



Clinical Learning in Practice (CLiP)

CLiP 2F assessment visit

October 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 Two face-to-face visit (CLiP 2F)

Summary

When: Approximately 13 weeks from start of CLiP 2

Where: In the student's practice

Duration: 3 hours (with an additional 10 minutes for Assessor to carry out patient consultation)

Task outline

The visit will consist of five overarching tasks:

1. Complete eye examination
 - a. History and symptoms
 - b. Refraction
 - c. Eye health assessment
 - d. Binocular vision assessment
 - e. Management plan (incl. supplementary tests)
 - f. Record-keeping
2. Specialist dispense
3. Diagnosis: management and referral
4. Learning and development
5. Quality assurance of setting and supervision (for support purposes)

Student risk profile

All items are expected to be green before the assessment visit takes place. This will ensure that the student has enough evidence for the Assessor to use in task 3.

Tasks and prerequisites

Task/Activity	Miller's Level: GOC Outcome(s)	Prerequisites / Evidence	Duration	Redemption
1. Complete eye examination				
a. History and symptoms - observation	D: 3 of 9 items from 3.4 and all 4 items from 3.5b(i) Core clinical Outcomes	No task-specific documentary evidence Presbyope patient will be provided by the College Direct observation will be used as evidence	1:00 (50 minutes for eye exam and 10 mins. to discuss with Assessor)	Resit
b. Refraction – observation				
c. Eye health assessment – observation				
d. Binocular vision assessment – observation				
e. Management plan (incl. supplementary tests) – observation				
f. Record-keeping – observation				
2. Specialist dispense				
Student to provide advice on different dispensing scenarios	D: 2 of 9 items from 3.4 and 1 of 11 items from 3.5b(ii)	No task-specific documentary evidence	0:30	Resit
3. Diagnosis: management and referral				
Discussion based on logbook entries and in-practice patient records	D: 8 of 8 items from 3.5b(iii), 2 of 5 items from 3.5b(iv), 1.7 and 1.8	In summary risk dashboard, student must be green on all logbook categories. In-practice patient records must be available for all logged interactions.	1:00	Resit
4. Learning and development				
Discussion of PDP (including response to feedback on draft)	D: 7.1 and 7.4	Finalised PDP document	0:20	Resit
5. Quality assurance of setting and supervision (for support purposes)				
Discussion of student experience	n/a	Completed QA surveys (student and Supervisor)	0:10	n/a

Instructions, learning outcomes and marking criteria

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Task 1 – Complete eye examination (1 hour)

Note: 50 minutes to complete the eye examination and an additional 10 minute discussion with the Assessor

A 'mystery shopper' patient will be arranged who is presbyope, with 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 (this is a 10 minute addition to the overall visit time but not included in the assessment time).

The evidence for this task will be directly observed at the visit. 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, the Assessor may use additional scenario-based questions to determine whether the student meets the competence standards.

Clinical core outcomes apply throughout clinical activities – although they have already been specifically assessed in CLiP1. Accordingly, any action which could lead to patient harm, breaches the law or GOC standards, or represents a major failing on a core outcome, may result in failure of the assessment. The clinical core outcomes have been mapped to examples of failing performance which can be found in **bold** in the table below as part of the relevant task, to enable integration with the visit-specific outcomes.

1a. History and symptoms

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
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.	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.	Asks appropriate questions to obtain a full history. This includes the following: • RFV, vision and symptoms • OH and FOH • GH, medication and FGH • symptom check • driving • lifestyle/ work	Omits to question any of the following categories: • general health • ocular health • medication • family history • lifestyle / work Does not ask any follow-on questions related to symptoms if indicated and/or fails to illicit correct information

Takes a relevant history from individual patients [and any other appropriate person involved in their care (relatives/carers and others).] (DOES)		- CL wear - smoker Asks appropriate follow-on questions if needed. Uses appropriate strategies to understand patients' needs e.g. not interrupting, summarising and checking understanding Maintains a friendly and professional communication style throughout	Does not ask regarding other symptoms. This may include not asking about: - Headaches - Flashes and floaters - Diplopia Interrupts on numerous occasions or does not check patient understanding coupled with poor communication techniques Fails to note critical information provided by patient Demonstrates a rude, poor or patronising questioning technique Communicates in an unprofessional or misleading manner
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1b. Refraction

