Requirements for the Approval of the Education Bodies, Associated Health Care Providers and Midwifery Educational Programmes Leading to Registration

Self-Assessment Audit Tool - Midwifery

**Introduction**

This self-assessment audit tool has been developed by NMBI for the first-time approval and ongoing monitoring of Education Bodies (EB), Associated Healthcare Providers (AHCPs) and midwifery educational programmes leading to registration. Its purpose is to ensure that EBs, AHCPs and midwifery educational programmes meet the requirements set out by NMBI.

The self-assessment audit tool is to be completed by the Head of School/Department or a nominated person. The tool should be completed in conjunction with the AHCPs where the requirement is noted to be a joint responsibility (EB & AHCP). The AHCPs also have a responsibility to complete the Clinical Learning Environment requirements (Category 6)

The requirements are organised into the following categories:

* **Education Body Requirements**

Category 1: Student Admission and Progression

Category 2: Governance and Management

Category 3: Practice Placements

* **Programme Requirements**

Category 4: Curriculum

Category 5: Assessment

* **Associated Health Care Provider Requirements**

Category 6: Clinical Learning Environments

* **Additional Requirements for New Providers or New Programmes**

Category 7: New Providers/New Programmes

**Advice on completing the self-assessment tool**

The aim should be to complete the evidence section as concisely as possible. The evidence must be submitted in soft copy format only. All evidence submitted must be clearly linked to a numbered requirement and state page number or highlighted paragraph relevant to the requirement. Accepted evidence can include and is not limited to:

* Active hyperlinks
* Zipped files
* Policy document files (Word/pdf)
* Video links
* Meeting minutes/attendance records
* Staff CVs
* Reports

Please see the 2022 Midwifery Requirements Document, Appendix 1 for a list of suggested evidence. This list is not exhaustive and NMBI welcomes other examples of evidence showing compliance with the requirements.

NMBI must receive the completed audit by the agreed submission date and the audit should be submitted in electronic format. If the self-audit is incomplete, the Head of School/Department or nominated person will be notified, and the required information must be submitted to NMBI within the time specified.

A desk-based review of the midwifery self-assessment will be carried out to ensure compliance with the requirements for approval of programmes. At any stage NMBI may request further information from the education body.

On review, evidence will be deemed to be compliant, partially compliant or non-compliant in the tool.

C = Compliant

PC = Partially Compliant

NC = Non-Compliant

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| **Education Body Requirements** |  |  |  |
| **1** | **Student Admission and Progression** | **C** | **PC** | **NC** |
| 1.1 | Clear and comprehensive information about the programme is available for prospective students. |  |  |  |
| Evidence |  |  |  |  |
| 1.2 | Admission requirements are in line with those specified by NMBI and detail procedures for recognition of prior learning and other inclusion mechanisms. |  |  |  |
| Evidence |  |  |  |  |
| 1.3 | The criteria for students’ progression through and successful completion of the programme are explicit and made known to students at the beginning of the programme. |  |  |  |
| Evidence |  |  |  |  |
| 1.4 | Attendance requirements for students are specified and procedures are in place to monitor students’ attendance. Procedures to address non-compliance with attendance requirements are available. (EB & AHCP) |  |  |  |
| 1.5 | Supports for students in relation to academic or personal guidance or practical supports are available and made known to students at the outset of the programme. |  |  |  |
| Evidence |  |  |  |  |
| 1.6 | Learning supports including reasonable accommodations are available to students who require them. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 1.7 | There are documented procedures for students transferring to or from another education body to ensure that the student meets all the requirements of the programme. These procedures ensure collaboration between the education bodies. |  |  |  |
| Evidence |  |  |  |  |

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| 1.8 | Procedures for a student exiting a programme before completion are explicit, including exit awards if appropriate. |  |  |  |
| Evidence |  |  |  |  |
| 1.9 | Procedures are in place to inform NMBI, in writing, annually of student/s who exit a programme prior to completion. |  |  |  |
| Evidence |  |  |  |  |
| 1.10 | Records of student retention, progression and completion rates, conferment of academic awards and graduate first destinations are maintained and reviewed. |  |  |  |
| Evidence |  |  |  |  |

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| **2** | **Governance and Management** |  |  |  |
|  |  | **C** | **PC** | **NC** |
| 2.1 | There is a signed Memorandum of Understanding (MOU) between the education body and each of its Associated Health Care Providers. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 2.2 | The school of midwifery/department and individual programmes are subject to periodic quality reviews. |  |  |  |
| Evidence |  |  |  |  |
| 2.3 | Programmes are subject to annual monitoring through the external examiners process. |  |  |  |
| Evidence |  |  |  |  |
| 2.4 | An Annual Report, inclusive of all NMBI approved programmes and prepared in partnership with the AHCPs, is submitted to NMBI by 30 June each year. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |

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| 2.5 | The management structure supporting the delivery of the programme/s is explicit. It includes the named person with lead responsibility who holds appropriate academic and professional midwifery qualifications and experience as appropriate for the programme.  |  |  |  |
| Evidence |  |  |  |  |
| 2.6 | The education body demonstrates financial planning and resource allocation to support the delivery of the programmes for a rolling 5-year period. |  |  |  |
| Evidence |  |  |  |  |
| 2.7 | Staffing allocations to support the delivery of the programme are maintained, at the following staff to student ratios: academic staff 1:20, allocations liaison officer 1:50, midwife practice development coordinator (minimum of 1), and clinical placement coordinator 1:15. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 2.8 | Teaching and learning resources and facilities support the delivery of the programme. |  |  |  |
| Evidence |  |  |  |  |
| 2.9 | A Local Joint Working Group including representatives of the key stakeholders from the education body and AHCPs, from across maternity services, is in operation. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 2.10 | Staff are provided with opportunities to develop their teaching and learning skills and deepen their knowledge of their areas of expertise. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |

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| 2.11 | Formal grievance, complaints, and appeals policies are available and made known to students.  |  |  |  |
| Evidence |  |  |  |  |
| 2.12 | Arrangements are in place with Erasmus and international host institutions that comply with NMBI standards and requirements, and do not exceed 13 weeks placement duration.  |  |  |  |
| Evidence |  |  |  |  |
| 2.13 | There is public, patient and service users involvement in the review and evaluation of programmes by the education body |  |  |  |
| Evidence |  |  |  |  |
| 2.14 | The education body and AHCP operate a fitness to practise mechanism for the protection of the public. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 2.15 | The education body and AHCP have processes in place to support students with health problems. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |

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| **3** | **Practice Placements** |  |  |  |
|  |  | **C** | **PC** | **NC** |
| 3.1 | New practice placement sites are audited for their suitability as a quality learning environment, that will support the achievement of the learning outcomes, in advance of students' commencing placements. Notification is included in the Annual Report submitted to NMBI. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |

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| 3.2 | Existing practice placement sites are subject to 5-year cyclical audits, or when significant clinical changes occur, to ensure their continued suitability as a quality learning environment for students. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 3.3 | There are processes in place for students to evaluate and provide feedback on practice placements. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |

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| 3.4 | There are procedures in place for students to raise concerns about the perceived safety of a practice placement and follow up with relevant clinical partners. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 3.5 | Fair and transparent systems are in place for the allocation of students to practice placements. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 3.6 | Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registered midwife.  |  |  |  |
| Evidence |  |  |  |  |

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|  **Programme Requirements** |  |  |  |
| **4** | **Curriculum**  | **C** | **PC** | **NC** |
| 4.1 | Curriculum development processes ensure that the programme meets all statutory and regulatory requirements of NMBI and the European Directive for midwife registration education programmes (Article 40 &41 of EU Directive 2013/55/EU Article 42 Directive 2005/36/EU) |  |  |  |
| Evidence |  |  |  |  |
| 4.2 | The programme meets the requirements of the relevant award on the National Framework of Qualifications (NFQ).  |  |  |  |
| Evidence |  |  |  |  |
| 4.3 | Safety of the person and protection of the public is a fundamental, explicit, and continuing component of the programme. |  |  |  |
| Evidence |  |  |  |  |
| 4.4 | The curriculum model chosen is dynamic, flexible, and evidence-based and utilises a range of teaching and learning strategies. |  |  |  |
| Evidence |  |  |  |  |
| 4.5 | The curriculum is comprehensively and systematically documented and in line with the programme learning outcomes and principles of competence specified in Midwife Registration Programme Standards and Requirements.  |  |  |  |
| Evidence |  |  |  |  |
| 4.6 | Clinical placements are integral to the programme. |  |  |  |
| Evidence |  |  |  |  |
| 4.7 | The curriculum embeds a culture of professionalism and ensures that students understand the implications of professional regulation including adherence to NMBI's Code of Professional Conduct and Ethics. |  |  |  |
| Evidence |  |  |  |  |

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| 4.8 | Module descriptors identify the aims, learning outcomes, ECTS credits, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy. |  |  |  |
| Evidence |  |  |  |  |
| 4.9 | The curriculum demonstrates a balance between theory and practice leading to the development of reflective practitioners. |  |  |  |
| Evidence |  |  |  |  |
| 4.10 | The curriculum development team is led by academic staff who are Registered Midwives who are in the relevant division of the register and comprises representative members of key academic and clinical stakeholders.  |  |  |  |
| Evidence |  |  |  |  |
| 4.11 | Registered Midwives with appropriate professional and academic qualifications and teaching experience deliver the midwifery modules. |  |  |  |
| Evidence |  |  |  |  |
| 4.12 | The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals. |  |  |  |
| Evidence |  |  |  |  |

