



**EXAMINATION BOARD OF  
ASSOCIATION OF MALAYSIAN OPTOMETRISTS**

**CANDIDATE HANDBOOK FOR  
PROFESSIONAL QUALIFYING ASSESSMENT (PQA)**

**2018**

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## 1. INTRODUCTION

Pursuant to Optical Act 1991, to practice optometry in Malaysia a person is required to register with Malaysian Optical Council. To be eligible for registration, a person needs to possess a recognized basic optometry degree as listed in the Second Schedule of the Optical Act 1991. Pursuant to the section 42(2)(e) of the Optical 1991, a person needs to sit and pass a Professional Qualifying Assessment (PQA) if one hold a basic optometry degree which is not recognized for registration. This handbook provides the required information for the PQA candidates prior to the examination.

## 2. PQA OBJECTIVES

1. To determine the competency level of applicant who has qualification not listed in the Second Schedule of the Optical Act 1991 for registration purposes.
2. To cater for applicant who has qualification listed in the Second Schedule of the Optical Act 1991 but the program was done 3 years only.
3. To allow Malaysian citizens who obtains a degree from an unrecognized institution to register as an optometrist under the Optical Act 1991.
4. To ensure that only competent optometry practitioner is registered with Malaysian Optical Council.

## 3. WHO SHOULD SIT FOR PQA

1. Candidates who has qualification listed in the Second Schedule of the Optical Act 1991 but the program is done for three (3) years only.

| No | Category   | Clinical Attachment | PQA   |
|----|--|---------------------|---|
| 1  | Candidate undergone Pre-registration Scheme, sit for PQE in UK and passed. | Not required        | <ul style="list-style-type: none"><li>• Not required</li><li>• Eligible to be register with MOC</li></ul> |
| 2  | Candidate undergone Pre-registration Scheme, sit for PQE in UK but failed. | Not required        | Required  |

|   |  |   |          |
|---|--|---|----------|
| 3 | Candidate undergone Pre-registration Scheme, but did not sit for PQE in UK | Not required  | Required |
| 4 | Candidate did not undergo Pre-registration Scheme                          | i. Need to undergo clinical attachment for one year at any institution recognized by MOC.<br>ii. Need to fulfil logbook given by MOC. | Required |

2. Candidates who has qualification **NOT LISTED** in the schedule :

- i. If the program they went were 4 years, candidate is not required to undergo clinical attachment. Candidate need to undergo PQA only.
- ii. If the program they went were 3 years, hence the terms and conditions below are applicable:

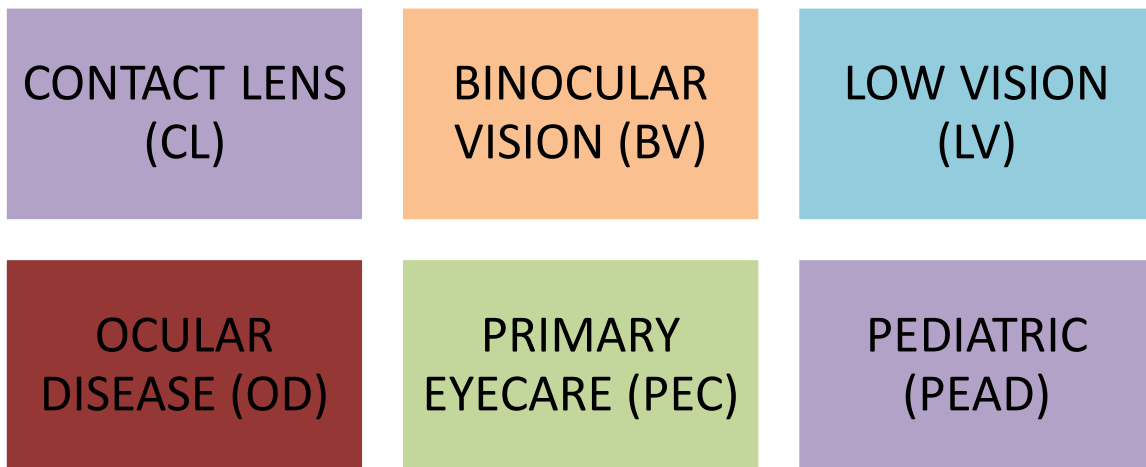
| No | Category  | Clinical Attachment   | PQA      |
|----|---|---|----------|
| 1  | Candidate undergone Pre-registration Scheme       | Not required  | Required |
| 2  | Candidate did not undergo Pre-registration Scheme | i. Need to undergo clinical attachment for one year at any institution recognized by MOC.<br>ii. Need to fulfil logbook given by MOC. | Required |

#### 4. PQA IMPLEMENTATION

1. Those with qualifications from a 3 years programme from institutions listed in the Second Schedule of the Optical Act 1991 are required to undergo clinical attachment and sit for PQA, if they enrol in the optometry programme after PQA is enforced by MOC.
2. Those with qualifications from a 3 years programme from institutions NOT LISTED in the Second Schedule of the Optical Act 1991 are required to undergo clinical attachment before they sit for PQA, effective immediately after their application for registration are received by MOC Evaluation Committee.

## 5. PQA COMPONENTS

Every candidate will be tested in six (6) components or field of optometry practice :



## 6. GENERAL RULES

1. Only candidate who apply to be registered and is confirmed qualified by MOC are allowed to sit for PQA.
2. Date and venue of the PQA will be determined by MOC and will be informed to all potential candidates prior to PQA.
3. Every candidate will be given this guideline that they need to follow before the assessment done.

## 7. ASSESSMENT

### 7.1 FORMAT

| COMPONENTS   | FORMAT / DURATION (MINUTES) |       |       |                       |
|--------------|-----------------------------|-------|-------|-----------------------|
|              | WRITTEN/<br>CASE ANALYSIS   | VIDEO | SLIDE | PRACTICAL             |
| BV           | 35                          | 12    | -     | 10                    |
| LV           | 20                          | -     | 20    | -                     |
| OD           | -                           | -     | 30    | -                     |
| CL           | 20                          | -     | -     | 60                    |
| PEC          | -                           | -     | -     | 90                    |
| PAED         | 30                          | -     | -     | -                     |
| <b>TOTAL</b> | 105<br>(1 Hr 45 Mins)       | 12    | 50    | 160<br>(2 Hrs 40Mins) |
|              | <b>4Hr 25Mins</b>           |       |       |                       |

\*Subject to any changes

## 7.2 INSTRUMENT

1. All instruments needed during assessment will be provided by the institution that holds the PQA.
2. However, candidate may bring their own basic instrument such as retinoscope, occluder, PD ruler, pen torch, trial lens set, trial frame and near target.
3. Candidate is required to bring their own stationaries such as ball point pen, pencil and calculator (calculator in the mobile phone are not allowed to be used).

