including the indirect ophthalmoscopy station.

If you are awarded a global score of borderline pass or lower in indirect ophthalmoscopy, you will be given the opportunity to sit this station one further time on the day at the end of the examination, if you wish. You will not have the opportunity to resit any other station on the day, nor can we tell you how you have done in any other stations on the day.

If you are awarded a borderline pass mark or lower for indirect ophthalmoscopy, and choose to resit this station, only your performance in your resit will be carried forward and your original marksheet will be voided. This will be the case even if you perform less well in the resit as only your most recent attempt will be the one processed for your results.

If you fail to achieve the passing standard, you will have to resit all stations at another sitting.

Marking Scheme

Each station has a construct which is the assessment objective of the station. This construct is broken down into a series of objectives, which you will not see, but which are the areas you would be expected to cover given the task you have been set. Each objective carries a weighting (the percentage the objective is worth), which is unknown to the examiner to avoid bias. The weightings add up to 100%. You will be graded from excellent to very poor/not attempted for your performance against each objective. Your performance in each objective is combined with the objective's weighting to calculate your score.

The College uses the Borderline Regression method of standard setting for the MECs Part 2 assessment. For more detail on the way stations are marked please refer to the Frequently Asked Questions section of this document.

On the day

These instructions may seem very strict but we want to ensure that we treat everyone in the same way. This means that as far as possible, you all have the same experience and the examination is as reliable as we can make it.

What to bring with you

Please bring the following items to the OSCE:

- Passport / driving license that corresponds with the information submitted on your online application
- A copy of your Part 1 certificate (either an electronic or hard copy format)

Please do not bring any other equipment with you as you will not be permitted to use it. We will provide any equipment necessary to complete the station.

We will provide pencils and paper in every station. You will not be permitted to use your own stationery.

On arrival

It is important you arrive promptly at your indicated start time. Once you have been through the building's security procedures, report to the registration desk to sign in. You will leave all your belongings, including your mobile phone, electronic equipment and watch, in the room directed. Switch your mobile phone and electronic equipment off. The room will be locked so your belongings will be safe. You will not be allowed to take your notes, books or any other reading material into the waiting room with you.

Friends and relatives will not be allowed into the exam centre.

The examination

When you arrive at the exam centre your ID and certificate will be checked and you will be provided with a lanyard with your name, candidate number and station starting number on it. You must wear the lanyard at all times so that examiners can see it clearly.

Before the exam you will be given a briefing which will go over the fire and emergency evacuation procedure of the centre and remind you of the structure of the exam and the skills you will be tested on. Your session time includes the briefing and examination.

You will then be shown from the briefing room to the exam circuit and to your starting station. You will be asked to stand with your back to the instructions until all candidates are in place so the exam can commence. An announcement will tell you when you can begin to read the instructions. After one minute, you will be told to enter the station. There will be another set of the instructions inside the station in case you need to refer to them.

There will be alcohol gel outside each of the stations. You should use this on your hands before you enter the room.

When you enter the room, show the examiner your ID badge so they can confirm they have the correct mark sheet.

You should then perform the task given to you in the instructions. Although the clinical scenario is simulated, you should act as you would in the same situation in real life.

You may take notes during the exam if you wish. These notes should be left in the stations. They will not be marked and will be destroyed immediately after the exam.

The actors who portray the patients are highly trained and experienced at playing the patient in a standardised way while at the same time responding to the words and actions of the candidate. You should ensure that you watch and listen to the patient and respond appropriately.

30 seconds before the end of the station you will be warned that it is almost time to move on. If you finish before the end, remain in the station until you are told it is time to move on to the next one. Conversely, if you have not finished when the five minutes is up, move on promptly or you will not have time to read the instructions for the next station.

If you think you have done badly in a station, pause and put it to the back of your mind. It is important that you move to the next station with confidence in your ability. Do not let a poor performance in one station affect you in the next station. Remember that you do not need to pass every station in order to pass the exam. The cycle will continue until you have completed all five stations.

