



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

Nursing and Midwifery Board of Ireland

Consultation Document

Appendix E1

(Nursing Associated Health Care Provider Site Inspection Audit Tool)

Title: NMBI Site Inspection Audit Tool for Associated Health Care Providers for Programmes Leading to Registration and Specialist Programmes not Leading to Registration.

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

NMBI Site Inspection Audit Tool for Associated Health Care Providers for Programmes Leading to Registration and Specialist Programmes not Leading to Registration.

Name of Associated Health Care Provider (AHCP)

Name(s) of Education Body (Higher Education Institution) Partner(s)

1.
2.
3.

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 nine headings reflects the indicators outlined by the NMBI in the following documents:

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

The regulatory mechanism and authority:

85.—(1) The Board shall—

- 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
- monitor adherence to the standards referred to in paragraph (a).
- 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),
- 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)

DATE OF SITE INSPECTION	
NAME OF ASSOCIATED HEALTH CARE PROVIDER (AHCP)	
ADDRESS	
DIRECTOR OF NURSING OR MIDWIFERY	
AHCP SITE INSPECTION COORDINATOR(S)	
NAME OF WARD or UNIT INSPECTED	
CLINICAL PLACEMENTS ARE PROVIDED TO THE FOLLOWING PROGRAMMES LEADING TO REGISTRATION:	
1. RGN	
2. RCN/RGN	
3. RCN/Post Registration	
4. RPN/Post Registration	
5. RNID	
6. RPN	
7. RPHN	
8. RNP	
9. RNT	
10. RANP	
CLINICAL PLACEMENTS ARE PROVIDED TO THE FOLLOWING POST REGISTRATION SPECIALIST PROGRAMMES NOT LEADING TO REGISTRATION	1. 2. 3. 4. 5.

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

STANDARDS TO BE ACHIEVED

AHCP

1. Profile Information

		Evidence	FC	PC	NC
1.1	Profile of the hospital or facility.				
1.2	Profile of the individual wards or units.				
1.3	Nursing profile of the hospital or facility.				
1.4	Governance structures that are in place in the hospital or service.				
1.5	Formal MOU this hospital or service and the HEI.				
1.6	The MOU detailing the system for academic liaison and engagement with practice sites to support undergraduate practice-based learning.				
1.7	Committee structures and membership for managing the relevant programmes are in place (RGN; RCN RNID; RPN; RPHN; RNP, RANP and Specialist).				
1.8	Clinical risk management systems are in place.				

1.9	There is a framework in place for students to raise concerns about the perceived safety of the practice learning environment and a formal structure in place to follow up such reports.			
1.10	Systems are in place to review policies, procedures and guidelines.			
1.11	Support for the introduction of the programme from you as a stakeholder.			

2. Mission and Philosophy Information

		Evidence	FC	PC	NC
2.1	Mission statement of the hospital or service.				
2.2	Individual philosophy of clinical sites or units.				

3. Clinical Learning

		Evidence	FC	PC	NC
3.1	System or method of nursing care delivery.				
3.2	Patient, client or service user quality initiatives.				
3.3	A system in place to develop and approve policies, procedures, guidelines and protocols.				
3.4	A system in place regarding evidence-based practice for 3.3				
3.5	System in place regarding clinical audit.				

3.6	HEI and its AHCPs are committed to monitor and support the quality of the clinical learning environment.				
3.7	Clearly written up-to-date learning outcome and objectives appropriate to the practice placement environment are available and accessible to ensure optimal use of valuable practice placement experience.				
3.8	Nursing students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that practice placement setting.				
3.9	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 the NMBI standards and requirements.				
3.10	Sufficient and varied experience to achieve learning objectives and outcomes of the programme.				

4. Practice Placement Experience

		Evidence	FC	PC	NC
4.1	Clinical practice placements are based in healthcare institutions, community and primary care which are audited to determine their suitability as a quality learning environment in accordance with the NMBI standards and requirements for programme approval.				
4.2	Practice placements provide students with the appropriate learning environments to support the development and achievement of their competencies; placement selection must be subject to ongoing review and monitoring by the HEI and its AHCPs given the dynamic nature of health services provision.				
4.3	Practice placements are selected to reflect the breadth and diversity of the programme and the division of the register, encompassing the scope of settings in which the specified division of nursing normally operates.				

