



THE COLLEGE OF
OPTOMETRISTS

Clinical Learning in Practice (CLiP)

CLiP 2R assessment visit

August 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 remote visit (CLiP 2R)

Summary

When: Approximately 5 weeks from starting CLiP 2

Where: Online, in practice or at another location

Duration: 2 hours and 20 minutes

Task outline

The visit will consist of seven overarching tasks:

1. Low vision
2. Paediatrics and vulnerable patients
3. Non-tolerance and contact lens complications
4. Use of drugs to aid refraction and assessment of the fundus
5. Multidisciplinary collaboration, communication and leadership
 - a. 360° review
 - b. Coaching exercise
6. Personal Development Plan discussion (for support purposes)
7. Quality assurance of setting and supervision (for support purposes)

Student risk profile

All interaction items should be green, possibly with some amber in high-risk categories. Students **must** be green on low vision, paediatric, vulnerable, non-tolerance and use of drugs.

Task prerequisites and timing

Task/Activity	Level: Outcome(s)	Prerequisites / Evidence	Duration	Redemption
1. Low vision				
Review and discussion of logbook entries, with in-practice patient records	D: 1 item of 9 from 3.4 and 4 items of 11 from 3.5b(ii)	At least two interactions (which include advice and at least one dispense of an LV aid) with patients with vision that meets the specified LV definition*, with anonymised patient records attached.	0:15	Resit
2. Paediatrics and vulnerable patients				
Review and discussion of logbook entries, with in-practice patient records	D: 2 items of 9 from 3.4, 1 item of 11 from 3.5b(ii) and outcome 4.15 SH: 4.3	At least two logged interactions, with attached anonymised in-practice patient records for children aged 7 or under, including: <ul style="list-style-type: none"> • One aged 4 and under • One dispense for a child aged 4 or under • One with a BV anomaly that has been managed (which may include referral) by the student Each interaction must include commentary on how safeguarding might be handled if there were concerns about the patient during the consultation. Uploaded certificate for Paediatric clinic online HES course with reflection (with logged interaction and anonymised record for patient under 2, if achieved). At least two logged interactions with attached anonymised in-practice patient records of patients with disabilities, including: <ul style="list-style-type: none"> • At least one with a disability that impacts communication • At least one with a disability that impacts mobility 	0:45	Resit
3. Non-tolerance and contact lens complications				
Review and discussion of logbook entries, including in-practice patient records	D: 1 item of 11 from 3.5b(ii)	At least three logged interactions, with anonymised in-practice patient records, including at least one example of each of the following circumstances: <ul style="list-style-type: none"> • Non-tolerance to new Rx due to dispensing issues 	0:15	Resit

		<ul style="list-style-type: none"> • Non-tolerance to new Rx due (i) incorrect Rx issued to suit px needs or (ii) Other reasons • Symptomatic CL complications that require management 		
4. Use of drugs to aid refraction and assessment of the fundus				
Review and discussion of logbook entries, including in-practice patient records	D: 4 items of 5 from 3.5b(v)	At least three logged interactions, with anonymised in-practice patient records, with rationale for use, of at least one example of use of each of the following drug types: <ul style="list-style-type: none"> • Mydriatic • Cycloplegic • Local Anaesthetic 	0:15	Resit
5. Multidisciplinary collaboration, communication and leadership				
a. 360° Review – discussing reflections on feedback	D: 2.3 SH: 6.2	Completed 360° Review: With input from one patient, one Supervisor, one other colleague	0:15	Resit
b. Coaching exercise – simulated scenarios	D: 4.7 SH: 7.2	No task-specific documentary evidence. Direct observation and discussion will be used as evidence	0:15	Resit
6. Personal Development Plan discussion (for support purposes)				
Discussion and feedback on draft PDP	D: 7.1 and 7.4	Draft copy of Personal Development Plan	0:15	n/a
7. Quality assurance of setting and supervision (for support purposes)				
Discussion of student experience	n/a	Completed QA survey (student)	0:15	n/a

