



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board  
of Ireland

# Nursing and Midwifery Board of Ireland

## Consultation Document

### Appendix A

#### (Nursing Section 3 Standards)

**Title:** Section 3 - Standards for the Approval of Education Bodies,  
Associated Health Care Providers, Programmes Leading to Registration  
and Specialist Programmes not Leading to Registration

## Section 3

### Standards for the Approval of Education Bodies, Associated Health Care Providers and Programmes Leading to Registration and Specialist Programmes not Leading to Registration

#### 3.1 The Approval Process for Education Bodies, Associated Health Care Providers and Programmes Leading to Registration and Specialist Programmes not Leading to Registration

The Nursing and Midwifery Board of Ireland (NMBI) has the statutory responsibility to approve Higher Education Institutions (HEIs) and Associated Health Care Providers (AHCPs) in respect of programmes leading to registration as a nurse and programmes that provide specialist knowledge and skills to registered nurses. The role of NMBI in relation to the approval of professional education is distinct from academic accreditation of a programme by the HEI or by its awarding body, Quality and Qualifications Ireland (QQI). Educational quality will be achieved through partnership and collaboration between the key stakeholders utilising the principles of governance and self-assessment.

The NMBI approval and monitoring process consist of four parts:

1. Approval of the programme(s)
2. Approval of the HEIs
3. Approval of AHCPs
4. Monitoring adherence to standards. Review of HEIs annual report.

### 1. Approval of the programme(s)

- a. The HEI and its associated AHCPs must submit to the NMBI a detailed curriculum document including evidence of compliance with standards in respect of each registration programme. All supporting documentation should be submitted at this time.
- b. The HEI and its AHCPs must make a written submission to the NMBI in the form of a self-assessment audit of compliance with nurse registration programmes standards and requirements and must declare that its curricular programmes comply with these standards on a five-yearly basis.

### 2. Approval of the HEI

### 3. Approval of the AHCPs

- a. The HEI and its AHCPs must declare that they meet the NMBI standards of nursing education and training and the criteria to provide a programme(s) of education and training for nurses.

### 4. Monitor adherence to standards. Review of HEI annual report.

The NMBI requires an annual report, as a mechanism to monitor adherence to the criteria of the NMBI, by the HEI and AHCPs. The annual report will be submitted by 31 March of each year and will be produced jointly by the HEI and AHCPs.

In order to demonstrate that the programme is fit for purpose and meets the criteria for professional approval, the HEI is required to identify and describe the evidence required under each of the indicators as outlined in the tables below. Each of the eight headings reflects the indicators outlined by NMBI in the following documents:

- Nursing and Midwifery Board of Ireland (2018) *Children's Nurse Post-Registration Education Programmes: Standards and Requirements*. 2<sup>nd</sup> ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2018) *Psychiatric Nurse Post-Registration Education Programmes: Standards and Requirements*. 2<sup>nd</sup> ed. NMBI, Dublin.

- Nursing and Midwifery Board of Ireland (2017) *Advanced Practice Nursing Standards and Requirements*. 1<sup>st</sup> ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2016) *Nurse Registration Programmes Standards and Requirements*. 4<sup>th</sup> ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2007) *Nurse Tutor Programmes Standards and Requirements*. 1<sup>st</sup> ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland NMBI (2007) *Prescriptive Authority for Nurses and Midwives Standards and Requirements*. 1<sup>st</sup> ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2005) *Public Health Nursing Standards and Requirements*. 1<sup>st</sup> ed. NMBI, Dublin.

Other sources:

- Tertiary Education Quality and Standards Agency (2015) *Higher Education Standards Framework*. TEQSA, Australia.
- QQI (2017) *Policies and Criteria for the Validation of Programmes of Education and Training*. QQI, Dublin.
- NCSBN (2020) *Nursing Education Approval Guidelines*. NCSBN, Chicago.

## 1. Eligibility to Apply for Approval

	<b>Indicators</b>
1.1	The HEI as the provider has declared that the programme complies with applicable statutory, regulatory and professional body requirements (QQI, 2017) and as stated by NMBI in the <i>Children's Nurse Post-Registration Standards and Requirements (2018: 19)</i> , <i>Psychiatric Nurse Post-Registration Education Programmes (2018: 23)</i> , <i>Nurse Registration Programmes Standards and Requirements (2016: 70, 71,80, 81, 92, 93, 108. 109)</i> , <i>Nurse Tutor Programmes Standards and Requirements (2007: 8)</i> , <i>Prescriptive Authority for Nurses and Midwives Standards and Requirements (2007: 13)</i> and <i>Public Health Nursing Standards and Requirements (2005: 16)</i> .
1.2	There is a satisfactory rationale for providing the programme (QQI, 2017).
1.3	There is support for the introduction of the programme from the relevant stakeholders (QQI, 2017).
1.4	There is evidence that the provider responds to change affecting professional, educational, health, social and economic issues.
1.5	There is evidence of employment opportunities for graduates where relevant (QQI, 2017).