A camera system will allow observers to watch the examination remotely. Please do not be put off by this. It will allow us to see how the examination is progressing without disrupting it, as it will reduce the need to sit in on stations. The camera does not record the examination so footage cannot be viewed retrospectively. Chief examiners may sit in your station as part of our quality assurance process. Please ignore them if this is the case as they are there to observe the examiner and not you.

After the examination

After the exam, please do not share any details about the exam or the stations with other candidates. This includes, but is not limited to, posting details of the exam to social media sites, web forums or email lists as this could be considered cheating.

For College members, results will be made available online two weeks following the last day of examinations. You must have registered to use the College website in order to view your results online. We will also send you a copy of your results by post. Non College members will only receive a hard copy of their results in the post.

Your postal results will include your score for each station and each station's passing mark. As there is only one minute between candidates for examiners to complete their marksheets, further more detailed feedback on your performance in each station is not available.

You may also find the video on our [website](#) helpful which, although produced for the Scheme for Registration Final Assessment OSCE, clearly explains the procedures for a station examination.

College of Optometrists MECs Part 2 examination**Station Title:** Sudden onset of flashing lights

Examiner Instructions**A. Construct**

The candidate demonstrates the ability to interpret the record card, reaches a reasoned provisional diagnosis of a posterior vitreous detachment (PVD), and explains the diagnosis and management to the patient.

B. Station specific instructions

N/A

C. Objectives

Content**1. Interpretation of record card**

- Equal VAs
- Equal IOPs
- No tobacco dust
- Full visual fields
- No evidence of retinal tear
- No vitreous floaters

2. Condition

- Gives reasoned provisional diagnosis of a PVD

3. Management

- No referral necessary
- Explains all possible symptoms of retinal detachment or tear, and the need for immediate action should any reoccur

Communication**4. Relating to the Patient**

- Introduces self to patient
- Is polite, considerate and respectful
- Acknowledges the patient's concerns and is empathetic, if applicable

5. Explaining and Advising

- Gives correct information in a way the patient can understand
- Makes the patient aware of the appropriate options available, if applicable
- Involves the patient fully in decisions about care, if applicable
- Summarises and checks the patient has understood
- Reassures appropriately

6. Fluency of Performance

- Logical
- Confident
- Professional

College of Optometrists MECs Part 2 examination

Station Title: Sudden onset of flashing lights

Candidate instructions

Joseph Rawlins, a 53-year-old man, is a regular patient at your practice. He is here today because three days ago he experienced a sudden onset of flashing lights in the right eye. They had ceased by the following day.

He hasn't experienced anything like this before and has no other symptoms.

His history is unremarkable. His general health is good. He does not suffer from headaches and has not suffered any trauma. There is no family history of eye problems.

You have conducted a full ocular examination. Read the record card showing your results.

Explain to the patient what you have found, what might be wrong with him and what you recommend.

You have five minutes for this station

College of Optometrists MECs Part 2 examination**Station Title:** Sudden onset of flashing lights

Simulated patient instructions**Background**

You are Joseph Rawlins, a 53-year-old sales director for a large company. You visit your optometrist regularly to have your eyes examined and your contact lenses checked. You have daily progressive soft lenses and have never had any problems with them or your sight.

Presentation

Whilst driving to work three days ago you noticed flashing lights from your right eye. These continued on and off for most of the day and stopped by the following day. You have never had these types of symptoms before. You decided to make an appointment with your optometrist and have come in today. You have not had any recent accidents or any injuries. You don't have any other symptoms such as veiling or blurred vision. You cannot recall seeing any black spots or cobweb type features floating in front of either eye.

Past History

You have had no problems with your eyes. You have never seen a doctor about your eyes, or been to an eye hospital/eye unit.

General Health

You have never been seriously ill and are not on any medication. You do not suffer from migraine type headaches.