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
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: - Anterior eye [and contact lenses] - Ocular and systemic disease (DOES)	Applies normative data in the interpretation of results of visual function tests. Uses clinical data to formulate a management plan across a range of ocular conditions. Analyses clinical data in the light of presenting signs and symptoms.	Appropriate retinoscopy technique that achieves accurate results - accurate results for retinoscopy within +/- 1.00 DS/DC (determined using a power cross) and axis appropriate to cylinder. (Static fixation retinoscopy is the expected technique, but if a student prefers or needs to use one eye only then they must use a valid and appropriate technique for monocular viewing e.g. Barrett Method or Near Fixation retinoscopy.) Accurate end point subjective results - accurate results for subjective within +/- 0.50 DS/DC (determined using a	Does not use an appropriate retinoscopy technique The accuracy of the retinoscopy result is out of tolerance The accuracy of the end point subjective results is out of tolerance Fails to establish appropriate near add(s) to meet the needs of the patient Repeatedly fails to establish consent (or meet legal requirements re consent). Acts in a way that clearly makes the patient uncomfortable Does not meet legal requirements in relation to equality. Compromised safety of patient or self, without making attempt to correct, or requiring assessor intervention.

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
	Demonstrates effective management across the specified range of patients.	power cross) and axis appropriate to cylinder if patient VA 6/9 or better Near add and range appropriate to needs Uses appropriate methods of checking IF NEEDED e.g. +1.00Ds blur or use of pin-hole Understands the relationship between vision and Rx and symptoms and Rx making an appropriate prescribing and management decisions based on the refractive and oculomotor status.	Poor hygiene or infection control potentially impacting patient safety. Unsafe disposal of clinical waste.

1c. Eye health assessment

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
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: - Anterior eye [and contact lenses] - Ocular and systemic disease (DOES)	Applies normative data in the interpretation of results of visual function tests. Uses clinical data to formulate a management plan across a range of ocular conditions. Analyses clinical data in the light of presenting signs and symptoms.	Assesses anterior and posterior eye, and neurological health. Selects and uses appropriate techniques competently, in a comprehensive and logical manner Uses a range of illumination techniques, appropriate brightness and magnification Examines: - the external eye and adnexa - lids (including lid eversion in white and blue light) - lashes	Omits core parts of the examination Misses obvious pathology such as: Lens opacity, red eye, significant corneal staining, abnormal tear film or obvious lesions Fails to view the external eye in four positions of gaze in both eyes Hurts the patient by hitting/poking them with equipment or pulling hard on eye structures Does not use an appropriate technique to view the fundus Fails to view fundi in the nine positions of gaze in both eyes Inappropriate or unsafe use of equipment

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
	Demonstrates effective management across the specified range of patients.	- all parts of the cornea in both eyes (white and blue light) - bulbar conjunctiva - palpebral conjunctiva - Anterior Chamber Angle - Lens and media - Tear film - Pupil Reactions - Fundus (inc. thorough and systematic scanning) Detects any significant lesions Differentiates normal from abnormal	Fails to examine the tear film or chooses an unsafe, incorrect or inappropriate method to assess the tear film Fails to assess pupils appropriately or incorrectly records pupil findings Repeatedly fails to establish consent (or meet legal requirements re consent). Acts in a way that clearly makes the patient uncomfortable. Does not meet legal requirements in relation to equality. Compromised safety of patient or self, without making attempt to correct, or requiring assessor intervention. Poor hygiene or infection control potentially impacting patient safety. Unsafe disposal of clinical waste.

1d. Binocular vision assessment

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
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: Binocular vision (DOES)	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).	Undertakes objective tests (including cover) using suitable targets, and assessing deviation accurately to include: - direction of latent or manifest deviation - speed of recovery - size –small, moderate or large - concomitant / incomitant	Fails to perform cover test Incorrect technique when performing cover test, in either the target chosen or cover technique Not interpreting the movement seen on cover test correctly Incorrect interpretation of any tests chosen Fails to perform motility or uses a very poor technique that would not identify incomitancy Repeatedly fails to establish consent (or meet legal requirements re consent).

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
		Undertakes subjective tests using suitable targets, as appropriate to patient including motility	Acts in a way that clearly makes the patient uncomfortable. Does not meet legal requirements in relation to equality. Compromised safety of patient or self, without making attempt to correct, or requiring assessor intervention. Poor hygiene or infection control potentially impacting patient safety. Unsafe disposal of clinical waste.

