Confirmation of revalidation form

A copy must be retained by the Transfusion Practitioner team and you must keep a copy for your own records.

To be completed by the non-medical authoriser:

|  |  |
| --- | --- |
| Name |  |
| Date of NMA course attended |  |
| Date of final signed off/previous revalidation |  |
| Date of revalidation |  |

I have received confirmation of revalidation from (select applicable):

 Clinical mentor

 Transfusion Practitioner

To be completed by the confirmer:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email address |  |
| Contact number |  |
| Date of confirmation discussion |  |

Confirmation checklist of revalidation requirements

Authorised blood components

You have seen written evidence that satisfies you that the non- medical authoriser has authorised a satisfactory number of blood components to maintain competency

Continuing professional development

You have seen written evidence that satisfies you that the staff member has undertaken CPD relevant to their practice as a non-medical authoriser.

The staff member has confirmed they are up to date with their local transfusion policy and kept up to date with the SHOT annual summary reports

Reflective discussion

You have completed and signed the form showing that the non- medical authoriser has discussed their reflective accounts with their clinical mentor (or you have discussed these)

|  |
| --- |
| I confirm that the above named non- medical authoriser has demonstrated to me that they have complied with all of the NMA revalidation requirements listed above over the three years since they were first signed as competent to authorise blood components /had revalidation and I agree to be contacted by the Hospital Transfusion Committee (HTC) to provide further information if necessary.  |
| Signature |
| Date: |

Reflective accounts form

To be completed by the non- medical authoriser

You must use this form to record five written reflective accounts on cases you have authorised blood components for. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient or colleague.

|  |
| --- |
| Reflective account: to includeSetting the scene –background Decision making processAny relevant factors considered during the decision making –local/national guidelinesComponent authorisedOutcomeAnything you would have done differently on reflection/Any influences on future practice  |
| CONTINUING PROFESSIONAL DEVELOPMENT (CPD)LOG TEMPLATE |

Guide to completing CPD log

**Examples of learning method what was the topic**

* Online learning Outline key points of the learning activity, what you have learnt and how
* Course attendance you have applied what you have learnt to authorising blood components
* Guidelines /policies/journals

|  |  |  |
| --- | --- | --- |
| Dates | MethodPlease describe the learning methodused | Topic |
|  |  |  |
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