**Assessment Plan: Visit four - Remote**

Trainee name: Assessor name:

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| Date, Time, and platform for assessment:  |
| **Proposed activity** – competencies to be covered, methods of assessment:We will be covering all of the outstanding elements from previous visits. Total time for visit: Up to a maximum of 3.25 hoursPlease sign and return a copy of this plan to me so indicate your agreement. |
| **Evidence to be prepared in advance:*** Anonymised patient records, where required as evidence, ready to screen share. APR must not be sent in advance.

**Evidence to be sent via email in advance**:I must receive by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the **latest** please:* An edited assessment framework document clearly stating Px identifiers for the evidence you wish to present for each remaining element.
* Any outstanding witness testimony evidence **NOTE You must copy the witness(es) who have signed your witness testimonies in to this email for the WT to be valid**
* Any outstanding reflective account evidence
* This document signed to agree the assessment plan
* Your logbook.
* A declaration, signed by your supervisor, to say that they he/she is satisfied that the records being presented at this visit have been appropriately anonymised and that they are otherwise unaltered from the originals

**Assessment**On the day, please find a quiet place, with good internet access, where you are alone and can concentrate for your assessment visit. We will work through the competencies listed. **Evidence Authenticity and Log Book Check**If you are able to have your visit four at work, you will be required to have access to your Px records so that authenticity of APR, TDC and RA evidence and the accuracy of your log book can be checked by you showing selected records to your assessor via your camera.If you need to do your visit four away from work, then it will be necessary to arrange an Assessment **4B**, lasting up to 15 minutes within one week of your visit four. At this you will need to be in work so you have access to your records for an authenticity check as detailed above.**Feedback, action planning and further assessment planning**At the end of the assessment, if required, I will discuss with you and your supervisor feedback from the assessment and your action plan, if needed.**Your supervisor will need to be available to join us for this discussion for 20 minutes from approximately ……………………****Trainee declaration (must be read, signed, and returned prior to the visit)**I understand that no part of the remote assessment visit is to be recorded or saved in any format, including audio or visual. I understand that I should not seek assistance from others during the visit. Any evidence of storing or sharing any element of an assessment visit will be considered as possible cheating and investigated fully under the regulations of the Scheme for Registration. Signed by trainee……………………….. |
| Assessment dates: We will review future Stage One visits.  |
| Target date for sign off\_\_\_\_\_\_\_\_\_\_\_\_Trainee is currently aiming for \_\_\_\_\_\_\_\_\_\_\_\_\_OSCE Trainee………………………..………… Supervisor………………………..…………Assessor ………………………..………… Date………………………..………………. |