Ophthalmologist interview questions

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What to expect

Interviews for ophthalmologist roles typically combine a panel discussion with a practical or surgical skills assessment. The panel usually includes a clinical director, a senior ophthalmologist, and sometimes a nurse manager or human resources representative.

- **Clinical reasoning:** Questions that test your diagnostic process, differential diagnosis and management planning for common and emergency eye conditions.
- **Behavioural:** Questions that ask for real examples of how you have communicated, worked in a team, or handled a difficult situation.
- **Scenario:** Questions that place you in a hypothetical busy clinic or surgical list and ask how you prioritise and make safe decisions.
- **Technical and surgical:** Questions that probe your surgical experience, complication management, and use of diagnostic equipment such as OCT and slit lamps.
- **Professional and safety:** Questions about continuing professional development, surgical audit, infection control and compliance with RANZCO and AHPRA standards.
- **Collaboration:** Questions about how you work with optometrists, general practitioners and other specialists in shared care arrangements.

The interview usually runs for half a day. You might start with a tour of the department, then a panel interview covering clinical reasoning, communication and teamwork. Some services ask for a short presentation on a quality improvement project or a case audit. You may also meet registrars and fellows informally over morning tea. Surgical skills may be assessed in a wet lab or by reviewing your logbook.

1. Walk us through your approach to a patient presenting with sudden painless vision loss in one eye.

Why they ask

Tests your clinical reasoning and ability to prioritise differentials under time pressure.

How to structure your answer

A structured clinical reasoning walk-through: start with focused history, then examination, list differentials, explain investigations, and finish with immediate management and escalation.

Example answer

“I would start with a focused history, asking about onset, duration, associated symptoms like flashes or floaters, and any cardiovascular risk factors. On examination, I would check visual acuity, pupillary reactions, and perform a slit lamp exam with fundoscopy. My differential includes retinal artery occlusion, retinal detachment, vitreous haemorrhage, and optic neuritis. I would arrange urgent OCT and fundus photography, and if I suspected giant cell arteritis I would start high dose steroids immediately and refer for temporal artery biopsy. For a retinal detachment, I would organise same day review by a vitreoretinal surgeon. I document everything in the EMR and communicate clearly with the patient and their GP.”

2. Tell me about a time you had to communicate a difficult diagnosis, such as irreversible sight loss, to a patient.

Why they ask

Assesses empathy, communication skills, and ability to support patients through bad news.

How to structure your answer

STAR: Situation, Task, Action, Result. Focus on how you prepared, what you said, and how you followed up.

Example answer

“A patient in my clinic was diagnosed with advanced macular degeneration that had already caused significant central vision loss. I had to explain that the damage was irreversible but that we could slow further loss with injections. I prepared by reviewing the imaging and planning simple language. I sat down, used a calm tone, and checked understanding by asking the patient to repeat back the plan. I arranged a follow-up with a low vision service and sent a summary to their optometrist. The patient later told me they felt informed and supported, and they continued with treatment.”

3. You are on a busy public clinic list and a patient arrives with an acute red eye and reduced vision that was not on the schedule. How do you manage the competing priorities?

Why they ask

Tests your judgement under pressure and your ability to triage safely.

How to structure your answer

A judgement-under-pressure structure: acknowledge the situation, assess urgency, make a safe plan, communicate with the team, and document.

Example answer

“I would first excuse myself briefly from the current patient, apologise, and assess the unscheduled patient. I would check visual acuity, use a slit lamp to look for corneal ulcer, uveitis, or acute angle closure. If it was sight-threatening, I would arrange same day treatment and ask the reception team to rebook my routine patients. If it was less urgent, I would book them into the next available slot. Throughout, I would keep the waiting patients informed and ask a nurse or registrar to help. I would document the triage decision in the EMR.”

4. Describe your surgical experience with cataract surgery, including how you handle a posterior capsule rupture.

Why they ask

Assesses technical skill, complication management, and honesty about outcomes.

How to structure your answer

A technical walk-through: outline your overall surgical volume and techniques, then describe your specific protocol for managing a complication, including immediate steps, support, and follow-up.

Example answer

“I have performed several hundred phacoemulsification cases, using topical anaesthesia and a clear corneal incision. If I encounter a posterior capsule rupture, I stop, inject viscoelastic to tamponade the vitreous, and call for a vitreoretinal colleague if needed. I would not insert a lens in the sulcus without careful assessment. I document the event, consent the patient for possible further surgery, and arrange a post-operative review within 24 hours. I also report it through the surgical audit and discuss it at a morbidity meeting to improve my technique.”

5. How do you ensure you stay current with evidence and maintain your surgical audit and continuing professional development requirements?

Why they ask

Checks your commitment to lifelong learning and compliance with RANZCO and AHPRA standards.

How to structure your answer

A process explanation: describe your routine sources, how you record CPD, and how you use audit data.

Example answer

“I subscribe to ophthalmology journals and attend the RANZCO annual scientific meeting. I log my CPD hours through the RANZCO portal, covering surgical audit, patient communication, and practice management. I review my cataract surgery outcomes quarterly, comparing my complication rates against benchmarks. I also participate in a peer review group where we discuss complex cases. This keeps my registration current and helps me improve care.”

6. Give an example of how you have worked with optometrists or other health professionals to coordinate care for a patient with chronic glaucoma.

Why they ask

Tests your collaborative practice and understanding of the shared care model.

How to structure your answer

STAR: situation, task, action, result. Emphasise communication and shared documentation.

Example answer

“A patient with moderate glaucoma was struggling to attend hospital appointments due to travel distance. I worked with their local optometrist to set up a shared care plan. I provided a written management protocol and arranged for the optometrist to perform visual field tests and measure intraocular pressure every three months. They would send me results through a secure portal. I would review and adjust treatment if needed. The patient maintained stable pressures and avoided missed appointments, and the optometrist felt supported in their role.”