



THE COLLEGE OF
OPTOMETRISTS

Clinical Learning in Practice (CLiP)

CLiP 1F assessment visit

December 2025

This is an extract from the Assessment Handbook. You can find a full version of the Assessment Handbook on the College website.

CLiP Part One face-to-face visit (CLiP 1F)

Summary

When: Approximately 18-20 weeks from starting the CLiP placement

Where: In the student's practice

Duration: 3 and a half hours (with an additional 15 minutes for Assessor to carry out patient consultation)

Task outline

The visit will consist of nine overarching tasks:

1. Clinical examination fundamentals
 - a. History and symptoms
 - b. Clinical examination
 - c. Management plan
 - d. Record keeping
 - e. Health and safety including infection control
 - f. Clinical decision-making
2. Dispense and verification
 - a. Dispensing
 - b. Verification
3. Communication and consent
4. Patient care
5. Safety and risk
6. Diagnosis and decision-making
7. Record-keeping
8. Service Evaluation Project (submission and verification)
9. Quality assurance of setting and supervision (for support purposes)

Student risk profile

All interaction items are expected to be amber or green. If any are red this does not prevent the assessment visit from going ahead, but the student and Assessor should discuss any red items as part of the 'Quality assurance of setting and supervision' discussion.

Task prerequisites and timing

Task/Activity	Miller's Level: GOC Outcome(s)	Prerequisites / Evidence	Duration	Redemption
Introduction				
Introductions and settling in	n/a	n/a	0:05	n/a
1. Clinical examination fundamentals				
a. History and symptoms – observation	D: 1.1, 1.2	No task-specific documentary evidence Pre-presbyope or presbyope contact lens wearing patient will be provided by the College Direct observation will be used as evidence	1:20	Resit
b. Clinical examination – observation	D: 2 items of 9 from 3.4, 4.4, 1.6			
i. CL over refraction				
ii. Evaluation of lens in situ				
iii. Subjective and objective refraction				
iv. Slit lamp examination (external eye and related structures) (must include staining)				
v. Indirect ophthalmoscopy				
vi. Pupil assessment				
vii. Binocular vision				
c. Management plan, inc. CL Spec/aftercare, and any additional tests – observation	D: 2 items of 9 from 3.4, 2 items of 11 from 3.5b(ii) and outcome 2.1			
d. Record-keeping – observation	D: 4.12			
e. Health and safety including infection control – observation	D: 4.8, 5.5			
f. Clinical decision-making –	D: 3.1, 5.7	No task-specific documentary evidence.	0:15	

observation and discussion				
2. Dispense and verification				
a. Dispensing – observation: dispensing advice, measurements and fitting on a simulated patient provided by the practice	D: 1 item of 9 from 3.4, and 1 item of 11 from 3.5b(ii)	No task-specific documentary evidence. A practice colleague (not another student) should be available to act as the patient.	0:15	Resit
b. Verification – observation	D: 1 item of 11 from 3.5b(ii)	No task-specific documentary evidence.	0:05	Resit
3. Communication and consent				
Discussion based on logbook records, seeking evidence of consistent good practice across a range of interactions to supplement the observation. Students will be asked to show in-practice patient records to supplement this discussion.	D: 1.1, 1.2, 1.6, 2.1, 1 item of 4 from 3.5b(i) and outcome 4.4	At least three logged interactions for outcomes 1.1, 1.2, 1.6, 2.1 and 4.4 (no more than two outcomes to be used per entry). Must include examples of the following, with history, examination and management, including consent: <ul style="list-style-type: none"> • patient with carer • patient with difficulty communicating • child under 7 years old • significant family history • significant social/cultural factor Student needs to have corresponding in-practice patient records ready and available to view.	0:15	Resit
4. Patient care (privacy, dignity, equality, inclusivity)				
Discussion based on logbook entries, seeking evidence of consistent good practice across a range of interactions to supplement the observation.	D: 1.3, 1.5 and 4.9	At least three logged interactions for outcomes 1.3, 1.5 and 4.9 (no more than two outcomes to be used per entry). Student needs to have corresponding in-practice	0:10	Resit

Students will be asked to show in-practice patient records to supplement this discussion.		patient records ready and available to view.		
5. Safety and risk				
Discussion based on logbook entries, seeking evidence of consistent good practice across a range of interactions to supplement the observation. Students will be asked to show in-practice patient records to supplement this discussion.	D: 4.8, 5.5 and 5.7	At least three logged interactions for outcomes 4.8, 5.5 and 5.7 (no more than two outcomes to be used per entry). Student needs to have the corresponding in-practice patient records ready and available to view.	0:10	Resit
6. Diagnosis and decision-making				
Discussion based on logbook entries, seeking evidence of consistent good practice across a range of interactions to supplement the observation. Students will be asked to show in-practice patient records to supplement this discussion.	D: 3.1, 2 items of 9 from 3.4 and 4 items of 11 from 3.5b(ii)	All low and medium categories (except visual needs) must be green in the summary risk profile and a sample of these will be reviewed. At least five logbook entries with contact lens interactions. To include: <ul style="list-style-type: none"> • 3 entries in which the student undertakes application and removal • a replaceable lens where a CL aftercare has been carried out and an adjustment has been made to the specification (not power alone) • a toric fitting • a multifocal fitting • A CL teach that includes a care regime Student needs to have the corresponding in-practice patient records ready and available to view.	0:25	Resit
7. Record-keeping				
Discussion based on logbook entries, seeking evidence of consistent good practice across a range of interactions to	D: 4.12	No specific examples – assessors will observe the approach to record management displayed during the assessment visit.	n/a	Resit – 15 minutes, can be remote visit

supplement the observation. Students will be asked to show in-practice patient records to supplement this discussion.				
8. Service Evaluation Project				
Project verification	D: 7.1 and 7.4	Final draft Service Evaluation Project workbook with all sections completed	0:15	n/a
9. Quality assurance of setting and supervision (for support purposes)				
Discussion of student experience	n/a	QA surveys (student and Supervisor)	0:15	n/a

