

# European College of Veterinary Surgeons



## EXAMINATION GUIDE

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## REQUIREMENTS FOR BOARD CERTIFICATION

The European College of Veterinary Surgeons (ECVS) has established the following requirements for active membership status:

- a. Have a satisfactory ethical standing in the profession and
- b. Be a graduate of a veterinary college of a European country, unless relieved of this obligation by the Board of Regents and
- c. Be licensed to practise in a European country unless relieved of this obligation by the Board of Regents and
- d. Have devoted a minimum of four years after graduation from veterinary school to special training and experience in veterinary surgery. The training programme should meet the requirements of the College as described in the training brochure and
- e. Have successfully passed the qualifying examination of the European or American College of Veterinary Surgeons and be certified by the Board of Regents of the European College.

To be eligible to sit the examination, candidates must have successfully completed the 156-week ECVS residency programme and have had their credentials application approved by the ECVS Board of Regents.

Candidates sitting the examination for the first time must take all three (3) parts. Candidates sitting the examination for the second, third or fourth time must take all parts not successfully completed previously. All three (3) parts of the examination must be successfully completed to become certified by the ECVS. After being accepted to sit the examination, the candidate has a total of four (4) attempts to pass all three parts of the examination within 5 years. Candidates who pass all parts of the examination will be issued a certificate indicating that they are a Diplomate of the ECVS.

Candidates who fail one or more parts of the examination the first, second or third time and plan to retake those parts must notify the ECVS office of their intention to sit the examination by submitting a completed application form and appropriate fees to the ECVS Office by November 25th of the year immediately preceding the next scheduled examination. Candidates should ensure that their contact details are correct on the ECVS website (*yourECVS*).

Candidates who fail to complete successfully all three (3) parts of the examination after four (4) attempts will not be able to reapply to re-sit the examination and therefore cannot become a Diplomate of the ECVS.

## EXAMINATION SCHEDULE

On the day before the examination: Briefing session for candidates

Day 1 of the examination:

- Morning:
- Part I - case based examination for small animal examinees
  - Part II - practical examination for large animal examinees
- Afternoon:
- Part II – practical examination for small animal examinees
  - Part I - case based examination for large animal examinees

Day 2 of the examination:

- Part III - MCQ examination
- Morning: - Section 1
- Afternoon: - Section 2

Day 2 - late afternoon / evening

- immediately after the examination – examiners' and candidates' "social get together"

The examination is held at the VetSuisse Faculty University of Zurich, in Switzerland.

## **TIME LINE**

### Year preceding the examination

Sept - October : An invitation to register for the exam will be sent to eligible candidates by e-mail and normal mail.

By November 25<sup>th</sup>: Online registration by candidates. Download the Registration Form (see appendix one), sign the last page, email to exam@ecvs and return the document to the ECVS Office by normal mail.

### Year of the examination

By January 10<sup>th</sup>: Personal examination schedule will be sent by e-mail and normal mail.

## EXAMINATION DESCRIPTION

The official language of the examination of the ECVS is English. The examination tests all aspects of surgery in either small or large animals as well as competence in areas of specialization. The examination is composed of three (3) parts: case-based (Part I), practical (Part II), and multiple choice (Part III). The case-based and practical examinations will be administered on the same day, and the multiple choice examination administered the next day. There are separate examinations for large and small animal examinees.

Questions for the ECVS examination are created &/or reviewed by the Examination Committee of the ECVS. Each question is validated by securing a reference source that corroborates the information in the question. The sources used include current veterinary textbooks, current veterinary medical and surgical journals, current medical texts and journals including, but not limited to, the reading list – see page 11.

### **1. General comments**

You will receive a personal identification number in your personal examination schedule before the examination by mail. This number is only known by you and the ECVS Office. The Examination Committee members do not have access to these numbers until the entire examination has been marked and the pass mark has been set. **UNDER NO CIRCUMSTANCES SHOULD THIS PERSONAL IDENTIFICATION NUMBER BE DIVULGED TO ANY OF THE EXAMINERS OR A MEMBER OF THE BOARD OF REGENTS.** Please bring this number with you to the examination as you will need it to anonymously identify your answer sheets. Seating positions will have been randomly allocated by the Office prior to the examination using these numbers. You must inform the ECVS Office in writing, before the registration deadline, if you have any medical reasons why a special seat is required. In such cases, supporting medical documentation will need to be provided.

