

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



England Nursing Associate

ONGOING ACHIEVEMENT

RECORD

(OAR)

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

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

Apprentice's Emergency Contact Details

Name.....

Relationship.....

Contact Number.....

Date of Disclosure Barring Service (DBS)

.....

Date of Occupational Health Clearance for Practice

(Including completion of mandatory vaccinations)

.....

This OAR should be formally reviewed and signed by your workplace supervisor along with the practice assessment document (PAD) at the end of each placement and at the end of each year of the programme. This may also be signed by your Practice Assessor.

As part of the apprenticeship requirements, apprentices are required to be visited in practice 3 times per year by an **Apprenticeship Workplace Supervisor from CCN**. Their role is to support you and to ensure that you are progressing appropriately for your stage in your apprenticeship.

REVIEWS	PLACEMENT SUPERVISOR	WORKPLACE SUPERVISOR (in your home workplace) SIGNATURE AND DATE	APPRENTICESHIP WORKPLACE SUPERVISOR (CCN)	PRACTICE ASSESSOR SIGNATURE AND DATE
PLACEMENT 1				
Term 1 Progress Review				
PLACEMENT 2				
Term 2 Progress Review				
Term 3 Progress Review				
YEAR 1 REVIEW				
ACADEMIC ASSESSOR SIGNATURE AND DATE				
Year 2 Term 1 Progress Review				
Year 2 Term 2 Progress Review				
PLACEMENT 3				
YEAR 2 REVIEW				
ACADEMIC ASSESSOR SIGNATURE AND DATE				

MANDATORY TRAINING

Apprentices to complete and record date when the relevant session/activity was completed.

Year One		
<p>To be Completed Year One - this must be completed as part of employer induction. Where employer induction does not normally cover all requirements these must be completed prior to the first placement outside the apprentice's employing organisation.</p>		
Session Title	Date of Completion	Signed by Apprentice
Basic Life Support – Adult		
Basic Life Support – Paediatric		
Breakaway Training (as appropriate)		
Equality and Diversity		
Fire Safety		
Health and Safety		
Infection Control/ANTT – equipment and waste management		
Infection Control/Aseptic Non-Touch Technique (ANTT) – Handwashing		
Information Governance		
Mental Capacity and Consent		
Moving and Handling		
Preventing Radicalisation (PREVENT)		
Safeguarding Adults and Children AND Young People		

Care Certificate

You need to complete the 15 Standards of the Care Certificate as part of your induction if you are:

- new to care
- employed as an adult social care worker
- providing direct care in a residential or nursing home, a hospice or are a home care worker

Date Completed

**Employer signature
(verification)**

Year Two

To be completed in Year Two

Session Title	Date of Completion	Signed by Apprentice
Fire Safety		
Moving and Handling		
Infection Control		
Information Governance		
Basic Life Support – Adult		
Safeguarding Adults and Children AND Young People		
Basic Life Support – Paediatric		

TABLE OF CONTENTS

The OAR document contains:

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

Guidelines for OAR

Apprentice

- The Ongoing Achievement Record (OAR) summarises your achievements in each placement and with the Practice Assessment Documents (PADs) 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.

Workplace/ Placement or Spoke Supervisor

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

Practice Assessor

- As a Practice Assessor this document provides you with information regarding the apprentice'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 apprentice achievement in practice. The Academic Assessor confirms apprentice completion and recommends the apprentice for progression for each part of the programme.

Apprenticeship Workplace Supervisor (CCN staff who visit for your progress reviews)

- As an Apprenticeship Workplace Supervisor your role is to meet with the apprentice in practice 3 times a year and to review the apprentices' progress to date. Your role is primarily one of support for the apprentice, ensuring that they are meeting their proficiencies for that stage of the programme. You won't be required to make any formal assessments of the apprentice but may liaise with Workplace supervisors and or assessors to discuss the apprentices' learning and progression.