Instructions, learning outcomes and marking criteria

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Task 1 – Clinical examination fundamentals (1 hour and 35 minutes)

Note: 1 hour and 20 minutes to complete the clinical examination with the patient and an additional 15 minute discussion with the Assessor for Task f ‘Clinical decision-making’

A ‘mystery shopper’ patient will be arranged who is pre-presbyope, or presbyope, and a contact lens wearer. The patient will have a specified ocular health and prescription range. Prior to the assessment start, the Assessor will need to review the mystery shopper questionnaire (Rx, history etc.) and conduct SLE for basic ocular health. 15 minutes should be allowed as part of the visit for this activity.

The evidence for this task will be directly observed at the assessment visit, with the student completing a record template rather than creating a record in the practice system. The student will need to successfully complete and pass each sub-task because some of the learning outcomes can only be met across multiple sub-tasks. If the student makes minor mistakes or omissions during the ‘clinical examination’ in Task 1b, the Assessor may use additional scenario-based questions, to determine whether the student meets the competence standards.

Contact lens elements of Task 1 will be carried out on one eye only.

The parts of outcomes which cannot be assessed by direct observation (such as handling carers in 1.1) will be addressed during the record review tasks 3 – 6.

At this stage, the student’s techniques should be in place and correctly performed, but may not yet be fully refined. Where the student is uncertain during the clinical examination, it may be appropriate for them to recognise the need to consult with a Supervisor. It is more important for the student to recognise the limits of their capability than to be fully independent.

1a. History and symptoms

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
<p>1.1 Actively listens to patients and their carers to ensure patients are involved in and are at the heart of decisions made about patient's care.</p> <p>(DOES)</p>	<p>Effectively communicates with patients and carers to obtain all relevant history and symptoms using a combination of verbal, non-verbal, and written skills.</p> <p>Actively seeks confirmation of patient understanding and involves patient in decisions made regarding their own healthcare.</p>	<p>Asks appropriate questions to obtain a full history. This includes the following:</p> <ul style="list-style-type: none"> • RFV, vision and symptoms • OH and FOH • GH, medication and FGH • symptom check • driving • lifestyle/ work • CL history and current wear habits • smoker <p>Asks appropriate follow on questions when appropriate. Uses appropriate strategies to understand patients' needs e.g. not interrupting, summarising and checking understanding</p> <p>Maintains a friendly and professional communication style throughout</p>	<p>Omits to question any of the following categories (and can be verified by clarification):</p> <ul style="list-style-type: none"> • general health • ocular health • medication • family history • lifestyle / work <p>Does not ask any follow-on questions related to symptoms if indicated and/or fails to illicit correct information</p> <p>Does not ask regarding other symptoms. This may include not asking about:</p> <ul style="list-style-type: none"> • Headaches • Flashes and floaters • Diplopia • Pain • Redness <p>Interrupts on numerous occasions or does not check patient understanding coupled with poor communication techniques</p> <p>Demonstrates a rude, poor or patronising questioning technique</p>
<p>1.2 Manages desired health outcomes of patients, taking into consideration any relevant medical, family and social history of the patient, which may include personal beliefs or cultural factors.</p> <p>(DOES)</p>	<p>Recognises the importance and significance of family history, signs, and symptoms.</p> <p>Recognises patients' physical, emotional, intellectual, and cultural background and adapts care and communication appropriately.</p> <p>Adheres to relevant aspects of the Equalities Act.</p>		

1b. Clinical examination

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
<p>From 3.4 Analyses visual function from a range of diagnostic sources [and uses data to devise a clinical management plan for a patient] in areas that include the following:</p> <ul style="list-style-type: none"> Refractive management Anterior eye and contact lenses <p>(DOES)</p>	<p>Applies normative data in the interpretation of results of visual function tests.</p> <p>Uses clinical data to formulate a management plan across a range of ocular conditions.</p> <p>Analyses clinical data in the light of presenting signs and symptoms.</p> <p>Demonstrates effective management across the specified range of patients</p>	<p>Develops rapport with patient</p> <p>Ensures consent is established and maintained</p> <p>Uses required range of appropriate techniques effectively</p>	<p>Failure to establish and maintain consent</p> <p>Inappropriate or unsafe use of equipment</p> <p>Hurts the patient by hitting/poking them with equipment or pulling hard on eye structures</p>
<p>1.6 Obtains and verifies continuation of valid consent from adults, children, young and vulnerable people and their carers and records as appropriate.</p> <p>(DOES)</p>	<p>Adheres to legal requirements when gaining consent.</p> <p>Applies the various policies that a practice is required to have on display or on file including safeguarding children and adults, chaperone policy, complaints and data management.</p>	<p>i. Contact lens over refraction</p> <p>Accurately assesses vision with the contact lenses and makes any necessary adjustment</p> <p>ii. Evaluation of lens in situ</p> <p>Is able to correctly assess the fit of lens using a variety of techniques</p> <p>Assesses the condition of the lens</p>	<p>i. Contact lens over refraction</p> <p>Does not carry out over refraction or uses inappropriate technique</p> <p>ii. Evaluation of lens in situ</p> <p>Inaccurate assessment of fit/condition of lens</p> <p>Fails to evaluate fit or assess condition of the lens</p>
<p>4.4 Applies the relevant national law and takes appropriate actions i) to gain consent and ii) if consent cannot be obtained or is withdrawn.</p> <p>(DOES)</p>	<p>Evaluates the appropriateness of different types of consent to clinical tests, dispensing, delegated functions, triage and release of information.</p> <p>Applies the principles of consent to clinical situations and evaluates</p>	<p>iii. Subjective and objective refraction</p> <p>Fits trial frame appropriately including pd measurement and maintains throughout</p> <p>Static fixation retinoscopy correctly undertaken, or if a student prefers or needs to use one eye only then they must use a valid and appropriate technique for</p>	<p>iii. Subjective and objective refraction</p> <p>Unable to maintain fit of trial frame appropriately</p> <p>Does not use an appropriate retinoscopy technique</p>

