



Optometry Council of
Australia and New Zealand

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Guide to the Optometry Council of Australia and New Zealand (OCANZ) Competency in Optometry Examination

The following document provides information for candidates about the requirements of the Optometry Council of Australia and New Zealand (OCANZ) Competency in Optometry Examination. For information regarding the eligibility criteria for the examination and application procedures, see the OCANZ publication [Assessment of Optometrists with Overseas Qualifications](#).

The components of the Competency in Optometry Examination assess the competence of the candidate in the entry-level competencies listed in Optometry Australia Entry-level Competency Standards for Optometry 2014 (Competency Standards), a copy of which is at Appendix A. The Competency Standards cover the skills, knowledge and attributes of an entry-level optometrist in Australia and New Zealand as well as the therapeutic competencies that are required for ocular therapeutic endorsement. Therapeutic competencies are **NOT** assessed in the OCANZ Competency in Optometry Examination. Therapeutic competencies are assessed separately in the OCANZ Assessment of Competence in Ocular Therapeutics (ACOT) examination.

The Competency in Optometry Examination is divided into two sections (both of which must be passed):

Written examination (2 parts)

- Clinical Science examination (one 3-hour multiple-choice question paper)
- Diagnosis and Management examination (one 3-hour paper requiring short written answers)

Clinical examination (2 parts)

- Skills Station examination
- Patient examination

PROGRESS RULES

- (1) Written examination - Candidates must pass both parts of the written examination (the Clinical Science examination and the Diagnosis and Management examination) before being able to proceed to the clinical examination. The two written papers are administered on consecutive days, twice each year. There is no limit to the number of times a candidate can take the written examination papers. At their first attempt candidates must sit both the Clinical Science examination and the Diagnosis and Management examination at the one sitting. If one of the two papers is failed at this initial sitting, the candidate will have one (1) further opportunity to repeat only the failed paper at a later sitting. If at the second sitting they fail that paper again, they will need to re-sit both papers at their next and at any subsequent attempts. If both of the papers are failed at any sitting, the candidate must repeat them both.

- (2) Skills Station examination - A pass in the Skills Station examination is required before a candidate may proceed to the Patient examination.
- (3) Clinical examination - There is no limit to the number of times a candidate may sit the clinical examination, however, the clinical examination must be passed within three (3) years of successfully completing the written examination. Candidates who fail either the Skills Station examination or the Patient examination are encouraged to undertake remedial work targeted at updating their competencies, knowledge, clinical judgment and/or technical skills before their next attempt. After this three-year period, the candidate is required to successfully complete the written examination again to be eligible for the clinical examination.

EXAMINATION VENUES

Candidates may sit for the written examination in Australia (Melbourne, Sydney, Brisbane, Perth), New Zealand (Auckland), United Kingdom (London), USA (Washington) and South Africa (Johannesburg). The exact examination location will be advised on receipt of the written examination application.

The clinical examination is conducted at the Australian College of Optometry (ACO) in Melbourne, Australia. The ACO is located at 374 Cardigan Street, Carlton, 3053.

WRITTEN EXAMINATION

(a) CLINICAL SCIENCE EXAMINATION (1 paper)

The Clinical Science Examination consists of one 3-hour paper, containing 144 multiple choice questions (MCQs). The examination assesses the background knowledge of the candidate in basic biomedical, vision, optical and clinical science and the ability of the candidate to apply this knowledge in the clinical situation.

Of the 144 multiple choice questions, 120 are scored for the purposes of determining the overall result. The remaining 24 non-scored questions will be used to calibrate new questions, which may be used in future examinations, but will not be counted towards the overall score of the candidate. Candidates will not be advised which are the non-scored questions.

Candidates will need to bring black lead (2B) pencils, an eraser, a pencil sharpener and a calculator (see section (c) **EXAMINATION CONDUCT** for restrictions on calculators that may be used). Candidates will enter answers on a separate marking sheet provided by OCANZ.

