MOH & MOE

Guideline for the implementation of Ethiopian Residency Matching Program

Strategic Steering Group

September 2023 Revised and Approved

This guideline is subject to revision at least every year and can be amended as deemed necessary by the SSG

Table of Contents

I. Background 1

II. Definitions 2

III. Objectives of ERMP 3

IV. Roles and Responsibility of stakeholders 4

A. Training Institutions' responsibilities 4

B. MOE 4

C. MOH 5

D. SSG 6

E. SSG Members' responsibilities 6

V. Recruitment 7

A. Registration 7

How to apply? 7

What to apply? 8

How frequently can they apply? 9

Application fee 9

Confirmation 9

B. Examination 10

Screening of Applicants 10

About the entrance exam 10

Appeal, result notification and revision of choice of specialty, place & sponsorship 10

C. Matching 11

Affirmative action 11

Matching Quota 12

Appeal on matching 12

VI. Sponsorship: 14

VII. Admission and Registration 16

VIII. Salary and Incentives of MOH Sponsored Residents 17

Annex I: Declaration by applicants 18

Annex II: Physical Examination details for surgical fields 19

Acronyms

EO: Executive Office

ERMP: Ethiopian Residency Matching Program

ETA: Education and Training Authority

GP: General Practitioner

HLI: Higher Learning Institution

LEO: Lead Executive Office

LSEO: Legal Service Executive Office

MOE: Ministry of Education

MOH: Ministry of Health

MOU: Memorandum of Understanding

RHB: Regional Health Bureau

SSG: Strategic Steering Group

I. Background

The Government of Ethiopia recognizes that healthcare is one of the crucial components of basic social services with direct linkage to growth and development of the country as well as to the welfare of the society. Accordingly, the Ministry of Health is committed to reduce morbidity, mortality, and disability and to improve the health status of the Ethiopian people through accessing basic health services. (FMOH, 2011)

Attainment of the sustainable development goal depends partly on ensuring universal access to health through enhancing the quality and quantity of the health workforce who can provide ranges of health care services including advanced and specialized care. Hence, the Ministry of Health has rightly identified strengthening advanced training of health workers as one of the strategic priorities of the national human resources for health.

Among these strategies are to:

- Expand residency training programs through increasing the number and enrollment capacity of training institutions
- Increase the number and capacity of faculty at the training institutions through availing fellowship opportunities

The rise in public needs for advanced and better-quality care, the epidemiological transition, rapid urbanization, rising health literacy, and broader social and economic changes occurring in the country necessitate increased quality and number of medical specialists. However, during the pre-ERMP era, the health care service in the country was not meeting those needs and changes. The country was not producing highly trained health professionals in adequate quantity though there had been an increase in medical specialty training programs in few institutions. Consecutively, enrollment and output was persistently low failing to match the supply of specialist doctors to population needs.

Thus, until the year 2017, the training capacity was not fully utilized, with only a handful of universities running residency programs and graduating a small number of specialists.

There was a tendency on part of some physicians to be trained only in a certain institution even though there are other institutions with comparable training capacity.

To address these challenges, in 2017 Ministry of Health has launched a national residency matching program which caters coordination, recruitment, testing, and matching of applicants for residency training programs centrally. Since then more than 7000 GPs have been matched and deployed to different institutions nationwide in 22 specialties.

II. Definitions

- **Candidate:** An eligible applicant to the residency matching program.
- **Declaration:** a statement that announces the candidate's responsibility for the information provided during application and the consequences thereafter.
- **Eligible applicant:** A licensed medical doctor with work experience (as a general practitioner) of 2 years and above, who can attach all required documents during application, and also who did not match and started residency in previous years.
- **Foreign applicant:** an applicant from foreign countries to pursue residency program in Ethiopia.
- **Foreign graduate:** is a medical doctor who studied in a recognized medical school abroad.
- **Higher Learning Institutions (HLI):** these are government owned universities or colleges in Ethiopia who agree to sponsor general practitioners working in their facility for the Ethiopian Residency Matching Program.
- **Matching:** Applicant's choice of specialty and institutions are matched with candidates' performance in centrally administered written entrance exam.
- **Resident:** A candidate, who is matched through ERMP, registered and started training and clinical service.
- **Self-sponsor**: A candidate who planned to support him/herself (except tuition fee) during the period of residency training.

