



## Assessment of Competence in Ocular Therapeutics Information for candidates

The following document provides information for candidates undertaking the Assessment of Competence in Ocular Therapeutics (ACOT). OCANZ would like to acknowledge that some of the information contained here has been adapted from material published by the Department of Optometry and Vision Sciences at the University of Melbourne.

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### 1. Eligibility to sit the Assessment of Competence in Ocular Therapeutics

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Applicants for the ACOT must complete a Form 4 Application. The application is available by email – [exam.manager@ocanz.org](mailto:exam.manager@ocanz.org). The application will be considered by the OCANZ Examination Eligibility Committee which will make a decision on eligibility to undertake the assessment.

To be eligible for the ACOT, an applicant must:

- a) be an optometrist trained outside Australia and New Zealand who has successfully completed the OCANZ Competency in Optometry Examination; and
- b) hold current registration with the Optometry Board of Australia or be registered with and hold a current Annual Practising Certificate (APC) from the Optometrists and Dispensing Opticians Board in New Zealand.

In determining eligibility to undertake the ACOT the Examination Eligibility Committee will consider documents assembled by the applicant containing the following (as requested in the Form 4 Application):

- a) Evidence of completed training in ocular therapeutics at either undergraduate or postgraduate level.
- b) Details of the therapeutic training undertaken by the applicant.
- c) Evidence of current registration permitting ocular therapeutic practice, or previous registration permitting ocular therapeutic practice, or completion of training (within past two years) permitting ocular therapeutic practice.
- d) The range of ocular therapeutic drugs that the registration in part (c) above entitles a registrant to prescribe.
- e) Evidence of maintenance since registration of continuing professional education related to ocular therapeutic practice to the level required by the Optometry Board of Australia and/or the Optometrists and Dispensing Opticians Board.
- f) Evidence of recency of practice (within the past 5 years) involving ocular therapeutics.

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## **2. Format of the Assessment of Competence in Ocular Therapeutics**

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### **Case Reports:**

The candidate is required to submit three (3) case reports of patients requiring therapeutic management. The cases must be ones managed by an ophthalmologist or by an optometrist authorised for therapeutic practice (or by a combination of these people) and observed by the candidate. It is preferable if they have been seen in Australia or New Zealand. If not seen in Australia or New Zealand, the case report must discuss the case with regard to therapeutic management practices appropriate to Australia and New Zealand. The assessment of the case reports includes both an assessment of the content of the reports and the candidate's defence of the reports during the oral examination.

### **Oral Examination:**

The candidate must undertake a one (1) hour oral examination.

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## **3. Examination Venue and Schedule**

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Once the 3 case reports have been submitted to OCANZ and the assessment fee paid, an oral examination will be scheduled within 3 months.

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## **4. Application Procedures**

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An application form for assessment of qualifications to be eligible to sit the ACOT examination can be obtained from the Examination Manager at [exam.manager@ocanz.org](mailto:exam.manager@ocanz.org).

The application form for the ACOT examination is only available from OCANZ once eligibility has been determined.

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## **5. Fees**

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All the fees applicable are available on the OCANZ website.

The venue for the oral examination will be in Australia or New Zealand. The candidate will be required to meet the costs of travel and accommodation associated with traveling to the examination. OCANZ will endeavour to conduct the examination at a convenient location to the examiners and the candidate.

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## **6. Outcomes**

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To achieve a pass in the ACOT, candidates must demonstrate safe and competent use of ophthalmic therapeutic agents for a primary practice setting in the Australian or New Zealand situation. For up to date information on access to ocular therapeutics in each jurisdiction, please refer to the Optometry Board of Australia website ([www.optometryboard.gov.au](http://www.optometryboard.gov.au)) or the Optometrists and Dispensing Opticians Board in New Zealand ([www.odob.health.nz](http://www.odob.health.nz)).

ACOT is primarily concerned with clinical competence and as such will be assessed on a pass/fail basis.

On successful completion of the ACOT, the candidate will be issued with a certificate from OCANZ. The certificate will be accepted by the registration boards in Australia and NZ as evidence that a suitable level of competency in the use of ocular therapeutic drugs has been established. It does not automatically confer a right to therapeutic practice in any jurisdiction as that is the decision of the relevant registration board.