* A person with low vision is one who has an impairment of visual function for whom full remediation is not possible by conventional spectacles, contact lenses or medical intervention and which causes restriction in that person's everyday life. *Low Vision Services Consensus Group. A framework for low vision services in the United Kingdom.* London: Royal National Institute for the Blind, 1999. Both eyes 6/12 or worse (binocular) and/or N6 (with +4 dioptre reading addition) or severely restricted fields (that are consequence of clinical condition). [WGOS](#)

Instructions, learning outcomes and marking criteria

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Task 1 – Low vision (15 minutes)

The Assessor and student will discuss two logged interactions in which low vision aids have been advised. The assessor may also select other suitable logbook entries to support discussions, if required.

GOC Outcome	SPOKE indicative guidance	Evidence	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"> Low Vision/visual impairment <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>	Logbook with LV patient entries	<p>Assesses vision and adapts refraction routine depending on circumstances, for example, age, amblyopia, visual impairment.</p> <p>Knows when the use of specialist charts is beneficial to fully understand visual function and is able to interpret the results, differentiate normal from abnormal. eg Pelli Robson and logMar</p> <p>Demonstrates ability to link clinical findings to the presenting problem and manage appropriately for patients with a range of ocular conditions that may cause visual impairment. e.g. maculopathy, retinitis pigmentosa, media opacities, severe visual field loss such as hemianopia, quadrantanopia, severe altitudinal loss or central scotoma</p> <p>Assesses visual function considering a range of relevant clinical findings such as acuity, visual fields and binocular vision. Adapts refraction routine appropriately for each patient circumstance. e.g. age, amblyopia, reduced acuity, field defect</p>	<p>Unable to interpret results e.g. not aware of how LogMar relates to Snellen acuity or unable to score LogMar.</p> <p>Unable to demonstrate appropriate management based on patient needs and clinical findings.</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	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.	Logbook with LV patient entries	<p>Takes relevant history including social history and full task analysis to identify patient needs and visual requirements</p> <p>Conducts appropriate low vision assessment demonstrating adaptations to routine to accommodate the needs of patients with visual impairment</p> <p>Demonstrates understanding of principles of magnification, field of view and working distance in relation to different aids by dispensing appropriate low vision aid:</p>	<p>Fails to identify patients who could benefit from low vision aids</p> <p>Does not understand principles of magnification and the implications of this when advising and managing patients</p>

<ul style="list-style-type: none"> Identifies and advises patients who could benefit from simple or complex low-vision aids Conducts a low-vision assessment, including through full history-taking and evaluation of visual requirements Evaluates the clinical findings of low-vision assessments, applying knowledge of low-vision optics to dispense appropriate simple and complex low-vision aids and provide relevant advice Advises on accessing and makes appropriate referrals to low-vision services, in line with patients' best interests <p>(DOES)</p>			<ul style="list-style-type: none"> Justifies choice of aid including type of aid and magnification required Discusses correct use of aid – to include correct WD, lighting, how to maximise FOV, spectacles required. Records acuity with aid provided Aware of other options available and aware of pros and cons Able to give additional advice to visually impaired patients including use of non optical aids, use of contrast and lighting <p>Aware of criteria and process for registration and certification</p> <p>Aware of how to access local and national low vision services and support including help from social services, low vision clinics and support groups</p>	<p>Unable to justify choice of low vision aid</p> <p>Inappropriately advises patient regarding suitable low vision aids e.g options available, magnification required, lighting</p> <p>Unable to advise patient correctly on the use of low vision aid</p> <p>No understanding of criteria and process for registration and certification</p> <p>No understanding of local low vision services and how to access these</p>
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Task 2 – Paediatrics and vulnerable patients (45 minutes)

In the discussion of logged interactions relating to outcomes 3.4, 3.5b(ii) and 4.15 the Assessor will discuss each of the entries with the student, referring to other logged interactions where required, and asking follow-up questions (“why...”, “what if...”) to explore understanding, rationale and the student’s ownership of their decision-making.

