THE COLLEGE OF OPTOMETRISTS

Clinical Learning in Practice (CLiP)

Assessment handbook - Introduction

August 2025

This is an edited version of the Assessment Handbook with introductory sections only. You can find a full version of the Assessment Handbook on the College website.

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CLiP assessment overview

Clinical Learning in Practice (CLiP) assessment is divided into two parts, CLiP1 and CLiP2. Each part has one remote and once face-to-face assessment visit. Each assessment visit is divided into tasks (and sometimes sub-tasks), each of which are associated with one or more GOC learning outcomes at a specified level. The complexity of task increases over the duration of CLiP, such that, by the time the student completes CLiP2 face-to-face visit, they should be fully developed in their practice, and ready to become a full registrant with the GOC.

In addition, CLiP1 has a written piece of work, the Service Evaluation Project, which is grounded in the student's own practice.

The assessment strategy for CLiP is one of verification and observation. Accordingly, it relies on the use of logged experiences, signed off by approved Supervisors and, where required, backed up by in-practice patient records. Assessors will examine the evidence available for each task and outcome, described in detail in the following pages.

This will be supplemented with an enquiry approach to determining the student's understanding of, and reflections on, their experiences. Assessors will ask follow-up questions when they review logbook entries and pose alternative scenarios to check whether the student can apply what they've learnt to other situations. Assessors will also test the students' ability to make, and rationalise, appropriate clinical decisions on the basis of objective data, in line with GOC standards and other relevant clinical frameworks.

The introductory section of this Handbook provides more detail on the GOC outcomes on which the degree and CLiP programme are based, the logbook in which students will record their experiences and the way the student's risk profile will be used to determine their needs and progress.

The main body of the document provides all the detail for each assessment visit, including what the student needs to have logged in advance of the visit and the marking criteria for assessment.

Using the logbook

Creating logbook entries

The logbook is available to all students on CLiP placements as an area of their CLiP Portal account. This allows them to create logbook entries and store and search entries they've already made. Supervisors, assessors and others who are assigned to the student will be able to view and search their logbook entries. Supervisors will have some editing rights, including the functionality to sign off or 'confirm' entries.

Students will be expected to create CLiP Portal logbook entries for each patient they see while working on the CLiP placement and consider how these could be used later as assessment evidence.

Types of logbook entry

Three different entry types can be included in a logbook entry: an 'interaction', a 'reflection' or a 'note'.

- Interaction – this has set fields which allow students to log clinical interactions they have carried out. Most data entered in an interaction is selected from drop-down options.
- Reflection – this has fields which allow students to reflect on a specific interaction and note, for example, what they learnt from it or whether anything could be done differently. The reflection entry also has an open field which allows the student to log stand-alone reflections. Reflection fields are all free-text.
- Note – this is an open text box which can be used to log anything, with no specific fields required. For example, a student may want to use it like a professional diary or journal.

A logbook entry can include all three types or any combination.

How entries are used

As interaction fields are populated by the student choosing items from drop-down options, the system is able to count and process this content to help everyone involved to monitor the student's progress. It is worth noting that students are able to log interactions they have observed, but the system will only count for progression purposes if the student consulted with the patient.

One way in which interactions will be used is to help form the student's rating in their risk profile. For example, one of the fields a student will need to complete when logging an interaction is the patient's age profile. These are logged in age ranges e.g. 'Child 5-11', 'Youth 12-16', 'Adult 17-45' and so on. The system will count the number of each type logged and this will contribute to the risk profile the student has at each stage of the placement, visible in a dashboard on the Portal (see 'Student risk profile' section).

Certain types of interaction will also be required as prerequisites for the assessment visits. As the student links interactions to certain GOC outcomes, and the Supervisor

approves them, the system will count these interactions as prerequisites for the visit and this will register on the assessment dashboard for the next visit.

Prior to the assessment visit, the student and Supervisor will be able to review the dashboard and select entries which are suitable for the Assessor to review and discuss at the assessment visit.

Interaction fields

The main categories the student completes when they log an interaction are:

- Patient age group
- Vulnerable?
- Accompanied by
- Other characteristics
- Conditions
- Visual needs
- Tasks undertaken

Most of these areas have sub-categories and a number of items students can select to complete the information. The full list of interaction categories and the items the student can select from are set out in the ‘Student risk profile and dashboard’ section below.