In each MCQ, there are four options, labelled a, b, c and d. The candidate is required to determine which **ONE** response is the **BEST** correct answer. Marks will only be awarded for correct answers. Marks will not be deducted for incorrect answers.

Sample multiple choice questions are available at: www.ocanz.org.

The following section lists the competencies which may be assessed in this examination. The numbers refer to the competencies from the document Optometry Australia Entry-level Competency Standards for Optometry 2014 (see [Appendix A](#)). There is also a guide to the number of assessed questions related to each competency area, however the suggested numbers of questions for each competency may be varied at the discretion of OCANZ.

Professional Responsibilities

Maintains knowledge, expertise and skills: Maintenance and development of optometric knowledge, equipment and clinical skills (1.1.1) (approximately 1 question).

Integration: Integration of clinical expertise with the best available evidence, the patient's perspective and the practice context when making clinical decisions (1.2) (approximately 2 questions).

Information: Provides advice and information to patients and others (1.5) (approximately 3.5 questions).

Legal obligations involved in optometric practice: safe practice environment, negligence, understanding of statutory and common law obligations, insurance, employment agreements, relevant Acts including Health Insurance Act, Registration Acts, Poisons Acts, informed consent, patient referral, issuing of sick leave certificates (1.8.1) (approximately 1.5 questions).

Factors affecting the community's need for optometric services: Epidemiology of ocular disorders, provision of health and other services, demographics of the patient population (1.12.1, 1.12.2) (approximately 2 questions).

Communication and Patient History

Interpretation: Interpretation of patient information, for example, from other professionals and from previous histories (2.5.1) (approximately 3.5 questions).

Patient Examination

Formulates and implements examination plan: The examination plan is based on patient history and is progressively modified (including use of alternative and/or extra test procedures to maximise confidence in findings) to provide the information required for diagnosis (3.1 and 3.2) (approximately 7 questions).

Assessment of the ocular adnexae and the eye: Anatomy of the ocular adnexae, the eye, the visual and pupillary pathways; anatomy and actions of the extraocular and intraocular muscles; equipment and pharmaceuticals used in the examination of the eye: macro-observation, lid-eversion, slit-lamp biomicroscopy, direct and indirect ophthalmoscopy, use of diagnostic pharmaceuticals including for pupil dilation, retinoscopy, keratometry, gonioscopy, tonometry, tear dynamics, pupil reactions, nystagmus, eye movements, amblyopia; ocular pathology, pharmacology and microbiology; effects of pathological and physiological changes on visual function (visual acuity, fields, colour vision etc.); interpretation of information from optical coherence tomography etc. (3.3) (approximately 18 questions).

Assessment of visual processing: normal developmental milestones, consideration of brain injury or neurological disease, recognition of when it is necessary to assess visual information processing skills (3.7) (approximately 2 questions).

Assessment of significance of signs and symptoms found during ocular examination: ocular, visual and non-ocular signs and symptoms: social, emotional, neurological factors etc. (3.8) (approximately 4 questions).

Diagnosis and Management

Prognosis: Evaluates the expected prognosis of the condition (4.2) (approximately 2 questions).

Spectacles: Determination of the patient's prescription based on: case history, refraction findings, magnification requirements, dispensing requirements and limitations, vertex distances, aniseikonia, vergence status, accommodation status; sports, vocational and occupational visual and safety requirements; lens design and materials (prism, tints, base curves, thickness, special lenses and treatments, interpupillary distance, coatings, near additions); care regime, standards, the written prescription (4.5) (approximately 13 questions).

Dispensing of optical prescriptions: Interpretation of prescription, Australian and New Zealand standards, resolution of ambiguity in specification and usage; frame selection, parameters of the prescription to be measured; processes and limitations involved in the fabrication of optical appliances are understood; patient instructions, fitting of spectacles to patient, inspection of lenses and spectacles (4.6) (approximately 6 questions).