## 7.3 CANDIDATE

1. Candidates will be briefed by Chief Examiner at the PQA venue prior to the assessment to ensure they understand the process and the rules of the assessment.
2. To ensure that candidates are familiar and comfortable using the instruments in the venue of the PQA, MOC will arrange a visit to the institution prior to the assessment.

## 7.4 PROPOSED PQA SCHEDULE

| <b>DAY 1</b> | <b>COMPONENT</b>            |   |
|--------------|-----------------------------|---|
| 0900 - 1030  | Primary Care – Session 1    | Video/Slide (Low Vision & Ocular Disease) - Session 1   |
| 1100 - 1230  | Primary Care - Session 2    | Video/Slide (Low Vision & Binocular Vision) - Session 2 |
| 1230 - 1430  | Rest                        |   |
| 1430 – 1545  | Written Test – Contact Lens |   |

| <b>DAY 2</b> | <b>COMPONENT</b>                                    |                            |
|--------------|---|----------------------------|
| 0900 – 1000  | Contact Lens Practical - Session 1                  | Binocular Vision Practical |
| 1030 - 1130  | Contact Lens Practical - Session 2                  | Binocular Vision Practical |
| 1200 - 1300  | Written Test - Ocular Disease & Pediatric           |                            |
| 1400 – 1700  | Discussion Session Among Examiner And Pqa Committee |                            |

## 7.5 RESULT

1. Result of the assessment will be presented and discuss in the PQA Committee meeting.
2. All decision made by the PQA committee are final.
3. The result will be made known to candidate via letter and email within two weeks after the assessment.
4. Candidate must passed all components to be eligible for registration with MOC.
5. Candidate who fail PQA may re sit for the individual component they fail.

## 8. APPLICATION

1. To sit for the PQA, candidate must submit the following documents in TWO copies to Association of Malaysian Optometrists (AMO) :
  - a. Application form for PQA (Appendix 2);
  - b. Letter issue by MOC to sit for PQA;
  - c. Certified photocopy of basic optometry degree;
  - d. Certified photocopy of post graduate degree(s), if any;
  - e. Additional documents for Malaysians:
    - i. Certified photocopy of identity card (on an A4 size paper);
  - f. Additional documents for Non-Malaysians:
    - i. Certified photocopy of passport;
    - ii. Certified photocopy of appointment letter from Higher Education Provider;
  - g. Examination fees of **FIVE THOUSAND** ringgit (RM 5000.00) payable in bank draft only must be made in the name of '**ASSOCIATION OF MALAYSIAN OPTOMETRISTS**'. Please write your name and identity card number/passport number behind the bank draft.
2. If your printed names in any of the documents submitted differ, please submit a Statutory Declaration.
3. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions in either Bahasa Malaysia or English along with certified copies of the document in its original language. Translated documents are only acceptable if carried out by qualified translators or officers of appropriate embassy.
4. Candidate are advised to keep a copy of the form they submitted for future reference.
5. Candidate will be informed regarding date, venue and time for the PQA at least 2 weeks before the assessment.

6. Should the candidate fail the PQA and wish to re sit for the component that they failed, the fee for each component are as stated below:

| <b>Component</b> | <b>Fee (RM)</b> |
|------------------|-----------------|
| Primary care     | 1630.00         |
| Contact lens     | 2070.00         |
| Binocular vision | 2070.00         |
| Low vision       | 1140.00         |
| Paediatric       | 1140.00         |
| Ocular disease   | 1140.00         |

7. All application must be submitted to :

**ASSOCIATION OF MALAYSIAN OPTOMETRISTS (AMO)**

**Address : 63G, Jalan Perdana 6/4, Pandan Perdana 55300 Cheras**

**Email : secretariat@amoptom.org**

**Contact No. : +(60)11-26102040**

8. Application can be submitted **IN PERSON**.
9. Applicants are strongly advised to respond immediately to our notification for any shortcomings, if any.
10. Upon passing the PQA, candidate will be issued a letter/certificate from AMO. Candidate must present this letter/certificate to MOC for the purpose of registration under Section 19(2) of The Optical Act 1991.





## PROFESSIONAL QUALIFYING ASSESSMENT (PQA)

### INSTRUCTIONS TO CANDIDATES

#### **EXAMINATION RULES**

1. Candidates must bring along their **identity card** and **invitation letter** to sit for exam to the examination room.
2. Candidates are advised to have their **finger nails cut short** for the examination.
3. Candidate is required to register their attendance **30 minutes** before the examination starts.
4. Candidate **shall not be allowed to sit** for the examination if he/she comes **15 minutes after** the examination has started. No added time will be given.
5. Candidate is not allowed to bring in any notes or reference books into the examination room.
6. Candidate is not allowed to bring in any communication devices including cell phone
7. Candidate is required to dress appropriately, decently and professionally with proper shoes. Dress code for male candidate is sleeved shirt with long trousers. Dress code for female candidate is sleeved top with dress/skirt below the knee or trousers.
8. Candidates are required to bring along their own stationary such as ball point pen, pencil, eraser and calculator.
9. Optometry examination devices will be made available in each of the examination room. However, candidates are **allowed** to bring along their basic optometry examination devices such as retinoscope, occluder, PD ruler, pen torch, trial lens set, trial frame, near target.

#### **REMINDER**

Candidate shall abide by the rules stated above. Failure to do so shall result in disqualification of the candidate to sit or continue with the examination.