The Supervisor’s role

The Practice Lead, and Task Supervisors, will be able to sign off (or ‘confirm’) interactions in the student’s logbook and will be responsible for signing off the interactions they supervised. Students will not be able to amend the interaction or reflection after it has been signed off.

The Practice Lead should undertake regular review of each student’s logbook and confirm the accuracy and authenticity of the logged experience. The Practice Lead should also meet regularly with the student to discuss their progress. It is good practice for the student to document supervisory discussions in their logbook as an agreed record of the meeting.

Supervisors will also need to work with students to help them select the learning outcomes which an interaction or reflection can be linked to and to identify learning outcomes which the student still needs to meet. The dashboards on the CLiP Portal will help Supervisors to identify areas where the student needs to gain more experience.

Student risk profile and dashboard

Reasons for the risk profile

The Supervisor role involves assuring patient safety, overseeing learning, and mentoring and coaching the student on their placement journey. To help Supervisors monitor all these elements, the CLiP Portal has a summary dashboard which provides a snapshot of the student's experience and risk profile based on what they have logged.

The summary dashboard shows their progress through a Red-Amber-Green staging process based on counting numbers of experiences they have undertaken. Some advantages of this overview include:

- The Practice Lead and other Supervisors can make judgements about the student's progress and the level of independence they can be given in practice.
- Supervisors who are less familiar with, or new to, the student will be able to gain an immediate overview of the student's progress.
- The colour coding against logbook items such as patient type and tasks undertaken will highlight where the student still needs to gain more experience in specific areas.

The risk framework

- When students log interactions, they select from drop-down menus to identify features such as the characteristics of the patient, their visual needs, any conditions the student saw and any tasks they undertook.
- Each item which can be selected when logging a patient interaction has a risk rating (see the full table below).
- The higher the risk, the more times a task must be logged (and signed off as safely completed by the Supervisor) before the rating changes from red to amber or from amber to green.
- Expectations are also set for how many of each item the student is expected to have logged and had signed off before each assessment visit.
- Supervisors will be able to use the summary dashboard to assess how far in line with these expectations the student is.
- This analysis can help determine the general progress of the student as a clinician and how much independence they can be given. For example, whether they are able to see certain types of patient without direct observation.

This table summarises how many logged and signed off interactions are needed for items to show as red, amber or green on the summary dashboard:

	Number of interactions signed off		
Risk Level	**Red**	**Amber**	**Green**
Low	0-1	2-4	5+
Medium	0-4	5-9	10+
High	0-9	10-29	30+
High low volume [HLV]	0-2	3-5	6+

As an example of how this can be used, by the time of the first CLiP assessment (CLiP 1R) all low and medium risk categories should be showing on the dashboard as amber.

- For any 'Low' risk items, that means a student is expected to have 2 or more entries at this stage in their placement.
- For any 'Medium' risk items, a student is expected to have 5 or more entries at this stage.
- 'Accompanied by…' is an example of a medium risk category.
- As such, by the time of the first CLiP assessment (CLiP 1R), at around 12 weeks in, the student is expected to have seen 5 or more patients who have been 'Accompanied by' a parent, carer or other role.

Progression monitoring

Although not a strict requirement, we have set indicative progression markers for how the student's summary dashboard should look as they reach each assessment visit. This will ensure that students are getting the right quantity and breadth of experience overall, and can be supported in areas where progress is falling behind. Where a risk status is set as 'must' this is because it's a prerequisite, required evidence for the visit.

CLiP 1R: We expect all low and medium interaction items (except visual needs) should be amber by the time of this assessment visit. High risk items and the medium risk 'Visual needs' items can be red. If there are some red items at the time of the visit, this should be included in the 'Quality assurance of setting and supervision' discussion with the Assessor.

CLiP 1F: All low and medium interaction items (except visual needs) need to be green by the time of this assessment visit. All other interaction items are expected to be amber or green. If any High risk or visual needs items are red, this does not prevent the 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.

CLiP 2R: 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.

CLiP 2F: 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. There is risk that task 3 cannot be completed if the logbook entries are not all green. In this scenario, the Assessor and student will need to discuss, as part of the visit, how they are going to complete the logbook expectations by the end of CLiP.

Understanding the summary dashboard

The table below shows all the items a student is able to log, the risk rating applied to them and the number of interactions the student is expected to have in the logbook at the time of the assessment visit.

The **Field** column represents most of the different fields students need to complete in a logbook interaction.