Candidates with reading or writing disorders will be given an extra 10% of time on receipt of written supporting medical evidence.

All examination papers will be collected after each session. **NO PAPER MAY BE TAKEN INTO OR OUT OF THE EXAMINATION ROOM BY CANDIDATES.** The answer booklets/sheets are identified only with the candidates' personal identification numbers.

Candidates will be provided with pencils, erasers and sharpeners and note paper for the examinations. Under no circumstances may mobile phones be brought into the examination hall, and all personal items must be kept in a bag that is left at the door. The only personal item that can be brought to the examination table is a language dictionary. The use of a language dictionary is permitted in all three parts of the examination. Dictionaries should be labelled with the candidate's name. The Examiners may ask to check the dictionary before, during or after the examination. It is not allowed to take the dictionaries out of the examination room during the breaks.

Each of the three parts of the examination is prepared specifically for either large animal or small animal candidates. The timetables and venues for the two groups may differ. Part III of the examination however, may be delivered to both large and small animal candidates in the same room, at the same time.

The Examination Committee will meet with all candidates for a general briefing session in the evening before the first examination day.

The examination may be delivered in either a written or computerised format. Negative marking is not used in any part of the examination.

### **2. Part I (Case-based Examination)**

- 1.1. This part of the examination will assess a candidate's ability to manage a case, prior to, during, and after surgery. Candidates will be required to interpret results and make decisions based on

the information available to them. Candidates will be expected to answer questions covering all areas of surgical practice.

1.2. The examination is divided into two parts: 1) orthopaedics/neurosurgery and 2) soft tissue/general surgery. Each part of the case-based examination will be administered over approximately sixty (60) minutes, with a thirty (30) minute break provided between the two parts. In the large animal examination, four cases will be discussed, one of which may be a food animal question.

1.3. This part of the examination is progressive and answers to earlier questions may become more obvious as the case unfolds. In some instances, the answer to an earlier question may be given on the following page. ***It is therefore imperative that candidates do not turn the pages forward until instructed to do so.*** Candidates may not alter their answers after that page has been turned – i.e. ***at no time is the candidate allowed to turn pages backwards.*** If a candidate turns the pages too early or too far, this candidate will stay on that page. The time will not be stopped which would cause disruption to all other candidates. The candidate concerned will then automatically lose all the points available on the page(s) missed. If a candidate is seen to persistently turn the pages either forward or backwards, despite being warned, the Examiners ***will disqualify*** the candidate from the examination. In order not to disrupt the other candidates, the offending candidate will not be informed that he/she has been disqualified until after the examination is complete. There will be no appeal.

1.3. It is expected that candidates give short written answers in English. Long written descriptions are not expected.

1.4. Complete answers in a language other than English will **not be** marked. However some words may occasionally be written in one of the main European languages if a candidate cannot remember how to translate a specific technical term.

1.5. Scripts are scored blindly by multiple Examination Committee members according to preset marking guidelines.

1.6. At the beginning of Part 1 of the examination, candidates will be given the opportunity to practise the procedure for page turning to ensure that they clearly understand the examination format.

The instructions that are read at the beginning of the case-based (Part I) examination are included to clarify the format of the examination :

### **CASE-BASED (PART I) EXAMINATION INSTRUCTIONS:**

*The case-based examination assesses surgical principles of case management prior to, during, and after surgery. Information about these cases is presented in the form of images, videos, and data. Visual information will be projected on the screens. Data and text will be given in your exam binder. Information given on the screen is not shown on the question page. OBSERVE ALL INFORMATION PRESENTED ON THE SCREEN PRIOR TO ANSWERING QUESTIONS IN YOUR EXAM BINDER.*

*The examination binder consists of a series of questions, each related to a corresponding screen image. Each image presented on the screen will correspond with one page of the exam. The screen image will show the same page number in your examination binder.*

*For some images, particularly radiographs and ultrasounds, the lights will be dimmed for a short time after you have had a chance to read the question.*

*If a question asks for a specific number of responses, you will be graded on only the requested number of answers, which will be marked in the order that they are written down. Additional responses beyond the number requested will not be graded. For instance, if we ask you for one diagnosis, and you give us two, we will grade only the first answer.*

