THE COLLEGE OF OPTOMETRISTS

Clinical Learning in Practice (CLiP)
Student guidance for Service Evaluation Project
February 2026

Introduction

The Service Evaluation Project is a core element of the CLiP placement and allows you to complete specific GOC learning outcomes at 'Does' level (1.4, 3.3, 4.14, 6.1, 6.3, 7.3). During this project, you will undertake a structured review of an existing clinical, administrative, or operational aspect of the practice you are working in.

The purpose is not only to analyse existing performance, but also to identify realistic, evidence-driven recommendations that could enhance patient experience, improve clinical safety, or streamline practice efficiency. This task encourages critical thinking, data analysis, and reflective practice — essential skills for developing as a safe, effective clinician.

What is a service evaluation?

Unlike a research study that tests new interventions, Service Evaluation focuses on asking a central question: Is the current service meeting the expected standard?

This project sits under the broader umbrella of clinical audit but has a stronger emphasis on improvement and benchmarking. It is deliberately small-scale and should rely on existing patient data. It should not introduce any new interventions or require ethics approval. Think of it as a concise, structured investigation similar to a "mini-dissertation," where the findings lead naturally to recommendations for change.

Unlike routine audits, a service evaluation looks beyond whether something *was* done and considers whether it *meets the expected level of quality*. You will assess an aspect of practice against a defined standard — legal, professional, or procedural — and judge whether the standard is being met at an appropriate quality level.

Part 1 – Planning your project

It is strongly recommended that you complete the College's Clinical audit in optometric practice – How to improve patient care and progress your practice course (you'll need to log in to "My College" with your University email address) and revisit your University's course materials relating to audit and quality improvement before developing a plan for your project. You may also benefit from completing modules from the NIHR course "Getting started in Optometric Research" (you will need to sign up for a free NIHR account).

The NHS Framework for Health and Social Care has defined what a Service Evaluation is, and how it differs from other types of projects. Please take note of what a Service Evaluation is designed to answer – but bear in mind the CLiP Service Evaluation Project combines some elements of audit.

RESEARCH	SERVICE EVALUATION	CLINICAL/ NON-FINANCIAL AUDIT	USUAL PRACTICE (in public health including health protection)
The attempt to derive generalisable or transferable new knowledge to answer questions with scientifically sound methods* including studies that aim to generate hypotheses as well as studies that aim to test them, in addition to simply descriptive studies.	Designed and conducted solely to define or judge current care.	Designed and conducted to produce information to inform delivery of best care.	Designed to investigate the health issues in a population in order to improve population health Designed to investigate an outbreak or incident to help in disease control and prevention
Quantitative research – can be designed to test a hypothesis as in a randomised controlled trial or can simply be descriptive as in a postal survey. Qualitative research – can be used to generate a hypothesis, usually identifies/explores themes.	Designed to answer: "What standard does this service achieve?"	Designed to answer: "Does this service reach a predetermined standard?"	Designed to answer: "What are the health issues in this population and how do we address them?" Designed to answer: "What is the cause of this outbreak or incident and how do we manage it?"
Quantitative research - addresses clearly defined questions, aims and objectives. Qualitative research – usually has clear aims and objectives but may not establish the exact questions to be asked until research is underway.	Measures current service without reference to a standard.	Measures against a standard.	Systematic, quantitative or qualitative methods may be used.
Qu Case 1 esearch – may involve evaluating or cor erventions, particularly new ones. However, some quantitative research such as descriptive surveys, do not involve interventions. Qualitative research – seeks to understand better the perceptions and reasoning of people.	Involves an intervention in use only. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/ service user preference.	Involves an intervention in use only. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/service user preference.	Involves an intervention in use only. Any choice of intervention, treatment, care or services is based on best public health evidence or professional consensus.
Usually involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care. May involve data collected from interviews, focus groups and/or observation.	Usually involves analysis of existing data but may also include administration of interview(s) or questionnaire(s).	Usually involves analysis of existing data but may include administration of simple interview or questionnaire.	May involve analysis of existing routine data supplied under license/agreement or administration of interview or questionnaire to those in the population of interest. May also require evidence review.
Quantitative research – study design may involve allocating patients/service users/healthy volunteers to an intervention. Qualitative research – does not usually involve allocating participants to an intervention.	No allocation to intervention: the care professional and patient/ service user have chosen intervention before service evaluation.	No allocation to intervention: the care professional and patient/service user have chosen intervention before audit.	No allocation to intervention.
May involve randomisation.	No randomisation.	No randomisation.	May involve randomisation but not for treatment/ care/ intervention.
Normally requires REC review but not always. Refer to http://hra-decisiontools.org.uk/ethics/ for more information.	Does not require REC review.	Does not require REC review.	Does not require REC review.