Category and **Sub-category** are mainly the items students can select in the drop-down options to complete the interaction.

An **asterisk** after a sub-category item (e.g. Cataract*) suggests that the student should add consultation notes (a free text field in the interaction) to provide more detail.

LV after a sub-category item means ‘low volume’, items a student may see quite rarely.

The main **Risk** categories are: L = Low, M = Medium and H = High.

The category **HLV** is ‘High risk - low volume’, indicating items, including drugs and emergency referral, for which students are unlikely to reach the normal high risk targets. Expected numbers are set lower for these items, but Supervisors should note that they are still high risk. As such, ‘[HLV]’ is used after the sub-category as a reminder.

Where cells are merged, so that there are two or more ‘Sub-category’ items in the same cell with the same risk rating, this means that any combination of items in that cell will be counted. For example:

- The items in the ‘Accompanied by’ sub-category (Parent, Friend etc) are in a merged cell with a Medium risk rating.
- By the time of the first CLiP assessment (CLiP 1R) the student is expected to have seen 5 or more patients who have been ‘Accompanied by’ a parent, carer or other role.
- A student could meet the expectation for CLiP 1R if they logged one each of Parent, Carer, Family member, Friend and Interpreter (five entries total).
- They could also meet this requirement if they logged five ‘Accompanied by: Parent’ entries and did not have any of the other examples.
- However, in Patient age group, ‘Youth 12-16’ is a sub-category on its own and is also Medium, so the student would need to have five entries for ‘Youth 12-16’ to reach amber.

Field	Category	Sub-category	Risk	Expected number of logbook entries			
				CLiP 1R	CLiP 1F	CLiP 2R	CLiP 2F
Patient age group		Infant 0-2 (LV) Pre-school child 3-4 Child 5-6 Child 7-11	H	-	A: 10 – 29 or G: 30+	**Must** be G: 30+	G: 30+
		Youth 12-16	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
		Young adult 17-45	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
		Middle-aged 46-60	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
		Older Adult 61-74 Senior 75+	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
Vulnerable?		[Tick-box]	M	A: 5 - 9	**Must** be G: 10+	**Must** be G: 10+	G: 10+
Accompanied by		Parent Carer Family member Friend Interpreter	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
Other characteristics	Significant family history		M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
	Communications challenges	Cultural barriers Language barriers Needs help to communicate Hard of hearing	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
	Comprehension challenges	Neurodiversity (LV) Dementia Learning difficulties	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
	Visual challenges	Visually impaired	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+

Field	Category	Sub-category	Risk	Expected number of logbook entries			
				CLiP 1R	CLiP 1F	CLiP 2R	CLiP 2F
	Physical Challenges	Physical disabilities	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
Conditions	Anterior Segment	Red Eye	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
		Cataract*	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
		Other*	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
	Posterior Segment	Glaucoma	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
		Retinal detachment risk Other retinal disorders*	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
		Dry AMD Wet AMD Other macular disorders*	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
	Refractive errors	Myopia Hyperopia Astigmatism Presbyopia Anisometropia	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
	Binocular vision anomalies	Heterophoria Heterotropia Incomitance Amblyopia Other*	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
	Systemic disorders affecting the eye	Diabetes Hypertension Other*	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
	Neurological	Specify in notes	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
	Ocular adverse reactions	Specify in notes	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+

Field	Category	Sub-category	Risk	Expected number of logbook entries			
				CLiP 1R	CLiP 1F	CLiP 2R	CLiP 2F
	Non-tolerance	Specify in notes	M	A: 5 - 9	**Must** be G: 10+	**Must** be G: 10+	G: 10+
	No conditions found		L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
Visual Needs	Low Vision	Simple aids Complex aids (LV)	M	-	A: 5 – 9 or G: 10+	**Must** be G: 10+	G: 10+
	Occupational	Vocational Sport Protective	M	-	A: 5 – 9 or G: 10+	Should be G: 10+	G: 10+
		High refractive correction	M	-	A: 5 – 9 or G: 10+	Should be G: 10+	G: 10+
		Progressive	M	-	A: 5 – 9 or G: 10+	Should be G: 10+	G: 10+
	Contact Lens	Rigid Toric Multifocal Myopia management Bandage Cosmetic Scleral orthoK Other soft lenses	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
Tasks undertaken	History and symptoms		L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
	Pupils		L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
	Anterior Segment		L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
	Posterior Segment		L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
	Refraction	Objective	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+