*Minimize the use of abbreviations to make sure your answer is clearly understood. Commonly used medical abbreviations may be used; however, if you are concerned that the examiner may not understand the abbreviation, you should define it.*

*You will have a specified number of minutes to respond to the questions on each page. The time allotted for each page will be indicated on the top of the page, as well as the top of the corresponding screen image. A one-minute warning will be issued prior to moving to the next page.*

*If we experience technical difficulties while showing an image, the time will be stopped and will resume after the problem has been corrected. You will still receive the full amount of time for that question.*

*When the allotted time is up for each question, you will be instructed to turn the page in your binder to the coloured divider that follows. Once you turn the divider, you may NOT go further in the exam until instructed to do so. Wait for instructions before turning the divider to the next test question.*

**UNDER NO CIRCUMSTANCES ARE YOU ALLOWED TO MOVE FORWARD IN THE EXAMINATION UNTIL INSTRUCTED. FURTHERMORE, YOU MAY NOT RETURN TO A PREVIOUS PAGE OF QUESTIONS AT ANY TIME DURING THE EXAM. FAILURE TO FOLLOW THESE INSTRUCTIONS WILL RESULT IN DISQUALIFICATION FROM THE EXAM.**

*Scrap paper has been supplied for you to take notes during the exam. You are encouraged to use the scrap paper throughout the exam. You can refer to the notes on your scrap paper for the entire duration of the exam. Your scrap paper will not be scored. NO paper should be taken out of the examination room.*

*Raise your hand if you need additional pencils, have a question, or if you need to leave the room for any reason. We highly recommend that you do not leave the examination for any reason since questions cannot be revisited once they have been shown.*

*Are there any questions before we begin the exam?*

### **3. Part II (Practical Examination)**

- 1.1. The practical section of the examination is designed to test recognition and interpretative skills. Each question will relate to projected images which would typically be of diagnostic images/investigations, surgical procedures/equipment/implants, anatomic specimens, laboratory test results, cytology/histopathology slides etc. Video clips may be used.
- 1.2. Each candidate will have his/her own examination question/answer booklet which will be handed out in the examination room. Answers should be given in the spaces provided. At the end of the examination, the booklets will be collected for marking.
- 1.3. Short written answers in English are expected. Long written descriptions are not required.

- 1.4. Complete answers in a language other than English will **not be** marked. However some words may occasionally be written in one of the main European languages if a candidate cannot remember how to translate a specific technical term.
- 1.5. When a question requires the candidate to provide a list, the Examiners will only mark the number of responses requested. The responses will be marked in the order that they were written down by the candidate. Additional answers will not be marked. For example; Question: "List two main causes of this condition" Answer: "Diabetes, Cushing's syndrome, Hypothyroidism", only the first two answers will be marked, **even if the third was correct**.
- 1.6. New questions are prepared each year by members of the Examination Committee to replace the topics asked previously. Examination Committee members review all questions and visual materials for clarity and fairness. This part of the examination is scored blindly by multiple Examination Committee Members, according to pre-set scoring guidelines.

The instructions that are read at the beginning of the practical (Part II) examination are included to clarify the format of the examination :

**PRACTICAL (PART II) EXAMINATION INSTRUCTIONS:**

*This part of the examination is divided into two sessions : one of 13 questions, and one of 12 questions. Each question will have a set of images shown for SIX minutes. There will be a count-down clock on your screen indicating the time. At the end of the session, you will have 13 (or 12) additional minutes to freely navigate through the slides.*

*In contrast to the case-based examination, you are allowed to go back and forth in your booklet at any time.*

*If a question asks for a specific number of answers, only that number will be graded. For example, if a question asks for two answers and you provide three answers, we will look at only the first two answers. Minimize the use of abbreviations to make sure your answer is clearly understood. Commonly used medical abbreviations may be used; however, if you are concerned that the grader may not understand the abbreviation, then you should define it.*