**PROFESSIONAL QUALIFYING ASSESSMENT  
RUBRIC – PRIMARY CARE**

**DURATION : 1 HOUR 30 MINUTES**

Student's Name : \_\_\_\_\_ Date : \_\_\_\_\_  
 Student's ID : \_\_\_\_\_ Time examination started: \_\_\_\_\_  
 Examiner : \_\_\_\_\_

**A. SUBJECTIVE – capability in history taking in order to form initial differential diagnosis & examination plan**

|                    |           |             |             |
|--------------------|-----------|-------------|-------------|
| *Symptomatology    | 2         | 1           | 0           |
| Ocular history     | 2         | 1           | 0           |
| Medical history    | 2         | 1           | 0           |
| Family history     | 2         | 1           | 0           |
| *Initial diagnosis | 2         | 1           | 0           |
| Examination plan   | 2         | 1           | 0           |
| <b>OVERALL</b>     | <b>NA</b> | <b>PASS</b> | <b>FAIL</b> |

**B. OBJECTIVE – clinical competence in optometric examination**

|                              |            |   |   |         |   |   |           |   |   |        |   |   |   |
|------------------------------|------------|---|---|---------|---|---|-----------|---|---|--------|---|---|---|
| *Visual acuity (Dist & near) | Distance   |   |   | Near    |   |   | +1.00/PH  |   |   | Record |   |   | T |
|                              | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 | T |
| <b>Preliminary tests</b>     | Instrument |   |   | Patient |   |   | Procedure |   |   | Record |   |   |   |
| NPA                          | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| NPC                          | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| Cover test                   | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| Hirschberg                   | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| Ocular motility              | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| Stereoacuity                 | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| Pupil test                   | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| Colour vision test           | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| Visual field confrontation   | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| <b>Refraction</b>            |            |   |   |         |   |   |           |   |   |        |   |   |   |
| *Retinoscopy                 | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| *Subjective refraction       | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| *Near Add                    | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |
| Keratometry                  | 2          | 1 | 0 | 2       | 1 | 0 | 2         | 1 | 0 | 2      | 1 | 0 |   |

|                            |               |   |   |   |   |   |             |   |   |   |   |   |
|----------------------------|---------------|---|---|---|---|---|-------------|---|---|---|---|---|
| <b>Binocular</b>           |               |   |   |   |   |   |             |   |   |   |   |   |
| Amplitude of accommodation | 2             | 1 | 0 | 2 | 1 | 0 | 2           | 1 | 0 | 2 | 1 | 0 |
| Post-refraction Phoria     | 2             | 1 | 0 | 2 | 1 | 0 | 2           | 1 | 0 | 2 | 1 | 0 |
| <b>Ocular Health</b>       |               |   |   |   |   |   |             |   |   |   |   |   |
| Slit lamp biomicroscopy    | 2             | 1 | 0 | 2 | 1 | 0 | 2           | 1 | 0 | 2 | 1 | 0 |
| Direct ophthalmoscopy      | 2             | 1 | 0 | 2 | 1 | 0 | 2           | 1 | 0 | 2 | 1 | 0 |
| Tonometry                  | 2             | 1 | 0 | 2 | 1 | 0 | 2           | 1 | 0 | 2 | 1 | 0 |
| <b>Total marks</b>         | <b>69-138</b> |   |   |   |   |   | <b>0-68</b> |   |   |   |   |   |
| <b>Overall</b>             | <b>PASS</b>   |   |   |   |   |   | <b>FAIL</b> |   |   |   |   |   |

|   |           |  |  |  |  |             |  |  |  |  |             |  |  |
|---|-----------|--|--|--|--|-------------|--|--|--|--|-------------|--|--|
| <b>C. ASSESSMENT - diagnostic skill proficiency</b> |           |  |  |  |  |             |  |  |  |  |             |  |  |
| *Symptom related                                    | 2         |  |  |  |  | 1           |  |  |  |  | 0           |  |  |
| History related                                     | 2         |  |  |  |  | 1           |  |  |  |  | 0           |  |  |
| New findings  | 2         |  |  |  |  | 1           |  |  |  |  | 0           |  |  |
| <b>Overall</b>                                      | <b>NA</b> |  |  |  |  | <b>PASS</b> |  |  |  |  | <b>FAIL</b> |  |  |

|   |           |  |  |  |  |             |  |  |  |  |             |  |  |
|---|-----------|--|--|--|--|-------------|--|--|--|--|-------------|--|--|
| <b>D. PLAN –capability in developing appropriate treatment plan</b> |           |  |  |  |  |             |  |  |  |  |             |  |  |
| *Symptom related  | 2         |  |  |  |  | 1           |  |  |  |  | 0           |  |  |
| History related   | 2         |  |  |  |  | 1           |  |  |  |  | 0           |  |  |
| New findings  | 2         |  |  |  |  | 1           |  |  |  |  | 0           |  |  |
| <b>Overall</b>  | <b>NA</b> |  |  |  |  | <b>PASS</b> |  |  |  |  | <b>FAIL</b> |  |  |

|   |           |  |  |  |  |             |  |  |  |  |             |  |  |
|---|-----------|--|--|--|--|-------------|--|--|--|--|-------------|--|--|
| <b>E. COMMUNICATION AND PROFESSIONALISM</b> |           |  |  |  |  |             |  |  |  |  |             |  |  |
| Communication skill                         | 2         |  |  |  |  | 1           |  |  |  |  | 0           |  |  |
| Professionalism                             | 2         |  |  |  |  | 1           |  |  |  |  | 0           |  |  |
| Fluency of performance                      | 2         |  |  |  |  | 1           |  |  |  |  | 0           |  |  |
| <b>Overall</b>                              | <b>NA</b> |  |  |  |  | <b>PASS</b> |  |  |  |  | <b>FAIL</b> |  |  |

**OVERALL ASSESSMENT:**

**PART A** : **PASS / FAIL**  
**PART B** : **PASS / FAIL**  
**PART C** : **PASS / FAIL**  
**PART D** : **PASS / FAIL**  
  
**OVERALL** : **PASS / FAIL**

**EXAMINER'S COMMENTS:**

(on the student's case history, clinical skills, case assessment and management plan)

**Rubric:**

General marks: 2 = complete                      1 = acceptable                      0 = unacceptable                      (max 2)

|  |  |  |
|--|--|--|
| <p><u>Symptom &amp; History:</u><br/>Symptom: FOLDARQ<br/>Ocular Hx (max 2)<br/>Medical Hx (max 2)<br/>Family Hx (max 2)</p> | <p><u>Differential diagnoses:</u><br/>Complete = 2<br/>Acceptable = 1<br/>Not acceptable = 0</p> | <p><u>Examinations:</u><br/>Instrument/room setting (max 2)<br/>Patient preparation (max 2)<br/>Step by step procedures (max 2)<br/>Recording (max 2)</p>  |
| <p><u>Critical mistake:</u><br/>Incomplete symptom and history investigation<br/>Unrelated questions</p>                     | <p><u>Critical mistake:</u><br/>Unrelated diagnosis</p>  | <p><u>Critical mistake:</u><br/><b>Instrument:</b><br/>Wrong instrument used<br/>Not familiar to the instrument<br/>No calibration is done<br/>Inappropriate room illumination</p>   |
| <p><u>Passing Criteria</u><br/>must pass items with (*)<br/>PASSING MARK 60%</p>   |  | <p><b>Patient:</b><br/>Wrong correction/lens used<br/>Poor instruction</p> <p><b>Procedure:</b><br/>Incorrect working distance<br/>Wrong technique</p> <p><b>Record:</b><br/>Wrong/incomplete recording<br/>Sph &gt; ±0.25DS<br/>Cyl &gt; ±0.25DC<br/>Axis &gt; ±5° (cyl &gt; 1DC)<br/>Axis &gt; ±10° (cyl &lt; 1DC)</p> |