Field	Category	Sub-category	Risk	Expected number of logbook entries			
				CLiP 1R	CLiP 1F	CLiP 2R	CLiP 2F
		Subjective	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
		High refractive	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
	Ocular Motor Balance*	Asymptomatic	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
		Symptomatic	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
	Intraocular pressures	Contact tonometry	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
		Non-contact tonometry	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
	Visual fields*		M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
	Additional tests	Keratometry	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
		Colour vision Contrast sensitivity	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
		Other supplementary tests, e.g. Amsler, OCT *	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
	Drugs	Stain [HLV]	HLV	-	A: 3 - 5 or G: 6+	**Must** be G: 6+	G: +
		Mydriatics [HLV]	HLV	-	A: 3 – 5 or G: 6+	**Must** be G: 6+	G: 6+
		Cycloplegia [HLV]	HLV	-	A: 3 – 5 or G: 6+	**Must** be G: 6+	G: 6+
		Anaesthetic [HLV]	HLV	-	A: 3 – 5 or G: 6+	**Must** be G: 6+	G: 6+
	Verification		L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
	Dispense		M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+
	Contact Lens	Fit	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+

Field	Category	Sub-category	Risk	Expected number of logbook entries			
				CLiP 1R	CLiP 1F	CLiP 2R	CLiP 2F
		Aftercare	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
		Teach	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
	Advice		H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
	Referral	Non-emergency [HLV] Emergency [HLV]	HLV	-	A: 3 – 5 or G: 6+	Should be G: 6+	G: 6+
		Consult with colleague Consult with supervisor Recall	H	-	A: 10 – 29 or G: 30+	Should be G: 30+	G: 30+
	Teamwork	Handover*	L	A: 2 - 4	**Must** be G: 5+	G: 5+	G: 5+
		Delegation*	M	A: 5 - 9	**Must** be G: 10+	G: 10+	G: 10+

Meeting assessment visit requirements and dealing with special circumstances

Visit prerequisites

It is the student's responsibility to ensure that they have logged all the prerequisite evidence and arranged for their Supervisor to approve it prior to the assessment visit deadline, which will normally be one week in advance.

Any task that does not have the full complement of prerequisite evidence logged by the deadline will be treated as failed, unless there are approved exceptional circumstances.

Visit attendance

Students who present themselves for assessment at the visit will be treated as declaring themselves fit-to-sit the assessment. Only in exceptional cases will circumstances declared after the assessment visit has taken place be considered for mitigation. For example, the student was hospitalised and unable to notify us of absence on the day of the visit.

If students or the practice are not ready to start the assessment visit on time, visits can be started late, provided at least one hour of the allotted time remains. However, only the tasks that can be completed in full, in the remaining allowed time, will be assessed.

Students who do not present themselves for the assessment visit will be considered to have failed unless there are documented and approved exceptional circumstances relating to lateness or absence.

Failing and re-sitting

At the assessment visit, the Assessor will log a Pass or Fail result for each task.

Where a task consists of a number of sub-tasks, the student will need to pass all the sub-tasks to pass that task. In the event that they fail any sub-task, they would need to take and pass the entire task again.

If a student passes a number of tasks in the visit but fails others, they will only need to take and pass the tasks which they failed again.

Whether the result for each task is Pass or Fail, the Assessor will be able to write comments to give the student feedback.

If the result for any task is a Fail, the Assessor will identify the GOC outcome, bullet-point indicator or SPOKE indicative guidance point which the student did not meet. Free-text commentary will also be recorded.

Students will be given two attempts at completing each task. Where a student fails a task, the College will usually arrange a separate assessment visit within the following

weeks for the student to attempt it again. The only exception to this in CLiP 1R, in which some outcomes are assessed again at the CLiP 1F visit.

If any task has not been successfully completed by the end of CLiP 1 or CLiP 2, then that part of CLiP must be repeated in full, to ensure time and experience to consolidate and improve the relevant clinical skills.

The student will be allowed one more attempt to complete the CLiP Part in full. If they fail any tasks on this second attempt at the whole part, they will be given the opportunity to attempt each task again a second time if required.

As a result, the maximum number of times any task can be attempted is four, provided no exceptional circumstances are taken into account.

Applications for exceptional circumstances

Where a task, assessment visit or missed submission deadline is subject to approved exceptional circumstances, that element will be postponed and rescheduled, without penalty, to a date set by the College in the light of the circumstances.

