



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

Consultation Draft Nurse Registration Programmes Standards

Sixth Edition

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1

Legislative Frameworks

Legislative Frameworks

This section includes extracts from the Nurses and Midwives Act 2011, as amended, the Nurses Rules SI 218 (2018), the subsequent amendment in 2020 and extracts from the European Directive (2013/55/EU) that informed the development of this document.

Extract: Nurses and Midwives Act 2011, Section 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).

- (2) The Board shall, in relation to programmes of pre first time registration, post- registration leading to registration or annotation and specialist nursing and midwifery education and training–
 - (a) after it has consulted with the Minister for Education and Skills, and in accordance with the relevant criteria specified in the rules–
 - (i) approve, approve subject to conditions attached to the approval of, amend or remove conditions attached to the approval of, or withdraw the approval for, such programmes, and bodies which may deliver such programmes, or
 - (ii) refuse to approve a body as a body which may deliver such programmes,
 - (b) prepare guidelines on curriculum issues and content to be included in programmes approved under 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 (i) in order to ensure ongoing compliance with the criteria referred to in that paragraph, the guidelines referred to in paragraph (ii) and the standards referred to in paragraph (iii),
 - (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,
 - (g) following inspections under paragraph (f), issue recommendations to the management of any place referred to in that paragraph on any improvements in nursing or midwifery education and training standards which may be required or any other issues arising from such inspections,
 - (h) publish in the prescribed manner details of all inspections carried out under this subsection,
 - (i) prepare and publish in the prescribed manner guidelines for bodies approved under paragraph (a) on ethical standards and behaviour appropriate for nurses, midwives and candidates, and
 - (j) advise the Minister and the Minister for Education and Skills on any issues relating to its functions under this subsection.

Extract: SI 218 of 2018

Nurses and Midwives (Education and Training) Rules 2018

Review of standards and requirements

- (1) The Board shall review the standards and requirements at reasonable and appropriate intervals, having regard to national and international advancements in the theory and practice of nursing and midwifery and national health care policies and practices.
- (2) Where the Board proposes to amend or replace the standards and requirements it shall publish its proposals for public consultation on its website, allowing a reasonable period of time for comment before publication of the amended or new standards and requirements.
- (3) Where the Board publishes amended or new standards and requirements, a body to which approval has been granted under Rule 9 to deliver an education and training programme shall make arrangements for compliance with the amended or new standards and requirements by a date not later than the commencement of the subsequent academic year or by a date as may otherwise be specified by the Board.

Applications for approval of programmes

- 9.(1) An application by a body seeking approval from the Board under section 85(2)(a) of the Act to deliver an education and training programme shall be in such form and manner as may be prescribed by the Board from time to time and shall—
- (a) satisfy the Board that the programme will comply with the relevant standards and requirements,
 - (b) set out minimum governance requirements relating to the delivery of the programme, including long-term commitment, staffing, premises, facilities, funding, policies, procedures and organisational structures,
 - (c) incorporate an indicative syllabus that is responsive to current health care needs, and
 - (d) have regard to the National Framework of Qualifications kept and maintained in accordance with section 43 of the Qualifications and Quality Assurance (Education and Training) Act 2012 (No. 28 of 2012)
- (2) In considering an application under paragraph (1), the Board shall confirm the accuracy of the information provided and may give notice in writing to the body requesting it to provide further information in support of its application.
 - (3) The Board may arrange a visit to a body which applies for approval under paragraph (1) and any associated health care provider for the purpose of ensuring compliance with the standards and requirements.
 - (4) Having considered an application under paragraph (1), and consulted with the Minister for Education and Skills, the Board shall—
 - (a) refuse approval,
 - (b) grant approval, or
 - (c) grant approval with such conditions as may be relevant and necessary.
 - (5) On approval, including approval with conditions, of a programme under this Rule, the Board shall publish a notice to that effect on its website.

Annual reports and material changes

- 10.(1) A body granted approval under Rule 9 to deliver an education and training programme shall, on an annual basis, provide the Board with a report in such form and manner as may be prescribed by the Board, in relation to compliance of the programme with the standards and requirements, and any conditions that the Board may have imposed under Rule 9(4).
- (2) A body granted approval under Rule 9 to deliver an education and training programme shall notify the Board of any proposed material change to the programme.

Review and monitoring of programmes

- 11.(1) Where the Board has granted approval for delivery of an education and training programme under Rule 9, it shall subsequently, and at intervals not exceeding five years, review whether the programme continues to conform to the standards and requirements, and any conditions that the Board may have imposed under Rule 9(4).
- (2) Notwithstanding paragraph (1), the Board shall monitor adherence to the standards and requirements by education and training programmes granted approval under Rule 9, and any conditions that the Board may have imposed under Rule 9(4).
- (3) Having carried out a review or monitoring of an education and training programme under this Rule, the Board may—
- continue to approve the programme,
 - continue to approve the programme subject to compliance with specified conditions,
 - defer its decision on continued approval of the programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising, or
 - withdraw approval of the programme.

Visits to bodies and health care providers

- 12.(1) The Board shall appoint a team of persons with relevant knowledge and experience (“a site visit team”) to visit bodies delivering, or seeking to deliver, education and training programmes, and their associated training facilities and health care providers, for the purposes of—
- assessing applications under Rule 9,
 - carrying out reviews under Rule 11(1), and
 - carrying out monitoring under Rule 11(2).
- (2) A site visit team shall include—
- a member of the Board,
 - an officer of the Board, and
 - where necessary, an external expert or health service user.
- (3) A person appointed to a site visit team under paragraph (1) shall not have an interest that is likely to influence the outcome of the application under Rule 9, the review under Rule 11(1) or the monitoring under Rule 11(2), as the case may be.
- (4) A site visit team shall not interfere with the delivery of the education and training programme during its visit.
- (5) A site visit team shall, having made a visit, report in writing to the Board.
- (6) A report pursuant to paragraph (5) may recommend that the Board—
- grant its approval of a proposed education and training programme,
 - continue its approval of an education and training programme,
 - grant its approval of a proposed education and training programme subject to certain specified conditions,

- (d) continue its approval of an education and training programme subject to certain specified conditions,
- (e) defer its decision on continued approval of an education and training programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising from the visit,
- (f) refuse to grant approval of a proposed education and training programme based on specified reasons, or
- (g) refuse to continue its approval of an education and training programme based on specified reasons.

Responses and resolutions following reporting of visits

- 13.(1) The Board, on receipt of a report of a site visit team under Rule 12, shall forthwith send a copy of the report to the body concerned and such body may, within such period (not being less than one month) as the Board shall specify at the time it sends the report to the body, submit to the Board its comments and observations on the factual accuracy of the report.
- (2) Subject to paragraph (3), the Board may, on consideration of a report of a site visit team under Rule 12, and of any comments and observations received from the body, or any associated health care provider concerned, by resolution—
- (a) grant its approval of a proposed education and training programme,
 - (b) continue its approval of an education and training programme,
 - (c) grant its approval of a proposed education and training programme subject to certain specified conditions,
 - (d) continue its approval of an education and training programme subject to certain specified conditions,
 - (e) defer its decision on continued approval of an education and training programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising from the visit,
 - (f) refuse to grant approval of a proposed education and training programme based on specified reasons, or
 - (g) refuse to continue its approval of an education and training programme based on specified reasons.
- (3) Where the Board proposes to adopt a resolution that, for any reason arising from the requirements of these Rules, would have the effect of refusing to grant its approval of a proposed education and training programme, or of refusing to continue its approval of a previously approved education and training programme, it shall notify the body proposing to deliver, or delivering, such programme accordingly and any such notification shall include a statement that the body has the right to make representations to the Board in response to the notification, within such reasonable period of time as specified by the Board, and the Board shall, after consideration of any representations it may receive from the body concerned, decide whether to adopt the resolution as proposed or alter the proposed resolution.

Appeals

14. The Board shall inform a body the subject of a decision of the Board under Rule 9, 11 or 13 of the body's right to appeal that decision to the High Court under section 86 of the Act.
- (a) on any issues relating to its functions under this subsection.

Extract: SI 501 of 2020 – Nurses and Midwives (Education and Training) (Amendment) Rules 2020

Amendment of Rule 12 of Principal Rules

9. The Principal Rules are amended by substituting for Rule 12 the following:
- “Inspections of bodies and health care providers*
- 12.(1) The Board shall appoint a team of persons with relevant knowledge, experience and expertise (“a site inspection team”) to inspect bodies delivering, or seeking to deliver, education and training programmes, and their associated training facilities and health care providers, for the purposes of–
- (a) assessing applications under Rule 9,
 - (b) carrying out reviews under Rule 11(1), and
 - (c) carrying out monitoring under Rule 11(2).
- (2) A person appointed to a site inspection team under paragraph (1) shall not have an interest that is likely to influence the outcome of the application under Rule 9, the review under Rule 11(1) or the monitoring under Rule 11(2), as the case may be.
- (3) A site inspection team shall not interfere with the delivery of the education and training programme in the course of its inspection.
- (4) A site inspection team shall, having carried out an inspection, report in writing to the Board.
- (5) A report pursuant to paragraph (4) may recommend that the Board–
- (a) grant its approval of a proposed education and training programme,
 - (b) continue its approval of an education and training programme,
 - (c) grant its approval of a proposed education and training programme subject to certain specified conditions,
 - (d) continue its approval of an education and training programme subject to certain specified conditions,
 - (e) defer its decision on continued approval of an education and training programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising from the inspection,
 - (f) refuse to grant approval of a proposed education and training programme on the basis of specified reasons, or
 - (g) withdraw approval of an education and training programme on the basis of specified reasons.”