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
	<p>situations when implied and implicit consent are required, including appropriate recording.</p> <p>Establishes if a patient has the capacity to consent and if they are unable to consent, who is able to give consent on their behalf.</p> <p>Recognises that lack of capacity to consent may be temporary or may be withdrawn, describe examples of these situations and the actions that should be taken.</p> <p>Applies the current legislation on data protection, confidentiality, and consent with respect to sharing information with patient's relatives or carers.</p> <p>Is able to explain clinical tests and referrals, together with the risk and benefits in a way the patient is able to understand in order to obtain informed consent.</p> <p>Reflects on different situations from the student's own practice regarding consent.</p>	<p>monocular viewing e.g. Barrett Method or Near Fixation retinoscopy.</p> <p>Uses appropriate methods of checking e.g. +1.00Ds blur or use of pinhole</p> <p>iv. Slit lamp examination</p> <p>Must include staining</p> <p>Demonstrates a full slit-lamp routine for the assessment of the external eye and related structures in a logical sequence. Examines:</p> <ul style="list-style-type: none"> • the external eye and adnexa • lids • lashes • Anterior Chamber Angle <p>Uses a range of illumination techniques, appropriate brightness and magnification</p> <p>Chooses appropriate instrumentation and uses correct and safe methods to assess tear quantity and quality</p> <p>Demonstrates a safe technique</p> <p>Detects significant lesions</p> <p>v. Indirect ophthalmoscopy</p> <p>Uses a technique which allows an appropriate view of the fundus, including thorough & systematic scanning in all 9 positions of gaze</p>	<p>Illogical subjective technique</p> <p>Fails to ask appropriate questions and act appropriately on response to establish correct Rx.</p> <p>Fails to demonstrate adequate control of accommodation</p> <p>iv. Slit lamp examination</p> <p>Fails to stain (despite a prompt) or does not detect, identify or record significant corneal staining when present</p> <p>Fails to view the external eye in four positions of gaze in both eyes</p> <p>Fails to detect, identify or record a significant abnormality</p> <p>Fails to examine the tear film or chooses an unsafe, incorrect or inappropriate method to assess the tear film</p> <p>Omits elements</p> <p>v. Indirect ophthalmoscopy</p> <p>Does not use an appropriate technique to view the fundus</p> <p>Fails to view fundi in the nine positions of gaze in both eyes</p> <p>Fails to view lens and media</p>

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
		<p>vi. Pupil assessment</p> <p>Uses appropriate technique with correct ambient illumination and light source to assess pupil reactions</p> <p>vii. Binocular vision</p> <p>Undertakes objective tests (including cover) using suitable targets, and assessing deviation accurately to include:</p> <ul style="list-style-type: none"> • direction of latent or manifest deviation • speed of recovery • size • concomitant/incomitant <p>Undertakes subjective tests using suitable targets, as appropriate to patient including motility</p>	<p>vi. Pupil assessment</p> <p>Fails to assess pupils appropriately or incorrectly records pupil findings</p> <p>vii. Binocular vision</p> <p>Fails to perform cover test</p> <p>Incorrect technique when performing cover test, in either the target chosen or cover technique</p> <p>Not interpreting the movement seen on cover test correctly</p> <p>Incorrect interpretation of any tests chosen</p> <p>Fails to perform motility or uses a very poor technique that would not identify incomitance</p>