Exceptional circumstances postponements will only be awarded in response to an application made to the College, with supporting evidence. Where supporting evidence will be available at a later date this must be indicated. Prolonged or complex exceptional circumstances will require more substantial evidence of impact and may also require University approval and trigger other support processes.

Reasonable adjustments

Reasonable adjustments approved by the student's University will be applied to CLiP assessments as follows:

Approved Adjustment	**Assessment**	**Application to CLiP**
Extra time	Visit	Visit will be extended by percentage required. However, clinical tasks which are conducted so slowly, in the view of the assessor, as to cause the patient risk or discomfort will be failed, even if completed within the extended time period.
Extra time	Service evaluation project submission dates	These must be completed by the visit date. The visit will be scheduled for the last week of the allotted (three-week) window.
Breaks	Visit	Rest breaks as specified will be provided.

Use of one eye for retinoscopy (e.g. for Amblyopia)	Visit – Direct observation tasks	Will be permitted but must use recognised technique (e.g. Barrett) to good effect.

All other adjustments will be implemented in the light of discussions between the College and the University Link Tutor.

Where workplace adjustments have been provided by the employer for students with disabilities, or with relevant temporary conditions, these will normally be permitted during the face-to-face assessment. These must be notified at the start of CLiP, or as soon as requested by the student, to the College. Where there is any question that such adjustments would impact the validity of outcome or conduct of assessments, the student's University will determine what is acceptable for use in CLiP.

Where concerns remain on either side that performance standards may be impacted through implementation of any specific adjustment, or equality legislation may be breached if not enacted, the GOC will be approached for final decision.

GOC learning outcomes

What are learning outcomes?

Learning outcomes are statements of what a learner will know or be able to do by the end of a learning experience. In the summative assessments which take place during the programme of study, those assessing the student should be able to use the learning outcomes as a measure of whether the student has attained the required standard.

The GOC has set learning outcomes for qualification providers to measure what students need to know and be able to do in order to register as an optometrist. These are available in the GOC document ‘Requirements for Approved Qualifications in Optometry or Dispensing Optics’ and are also referenced throughout this document.

The University delivering the degree is responsible for ensuring that any student awarded the degree has met all of the GOC outcomes.

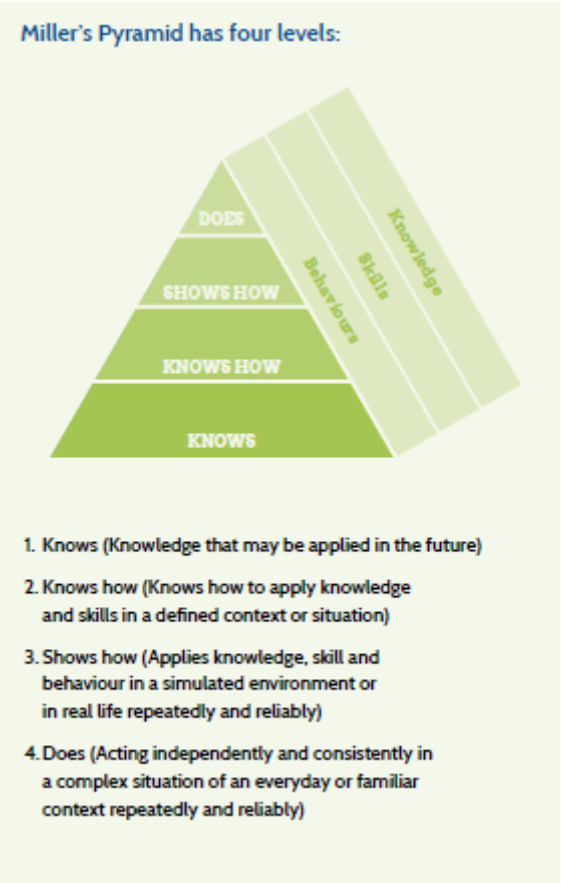
What do the GOC learning outcomes cover?

There are seven sections for learning outcomes in the GOC Requirements:

1. Person centred care
2. Communication
3. Clinical practice
4. Ethics and standards
5. Risk
6. Leadership and management
7. Lifelong learning

Miller’s pyramid levels

As well as setting the learning outcomes, the GOC ascribed levels, using Miller’s pyramid, to each outcome to show the level that the student must attain. There are four levels, ‘Know’, ‘Knows how’, ‘Shows how’ and ‘Does’. More information on Miller’s pyramid can be found in the GOC or SPOKE documents (and see below) but most CLiP outcomes are at the level ‘Does’, meaning that the student is meeting the learning outcome independently and consistently on a regular basis in their daily practice.