**4. Part III (Multiple Choice Questions)**

- 1.1. This part will consist of 170 multiple-choice questions divided into two sessions : 85 questions in the morning (4 hours) and 85 questions in the afternoon (4 hours). There will be 4 possible answers for each of the questions and the candidate will be expected to choose one. The examination will be delivered in a computerised format.
- 1.2. Of the 170 questions, 25 (15%) are of a general nature (not species specific) and the other 145 are specific small animal surgery questions (small animal exam) or are divided into equine and food animal questions (large animal exam). In the large animal exam, food animal questions will constitute approximately 15% of the MCQ.
- 1.3. New written questions are developed each year by a large group of ECVS Diplomates recruited by the Examination Committee members. These questions are reviewed for relevance, clarity and importance for competent practice.
- 1.4. This part of the examination is computer-scored.
- 1.5. Examiners will be in the room to clarify the wording of any questions. Refreshments will be available in the examination room and candidates may help themselves throughout the examination. Candidates will not be permitted to leave the room before completing their examination other than to visit the lavatory. Once all questions have been answered, the candidate may leave at his/her earliest convenience by logging out of the computer programme and signing out on an attendance list indicating the time of termination.



1.6. Questions will cover all the systems listed below:

<b>01</b>	Gastro-intestinal
<b>02</b>	Cardiovascular
<b>03</b>	Respiratory
<b>04</b>	Urogenital
<b>05</b>	Dermatological
<b>06</b>	Musculoskeletal
<b>07</b>	Neurological
<b>08</b>	Endocrine
<b>09</b>	Eye/Ear
<b>10</b>	General

Within each of these systems, questions will cover the following areas of basic science and surgical knowledge:

<b>01</b>	Anatomy/Surgical approach
<b>02</b>	Physiology/Basic science
<b>03</b>	Pathology/Pathophysiology/Tissue healing
<b>04</b>	Anaesthesia/Analgesia/Monitoring
<b>05</b>	Pharmacology and fluid therapy
<b>06</b>	Antimicrobials, asepsis and Infection control
<b>07</b>	Surgical principles/Haemostasis
<b>08</b>	Surgical equipment/Instrumentation
<b>09</b>	Implants/Biomechanics
<b>10</b>	Diagnosis/Diagnostic techniques/Imaging
<b>11</b>	Non-surgical conditions and management
<b>12</b>	Surgical techniques
<b>13</b>	Peri-operative management/Surgical complications/Prognosis

## EXAMINATION RULES

The integrity of the certification examination of the European College of Veterinary Surgeons will be maintained to ensure fairness to all candidates during testing. Any questions **before the examination** should be directed to Monika Gutscher, ECVS Operations Manager, at +41-44- 635 8408 or +44- 313 0383 or the Chair of the Examination Committee. **During the examination, the Chair of the Examination Committee must not be consulted, but enquiries should be addressed to the Operations Manager.**

1. A candidate must submit the completed signed and dated Registration Form confirming they have read and understood the document and they agree to abide by the described protocols and processes. The Registration Form can be downloaded from the website as a pdf from *YourECVS* Board Examination. When completed, the pdf should be emailed to [exam@ecvs.org](mailto:exam@ecvs.org) and sent to the Office by regular mail. The Registration Form can be viewed in appendix one of this document.

2. If a candidate requires special examination conditions due to medical reasons, they must inform the ECVS Office in writing, at least 30 days prior to the date of the examination. In such cases, supporting medical documentation will need to be provided.

3. **Examination Fee:** If a candidate has not taken any part of the examination before, the fee is € 750. If a candidate has taken any part of the certifying examination in prior years, the fee is €750 for three parts, €500 for two parts and €250 for one part of the examination. Fees may be paid on-line from *YourECVS*. Payment must be sent with the application documents and is refundable to a rate of 75% up to 8 weeks and 50% up to 4 weeks prior to the exam.

4. Candidates must return the following material to the ECVS office on or before **November 25<sup>th</sup>** in the year preceding the examination (no exceptions will be granted):

- a completed, signed and dated **Application Form**
- a request for any **Special Conditions for Examinees with Medical Disabilities**
- payment of the examination **fee**. This should be done on-line from *YourECVS*.
- a recent passport style photograph. A high resolution electronic passport photograph should be sent electronically in .jpg or .tif format. The photo should be portrait style (head and shoulders) and of professional quality. The image file name must include the candidate's last and first name (e.g., Smith\_Jane.jpg). Candidates must email the digital photo to [exam@ecvs.org](mailto:exam@ecvs.org) and clearly indicate in the subject line and body of the email that the photo is for the next examination. Candidates who have provided a digital photo for a previous examination do not need to submit a new photo.

5. In the event of illness resulting in inability to take the exam, the candidate should send a medical certificate to the ECVS Office. The attempt will be deferred and the fee refunded upon receipt of a satisfactory medical certificate.