## 2. Curriculum Design and Development

### Standard:

**The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice, in order to achieve the learning outcomes and competencies for registered nurses as outlined in Section 2 of the standards and requirements of the NMBI (2016).**

	<b>Indicators</b>
2.1	All statutory and regulatory requirements of NMBI are met. European Directives also met, if relevant. *
2.2	The programme of study makes the safety of the person and the protection of the public an integral, explicit, and continuing component within the curriculum.
2.3	The curriculum is comprehensively and systematically documented (QQI, 2017).
2.4	The curriculum model chosen is dynamic and flexible to allow for a change in nursing practice and healthcare delivery.
2.5	Current educational theory, professional nursing knowledge and advances in healthcare practice, which are evidence and or research-based, guide curriculum design and development.
2.6	The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes. This is outlined in the circuit of training for the duration of each programme.

2.7	The intended learning outcomes are consistent with the applicable awards standards (QQI, 2017) and consistent with the NFQ level of higher education qualifications (TEQSA, 2015).
2.8	The curriculum utilises a range of teaching and learning strategies and provides a balance between lectures, tutorials, workshops, small group teaching, interactive learning demonstrations, practical work and self-directed learning.
2.9	The curriculum development team is led by academic staff who are Registered Nurse Tutors. <sup>1</sup> The rest of the team is made up of representative members of academic staff with the appropriate academic and professional qualifications and experience. Also includes the clinical stakeholders in nursing practice involved in the programme of education.
2.10	Nursing subjects are developed and taught by registered nurses with appropriate professional and academic qualifications and teaching expertise in the subject matter. Staff must be qualified to at least one level of qualification higher than the course of study being taught or have equivalent academic or professional practice-based experience and expertise (TEQSA, 2015).
2.11	Module descriptors identify the ECTS <sup>2</sup> credits, aims, learning outcomes, indicative content, student contact hours, student effort and self-directed learning hours and assessment strategies.
2.12	Each module is suitably structured and coherently oriented towards the achievement by students of the intended learning outcomes (QQI, 2017).
2.13	The curriculum is designed to assist the development of knowledgeable, competent, reflective practitioners capable of accepting personal and professional accountability for delivering evidence-based practice.
2.14	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health professionals 3.2.1 (11) and where relevant interprofessional subjects are developed and taught with support from other healthcare disciplines with appropriate professional, clinical and academic qualifications and teaching expertise in the subject matter.
2.15	The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.

1. Or hold academic and teaching qualifications and experience deemed equivalent and approved by the NMBI.

2. European Credit Transfer System credits widely adopted in the EU.

\*Please complete the appropriate template.

### 3. Student Entry, Admission, Transfer, Discontinuation and Completion

#### Standard:

**The HEI demonstrates a commitment to fair and transparent processes for student admission, entry, transfer, discontinuation, and completion.**

	<b>Indicators</b>
3.1	Clear and comprehensive information for applicants is publicly available, specifying the programme of study and the application process. NMBI 2016 - 3.2.2 (1). In addition, students must be able to readily access all information needed for them to estimate realistic prospects for admission to and completion of the programme (such as a particular type of practicum) (TEQSA, 2015).
3.2	The mechanism for student admission to the educational programme ensures that the stated entry requirements of NMBI are met in accordance with the institutional policy regarding equal opportunities for students and flexible modes of entry (Mature Students, FETAC, ACCESS, graduate entry) and clear procedures for approval of prior learning (APL) if relevant 3.2.2 (4 and 5). The approval of prior learning does not disadvantage the student concerned (by admitting students who are insufficiently prepared to undertake the level of higher education required) or compromise the integrity of the programme (TEQSA, 2015).
3.3	Before admission to the programme of education and training leading to registration in the Public Health Nurses Division of the Register of Nurses and Midwives: <ul style="list-style-type: none"> <li>• The name of the candidate for registration must already be entered in the General Division of the Register.</li> <li>• The candidate must have two years clinical experience in nursing.</li> </ul> In addition, unless the candidate's name is registered in the Midwives Division of the Register, the candidate must complete an NMBI approved module or unit of study Maternal and Child Health as part of the programme.
3.4	The conditions for students' continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.
3.5	The mechanism and conditions for students exiting the programme before completion are explicit including exit awards if appropriate.
3.6	NMBI (registration department) is notified annually, in writing of any student who exits the programme prior to the successful completion of the programme by the programme coordinator (if relevant)
3.7	Following any interruption <sup>3</sup> in the programme, the partnership institutions ensure that the student meets the programme requirements as identified by the NMBI (if relevant).
3.8	Eligibility to register with the NMBI is based on the successful completion of the programme and the achievement of both the theoretical and clinical practice components and records are maintained regarding conferment of academic awards.

