



## Student guidance: CLiP 2 Remote visit (CLiP 2R)

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### **Assessment visit overview**

When: Approximately 5 weeks from starting CLiP 2

Where: Online, in practice or at another location

Duration: 2 hours and 30 minutes

Content:

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)

## **Quick reference for logbook requirements**

You will need to have logbook entries for all of the following ready for the Assessor to review least a week before your CLiP 2R visit:

### **Task 1**

- Two entries with interactions with patients with low vision, in which you gave advice (see the definition of low vision below\*).
- Either one or both of these two entries should include dispense of a low vision aid.

### **Task 2**

- An entry with an interaction with a patient under 4 years old.
- An entry with an interaction with a patient under 4 years old in which you completed a dispense.
- An entry with an interaction with a patient under 7 years old in which you managed a binocular vision anomaly (this can include a referral).
- The entries above should include notes about how you would have handled safeguarding if you had concerns about the patient during the consultation.
- An entry with an interaction with a patient with a disability that impacts communication.
- An entry with an interaction with a patient with a disability that impacts mobility.
- An entry with a reflection on completing the Paediatric clinic online HES course, saying what you've learned – and upload your certificate of completion.

### **Task 3**

- An entry with an interaction with a patient with non-tolerance to new Rx due to dispensing issues.
- An entry with an interaction with a patient with non-tolerance because the new Rx was not correct for their needs – or give other reasons why.
- An entry with an interaction with a patient with symptomatic contact lens complications that require management.

### **Task 4**

- An entry with an interaction in which you administered mydriatic drugs.
- An entry with an interaction in which you administered cycloplegic drugs.
- An entry with an interaction in which you administered local anaesthetic.
- All of the three entries above should include rationale for why the drugs were administered in the notes section.

### **Task 5**

- An entry with a reflection on the 360° feedback you have received, outlining points for change and development.

### **Task 6**

- An entry with your completed Personal Development Plan template uploaded.

### **Task 7**

- You can complete the QA 'Setting and supervision' survey in the Assessment area of the Portal – this is not a logbook entry (see details in full logbook checklist, below).

\* 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

### **Combining logbook requirements**

There is limited scope to combine logbook requirements in your entries in this visit – you can only do this in Task 2 of CLiP 2R.

For example, in Task 2, you could combine the paediatric patient entries and entries for patients with disabilities in any way. However, you **must** have two paediatric patient entries and two entries for patients with a disability for the Assessor to review – a minimum of four entries for Task 2.

### **Relevant learning outcomes**

In CLiP Part 2, you no longer need to record a learning outcome against each entry and explain how you met this in the consultation notes.

The tasks in CLiP Part 2 assessment visits are related to the GOC learning outcomes but, unlike the CLiP Part 1 visits, we do not need you to link to learning outcomes or write about how you met the outcomes as an assessment requirement.

Some tasks in CLiP 2R require you to provide other specific information in your consultation notes – see the list above or more detailed logbook instructions below.

## Preparing for the visit

You can also refer to our student handbook for more information on how to prepare for assessment visits. Here are some key points:

### 4-5 weeks before the visit

- During your daily practice, if you think one of the entries you are creating would be good for the next assessment visit, you can switch '**Include in assessment**' to 'Yes' to flag it (this can still be turned back to 'No' if you change your mind).
- Start checking your readiness for the assessment using the **quick-reference logbook requirements** list above.
- Go back to your University notes and learning materials to **revise the topics** covered in the visit.
- Review the **360° review** template and discuss with your supervisor who is going to complete this (you need to ask a supervisor, another colleague and a patient – and give them a deadline for return).
- Review and discuss the **Personal Development Plan** template with your supervisor and start completing this.
- Check your visit date and time, make sure you have it recorded and that your employer knows about it.

### 2-3 weeks before the visit

- Arrange a meeting with a supervisor to start sharing the logbook entries you want to use in the assessment and discuss your choices.
- As you get nearer to the visit date, you can use the more detailed **logbook checklist**, below, for all the details of what you need to select and upload in the CLiP Portal for this visit.
- **Anonymise** in-practice patient records, and have them **checked** by your supervisor.
- To make the records easy to match with your logbook entries, make the file names for each record the relevant **Patient ID** from the in-practice patient record, and this ID must also be in the 'Reference' field for the related logbook entry (see below).
- Make sure your supervisor, colleague and patient have all returned their completed **360° reviews**.
- Review and complete your **Personal Development Plan**.
- Complete the **student survey** in the CLiP Portal (see instructions in full logbook checklist, below).

