

Psychiatric Nurse Post Registration Education Programme Standards and Requirements

Second Edition
(January 2018)



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

Psychiatric Nurse Post Registration Education Programme Standards and Requirements

These standards and requirements replace the version originally published in 2007 as part of Requirements and Standards for Nurse Post Registration Education Programmes (1st edition). This new document revises the original version in line with the indicative content and learning outcomes of the *Nurse Registration Programme Standards and Requirements 2016*.

About NMBI

The Nursing and Midwifery Board of Ireland (NMBI) is the independent, statutory organisation that regulates the nursing and midwifery professions in Ireland.

Governance

This programme is governed by the Nurses and Midwives Act 2011 and by the Nurses Rules, which provide titles of recognised qualifications under the Register of Nurses and Midwives.

Approval of Higher Education Institutions and associated Health Care Providers

Details of approval of HEIs and associated HCPs along for provision of such programmes are published on our website (www.nmbi.ie).

Preface

The role of the Nursing and Midwifery Board of Ireland (NMBI) is the promotion of high standards of professional education, training and practice and professional conduct among nurses and midwives. NMBI is mandated by the Nurses and Midwives Act of 2011 to set Standards and Requirement for postgraduate registration programmes. These Standards and Requirements provide guidance for Higher Education Institutions and for Health Service Providers for the education of Registered Psychiatric Nurses.

These standards and requirements are revised in line with the indicative content and learning outcomes of the *Nurse Registration Programme Standards and Requirements 2016*. The development of the *Nurse Registration Programme Standards and Requirements 2016* involved significant consultation and discussion with registrants, other key stakeholders and most importantly the public representative groups over an extended period of time. The following standards and requirements for the Post-Registration Psychiatric Nurse Programme were sent for consultation to the relevant Heads of Nursing, academic curriculum leads and validated by the NMBI Education, Training and Standards Committee.

Minimum Entry Requirements

Students undertaking the Post-Registration Psychiatric Nurse Programme must be nurses whose name is recorded on the General, Children's, Psychiatry or Intellectual Disability Division of the Register of Nurses and Midwives of NMBI.

Competence

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife (NMBI 2015). Competence related to the nurse's scope of practice within the division of the register and is maintained through continuous professional development.

Competence Assessment

The Learning outcomes for the Psychiatric Nursing Post-Registration Programme must be aligned / consistent with those of the fourth year of the NMBI (2016) *Nurse Registration Programmes Standards and Requirements*.

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Introduction

The purpose of this document is to provide guidance for the development of flexible, innovative, practice-oriented registration programmes for Higher Education Institutions (HEIs) and for Associated Health Care Providers (AHCPs) involved in the education and training of Registered Psychiatric Nurses. The policies and practices of the Higher Education Institutions and the Associated Health Care Providers shall meet the standards and requirements specified in this document. The academic standard and terminal award for these programmes are at Level 8 on the National Framework of Qualifications (Quality and Qualifications Ireland, 2014).

The right and duty of the Board to make rules for post-registration education and training is consolidated in the current legislation under sections 85 (1) and (2) of the Nurses and Midwives Act 2011 (Government of Ireland 2011). It is mandated to set and publish standards for education and to prepare and issue guidelines on, inter alia, curricular issues, programme outcomes, syllabi and indicative content, assessment and on programme governance and ethical standards of practice and professional behaviour for students and graduates nursing and midwifery. This it undertakes through formal approval of programmes of study and through the monitoring of standards of the HEIs and associated HCPs delivering such post-registration education through annual reports and monitoring visits.

Third-level HEIs and associated HCPs involved in the education and training of nurses are required to submit a detailed curriculum document to NMBI for approval. Written submissions, therefore, will be made jointly by the HEI(s) and its linked HCP(s). This document assists the development of submissions and provides a framework aimed at ensuring that high national standards are maintained.

This document is divided into three sections:

Section 1 provides extracts from the Nurses and Midwives Rules, European Union Council Directives for Nursing and Nurses and Midwives Act (2011).

Section 2 outlines the requirements for Psychiatric Nurse Post Registration Education Programme. This section is divided into 7 subsections. The first 4 subsections describe the programme purpose, learning outcomes, domains of competence and the competences required for entry to the Professional Register of Nurses. The last 3 subsections describe the Psychiatric nursing philosophy, indicative content and theoretical and clinical instructions.

Section 3 describes the standards required for the approval of higher education institutions, associated health care providers and educational programmes leading to registration. A statement of the standards that must be met by these institutions and the educational programmes is also provided. These are listed under eight subsections:

3.2.1 Curriculum Design and Development

3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion

3.2.3 Programme Governance and Management

3.2.4 Student Support, Supervision and Learning Resources

3.2.5 Assessment Strategies

3.2.6 Practice Placement Allocations

3.2.7 Practice Placements Learning Environment and Competence Assessment

3.2.8 Quality Assurance and Enhancement Mechanisms

Each subsection consists of a criterion statement, standard statement and a number of measurable criteria which can be used in determining whether or not the standard has been met.

Section 1

Extract from Nurses' and Midwives Rules 2018

This section provides extracts from the Nurses Rules (2018), for the guidance of the higher education institutions and healthcare institutions involved in the provision of registration education programmes. The Nurses Rules (2018) guide and inform the development of this document.

Nurses and Midwives Rules, 2018

Bord Altranais agus Cnáimhseachais na hÉireann (“The Board”) in exercise of the powers conferred on it by Sections 13 of the Nurses and Midwives Act, 2011 hereby makes the following Rules:

1. Citation

- 1.1 The Nurses Rules, 2010, continue to have force arising from Section 13(9) of the Nurses and Midwives Act 2011

- 1.2 These Rules may be cited as the Nurses and Midwives Rules, 2018 and are supplemental to the Nurses Rules, 2010 (S.I. 689/2010)

2. The Register of Nurses and Midwives — Nurses Division

- 2.1 In addition to the Divisions specified in the Nurses Rules 2018, the Nurses Division is hereby established by the Board
- 2.2 The Nurses Division shall contain the names of persons registered in any of the following divisions referred to in Nurses Rules, 2018:
 1. General Nurses Division;

 2. Psychiatric Nurses Division;

 3. Children’s Nurses Division;

 4. Intellectual Disability Nurses Division.

3. Candidate Register

3.1 The following divisions of the Candidate Register are hereby established:

1. Nurse Candidate Division;

2. General Nurse Candidate Division;

3. Psychiatric Nurse Candidate Division;

4. Children’s Nurse Candidate Division;

5. Intellectual Disability Nurse Candidate Division;

6. Midwives Candidate Division.

3.2 The Nurse Candidate Division of the Candidate Register shall contain the names of any persons registered in any of divisions of the Candidate Register referred to at 3.1.2 - 3.1.5

4. Publication

4.1 These Rules will be published in the prescribed manner as defined in Section 2 of the Nurses and Midwives Act 2011.” (Extract: Nurses and Midwives Rules, 2018)

Section 2

Requirements for Psychiatric Nurse Post Registration Education Programme

2.1 Purpose of the Programme

The purpose of the registration education programme is to ensure that on completion of the programme the student is equipped with the knowledge, attitude and skills necessary to be a competent and professional psychiatric nurse.