Source: GOC Requirements for Approved Qualifications in Optometry or Dispensing Optics (2022)

GOC outcomes covered in CLiP

When the new Optometry Master's degrees were developed, the Universities worked with the College to map the learning outcomes to determine what would be covered by the University and what would be covered in CLiP. To ensure that all students are ready for CLiP, it was also agreed what outcomes will have been met, and at what level, prior to starting placement. For this reason, students cannot start CLiP placements with any outstanding failures on the earlier parts of their course.

The mapping of the learning outcomes includes the level at which each outcome will be assessed. Most of the learning outcomes are assessed at 'Does' level during the CLiP placement. The full mapping can be seen in Appendix I.

Bullet point indicators and SPOKE indicative guidance

The GOC learning outcomes in Section 3 'Clinical practice' mostly have bullet point 'indicators' to show the areas of knowledge and skill which should be encompassed within that learning outcome. For example, learning outcome 3.5a (iii) is:

> 'Advises on the safe and effective use of contact lenses and removal in an emergency.'

This is followed by a number of bullet points detailing what should be incorporated into what the student 'advises', for example:

- Instructs the patient in the handling of soft and rigid lenses and how to wear and care for them.

For the other six sections of learning outcomes, there are no bullet point indicators. However, The GOC commissioned the Sector Partnership for Optical Knowledge and Education (SPOKE) to facilitate knowledge-sharing and support with the new qualification developments. The first SPOKE project was 'Indicative guidance' for the new qualifications, giving more detail of what you might look for when assessing each of the learning outcomes.

This project produced indicative guidance for each learning outcome in Sections 1, 2, part of 3, and 4 – 7. The tables which will be used to detail the assessment framework and tasks in this document refer to the learning outcomes, the bullet point indicators and the SPOKE indicative guidance.

Clinical and Learning-related Core Outcomes

The Clinical core outcomes listed below are considered so crucial to clinical practice that, although they may not explicitly be assessed in every task, if a student failed to perform in one of these areas at any point, it could lead to failure of the task being assessed*. As such, Assessors will be attentive to these outcomes during all four assessment visits, but they are explicitly testing them in CLiP 1F.

Students are advised to pick at least one core outcome to assign to each of the entries they log and use the free text areas in the logbook to describe how they met the outcome.

Learning-related core outcomes (7.1 and 7.4) are integrated into every assessment visit, as part of tasks set for support purposes with no explicit assessment. These tasks are to monitor and establish a developmental trajectory over time that provides evidence for having achieved these two outcomes.

The clinical and learning-related core outcomes are all assessed at 'Does' level.

*In the event of a student failing a task the Assessor would not usually inform the student at the time. However, if a patient is visibly uncomfortable or the student's actions are deemed dangerous, the Assessor will intervene on the grounds of patient safety.

Clinical core outcomes

Outcome / Level	Example failing performance
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.	Demonstrates a rude, poor or patronising questioning technique Fails to note critical information provided by patient
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.	Provides advice that directly conflicts with patient's desired outcomes Acts in a way that clearly makes the patient uncomfortable Does not meet legal requirements in relation to data management. Does not meet legal requirements in relation to equality.
1.3 Protects patients' rights; respects the choices they make and their right to dignity and privacy.	
1.5 Commits to care that is not compromised because of own personal conscious and unconscious values and beliefs.	
4.9 Complies with equality and human rights' legislation, demonstrates inclusion and respects diversity.	
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.	
1.6 Obtains and verifies continuation of valid consent from adults, children, young and vulnerable people and their carers and records as appropriate.	Repeatedly fails to establish consent (or meet legal requirements re consent).
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.	
2.1 Conducts communications in a sensitive and supportive manner adapting their communication approach and style to meet	Communicates in an unprofessional or misleading manner

the needs of patients, carers, health and care colleagues and the public.	
3.1 Undertakes safe and appropriate ocular examinations using appropriate techniques and procedures to inform clinical decision-making within individual scope of practice.	Safety of patient compromised requiring assessor intervention
4.8 Complies with health and safety legislation.	Compromised safety of patient or self, without making attempt to correct.
5.5 Applies infection prevention control measures commensurate with the risks identified.	Poor hygiene or infection control potentially impacting patient safety Unsafe disposal of clinical waste
5.7 Able to risk assess i) patient's clinical condition and ii) a situation in clinical practice and make appropriate clinical decisions.	Safety of patient compromised requiring assessor intervention

Learning-related core outcomes

GOC Outcome	SPOKE indicative guidance
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.
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.