Contact lenses: Suitability of lenses for the patient's needs, lifestyle, vocation, risk factors, vision, comfort and duration of wear, contra-indications, ocular integrity, physiology and environment, slit-lamp biomicroscopy, topography/keratometry observations, vital dye staining, working distances, anisometropia, aniseikonia, vergence accommodation status, special lenses and treatments, sports requirements, incidental optical effects, lens design, materials, tints, trial lens fitting techniques, care and maintenance regimen, determination of the prescription, performance of the contact lens, monitoring of contact lens wear, recognition and management of contact-lens related conditions, frequency and content of after-care visits, monitoring of patient adherence to the wearing and maintenance regimen, the written prescription (4.7) (approximately 16 questions).

Low vision devices: Types of low vision devices available, prescription, evaluation, monitoring, working distances, magnification requirements, incidental optical effects, low vision device design, special materials, tints, selection and prescription of most appropriate device, clear instructions, description of the use of the device (4.8) (approximately 6 questions).

Precautionary procedures, non-pharmacological and palliative management, avoidance of cross-infection, non-pharmacological treatment or intervention procedures, therapeutic device fitting and emergency ocular first aid to manage eye conditions and injuries: Patient counselling on sunglasses, lid hygiene, artificial tears, use of eye patches and analgesia; method to avoid contamination of medicines and cross infection; epilation, lid scrubs, lacrimal system dilation and irrigation, foreign bodies, emergency management of trauma, management of commonly presenting eye conditions including the use of bandage contact lenses (4.9.5, 4.9.6, 4.9.7) (approximately 12 questions).

Visual therapy program: Diagnoses and treats or refers patients diagnosed with accommodative vergence, strabismus and amblyopic conditions (4.10) (approximately 3 questions).

Referral and receipt of referrals: Need for referral recognised, urgency, documentation, scope and limitations of services provided by optometrists and other health and allied health professionals; choice of practitioner for referral; recognition of the need for co-management with another optometrist or a member of another profession, post-operative referral (4.11.1) (approximately 4 questions).

Provision of pre-and post-operative co-management with Ophthalmologists: Pre-operative assessment and advice, post-operative assessment and monitoring, treatment/referral alternatives, provision of emergency care (4.13) (approximately 8 questions).

Advice on vision in the workplace: Safety lenses, radiation protection, eye protection, visual standards, sunglasses, tints, industrial and environmental analysis, Australian and New Zealand standards, lighting, ergonomic design, industry and other occupational requirements for colour vision, visual acuity, spectacle powers, certification of fitness for designated occupations or tasks, counselling on occupational needs and suitability; implications for family members (4.14) (approximately 3 questions).

Health Information Management

Record keeping: Storage and security of patient records (5.2) (approximately 1 question).

Legislative requirement regarding record retention/destruction: records for children versus adults, methods of destruction (5.3) (approximately 1.5 questions).

(b) DIAGNOSIS AND MANAGEMENT EXAMINATION (1 paper)

The Diagnosis and Management paper is a 3-hour paper comprising 18 short answer questions (SAQs). Most questions have multiple parts that address case histories and cases. These may be accompanied by photographs of clinical conditions. Candidates will observe and identify in the photographs pathological and other conditions (including normal variations) of the eye and adnexae, binocular vision anomalies, vergence accommodation disorders, visual perceptual findings, refraction findings, contact lens fittings, colour vision assessment results, visual field results etc.

Candidates can be required to do tasks such as:

- describe abnormal or normal features
- discuss observations in anatomical, biochemical, microbiological and/or pathological terms
- offer a diagnosis or diagnoses to account for observations and provide justifications for the diagnoses
- suggest appropriate treatment or management including criteria for referral or monitoring
- list systemic, ocular and visual signs and symptoms associated with the condition
- list extra tests needed for a differential diagnosis
- discuss the likely prognosis of the condition.

Sample examination questions are available at www.ocanz.org.

Candidates will need to bring writing implements (pen or pencils) and a calculator (see section (c) **EXAMINATION CONDUCT** for restrictions on calculators that may be used). Candidates will enter answers in script books provided.

