



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

Nursing and Midwifery Board of Ireland

Consultation Document

Appendix D1

(Nursing HEI Site Inspection Audit Tool)

Title: NMBI Site Inspection Audit Tool for Education Bodies for Programmes Leading to Registration and Specialist Programmes not Leading to Registration.

Note* HEI Site Inspection Summary Report will be generated based on this Site Inspection Audit Tool.

**NMBI Site Inspection Audit Tool for Education Bodies
for Programmes Leading to Registration and Specialist
Programmes not Leading to Registration.**

DRAFT

Name of Education Body (Higher Education Institution)

Contact information

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| NAME OF HIGHER EDUCATION INSTITUTION (HEI) | |
| ADDRESS | |
| HEAD OF NURSING | |
| PHONE NUMBER | |
| EMAIL | |
| PROGRAMMES PROVIDED | |
| RGN | |
| RCN/RGN | |
| RCN/PR | |
| RPN/PR | |
| RNID | |
| RPN | |
| RPHN | |
| RNP | |
| RNT | |
| Specialist Programmes not Leading to Registration | |

The regulatory mechanism and authority:

85.—(1) The Board shall—

- (a) set and publish in the prescribed manner the standards of nursing and midwifery education and training for first-time registration and post-registration specialist nursing and midwifery qualifications, and
- (b) monitor adherence to the standards referred to in paragraph (a).
- (c) set and publish in the prescribed manner standards required for registration in any division, annotation and specialist nursing and midwifery qualifications pursuant to programmes approved under paragraph (a),
- (d) monitor adherence to the criteria referred to in paragraph (a), the guidelines referred to in paragraph (b) and the standards referred to in paragraph (c),
- (e) inspect bodies approved under paragraph (a) in order to ensure ongoing compliance with the criteria referred to in that paragraph, the guidelines referred to in paragraph (b) and the standards referred to in paragraph (c),
- (f) inspect, at least every 5 years, places in the State where training is provided to persons undertaking training for a nursing or midwifery qualification, for the purposes of monitoring adherence to nursing and midwifery education and training standards.

The focus of the site inspection is:

Through a partnership approach to

- (a) Assess that all statutory and regulatory requirements of the NMBI and the European Directives are met.
- (b) Assess the effectiveness and efficiency of the curriculum structures, processes and outcomes.
- (c) Assess the quality and appropriateness of educational experiences.

Site Visit Inspectors

| Name and PIN (if appropriate) | Disciplines | Role regarding review | Principle occupation (if relevant) |
|--------------------------------------|--------------------|------------------------------|---|
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1. Overview

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|---|--|
| NMBI Site Inspection Date | |
| Programme Coordinator(s) | |
| Date of Approval of Curriculum | |
| NMBI Review Date of Conditions Applied to the Programme | |

2. Profile of the HEI

Key **FC – Fully Compliant**, **PC – Partially Compliant**, **NC – Non-compliant**

3. HEI Programme Governance and Management

Standard:

Delivery and development of the programme of study must be co-ordinated through joint HEI and AHCPs service governance mechanisms, specified in a memorandum of understanding (MOU), to ensure compliance with NMBI standards and requirements and EU Directives (if relevant).

| | Indicators | Evidence | FC | PC | NC |
|-----|---|-----------------|-----------|-----------|-----------|
| 3.1 | There is a formal MOU between each HEI and its AHCPs in place. | | | | |
| 3.2 | The programme of study is subject to institutional review. | | | | |
| 3.3 | The organisation structure supporting the management of the programme is explicit. | | | | |
| 3.4 | A governance agreement is in place within the HEI in respect of financial and staffing resources to support the delivery of the programme. | | | | |
| 3.5 | There are arrangements to ensure that the programme will not enrol students unless a complement of staff meet the specifications and meet the ratio required (QQI, 2017). | | | | |
| 3.6 | Membership of the LJWG is inclusive of representatives from academia and clinical stakeholders from acute and community practice settings. | | | | |
| 3.7 | There is support for the introduction of the programme from the relevant stakeholders (QQI, 2017). | | | | |
| 3.8 | Committee structures and membership for managing the programme include representatives from the HEI and the AHCPs service providers. | | | | |

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|------|--|--|--|--|
| 3.9 | Nurse lecturing staff (as per the name, NMBI PIN and designation). | | | |
| 3.10 | Other responsibilities of nurse lecturing staff. | | | |
| 3.11 | Other lecturers to the programme(s). | | | |
| 3.12 | A mechanism for staff development. | | | |
| 3.13 | A mechanism for recording student nurse attendance to ensure the minimum statutory requirements are met. | | | |

