



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

Nursing and Midwifery Board of Ireland

Consultation Document

Appendix B

(Midwifery 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 Education Bodies (HEIs) and Associated Health Care Providers (AHCPs) in respect of programmes leading to registration as a midwife. The role of the 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 consists of four parts:

1. Approval of the programmes
2. Approval of the HEI
3. Approval of AHCPs
4. Monitoring of adherence to standards. Review of the HEI annual reports.

1. Approval of the programmes

- a. The HEI and its 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 complies with these standards on a five-yearly basis.

2. Approval of the HEI and

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 of education and training for nurses.

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

The NMBI requires an annual report, as a mechanism to monitor adherence to the criteria of the NMBI, by the HEIs and its AHCPs. The annual report will be submitted by 31 March of each year and will be produced jointly by the HEIs 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 four headings reflects the indicators outlined by NMBI in the following documents:

- Nursing and Midwifery Board of Ireland (2016) *Midwife Registration Programme: Standards and Requirements*. 4th ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2017) *Midwifery Registration Education Post-RGN Programmes: Standards and Requirements*. 4th ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2018) *Advanced Practice Midwifery Standards and Requirements*. 1sted. NMBI, Dublin.

Other sources reviewed:

- QQI (2017) *Policies and Criteria for the Validation of Programmes of Education and Training*. QQI, Dublin.
- NMC (2019) *Standards for Pre-Registration Midwifery Programmes*. NMC London
- Midwifery Council New Zealand (2015) *Standards for Approval of Pre-Registration Midwifery Education Programmes and Accreditation of Tertiary Education Organisations 2nd Edition*. MCNZ Wellington.
- ANMC (2020) *Draft Midwife Accreditation Standards*. Australian Nursing and Midwifery Accreditation Council, Canberra, Australia.

1. HEIs and AHCPs

The HEIs and AHCPs are committed to providing midwifery education registration programmes that demonstrate the standards of professional midwifery education and training required by NMBI.

| | Indicators |
|------|---|
| 1.1 | All statutory and regulatory requirements of NMBI and European Directives are met. |
| 1.2 | The programme is subject to institutional review involving competent academic oversight and scrutiny independent of those directly involved in the delivery of the programme. The findings of such reviews are used to bring about improvement and development of the programme. |
| 1.3 | The HEI and AHCPs respond to change affecting professional, educational, health, social and economic issues. |
| 1.4 | The HEI and AHCPs maintain records that demonstrate that each student meets the learning outcomes in the clinical and theoretical components of the programmes and records for the conferment of professional and academic awards. |
| 1.5 | Processes for monitoring and managing student attendance, sickness, absence and attrition are fair, accurate and transparent. |
| 1.6 | The organisation structure supporting the management of the educational programme is explicit. |
| 1.7 | The programme leader or coordinator leading each programme team is a registered midwife with appropriate academic, professional, teaching qualifications and experience. |
| 1.8 | A local joint working group (LJWG) which includes representatives from key stakeholders within the HEIs, AHCPs and service users should operate within an agreed memorandum of understanding (MOU). The composition of the LJWG should reflect health systems changes and be reviewed accordingly. The function of the LJWG is to oversee and monitor the implementation of the midwifery programme on a continuous basis, to identify and address challenges and to incorporate changes to the programme which reflect best practice for the care of women, their babies and their families. |
| 1.9 | The HEI has in place financial and staffing resources to support the delivery of the programme for the five-year approval period. |
| 1.10 | The staff resource supports the delivery of the programme at the stated professional and academic level. |
| 1.11 | Audit of both the academic and clinical learning environment should identify the number of students that may be effectively supported on the programme. |
| 1.12 | Midwives involved in the delivery of the programme must have their names entered in the Midwives Division of the Register of Nurses Midwives. |
| 1.13 | Midwifery subjects are developed and taught by registered midwives with appropriate professional and academic qualifications including teaching expertise and clinical experience. |
| 1.14 | The HEI provides details of how students are supported in the clinical learning environment by the HEI. This should include an explicit description of the input of midwifery lectures in the clinical learning environment. |