3. Interruption: any leave other than annual leave and bank holidays.

## 4. Programme Governance and Management

### Standard:

**Delivery and development of the programme of study must be co-ordinated through joint HEI and AHCPs governance mechanisms, specified in a Memorandum of Understanding, to ensure compliance with NMBI Standards and Requirements and EU Directives (if relevant).**

	Indicators
4.1	There is a formal Memorandum of Understanding (MOU) between each HEI and its AHCPs describing mutually agreed planned approaches which the parties will adopt and support to ensure the programme can reach a successful conclusion. Support mechanisms are in place for students.
4.2	The MOU details the system for academic liaison and engagement with practice sites to support undergraduate and postgraduate practice-based learning.
4.3	The programme of study is subject to institutional review involving competent academic oversight and scrutiny, independent of those directly involved in the delivery of the programme, to determine how the findings of such reviews are used to bring about improvements.
4.4	The organisational structure supporting the management of the programme is explicit and includes the named person with direct responsibility as the head of nursing, the course leader, the coordinator and that he or she has the appropriate academic and professional qualifications and experience.
4.5	A governance agreement is in place within the HEI in respect of financial and staffing resources <sup>4</sup> to support the delivery of the programme for the five-year approval period. In addition, the financial standing information is required to give prospective students some assurance that the provider is a going concern (TEQSA, 2015).
4.6	Membership of the Local Joint Working Group (LJWG) is inclusive of representatives from academic and clinical stakeholders, from acute and community practice settings and persons using health services. Composition of the LJWG should reflect the health services organisations and its membership adjusted accordingly. The LJWG is responsive to programme change in line with the Department of Health, health reform agenda and population focus.
4.7	For external practice placements outside of Ireland, the HEI must have formal arrangements in place with host practice institutions that comply with NMBI regulations and EU Directives.
4.8	The process of monitoring and responding to student attendance in respect of the theoretical and clinical practice experience requirements are maintained and an action plan is put in place if a student is not attaining the attendance requirements.
4.9	A mechanism for staff development that prepares staff to deliver the programme including the provision for maintaining nursing subject expertise and academic and clinical credibility is in place 3.2.3 (20). There is a mechanism to review staff performance and address underperformance. (QQI, 2017).
4.10	An annual report on the programmes of study are provided to NMBI by the 31 March of each year in partnership with the AHCPs.

4.The ratio is 1 academic staff member: 20 undergraduate nursing students



## 5. Student Support, Supervision and Learning Resources

### Standard:

**There is evidence, as specified in an MOU, of the commitment of adequate resources by the HEI and AHCPs for effective support, guidance and supervision of nursing students.**

	Indicators
5.1	HEIs and schools or departments' educational learning resources and facilities (including technological support) adequately support the delivery of the programme and recognise that the environment may be partly virtual or involving the workplace (QQI, 2017 and TEQSA, 2015).
5.2	The staff resources support the delivery of the programme at the stated professional and academic level.
5.3	There are arrangements to ensure that the programme will not enroll students unless there is a complement of staff to meet the specifications and student academic ratio required (QQI, 2017).
5.4	Audit of the clinical learning environment should facilitate the identification of the number of students that may be effectively supported within a practice placement.
5.5	A formal grievance, complaints and appeals policy for students in place.
5.6	Mechanisms for student support in relation to the provision of adequate guidance, supervision and competence development in practice placement settings relevant to the programme.
5.7	The programme provides support for students who have special education and training needs and reasonably accommodates students with disabilities (QQI, 2017).
5.8	Regarding the programme leading to registration as a Registered Nurse Prescriber, written confirmation from an employer is required in relation to the provision of supervised practice and meeting the students learning needs to support the achievement of the expected learning outcomes.

