

Name
Number
Cohort
Personal Tutor

# MIDWIFERY ONGOING ACHIEVEMENT RECORD (OAR)

BSc (Hons) 3 year



















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

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#### **Guidelines for completing the Ongoing Achievement Record (OAR)**

Satisfactory completion of this document is a requirement of the Nursing and Midwifery Council (Standard 16, NMC Standards for pre-registration education 2009).

#### **Students**

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 sign-off mentors regarding your progress, highlighting any areas for development throughout the programme. Your sign-off mentors 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 that it is completed following the summative assessment of each cluster.

#### Sign-off mentor

This document provides other sign-off mentors and academic staff with information regarding the student's progress, and allows the identification of any areas for development highlighted in previous placements. Following the summative assessment within each cluster, the sign-off mentor should complete a summary of the practice placement in this OAR indicating any areas for development in future placements. The total numbers achieved for the EU requirements should also be inserted.

Sign-off mentors must also verify that student midwives have met the practice criteria for registration at the final progression point.

#### **Academic staff**

A progression summary is completed at the end of each year to verify that a student has met the practice criteria for progression. The final grade for the practice assessment document is calculated by inserting the appropriate numerical value for the descriptor awarded in each cluster, adding the four totals together and dividing by four. This number is then translated into the grade according to the university grade descriptors.

## Year 1 – Antenatal To be completed by the sign-off mentor

Antenatal competencies completed in the following practice areas:				
Summary of the student's strengths and areas for further development				
Descriptor awarded:				
Has the student achieved the professional values?	YES/NO			
Has the student achieved all the antenatal competencies?	YES/NO			
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO			
Was an Action Plan required?	YES/NO			
Number of antenatal assessments undertaken:				
Student signature: Date	e:			
Sign-off mentor name (print):				
Sign-off mentor signature: Date	:			
Academic representative comments/review of the PAD document (e.g. personal tutor/link lecturer)				
Name (print) and signature:	te:			

# Year 1 – Labour and birth To be completed by the sign-off mentor

Labour and birth competencies completed in the following p	ractice areas:
Summary of the student's strengths and areas for further de	velopment
Descriptor awarded:	
Has the student achieved the professional values?	YES/NO
rias the stadent define year the professional values.	TEO/ITO
Has the student achieved all the labour and birth competencies?	YES/NO
Has the student achieved their agreed learning needs identified a	
formative review?	YES/NO
Was an Action Plan required?	YES/NO
Number of births personally facilitated:	
Student signature:	Date:
Sign-off mentor name (print):	
Sign off montor signature	Data
Sign-off mentor signature:	Date:
Academic representative comments/review of the PAD documen (e.g. personal tutor/link lecturer)	t
Name (print) and signature:	Date:

## Year 1 – Postnatal and neonatal To be completed by the sign-off mentor

Postnatal and neonatal competencies completed in the following practice areas:		
Summary of the student's strengths and areas for further de	evelopment	
Descriptor awarded:		
Has the student achieved the professional values?	YES/NO	
Tias the student achieved the professional values:	T LO/NO	
Has the student achieved all the postnatal and neonatal compet	encies? YES/NO	
Has the student achieved their agreed learning needs identified formative review?	at the YES/NO	
Was an Action Plan required?	YES/NO	
Number of postnatal assessments undertaken:		
Number of neonatal assessments undertaken:		
Student signature:	Date:	
Sign-off mentor name (print):		
eign en memer name (print).		
Sign-off mentor signature:	Date:	
Academic representative comments/review of the PAD documer (e.g. personal tutor/link lecturer)	nt	
Name (print) and signature:	Date:	

# Year 1 – Infant feeding To be completed by the sign-off mentor

Infant feeding competencies completed in the following practice areas:		
Summary of the student's strengths and areas for further d	evelopment	
Descriptor awarded:		
Descriptor awarded.		
Has the student achieved the professional values?	YES/NO	
Has the student achieved all the infant feeding competencies?	YES/NO	
Has the student achieved their agreed learning needs identified formative review?	at the YES/NO	
Was an Action Plan required?	YES/NO	
Student signature:	Date:	
Sign-off mentor name (print):		
Sign-off mentor signature:	Date:	
Academic representative comments/review of the PAD docume (e.g. personal tutor/link lecturer)	nt	
Name (print) and signature:	Date:	