In early January, candidates will receive a registration confirmation letter from the ECVS office. If a candidate has submitted the above examination registration packet and does not receive a confirmation letter from the ECVS office by January 10<sup>th</sup> the candidate should contact the ECVS office immediately.

*Note: Candidates are responsible for notifying the ECVS office of any address changes prior to and following the examination.*

## ECVS EXAMINATION READING LIST

The lists below are intended to help candidates plan their study for the ECVS Certifying Examination. The majority of questions will come from these texts but these lists are not exhaustive, and other textbooks and current references may be pertinent. Knowledge of basic and applied anatomy is assumed. Candidates may have their own preferred texts for certain areas.

Additionally, prospective candidates are reminded that they will be expected to be able to demonstrate adequate knowledge of surgically related disciplines (e.g. radiology, anaesthesia, clinical pathology, cardiology etc) as well as associated basic sciences. Candidates should allocate time to specifically study these areas. Candidates are encouraged to develop their own system-based timetable of reading. It is useful to work whenever possible with colleagues who can provide regular opportunities for small group presentations and peer review.

### MAIN STUDY BOOKS FOR SMALL ANIMAL SURGERY CANDIDATES

1. Tobias K. M & Johnston S.A. *Veterinary Surgery Small Animal Volumes I and II*, Elsevier Saunders **2012**
2. Piermattei D.L. *Handbook of small animal orthopaedics and fracture repair*. 4<sup>th</sup> edition, W.B. Saunders, **2006**.

### JOURNALS FOR SMALL ANIMAL SURGERY CANDIDATES

1. Veterinary Surgery
2. Veterinary and Comparative Orthopaedics and Traumatology
3. Compendium of Continuing Education for the Practicing Veterinarian
4. Journal of Small Animal Practice
5. Journal of American Veterinary Medical Association
6. Veterinary Clinics of North America – Small Animal Practice

The majority of questions from journals and the Veterinary Clinics of North America will be from articles that have been published in the last **FOUR** years. This four year period will run from 1<sup>st</sup> January up to the 31<sup>st</sup> December of the year immediately preceding the February examination. Questions may also come from **older** articles considered significant and essential to the knowledge of the veterinary surgeon.

### MAIN STUDY BOOKS FOR LARGE ANIMAL SURGERY CANDIDATES

1. Auer & Stick. **Equine Surgery**, 4<sup>th</sup> edition, Elsevier Saunders, 2012
2. McIlwraith C.W., **Diagnostic and surgical arthroscopy in the horse**. 4<sup>th</sup> edition, Mosby Elsevier, 2014
3. Ross, M.W. & Dyson, S.J. **Diagnosis and Management of Lameness in the horse**, 2<sup>nd</sup> edition, W.B. Saunders, 2010
4. Fubini, S.L. & Ducharme N.G., **Farm animal surgery**, W.B. Saunders, 2004
5. Ragle Claude A. **Advances in equine laparoscopy**, 1<sup>st</sup> edition, Wiley-Blackwell, 2011

### JOURNALS FOR LARGE ANIMAL SURGERY CANDIDATES

1. Veterinary Surgery
2. Veterinary and Comparative Orthopaedics and Traumatology
3. Equine Veterinary Journal
4. American Journal of Veterinary Research
5. Equine Veterinary Education
6. Journal of American Veterinary Medical Association

The majority of questions from journals and the Veterinary Clinics of North America will be from articles that have been published in the last **FIVE** years. This five year period will run from 1<sup>st</sup> January up to the

31<sup>st</sup> December of the year immediately preceding the February examination. Food Animal questions will come from journals published in the **TEN** years preceding the examination (1<sup>st</sup> January to 31<sup>st</sup> December). Questions may also come from older articles considered significant and essential to the knowledge of the veterinary surgeon.

## SAMPLE QUESTIONS

Sample case-based, practical and multiple choice examination questions are available on the ECVS web site [www.ecvs.org](http://www.ecvs.org)

Below are some examples of how some common questions in the case based or practical examination should be answered:

### Laboratory Data:

**“Interpret the laboratory data” or “Interpret the abnormal values”:** This means that you should indicate the most likely causes of each abnormality in this patient.