- **Sponsor:** Ministry of Health, higher learning institutions (HLI), or federal institutions (Federal police, Ministry of defense, etc…) or private or charity organizations or foreign applicants with or without scholarship that supports the resident financially during the period of training and deploys them to work by the end of the training.
- **Standardization of institutions:** supporting, encouraging, and enforcing institutions to meet the minimum requirement to start and/or run residency programs in terms of infrastructure, human resource, residents' well-being, vaccines, learning environment, housing, offices, duty room, laundry, patient load and mix as set by the national standard for postgraduate medical training developed by respective professional associations.
- **Training institutions:** these are public or private owned either university-based or hospital-based medical schools, recognized to run clinical medicine graduate programs in specific discipline after being evaluated as per the agreed upon standard and fulfilled the minimum requirement (accredited).

III. Objectives of ERMP

The program is intended to create a well-functioning and efficient system of residency matching under the leadership of the Ministry of Health to have well trained specialists in adequate number and quality so as to meet the health needs of the people.

The program is also intended to assure all schools with residency programs to have enrolled to their full capacity, applicants get accepted to their preferred program and institution, schools with residency programs to meet the minimum requirement and aspire for quality and most sought-after program and strive to be and remain competitive to attract the best applicants.

IV. Roles and Responsibility of stakeholders

A. Training Institutions' responsibilities

- Assign a delegate who can serve as SSG member;
- Participate in consultative meetings organized by the SSG;
- Participate in item development workshops;
- Conduct field specific physical assessments of candidates deployed to the institution. If a candidate is found unfit, they can reject admission;
- Admit and register only those successful and fit candidates who are **matched** through the Ethiopian Residency Matching Program;
- Notify to MOH the list of residents by program who are actually registered and have started the residency training;
- Hire newly deployed MOH sponsored residents at the rank of a beginner lecturer on contract basis forthe period of the training;
- Manage those hired residents as per their contract and rules and regulations of the institute;
- Conduct the learning-teaching as per the rules and regulations of the institute;
- Request and secure budget every year from the Ministry of Finance for the salaries and benefits of residents;
- Submit a request to Ministry of Health to get deployed specialist doctors who havecompleted residency at their school or another school to their school for academic position;

B. MOE

- Chair the strategic steering group;
- Be responsible for all communication and follow-up of the universities;
- Call regular and extraordinary meetings;

- Draft meeting agendas and announce the meeting date and venue;
- Communicate with other stakeholders as needed on technical issues;
- Maintain all data and records together;

C. MOH

- Set action plan for the SSG meetings with detailed budget;
- Facilitate SSG meetings and communicate meeting agendas two weeks prior to the meeting facilitate their financial expense;
- Prepare and distribute minutes to SSG members;
- Presents the SSG recommendations to higher bodies in written form;
- Propose new members of SSG;
- Chair meetings in the absence of the Chairperson;
- Collect and disseminate relevant documents that are approved by the SSG;
- Develop a detailed implementation plan for national residency matching;
- Centrally manage the recruitment, examination and placement of residents through the Human Resource Development & Improvement LEO of the ministry;
- Conduct agreement signing with residents sponsored by MOH through the Legal Service Executive Office of the ministry;
- Facilitate salary payment of residents studying in four Hospital Medical Colleges namely: Yekatit12, Adama, Yirgalem and Myung Sung through the competency & Human Resource Administration and Finance executive offices of the ministry;
- Centrally manage deployment of graduated specialists sponsored by MOH through the competency & Human Resource Administration EO of the ministry;
- Follow, direct and execute the periodic guideline revision and implementation;

- Organize a consultative workshop with broader group of stakeholders;
- Establish ad hoc committees as needed;
- Conduct quality control and assessment of the residency matching program;
- Support quality assurance offices of universities on development of standardization tools and quality audit;
- Monitor, evaluate and improve ERMP with respective stakeholders;
- Organize awareness creation and advocacy activities;

D. SSG

- Oversee the overall ERMP activities;
- Produce guideline for the national residency matching program and make periodic revisions;
- Support the implementation and development of ERMP;
- Approve the minutes of the last meeting with input from members;
- Approve new members of the SSG;
- Define membership, mandates and accountability of the ERMP;

E. SSG Members' responsibilities

- Participate in SSG meetings;
- Provide technical inputs and resources in SSG meetings;
- Complete individual assignments on time;
- Follow standard meeting procedures and activities;
- Propose an agenda for a meeting;
- Each member has one vote;

V. Recruitment

A. Registration

Who can apply?

