

| HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA<br>THE PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS |   |                       |               |
|---|---|-----------------------|---------------|
| <b>SUBJECT</b>  | NATIONAL BOARD EXAMINATION COMEPENTIES FOR OPTOMETRISTS | <b>DOC NO:</b>        | CCO 001       |
| <b>COMPILED BY:</b>   | EDUCATION, TRAINING AND REGISTRATION COMMITTEE          | <b>REVISION NO:</b>   | 01            |
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**PROFESSIONAL BOARD FOR OPTOMETRY AND  
DISPENSING OPTICIANS**

**GUIDELINES FOR THE NATIONAL  
BOARD EXAMINATION**

**RE: OPTOMETRISTS**

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## 1. PURPOSE

This guideline intends:

- 1.1 To assist an applicant who wishes to register as an Optometrist with the Professional Board for Optometry and Dispensing Opticians of the Health Professions Council of South Africa (HPCSA) in preparation for the National Board examination.
- 1.2 To outline the core competencies that the candidate will be evaluated on during the national board examination.
- 1.3 To guide the examiners and moderators in preparation for the national board examination and during assessment.

## 2. SCOPE

The guideline applies to the Optometrists who wish to register with the board in terms of the Act; and to outline the core competencies to be evaluated during the national board examination prior to entry into the profession of optometry.

## 3. REGULATIONS

- Achievement of ALL the Core Competencies must be demonstrated during assessment.
- Assessment will take the form of two written papers of three hours each and a clinical proficiency in major areas.
- During the clinical proficiency the candidate may be required to perform, demonstrate or describe any clinical procedure relevant to the eight fields described in these regulations.
- A successful pass mark of 60% in the written exam will be the required entry level for the clinical proficiency evaluation where the pass mark will also be 60%.

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#### **4. CLINICAL PROFICIENCY**

##### **Core Field 1: Communication Skills**

**The ability to communicate effectively with the patient and with Professional colleagues directly and through other means can be demonstrated through:**

- 1.1 The ability to observe patients and note any clinically relevant perceptions and the ability to take an accurate case history from patients with a range of optometric conditions.
- 1.2 The ability to elicit significant symptoms.
- 1.3 The ability to elicit relevant family history.
- 1.4 The ability to elicit issues pertaining to the patient's general health, medication, work, sports, lifestyle and special needs.
- 1.5 The ability to provide an explanation to patients concerning their physiological or pathological eye condition/s.
- 1.6 An ability to show understanding of a patient's fears, anxieties and concerns about their visual welfare, the eye examination and its outcome.
- 1.7 The ability to discuss with a patient the importance of systemic disease, its potential ocular impact, its treatment and the possible ocular side effects of medication.
- 1.8 An ability to understand the patient's expectations and aspirations and to empathetically manage situations where these cannot be met.
- 1.9 The ability to communicate with various patients including those with poor or non-verbal skills, or those who are confused, reticent and may mislead.
- 1.10 The ability to communicate relevant findings to patients in an empathetic way that they can understand.

##### **Core Field 2: Professional Conduct.**

**An understanding of professional conduct and the legal aspects of professional practice can be demonstrated through:**

- 2.1 The ability to manage patients with respect in a safe, ethical and confidential fashion.
- 2.2 The ability to keep and maintain clear, accurate and detailed patient records.
- 2.3 The ability to interpret existing records and respond appropriately.
- 2.4 The ability to show when to refer and to understand referral pathways.

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- 2.5 The ability to demonstrate insight into legal, professional and ethical obligations of a registered optometrist.

**Core Field 3: Visual Functioning: Assessment and appropriate management of the visual function of patients**

**The ability to determine and to perform relevant and appropriate methods of assessment of vision status and visual function across the full range of patient ages and to manage appropriately.**

- 3.1 The ability to refract a range of patients with optometric problems by appropriate objective and subjective means.
- 3.2 The ability to prescribe and make management decisions based on the refractive and oculomotor status.
- 3.3 The ability to use ocular diagnostic drugs appropriately to aid the refraction process, and to demonstrate the ability to manage any resulting side-effects.
- 3.4 The ability to assess children’s visual function (including infants) using appropriate techniques and to demonstrate an understanding of the special examination needs of patients with learning and other disabilities.
- 3.5 The ability to identify patients with impaired visual function and refer or adjust the assessment accordingly.
- 3.6 An understanding of the assessment of visual function, including the use of specialist charts for distance and near vision, and the effects of lighting, contrast and glare.
- 3.7 An understanding of the special examination needs of patients with severe visual field defects and the ability to advise visually impaired patients about their impairment, disability or handicap.
- 3.8 The ability to assess specific criteria for vocational demands including but not limited to - colour vision, visual field determination and visual acuity in order to determine whether the standards required by various vocational groups are met or not.