1c. Management plan

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
<p>From 3.5b(ii) Completes an informed clinical assessment of individual patients' need and uses this to dispense, fit and advise on the safe and effective use of spectacles, contact lenses, low-vision aids and other ophthalmic appliances.</p> <ul style="list-style-type: none"> Identifies, recommends and fits soft or rigid contact lens as appropriate to support and enhance individual patients' vision, lifestyle and eye health and provides ongoing care. Instructs and advises patients in handling soft or rigid lens as appropriate, and how to wear and care for their fitted lenses. <p>(DOES)</p>	<p>See GOC Outcome column, left, for bullet point indicators.</p> <p>(There is no SPOKE indicative guidance here because the GOC clinical learning outcomes (Section 3) include indicators expressed as bullet points).</p>	<p>Uses the clinical data obtained from the clinical examination and the presenting symptoms of the patient to formulate an appropriate management plan.</p> <p>Understands the relationship between vision and Rx and symptoms and Rx through making an appropriate prescribing and management decisions based on the refractive and oculomotor status</p> <p>Gives factually relevant information in a clear and understandable way, avoiding jargon and technical terminology.</p> <p>i. Contact lens specification</p> <p>Writes an appropriate specification for appropriate soft lens following aftercare</p> <p>ii. Contact lens aftercare</p> <p>Makes appropriate adjustment of the lens to result in the best fit if required</p> <p>Demonstrates an understanding of soft lens adaptation and aftercare issues and how to manage them i.e. providing advice:</p>	<p>Makes inappropriate prescribing and management decision</p> <p>Gives the patient incorrect or misleading information and persists in using jargon and technical terminology</p> <p>i. Contact lens specification</p> <p>Inappropriate choice of soft lens parameters Poor understanding of the range of soft lens materials and designs available.</p> <p>Fails to make an appropriate choice of lens design and materials for the patient. Note, patient choice and lens availability should be taken into account.</p> <p>ii. Contact lens aftercare</p> <p>Fails to adjust the lens if appropriate to do so</p> <p>Fails to provide advice on one or more of the following:</p>

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
		<ul style="list-style-type: none"> • addressing presenting complaint, communicating cause and remedy of complaint including action to be taken and review date. • advise need of any other examination if not up-to-date e.g. next eye exam etc. • complying with appropriate lens handling, care regimes and hygiene requirements throughout • advise on the management of common CL complications 	<ul style="list-style-type: none"> • Complying with appropriate lens handling, care regimes and hygiene requirements throughout • Advise on the management of common CL complications if needed <p>Provides advice that is confusing or inaccurate</p> <p>Fails to advise the patient of any other examination required if not up- to-date e.g. next eye exam etc.</p> <p>Provides advice to the patient that would be considered dangerous</p>
<p>From 3.4 [Analyses visual function from a range of diagnostic sources and]-uses data to devise a clinical management plan for a patient in areas that include the following:</p> <ul style="list-style-type: none"> • Refractive management • Anterior eye and contact lenses <p>(DOES)</p>	<p>Applies normative data in the interpretation of results of visual function tests.</p> <p>Uses clinical data to formulate a management plan across a range of ocular conditions.</p> <p>Analyses clinical data in the light of presenting signs and symptoms.</p> <p>Demonstrates effective management across the specified range of patients</p>	<p>iii. Advice and additional tests</p> <p>Understands limitations of knowledge, referring patients for advice when necessary</p> <p>Maintains a professional and friendly communication style throughout</p> <p>Recognises and documents need for any further clinical investigations such as visual fields, IOPs</p>	<p>iii. Advice and additional tests</p> <p>Fails to refer the patient if necessary</p> <p>Fails to identify the need for further investigations.</p>
<p>2.1 Conducts communications in a sensitive and supportive manner adapting their communication approach and style to meet the needs of patients, carers, health and care colleagues and the public.</p> <p>(DOES)</p>	<p>Demonstrates effective communication using verbal, non-verbal, and written skills.</p> <p>Seeks and communicates relevant information from and to patients in an effective and appropriate manner.</p> <p>Ensures the effective implementation of individual management plans, checking patient understanding by</p>		

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
	actively adapting their communication approach		

1d. Record keeping

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
<p>4.12 Complies with legal, professional and ethical requirements for the management of information in all forms including the accuracy and appropriateness of patient records and respecting patient confidentiality.</p> <p>(DOES)</p>	<p>Keeps clear, accurate, and contemporaneous records, understanding the GOC's and professional bodies' advice and guidance in relation to record keeping.</p> <p>Produces records which are accessible, and contain all relevant patient details and history, measurements and details of assessment findings, consent obtained, referrals made, and advice.</p> <p>Ensures that records contain the name of any staff undertaking delegated tasks/functions.</p> <p>Demonstrates a systematic understanding of the principles of data protection and freedom of information legislation in relation to the use and disclosure of health data.</p> <p>Grants, where appropriate, a patient's Right to Access their health data, and demonstrates a detailed knowledge of the Subject Access Request (SAR) protocols relevant to ophthalmic practice.</p>	<p>Fully and accurately records all the information related to the patient regarding findings and management plan.</p> <p>Is able to produce records which are legible and contain all relevant patient details, measurements, results and advice.</p>	<p>Fails to accurately and fully record the advice and management plan</p> <p>Have not recorded details of several tests performed</p> <p>Recorded results of tests which were not carried out</p> <p>Records information that was not given to the patient</p>

1e. Health and safety including infection control

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
<p>4.8 Complies with health and safety legislation.</p> <p>(DOES)</p>	<p>Applies current health and safety legislation and professional body guidance to their practice environment.</p> <p>Demonstrates appropriate infection control procedures.</p> <p>Considers both personal and environmental hygiene when dealing with patients and colleagues.</p>	<p>Consistently demonstrates appropriate infection control relating to instrumentation and own hand hygiene</p> <p>Safe disposal of clinical waste</p>	<p>Poor hygiene demonstrated consistently</p> <p>Poor infection control potentially impacting patient safety</p> <p>Safety of patient compromised requiring assessor intervention</p>
<p>5.5 Applies infection prevention control measures commensurate with the risks identified.</p> <p>(DOES)</p>	<p>Safely applies appropriate measures to minimise risk of infection, applying relevant current guidance.</p> <p>Identifies risk of person-to-person transmission and transmission via object.</p> <p>Identifies appropriate measures to minimise risk of infection, including: hand hygiene, surface disinfection, use of PPE, use of disposable items, (e.g. tonometer heads), where possible, decontamination of tonometer heads/diagnostic contact lenses etc., proper treatment of open bottles of contact lens solutions/saline.</p> <p>Uses appropriate methods to deal with disposal of controlled, clinical and offensive waste, including both non-hazardous and hazardous waste.</p> <p>Carries out a risk assessment, applying appropriate principles.</p>		

1f. Clinical decision-making

NOTE: 15 minutes allotted for this task following the 1 hour and 20 minute clinical examination.