In each case, the student should demonstrate they have maintained professional boundaries, made an informed clinical assessment of individual patients’ needs and used a range of diagnostic sources, while formulating a clinical management plan – always adapting their approach to the specific needs of the patients in the light of the specified characteristics.

In the discussion of logged interactions relating to outcome 4.3, the Assessor will discuss the student’s approach to, and ability to navigate mechanisms for, safeguarding.

GOC Outcome	SPOKE indicative guidance	Evidence	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"> • Paediatrics • Patients with learning disabilities and complex needs <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>Logbook with paediatric, vulnerable and disability entries.</p>	<p>Asks appropriate questions during symptoms and history to identify risk factors and understands when there is a need to follow up on history given (e.g. onset and nature of diplopia).</p> <p>Adapts approach to identified needs of patient.</p> <p>Carries out appropriate clinical tests to investigate symptoms and/or presenting risk factors</p> <p>Demonstrates use of a range of assessment strategies according to the age and ability of the patient – including appropriate assessment of vision, OMB, stereopsis.</p> <p>Knows the expected norms for different ages and applies knowledge when interpreting results and managing paediatric patients including infants under 2</p> <p>Understands the use of vision testing equipment for infants and non communicative</p>	<p>Fails to carry out appropriate clinical tests to investigate presenting symptoms</p> <p>Unable to choose appropriate testing strategies relevant to the patients age and ability</p> <p>Unable to adapt technique according to patient’s capabilities</p> <p>Unaware how to establish full cycloplegia</p> <p>Makes inappropriate prescribing and/or management decisions</p>

GOC Outcome	SPOKE indicative guidance	Evidence	Indicative success criteria	Example failing performance
			<p>patients, for example, preferential looking, optokinetic nystagmus.</p> <p>Demonstrates an awareness of the need to be flexible in approach to examination, amending and adapting techniques and communication appropriately.</p> <p>Understands when cycloplegic examination is indicated and how to check it has had the desired effect on visual function</p> <p>Identifies and manages significant heterophoria, strabismus and amblyopia in children.</p> <p>Understands different types of management including refractive, orthoptic, prismatic and surgery. Considers OMB tests and symptoms when deciding on appropriate management.</p> <p>Demonstrates knowledge of referral processes and hospital waiting list times locally.</p> <p>Can discuss management of young Myopic patients (c/f College guidelines)</p>	Fails to give adequate advice to young myopic patients
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.	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.	Logbook with paediatric, vulnerable and disability entries.	<p>Respects and cares for all patients and their carers in a caring, patient, sensitive and appropriate manner.</p> <p>Identifies patients with additional needs and adapts clinical assessment to meet individual needs</p> <p>Applies knowledge of the Disability and Equality Act (2010) and ensures the patient environment is safe, inviting and user- friendly in terms of access and facilities</p>	<p>Fails to adapt practice and decision -making to needs of specific patient characteristics (appropriate to GOC outcome)</p> <p>Fails to demonstrate appropriate frame or lens selection to suit patient needs/requirements</p>

GOC Outcome	SPOKE indicative guidance	Evidence	Indicative success criteria	Example failing performance
<ul style="list-style-type: none"> Manages and dispenses appropriate spectacles for paediatric patients and for patients with complex or additional needs, including by adapting the practice environment and practice activity in line with individuals' needs. <p>(DOES)</p>			<p>Explains and justifies management options for different scenarios, allowing for specified patient characteristics e.g. What if px was hyperopic rather than myopic? What if px had mobility issues? What if frame chosen did not fit well? etc</p> <p>Able to advise on potential dispensing solutions to control myopia</p> <p>When appropriate, dispensing advice should be clearly recorded, and a range of dispensing options should have been considered to meet the patient's needs.</p> <p>Demonstrates understanding of dispensing frames covering the following: size, materials, relationship between frame, lenses and facial features.</p> <p>Demonstrates the appropriate lens and frame selection and justification (bearing in mind patient's age disability and lifestyle requirements)</p> <p>Dispenses a range of lens forms to include complex lenses and high corrections and advises on their application to specific patients' needs.</p> <p>Demonstrates appropriate frame adjustments to meet patient needs.</p> <p>Discusses and dispenses contact lenses when appropriate. Orders appropriate material and lens parameters. Gives adequate advice for safe contact lens wear with appropriate follow up</p>	Fails to demonstrate appropriate contact lens knowledge to fit and manage patient needs/requirements