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### **Core Field 4: Visual Aids and or/other management strategies:**

#### **The ability to prescribe and to dispense the most suitable optical appliances/ visual aids**

- 4.1 The ability to advise the patient on most suitable form of optical correction considering aspects such as durability, comfort, cosmetic appearance, lifestyle and affordability.
- 4.2 The ability to measure and verify optical appliances, taking into account relevant standards.
- 4.3 The ability to ascertain the most suitable low vision aids and instruct/train the patient on the use- including but not limited to: hand held and stand magnifiers, typoscopes, hand held telescopes, specialised visual charts and the use of electronic magnification and apps.
- 4.4 The ability to advise on the use of, and to dispense, a range of spectacle lens forms, from simple spherical to complex multifocal designs, high corrections and their application to specific patient needs.
- 4.5 An understanding of prismatic effect, the manipulation of lens form and setting to obtain the desired control of prismatic effects.
- 4.6 An ability to demonstrate current knowledge of eye protection regulations, relevant standards, and to advise on occupational visual requirements and protection.
- 4.7 The ability to prescribe and dispense spectacles for specific vocational needs.
- 4.8 An understanding of the application of complex low vision aids e.g. spectacle-mounted telescopes, CCTV.
- 4.9 The ability to manage the situation and seek resolution in non-tolerance cases.

### **Core Field 5: Ocular Examination:**

#### **The ability to perform an examination of the eye and related structures**

- 5.1 The ability to use instruments in ocular examination and to understand the implications of the findings in terms of subsequent examination techniques.
- 5.2 The ability to assess and detect anomalies of the external eye and adnexa, the tear film as well as the anterior and posterior ocular structures, including but not limited to pupil reactions, anterior chamber and fundus.
- 5.3 The ability to use a slit lamp efficiently for routine examination.
- 5.4 The ability to use diagnostic drugs to aid ocular examination.

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- 5.5 The ability to examine fundi using direct and indirect techniques.
- 5.6 The ability to use instruments to measure corneal curvature.
- 5.7 The ability to investigate visual fields, analyse and interpret the results, including in patients with reduced acuity.
- 5.8 The ability to use a contact tonometer to measure intraocular pressure, analyse and interpret the results.
- 5.9 The ability to make an assessment of the fundus and to detect media opacities.

### **Core Field 6: Ocular Abnormalities/deviations from the norm;**

#### **The ability to recognize, identify and manage ocular and related systemic abnormalities through differential diagnosis and appropriate referral**

- 6.1 The ability to interpret and investigate presenting signs and symptoms.
- 6.2 The ability to recognise/identify deviation from the norm (abnormalities) and manage appropriately.
- 6.3 The ability to recognise common ocular pathologies and to refer when appropriate.
- 6.4 The ability to differentiate a range of pathologies, manage within scope and refer when appropriate including common presentations for example:
  - 6.4.1 Patient presenting with a red eye
  - 6.4.2 Patient presenting with reduced vision
  - 6.4.3 Patient presenting with cataract
  - 6.4.4 Evaluate glaucoma risk factors and appropriate referral.
  - 6.4.5 Evaluation and management of macular pathology with appropriate referral.
  - 6.4.6 Evaluation and management of common retinal disease like diabetes and hypertension
- 6.5 The ability to recognise urgent and emergent need for referral such as retinal detachment, acute angle closure or trauma for example.
- 6.6 An understanding of the treatment of a range of common ocular diseases.
- 6.7 The ability to recognise ocular manifestations of common systemic diseases.
- 6.8 The ability to assess symptoms and signs of neurological significance.
- 6.9 An ability to recognise adverse ocular reactions to medication.

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### **Core Field 7: Contact Lenses; The ability to manage patients with contact lenses**

- 7.1 The ability to insert and remove contact lenses and instruct patients in these procedures.
- 7.2 The ability to fit soft contact lenses.
- 7.3 The ability to manage the aftercare of patients wearing soft contact lenses
- 7.4 The ability to advise on contact lens materials and care regimes and the suitability of various lens types for different patients.
- 7.5 The ability to manage the aftercare of patients wearing rigid gas permeable contact lens and/or scleral lenses.
- 7.6 The ability to fit rigid gas permeable contact lenses, and knowledge of scleral lens fitting.
- 7.7 An understanding of, and the ability to fit contact lenses on astigmatic eyes.
- 7.8 An understanding of the techniques used in fitting contact lenses and to advise patients requiring complex visual correction.
- 7.9 Assessment of the patient for the suitability of contact lens wear and the relevant techniques associated with this.
- 7.10 Be knowledgeable of the different contact lens complications and be able to differentiate them.
- 7.11 Ability to assess presbyopic patients with different types contact lenses for management of presbyopia.

### **Core Field 8: Binocular Vision;**

#### **The ability to assess and manage patients with anomalies of binocular vision**

- 8.1 The ability to assess binocular status using objective and subjective tests.
- 8.2 The ability to investigate and manage patients presenting with non-strabismic vergence anomalies.
- 8.3 The ability to investigate and manage patients with accommodative anomalies.
- 8.4 The ability to investigate, differentiate and manage a patient with different types of heterotropias.
- 8.5 The ability to identify and manage children at risk of developing an anomaly of binocular vision.
- 8.6 To diagnose different types of amblyopia and formulate a treatment strategy to manage the condition.
- 8.7 The ability to manage children and adults presenting with an anomaly of binocular vision.