Family History

You are not aware that any member of your family has had eye problems apart from your 82-year-old mother who is developing a small cataract.

How to Play the Role

You feel anxious in case it is this serious. You are fretting because you have a busy week at work.

Questions to ask if given the opportunity

- What are the long-term effects – will I go blind?
- What happens next?
- Can I do anything to avoid this happening again?

College of Optometrists MECs Part 2 examination**Station Title:** Sudden onset of flashing lights**Record Card****Name:** Joseph Rawlins**Age:** 53

	R	L
VA	6/6 N5	6/6 N5
Refraction	-2.00DS Add +2.00 R & L	-2.00DS
Pupils	No RAPD	No RAPD
IOP Perkins at 2pm	15mmHg	15mmHg
Visual Fields Humphrey C81	Full	Full
Anterior Vitreous	Clear No tobacco dust	Clear No tobacco dust
Optic disc	CD 0.2 Healthy neural rim, disc margins distinct	CD 0.2 Healthy neural rim, disc margins distinct
Dilated fundus examination	Retina flat, no visible breaks/ tears	Retina flat, no visible breaks/ tears

College of Optometrists MECs Part 2 examination

Station Title: Sudden onset of flashing lights

Equipment

Station specific

- Record card

Standard

- Four chairs
- Three clipboards
- Three pencils
- One eraser
- One pencil sharpener
- Plain paper

Notes

MECs Part 2 examination – Results Day Frequently Asked Questions

Getting results

I haven't received my results letter yet. What do I do?

Results letters are sent out on the day results are published on the College website. They are sent to your registered address. You should receive your hard copy of the results letter in the next couple of days. If you would like to see your pass/fail result before then, if you are a College member you can check them by logging onto the College website.

How do I get my results?

For College members, results are initially published in the [Member's area](#) of the College website. Just log in using your username and password. A paper-based results letter is also sent out on results day by first class post to all candidates.

How can I create an account on the College website, if I am a member, to see my results?

Click [here](#) to create a new account. You will need your surname and membership number.

What is my membership number?

Your membership number is your unique reference number with the College. This is the same number as your candidate number which you used for your MECS Part 2 examination. This should be on any examination correspondence sent to you by the College.

Can I get results over the phone/email?

For privacy reasons, it is College policy not to share results over the phone/by email. Please either log in to the secure College site or wait to receive your results letter in the post.

Common pass questions

Can I get a breakdown of my marks if I've passed?

From July 2014, the College will be giving candidates who pass a breakdown of their individual station marks and their overall score.

When will I get my certificate?

You will be sent a copy of your MECs Part 2 examination certificate in the post in due course.

Common fail questions

I've failed and want to know my breakdown

A detailed breakdown of your marks for each station is sent to you with your results letter if you have failed. This should be with you in a couple of days. It is not possible to email you the breakdown on results day.

I want to see my marksheets for the stations

Candidates may request copies of their mark sheets. There is a £10 administration fee for this service. Please look at the sample mark sheet on our website before

MECs Part 2 examination – Results Day Frequently Asked Questions

requesting copies of your mark sheets. The mark sheets do not contain any feedback or details of the objectives for the station. You can view the sample sheet in the [Final Assessment section](#) of the website. If you would like to request your marksheets, contact Adam Shonk either by email adam.shonk@college-optometrists.org or by phone 020 7766 4361.

Why doesn't the feedback or the mark sheets show the objectives for each station?

The objectives are the steps you should take to perform the task. If we release the objectives we will be telling you the answers. We re-use stations so it is possible that candidates may be examined on the same station in their re-sit exam. If we released details of the station objectives this would give re-sit candidates an unfair advantage over first time candidates.

Can I have written feedback for my practical assessment?

Examiners are not asked to provide written feedback on individual candidates. They have 60 seconds between candidates to complete the mark sheets and this time is only used to give a considered mark. For this reason we cannot give detailed feedback on exam performance.

