**Assessment Plan: visit one**

Trainee name: Assessor name:

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| Date, Time, and platform for assessment: To be mutually agreed during initial telephone call or by email to trainee once in practicePlease note cancellation policy for stage one visits <https://www.college-optometrists.org/qualifying/scheme-for-registration/stage-one/preparing-for-stage-one-visits> |
| **Proposed activity** Check photographic ID.Assessment of the 12 Stage One elements of competence outlined in trainee framework (1.5 hours)Feedback, action planning and discussion of all the Stage One guidance which you and your supervisor MUST have read before the visit. Agree assessment dates for visits 2 and 3. (30 minutes) Total time for visit: **2 hours** Please contact me in advance if you would like to make adjustments to the competencies to be covered. Any adjustments must be agreed before the visit. |
| **Evidence to be prepared in advance for visit one :*** Anonymised patient records for 1.2.3 and 4.1.3 ready to screen share, please do not send
* Trainee case discussion (TCD) for 6.1.1
* Your logbook ready to screen share

**Evidence to be sent via email in advance:**I must receive by \_\_\_\_\_\_ at the **latest** please:* Framework document for visit one
* Reflective accounts for 5.1.2
* Witness Testimony for 3.1.1 and 4.1.2 (the witness must be copied into the email\*)
* 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
* This document signed to agree the remote assessment visit plan and trainee declaration
* Your logbook

**\*NOTE You must copy the witness(es) who have signed your Witness Testimonies into the email for the Witness Testimony to be valid****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. **Feedback, action planning and further assessment planning**At the end of the visit I will discuss with you and your supervisor* Feedback from the assessment
* Your action plan
* The ‘Introduction to the Scheme for Registration’ video
* Planning and preparation for further assessment visits, including dates for visits two and three

**Your supervisor will need to be available to join us for this discussion for 30 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………………………..I agree with the proposed remote visit planTrainee…………………… Supervisor…………………….Assessor………………….. Date……………………… |