The following section lists the competencies which may be assessed in this examination. The numbers refer to the competencies from the document Optometry Australia Entry-level Competency Standards for Optometry 2014 (see [Appendix A](#)). There is also a guide to the number of assessed questions related to each area, however the suggested numbers of questions for each area may be varied at the discretion of OCANZ.

Formulation of examination plan, assessment of the ocular adnexae and the eye, diagnosis: Tests and procedures needed for information to obtain a diagnosis; interpretation of results of optometric techniques; assessment of the state of health of the ocular adnexae and eye; differential diagnosis; differentiation of congenital, developmental, hereditary and active and resolved pathological changes; selection of tests suitable to the condition being investigated and the abilities of the patient; further tests; referral for indicated assessment; alternate test procedures; possible progressive modification of examination plan and procedures; patient informed consent (1.2.1, 3.1.1, 3.1.2, 3.2.1, 3.3, 4.1) (approximately 3 questions).

Assessment of pupil function, establishment of diagnoses, interpretation and analysis of findings to establish a diagnosis, including formulation and implementation of examination plan: Assessment of pupils and pupil reactions for symmetry, response rate and cycle times: varied lighting conditions, swinging flashlight tests, pharmacological testing, differential diagnosis, differentiation of congenital, developmental, hereditary, active and resolved pathological changes; further tests (1.2.1, 3.1, 3.2.1, 3.4.4, 4.1) (approximately 1 question).

Treatment/management program: Presentation of diagnosis, management options, costs and relative merits of each option, need for ongoing care, review, referral or discharge, reassurance, advice on driving or operation of machinery, repercussions of management options; optical correction: spectacles, contact lenses, low vision devices; vision therapy, pharmacological therapy, task modification, environmental adaptations, other interventions; prioritisation of patient problems and management, likely course of condition and prognosis; degree of threat to ocular function, health, performance, development of a management plan, urgency of action recommended, sequence of procedures, treatment duration, criteria for discharge, awareness of validity and reliability of treatment options, referral, co-management, follow-up of referral, informed consent (1.2.1, 4.4) (approximately 2 questions).

Prescription of contact lenses, including formulation and implementation of an examination plan: Keratometry/topography, fluorescein and slit lamp findings; assessment of suitability of lenses based on photographic documentation of fluorescein patterns for rigid lenses and photographs of the fit of soft contact lenses, after-care presentations; selection of tests suitable to the condition being investigated and necessary to obtain a diagnosis, further tests, referral, alternate test procedures to maximise confidence in findings, possible progressive modification of examination plan and procedures; aniridia; cosmetic management; occlusion;

management of recurrent erosion syndrome, basement membrane dystrophy (1.2.1, 3.1.1, 4.7.1, 4.7.2, 4.7.4) (approximately 1½ questions).

Assessment of visual fields and colour vision including examination plan and interpretation and analysis of findings to establish a diagnosis: Interpretation of results from e.g., tests of colour vision and colour discrimination; visual field tests including Amsler grid, confrontation, kinetic, static threshold, automated threshold fields; possible diagnoses for the patient's condition, specification of most likely diagnosis, differential diagnosis, differentiation of congenital, developmental, hereditary, teratogenic and active and resolved pathological changes; formulation of examination plan to include the tests necessary to obtain a diagnosis and any other tests which need to be done for a particular patient (1.2.1, 3.1.1, 3.4.2, 3.4.3, 4.1) (approximately 2 questions).

Assessment of oculomotor and binocular function including examination plan, including interpretation and analysis of findings to establish a diagnosis: Deviation of visual axes (manifest and latent), associated and dissociated phoria, tropia, laterality, amount of deviation, cover test, comitancy, nine positions of gaze, Hirschberg test, limitations of gaze, qualitative assessment of pursuit movements and saccades, fusional vergence ranges, vergence facility, fixation disparity (curve analysis), near point of convergence, accommodation, possible diagnoses, most likely diagnosis, differential diagnosis, differentiation of congenital, developmental, hereditary, teratogenic and active and resolved pathological changes, formulation of examination plan to include the tests necessary to obtain a diagnosis and any other tests which need to be done for a particular patient (1.2.1, 3.1.1, 3.6.1, 3.6.2, 3.6.3, 3.6.4, 3.6.5, 4.1) (approximately 1½ questions).