Amendment of Rule 13 of Principal Rules

10. Rule 13 of the Principal Rules is amended–
- (i) by substituting for paragraph (1) the following:

“Responses and resolutions following reporting of inspections

13.(1) The Board, on receipt of a report of a site inspection team under Rule 12, shall forthwith send a copy of the report to the body concerned and such body may, within such period (not being less than one month) as the Board may specify from time to time, submit to the Board its comments and observations on the factual accuracy of the report.”,

(b) in paragraph (2)–

 - (i) by substituting “inspection” for “visit” in both places in which it occurs, and
 - (ii) by substituting “withdraw” for “refuse to continue its”, and
 - (iii) in paragraph (3), by substituting “withdrawing” for “refusing to continue its”.

Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance)

Consolidated text:

[EUR-Lex - 02005L0036-20240620 - EN - EUR-Lex](#)

02005L0036 – EN – 20.06.2024 – 018.001

B DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 7 September 2005 on the recognition of professional qualifications
([Text with EEA relevance](#))

(Official journal of the European Union, L255 page 22; 30.9.2005)

Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation') Text with EEA relevance

M9 [DIRECTIVE 2013/55/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 20 November 2013](#)

(Official journal of the European Union, L354, page 132; 28.12.2013)

Commission Delegated Directive (EU) 2024/782 of 4 March 2024 amending Directive 2005/36/EC of the European Parliament and of the Council as regards the minimum training requirements for the professions of nurse responsible for general care, dental practitioner and pharmacist

M18 [COMMISSION DELEGATED DIRECTIVE \(EU\) 2024/782 of 4 March 2024](#)

(Official Journal of the European Union, L782, page1; 31.5.2024)

Note: Article 2 Transposition

1. Member States shall bring into force the laws, regulations and administrative provisions necessary to comply with this Directive by 4 March 2026 at the latest. They shall forthwith communicate to the Commission the text of those provisions. When Member States adopt those provisions, they shall contain a reference to this Directive or be accompanied by such a reference on the occasion of their official publication. Member States shall determine how such reference is to be made.

Section 3 Nurses responsible for general care

Article 31 Training of nurses responsible for general care

▼M9

1. Admission to training for nurses responsible for general care shall be contingent upon either:
- (a) completion of general education of 12 years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a Member State or a certificate attesting success in an examination of an equivalent level and giving access to universities or to higher education institutions of a level recognised as equivalent; or
 - (b) completion of general education of at least 10 years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a Member State or a certificate attesting success in an examination of an equivalent level and giving access to a vocational school or vocational training programme for nursing.

▼B

2. Training of nurses responsible for general care shall be given on a full-time basis and shall include at least the programme described in Annex V, point 5.2.1.

▼M9

The Commission shall be empowered to adopt delegated acts in accordance with Article 57c concerning amendments to the list set out in point 5.2.1 of Annex V with a view to adapting it to scientific and technical progress.

The amendments referred to in the second subparagraph shall not entail an amendment of existing essential legislative principles in Member States regarding the structure of professions as regards training and conditions of access by natural persons. Such amendments shall respect the responsibility of the Member States for the organisation of education systems, as set out in Article 165(1) TFEU.

▼B

3.

►M9 The training of nurses responsible for general care shall comprise a total of at least three years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 4 600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one third and the duration of the clinical training at least one half of the minimum duration of the training. Member States may grant partial exemptions to professionals who have received part of their training on courses which are of at least an equivalent level.

The Member States shall ensure that institutions providing nursing training are responsible for the coordination of theoretical and clinical training throughout the entire study programme.

▼M9

4. Theoretical education is that part of nurse training from which trainee nurses acquire the professional knowledge, skills and competences required under paragraphs 6 and 7. The training shall be given by teachers of nursing care and by other competent persons, at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing.

5. Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community, to organise, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organise overall nursing care, including health education for individuals and small groups, within health institutes or in the community.

▼B

This training shall take place in hospitals and other health institutions and in the community, under the responsibility of nursing teachers, in cooperation with and assisted by other qualified nurses. Other qualified personnel may also take part in the teaching process.

Trainee nurses shall participate in the activities of the department in question insofar as those activities are appropriate to their training, enabling them to learn to assume the responsibilities involved in nursing care.

▼M18

6. Training for nurses responsible for general care shall provide an assurance that the professional in question has acquired the following knowledge and skills:

- (a) comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being;
- (b) knowledge of the nature and ethics of the profession and of the general principles of health and nursing;
- (c) adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient;
- (d) the ability to participate in the practical training of health personnel and experience of working with such personnel and with members of other professions in the health sector;
- (e) the ability to provide individualised nursing care and to empower patients, relatives and other relevant persons in relation to self-care and leading a healthy lifestyle;
- (f) the ability to develop an effective leadership approach and decision-making skills;
- (g) knowledge of the technical innovations related to healthcare and nursing methods.

▼M9

7. Formal qualifications as a nurse responsible for general care shall provide evidence that the professional in question is able to apply at least the following competences regardless of whether the training took place at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing:

- (a) competence to independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in accordance with points (a), (b) and (c) of paragraph 6 in order to improve professional practice;
- (b) competence to work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired in accordance with points (d) and (e) of paragraph 6;
- (c) competence to empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired in accordance with points (a) and (b) of paragraph 6;

- (d) competence to independently initiate life-preserving immediate measures and to carry out measures in crises and disaster situations;
- (e) competence to independently give advice to, instruct and support persons needing care and their attachment figures;
- (f) competence to independently assure the quality of, and to evaluate, nursing care;
- (g) competence to comprehensively communicate professionally and to cooperate with members of other professions in the health sector;
- (h) competence to analyse the care quality to improve his own professional practice as a nurse responsible for general care.

▼B

Article 32

Pursuit of the professional activities of nurses responsible for general care

For the purposes of this Directive, the professional activities of nurses responsible for general care are the activities pursued on a professional basis and referred to in Annex V, point 5.2.2.

ANNEX V

Recognition on the basis of coordination of the minimum training conditions

▼B

V.2. NURSE RESPONSIBLE FOR GENERAL CARE

▼M18

5.2.1. *Training programme for nurses responsible for general care*

The training leading to the award of a formal qualification of nurses responsible for general care shall consist of the following two parts.

A. Theoretical instruction

a. Nursing:

- Nature, ethics and general principles of health and nursing, including person-centred care theories
- Nursing principles in relation to:
 - general and specialist medicine
 - general and specialist surgery
 - childcare and paediatrics
 - maternity care
 - mental health and psychiatry
 - care of the elderly and geriatrics
- Evidence-based nursing practice and research

b. General health sciences:

- Anatomy and physiology
- Pathology
- Bacteriology, virology and parasitology

- Biophysics, biochemistry and radiology
 - Dietetics
 - Hygiene:
 - preventive medicine
 - health education
 - Pharmacology
- c. **Social sciences:**
- Sociology
 - Psychology
 - Principles of administration and management
 - Principles of teaching
 - Social and health legislation
 - Legal aspects of nursing
- d. **Science and technology:**
- e-health

B. Clinical instruction

- Nursing in relation to:
 - general and specialist medicine
 - general and specialist surgery
 - childcare and paediatrics
 - maternity care
 - mental health and psychiatry
 - care of the elderly and geriatrics
 - nursing care in community settings
 - person-centred approach
- Science and technology:
 - e-health

One or more of these subjects may be taught in the context of the other disciplines or in conjunction therewith.

Theoretical instruction must be weighted and coordinated with clinical instruction in such a way that the knowledge and skills referred to in this Annex can be acquired in an adequate fashion.

2

Standards for Entry to the Register of Nurses with NMBI

Standards for Entry to the Register of Nurses with NMBI

The standards for entry to NMBI's nursing Register align with the principles of the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (the Code) (NMBI, 2025). These standards apply across all divisions of the Register. The Code sets the standard of behaviour and conduct for registered nurses, and the standards for entry to the Register outline the knowledge, skills, attitudes and behaviour required of registrants. The education award achieved determines which division(s) of the Register a nurse is eligible to apply for.

Standard 1: Respect

Respect individuals

"Respect is a foundational value, significantly impacting both individual care and professional relationships. Practitioners respect and maintain their dignity and that of individuals in their care, where respect is mutual. They make sure that those receiving care are treated with respect, dignity and compassion, and their rights are upheld." (NMBI 2025, p.11)

The outlined requirements will provide registered nurses with the essential knowledge and skills needed to uphold respect for themselves, their professional colleagues and the individuals in their care.

- 1.1 Demonstrate the ability to uphold individuals' rights by ensuring adherence to confidentiality and obtaining informed consent in all professional practices.
- 1.2 Demonstrate the ability to advocate for individuals by respecting their rights, beliefs, culture and autonomy.
- 1.3 Promote health and wellness across populations by applying global health principles and addressing social determinants of health as defined by the World Health Organization (WHO).
- 1.4 Recognise and analyse the impact of health inequalities on outcomes.
- 1.5 Apply the ethical principles and legal standards in your professional role.
- 1.6 Exhibit proficiency in respectful and inclusive communication, ensuring equitable engagement with individuals regardless of age, gender, race, religion, civil status, family status, ethnic background, sexual orientation, disability (physical, mental, or intellectual), or membership of the Traveller community.
- 1.7 Foster a culture of diversity and inclusion by addressing bias, discrimination and racism while empowering individuals to make autonomous, informed health decisions in accordance with the United Nations Convention on the Rights of People with Disabilities.
- 1.8 Respect the individuals' right to protect their health and wellbeing through the promotion and implementation of infection prevention and control principles.

Standard 2: Accountability

Accountability for professional activity

“Accountability means being responsible for one’s professional judgments, actions and omissions, and being able to explain these decisions. It involves maintaining competence, ensuring quality care, and adhering to professional standards.” (NMBI, 2025, p.13)

The following requirements outline the actions necessary for nurses to uphold responsibility and accountability for their professional judgments, decisions, actions and omissions.