GOC Outcome	SPOKE indicative guidance	Evidence	Indicative success criteria	Example failing performance
<p>4.15 Maintains professional boundaries with patients and others taking into consideration the additional needs of vulnerable people and specific requests/requirements.</p> <p>(DOES)</p>	<p>Recognises the boundaries between patient and clinician, both within and outside the workplace.</p> <p>Communicates appropriately with and respects the needs of vulnerable people and those with specific requests/requirements.</p> <p>Demonstrates interpersonal behaviours showing sensitivity to a range of physical, emotional, and protected characteristics in individuals.</p> <p>Maintains acceptable professional boundaries within the testing room and during an eye examination.</p> <p>Where appropriate, uses chaperones and adopts professional boundaries with children and vulnerable adults.</p> <p>Maintains a professional distance between the practitioner and the patient, understanding that using social media can blur personal and professional boundaries</p>	<p>Logbook with paediatric, vulnerable and disability entries.</p>	<p>Able to discuss boundaries between patient and clinician, and how to maintain these boundaries both within and outside the workplace</p> <p>Recognises emotion in patients and is able to respond to fears, anxieties and concerns in an empathetic way even when the outcome is not what the patient hoped for.</p>	<p>Fails to understand and/or maintain professional boundaries</p>
<p>4.3 Understands and implements relevant safeguarding procedures, local and national guidance in relation to children, persons with disabilities, and other vulnerable people.</p> <p>(SHOWS HOW)</p>	<p>Identifies and applies, where necessary, national safeguarding protocols relating to healthcare professionals working in primary or secondary care.</p> <p>Identifies and applies local protocols in place to support healthcare professionals in managing instances of safeguarding issues, such as:</p> <ul style="list-style-type: none"> Local safeguarding team's role in providing advice, training 	<p>Logbook (4.3)</p>	<p>Aware of national safeguarding protocols relating to healthcare professionals working in primary or secondary care.</p> <p>Aware of local protocols in place to support healthcare professionals in managing instances of safeguarding issues</p> <p>Can discuss common signs of maltreatment, abuse, and neglect of children and vulnerable adults.</p>	<p>Fails to implement relevant safeguarding procedures</p> <p>Fails to identify people that are at a higher risk of experiencing safeguarding issues</p>

GOC Outcome	SPOKE indicative guidance	Evidence	Indicative success criteria	Example failing performance
	<p>opportunities, and their contact details to the local healthcare professionals</p> <ul style="list-style-type: none"> • Role of the 'designated' safeguarding doctor or nurse in the local area. <p>Explains the common signs of maltreatment, abuse, and neglect of children and vulnerable adults.</p> <p>Recognises their responsibilities in ensuring the non-registered staff in their practice understand their responsibilities in relation to safeguarding.</p> <p>Demonstrates detailed knowledge of internal and external protocols regarding the recording and safe referral of safeguarding issues.</p> <p>Demonstrates an understanding of the groups of people that are at a higher risk of experiencing safeguarding issues, including but not limited to: 'Looked after children', elder abuse, domestic abuse, adults with learning disabilities.</p> <p>Explains the minimum requirements of an effective chaperone policy and its role in safeguarding children and vulnerable adults.</p>		Explains internal and external protocols regarding the recording and safe referral of safeguarding issues.	

Task 3 – Non-tolerance and contact lens complications (15 minutes)

The assessor will review and discuss the logbook entries to explore the student's choices, investigations and actions taken to remedy each situation. The Assessor can ask follow-up questions and use other logged interactions if required.