Significance of incidental findings/investigation of ocular signs and symptoms: Non-ocular, ocular and visual signs and symptoms; medical, acquired neurological disorders, pharmacological factors, signs of impending stroke (transient ischaemic attacks); developmental testing, tests of higher cortical function etc.; need for specific tests e.g. sphygmomanometry, carotid auscultation, extended history, blood sugar levels, (1.2.1, 3.8) (approximately 1½ questions).

Contact lens aftercare including examination plan: Appropriate lens replacement recommended, contact-lens related conditions recognised and management recommended, appropriate tests at after-care visits, frequency of after-care visits, formulation of examination plan to include tests necessary to obtain a diagnosis and tests needed for a particular patient (1.2.1, 3.1.1, 4.7.6) (approximately 1 question).

Referral of the patient/choice of practitioner for referral: Recognition of when referral is necessary, written referral including all appropriate information, urgency, timing of referral, specified tests and procedures arranged, relevant signs and symptoms and reasons for referral, clarity, understanding of role and scope of services provided by other professionals including health, welfare and education services: general and specialist medicines, ophthalmology subspecialties, psychology, occupational therapy, audiology, speech pathology, community nursing, education, dietetics, social work, physiotherapy, chiropractic, low vision services, rehabilitation services etc. (1.2.1, 4.11.1, 4.11.2, 4.13.4) (approximately 1½ questions).

Treatment of adnexal and anterior eye disorders: Ocular pharmacology, treatment procedures, actions, interactions, contra-indications and side effects of drugs, dosage, ocular lubricants, pharmaceutical diagnostic agents, review to monitor treatment (1.2.1, 4.9.1, 4.9.2) (approximately 1 question).

Provision of pre- and post-operative management: Understanding of indications and contraindications for surgery, recovery, intervention, referral, use of pharmacological agents (1.2.1, 4.13.1, 4.13.2, 4.13.3) (approximately ½ question).

Advice on vision in the workplace: Industry and other occupational requirements are known for colour vision, visual acuity, spectacle powers, occupational counselling, certification of fitness for occupations and tasks (4.14.3, 4.14.4) (approximately ½ question).

Emergency care and eye health promotion: Identify patient presentations that require immediate attention, facilitating appropriate emergency care, and providing appropriate documentation when a patient is directed to a tertiary facility. Understanding what emergency ocular treatment/management should be provided to patients with urgent clinical presentations. Ability to provide general first-aid including cardiopulmonary resuscitation, and use of auto-injectors for the emergency treatment of anaphylaxis. Recognition of the need to organise emergency care when the optometrist is unavailable (e.g. direct patients to where they can access emergency care after hours through an after-hours telephone number, an answering machine or redirection of the practice telephone number to

the optometrist). Understand the types of eye protection that meet the requirements in Australian and New Zealand standards, e.g. safety lenses, safety frames, radiation protection, sunglasses. Find and appraise research evidence relevant to eye protection for occupational, home and recreational pursuits. Provide advice on tints, occupational lens designs, contact lenses, lighting, ergonomic design and visual hygiene for a range of activities such as work activities, home renovations, gardening, woodwork etc. (1.10, 1.11.2) (approximately 1 question).

(c) WRITTEN EXAMINATION CONDUCT

Late comers will not be permitted to enter the examination room after the first 30 minutes of the examination. A candidate, who arrives late, but before the 30-minute mark, will be allowed to sit the examination but will not receive additional time.

