

Optometry Council of
Australia and New Zealand

EXAMINATION GUIDE

GUIDE TO THE OCANZ COMPETENCY IN OPTOMETRY EXAMINATION

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1 INTRODUCTION

The following document provides information for candidates about the requirements of the Optometry Council of Australia and New Zealand (OCANZ) Competency in Optometry Examination (COE). 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 COE assess the competence of the candidate in the entry-level competencies listed in Optometry Australia Entry-level Competency Standards for Optometry 2022 (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. The COE assesses therapeutic knowledge only to the level expected of an optometrist who is not therapeutically endorsed. It does not assess the additional therapeutic competencies required for ocular therapeutics endorsement. After completing the COE, you must have your therapeutic competencies assessed separately in the OCANZ Assessment of Competence in Ocular Therapeutics (ACOT) examination or undertake an accredited Australian Ocular Therapeutics program.

The Competency Standards you will be assessed on include the legal, clinical, and cultural standards on providing care that is not only clinically appropriate but also culturally safe and respectful of local communities and relevant local legal requirements.

The COE is divided into three sections (all of which must be passed):

Written examination (two parts)

- Clinical Science examination (one 3-hour multiple-choice question (MCQ) paper
- Diagnosis and Management examination (one 3-hour short answer question (SAQ) paper

Cultural Safety Training (online, six Tutorials)

- Self-paced

Clinical examination (two parts)

- Skills Station examination
- Patient examination

1.1 PROGRESS RULES

(1) Written examination

- Candidates must pass both parts of the written examination (MCQ and SAQ examinations) 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 MCQ and SAQ examinations 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. This must be attempted within 3 years of passing the other paper. If at the second sitting they fail that paper again or they do not undertake the paper within 3 years, they will need to re-sit both papers at their next, and at any subsequent, attempts. If both papers are failed at any sitting, the candidate must repeat them both.

(2) Cultural Safety Training

- Candidates are to complete this training once they have passed the written examination, before they can sit the clinical examination. The training consists of six (6) tutorials and assessment tasks. Within the 6 tutorials are 28 short lessons that include videos, activities, definitions, and theory, which are then applied to real-life inspired case studies. The program is self-paced and the candidate can log in at intervals and complete the training in their own time. Total time commitment is approximately 5 hours, plus assessments. Assessment consists of interactive quizzes and short answer responses to

clinical optometry scenarios. At the end of the program, there is a final multiple-choice exam. To be successful in each assessment, including the exam, candidates must obtain a minimum score of 80%. If a score of less than 80% is achieved on an assessment or the exam, the candidate can return to the tutorial and review the content before attempting the assessment/ exam again. Assessments can be reattempted as often as necessary until the candidate is successful.

(3) Clinical examination

- A pass in the Skills Station examination is required before a candidate may proceed to the Patient examination. To pass the Skills Station examination, candidates must pass all 12 skills. To pass the Patient examination, candidates must pass three (3) out of four (4) patient exams.

- Once a candidate has successfully completed the written examination, they must pass the clinical examination within three (3) years. If the clinical examination is not offered twice a year or is fully subscribed, the candidate must instead pass the clinical examination within six consecutive examination sessions for which they are eligible to attend.

- 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. If the candidate does not pass the clinical examination within the required three-year period, they must restart the entire examination process. This requires the candidate to successfully complete the written examination again before becoming eligible to sit the clinical examination.

1.2 EXAMINATION VENUES

The written examination is run as online remote proctored examination. The examination is taken in the candidate's home or another suitable environment.

The cultural safety training is run online without supervision.

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.

1.3 REASONABLE ADJUSTMENT/SPECIAL CONSIDERATION

Candidates with a documented health condition, mental health condition or disability that may impact on their ability to sit the examination can request reasonable adjustment. Applications for reasonable adjustment must be made in writing to the Examination Manager at the time of application. Relevant documentary evidence (e.g., medical certificate) must be attached to the application. Please be aware that late applications for reasonable adjustment applications requesting complex accommodations will not be accepted.