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8.8 The ability to diagnose and manage patients presenting with other binocular vision anomalies and symptoms for example, diplopia and digital vision syndrome amongst others.

## 5. EXAMINATION STRUCTURE

The structure of the examination is comprised of two parts, i.e. the theory and clinical competency. A minimum of 60% is required for both theory and clinical competencies.

### 5.1. PART 1: THEORY EXAMINATION

A minimum of 60% in each of the 2 written papers is required in order to pass Part 1. The candidate will have the opportunity for one re-make in the failed paper(s). If the candidate achieves 40% or below in the re-make exam, a third and final opportunity will not be considered until the next examination window opens. The candidate is expected to use this time to enhance his/her knowledge in the specific discipline areas until an adequate level of competence is reached.

A progressive approach is adopted by the Board, whereby the candidate will need to pass all areas of both theory examination papers in order to gain admission to the clinical component of the Board examination.

The theory assessment will take place over two days requiring the candidate to demonstrate knowledge in the following areas:

**Paper 1: A 3-hour multiple choice question paper examining the candidates' knowledge in the following areas:**

Clinical Optometry

Ethics and SA Regulations Governing Optometrists

Optical Dispensing

Ocular Pathology

General and Ocular Pharmacology



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**Paper 2: A 3-hour multiple choice question paper examining the candidates' knowledge in the following areas:**

Contact Lenses

Binocular Vision

Paediatric Optometry

Low Vision

**5.2. PART 2: CLINICAL COMPETENCY EXAMINATION**

The practical assessment will take place over two days and the candidate will be required to complete 3 parts on each day. For those who are eligible to register with diagnostic privileges will complete 4 parts on the second day. A pass mark of 60% has to be achieved in each part of the examination. A failure in any part of the exam will constitute a lack of adequate competence in that area and only one re-make will be allowed provided the candidate achieved 40% or more in the part of the exam.

Should a mark less than 40 % be achieved in the remake, the candidate may be required to enhance his/her knowledge in the specific area until an adequate level of competence is reached prior to being eligible for (re)registration with the HPCSA.

The candidate must demonstrate competencies in the clinical areas indicated below:

**1. General Patient Examination:** This will include full history-taking, preliminary assessments, refraction and ocular health assessment which will culminate in a full diagnosis and a comprehensive management plan for the patient

**2. Ocular Pathology:** recognition, differential diagnosis and proposed management plan of abnormal ocular conditions presented on a maximum of 8 slides in the form of an oral (viva voce) session or a written paper.

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**3. Binocular Vision:** demonstrate the ability to use relevant equipment and testing methods for the diagnosis and management of patients with binocular vision anomalies. The candidate will also be questioned on case analysis and case differentiation and the management strategies for the various binocular vision anomalies.

**4. Low Vision:** demonstrate the ability to apply low vision skills and use different equipment for the diagnosis and categorisation of low vision. Demonstrate the use of different low vision aids in the management of patients with conditions that require low vision care and rehabilitation. The candidate will also be questioned on the interpretation of clinical findings and the application thereof.

**5. Contact Lenses:** fitting of hard and/or soft lenses onto the eye of a patient and assessment of the fit and proposal of associated strategies leading to successful contact lens wear. The candidate will also be examined on the pre-fitting assessment and after care procedures, including contact lens complications.

**6. Pediatric Optometry:** examination of a pediatric patient using appropriate age-related clinical tests to investigate, diagnose and make recommendations for the management of the patient.

**While efforts are made to structure the practical assessments in specific areas on days 1 and 2, availability of patients and examiners as well as the number of candidates participating in the examinations may require that an area is swapped to another day.**

## **EXAMINATION FRAMEWORK AND DETAILED STRUCTURE ON EACH DAY**

### **DAY 1**

**General Patient examination:** Presbyope (Max time 1 hour per patient)

**Paediatric patient:** (Max time 1 hour per patient)

**Contact lens and fitting:** (Max time 1 hour)

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## **DAY 2**

**Low Vision:** Oral/written skills assessment and identification of L/V Aids (Max time 45 minutes)

**Binocular Vision skills assessment:** Oral/written binocular vision skills assessment (Max time 45 minutes).

**Pathology Slide assessments:** Identification and diagnosis (Max time 45 minutes)

Various slides (approximately 8) will be shown. Identification, knowledge of the disease process and appropriate management will be assessed.

**Diagnostic techniques and applications:** For candidates who are eligible to register with diagnostic privileges. (Max time 10 minutes per technique)

Criteria for assessment of competency in the techniques is as follows:

- General techniques: perform a full slit-lamp flow in the assessment of ocular adnexa and media
- Taking of manual blood pressure,
- Pressure patching (Indications),
- Knowledge of automated and non-automated visual field assessment
- Gonioscopy: Perform the technique involving the 3 mirror gonio lens and interpret findings,
- Contact tonometry: perform the technique with a Goldmann tonometer and provide a reading
- Retinal lenses: perform 78D/90D retinal lens examination,
- Binocular indirect: perform a Dilated Fundus Examination (DFE) using a BIO.

NB: All areas may in addition include oral assessments for example the indications or contra-indications of a diagnostic technique.