# Midwifery Supervision To be completed by the student and their named Supervisor of Midwives

Name of Supervisor of Midwives:	
Contact details:	
Summary of initial discussion with Supervisor of Midwives regarding of midwifery supervision:	the role and purpose
of finawhory daportions.	
Supervisor of Midwives signature:	Date
Student midwife signature:	Date

## Progression summary year 1

#### Student ID:

To be completed by the academic representative on completion (e.g. personal tutor/link lecturer)

Cluster	Descriptor awarded	Equivalent mark	Total of EU requirements recorded	Action plan required at formative review?
Antenatal				Yes / No
Labour and birth			Births Care in labour	Yes / No
Postnatal and neonatal			Postnatal Neonatal	Yes / No
Infant feeding				Yes / No
Medicines management	Pass / Fail			
Overall mark (all 4 marks added and divided by 4)				
Equivalent grade				

Have all descriptors been awarded by a sign-off ment	tor with 'live' status: YES / NO
Number of practice hours recorded	
Number of hours outstanding from sickness/abser	nce
Student progression to year 2: YES / NO	
Comments:	
Signature	
Name	Date

## Year 2 – Antenatal To be completed by the sign-off mentor

Antenatal competencies completed in the following practice areas:		
Summary of the student's strengths and areas for further de	velopment	
Descriptor awarded:		
Has the student achieved the professional values?	YES/NO	
Has the student achieved all the antenatal competencies?	YES/NO	
Has the student achieved their agreed learning needs identified a formative review?	at the YES/NO	
Was an Action Plan required?	YES/NO	
Number of antenatal assessments undertaken:		
Student signature:	Date:	
Sign-off mentor name (print):		
Sign-off mentor signature:	Date:	
Academic representative comments/review of the PAD document (e.g. personal tutor/link lecturer)	t	
Name (print) and signature:	Date:	

# Year 2 – Labour and birth To be completed by the sign-off mentor

Labour and birth competencies completed in the following practice areas:			
Summary of the student's strengths and areas for further deve	elopment		
Descriptor awarded:			
Has the student achieved the professional values?	YES/NO		
Has the student achieved all the labour and birth competencies?	YES/NO		
Has the student achieved their agreed learning needs identified at formative review?	the YES/NO		
Was an Action Plan required?	YES/NO		
Number of births personally facilitated:			
Student signature:	Pate:		
Sign-off mentor name (print):			
Sign-off mentor signature:	ate:		
Academic representative comments/review of the PAD document (e.g. personal tutor/link lecturer)			
Name (print) and signature:	Date:		
(i / )			

# Year 2 – Postnatal and neonatal To be completed by the sign-off mentor

Postnatal and neonatal competencies completed in the following practice areas:		
Summary of the student's strengths and areas for further develop	ment	
Descriptor awarded:		
Has the student achieved the professional values?	YES/NO	
	2 1/50/10	
Has the student achieved all the postnatal and neonatal competencies	? YES/NO	
Has the student achieved their agreed learning needs identified at the		
formative review?	YES/NO	
Was an Action Plan required?	YES/NO	
Was all Astronomy land required.	120/110	
Number of postnatal assessments undertaken:		
Number of neonatal assessments undertaken:		
Transor of flooriatal acceptificate analytical.		
Student signature: Date:		
Sign-off mentor name (print):		
Sign-off mentor signature: Date:		
Academic representative comments/review of the PAD document		
(e.g. personal tutor/link lecturer)		
Name (print) and signature: Date:		

## Year 2 – Infant feeding To be completed by the sign-off mentor

Infant feeding competencies completed in the following practic	ce areas:
Summary of the student's strengths and areas for further deve	elopment
Descriptor awarded:	
Descriptor awarded.	
Has the student achieved the professional values?	YES/NO
Lieu the atudent achieved all the infent feeding competencies?	VEC/NO
Has the student achieved all the infant feeding competencies?	YES/NO
Has the student achieved their agreed learning needs identified at	
formative review?	YES/NO
Was an Action Plan required?	YES/NO
Student signature:	ate:
Sign-off mentor name (print):	
Sign-off mentor signature:	ate:
Academic representative comments/review of the PAD document (e.g. personal tutor/link lecturer)	
Name (print) and signature:	ate:
Traine (print) and signature.	ai <del>c</del> .