4.4	Practice-based learning is supported by adequate numbers of appropriately qualified and prepared practitioners to include preceptors and 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).				
4.5	Each student is assigned a named preceptor, who is a registered nurse, during practice placements to provide support and supervision.				
4.6	Preceptors or registered nurses, who support students, have completed teaching and assessing course approved by the NMBI.				
4.7	What supports are in place regarding mentorship (RNP and ANP)?				

4.8	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.				
4.9	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.				
4.10	The HEI and its AHCPs operate an effective mechanism for the protection of the public and the safety of the vulnerable person receiving healthcare.				
4.11	The AHCPs operate robust processes for managing undergraduate health problems.				

5. Reflective Practice

		Evidence	FC	PC	NC
5.1	The time allocated for protected reflective practice during supernumerary placements and the structures in place for the implementation of protected reflective time during the period of the internship should be agreed formally between the HEIs and its AHCPs and included in the MOU.				
5.2	Specific periods of protected time (four hours) are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000).				
5.3	Reflective time equivalent to a minimum of four hours per week forms an integral component of the internship period of clinical allocation to enhance the consolidation of theory to practice (Circular 46/2004, Department of Health and Children 2004).				

6. Placement Resources

		Evidence	FC	PC	NC
6.1	Availability of policies and protocols in management of care and good practice in recording nursing care and interventions.				
6.2	Prior to using new practice placement sites, verification of the completed audit as endorsed by the HEI is notified to the NMBI.				
6.3	Orientation programme for students.				
6.4	Learning Resources and material available on site (ward or unit and beyond).				

7. Staffing and Staff Development

		Evidence	FC	PC	NC
7.1	Staff development and continuing education.				
7.2	Liaison, link lecturer and tutor.				
7.3	Liaison and link CPC.				
7.4	Preceptorship arrangements are in place to support student placements in community and primary care settings.				

8. Evaluation

		Evidence	FC	PC	NC
8.1	Student evaluation and audit of clinical placements.				
8.2	There is a mechanism in place to ensure that staff are given feedback regarding student evaluations and actions (if required) are put in place.				

9. Supervision

		Evidence	FC	PC	NC
9.1	The supernumerary status of the student is explicit for preceptors and nursing students.				
9.2	Sufficient preceptors to facilitate the support and supervision of students to achieve the expected learning outcomes of the programme.				
9.3	Preceptor initial preparation is supported by refresher courses and support from HEI in relation to student supervision and competence assessment.				
9.4	Practice-based learning is supported by adequate numbers of appropriately qualified and prepared practitioners with experience of the relevant division of nursing to act as preceptors.				

9.5	Practice-based learning is supported by adequate numbers of appropriately qualified and prepared 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).				
9.6	Registered practitioner and students ratio.				

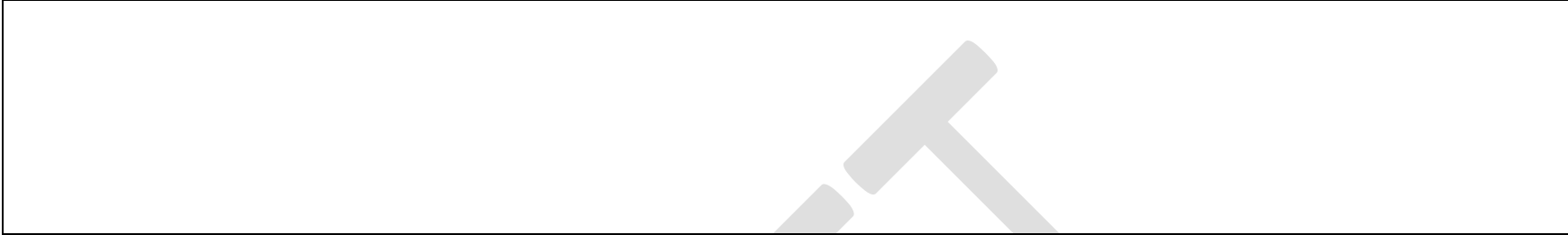
10. Student Experience

	Evidence	FC	PC	NC
10.1	Specified internship practice placements provide the experience of the 24-hour cycle of the person accessing health services (where relevant).			

11. Programme for Nurses and Midwives with Prescribing Authority

		Evidence	FC	PC	NC
11.1	Availability of policies and protocols in respect of medication management and good practice in recording nursing care and interventions (RNP).				
11.2	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 (RNP).				

12. Feedback from the NMBI Site Inspection Team to Clinical Site

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

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14. Conditions Applied by the Board

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15. Issued Recommendations for Improvement

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16. Good Practice Noted

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Declaration

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

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