Case example:

	Patient values	Reference Range
Total protein (g/dl)	5.3	5.1 – 7.3
Albumin (g/dl)	3.0	2.6 – 3.5
Globulin (g/dl)	2.6	2.6 – 5.0
Alkaline phosphatase (U/L)	177	4.0 – 95
ALT (U/L)	363	26–200
Bilirubin (mg/dl)	0.25	0.1 – 0.3
CK (U/L)	211	92–357
BUN (mg/dl)	5	10 – 25
Creatinine mg/dl	0.7	0 – 1.3
Calcium (mg/dl)	9.6	9.5 – 11.8
Phosphorus (mg/dl)	4.5	3.3 – 5.8
Magnesium (mg/dl)	1.7	1.7 – 3.3
Glucose (mg/dl)	70	80–100
Cholesterol (mg/dl)	42	68–224
Bicarbonate (mmol/L)	18.6	13.9 – 30
Sodium (mEq/L)	148	146 – 160
Potassium (mEq/L)	4.8	3.5 – 5.9
Chloride (mEq/L)	118	108 – 125

1. Interpret the results of the chemistry profile.

*Decreased BUN may be due to decreased production (e.g., hepatic insufficiency), lack of intake or increased loss.*

*Decreased cholesterol may be due to decreased production (e.g., hepatic insufficiency) or increased loss.*

*Hypoglycemia may be due to decreased production (e.g., hepatic insufficiency) or poor sample handling.*

*Increased alkaline phosphatase may be due to increased production from bone (young dog) or cholestasis. Increased ALT indicates hepatocellular injury/necrosis (leakage enzyme).*

*Results suggestive of hepatic insufficiency.*

**NOTE: Reference ranges will be provided for complete blood counts and serum chemistry panels. Reference ranges might not be provided for other laboratory data, such as blood gas analysis, electrolyte panels or fluid analysis.**

## Diagnostic Imaging Studies

**“List the radiographic abnormalities” or “List the radiographic findings”:** This means candidates should concisely describe each abnormality seen on the radiographs. Be sure to indicate the side for lesions that can be medial/lateral or right/left. If no abnormalities are observed, then you should state this.

**“What is the radiographic diagnosis?”** This means the most specific conclusion that can be made from the radiographic findings should be indicated.

Case example:

**Radiographic abnormalities:** *The left osseous bulla is thickened and has increased soft tissue density.*

**Radiographic diagnosis:** *Left otitis media*

**“Assess the fracture repair”:** This means the repair should be critiqued, including both positive and negative comments. This includes evaluation of the alignment, apposition or reduction, and the apparatus or implants used. For example:

Case example:

*Alignment is good. Reduction is not adequate because there is a gap at the fracture site. The most distal screw is too long.*

The comment « be specific » is meant to draw your attention to the fact that a specific, detailed evaluation of a disorder rather than a general description is expected.

**Case example : Grade the laryngeal abnormality as shown on the video according to the Havemeyer consensus. Be specific and justify your grading.**

*Left laryngeal hemiplegia grade III-3*

*Justification: asynchronous and asymmetrical arytenoid movement, marked but not total arytenoid abductor deficit*

## EVALUATION OF THE EXAMINATION AND DETERMINATION OF PASSING SCORE

1. The Examination Committee will evaluate the results of the examination.
2. The Examination Committee sets the pass mark, using an accepted validity scoring system. This system will even out unfair or obscure questions.

Case-based (Part I) and Practical (Part II) Examinations: The Border Group Method is used to set the pass score for the case-based and practical examinations. The Border Group Method is a two-step process. In the first step, candidates' scores are grouped into three categories: a pass group, a fail group, and a border group. The second step in the process is a decision exercise for setting the exact pass score within the border group. The decision exercise involves reviewing answers within the border group relative to established criterion references. In a criterion-referenced test, the decision about whether a given candidate passes or fails is based on whether he or she demonstrates knowledge and skill to a level set by predetermined criteria. A "minimally-qualified" candidate possesses just enough knowledge and skill to be a Diplomate of the ECVS. In this way, a final pass score is established based on the actual performance of candidates in the examination. All steps in the Border Group Method are performed so that the decision makers are blinded to the candidates' names.

Each question will indicate how many marks will be allocated to the answers.

Multiple choice Examination (Part III): The Hofstee method is used to set the passing score for the MCQ part of the examination. The minimum and maximum failure rates for the examination are determined as well as what the minimum and maximum percent scores should be. These rates and percent scores are projected onto the actual score distribution to derive a passing score.