Candidates will not be permitted to bring into the examination any unauthorised materials or equipment. This includes any mobile phones, recording devices, including cameras, or wearable technology, including all watches. A calculator may be used so long as it meets the following criteria:

- Hand-held and noiseless.
- Is not in a wallet-like container.
- Battery-operated and does not accept plug-in memory modules or magnetic cards.
- Is not capable of displaying any alphabetic characters other than mathematical, calendar and time functions.
- Is not programmable and has no capability to transmit or receive information.

There should be no talking once the candidates have entered the examination room and candidates who communicate with each other during the examination may be ejected.

The examination papers remain the property of the OCANZ. Candidates will not be permitted to take away any material from the examination when they leave. The examinations are protected by copyright laws. Any reproduction or distribution of examination questions is unlawful and may be subject to legal action.

A candidate who needs to leave the examination room temporarily must be accompanied by a supervisor. A candidate should raise their hand if they require the attention of a supervisor.

A candidate who completes the examination early will not be permitted to leave the examination room until their examination script and question paper have been collected and they have been instructed to do so.

Cheating or collusion or other disruptive or unacceptable behaviour is prohibited. A candidate found cheating will receive a zero score for the examination in which the cheating occurred, and the candidate may be prohibited from taking further examinations administered by the OCANZ.

CLINICAL EXAMINATION

(a) SKILLS STATION EXAMINATION OVERVIEW

Candidates will be required to demonstrate the ability to perform 12 optometric skills at 6 stations. To pass the Skills Station examination, candidates must pass all 12 skills. Candidates who fail up to 4 of the 12 skills may be given the opportunity to re-sit the failed skills on the following day (a supplementary examination). Failure of five or more skills at the first attempt or failure of any skill/s at the second attempt means failure of the entire Skills Station examination. If a candidate fails a technique within a skill, the whole of the relevant skill e.g. Binocular vision analysis parts (i), (ii) and (iii) will be retested, not just the technique within that skill that was not demonstrated successfully at the first attempt.

Six stations will be used with rotation of candidates from one station to the next. At each station two different skills are required to be demonstrated. Some skills may include more than one technique and where this occurs numbering e.g. (i), (ii), (iii) will be used. The time allowed for each individual station is 30 minutes. The allocation of time within the 30 minutes to each of the two skills being examined at that station is at the discretion of the candidate.

If a candidate is given the opportunity to re-sit failed skills on the following day (a supplementary examination), each of the individual skills being re-examined must be completed within 20 minutes.

The 6 station pairings and a detailed description of the 12 skills are contained in the following table:

Station	Pairing and the skills examined	
1	<p>A. Binocular vision assessment: (i) Cover test ii) Heterophoria measurement (iii) Vergence testing</p> <p>B. Distance retinoscopy</p>	<p>The candidate will analyse the binocular vision status of the subject using cover test, assessment of heterophorias, and tests to assess vergences. Candidates will use appropriate light levels, occluder and fixation targets. The candidate will perform distance and near cover tests and objectively measure any deviation. Horizontal and vertical heterophorias will be measured for distance and near using a suitable method. Information about the subject's distance and near prescription, inter-pupillary distance, and distance visual acuities will be given. Vergence testing will be performed at near only.</p> <p>The candidate will perform distance retinoscopy on both eyes of a subject and record results clearly and accurately.</p>
2	<p>C. Soft contact lenses</p> <p>D. Visual field assessment (i) Amsler grid testing (ii) Automated visual field testing (iii) Confrontation</p>	<p>The candidate will be provided with keratometry readings of the subject. The candidate will select, inspect, prepare and insert a soft contact lens to one eye and evaluate the fit of the lens by use of a slit lamp. On completion the candidate will remove the lens, check the integrity of the cornea and manage appropriately. The candidate will record observations about the suitability of the fit of the lens. All necessary contact lens solutions will be provided.</p> <p>The candidate will perform a visual field assessment using Amsler grid testing, automated visual field testing and confrontation. (i) The candidate will instruct the subject in the performance of an Amsler grid test, perform the test for one eye and record results. (ii) The candidate will prepare, instruct and begin to assess the central visual field of one eye of the subject using automated perimetry. After two minutes of assessment, the test will be paused, and the candidate will be presented with a sample visual field result. The candidate will record a description of the validity of the test and record their interpretation of the result. (iii) The candidate will assess fields to confrontation of each eye, record the findings and interpret the results.</p>