- A medical doctor (MD) or holder of equivalent degree (for British system schools) graduated from any institution recognized by MOE or from any accredited medical school abroad and can produce evidence of equivalence from ETA (for foreign graduates);
- and who:
    - has served **as a general practitioner** in any public or non-public facility **at least for 2 years** prior to the 1st day of application time;
    - can attach the required documents for registration
    - has a sponsor or declares to be a self-sponsored;
    - did not match and not started residency training in the previous ERMP years;

How to apply?

- Application is done through the online registration system on the dedicated website (MOH official website),
- Application - within a period specified in the instruction for registration. Any application done before or after the official registration period will be discarded;
- During application a scanned copy of the following documents **MUST be uploaded** with the application form:
    - **undergraduate medical degree** original or tempo
    - valid (active) **medical licensure** certificate
    - **application fee receipt**;
    - **an official letter that indicates service year (as a general practitioner)** in full months, in which the end date refers to **not later than** the 1st date of the registration period;

- **a recommendation letter** – written and signed by the head of his/her current organization stating the applicant's good conduct as a general practitioner;
- **a sponsorship letter –** except for those sponsored by MOH & self-sponsored. *This applies to candidates who are sponsored by higher learning institutions (universities) or private or charity institutions or federal sponsors (federal police, prison, Defence, etc…)*
- **a letter from the Ethiopian Ministry of foreign affairs or Ethiopian MOE** - *this applies to foreign applicants who wish to apply online and who are not benefiting from the scholarship scheme.*

- An applicant must check the box after reading the **declaration** (of health status)
  - By doing so, an applicant confirms that he/she has no any health issue which forbids him/her from attaining the chosen specialty;
  - Applicants are advised to conduct thorough medical checkup (See annex-II for the physical examination details) before starting to fill the application in order to avoid latter inconvenience;
  - However, applicants must know that respective departments will do a medical check-up as it is stated in the curriculum to attest it.
  - The declaration also declares that the information provided by the applicant is genuine and the applicant takes all the responsibility and accountability for issues coming as a consequence.
- Candidates who have served at a managerial position in a public facility for at least 1 year can attach their letter of evidence to benefit from the 5% affirmative point;
- Incomplete registrations will automatically be discarded by the system after 72 hours from thestartup minute of the registration.

What to apply?

- A candidate can apply for **two specialty programs** and up to **a maximum of three placesof study** for each chosen specific specialty in a ranking order.
- Candidates who are sponsored by HLI (universities)/private/charity organizations or by federal sponsors should select the specialties as to their sponsor's preference.

How frequently can they apply?

- Candidates can apply every year, but in a year, an applicant is allowed to register only once. Those who register multiple times using different email accounts will be disqualified from the competition.
- Those, who have already been matched in the previous years, registered and had started the training, will be disqualified from the competition.

Application fee

- **NON REFUNDABLE**
- For Ethiopian citizens – **550 Birr**, and for foreign applicants – **50 USD**
- Waiver for **foreign candidates** coming through the scholarship award and for applicants from Ministry of Defence, federal police and federal prison.
- Payment mechanism through:
    - an account at Commercial Bank of Ethiopia (CBE)
    - **account number 1000000984877** owned by MOH;

Confirmation

- All applications, until they are verified by the ERMP team, will remain on **PENDING** status. Verification is done as per the order of their registration.
- If a candidate attaches all the required documents properly, his application status will be changed from PENDING to **CONFIMED**, which means she/he will be allowed to go to the next page and select exam hub;
- But if the candidate misses to attach one or more of the documents, her/his application status will be **NOT ACCEPTED**; and if the status remains as NOT ACCEPTED for 72 hours, the application will automatically be discarded by the system;
- If the candidate attaches any inappropriate document, she/he will be given an additional 24 hours to remove it and upload the appropriate one; if not, the status of the application will be **REJECTED**, which means it is discarded.

B. Examination

Screening of Applicants

- Screening of applicants eligible for the exam will be done during the registration period and 1-2 weeks after the last day of registration;
- Applicants who properly submitted their application are considered to be eligible for the written exam. Applications in a draft status will be disqualified.
- Candidates with duplicate applications and those who had matched in previous years and started residency will be considered as disqualified during screening;
- After screening, a list of eligible candidates with their exam centers and the specific date of the exam will be announced.