Assessment/Diagnosis:

Symptom related (max 2)

History related (max 2)

New findings (max 2)

- *Maximum 2 marks are awarded if candidate is capable to interpret clinical findings and make diagnosis accurately for the complaint (symptom-related), history/background or anything found during the examination.*

Management/Plan:

Symptom related (max 2)

History related (max 2)

New findings (max 2)

- *Maximum 2 marks are awarded if candidate accurately & confidently formulates a complete plan of action for each diagnosis including follow up, treatment, patient education.*

Communication skills & professionalism

Communication:

- *Maximum 2 marks if candidate very effectively & confidently gives information and advice that patient can easily understand and able to develop a rapport with patient to ensure compliance.*

Professionalism:

- *Maximum 2 marks if candidate acts ethically, engages in the care of the patient and provide advice professionally.*

Fluency of performance

- *Maximum 2 marks if familiar with clinic protocol and conduct the exam systematically and efficiently.*

**PROFESSIONAL QUALIFYING ASSESSMENT  
MALAYSIAN OPTICAL COUNCIL  
RUBRICS & MARKING SHEET – CONTACT LENS - PRACTICAL**

Student's Name : \_\_\_\_\_  
Student's ID : \_\_\_\_\_  
Examiner : \_\_\_\_\_

Date : \_\_\_\_\_  
Time examination started: \_\_\_\_\_

**INSTRUCTION TO EXAMINER:** Please write the marks allocated and write down your comments clearly

|   | 3  | 2  | 1   | 0   | Scores | Reasons for marks deduction |
|---|--|--|---|---|--------|-----------------------------|
| <b>PRELIMINARY EXAMINATION &amp; DECISION OF PATIENT'S SUITABILITY AND IDEAL TYPE OF LENS TO FIT</b>          |  |  |   |   |        |                             |
| Preliminary Measurement:<br>- HVID<br>- VVID<br>- Palpebral aperture<br>Pupil diameter                        | Proper techniques<br><b>AND</b><br>Measurements within $\pm 0.50\text{mm}$<br><b>AND</b><br>All components measured                                | Appropriate techniques<br><b>AND</b><br>Measurements within $\pm 0.50\text{mm}$<br><b>OR</b><br>Miss in 1 to 2 components                            | Appropriate techniques<br><b>AND</b><br>Measurements within 1.00mm<br><b>OR</b><br>Miss in 1 to 2 components  | Wrong techniques<br><b>OR</b><br>Measurements > 1.00mm<br><b>OR</b><br>No measurement done  |        |                             |
| Keratometry   | Correct techniques / set up<br><b>AND</b><br>Proper instruction<br><b>AND</b><br>Result within $\pm 0.25\text{D}$ (0.05mm) with axis $\pm 5^\circ$ | Correct techniques / set up<br><b>AND</b><br>Improper instruction<br><b>AND</b><br>Result within $\pm 0.25\text{D}$ (0.05mm) with axis $\pm 5^\circ$ | Inappropriate techniques / set up<br><b>OR</b><br>Result within 0.375D to 0.50D (> 0.05mm to 0.10mm) with axis vary within $6^\circ$ to $10^\circ$  | Wrong technique<br><b>OR</b><br>Result > 0.50D (> 0.10mm)<br>Axis vary > $10^\circ$   |        |                             |
| Corneal Astigmatism (CA) Calculation  | Correct recording of the CA and axis   |  |   | Incorrect recording of the CA OR axis   |        |                             |
| Slit-lamp examination<br>-Lid and lashes<br>-Palpebral and bulbar conjunctiva<br>-limbus<br>-cornea<br>-tears | Proper hand washing<br><b>AND</b><br>Proper techniques<br><b>AND</b><br>Accurate results<br><b>AND</b><br>Proper recording                         | Proper hand washing<br><b>AND</b><br>1 inappropriate technique<br><b>OR</b><br>1 inaccurate/miss in findings<br><b>OR</b><br>1 Improper recording    | Proper hand washing<br><b>AND</b><br>2 inappropriate techniques<br><b>OR</b><br>2 inaccurate/miss in findings<br><b>OR</b><br>2 Improper recordings | Did not wash hands<br><b>AND</b><br>> 2 inappropriate techniques<br><b>OR</b><br>> 2 inaccurate / miss in findings<br><b>OR</b><br>(>2 improper recordings) |        |                             |
| Patient Suitability   | Correct decision   |  |   | Wrong decision  |        |                             |

|  |  |  |  |   |  |  |
|--|--|--|--|---|--|--|
| <p><b>Trial Lens selection for RE</b></p> <ul style="list-style-type: none"> <li>-type of cl</li> <li>-modality</li> <li>-material</li> <li>-base curve</li> <li>-lens diameter</li> <li>- rx</li> </ul> | <p>All component provided and correct</p> <p><b>AND</b></p> <p>SCL – BC (<math>\pm 0.10\text{mm}</math>)</p> <p>RGP – BC (<math>\pm 0.05\text{mm}</math>)</p> <p>*SCL Toric – axis (<math>\pm 10^\circ</math>)</p> <p>SCL – LD (<math>\pm 1\text{mm}</math>)</p> <p>Prescription (<math>\pm 0.25\text{D}</math>)</p> | <p>Missed 1 component</p> <p><b>OR</b></p> <p>1 component is incorrect</p> | <p>Missed 2 component</p> <p><b>OR</b></p> <p>2 components are incorrect</p> | <p>Missed &gt; 2 components</p> <p><b>OR</b></p> <p>&gt; 2 components are incorrect</p> |  |  |
| <p><b>Trial Lens selection for LE</b></p> <ul style="list-style-type: none"> <li>-type of cl</li> <li>-modality</li> <li>-material</li> <li>-base curve</li> <li>-lens diameter</li> <li>- rx</li> </ul> | <p>All component provided and correct</p> <p><b>AND</b></p> <p>SCL – BC (<math>\pm 0.10\text{mm}</math>)</p> <p>RGP – BC (<math>\pm 0.05\text{mm}</math>)</p> <p>*SCL Toric – axis (<math>\pm 10^\circ</math>)</p> <p>SCL – LD (<math>\pm 1\text{mm}</math>)</p> <p>Prescription (<math>\pm 0.25\text{D}</math>)</p> | <p>Missed 1 component</p> <p><b>OR</b></p> <p>1 component is incorrect</p> | <p>Missed 2 component</p> <p><b>OR</b></p> <p>2 components are incorrect</p> | <p>Missed &gt; 2 component</p> <p><b>OR</b></p> <p>&gt; 2 components are incorrect</p>  |  |  |