| | |
|------|---|
| 1.15 | The HEI and the AHCPs have a mechanism in place for students to raise concerns about the safety of clinical practice and the clinical learning environment. |
| 1.16 | There is a governance structure in place within the HEI and the AHCPs to ensure such reports are followed up. |
| 1.17 | A mechanism for staff development, including provision for maintaining clinical credibility, which prepares staff to deliver the programme is in place. |
| 1.18 | Educational resources and facilities (including technological support and simulation models) to meet the teaching and learning needs of the students to complete the programme are in place for the entirety of the programme. |
| 1.19 | The mechanism for student admission to the programme ensures that the stated entry requirements are met. The mechanism and conditions for a student exiting the programme before completion are explicit and met. |
| 1.20 | 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. |
| 1.21 | Following interruption [1] to the programme, robust arrangements, which may include a period of clinical orientation, are put in place by the HEI and AHCPs to facilitate the student meeting the educational requirements of the programme as set out by NMBI. |
| 1.22 | Student transfer arrangements ensure that the full requirement of the midwife registration programme leading to registration will be completed. |
| 1.23 | The mechanisms for student support, which include student services, personal and academic guidance, are explicit. |
| 1.24 | The registration department of the NMBI is notified in writing of any student who exits the programme prior to the successful completion of the Programme. |
| 1.25 | There is a formal grievance, complaints and appeals policy for students in place. |
| 1.26 | The HEI and AHCPs provide an annual report on the midwife registration programmes including the commentary from external examiners reports. |

1 . Any leave, other than annual leave and public holidays.

2 . Curriculum Design and Development

The curriculum design and developments should reflect current evidence-based education theory and healthcare practice. The curriculum model chosen should be dynamic and flexible to allow for changes in midwifery practice, the delivery of maternity services and the continued development of evidence-based practice.

| | Indicators |
|------|---|
| 2.1 | The programme of study is designed as a level 8 honours bachelor's level on the National Framework of Qualifications (NQAI,2015) |
| 2.2 | The programme of study makes safety of the woman and her baby and protection of the public an integral, explicit and a continuing component within the curriculum. |
| 2.3 | The curriculum design and development team are led by a midwife lecturer and are guided by evidenced based educational theory, professional midwifery knowledge and healthcare practice. |
| 2.4 | The curriculum development team comprises of representatives of key stakeholders in midwifery education and midwifery practice and includes input from users of maternity services and midwifery students. |
| 2.5 | The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes as stated by NMBI. |
| 2.6 | The curriculum utilises a range of teaching, learning and assessment strategies to facilitate the development of knowledgeable, competent, reflective, midwife practitioners, who are equipped with skills for problem solving, critical analysis, self-direction and lifelong learning. |
| 2.7 | The curriculum design reflects various methods of learning and teaching, and provides a balance between workshops, small group interactions, demonstrations, enquiry-based learning, practical work, lectures, tutorials and self-directed learning. |
| 2.8 | Module descriptors identify the ECTS (1) credits, aims, learning outcomes, indicative content, student contact hours, student effort, self-directed learning hours and assessment strategies. |
| 2.9 | The curriculum articulates opportunities for intentional, shared, interdisciplinary learning that is designed to enhance collaborative practice with other health professionals. |
| 2.10 | The curriculum articulates how the student is facilitated to achieve the expected learning outcomes of the programme. |
| 2.11 | The curriculum includes the assessment strategies in relation to the measurement of the theoretical and clinical learning outcomes and includes practice-based assessments. |
| 2.12 | Opportunities for midwifery students to experience a clinical placement in another system of midwifery care within or outside of the EU may be provided for a maximum period of 13 weeks which includes orientation. Clinical placements must be based in institutions approved by the competent authority of the host country and an agreed MOU must be in place with the HEI. Placements must meet identified educational outcomes, and necessary support structures must be assured to the NMBI by the HEI. Criteria and mechanism for students to avail of this opportunity are explicit. |

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

3 Clinical Practice Experience and the Clinical Learning Environment

Clinical practice experience is an integral component of the midwife registration programme. This experience, whether in the community or in the hospital is the central focus of the midwife profession and must complement theoretical input to ensure safe, quality midwifery care for women, their babies and their families.