Candidates who are unable to sit or complete an examination due to an exceptional circumstance may be eligible for special consideration after the examination. Depending on the exceptional circumstance, candidates may be given an opportunity to re-sit the examination at the next available date without incurring additional examination fees. Examples of exceptional circumstances would include acute illness (such as hospital admission, onset of serious illness), or a natural disaster necessitating the evacuation of the premises at which the examination is being undertaken. Relevant documentary evidence (e.g., medical certificate) must be provided.

A decision by OCANZ in relation to reasonable adjustment/special consideration is final.

2 WRITTEN EXAMINATION

2.1 CLINICAL SCIENCE EXAMINATION (PAPER ONE)

The Clinical Science Examination is a 3-hour paper (including reading time), containing 144 multiple choice questions (MCQs). The examination assesses the candidate's background knowledge in vision, optical and clinical science, and their ability to apply this knowledge in a safe, ethical, person-centred and evidence-informed manner.

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.

Please see Section 5- Examination Conduct for a list of what candidates are allowed to bring to the examination.

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 here.

The following section lists the competencies which may be assessed in this examination, in accordance with the relevant sections in Appendix A., Optometry Australia entry-level competency standards for optometrists 2022. 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.

Clinical Care Provider

Interpretation (Competency 1.1): Gather and utilise all relevant information regarding each patient's systemic health, eye health and vision status (approximately 3-4 questions).

Assessment of significance of signs and symptoms found during examination (Competency 1.1.2): Identify eye health risks associated with physical, medical, socioeconomic, cultural and environmental factors and modify the examination and management appropriately and Competency 1.4.5. Consider relevant systemic health data in patient assessment and management (approximately 4 questions).

Formulates and Implements examination plan (Competency 1.2): Plan and undertake a patient- centred examination of the eye and visual system, Integrate foundational knowledge (e.g., visual optics, pharmacology, research evidence) with relevant information (e.g., systemic conditions, vision status), informed consent, prioritise tasks appropriately, identify indications and contraindications for use of diagnostic techniques (approximately 9 questions).

Assess the structure, health, and functional ability of the eye, adnexa and visual pathways and assess central and peripheral visual function and integrity of the visual pathways (Competencies 1.2.8 and 1.2.9): 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, gonioscopy, tonometry, tear dynamics, pupil reactions, nystagmus, eye movements, amblyopia, ocular pathology, pharmacology and microbiology, contrast sensitivity, perimetry, effects of pathological and physiological changes on visual function (visual acuity, fields, colour vision etc.), interpretation of information from optical coherence tomography etc. (approximately 18 questions).

Assessment of visual processing (Competency 1.2.13): Critically analyse how visual information processing is investigated, conduct appropriate investigations and analyse how these results should be used (approximately 2 questions).

Advice on vision in the workplace (1.2.14) Demonstrate knowledge of the requirements for appropriate occupational vision assessments and perform these: 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 (approximately 3 questions).

Integration (Competency 1.4.1): Consideration of the best available research evidence, clinical expertise, clinical guidelines, the individual patient and the context to develop an appropriate management plan and review schedule (approximately 2 questions).

Prescribe optical appliances safely and effectively (Competencies 1.4.4 and 1.5.1) Prescribe and provide spectacles, contact lenses, vision aids (e.g., low vision devices) and vision training appropriately. Develop and implement a wear, maintenance and review schedule, including patient education to enable safe use of spectacles, contact lenses and other devices.

> **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 (approximately 13 questions).
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> **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 (approximately 15 questions).
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> **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 (approximately 6 questions).

Verification of prescriptions (Competencies 1.5.2, 1.5.3, and 1.5,4) Verify all relevant parameters of an optical appliance against the prescription according to Australian and New Zealand and other relevant standards. Adjust and deliver optical appliances and counsel the patient in the proper use and maintenance of the appliance and of any adaptation effects that may be expected. Provide and interpret prescriptions for optical appliances appropriately (approximately 6 questions).