\* optional

| CL FITTING ASSESSMENT FOR SOFT CONTACT LENS (RIGHT EYE)  |  |   |   |   |        |                             |
|--|--|---|---|---|--------|-----------------------------|
|  | 3  | 2   | 1   | 0   | Scores | Reasons for marks deduction |
| CL insertion & removal   | Proper Hand washing<br><b>AND</b><br>Proper technique<br><b>AND</b><br>Able to insert / remove within 2 attempts<br><b>AND</b><br>perform post-fitting assessment to assess patient's ocular condition | Proper Hand washing<br><b>AND</b><br>Proper technique<br><b>AND</b><br>within 3 to 4 attempts<br><b>AND</b><br>Perform post-fitting assessment to assess patient's ocular condition | Proper Hand washing<br><b>AND</b><br>Proper technique<br><b>AND</b><br>within 3 to 4 attempts<br><b>BUT</b><br>Did not perform post-fitting assessment to assess patient's ocular condition | Does not wash hands<br><b>AND</b><br>Improper technique<br><b>AND</b><br>Did not perform post-fitting assessment<br><br><b>*contact lens fitting procedure should not proceed if no hand washing prior to CL handling</b> |        |                             |
| Adaptation period prior to assessment  |  | Correct adaptation period is given  | Insufficient adaptation period is given   | No adaptation time is given   |        |                             |
| Fitting assessment:<br>•Centration<br>•Coverage<br>•CL movement  | Perform all components of lens fitting assessment with estimates within $\pm 0.25\text{mm}$  | Miss 1 component of lens fitting assessment and with estimates of within $\pm 0.25\text{mm}$  | Miss 2 components of lens fitting assessment <b>OR</b> with estimates within $\pm 0.50\text{mm}$  | Miss $\geq 3$ components in lens fitting assessment <b>OR</b> with estimates $> 0.50\text{mm}$  |        |                             |
| Overall tightness  |  | Estimates within $\pm 10\%$   | Estimates within $\pm 20\%$   | Not done<br><b>OR</b><br>Estimates $> 20\%$   |        |                             |
| Fitting classification<br>• <b>Correct fitting classification</b>  | correct fitting classification   |   |   | Incorrect fitting classification  |        |                             |
| Over refraction<br>• <b>Correct selection of over-refraction</b><br>•Correct end point in over- refraction | Correct case selection for over refraction<br><b>AND</b><br>tolerance in over-refraction of<br>Sphere: $\pm 0.25\text{DS}$<br>Cyl: $\pm 0.50\text{DC}$<br>Axis: $\pm 5^\circ$                          | Correct case selection for over refraction<br><b>AND</b><br>tolerance in over-refraction of<br>Sphere: $\pm 0.50\text{DS}$<br>Cyl: $\pm 0.75\text{DC}$<br>Axis: $\pm 10^\circ$      | Correct case selection for over refraction<br><b>AND</b><br>tolerance in over-refraction of<br>Sphere: $\pm 0.75\text{DS}$<br>Cyl: $\pm 0.75\text{DC}$<br>Axis: $\pm 15^\circ$              | wrong case selection for over refraction  |        |                             |
| Proper suggestion for modification of lens parameter<br>• <b>BOZR</b><br>• <b>LD</b><br>• <b>Material</b>  | All components of modification are correct with good justification.  | All components of modification are correct but fail to provide justification.   | Only two components of modification are correct.  | Totally wrong modification of base curve, diameter and material.  |        |                             |



**RGP LENS FITTING:** Please write the marks allocated and write down your comments clearly

| <b>CL FITTING ASSESSMENT FOR RGP CONTACT LENS (LEFT EYE)</b>   |  |   |   |   |               |                                    |
|--|--|---|---|---|---------------|------------------------------------|
|  | <b>3</b>   | <b>2</b>  | <b>1</b>  | <b>0</b>  | <b>Scores</b> | <b>Reasons for marks deduction</b> |
| CL insertion & removal   | Proper Hand washing<br><b>AND</b><br>Proper technique<br><b>AND</b><br>Able to insert / remove within 2 attempts<br><b>AND</b><br>perform post-fitting assessment to assess patient's ocular condition | Proper Hand washing<br><b>AND</b><br>Proper technique<br><b>AND</b><br>within 3 to 4 attempts<br><b>AND</b><br>Perform post-fitting assessment to assess patient's ocular condition | Proper Hand washing<br><b>AND</b><br>Proper technique<br><b>AND</b><br>within 3 to 4 attempts<br><b>BUT</b><br>Did not perform post-fitting assessment to assess patient's ocular condition | Does not wash hands<br><b>AND</b><br>Improper technique<br><b>AND</b><br>Did not perform post-fitting assessment<br><br><b>*contact lens fitting procedure should not proceed if no hand washing prior to CL handling</b> |               |                                    |
| Adaptation period prior to assessment  |  | Correct adaptation period is given  | Insufficient adaptation period is given   | No adaptation time is given   |               |                                    |
| Fitting assessment:<br>• Centration<br>• CL movement<br>• Speed of movement<br>• Type of movement          | Perform all components of lens fitting assessment with estimates within $\pm 0.25\text{mm}$  | Miss 1 component of lens fitting assessment and with estimates of within $\pm 0.25\text{mm}$  | Miss 2 components of lens fitting assessment and/or with estimates within $\pm 0.50\text{mm}$   | Miss $\geq 3$ components in lens fitting assessment and/or with estimates $> 0.50\text{mm}$   |               |                                    |
| Fluorescein Pattern at<br>• central<br>• Mid peripheral<br>• Edge width<br>• Edge clearance                | Correct findings and recording of <b>ALL</b> components  | Inaccurate finding <b>OR</b> recording for 1 of the components  | Inaccurate finding <b>OR</b> recording for 2 of the components  | All wrong   |               |                                    |
| Fitting classification<br>• <b>Correct fitting classification</b>  | Correct fitting classification   |   |   | Incorrect fitting classification  |               |                                    |
| over refraction<br>• <b>Correct selection of over-refraction</b><br>• Correct end point in over-refraction | Correct case selection for over refraction<br><b>AND</b><br>tolerance in over-refraction of<br>Sphere:<br>$\pm 0.25\text{DS}$ Cyl:<br>$\pm 0.50\text{DC}$<br>Axis: $\pm 5^\circ$                       | Correct case selection for over refraction<br><b>AND</b><br>tolerance in over-refraction of<br>Sphere: $\pm 0.50\text{DS}$<br>Cyl: $\pm 0.75\text{DC}$<br>Axis: $\pm 10^\circ$      | Correct case selection for over refraction<br><b>AND</b><br>tolerance in over-refraction of<br>Sphere: $\pm 0.75\text{DS}$<br>Cyl: $\pm 0.75\text{DC}$<br>Axis: $\pm 15^\circ$              | wrong case selection for over refraction  |               |                                    |

