

# OMC 2024

## Conference Program



Friday 17th May – Sunday 19th May

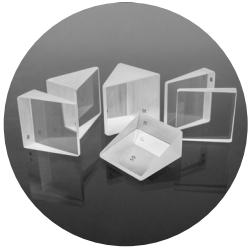
Prince of Wales Randwick and St Vincent's

# OMC 2024 PROGRAM



day 1 – MOCK  
OSCE

*Friday 17th May, 2024*



## **PRINCE OF WALES CLINIC**

*10 Stations – 1pm – 4pm*

Candidates will have the opportunity to examine patients under exam conditions

**\*\*Only 10 spots available\*\***

*Venue: Prince of Wales Eye Clinic*

*The Eye Clinic, Level 4, High Street Building, The Prince of Wales Hospital,  
High Street, Randwick, NSW 2031*

# OMC 2024 PROGRAM



Day 2  
Morning

*Saturday 18th May, 2024*



## **Dr Ross Fitzsimons**

*9:00am - 10:30am Examination of a Strabismus Patient*

*MORNING TEA*

*11:00am - 12:30pm Diagnosis Table*

Lunch 1230pm - 1:30pm

Venue TBC

Day 2  
Afternoon

*Saturday 18th May, 2024*



## **Dr Matthew Spargo**

*1:30pm - 4:30pm - Review of OSCE cases - covering various diagnoses with Dr Spargo and Dr Fitzsimons*

DINNER - Venue to be advised

Day 3  
Morning

Sunday 19th May , 2024

9:00am - 10:30am - *Managing Strabismus*  
*Dr Ross Fitzsimons*



**Kristen Saba** B.App.Sci Orthoptics

11:00-12:00pm *Orthoptic Assessments - practical examination and interpretation of results*

*Case presentations and discussions with Dr Fitzsimons and Dr Spargo*

*These sessions will be run twice to allow for small group discussions.*

Day 3  
Afternoon

Sunday 19th May , 2024

1:1:00- 2:00pm *Group swap for Orthoptic Session and Cases*

2:15pm- 4:15pm - *Interesting cases and questions*

# REGISTRATION FORM



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## Mock OSCE Registration

*Only 10 registrations available - (Open to registrars only)*

Cost to attend OSCE - \$300

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## 1 day registration (Saturday or Sunday)

*includes morning tea, lunch and afternoon tea*

Registrars \$275

Orthoptists \$200

Orthoptic Students \$100

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## 2 Day Registration

*includes morning tea, lunch and afternoon tea*

Registrars \$500

Orthoptists \$380

Orthoptic Students \$175

## Dinner

*\$80 includes food and one beverage*

# REGISTRATION FORM



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**Name:**

*contact details:*

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Please indicate registration type:

*Registrar*

*Orthoptist*

*Orthoptic Student*

Please indicate which days you will be attending

*Mock OSCE - I am happy to have a candidate shadow me Y/N*

*Saturday Only*

*Sunday Only*

*Saturday and Sunday*

*Dinner \$80 - do not make payment for dinner, please only indicate your interest in attending Y/N*

*Dietary Requirements:*

Please make payment and send remittance to  
[kristen@ocularmotilityconference.com](mailto:kristen@ocularmotilityconference.com)

Mock OSCE place will only be held once payment is made.

*Account : R. Fitzsimons*

*BSB: 062799*

*Acct: 11651868*