### 1 week before the visit

- Make sure you have all the required entries selected by the deadline, which is **one week** in advance of your visit time.

### Week of the visit

- **Do not upload** the anonymised records to the CLiP Portal, but copy them to your own device, ready to share on the visit.

### On the day

- Your anonymised in-practice patient records need to be **open and ready** on your device, on the assessment day, before your visit starts.
- Have your own **photo ID** ready to show the Assessor.

- Get your workspace and computer **ready for the visit**, make sure you are plugged in or have enough charge, and that you are in a quiet room where you won't be disturbed.

## **Outline of each task**

### **Task 1 – Low vision**

*15 minutes allowed for this task.*

This is a professional discussion with the Assessor, starting with the logbook entries you have included for assessment. The Assessor will discuss these patient interactions with you, including how you established and measured low vision, your management of this, your decisions around any aids recommended and whether there was any direction toward wider low vision services.

### **Task 2 – Paediatrics and vulnerable patients**

*45 minutes allowed for this task*

The Assessor will discuss your logbook entries with you, asking you to explain what happened with the patient and to provide more detail on the decisions you made. They may also ask ‘*what if...?*’ questions, to get an idea of how you might have handled a patient with a different set of circumstances.

Assessors will explore, among other things, how you adapted your approach and your advice to each patient’s specific needs, how you adapted according to the age and abilities of the patient and your understanding of professional boundaries and safeguarding procedures.

### **Task 3 – Non-tolerance and contact lens complications**

*20 minutes allowed for this task*

You will review and discuss the selected logbook entries with the Assessor, who will explore your choices, investigations and the actions you took to address each case of non-tolerance. As with other professional discussions based on selected logbook entries, the Assessor can refer to other entries in your logbook if needed.

### **Task 4 – Use of drugs to aid refraction and assessment of the fundus**

*10 minutes allowed for this task*

The Assessor will review and discuss the drug entries you have selected and explore your rationale and precautions for use, using follow-up questions and reference to other logged interactions, if required. It is likely that the discussion will cover your choice of drug and any alternative options, the checks you carried out before and after instillation and your general understanding of drugs, including contraindications, side effects and legal aspects of access, use and supply.

### **Task 5(a) – Multi-disciplinary collaboration, communication and leadership – 360° review**

*15 minutes allowed for this task*

In this discussion of your 360° review responses and your reflection on these, the Assessor is not going to review you but needs to explore how you respond to the feedback given and reflect on the input. Assessors may present alternative scenarios about feedback and ask for your responses, and will explore your understanding of other roles within healthcare teams.

**Task 5(b) – Multi-disciplinary collaboration, communication and leadership – Coaching exercise**

*15 minutes allowed for this task*

This exercise allows you to demonstrate how you would support and develop other colleagues, focussing on how you would provide feedback on a delegated activity. The Assessor will show you some clinical data and you will be asked to review this and give feedback to them as if the Assessor was a colleague who had conducted the tests. The Assessor may ask you follow-up questions or present alternative scenarios.

**Task 6 – Personal Development Plan discussion (for support purposes)**

*15 minutes allowed for this task*

This is a discussion of your completed Personal Development Plan (PDP) document with the Assessor. Your discussion should lead you to decide on some areas for development which you will report back on at the next visit, CLiP 2F.

This task is for support purposes, which means it does not have a Pass/Fail outcome.

**Task 7 – Quality assurance of setting and supervision (for support purposes)**

*15 minutes allowed for this task*

The Assessor will discuss your responses to the QA survey and try to establish that you are in a supportive environment, which aligns with the expectations for CLiP, and that you have good working relationships with your employers and supervisors.

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

We suggest that you also look at the full marking criteria and learning outcomes in the [CLiP Assessment Handbook](#).

## Full logbook checklist

For entries you want the Assessor to review, assign the correct assessment visit task in the **Task** field of the logbook entry.