Focus

Choosing the right focus is perhaps the most important early decision. Supervisors can support you by highlighting areas of the service in your practice that are known to vary, create bottlenecks, or attract recurring patient feedback. You may also draw on insights from previous work experience or your early observations during the placement.

Good starting points often include:

- Consistency of performing specific clinical tests
- Variations in documentation or record-keeping
- Referral quality and accuracy
- Turnaround times or process efficiency
- Adherence to legal or professional requirements

The chosen topic should be **specific, measurable, and achievable** within the limited timeframe of the project. Topics that are too broad, complex, or dependent on multiple external factors may become overwhelming. A focused, narrow question is more likely to yield meaningful and manageable results.

It's often useful to think of the focus you want to choose as a hypothesis – this serves as a guiding assumption that the project seeks to explore. For example:

"Patients aged 25–35 are not consistently receiving all essential components of the sight test as outlined in professional guidance."

The hypothesis helps direct the scope of data collection and provides a rationale for choosing the specific service area. It should be grounded in initial observations but simple enough to be tested with a modest data set.

Because of the timescale over which you will be conducting the project, it is likely that you will need to take a retrospective approach to gathering data.

For example, you may wish to focus on **one or more** of:

- personal characteristics (e.g. age, gender, disability)
- specific corrective needs (e.g. myopia, amblyopia)
- pathologies (e.g. dry eye, glaucoma, macular degeneration) or
- practice activities (e.g. refraction, fields tests, prescribing, patient journey, clinical advice)

..to define the scope of your project.

Your goal should be to ensure that you have sufficient records to generate statistically valid objective data.

Typically, this will require at least 30 records and could take many more if there are unexpected confounding factors; however, large data sets might prove difficult to evaluate in the time you have – ensure the data set is feasible. High risk, high volume and high-cost activities are most likely to generate areas for significant improvement.

You should also consider the time period over which you will gather data (as current as possible) – in particular whether there may have been any changes to Clinical Guidance,

Standards, products, environment or even staffing that may have already impacted outcomes during the data collection period. It is unlikely that you will find a group that is entirely free from such change, but the potential for ongoing service improvements to be reflected in your data should be identified and any data analysis will need to include consideration of these.

Outcomes

You will need to choose one or more outcome measures. Outcome measures represent the standards against which the collected data will be judged. These must be authoritative / evidence-based, relevant, and appropriately referenced.

Common examples include:

- **The Opticians Act** (for legal requirements of sight testing)
- **The Guidance for Professional Practice** (professional standards)
- Local NHS referral protocols
- Manufacturer or regulatory tolerances
- Evidence-based clinical guidelines
- NICE guidelines

Typically, students should select **one to three outcome measures** so that the project remains focused and manageable. The chosen measures must align clearly with the hypothesis and should reflect what you want to evaluate in practice. These need to be accessible and measurable in a consistent manner by analysis of existing practice records (e.g. clinical data, referrals, prescriptions, throughput and frequency), supplemented by additional activities where necessary (e.g. patient surveys, stock-takes).

Data management

You will need to consider how the records and data will be handled, in order to meet patient confidentiality and GDPR requirements.

This means:

- No patient-identifiable information is recorded
- All data in your logbook and/or workbook must be anonymised
- Data should be stored securely throughout the project

Spreadsheets are a practical way to organise data, but students may choose other formats if they support clear analysis.

It is highly unlikely that you would need specific ethical permission to undertake this work, unless your practice plans to publish the outcomes, but you do need to ensure that you are able to anonymise records without losing useful information and manage the data securely.

Setting benchmarks and significance

When choosing outcomes, you also need to determine what “good” looks like (i.e. a benchmark) and what level or kind of deviation from this would be considered unacceptable. Benchmarks should come from the same standards used as outcome measures — for example, legal requirements or professional guidance. This will help you to specify the level of detail and accuracy you need for your data. For example, a 2-hour delay may be significant for an urgent referral that should be seen in 24 hours but should not be of

consequence for a non-urgent (days-weeks) referral. Accordingly, you would seek data that includes accurate times in the first case, but the date alone should be good enough for the second.