If the ACOT is not completed successfully, the possible outcomes include:

- Pass the oral examination but with unsatisfactory case report(s) and an unsatisfactory defence of the case reports. The case report(s) will need to be re-submitted (fee applicable – refer to OCANZ website). The re-assessment of the case reports could include another oral defence of the reports.
- Fail the oral examination with unsatisfactory case report(s). The case report(s) will need to be re-submitted and the oral examination repeated, including defence of the case reports (full fee payable).
- Fail the oral examination overall, but with satisfactory case reports. The oral examination (except for the defence of the case reports) will need to be repeated (fee applicable – refer to OCANZ website).

In the event of an unsatisfactory outcome, a report from the examiners will be provided that sets out the areas where the examiners were of the opinion that the candidate's knowledge/understanding was insufficient.

A total of three attempts to complete the ACOT examination process will be permitted. If a fail is recorded in the third and final attempt, the candidate will no longer be eligible for the ACOT. In this situation competency in ocular therapeutics can only be established through the completion of one of the OCANZ-accredited postgraduate ocular therapeutics courses available in Australia or New Zealand.

Candidates who believe they have cause to appeal in relation to the conduct and/or outcome of the ACOT must lodge an appeal with OCANZ within 28 days of the date of the release of the result of the assessment.

Appeals against the outcome will only be accepted when based on the following grounds:

1. an error in the examination process; or
2. evidence of unfairness by the person or persons conducting the examination.

Difficulties in preparation or alleged difficulties in tuition are not grounds for appeal. The appeal process is not a means of circumventing the normal assessment procedures. Except in very limited circumstances (such as an administrative error), a successful appeal will not lead to an examination outcome being altered. Where an appeal is upheld, the usual outcome is to allow the candidate an opportunity to re-sit that part of the examination that was in dispute without payment of further examination fees. However, this only occurs where the results of the original examination, taken as a whole, show that the candidate demonstrated competency close to meeting the standard required, and when a fault in the examination process has been established.

Information about appeals against other decisions, including decisions concerning eligibility for admission to the ACOT, is available from the OCANZ Executive Officer.

The first stage of the appeals process is an administrative review to ascertain whether any administrative or procedural error occurred. A fee applies and will be refunded in the event that an error is identified and rectified to the candidate's satisfaction. If an administrative review does not find any error, a candidate may ask that the appeal be considered by an independent Appeal Committee. An administrative review fee applies (refer to OCANZ website).

Every effort will be made to deal with all appeals within 3 months from the receipt of the appeal. The appeal fee will be refunded in the event that the appeal is upheld, but is retained to offset the cost of undertaking the independent review if the appeal is unsuccessful.

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## 7. Guidelines for the Preparation of the Case Reports

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Candidates are required to prepare three case reports of 2,500 words in length with particular emphasis on the therapeutic management of the cases in the Australian and New Zealand context. The patients must be those the candidate has personally observed being examined and managed by an ophthalmologist or an optometrist qualified for therapeutic practice. If not seen in Australia or New Zealand, the case report must discuss the case with regard to therapeutic management practices appropriate to Australia and New Zealand. The word count does not include the abstract or reference list.

Each case report is expected to critically review a therapeutic case, to provide detailed discussion of the presentation of the patient observed by the candidate including a description of the clinical findings, discussion of the significance of the findings, the differential diagnoses and the rationale for the final diagnosis and treatment plan. Comment should be made on any uncertainties or unusual features of the case. It is expected that candidates will choose to prepare these case reports on patients presenting with unusual or challenging features. References to journal articles and textbooks are essential to support comments and statements made in the report.

Case reports must cover each of the following three broad categories (one from each area):

- Cornea;
- Red Eye/Acute Anterior Segment presentation;
- Glaucoma (including Ocular Hypertension);

Candidates may wish to detail several cases (patients) within one case report in order to demonstrate the diversity of clinical presentations and/or management strategies for the particular category.