Discussion of a-e above, covering decision-making, ensuring awareness of minor failings, and approach to improving practice.

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
<p>3.1 Undertakes safe and appropriate ocular examinations using appropriate techniques and procedures to inform clinical decision-making within individual scope of practice.</p> <p>(DOES)</p>	<p>Justifies the choice of clinical procedures used on appropriate techniques for clinical investigations.</p> <p>Has an awareness of own limitations to conduct clinical examinations, and work within limits of competence.</p> <p>Appraises the risk balance of clinical techniques used to examine patients.</p> <p>Ensures patient and practitioner safety during all clinical processes and procedures.</p>	<p>Able to explain decision-making and contextualise in light of relevant frameworks, tasks undertaken, and patient needs.</p>	<p>Unclear about or unable to articulate purpose of tasks undertaken, or meaning of results obtained</p>
<p>5.7 Able to risk assess i) patient's clinical condition and ii) a situation in clinical practice and make appropriate clinical decisions.</p> <p>(DOES)</p>	<p>Uses a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems arising from that analysis</p> <p>Applies knowledge of the subject and techniques in a routine manner to evaluate and formulate management plans and solutions to problems and issues in clinical practice.</p> <p>Applies underlying concepts and principles outside the context in which they were first studied and applies symptom-appropriate tests.</p>	<p>Integrates risk management into clinical decision making</p> <p>Reflects on own performance, identifies areas for improvement, suggesting actions that could be taken to improve practice.</p>	<p>Fails to consider impact of decision-making on patient.</p> <p>Unable to identify mistakes when prompted.</p> <p>Unable to formulate actions to improve practice.</p>

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
	Understands and applies the principles of clinical reasoning and evidence-based practice and the steps in problem solving.		

Task 2 – Dispense and verification

2a. Dispensing (15 minutes)

The student will advise, measure and fit a practice colleague (but not another student) for spectacles, using a prescription and scenario supplied by the Assessor. The evidence for this task is direct observation throughout.

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
<p>From 3.4 Analyses visual function from a range of diagnostic sources and uses data to devise a clinical management plan for a patient in areas that include the following:</p> <ul style="list-style-type: none"> Dispensing of optical appliances <p>(DOES)</p>	<p>See GOC Outcome column, left, for bullet point indicators.</p> <p>(There is no SPOKE indicative guidance here because the GOC clinical learning outcomes (Section 3) include indicators expressed as bullet points).</p>	<p>Demonstrates knowledge of lens characteristics including lens form, design, materials, coatings and tints, availability and blank sizes.</p> <p>Makes appropriate frame choice by considering the following: size, materials, and relationship between frame, lenses and face.</p> <p>Can discuss appropriate frame adjustments</p>	<p>Insufficient knowledge of lenses to advise patient</p> <p>Insufficient knowledge of frames available or frame fitting</p>
<p>From 3.5b (ii) Completes an informed clinical assessment of individual patients' need and uses this to dispense, fit and advise on the safe and effective use of spectacles, contact lenses, low-vision aids and other ophthalmic appliances.</p>	<p>See GOC Outcome column, left, for bullet point indicators.</p> <p>(There is no SPOKE indicative guidance here because the GOC clinical learning outcomes (Section 3)</p>		

<ul style="list-style-type: none"> Interprets and dispenses a prescription using appropriate lenses, frame choice and accurate facial and frame measurements <p>(DOES)</p>	include indicators expressed as bullet points).		
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2b. Verification (5 minutes)

The Assessor will provide a pair of progressive addition spectacles, together with an appropriate template, for verification of one lens only. Evidence is direct observation throughout.

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
<p>From 3.5b (ii) Completes an informed clinical assessment of individual patients' need and uses this to dispense, fit and advise on the safe and effective use of spectacles, contact lenses, low-vision aids and other ophthalmic appliances.</p> <ul style="list-style-type: none"> Measures and verifies optical appliances in line with relevant standards, guidelines and evidence <p>(DOES)</p>	<p>See GOC Outcome column, left, for bullet point indicators.</p> <p>(There is no SPOKE indicative guidance here because the GOC clinical learning outcomes (Section 3) include indicators expressed as bullet points).</p>	<p>Marks up, measures and verifies that a pair of lenses have been produced to a given prescription within BS tolerances.</p> <p>Accurate results to within:</p> <ul style="list-style-type: none"> $\pm 0.25\text{DS/DC}$ for dioptric measurements Axis appropriate to cylinder power $0 \leq 0.50\text{DC} \pm 9^\circ$ $0 > 0.50\text{DC} \leq 0.75\text{DC} \pm 6^\circ$ $0 > 0.75\text{DC} \leq 1.50\text{DC} \pm 4^\circ$ $0 > 1.50\text{DC} \pm 3^\circ$ Centres – 1mm tolerance. <p>Must demonstrate a knowledge of actual tolerances.BS EN ISO 21987:2017.</p> <p>Verifies that all aspects of the frame or mount have been correctly supplied.</p> <p>Measures and verifies that the lenses are correctly positioned in the spectacle frame/mount within BS tolerances.</p>	<p>Inaccurate use of focimeter to verify lenses to British standards</p> <p>Unable to mark up lenses using template</p>

		Choice of instrumentation could include: manual or semi-automated focimeter (Fully automated focimeter e.g. Eye refract VX40 is not acceptable)	
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Note on Tasks 3 – 6

The purpose of tasks 3 to 6 is to determine that:

- a. the student is able to demonstrate the connection between their clinical experience and the relevant GOC outcome(s);
- b. the student is undertaking complete, accurate and appropriate record-keeping (where this is not the case, it would trigger a fail result in Task 7);
- c. clinical experiences entered in the logbook were actually undertaken by the student, by requesting and reviewing samples of in-practice patient records.

