

Name.....
Number.....
Cohort.....
Personal Tutor.....



England Nursing Associate

ONGOING ACHIEVEMENT RECORD

FdSc Nursing Associate
FdSc Nursing Associate (apprentice)

NAPAD, Standards of proficiency for nursing associates, (NMC 2018)

This OAR is to be used in conjunction with the Practice Assessment Document

TABLE OF CONTENTS

The OAR document contains:

- A summary of each placement
- Practice Assessor checklist/comments
- Progression statements

Guidelines for OAR

Student

The Ongoing Achievement Record (OAR) summarises your achievements in each placement and with the Practice Assessment Document (PAD) provides a comprehensive record of professional development and performance in practice.

The purpose of this document is to provide evidence from Practice Assessor to Practice Assessor regarding your progress, highlighting any areas for development throughout the programme. Your Practice Assessor and Academic Assessor must have access to this document at all times during your placement and it should be made available on request. It is your responsibility to ensure it is completed on each placement.

Practice Supervisor

As a Practice Supervisor you can use the OAR to review achievements and progress to date and identify additional learning opportunities to support student development and learning.

Practice Assessor

As a Practice Assessor this document provides you with information regarding the student's progress. This allows areas for development to be identified from previous placements. It is your responsibility to ensure that each Placement record is completed and the Progression Statement at the end of the PAD is signed.

Academic Assessor

As the Academic Assessor you work in partnership with the Practice Assessor in relation to student achievement in practice. The Academic Assessor confirms student completion and recommends the student for progression for each part of the programme.

Terminology

Throughout the document the term student is used. "Student" has been used to be consistent with the terminology used by the NMC in their documentation *Standards for pre-registration Nursing Associate Programmes* (2018).

Protected learning time

Organisations must ensure that nursing associate students have protected learning time in line with one of these two options (NMC 2018)

Option A: nursing associate students are supernumerary when they are learning in practice

Option B: nursing associate students who are on work-placed learning routes:

- are released for at least 20 percent of the programme for academic study
- are released for at least 20 percent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role, and
- protected learning time must be assured for the remainder of the required programme hours.

PART A

PAD 1 - PLACEMENT 1
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed proficiencies?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
 (This can be completed following the final review)

Name:

Signature:

Date:

PAD 1 - PLACEMENT 2
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed proficiencies?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
 (This can be completed following the final review)

Name:

Signature:

Date:

PAD 1 – RETRIEVAL PLACEMENT
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed proficiencies?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
(This can be completed following the final review)

Name:

Signature:

Date:

End of PAD 1

To be completed by the Practice Assessor and Academic Assessor

Practice Assessor:

In addition to the achievement of professional values and proficiencies

Has the student achieved additional proficiencies in PAD 1 (if required) **Yes/No/NA**

Has the student achieved the Episode of Care? **Yes/No**

Has the student achieved Medicines Management? **Yes/No**

I confirm that I have been in communication with the Academic Assessor regarding the student's performance and achievement.

I confirm that the student has participated in care (with guidance), achieved all the requirements of PAD 1 and is performing with increasing confidence and competence.

Practice Assessor: *(print name below)*

Practice Assessor's signature:

Date:

I recommend that the student can progress to PAD 2.

Academic Assessor: *(print name below)*

Academic Assessor's signature:

Date:

PAD 2 - PLACEMENT 1
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed proficiencies?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
 (This can be completed following the final review)

Name:

Signature:

Date:

PAD 2 - PLACEMENT 2
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed proficiencies?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

PAD 2 – RETRIEVAL PLACEMENT
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed proficiencies?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
(This can be completed following the final review)

Name:

Signature:

Date:

End of PAD 2

To be completed by the Practice Assessor and Academic Assessor

Practice Assessor:

In addition to the achievement of professional values and proficiencies

Has the student achieved any outstanding proficiencies from PAD 1 **Yes/No/NA**

Has the student achieved the Episode of Care 1? **Yes/No**

Has the student achieved the Episode of Care 2? **Yes/No**

Has the student achieved Medicines Management? **Yes/No**

I confirm that I have been in communication with the Academic Assessor regarding the student's performance and achievement.

I confirm that the student is practising independently with minimal supervision, achieved all the requirements of PAD2 and provides and monitors care with increasing knowledge, skills and confidence.

Practice Assessor: *(print name below)*

I have reviewed the assessment documentation and student reflections and can confirm the student has been assessed by the Practice Assessor as fit to practice safely and effectively with minimal supervision and I recommend the student for progression to the Nursing and Midwifery Council Nursing Associate part of the register for the United Kingdom.

Student Name: *(print name)*

Academic Assessor: *(print name below)*

Academic Assessor's signature:

Date:

PART B

SAMPLE

**Summary of Academic and Practice Achievement Over the Programme.
To be completed by the Student.**

This page collates all your unratified results for each part of the programme: this will need to be completed so that your Practice Assessor can see your theoretical achievements during the programme, and your Academic Assessor can see your clinical achievements through your programme.