Prescribe medicines safely and effectively (Competency 1.6) The COE assesses only those aspects of this competency expected of an optometrist who is not therapeutically endorsed (e.g. use of diagnostic drugs, knowledge of common systemic medications being used by a patient, basic pharmacology. Therapeutic prescribing knowledge and competencies are assessed separately through the OCANZ Assessment of Competence in Ocular Therapeutics. Competency also addresses 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 (approximately 12 questions).

Collaborative pre-and post-operative care (Competency 1.4.7) Provide collaborative pre- and post-operative care of patients. Pre-operative assessment and advice, post-operative assessment and monitoring, treatment/referral alternatives, provision of emergency care (approximately 8 questions).

Visual therapy program (Competency 1.4.9) Manage functional vision loss. Diagnoses and treats or refers patients diagnosed with accommodative vergence, strabismus and amblyopic conditions (approximately 3 questions).

Professional and Ethical Practitioner

NEW Practice ethically (Competency 2.1). Practise in a manner that adheres to ethical and professional principles consistent with legislative and regulatory requirements (approximately 1 question)

NEW Practice in the best interests of the patient (Competencies 2.2 and 2.3) Commit to acting in the best interests of the patient and the community, Maintain professional autonomy in clinical decision making (approximately 1 question)

Social and cultural determinants of health (Competencies 2.2.2 and 1.12) Recognise and evaluate how social and cultural determinants of health may influence vision and eye health, general health and wellbeing, access to care, patient/client attitudes and responses to optometry services. Epidemiology of ocular disorders, provision of health and other services, demographics of the patient population (approximately 2 questions).

Communicator and Collaborator

Communication (Competency 3.1) Communicate clearly, effectively, empathically and professionally with the patient and their family, carer(s) or guardian(s). Provides advice and information to patients and others (approximately 3 questions).

Collaboration (Competencies 3.2, 1.2.10, and 1.4.2). Collaborate with other professionals. Identify and manage urgency in practice appropriately (e.g., patients requiring time-critical management, referral urgency) Recognise limitations of the available clinical information and refer the patient to other services when appropriate (approximately 4 questions).

Scholar and Lifelong Learner

Life-long learner (Competency 4.1) Manage professional issues and challenges through critical thinking, reflective and evidence-based practice. Maintenance and development of optometric knowledge, equipment and clinical skills (approximately 1 question).

Quality and Risk Manager

Workplace health and safety requirements (Competency 5.1) Provide a safe practice environment for patients, practitioners, and staff. Comply with workplace health and safety requirements (approximately 1 question).

Comply with relevant standards of care, legislative and regulatory frameworks (Competencies 5.2 and 3.1.11) Maintain up-to-date knowledge of changes in regulatory and other ethico-legal requirements including how and where to access information. Understanding of statutory and common law obligations, insurance, employment agreements, relevant Acts including Registration Acts, Poisons Acts, issuing of sick leave certificates. (approximately 1 question).

Record keeping (Competencies 5.2.2, 1.7) Comply with legislative requirements and guidelines relating to data privacy and to the ownership, access, storage, transfer, retention and destruction of clinical information and other practice documentation, document all relevant findings and communications.

(approximately 1 question).

2.2 DIAGNOSIS AND MANAGEMENT EXAMINATION (PAPER TWO)

The Diagnosis and Management paper is a 3-hour paper (including reading time) comprising 18 short answer questions (SAQs). Most questions have multiple parts that address case histories, diagnosis and management. It is expected that you will spend approximately 10 minutes on each question. Questions 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 here.

Please see Section 5 - Examination Conduct for a list of what candidates are allowed to bring to the examination.

The following section lists the competencies which may be assessed in this examination, in accordance with the relevant sections in 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.