Terminology

Throughout the document the term apprentice or trainee nursing associate (TNA) is used as agreed with the NMC.

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 B applies to you.**

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.

For more information please see page 15 onwards in this OAR.

Apprentices must ensure that they meet their responsibilities with regard to gaining consent from service users.

Apprentice Details

I understand that this record may be reviewed by my practice supervisors, practice assessor, the course director, the link lecturer, including termly apprenticeship reviews whilst I am attending placements or in my workplace.

Signature of

Apprentice.....Date.....

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 apprentice's strengths and areas for further development

Has the apprentice achieved the professional values?

Yes/No

Has the apprentice achieved the agreed proficiencies?

Yes/No

Has the apprentice achieved their agreed learning and development needs?

Yes/No

Has the apprentice completed the required hours?

Yes/No

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

Yes/No

Apprentice name: (print name):

Apprentice signature:

Date:

Print Placement Supervisor name:

Placement Supervisor 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 apprentice's strengths and areas for further development

Has the apprentice achieved the professional values?

Yes/No

Has the apprentice achieved the agreed proficiencies?

Yes/No

Has the apprentice achieved their agreed learning and development needs?

Yes/No

Has the apprentice completed the required hours?

Yes/No

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

Yes/No

Apprentice name: (print name):

Apprentice signature:

Date:

Print Placement Supervisor name:

Placement Supervisor 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 – Reassessment of Proficiencies (where applicable)
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 apprentice's strengths and areas for further development

Has the apprentice achieved the professional values?

Yes/No

Has the apprentice achieved the agreed proficiencies?

Yes/No

Has the apprentice achieved their agreed learning and development needs?

Yes/No

Has the apprentice completed the required hours?

Yes/No

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

Yes/No

Apprentice name: (print name):

Apprentice 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 apprentice achieved the Episode of Care? **Yes/No**

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

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

I confirm that the apprentice 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 apprentice 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 apprentice's strengths and areas for further development

Has the apprentice achieved the professional values?

Yes/No

Has the apprentice achieved the agreed proficiencies?

Yes/No

Has the apprentice achieved their agreed learning and development needs?

Yes/No

Has the apprentice completed the required hours?

Yes/No

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

Yes/No

Apprentice name: (print name):

Apprentice signature:

Date:

Print Placement Supervisor name:

Placement Supervisor 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 – Reassessment of Proficiencies (where applicable)
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 apprentice's strengths and areas for further development

Has the apprentice achieved the professional values?

Yes/No

Has the apprentice achieved the agreed proficiencies?

Yes/No

Has the apprentice achieved their agreed learning and development needs?

Yes/No

Has the apprentice completed the required hours?

Yes/No

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

Yes/No

Apprentice name: (print name):

Apprentice signature:

Date:

Print Placement Supervisor name:

Placement Supervisor 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 apprentice achieved the Episode of Care 1? **Yes/No**

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

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

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

I confirm that the apprentice 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)*

Practice Assessor (Signature):

Date:

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

Apprentice Name: (print name)

Academic Assessor: *(print name below)*

Academic Assessor's signature:

Date:

Protected Learning Time

“Protected learning time is defined as time in a health or care setting during which students are learning and are supported to learn.” (NMC, 2018) access via

<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/nursing-associates-protected-learning-time-supporting-information.pdf>

This protected learning time will support you in leaning new knowledge, skills and behaviours. Protected learning time can be achieved via a range of learning experiences and activities, so that apprentices develop their confidence, competence and resilience, and integrate theoretical and practice/workplace learning and its application in their home workplace. This can be realised in many ways though a combination of working together with your supervisor or practice assessor, through reflection, coaching, not just through study time.