2.2 Programme Learning Outcomes

In order for the graduate of a nursing registration education programme to be eligible to practice as a Registered Psychiatric Nurse, the terminal programme learning outcomes must enable the student to:

- Acquire the knowledge, professional values and discipline-specific competences to fulfil the role of the Registered Psychiatric Nurse to deliver safe, high quality, compassionate, ethical, legal and accountable practice across the life spectrum and in diverse healthcare settings.
- Demonstrate knowledge, clinical skills and professional behaviours that are underpinned by the Scope of Nursing and Midwifery Practice Framework (NMBI 2015) and the Code of Professional Conduct and Ethics for Registered Nurse and Registered Midwives (NMBI 2014).
- Practice as a competent Registered Psychiatric Nurse to assess, plan, prioritise, deliver and evaluate nursing care based on a comprehensive and systematic assessment of health and nursing needs in consultation with the person receiving such care, their representative and the multi-disciplinary team.
- Apply theoretical principles to the practice of psychiatric nursing using professional judgement, critical reasoning, problem-solving and reflection derived from an evidence base of nursing and from the applied life, health and social sciences.
- Deliver person centred, high quality and safe nursing care based on a collaborative relationship with a person receiving such care, that respects her/his dignity, autonomy, self-determination and rights to make health and life choices across the health spectrum.

- Demonstrate skills of effective communication, delegation, inter-professional liaison and team working to promote the quality and safety of the healthcare environment.
- Maintain competence to develop and enhance the capacity for self-awareness, reflective practice, leadership and professional scholarship.
- Apply evidence from an appraisal of research studies and evidence-based clinical guidelines to the practice of psychiatric nursing.

2.3 Domains of Competence

The Domains of Competence represent a broad enabling framework to facilitate the assessment of a post-registration student's clinical practice. Each domain consists of a number of standard statements with relevant indicators. Performance criteria for each of the indicators to specify particular skills, knowledge and professional conduct may be developed as an assessment of practice documents and processes at a local level that is appropriate to the Psychiatric Nurse Division of the Register. The overall assessment of competence instrument is developed locally and conforms to the Standards and Requirements (NMBI 2016) and is approved by the Board as part of the curriculum submission.

A team and partnership approach will be applied when assessing the post-registration students, as the assessor will consult with colleagues in determining the student's competence. Clinical Nurse Managers, Clinical Coordinators, Nurse Practice Development Coordinators, academic nursing lecturers and Heads of Nursing for the Higher Education Institutions will agree on the assessment process. The aim is to ensure that the graduate acquires the competences for assessment, critical analysis, problem-solving decision making, goal setting, collaborative team-working, leadership, professional scholarship, effective interpersonal communication, reflection and re-assessment that are essential to the art and science of nursing.

2.4 Competences for Entry to the Professional Register of Nurses

Domain 1: Professional values and conduct of the nurse competences

Knowledge and appreciation of the virtues of caring, compassion, commitment, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a Registered Psychiatric Nurse.

Demonstrates the capacity to:

- 1.1 Practise safely**
- 1.2 Practise compassionately¹**
- 1.3 Practise professionally, responsibly and accountably**

¹ The requirement for showing respect, kindness and compassion is expected of all healthcare staff.

Domain 2: Nursing practice and clinical decision-making competences

Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem-solving approach to developing and delivering a person centred plan of care based on an explicit partnership with the person and his/her parent/guardian.

In partnership with the person, the primary carer and other health professionals demonstrate the capacity to:

- 2.1 Assess nursing and health needs**
- 2.2 Plan and prioritise person centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)**
- 2.3 Deliver person centred nursing skills, clinical interventions and health activities**
- 2.4 Evaluate person centred nursing outcomes and undertaking a comprehensive re-assessment**
- 2.5 Utilise both critical creative thinking and clinical judgement in clinical scenarios**

Domain 3: Knowledge and cognitive competences

Knowledge and understanding of the health continuum, life and behavioural sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice.

Demonstrates the capacity to:

- 3.1 Practice from a competent knowledge base**
- 3.2 Use critical thinking, clinical judgement and reflection to inform practice**

Domain 4: Communication and inter personal competences

Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in healthcare settings.

Demonstrates the capacity to:

- 4.1 Communicate in a person-centred manner**
- 4.2 Communicate effectively with the healthcare team**

Domain 5: Management and team competences

Using management and team competences in working for the person's wellbeing, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.

Demonstrates the capacity to:

- 5.1 Practice collaboratively**
- 5.2 Effectively manage a nursing team, others and self safely**

Domain 6: Leadership potential and professional scholarship competences

Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skills and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development.

Demonstrates the capacity to:

- 6.1 Develop leadership potential**
- 6.2 Develop professional scholarship**

2.5 Psychiatric – Mental Health Nursing Philosophy

A recovery-oriented approach

Psychiatric nurses build therapeutic alliances with people who experience mental health difficulties through an interpersonal engagement built on the principles of recovery, person-centredness, inclusion, empathy and advocacy. Through the interpersonal relationship, the psychiatric nurse facilitates the person to find hope, recovery and resilience, and together build interventions that integrate the person's strengths and abilities, recognising the impact of social determinants of health and the importance of social inclusion in the person's recovery journey. The voice and experience of the service user through connective guided discovery is fundamental to mental health nursing. The nurse's role is to journey with the person through their time of distress, crisis and difficulty, supporting them towards positive mental health, hope, social inclusion the capacity to find meaning in their experience and to make life choices. Psychiatric nurses demonstrate skilled assessment and therapeutic interventions and work with people experiencing mental health difficulties in a manner that is tolerant of diversity and respects personal meaning and choice.

Respect and dignity for the service user

Fundamental to psychiatric nursing practice is the therapeutic relationship between the nurse and the person who experiences mental health difficulties based on respect for individual human rights, autonomy, equality, dignity, and confidentiality.

Providing service-user centred care

Psychiatric nurses' focus on meeting an individual's needs through a collaborative partnership with the person, significant others, the multi-disciplinary team and the wider community. In partnership with the person and the multi-disciplinary team, psychiatric nurses use therapeutic acumen, critical and systematic nursing judgment and compassion to influence assessment positively, planning, implementation and evaluation of practice and service delivery. Crucial elements of psychiatric nursing include the building of a supportive dialogue of engagement with each person and the employment of the nurse's interactive skills in a timely and appropriate manner conducive to the person's level of receptivity and unique perspective.

A focus on development

The focus of psychiatric nursing is to provide a supportive consistent presence for the person facilitating the development of the nurse's therapeutic use of self, in order to reach people in mental distress and difficulties at all levels of care (primary, secondary, and tertiary) and to make recovery an expectation and reality. Engaging with the therapeutic use of self-requires the nurse to reflect on personal and professional needs through awareness of self and of values, feelings and beliefs that act as barriers or facilitators to a recovery ethos. The psychiatric nurse accepts personal and professional accountability for her/his actions and for lifelong learning journey and continuing professional development. Since the context of healthcare delivery and evidence to support professional practice are changing continuously, the psychiatric nurse must be able to engage effectively to meet the mental health needs and demands of the population.

2.6 Indicative Content

The list of topics included in the indicative content below is not exhaustive and provides an indication of the content of the Psychiatric Nurse Registration Programme in conjunction with the Psychiatric – Mental Health Philosophy statement. In terms of the range of topics, these give no indication of the weighting of each topic in the curriculum. The content is indicative and allows for the continuing development of subject matter and for the extension of new knowledge to accommodate emerging trends. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive with the most recent policy and legislative change and for the provision of care to all parts of society as population focus demands.

Domain 1: Professional values and conduct of the nurse

Knowledge and appreciation of the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.