All reports must be printed single sided, on A4 paper using 12 point font, 1.5 x line spacing with at least 2 cm margins, and bound in A4 size folders. Three (3) copies of each report, together with a Case Report Cover Sheet must be submitted to OCANZ. A sample case report is included on the OCANZ website.

Each case report must include the following:

1. **Separate Cover page** containing: title (the broad category addressed in the report), candidate's name, word count, where the patient was seen and the name of the practitioner responsible for management of the patient. *Note: the cover page is not provided to the examiners.*
2. **Title page** containing: title (the broad category addressed in the report), the candidate's name and the word count.
3. **Abstract:** a 200 to 300 word overview of the case.
4. **Introduction:** a brief comment about the presentation or condition discussed in the report.
5. **Case Summary:** in this section describe the presentation and the relevant findings. Include drawings, photographs and other relevant clinical information as is appropriate.
6. **Diagnosis:** critically review the diagnosis and if appropriate, provide an alternative diagnosis with justification. Discuss any differential diagnoses. Comment on the presence or absence of risk factors and associated with the diagnosis, and on the expected incidence of the disease.

7. **Pathophysiology and Discussion:** discuss the aetiology and pathophysiology of the condition, the possible sequelae, and the systemic and ocular complications that may develop if the condition is not treated appropriately. Suitable references must be included to ensure an evidence-based approach to patient care.
8. **Management:** critically review the therapeutic management of the case. Provide alternative treatment options with appropriate justification of these options. Discuss the action, contraindications, and side-effects of the therapeutic agents. Medication formulations and dosage regimes must be provided. This section should incorporate the basic scientific principles underpinning the treatment options available as well as a critical discussion of differing managing protocols.
9. **Prognosis:** discuss the likely prognosis of the patient given the therapeutic management plan. Consider issues including natural history of the condition, risk of recurrence, long term management and future complications.
10. **References:** provide citations within the text at appropriate points and a reference list at the end of the report. Candidates should conduct a literature search and use recent original journal articles. Search engines such as PubMed or Google Scholar are suggested. The citations do not have to be exhaustive and it is usually sufficient to cite ~15 references per case. Reference lists that include only textbooks do not demonstrate that the candidate is able to keep abreast of developments in therapeutics.
11. **Other information:** include other information, e.g. photographs, visual fields, etc. as required. Provide a summary of key clinical findings rather than copies of reports/printouts. Patient identifiers must be removed from any of the aforementioned material. The name of the supervising ophthalmologist or optometrist must not appear inside the report; however this information is to be provided on the Case Report Cover Sheet which will not go to the examiners.

As a guide to the quality of the reports, OCANZ recommends reviewing cases on the Digital Journal of Ophthalmology, Harvard, website <http://www.djo.harvard.edu/site.php?url=/physicians/cr>. Most of the cases here are not relevant to therapeutic optometry however the presentation provides guidance on the minimum requirements to be included in the case studies.

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## 8. Guidelines for the Oral Examination

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The duration of the examination will be up to 60 minutes and will be conducted by two examiners (one will be a therapeutically experienced practitioner and the other a therapeutically qualified optometric educator). During this examination, candidates will have to demonstrate an appropriate knowledge base for use of therapeutic agents, display problem solving and decision making abilities that include the use of referral criteria appropriate in primary care optometric practice settings in Australia or New Zealand. Sample oral examination questions are available on the OCANZ website.

The publication of the Optometry Board of Australia *Guidelines for the Use of Scheduled Medicines* is essential reading. This document is available at: [www.optometryboard.gov.au/](http://www.optometryboard.gov.au/)

The following principle will be in effect during the oral examination: if your answers would lead to serious mismanagement of a condition including irreversible vision loss or serious systemic complication, an overall **FAIL** will be recorded. This principle is called the **RED FLAG** principle.

The oral examination will consist of two parts:

- (a) **Case Defence:** approximately one-third of the examination duration will be devoted to the case report defence which will include discussion of issues raised in the 3 case reports submitted by the candidate;
- (b) **Topic Examination:** approximately two-thirds of the examination duration to discuss other topics associated with the therapeutic management of ocular disease. This will include a series of presentations with questions requiring answers such as the most likely diagnosis, differential diagnoses and appropriate management and treatment plans. To facilitate discussion, slides will be used for some topics.