Careful checks of your protected learning time will be undertaken to make sure you are having appropriate protected learning time opportunities:

- Make sure you very regularly log your Protected Learning Time in the Learning Log at the back of your Ongoing Record of Achievement (OAR).
- Record the protected learning time you have had on the timesheets in your Practice Assessment Document (PAD) which specifically record work-based protected learning time; your Workplace Supervisor will need to countersign (verify) these on an ongoing basis.
- The termly apprenticeship progress reviews will include a review and check of your learning hours including protected learning time to make sure you are on track.
- All practice documentation (the PAD and OAR) including the programme hours you have achieved will be reviewed by the Academic Assessor towards the end of each part of the programme checking you are ready to progress from year 1 to year 2 and through the Gateway to the Apprenticeship End Point assessment.

This is separate from the supernumerary hours undertaken on placement and the ‘off the job training’ when you attend CCN and UEA and is undertaken when you are in your home workplace.

Please record and review this very regularly with your Workplace Supervisor, Practice Assessor and during progress reviews.

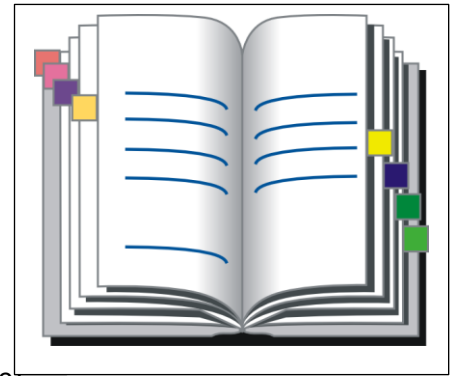
See the Protected Learning Time leaflet and narrated screen cast - TNAs access this via the UEA Nursing Associate Blackboard© site and all supervisors and assessors access this via the UEA Mentors and Practice Educators website <http://www.uea.ac.uk/foh/mpe/apprenticeship>

Protected learning time is likely to include the following (this is not an exhaustive list):

Examples:
Coaching time/clinical supervision sessions
Facilitated opportunities to access and use learning resources
Following the patient journey
Formative observed episode of care or medicines management with feedback
Learning support – time writing assignments/evidence, uploading work to portfolio or assessments, reflective journals
Meetings, feedback and progress reviews with your Workplace Supervisor
Observation of your practice by your Workplace Supervisor and/or Practice Assessor
One to one time with a service user, resident, carer or patient
Online training (e.g. eLearning for Health modules; Edward Jenner Programme)
Progress reviews
Reflection on experiences/incidents/debriefing
Shadowing / Buddying
Study time
Teaching sessions in the department/ward/service
Visits to other departments / branches of organisation

Workplace Supervision and Protected Learning Time Log:

This should be about 15 hours a week when you are in your home workplace (you need to have accrued 1044 hours of protected learning time by the end of your program)



Please log all:

- Meetings/ contacts with your Workplace Supervisor- (**N.B. this does NOT include formal termly apprenticeship reviews**) and informal and ad hoc feedback and review sessions (e.g. debrief after patient care)
- Feedback Sessions with your Workplace Supervisor

It is suggested that there is at least 1 entry made a day when you are in your 'home' base.

Date:	Learning/Supervision Activity	Time spent:	Accumulated Protected Learning Time:	Short summary of key discussion points: e.g. what's working well; what could be improved	Actions agreed:	Workplace Supervisor signature:	Date:

Date:	Methods (face to face, phone, email, Skype):	Time spent:	Accumulated Protected Learning Time:	Short summary of key discussion points: e.g. what's working well; what could be improved	Actions agreed:	Workplace Supervisor signature:	TNA signature:

SAMPLE

Date:	Methods (face to face, phone, email, Skype):	Time spent:	Accumulated Protected Learning Time:	Short summary of key discussion points: e.g. what's working well; what could be improved	Actions agreed:	Workplace Supervisor signature:	TNA signature:

SAMPLE

Date:	Methods (face to face, phone, email, Skype):	Time spent:	Accumulated Protected Learning Time:	Short summary of key discussion points: e.g. what's working well; what could be improved	Actions agreed:	Workplace Supervisor signature:	TNA signature:

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SAMPLE

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SAMPLE

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