This is in order to determine whether those outcomes have been fully met at 'Does' level, meaning that the student is carrying out the activities to the required standard consistently in their day-to-day practice. These tasks complement the direct observation undertaken in tasks 1 and 2.

For these tasks, the Assessor will use the assessment visit dashboard to select from a range of logbook entries linked to the relevant learning outcomes, and will discuss these with the student. They will be looking for evidence that the student is meeting these outcomes consistently in their daily practice. The Assessor is not restricted to the items the student has selected and may also use search terms or filters (such as 'carer' or 'disability') to look for evidence which has not been present in the direct observation.

Enquiry is used to establish that the student:

- Is able to empathise with patient's perspective, and identify how that might differ from own experiences and preferences.
- Actively considers the potential impact of different perspectives when formulating management plan
- Pays attention to overt and implied patient desires, acknowledges alternative perspectives, and their impact on patient management and care.
- Demonstrates awareness of, and actively addresses legal requirements
- Relevant frameworks may include: GDPR; safeguarding; Trust and practice data and patient management policies

The marking criteria for these tasks, which focus on the review of logbook entries and in-practice patient records, are different to other tasks in the CLiP assessment framework. The Assessor will not use the 'Indicative success criteria' and 'Example failing performance' columns for these tasks. The 'Evidence' of the range of records is the main indicative success criteria, and the

SPOKE indicators can also be used as indicators of the student passing each outcome. The significant absence of records or evidence of actions contrary to the SPOKE indicators could be examples of failing performance.

Task 3 – Communication and consent (15 minutes)

The Assessor and student will focus, for this task, on the items **marked in bold** in the table below. This is because some elements of the learning outcomes have already been assessed elsewhere in the CLiP assessment framework.

GOC Outcome	SPOKE indicative guidance	Evidence
1.1 Actively listens to patients and their carers to ensure patients are involved in and are at the heart of decisions made about patient's care. (DOES)	Effectively communicates with patients and carers to obtain all relevant history and symptoms using a combination of verbal, non-verbal, and written skills. Actively seeks confirmation of patient understanding and involves patient in decisions made regarding their own healthcare.	Logbook entries linked to learning outcomes: 1.1,1.2, 2.1, 1.6, 4.4 Must include enquiry into: Patients with range of needs as below (history, examination, management including consent)
1.2 Manages desired health outcomes of patients, taking into consideration any relevant medical, family and social history of the patient , which may include personal beliefs or cultural factors . (DOES)	Recognises the importance and significance of family history, signs, and symptoms . Recognises patients' physical, emotional, intellectual, and cultural background and adapts care and communication appropriately. Adheres to relevant aspects of the Equalities Act .	<ul style="list-style-type: none"> • carer • difficulty communicating • children under 7 years old • significant family history • significant social/cultural factor • capacity is not established • consent is withdrawn • managing sensitive information
2.1 Conducts communications in a sensitive and supportive manner adapting their communication approach and style to meet the needs of patients, carers, health and care colleagues and the public. (DOES)	Demonstrates effective communication using verbal, non-verbal, and written skills. Seeks and communicates relevant information from and to patients in an effective and appropriate manner. Ensures the effective implementation of individual management plans, checking patient understanding by actively adapting their communication approach.	
From 3.5b (i) Acts as a first point of contact for patients for their eye health needs by investigating, diagnosing and managing individuals' functional and developmental visual conditions, including those related to age. <ul style="list-style-type: none"> • Takes a relevant history from [individual patients and] any other 	See GOC Outcome column, left, for bullet point indicators. (There is no SPOKE indicative guidance here because the GOC clinical learning outcomes (Section 3) include indicators expressed as bullet points).	

<p>appropriate person involved in their care (relatives/carers and others).</p> <p>(DOES)</p>		
<p>1.6 Obtains and verifies continuation of valid consent from adults, children, young and vulnerable people and their carers and records as appropriate.</p> <p>(DOES)</p>	<p>Adheres to legal requirements when gaining consent.</p> <p>Applies the various policies that a practice is required to have on display or on file including safeguarding children and adults, chaperone policy, complaints and data management.</p>	
<p>4.4 Applies the relevant national law and takes appropriate actions i) to gain consent and ii) if consent cannot be obtained or is withdrawn.</p> <p>(DOES)</p>	<p>Evaluates the appropriateness of different types of consent to clinical tests, dispensing, delegated functions, triage and release of information.</p> <p>Applies the principles of consent to clinical situations and evaluates situations when implied and implicit consent are required, including appropriate recording.</p> <p>Establishes if a patient has the capacity to consent and if they are unable to consent, who is able to give consent on their behalf.</p> <p>Recognises that lack of capacity to consent may be temporary or may be withdrawn, describe examples of these situations and the actions that should be taken.</p> <p>Applies the current legislation on data protection, confidentiality, and consent with respect to sharing information with patient's relatives or carers.</p> <p>Is able to explain clinical tests and referrals, together with the risk and benefits in a way the patient is able to understand in order to obtain informed consent.</p> <p>Reflects on different situations from the student's own practice regarding consent.</p> <p>Appreciates the importance of handling sensitive personal information and responding to any information divulged by the patient in a sensitive and unbiased fashion. Maintains confidentiality and respects an individual's dignity.</p> <p>Gives consideration to any equality, diversity and fairness issues from the outset when assessing a patient, particularly for groups of people who share protected characteristics</p>	