You must decide:

- What percentage of compliance is acceptable?
- Should the expectation be 100% for legally required tasks?
- Does external guidance suggest minimum thresholds?

Equally, the size of the change that you need to be able to measure will determine the number of records that you will need to include. You may want to quantify this via a power and sample size calculation at the planning stage.

Identifying confounding factors

Confounding factors are variables that may impact the reliability of your findings. You must consider what might influence the results beyond the service itself. Examples include:

- Days when IT systems were down
- Handwritten records later typed into the system
- Locum practitioners unfamiliar with local processes
- Patient refusals or consent limitations

Students need not exclude all confounders; some may stay within the dataset but should be discussed to show thoughtful evaluation.

Service improvement

A central part of your project will be to make and justify recommendations for improvements, based on your findings and references you use. To ensure that your work covers all of the relevant GOC outcomes, you will need to suggest specific improvements for each of the following categories, and explain what effect the improvement will make:

1. Personal and team behaviours
2. Technology and services
3. Practice environment adaptation
4. Approach to use of guidance and commissioning frameworks (external environment) including referrals

For each of these categories you will need to consider the risks, as well as the potential benefits, of change and suggest ways to mitigate those risks, and maximise the benefits. You will **not** be expected to implement the proposals as part of the project, although your practice team may be interested in considering your suggestions for action.

Finally, you will need to consider and document how your recommendations could be adapted for one of the following different practice environments: Charity, Domiciliary, Hospital Eye Service, International (developed or developing world), Prison, Private Hospital, University Clinic. Accordingly, you need to ensure that your chosen service standard has some relevance in one of these environments.

It is worth considering these goals when developing your plan, to ensure that the data you generate is fit-for-purpose. Careful consideration at the planning stage should ensure that

the scope of your work, and the evidence base that you generate, is sufficient to generate a suitable range of service improvement possibilities.

Documenting your plan

The *Service Evaluation Project planning tool* must be completed in full and uploaded to the CLiP Portal as part of the deadline for your CLiP 1R submission. The sections of the template indicate what elements of planning should have taken place by this stage and can be used as a checklist.

The planning tool includes a section for a GANNT chart, which you will use to show your plans for completing the project in a timely way. You should also use this to ensure you are staying on track during the project. A template is provided to help you produce the GANNT chart.

At the CLiP 1R assessment, the assessor will evaluate:

- Feasibility of the chosen focus
- Appropriateness of the outcome measures
- Clarity of the hypothesis
- Realism of the sample size
- Awareness of confounders
- Quality of referencing
- A clear Gantt chart outlining timelines

This stage ensures you are on track and helps prevent unmanageable or unfocused projects.

You may also wish to use the *Service Evaluation Project workbook* as a checklist to ensure that your project choices will allow you to address all the required elements for the project. Your completed *Service Evaluation Project planning tool* will be used, alongside discussion with your Assessor, to ensure that you have planned your project comprehensively and effectively and to identify any areas where further development of your ideas, or additional support may be required.

You are reminded that you are expected to produce the entirety of the submitted plan personally and will be expected to be able to explain any and all parts of the documentation in detail to your Assessor during the CLiP1 Remote visit. At this visit your assessor will review your plan and provide feedback. Using AI or someone else's work is considered an academic offence and you will be referred to your university's misconduct process if an Assessor or marker suspects that the work is not your own.

Referencing

All sources used — including legal documents, clinical standards, and published literature — must be properly referenced both in the planning tool and in the final workbook. This reinforces academic rigour and supports the validity of the recommendations. **Please follow your University's guidance regarding the format and presentation of references**.

Part 2 – Undertaking and reporting on your project

Collecting data

You are expected to log your primary data via the CLiP Portal logbook, to demonstrate your evidence base. If the data belongs to another clinician (e.g. a patient record that another optometrist wrote), you are expected to reference it only since you will not have the relevant permission to allow Assessors to view an interaction. If you are using other forms of data (e.g. stocktakes) then the notes and reflections fields can be used, also with attachments. **You MUST ensure that patient data in attachments is anonymised before upload.**

Data analysis

You should take care to describe the means by which you collated and analysed the data. A good rule of thumb for this is to imagine that a colleague had to replicate your analysis, and ensure that you have enough detail that you would be confident that they would get the same results. You are expected to produce:

- Summary data table(s) showing key variables
- Two to three figures such as a chart, graph, or diagram (that include reference to your chosen service standard)
- At least one statistical test such as a t-test, chi-squared or ANOVA (include versus your chosen service standard). This might include calculating percentages, comparing proportions, or identifying patterns.