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| **5** | **Assessment** |  |  |  |
|  |  | **C** | **PC** | **NC** |
| 5.1 | The assessment strategy is designed to ensure the student meets all the required theoretical and clinical learning outcomes before they can progress to the next stage or complete the programme. |  |  |  |
| Evidence |  |  |  |  |
| 5.2 | The selection of assessment techniques assesses achievement of learning outcomes at both module and programme level. |  |  |  |
| Evidence |  |  |  |  |
| 5.3 | Students are informed about the assessments employed for their programme and about the requirements for progression, including the grading criteria.  |  |  |  |
| Evidence |  |  |  |  |
| 5.4 | Policies governing absence, failure to submit assessment work, non-attendance at examinations, mitigating circumstances, repeat arrangements, appeals procedures are explicit and available to students and staff.  |  |  |  |
| Evidence |  |  |  |  |
| 5.5 | Processes are in place for early detection and feedback on student performance and supports are available for students at risk of not progressing.  |  |  |  |
| Evidence |  |  |  |  |
| 5.6 | The assessment strategy for the programme makes clear that compensation between theoretical and clinical practice components is not allowed. |  |  |  |
| Evidence |  |  |  |  |
| 5.7 | External examiners appointed to the programme are appropriately qualified and experienced. |  |  |  |
| Evidence |  |  |  |  |

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| **Associated Health Care Provider (AHCP) Requirements** |  |  |  |
| **6** | **Clinical Learning Environments** | **C** | **PC** | **NC** |
| 6.1 | The Clinical Learning Environment (CLE) Audit is completed and available for review. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 6.2 | Learning outcomes are specific to the practice placement environment and developed collaboratively by clinical and academic staff. Learning outcomes are aligned to the stage of the programme. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 6.3 | Each student is allocated a named preceptor and associate preceptor while on practice placement. The preceptor or associate preceptor is available to supervise and assess the student for two thirds of the student's time on placement |  |  |  |
| Evidence |  |  |  |  |
| 6.4 | The number of preceptors/associate preceptors /registered midwives in a clinical placement available to students meet the requirements set by NMBI. |  |  |  |
| Evidence |  |  |  |  |
| 6.5 | Practice based learning is supported by preceptors from midwifery register and have suitable experience.  |  |  |  |
| Evidence |  |  |  |  |
| 6.6 | Preceptors have completed a competency assessment programme that has been approved by NMBI. Preceptors engage in continuing professional development. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 6.7 | Arrangements are in place for protected time to facilitate practice placement assessments by preceptors. |  |  |  |
| Evidence |  |  |  |  |

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| 6.8 | Assessment of the achievement of learning outcomes and competence development is undertaken in accordance with the National Competence Assessment Document (NCAD).  |  |  |  |
| Evidence |  |  |  |  |
| 6.9 | The supernumerary status of the student is explicit for preceptors and students. |  |  |  |
| Evidence |  |  |  |  |
| 6.10 | Clinical practice placements provide experience of the 24-hour care cycle.  |  |  |  |
| Evidence |  |  |  |  |
| 6.11 | Student Midwives during their internship period have a minimum of 4 hours protected time for reflection each week throughout the undergraduate programme  |  |  |  |
| Evidence |  |  |  |  |
| 6.12 | All placements, including specialist placements, are completed prior to the commencement of the 36-week internship placement. (EB & AHCP) |  |  |  |
| Evidence |  |  |  |  |
| 6.13 | Multidisciplinary evidence based policies, procedures and guidelines are available to support students in care delivery |  |  |  |
| Evidence |  |  |  |  |
| 6.14 | Practice placements implement relevant NMBI professional guidance documents |  |  |  |
| Evidence |  |  |  |  |
| 6.15 | Evidence of Clinical Risk management systems are embedded in the maternity service. |  |  |  |
| Evidence |  |  |  |  |

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| **Additional Requirements for New Providers or New Programmes**These requirements are only relevant to new providers who wish to offer programmes leading to nurse/midwife registration or to existing providers seeking first time approval for a new programme. These must be completed and evidenced in addition to the requirements in sections 1-6.  |  |  |  |
|  | **C** | **PC** | **NC** |
| 7.1 | There is satisfactory rationale for providing the programme. |  |  |  |
| Evidence |  |  |  |  |
| 7.2 | The introduction of the programme is supported by the relevant stakeholders |  |  |  |
| Evidence |  |  |  |  |