- 2.1 Demonstrate the ability to critically assess, analyse and apply the best available evidence, including research findings, to ensure safe, high-quality practice.
- 2.2 Apply knowledge and skills to conduct accurate, holistic assessments and develop collaborative individualised evidence-based care plans.
- 2.3 Integrate ethical principles and legal standards to inform decision-making.
- 2.4 Maintain accurate, comprehensive and timely documentation of assessments, planning and evidence-based decisions.
- 2.5 Accept accountability for decision-making, actions, behaviours and responsibilities within the relevant role.
- 2.6 Accept accountability for appropriate delegation of responsibilities to others.
- 2.7 Commit to a self-directed approach to lifelong learning for continuing professional development and engagement.
- 2.8 Align professional practice with regulatory standards to maintain excellence in care delivery.
- 2.9 Adhere to the principles of medication management to ensure safe and effective medication administration.

Standard 3: Competence

Competence in practice

“Competence is the integration of knowledge, professional judgment, skills, ethical values and attitudes necessary for safe, accountable and effective practice. Individuals have a right to receive safe, high-quality care from competent practitioners who work within their scope of practice, adhering to their level of their education, experience, knowledge, skills and judgment to deliver safe and competent care.” (NMBI, 2025, p.16)

The outlined requirements detail the activities necessary to demonstrate competence for registered nurses.

- 3.1 Demonstrate a comprehensive understanding of evidence-based decision-making by integrating quality, research-informed health practices into professional care.
- 3.2 Provide high-quality, individualised care across the lifespan, ensuring cultural values and beliefs are respected and incorporated into practice.
- 3.3 Exhibit the ability to identify, assess and manage risks effectively.
- 3.4 Utilise critical thinking and clinical judgement to evaluate care and modify plans as necessary to achieve the desired outcomes.
- 3.5 Apply the principles of safe and effective transfer of care between healthcare providers to ensure continuity and patient safety.
- 3.6 Uphold the registered nurses' role in delivering safe, high-quality and collaborative care, demonstrating accountability, professionalism and a commitment to excellence in practice.

Standard 4: Trust

Act as a trusting professional

“Trust is a core professional value, influencing the quality of care and the therapeutic relationship between practitioners and individuals. Open, honest and compassionate professional relationships are based on trust, and follow obligations about privacy and confidentiality. Confidentiality is an expression of the trust inherent in the therapeutic relationship with an individual. Practitioners engage with individuals respectfully, promoting open, honest, and compassionate professional relationships and ensuring confidentiality.”
(NMBI, 2025, p.19)

The outlined requirements will guide nurses in understanding the core value of trust in their professional practice.

- 4.1 Establish and maintain open, honest and compassionate relationships while upholding appropriate professional boundaries with individuals under your care.
- 4.2 Foster professional relationships that promote partnerships and collaborative decision-making to support individualised person-centred outcomes.
- 4.3 Adhere to ethical principles and legal standards regarding privacy, confidentiality, consent, disclosure and safeguarding, ensuring the protection of individuals' rights.
- 4.4 Integrate the principles of advocacy into your professional practice to support and empower individuals.
- 4.5 Uphold professional integrity by recognising and reporting any notifiable conduct by health professionals that may place individuals at risk, ensuring accountability and the safety of individuals.

Standard 5: Collaboration

Actively collaborate

“Collaboration takes a multi-disciplinary approach to care. Teamwork ensures consistent standards, improving individual experiences and health outcomes while maintaining accountability and safety. Practitioners communicate with individuals, healthcare professionals, colleagues and students. Effective communication enhances wellbeing, and proper record-keeping is vital for safety and continuity of care.” (NMBI, 2025, p. 21)

The outlined requirements will help nurses identify the competence needed to meet this standard.

- 5.1 Apply effective communication techniques, that respect an individual’s dignity, culture, values, beliefs and rights.
- 5.2 Cultivate professional relationships with individuals, their caregivers, advocates and members of the healthcare team to enhance collaboration and person-centred care.
- 5.3 Promote a culture of quality and safety through clear, professional communication with team members, recognising English and Irish as the primary languages.
- 5.4 Encourage open professional discussions and informed debates, respecting diverse perspectives while maintaining professionalism and ethical integrity.
- 5.5 Utilise active listening skills to foster meaningful communication and understanding.
- 5.6 Exercise sound judgement in the responsible use of verbal, written, digital and social communication to enhance professional practice.
- 5.7 Maintain accurate, comprehensive and timely records, to support high-quality care and effective communication within the healthcare setting.

Standard 6: Leadership

Leadership through inspiring and guiding

“Leadership in nursing and midwifery means inspiring and guiding others to achieve goals, building trust among individuals, colleagues and the public. Practitioners demonstrate professionalism, adaptability, promote dignity, and support all colleagues, fostering effective teamwork and positive change.” (NMBI 2025, p. 23)

The following requirements outline the key components necessary for nurses to meet the leadership standard.

- 6.1 Uphold the core values of the nursing profession by demonstrating exemplary professional conduct and behaviour.
- 6.2 Act as a role model, embracing the power, responsibility and ethical authority inherent in the nursing profession.

- 6.3 Establish and maintain high expectations for effective practice, inspiring excellence in patient care and professional standards.
- 6.4 Integrate the principles of professional supervision, preceptorship, assessment and feedback into practice.
- 6.5 Accept responsibility for supporting the development of students and colleagues by fostering their knowledge, skills and competence through supervision, reflection and evaluation.
- 6.6 Empower students and colleagues to critically reflect on their practice, ensuring alignment with professional standards and evidence-based care.
- 6.7 Serve as a catalyst for change by guiding, supporting and leading improvements in practice, promoting positive outcomes for individuals and the healthcare system.

3

Standards for Nurse Education in Ireland

Standards for Nurse Education in Ireland

NMBI is required to provide standards for the education of nurses joining the Register in Ireland (Government of Ireland, 2011).

The education body should align curriculum standards with programme learning outcomes to ensure students meet the requirements to join the Register.

The bachelor's degree in nursing prepares nurses to join a division(s) of the Register and provides a broad foundational knowledge base rather than in-depth knowledge of a focused area of practice.



Figure 1: Interdependency of the principles in the curriculum

Interdependency of the principles in the curriculum

The six principles of the Code and the corresponding standards for entry to the nursing Register are the foundation pillars for the undergraduate nursing. The following section demonstrates how the principles and the curriculum are interwoven, interdependent and enacted together.

1. Respect

“Respect is a foundational value, significantly impacting both individual care and professional relationships. Practitioners respect and maintain their dignity and that of individuals in their care, where respect is mutual. They make sure that those receiving care are treated with respect, dignity and compassion, and their rights are upheld.” (NMBI, 2025 p.11)

The curriculum will equip students with the knowledge and skills to practice respectfully, uphold the dignity of those in their care, and recognise everyone’s right to compassionate treatment.

2. Accountability

“Accountability means being responsible for one’s professional judgments, actions, and omissions, and being able to explain these decisions. It involves maintaining competence, ensuring quality care, and adhering to professional standards.” (NMBI, 2025, p.13)

The curriculum will equip students with the knowledge, skills, and behaviours needed to make evidence-informed decisions, take responsibility for their competence, and deliver and evaluate quality care in accordance with professional standards.

3. Competence

“Competence is the integration of knowledge, professional judgment, skills, ethical values and attitudes necessary for safe, accountable and effective practice. Individuals have a right to receive safe, high-quality care from competent practitioners who work within their scope of practice, adhering to their level of their education, experience, knowledge, skills and judgment to deliver safe and competent care.” (NMBI, 2025, p. 16)

The curriculum will empower students to apply evidence-based knowledge and skills in practice while upholding the ethical values and attitudes essential for providing safe, high-quality, accountable healthcare.

4. Trust

“Trust is a core professional value, influencing the quality of care and the therapeutic relationship between practitioners and individuals. Open, honest and compassionate professional relationships are based on trust, and follow obligations about privacy and confidentiality. Confidentiality is an expression of the trust inherent in the therapeutic relationship with an individual. Practitioners engage with individuals respectfully, promoting open, honest, and compassionate professional relationships and ensuring confidentiality.” (NMBI, 2025, p. 19)

The curriculum will equip students with the knowledge, skills, and behaviours needed to build compassionate, trusting professional relationships in healthcare while upholding individuals' rights to privacy and confidentiality.

5. Collaboration

“Collaboration takes a multi-disciplinary approach to care. Teamwork ensures consistent standards, improving individual experiences and health outcomes while maintaining accountability and safety. Practitioners communicate with individuals, healthcare professionals, colleagues and students. Effective communication enhances wellbeing, and proper record-keeping is vital for safety and continuity of care.” (NMBI, 2025, p.)

The curriculum will equip students with the knowledge, skills, and behaviours to work effectively in healthcare teams as accountable and safe practitioners. They will also develop essential communication skills to thrive in an intercultural society.

6. Leadership

“Leadership in nursing means inspiring and guiding others to achieve goals, building trust among individuals, colleagues and the public. Practitioners demonstrate professionalism, adaptability, promote dignity, and support all colleagues, fostering effective teamwork and positive change.” Code (2025)

The curriculum will equip students with the knowledge, skills, and behaviours to become leaders in healthcare, demonstrating professionalism, adaptability, and a commitment to upholding dignity while supporting individuals through changes in healthcare.