The key question becomes:

"Can I trust the results, and what do they tell me about current service quality?"

Evaluating data

You are to provide **up to five** bullet points that explain what your data indicate, in the light of the data presented as above. You should include consideration of whether any of your identified confounders may have affected the outcomes.

Developing recommendations for intervention

You need to provide recommendations for service improvements (**one or two bullet points** for each) based on each of the following.

1. Personal and team behaviours
2. Technology and services
3. Practice environment adaptation
4. Approach to use of guidance and commissioning frameworks (external environment) including referrals

You may find that your data demonstrate that the selected service standard has been exceeded. If this is the case your recommendations should focus on efficiency and/or sharing good practice with other colleagues, or practices.

Application to alternative practice environment

You will also need to consider how your findings and recommendations might be applied to an alternative practice setting – choosing from Charity, Domiciliary, Hospital Eye Service, International (developed or developing world), Prison, Private Hospital, University Clinic.

In each case you should provide a short explanation of:

- how the change in setting would affect the effectiveness or impact of **one** of your recommendations under each of the **four** categories (this may include that it would be unworkable), including your reasoning
- how you would modify your recommendation such that it would be better adapted to the setting

Final submission

The *Service Evaluation Project workbook* must be completed in full and uploaded to the CLiP Portal as part of the deadline for the CLiP 1F assessment visit. The workbook is structured to ensure that your report covers all of the required elements to address the identified GOC outcomes (1.4, 3.3, 4.14, 6.1, 6.3, 7.3).

You will be expected to show your CLIP 1F Assessor how you generated your data, and the process you undertook. The report will then be marked by a separate College marker and awarded either a Pass or Fail result. **Please see the marking rubric at the end of this document.** If your project report requires improvement, you will be given feedback about any deficits and allowed one further opportunity to revise and resubmit your report workbook before the end of the 22-week CLiP Part 1 period.

You are expected to cite references to source material, including relevant peer-reviewed research literature, as well as commissioning, service and regulatory standards, in your submitted project report. This is an important part for achieving some of the associated learning outcomes with this project. **Please follow your University's guidance regarding the format and presentation of references.**

You are reminded that you are expected to produce the entirety of the submitted report personally and will be expected to be able to explain any and all parts of the documentation in detail to your assessor during the CLiP1 face-to-face visit. Using AI or someone else's work is considered an academic offence and you will be referred to your university's misconduct process if an assessor or marker suspects that the work is not your own.

Troubleshooting

If you uncover any unsafe or unethical practices in your project, please liaise with your supervisor in the first instance. If you are still concerned with any aspect of your findings, please contact the College.

Part 3 – Marking criteria

Marking rubric

Data – Collection, Analysis and Evaluation (Learning Outcome 7.3)

Data – Collection, Analysis and Evaluation	**Indicative Success Criteria**	**Indicative Failing Criteria**
Collection (LO 7.3)	Able to define and identify ways to measure the quality of care. Can identify the appropriate quantity and characteristics of data to collect, and ways to evaluate it, to measure selected outcomes.	No definitions or identifications of ways to measure the quality of care. Has not identified the appropriate quantity and characteristics of data to collect, and/or ways to evaluate it
Summary data table(s) (LO 7.3)	Makes effective and appropriate use of data available within own setting and practice Clear understanding of requirements of data analysis and presentation	Picked inappropriate data or used unjustifiable methods of data selection Poor understanding of requirements of data analysis and presentation
Figures (LO 7.3)	Accurate and informative presentation of data	Inaccurate or unclear presentation of data
Statistics (LO 7.3)	Suitable and accurate statistical analysis carried out	Unsuitable or inaccurate statistical analysis
Evaluation (LO 7.3)	Carried out an appropriate evaluation; conclusions are reasonable and specific to the data presented, with evidence that uncontrolled variables have been properly considered.	Carried out an inappropriate evaluation and/or conclusions are inappropriate for data presented No evidence that uncontrolled variables have been properly considered and/or understood.

