THE COLLEGE OF OPTOMETRISTS

Clinical Learning in Practice (CLiP) Part 1
Service Evaluation Project instructions

August 2025

Part 1 – Planning your project

You are to develop an enquiry-led audit-focused project, that evaluates current service delivery levels against relevant standards and makes proposals for service enhancement within your practice.

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") 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 particular note of what a Service Evaluation is designed to answer.

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.

Outcomes

You will need to choose one or more outcome measures, that can be related to existing standards or expectations or would benefit from improvement for other reasons. 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). Often, significant and novel insights can be found by combining relevant data from two sources that are not normally reviewed at the same time or by the same person. 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.

Focus

To provide a focus for your project, you must identify a sub-set of patients, clinical activities, or conditions to study. For example, you may wish to focus on **one or more**

- personal characteristics (e.g. age, gender, disability)
- specific corrective needs (e.g. myopia, amblyopia)
- pathologies (e.g. dry eye, glaucoma, macular degeneration)
- 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, whilst also ensuring that there is enough commonality between patients to generate proposals that could improve outcomes for that group consistently. Typically, this will require at least 30 records and could take many more if there are unexpected confounding factors. 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 reflect in your data should be identified and any data analysis will need to include consideration of these. It is worth discussing your ideas, as they develop, with the wider practice team so that you can benefit from their insights into practice challenges and opportunities (as well as changes that have already been implemented), and gain pointers for areas of potential interest that might add real value to practice performance and patient outcomes.

Data management

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

Standards and significance

When choosing outcomes, you also need to determine what “good” looks like (i.e. select your standard) and what level or kind of deviation from this would be considered unacceptable. 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.

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.

Service improvement

A central part of your project output will be to make and justify recommendations for improvements, based on your data and published literature. To ensure that your work covers all of the relevant GOC outcomes, you will need to suggest specific interventions for each of the following categories, and explain and justify their potential to improvement the outcome(s) evaluated;

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 intervention 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. However, you should also allow contingency in your planned timings to allow analysis of additional data, factors or outcomes, if your initial data set does not enable you to identify a suitable range of interventions.

Documenting your plan

The *Service Evaluation Project planning tool* must be completed in full and uploaded to the CLiP portal by the CLiP1 remote visit paperwork deadline. The sections of the template indicate what elements of planning should have taken place by this stage and can be used as a means of checking that you have assembled all the required information.

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.

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 plan. Please follow your University's guidance regarding the format and presentation of references.

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 *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.

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. Where you are using patient records, you should use one logbook entry per patient and ensure that you have included a naming convention for your records that allows you (and your marker) to filter on those records. The portal allows you to upload patient record data securely as attachments. If you are using other forms of data (eg 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 (that include reference to your chosen service standard)
- At least one statistical test (include versus your chosen service standard)

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 will 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 how to generate efficiency gains and/or share 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

Reporting on your project

The *Service Evaluation Project workbook* must be completed in full and uploaded to the CLiP portal by the CLiP1 face-to-face visit paperwork deadline. It 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 CLIP1 Face-to- face assessor how your project and findings connect to your personal practice and setting processes and procedures. The report will then be marked by a separate College marker and awarded either a “pass” or “requires improvement”. 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 CLiP1 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.

Outcomes and Standards
Standard: Describe your outcome measure(s) and the standard or expectation that you are using as a benchmark
Rationale: Explain your choice in terms of the importance the measure(s) to your practice

Focus
Specification: Patient group or data specification including time period (may include exclusion criteria)
Rationale: Explain briefly how this specification will allow you to measure performance against the standard
Sources: Describe your sources of data
Confounders: Identify **one to three** features of your data set that may unexpectedly introduce variability

Data

Volume: Indicate the volume of records (patient or other) available that meet specifications

Significance: Describe your benchmarks (including acceptable ranges), and how this impacts the number of data points required to determine whether (or how well) the standard has been met. You may wish to include a power calculation.

Analysis: Describe how you intend to process and analyse your data. Include suggestions for suitable graphical and statistical outputs (see SEP workbook requirements)

Data management: Explain how you will handle data security, GDPR and confidentiality

GANNT Chart

Add/customise task labels for each row as needed, and use shading to show when you will be working on each task

Task Week:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**Deadline**
Collect and upload data to logbook									
Produce summary table									
Analyse data, with stats and graphs									
Contingency for additional data gathering									
Determine and describe findings									
Develop recommendations									
Alternative setting commentary									
Collate and format references									
Review and edit									
Contingency for Slippage									
Submit									

References and bibliography Regulatory and service standards, pathways, textbooks and peer-reviewed literature presented in the appropriate format.
References (cited in the text)
Bibliography (not cited in the text but used as background reading during planning)

Data – Collection, Analysis and Evaluation
Collection: Describe how you identified data that met your specification, and processed it for the table below
Summary data table(s): Showing key variables – with clear labelling and units (where relevant)
Figures: Two to three figures showing important findings from your data (must include figure legends, and comparison to selected standard)
Statistics: At least one statistical test to determine significance of the data (including working)
Evaluation: Up to five bullet points that explain what your data indicate, in the light of the data presented above. Include consideration of whether your confounders may have had an impact.

Recommendations for improvements

For each of the four categories below, provide one or two bullet points about how the measured service could be improved. If the service is already at or above expectations you may focus on efficiency gains instead.

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**

Application to alternative setting **Choose an item.**

Select an alternative practice setting from the drop-down list
In each case 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

1. Personal and team behaviours

Impact

Modification

2. Technology and services

Impact

Modification

3. Practice environment adaptation

Impact

Modification

4. Approach to use of guidance and commissioning frameworks (external environment) including referrals

Impact

Modification

References and bibliography Regulatory and service standards, pathways, textbooks and peer-reviewed literature presented in the appropriate format.
References (cited in the text)
Bibliography (not cited in the text but used as background reading during planning)

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 practise 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. Appropriately distinguishes between patients who require referral and those who can be monitored effectively in practice.	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
O6.1 Undertakes efficient, safe and effective patient and	Conducts responsibilities in a timely manner, prioritising urgent and important tasks to ensure safe practice.	Recommendations for improvement (All)

caseload management. (DOES)	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.	
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	15/08/2025	First published version