Social Inclusion

- Understanding the empowerment of people with mental health difficulties who use mental health services
 - Active partnership in care and treatment
 - Consultation, information provision
 - Choice and informed consent
 - Recovery-focused approaches
 - Working in Partnership
- Engaging service users, carers, groups, communities and organisations using values-based mental health frameworks
 - Cultivating hope, self-worth, meaning and optimism
 - Actively pursuing opportunities to promote inclusion
- Knowledge of and combating social stigma
 - Stigma reduction through social inclusion and community participation
 - Challenging negative stereotypes, negative beliefs, and professional pessimism

Safe Practice

- Principles of safe practice and working safely
- Evidence-based and safe nursing care
- Understanding limitations and risks nursing interventions, including psychological and medical treatments
- Awareness of own mental health and wellbeing
- Knowledge of
 - Political, legal, social, and regulatory influences on safe practice and working safely, risk and safety planning, including balancing safety with positive and therapeutic risk-taking personal safety

Compassionate and empathetic Care

- Understanding of person-centred and recovery-focused practice
- Understanding of values, respect and the meaning of the individual lived experience of mental health difficulties
 - Avoidance of assumptions
 - Supporting social inclusion
 - Respect for individual choice

Accountable and Ethical Practice

- Knowledge of code of conduct frameworks
- Ethical decision-making
- Ethics for practice in mental health working
 - Ethical challenges relating to people's choices and decision-making about care
- Legal frameworks and mental health legislation
 - The protection of vulnerable individuals
- Accountability as applied to complex needs across the lifespan including those arising from cognitive impairment, long-term conditions and individuals approaching the end of life
- The challenges of inequalities and discrimination in mental health

Domain 2: Nursing practice and practice decision making

Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem-solving approach to developing and delivering a person-centred plan of care based on an explicit partnership with the person and his/her primary carer.

Promoting Recovery and Relationship Building

- Value and principles underpinning recovery oriented relationships
- Therapeutic relationships and choice
- The shared journey towards recovery
- Strengths-based approaches
 - Active engagement
 - Cultivating hope and enhancing resilience to promote recovery
 - Consultation, participation, partnership, co-production
 - Professional competencies required to support recovery
- Understanding and utilising service user and family narratives and perspectives to enable recovery
- Empowering through partnership in 'own' care
 - Consultation, education
- Promoting positive relationships
 - Social inclusion
 - Human rights
 - Living a self-directed life
 - Meaning and satisfaction
 - Creating partnerships with communities and peer support/ mutual help groups
- Promoting family/carer involvement, including the challenges and limitations of involvement

Promotion of Practice Innovation and Decision Making

- The promotion of mental health, well-being across the lifespan
- Evidence-based interventions for prevention, detection and early intervention of mental health difficulties
 - Maximising service user involvement through new innovations e.g. technology
 - Social inclusion, community integration and access to community resources
 - Enhancing the health and well-being of people with mental health difficulties
 - Positive therapeutic engagement

Domain 3: Knowledge and cognitive skills

Knowledge and understanding of the health continuum, life and behavioural sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice.

Knowledge and sources of knowledge

- Definitions and conceptualisations of psychiatric and mental health nursing
- The philosophical and theoretical foundations underpinning mental health nursing practice that offer ways of understanding the nature of mental health and recovery
- Contemporary discourses in mental health: bio/medical, psychosocial, cultural, spiritual and legal explanations of mental illness and distress
- Conceptual and theoretical nursing models for mental health nursing practice
- Understanding the contexts of care as including the site of care, the nature of the care, and the religious, spiritual, historical, political, social, and professional perspectives brought to bear on that care
- Understanding and accommodating the diverse views on mental distress, mental illness, treatments, services and recovery
- The role of the environment and its effect on mental health in populations
- Demographics and the changing trends in the care of persons with mental health difficulties, healthcare economics and mental health
- Cost-effectiveness in mental health care
- Quality in mental health care
- Information literacy and mental health
 - Retrieval and synthesis of evidence derived from nursing, behavioural and psychiatric research and policy literature

Understanding the Nature of Mental Distress/Illness

- Definitions of mental health
- The continuum of mental health/distress/illness
- Understanding service users personal accounts of mental distress/illness
- Cause, treatment, and care of a person experiencing mental distress
 - Language and diagnostic classification systems in mental health care
 - Biomedical classifications (DSM and ICD) of mental health difficulties
 - Recognising the strengths and limitations of diagnostic classifications systems from the perspective of service users and healthcare professionals
- Aetiology and epidemiology related to mental health difficulties
 - Biomedical theories (genetic, biochemical, structural)
 - Psychological theories (cognitive, psychoanalytic, behavioural, cognitive, vulnerability model), family theories (expressed emotion)
 - Social (age, gender, social class, homelessness, education, substance misuse, violence and abuse) spiritual and legal explanations
 - Recognising mental distress/illness: affective disorder, psychosis, anxiety disorder, personality disorder and suicidal behaviour
- Awareness of the empirical evidence base for nursing and psychiatric interventions
- Ability to explain and discuss to Service Users/ family/ other members of the MDT the rationale for selection of different treatments, including recommended care pathway for common psychiatric conditions, behavioural and lifestyle changes and medication usage
- Factors that impact on a person's mental health
- Recognising the impact of mental health distress/illness on a person and their family/carer
- Citizenship, personhood and social inclusion
- Impact of labelling, stigma and social inclusion
- Recovery as an integral element of mental health services
- Principles underpinning a recovery approach to mental health service provision
- Mental health care across the hospital, community and primary care services
- Complementary approaches to the management of mental distress

Knowledge of recovery competencies and service user perspectives

- Understanding the importance of service user narratives and perspectives on recovery
- The effect of mental illness on service users and families, with specific emphasis on citizenship and social inclusion
- Recovery principles, processes and environments that support recovery in national and international contexts
- Recognising and supporting personal resourcefulness in mental ill health
- Human resilience, strength and knowledge
- Working constructively with trauma and crisis
- The role of the service user movement

Knowledge of legal, cultural and ethical spheres as applied to mental health nursing

- The interconnectedness of practice, cultural, legal, and ethical principles in mental health care across the lifespan
- Active protection of service users' rights
- The needs of vulnerable people who experience mental health difficulties in the protection of human subjects in research
- The disparity in access to mental health delivery systems
- Resources inequity
- Discrimination and mental ill health
- Reducing discrimination
- Cultural diversity, sensitivity and awareness and working in partnership

Psychopharmacology

- Pharmacokinetics/pharmacodynamics
- Mode of action, desired effects, contraindications and adverse effects of the common pharmacological interventions used in the treatment of mental health difficulties
- The role of the nurse in the management of pharmacological interventions used in the treatment of mental health difficulties in hospital and community settings
- Monitoring impact of medication and potential adverse drug reactions
- Education of service users on medication and medication concordance

Physical Health and Wellbeing related to Mental Health

- Physical health and well-being in a specific mental health context
- Pathology, aetiology, investigations and treatment in common physical disorders associated with severe mental health difficulties
- Physical assessment and care planning for physical health in a specific mental health context
- Identifying barriers to physical care
- Addressing deficits and deterioration in physical status through appropriate monitoring and knowing when and how to screen for physical health issues and act on deteriorating physical health

Working in different contexts

Principles of Mental Health Nursing as Applied to Community Settings

- Facilitating and empowering the person with a mental health problem to meet her/his full potential through partnership in an inclusive, dynamic and flexible environment across the lifespan
- The role of the psychiatric/mental health nurse in community healthcare
- Legal aspects in relation to care in the community
- Assessment of service users and carers as applied to community settings
- Recovery and wellness programmes in the community
- Safety working in the community
- Working with high-risk groups
- Liaison and referral
- Prevention, detection and early intervention of mental health difficulties
- Delivering highly skilled care in collaboration with interprofessional teams within accountable systems for evaluation and review
- Empowering clients to achieve an optimal level of functioning in the community
- The role of the family in relation to treatment and social inclusion in the context of community mental health
- Health care policy relevant to community mental health care
- Concepts and models of community mental health care, working and treatment
- Voluntary and non-voluntary admission to and discharge from mental health facilities
- The role of the mental health nurse in risk assessment and management in mental health care
- Knowing the components of a comprehensive risk assessment (for self-harm, suicide, violence, absconding, falls, physical health risks etc.)