# Midwifery Supervision To be completed by the student and their named Supervisor of Midwives

Name of Supervisor of Midwives:	
Contact details:	
Summary of discussion with Supervisor of Midwives regarding the r supervision and the maintenance of professional registration:	ole of midwifery
Supervisor of Midwives signature:	Date
Student midwife signature:	Date

## Progression summary year 2

## Student ID:

To be completed by academic representative on completion (e.g. personal tutor/link lecturer)

Cluster	Descriptor awarded	Equivalent mark	Total of EU requirements recorded		Action plan required at formative review?
Antenatal					Yes / No
Labour and birth			Births facilitated	Complex care	Yes / No
Postnatal and neonatal			Postnatal	Neonatal	Yes / No
Infant feeding					Yes / No
Medicines management	Pass / Fail				
Overall mark (all 4 marks added and divided by 4)					
Equivalent grade					

have all descriptors been awarded by a sign-off mentor with flive status: YES/NO
Number of practice hours recorded
Number of hours outstanding from sickness/absence
Student progression to year 3: YES / NO
Comments:
Signature
Name Date

## Year 3 – Antenatal To be completed by the sign-off mentor

Antenatal competencies completed in the following practice	e areas:
Summary of the student's strengths and areas for further de	evelopment
Descriptor awarded:	
Has the student achieved the professional values?	YES/NO
Has the student achieved all the antenatal competencies?	YES/NO
Has the student achieved their agreed learning needs identified formative review?	at the YES/NO
Was an Action Plan required?	YES/NO
Number of antenatal assessments undertaken:	
Student signature:	Date:
The student has reached the required standard for entry to NMC register in relation to antenatal competencies	the YES/NO
Sign-off mentor name (print):	
Sign-off mentor signature:	Date:
Academic representative comments/review of the PAD documer (e.g. personal tutor/link lecturer)	nt
Name (print) and signature:	Date:

# Year 3 – Labour and birth To be completed by the sign-off mentor

Labour and birth competencies completed in the following p	practice areas:
Summary of the student's strengths and areas for further de	evelopment
Descriptor awarded:	
Has the student achieved the professional values?	YES/NO
Has the student achieved all the labour and birth competencies?	YES/NO
Has the student achieved their agreed learning needs identified	at the
formative review?	YES/NO
Was an Action Plan required?	YES/NO
Number of births personally facilitated:	
Student signature:	Date:
The student has reached the required standard for entry to t	·ho
NMC register in relation to labour and birth competencies	YES/NO
Sign-off mentor name (print):	
Sign-off mentor signature:	Date:
Academic representative comments/review of the PAD documents (e.g. personal tutor/link lecturer)	nt
	<b>D</b> .
Name (print) and signature:	Date:

## Year 3 – Postnatal and neonatal To be completed by the sign-off mentor

Postnatal and neonatal competencies completed in the follo	wing pra	ctice
areas:		
Summary of the student's strengths and areas for further de	velopme	ent
Descriptor awarded:		
Has the student achieved the professional values?	•	YES/NO
Has the student achieved all the postnatal and neonatal compete	encies?	YES/NO
Has the student achieved their agreed learning needs identified a		VEC/NO
formative review?		YES/NO
Was an Action Plan required?	,	YES/NO
was an Action Flan required:		TEO/NO
Number of postnatal assessments undertaken:		
Number of neonatal assessments undertaken:		
Student signature:	Date:	
	_	
The student has reached the required standard for entry to t		VEQ/NO
NMC register in relation to postnatal and neonatal competer	icies '	YES/NO
Sign off montor name (print).		
Sign-off mentor name (print):		
Sign-off mentor signature:	Date:	
oign on mentor signature.	Date.	
Academic representative comments/review of the PAD document	nt	
(e.g. personal tutor/link lecturer)		
Name (print) and signature:	Date:	
Trains (print) and signature.	Date.	