Curriculum standards

Curriculum standards

1. Standards for curriculum delivery

- 1.1 The curriculum is delivered at a National Framework of Qualifications level 8 and will conclude in June of the 4th academic year for single registration programmes and by August of the 4th academic year for integrated programmes.
- 1.2 The curriculum is delivered at approved academic and practice placement sites with appropriate contractual agreements in place.
- 1.3 The Education body is responsible to interpret and comply with the European Directive 2013/55/EC and 2005/36/EC as amended and that it is reflected in the curriculum delivery.
- 1.4 The management structure supporting the development and delivery of the curriculum is explicit. It includes the named person with lead responsibility who holds appropriate academic and professional nursing qualifications and experience.
- 1.5 The programme governance structure has a registrant for the specific discipline who has responsibility for the oversight of the programme including the quality of teaching and learning.
- 1.6 The curriculum is subjected to periodic review of the education body and practice placement areas by the regulator.
- 1.7 A collaborative annual report is submitted to the regulator from practice placement and education bodies as directed.
- 1.8 A 12-week internship programme is scheduled at the end of year 3 of the curriculum, focusing on community care. A further 24-weeks to be completed in year 4 focusing on registration specific practice.
- 1.9 A learner centred teaching pedagogy and culture is applied to the student journey from passive learner to active professional.
- 1.10 There is evidence of strong public and patient involvement, stakeholder and student involvement in the curriculum development, delivery and evaluation.
- 1.11 The standards for assessing students are enforced in the curriculum.
- 1.12 The standards for supervising students are applied for the duration of the programme
- 1.13 Promote learner centred reflective, discursive practice, that provides high levels of support and encourages critical thinking.
- 1.14 Curriculum resources (human and physical) are sufficient to support student achievement of the NMBI standards for entry to the Register.
- 1.15 Registered nurses with appropriate professional and academic qualifications and teaching experience deliver and assess the nursing modules.
- 1.16 The education body has processes in place to manage students identified with a disability or significant ongoing illness to ensure they can receive relevant reasonable accommodations or supports.

- 1.17 Progression policies and rules ensure that students have achieved the requisite knowledge and skills required for safe practice.
- 1.18 The curriculum is subject to annual examination by an external representative of the division of the Register.
- 1.19 Quality improvement mechanisms incorporate evaluation from a variety of sources to address:
- 1.19.1. Risk assessment of practice placements
 - 1.19.2. Student evaluations
 - 1.19.3. Academic and health professional evaluations
 - 1.19.4. Policy development in health and healthcare
 - 1.19.5. Teaching and learning development.
- 1.20 Procedures are in place to facilitate students transferring to or from another education body.
- 1.21 Procedures for students to exit the academic program before completion are explicit with relevant exit awards.

2. Standards for curriculum content

Note: The curriculum standards related to content need to be adapted to the relevant discipline of nursing.

- 2.1 The content and learning outcomes articulate the NMBI *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, incorporating the Scope of Practice and Professional Guidance*, and standards of entry to the nursing Register.
- 2.2 Nursing, educational and person-centred care philosophies and their practical application are embedded in the curriculum.
- 2.3 Professional values, ethical principles and legal standards are applied throughout the curriculum.
- 2.4 The curriculum content and learning outcomes integrate intraprofessional and interprofessional learning and practice.
- 2.5 Simulated learning experiences are incorporated into the curriculum to prepare the students for practice placement.
- 2.6 Cultural diversity is embedded in the curriculum.
- 2.7 Biopsychosocial assessment of individuals is incorporated into the curriculum.
- 2.8 Biopsychosocial interventions are embedded in the curriculum.
- 2.9 Promote the health and wellbeing of individuals across the life spectrum; including the effects that the social determinants of health have on individual health and wellbeing, health and social care policies and social justice.
- 2.10 Integrate the application of sciences, including life applied sciences, into health assessment, decision-making and care planning.

- 2.11 Apply communication skills accommodating the needs and requirements of individuals.
- 2.12 Incorporate research in nursing as a science-based profession.
- 2.13 Support the development of research skills that include searching and evaluating evidence-based practice and other data for translation into practice.
- 2.14 Students must apply the principles of safety and risk management in all aspects of patient care including medication management.
- 2.15 Students must be supported to achieve the skills required to practice as a registered nurse across all integrated healthcare systems.
- 2.16 Promote the development of an inquiring mind related to the future of digital health for nursing and the population, incorporating NMBI Digital Health Competency Standards and Requirements for Undergraduate Nursing and Midwifery Programmes (2023).
- 2.17 Foster an appreciation for global sustainability in the context of healthcare (United Nations, 2015).

3. Standards for student experience

- 3.1 Ensure that students have access to relevant programme information in a timely, transparent and accessible manner.
- 3.2 Student academic learning needs are identified and supported by the education body.
- 3.3 Students must be informed of, and have access to grievance and appeals processes, pastoral and/or personal support services.
- 3.4 The education body must demonstrate that students are represented on programme advisory and decision-making committees.
- 3.5 The principles of equity, diversity and inclusion are observed and promoted for students.
- 3.6 Students are supported by a ratio of suitably qualified registrants in the academic and practice placement areas.
- 3.7 Student experiences across all teaching and learning environments are monitored, evaluated and reported to the relevant committees with outcomes mapped to inform curriculum quality improvement.

4. Standards for student assessment

- 4.1 The education body is accountable for the assessment of students.
- 4.2 The NMBI standards for entry to the Register (course learning outcomes), professional values, the Code and assessment strategies are aligned.
- 4.3 The module learning outcomes and associated assessments are mapped to the NMBI standards for entry to the Register.
- 4.4 The assessment strategies enhance student centred learning.
- 4.5 Formative and summative assessment and moderation informs student progression.

- 4.6 Assessments include the appraisal of competence in the quality use and administration of medicines.
- 4.7 The supervisor and assessor in practice placement must be different individuals. It is recommended that a suitably qualified registrant, linked with the education body, completes the formative competency assessment at the end of each four-week practice placement.
- 4.8 It is recommended that a registrant from the practice placement area and education body conducts the summative competency presentation for the student at the end of each year.
- 4.9 It is the responsibility of the education body to ensure that academic and practice placement assessors receive the appropriate education, training and continued development to carry out their role.
- 4.10 The burden of assessment for students is divided proportionally across the curriculum.

5. Standards for supervision of students in practice placements

- 5.1 The standards for practice placement learning are assessed by the education body every five years (or as required).
- 5.2 The supernumerary status of the student in practice placement is explicit.
- 5.3 A nominated competent supervisor who will oversee and facilitate learning in the practice placement is agreed with the student at the beginning of each practice placement.
- 5.4 An assessor responsible for assessing the student achievement of competence is agreed with the student at the beginning of each practice placement.
- 5.5 Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registered nurse.
- 5.6 The education body and practice placement partners must support students to:
- 6.1 Develop the skills to self-regulate emotions in preparation to meet the complex demands of a practice placement environment.
 - 6.2 Utilise the appropriate communication skills with individuals.
 - 6.3 Adopt a positive belief of the practice placement learning environment.
- 5.7 The practice placement environment adopts a sense of belonging for students including:
- 5.7.1 Adopt a culture that highly values students.
 - 5.7.2 The placements have been assessed and demonstrate a readiness to teach and assess students.
 - 5.7.3 Have clear pathways of communication to liaise directly with the education body.
 - 5.7.4 Have access to digital instructional materials to support students.
 - 5.7.5 Have clear learning opportunities for students across the various shift patterns available.
 - 5.7.6 Offer flexible shift patterns, if possible, within the practice placement areas.
 - 5.7.7 Enable the continuity of supervision.

- 5.7.8 Encourage autonomy and a shared sense of responsibility between the student and supervisor.
- 5.7.9 Facilitate peer supervision.
- 5.7.10 Build on constructive feedback utilising a two-way framework.

- 5.8 Supply a workforce that are adequately prepared and willing to supervise students:
 - 5.8.1 Apply positive and constructive communication styles in English or Irish.
 - 5.8.2 Be professionally competent.
 - 5.8.3 Nurture interpersonal and interprofessional relationships.
 - 5.8.4 Demonstrate a positive attitude to students.

- 5.9 Maximise students' involvement in care for individuals with different demographics and complex needs.

Indicative core content

Table 1 below outlines the indicative core content specified by the European Union (EU) which has been considered as part of the Implementation Action Group (IAG) 1 recommendations for the Expert Review Body (ERB).

Table 1: Indicative core content	
EU Directive 2005/36/EC (minimum core content updated 2023)	IAG1 content
<p>Nursing</p> <ul style="list-style-type: none"> • Nature and ethics of the profession • General principles of health and nursing including person centred care theories • Nursing principles in relation to the following: <ul style="list-style-type: none"> • General and specialist medicine • General and specialist surgery • Childcare and paediatrics • Maternity care • Mental health and psychiatry • Intellectual disability (Ireland specific) • Care of the elderly and geriatrics • Evidence-based nursing practice and research. 	<p>Nursing (Year 1 and 2)</p> <ul style="list-style-type: none"> • Health and wellbeing • Sciences (General health, social and psychological) • Social determinants of health • Equality, diversity and inclusion • Comprehensive health assessment • Nursing care planning • Evidence-based practice • Medication safety • Team working • Integrated care systems
<p>General health sciences</p> <ul style="list-style-type: none"> • Anatomy and physiology • Pathology • Bacteriology, virology and parasitology • Biophysics, biochemistry and radiology • Dietetics 	<p>Nursing care of population</p> <ul style="list-style-type: none"> • Professional code of conduct • Leadership • Health policy • Safety and risk management • Theory of registration practice

EU Directive 2005/36/EC (minimum core content updated 2023)	IAG1 content
<ul style="list-style-type: none"> • Hygiene • Preventative medicine • Health education • Pharmacology 	
<p>Social sciences</p> <ul style="list-style-type: none"> • Sociology • Psychology • Principles of administration and management • Principles of teaching • Social and health legislation • Legal aspects of nursing 	
<p>Science and technology</p> <ul style="list-style-type: none"> • e-health 	<ul style="list-style-type: none"> • Digital health
<p>Clinical instruction</p> <ul style="list-style-type: none"> • Nursing in relation to: <ul style="list-style-type: none"> • General and specialist medicine • General and specialist surgery • Childcare and paediatrics • Maternity care • Mental health and psychiatry • Intellectual disability (Ireland specific) • Care of the elderly and geriatrics • Nursing care in community settings • Person centred approach 	As per EU Directive

Curriculum structure

It is expected that the curriculum structure will reflect the following:

- Learning is incremental and increasing in complexity as students' progress.
- The curriculum standards should be applied in each year of the curriculum.
- The standards for entry to the Register are integrated throughout the curriculum.
- The professional values of care, compassion and commitment are integrated throughout the curriculum.
- Reflection is discursive and case based.
- Skills are both structured and opportunistic, increasing in complexity and individualised to the student experience.
- Learning outcomes are agreed with the individual student for their placements based on a needs analysis provided by students.
- Competence is assessed at the end of each student year.