Formulation of examination plan, assessment of the ocular adnexae and the eye, diagnosis (Competencies:1.2.1, 1.2.3, 1.2.5, 1.2.6, 1.2.8, 1.3, 1.4) 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 (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 (Competencies 1.2.1, 1.2.3, 1.2.9, 1.3, 1.4) 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 (approximately 1 question).

Treatment/management program (Competencies: 1.4, 1.4.1) 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 (approximately 2 questions).

Prescription of contact lenses, including formulation and implementation of an examination plan (Competencies 1.2, 1.4.1, 1.4.4, 1.5.1)
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 (approximately 1-2 questions).

Assessment of visual fields and colour vision including examination plan and interpretation and analysis of findings to establish a diagnosis (Competencies 1.2, 1.2.8, 1.2.9, 1.4.1) 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 (approximately 2 questions).

Assessment of oculomotor and binocular function including examination plan, including interpretation and analysis of findings to establish a diagnosis (Competencies 1.2, 1.2.11, 1.4.1) 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 (approximately 1-2 questions).

Significance of incidental findings/investigation of ocular signs and symptoms (Competencies 1.1.2, 1.2.10, 1.4.1, 1.4.5, 1.4.8) 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 (approximately 1-2 questions).

Contact lens aftercare including examination plan (Competencies 1.2, 1.4.1, 1.4.4, 1.5.1) 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 (approximately 1 question).

Referral of the patient/choice of practitioner for referral (Competencies 1.2.10, 1.4.1, 1.4.7, 3.2) 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. (approximately 1-2 questions).

Treatment of adnexal and anterior eye disorders (Competencies 1.4.1, 1.6) Ocular pharmacology, treatment procedures, actions, interactions, contra-indications and side effects of drugs, dosage, ocular

lubricants, pharmaceutical diagnostic agents, review to monitor treatment (approximately 1 question).

Provision of pre- and post-operative management (Competencies 1.4.1, 1.4.7) Understanding of indications and contraindications for surgery, recovery, intervention, referral, use of pharmacological agents (approximately 1 question).

Advice on vision in the workplace (Competencies 1.2.14, 5.2.5) Industry and other occupational requirements are known for colour vision, visual acuity, spectacle powers, occupational counselling, certification of fitness for occupations and tasks (approximately 1 question).

Emergency care and eye health promotion (Competencies 1.4.10, 1.4.12, 5.1.8) 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. (approximately 1 question).

2.3 ONLINE SUPERVISION (PROCTORING)

Online remote proctoring is a secure way that examinations can be conducted and supervised remotely via the internet in a candidate's home or another suitable environment. The examination will be proctored (supervised/invigilated) live. Certified proctors (supervisors/invigilators) contracted by OCANZ will monitor all candidates in real-time by using video and audio monitoring throughout the examination.

The proctor can issue warnings, suspend, or in cases where they believe intentional unauthorised examination behaviour is taking place, can terminate the examination.

Candidates can communicate with their proctor only if they need to go to the toilet, if they are having technical difficulties with the examination delivery, or if they need to terminate the examination due to ill health or an emergency (e.g., fire alarm necessitating evacuation). No other communication is permitted.

2.4 EQUIPMENT

This document should be read in conjunction with the information contained in the OCANZ remote online written examination System Guide (the technical requirements for the online examination) which will be provided to eligible candidates with the written examination application form. This outlines the technical requirements that a candidate must have in order to access and sit the online examination.

Ensuring that candidates have the appropriate equipment and technical capacity is entirely a candidate's responsibility. Candidates will be responsible for organising a suitable examination environment. This must be a room on their own, free from any distraction.

Section 5 - Examination Conduct - outlines all the materials that candidates are allowed to bring into the examination.

2.5 BEFORE THE EXAMINATION COMMENCES

Before the examination commences proctors will conduct an identification check on all candidates. The proctor will also check that only permitted items are in the candidate's testing area.