About the entrance exam

- Examination - after screening (the date to be decided accordingly)
- All applicants (including foreign applicants) must take the entrance exam.
- The exam will be administered to all candidates at the same time on computers.
- The entrance exam consists of multiple-choice questions (MCQ) which cover all medical disciplines including ethics and professionalism based on the blueprint.
- The MCQ (200 questions) accounts for 100% of the total score
- The exam is organized in two parts (100 questions each)
- Part-I will be given in the morning and part II in the afternoon.
- 1.5 minutes is allocated for each question.

Appeal, result notification and revision of choice of specialty, place & sponsorship

- In a week to be announced after the exam, results of all examined candidates will be posted on the ERMP website;
- In that same week of result notification, **appeal on the exam result** is made through **the hot line # 952** of the Ministry of Health from Monday to Friday in working hours.

- Parallely during the week of result notification and appeal, candidates can revise their choice of specialty and/or place of study and/or sponsorship. If they do not do so in a week time, their initial choice (made during application) will be taken as final choice.
- **Thereafter, at any time, application for sponsorship change will not be entertained.**

C. Matching

- A merit based matching takes place using a globally recognized and award-winning algorithm which matches applicants' choice of specialty/place of study to their score based on the available intake capacity of medical schools in the country.
- In case of tie (if two candidates with same result are competing for one spot):
    - Female candidates will be given priority.
    - If they are of same sex, the one with longer service year will be given priority.
    - If they are of same sex and have same year of experience, then ranking order of choice of specialty or place of study will be considered.
    - If they are of same sex and have same year of experience, and in cases where the order of specialty choice and place of study is the same, lottery method (software's preference) will be applied.

Affirmative action

- Female candidates will get an additional 5% of their total mark as indicated in most universities' senate legislations.
- Applicants who can attach a letter of evidence that they have served for **at least one year in a public facility at a managerial position** (while serving as a general practitioner) such as a health center medical director, or a hospital medical director, or a hospital/HC CEO, or a medical school dean or a college CED will get an additional 5% of their total mark if their letter of evidence is accepted.

Matching Quota

- The following quota allocation will apply during matching:
    - A minimum of 90% - for government sponsored (by MOH or HLI);
    - A maximum of 3% - for private/ charity/self-sponsored;
    - A maximum of 2% - for military candidates sponsored by the Ministry ofDefence, federal police and federal prison.
    - A maximum of 5% - for candidates from foreign countries;
- If the quota of candidates from federal sponsors or for private/charity/self-sponsored candidates is not utilized, the allocated quota will be given to foreign applicants or to government sponsored ones accordingly.
- Matching results of all matched candidates for all institutions and specialties will be posted on the ERMP website; and email will be sent to matched candidates.
- Unmatched candidates will wait for the coming academic year to apply.
- T**here will not be any reserve list for any program from unmatched candidates**.

Appeal on matching

- **Appeal <u>on matching</u>** is made through **<u>the hot line # 952</u>** of the Ministry of Health from Monday to Friday in working hours within one week after matching.
- Response for the appeal will be given through the 952 hotline.
- In person appeal at MOH is highly discouraged.
- Candidates must be reserved from any harassment or offense on the ministry staff in whichever way during appeal or any other time. If this happens, MOH will disqualify them, deny matching, deny application to next ERMP, and even ask them legally.

D. Deployment for residency training

- A final list of matched candidates to be sponsored by MOH will be sent to MOH Legal Service Executive Office for further facilitation of agreement signing procedures.
- The ministry's LSEO will make an arrangement for agreement signing in selected spots before or closer to the dates of registration by universities/hospital medical colleges. All matched candidates who completed agreement signing with LSEO will be given an official sponsorship letter on spot.
- A final list of all matched candidates dis aggregated by program and sponsor will be sent to all respective universities/hospital medical colleges running a residency program for further facilitation of registration/admission.
- During registration/admission all matched candidates (except the self-sponsored ones) will be requested to **submit an official sponsorship letter**. If not, no candidate is allowed to register (including those sponsored by MOH).
- Also, during registration/admission all matched candidates (no matter who the sponsor is, including self-sponsored) will be requested to **submit evidence of paying back their cost-sharing** for their undergraduate education (either by service or payment) to the registrar/ HR unit of the university/hospital medical college to which they are matched.
- Candidates who fail to submit a sponsorship letter (including those sponsored by MOH) and also those candidates who fail to submit evidence for cost sharing (including self-sponsored ones) will not be able to be registered and be admitted by the training institution to where they are matched.
- **Any transfer request from one program to another is totally unacceptable**. But, Requests on **transfer from one school to another** can be addressed by the respective institutions, if a resident has **completed R-I and has a pass mark to R-II,** notifying the MOH ERMP Team**. However,** such issues **will not be entertained here at MOH** at any time.