Theory and practice placement for students

In line with the EU Directive (European Directive 2013/55/EC and 2005/36/EC) there are 2,300 theoretical hours. There are 62 weeks (2,325 hours) minimum practice placement for registration programmes, 70 weeks (2,625 hours) for integrated programmes. These weeks are based on a 37.5-hour practice placement week. Aim for minimum four-week practice placement rotations at a time (as per IAG1).

Some placement areas can deliver competencies for multiple areas of practice. For example, one community residential practice placement may be considered suitable to achieve older person, mental health and/or intellectual disability competencies. This flexibility ensures students are adequately prepared for their selected division of the Register from the first year of the programme.

To prepare for practice placements, it is recommended that core theory is representative of each division of the Register.

Table 2 outlines the theory and corresponding practice placement for undergraduate nurses. The complexity of healthcare for individuals should increase in line with the students' knowledge and experience.

Table 2: Theory and practice placements for nurse education		
Year	Theory	Practice placement
Year 1 and 2 are core to all Registered Nurse (RN) divisions with a total of 26 weeks supernumerary placement across the two years (as per IAG1)		
1	<p>Professional skills and knowledge required to assess and support the health and wellness of individuals across the lifespan under supervision.</p> <p>(Theory for year 1-2 as per IAG1):</p> <ul style="list-style-type: none"> • Health and wellbeing • Anatomy and physiology • Sciences (General health, social and psychological) • Social determinants of health • Equality, diversity and inclusion • Health assessment • Nursing care planning • Medication safety • Team working • Integrated care systems • Digital health • Evidence based practice 	<ul style="list-style-type: none"> • Community • Intellectual disability • Older person • Medical • Surgical • Mental health • Children's • Maternity
2	<p>Professional skills and knowledge to assess and manage the risks affecting health and wellness of individuals under supervision</p> <p>(See theory content year 1-2 above)</p>	

Year	Theory	Practice placement
Students must meet the defined EU directive practice allocations before the end of Year 2. <i>Integrated programme has an added 8 weeks, split between both registrations.</i>		
3	<p>Professional knowledge and skills required to care for individuals with diseases/illness affecting their health and wellness, focusing on the divisions of the Register that the student is registered under indirect supervision.</p> <p>(Theory for year 3 as per IAG1)</p> <ul style="list-style-type: none"> • Theory of registration practice • Nursing care of population • Professional code of conduct • Leadership • Health policy • Safety and risk management 	<p>Build on the previous placements outside of the hospital, mapped to theory content (Sláintecare).</p> <p>12 weeks paid internship (ratio 3.5:1) (IAG1)</p>
4	<p>Professional knowledge and skills required to evaluate the effects of the complexities of ill-health affecting individuals across the lifespan particular to the division of the Register working collaboratively as a team member.</p> <p>(Theory for year 4 as per IAG1)</p> <ul style="list-style-type: none"> • Theory of registration practice • Nursing care of population • Professional code of conduct • Leadership 	<p>Build on previous placements.</p> <p>Two internships blocks - 12 weeks each (ratio 2:1) (IAG1).</p> <p><u>Block 1</u> Registration essentials</p> <p><u>Block 2</u> Integrated programme - 2nd registration essentials</p> <p>Single registration programme - flexible clinical pathways.</p>

Competency for nursing students

The professional values of care, compassion and commitment must be applied to learning and practice across the curriculum.

Competency refers to the knowledge, skills and behaviours for registered nurses and are associated with those outlined in the Code of Professional Conduct and Ethics (NMBI, 2025). Competency is incremental and development of competency is both structured and opportunistic.

The structure of competency is related to formal knowledge attainment. This aligns with the curriculum structure; however, it is also opportunistic depending on the practice placement and various real world learning opportunities presented to the students.

The skills related to competency are also formal and opportunistic. Formal skills learning is aligned to the curriculum structure and applied in practice placement. There are also opportunistic skills learning relative to the practice placement where real world scenarios are presented to students.

Behaviours in the context of competency are defined in both the Code and standards for entry to the Register of nurses. Behaviour is developed and refined as students' progress with their learning throughout the curriculum.

The standards for entry to the Register outline the acceptable knowledge, skills and behaviours (competency) required for practice. The standards are designed to be applied to the registered nurse practice in a variety of practice contexts. The standards reflect the contemporary role of registered nurses who utilise comprehensive nursing knowledge and complex judgement to assess, plan, implement and evaluate evidence-based healthcare for individuals to support their needs. Table 3 outlines the level of competency for each year of the curriculum.

Each practice placement area, in collaboration with the education body, will develop their own suite of potential competencies that can be mapped to the standards of entry to the Register. The competency can be adapted depending on the level required for the student (Table 3).

Competency is attainable using a variety of evidence (Table 4). Each practice placement area can determine a combination of various evidence required to demonstrate the suite of potential competencies agreed with the education body (for example, direct observation/reflection/simulation).

Undergraduate nursing students are expected to be supervised by a registered nurse in practice. Supervision of students is outlined in Table 4. The link role between the education body and practice placement is the Clinical Placement Coordinator (CPC). They are best placed to identify the practice placement supervisor for students. The CPC should facilitate the agreement of competency outcomes for the practice placement between the student and agreed supervisor. An objective assessor must be identified in the practice setting to complete the formative competency assessment at the end of each four-week placement minimum.

Nursing students are assessed against all competencies on an ongoing incremental basis. A summative assessment of competency occurs at the end of each year of the curriculum and affirms the student's readiness to progress.

Nursing students must be assessed against the standards for entry to the Register on completion of their education programme.

The following is an outline of the required competency standards for students in each year.

Table 3: Competency for nursing students

Year	Standard	Supervision
1	The student must demonstrate an understanding of the standards for entry to the Register as they apply to individuals they encounter during their practice placement.	Students must receive direct supervision which is supported by a registered nurse to understand the application of standards during their supervised delivery of healthcare to individuals.
2	The student must demonstrate the use of the standards for entry to the Register in the supervised application of care during practice placement.	Students must receive frequent assistance and support from registered nurses and peers to apply the standards in the delivery of healthcare to individuals.
3	The student must implement the standards of entry to the Register in the delivery of care during practice placement under indirect supervision.	Students must receive indirect supervision, assistance and support from a registered nurse while implementing the standards of entry to the Register in the delivery of healthcare to individuals. *Community internship
4	The student must evaluate the implementation of the standards for entry to the Register in the delivery of care during practice placement.	Students must work collaboratively to evaluate the implementation of the standards of entry to the Register in the delivery of healthcare to individuals. *Registration internship

The focus of competence development during practice placement is on facilitating learning opportunities that allow the student to further develop independent learning skills. The development of competence is associated with lifelong learning and continuing professional development. Competency can be achieved and assessed across theory and practice settings. Table 4 outlines the acceptable evidence to demonstrate competence during the programme of study. Formative competency assessment occurs during a practice placement of four or more weeks. The summative competency assessment is at the end of the year by the education body.

The opportunity to develop competency will be outlined in each practice placement in collaboration with the CPC and the education body. The level of competency will be determined by the stage the student is at during the placement. The competency for assessment at the end of the practice placement and the appropriate level is agreed between the student and the registered nurse, facilitated by a CPC during their orientation to the placement site. The supports available to the student to achieve the agreed competencies, and at the relevant level, will be outlined and the date for competency assessment will be agreed during the orientation meeting. It is recommended the supervisor and the assessor in the practice placement are not the same person. The assessor should be closely linked to the education body and have received formal training in assessments from the education body (as per assessment standards). If a student is unsuccessful in achieving the required level of agreed competency, the education body is informed by the assessor and processes to moderate or repeat the necessary competency are arranged using Table 4 below to determine the evidence required to demonstrate competence.

In preparation for the Professional Competency Scheme as a registered nurse, the student will be responsible to collect evidence in a professional competency portfolio. The portfolio will be submitted to the education body for an annual competency summative assessment which will be conducted by a practice placement representative registrant and an academic registrant in the relevant education body.

Evidence that will contribute to competence may be gathered by a number of methods including:

Table 4: Acceptable evidence to demonstrate competence	
Evidence	Explanation
Direct observation by a registered nurse	Demonstration of the competency is observed by a registered nurse
Direct observation by a nominated assessor	Demonstration of the competency is observed by a nominated assessor
By testimony	Formal written submission from other key qualified registered nurses
Discursive reflection	By reflective discussions between the student and the supervisor about professional progress
Written	The learner may demonstrate the principles and practice related to the competency in a written reflection and/or learning log evidence
Simulation	The learner may demonstrate their competency related to a clinical skill in a simulated scenario in a laboratory

Standards for formative competency assessment

(note* In addition to the standards for student assessment)

- 1 The competency assessment is performed in a reasonable time using a variety of contexts (Table 4).
- 2 The assessor should have an established relationship with the supervisors in the practice setting.
- 3 All agreed evidence will be sourced by the assessor in advance of the assessment.
- 4 The documentation to record the assessment is clear, detailed and objective.
- 5 If a student is unsuccessful at their first attempt at a competency assessment, the student is provided with an opportunity to reflect on the feedback and offered a scheduled re-assessment.
- 6 If a second assessment is unsuccessful, the assessment report is forwarded to the education body for further moderation as per policy.