Can I get a remark?

The only record we have of a candidate's performance in an OSCE is the mark sheet completed by the examiner. For this reason we cannot re-mark the exam. Each sheet is scanned by a computer and carefully checked by eye to make sure our records are correct.

But I only failed by one mark, can anything be done?

Although disappointing for candidates, we do not change exam marks.

How can I appeal my result?

The appeals process is detailed on the [College website](#). College regulations state that you can only appeal against the **process** of the exam; i.e. if something went wrong with the administration or running of the exam. You cannot appeal because you disagree with the examiners' judgement. You have 28 days from results day to lodge your appeal using the Appeals Form in the College website.

Am I automatically entered for the next assessment?

No. You must apply and pay for the examination resit.

Is there a limit to the number of resit attempts?

There is no limit to the number of resits allowed for the MECs Part 2 examination.

Calculating results

How are the results calculated?

We use the borderline regression method of calculating results. Each station has between three and six objectives which candidates are marked against. The examiner will give each candidate a mark between 0 and 4 for each objective. In addition to this the examiner will give a mark between 0 and 5 for the candidate's overall performance.

The total possible mark for a station is 400. Objectives do not contribute equally to this score: some are more important than others. Each objective is given a percentage weighting depending on how important it is to the task the candidate is trying to

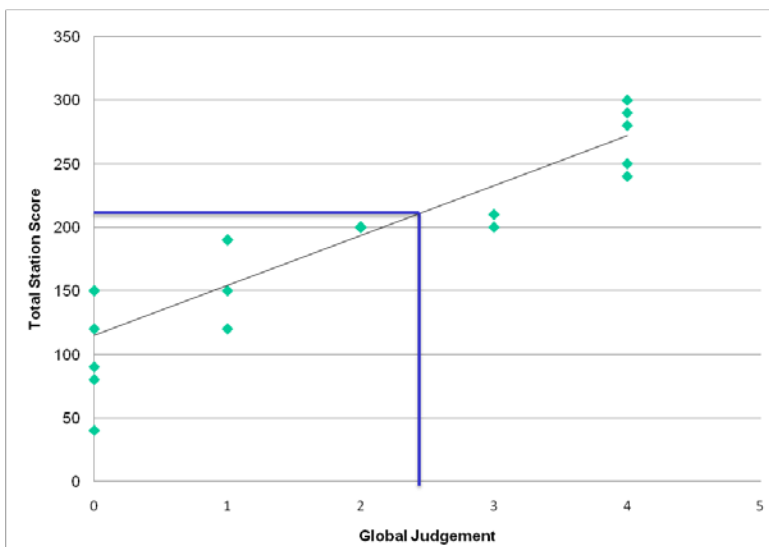
MECs Part 2 examination – Results Day Frequently Asked Questions

complete. For example, a communication station might have four objectives: making a diagnosis, explaining the diagnosis to the patient, choosing an appropriate management plan for that patient and communicating the plan in a professional manner. Because the station focuses on communication the explaining and communicating objectives both contribute 40% of the mark, while the diagnosis and management objectives only contribute 10% each.

The examiner does not know the weightings for the objectives. This compensates for any conscious or unconscious bias the examiner may have.

When the results are processed we multiply the score the examiner gave by the weighting for that objective. So in the example above, if the candidate scored 3 on every objective, the weighted score would be 120 for each of the communication objectives and 30 for the other objectives. This gives a total score of 300 out of 400.

To calculate the pass mark for the station we look at the scores for every candidate who has ever taken that station. We compare the mean station score with the mid-point of the overall grade (0-5) given by the examiners. Plotted on a graph it would look like this:



The point where the two lines meet is the pass mark for the station. This means that the pass mark is set using the average ability of entry-level optometrists as well as examiner judgment.

Borderline regression is a method of standard setting that is used by medical professionals all over the world. It is considered to be the most objective way of setting the standard for practical station exams and is recognised internationally.