Task 4 – Patient care (privacy, dignity, equality, inclusivity) (10 minutes)

GOC Outcome	SPOKE indicative guidance	Evidence
1.3 Protects patients' rights; respects the choices they make and their right to dignity and privacy. (DOES)	Follows relevant frameworks	Logbook entries with Interactions linked to learning outcomes 1.3, 1.5 and 4.9, together with commentary which explains why the Interaction addresses the learning outcome.
1.5 Commits to care that is not compromised because of own personal conscious and unconscious values and beliefs (DOES)	Develops an awareness of differing values and belief structures and seeks to care inclusively, with attention to the potential impact of own beliefs on patient care.	
4.9 Complies with equality and human rights' legislation, demonstrates inclusion and respects diversity (DOES)	Acts in line with equality and human rights legislation in the context of patient care and the workplace. Demonstrates compassionate and professional behaviour, delivers patient centred care and an inclusive and fair approach towards patients and colleagues. Recognises the potential impact of their own attitudes, values, beliefs, perceptions and bias (conscious and unconscious) on individuals and groups and identifies personal strategies to mitigate this.	

Task 5 – Safety and risk (10 minutes)

GOC Outcome	SPOKE indicative guidance	Evidence
<p>4.8 Complies with health and safety legislation.</p> <p>(DOES)</p>	<p>Applies current health and safety legislation and professional body guidance to their practice environment.</p> <p>Demonstrates appropriate infection control procedures.</p> <p>Considers both personal and environmental hygiene when dealing with patients and colleagues.</p>	<p>Logbook entries with interactions linked to 4.8, 5.5 and 5.7, together with commentary explaining why the Interaction addresses the learning outcome.</p>
<p>5.5 Applies infection prevention control measures commensurate with the risks identified.</p> <p>(DOES)</p>	<p>Safely applies appropriate measures to minimise risk of infection, applying relevant current guidance.</p> <p>Identifies risk of person-to-person transmission and transmission via object.</p> <p>Identifies appropriate measures to minimise risk of infection, including: hand hygiene, surface disinfection, use of PPE, use of disposable items, (e.g. tonometer heads), where possible, decontamination of tonometer heads/diagnostic contact lenses etc., proper treatment of open bottles of contact lens solutions/saline.</p> <p>Uses appropriate methods to deal with disposal of controlled, clinical and offensive waste, including both non-hazardous and hazardous waste.</p> <p>Carries out a risk assessment, applying appropriate principles.</p>	
<p>5.7 Able to risk assess i) patient's clinical condition and ii) a situation in clinical practice and make appropriate clinical decisions.</p> <p>(DOES)</p>	<p>Uses a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems arising from that analysis</p> <p>Applies knowledge of the subject and techniques in a routine manner to evaluate and formulate management plans and solutions to problems and issues in clinical practice.</p> <p>Applies underlying concepts and principles outside the context in which they were first studied and applies symptom-appropriate tests.</p> <p>Understands and applies the principles of clinical reasoning and evidence-based practice and the steps in problem solving.</p>	

Task 6 – Diagnosis and decision-making (25 minutes)

GOC Outcome	SPOKE indicative guidance	Evidence
<p>3.1 Undertakes safe and appropriate ocular examinations using appropriate techniques and procedures to inform clinical decision-making within individual scope of practice.</p> <p>(DOES)</p>	<p>Justifies the choice of clinical procedures used on appropriate techniques for clinical investigations.</p> <p>Has an awareness of own limitations to conduct clinical examinations, and work within limits of competence.</p> <p>Appraises the risk balance of clinical techniques used to examine patients.</p> <p>Ensures patient and practitioner safety during all clinical processes and procedures.</p>	<p>Assessor to review a minimum of three logbook entries covering a range of pathology and further investigative techniques (selecting from logbook drop-downs), with a focus on decision-making.</p> <p>Must include records where further investigations have been made to diagnose and manage ocular pathology.</p> <p>Approach to limits of scope of practice to be explored (may include logbook interactions which included 'Referral – consult')</p>
<p>From 3.4 Analyses visual function from a range of diagnostic sources and uses data to devise a clinical management plan for a patient in areas that include the following:</p> <ul style="list-style-type: none"> • Dispensing of optical appliances • Refractive management <p>(DOES)</p>	<p>Applies normative data in the interpretation of results of visual function tests.</p> <p>Uses clinical data to formulate a management plan across a range of ocular conditions.</p> <p>Analyses clinical data in the light of presenting signs and symptoms.</p> <p>Demonstrates effective management across the specified range of patients.</p>	<p>Assessor to review a minimum of five logbook entries covering a range of prescription and dispense interactions.</p> <p>Must include where refraction routine, and/or dispense has been adapted depending upon individual circumstances such as amblyopia, visual impairment, age, physical characteristics, lifestyle or personal preference.</p>
<p>From 3.5b(ii) Completes an informed clinical assessment of individual patients' need and uses this to dispense, fit and advise on the safe and effective use of spectacles, contact lenses, low-vision aids and other ophthalmic appliances.</p> <ul style="list-style-type: none"> • Interprets and dispenses a prescription using appropriate 	<p>See GOC Outcome column, left, for bullet point indicators.</p> <p>(There is no SPOKE indicative guidance here because the GOC clinical learning outcomes (Section 3) include indicators expressed as bullet points).</p>	