- The risk of acute mental distress/illness
- Acute mental distress and its influence on risk
- Risk assessment as influencing
- Vulnerable clients and risk

Working with People with Enduring Mental Health Difficulties

- Understand the experience of a service user with an enduring mental health difficulty
- Engaging people who experience enduring mental health difficulties
- Assessment of needs of service users and carers with an enduring mental health difficulty
- Empowering service users and families to cope with enduring mental health difficulties, using recovery-oriented approaches

Working with the Older Person

- Mental health and healthy aging
- Mental health difficulties that affect the older person
- The role of the mental health nurse caring for older people with mental health difficulties living in a variety of settings
- The statutory and voluntary organisation role in the care of the older adult
- End of life care and understanding of the principles, philosophy and application of a palliative care approach to the needs of a person with a mental health difficulty who has a life-limiting condition

Child and Adolescent Mental Health Nursing

- Care, treatment approaches and service provision in child and adolescent mental health
- Legislation for the child and adolescent health care in Ireland
- Distress, emotional, behavioural or relationship factors in childhood
- Caring for the child and adolescent with specific mental health difficulties
 - Recovery approaches to child and adolescent and family assessment, planning, interventions and evaluation
 - Supporting children, adolescents and young adults for optimal emotional, psychological and physical wellbeing

Working with People who Experience Multiple and Complex Needs

- Social, cultural, political and economic change and its impact on the health of particularly disadvantaged groups
- Care, treatment approaches and service provision in the field of sexual violence
- Care, treatment approaches and service provision for people with a diagnosis of personality disorder
- Care, treatment approaches and service provision for people with a diagnosis of an eating disorder
- Care, treatment approaches and service provision for people with a diagnosis of substance misuse
- Care, treatment approaches and service provision for people with a dual diagnosis
- Maternal mental health and mental health during pregnancy
- Supporting people who are involved in the criminal justice system
- Bereavement support services
- Sexual health and parenting services
- Diversity and the mental health needs of the LGBT community
- Working with people engaging in deliberate self-harm
- Suicide prevention
- Theoretical and practical application of first aid and emergency safety principles in crisis situations including:
 - Deliberate self-harm
 - Violence and aggression
 - Resuscitation

Domain 4: Communication and interpersonal relationships

Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in healthcare settings.

Promoting Recovery and Relationship Building

- Developing therapeutic relationships to promote recovery
- Respect
- Individual choices
- Building on strengths
- Hope and enhancing resilience

- Understanding the strengths and weaknesses of service users, families, and communities' experiences of different information and healthcare technologies in both the medical and the behavioural healthcare systems
- Health-promotion through education, role modelling and effective communication to people experiencing mental health difficulties and their family members
- Diversity in interpersonal approaches and skills
- Making sense of experience to promote recovery
- Engaging with people of all ages experiencing mental health difficulties at all points across lifespan, cultures and contexts
- Understanding the importance of self-awareness and reflexivity for the development of effective relationship-building and the facilitation of recovery with service users and their families
- The role of personal feelings, values, beliefs and attitudes on interactions with service users
- The intrapersonal and interpersonal dynamics that interfere with the nurse service user relationship and quality treatment
- Safe, effective non-discriminatory communication
- Safe, healing environments in transitions between services; encompassing service users, families, and communities and levels of care
- Responding effectively to people who are anxious or in distress or expressing suicidal or self-harming thoughts using therapeutic principles, to promote his/her wellbeing, manage personal safety and resolve conflict
- Use the skills of relationship building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual difficulties
- The impact of abuse and trauma on people's wellbeing
- Post-traumatic stress
- Self-awareness and the therapeutic use of self in mental health nursing.
- Developing therapeutic relationships with people experiencing mental health difficulties and the application
- Exploration and impact of personal feelings, values, beliefs and attitudes on nursing interactions
- Developing skills for effective communication with clients their families or carers in clinical practice
- Developing social skills in the context of warmth, respect and basic empathy including verbal and non-verbal communication
- Developing questioning skills in communication
- Self-awareness and reflection of communication skills

- Identify choices with regard to appropriate professional interventions
- Psychotherapeutic frameworks
- Analysis and the therapeutic and non-therapeutic application of authoritative/directive and facilitative interventions
- Principles and application of psychotherapeutic approaches commonly used in mental health care – psychoeducation, motivational interviewing
- Psychotherapeutic frameworks/interventions with different client groups
- Factors that may influence the use of theoretical frameworks/interventions in clinical practice
- Psychotherapeutic skills and frameworks
- Theoretical assumptions underpinning psychotherapeutic frameworks
- Psychotherapeutic skills for clinical practice
- Genograms
- Circular questioning
- Group dynamics, setting-up and facilitating therapeutic groups
- Cognitive schemas
- Behavioural interventions – Cognitive Behaviour Therapy and Dialectical Behaviour Therapy principles

Domain 5: Management and team working

Using management and team competences in working for the person's wellbeing, recovery, independence and safety through recognition of the collaborative partnership between the person, family and interprofessional healthcare team.

- Health policy, mental health care and the inter-professional team
- Collaboration with other healthcare professionals, service users, families and communities to provide culturally appropriate mental health care
- Recognising power imbalances between professionals and people experiencing mental health difficulties
- Promoting services user autonomy; facilitating participation by families and people with a mental health problem
- Advocacy for appropriate and effective assessment and management of service users' mental health with the inter-professional team
- Managing mental health care environments
 - Actions that enhance safety, psychological security and therapeutic outcomes

Domain 6: Leadership potential and professional scholarship

Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skills and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development.

- The individual contribution to leadership, management and design in mental health inter-professional teams
- Exploring the emotional impact on the self of working in mental health
- Reflection and supervision
- Principles and practice of self-development
- Clinical Nurse Specialists and Advanced Nurse Practitioner roles in mental health
- Using practice supervision, feedback, reflection and evaluation
- Effective learning cultures for professional and personal development skills in mental health
- Develop knowledge of psychiatric nursing through review, research and reflection on experience, taking cognisance of the interdependent relationship between theory, practice and research
- Explore and analyse factors that facilitate and inhibit learning and assessment and apply these concepts to the facilitation of learning and assessment in practice
- Reflect on own learning and identify strategies to address own learning needs in the context of psychiatric nursing

2.7 Theoretical and Clinical Instruction for Psychiatric Nursing Post Registration Programme

Practice experience represents the clinical placement component of a nursing student's registration programme during which s/he acquires the knowledge, skills, professional values and competences required for entry to the professional register. Through the experience of working in and leading a team and of being in direct contact with people making use of health services, whether in hospital, community, primary health care, residential, domiciliary or other settings, the student learns the art, science and craft of holistic nursing and the promotion of health.

All practice placement experience must be selected on the basis of its intrinsic value to further the development in the student of such knowledge, skills, professional values and competences that are required to meet the programme outcomes for the particular division of nursing.

- Practice experience must be gained under the supervision of appropriately prepared preceptors who are Registered Nurses and with levels of nursing staff and resources for the safe delivery of nursing care to those using the service. (Adapted from Article 23, Council Directive 2013/55/EU).
- In consultation with the healthcare institutions, students must be facilitated with the appropriate guidance and protected time for orientation and reflective practice on a clinical or specialist placement.