Standards for summative competency assessment

(note* In addition to the standards for student assessment)

- 1 The student is responsible for gathering the required evidence for portfolio presentation in line with the guidelines provided by the education body.
- 2 Summative assessment is scheduled in the academic assessment structures of the education body.
- 3 The student presents their collated portfolio from the practice placement areas.
- 4 There should be a minimum of two assessors, one registrant representing the education body and another representing the assessors in a practice placement area.

Discursive reflection

Discourse is an interchange of ideas, usually in a formal and orderly way. It can be spoken or written, and it can cover a variety of subjects. Discursive is talking or writing about a subject. From a nursing perspective *“Reflective practice is a cognitive skill that demands conscious effort to look at a situation with an awareness of own beliefs, values, and practice enabling nurses to learn from experiences, incorporate that learning in improving patient care outcomes”* (Patel & Metersky, 2021). Discursive reflection in practice placement is an ongoing process for nurses.

Table 5: Comparing discursive reflection versus reflection

Discursive reflection	Reflection
Based on reading about a subject area, using reason to develop an argument	Examines personal responses, experiences, ideas and information
Impersonal, objective	Personal, subjective
Examines theories, research and objective ideas	Analyses personal responses to experiences, events, thoughts and feelings
Limited to academic evidence	Not limited to academic evidence
Presents and justifies arguments	Seeks solutions to problems

Discursive reflection is both structured and opportunistic. Structured reflection occurs as part of simulated learning, opportunistic reflection occurs in practice placement and is learner specific. The practice supervisor must support discursive reflection in practice. The discursive process is an opportunity to guide the student to complete a structured written reflection, as per guidelines from the education body, for evidence of competency (Table 4). Written reflections are included in the competency portfolio for assessment purposes.

Written reflections should use an evidence-based reflective practice framework. The student must map their written reflection to the standards of entry to the Register in their portfolio presentation.



4

Essential Evidence for Accreditation of Nursing Curriculum

Essential Evidence for Accreditation of Nursing Curriculum

Adapted from the Australian Nursing and Midwifery Accreditation Council, Registered Nurse Accreditation Standards 2019, Essential Evidence

1. Standards for curriculum delivery		
Standard		Evidence required
1.1	The curriculum is delivered at a National Framework of Qualifications level 8 and will conclude in June of the 4th academic year for single registration programmes and August of the 4th academic year for integrated programmes.	<ul style="list-style-type: none"> • Demonstrate learning outcomes at the relevant academic level. • Provide a programme structure that concludes in June of the 4th academic year for single registration programmes and August of the 4th academic year for integrated programmes.
1.2	The curriculum is delivered at approved academic and practice placement sites with appropriate contractual agreements in place.	<ul style="list-style-type: none"> • Provide evidence of education body approval for delivery of academic curricula. • Provide evidence that practice placements have demonstrated suitability as a quality learning environment. • Provide evidence that practice placement sites meet the standards for supervision of students in practice placement. • Provide evidence of contractual agreements with practice placement sites.
1.3	The education body is responsible to interpret and comply with the European Directive 2013/55/EC and 2005/36/EC and that it is reflected in the curriculum delivery.	<ul style="list-style-type: none"> • Map the curriculum to demonstrate compliance with European Directive 2013/55/EC and 2005/36/EC.
1.4	The management structure supporting the development and delivery of the curriculum is explicit. It includes the named person with lead responsibility who holds appropriate academic and professional nursing qualifications and experience.	<ul style="list-style-type: none"> • Provide a flow chart of the management structure of the curriculum development and delivery. • Provide evidence that the individual with lead responsibility for the curriculum holds appropriate academic and professional nursing qualifications and experience.

Standard		Evidence required
1.5	The programme governance structure has a registrant for the specific discipline who has responsibility for the oversight of the programme including the quality of teaching and learning.	<ul style="list-style-type: none"> • Details of the academic governance structure of the education body. • Details of the programme governance structure. • Evidence that a registrant has oversight of the programme including quality of teaching and learning.
1.6	The curriculum is subjected to periodic review of the education body and practice placement areas by the regulator.	<ul style="list-style-type: none"> • The education body prepares required evidence documents and sites for periodic review as advised by the regulator.
1.7	A collaborative annual report is submitted to the regulator from practice placement and education bodies as directed.	<ul style="list-style-type: none"> • The education body handles submission of the collaborative annual report as directed each year using the template provided by NMBI.
1.8	A 12-week internship programme is scheduled at the end of year 3 of the curriculum, focusing on community care. A further 24-weeks to be completed in year 4 focusing on registration specific practice.	<ul style="list-style-type: none"> • Provide an outline of community focused internship placements for students at the end of year 3. • Provide an outline of community focused internship placements for students at the end of year 4. • Demonstrate how student choice is accommodated.
1.9	A learner centred teaching pedagogy and culture is applied to the student journey from passive learner to active professional.	<ul style="list-style-type: none"> • Describe the learner centred teaching pedagogy. • Explain the application of the learner centred teaching pedagogy and culture across the curriculum. • Provide evidence of the application of the learner centred teaching pedagogy and culture across the curriculum including practice placements. • Provide evidence of student evaluation of the learner centred pedagogy and culture.
1.10	There is evidence of strong public and patient involvement (PPI), stakeholder and student involvement in the curriculum development, delivery and evaluation.	<ul style="list-style-type: none"> • Provide evidence of PPI, stakeholder and student engagement in the development of the curriculum. • Provide evidence of PPI, stakeholder and student engagement in the delivery of the curriculum. • Provide evidence of PPI, stakeholder and student engagement in the evaluation of the curriculum.
1.11	The standards for assessing students are enforced in the curriculum.	<ul style="list-style-type: none"> • Provide evidence that the education body has oversight of and accepts accountability for the assessment of students. • Map the NMBI standards for entry to the Register, professional values, the Code and assessment strategies.

Standard		Evidence required
1.11	The standards for assessing students are enforced in the curriculum.	<ul style="list-style-type: none"> • Map the module learning outcomes and associated assessments to the NMBI standards for entry to the Register. • Demonstrate how the assessment strategies enhance student centred learning. • Provide examples of how the formative and summative assessments and moderation informs student progression. • Document how the assessments include the appraisal of competence in the quality use and administration of medicines. • Outline the processes by which the education body ensure that academic and practice placement assessors receive the appropriate education, training and continued development to carry out their role. • Map the assessments for students to show that the burden of assessment for students is divided proportionally across the curriculum.
1.12	The standards for supervising students are applied for the duration of the programme.	<ul style="list-style-type: none"> • Outline the process by which the standards for practice placement learning are assessed by the Education Body every 5 years (or as required). • Documented processes where the education body and practice placement partners support students to: <ul style="list-style-type: none"> • Develop the skills to self-regulate emotions in preparation to meet the complex demands of a practice environment. • Utilise the appropriate communication skills with individuals. • Adopt a positive belief of the practice placement learning environment. • Document the processes where the practice placement environment adopts a sense of belonging for students to: <ul style="list-style-type: none"> • Adopt a culture that highly values students. • The placements have been assessed and demonstrate a readiness to teach and assess students. • Have clear pathways of communication to liaise directly with the education body. • Have access to digital instructional materials to support students. • Have clear learning opportunities for students across the various shift patterns available. • Offer flexible shift patterns, if possible, within the practice placement areas.

Standard	Evidence required
<p>1.12 The standards for supervising students are applied for the duration of the programme.</p>	<ul style="list-style-type: none"> • Enable the continuity of supervision. • Encourage autonomy and a shared sense of responsibility between the student and supervisor. • Facilitate peer supervision. • Build on constructive feedback utilising a two-way framework. • Provide evidence of a workforce that are adequately prepared and willing to supervise students: <ul style="list-style-type: none"> • Initiatives where positive and constructive communication styles in English or Irish. • Are professionally competent. • Nurture interpersonal and interprofessional relationships. • Demonstrate a positive attitude to students. • Provide evidence where students' involvement in care for individuals with different demographics and complex needs is maximised.
<p>1.13 Promote learner centred reflective, discursive practice, that provides high levels of support and encourages critical thinking.</p>	<ul style="list-style-type: none"> • Provide a framework that is used to guide learner centred reflective, discursive practice. • Processes outlining the levels of support for reflective practice. • A framework used to encourage and support critical thinking in reflective practice.
<p>1.14 Curriculum resources (human and physical) are sufficient to support student achievement of the NMBI standards for entry to the Register.</p>	<ul style="list-style-type: none"> • Provide the ratio of student to staff in relation to: <ul style="list-style-type: none"> • Academic • Clinical teaching • Practice placement supervision • Provide evidence of registration of curriculum team as per ratio requirements.
<p>1.15 Registered nurses with appropriate professional and academic qualifications and teaching experience deliver and assess the nursing modules.</p>	<ul style="list-style-type: none"> • Curriculum vitae of academic teaching staff. • Map the names of the module lead to the curriculum modules.
<p>1.16 The education provider has processes in place to manage students with identified impairments and procedures to monitor, support and report as required.</p>	<ul style="list-style-type: none"> • Policies and processes for managing, monitoring and supporting students requiring additional supports in the education body and practice placement areas.