VI. Sponsorship:

The following options are possible to be considered as sponsor:

A. Central sponsorship by MOH:

- Any Ethiopian medical residency candidate is eligible to seek MOH sponsorship as long as he/she fulfills the following requirements:
    - Should **serve in a government facility as a GP** at least for 2 years;
    - Should **sign an agreement** after matching with the Legal service Executive Office of the ministry committing to serve in the public system after graduation.
- Candidates will not be allowed to register and be admitted in the institution they matched for, unless they are done with the agreement-signing procedure.
- Also candidates should provide evidence of paying- back of his/her cost-sharing (during admission)
- MOH might deny sponsorship for those candidates who were sponsored by MOH in previous year and started residency training and dropped out.
- Candidates must know that they will be disconnected from their former employer (RHB, Hospital or Training Institution) and get employed on contract basis in the training intuitions they are matched and deployed to, for the period of their residency training.
- If one discontinues his/her residency training at a certain point (dropout or withdrawal), MOH will not take any responsibility for re-employment. It's the candidate's full responsibility to get back to his previous employment or seek a new employment.

Sponsorship change

If MOH gets convinced, a self-sponsor can change his/her status to MOH sponsor status any time **as long as he/she agrees to sign an agreement for the whole duration of the training**.

B. **Higher Learning Institutions as Sponsor:** are those candidates who are employees of a higher learning institution (university) and are sponsored by that institution. They are required to upload a scanned copy of a valid sponsorship letter in the space provided and select or write the name of the sponsoring organization.

C. **Federal institutions as sponsor:** These are candidates who are to be sponsored by federal institutions (like federal prison, police, ministry of defense etc). Similarly, they are required to upload a scanned copy of a valid sponsorship letter in the space providedand write the name of the sponsoring organization.

D. **Private or Charity organizations as sponsor:** These are candidates who are to be sponsored by any private or charity organization, thus they are supposed to sign a sponsorship agreement with their sponsoring institution/organization. Such candidates also are required to upload a scanned copy of a valid sponsorship letter in the space provided and write the name of the sponsoring organization.

E. **Self-sponsor:** Any applicant who wishes to support him/herself for the period of residency training (except tuition fee).

F. **Foreign applicants:** these are candidates who got a partial scholarship (tuition fee waiver only) by the Ethiopian Government. Those who benefit from the scholarship but apply on an individual basis must upload their evidence (a letter from the Ethiopian ministry of Foreign Affairs) during online application.

VII. Admission and Registration

For the 2016 Ethiopian academic year on, all colleges/schools will admit residents during the months of **December-January.**

Admission and Registration: Successful candidates are expected to report to the department/school they are matched for within the department/school's registration deadline. Those candidates who did not register within the deadline will not be entertained.

Post Registration scenarios: After registration and starting residency training and have a grade record (pass mark), rules and regulations of the respective college/school apply for all. However, **change of field of study is strictly prohibited** since it seriously affects the merit-based matching and the sponsor's human resource development plan.

Official Transcript: While registering at the registrar office, matched candidates are responsible to process an official copy of their undergraduate transcript from the school/ university where they studied medicine to the school/university to where they are matched and deployed for residency training. **Neither MOH nor MOE will be responsible for this**.

Clearance: Matched candidates who are to be sponsored by should come with a recent official clearance letter **(not later than 2 months from the date of matching announcement**) from their organization (dated and stamped) while coming for registration to the registrar/human resource office of the respective institutions to where they are matched and deployed for residency training. **Any issue of clearance is not going to be entertained here at MOH at any time.**

VIII. Salary and Incentives of MOH Sponsored Residents

- **General considerations**
    - MOH and MOE created an understanding on the salary payment modality for MOH sponsored residents.
    - MOH and Ministry of Finance created an understanding onallocation of funding for salaries and related expenses of residents sponsored by MOH.
- **Source of Funding:** The Federal government will allocate a budget to cover the salary, incentives, detachment and research funding of MOH sponsored residents during the training. It must be noted that this does not include candidates sponsored by other sponsors other than MOH.