Candidates must present a valid and current passport. Failure to provide identification will result in the candidate being refused access to the examination.

Fraudulent use of identity documents will be taken seriously. Where a proctor has a reasonable concern about a candidate's identity or there is a concern that identity documents are being misused, the candidate may be refused access to the examination.

Candidates who are refused access to the examination will not be eligible for a refund.

2.6 DURING THE EXAMINATION

Candidates are not allowed to leave the testing area without permission from their proctor and should only make such a request if absolutely necessary. If they leave the testing area during their examination without permission, or they leave the examination with permission for longer than five minutes, the examination will be terminated.

The candidate may ask their proctor to go to the toilet if required. Only one toilet break per candidate per examination is permitted. The candidate must return to their testing area within five (5) minutes. If a candidate leaves the testing area to go to the toilet, they will not be given any additional time to complete the examination.

If a candidate is advised during the examination that they are out of view of the camera, they will be given the opportunity to reposition themselves back into the camera view. The examination will be terminated if a candidate moves out of the view more than twice.

If the proctor's view of the candidate gets interrupted or blurred in any way, the candidate will be advised by the proctor to refocus the camera. The same applies if the candidate's audio is interrupted. The examination will be terminated if this occurs more than twice.

If it is noted that there is someone else in the room with the candidate, the proctor will warn the candidate. A second warning will mean the examination will be terminated.

3 CULTURAL SAFETY TRAINING

OCANZ supports equitable access and outcomes to eye care services for Aboriginal, Torres Strait Islander, and Māori peoples, without stigma, racism nor fear. OCANZ thus aims to ensure that optometrists entering the workforce from overseas are equipped with the knowledge and skills to provide culturally safe care.

The Cultural Safety Training for Optometrists online program is a mandatory program for all overseas qualified optometrists as part of the Competency in Optometry Examination process. The training program has a strong focus on applied safety in optometry practice which is clinically and culturally framed. Candidates will learn by watching videos, doing activities, reading definitions, and learning theory which is then applied to real-life inspired case studies.

To successfully complete the Cultural Safety Training for Optometrists online program candidates must have access to a computer with internet. The program consists of six (6) tutorials with a total time commitment of

approximately 5 hours excluding assessment tasks. Within the six tutorials are 28 short lessons. The program is self-paced and allows candidates to log in at intervals to complete the training in their own time.

Assessment:

There are numerous opportunities to put the learning into practice with interactive quizzes and short answer questions using clinical scenarios to connect the theory to practice. There is one final multiple-choice exam.

To be successful in each assessment, including the exam, candidates need to receive a minimum score of 80%. You must receive 80% or above on each of the six post-tutorial assessments and the final exam to have successfully completed the Cultural Safety Training for Optometrists program.

If you receive less than 80% on an assessment or the exam, you will have the opportunity to return to the tutorial to review the content before attempting it again.

Candidates must complete the Cultural Safety Training for Optometrists online program before they can proceed to sit the clinical component of the COE.

4 CLINICAL EXAMINATION

4.1 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. Each skill has been assigned essential and desirable criteria. Failure of 1 essential criterion will result in a failure for that skill. Failure of 3 or more desirable criterion will result in a failure of that skill. Candidates who fail up to 3 of the 12 skills may be given the opportunity to re-sit the failed skills on the following day (a supplementary examination). Failure of 4 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	A. Soft contact lenses	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.
	B. Visual field assessment (i) Amsler grid testing (ii) Automated visual field testing (iii) Confrontation	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 this, 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.
2	C. Binocular vision assessment: (i) Cover test (ii) Heterophoria measurement (iii) Vergence testing	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. The candidate will need to record results clearly and accurately.