Task	Logbook entry requirements	Link to learning outcome?	Anonymise in-practice patient record?	Can entries be combined?
1	<p><b>One</b> logbook entry with Interaction (low vision advice).</p> <p>In Interaction &gt; Visual needs <b>one of the following is selected</b>:</p> <ul style="list-style-type: none"> <li>• Low vision – simple aids, or</li> <li>• Low vision – complex aids</li> </ul> <p>Patient <b>must</b> meet the specified LV criteria.*</p>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	No
1	<p><b>One</b> logbook entry with Interaction (low vision advice <b>and</b> dispense of a low vision aid).</p> <p>In Interaction &gt; Visual needs, <b>one of the following is selected</b>:</p> <ul style="list-style-type: none"> <li>• Low vision – simple aids, or</li> <li>• Low vision – complex aids</li> </ul> <p>In Interaction &gt; Tasks undertaken, <b>the following is selected</b>:</p> <ul style="list-style-type: none"> <li>• Dispense</li> </ul> <p>Patient <b>must</b> meet the specified LV criteria.*</p>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	No

Task	Logbook entry requirements	Link to learning outcome?	Anonymise in-practice patient record?	Can entries be combined?
2	<p><b>One</b> logbook entry with Interaction (child patient under 4).</p> <p>In Interaction &gt; Patient age range, <b>one of the following is selected</b>:</p> <ul style="list-style-type: none"> <li>• Infant 0-2 (LV), or</li> <li>• Pre-school child 3-4</li> </ul> <p><b>Explain</b>, in the Interaction field 'Consultation notes', how safeguarding might be handled if there were concerns about the patient during the consultation.</p>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	Yes. There must be at least two logbook entries with a patient under 7 and 2 entries with a disability for Task 2
2	<p><b>One</b> logbook entry with Interaction (child patient under 4 with dispense).</p> <p>In Interaction &gt; Patient age range, <b>one of the following is selected</b>:</p> <ul style="list-style-type: none"> <li>• Infant 0-2 (LV), or</li> <li>• Pre-school child 3-4</li> </ul> <p>In Interaction &gt; Tasks undertaken, <b>the following is selected</b>:</p> <ul style="list-style-type: none"> <li>• Dispense</li> </ul> <p><b>Explain</b>, in the Interaction field 'Consultation notes', how safeguarding might be handled if there were concerns about the patient during the consultation.</p>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	Yes. There must be at least two logbook entries with a patient under 7 and 2 entries with a disability for Task 2

Task	Logbook entry requirements	Link to learning outcome?	Anonymise in-practice patient record?	Can entries be combined?
2	<p><b>One</b> logbook entry with Interaction (child under 7 with BV anomaly which has been managed by the student – this may include referral).</p> <p>In Interaction &gt; Patient age range, <b>one of the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Infant 0-2 (LV), or</li> <li>• Pre-school child 3-4, or</li> <li>• Child 5-6</li> </ul> <p>In Interaction &gt; Conditions, <b>one of the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Binocular vision anomalies – Heterophoria, or</li> <li>• Binocular vision anomalies – Heterotropia, or</li> <li>• Binocular vision anomalies – Incomitance, or</li> <li>• Binocular vision anomalies – Amblyopia, or</li> <li>• Binocular vision anomalies – Other</li> </ul> <p><b>Explain</b>, in the Interaction field 'Consultation notes', how safeguarding might be handled if there were concerns about the patient during the consultation.</p>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	Yes. There must be at least two logbook entries with a patient under 7 and 2 entries with a disability for Task 2

Task	Logbook entry requirements	Link to learning outcome?	Anonymise in-practice patient record?	Can entries be combined?
2	<p><b>One</b> logbook entry with Interaction (patient with communication / comprehension challenges).</p> <p>In Interaction &gt; Conditions, <b>one of the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Communications challenges - Cultural barriers, or</li> <li>• Communications challenges - Language barriers, or</li> <li>• Communications challenges - Needs help to communicate, or</li> <li>• Communications challenges - Hard of hearing, or</li> <li>• Comprehension challenges - Neurodiversity (LV), or</li> <li>• Comprehension challenges - Dementia, or</li> <li>• Comprehension challenges - Learning difficulties</li> </ul>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	Yes. There must be at least two logbook entries with a patient under 7 and 2 entries with a disability for Task 2
2	<p><b>One</b> logbook entry with Interaction (patient with a disability impacting mobility).</p> <p>In Interaction &gt; Conditions, <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Physical challenges – physical disabilities</li> </ul>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	Yes. There must be at least two logbook entries with a patient under 7 and 2 entries with a disability for Task 2
2	<p><b>One</b> logbook entry with Reflection (experience of paediatrics and vulnerable patients and learning from the online course).</p> <p>In Logbook entry &gt; Assessment tasks <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• CLiP 2 (Remote Visit) 2 Paediatrics and vulnerable patients</li> </ul> <p><b>Upload</b> attachment:</p> <p>-Certificate of completion of the College online paediatric course.</p>	Not required	If possible, prepare anonymised in-practice patient record of patient under 2 years old and have this ready to share on your device (only if available – this is not a strict requirement)	No