The aim of clinical practice learning is to facilitate midwifery students to become safe, competent, kind, compassionate, respectful and reflective registered midwives who develop the prescribed competencies over the four-year programme. Clinical practice experience will facilitate the student to accept personal and professional accountability for evidence-based practice and equip them with the skills for problem solving, decision making, critical analysis, self-direction and lifelong learning. Clinical practice experience will provide opportunities for integration of theory and practice, and the opportunity to work in collaboration with other members of the healthcare team to provide care.

Clinical placements are based in healthcare settings that are subject to audit as to their suitability as qualify clinical learning environments and to ensure that the setting meets the Midwife Registration Programme Standards and Requirements as stipulated by the NMBI.

| | Indicators |
|-----|---|
| 3.1 | Prior to the placement of students in new clinical placements sites, verification of an audit completed by the HEI, must be submitted to the NMBI. |
| 3.2 | The selection of environments for clinical practice experience supports the achievement of the learning outcomes of the programmes, and reflects the scope of the healthcare settings and students' individual needs. |
| 3.3 | Clinical placements are subject to audit as to their suitability as quality clinical learning environments in accordance with the NMBI midwife registration programme standards and requirements for programme approval. |
| 3.4 | Student allocation to clinical placements is based on the need to integrate theory and practice, and to facilitate the progressive development of clinical skills, knowledge and professional behaviours culminating in the successful achievement of the prescribed competencies for the midwife registration programme. |
| 3.5 | Opportunities for students to experience direct contact with women and their babies are provided early in the programme. |
| 3.6 | Clearly written up to date learning outcomes appropriate to the individual clinical practice environment are available and accessible to ensure optimal use of valuable clinical practice experience. Learning outcomes specific to each year of the programme are available, and are reviewed and revised as necessary. |
| 3.7 | Students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that clinical placement. |

| | |
|------|--|
| 3.8 | The staff resource supports the delivery of the programme at the stated professional and academic level. This includes a ratio of one clinical placement coordinator to every 15 midwifery students and 0.5 of an allocated liaison officer for up to 50 students. (Department of Health and Children, 2004). |
| 3.9 | Each student is allocated a named primary preceptor, who is a registered midwife (or registered midwife or nurse in a NICU placement), during midwifery clinical placements to provide support, supervision and assessment. In the absence of a primary preceptor, a named midwife or nurse must be allocated to support and supervise the student. |
| 3.10 | Preceptors and midwives who have a role supporting, supervising and assessing students have completed a teaching and assessment course approved by the NMBI that enables them to support, guide and assess students in the clinical practice environment and assist students to learn the practice of midwifery. |
| 3.11 | Registered Midwives should undertake the role of primary preceptor when they have experience of midwifery practice and have completed a teaching and assessing students on an ongoing basis. |
| 3.12 | Preceptors and midwives should have the opportunity to maintain and develop their competence and skills in supporting, supervising and assessing students on an ongoing basis. |
| 3.13 | Mechanisms are in place to facilitate preceptors to support, supervise and assess students. |
| 3.14 | Mechanisms for supporting and evaluating preceptors are explicit. |
| 3.15 | Clinical practice includes experience of the 24-hour cycle of caring for women and their babies, and this must be facilitated for all students in their midwifery programme. At all times, whether the student is supernumerary or in internship, there must be enough registered midwives to facilitate the support and supervision of midwifery students to achieve the expected learning outcomes of the programme. |
| 3.16 | Named clinical placement coordinators, midwifery preceptors, registered midwives and clinical midwifery managers in liaison with named midwife lecturers, monitor the quality of clinical learning environments on an ongoing basis and guide and support students to ensure that the clinical practice placements provide an optimum learning environment. |
| 3.17 | The supernumerary status of pre-registration midwifery students is clearly articulated and respected (see appendix C Midwifery Registration Programmes Standards and Requirements NMBI 2016). |
| 3.18 | <p>Specific periods of time are allocated for reflection during supernumerary placements and the clinical internship.</p> <ul style="list-style-type: none"> • Structures are in place to support protected reflective practice during supernumerary placements and during the internship clinical placement. These should be agreed formally between the HEI and AHCPs and included in the MOU. • Protected reflected practice time of a minimum of four hours per week should be an integral component of any supernumerary midwifery and specialist placement. <p>Protected reflective practice time of a minimum of 4 hours per week should be an integral component of the clinical placement internship to enhance the consolidation of theory to practice (Circular 46/2004, Department of Health and Children, 2004)</p> |
| 3.19 | 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. |