Module		Credits	Assess No.	Assess No. 2
Level 04 Part 01	Communication and Professional Values to Promote Health and Well-being across the Lifespan	30		
	Introduction to Anatomy and Physiology	15		
	Principles of Nursing Associate Practice	15		
	Essential Skills and Nursing Associate Practice 1	60		
		120		
Level 05 Part 2	Evidence-based Practice for Nursing	15		
	Leadership and Team-Working in Health and Care	15		
	Developing Integrated Person-Centred Care	30		
	Essential Skills and Nursing Associate Practice 2	60		
		240		

**Record of Mandatory Training
To be completed by the Student.**

Please ensure that the following sections are completed:

MANDATORY TRAINING	YEAR ONE		YEAR TWO	
	DATE	SIGN	DATE	SIGN
MOVING AND HANDLING				
BASIC LIFE SUPPORT				
CONFLICT RESOLUTION				
SAFEGUARDING				
PREVENT TRAINING				

For the Nursing Associate Student Apprentices only

Nursing and Midwifery Council Requirements

Protected Learning Time for Practice Learning
To be completed by the Student.

Please use table below to record total PROTECTED LEARNING TIME HOURS for each semester for Practice Learning only

To keep on target, the minimum hours you should be achieving each semester (for each year) are as follows:

	Semester 1	Semester 2	TOTAL
Skills and Simulation	37hrs	37hrs	74 hrs
Primary Placement (PL1)	195	107.5	302.5
External Placement (PL2) Semester 2 only		247.5	247.5
		TOTAL	624hours

Practice Learning: Year 1

	Semester 1	Semester 2	TOTAL
Skills and Simulation			
Primary Placement (PL1)			
External Placement (PL2)			
		TOTAL	

Practice Learning: Year 2

	Semester 1	Semester 2	TOTAL
Skills and Simulation			
Primary Placement (PL1)			
External Placement (PL2)			
		TOTAL	

For the Nursing Associate Student Apprentices only

Apprenticeship Requirements

Individual Learner Progress Reviews ILP review date
To be completed by the Student.

Individual Learner Progress (ILP's) reviews with the university, employer and apprentice are a requirement of all Higher-Level Degree Apprenticeships to monitor learning, ongoing progress and achievement. The ILP's allows you to reflect on your own learning, performance and achievements in a structured and supported way. It also provides you with opportunity to plan your personal, educational and career development and it facilitates integration of theory with work-based learning. For Nursing Associate students (apprentices), it helps support the development of portfolio building skills, including reflections, which will be required as part of continuing professional development and life-long learning, as your role, as a Nursing Associate registrant with the Nursing and Midwifery Council.

For this programme, the ILP reviews will be undertaken whilst you are in your primary placement or the university by your Personal Academic Tutor, yourself and your employer (who will normally be your line manager or practice supervisor/practice assessor). Quarterly monitoring (which is scheduled in the programme planner) will track your progress and achievement against the ILP review proforma, the e-workbook, and ensure protected learning time hours are being met.

All meetings are formally recorded, both via SOLE, the England Nursing Associate Practice Assessment Document and the Individual Learner Progress (ILP) review forms (via PebblePad). The ILP review dates are timetabled on your course planner. ***Please note it is your responsibility to confirm the date and time of your ILP reviews with your employer and Personal Academic Tutor.***

Please record date of your ILP and ensure this is signed by yourself, personal academic tutor and practice supervisor/assessor

ILP review date Year 1	Signed	ILP review date Year 2	

End Point Assessment
To be completed by the Student

To complete the apprenticeship, you will be required to complete an independent end-point assessment (EPA). The purpose of this assessment is to test the KSB's associated with the professional duties as set out in the apprenticeship standard and to confirm that the nursing associate student (apprentice) is occupationally competent. The KSB's cover the [NMC \(2018\) Standards of Proficiency for Nursing Associates](#) and Annexes A & B for nursing associates (NMC, 2018) (see Programme Specification for Foundation Degree Nursing Associate).

The assessment is undertaken by an independent assessor (chair), your practice assessor and academic assessor. The End Point Assessment Organisation (EPAO) will arrange for the professional discussions to take place, in consultation with your employer.

The EPA is assessed via two professional discussions and each part must be passed to achieve apprenticeship status. The two discussions combined should be between 60-120minutes. Each professional discussion will be graded as pass or fail, and both must be passed to successfully complete the EPA.

Preparation for the EPA will be integrated throughout the programme. Professional discussions will be facilitated through a range of formative and summative strategies. These provide ongoing feedback and support to prepare you for EPA. Some examples include:

- Group work based on patient centred case scenario's
- Individual and group oral presentations
- Reflective patient centred case scenarios
- Formative Observed Structured Clinical Examination (OSCE's)
- Reflective e-workbook
- Assessment of practice learning (work-based learning)
- Individual Learner Progress reviews

Gateway to end point assessment:

Please use the following checklist to provide evidence you have met requirements for the gateway to end point assessment, registration and completion of EPA.

Requirements	Date achieved
Completed all L5 modules	
Completed all elements in the England NAPAD	
Agreement from employer	
Registration with EPAO	
Completion of EPAO	