**Practice Assessor: Self-assessment / Self-declaration Form no. 1**

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| Full name: |  | Job Title: |  |
| Placement or base name: |  | Line manager name: |  |
| Email: |  | Line manager email: |  |

**By completing this form, you are making a professional declaration that you are able to evidence your ability to meet the NMC (2018) standards for student supervision and assessment (SSSA) listed below.**

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| **PRE-REQUISITES FOR PRACTICE ASSESSOR ROLE ON DIFFERENT NMC PROGRAMMES** | | |
| **NMC programme** | **Required practice assessors qualifications for programme:** | **Evidence (state qualifications / experience)** |
| Nursing associate | Registered nursing associate or a registered nurse |  |
| Pre-registration nursing and RTP. | Registered nurse with appropriate equivalent experience for the student’s field of practice |  |
| Pre & post -registration midwifery | Registered midwife |  |
| SCPHN | Registered SCPHNs with appropriate equivalent experience for the student’s field of practice |  |
| Prescribing programmes (V100/V150/V300) | Registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking | Please state prescribing qualification:  V100  V150  V300  other  please state prescribing qualification below: |
| Post-registration programmes (DN, GPN). | Registered nurse with specialist practitioner qualification  (NB: programme standards currently under review). |  |

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| **ROLE AND RESPONSIBILITIES.**  **All practice assessors must be able to meet the NMC criteria below. Those with experience of supervising and assessing students are likely to have evidence of competence from previous students, reviews, revalidation or reflective diaries.** | | |
| Practitioners with experience in assessing students are required to fully understand the roles, responsibilities and processes relating to the implementation of the new NMC (2018) SSSA standards. This can be achieved in a range of ways: a workshop / PARE resources / individual support / factsheets. | | |
| **Standard** | **Criteria** | **By ticking the box below you are stating you can evidence your compliance** |
| 4.3 (part1) | Have undertaken equality and diversity training |  |
| 6.8, 7.1,7.2 | Conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning, informed by feedback sought and received from practice supervisors. Raise and respond to concerns about student conduct, competence and achievement, with support. |  |
| 7.3 | Make and record objective, evidenced based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources |  |
| 7.4 | Maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing |  |
| 7.5, 7.7 | Gather and coordinate feedback, and work in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme. |  |
| 7.8 | Have an understanding of the student’s learning and achievement in theory. |  |
| 8.4 | Have an understanding of the proficiencies and programme outcomes that the student they assess is aiming to achieve. Understand the NMC (2018) requirements for supernumerary status and protected learning time. |  |

* Completion of this form on PARE is your evidence / record of the date you declare you meet the NMC outcomes.
* The records are part of the Trust quality monitoring process. It is therefore imperative that your details are complete and up to date. If you would like to check if your record is correct you might access this through your ESR account (if applicable)

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| **By signing below, I declare that I meet the NMC requirements for a Practice Assessor as outlined above and therefore also meet the requirements of Practice Supervisor. I have evidence of this and agree to the audit of this evidence as requested. I understand that as a practice assessor I need to keep continually up to date with developments in practice learning, assessment and programme curriculum.** | | |
| Signature of Practice Assessor: | Date: |  |
| **By signing below, I declare that the above meets the NMC requirements for a Practice Assessor as outlined. I confirm that there are no ongoing performance concerns and I am confident NMC requirements will be met** | | |
| Signature of Supporting Manager: | Date |  |