Recommendations for improvements – Application to own setting (Learning Outcomes 1.4, 3.3, 4.14, 6.1, 6.3)

Recommendations for improvements	**Indicative Success Criteria**	**Indicative Failing Criteria**
Personal and team behaviours (LO 6.1, 6.3)	Able to recognise safe practice(s) with regards to timeliness Provides recommendations for efficiency improvements where appropriate Able to use own data to suggest changes that would impact quality of outcomes (note, if the service is already operating at a high standard, the student should focus on efficiency gains – how the same outcome can be achieved more quickly or cost efficiently)	No recognition of how timeliness impacts on safe practice No recommendations or poor recommendations for efficiency improvements if appropriate Unable to connect own data to recommendations that would impact quality of outcomes
Technology and services (LO 3.3, 6.3)	Able to evaluate the feasibility and impact of introducing technological advances to their practice Able to recommend how a service can improve using new technology and/or equipment Able to use own data to suggest changes that would impact quality of outcomes (note, if the service is already operating at a high standard, the student should focus on efficiency gains – how the same outcome can be achieved more quickly)	Unable to evaluate the feasibility and impact of introducing technological advances to their practice Unable to recommend how a service can improve using new technology and/or equipment Unable to use own data to suggest changes that would impact quality of outcomes

Practice environment adaptation (LO 1.4, 6.3)	Able to recommend changes to a service ensure to improve the quality of care. Potentially identify where modifications may have already taken place Able to use own data to suggest changes that would impact quality of outcomes (note, if the service is already operating at a high standard, the student should focus on efficiency gains – how the same outcome can be achieved more quickly)	Recommendation of changes to a service unfeasible, incorrect (i.e. would not improve quality of care) or not done Unable to use own data to suggest changes that would impact quality of outcomes
Approach to use of guidance and commissioning frameworks (external environment) including referrals (LO 4.14, 6.3)	Able to describe how patient outcomes could be improved through engagement with local schemes and commissioned services, or by improving patient workflow in community practice Engages effectively with healthcare initiatives, and opportunities for quality improvement, to improve patient outcomes Able to use own data to suggest changes that would impact quality of outcomes (note, if the service is already operating at a high standard, the student should focus on efficiency gains – how the same outcome can be achieved more quickly)	Poor or no description of how patient outcomes could be improved through engagement with local schemes /commissioned services/ community practice Evidence of limited engagement and/or understanding of local healthcare initiatives, and how these can be used as opportunities for quality improvement Unable to translate how quality improvements have impacts on patient care and outcomes Unable to use own data to suggest changes that would impact quality of outcomes

Application to alternative setting (Learning Outcomes 1.4, 3.3, 4.14, 6.1, 6.3)

Application to alternative setting	**Indicative Success Criteria**	**Indicative Failing Criteria**
Personal and team behaviours (LO 1.4, 6.1, 6.3)	Able to identify constraints and recommend adaptations to a service or environment to ensure all patient needs are catered for.	No constraints identified, and/or poor recommendations for adaptations to an alternative service or environment
Technology and services (LO 1.4, 3.3, 6.3)	Able to evaluate the feasibility and impact of introducing technological advances to alternative setting Able to recommend how a service can improve using new technology and/or equipment Able to use own data to suggest changes that would impact quality of outcomes in alternative setting	Unable to evaluate the feasibility and impact of introducing technological advances to alternative setting Unable to recommend how a service can improve using new technology and/or equipment Unable to use own data to suggest changes that would impact quality of outcomes in alternative setting
Practice environment adaptation (LO 1.4, 6.3)	Able to recommend changes to a service ensure to improve the quality of care in alternative setting Potentially identify where modifications may have already taken place Able to use own data to suggest changes that would impact quality of outcomes in alternative setting	Recommendation of changes to a service unfeasible, incorrect (i.e. would not improve quality of care) or not done Unable to use own data to suggest changes that would impact quality of outcomes in alternative setting

Approach to use of guidance and commissioning frameworks (external environment) including referrals (LO 1.4, 4.14, 6.3)	Able to describe how patient outcomes could be improved through engagement with local schemes and commissioned services, or by improving patient workflow in alternative setting Engages effectively with healthcare initiatives, and opportunities for quality improvement, to improve patient outcomes Able to use own data to suggest changes that would impact quality of outcomes in alternative setting	Poor or no description of how patient outcomes could be improved through engagement with local schemes /commissioned services/ community practice Evidence of limited engagement and/or understanding of local healthcare initiatives, and how these can be used as opportunities for quality improvement Unable to translate how quality improvements have impacts on patient care and outcomes in alternative setting Unable to use own data to suggest changes that would impact quality of outcomes in alternative setting

