

Competence assessment report

Who completes the report?

It is the responsibility of the practitioner to make sure the report is completed and submitted to the National Board via the Australian Health Practitioner Regulation Agency (Ahpra).

The report is completed by the approved assessor in consultation with the practitioner.

Purpose of the report

The report is a tool to provide progress or monitoring updates and/or as a final assessment report.

The competence assessment report is required:

- at the timeframe set out in the conditions on registration
- at the timeframes set out in the competence assessment plan, e.g. a minimum of two weeks FTE equivalent
- at the end of competence assessment and
- at any other time required by the Board.

How will this report be used?

The approved assessor's report will be used by the Board to decide whether the practitioner is:

- practising in a safe, competent and ethical manner
- complying with the approved competence assessment arrangement
- progressing toward eligibility to hold an unrestricted type of registration (where relevant)
- complying with the condition or undertaking on their registration (where relevant).

Depending on the purpose of the competence assessment report, it may not be routinely given to the practitioner. However, if the National Board relies on the report to take any regulatory action in relation to the practitioner, it will need to give the practitioner a copy of the report. Ahpra and the Board may also have to disclose a report if required by law.

Further information regarding Ahpra's privacy policy is available at www.ahpra.gov.au/About-Ahpra/Privacy-Freedom-of-information-and-Information-publication-scheme/Privacy. The privacy policy explains:

- how you may access and seek correction of your personal information held by Ahpra or a National Board
- how to complain about a breach of your privacy, and
- how your complaint will be dealt with.

How to complete the report

This report can be used as a final assessment report.

PLEASE READ THE SECTIONS OF THE REPORT CAREFULLY.

A **final assessment report** is made against the competence assessment plan and the Nursing and Midwifery Board of Australia (NMBA) Registered nurse (RN) standards for practice or Midwife standards for practice.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- To fill in the PDF onscreen, please ensure you download this form to your computer first, then fill it using Adobe Acrobat or Adobe Acrobat Reader.
- To fill in the form manually, print it and fill it in using a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents.**



Valid signature is defined by either an official electronic signature or printing this form, signing and scanning for submission. Names that are typed in this field will not be accepted as a valid signature.



To check or remove documents you have digitally attached, select the arrow on the left pane of the PDF then click on the paper clip icon.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.



This form will not be considered unless it is complete and all supporting documentation has been provided.



SECTION A: Competence assessment report details

1. Is this an interim report on progress or monitoring or a final assessment report?

- Interim report on progress or
- Final assessment report

2. What are the practitioner's details?

Family name

First given name

Date of birth / / **Monitoring and compliance number (if applicable)**

Registration number (e.g. NMW000123456 - if applicable) **Division / endorsement / specialty (if applicable)**

3. What are the nominated assessor's details?

Primary assessor's details

Family name

First given name

Email

Registration number (e.g. NMW000123456) **Division / endorsement / specialty (if applicable)**

Alternate assessor 1

Family name

First given name

Email

Registration number (e.g. NMW000123456) **Division / endorsement / specialty (if applicable)**

4. What was the start date of the competence assessment?

Start date
 / /



SECTION B: Assessor report on performance

5. Have you discussed this assessment report with the practitioner?

YES

NO



You must discuss the report with the practitioner before submitting the report. If you are not in a position to do so, please contact Ahpra.

6. Has the practitioner completed the minimum duration required by the competence assessment plan?

YES

NO

7. Have you identified any new issues or problems?

YES

NO *Go to the next question*

New issues or problems	Measures to address new issues or problems

8. Do you have any other concerns about the practitioner's performance?

YES

NO *Go to the next question*

Provide a brief summary of details

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SECTION C: Competence assessment

9. Complete your assessment of the practitioner’s competence development against the relevant profession specific standards/competencies/capabilities/standards for practice using the table below.

This question relates to question 13 of the competence assessment plan.

Step 1 – Copy the headings from the relevant profession specific standards/competencies/capabilities/standards for practice into the table rows. These can be found using the links in Appendix 1 of the framework and on the relevant National Board website.

Step 2 – Assess the practitioner’s competence development against the headings copied from the relevant profession specific standards/competencies/capabilities/standards for practice.

Assessors should contact the Board as soon as practical if the goals are not achievable.

List below the headings of the relevant profession standards/competencies/capabilities/thresholds/standards for practice	Competent	Not yet competent but achievable	Not competent and not achievable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: Declaration for a final report

I declare that the practitioner named in this document *(mark only one option below)*:

- has** successfully completed a competence assessment as set out in the competence assessment plan specified by the Board, and achieved the objectives of the competence assessment.
- has NOT** completed a competence assessment as set out in the competence assessment plan specified by the Board, and has not achieved the objectives of the competence assessment.

Name of primary assessor <input style="width: 95%;" type="text"/> Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	Signature of primary assessor <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> SIGN HERE </div>
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Name of practitioner <input style="width: 95%;" type="text"/> Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	Signature of practitioner <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> SIGN HERE </div>
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Please check to make sure your form is fully and accurately completed.
If missing information is identified your form will not be processed and will be returned to you to fill out properly

Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload.
 You may contact Ahpra on 1300 419 495