## 6. Assessment Strategies

### Standard:

**The assessment of learning is a continuous process and demonstrates a balanced and integrated distribution throughout the programme that is verified through the external examination process.**

	Indicators
6.1	Assessments are strategically planned and function to provide feedback on student progression and ensure educational standards from a theoretical and clinical perspective are achieved before entry to the next year of the programme.
6.2	Final assessment measures the integration and application of theory to patient and client care learned throughout the programme. Requirement that the student demonstrates competence within practice through the achievement of learning outcomes in both theory and practice.
6.3	Sample assessment instruments, marking schemes and related evidence has been provided for each assessment and indicates that the assessment is valid and reliable (QQI, 2017).
6.4	The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.
6.5	Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit.
6.6	Assessment regulations relating to compensation, supplemental examinations, appeal mechanisms and conditions for a continuance on the programme are explicit and made known to students and key stakeholders.
6.7	There is a mechanism in place for early feedback on student performance and detection and support for students at risk of unsatisfactory progress. Mechanism to monitor success rates (TEQSA, 2015).
6.8	The assessment strategies do not allow compensation between theoretical and clinical practice.
6.9	There is evidence that external examiners are appointed by the HEI in accordance with its procedures and with criteria specified by NMBI.
6.10	Eligibility to register with NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice assessments.

## 7. Practice Placements

### Standard:

**Practice placement experience is selected by the HEI in partnership with its AHCPs to support the curriculum aims and the requirements of EU Directives and NMBI Standards.**

Indicators	
7.1	Clinical practice placements are based in healthcare institutions, community and primary care settings that are the subject of audit for their suitability as a quality learning environment to support the achievement of the learning outcomes. This commitment is outlined in the MOU.
7.2	Prior to using new practice placement sites, verification of the completed audit as endorsed by the HEI must be submitted to the NMBI.
7.3	Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, such experiences are monitored by a registered nurse and the placements final assessment process allows for the involvement of a registered nurse.
7.4	There is a process in place for students to evaluate clinical placements.
7.5	The HEI has a framework in place for students to raise concerns about the perceived safety of the practice learning environment. The HEI has a formal structure in place, in agreement with their AHCPs, to follow up such reports with the clinical sites concerned.
7.6	Systems for the allocation of students are transparent and fair.
7.7	A maximum of 13 weeks of NMBI clinical instruction time may be provided for students to experience practice placements in either an EU state or in an international healthcare system that is governed by a formal learning agreement between the students' own HEI and the educational body of the hosting country detailing the agreed criteria and mechanisms for such placements and approved by either the competent authority of the host state or by the hosting educational body with whom the AHCP is associated.
7.8	As with all practice placement sites, the HEI must notify the NMBI of the agreed criteria and mechanisms utilised for evaluating an international and or EU practice placement as being an appropriate learning environment for the development of students' competences.

## 8. Practice Placements Learning Environment and Competence Assessment

### Standards:

**Clinical placement coordinators are appropriately qualified and adequately prepared for and supported in the role of guidance, support, facilitation, and monitoring of practice-based learning among undergraduate nursing students.**

**Preceptors and assessors of nursing students' practice-based learning are appropriately qualified and adequately prepared for and supported in the role of student supervision and assessment of proficiency towards competence in nursing practice.**

	Indicators
8.1	Clearly written up-to-date learning outcomes and objectives appropriate to the agreed practice specific competencies are available and accessible to guide each student learning and achievement of competence in each programme of study.
8.2	Practice based learning is supported by adequate numbers of appropriately qualified and prepared practitioners to include preceptors, clinical placement coordinators who are supported by a nurse practice development coordinator. A minimum ratio of one clinical placement coordinator to every 30 nursing students is in place with due regard to the geographical location and array of practice settings (Department of Health 2004, 41).
8.3	Each student is assigned a named preceptor, who is a registered nurse and has completed a teaching and assessing course, during practice placements to provide support and supervision.
8.4	Assessment of the achievement of practice learning and competence development is undertaken in a fair, effective, and transparent manner in accordance with the assessment strategy and NMBI framework.
8.5	The supernumerary status of the student in years one to three is explicit for preceptors and nursing students.
8.6	Specific periods of protected time with a minimum of four hours, are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000) and is agreed formally between the HEI and the AHCPs and included in the MOU. (Circular 46/2004, Department of Health and Children 2004).
8.7	Students are supported and supervised during the final placement of 36 weeks internship to consolidate the completed theoretical learning and to support the achievement of clinical competence on graduation and registration.
8.8	The HEI and AHCPs operate an effective mechanism for the protection of the public and the safety of the vulnerable person receiving healthcare.
8.9	The HEI and AHCPs operate robust processes for managing health problems encountered by students.

Ends/