| | |
|------|--|
| 3.20 | <p>The responsibility rests with the HEIs in collaboration with the AHCPs to ensure that a clinical placement site for student placement is of an appropriate standard to meet the learning outcomes of the midwife registration programme, and is a learning environment of adequate quality.</p> <p>Quality assurance indicators are identified and measured in relation to</p> <ul style="list-style-type: none"> • The number of midwives and support healthcare staff to ensure that safe, quality care is provided to women and their babies. • The number of preceptors, midwives and nurses to facilitate the support, supervision and assessment of students. • The availability of multidisciplinary evidence-based practice guidelines and policies to support care. • The availability of mechanisms for the development and review of evidence – based guidelines with multidisciplinary involvement. • Proof of application of evidence-based practice. • Evidence of individualised, women and baby centred care. • The availability of policies and protocols in respect of medication management and good practice in recording midwifery care and interventions. • Evidence of mechanisms for audit of midwifery documentation and audit of medication management. • Evidence of continuing professional development for all practice staff and education and training programmes which involve all members of the multidisciplinary team. • Evidence of clinical risk management programmes. • The availability of mechanisms for student support, supervision and assessment. • The availability of support mechanisms for preceptors and midwives, including continuing professional development in supporting, supervising and assessing of students. • The availability of mechanisms for educational and clinical audit. • The availability of mechanisms to review the quality of preceptorship. • The availability of mechanisms to involve women and families in the development and evaluation of maternity care. |
|------|--|

4. The Assessment Process

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 |
|------|---|
| 4.1 | Assessments are strategically planned and function to: <ul style="list-style-type: none">• Provide feedback on student progress including identifying strengths and areas for further developments.• Help the student to identify their individual learning needs and• Ensure that theoretical and clinical educational standards are achieved before progressing to the next level of the programme. |
| 4.2 | Assessments are based on a variety of strategies that are aligned with the subject area, clinical practice setting, stage of the programme and expected learning outcomes. |
| 4.3 | Assessment measures the integration and application of theory to the care of women and their babies learned throughout the programme and require the student to demonstrate competence. |
| 4.4 | Assessment strategies are established as reliable and valid measurements of learning outcomes. |
| 4.5 | Criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practices assessments. |
| 4.6 | Assessments have a clear marking criteria and processes which are open and transparent, and are available to students, internal and external examiners and academic staff. |
| 4.7 | The assessment strategy does not allow for compensation between theoretical and clinical practice assessment. |
| 4.8 | Regulations relating to compensation, supplemental assessments, appeal mechanisms and conditions for continuance on the programme are explicit and made known to students and key stakeholders. |
| 4.9 | A mechanism exists whereby records are maintained that demonstrate that each student meets the declared standards of learning outcomes in clinical and theoretical components and is eligible to apply for registration in the Midwives Division of the Register maintained by NMBI. |
| 4.10 | Eligibility to apply for registration in the Midwives Division of the register maintained by NMBI is based on successful completion of the programme, meeting the learning outcomes and achieving the competencies required of the programme. |

/Ends