In the case of the post-registration programme, there must be no less than:

- 420 hours of theoretical instruction given
- 1,404 hours of clinical instruction given
- 156 hours of annual leave taken

Essential Requirements of the Programme (in Weeks)

- Theoretical instruction	12 weeks
- Clinical Instruction	36 weeks
- Holidays	4 weeks
Total	52 weeks

The following is the number of weeks to be spent in the different aspects of clinical instruction over the 52 weeks of the post-registration programme:

Clinical Instruction*	Number of Weeks
1. Psychiatric Nursing (Including inpatient and community care settings)	16 weeks
2. Specialist Placements:	
a. Mental health in older life - Psychiatry of later life/ Care of the Older Person	6 weeks
b. Specialist Mental Health Nursing e.g. CNS/ANP nurse-led services, Drug/ Alcohol dependence, Forensic/Prison Medical Services, Child and Young Person Services, Suicide/ Self Harm Prevention, Homeless Team, Perinatal Services, Voluntary Services, Liaison Psychiatry, Mental Health in Primary Care, Early Intervention, , Substance Misuse, HIV/AIDS, Eating Disorders, Neuropsychiatry, Ethnic Minorities, Travelers, Co-Morbidity.	8 weeks
3. Nursing of Clients groups in other settings	
- General Nursing	4 weeks
- Other e.g. Care of the older person with an intellectual disability, midwifery	2 weeks
Total	36 Weeks

* Should a student have obtained the clinical experience in a previous registration programme or worked as a registered nurse in this area, it is not necessary to undertake that specialist placement. These weeks must be incorporated into the clinical instruction weeks.

Following an interruption in the educational programme, the third level institution in partnership with healthcare institutions ensures that the student meets the programme requirements. The interruption means any leave (other than annual leave and bank holidays) including sick leave, maternity leave, paternity leave, parenting leave, compassionate leave and special leave.

Section 3

Standards for the approval of Higher Education Institutions, Associated Health Care Provider(s) and Education Programmes leading to Registration

3.1 The Approval Process for Higher Level Institutions, Associated Health Care Provider(s) and Educational Programmes Leading to Registration

The Nursing and Midwifery Board of Ireland (NMBI) has a statutory responsibility to approve Higher Education Institutions and Associated Health Care Providers in respect of educational programmes leading to registration as a nurse. The role of the NMBI in relation to the approval of professional education is distinct from academic accreditation of a programme by the HEI for subject quality purposes or by its awarding body, the Quality and Qualifications Ireland (QQI), for accreditation and approval of its fitness for purpose for the conferment of an academic award. Professional accreditation and approval is a judgement as to whether a programme is fit for purpose in preparing graduates to be fit for practice for entry into a specific profession. The latter is distinguished by the existence of criteria that are specific to that profession, these having been defined in consultation with members of that profession and other relevant parties and stakeholders. Educational quality will be achieved through partnership and collaboration between the key stakeholders utilising the principles of governance and self-assessment.

The approval process as part of the Nursing and Midwifery Board of Ireland's quality education framework consists of three parts:

- a) **Approval of the Higher Education Institution and Associated Health Care Provider(s)**
- b) **Approval of the education programme(s)**
- c) **Review of annual reports.**

a) Approval of the Higher Education Institution and Health Care Institution(s).

The Higher Education Institution and its Associated Health Care Providers must make a written submission to The Nursing and Midwifery Board of Ireland in the form of a self- assessment audit of compliance with Board's Standards and requirements and must declare that its curricular programmes comply with these standards. This self-assessment audit must be submitted every five years.

1. The Higher Education Institution and its Associated Health Care Provider(s) must declare that they meet the NMBI criteria for approval of HEIs for education and training of candidates for registration.

2. At least once every five years the Nursing and Midwifery Board of Ireland will, by site visits, satisfy itself as to the suitability of the Higher Education Institution / Associated Health Care Providers (s) in respect of the capacity and capability of the institutions to provide education and clinical practice experiences leading to registration. The Board reserves the right to conduct more frequent site visits as follow up to monitoring of requirements, conditions or recommendations specified for programme approval or in response to information received in regard to programme delivery.
3. Site visits will take place in an atmosphere of partnership and collaboration aimed at continuous quality improvement.
4. The Nursing and Midwifery Board of Ireland will forward a report in respect of the site visit to the Higher Education Institution and its Associated Health Care Provider(s) following Board approval.

b) Approval of the Programme

1. The Higher Education Institution and its Associated Health Care Provider(s) must submit to the Nursing and Midwifery Board of Ireland a detailed curriculum document including evidence of compliance with the Nursing and Midwifery Board of Ireland standards in respect of each registration programme. All supporting documentation (competence assessment tool, clinical and educational audit tool) will be submitted at this time. Submissions must be in print i.e. hard copy.
2. The Higher Education Institution and its Associated Health Care Provider(s) must declare that their curricular programmes comply with the Nursing and Midwifery Board of Ireland standards.
3. A Professional Officer of the Board will initially review the curriculum and prepare a report. An Education, Training and Standards Committee appointed by the Nursing and Midwifery Board of Ireland will review the curriculum. This committee will include representatives of the Higher Education Institution and its Associated Health Care Provider(s). Once approval has been granted it will be maintained through annual monitoring and review. The following general provisions regarding the process of approval apply:

Approval may be granted or withheld. Conditions to be implemented within a specified timescale may be attached to programme(s) approval. Recommendations may also be attached to the approval.

After approval has been granted, any subsequent changes within the Higher Education Institution and the Associated Health Care Provider(s) or in the education programme(s) that affect any aspect of compliance with these standards must be notified to the Nursing and Midwifery Board of Ireland.

The duration of approval of the education programme(s) will be specified by the Nursing and Midwifery Board of Ireland but will be no longer than five years.

Notification of approval of the Higher Education Institution and its Associated Health Care Provider(s) will be by letter from the Nursing and Midwifery Board of Ireland.

Summary details of approved programmes including clinical sites will be published on the Nursing and Midwifery Board of Ireland website.

c) Review of Annual Reports

The Nursing and Midwifery Board of Ireland requires the Higher Education Institution/ Associated Health Care Provider(s) to produce an annual report. The annual report will be submitted in April of each year and will be produced jointly by the Higher Education Institution/ Associated Health Care Provider(s).

The report should include the following information:

- Update on conditions and recommendations in respect of programme(s) approval and site visit report.
- Evidence that programmes continue to meet the Nursing and Midwifery Board of Ireland requirements.
- Information on the quality of and changes to the practice placement learning environments and the arrangements/structures that are in place to enable students to achieve the learning outcomes.
- Student numbers per cohort per programme, number of places available per programme, number of places accepted, attrition rates current numbers.
- Changes to curriculum structures or processes.
- Changes to marks and standards / HEI academic regulations.
- A list of the nurse lecturers to include Division of the Register and the Nursing and Midwifery Board of Ireland PIN numbers.
- Change of External Examiner(s) to include verification of compliance with Standard 3.2.5.19 and the Nursing and Midwifery Board of Ireland/NMCUK PIN number if applicable.
- The external examiner's annual report or a summary.

In addition to the annual report, any significant changes that affect any aspect of compliance with the standards and requirements must be notified to The Nursing and Midwifery Board of Ireland.