# Year 3 – Infant feeding To be completed by the sign-off mentor

Infant feeding competencies completed in the following practic	e areas:
Summary of the student's strengths and areas for further devel	opment
Descriptor awarded:	
Has the student achieved the professional values?	YES/NO
Has the student achieved all the infant feeding competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	ne YES/NO
Was an Action Plan required?	YES/NO
Student signature: Da	te:
The student has reached the required standard for entry to the NMC register in relation to infant feeding competencies	YES/NO
Sign-off mentor name (print):	
Sign-off mentor signature: Da	te:
Academic representative comments/review of the PAD document (e.g. personal tutor/link lecturer)	
Name (print) and signature:	ate:

# Midwifery Supervision To be completed by the student and their named Supervisor of Midwives

Name of Supervisor of Midwives:	
Contact details:	
Summary of discussion with the Supervisor of Midwives regarding the supervision and the responsibilities of the midwife with regard to contain the supervision and the responsibilities of the midwife with regard to contain the supervision and the responsibilities of the midwife with regard to contain the supervision and the responsibilities of the midwife with regard to contain the supervision and the responsibilities of the midwife with regard to contain the supervision and the responsibilities of the midwife with regard to contain the supervision and the responsibilities of the midwife with regard to contain the supervision and the responsibilities of the midwife with regard to contain the supervision and the responsibilities of the midwife with regard to contain the supervision and the responsibilities of the midwife with regard to contain the supervision and the supervision that the supervision that the supervision and the supervision that the supervision th	
development, revalidation and Notification of Practice (NoP) require	ments:
	5.
Supervisor of Midwives signature:	Date
Student midwife signature:	Date

## Progression summary year 3

## Student ID:

To be completed by academic representative on completion (e.g. personal tutor/link lecturer)

Cluster	Descriptor awarded	Equivalent mark	Total EU requirements recorded		Action plan required at formative review?
Antenatal					Yes / No
Labour and birth			Births facilitated	Complex care	Yes / No
Postnatal and neonatal			Postnatal	Neonatal	Yes / No
Infant feeding					Yes / No
Medicines management	Pass / Fail				
Overall mark (all 4 marks added and divided by 4)					
Equivalent grade					

Have all descriptors been awarded by a sign-off mentor with 'live' sta	tus: YES / NO
Has the student recorded the required additional competencies on pa	ages 23 – 25: YES / NO
Number of hours recorded	
Number of hours outstanding from sickness/absence	
Student progression to NMC registration: YES / NO	
Comments:	
Signature	
Name Da	ite

## **Additional records**

EU requirements at the point of registration (Article 40 of Directive 2005/36/EU) include:

- · Performance of an episiotomy and initiation into suturing
- Active participation with breech births (may be simulated)

#### **NMC ESC Normal Labour and Birth**

Women can trust/expect a newly registered midwife to:

- Work in partnership with women to facilitate a birth environment that supports their needs.
- Supports the health, safety and wellbeing of women in a variety of birth settings other than the
  acute hospital environment.

(NMC Standards for pre-registration midwifery education 2009 p.65).

#### Performance of episiotomy and initiation into suturing

'Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary' (NMC Standards for pre-registration midwifery education 2009 p.65)

#### Infiltration of the perineum and performance of an episiotomy

Date	Clinical indication/comments	Midwife's name and signature

#### Initiation into suturing Suturing observation

Date	Type of trauma and repair type	Midwife's name and signature

#### Midwifery Practice Assessment Document

#### Initiation into suturing

Suturing under supervision

Date	Type of trauma and repair type	Midwife's name and signature

#### Active participation in breech births

'Where this is not possible because of a lack of breech deliveries practice may be in a simulated situation' (NMC Standards for pre-registration midwifery education 2009 p.65)

Date	Clinical indication/comments	Midwife's name and signature

## Supporting women in a variety of settings

#### NMC ESC Normal Labour and Birth 1.1

This is a record of experience where you have supported the health, safety and wellbeing of women in a variety of birth settings other than the acute hospital environment. (NMC Standards for pre-registration midwifery education 2009 p.65).

Date	Details of practice area/clinical setting	Midwife's name and signature
May 2015	Middleton Birth Centre, midwifery-led stand-alone unit Supported 5 women in labour and 2 births	Barbara James Barbara James

## **Mandatory training**

Below are sessions that you need to attend and update throughout your programme. These must be undertaken and signed by the facilitator each year.

	Three year programme		
	Year 1	Year 2	Year 3
Session	Signature of facilitator	Signature of facilitator	Signature of facilitator
00001011	and date of session	and date of session	and date of session
Fire Training [This session is undertaken in the Trust]			
Moving and handling			
Neonatal resuscitation			
Basic life support			
Safeguarding children			
Safeguarding adults			
Conflict resolution			
Equality and diversity			
Infection control			
Information governance			