- **Way of effecting payment:** Residency Training institutes will pay the salary and incentives to their residents (making sure that the residents are on training0, and then request a budget as per the expenses they had for residents' payment.
- **Amount of Salary:** Matched MOH sponsored candidates will earn a uniform salary which amounts the salary of a GP lecturer. In doing so, they will sign a contract agreement with the training institution for the period of the training.
- **Incentives**: these include allowances that are given to residents during the period of the training for housing, transportation and stationary allowances on a monthly basis.
- **Duty Payment**: Each resident will receive duty payment as per the Civil Service Commission duty payment guideline published on "Sene" 29, 2001 Eth. Calendar.
- **Research Budget:** Each public sponsored resident will receive a budget from the school to conduct a research as per the training institution's legislation.
- **Leaves:** A resident will have a 4 weeks annual leave each year. A pregnant resident can legally take the permitted 4 months leave, but she must know that she might not go with her cohorts.
- **Withdrawal/ Dropout:** if a resident takes withdrawal or drops out he/she will be governed by the institution's rules and regulations and by the contract agreement he/she has signed with the institution, including the termination of his/her salary.

Annex I: Declaration by applicants

We advise applicants to undergo meticulous medical (general, ophthalmologic) examination before completing this declaration.

1. I am solely responsible for my choices of specialty and institutions and for the matching outcome based on these choices.
2. I declare that I have no medical conditions that can hinder my performance in any of the residency programs I have listed for matching.
3. I understand that both the residency program and myself as an applicant are bound by the result of the Matching. I also understand that my actual entry into the training program is contingent upon satisfactory completion of the medical fitness prerequisites set by the program.
    - e.g. for surgical fields including Ophthalmology, Otolaryngology HNS and other surgical fields requiring specific fitness tests, prior medical fitness test (physical disability assessment, ophthalmic examination including visual acuity, color vision test, stereopsis, alignment tests and slit-lamp examination) is the responsibility of the candidate. See the "Physical and Visual Standards for Residency Candidates" in annex II.
        - **In case the department for which I am matched denies me a spot for registration because of any health-related issues, I do agree to consider myself as unmatched.**
4. I declare that I have no obligations that prevent me from accepting the matched institution or program.
5. I understand that the ERMP cannot guarantee my continuation of training in the residency program rather this is contingent upon my performance as a resident based on the curricular requirements of that specific program.
6. I authorize the use of any information I provided in any study approved by the ERMP provided that the information is kept anonymous and unique identifiers are not revealed.
7. I confirm that the information I provided in this application is genuine and take all the responsibility and accountability for issues coming as a consequence.

Annex II: Physical examination details for surgical fields

Background: Occupational Visual standard is a terminology referring to the requirement of a particular level of vision to be able to perform surgical procedures effectively and safely.

Visual abnormalities are common in the general population. Literature shows that 8% of males are colour blind (1) and 3% of the public is stereoblind (2). These abnormalities are treatable in adults.

As visual abnormalities could affect candidates' performances and may harm patients, individuals with these abnormalities are not advised to pursue a career in surgical performance.

With the aim of protecting the public and the surgical practitioners, this physical and visual standard is developed to help candidates to conduct checkup prior to applying to join a specific surgical program.

The physical fitness test detail requirements are shown below.

1. **General Dexterity:** there shouldn't be major physical disability affecting gross and fine motor activities.
2. **Visual Standards for surgical fields in Ethiopia**
    - Distance vision, with or without correction,
        - 6/9 or better monocularly, and 6/6 or better binocularly.
    - Near vision of N5 at 30-50cms.
    - Refractive error must not exceed
        - +5.00 to -6.00 dioptres along the most ametropic meridian,
        - with no more than 2.00 dioptres of astigmatism and
        - no more than 2.00 dioptres of anisometropia.
    - If the visual requirement is met only with the use of correction, the spectacles or contact lenses must provide optimal visual function.
    - Normal binocular vision. Heterophorias not exceeding
        - 10Δ esophoria,
        - 8Δ exophoria,
        - 2Δ hyperphoria at distance or 8Δ esophoria, 12Δ exophoria, 1Δ hyperphoria at near.
        - Normal convergence.
    - For Ophthalmology and Neuro surgery residency /fellow applicants
        - stereo acuity should be $\geq$ 40 Sec arc.
        - for surgery and Gyn-Obs $\geq$200 sec arc.
    - Normal color perception (defined as no mistakes on Ishihara plates).