***New programmes leading to registration may not commence without prior approval of the Nursing and Midwifery Board of Ireland.**

The Appeal Process

Provision is made to appeal the decision of the Board with regard to the approval of a programme and/or institution(s). The appeal process gives a hearing to the Higher Education Institution and the Associated Health Care Provider(s) in the event of a disagreement with the Nursing and Midwifery Board of Ireland. Any appeal must be made within 30 days of the date of receipt of the decision of the Board. Senior representative(s) of the Higher Education Institution/ Associated Health Care Provider (s) must make the request in writing outlining the reasons why the decision is being questioned by the partnership. Upon acceptance of the appeal by the President of the Board, an Appeals Panel is appointed. The Panel will comprise the President (or delegated representative), who will act as Chair, a Board Member, Director of Professional

Standards - Nursing (or delegated representative), a Professional Officer and an education representative from a Higher Education Institution and the Associated Health Care Provider not involved in the programme. The Nursing and Midwifery Board of Ireland Appeal's Panel will hear the evidence. The Chair, within seven working days, will communicate the final outcome of the appeal in writing to the relevant stakeholders.

3.2 Standards for the Approval of the Higher Education Institutions and Associated Health Care Provider Services and Educational Programmes Leading to Registration

The criteria for approval of education programmes for the purpose of registration for a specific division of nursing are set out in this section under eight headings. Each heading consists of a criterion statement, standard statement and a series of indicators. Indicators assist the education providers, HEI and AHCP(s), to identify the evidence required to demonstrate that the programme is fit for purpose and for practice to meet the criteria for professional approval. The eight headings are:

3.2.1 Curriculum Design and Development

3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion

3.2.3 Programme Governance and Management

3.2.4 Student Support, Supervision and Learning Resources

3.2.5 Assessment Strategies

3.2.6 Practice Placement Allocations

3.2.7 Practice Placements Learning Environment and Competence Assessment

3.2.8 Quality Assurance and Enhancement Mechanisms

3.2.1 Curriculum Design and Development:

Criterion

Curriculum design and development should reflect current; evidence/research-based educational theory and healthcare practice. The curriculum model chosen should be dynamic and flexible to allow for changes in nursing practice and health care delivery, the development of evidence-based professional practice and in response to educational, health, social and economic change.

Standard

The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice, in order to achieve the learning outcomes, proficiency and competencies for Registered Nurses as outlined in Section 2 of the Standards and Requirements of the Nursing and Midwifery Board of Ireland.

Indicators

1. The programme of study is designed as a Level 8 Honours Bachelor's level on the National Framework of Qualifications (QQI, 2014).
2. The curriculum design and development ensures that the programme meets all the Nursing and Midwifery Board of Ireland (NMBI) statutory requirements and EU Directives for Nurse Registration Education Programmes.
3. The programme demonstrates consistency with the NMBI Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.
4. The programme of study makes the safety of the person and protection of the public an integral, explicit and continuing component within the curriculum.
5. The programme of the study shows the theme of consultation, collaboration, participation, engagement with the person receiving health care and choice as integral, explicit and continuing components within the curriculum.
6. The programme of study demonstrates that the delivery of person-focused nursing care respects the dignity, autonomy, and right of the person receiving care to make health and life choices as integral, explicit and continuing elements with the curriculum.
7. Current educational theory, professional nursing knowledge and advances in healthcare practice, which are evidence/research-based, guide curriculum design and development.
8. The curriculum development team is led by academic staffs who are Registered Nurse Tutors⁴⁰ and comprises representative members of key academic and clinical stakeholders in nursing practice.
9. The curriculum describes the range of knowledge, competencies, skills and professional attributes designed to assist the development of knowledgeable, competent, reflective practitioners capable of accepting personal and professional accountability for delivering evidence-based practice and for life-long learning.
10. The curriculum design reflects various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group teaching, interactive learning (e.g. problem-based) demonstrations, practical work and self-directed learning.
11. The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health professionals.
12. Module descriptors identify the ECTS⁴¹ credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy(-ies).

⁴⁰ Hold academic and teaching qualifications and experience deemed equivalent and approved by the Nursing and Midwifery Board of Ireland.

⁴¹ European Credit Transfer System credits widely adopted in the EU.

13. The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.
14. There is evidence of the involvement of persons receiving health care in the review and evaluation of the programme and in curriculum development.

3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion

Criterion

The Higher Education Institution should provide explicit information to applicants and potential students as to the minimum entry requirements for admission to, transfer and discontinuation from, and completion of the programme of study. At the beginning of the programme, the HEI should provide students with information on academic support, personal guidance, student services and academic facilities.

Standard

The Higher Education Institution demonstrates a commitment to fair and transparent processes for student admission, entry, transfer, discontinuation and completion.

Indicators

1. Clear and comprehensive information for applicants is available in electronic and hard copy format specifying the programme of study and the application processes.
2. Applicants for Nursing must specify one of the four divisions of the Nursing Register at the point of entry – General, Children’s, Intellectual Disability or Psychiatric.
3. Information clearly specifies entry and programmes requirements in regard to Garda vetting, health screening, vaccinations, occupational health and affidavits or legal declarations.
4. The mechanism for student admission to the educational programme ensures that the stated entry requirements are met in accordance with the institutional policy on equal opportunities for applicants and students⁴².
5. Information relating to the collection, analysis and use of relevant information on admissions, discontinuation, transfer, non-completion, progression and graduation demonstrates the HEI’s adherence to data protection requirements.
6. The conditions for students’ continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.
7. The mechanism and conditions for students exiting the educational programme before completion are explicit.

⁴² Evidence of the HEI’s policies on Equal Opportunities and Diversity, Recruitment, Selection and Admissions (including Disclosure and Anti-Fraud Policy and Processes)

8. The Nursing and Midwifery Board of Ireland (Registration Department) is notified in writing of any student who exits the programme prior to successful completion of the programme.
9. Following any interruption⁴³ in the educational programme, the partnership institutions ensure that the student meets the educational programme requirements as identified by the Nursing and Midwifery Board of Ireland.
10. Clear mechanisms for student transfer, withdrawal, discontinuation and eligibility for exit awards are specified.
11. The mechanism whereby records are maintained demonstrates that each student meets the declared standards of learning outcomes in both the clinical and theoretical components of the programme, and is eligible for registration.
12. Eligibility to register with the Nursing and Midwifery Board of Ireland is based on successful completion of the programme and the successful achievement of both the theoretical and clinical practice assessments.
13. The HEI maintains adequate records on the completion of the programme, the conferment of academic awards, details of attrition, non-completion, transfers and first employment destinations of graduates.

3.2.3 Programme Governance and management Criterion:

Criterion

The programme should be managed efficiently and effectively by the HEI in conjunction with a Local Joint Working Group. Membership should be drawn from stakeholders from the Higher Education Institution and Associated Health Care Services. These should include student representatives and key managerial, academic, administrative staff from the HEI and clinical and managerial staff from the AHCS hospital and community services, who are associated with its delivery. The programme should be well organised, with clear managerial, operational governance and reporting structures. Systems for programme evaluation should be robust and transparent.

Standard

Delivery and development of the programme of study must be coordinated through joint Higher Education Institution and Associated Health Care Services governance mechanism, specified in a Memorandum of Understanding, to ensure compliance with NMBI Standards and Requirements and EU directives.

⁴³ Interruption: any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parental leave, compassionate and special leave.