## REPORTING OF RESULTS

Results of the ECVS examination will be mailed within four weeks to all candidates. Results will indicate whether the candidate passed or failed each of the three components of the exam. Within one month, candidates who failed will receive a document from the Chair of the Examination Committee, indicating their performances on the various topic areas within the examination.

The exact scores and the pass marks will not be revealed to candidates.

The manuscripts of unsuccessful candidates will be stored at the ECVS Office for 6 years after the candidate's first examination attempt. No copies of either question or answers will be sent to the candidate.

## APPEAL PROCEDURE

Candidates may appeal against examination results if they believe that a result has been wrongly or unfairly arrived at. Appeals will be considered by the Appeals Committee.

1 TIME OF APPEAL: Candidates who wish to appeal against the results of the examination must do so in writing to the ECVS Office within 30 days of the date of the written notice of the result in question from the Board of Regents.

2 CONTENT OF APPEAL: The appellant must make it clear what grounds of appeal are claimed i.e. what procedure, rule or regulation, or results has been incorrectly applied or interpreted so as to lead to a wrong or unjust outcome. Any evidence or documents supporting the Appeal must be provided at the same time.

NB Appeals that do not contend that rules regulations or procedures have been wrongly or unfairly applied (e.g. those that in fact amount to a plea for leniency in view of special or extenuating circumstances) will not be referred to the Appeals Committee, but may, at the discretion of the Chair of the Board of Regents, be submitted for review by the full Board of Regents.

3 The Executive Secretary will record the date of receipt of the Appeal and within 7 days of that date send an acknowledgement to the appellant. The Executive Secretary will file the original Appeal and ensure that a copy is forwarded to the Chair of the Board of Regents.

4 The Chair of the Board of Regents, at his/her discretion, or in consultation with other members of the Board of Regents, will determine for each Appeal received whether:

(i) The Appeal is made against a relevant rule, regulation, procedure or results to the effect that a wrong or unjust result has been arrived at, in which case the Appeal Procedure proper will be invoked; or

(ii) The Appeal is not made against a relevant rule, regulation or procedure, in which case the Appeal Procedure proper will not be invoked, but the Appeal amounts to a potentially reasonable request for leniency or relaxation of a rule, regulation or procedure because of special or extenuating circumstances, in which case the matter will be referred to the full Board of Regents for review; or

(iii) The Appeal is not made against a relevant rule, regulation, procedure or results in which case the Appeal Procedure proper will not be invoked, nor does the Appeal amount to a potentially reasonable request for leniency or relaxation of a rules, regulation or procedure because of special or extenuating circumstances, in which case the matter will be closed,

5 No later than 30 days after the date of receipt of an Appeal, the Executive Secretary will send written confirmation to the appellant indicating which of 4(i) – 4(iii) above applies. In the event that the matter has been referred to the Appeals Committee or to the Board of Regents for review, the Executive Secretary will give an indication to the appellant of when a decision on the Appeal or Review can be expected. Alternatively, when an Appeal is not accepted for consideration by the Appeals Committee or for Review, the Executive Secretary will send written confirmation of this to the appellant, stating the reasons.

6 The Appeals Committee will consider the Appeal and, no later than 30 days after receiving all necessary information in order to consider the Appeal, the Chairman of the Committee shall report in writing to the Executive Secretary on its findings, reasons and recommendations. The Executive Secretary will distribute copies of the Appeals Committee Report to all members of the Board of Regents, which will then decide upon the action(s) to be taken in response to the Appeal.

7 The Chair of the Board of Regents, within 30 days of the date on which a decision is reached, will send the written decision of the Board of Regents by registered mail to the appellant.