Standard		Evidence required
1.17	Progression policies and rules ensure that students have achieved the requisite knowledge and skills required for safe practice.	<ul style="list-style-type: none"> • Policies, procedures and guidelines to assess student competence and progression. • Course progression rules. • Complaint and appeal policy and procedures. • Student fitness to practice policy and procedures.
1.18	The curriculum is subject to annual examination by an external representative of the division of the Register.	<ul style="list-style-type: none"> • Provide feedback from external examiners related to modules and the curriculum. • Map changes/amendments that have been made to the curriculum following feedback from the external examiner.
1.19	Quality improvement mechanisms incorporate evaluation from a variety of sources to address: <ul style="list-style-type: none"> • Risk assessment of practice placements • Student evaluations • Academic and health professional evaluations • Policy development in health and healthcare • Teaching and learning development. 	<p>Quality improvement frameworks including:</p> <ul style="list-style-type: none"> • Risk assessment policy or process for academic, simulated and practice placement environments. • Analysis reports arising from surveys identifying outcome and programme quality improvements. • Schedules for subject and practice placement surveys/evaluations. • Terms of reference for relevant school committees responsible for development, monitoring, reviewing the quality, or improving the programme. • Outline staff access to research databases to inform healthcare development. • Outline staff opportunities for professional development.
1.20	Procedures are in place to facilitate students transferring to or from another education body.	<ul style="list-style-type: none"> • Policy, procedure and process to facilitate students transferring to another education body. • Policy, procedure and processes to facilitate students transferring from another education body.
1.21	Procedures for students to exit the academic program before completion are explicit with relevant exit awards.	<ul style="list-style-type: none"> • Outline procedures for students to exit the academic programme before completion. Include the procedure to inform the regulator. • Map the relevant exit awards offered to students who exit the programme before completion.

2. Standards for curriculum content

Standard		Evidence required
2.1	The content and learning outcomes articulate the NMBI Code and standards of entry to the nursing Register.	<ul style="list-style-type: none"> Curriculum content include mapping to the NMBI code of conduct standards of entry to the Register.
2.2	Nursing, educational and person-centred care philosophies and their practical application are embedded in the curriculum.	<ul style="list-style-type: none"> Curriculum document includes clearly identified and referenced nursing and education philosophies. Explain how the respective philosophies will be practically implemented within the programme e.g. Subjects, content, learning outcomes, assessments.
2.3	Professional values, ethical principles and legal standards are applied throughout the curriculum.	<ul style="list-style-type: none"> Curriculum reflects the professional values, ethical principles and legal standards for the respective divisions of the Register. Demonstrate the application of professional values, ethical principles and legal standards throughout the curriculum.
2.4	The curriculum content and learning outcomes integrate intraprofessional and interprofessional learning and practice.	<ul style="list-style-type: none"> Curriculum document provides a definition and explanation of intraprofessional and interprofessional learning and practice within the respective division of the Register, and how this is integrated into relevant subject learning outcomes and programme outcomes. Outline teaching strategies that develop knowledge, skills and attitudes that result in interprofessional team behaviours and competence. Complete a mapping template with examples from the curriculum to demonstrate how subject learning outcomes and content prepare students for intraprofessional and interprofessional learning and practice.
2.5	Simulated learning experiences are incorporated into the curriculum to prepare the students for practice placement.	<ul style="list-style-type: none"> Curriculum document explains how students are prepared for practice placement using simulated learning experiences. Provide a mapping document outlining the simulated learning opportunities that prepare students for practice placements.
2.6	Cultural diversity is embedded in the curriculum.	<ul style="list-style-type: none"> Curriculum document explains cultural diversity and how this understanding translates into relevant learning outcomes. Complete content mapping including subject and curriculum learning outcomes that prepare students to work with and care for individuals from diverse backgrounds.

Standard		Evidence required
2.7	Biopsychosocial assessment is incorporated into the curriculum.	<ul style="list-style-type: none"> Curriculum document outlines how students will develop skills to conduct a biopsychosocial assessment of individuals throughout the curriculum. Provide a mapping document that includes relevant learning outcomes to adequately prepare students to conduct a biopsychosocial assessment of individuals.
2.8	Biopsychosocial interventions are embedded in the curriculum.	<ul style="list-style-type: none"> Curriculum explains biopsychosocial interventions and how the understanding is embedded in the relevant subject learning outcomes. Outline how students will develop skills to conduct a biopsychosocial assessment of individuals throughout the curriculum. Complete a mapping document that includes relevant learning outcomes to adequately prepare students to apply biopsychosocial interventions in practice.
2.9	Promote the health and wellbeing of individuals across the life spectrum; Including the effects that the Social Determinants of Health have on individual health and wellbeing, health and social care policies and social justice.	<ul style="list-style-type: none"> Complete a content mapping document outlining learning outcomes that demonstrate: <ul style="list-style-type: none"> Knowledge of health promotion across the life spectrum. Knowledge of the effects of social determinants on health and wellbeing. The application of national health and social care policies in teaching and learning. Explain social justice and how it is implemented in healthcare for individuals.
2.10	Integrate the application of sciences, including life applied sciences, general health, social psychosocial and humanities into health assessment, decision-making and care planning.	<ul style="list-style-type: none"> Curriculum document outlines the application of the sciences, including life applied science into health assessment, decision-making and care planning. Provide a mapping document of the learning outcomes integrating sciences into the programme content preparing students to complete: <ul style="list-style-type: none"> Health assessment Decision-making Care planning.
2.11	Apply communication skills accommodating the needs and requirements of individuals.	<ul style="list-style-type: none"> The curriculum document must explain how students are adequately prepared to apply communication skills required to accommodate the needs and requirements of individuals. A mapping document must demonstrate the learning outcomes outline of the application of communication skills accommodating the needs and requirements of individuals.

Standard		Evidence required
2.12	Incorporate research in nursing as a science-based profession.	<ul style="list-style-type: none"> The curriculum document must explain nursing research and how as a science-based profession it has informed education and healthcare. A mapping document of learning outcomes outlines the incorporation of nursing research.
2.13	Support the development of research skills that include searching and evaluating evidence-based practice and other data for translation into practice.	<ul style="list-style-type: none"> The curriculum document must explain how students will develop research skills and be prepared to translate research into practice. Complete a mapping document including learning outcomes that outline support for student development with: <ul style="list-style-type: none"> Conducting literature searches Reviewing research and evidence Translating research and other evidence into practice Using research in practice.
2.14	Students must apply the principles of safety and risk management in all aspects of patient care including medication management.	<ul style="list-style-type: none"> Provide a mapping document including learning outcomes to support the application of the principles of safety and risk management in all aspects of patient care including medication management.
2.15	Students must be supported to achieve the skills required to practice as a registered nurse across all integrated healthcare systems.	<ul style="list-style-type: none"> Outline contractual arrangements with practice placement sites. Curriculum document includes a detailed plan of practice placements for students to complete: <ul style="list-style-type: none"> A minimum of 2,300 hours Completed across a variety of settings as outlined in the standards Explain how scheduled practice placements facilitate students transition to practice as a registered nurse in the respective division of the Register. Documented processes for managing practice placements including make-up hours. Documented process for establishing and maintaining communication between practice placement and education bodies. Records demonstrating that each student has relevant practice placement opportunities to achieve the standards for entry to the relevant division of the Register.

Standard		Evidence required
2.16	Promote the development of an inquiring mind related to the future of digital health for nursing and the population, incorporating NMBI Digital Health Competency Standards and Requirements for Undergraduate Nursing and Midwifery Programmes (2023).	<ul style="list-style-type: none"> The curriculum document outlines learning objectives that promote the development of an inquiring mind related to the future of health for nursing and the population. A mapping document outlining the learning outcomes that promote the development of an inquiring mind related to digital healthcare.
2.17	Foster an appreciation for global sustainability in the context of healthcare (United Nations, 2015).	<ul style="list-style-type: none"> Curriculum document explaining global sustainability in the context of healthcare. A mapping document outlining the learning outcomes where global sustainability in the context of healthcare is incorporated into the curriculum.

3. Standards for student experience

Standard		Evidence required
3.1	Ensure that students have access to relevant programme information in a timely, transparent and accessible manner.	<ul style="list-style-type: none"> Outline the information provided for students and how it can be accessed: <ul style="list-style-type: none"> Learning management system Student handbook Practice placement information and requirements Assessment policy and procedures Outline student progression Academic regulations Appeals policies and procedures Student support services Process for management and support of students identified at risk of poor academic and practice performance.
3.2	Guarantee that student academic learning needs are identified and supported by the education body.	<ul style="list-style-type: none"> Provide the process for early identification and monitoring students at academic and practice risk Processes and flow charts offering guidance to staff on the following: <ul style="list-style-type: none"> Early detection of students at risk of poor academic performance Early identification of students at risk of poor practice performance Referral of students identified at risk of poor academic and/or practice performance to appropriate support services.

Standard		Evidence required
3.3	Students must be informed of, and have access to grievance and appeals processes, pastoral and or personal support services.	<ul style="list-style-type: none"> Describe the process for the following services for students: <ul style="list-style-type: none"> Grievance Appeals Pastoral support Personal support.
3.4	The education body must demonstrate that students are represented on programme advisory and decision-making committees.	<ul style="list-style-type: none"> Terms of reference and meeting schedules for relevant committees that include student membership Examples of student consultation, collaboration, decision-making and implementation into the programme Policy and procedures to recruit and prepare students for representative roles within the school.
3.5	The principles of equity, diversity and inclusion are observed and promoted for students.	<ul style="list-style-type: none"> Policies, procedures and processes that promote equity, diversity and inclusion. Examples of implementing principles of equity, diversity and inclusion.
3.6	Students are supported by a ratio of suitably qualified registrants in the academic and practice placement areas.	<ul style="list-style-type: none"> Outline student support ratios by registrants in the education body. Outline student support ratios by registrants in practice placement areas.
3.7	Student experiences across all teaching and learning environments are monitored, evaluated and reported to the relevant committees with outcomes mapped to inform curriculum quality improvement.	<ul style="list-style-type: none"> Process for circulating, gathering, collating and reporting feedback from students including academic and practice placement. Process for sharing student feedback and evaluations with practice placement partners.