References and bibliography (Learning Outcomes 3.3, 4.14, 6.3, 7.3)

References and bibliography	**Indicative Success Criteria**	**Indicative Failing Criteria**
References (LO 3.3, 4.14, 6.3, 7.3)	Uses a known in-text referencing system (e.g. Harvard) and adheres to it throughout the project Utilises references that are current (within the last 10 years), alongside current regulatory guidance and policy Uses specific and appropriate sources for describing new technologies (LO 3.3) and policies (LO 4.14)	Does not use a known referencing system (e.g. Harvard) and does not adhere to it throughout the project Relies mainly on references that are older than the last 10 years, or policy and guidance that has been superseded. Relies on unverified or marketing sources for describing new technologies (LO 3.3) and policies (LO 4.14)
Bibliography (LO 3.3, 4.14, 6.3, 7.3)	Uses the same referencing system as the in-text references Distinguishes between sources that are appropriate for background and context and those that require citation.	Does not use the same references system as in-text references Makes inappropriate use of sources, or relies on inappropriate sources.

GOC outcome mapping

GOC Outcome	SPOKE indicator	Element of SEP
O1.4 Ensures high quality care is delivered and puts into place adaptative measures as needed for different environments (such as domiciliary, prisons and special schools). (SHOWS HOW)	Adapts own practice to ensure appropriate care of all patients. Recognises when environmental factors should be adapted to accommodate individual patient needs.	Application to alternative setting (All) Recommendations for improvement: 3. Practice environment adaptation
03.3 Engages with technological advances in eye health and broader healthcare delivery and the significance of specific developments for enhancing patient outcomes and service delivery. (DOES)	Uses new technologies in diagnosis, treatment and management of ocular conditions. Uses appropriate technology in consultation, referral and clinical data exchange. Keeps abreast of emerging technologies and their potential application in clinical practice.	Recommendations for improvement (All) with a particular focus on 2. Technology and services Bibliography required
O4.14 Applies eye health policies and guidance and utilises resources efficiently to improve patient outcomes. (DOES)	Demonstrates a working knowledge of shared care schemes, glaucoma triage, pre and -post- cataract referral schemes and other locally-commissioned Enhanced Optical Services (EOS). Refers patients appropriately to optometry-led triage services or secondary care to improve patient care and outcomes, whilst reducing unnecessary delays. Navigates service commissioning and care information effectively, in order to establish and refresh knowledge of local health and other relevant systems when changing location, and over time. Accesses public health information and campaigns (e.g. smoking cessation) for the benefit of patients. Takes account of national guidance e.g. NICE, the College of Optometrists Clinical Management Guidance.	Recommendations for improvement (All) Particular focus in SPOKE indicators on 4. Approach to use of guidance and commissioning frameworks (external environment) including referrals Bibliography required

	Appropriately distinguishes between patients who require referral and those who can be monitored effectively in practice.	
O6.1 Undertakes efficient, safe and effective patient and caseload management. (DOES)	Conducts responsibilities in a timely manner, prioritising urgent and important tasks to ensure safe practice. Acts in a responsible and considered way to ensure safe practice when services are under pressure. Applies best-practice techniques to promote own health and wellbeing in the workplace.	Recommendations for improvement (All)
O6.3 Engages with clinical governance requirements to safeguard and improve the quality of patient care, including through contributing to service evaluation and development initiatives. (KNOWS HOW)	Demonstrates a systematic understanding of the components of clinical governance. Recognises the need to adhere to local and national clinical governance guidelines. Evaluates own practice, and participates in multi-disciplinary service and team evaluation. Is able to articulate an understanding of the impact of own and team practice on service function, effectiveness, and quality.	Project design, data analysis and evaluation Recommendations for improvement (All)
O7.3 Gathers, evaluates and applies effective patient and service delivery feedback to improve their practice. (SHOWS HOW)	Demonstrates a systematic understanding of how audit of clinical practice can improve clinical outcomes. Actively seeks and is open to feedback on own practice by colleagues to promote ongoing development. Undertakes effective reflection and analysis of feedback. Proactively formulates and implements strategies to act on feedback and make improvements to practice.	Project design, data analysis and evaluation

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1	03/07/2025	Published version
1.2	03/10/2025	Word counts added
2	02/02/2026	Text revised, guidance separated from planning tool and workbook