Task	Logbook entry requirements	Link to learning outcome?	Anonymise in-practice patient record?	Can entries be combined?
3	<p><b>One</b> logbook entry with Interaction (non-tolerance to new Rx due to dispensing issues).</p> <p>In Interaction &gt; Conditions, <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Non-tolerance</li> </ul>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	No
3	<p><b>One</b> logbook entry with Interaction (non-tolerance to new Rx due to either [i] incorrect Rx issued to suit px needs or [ii] other reasons).</p> <p>In Interaction &gt; Conditions, <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Non-tolerance</li> </ul>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	No
3	<p><b>One</b> logbook entry with Interaction (symptomatic CL complications that require management).</p> <p>In Interaction &gt; Conditions <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Non-tolerance</li> </ul>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	No
4	<p><b>One</b> logbook entry with Interaction (use of drugs).</p> <p>In Interaction &gt; Tasks undertaken, <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Drugs - Mydriatics</li> </ul> <p><b>Explain</b> why the drug was used in the Interaction field 'Consultation notes'.</p>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	No

Task	Logbook entry requirements	Link to learning outcome?	Anonymise in-practice patient record?	Can entries be combined?
4	<p><b>One</b> logbook entry with Interaction (use of drugs).</p> <p>In Interaction &gt; Tasks undertaken, <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Drugs - Cycloplegia</li> </ul> <p><b>Explain</b> why the drug was used in the Interaction field 'Consultation notes'.</p>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	No
4	<p><b>One</b> logbook entry with Interaction (use of drugs).</p> <p>In Interaction &gt; Tasks undertaken, <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• Drugs - Anaesthetic</li> </ul> <p><b>Explain</b> why the drug was used in the Interaction field 'Consultation notes'.</p>	Not required	Yes, prepare anonymised in-practice patient record and have this ready to share on your device	No
5a	<p><b>One</b> logbook entry with Reflection on the feedback received in the 360° review, outlining points for change and development.</p> <p>In Logbook entry &gt; Assessment tasks <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• CLiP 2 (Remote Visit) 5a. Multidisciplinary collaboration, communication and leadership - 360° review</li> </ul> <p><b>Upload</b> attachment: completed 360° reviews from supervisor, other colleague and patient.</p>	Not required	No	No

Task	Logbook entry requirements	Link to learning outcome?	Anonymise in-practice patient record?	Can entries be combined?
6	<p><b>One</b> logbook entry.</p> <p>In Logbook entry &gt; Assessment tasks <b>the following is selected:</b></p> <ul style="list-style-type: none"> <li>• CLiP 2 (Remote Visit) 6 Personal Development Plan discussion (for support purposes)</li> </ul> <p><b>Upload</b> attachment: completed PDP template.</p>	Not required	No	No
7	<p>The <b>student survey</b> for the ‘Setting and supervision’ discussion with the Assessor needs to be completed in advance of the visit, although this is not assessed.</p> <p>You can complete the survey in the CLiP Portal, but this is not done in your logbook:</p> <p>To complete the ‘Setting and supervision’ survey, go to your Assessment Form in the CLiP Portal:</p> <ul style="list-style-type: none"> <li>• Main menu &gt; Assessments</li> <li>• Double-click on your visit details</li> <li>• Use ‘Go to Assessment Form’ button</li> <li>• Click on the tab for ‘Setting and Supervision Survey’ in top right</li> <li>• Complete survey and click ‘Next’</li> <li>• Confirm and Submit the form</li> </ul>	Not required	No	No

\* 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

### **More guidance and resources**

You can find these templates for this visit on our website [CLiP Resources](#) page:

- CLiP 2R 360° review template
- CLiP 2R Personal Development Plan template

You can read more about logbook entries, the CLiP Portal and preparing for visits in our **CLiP Student Handbook**.

You can see the full marking criteria that your Assessor will use in the **CLiP Assessment Handbook**.

All Handbooks are available on the [CLiP Resources](#) page.

<b>Document version</b>	<b>Date</b>	<b>Update</b>
1.1	20/01/2026	First version
1.2	13/03/2026	Checklist corrections + more guidance updated

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