4. Standards for student assessment

Standard		Evidence required
4.1	The education body is accountable for the assessment of students.	<ul style="list-style-type: none"> Curriculum document explaining the assessment of students. Assessment policy addressing the accountability of the education body for the assessment of students. Policies and procedures for conducting assessment of students in practice placement sites.

Standard		Evidence required
4.1	The education body is accountable for the assessment of students.	<ul style="list-style-type: none"> • Process for communication about the assessment of students in practice placement sites. • Flow chart outlining the accountability of the education body for assessments in practice placement.
4.2	The NMBI standards for entry to the Register (programme learning outcomes), professional values, the Code and assessment strategies are aligned.	<ul style="list-style-type: none"> • Curriculum document explaining the alignment between programme learning outcomes, the professional values, the Code of Professional Conduct and assessment strategies. • Completed mapping document demonstrating the links among the standards for entry to the Register, programme learning outcomes, the professional values, the Code of Professional Conduct and assessment strategies.
4.3	Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registrant.	<ul style="list-style-type: none"> • Policy, procedure and processes for supervision by health and social care professionals, monitoring by a registrant. • Provide examples.
4.4	The module learning outcomes and associated assessments are mapped to the NMBI standards for entry to the Register.	<ul style="list-style-type: none"> • Curriculum document explaining the alignment between programme learning outcomes and assessment strategies. • Completed mapping document demonstrating the links among the standards for entry to the Register, module learning outcomes and assessments.
4.5	The assessment strategies enhance student centred learning.	<ul style="list-style-type: none"> • Curriculum document explaining how the assessment strategies in the programme enhance student centred learning. • Examples of student-centred assessment strategies in academic modules and practice placement.
4.6	Formative and summative assessment and moderation informs student progression.	<ul style="list-style-type: none"> • Curriculum document explaining formative and summative assessments will be used to enhance learning and informs student progression. • Process to inform students about formative and summative assessments and how they will be used to support and evidence student learning. • Process to inform practice placement partners about formative and summative assessments and how they will be used to support and evidence student learning. • Completed assessment mapping document demonstrating formative and summative assessments used across the curriculum.

Standard		Evidence required
4.6	Formative and summative assessment and moderation informs student progression.	<ul style="list-style-type: none"> • Examples of formative and summative assessments in academic modules and practice placement.
4.7	Assessments include the appraisal of competence in the quality use and administration of medicines.	<ul style="list-style-type: none"> • Curriculum document explaining how students will develop the required knowledge and skills in the quality use and administration of medicines. • Assessment strategies to appraise the competence in the quality use and administration of medicines. • Examples of theoretical and practice placement assessments to appraise the competence in the quality use and administration of medicines. • A completed assessment mapping document displaying the links between theory, practice and assessments, that appraise the quality use and administration of medicines.
4.8	The supervisor and assessor in practice placement must be different individuals. It is recommended that a suitably qualified registrant, linked with the education body, completes the formative competency assessment at the end of four-week practice placement.	<ul style="list-style-type: none"> • Policy, procedure and processes to allocate supervisors and supervisors to students in practice placement. • Policy, procedure and process to conduct formative competency assessments in practice placement. • Policy, procedure and process to communicate the assessment outcomes with the education body. • Outline the structure where the assessor is linked with the education body.
4.9	It is recommended that a registrant from the practice placement area and education body conducts the summative competency presentation for the student at the end of each year.	<ul style="list-style-type: none"> • Policy, procedure and process to conduct summative competency assessments at the end of each year.
4.10	It is the responsibility of the education body to ensure that academic and practice placement assessors receive the appropriate education, training and continued development to carry out their role.	<ul style="list-style-type: none"> • Policy, procedures and processes to educate all assessors affiliated with the programme. • Policy, procedures and processes to offer continuing professional development for assessors. • Quality appraisal processes for assessors.

Standard		Evidence required
4.11	The burden of assessment for students is divided proportionally across the curriculum.	<ul style="list-style-type: none"> Curriculum document explaining the division of assessments for students across the curriculum. A completed assessment mapping document outlining the division of assessments for students across the curriculum. The process to monitor the division of assessment for students across the curriculum.

5. Standards for supervision of students in practice placements

Standard		Evidence required
5.1	The standards for practice placement learning are assessed by the education body every 5 years (or as required).	<ul style="list-style-type: none"> Policy, procedure and process to assess, monitor and report practice placement learning standards. Schedule of assessment of practice placement learning standards. Assessment reports of practice placement learning standards. The process to communicate the standards of practice placement standards to partners. The management process in the event that practice placement standards are not met.
5.2	The supernumerary status of the student in practice placement is explicit.	<ul style="list-style-type: none"> Policy, procedure and process to monitor the supernumerary status of students in practice placement. The management process in the event that the supernumerary status of the student is not maintained.
5.3	A nominated competent supervisor who will oversee and facilitate learning in the practice placement is agreed with the student at the beginning of each practice placement.	<ul style="list-style-type: none"> Policy, procedure and process to identify and nominate a competent supervisor to students in practice placement. Outline the process of preparation of supervisors in practice placement to support student learning. The process to ensure that the student works with the nominated supervisor in practice placement. The management of the process to ensure that the practice placement supervisor and assessor must be two different individuals. Outline the process to monitor the supervision of students in practice placement.

Standard		Evidence required
5.4	An assessor responsible for assessing the student achievement of competence is agreed with the student at the beginning of each practice placement.	<ul style="list-style-type: none"> • Policy, procedure and process to identify and nominate a competent assessor to students in practice placement. • The process to ensure that the student works with the nominated supervisor in practice placement. • The management of the process to ensure that the practice placement supervisor and assessor must be two different individuals. • Provide evidence to demonstrate that the assessor is linked with the education body. • Outline the process to monitor the assessment of students in practice placement.
5.5	Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registrant.	<ul style="list-style-type: none"> • Policy, procedure and processes for supervision by health and social care professionals, monitoring by a registrant. • Provide examples.
5.6	The education body and practice placement partners must support students to:	<ul style="list-style-type: none"> • Curriculum document outlining preparation of students for practice placement that includes: <ul style="list-style-type: none"> • Skills to self-regulate emotions to meet the complex demands of a practice placement environment. • Preparing students to utilise appropriate communications with individuals. • Supporting students to adopt a positive belief of practice placement learning environment. • Examples of activities that prepare students for practice placement. • Process to evaluate student preparedness for practice placement. • Process to communicate feedback related to student preparedness for practice placement.
5.6.1	Develop the skills to self-regulate emotions in preparation to meet the complex demands of a practice environment.	
5.6.2	Utilise the appropriate communication skills with individuals.	
5.6.3	Adopt a positive belief of the practice placement learning environment.	
5.7	The practice placement environment adopts a sense of belonging for students.	<ul style="list-style-type: none"> • Policy procedure and process for practice placement environment to orientate students. • Policy, procedure and process to prepare and support practice placement staff to teach and assess students in line with the education body policies. • Policy, procedure and process for communication between education body and practice placement environment. • Flow chart outlining clear processes of communication between practice placement and education body.
5.7.1	Adopt a culture that highly values students.	
5.7.2	The placements have been assessed and demonstrate a readiness to teach and assess students.	

Standard		Evidence required
5.7.3	Have clear pathways of communication to liaise directly with the education body.	<ul style="list-style-type: none"> • Policy, procedures and processes for students to access digital instructional materials during practice placement. • Examples of digital instructional materials available to students during practice placement. • Policy, procedures and process to identify, develop and evaluate appropriate learning opportunities for students in practice placement across various shift patterns. • Examples of agreed appropriate learning opportunities for students during practice placement across various shift patterns. • Policy, procedure and process to identify, manage and evaluate flexible shift patterns for students during practice placement where possible. • Examples of flexible shift patterns offered to students during practice placement. • Policy, procedure and process to enable and evaluate the continuity of supervision in practice placement. • Examples of processes to enable the continuity of supervision in practice placement. • Examples where autonomy and shared responsibility between the supervisor and student occur. • Policy, procedure and process to facilitate and evaluate peer supervision. • Examples where peer supervision has occurred and the outcomes of evaluation. • Policy, procedure and process to facilitate and evaluate a two-way feedback process between student and supervisor. • Examples of where the two-way feedback process has been facilitated. • Policy, procedure and process to supply a workforce that are adequately prepared and willing to supervise students. • Provide examples where positive and constructive communication styles in English or Irish are applied for student supervision. • Describe the process to ensure supervisors are professionally competent to teach the required competencies to students. • Provide examples where interpersonal and interprofessional relationships are nurtured. • Process to measure positive attitudes in practice placement to students.
5.7.4	Have access to digital instructional materials to support students.	
5.7.5	Have clear learning opportunities for students across the various shift patterns available.	
5.7.6	Offer flexible shift patterns, if possible, within the practice placement areas.	
5.7.7	Enable the continuity of supervision.	
5.7.8	Encourage autonomy and a shared sense of responsibility between the student and supervisor.	
5.7.9	Facilitate peer supervision.	
5.7.10	Build on constructive feedback utilising a two-way framework.	
5.8	Supply a workforce that are adequately prepared and willing to supervise students	
5.8.1	Apply positive and constructive communication styles in English or Irish.	
5.8.2	Be professionally competent.	
5.8.3	Nurture interpersonal and interprofessional relationships.	
5.8.4	Demonstrate a positive attitude to students.	

Standard		Evidence required
5.9	Maximise students' involvement in care for individuals with different demographics and complex needs	<ul style="list-style-type: none">• Processes and procedures to support practice placement environment to maximise student involvement in care for individuals with different demographics and complex needs.• Provide examples where students' involvement in the care for individuals with different demographics and complex needs were maximised.

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