Indicators

1. There is a formal Memorandum of Understanding (MOU) between each HEI and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support in order to ensure the programme can reach a successful conclusion.
2. The MOU describes the process each party commits to develop that ensures all stakeholders have a voice and empowers relevant staff to maintain, improve and support students and their learning. MOU's can be revisited five-yearly.
3. The programme of study adheres to all statutory and regulatory requirements of the Nursing and Midwifery Board of Ireland and to the current European Directives on Nursing.
4. Major institutional review of the effectiveness of the programme of study occurs on a five yearly basis.
5. Modules, curriculum, indicative content, marks and standards / HEI academic regulations and programme delivery are monitored annually with the support of appropriate External Examiners' reports.
6. An annual report on the programme of study is provided to NMBI in a timely manner and in accordance with its requirements by the programme coordinator.
7. Processes for continuous quality improvement of the programme of study are robust and transparent.
8. For external practice placements outside of Ireland, HEIs must have formal arrangements in place with host practice institutions that comply with NMBI regulations and EU directives.
9. The Higher Education Institution and the Associated Health Care Provider(s) keep appropriate records including records of professional and academic awards conferred.
10. The process of monitoring and responding to student attendance in respect of the theoretical and clinical practice experience requirements is declared.
11. A policy for dignity and respect towards and between nursing students, clinicians, persons receiving healthcare and academic staff is in place.
12. The organisation structure supporting the management of the educational programme is explicit.
13. The named person with direct responsibility as course leader/co-ordinator to lead the programme holds appropriate academic and professional qualifications and experience.
14. A Local Joint Working Group (LJWG), which includes representatives of the key stakeholders from the Higher Education Institution and the Associated Health Care Provider(s), is in operation to oversee and continually monitor at local level programme implementation so that any existing problems can be promptly identified and properly addressed.
15. Membership of the LJWG is inclusive of representatives from academic and clinical stakeholders from acute and community practice settings and from persons using health services. The composition of the LJWG should reflect health services reorganisation and its membership adjusted accordingly.

16. The LJWG is responsive to programme change in line with the DOH Health Reform Agenda and population focus.
17. A governance agreement is in place within the HEI in respect of financial and staffing resources⁴⁴ to support the delivery of the educational programme for the five year approval period.
18. Confirmation of institutional support for the long-term security of the programme is explicit with appropriate and adequate resources and facilities being made available to meet the teaching and learning needs of the students.
19. Structures are in place to facilitate the participation of academic and practice staff and post-registration nursing students in the relevant deliberation, evaluation and decision-making processes associated with programme review and development.
20. A mechanism for staff development, including academic and clinicians involved in delivery and assessment of teaching and learning, is declared.

3.2.4 Student Support, Supervision and Learning Resources Criterion:

Criterion

The Higher Education Institution and its Associated Health Service Provider(s) should provide adequate guidance and support for student learning throughout the programme of study to foster an effective learning climate. The HEI and AHCS should provide adequate⁴⁵ financial and human resources in terms of academic, supervisory, administrative, and clinical personnel to ensure the effective delivery of teaching, learning and assessment. Such resources should support research activity, programme administration and professional development of the staff involved in programme delivery and should be specified in a Memorandum of Understanding.

Standard

There is evidence as specified in a Memorandum of Understanding of the commitment of adequate resources by the HEI's and Associated Health Care Provider(s) for effective support, guidance and supervision of nursing students.

Indicator

1. The mechanism for student support in relation to student services, facilities, academic and personal guidance is explicit and is made known, in writing, to students at the beginning of the programme.

⁴⁴ 1 academic staff member: 20 postgraduate nursing student ratio.

⁴⁵ Of sufficient level to match the needs for delivering the programme in accordance with criteria specified in NMBI Standards and Requirements.

2. Support mechanisms are provided for students, designed with their needs in mind and responsive to feedback from those who use such student services.
3. HEI and Schools/Departments educational learning resources and facilities (including technological support) adequately support delivery of the entirety of the programme.
4. Teaching and facilitation of student learning are resourced by adequate numbers of appropriately prepared academic, administrative, technical and clinical staff to support the delivery of the programme at the stated professional and academic level.
5. Nursing subjects are developed and taught by Registered Nurses with appropriate professional and academic qualifications and teaching expertise in the subject matter.
6. The academic and practice staff delivering the programme hold appropriate professional qualifications and have the subject knowledge, skills and proficiency to teach or assess students in a range of settings.
7. A mechanism for staff development that prepares staff to deliver the educational programme including the provision for maintaining nursing subject expertise and academic and clinical credibility is declared.
8. Processes for monitoring of student attendance, sickness, absence and attrition are fair, accurate, transparent and available.
9. A formal grievance and complaints policy for students is in place.
10. Processes for monitoring of student achievement, progression and completion are fair, accurate, transparent and available.
11. A formal appeals procedure is in place with clear guidance on the process for students.
12. Access is afforded to postgraduate nursing students for clinical exposure to allied health professionals.
13. The methodology of the Higher Education Institution and the Associated Health Care Provider(s) to support students in the practice learning setting and to be involved in the clinical environment and its development are explicit.
14. Mechanisms for student support in relation to the provision of adequate guidance, supervision and examination of competence development in practice placement settings are available.
15. The staff resource⁴⁶ supports the delivery of the educational programme at the stated professional and academic level.
16. The HEI and AHCP(s) routinely monitor and review the effectiveness of support services available to students and implement necessary improvements.

⁴⁶ Nurse Practice Development Coordinator, Clinical Coordinator (1:30), Academic Staff (1:20), Allocations Liaison Officer (1:50) staff–student ratio.

3.2.5 Assessment Strategies

Criterion

Assessment of academic achievement, progression and completion must be fair, effective and transparent. Students should be assessed using published criteria, regulations and procedures that are applied consistently and are subject to internal and external verification.

Standard

The assessment of learning is a continuous process and demonstrates a balanced and integrated distribution throughout the educational programme that is verified through the external examination process.

Indicators

1. The curriculum design includes the assessment strategy in relation to the measurement of practice-based and theoretical learning outcomes.
2. The programme assessments strategy is strategically planned and fit for purpose.
3. Assessments serve a formative function for gauging student progress and a summative purpose to ensure that progression to the next part of the programme is dependent on student attainment of required educational standards in theory and practice.
4. From an early stage, students are made aware of the assessment strategy used for their programme of study by the provision of an assessment map detailing the range of examinations, assignments, practice-based and other assessments of proficiency that will be encountered and the criteria used to measure their academic and practice performance.
5. Assessment techniques are established as reliable and valid measurements of learning outcomes.
6. Assessments are based on a variety of strategies that are aligned with the subject area, practice placements learning environment, and stage of the educational programme and are consistent with module learning outcomes.
7. Assessment measures the integration and application of theory to the nursing care of people using health services that are learned throughout the programme. It requires the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.
8. Practice-based assessment of learning outcomes and competence is based on an explicit model or framework for competence assessment.
9. The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.
10. Module assessments have clear marking criteria that are available to students, internal and external examiners and academic staff.

11. Written exemplars of internal moderation being employed in the grading of module assessments are provided.
12. Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit.
13. Assessments are subject to administrative checks to verify the accuracy of procedures used.
14. All assessment results are considered and approved by a properly constituted Examination Board in accordance with the HEI's policies and Assessment and Examination Regulations.
15. Information is provided to students in a timely and accessible manner as to the processes for obtaining results, viewing scripts, securing module lecturer and advisor of studies feedback to students, and requesting a recheck of marks.
16. Assessment regulations relating to compensation, supplemental examinations, appeal mechanisms and conditions for a continuance on the programme are explicit and made known to students and key stakeholders.
17. Programme criteria specify pass/fail standards, compensation, and a maximum number of supplemental attempts.
18. The assessment strategy does not allow compensation between theoretical and clinical practice assessments.
19. There is evidence that External Examiners are appointed by the Higher Education Institution in accordance with its procedures and with criteria specified by the NMBI for the experience and expertise of examiners of professional nursing programmes.
20. External examiners' reports attest to the External Examiner's role in reviewing the content, structure, organisation and assessment of the nursing programme in terms of equity, fairness and transparency.
21. There is evidence of the quality assurance role of the external examiner in ensuring that decision-making by examination boards of the Higher Education Institution is rigorous, fair and consistent, and in programme review.
22. The Higher Education Institution and its Associated Health Care Provider(s) provide an annual report on the educational programmes by including the external examiner's report or a summary to the Nursing and Midwifery Board of Ireland.
23. The assessment strategy ensures that graduates meet the intended programme learning outcomes and competencies for proficient practice as a Registered Nurse in a specified division of the professional register.