### **Topic Examination**

Each candidate should be examined over at least 5 topic areas selected from the list below. The range of topics selected, and cases presented within those topics, should take into account the content of the case studies to minimise duplication of areas of examination.

The topic examination should include both short answer and long answer questions. The purpose of the short answer questions is to probe the breadth of knowledge of the candidate. It is expected that each question would take approximately one minute to complete. Long answer questions are designed to probe in depth information. An image would normally be provided and some information relating to the patient from which the image is taken. The candidate would then be expected to seek specific test or diagnostic results or other pertinent information. As the amount of information increases, the candidate is expected to develop a likely diagnosis, differentials, and a management plan that lies within the scope of practice of a therapeutic optometrist. However, a working knowledge of the potential management plans that might be instigated by other health care practitioners is also required. The focus of questions to be chosen in this section will depend upon the topic areas covered by the case reports.

### **Examination Topic Areas (modified by case studies)**

1. Conjunctival, Episcleral and Scleral Conditions incl. allergic, infective and immunological aetiologies.
2. Corneal Conditions incl. Microbial Keratitis (Bacterial, Herpetic, Protozoan etc.); CL associated Red Eye; Recurrent Corneal Erosion Syndrome; Trauma incl. Foreign Bodies.
3. Anterior Chamber – Anterior Uveitis incl. traumatic, idiopathic, systemic, infective; Posterior Uveitis as differential Dx.
4. Optic Neuropathies – Glaucoma/Ocular Hypertension/Acute Angle Closure; Optic Neuritis; Papilloedema; Anterior Ischaemic Optic Neuropathy
5. Retinal Vascular conditions – Diabetic Retinopathy; Hypertensive Retinopathy; Vascular Occlusions (as differentials for retinal conditions).
6. Visual Field Defects - incl. Glaucomatous, pre-chiasmal (other retinal and optic nerve), chiasmal, post-chiasmal (optic radiations and cortical), neurological conditions incl. stroke.

In general, the oral will examine, but not be limited to:

- a thorough knowledge of the most common anomalies and diseases of the eye and visual system, and their diagnosis. This includes congenital or acquired ocular motor and binocular vision dysfunction, and the management of associated deficits;
- an ability to interpret clinical information that may be presented in any form including diagnostic print-outs (e.g. visual field and OCT plots), and images of visual structures recorded using a variety of clinical imaging techniques;
- a thorough understanding of all aspects of the drugs/medicines available in Australia and New Zealand for the diagnosis and therapeutic management of eye conditions;
- the ocular effects of systemic drugs;
- the systemic effects of ocular drugs;
- the interaction of ocular drugs and systemic drugs;

- the dosing, storage, formulations, disposal, use/indications, modes of action, contraindications, precautions, side effects, interactions and patient information in relation to the use of therapeutic drugs/medicines;
- basic underlying knowledge relating to pharmacology, microbiology, immunology and pathology
- knowledge of over-the-counter (OTC) and pharmacy products available for sale, including their use/indications, modes of action, contraindications, precautions, adverse effects, interactions and patient information;
- knowledge of drugs/medicines available to therapeutically endorsed optometrists in Australia and New Zealand;
- the Optometry Board of Australia guidelines for the use of scheduled medicines. These guidelines are used specifically in the current examination process; and
- the correct writing of prescriptions for diagnostic and therapeutic medications and preparations.

Questions during the oral examination can take the form of:

- questions requiring short answers,
- discussion of case scenarios,
- discussion of particular conditions and their management with ophthalmic drugs/medicines and preparations,
- interpretation of clinical findings and results.

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## **9. Policy on Cheating and Plagiarism**

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Cheating in any form is not permitted, and the case reports submitted must be the independent work of the candidate. Plagiarism or copying of another's work without proper acknowledgement is not permitted, nor is it permissible to allow another person to copy your work for the purposes of this assessment.

If plagiarism is suspected, (i) the potential plagiarism will be brought to the attention of the candidate and an explanation sought; (ii) if no suitable explanation is provided, the candidate will fail and no longer be eligible for the ACOT.

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