1e. Management plan (incl. supplementary tests)

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
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. Interprets the results of history-taking and the examination of the refractive and ocular motor status and ocular health of individual patients to inform clinical decision-making and	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).	Gives factually relevant information in a clear and understandable way, avoiding jargon and technical terms. Uses appropriate supporting material, for example, diagrams or leaflets, and uses a range of different explanations where required to avoid repetition. Understands limitations of Knowledge and understanding, referring the patient for advice where necessary Maintains a friendly and professional communication style throughout Recognises and documents need for any further clinical investigations such as visual fields, IOPs	Gives incorrect information Fails to refer or manage appropriately where necessary Articulates information in a confusing way, using lots of jargon and technical term Fails to identify the need for further investigations. Records findings that were not actually carried out or advice that was not given to the patient Provides advice that directly conflicts with patient's desired outcomes. Does not meet legal requirements in relation to equality. Communicates in an unprofessional or misleading manner

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
care management plans. Accepts responsibility and accountability for professional decisions and actions as a first point of contact, including in responding to individual patients' needs, managing risk, and making appropriate referrals. (DOES)			

1f. Record-keeping

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
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. Records all aspects of the consultation, the findings of all tests	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).	Produces records which are legible and contain all relevant patient details, measurements, results and advice	Omits details of tests performed Recorded information that was not carried out Inaccurate or illegible records Does not meet legal requirements in relation to data management.

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
and relevant communications with patients, their carers and colleagues, ensuring that records are accurate, legible, dated, signed, concise, contemporaneous and securely stored. (DOES)			

Task 2 – Specialist dispense (30 minutes)

The student is required to provide dispensing advice for specialist needs. The assessor will present scenarios involving two separate fictional patients: one with specialist occupational needs and one needing contact lens dispense. The Assessor will select these requirements at random from a wide choice of patient needs, combining variants of background/occupation/hobby with corrective requirement and dispense type. The Assessor will ask follow-up questions where required.

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
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: [Anterior eye and] contact lenses	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	Demonstrates a working knowledge of the relevant standards for VDU users, drivers and patients requiring occupational and vocational correction. Understands and is able to identify common ocular hazards and common or sight threatening leisure activities and occupations and advises the patient accordingly	Fails to demonstrate appropriate frame, lens or contact lens selection to suit patient needs/requirements

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
Occupational optometry (DOES)	indicators expressed as bullet points).	Is able to identify a patient's vocational needs and perform visual task analysis Chooses and advises appropriate optical appliances for patients with specific visual requirements (spectacles, contact lenses and other visual aids)	
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. Prescribes, advises and dispenses appropriate vocational and special optical appliances, in accordance with personal eye protection regulations and relevant standards (DOES)	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).		

Task 3 – Diagnosis: management and referral (1 hour)

This task is based on review and discussion of logbook entries and in-practice patient records, supplemented by assessor toolkit images and simulated scenarios.

The Assessor will select and discuss **five** conditions from those listed below (including at least **one** from each of categories 1, 2 and 3) by searching and filtering from the full logbook (rather than from the assessment visit dashboard).

1. Anterior eye
 - a. Cataract
 - b. Red eye
 - c. Dry Eye
 - d. Blepharitis
2. Posterior eye
 - a. Glaucoma
 - b. Diabetic or hypertensive retinopathy
 - c. Suspect retinal detachment
 - d. Maculopathy
3. Neurology and fields

During the exploration of the five conditions, at least three with referrals must be considered, and compared and contrasted with similar cases in which a referral was not made, to explore decision-making. For each entry, the student will be asked to explain the findings and their own decision-making, in a style appropriate to communicating with another healthcare professional.

The review should be augmented with Assessor Toolkit images (of pathologies not already covered by the logbook entries) to assure differential diagnosis outcomes, presenting the student with at least **one** from each category (Anterior, posterior, neurology and fields) including:

- **three** images of common ocular conditions: e.g cataract, diabetic retinopathy, hypertensive retinopathy, age-related maculopathy, retinal detachment, tilted disc, red eye, conjunctivitis

- **two** images of less common conditions: e.g retinitis pigmentosa, anisocoria, BCC, corneal ulcer, endothelial dystrophy, ONH swelling, uveitis, angle closure glaucoma
- **one** image of visual fields

For each case the assessor will ask the student to

- describe what is seen in language that could be used in a referral letter to another health care professional
- give a provisional diagnosis
- outline any further tests that would be helpful before deciding on management
- decide on best management giving appropriate urgency, and pathway, if onward referral is required.

Role play should be used at least **twice** during the assessment to explore how the student would approach communicating the findings to patients or carers.

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
From 3.5b(iii) Makes informed decisions on the treatment and management of ocular abnormalities and disease • Investigates and interprets individual patients' presenting symptoms and risk factors and identifies the clinical signs of potential abnormality and disease • Selects and deploys appropriate methods of clinical examination • Analyses the results of an examination to make a differential diagnosis • Advises individual patients on the implications and care options arising from the detection of common ocular abnormalities and disease, making referrals in line with professional guidance and local	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).	Overall Manages all aspects of anterior, posterior, neurological disease and abnormalities, including those indicative of systemic disease, making timely and effective referrals where necessary. Clinical decision-making and follow-up Recognises a significant risk factor during history taking. Investigates appropriately, interprets the results and manages the patient accordingly. Recognises significant signs and symptom(s) including those that could relate to a neurological condition or indicative of systemic disease, and	Clinical decision-making and follow-up Fails to recognise common ocular conditions Fails to manage common ocular condition appropriately Fails to recognise and act upon significant symptoms or signs that could indicate ocular disease Selects inappropriate tests.