|  |  |  |  |  |              |             |
|--|--|--|--|--|--------------|-------------|
| Proper suggestion for modification of lens parameter<br>• <b>BOZR</b><br>• <b>LD</b>   | Both components are correct with good justification.         | Both components are correct but fail to provide justification. | Only one component of modification is correct. | Totally wrong modification of base curve and diameter. |              |             |
| <b>MANAGEMENT - FINAL CL PRESCRIPTION</b>  |  |  |  |  |              |             |
| ***Final CL prescription / Final lens to be ordered<br>• <b>BOZR</b><br>• <b>prescription</b><br>• <b>LD</b><br>• Product availability in market | Correct determination and recording of <b>ALL</b> components | Wrongly determine 1 unbold item                                | Wrongly determine ≥ 2 unbold items             | Wrongly determine 1 bold item                          |              |             |
|  |  |  |  |  | <b>TOTAL</b> | <b>/ 66</b> |

\*\*\* Only applicable if the fitting is optimum or close to optimum to reach final CL prescription

**PASS**

**FAIL**

OVERALL COMMENTS BY EXAMINER:

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SIGNATURE OF EXAMINER : \_\_\_\_\_

NAME OF EXAMINER : \_\_\_\_\_

DATE : \_\_\_\_\_



**PROFESSIONAL QUALIFYING ASSESSMENT  
MALAYSIAN OPTICAL COUNCIL**

**COMPONENT : PRIMARY CARE**  
**PART : PRACTICAL EXAM**  
**TIME ALLOCATED : 1 HOUR 30 MINUTES**

Instruction to candidate:

DO NOT open the question booklet until you are instructed to do so. Failure to comply with this instruction will disqualify the candidate and no appeal will be entertained. The invigilator will escort the candidate out from the examination hall and the examination is scored "0" or "FAIL".

**Student's Name** : \_\_\_\_\_

**Date** : \_\_\_\_\_

**Student's ID** : \_\_\_\_\_

**Time examination started:** \_\_\_\_\_

**Examiner** : \_\_\_\_\_

**INSTRUCTION :**

You are required to perform an optometric eye examination of a presbyopic patient within 90 minutes. You must complete the examination with proper diagnosis which correlating all exam findings with patient history and complete management plan formulated. A proper explanation and advices to the patient will need to be delivered to the patient by the end of the examination.