3	<p>E. Dispensing</p> <p>F. Contact applanation tonometry</p>	<p>The candidate will measure the complete parameters of a pair of spectacles on which the wearer's distance visual points have been marked. The candidate will compare the prescription found with a written job order provided and identify three reasons why the prescription may not meet the Australian/New Zealand standard (AS/NZS ISO 21987:2011), a copy of which will be provided. The candidate will measure and record the inter-pupillary distances of a subject (distance and near, binocular and/or monocular as deemed appropriate), assess the suitability of a spectacle frame having been provided with the subject's prescription for progressive lenses, and record the parameters (including location of centres within a frame) necessary for the correct prescribing of those lenses.</p> <p>The candidate will be required to perform contact applanation tonometry on one eye of the subject (using topical anaesthesia). Candidates will be expected to record the administration of the drug in an appropriate manner. Measurements are to be within +/- 3mm Hg. The candidate will record results using the appropriate terminology. Candidates will be expected to assess the cornea for staining before and after tonometry, record the observations and provide a written recommendation for management.</p>
4	<p>G. Pupil testing</p> <p>H. Subjective refraction</p>	<p>The candidate will examine the pupils and pupil reflexes of the subject using appropriate targets, a sufficiently bright illuminator, appropriate room lighting conditions, and record the results clearly and accurately. Where necessary because of dark irises, carefully directed local lighting should be used.</p> <p>The candidate will determine the balanced subjective refraction of the subject, record the findings, and measure and record the monocular and binocular acuities that result. Measurements are to be within the appropriate tolerances.</p>
5	<p>I. Slit-lamp biomicroscopy</p> <p>J. Gonioscopy</p>	<p>For both eyes of the subject the candidate will use slit-lamp biomicroscopy to examine the lids (including eversion of the upper lid), lid margins, lashes, bulbar and palpebral conjunctiva, cornea, iris and lens, assess the tear film, screen the anterior chamber and assess the anterior chamber angle by means of the van Herick test. As part of the evaluation of the cornea, the candidate will demonstrate that views of the corneal endothelium by specular reflection can be obtained and the endothelium can be assessed. The candidate will maintain an image of what is being observed for the examiner to view through an observation system.</p> <p>The candidate will perform gonioscopy on one eye of the subject. The candidate will obtain views across each of the 4 quadrants that can be observed and evaluated by the examiner via an observation system. The candidate will describe what is observed during the procedure and record all findings clearly and accurately.</p>
6	<p>K. Binocular indirect ophthalmoscopy</p> <p>L. Fundus lens evaluation</p>	<p>The candidate will perform binocular indirect ophthalmoscopy on one eye of the subject. The subject's pupils will have been dilated prior to the test. During the examination of the structures the candidate will maintain full and stable images for the examiner to observe through the observation system. Coverage of the fundus should be full.</p> <p>The candidate will perform a fundus evaluation on both right and left eyes of the subject using a fundus lens. The pupils of the subject will be dilated prior to the test. The candidate will sustain an image for evaluation by the examiner through an observation system.</p>

Candidates will be assessed on preparation, personal hygiene, execution and conclusion of each skill. Assessment includes the clear and accurate recording of the results obtained.

Candidates will wash their hands before each new subject and prior to the insertion and removal of contact lenses. Candidates will disinfect or clean equipment as necessary. Each skills station will have access to hand-washing and drying facilities. Candidates will not be permitted to commence a station unless their personal presentation and preparation of instruments conform to necessary hygiene standards.

A candidate will be instructed to stop a test if the examiner considers that his/her technique is unsafe or inappropriate. In this event the candidate will be considered to have failed that particular technique.