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
pathways, when in patients' best interests so that they receive timely, efficacious care. • Designs and implements an appropriate management plan arising from a clinical examination and differential diagnosis, in line with individual patients' clinical need and preferences • Assesses and evaluates signs and symptoms of neurological significance • Manages patients presenting with a range of anterior and/or posterior ocular conditions. • Detects the ocular manifestations of systemic disease and advises and refers in line with individual patients' need (DOES)		• asks appropriate and relevant questions • carries out appropriate additional investigations to follow up presenting symptom(s). Interprets the results to differentiate normal and abnormal Understands the significance and relative importance of the findings. Designs and implements appropriate management plan, recognising when limit of scope of practice requires referral. Service and Systems knowledge Refers patients with ocular abnormalities to appropriate practitioner with due regard to urgency Demonstrates awareness of referral systems and pathways appropriate to the conditions discussed Able to navigate referral systems to ensure timely care, Able to determine and rationalise whether referral is necessary, and the level of urgency and pathway that should be used	Unable to interpret results effectively. Fails to recognise limitation of knowledge/clinical expertise, or urgency, when managing ocular conditions Unable to recognise likely cause/location of visual field defect and manage appropriately Unable to rationalise referral choices, including decision not to refer. Service and Systems knowledge Uncertain about service choices or mechanisms Unable to provide patient with information about next steps
From 3.5b(iv) Accurately identifies patients' conditions and their potential need for medical referral in a timely way, including when urgent or emergency attention is required. • Appraises the need for and urgency of making a patient referral, using relevant local protocols and national professional guidance, and acts accordingly • Recognises the clinical signs of sight- and life-threatening conditions that require immediate treatment and takes appropriate action (DOES)	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).		

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
1.7 Demonstrates effective clinical decision making, diagnosis, evaluation and makes appropriate and timely referral, where this is needed to meet a patient's needs. (DOES)	Demonstrates an awareness of referral pathways and can accurately refer when appropriate. Recognises their scope of practice and the role of referral in effective person-centred care. Designs and implements an appropriate management plan, in line with individual patients' clinical needs and preferences.	Aware of local low vision services and RNIB pathway Understands the criteria and process for RVI/CVI registration, the use of the LVL and the difference between certification and registration. Communications (Patient and HCP) Conveys and communicates information in a way that the patient understands, ensuring a patient centred approach throughout.	Communications (Patient and HCP) Fails to adapt style and use of technical language to audience. Gives factually incorrect or irrelevant information Fails to recognise, or is unable to manage, patient anxiety Uses a rude, patronising tone and /or demonstrates a lack of empathy Omits key information. Written referral does not meet systems expectations
1.8 Refers and signposts as necessary to sight loss and other relevant health services. (DOES)	Advises on accessing and makes appropriate referrals to low-vision services, in line with patients' best interests. Is able to direct to relevant health and social care services for patients at risk.	Advises patients on the implications and care options to suit their needs, identifying and responding appropriately to patients' fears, anxieties and concerns about their visual welfare Ensures patient knows how to access (or is given) supplementary information in a format that is suitable for their needs When referring, provides comprehensive persuasive and clear written evidence, in a format and style that meets framework requirements.	

Task 4 – Learning and development (20 minutes)

This task will involve discussion of the submitted PDP and the student reflecting on progress throughout CLiP and their degree. If gaps remain in the learning needs analysis or actions planned, the Assessor should explore the student's ability to suggest appropriate amendments to improve their PDP.

GOC Outcome	SPOKE indicative guidance	Indicative success criteria	Example failing performance
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.	Identifies own learning needs based on multiple sources which may include • reflection on clinical experience to date • case discussions during assessment • prior visit feedback • input from colleagues, including Supervisor(s) • peer discussion • objective assessment methods (eg audit) Prepares a coherent plan with actions that connect to needs Is able to articulate how they will measure success Where gaps are identified, student makes responsive and appropriate suggestions for improving their PDP.	Is unable to draw upon a range of sources Fails to complete all sections of template with relevant material Does not connect needs with actions
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 the quality and outcomes of patient care. (DOES)	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 strategies to act on learning and make improvements. Demonstrates how audit can contribute to improvement in the quality and/or efficiency of patient care.		

Task 5 – Quality assurance of setting and supervision (10 minutes)

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 raise a concern with the College team for action if there are concerns which cannot be addressed at the assessment visit.

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

