



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

# Nursing and Midwifery Board of Ireland

## Consultation Document

### Appendix E2

#### (Midwifery AHCP 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 Providers (AHCP)**

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### Name of Education Bodies (HEI) Partners

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 table below. Each of the headings relate to the standards for the approval of the HEI and its AHCPs and midwife registration programmes.

NMBI (2016) *Midwifery Registration Programmes Standards and Requirements*. 4<sup>th</sup> ed. Nursing and Midwifery Board of Ireland, Dublin.

#### 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

- Assess that all statutory and regulatory requirements of NMBI and the European Directives are met.
- Assess the effectiveness and efficiency of the curriculum structures, processes and outcomes.
- Assess the quality and appropriateness of the educational experiences.
- Clinical placements areas must provide experience and supervision commensurate with enabling students to meet the learning outcomes of the programme. The aim of clinical practice learning is to enable students develop the Principles of Competence (NMBI, 2016) and become safe, caring, competent decision makers willing to accept personal and professional accountability for evidence-based midwifery care.

**Site visit Inspectors**

Name	PIN	Discipline	Role regarding review	Principal occupation	Signature

<b>DATE OF SITE INSPECTION</b>	
<b>NAME OF ASSOCIATED HEALTH CARE PROVIDER (AHCP)</b>	
<b>ADDRESS</b>	
<b>DIRECTOR OF MIDWIFERY</b>	
<b>AHCP SITE INSPECTION COORDINATOR(S)</b>	
<b>NAME OF WARD OR UNIT INSPECTED</b>	
<b>CLINICAL PLACEMENTS ARE PROVIDED TO THE FOLLOWING PROGRAMMES LEADING TO REGISTRATION:</b>	
1. RM	
2. RMP	
3. RAMP	
<b>CLINICAL PLACEMENTS ARE PROVIDED TO THE FOLLOWING POST REGISTRATION SPECIALIST PROGRAMMES NOT LEADING TO REGISTRATION</b>	1. 2. 3. 4. 5.

**Key: FC – Full Compliant, PC – Partial Compliant, NC – Non compliant**

**STANDARDS TO BE ACHIEVED**

**1. Profile information**

		<b>Evidence</b>	<b>FC</b>	<b>PC</b>	<b>NC</b>
1.1	Profile of the hospital or facility.				
1.2	Profile of the individual wards or units.				
1.3	Midwifery profile of the hospital, facility and community.				
1.4	What governance structures are in place in the hospital or service?				
1.5	Does the MOU detail the system for academic liaison and engagement with practice sites to support undergraduate practice-based learning?				
1.6	What clinical risk management systems are in place?				

**2. Mission and philosophy information**

		<b>Evidence</b>	<b>FC</b>	<b>PC</b>	<b>NC</b>
2.1	Mission statement of the hospital or service.				
2.2	Individual philosophy of clinical sites and units.				

### 3. Clinical Learning

		<b>Evidence</b>	<b>FC</b>	<b>PC</b>	<b>NC</b>
3.1	System and method of midwifery care delivery.				
3.2	Women, client or service user quality initiatives.				
3.3	Is there a system in place to develop and approve policies, guidelines and protocols? Who contributes to the development of the policies guidelines and protocols? Are they available to students?				
3.4	What is your understanding of evidence-based practice?				
3.5	What is the system in place regarding clinical audit?				
3.6	Availability of role models for students and supervision.				
3.7	HEI and its AHCPs are committed to monitor and support the quality of the clinical learning environment and how?				
3.8	The commitment to ensure an optimum learning environment is outlined in the MOU?				
3.9	Clearly written up-to-date learning outcomes and objectives appropriate to the practice placement environment are available and accessible to ensure optimal use of valuable practice placement experience.				

3.10	Midwifery students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that practice placement setting				
3.11	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.				
3.12	Sufficient and varied experience to achieve learning objectives and outcomes is available on allocated clinical sites.				
3.13	Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, that such experiences are monitored by a registered midwife and the placement's final assessment process allows for the involvement of a registered midwife.				



#### 4. Practice Placement Experience

		Evidence	FC	PC	NC
4.1	The selection of environments for clinical practice experience supports the achievement of the learning outcomes of the programme and reflects the scope of healthcare settings and the student's individual needs.				
4.2	Clinical placements are subject to a suitability audit. Clinical learning environments must adhere to the NMBI midwife registration programme standards and requirements.				
4.3	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 a successful achievement of the prescribed competencies for the midwife registration programme.				
4.4	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 midwife and the placement's final assessment process allows for the involvement of a registered midwife.				

## 5. Reflective Practice

		<b>Evidence</b>	<b>FC</b>	<b>PC</b>	<b>NC</b>
5.1	The time (four hours per week) allocated for protected reflective practice during supernumerary placements and the structures in place for the implementation of protected reflective time during the period of internship should be agreed formally between the HEI and its AHCPs and included in the MOU.				
5.2	Specific periods of protected time (four hours per week) are allocated for reflection during supernumerary placements.				

## 6. Programme and Resources

		<b>Evidence</b>	<b>FC</b>	<b>PC</b>	<b>NC</b>
6.1	Philosophy of learning is visible in clinical area.				
6.2	Prior to using new practice placement sites, verification of the completed audit is notified to the NMBI.				
6.3	Orientation programmes are available for students.				
6.4	Learning resources and materials available on site (ward or unit and beyond) for example up to date textbooks, articles, access to internet, doll, pelvis and so on.				

## 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. Ratio of CPC to students (1:15)				
7.4	Preceptors and registered midwives, who support students, have completed a teaching and assessing course approved by the NMBI to enable them to support, guide and assess students' learning and competence development.				
7.5	Mechanisms are in place to facilitate preceptors to support, supervise and assess students.				
7.6	Midwifery students are assigned a named primary preceptor, who is a registered midwife, during practice placement to provide support and supervision and assessment. (In NNU this may be a registered nurse)				
7.7	Preceptorship arrangements are in place to support student placements in community and primary care settings.				
7.8	Mechanisms for preceptorship evaluation are in place.				

### 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 midwifery students.				
9.2	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.				
9.3	Sufficient preceptors to facilitate the support and supervision of students.				

### 10. Student experience

		Evidence	FC	PC	NC
10.1	Specified internship practice placements provide experience of the 24-hour cycle of the person accessing health services.				
10.2	The HEI and its AHCPs operate an effective fitness to practise mechanism for the protection of the public and safety of the vulnerable person receiving healthcare.				

10.3	The HEI and its AHCPs operate robust processes for managing undergraduate health problems.				
10.4	The HEI and its AHCPs have 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 its AHCPs, to follow up such reports with clinical sites concerned.				

### 11. Programme for Nurses and Midwives with Prescribing Authority

11.1	Availability of policies and protocols in respect of medication management and good practice in recording midwifery care and interventions (RMP).				
11.2	Regarding the programme leading to registration as a registered midwife prescriber, written confirmation from an employer is required in relation to supervised practice and those involved in meeting the students learning needs. Supervision is expected to be acquainted with the expected learning outcomes. The particulars of the supervision should be known to the HEI (RMP).				

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

[Empty text box for feedback]

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

[Empty text box for findings]

**14. Conditions Applied by the Board**

[Empty text box for conditions]

**15. Issued Recommendations for Improvement**

[Empty box for recommendations]

**16. Good Practice Noted**

[Empty box for good practice noted]

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## Declaration

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

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