Candidates are expected to behave in a professional manner at all times toward the subjects and the assessors. Unprofessional behaviour can result in failure of the examination.

For further information, refer to the following appendices:

Appendix B contains a guide to the Skills Station examination, including information about the required, optional, and available equipment, and is designed to assist candidates who are preparing for this component of the examination.

Appendix C contains the Skills Station examination marking rubric that the examiners will use when assessing candidates.

Appendix D contains the Skills Station examination recording sheets that candidates will be provided with at the examination to record their findings.

(b) PATIENT EXAMINATION OVERVIEW

The candidate will be assessed on:

- his/her ability to communicate clearly to the patient including the ability to explain the purpose of each test and what is expected of the patient in the course of each test
- the ability to perform each individual test
- the co-ordination of the examination
- the ability to make an accurate diagnosis and to determine appropriate management or treatment.

The candidate will pass a minimum of 3 out of 4 patients for whom a full examination, including all necessary tests and completion of all paperwork, is to be performed **within 70 minutes**. If gonioscopy is required and the patient is subsequently dilated, an additional 5 minutes will be allocated. If gonioscopy is required but the patient is not dilated, no additional time will be allocated. If a more extensive binocular vision analysis is considered essential to be performed on the day due to the presentation of the patient, an additional 5 minutes will be allocated. At the completion of the examination, there will be an additional time available for discussion of the case with the assessor.

Candidates will be given the name, gender and date of birth of the patient, but no other information. The examination should be conducted as if it is a first visit. The candidate will be able to measure the patient's visual acuity with their current glasses (if available); however, the candidate will not have access to the patient's previous prescription (if applicable).

The candidate will perform those tests which could reasonably be expected to be performed at an initial consultation. This will include an ocular fundus examination through dilated pupils (unless contraindicated), and all other tests which are necessary to obtain a diagnosis, and are routine screening procedures for the age of the presenting patient. The candidate should be able to justify the inclusion of any test. The candidate will demonstrate proficiency in all tests performed, explain to the patient what is expected of them for each procedure and obtain and record accurate results. Where further tests are indicated, the candidate must advise the assessor and the patient of this need. If these further tests are unable to be performed at the initial appointment, the candidate must document this in detail in their recording sheets. At the completion of the examination, the candidate will make a diagnosis/diagnoses to account for the presenting signs and symptoms, and record on the recording sheets what the advice to the patient would be. Where necessary, a prescription is to be written with all information necessary for the accurate fabrication of a pair of spectacles. If referral is necessary, the candidate will note this on the recording sheets but will not be required to write the referral letter.

Candidates are expected to behave in a professional manner at all times towards patients and assessors. Communication is only permitted with the assessor, the examination coordinator and representatives of OCANZ. Breaching of such is considered unprofessional behaviour and can result in the failure of the Patient examination.

For further information, refer to the following appendices:

Appendix E contains information designed to assist candidates who are preparing for the Patient examination component of the Competency in Optometry Examination.

Appendix F contains the Patient examination marking rubric that the examiners will use when assessing candidates.

Appendix G contains the Patient examination recording sheets that candidates will be provided with at the examination to record their findings.

(c) CLINICAL EXAMINATION FAMILIARISATION SESSIONS FOR CANDIDATES

O CANZ will timetable familiarisation sessions just prior to the commencement of the Skills Station examination and the Patient examination. Candidates are strongly encouraged to attend a familiarisation session.

The Patient examination familiarisation session is only available to candidates who have passed the Skills Station examination and have been advised they are able to proceed to the Patient examination.

The familiarisation sessions are held at the same venue as the Skills Station and Patient examinations and run for approximately 90 minutes.

These sessions provide candidates with an overview description of how each of the examinations will be organised and conducted and are an opportunity for candidates to ask questions. Candidates will be able to walk through the clinical facility and see the areas where the examinations will be conducted.

Please note that candidates attending familiarisation sessions are not able to practice clinical skills or techniques in the facility.

The Optometry Council of Australia and New Zealand reserves the right to alter this document without notice.

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