	D. Distance retinoscopy	The candidate will perform distance retinoscopy on both eyes of a subject and record results clearly and accurately.
3	E. Dispensing (i) Single vision spectacles (ii) Progressive spectacles	(i) Single vision spectacles. The candidate will measure the complete parameters of a pair of single vision 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. (ii) Progressive spectacles. The candidate will be provided with the subject's prescription for progressive lenses. The candidate will measure and record the inter-pupillary distances of a subject (distance and near, binocular and/or monocular as deemed necessary). The candidate will measure and record the parameters (including location of centres within the frame) necessary for the correct prescribing of those lenses.
	F. Contact applanation tonometry	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. Intraocular pressure 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.
4	G. Pupil testing	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.
	H. Subjective refraction	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. The candidate will be provided with the subject's inter-pupillary measurement.
5	I. Binocular indirect ophthalmoscopy (BIO)	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.
	J. Fundus lens evaluation	The candidate will perform a fundus evaluation on both right and left eyes of the subject using a fundus lens. The subject's pupils will have been dilated prior to the test.
6	K. Slit-lamp biomicroscopy	For one eye of the subject the candidate will use slit-lamp biomicroscopy to examine the lids (including eversion of the upper and lower lids), 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.
	L. Gonioscopy	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.

Please see Section 5 - Examination Conduct, for more information on the conduct of candidates during the clinical 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.

4.2 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.

To pass this part of the exam, the candidate must meet competency requirements in at least 3 of the 4 full patient examinations including all necessary tests and completion of all paperwork, is to be performed **within 70 minutes**. To pass a patient exam, the candidate must receive an average mark of 1 in each of the 6 sections of the marking rubric for that patient. Failure of 1 section constitutes a failure for that patient. At the completion of the examination, there will be an additional time available for discussion of the case with the examiner. The examiner's comments and overall mark are considered before the final result is determined.

Candidates will be given the name, gender and date of birth of the patient, but no other information from previous clinical records. 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 applicable). The candidate will have access to a manual vertometer (lensometer/focimeter) where they can measure the prescription in the patient's current glasses.

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. Candidates should note that a dilated fundus examination should include an assessment of the peripheral retina with BIO as this is considered standard practice for optometrists in Australia and New Zealand. 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 examiner 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 dispensing 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.

Please see Section 5 - Examination Conduct, for more information on the conduct of candidates during the clinical 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.

4.3 CLINICAL EXAMINATION FAMILIARISATION SESSIONS FOR CANDIDATES

OCANZ will timetable a familiarisation session on the day of the Skills Station examination and on the first day of the Patient examination. Candidates must attend these sessions.

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.

5 EXAMINATION CONDUCT

1 GENERAL

The terms and conditions outlined in this section apply to both the written examination and the clinical examination. Candidates must have read and understood this examination conduct at the beginning of each examination.

1.1 Candidates must not engage in misconduct of any kind. Misconduct means conduct that is unacceptable or improper in the opinion of OCANZ including, but not limited to, cheating or attempting to cheat, collusion, communicating with anyone other than the proctor or examiners during the examination and possession of unauthorised materials or equipment.

1.2 If a candidate engages in misconduct, OCANZ may, in its absolute discretion take one or more of the following actions:
- (a) Terminate the examination session.
- (b) Give the candidate a zero score on the examination in which the misconduct occurred.
- (c) Prohibit the candidate from undertaking further examinations administered by OCANZ.

1.3 All intellectual property rights (including all rights resulting from intellectual activity such as copyright, inventions, patent rights, registered and unregistered trademarks, design rights and all rights and interests of a like nature, including but not limited to methods and techniques, together with any documentation relating to such our rights and interests), developed for the purpose of the written or clinical examination and supplied during the examination by OCANZ remains the sole property of OCANZ at all times.

2 WRITTEN EXAMINATION

The terms and conditions outlined in this section are specific to the written examination and are additional to the General conditions in Section 1 above.

1.4 If a candidate arrives to the online examination late, but before the 15-minute mark, the candidate will be allowed to sit the examination but will still receive only the 3 hours allocated time to complete the written examination regardless of the circumstances of their delay. If a candidate arrives to the online examination on or after the 15-minute mark, OCANZ may in its absolute discretion prohibit the candidate from sitting the written examination and the candidate will be given a zero score for the written examination.