GOC Outcome	SPOKE indicative guidance	Evidence	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"> Manages cases of non-tolerance <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>Logbook with non-tolerance patient entries</p>	<p>Identifies and addresses the needs of the patient carrying out appropriate task analysis when a patient presents with suspected non tolerance</p> <p>Explores issues when problems occur by undertaking appropriate investigations</p> <p>Uses appropriate communication for all cases of non-tolerance e.g. explaining to patient suggested course of action and obtaining their agreement and arranging follow-up if necessary.</p> <p>Manages cases of non-tolerance to spectacles</p> <p>Manages cases of non-tolerance to contact lenses</p> <p>Understands possible causes of non-tolerance to low vision aids to ensure effective management should these present</p> <p>Demonstrates an understanding of the designs and materials available in Contact lenses including toric and multifocal contact lenses to be able to recognise when this may be the cause of non-tolerance</p> <p>Demonstrates an understanding of soft lens adaptation and aftercare issues and how to manage them by addressing the presenting complaint, communicating a cause and remedy including the action to be taken and review date.</p> <p>Gives advice on the management of common CL complications</p>	<p>Provides advice that is confusing or inaccurate</p> <p>Provides advice to the patient that would be considered dangerous</p> <p>CLs: fails to provide appropriate advice on the management of common CL complications</p> <p>Fails to address patient concerns</p>

Task 4 – Use of drugs to aid refraction and assessment of the fundus (15 minutes)

The Assessor will review and discuss the drug entries in the student's logbook to explore the student's rationale and precautions for use, using follow-up questions and reference to other logged interactions where required.

GOC Outcome	SPOKE indicative guidance	Evidence	Indicative success criteria	Example failing performance
<p>From 3.5b (v) Uses common ophthalmic drugs, safely to facilitate optometric examination and the diagnosis / treatment of ocular disease.</p> <ul style="list-style-type: none"> Appraises the appropriate use of common ocular drugs to aid refraction and assessment of the fundus Obtains individual patients' informed consent to use common ophthalmic drugs to aid investigation, examination, diagnosis and treatment, including by advising on the potential side effects and associated risks of specific drugs Administers common ocular drugs appropriately, effectively and judiciously, exercising caution to ensure patient safety. Recognises the indications and contraindications of commonly-used ophthalmic drugs and responds in light of these to uphold patient care and safety <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>Logbook entries for drug instillations with anonymised in-practice patient record</p>	<p>Provides accurate records with all relevant drug details to include drug name and dose, patient consent and any advice given</p> <p>Uses all ocular drugs appropriately:</p> <ul style="list-style-type: none"> Can justify drug choice and aware of alternative options Carries out appropriate checks before and after drug instillation Safe instillation of drug used <p>Understanding of mode of action of mydriatics, anaesthetics and cycloplegic drugs</p> <p>Can discuss contraindications and side effects of drug used and manage appropriately</p> <p>Can discuss legal aspects of access, use and supply</p>	<p>Incomplete record keeping</p> <p>Inappropriate use of chosen drug</p> <p>No understanding of mode of action of common ocular drugs</p> <p>Unaware of contraindications of common ocular drugs Unsafe management of contraindications and side effects</p> <p>Inappropriate supply of local anaesthetic</p>

Task 5 – Multidisciplinary collaboration, communication and leadership

5a. 360° review (15 minutes)

In advance of the visit, colleagues and patients will be asked for feedback on the student by completing a form. In this task, the Assessor will explore the feedback with the student (and with one of the student's colleagues, for verification). The Assessor may present alternative scenarios and ask the student to demonstrate how they would respond. This will allow the Assessor to probe the student's ability to communicate and respond to feedback across different practice interactions. The purpose is not to measure performance based on the feedback of others, but to gauge how the student responds to it and reflects on their impact on team behaviours.