## EXAMINATION SECURITY

### **1. Unethical Behaviour**

- a. If evidence by observation or statistical analysis or any other available means of validation suggests that one or more candidates' results may be invalid because of unethical behaviour by one or more candidates prior to, during, or after the examination, ECVS may change the time and place of a subsequent examination or may withhold the results pending further investigation. The affected candidates will be so notified.
- b. Examples of unethical behaviour would include, but not be limited to: (i) copying of answers from another candidate; (ii) permitting one's answers to be copied; (iii) unauthorised possession, reproduction, or disclosure of materials, including examination questions or answers, before, during, or after the examination; and (iv) any other evidence indicating that the security of the examination may have been breached.
- c. In the event that candidates are suspected to be engaging in unethical behaviour during an examination, the examiner(s) will make carefully written notes, including the party(ies) involved, time, examination section, etc., but will not disrupt the examination by confronting the candidate(s) concerned. Notification of suspected unethical behaviour will be made to the candidate(s) at the earliest possible time following completion of the examination and any subsequent investigations needed. The candidate(s) will be advised of the procedure for imposing sanctions and informed that results may be withheld as invalid.
- d. At the completion of all investigations, affected candidates will be notified of the validity of the results in question. If it is determined that the results are invalid, they will not be released.
- e. ECVS will make every effort to withhold the results of only those candidates directly implicated in or affected by the unethical behaviour. If the evidence of unethical behaviour casts doubt on the validity of all results, and/or this evidence does not enable the ECVS to identify the particular candidates implicated or affected, the Board of Regents reserves the right to withhold the results of any or all candidate(s) and, if necessary, to require such candidate(s) to take an additional examination at a later date under conditions that will ensure the validity of all results.
- f. Candidates or other persons who are directly implicated an unethical behaviour affecting the validity of the examination results are subject to additional sanctions, including (but not limited to) being barred permanently from all future examinations and exclusion from membership of the ECVS.

### **2. Procedure of investigation and determination of incidents of suspected Unethical Behaviour**

- a. ECVS shall provide written notice to any candidate or other person whom it has grounds to suspect has engaged in unethical behaviour of:
  - (i) The nature of the suspected unethical behaviour;
  - (ii) The opportunity to respond to the notification of suspected unethical behaviour, in writing, to the Appeals Committee of the ECVS;
  - (iii) The range of possible sanction or sanctions which the ECVS may impose if it determines that the allegations of unethical behaviour are upheld.
- b. Within twenty (20) days after receiving aforementioned notice, the candidate or other person subject to the investigation shall advise the Executive Secretary of the ECVS, in writing, whether he or she wishes to admit or deny the allegations of suspected unethical behaviour and, if denied (whether in part or in whole), whether he or she wishes to make representations in writing. If the subject candidate or other

person fails to respond, the Board of Regents of the ECVS may determine the alleged unethical behaviour and the imposition of any available sanction without further notice.

c. Within twenty (20) days after receipt of a request for an opportunity to defend the allegation(s) of unethical behaviour from the subject candidate or other person, the Executive Secretary of the ECVS shall provide him/her with a written summary of the incriminating evidence giving grounds for suspicion, including copies of any relevant documentary evidence. The subject candidate shall send his or her written representations to the ECVS office within thirty (30) days after the date of the Executive Secretary's summary of evidence. The Appeals Committee of the ECVS shall issue its written decision as soon as possible thereafter.

d. The written determination of the Appeals Committee, and its recommendations as to appropriate sanction, shall be sent to the subject candidate or other person and to the Executive Secretary of the ECVS at the same time. The Executive Secretary shall distribute the Appeals Committee's written decision to the entire Board of Regents. Not before fourteen (14) days and not later than thirty (30) days of the date of the Appeals Committee's written decision, the Board of Regents will decide (by majority vote if necessary) :

- (i) Which parts of the Appeals Committee's findings are accepted, and
- (ii) What (if any) sanctions should be imposed as a result of the accepted findings

e. If the subject candidate or other person wishes to appeal to the Board of Regents against the Appeals Committee's determinations of the allegations of unethical behaviour, and/or wishes to make representations as to appropriate sanction, he/she shall do so in writing to the Executive Secretary not later than fourteen (14) days of the date of the Appeal Committee's written decision.

## Appendix one

### Registration Form

Candidates should download this Registration Form, sign it and return it to the ECVS Office by normal mail by November 25<sup>th</sup> of the year preceding the exam.

#### Application to sit the examination

- 1.1 Candidates should read and understand the the contents of the Examination Guide.
- 1.2 When applying to sit the examination, candidates should sign and date the following statement:

I (name \_\_\_\_\_) apply to sit the  
Certifying Examination of (year \_\_\_\_\_).

In doing so, I confirm I have read and understood the Examination Guide and agree to abide by the described protocols and processes. I understand the examination is confidential and I may not share or distribute material derived from the examination.

Signed.....

Date.....