1.5 Candidates must have the following materials in the examination:
- (a) A computer and keyboard, or a laptop, and mouse/touchpad
- (b) A secondary device, either a mobile phone, tablet or second computer, which has internet access and a camera
- (c) Power supply for both the computer and the secondary device.
- (d) Pens (blue or black);
- (e) 1 page only of blank A4 paper

1.6 Candidates must not during the examination possess or have access to any unauthorised materials or equipment. Unauthorised materials or equipment for the purposes of this section refers to anything that is not included in section 2.2 above and that, in the opinion of OCANZ, may give the candidate an unfair advantage over other candidates including, but not limited to any of the following:
- (a) Additional mobile phones, not required for the examination;
- (b) Any recording devices;

(c) Any additional cameras;
(d) Any wearable technology including smart glasses and all watches (whether analogue, digital or smart watch);
(e) Any other additional devices that connect to the internet;
(f) Any calculators;
(g) USB devices;
(h) Any reference material, such as books or notes;
(i) Any other equipment.
(j) Any item of clothing that obscures the candidate from view of the proctor during identification verification

Candidates are prohibited from wearing smart glasses, smart watches, or any other electronic wearable device that has recording, communication, artificial intelligence, or data storage capability. Any such device must be removed before the examination begins. Non-compliance may result in termination of the examination and disciplinary action.

1.7 There must be no communication with anyone other than the proctor once the examination has begun.

1.8 Candidates must not retain any notes from the examination. At all times, the examination questions remain the sole property of the OCANZ. All examination material is protected by copyright and copyright in the examination material remains the sole property of OCANZ at all times. The candidate shall not disclose to any third party the contents of this examination, including but not limited to questions, form of questions, or answers, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose. Any reproduction or distribution of any examination material is unlawful and may be subject to legal action as outlined in the Misconduct Policy.

1.9 A candidate who needs to leave the room for any reason must request verbal approval by the examination proctor.

1.10 A candidate who completes the examination early is permitted to conclude their examination session.

3 CLINICAL EXAMINATION

The terms and conditions outlined in this section are specific to the clinical examination and are additional to the General conditions in Section 1 above.

1.11 Candidates can only bring "required" and "optional" equipment to the clinical examination. Please refer to "Appendix B: Skills Station Examination – Information" for more information on what constitutes "required" and "optional" equipment for the Skills Station Examination and "Appendix E: Patient Examination – Information" on what constitutes "required" and "optional" equipment for the Patient Examination.

1.12 Candidates must not, during the clinical examination, possess or have access to any unauthorised materials or equipment. Unauthorised materials or equipment for the purposes of this section refers to anything that is not included in section above and that, in the opinion of OCANZ, may give the candidate an unfair advantage over other candidates including, but not limited to any of the following:
(a) any mobile phones;
(b) any recording devices;
(c) any cameras; and
(d) any wearable technology including smart glasses and all watches (whether analogue, digital or smart watch).

1.13 Candidates must bring only blue or black pens into the examination.

1.14 Candidates will be assessed on preparation, personal hygiene, execution and conclusion of each skill in

the Skills Station examination. Assessment includes the clear and accurate recording of the results obtained.

1.15 Candidates must wash their hands when appropriate for each skill in the Skills Station examination. Each station will have access to hand-washing and drying facilities. Candidates will not be permitted to commence a skill unless their personal presentation and preparation of instruments conform to necessary hygiene standards.

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

1.17 Candidates are expected to behave in a professional and culturally safe manner at all times toward the subjects, the patients and the examiners. Unprofessional behaviour could result in failure of the examination.

1.18 Candidates are only allowed to communicate with the examiner, the subject, the patient, the examination coordinator, and representatives of OCANZ.

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

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