Assessment visits

How assessment visits are organised

Assessment visits are organised roughly every 12 weeks of the placement. The student will usually need to have the visit within the set window for the assessment and will need to be ready in terms of all the visit prerequisites and training. Within this schedule, there will be scope to schedule students later in the assessment window if required.

There will be one remote and one face-to-face visit in each of the two CLiP parts, so four assessment visits in total:

CLiP 1R – CLiP Part One remote visit

CLiP 1F – CLiP Part One face-to-face visit

CLiP 2R – CLiP Part Two remote visit

CLiP 2F – CLiP Part Two face-to-face visit

A different Assessor will be assigned to each visit.

Quality assurance tasks

Most tasks within each visit are assessed, but each visit ends with a ‘Quality assurance of setting and supervision’ task to make sure the student is being properly supported in their placement. The Assessor can also discuss the student’s progress on the placement, focussing on areas of the risk profile where the student is not at the expected level, for example. The outcome of such a discussion could be that the need for additional support is identified.

Assessment visit schedule

See below.

Month	Week	CLiP Model A (January start)	CLiP Model B (July start)
Jan	1	Earliest placement start date	CLiP Part 2 start
	2		
	3		
	4		
Feb	1	Latest placement start date	CLiP 2R: Part 2 remote visits
	2		
	3		
	4		
March	1		
	2		
	3		
	4	CLiP 1R: Part 1 remote visits	
	5		CLiP 2F: face-to-face visits
April	1		
	2		
	3		
	4		
May	1		
	2		
	3	CLiP 1F: face-to-face visits	
	4		
	5		End of placement
June	1		
	2		
	3	Submit service Evaluation Project	
	4	End of CLiP Part 1	
July	1		Earliest placement start date
	2		
	3		
	4		
August	1	CLiP Part 2 start	Latest placement start date
	2		
	3		
	4		
	5	CLiP 2R: Part 2 remote visits	
Sept	1		
	2		
	3		CLiP 1R: Part 1 remote visits
	4		
Oct	1		
	2		
	3		
	4	CLiP 2F: face-to-face visits	
	5		
Nov	1		
	2		CLiP 1F: 1 face-to-face visits
	3		
	4		
Dec	1		
	2		
	3		Submit service Evaluation Project
	4	End of placement	End of CLiP Part 1