3.2.6 Practice Placement Allocations

Criterion

The HEI and its AHCP(s) work in partnership to select, develop and provide appropriate practice placements for students. Learning opportunities are provided to ensure the student gains the breadth of experience supporting the curriculum aims in developing the competences required for registration.

Standard

Practice placement experience is selected by the HEI in partnership with its AHCP(s) supporting the curriculum aims, in accordance with EU Directives and NMBI Standards and Requirements.

Indicators

1. HEI's and AHCP's are committed to monitor and support the quality of the learning environment in all practice placements in order to ensure an optimum learning environment for students. This commitment is outlined in the Memorandum of Understanding (M.o.U.).
2. The M.o.U. details the system for academic liaison and engagement with practice sites to support postgraduate practice-based learning.
3. Practice placements provide students with the appropriate learning environments to support the development and achievement of their competencies; placement selection must be subject to ongoing review and monitoring by the HEI and AHCP(s) given the dynamic nature of health services provision.
4. All practice placements are audited in order to assess and ensure their suitability as quality learning environments, in accordance with the NMBI Standards and requirements for programme approval.
5. Practice Placements are selected to reflect the breadth and diversity of the educational program and the division of the register, encompassing the scope of settings in which the specified division of nursing normally operates.
6. Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, such experiences are monitored by a registered nurse and the placement's final assessment process allows for the involvement of a Registered Nurse.
7. HEI's have a framework in place for students to raise concerns about the perceived safety of the practice learning environment. The HEI's have a formal structure in place, in agreement with their AHCP's, to follow up on such reports with clinical sites concerned.
8. Systems for allocation of students are transparent and fair.

9. HEIs and AHCPs have dedicated allocations personnel in the post including 0.5 WTE of an allocations liaison post for up to 50 students (Department of Health 2004, 41).
10. Prior to using new practice placement sites, verification of the completed audit as endorsed by the Higher Education Institution are submitted to the Nursing and Midwifery Board of Ireland.

3.2.7 Practice Placements Learning Environment and Competence Assessment

Criterion

Practice-based learning forms a mandatory and essential component of the professional nursing education to enable students to develop the domains of competence to become safe, caring, competent decision-makers who are willing to accept personal and professional accountability for evidence-based nursing care.

Standard(s):

Clinical Coordinators are appropriately qualified and adequately prepared for and supported in the role of guidance, support, facilitation and monitoring of practice-based learning among postgraduate nursing students.

Preceptors and assessors of postgraduate nursing students' practice-based learning are appropriately qualified and adequately prepared for and supported in the role of student supervision and assessment of proficiency towards competence in nursing practice.

Indicators

1. Clearly written up-to-date learning outcomes/objectives⁴⁸ appropriate to the practice placement environment are available and accessible to ensure optimal use of valuable practice placement experience.
2. Learning outcomes that are explicit to the practice setting are used for each year of the programme to guide student practice-based learning.
3. Nursing students and all those involved⁴⁹ in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that practice placement setting.
4. At all times there are sufficient registered practitioners to facilitate the supervision and support of student nurses to achieve the expected learning outcomes of the programme.

⁴⁸ The learning outcomes/objectives are reviewed and revised as necessary.

⁴⁹ Clinical Co-ordinators, Preceptors, Nurse Practice Development Coordinators, Clinical Nurse Managers, Link Academic Staff and others involved in the supervision or assessment of nursing students.

5. Practice-based learning is supported by adequate numbers of appropriately qualified and prepared practitioners with experience of the relevant division of nursing to act as preceptors.
6. Practice-based learning is supported by adequate numbers of appropriately qualified and prepared Clinical Coordinators who are supported by a Nurse Practice Development Coordinator. A minimum ratio of one clinical coordinator to every 30 nursing students is in place with due regard to the geographical location and array of practice settings⁵⁰ (Department of Health 2004, 41).
7. Preceptorship arrangements are in place to support student placements in community and primary care settings.
8. Nursing students are assigned a named primary preceptor, who is a Registered Nurse, during practice placement to provide support and supervision and assist them to develop the knowledge, know-how, skills and competence to become proficient practitioners of nursing.
9. Preceptors/Registered Nurses, who support students, have completed a teaching and assessing course approved by the NMBI to enable them to support, guide and assess students' learning and competence development.
10. Protected time policy/arrangements are in place for preceptor supervision and examining of postgraduate students.
11. Preceptor initial preparation is supported by refresher courses and support from HEI in relation to student supervision and competence assessment.
12. Assessment of the achievement of practice learning and competence development is undertaken in a fair, effective and transparent manner in accordance with the assessment strategy and NMBI Standards and requirements.
13. Practice-based assessment of learning and attainment of competence is based on an explicit model or framework for the progressive achievement of proficiency.
14. Mechanisms for preceptorship evaluation are in place.
15. A protected time for reflective practice per week determined by the clinical coordinator should be provided to the postgraduate nursing student.
16. The HEI and AHCPs operate an effective fitness to practice mechanism for the protection of the public and safety of the vulnerable person receiving healthcare.
17. The HEI and AHCPs operate robust processes for managing postgraduate health problems.

⁵⁰ This relates to acute services; the CPCs for primary care and community settings require a Clinical Coordinator-student ratio that reflects the geographical location and travel considerations for such settings.

3.2.8 Quality Assurance and Enhancement Mechanisms

Criterion

The strategy, policy and procedures for quality monitoring, assurance and enhancement should have formal status within the Higher Education Institution and its Associated Health Service Provider(s), are publicly accessible and include a role for students and other academic and practice stakeholders.

Standard

The Higher Education Institution and its Associated Health Service Provider(s) demonstrate a commitment to the fostering of an organizational culture for continuous quality improvement with written evidence outlining the systems and outcomes of quality monitoring and enhancement.

Indicators

Quality assurance indicators are identified and measured in relation to the availability of:

1. Reports of internal and external subject quality reviews.
2. Reports of the module, year and programme evaluation.
3. Students', former students' and employers' evaluations of the programme.
4. Sufficient registered practitioners to facilitate the supervision of nursing students.
5. Evidence-based practice guidelines to support care delivery.
6. Reports of research awareness and the application of research findings among clinical practitioners
7. Reports on the delivery of person-centred, holistic care of the person using health services.
8. Policies/protocols in respect of medication management.
9. Policies/protocols in respect of good practice in recording the delivery of nursing care.
10. Mechanisms and evidence of audit of nursing documentation.
11. Evidence of maintenance of competence and of continuing professional development of all academic and practice staff involved in programme delivery
12. Evidence of clinical risk management programmes.
13. Mechanisms for and evidence of student support, supervision and assessment whilst in practice settings
14. Mechanisms for and evidence of educational and clinical audit.
15. Mechanisms are explicit as to the role and function of members of the public and persons in receipt of health care in the process of programme review and evaluation.

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

Nursing and Midwifery Board of Ireland,
18-20 Carysfort Ave, Blackrock, Co. Dublin.
Tel: (01) 639 8562
Email: professionalguidance@nmbi.ie
Web: www.nmbi.ie