4. 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 | Evidence | FC | PC | NC |
|-----|--|----------|----|----|----|
| 4.1 | HEI 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, 2915). | | | | |
| 4.2 | The staff resources support the delivery of the programme at the stated professional and academic level. | | | | |
| 4.3 | Audit of the clinical learning environment should facilitate the identification of the number of students that may be effectively supported within a practice placement. | | | | |
| 4.4 | Processes for monitoring of student attendance, sickness, absence and attrition are fair, accurate, and transparent. | | | | |
| 4.5 | A formal grievance, complaints and appeals policy for students is in place. | | | | |

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|-----|---|--|--|--|
| 4.6 | Mechanisms for student support in relation to the provision of adequate guidance, supervision and competence development in practice placement settings are relevant to the particular programme (RGN, RCN, RNID, RPN, RNP, RANP and Specialist). | | | |
| 4.7 | The programme provides support for students who have special education and training needs. (QQI, 2017). | | | |
| 4.8 | The programmes make reasonable accommodations for students with disabilities (QQI, 2017). | | | |
| 4.9 | Regarding the programme leading to registration as a registered nurse prescriber, written confirmation from an employer is required in relation to supervised practice and those involved in meeting the students learning needs are fully acquainted with the expected learning outcomes. The particulars of the supervision should be known to the HEI. | | | |

5. 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 | Evidence | FC | PC | NC |
|-----|--|----------|----|----|----|
| 5.1 | Assessments from a formative and summative perspective 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. | | | | |
| 5.2 | 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). | | | | |

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|------|---|--|--|--|--|
| 5.3 | The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments. | | | | |
| 5.4 | Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit. | | | | |
| 5.5 | 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. | | | | |
| 5.6 | There is a mechanism in place for early feedback on student performance, detection and support for students at risk of unsatisfactory progress and monitoring of success rates (TEQSA, 2015). | | | | |
| 5.7 | The assessment strategies do not allow compensation between theoretical and clinical practice. | | | | |
| 5.8 | There is evidence that external examiners are appointed by the HEI in accordance with its procedures and with criteria specified by NMBI. | | | | |
| 5.9 | Evidence of external examiner feedback. | | | | |
| 5.10 | Eligibility to register with NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice assessments. | | | | |

6. Practice Placements

Standard:

Practice placement experience is selected by the HEI in partnership with its AHCPs supporting the curriculum aims, in accordance with the NMBI standards and requirements and EU Directives.

| | Indicators | Evidence | FC | PC | NC |
|-----|--|----------|----|----|----|
| 6.1 | Clinical practice placements are based in healthcare institutions, community and primary care settings that are the subject to audit for their suitability as quality learning environments and supports for the achievement of the necessary learning outcomes. This commitment is outlined in the MOU. | | | | |
| 6.2 | Prior to using new practice placements sites, the HEI must complete an audit and verification only if the completed audit must be submitted to the NMBI. | | | | |
| 6.3 | 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 placement's final assessment process allows for the involvement of a registered nurse. | | | | |
| 6.4 | HEIs have a framework in place for students to raise concerns about the perceived safety of the practice learning environment. The HEIs have a formal structure in place, in agreement with their AHCPs, to follow up such reports with clinical sites concerned. | | | | |
| 6.5 | Systems for allocation of students are transparent and fair. | | | | |
| 6.6 | The HEI and its AHCPs operate an effective mechanism for the protection of the public and the safety of the vulnerable person receiving healthcare. | | | | |
| 6.7 | The HEI and its AHCPs operate robust processes for managing undergraduate health problems. | | | | |

7. Student statistics over the four cohorts (if applicable)

| | RGN | RCN | RNID | RPN | RPHN | RNP | RANP |
|--|--------------------------------------|--|--------------------------------------|--------------------------------------|------------------|------------------|------------------|
| Total number allocated | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 Year 4.5 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 | Year 1 Year 2 | Year 1 Year 2 |
| Total number offered | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 Year 4.5 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 | Year 1 Year 2 | Year 1 Year 2 |
| Total number commenced | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 Year 4.5 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 | Year 1 Year 2 | Year 1 Year 2 |
| Total number completed | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 Year 4.5 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 | Year 1 Year 2 | Year 1 Year 2 |
| Total annual attrition | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 Year 4.5 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 Year 3 Year 4 | Year 1 Year 2 | Year 1 Year 2 | Year 1 Year 2 |
| Total number of clinical sites involved | | | | | | | |
| Total number of clinical sites that have completed self-assessment audit of compliance | | | | | | | |

8. Student Experiences

HEI

Clinical Areas

9. NMBI Site Inspection Team Feedback to the HEI

10. Findings of the NMBI Site Inspection Team to the Board

11. Conditions Applied by the Board

12. Issued Recommendations for Improvement

13. Good Practice Noted

Declaration

We declare that the HEI has met all the requirements and standards as outlined above.

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