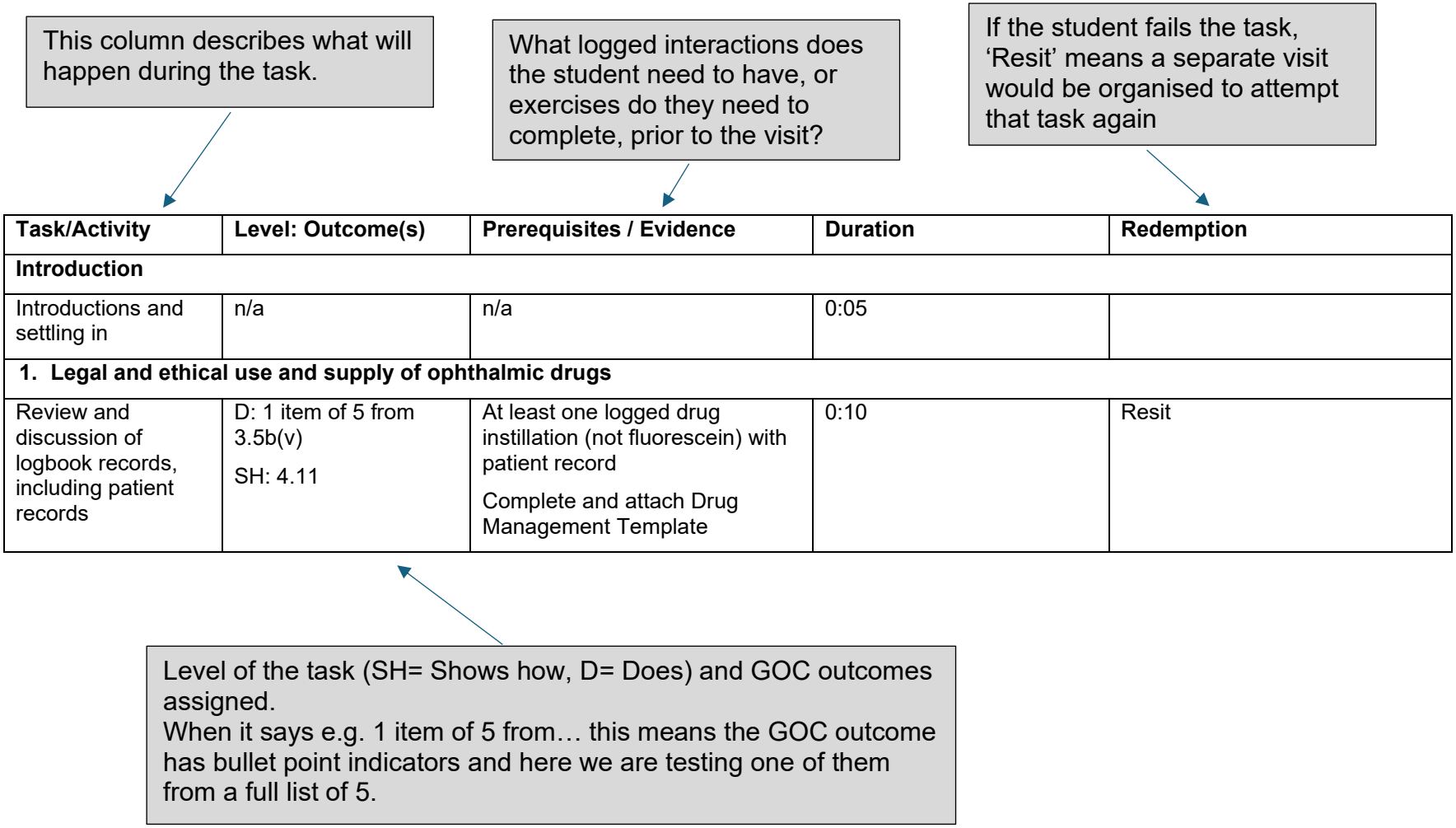
Understanding the assessment information

Information for each visit

This Handbook contains a separate section for each of the four visits. The sections are divided into:

- Summary page: outlines the timing of the visit, the tasks and where the student is expected to be in terms of their risk profile and dashboard.
- Task prerequisites and timing: the table shows the prerequisite tasks the student needs to complete or the number and type of logbook entries they need to make available in advance of the visit. It also details the time for each task and the re-sit opportunity.
- Instructions, learning outcomes and marking criteria: a short narrative section summarises the nature of each task. The table shows the learning outcomes and SPOKE indicative guidance associated with each task and sub-task, alongside the marking criteria.

Using the ‘Task prerequisites and timing’ tables



Task/Activity	Level: Outcome(s)	Prerequisites / Evidence	Duration	Redemption
Introduction				
Introductions and settling in	n/a	n/a	0:05	
1. Legal and ethical use and supply of ophthalmic drugs				
Review and discussion of logbook records, including patient records	D: 1 item of 5 from 3.5b(v) SH: 4.11	At least one logged drug instillation (not fluorescein) with patient record Complete and attach Drug Management Template	0:10	Resit

Level of the task (SH= Shows how, D= Does) and GOC outcomes assigned.
When it says e.g. 1 item of 5 from… this means the GOC outcome has bullet point indicators and here we are testing one of them from a full list of 5.

Using the learning outcome and marking criteria tables

The GOC outcomes being assessed in this task, with level, together with any of the bullet point indicators being tested.

SPOKE indicative guidance is often absent for Section 3 Clinical practice outcomes, which have extensive bullet point indicators.

Some tables include some text in bold font and the meaning of this this is explained in the narrative above each table.

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: • Refractive management • Anterior eye and contact lenses (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. Demonstrates effective management across the specified range of patients	Develops rapport with patient Ensures consent is established and maintained Uses required range of appropriate techniques effectively	Failure to establish and maintain consent Inappropriate or unsafe use of equipment Hurts the patient by hitting/poking them with equipment or pulling hard on eye structures

Where text is bracketed and struck out, that element is being tested in another task.

Assessors will use these criteria to determine whether the student has met the standard required.