<p>lenses, frame choice and accurate facial and frame measurements</p> <ul style="list-style-type: none"> Measures and verifies optical appliances in line with relevant standards, guidelines and evidence <p>(DOES)</p>		
<p>From 3.5b(ii) Completes an informed clinical assessment of individual patients' need and uses this to dispense, fit and advise on the safe and effective use of spectacles, contact lenses, low-vision aids and other ophthalmic appliances.</p> <ul style="list-style-type: none"> Identifies, recommends and fits soft or rigid contact lens as appropriate to support and enhance individual patients' vision, lifestyle and eye health and provides ongoing care. Instructs and advises patients in handling soft or rigid lens as appropriate, and how to wear and care for their fitted lenses. <p>(DOES)</p>	<p>There is no SPOKE indicative guidance here because the GOC clinical learning outcomes (Section 3) include indicators expressed as bullet points – see GOC outcome column for bullet point indicators.</p>	<p>Assessor to review at least five logbook entries with contact lens interactions. To include:</p> <ul style="list-style-type: none"> Three entries in which the student undertakes application and removal A replaceable lens where a CL aftercare has been carried out and an adjustment has been made to the specification (not power alone) A toric fitting A multifocal fitting A contact lens teach that includes a care regime <p>Student needs to have the corresponding in-practice patient records ready and available to view.</p>

Task 7 – Record-keeping (no additional time)

There is no specific activity for the Assessor to carry out with the student in Task 7; this is based on what the Assessor has observed in tasks 3 – 6.

GOC Outcome	SPOKE indicative guidance	Evidence
4.12 Complies with legal, professional and ethical requirements for the management of information in all forms including the accuracy and appropriateness of patient records and respecting patient confidentiality. (DOES)	<p>Keeps clear, accurate, and contemporaneous records, understanding the GOC's and professional bodies' advice and guidance in relation to record keeping.</p> <p>Produces records which are accessible, and contain all relevant patient details and history, measurements and details of assessment findings, consent obtained, referrals made, and advice.</p> <p>Ensures that records contain the name of any staff undertaking delegated tasks/functions.</p> <p>Demonstrates a systematic understanding of the principles of data protection and freedom of information legislation in relation to the use and disclosure of health data.</p> <p>Grants, where appropriate, a patient's Right to Access their health data, and demonstrates a detailed knowledge of the Subject Access Request (SAR) protocols relevant to ophthalmic practice.</p>	Overarching approach to records management displayed during assessment visit

Task 8 – Service Evaluation Project verification (15 minutes)

Using the submitted work as a guide, the student will give the Assessor a tour of the practice and/or information systems to explain and demonstrate the in-practice processes / pathways covered by the Service Evaluation Project (SEP). They also need to explain how the benchmarks and data were sourced and filtered. The Assessor will ask questions to verify the information provided.

The Assessor will not need to judge the quality of the student's project as part of this task, it is just about making sure that the information provided does relate to the practice where the student is working and that the student has undertaken the auditing and data evaluation described. In line with the self-development and reflection learning outcomes linked to this task, the student is expected to reflect on the experience of developing the SEP as part of this verification exercise.

This is a verification activity so will not be assessed with a Pass/Fail outcome. However, any indication that the work is not wholly that of the student, or that the material presented is not genuine will trigger further investigative processes.

GOC Outcome	SPOKE indicative guidance	Example positive verification markers	Example markers of concern
7.1 Evaluates, identifies, and meets own learning and development needs. (DOES)	Analyses and responds to own learning and development needs. Prepares and follows a personal development plan, utilising appropriate learning opportunities.	Student provides a narrative on the development of the work. For each section of the final SEP project workbook, student can describe how practice systems have influenced their findings.	Report or narrative do not appear to be specific to student clinical practice and placement setting. Student is unable to explain content from the report.
7.4 Engages in critical reflection on their own development, with a focus on learning from experience, using data from a range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis) and identifying and addressing their new learning needs to improve	Assesses own learning needs and engages in self-directed learning to maximise potential and improve outcomes. Critically reflects on own practice, and participates in multi-disciplinary service and team evaluation formulating and implementing strategies to act on learning and make improvements. Actively engages in peer review to inform own practice, formulating and implementing	Student is able to explain their thinking for each section of SEP.	

the quality and outcomes of patient care. (DOES)	strategies to act on learning and make improvements. Demonstrates how audit can contribute to improvement in the quality and/or efficiency of patient care.		
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Task 9 – Quality assurance of setting and supervision (15 minutes)

Assessor instructions

Assessor will discuss (with each separately) the student's and the Supervisor's answers to the QA questionnaire and, where appropriate, signpost further information and support. The Assessor will be able to raise a concern with the College team for action if there are concerns which cannot be addressed at the assessment visit. If the student has not met the expected risk profile in the summary dashboard for this stage of the placement, the Assessor should ensure there is a plan in place to address this.

This task is for support purposes and will not be assessed with a Pass/Fail outcome.