GOC Outcome	SPOKE indicative guidance	Evidence	Indicative success criteria	Example failing performance
2.3 Communicates effectively within a multi-disciplinary healthcare team and works collaboratively for the benefit of the patient. (DOES)	Recognises the diverse contributions of both clinical and non-clinical colleagues including those from other professions, and adapts own communication methods, style and content to ensure the delivery of effective patient care. Recognises the varying roles of other allied health and medical professionals and their contribution to person centred care.	360° review	Able to articulate the roles and relationships found in practice Values contributions and specialisms of different roles Has an awareness of the importance of team cohesion to patient experience	Unable to describe different contributions Not engaged with understanding wider contributions of different professions
6.2 Works collaboratively within healthcare teams, exercising skills and behaviours of clinical leadership and effective team-working and management in line with their role and scope of practice. (SHOWS HOW)	Critically evaluates appropriate theoretical frameworks of leadership and management. Demonstrates the application of theoretical perspectives of multi-professional team working to own practice. Proactively constructs and develops effective relationships, fostering clarity of roles within teams, to encourage productive working and to positively influence practice		Uses appropriate terminology to describe practice roles and relationships Is able to connect feedback to their own behaviours, and the perceptions of others. Considers their contribution to team performance. Can give examples where they have role modelled Able to rationalise approach to differences of opinion	Is dismissive of poor performance in themselves or others Fails to recognise impact of own behaviour on others Is unable to offer means of achieving consensus

5b. Coaching exercise (15 minutes)

The Assessor will supply clinical data and the student will be asked to review and feed back as if the Assessor was a colleague who had conducted the tests. The Assessor will introduce complexity to the task by introducing factors such as the colleague displaying anxiety, resistance, lack of knowledge, lack of respect or other shortcomings, and discuss the student's management of the scenario afterwards.

GOC Outcome	SPOKE indicative guidance	Evidence	Indicative success criteria	Example failing performance
4.7 Demonstrates the fulfilment of professional and legal responsibilities in supervising unregistered colleagues undertaking delegated activities. (DOES)	Delegates appropriate activities to unregistered colleagues, applying relevant legislation, standards and guidance. Monitors knowledge and skills of unregistered colleagues, including adequate training and assessment for regulated activities. Demonstrates appropriate supervision of unregistered colleagues.	Discussion and observation	Takes responsibility for delegated activities Takes steps to determine cause of failings Provides clear instructions on remediation. Checks comprehension and follows up	Fails to recognise or describe the shortcomings objectively Is uninterested in establishing root cause Is unable to communicate what changes are required Fails to establish impact of feedback
7.2 Supports the learning and development of others, including through acting as a role model and mentor. (SHOWS HOW)	Demonstrates the skills required to contribute to the teaching and training of students and other healthcare colleagues. Demonstrates awareness of teaching and learning theories and models in healthcare. Understands future position as Supervisor and mentor.	Discussion and observation	Provides feedback firmly but sensitively – ensuring that they have a receptive audience Can articulate the approach they took, and rationale for it Recognises that learning goes beyond instruction	Does not customise approach to situation and audience Cannot describe importance of supervision of delegated activities Displays no awareness of own leadership style

Task 6 – Learning and development (15 minutes)

The Assessor will review the PDP document and discuss this with the student. The discussion can incorporate feedback from other tasks in the visit and refer to the learning outcomes to help the student develop a holistic approach to personal development planning. They should discuss any perceived gaps in the PDP or any lack of alignment between the student's performance and the action plan with a view to supporting the student in developing their approach ready for the final CLiP2F assessment visit.

If there are aspects of the learning outcomes where the assessor has some concerns, but the student is able to demonstrate that they have engaged with the task and attempted to identify their own learning needs in areas of shortfall, this is adequate to meet expectations at this visit.

This is a developmental exercise to allow the student to evidence progression by the end of CLiP 2F.

GOC Outcome	SPOKE indicative guidance	Evidence	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.	Draft PDP, prior and current visit feedback.	Identifies own learning needs based on multiple sources which may include: <ul style="list-style-type: none"> • 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	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 7 – Quality assurance of setting and supervision (15 minutes)

The student's answers to the QA questionnaire will be discussed, with signposting to further information and support if required. 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.