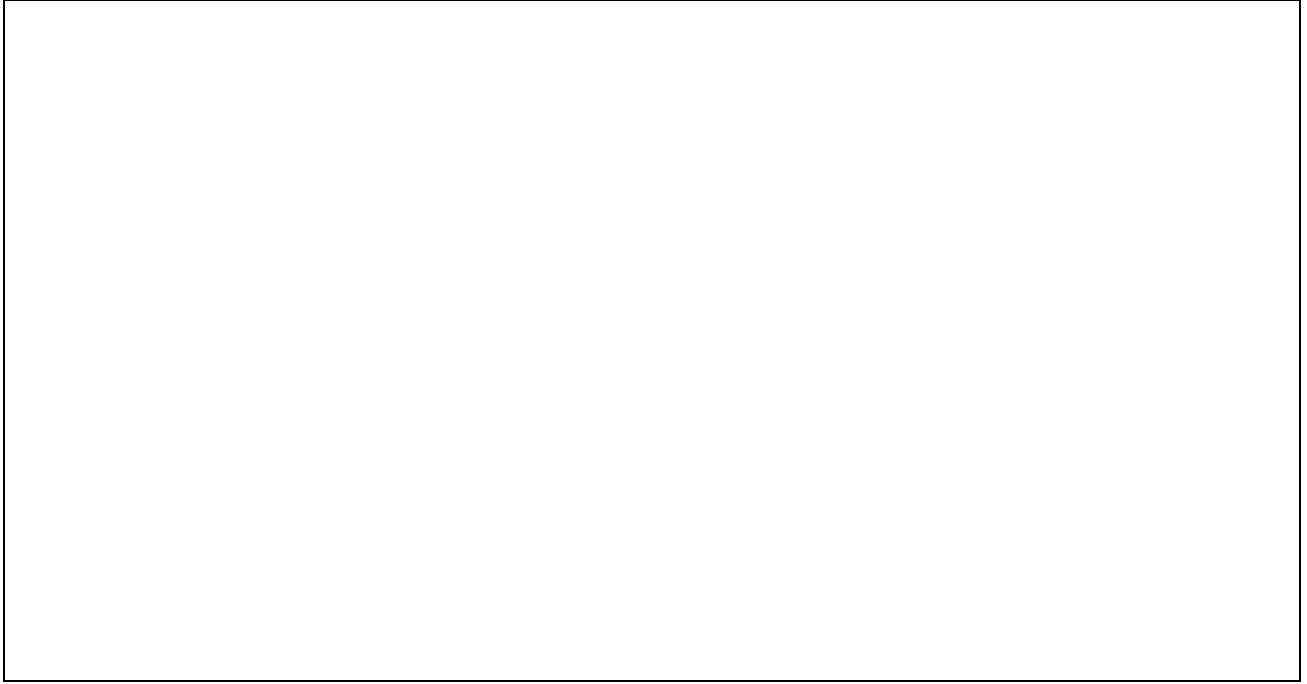
**A. SUBJECTIVE COMPLAINTS**

**B. OBJECTIVE FINDINGS**

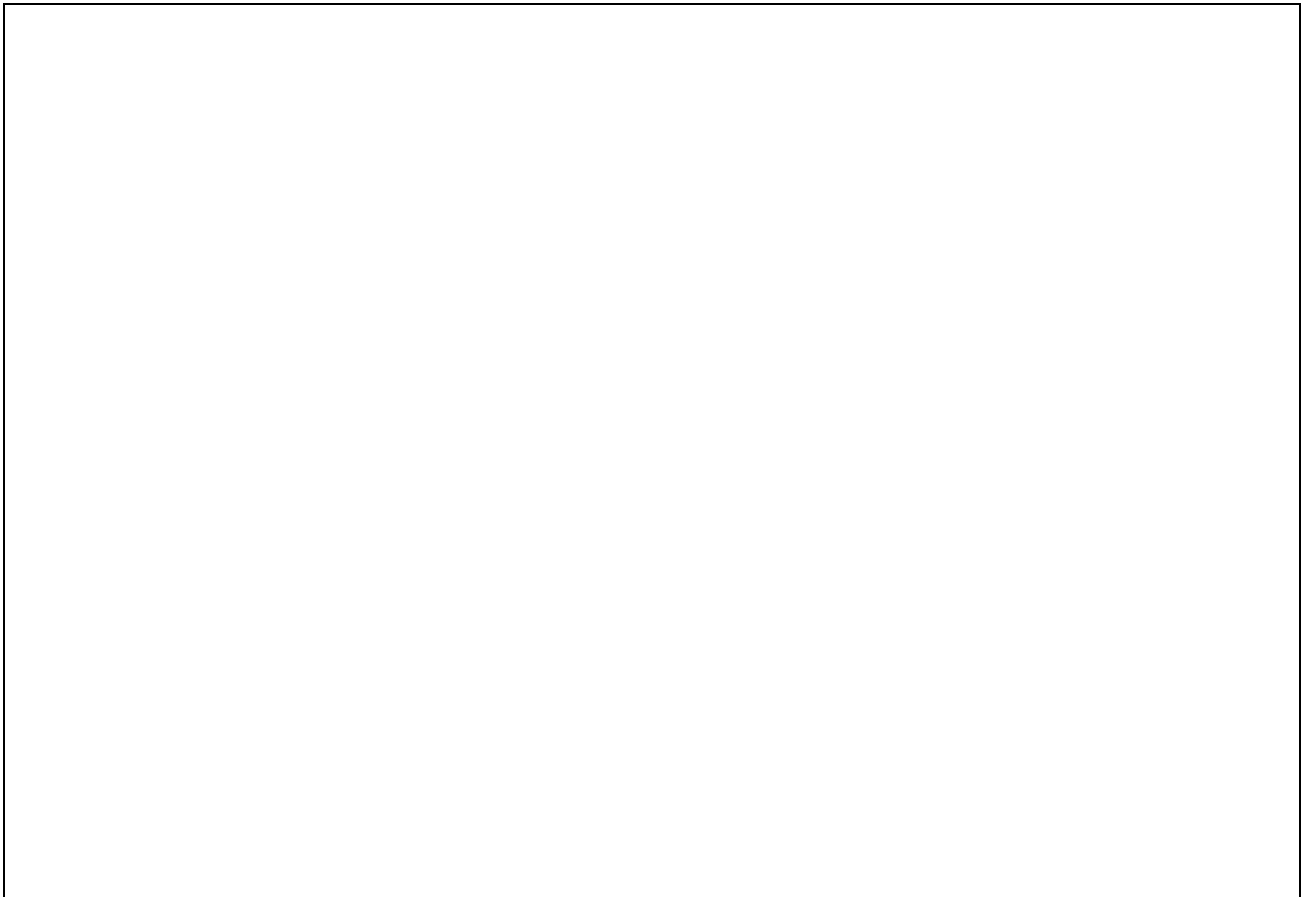
**B. OBJECTIVE FINDINGS**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the candidate to write their objective findings.

**C. ASSESSMENT**

A large, empty rectangular box with a thin black border, intended for the candidate to provide their assessment.

**D. PLAN**

A large, empty rectangular box with a thin black border, intended for the candidate to provide their plan.



**PROFESSIONAL QUALIFYING ASSESSMENT  
MALAYSIAN OPTICAL COUNCIL**

**COMPONENT : CONTACT LENSES**  
**SECTION C : PRACTICAL**  
**TIME ALLOCATED : 60 MINUTES**

Instruction to candidate:

DO NOT open the question booklet until you are instructed to do so. Failure to comply with this instruction will disqualify the candidate and no appeal will be entertained. The invigilator will escort the candidate out from the examination hall and the examination is scored "0" or "FAIL".

**Student's Name** : \_\_\_\_\_

**Date** : \_\_\_\_\_

**Student's ID** : \_\_\_\_\_

**Time examination started:** \_\_\_\_\_

**Examiner** : \_\_\_\_\_

## HISTORY

|  |
|--|
|  |
|--|

| <b>OCULAR PARAMETERS</b>                          | <b>RE (SOFT CONTACT LENS)</b> | <b>LE (RGP)</b> |
|---|-------------------------------|-----------------|
| Spectacle Refraction                              |                               |                 |
| Corneal diameter                                  |                               |                 |
| Pupil size  |                               |                 |
| Palpebral aperture                                |                               |                 |
| Corneal curvature                                 |                               |                 |
| Slit-lamp examination                             |                               |                 |
| Initial Trial Lens Selection (with Justification) |                               |                 |



| FITTING ASSESSMENT     | RE (SOFT CONTACT LENS) | LE (RGP) |
|------------------------|------------------------|----------|
| Fitting Assessment     |                        |          |
| Fitting Classification |                        |          |
| Over-Refracton         |                        |          |
| Refitting Modification |                        |          |
| Final CL prescription  |                        |          |



**PROFESSIONAL QUALIFYING ASSESSMENT**

**MALAYSIAN OPTICAL COUNCIL**

**COMPONENT : BINOCULAR VISION**  
**PART : PRACTICAL**  
**SECTION B : 4 QUESTIONS**  
**TIME ALLOCATED : 10 MINUTES**

Instruction to candidate:

DO NOT open the question booklet until you are instructed to do so. Failure to comply with this instruction will disqualify the candidate and no appeal will be entertained. The invigilator will escort the candidate out from the examination hall and the examination is scored "0" or "FAIL".

**Student's Name** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Student's ID** : \_\_\_\_\_ **Time examination started:** \_\_\_\_\_

**Examiner** : \_\_\_\_\_

## SECTION B : HETEROPHORIA AND VERGENCE

Duration : 10 minutes

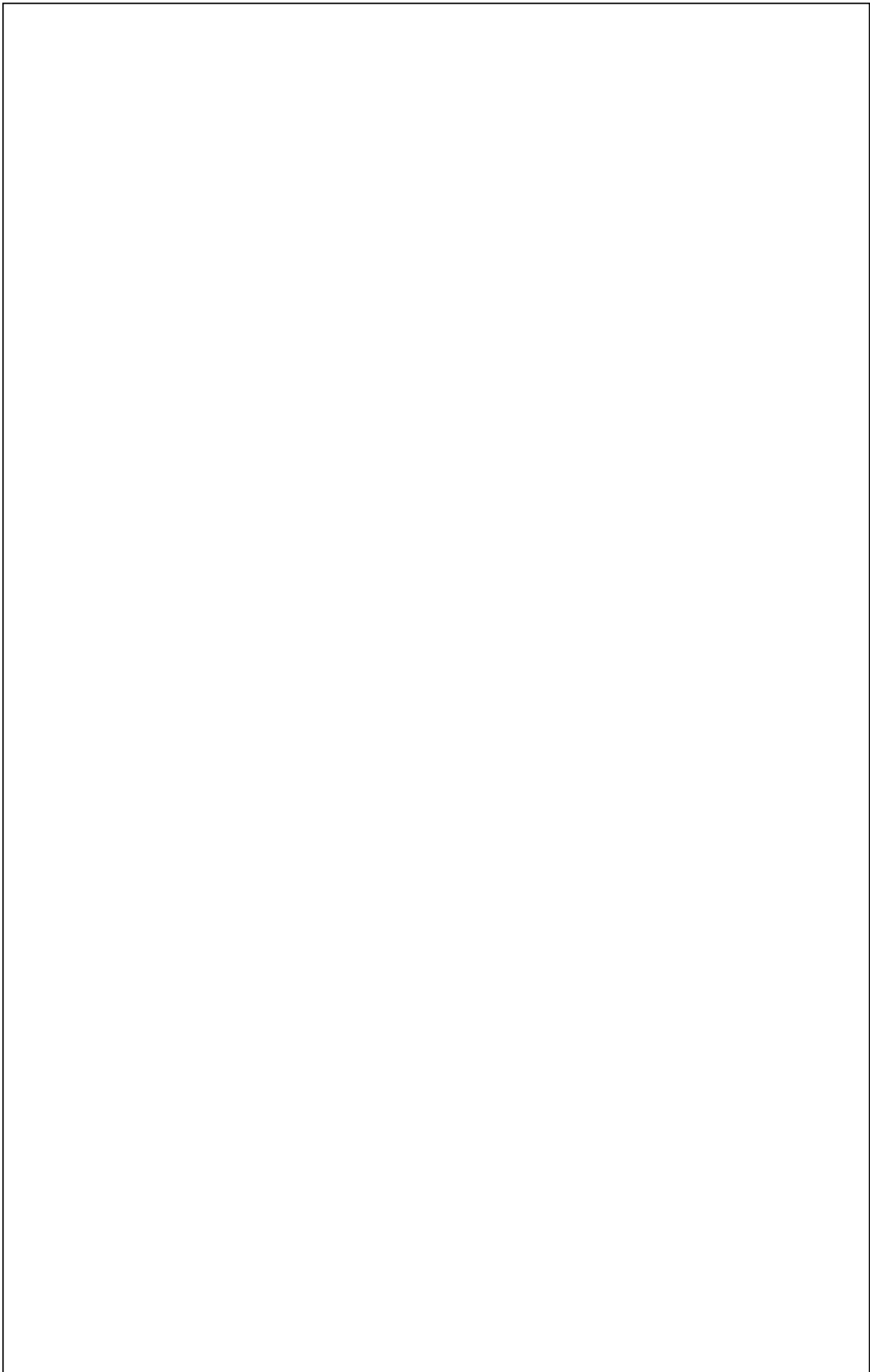
|        |             |          |
|--------|-------------|----------|
| Scores | : PCT       | 10 marks |
|        | : PFV & NFV | 6 marks  |
|        | : MEM       | 10 marks |
|        | : FA        | 8 marks  |

### INSTRUCTION

#### A) You are required to perform :

1. Prism cover test at both distance and near.
2. Positive and negative fusional vergence at near.
3. Monocular Estimation Method (MEM).
4. Binocular Accommodative Facility.

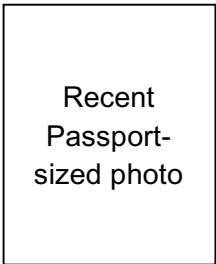
#### B) Findings :





**EXAMINATION BOARD OF  
ASSOCIATION OF MALAYSIAN OPTOMETRISTS**

**Application To Sit For The Professional Qualifying Assessment  
For Registration Of Optometrists Under Section 19(2) Optical Act 1991**



1. Full Name of Applicant: .....
2. Citizenship status:  
 Malaysian: NRIC No. :.....  
 Malaysian PR: NRIC No.: .....  
 Non-Malaysian: Country:..... Passport No. :.....
3. Date of Birth :.....
4. (a) Residential Address: .....  
 .....  
 (b) Postal Address: .....  
 .....
5. Particular of Qualification:  
 (a) Description of qualification (in full) .....  
 (b) Institution which granted qualification.....  
 (c) Date of qualification.....
6. Marital status: Single / Married / Divorced\*  
 If married: Name of Spouse:.....  
 Occupation: ..... Citizenship: .....
7. Contact Information:  
 Telephone:..... (office) .....(mobile)  
 E-mail address: .....
8. Payment Details: I include the following Bank Draft payable to **Association of Malaysian Optometrists (account no.: 014178128024)**  
 (a) Bank Draft No : .....  
 (b) Sum :.....

.....  
Date

.....  
Signature of applicant

**FLOW CHART : Application For Registration As Optometrist For Candidate Who Has Qualification Not Listed In The Second Schedule, Optical Act 1991**

